Standing Tall:
Making a Difference for our Patients

2021-2022 Nursing Annual Report
Dear Colleagues,

It is May, National Nurses Week and a time to pause to recognize the contributions we make every day in every setting. Challenged both personally and professionally on a number of fronts, this has been a difficult year as we continue to navigate how best to care for our patients, members of the care team and each other.

Even as we meet those challenges, there are constants in our work that play an integral role in our community’s health and wellbeing. The connections you make with the patients you care for every day remain constant, as does your commitment to putting the needs of others before your own as you provide care to those you serve regardless of the setting or specialty. We advocate for what we believe in, remain hopeful for the future and are willing to help others, as well as look for solutions and stay committed to the profession of nursing. I am proud to be part of the nursing profession and the team of nurses at our organization.

Over the next year, we’ll look to the future and build upon opportunities. We need to look for spaces where we can continue to involve and engage nurses in shared decision making, because we know that decisions made closest to the bedside directly impact both nurse satisfaction and nurse quality outcomes.

Thank you for being here every day. Thank you for having the courage to come back day after day when the work is hard and the answers are not always clear. Thank you for the sacrifices you make to support your teams and all you do for our community and each other.

Carrie Howard-Canning, MSN, MBA, RN, CNS-BC, CENP
Chief Nursing Officer
Making a Difference: Heartfelt Care

Consistently considered the best amongst their peers, our LEAD nurses are always striving to improve patient care and advance the nursing practice at CVPH. The Cath Lab’s Monica Buskey, BSN, RN, CV-BC, CSRN, TNS was one of nine nurses to earn LEAD designations in 2021, recognized for the difference they make with their patients and colleagues.

From a young age, Monica Buskey, BSN, RN, CV-BC, CSRN, TNS felt a sense of compassion for others and knew she wanted to help people. Those feelings were solidified while growing up in Churubusco, NY as she saw the tremendous care provided by nursing staff at the assisted living facility her grandparents stayed at.

“I realized how much care they needed and how much I depended on the nurses to provide that care for them,” Monica remembered. “Seeing that made me want to be that person for other families. I love to help people.”

A PATH LEADING TO CARDIOLOGY

The mother of two, now living in Saranac, initially came to CVPH as a Progressive Care nurse, and as part of her work with that team, she cared for patients coping with heart issues.

“Caring for the cardiac patients really sparked my interest (in that profession). So, I felt like that was probably the best fit for me after I realized how much I enjoyed that aspect of health care. I applied to the Cath Lab, got the position, and I haven’t looked back.”

As a nurse in the hospital’s Cath Lab, Monica sees a wide variety of patients, from life-threatening situations to those hoping to tackle troubling symptoms and improve their quality of life.

“When you really see that you saved someone’s life or you’ve made a difference, it’s a huge deal. It’s incredible to see somebody who’s received CPR come through the door, and we give them life-saving measures, and they pull through. The Interventional Cardiologists that we work with are just amazing, coming in all hours of the night and just saving lives,” she said.

MEMORABLE PATIENT

One patient who stands out for her did not need life-saving intervention. However, his quality of life was suffering dramatically due to the heart-related symptoms he was experiencing. Monica remembered the patient, who had talked about being an avid hiker and regularly active, had a hard time walking from a waiting room to an exam room. He was sent to the Cath Lab to see if there were any blocked arteries or other heart-related issues. Monica assisted with the procedure, and the patient’s arteries were found to be clear.

She noticed his heart beat was low, and after talking with him further, he admitted that while his heart beat tended to be a bit low due to his physical activity in the past, it was indeed significantly lower than usual. Knowing that the slow heart beat could cause the symptoms he was experiencing, including shortness of breath and exhaustion, Monica began to suspect the patient may be suffering from bradycardia, which is a heart rate lower than 60 beats per minute. She discussed her suspicion
with Nicolas Karam, MD, an Electrophysiologist, and Cardiologist Roger Ishac, MD, and they agreed the patient could be a candidate for a pacemaker.

“We were able to set the gentleman up with a formal appointment so that he could finally get some answers that could improve his quality of life and get him moving again. It was incredible to make that kind of a difference,” Monica noted.

It was so impactful that she included it in her application for the LEAD award, which recognizes CVPH nurses like Monica who demonstrate an intuition for making clinical judgements and sharing expert knowledge.

**ADVANCING NURSING CARE**

LEAD nurses also take time and initiative to advance the nursing practice and patient care at CVPH. One example of this involves Monica’s work updating the protocol for same-day discharge of patients undergoing a Percutaneous Coronary Intervention (PCI). This procedure uses a thin, flexible tube to place a stent that opens up blood vessels in the heart.

Patients requiring this procedure who live relatively close to CVPH are usually able to go home that same day. However, patients living more than 60 miles away were typically required to stay overnight for observation due to concerns about distance from the hospital should a significant issue arise. Last summer, Monica researched and confirmed the safety of discharging long-distance patients to a location close to the hospital. From there, she worked with The Foundation of CVPH to establish a process of booking hotel rooms for eligible patients which would also be paid for by the non-profit.

“Patient after patient told us how appreciative they were of the hotel stay. And it's been great for the hospital, because that freed up beds at a time when we were dealing with a surge of patients needing higher levels of care,” Monica pointed out.

She added that since these plans went into place, 90 percent of their PCI patients are discharged the same day as their procedure.

**BENEFITS OF BECOMING A LEAD**

While Monica appreciates the recognition she has received from her colleagues, she has found that becoming a LEAD II nurse is rewarding for many other reasons.

“I've always tried to make everywhere I work a better place, even with little things that can still have a huge impact on our patients.”

- Monica Buskey, BSN, RN

Monica and her team also built plans to communicate with patients and ensure they have everything they need at the hotel after the procedure, from medications to clothes and discharge information. A phone call follow up the next morning was included in the process, and the patient could head home right from the hotel. The new protocols went into place in October 2021 and were considered wildly successful.

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She added that since these plans went into place, 90 percent of their PCI patients are discharged the same day as their procedure.

Monica encourages all of her nursing colleagues to consider applying for the LEAD award, pointing to a sense of pride she believes they will feel.

"It's such a reward to be considered an expert in your field through this process. And this is all stuff that you’re doing on a daily basis, it’s just a matter of keeping track of it all. And the impact you have on your patients will be right there for you to look back on any time you want or need to."
Making a Difference: The LPN Connection

When it comes to your care, clinical skills are just part of the equation at CVPH. Our nurses, which include Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Practice Registered Nurses (APRN), also hope to make a difference through the connections they strive for with every patient and in every setting throughout the organization.

“A lot of those patients come back, and you build that foundation with them. So, they’re happy when they’re with you, and they trust you,” Lori Brandmeier, LPN at CVPH Pulmonology said of the patients she sees regularly receiving treatment.

From the exam room in our physician practices to the bedside in the hospital, Lori has cared for patients in many settings over her 15 year career. She has found numerous ways to connect with each person, from a hat or a t-shirt the patient is wearing to offering a shoulder to cry on.

“I came back to work in December, and one of my patients told me she missed me. And she started to cry. She hadn’t really opened up with me before. But she started telling me what was going on in life and why she felt so horrible. And it only took that one interaction to get us there.”

Lori added that those connections can be critical to getting at the heart of what the patient’s needs are, which leads to better care.

For Kaitlyn Connor, LPN, part of the CVPH Orthopedics & Sports Medicine practice, it’s about letting the patient talk and helping them feel more comfortable.

“I like to listen. For instance, one woman was just talking to me about her dog. And my mom had just gotten that kind of dog. So we were able to talk about that, and I think she felt more comfortable because of that,” Kaitlyn recalled. “I do like to listen and interact. I think that was my biggest reason for becoming an LPN.”

Kaitlyn just recently started working in Orthopedics and said thanks to the help of her colleagues, she is adapting to the different work involved as an LPN there. She got her start as a CNA in our Skilled Nursing Facility (SNF) and spent a lot of time with the residents. Kaitlyn said she eventually wanted to be more involved with their care which lead to her decision to return to school to become an LPN.

“As a CNA, I fell in love with my residents, the care, the interaction and just wanted to do more from there,” she said.

That interaction became incredibly important when COVID-19 reared its ugly head more than two years ago. Kaitlyn and members of the SNF team did what they could to help residents stay in touch with loved ones through video chats on iPads and keep them busy through the isolation.

“It was hard on us to see how much they missed their families and go through that isolation. But we did the best we could, interacted with them as much as possible and provided activities. Once families were able to start visiting again, that helped a lot,” Kaitlyn offered.

“COVID has been exhausting. As nurses, it’s just been really hard to see some of the effects on our patients. People coming in who were well but then got sick and passed the following week, because that’s how COVID can be,” Lori admitted. “But, we keep coming back. Our patients need us, and we want to support our doctors who are working nonstop.”

As challenging as the pandemic has been, both nurses are grateful for the meaningful moments they have with their patients that are making a difference.

“There have been so many moments, it’s hard to pick one,” Kaitlyn said. “But for instance, there was one resident I can think of that when I came in to go take his finger stick, his face would light right up, and he’d smile and say good morning to me. Those little things mean the most.”

“If I’ve helped one person, my day is made,” Lori added. “When I see someone who’s been so sick and they come in and they’re breathing much better, I know I’m where I need to be and where I want to be.”

She also shared just how different each shift in the physician’s office can be as an LPN. There is a lot of behind-the-scenes work that includes contacting patients with updates from their physicians and preparing charts for each day’s appointments. During the visit, she collects patient information, checks vitals, educates patients and helps conduct a variety of tests. There have even been times when she’s had to rush in to help care for a patient suffering a medical emergency. Through all of it, Lori said being an LPN showed her just how strong she can be for her patients, her family and herself. And she looks forward to making those special connections with her patients every chance she gets.

“There are so many memories of nursing that make me smile. When someone comes up to me and says, ‘Hey I had you as a nurse. You’re so much fun, you’re awesome!’ That makes me smile. Those that know me or meet me know that I live to make you laugh.”
As a nurse in the Emergency Department (ED), you never know what is going to come in the door from shift to shift. Assistant Nurse Manager Michael Wells, RN talked recently about how proud he is for the way the team has responded on a daily basis to the influx of patients in the ED.

Q: What has it been like seeing so many patients coming to the ED for care?
A: It’s definitely been challenging over the last probably six or so months. I know there’s been a lot going on trying to get patients into beds throughout the hospital. It’s busy everywhere, and it’s been difficult to get some of our patients to other facilities for higher levels of care given all of the restrictions with the pandemic going on. It’s made it where we get quite backed up down here. With that being said, though, we’re ER nurses. So we’re very resilient. We just keep trucking along, prioritize the sickest patients and try to deliver the best care that we possibly can.

Q: What kind of toll has this been taking on the nursing staff?
A: They’re tired, but they come to work and they try to deliver the best care that they can each and every day. We have been an incredible team down here. And, even on the busiest of days, it would be hard to recognize that our team members are tired, because we band together and do what we need to do to help achieve the best outcomes for the patients.

Q: With as busy as it has been, what has been the biggest challenge your team has faced?
A: Staffing has been the biggest challenge, for sure. But with that being said, it’s an issue that’s known across the country. Everyone is struggling with staffing. So we’re all just trying to see all of the patients that come through our doors 24/7 as quickly as we can, while still being able to deliver the best care that we can. We’re always appreciative of the public’s patience, and this team is well-equipped to handle anything that’s thrown at them. We can go one moment from taking care of a level one trauma that’s coming through the door to taking care of someone who broke their ankle. The next moment, we’re caring for a newborn baby, and then a nurse is with a patient who is taking their last breath. We’re very resilient. We see it all. And there’s always that resilience. I think that just comes naturally in an Emergency Department nurse.
Making a Difference: Everyday Extraordinary for our Patients and Each Other

The entire organization has been hit by staffing shortages that are impacting every corner of our region, state and country. Even as nurses faced their own shortages, they often stepped in to help colleagues in other areas, building bridges to put our patients first.

Patrick Barriere, RN

Patrick heads back to PACU after bringing a patient to a waiting car at the main entrance. He didn’t want to make the patient wait for a Transport staff member, which takes up to an hour at times because they are so busy. Patrick had plenty to do himself that day, but he knew that other colleagues also needed support.

“These patients are from my community,” he said. “I treat them like family.”

Molly Schoder, RN

Working together, we improve people’s lives. Molly says she sees the hospital’s vision in action every day.

“The teamwork that we have on my unit is stronger than ever. People come from other departments to help us, then we help them. Staff are taking a lot more initiative to do what they weren’t confident to do before.”

“Lorianne Ammerman is the true definition of a team player. She always comes from the ICU to help us, and she shows up with a smile. Lori is what putting patients first looks like, and it’s very clear her heart’s in the right place.”

Progressive Care Team

“Kim Guerin goes above and beyond every day she works. Whether she is in charge or working a patient assignment, she never says no to helping a fellow co-worker out. Kim is someone who inspires me to do better every day.”

Emily Estus, RN

Nadine Harris, BSN, RN

Nadine says that despite the many challenges of providing care during the pandemic, she knows her colleagues never lose sight of why they come to the hospital every day.

“We all make sure that our COVID-19 patients are cared for, that they aren’t left behind. Just because they are in isolation doesn’t mean they should be alone.”

Lauren Kneebone, RN

Lauren stays late to oversee patient vitals on Progressive Care. A Teletech wasn’t available, and Lauren wanted to make sure there was a watchful eye helping fellow nurses caring for those patients.

“I want to take care of my patients and I want them to have the best care,” she said. “I love my job, so it’s hard to see anyone struggling.”
Making a Difference: What is Your Why?

Just before entering the Intensive Care Unit (ICU), there is a bulletin board posing a simple question: Why did you first become a nurse? Many of the answers are inspiring, from some pointing to their family members for sparking their interest to others who answered the call after witnessing the care nurses provided. Over the past year, several nurses have spoken in-depth about what their why is.

A Conversation with Travis Larche, BSN, RN

Q: What made you want to get into nursing in the first place?
A: I actually didn’t know that I wanted to get into nursing. I had applied to physical therapy school and was accepted. I was accepted to some schools for biology. And, I had a guidance counselor in high school who thought maybe I would be doing more. She wanted to know what it was that I thought I would do. And I was thinking of all the exotic things that I would do. And she told me, “You’re going to be at a desk for a lot of this. You’re going to be working in a lab. You love science, and you love people. I just think you’d be a really good nurse.” And so she made a couple of connections for me at the college. I went and took the tour, put in an application, they accepted me, and the rest is history. I just fell in love with the profession.

Q: What did you love about it?
A: I could see a good, solid career, work many years in the field and have a good retirement. And, the whole time, I could be rewarded by all these awesome experiences with patients. I can learn and grow as much as I want in the profession. I have gotten a variety of professional certifications, and I do all these different committees. I just find all these different ways to be fulfilled and contribute to improving care. I’ve never been tired of nursing. I absolutely love this. I will retire from this. I will give a good many years doing this, and maybe I’ll have different jobs along the way and serve the nursing profession in different ways over the years. But, I just know I want to be a part of it and help other people be passionate about it, too. I usually try to share that passion with a lot of other people.

Q: What makes you smile at work and at home?
A: So at work, it’s the social interactions that I have with my colleagues while I’m caring for patients. You try to have a lot of fun while you do it. And so that makes me smile all the time. Just meeting my patients and getting to have conversations with them and connecting with them makes me really happy. And then, the gratifying feeling of knowing you are brightening someone’s day, help them heal or ease their discomfort. Outside of work, I love running. I’m a distance runner, and that makes me really happy. I’m happy spending time with my 9-year-old son, we have tons of fun together. He’s a great kid. He’s involved in sports and different activities. I think about my childhood, and I enjoy helping him have similar experiences, it is a blast. My friends and my family, just having that great balance. Even during super challenging times like this, it doesn’t all have to be just about work. I try to have a good balance between work and life. I just love being around people. That’s my favorite thing, being very social.

Travis demonstrates the “lunch pail” as part of bedside monitor education for staff.
Kelsey Barnard, RN
Kelsey's interest in becoming a nurse started when she was 12-years-old, after receiving care for a chronic illness that required many surgeries and hospital stays. Having graduated nursing school nearly a year ago, she remains grateful for her career choice.

“I still come home every day from work, and I think I did a good job. I tried my hardest, and even just a quick thank you from one of my patients for taking a couple extra minutes to talk with them makes my day feel better. I find this a very rewarding career, and I absolutely love working with all my patients.”

“Anyone that’s here comes from some type of compassion for people, wanting to help them and wanting to make them better. I don’t think that ever leaves any of us, it is always there.”

Hannah Klooster, RN

Shirley Doolen, RN has been with CVPH for more than three decades, including the last 20 years in Cardiac Rehabilitation. She works with patients who have had a cardiac event, ranging from a heart attack to bypass surgery and valve repair or replacement. Each patient typically spends about 12 weeks with Shirley and her team, learning about exercise, diet modifications and medications.

“The job here isn’t to make people physically fit,” Shirley explained. “The job here is to educate them about heart disease and how we can prevent another cardiac event. We try to talk to patients about the importance of changing risk factors they have control over, such as quitting smoking.”

Shirley continues to remind patients every session about the best things they can do to prevent further problems down the road and achieve the goals they set the first time they meet.

“We try to make this as fun as possible. When we’re joking, we’re joking. But they also know when we’re serious and that it’s important to listen to what we’re telling them. We do a lot of tough love here. You know, my nickname is Sarge. One patient promoted me to General. I felt very honored.”

She has never lost sight of why she became a nurse, getting emotional when she described what drives her to do all she can for her patients every day.

“I have a strong family history of heart disease. I’ve lost two family members (because of it). I don’t want others to suffer that kind of pain. And I like to tell everybody that I have the best job in the hospital. I see people when they’re down and out, and then I get to see them when they’re at their best. I wouldn’t trade what I do for the world.”

Shirley Doolen, RN shows off her favorite exercise equipment for her patients: the rower.

Lisa Cuomo, RN
Lisa started off studying to become a teacher in Long Island, NY. At the same time, she worked at a facility that cared for adults with special needs and was introduced to some of the work nurses do. Seeing many of her friends who graduated with teaching degrees struggling to find jobs, Lisa chose a different direction and went to nursing school. Now working as an RN with the Child Psychiatry Unit, it’s a decision she remains grateful for nearly 30 years after becoming a nurse.

“I’m very passionate about being a nurse. I love that every day is different. There’s so much going on that you start your day, you end your day, and it feels like it all happened in one minute. As a nurse, I’m still really teaching all day long. Being the go-to person for my family and friends makes me feel really good that I can be that resource. And there have been so many peers along the way that have helped me learn a billion different things. Working here, everybody relies on each other, and I like that piece of it. It was just meant to be.”

“I like to tell everybody that I have the best job in the hospital. I see people when they’re down and out, and then I get to see them when they’re at their best.”

- Shirley Doolen, RN

2021-2022 Nursing Annual Report
Working together is what Progressive Care Registered Nurses do best. From left to right: Registered Nurses Olivia Klooster, Katie Morrow, Nurse Manager Cortney Bullock, Carlee Mehan and Kami Savastano. Cortney pointed out that she has watched the staff pull together in ways they never have before in response to the COVID-19 pandemic, high patient volumes and staffing challenges.

“We are here to care for patients,” she said. “We’ve all pulled together as a unit and done whatever we have to do to make it work.”

Lysandra DeZalia, RN

It was another busy night in the Emergency Department (ED) as Lysandra rounded up IV stands and other medical equipment scattered around the ED. In addition to her duties as a Charge Nurse, she works to train her colleagues in the hopes that they’ll join her in the same role. She also takes on whatever is necessary, from cleaning a room to helping discharge patients.

“How fast we flip a room is so important. The quicker it gets turned around, the more patients we can get in for the care they need. We all pitch in to do that,” Lysandra said.

Jennifer Brown, RN

Jennifer has spent time working on both the Adult and Child Psychiatry Units. She acknowledged there have been many challenges that she and her colleagues have faced as they work to provide the specialized care their patients need in the middle of the pandemic. And Jennifer said she is appreciative of how much everyone comes together to support each other.

“The staff on both units have been amazing, because this can be a very difficult field at times. We work well together. It’s kind of like a family, our psych family. And knowing we’re in this together to get through some of those rough moments, that makes it worth it.”
Making a Difference: Solving the Staffing Puzzle

Nurses and Nurse Leaders continue to work together to ensure our patients receive the care they need, despite an unprecedented staffing shortage across the health care industry and a surge in capacity.

When Matt LeClair, BSN, RN arrives for work each morning, he is usually armed with energy-boosting drinks for his staff. The Director of Patient Care Operations knows that energy is going to be needed to figure out how to fit the staffing puzzle together.

“It’s kind of like a never-ending game of Tetris,” one nurse commented.

Over the past eight months, there has been a dramatic increase in patients, and many of those patients have needed a higher level of care. By just 8:30 a.m. on a day in late April:

- The Emergency Department was caring for 41 patients, with 17 requiring admission.
- There were 204 total inpatient beds occupied out of 208 staffed throughout the hospital.
- 60 patients had been with us longer than 9 days.

Additionally, our care teams have been hit hard by an unprecedented staffing shortage. On this day in April, there were 327 positions being actively recruited. And CVPH is far from alone. According to an Iroquois Healthcare Association (IHA) survey of 43 upstate New York hospitals this winter, there were:

- Overall Vacant Positions: 17,703
- Overall Vacancy Rate: 18.4%
- Nursing Vacant Positions: 4,575
- Nursing Vacancy Rate: 26.0% (up 43.5% from 2021)

The combination of fewer available staff, increased patient acuity and higher demand for care has taken an immense toll on the entire hospital, including nurses.

“We need aides, we need nurses. We need consistent charge nurses. We need teletechs all the time,” Hannah Klooster, RN said.

“Our staff have been doing a great job, but you can’t ask them to work every day. They’re getting tired. There’s no doubt that there is a burnout factor,” Matt replied.

As time went on from last fall, into winter and now spring, the 12-year CVPH veteran admitted that it has become increasingly challenging to meet staffing needs.

“There have been times where I have come in for the day with two or three plans already put together, knowing different staffing scenarios that could work out. And a lot of times, those plans were already gone by 10 a.m., and I was making more plans.”

To streamline the process and improve communication, Matt was part of a team that included nurse leaders across the hospital and senior leadership that came together multiple times a day and worked through the immediate staffing needs, while also looking to the days ahead. It started with a Daily Brief first thing in the morning, followed by a regional hospital capacity check, a CVPH capacity discussion immediately afterward, surgical planning, bed meetings with nurse staff throughout the day, an Incident Command meeting in the afternoon and Matt constantly checking in with Patient Care Coordinators throughout the day. His staff also conducted daily rounds to connect with co-workers and find out what staffing issues they were up against.

“I think one thing that helped us is by having all of those meetings and discussions every day, we became a closer team. Every area had to work to make sure we were able to care for the patients and address last minute needs. That was instrumental.”

“I can tell you one of the things that the staff was really interested in when I would round is they liked to know what was going on in the hospital,” he continued. “How’s the ED looking? What are we doing to help? And being able to talk through that and let them know there is a plan was a big help.”

Through it all, Matt has been amazed by the desire of so many people, from nurses to other care team members, to volunteer and do whatever they could to help each other out.

“We have a very resilient and dedicated team here, and it really shows,” he added. “As tired as they are, they’re still doing the right things. They’re making sure our patients get the best care possible. They’re stepping up when they know that extra help is needed.”

“You know, we probably don’t tell them enough how appreciated they are, to be honest with you,” Matt admitted. “But, it’s a great group, and I’m proud to say I work at CVPH and know that they’re caring for our patients. I’d bring my family here any day.”
Making a Difference:
Collaboration Prevents Life-Threatening Heart Issue

Andee LaMora, BSN, RN, CMSRN (4th from left) and Tonya LaFountain (4th from right) celebrate a good catch award with the R3 Progressive Care team for the care that likely saved a patient’s life.

Teamwork, attention to detail and curiosity are all critical to successful outcomes for our patients. Those key attributes came together for what was likely a life-saving discovery.

Andee LaMora, BSN, RN, CMSRN, who was a Clinical Education Manager (CEM) at the time, was beginning her shift caring for patients on R5 when she received a call from Tonya LaFountain, a Telemetry Technician working on R3, about a patient she had been keeping an eye on. The woman was being treated for an abdominal issue, but Tonya noticed the patient, who was on a pacemaker, was showing some heart rhythms and alarms that were not making much sense to her.

“And I said to Andee that we had to do something,” Tonya recalled. “I was just adamant. I had been watching this patient, and something just wasn’t right.”

Andee agreed and began looking into the issue further. She consulted with fellow CEM John Bologna and Hospitalist Letitia Lim, MD, knowing the patient was due to be discharged the next day.

The team decided to interrogate the pacemaker, essentially evaluating the electrical settings of the device. They quickly learned its batteries were dying, leading to the concerning rhythms that Tonya originally spotted.

“So by following up on that, it led to potentially saving that patient’s life,” Andee noted. “Had she been discharged without this issue being addressed, we don’t know what would’ve happened.”

The patient was scheduled for immediate replacement of the pacemaker before being discharged.

“We need to always be questioning the why—why something is happening, why we are doing things a certain way. We are in an environment where we need to be constantly learning what is new and stay up-to-date on best practices,” Andee commented. “And if you don’t know, investigate and figure out how you can learn about what’s going on.”

Andee added that this experience is a perfect example of the team care that patients at CVPH can count on.

“The whole hospital runs as a team effort. If you don’t know something, there’s somebody here who does and is always willing to help.”

- Andee LaMora, BSN, RN

The whole hospital runs as a team effort. If you don’t know something, there’s somebody who does and is always willing to help.

2021-2022 Nursing Annual Report
Jon Verseput, an IV Therapist and Registered Nurse, helps place IVs in thousands of patients every year. One of the significant points of frustration he encounters with them is when it takes several attempts to insert the needle in the right spot.

"I can see it in their faces. When I get called into a patient’s room, and the patient has already been stuck six or seven times, and they look at you like you’re going in for a root canal at a dentist."

Knowing the need was there, Jon applied for a mini-grant with The Foundation of CVPH for $15,000 to purchase a new ultrasound machine to assist in the placement of IVs and lab draws. He was awarded the funding and the machine went into use last June. Jon anticipates it could be used 1,500 times through the end of 2022.

“By bringing this product in, we have helped decrease the rate of Incontinence-Associated Dermatitis. That means we are also helping prevent pressure injuries and CAUTIs (Catheter-Associated Urinary Tract Infections). It also helps provide some dignity for the patient, since there is a much smaller chance that the patient will urinate in bed.”

Deb added that the Primo Fit has made it easier for staff. Previously, if the bed and the patient became wet, it required two staff members to help reposition the patient and get him cleaned up. Now, the product only has to be changed once every 24 hours, and one person is needed to change it. This also means less linens are needed.

“I think what this shows is that regardless of who you are or what position you hold, speaking up can lead to changes that make a big difference in patient care. People like Missy and nurses I work with coming up with these ideas can really benefit everyone. In this case, our team has really helped a large number of our male patients.”

When Deb Frank, BSN, RN and her Pressure Injury Prevention committee discussed male incontinence, the group wanted to do more to help that patient population.

One possibility started with a Facebook link that ignited Missy Guilbo’s curiosity. As a Clinical Assistant in Progressive Care, Missy had cared for male patients suffering from Incontinence-Associated Dermatitis (IAD), or an inflammation of skin associated with exposure to urine. The Facebook link took her to a product called Primo Fit, designed as an alternative to external collection devices or indwelling catheters. Missy brought the product to Deb’s attention, and Deb immediately began researching it and the potential benefits to our patients.

"I can see it in their faces. When I get called into a patient’s room, and the patient has already been stuck six or seven times, and they look at you like you’re going in for a root canal at a dentist."

Knowing the need was there, Jon applied for a mini-grant with The Foundation of CVPH for $15,000 to purchase a new ultrasound machine to assist in the placement of IVs and lab draws. He was awarded the funding and the machine went into use last June. Jon anticipates it could be used 1,500 times through the end of 2022.

“By bringing this product in, we have helped decrease the rate of Incontinence-Associated Dermatitis. That means we are also helping prevent pressure injuries and CAUTIs (Catheter-Associated Urinary Tract Infections). It also helps provide some dignity for the patient, since there is a much smaller chance that the patient will urinate in bed.”

Deb added that the Primo Fit has made it easier for staff. Previously, if the bed and the patient became wet, it required two staff members to help reposition the patient and get him cleaned up. Now, the product only has to be changed once every 24 hours, and one person is needed to change it. This also means less linens are needed.

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Missy Guilbo, CA and Deb Frank, BSN, RN show off Primo Fit
After conducting a survey, she learned that half of the male patients in the hospital were suffering from IAD. Following further research on how Primo Fit works and discussing the benefits with the Pressure Injury Prevention team, Deb realized the difference such a product could make for our patients and staff. After conducting an initial trial with patients, she ultimately worked to bring the product to CVPH. And, she has seen immediate benefits.

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Nurse Brings in New Product Benefiting Male Patients
Nurse Receives Grant Easing Needle Concerns for Thousands of Patients
Jon Verseput, an IV Therapist and Registered Nurse, helps place IVs in thousands of patients every year. One of the significant points of frustration he encounters with them is when it takes several attempts to insert the needle in the right spot.

"I can see it in their faces. When I get called into a patient’s room, and the patient has already been stuck six or seven times, and they look at you like you’re going in for a root canal at a dentist."

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AN EPIC TRANSFORMATION

From the Bedside and Beyond, Nurses Made a Difference Helping Bring a New Electronic Health Record to Life

History was made in the early morning hours of Saturday, April 2. Our hospital joined Alice Hyde Medical Center and Elizabethtown Community Hospital in going live with Epic, marking the third and final phase to connect The University of Vermont Health Network’s affiliates and ambulatory practices to a single Electronic Health Record system.

It is a transition that is having a meaningful impact on our people and our patients, providing a seamless experience at the bedside that is leading to a whole new level of engagement.

“We are moving to having one standard of care, one patient experience, one patient record, one registration, and one relationship with our Network,” CVPH Clinical Informatics Manager Heather Nolette, MSN, RN said. “In the end, this will provide quick access for the safe, coordinated, efficient and quality care that every member of our team strives for.”

The switch-over happened following years of planning and hundreds of hours of training and preparation in the months leading up to go-live. Nurses played a crucial role in supporting that work and each other to get the system up and running.

SUPER USER SUPPORT

At-the-elbow support was vital to the success of colleagues navigating those first uncertain and historic steps of go-live. To prepare for that important work, nurses throughout the organization were identified as Super Users.

They began their training at the beginning of February, learning the ins and outs of Epic during classroom sessions and by trying things out on their own in the “playground.” Over the next couple of months, Super Users helped their fellow nurses and other staff members during training, offering tips and tricks they had learned.

“How I do my job may look different in terms of a computer screen. But what I do as a nurse in patient care hasn’t changed.”

- Amy Hendrix, BSN, RN
A DAY IN THE LIFE OF AN EPIC NURSE

Throughout the time leading up to go-live, nurses found a variety of ways to make sure they and their peers were as ready as possible to make the switch. Assistant Nurse Manager on R7 Emily Benway, BSN, RN, CMSRN, spent a lot of time thinking about what her colleagues would need at the bedside.

“This is how you find this and chart this part of your day. Where do I do certain things, how can I see what I need to see? So I spent a lot of my free time in the “playground” trying to understand as much as I could, so I could assist staff when it went live.”

Emily realized it would be handy for her team members to have something they could turn to in a pinch to answer basic questions and get quick tips during the initial rush of the first few weeks. A short time before go-live, she noted a number of people were getting nervous.

“So I just kind of told everybody, you still know how to be a nurse. You still know how to take care of your patients. It’s just going to look differently,” Emily recounted. “That’s when I went into the playground, started taking snapshots of everything and put it into a binder. It would give them a baseline to work with until everyone got more used to things.”

That binder, which she called, “A Day in the Life of an EPIC Nurse,” was circulated among the team on R7. Copies were also made and shared with Progressive Care, R5 and R6. And Emily created a similar binder for the Clinical Assistants. She heard from several nurses who found the material very useful, including Courtney.

“I read it front to back, looked at all of it,” Courtney said. “I thought that was very, very helpful. There were definitely a few questions I had that her binder had really simple answers to. So the next time we are making big changes to something, doing a similar thing would benefit a lot of people.”

Emily considers the binder a small part of what nurses are doing every day to pitch in and help each other provide the best care possible for our patients.

“Regardless of what assignments they had, everyone was always stepping up to assist each other. If someone had a question, you just saw everybody flock around them to help. And anything they learned, they carried it on and shared with other people. Everybody just came together and made sure they were there to help each other.”

NURSING ORDERSETS

One of the many key elements that is required for nurses to do their work at the bedside with Epic is properly built ordersets. Without them, things like EKGs and lab tests cannot be ordered.
As nurses began participating in activities to prepare for go-live, they recognized an opportunity for practice changes around ordersets. A team of bedside nurses and nurse leaders was pulled together, including Progressive Care RN Amy Hendrix, Clinical Education Manager Jenifer Cote, Intensive Care RN Patti Beauharnois, Clinical Education Manager Kayleigh Rushford, Director of Nursing Research & Clinical Practice Abby Bennett and Clinical Quality Manager Colleen Bell.

“We found that while the Epic team was very knowledgeable in EMR, a nursing perspective would be very beneficial to ensure we would have what we needed for our workflows at the bedside,” Amy Hendrix, BSN, RN from Progressive Care commented. “While we were able to adapt a lot of things from the University of Vermont Medical Center and Central Vermont Medical Center thanks to their go-live experiences, there are differences in regulations, protocols and wording with New York State that matter.”

Amy and her colleagues reviewed dozens of ordersets, adding, “We began playing around with the orders in Epic, going through each one and figuring out what we could adapt and what had to be built for us.”

“They were able to help standardize workflows addressing both New York and Vermont regulatory requirements,” Heather Nolette, MSN, RN added. “Their work promoted systems, workflows and functionality based on scientific and evidence-based practices. All while keeping in mind the overarching goal of designing workflows that decrease the documentation burden without compromising patient safety and data. What this group achieved was a big win for care teams at CVPH and across the entire Network.”

Ultimately, the group made changes to 24 ordersets that were built into the system for CVPH. Their attention to detail also led to the flagging of items that improved ordersets for all University of Vermont Health Network users. Amy and her team continued to meet regularly in the weeks leading up to go-live, supporting dry runs, reviewing processes and suggesting potentially helpful tweaks along the way. And on April 1, as Amy worked to re-admit patients into Epic ahead of the cutover the following morning, she saw all of that work from the group had paid off.

“Seeing those orders attached with the patients, and recognizing the work we had done with specific wording and that kind of thing, that was pretty cool. I could say hey, I helped do that,” she said.

**EPIC SUCCESS**

The rollout of a project as impactful as this is going to have challenges. The Epic experience was not the same for everyone, and while there have been bumps in the road, the nursing team knows there have been many success stories. And nurses are finding many benefits with the new EHR. That includes efficiencies in Epic that make documentation easier and give a more clear picture of the patient.

“I like that everything is in one program,” Krystal said. “We don’t have to open multiple programs to chart and then do medications. It’s going to be easier to find records from other facilities.”

“I do like how it gives you checks for when you get stuff done. I am able to get stuff done faster, and then I have more downtime so that I can actually go spend more time with my patients. There are a lot of situations where I’m finding less of a paper trail. Doing admissions and discharges are easier,” Courtney offered.

“It’s nice, because it’s all attached to our entire health care system,” Emily pointed out. “We can view what our patients have had done in other hospitals. We can see doctor appointments. You see everything more holistically. And you don’t have to click through a hundred different things to find that information. It’s all right in front of you, presented in any way you like, and often, there are multiple easy ways to get to that information.”

Epic is also playing a significant role in the education process, as Amy noted.

“It’s preparing the next wave of nurses. They can chart in real time. They can do everything in real time. And it’s simple for one of our registered nurses working with that student to go over the documentation together and co-sign as needed. Our old system wasn’t really built for the nursing students. Now, they’ll get a chance to use an EHR and practice more like a nurse. I had an instructor who was very excited that we made this switch to Epic, and that nursing students can learn from it.”

Heather talked about an encounter with a patient that showed how Epic is already making a big difference in the community, as well.

“There was a person obtaining treatment, and they had to go between two different offices for blood work. And they said to me, ‘Hey, there’s this awesome thing I just heard about today, and it’s called Epic.’ And this individual talked about not having to worry about sending labs, because it shows up in Epic.”

“That was a great thing,” she continued. “It was one less stress the patient had to deal with in addition to the diagnosis. Even people in the community are talking about Epic.”

Amy Hendrix, BSN, RN checks out a patient record in Epic.

“I’ve never seen such resilience and endurance as I have with these nurses, taking on a new EHR in the midst of a pandemic and everything else.”

- Heather Nolette, MSN, RN
Making a Difference: Supporting New Nurses

In the best of circumstances, new nurses face a variety of challenges as they make the transition from school to practice. In the middle of a pandemic, the obstacles to overcome loomed even larger. CVPH’s New Nurse Residency Program has been nationally recognized for excellence in supporting nurses as they take those early steps into their careers at the hospital.

Pictured are 10 of the 43 Graduate Nurses who completed the New Nurse Residency Program in July 2021.

When Emily Estus, RN came to CVPH in November 2020, the winter holiday wave of COVID-19 cases in our region- and across the country -was ramping up. She admitted she was nervous about starting her nursing career in the middle of a pandemic. Now, Emily credits her time in the CVPH New Nurse Residency with turning her concern into confidence.

“It was just a great experience. It’s definitely something that made the transition to my new career less stressful,” Emily noted.

And there’s confidence at the national level too, with the program re-accredited In November 2021 in the Medical-Surgical and Progressive Care areas by the American Nurses Credentialing Center (ANCC) as a Practice Transition Program (PTAP). The residency also received a new area of PTAP accreditation in Psychiatry for nurses transitioning into practice in this specialty.

“We strive for accreditation because those standards set by the ANCC are the right things to do for our patients and our people,” CVPH New Nurse Residency Program Manager Abby Bennett, MSN, RN, CWOCN, NPD-BC explained. “We know that by meeting those standards, our new nurses are going to feel supported and confident. They’re going to have the tools and experiences necessary to provide excellent care. And it prepares them for what we hope will be a long, fulfilling and successful career with us here at the hospital.”

The Residency Program is designed based on the needs and feedback of the Graduate Nurses, adapting from year-to-year. They experience a total of 40 hours of curriculum over the course of their first year of employment. The sessions, usually held monthly, give RNs a chance to enhance their clinical skills, participate in educational team-building exercises and learn about professional development and continuing education opportunities within the organization. Team members from specialties and services like the inpatient and outpatient pharmacies, Occupational Health and Wellness and Respiratory Therapy spend time with the group. And the new nurses get time with administration to share their ideas and offer feedback about their CVPH experience.

“I’m always amazed by the organizational support we get. It’s incredible to see how many people are invested in making the program successful,” Abby said. “There are so many outside of nursing that impact these nurses and their success here.”

“She believed in me before I believed in myself.”

- Emily Estus, RN on her Preceptor

MENTORING THE NEXT GENERATION

Mentorship and support are two of the key cogs that keep the residency running as smoothly as possible. A crucial part of that is the role the Preceptors play as they work with the new nurses. Preceptors are veteran nurses who show new nurses the ropes, taking them under their wings and offering tips and tricks to help them grow professionally. The Preceptor is also someone the new nurses can rely on for help when needed and to answer any questions they have during each shift.
Emily’s preceptor was Paige Gamot, BSN, RN, and Paige left such a lasting impression on Emily that she nominated her preceptor for a DAISY Award earlier this year.

“I truly feel I wouldn’t be as successful at the beginning of my career without her. She believed in me before I believed in myself. No matter how nervous I was about the day, she always told me to breathe. Paige made me feel like I could conquer whatever the day brought us,” Emily wrote in her nomination letter about Paige.

That connection early in Emily’s career has grown since then.

Emily recalled. “It’s gone from Preceptor to friend,” she said. “And that’s helped me build more relationships at the job. So starting with that one person, Paige, and learning from her who I can go to regardless of what floor I’m working on is really helpful. And learning from her that it’s ok to ask questions and it’s ok to ask for help when I need it. That’s so important early on.”

Emily continued on, saying that while she knew this was the right job for her, she still had plenty of doubt in the beginning.

“Am I prepared for this? Am I smart enough for this? Am I good enough at my job? Will I say the wrong thing to a patient or not know how to explain something. Paige, as my preceptor, was actually one of many people here who gave me the confidence boost I needed.”

“And that’s really the culture of the units in general,” Abby pointed out. “You can go up to the floors and ask anyone anything, and they’re going to try to help you make the right decision. It’s important that the nurse residents feel supported by their peers. If they don’t feel like the people that they’re working with have their back, then it’s kind of hard to want to come to work every day. So that support they’re given is huge.”

To become a Preceptor, a nurse must meet certain criteria and are evaluated by their Clinical Education Manager and their unit leader to make sure they are a good fit. Preceptors also attend classes with a Clinical Education Manager that are geared toward helping them enhance their teaching skills and recognize the different ways staff members might best learn from them.

“Our CVPH Preceptors are really high caliber, and they’re clearly making a huge difference with most of our new nurses,” Abby replied. “It helps that many of our Preceptors were residents themselves, so they know what it’s like.”

THE IMPACT OF COVID-19

Abby believes that the mechanisms already in place and the ability to adapt helped the residency continue to thrive even in the face of the pandemic.

“The new nurses have been incredibly flexible and resilient, especially the last two groups that have come to us. They went to school and graduated during a pandemic. They didn’t have a normal nursing school experience, because they couldn’t with the way the world was. And they still came here wanting to learn. I just can’t imagine entering the nursing career like they have had to,” she noted.

Emily, who graduated from Clinton Community College’s Nursing Program, was one of several new nurses who wanted to switch out virtual presentations in favor of more clinical time to strengthen their skills. That feedback led to a direct change in the program, with Abby stating that the goal is to always give residents the curriculum that best supports and addresses their needs.

WHAT’S NEXT?

The current accreditation will last through 2025 – and Abby is already looking ahead to what’s next. Goals include expanding the residency to new areas and specialties for nurses joining the hospital and publishing their best practices with the ANCC. One of the benefits of the process is gaining access to nurse residencies around the world that have also been accredited by the ANCC. Abby heralded the access as a great opportunity to share ideas and best practices to further improve the curriculum that is offered at CVPH.

As for Emily, she is grateful that she had a chance to take part in the residency and is reminded on a regular basis that she indeed made the right choice to become a registered nurse at the hospital.

“There was a patient on Progressive Care that had COVID and he suffered through it pretty hard,” Emily recalled. “I was with him on nights, and then I switched to days and would still see him. He looked at me and said, ‘This all feels like a bad dream, but you’re helping me and you’re making it better.’ And hearing that just makes all the stress, all the anxiety, everything that you’re going through that day a hundred times better. And you realize, okay, this is why I’m here. It just makes everything worth it.”

Nurse Residency: By the Numbers

- This year’s class: 35 nurses
- Completed the program: 353 nurses
- First class: Fall 2013
- Accredited: 2018; Re-accredited: 2021
- 2nd Residency in NYS to be accredited
- 59th Residency in U.S. to be accredited
Making a Difference: Honoring our DAISY Nurses

Our nurses make a difference in the lives of our patients and their loved ones every day. The DAISY Award celebrates that tremendous clinical skill and compassionate care.

With our organization busier than ever, it often feels like there is not even a moment to pause from the work that needs to be done, let alone take time to reflect on the impact our nurses have on those in our care, their loved ones and each other.

Each quarter, the DAISY Award gives us an opportunity to take time and recognize the extraordinary work being done by our licensed nurses (LPN, RN, APRN). These colleagues stand out for their commitment to the highest standards of Nursing Professional Practice, going above and beyond to build bridges with others and meet the goals of the patient and family, or making a special connection with a patient, a patient’s loved one or a CVPH colleague.

Over the past year, the nurses recognized here were selected among a group of very worthy nominees who deserve to be celebrated for the meaningful work they have done to change the lives of those in their care and folks on their team.

Paige Garnot, BSN, RN
Perioperative Services

Susan Hendrickson, BSN, RN
Infusion Center

Trudy Durant, RN, PCCN
Emergency Department

Paige, an Operating Room nurse, was nominated for the support she provided a Graduate Nurse who was navigating her first year in the profession at CVPH. As Emily’s preceptor for part of that first year, Paige showed her the ropes in the organization, helping her grow professionally and gain confidence in her work.

“She believed in me before I believed myself,” Emily wrote in her nomination of Paige. “No matter how nervous I was about the day, when she was precepting me, she always told me to breathe. She made me feel like I could conquer whatever the day brought us.”

Smiles are not always an easy thing to come by in the FitzPatrick Cancer Center, but Susan finds a way to brighten some of the darker days for her patients and co-workers. Manager of Oncology Charleen Tuthill, who nominated Susan, pointed to the deep connections she makes with her patients. She is also renowned for speaking up and working with others to find solutions that improve the patient experience.

“We are a stronger, more confident team with her as a member. Our patients deserve only the best, and with Susan, you know this is what they will get time after time,” Charleen wrote.

Grace under pressure and an overwhelming patience in the incredibly busy Emergency Department (ED) are just part of what makes Trudy stand out to her patients and colleagues.

Trudy was nominated by the family member of a patient, who wrote about the compassion and kindness he witnessed while she triaged patients on the phone and as they came in to the ED.

“Her interactions with us were great, but it was the way she handled herself and the attitude and empathy for incoming patients that were so impressive.”

More on the DAISY Award for Extraordinary Nurses at CVPH

Since the DAISY Award was launched at CVPH in 2018, 14 deserving licensed nurses have received the honor, though many more have been nominated by patients, families and colleagues. An acronym for Diseases Attacking the Immune System, The DAISY Foundation was formed in 1999 by the family of J. Patrick Barnes, who died at age 33 from a little known but not uncommon auto-immune disease. Patrick’s family was profoundly touched by the nursing care he received, and the award was established to recognize nurses everywhere doing extraordinary work. CVPH is one of more than 5,000 healthcare facilities and schools of nursing in all 50 states and 31 countries committed to honoring nurses. Honorees at CVPH are presented with a DAISY Award pin, a beautiful sculpture and enjoy additional benefits such as reduced tuition.
Making a Difference:
The practice of gratitude is an important part of the work we do every day. These are just some of the ways our patients and our colleagues have said, “Thank you,” over the past year.

Grateful Patients

Another initiative that highlights the compassionate care provided by our nurses is The Foundation of CVPH’s Honor a Caregiver program. The recognition stems from patients who are so appreciative and inspired by the care they received that they donate to The Foundation in honor of the caregiver. Priscilla LaChance was presented with a special pin during a surprise ceremony on R6 in May 2021. MacKenzie Peryer and Melissa Hamel were presented with their pins in the Women and Children’s Center for the care they provided when a patient gave birth last summer. “I know that you all were just doing your jobs as you do every day, but dang you do it well,” the patient commented.

FOCUSED RECOGNITION

Krista Bull, BSN, RN

Working as a Clinical Education Manager, Krista went above and beyond to help me achieve my goals for my BSN degree and nursing career. I felt supported, because I knew she would be there for me when I needed her. It is great to have someone who has your back as a young nurse.

-Submitted by: Mia Holland, BSN, RN

Catherine LaPier, BSN, RN

Catherine (Franke) became aware that her patient was getting very upset and wanted to leave. Catherine spoke to the patient, took extra time to listen to the patient’s concerns and find out what was needed to get them to stay for the procedure. She made sure to make those wants happen, no matter how much time it took her. She went above and beyond. Thank you so much Franke for caring so much for our patients.

-Submitted by: Nicky Doser, Certified Endoscopy Technician

Kelly Myers, RN

When working on the floor with Kelley as a fellow RN when I first started (at CVPH), she exemplified everything I wanted to be as a new nurse, and she continues to do so today as COS on R5. She is always willing to put others before herself, whether it is patients or co-workers, and she does so with a great attitude and smile. At times, when I have been overwhelmed, she has stepped in to help, no matter what else she had going on. She truly exemplifies the meaning of a caring health care worker.

- Submitted by: Kenna Johnson, RN