OUR MISSION
To provide high-quality, compassionate and individualized nursing care to all of our patients and their families. We are committed to leading the way to promote health, provide hope and preserve dignity for each patient.

OUR VISION
Our care will focus on our patients as individuals. We will provide every patient an experience customized to his/her medical, emotional, social and spiritual needs. Congruent with the health system’s vision, Meritus Health’s nursing division will be nationally recognized in creating a thriving culture that exemplifies caring and knowledge in the practice of nursing.

OUR VALUES
Service: Consistently strive to meet and exceed customer expectations through active listening, compassion and empathy.

Excellence: Continually identify opportunities for innovation to improve the quality, safety, efficiency and effectiveness of nursing care through the use of the quality improvement (Plan-Do-Study-Act) and Lean processes.

Integrity: Be accountable for our own behavior, decisions and outcomes. Nursing practice is based on the ANA Code of Ethics.

Respect: Treat all customers with courtesy and fairness; embrace diversity.

Caring: Be present and create a healing environment for patients and families.

OUR PHILOSOPHY
We are committed to being advocates for our patients to ensure that they receive individualized, compassionate care.

We are committed to providing safe, high-quality, evidence-based care.

We are committed to developing cohesive relationships with our collaborative health care team.

We are committed to educating our patients about their health and well-being while promoting a positive difference in their lives.

We are committed to shared leadership by empowering all nursing staff to make decisions that affect the care we provide.

We are committed to the development of our profession and promotion of a respectful and nurturing environment.
DEAR COLLEAGUES,

It has been said that a long journey begins with one step. In early 2017, I embarked on a new chapter of my career when I accepted the position of chief nursing officer for Meritus Medical Center.

It was important for me to find an organization that aligned with my belief in the Magnet® Recognition program as a roadmap to support nursing practice to improve patient outcomes—as this work is not easy and takes a great deal of commitment. As I began to spend time with the nurses and nursing leadership, I soon realized that Meritus nurses were well on their way in establishing their commitment to professional nursing practice and evidence-based care—both factors in becoming a Magnet® hospital.

In less than a year, Meritus nurses have reduced patient falls, implemented a new industry model to enhance patient flow in the emergency department, improved medication safety related to IV pump programming and introduced an evidence-based practice education series—to name just a few accomplishments.

To underscore the road to nursing excellence, Meritus nurses participated in the Press Ganey Employee Engagement survey and answered questions specific to nursing excellence. Of the seven survey categories, Meritus nurses exceeded Magnet® requirements and the majority of our nursing units outperformed the national benchmark in five of seven areas including: staffing and resource adequacy; autonomy; leadership access and responsiveness; professional development; and RN-to-RN teamwork.

Equally important, my experience working alongside Meritus nurses has given me a true picture of nursing professionalism at Meritus Medical Center. To see the personal connections you make with your patients, I began to spend weekly time on nursing units and departments and initiated listening sessions known as Caring Connections. This firsthand experience, in addition to leadership rounding, illustrates that our nurses embrace innovative practice, interdisciplinary collaboration and critical thinking.

Together, we have taken many steps in the pursuit of nursing excellence and the journey to become an ANCC Magnet® hospital. But for now, let us pause and celebrate our points of pride, growth and evolution of nursing practice. Remember to focus on the journey, or the small steps, and not just the destination.

Sincerely,

Melanie M. Heuston, D.N.P., RN, NEA-BC
Vice president and chief nursing officer
Keeping Patients Moving

Increased mobility prevents falls and pressure ulcers, lowers the risk of blood clots and pneumonia and prepares patients for daily life outside the hospital. These factors inspired a partnership among nurses and physical and occupational therapists to develop “Getting Stronger, Living Longer,” an evidence-based, nurse-directed patient mobility protocol.

Upon admission, clinical nurses assess mobility levels and assign patients a number from one to nine. Next, nurses use patient white boards to communicate current mobility levels and five-day goals to patients, physicians and therapists. To evaluate the impact on patient outcomes, nurses measure falls, pressure ulcers and length of stay.

“The beauty of this partnership is that nurses, who spend the most time with patients, provide them with the chance to move multiple times a day,” says Khrys Davis, PT, director of orthopedic-neurologic-trauma-rehabilitation services. “Physical therapy supports the nursing staff allowing them to feel more comfortable in this role.”

“It's a win-win for patients and nurses,” says Roxann Rosendale, B.S.N., RN, 5 East clinical manager. “I had a patient tell me that because of our mobility program, he was able to return home after surgery without needing any inpatient rehabilitation.”
Quiet Time for Critical Care Patients
Sleep is vital for positive outcomes of critically ill patients. A nursing research study led by Karen Long, B.S.N., RN, CCRN, clinical nurse, and several critical care nurses focused on evaluating nurses’ perceptions of “quiet time” to reduce noise and interruptions for patients. Along with a literature review, critical care nurses participated in a pre-survey followed by the implementation of a “quiet bundle” for an eight-week period.

Post-survey results indicated nurses’ increased knowledge and appreciation for patient rest without interruption and patient healing. Nurses also found more time to complete patient care and clinical work during quiet times. “Both staff, patients and families love quiet time,” says Karen.

Advancement of Evidence-Based Practice and Research
Nursing research and evidence-based practice or EBP is essential to nursing professional practice and development and to positive patient care outcomes at Meritus Medical Center. The hospital’s chief nursing officer and director of professional practice, support EBP by promoting the following strategies:

Education. The Nursing Research and EBP Council identified the need for ongoing education to develop evidence-based practice knowledge and skills in clinical nurses. An EBP education series was developed to provide nurses with a foundational overview and strategies to support EBP implementation. The course is held twice a year and provides six ANCC-approved continuing education credits.

Clinical ladders provide incentive for participation in EBP and accelerate awareness and implementation.

Resources. Cynthia Leaver, Ph.D., APRN, FNP-BC, nursing research consultant, provides individual mentoring, coaching and statistical analysis for EBP and research implementation. In addition, scholarly resources are available on the hospital’s intranet.

Nursing councils. Project initiation begins in the research and evidence-based practice council with assistance from quality improvement coaches to guide “pilot practice” in the hospital setting. If the pilot is successful, the nursing practice council implements the EBP project in other nursing units or departments.

Dissemination of research and EBP projects. Quarterly promotion of nurse residency posters and periodic interactive on-campus events showcase EBP at Meritus Medical Center. In addition, nurses disseminate project findings as poster and podium presentations at state and national conferences.

Helping Patients Regain Urinary Control
Urinary incontinence can affect patients who experience cognitive impairments, limited mobility, medication side effects, neurological conditions and other risk factors. Rehabilitation clinical nurses Tonya Key, M.S.N., RN, CRRN, Tracy Smith, B.S.N., RN, CRRN, and Wendy Mertz, RN, CMSRN, initiated evidence-based continence care for all rehabilitation patients on 3 West.

The nurses implemented a baseline patient continence assessment on toileting, urinary tract infections, post-void residuals and medication usage, and also performed mobility assessments and identified bathroom risks at home. Next steps involved implementing evidence-based practices such as scheduled times for patients to use the toilet to lengthen the time between voids, fluid intake restrictions after 8 p.m., and encouragement for patients to keep a urinary diary. A new bowel and bladder monitoring record was developed and implemented to track patient continence progress. Nurses also involved physical therapists to help patients strengthen pelvic floor muscles and promote urge suppression strategies.

“It’s the little things we take for granted,” says Tracy. “That’s why it’s so rewarding to help patients regain control of their bladders.”

“Bedside nurses need a voice and evidence-based practice and research gives nurses this voice.”

—Cynthia Leaver, Ph.D., APRN, FNP-BC
With each step and each patient, nurses learn that purposeful rounding is a heartfelt conversation with patients and an investment in time to improve safety, quality—and the patient experience.
Perfecting Purposeful Rounding
When Jill Webb, M.S.N., RN, ONC, clinical manager of 3 East, sought to improve purposeful rounding on her med-surg unit, she turned to Training within Industry or TWI, a job instruction method used during WWII. The method, introduced by operations improvement coaches, trains nurses to round correctly, conscientiously and consistently—every patient, every time.

“We found that nurses rounded on patients differently based on how they were trained,” says Jill. “If we standardized rounding, we could improve patient satisfaction and quality outcomes, eliminate inefficiencies and instill knowledge in new staff members.”

Jill and her shared leadership team developed a seven-step job instruction breakdown sheet that includes key points in purposeful rounding and reasons behind each step. Trainers demonstrate steps, such as pain or potty, and incrementally add key points and reasons while rounding from patient to patient. Although initially time-consuming, the method combines repetition and hands-on learning and instills meaningful work.

Since implementing TWI for the training of purposeful rounding, Jill reports a reduction in call lights and patient falls. “It’s clear that spending time on the front end helps us in the long run with quality, safety and patient outcomes.”

Pressure Injury Prevention
To promote skin health and prevent hospital acquired pressure injuries, the hospital designated a wound care specialist in the spring of 2017. Additionally, nurse champions from each hospital unit act as skin and ostomy resource nurses and serve as members of the Save Our Skin or SOS interdisciplinary committee. The purpose of the committee is to increase knowledge, confidence and skill of hospital staff when caring for patients with skin, ostomy and continence needs.

To date, the wound care specialist and SOS committee have introduced numerous new skin care products to prevent patient skin damage, created a trigger in the electronic medical record system to initiate a support surface based on the Braden scale and incorporated preventative measures to decrease pressure between the mattress and the patient. Ongoing efforts include bi-monthly head-to-toe prevalence studies and skin audits, patient education and the tracking of hospital-acquired pressure injuries.

“With this team approach, we’re developing proactive measures to prevent a patient’s risk of developing pressure injuries,” says Valerie Pensinger, B.S.N., RN, wound care specialist.

Preventing Patients Falls in Behavioral Health
When behavioral health nurses sought to improve inpatient fall risk assessment, they found that their approach to using the Morse fall risk assessment had to be different from other hospital units. “We looked at our environment and patients’ medications, current mental status and whether they comprehended the fall risk associated with their health,” says Stephanie Ocker, B.S.N., RN-BC.

After reviewing fall incident reports and speaking with patients, it was discovered that most falls involved patients using blankets. While patients needed blankets to stay warm, nurses could offer them fleece sweat pants and shirts in lieu of blankets. “Implementing this small change now keeps patients safe, warm and more comfortable,” says Stephanie.

Nurses on 1 West also purchased wireless bed alarms, hip pads and protectors for patients requiring additional assistance. Additionally, they increased fall risk communication to staff members and improved education to patients about their fall risk.

“Throughout this process, we learned that one size doesn’t fit all when preventing patient falls,” says Stephanie.
Support for the Night Shift

While rounding on patient units during the night shift, Chief Nursing Officer Melanie Heuston, D.N.P., RN, NEA-BC, identified a lack of leadership support on the night shift. The discovery led to the creation of clinical coordinator positions on high-census units. Clinical coordinators provide operational support and assist with patient care, troubleshoot problems, round on patients, initiate process improvement initiatives and lead unit huddles.

As a nursing assistant and a former bedside nurse for 14 years, Crystal Goodrich, M.S.N., RN, wanted to move into a leadership position. “This role allows me to share my years of nursing experience with other nurses and help them grow and learn,” says Crystal.

Catherine Makanjuola, M.S.N., RN, became a clinical coordinator to create a career path for herself and inspire fellow nurses. “I used to work the night shift and wanted to bring a sense of belongingness to the unit which will improve morale and patient care.”

The hospital hired four clinical coordinators in early 2018 with plans to add more in the future.

As clinical coordinators, nurses reach a new level of professionalism and discover a way to mentor, team build, sharpen skills and set goals.
Teamwork and IV Pump Medication Safety Software Compliance

Nurses from the medication safety team, nursing quality and practice councils collaborated with representatives from pharmacy, quality improvement and clinical education to address the potential failures and errors in the use IV infusion pumps. Using failure mode and effects analysis or FMEA, the team developed standardized procedures and simplified work tools and promoted staff education and competency training to improve compliance.

The compliance, with use of IV pump medication safety software, increased 40 percent in less than two years after implementing standard work and education. The team found that IV smart pump technology works best when pairing clinical staff nurse involvement and data to support technology utilization.

“Using a systems thinking approach allows nurses to define the nursing-specific, interdependent processes required to decrease the potential for patient harm, ultimately producing positive outcomes for our patients,” says Melissa Sestak, M.S.N., RN, CCRN, 4 West clinical nurse.

Nurse Certification: Setting the Bar High

The percentage of nurses with certifications continues to climb. As health care becomes more complex, nurses turn to certification to expand their clinical knowledge base to help care for chronically or critically ill patients.

“My nurses tell me that certification increases their knowledge, professional growth and personal satisfaction,” says Pam Horner, M.S.N., RN, clinical manager on 2 East. During the annual performance review, Pam discusses goals for personal and professional growth, specifically career ladder advancement and nurse certification. “There’s an expectation of upward movement,” says Pam. She supports that message throughout the year by promoting certification review classes and using clinical educators as resources. Certification on 2 East increased from 29 to 31 percent—achieving their year-end goal.

Left to right: Crystal Goodrich, M.S.N., RN, Christina Reid, B.S.N., RN, and Catherine Makanjuola, M.S.N., RN, take their careers to new heights as clinical coordinators.
The dawn of a new day at Meritus Medical Center as nurses inspire new safety and security measures.
Leaders Take Action on Safety and Security Measures

Each year, several bedside nurses participate in the annual leadership board retreat. In the fall of 2017, two clinical nurses shared the risks and threats nurses frequently encounter in the hospital setting with leadership and board members. In less than two months after hearing their concerns, the chief nursing officer and vice president of professional services worked with the hospital’s board of directors to identify resources to enhance safety and security at Meritus Medical Center.

Today, the following safety measures help keep patients, visitors and staff members safe:

- The addition of 19 additional security officers
- Increased Washington County law enforcement coverage on campus
- Visitor access control program and metal detection wanding at public entry points
- Creation of a safe zone in the emergency department
- Employee emergency text messaging alert/notification system with registration available on the employee intranet.

“Knowing our leaders are listening to those on the front lines and taking suggestions to heart, is a wonderful feeling,” says Jennifer Gasaway, B.S.N., RN, CMSRN, 5 South clinical nurse. “Security grew in numbers quickly and the other enhancements came faster than I had expected.”

Nurse-Directed Pulse Oximetry Protocol

Nurses on 4 East set out to improve the usage of continuous pulse oximetry. Kelly Robinson, RN, PCCN, 4 East clinical nurse, led efforts by evaluating current practice, including the impact on patient satisfaction and safety, nursing staff and monitoring technicians and costs. Nurses also wanted to reduce the interruption in patient care due to numerous calls from the hospital’s monitoring room related to poor readings from pulse oximetry units.

Working with respiratory therapists, nurses developed a nurse-directed protocol and outlined criteria for initiation and discontinuation of continuous pulse oximetry which includes: IV narcotics, patients with sleep apnea, tracheostomy patients or other conditions requiring continuous Spo2 monitoring.

By reducing the number of patients who require pulse oximetry, nurses not only improved patient care, but significantly reduced the cost of pulse oximetry.

Nurses’ Role in Antimicrobial Stewardship

Meritus Medical Center’s antimicrobial stewardship team, which includes pharmacists, physicians, infection preventionists, nurses and environmental services and laboratory staff, meets quarterly to bring awareness and education to the hospital community regarding inappropriate use of antibiotics and the rise of Clostridium difficile or C. diff and antibiotic resistance.

“Nurses have the most contact with patients and are their primary advocates,” says Shea Jones, B.S.N., RN, clinical nurse member of the antimicrobial stewardship team. Nurses are responsible for assuring the collection of cultures prior to antibiotic administration, reviewing any allergies to antibiotics and assessing patients’ infections. Nurses also educate patients on adverse reactions to antibiotics. With nurses’ help, the antimicrobial stewardship team continues to see a reduction in prescribing unnecessary antibiotics.
Post-Surgery Pathway Improves Patient Outcomes

Enhanced Recovery After Surgery or ERAS is a multimodal, perioperative care pathway that enhances traditional surgical practices and introduces evidence-based, best practices spanning all areas of patient care throughout the surgical process.

A multidisciplinary team consisting of physicians, anesthesia staff members, an infection control specialist, a pharmacist, clinical educators, surgical services nurses, a quality manager, a care manager and a physician practice manager worked for more than nine months to research, develop and implement the ERAS concepts at Meritus Medical Center. Deb Oberholzer, M.S.N., RN, clinical manager and Karen Yanus, RN, led the team and worked with general surgeons, gynecologists and a bariatric surgeon to facilitate participation in the ERAS project. Most recently, the team included orthopedic patients in the ERAS pathway.

The ERAS pathway involves five phases:

- Pre-hospital phase: Patient education, chronic disease management, dietary improvements, smoking cessation and “prehabilitation”
- Perioperative phase: Less fasting and clear liquids allowed up to two hours before preop
- Intraoperative phase: Opioid-sparing, multimodal analgesia; nausea and vomiting prophylaxis
- Postoperative phase: Early nutrition and mobilization
- Post-discharge phase: Monitor for symptoms; follow up with surgeon

“The ERAS pathway has shown to reduce length of stay, decrease complications, improve patient satisfaction and quality of life,” says Deb.

“Left to right: Carrie Basler, RN, Karen Yanus, RN, and Deb Oberholzer, M.S.N., RN, implement an evidence-based, team approach to improved perioperative care.”
Community Outreach for Neonatal Abstinence Syndrome

Carol Grove, M.S.N., RN-BC, NEA-BC, administrative director of women’s and children’s and education, Jennifer Kuhn, M.D., service line medical director, and special care nursery nurses partnered with area methadone clinics to educate pregnant women on neonatal abstinence syndrome or NAS. Nurses explain to participants how babies show signs and symptoms of opiate withdrawal, scoring for neonatal drug exposure, comfort measures that parents can provide to NAS babies and breastfeeding tips.

“The intent is to develop a relationship with the mother so she can interact with the nursing staff and see a familiar face when she comes to the hospital,” says Lori Sprecher M.S.N., RN, clinical manager of the special care nursery and LDRP. Participants respond positively to the education and have requested additional information on long-acting reversible contraceptives and coping strategies for stress during pregnancy. The outreach has also expanded to include general women’s health education.

Improving Vascular Access to Decrease Infections

Bloodstream infections are a critical issue for health care facilities and many hospital-acquired bloodstream infections originate from some form of vascular access. Meritus Medical Center’s central line collaborative introduced several quality improvement measures to reduce central line bloodstream infections or CLABSI.

- New pocketed central line kit to ensure consistent and compliant technique when changing central line and port access dressings.
- Vascular access resource guide for nursing which provides an easily accessible resource for any type of vascular access.
- Nurse experts trained to perform ultrasound guidance for peripheral intravenous catheter insertions.
- Implementation of second-generation alcohol end caps to decrease waste.
- Aqua Guard shower protection for IV lines, catheters and ports.
- Establishment of standard day to change central line dressings.
- Audits on maintenance bundles and point-prevalence surveys performed by central line champions.

Efforts by the central line collaborative have yielded lower rates of CLABSI on inpatient units compared to national benchmarks as well as a decrease in central line days for the past year.

Improving Sepsis Care

An interdisciplinary team led by Cathy Ware, RN-BC, CCRN-K, vascular care specialist, including health care professionals from the emergency department, lab, medical-surgical units, critical care, quality, pharmacy, operations improvement and hospitalists meet monthly to find new ways to identify patients with sepsis and improve care. The team defined 30, 60 and 90 day goals and reviewed identified sepsis cases. Ongoing staff education includes mock sepsis events throughout the hospital and “back to basics” training for nursing assistants to reinforce real-time computer input of patient vital signs. The team also partners with the emergency department on initiatives to improve the early screening, detection and treatment of sepsis.
Leadership rounding: a path to quality, operational improvement, strategic goals and nurse engagement.
**Leadership Rounding**

“Management by walking around,” “going to the gemba” and “rounding for outcomes” are all terms used to describe the act of administration interacting with staff and connecting with clinicians. Known as leadership rounding in health care circles, the concept gained traction in 2017 as Meritus Health executives and directors visited hospital units and departments to gain a better understanding of safety, quality and operational issues. Today, leadership rounding is a methodology leaders use to engage with employees, drive strategic improvement initiatives and communicate operational goals.

Leaders ask nurses and staff members about improvement ideas, steps taken to implement change, lessons learned and how leaders can help remove barriers to change.

Rounding four days a week, leaders cover 44 units/departments. In addition to learning about process improvement work, leaders designate specific days to focus on employee engagement and hospital readiness for a fall EHR go-live. Similarly, each week, the chief nursing officer rounds with staff nurses in different clinical areas to hear nurses’ concerns, opportunities and wins.

**Home Health: Creating a Better Patient Experience**

In the last two years, Meritus Home Health nurses and therapists have taken steps to enhance the patient experience by seeing care through the patient’s eyes. Early in the transformation, managers asked team members to consider including goals in their performance evaluations related to improving the patient experience.

All disciplines, including nurses:

- Review a “commitment statement” with patients at each initial visit.
- Partner with patients to develop goals and promote patient education.
- Enhance continuity of care by establishing a care team that is familiar with the patient's care. Nurses, physical and occupational therapists meet weekly to review patient care plans and discuss any change in patient status.
- Ask, “Is there anything else I can do for you?” at every patient visit.

“Whether it’s coordinating care through patient care teams or offering my cell number, patients always have a link to health,” says Alissa Babcock, B.S.N., RN, case manager. She also created a patient-friendly medication form by simplifying terminology and explaining the “why” behind each medication taken.

“We’ve incrementally improved our patient experience scores,” says Barb Leatherman, RN-BC, clinical manager. Home Health’s current patient satisfaction 12-month average is 90 percent for overall rating of care. “We plan to reach top decile performance.”

**Improving Cardiac Rehab Patient Fitness through Innovation**

When patients begin Meritus Medical Center’s cardiac rehab program, they complete a test to see how far they can walk in six minutes, as measured in feet. The test is repeated at their 33rd visit—or near the end of the 12-week program to evaluate patients’ progress. The cardiac rehab nurses and exercise physiologist identified the need to increase the patient improvement in walk times over the course of the program. The nurses decided to add an additional six-minute walk test at the patient’s 18th visit or mid-way through the program.

The goal is to increase the walking distance and stamina from the beginning to the end of the program—and if needed incorporate additional exercises to enhance stamina. The innovative practice change resulted in improvements in patient walk times that exceed national cardiac rehabilitation program benchmarks.

Don Andrews, a recent participant of the cardiac rehab program, suffered an acute MI and underwent angioplasty with stenting. He credits the program’s exercise physiologists to his improved health. “They were always there to support and encourage me,” says Don. “The exercise has really paid off and I’m still keeping up with it.”

Rachel Hassan, M.S.N., RNC-OB, shares quality initiatives with Carolyn Simonsen, executive vice president, during leadership rounding.
PUBLICATIONS

Marsha Hickey, B.S.N., RN, CCM, co-authored the article, “Merging Process Improvement and Utilization Management in Reducing One-Day Inpatient Stays,” published in the American College of Physician Advisors website.


POSTER PRESENTATIONS


VIRTUAL PRESENTATION

Roxann Rosendale, B.S.N., RN-BC, and Khrys Davis, PT, presented, “Getting Stronger, Living Longer Mobility Program,” at the 2017 Premiere Hospital Improvement Innovation Network webinar; the HAP HIIN Injury from Falls and Immobility Project webinar, November 2017; and at the HIIN Leadership, Improvement Advisors and Hospitals Pacing Event webinar, October 2017.

PODIUM PRESENTATIONS

Marsha Hickey, B.S.N., RN, CCM, presented, “Reducing One-Day Stay Admissions through Standard Work in the Emergency Department” at the 2017 American Case Management Association Maryland Chapter Conference.


Staci Moser, M.S.N., RN, presented, “Improving Patient Throughput with Staff-Driven Initiatives,” at the 2017 ENA Emergency Nursing Conference.


NEWLY CERTIFIED NURSES

**Certified Medical Surgical Registered Nurse**
Jodi Eckert, RN, ANCC, Medical Surgical Nursing–2 East
Angela Hurry, M.S.N., RN, Medical Surgical Nursing–3 East
Melissa Pennington, RN, ANCC, Medical Surgical Nursing–5 East
Ashley Shanholz, B.S.N., RN, Medical Surgical Nursing–2 East
Brittany Tritsch, B.S.N., RN, Medical Surgical Nursing–5 South
Cheryl Vitale, RN, ANCC, Medical Surgical Nursing–2 East
Tamara Ware, M.S.N., RN, OCN, Medical Surgical Nursing–2 East
Audra Worthington, B.S.N., RN, ANCC, Medical Surgical Nursing–2 East

**Certified Emergency Nurse**
Candace Fluharty, B.S.N., RN, Board Certified Emergency Nurse–Emergency Department

**Certified Adult Gerontology Acute Care Nurse Practitioner**
Linda Hessong, M.S.N., RN, Adult Gerontology Acute Care Nurse Practitioner–PACU
Denise Ringley, M.S.N. RN, Adult Gerontology Acute Care Nurse Practitioner–4 West
Erin Stansbury-Wiles, M.S.N., RN, Adult Gerontology Acute Care Nurse Practitioner–ANS

**Certified Critical Care Nurse**
Anna Camp, M.S.N., RN, Acute/Critical Care Nursing (Adult)–4 West
Kimberly Smith, M.B.A., RN, Critical Care Registered Nurse–4 West
Christopher Thomas, B.S.N., RN, Acute/Critical Care Nursing (Adult)–Cath Lab

**Oncology Certified Nurse**
Valerie Rinehart, B.S.N., CHRN, RN, Oncology Certified Nurse–JRMCC
Corey Thomas, B.S.N., RN, Oncology Certified Nurse–JRMCC
Susanne Winslow, B.S.N., RN, Oncology Certified Nurse–5 East

**Progressive Care Nursing**
Stacy Martin, B.S.N., RN, Progressive Care Nursing (Adult)–4 East
Kelly Robinson, RN, Progressive Care Nursing (Adult)–4 East

**Certified Pediatric Nurse**
Tami Steiner, B.S.N., RN, Certified Pediatric Nurse–Float Pool

**Inpatient Obstetric Nursing**
Betty St. Clair, RN, Inpatient Obstetric Nurse–Family Birthing Center

**Low-Risk Neonatal Nursing Certification**
Lisa Ambrose, RN, Low-Risk Neonatal Nursing Certification–Special Care Nursery
Lori Sprecher, M.S.N., RN, Low-Risk Neonatal Nursing Certification–Special Care Nursery

**Certified Electronic Fetal Monitoring**
Diane Vanes, B.S.N. RN, Electronic Fetal Monitoring–Family Birthing Center

**Accredited Case Manager**
Dawn Funk, M.S.N., RN, Accredited Case Manager–4 East
Ann Poling, B.S.N., RN, Accredited Case Manager–Care Management
Julie Wagner, RN, Accredited Case Manager–Care Management

**Family Nurse Practitioner Certification**
Brandy Locke, M.S.N., RN, Family Nurse Practitioner–Care Specialist

**Nurse Executive Advanced Certification**
Carol Grove, M.S.N., RN-BC, Nurse Executive Advanced–Nursing Administration
Sarah Harne-Britner, D.N.P., RN, ACNS-BC, Nurse Executive Advanced–Magnet® program
Amy Jones, M.S.N., M.P.H., RN, Nurse Executive Advanced–School Health
Cindy Lewis, M.H.A., B.S.N., CEN, Nurse Executive Advanced–Nursing Administration

**Nurse Executive Certification**
Tammy Duffey, M.S.N., RN, Nurse Executive–ANS
Zachary Horton B.S.N, RN, Nurse Executive–Float Pool
James Recabo, M.S.N., RN, Nurse Executive–Cardiac Cath Lab

**Certified National Healthcare Disaster Professional**
Kaitlin Kirby, M.P.H., B.S.N., RN, ANCC, National Healthcare Disaster Professional Certification–ANS

**Certified Lactation Consultant**
Sarah Haddock, B.S.N., RN, International Board Certified Lactation Consultant (IBCLC)
Family Birthing Center

**Vascular Access Certified Nurse**
Sarah Mumma, B.S.N., RN, Vascular Access Board Certified–IV Infusion/PICC
EDUCATIONAL ACHIEVEMENTS

Bachelor of Science in Nursing
Tamara Baughman, B.S.N., RN
Alison Beall, B.S.N., RN
Jennifer Emerling, B.S.N., RN
Morgan Heintzelman, B.S.N., RN
Jennifer Hoover, B.S.N., RN
Lauren Martin, B.S.N., RN
Ashley Miles, B.S.N., RN
Jody Needy, B.S.N., RN
Ronnie Schmidt, B.S.N., RN
Melissa Spare, B.S.N., RN
Kimberly Staples, B.S.N., RN
Ashley Taylor, B.S.N., RN
Corey Thomas, B.S.N., RN
Lauren Martin, B.S.N., RN
Ashley Miles, B.S.N., RN
Jody Needy, B.S.N., RN
Ronnie Schmidt, B.S.N., RN
Melissa Spare, B.S.N., RN
Kimberly Staples, B.S.N., RN
Ashley Taylor, B.S.N., RN
Corey Thomas, B.S.N., RN
Sandra Trumpower, B.S.N., RN

Masters of Science in Nursing
Muna Bahsali, M.S.N., RN
Gina Baker, M.S.N., RN, CAPA
Karen Baughman, M.S.N., RN
Katelyn Blickenstaff, M.S.N., RN
Ellen Curry, M.S.N., RNC-OB
Bonita Deloach, M.S.N., RN, FNP-BC
Stacy Green, M.S.N., M.B.A., RN
Linda Hessong, M.S.N., RN, AGACNP-BC
Toni Naude-Helfrick, M.S.N., RN, ACNPC
Deborah Oberholzer, M.S.N., RN
James Recabo, M.S.N., RN, NE-BC
Denise Ringley, M.S.N., RN, ACNPC-AG
Melissa Sestak, M.S.N., RN, CCRN
Erin Stansbury, M.S.N., RN, ACNPC-AG

DAISY AWARDS

2017 DAISY Nurses
Mark Roncone, RN – January
Holly Poling, B.S.N., RN – February
Elizabeth Tedozashrili, RN – March
Vicky Zerla, B.S.N., RN – April
Kristi Williams, M.S.N., RN – May
Jordan Kirby, B.S.N., RN – June
Ryan Bautista, B.S.N., RN – July
Lori (Saadiq) Abul-Alim, RN – August
Courtney Hoagland, B.S.N., RN – September
Shannon Crilly, B.S.N., RN – October
Kaitlyn Spangler, B.S.N., RN – November
Lisa Seifarth, RN – December

DAISY TEAM AND LEADER AWARDS

For the first time, nursing staff members celebrated DAISY Team and DAISY Nurse Leader Awards during the 2017 Nurses’ Week.

DAISY Team Award
The radiology team received the DAISY Team Award for going “above and beyond” the traditional role of nursing. The team includes:
Paula McCarren, B.S.N., RN
Lauren Kessler, B.S.N., RN
Katie Michael, B.S.N., RN, CCRN
Denise Ringley, M.S.N., RN, ACNPC-AG
Melissa Sestak, M.S.N., RN, CCRN
Erin Stansbury, M.S.N., RN, ACNPC-AG

DAISY Nurse Leader Award
Diane Vanes, B.S.N., RN, C-EFM, received the DAISY Nurse Leader Award which recognized her leadership and mentoring skills.
AWARDS

2017 Department Nurse of the Year Award Recipients
Jennifer Clark, RN, 3 West Joints
Judith Davis, B.S.N., RN, IV Infusion Center
Kelly Footen, B.S.N., RNC, Special Care Nursery
Sheila Frankenfield, B.S.N., RN, Cardiac Rehab
Denise Graham, RN, Emergency Department
Denise Harman, B.S.N., RN, Operating Room
Jennifer Hoover, RN, Float Pool
Denise Hudson, RN-BC, Ortho/Neuro/Trauma
Rebecca Kirkpatrick, B.S.N., RN, OCN, John R. Marsh Cancer Center
Deborah Lehr, B.A., RN, CCRN, CRN, Interventional Radiology
Amy Miller, B.S.N., RN, CCRN, Critical Care
Lois Mummert, M.B.A., B.S.N., RN, Pre-Procedure Evaluation
Heather Near, RN, Same Day Services
Stephanie Ocker, B.S.N., RN-BC, Behavioral Health
Misha Palladino, B.S.N., RN-BC, Women’s and Children’s
Valerie Pensinger, B.S.N., RN, Wound Center
Samantha Pereschuk, B.S.N., RN, PCCN, Home Health
Jane Real, B.S.N., RN, ONC, Medical/Surgical
Lynn Reed, RN, Post Anesthesia Care Unit
Cynthia Repp, RN, Outpatient Observation Center
Kelly Robinson, RN, PCCN, Medical/Surgical/Intermediate Care
Steven Rotz, RN, Cardiac Cath Lab
Ronnie Schmidt, B.S.N., RN, Meritus Medical Group
Elisabeth Sharpe, B.S.N., RN, Rehabilitation
Andrea Sprecher, B.S.N., RN, School Health
Lauren Thomas, B.S.N., RN, Labor, Delivery, Recovery, Postpartum
Julie Wagner, RN, ACM, Outpatient Care Management
Clara Weibley, RN, Ambulatory Services
Susanne Winslow, B.S.N., RN, OCN Oncology, Urology, Renal, Palliative Care
Wendy Youman, B.S.N., RN, Inpatient Care Management

SPECIAL RECOGNITION

In 2017, U.S. News & World Report recognized Meritus Medical Center as a 2017-2018 High-Performing Hospital in two categories: heart failure and chronic obstructive pulmonary disease or COPD.

In 2017, Meritus Medical Center’s critical care nurses were recognized by the American Association of Critical Care Nurses or AACN with a silver level award for excellence.

Meritus Medical Center is an ANCC Accredited Approver of Continuing Nursing Education or CNE. The clinical education department received re-accreditation by demonstrating how Meritus Medical Center uses evidence-based ANCC criteria to plan, implement and evaluate CNE activities.