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Dear Cheyenne Regional Nurses,

As we settle into 2017 and the many adventures in the field of healthcare that await us, we should first take the opportunity to pause and to reflect on the many successes we accomplished at Cheyenne Regional Medical Center (CRMC) in 2016. As many of you know, registered nurses are in high demand—the highest, in fact, of any medical career. In recent years, we have been fortunate to have experienced a decrease in our nursing turnover rate. Most recently, it decreased from 18.9 percent in 2015 to 16.8 percent in 2016. I believe this is largely due to the fact we have such an engaged nursing team. We had a 62 percent response rate to the National Database for Nursing Quality Indicators (NDNQI) Nurse Satisfaction Survey. We saw not only a significant improvement in engagement from our 2015 results, but we also ranked higher than the national mean in 10 of the 11 major categories. That’s outstanding.

Another major highlight from 2016 was the addition of the Nurse Residency Mentorship Program (NRMP) at Cheyenne Regional. We’d already had a robust Nurse Residency Program (NRP), but there was valid concern about the long-term engagement and retention of the newer nurses graduating from that program. Our hope is that the NRMP will help Nurse Residents to have a more seamless transition into independent practice at the completion of the NRP. In line with providing high quality mentorship and education, in 2016, we made additional commitments to provide and encourage education and support for all nurses. The Education Expo program was introduced, and the Preceptor Program was revamped. These changes are proving to have a positive impact on our nursing program.

Our organization is extremely privileged to have such a dedicated nursing workforce that is willing and eager to mentor new staff and provide exceptional care to our patients and their families. Last year, we celebrated the nominations of 364 nurses for the DAISY Award program. Additionally, Stephen Neville, BSN, RN (a nurse in the Emergency Department), was nominated for the prestigious Norman S. Holt Nursing Excellence Award, and Kim Smith, RN (a nurse in Women and Children’s Services), was recognized as one of Wyoming’s “top” nurses. In other exciting news, three of our own nurses were published in 2016—Bryce Bishop, RN (Trauma Program Manager), was published in Trauma Systems News, and Dawn Salyards, RN, and Ann Treadway, RN (both from Behavioral Health), were published in Advanced Healthcare Network for Nurses.

In 2016, we also witnessed the introduction of the Professional Nursing Peer Review Committee, which was created to help strengthen our nursing practice as a whole. The committee systematically reviews patient care events to determine if a standard of care was met during the case. After cases are reviewed, the committee utilizes “lessons learned” to communicate the results with the team while still maintaining patient and staff confidentiality. This thoughtful format allows our staff to gain useful insight from the highlighted care events.

While this report details many significant examples of the hard work put forth by our nursing team in 2016, I know that great nursing practice occurs every day in real-time—and it is not always captured in print. As you review this annual report, I hope you recognize the important roles that each of you have played in changing the lives of our patients, their families, our visitors and other members of the Cheyenne Regional staff. I have the opportunity to witness nursing excellence every day here at our organization, and we are truly fortunate to have such a talented and dedicated nursing team.

I am humbled by the opportunity to serve as your Chief Nursing Officer. I look forward to another exciting and productive year. Thank you for all that you do!

Sincerely,
Tracy L. Garcia, MS, RN
Chief Nursing Officer/Vice President of Clinical Services
Implementation of the C.A.R.E. Television Channel

Drawing upon her experiences at another healthcare facility, Cindi Vais, MS, RN (a former nurse manager at Cheyenne Regional Medical Center), believed that using the Continuous Ambient Relaxation Environment® (C.A.R.E) Channel at Cheyenne Regional Medical Center (CRMC) would benefit both our patients and staff by decreasing patients’ perceptions of pain and noise.

The C.A.R.E. Channel is a programmed television channel that helps to reduce hospital noise by solely airing relaxation programming. The C.A.R.E. Channel features original instrumental music that has cross-generational and cross-cultural appeal, intentionally selected for its ability to resonate with a wide-ranging patient population. For example, the nature video broadcast on the C.A.R.E. Channel features soothing landscapes, panoramas and vistas that will delight and engage any viewer. The entire channel is produced specifically for patients with the purpose of being watched while in bed at the hospital. The programming is available 24 hours a day, and a patient can watch up to 84 hours of original content before programming is ever repeated. The evening programming is designed specifically to help patients sleep.

To secure this programming at CRMC, Cindi applied for a grant through our hospital’s volunteer organization. The volunteers graciously provided a grant that paid not only for the installation of the channel but also for the first three years of the licensing fee. Following installation in December 2016, Cindi and other nursing leaders collaborated with the housekeeping staff to have the TVs in each patient room set to the C.A.R.E. Channel after the room is cleaned and ready for the next patient. The goal is to have each patient room television airing this station upon a patient’s arrival. The hope is that it will contribute to improving the patient experience, by helping to reduce patients’ pain and perception of noise at night. CRMC will use its patient satisfaction scores to help evaluate how well the C.A.R.E. Channel is meeting the intended goals.

Introduction of the Nurse Residency Mentorship Program

The CRMC Nurse Residency Mentorship Program (NRMP) was developed for several key reasons: to increase the retention of Nurse Residents, to enhance engagement and satisfaction of the Nurse Residents, to help Nurse Residents to bridge the transition from student to professional nurse and to create positive change in the culture of the organization. Key stakeholders involved in the creation of the program were current Nurse Residents, graduates of the Nurse Residency Program, preceptors, Clinical Educators and nursing leaders.

The NRMP came to fruition after review of the data from a Grand Nurse Residency Survey. The data collected from the survey indicated that Nurse Residents felt most supported during their one-on-one preceptor experience. According to the Boychuk Duchscher (2007) Transitional Stages Model, once Nurse Residents have completed their preceptor experience (typically 10 to 24 weeks in duration), there is a distinct period of transition. During that transition, Nurse Residents begin functioning independently as nurses, but often still require and desire a support system. During the transition, it is imperative that Nurse Residents maintain a relationship with a trusted member of their team. One of the ways to fulfill that need is to establish a mentorship program for new nurses.

Initial work on the program began in 2015, and it was fully implemented in October 2016. Prior to launching the program, it was determined that mentors must meet the following criteria: be a registered nurse for at least 18 months, have a tenure of at least six months at CRMC and be in good standing with the nurse manager on the unit in which he / she works. The mentees are nurses currently enrolled in the Nurse Residency Program at CRMC and who desire additional support or encouragement.

Currently, the program is directed by Tess Taylor, BSN, RN. She plans to evaluate the success of the program once it’s been in place for a year. Her team will utilize a survey process for evaluation in order to highlight successes and areas for improvement. In the meantime, she’s soliciting real-time feedback from the program’s current participants in order to make adjustments along the way.

Seamless Transition to New Chief Nursing Officer

In April of 2016, Constance Schmidt, DNP, RN, resigned from her position as our health system’s Chief Nursing Officer (CNO). Tracy Garcia MS, RN, was appointed as the interim CNO, and she and Constance began a six-week transition period. During the transition, Tracy formed a checklist of education and resources she needed before Constance left, in order to make the transition as smooth as possible. By the time Constance left, Tracy was fully prepared to fill her position.

After a trial period, Tracy was appointed as the permanent CNO. In her current role, Tracy has continued several practices that were started by Constance, including regular attendance at Nursing Governance meetings (in order to provide real-time feedback about initiatives the group is working on) and monthly “suits-to-scrubs” shifts on various units (in order to get real-time feedback from the staff regarding barriers to care that they’re experiencing).
Structural Empowerment

Stroke Camp
Cheyenne Regional Medical Center (CRMC) has hosted the Stroke Camp Program for the last seven years, in partnership with the Retreat & Refresh Stroke Camp, a national organization. The goal of the camp is to provide rest and respite for stroke survivors and their caregivers and to offer educational opportunities and the chance for stroke survivors and their families / caregivers to network and spend time with one another.

For the past two years, John Collins, BSN, RN, has been the liaison between CRMC and the Retreat & Refresh Stroke Camp organizers. His role has been to enable patients throughout Wyoming to attend the camp. The program can accommodate 16 patients and their caregivers / families. Each year, one long weekend is dedicated to the camp. In 2016, the camp took place from August 14 to 16. During the course of the weekend, the stroke survivors, their caregivers and the volunteers participated in games, meals, meetings and therapies. Volunteers assumed many of the caregivers’ duties to enable the caregivers to receive a respite from their normal routines. While campers pay to attend the camp, CRMC and the CRMC Foundation provide the funds for the camp rental, and the staff from CRMC participate on a voluntary basis.

Seven members of the CRMC staff volunteered at the 2016 Stroke Camp: John Collins RN (ARU), Tina Collins (Medical Records), Melissa Wheeler, RN (Case Manager, ARU), DaVanna Sutton (Rehab Tech, ARU), Carol Pannell, RN (TCU), Sarah Spaulding, UC (Mother/Baby Unit) and Krista Robrecht, RN (ARU). The time and talents donated by all of the gracious volunteers are greatly appreciated and help to make this amazing event possible each year!

Employee Enrichment Program
In 2016, the Employee Enrichment Program was very successful. After piloting the program in 2015 with only nurses, the Education Council fully implemented the Employee Enrichment Program in 2016 and included all CRMC employees. The modest success of the pilot program in 2015 (with only 18 participants) could not have prepared the group for the overwhelming success of the full-fledged launch in 2016. Over 200 employees enrolled in the program, and more than 100 of them were nurses!

The Employee Enrichment Program originated in the Practice Council of Shared Governance approximately three years ago. After doing the initial groundwork on best practices for incentive programs, the project was passed to the Education Council for design and implementation. The Education Council molded the program into what it is now, including the launch of the HealthStream portfolio, which enabled employees to upload their supportive documents into HealthStream for easy review and approval.
Exemplary Professional Practice

2016 DAISY Award Winners
Each year, Cheyenne Regional Medical Center (CRMC) honors 12 nurses with the DAISY Award. Founded in 1999 to pay tribute to the memory of J. Patrick Barnes, the DAISY (Diseases Attacking the Immune System) Award Program “honors the super-human work nurses do for patients and families every day.” There are more than 2000 healthcare facilities across the world that are committed to honoring their nurses with the DAISY Award. Nurses can be nominated by patients, family members, peers or physicians. A committee selects winners from the nurses that have been nominated, and the winners are recognized publicly at a quarterly celebration.

In 2016, the following nurses were given a DAISY Award for exemplary care:

**Quarter 1 (February)**
- Hilary Adams, RN – Emergency Room
- Vicky Edwards, RN – Interventional Radiology
- Kristi Davis, RN, and Eric Stransky, RN (co-winners) – Intensive Care Unit

**Quarter 2 (May)**
- Katrina Pino, RN – Oncology Unit
- Chere Bohr, RN – Forensic Nursing Unit
- Denise Tripp, RN – Oncology Unit

**Quarter 3 (August)**
- Cristeen Morillon, RN – Mother / Baby Unit
- Karen Alexander, RN – Oncology Unit
- Melissa Bechtholdt, RN – Intensive Care Unit

**Quarter 4 (November)**
- Hilary Adams, RN – Emergency Room
- David Marcotte, RN – Resource Department
- Nichol Zimmerman, RN – SANE (Sexual Assault Nurse Examiner Program)

**Norman S. Holt Nursing Excellence Award**
In 1983, the Wyoming Hospital Association Board of Directors established the Norman S. Holt Award for Nursing Excellence, in honor and memory of Norm Holt and his tremendous understanding and active involvement in the nursing profession. Annually at the Wyoming Hospital Association Convention, the award is given to one outstanding nurse in Wyoming. Each Wyoming hospital can nominate one candidate per year.

In 2016, Stephen Neville, BSN, RN (a nurse in CRMC's Emergency Department), was nominated for the Norman S. Holt Nursing Excellence Award. Stephen was recognized for his dependability, his focus on patient-centered care, his commitment to his own growth and development and his mentorship of newer nurses. Stephen’s commitment to excellence in the nursing profession was a major contributing factor in CRMC selecting him for the nomination of this prestigious award.

**Wyoming Top Nurse 2016**
In May of 2016, Kimberly Smith, RN (from Women and Children’s Services at CRMC), was recognized by the Casper Star-Tribune as one of Wyoming’s outstanding nurses. Kim was one of only four nurses in Wyoming to receive the recognition as a “top” nurse in the special section of the newspaper that focused on honoring nurses for Nurses Week. The newspaper received 102 nominations from readers across the state, and their selection committee determined the top four for the feature. A quote from the person who nominated Kimberly illustrates why she was recognized: “Kim stayed well beyond her scheduled shift to make sure my daughter, Cheyenne, was in stable condition and breathing. She loved my daughter in a way that any mother would want their child to be loved and taken care of.”

**Bryce Bishop, RN, Published in Trauma System News**
In August 2016, Bryce Bishop, RN / TCRN / CFRN / CEN / CPEN / NREMT (CRMC’s Trauma Program Manager), was published in the Trauma Leadership and Management section of Trauma System News. In his article, “What I Learned My First Year as a Trauma Program Manager,” Bryce shared the five most impactful things he learned during the first year in his new role. He emphasized the importance of reaching out to other trauma programs for insight, streamlining the team for efficiency, collaborating with others in the same region and following a trauma patient through the continuum of care to better understand the bigger picture regarding the person’s care.
We're proud of Bryce for his commitment in providing great leadership to his team and for assisting other Trauma Program Managers throughout the country with his meaningful insight.

**CRMC Received American Heart Association 2016 Mission: Lifeline® Award**
The American Heart Association developed Mission: Lifeline® to aid in the transformation of care for the most vulnerable patients—those with high-risk, time-sensitive emergencies including heart attacks, strokes and cardiac arrest. Delivering the best possible care in these critical situations requires that all of the components of care—from the actions taken at the onset of the emergency all the way through to the patients’ hospital discharge follow-up—are seamless and efficient.

Cheyenne Regional Medical Center (CRMC) received the 2016 Mission: Lifeline® Gold PLUS Receiving Recognition Award for our proven efforts in providing prompt, evidence-based care to patients experiencing severe heart attacks. One of the criteria for the gold award is that a hospital must have a “door-to-device” time of 90 minutes or less, at least 85 percent of the time. The “PLUS” status is an added recognition for those hospitals that receive patients from other facilities that have a “first door-to-device time” of 120 minutes or less, at least 75 percent of the time. This award speaks to the amazing level of care that heart patients receive throughout their entire hospitalization at CRMC.

**New Knowledge, Innovations and Improvements**

**NDNQI Nurse Satisfaction Survey**
The results from the National Database of Nursing Quality Indicators (NDNQI) Nurse Satisfaction Survey conducted in October 2016 improved significantly from the 2015 results. In 2016, 257 registered nurses from 24 units participated in the survey. Of those units, 18 had more than five nurses participate, which allowed for their individual results to be reported out. The average unit response rate was 62 percent, which surpassed the goal of 60 percent. Within the 11 major categories surveyed, Cheyenne Regional Medical Center ranked above the national mean in 10 of those categories for like-sized hospitals. Significant improvements in nurse satisfaction were noted in the areas of autonomy, pay, professional status and nursing administration.

The nurse managers received reports specific to their units and plan to discuss the results with their staff in order to highlight successes and make note of areas in which improvements can be made.

**Improvements in Medication Management for PACE**
Effective medication management is a key quality initiative for the Wyoming Program of All-inclusive Care for the Elderly (PACE), and it is closely monitored by the nursing staff. PACE is responsible for providing medications for every PACE participant, and some on a daily basis. PACE nurses assess each participant to determine the safest mode of medication administration and to ensure the highest level of compliance. Some participants are unable to follow a prescribed medication schedule, and in those cases, the nursing staff will fill a medi-planner or a timed medication box. Other participants are able to self-administer using either bottles or packets.

One of PACE’s goals to optimize medication management includes transitioning participants from bottles or pre-filled medication boxes to packets (if the participant can safely self-administer the medication). This change allows the nursing staff more time to care for the participants’ other health needs.

In early 2016, the nursing staff was filling medication boxes for 26 to 30 percent of the PACE enrollees. Only 40 percent of participants were receiving their medications in packets. With the addition of a dedicated medication nurse on staff, intentional review of the processes and added education for the participants, the PACE nursing staff is now filling medication boxes for less than 18 percent of all PACE participants. More than 80 percent of participants are now utilizing medication packets.

**Two Nurses Published in Advanced Healthcare Network for Nurses**
Dawn Salyards, RN, and Ann Treadway, RN (both from Behavioral Health Services at CRMC), were published in the August 26, 2016, edition of the journal *Advanced Healthcare Network for Nurses*. Their article, “One-on-One Psychiatric Nursing Care: Rural Patients Receive Personal Attention in Nurse-Led Initiative,” explained how CRMC’s Outpatient Behavioral Health Clinic is meeting an ever-increasing need for mental health care in southern Wyoming through its new skilled psychiatric nursing service. The program ensures that patients have access to one-on-one help as needed, in the time between their regularly scheduled appointments with the clinic’s psychiatrists. The nurses designed the plan for the program and received support from physicians and administrative leaders. The success of the program is notable. As of May 2016, the nurses had scheduled 197 appointments, with only six “no-show” appointments. These numbers speak to the quality of care being delivered and to the level of need in the community for the services being provided.
Grand Rounds
In 2016, the Clinical Education Department committed to providing ongoing education to CRMC staff via regular Grand Rounds presentations. During the year, 35 presentations were given, covering a variety of different topics and providing nursing staff and other providers with the opportunity to earn continuing education (CE) credits. The Cheyenne Regional Foundation generously provided lunch for each session. Throughout the year, a total of 1183 CE credits were earned, and 399 of those credits were earned by our nurses. Topics covered included “Early Clot Removal for Vascular Surgery,” “Acute Hemorrhagic Stroke,” “Thrombophilia & Pregnancy” and more.

Ambulatory Infusion Clinic (AIC) Utilizes Distress Management Tool
Commission on Cancer-accredited cancer-care programs are required to assess the psychosocial distress of patients receiving chemotherapy at least once during the patient’s course of treatment. In 2015, it was determined by the Cheyenne Regional Medical Center Cancer Committee that oncology patients would be screened and assessed for distress by utilizing the National Comprehensive Cancer Network (NCCN) Distress Thermometer, or COPE (Comprehensive Oncology Patient Experience) Tool.

In January of 2016, the assessment completion rate was 41 percent. Brooke Zabka, BSN, RN (Infusion Nurse Manager), and the nurses from the AIC made it their goal not only to increase the number of patients receiving the screening to 75 percent by April 2016, but also to screen chemotherapy patients at least monthly during their course of treatments.

The team developed a process to track the due dates of each patient’s screenings. On the day that the screening is due, the nurse responsible for caring for that patient is tasked with conducting the screening and entering the results into the electronic medical record system. By April 2016, the team had surpassed their goal and have since maintained the average number of completed screenings at more than 80 percent.

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2016-2017
Reorganization and Improved Preparation of Heart Surgery Instruments
In 2016, the Surgical Services Heart Team determined to find a way to optimize the preparation and instrument count for heart surgery set-ups. Their goal was to decrease the time it took to count instruments (and effectively decrease the total surgery preparation time) by eliminating instruments from the trays that weren’t being used for the surgery.

The team removed several instruments from the “Main Heart Tray” that weren’t being used and developed a new instrument count-sheet for that tray. The team collaborated with Kevin Poledna, Sterile Processing Supervisor, to redesign the instrument inventory sheet to reflect those changes.

The team also determined that the “Heart-Leg Tray” needed to be updated and that there was a need for the instruments to be counted / grouped by type, rather than just by number. Kevin also assisted in the redesign of the instrument inventory sheet for that tray in order to make the count easier during pre- and post-op.

Dr. Damon Kennedy, a cardiothoracic surgeon at Cheyenne Regional Medical Center, also contributed to the project. He brought in a tray of his own instruments so that they could be sterilized and used specifically for open-heart procedures. Those instruments were added to the “Main Heart Tray” and were grouped and listed as “Dr. Kennedy Heart Instruments” on the count-sheet for that tray.

As a result of these changes, the heart surgery preparation time has been reduced from 90 minutes to 45 minutes. Sixty unnecessary instruments have been eliminated from the heart surgery instrument trays and count-sheets. For example, as a result of these changes, the time required to count all of the instruments needed for a coronary artery bypass has been cut in half, and the surgery preparation is more streamlined and smooth as a result.

The heart team members who worked on this project included Jeff Bledsoe, Surgical Tech; Susan Hurd, RN / CNOR; Amanda Carson, RN; Mary Mathews, RN / CNOR; and Kylie Rains, RN.

Education Expo Introduced
Orchestrated by the Clinical Education Department, the Education Expo was designed to provide ongoing educational opportunities for clinical staff more effectively. The aim is to provide staff with opportunities for professional development while offering both mandatory and elective educational sessions. Because each staff member’s time is precious, the idea for the Education Expo stemmed from the desire to offer as much education as possible in one place, at one time. Ideally, these learning opportunities will put education into the hands of clinical staff and encourage them to seek knowledge that will help them to optimize their performance in their current roles.

The Education Expo is hosted quarterly, and the topics for workshops and classes offered range from changes in policy and procedure to new tools and equipment. In 2016, each quarterly event had an attendance of 400-500 participants. Overall, evaluations of the program have been very positive, and staff members have commented on how much they appreciate the learning opportunities provided by the Education Expo.