



# Nursing Notes

July 2011

## New Surrogate Decision Maker Process Education Rolls Out Now through Sept. 6

There will be a new form on the front of the patient's chart that documents the patient's surrogate decision maker.

### Who can be a Surrogate Decision Maker?

- a court appointed guardian
- a patient advocate named in a Power of Attorney for Healthcare (Advance Directive) document
- the patient's next of kin.

As the process rolls out hospital wide, unit clerks will start identifying and documenting the surrogate's name and phone number, as well as the names and phone numbers of two people who can get patient information over the phone. This form combines the Patient Update Card and Surrogate Decision Maker Form. Nurses should continue to document Advance Directives per current practice until the new process is rolled out on each unit. Contact Nora Chau at 341-8599 with questions.

### Surrogate Decision Maker Process Rollout Dates

Unit	Education Start Date	Roll-out Date
GSU/MIP/ (pre-ed OSU)	6/21	7/5
GMU/AMU	6/28	7/12
NVU/SICU	7/12	7/26
CAR/MICU/ CSU/PRU	7/26	8/9
OBD/MBU/ APU	8/9	8/23
PICU	8/23	9/6

### Bronson Battle Creek Partnership is Official

On July 1, Battle Creek Health System joined the Bronson family of companies and changed its name to Bronson Battle Creek. The vision for the new partnership is to form a regional health system that delivers better coordination of care for patients throughout southwest Michigan. This will enable Bronson to take its longstanding commitment to quality to an even higher level. The goal is to better meet patients' needs by providing the right care in the right place at the right time. For more information, visit [bronsonhealth.com](http://bronsonhealth.com).



## Inpatient HCAHPS System Improvement Team Update

In May, Bronson Methodist Hospital shared that an Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) team was being formed to improve patient satisfaction scores. The Nursing Ad Hoc Committee of this group has made significant progress in researching best practices and beginning to implement them in the nursing units. Here is the progress update by unit:

**OSU:** Bedside shift handovers rolled out May 1. Patient feedback indicates that they like the introductions. The next step is PCA bedside rounds/report.

**AMU:** Bedside shift handovers rolled out May 1. We have been doing them for some time. Patients like it! Staff champions are getting on board to remind their colleagues.

**MICU:** Bedside shift handovers are rolling out in July. We have come up with a report sheet to include pertinent infor-

mation that the staff and family will find helpful. We are training staff face-to-face and will be considering feedback from Patient Family Advisory Council members.

**GSU:** Purposeful rounding started in late April. We have rounded on 167 rooms with just GSU staff. We address 3 Ps (Pain, Position, Potty). We have shared information with staff and will continue to audit. Staff is engaging the rounding now.

**SICU:** Purposeful rounding is going well. We have identified an opportunity to address when someone other than the primary nurse answers a call light.

**GMU:** Purposeful rounding rolled out on June 20. We have streamlined our process for hourly rounding. We are doing TEMP (Toileting, Environment, Movement, Pain) rounding. PCAs get a report from an RN. Hourly rounding sheets are collected daily. Pocket cards have been developed. Schedule changes are driven by Nurse Compass data.

**If you have ideas on how to improve nurse communication, responsiveness, quietness, and cleanliness on the units, please contact your unit shared governance council chair or nurse manager.**

Bronson Methodist Hospital recently received the HealthGrades 2011 Outstanding Patient Experience Award™ for having overall patient satisfaction scores in the top 10 percent of hospitals in the nation based on data from April 2009 to March 2010. While we are honored, we know there is more work to be done to partner with patients and families. We want to sustain this high level of patient satisfaction and continue to raise the bar.



## National Publication Credits Bronson for Preventing Central Line Infections

In a June 2011 article from Medscape Medical News titled "High Central-Line Infection Rates at Many Teaching Hospitals: New Consumer Reports Study Gives Poor Marks to 67 Institutions," it was noted that 33% of the 1,119 hospitals studied had central line associated bloodstream infection (CLABSI) rates that were higher than average for all hospitals. In contrast, 2 teaching hospitals — Faulkner Hospital in Boston, Massachusetts, and Bronson Methodist Hospital in Kalamazoo, Michigan — reported zero CLABSIs, and thus received Consumer Reports' highest score.

The mortality rate for CLABSIs ranges between 12% and 25%, and their economic cost is in the billions of dollars, according to the US Centers for Disease Control and Prevention. Preventing these infections, experts say, boils down to following a simple checklist of precautions. Caregivers need to scrupulously wash their hands, disinfect the patient's skin before inserting a catheter and during dressing changes, don full-barrier protection, avoid placing the catheter in the groin, and remove unnecessary catheters.

"This is straightforward stuff," John Santa, MD, MPH, director of the Consumer Reports Health Ratings Center, told Medscape Medical News. "There's not a \$2 million machine you need to buy, or a cadre of highly paid physicians you need to hire. This is a culture issue, not a knowledge issue."

## Days of Sharing Produce Bounty for Community

The donations collected during Nurses' Week Days of Sharing in May provided the following products to our community neighbor organizations. Thank you for your generosity!

- 47 cases of water/juice (a total of 533 individual drinks) to the Hospitality House
- 127 boxes of snacks (1,172 individual snacks) to the Hospitality House
- 743 personal care items divided between the Gospel Mission and Family & Children's Services
- 13 baby care items to the Gospel Mission
- 226 "fun items" divided between the Gospel Mission and Family & Children's Services
- 67 well-guarded bags of hard candy to the West Michigan Cancer Center

## WHAT'S IN A NAME? "Infection Control" now "Infection Prevention"

Since the 1950s, hospitals have had departments called "Infection Control," and the people in that profession were called infection control nurses and infection control officers. These names were based on a belief that hospital-acquired infections in our patients were normal and unavoidable, so our function was to count them and respond when they increased above their normal level.

Things have changed.

We now understand that many hospital-acquired infections are avoidable. We can reduce patients' risk of infection by using best practices such as hand

hygiene, early removal, etc.

The people who do this work are now called infection preventionists and they work in the department of Infection Prevention. Their job is to prevent infections before they happen. They use the tools of performance improvement and data analysis. They participate in many committee decisions and review every product, procedure and project that may affect our patient's risk of infection.

Although this new role requires a new skill set, the people who work in infection prevention think it is one of the most exciting jobs in healthcare.



*The Infection Prevention team includes (left to right) Richard Van Enk PhD, Debra Chappo, Tomaida C. Colley RN and April Vanderslik RN, BSN.*

## i-Optimization Update A Voice of Epic Experience

Colleen Russell, RN, who works on Bronson's Neurovascular Unit, was very excited to hear that Bronson will be using Epic for the new system-wide electronic health record. Colleen used to work for Rush University Medical Center in Chicago where they used Epic. She said she found the system helped improve collaboration among all members of the patient care team because of the ability to, "see the chart through the whole hospital. It was easy, efficient, timely and safer for the patient." Having "one place, one source of information" was a big timesaver for staff.

She also found that it improved communication with patients and families. She described the advantages of being able to answer questions right in the patient's room, "no more stepping out of the room to check the chart, then getting pulled away for something else." She found that it actually increased her face-to-face time with patients because she could, "look up information right in the room to answer questions."

When asked about the amount of clicking (with a computer mouse) that is



*Neurovascular Unit nurse Colleen Russell, RN*

required, Colleen said that she found less of that in Epic than with other electronic documentation systems she has used. It is reassuring to hear someone who has used the system say, "Once you learn the system, it's very easy to use. It is set up so that you can tab through pretty efficiently."

Bronson is moving closer to our goal of "One Patient, One Record."

## Laboratory Process News and Changes

### Lactic Acid Specimen Requirements Changing

The laboratory has implemented a new method for lactic acid (Lactate) testing. The reference ranges remain unchanged.

- A separate gray top tube is no longer required for the test.
- The new sample requirement is 1 ml of heparinized whole blood.
- A green top or mint green top tube may be used.
- The test may also be performed from a heparinized blood gas syringe.
- If other tests are ordered at the same time on these tubes, an additional sample is not required for the lactic acid.
- All samples for lactic acid testing must be received in the lab within 30 minutes of collection.

Please note: The gray top tube is not compatible with the new method. To allow for the information on this specimen change to disseminate, the laboratory will retain the old method until July 15th. After that date, gray top tubes will no longer be accepted for this test.

### Be Sure to Pad Blood Samples Sent through the Pneumatic Tube System

Please send all blood samples to the lab in the biohazards bags as before. The lab will begin loading the carriers with folded sheets of bubble wrap. The bubble wrap is inexpensive, and if soiled can be discarded. If the bubble wrap is not available, other padding, including foam squares or cloth towels may be used instead.

Studies at Bronson and other hospital laboratories have demonstrated that blood tubes sent through the pneumatic tube system without padding are hemolyzed by the trauma to the red blood cells as the blood sample is knocked around in the carrier. The tube system manufacturer recommends blood samples be sent with padding. When we first obtained the system, prefit foam pads and heavy vinyl envelopes were used. As they became soiled or worn, they were discarded and nothing replaced them.

The level of hemolysis caused by the tube system is generally not enough to cause a redraw for samples that were not hemolyzed when collected. However, for samples that were slightly hemolyzed during collection, the additional hemolysis caused during transport may push the level over the threshold for redrawing. These extra blood draws not only take more time and resources, but also go against our blood conservation philosophy.

### Clarification on Specimen Requirements for Prealbumin

The only acceptable sample requirement for Prealbumin is serum. Either a gold top or red top tube may be submitted. Previous versions of the red laboratory requisition incorrectly listed heparinized samples as acceptable. A resource for any questions concerning which tubes to draw for a test is on the Bronson intranet. From the left side of the home page, under "Links" click on "Manuals," then choose "Bronson Laboratory Services Reference Guide" in the "Manual Links" section at the bottom of the page.

## New Look-Alike/ Sound-Alike Drugs

The Food and Drug Administration (FDA) has issued a warning about potentially dangerous errors resulting when the drugs **risperidone (Risperdal)** and **ropinirole (Requip)** are confused. Risperidone is an antipsychotic indicated for the treatment of schizophrenia, bipolar disorder, and irritability associated with autistic disorder. Ropinirole is a dopamine agonist indicated for treatment of Parkinson's disease and Restless Legs Syndrome. The FDA received 226 reports of patients accidentally receiving one drug instead of the other; five patients required hospitalization. Brand and generic names of each drug are similar; labeling and packaging on the drugs are similar; and drug strengths, dosage forms, and dosing intervals may overlap.

To prevent an error from happening at Bronson, these drugs will be added to the look-alike/sound-alike medication list. This means updates to forms, labels, computer systems drug selection confirmations, and tall man lettering in IntelliDOT.

## What's New in Research at Bronson?

*The following studies were approved to go forward at the June meeting of the Bronson Institutional Review Board.*

### Full Review: Interruptions in Medication Administration

*PI-Natasha Watson*

*Co-PIs-Yvonne Ford PhD WMU*

Pilot observational descriptive correlational design to study the types and frequencies of interruptions during medication administration. Observations of nurses will be performed on AMU and GMU.

### Expedited Review: Shoulder Pain Associated with Adolescent Idiopathic Scoliosis

*PI-Philip Nowicki, MD (MSU KCMS)*

To assess the risk of shoulder pain in patients with adolescent idiopathic scoliosis and to determine if there is an association between magnitude of shoulder pain and scoliosis curve magnitude (record review and subject questionnaire).

### The Effect of a Scripting Intervention on the Confidence Level of the Learner in Addressing Bullying Behavior

*PI-Linda Zoeller PhD, RN*

*Co-PI – Vivien Mudgett (OB Manager/ MSN Student at WMU)*

To add to the base of knowledge regarding interventions that may be useful in increasing the self-efficacy and self-confidence of nursing staff in addressing bullying behavior. Pre/post survey of nurses attending and nurses not attending "Caring Responses to Uncaring Behavior."

### Assessment of AppyScore Rapid Test (an MRP 8/14 assay) with a Clinical Pretest Probability (PTP) Assessment Model for Clinical Management of Children and Adolescents with Signs and Symptoms Suspicious for Acute Appendicitis

*Sponsor- AspenBio Pharma*

*PI-Tom Blok MD*

The study will be conducted with the support and assistance of Jasper Clinic Inc. staff for study coordination and specimen processing. Eligible patients presenting to the emergency room with symptoms suggestive of appendicitis will be recruited. The study involves collection of blood samples drawn in addition to routine laboratory assessments.

## Mandatory Fall Education

*After reviewing our patient fall data, the Nursing Clinical Quality Committee developed a self-study module about identifying fall risk and implementing interventions to prevent falls. The Nursing Executive Council approved this mandatory education. The education must be completed by August 15, 2011.*

### What is the main problem?

- Patient falls are a nursing sensitive indicator and the fall rates are tracked on our unit scorecards.
- Fall rates continue to be higher than the benchmark on many units.
- The Henrich II Model for assessing fall risk has been interpreted in many ways and often incorrectly.

### What do I need to do?

- Review the information in the yellow folders labeled Fall Risk Identification and Interventions (found in your unit after June 20) or on the Nurse Practice Calendar.
- A limited number of in-services will be posted for staff who prefer this format.
- Complete the Fall Risk Identification and Interventions worksheet found in the packet or on the Nurse Practice Calendar.
- Give the completed worksheet to your unit educator.
- Use the Hendrich II model correctly to assess the patient for fall risk.
- Any identified fall risk factor must have an intervention in place to mitigate the fall.
- The intervention should be identified on the caregraph and in your documentation.
- Look for the yellow help cards in your areas with computers.

### Why is this important?

- Preventing patient falls will fulfill the Bronson Plan for Excellence by delivering optimal care for every patient, every time.
- Fall prevention supports Bronson's Requirements for Excellence by ensuring safe, effective patient care.

### For questions:

- Contact your unit representative to the Nursing Clinical Quality Committee
- Contact a member of the Fall Prevention Sub-Committee (Bronica Kelly, AMU; Pat Woitzel, AMU; Diane Trammel, Prof. Practice; Eva Heldt, Cardiology; Lauren Fleming, NICU; Marcia McCun, NVU; Gwen Boyle, Education Services, 929-0551)

## Rounding Checklist Pilot to Better Identify Patient Needs

Starting July 18, the Adult Medical Unit (AMU) and Cardiology Unit at Bronson Methodist Hospital will use a rounding checklist to help multidisciplinary teams identify risk factors that may lead to readmissions and develop a safe transition plan with the team. Interventions may include a follow up phone call, home health care referral, and an appointment with the primary care physician. The checklist will be located at the main desk on AMU and front desk on Cardiology. It includes needs assessments and interventions for the case manager, nurse, pharmacist, social worker, therapist, and dietitian to populate and review daily. The provider may also review the checklist to understand potential barriers to learning and care plan adherence. Contact Kris Miller at (269) 341-8462 with questions.

## Bronson Critical Care Units VAP-Free for Four Months

The critical care units at Bronson Methodist Hospital had ZERO incidents of ventilator associated pneumonia (VAP) from January through April 2011. This is a significant accomplishment since the overall VAP rate for 2010 was 3.3/1,000 device days. The critical care unit physicians and nurses are ensuring optimal care for every patient, every time, by taking several proactive measures to prevent pneumonia, starting with whether or not the patient really needs the ventilator. Other actions include elevating the head of the bed to a 30 degree angle, oral hygiene, and frequent suctioning. The critical care unit teams continue to meet, participate in the statewide Keystone ICU collaborative, and review data and charts to ensure Bronson patients have improved outcomes through the use of evidence-based practice.

## Good News

**Jamie Chiles, Leslie Delille** and **Lisa Turner-Woodruff** recently received their MSN degrees from MSU. Congratulations!

**Peggy Landon** recently received her BSN degree from WMU. Way to go Peggy!

Bronson LakeView Hospital Acute Care Unit nurse **Erica Zache, RN**, recently received her BSN degree from Ferris State University. Congratulations!

**Laurel Barber** has earned the professional designation of Certified Medical Practice Executive (CMPE) from the American College of Medical Practice Executives (ACMPE), the certification body of the Medical Group Management Association (MGMA). Way to go Laurel!

Congratulations to **Ann May** on the completion of her AMSN Med/Surg nursing certification.

Outpatient Surgery surgical technologist **Michelle Owens** has graduated from KCC with her RN degree. Congratulations!

**Michelle Harper** recently earned her nursing degree from KVCC and has taken an RN position in the BMH Neurovascular Unit. Good job, Michelle!

TCU/SICU nurse **Annie Kouchoukos, RN, BSN, CEN**, recently passed her examination and is now a Certified Emergency Nurse. Way to go, Annie!

**Donna Moyer, PhD, RN, PCNS, BC**, just finished her PhD in Nursing from the University of Michigan.

Mother/Baby and Antepartum nurse manager **Monica Dow-Hepner** recently completed her BSN from Spring Arbor. Way to go!

BMH NICU RN **Ed Schlabach** recently graduated from Goshen College with her BSN degree. Congratulations!

Congratulations to all the Bronson nurses who were nominated for 2010 Nursing Excellence awards and the first quarter Daisy Award.

**Bronson Nursing Notes** is published monthly by Bronson Healthcare Group. If you have a topic you would like addressed in this publication, please call 341-7018 or send your request to Gail Mercer at [mercerg@bronsonhg.org](mailto:mercerg@bronsonhg.org).

## Kids Hospitalized Longer if Parents Not Fluent

Children whose parents do not speak English fluently have longer inpatient stays and fewer home healthcare referrals, researchers reported in Archives of Pediatrics & Adolescent Medicine. In a nine-year retrospective study, sick children with parents whose English proficiency was limited spent 60% longer in the hospital than those whose parents spoke fluently. The issue is important, the researchers noted, because a substantial fraction of American residents has limited English proficiency. When their children get sick, they may have difficulty negotiating the healthcare system, and it has been shown that – in the pediatric emergency setting, at least – limited English proficiency hurts healthcare.

### BRN SON OFFERS INTERPRETING AND TRANSLATIONS SERVICES

#### Over-the-Phone:

For urgent interpreting, any employee can access a foreign language interpreter for up to 150 languages through the Language Line. See Nursing Policy P-09 Language Line Call Procedure. A medical interpreter facilitates the conversation via telephone.

#### Campus Medical Interpreters:

For appointments, family consults, and other communication sessions, Bronson offers campus medical interpreting from Sign Language and several foreign languages with Spanish being the primary. To request a campus interpreter, visit the Interpreter Services intranet page.

#### Document Translations:

Bronson offers document translation services. Visit the Diversity or Interpreter Services intranet pages and click on the Translations link for more information.

## From the Pickle Barrel: Medical Marijuana Use

Q: My patient states they hold a Michigan Medical Marijuana Registry card. The patient smokes marijuana every few hours and heard that Bronson “had a room where they can smoke their medication.”

A: Not true!

The Medical Marijuana Act of 2008 actually restricts any person from smoking marijuana in a public place. The fire marshal would agree that there is no smoking allowed in or on hospital grounds.

According to the Michigan Department of Community Health, if a facility is nonsmoking, then they are under no obligation to allow patients to smoke marijuana, even if the person holds a valid Michigan Medical Marijuana Registry card.

Bronson Healthcare Group has no obligation to accommodate patient use of medical marijuana. The physician should be contacted for alternative medication or oral cannabinoid medication orders if appropriate.

Q: What if the patient has marijuana in their possession when being seen as a patient?

A: If they have a registry card, the marijuana needs to be secured or sent home via primary caregiver (listed on back of card). If they have no card, marijuana should be destroyed.

Marijuana cannot stay at the bedside. See policy Nursing T-44 Medical Marijuana Policy & Procedure.

## Limb Alert Armbands ID Restricted Limbs

### What is the main problem?

- Extremities that are identified as at risk for complications must be protected.
- Blood draws, blood pressures, and IV insertions may place the extremity at risk.
- Identification of the limb restriction has been sporadic and unreliable.

### What do I need to do?

- Identify the patient with a mastectomy (old or new), AV fistula, AV graft, or a physician order to restrict access to an extremity.
- LIMB ALERT stickers can be printed from the Nurses and Clinicians tab, Patient Care Resource Documents or type limb alert in the search box. Print on a sticker sheet.
- Utilize a conventional armband and adhere a LIMB ALERT sticker to the armband.
- Place the armband with a LIMB ALERT sticker on the affected extremity.
- Do not use this limb for blood pressures, blood draws, and IV insertions.

### Why is this important?

- Identifying restricted limbs will fulfill the Bronson Plan for Excellence by delivering optimal care for every patient, every time.
- Identifying restricted limbs will support Bronson’s Requirements for Excellence by ensuring safe, effective patient care.

### Bronson Policy and Procedure Manual

- Nursing M-03 Care of the Hemodialysis AV Fistula or AV Graft Procedure
- Nursing L-15 Adult Peripheral IV Therapy Procedure

### For questions:

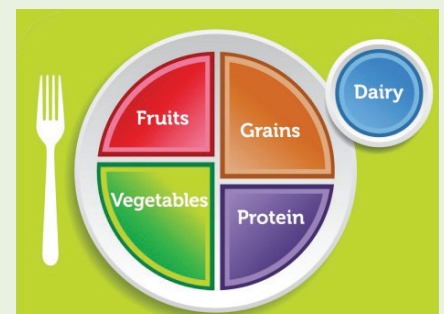
- Contact your unit representative to the Clinical Quality Committee
- Contact a member of the Restricted Limb Sub-Committee (Lauren Fleming, NICU; Jenny Baker, VIP; Kim Kilgannon, VIP; Ashley Czuk, SICU; Gwen Boyle, Education Services, 929-0551)

## Out with the Pyramid, In with the Plate

Healthy eating is a topic that we as medical professionals, and people in general, deal with each and every day. Now, with the government’s unveiling of the new and improved graphic to replace the nutrition pyramid, the nutrition plate, it is even more important that we as Bronson nurses are knowledgeable when it comes to healthy eating. We encourage all nurses to reference Bronson’s free Diet Helpline when dealing with their own, or their patients’ diet-related questions.

Bronson’s free Diet Helpline:

**Self-Referred Dietary Consultation**, Monday-Friday, 8 a.m. to 4:30 p.m.  
(269) 341-8800 or (269) 341-6860, [diethelp@bronsonhg.org](mailto:diethelp@bronsonhg.org)



# Educational Opportunities

## EBP Internship Program

The EBP Internship Program will once again be offered beginning September 2011. Sessions are open to all RNs.

### RNs may sign up for

- EBP Internship Program 101 (Classes 1 & 2)
- EBP Internship Program 101 and 102 (Classes 1, 2, 3, 4 & 5)
- EBP Internship Program 102 (Classes 3, 4 & 5)

Applications are available on the Bronson Intranet > Nurses & Clinicians tab > Professional Practice & Development documents > PEEPs (Evidence-Based Practice).

### EBP 101

#### Class 1 & 2: Evidence Based Practice & Researching Databases

**Date:** 9/26/2011

**Time:** 7 a.m. - 1 p.m. or 1:30 p.m. - 7: 30 p.m.

**Location:** Gilmore

### EBP 102

#### Class 3 & 4: Qualitative Research & Statistics/Quantitative Research

**Date:** 10/24/2011

**Time:** 7 a.m. - 1 p.m. or 1:30 p.m. - 7: 30 p.m.

**Location:** Gilmore

#### Class 5: Implementation of EBP/Bronson Change in Practice

**Date:** 11/29/2011

**Time:** 9 a.m. - noon

**Location:** Gilmore

Return completed applications to Diana Girolami, Box 88 by September 16th.

## HIV/AIDS Course

### Monday, July 18, 7:30 a.m. to 4 p.m.

Bronson Gilmore Center Auditorium Free. Return registration forms to MATEC by July 13. Free breakfast and lunch. Register by phone: (313) 962-2000 7.25 CEUs\*

This course will teach RNs the basic facts about HIV, how to manage the disease, epidemiology of the HIV from a global, national and local perspective, and the risk factors for HIV, among other topics. Contact April Vanderslik at (269) 341-6317 with questions.

\* *Detroit Medical Center (OH-292, 5/7/20011) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

## Conversations in Clinical Ethics

### Monday, July 11, Noon -1 p.m.

Gilmore Center Classrooms 4 A&B Ethical issues and practical strategies for addressing common diversity issues that arise in healthcare settings.

### Speakers:

**Kirk Payne, MD and MonaLisa Watson**

Following participation in this educational session, the participant will be able to identify diversity issues in the healthcare environment, and provide practical strategies for addressing them.

A complimentary box lunch will be provided. Please register in Bronson e-Learning. For more information, please contact Nora Chaus at (269) 341-8599 or [chausn@bronsonhg.org](mailto:chausn@bronsonhg.org). Contact hours may be available.

## Introduction to Emergency Preparedness

### Monday, August 15, 8-11 a.m.

Gilmore Center Classrooms 7 Register on Bronson e-Learning

As a nurse, you can never be too prepared to deal with emergencies. Disastrous events can occur without warning and Bronson wants to be sure that you are prepared to handle these situations. We hope all nurses can join us in learning how to keep patients safe and correctly respond to emergencies such as tornado, fire, flood, chemical spill, and mass-casualties. If you have any additional questions, contact Carrie Kotecki, BSN, RN, at (269) 341-8494.

## Nursing Excellence Award Nominees

### Leadership Award Nominees

Gertie Bontrager, RN  
Bobbie Buchino, RN  
Mark Durham, RN  
Wendy Kelly, RN  
Kari Kloosterman, RN  
Donna Laur, RN  
Marcia McCune, RN  
Carla Osborne, RN  
Bob Penny, RN  
Steve Polega, RN  
Nora Powell, RN  
Don Ritchie, RN  
Marty Schumacher, RN  
Megan Secondi, RN  
Sharon Thompson, RN  
Joanne Timmer, RN  
Sherrie Toth, RN  
Mark Witteveen, RN

### Rising Star Award Nominee

Darcy Morrison, RN

### Hazel Latondress Excellence in Professional Nursing Nominees

Jenny Baker, RN  
Cindy Beak, RN  
John Buiskool, RN  
Sheila Cerbo, RN  
Karen Collins, RN  
Teri Dam, RN  
Tonya Demeke, RN  
Kim Dunlap, RN  
Dana Frey, RN  
Lissa Garrod, RN  
Amanda Gerken, RN  
Elizabeth Griffith, RN  
Joan Hanna-Darryll, RN  
Lacresha Hearn, RN  
Kassandra Hinds, RN  
Dan Hodge, RN  
Angela Howard, RN  
Lisa Kenyon, RN  
Tonya King-Stratton, RN  
Carol Kurtz, RN  
Heather Kusmack, RN  
Julie Lambrou, RN  
Marian Lodes, RN  
Sarah Marshall, RN  
Julie Mencl, RN  
Beth O'Neal, RN  
Susan Pearson, RN  
Lise Pratt, RN  
Kirsten Rasmussen, RN  
Sharon Rigby, RN  
Valerie Rineveld, RN  
Pam Rumsey, RN  
Julie Rusinek, RN  
Karen Sanborn, RN  
Beth Sangalli, RN  
Jennifer Singleton, RN  
Courtney Slater, RN  
Susan Stafford, RN  
Erin Termeer, RN  
Melonie Thomas-Perez, RN  
Duana Webster, RN

## Caring Responses to UnCaring Behavior

### Thursday, July 14, 1 p.m.

This session explores best-practice ways to respond to disruptive behaviors using story and informal role playing with scripted responses. Any nurse may attend. Sign up on Bronson e-Learning. Contact Vivien Mudgett at (269) 341-7427 with questions.