

Nominee Name	Deb Bonnes
Nominee Position	Nursing Informatics Specialist
Credentials	MS, RN
Nominee Department	Nursing Informatics
Area of Recognition	New Knowledge, Innovations & Improvements
Nomination Category	Non-Traditional Practice
Nominated By	Mimi Ryan MS, RN, NE-BC
Describe why you are nominating this nurse:	<p>It is my honor to nominate Deb Bonnes for the Magnet Nurse of the Year Award for her leadership in designing and implementing the Alaris Pump integration and roll out. Deb Bonnes was an integral leader that proved how dedication, extraordinary attention to detail, and hours upon sleepless hours of her creating our own unique processes to turn a patient safety "dream" into reality. Deb invited and engaged bedside nursing staff, pharmacy, and physicians to imagine new processes to eliminate manual pump entry, which can lead to error and patient harm. The focus on interprofessional collaboration was key, and started at the most basic steps of medication delivery to a patient. In every area there was a different process from the time an order was written, to the time it was dispensed by a pharmacist, to the time the nurse actually administered to the patient via the pump. Meetings were held, processes were mapped out, tested, failed, retested, and approved. Some say it's all in a days work, and Deb's days sometimes averaged 20 plus hours, just because it meant that much to her for this innovation to succeed. She was quoted as saying " I will put in countless hours to ensure that no baby, no one's mother, friend, or family member will ever be injured by our new process"--and that she did.</p> <p>At UCH we give more than 10,000 doses of medications every day. Every time we give a medication, there is potential for error. Our system is now more efficient with promoting a 'fail-safe" process through new standard work, and our patients are safer because of it.</p> <p>In the past year, Deb led a process of which very few hospitals have dared to undertake. Innovation prompted interprofessional education and collaboration with a laser sharp focus on patient safety. We are now "front runners" on leveraging technology to give patients that extra layer of cutting edge safety mechanisms to prevent human error.</p> <p>By decreasing the number of infusions programmed in 'basic infusion', we have increased the percentage of Guardrail Suite usage. As of December 2015, Guardrail Suite usage is at 96%! This improvement is directly related to the clinician education to the new processes and procedures. This education is now delivered in nursing orientation as well as department-based orientation. Pharmacy, Nursing Informatics(Deb), and Physicians are following the outcomes closely in the monthly Medication Safety Steering Commiteee.</p> <p>Preliminary outcomes :</p> <ol style="list-style-type: none"> 1. Zero wrong patient errors in December 2015

2. Patient ID Compliance improved from an average of 69% to 80%
3. May-Oct 2015 averaged 10,917 infusions that were programmed as "basic" infusions. December 2015 data shows a 32% reduction. Using basic infusion allows pumps to be programmed outside of a safe range (too low or too high) which does not alert the nurse of errors . Our ultimate goal is to have all IV infusions protected by ‘guardrails’. A 32% reduction in the use of ‘basic infusion’ is therefore a phenomenal patient safety improvement!

Nominee Name	Nicole Chilimindris
Nominee Position	Registered Nurse
Credentials	RN, BSN, CMSRN
Nominee Department	Pulmonary Unit
Area of Recognition	Exemplary Professional Practice
Nomination Category	Clinical Practice
Nominated By	Brittany Cyriacks

It is with immense honor that I write this letter to recommend Nikki Chilimindris, RN, BSN, CMSRN, for the Magnet Nurse of the Year Award for Exemplary Professional Practice. Nikki has always been a silent leader on the unit and through this past year has really become a strong leader as she is a long standing relief Charge RN, primary preceptor and now taking on the journey to applying for her Level III credentials. She provides education as needed along with a listening ear, comfort, and positive support.

Nikki leads by example showing her peers that it is just as important to care for yourself as it is to care for your patients. Nikki prides herself in providing great care to her patients and knows that it is her duty as a nurse to prevent burnout by participating in self-care. She values sitting in a position where she can have a strong voice for the nurses and advocate for process improvement projects that promote nurses caring for themselves while increasing satisfaction with the work they do. The first item that she wanted to address and took on independently with the support of the Pulmonary Unit Based Council was allowing staff to take a phone free lunch for 45 minutes. Nikki looked into our NDNQI nursing satisfaction results in August that showed only 9.36 out of 29.13 units were able to sit down for a meal free of patients. Nikki devised a plan to assist staff in feeling comfortable taking a break free of a patient care. Nikki surveyed staff to identify what they felt were barriers to taking a phone free lunch. In response to the survey question, “How often do you get a 30-45 minute uninterrupted phone free break,” 77.8% of staff stated **NEVER**. Nikki knew that this set our staff up for a higher potential of burnout and continued staff turnover.

Nikki reached out to leadership who supported her decision to have a sign up board in the nurse’s station where nurses would sign up for one of four available lunch time slots,

guaranteeing that everyone would have taken a lunch by 1500/0300. This was not an easy task because this would be a huge culture change for the unit. Nikki recently resurveyed staff in January and when asked the same question, “How often do you get a 30-45 minute uninterrupted phone free break,” 9.52% of staff answered NEVER. That is a huge improvement since August! Nikki has not only given staff a reason to feel comfortable handing off their phone for an uninterrupted break, but she has given them a gift to realize how important it is to maintain resiliency in an ever changing profession. Not only does she lead by example in self-care, but through her project to improve this important nursing satisfaction indicator, she has exemplified Professional Practice.

Nominee Name	Cheryl english
Nominee Position	RN Case Manager/Digestive Health Center
Credentials	RN III BSN
Nominee Department	Digestive Health
Area of Recognition	New Knowledge, Innovations & Improvements
Nomination Category	Clinical Practice
Nominated By	Rosemary Myers RN, BSN,MS Assistant Director AS PSQI

Cheryl is a quiet nurse that demonstrates what nursing exemplary professional practice is by example not bravado. Cheryl had a patient that had refractory C-diff and her doctor ran out of options for her, and the patient’s life was miserable. Rather than accepting that there were no options for this patient Cheryl worked with Doctor Freeman to explore current cutting edge treatments and together they discovered the work being done with Fecal Microbiota Transplant (FMT). Thus began her journey to a Quality Improvement project for all patients needing FMT. Cheryl researched all of the treatment options and latest FMT therapies, she developed guidelines and brought this new treatment to UCHA. In 2011 working with Dr. Freeman they performed the first FMT from a designated donor in 2012. Her patient went from having no options to being the poster-child for FMT and she has never had a recurrence. UCHA has been doing them since then.

Cheryl was aware of the patient and family burden when the need for a Fecal Transplant was needed. Not only was this process time consuming it was costly to the organization and the patient. Cheryl’s researched alternative options and found OPENBIOME, an independent non-profit company that provides pre-screened donor stools. Together, she and Dr. Freeman put together a plan to see if OPENBIOME would be approved for use here. She was successful in getting this approved by the PT&T Committee and developed the protocols and procedures for this product. The first OPENBIOME procedure using this product in was done in May 2015. This changed the procedure from one hour to 30 minutes and provided a cost-savings to the patient and the organization. Now all of the endoscopists perform this procedure and it is now common to do these 1-2 times per week in our endoscopy lab and patients seek out our services

at UCHA. This has supported the GPS initiatives by reducing the appointment time by 30 minutes as well as decreasing cost to the organization and to the patients.

Additionally, Cheryl would often hear doctors speak to the need to have the ability to add the Hydrogen Breath Test diagnostic study to some of the patient's work up's. This led her to researching the Hydrogen Breath Test (HBT) project and what would be needed to bring this technology to UCHA. Cheryl gathered the information needed to write the protocol and participated in organizational meetings to help get this procedure up and running here at UCHA.

Cheryl is a tireless advocate for her patient population, the physicians and UCH. Cheryl is the shining example of what the Magnet Nurse of the Year is.

Nominee Name :Kelsi Griffin

Nominee Position :Registered Nurse

Credentials :RN BSN

Nominee Department :Pulmonary

Area of Recognition :Exemplary Professional Practice

Nomination Category :Clinical Practice

Nominated By :Brittany Cyriacks

February 20, 2015

Dear Selection Committee,

It is with immense honor that I write this letter to recommend Kelsi Griffin, RN, BSN, for the Magnet Nurse of the Year Award for Exemplary Professional Practice. I have known and had the pleasure to work alongside Kelsi for 3 years on the Pulmonary Unit. She is an exceptional nurse who sets the bar high for patient care and safety. She not only leads by example, but has a strong passion for moving the dial on providing the best possible care for our patients.

The first thing you will notice about Kelsi is not only her eagerness to learn new things, but the admirable way she teaches others on our unit. She is very detail oriented and is known for putting forth her strongest effort to provide only GREAT, not mediocre care. Kelsi is a strong leader on the unit as she actively is a primary preceptor and relief charge nurse on our unit. She

is recognized as a great resource with a willingness to help others. She consistently assists her team members when she has down-time and often times places her colleagues' needs in front of her own. Kelsi is a compassionate, caring professional nurse. She tries to always go the extra mile to do what is needed for the patients as well as her peers. She provides education as needed along with a listening ear, comfort, and positive support. Kelsi has been seen as a leader who in time of great change on the pulmonary unit has provided consistent stability and calmness to the unit. Kelsi is very dedicated to the magnet model and that has been greatly illustrated through her journey to credentialing to a Level III Clinical RN and her ongoing projects to help pulmonary remain successful through all the change encountered in the last year.

In the past, our unit experienced a huge culture change when the CF population moved on to another hospital. Due to the low patient turnover at that time, staff on our unit were quickly faced with a faster paced environment they needed to grow accustomed to. With the departure of this specialty, we began to see an increase in medicine patients which has a much higher patient turnover rate. Our unit went from communicating at any given time with up to 6 services to communicating with over 16 different services. As one could imagine this caused unorganized chaos leading to staff dissatisfaction and low morale on the unit. With the departure of CF, staff felt that they had to care for any diagnosis or surgical procedure. Nursing assessment and care was once very focused and our staff encountered a new learning curve. This has not only caused a lack of confidence but also dissatisfaction to lose the reputation of being a clinical expert in something so specialized. With the new learning curve for our nurses and certified nurse's aides, our unit quality metrics quickly became an obstacle as well.

Additionally, with a total fall rate in August 2015 of 7.56 per 1000 patient days and multiple staff complaints of back injuries, Kelsi recognized that our increase in patient falls was a huge safety concern for our patients. When Kelsi heard of the Banner Mobility Assessment Tool (BMAT) that was rolling out on other units she was motivated to apply this to our unit. However, when Kelsi takes something on, it is not just other's information and hard work that she is passing along, she truly makes it her own. Kelsi quickly put her thorough and detail oriented qualities to work and came up with a successful project to roll this assessment tool out to our staff. This project was aimed to give the staff back some control of what they needed to do to safely mobilize our patients and reduce not only patient, but staff injury related to mobilizing patients. Kelsi started with surveying staff and found that 39% of staff was uncomfortable with a walker, 74% of staff was uncomfortable with a gait belt, 90% of staff was uncomfortable with a Sara Steady, 97% of staff was uncomfortable with the total lift, and 100% of staff was uncomfortable with the sit to stand. This data significantly spoke to the fact that staff was not comfortable with the resources available to them to safely mobilize patients and as a consequence were not utilizing them.

Immediately, Kelsi devised a plan to move all the equipment to the hallways, visible to staff in order to promote their use. This was not an easy task but she knew it was the only way to get staff to utilize the expensive equipment provided to them for safe patient handling. It required the department of engineering to remove desks and create coves for the equipment to sit safely in the hallways per Joint Commission regulations. Kelsi then put together a presentation to staff that included the video clip of the validated BMAT assessment, data points that were gathered, and the improvements that were made in patient care through implementing this tool into nursing practice. Kelsi gave one on one education to each staff member on our unit along with expectations. Kelsi realized that to be the expert and lead by example, she herself needed to learn the proper way to use equipment. Kelsi did collaborate with Todd, our safe patient handling expert, for her training and promoted safe patient handling super users on the unit.

She did not stop there. After they received the training she developed a checklist that called for every member of our staff to be signed off by herself and the super users in order for their training to be complete. Kelsi also asked to have this added to the annual competency for nurses so that they would be held accountable in yearly performance evaluations. Kelsi received full leadership support.

Furthermore, Kelsi has gone even more above and beyond by taking on the role of doing this education for every new hire that we have on-boarded. That is over 20 additional staff members that she has educated to ensure that she sustained the gain of this project and it was not lost in the numerous amount covered in orientation. She has reviewed the assessment tool and the proper use of the equipment with every single one of them. BMAT has become part of the culture on our unit.

In addition, while we may have to wait to see the data from the post survey on how comfortable staff feels with this equipment, I do not need to see it right now to know that the equipment is being used far more then I have ever seen on our unit in the past 8 years. The data that speaks volumes currently in relation to this project is that staff injuries related to mobilizing patients is zero and our unassisted fall rates went from 5.67 in August to 1.00 in November. Pulmonary total falls have gone from 7.56 in August to 1.99 for November. She rolled out education in September and October and went live with the assessment tool November 1. This was a HUGE improvement for us!!!

In summary, our unit leadership cannot be more pleased with the success Kelsi has been having with this project. She has persevered through the struggles of staff truly developing this assessment into their routine and making this a culture on our unit. She has re-evaluated the project on a regular basis, seeking feedback from frontline staff to make changes that would benefit the unit or determine what would work realistically in the nursing care provided on our unit. She has contributed to not only helping keep patients safe, but has helped keep our staff safe. The biggest accomplishment of this project and Kelsi's illustration of the magnet model has been that she has shown the pulmonary unit that when you lead by example in the healthcare environment and implement evidence based practice; you most certainly can improve patient outcomes! Thanks to Kelsi, Pulmonary has shown that even though we are busier than ever, we can still provide safe high quality care and for that she deserves Magnet Nurse of the Year for Exemplifying Professional Practice.

Nominee Name	Colleen K. McIlvennan
Nominee Position	Lead NP for Heart Failure
Credentials	Assistant Professor of Medicine
Nominee Department	Medicine, Division of Cardiology
Area of Recognition	New Knowledge, Innovations & Improvements
Nomination Category	Clinical Practice
Nominated By	Larry Allen and the Section of Advanced Heart Failure
Describe why you are nominating this nurse:	It is my sincere privilege to nominate COLLEEN McILVENNAN, NP, DNP for a Magnet Nurse of the Year Award in New Knowledge, Innovation, and Improvements. I have worked closely with Dr. McIlvennan in both clinical and research capacities since she joined the Division of Cardiology in 2010. Although Dr. McIlvennan is relatively junior to be considered for such a distinguished Magnet Award, it is perhaps the sheer amount of what she has been able to accomplish in such a short amount of time that makes her so obviously deserving.

Dr. McIlvennan has quickly become the heart and soul of our inpatient Advanced Heart Failure Service at the University of Colorado Hospital (UCH). Reflecting trends seen across the country, she was initially hired in 2010 when the cardiology housestaff were reorganized. This proposed change was initially met with resistance – 6 years later all of the attending physicians would say that the addition of Colleen to our service was the best thing to happen to it in years. She learned the complexities and nuances of heart failure and transplantation management incredibly quickly. She has a great sense for the big picture. She astutely integrates the various styles of the different attendings into a gold standard of care for the service. She has provided much needed continuity, not just for patients but also for the cardiology attendings, the floor nurses, the rotating house staff, and even our surgeons. She is more adept at using Epic than anyone I know. In addition to taking on inpatient management

issues, she also understands the broader business of medicine. She has become quite skilled at care coordination and health insurance. She links inpatient and outpatient care through improved transitions. She interfaces with palliative care. Dr. McIlvennan provides an exemplary level of clinical service that her profession should aspire for.

Even though Dr. McIlvennan was hired to provide clinical care on the inpatient service, she has progressively taken on greater and greater administrative responsibilities related to the care of heart failure patients across our entire clinical enterprise. Despite the presence of a dedicated heart failure service at UCH, the majority of patients discharged with a primary diagnosis of heart failure are cared for on other services. With a variety of health policy changes in recent years, most notably the Medicare's public reporting and value-based purchasing related to heart failure readmission rates, UCH has been particularly interested in the care and transitions of our heart failure patients. Colleen has rapidly assumed many of the responsibilities around our UCH heart failure initiatives. She led the development of an Epic-based algorithm for real-time identification of hospitalized heart failure patients and an automated readmission risk score. She solicited input from programs around the country and then worked collaboratively with Emergency Medicine to develop a heart failure pathway for the Clinical Decision Unit, and then in parallel fashion worked with CT Surgery to develop an algorithm for the ECMO. She was the face of our program for successful applications for The Joint Commission Advanced Heart Failure Certification in 2013 and 2015. She is co-chair of the UCH H2H Heart Failure Task Force. She is constantly shadowed by DNP students and she has been giving more and more lectures around campus.

Meanwhile, as if all of this was not enough, she earned her DNP from the School of Nursing in 2012. She has rapidly become engaged in research, wanting desperately to improve care delivery for our complex patient populations. She earned a pilot grant from the UCH Clinical Effectiveness and Safety committee in 2011 for her work to develop automated heart failure identification and risk stratification tools in our Epic system. She earned another grant from the Palliative Care Pilot Program to pay for qualitative analytic support around her work to understand the decisional needs of patients and caregivers who are considering destination therapy left ventricular assist devices (DT LVAD). She is a co-investigator now on a number of grants around decision making and caregiving in mechanical circulatory support, including a \$2.1 million award from the Patient Centered Outcomes Research Institute. This work has resulted in more than a dozen abstracts, including a highly coveted Young Investigator Award at the American Heart Association Quality of Care and Outcome Research conference in 2013 (she is the only non-MD to ever win this prize) and the Heart

Failure Society of America (HFSA) Nursing Research Awards Winner in 2015. Her academic productivity exceeds most research faculty in our Division, with 14 manuscripts in recent years and regular speaking opportunities at national conferences. Most importantly her work is fundamentally changing the way we help patients and their loved ones decide whether or not to live the end of life with a left ventricular assist device.

Appropriately, she was recently promoted to Assistant Professor of Medicine on the academic tenure track. She provides leadership and management for the 5 NP's in our section. She also actively serves on the HFSA Early Career Committee and the HFSA Program Committee.

Efficiency, reliability, quality, hard work, execution, big-picture thinking – these are all words that Dr. Colleen McIlvennan typifies. People around UCH know and respect her. I can think of no nurse who does more to create new knowledge, innovation, and improvements in care delivery at UCH than Dr. Colleen McIlvennan. Please help recognize her incredible contributions.

Sincerely,
Larry A. Allen, MD

Nominee Name	Jara Monroe
Nominee Position	Clinical Nurse III
Credentials	BSN, RN, CMSRN
Nominee Department	Surgical Specialties
Area of Recognition	Transformational Leadership
Nomination Category	Clinical Practice
Nominated By	Angela Hill, Nurse Manager

Jara Monroe, a Level III Surgical Specialties clinical nurse, is to be commended and recognized for her untiring efforts to improve both patient and staff satisfaction and for her impressive leadership that supports the team's vision of creating the best place to work. Surgical Specialties hired more than 25 new graduate nurses this past year, and Jara was always one of the first preceptors to be chosen to orient, train, and coach new nurses. Jara has also served as a relief charge nurse on the unit, as nurse manager of the unit; I never have a worry when Jara is in charge. She has a vast understanding of the organization's vision and goals and her decision-making ability is remarkable. Jara serves on the hospital's Informatics Committee, and has utilized her IT skills on the unit by creating, organizing, and maintaining our unit's SharePoint

site. One of Jara's most impressive works involves her efforts to improve nursing documentation in the area of patient education, a Joint Commission requirement. Jara provided staff with individual audit feedback and consistently updated nurses and leadership regarding improvements and opportunities for growth. Because of Jara's commitment to make improvements, the unit's compliance improved from 57% to 95% in a few months. ***Jara displayed her impressive work at the 2016 Research Symposium.***

As chair of our Unit Based Council, Jara faced many challenges following the expansion during a time when nursing turnover was higher than usual. Jara's forward thinking enabled her to never give up on reestablishing and sustaining our UBC. She is committed to ensuring front-line staff have a voice in unit decision-making. With Jara's lead, the UBC's most recent successes have been creating a new unit staffing guideline and Tier system for self-scheduling, ordering self-care items for the unit's Oasis Room, supporting new practice rollouts such as BMAT, and educating staff about how to maintain a clean and healthy work environment. When the unit Quality and Safety Advocate was on maternity leave, Jara volunteered to review Safety Intelligence events with the leadership team. Jara role models excellence to her peers; her creativity, engagement, and desire to exceed expectations are unmatched.

Nominee Name	Allison Wild
Nominee Position	Clinical RN
Credentials	BSN, RN, PCCN
Nominee Department	Cardiac and Vascular Pre Post
Area of Recognition	Exemplary Professional Practice
Nomination Category	Clinical Practice
Nominated By	Megan Hansford

It is an honor and a privilege to nominate Alison Wild for Magnet Nurse of the Year in the category of clinical nurse. Allison works in the Cardiac and Vascular Center (CVC), Pre and Post department and is an influential leader in her department.

Education is a passion for Allison and it's obvious by the educational opportunities she completes and offers to the nursing staff in her department. Leadership projects that have impacted both the patient experience and staff satisfaction in the CVC include the revision of the CVC guideline entitled Communicating Procedure Information and Delay to Patient and Family. To impact the patient and their family she created a CVC Procedural Brochure. This brochure provides patients and their family with frequently asked questions, expected procedure and

recovery times, what they can expect related to delays, and expectations related to updates to family from staff when the patient is in the procedure. Just last year Allison tackled nurse satisfaction by implementing the CVC Morning Huddle to increase nurse physician communication. 2014 NDNQI survey results showed under the 50th percentile on the practice environment scale Collegial Nurse-Physician Relations. After the Morning Huddle implementation the 2015 NDNQI survey results improved to greater than the 50th percentile in three of the four departments.

In the role of Clinical Nurse Specialist Allison has made a significant impact on nurse education and in turn has increased nurse's satisfaction and development greatly. Allison created a robust Skill's Lab, she leads multiple Journal Clubs, modified the iCAT for orientation competency in the Pre Post and helped to create the iCAT for Bronchoscopy. The NDNQI survey question that measures Active staff development or continuing education programs for nurses increased from the 50th percentile in 2014 to the 90th percentile in 2015. Allison is a true leader in her department and other departments in the Cardiac and Vascular Center. It is my pleasure and honor to nominate her for the prestigious award.

Nominee Name	Ashley Withington
Nominee Position	RN
Credentials	BSN, CRRN
Nominee Department	Rehabilitation
Area of Recognition	Structural Empowerment
Nomination Category	Clinical Practice
Nominated By	Jan Hagman

Describe why you are nominating this nurse: Dear Members of the Magnet Steering Committee,
It is with great pride and enthusiasm that I write this letter of nomination for Ashely Withington, RN, BSN, and Certified Rehabilitation RN. I believe her work on the Rehabilitation Medicine unit will demonstrate that she meets the criteria for the Magnet Nurse of the Year Award in the category of structural empowerment in a clinical role.
Ashely began her nursing career here at the University of Colorado Hospital as a new graduate resident in 2013 on the Rehabilitation Medicine Unit. Since joining the rehabilitation team she has demonstrated a significant level of engagement evidenced by her work on several committees and her dedication to excellent patient care. She is currently a member and the co-chair of the hospital wide Diabetes Champion committee, a member of the Neurogenic Bowel and Bladder Rehabilitation Quality Improvement (QI) Project Committee and is co-chair of the Rehabilitation Unit Inter-professional Based Council (RUBIC), our department based council. In addition she has served as a preceptor to new graduate residents and as a relief charge nurse. I would like to highlight two areas where Ashley has greatly contributed to the development of strong professional practices. The first involves

her work on The Rehabilitation QI Project Committee. This interprofessional group met and developed bowel and bladder guidelines specific to the Acute Rehabilitation Unit for patients with either traumatic or non-traumatic spinal cord injuries. Ashley's involvement included standardization of bowel and bladder educational materials for patients and the development of nursing resources to aid in the management of patient specific bowel and bladder programs. She successfully championed for a new product, touchless intermittent straight catheters. These were officially approved by the Products Committee in early February, 2016. These catheters have been in the market for many years but were unavailable in the inpatient setting. Having them available on the rehabilitation Unit has allowed nurses to more accurately teach patients how to self-catheterize with the actual tools they will have at home. As this newer product is a closed system it also aids in decreasing the risk for infection.

A second professional practice impacted by Ashley's passion to improve patient care outcomes involved her development of a Hypoglycemic (Hypo) Huddle form. Ashley rolled out the Hypo Huddle form on the rehabilitation unit in September of 2014. She educated staff via poster presentation on hypoglycemia and the purpose of the form which aimed to decrease the episodes on hypoglycemia and repeat hypoglycemia, much like the fall huddle form. A secondary goal was to increase compliance with documentation standards. Prior to the roll out, the unit had six episodes of hypoglycemia in a three month period. In May of 2015 her data showed a decrease in repeat hypoglycemia and an increase in documentation of the episodes including notification of physicians and treatment measures. The hypo huddle form has been presented to the Diabetes Champions' group but has not yet gone house wide. However audits conducted by this group now include review of documentation with hypoglycemic events and identification of "Hypo Heroes". Hypo Heroes are nurses that communicated to MDs and documented treatment completely when their patient had a hypoglycemic event.

Finally in support of Ashley's nomination for Magnet Nurse of the Year under the category of structural empowerment, I would like to add that she consistently receives positive recognition from her patients They identify her compassion and caring and her ability to teach them how to be as independent as possible. Ashley is a member of the Association of Rehabilitation Nurses and has attended their national meeting as well as local chapter meetings,

Thanks you again for this opportunity to highlight the amazing work that Ashley has done in her short career as a nurse. I believe she is a worthy candidate for this prestigious honor.

Sincerely,

Jan Hagman, MS, RN