

2022

Nursing Annual Report



KootenaiHealth



Kelly Espinoza, CNO

Leading in a post-pandemic climate requires a unique set of skills. My focus has been on not only guiding people through trauma but helping them grow and evolve to their potential.

I joined Kootenai Health in June of 2022. I have spent the last 14 years as a Chief Nurse Executive in a variety of health systems across Nevada, Oregon, and Washington. The opportunity to work in an organization that is independent offers the ability to influence strategy, create innovative operational designs and bring my prior experience in pipeline development, quality, nursing excellence, and strategy to Idaho.

2022 has been a year of resetting, reflection, and rebuilding post-pandemic at Kootenai. Nursing continues to make an impact in quality, clinical excellence, and expansion of services as the region grows. Despite the challenges of the pandemic, we had multiple success stories in many of our clinical and operational services.

Our **Center for Nursing Excellence** leads the development of new nurse leaders through our **Aspiring Nurse Leader** program. We established the first full forensic nursing program in the state of Idaho, also serving multiple states in the Inland Northwest and beyond.

As we have seen our volumes grow post-pandemic, we identified a need to create an **Extended Recovery Unit (ERU)** to assist in decompressing our PACU and care for our patients who need an outpatient procedure but require up to 24 hours of recovery post-procedure. This allowed us to better utilize our inpatient beds and provide for a streamlined process for those patients who don't require an inpatient stay.

We implemented EPIC, a new electronic health record (EHR) in March of 2022. We are still optimizing the functionality and are learning all the attributes available to clinical and provider staff, but we have access to more and more data analytics for decision making and streamlining workflows.

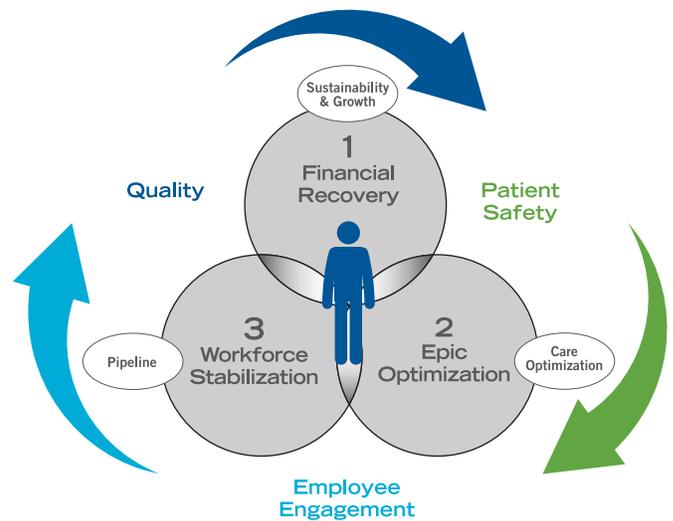
Much of my early focus has been devoted to an in-depth assessment of the nursing division and learning what is working well, where the pain points are, and what staff, physicians, and volunteers are most proud of at Kootenai.

This extensive assessment involved meeting with all key stakeholders, shadowing staff in the clinical areas to spend time "going to the gemba," and walking in their shoes, soliciting feedback from staff and leaders in my first 90 days.

This resulted in a comprehensive SWOT analysis (strengths, weaknesses, opportunities, threats), and the development of a nursing strategic plan.

This plan focuses on three major areas:

- **Sustainability and Growth**
 - Academic collaborations, entry into healthcare, innovation
- **Care Optimization**
 - Reducing care variation and transfer center efficiency
- **Pipeline**
 - Workforce Stabilization



The foundational underpinnings of this plan are quality, patient safety, patient experience, and employee engagement.

My goal through the end of 2022 was to develop, communicate, and begin to establish the structural foundation by which this strategy will be implemented.

I was drawn to Kootenai because of its commitment to quality and clinical excellence along with the ability to make a difference in a regional referral center that serves a large rural community. I am delighted to be a part of this amazing organization and looking forward to all we will accomplish on this journey as we go forward together!

Kelly Espinoza, Ph.D, RN
 Chief Nursing Officer

Aspiring Nurse Leaders

Kootenai Health developed the Aspiring Nurse Leader (ANL) Program to recognize the pivotal role of nurse leaders and how they improve patient care, staff engagement, and patient satisfaction. This year-long program prepares and develops clinical nurses for these leadership positions.

The structured ANL Program helps identify potential leaders by providing a mentorship relationship with an experienced nurse leader. Time is also provided for the ANLs to further their professional development with required education and leadership coursework. In addition, an evidence-based project must be completed by each potential leader in alignment with the nursing strategic plan. The four future leaders (right) completed the 2022 ANL program. Congratulations, ladies!

Britny Kellogg: “Thank you so much for this amazing opportunity. I have learned so much about leadership but have learned even more about myself as a leader. I am so grateful that I was chosen to go through this program.”

“ Kari Sloat: “Leadership: the action of leading a group of people or an organization. This past year has been challenging both personally and professionally. Through ANL I’ve stepped outside of my comfort zone and challenged myself in many different areas. I’ve found increased confidence in my daily job such as handling escalated situations, staffing challenges, and precepting students and new hires. I’ve become more comfortable using my voice to advocate for patients as well as myself and coworkers. Within that confidence, I’ve found little

moments of calm in the hectic environment that is nursing. I appreciate those that have supported me, mentored me, and especially those that have listened to me. I am thankful for the opportunity and growth that this program has granted me.

I found this quote and hope one day to embody it in some form “If your actions

Jessica Daugharty-Sterner: “I look forward to participating in the ANL program over the course of this year. I am eager to advance my nursing practice with this leadership training. I anticipate improving my leadership skills both within the clinical setting and at a broader legislative level so that I can be a better advocate for nurses and patients. Leading with patience and positivity provides the opportunity to overcome the many obstacles that will pop up.”



Aspiring Nurse Leaders
Pictured (l-r): Samantha Sperber, Britny Kellogg, Jessica Daugharty-Sterner, and Kari Sloat.

create a legacy that inspires others to dream more, learn more, do more and become more, then, you are an excellent leader”. -Dolly Parton

Samantha Sperber: “ANL has been a great learning experience for me. It has helped me determine my role in leadership and given me the tools to be successful. I jumped into a leadership position early on in the program but it has continued to support my learning and experience as a new leader.”



Kootenai Health Earns CMS Five-Star Rating

Kootenai Health achieved a Five-Star Overall Hospital Quality Star Rating from the Centers for Medicare and Medicaid Services (CMS). According to the 2022 report from CMS, Kootenai



Health was the only hospital in the Inland Northwest to earn a Five-Star Overall Rating.

Only 13 percent of all hospitals in the nation received a Five-Star Overall Rating. A designation earned by both Kootenai Health and St. Mary's Health in Cottonwood, which is part of the Kootenai Health system.

The Overall Rating, between one and five stars, summarizes a variety of measures across five areas of quality. Those five areas include mortality, safety, readmission, patient experience and timely and effective care.

“This achievement validates that our on-going quality improvement work is showing results,” said Helen Holmes, Executive Director of Quality and Risk for Kootenai Health.

“I’m so happy for our staff to see this, they work tirelessly every day to provide

the best possible care for our community.”

CMS developed the program to help consumers make informed decisions about their health care by giving them a way to compare hospitals based on quality ratings. The ratings are typically released on a quarterly basis to provide transparency for patients so they can make informed choices.

“We work relentlessly to continually improve our care and our patients’ experiences and will continue to do so,” said Holmes, “That’s our culture; it’s who we are.”

Kootenai Health Nurses Make a Global Impact

Collaboration has been a key component of Kootenai Health’s success. It is key to delivering great health care on a global scale. To further develop Kootenai Health’s collaboration skills, the Nursing Excellence department joined the American Nursing Credentialing Center’s (ANCC) Magnet4-Europe program. This program provided a unique opportunity to work with health care professionals in Europe to improve provider mental health and well-being.

“Health care is a tough business, and clinicians across the globe are suffering from high burnout and turnover rates,” said Lori Moss, MSN, RN, director of Kootenai Health’s Magnet program.

As a four-time designated Magnet hospital, Kootenai Health was one of only 67 hospitals chosen to participate in Magnet4Europe to share best prac-

tices. In February 2020, Kootenai was paired, or twinned, with a hospital in Belgium, azVesalius (azV).



Pictured; front row (l-r): Ann Ealy, Director of Nursing Operations and Specialty Teams, Kristel Marquet, Director of Critical Surgical and Ambulatory Care for azVesalius, and Lori Moss, Director of Kootenai Health’s Magnet Program. Back row: Jimmy Poelmans, Nurse Manager of Radiology.

For over two years, participants from both hospitals met virtually every week to discuss the results of the Clinician Wellbeing Study they participated in and develop nursing engagement strategies to include recruitment and retention. Finally, in May 2022, Kootenai Health nurses had the opportunity to travel to Belgium to meet their European colleagues in person for the first time. Five months later, Kootenai was able to host the Belgium nurses

for a week. “Having the Belgium team on-site afforded them the opportunity to see Magnet principles in action; interact with Kootenai Health nurses who exemplify best practices; and experience the difference a positive, healthy work environment can make,” said Lori. “We have seen a culture that is very open,” Kristel Marquet, director of Critical, Surgical and Ambulatory Care for azVesalius, said of Kootenai Health. “Nurses can use their voices to speak up for positive change, and I think we need to take this philosophy with us to encourage our nurses to use their voices.”

Lori and her team are proud to share Kootenai Health’s rich culture and strong nursing environment with other professionals from across the globe, but even more than that, they are excited for the recognition of Kootenai Health’s deserving clinicians. “Our nursing professionals are leaders of innovation and excellence in the delivery of evidence-based care across the health care continuum,” said Lori.

Kootenai Health Receives Sigma Nursing's 2022 Healthy Work Environment Award

In 2022, Kootenai Health's stellar clinical healthy work environment received major recognition on the national stage!

“ Kootenai was recognized by the international honor society for nurses, Sigma Theta Tau, as the year's sole recipient for the Clinical Healthy Work Environment Award! This award is granted to only one clinical team and one academic team annually,” said Sara Thimmes.

This prestigious recognition is a testimony to long-standing employee engagement at Kootenai. For eight consecutive years (2014-2021), Kootenai

Health achieved top quartile engagement scores, despite the challenges faced by the entire health care industry. Without an engaged nursing workforce committed to the ownership of their nursing practice and the culture, mission, and vision of the organization, this award may not have been realized.

Kootenai Health was nominated for this



Pictured (l-r): Sara Thimmes, Lillith Steed, and Roxanne Gadberry.

award by Sara Thimmes, a new nurse to the organization. Sara had witnessed the exceptional caliber of support and communication that nursing leadership offered. Kootenai Health's commitment to high quality work was unprecedented in comparison to her previous employers.



The engagement of Kootenai Health nurses through the relentless pursuit of nursing excellence is undoubtedly impressive. Congratulations Kootenai Health nursing staff for achieving this award!

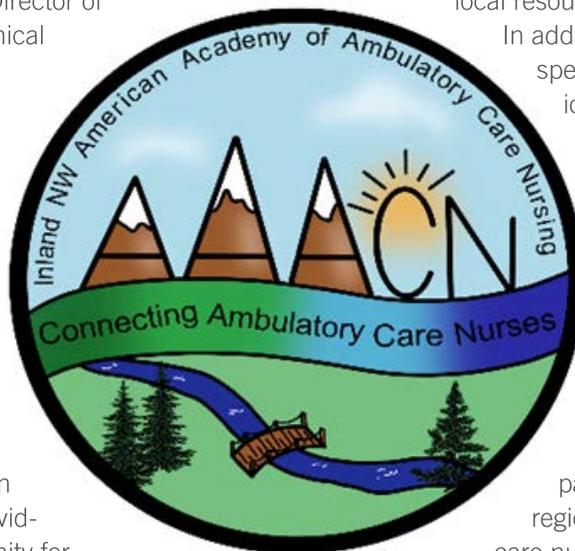
Kootenai Clinic Nursing Practice Leadership Establish IN-AAACN Chapter in Partnership with AAACN

Kootenai Clinic nursing practice leadership established the Inland Northwest American Academy of Ambulatory Care Nursing (IN-AAACN) at Kootenai Health. The AAACN is the professional organization that governs the ambulatory care nurses' practice. Initiation of this prestigious organization in the region was meant to create a networking space for ambulatory care nurses to participate in ambulatory specific education and collaboration. While attendance had been predominately Kootenai Clinic nursing staff, efforts to invite outside of Kootenai Health have been made to clinics in Washington and Montana. The group elected to be a Local Networking Group in hopes of providing a regional conference surrounding triage and other ambulatory educational topics. Lori Jackson,

BSN, RN, AMB-BC, CRNI met with the MultiCare Director of Ambulatory Clinical Education and Professional Practice at the AAACN annual conference in April 2022 to discuss expanding access to the professional development opportunities this organization offers. This provided the opportunity for MultiCare clinics in Northern Washington to join this regional affiliation. Guest speakers have presented

on quality, clinical violence, and local resource availability.

In addition, ambulatory specific "Hot Topics" chosen by IN-AAACN leadership were provided on a regular basis to further employee development. IN-AAACN involvement is a way to develop partnerships with regional ambulatory care nurses with an interest in developing exemplary ambulatory care practice.



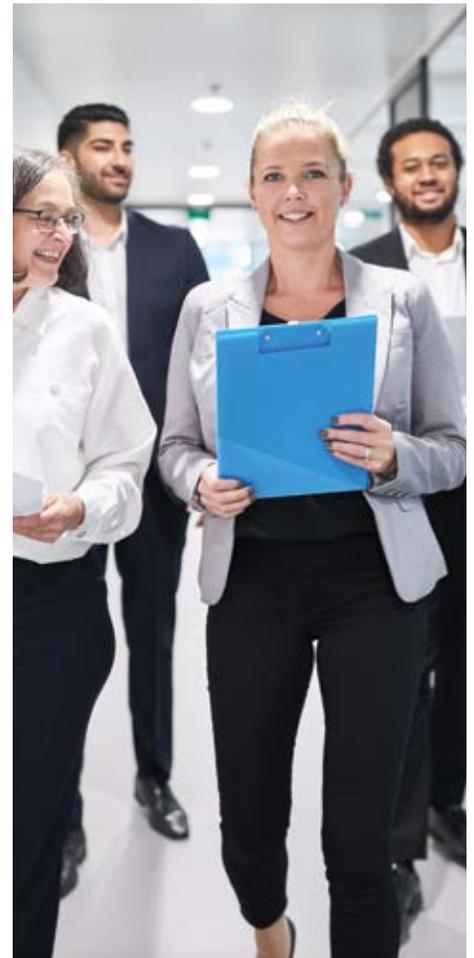
Safety Walk-Throughs on Youth Acute

The Behavioral Health Youth Acute unit serves patients aged 5-17 years old in an inpatient setting, on a locked unit. This patient population poses a considerable risk to harm themselves or others. Due to this potential risk, there are many rules that limit what can be allowed on the floor and in the patient rooms. Every item on the unit must be evaluated for risk. To help mitigate the items that patients have access to, two staff members perform safety walk-throughs twice daily. During this walk-through of patient rooms and units, staff look for sharp items, damage to hospital property, items being fashioned into potential ligature risks, as well as making sure doors are locked and there are no elopement risks.

With the ever-evolving changes in staff and multiple preceptors onboarding new hires, nurses on the unit noticed a drift from policy leading to potential dangerous items being missed during safety searches. This opened up the possibility for patient self-harm.

To address this practice issue, unit members championed a patient safety improvement project. Two staff members observed current practice and created a checklist. A video was then created to instruct employees on this step-by-step safety process. This work was reviewed by current staff to refresh correct procedures for new hires and help standardize the search process.

Through this analysis, Behavioral Health Youth Acute nurses have been more consistent in unit searches and have been able to identify potential risks and mitigate them sooner. This unit is expanding this idea for 2023 and creating a similar project for patient safety searches. The goal of this project is to provide consistency in the admissions process. The updated process will help reach this goal and will be incorporated into the onboarding of new staff.



Nursing Residency



The Kootenai Health Nurse Residency Program earned accreditation with distinction as a Practice Transition

Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs. The current sites included in this accreditation with distinction designation are:

1. Kootenai Health
2. Behavioral Health – Youth Acute (West Campus)

The current workplace settings included in this accreditation with distinction designation are:

1. Medical
2. Medical-Surgical

3. Step Down
4. Critical Care
5. Psychiatric
6. Centralized Function

The Nurse Residency Program offers five cohorts a year. During 2022, 60 nurse residents graduated from the program and 58 nurse residents started. Practice settings in 2022 with nurse residents were BH-Adult, BH-Youth Acute, 3N, 2E, 2S, 1N, 3E, NRT, L&D, W&C Float, PCU, ICU, and ED.

The following program goals were achieved in 2022: Each nurse resident contributed and presented on an improvement project and greater than 90% of nurse residents completed orientation during the expected timeframe.

2022 Nursing Awards

Nurse Preceptors of the Quarter

Quarter 1: Sarah Schooley

Quarter 2: Tara Dunkerson

Quarter 3: Lucas Willet

Quarter 4: Brenda Wuest

Nurse Preceptor of the Year

Lillith Steed





In collaboration with: **AONE**
The Voice of Nursing Leadership™

Daisy Nurse Leader of the Year



Pictured (l-r): Tonya Lange, Nurse Manager and Joan Simon, CNO.

The DAISY Nurse Leader Award was created to shine a light on those who do not typically have direct patient care as part of their work as well as those who create an environment where compassionate, skillful care thrives. This award recognizes the many contributions of Nurse Managers, Directors, and nurse leaders in ensuring standards of quality patient care are maintained and nurses have access to the technology and equipment they need. They drive team development, resiliency, and competency, ensuring their team members are meaningfully recognized for the work they do for patients and families. These leaders provide a setting where compassion is valued, and staff, in turn, treat patients and their families with deep humanity.

These leaders provide a setting where compassion is valued, and staff, in turn, treat patients and their families with deep humanity.

Tonya Lange, Nurse Manager, PACU and ERU, exemplifies what it is to truly be a leader! She was nominated by multiple staff members for her work ethic, commitment to her team, and compassion for staff and patients alike. Several staff members shared stories of Tonya staying late, coming in early, and even in the middle of the night to support her team and ensure they have everything they need to safely and effectively care for their patients. Tonya's director noted that she always thoughtfully advocates for her team's needs and considers all sides and stakeholders to be considered in discussions and problem solving.

Individual DAISY Award Winners

- January 2022 Karen Harryman
- March 2022 Karen Dahlia
- April 2022 Ana Urbina
- May 2022 LuAnn Townsend
- May 2022 Teena Barnes
- June 2022 Shallane Bailey
- July 2022 Sabrina Mael
- August 2022 Josh Henderson
- September 2022 Cindi Lemm
- October 2022 Nicole Bates Barry
- November 2022 Michelle Baxter
- December 2022 Cassandra Hunt

Team Daisy Award

The DAISY Team Award recognizes that while an idea to achieve better patient and family outcomes may start with one individual, it often takes an entire team to implement successfully. The DAISY Team Award is designed to honor collaboration by two or more people, led by a nurse, who identify and meet patient and/or patient family needs by going above and beyond the traditional role of nursing.

This year's Team Daisy Award goes to Eric Kenner and the fantastic team in the Kootenai Health Emergency Department. "To most it looks chaotic, unorganized and unruly. It's loud, it's often messy. But here amidst this whirlwind of traumas one can witness acts of heroism and compassion by the staff in the Emergency Department (ED). The ED is home to many nurses, physicians, ED Technicians, and HUC's that run into chaos, unorganized, ugly and loud messes. They thrive here. As a

team, the ED Tech calms an injured patient while the nurse places an IV, the physician explains the next steps and the HUC makes consult phone calls. The leadership extends beyond just the charge nurse for the day as each nurse



Pictured (l-r): Dershi Bussey, Eric Kenner, Kristin Haley, Ashley Zych, Christian Menard, M.D.

facilitates their patients care, making room for the next patient waiting in the lobby for a provider or advocating. The ED physician discusses plans with the staff to ensure quality and efficient care for the patients and their families, incorporating patient centered care. The year 2022 for the ED was a tumultuous affair of loss, traveling physicians,

turnover of staff and an influx of above average patients in need of emergency care. The lobby housed patients that numbered just as many rooms as in the department, some trickling into hallways. The staff adjusted; they adapted new protocols and roles to fill the need; they created as safe a place as possible for patients to be cared for. In the chaos of change, the ED team exemplified Kootenai Health's mission and values with their commitment to care, safety, engagement and professional culture. The staff rallied and continue to do so with onboarding of new physicians and training, the ongoing community growth and increasingly high levels of care needed, staying engaged to this community. Working as a member for the Kootenai ED Team is an honor, a privilege and I am very proud to be a part of this beautiful and unique band of brothers and sisters as we continue to successfully grow and adapt in our everchanging chaotic world," – Kristin Haley.

Recognizing our GEMS: Nursing Excellence Program

The Kootenai Health Nursing Excellence Program (NEP) is an evidence-based program founded on the five domains of magnetism; empirical outcomes, transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovation, and improvement. This voluntary, peer-reviewed program recognizes clinical nurses for their professional achievements and contributions to improve patient outcomes and further Kootenai Health's mission to improve health one patient at a time, in a friendly and professional culture, with superior safety and quality.

NAME	UNIT	AWARD	NAME	UNIT	AWARD
Anderson, Erica	NRT	Star Garnet	White, Sean	CC	Star Garnet
Baker, Megan	SPA	Star Garnet	Anaya, Natalie	Labor & Delivery	Opal
Birsette, Brooke	ED	Star Garnet	Anderson, Jesse	PACU	Opal
Borgman, Aran	PACU	Star Garnet	Brown, Michele	ED	Opal
Branson, Korri	Pediatrics	Star Garnet	Collins, Andrea	2S	Opal
Daugharty Sterner, Jessica	CC	Star Garnet	Cronoble, Crystal	CC	Opal
Day, Darrell	Pediatrics	Star Garnet	DeMers, Natalee	ED	Opal
DeCoteau Sherry	Rapid Response	Star Garnet	Dolan, Carolyn	KC Nephrology	Opal
Dickey, Alisha	NICU	Star Garnet	Epperson, Suzanne	Labor & Delivery	Opal
Fiorini, Jordan	NRT	Star Garnet	Gillespie, Bryna	PACU	Opal
Fong, Mei	NICU	Star Garnet	Gisclair, Shannon	NICU	Opal
Gwin, Katherine	KC Neurology	Star Garnet	Goldworm, Jacqueline	3N	Opal
Hurley, Katherine	Rapid Response	Star Garnet	Gonzales, Sarah	ED	Opal
Kinson, Lynne	KC Family Med Hayden	Star Garnet	Haley, Kirstin	ED	Opal
Koziol, Christie	3E	Star Garnet	Hanson, Shelby	Heart Services	Opal
Lundy, Taylor	PACU	Star Garnet	Henry, Desiree	CC	Opal
Mael, Sabrina	NRT	Star Garnet	Hiiva, Kristie	NICU	Opal
Miller, Jennifer	NICU	Star Garnet	Houghton, Alyson	PACU	Opal
Newbold, Kaelianne	KC Neurology	Star Garnet	Hughes, Lisa	PACU	Opal
Oddy, Cassandra	Transitional Care Svcs	Star Garnet	Johnson, Amanda	PCU	Opal
Pottenger, Rachel	NRT	Star Garnet	Johnson, Juanita	1N	Opal
Pringle, Jason	ED	Star Garnet	Kellogg, Britny	ED	Opal
Rocha, Tabitha	ERU	Star Garnet	Kellogg, Logan	PACU	Opal
Rutzen, Karen	CC	Star Garnet	Larson, Bailey	ED	Opal
Sample, Jeff	2E	Star Garnet	McCown, Crystal	ED	Opal
Tingelstad, Darby	2S	Star Garnet	McRory, Mia	PACU	Opal
Tullsen, Jonathan	CC	Star Garnet	Moser, Annie	Rapid Response	Opal
Waddell, Cathy	Heart Services	Star Garnet			

The point requirements and award ranges are set annually and in alignment with the nursing strategic plans. This year Kootenai Health is proud to announce their support for this program by increasing the award values. **Star Garnet: \$4,000/year, Opal: \$3,000/year, and Topaz: \$2,000/year.** All applicants meeting the program requirements will receive the award matching their point value. Congratulations to our 2022 Gems!

NAME	UNIT	AWARD	NAME	UNIT	AWARD
Petticolas, Lauren	NICU	Opal	Halland, Summer	KC Endocrinology	Topaz
Philpott, Raymond	NRT	Opal	Hammond, Christina	ERU	Topaz
Preston, Molly	NICU	Opal	Hixson, Michelle	ED	Topaz
Rickett, Renae	2E	Opal	Holcomb, Douglas	Nursing Excellence	Topaz
Schooley, Sarah	Transitional Care Services	Opal	Hornstein, Julie	KC Heart Failure	Topaz
Sloat, Kari	KBHW	Opal	House, Amy	Labor & Delivery	Topaz
Tanner, Caralea	KC Nephrology	Opal	Irving, David	Nursing Excellence	Topaz
VanDitto, Belinda	Heart Services	Opal	Jackson, Lori	KC Heart Clinics CDA	Topaz
Whitehead, Amber	3E	Opal	Johanson, Klayton	Nursing Excellence	Topaz
Wilson, Sidney	Rapid Response	Opal	Krosnicki, Nicholas	PACU	Topaz
Wilson, Karen	VAT	Opal	Kugler, Paul	KC Heart Clinics CDA	Topaz
Wood, Kristin	PACU	Opal	Nagi, Elizabeth	Heart Services	Topaz
Woodward, Betty	KC Neurology	Opal	Oscarson, Eric	KC Heart Failure	Topaz
Aaseth, Sarah	PACU	Topaz	Perry, Rebecca	SPA	Topaz
Baron, Kara	KC Internal Medicine PF	Topaz	Peterson, Chauntae	PACU	Topaz
Bear, Anne	KIS	Topaz	Porter, Rachel	3E	Topaz
Breakie, Kelly	3E	Topaz	Stang, Katie	Heart Services	Topaz
Brush, Sara	KC Cancer Services PF	Topaz	Steed, Lillith	2S	Topaz
Burton, Michelle	Heart Services	Topaz	Storm, Brittany	PostPartum	Topaz
Clough, Nancy	KIS	Topaz	Swenson, Kenze	2E	Topaz
Deuling, Teresa	SPA	Topaz	Vogelsang, Michelle	NICU	Topaz
Faggion, Angelina	PACU	Topaz	Walters Piekarski, Nichole	PCU	Topaz
Farness, Emily	CC	Topaz	Willy, Rosie	KC Plastic & Recon. Surgery	Topaz
Gibson, Annika	Heart Services	Topaz	Womelduff, Andrew	2E	Topaz
Goode, Michelle	CC	Topaz			

Heart Center Holding Improves Stroke Recognition

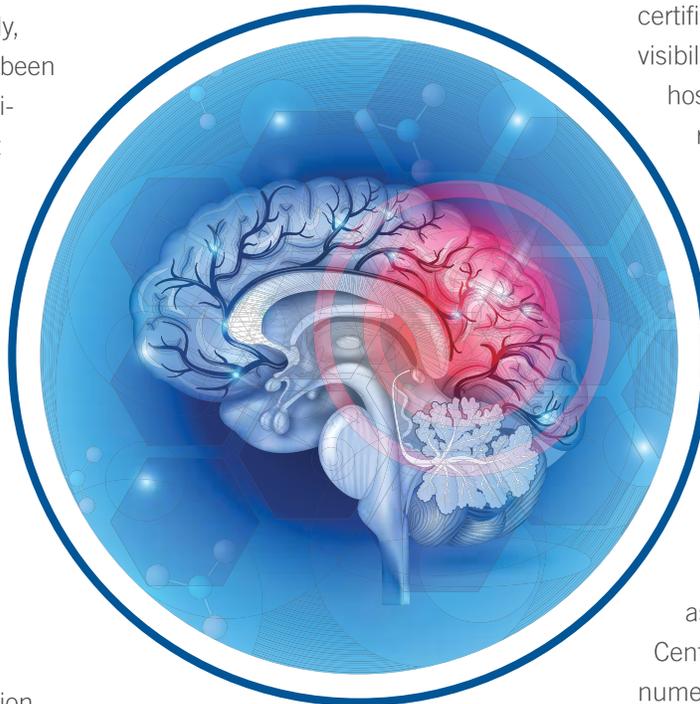
In late 2021, a need was identified by Heart Center nursing staff for improving stroke recognition and intervention among Heart Center procedural patients. All Heart Center patients are at substantial risk for stroke due to the nature of their disease processes, procedures being performed, and home/procedural medications. Heart Center nursing staff recognized that, despite the high risk of their patient population, there was a lack of focused stroke training, education, and resources for Heart Center staff. Historically, Heart Center nursing staff have been trained with basic stroke recognition consistent with all nurses at Kootenai Health. This provided an understanding of the high risk of this patient population, but little focus or training was given to specific stroke assessment and interventions. Visibility with hospital supervisors and the rapid response team was a barrier and Heart Center was often not included in daily rounds.

Stroke recognition and intervention education became Cathy Waddell's main goal for 2022.

“ As the clinical coordinator for the Heart Center, I collaborated with our unit nurse education specialist, Shannon Kline, and the stroke program coordinator, Kate Knight, on creating and

implementing tools and resources for Heart Center staff to improve stroke education and recognition,” Waddell said.

As part of this collaboration, stroke bundles were created and placed in every patient room; the bundles contain Heart Center specific stroke resources and tools to help improve timely intervention when stroke symptoms are recognized. Waddell



collaborated with Knight on providing staff with resources and information about stroke recognition, intervention pathways, and treatments. A unit goal was created to address this gap in stroke education. Every Heart Center RN participated in stroke education

through completion of one or more of the following:

- Completion of National Institutes of Health Stroke Scale (NIHSS) modules/certification
- Participating in the unit stroke in-service
- Attending Kootenai stroke case conferences
- Kootenai online stroke module completion

During 2022, 15 out of 18 Heart Center RNs completed their NIHSS certification. In addition, improved visibility and communication with hospital supervisors and the rapid response team was sought out and, as a result, daily rounding by the rapid response team and the establishment of daily rounds in the Heart Center by two of these teams.

Heart Center's efforts to educate staff on stroke recognition and intervention through appropriate NIHSS assessment, empowered Heart Center staff to correctly identify numerous patients experiencing a stroke during 2022. As part of the continuing focus on stroke education, unit staff have set a 2023 goal for every Heart Center nurse to become NIHSS certified, complete the Kootenai stroke recognition and escalation pathway module, and to attend at least one Kootenai stroke case conference.

Forensic Nurse Examiner Program

Kootenai Health's Forensic Nurse Examiner (FNE) program consists of a small but resolute team of nurses with extensive, specialized training in forensic examinations for cases of sexual assault, domestic violence, child abuse, elder abuse, and other crimes. The program plays a critical role in providing better outcomes to survivors. "The first encounters are so important, as they can have a profound effect on the healing process," said Megan Lorincz, Manager Forensic Nurse program.



“ Studies have proven that Sexual Assault Nurse Examiner (SANE) collections yield 80% more evidence than those of an untrained nurse or doctor, but beyond that, survivors cared for by SANEs more often report feeling supported, in control, believed, safe and informed,” Megan said.

While this type of program is important and vital, not every hospital has one. Oftentimes, lack of funding prevents training nurses and providers to maintain these programs. Recognizing the growing need for these services all throughout northern Idaho, Megan and her team applied for a grant through the U.S. Justice Department's Office of Violence Against Women (OVW) to enhance care for victims of sexual assault, domestic violence, dating violence, and stalking. In September 2022, OVW awarded Kootenai Health enough funds to help train nurses and providers in medical-forensic care throughout the

Idaho Panhandle for at least the next three years. Training includes comprehensive adult, adolescent, and pediatric sexual assault examiner training, followed by hands-on clinical skills training. Ongoing education consists of crime-specific training; domestic violence, strangulation, human trafficking, stalking and more. "This will allow for our highly trained nurses to care for a larger population of patients, giving those patients access to the trauma-informed medical forensic care they need," said Megan.

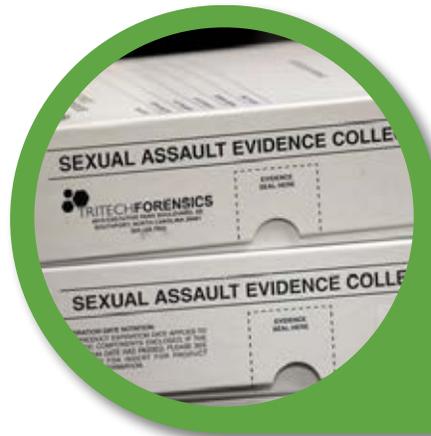
This grant will also provide funding to Safe Passage's Child Advocacy Center to help pay for a medical provider to perform follow-up examinations and exams outside of the evidence-collection window. This is a service Megan said is desperately needed. Grant fund-

ing and generous community donations help make 24/7 coverage by the FNE team possible. "Through this program, our goal is to better care for patients

that have been the victims of crime and provide them holistic medical-forensic health care in a trauma informed manner to promote their safety and healing," Megan said.

Megan and her team hope to increase collaboration to better serve this population of patients—not only will

this help connect them with resources, but also identify gaps and barriers in the social services system, making it easier for survivors to find and access services. "Our goal is that any patient that seeks our services feels supported, believed and empowered as they begin their healing journey," said Megan. "We hope this ultimately creates a stronger and safer community."



Extended Recovery Unit

Kootenai Health has expanded many times throughout its history. Recently, the hospital has had an area of expansion that has resulted in a positive impact on our patients and our hospital. As more surgeries transition away from inpatient procedures, many patients now qualify for same day or next-day discharges that would previously stay 2-3 days or more. Due to bed capacity limitations, some patients have not been able to have a room placement in a timely manner after surgery. Over the past year, Kootenai Health has constructed, prepared, and opened a new Extended Recovery Unit (ERU). This unit has enabled the Post Anesthesia Care Unit (PACU) of the main operating room to help decompress the demand on the inpatient units in the hospital.

Additionally, this provided focused care that often is able to result in quicker discharges. This is achieved by a smaller nurse to patient ratio, and close cooperation with the therapy department, surgeons, physician assistants, and the orthopedic nurse practitioners. The efficiency of this new unit has provided an improved registration to discharge experience for these patients.

Under the leadership and cooperation of Shannon Arrendale, Executive Director of Womens and Children's Services, Kent Wallace, Director of Perioperative Services, and Tonya Lange, Nurse Manager of Periop and PACU, as well as the PACU clinical coordinators, facilities project managers, Bouten Construction, and the financial analyst team, construction was started around July of 2021 to change an empty storage space into a 5-bed unit. The intention is to admit patients from the PACU that are planning to be going home within 4-24 hours.

Nurses were hired that were already employed at Kootenai Health to staff the unit and training began in the late summer of 2021. Due to a Covid surge, the nurses were deployed back to their original departments in the middle of their orientations. After the surge, they were able to finish orientation and open the unit January 3, 2022. It is open from 0700 on Monday until 0730 on Saturday. There are two nurses and a CNA during the day, as

well as two nurses and a CNA that floats between PACU and the unit during the night.

The primary patients include total joint replacements, along with hysterectomies and prostatectomies. If the patient meets the specified criteria and have been successful in physical and occupational therapy, the provider can discharge them the same day as the

surgery. Otherwise, they are typically discharged the following morning. From January through April, there were a total of 345 patients served in this department.

Therefore, over 20 beds/week on average were utilized that had formerly required inpatient beds.

This has allowed our inpatient units to serve more people more quickly from other departments, such as the emergency department and direct admits. There are many positive results of this new unit, and we continually look at ways to best utilize our resources and help our community continue receiving excellent post-op care.



Kootenai Infusion Services - Right Care, Right Patient, and Right Location

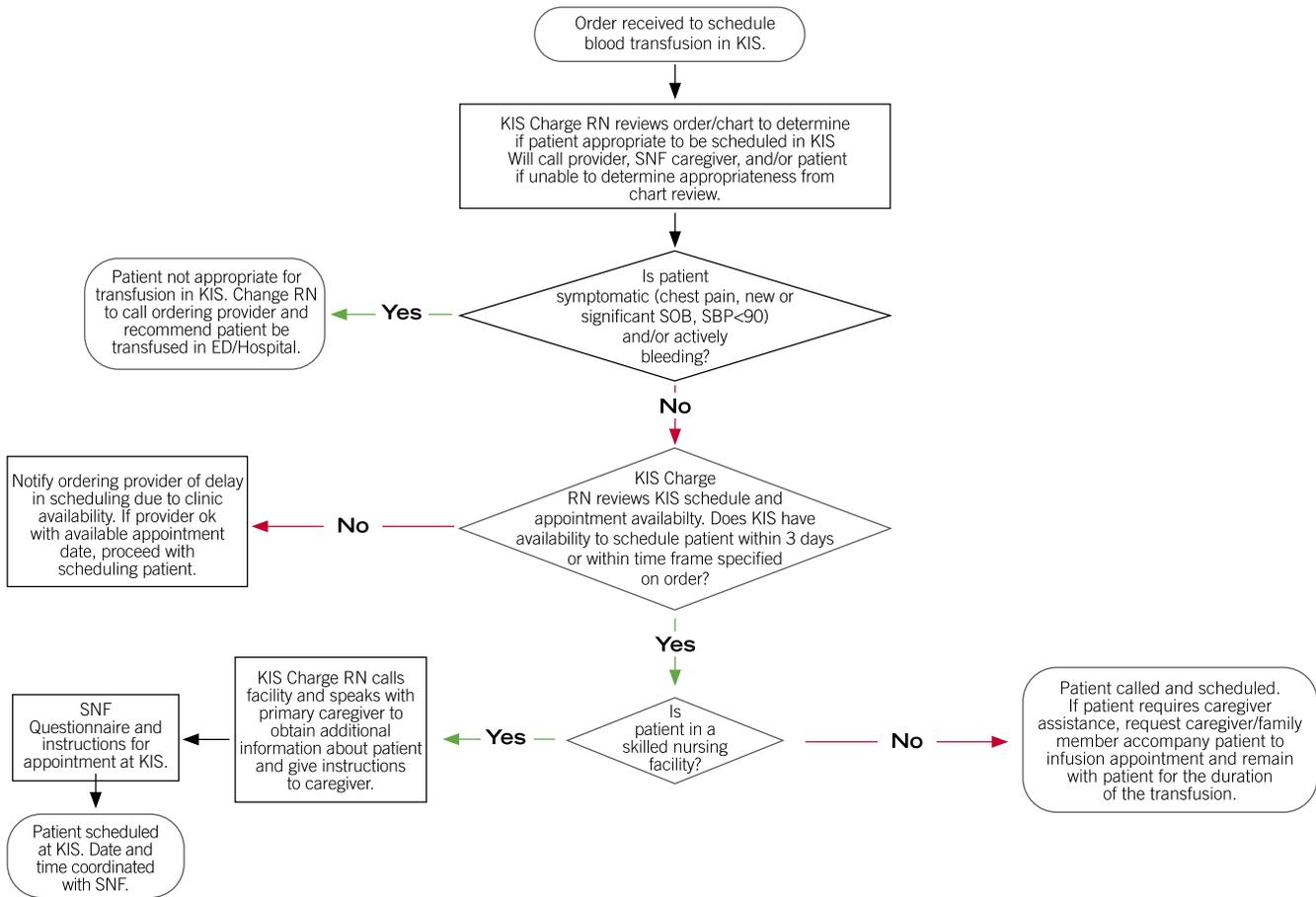
Anne Bear in the Kootenai Infusion Clinic noted there was debate amongst staff as to how low a patient's hemoglobin (Hg) level could be before it became unsafe to transfuse blood products in an outpatient setting. She conducted a literature search and reached out to clinical experts in similar settings. Paramount to her work was patient safety and evidence-based practice. The infusion clinic wanted to ensure that patients requiring blood transfusion were treated in the appropriate setting (clinical location vs. emergency department).

The literature demonstrated that there is not a specific Hg value that would warrant turning away an outpatient blood transfusion, rather treatment location should be determined by the symptomatic acuity of the patient. In other words, is the patient actively bleeding and/or is there a sudden drop in the patient's Hg level? Is the low Hg level causing symptoms such as chest pain, shortness of breath, or syncope? If the patient is actively bleeding and/or is symptomatic, then the recommendation from the literature and physician experts is to transfer the patient to the emergency department to be transfused because

resuscitative intervention and personnel are more readily available, should they be required. Based on the available literature, Anne and the infusion team developed an algorithm (see page 13) to triage patients based on acuity and symptoms.

Furthermore, this team recognized an opportunity to better triage patients arriving from a skilled nursing facility (SNF) and created a pre-visit questionnaire to be completed during the scheduling phone call.

Kootenai Infusion Services Algorithm



Voices From The Bedside - Solving Problems, Changing Lives

Chelsey Glenn

The central supply room in the post procedure recovery room has been an ongoing problem for staff. We have a system in place when a supply bin is empty, it is placed in a designated “empty” area so the person who restocks this room knows we need more. When many supply bins are completely empty, it is next to impossible to determine where those bins originally came from. This creates frustration with staff as the items will move at random making it exceedingly difficult to find in a hurry.

I was able to work with Central Supply (CS) and developed a new system in which each bin has a label that matches a label on the shelf. When the bins are restocked, it is no longer a mystery as to where it needs to be returned on the shelf. This creates consistency for our staff and the CS staff. This system has now been in place since February of this year and has been working great for us.

Betty Woodard

I work as a clinical navigator for Kootenai Clinic Neurology and often counsel pa-

tients who are resistant to the physician’s treatment plans due to having medical insurance with poor reimbursement. They live just above the poverty level. A medical bill can be devastating, putting a family into poverty with poor outcomes as resources take so long to go into effect. I worked with one such patient who declined his recommended treatment plan due to the financial burden. It took me many phone conversations and several months of counseling, but I was able to develop a therapeutic relationship with this patient and help him establish a payment option so he could get the imaging he needed. I love my job, knowing what I do every day has an influence in someone’s life!

Juanita Johnson

On September 1, 2022, Kootenai Health went live with a new inpatient dialysis program. We were staffed with experienced dialysis RN travelers, core staff with no dialysis experience, and one experienced dialysis technologist. Each day was a new learning experience, encountering issues and together figuring out how to fix them.

One challenge that required problem solving was the importance of being ready for patients as quickly as possible, for efficient set up and take down of dialysis treatments. Some of the nurses started putting together little kits, with the supplies necessary for accessing and de-accessing patient lines and fistula/grafts. While a clever idea, the first attempts at kit-making were not as successful because the kits were all different from each other. To make them more useful, I put together samples of kits for pre- and post-CVC access, and for pre- and post-AVF access. I had other nurses look at the examples and give feedback. Based on that feedback, I put together kits that everyone could agree on, and typed up the contents so we could standardize the making of them.

Now if we want any supplies, not already in a kit, we can quickly grab them while grabbing the kit, which minimizes the risk of not having what we need when caring for a patient.

Chauntae Peterson

This year the Post and Pre-Anesthesia Care Unit set a goal for increasing hand washing. We set a goal of 92% or greater each month. To achieve this goal, we would talk about hand washing at monthly staff meetings, be committed to our co-workers by reminding staff to wash hands before and after entering patient rooms. We used sign language when appropriate as a tool to remind each other to clean hands. We also educated our patients and their family members



on hand washing phrases to let them know that we care about their care, "I am going to wash my hands and then I'll start your IV." "Let me wash my hands then I will help you get in bed." "After I wash my hands, I will take your vital signs." We added a question in the post op call about hand washing. As a unit we have monthly audits that each staff member is to complete on hand washing observation. If a staff member witnesses someone not completing hand hygiene, they are to kindly remind them to wash their hands. By implementing this goal our hand hygiene scores have been above 92% monthly. Most importantly our patients have noticed and appreciate that we care about infection prevention.

Kristin Haley

The Emergency Department waiting room has two restrooms for both patients and family to use. Often patients will use the restroom while waiting to be placed in a room, only to learn the physician would like a urine sample delaying their care by waiting for this small yet vital piece of testing.

I noticed the absence of signage explaining urine specimen collection and instructions on urine collection in the waiting room restrooms first, then further

noticed that the restrooms in the department were also missing specimen collection instructions. The lack of education for patients on proper urine specimen collection and need to obtain the specimen was creating a delay for patient care. Nursing staff provide verbal instructions for the collection process but often the patients do not understand or perform



the collection incorrectly causing contamination and inaccurate results.

I recommended laminated signs for the restrooms stating "In order to assist in treating you efficiently please notify the nurse if you need to use restroom. We will obtain a sample if needed. Thank you." I also created a sign with instructions in the restrooms on reiterating the proper specimen collection techniques, using diagrams and minimal but effective step-by-step instructions. We placed the signs in each of our restrooms and noted the increase in patients or families inquiring about obtaining a urine sample prior to them utilizing the restroom.

Result: The time for obtaining the specimen in an efficient manner was effective and expedited this portion of the patient care. Through observation, patients and physicians were no longer "waiting for the patient to urinate" as often as before or needing to recollect a clean catch sample, which decreased the delays in performing the plan of care.

Chelsey Glenn

In PACU, when a patient initially comes out of surgery, they are taken to the phase one area where they will begin

their initial recovery process. Once outpatients meet criteria, they are transferred to our phase two process where they will be prepped for discharge. As you can imagine, a lot goes into a patient's recovery, especially when they are going home the same day.

Our staff had begun to point out several areas where we could improve our discharging process, so we decided to form a phase two committee in which these barriers could be addressed and improved. I have been one of the active members in this committee. We made a binder in which staff could jot down whatever things came up that delayed the discharge of their patient.



Throughout this process, we have been able to identify the main barriers that were the cause of these delays. In turn, we have established new tools to assist our staff to remove these barriers. One specific example of something we have created would be a "cheat sheet" located at each workstation that has the necessary information to include in each discharge packet, as staff were often finding missing pieces of information when they were going over discharge instructions. This alone has drastically improved our phase two process preventing staff from having to take the extra time to reprint the missing information. It also ensures each patient is getting an adequate and complete education at discharge.

I have been very excited about seeing this project through and witnessing the benefits it has provided to our staff and patients.

Transforming Daily Shift Huddles

Desiree Henry, former 2 East clinical coordinator and current ICU Fellow, sought to integrate education into daily workflows due to witnessing significant knowledge gaps amongst contracted staff and newly licensed registered nurses. In December of 2021, collaboration between this medical-surgical leadership team and Samantha McMillan with the Nursing Education Specialist (NES) team led to the development of shift huddle education. Historically, daily huddles at 1100 and 2330 were approximately five minutes long and designed to discuss patients at risk for skin injury or falling. Staff quickly became disengaged, and few prioritized joining their colleagues at the huddle. Common huddle feedback was that no new information was shared and there were few benefits to attending. Inserting 2-3 minutes of education into huddles was determined to be an efficient and cost-effective way to both close knowledge gaps and level-set expectations with core and contracted staff.

The clinical coordinators and McMillan identified education topics from analysis of quality metrics and environmental scanning. McMillan designed monthly education topics with a weekly sub-category pertaining to the

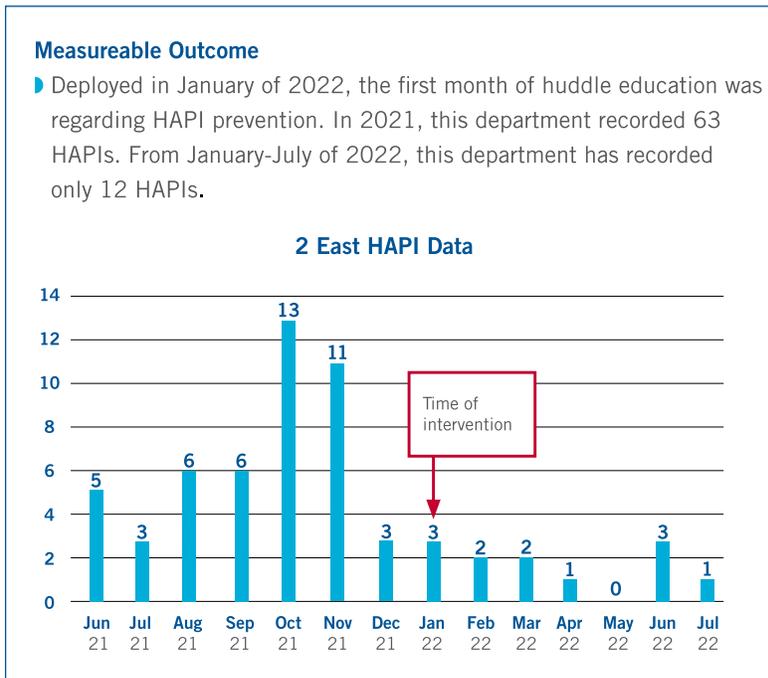
main topic. During shift huddle, staff gather in a known location and are provided a laminated handout. The clinical coordinator or relief charge nurse has a separate facilitator sheet to present the content, engage staff, ask questions, and lead the huddle. The standardized facilitator sheet ensures all staff receive

An electronic survey was provided to unit staff three months after implementation to assess the response to education provided in shift huddles. Six staff members responded (out of approximately 30 core staff), and 100% of respondents agreed or strongly agreed that the information was

relevant to practice, was delivered effectively, and deepened their understanding of the topics. Daily huddle attendance increased significantly, allowing for the same message to be shared amongst all staff.

Quality indicators continue to be tracked per hospital routine and are discussed in monthly Unit Practice Council meetings. For example, in quarter 4 of 2021, this unit recorded a total of 14 hospital-acquired pressure injuries (HAPIs). HAPI prevention was the huddle topic for January, and in the first quarter of 2022, the unit recorded a total of three HAPIs.

Implementing this process at daily shift huddle has allowed for consistent education and expectations to be shared among all staff members. Ongoing work includes continued evaluation of both staff response/knowledge and patient outcome quality metrics.



the same message at each huddle. The last week of each month is reserved for reflection and teach back regarding the content from the previous three weeks, giving staff an opportunity to share what they've learned and sparking discussion about evidence-based practice. In addition to information shared on the handout, other engagement methods have been utilized to share information, such as case studies, role playing and videos to engage learners with different learning styles.

Nurse Residents Partner with Nightshift Council to Keep it Clean and Quiet

The “Clean and Quiet” project was an idea brought to the nightshift council by two nurse residents, Elina Schultz and Madison Frederick, working in collaboration with their unit leadership and education specialists, in response to their unit’s low “Cleanliness of Hospital Environment” and “Quietness of Hospital Environment” HCAHPS scores. This team reached out to other hospitals for examples of sleep maintenance practices currently in use and brought recommendations back to nightshift council. The council drafted and approved the “Clean and Quiet” initiative to pilot on 2 East, Kootenai’s Ortho/Neuro unit. Success was measured by the increase of patients reporting top box scores in those two domains as reported by hospital HCAHPS scores.

The sleep menu is placed in each patient room with a plastic cover and a white board marker. This menu is presented to patients upon admission and each night before bed. Staff communicated with patients and filled out patient preferences with erasable markers then placed the menu in a visible part of the room.

Education was provided by night shift on importance of sleep and plans for care throughout the night (e.g., mandatory vitals or scheduled medications). Staff also discussed a clean environment with patients and offered to pick up the room/empty trashes and laundry bins. While top box score for “Cleanliness of Hospital Environment” remained consistent, significant improvements were noted in the “Quietness of Hospital Environment” scores. In addition, the top box score for “Communication with Nurses Domain Performance” increased from 73 to 78 at the same time!



Sleep Menu

At Kootenai Health, we recognize sleeping in health care facilities can be difficult. Protecting your sleep and providing a quiet environment is an important part of your care plan.

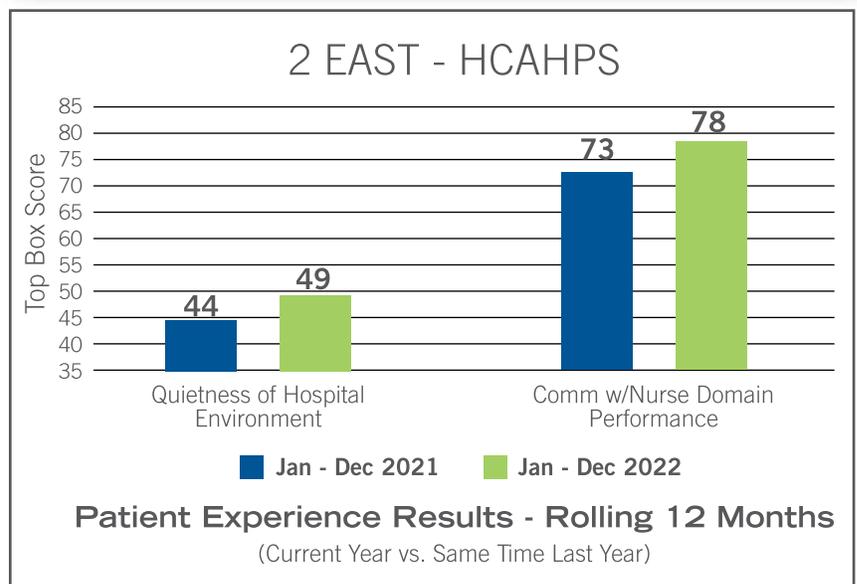
The following options are available for your comfort.
Place a check next to the items you would like to receive:

- Eye mask
- Curtains drawn
- Adjust lighting
- Soothing sounds
- Aromatherapy
- Ear plugs
- Warm blanket
- Adjust room temperature
- Door open or closed
- Medication if available

Normal sleep time _____

 *If additional accommodations are needed to help you achieve a better night sleep, please let us know. Thank you!*


KootenaiHealth



Epic Electronic Health Record Implementation

In March 2022, Kootenai Health upgraded its electronic health record (EHR) system to Epic. This transition was made to help create a seamless, safer and more consistent health care system for all patients in our community.

Epic is the preferred EHR system used by more than 250 health care organizations nationwide, including most health care organizations within 40 miles of Kootenai Health. This means health care organizations can efficiently share information – making transfers and referrals safer and easier. This was a massive undertaking that elevated almost every aspect of Kootenai, including more consistent

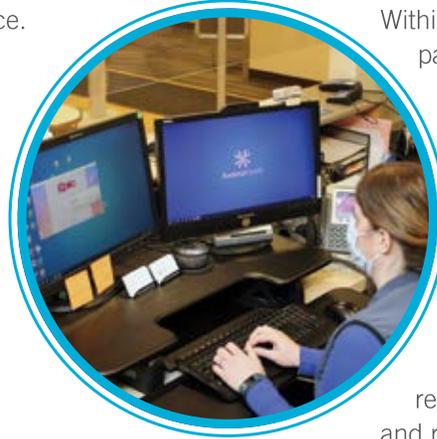
patient care protocols, consolidated billing and faster test results reporting. By moving to one platform, patients and providers have access to all information in one place.

This single repository and interactive patient communication tool prevents errors and enables patients to access their health care information, prescriptions, appointments and more with a single login.

One of the most beneficial features of Kootenai Health's new EHR

is its intuitive online patient portal called MyChart. The platform includes many convenient features that were not available in past systems.

Within the platform, patients will be able to securely message their care team with routine questions, view upcoming appointments, review discharge instructions, immediately view lab and radiology results, pay their bill and request prescription refills with a touch of a button.



Pictured (l-r) Scott Bode, M.D., Lucas Willet, Jennifer Frost, Michele Haynes, Kristen Jordan, Kristen Wood, Mae Aranaydo, and Logan Kellogg.

Continuous Glucose Monitor is a Powerful Tool

The Continuous Glucose Monitor (CGM) is a powerful tool to engage patients and health care providers to successfully manage type II (T2) diabetes. The purpose of the study was to increase engagement and improve outcomes in patients with T2 diabetes in a family practice setting. This clinical design using continuous glucose monitors has improved quality measures, reduced hypoglycemic events, and increase patient engagement.

It has also benefited the physicians, as they are better equipped to make data driven adjustments to patient medication and lifestyle practices.

Our CGM project has been a collaboration between the physicians, a chronic disease care manager nurse, the clinical nurse supervisor, and the supply vendor.

The goal was to enroll patients who were on at least one injection (insulin or GLP1), have HbA1c above goal, a newly diagnosed T2 diabetes patient, or a patient having hypoglycemic events. We have initially placed 80 CGMs to date and enrolled 25 patients in our study. The patient's glucose levels are tracked through an online program which shows time in range, average glucoses, GMI (Glucose Management Indicator like HbA1c) and average low glucose events per day. Patient satisfaction surveys were collected and pre-HbA1cs were also compared

to their 90-day HbA1c. The physician's workflow was to identify the patient, manage medication adjustments and submit billing codes. The RNs created a workflow for applying the sensor, ordering supplies, educating the patient and evaluating the outcomes.

Our outcomes data included a reduction of HbA1C of 0.9%, improvement in time in range, a decrease in time above and below range, and a reduction of



hypoglycemic events. The average blood glucose at the end of 90 days was 143. The patient satisfaction surveys indicated that patient awareness of glucose levels increased to 4.83 out of 5 and the impact of changing their nutrition was 4.71 out of 5. Patients indicated they had improved dietary choices, increased their knowledge and enjoyed the ease of use of the CGM. Our goal is to implement this practice in all primary care facilities

in the Kootenai system and influence other organizations to adapt CGM use for T2 diabetic patients. We presented this research at the Learning in Education, Administration, and Practice (LEAP) conference in November 2022 and the AACN annual conference in April 2023. Our goal of influencing other Health Care organizations is becoming a reality in these conference presentations.

RN Professional Presentations

Thomas, E. & McMillan, S. (2022). Crossing the Red Line: From Borientation to Orientation in the Operating Room [Podium Presentation]. Association of Operating Room Nurses Annual Conference 2022, New Orleans, LA.

Henrich, L. (2022). Transforming Care for People Living with Dementia in the Acute Care Setting [Podium Presentation]. Nurse Leader of Idaho LEAP Conference 2022, Boise, ID.

Henry, D. & McMillan, S. (2022). Transforming Daily Shift Huddle utilizing Microlearning [Poster Presentation]. Academy of Medical-Surgical Nurses Annual Convention 2022, San Antonio, TX.

Kinson, L. & Inman, K. (2022). Improving Diabetic Control with Continuous Glucose Monitoring [Poster Presentation]. Nurse Leader of Idaho LEAP Conference 2022, Boise, ID.

Kline, S. (2022). Building a Cardiac Catheterization Laboratory RN Fellowship from the Ground up [Poster Presentation]. Nurse Leader of Idaho LEAP Conference 2022, Boise, ID.

Kuetemeyer, A., Perrotti, A., & Thomas, E. (2022). I am because we are: Re-imagining a culture of inter-professional collaboration [Podium Presentation]. Nurse Leader of Idaho LEAP Conference 2022, Boise, ID.

Moss, L., Graham, N., & Marquet, K. (2022). Partnerships From the Bottom Up: Using Magnet Principles to Create Bedside Nursing Synergy [Poster Presentation]. Magnet Four Europe International Collaborative Consortium 2022, Cork, Ireland & ANCC National Magnet Conference 2022, Philadelphia, PA.

Toms, M., & Queral, M. (2022). The Δ in Dialysis: Implementing Innovative Dialysis Solutions through a collaborative approach [Poster Presentation]. Nurse Leader of Idaho LEAP Conference 2022, Boise, ID.

Quaid, M., & McCloskey, G. (2022). Aligning Professional Governance Day Improves Clinical Nurse Participation [Poster Presentation]. AONL Professional Governance Leadership Conference 2022, Chicago, IL.



Vision

One
connected team,
boldly transforming the health care
experience, to become a premier medical destination.

Mission

We improve health one patient at a time
in a friendly and professional culture
committed to superior
quality and safety.

