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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 2017, 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 some inspiring exemplars involving the work of Aultman nurses in 2017:

- Improving Medication Education for Patients
- Diversity and Inclusion Council - Minority Inclusion Scholarship Fund
- Bedside Competency Evaluations
- Matter of Balance Community Fall Prevention
- 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. On 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.

And 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
Magnet Center for Professional Practice Team

Anne Paliswat, MSN, RN, NE-BC
Mary Beth O’Connor, MSN, RN, CNOR (E)
Amy Chambers, MSN/ED, RNC-OB
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 2017, mid-way through our third designation cycle as a Magnet hospital, the Magnet team of Anne Paliswat, Mary Beth O’Connor, Amy Chambers, Katie Emler and Sommer Warwick worked diligently to encourage, collect and validate the remarkable accomplishments of nurses and interprofessional colleagues across the Aultman Hospital continuum 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.

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. We look forward to sharing our firsthand accounts of discovery, healing, hope and compassionate excellence.
Nursing Professional Practice Model

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 of 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 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 Best-In-Class 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 and revenue 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 healthcare environment with a focus on high reliability.
• We value and respect the cultural diversity of our patients, peers, 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.
Each year, a specialized nursing plan of care is developed to align with our overall Aultman Healthcare Delivery System strategy. This strategic plan embodies the concepts of our nursing philosophy, identifies the desired behaviors of our nursing workforce, and targets specific goals and initiatives to improve the quality of patient care outcomes. The plan is always forward-looking and designed to engineer the leap from current state to a desired future. As we define objectives and strategies, assign accountability, and measure our progress, our approach is one of continual reassessment of what it will take to achieve success.

For the first time in 2017, Chief Nursing Officer Anne Gunther, DNP, RN, NE-BC, created a video to share the nursing strategic goals. Every nurse received a link to the video with the opportunity to watch and gain a better understanding of the annual strategy concepts. To all Aultman nurses: thank you for being part of the nursing workforce that moves us forward and gives us relevance.

1. **Optimize Care Quality**
   Nursing objective: Minimize care variation.
   - Practice Standards for Cardiac Rhythm Monitoring
   - Care Fundamentals (Diabetes, CAUTI, & Skin Care)
   - Get to Zero Achievement, Process Improvement
   - Pathway to Excellence (Aultman Orrville Nursing)
   - Reducing Workplace Violence

2. **Improve Staff Engagement**
   Nursing objective: Improve frontline staff engagement and improve leader engagement.
   - Strengthen RN Satisfaction
   - Nurse Leader Succession/Mentoring Program

3. **Build the Future Workforce**
   Nursing objective: Build a pipeline of future workers that supports emerging care delivery models.
   - Future Workforce Plan
   - Transitions to Practice, Nurse Residency Program

4. **Improve Patient Experience**
   Nursing objectives: Achieve lasting improvement in patient experience. Provide continuity across the continuum for all patients.
   - Connecting the “Why” with Patient Experience

5. **Be the Provider of Choice for Payers**
   Nursing objective: Improve performance on nurse-sensitive indicators.
   - Bedside Reporting, Phase II
   - Appropriate Level of Care for Patients
   - NDNQI Falls, Restraint Use, Hospital Acquired Pressure Injuries (HAPI), Hospital Acquired Infections (HAI)
TRANSFORMATIONAL LEADERSHIP
Improving Medication Education

BACKGROUND/PROBLEM
In alignment with the nursing strategic goal to improve the patient experience, Unit Directors Renee Allatzas, MSN, MBA, RN and Tyler Reichman, BSN, RN, PCCN along with Patient Education Specialist Patricia Miller, MSN, RN, NE-BC, AACC, CHC created a process using special cards to help nurses educate patients about new medications. Medication education can affect many important patient outcomes such as satisfaction, safety and readmissions. Aultman Hospital had no standard approach for medication education, and physicians and nurses had no specific guidelines to follow. The group created a process and collaborated with the Falls Council to identify medications putting patients at high risk for falls.

GOAL
The goal was to improve the patient experience with a defined process for medication education.

DESCRIPTION OF INTERVENTION
This multidisciplinary project included four main initiatives:
• Medication cards were reformatted for easier readability and yellow “rise slowly” stickers were added to high fall-risk medications.
• Medication card use was measured, and feedback was provided to staff.
• Hospitalists were asked to initiate education on new medications and to write the name of the new medication on the patient whiteboard.
• A formalized scripting plan on 5 South and 5 North was developed and nurses were educated on the importance, current outcomes, and given a script. Each nurse had to demonstrate competency by role-playing medication education.

OUTCOMES/RESULTS
HCAHPS medication education scores improved compared to previous year scores. Medication card use was tracked and demonstrated that the nurses were using the cards. Because of the group’s leadership and persistence, the process was rolled out to all floors. Patients around the hospital benefited from the enhanced medication education process.

Example Medication Education Card:
Restructuring Competency:  
The Impact of Bedside Competency Evaluation

BACKGROUND/PROBLEM  
Nursing competency provides an important skill and knowledge test for registered nurses in practice. Validation of competencies is an annual requirement for Aultman RNs. In the past, each unit independently maintained the competency process with no uniformity of expectations. There were inconsistent hands-on, real-time skill evaluations. Many competencies were not unit-specific and covered rather generalized, basic nursing skills. In some areas, nurses were expected to independently review self-learning packets, read posters of prior education, and complete non-proctored multiple-choice post-tests during a one-day class in a meeting room off the unit. RNs took one to four hours to complete the skill check-offs. Many nurses felt that the process was redundant and was not an effective evaluation of the expertise necessary for their level of caregiving and their unit patient population.
GOAL
Critical Care Clinical Nurse Specialist Amy Hiner, MSN, BA, RN-BC, ACNS-BC and Post-Acute Educator Lori Knoch, MSN, RN-BC, APRN-CNS set out to create an innovative bedside competency process that would reliably and consistently measure nurses’ skills, improve nurse satisfaction, save operating costs, and be applicable for implementation across the continuum of care.

DESCRIPTION OF THE INTERVENTION
During the planning phase, representatives from each nursing unit reviewed the mandatory hospital wide competencies, as well as unit-specific needs, and determined what skills would be evaluated for the year. Eight to 10 skills were chosen for each unit, with six being hospital-based and the remainder being unit-based. The validation forms were reviewed to verify they reflected current practice. At the onset of the program, all unit staff were presented with the new evaluation process during shift huddles and shared governance meetings so that the entire team would be fully aware of expectations. A schedule of two to three skills or exemplars per month was created, and this schedule was expected to be completed in a timely fashion during working hours throughout the year. Staff members were responsible for returning their personal exemplars of expertise, such as completed EKGs and blood transfusion forms, to management or unit educators for evaluation.

OUTCOMES
A minimum of eight competencies were done per unit in a total of 10 units. All the competencies were verified in real time at the bedside by hands-on evaluations or exemplars. Over 65 percent of staff who returned evaluations preferred the new process and reported improved satisfaction with the overall process. The critical care division alone, when completing the competency checks in this manner, reported a yearly savings of $29,592. By using real-time evaluation and exemplars of performance, competency can be accurately evaluated and be perceived as meaningful and relevant to both peers and administration. This improves assessment of skills proficiency needed to competently care for the patient, while also improving staff satisfaction.

Preferred Competency Format

Were the real-time check-offs an accurate measurement of your competency?

- Yes: 85%
- No: 15%

Real-time skills checks: 19.74%
Longer “skills-day”: 76.32%
Life’s a “Matter of Balance”:
Implementation of a Community Fall Prevention Program

Sheree Nuske, BSN, CEN; Linda Griggs, MSN, APRN-CNS, ACNS-BC, RN-BC and Lori Leonard BSN, CEN

Unintentional falls by older adults are the leading cause of injury both in the U.S. and Ohio. Three million older adults are treated in emergency departments annually for fall-related injuries.

Many older adults experience a fear of falling. People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater.

To follow our mission of “Leading our Community to Improved Health,” Aultman partnered with the Stark County Health Department to begin offering a series of fall prevention classes. The class series is part of the Steady U Ohio - Matter of Balance initiative promoted by the Ohio Department of Aging.

Matter of Balance is a nationally recognized, evidence-based program addressing the fear of falling. The program is designed to benefit older adults who are concerned about falls, have sustained falls in the past, restrict activities because of concerns about falling, are interested in improving flexibility, balance and strength, and are age 60 or older and live in the community.
The program enables participants to achieve significant goals. They gain confidence by learning to view falls as controllable, set goals for increased activity, make changes to reduce their fall risks at home, and introduce them to exercises to increase strength and balance. It includes eight two-hour sessions for a small group of eight-12 participants led by a trained facilitator. Participants in the class complete a pre- and post-survey that addresses components related to fall prevention. These include the extent to which they are concerned about falling, how it interferes with normal social activities with family, friends, neighbors or groups, and how much walking or exercising they participate in daily.

The class is making a difference for the participants as evidenced by a statistically significant difference in the pre- and post-survey results, and the following participant feedback:

![Results table]

<table>
<thead>
<tr>
<th>Pair</th>
<th>Question</th>
<th>Paired Differences</th>
<th>95% Confidence Interval of the Difference Upper</th>
<th>df</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair 1</td>
<td>I can find a way to get up if I fall.</td>
<td>-.531</td>
<td>-5.970</td>
<td>49</td>
<td>.000</td>
</tr>
<tr>
<td>Pair 2</td>
<td>I can find a way to reduce falls.</td>
<td>-7.02</td>
<td>-7.084</td>
<td>48</td>
<td>.000</td>
</tr>
<tr>
<td>Pair 3</td>
<td>I can protect myself if I fall.</td>
<td>-5.99</td>
<td>-6.565</td>
<td>50</td>
<td>.000</td>
</tr>
<tr>
<td>Pair 4</td>
<td>I can increase my physical strength.</td>
<td>-.343</td>
<td>-4.330</td>
<td>49</td>
<td>.000</td>
</tr>
<tr>
<td>Pair 5</td>
<td>I can become more steady on my feet.</td>
<td>-4.38</td>
<td>-4.870</td>
<td>50</td>
<td>.000</td>
</tr>
<tr>
<td>Pair 6</td>
<td>During the last four weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups.</td>
<td>6.84</td>
<td>1.495</td>
<td>47</td>
<td>.142</td>
</tr>
<tr>
<td>Pair 7</td>
<td>Tell us how much you are walking or exercising now.</td>
<td>-.710</td>
<td>-5.183</td>
<td>49</td>
<td>.000</td>
</tr>
</tbody>
</table>

* Statistically significant difference in 6 of the 7 questions post intervention.

**Participant Comments:**
- “Everyone should take this class.”
- “I learned to think about the job I’m doing at home before I start to make sure there are no fall risks.”
- “I’m exercising more! I especially like the exercises in class that are to help balance. I need to improve more.”
- “I fell and was experiencing that fear. Replacing fears with constructive ideas helped me.”
- “The whole session was so informative and was presented so well.”
- “I am more aware of my surroundings and more careful of how fast I’m moving.”
- “I pay more attention to where I walk and take a cane when away from home.”
- “Wonderful class. I changed my habits and made my home safer.”
STRUCTURAL EMPOWERMENT

Aultman Nurses in the Community

Amish Health Fair and Safety Day

Progress for the Cure

Baby, Tot & Bigger Show

Elephant Run 5k
Salvation Army Food Drive

Relay for Life

Summer Safety at the Orrville YMCA

Recognition Council Fundraising Event

Elephant Run 5k

Walk with a Doc at Arrowhead Orchard
Year of the Healthy Nurse — Nurses’ Week 2017

There are many reasons to celebrate Aultman nurses daily, but Nurses’ Week provided a special opportunity to recognize the effort and intention of the hospital’s vital workforce. Nurses care for patients and families physically and emotionally, but often neglect to care for themselves. The May 2017 celebration themed “Year of the Healthy Nurse” focused on giving back to the caring profession and encouraging personal health and wellness. Activities included creating a healthy cookbook, 10-minute massages on the units, and a day-long health fair with local vendors, featuring everything from skin care, to fitness, to a special cooking demonstration. Several nurses displayed their research about nurse fatigue and advocated for nurses to take meal and rest breaks. Giveaways were sponsored, and the event was very well attended.

“As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves …” — Maya Angelou

This Nurses’ Week celebrated the healing kindness nurses give away and reminded them to care for their own hearts, minds, souls and bodies as well.
GRADUATIONS
Consistent with a culture of lifelong learning, many Aultman nurses committed to advancing their education in 2017. Degree completions included the following:

**BSN**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenike Gbadebo</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Amanda Norris</td>
<td>6 East</td>
</tr>
<tr>
<td>Amy Stepanovich</td>
<td>Hospice/Palliative</td>
</tr>
<tr>
<td>Anita Cross</td>
<td>Hospice/Palliative</td>
</tr>
<tr>
<td>Barb McAvinew</td>
<td>CCU</td>
</tr>
<tr>
<td>Barbara Kujawski</td>
<td>Critical Care Resource Team</td>
</tr>
<tr>
<td>Cassandra Brown</td>
<td>6 South</td>
</tr>
<tr>
<td>Chelsey McGee</td>
<td>CCU</td>
</tr>
<tr>
<td>Christi Cline</td>
<td>CVOR</td>
</tr>
<tr>
<td>Daunel Blose</td>
<td>CCU</td>
</tr>
<tr>
<td>Dave Springer</td>
<td>CVOR</td>
</tr>
<tr>
<td>Heather Bracken</td>
<td>LDRP</td>
</tr>
<tr>
<td>Jami Mausolf</td>
<td>AOH Surgery</td>
</tr>
<tr>
<td>Jayna Lennington</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>Jenny Misch</td>
<td>LDRP</td>
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<tr>
<td>John Lewis</td>
<td>ED Utilization Management</td>
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<tr>
<td>Jordan Beitzel</td>
<td>CVSICU</td>
</tr>
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<td>Kimberly Daniels</td>
<td>NICU</td>
</tr>
<tr>
<td>Kyla Tesch</td>
<td>MICU</td>
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<tr>
<td>Laurel Lucas</td>
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<tr>
<td>LeaAnn Smith</td>
<td>Cardiac Rehab</td>
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<td>Lora Chastain</td>
<td>NICU</td>
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<tr>
<td>Mandy Gullett</td>
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<tr>
<td>Mandy Miller</td>
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<tr>
<td>Marcia McKay</td>
<td>CCU</td>
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<tr>
<td>Maria Coy</td>
<td>Utilization Management</td>
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<td>Megan Frank</td>
<td>CCU</td>
</tr>
<tr>
<td>Melani Boyle</td>
<td>6 North</td>
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<tr>
<td>Meredith Boylen</td>
<td>5 North</td>
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<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Molly Arnold</td>
<td>AOH Med Surg</td>
</tr>
<tr>
<td>Nicole Clawson</td>
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<tr>
<td>Patti Kurzen</td>
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<td>Ronda Beck</td>
<td>AMG-Waynesburg Family Medicine</td>
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<td>Sara Mallady</td>
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<td>Sarah Lentz</td>
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<td>Shelly Perea</td>
<td>Quality</td>
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<td>Sydney Papadopoulos</td>
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<tr>
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<td>Critical Care Resource Team</td>
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<td>Tori Jewell</td>
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<tr>
<td>Yvonne Ulrich</td>
<td>SICU</td>
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**MASTER’S**

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<tbody>
<tr>
<td>Debby Taylor</td>
<td>Off Shift Administration</td>
</tr>
<tr>
<td>Rose May</td>
<td>CCU</td>
</tr>
<tr>
<td>Mallory Puckett</td>
<td>6 South</td>
</tr>
<tr>
<td>Tanya Young</td>
<td>Intensivist Team for Critical Care Services</td>
</tr>
<tr>
<td>Pam Burns</td>
<td>Revenue Management</td>
</tr>
<tr>
<td>Denise Holben</td>
<td>6 South</td>
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<tr>
<td>Melinda Wiles</td>
<td>LDRP</td>
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<tr>
<td>Michele Patterson-Stokes</td>
<td>Discharge Services</td>
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**Doctorate**

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<tr>
<td>Matt Mercer</td>
<td>Anesthesia</td>
</tr>
<tr>
<td>Betty Allen</td>
<td>SICU</td>
</tr>
</tbody>
</table>
**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 2017:

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification</th>
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</thead>
<tbody>
<tr>
<td>Rachel Klausner</td>
<td>CCRN</td>
</tr>
<tr>
<td>Betty Allen</td>
<td>CCRN</td>
</tr>
<tr>
<td>Ryan Garabrandt</td>
<td>CCRN</td>
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<tr>
<td>Stacey Taiclet</td>
<td>CCRN</td>
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<tr>
<td>Kathy Hendrickson</td>
<td>CNE</td>
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<tr>
<td>Crystal Smith</td>
<td>RN-BC, Gerontological</td>
</tr>
<tr>
<td>Meriah Winkhart</td>
<td>RN-BC, Gerontological</td>
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<tr>
<td>Beth Hendricks</td>
<td>PCCN</td>
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<tr>
<td>Jennifer Reese</td>
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<td>Carol Williams</td>
<td>RN-BC, Gerontological</td>
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<tr>
<td>Colleen Sondles</td>
<td>NE-BC</td>
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<tr>
<td>Kelly Mason</td>
<td>CCRN</td>
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<tr>
<td>Britanny Knappenberger</td>
<td>CNOR</td>
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<tr>
<td>Andrea Begue</td>
<td>C-EFM</td>
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<td>Betsy Bowe</td>
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<tr>
<td>Charlotte Forsythe</td>
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<tr>
<td>Joy Weiford</td>
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</tr>
<tr>
<td>Kortnie Wiseman</td>
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<tr>
<td>Lauren Lipinski</td>
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<td>Lisa Getz-Cammel</td>
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<tr>
<td>Rachel Kennedy</td>
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<tr>
<td>Debbie Shaffer</td>
<td>RN-BC, Nursing Professional Development</td>
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<tr>
<td>Lori Knoch</td>
<td>RN-BC, Nursing Professional Development</td>
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<tr>
<td>Suzanne LaBuda</td>
<td>OCN</td>
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<tr>
<td>Alison Conrad</td>
<td>RNC-OB</td>
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Aultman Birth Center Pushes for Certification

In 2017, the staff in Aultman’s Birth Center identified an opportunity to become more highly reliable and to elevate the care provided to patients by becoming certified in a vital specialty skill. The National Certification Corporation (NCC) offers a certification in External Fetal Monitoring (C-EFM). Fetal monitoring tracks fetal heart rate and condition during pregnancy, labor and delivery, and checks the duration of contractions. This provides a lifeline to the fetus while the mother is a patient. Fetal monitoring is continuous and even the subtlest changes, if not recognized quickly, can be catastrophic to the mother and baby. Becoming certified advances the ability of all team members to interpret changes in fetal strips and allows them to share a common language when assessing the monitored data.

In acknowledgment of the importance of this kind of specific expertise, and of the interprofessional teamwork that occurs on the unit, both nurses and physicians sought and earned the certification. A review course was coordinated and taught by Julie Sisco, MSN, RN, C-EFM for all candidates planning to take the examination, allowing them to study and learn together. Aultman was permitted to function as the testing site, enabling all the candidates to take their examinations on-site. Five different test dates were offered and were proctored by already-certified Birth Center staff members. A total of 36 candidates took three different certification examinations.

Because of the Birth Center’s large-scale efforts to advance the expertise of staff, 27 interprofessional team members achieved certification in External Fetal Monitoring. One Birth Center RN earned a certification in Maternal Newborn Nursing and six Aultman Orrville RNs were certified in Inpatient Obstetrics. Congratulations to the Aultman Birth Center staff for their collaboration and commitment to the safety and well-being of their patients and families.
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; 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
Christine R. Pfouts, RN, PCCN - a nurse on the Critical Care Resource Team, earned this eleventh annual award from Kent State University College of Nursing

AULTMAN COLLEGE FEATURED PRECEPTOR
Caitlin Armstrong, RN, 6 East RN was honored for her exceptional commitment to Aultman College students. The advice that she shared with students in a feature article in The Bag is “Don’t give up! It is worth it! Nursing school is a tedious journey where you will feel every good and bad emotion you can imagine. But once you receive that diploma, pass the NCLEX, receive your first nursing job and hear the words, ‘Thank you for everything you’ve done for me’ from your patient, that’s the reason you do this.”
Clinical Resources Tab

Aultman nurses exist and work in a fast-paced clinical environment. There is a need, now more than ever, for quick references with accurate medical information at the point of care. The internet holds an infinite amount of information, not all of which is reliable, and it takes time away from patient care to sift through the mass of material. Amy Chambers, MSN/ED, RNC-OB, utilized her future-oriented thinking and problem-solving nature to identify the need and create an innovative solution to address it. She pooled internal resources to create a reliable, one-stop location for nursing references. She partnered with the Aultman Information Technology and Corporate Communications teams to place it on the employee portal, where nurses could reach it in just two clicks.

This special section within the portal is a helpful resource to guide and support clinical practice. It includes items such as:

- Practice guidelines and protocols.
- Equipment ordering information.
- Educational videos.
- Links to professional and regulatory organizations.

The site is an exemplar of innovation elevating nursing practice. A simple fix for less Googling, and more time with patients.
Nurses Lead Quality Improvement Activities: A Multiphase Approach to Stabilizing Newborn Blood Sugar

BACKGROUND/PROBLEM
Neonatal hypoglycemia occurs most commonly in infants who are small or large for gestational age, born to mothers who have diabetes, and who are late preterm. Early identification of the at-risk infant, initiation of routine screening, and prophylactic measures to prevent hypoglycemia are recommended to avoid neurologic damage. Bedside evaluation of blood sugar levels is recommended for routine screening but may result in lower values than plasma glucose levels. Nurses in the obstetric department at Aultman Orrville Hospital, led by Tara Snyder, MSN, RN, C-EFM, discerned a steady increase in discrepancies between bedside test blood sugar values and lab-analyzed serum values in newborns. This resulted in decreased provider confidence of bedside values and increased use of Dextrose Gel.

GOAL
The goal of the initiative was to reliably assess at-risk newborns with bedside blood sugar monitoring, decrease serum glucose lab draws, and decrease doses of Dextrose Gel administered, influencing higher rates of exclusive breastfeeding.

PROJECT DESCRIPTION
A 12-month multiphase approach was taken to stabilize newborn blood sugar. The three phases included: (Phase 1) adjusting Dextrose Gel dosing, (Phase 2) standardized use of newborn lancets for heel sticks, and (Phase 3) operator competency validation for bedside glucometer. Bedside blood sugar results, serum results, glucometer sample errors, Dextrose Gel usage and exclusive breastfeeding rates were all monitored for improving trends.

RESULTS
There were improvements noted in: (1) average difference between bedside blood sugar and serum glucose results, (2) glucometer sample errors, (3) number of serum confirmations, (4) Dextrose Gel usage, and (5) exclusive breastfeeding rates.
Ongoing Excellence - Every Line, Every Day

BACKGROUND/PROBLEM
The IV Team at Aultman Hospital is comprised of expert clinical nurses available for IV insertions, central line maintenance, and other IV resources for clinical nurses. Their combined clinical experience averages over 30 years. In 2017, IV Team nurses focused on continuing compliance with a practice bundle developed to decrease adult inpatient Central Line Associated Bloodstream Infections (CLABSI) developed during their bimonthly IV team Shared Decision-Making Council meetings.

They used their vast experience to identify practice gaps. On the clinical units, IV Team Clinical Nurse Susan Lux, RN routinely discussed best practices for dressing changes, flushing, catheter securement devices, and adopted a team approach to daily line assessment for identification of opportunities to aid in CLABSI prevention.

GOAL
The goal of the initiative was to reduce the rate of adult inpatient CLABSI.

DESCRIPTION OF INTERVENTION
Translating current research to change practice and integrating accountability at the bedside were key factors in enhancing patient safety and attaining improved outcomes. With input from clinical nurses on the CLABSI Shared Decision-Making Council, IV Team clinical nurse champions drove compliance with best practices specific to the acute-care population. A primary initiative was an evidence-based practice of rounding on every central line, every day. The team continued the practice of daily IV Team rounds to assess maintenance bundle elements for every central line. This was followed by real-time coaching and education with the primary clinical nurse to address line and dressing maintenance best practices.

OUTCOMES
Through increased accountability and education, the IV Team continued the evidence-based practice efforts to decrease CLABSI.
Surgical Intensive Care Unit Registered Nurses: Employees of the Year

Congratulations to Julie DeWees, BSN, RN and Jason Simpson, RN of the Surgical Intensive Care Unit (SICU). The pair received the 2017 Employee of the Year honor at the Annual Aultman Employee Recognition Dinner for their compassionate care of an elderly couple on their unit. Here is their nomination, submitted by Cheryl Wallace, BSN, RN, CCRN, SICU Unit Director:

“I would like to recognize two SICU staff members, Julie Dewees and Jason Simpson, who showed true compassion and caring for an elderly female patient and her husband. This remarkable story began over Memorial Day evening when Julie began caring for the patient and realized the patient’s elderly husband needed some assistance with his hygiene also. Willing to accept the assistance, Julie bathed both simultaneously in the room and provided clean PJs for the husband. When dinner arrived, Julie provided a guest tray, and set them up in the room together at the same table, facing each other and joked that they were “on a date together.” It was noticed by other staff members that Julie took as much care of the husband as she did the wife. Unfortunately, that was the last evening that the couple spent together, for the following morning, the husband was found unresponsive, pulseless in the wife’s bathroom.

This is where Jason Simpson demonstrated his true empathy for his patients and their families. Jason had set the wife and husband up for breakfast, and even watched the husband take his medicine. Seeing that the couple was settled in for breakfast, Jason preceded to take care of another patient. When he returned to the room to check on his patient, the husband was nowhere to be found. Jason’s high reliability smoke alarm went off and using a questioning attitude, he asked the physical therapist and the wife, “where did he go?” but neither had seen him leave the room. Being concerned, Jason searched the surrounding area. The bathroom door was closed, but the lights were also off. Jason knocked and opened the door to find the husband slumped over the toilet and unresponsive. Jason immediately flew into action as a critical care nurse, called for help and started CPR.

Although this story does not have a happy ending for this patient and her family, it shows how two SICU nurses went above and beyond to demonstrate what customer service credo is all about: respecting individuals and their families, developing relationships of trust, integrity and compassion, and fulfilling the physical and emotional needs of our patients. Julie provided a quiet and enjoyable evening for this couple on their “last date,” and Jason provided quality care for a family member, both examples of Aultman’s vision of achieving service excellence. I am proud to have both Julie and Jason as SICU team members.”

These nurses demonstrated the meaning of compassionate care provided daily by many Aultman nurses.
Registered Nurse-led Clinical Trial

Nursing career trajectories can evolve over time as nurses develop in their primary roles and seek professional development opportunities. Jennifer Miller, BSN, RN, PCCN felt inspired to advance her career; to lean into growth that emerges from reaching beyond a comfort zone. She enrolled in the Aultman Research Academy and fashioned a robust research purpose about the difference between a placebo and an IV numbing spray. Jennifer reasoned that if we offer the spray to children, why not routinely offer it to adults? Would it reduce their pain and anxiety? She worked with a partner in the Research Academy, Laura Wagner, ASR, RT (R)(N), CNMT, and developed an experimental project to compare the two sprays. Under the direction of physician, Dr. Mitryan Kar, they conducted an Institutional Review Board (IRB) approved clinical trial, enrolling over 30 patients and collecting data to answer their research questions. They spent many hours learning the research process and were guided by available Aultman resources; a nurse research consultant, IRB specialist, Research Academy Coordinator and more. At the end of their experience, they presented a poster at the Spirit of Inquiry event and disseminated their results internally to staff. Their article abstract is below along with a photo at the Spirit of Inquiry event.

A PINCH, A STICK, A VAPOCOOLANT MIST: USING AN INTERVENTIONAL “COLD SPRAY” PRIOR TO INTRAVENOUS CATHETER (IV) INSERTION.

RESEARCH QUESTIONS
Will patients perceive a vapocoolant spray to be more effective in reducing pain prior to IV insertion over a placebo spray?  
Will the use of a vapocoolant spray increase satisfaction with IV insertion over that of a placebo spray?
BACKGROUND
Approximately 25 million Americans require IV insertion when receiving medical treatment. The frequency and invasiveness of this procedure can cause pain and anxiety. Current practice guidelines do not include offering a vapocoolant spray prior to IV insertion.

METHODS
This was a single-blinded interventional study using a convenience sample of outpatients undergoing a nuclear medicine stress test. This study compared a control group of patients receiving the placebo (sterile water spray) vs. an experimental group (vapocoolant) prior to IV insertion. Inclusion and exclusion criteria were determined using information from the patient’s medical record and patient questionnaire. There were 30 patients who met inclusion criteria and received the randomized intervention. Tools used to measure results included a patient questionnaire involving a 0-10 visual pain scale and a 1-5 satisfaction Likert scale. Also, yes or no responses to whether both groups felt it important to control pain prior to IV insertions and whether the patients would choose an intervention again for future IV insertions. Analysis of covariance was used to compare pain scores after IV insertion with the pain score of previous IV insertions as the covariant.

RESULTS
There were no significant differences between the experimental and placebo groups. In addition, there were no significant differences with patient satisfaction between the two groups. However, both groups showed they would choose an interventional spray in the future.

FUTURE IMPLICATIONS
The results of this study were limited due to a small sample size. Future research could include a repeated study using different patient populations for example those who require multiple IV sticks or those needing port-a-cath needle insertions.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Burnout Syndrome in Critical Care Nursing

BACKGROUND
Critical care nursing is a stressful career. This stress leads to a high risk of burnout syndrome (BOS) in this population. It is well documented that BOS has many negative consequences, but little has been done to address BOS in the critical care nursing field. Recently, key national critical care leaders formed a collaborative to address the issue. They called for more research to be done on the topic of BOS in critical care.

Through a project with the Aultman Research Academy, Katie Pfalzgraf, MSN, APRN, CNP, a nurse practitioner with the intensivist team, answered the call for further research and conducted a study to better understand burnout.

GOAL
The goal of the research project was to identify the prevalence of burnout syndrome in Aultman Hospital’s Medical Intensive Care Unit (MICU) and Surgical Intensive Care Unit (SICU).
DESCRIPTION OF PROJECT
Katie conducted a prevalence study via a survey available for six weeks to any registered nurse (RN) or certified nurse practitioner (CNP) in Aultman Hospital’s MICU and SICU. A link to the survey on SurveyMonkey was sent to all prospective participants through Aultman email. The survey included demographic questions and the 22 question Maslach Burnout Inventory (MBI) tool.

OUTCOME
Results showed a moderate to average amount of BOS in the MICU and SICU. There was no statistical significance between age or years working in critical care and BOS. There was one statistically significant outlier in the depersonalization category of the MBI and working between six and 15 years in critical care (p=0.043).

Katie knew these results needed to be addressed to improve the work-life balance and retention of her peers. She recommended interventions should be put in place and a follow up survey conducted to assess their effectiveness. A co-worker and friend, Amy Hettich, BSN, RN, CCRN, carried on this research trajectory in the next cohort of the Research Academy.

Break Buddies: Decreasing Burnout Syndrome in Critical Care

BACKGROUND
Amy Hettich, BSN, RN, CCRN, building on Katie Pfalzgraf’s burnout syndrome project, decided to implement an intervention to improve burnout syndrome. “Rest Break programs are one of the new initiatives that some healthcare facilities have begun to implement to help nurses lower their fatigue, and thereby increase performance in serving patients and their families.” (Nejati, Rodiek, Shepley, 2015).

GOAL
Given these recognizable needs of critical care nurses in MICU and SICU, the goal was to implement a “Break Buddy” intervention.

DESCRIPTION OF INTERVENTION
Amy 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 mentors. 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 HRRB approval, Amy set to work collecting data and educating RNs about the new intervention to promote breaks. Nurses were assigned a partner, or “Break Buddy” at the beginning of the shift that would cover their patients during their break. Having the assignment ahead of time helped with communication and handoff when a nurse left the floor to take a break. The intervention was trialed for four weeks and Amy sent out a burnout survey before and after the intervention to assess if having a break buddy was an effective intervention for BOS.

OUTCOME
There were several statistically significant findings. From the survey, there was a change in several of the subscales indicating an improvement in burnout. She also noted that 76 percent of nurses were getting a break daily for >16 minutes.

She shared the results with MICU and SICU shared decision council members and looked at further interventions. The Break Buddy intervention, building on her colleague’s work had a big impact in the day to day well-being of nurses.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Spirit of Inquiry 2017

The 14th annual Spirit of Inquiry took place in the Bedford lobby in November. This event provided an important opportunity to display research and practice improvement projects that led to improved patient outcomes through the work of multiple disciplines including pharmacy, therapy, social work and nursing.

This year’s theme was “Evidence-Based Practice: Tools for Success” and featured a total of 24 posters. Six of the posters were presented by 2016-2017 Research Academy participants. The posters were on display for public viewing in the lobby from Nov. 13 – 17 and the event took place on Nov. 15. Employees had the opportunity to earn continuing education (CE) credit for viewing the posters. An independent study was available on the LMS.

In addition to poster presentations, the Spirit of Inquiry event included a judging portion, luncheon and an awards presentation. Attendees enjoyed listening to a total of four speakers during the luncheon with a focus on interprofessional research.

Keynote speaker Dr. Ruth Ludwick, Ph.D., CNS, RN, FAAN, presented “Building an Interprofessional Research Trajectory” Other speakers for the day included Rebecca Prewett, Pharm.D., Amy Hiner, MSN, APRN-ACNS, RN-BC, and Jonas Sykes, PT.
CONGRATULATIONS TO THE 2017 SPIRIT OF INQUIRY POSTER AWARD WINNERS:

Research: “Nursing Management of Hospitalized Pregnant Women at Risk for Obstructive Sleep Apnea” by Matthew Mercer, DNP, CRNA, RRT

Practice: “Rookie Research Academy: A Partnership to Enhance Research Competence” by Katie Emler, MSN, RN-BC, Mary Beth O’Connor, MSN, RN, CNOR(E), Jo Ann Donnenwirth EdD(c), MSN, RN, ACNS-BC & Jean Paddock, Ph.D.

Global Impact: “Improving Medication Education” by Renee Allatzas, MSN, MBA, RN, Tyler Reichman, BSN, RN, PCCN & Pat Miller, MSN, RN, NE-BC, AACC, CHC

Committee's Choice: “Optimization of Antibiotic Prescriptions for Uncomplicated UTIs in the Emergency Department” by Scott Perry, Pharm.D., BCPS, Rebecca Prewett, Pharm.D., Tom Bonsall, Pharm.D., BCPS & Adam Robinson, Pharm.D. Candidate
SHARED GOVERNANCE ACCOMPLISHMENTS 2017

NURSE LEADERSHIP COUNCIL
Chair: Mia Baussell, MSN, RN, CCRN
Chair-elect: Amy Colvin, BSN, RN-BC
• Nursing Strategic Planning
• 2017 Nurses' Week

APRN COUNCIL
Chair: Katie Pfalzgraf, MSN, APRN, CNP
Chair-elect: Gina Kicos, DNP, MSN, APRN-FNP-BC
Accomplishments:
• APRN Pharmacology Symposium
• APRN Handbook

NURSING CARE COUNCIL
Chair: Jennifer Roth, MSN, RN
Chair-elect: Laura Baxter, BSN, RN
Accomplishments:
• Nursing Worked Hours Guidelines
• Updated Staffing Plan

NURSE EDUCATION COUNCIL
Chair: Jennifer Frey, BSN, RN-BC
Chair-elect: Melinda Heath, BSN, RN
Accomplishments:
• Competency validation templates
• Promoted awareness of professional development opportunities

RECOGNITION & PROFESSIONAL ENHANCEMENT COUNCIL
Chair: Chris Grossi, PTA
Chair-elect: Krista Martini, BSN, RN
Accomplishments:
• Raised $1,400 for TEAM and ARNE scholarships
• 38 Action Academy graduates
• Recognition calendar for professional celebration week observances

PRACTICE COUNCIL
Chairs: Chuck Bell & Kelly Davis, BSN, RN
Chair-elect: Charlie Sedon
Accomplishments:
• SBAR Handoff Sheets
• Improved Lopressor administration times

SURF COUNCIL
Chair: Chris Kestner, BSN, RN
Chair-elect: Jill Renner, BSN, RN
Accomplishments:
• Cerner OneChart Support and Education: 32 super-users provided 2,466 hours of at the elbow go-live support
• PowerChart Specimen Collection Education: Mislabeled specimens decreased from 23 (April, May, June 2017) to six (August, September, October 2017)

RESEARCH COUNCIL
Chair: Andy Beltz, PT
Chair-elect: Tracy Singer, RT
Accomplishments:
• Completed successful Spirit of Inquiry event (Thanks to Theresa Benzel - Chair); Speaker session—53 participants, Poster session—58 participants, 24 posters
• Approved 15 studies for scientific merit

NIGHT SHIFT COUNCIL
Chair: Cathy Kanters, BSN, RN
Accomplishments:
• Second year for this council - continuing to develop
• Experienced a consistency in membership
• Explored nursing fatigue: Types, causes, barriers, and strategies for reducing the effects
GETTING TO ZERO (GTZ) COUNCILS

CAUTI COUNCIL
Chair: Cheryl Wallace, BSN, RN, CCRN
Chair-elect: Renee Allatzas, DNP, MBA, RN
Accomplishments:
- Identified solutions to enhance compliance with the CDC guidelines to keep patient catheters below the level of the bladder.
- Developed catheter holster and caddy innovations to aid in promotion of the ambulation process.

CLABSI COUNCIL
Chair: Stephanie Lane, BSN, RN
Chair-elect: Pam Dodd, BSN, RN, OCCN
Accomplishments:
- Revised the implanted port policy.
- Developed reference tools and competency checklists for implanted ports and central lines to include: accessing/de-accessing implanted ports, dressing changes, flushing, assessment and medication administration.

FALLS COUNCIL
Chair: Linda Griggs, MSN, RNC-OB, ACNS-BC
Chair-elect: Katlyn Dittmar, BSN, RN-BC
Accomplishments:
- Implementation of delirium screening and non-pharmacologic interventions in Med-Surg, Step-down, CVSICU, and Woodlawn areas.
- Educated IPAN partners.
- Developed education and resources incorporating GRN courses, and activity items.
- Recommended and received approval for additional assistive devices for mobility.
- Identified opportunities with falls associated with Metoprolol - proposed and implemented changes to Metoprolol administration resulting in a falls reduction.

HAPI COUNCIL
Chair: Amy Hiner, MSN, BA, ACNS-BC
Chair-elect: Melissa Highamm, MSN, RN
Accomplishments:
- Created hospital-based LMS education on pressure injury staging and documentation.
- Created standardized competency forms and resources for pressure injury staging, measuring and documentation.

SSI COUNCIL
Chair: Casey Allison, MSN, RN, NE-BC
Chair-elect: Edward Bozman, BSN, RN, ONC
Accomplishments:
- Expansion of the surgical site infection (SSI) prevention bundle to scheduled cesarean section and elective colon surgery patients.

VAE/RESTRAINT COUNCIL
Chair: Olivia Daya, BSN, RN
Chair-elect: Haleem Abiloma, RRT
Accomplishments:
- Campaigned to increase oral care and teeth brushing, resulting in improvement and reduction in VAE events.
- Submitted Cerner change request to enhance oral care documentation.
POSTER PRESENTATIONS AT PROFESSIONAL CONFERENCES

Bianca Doak, MSN, RN - Cleveland Clinic Research Conference, “Identifying Military Service: A Quasi-Experimental Study”

Renee Allatzas, DNP, MBA, RN and Tyler Reichman, BSN, RN, PCCN — Ohio Organization of Nurse Executives (OONE) Annual Fall Conference, “Improving Medication Education”

Katie Emler, MSN, RN-B.C - Association of Nursing Professional Development National Convention, July 2017, “Rookie Research Academy: A Partnership to Enhance Research Competence”

Tara Snyder, MSN, RN, C-EFM presented “Getting a Handle on Hypoglycemia: A Multiphase Approach to Stabilizing Newborn Blood Sugar” at the Association of Women’s Health, Obstetric and Neonatal Nurses Ohio Chapter Conference in September 2017.

ARNE SCHOLARSHIP WINNERS

ARNE (Advancement and Recognition of Nursing Education) is a $500 scholarship awarded to an Aultman employee who is a registered nurse furthering his/her degree, or an employee currently enrolled in a registered nursing program.

Winners for 2017-18: Kim Chmielewski, BSN, RN (NICU) and Tia Chiavari (Immediate Care Registration & Aultman College Nursing Student)
KEYS TO SUCCESS AWARD WINNERS

Gretchen Kamerer, BSN, RN, CCRN, RN-BC
Medical Intensive Care Unit

Jennifer Oliver, BSN, RN, CEN
Emergency Department

Laura Vandervaart, MSN, RNC
Neonatal Intensive Care Unit

RISING STARS

Brianna Reardon, MSN, RN
Neonatal Intensive Care Unit

Courtney Wiener, BSN, RN
Medical Intensive Care Unit

TEAM SCHOLARSHIP WINNERS

TEAM (To Educate and Motivate) is a $250 scholarship awarded to an employee who has been employed by Aultman for a minimum of 2 years and is in a position in which continuing education reimbursement is not provided.

Winners for 2017-18: Julie Elkins (Community Relations) and Jena Richards (COTA from Woodlawn)
GOLD SEAL OF APPROVAL CERTIFICATION FOR TOTAL HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT

Aultman earned The Joint Commission’s Gold Seal of Approval® Certification for Total Hip Replacement and Total Knee Replacement in September 2017, recognizing the hospital’s ability to provide an extremely high level of care to those in need of these procedures.

EXPLORING LEADERS

The following Aultman Orrville Hospital and Aultman Hospital nurses completed the Exploring Leaders program in December 2017 - Patty Vanegas, BSN, RN; Amy Hiner, MSN, BA, RN-BC, ACNS-BC; Melissa Higham, MSN, RN; Andrea Begue, BSN, RN and Olivia Daya, BSN, RN, CCRN.

Aultman Orrville Hospital proudly earned one of the National Rural Healthcare Association Top 20 Quality Awards in 2017.

Aultman Orrville Hospital received a “CuddleCot” gifted from Forget-Me-Not Baskets – Ashlie’s Embrace.