



Billings Clinic

2013/2014
Nursing Report

Nurses Expanding Care

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Dear Staff, Colleagues and Friends



Lu Byrd, RN, MN, NEA-BC
Billings Clinic Vice President of
Hospital Operations and CNO

Our vision to be a national leader in quality, safety, service and value has posed many wonderful opportunities for us. With this vision in mind, Billings Clinic's Nursing Division has taken on many new challenges and has accomplished so much in many diverse areas. Learning to be flexible, creative and immediate to support the changes has become a mainstay of the team. It has truly been wonderful watching this team grow.

You will read about many new clinical environments that have opened through the course of this annual report. Nowhere in my nursing training did I learn that assisting architects, contractors, physicians and facility staff in designing environments for patients would be such a key role for nursing. Yet we have all heard the statement that "no one asked nursing when they built this area:" definitely not the story here. I actually can do site visits now and see facilities that appreciated clinician input and used it to make patient centered designs. The support of a healing environment team as the voice of consistency and focus for the patient has been wonderful. We have all learned how to find alternative ways to be a greater part of a team.

The nursing staff at Billings Clinic understands that our work is about the patient and what the patient needs. Our nursing leadership appreciates that a primary focus for them is understanding and responding to staff needs. The focus to details by our staff, assuring that everything is done for the patient the first time/every time, is amazing. Yet, changes in health care today have created so many alternative paths for a nurse. That can be a burden with recruitment issues, but the changing landscape makes me proud to know the versatility of the nurse is so appreciated. The State of Montana was an early adopter of the "Call to Action" recommendations made in the Robert Wood Johnson work to advance key elements of the nursing profession. Having our team involved and recognized at the state level as leaders because of our Magnet status is so rewarding.

Still the most trusted profession in this country, nurses make a difference in so many ways. Our roles are about service, giving and caring. The need is so great! Our staff's compassion and dedication surpasses any other personal experience that I have had. Billings Clinic's patients are part of our family, and the staff takes such pride in caring for those patients every day. Although nursing continues to be a challenging profession today, we all know the reward is making a commitment to be the patient advocate, no matter what role we function in as nurses.

This past year, I had some health challenges and had to be hospitalized for the first time in 40 years. I was so grateful to the nursing team, physicians and all the other staff that took such good care of me. Knowing that we are delivering on our commitment to patients is a wonderful feeling. I write this letter with some sadness, as I have a planned retirement date in this fiscal year. So this will be my last annual report, as the CNO. To my staff, who do such a great job, keep up the great work and always be proud to be a Nurse!!

With deepest respect to my team,

Lu Byrd, RN, BSN, MN, NEA-BC

Chief Nursing Officer
Billings Clinic

Contents

<i>Letter from Lu Byrd, RN, MN, NEA-BC, CNO</i>	ii
<i>Nurses Expanding Care</i>	2
<i>Nurses Ensuring Care and Continuity of Care through Relational Coordination</i>	3
<i>Infection Preventionists Lead the Way</i>	4
<i>NICU – Gaining Size and Knowledge to Care for the Most Fragile Patients</i>	7
<i>Intensive Care Unit Expands</i>	8
<i>Nursing Expands Transfer Center Relationships</i>	10
<i>Evidence-Based Practice Drives Changes in Alcohol Withdrawal Protocol</i>	11
<i>Psychiatric Nurses Expand Care into Triple Chronotherapy</i>	12
<i>Simulation Laboratory Expands Experiences in Learning</i>	15
<i>Billings Clinic Nursing Professional Practice Model</i>	17
<i>80% by 2020</i>	18
<i>Nurse Scientist Inducted into the American Academy of Nursing</i>	19
<i>Nurses Impact Internal Medicine Residency</i>	20
<i>Publications and Presentations</i>	20
<i>Nurses Certifying their Practice</i>	23
<i>Letter from Nicholas Wolter, MD, CEO</i>	25

Nurses Expanding Care

2013 and 2014 were very busy years for improving patient care settings and improving nursing work flow. Billings Clinic took on an aggressive construction project at a cost of \$42 million over a 36 month time period. Included in the construction project was:

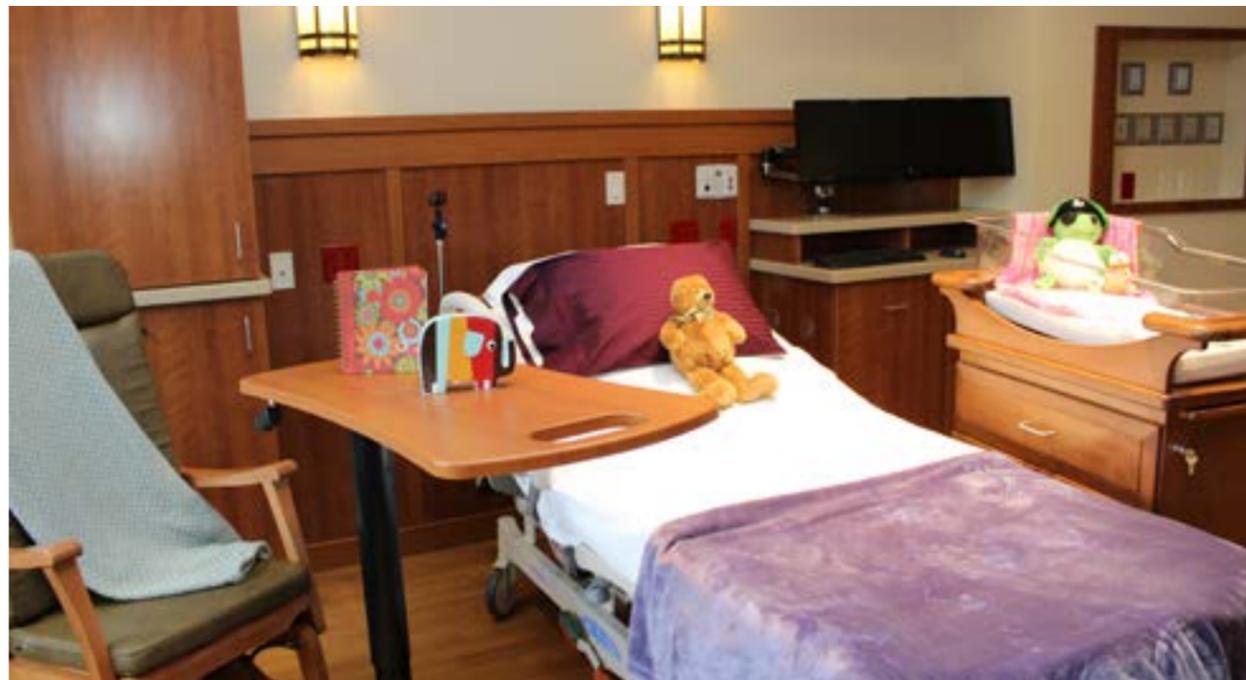
- A new adult intensive care unit
- A new inpatient cardiovascular unit
- Expansion of existing Family Birth Center and neonatal intensive care
- Expanding the operating room with 13 new rooms
- Expansion and relocation of pre and post operative surgical services
- A new cardiac outpatient center
- A new breast center

Critical to the success of these new spaces was efficiency and effectiveness in design. Senior leadership determined that evidence-based principles would be used in designing the spaces. This effort was led by the Pebble Project, a unique and dynamic collaborative, where forward thinking health care organizations, architects, designers and industry partners work together to

identify built environment designs and solutions that measurably improve patient and worker safety, clinical outcomes, environmental performance and operating efficiency. Teams were formed for each project that included nursing leadership, unit clinical nurses, physicians, facility planning, operational excellence blackbelt and other integral interdisciplinary team members. Each design team developed strategic goals for design and participated in site visits prior to explore design opportunities.

The new John R Burg MD Cardiac Center opened in March 2013. In January 2014, the new ICU opened followed by the cardiovascular unit in March 2014. Expansion of the Family Birth Center and NICU was completed in May 2014. In February 2015 the OR opened new rooms and is currently completing the final phases of their construction. Pre- and post-operative surgical services relocated adjacent to the new OR suites and opened in February 2015.

Nursing is proud to be a leader in designing spaces that embrace the concept of patient-centered care while improving workspace and efficiencies for nursing workflow.



Pictured above is one of the new suites in the Family Birth Center.

Nurses Ensuring Care and Continuity of Care through Relational Coordination

Implementation of Relational Coordination (RC) in the ICU at Billings Clinic began with the drive for a fresh approach for impacting change. ICU Nursing and Medical staff leadership recognized an opportunity to improve outcomes in patient care through a change in the working relationships of team members. Preliminary, focused meetings began to engage ICU nursing and medical staff to think differently about how relationships have an impact on patient care and the overall patient experience.

Brandeis University Professor of Business Jody Gittel, PhD, hypothesized that coordination of work through relationships of shared goals and knowledge, and mutual respect improves outcomes when communication is frequent, timely, accurate and oriented around problem-solving. Thus, the assumption is that improved relationships and interactions equal improved patient outcomes.

Armed with this new knowledge, a quality improvement project began to form in the ICU. Gittel's validated tool was utilized with the ICU interdisciplinary team for measuring RC. ICU families were also surveyed using the same tool to help create an all-inclusive glimpse into the ICU's RC score. Brandeis University staff tabulated and analyzed the results: key areas identified for improvement were almost identical from both the patient and family surveys as well as the professional survey.

The ICU RC guiding group, identified as ICU Connections, has grown exponentially and engagement in the process is exciting. A bingo game was developed to "catch" other disciplines performing fantastic relational coordination in all seven areas of RC. This sparked a lot of competitive



Left to Right: Hospital Chief Medical Officer Robert Merchant, MD, Pam Zinnecker, MSNEd, BAN, RN, CCRN, Nurse Clinician II, ICU, and Ted Shelton, BSN, RN, CCRN, Clinical Nurse, ICU.

work due largely to the fact that a discipline could not "catch" a member of their own discipline. A unit newsletter was created to spread the word of what is being done and how others can become involved.

ICU nursing staff members are using the ICU Connections cards to write about a particular worthy stance and recognize their team members. ICU Connections has hosted two successful RC Summits to help spread this idea to other units.

Billings Clinic hosted the International RC Roundtable in 2014 which brought international scholars and investigators to Montana for two days of intense dialogue and reflection.

Infection Preventionists Lead the Way

Preventing health care-associated infections during construction

In 2012 Billings Clinic began a major facility expansion to meet the growing needs of our community and patient population. This expansion involved both new construction and renovation of existing spaces.

Billings Clinic has had experience with new construction and renovation, yet this was the first time this number of major projects occurred so near the actual delivery of patient care. The Infection Prevention Team took a proactive stance in preparing the organization to meet a robust goal of completion of all major construction and renovation projects without one health care-associated construction related infection.

Construction is known to pose an infection risk to patients who are being cared for adjacent to construction areas primarily due to airborne and waterborne pathogens that are disrupted during the actual construction process. Health care construction guidelines have been issued because of reported outbreaks of health care-associated infections in immunosuppressed or otherwise compromised patients that were related to construction 1, 2. These infections were caused by environmental fungi such as *Aspergillus*, *Fusarium*, *Scedosporium* and other fungal species as well as bacteria such as *Legionella* and *Nocardia* 2, 3, 4.

Billings Clinic has had numerous processes in place to minimize this risk, yet the Infection Prevention team understood that additional interventions and processes were necessary due to the number, type and location of projects in order to prevent construction-related infections and outbreaks.

Surveillance for health care-associated construction-related infections has been conducted since mid 1990 after the organization began

performing major construction and renovation. Surveillance consists of daily review of microbiology cultures looking for specific microorganisms as well as regular water and air quality testing. Outcome measurements include conducting surveillance for health care-associated invasive-fungal infections in oncology inpatients (e.g. acute leukemia and other hematologic malignancies), in surgical patients, and other immunocompromised patients. Infection Control Risk Assessments (ICRA) are written for all projects and are available for review by regulatory agencies if requested. The ICRA's are developed in conjunction with construction managers, the safety department, and both general and sub contractors. Medical staff, managers and personnel from the affected department are involved in the planning since it may be necessary to change traffic patterns and other work flow aspects during construction. Protective measures such as the installation of temporary walls, use of HEPA filtration units in the areas under construction, clean work sites and walk off mats reduce the dispersal of dust and debris from a construction site. Recommendations tailored to each construction project are determined and listed in the project-specific ICRA. Regular audits by Infection Preventionists are performed in construction sites to verify that expectations are met. If a concern is identified during an audit, construction managers will ensure that protective measures are maintained.

The Plan Do Study Act (PDSA) method of process improvement was utilized. Numerous cycles occurred during the 24 months from initial planning during the design phase and throughout all phases of actual construction and Infection Control Commissioning for all projects. Infection Preventionists participate in all construction planning meetings and weekly updates.

Interventions and process improvements undertaken include:

1. Completion of site-visits to four Seattle, Washington area hospitals to learn about best practices and observe advanced infection prevention methods during construction.
2. Establishment of a contractor education program to precede the start of all construction projects using the expertise of a certified Industrial Hygienist consultant.
3. Research, development and implementation of an air-sampling program with guidance from the same Industrial Hygienist following published practices as well as those practiced by other large university hospitals in the Pacific Northwest
4. Revision of the existing process of how ICRA's are performed. In the past, the ICRA was written by a single person but it was recognized that developing these documents during the

construction meeting(s) provides a more complete document and better understanding of the expectations for all involved.

5. Revision of the existing infection control and construction daily rounds compliance checklist.
6. Development of a pre-occupancy infection control commissioning process and checklist which lists specific items that should be in place prior to patients and employees occupying a new unit. Examples include: appropriate air exchanges, plumbing that functions, appropriate lighting for the task, alarms, doors safety rated and labeled, sharps containers, area cleanliness, trash receptacles, no trip hazards and medical equipment that has been tested and is functioning.

No health care-associated construction-related infections have been observed for the past 24 months since the major facility expansion and renovation has been underway and completed.



Left to Right: Director of Infection Control and Patient Safety Nancy Iversen, BSN, RN, CIC, and Director of Surgical Services Jackie Hines, BSN, RN, CNOR, review architectural design plans for OR construction.



NICU Clinical Nurse Merilee Cole, BSN, RN, cares for one of our smallest patients.

NICU – Gaining Size and Knowledge to Care for the Most Fragile Patients

The neonatal intensive care unit (NICU) experienced significant growth and expansion during 2013 and 2014. Two initiatives contributed to this expansion: the addition of six additional NICU patient care bays and lowering of the gestational admission age.

In March 2013, Billings Clinic's NICU celebrated the completion of a seven-month construction project with the opening of a new NICU space which included the creation of additional NICU beds/bays. NICU clinical nursing staff and leadership were present in construction meetings to design the look and configuration of the additional bays as well as the work flow within the existing unit.

In addition to the physical expansion, an initiative began in the fourth quarter of 2012 for the NICU team to support the lowering of the gestational age of babies that Billings Clinic would admit to our NICU. The plan involved moving from a gestational threshold of 28 weeks to 25 weeks and supporting additional resources to successfully care for these new, higher-acuity patients in the NICU.

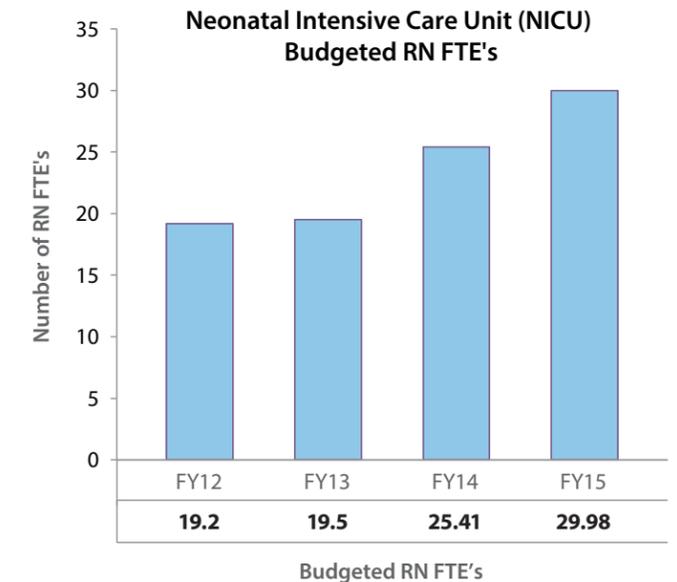
Educational Resources

A NICU Education Advisory Team was formed to determine the educational path needed to ensure NICU staff was prepared for the challenges that the lower gestational-age babies would present. Clinical nurses contributed significantly to the work of this team throughout the plan's development. A robust educational plan was proposed and approved by the CNO. This plan included extensive physician lectures for all NICU nurses and NICU-trained respiratory therapists, and a travel proposal for the NICU RNs to visit Rocky Mountain Children's Hospital in Denver, Colorado. Colorado licensure allowed for hands-on experience in a Level IV NICU. The neonatal resuscitation program was revised to address the needs of these new patients and the initiation of a STABLE program for neonates was also added.

Staffing Revisions

These changes to bed capacity and gestational admission age impacted staffing needs. The NICU scheduling team, comprised of clinical nurses, was asked to evaluate current trended data for acuity by nursing leadership. They analyzed historical maternal/fetal transport data to predict future volumes.

New acuity assumptions made by the NICU scheduling team indicated a shift in higher acuity which translated to higher hours of care per patient day. These recommendations were approved by the CNO and hours per patient day increased from 11.0 to 12.5 allowing for the approval and hire of additional FTE's.



Changes in the NICU required capital dollars, educational support and revisions in staffing plans among other resources. Registered nurses in the NICU played a key role in the design and development of the new NICU space, reviewed data trends to identify impact on increased volume and acuity on staffing, and developed and implemented an education plan. Clinical nurses accomplished this patient care shift in the NICU and celebrated the success of this new level of care provided.

Intensive Care Unit Expands

Billings Clinic welcomed its first patients to the new state-of-the-art Intensive Care Unit (ICU) in January of 2014. Beginning a new era in critical care, this 24-bed ICU is located on the second floor of the hospital directly above the Emergency & Trauma Center and provides a significant increase in space from the former ICU, increasing the unit to 24 rooms and doubling the size of each room.



The new ICU also greatly enhances the way Billings Clinic is able to support the needs of critically ill patients and their families. ICU nursing leadership and clinical nursing staff participated on the design team with facility planners, architects and contractors. This included site visits and vendor meetings to determine how best to design the unit with patient family centered care as the core concept.

Nursing staff focused design on access to the patient, space considerations for the medical equipment frequently used in ICU patient care and workflow processes for efficiency. Nurses were involved in the design of the boom located in each room to maximize functionality and flexibility of the room design.

State-of-the-art technology includes patient beds that allow for full 360 degree access to the patient, a satellite pharmacy which provides quick access to all needed drug therapies, and large exterior windows to maximize daylight exposure and provide views of the Rims and the Deaconess Healing Garden.

The new ICU incorporates evidence-based design that promotes an enhanced patient-focused experience and fosters Billings Clinic's specialized team approach. This, combined with leading-edge technology, assures the highest level of safety, capabilities and expertise.

Patient- and family-centered care is at the core of the professional practice model at Billings Clinic. A transition to open visiting hours to enhance family experience in the ICU was a critical focus prior to planning and opening the new unit. Space was intentionally designed to allow families a place to remain in the ICU room when they desired to stay. A family-zone space was designed with their needs and comfort in mind.



In addition to the expanded ICU rooms and new waiting areas, a conference room for large family meetings, staff education classes and multi-disciplinary team meetings was part of the design.

Design elements create a healing environment for patients and their families, with comfortable furnishings, soothing colors, peaceful artwork and noise-reducing measures and materials.



ICU Clinical Coordinator Dania Block, BSN, RN, CCRN, tours staff and guests through a new ICU patient room.

Nursing Expands Transfer Center Relationships

Billings Clinic's relationships with regional non-Billings Clinic providers are essential to serving the outlying communities. Approximately 51 percent of inpatient revenue comes from patients outside of Yellowstone County.

One of the organizational key strategies is Financial Strength and Community Stewardship with one of the goals to build generative community relationships advancing the quality of health care and to improve the health status of the community. This also calls for developing and implementing strong, innovative business and clinical information systems and technology to enable Billings Clinic to provide outstanding clinical care.

Given the complexity of the referral process, an interdisciplinary team was established to improve the process. The team was co-led by nursing and physician leadership. Membership also included other key clinical and non-clinical ancillary members who are involved with the transfer process.

One opportunity identified by the team was lack of a process to coordinate the clinical information/care and capture all data needed to streamline patient flow from the point of the referring provider's initial telephone call to the point of providing information back to the regional provider post transfer.

The team identified the need for an RN Transfer Nurse to coordinate patient transfers for care across all specialties within the organization. Unbudgeted RN FTEs were advocated and obtained. Some of the essential job functions include:

- Coordination of referral and acceptance phone calls through the Transfer and Referral Center
- Documentation of the conversation between providers
- Coordination with transferring agencies to assist in navigating the patient into Billings Clinic to ensure the best placement (right patient, right bed, first time and every time)



Transfer and Referral Center Navigator Faith Hope Eagle, RN, fields calls for transfers into Billings Clinic from other facilities.

Technology will allow integration of data into Billings Clinic's electronic medical record. Some of the data captured through this software includes:

- Referring provider information
- Diagnosis of the patient
- Key clinical information
- Reason for the transfer
- Accepting provider
- Reasons for denials

Capturing pertinent information electronically allows data reporting and trending that was not previously available. The integration also captures the admission time and date, which allows the transfer center nurse navigator to relay the appropriate clinical information back to the regional provider. The system was purchased and implementation began in August 2014.

Evidence-Based Practice Drives Changes in Alcohol Withdrawal Protocol

Alcohol withdrawal syndrome is a medical emergency. In addition to the medical consequences of seizures and delirium tremens, safety risks for patients who are agitated, impulsive and confused are also a concern. For these reasons, it is vital for hospitals to have a safe, effective alcohol withdrawal protocol.

Billings Clinic's Nursing Strategic Plan is conceptually based on the Magnet domains. The Magnet Model is constructed of four cornerstones which drive the nursing strategic plan. Under the cornerstone of exemplary professional practice is a vision of evidence-based practice that drives an environment of mutually respected professionals and fosters collaborative practice among professionals.

Billings Clinic utilized the Modified Selective Severity Assessment (MSSA) alcohol withdrawal protocol. The MSSA scale requires regular nursing assessments based on objective and subjective criteria. The data is assigned a point value and a benzodiazepine is administered based on a specific scale.

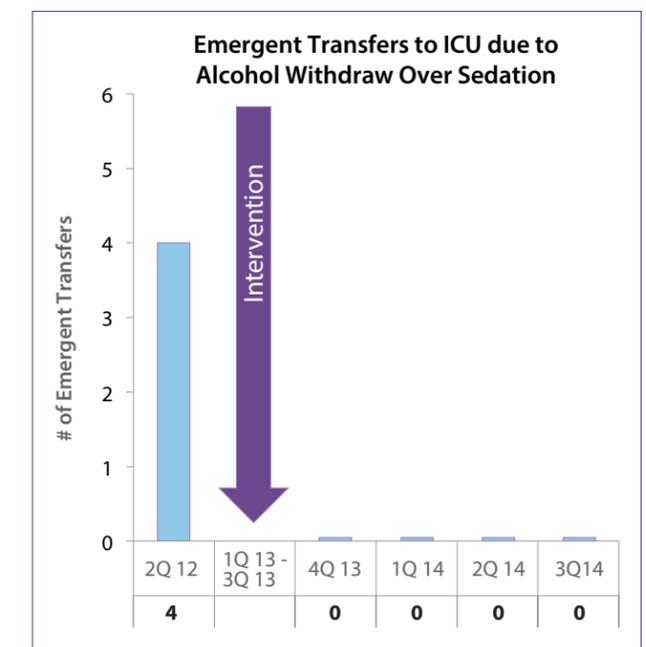
In September 2012, clinical nurses voiced concerns over the MSSA scale reliability which may have contributed to patients requiring transfer to a higher level of care. Upon review and evaluation, the clinical team found faults with the MSSA scale. The MSSA took largely into account vital signs and overlooked the importance of comorbidities. This could result in skewed MSSA scores and oversedation.

With the goal of eliminating emergent transfers to the ICU due to oversedation from the use of the alcohol withdrawal protocol, the clinical team researched viable options. In January 2013, an interdisciplinary yellow belt Operational Excellence team was developed. The team included inpatient clinical nurses representing medical, psychiatry and intensive care, physicians and pharmacists. Through research of the latest evidence-based practice, the team determined that the Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar) was best practice.

The CIWA-Ar uses an interview-based format and includes eight different categories. The breadth of the assessment decreases the risk of oversedation due to a change in a singular category. The tool has been validated in multiple clinical trials, is intuitive to use, and requires minimal training.

The decision to change nursing practice and move to the CIWA-Ar tool was supported via the shared governance of the hospital Clinical Practice Council. The project team then developed drug dosages, drug alternatives, and electronic order sets. The tool was installed in the electronic medical record with embedded references for clinical nurses and clinicians and was first implemented in September 2013.

The CIWA-Ar change in clinical practice has contributed to a higher level of nurse confidence in the assessment tool and a higher quality of patient care. In 2014, the first full year after implementation of the new CIWA-Ar assessment tool, there were zero transfers to a higher level of care due to oversedation related to alcohol withdrawal assessment protocol.



Psychiatric Nurses Expand Care into Triple Chronotherapy

Billings Clinic serves the psychiatric needs of the community through an inpatient adult and inpatient youth facility supported by a partial youth hospitalization program and outpatient behavioral health clinic. The facility serves approximately 2,500 admissions annually.

Major Depressive Disorder (MDD) is a common reason for admission to psychiatric inpatient units. While inpatient admissions are helpful in providing safety and starting treatment, the research into effective treatment is limited to long term treatment of MDD. Evidence shows there are currently no commonly used rapid treatments for MDD. This is of major concern in Billings Clinic's psychiatric inpatient unit as suicide is the 10th leading cause of death in the United States and the 2nd leading cause of death in those ages 10-24. Research shows 60 percent of those who complete suicide had depression that was inadequately treated.

Additionally, most commonly used treatments are pharmacotherapy and psychotherapy. Only 67 percent of non-treatment resistant depressed individuals achieve remission. It takes 5-7 weeks to achieve remission with an effective regime and electroconvulsive therapy (ECT) takes 2-3 weeks to have effect.

Triple Chronotherapy was introduced to the inpatient youth unit clinical nurses by a treating psychiatrist as an alternative treatment plan for youth with MDD. This was a relatively new intervention for treatment of depression which required the nursing staff to complete a review of the literature to assist in the development of protocols and treatment plans.

Suicide is the 10th leading cause of death in the United States and the 2nd leading cause of death in those ages 10-24. Research shows 60 percent of those who complete suicide had depression that was inadequately treated.

Triple Chronotherapy is an adjunctive treatment approach that combines sleep deprivation, sleep phase advance and bright light therapy to reduce acute suicidal behavior in depressed inpatients.

Clinical nurses actively participate in the treatment phase during sleep deprivation. On day 1 the patient remains awake throughout the night and the entire next day, receiving light therapy in the early morning. The patient is allowed to sleep for 7 hours before Day 2 begins at 1:30 am. This begins day 2 where the patient remains awake until 8pm the following evening. Bright light therapy is administered by clinical nursing staff in the early morning. Day 3 begins at 3:30 am and nursing staff assures that the patient remains awake. On day 3 the patient repeats the awake process throughout the night and next day. Light therapy is again administered in the early morning. The patient's final night of sleep recovery begins at 10pm and ends at 5 am on day 4. Clinical nursing monitors effectiveness of the treatment through the use of the Hamilton Depression Scale assessed at intervals in treatment.

Protocols for treatment were developed by nursing staff and approved. Light treatment equipment was obtained and staff education completed. Triple Chronotherapy has been implemented and utilized with multiple patients. Psychiatric clinical nurses were instrumental in literature review, protocol development, equipment acquisition and education of staff and patients to successfully implement this new therapy at Billings Clinic. Members of the Psychiatric Nursing and Medical staff team will be presenting their work on Triple Chronotherapy at several national psychiatric conferences in 2015.



Psychiatric Services Clinical Nurse Diane Hurd, BSN, RN, PMHCN, monitors a patient using light therapy.



Left to Right: Professional Development Nurse Clinician Joley Kramer, BSN, RN, and Metabolic Surgery Coordinator Kristen Loper, BSN, RN, work with a high-fidelity simulator during a learning experience.

Simulation Laboratory Expands Experiences in Learning

Billings Clinic's nursing division was the recipient of funds raised by the Billings Clinic Foundation for nursing education through simulation. An interdisciplinary team was developed in 2013 to initiate the design process for a Simulation Learning Lab.

Simulation is widely used in nursing and health care education across the country. A 2010 survey of 1,060 U.S. nursing programs reported that 87 percent were using simulators. Though common in educational institutions, it's rare to find simulation labs in hospitals. Recent focus on quality and patient safety has led to research and the development of international standards.

Simulation can be used to teach new skills, test competency and even improve team dynamics, including communication. It offers a unique, controlled, learner-focused educational environment that can mimic real-life situations and experiences. The development of a simulation center supported Billings Clinic's value of safety.

In 2013, a four-room simulation center that is currently referred to as the SELL (Simulation Experiential Learning Lab) was built. A core team of nursing clinicians designed the space with

architects to replicate patient care areas in the facility. Included are three patient care rooms and an outpatient exam room. A large debriefing room was also included for teams to review their performance and prepare for improvements. All rooms are designed to host a variety of simulated events.



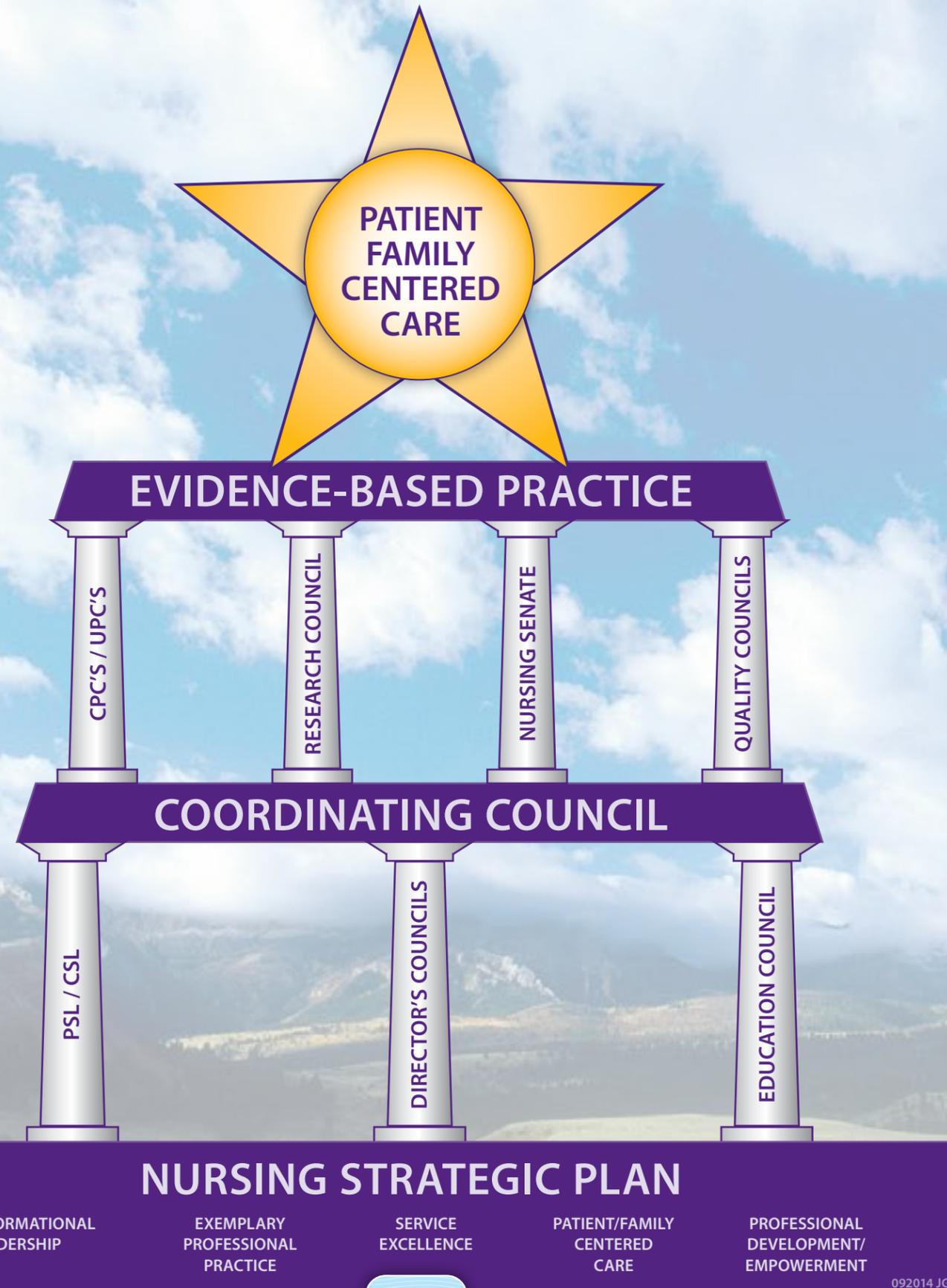
Kristen Loper, BSN, RN, checks the vitals of the youngest member of the O'Malley simulation family.

The funds donated were utilized to purchase high-fidelity mannequins and a state of the art video center. The "O'Malley" simulation family consists of two adults,

a youth and an infant. Both tethered and wireless technology is utilized.

The center opened in September 2013 and has been utilized for numerous clinical simulations. Nursing co-exists in this space with the internal medicine residency program and other clinical departments for improving patient care outcomes. A full time simulation technician assists clinicians in orchestrating simulated scenarios.

PROFESSIONAL PRACTICE MODEL NURSING EXCELLENCE



Billings Clinic Nursing Professional Practice Model

The foundation of the professional practice model (PPM) is a commitment to patient/family centered care. Care is provided to patients and families through evidence-based nursing practice. This work is guided by the nursing vision stating that Billings Clinic's nursing team will be a national leader in providing the best clinical quality, patient safety, service and value. The Nursing Strategic Plan addresses the cornerstones that lead this work:

- Transformational Leadership
- Exemplary Professional Practice
- Service Excellence
- Patient/Family Centered Care
- Professional Development/Empowerment

Evaluation of the Professional Practice Model

A Shared Governance Retreat was held in July 2013 and was attended by nurse leaders and clinical nurse chairs of the shared-governance councils. One agenda item was the evaluation of the current structure of the PPM. With each nursing council engaged in numerous activities to improve processes for patient care outcomes, the retreat attendees discussed a mechanism for strengthening ongoing communication. The participants recommended adding a coordinating council to the shared governance model to increase communication between councils. Coordinating council membership comprises the chairs and

co-chairs of every shared-governance council and the council facilitators. The council chairs are clinical nurses, and facilitators are managers and directors from the nursing division. The first Coordinating Council meeting was held on March 6, 2014.

Shared Governance Council Evaluation of the PPM

In May 2014, the Nursing Quality Council (NQC) and Nursing Senate reviewed the existing PPM and discussed its strengths and opportunities.

The members, consisting of clinical nurses representing their units, recommended including unit-based partnership councils as part of the PPM, as critical work is completed at these meetings and they are a vital part of Billings Clinic's model of shared governance.

Modification of the PPM

The graphic depiction of the PPM was redesigned to incorporate the recommendations of the NQC and Nursing Senate. New posters were printed and put on every nursing unit in November 2014.

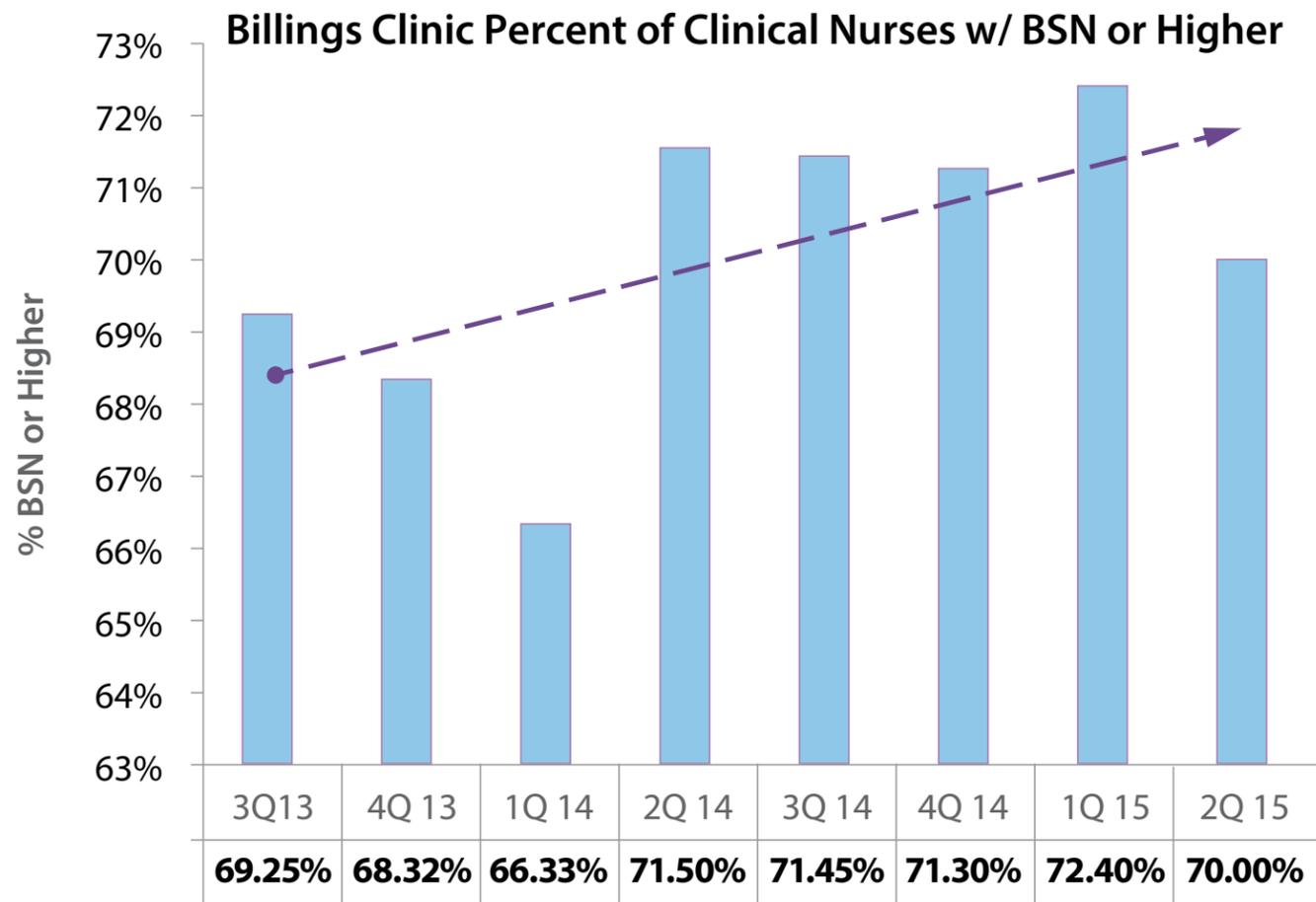
80% by 2020

Billings Clinic began its journey to achieve an 80 percent baccalaureate in nursing (BSN) workforce upon the release of the Institute of Medicine (IOM) recommendations in 2011. The Nursing Strategic Plan for 2010–2013 included having all nursing managers obtain their BSN by 2013. Directors, educators and clinical coordinators are all required to have a minimum of a BSN preparation for their roles. This has been accomplished.

The Nursing Strategic Plan was reviewed and updated for 2014–2017 during the final year of the previous plan. The plan includes continued progression in our BSN rate to achieve an 80 percent BSN workforce by 2020. The organization is proud to have a BSN rate at 70 percent which exceeds comparative data in most organizations.

As a rural provider in Montana with only three baccalaureate generic preparation schools, it will be challenging to gain the additional 10 percent needed by 2020. The current plan is to continue to increase the percentage of baccalaureate-prepared nurses through requirements for BSN preparation and by facilitating incumbent ADN-prepared staff members' return to school. This plan is supported and facilitated by funds the organization provides for education reimbursement.

Current strategies will continue to support an increase in baccalaureate-prepared nurses through recruitment and hiring practices and by providing financial support to incumbent staff members to return to school.



Billings Clinic BSN Rate

Nurse Scientist Inducted into the American Academy of Nursing



It is with great pride and pleasure that the nursing division at Billings Clinic announced the appointment of Dr. Jeannine Brant, RN, into the prestigious American Academy of Nursing as a fellow. Dr. Brant was inducted into the Academy in October 2014 at a ceremony in Washington, DC.

Selection criteria includes evidence of significant contributions to nursing and health care and sponsorship by two current Academy fellows. Applicants are reviewed by a panel comprised of elected and appointed fellows, and selection is based, in part, on the extent the nominee's nursing career has influenced health policies and the health and wellbeing of all. New fellows will be eligible to use the credentials FAAN (Fellow of the American Academy of Nursing) after their induction in October 2014.

Dr. Brant serves on the Oncology Nursing Society's Pain Guideline Team, International Advisory Panel, and Regional Palliative Care Conference Planning Committee; the American Society of Clinical Oncology Palliative Care Symposium Planning Committee; and the National Cancer Institute Executive Committee with oversight for palliative care in the Middle East. She is a prolific writer with more than 75 contributions to the literature on cancer, palliative care, and pain and symptom management, and is an editor of the Oncology Nursing Society's (ONS) Standards of Oncology Nursing Practice, the ONS Core Curriculum, and the Journal of Advanced Practitioners in Oncology. As an internationally



Dr. Jeannine Brant, RN, and Kerry Nichols, BSN, RN, OCN treat a patient.

recognized speaker, she has given more than 200 lectures around the world with her most recent work focused in the Middle East, where she provides consultation and education to nurses and physicians from countries throughout the Middle East. She is also an adjunct faculty member for the University of Montana Geriatric Education Center, University of Southern Indiana pain certificate program, and Montana College of Nursing.

Currently, Dr. Brant serves as a nurse scientist for the nursing division of Billings Clinic and served as an oncology clinical nurse specialist prior to moving into this role.

Nurses Impact Internal Medicine Residency

Billings Clinic officially became an academic center for physician learning in 2014 when 12 new internal medicine residents were welcomed as the first Internal Medicine Residency (IMR) class at Billings Clinic. It was an exciting moment in our history as an innovative health care organization. This new venture produced multiple opportunities for professional nursing. Among those was integrating professional nursing practice into the new physician training program.

As a Magnet-recognized organization, high quality nursing is paramount to the quality, safety and satisfaction of our patients. The advent of the new Internal Medicine Residency Program created an opportunity for nursing. Nursing has become integral in the learning environment for the residency program. Clinical nurses assist the residents with procedures both

inpatient and outpatient and are seen as clinical and cultural resources to assist the residents through their experiences with rounding, patient education and reviewing the plan of care. Clinical nursing staff also participate in the resident review process which affords nursing an opportunity to help influence learning for the residents.



Left to Right: Heidi Lombardozi, BSN, RN, OCN, Dr. Giorgos Hadjivassiliou, 2nd year resident, Jolyn Hoff, RN, and Molley Henneberry, BSN, RN, OCN, are members of the internal medicine team.

The registered nurses who work with the residency program assist in telephone triage, care coordination, patient education and direct care delivery. This collaborative professional academic environment has proven to be successful for

both the professional team and patients. It has fostered respect and nursing excellence as evidenced by high-scoring internal medicine cultural survey results, positive provider and patient feedback, increased patient safety and nursing recruitment and retention.

Publications and Presentations

2013 Publications

- Brant, J.M. (2013). Helping patients with pain. In L.K. Sheldon and J. Foust (Eds). Communication for Nurses: Talking With Patients, pp.173-184.
- Brant, J.M. & Hall, B. (2013). Taste and smell alterations and anorexia and cachexia in cancer. In D. Camp-Sorrell and B. Hawkins (Eds), InPractice e textbook.
- Brant, J.M. (2013). Breathlessness With Pulmonary Metastases: A Multimodal Approach. Journal of the Advanced Practitioner in Oncology,4(6), 415-422.

- Brant, J.M., Wickham, R. (Eds). (2013). Statement on the Scope and Standards of Oncology Nursing Practice. Pittsburgh: ONS Press.
- Lillington, L., Scaramuzzo, L., Friesse, C., Sein, E., Harrison, K., LeFebvre, K., & Fessele, K. (2013). Improving oncology nursing practice one patient, one nurse, one day at a time: design and evaluation of a quality education workshop for oncology nurses. Clinical Journal of Oncology Nursing,17(6), 584-587.

- Pett, M., Beck, S.L., Towsley, G.L., Berry, P.H., Brant, J.M., Smith, E.L., Guo, J.W. Confirmatory Factor Analysis of the Pain Care Quality Survey (PainCQ©). (2013). Health Services Research, 48(3), 1018-1038.
- Rule, P., Brant, J.M. (2013). Monoclonal gammopathy of undetermined significance – Making it understandable to patients. Clinical Journal of Oncology Nursing, 17(6), 614-619.

2013 National/International Oral Presentations

- Jeannine Brant. Middle Eastern Cancer Consortium 4 day Advanced Palliative Care Conference, Muscat Oman
- Jeannine Brant. Role of the Nurse in Palliative Care and Developing a Culture of Quality: Linking Research to High Quality Cancer Care Through Evidence-Based Practice, United Arab Emirates Oncology Conference, Abu Dhabi, United Arab Emirates
- Lisa Peterson and Jeannine Brant. Overcoming Opioid-Induced Oversedation in Hospitalized Patients: More Than Meets the Eye, National Magnet Conference, Orlando, FL
- Laurie Smith, Robin Wicks, and Jennifer Tafelmeyer. Using Liberating Structures in Fall Reduction: Outside of the Box Strategies, National Magnet Conference, Orlando, FL

2013 National Poster Presentations

- Anderson, C., Gradwohl, R., Nelson, L., Brant, J.M. An Oncology Specific Preceptor Program: A Path to Oncology Nurse Knowledge, Commitment and Retention, ONS Annual Congress, Poster Session, Washington, DC.
- Ciemins, E.L., Brant, J.M., Kersten, D., Mullette, B., Dickerson, D. A Patient-Centered Strategy to Palliative Care: A Qualitative Approach. Academy Health, Washington, DC.
- Nichols, K, Anderson, C., Gradwohl, R., Brant, J.M. (2013). Prevention of Cerebellar Toxicity from Cytosine-arabinoside (Ara-C): Development of a Nurse Educational Training Program and Assessment Protocol, ONS Annual Congress, Poster Session, Washington, DC.
- Oley, E. Improving Provider Use of GOLD Guidelines for COPD Patients. National Magnet Conference, Orlando, FL.
- Weber, A., Waitman, K., Blaseg, K., Brant, J.M. (2013). A Nurse-Led Cancer Symptom Management Team, ONS Annual Congress, Poster Session, Washington, DC
- Zinnecker, P. Early Sepsis Identification at the Point of Triage, AACN National Teaching Institute, Boston, MA

2014 Publications

- Blaseg, K.D., Daugherty, P., Gamblin, K.A. (Eds.) (2014). Oncology Nurse Navigation: Delivering Patient-Centered Care Across the Continuum, (pp. 15-42). Pittsburgh, PA: Oncology Nursing Society.
- Blaseg, K.D. (2014). Getting started as a nurse navigator. In K.D.Blaseg, P. Daugherty, & K.A. Gamblin (Eds.) Oncology Nurse Navigation: Delivering Patient-Centered Care Across the Continuum, (pp. 15-42). Pittsburgh, PA: Oncology Nursing Society.
- Blaseg, K.D., & Gamblin, K.A. (2014). Navigation resources. In K.D. Blaseg, P. Daugherty, & K.A. Gamblin (Eds.) Oncology Nurse Navigation: Delivering Patient-Centered Care Across the Continuum, (pp. 297-305). Pittsburgh, PA: Oncology Nursing Society.
- Brant, J.M. (2014). Pain. In C.H. Yarbro, D. Wujcik, & B. Gobel (Eds) Cancer Symptom Management, 4th Edition. Burlington, MA: Jones and Bartlett, pp. 69-92.
- Brant, JM. (2014). Abdominal pain. In R. Hawkins & D. Camp-Sorrell (Eds.) Clinical Manual for the Oncology Advanced Practice Nurse. Pittsburgh: ONS Press, pp. 483-491.
- Brant, JM. (2014). Bone pain. In R. Hawkins & D. Camp-Sorrell (Eds.) Clinical Manual for the Oncology Advanced Practice Nurse. Pittsburgh: ONS Press, pp. 843-847.
- Ciemins EL, Brant J, Kersten D, Mullette E, Dickerson D. (2014). A Qualitative Analysis of Patient and Family Perspectives of Palliative Care. J Palliat Med, [Epub ahead of print] PMID: 25299983 [PubMed - as supplied by publisher]
- Franks, B., Iverson, M.L., & Miller, J. (2014). Breast cancer navigation. In K.D.Blaseg, P. Daugherty, & K.A. Gamblin (Eds.).Oncology Nurse Navigation: Delivering Patient-Centered Care Across the Continuum (pp. 121-135). Pittsburgh, PA: Oncology Nursing Society.
- Scaramuzzo, L., Gordils-Perez, J., McGuire Cullen, P. (2014).Getting Patients Active: Using National Data to Drive Practice, Clinical Journal of Oncology Nursing,18(5), 41-43.
- Scaramuzzo, L., Wong, Y., Voitle, K., & Gordils-Perez, J. (2014).Cardiopulmonary arrest in the outpatient setting: enhancing patient safety through paid response algorithms and simulation teaching. Clinical Journal of Oncology Nursing,18(1), 61-64.

Publications & Presentations *(cont'd)*

- Waitman, K. (2013). Back Pain; Spinal Cord Compression in In R. Hawkins & D. Camp-Sorrell (Eds.) Clinical Manual for the Oncology Advanced Practice Nurse. Pittsburgh: ONS Press.
- Walton, A, McCollum, K., Brant, JM, (2014). Late effects of chemotherapy. In M. Gullatte (Ed.). Chemotherapy Handbook. Pittsburgh: ONS Press, pp. 857-887.

2014 National/International Oral Presentations

- Lori Bigwood-Pecarina and Suzanne Soper. The Emerging Role of the Telemedicine Nurse in Improving Patient Access to Specialty Care. Northwest Regional Telemedicine Conference, Portland, OR
- Karyl Blaseg. Models of Navigation, Quality Improvement Initiatives, and Application of Lean Six Sigma Strategies and Electronic Medical Record Tools to Improve the Delivery of Treatment Summaries and Survivorship Care Plans. National Consortium of Breast Center's 24th Interdisciplinary Breast Center Conference, Las Vegas, NV
- Karyl Blaseg. Integrating Cerner Applications to Deliver Treatment Summaries and Survivorship Plans, Cerner Health Conference, Kansas City, KS
- Jeannine Brant. Middle Eastern Cancer Consortium 4 Day Palliative Care Training for Iran, Iraq, and Turkey; Ankara, Turkey
- Jeannine Brant. Patient-Reported Outcomes: Electronic Integration, American Society of Clinical Oncology (ASCO) Palliative Care in Oncology Symposium; Boston, MA
- Jeannine Brant. Palliative Care State of the Art, ONS Palliative Care Conferences; Houston, TX and Phoenix, AZ
- Jeannine Brant. Advanced Concepts in Pain Management: Pharmacology and Tough Cases, Oncology Nursing Society Congress, Anaheim, CA
- Jeannine Brant, Susan Finn, Carla Mohr. Knowledge and Attitudes About Pain; How Cancer We Do Better? National Magnet Conference; Dallas, TX

- Laurie Smith, Jen Taffelmeyer, Robin Wicks. Using Liberating Structures in Fall Reduction: Outside of the Box Strategies. ANA Quality Conference, Phoenix, AZ
- Molly Henneberry, Kelsey Skogen, Brianna Biggins, Rhonda Gradwohl, Jeannine Brant. Discharge Isn't the End: We're Still Watching. Podium Session, ONS Annual Congress, Anaheim, CA
- Pam Zinnecker, Using Intelligence to Improve Outcomes, Cerner Population Health Summit, Kansas City, KS
- Pam Zinnecker, Sepsis Alerting: Now What Do You Do and Improving Patient Outcomes through the Sepsis Alert and Rapid Response Solution, Cerner Health Conference, Kansas City, KS

2014 National Poster Presentations

- Brant, J.M., Stricker, C., Dudley, W.N., Jacobsen, P. Supportive care plans: Harnessing technology and patient-reported outcomes to drive quality care across the cancer continuum: Preliminary Analysis. ASCO Quality Symposium, Boston, MA
- Montgomery, T., Wilkinson, K., Brant, J.M. Increasing Clinical Trial Accrual: Out of the Box Strategies. Poster Session, ONS Annual Congress, Anaheim, CA
- Oley, E. Improving Provider Use of GOLD Guidelines for COPD Patients. International Rural Health and Rural Nursing Research Conference, Bozeman, MT
- Scaramuzzo, L. Standardizing Patient Education Resources and its Impact on Increasing Nurse's Comfort Level on Conducting Patient Teaching. International Cancer Education Conference, Clearwater, FL
- Skogen, K., Biggins, B., Henneberry, M., Gradwohl, R., Brant, J.M. Working Together Towards a Successful Discharge: Transition Day. Poster Session, ONS Annual Congress, Anaheim, CA
- Tavernier, S., Beck, S.L., Guo, J.W., Eaton, J., Brant, J.M., Berry, P., Dunton, N. (2014). Contextual factors influencing nurse-led quality improvement in the US. Western Institute of Nursing, Podium Session, Seattle, WA

Nurses Certifying their Practice

Certified Medical Surgical Registered Nurse (CMSRN)

Joanna L Anderson, RN
Sara Anguiano, RN
Garrett Boese, RN, BSN
Kathy Boston, RN, BSN
Scott Brady, RN, BSN
Amanda Brownell, RN, BSN
Shannon Castlio, RN, BSN
Roberta Cooley, RN
Tammy Cozzens, RN, BSN
Krisena Curry, RN, BSN
Heidi Diaz, RN, BSN
Michelle Dess, RN, BSN
Brenda Doherty, RN, BSN
Bobbi Ewalt, RN
Curtis J Ferrin, RN, BSN
David Fisher, RN, BSN
Jeremiah Fisher, RN, BSN
Lisa Fisher, RN, BSN
Pamela Fleming, RN, BSN
Katherine Gowan, RN, BSN
Rachael Gray, RN
Brenda Hallsted, RN
Emily A Hand, RN, BSN
Sheila H Hart, RN
Lisa M Hastings, RN
Debra Holm, RN, BSN
Amanda L Jennissen, RN, BSN
Courtney Jones, RN, BSN
Lanell Jourdan, RN, BSN
Stephanie M Kanning, RN, BSN
Robin Kimble, RN, BSN
Nichole Krugler, RN, BSN
Megan Lachmund, RN, BSN
Crystal Lee, RN
Teresa Lehman, RN, BSN
Sarah Leland, RN, BSN
Chantanelle Lind, RN
Amber Lowry, RN, BSN
Rebecca L Lurz, RN, BSN
Michelle Martell, RN
Teresa I Mielke, RN, BSN
Karla Monteith, RN, BSN
Jeanne Morse, RN
Mary Orler, RN
Donna Parker, RN, BSN
Lisa Peterson, RN, BSN
Amanda L Pierce, RN,BSN
Melody Reinhart, RN
Tessa Renova, RN, BSN
Tabatha Rivera, RN, BSN
Lori Ryan, RN, BSN
William S Salminen, RN, BSN
Tanya M Saunders, RN
Susan Schneider, RN, BSN
Joan L Schneider, RN, BSN
Kimberly Shroyer, RN
Kelly D Shumway, RN, BSN
Rose C Smith, RN, BSN
Laura R Sorenson, RN, BSN
Cory Steiner, RN, BSN
Mariah L Strachan, RN, BSN

Mary K Thompson, RN, BSN
Rosalie Walker, RN
Virginia Waller, RN, BSN
Gayle Webster, RN
Connie White, RN, BSN
Dawn R Wilson, RN
Nicole Zinda, RN

Critical Care Registered Nurse Certification (CCRN)

Cindi Austin, RN
David Benkley, RN, BSN
Carol Blackwell, RN, BSN
Dania Block, RN, BSN
Libby Brindley, RN, BSN
Pam Canon, RN, BSN
Lucinda Finley, RN, BSN
Melissa Finley, RN, BSN
Rosemary Fischer, RN, BSN
Joanna Frank, RN, BSN
Kathleen Gallogly, RN
Melissa Gerving, RN, BSN
Mary Goldhammer, RN, BSN
Roxanne Harris, RN
Amber Hellekson, RN, BSN
Julie Klarich, RN BSN
Wendy Magid, RN, BSN
Moriah Massey, RN
Brenda Rider, RN, BSN
Theodore Shelton, RN, BSN
Laurie Sutphin, RN, BSN
Diann Thompson, RN, BSN
Claudia Watrous, RN, BSN
Andrea Wells, RN, BSN
Martha Wetstein, RN, BSN
Pam Zinnecker, RN, MSN

Certified Flight Registered Nurse (CFRN)

Lynn Hilliard, RN
Just Humphrey, RN, BSN
Ginger Silver, RN, BSN
Julie Surrell, RN

Progressive Care Certified Nurse (PCCN)

Kristen Alisch, RN, BSN
Anna Ammons-Svendsen, RN, BSN
Shere Cooney, RN, BSN
Tanya Dahinden, RN, BSN
Crystal Gaines, RN, BSN
Kristian Halland, RN, BSN
Jessica Johnson, RN, BSN
Rebecca Jones, RN, BSN
Kendra Kluth, RN, BSN
Jennifer Lindgren, RN, BSN
Megan Mahlen, RN, BSN
Alexis Malnaa, RN, BSN
Carla Mohr, RN, BSN
Darrin Peplinski, RN, BSN
Amanda Pillman, RN, BSN
Shannon Rosenberg, RN, BSN
Eric Sutphin, RN, BSN
Jennifer Tafelmeyer, RN, BSN

Megan Verseman, RN, BSN
Robin Wicks, RN, MSN
Cassie Wolfe, RN, BSN
Angela Wong, RN, MSN

Oncology Certified Nurse (OCN)

Linda Allen, RN
Connie Anderson, RN, BSN
Pamela Bernes, RN, BSN
Brianna Biggins, RN, BSN
Karyl Blaseg, RN, MS
Gina Bradley, RN, BSN
Kristin Clebe, RN, BSN
Patti Davis, RN, BSN
Susan Dillon, RN, BSN
Mary Donnelly, RN, BSN
Heather Duval, RN, BSN
Shawn Duffy Feller RN
Lisa Dyk, RN, BSN
Cynthia Frank, RN, BSN
Delayne Gall, RN
Elizabeth Gruba, RN
Kelly Hageman, RN
Molley Henneberry, RN, BSN
Mary Lou Iverson, RN, BSN
Kastene Kunze, RN
Heidi Lombardozzi, RN, BSN
Pamela Marlenee, RN, BSN
Chrystal Martin, RN, BSN
Katherine Mattern, RN, BSN
Radonna McComb, RN, BSN
Tricia Montgomery RN, BSN
Kerry Nichols, RN, BSN
Tara Nye, RN, BSN
Danielle Pisen, RN, BSN
Terri Polesky, RN, BSN
Holly Riley, RN, BSN
Elizabeth Robillard, RN, BSN
Susan Schott, RN, BSN
Christina Schye, RN, BSN
Amy Walton, RN, BSN
Nicole West, RN
Kathy Wilkinson, RN, BSN
Carole Wilson, RN
Lora Wingerter, RN, BSN
Danielle Wright, RN, BSN

Advanced Oncology Certified Nurse (AOCN)

Jeannine Brant, RN, PhD
Leah Scaramuzzo, RN, MSN

Certified Emergency Nurse (CEN)

Robert Canan, RN, BSN
Susan Finn, RN, MSN
Rebecca Frye, RN, BSN
Amy Goffena, RN, BSN
Tina Hedin, RN
Emily Hurd, RN, BSN
Kimberly Kovarik, RN
Jaime Maritian, RN, BSN
Rich Mickelson, RN, BSN
Mark Polakoff, RN, BSN
Brittany Silvers, RN, BSN
Lisa Stevens, RN, BSN
Brad Vonbergen, RN, BSN

Nurses Certifying their Practice *(cont'd)*

Certified Radiology Nurse (CRN)

Aileen Rogers, RN, BSN

Certified Gastroenterology Registered Nurse (CGRN)

Joan Ferguson, RN, BSN
Carol Houston, RN, BSN

Psychiatric Mental Health Certified Nurse (PMHCN)

Dale Androlia, RN, BSN
Leslie Bouchard, RN
Keri Cross, RN, BSN
Diane Hurd, RN, BSN
Linda Malenowsky, RN
Tambra Miller, RN
Krista Petterson, RN
Heath Shomate, RN, BSN
Deb Smith, RN
James Stanton, RN, BSN
William Tutokey, RN, BSN

Certified Nurse Operating Room (CNOR)

Connie Becker, RN, BSN
Cynthia Carlson, RN, BSN
Malissa Carr, RN, BSN
Buffy Conover, RN, BSN
Stacy Dean, RN, BSN
Beth Degenhart, RN, BSN
June Edwards, RN, BSN
Sara Fenton, RN, BSN
Carol Henning, RN, BSN
Kelly Higbie, RN, BSN
Jackie Hines, RN, BSN
Lyndie Jolly, RN, BSN
Pam Keierleber, RN, BSN
Eva Kuykendall, RN
Jona Lamb, RN
Joshua Obie, RN
Perry Patton, RN, BSN
Barb Sakahara, RN, BSN
Corina Schwarzingler, RN, BSN
Sheryl Teini, RN
Sarah Thomas, RN, BSN
Vanessa Tossey, RN
Denise Twichel, RN, BSN

Certified Ambulator Perianesthesia Nurse (CAPA)

Greta Beam, RN, BSN
Heidi Brown, RN
Lisa Gutierrez, RN, BSN
Susan Larson, RN, BSN
Kristie Marquess, RN, BSN
Lynae Schmaltz, RN, BSN

Registered Nurse Certified in Inpatient Obstetrics (RNC-OB)

Krista Boehm, RN
Emily Dailey, RN, BSN
Heidi Gildroy, RN, BSN
Dawn Krohn, RN
Cheryl Leggett, RN, BSN
Julia Lennick, RN, BSN

Hermien Marais, RN
Katie Prom, RN, BSN
Sharon Roach, RN, BSN
Tiffany Shipman, RN, BSN
Joanna Smart, RN, BSN
Emily Soft, RN, BSN
Joanna Thompson, RN, BSN
Heidi Urbaniak, RN
Laurie Wilson, RN, BSN

Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)

Tracey Duncan, RN, BSN
Becky Frogge, RN, BSN
Christine Goodpaster, RN, BSN
Heidi Harris, RN, BSN
Kari Harris, RN, BSN
Dawn Howard, RN, BSN
Beth Mann, RN, BSN
Lucinda Mclean, RN, BSN
Theresa Shelton, RN, BSN

Registered Nurse Certified in Low Risk Neonatal (RNC-LRN)

Tifan Crane, RN, BSN
Nadine Gotchall, RN
Angie Higgins, RN, BSN
Susan Mcatee, RN, BSN
Lucinda Mclean, RN, BSN
Amanda Poepping, RN, BSN
Janis Taylor, RN, BSN
Becky Uhrich, RN, BSN

Certified Pediatric Emergency Nurse (CPEN)

Donita Clarin, RN, BSN
Dennis Nemitz, RN
Rikki Rumph, RN, BSN
Keri Vesey, RN, BSN
Tara Zoanni, RN, BSN

National Surgical Assistant (NSAA)

Jon Deim, RN, BSN

Ambulatory Women's Health Care (AWH)

Shelly Ten Broek, RN
Debra Hofer, RN

Certified Clinical Research Professional (CCRP)

Judith Miller, RN, BSN
Kathy Dignen, LPN

Certified Diabetes Educators (CDE)

Joan Jensen, RN, BSN
Judith Russell, RN, MS
Jan Hollingworth, RN, BSN
Dian True, RN, BSN
Karen Gransbery, RN
Barbara Holloway, RN, BSN
Elizabeth Mullette, RN, BSN

Certified Asthma Educator (AE-C)

Leesa Sundsted, RN, BSN
Lori Kostelecky, RN, BSN

American College of Sports Medicine (ACSM)

Jo Rowland, RN, BSN

Certified Rhythm Analysis (CART)

Christine Severson, RN, BSN

Urological Nursing Certification (CVUNA)

Deborah Bailey, LPN
Kori Richards, LPN

Registered Nurse Assessment Coordinator (RNAC)

David Mulkey, RN

Certified Pediatric Nurse (CPN)

Jennifer Miller, RN, BSN

Certified Nephrology Nurse (CNN)

Lynnet Bede, RN

Pain Management (RN-BC)

Carol Opie, RN

Certified Nurse Manager Leader (CNML)

Linda Bryson, RN, BSN
CeCe Castro RN, MSN
Nicole Conde, RN, BSN
Sandy Morse RN, BSN
Laurie Smith, RN, MSN
Nicole Woods, RN, BSN

Nurse Executive Advanced (NEA-BC)

Lu Byrd, RN, MN
Barbara Diehl, RN, MSN
Celeste Dimon, RN, MSN

Wound Ostomy Certified Nurse (WOCN)

Judy Raboy, RN, BSN

Orthopedic Nurse Certification (ONC)

Kathy Dabner, RN

Wound Care Certification (WCC)

Raney Glasgow, LPN

Certified Dialysis Nurse (CDN)

Mary Valley, RN, BSN

Professional Development (RN-C)

Mary Robertson, RN, BSN

Nursing Informaticists (RN-C)

Kathleen Baumgartner, RN, BSN

Certified Coding Specialist (CCS)

Cynthia Martin, RN, BSN

Certified Health Care Risk Management (CHCRM)

Cheryl Bohnet, RN

Certified Infection Prevention and Control (CIC)

Nancy Iversen, RN, BSN
Christine Nightingale, RN, BSN

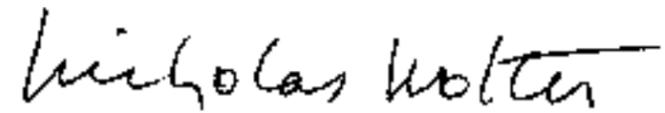
Expanding through Collaboration

Billings Clinic takes pride in our model of care that is based on a team approach with a multi-disciplinary workforce working together to deliver optimal outcomes for our patients. Nurses are at the core of this team, and they are integral to everything we do for the care of our patients. Nurses solve problems and they challenge us to define, change and improve methods for the way we provide patient care. Our nurses are at the frontline assessing, connecting and delivering the right care, working side by side with physicians, pharmacists, respiratory therapists and every other member of the care team.

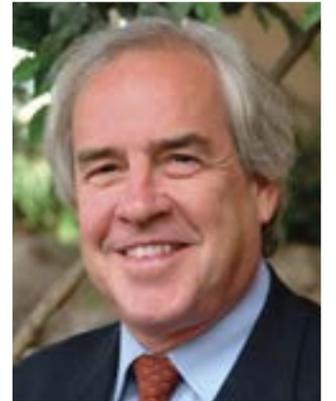
At Billings Clinic, nurses are students, caregivers, leaders, researchers, quality and safety experts and educators. Amidst the areas of diversity in nursing, our nurses hold one thing in common: commitment to the delivery of care that is based on quality, safety and service.

As a physician and as CEO, I express my heartfelt appreciation for the dedication and care that our nurses bring to our organization. We are proud that nursing at Billings Clinic has attained the highest levels of recognition through our MAGNET designation and look forward to continuing our MAGNET journey as the profession of nursing continues to define and redefine itself.

Nicholas Wolter, MD, CEO



Chief Executive Officer
Billings Clinic



Nicholas Wolter, MD
Billings Clinic CEO



Billings Clinic

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