Mission Health Nursing

Our Mission
We partner to provide exceptional patient- and family-centered nursing care with compassion and integrity to achieve optimal outcomes for each person and team member.

Our Vision
Our vision is to be a nationally recognized strengths-based nursing culture, always striving to achieve best practices in research, professional development, quality and nursing care to retain the experienced nurses of today, and recruit and mentor nurses of tomorrow.

Our BIG(GER) Aim
To get every person to their desired outcome, first without harm, also without waste and always with an exceptional experience for each person, family and team member.

ABOUT MISSION HEALTH
Mission Health, an operating division of HCA Healthcare, is based in Asheville, North Carolina, and is the state’s sixth largest health system. In 2018, for the sixth time in the past seven years, Mission Health has been named one of the nation’s Top 15 Health Systems by IBM Watson Health (formerly Truven Health Analytics). Mission Health is the only health system in North Carolina to achieve this recognition. Mission Health operates six hospitals, numerous outpatient and surgery centers, post-acute care provider CarePartners, long-term acute care provider Asheville Specialty Hospital and the region’s only dedicated Level II trauma center. With approximately 12,000 colleagues and 2,000 volunteers, Mission Health is dedicated to improving the health and wellness of the people of western North Carolina. For more information, please visit missionhealth.org or @MissionHealthNC.

Front Cover: Lisa S. Cody, RN, CPN, Pediatric Neurology, Mission Children’s Specialists, submitted the first portion of the theme “Mission Strong.”
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A Message from Kathleen C. Guyette, MSN, RN, NEA-BC

Dear Friends and Colleagues,

I am very pleased to share some of the amazing accomplishments of our excellent nurses across Mission Health during 2018. So often I am reminded how much our nurses care about the patients and families they serve across western North Carolina and just how dedicated they are to pursue best practices to deliver the compassionate care with the best possible outcomes.

The theme of this year’s nursing annual report is Mission Strong: Keeping the Heart in Healthcare. It merges two separate ideas — one from an individual nurse and the other from a group of nurses. Lisa Silver Cody, RN, Pediatric Neurology at Mission Children’s Hospital, suggested Mission Strong, and the Blue Ridge Regional Hospital's Professional Governance Council offered Keeping the Heart in Healthcare. The Nursing Annual Report Editorial Board Committee agreed to combine these two excellent themes, each of which represents the essence of our nurses during a time of continued change and growth.

Despite the fast-paced, sometimes hectic atmosphere of nursing and the lifelong commitment to learning required to always provide excellent care, our nurses remain steadfast and joyful while serving with heartfelt compassion and deep clinical expertise. I am blessed to be associated with our wonderful nurses who are strong advocates for their patients and team members and approach every person and situation with respect and a kind heart. Our nurses honor the uniqueness and diversity of all, as they form meaningful connections with patients and one another. The achievements spotlighted in this report show how our nurses exceed expectations in improving the practice environment, influence nursing professional practice and share your knowledge and learnings at the local, regional and national levels. During 2018, Mission Health nurses:

- Started a new program to empower patients with prediabetes to prevent the development of diabetes through lifestyle changes to increase exercise and lose weight.
- Began a collaboration with the Western Carolina University School of Nursing to develop a co-visit plan in primary care, including assisted with the identification of key educational elements to be included in course curriculum at the school of nursing, that will allow the RN to practice to the full scope of their license. (Ambulatory Care RNs)
- Followed more than 2,000 patients diagnosed with cancer and guided them in participating in their own treatment plans. (Oncology Nurse Navigators)
- Began implementation of the "Consistent Care Experience," a new care model to provide high quality, predictable care in the home setting. (Home Health and Hospice Nurses)
- Provided highly specialized ECMO therapy to support patients dying with cardiorespiratory failure to allow time for recovery or replacement of the patient’s native heart and lung function. (Cardiovascular ICU Team)
- Developed a clinical simulation program to educate nurses caring for patients with severe obstetrical hemorrhage that led to increased knowledge and confidence in following established protocols. (Nurse Educators and Patient Safety Officers)

New growth was another 2018 hallmark as Mission Hospital McDowell moved into a new building, and two units on opposite sides of the street merged within the flagship Mission Hospital. Lessons learned from these events will inform the upcoming move of numerous units into the new Mission Hospital for Advanced Medicine in 2019.

These examples of the great work you do every day reveal only a portion of the value you provide to our patients, their families and your team members. I am continually inspired and impressed with your strength, persistence, growth, kindness and evolving focus on self-care. Please remember that you are the heart of bedside care and nursing leadership.

Thank you for your dedication and hard work; I am honored to be part of this remarkable team!

With warm regards,

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

Dear Mission Health Team Members and Community Members,

As they do so consistently, Mission Health nurses proved themselves again to be strong advocates for each patient and family they serve throughout western North Carolina. Even in the face of challenges, they always provide excellent care with kind hearts and compassionate spirits.

Beyond bedside or office-based care, our nurses provide significant benefits to their other Mission Health team members by creating new care models and leading process improvement changes to ensure high quality care and to get every person to their desired outcome first without harm, also without waste and always with an exceptional experience for each person, family and team member.

In 2018, nurses developed a CARE dashboard named for key elements of Mission Health’s Nursing Professional Practice Model: Care, Advocacy, Respect and Excellence. This new dashboard enables all RNs and CNAs to readily obtain the data and feedback needed to improve care and efficiencies at the bedside.

As one example, collaborative set of regional hospital teams standardized the Swing Bed Program to better meet the needs of patients who require short-term, posthospital care. Also, the Comfort Mission program was developed to offer a holistic approach to providing comfort measures to our young pediatric patients who often fear and experience pain from needle sticks.

Further, our nurses established safe and attentive patient access via telephone nurse triage to obtain information and timely connections to providers in five community medicine practices. And our novel Smart Room implementation in Mission Hospital McDowell now provides customizable patient education and patient- and family-centered entertainment. Even more important, Smart Room patient safety is enhanced as staff identifiers appear on the television smart screen anytime someone enters the patient’s room.

As you read this report, I’m certain that you will find many more examples of the work our extraordinary nurses perform so well. I am truly grateful for our many resilient nurses who come together collaboratively to form dynamic teams that improve the lives of our patients and their families.

Thank you for your personal and professional dedication; you make a difference every day!

With great respect and admiration,

Ronald A. Paulus, MD
President and CEO
Mission Health
MISSION HOSPITAL, ASHEVILLE, NC

ANGEL MEDICAL CENTER, FRANKLIN, NC

CAREPARTNERS, ASHEVILLE, NC

MISSION HOSPITAL MCDOWELL, MARION, NC

MISSION HEALTH CLINICS

BLUE RIDGE REGIONAL HOSPITAL, SPRUCE PINE, NC

HIGHLANDS-CASHIERS HOSPITAL, HIGHLANDS, NC

TRANSYLVANIA REGIONAL HOSPITAL, BREVARD, NC
Nurse Leaders

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

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

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

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

Jacqueline Medland
PhD, RN
President and Chief Nursing Officer
Highlands-Cashiers Hospital

Susan Cannon
DNP, RN, NE-BC
Chief Nursing Officer
Mission Hospital McDowell

Barbara Noon
MSN, MBA, RN-BC
Executive Director, Ambulatory Nursing
Mission Medical Associates

Michelle Pilon
MS, RN, NE-BC
President and Chief Nursing Officer
Transylvania Regional Hospital
#### Nursing Strategic Plan 2016-2019

The Nursing Strategic Plan of Mission Health guides the focus of all our nurses in their work to provide quality excellent patient and family care and to further their own professional development in an environment that fosters exceptional outcomes for each person, family and team member.

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Nursing Professional Practice Model

The framework by which nurses identify what is important in their work is outlined in the professional practice model. The redesign of Mission Health’s Nursing Professional Practice Model over more than six months in 2016 and 2017 was the cumulative work of hundreds of clinical nurses and clinical leaders who answered the question “What is the professional nurse?” Four words, which spell the acronym CARE, were chosen during a systemwide nursing retreat on January 23, 2017, to represent our practice model.

The schematic for this model pictures a dogwood flower surrounded by a cross. This image has been used to represent Mission Health nurses for over a decade. The “Nursing Is Our Mission” logo is embedded on each of the four dogwood petals. The CARE words (Compassion, Advocacy, Respect and Excellence) are set along the four pillars of the cross. The model represents our nurses’ expectations in caring for their patients, families and each other, as well as their collaboration with additional professional disciplines.

C – COMPASSION – According to the MERIT* value of Mercy, we employ the virtues of caring and compassion to enter into the human experiences as a way of establishing a meaningful connection.

A – ADVOCACY – We promote and advocate for the protection of human rights of health and safety by safeguarding people’s autonomy, acting on behalf of truth and championing social justice in the provision of healthcare.

R – RESPECT – We value the innate dignity of all persons, respect their uniqueness and diversity, and enable the development of each one’s full potential.

E – EXCELLENCE – We maintain the standard of excellence by exceeding expectations and continuously improving our clinical knowledge, relationships with each other and the practice environment.
All nurses are leaders. We lead wherever we care for patients and families, from the bedside to the boardroom. Individual leadership inspires change and adoption of best practices from the nursing-unit level to the department, hospital and organization levels.

Interprofessional relationships are formed, individual strengths are leveraged within teams and projects result in better outcomes for every person, family and team member.
As the grand opening of the Mission Hospital for Advanced Medicine approaches in 2019, preparation for patient, staff and equipment moves are well underway. Following a heart services unit move in late 2017, which left patient care space open, nursing leadership identified an opportunity to merge two existing units into one space. These units included the general surgery unit on the Memorial Campus and the 6 North medical unit across the street on the St. Joseph Campus. This strategic move provided the opportunity to consolidate services onto one campus, as well as offered an occasion to collaborate and garner information about effective move strategies before the new facility opens.

In preparation for the upcoming move, Adam King, MHA, BSN, RN, CCRN, who was the nurse manager on 6 North, assumed leadership of both units and teams in their separate spaces. The teams hosted a combined professional governance meeting where the councils discussed unit-specific operational needs, such as schedule requirements, longevity perks, staff expectations and new unit workflow questions. They also held social gatherings outside of work prior to the move to allow time and space for the staff to get to know one another.

As move day approached, collaboration and communication with the Mission Care Coordination Center (MCCC), information technology, environmental services, materials management, dietary and facilities services, and transport were imperative. The teams worked together to ensure that the space was prepared and safe. In early November, the unit officially opened as the Adult Medical Surgical Unit (AMSCU), and the newly joined team began taking care of patients in the new space.

“As a member of the 6N Adult Medicine family, I was both nervous and excited about the joining of General Surgery and 6N to become AMSU. It was a privilege to be a part of the planning process and to see firsthand how much thought, care and concern was put into making this big move into a positive transformation. Looking back and reflecting, it is inspiring to see how two units with very different backgrounds came together and made one incredible unit with teamwork and excellent patient care at the forefront.”

Abby Gutch, BSN, RN, CMSRN

A few of the team members who assisted with the merger of the two units are (l to r): DeLena White, BSN, RN, CMSRN, Magan Shelton, CNA, Kelley McDonald MSN, RN, CMSRN, and Abby Gutch, BSN, RN, CMSRN

Leadership
Mission Health Nursing Annual Report 2018

Two Units Become One
Mission Hospital
By Melina Arrowood, MBA, BSN, RN, and Adam King, MHA, BSN, RN, CCRN

Nursing Strategic Plan
Nurses create and sustain a work environment that attracts and retains nurses
Remember playing hide-and-seek? Where’s Waldo? Who’s got your nose? Moving into a new hospital is like playing all of those games at once. Mission Hospital McDowell moved into a brand new facility on March 9, 2018.

Scavenger hunts, simulations and a mock move are just a few activities that were created and completed to prepare staff for moving into a new facility. Not only would floor plans be different, but things as simple as light switches and telephones were all changing. A collaborative group of department leaders, the nursing educator, facilities redesign team and vendors developed a comprehensive move plan.

Working with a change manager, we identified various everyday scenarios that would need to be simulated such as a code in radiology, rapid response in the medical office building and code stroke in Acute Care. We brought frontline staff together and simulated these scenarios in the new building to see if travel routes were practical, equipment location effective and overhead paging audible.

The hospital was open for two weeks prior to the move for the teams to tour, practice and organize their department. One week prior to the move, a mock move was conducted utilizing our command center. With help from volunteers and nursing students, frontline staff were able to simulate the patient move including a complex ICU patient and equipment. As a result of all the hard work, the move was essentially seamless and patients were greeted and welcomed into the new facility.

“Our strength is in our people and the commitment to our community. The scavenger hunts and additional preparation activities enhanced our ability to give great care in our new facility from Day One.”

Barry Mingle, RN, Emergency Department
During a recent community event, Highlands-Cashiers Hospital’s Leadership Team challenged community members to begin the conversation about how to ensure your decisions at the end-of-life are honored if you are unable to speak for yourself. To help with this complex process, a panel of healthcare providers answered questions, explained options and gave real-life accounts of the role advance directives serve in achieving dignified end-of-life care. One community member stated, “I’ve been putting off this conversation for too long!”

To ensure attendees had a seamless opportunity to initiate advance care planning (ACP), advance directive forms that adhere to North Carolina laws were provided. A notary public was available to certify documents. These efforts resulted in 38 attendees leaving the event with a working document, not just the intention to complete one. The finalized files were uploaded into the Mission Health system for future access.

Our goal is to have the majority of patrons who use our services initiate a documented ACP decision. It is interesting to note that people who prioritize ACP and have important family conversations also tend to receive palliative or hospice care sooner and experience reduced end-of-life healthcare expenses (2009). Therefore, we continue to expand our community outreach efforts through collaboration with community health programs and church groups, as well as our own Highlands-Cashiers Hospital and Eckerd Living Center employees.

Loss of a loved one is a painful part of our lives. However, by creating an advanced care directive and ensuring family members are well informed, a positive outcome with end-of-life care can be achieved.


Nursing Strategic Plan
Provide current best nursing practice tools and resources for decision making
The CARE dashboard began as a dream of our Vice President and Chief Nursing Officer Karen Olsen, MBA, BSN, RN, NE-BC, to have a “one stop shop” for clinicians to get the data and feedback needed to improve care and efficiencies at the bedside. Studies (2014, 2015) identify sharing information with clinicians increases their awareness of outcomes and the role they play in those outcomes. Furthermore, it encourages RNs to own their practice.

During 2018, Labor and Delivery Nurse Manager Mary Cascio, MSN, RN, RNC-OB, C-EFM, conducted a study of the time involved in locating data. Cascio invested more than two hours finding the desired information from twelve different access points. This study verified the need for a simple, more user-friendly data-collection tool.

The CARE dashboard was developed as a result of the findings and was named for the four key elements of our Nursing Professional Practice Model – Compassion, Advocacy, Respect and Excellence. Many team members, such as nurse leaders, bedside clinical staff, clinical informatics, infection preventionists, the diabetes team and the coordinator of nursing data, participated in the design and development.

The dashboard went live in June 2018 and can be accessed by all nurses and certified nursing assistants. It identifies concerns such as hand hygiene compliance, patients with central lines and number of days for the line plus the number of days since the last central line associated blood stream infection (CLABSI). Tabs display patients with urinary catheters and catheter associated urinary tract infections (CAUTI). The dashboard also tracks financial outcomes, including readmission data, wait times for admission from the emergency department and wait times for discharge to home. Another tab identifies National Database of Nursing Quality Indicators (NDNQI) and patient satisfaction.

Utilization of this dashboard is driving care and alerting care teams to patients who have high-risk concerns. Due to the success of the dashboard, phase two of this project is in development to enhance the current process, as well as to include additional high-risk indicators, such as falls and hospital-acquired pressure injury (HAPI).


Community Collaboration in Medication Storage and Disposal

Transylvania Regional Hospital
By Lynn Tyler, RN

CARE (Community Awareness Recovery Effort) Coalition is a grassroots effort that began at the Transylvania Regional Hospital in 2010 as a result of healthcare professionals seeing an increasing number of prescription medication overdoses and deaths. A diverse group of community stakeholders dedicated to reducing substance abuse and misuse came together to combat this issue.

CARE is comprised of representatives from 12 key sectors: youth, parents, media, school, youth organizations, law enforcement, substance abuse organizations, healthcare, civic and volunteer groups, religious and fraternal organizations, and the business community.

Substance abuse is an issue that impacts not only abusers themselves, but their families, friends and communities. The coalition has grown to include over 60 members, a staff of three and has acquired federal funding under the Drug Free Communities Program. Transylvania Regional Hospital has remained a vital partner with the CARE Coalition to use research and evidence-based practice to combat the substance abuse and misuse in our county.

Lyn Tyler, RN, Emergency Department, and executive board member of CARE, presented information to hospital medical staff on opiate laws, use of the Controlled Substance Reporting System and best practices for prescribing to help prevent overdose. Future trainings are planned as well.

Transylvania Regional Hospital developed a flyer in partnership with CARE and Transylvania Public Health on proper use, storage and disposal of prescription medications and what to do in case of an opiate overdose. This is included in the discharge instructions of emergency department patients who take opioids.

In an effort to promote safe storage of medications, CARE provided medication lock boxes that are distributed as needed to emergency department patients. The patient response to this has been positive. Local television WLOS featured this on a “Health Alert” in 2018.

To support proper disposal of medications, Transylvania Regional Hospital emergency department distributes medication disposal bags as needed to patients receiving narcotics. Unused medications are placed in the pouch and water added to deactivate the medications. The bag can then be disposed in household garbage.
Empowerment in nursing involves the provision and support by leaders to facilitate acquisition of knowledge and expertise to participate in decision-making groups in healthcare and the community.

Nurses grow in professional stature and enhance the healthcare environment for patients, their families and other team members. Their confidence, competence and satisfaction is increased in their delivery of high quality patient care.
In 2018, the nurses of Blue Ridge Regional Hospital redesigned their hospitalwide Nursing Professional Governance (NPG) council. This redesign promoted a renewed enthusiasm by encouraging the bedside nurse to own their practice and to use their voices to steer nursing practice within the facility. Nurses applied for membership, and appointments were made to the council. Officers were elected, and charter documents were approved.

Believing our mission is to care for others, the NPG council utilizes the Nursing Professional Practice Model of Compassion, Advocacy, Respect and Excellence (CARE) when making nursing practice decisions. Council members identified and initiated opportunities for improvement by engaging various team members.

Two examples of NPG projects are the evaluation of moving a patient from the time of the emergency department (ED) admission order to room arrival and community stroke education.

The initial quality project sponsored by the NPG council focused on decreasing the time to transition an admitted patient from the ED to the acute care unit. Because of this project, the team has successfully decreased the time from ED order to arrival to the patient room by 55 percent.

The NPG council supports nurses’ engagement in the promotion of health and wellness during community events. During a local craft fair, Blue Ridge Regional Hospital nurses provided stroke recognition education and performed blood pressure checks for an estimated 350 community members. Nurses conducted additional screenings during a local industry health fair.

Most recently, our NPG council approved the goal of achieving Pathway to Excellence recognition. The council actively educated direct care nurses about the process and supported them in telling their own stories of nursing excellence.
Empowering Oncology Patients to Own Their Treatment Plans

Mission Health
By Denise Steuber, BSN, RN, OCN, CBCN

“The navigator role has fostered a different level of relationship with my patients and has been the most unique and rewarding nursing role of my career. Patients often refer to the navigators as their lifeline, as someone familiar and reliable to help them get through the process of cancer treatment. The weight of that responsibility can be heavy, but the reward is rich.”

Jessica Hansman, BSN, RN, Thoracic Nurse Navigator

Hearing the words “You have cancer” can be devastating. Navigating your way through the healthcare system to receive treatment can be like a maze. You often need a guide to help you through your journey.

When patients have cancer, one of the toughest of all diagnoses, they often look for direction and someone to guide them through their diagnosis and treatment. A nurse navigator provides encouragement and support for patients as they make many decisions about their care. The nurse navigator works beside the physician and other healthcare team members to guide patients through the often new and unfamiliar world of medical care.

Leaders at Mission Cancer Center believe that the most important part of navigation is being a point of contact for the patients. Mission has a comprehensive navigator program that includes nine nurse navigators providing assistance for the following patient diagnoses groups: thoracic, breast, head and neck, oncology/neurology, gynecologic and outpatient infusion.

These nurses empower their patients to participate in and own their treatment plan. The navigators coordinate multidisciplinary clinics, providing follow up, education and care plans for their patients. Navigators coordinate multidisciplinary conferences related to lung, breast, head and neck, neurological and gastrointestinal cancers. They coordinate and facilitate support groups and participate in community outreach events to provide cancer screenings and promote wellness and awareness.

As of December 2018, Mission Health navigators were following a total of 2,172 patients

Oncology Nurse Navigators are (standing, l to r): Janet Magruder, BSN, RN-BC, OCN, CBCN, Gilbert Mata, BSN, RN, Jessica Hansman, BSN, RN; (seated, l to r): Carol Logan-Thompson, MSN, RN, OCN, Brandy Firmin, BSN, RN, and Lynnea Skiman, BSN, RN, OCN

Nursing Strategic Plan
Nurses create a welcoming, comforting and safe environment for the patient- and family-centered experience
Nurses at Transylvania Regional Hospital have taken a preventative approach with community education related to diabetes. In view of current rates of prediabetes, we want to advocate lifestyle changes to prevent Type 2 diabetes!

There are over 84 million adults in America. More than one out of three have prediabetes, which increases the risk of developing Type 2 diabetes, heart disease, stroke, blindness and kidney failure. Diabetes is the seventh leading cause of death in the United States. (2013, 2016)

The Transylvania County 2015 Community Health Assessment identified three major health priorities. The key issues were identified from a review of data by key partners Transylvania Public Health and Transylvania Regional Hospital in collaboration with numerous healthcare, community and government organizations.

One priority concentrates on poor nutrition, lack of physical activity and obesity. With the WNC Health Network’s assistance, grant funds were provided through Mountain Wise to develop a CDC Diabetes Prevention Program. These funds provided training for four health coaches, educational material, marketing and the data collection platform from the North Carolina Lifestyle Change Program at Wake Forest University.

Our first Diabetes Prevention Program (DPP) began in January 2018. The program consists of 22 sessions over a 12-month period and focuses on weight loss and exercise. The goal is for participants to have a 5 percent weight loss and exercise 150 minutes weekly. The power of this group is participation, accountability and support. They share experiences, strength and hope. We have found that “together we are stronger,” our slogan suggested by DPP coach Liz Grant, RN. Our first group graduated November 14, 2018. All participants met the exercise goal of 150 minutes weekly. Overall weight loss was 3.67 percent – lower than the 5 percent goal. Our DPP program is integrated into our supervised Fitness Program. One goal is to be a certified Medicare DPP, while our main goal is to change lives!


Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database. (December 2016). Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved from http://wonder.cdc.gov/ucd-icd10.html.
ED Nurses Design Supply Cart Efficiencies

Blue Ridge Regional Hospital
By Megan McKinney, MSN, RN

“The bedside carts provide us a secure, organized, portable storage that is easy to access for critical supplies in emergency situations. Nurses in the department are thankful for the decreased hassles and valuable bedside time we have gained.”

Lindsey Fender, RN, Emergency Department

The Blue Ridge Regional Hospital emergency department (ED) Unit Based Council completed a performance improvement project to enhance the ability of the nurse to have needed supplies at the bedside. The council used the DMAIC (Define, Measure, Analyze, Improve and Control) process to guide their work toward improvement. The problem was defined as nurse fatigue and dissatisfaction due to difficulties in locating supplies. A spaghetti diagram and step count were completed, which revealed that staff took an additional 176 steps per patient visit to obtain needed supplies.

Council members analyzed the data to identify the challenges in obtaining supplies. These included inability to find supplies, supplies in multiple locations, inability to lock supplies at the bedside and a supply room accessible by key code numbers, which took precious time in emergencies. The council set an improvement goal to decrease the number of steps from 176 steps to 12, intended to decrease delays and nurse fatigue, and increase nursing time at bedside. The plan was to establish supplies storage at the bedside.

The council sought assistance to obtain necessary tools to reach their goal. Mission Hospital ED donated 13 lockable bedside carts. A control plan was developed to maintain continued organization of the carts, including a reduced supply list to prevent waste and still maintain par levels to meet patient needs. The goal was achieved to decrease the steps nurses take to obtain supplies from 176 to 12.

“The bedside carts provide us a secure, organized, portable storage that is easy to access for critical supplies in emergency situations. Nurses in the department are thankful for the decreased hassles and valuable bedside time we have gained.”

Lindsey Fender, RN, Emergency Department
Professional practice is the central element of nursing care. It encompasses the standards of high quality patient care that promote the continuous improvement of patient outcomes.

The hands-on passion of Mission Health nurses coupled with their ever-present quest for better processes impact nursing professional practice at the local, regional and national level.
At Angel Medical Center, we realized there were a number of opportunities to standardize the Swing Bed Program across Mission Health’s regional hospitals. This program provides hospital rooms that can switch from acute care status to skilled care status to meet the needs of patients who require post-hospital care for short-term rehabilitation or specific care needs.

Angel Medical Center, Blue Ridge Medical Center, Highlands-Cashiers Hospital and Transylvania Regional Medical Center all have Swing Bed Programs, but each facility had different policies, procedures and information regarding their programs.

A task force was formed to access each facility’s program and to develop a plan for a standard approach for swing beds across the system. The first step in the process was to do a gap analysis of each program based on the Centers for Medicare and Medicaid Services’ standards of participation.

Based on the results, areas of focus were determined. Those areas included a single policy for the swing bed program, a patient booklet explaining the program, a flyer for promotion of the program, a consistent approach for assigning patients as well as staff and physician education.

Subgroups were developed for each identified area of focus. A Swing Bed Summit was held in August 2018 with leaders, information technology, case managers and educators from all the facilities. Education about swing beds was provided, and stations were set up to review each element of the program. The goal was achieved for all the elements of the program to be rolled out to team members. This collaborative process emphasized the power of system representatives coming together to improve patient care and the swing bed program.
Optimizing the Role of the RN in Primary Care

Mission Medical Associates
By Morgan Patton, MSN, RN-BC

Emerging roles for RNs in primary care present opportunities in the nursing profession with the new emphasis on population health and outcome-based reimbursement. Ambulatory care RNs at Mission Health have stepped to the forefront to promote the role of the RN working to the full scope of their license in the primary care setting. Through a strong partnership with Western Carolina University (WCU) School of Nursing with whom we have been awarded a collaborative, multiyear HRSA grant, the ambulatory care RNs are engaged in a quality improvement project to implement and evaluate a new co-visit model for patient visits. The project begun in September 2018 will test the use of co-visits with the RN and provider, as well as group visits for select patient populations.

The ambulatory care RN team works with Kae Livsey, PhD, MPH, RN, Associate Professor, WCU School of Nursing, who is developing education for RN students to work in primary care. Together they developed a standard operating procedure, recommended the provider and identified appointment types to use for the RN co-visit model. The team assisted Dr. Livsey with identifying key educational elements needed for WCU’s School of Nursing program.

The co-visit model involves the RN initially working with the patient to review medications, conduct a nursing assessment and give a brief report to the provider while in the room with the patient. The nurse collaborates with the provider and executes additional education or other appropriate treatment interventions.

Group visits are a cost effective way to support patients to promote self-management for chronic conditions, such as diabetes. Both of these visit models promote team-based and patient-centered care delivery. The project will be piloted at Vista Family Health over six months beginning in February 2019 with the RN/provider team comprised of Sabrinia King, BSN, RN, and James Lowery, MD. Leading the project are Morgan Patton, MSN, RN-BC, and Brooke Holliiday, MSN, RN-BC, both clinical managers for multiple practice sites.

“Developing a co-visit model with an RN and provider team is just the beginning for RN roles in ambulatory care. RN assessment and educational skills will have a great impact on the way we care for our community of patients. This is exciting work!”

Morgan Patton, MSN, RN-BC, Clinical Manager, Mission Family and Internal Medicine, Vista Family Health

Project team members (seated, l to r): James Lowery, MD, and Roshunda Foster, CMA. (standing, l to r): Morgan Patton, MSN, RN-BC, and Sabrinia King, BSN, RN. Not pictured are Barbara Noon, MSN, MBA, RN-BC, Kae Livsey, PhD, MPH, RN, Cindy DeLoach, BSN, RN-BC, and Brooke Holliiday, MSN, RN-BC
The nursing staff at the Angel Medical Center Outpatient Infusion (OPI) Center noticed a trend in patient delays and extended wait times for medications couriered from the hospital pharmacy to the off-site OPI center. In an effort to improve this process, a LEAN Six Sigma team was formed consisting of outpatient infusion nurses and pharmacy and courier services staff.

Lisa Blankenship, MSM, CHSP, Quality and Safety Manager, served as LEAN team facilitator. The OPI nursing team members gathered baseline data with data points of patient arrival, medication order activation, medication arrival to unit and administration of medication times.

Together the team decided to change the courier start time from 0800 to 0815 with the couriers making pickups and dropoffs at 15 minutes after and 15 minutes before each hour. This better aligned with patient arrival times on each hour and half hour, and expedited pickup of laboratory specimens and delivery of medications. The team decided to stop phone calls to the pharmacy from nurses to alert them of medication order activation. Instead, they relied solely on the computer system for this notification, which decreased staff time on unnecessary phone calls.

Lastly, through the team’s work, prepackaged hazardous drugs were relocated from the hospital pharmacy to the OPI Pyxis, which significantly reduced wait times for patients receiving those medications. The team was able to reduce the time from patient arrival to medication start time by 20 percent, improving efficiency and patient experience.
In 2018, CarePartners Home Health and Hospice agencies initiated a transformation of their patient care delivery based on the Multi-View Incorporated model of best practices developed to provide high quality, predictable care in the home setting. The model was adapted and personalized by the staff as the Consistent Care Experience (CCE). The model was incorporated at Transylvania Home Health and McDowell Hospice. All other CarePartners home health and hospice agencies across western North Carolina will implement CCE during 2019. Staff from all disciplines will participate in CCE, including nurses, physical, occupational and speech therapists, social workers, home care aides and chaplains.

Every aspect of the patient experience from the first phone call to the completion of the home visit is designed to evoke patient and caregiver confidence and reassurance based on clinical competence and compassionate care. The standardized visit structure, a hallmark of CCE, includes both agency requirements and individualized professional judgement. The patient, as well as the visiting staff, can depend on a predictable and comprehensive delivery of care at every visit. This approach increases patient and caregiver satisfaction, confidence and self-management. On-call visits or urgent calls to the agency are reduced because patient and caregiver needs are consistently and effectively met every visit.

Professional development is an essential component of the Consistent Care Experience; extraordinary care depends on extraordinary clinicians. Training in the core principles and standards of CCE is accomplished through classroom teaching, video recording and field mentoring, and is incorporated into orientation of new staff. The visiting staff personally benefit from the CCE focus on teamwork, efficient documentation and work habits, effective teaching methods, and a balance of personal and professional life.

“Since I have been using the CCE visit structure, one way that I have become more efficient is with my ability to do point-of-care documentation without interfering with my focus and engagement with the patient. I have learned that telling the patient ‘thank you for allowing me to come into your home and work with you,’ made a profound impression on the patient. These small gestures of caring make a huge impact.”

Nore Hunter, BSN, RN-BC
Children requiring hospitalization often experience painful medical procedures during their stay. The most common of those experiences is the pain associated with needle-stick procedures, such as IV fluids, medication injections and lab draws. Inadequate pain management remains a significant issue for pediatric patients due to its intricate nature. Ill-managed pain in children can contribute to long-lasting consequences, such as anxiety, hyperalgesia, needle fears and avoidance of medical visits. An insightful pediatric pain management lecture, presented during a Pediatric Pain and Palliative Care Conference, inspired pediatric nurse Mickee Messino, BSN, RN, CPN, to endeavor to eliminate that pain for the children of western North Carolina.

The Comfort Mission program was developed to fulfill the commitment of Mission Children’s Hospital to provide comfort measures for pediatric patients who experience procedural pain from needles. The plan promises a holistic approach to managing needle pain. We do this by addressing the environment, pharmacologic and nonpharmacologic measures, and support before, during and after the procedure.

Our Comfort Mission is a multidisciplinary initiative that collaborates with families to offer comfort measures during painful procedures. The team provides a “menu” of available options to attenuate a child’s distress from a needle stick: topical anesthetics (LMX4), vapocoolant spray (PainEase, etc.), oral sucrose or breastfeeding before and during procedures, positioning for comfort and distraction techniques. By supporting the management of pediatric procedural pain, the team strives to assess and improve healthcare services using our Press Ganey CAHPS® (Consumer Assessment of Healthcare Providers and Systems) scores. More importantly, diminishing pain associated with needles promotes a child’s development of a healthy coping style fostered by empowerment rather than fear.
Patients undergoing catheter ablation for atrial fibrillation (AFib) are at risk for intra-procedural clot formation. To mitigate this risk, patients are anticoagulated with IV heparin to increase their activated clotting time (ACT) to 300-400 seconds while catheters are present in the left atrium. There is limited published data regarding how to dose heparin to achieve this goal.

The Heart Rhythm Society expert consensus statement (2017) reports “great variability in loading protocols for heparin prior to an ablation procedure.” Our Mission Hospital internal review of time to therapeutic ACT for all atrial fibrillation ablation cases revealed, on average, that it took 39.18 minutes to achieve our goal of at least 300 seconds.

Nursing staff, in concert with the Mission Electrophysiology (EP) physician team, identified the need for a standardized protocol to reduce the amount of time patients remained subtherapeutic. Data was collected on all patients undergoing an AFib ablation including weight, home anticoagulant, heparin dosing strategy and ACT results during the procedure.

Using this data, pharmacy colleagues collaborated with EP nursing staff to develop a protocol for dosing heparin based on patients’ weight and home anticoagulant. After implementing the new protocol, the percent of patients reaching a therapeutic ACT on the first heparin bolus improved from 9 percent to 62 percent (see figure), and the average time to therapeutic ACT dropped to 26.15 minutes, a 33 percent improvement. Reducing the time to therapeutic ACT potentially improves the safety of the procedure by reducing the risk of thromboembolic complications.

Mission Health has taken a team approach in promoting best practices for prevention of central line associated blood stream infections (CLABSI). The nursing professional governance CLABSI Committee, created in 2017, provides an interdisciplinary approach to nurse-driven initiatives to prevent this particular infection. Nurses collaborate with consultants from infection prevention, materials management, information technology, medical staff and the Patient and Family Advisory Council.

The first initiative is related to patient and family education. A patient-centered education card about safety concerns was developed with input from our patient and family representatives.

Another initiative focused on numerous central venous access device (CVAD) processes. This included the standardization of CVAD dressing kits to ensure the utilization of best practices across the Mission Health system. This incorporated the development and implementation of a central line bundle within IVIEW, which helps ensure nursing compliance with identified best practice standards. A CLABSI alert reporting process was developed, and the nursing Root Cause Analysis tool was restructured. Together, these tools ensure the development of more accurate actions plans that can be shared throughout the health system.

The collaborative efforts of bedside nurses, clinical nurse specialists, vascular access and tube team (VATT) members, and infection prevention providers resulted in the final initiative, which included the implementation of multiple best practice strategies, including basin-less bathing using chlorhexidine gluconate (CHG), use of alcohol impregnated protective caps and the revision of the clinical indications algorithm for peripherally inserted central catheters (PICC) and midline catheters.
The Cardiovascular ICU team under the leadership of Ami Torrey, BSN, RN, CCRN, CSC, CMC, implemented a highly specialized process to support patients dying with cardiorespiratory failure, while granting time for recovery or replacement of their native heart and lung function. Extracorporeal membrane oxygenation, commonly called ECMO, is an advanced cardiorespiratory support treatment taking venous blood from the right atrium and passing it through an oxygenator.

ECMO then returns this oxygenated blood to either the right ventricle bypassing failing lungs or the arterial system bypassing both failing heart and lungs. The multidisciplinary referral process for possible candidates for this treatment is extensive. Established inclusion and exclusion criteria are addressed before each patient selection and the start of ECMO cannulation.

Upon initiation of ECMO therapy, two specially trained, certified registered nurses – a primary RN and an ECMO specialist RN – assume responsibility for providing vigilant bedside care to the patient. Having two experienced clinicians at the bedside promotes early recognition and correction of clinical problems, both of which are important to successful outcomes for our patients.

Our ECMO specialists attain and maintain certification by completing didactic and wet-lab instruction, which focuses on advanced cardiac and pulmonary pathophysiology. The education, originally provided by the Extracorporeal Life Support Organization (ELSO), is now led by Torrey. The Mission Health Adult ECMO Specialist Course follows the guidelines for training and continuing education outlined by ELSO, which includes computerized simulation of emergencies, complications and management that mimic real patient conditions.

Mission’s ECMO program has reported data to ELSO since January 2017, allowing us to monitor our performance and patient outcomes against peer benchmarks. ELSO considers Mission Hospital’s Adult ECMO Program to be a medium volume center, which has exceeded peer benchmarks.
Innovative ways to provide nursing care are developed when nurses evaluate and use evidence-based findings in their practice.

Nurse involvement in the design and implementation of technology, workflow improvements and space design enhance the patient experience and nursing practice.
Nurse Telephone Triage in Physician Practices

Mission Medical Associates
By Brooke Holliday, MSN, RN-BC

A need was identified in three of the five primary care practices in Mission Health’s Central Region for a licensed nurse dedicated to providing telephone triage to patients requesting to speak with a licensed medical professional. In an attempt to bridge the gap, unlicensed medical assistants were manning triage phone lines. They managed patient care needs by documenting patient concerns and forwarding to providers for recommendations. This often led to a delay in treatment, a subpar patient experience and provider frustration.

Clinical and operations stakeholders determined that a large volume of clinical needs could be handled remotely by a select number of licensed nurses. Nurse guidelines were established for executing treatment algorithms for patients calling the practices, scheduling same-day acute care needs, navigating coordination of emergency services, prescription refill requests, test results, clinical questions, return and follow-up phone calls, referral paperwork, prior authorizations and registry work.

Remote clinical triage for the five primary care practices went live on January 23, 2018. The process provides safe, timely and attentive care for patient-expressed needs. Delayed responses to patients are minimized, as well as duplicate work and provider frustration. Standardized triage algorithms promote consistency of care. Communication channels are enhanced through the creation and standardized use of message pools, auto-text and message templates, and clinical mobile phones.
As a general rule, the birth of a baby is a joyous occasion. Unfortunately, problems can arise before, during and after some deliveries. Obstetrical hemorrhage (OBH) is one such problem. Staff within Mission Hospital’s Mother/Baby Unit noted that obstetric patients who experienced severe OBH required an extended length of stay in the Intensive Care Unit (ICU). Discussions with nurses identified opportunities in understanding best practices and interventions necessary to treat patients presenting with obstetrical hemorrhage. Furthermore, teams reported the need for clarification of their roles during OBH. Focusing on the elements of OBH protocols and clarifying roles were recognized as essential elements in improving the care environment.

Nursing Professional Development Educators and Patient Safety team members partnered to create an in-situ clinical simulation training program to increase the nurses’ knowledge and competency surrounding OBH. Didactic and hands-on education were developed. During Phase I, 15 of 82 clinical nurses were trained as Simulation Clinical Champions (SCC). The purpose of this program was to empower the nurses to own their practice and to create a culture of accountability for their individual expertise.

Nurses working on the units report the simulation training program has resulted in improved teamwork. More importantly, the implementation of the program has positively impacted patient outcomes. Prior to this initiative, the average length of stay in the ICU for severe OBH patients was an average of three days, since the implementation of this program the average length of ICU stay has decreased to one day.
New bells and whistles, including Cerner Smart Room technology, were implemented in the new facility at Mission Hospital McDowell when it opened in 2018. Some of the features of the Smart Room are the integration of digital signage, patient education and entertainment, and enhanced patient safety through the utilization of a staff-identification component.

This technology had a significant impact on communication. The digital signage component of the Smart Room communicates patient orders (nothing by mouth, isolation, etc.) to staff without violating patient privacy. This technology also enhanced staff identification. When team members enter the room, their name, role and picture from their real-time location badge immediately appear on the TV. This feature acknowledges Mission Health’s commitment to providing for the safety and security of our patients and their families.

The implementation of Smart Room technology within the Labor and Delivery suites has taken patient education to new heights; it allows the utilization of the Healthwise® Patient Education video library within the Labor and Delivery Power Plan. This feature automatically orders the videos for patient viewing, as well as assists with tracking compliance and documentation of patient-education efforts. The Smart Room technology is completely customizable and provides patients and their families with an opportunity to view additional videos as they need or desire.

The Cerner Smart Room technology also provides a patient- and family-centered experience by providing access to select diversionary entertainment including music, games, movies and relaxation videos.
In March 2018, reducing patient falls at CarePartners Rehabilitation Hospital was the focus of the Staff Presenting a Real Change (SPARC) committee. This interdisciplinary team of 16 frontline nursing and therapy staff work to put innovative staff ideas into practice.

The SPARC team rehabilitation nurses, therapists and certified nursing assistants worked tirelessly with much enthusiasm to develop the Stop Light Protocol. This tool is utilized for all patients in the Rehabilitation Hospital. The Stop Lights allow staff to quickly and easily identify safety needs by merely glancing at the patient’s door.

Upon admission, a therapist or nursing staff member places a magnetic, laminated Stop Light designating the patient’s fall risk on the doorframe of the patient’s room. The signs are updated throughout the patient’s stay as their level of safety changes. A simple glance at the door allows staff members to determine a patient’s risk level and quickly intervene if a patient is participating in unsafe activity.

This improves the overall safety of patients by enabling any staff member merely “passing by” to identify those at risk in an expedient manner.

CarePartners implemented the Stop Light Protocol in April 2018, and a dramatic reduction in falls has been identified over the last seven months. The program received recognition during a recent Commission on Accreditation of Rehabilitation Facilities (CARF) survey as an initiative that could benefit patients and team members throughout the Mission Health system.
Noise Reduction Improves Patient Satisfaction

Highlands-Cashiers Hospital
By Karen Hendricks, BSN, RN, and M. Yvonne Coleman

While noise in a hospital setting may not seem significant, it can affect a patient’s health and safety, and increase dissatisfaction, which in turn can increase falls, affect hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and reimbursements. (2005, 2010)

The interdisciplinary team members from housekeepers to clinical staff at Highlands-Cashiers Hospital identified the housekeeping carts, trash and linen cans as a significant source of noise. The level of sound from the cans was verified using a noise-monitoring device. After identifying those noise issues the team ordered containers with noise-reducing casters in July. With the addition of the new casters the HCAHPS scores related to “Quietness of Hospital Environment” improved and nearly doubled the satisfaction scores. The device signals an increase in noise level by going from green to yellow and then red, and serves as a visual reminder to try to reduce the noise levels in patient-care areas.

In addition to the environmental changes, we focused on behavioral modifications for team members, when we realized that the nurses’ station was the hub of conversation and socialization. The noise monitor has been a visual cue to increase awareness of the noise level in that area and is also currently set to monitor noise levels at and around the central nurse’s station where other opportunities for noise reduction included vending machines, TVs left on and pump alarms.

Two of the team members who collaborate to reduce noise are (l to r): Trinica Rueckerl, RN, and Karen Cragg. Cragg demonstrates the use of a trash can and cart equipped with noise-reducing casters.


As opioid and other substance use has grown nationally and locally, Mission Health data suggests a 400 percent increase from 2010 to 2014 in infants with perinatal substance exposure. This rise prompted our team to develop a safe, comprehensive, evidence-based approach to caring for these infants.

To achieve this aim, we sought to standardize care among our maternal-child providers across the continuum, focusing on the hospital experience from Labor and Delivery to our Mother-Baby Unit to home. Our goals within this project were twofold. First to deliver consistent, safe, high quality care, and secondly, to utilize our IT system to facilitate this care delivery.

To achieve the first goal, we developed a multidisciplinary consult team consisting of providers, therapists, lactation consultants, nutritionists, pharmacists and nursing. This team, led by a neonatal nurse practitioner, is responsible for delivering a consistent evaluation and treatment plan to these infants. Within this team, we expanded our parental education focusing on safe breastfeeding practices, nonpharmacologic management and keys to a safe transition to home. We also created a video for the nursing staff to show a typical mother-baby room versus the desired nonstimulating room. All new staff view this video during their Women’s and Children’s Academy course.

To achieve our second goal, we optimized our information technology capabilities to facilitate a universal experience for our prenatally exposed infants via order sets, expanded note documentation and electronic medical record assessment and summary tools, including Finnegan documentation, a newly created Perinatal Exposure Assessment document, a summary communication page and a discharge checklist.

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Electronic Data Tool for Procedural Sedation

Mission Health


Procedural sedation is a high-risk procedure that requires enhanced clinical performance and review. During 2016, paper documentation was completed on all procedures requiring sedation, making the review cases very limited (10 percent) and difficult to track. A project to ensure the uniformity of sedation administration and documentation throughout Mission Health was conceived. This project resulted in the development of documentation tools to record the minimum requirements for a nonanesthesiologist provider to administer and monitor sedation to patients. Transition to electronic documentation allowed for the development of a robust data-reporting analytic dashboard to hardwire performance.

Cerner does not have an electronic solution for procedural sedation documentation. Consequently, initial efforts focused on the development of new electronic documentation tools for both nurses and providers, which integrated necessary documentation fields from within the record into a single streamlined workflow. Colleagues from informatics, performance improvement and accreditation joined the team and assisted with the development of data reporting tools and a dashboard that have improved the reporting process and identified clinical and performance trends.

This tool has assisted the team, comprised of nurses and medical staff partners, in offering daily feedback, as well as a quarterly review. This feedback identifies opportunities for education, performance improvement and prevention of adverse sedation-related events. The systemwide standard of practice resulting from this project has improved the care and safety of all patients undergoing procedural sedation. The analytics dashboard allows for greater detail and more in-depth analysis to promote enhanced documentation and improved outcomes.

“The flow of the new tool keeps me on target to document all the necessary information and it’s easy.”

Angi Morrow, RN, EMT, Team Lead, Emergency Department (pictured here)
Accolades

Mission Health nurses are committed to their own professional development in their mission to provide excellent evidence-based care to patients and family members.

The following pages showcase survey responses and self-reported professional achievements and recognitions for exceptional work as caregivers.
Adjunct Faculty

Ivy Morton, MSN, RN, CRRN, Inpatient Rehabilitation, CarePartners, Asheville-Buncombe Technical Community College

Sharon Bigger, MA, BSN, BA, BS, RN-BC, CHPN, CarePartners Hospice Homecare, Asheville, Mars Hill University

Ayeshya Kapoor, MSN, RN-BC, Clinical Informatics-Acute Care, Mission Health, University of Maryland, Baltimore

Deborah Krueger, MSN, RN, NE-BC, CHTP, Director, Nursing Professional Development and Magnet® Program Director, Nursing Professional Development, Mission Health, Chamberlain College of Nursing and University of Arkansas-Little Rock

Heather Burns, MSN, RN-BC, Clinical Informatics - Acute Care, Mission Health, Western Carolina University

Cecil Greck, BSN, RN, CFRN, Air Medical, Mission Hospital, University of Maryland, Baltimore County

Chuck Tucker, MSN, RN, CNE, Regional Transfer Center Nurse, Mission Central, Mission Hospital, Mars Hill University

Samantha Tomlin, BSN, RN, PCCN, Medical Cardiology Stepdown - 5 Heart, Mission Hospital, Asheville-Buncombe Technical Community College

Kristy Aiken, BSN, RN, CWON, CFCN, Wound Care, Transylvania Regional Hospital, Blue Ridge Community College

Certified Nurses

Mission Health nurses demonstrate their commitment to high quality, patient- and family-centered care by achieving and maintaining professional certifications. They validate their knowledge and mastery of skills in their specialty area through testing and ongoing learning. Their dedication to best practice care improves outcomes for our patients and their families. Here are the number of certified nurses reported from each Mission Health facility.

Angel Medical Center 23
Blue Ridge Regional Hospital 13
CarePartners 22
Highlands-Cashiers Hospital 5
Mission Hospital 759
Mission Hospital McDowell 20
Mission Medical Associates 5
Transylvania Regional Hospital 24
Certified Nursing Assistants
Recognitions

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

Photos unavailable: Brittany Letterman, Medical Assistant, Developmental Follow-Up, Flori Williams, PCT I, Neurosciences, Natalie Banks, CNA, Orthopedics/Spine Unit
Georgia Crump CNA Recognitions Award

Laura Radtke
PCT I, Eckerd Living Center, Highlands-Cashiers Hospital

Poster Presentation Regional Award

Delores Jones
PCT II, Acute Care, Highlands-Cashiers Hospital

The Dirty Dozen
1st Place Poster Award, CNA Regional Conference, Mountain Area Health Education Center (MAHEC), Asheville, North Carolina
DAISY Awards

DAISY Award honorees are selected for their nursing excellence from nominations by patients, family members, co-workers or physicians. This internationally recognized award praises the clinical skills, caring and compassion of nurses in more than 3,300 healthcare facilities in 19 countries.

Angel Medical Center

Christy Vinson-Griffin
RN, Cancer Infusion Center

Danielle Payne
RN, Medical/Surgical Unit

Duane McHan
RN, CEN, Manager, Emergency Department

TEAM AWARD - Suzanne Vanderpool, RN, Kendra Carr, RN, Emma Hogsett, RN, Manager, Christy Vinson-Griffin, RN, Kandis Shumaker, RN, Laura McCaslin, RN

Blue Ridge Regional Hospital

Janet Street
BSN, RN, Team Leader Infusion Center

Highlands-Cashiers Hospital

Gail Tritt
RN, Acute Care
CarePartners

Heather Garry  
RN, Internal Staffing

Jim Archer  
RN, Primary Case Manager, Home Health

Mission Hospital McDowell

Kelly McNeely  
RN, Emergency Department

Tiffany Rose  
RN, Acute Care Services

Transylvania Regional Hospital

Janet Allen  
RN, Outpatient Nursing

Karen DeWitte  
BSN, RN, Brevard Cancer and Infusion Center
Mission Hospital

Accolades Mission Health Nursing Annual Report 2018

- Alana Waters, RN, Medical-Surgical ICU
- Brett Bradley, BSN, RN, Spine
- Cara Bryant, RN-BC, Renal Medicine
- Carla Smith, BSN, RN, Cardiovascular Progressive Care
- Cassidy McFadden, BSN, RN, 8 North Adult Medicine
- Jeff Grant, BSN, RN, Orthopedics
- Laura Long, BSN, RN, CCM, Care Management
- Liz Gregory, MSN, RN, CMSRN, Women’s Surgical Unit
- Patricia “Trish” Wolfe, RN, Cardiovascular Progressive Care Unit
- Phil Piserchia, BA, RN, Pulmonary Medicine Progressive Care/Pulmonary Medicine Care Unit
- Tammy Kent, BSN, RN, Pulmonary Medicine Progressive Care
- Terri Worley, RN, Women’s Surgical Unit
The North Carolina Great 100 is a once-in-a-lifetime award given annually to 100 nurses across the state who are nominated by their peers for excellence in practice and commitment to the nursing profession.

Mission Health Great 100 Honorees (l to r): Kathleen Culhane Guyette, MSN, RN, NEA-BC, Joelle Cleveland, BSN, RN, OCN, Jamie Staton, BSN, RN, CIC, and Barb McElroy, MBA, BSN, PCCN, RN-C
Degrees Earned

Associate Degree in Nursing (RN)

Mission Hospital

Alesia Minton, RN, Pulmonary Medical Progressive Care
Brittany Powell, RN, Staffing Pool (former CNA)
Brandy Hastings, RN, 3 West - Adult Medical Surgical Unit
Jacob Blanton, RN, Staffing Pool (former CNA)
Kate McGee, RN, AS, Psychiatry 5 South Adult
Meggan Wolff, RN, Mission Children’s Hospital
Otelia Norris, RN, Staffing Pool (former CNA)

Mission Medical Associates

Ashley Zimmerman, RN, My Care Now Biltmore Park (former LPN)
Casey Merriman, RN, My Care Now Biltmore Park

RN to BSN

Angel Medical Center

Andrea Mathis, BSN, RN, Medical Surgical Unit
Crystal McConnell, BSN, RN, Medical Surgical Unit
Elizabeth Sheldon, BSN, RN, Medical Surgical Unit
Gina Gribble, BSN, RN, Care Management
Kandis Shumaker, BSN, RN, Outpatient Infusion
Malgorzata Tiger, BSN, RN, Medical Surgical Unit
Nichole Hill, BSN, RN, AA, Intensive Care Unit

Blue Ridge Regional Hospital

Ashley Hodge, BSN, RN, Medical-Surgical Unit/Cardiology Care Unit Team Leader
Teressa Neill, BSN, RN, Administrative Manager Clinical Operations
Tiffany Robinson, BSN, RN, Medical-Surgical Unit and Cardiology Care Unit/ICU
Wendy Woody, BSN, RN, Medical-Surgical Unit and Cardiology Care Unit Team Leader

CarePartners

Jeanna Barnett, BSN, RN, CRRN, CCM, ACM, Case Management
Sherry Dills, BSN, RN, CCM, Clinical Manager, Home Care Franklin

Highlands-Cashiers hospital

Lacey Killian, BSN, RN, Acute/Medical-Surgical Unit

Mission Health

Mashanda Brown, BSN, RN, Nursing Professional Development Educator

Mission Hospital McDowell

Elizabeth Stevens, BSN, RN, Acute Care Services/ICU
Kendall Stacey, BSN, RN, CIC, Infection Prevention
Teresa Abernathy, BSN, RN, Acute Care
Mission Hospital

Adam Sutton, BSN, RN, CCRN, Cardiovascular Recovery Unit
Amanda Williams, BSN, BA, RN, OCN, 10 North Oncology
Ariel Amengual, BSN, RN, Nurse Manager, Copestone
Austin Banaszak, BSN, RN, Trauma Care Unit
Caitlyn Merrill, BSN, RN, Medical Cardiology Stepdown
Connie Eldreth, BSN, RN, Manager, Coi ICU
Danielle Bruckner, BSN, RN, Pulmonary Medicine Care Unit/Pulmonary Medicine Progressive Care
Daphne Ownbey, BSN, RN, Medical Cardiology Stepdown
Gilbert Mata, BSN, RN, Neurosciences, Mission
Ginger Rathbone, BSN, RN, Mission Children’s Hospital
Heather Robinson, BSN, RN, Pulmonary Medicine Care Unit and Pulmonary Medicine Care Unit
Jamie Gosnell, BSN, RN, Neurosciences
Janice Hovey, BSN, RN, CDE, Inpatient Diabetes
Jennifer Maybee, BSN, RN, Neurosciences
Jennifer Wright, BSN, RN, NUS, Oncology Unit
Jessica Fusco, BSN, RN, Mission Children’s Hospital
Jim Hudson, BSN, RN, NUS, Neurotrauma ICU
Kristie Grainger, BSN, RN, OCN, Oncology Infusion Nurse, Outpatient Infusion Center
Laura Sutton, BSN, RN, CEN, CPEN, Emergency Department
Melanie Ashe, BSN, RN, Mother Baby Unit
Melanie Sharp, BSN, RN, Spine/Orthopedics
Robyn Warnell, BSN, RN, NUS, Orthopedics Mission
Romeesa Sulkowski, BSN, RN, Pulmonary Medicine Care Unit/Pulmonary Medicine Progressive Care
Shannon Waddell, BSN, BA, RN, Cardiovascular Progressive Care
Stephanie Lindsay, BSN, RN, Neurosciences
Stephen Weeks, BSN, RN, Interventional Spine
Taylor Graham, BSN, RN, Mission Children’s Hospital
Tessa Lewis, BSN, RN, 7 North General Surgery
Thomas Anthony, BSN, RN, Electrophysiology Lab
Tracey Parker, BSN, RN, CPN, Reuter’s Mission Children Specialists

Mission Medical Associates

Sabrinia King, BSN, BA, AS, RN, Mission Family and Internal Medicine

Master of Science in Nursing (MSN)

Blue Ridge Regional Hospital

Megan McKinney, MSN, RN, Nurse Manager, Emergency Department

CarePartners

Ivy Morton, MSN, RN, CRRN, Inpatient Rehabilitation
Rachael Borenstein, MSN, BA, RN, Home Health Case Manager
Lori Ellison MSN, RN, Director Home Health Clinical Practice

Mission Health

Andrea Yontz, MSN, RN, My Healthy Life Chronic Condition Management
Athena Carver, MSN, RN, Nursing Professional Development Educator
Brandy Cranford, MSN, RN, AS, ONC, Nursing Professional Development
Chris Eggleston, MSN, RN, CCRN, Nursing Unit Supervisor, Medical Surgical ICU
Jennifer Colborn, MSN, BSN, RN, Informatics
Jenny Bradley, MSN, RN, Nursing Professional Development Educator
Kayla Williams, MSN, RN, AS, ACM, Nursing Professional Development Educator
Rachael Swann, MSN, RN-BC, Nursing Professional Development Educator
Shauna Maxson, MSN, RN, RN-BC, CWOCN, Nursing Professional Development Educator
Stacey Zabel, MSN, RN, Nursing Professional Development Educator

Mission Hospital

Angie Chandler, MSN, RN, ONC, Manager, Orthopedics
Brandi Wilson, MSN, RN, CPN, Pediatrics
Constance Eldreth, MSN, RN, CCRN, Neurotrauma ICU
Erin Lunsford, MSN-FNP, RN Trauma Care Unit
Jeannette Lane, MSN, RN, Mission Children’s Hospital
Josh Lewis, BSN, RN, CNRN, NE-BC, Stroke Program
Katrina Cody, MSN-FNP, RN, Trauma Care Unit
Liz Gregory, MSN, RN, NUS, Women's Surgical Unit
Marc Eden, MSN, BA, RN, PCCN, Cardiovascular Progressive Care
Marsha Randall, MSN-FNP, RN, Trauma Care Unit
Mary Anne Robertson, MSN, BA, RN, C-EFM, Maternal Fetal Medicine Unit
Maureen Rafferty, MSN, RN, AS, RNC-NIC, Neonatal Intensive Care Unit
Meera Ganatra, MSN, RN, Neonatal Intensive Care Unit
Sabrina Mills, MSN, RN, Manager 9 North Stepdown
Sarah Sawyer, MSN, RN, Cardiovascular Progressive Care Unit
Sharon Wallis, MSN, APRN, CNM, Cardiovascular Progressive Care
Sybil McCrorey, MSN, RN, Medical Cardiology Stepdown

Mission Hospital McDowell

Rebecca Carswell, MSN, RN, Nurse Manager, My Care Now and Acute Care

Doctorate of Nursing Practice (DNP)

Chi Glass, DNP, RN, Mountain Radiation Oncology
Nikki Barrett, DNP, APRN, NNP-BC, Mission Clinic, Director of Advanced Practice
Roxanne Gosnell, DNP, RN, Coli Critical Care, Mission Hospital
EVIDENCE-BASED PRACTICE (EBP) PROJECTS

CarePartners
Billy Brooks, RN, CHPN, CarePartners Hospice McDowell, Hospice Item Set (HIS) Improvement, CarePartners Hospice

Mission Health
Karen Smith, RN, OCN, Clinical Research, Cancer Center, Focus on Screening Effectively and Efficiently: Adult Cancer Research

Mission Medical Associates
Barbara Noon, MSN, MBA, RN-BC, Executive Director, Ambulatory Nursing Centralized Triaged-Part of the team, MMA Community Medicine-Central Region

Mission Hospital
Caitlyn Merrill, BSN, RN, Medical Cardiology Stepdown (MCSD), Teamwork Committee-MCSD, Staff member of the Month-MCSD and Discharge Nurse Trial-MCSD
Janet Magruder, BSN, RN, OCN, CBCN, Breast Program, Implementing Appropriate Screening Questions Addressing Sexuality Changes into the Patient’s Assessment, Breast Program
Katie Conklin, BSN, RN, CPPS, Labor and Delivery, Obstetric Hemorrhage Team, Women’s Service Line, Women’s Safety Team, Women’s Service Line
Megan Spicer, BSN, RN, CMSRN, Nurse Manager, Inpatient Diabetes and Specialty Teams, Effective Use of a RN Clinical Coordinator in Outpatient Palliative Care Services, Palliative Care
Michelle Cotton, MSN, BS, RN, CCM, Certified Care Manager, Nurse Manager, Medical Cardiology Stepdown Unit, Discharge Initiative
Samantha Tomlin, BSN, RN, PCCN, Medical Cardiology Stepdown - 5 Heart, NDNQI action plan, MCSD- 5 Heart
Norman C. Olsen, MSN, RN, Mindfulness Leadership Coaching

Mission Health
Frank Alagna, MSN, RN-BC, CCRN-K, Changing CNA Perceptions of Substance Use Disorder
Nicole Barrett, DNP, APRN, NNP-BC, Pilot Study of Primary Care Nurse Practitioners and Physician Assistants: Correlation of Integration to Practice with Productivity

Transylvania Regional Hospital
Deborah Ogden, BSN, RN, OCN, Acute Care Manager, Medical Surgical Unit and Intensive Care Unit, Central Line Associated Blood Stream Infections DMAIC
NURSING ASSOCIATION LEADERSHIP

Mission Health
Corriane Billings, BSN, RN, BS, CIC, Manager, Infection Prevention Surveillance and Inpatient Data Analytics, Infection Prevention, Zone Coordinator, North Carolina Association for Professionals in Infection Control and Epidemiology and Chair, National Task Force for the Revision of APIC Competency Model, Association for Professional in Infection Control and Epidemiology
Deborah Krueger, MSN, NE-BC, CHTP, Director, Nursing Professional Development and Magnet Program Director, Nursing Professional Development, Ethics Committee Member, Healing Beyond Borders and ANCC Magnet® Appraiser
Jan Bailey, MSN, RN-BC, OCNS-C, Nursing Professional Development, Treasurer, Carolina Mountain Chapter, National Association of Orthopaedic Nurses
Jeanie Bollinger, MSN, RN, ACCNS-AG, CCRN-K, Clinical Nurse Specialist, Acute Medicine, Member, American Association of Critical Care Nurses Beacon Award Review Panel
Katherine Mason, BSN, RN, Accreditation Readiness Specialist, President, Blue Ridge Chapter, Emergency Nurses Association
Kathy Smith, MSN, RN, ONC, Registered Nurse Residency Program Coordinator, Nursing Practice Education and Research, Secretary, Carolina Mountain National Association of Orthopaedic Nurses, Chapter SE212
Laurie Zone-Smith, PhD, RN, NE-BC, Executive Director, Nursing Practice, Education and Research, Board Member, Medical University of South Carolina College of Nursing Alumni Association
Virginia Bradley, MSN, RN, ONC, Nursing Professional Development, President, Carolina Mountain National Association of Orthopaedic Nurses

Mission Hospital
Tracey Gates, RN, CEN, CPEN, Emergency Department, President, Blue Ridge Emergency Nurses Association and State Chair, North Carolina Emergency Nursing Pediatric Course, North Carolina Emergency Nurses Association

NURSING RESEARCH STUDIES

Chi Glass, DNP, RN, CMSRN, Increasing Survivorship Care Plan Creation and Delivery at a Community-Based Comprehensive Cancer Center in Western North Carolina
Christine Conrad, BSN, RNC-OB, C-EFM, Survivor Services Birth Planning Program Survey: Rating Services and Birth Experience
Frank Alagna, MSN, RN-BC, CCRN-K, The Impact of Trauma Informed Care Skills on Compassion Fatigue
Jennifer Kaylor, BSN, RN, CWON, Effect of a Perioperative Sacral Dressing Protocol on the Postoperative Pressure Ulcer Development
Martha DePaola, BSN, RN, Nurse Burnout: Get the data? The Survey
Mary Ellen Wright, PhD, APRN, CPNP, Path to Safety Study — Stories of Help Seeking Victims of Domestic or Intimate Partner Violence
Prutha Lavani, PharmD, Evaluation of the Efficacy of a Heparin Dosing Nomogram for Atrial Fibrillation Ablations
Rachael Swann, MSN, RN-BC, Medical Records or Chart Review
Rachael Swann, MSN, RN-BC, Does Training and Recognition Improve Retention with Nursing Assistants in Acute Care Setting?
Tiffany Houser, BSAH, RT® (MR) ARRT, Assessment of Magnetic Resonance Imaging Safety: Allied Health Professional Clinical Competence
Tina Kinard, MSN, RN, NIHs, GNP-BC, Palliative Care
Vallire Hooper, PhD, RN, CPAN, FAAN, Postoperative Delirium
Vallire Hooper, PhD, RN, CPAN, FAAN, Compassion Fatigue Survey Results: Mission Health System
Vallire Hooper, PhD, RN, CPAN, FAAN, Bonnie Shope, MS, RN, CPAN, Katherine Day, MSM, RN, NEA-BC, CPAN, An Exploration of Phase I PACU Complication and Associated Predictors
PODIUM PRESENTATIONS

Mission Health

Alesia Carpenter, MSN, BSN, RN, ACNS-BC, William Shillinglaw, MD, Sinead McFarlane, PA, Tonja Schroder, MSN CPN, RN, Tracey Gates, RN, Charles Carter, RN, Jackie Goshell, RN, Mashanda Brown, BSN, RN, John Grindstaff, RN (August 2018) Adult Trauma Simulation, Adult Trauma Symposium, Asheville, North Carolina

Andrea Slivinski, DNP, RN, ACNS-BC, CEN, CPEN, Jeanie Bollinger, MSN, RN, CCNS, CCRN-K (May 2018) Paving the Way to a Successful Clinical Nurse Specialist Role in an Inexperienced CNS Organization, National Teaching Institute, Boston, Massachusetts

Cheryl Postlewaite, MSN, RN, BS, CWCN (March 2018) Exploration of the Accuracy and Precision of the Scott Triggers™ Instrument in Predicting Postoperative Pressure Ulcer Development (Best Abstracts and Awards Presentation), National Pressure Ulcer Advisory Panel Annual Conference: Where Research Meets Practice, Las Vegas, Nevada

Corrianne Billings, BSN, RN, BS, CIC, James Davis, MSN, RN, CCRN-K, HEM, CIC, FAPIC (June 2018) Revisiting the APIC Competency Model: An Evolving Conceptual Framework, Association for Professionals in Infection Control and Epidemiology Annual Conference (APIC), Minneapolis, Minnesota

Corrianne Billings, BSN, RN, BS, CIC, Lisa Caffery, MS, BSN, RN, BC, CIC, FAPIC (June 2018) APIC Competency Model: Change Is in the Air!, APIC 2018 Annual Conference, Minneapolis, Minnesota

Heather Burns, MSN, RN-BC, Karen Moseman, MSN, RN-BC (April 2018) The Triad: Policy, Practice, Documentation, Southeast Regional User Group, St. Petersburg, Florida

Karen Smith, RN, OCN, Elizabeth Pesant, BSN, RN, OCN (November 2018) Research Protocols and Clinical Trials, Oncology Certification Review Course, Asheville, North Carolina

Mary Cascio, MSN, RN, RNC-OB, C-EFM, Joni Lisenbee, MSN, RN, IBCLC (2018) Building Trust between Units Where the Patients Win! Perinatal Leadership Forum, Ponte Vedra, Florida


Sue Cauthen, MSN, RN (March 2018) Infection Prevention in Home Care, MAHEC: 1st Annual LPN Symposium, Asheville, North Carolina

Tonja Schroder, MSN, RN, CPN, Alesia Carpenter, MSN, RN, ACNS-BC, Dr. Rebecca Carchman, Meg Kerr, BSN, RN (October 2018) Pediatric Trauma Simulation, The 2018 Pediatric Trauma Symposium, Asheville, North Carolina

Tonja Schroder, MSN, RN, CPN, Rebecca Carchman, MD, Meg Kerr, RN (October 2018) Pediatric Emergency Simulation, Pediatric Trauma Symposium, Asheville, North Carolina

Tonja Schroder, MSN, RN, CPN, Dr. William Shillinglaw, Sam Mashni, RN, CEN, Kelly Pace, BAN, RN, CEN, Jackie Goshell, MSN, RN, CEN, Brittany Hart, BSN, RN, TCRN, Mashanda Brown, BSN, BA, RN, CEN, Heidi Nocthdurt, BSN, RN, AEMT, CEN, CPEN, TCRN, Alesia Carpenter, MSN, RN, ACNS-BC, Charlie Carter, BSN, RN, CCRN (August 2018) The Simulation Laboratory Case Studies, The 2018 Adult Trauma Symposium, Asheville, North Carolina

Mission Hospital McDowell

Kimberly Freeman, RN, CDE, CTTS, NBC-HWC, CIC, Michael Hanlon, Tim Blenco, Valliere Hooper, PhD, RN, CPAN, FAAN (July 2018) Taking Control of Type 2: A Collaborative Community Health Initiative, International Rural Nursing Conference, Nashville Tennessee

Kimberly Freeman, RN, CDE, CTTS, NBC-HWC, CIC, Michael Hanlon (July 2018) Group Facilitation, American Association of Diabetes Educators Diabetes Summit, Sylva, North Carolina

Kimberly Freeman, RN, CDE, CTTS, NBC-HWC, CIC, Michael Hanlon (July 2018) Business as Unusual! A Six Year Evolution of Innovation, Collaboration and a Successful Community Type 2 Diabetes Program, American Association of Diabetes Educators Annual Conference, Baltimore, Maryland

Valorie Frye, BSN, NE-BC (July 2018) Creative Interventions to Alleviate Compassion Fatigue in a Small Rural Hospital, International Rural Nursing Conference, Nashville, Tennessee

Mission Hospital

Amanda Williams, BSN, BA, RN, OCN (2018) Bone Marrow Transplant, Oncology Certified Nurse Primer Course, Asheville, North Carolina
Accolades

Mission Health Nursing Annual Report 2018


Brenda C. Fore, MHA, BSN, RN-BC, PMHN, CLNC, Linda Harrison, LPCS, CCS, MAC, Ellen Ferguson, BSN, RN, Frank Alagna, MSN, RN-BC, CCRN-K, Linda Anderson, MSN, RN, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) The Impact of Trauma Informed Care Skills on Compassion Fatigue, Annual American Association of Behavioral and Social Sciences Conference, Las Vegas, Nevada


Christine Conrad, BSN, RN, RNC-OB, C-EFM (October 2018) OB Trauma: Now You Have Two Patients, Pediatric Trauma Symposium, Asheville, North Carolina

Erica Dockery, MSN, RN, CPN, Jan Bailey, MSN, OCNS-C, RN-BC (November 2018) All Aboard the Energy Bus, Mission Health Safety Conference, Asheville, North Carolina

Erica Dockery, MSN, RN, CPN, Jan Bailey, MSN, APRN, OCNS-C, RN-BC (May 2018) Experts at the Table: Pain Management Evidence and Strategies for Providing a Better Experience to Orthopaedic Patients, 58th Annual National Association of Orthopaedic Nurses Congress, Albuquerque, New Mexico

Janet Magruder, BSN, RN, OCN, CBCN (November 2018) Nursing Implications of Surgical Treatment for Patients with Cancer, Oncology Certification Review Course, Asheville, North Carolina

Jason Archer, BSN, RN-BC, Terry Ann Shafer, BSN, RN, CWCN, Elizabeth Knox, ASN, RN, PCCN, Valerie Frye, MAOM, BSN, RN, NE-BC, Emily H. Stanley, BS, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) Creative Interventions to Alleviate Compassion Fatigue in a Small Rural Hospital, International Rural Nursing Conference, Nashville, Tennessee

Jeanie Bollinger, MSN, MSN, RN, ACCNS-AG, CCRN-K, Andie Slivinski, DNP, RN, ACNS-BC, CEN, CPEN (May 2018) Paving the Way to a Successful Clinical Nurse Specialist Role in an Inexperienced CNS Organization, American Association of Critical Care Nurses National Teaching Institute, Boston, Massachusetts

Jeanie Bollinger, MSN, MSN, RN, ACCNS-AG, CCRN-K, Andie Slivinski, DNP, RN, ACNS-BC, CEN, CPEN (October 2018) In-Patient Sepsis Screening, Mountain Air Conference, Asheville, North Carolina

Jeanie Bollinger, MSN, MSN, RN, ACCNS-AG, CCRN-K, Andie Slivinski, DNP, RN, ACNS-BC, CEN, CPEN (November 2018) Sepsis, 3rd Annual Corey Pittman Educational Symposium: Contemporary Continuum of Care, Asheville, North Carolina

Jennifer Kaylor, BSN, RN, CWON, June Case, BSN, RN, CWON, Angela Wilson, BSN, RN, CWON, Marlena Lyda, BSN, RN, Randy Burkert, BS, Kirstie Fletcher, RN, Emily Bowers, BSN, RN, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) Reliability Testing of Augmented Reality Glasses Technology for Telewound Care, International Rural Nursing Conference, Nashville, Tennessee


Leslie Weeks, MSN, RN, NE-BC, Mary Jane Cline, RN (May 2018) Command Centers: What’s the Big Idea? PeraHealth Roundtable, Asheville, North Carolina

Martha DePaola, BSN, RN, Kathleen Culhane Guyette, MSN, RN, NEA-BC, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) An Exploration of Compassion Fatigue, Burnout, and Compassion Satisfaction in a Large Regional Healthcare System, North Carolina Nurses Association Annual Conference, Concord, North Carolina and International Rural Nursing Conference, Nashville, Tennessee

Meera Ganatra, MSN-HCS, RN (August 2018) Avoiding Nurse Burnout, Nurse Manager Retreat, Asheville, North Carolina

Morgan Hembree, MSN, RN-BC, Darinda Sutton, MSN, RN-BC FACHE, Nicole Gitney, MS, RN, Sherri Hess, MS-IS, BSN, RN-BC, FHIMSS, Amy Peters, MBA, BSN, RN (October 2018) Reducing Noise in the EHR: How Defining the Essential Clinical Data Is a Game Changer for Time and Satisfaction, Cerner Health Conference, Kansas City, Missouri


Vallire Hooper, PhD, RN, CPAN, FAAN, Laurie Zone-Smith, PhD, RN, NE-BC, Deborah Krueger, MSN, RN, NE-BC, CHTP, Heidi Sherman, MSN, RN-C, Jill Jones, MSN, RN (2018) Moving Mountains: Using Theory to Guide Nursing Practice Change, International Rural Nursing Conference, Nashville, Tennessee
POSTER PRESENTATIONS

CarePartners

Ivy Morton, MSN, CRRN, Inpatient Rehabilitation (August 2018) Nurse Manager Job Satisfaction and Retention, Gardner-Webb University, Boiling Springs, North Carolina

Mission Health

Cheryl Postlewaite, MSN, BA, RN, CWCN, Jeanie Bollinger, MSN, RN, ACCNS-AG, CCRN, Sheri Denslow, PhD, MPH, Vallire Hooper, PhD, RN, CPAN, FAAN (March 2018) Exploration of the Accuracy and Precision of the Scott Triggers™ Instrument in Predicting Postoperative Pressure Ulcer Development National Pressure Ulcer Advisory Panel: Where Research Meets Practice, Las Vegas, Nevada

Deborah L. Krueger, MSN, RN, NE-BC, CHTP, Frank Alagna, MSN, RN, CCRN-K, Laurie Zone-Smith, PhD, RN, NE-BC (September 2018) 25 Tips to Create Innovations in Nursing Professional Development in a Rural Seven-Hospital System, North Carolina Nurses Association Conference, Concord, North Carolina

Erika Prezas, BSN, RN, CEN, TCRN, Reid Taylor, MD, Ameran Tooley, BSN, RN (November 2018) Mixed but Unused Alteplase in Acute Ischemic Stroke, Safety Summit 2018, Asheville, North Carolina

Jeanie Bollinger, MSN, RN, ACCNS-AG, CCRN, Cheryl Postlewaite, MSN, BA, RN, CWCN, Sheri Denslow, PhD, MPH, Vallire Hooper, PhD, RN, CPAN, FAAN (March 2018) Exploration of the Scott Triggers™ Instrument in Predicting Postoperative Pressure Ulcer Development in the Cardiovascular Surgery Patient, National Pressure Ulcer Advisory Panel: Where Research Meets Practice, Las Vegas, Nevada

Kathleen Culhane Guyette, MSN, RN, NEA-BC, Martha DePaola, BSN, RN, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) Exploring Compassion Fatigue in a Large Regional Referral Hospital, American Academy of Nursing Annual Conference, Washington, DC

Kathy Smith, MSN, RN, ONC, RN (June 2018) Transition to Autonomy Preceptorship Model, East Tennessee State University Regional Nursing Preceptor Conference: Developing a Quality Education Experience, Johnson City, Tennessee

Martha DePaola, BSN, RN, Kathleen Culhane Guyette, MSN, RN, NEA-BC, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) An Exploration of Compassion Fatigue, Burnout, and Compassion Satisfaction in a Large Regional Healthcare System, NCONL Annual Conference, Greensboro, North Carolina, and Moses Cone Annual Research and Evidence Based Practice Conference, Greensboro, North Carolina

Vallire Hooper, PhD, RN, CPAN, FAAN, Laurie Zone-Smith, PhD, RN, NE-BC, Deborah Krueger, MSN, RN, NE-BC, CHTP, Heidi Sherman, MSN, RN-C, Jill Jones, MSN, RN (2018) Moving Mountains: Using Theory to Guide Nursing Practice Change. North Carolina Organization of Nurse Leaders Annual Conference, Greensboro, North Carolina

Virginia Bradley, MSN, ONC, Nursing Professional Development, Impact of a New Graduate Orientation Program on Nurse Retention, 7th Annual Cone Health/AHEC Research Symposium, 11/9/2018, Greensboro, North Carolina

Mission Hospital McDowell

Valorie Frye, BSN, RN, NE-BC, Jason Archer, BSN-BC, RN (2018) The Impact of a Serenity Room on Compassion Fatigue in a Rural Hospital, North Carolina Organization of Nurse Leaders Membership Meeting and Conference, Greensboro, North Carolina, and 2018 Research, Evidence-Based Practice and Quality Symposium; Managing Crisis in Healthcare: Today and in the Future, Greensboro, North Carolina

Mission Hospital

Ameran Tooley, BSN, RN-C, CCM, Alexander Schneider, MD, Melissa Hanrahan, BS, RN, CNRN, Sean Snyder, BSN, RN (November 2018) Evidence to Practice: Improving Patient Outcomes in Large-Vessel Ischemic Stroke Patients, Building Resiliency Safety Summit 2018, Asheville, North Carolina

Christine Conrad, BSN, RN, RNC-OB, C-CFM, Katie Conklin, RN, CPPS (June 2018) Clinical Simulation Champions, Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) National Convention, Tampa, Florida

Janice Hovey, BSN, RN, CDE (August 2018) Insulin and Continuous Nutrition: Improving Glycemic Management and Safety in the Hospital Setting. American Association of Diabetes Educator’s National Conference, Baltimore, Maryland

Joni Lisenbee, MSN, RN, IBCLC, Jennifer Holloway, BSN, RN (November 2018) The Association of Delaying the First Newborn Bath on Bilirubin and Phototherapy. Perinatal Leadership Forum, Ponte Verda Beach, Florida


Jennifer Kaylor, BSN, RN, CWON, June Case, BSN, RN, CWON, Angela Wilson, BSN, RN, CWON, Marlena Lyda, BSN, RN, Randy Burkert, BS, Kirstie Fletcher, RN, Emily Bowers, BSN, RN, Vallire Hooper, PhD, RN, CPAN, FAAN (2018) Reliability Testing of Augmented Reality Glasses Technology for Telewound Care. Moses Cone Annual Research and EBP Conference, Greensboro, North Carolina; the North Carolina Nurses Association (NCNA) 2018 Annual Conference, Concord, North Carolina; the National Pressure Ulcer Advisory Panel (NPUAP) 2018 Annual Conference, Las Vegas, Nevada; the Southern Nursing Research Society, Atlanta, Georgia, and the Wound, Ostomy, and Continence Nurses Annual Conference, Philadelphia, Pennsylvania

Katie Conklin, BSN, RN, CPPS (June 2018) Simulation Clinical Champions: Peer Led In-Situ Simulations for Clinical Nurse Training. AWHONN National Conference, Tampa, Florida


Publications

Mission Health

Corianne Billings, BSN, RN, BS, CIC. James Davis, MSN, RN, CCRN-K, HEM, CIC, FAPIC. Charu Malik, PhD (2018). Revisiting the Association for Professionals in Infection Control and Epidemiology Competency Model for the Infection Preventionist: An Evolving Conceptual Framework, American Journal of Infection Control, August 2018

Corianne Billings, BSN, RN, BS, CIC (2018). The Proficient Practitioner Bridge: A New Self-Assessment in Professional Development for IPs, Prevention Strategist, 11(1)


Mission Hospital McDowell


Quality Projects

CarePartners

Ivy Morton, MSN, RN, CRNN, Inpatient Rehabilitation
Uninterrupted Meal Breaks and Staff Satisfaction, Inpatient Rehab evening shift

Mission Hospital

Katie Conklin, BSN, RN, CPPS, Labor and Delivery
Promoting a Positive Birth Experience in Women with a History of Trauma, Labor and Delivery

Maggie Holmes, MPH, BSN, RNC-NIC, Neonatal Intensive Care Unit
Survey of Nurses’ Knowledge and Perceptions of Professional Boundaries and Social Media Use, Women’s and Children’s Services

Rachel Wax, RN, RNC-NIC, Neonatal Intensive Care Unit
Bathing Practices in the NICU

Samantha Tomlin, BSN, RN, PCCN, Medical Cardiology Stepdown - 5 Heart
Improving Glycemic Control in Cardiac Patients, MCS (5 Heart)

Tina Kinard, MSN, RN, NIHS, GNP-BC, Medical Surgical Intensive Care
A Nurse-Driven Approach to Meeting Palliative Care Needs
Mission Hospital Celebrates Journey to Magnet®

“The Magnet® framework fosters a collaborative culture. Registered nurses are engaged in problem-solving for quality, decision-making and autonomy in practice to meet the current demands in care. We look forward to Mission Hospital’s nursing services being recognized among the top 5-10 percent in the nation. This will be a mark of excellence with strong value proposition for key stakeholders, including physicians and patients.”

Karen Olsen, MBA, BSN, RN, NE-BC

Mission Hospital is Trailblazing to Nursing Excellence and hopes to join 21 other hospitals in North Carolina to be designated Magnet®! The Magnet® document is on track to be submitted October 1, 2019. The international Magnet® designation currently recognizes 482 hospitals for high quality, patient-centered care, workplace and patient safety initiatives, professional development, professional governance and interdisciplinary collaboration. Over 80 Magnet® Champions representing all areas of nursing practice at Mission Hospital have been recruited to communicate with team members about practice environment, patient outcomes and activities promoting excellence.

2018 Celebrations

A stunning 96 percent of our registered nurses participated in the National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey in August! Every nurse, every voice is important!

Outperformance in nursing practice is at an exemplary level for eight consecutive quarters:

- Unit Acquired Pressure Ulcers stage II and above
- Unit Acquired Pressure Ulcers – device related
- Peripheral Intravenous Infiltrations (Pediatrics ICU, Neonatal ICU, Pediatrics)

The goal of 2 percent increase in nurse certifications for 2016 to 2018: Outperforming in Pediatrics

The Magnet® Cart was developed as a fun way to talk to team members about what it means to be Magnet®, what autonomy and empowerment look like and how nurses at Mission Hospital own our practice. This cart is checked out by Magnet® Champions and will show up on a unit near you. Be prepared to play and stock up on goodies!

Adopt a Team

This initiative was created to cultivate a shared purpose among team members within Mission Hospital as a mechanism to communicate about the Journey to Magnet®. The Magnet® Champions will “adopt” ancillary and clinical teams to create positive intracollaborative practices with mutual respect to emphasize on workplace excellence and patient-centered care. The kickoff will be held in January 2019.
Blue Ridge Regional Hospital Celebrates Application to Be a Pathway to Excellence®- Designated Hospital

“Creating and sustaining a positive nursing practice environment is critical to providing the highest quality of care for patients and families. The Pathway to Excellence® program allows the Blue Ridge Regional Hospital nurses to demonstrate publicly the outstanding level of professionalism in the organization. Using professional governance, they will participate in developing, implementing and recognizing programs and initiatives that advance nursing standards and practice.”

Becky Carter, MSN, RN, FACHE

Blue Ridge Regional Hospital celebrated its application to be a Pathway to Excellence®-designated hospital on April 18, 2018. The Pathway to Excellence Program® recognizes healthcare organizations that achieve and maintain a healthy workplace where professional nurses flourish.

The American Nurses Credentialing Center’s (ANCC) Pathway to Excellence Program® provides a framework for creating an ideal work environment and ensures an ongoing focus on creating and sustaining excellence.

Pathway organizations foster supportive leadership, collaboration, nurse professional development and an effective work-life balance.

The Blue Ridge Regional Hospital Pathway to Excellence® Standards document was written by nurses, submitted in October 2018 and accepted by the ANCC. A nurse survey will be conducted over three weeks beginning February 12, 2019, to determine credential designation.
Angel Medical Center Celebrates Application to Be a Pathway to Excellence®-Designated Hospital

“The nursing staff and leaders at Angel Medical Center are excited about our journey to Pathway to Excellence®. This process and achievement validates the outstanding nursing care provided by our nursing team.”

Karen Gorby, MSN, MBA, RN, CENP, FACHE

Angel Medical Center celebrated its application to be a Pathway to Excellence®-designated hospital on May 9, 2018. The Pathway to Excellence Program® recognizes a healthcare organization’s commitment to creating a positive practice environment that empowers and engages nurses.

Pathway to Excellence® standards range from nurse satisfaction and engagement to patient satisfaction. Involvement in leading quality and safety efforts, creating a team environment and advocating for health are all standards that are identified in the program. Angel Medical Center nurses are compiling evidence of achievement of the high standards associated with designation as a Pathways to Excellence® organization.
Mission Health
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Join Our Nursing Team

There are countless opportunities for nurses to establish and grow their nursing careers with Mission Health. Whether it’s at the bedside or in an administrative or leadership role, our nurses are core members of our workforce and care teams who influence our system’s healthcare practice.

Explore opportunities across our 18-county region and apply to join our nationally recognized nursing team today.

To learn more about Mission Nursing or apply to join our team visit missionhealth.org/for-nurses.

Our Nursing Vision

Our vision is to be a nationally recognized strengths-based nursing culture, always striving to achieve best practices in research, professional development, quality and nursing care to retain the experienced nurses of today and recruit and mentor nurses of tomorrow.

LEAH FRADY, MSN, RN
Nurse Educator, Mission Hospital McDowell

“Come join our nursing team of skilled clinicians who deliver heart-felt compassionate care. Here, you will find a professional home where growth is encouraged. The breathtaking vistas of our western North Carolina mountains will become your treasured personal home.

In my 20 years of service at Mission Health, I have witnessed the evolution of our nurses, as we have become nationally recognized for our nursing research studies, evidence-based practice, quality projects and patient outcomes. For nearly a decade, I provided bedside care in numerous adult ICUs and stepdown units. The last 11 years, I have been privileged to serve as the Editor of our Nursing Annual Report and have documented the many amazing achievements and advancements in nursing practice of our patient- and family-centered team.

I also have firsthand experience with the exceptional care provided by our dedicated nursing teams in both ambulatory and inpatient settings. Being on the other side of the bedrails gave me a new perspective of the warm cocoon of nursing expertise, which is a refuge in the hustle and bustle of healthcare. My pride in being a Mission Health nurse grew, as I felt the healing environment established by our nurses.

So, my recommendation is very personal: reach out and take this opportunity! Become one of our vibrant nursing professionals whose standards of excellence make a tremendous difference in the lives of those we serve every day.”

Thanks for the memories!
Cherry Odom, BSN, RN-BC, Nursing Communication Specialist