From the Chief Nursing Officer

Dear Nursing Colleagues,

For year after year, across myriad countries, cultures, and generations, the vocation of nursing is acknowledged as one of the most trusted professions in the world. This trust, a sacred bond between nurse and patient, is dutifully earned. The skilled and compassionate work of nurses inspires in those they care for a strong belief that the nurse will protect them and advocate for their well-being and recovery from illness. Personal dignity is a hallmark of being human; nurses carry a strong sense of this quality and recognize its impact on every patient’s journey between illness and health. With respect, compassion, and disease-specific knowledge and abilities, the nurse engages patients and families, standing as the sentinel navigator of the patient’s course of care.

Aultman nurses are familiar with the complex dynamics of disease, science, emotion, and human frailty present in every therapeutic relationship. Together with interprofessional team colleagues, they focus on the delivery of evidence-based care in a safe and secure environment, creating for each patient an individualized respite that reflects treatment goals, preferences, and a personal vision of wellness.

In 2016, our nursing strategy to engage nurses in meeting patient experience expectations, through the development of high value care teams and the achievement of high performance in nurse-sensitive quality metrics, prompted new initiatives and successes.

Below are a few inspiring exemplars involving the work of Aultman Nurses in 2016:

• New Shared Governance Structure with Night Shift Council development
• First Diversity & Inclusion symposium
• Kids Kick the Can Community Education Project
• Critical Care ABCDEF Initiative
• Transitional Care Center Patient Satisfaction Initiative
• Workplace Bullying Research Study
• Research Academy progression and increase in nurse-generated projects
• Nursing Research and EBP dissemination via conference podium/poster

Our Nursing Vision, with its core concepts of service, science, scholarship, and safety, illustrates an unwavering belief in the power of a shared value system and a consistent mission statement. In our quest to “lead our community to improved health,” we rely on the ethics, intelligence, and vigilance of Aultman nurses to support the progression of each patient placed in our care. Every day and every shift, they inspire, encourage, and lift those they touch to the highest level of wellness possible.

I feel an immense confidence in the commitment and ability of our nursing workforce to shape the changing landscape of our profession. As a result, I turn my eyes with great anticipation to the near horizon, where the future of nursing practice unfolds before us!

With gratitude,

Anne Gunther, DNP, RN, NE-BC
Chief Nursing Officer

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Magnet Center for Professional Practice Team

Mary Beth O’Connor, MSN, RN, CNOR (E)
Katie Emler, MSN, RN-BC
Sommer Warwick

Magnet designation is synonymous with a strong culture of accountability and a clear expectation of high-level outcomes. A solid organizational commitment underlies the structure, processes and resource allocations that produce excellence in patient care and signals a focused intensity on the myriad factors that affect quality in its many forms within a health care delivery system.

In 2016, one year after our most recent, and third designation as a Magnet hospital, the Magnet team of Mary Beth O’Connor, Katie Emler and Sommer Warwick worked quietly behind the scenes to encourage, collect and validate the remarkable accomplishments of nurses and interprofessional colleagues across the Aultman Hospital spectrum of care. The team’s efforts are always directed toward translating these everyday stories of exceptional caring, critical thinking, scientific inquiry and evidence based practice change into a format that substantiates them. This serves to prepare the next Magnet document and the required sources of evidence that will demonstrate our ongoing commitment to the highest level of nursing excellence. An altered Shared Governance structure, revamped Research Academy, interprofessional collaboration efforts, multi-site research study involvement, and a new recognition protocol were among many initiatives and success stories catalogued in 2016 for our next redesignation.

The content of our newest Magnet document will traverse the 48-month period between our last designation in 2015 and our next submission due in April 2019. The true caliber of our nursing workforce, along with the elevated level of interprofessional teamwork, will be evident and on full display in our quality outcomes. We look forward to sharing our firsthand accounts of discovery, healing, hope and compassionate excellence.
A Nursing Professional Practice Model is the framework that underlies and supports delivery of nursing care within an organization. To embrace diversity of thought and collective wisdom, the major concepts of three nursing theorists are embodied in Aultman’s professional practice model. Core essentials of caring, compassion and a novice to expert competency journey, as outlined by Dorothea Orem, Jean Watson and Patricia Benner, serve as the foundation of the framework. The patient is depicted as the central influence on care, which is also impacted by evidence-based practice standards and our mission, vision and values within a culture of shared governance. Clinical nurse representatives from our Practice Council review the model annually, openly evaluating the relevance of the concepts and influences to current organizational nursing practice. This transparency ensures that our model remains meaningful and truly reflective of the work of nurses at all levels and within all practice settings.

Nursing Vision & Philosophy

**OUR NURSING VISION**

Our vision is to deliver superior nursing service. To accomplish this, we will:

- Exceed customer expectations by providing outstanding nursing care.
- Prevent harm and achieve best patient outcomes through evidence-based nursing practice.
- Manage costs through continuous process improvement.
- Engage stakeholders across our health care continuum.

**OUR NURSING PHILOSOPHY**

- We, the nurses of Aultman Hospital, value the exceptional care we provide as we strive for excellence in our nursing practice and reflect the commitment to our core values.
- We protect patient rights by respecting privacy, confidentiality and individuality.
- We educate patients, families, students and the community - and we recognize and encourage the education and development of our peers.
- We are active in maintaining an evidence-based nursing practice through shared decision-making and participation in nursing research.
- We accept change as our opportunity to promote safe, quality patient care in a rapidly evolving health care environment.
- We value and respect the cultural diversity of our patients and the communities we serve.
- We mentor within our profession and are members of a dynamic, interdisciplinary health care team.
- We advocate for our patients, their families and our community, in both wellness and illness, from birth to death.
Diversity & Inclusion Symposium

“We value and respect the cultural diversity of our patients and the communities we serve.”

Respecting, appreciating and understanding the value each individual patient, family member or caregiver places on their religious or spiritual beliefs, and discussing it openly can generate a trusting patient and staff relationship. It is part of the Aultman nursing philosophy to value and respect the diversity of our patients and the communities we serve.

Background/Problem
Research indicates that religious beliefs and spiritual practices of patients are powerful factors for coping with serious illnesses and in making ethical choices about treatment options and in end-of-life care (Puchalski, 2001; McCormick et al., 2012).

Research also shows that religion and spirituality are positively associated with better health and psychological well-being (Puchalski, 2001; Koenig, 2004; Pargament et al., 2004). Patients involved in a religious struggle have a higher risk of mortality (Pargament et al., 2001). To uphold the nursing philosophy and to practice patient-centered care, nurses need to inquire about a patient’s spirituality and learn how religious factors may help the patient cope with the current illness. Conversely, they need to learn when religious struggle indicates the need for referral to the chaplain.

Goal
To promote diversity awareness, a leadership team created a comprehensive symposium with the overall objective to educate staff on the importance of creating a space to discuss religion and spirituality openly and to generate trusting patient-to-staff relationships.

Description of Intervention
The Diversity & Inclusion Symposium: Integrating Faith & Culture in Health Care, took place on April 1, 2016. The program encouraged health care team members to ensure faith and religious practices are integrated in holistic patient care, as well as to be mindful to put aside bias in caring for others. The presentations included education on the Islamic faith, Latino culture/faith, and education by the chaplains on journeying with the patient and addressing personal bias and fears.

Islamic faith – Dr. Nashawati’s presentation focused on the history of the Islamic faith and how it has become the fastest and largest faith practiced around the world today.

Latino culture/faith – this portion was presented by Jeffery Steward and Jennifer Dersken, both well-versed with assisting in the needs of the Hispanic, Latino and Guatemalan communities and workers. Information was presented on the lack of seeking assistance from the health care system here in America due to language barriers, lack of knowledge and faith/spiritual beliefs and practices.

In addition, Aultman chaplains Terry Livengood and Kathleen Schen presented on the following topics:

• Making Sense of Suffering - The Compassionate Journey
  o Addressing the dynamics of a patient’s suffering
  o Ways to take care of the whole person.
  o Encouraging staff to understand that they don’t have to fix or take away a patient’s sorrow/pain - and how it can be liberating to be present in a more effective way.
  o Offering ways to journey with the patient and family members.

Caring for Patients Across the Rainbow
Another 2016 diversity event included a session titled “Caring for Patients Across the Rainbow.” This class provided education for health care staff members to identify how they can increase LGBTQ awareness in their practice. Members form The Diversity Center of Northeast Ohio presented detailed information regarding the inclusive efforts of various local and national higher education institutions, organizations and corporations. The roundtable guest from TransOhio discussed their personal plights and how they were instrumental in creating change within the health care system and work environment. They also spoke on the governmental and regulatory recommendations and policies for LGBTQ individuals.

Cultural Influences in Health Care
A final event educated staff about cultural influences in health care - sensitivity, awareness, disease processes and spiritual/religious practices of African-Americans, Amish and Hispanic/Latino people. The presenters were Executive Director of Therapy Services Jennifer Poffitt, Director of Diversity and Inclusion Lisa Johnson, and Jenny Dowell, RN, from AultWorks Occupational Medicine.
Background/Problem
Patient experience has become a priority for hospitals nationwide as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey drives Medicare incentive payments. There is also a direct tie between employee engagement and patient satisfaction, which further emphasizes the importance of how nurses interact with colleagues as well as how each patient is treated while under Aultman’s care.

The Aultman Experience project was initiated in 2016 to contribute to successfully delivering the Aultman nursing vision and philosophy. The project aligned with the Nursing Strategic Plan to “Improve Patient Experience” and “Perfect Experience Expectations.”

Goal
The goal of the project was to improve patients’ perception of care measured by improved HCAHPS scores.

Description of Initiative
The project involved standardizing checklists of customer service standards for each area. Nurses had several lists specific to their practice about nurse communication and communication about medications. The lists provided written reminders about patient-centered practices to enhance the patient experience. Staff also used the reminders to keep each other accountable as they went about their daily work. Patient Experience Officer Joy Burch, BSN, RN-BC led the initiative.

Important aspects of the initiative:
- Defined the Aultman Experience as it related to interacting with patients, family members and colleagues through the use of high reliability tools and tones.
- Pursued the Aultman Experience for each HCAHPS dimension within the health care delivery system.
- Created checklists and set clear expectations for team members.
- Put patients first to improve their experiences.

Outcomes
Several domains of the patient experience improved in 2016. A focus domain, communication about medications and overall rating of hospital, increased with efforts from the checklist project. HCAHPS scores are demonstrated in the graphs below.

Empathy, caring, compassion and respect of individuals are all characteristics of the service pledge taken by well-trained nurses during this challenge to promote an optimal healing environment for patients.

Customer Service Credo
Service … The Aultman Way
At Aultman, we are committed to improving your health. We will respect you as an individual and pledge excellent care and service provided by a well-trained, compassionate and friendly team of health care professionals. In Aultman’s healing environment, we aspire to fulfill your physical, emotional and spiritual needs.
Restructuring Shared Governance: The Impact of Consensus and Change

In February 2016, a restructured Aultman Shared Governance model was initiated. The changes were designed in response to identified inefficiencies in prior existing councils, difficulty with attendance related to frequent meeting days per month, lack of membership options for night shift personnel, and lengthy delays in communication of council information to unit staff. A task force met throughout 2015 to brainstorm, collaborate, summarize and define changes in three major areas:

- Council structure
- Meeting schedule
- Membership

The total number of council structures decreased from 16 to 12, with some structures eliminated and some combined for better efficiency. A Night Shift Council and coordinating board were added to the model. The meeting schedule was condensed from three weeks to only two full days per month, which supported easier scheduling of unit staff members and more timely information flow consistent with real time reporting and dissemination. Council membership was allocated based on unit type or specialty to better ensure meaningful representation and member input.

Some expected benefits were realized in relation to greater diversity of membership and council quality outcomes.

Accomplishment highlights included:

- Collaboration of falls GTZ with senior services and pharmacy resulted in a decrease in falls related to adjusted timing of metoprolol administration.
- Nurse Leadership Council’s initiation of “big check” staff recognition protocol for certifications and degree advancements, in alignment with strategic initiative to improve nurse engagement.
- Research Council’s support of Research Academy investigators, projects and Spirit of Inquiry event.
- Production of an enhanced and well-reviewed Points of Caring awards ceremony by the Recognition and Professional Enhancement Council.
- Council insights and collaboration and efforts led to a decrease in ventilator associated events.
- A reduction in CLABSI related to efforts led by GTZ council chair and IV team expert Sue Lux.

Night Shift Council

Nursing Strategic Plan initiatives for 2016 included a focus on high-value care teams, nurse engagement and an ideal patient experience. These influences, along with feedback from night shift staff, were the impetus behind initiation of a new Shared Governance Night Shift Council. To launch the council, CNO Anne Gunther, DNP RN, NE-BC and Night Shift Supervisor Debby Taylor, MSN, RN collaborated to provide leadership, build enthusiasm and establish a core group of members. Held on a monthly basis, in the early morning hours, the council’s kickoff inspiration was a “stars come out at night” theme and development of a purpose and goals.

With the support of CNO Anne Gunther, who was present and presided over each meeting, the council identified their two-fold purpose as the “identification of resource and personnel challenges to optimal night shift clinical practice,” and the “development of evidence-based strategies to support delivery of quality care.”

From these beginnings, they established two primary goals for 2016:

- Improve HCAHPS “quiet at night” scores.
- Provide educational opportunities during nightshift hours.

In addition to the CNO, multiple guest speakers offered time, attention and insights to the members during the year, notably CEO Chris Remark and other hospital leadership including the Patient Experience Officer, an Aultman Health Foundation Vice President, the Quality Director and the Intensive Care Unit Educator. Organizational concepts related to population health, market forces, and volume-to-value health care calculations were shared and discussed in this small meeting forum, providing a personalized experience for Night Shift Council members.

In response to the identified need for educational opportunities, CPR instruction was offered on nightshift in 2016. *“Quiet at night” goal initiatives developed by the council included addition of a white noise video and installation of light switches in the main hallways to promote an atmosphere of quiet.

Beginning in May 2016, a clear trend of improvement in “quiet around room at night” scores was demonstrated. Council membership continued to increase throughout the year, and the council ended 2016 with plans to continue to build on its initial successes.
Kids Kick the Can

Background/Problem
Community Wellness Nurse Linda Brunk, RN, CPN seized an opportunity to improve children’s health by creating an educational program for elementary students. She knew there was a need to teach young students, especially in the community around the hospital, the importance of eating well and exercising.

“I started to read more about the ill effect of sugar and was looking for workbooks centered on sugar consumption - specifically in kids,” said Linda. “I was able to find bits and pieces, but there wasn’t an exact workbook to use as a guide.”

Goal
The goal of the project was to create an educational program for elementary students, teaching them to decrease sugar intake, increase water intake and exercise more.

Description of Intervention
Linda, along with a committee of health professionals that consisted of registered dietitians, nurse diabetic educators, AultCare, the Canton City School District, the Stark County Health Department, the OSU extensions, and interns from both Malone University and Ohio University worked together to bring Linda’s idea to life. They created a program with three components to educate third graders: reduce sugar intake, increase water consumption and encourage 60 minutes of exercise a day.

“I could not have completed the program without the help of the entire team,” Linda said. The committee met on a biweekly basis, and after six months, Linda began developing a workbook she could use to teach children about the side effects of sugar. “I wanted to incorporate education with physical activity – as combining the two tends to be more impactful on young children. So, I decided to add the game ‘Kick the Can’ to pair with my workbook,” she said.

Though the name Kick the Can was already trademarked, Linda worked with the Aultman Legal Department to obtain permission to use it in her program. She was able to develop a partnership with the California Center for Public Health Advocacy to acquire legal permission to use their Kick the Can trademark for three years.

To make the program her own, Linda held an art contest with Canton City School District Arts Academy at Summit’s fourth-grade class. The winners of the contest created the characters for the workbook – Sugar Slug is the villain and Super Boy and Super Girl are the heroes.

Linda piloted the program at an urban elementary school and a few months later, took the program to a rural school and finally, taught the program in a suburban class. “From that experience, which was wonderful, I gained so much insight.” Linda said. She has improved the program to align with common core standards in schools and her program now goes along with a two-week lesson plan, complete with a teacher’s guide and tool kits.

Outcomes/Result
Initial data showed that kids increased their water consumption and decreased their sugar intake. Kids loved the program and were excited to receive their special logo-printed cans to play a game of ‘Kick the Can’ at home.

This community-focused, caring nurse created a fun way to improve health outcomes for kids - and took a small step toward improving the health of the community.
Aultman Nurses in the Community

Making Strides Against Breast Cancer Walk

Heart Walk

Central American Medical Outreach (CAMO)

Healthy U

Salvation Army

Orrville Chamber Breakfast Before Business

East Meets West Employee Bike Ride

Safety First
STRUCTURAL EMPOWERMENT

Aultman Nurses in the Community

Central American Medical Outreach (CAMO)

Safety First

Heart Walk

Walk with a Doc

Cancer Screening Day

Salvation Army

"More Heart" Program at Cedar School
One Nurse’s Global Reach to Prevent Infant Mortality

Background/Problem
In 2016, Ohio ranked 48th of 50 states in the nation in overall infant mortality and 49th in infant mortality for African-American babies (CCHD, 2017). This staggering statistic spurred organizations and individuals to action through forming a THRIVE Infant Mortality Institute.

Goal
Aultman Hospital became part of the THRIVE collaborative to improve infant mortality and help babies in Stark County reach their first birthdays. One nurse used her connections and experience to help the cause.

Description
Kim Wallick, BSN, RNC has been a nurse in the Aultman Birth Center for 29 years. In 2016, she shared her passion for infants and keeping them safe with the community through her religious institution. Kim was instrumental in making connections within the area to educate community members on the ABCs of infant safe sleep, “Alone. Back. Crib.”

Kim presented the grim statistics for Stark County’s infant mortality to her church, along with measures they could do to support the ongoing efforts in the community. The group decided to collect donations to give to the cause of preventing unsafe sleep environments. They raised awareness and donated infant sleep sacks to families in need in hopes to decrease the infant mortality statistics related to an unsafe sleep environment.

Successes
Kim, along with Dawn Miller (Stark County Project Manager of THRIVE) and Debbie Porter (a nurse from Summit County) participated in a panel discussion for the global organization for the United Methodist Women of the Tuscarawas District. The organization consisted of 20 Methodist churches with the mission to support women and children. There were 50 attendees representing 20 churches from the global organization. All three panel speakers were awarded infant sleep sacks to distribute to families in their community. With the passion that Kim Wallick exuded, she demonstrated that everyone can make a difference in the lives of families, and help each child celebrate their first birthday. The Methodist denomination featured Kim and her project in their global magazine, Response. The article described the work she did and helped spread the word about preventing infant mortality to people around the world.
EXEMPLARY PROFESSIONAL PRACTICE

Critical Care ABCDEF Initiative

Background/Problem
Cognitive dysfunction, physical weakness and lowered quality of life can all accompany even a short intensive care unit (ICU) stay. Patients in ICU have a very high percentage of experiencing delirium and can have a decrease in short- and long-term function, such as not returning to work or being unable to participate in their lives as before. These conditions, resulting from sedation, immobilization and ventilator use, could also contribute to readmissions and higher mortality rates. To address this problem, Aultman’s MICU and SICU teams were selected to participate in The Society of Critical Care Medicine’s ICU Liberation ABCDEF Bundle Improvement Collaborative. Critical Care Clinical Nurse Specialist Amy Hiner initially applied to be a part of the collaborative, which was committed to improving outcomes for patients and families by reliably implementing the newly modified bundle.

Goal
The goal of the ABCDEF Initiative was to use the highest level of evidence-based critical care possible to shorten hospital and ICU length of stay and to improve long-term functional outcomes.

Description of Intervention
Led by Medical Director Dr. Nihad Boutros, Aultman joined a select group of 77 hospital ICUs in the U.S. taking part in the collaborative. An interdisciplinary care team including critical care/pulmonology intensivists, registered nurses, a clinical pharmacist, respiratory therapist, clinical nurse specialist, acute-care APRN rounding nurses, a dietitian and others, worked together to implement the bundle. The ABCDEF bundle of care is a comprehensive approach to caring for patients in the intensive care unit, with the goal of reducing delirium, cognitive dysfunction and physical weakness that can result from an ICU stay. Some bundle elements were new to Aultman and others were already part of the culture of practice.

The new bundle is defined as:
• A: Assessing and Treating Pain
• B: Wake Up and Breathe
• C: Choice of Medications
• D: Delirium – Assess, Prevent and Manage
• E: Early Mobility
• F: Family Involvement

Institutional Review Board approval was obtained in December 2015 and data collection started soon after that, with both retrospective and prospective collection. An early progressive mobility protocol was put in place, delirium screening with CAM-ICU classes were held for all nursing staff, and a brochure was created about the bundle for patient and family education. Other practical applications of the bundle involved scripting bedside nursing communication on pain, sedation, delirium and early progressive mobility, and working with the Cerner team to improve charting communication.

Amy Hiner and others attended collaborative meetings and had phone calls with other hospitals to report progress and receive support about the new practices. The other participants were universally impressed with Aultman’s critical care team, which already had considerable experience working on various aspects of the ABCDEF bundle. In fact, Aultman was featured in an article on the collaborative that was published in The Society of Critical Care Medicine’s (SCCM) Critical Connections publication.

Outcomes
The Aultman team received the top performance award for the “A: Assess, prevent, and manage pain” portion of the bundle and several Aultman representatives presented at a national panel to highlight their successful patient outcomes. Improved outcomes included decreasing length of stay from 2.6 days to 2 days, increasing family engagement to 86%, decreasing delirium rates by 12% and screening 98% of all patients for early mobility. A lesson learned from the dynamic group: “Make sure that you have strong champions from each profession and from each level of care.” Their exemplar interprofessional teamwork was the key to success.
EXEMPLARY PROFESSIONAL PRACTICE

Cardiac Care Unit Sleep Cart

Sleep is an essential part of the healing process. The 56-bed Cardiac Care Unit (CCU), which includes the intensive care unit and step-down rooms, offers a sleep cart with items to help patients relax and get a good night’s sleep.

A strong association exists between sleep deprivation and delirium in the elderly, postoperative patients and ICU patients – particularly those who are on ventilators. “The CCU was one of the pilot units when Aultman initially sought the Nurses Improving Care for Healthsystem Elders (NICHE) designation for elder care excellence,” said Rhonda Fleischman, CCU clinical education specialist. “Our project was to develop a program to prevent and manage delirium in older patients.”

The CCU team created a “sleep cart” from which patients can choose items to improve their quality of sleep. The cart includes white noise machines, aromatherapy, lotion for back massages, earplugs and eye masks. A variety of music and reading materials are also available. A flyer about the sleep cart was also included in the CCU welcome packet patients receive upon admission to the unit.

For the delirium project, the CCU offered items like crossword puzzles and decks of cards to keep patients’ minds active during the day – in addition to sorting activities and yarn crafts to promote dexterity. “The combination of daytime activities and evening relaxation led to a reduction in the prevalence of delirium, a decrease in the number of ‘sitter hours’ spent with patients and a statistically significant decrease in falls,” Rhonda explained. “We’re hoping with the recent implementation of our evening protocol for all CCU patients, including the sleep cart, we will begin to impact patient satisfaction scores.”

CCU nurses started a research study to identify whether sleep-promoting interventions like the sleep cart items improved sleep quality in patients who are recovering from heart attacks. The team’s research showed two statistically significant findings. “All of the study participants reported that the sleep cart was helpful. Compared to the baseline measurements patients self-reported on sleep quality, they noted improved sleep when we provided sleep-promoting items and addressed their sleep needs,” Rhonda shared. “Also, there was a significant link between noise level and their quality of sleep.”

The creation and use of the CCU sleep cart has been a true team effort, starting with support from Unit Director Sandy Bogner and the assistant managers. “We worked on sleep promotion as one of our 2016 unit projects. We invited CCU geriatric resource nurses and other bedside nurses to be ‘sleep champions’ for our patients,” Rhonda said. “We couldn’t focus on sleep promotion without our nurses and support staff. Taking an extra minute to pull the blinds, adjust the room temperature, offer earplugs and provide a warm blanket makes a big difference!”
Aultman Specialized Senior Services and the “Getting to Zero” Falls Committee

The U.S. population continues to age and as it does, Aultman nurses are focusing on appropriate care for this unique group of older adults. Through participation in the Nurses Improving Care for Healthsystem Elders (NICHE) program — a leading elder care nursing program — Aultman can offer evidence-based, interdisciplinary approaches that promote better outcomes, positive experiences and improved care for seniors. The Getting to Zero Falls Council, part of the Aultman Shared Governance Structure, worked diligently to prevent falls by implementing new ideas as an interdisciplinary team. The two programs worked on several main topics in 2016.

Description of Interventions
Geriatric-specific education programs including Geriatric Resource Nurse (GRN) training, certification review, and additional geriatric-focused continuing education opportunities were offered. Registered nurses and interprofessional staff attended classes to improve their skills in caring for this specific population.

The delirium prevention project involving screening for dementia, delirium and non-pharmacologic interventions was implemented on most units of the hospital. Collaboration with pharmacy resulted in several successes including sleep aid modification, retiming of medications for falls prevention, as well as sleep promotion and alternative ordering of fluoroquinolones to aid in delirium prevention.

Outcomes/Successes
Successes with the geriatric program and Falls Council have been shared at varying levels, including the Ohio Organization of Nurse Executives (OONE) Fall 2016 Annual Meeting, where the ‘ALL IN For Excellence in Geriatric Care’ poster won the Poster Award, and the Aultman Spirit of Inquiry Research and Professional Practice Day, in which the poster earned a ‘Best in Clinical Practice’ award. It takes a team to care for the frail older adult; this nurse-led initiative shared its successes with all disciplines who strive to provide excellence to older adults entrusted to their care.

The graph below depicts both the steady increase in nurses who completed Geriatric Resource Nurse (GRN) training and a similar increase in geriatric certified nurses.

The graph below depicts the steady decrease in fluoroquinolone use in patients 65 and older related to efforts to decrease delirium. (Fluoroquinolones are one of the top five antibiotics associated with delirium in older adults).

The graph below depicts the decrease in falls associated with metoprolol after administration times were adjusted.
Patients must be able to accurately communicate pain rating to improve the quality of care that TCC staff can deliver related to pain management. Patients were often unable to quantify their pain, which made it difficult for staff to appropriately manage it. A knowledge gap was identified with staff as well as patients, regarding higher unreliable pain scores with use of standardized pain scales as a tool for rating pain. Through research on best practices, the numeric pain scale was updated to include descriptors. Staff were educated on which assessment tools were appropriate for patients who could self-report, as well as cognitively impaired patients. The pamphlet also served as a tool for staff to use in educating both the patient and family about pain assessment. The education is presented to patients and families on admission and reviewed on admission day two.

**GOAL**

To accurately describe and treat patient’s pain to decrease the percent of patients who report moderate to severe pain during their short stay (MDS Measure 0676) on TCC as reported through the Casper report (MDS 0676).

**INTERVENTION**

The interdisciplinary team developed new guidelines for pain management in 2015 and monitored progress. The newly developed guidelines provided a detailed plan for how and when pain would be assessed and what to do with the results. This included staff analysis to determine if there were any trends in the patient’s self-reports to potentially provide more timely interventions before pain reached the moderate and severe levels.

The interdisciplinary team (nursing assistants, social workers, therapy, nursing and housekeeping) were instructed on how to use the numeric pain scale with descriptors (Appendix A) as a tool to assess pain. The tool was laminated and posted on the WOWs for staff to refer to when assessing pain.

**RESULTS**

Through September 2016, the scores improved and were at goal, but scores were still worse than the national benchmark. The team met to plan additional interventions and the PDCA was updated. The pain pamphlet was updated to address patient concerns about addiction, the guidelines were updated to include physician notifications and consultation with the clinical pharmacist for patient reports of unacceptable pain, and the team researched the effectiveness of TENs for pain management and developed indications for use.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Research Academy

Clinically relevant research questions are developed at the bedside and involvement in research generates positive attitudes toward research. The Aultman Research Academy (RA) strives to involve direct care providers in the research process to develop these benefits and to improve patient outcomes. The curriculum-based program relies on the expertise and partnership of Aultman College, internal nurse specialists and unit mentors. The 2016 RA cohort successfully completed classes, with the majority of participants completing projects. Many of the project results influenced care or processes of care. The whole program would not be possible without support from the nursing leadership team. Below is a graph that depicts the growth of Research Academy Institutional Review Board approved studies over time.

SAMPLE RESEARCH PROJECTS

Identify Military Service History in the Civilian Care Setting

“Good Vibrations” to Diagnose Dizziness

Bianca Doak, BSN, RN

Presented poster at Cleveland Clinic Research Conference, May 2017

Andy Beltz, PT

Won 2017 Outstanding Physical Therapist Award from the Ohio Physical Therapy Association

Spirit of Inquiry 2016

At Aultman, research and continued practice improvement are significant to the development of our caregivers and to our care coordination efforts. The Spirit of Inquiry provides a single platform for sharing research and evidence-based practice occurring within specialties throughout our organization. 2016 marked the thirteenth year for this important event, which was created to encourage professional development by disseminating and highlighting practice improvement and research projects.

The 2016 event was planned by a committee from the Research Council, which reviewed and accepted 31 research and practice improvement projects. Posters were displayed in the Bedford lobby, highlighting the growth of nursing and allied health research projects. 57 employees attended the lunch and educational sessions on Dec. 2 and physical therapists, occupational therapists, RNs, pharmacists, radiology technologists and social workers earned 3.6 continuing education (CE) credits. An awards presentation concluded the celebration.

2016 was also the first year CEs were offered for viewing posters, and the posters were available on the learning management system after the event for people to view and earn credit.

2016 Spirit of Inquiry winners included:

• Best in Research Award: Self-Reported Occupational Fatigue of Direct Care Nurses and Nurse Managers in a Community Hospital—Karen Chirumbolo, MSN, RN, CNS; Katie Emler, MSN, RN-BC; Jennifer Roth, MSN, RN
• Best in Clinical Practice Award: ALL IN for Excellence in Geriatric Care—Linda Griggs, MSN, RN-BC, ACNS-BC
• Global Impact Award: Step-Down Acuity Based Staffing Protocol—Kristi Cain, BSN, RN; Jennifer Morrow, MSN, RN, PCCN
• Committee’s Choice Award: Impact of Pharmacy-Directed Vancomycin Dosing in Multiple Clinical Settings at Aultman Hospital—Tom Bonsall, PharmD, BCPs, Scott Perry, PharmD, BCPs

Research Academy IRB Approved Research Studies

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<tr>
<th>Year</th>
<th>2013</th>
<th>2014-2015 Group</th>
<th>2015-2016 Group</th>
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Groups 2013-2015 and 2015-2016 were compared in the graph above.
Aultman Nurse Studies Workplace Bullying

Background
Bullying in nursing has been studied for decades, and it remains an issue. Recent literature notes that one out of five nurses strongly intend to leave their jobs and 35-60 percent leave within the first year. The “cycle of incivility” can cause physical and psychological harm to the new graduate nurse, in addition to decreasing the quality of patient care provided. There’s also a bottom-line impact. The latest info suggests that it costs over $80,000 to replace a new graduate nurse who leaves the hospital before two years of service.

Through a project with the Aultman Research Academy, Beth Hendricks, BSN, RN, an employee since 2008 and a current Cardiac Care Unit RN, hoped to improve the work environment for new graduate nurses at Aultman Hospital.

Goal
The goal of the research project was to identify perceived incivility when comparing new graduate nurses to experienced nurses while also understanding the economic consequences of incivility to Aultman.

Description of Project
Beth started down the path of this research project with help from the Aultman Research Academy. “Anyone who feels overwhelmed with research should join the academy,” she recommended. “Some of the students joined because they already had a love of research. I joined because I considered it a subject that frightened me. I knew that someday I wanted to further my degree in health care delivery. To have a firm grasp of research is necessary for growing in our field.”

“I was always a shy child, brutally bullied in grade school and junior high. It took me going to college to start to build self-esteem and recognize the patterns of bullying,” she shared. “I considered myself a late bloomer regarding my confidence level in nursing as well, and I wondered if there were other nurses who felt similarly. I had precepted new grads and students, and I had a soft side for those who feel nervous or unsure of themselves. We all have a place in nursing.”

“The approval process for Beth’s research project began with the Aultman Human Research Review Board (HRRB). After narrowing her research to a specific topic—“Incivility: New Graduate Nurses and Their Intention to Leave — a Demographic Dance”—she presented a proposal to the Aultman Research Council. She then made a formal study submission to the HRRB. “It’s a bumpy process but completely worth the growing pains,” Beth recalled. “Aultman Research Academy is paced over a year, including data collection and results for a poster presentation at the annual Spirit of Inquiry. It was a great pace for someone working full-time.”

Beth invited Aultman RNs to participate in an anonymous survey on perceptions of incivility/bullying in the workplace. “While I invited all RNs to take the survey, I was hoping for several responses from RNs with less than two years’ experience overall,” she explained. “Through nurses’ participation in the survey, I hoped to understand if incivility was a concern that should be emphasized more throughout Aultman Health Foundation. As a Magnet organization, it is essential that we are aware of the issue.”

The respondents totaled 147 RNs who took the electronic survey. New graduate nurse was defined as having less than two years of experience. A valid and reliable four item instrument was used to measure workplace bullying. Demographics and a question about intent to leave were also collected.

Outcome
Beth analyzed the results with the help of an Aultman-contracted statistician. She found the incidence of incivility to be low overall. The most significant finding was a correlation between incivility and intention to leave for new graduate nurses. 65 percent of the nurses who reported incivility stated they intended to leave. Beth presented her results in poster form at the 2016 Spirit of Inquiry and shared her results with the CCU leadership and staff. She hopes to develop an intervention using high reliability tools and tones in the future to combat incivility and retain new graduate nurses.

The Sound of Silence: Decreasing Alarm Fatigue in PACU

Background
Alarm fatigue has been identified as a national problem. Nurses frequently become desensitized to the many beeps and noises of monitors making the environment dangerous if nurses do not respond to alarms when needed. Joyce Hain, BSN, RN, CPAN, a patient care specialist in the Post Anesthesia Care Unit (PACU), noticed this problem. “Nuisance or unnecessary alarms in the PACU caused by SpO2 parameters being too narrow, could contribute to alarm fatigue resulting in a decreased urgency to address monitor alarms,” she explained.

Goal
The goal of the process improvement project Joyce initiated was to determine how nurses in an 18-bed PACU perceived monitor fatigue and to determine if decreasing pulse oximetry lower alarm limits could reduce alarm fatigue.

Description of Project
Joyce received training and support for the project from the Aultman Research Academy, which helps nurses conduct research or process improvement ventures. She also received help from her project mentor, Catherine Ackerman, MSN, RN, ACNS-BC, CNOR, CNS-CP.

The approval process for the project began by presenting to the Research Council and submitting a description of the project to the Human Research Review Board (HRRB). After a letter determining the project to be a formal study submission to the HRRB. After narrowing her research to a specific topic—“Incivility: New Graduate Nurses and Their Intention to Leave — a Demographic Dance”—she presented a proposal to the Aultman Research Council. She then made a formal study submission to the HRRB. “It’s a bumpy process but completely worth the growing pains,” Beth recalled. “Aultman Research Academy is paced over a year, including data collection and results for a poster presentation at the annual Spirit of Inquiry. It was a great pace for someone working full-time.”

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Joyce Hein, BSN, RN, received help from her project mentor, Catherine Ackerman, MSN, RN, ACNS-BC, CNOR, CNS-CP.

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The approval process for the project began by presenting to the Research Council and submitting a description of the project to the Human Research Review Board (HRRB). After a letter determining the project to be evidence-based practice, Joyce set to work collecting data on the number of alarms in PACU. She collected data daily for five weeks from the central monitor in the unit with the lower alarm limit set at its default. The lower alarm limit was then lowered by 2 percent to 92 percent and data was collected for a second five-week period. Joyce also invited the PACU nurses to participate in a survey to measure their perceived alarm fatigue before and after the levels were changed.

Outcomes
There was a significant difference between the number of alarms collected at the default lower alarm limit and the revised, 92 percent lower alarm limit. PACU nurses unanimously agreed that decreasing SpO2 alarm limits was a positive change in the PACU. Joyce worked with her unit to make a difference about alarm fatigue. It was a small change that had a big impact in the day-to-day safety and satisfaction of the unit.
GRADUATIONS
Consistent with a culture of lifelong learning, a large number of Aultman nurses committed to advancing their education in 2016. Degree completions included the following:

BACHELOR'S DEGREES
• Molly Arnold, BSN, RN—Aultman Orrville Hospital
  o Bachelor of Science in nursing degree
• Katerina Barnett, BSN, RN, CEN—Aultman Orrville Hospital
  o Bachelor of Science in nursing degree
• Jamie Kent, BSN, RN - 4 South
  o Bachelor of Science in nursing degree from Indiana Wesleyan University
• Kimberly Chmielewski, BSN, RN – NICU
  o Bachelor of Science in nursing degree from Chamberlain College of Nursing
• Marina Wittensoldner, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Ronda Beck, BSN, RN – AMG Waynesburg
  o Bachelor of Science in nursing degree from Chamberlain College
• Stacie Stockert, BSN, RN - Emergency Department
  o Bachelor of Science in nursing degree from Walsh University
• Adenike Gbadebo, BSN, RN - Emergency Department
  o Bachelor of Science in nursing degree from Ohio University
• Stacie Stockert, BSN, RN - Emergency Department
  o Bachelor of Science in nursing degree from Ohio University
• Ronda Beck, BSN, RN – AMG Waynesburg
  o Bachelor of Science in nursing degree from Ohio University

BACHELOR'S DEGREES
• Kristal Johnson, BSN, RN – Emergency Department
  o Bachelor of Science in nursing degree from Chamberlain College
• Brandi Cook, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Kent State University
• Ashley Hostetler, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Julia McCort, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Suzanne Mayle, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Jarrett Williams, BSN, RN – Wound Care
  o Bachelor of Science in nursing degree
• Ha Heather Predragovic, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Gwenoldyn Sue Giannelli, BSN, RN— Aultman Onville Surgery
  o Bachelor of Science in nursing degree from Ohio University
• Tammy Price, BSN, RN - Pretest
  o Bachelor of Science in nursing degree
• Chris Jurovcik, BSN, RN - Hospice/Palliative Care
  o Bachelor of Science in nursing degree
• Marga McKay, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Chamberlain College
• Daunel Blase, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Ohio University
• Megan Frank, BSN, RN – CCU
  o Bachelor of Science in nursing degree from Walsh University
• Stacie Stockert, BSN, RN - Emergency Department
  o Bachelor of Science in nursing degree from Ohio University
• Stacie Stockert, BSN, RN - Emergency Department
  o Bachelor of Science in nursing degree from Ohio University
• Ronda Beck, BSN, RN – AMG Waynesburg
  o Bachelor of Science in nursing degree from Ohio University
• Josh Luster, BSN, RN - 5 North
  o Bachelor of Science in nursing degree from Ohio University
• Thad Chastain, BSN, RN - Critical Care Resource Team
  o Bachelor of Science in nursing degree from Aultman College
• Barbara Kujawski, BSN, RN - Critical Care Resource Team
  o Bachelor of Science in nursing degree from Ohio University

MASTERS DEGREES
• Melissa Higham, MSN, RN— 5 South
  o Master of Science in nursing leadership degree
• Tracy Dodson, MSN, RN— Aultman Orrville Hospital
  o Master of Science in nursing degree
• Alan Merry, MSN, RN—Compassionate Care Center
  o Master of Science in nursing degree from Walsh University
• Patty Russell, MSN, RN – Main S
  o Master of Science in nursing degree from Walden University
• Dave Drue, MSN, RN, AGNP - MICU
  o Master of Science in nursing degree with an Adult Gerontology Nurse Practitioner Specialty
• Moinska Wilas, MSN-PH, RN - Birth Center
  o Master of Science in nursing with focus in Public Health from Grand Canyon University
• Jonathan King, MSN, RN – CCU
  o Master of Science in nursing from Kent State University with a Family Nurse Practitioner Specialty
• Karen Murray, MSN, RN, CCNP – CCU
  o Master of Science in nursing from University of Akron with an Adult Care Nurse Practitioner Specialty
• Jonneta Hille, MSN, RN – 5 South
  o Master of Science in nursing degree with a Family Nurse Practitioner specialty
• Catherine Hatfield, MSN, RN, FNP - Infusion Therapy
  o Master of Science in nursing degree with a Family Nurse Practitioner Specialty

DOCTORAL DEGREES
• Dianne Gibbs, DNP, RN - Aultman College
  o Doctor of Nursing Practice degree from Walsh University
• Eileen Good, DHA, MSN, RN, NEA-BC – Clinical Advocacy
  o Doctorate of Health Administration from the University of Phoenix
• Courtney Striffield, DNP, RN, CCRN – Education & Development
  o Doctorate of Nursing Practice in Leadership from Chamberlain College of Nursing

CERTIFICATIONS
Nursing certification represents a strong commitment to elevating professional knowledge within a nursing specialty to a defined level of excellence. Study, mental preparation and testing are components of the process. Aultman supports nursing certification via hosting prep classes on-site, scheduling attendance for approved outside prep classes, and reimbursement for certification testing and recertification.

The following Aultman nurses successfully completed the rigorous nursing certification process in 2016:

NURSING CERTIFICATIONS
• Brandie Bertleff, BSN, RN, CIC - Infection Prevention
  o Certification in Infection Control
• Susan DiNardo, BSN, RN-B, CRNN – Rehabilitation Unit
  o Certification in Gerontological Nursing (RN-B)
• Sara (Sally) Conkle, RN-B, CHPN - Hospice
  o Certification in Gerontological Nursing (RN-B)
• Amy Hiner, BA, MSN, RN-B, ACNS-BC - Intensivist Team, Clinical Nurse Specialist
  o Certification in Gerontological Nursing (RN-B)
• Jolene Mullen, MSN, RN, NE-B – Utilization Management
  o Nurse Executive Certification (NE-B)
• Cassie Lepay, RN-B – MICU
  o Certification in Gerontological Nursing (RN-B)
• Katie Emile, MSN, RN-B - Magnet Office
  o Professional Development Certification (RN-B)
NURSING ACCOMPLISHMENTS 2016

- Gretchen Kamerer, BSN, RN-BC – MICU
  - Certification in Gerontological Nursing (RN-BC)
- Lindsey Fernandez, RN-BC - Memorial 4 South
  - Certification in Gerontological Nursing (RN-BC)
- Kyle Shirkey, BSN, RN-BC, CEN – Emergency Department
  - Certification in Gerontological Nursing (RN-BC)
- Lindsey Fernandez, RN-BC - 4 South
  - Certification in Gerontological Nursing (RN-BC)
- Sara Schaub, MS, CCRP - Cardiac Rehab
  - Cardiac Rehabilitation Professional Certification (CCRP)
- Heidi Freshour, LPN-BC - Education & Development
  - National Gerontology Certification (LPN-BC)
- Sally Conkle, BSN, RN-BC – Hospice/Palliative Care
  - Certification in Gerontological Nursing (RN-BC)

Joyce Balla, BSN, RN-BC – Hospice/Palliative Care
- Certification in Gerontological Nursing (RN-BC)
- Heather Draime, BSN, RN, CMCN - Utilization Management
  - Certified Managed Care Nurse (CMCN)
- Michelle Pamer, RN, CVAHP— Purchasing
  - National Certification for Value Analysis (CVAHP)
- Kim Hoerger, BSN, RN, OCN— Patient Navigation
  - Oncology Nursing Certification (OCN)
- Eric Ahbel, BSN, RN, CNN— West Tusc. Dialysis
  - Certified Nephrology Nurse (CNN)
- Judi Kramer, BSN, RN, CNN— West Tusc. Dialysis
  - Certified Nephrology Nurse (CNN)
- Charity Furcsik, MSN, RN, CNE— Aultman College
  - Certified Nurse Educator (CNE)

Laura Orthel, BSN, RN-BC—4 North
- Certification in Gerontological Nursing (RN-BC)
- Patricia Miller, MSN, RN, NE-BC, AACC, CHC - Patient Education Coordinator
  - Health Coach Certification (CHC)
- Jamie Whitacre, BSN, RN, CCRN - SICU
  - Critical Care Registered Nurse (CCRN)
- Noreen Morrow, BSN, RN-BC, CHPN - Hospice/Palliative Care
  - Certification in Hospice and Palliative Care Nursing (CHPN)
- Vicki Keane, BSN, RN-BC – CCU
  - Certification in Gerontological Nursing (RN-BC)
- Emily Barkhurst, BSN, RN-BC - 6 North
  - Certification in Gerontological Nursing (RN-BC)
- Darlene Bennett, LPN-BC - Woodlawn Transitional Care Unit
  - Certification in Gerontology (LPN-BC)
- Dawn Stone, BSN, RN, CHPN - Hospice/Palliative Care Nursing (CHPN)
- Kyla Tesch, BSN, RN-BC - MICU
  - Certification in Gerontology Nursing (RN-BC)
- Colleen Sondles, BSN, RN, NE-BC - Administration
  - Nurse Executive Certification (NE-BC)
- Ying Liu, BSN, RN-BC – CCU
  - Certification in Gerontological Nursing (RN-BC)

This year, nurses celebrated their professional development accomplishments with a giant check as a fun way to recognize the “priceless” worth of education and certification. Nurse administrators and the Magnet Team showed up with a huge “check,” balloons and a congratulatory letter from the CNO, and the groups posed for pictures!
NURSING ACCOMPLISHMENTS 2016

PRECEPTORS: IMPARTING A NURSING LEGACY
When registered nurses serve as clinical preceptors, they provide an important opportunity for students to combine classroom knowledge with hands-on skills that prepares them for real-world experience. The preceptors serve as role models; assist with socialization, facilitate students’ prioritization, organization, and delegation; and demonstrate the importance of self-reflection. Thank you to the expert nurses and unit directors who contributed to the legacy of nursing by precepting or arranging preceptorships.

BARBARA DONAHO PRECEPTOR AWARD
Meghan Gilroy, BSN, RN, a nurse in the Aultman Birth Center, earned this tenth annual award from Kent State University College of Nursing.

AULTMAN COLLEGE FEATURED PRECEPTORS
Several preceptors were honored for their exceptional commitment to Aultman College students.

Shirley Tucker, RN
The advice that she shares with students is “Listen to your patients. They are the best teachers.”

Cathleen Leedy, BSN, RN
Her advice to nursing students: “Be honest and maintain the highest ethics. Then, you will know that you did your best. Treat each patient as a close family member. Have fun and enjoy life. Make time for family and your children. Life is too short for regrets.”

Christine Plouts, RN
The advice she gives to nursing students: “Always keep your mind open to learning.”

POSTER PRESENTATIONS AT PROFESSIONAL CONFERENCES
Patty Russell, MSN, RN - American Nurses Association Quality, Safety and Staffing Conference “Improving the Flow: Decreasing CAUTI”

Two projects were presented at Ohio Nurses’ Association in Columbus on April 15, 2016.

Beth Chenevey, BSN, RN, CCRN-K presented "An Educational Strategy to Increase Nurse Competency" at the annual Ohio Hospital Association meeting in June 2016.

PUBLICATIONS
Cynthia Webner, DNP, RN, CCNS, CCRN-CMC, CHFN and Karen Marzlin, DNP, RN, CCNS, CCRN-CMC, CHFN were published in two American Association of Critical Care Nursing (AACN) Practice Alerts:
- AACN Practice Alert (2016). Ensuring Accurate ST-Segment Monitoring
- AACN Practice Alert (2016). Accurate Dysrhythmia Monitoring in Adults

ORAL PRESENTATIONS AT PROFESSIONAL CONFERENCES
Rhonda Fleischman, MSN, RN-BC, CN, CCRN-CMC presented two podium presentations at the AACN National Teaching Institute and Critical Care Exposition in May 2016.
- "Courageous Care: Improving Sleep in the Critically Ill"
- "Successful Care Strategies for the Management of Delirium in the Critically Ill Older Adult"

Debbie Shaffer, MSN, RN presented her project, “Using Simulated Mock Code Blue to Improve Patient Survival Rates,” at the Sigma Theta Tau Conference in May 2016.
Karen Chirumbolo, MSN, RN, CNS, Katie Emmer, MSN, RN-BC, and Jennifer Roth, MSN, RN presented their research project, “Self-Reported Occupational Fatigue of Direct Care Nurses and Nurse Managers in a Community Hospital” at several 2016 professional conferences:
- Robinson Memorial Research Day, April 2016
- Walsh University Research Day, October 2016
- OONE Annual Fall Conference, November 2016

A total of six people presented posters at the Ohio Organization of Nurse Executives (OONE) Annual Fall Conference. Linda Griggs won first place for her poster titled “ALL IN for Excellence in Geriatric Care.”

Two projects were presented at Ohio Nurses’ Association in Columbus on April 15, 2016.

Beth Chenevey, BSN, RN, CCRN-K presented “An Educational Strategy to Increase Nurse Competency” at the annual Ohio Hospital Association meeting in June 2016.
POINTS OF CARING AWARDS
The annual Points of Caring (POC) dinner was held on Oct. 19, 2016 at LaPizzaria in Canton. The Points of Caring is Aultman’s honors program for outstanding nursing and clinical support and each point of the star highlights an area of excellence. Seven POC awards were given to Aultman staff and three scholarship recipients were honored. Two nurses were also honored with 50-year service awards. Guest speakers Annette Swindin and Mike Gallina joined in to share their stories with the 245 attendees.

SCHOLARSHIP WINNERS
• Briana Reardon, BSN, RN, NICU
• Courtney Stryffeler, MSN, RN, CCRN, Education and Development
• Giorgia Remark, OTR/L, Occupational Therapy

CAMEOS OF CARING
Suze Martin, BSN, RN, IBCLC of Aultman Orrville Hospital received the Cameos of Caring Award at the 15th annual Cameos of Caring Gala, University of Akron in October 2016.

2016 KEYS TO SUCCESS AWARD WINNERS
Linda Brunk, RN, CPN
Kim Dougan, MSN, RN, NE-BC
Jan Simon, BSN, RN, ONC
Rebecca Self, BSN, RN, CCRN
Michael Carpenter, MSN, RN, ACNP
Pam Dodd, BSN, RN, OCN
2016 RISING STAR AWARD WINNERS

Kenneth Brately, BSN, RN  
Bianca Doak, BSN, RN  
Tracy Dodson, MSN, RN

ASPIRING NURSE LEADER AWARD

Kim Dougan, MSN, RN, NE-BC, MICU Unit Director, was named 2016 Aspiring Nurse Leader by the Ohio Organization of Nurse Executives (OONE). Kim was also nominated for the OHA Healthcare Worker of the Year Award. The award honors outstanding caregivers who are great leaders and reflect the values and ideals of their organization.

SILVER BEACON AWARD

Aultman Medical Intensive Care Unit (MICU) received the silver-level Beacon Award for Excellence from the AACN. The award recognizes caregivers who successfully improve patient outcomes and align practices with AACN’s healthy work environment standards.

EXPLORING LEADERS

Two members of the Aultman Orrville team completed the Exploring Leaders program in December 2016: Sarah Atkinson, BSN, RN, C-OB and Mary McClish, BSN, RNFA, CNOR.

Aultman Orrville OB staff delivered the 500th baby of 2016 at AOH — a record high for the number of deliveries at the facility.