



Summa Health System – Barberton  
Campus is Magnet® Recognized



Summa Health System – Akron and St.  
Thomas Campuses are Magnet® Recognized

# Celebrating the Year of the Nurse

## 2020 Nursing Annual Report







Some photos taken prior to 2020.

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# Celebrating the Year of the Nurse at Summa Health

In 2020, Summa Health joined the world in celebrating the international “Year of the Nurse and Midwife” as designated by the World Health Organization. The theme coincided with the 200th anniversary of the birth of Florence Nightingale who established the principles of modern nursing and hospital sanitation.

As illustrated throughout this 2020 Nursing Annual Report, Summa Health is proud to honor our 2,100 nurses who make a difference in the lives of their colleagues, patients and families, and community. For many of them, nursing is much more than a job. Being a professional nurse means having patients in your care who are able to trust you. It means being up to date with best practices. It means treating your patients and colleagues with dignity and respect. And it means so much more...



Photo taken  
in 2018



**Nursing is not just a job – it’s comfort and hope.**

Fueled by compassion, empathy and kindness, Summa Health nurses show up to work, risking exposure to care for anyone who is injured or ill. They are the ones calming patients who are genuinely fearful of the COVID-19 outbreak. And they are the ones we all turn to if the virus moves from something that is happening to “other people” and into something that affects us or our loved ones.

**Nursing is not just a job – it’s advocacy.**

Nurses are the “bridge” of healthcare, a crucial link between the people of the community and the complex healthcare system. As such, nurses serve a unique role in helping to develop new models of community-based care and supporting local efforts to promote health and prevent disease.

**Nursing is not just a job – it’s leadership.**

Summa Health nurses are being recognized for their frontline efforts in treating and preventing the spread of COVID-19. While facing a myriad of challenges, they continue to lead us through this international crisis, confronting the most difficult conditions imaginable while dealing with life and death situations.

**Nursing is not just a job – it’s a profession.**

In support of their efforts, one way Summa Health recognizes excellence is through the distinguished DAISY Awards® for Extraordinary Nurses. Nominated by both patients and colleagues, three Summa Health nurses are honored every month for going above and beyond in their daily work, from quality of care to patient safety and satisfaction.

As a result of the COVID-19 pandemic, 2020 was anything but ordinary. It was a year filled with unprecedented challenges and ongoing uncertainty. This makes us especially proud of our nurses for their unwavering commitment to showing up, working hard and sacrificing so much for our patients – and each other.

We sincerely appreciate all that our Summa Health nurses do. Because nursing is not just a job. For many of us, it’s a calling.

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**Lorie Rhine, MSN, RN, NE-BC**  
*Vice President and Chief Nursing Officer  
Summa Health System – Akron and St. Thomas  
Campuses*



**Anthony (TJ) DeAngelis, MBA, BSN, RN, NE-BC**  
*Vice President and Chief Nursing Officer  
Summa Health System – Barberton Campus and  
Wadsworth-Rittman Medical Center*

# Planning for the Behavioral Health Pavilion



**Members of the Behavioral Health Pavilion Planning Team (from left to right): Rebecca Hopkins, BSN, RN; Jaimie McKinnon, MBA, BA, BSN, RN, NE-BC; Molly Krese, BSN, RN; and David Wodzisz, RN**

In late 2019, Summa Health announced plans for the construction of a 60-bed inpatient and outpatient behavioral health facility on our Akron Campus. The new building, part of phase 2 of the Summa Health Master Facility Plan, represents an investment of approximately \$60 million and will create an integrated, state-of-the-art space that allows for a partial hospitalization program and enhanced integration with intensive outpatient services, including psychiatry, addiction medicine and traumatic stress.

According to Behavioral Health Institute Vice President Jaimie McKinnon MBA, BA, BSN, RN, NE-BC, the construction of the cutting-edge facility represents the latest development in a long and storied organizational history of behavioral healthcare innovation. "While St. Thomas Hospital has played a pivotal role in the community over the years, serving as the foundation for countless stories of inspiration and hope, Summa Health believes the new facility offers the best avenue to meet the

unique needs of an increasingly diverse patient population," he explains. "The facility has been strategically designed to increase patient privacy and mitigate potential safety risks for patients, staff, and visitors." The location of the building will offer patients greater access to system services by facilitating more seamless collaboration with providers and connection to ancillary services. Additional benefits, including improved interdepartmental coordination and expanded residency opportunities, also are anticipated.

While planning activities for the new behavioral health pavilion began as early as September 2019, achievements throughout 2020 included the formation of the project team and identification of key operations and strategy – requisite decisions necessary for constructing and operationalizing a modern and highly complex healthcare institution. Once these formative objectives were met, interior and exterior aspects of the building were finalized in conjunction with decisions pertaining to service inclusion and placement.



**Early renderings of the Summa Health Behavioral Health Pavilion on the Akron Campus.**  
(Left: Back - Southeast view, Right: Front - Southwest view)

"As any member of the Summa Health family can attest, the pandemic posed numerous operational and clinical hurdles, which, at times, resulted in significant setbacks requiring rapid adaptation and less than ideal plan revisions," says McKinnon. "However, the project team remained steadfastly focused on achieving its goals."

The project team was comprised of physician leaders and administration from the Behavioral Health Institute, as well as key personnel from Construction and Protective Services. "Interprofessional collaboration was paramount for the successful completion of the project," says McKinnon. "The advantages associated with involving participants from multiple professional groups were apparent from the outset, as each discipline possessed critical insights derived from a distinctive and specialized body of knowledge." A retrospective review of the project timeline suggests that the diverse professional perspectives, offered throughout the process in pursuit of a shared goal, were decisive in executing the plan and attaining the desired outcome.

"Social work, physicians, nursing, management – we all attended the meetings with the architects and contractors from the very beginning. Everyone really listened to each other. It all flowed together really nicely," says RN Supervisor Rebecca Hopkins, BSN, RN, Behavioral Health. "Many of us work together on a daily basis, so we had pretty similar concerns. For example, the nurses station – we wanted to set it up so that social work had a place to work. Nursing had a place to work. Physicians had a place to come in and do their work. But we could still all be in the same space – a sort of home base where we could discuss patient care and keep that treatment team close."

Unit directors conducted multiple staff meetings dedicated to the solicitation of feedback pertaining to patient care and safety. Nursing staff responded with design requests such as open versus closed nurses stations, windows in partitions to improve patient observation, and handwashing stations located within corridors. The project team also hosted vendor presentations where staff members could appraise furniture and fixtures firsthand, as well as constructed models of patient rooms, which allowed staff members to simulate various patient care activities.

"They actually built a mock patient room – built to size – in our old ER," shares Hopkins. "Staff members had a few weeks to go down and take a look at the room and see what they thought. They even set up a couple of beds to give us some options of what style we thought would be best for our patients. They wanted feedback on everything from storage cabinets to the angles of the walls. They definitely took the time to get our input on what we thought we needed."

As a regional leader in a ceaselessly evolving healthcare landscape, Summa Health is tirelessly committed to improving the quality of our services and enhancing access to care. The behavioral health redesign initiative was largely driven by a belief in its potential for transformative change, at the system level, with a specific focus on nursing, and within the community.

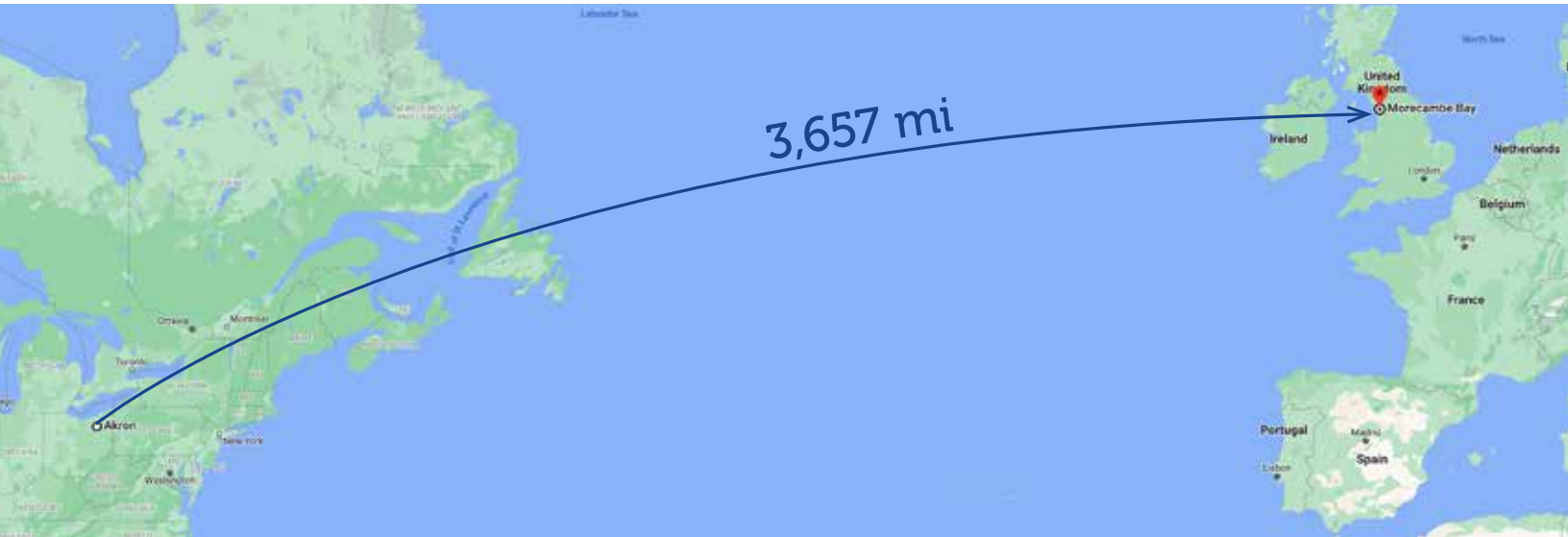
"The ubiquity of mental health and substance use disorders impacts nursing practice across all specialties. As frontline workers who comprise the largest group of health professionals, Summa Health nurses will undoubtedly experience significant benefits when services embedded within the new facility are fully operationalized," says McKinnon. "Vital resources will be more accessible to nursing staff, and greater efficiency related to patient throughput will mitigate frustrating barriers that have historically compounded already sizable workloads."

"I think one of the biggest benefits of moving to the Akron Campus is being closer to medical consults," adds Hopkins. "Our patients are coming in not only in a mental health crisis but also with medical issues. Having physicians nearby who we can consult for those physical health concerns will be great. Being all on one campus will also help our patients with follow-ups. If seeing Summa doctors for both mental health and medical needs, they just need to come to one location."

"Summa has long been sustained by the community's unwavering and invaluable support, without which the new facility would not have been realized," concludes McKinnon. "Summa Health fully intends to honor our community partnerships through the provision of life-saving behavioral health services for many years to come."

# Magnet4Europe

## An International Research Initiative



In January of 2020, Summa Health System – Akron Campus was invited to join Magnet4Europe, a four-year two-part initiative aimed at boosting the mental health, wellbeing, and retention of nurses, advanced practice providers (APPs), and physicians, as well as improving patient safety and hospital productivity. The initiative at Summa Health is being led by Vice President and Chief Nursing Officer Lorie Rhine MSN, RN, NE-BC, and Director of Professional Practice and Magnet® Program Christine Benson MSN, RN, NPD-BC.

Magnet® designation is bestowed by the American Nurses Credentialing Center (ANCC) to healthcare organizations for quality patient care, nursing excellence, and innovation in professional nursing practices. Summa Health System – Akron and St. Thomas Campuses were designated with this prestigious honor in 2011 and redesignated in 2016 and 2021. Summa Health System – Barberton Campus achieved Magnet® designation in June 2020.

The purpose of the Magnet4Europe initiative is to determine if a redesign of hospital work environments guided by Magnet Recognition Program® principles – as described in the ANCC Magnet® Application Manual and in collaboration with an experienced Magnet® designated hospital – is feasible, effective and sustainable in Europe. Its findings will inform policy recommendations that could help transform the way European healthcare supports nurses and other staff.

In order to be eligible for the Magnet4Europe initiative, U.S. Magnet® recognized hospitals have to agree to participate in two key program components:

1. **Workplace Intervention:** A twinning relationship between each U.S. Magnet® designated hospital and a European hospital aspiring to improve their work environment by implementing Magnet® principles.
2. **Research Study:** Participation in a concurrent research study approved by the ANCC Research Council and conducted by Dr. Linda Aiken of the University of Pennsylvania.

### Workplace Intervention

The first element of Magnet4Europe focuses on workplace intervention. It involves 1:1 twinning of some 60 European hospitals with experienced U.S. Magnet® designated hospitals. The intervention hospitals are located in six countries: Belgium, England, Germany, Ireland, Norway and Sweden. Summa Health System – Akron Campus is one of only three Ohio hospitals selected to participate – the other two being the Cleveland Clinic and The Ohio State University Wexner Medical Center.

The pairing of a European hospital with a U.S. Magnet® designated hospital was governed by a matching process that included factors such as size, teaching status and specialty considerations. As a result, Summa Health was



“I think one of the greatest benefits of participating in Magnet4Europe is having the results of the Clinician Wellbeing Study. The results will guide us in implementing meaningful interventions that will improve clinician wellbeing at Summa Health and throughout the nation.”

“twinned” with University Hospitals of Morecambe Bay (UHMBT), a National Health Service (NHS) Foundation Trust in North West England. UHMBT has about 6,000 employees and provides services to approximately 350,000 people throughout South Cumbria and North Lancashire in the Morecambe Bay area. Chief Nurse & Deputy Chief Executive Sue Smith OBE and Associate Chief Nurse Laura Neal were named UHMBT’s Magnet4Europe leads.

“Twinning has been a great learning experience for both of us (leads). It is definitely not a one-way transfer of information. We collaborate and learn from each other,” says Benson. “I am not sure how they did this, but not only are our hospitals great twinning partners, Laura [Neal] and I are too. They couldn’t have chosen a better match.”

The Magnet4Europe workplace intervention is structured around collaboration on utilizing the Magnet® model to conduct a gap analysis followed by development, dissemination and enculturation of the Magnet® principles – ultimately, positioning the organization for the application phase of designation.

“The reason we are doing this is to mentor and educate UHMBT on how to push forward in allowing nurses to have a voice in their practice,” explains Rhine. “Summa also benefits by getting to look at the different practice models in Europe – how they are practicing differently – to see if any of those practices make sense to implement here.”

Beginning November 2020 and continuing throughout the COVID-19 pandemic, Summa Health and UHMBT met virtually on a weekly basis to share ideas and inspiration. Discussions ranged from what the Magnet® journey might look and feel like in the NHS to how the Magnet® principles and priorities could help both organizations address the challenges presented by COVID-19.

Prior to the pandemic, Summa Health and UHMBT leads also were expected to engage face-to-face twice a year for a two-year period. Due to the challenges of the COVID-19 outbreak, however, travel has been restricted.

### U.S. Clinician Wellbeing Study

The second element of Magnet4Europe requires Summa Health and other U.S. Magnet® designated twinning hospitals to participate in the U.S. Clinician Wellbeing Study, a concurrent study of the mental health and wellbeing of healthcare workers, as well as associations with workforce productivity and patient safety.

The U.S. Clinician Wellbeing Study is the first-large scale evaluation of the mental health and wellbeing of hospital nurses, APPs and physicians in the U.S. The study involves staff at Summa Health and other U.S. Magnet® designated twinning hospitals completing anonymous online surveys, as well as providing existing aggregate data on workforce outcomes such as turnover, vacancies and absenteeism. The data is linked to Medicare Hospital Compare Patient Experience data (HCAHPS) and Medicare patient outcomes data. Aggregate research results are being made available to Summa Health and all other participating hospitals, including benchmarking against the averages of the 60 U.S. hospitals.

“The Magnet4Europe two-part initiative was designed and launched just prior to the start of the COVID-19 pandemic,” says Benson. “While the goal of the research study did not include surveying staff during a pandemic, we are grateful for the timing of the study.”

### Program Benefits

With Magnet4Europe’s end date of 2023, Rhine and Benson expect many of the program benefits to be derived over the next two years. However, some overall program benefits include:

- Achieving Magnet® requirements for research
- Access to unique and actionable information on the mental health and wellbeing of our nurses and physicians, including the cost-implications of staff burnout
- Participating in a research project of international scope and significance, including authorship of published scientific papers
- Exposing staff to the conduct of research and a research network
- Receiving a personalized summary report of our hospital-specific results
- Special international recognition by the ANCC of our efforts as a Magnet® designated twinning hospital at the end of the initiative
- Access and exposure to internationally prominent healthcare leaders and researchers, as well as ANCC leadership and team members

“I think one of the greatest benefits of participating in Magnet4Europe is having the results of the Clinician Wellbeing Study,” continues Benson. “The results will guide us in implementing meaningful interventions that will improve clinician wellbeing at Summa Health and throughout the nation.”

# Identifying Potential Victims of Human Trafficking

### What Is Human Trafficking

Two of the most common forms of human trafficking are sex trafficking and labor trafficking. Sex trafficking is the crime of using force, fraud or coercion to include another individual to perform commercial sex. Labor trafficking is the crime of using force, fraud or coercion to include another individual to work or provide service.

Human trafficking is often confused with human smuggling, which involves illegal border crossings. Human trafficking, though, does not require any movement whatsoever. Survivors can be recruited and trafficked in their own town, school and home – with Akron being no exception.

### Community Efforts

In 2019, the Summit County Collaborative Against Human Trafficking (SCCAHT) reached out to local community members, including the Summit County Sheriff's Office and medical providers like Summa Health, to discuss the need for a coordinated response to human trafficking in our community. "At that point, we had a coalition, individual service providers, law enforcement – everyone was responding but we all had our own processes and protocols. We weren't a well-oiled, multi-disciplinary team," recalls Kelli Cary, Chair of the SCCAHT Direct Services Committee and Vice President of Programing for the RAHAB Ministry of Hope.

That changed when, in 2020, the Summit County Sheriff's Office and RAHAB Ministry of Hope received a grant to make the Summit Country Human Trafficking Taskforce a reality. Summa Health was named a community partner on the grant. "With the formation of the new taskforce, we were able to launch a 24/7 hotline for human trafficking tips in our community, as well as provide a coordinated response between law enforcement and victim services," says Cary. "We also were able to start working with places like Summa and other medical and social service providers to answer the question, 'What do we want the protocol to be if a potential human trafficking victim is identified in the ER?'"

### Summa Health's Response

In response to that question, Summa Health Vice President and Chief Nursing Officer Lorie Rhine MSN, RN, NE-BC, and Detective Dave Adams, MCI, of Summa Health Protective Services/Police formed a 30-member multi-disciplinary human trafficking committee made up of nurses, social workers, providers, protective services and others. "Prior to establishing this committee, two of our nurses identified patients as potential victims of human trafficking but had no idea where to go with it," explains Rhine. "It became clear to us that we needed more education and an identified internal process."

Led by Detective Adams, who formerly served as an investigator to the Cuyahoga Regional Human Trafficking Task Force and currently represents Summa Health as a member of SCCAHT Direct Services Committee, the group devised an internal process for assisting patients identified as potential human trafficking victims and worked with Cary to develop a "Human Trafficking 101" presentation, which was approved by nursing.

The presentation has been designed to train Summa Health staff on how to identify and respond to potential human trafficking victims, as well as how to utilize Summit County Human Trafficking Taskforce resources through the 24/7 hotline and victim advocacy. Titled "Human Trafficking: Define. Identify. Respond," it provides education on common human trafficking myths, case examples, typical victim vulnerabilities, recruitment and red flags. It also offers valuable information on how to respond to a survivor of trafficking, from how to provide safety and confidentiality to appropriate language (both verbal and nonverbal) and helpful trauma-informed screening questions. The presentation also outlines the Summa Health protocol once a potential human trafficking victim has been identified. After being reviewed and approved by nursing, it was shown to a large in-person group of Summa Health staff, and then offered online during the pandemic.

"As healthcare providers, we really had a complete lack of awareness on all levels. I don't think we had any idea of the prevalence of human trafficking or really what it means or what it looks like when we are trying to connect with patients," says Rhine. "Now we have a much better awareness on what human trafficking is, how to identify behaviors and what the next steps are."

“Knowing that we have partners in the community that survivors are going to get quality services from is incredibly helpful for our advocates when doing that on-the-ground work.”

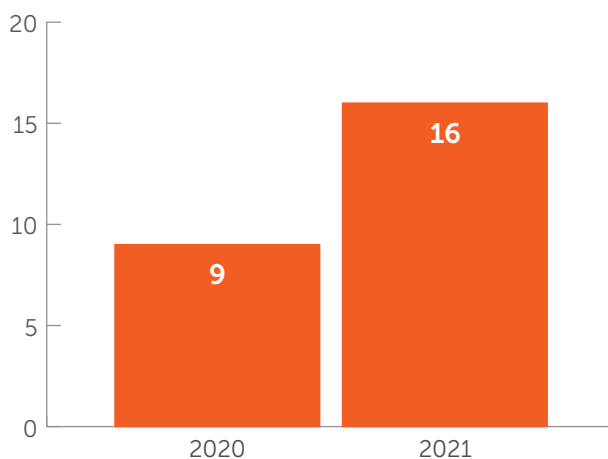
### Vision for the Future

Moving forward, Detective Adams and Rhine anticipate reconvening the Summa Health Human Trafficking Committee to assess the current situation and focus on further executing the education and follow through of victim identification.

“Despite the pandemic, our partnership with Summa Health has been really strong. The impact of being able to collaborate with Summa has been wonderful,” shares Cary. “Knowing that we have partners in the community that survivors are going to get quality services from is incredibly helpful for our advocates when doing that on-the-ground work.”

To learn more about human trafficking and available online training classes, contact Detective Adams at **330.375.6912** or [adamsdav@summahealth.org](mailto:adamsdav@summahealth.org).

**Number of Human Trafficking Victims Identified and Assisted By Summa Health**



## Signs of Human Trafficking

Victims of human trafficking typically:



Are submissive, afraid, nervous or depressed



Are disoriented or confused



Show signs of mental or physical abuse



Have scripted/rehearsed answers to casual questions



Have inconsistent stories about where they stay



Have tattoos/branding on the neck and/or lower back



Frequent the ER for multiples sexual assaults, sexually transmitted infections and urinary tract infections



Avoid eye contact, social interaction, and authority figures/law enforcement



# Preparing for Mass Casualty Incidents

Mass casualty incidents (MCIs) are increasing in frequency, highlighting the importance of preparedness among healthcare systems. This is particularly true for medical providers, emergency departments (EDs) and trauma centers that may receive a patient surge that exceeds their available resources and, therefore, need to modify existing processes for patient throughput and treatment. The American College of Surgeons (ACS), in fact, has released a statement conveying the important role the surgical community has to lead multidisciplinary planning related to MCIs in wake of disasters.

In 2019, Summa Health Level 1 Trauma Medical Director Richard George M.D., MSPH, FACS, met with System Director, Environment of Care (EOC) Safety and Emergency Preparedness, Robin Brown, BSN, RN, NDHP-BC, CHEP to discuss the organization's preparedness to handle a community disaster. Research showed that annual mandated drills were not sufficient in effectively preparing for MCIs or disasters – that hospitals with the best response to MCIs in the community experienced consistent staff resources and training surrounding disaster preparedness.

As a result, a Summa Health MCI/disaster preparedness team was soon established to increase the depth and breadth of MCI/disaster preparedness, beginning with the Akron Campus. The multi-disciplinary group was made up of representatives from across the system – from Trauma, Surgery, ED, Blood Bank, Registration, Anesthesia, Pharmacy, Behavioral Health, Intensive Care, Palliative Care, Radiology, and Post-Anesthesia Care to key support departments such as Simulation Lab and Process Improvement. The team met weekly for nearly two years to identify gaps and improve processes within different units, disciplines and departments, as well as increase preparedness using simulated MCI drills.

The purpose of MCI simulation drills is to increase the preparedness of the hospital personnel in the event of an actual MCI. These drills attempt to simulate stress of multiple trauma patients at once in order to discover challenges within the operational workflow and communication of the hospital when its resources are strained. Utilizing MCI simulations integrates a multidisciplinary focus, challenging the entire healthcare team.

Throughout 2019 and early 2020, Summa Health simulation drills were conducted on a monthly basis to enhance the process and staff knowledge regarding protocols related to the MCI response plan. The MCI drills were approximately 20 minutes in duration, which concluded in an additional 10-minute debrief where staff members could share ideas on opportunities for improvement. The initial focus of MCI drills was the Emergency Department (ED) and the Operating Room (OR), but expanded to include inpatient nursing units also needed to support a patient surge (see Figures 1, 2 and 3). While many MCI drills were set in the ED or OR, staff members from different disciplines and departments throughout the system participated. For example, there were representatives from Trauma/ Surgery, ED, inpatient nursing units, Pharmacy, Blood Bank, Registration, the OR, Anesthesia, Post-Anesthesia Care Unit (PACU), and Sterile Supply. Subsequent drills built on earlier drills to complete the patient throughput to inpatient units.

The MCI/disaster preparedness team utilized checklists to capture variables, such as time and task completion, to optimize processes related to the care of multiple simultaneous victims. Data was routinely collected in order to measure the improvements in response plan times using a pre- and post-implementation design. A critical path methodology (CPM) was used to identify the critical pathway for patient throughput during a surge; importantly, the methodology allows for iterative changes to the underlying processes while monitoring the overall pathway efficiency. Value stream mapping (VSM) facilitated the identification of key elements related to work, information and material flow in the pathway.

## What is a “mass casualty incident”?

The World Health Organization (WHO) has defined a mass casualty incident (MCI) as “an event in which generates more patients at one time than locally available resources can manage using routine procedures.”

“Improvement in process – that was really our focus. Let’s look at the process and figure out where we have gaps and fill them,” Brown explains.

Utilizing a methodology typically applied in manufacturing and business to the processes of an in situ MCI drill, the MCI/disaster preparedness team utilized a 16-item ED checklist to identify the critical path, which included the essential items needed for ED throughput. After the critical path was identified, the team created VSM using baseline data from the in situ MCI drills. After evaluating the VSM, it was clear that there were two rate limiters which impacted ED throughput. The first rate limiter was the MCI notification which staff are required to send. The notification alerts staff members and mobilizes the MCI response plan. The second rate limiter is directly related to the notification of inpatient nursing staff to report to the ED to retrieve current ED patients. It became clear to the multidisciplinary team that the two rate limiters could be improved and became a point of focus for the subsequent drill. The two rate limiters, represented by a Kaizen Burst, largely improved with the MCI notification from 3 minutes to 1 minute (reduction of 2 minutes) and the average inpatient nursing staff reporting to the ED reduced from 5 minutes to 2.3 minutes. These two factors helped to improve ED throughput from an average of 15 minutes to 11 minutes.

The MCI simulation drills also identified gaps within Summa Health’s surgical unit. Process measures were put in place to address those opportunities – such as implementing the Summa Emergency Alert System (SEAS) for paging staff at the unit level and a sterile processing notification system – that resulted in major changes within the OR’s workflow. “Our department can be difficult to navigate, so we also implemented a workflow where we would assign a person to go outside the trauma elevator and be a traffic cop – directing people where they need to go,” adds Operating Room Unit Director, Kelly Glendon MBA, BSN, RN, CNOR. “We saw improvements with that, too, just in the lack of confusion when you’re up in our department.”

The intensive care unit (ICU) is another area where process changes had to be identified. “There is a normal, everyday process that we use to get people to the ICU, but when there is a mass casualty incident, the normal processes won’t be able to be used,” says Brown. “We will have to sort of skip through some of the preliminaries and get patients up to the ICU more quickly.”

“We routinely get a full report from the ED before a patient comes up here. We are very methodical on how we do admissions and transfers,” says T3 Medical ICU, T2 Surgical ICU, Rapid Response Team Unit Director Kyle Anderson MSN, RN, CCRN, NE-BC. “In this scenario, though, we’re obviously bypassing a major portion of triage and the patient is coming straight to our unit. It was definitely a learning curve for the ICU staff to be willing to accept a patient that we really didn’t know much about. The drills were really good for the staff to talk out what they would do in the various scenarios.”

Another valuable lesson the ICU gained from the MCI simulations was having to consider and then practice situations where the ICU exceeded standard capacity, a scenario that has become reality during the COVID-19 pandemic and the recent surge in patient volumes. “During the drill, we had to assess how many people we could really put in a room,” continues Anderson, “and how that would change how we utilize the headboards, such as medical air and suction, ventilator usage and monitor usage. We are definitely living that in a slightly different, but similar way at the moment.”

With the development of the MCI/disaster preparedness team, there were changes to the value of preparedness throughout the Summa Health System – Akron Campus. Culture change was created with the use of weekly meetings, involvement from department representatives, and monitored progress. While the team had started its transition to the Barberton Campus, only one simulation was performed before pandemic restrictions were put into place. According to Brown, the MCI/disaster preparedness team looks forward to continuing development on the Barberton Campus once the COVID-19 restrictions are lifted.

## Acronym Key

APP = Advanced Practice Provider  
 ED = Emergency Department  
 EM = Emergency Medicine  
 ICU = Intensive Care Unit  
 MCI = Mass Casualty Incident  
 OR = Operating Room  
 PACU = Post-Anesthesia Care Unit  
 RN = Registered Nurse  
 SDS = Same Day Surgery

Figure 1. Mass Casualty Incident Activation and Staffing

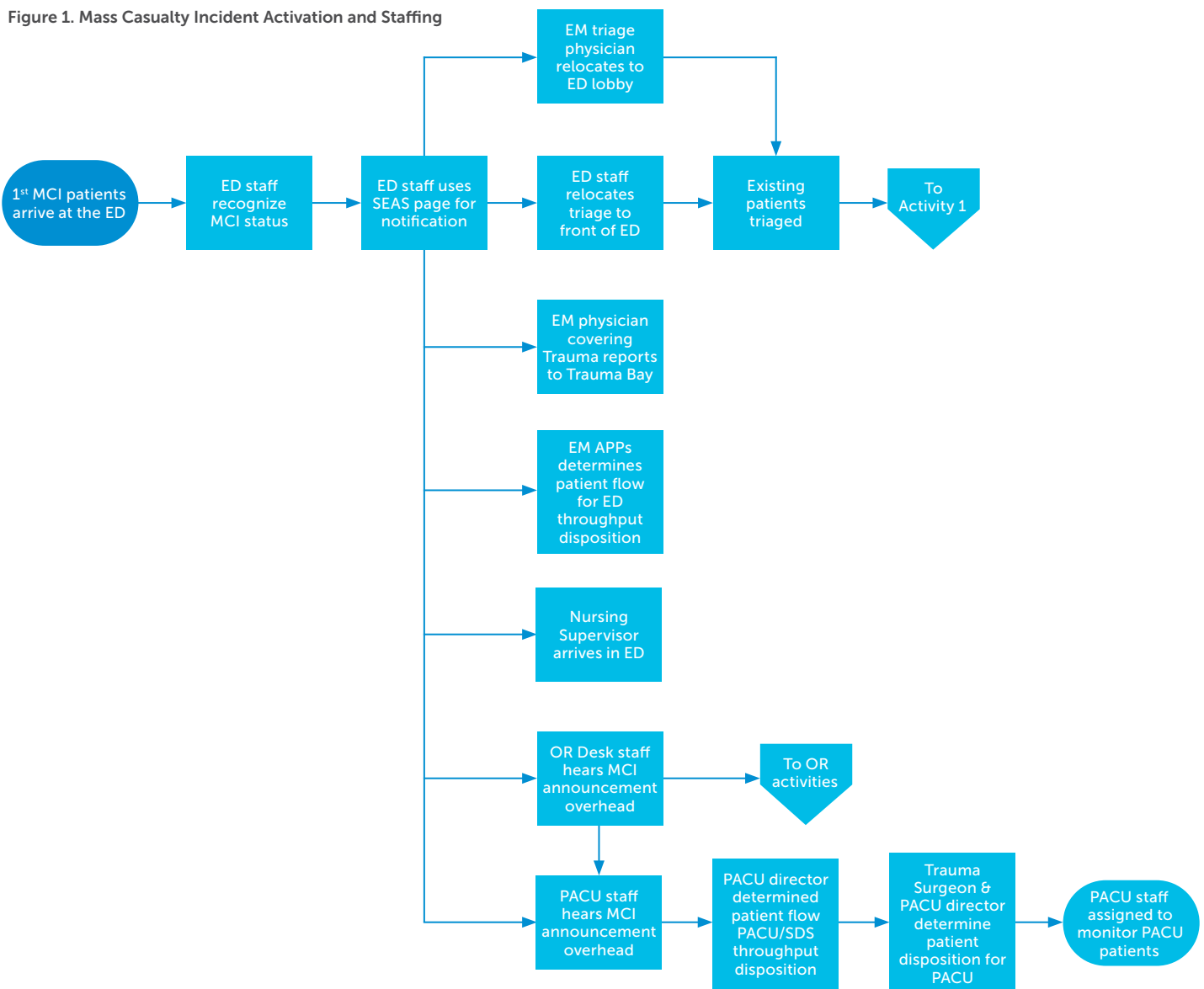




Figure 2. Mass Casualty Incident Patient Disposition and Routing

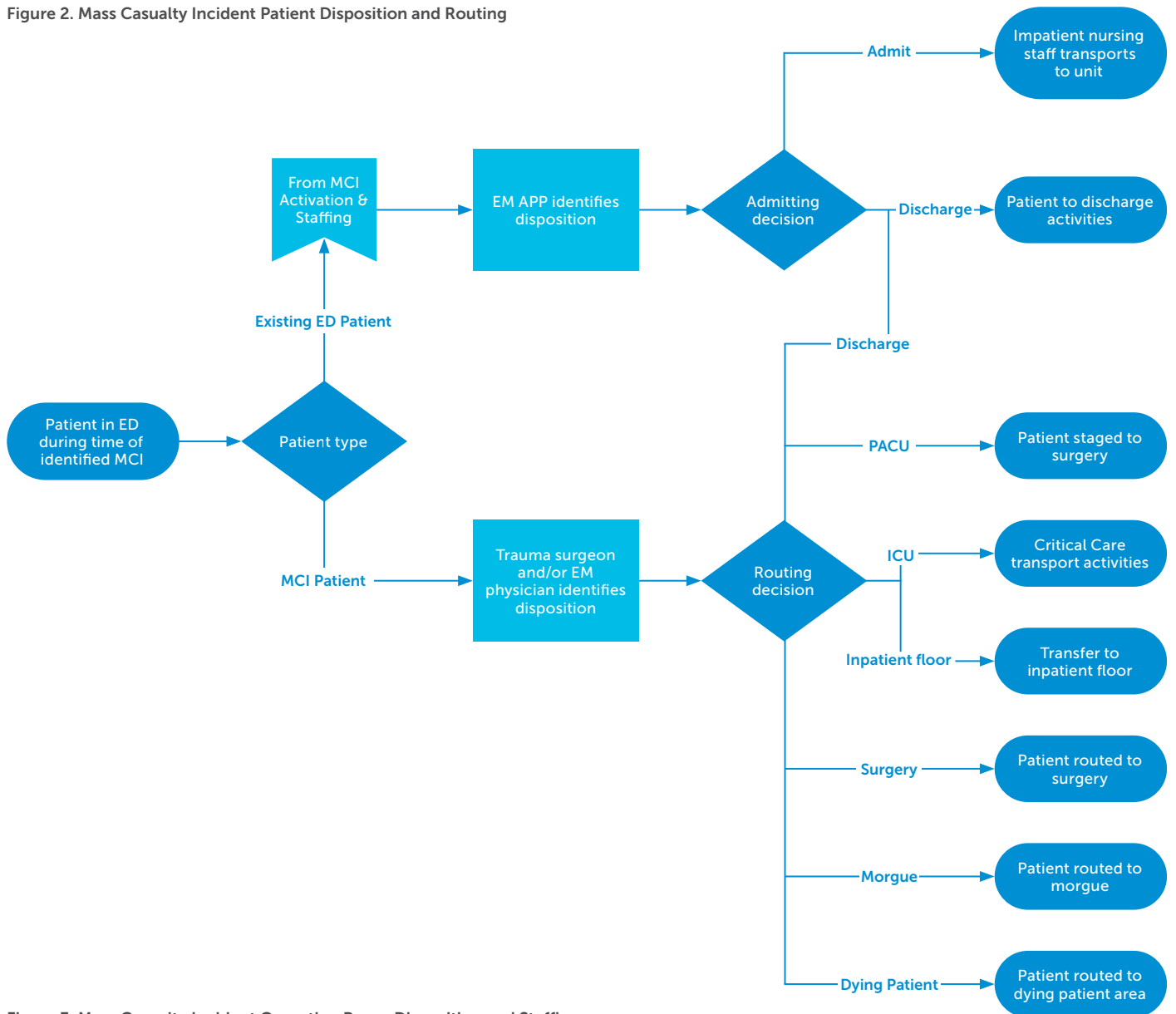
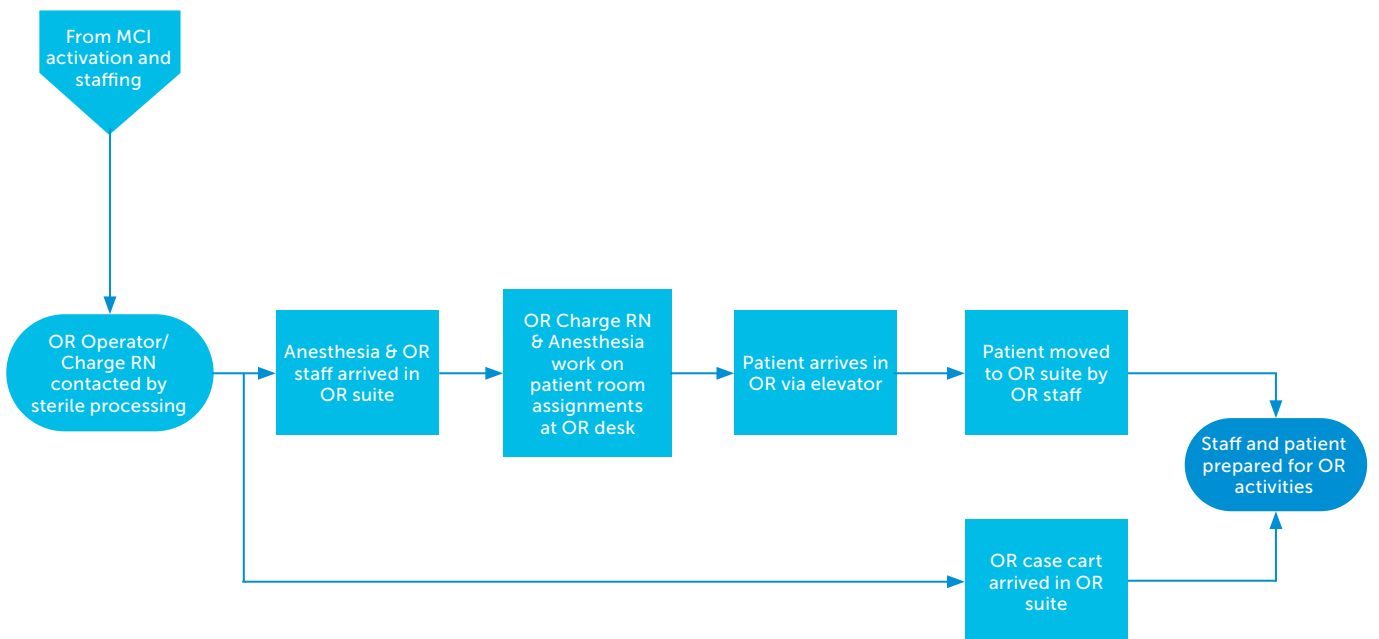


Figure 3. Mass Casualty Incident Operating Room Disposition and Staffing



# STOP THE BLEED<sup>®</sup> and Save a Life

Training the Public In Life-Saving  
Bleed Control



Carol Powell, BSN, RN, CEN,  
SANE-A, EMT-P, Coordinator,  
Injury Prevention and Trauma  
Education and Carmet Young,  
Summa Health Protective Services

“Most people know to apply pressure to a wound, but their knowledge stops there. Through STOP THE BLEED training, they learn how to address severe bleeding, including compression and packing techniques, and even the proper application of a tourniquet.”

Someone who is severely bleeding can bleed to death in as little as five minutes. That’s why keeping the blood inside the body is so important – and the purpose of STOP THE BLEED® training.

“STOP THE BLEED came about after recent mass shootings, like the concert event in Las Vegas and school shootings. Large numbers of people were dying, and it was discovered that many of them shouldn’t have – they bled to death because no one knew what to do,” explains Carol Powell, BSN, RN, CEN, SANE-A, EMT-P, Coordinator, Injury Prevention and Trauma Education, Trauma Services. “Bleeding is the number one preventable cause of trauma death, but death from uncontrolled bleeding can occur in under five minutes – before EMS or police can arrive. By educating others on how to stop the bleeding, many trauma deaths can be prevented.”

The American College of Surgeons (ACS) STOP THE BLEED program is administered by the ACS Committee on Trauma (COT). With programs such as its STOP THE BLEED course, COT strives to improve the care of injured patients before, during and after hospitalization. Summa Health is a member of the Northern Ohio Regional Trauma Network (NORTN), which has a strong Stop the Bleed committee that serves as part of the national initiative.

The purpose of the STOP THE BLEED campaign is to make our nation more resilient by better preparing everyone – even those without any medical training – to save lives if people nearby are severely bleeding. The free 60-minute course involves a presentation and hands-on training to help participants identify life-threatening bleeding and techniques to stop it. “Most people know to apply pressure to a wound, but their knowledge stops there,” says Powell. “Through STOP THE BLEED training, they learn how to address severe bleeding, including compression and packing techniques, and even the proper application of a tourniquet.”

In an effort to raise awareness and knowledge in our own community, Powell trains diverse groups at local churches, businesses, school systems and local organizations, including the Akron Zoo. In fact, Powell has trained members of Summa Health Protective Services and other Summa Health departments.



Robin Brown, BSN, RN, NDHP-BC, CHEP, System Director, Environment of Care (EOC) Safety and Emergency Preparedness, secured a grant to purchase two STOP THE BLEED official training cases and training materials, as well as STOP THE BLEED kits for Summa Health police cruisers. The kits include gloves, tourniquets and wound packs.

Because the course requires a 10:1 student to instructor ratio, STOP THE BLEED certified instructors often work together to train larger groups. Powell regularly teaches alongside others within the NORTN STOP THE BLEED committee, including instructors from The Cleveland Clinic – Akron General and Akron Children’s Hospital. “We really do a lot with our community partners,” says Powell. “It’s not just a Summa activity. It’s a collaborative, community activity.”

According to Powell, the program was gaining momentum in early 2020. “We were on fire before COVID. We had Akron General, Akron Children’s and Summa going everywhere to teach. But then it just came to a big halt.” Through the remainder of 2020, STOP THE BLEED in-person courses – like most in-person group events – were not permitted. In-person courses are back on track now, though, with many courses planned in the coming months.

Powell truly believes in the value of the program. “I make STOP THE BLEED kits for all my relatives – they get them as Christmas presents, after they take the course,” Powell laughs. “Not everyone is thrilled, but most are receptive to it.”

If you are interested in STOP THE BLEED training or becoming a STOP THE BLEED instructor, contact Powell at **330.375.7069** or [powellc@summahealth.org](mailto:powellc@summahealth.org). And join more than 1.5 million others who have been trained to STOP THE BLEED worldwide.



# Increasing Patient Mobility – and Safety

Prolonged immobility can negatively impact the entire human body, from the cardiac, circulatory, nervous, and musculoskeletal systems to our psychological and emotional wellbeing. In fact, patients on bedrest for extended periods often experience a higher rate of depression, anxiety, forgetfulness and confusion, which can raise concerns about their ability to function safely and independently at home.

“Patients get deconditioned fairly quickly when they are in the hospital and ill,” says Vice President, Inpatient Nursing, Brenda Kovacik, MSN, RN, CCRN-K, NE-BC. “As a nurse, if you don’t focus on maintaining mobility the best you can, it’s to their detriment – not only during their stay, but especially when you are working on discharge planning.” In a key position to improve outcomes, nursing has been identified as the profession most capable for promoting walking independence due to its 24 hours at the bedside. “We recognized that we were sending a fair number of patients to facilities rather than back to home,” says Kovacik. “If we kept patients more mobile, then they might be more functional to go home rather than to another care facility.”

In 2019, Kovacik assembled a Mobility Taskforce made up of experts within nursing, physical therapy, quality, and clinical education and best practices at the Summa Health System – Akron Campus. “Increased mobility is something that nurses learn about very early in their nursing education and training, but, it’s also something that, unfortunately, can get pushed to the wayside,” explains taskforce participant Amy Dawson, MSN, RN, ACCNS-AG. “It’s important to continue to highlight it and remind the nurses of its importance.”

### Increasing the Use of Gait Belts

One of the mobility taskforce’s largest initiatives was to increase the use of gait belts on patient floors. A gait belt is a simple device often used in nursing homes and other long-term care facilities to help to prevent falls. The belt goes around a patient’s mid-section to aid in patient handling and mobility.

“The gait belt is a safer way for nurses to have control over a weakened patient’s body. It’s safer for the patient. It’s safer for the nurse,” continues Dawson. “If a patient starts to fall, you have a much better way to lower them – safely and slowly – to the ground. It’s just a better tool to use. Something as simple as a little belt going around a patient’s waist can make such a big difference.”

The mobility taskforce evaluated a wide variety of different gait belts. While one of the most common was made out of fabric, there was a concern over infection control. “We primarily wanted to stay away from fabric and move toward a belt that was reusable and would stand up to repeated disinfectant,” explains Dawson. “We also took into consideration that a lot of gait belts are an ‘average’ size, and we wanted to find a product that would also be suitable for our patients of size.”

In the end, the mobility taskforce decided to trial numerous gait belt products and request feedback from the nurses, as well as physical and occupational therapists. Based on the feedback, the group narrowed the choices down to a 72-inch yellow gait belt from DeRoyal. The selected gait belt – which was purchased for every inpatient room on the Akron Campus – is made out of a durable polyurethane material that can be easily wiped down with disinfectant in between patient use.

The gait belts also feature grommets for hanging in inpatient rooms. So, as part of the project rollout, gait belt hooks were installed behind patient room doors. “If a patient has a call light on and needs to use the restroom, a nurse or nursing assistant doesn’t need to leave the room and run down to the supply closet to grab a device,” says Dawson. “The gait belt is already there – where it’s needed – and ready for use.”



**Michael Schippers, Mobility Assistant, helps patient Luz Mendez with the use of a gait belt.**

Throughout 2019 and 2020, the mobility taskforce also coordinated staff training on the use of the gait belt. The hands-on training sessions consisted of an instructor from physical therapy showing the technique, and then the nurses training each other – one would put the gait belt around their partner and then use it to assist them out of a chair. During competency, the mobility taskforce also used the opportunity to further educate the staff on the importance of patient mobility in general. “When we were doing training, Derek Yeager from physical therapy did a phenomenal job of demonstrating how walking a patient can go bad very quickly,” says Dawson, “as well as how an improperly placed gait belt can go badly quickly for patients who start to lose their balance.”

What’s more, members of the mobility taskforce collaborated with Summa Health Employee Development to ensure that future nursing staff also receive hands-on gait belt and mobility training at orientation. “Recognizing the importance of keeping our patients mobile, we want that to be instilled in new staff from the get go,” says Kovacik.

### **Creating a New Role**

A second project initiative was the implementation of a new role at Summa Health, known as a “mobility assistant.” The position targets physical therapy students interested in getting hands-on practice with patients. Hired on a PRN basis, the students focus on walking patients throughout the nursing units.

Other efforts included a PowerPoint® presentation and screen savers with talking points about mobility for the nursing units. “Something we tried that didn’t work was pedometers for patients,” admits Kovacik. “Pedometers can be an incentive to walk. A lot of us have Apple® watches or a Fitbit® device and like to ‘watch our steps,’ so we thought that a pedometer might help a patient want to move and maybe walk a little farther.” Patient pedometers were trialed on a couple of the units; however, it was soon realized that, due to the way patients are dressed, there was no place convenient to put it.

## EXEMPLARY PROFESSIONAL PRACTICE

“While going directly home is not feasible in all cases, anything we can do to enhance their chances – that’s really what this project was all about.”

### Expanding to the Barberton Campus

The Summa Health System – Barberton Campus also implemented a Mobility Taskforce, standardizing the processes and practices in accordance with the Akron Campus. According to Melva Spragling, MSN, RN, CMSRN, NE-BC, Unit Director, 1 East/1 West, the Barberton Campus installed gait belts in all inpatient rooms and Director, Inpatient Rehab Services, Heidi Teruya-Wirth, PT, CAPS, coordinated training for the inpatient nursing staff. In an effort to decrease falls on inpatient units, Wirth focused on educating staff on using a gait belt on patients who are at risk for falls.

### Project Outcomes

The Summa Health Mobility Taskforce project was primarily implemented in late 2019 and early 2020, yet the study of its outcomes has been significantly sidelined by the pandemic.

Determined measurements of success include:

- Falls rate
- Number of patients discharged to home versus facility
- VTE/DVT rate
- Rate of pressure injuries
- Rate of delirium
- Number of on-the-job accidents

“Every patient’s goal is to get back home. It’s disappointing for them and us, as caregivers, when they can’t achieve that goal,” says Kovacik. “While going directly home is not feasible in all cases, anything we can do to enhance their chances – that’s really what this project was all about.”

“It was also about safety,” adds Dawson. “In addition to increasing mobility for the patients, the taskforce wanted to put a process into place that made people – both patients and nurses – safer.”



# Lillie Bear Brings Comfort to Breast Cancer Patients

When a woman hears “you have breast cancer” for the first time, she is likely facing one of the most vulnerable and frightening times in her life. In an act of compassion, Summa Health has provided each of our newly diagnosed patients – and those undergoing preventive surgical treatment for breast cancer – with a recognized token of love, comfort and support: a teddy bear.

## Symbolic of the Nurse Navigator

This soft and cuddly comfort bear, known as Lillie, has become a goodwill ambassador for the Breast Program at the Summa Health Dr. Gary B. and Pamela S. Williams Center for Breast Health. The bear was specially selected by RN Coordinator Breast Health Sharon Lieb Inzetta, RN, MS, CBCN, CN-BN, ONN-CG, to represent the nurse navigator’s mission of support, excellence in service and caring touch. “As a navigator, meeting all patients preoperatively is one of our programmatic goals,” says Inzetta. “The comfort bear is symbolic of my role in supporting the patient – to help them not only get through the cancer diagnosis, but be with them as they transition into treatment and through survivorship. The bear helps build that relationship... one that remains for many years throughout the care continuum.”

## A Special Name

All teddy bears have special names, and the Summa Health Lillie Bear is no exception. The name LILLIE was selected as an acronym for the way nurse navigators deliver care to their patients:

- L - Listen to our patients
- I - Inform and educate our patients
- L - Learn with our patients
- L - Leadership for our patients in their own care
- I - Interdisciplinary and integrative care for our patients
- E - Empower and excellence in care for our patients

The name was inspired by the Academy of Oncology Nurse & Patient Navigators (AONN+) Co-founder and Program Director Lillie D. Shockney. AONN+ is the largest national specialty organization dedicated to improving patient care and quality of life by defining, enhancing, and promoting the role of oncology nurse and patient navigators.



The Summa Health Lillie Bear wearing her specially made Women’s Board jacket.

According to Inzetta, Shockney herself is a three-time cancer survivor and proud owner of her own Summa Health Lillie Bear. “Our Lillie Bear Program honors the leadership and ongoing legacy Lillie D. Shockney has provided to so many navigators across her long career. She has worked tirelessly to really move forward supporting and advocating for breast cancer patients.”

## A Therapeutic Role

In addition to being soft and huggable, Lillie serves an important therapeutic role for chest and arm support/elevation after surgery. “When we do surgery on the breast, it can be very uncomfortable. So the bear is actually used post-operatively to splint the chest and encourage good posture and deep breathing,” shares Inzetta. “We also know that arm elevation helps the lymphatics. Our bear can be propped up under the arm to help with arm exercises.”

## Program Funding

The Summa Health Lillie Bear program was generously supported by the Women’s Board of Summa Health from October 2019 through October 2021. The Board donated 500 Lillie Bears, which were distributed to breast cancer patients at both the Summa Health System – Akron and Barberton Campuses. “We are forever grateful to the Women’s Board for bringing this special program to our patients,” says Inzetta. “Without their support, Lillie would never have been possible.”

Inzetta would love for this program to evolve and include other cancer specialties. “Lillie really signifies what an important role a nurse plays in not just the lives of cancer patients, but all our patients. They really put trust in us that we will take care of them. It’s a very special role. It’s an honor.”

# COVID Doffers

## Extra Care for Our Frontline



Rose Newberry NA  
Natalie Roller BSN, RN, PCCN

Donning and doffing is nothing new to healthcare, but the process itself has become increasingly critical in light of the COVID-19 pandemic. It is more important than ever for our frontline care team members to don and doff their personal protective equipment (PPE) properly in order to avoid contamination and protect themselves and others.



### Don and Doff Training

Early in the pandemic, the Summa Health PPE/FIT Test Rollout Committee, led by Vice President and Chief Nursing Officer Lorie Rhine, MSN, RN, NE-BC, coordinated efforts to provide extra don and doff training, as well as detailed usage instructions to help staff properly conserve PPE. The group spent weeks rounding on the units to ensure that everyone who had potential to be in contact with patients – from nurses and physicians to therapists and facility staff – received competency. Training took place in the emergency departments (EDs) of the Summa Health Wadsworth-Rittman and Green Medical Centers, the COVID unit at the Summa Health System – St. Thomas Campus and inpatient COVID units and EDs on the Summa Health System – Akron and Barberton Campuses.

“While this type of donning and doffing is very common in surgical areas, it wasn’t as frequent among the inpatient clinical staff,” says Hanna Shaw, BSN, RN-BC, Unit Director, Pre-Admission Testing, and member of the PPE/FIT Test Rollout Committee. “These are things that you learn in school while preparing to be a nurse, but we really needed to hone the process.”

Once initial training was complete, Shaw reached out to the Akron and Barberton Campus COVID units directly. “We knew those nurses could use more support. How could we help protect them in ways other than just providing education?” The answer was to create a new role completely dedicated to the safety of the patient care team: a Summa Health Officer.

### Officer Program

In April 2020, the PPE/FIT Test Rollout Committee began planning Summa Health’s first Officer program. The role of the Officer was to support the patient care team by performing multifunctional activities, such as observing, educating, and reinforcing the use of PPE. Other responsibilities included performing daily stocking of unit supplies, isolation carts, and other inventory, as well as a variety of housekeeping duties requiring specialized cleaning techniques.

With the help of the Summa Health labor pool, which was re-allocating responsibilities of furloughed nurses and other employees during the first COVID-19 patient surge, the group was able to identify and train available staff from throughout the system and then implement the new Officer program – all within just one week.

“We felt very comfortable once the Officers arrived. It made us feel safe. They kept our areas clean – every door handle, every surface that was touched was wiped down every two hours,”

recalls 4 West Unit Director Cheryl Watson, BSN, RN, NE-BC. “They were instrumental in helping us preserve our PPE. And they made sure everyone was donning and doffing properly – in the correct sequence.”

Dawn Troup MSN, APRN, ACCNS-AG, CCRN, Clinical Nurse Specialist – Barberton Campus, agrees. “I was involved in developing the initial donning and doffing education for the system, as well as training of the Officers at Barberton,” she explains. “There was a lot of fear early in the pandemic, so having peers to ensure staff safety was well received and helped them feel supported.”

Easily distinguishable in bright orange vests, the COVID Officers would huddle with Officer Supervisors (Summa Health nurse educators) at the beginning of each shift. The supervisors would distribute yellow folders with all the most current guidelines and systematic instructions for donning and doffing. The supervisors also served as “nurse experts” for Officers without clinical experience. If Officers had questions, they could always reach out.

### Nurse Officers

As more PPE became available and services began to re-open, the Officer staff was called back to their original areas. Clinical Nurse Specialists took over donning and doffing education, and unit leaders reinforced it with their staff.

“While designated Officers are no longer on the COVID floors, everyone on the unit – from our nurses and nursing assistants to our secretary – has been trained and is aware of what needs to happen,” says Watson. “If we see someone we don’t recognize on the floor, we make sure they are safe going in and safe going out. We actually tell them – if they have floated here for the first time – where to stand when they come out of the patient room and how important it is not to touch anything. ‘We’re here to help you.’”

Officers were primarily assigned to 4 West, 7 West and the ICU on the Akron Campus and 4 South and ICU on the Barberton Campus, as well as both EDs – the areas where most of the COVID patients were seen. While staff was available, Summa Health also designated roaming Officers that could assist wherever they were needed. The Summa Health Officer program ran from April through the end of May 2020.

“In the beginning, when they said that they were sending these people, I didn’t realize how truly helpful and valuable they were going to be,” says Watson. “It was eye-opening for all of us.”



# Managing Withdrawal Symptoms In Newborns With Neonatal Abstinence Syndrome

## Using the SNOO® Smart Sleeper Bassinet

From 2010 to 2017, the number of babies born with neonatal abstinence syndrome (NAS) increased nationally by 82%. Increases were seen in nearly all states and demographic groups, with an average of seven newborns diagnosed with NAS for every 1,000 newborn hospital stays. That is approximately one baby diagnosed with NAS every 19 minutes in the U.S., or nearly 80 newborns diagnosed every day. Newborn withdrawal usually starts between 24-72 hours of life, but may be delayed until 5 to 7 days of age or later.

According to Women's Health Service Case Manager Karen Frantz, BSN, RNC, Summa Health's protocol for treatment of babies born to mothers who test positive for opioids is to keep the baby in the hospital for five to seven days. The babies are assessed every three to four hours for NAS and monitored to see if they need to be transferred to the neonatal intensive care unit (NICU). "I could see how devastated these moms were to watch their babies, after they were born, going through withdrawal," says Frantz. "They would hold their babies all the time – they were staying up to provide comfort measures and not getting any rest."

Non-pharmacologic interventions known to decrease the symptoms of NAS include low-stimuli environments, gentle handling, swaddling, holding and rocking. The use of a novel device that incorporates many of these interventions may decrease the need for medications in this population.

As a result, in 2019, Frantz began researching and evaluating the effectiveness of the SNOO® Smart Sleeper Bassinet for managing withdrawal symptoms in newborns with NAS. The SNOO is a responsive bassinet intended for infants age 0-6 months. It provides continuous womb-like sensations, including gentle, rhythmic rocking and low-level white noise to improve a baby's sleep and reduce fussiness. An infant is placed in a SNOO sleep sack (a swaddle with wings on either side) that attaches to bassinet safety clips, securing the infant on the back for all sleep. The SNOO was created by Dr. Harvey Karp, an assistant professor of pediatrics at the Keck School of Medicine at the University of Southern California and bestselling author of "The Happiest Baby on the Block."

"The SNOO gently rocks the baby and lets the mom feel comfortable about not having to hold the baby continuously," shares Frantz. "It helps the mom feel better about how she's taking care of her baby – and less guilty about the baby showing signs of withdrawal."

Among the group treated in the SNOO during Frantz' 2019-2020 study at Summa Health, there was a decrease of infants transferred to the NICU for medication management. "About 10 years ago, 100% of these babies went to the NICU when born. We didn't even give them a chance with their moms. Gradually, we began letting babies stay with their moms who provided comfort measures. In 2016, 54% went to the NICU. Since we've had the SNOO, just 20.9% are being transferred."

Babies who have remained in the newborn nursery (not transferred to the NICU) for seven days and treated in the SNOO have demonstrated an improvement in Finnegan and "Eat, Sleep, Console" scores relative to those receiving usual care. What's more, mothers using the SNOO have felt well prepared to take care of their infant. Parents of those treated in the SNOO also have demonstrated an increase in sense of parental competency compared to those receiving usual care. According to Frantz, each life positively impacted within the mother/infant dyad has positive long-term consequences for the health of the individual, the extended family and the community.

"The SNOO program helps our nurses, too. While we like to keep babies with their moms, sometimes they have to go back to the nursery. Our nurses then have to hold these babies in order to console them, and it takes up a lot of their time," says Frantz. "The SNOO gently rocks the baby, allowing our nurses to take care of the many others within the nursery."

While the program began in 2019 with a single SNOO bassinet, Summa Health received two more in 2020 and recently received a fourth. "Today, all babies that are going through withdrawal at Summa Health are treated with the SNOO bassinet."





# A Message From Above "Call, Don't Fall"

At a Summa Health Falls Prevention Committee meeting, Michelle Gonser MSN, RN-BC, Unit Director for the Acute Care of the Elderly (ACE) Unit 5 North on the Summa Health System – Akron Campus, shared an idea from Nurses Improving Care for Healthsystem Elders (NICHE) that had proved effective at other hospitals. The idea involved installing a special ceiling tile above patient beds featuring the phrase, "Call, Don't Fall." The brightly printed message would remind patients to call a nurse for assistance before leaving the bed, rather than risking a fall.

In an effort to aid in the prevention of patient falls at Summa Health, our Falls Prevention Committee agreed to pilot "Call, Don't Fall" ceiling tiles to determine their effectiveness before going system wide. Selected pilot sites included 4 South of the Summa Health System – Barberton Campus and 5 North of the Summa Health System – Akron Campus.

After the committee requested quotes and received approval from Vice President and Chief Nursing Officers T.J. DeAngelis, MBA, BSN, RN, NE-BC and Lorie Rhine, MSN, RN, NE-BC, the tiles were ordered and installed. They were installed on 4 South of the Summa Health System – Barberton Campus in February 2019 and 5 North of the Summa Health System – Akron Campus in March 2019. Unit Director Tiffany Dillon provided education at 4 South staff meetings, while Gonser informed 5 North.

Within the first month of the pilot, results showed a significant reduction in falls on both units:

#### **4 South, Summa Health System – Barberton Campus**

- January 2019, 6.623 falls per 1,000 patient days
- February 2019: Intervention – ceiling tiles installed
- March 2019: 2.985 falls per 1,000 days

#### **5 North, Summa Health System – Akron Campus**

- February 2019: 11.041 falls per 1,000 patient days
- March 2019: Intervention – ceiling tiles installed
- April 2019: 3.145 falls per 1,000 days

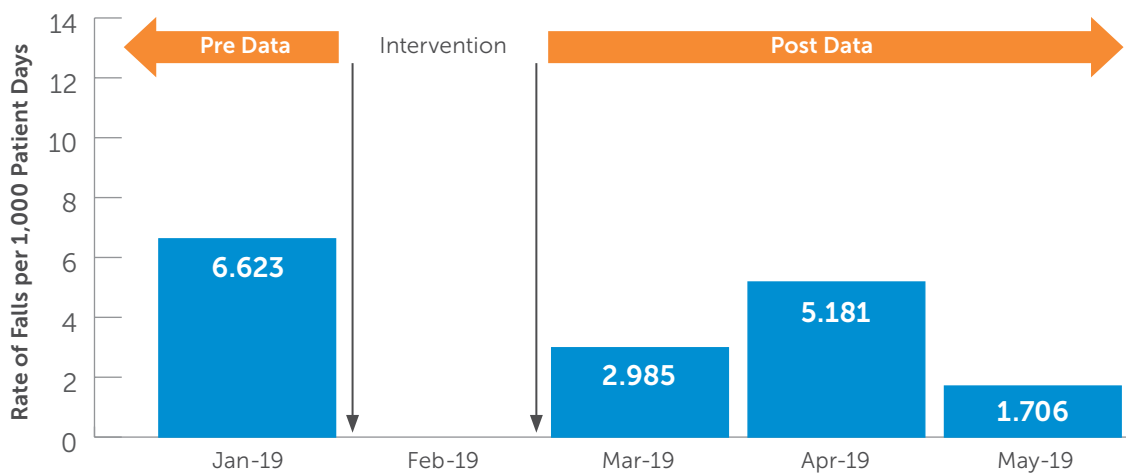
Because of this success, the Summa Health Falls Prevention Committee expanded the project across the system in all appropriate units with ceilings that could accommodate the tiles.

By the end of November 2019, six additional medical-surgical and telemetry units had the "Call, Don't Fall" ceiling tiles installed. In 2020, the majority of these units had a decrease in their fall rates.

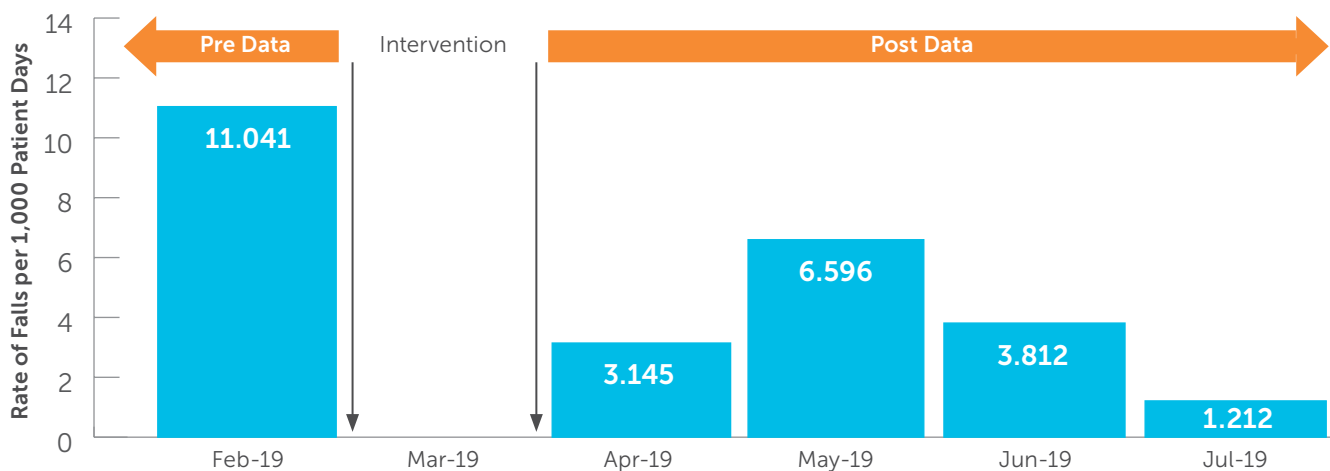


With "Call, Don't Fall" printed on a ceiling tile above each bed, patients can't ignore the safety message – they see it every time they glance up.

#### Decreased Falls Rate | Rate of Falls per 1,000 Patient Days | 4 South



#### Decreased Falls Rate | Rate of Falls per 1,000 Patient Days | 5 North





# Awards, Honors and Achievements

## Cameos of Caring

**Kelly Beard** – Emergency Department, Akron Campus

**Ashley Devine** – 7 West, Akron Campus

**Annette Carozzi** – OB/GYN, Barberton Campus

## March of Dimes Ohio Nurses of the Year

**Heidi Eve-Cahoon** – Breast Health (nominee)

**Kelly Glendon** – Operating Room (nominee)

## Sigma Theta Tau International, Delta Omega Chapter Recognition for Excellence

**Anthony (TJ) DeAngelis** – Excellence in Nursing Leadership

**Anne McMillan** – Excellence in Utilization of Nursing Research

## Sigma Theta Tau International, Delta Omega Chapter Award for Excellence in Nursing

**Marla Oddo** – Palliative Care Unit

## Barbara Donaho Distinguished Leadership in Learning Award – Kent State University

**Kristina Kesler** – 5 West

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## Grants

United Way of Summit County. **McKinnon, J** (Behavioral Health). \$100,000 grant. Technology-enabled Transportation Pilot to Support Addiction Recovery. 2020-2021.

United Way of Summit County. **McKinnon, J** (Behavioral Health). \$125,000 grant. Substance Use Disorder Care Coordination. 2020-2021.

Ohio Mental Health and Addiction Services/Substance Abuse and Mental Health Services Administration. **McKinnon, J** (Behavioral Health). \$58,813.17. State Opioid Response Grant for Medical Settings. 2020-2021.

Ohio Mental Health and Addiction Services/Substance Abuse and Mental Health Services Administration. **McKinnon, J** (Behavioral Health). \$58,113.17. First Step Opiate Addiction Treatment Program. ED-based Case Management and MAT services. 2020.

## Presentations

**Oral Presentations:** 1 Regional

**Poster Presentations:** 8 National and 1 International

## Publications

Birmingham, L, Richner, G, Moran, M, **Hatridge, K**, (Trauma Services) & George, R. (2020, April-June). Timeliness of Care for Injured Patients Initially Seen at Freestanding Emergency Departments: A Pilot Quality Improvement Project. *Quality Management Applications*, 29 (2), 95-99.

Shanks, L.C., Chiu, S.-H., Zelko, M. I., **Fleming, E.** (Breast Center), & **Germano, S.** (Quality). (2020, August). Speaking Up to Authority in a Simulated Medication Error Scenario. *Clinical Simulation in Nursing*, 45 (C), 28-31. <https://doi.org/10.1016/j.ecns.soso.01.008>.

## Content Editors

**Amy Dawson**, Wolters Kluwer, Lippincott Procedures  
**Kylene Mesaros**, Wolters Kluwer, Lippincott Procedures





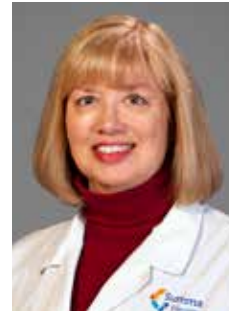
Kelly Beard



Ashley Devine



Annette Carozzi



Heidi Eve-Cahoon



Kelly Glendon



Anthony (TJ) DeAngelis



Anne McMillan



Marla Oddo



Kristina Kesler



Jamie McKinnon



Eileen Fleming



Sandy Germano



Amy Dawson



Kylene Mesaros

# Nursing Professional Development

## Initial Certification

**45 Registered Nurses achieved initial national nursing certification:**

Kyle Anderson NE-BC  
Evan Deighan NE-BC  
Tiffany Dillon NE-BC  
Melva Spragling NE-BC

Betsy Blackiston CBC  
Laura Bosko CBC  
Rebecca Corrick CBC  
Caitlin Crutchman CBC  
Blair Hench CBC  
Rachel Hofacre CBC  
Samantha Holcomb CBC  
Kelsey Hunt CBC  
Alivia Jakab CBC  
Katlin Love CBC  
Tara Magrell CBC  
Nicole Mills CBC  
Nichola Neefe CBC  
Abigale Caracci CBC  
Wendy Smith CBC  
Julie Timura CBC

Justin Anderson CCRN  
Tyler Chubbuck CCRN

Lauren Alek RNC-OB  
Carrie Bridgeman RNC-OB  
Amie Canan RNC-OB

Christine Cook RNC-OB  
Jocelyn Davis RNC-OB  
Wendy Davison RNC-OB  
Lauren Doring RNC-OB  
Ashley Gentile RNC-OB  
Meghan Gilroy RNC-OB  
Holly Myers RNC-OB  
Wendy Smith RNC-OB  
Sarah Stutzman RNC-OB  
Julie Timura RNC-OB  
Andrea Word RNC-OB

Kelly Cheronis TCRN  
Jason Sapper TCRN  
Lindsey Wilkens TCRN

Kristin Wheeler CPAN  
Sheryl Wichterman CPAN

Michele Gareri RN-BC  
Gerontological Nursing  
Megan Kermue RN-BC  
Medical-Surgical

Amanda McComas NPD-BC

Dawn Troup ACCNS-AG

## Recertification

**Congratulations to the 51 nurses that recertified their national specialty nursing certification in 2020!**

### Master in Healthcare Leadership

Trish Enos

### Bachelor of Science in Nursing

Alexandria Brewer  
Amanda Cranston  
Rebecca Davis  
Andrew Duplain  
Amanda Erhard  
Trina Griffith  
Judith Gray  
Leslie Hookey  
Katheryne Klemp  
Lyndsey Lovett  
Amber McKeown  
Lisa Nesline  
DeeAnna Price  
Susan Pugh  
Kristin Sine  
Michael Tipton  
Robyn Virag  
Jessica Wright  
Vanessa Zanders

### Clinical Ladder Recognition Program

#### Akron & St. Thomas Campuses:

8 nurses achieved Clinical Nurse I  
7 nurses achieved Clinical Nurse II  
1 nurse achieved Clinical Nurse III

#### Barberton Campus & Wadsworth-Rittman Medical Center:

12 nurses achieved Clinical Nurse I  
2 nurses achieved Clinical Nurse II



For more information and to see  
current job opportunities, visit  
[summahealth.org/nursing](https://summahealth.org/nursing).

