A Year Like No Other

Dear TriHealth Nurses,

Fiscal Year 2020 has been a year unlike any other – but we’ve seen great success, even during some of the most challenging times.

In the first half of the year, we were making great strides on our strategic plan. We evaluated our progress and reviewed our goals at the fall Nursing Advance while also reigniting our passion for nursing. Research studies were being conducted, and we had several nurses present posters at the annual Magnet conference. We welcomed our two new Chief Nursing Officers, who have been great additions to our TriHealth Nursing team. With the help of Human Resources and our Talent Acquisition teams, we were hiring more staff to keep up with our patients’ needs, adding a level of stability to our workflow.

When COVID-19 began affecting our region, we immediately jumped into action. We were on the front lines, working through uncertainty and stress to care for our community. You stepped up to the challenge to do whatever was necessary for our patients, including cross-training and volunteering to help in various areas across the system. We innovated processes and worked together to find solutions when we were needed most. We stood as a beacon of hope for the world to see as nursing was spotlighted across the globe. It’s during difficult moments when a person’s true character comes out, and I am so proud of all our TriHealth nurses for your strength and resiliency. You are all real heroes.

As we look toward Fiscal Year 2021, we will continue to focus on the safety of our patients and enhance the patient experience with our tried-and-true best practices. We will showcase the best that TriHealth Nursing has to offer in our Magnet re-designation documentation and survey, and we will look forward to welcoming new additions to our engaged, fun and caring nursing team.

Thank you for your continued dedication and relentless hard work to ensure our patients and our community receive the best care in the region, no matter the situation. I’m looking forward to making Fiscal Year 2021 another incredible year with all of you!

Jenny Skinner, MSN, RN
Senior Vice President and Chief Nursing Executive

Welcome New Chief Nursing Officers

Susan Macy, Vice President and Chief Nursing Officer, Good Samaritan Region
Susan Macy, MBA, BSN, came to TriHealth in January 2019 as Director of Critical Care at TriHealth Good Samaritan Hospital. Her previous position was Nurse Manager of Advanced Care Units at the now closed Good Samaritan Hospital in Dayton, Ohio. In July 2019, she was named Chief Nursing Officer (CNO) for the Good Samaritan Region when CNO Paula Niederbaumer retired.

“I have had the privilege of seeing the incredible work our nurses do every day to provide quality and safe care for our patients,” she says. “To say I am impressed by our nurses’ response to COVID-19 would be an understatement. Regardless of the challenge, our nursing teams remain patient-centered, focused and professional.”

Macy’s 30 years of nursing experience cover multiple nursing areas, including critical care, step-down, telemetry, emergency, transfer and admit, hemodialysis, marketing, physician relations and critical care float.

Among her passions is a love for “mentoring and growing nurses, helping them to find their niche.” In her CNO role, Macy is applying those skills, as well as her expertise in operations and data. Macy also stresses the importance of developing good relationships and trust with her team. She comes from a Magnet® credentialed facility, so she knows what it takes to achieve that level of excellence.

As TriHealth continues to battle COVID-19, she says, “We have never experienced a global health crisis. I am confident our TriHealth nurses are all in this together. We’ve developed best practices and adapted to changes along the way. I am so proud to say I am a TriHealth nurse, and it is a privilege and honor to serve as the Chief Nursing Officer of the Good Samaritan Region.”

Rebecca Baute, Vice President and Chief Nursing Officer, Bethesda North Region
Bethesda North Hospital’s new Chief Nursing Officer Rebecca Baute, MBA, BSN, RN, CMTE, is pleased to be back in her hometown of Cincinnati after successful nursing leadership roles in South Carolina and Florida. Her 30-year career also includes management positions at The Christ Hospital and Cincinnati Children’s Hospital Medical Center.

“The demonstration of care, compassion and enthusiasm here is palpable,” Baute says. “I felt welcomed the day I stepped in the door. I hit the ground running in late February with COVID-19, but I couldn’t have been in a better place. Leading through a pandemic can create quite the turmoil, but we had the support and resources to do it in a thoughtful, systematic way with our patients, families and team members’ health and safety as our focus.”

She says when she first entered management, she missed the direct contact with patients. “Then I learned I am still making a difference through support and advocacy for the nurses taking care of patients. I’m caring for the caregivers.”

Baute continues, “I want nurses to feel empowered and to feel good about what they do every day. As nurses, we can influence decisions that affect our practice and our patients. I also think we need to embrace the next generation of nurses. We hire very smart people and when we work together and learn from each other, we and our patients benefit all the way around.”

Finally, “no matter your role in healthcare, direct or indirect caregiver, we all contribute to the experience, quality and safety a patient and their family receives from us. If we are living our mission, vision and values every day, we will remain bound to our purpose and our ‘why.’”
Bethesda North Region Chief Nursing Officer Rebecca Baute, MBA, BSN, RN, CMTE, praised nurses for their resilience, flexibility, innovativeness, loyalty and dedication throughout this time: “I have never been prouder of the nursing profession. Nurses were not only the caregivers but the family members for many of our patients when we had no visitors. They had to balance keeping their families safe, while maintaining their dedication to caring for our community. We also took care of each other. We had team members sending in food and treats for other team members caring for our patients with COVID-19. We had nurses supporting other nurses, serving as runners or helpers to their peers. Heroes DO work here!”

Preparing for a Surge

Nursing became a major player in daily Command Center calls to discuss system-wide strategies.

“A wide range of asks were made of our TriHealth nursing team throughout the COVID-19 pandemic. They ranged from moving from 0 to 60 mph on a Sunday evening to plan and implement the hospitals’ first visitor screening stations by 6 a.m. the next morning, to assisting with closures of ambulatory and elective services during the peak of the governor-mandated shutdown,” says Sharon Brehm, PhD, MSN, RN, ACNS-BC, Senior Director of Nursing Administration.

“Not only have nurses delivered on every challenge they’ve been tasked with,” she continues, “they’ve excelled at them. Our nurses don’t shy away from a problem or an issue; they pull together to not only help their own teams but also reach out to help other teams.”

Jeannie Burnie, MS, APRN, AGCNS-BC, CEN, FAEN, FCNS, Emergency Department Senior Education Manager, was attending a mid-March conference in Indianapolis when her director texted her to come back. She recalls, “They canceled the last day of the conference, and they had just canceled the NCAA basketball playoff games. When I arrived back at Bethesda North, we jumped right into developing medical screening and testing processes, plus a

The 2020 Pandemic

How TriHealth Nursing Mounted a Comprehensive Response to COVID-19

The year 2020 will long be remembered as the year of the pandemic. A highly contagious, unpredictable and often deadly coronavirus causing COVID-19 invaded the U.S. and changed the course of society and healthcare. In mid-March 2020, Ohio’s Governor Mike DeWine announced a broad lockdown of schools, restaurants, malls, churches and other gathering spaces to slow the spread of the virus. At the same time, hospitals across Greater Cincinnati canceled hundreds of elective surgeries to reserve supplies, intensive care beds and human resources should a surge of COVID-19 cases hit the area. New York City was experiencing devastating numbers of hospitalizations and deaths, and Cincinnati was doing everything possible to avoid the same fate.
documentation process to deal with patients seen in Alternative Care Areas (ACAs).”

TriHealth established 10 ACAs – COVID-19 testing sites next to six emergency rooms in the TriHealth system and four sites near primary care locations. Dozens of nurses who were not needed at the bedside diverted their skills to working in these testing centers.

Other nurses were furloughed and volunteered to do temperature screenings on visitors entering TriHealth facilities. Nurses also assisted with fitting N95 masks on providers to protect against airborne particles.

Cross-Training Nurses

As some areas of the hospital increased patient activity and others decreased, unit-based educators pulled together essential skills required to cross-train nurses onto various units and into various roles.

Nurse Educator Michael Osterbrock, BSN, RN-BC, Bethesda North Hospital MSICU/Progressive Care Unit/2-300 Telemetry, says, “Nurses from PACU [Post Anesthesia Care Unit], displaced nurses and CRNAs [certified registered nurse anesthetists] all jumped in to help.” He worked with Cardiovascular Intensive Care Unit Educator Cyndi Mapp, MSN, RN, CCRN-K, to assess people’s skills and train them to care for seriously ill COVID-19 patients or become runners to assist their bedside team members.

They also trained people to perform pronation therapy and to prevent pressure injuries in COVID-19 patients on ventilators. Proning is a practice of moving patients from their backs to their fronts to help improve oxygenation and ease breathing.

Nurse Educator Brandi Shoupe, BSN, RN, CCRN, PCCN-CMC, and other nurses at Good Samaritan Hospital were in frequent contact with Bethesda North Hospital and recruited their own team of cross-trained nurses from Endoscopy, Catheterization Lab, PACU, Operating Room, Anesthesia, Emergency, Float Pool and Telemetry units.

Missy Andres, BSN, RN, CCRN, SCRN, assistant nurse manager for the Neuroscience Intensive Care Unit at Good Samaritan Hospital, worked closely with Medical/Surgical ICU nurses. “The whole hospital stepped up,” Andres notes. “Everyone was flexible. We had to get this done.”

A Call to Innovate

To prepare for a surge in COVID-19 patients, Nursing created a Staff Modeling spread sheet that enabled the Nursing team to easily explore various bed capacity and staffing availability situations per unit and hospital. It also auto-calculated a change in scenarios within a few minutes. The tool can be used should a surge occur in the future.

When a national shortage of personal protective equipment (PPE) put providers at risk, Brandon Ballhaus, BSN, RN, CNOR, Nurse Manager II of Perioperative Services at Good Samaritan Hospital, and his staff created masks from readily available materials.

TriHealth’s Innovation Center conducted an eight-week Bright Ideas COVID-19 campaign and nurses submitted 80 ideas. Some that were implemented included:

- Side shields for eye glasses to prevent virus particles from entering the eyes
- Using a Dial-a-Flow IV tubing medical device to regulate the flow of medication without the need for an IV pump. This saved Alaris IV pumps for more critical patients
- A sticker on a patient’s clothing with the name and phone number of the person waiting outside the building to take the patient home

When N95 masks became scarce in April 2020, Brandon Ballhaus and staff in Good Samaritan Hospital’s Perioperative Services used patient anesthesia masks with a PALL filter that filters out 99 percent of particles 0.3 microns or greater (COVID-19 is 0.5 microns) and attached rubber bands to hold the mask in place.

“Not only have nurses delivered on every challenge they’ve been tasked with, they’ve excelled at them.”

– Sharon Brehm
An Added Level of Caring

Extraordinary times called for extraordinary responses. When state mandates called on hospitals to restrict all visitors, Good Samaritan Region Chief Nursing Officer Susan Macy, MBA, BSN, RN, recalls, “This was tough on our patients. Our nursing teams became family to our patients. They helped celebrate birthdays, anniversaries and held our patients’ hands when needed during difficult times. They filled the communication gap between our patients and their families. We utilized technology to communicate between patients and their loved ones.”

Ila Frankel, RN, Care Management Coordinator at TriHealth Evendale Hospital, was furloughed during the quarantine but kept busy making masks with her 13-year-old daughter. The duo created their own pattern and donated the masks to TriHealth, Kroger workers and teachers. “We wanted to do something meaningful during our time at home while we were social distancing,” Frankel says.

“Regardless of the challenges our nursing teams faced, they remained patient-focused and professional,” Macy says. “The World Health Organization designated 2020 as the Year of the Nurse, in honor of the 200th anniversary of Florence Nightingale’s birth. No one could have predicted what 2020 would bring. It’s no surprise to see TriHealth nurses rise to the occasion and face it head on.”

“This was tough on our patients. Our nursing teams became family to our patients. They helped celebrate birthdays, anniversaries and held our patients’ hands when needed during difficult times.”

– Susan Macy

Nurses and patient care assistants clean off personal protective equipment in between seeing patients on the COVID-19 floor at Good Samaritan Hospital. Liz Dufour/The Enquirer

Nurse Christy Kelley administers care to a baby in the Good Samaritan Hospital NICU. Liz Dufour/The Enquirer

Renee Nash, Good Samaritan Hospital Emergency Department, cares for a patient. Liz Dufour/The Enquirer
Transformational Leadership

Leading by Example
Perioperative Services Director Sets High Standard at McCullough-Hyde

Sandy Simpson, BSN, RN, CAPA, lives by the motto “Work hard, play hard.” The Director of Perioperative Services at McCullough-Hyde Memorial Hospital in Oxford, Ohio, values “being present and available to my team to listen and communicate with them. I try to lead by example and stay positive.”

During the difficult months of March through June 2020, as Ohio braced itself for the COVID-19 pandemic, Simpson says, “I saw my team work at its best. Not only did our department pull together, but our hospital pulled together. Since elective surgeries were canceled [to save supplies and hospital bed capacity for a potential surge], I had team members working in other areas taking temperatures, training to work on inpatient units, working in oncology and some even in building services.”

She continues, “We worked together not only to take care of our patients and our community but to take care of each other.”

Simpson became director of her area in May 2018 and then took on additional duties as interim director of Obstetrics in December 2018. She held both roles for several months and continues to mentor the new Obstetrics nursing director, Maria Kreitzer, BSN, RN, CLC.

She won a Preceptor of the Year Award from the Greater Cincinnati Health Council in 2009. In addition, one nursing student whom Simpson precepted during the transition from student to clinical nurse wrote these words to nominate Simpson for the Healthcare Worker of the Year Award in Ohio. Written in 2009, the words still hold true:

“Anyone who interacts with Sandy will quickly notice her passion for her career, co-workers and life. She brought a unique ‘glow’ to a place where work was very serious. Sandy never forgot a birthday or holiday, and made sure nobody did. She always brought friendship, laughter and fun. I quickly noticed the high quality of patient care and employee satisfaction related to Sandy’s upbeat attitude and passion.”

Simpson encourages her team to become involved in committees, and to pursue education and certification. She studied along with her nurses to get her Certified Ambulatory Perianesthesia (CAPA) certification this past year. She has been a member of the Inpatient SOAR [Serving Others Achieving Results] team since it started at McCullough-Hyde Memorial Hospital.

The most rewarding part of her job, she says, is “when patients call after their surgery and tell me what a great group of people took care of them and what a wonderful experience they had. It’s also when someone finishes school, passes certifications, or is just happy to come to work and enjoy what they do. That’s the reward of my WORK HARD goal.”
Families Stay Connected Through Cameras in Neonatal Intensive Care

Tonya Johannemann, MSN, RN, NE-BC, Director of Perinatal Services, OB Float Pool, Fetal Care Team and Neonatal Intensive Care Unit (NICU) at Good Samaritan Hospital, experienced the hardship of having a grandson who needed surgery and intensive care immediately after birth. While her grandson was at Cincinnati Children’s, she was able to see him via an app connected to a camera. “This was our lifeline to see him, since he wasn’t always stable.”

That experience sparked an idea to bring cameras into Good Samaritan Hospital’s NICU. Johannemann championed the project for more than two years and, in June 2020, saw 60 cameras installed in the NICU. Now parents and family members can sign onto an app with a password and watch their little one any time when a nurse isn’t providing care.

“Our parents (and grandparents) are so thankful for the peace of mind this gives them,” she says. It has been even more valuable during the COVID-19 pandemic, which greatly restricted visitors for many months.

Advancing Nursing Practice Through Shared Leadership Committees

Shared Leadership Committees (SLCs) on nursing units throughout TriHealth bring staff nurses together to spark ideas for improving patient care and the overall work environment.

In FY 2020, SLC accomplishments included:

Bethesda North Region

- Bethesda North Emergency Department (ED) educated ED team members at Bethesda North and Good Samaritan hospitals on sepsis recognition and documentation. The SLC also identified strategies to decrease falls in the ED, including bedside shift report, fall audits, trialing stretcher alarms and foldable bedside commodes. They have also implemented an evidence-based practice on paracentesis fluid collection by the ED nurses.
- 4-100 nursing unit improved documentation of intake and output for heart failure patients.
- Minimally Invasive Surgery Center refined, organized and unified smart phrases in postoperative instructions to eliminate confusion, maintain a consistent and professional standard of care and better educate postoperative patients.
- Thomas Center Infusion Center implemented pet therapy visits and invited a musician to play on the unit occasionally.
- Perioperative Services implemented daily huddles to discuss next-day perioperative patient care needs.
- Special Care Nursery created a skin care protocol for consistent, reliable practices for caring for diaper area skin.
- McCullough– Hyde Memorial Hospital Perioperative Services developed a pre-surgical checklist.

Good Samaritan Region

- Medical Surgical Intensive Care Unit introduced adaptive equipment for critically ill patients to assist with eating, writing and other daily living activities.
- Neonatal Intensive Care Unit created a Parent Visitation Contract, an infant-driven feeding scale and an audit tool for bubble continuous positive airway pressure (bCPAP), a noninvasive respiratory support to help newborns with respiratory distress breathe easier.
- Presurgical Services provided iPads to educate patients and family members as a patient is preparing for surgery. The care team then answers additional questions.
- 8Q nursing unit developed a medication side effect form utilizing clip art to enhance patient understanding. A nurse reviews the form with the patient and places it in the patient’s discharge folder.
- 12AB nursing unit developed table tents in patients’ rooms to review the basics of hourly rounding, bedside shift report and other nursing services. The information helped improve patient satisfaction top box scores for hourly rounding and nurse leader rounding.
Mother-Baby Unit Leader Implements SKIP Rounding

When Nurse Manager Stacy May, BSN, RNC-MNN, Bethesda North Hospital’s Mother-Baby Unit, noticed her nurses were frequently getting called back to patient rooms just minutes after their hourly rounds, she began looking for another practice model.

The SKIP model, recommended by a Studer Group representative, caught her attention as a more effective method of rounding on a postpartum unit. FY 2020 was the unit’s first full year of the new practice, which May describes as “purposeful hourly rounds.”

“We started using SKIP with our nurses and patient care assistants. Then we added in others who do rounds: nurse leaders, lactation consultants, social workers and care coordinators,” May says.

The different specialties coordinate their times so they don’t overlap and constantly interrupt the new moms. When they are finished, they sign a log that hangs on the back of the bathroom door.

“As a nurse leader, I try to share feedback with the nurse in real time to let nurses know they are doing a good job or to make suggestions,” May says. “We adopted champions respected by their peers to teach and role play SKIP.”

The staff has noticed a decrease in calls asking for additional supplies or an escort to the bathroom. “We continue to listen to any feedback from staff,” May says, “because they’re the ones doing this every day.”

The SKIP Checklist

Every hour from 6 a.m. to 10 p.m. and every two hours at night (unless a new mom requests not to be disturbed), each patient receives a visit from a nurse who inquires about the following:

S – Supplies – “We make sure our patients have enough diapers, wipes, formula, blankets, water, pads and other essentials. The nurse may check the supply drawers just to be sure,” May says.

K – Comfort – The nurse asks things like “Is your pain OK?” “Do you need any pillows or blankets?”

I – Information – When prompted, a mom often has questions on topics such as breastfeeding, newborn care, getting a birth certificate, or what to do about self-care and baby care once at home.

P – Personal needs met – “Our nurses ask if the woman wants to talk about her feelings and, most importantly, say ‘I have time to talk.’” With this added invitation, many moms open up about what they are feeling.

As part of the SKIP hourly rounding program on Bethesda North Hospital’s Mother-Baby Unit, Staff Nurse Sharla Combs checks with a new mom to ensure she has all of the supplies she needs.
Solid structures and processes create an innovative environment where professional practice flourishes, and relationships with the community contribute to improved outcomes.

A large team of nurses and ancillary staff served on the TriHealth Nursing Advance Planning Committee.

TriHealth Nursing Advance Replaces Nursing Retreat

With a focus on bringing positive psychology to the workplace, TriHealth Nursing changed the name of its every-18-month "retreat" to TriHealth Nursing Advance.

The first TriHealth Nursing Advance took place in November 2019, with the theme “Rekindle Your Passion for Nursing.” Featured speaker Bill Palladino from the GoodThink organization delivered a message of happiness and positivity.

During the day, nearly 250 bedside nurses and nurse leaders were encouraged to embrace what inspires them and remember what led them to pursue nursing.

The presence of more direct care nurses at the Advance – about half of those attending – has been a significant change over the years. "We can’t lose sight of how great it is to have the views and participation of direct care nurses,” says TriHealth Senior Director of Nursing Administration Sharon Brehm, PhD, MSN, RN, ACNS-BC.

Examining progress on the Nursing Strategic Plan was a major purpose of the event.

"We’re at the midpoint of a three-year strategic plan, so we did a pulse check on how it’s going,” Brehm explains. "We shared some of the wins and asked people to give us ideas on some activities that hadn’t started yet. The emphasis was on fresh ideas and teamwork.”

TriHealth President and CEO Mark Clement presented information during the Advance, as did Chief Nurse Executive Jenny Skinner, MSN, RN, and Chief Nursing Officer Susan Macy, MBA, BSN.

Structural Empowerment

During an Activity of Light, nurses symbolically burn their personal lists of three obstacles to positivity.

Speaker Bill Palladino encourages nurses to cultivate a passion for their jobs.
Task Force Investigates – and Resolves – Rise in C. Diff Cases

A TriHealth system interdisciplinary task force investigating increased cases of Clostridium difficile (C. Diff) in 2019 found that they could improve accuracy in tracking cases by switching the order of C. Diff tests as patients are admitted to a TriHealth hospital. C. Diff is a highly contagious inflammation of the colon caused by bacteria growing as a complication of antibiotic therapy.

Any patient with a history of C. Diff or who has been admitted to a long-term care facility in the last three months now receives a polymerase chain reaction (PCR) test upon admission. This test determines whether a patient has C. Diff bacteria in the colon. A positive result confirms that C. Diff is present, but it may not be active or contagious. Previously, the test was given as a follow-up test, more than 72 hours after admission, and its positive result counted as a hospital-acquired C. Diff infection, even if it turned out to be inactive.

If the PCR test result is positive, the staff follows up with an Enzyme Immunoassay (EIA) test on loose stool to determine C. Diff infection. The EIA test indicates whether patients are actively producing C. Diff toxins and, therefore, contagious.

In October 2019, the new testing policy went live throughout TriHealth. The task force also implemented a Best Practice Advisory in the electronic medical record that fires when antibiotic treatment is needed.

With the new protocol, documented C. Diff infections dropped by 78 percent from FY 2019 to FY 2020. The decrease in documented hospital-acquired infections has meant better reimbursement for the hospital and reduced costs for personal protective equipment and isolation protection. Patients receive a more accurate result, sparing them isolation precautions and antibiotics that aren’t needed.
Bethesda North Hospital Opens Thomas Comprehensive Care Center

Bethesda North Hospital opened the Harold M. and Eugenia S. Thomas Comprehensive Care Center on its campus in January 2020.

The building creates a hub for cardiac care and consolidates cancer diagnostics and treatment, and the Mary Jo Cropper Family Center for Breast Care into one building.

The TriHealth Heart Institute section features 87 patient rooms and 47 exam rooms. Twenty-nine nurses fill diverse roles, working in clinics, cardiac testing, vascular surgery and cardiothoracic surgery offices. Others work with patients who have cardiac devices or monitor coumadin levels.

“Working at the Thomas Center has been a blessing for me,” comments Staff Nurse Tanya Gemmer, BSN, RN. “The Zen-like atmosphere created by the modern design, incorporating a living wall covered with plants, soothing colors, natural light and open spaces, makes it a very positive and calming environment. It’s not only a great place to work, it’s a reflection of our team’s compassion for health and healing.”

The TriHealth Cancer Institute (TCI) has more than 40 nurses working at the Thomas Center. In addition to 15 infusion nurses, other TCI nurses work alongside doctors, assist with radiation therapy, help coordinate cancer screenings or oversee clinical trials of new cancer treatments. The center has 40 TCI exam rooms and 39 infusion bays.

Infusion Nurse Christy Soellner, RN, praises the treatment environment: “Light fills the infusion suite from every angle. It really enhances both the patients’ and nurses’ positive mood, being able to see the sunshine!” Patients have the option of receiving infusions in a private area or sitting in a common area with others receiving treatments.

TCI also offers innovative services such as the Paxman Scalp Cooling System, which helps prevent hair loss in chemotherapy patients. Mostly breast cancer patients, they wear a cooling cap infused with very cold water before, during and after treatment.

Other services, such as genetic counseling, spiritual care, social work, financial counseling, behavioral health and dietician consults, are part of a holistic approach to treating cancer.

Community Involvement

TriHealth nurses engaged with our broader community in diverse ways in FY 2020.

As one of five hospital systems in the Greater Cincinnati area participating in Operation SMART (Strategic Medical Asset Readiness Training), TriHealth hosted 23 members of the U.S. medical military. During two weeks each quarter, Good Samaritan and Bethesda North hospitals provided hands-on specialty medical training to military medical personnel. Soldiers spent time rotating through Emergency, Imaging, Respiratory, Behavioral Health and other departments, including the TriHealth Education and Simulation Department.

- TriHealth nurses were involved in medical mission trips, fundraising walks, runs and bike events, and a Carew Tower stair climb. They volunteered at local charities, such as Matthew 25 Ministries.
- Bethesda Butler team members showcased perioperative healthcare careers at the Health Collaborative’s HealthFORCE event, designed to expose high school students to careers in healthcare. The Inpatient and Intensive Care units also purchased shoes and coats at Christmas time and donated them to families via the Salvation Army.
- Bethesda Arrow Springs and Good Samaritan Western Ridge provided community education on stroke recognition and prevention at community events.
- Nurses at McCullough-Hyde Memorial Hospital offered multiple programs to the community, including babysitting training, car seat safety and diabetes self-management. They promoted physical activity and health promotion through fairs, community events and schools.

Nurse Morgan Borggren provides hands-on training in TriHealth’s Education and Simulation Department for soldiers participating in Operation SMART.
Exemplary Professional Practice

Nurses Advance Their Practice Through Teaching

Nurses incorporate teaching in all aspects of their practice. They educate patients and teach each other. They also mentor younger nurses and students. In FY 2020, TriHealth nurses put their teaching skills to work in diverse ways.

Hourly Rounding Roving Skills Lab
To improve the effectiveness of hourly rounding at Good Samaritan Hospital, nursing leadership sought to create standard nursing practices and scripting to make rounding consistent for each nurse and patient care assistant (PCA) across all inpatient units. Effective hourly rounding that anticipates patients’ needs can lead to decreased patient falls, decreased call light use and increased patient satisfaction scores.

Nurse Educators Lauren Murray, MSN, RN, CMSRN, and Angela Dorsey, MSN, RN, PCCN, took charge of training other nurse educators to use a roving skills lab on their units to both teach and evaluate hourly rounding skills.

Standardized scripting is part of the training and includes addressing key concerns of pain, position and restroom use, plus asking, “Is there anything else I can do for you before I go?”

Five Meaningful Minutes
On Bethesda Butler Hospital’s Inpatient and Intensive Care units, Nurse Educator Naomi Colon, MSN, RN, CCRN, PCCN, TNS, encourages nurses to teach each other by presenting a case study at each monthly staff meeting. In “Five Meaningful Minutes,” the designated nurse presents a challenging or unusual patient case, how care was delivered and whether any aspect of care could have been improved.

“I saw the need to have our smart and compassionate team members share some of the amazing work they have been doing,” Colon says. “The feedback from nurses has been very positive.”

Breastfeeding Education
TriHealth Maternity Services wanted to increase exclusive breastfeeding percentages for newborns across its hospitals. This meant providing sufficient support, education and knowledge to new parents to enable them to choose breastfeeding without formula supplements for their babies’ first days in the hospital.

A system-wide task force divided into subgroups to develop initiatives customized for patient populations in the Good Samaritan and Bethesda North regions. At Bethesda North Hospital in FY 2020, Katie Glass, RN, BSN, Mother-Baby Unit, created an education sheet explaining why formula supplementation wasn’t needed at night, even if babies wanted to cluster feed. Good Samaritan Hospital hired two additional lactation consultants to assist mothers during nighttime hours. Efforts also focused on challenging nurses to evaluate whether formula supplementation was needed in a number of situations.

Individual Effort
As a team lead for Bethesda North Hospital’s Cardiothoracic Surgery, Cyndy Bollmer, BSN, RN, CNOR, is responsible for myriad operational issues. She also goes above and beyond her assigned role to serve as educator, both for surgical nurses and nurses in the Cardiovascular Intensive Care Unit (CVICU), where she formerly worked.

She has proven to be a valuable resource to both areas. Her efforts have ranged from teaching CVICU nurses how to assist at an emergency re-sternotomy on the nursing floor to creating a poster on latex-free Swan-Ganz catheter insertion. She has made herself available via an app so nurses from Cardiothoracic Surgery and CVICU can get their questions answered on cardiothoracic surgical and medical practices.
Reducing Central Line Infections in Infants

The Neonatal Intensive Care Unit (NICU) at Good Samaritan Hospital has gone two years to date without a central-line-associated bloodstream infection (CLABSI). When CLABSIs spiked in 2018 in the NICU, nurses there took steps to reduce CLABSIs to 0. Drawing on best practice recommendations from the collaborative regional Perinatal Institute, Nurse Educator Peggy Eichel, MSN, RN, RNC-NIC, and NICU leaders introduced new initiatives through hands-on demonstrations, individual education sessions, daily safety huddles and other communications.

“I am so proud of this team for continuing to raise the bar on excellence! It has taken the efforts of all team members providing care for these babies to achieve this goal,” says Tonya Johannemann, MSN, RN, NE-BC, Director of Perinatal Services, OB Float Pool, Fetal Care Team and NICU.

Specialty Certifications Raise the Bar for Care

The Joint Commission (TJC) awards disease-specific certification (DSC) for hospital programs with high-quality outcomes, consistent standards, performance improvement and exceptional teamwork.

In FY 2020, Good Samaritan Hospital was awarded status as a Comprehensive Stroke Center by TJC, an honor bestowed on only 3.5 percent of hospitals in the U.S. It is the region’s only stroke team that covers the complete spectrum of stroke risk assessment, preventive care and emergency stroke care.

TriHealth hospitals have earned a number of disease-specific certifications in recent years, as shown below.

**Good Samaritan Hospital**
- Comprehensive Stroke Center (new)
- Advanced Total Hip and Knee
- Advanced Inpatient Diabetes
- Brain Tumor
- Joint Replacement — Shoulder (renewed)
- Leukemia
- Pancreatic Cancer (new)
- Perinatal
- Patient Blood Management

**Bethesda North Hospital**
- Advanced Primary Stroke Center (renewed)
- Advanced Inpatient Diabetes
- Joint Replacement — Hip
- Joint Replacement — Knee
- Hip Fracture
- Perinatal
- Patient Blood Management

**Bethesda Arrow Springs, Bethesda Butler Hospital and Good Samaritan Western Ridge**
- Acute Stroke Ready Hospital

Bethesda North Hospital also was named a Coronary Artery Bypass Graft Center of Excellence by Catholic Health Initiatives.

Nursing Achievements

Bethesda North, Good Samaritan, Bethesda Butler and McCullough-Hyde Memorial hospitals received LeapFrog’s Grade A for Hospital Safety in November 2019. LeapFrog is a nonprofit watchdog organization that serves as a voice for healthcare consumers and purchasers.

The Emergency Nurses Association presented the Lantern Award to Bethesda Arrow Springs (2020) and Good Samaritan Western Ridge (2020).

**TriHealth emergency nurses** have established a presence in the Emergency Nurses Association (ENA) at all levels – local, state and national.

Kristine Klausing, Bethesda North Hospital, won the national Rising Star Award. She is secretary for the Greater Cincinnati chapter (GCENA) and was a representative to the Ohio ENA. Other GCENA officers from Bethesda North include Maria Newsad, president; Jeannie Burnie, director at large and Ohio ENA secretary; Christine Hassert, director at large; and Wendy Walters, treasurer. Walters also received the GCENA Contributions to Emergency Nursing 2019 Award.

All of these nurses were selected as Ohio ENA delegates to the General Assembly. Other delegates from TriHealth included: Susan Bernadicius and Kathryn Gleason, Bethesda North Hospital; Kim Schmeusser, Good Samaritan Hospital; Donna Gorman, Bethesda Butler Hospital; and Tiffany Ketchum, McCullough-Hyde Memorial Hospital.

Michelle Ping from Bethesda Butler Hospital won the GCENA Clinical Excellence in Emergency Nursing Award. Jeannie Burnie was selected as ENA representative to the 2020 American College of Emergency Physicians’ summit on “Addressing the Opioid Stigma in the Emergency Department.”

Bethesda North, Good Samaritan, Bethesda Butler and McCullough-Hyde Memorial hospitals received LeapFrog’s Grade A for Hospital Safety in November 2019. LeapFrog is a nonprofit watchdog organization that serves as a voice for healthcare consumers and purchasers.

The Emergency Nurses Association presented the Lantern Award to Bethesda Arrow Springs (2020) and Good Samaritan Western Ridge (2020).

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Nursing Excellence Awards

Eight TriHealth team members were selected to receive Nursing Excellence Awards for their many contributions to TriHealth Nursing. Normally presented in May, these awards recognized excellence in skills, knowledge, expertise and personal attributes that contributed to the delivery of quality patient care at TriHealth. Winners were:

- **Engaged Nurse of the Year Award**, given to recognize members of TriHealth councils and committees that consistently demonstrate a strong knowledge and application of the principles of shared governance: **Michelle Ping**, BSN, RN, NHDP-BC, SANE, CEN, TNCC, Charge Nurse, Bethesda Butler Hospital Emergency Department
- **Collaborators in Care Award**, given to an exceptional PCA, ED Tech, or Personal Care Specialist in recognition of a positive impact and support of nursing care: **Alyssa Adams**, PCA/Unit Coordinator, Bethesda North Hospital 6-300
- **Partners in Practice Award**, given to an exceptional non-nursing team member in recognition of a positive impact and support of nursing care: **Nancy White**, Facility Supply Tech, Bethesda Butler Hospital
- **Rookie of the Year Award**, given to a registered nurse of less than two years, who displays exemplary professionalism and a passion for the art and science of nursing: **Meredith Miller**, RN, Staff Nurse, Bethesda North Hospital 6-200
- **Preceptor/Clinical Coach of the Year Award**, for guiding, supporting and influencing the careers of others: **Jennifer Beckstedt**, BSN, RN, Staff Nurse/Clinical Coach, Bethesda Surgery Center
- **Exceptional Educator Award**, for a commitment to continuously demonstrating specialty area expertise, education and innovation: **Peggy Eichel**, MSN, RN, RNC-NIC, Nurse Educator (retired), Good Samaritan Hospital Neonatal Intensive Care Unit
- **Nursing Clinical Support Award** for work in a non-traditional registered nurse position involving data collection: **Kent Sheets**, BSN, RN, Lead Application Engineer, Bethesda North Hospital Information Technology
- **Transformational Leader Award** for being a visionary, innovative leader and change agent: **Susan Krider**, BSN, RN-BC, Assistant Nurse Manager, TriHealth Surgery Center West

Directors’ Nursing Excellence Awards

Six nurses received Directors’ Awards for Excellence in Nursing, a recognition of outstanding demonstration of Magnet® Model components. These include Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements, and Empirical Outcomes. FY 2020 winners were:

- **Katie Glass**, BSN, RN, RNC-MNN, Mother-Baby Unit, Bethesda North Hospital
- **Brittni O’Leary**, BSN, RN, OB Float Pool, Good Samaritan Hospital
- **Diana Pelzer**, MSN, RN, CAPA, Post-Anesthesia Care Unit, Bethesda Butler Hospital
- **Colleen Seider**, BSN, RN, EMT-P, Emergency Department, Good Samaritan Western Ridge
- **Connie Tupes**, RN, Neonatal Intensive Care Unit, Good Samaritan Hospital
- **Natalie Zimmerman**, BSN, RN, CEN, Emergency Department, Bethesda North Hospital

The nominees and winners of the 2020 Directors’ Award for Excellence in Nursing were honored Oct. 1. Pictured are the winners (from left) Katie Glass, Natalie Zimmerman, Colleen Seider, Diana Pelzer, Connie Tupes and Brittni O’Leary.

DAISY Award Recognizes Extraordinary Nurses

TriHealth winners of the DAISY Award, honoring extraordinary nurses, in FY 2020 included:

- **Leslie Behan**, BSN, RN, ONC, charge nurse on TriHealth Evendale Hospital Inpatient Unit
- **David McGraw**, RN, Bethesda North Hospital Cardiovascular Intensive Care Unit
- **Sarah Cushman**, BSN, RN, RNC-MNN, Bethesda North Hospital Mother-Baby Unit
- **Kimberly Tucker**, RN, Good Samaritan Hospital Emergency Department

Awards were not given in the third and fourth quarters due to the COVID-19 response.
Hospice Nurse Laura Alexoff Wins Florence Nightingale Award

In her 25 years as a hospice nurse with TriHealth, Laura Alexoff, BSN, RN, Hospice of Cincinnati Case Manager, has committed herself to providing the best possible end-of-life experience for her patients and their families. She was named one of seven winners of the 2020 Florence Nightingale Award for Excellence in Nursing – one of Greater Cincinnati’s highest nursing awards – and will receive the award in May 2021.

A Gift of Comfort

To provide a sense of comfort to patients whose lives are dramatically changed with a cancer diagnosis, staff nurse Jenny Arms, BSN, RN, (pictured here) and other team members in the Outpatient Treatment Center (OTC) at Good Samaritan Hospital present each newly diagnosed cancer patient with a prayer shawl. The prayer shawls are handcrafted by Good Samaritan Hospital volunteers. “We want people to wrap up in the shawl and feel prayers coming their way for a speedy recovery,” says Karen Rahe, MSN, RN, CGRN, Nurse Manager for the OTC and Endoscopy. “It’s a very emotional time for these folks. This adds an extra layer of caring to the care that we give.”

Efforts Continue to Reduce Falls and HAPIs

In FY 2020, TriHealth Nursing kept hospital-acquired pressure injuries (HAPIs) below their target. Hospital nursing units that went eight or more quarters without a HAPI included:

- **Bethesda North** – 4-200
- **Bethesda Butler** – Inpatient and Intensive Care Units
- **Evendale** – Inpatient Unit
- **Good Samaritan** – 12AB, 8Q, 10FG, NICU, 14AB
- **McCullough-Hyde** – Inpatient and Intensive Care Units

Ongoing work to reduce falls and falls with injury began with Michael Waterman, Director of Lean and Performance Improvement. Waterman and his team introduced use of the A3 problem-solving process, a tool often used in lean production models. As inpatient units began to hardwire hourly rounding throughout the organization, they added a No Pass Zone for call lights and educated all team members on the importance of fall intervention strategies.

Notable successes include the following units that did not have any falls in FY 2020:

- **Bethesda North Hospital Progressive Care Unit and Special Care Nursery**
- **Good Samaritan Hospital Neonatal Intensive Care Unit**

Hospice of Cincinnati averaged 3.91 falls per month, below its goal of less than 4.58 falls per month across four Inpatient Care Centers (ICCs) in FY 2020. The ICCs formed a Safety Squad to implement and reinforce safety hourly rounding in the Inpatient Care Centers. Falls decreased by 50 percent.

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![Graph](chart.png)

**TriHealth* HAPI Rates**

<table>
<thead>
<tr>
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<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16</td>
<td>0.65</td>
</tr>
<tr>
<td>FY 17</td>
<td>0.41</td>
</tr>
<tr>
<td>FY 18</td>
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</tr>
<tr>
<td>FY 19</td>
<td>0.84</td>
</tr>
<tr>
<td>FY 20</td>
<td>0.68</td>
</tr>
</tbody>
</table>

< 1.5 goal for FY 20

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**TriHealth* Total Inpatient Falls**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 patient days</th>
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<tbody>
<tr>
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<tr>
<td>FY 19</td>
<td>1.78</td>
</tr>
<tr>
<td>FY 20</td>
<td>2.02</td>
</tr>
</tbody>
</table>

< 2.25 goal for FY 20

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**TriHealth* Inpatient Falls with Injury**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 patient days</th>
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</thead>
<tbody>
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<td>FY 16</td>
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</tr>
<tr>
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<tr>
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<td>0.58</td>
</tr>
<tr>
<td>FY 19</td>
<td>0.50</td>
</tr>
<tr>
<td>FY 20</td>
<td>0.51</td>
</tr>
</tbody>
</table>

< 0.5 goal for FY 20

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**Hospice Inpatient Care Units**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>8 3 7 2 2 7 3 1 5 5 2</td>
</tr>
<tr>
<td>2020</td>
<td>3.91 monthly average</td>
</tr>
</tbody>
</table>

< 4.58 goal for FY 20

* Includes Bethesda North, Bethesda Butler and Good Samaritan
Perioperative and Orthopedic Teams Collaborate to Mobilize Joint Replacement Patients

For patients recovering from knee and hip surgery at Good Samaritan Hospital, nurses in Same Day Surgery (SDS) and other team members have stepped up to consistently get patients on their feet and walking within four hours of surgery.

Results of their efforts are notable: In September 2019, 81.1% of patients were walking within four hours post-surgery. Post-intervention, compliance rose to 100% in May and June, 2020.

“Getting patients mobilized in four hours is a Joint Commission standard,” says Molly Schultz, BSN, RN, Orthopedic Program Administrator. “The ability to improve these numbers was a big win for nurses.”

How They Did It

A meeting of the Orthopedic Center of Excellence team in fall 2019 revealed that timely postoperative mobilization of total joint replacement (TJR) patients had declined at the hospital. Those attending also noted two occurrences that had shifted responsibility to SDS nurses:

- Many more TJR patients were going home the day of surgery.
- Patients ready to leave the Post-Anesthesia Care Unit (PACU) were sometimes transferred back to SDS to wait for an orthopedic patient room to open up.

A work group formed to improve patient mobilization and make SDS nurses more comfortable in helping patients start moving. The group noted that physical therapists (PTs) typically get patients up post-surgery for the first time, if the patient is ready to walk before the end of the PT shift at 3 p.m. on weekdays. For patients who have surgeries later in the day, however, the task is passed on to SDS nurses.

The Orthopedic work group formulated a plan for educating all involved to make sure mobilization happened within four hours of surgery. Patients received education from a Total Joint Guidebook and a mandatory pre-surgery class. Nurses also reinforced the expectations with patients before the surgery.

SDS nurses completed a computer-based training model on the important steps for mobilizing patients to achieve optimal outcomes. In addition, a physical therapist provided in-services to nurses designated “super users.” Perioperative Nurse Educator Debra Asbrock, MSN, RN-BC, and other nurses provided additional training for their peers on competency measures for proper TJR mobilization.
New Knowledge, Innovations and Improvements

Nurses Collaborate to Advance Cancer Care

Nurses at seven TriHealth Cancer Institute Infusion Centers are leading a study to examine the effectiveness of flushing ports with saline rather than heparinized saline before de-accessing. Collaboration among nurses in facilities across the city is expediting data collection to ultimately determine the best care to provide for patients with ports.

University of Cincinnati’s Barrett Infusion Center and McCullough–Hyde Memorial Hospital Infusion Center are the latest to join the study.

Sue Partusch, RN, MSN, AOCNS, original principal investigator of the study, and other nurses identified a gap in the literature around the safest and most effective flush to use when de-accessing a port. They set out to fill this gap by enrolling and following approximately 400 patients, each over 12 months. During that time, half the patients’ ports would be flushed with heparinized saline (standard practice at TriHealth) and the other half of patients’ ports would be flushed with only saline each time they were de-accessed. Since the beginning of the study, Partusch retired and the study leadership was taken over by Sharon Sanker, RN, OCN, and Sarah Pelgen, BSN, RN, OCN.

The study team is tracking the number of partial occlusions, complete occlusions, and number of times CathFlo Activase® is administered in both groups.

“Through collaboration with multiple sites, the study team hopes to be able to reach their goal more quickly, allowing them to answer their clinical question about which flush should be used when de-accessing ports,” says Rachel Baker, PhD, RN, CPN, TriHealth Nurse Researcher.

As of June 30, 2020, 363 patients had completed the study.
Quality Improvement

Task Force Sending Patients Home with Their Medicines

Medications patients bring to the hospital or acquire during their stay don’t always go home with them upon discharge. There can be a financial cost if the medication is expensive and a health cost if a patient stops taking a needed medicine.

In the past, the nurse discharging a patient often wasn’t notified that patient medications were stored in a locked box and needed to be returned, says Sarah Gruver, MSN, RN, CNL, RN–BCa, 4-200 Telemetry unit charge nurse.

Nurses at Bethesda North Hospital met with Pharmacy staff and discovered that all TriHealth nursing units were experiencing the problem of medications left behind. A Patient Home Medication Task Force formed in November 2019 to formulate a system-wide response.

“If patients received calls but didn’t come back to get the medications, the drugs would go to a locked box to accumulate on the nursing unit. The patient – who had stopped taking an important medication – might be readmitted a week later with stroke or other issues due to not having their prescribed medication,” says Jordan Phelps, PharmD, BCPS, clinical pharmacist at Bethesda North Hospital and chair of the task force.

“It was kind of out of sight, out of mind until Jordan shed some light on it and we realized how big an issue it really was throughout the organization,” Gruver adds.

The task force worked for months on a new system, which has been implemented in fall 2020. Key elements of the new process, supported by Nursing Practice Council and Pharmacy policies, include:

- A Best Practice alert in the Epic electronic health record system requires a staff nurse to check a box saying that a patient being discharged has received all medications brought to or acquired in the hospital. An after-visit summary cannot be printed without tracking down missing medications and checking this box.

- For any medications still left behind, a charge nurse makes three calls to notify the patient. If there is no response, the medications are sent to the Pharmacy for destruction.

- A TriHealth Learn online educational module provides instruction for all nurses at Bethesda North, Good Samaritan, Evendale, Butler and McCullough-Hyde Memorial hospitals.

“‘I can imagine the last thing a patient or family member would want to do once finally home and recovering from a recent illness is to get a call to come pick up their home medications that we at the hospital did not return prior to them leaving,’ Gruver notes.

Phelps adds, ‘Patient readmission rates should drop if patients take their medications home and comply with taking them. Plus, patients save the cost of replacing the meds. It’s a big win for everybody.’
Raising the Standard of Care: Evidence-Based Practice

TriHealth nurses completed two EBP projects in FY 2020. Work continues on six additional projects.

Question posed by Daniel Strong, BSN, RN, CPN, and Kim Schmeusser, MSN, RN, CEN, Bethesda Arrow Springs Emergency Department:

Q. In patients 10 to 18 years of age presenting to a non-pediatric ED, does utilizing a pediatric-specific suicide screening tool with parental involvement and pediatric intervention, as compared to using the Columbia-Suicide Severity Rating Scale (C-SSRS) for suicide screening, improve identification of pediatric suicidal patients and proper allocation of resources to appropriately care for the patient?

A. The study showed that a pediatric-specific suicide screening tool is more effective in identifying and caring for pediatric suicidal patients. Screening questions are now built into the Epic electronic health record system for use by all TriHealth Emergency Departments.

Question posed by Jessie Woodruff, BSN, RN, CEN, and Jennifer Smolenski, BSN, RN, CEN, TCRN, Bethesda North Hospital Emergency Department:

Q. In pediatric patients with trouble breathing or shortness of breath, does assessment using the pediatric respiratory assessment measure (PRAM), compared to routine assessment (respiratory rate, capillary refill, pulse oximetry, breath sounds) lead to improved outcomes?

A. The project showed that the PRAM respiratory assessment provided a better tool for measurement in the Emergency Department and in communicating with incoming life squads.

Cleaner Blood Cultures with Kurin Device Enhance Care, Reduce Cost

Blood cultures are critical to diagnosing and treating bacteremia, but contamination of a culture can lead to false positive results. Bethesda North Hospital’s Emergency Department (ED) was struggling to get contamination rates consistently below 3 percent, a standard recommended by the College of American Pathologists.

When other methods failed to make desired improvements – for example, a blood culture collection kit or a consistent blood draw team – the ED trialed the Kurin® Blood Culture Collection Set. The device uses a passive, low-volume initial specimen discard to prevent contamination. The set includes a peripheral intravascular access tool and 21-gauge and 23-gauge butterfly needles for the blood culture collection.

The ED staff underwent training, and the Lab collaborated to ensure proper handling of blood specimens. After a successful six-month trial, with occasional re-education, the Kurin device was adopted.

The average blood culture contamination rate dropped from 2.92 percent in 2018 to 1.42 percent in 2019, a 51 percent decrease. When contaminations jumped in July 2019 following hiring of several new team members, the team added an online training module for each new hire.

In the final five months of 2019, the average contamination rate was 1.18 percent. By eliminating unnecessary hospital days and unnecessary antibiotics, the ED saved an approximate $1.6 million in 18 months.

The success at Bethesda North Hospital led to implementation at Good Samaritan Hospital’s ED. From May 2019 through June 2020, blood culture contamination rates went from a pre-implementation rate of 4.96 percent to a post-intervention rate of 1.6 percent.
TriHealth nurses completed four research studies in FY 2020. Research continues on four additional studies. Completed studies include:

- **“Evaluation of Hand Sanitizer Use in Surgical Waiting Room Based on Presence of Satiric Label”**
  - Principal Investigators (PI): Brandon Balhaus, BSN, RN, CNOR; Cynthia Kennedy, BSN, RN-BC, Bethesda North Hospital Minimally Invasive Surgery Center
- **“The Power of Collaboration! Improving Care in the TriState”** – Amy Keller, MSN, RN-BC; Zakiyyah Thurman, MSN, RN, ONC, CMSRN
  - Poster presented at 2019 ANCC National Magnet Conference, Orlando, FL, October 2019
- **“Evaluating the Effectiveness of a Non-Demand Caring Contacts Intervention for Patients at Moderate to High Risk for Suicide”**
  - PI: Cody Jackson, BSN, RN, CMSRN, SANE, Good Samaritan Hospital Behavioral Health Services
- **“Perceptions of Executive Functions and Self-Care Actions Among Individuals with Major Depressive Disorder: A Mixed Methods Approach”**
  - PI: Melanie Walters, MSN, PMHNP-BC, TriHealth Psychiatry/Advanced Practice Clinician
- **“Defining the State of the Nurse Scientist/Nurse Researcher Position”**
  - PI: Rachel Baker, PhD, RN, CPN; Amy Costanzo, PhD, RN; Judy Godsey, PhD, RN; Pat O’Malley, PhD, RN; Tracey Vitori, PhD, RN; and TriHealth Nursing Administration in collaboration with local healthcare systems/hospitals

Michele Lamping, Women’s Clinical Quality Improvement Officer, (right) and Dr. Michael Marcotte presented their poster on perinatal depression at the Institute for Healthcare Improvement Conference.

- Poster presented at the 2019 ANCC National Magnet Conference, Orlando, FL, October 2019
- Podium presentation at the 2019 Fuld Institute for EBP National Summit, Columbus, OH, November 2019

**Publications**

**Research Study:**

**Other:**
3,743
TriHealth nurses

277
Licensed practical nurses

248
Advanced practice nurses

Professional Development

Certifications
- Nurses achieved 96 new specialty certifications.
- 94 nurses became recertified.

Percentage of TriHealth Direct Care Nurses with Certification

<table>
<thead>
<tr>
<th>Year</th>
<th>Associate Degree and Diploma</th>
<th>Bachelor's Degree or Higher</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>23.8%</td>
<td>38.2%</td>
</tr>
<tr>
<td>2016</td>
<td>33.2%</td>
<td>61.8%</td>
</tr>
<tr>
<td>2018</td>
<td>36.0%</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>39.9%</td>
<td></td>
</tr>
</tbody>
</table>

Direct Care Nurse
Highest Nursing Degree, FY 2020

38.2% Associate Degree and Diploma
61.8% Bachelor's Degree or Higher

Continuing Education

>2,500 online courses were completed by nurses through the HealthStream CE Center. More than 2,100 continuing education courses and 40 certification preparation programs allow nurses to earn CE credits from several accreditation bodies.

Clinical Ladder Participation

<table>
<thead>
<tr>
<th>Level</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Level IV</td>
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<td>26</td>
<td>15</td>
<td>458</td>
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<tr>
<td>Level III</td>
<td>324</td>
<td>326</td>
<td>232</td>
<td>710</td>
</tr>
<tr>
<td>Level II</td>
<td>110</td>
<td>93</td>
<td>71</td>
<td>274</td>
</tr>
<tr>
<td>Total</td>
<td>458</td>
<td>445</td>
<td>318*</td>
<td>1,119</td>
</tr>
</tbody>
</table>

* Because of COVID-19, the fourth quarter review was canceled and numbers for that quarter were not reported.

Community Outreach

Interpreter Services

1,716,087 minutes of interpreting provided through TriHealth nurses collaborating with Diversity, Inclusion and Language Services. People communicated in more than 91 languages via in-person, phone and video interpreters. Diversity, Inclusion and Language Services added an InSight Interpreters app to more than 1,500 Voalte One iPhones in March 2020, enabling nurses and other team members to carry a phone during their shift and have interpreter services immediately accessible. More than 13,000 minutes were provided via the app.

Allison Weber (left), Good Samaritan Labor & Delivery Nurse Educator, explains to Staff Nurse Kelsey Stiple how to read fetal monitoring strips. Weber led an effort to facilitate Labor & Delivery nurses becoming certified in electronic fetal monitoring (C-EFM). She attended a conference on fetal monitoring, developed educational packets and provided study groups. In FY20, 38 of 101 eligible nurses became certified, about 38 percent of the department. An additional 12 nurses are registered to take the certification test.
Discharge Call Center

92,816 calls were completed by TriHealth’s Discharge Call Center in FY 2020. A team of eight full-time callers made phone calls to discharged inpatients with a diagnosis more likely to cause readmission. They also contacted patients with a diagnosis of stroke and diabetes in support of TriHealth’s Center of Excellence status for stroke and diabetes care. TriHealth also added three dedicated callers to follow up with Emergency Department patients throughout the system.

Corporate Health Onsite Medical Services

45 healthcare practitioners (physicians, nurse practitioners, physician assistants, nurses, licensed practical nurses) provided services to:
- 16 business partners
- 55,400+ employees (and students at Miami University, Oxford)

Pavilion Cardiac Rehabilitation

Pavilion Cardiac Rehab
- Patients: 379
- Visits: 8,122
The department completely shut down for seven weeks, closing on March 16 and reopening on May 4 at about one-third capacity due to social distancing and cleaning requirements between classes. Visits were down about 4,500 for the year compared to last year.

Good Samaritan Cardiac Rehab
- Patients: 141
- Visits: 3,037
The department shut down for nine weeks, closing on March 16 and reopening May 25, 2020. Visits were down by 680 compared to last year.

TriHealth Nurse Midwives

- Winton Hills Medical Center federally funded patient visits: 544
- Winton Hills births: 24
- Centering Pregnancy Program:
  - Faculty Medical Center at Good Samaritan Hospital class participants: 506
  - Hope Centering participants: 246
  - TriHealth Nurse Midwives Clifton office participants: 56

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Innovation Center Bright Ideas

- 8,670 Bright Ideas were submitted, many by nurses
- 80 ideas submitted by nurses for a Bright Ideas COVID-19 campaign; 24 ideas were implemented
- 22 out of 59 Gold Shovel Ideation Awards were given to nurses for their outstanding Bright Ideas

Grateful Patient Contributions

- In FY20, Good Samaritan Foundation’s Grateful Patient Program honored 72 nurses and departments and raised more than $368,361 to support services in the Good Samaritan Region.
- The Bethesda Foundation raised $854,257 from Grateful Patients to support projects and programs in the Bethesda region in FY20. Thirty individual nurses and 13 nursing teams from Bethesda North and Bethesda Butler hospitals were honored.
- Hospice of Cincinnati’s Grateful Family Program received $84,519.37, honoring more than 100 team members.
TriHealth Mission Statement

Our Mission is to improve the health status of the people we serve. We pursue our Mission by providing a full range of health-related services including prevention, wellness and education. Care is provided with compassion consistent with the Values of our organization.

TriHealth Nursing Division Mission
The Mission of TriHealth Nursing is to assist and support the people we serve to optimize their health status. We pursue our Mission through interdisciplinary collaboration to provide services across the continuum of care and throughout the life span.

Vision
Excellence in patient- and family-centered care through commitment to compassionate, professional nursing practice.

Philosophy
The nursing philosophy within TriHealth is rooted in the Christian heritage of the Founding Sisters of Charity and the German Methodist Deaconesses.

1 We believe that each human being possesses personal dignity, worth and God-given human rights.

2 We believe in the uniqueness of the individual and approach care from a holistic perspective.

3 We believe that caring and service are fundamental components of the art, science and practice of nursing.

4 We believe the professional nurse is responsible for implementing the nursing process to guide nursing practice.

5 We believe nursing processes and patient outcomes are enhanced in an environment of continuous quality improvement and collaborative practice.

6 We believe each nurse is responsible and accountable for his/her own practice and professional development.

7 We believe creativity, innovation, competency, stewardship, compassion and leadership are needed to assure our future state.

8 We believe we are responsible for creating a professionally satisfying and rewarding practice environment.