# Table of Contents

## About Memorial Hospital and Health Care Center
- More About Us .................................................. Pg. 4
- Nursing’s Mission, Vision, and Values .................. Pg. 5
- 2017 Nursing by Degrees ................................ Pg. 5
- Message from the CNO ........................................ Pg. 6

## Transformational Leadership
- Memorial Health St. Charles ............................. Pg. 7-8
- ATHENA Award .............................................. Pg. 9
- Skilled Caring Center Relocation ....................... Pg. 9-10
- Telemedicine ................................................ Pg. 10-11

## Structural Empowerment
- Nursing Scholarships ....................................... Pg. 12
- DAISY Awards ................................................ Pg. 13
- Little Company of Mary Award ......................... Pg. 14
- Shared Governance Expansion ......................... Pg. 14
- Nursing Clinical Ladder ................................ Pg. 15-17
TABLE OF CONTENTS

**Exemplary Professional Practice**
- Activity Blankets ...................................... Pg. 19-20
- Nursing Practice Council .......................... Pg. 20-21
- Joint Certification ........................................ Pg. 21
- Skilled Caring Center Falls ....................... Pg. 22
- C-Difficile and Light Use .............................. Pg. 23

**New Knowledge, Innovations, and Improvements**
- Midlines .................................................. Pg. 24-25
- Delirium Research ...................................... Pg. 26-27
- Poster Fair ................................................ Pg. 27
- Sharing Our Knowledge .............................. Pg. 28-31
For 65 years, the staff at Memorial Hospital and Health Care Center (MHHCC) have worked to provide the local area with excellent health care services. Based in Jasper, Indiana and sponsored by the Sisters of the Little Company of Mary, Memorial Hospital has grown to include more than 30 specialties with approximately 100 Active Medical Staff in 33 health care centers in seven counties. Memorial Hospital employs more than 1,700 people and provides medical care for 6,600 inpatients, 254,000 outpatients, and 29,000 emergency department visits annually. Nearly 950 babies are born at Memorial Hospital each year.

Memorial Hospital offers a comprehensive range of acute medical services in a modern 137-bed facility. The hospital complex, located on 15 acres between 9th Street and 13th Street in Jasper, has nearly 500,000 square feet under roof including a five-story medical facility, the seven-level LCM Tower, a medical arts building, and several other office buildings.

Our focus on quality patient care has achieved national recognition for Memorial Hospital. We have been named among the top 5% in the nation for outstanding patient experience for the last seven years according to Healthgrades®. We have earned a double 5-Star Rating – 5 Stars in HCAHPS and 5 Stars in Overall Hospital Quality. We have also received the Platinum: Top Honor Award in 2016 from The Partnership for Excellence, a regional Baldrige organization.
Nursing’s Mission, Vision, and Values

**Mission**
Provide evidence-based, patient-centered compassionate care through faith, collaboration, and advocacy.

**Vision**
Empowerment and commitment advance nursing practice by providing patient-centered, compassionate care to our communities.

**Core Values**
Respect for Human Dignity
Compassionate Caring
Stewardship
Quality
Justice

---

**2017 Nursing by Degree**

- Licensed Practical Nurse: 6.5%
- Associate of Science in Nursing/Diploma: 39.3%
- Bachelor of Science in Nursing: 36.5%
- Master of Science in Nursing: 0.3%
- Nurse Practitioner: 2.6%
- Certified Registered Nurse Anesthetist: 4.1%
- Doctorate of Nursing Practice: 10.6%
Welcome to the Memorial Hospital and Health Care Center 2017 Nursing Annual Report, our inaugural edition. We are quite excited to share all the wonderful things that Memorial Nurses have been doing in the last year.

We have seen a steady increase in the numbers of RNs with a BSN or higher degree. When we started tracking this measure, we were at 29% BSN. We ended 2017 at 59.2% of our RNs having a BSN or higher degree. You can see the breakdown on page 5 of this report, a testament to the determination of our nurses and their dedication to their patients. Page 7 includes a story about our newest Advance Practice Nurse-led clinic, a strategic initiative of the organization to improve access to health care in our community.

We have continued to utilize the Daisy Award program to recognize our exceptional nurses, and our nurses have continued to recognize those non-nurse co-workers who help us provide excellent care through our partner program, the Gardener Award. You will find all our Daisy Award recipients on page 13.

Shared governance has continued to be alive and well here at MHHCC. In 2017, we saw an expansion of shared governance to include our APRNs, Medical Practice Management, Endoscopy, Surgery Care/Outpatient Center and Surgery/PACU.

We are proud to highlight the Nurses who achieved Level III and IV on our Nursing Clinical Ladder on page 15. And finally, we are proud of the work our nurses are doing to positively impact our patients and the communities we serve. Many of them have shared their research findings at local, regional and national conferences.

I hope you enjoy reading about the excellent work being done here at MHHCC by our outstanding nursing workforce. I certainly enjoy working with them every day as we continue on the organizational Journey to Excellence and our Nursing Magnet Journey.
Transformational Leadership

Transformational leaders develop a strong vision and advocate for the patients and staff. The nursing Mission, Vision, and Values align with the organization’s Mission, Vision, and Core Values, as well as the strategic plan. All nursing leaders effectively lead change throughout the organization.

Memorial Health St. Charles

Meeting the needs of those we serve is what we, as nurses, are always ready to do. When access to health care was identified as a unmet need for our patients, MHHCC got to work. A team was formed to create a new nurse-led clinic to address this access to health care issue. Memorial Health St. Charles is a clinic operated by two Advanced Practice Nurse Practitioners (APRN): Jessica Zehr, NP-C and Wendy Mote, NP-C. Memorial Health St. Charles was opened on February 27, 2017, to meet the needs of our community. Since they opened their doors in February, they have had over 5,000 patient visits! They provide services such as illness visits, well child checks, allergy shots, chronic disease management, education, and disease prevention. MHHCC had a significant decrease in the percentage of patients calling seeking a primary or family provider in just the first three months of being open.
The APRN’s unique focus on patient education and disease prevention contributed to an overall decrease in readmissions for the organization. In Quarter 4 of 2016, the All-Cause readmission rate was 6.8%. A decline in readmission rates was present through all 2017, and in Quarter 3 of 2017, the All-Cause readmission rate was 5.9%. Since the clinic opened, there has been a reduction not only in the All-Cause readmission rates, but also in COPD and psychiatric readmissions rates.
Tonya Heim Receives ATHENA Award

Tonya Heim, Vice President of Patient Services and Chief Nursing Officer, was named the Rotary Club’s 2017 recipient for the ATHENA International Leadership Award on August 24, 2017. ATHENA International is a nonprofit organization dedicated to the support, development and honor of female leaders. Tonya is the sixth recipient of the local award. Being selected as the 2017 recipient, the Rotary Club of Jasper donated half of the proceeds from the ATHENA Award banquet to Tonya’s charity of choice, Girls on the Run serving Dubois County. The vision of Girls on the Run is “we envision a world where every girl knows and activates her limitless potential and is free to boldly pursue her dreams.”

Congratulations, Tonya!

Skilled Caring Center Relocates

It was a long anticipated move and on December 14, 2017 it happened! The Skilled Caring Center (SCC) relocated from Level 5 of the Barrett building to Level 3, next to Inpatient Rehab Center (IRC). The SCC unit has 14 beds, and patients can now recover in their own spacious, private rooms. This move has been in the planning stages for years and has been overseen by Cheryl Welp, MSN, RN, HFA, NE-BC, Director of Post-Acute Services. Her vision, patience, and perseverance have made this move possible.

Staff provided input along the way, and staff’s voices and needs were heard by leadership. Staff and patients are now able to enjoy more space, which allows for improved processes. The unit overall has a reduced noise level, which promotes healing for the patients.
Skilled Caring Center Relocates (Continued)

With this move, SCC and IRC changed their staffing grid to accommodate the patient’s and staff’s needs of the units. They now staff as one unit using a combined staffing model, and this has improved staffing efficiency for both departments. Staff on each unit completed training and environment of care competencies for the other unit. Now with the two units on the same floor, an experienced nurse is available around the clock for both units. This staffing change has increased patient safety, patient outcomes, and teamwork between the nurses.

Telemedicine

We are excited to present to you ‘ACE’. ACE, which stands for Always Committed to Excellence, is the newest member of our care team. ACE is a robot used for providing Telemedicine Services (the remote diagnosis and treatment of patients by means of telecommunication technology). The robot allows the University of Louisville (U of L) Department of Neurology physicians and nurse practitioners to consult and evaluate patients at Memorial Hospital when needed.

This TeleNeurology service allows patients exhibiting signs or symptoms of stroke to remain at our facility and close to home while receiving quality care from neurology professionals.
These patients will receive a neurology consult and any subsequent neurology inpatient visits as needed. The partnership with U of L began on October 3, 2016. Prior to telemedicine, approximately 84% of all stroke patients were transferred to U of L or other tertiary care centers. This included direct transfers from our Emergency Department, as well as a few patients who were admitted to our facility then later transferred to a higher level of care.

In 2017, only approximately 16% of our stroke patients were transferred, meaning 84% can receive the care they need right here with the comfort of their family, physicians, and community right by their side.

We feel incredibly blessed to be able to provide this service to our patients, families, and community while keeping them “closer to home.”
Structural Empowerment

Structural Empowerment is ensuring that the policies, structures, and procedures are in place so the Mission, Vision, and Core Values can be carried out. The CNO, management, and staff work together through shared governance and decision-making processes to establish standards of practice. Professional growth is supported as well as community engagement.

Kathleen M. Tempel Nursing Scholarship

The 2017 Kathleen M. Tempel Nursing Scholarship was awarded by the Memorial Hospital Foundation to Ronica Maki, ASN, RN, PCCN. Ronica is a nurse on Critical Care Services who is actively pursuing her Bachelor of Science Degree in Nursing from Vincennes University-Jasper Campus. The scholarship was created in memory of the late Kathy Tempel, Vice President of Patient Services of Memorial Hospital and Hospital and Health Care Center from 2006 to 2010.

Tonya Heim Nursing Scholarship

Amber Mundy, ASN, RN was the 2017 recipient of the Tonya Heim Nursing Scholarship. Tonya Heim is the Vice President of Patient Services and Chief Nursing Officer at Memorial Hospital. Amber works as a case manager at Memorial Home Care and is pursuing a BSN degree. This scholarship is intended to remove barriers to degree advancement by RN employees of Memorial Hospital and Health Care Center (MHHCC) and to provide them with financial assistance to advance their degrees to BSNs, MSNs, DNPs, or Ph.Ds. in Nursing.
Daisy Awards

The DAISY Award (Disease Attacking the Immune SYstem) was started by the family of J. Patrick Barnes. He passed away at the age of 33. His family was so touched by the nursing care that he received during his illness that they created the Daisy Award to pay respect to nurses for their education, skill, brainpower, and caring approach.

January

Kelly Collins, ASN, RN was Memorial Hospital and Health Care Center’s DAISY Award Winner for January! She is a nurse in Critical Care Services. Kelly has been described as extending compassion to all her patients and creating special connections, which provide patients with remarkable and memorable experiences.

GARDENER Award Winner: Lori Myers, Sleep Center, Polysomnographic Technologist

April

Jessica Wright, NP-C, was Memorial Hospital and Health Care Center’s DAISY Award Winner for April! She is a nurse in House Supervision and has been described as going above and beyond and truly living the “Be For Others” mission. (Jessica has since become an APRN and works at Country Health Center in Montgomery, IN.)

GARDENER Award Winner: Hannah Huff, CNA, Post-Surgical Services

August

Mary Beth Sutton, BSN, RN was Memorial Hospital and Health Care Center’s DAISY Award Winner for August! She is a nurse in Post-Surgical Services and has been described as being devoted to the patients she serves and provided care to them as though they were her immediate family.

GARDENER Award Winner: Allyson Hoffman, Social Worker, Lange-Fuhs Cancer Center

October

Denise Eastridge, LPN, was Memorial Hospital and Health Care Center’s DAISY Award Winner for October! She is a nurse in Inpatient Rehab Center and has been described as possessing a special gift of being able to connect with all patients and families.

GARDENER Award Winner: Rachelle Frank, Physical Therapist, Rehabilitation Services
Little Company of Mary Award

Marilyn Shelton, LPN in Post-Surgical Services, was named the Little Company of Mary Award recipient for 2017. After dedicating fifty years of service to MHHCC, she retired from her full-time position in 2017, but continues to work part time in Post-Surgical Services.

Marilyn consistently lives out the Mission by volunteering her time to those in need. She organizes numerous fundraisers for Relay for Life, delivers meals for those who are in need by volunteering with Meals on Wheels, is involved in a prayer shawls program through her church, and delivers those to patients and co-workers in need. Marilyn excels at living the Mission and carrying out the Core Values.

Shared Governance Expansion

Shared Governance expansion is happening all around! In 2016, the Advanced Practiced Registered Nurse (APRN) Council was formed giving all APRNs a platform to collaborate with leadership and have their voices heard.

In January 2017, Medical Practice Management formed its own shared governance structure. Using the model that was used to create the APRN Council and the guidelines that are used at Nursing Practice Council, a team met to form this first-ever council for MPM. Carrie Ellis, BSN, RN and Michelle Becher, BSN, RN, CWCN serve as co-chairs. The first meeting was held in March 2017. The original plan was to meet every other month, but this quickly changed to monthly as they realized the impact of their work and the changes they were empowered to make. The council held nine meetings in 2017. The council is comprised of RNs, LPNs, CMAs, managers, and receptionists from a variety of offices.

Some key outcomes include creating an MPM section on the HUB, redesigning workflow of wound care charting, and creating a new process for marking the expiration date on medication and supplies.

Surgical Services has also expanded its shared governance by changing its format from one big unit council for all surgical areas to now having individual units councils for all practice areas—Endoscopy, Surgery Care/Outpatient Center and Surgery/PACU. They have found that this has yielded better outcomes and increased efficiency.
Nursing Clinical Ladder

The Nursing Clinical Ladder (NCL) recognizes nursing staff that develop professionally and become highly skilled within their current area of practice to ultimately achieve positive patient and hospital outcomes.

This program is designed to keep dedicated nursing staff involved in direct patient care. The NCL is a tiered program using Benner’s Novice to Expert Nursing theory and has four levels ranging from Level I to Level IV. Level I is a novice nurse, Level II requires professional certification, Level III requires certification plus achieving the professional development criteria set in the application, and Level IV requires achieving Level III plus having a Bachelor’s of Science in Nursing.

2017 Level III NCL Recipients

Brandie Beck, ASN, RN-BC - Medical Services
Stacy Brosmer, ASN, RN, CPN - Pediatric Services
Vanessa Dedrick, ASN, RN, PCCN - Critical Care Services
Doris Hopf, ASN, RN, CEN - Emergency Department
LeAnn Jochim, Diploma, RN-BC - Post-Surgical Services
Brenda Wehr, ASN, RN, CCRP - Cardiac Lab

2017 Level IV NCL Recipients

Cathy Auffart, BSN, RN-BC - Medical Services
Judy Brockman, BSN, RN, RDCS, RVT, RCIS - Cath Lab
Marissa Brosmer, BSN, RN, CMSRN - Medical Services
Jill Colvin, BSN, RN, RNC-OB - Women and Infant Services
Lori Daniel, BSN, RN, SANE-A, SANE-P - Emergency Department
Donna Eckert, BSN, RN, CPAN - PACU
2017 Level IV NCL Recipients (Continued)

Tara Eichmiller, BSN, RN, CNOR - Surgical Services
Darlene Goepfrich, BSN, RN, RCIS, CCRN - Cardiac Cath
Micki Gress, BSN, RN, CEN - Emergency Department
Jill Harter, BSN, RN, CNOR - Surgical Services
Angie Hasenour, BSN, RN, RNC-OB - Women and Infant Services
Dusti Hillyard, BSN, RN, RNC-LNR - Women and Infant Services
Pheobe Kendall, BSN, RN, CEN - Emergency Department
Susan Martin, BSN, RN, CEN - Emergency Department
Jennifer Mendel, BSN, RN, PCCN - Critical Care Services
Janet Meyer, DNP, RN, CDE, CWCN, CHC, CNE - Diabetes Management and Nutrition Services
Christine Nalley, BSN, RN, CNOR - Surgical Services
Kristina Oxley, BSN, RN, CPAN - PACU
Katie Pfaff, BSN, RN, RNC-OB - Women and Infant Services
Cinda Schipp, BSN, RN-BC - Medical Services
Jenna Sermersheim, BSN, RN, PCCN - Cardiac Lab
Mallory Terwiske, BSN, RN, CCRN - Critical Care Services
Janet Thomas, BSN, RN, CCRN - Critical Care Services
Dana Verkamp, BSN, RN, ONC - Oncology
Melissa Wagner, BSN, RN CGRN - Endoscopy
Keri Witte, MSN, RN, CCRN - Cardiac Cath

Level III and Level IV NCL Recipients
The bar has been raised, the goal has been set, and MHHCC nurses responded in a positive way. The Institute of Medicine set a goal to have 80% of all nurses educated at Baccalaureate in Science of Nursing (BSN) or higher. Patients’ health care needs are becoming more complex and studies have shown that those that receive care from BSN-prepared nurses have decreased mortality, length of stay, fall and pressure injury rates. In 2017, MHHCC had 30 staff members receive a BSN or higher degree, bringing the total number of staff with a BSN or higher to 323 nurses. MHHCC’s BSN or higher rate for the end of 2017 is at 59.2%. MHHCC supports staff pursuing a higher degree of education through tuition reimbursement and numerous scholarship opportunities.

Certification is another professional development option that is increasing. Becoming certified demonstrates expertise, skills, and knowledge in one’s specialty area. It is a way for one to stay engaged in his or her profession and be aware of the latest evidence-based practices. In 2017, 26 nurses became newly certified bringing our total number of certified nurses to 196. MHHCC’s percentage of eligible certified nurses for the end of 2017 is 45.5%. MHHCC also supports staff who are working on certification in numerous ways: availability of continuing education hours, assistance with professional membership dues, assistance in exam payment, and certification differential once exam is passed.

### BSN and Certification Percentage for 2015-2017

<table>
<thead>
<tr>
<th></th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>CY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN %</td>
<td>50.2%</td>
<td>55.1%</td>
<td>59.2%</td>
</tr>
<tr>
<td>Certification %</td>
<td>41.4%</td>
<td>44.5%</td>
<td>45.5%</td>
</tr>
</tbody>
</table>
2017 Heartland Half Marathon

The 2017 Heartland Half Marathon took place Saturday, September 2, 2017. The backing and encouragement our hospital family gave to support this annual community event was amazing. Over 50 hospital employees, family members, physicians, and volunteers came together to support 593 participants from 10 different states. Home Care was one of the many departments that had a team there that day. The nurses and CNAs not only volunteered their time but also participated in the race. Way to give back to your community and show support!

Milk Bank

MHHCC is proud to announce a new partnership with The Milk Bank of Indianapolis. The Milk Bank believes that human milk is best for all babies, and through the generosity of mothers, careful screening, and processing, provides human milk to fragile premature babies in neonatal/newborn intensive care units across the Midwest. Thanks to the initiative of Danielle Schultheis, BSN, RN in Women and Infant Services who was donating her milk to the then nearest milk bank about an hour away, MHHCC will join 26 other milk depots in Indiana in providing a more convenient drop-off for women in our area to donate their extra breast milk for processing at The Milk Bank and supporting this wonderful cause. After contacting the Milk Bank and going through a specific process, women are able to drop off their extra milk to the Women and Infant Services Department on Level 3 of the LCM Tower. Lactation Nurses collect the breast milk then ship it to the bank to be processed. A grand opening was held on February 22nd in the Memorial Hospital lobby.
Safe, compassionate care and excellent outcomes are what nursing practice is all about. Exemplary Professional Practice is looking at the care delivery system to ensure that the care being delivered is producing quality outcomes. Outcomes are improved when interprofessional teamwork is valued throughout the organization and everyone has an equal voice.

Activity Blankets

What started as a SMART goal for Naomi Knepp, BSN, RN-BC on Behavioral Health led to a house-wide initiative. She put her sewing skills to use and created a few Activity Blankets for patients in Behavioral Health Services. Evidence shows that these blankets are beneficial for Dementia and Alzheimer’s patients as they allow patients to touch, feel, and fidget with the items attached, therefore distracting them from the medical equipment that is often connected to them. These distraction technique blankets are one-time use and are sent home with the patient upon discharge.

As the initiative grew, other unit directors became involved, and the community offered its support, as it always does! The Patoka Valley Quilters Guild volunteered their time and made
Activity Blankets (Continued)

150 Activity Blankets, with the financial support of the Memorial Hospital Auxiliary. Now patients throughout the entire hospital have access to these blankets. What a great collaboration among nursing staff and the community to meet the needs of our patients!

Nursing Practice Council

Nursing Practice Council (NPC) has actively been working on the action plans found on the Nursing Strategic Plan. NPC meets monthly for four hours and uses a shared governance model to address nursing issues, policies, practices, and changes. The last two hours of every meeting are spent working on the Nursing Strategic Plan. The group is divided into smaller working teams, and each team has a subject matter expert/leader, a trained facilitator, and 8-10 nursing members. Other interprofessional members are asked to join the team as ad hoc members.

The following are some of the tools that the teams utilize to help guide the projects:

- Charters
- Minutes
- Communication Plans
- Agendas
- Monthly Report Outs
- Project Plans
- Swimlanes
- 5 Why’s
- Process Maps
- TOWS
- SIPOCs
Action Plans Addressed in 2017

Create Nursing Presence on mhhcc.org
Page built by nursing team to showcase nursing services at MHHCC.

Workplace Safety
Team used super-users to conduct hands-on safe lifting and transferring techniques training.

Quality Data Education
Provided education to staff on how to better understand information regarding comprehending scorecard data and quality measures.

Financial Data Education
Surveyed staff to identify their knowledge level regarding financial data, then geared education toward their needs. The team provided education on a multitude of financial topics.

Peer Rounding
Developed a method for all nursing staff to conduct face-to-face peer review.

Research Dissemination
Developed a process to disseminate research both internally and externally.

Redeploy SBAR
Education is being created and a tool is being developed to help standardize communication. This action item is in process.

Charge Nurse University
Developed a charge nurse leadership program that continues to professionally develop charge nurses and give them the leadership skills needed for the position. This action item is also in process.

Joint Certification
The Joint Commission is an accrediting and certifying body that is recognized throughout the nation for commitment to quality and outcomes. In 2017, several units and programs received accreditation and certification.

In February 2017, MHHCC was recertified by The Joint Commission for its Total Knee and Total Hip Replacement programs.

In September 2017, MHHCC received The Joint Commission certification for its Hip Fracture program. MHHCC is the first hospital in the state of Indiana to have this certification.

In October 2017, MHHCC Sleep Center received full accreditation under the Comprehensive Manual for Ambulatory Care.

In November 2017, Memorial Wound Care Center was re-certified with zero citations! This was their second certification with zero citations!
Skilled Caring Center Falls

Patient safety is always the number one priority for every nurse. In 2016, the Skilled Caring Center Unit Council made the commitment to reduce the number of patient falls. They formed a sub-committee to review falls, look at prevention techniques, and decrease use of bed alarms. This sub-committee was in addition to their regular participation on the house-wide Falls Committee.

Bed alarm usage and fall data was gathered prior to any process changes. The team worked together to identify any individual patient-specific risks for falls, as well as create an additional assessment that would be completed when the patient triggered High Risk on the Johns Hopkins Fall Risk Assessment Tool. The patient-centered risks for falls correlated to personalized interventions to promote safety, which were readily viewable to the nurse.

Through the use of these personalized interventions and the additional assessment, the use of bed alarms was able to be minimized, and hence a reduction of falls was noticed.
C-Difficile and Light Use

Great teamwork is being demonstrated between the Environmental Services (EVS) and clinical staff to reduce the occurrence of C-Difficile Hospital Acquired Infections (HAI). An ultraviolet light was purchased in the spring of 2016, and the EVS discharge team was formed, trained, and ready to use the light on a routine basis by July of 2016.

The light is wheeled into the room and programmed to run for fifteen minutes total; five minutes on each side of the bed and five minutes in the bathroom. Due to unwanted exposure by the UV light, the EVS staff exits the room while it is running. The UV light kills the C-Difficile bacteria better than standard disinfectant techniques.

With consistent use of the light on isolation discharges since July 2016, the number of infections has decreased remarkably, from nine C-Difficile cases in January-July of 2016 to just four from August 2016 to December 2017. This great improvement in outcomes demonstrates excellence in care that benefits the patients.

Great work everyone!
New Knowledge, Innovations, and Improvements

New Knowledge, Innovations, and Improvements is the commitment of nursing to integrate research and evidenced-based practice into daily clinical practice. Nurses are conducting and disseminating research, as well as evidence-based practice, while always looking for ways to be innovative in nursing care.

Midlines

Vascular Access nurse, Mickey Hawes, MSN, RN, CRNI, VA-BC always has her eyes on improving patient care. She recently led an innovative research study on Maintaining and Restoring Patency in Midlines that has been shared across the nation at conferences. The research spanned a two-year time frame, and the data collection started in 2015 and continued until July of 2017.
**Purpose:** The initial Institutional Review Board (IRB) approved the purpose of the study to look at safe and effective utilization of Alteplase through Peripheral Vascular Access Devices (PVAD) that are 10-20 cm in length. An additional IRB was approved to look at the improved patency and dwell times of new Midlines at 15cm with Chlorhexidine Gluconate (CHG) coating compared to the polyurethane at varied lengths.

**Hypotheses:**
1. Alteplase at 1mg/ml is safe and effective in restoring patency in PVADs 10-20 cm in length.
2. Midlines composed of polyurethane with CHG coating increase the number of patient days.

**Sample:** To be included in the study, the patients had to be 16 years of age, Midline had to be placed by MHHCC Vascular Access Team, and the midline had to be followed until removed. From July 2015–July 2017, there were 233 patients with a midline.

**Method:** Midline A was a polyurethane, 20 cm, 4 fr single lumen. Midline B was polyurethane with flexible tip and CHG-based solution, 4.5 fr single lumen, and 5.5 fr double lumen.

**Findings:** Of the 233 pts, 49 were treated with Alteplase 1mg/1ml due to occlusions. None had adverse reactions to the Alteplase, and none acquired a bloodstream infection related to the midline. Of the 49 treated, 47 successfully restored patency and of these 47, 45 remained patent for the remainder of therapy. It was found that both Midline A and Midline B lost patency around days 8-13, but this may have been due to insufficient volumes of Midline B greater than 5 days (32 lines) compared to the number of Midline A that were in greater than 5 days (64 lines).

**Conclusion:** Alteplase at 1mg/1ml with a repeat dose x1 if necessary is safe and effective in restoring patency in Midlines.

A special thanks to the research assistant who made this research possible:

Cathy Evans, BSN, RN, CCRN, VA-BC
Leslie Luebbehusen, BSN, RN
Abby Schmitt, MSN, RN-BC
Katie Upton, BSN, RN
Rebecca Yoder, MSN, RN
Delirium Research

The Delirium Research Project was discussed at the Nursing Research Consortium, and MHHCC decided to be part of the prevalence study. MHHCC and St. Vincent’s IRB both approved the one-week prevalence study. The organizations participating in the study included Deaconess Gateway, Deaconess Main, Good Samaritan, Methodist Hospital, St. Vincent Evansville, and MHHCC. The units included in the study included Medical, Post-Surgical, Step-Down, Combined, and Critical. The units in the study from MHHCC were Medical, Post-Surgical, and Critical Care. The study took place the week of February 23, 2017.

**Purpose:** The purpose of the study was to determine the prevalence of delirium in acute-care hospitals at a given time.

**Procedures:** Participants from each facility attended a 4-hour training session on Delirium Assessment tools (CAM-ICU and bCAM). Also discussed were the collection tools and protocols.

**Sample:** Patients had to be 18 years of age, on an eligible unit, not comatose per RASS score of (-4/-5), not on comfort measures, off-unit at screening time, not refusing screening, and not receptive aphasic. At the 0600 census, the total 37 units in the study had 782 patients. Of those 782 patients, 630 patients were screened with the CAM-ICU or bCAM tools. The 152 that were not screened fell out for various reasons—108 (13.8%) met exclusion criteria, 30 patients (3.8%) refused, and 14 patients (2.2%) had incomplete data forms. MHHCC had a total of 51 patients screened.

**Method:** bCam Screening tool was used in Medical, Surgical, Step-down and Combined, while the CAM –ICU was used in Critical Care units. Data collection was done by an Assessor and an Auditor.

**Findings:** Of the 782 patients screened by all hospitals, 62 patients (9.84%) screened positive for the prevalence of delirium. Of these 62 patients screening positive, 15 were in a critical care setting.

**Specific MHHCC Findings:**

Of the total 51 patients screened, 7 patients (13.7%) had a prevalence of delirium. Critical Care had at 15.7% prevalence rate with 3 positive screening, while Medical had a 19% prevalence rate with 4 positive screening. Post-Surgical had 0 patients with a positive screening.
As a result of the study, an interprofessional delirium team was formed to implement the use of delirium screening tools, delirium nursing protocols, and a delirium mobility model. A pre-and post-survey (Nurses Knowledge of Delirium) was used with permission. Other units such as Caring Hands, Behavioral Health, Inpatient Rehab, and Skilled were included in education and changes.

Other changes include replacing the Pasero Opioid-Induced Sedation Scale (POSS) in all acute units except for Women and Infants Services with the Richmond Agitation-Sedation Scale (RASS) scale. Critical Care Committee approved the replacement of the Riker Sedation Scale with the RASS for intubated patients. Staff education on the above changes has been completed and disseminated to participating units. The Confusion Assessment Tools (CAM), bCAM and CAM-ICU pocket cards were printed and laminated by MHHCC’s Marketing Department. Tier 1 and Tier 2 of staff education has been completed.

### Poster Fair

MHHCC hosted its third Annual Interprofessional Poster Fair in December 2017 and had seventeen posters submitted. In 2016, MHHCC employees submitted eight posters. This increase in the amount of posters is a testament to the amount of professional development and research the staff at MHHCC have been doing!

<table>
<thead>
<tr>
<th></th>
<th>All MHHCC Patients</th>
<th>Critical Care</th>
<th>Medical</th>
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<td>19</td>
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<td>Positive Screen</td>
<td>7</td>
<td>3</td>
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<td>Negative</td>
<td>44</td>
<td>16</td>
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<tr>
<td>Prevalence</td>
<td>13.7%</td>
<td>15.7%</td>
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Poster Fair

MHHCC hosted its third Annual Interprofessional Poster Fair in December 2017 and had seventeen posters submitted. In 2016, MHHCC employees submitted eight posters. This increase in the amount of posters is a testament to the amount of professional development and research the staff at MHHCC have been doing!
<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
<th>Type</th>
<th>Event</th>
<th>Where</th>
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<tbody>
<tr>
<td>3.8.17</td>
<td>Charlotte Stephenson, NP-C, OCN</td>
<td>Let’s Talk Breast Cancer</td>
<td>Podium</td>
<td>Community Presentation</td>
<td>Petersburg, IN</td>
</tr>
<tr>
<td>4.19.17</td>
<td>Kendra Rottet, MSN, RN</td>
<td>A Collaborative Intervention Study to Reduce Missed Nursing</td>
<td>Podium</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
</tr>
<tr>
<td>4.19.17</td>
<td>Abby Schmitt, MSN, RN-BC</td>
<td>A Collaborative Intervention Study to Reduce Missed Nursing</td>
<td>Poster</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
</tr>
<tr>
<td>4.19.17</td>
<td>Janet Thomas, BSN, CCRN</td>
<td>A Collaborative Intervention Study to Reduce Missed Nursing</td>
<td>Poster</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
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<tr>
<td>4.19.17</td>
<td>Toni Eastridge, BSN, RN-BC</td>
<td>Creative Strategy for Unit Meeting Delivery</td>
<td>Poster</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
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<td>4.19.17</td>
<td>Katelyn Pfaff, BSN, RNC-OB</td>
<td>Delayed Bathing in Newborns</td>
<td>Poster</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
</tr>
<tr>
<td>4.19.17</td>
<td>Mallory Crays, BSN, RN</td>
<td>Does the PAINAD Scale Improve Pain Management in Hospitalized Older Adults with Dementia Unable to Self-Report Pain?</td>
<td>Poster</td>
<td>21st Annual Research, Evidence Based Practice and Performance in Health Care Conference</td>
<td>Evansville, IN</td>
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<tr>
<td>10.28.17</td>
<td>Tami Hawkins, MSN, RN</td>
<td>Role of the Ortho Navigator</td>
<td>Podium</td>
<td>National Association of Orthopadeic Nurse</td>
<td>Chicago, IL</td>
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<tr>
<td>10.19.17</td>
<td>Nellie Jones, ASN, RN, CMSRN, Sr. Kate Willegal, DNP, RN</td>
<td>Developing an Interprofessional Online Journal Club (ONJC) at a Community Hospital</td>
<td>Poster</td>
<td>IONE</td>
<td>French Lick, IN</td>
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<tr>
<td>11.15.17</td>
<td>Nellie Jones, ASN, RN, CMSRN, Sr. Kate Willegal, DNP, RN</td>
<td>Developing an Interprofessional Online Journal Club (ONJC) at a Community Hospital</td>
<td>Poster</td>
<td>Interprofessional Practice and Education Conference</td>
<td>Indianapolis, IN</td>
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<tr>
<td>12.4.17</td>
<td>Marita Lett, BSN, RN</td>
<td>Delirium Education</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>Date</td>
<td>Speaker</td>
<td>Topic</td>
<td>Type</td>
<td>Event</td>
<td>Where</td>
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<tr>
<td>12.4.17</td>
<td>Doris Allen, MS, RT Suzanne Burgess, MSN, RN Ashli Clark, MS, OTR Rachelle Frank, PT, DPT, CLT Alice Hildenbrand, MSN, RN, CNE Nellie Jones, ASN, RN, CMSRN Janell Knepp, MSN, RN Janet Meyer, DNP, RN, CDE, CWCN, CFCN, CNE, CHC Angela Speed, BSN, RN Sr. Kate Willegal, DNP, RN</td>
<td>Developing an Interprofessional Online Journal Club (ONJC) at a Community Hospital</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Marissa Brosmer, BSN, RN, CMSRN</td>
<td>Sleep Promotion in the Hospitalized Patient</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Ellen Burch, BSN, RN, PCCN Mallory Terwiske, BSN, RN, CCRN</td>
<td>Stewardship: Supply Cost &amp; Staff Awareness</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<td>12.4.17</td>
<td>Jill Colvin, BSN, RNC-OB</td>
<td>Treatment of Urinary Tract Infection During Pregnancy</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<td>12.4.17</td>
<td>Mallory Crays, BSN, RN Amanda Gideon, BSN, RN Allyson Lengacher, BSN, RN Teresa Lowe, ASN, RN-BC Angela Speed, BSN, RN Sr. Kate Willegal, DNP, RN Lisa Wright, ASN, RN</td>
<td>Does the PAINAD Scale Improve Pain Management in Hospitalized Older Adults with Dementia Unable to Self-Report Pain?</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Toni Eastridge, BSN, RN-BC Mickey Hawes, MSN, RN, CRNI, VA-BC</td>
<td>Tamper Evident Technology</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<td>12.4.17</td>
<td>Toni Eastridge, BSN, RN-BC Hilary Gutgsell, Nurse Intern Carrie Lueken, ASN, RN Abby Recker, MSN, RN-BC Abby Schmitt, MSN, RN-BC Abby Seifert, BSN, RN, CMSRN Samantha Spellmeyer, BSN, RN, CMSRN</td>
<td>Promoting Teamwork with Helping Hands</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Nellie Jones, ASN, RN, CMSRN</td>
<td>Improving Patient Outcomes with Nursing Certification</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
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### Sharing Our Knowledge (Continued)

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<th>Type</th>
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<tr>
<td>12.4.17</td>
<td>Jennifer Mendel, BSN, RN, PCCN</td>
<td>Removal of Urinary Catheters Post-Extubation</td>
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<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Jennifer Mendel, BSN, RN, PCCN Kelsey Kunkel, MSN, RNC-OB</td>
<td>A Tough Tube to Swallow: NG Tube with Atomized Lido</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
<td>Jasper, IN</td>
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<td></td>
<td>Michele Messmann, BSN, RN</td>
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<td>Jessica Opel, LPN</td>
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<td>Rebecca Strange, MSN, RN, CPN</td>
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<td>Sr. Kate Willegal, DNP, RN</td>
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<tr>
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<td>Janet Meyer, DNP, RN, CDE, CWCN, CNE, CHC</td>
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<td>12.4.17</td>
<td>Katlyn Pfaff, BSN, RNC-OB</td>
<td>Oral Hydration in Labor</td>
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<tr>
<td>12.4.17</td>
<td>Janet Thomas, BSN, RN, CCRN Keri Witte, MSN, RN, CCRN</td>
<td>Blood Pressure Site Comparisons</td>
<td>Poster</td>
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<td>Jasper, IN</td>
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<tr>
<td>12.4.17</td>
<td>Sara Vaal, BSN, RN-BC</td>
<td>Oral Care: A Pathway to Healthier Patient Outcomes</td>
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<td>12.4.17</td>
<td>Dana Verkamp, BSN, RN, ONC</td>
<td>Cancer-Related Fatigue and Exercise</td>
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<td>12.4.17</td>
<td>Brenda Wehr, BSN, RN, CCRP</td>
<td>Benefits of Certification</td>
<td>Poster</td>
<td>MHHCC Poster Fair</td>
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</tbody>
</table>

This map depicts the reach of MHHCC’s educational efforts.
Thank you to all presenters!
Mission
Christ’s healing mission of compassion empowers us to be for others through quality and excellence.

Vision
We are committed to being the preferred health and wellness provider; transforming lives through faith-based, compassionate care.

Core Values
Respect for Human Dignity • Compassionate Caring • Stewardship • Quality • Justice