



ANNUAL NURSING REPORT

2024



LETTER FROM THE CNO

As we end the year 2024, I want to take a moment to extend my deepest gratitude for the dedication, compassion, and professionalism you exhibit every day. This year has been one of commitment, change, and devotion to the profession.

During challenging times and long hours, you continue to provide exceptional patient care with a smile. Your ability to comfort and heal during difficult moments is what makes you stand out. You are an integral part of Good Samaritan, and your efforts do not go unnoticed.

Your impact on the lives you touch is profound, and I am deeply grateful. Your hard work and dedication to the organization are deeply valued, and I am privileged to have each of you as part of our team.

In the following pages, we will highlight some of the remarkable accomplishments you have achieved in 2024. These represent just a small portion of the great things you do every day.

Looking ahead, we have several goals for the coming year:

- **Enhance Patient Care:** Implement new technologies and practices to further improve patient outcomes and satisfaction.
- **Professional Development:** Provide more opportunities for continuing education and training to help you grow in your careers.
- **Team Collaboration:** Foster a more collaborative environment by encouraging teamwork and communication across all departments.

Because of your compassionate care, our patients are in the best hands. Thank you for all that you do. Wishing you a successful and fulfilling 2025,



BRENDA WINKLER,
MSN, RN, BHA, CNOR
Chief Nursing Officer

Brenda Winkler

TRANSFORMATIONAL LEADERSHIP

WRITTEN BY:
BROOKE BRUSH

Joy in the Workplace

After reviewing the results of the 2024 NDNQI RN Satisfaction Survey and Employee Engagement Survey, the nursing leadership team convened to discuss key findings. Recognizing an opportunity to enhance workplace appreciation and foster Joy in the Workplace, the leadership team developed and distributed a brief survey to caregivers in August 2024. This survey aimed to gather insights on what brings them joy in their work environment.

Based on the feedback received, several initiatives were implemented in 2024, including a year-round coffee cart schedule, the Sip, Smile, Repeat! drink cards, and quarterly nursing celebrations featuring themed events such as Apple Nacho Day and a Popcorn Bar. These efforts have not only contributed to a more positive workplace culture but have also fostered collaboration between nursing leadership and staff in various departments, strengthening interdisciplinary relationships.



TRANSFORMATIONAL LEADERSHIP

WRITTEN BY:
MALLORY TAGUE

Navigating the IV Fluid Shortage of 2024

In late September 2024, Baxter International, the main supplier of IV fluids for Good Samaritan (GS) and the majority of US hospitals, was severely impacted by Hurricane Helene. On October 7th, the American Hospital Association urged President Biden to declare the IV fluid shortage a national emergency.

In response, a group of leaders from Pharmacy, Nursing, and the IU School of Medicine's Internal Medicine Residency Program met the same day to discuss and approve strategies to address the shortage. As a result of their collaboration, several measures were put in place on October 9th, 2024, including:

1. **24-Hour Default Stop on Maintenance Fluids:** Providers were asked to review the need for maintenance fluids daily and reorder them only if necessary.
2. **Switch to IV-Push for Antibiotics:** Antibiotics that were usually given via IV piggyback were switched to IV-push administration. In the Emergency Department, this required the use of special IV tubing to administer slow-push antibiotics with Alaris pumps.
3. **Removal of 250mL IV-Line Flush Bags from Admission Orders:** The practice of including these bags in patient admission orders was discontinued.
4. **No Replacement of Empty Maintenance Fluid Bags:** Empty IV bags were not replaced if the patient was expected to be discharged the same day.
5. **Delayed Switching of IV Bags:** Nursing staff waited until the current IV bag was less than a quarter full before switching to a new one, unless the patient's condition required an immediate change.
6. **Switching to Oral Medications When Possible:** Pharmacists prioritized switching patients from IV to oral medications, especially for those with difficulty swallowing, and used oral liquids or suspensions when appropriate.
7. **Oral Electrolyte Replacement:** When possible, pharmacists and providers preferred oral electrolyte replacement over IV replacement.
8. **Stopped Batching Compounded IVs:** Pharmacy discontinued the practice of batching compounded IV medications.
9. **Compounded IVs Made Closer to Administration Time:** Pharmacy also stopped preparing compounded IVs more than two hours before they were due to be administered.

To ensure that patient care remained unaffected by the shortage, Nursing leadership continued to meet weekly with Pharmacy and Providers. Thanks to their collaboration, Good Samaritan was able to avoid procedural cancellations or negative patient outcomes during this time.

In 2025, some of these practices continue to be in place, reflecting the adaptability and dedication of nurses in meeting the challenges posed by the fluid shortage.

2024
INPATIENT
ADMISSIONS

5,487



DAISY[®] RECIPIENTS

The DAISY[®]Award was founded in the spirit of recognizing nurses for providing excellent care above and beyond what is required. Keeping true to the roots of this award program, many nominations are done by patients or families. Nomination forms are located throughout the hospital and collected monthly by nursing leaders. The Nursing Practice Council selects the recipient through a blind vote during their council meeting. Selected recipients are then surprised with an award presentation by the Chief Nursing Officer and their direct supervisor. Thank you for providing exemplary care for our patients.

JANUARY



ASHLEY BICKERS
SDS

FEBRUARY



CAROL CARMEAN
REHAB

MARCH



AMY STEELE
3GM

APRIL



LYNN GRIFFIN
REHAB

MAY



ELIZABETH BAUER
WOUND CARE

JUNE



ERICA STEFFEY
3GM

JULY



VIVIAN "JEANNIE" PERRY
3GM

AUGUST



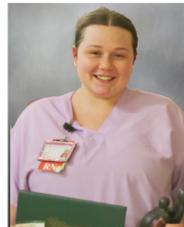
TRACI SHOULDERS
3GM

SEPTEMBER



BRUCE HARDIMAN
4GM

OCTOBER



TAYLOR ALLEN
PERINATAL

NOVEMBER



ASHLYN FORD
LASALLE

DECEMBER



CLAYTON WEST
ICU

CULTIVATING CARE RECIPIENTS

The Cultivating Care Award is a recognition program developed by the Professional Development Council (PDC) in 2017. The recipients of this award exemplify the characteristics of a role model through their skills and compassionate care. Just like the DAISY[®]Award, nomination forms are found throughout the hospital. Forms can be submitted to the same boxes as the DAISY[®]Award. Recipients are selected by the Nursing Practice Council by blind vote monthly. Recipients receive a surprise recognition ceremony by the Chief Nursing Officer. Our 2024 Cultivating Care Award recipients are listed below. Thank you for providing compassionate care to our patients.

JANUARY



WILL GOSNELL-BURTON
3GM

FEBRUARY



ASHLEY BOYD
REHAB

MARCH



TALI BOYLES
STAFFING CENTER

APRIL



NORMA BEAN
3GM

JUNE



MANDRIA PITCHER
REHAB

JULY



MADELINE POLLACK &
ASHLEE DAUGHERTY
LASALLE

AUGUST



CRYSTAL ATKINSON
ICU

SEPTEMBER



ANDREW HABERKORN
EMS

NOVEMBER



LAYLA KNOTTS
LASALLE

DECEMBER



CASSIE SHOULDERS
4GM

STRUCTURAL EMPOWERMENT

Maridell Sargent Award Recipient

Maridell Sargent served as a nurse and on the Good Samaritan Board of Governors for many years. The Maridell Sargent Award was introduced in her honor. This award recipient is voted upon by the Nursing Practice Council from the prior year's DAISY® Award recipients.



MARIDELL SARGENT

January 24, 1936 ~ July 11, 2021

WRITTEN BY:

JENAFER BURNS

Penny Rehwald received the 2024 Maridell Sargent Award for her exceptional care and dedication during the labor and delivery of a patient. Throughout a challenging 12-hour labor, Penny provided unwavering support, ensuring that the patient's birthing experience was as close to her desired natural birth as possible despite requiring induction due to gestational diabetes.

Penny demonstrated problem-solving skills when handling new monitoring equipment, searched the hospital to secure additional pain medication despite a national shortage and facilitated a crucial conversation with an anesthesiologist that led to significant labor progress. Penny also acted quickly when the patient experienced an allergic reaction to an antibiotic, stopping the medication immediately and coordinating a safe alternative.

Penny's compassion, persistence, and commitment went above and beyond, making a profound impact on both the patient and her husband during this life-changing moment.



PENNY REHWALD,
BSN, RN

2024 Recipient

of Beds **158** 

EXEMPLARY PROFESSIONAL PRACTICE

Each year, nurses are recognized for their accomplishments at the Nursing Excellence Awards. These four components of the model are: Exemplary Professional Practice, New Knowledge, Innovation and Improvement, Structural Empowerment and Transformational Leadership.

Exemplary Professional Practice

A nurse who exhibits the components of the Good Samaritan Professional Practice Model. An exemplary professional practice nurse supports a care delivery system that delineates the nurse's shared authority and accountability for: evidence based-practice, clinical decision-making and outcomes, performance improvement initiatives, and staffing and scheduling processes.



**LUCI-ANN HURST,
BSN, RN, CCRP**

Luci-Ann Hurst is a deserving recipient of the Exemplary Professional Practice Nursing Excellence Award, embodying the highest standards of professional nursing. Passionate about cardiology and pulmonology care, she has led efforts to enhance patient treatment, including assisting with new steps equipment for individualized care. Luci actively promotes health education through community events such as the Men's and Women's Wellness Fairs and Heart Health Month. Known for her servant leadership, she has supported her team by learning various roles in the Cardiology department and coordinating continuing education opportunities. Her involvement in the Nursing Practice and Professional Development Councils further highlights her dedication to fostering collaboration and growth within the profession.

New Knowledge, Innovation and Improvements

A nurse who utilizes evidence-based practice, research and innovative approaches to deliver patient care, improve the nursing profession, and enhance the practice environment. Nurses who disseminate the organization's nursing research findings to internal and external audiences, design and implement improvements in technology to improve the patient experience and/or nursing practice, and who work to redesign workflows and space design for the sake of enhancing nursing practice or the environment are examples of this component.



**JENAFAER BURNS,
BSN, RNC-OB, C-EFM**

Jenafer is a highly deserving recipient of this award, embodying innovation, dedication, and leadership in every aspect of her work. She has been instrumental in redesigning workflows to improve patient care and staff efficiency, particularly in Perinatal Services, where her efforts to optimize charging practices have resulted in a projected half-million dollars in reimbursed revenue. Jenafer also played a key role in transforming the clinical ladder into a user-friendly online tool, ensuring its accessibility and effectiveness. Her ability to embrace change, solve problems, and inspire others sets her apart as a true leader, making a lasting impact on both her colleagues and the organization.

EXEMPLARY PROFESSIONAL PRACTICE

Structural Empowerment

To exhibit structural empowerment a nurse must be involved and support shared decision-making, interprofessional collaboration at the organizational level, the advancement of the nursing profession and the enhancement of professional development by extending their influence to professional and community groups.



SHANNON MEEK,
BSN, RN, TCRN

Shannon Meek exemplifies structural empowerment as the Trauma Nurse Coordinator, demonstrating leadership and dedication to patient care, professional collaboration, and community safety. She actively participates in multiple committees, professional organizations, and educational initiatives, ensuring trauma patients receive the highest quality care. Shannon's commitment to injury prevention led to the creation of the annual "Kids Safety Day," which has educated dozens of children on emergency response and safety skills. Additionally, she provides vital education through programs like Stop the Bleed, Baby Safety Showers, and TNCC instruction. Her passion for trauma care and community safety makes her a deserving recipient of the Nursing Structural Empowerment Award.

Transformational Leadership

"Those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. They help followers grow and develop into leaders by responding to individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the group, and the larger organization" (Bass and Riggio, 2006, 3).



HEIDI HINKLE, MSN,
RN, CPHQ

Heidi Hinkle exemplifies transformational leadership through her dedication, vision, and commitment to both her team and patient care. As Director of Professional Practice and Perinatal Services, she leads multiple specialized teams, uniting them under a shared goal of excellence in patient outcomes. Heidi fosters a culture of collaboration, accountability, and professional growth, empowering her staff to take initiative and develop new skills. She prioritizes relationship-building, actively engaging with her team to ensure their voices are heard and valued. Beyond her professional leadership, Heidi's deep empathy and support for her staff create an environment where they can thrive both personally and professionally. Her influence extends far beyond her direct team, making a lasting impact on the organization as a whole.

STOP THE
BLEED

543
CERTIFIED

SHINING STAR RECIPIENTS

JUNE



KARA DOYLE
GSPN FP 110

OCTOBER



KAYLEE BECHER
PERIOPERATIVE
SERVICES

NOVEMBER



WILLIAM VANCE
EMS

DECEMBER



MIRANDA HENDERSON
GSPN QUALITY &
CARE

SAFETY ROLE MODEL RECIPIENTS

Amy Russell
Sydney York, BSN, RN
Teresa Brenton, CRCST
Dena Elmore, BSN, RN, OCN

GREAT CATCH RECIPIENTS

Ashley Bickers, BSN, RN
Heather Abel & Dawn Griggs, BSN, RN
Jennifer Eaton, BSN, RN
Amy Russell

PROFESSIONAL DEVELOPMENT COUNCIL SCHOLARSHIP RECIPIENTS

UNIT: EMERGENCY DEPARTMENT

INDIVIDUALS: Amanda Wolfe, Kristina Myers, Madison Allen, Lindsey Miller, Brianna Cline, Danielle Walke, Laura Sims, Jordan Hayes, Kimberly Aleman, Taylor Allen, Crystal Powless, Andrea Burkhart, Krista Hemrich, Amy Steele, Casey Smith, Lauren Shaffer, Jenafer Burns, Daelyn Wood, Mackenzie McCarter, Adison Perry, Syndey Willey, Daisie Kinnett, Kennedy Bilskie, Grace Shick, Jennifer Shrum, Theresa Christmas, Lesa Davis

FOUNDATION NURSING SCHOLARSHIP RECIPIENT

On December 10, 2024 Good Samaritan proudly recognized Kwila Holland as the recipient of the Good Samaritan Hospital Foundation Nursing Scholarship during a heartfelt signing ceremony.

Kwila's passion for nursing began at the age of 9, following a diagnosis of hypothyroidism. While the doctors spoke with her parents, the nurses became her advocates, ensuring she felt seen, heard, and cared for – not only with the diagnosis, but as a person. Inspired by their compassion, Kwila now aspires to bring that same care to her future patients. " I want my patients to know that I am their biggest advocate and that I see them for more than just their diagnosis."

The ceremony featured inspiring speeches from Rob McLin, President and CEO; Mallory Tague, Nursing Excellence Coordinator; Brenda Winkler, Chief Nursing Officer; Helen Seirp, Foundation Board President.



KWILA HOLLAND
2024 Recipient

NURSE RESIDENCY CLASS

- Kimberly Aleman, BSN, RN
- Madison Allen, RN
- Taylor Allen, RN
- Kennedy Bilskie, RN
- Andrea Neihaus, BSN, RN
- Brianna Cline, RN
- Danielle Walke, RN
- Krista Hemrich, BSN, RN
- Daisy Kinnett, BSN, RN
- Mackenzie McCarter, RN
- Lindsey Miller, RN
- Adison Perry, RN
- Crystal Powless, RN
- Grace Shick, RN
- Amy Steele, RN
- Sydney Wiley, RN
- Daelyn Wood, BSN, RN

GOOD SAMARITAN CERTIFIED NURSES

These names and credentials were determined based on leader submissions.

Elizabeth Bauer, BSN, RN, WCC
Casey Barmes, BSN, RN, CNOR
Amanda Beaman, BSN, RN, CEN, TCRN
Ashley Blubaum, BSN, RN, CMSRN
Lynne Bobe, BSN, RN, CRRN
Karen Bowman, BSN, RN, CMSRN
Brooke Brush, MSN, RN, CMSRN, NE-BC
Mikayla Burch, BSN, RN, CCRN
Jenafer Burns, BSN, RNC-OB, C-EFM
Lindsey Callaway, MSN, RN, CRRN
Melinda Carie, MSN, RN, ACNP-BC, CMSRN
Ashlynn Carson, BSN, RN, CCRN
Bailey Chanley, BSN, RNC-OB, PMH-C
Sarah Chattin, BSN, RNC-OB
Theresa Christmas, RN, CNOR
Holly Cork, BSN, RN, CNOR
Courtney Carter, BSN, RN, CNOR
Sharon Cox, RN, OCN
Katie Culp, MSN, RN, CMSRN
Brandi Day, MSN, RN, RNC-MNN
Brandee Davis, MSN, RN, CEN
Lesa Davis, BSN, RN, CNOR
Peyton Delisle, BSN, RNC-OB
Laura Devers, BSN, RN, CEN
Dena Elmore, BSN, RN, OCN
Michele Elliott, BSN, RN, TCRN
Cody Faith, BSN, RN, CCRN
Pam Gardner, MSN, RN, ICNE
Jane Gibson, BSN, RN, CCRN
Dawn Griggs, RNC-OB, PMHC
Audra Graber, BSN, RNC-OB
Paula Hardy, MSN, RN, CEN
Chelsea Harris, BSN, RNC-OB
Samantha Hobbs, MSN, RN, AANP
Lynn Hoefling, RN, CNOR
Brenda Horrall, BSN, RN, CCRN
Luci-Ann Hurst, BSN, RN, CCRP
Katelyn Kidwell, BSN, RN, SCRN

Irene Kollenbroich-Shea, BSN, RN, CMSRN
Destiny Lavelly, BSN, RNC-OB
Connie Lett, BSN, RN, WCC
Susan Lewis, BSN, RN, CNOR
Kayly Marchino, BSN, RN, CCRN
Kristina Myers, BSN, RN, CNOR
Jennifer McIntire, BSN, RN, CRRN
Shannon Meek, BSN, RN, TCRN
Kelly Michels, BSN, RN, CEN
Rachel Mullins, BSN, RN, CRRN
Kaitlyn Morrison, BSN, RN, CEN
Paige Nichols, BSN, RN, CEN
Miranda Newberry, BSN, RN, CEN
Amanda Pirtle, BSN, RN, OCN
Mary Pipher, BSN, RN, CCRN
Lauren Roark, BSN, RN, CNOR
Grace Robinson, BSN, RN, CLC
Ashley Rotman, BSN, RN, IBCLC
Jennifer Shrum, MSN, RN, CRRN, CNML, NPD-BC
Angie Shick, MBA, MSN, RN, CPHQ, CENP, CNML
Amanda Siewers, MSN, RN, CEN, CPEN
Nancy Shirley, RN, CNOR
Brandy Shouse, MSN, RN, CCM
Jennifer Shore, BSN, RN, CEN, TCRN, CPEN
Sandy Slagle, RN, WCC
Laura Sims, RN, CNOR
Lauren Shaffer, BSN, RN, CNOR, CAPA
Tonya Stoltz, BSN, RN, VA-BC, CEN
Madelyn Taylor, MSN, RN, CLC
Rachel Vance, RN, CEN
Erika Watts, BSN, RN, SCRN, ASC-BC
Megan Walk, BSN, RN, CGRN
Kaleigh White, BSN, RNC-OB
Jennifer Weger, MSN, RN, CNML
Brenda Winkler, MSN, RN, CNOR
Kierston Waggoner, BSN, RN, CEN, TCRN, CPEN
Jessica Watson, MSN, RN, CWS
Ava Wright, BSN, RN, IBCLC

24% OF GOOD SAMARITAN
NURSES ARE CERTIFIED.



Lifetime Achievement Award

The Good Samaritan Nurse Lifetime Achievement Award for 2024 was rightfully bestowed upon Phyllis Lacy, RN, a dedicated and compassionate nurse whose career spans over four remarkable decades. Phyllis's unwavering commitment to bedside care, particularly in the intensive care unit (ICU), is not just a professional choice—it's a profound calling. Her journey reflects a deep-seated passion for nursing, a vocation through which she has poured her heart and soul into her patients, mentored countless new nurses, and served her community with unmatched dedication.

For more than 40 years, Phyllis remained a steadfast presence at the bedside in the ICU. Her decision to stay in this challenging environment highlights her unwavering commitment to patient care. Phyllis viewed her role not just as a job, but as a mission to give everything she had to her patients. Her compassionate touch and expert care have been a beacon of hope and comfort to those in their most vulnerable moments.

Reflecting on her most memorable experiences, Phyllis shared, "The moments that stand out the most are my pinning ceremony, graduation, and taking my board exam." She also reminisced about her early days at Good Samaritan when patients were placed in separate men's and women's wards, divided only by curtains. Over her long career, she witnessed the devastation of epidemics such as AIDS and COVID-19. Phyllis expressed with heartfelt compassion, "We went through several years of immense suffering and loss." Phyllis retired from full-time nursing in 2020, but her dedication to her patients and profession kept her working part-time until 2023.

Beyond her exceptional patient care, Phyllis has played a pivotal role in shaping the future of nursing. She has oriented and mentored hundreds of new nurses, many of whom have risen to prominent positions as nurse leaders and nurse practitioners. These nurses have carried forward the values and skills imparted by Phyllis, ensuring her legacy of compassionate care and professional excellence continues to thrive.

Phyllis's advice to new nurses is a reflection of her own journey: "Take care of yourself first, keep a positive attitude, and find a type of nursing that needs your skills and wants. Challenge yourself, keep your skills current, and maintain good communication with your patients and co-workers. Most importantly, treat patients how you would want your family to be treated."

Phyllis's impact extends beyond her years at the bedside. Now, she cherishes her time with her grandchildren and enjoys traveling, yet her commitment to nursing remains steadfast. She continues to contribute by serving on the Nursing Honor Guard, where her vast experience and heartfelt storytelling comfort grieving families. Phyllis often shares touching anecdotes about nurses who served decades ago, bringing smiles to the faces of those who remember them and highlighting the enduring legacy of their service.

Thank you, Phyllis, for your unwavering dedication, your nurturing mentorship, and for being a shining example of what it means to be a nurse. Your legacy will always be remembered, and we are forever grateful for your contributions to Good Samaritan.



Phyllis Lacy, RN
Good Samaritan's 2024 Nurse
Lifetime Achievement Award

CLINICAL LADDER RECIPIENTS

The Clinical Ladder is designed to award nurses professional development opportunities depending on their level of engagement and involvement within Good Samaritan and the community. Nurses seeking funds and/or paid education days to attend conferences, membership to professional organizations or professional certification can reap benefits from applying to the clinical ladder. The Clinical Ladder criteria can be found on the intranet within the nursing tab. The form is filled out by the applicant and sent to the department manager thereafter to verify validity. The application is due prior to annual evaluations.



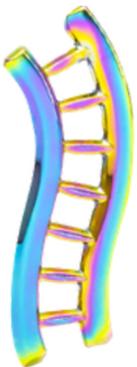
SILVER RECIPIENTS

- Ashley Bickers
- Anna Freeman
- Cody Faith
- Jordan Foust
- Kimberly Aleman
- Kizzy Higgins
- Lauren Roark
- Laura Sims
- Mandria Pitcher
- Tessa Boger



GOLD RECIPIENTS

- Annette Dodd
- Holly Cork
- Holly McCarter
- Jennifer Shore
- Kasy Hennecke
- Laura Devers
- Misty Hume
- Susan Lewis



PLATINUM RECIPIENTS

- Amanda Beaman
- Ashlynn Carson
- Bailey Chanley
- Brandee Davis
- Catherine (Katie) Culp
- Chelsea Harris
- Casey Smith
- Dawn Griggs
- Jenafer Burns
- Jane Gibson
- Jennifer Phegley
- Jessica Watson
- Kati Kidwell
- Kierston Waggoner
- Luci-Ann Hurst
- Lauren Shaffer
- Madison Halter
- Paula Hardy
- Rachel Vance
- Sydney Hull
- Shannon Meek
- Tonya Stoltz

EXEMPLARY PROFESSIONAL PRACTICE

WRITTEN BY:

ASHLEY KNEPP & ERIKA WATTS

Advancing Stroke Education and Stroke Care at Good Samaritan

Advanced Stroke Life Support (ASLS), a new American Heart certification program, educates healthcare professionals to identify, evaluate, and manage patients with stroke. As complex as a stroke diagnosis can be, having a standardized system of education and care will ensure stroke patients have the best outcome. The Stroke/Neuroscience department here at Good Samaritan started integrating this into nursing education in 2024. With the goal of focusing on our ER and stroke units (ICU and 4GM.) Currently 10 registered nurses and 1 paramedic are ASLS certified, with more on the way! Providing this education will keep the nursing staff and paramedics up-to-date with current standards of stroke care, caring for the stroke patient, how to communicate the patient's symptoms, determine when to call a stroke alert and quickly transport a patient to a nearby appropriate facility if necessary.

With the ending of a 5-year partnership with the University of Louisville tele-stroke program, this gave way to partnering with Regional Brain Institute (RBI), a telemedicine service based in Oklahoma. Due to the addition of the tele-neurology services RBI was able to provide, Good Samaritan integrated the Neuroscience program on August 1, 2024, in collaboration with the Regional Brain Institute (RBI). With this addition our nursing staff will be able to consistently care for patients with: epilepsy and seizures, Alzheimer's disease, Bell's Palsy, Parkinson's, Guillain-Barre syndrome, headaches, and ataxia. In just four short months with the launch of providing this service there has been a decrease in patient transfers.

With the expansion of the Stroke and Neuroscience program at GSH we offer multiple inpatient and outpatient services to our community. Inpatient services include: 24/7 tele-neurocritical and tele-stroke, tele-general neurology M-F, and EEG reads. Outpatient services include: outpatient stroke clinic and outpatient general neuro clinic at the Bierhaus Center M-Th. This means we are able to consistently care for our neuro patients closer to home.



2024
ER VISITS

32,019

NEW KNOWLEDGE, INNOVATION AND IMPROVEMENT

WRITTEN BY:
LAUREN SHAFFER

Implementing a Robotic Surgical System

The Da Vinci surgical system is a robotic surgical system used for minimally invasive procedures. It provides surgeons with advanced instruments and a console to assist them during surgery. The OR team at Good Samaritan went through an extensive training in January of 2024 that consisted of mandatory online education, on-site training with Intuitive professionals, off-site training for surgeons and first assists, and several simulated hands-on scenarios in the operating room. With the assistance of our great CIE department, nursing staff on the inpatient units were educated on what to expect post-operatively with these patients. The nursing staff plays a vital role in educating patient's on what to expect following robotic surgery.



The first Da Vinci procedure was performed on January 24, 2024 by Dr. Blackwell. The program has been growing quickly throughout the year. Good Samaritan did a total of 376 Da Vinci procedures in 2024 and our surgeons are on track to surpass that number in 2025. The Da Vinci Robot System is an innovative way to perform minimally invasive surgery with precision, leading to shorter recovery time and overall patient satisfaction.

"In embracing innovation, Good Samaritan takes a transformative leap toward precision and excellence," stated Good Samaritan's President and Chief Administrative Officer, Adam Thacker. "Acquiring the da Vinci surgical system is not just an investment in technology; it's a commitment to elevating patient care, where the art of medicine meets the precision of robotics, shaping a future of advanced possibilities and unparalleled surgical expertise."



2024 TOTAL
DA VINCI SURGERIES **376**

NEW KNOWLEDGE, INNOVATION AND IMPROVEMENT

WRITTEN BY:

ANNETTE DODD AND BAILEY CHANLEY

Nitrous Oxide

Early in 2022, the OB unit began talking about bringing nitrous oxide, or “laughing gas,” to our facility for use during labor. Inhaling nitrous oxide has been used in labor and delivery wards for over 100 years, and remains a popular form of pain management in the United Kingdom, Canada, and Australia. It lost steam in the United States due to the rising popularity of epidurals. Our unit believed that many people could still benefit from nitrous, and we were excited about the possibility of another tool for pain management.

We started the discussion in our Unit Based Council meetings and then collaborated with a lot of other departments in the hospital. We discussed risks, benefits, and usage with OB physicians, pediatric team, and anesthesiologists. We spoke with RT, billing, purchasing, Epic analysts, CIE, and many others to coordinate all elements of the whole process. We reviewed current evidence and developed a policy. We budgeted for a machine to administer the gas. All staff were educated on the policy, process, and use. After 2 years of hard work, we finally purchased the machine in May 2024, just in time for several of our nurses to test it out during their labor.

Many patients have been able to benefit from nitrous oxide since its implementation, and overall feedback has been very good. It has helped some women reach their goal of not receiving an epidural at all and helped some who came in already in labor until they were able to get their epidural. It has also been used for other painful procedures or to help with anxiety during certain elements of the labor process. Madelyn Taylor, Perinatal Services Nurse Manager reports "I am thankful that we are now able to offer this pain management option to our patients. I have witnessed it be utilized several times and it has seemed to be very beneficial for the mother's birth experience".

From the beginning, the Innovation Council was involved in developing a research project with the usage of nitrous oxide. We presented our project to the IRB in November of 2022 and got approval to move forward. We decided to gather data on women who received a cervical ripening procedure called a cook catheter. The control group receives the cook catheter without nitrous oxide, and the research group receives the cook catheter with nitrous oxide. We gathered data on the control group before nitrous arrived at our facility. We are in process of gathering data from the research group. We would like to determine if nitrous oxide is a statistically significant method of reducing pain during this procedure. The project is ongoing, and we are excited to see the results!

2024
LIVE
BIRTHS 354



NEW KNOWLEDGE, INNOVATION AND IMPROVEMENT

WRITTEN BY:
KATIE CULP

First Immersion Room Simulation: Malignant Hyperthermia

Malignant hyperthermia (MH) is a rare disease that causes a rapid increase in body temperature and severe muscle rigidity (amongst other symptoms) after receiving general anesthesia with one or more of the following agents: isoflurane, halothane, sevoflurane, or succinylcholine.

Due to the rarity of MH, GSH requires the perioperative department to perform an annual MH drill to prepare its providers for that infrequent occurrence. Fortunately, the Collaborative Interprofessional Education (CIE) department at GSH remodeled and upgraded its educational environment in 2024. Included in this upgrade was the addition of a state-of-the-art Immersive Interactive virtual learning classroom. This classroom enabled CIE staff and perioperative educators to collaborate and create an MH drill for all perioperative staff members. The perioperative educators supplied the CIE department with information regarding MH drills performed in the past and the benefits they provided to perioperative staff members.

During the MH drill, perioperative staff members were able to run the drill from a familiar place: within their own operating room suites. CIE staff took photographs from inside of each department's operating room suites in order to make staff members more at ease while performing the drill. The photo backdrops used for the drill (including pictures of the anesthesia machine, cardiac monitor, forced-air warming system, and MH cart) were assembled and scenarios were created with the hope of engaging the learners. After several trials and errors, the MH drill was ready to be tested.

Small groups of nurses, surgical technicians, and patient care technicians from each of the perioperative departments participated in the MH drill. Each group of six to eight people had a scenario that was specifically designed for its department's procedure type (i.e., bronchoscopy for endoscopy, laparoscopic appendectomy for inpatient surgery, etc.). Although the procedures were different, the patient's medical history and presentation were the same. The patient was an 18-year-old male with recent diagnosis of Becker muscular dystrophy (age 17) but no other medical history. The patient had a tonsillectomy under general anesthesia at age seven without complications. The patient was scheduled for his procedure (depending on which department—bronchoscopy or appendectomy) to be performed under general anesthesia.

At the beginning of the scenario, the patient's temperature, blood pressure, cardiac rhythm, respirations, and end tidal carbon dioxide (etCO₂) were all within normal limits. Approximately 15 minutes after anesthesia induction, the patient's oxygen level dropped, etCO₂ level elevated, arrhythmias presented on the cardiac monitor, and body temperature began to rise. At this point, perioperative staff members had identified the MH event and triggered the protocol.

Although GS policy dictates staff members perform tasks in a certain order, the surgical team is performing multiple jobs simultaneously. For example, the charge nurse is calling for help while getting the MH cart into the procedure room in tandem with the anesthesia provider who is shutting off anesthesia gases and providing the patient with high-flow oxygen, etc.

By utilizing this state-of-the-art Immersion room, staff was able to participate and actively engage in this scenario. The immersive experience is one that many departments can utilize for various drills, education, competencies in the future and Good Samaritan is so lucky to have this technology.

EMPIRICAL OUTCOMES

WRITTEN BY:
KATI KIDWELL

Neon Napkin

Patients with neurological conditions are at high risk for aspiration due to dysphagia, which can lead to choking and pneumonia. In 2023, an increase in near-miss aspiration events prompted the Inpatient Rehabilitation quality team to investigate and identify key areas for improvement, such as meal preparation and adherence to aspiration precautions.

To enhance patient safety, the team introduced a Neon Napkin visual cue for dysphagic patients' meal trays. This alerted dietary staff to verify meal consistency and reminded nursing staff to double-check trays, position patients correctly, and provide supervision. Initially, reported near-misses increased as staff became more vigilant. In response, additional education was provided to food service employees, leading to a significant decrease in errors.

Since implementing Neon Napkin in February, Inpatient Rehabilitation has had zero hospital-acquired aspiration pneumonia cases and significantly less near-miss events. A staff survey showed overwhelming support, with 100% agreeing the initiative improved patient safety. Given its success, hospital-wide implementation is planned for 2025 following staff education.

This simple yet effective change has drastically improved adherence to aspiration precautions, ensuring safer meals for patients at risk.



EMPIRICAL OUTCOMES

WRITTEN BY:
LAUREN SHAFFER



ERAS:

Enhanced Recovery After Surgery (ERAS) refers to patient-centered, evidence-based, multidisciplinary team developed pathways for a surgical specialty to reduce the patient's surgical stress response, optimize their physiologic function, and facilitate recovery. These care pathways form an integrated continuum, as the patient moves from home through the preadmission, preoperative, intraoperative, and postoperative phases of surgery and home again.

Preoperative education and preparation:

- Patient education: Perioperative nurses educate patients and their families about the surgical process, ERAS protocols, and what to expect before, during, and after surgery. This includes instructions on preoperative fasting, carbohydrate loading, early mobilization, and educating patients about their pain management plan.
- Health optimization: Nurses assess patients' health status and collaborate with the healthcare team to improve conditions such as nutrition, hydration, and management of comorbidities before surgery.

Intraoperative care:

- Maintaining normothermia: Perioperative nurses work to maintain the patient's body temperature during surgery to reduce the risk of hypothermia, which is associated with increased surgical site infections and delayed recovery.
- Fluid management: Proper fluid balance is essential to prevent complications such as fluid overload or dehydration. Nurses are prepared to assist anesthesia providers to monitor and manage intraoperative fluids according to ERAS guidelines.

Postoperative care:

- Early mobilization: Encouraging early mobilization after surgery is a cornerstone of ERAS. Nurses assess patients' readiness to move and provide the necessary support to ensure safe and effective early mobilization.
- Pain management: Effective pain control is critical for recovery. Perioperative nurses educate their patients on multimodal analgesia techniques to manage pain while minimizing opioid use, which is a key aspect of ERAS.

In January of 2024, the inpatient OR implemented the ERAS protocol on all scheduled, minimally invasive, colon procedures. In 2023 the average length of stay for colon patients was 8 days and the average number of narcotics administered postoperatively was 5. After implementing the ERAS protocol, the average length of stay for colon patients in 2024 was 4.8 days and the average number of narcotics administered postoperatively was 3. We are seeing an even greater decrease in these numbers when combining the ERAS protocol with colon procedures done on the Da Vinci Robotic System.

The implementation of this protocol was driven by our anesthesia providers, surgeons, pharmacy, and the inpatient OR nursing staff.

PATIENT SATISFACTION

Communication with Nurses

Our initiative began in March, focusing on improving patient communication with nurses. Three key questions from our patient experience surveys guided our efforts:

1. During this hospital stay, how often did nurses listen carefully to you?
2. During this hospital stay, how often did nurses explain things in a way you could understand?
3. During this hospital stay, how often did nurses treat you with courtesy and respect?

To foster meaningful conversations with patients, we introduced a button for all bedside care staff featuring the key phrase, "What does good care look like to you?" This initiative, developed by the Marketing team and approved for distribution, aimed to encourage patient engagement.

Additionally, we conducted a staff survey focused on bedside reporting and patient connection. We also reviewed and worked towards standardizing handoff sheets across all units. In collaboration with the Handoff Heroes team—who specialize in interdepartmental transitions—we concentrated on enhancing shift-to-shift handoff as a critical moment for patient interaction.

Throughout the process, we closely monitored our patient experience scores, observing periods of improvement as well as occasional declines. To reinforce best practices, we developed a daily "Chat Time" flyer, which was integrated into our CLS training videos. Furthermore, we created a Caregiver Bedside Handoff Tip Sheet, which was initially piloted by LaSalle before being implemented across all inpatient units.

To further support staff education, we produced a training video for Care Learning. This video featured two scenarios: one demonstrating ineffective bedside handoff and another showcasing best practices. Staff were required to watch the video and complete related questions within the Care Learning platform.

Our ongoing efforts continue to emphasize the importance of effective communication, ensuring that every patient feels heard, informed, and respected during their hospital stay.





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