Nursing Department
OVERVIEW AND OUTCOMES REPORT 2008
Nursing Department

Overview and Outcomes Report 2008

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It is my pleasure to present the 2008 Abbott Northwestern Nursing Department Annual Outcomes Report. The features, outcomes and recognition presented here are a snapshot of the outstanding work nurses are doing every day.

Abbott Northwestern nurses comprise nearly half of Allina Hospitals’ & Clinics’ nursing workforce. As a Magnet™-designated hospital and leaders in this organization, the bar on our standards of excellence continues to rise. Our mission, vision core beliefs and professional nursing practice model are the foundations that have poised us to meet and exceed these standards.

Allina nurses are the embodiment of the art and science of caring. Every day, more than 5,200 nurses across the organization use their expertise and passion to advocate and provide care for patients, while elevating the standards of exceptional nursing practice.

Terry Graner, RN, MS, NEA-BC
Vice President, Patient Care Services
Allina’s Mission
We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

Allina’s Nursing Vision
- Allina will be nationally known and trusted for exceptional nursing practice.
- Allina nurses combine the best of science and caring to provide exceptional patient care through trusted partnerships and effective stewardship.
- Allina’s healing environment fosters nursing practice that is evidence-based, innovative, and patient/family centered.
- Allina nurses are powerful, passionate and diverse in talents and thought.
- Nursing career paths provide Allina nurses with dynamic opportunities for career enhancement to help them achieve their highest potential.
- Nursing leadership is relationship-centered, holistic, progressive, and responsive.

Nursing Core Beliefs
- Advocacy
- Caring
- Continuous Improvement
- Cultural Awareness and Recognition
- Ethics
- Leadership
- Relationships
- Stewardship
Built on the foundations of the individual relationships nurses establish with patients and families, the Professional Nursing Practice Model incorporates all of the components necessary for the delivery of exceptional nursing care.

The diagram of the Professional Nursing Practice Model is designed to provide a visual representation of the fundamental components of nursing practice that are defined in the Allina Charter for Professional Nursing Practice. The model is meant to demonstrate all of the things nurses inherently know as part of their professional practice.

**Research/Evidence-Based Practice**

**Evidence-Based Practice Fellowship teaches nurses to question**

It is one thing to discover through research. It is another to apply research to clinical practice.

That is what is behind the Evidence-Based Practice Fellowship at Abbott Northwestern Hospital. The Fellowship provides staff nurses with classroom instruction and mentoring to investigate clinical questions and integrate their findings into nursing practice.
Launched in 2008, the Fellowship is a 12-month program that partners a staff nurse with a clinical nurse specialist to address a nursing practice question. It was created by Sue Sendelbach, PhD, RN, clinical nurse researcher and clinical nurse specialist, with her colleagues, Kathi Koehn, RN, staff nurse, and Terry Graner, MS, RN, NEA-BC, vice president of Patient Care Services, as a way to introduce evidence-based practice to the nursing staff.

The Fellowship teaches participants how to analyze research literature and use it as a tool to solve clinical questions. It also encourages them to use their own experience and knowledge to guide the development of evidence-based practice. Clinical nurse specialists act as mentors, helping nurses translate research findings into practice.

By giving nurses time each month within their work agreement to focus on a clinical question, the Fellowship also helps to address one of the challenges that the profession faces in emphasizing evidence-based care. “Nurses are so busy – it’s impossible to add time for this kind of work within the work day,” said Sendelbach.

Sendelbach believes that the Fellowship makes nurses think differently about many aspects of nursing practice, raising their awareness of the importance of evidence-based practice and ways to incorporate it in their work. “I’ve had nurses tell me that this inspires them to go to the literature much more frequently, not only to address situations they face at work, but also in their personal health,” said Sendelbach.

Sendelbach also says that the Fellowship has a domino effect. “Nurses who have participated in the Fellowship share with their colleagues, and colleagues see that it works.”

The value of involving staff nurses in evidence-based practice is that there is often immediate relevance in their work. “Working at the bedside results in unique questions and insights,” said Sendelbach. “I can help nurses understand what the literature shows, but I don’t implement practice changes. It’s really much more challenging to think about how to change practice.”

### Evidence-based Practice Fellows

#### 2008-09

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<td>Care of patients wearing graduated compression stockings</td>
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<td>Laura Genzler, PB2000</td>
<td>Sarah Pangarakis</td>
<td>Clustering of nursing activities and end tidal CO2</td>
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<td>Linda Isenberg, W6300</td>
<td>Sandy Hoffman</td>
<td>Parental involvement following a mother’s C-section</td>
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<td>Geraldine Sjoblom, H4100 CV-ICU</td>
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<td>Care of critically ill patients experiencing ETOH withdrawal</td>
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<td>Damon Gates, H4200 CV-ICU</td>
<td>Anita Anthony</td>
<td>Interventions to prevent falls of hospitalized patients</td>
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<td>Jolene Laurence, SK4800/3900</td>
<td>Sue Sendelbach</td>
<td>Weighted blankets and their impact on sleep</td>
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<td>Brad Lind, H5000</td>
<td>Sue Sendelbach</td>
<td>Interventions for spiritual care</td>
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Consistent stroke education improves documentation

Applying care standards consistently among patients with similar needs is a hallmark of effective patient care. The challenge for nurses is incorporating such standards into their workflow as they manage a multitude of patient care tasks.

On H8000, Excellian (the clinical documentation system) has been enhanced to better support nurses in meeting a key quality standard: providing documented education to stroke patients to help reduce the risk of a recurrent stroke or transient ischemic attack.

The American Stroke Association, Joint Commission and Centers for Disease Control and Prevention jointly identified five topics that all stroke patients should be educated on during hospitalization. These are:

- modifiable risk factors
- warning signs
- accessing emergency care if symptoms occur
- follow-up care after discharge
- medications prescribed at discharge.

In the first half of 2008, an audit of both nursing and physician documentation revealed that all five elements were documented only 59 percent of the time. Further analysis showed that

- it was primarily as issue of documentation, rather than a lack of patient education
- Excellian could be enhanced to simplify and facilitate documentation of stroke patient education
- nurses were not fully aware of the required education elements.

A stroke team revised existing patient education tools and incorporated them into Excellian. Nurses were educated about the required elements and the stroke team also used Excellian to provide staff alerts about needed education documentation.

Documentation of all five stroke education elements increased to 76 percent in the second half of 2008.

“Excellian gives us a process check,” said Gordon McArthur, H8000 patient care manager. Not only does it provide tools to track each patient’s learning progress, it helps nurses tailor education to the patient’s needs. “Part of the process includes a learning assessment, so nurses know how a patient learns best and what barriers might exist, such as cognitive status or language.”

It’s also useful for auditing. “It tells us exactly how we are doing in meeting the standard and helps us prioritize which areas we need to focus on for improvement,” said McArthur.
Interdisciplinary Relationships

New therapy brings heart failure care providers together

Thanks to the work of a multidisciplinary work group, a treatment for fluid overload in chronic heart failure patients, is being used more effectively at Abbott Northwestern.

The treatment, called aquapheresis, removes excess fluid through placement of an intravenous (IV) catheter. The therapy gently pulls blood through a circuit that filters out water and sodium and returns the blood to the patient.

Among the work group’s recommendations was to implement the huddle concept when initiating the therapy. The huddle concept brings together a varied team of professionals who support and complement each other’s skills in order to make decisions about a patient’s care.

Although aquapheresis was developed as a non-intensive care unit (ICU) therapy, Abbott Northwestern had used it exclusively in the Cardiovascular ICUs. “Often, we had to transfer patients to the ICU just to get the therapy,” said Anita Anthony, RN, MS, CCRN-CNC, CNS-BC, a cardiovascular clinical nurse specialist who helped lead the aquapheresis work group.

In August 2008, the treatment was made available on H400, a cardiovascular telemetry unit. The work group believed that expanding the use of aquapheresis on the telemetry units would make it readily available to the type of patients who could most benefit from it, including pre-transplant patients and patients with chronic heart failure. They also wanted to improve the effectiveness of the therapy, which requires careful monitoring of anticoagulant therapy and renal function while ensuring that a clot doesn’t form in the circuit. “If a clot begins to form, nurses have about 10 minutes to troubleshoot the problem,” said Anthony. If the filter does clot, the therapy must be stopped before the treatment goal is achieved, or the circuit must be replaced—at a significant cost.

A first step was identifying the right kind of patient for the therapy, an issue that the equipment manufacturer helped the team address. “We’ve learned that when the therapy is used with patients who have other co-morbidities, the outcomes are not as good,” said Anthony.

But many other individualized decisions are required to ensure that the therapy is used safely and effectively with each patient. That’s where the huddle concept comes in.

Key disciplines, including nursing, leadership, cardiology, pharmacy and IV nursing, gather before therapy is initiated to determine the appropriate IV access, anticoagulation therapy, fluid removal rate and treatment goal.

Since initiating the huddle for aquapheresis in August 2008, the therapy has been used 24 times, including 12 in the ICU and 12 in the telemetry unit. Circuit use per patient has decreased from 2.19 to 1.3, while treatment times increased from 45 hours to 49 hours.

“The longer the patient can be treated on one circuit, the more cost-effective it is, and the more likely it is that the treatment goal will be achieved,” said Anthony. Abbott Northwestern’s aquapheresis treatment time now exceeds the national average, which is 46 hours.

“This interdisciplinary work has improved the effectiveness of aquapheresis in the ICU and in the telemetry units,” said Catherine Houda, MS, BSN, RN, NE-BC, patient care manager of H4000. “It’s also bonded the staff from each unit as they learned from each other how to best manage patients receiving the therapy.”
Leadership

Magnet™ designation—a journey to success

Although it was called the Magnet journey, the 2008 effort that led to Abbott Northwestern's Magnet accreditation might well be described as an all-out mobilization.

Tonya Montesinos, director of Professional Nursing Practice and Magnet coordinator, led the charge, involving nurses in all job classifications and specialties to assemble the mammoth documentation and prepare for the onsite survey required for accreditation.

She was assisted by Dawn Tucker, Marketing and Communications consultant. Together (and with significant help from many Nursing colleagues) they planned, researched, wrote, verified, edited and assembled the 2,000-page application document, a process requiring countless hours in their designated “war room.”

For Tucker, just thinking about the size of the project was overwhelming. “You had to figure out how to section off the work. If you got stuck, you needed to move on and come back to it later.”

But the volume of work leading to Magnet accreditation is only part of the story. It was eclipsed by the energy and enthusiasm generated among nurses and their non-nursing colleagues throughout the hospital.

“We were successful because everyone wanted this award,” said Montesinos. “It wasn’t just us in the war room. It was everyone pitching in together. This came together because nobody said no.”

Dedication to the success of the project started at the top with Terry Graner, vice president of Patient Care Services, who wrote major sections of the report and helped Montesinos and Tucker track down the people, data and stories that would help document the Nursing Department’s accomplishments.

Moreover, Montesinos and Tucker say that the process of documenting Nursing excellence allowed nurses to step back from their day-to-day practice and see their work in a new light. “This really gave nurses a chance to look at their work in-depth,” said Tucker. “It made them stop to recognize and be recognized for the amazing things they do every day. It also created a deeper awareness of the excellence happening in every corner of the hospital.”

The process also demonstrated to Montesinos the importance of leadership and commitment in accomplishing any goal. Good planning, attention to detail and follow-up, communication, flexibility and perseverance helped to transform the project into an organizational milestone. “For myself, the motivation was obtaining this international recognition for the nurses. Our nurses deserved this honor and that’s what kept me going,” she said.

“Tonya has a no-fail clause in everything she does—it was never in her mind that Abbott Northwestern was not going to get Magnet accreditation,” said Tucker. “You can’t ask for better leadership than that.”
Professional Nursing Collaborative Governance

Change begins at the bedside

There is a simple premise behind collaborative governance: change happens from within.

That’s because the people who are best able to plan and implement a change are those who are most affected by it.

At Abbott Northwestern, collaborative governance begins with local councils organized around patient care communities that are empowered to make changes to improve practice, education, quality and research. The councils have links to hospital-wide nursing governance through representation on the Nurse Practice Council.

A recent process change enacted by the Endoscopy council illustrates how collaboration among different care communities and disciplines can improve patient care.

When patient/visitor safety report data showed errors with endoscopy specimen labeling and handling, the Endoscopy council implemented a new “hard stop” process and shared accountability for specimen handling with physicians.

“We were averaging about one or two incidents a month in which a specimen wasn’t identified correctly or the labeling was incorrect or the specimen was missing,” said Diana Nissen, Center for Advanced Endoscopy patient care manager.

Endoscopy nurses collaborated with Surgical Services on the process, sharing ideas for process improvement. The council also sought endorsement and support from the Endoscopy Medical Staff Committee.

The Endoscopy council focused on ways to accomplish safety objectives without adding too many steps to the workflow. “That’s where it’s really important to have input of the people who do the work,” said Nissen.

The new process involves calling a hard stop at the end of the endoscopy procedure to:

- re-verify the patient’s name and medical record number
- verify that label information correctly identifies the specimen and confirm the accuracy of other information on the specimen label
- have the physician sign the histopathology form.

The number of errors has dropped significantly since the process was implemented in the first quarter of 2009. There were 10 errors during 2008. In the first quarter of 2009, there were two errors, and there have been no errors since March 2009.

“When you’re in management, you need that connection to reality that the direct patient care nurse has,” said Nissen. “I can provide the data that tells what’s wrong, but they are much better at identifying how to fix it.”
Professional Development

Simulation training helps create a better reality

When Barbara Blake, RNC-OB, started her nursing career, obstetrical nursing had an immediate appeal. “I jumped into Labor and Delivery nursing and have remained in this area for most of my career,” she said. She has worked at Abbott Northwestern’s Birth Center for 22 years.

But recently she has had the opportunity to apply her knowledge and experience in a new way—by learning to use simulation training to help colleagues better prepare for obstetrical emergencies.

In doing so, she has not only found a new avenue for her own professional growth—she is helping others enhance their skills and improve their effectiveness in a variety of patient care situations. “This felt like a natural step at this point in my career,” said Blake. “It was nice to feel that I was valued enough to be given this opportunity.”

In 2007, Blake joined an interdisciplinary team of nurses and physicians who completed simulation training at the Stanford School of Medicine’s Center for Advanced Pediatric and Perinatal Education (CAPE) Program. State-of-the-art simulation equipment was acquired in 2008 and has allowed Abbott Northwestern to develop one of the only simulation programs of its kind in the region.

Led by Birth Center educators Jone Tiffany, MS, RNC-OB, and Katie Molitor, RNC-OB, the team has created a variety of lifelike scenarios to help train for situations like shoulder dystocia, emergency Cesarean sections, newborn resuscitation, anesthesia emergencies and more.

Simulation training includes a pre-briefing, the videotaped exercise and a de-briefing. “Most of the learning takes place in the de-briefing,” said Molitor. That is where participants review the videotape, leading to insights about system failures, communication breakdown and behavioral issues. For example, Blake said that simulation training highlighted the need for a single phone call alert to the entire emergency C-section team. It also showed how room set-up and cord entanglement could impede an emergency patient transfer.

But she has found that simulation training is particularly useful in enhancing critical thinking skills, teamwork and communication. Participants learn the importance of voicing their concerns or observations out loud and how to do so productively. “It also helps you see how your behavior affects care. It really opens your eyes,” said Blake.

In addition, many of the lessons learned in simulation training can be applied to a variety of patient care situations. “Nursing has always been focused on tasks and skills, but this is developing much more than that,” said Molitor. “It encourages people to look at their behaviors and communication style. This really gets at the art of nursing.”

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The Intravenous (IV) Team is one such group of nursing specialists. “This is an engaged group,” said Jenny Enstad, patient care manager. “They do research on their own and bring it to my attention. They have a focused role that is constantly evolving.”

In 2008, the IV Team began using a new generation of peripherally inserted central catheters (PICC). According to Carol Olson, RN-BC, the new catheter allows for power injection of computed tomography (CT) contrast dye and can be flushed with saline instead of heparin. With growing awareness of the danger and prevalence of heparin allergies, the team felt it would offer clear benefits to patients.

But soon after introducing the catheters, the team began receiving reports of clots in the lines and increased use of tissue plasminogen activator (tPA) to clear the clots. Similar reports surfaced at other hospitals using the catheters, including other Allina hospitals.

Olson and others immediately began investigating the situation and contacted the manufacturer for assistance. Initially, it was believed that changing the cap used on the device would help, but problems still occurred. It became clear that nurses needed to learn a new flushing procedure to prevent clotting.

Working with the PICC and cap manufacturers to clarify the proper technique, IV team representatives went to local nurse practice councils throughout the hospital to teach the flushing protocol. Supporting materials, including laminated instruction cards, were distributed. Then they took time to do rounds on patient care units and demonstrate the technique for available staff.

Olson also used a simple demonstration with blue dye in a clear catheter that showed how blood could reflux into the end of the catheter if the flushing wasn’t done properly. Blood in the catheter can lead to a clot. “It’s one thing to talk about a new procedure, but sometimes if you don’t see it, it doesn’t click,” said Olson.

“We felt that this was the best vascular device to use because it didn’t require heparin—but we also needed to do all we could to make it user friendly,” said Olson.

Since the flushing procedure was clarified in mid-2008, the number of PICC line clots has come down. Olson and others continue to work with the manufacturer to determine if design changes could help to further reduce the problem.

“This kind of clinical leadership is critical to good nursing care,” said Enstad.
Remaining Standards of Practice/Dimensions

Cardiovascular Community

Reducing Heart Failure Readmissions
Heart failure is the most common discharge diagnosis in Center for Medicare Services (CMS) patients and is a leading cause of hospitalization, re-hospitalization and clinic visits. The Cardiovascular Community significantly reduced heart failure readmissions (for any cause) within 30 days, achieving a 16.2 percent readmission rate for fourth quarter. This is a 23 percent reduction from the 2006 baseline rate. A variety of strategies contributed to the reduction, including nurse follow-up phone calls within 24-48 hours, one-time home nurse visits for high risk patients who did not qualify for home care, a care management pilot, and advanced care planning sessions for heart failure patients through Palliative Care.

Improving the Critical Care Orientation Process
The Critical Care Design Team was formed as a collaborative effort to standardize and enhance the Critical Care orientation process for H4100, H4200, PB2000, Post-Anesthesia Care Unit and Critical Care Float Pool. In 2008, the team implemented a centralized Critical Care orientation calendar. It includes standardized introductory and closure days for all orientees (while maintaining a station-specific component), a single Critical Care orientation book and folder, streamlined and standardized learning packets and a variety of other tools and support materials. It also incorporates the Essentials of Critical Care Orientation (ECCO) online program and classes, simulation training, float days and clinical shifts. This has resulted in a more efficient and effective orientation process and has created many opportunities for the various Critical Care teams to learn from each other.

WomenCare Community

Improving Care for Patients who are Morbidly Obese During Pregnancy
Patients who are morbidly obese during pregnancy are at a significant risk for medical and obstetric complications. A multi-disciplinary team is working to improve quality of care and safety for these patients while providing compassionate care. Patients are referred to an obstetric care coordinator who works with the clinical nurse specialist to develop an individualized plan of care. This addresses any specialized needs related to hospitalization, labor, surgery and post-partum care. The care coordinators arrange for specialty consultation as needed, and patients complete an activities of daily living assessment to help identify needs related to mobility, sleep apnea and personal care. An obstetric/bariatric equipment and supply cart is being developed to ensure easy access to items that are essential for the care of these patients.

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Critical Care Community (PB2000, H4100, H4200)

Reducing the Incidence of Ventilator-Assisted Pneumonia (VAP) Through Increased Nursing Adherence to Oral Care Protocol

The American Association of Critical-Care Nursing (AACN) has established an evidence-based protocol for providing oral care to the critically ill patient. While all patients should receive oral care based on the protocol, ventilated patients are of special concern because mechanical ventilation can contribute to mucositis and gram negative bacteria colonization, placing them at risk for VAP. The protocol recommends brushing every 12 hours and swabbing and suctioning of the oral pharynx every 2-4 hours.

An oral care initiative was piloted on PB2000 in March-April 2008. Results were compared with pre-implementation data gathered in September-October 2007.

Results

During the PB2000 pilot, adherence to the protocol:

- increased by 25 percent for the minimum recommendation of oral care every four hours
- increased by 12 percent for the optimum recommendation of oral care every two hours.

VAP occurrence during the PB2000 pilot was 0/1,000 ventilator days, compared to 1/1,000 ventilator days during pre-implementation.

In fourth quarter 2008, the oral care initiative was implemented in all three intensive care units (PB2000, H4100, H4200). By the end of 2008, adherence to the protocol at three-hour intervals had increased in all three units (see chart). Also, H4100 and H4200 sustained 0 VAP from May to Dec 2008 while PB 2000 maintained a VAP rate of 0.8 compared to national benchmark of 3.1 for like units.
Spine Institute – H7000

Using Learning Paths to Improve the Orientation Process
With an increased volume of newly hired nurses, the Spine Institute introduced the concept of learning paths to improve the orientation process for both preceptors and orientees. Learning paths:
- help track an orientee’s progress through the orientation process
- provide guidance to the preceptor on areas in which the orientee has demonstrated competency
- identify areas of needed development sooner in the orientation process
- assist the charge nurse in making assignments that are appropriate for the orientee
- help preceptors keep each other informed about an orientee’s progress.

Results
Learning paths were introduced in July 2008. In 2007, 16 nurses spent an average of 41 shifts in orientation; in 2008, 16 nurses spent an average of 25 shifts in orientation.

Orthopaedics Community – H7200/H8200

Creating a Patient-Centered Experience
In September 2008, Abbott Northwestern Hospital implemented the Joint Replacement Center, a multi-faceted program dedicated to care for joint replacement patients. It provides a patient-centered experience focusing on patient preparation and education (before and during hospitalization), innovative and proven surgical techniques, multi-modal pain control and an accelerated post-operative recovery program offering skilled and compassionate care. Patients are cared for on a dedicated floor by an experienced staff and participate in group therapy. The Joint Replacement Center’s multidisciplinary team meets monthly to evaluate strategies to improve the care they deliver.

Since the Center opened, discharges to home have more than doubled for patients with total hip replacement and almost tripled for those with total knee replacement. Length of staff has decreased by two-thirds of a day for total hip replacement patients and half a day for total knee replacement patients.

Medical/Surgical Community – E4100

Achieving Recertification of Transplant Center
E4100 cares for post-operative patients who have received kidney transplants (from both live donors and cadavers). The E4100 staff helped to assure recertification of Abbott Northwestern’s Kidney Transplantation Program. This Center for Medicaid Services survey was in response to new federal regulations and affected all transplant centers in the United States.

E4100 nurses receive annual education on caring for kidney transplant patients. New employees are given additional education upon hire. The staff also works closely with the Kidney Transplant coordinators and the other members of the interdisciplinary team to collaborate on the plan of care.
Surgical Services

Maintaining Normothermia in the Perioperative Setting

Maintaining perioperative normothermia improves patient outcomes. Unplanned hypothermia can result in impaired wound healing, adverse cardiac events, increased risk of infection and prolonged hospitalization.

Preoperative, intraoperative and postoperative nurses collaborated with anesthesia providers to maintain patient normothermia (>36°C). Steps taken included:

- warming patients preoperatively using a forced-air gown
- warming the operating room for patient arrival and wake-up
- ensuring accurate temperature measurement upon arrival to the post-anesthesia care unit.

As a result, the number of patients whose temperature was >36°C within 15 minutes of leaving the Operating Room increased significantly. Data monitoring will continue to ensure this improvement is sustained.

Mental Health Services –
Adult Units: SK3900 / SK4800 and SK4700 & Child / Adolescent: SK3700

Developing Pathways for Individualized Care

Staff in Mental Health Services developed pathways to individualize care for each patient based on his or her diagnosis. Pathways involve:

- rounding on each shift on patients
- working with patients to meet daily goals
- education to teach patients about their condition how to manage symptoms.

The impact of this work was assessed by monitoring the length of stay and the patient/family response to two satisfaction survey statements: I participated in planning my discharge and I received helpful education regarding my diagnosis and treatment.

Results

- The length of stay decreased by about 0.5 days from 2007 to 2008.

<table>
<thead>
<tr>
<th>Satisfaction Survey Statement</th>
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<th>Percent Saying Agree/Strongly Agree – Fourth Quarter 2008</th>
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<td>I participated in planning my discharge (for child/adolescent)</td>
<td>74%</td>
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<td>73%</td>
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<td>92%</td>
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<tr>
<td>I am satisfied with the overall quality of care and services (for adult)</td>
<td>84%</td>
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Sister Kenny® Rehabilitation Institute – W2300

Using Care Navigation to Improve Outcomes
Sister Kenny Rehabilitation Institute implemented the care navigation role in July 2008. The role is filled by licensed registered rehabilitation nurses, who are ideally positioned to help individuals affected by chronic illness physical disability adapt to their disabilities, achieve their greatest potential and work toward productive, independent lives.

Care navigators help patients achieve goals that are necessary to transition successfully from the acute rehabilitation setting to home, while helping the facility meet or exceed quality care outcome benchmarks. They coordinate resources and services and collaborate with the interdisciplinary rehabilitation team to ensure that the patient’s needs are met in the most effective manner.

Care navigation helps to achieve high levels of patient safety, coordination of care along a health continuum, patient satisfaction, regulatory compliance and efficient use of resources. The result is improved quality of care and patient outcomes.

Float Pool
Comparing Assignment Difficulty Among Unit Staff and Float Pool Staff
The Float Pool has more than 170 employees who serve more than 30 different departments at Abbott Northwestern. This flexible workforce is critical to the hospital’s success. In 2008, the Float Pool focused on ways to increase staff satisfaction and engagement and decrease turnover. A key issue is ensuring that patient care assignments are fair and equitable for all. In response to concerns raised by Float Pool staff, a quantitative study (the first of its kind in nursing literature) was done to compare assignments between unit staff and Float Pool staff.

The study analyzed three 8-hour shifts and two 12-hour shifts (total of 217 shifts) in medical/surgical, orthopaedic, spine, neurology, cardiovascular and critical care patient care units. Data was collected on patient difficulty (acuity, patient flow, volume and “other”). Although there was a tendency for Float Pool nurses to receive more difficult patient assignments, this was not statistically significant. Because of study limitations, including the study size and the way in which the data was collected and analyzed, funding is being sought to repeat the study using a larger sample size, separate analysis per shift and separate analysis of medical/surgical and critical care data.
**Outpatient**

**Enhancing the Patient Experience Through Care Continuity**

Nurses in the Ambulatory Surgery Center (ASC) provide care and continuous evaluation for outpatients undergoing procedures that require local anesthesia, intravenous sedation or general anesthesia. Nursing assignments are structured to support care continuity throughout a patient’s visit. For example, the ASC peri-operative nurse performs a pre-operative assessment and is able to develop a rapport with each patient. At this assessment, integrative therapies may be initiated, such as music therapy or televised relaxation instruction. The ASC operating room nurse meets the patient before the procedure and cares for him or her during the procedure. After surgery, most patients return to the same peri-operative nurse for care until discharge.

Patients are randomly selected to receive a patient satisfaction survey at home after discharge. In 2008, 70 percent of patients rated the overall quality of care and service as excellent. ASC scores on the question “How would you rate the overall quality of care and services?,” exceeded the Allina goal every month.

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**Bariatric Center**

**Earning National Recognition for Care Pathways**

In 2008, Bariatric Center staff focused on achieving re-designation as a Surgical Review Corporation Bariatric Surgery Center of Excellence. Not only did the Bariatric Center receive the designation—it also has received national recognition for the care pathways it developed as part of the re-designation process. The Bariatric Center pathways articulate the patient experience from initial seminar visit through the surgical experience and lifelong follow-up. Pathways addressed patient education, consent, radiology, wound management, pain management, anesthesia, peri-operative care and more. When the survey was completed in September 2008, the surveyors asked to use the Bariatric Center’s pathway templates as the national template. Staff also participated in a national workgroup that created guidelines for care of the bariatric patient that will be used by new centers trying to obtain the initial Center of Excellence designation and for those that are updating current pathways.

**Assessing Skin Integrity Risk**

A skin integrity prevalence and incidence survey showed that bariatric surgical patients developed areas of pressure when graduated compression stockings (GCS) with sequential compression devices (SCD) are used together. But patients who are morbidly obese also have a significant risk of deep vein thrombosis, especially when subjected to the surgical positioning and abdominal pressure that occurs with laparoscopic surgery. A review of skin integrity issues was conducted on 100 post-operative bariatric surgical patients. Based on the findings of this review, it was agreed to exempt the bariatric surgery patient population from the policy on using GCS and SCD together on the post-operative nursing unit.
ED/CDART

Improving Patient Flow and Wait Times

The Emergency Department total visits increased from 46,218 in 2007 to 47,052 in 2008. Improvements in 2008 have focused on patient flow and patient satisfaction.

Each month department leaders and staff review the patient flow indicators, identify barriers and take steps to improve the flow through the department. Several time intervals are tracked—these results are total minutes from one interval to the next and show significant improvement in times during 2008. Arrival to admission has many variables, including hospital census/bed availability, and creates the greatest challenge in patient flow.

The patient satisfaction survey question regarding wait times also shows significant improvement. By December 2008, 60 percent of patients reported no wait time from arrival to being taken to treatment area:

<table>
<thead>
<tr>
<th>Patient Flow Indicators—Time Intervals in Minutes</th>
<th>Jan-08</th>
<th>Dec-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival to Admit/Discharge</td>
<td>199.2</td>
<td>183.3</td>
</tr>
<tr>
<td>Arrival to Admission</td>
<td>261.2</td>
<td>265.2</td>
</tr>
<tr>
<td>Arrival to ED Bed</td>
<td>27.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Arrival to Discharge</td>
<td>169.4</td>
<td>157</td>
</tr>
<tr>
<td>ED Bed to Assigned RN</td>
<td>5.6</td>
<td>5.3</td>
</tr>
<tr>
<td>ED Bed to Assigned MD / NP</td>
<td>19.3</td>
<td>16.3</td>
</tr>
</tbody>
</table>

Clinical Decision and Rapid Treatment (CDART)

Reducing Length of Stay

CDART is a 23-hour observation unit that sees a wide variety of patients, including those needing extended observation for chest pain monitoring and testing, pain management prior to surgeries and other patients needing stabilization or extended time before being safe to be sent home.

In 2008, CDART has focused on decreasing the length of stay. Steps taken include:

- implementing the treatment plan immediately upon arrival
- getting consultations promptly
- educating the patient and family about the purpose of CDART and what they should expect in the unit.

The numbers below show improvement in the length of time patients are in CDART. Total patient count is up slightly but the total observation hours are down by 2,244 hours from 2007 to 2008.

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>3331</td>
<td>3,340</td>
</tr>
<tr>
<td>Total Observation Hours</td>
<td>50,730</td>
<td>48,486</td>
</tr>
</tbody>
</table>

The CDART nurses work closely with both the ED physicians and hospitalists to provide the best and most efficient experience possible for patients.
Mental Health Services
Outpatient Mental Health Clinic

Enhancing Services
This outpatient mental health clinic is staffed by a multidisciplinary team that includes two registered nurses and four nurse practitioners. The clinic moved from the Medical Office Building to Wase 6th floor to provide an environment better suited for patients needing outpatient follow-up care. In collaboration with the WomenCare Community, the outpatient clinic was set up as a second location for the post-partum depression program. A transitions program was created to assist people in making a successful transition from inpatient care or the intensive therapy received in the partial hospitalization program to the community.

Mental Health Services Partial Hospital Program

Improving Participant Attendance
The Adult Partial Program worked to improve program attendance. The top three reasons for missing program days were identified as illness/headache, other appointments and being tired/exhausted. Improvement plans included:
- educating patients on program rules and expectations for attendance and participation
- assessing patients’ understanding of the program and their individualized treatment plans
- teaching the most effective ways of coping and integrating skills learned into daily life.

Compliance in program attendance improved from 82.2 percent in March 2008 to 89.4 percent in December 2008. Patient satisfaction scores also improved. The table below shows the percentage of “strongly agree” responses.

<table>
<thead>
<tr>
<th>Barnett Health Services Adult Partial Hospital Program - 2008</th>
<th>Qtr 01</th>
<th>Qtr 02</th>
<th>Qtr 03</th>
<th>Qtr 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>My therapists answered my questions so that I could understand the answers</td>
<td>69%</td>
<td>55%</td>
<td>74%</td>
<td>80%</td>
</tr>
<tr>
<td>My therapists treated me with courtesy and respect</td>
<td>72%</td>
<td>62%</td>
<td>74%</td>
<td>73%</td>
</tr>
<tr>
<td>The staff provided helpful education regarding my diagnosis and treatment</td>
<td>51%</td>
<td>46%</td>
<td>57%</td>
<td>59%</td>
</tr>
<tr>
<td>Groups were helpful to me</td>
<td>58%</td>
<td>50%</td>
<td>66%</td>
<td>64%</td>
</tr>
<tr>
<td>My therapists listened to my concerns and opinions</td>
<td>69%</td>
<td>55%</td>
<td>74%</td>
<td>80%</td>
</tr>
<tr>
<td>My nurses answered questions so I could understand the answers</td>
<td>53%</td>
<td>43%</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td>My nurses treated me with courtesy and respect</td>
<td>59%</td>
<td>48%</td>
<td>63%</td>
<td>66%</td>
</tr>
<tr>
<td>My nurses listened to my concerns and opinions</td>
<td>50%</td>
<td>44%</td>
<td>55%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Mental Health Services Assessment & Referral

Identifying Opportunities for Improvement
A tracking tool was developed that accurately captures all calls, Emergency Department patient assessments, direct admissions, the number of patients declined for admission, and reasons for patient diversion to other hospitals or programs. This has helped to identify opportunities for future improvement projects including:
- decrease the number of patients declined for admissions
- increase the number of providers
- increase communication from admitting source to inpatient units
- improve collaboration in care delivery to meet the patients’ needs.
Abbott Northwestern’s Infectious Disease Clinic

Improving Renal Health Among People with HIV

Recently, the increased risk for chronic kidney disease for people with HIV has come to the forefront. A nurse-led evidence-based practice improvement project was successfully implemented with the multidisciplinary team. This project had two components: implementing agency-specific renal care guidelines by care providers and initiating renal and general health education by supporting clinical staff.

Overall, after implementing the guidelines, there was statistically significant improvement in the proportion of urinalyses (UA) and estimated glomerular filtration rate (eGFR) completion for patients during their initial clinic visit (UA p < .001, eGFR p = .002) and for those requiring yearly (UA p < .001, eGFR p < .001) or twice yearly (UA p < .001, eGFR p < .001) renal testing. The rate of renal health education was 60.7 percent, which was less than the anticipated rate of success. However, close analysis revealed partial implementation achievement. Additionally, the initial work-up (a repeat UA) for an abnormal test was significantly more likely to be completed after guideline implementation.

Practice changes occurred among the physicians, nursing, social work, and dietary staff, which resulted in improved renal health care for individuals with HIV. Identification and involvement of key stakeholders was imperative for success. Ongoing reinvention includes development of a clear follow-up protocol to manage abnormal renal screening tests and continued data analysis to sustain the practice changes.

Electroconvulsive Therapy (ECT)

Improving Patient Education Materials

Electroconvulsive therapy (ECT) educational materials for patients and families were improved through development of a video with up-to-date information about ECT. An Allina-wide educational teaching sheet was developed to compliment the video so that patients/families have current information about choosing this treatment option. All patients receive this information before starting the treatment program.
OB Homecare

Increasing Patient Satisfaction Scores
OB Homecare nurses make a special effort to encourage patients to provide feedback on their nursing care and the services they receive from OB Homecare. This, combined with workflow changes to improve continuity of care, is believed to have contributed to increases in patient satisfaction scores.

Staff nurses explain to patients how important it is to them to receive their feedback. They also add their initials at the bottom of the survey form before handing it out at the end of their visit. In comparing responses

to questions about overall satisfaction and recommending OB Homecare to others, post-partum patient satisfaction scores increased from 2007 to 2008. “Excellent” responses for overall quality increased by 6.8 percent; “Definitely Yes” responses for recommending OB Homecare to family and friends increased by 8.1 percent.

Postpartum Patient Satisfaction

![Graph showing patient satisfaction scores]

Minnesota Perinatal Physicians

Enhancing Care Through Nursing Coordination

A fetal surgery/intervention program that serves patients throughout the Upper Midwest has highlighted the need for registered nurse care coordination for patients with complex pregnancies.

The Midwest Fetal Care Center was developed through collaboration with Minnesota Perinatal Physicians, Pediatric Surgical Associations, and Children’s Hospitals and Clinics of Minnesota. RN care coordinators assist patients with transportation needs and resources within the Twin Cities area. They have been vital to program development in areas such as:

- patient education materials
- community resources
- order set development
- outreach
- staff development
- monthly care planning meetings
- care continuity from diagnosis through delivery.

In addition to improving care coordination for fetal therapy patients, the Perinatal Clinic at Abbott Northwestern made it possible for patients to have any fetal testing done at the clinic site instead of at the Maternal Assessment Center, which is located in a separate building on campus. Nurses recognized that this would result in more convenient services for patients and enhanced care continuity and were able to incorporate testing into an already busy workflow.
Radiation Oncology

Patient Preparation Enhances Treatment

For nurses in Radiation Oncology, learning new treatment delivery methods is vital for patient education and support, both at the initial consultation and throughout the patient’s six to eight week treatment. In 2008, Radiation Oncology developed a process improvement plan for a treatment delivery method called respiratory gating. Respiratory gating takes into account organ movement during treatment, and by manipulation of the patients’ breathing pattern, critical structures such as the heart are protected from the treatment beam. Nurses were important participants in this process since they educate patients about complex treatments. As a result, patients who are considered for this treatment receive special breathing instruction on a compact disc at the time of consultation. This gives patients a better understanding of how the basic function of breathing can significantly enhance their treatment.

Radiology

Documenting Time Outs for Invasive Procedures

One of the Joint Commission’s 2008 National Patient Safety Goals is that the Universal Protocol is performed on all invasive procedures. One portion of the standard is to conduct a “time out” immediately before starting the procedure to verify correct patient, procedure, position, side/site and implants or other special equipment.

In early 2007, documentation of time outs only appeared one percent of the time. A variety of interventions included:

- nursing education on the time out process,
- appropriate revisions of posters placed in every procedure room and reinforcement of a team approach in which every person involved in the case is dedicated to this safety goal and implements it consistently,
- regular chart audits of documentation have shown the integration of the time out process into all Radiology Interventional Procedures.

By the end of 2007, time out documentation had reached 95 percent and has been maintained throughout 2008. Although this is an interdisciplinary accountability, Nursing has joint responsibility to ensure that this is occurring.
Virginia Piper Cancer Institute’s Cancer Clinic

Offering Consistent Care Through All Phases of Treatment
A nurse practitioner hired in 2008 is helping to improve care continuity for patients with gastrointestinal malignancies. The nurse practitioner bridges the gap between hospitalizations and clinic visits by being a consistent care provider to the patient and family, working in collaboration with Minnesota Oncology physicians, outpatient nurses, hospital staff and other medical specialists. The nurse practitioner can admit patients and follow them during hospitalization as well as in the outpatient setting. This helps to reduce questions and confusion about medications, follow-up appointments and future treatment.

One of the nurse practitioner’s most important contributions is to establish relationships and build trust with the patient, family and other caregivers. The nurse practitioner’s focus is on keeping the patient as healthy and independent as possible. The nurse practitioner also helps to prepare and support patients and families when transition to hospice is indicated. Overwhelmingly positive feedback from patients, family members, outpatient staff and hospital staff indicates how successful the nurse practitioner role has been for this patient population.

Wound Clinic

Expanding Treatment Options
The Wound Clinic serves adult and geriatric patients requiring complex wound care. In addition to two nurse practitioners and five registered nurses, the Wound Clinic involves a variety of medical specialists, including podiatrists, general surgeons, infectious disease specialists, vascular surgeons and plastic surgeons. There were 4,180 patient appointments in 2008.

The Wound Clinic added new treatments intended to decrease wound healing time and improve patient outcomes. These include:
- Dermagraft®, a biologic skin graft that decreases patient healing time
- Arobella, an ultrasound debridement device for wounds.

The Wound Clinic also started the Hyperbaric Oxygen Therapy Program, which is staffed by a physician, supervisor and technician and includes three monoplace chambers.

Wound Ostomy

Reducing the Hospital-Wide Incidence of Pressure Ulcers
Wound Ostomy Nursing led efforts to help Abbott Northwestern reduce the number of reportable pressure ulcer cases by 50 percent in the second half of 2008. This included providing education about skin assessment and documentation at nursing and nursing assistant mandatory education days and at multiple transport staff meetings. Wound Ostomy nurses also formed a hospital-wide skin integrity champions group. The champions group:
- developed an information packet for all patient care nurses
- developed badge cards with pressure ulcer staging information, which were also distribute to nursing assistants to prompt their involvement in pressure ulcer prevention
- adopted the inpatient MS flowsheet in in CDART to facilitate pressure ulcer risk assessment
- conducted pressure mapping of Operating Room tables, which led to discontinuation of gel pad use
- adopted use of iceberg artwork to assist in identifying patients at risk
- revised Excellian flowsheets to address pressure ulcer prevention and documentation.

By the end of 2008, the 50 percent reduction goal was met: only three patients had reportable pressure ulcers from July-December 2008.

Additional outpatient communities that contributed to the overall standards of practice/dimensions include:
- ANGMA
- Abbott Northwestern’s International Travel Clinic
- Cardiology (MCA)
- Transplant Program (Frances Hoffman)
- CV OR, CV Prep/Recovery, CV Lab
- Imaging Center at the Center for Outpatient Care
- Institute for Health and Healing
- Sister Kenny Rehabilitation Associates
- Maternal Assessment Center
- Maternal and Infant OPC - Infant Feeding Program
- Minneapolis Heart Institute Clinic at Abbott Northwestern Hosp.
- Minneapolis Neuroscience Institute’s Outpatient Clinics
- Park House
- Piper Breast Center.
Celebrating Excellence, Innovation and Advanced Learning
Awards & Recognition

Kelly Aakhus, E3100/W3500 – Carol Huttner Nursing Excellence in Practice Award

Jen Adair, Emergency Department – Carol Huttner Collaborative Colleague Award

Sherryn Adelmann, W6400 – Irene Briggs Award

Voula Armendariz, W6300 – Marguerite S. Richards Nursing Preceptorship Award

Lori Ballantyne, H5200 – Outstanding student finalist in Nursing at Metro State University

Rachel Bebus, Float Pool – Marguerite S. Richards Nursing Preceptorship Award

Megan Berg, H4000 – Abbott Northwestern Employee Recognition Award

Patrice Beyer, H5000 – Marguerite S. Richards Nursing Preceptorship Award

Sue Gorg, E3100/W3500 – Marguerite S. Richards Nursing Mentorship Award

Gayle Hafner, PACU/POCC – The Petersen Award

Judy Lester, H5000 – Carol Huttner Nursing Excellence in Practice Award

Gordon McArthur, H8000 – Paul & Sheila Wellstone Social Justice Award

Katie Molitor, WomenCare – Jane Wachtler Becker Award

Tonya Montesinos, Nursing Administration – Carol Huttner Nursing Leadership Award

Carrie Olson, E3100/W3500 – Abbott Northwestern Employee Recognition Award

Kristi Olson, Emergency Department – Carol Huttner Nursing Excellence in Practice Award

Mary Peterson, E4000 – Jane Wachtler Becker Award

Jocelyn Black, H8000 – Carol Huttner Nursing Excellence in Practice Award

Terrence Boehland, H8000 – H8000 Superstar

Molly Brusman, SK3700 – Jane Wachtler Becker Award

Emily Calonder, PACU/OSDU – Carol Huttner Nursing Excellence in Practice Award

Seamus Conroy, SK3900/4800 – Carol Huttner Excellence in Nursing Practice Award

Lynn Engler, PB2000 – Carol Huttner Excellence in Nursing Practice Award

Stephanie Erickson, H5000 – North Dakota Nurse of the Year – Rising Star

Collette Eze, H4100 – Jane Wachtler Becker Award

Tina Fenske, E4000 – Marguerite S. Richards Nursing Preceptorship Award

Alicia Goodman, H5000 – Abbott Northwestern Employee Recognition Award

Heather Potts, Infant Feeding Program – Carol Huttner Nursing Excellence in Practice Award

Dusty Powers, E4000 – Abbott Northwestern Employee Recognition Award

Jason Schultz, EPB2000 – Abbott Northwestern Employee Recognition Award

Peggy A. Seversen, OR Preop/Postop – Abbott Northwestern Employee Recognition Award

Cathleen Skrypek, Infant Feeding Program – Carol Huttner Nursing Excellence in Practice Award

Jan Steile, W6400 – Marguerite S. Richards Nursing Mentorship Award

Jessica Thompson, SK3900/4800 – Marguerite S. Richards Nursing Mentorship Award

Mary Veneman, H4100 – Marguerite S. Richards Nursing Preceptorship Award

Cassie Werner, W6300 – Irene Briggs Award

Jill Ell, SK3700 – “Mothers of Soldiers in Combat,” University of Minnesota School of Nursing

Katie Molitor, SK3900/4800 – “Chronic Illness and Its Effect on the Family Members,” College of St. Scholastica

Catherine Montgomery, Montgomery High School Health Careers class

Sue Sendelbach, clinical nurse researcher – University of Minnesota, School of Nursing

Faculty

Aanna Johannes, SK3700 – University of Minnesota

Jone Tiffany, W6400 – College of St. Catherine

Adjunct Faculty

Susan Arnold, Penny George Institute for Health and Healing – Anoka Ramsey Community College

Emily Bendor, H5000 – Clinical facilitator at Abbott Northwestern for MINC

Brian Goodroad, International Disease & Travel Clinic – Metropolitan State University

Kerstin McSteen, hospital-wide consultation service – University of Minnesota School of Nursing

Michele Schirmer, Emergency Department – Hennepin Technical College

Sue Sendelbach, clinical nurse researcher – University of Minnesota, School of Nursing

Guest Lectures

Susan Arnold, Penny George Institute for Health and Healing – “Holistic Health,” Third District Nurses

Jill Ell, SK3700 – “Mothers of Soldiers in Combat,” College of St. Scholastica

Brian Goodroad, International Disease and Travel Clinic – “Men’s Health,” Metropolitan State University

Janet Havens, SK3900/4800 – “Chronic Illness and its Effect on the Family Members,” College of St. Catherine

Rebekah Rook, Perinatal Clinic – “OB Nursing and Why Nursing is an Excellent Job Choice,” Montgomery High School Health Careers class

Presentations


Lindsay Campbell, Main OR Preop/Postop – “Nurses Going Green for Health.” MNA 5th District, Bloomington, Minn.

Wendy George, H4200, Barb Unger, CV Administration; Michael Mooney, MD; and Pam Rush, Quality Management – “Therapeutic Hypothermia Post-Cardiac Arrest” National Teaching Institute for American Association of Critical-Care Nurses, Chicago, Ill., May 6, 2008.
We have tried to be as accurate as possible in this listing of nurses’ accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.

Wendy George, H4200; Barb Unger, CV Administration; Sue Sendelbach, nurse researcher; Michael Mooney, MD; and Pam Rush, Quality Management – “Induced Hypothermia in the Post-Arrest Patient” University of Minnesota School of Nursing Research Day, April 11, 2008.

Brian Goodroad and Edwin DeJesus, MD, International Disease and Travel Clinic – Presented at the Association of Nurses in AIDS Care National Conference. Tucson, Ariz., Nov. 8, 2008.


Cynthia Hanson-Scott, E4100 – Presented at the Allina Frontline Nursing Leadership Forum


Peggy Hoeft and Anita Anthony, H4200 – “Intermediate EKG” Allina Commons, April 6 and Nov. 8, 2008.


Kerstin McSteen, Hospital-wide consultation service; Maggie O’Connor, MD; and Bill Axness – “Palliative Care: Best Practice for Advanced Illness.” Allina Commons, Sept. 29, 2008.

Brian Meltzer, H4200 – “Hemodynamics.” Abbott Northwestern Hospital, presented throughout the year.


Sarah Pangarakis, Critical Care – “Point/ Counterpoint: Gastric vs. post pyloric tube feeding placement.” American Association of Critical-Care Nurses Crossroads, St. Louis Park, Minn., Nov. 8, 2008.

Bridget Parks and Emily Anderson, H4200 – Presented at the summer intern pull-out day. Abbott Northwestern Hospital, June 23, 2008.


Published Articles


We have tried to be as accurate as possible in this listing of nurses’ accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.

Research Projects

*This is a list of research projects ongoing in 2008.

**Carol Anderson**, H4200 – Nursing rounds/pressure ulcers

**Laura Angell**, H5000 – Hand hygiene

**Abby Bathke**, PB2000 – Anxiety Management in Ventilated Patients

**Carrie Bengston**, H4100 – HOB height for tube feedings

**Cheryl Bond**, H4100 – Anxiety Reduction in the Ventilated Patient

**Meghan Davitt**, E3100/W3500 - Are thigh high graduated compression stockings (GCS) the best method for the prevention of blood clots in the lower extremities?

**Mary Fracchia**, Nursing Administration – Is ginger effective and safe for treating nausea?

**Brian Goodroad**, International Disease and Travel Clinic – Integrating HIV-related evidence-based renal care guidelines into adult HIV clinics

**Cindy Gustafson**, Main OR – Preop/Postop – Temperature measurement in patients undergoing colorectal and gynecologic surgery: a comparison of esophageal core, temporal artery and oral methods

**Kristi Hartway**, W5500/6300 – Development of an Inpatient Lactation Program

**Linda Isenberg**, W5500/6300 – Paternal satisfaction/attachment through early caregiving activities

**Aanna Johannes**, SK3700 – Team COOL, looking at obesity in adolescents attending alternative high schools

**Donna Johnson**, Main OR – Preop/Postop - Temperature measurement in patients undergoing colorectal and gynecologic surgery: a comparison of esophageal core, temporal artery and oral methods

**Mary Ellen Kinney**, Penny George Institute for Health & Healing – Transformative Nurse Training application study

Jennifer Koomen, MHI Clinic – Genetic Arrhythmia Center

Mimi Lindell, Penny George Institute for Health & Healing – Transformative Nurse Training application study

Donna Lindsay, Neuroscience Administration – Sleep apnea

Carol Machemer, Main OR – Preop/Postop – Temperature measurement in patients undergoing colorectal and gynecologic surgery: a comparison of esophageal core, temporal artery and oral methods

Eglia Maiyo, H4200 – Use of geriatric depression scale in older patients

Anita Matos, H4200 – Graduate thesis: What are clients’ perceptions of their interactions with parish nurses

Sarah Pangarakis, Critical Care – End Tidal CO2 Monitoring with Neurologically Compromised Ventilated Patients

Danielle LaPage Rausch, Nursing Administration – Reducing 1:1 attendants through psychiatric liaison nursing

Debra Smith, Penny George Institute for Health & Healing – Transformative Nurse Training application study

Faith Zwirchitz, PB2000 – Best Practices for End of Life Discussions in Assisted Living Facilities

Grants

**Jody Beck**, H8000 – Faith Community Nurse Network of the Twin Cities, the Minneapolis Jewish Federation, the Department of Human Services and the Federal Administration on Aging

**Cindy Gustafson**, Main OR – Preop/Postop – Minnesota Nurses Association Foundation and American Society of PeriAnesthesia Nurses study grants

**Rebecca Hansen**, Med/Surg - Abbott Northwestern Hospital Sister Kenny Auxiliary Grant, Blanket warmers on E3100/W3500

**Jayson King**, Penny George Institute for Health and Healing, Abbott Northwestern Hospital Sister Kenny Auxiliary Legacy Grant for inpatient art care supplies

**Cassandra Knuth**, E3000 – Abbott Northwestern Hospital Sister Kenny Auxiliary Grant, Patient sleeper chairs

**Carol Machemer**, Main OR – Preop/Postop – American Society of PeriAnesthesia Nurses, Temperature study research

**Jane Otte**, Mental Health Services – Abbott Northwestern Hospital Sister Kenny Auxiliary Grant, Funds for de-escalation materials

**Nancy Reiners**, OB Homecare – Abbott Northwestern Hospital Foundation, Establish childbirth class for Somali families delivering at Abbott Northwestern

**Diane Wenninger**, E4000 – Parish nurse grant to begin Befrienders Ministry at church

**Serena Willey**, SK4700 – Minnesota Nurses Association Sarah Colvin Scholarship

**Faith Zwirchitz**, PB2000 – Minnesota Nurses Association Foundation Graduate Degree Research Grant

Professional Organizations

**Carol Anderson**, H4200 – American Association of Critical-Care Nurses (AACN)

**Fern Anderson**, H4000 – American Association of Critical-Care Nurses (AACN)

**Jamie Anderson**, Surgical Services – CNOR-Perioperative Nursing Practice

**Laura Angell**, H5000 – Sigma Theta Tau

**Anita Anthony**, Heart Hospital – American Association Critical-Care Nurses (AACN); National Association of Clinical Nurse Specialists (NACNS); Sigma Theta Tau

**Susan Arnold**, Penny George Institute for Health & Healing – Minnesota Holistic Nurses Association; American Holistic Nurses Association

**Jayme Bawdon**, E4100 – National League of Nursing

**Emily Benson**, H5000 – Sigma Theta Tau, Chi Chapter

**Carrie Bengston**, H4100 – American Association of Critical-Care Nurses (AACN); Sigma Theta Tau

**Bonnie Sue Bennett**, MHI Clinic – American Radiology Nursing Association

**Jean Berquist**, Float Pool – American Association of Critical-Care Nurses

**Cristin Betzold**, E3000 – Oncology Nursing Society

**Anne Binczik**, H7200/8200 – National Association of Orthopaedic Nurses (NAON); Minnesota Nurses Association delegate

**Laura Bloomquist**, H4200 – American Association of Critical-Care Nurses (AACN)

**Cheryl Bond**, H4100 – Sigma Theta Tau; American Association of Critical-Care Nurses
We have tried to be as accurate as possible in this listing of nurses' accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.

Betsy Brandes, W5500/6300 – Sigma Theta Tau
Jill Breitkreutz, WS400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); Sigma Theta Tau
Molly Brusman, SK3700 – Sigma Theta Tau
Jennifer Bush, W5500/6300 – Sigma Theta Tau; American Nurses Association
Susan Campbell, W5500/6300 – International Lactation Consultant Association (ILCA)
Catherine Caron, Center for Advanced Endoscopy – Society of Gastroenterology Nurses and Associates, Inc.
Susan Carroll, SK4700 – American Psychiatric Nurses Association (APNA)
Joyce Critsen, W5500/6300 – Sigma Theta Tau
Emily Conrad, H4200 – American Association of Critical-Care Nurses
Jennifer Daniels, H4100 – American Association of Critical-Care Nurses (AACN); Sigma Theta Tau International
Stephanie Davis, SK3900/4800 – American Psychiatric Nurses Association (APNA)
Lynda Day, SK3900/4800 – Sigma Theta Tau
Joy Decker, H7200/8200 – National Association of Orthopaedic Nurses (NAON)
Geraldine Dooley, H4100 – American Association of Critical-Care Nurses (AACN)
Maggie Dukinfield, H4200 – American Association of Critical-Care Nurses (AACN)
Jill Ell, SK3700 – American Psychiatric Nurses Association
Angela Escobar, Main OR – Association of peri-Operative Registered Nurses (AORN)
Diane Evenson, H8000 – American Association of Neuroscience Nurses (AANN)
Sarah Farthing, MCA-MSC – Sigma Theta Tau; American Academy of Nurse Practitioners (AANP)
Ann Foran, Main OR – Preop/Postop – American Association of Critical-Care Nurses (AACN); American Society of PeriAnesthesia Nurses (ASPAN)
Jane Buyse Fox, Main OR – Association of peri-Operative Registered Nurses (AORN)
Alice Marie Frederick, IH100 – American Association of Critical-Care Nurses (AACN)
Heather Garth, E3000 – Oncology Nursing Society; National Association of Clinical Nurse Specialists (NACNS); Sigma Theta Tau
Damon Gates, H4200 – American Association of Critical-Care Nurses (AACN)
Miranda George, H4000 – American Holistic Nursing Association (AHNA)
Wendy George, H4200 – American Association of Critical-Care Nurses (AACN); Greater Twin Cities Chapter-AAACN
Brian Goodroad, International Disease and Travel Clinic – American Academy of Nurse Practitioners (AANP); Association of Nurses in AIDS Care
Daniel Greene, PB2000 – American Association of Critical-Care Nurses (AACN)
Holly Grays, W5400 – Sigma Theta Tau
Peggy Hoef, H4200 – American Association of Critical-Care Nurses (AACN)
Anna Hogan, Neuroscience Clinic – American Association of Neuroscience Nurses (AANN), National Chapter & Twin Cities Chapter; American Stroke Association
Rebecca Hokanson, PB2000 – Sigma Theta Tau
Mary Hoyt, WomenCare Administration – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); Minnesota Organization of Leaders in Nursing (MOLN)
Mary Hoversten, E3000 – Oncology Nursing Society
Sarah Huffman, W6400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
Robin Hugo, E3000 – Oncology Nursing Society

Cindy Gustafson, Main OR – Preop/Postop – American Society of PeriAnesthesia Nurses (ASPAN)
Judy Hagen, CV OR – Association of peri-Operative Registered Nurses (AORN)
Cheryl Haima, CV OR – Association of peri-Operative Registered Nurses (AORN)
Rebecca Hansen, Med/Surg – Minnesota Organization of Leaders in Nursing (MOLN)
Tracy Harms, H8000 – American Association of Neuroscience Nurses (AANN)
Cynthia Harris, H8000 – American Association of Neuroscience Nurses (AANN); National Nursing Staff Development Organization (NNSDO)
Kristi Hartway, WS500/6300 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
Janet Havens, SK3900/4800 – Sigma Theta Tau
Katie Hellickson, IH100 – American Association of Critical-Care Nurses (AACN)
Lora Huston, Main OR – Association of peri-Operative Registered Nurses (AORN)
Joanne Jacobsen, Main OR – Association of peri-Operative Registered Nurses (AORN)
Lynn Jenson, Wound/Ostomy Clinic – Wound, Ostomy and Continence Nurse Society (WOCN)
Kyla Joerger, E3000 – Oncology Nursing Society
Aanna Johannes, SK3700 – Sigma Theta Tau; Minnesota Research Society
Diane C. Johnson, Patient Placement – United American Nurses
Donna Johnson, Main OR – Preop/Postop – American Society of PeriAnesthesia Nurses (ASPAN)
Leslie Johnson, Main OR – Association of peri-Operative Registered Nurses (AORN)
Valerie Johnson, SK3700 – Sigma Theta Tau
Carrie Goffin Johnson, H5000 – American Association of Critical-Care Nurses (AACN)
Kathleen Juul, Perinatal – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Pamela Kalthoff, H4200 – American Association of Critical-Care Nurses (AACN)

 Roxanne Kelly, E4000 – Sigma Theta Tau International

Kathryn Kerber, Penny George Institute for Health & Healing – Sigma Theta Tau; American Holistic Nursing Association; Healing Touch International

Mary Kiely, H7000 – National Association of Orthopaedic Nurses (NAON)

E. Paige King, H4200 – Sigma Theta Tau

Jayson King, Penny George Institute for Health and Healing – American Holistic Nursing Association (AHNA); American Massage Therapy Association (AMTA)

Mary Ellen Kinney, Penny George Institute for Health & Healing – American Holistic Nursing Association

Carrie Kitner, MHI Outpatient Clinic – American Association of Critical-Care Nurses (AACN)

Cassandra Knuth, E3000 – Oncology Nursing Society; Metro Minnesota Oncology Nursing Society

Jodi Kloss, W6400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Katheren Koehn, H7000 – South Dakota Nurses Association; American Association for the History of Nursing

Kimberly Kopitzke, Emergency Department – Sigma Theta Tau International

Susan Starr Kremer, Infusion Center – Oncology Nursing Society

Denise Kukiela, H8000 – American Association of Neuroscience Nurses (AANN); Navy Nurse Corps

Tony LaCroix-Dalluhn, Emergency Department – Emergency Nurses Association (ENA)

Linda Larson, Quality & Patient Safety – American Psychiatric Nurses Association (APNA)

Theresa Las-Peters, W5-400 – American Nurses Association

Nancy Lash, Emergency Department – Emergency Nurses Association (ENA)

Mimi Lindell, Penny George Institute for Health & Healing – American Holistic Nursing Association (AHNA)

Donna Lindsay, Neuroscience Administration – American Association of Critical-Care Nurses (AACN); American Association of Neuroscience Nurses (AANN); National Association of Clinical Nurse Specialists (NACNS)

Terrell Lucius, WomenCare – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Carol Machemer, Main OR – Preop/Postop – American Society of PeriAnesthesia Nurses (ASPAN)

Kari Maland, Main OR – Association of peri-Operative Registered Nurses (AORN)

Elizabeth Malinao, Float Pool – Philippine Nurses Association of Minnesota

Kate McDearmon, W5-400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Kerstin McSteen, hospital-wide consultation service – Hospice and Palliative Nurses Association (HPNA); Sigma Theta Tau; National Association of Clinical Nurse Specialists

Mary Meester, W6-400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); Sigma Theta Tau

Judy Melinat, E3-000 – Holistic Nursing Association

Brian Meltzer, H4-200 – American Association of Critical-Care Nurses (AACN)

Jeanine Metzdorff, H4-200 – American Association of Critical-Care Nurses (AACN); Third District Nursing Association

Angela Miller, E3100/W3-500 – Sigma Theta Tau

Robin Moede, E4-000 – Sigma Theta Tau

Katie Molitor, W6400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Tonya Montesinos, Nursing Administration – Sigma Theta Tau; National Nursing Staff Development Organization (NNSDO)

Kristen Moore, Nursing Administration – National Nursing Staff Development Organization (NNSDO); Sigma Theta Tau

Susan Murray, SK4700 – American Nurses Association

Jennifer Neitzel, H7-200/8-200 – National Association of Clinical Nurse Specialists (NACNS); National Association of Orthopaedic Nurses (NAON); Sigma Theta Tau, Zeta Chapter

Geri Nerby, H8-000 – American Association of Neuroscience Nurses

Katie Nichols, H4-200 – American Association of Critical-Care Nurses (AACN)

Ogbo Nwigrwe, SK3900/4800 – Nursing and Midwifery Council of Nigeria

Carol Olson, IV Team – Association for Vascular Access (AVA); Infusion Nurses Society (INS)

David Olson, Emergency Department – Emergency Nurses Association (ENA)

Janine Olson, H5-000 – American Association of Critical-Care Nurses (AACN); Greater Twin Cities Nurses Association

Jane Otte, Mental Health Services – American Psychiatric Nurses Association (APNA)

Shannon Owens, E3000 – Oncology Nursing Society; Sigma Theta Tau

Sarah Pangarakis, Critical Care – American Association of Critical-Care Nurses (AACN); National Association of Clinical Nurse Specialists (NACNS)

Bridget Parks, H4-200 – American Association of Critical-Care Nurses (AACN)

Jack Peiter, Float Pool – American Association of Neuroscience Nurses (AANN); American Association Critical-Care Nurses (AACN)

Megan Pfeifer, H4-200 – Sigma Theta Tau

Muriel Philipp, SK4700 – Sigma Theta Tau

Judith Piotrowski, OB Homecare – International Lactation Consultation Association (ILCA)

Nicole Polanco, Float Pool – Sigma Theta Tau

Pat Rasmussen, H4-200 – American Association of Critical-Care Nurses (AACN)

Nancy Reiners, OB Homecare – Sigma Theta Tau; Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Sharon Reuter, E3100/W3-500 – Academy of Medical-Surgical Nursing (AMSN)

Pam Richardson, H4-100 – American Association of Critical-Care Nurses (AACN)

Linda Rifenberic, Main OR – Preop/Postop – National Association of Orthopaedic Nurses (NAON)

Susan Robinson, Nursing Administration – NNSDO; Sigma Theta Tau

Kim Sames, H4-100 – American Association of Critical-Care Nurses (AACN)

Andrea Sanders, Main OR – Association of peri-Operative Registered Nurses (AORN)

Jillian Schmitz, H8-000 – Sigma Theta Tau

Susan Schneiderhan, SK3900/4800 – Third District Nurses

Deanne Schwarke, Mental Health Services – American Psychiatric Nurses Association (APNA)

Sue Sendelbach, clinical nurse researcher – president, National Association of Clinical Nurse Specialists; ANA – Congress on Nursing Practice and Economics.

Alida Seningen, E3000 – Oncology Nursing Society

Peggy Severson, Main OR – Preop/Postop – American Association of Critical-Care Nurses (AACN)

Diane Shoemaker, MHI Clinic – Preventive Cardiovascular Nurses Association (PCNA)

Diana Simonpieri, OB Homecare – American College of Nurse Midwives (ACNM)

Anne Sioco, HS-200 – Progressive Care Certified Nurses (PCCN)

Debra Smith, Penny George Institute for Health & Healing – American Holistic Nursing Association (AHNA); Minnesota Holistic Nurses Association
K. LaShel Solberg, W6500 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Laurie Sorensen, H7200/8200 – National Association of Orthopaedic Nurses (NAON)

Tami Steichen, Main OR – Association of peri-Operative Registered Nurses (AORN)

Lynn Stoneberg, H5200 – Sigma Theta Tau, Delta Phi Chapter

Heidi Streed, Main OR – Association of peri-Operative Registered Nurses (AORN)

Tami Steichen, Association of Orthopaedic Nurses (NAON)

Laurie Sorensen, H7200/8200 – National Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Jan Ubiera, H5000 – American Association of Critical-Care Nurses (AACN); Emergency Nurses Association (ENA)

Joan Thomas, Infusion Center – Oncology Nursing Society

Jone Tiffany, W6400 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); International Nursing Association in Clinical Simulation; Sigma Theta Tau International

Mary Trygestad, OB Homecare – Association of Vascular Access, Minnesota Chapter

Jan Ubiera, H5000 – Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Mary Ann Vertin, E3000 – Oncology Nursing Society

Sarah Walker, CV Nursing Administration – American Association of Critical-Care Nurses (AACN)

Kelley Wardell, E3100/W3500 – Sigma Theta Tau

Kimberly Webster, Center for Advanced Endoscopy – Society of Gastroenterology Nurses and Associates, Inc.

Linda Wiltfang, Infusion Center – Oncology Nursing Society

Lori Winters, H7000 – Third District Nurses MNA; National Nurses in Staff Development; National Association of Orthopaedic Nurses (NAON)

Carla Wolterstorff, Telemetry – Greater Twin Cities Area Chapter – American Association of Critical-Care Nurses; AACN; American Association of Heart Failure Nurses (AAHFN)

Deb Wood, International Disease and Travel Clinic – United American Nurses Association

Diana Young, E4000 – Society of Otorhinolaryngology and Head-Neck Nurses (SOHN)

Faith Zwirchitz, PB2000 – American Association of Critical-Care Nurses (AACN)

Leadership Positions

Anita Anthony, clinical nurse specialist – Research chairperson, Greater Twin Cities Area Chapter of American Association of Critical-Care Nurses

Susan Arnold, Penny George Institute for Health & Healing – Governing Council, Minnesota Holistic Nurses Association

Jody Beck, H8000 – Congregational nurse, Temple Israel

Emily Benson, H5000 – Board member, Sigma Theta Tau – Chi Chapter

Anne Binczik, H7200/8200 – Delegate, Minnesota Nurses Association

Cheryl Bond, H4100 – Chapter president, Greater Twin Cities Area Chapter of the American Association of Critical-Care Nurses

Jennifer Daniels, H4100 – Big sister, University of Wisconsin-Madison

JoEllen Evavold, H4200 – Flight nurse, Minnesota Air National Guard

Kristi Hartway, W5500/6300 – Legislator coordinator, Minnesota Chapter of Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

Sarah Huffman, W6400 – OB Resource nurse, Regina Medical Center

Diane C. Johnson, Patient Placement – Secretary, Minnesota Nurses Association

Katheren Koehn, H7000 – Co-chairperson of the Governing Council of Pathways to Excellence, American Nurses Credentialing Center; Practice Commission, American Nurses Association

Denise Kukiela, H8000 – Lieutenant Commander, United States Navy

Nancy Lash, Emergency Department – Charter representative, Emergency Nurses Association

Donna Lindsay, Neuroscience – Board member, Minnesota Stroke Association; Immediate past president, American Association of Neuroscience Nurses (AANN)

Elizabeth Malinao, Float Pool – Board member, Philippine Nurses Association of Minnesota

Kerstin McSteen, hospital-wide consultation service – President, National Board for Certification of Hospice & Palliative Nurses (NBCHPN)

Robin Moede, E4000 – Chair of Legislative Committee, 4th District Minnesota Nurses Association; Chairperson of Cultural Diversity Task Force, Minnesota Nurses Association

Carol Olson, IV Team – Vice president, Minnivan: Regional AVA Network

Muriel Philipp, SK4700 – Vice president, Chi-at-Large Sigma Theta Tau

Jone Tiffany, W6400 – Assistant Professor of Nursing, College of St. Catherine

Carla Wolterstorff, Telemetry – Membership-elect (Board of Directors), Greater Twin Cities Area Chapter-AACN

Deb Wood, International Disease and Travel Clinic – Commissioner of Governmental Affairs, Minnesota Nurses Association; Bylaws chairperson – Minnesota Nurses Association
We have tried to be as accurate as possible in this listing of nurses’ accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.
Wendy George, H4200 – CCRN-Adult Critical-Care
Shirley Gilbert, W6400 – NCC
Janice Ginn, W5400 – NCC-Inpatient Obstetric Nursing
David Glanzer, Infectious Disease & Travel Clinic – ACRN-AIDS Certified Nurse
Susan Gorg, E3100 – ANCC-Pain Management; ANCC-Medical-Surgical
Michael Grams, MCA Pacer/ICD – International Board of Heart Rhythm Examiners
Susan Gray, E3000 – ONCC- Oncology Certified Nurse
Amanda Greene, MCA Midlevel Providers – ANCC-Family Nurse Practitioner
Diane Griffin, Special Care Nursery – International Association of Infant Massage
Amy Glubka, MCA Pacer/ICD
Jennifer Gurska, Sister Kenny Rehabilitation Associates – CRNN-Rehabilitation RN
Judith Hagen, CV OR – CNOR- Perioperative Nursing Practice
Victoria Hall, H8000 – ANCC-Gerontological
Jennifer Hanson, PACU/POCC – Adult CCRN
Cynthia Harris, H8000 – ANCC-Nursing Professional Development
Kristie Hartway, WomenCare Administration – ANCC-Clinical Specialist in Community Health
Kay Hastings, OB Homecare – Adult CCRN
Pamela Hawkkinson, H7200/8200 – ONCC- Oncology Certified Nurse
Pamela Hayes, E3000 – ONCC-Oncology Certified Nurse
Tara Helfritz, MCA Nursing Services – ANCC-Acute Care Nurse Practitioner
Elizabeth Heikes, PB2000 – Certified Medical-Surgical Registered Nurse (CMSRN)
Kathryn Henry, Maternal Assessment Center – NCC-Inpatient Obstetric Nursing
Jennifer Hensel, E4000 – ANCC-Medical-Surgical
Teri Herron, Sister Kenny Admissions – CRRN
Barbara Heuer, Kidney Acquisition – ABTC-Clinical Transplant Coordinator
Melissa Hoag, VPCI Clinical Research – ONCC- Oncology Certified Nurse
Frances Hoffman, Heart Transplant – ABTC-Clinical Transplant Coordinator
Mari Holt, WomenCare Administration – ANCC-Nursing Professional Development
Christina Hotger, MCA Nursing Services – ANCC- Cardiac Vascular Nurse
Catherine Ann Houda, H4000 – ANCC-Nursing Administration
Robin Hugo, E3000 – ONCC-Oncology Certified Nurse
Beverly Hull, Emergency Department/CDART – BCEN-Certified Emergency Nurse
Roslyn Hunke, E4000 – ANCC-Medical-Surgical Nurse; CRN
Elizabeth Hunt, MCA Midlevel Providers – ANCC-Family Nurse Practitioner
Linda Irmen, Wound Clinic – WOCNCB-Wound, Ostomy & Continence Nursing; CWCN
Joanne Jacobsen, Surgical Services – CNOR
Lisa James, PEI – CNOR-Sterile Processing & Distribution
Kristeen Jensen, Outpatient Diabetes Services – Certified Diabetes Educator
Kyla Joerger, E3000 – ANCC-Nursing Professional Development
Anita Johnson, Patient Placement – CRRN-Adult Critical-Care
Dianne Johnson, Radiation Oncology – ONCC- Oncology Certified Nurse
Donna Johnson, PACU/Phase II – ANCC-Nursing Professional Development
JoAnn Johnson, Special Care Nursery – IBCLC; NCC-Low Risk Neonatal Nursing
Leslie Johnson, Surgical Services – CNOR
Margaret Johnson, ASC-Pass-Through – CNOR- Perioperative Nursing Practice
Rochelle Johnson, W6300 – NCC-Maternal Newborn Nurse
Glenn Donald Johnston, CV Lab – CCRN
Anne Jones, Surgical Services – ANCC-Nurse Executive
Janine Jungbauer, H8000 – ACRN
Marcia Justic, Mental Health Services – ANCC-Adult Psychiatric & Mental Health Nurse
Kathleen Juul, High Risk Perinatal – NCC-Inpatient Obstetric Nursing
Mary Kalb, Admission/Discharge Center – Adult CCRN
Pamela Kalthoff, H4200 – CCRN-Adult Critical-Care
Kristine Kemp, H7000 – CRRN
Kathryn Kerber, Integrative Medicine – AHNC-Specialty Care; AHNC-Holistic Medicine
Michael Keyes, H8000 – CRNP
Mary Kiely, H7000 – Orthopedic Nurse Certification
Dawn Kiffmeyer, MCA Pacer/ICD – Cardiac Pacing
Tamera Kight, H4200 – CRNN-Adult Critical-Care
Jayson King, Penny George Institute for Health & Healing – AHNC-Cardiac Pacing & Defibrillation
Mary Kinney, Penny George Institute for Health & Healing – AHNC-Advanced Holistic
Christopher Kissell, Emergency Department/CDART – Hazardous Waste Operations and Emergency Response
Kathleen Klaudie, MCA Midlevel Providers – ANCC-Adult Nurse Practitioner
Cassandra Knuth, E3000 – ONCC-Oncology Certified Nurse
Renee Koemptgen, Mental Health Services – ANCC-Adult Psychiatric & Mental Health Nurse
Jennifer Koomen, MCA Pacer/ICD – Cardiac Pacing
Jody Krou, Maternal Assessment Center – NCC-Inpatient Obstetric Nursing
Kim Kuffel, E3000 – CHPN
Sara LaCoco, H7000 – ANCC-Pain Management
Tony LaCroix-Dalluhn, Emergency Department – Certified Emergency Nurse
Tamara Langeberg, MCA Nursing Services – ANCC-Family Nurse Practitioner
Deborah Lantz, W6400 – Certified Emergency Nurse
Danielle LaPage, Mental Health Services Administration – ANCC-Psychiatric & Mental Health Nurse

We have tried to be as accurate as possible in this listing of nurses’ accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.
We have tried to be as accurate as possible in this listing of nurses’ accomplishments. To correct errors or omissions, please e-mail them to dawn.tucker@allina.com.
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Abbott Northwestern and its Medical Staff are dedicated to providing outstanding care and service to patients and their families.

Abbott Northwestern Hospital is the largest not-for-profit hospital in the Twin Cities area, with 633 available beds and 65 bassinets. Each year, the hospital provides comprehensive health care for more than 200,000 patients and their families from the Twin Cities area and throughout the Upper Midwest. More than 5,000 employees, 1,600 physicians and 550 volunteers work as a team for the benefit of each patient served.

Abbott Northwestern Hospital is a part of Allina Hospitals & Clinics, a family of hospitals, clinics and care services in Minnesota and Western Wisconsin.

For more than 125 years, Abbott Northwestern has had a reputation for quality services. The hospital is well known for its centers of excellence:

- cardiovascular services in partnership with the Minneapolis Heart Institute®
- Mental Health Services
- medical/surgical services
- Neuroscience Institute
- Orthopaedic Institute
- physical rehabilitation through the Sister Kenny Rehabilitation Institute
- Spine Institute
- Virginia Piper Cancer Institute™
- perinatology, obstetrics and gynecology through WomenCare.

Abbott Northwestern and its Medical Staff are dedicated to providing outstanding care and service to patients and their families. We’re proud of what we offer the community: exceptional physicians, nurses and support staff; a commitment to research, education and outcomes; a foundation of clinical partnerships that span the region; and a cultural enthusiasm for growth and improvement. Brought together in one institution, these factors create an energetic and sophisticated environment that inspires caregivers to collaborate in new ways for the benefit of patients.

Our passion for finding new and better approaches to care drives extensive research efforts in clinical areas across the hospital. This ensures that new treatment advances benefit patients as quickly as possible, supports a dynamic environment for medical and nursing education, and is the catalyst for our outcomes measurement program.
To Admit a Patient to Abbott Northwestern Hospital

Physician-to-Physician Program
1-800-828-8900. Available 24 hours a day, seven days a week.
One number access to:
• telephone and telemedicine consultations
• hospital admissions and specialist appointments
• transportation to Abbott Northwestern Hospital and affiliated physician clinics
• the Hospitalist Program
• specialty services that might not be available in your community.

Emergency Department-to-Emergency Department (ED to ED)
For urgent consultation and transfer assistance call 612-863-4233.
This program includes:
• ED to ED transfers
• ED-facilitated direct admissions
• ED physician triage and consultation

Minneapolis Heart Institute® at Abbott Northwestern
For referring physicians, we offer:
• one of the largest cardiology outreach and mobile diagnostic programs in the US, with regular cardiology consultations in more than 30 communities across Minnesota and the Upper Midwest
• physician follow-up with primary care or referring physicians to help them ensure patients are receiving a continuum of quality care before, during and after their experience with the Minneapolis Heart Institute®.

To learn more about Abbott Northwestern Hospital, visit www.abbottnorthwestern.com or call 612-863-4000.
In Appreciation

Our sincere thanks go to the Abbott Northwestern Hospital Foundation for its support of Abbott Northwestern’s Outcomes Institute and the production of this Overview and Outcomes Report. The commitment of the Foundation and Abbott Northwestern’s generous donors to improving patient care through these efforts is greatly appreciated.