patient care services
Facts about OHSU

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OHSU nursing vision:
As professional nurses, we partner with our community and each other to provide innovative, compassionate and excellent patient-centered care
I am humbled and grateful to serve as a vice president and chief nursing officer for Oregon Health & Science University. As a health care system and nursing division, we have created inspiring goals for organizational achievement. We focus on what is most important to patients: safe, high-quality care. Our current designation as a Magnet hospital reflects this focus, and we look forward to a visit from the American Nurses Credentialing Center in early 2017 to validate the examples of nursing excellence from our Magnet renewal application.

Other achievements detailed in this report include:

• Outstanding professional development of direct care nurses. We reached the goal of 80% of our clinical nurses holding a bachelor's degree or higher – four years before the goal set by the Institute of Medicine Future of Nursing report.

• We exceed national benchmarks for specialty nursing certification, considered a gold standard of nursing knowledge.

• We enjoy strong shared governance and are pondering the next step in our evolution, a professional governance model.

• We continue to enjoy an exemplary relationship with the OHSU School of Nursing. Dean Susan Bakewell-Sachs and I meet regularly with the nursing leadership team and the SON faculty to expand and build our academic-practice partnerships. This year’s projects have included care continuity and rural health initiatives.

• We have honed our performance improvement skills and methodologies with the interprofessional team, working together and using the OHSU Performance Excellence system, or OPEx, to make OHSU better for patients and providers.

• This year, we continued building a culture of safety across the clinical enterprise, focusing on just culture and the communication methodology of “ask, request, voice a concern and use the chain of resolution,” or ARCC.

Last but not least, we have considered the importance of moral courage in our nursing practice. We recognize that this is not about being fearless but about doing the right thing, even in the face of fear. Our patients need our courage – and courage, like a muscle, grows stronger with use.

As always, it is my pleasure and privilege to serve as your chief nursing officer. My door is always open – please do not hesitate to come through it.
I have always strongly believed in the value of integrating nursing education, practice and patient care, and research. The traditional education-practice separation in nursing has long frustrated me. As a faculty member who maintained a clinical practice for many years, I have felt this separation in my own career. Today, the OHSU School of Nursing and OHSU Healthcare are engaged in collaborative strategic work, with a larger vision for greater integration.

In March 2016, the American Association of Colleges of Nursing report on a New Era for Academic Nursing was released. (The report is available at www.aacn.nche.edu.) This report, along with the 2010 Institute of Medicine Future of Nursing report and Campaign for Action, the Patient Protection and Affordable Care Act of 2010 and other developments have placed nursing and academic health centers in the spotlight. We are challenged to advance new integrated models of health care, achieve better outcomes and develop new, sustainable financial models for all our missions.

The AACN report recommends the following vision: “Academic nursing is a full partner in healthcare delivery, education and research that is integrated and funded across all professions and missions in the academic health system.” The report also recommends enhancing the clinical practice of academic nursing, partnering in preparing the nurses of the future and implementing accountable care, and investing in nursing research while integrating it into clinical practice. We were on this path before the AACN report was published. Dana and I view the report as affirming our work and sparking greater vision and implementation.

In the School of Nursing, we see being a full partner as leading and contributing to improving health care outcomes and patient experiences, reducing costs and improving satisfaction for care providers. We are partners with OHSU Healthcare in collaborative workforce plans and education programs, producing and developing leaders who can advance practice, education, research and improvement science.

Thank you for collaborating and congratulations on the accomplishments of the past year. I look forward to our continuing partnership.

Warmly,

Susan Bakewell-Sachs, Ph.D., R.N., F.A.A.N.
Dean, OHSU School of Nursing
Vice President for Nursing Affairs
A practice environment in which nurses enact their full professional roles is a key attribute of high-performing hospitals. In 2016, we submitted our application for renewed Magnet® recognition. As we did so, we continued to invest in professional practice and celebrate nursing excellence.

OHSU is Oregon’s only academic medical center, with the highest case mix index in the state. Nurses have the opportunity to practice in settings from primary care to the most complex quaternary care units. Like all health systems, we are challenged to improve the safety, quality and efficiency of health care.

Some highlights of nursing excellence:

- Our use of standard continuous improvement methods, via the OHSU Performance Excellence system, hastened the rate of change in FY16. Developing robust improvement rounds engaged interprofessional partners to solve problems, enhancing patient safety and experience. Our chief nursing officer leads a culture of safety campaign that has increased reporting of patient safety events and near misses.

- Nurses lead the way in monitoring, evaluating and improving practice outcomes. This year, we improved on key nursing-sensitive indicators, including reducing catheter-associated urinary tract infections, preventing pressure ulcers, improving the patient experience and shortening hospital stays.

- Nurses at all levels contribute to the scientific basis of practice, sharing knowledge from more than 15 evidence-based practice projects, improvement initiatives and research questions regionally and nationally. The 6th Nursing Fellowship in Evidence-Based Practice supported clinical inquiry by 10 clinical nurses.

In addition, OHSU nurses engage in community outreach, international health care collaborations and volunteer efforts worldwide. Our robust shared governance structure involves clinical nurses in making the decisions that affect them, and we develop and evaluate structures, challenging nurses to practice at the top of their licenses. Interprofessional teams develop innovative patient care that serve as models for other institutions and practitioners. OHSU nurses exceed national milestones for education and certification. In 2016, more than 50 nurses completed their RN-BS degrees.

The stories in this report highlight points of pride about OHSU nursing care. They illustrate the value of care to patients, the work environment, the health system and the state. Please join me in celebrating these achievements and our ongoing commitment to professional practice and patient-centered care.

Deborah Eldredge, Ph.D., R.N.
Director, Nursing Quality/Research/Magnet Recognition
OHSU Healthcare
Improving patient safety: Increase in reporting events

Data from the 2014 Agency for Healthcare Research and Quality patient safety survey demonstrated the need for a culture shift at OHSU. The shift was from a perception that leadership blamed individuals or teams for errors to a view of error reporting as a way to improve performance. Chief Nursing Officer Dana Bjarnason, Ph.D., R.N., N.E.-B.C., gathered an interprofessional team committed to creating a culture of safety in which all employees learn how and why errors occur and dedicate themselves to continuously improving the systems to prevent errors. In this environment, all members of the organization strive to understand not who made an error, but how it happened and how it can be prevented in the future.

A transformational leader creates an environment that inspires members of the community to take greater ownership of their work. At OHSU, nurse leaders strive to be transformational. They recognize that input from direct-care nurses is fundamental to achieving the organization’s goals.
All members of the organization strive to understand how errors happen and how they can be prevented.

Culture of safety. The four elements of OHSU’s culture of safety center on the patient experience.

We continuously dedicate ourselves to promoting open reporting of errors. We commit to a response that is objective, timely, reliable and transparent.

We develop highly reliable systems and teams by engaging in process improvement efforts, using internal and external sources to guide our learning and being transparent about lessons learned with patients, families and all team members.

We recognize that most mistakes come from systems failures. We are committed to non-punitive and transparent responses. We maintain individual accountability for actions in a manner that reflects overall patterns of behavior and performance.

We are mindful and respectful of the ideas and perspectives of all OHSU employees. We honor the courage of those who raise concerns and foster the development of trusting relationships that enhance our community.
Reporting events is key to future prevention. In 2016, Patient Safety Intelligence reports at OHSU increased by 31%. Reports of “near misses” – in which patients could have been harmed but were not – increased 16%.

The increased number of PSI reports reflects intentional culture change congruent with OHSU’s decision to inculcate a culture of safety. The higher numbers also suggest that imbuing principles of just culture reduces health care workers’ concerns about blaming individuals for systems problems. At OHSU, creating a culture of safety is another step to sustaining a caring environment where patients come first and team members are highly valued.

**Change in clinical practice: Day of surgery mobilization project on 9K orthopedic surgical unit**

The early mobility project on OHSU’s orthopedic surgery unit, 9K, provided an opportunity to improve patient outcomes by reducing workflow variations. Inconsistent staff practices for early mobilization were extending patients’ lengths of stay.

This project aimed to increase discharge readiness and decrease LOS after joint replacement surgery by starting early mobilization on the day of surgery. Specifically, the unit aimed to reduce LOS by 10% by the end of 2015.

At the time of admission, nurses educated patients and families about the goal to start moving on the day of surgery. The surgeons and regional pain management team implemented a new pain management approach to facilitate patient preparation for day-of-surgery mobilization.

In 2015, the unit served 280 patients with total hip replacements and 267 with total knee replacements. At baseline, patients undergoing knee replacement stayed an average of 2.7 days. Patients mobilized early had an average LOS of 2.24 days; those not mobilized early had an average LOS of 2.80. Thus, mobilized patients had a 20% shorter stay. At baseline, patients undergoing hip replacement had a LOS of 2.8 days. Those mobilized early had an average LOS of 2.36, versus those not mobilized who had an average LOS 3.08. Mobilized patients had a 15.7% shorter stay.
Change in nursing practice: Standardizing the process to streamline unscheduled Cesarean section deliveries

Labor and Delivery nurses identified that unscheduled cesarean sections were often confusing due to inconsistent definitions of “urgent” and “emergent.” During the time between decision to do a CS and the time surgery began, nurses on the Labor and Delivery Unit, 12C, felt team roles and responsibilities were undefined. This led to potential delays in patient care, missed steps and a higher risk of complications. Nurse leaders recognized that the Labor and Delivery Unit, 12C, would benefit from standardizing this process.

Molly Blaser, M.N., R.N., 12C nurse manager, and Nicole Marshal, M.D., a maternal-medicine provider, led the work. They convened an interprofessional team from Nursing, Obstetrics, Maternal-Fetal Medicine, Family Medicine and Anesthesia, along with surgical technicians and residents. The team developed standard language and definitions for CS, adopted new communication technology and created standard work for L&D team members following the decision for surgical birth. The team reorganized the L&D operating room, equipment and supplies. The role of OB coordinator role was created to help patients move efficiently to the operating suite and make sure the room stayed calm and quiet by offering support and coordinating additional help or supplies as needed. Providers and nurses completed education on all these new items and roles, including simulation training for clinical nurses on the primary, secondary and OB coordinator roles.

Data showed an overall reduction in urgent “decision to incision time” from 59 minutes at baseline to an average of 39.3 minutes over the next 9 months. This represents a 33% reduction in time to surgery for urgent CS.
Changing the patient experience – quiet healing environment

OHSU is committed to creating a quiet, healing environment for recovery. Research shows that the amount and quality of patients’ rest significantly affects their ability to heal. A noisy environment can slow the healing process and result in longer stays. Hospital activity generates noise; however, hospitals are not just any workplace.

In 2014, the Quiet, Healing Environment Committee identified activities and equipment that were generating noise. However, clinical nurses gave feedback that the goal was not simply to reduce environmental noise, but to enhance patient experience and recovery. The need was to change the culture of the organization from a working environment to a healing environment. In December 2014, the committee developed the Sleep Restoration and Comfort Nurse Practice Expectations of Care, which established standard expectations for nursing assessment and interventions for patient sleep hygiene.

OHSU’s Organizational Effectiveness team developed a training module about how noise affects patients’ hospital recovery and the well-being of those around the patient. The module included patient stories about their noise experiences and identified ways to make work areas quieter.

After the training was completed, unit leaders recognized that helping team members maintain a healing environment would require culture change. Quiet Time posters reminded all health care providers, patients and families of the healing environment vision and of specific quiet times. Transportation staff members, who travel to all of the clinical units, contributed to data collection and reinforcement of the dimming of lights at 14:00 and 19:30. Clinical nurses dedicated to the vision of a healing environment led unit-level improvement projects to promote sustainability.

Between the fourth quarters of FYs 2013 and 2015, the percentile ranking for “quiet at night,” as measured by patient survey, increased from the baseline average of the 38.5th percentile to the 53.7th percentile. This exceeded the goal of achieving a score in the 50th percentile.

Change from Q4 2013 to Q4 2015 in OHSU percentile ranking on Hospital Consumer Assessment of Healthcare Providers and Systems survey question, “During this hospital stay, how often was the area around your room quiet at night?”
Creating standard work for charge nurses

A charge nurse leads and oversees day to day operations on inpatient nursing units. OHSU’s Medical Intensive Care Unit lacked a standardized approach to the charge nurse role, which led to varying expectations, performance and outcomes.

Over the course of three workshops, charge nurse representatives from the MICU team came together to create a shared vision, review Lean methodology, link standardization to outcomes, and create Charge Nurse Leader Standard Work. Adoption of the Charge Nurse LSW resulted in consistent communication in the daily unit huddle, 100% compliance in medication counts, standardized performance in daily management systems and improved charge nurse and staff perceptions of unit flow and operations. Due to the success of the MICU Charge Nurse LSW, an OHSU task force is now exploring how to establish and evaluate hospital-wide standards for Charge Nurse LSW.
HSU nurses are involved in decision-making and shared governance to establish standards of practice and address opportunities for improvement. The obligation for lifelong learning promotes role development, academic achievement and career advancement. OHSU nurses enrich their communities by providing education, instruction and service in many areas.

Recognizing and celebrating nursing’s contributions increases confidence in the profession, educates people about nursing’s roles and responsibilities and further engages nurses in advancing the profession. OHSU values the contribution each nurse makes for the benefit of patients, families, staff and the organization.

Improving hypoglycemia management
Certified diabetes educator Stacey Damazo, M.P.H., B.S.N, R.N., C.D.E., led OHSU’s glycemic champion nurses in analyzing Patient Safety Intelligence reports on hypoglycemia. These reports revealed that nurses were providing differing types of nutrients to patients with hypoglycemia, as well as more carbohydrates than the hypoglycemic policy specified.

With the support of OHSU’s Medication Safety Committee, the glycemic champions proposed unit-based education for clinical nurses in order to increase compliance with the hypoglycemia treatment policy. The goal was to decrease deviation from the policy by 10% for both carbohydrate type and dose within 12 months of the intervention.

Champions tracked progress to verify education of all clinical nurses and certified nursing assistants. These providers received information through at least three venues, including emails, one-to-one communication with nurses and brief messages at unit huddles or shift changes. The project also included presentations during unit skills days and discussions at bulletin boards with posted information. Champions also encouraged nurses to consult the policy prior to treating patients for hypoglycemia.

This staff-initiated practice improvement work was successful. Deviations from the type of carbohydrate recommended by the policy declined 11%, from an average of 48% at baseline to 37% after the intervention. Deviations in carbohydrate dose declined more than 15%, from 76.5% at baseline to 65% after the intervention.
Unit-based education for clinical nurses increased compliance with the hypoglycemia treatment policy.

Reduction in deviations from carbohydrate type and dose for patients with hypoglycemia after staff-initiated practice improvement project.
Implementing nurse-managed wound care treatment with Medihoney

Wound care therapy involves complex decision-making to ensure optimal patient healing, reduced suffering and cost-effective care. Typically nurses use enzymatic debriding agents to avoid the need for invasive procedures. However, many enzymatic agents require frequent dressing changes. They can be expensive and are not antimicrobial.

OHSU’s wound, ostomy and continence nurses questioned the overall effectiveness and cost of traditional collagenase treatments, especially as they discovered evidence of new techniques. Medical-grade honey has the advantages of being naturally antimicrobial and promoting autolytic debridement and granulation at a low cost.

The WOCN group conducted a four-month trial of medical-grade honey on inpatient wound consults in fall 2015. They set a goal to maintain optimal wound healing while reducing the cost of wound-bed preparation by 25% within six months of implementing medical-grade honey. During the project, the department reviewed debridement and healing for each patient on whom honey was used. One WOCN evaluated each patient, noting the percentage of wound bed with nonviable tissue.

During the project, WOCNs noted that the percent of eschar in the wound bed steadily declined and fewer dressing changes were required than with collagenase treatment. Patients appreciated having fewer painful dressing changes and reported that the odor of their wounds improved. As medical-grade honey dressings were adopted, the use of collagenase declined. Savings exceeded the 25% cost-reduction target.

Total cost savings from Medihoney utilization vs collagenase treatment FY15 to FY16.

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* * * Total
Shared Governance Council accomplishments

- Advanced Practice Nurse Council – Sponsored a survey of advanced practice nursing providers that revealed opportunities to improve work-life balance, communication and visibility and career development. The council has focused improvement work in each of these areas.

- Hospital-Based Nurse Staffing Committee – Developed a fatigue policy in accordance with Senate Bill 469 and changes to the Oregon Nurse Staffing Law.

- Magnet Champions – Developed processes to recognize, celebrate and disseminate nursing excellence and engage clinical nurses in nursing excellence, including creating Magnet videos.

- Nurse Technology Advisory Council - Sponsored a kaizen event to evaluate alarm fatigue. The team decreased non-actionable alarms hospital-wide, resulting in improved patient experience.

- Nursing Practice Council – Ensured clinical practice policies, standard work and nursing practice expectations of care were founded in evidence and readily available to staff.

- Professional Development Council – Supported the enculturation of ARCC, a standardized method of addressing concerns in real time. Patients are safer when staff Ask a question, make a Request, state the Concern and access the Chain of resolution.

- Quality and Safety Council – Refined process of learning from events, including case debriefs and reviews of Patient Safety Intelligence reports.

- Clinical Inquiry Council – Hosted the 6th Nursing Fellowship in Evidence-Based Practice. In response to research priorities identified by the Journal of Nursing Administration, the council began an intensive review on demonstrating the economic value of nursing.

- The Collaborative – Held a Shared Governance Retreat in September 2015. Priorities for improvement include:
  - Assuring alignment and prioritization of organizational, nursing and unit goals.
  - Improving shared governance education and training so that formal leaders and Unit-Based Nursing Practice Committee members can learn together.
  - Improving participation in shared governance by reducing barriers.
as by setting and evaluating expectations for new hires after orientation and promoting ongoing novice-expert development.

In August 2015, a group of nurse leaders and direct care staff came together in a kaizen event for this issue. The group identified four concepts as critical to demonstrating competency in orientation: team collaboration, role clarity, independent scope of practice and safe practice. The team aimed to provide OHSU acute care nurses with a standard, concept-based orientation. The desired outcome was that every nurse’s practice exemplified professional standards and was on pace with novice-to-expert professional development.

The team developed education and tools to meet these goals. For example, a new class called “Orientation to Professional Role” was added to OHSU’s general new employee orientation in January 2016. The new class focuses on understanding and implementing the nursing professional role. Orientation for adult acute care nurses was also standardized. Newly hired nurses now attend

**Educational achievement**

**Increasing professional certification for clinical nurses**

At OHSU, 51% of clinical nurses hold professional certification in specialty areas. The Professional Nursing Care Committee maintains and updates the list of eligible national certifications. Nurses who hold current certification from a national nursing organization in their current practice area receive a $1,500 annual bonus. Units may sponsor certification preparation classes, and OHSU partners with two professional organizations to pre-pay for certification exams, making the process more accessible to staff. The nurses of the OHSU Doernbecher Children’s Hospital operating room were recognized by the Competency and Credentialing Institute with a 2016 True North Award for achieving 69.7% certification. Also at Doernbecher, pediatric acute care nurses sponsored a certification workshop, and more than 30 nurses earned certification. Finally, certification is well-enculturated in the Cardiovascular ICU and Oregon Poison Center. In both units, more than 75% of nurses hold professional specialty certification.

**Creating a consistent orientation for acute care nurses**

Acute care nurses at OHSU received very different orientations depending on their unit or cluster. Patient Care Services identified an opportunity to improve professional practice by reducing this variation, as well

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**Increase in professional specialty certification for OHSU nurses, 2014-2016.**

![Certified nurses, overall](chart)

Fifty one percent of clinical nurses hold professional certification in their specialty practice areas. This represents a 10% increase over the last two years.
Eighty-four percent of clinical nurses hold baccalaureate or masters’ degrees in nursing. This exceeds the Institute of Medicine goal that 80% of nurses hold baccalaureate degrees or higher by 2020. (Institute of Medicine, Report on the Future of Nursing)

Positive outcomes have included more networking across acute care nursing units; more transparent expectations; clearer milestones for independent practice; increased resources to help new hires meet challenges; and improved ability of newly hired acute care nurses to understand and articulate their professional responsibilities.

Poison Control Center learns, disseminates information on marijuana risk

The Oregon Poison Center at OHSU was established by an act of the Oregon State Legislature in 1978 to provide emergency treatment information for poisoning or toxic exposure. The OPC is a 24-hour health care information and treatment resource serving Oregon, Alaska and Guam. In their mission to ensure emergency intervention for toxic exposures, nurses assess, diagnose and instruct patients who are exposed to toxic substances.

One recent change is the legalization of recreational marijuana in Oregon and Washington and the use of edible forms of medical marijuana, also known as medibles. With adults, the impact of marijuana seems to be time-limited and without long-term consequences. In contrast, the impact in children can be serious and lead to severe outcomes.

Several reports of marijuana-related toxic exposures prompted OPC nurses to learn more about the risks of marijuana, especially medibles. After researching the topic, nurses integrated the new knowledge into their work and shared findings with OPC colleagues as well as emergency response and health care personnel in emergency rooms throughout Oregon. The OPC nurses have been involved with the development of childproof packaging for medibles, as well as public and professional education related to Oregon and Washington’s new marijuana use laws. Charisse Pizarro-Osilla, B.S.N., R.N., C.S.P.I., wrote an article on the topic that was published in the Journal of Emergency Nursing’s July 2016 issue.
New practices

Implementing intraoperative chemotherapy

In early 2014, a surgical subspecialty in OHSU’s South Operating Room notified OR leadership of their interest in performing procedures using hyperthermic intraperitoneal chemotherapy, or HIPEC. Handling cytotoxic medications exposes health care team members to risk during preparation, use, cleanup and disposal. The Intraoperative Nursing Education Team incorporated standards from the Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health, the Oncology Nursing Society and the Association of periOperative Registered Nurses to develop procedures based on interprofessional standards as well as training modules designed for OR use. These guidelines focused on patient and staff safety, scheduling and workflow.

In January 2015, the team conducted a trial run of HIPEC in the South Operating Room. The first case was performed in February 2015. Each phase of the process—planning, intraoperative care, sterile processing and postoperative care—was evaluated in real time by the team members.

To date, 10 HIPEC cases have been completed. The cooperation of all team members yielded a standardized, detailed plan to which all the participating disciplines contributed, participated and agreed. There have been no medication spills or accidental patient or staff exposures. A proactive, integrated interdisciplinary planning team, led and coordinated by nursing, created a new approach to preparation for a complex procedure.

Exemplary professional practice

Exemplary professional practice entails a comprehensive understanding of the nurse’s role and its application with patients, families, communities and the interprofessional team. Exemplary professional practice is grounded in culture of safety, quality monitoring and performance improvement.

In FY16, OHSU nurses identified novel ways to include patients and families in making decisions about their care and implemented exciting new technology and practices. Interprofessional care and collegial decision making are keys to OHSU’s ability to meet the health care needs of complex and diverse patient populations. Exemplary professional practice is the hallmark of a culture of excellence.
The nursing education team developed guidelines focused on patient and staff safety, scheduling and work flow.

Decline in clinical nurse turnover at Oregon Health & Science University

In FY16, clinical nurse turnover declined slightly and continues to outperform the national average by more than 10%.
Days shifted from inpatient care on Unit 14K, Bone Marrow Transplant, to the outpatient infusion clinic.

Nurses on OHSU Unit 14K, Bone Marrow Transplant, were part of an interdisciplinary effort to increase bed capacity on the unit by shifting some induction chemotherapy to OHSU outpatient clinic settings.
The two project goals were to free up inpatient capacity on 14K and to decrease the cost of care. In 2015, when melphalan infusions moved to the clinic, 47 patient days and $548,486 were saved. Over the next six months, therapy with HiDAC, R-EPOCH and rituximab were shifted to the clinic, saving more than 150 patient days on 14K. In total, the unit saved more than $1,000,000 in the cost of patient care.

The committee also devised innovative solutions to improve care for BMT patients in the clinic. As well as significantly reducing costs, shortening inpatient stays allowed patients to remain in familiar settings longer.

**Adult extracorporeal life support program**

Before 2013, adult patients were rarely treated with extracorporeal life support, and it was not used to treat cardiac or respiratory failure. In the late 2000s, however, the literature began documenting positive results for ECLS, and the national incidence of ECLS runs for adult cardiac and respiratory failure patients dramatically increased.

In December 2014, OHSU formed a task force to create a strategic plan for meeting the needs of adult patients who might be helped by ECLS. The task force consisted of critical care nursing leaders, the critical care medical director, perfusionists and physicians representing Cardiology, Pulmonology, Critical Care Medicine and Cardiothoracic Surgery.

OHSU Hospital Administration awarded formal funding in June 2015. Next, a steering committee was established to develop and implement an adult ECLS. The committee developed an ECLS coordinator position and hired a clinical nurse from the Medical ICU.

To improve the efficiency of care, the ECLS steering committee recommended an advanced ECLS technology that would, in most cases, allow the patient’s nurse to manage the ECLS machine. The ECLS coordinator developed a staffing model that adjusted assignments across the critical care cluster to account for the needs of a cardiopulmonary failure patient when ECLS is initiated. OHSU’s adult ECLS program was rolled out in October 2015. During implementation, staffing resources were increased so ECLS nurses could orient to their new tasks.

Through the spring of 2016, 24 ECLS nurses completed orientation. Now, patient acuity is assessed during each shift and staffing is based on individual patient needs. The ECLS staffing plan, developed with input from clinical nurses, met the goals of providing emergent coverage and effective care. Evaluation and adjustment will occur quarterly for the first year as well as at the required annual review of the staffing plan through the Critical Care Cluster Council and the hospital-based nurse staffing committee.
Patient blood management

Blood management encompasses all aspects of evaluating and managing transfusions. The aims are to detect and treat pre-operative anemia, to reduce perioperative blood loss and to harness and optimize the patient specific physiological reserve of anemia. Effective PBM can reduce the need for allogeneic blood transfusions, improve patient outcomes and reduce health care costs. It also ensures blood components are available for patients who need them. Unnecessary transfusions are associated with increased morbidity and mortality, greater risk of infection, delayed wound healing and longer hospital stays.

In FY16, OHSU established its first PBM program, managed by Debbie Burger, M.S.N., R.N. In its first year of operation, the program:

- Established a Bloodless Surgery and Medicine program. Bloodless Surgery and Medicine is designed for patients who seek alternatives to blood transfusions for religious, medical or other reasons. An early analysis of patients in this program suggests that managing anemia before surgery can positively affect hemoglobin levels and reduce complications and length of stay.
- Partnered with the Jehovah’s Witness community and local Bloodless Surgery and Medicine programs to ensure that the community needs and preferences were considered during program development. Also participated in community education.
- Developed an iron deficiency and iron deficiency anemia screening kit for providers to use when performing an annual exam on a Bloodless Surgery and Medicine patient.
- Determined that the massive transfusion protocol can contribute significantly to blood waste in areas that infrequently perform them. Assisted with standardizing the MTP process, developing educational materials and resources.
- Taught providers in high blood-volume units about minimizing blood waste through proper handling, storage and return of blood products.
- Collaborated with the Integrated Perioperative Care Team to determine a pathway for pre-operative anemia screening and management.
- Began to develop a pathway for emergency treatment with Hemoglobin glutamer-250 (HBOC-201) for patients with critical anemia who cannot receive blood transfusions.

Reducing pressure injuries during pronation therapy in the medical ICU

In the intensive care unit, patients may undergo pronation therapy to improve oxygenation and alleviate the pressure of gravity on the chest wall when perfusion is challenging. OHSU uses rotating beds to accomplish pronation. In July 2014, OHSU extended patients’ prone time to 18 to 20 hours per day, based on the medical literature. However, within the first four weeks of extending prone time, nurses reported that two of four patients developed significant pressure injuries, requiring facial surgery and reconstruction. continued on page 24
Heart failure university

Heart failure is a complex chronic disease. Patients and families must often manage multiple medications, identify symptoms, interpret weight change, consume a low sodium diet and engage in prescribed physical activity. The American Association of Heart Failure Nurses reviewed heart failure self-care and determined that patient education that gets patients more engaged with their care decreases rates of hospital readmission.

Amy Corcoran, B.S.N., R.N., C.H.F.N., a clinical nurse on OHSU’s Unit 11K, learned about group education for inpatients while attending the American Association of Critical Care Nurses National Teaching Institute. This inspired her to lead a new, proactive education effort for OHSU patients with heart failure. Corcoran talked with patients about the current education process. Nearly all believed they needed more general information on their conditions and specific information on diet. Despite intensive education, they did not feel confident with dietary restrictions, symptoms recognition and self-care.


An interprofessional team consisting of a registered dietician, physical therapist, pharmacist, nurse practitioner and clinical nurses developed a teaching plan. HFU was implemented in April 2014 and nurses recruited patients and families to participate. Patients evaluated HFU at the completion of class. The interprofessional teaching team met regularly to review patient surveys and comments, using rapid cycle improvement methods to adapt and optimize the curriculum.

In the first year, approximately 60% of patients with heart failure attended at least one session of HFU. More than 85% found HFU useful and rated themselves as confident to recognize symptoms and use the Zone Tool. Patient experience ratings improved for all patients on 11K as a result of improved education offerings.

HFU is an example of clinical nurses leading innovative interprofessional efforts to implement and evaluate coordinated patient education activities. Support from the Heart Failure Best Practice Committee and 11K Unit-Based Nurse Practice Council was integral to success.
Reducing catheter associated urinary tract infections

According to the Center of Disease Control and Prevention, urinary tract infections account for more than 30% of health care-associated infections. As the most common form of health-care associated infection, UTIs are usually caused by catheters and other instruments in the urinary tract. Catheter-associated urinary tract infections, or CAUTI, can cause increased morbidity, mortality, hospital costs and length of stay. The effects of CAUTIs were so prevalent that reducing these infections was a Joint Commission National Patient Safety Goal (NPSG.07.06.01) for several years. Specific infection control measures are known to prevent CAUTIs.

In FY16, OHSU’s Quality and Safety Executive Council identified CAUTI reduction as a tier-one priority. QSEC set the CAUTI goal based on the Minnesota Department
In order to sustain change and reinforce learning, clinical nurses were trained as unit specific HAI champions. With the charge nurse, these nurses conducted audits and acted as CAUTI resources for peers. They also decreased the dependence on the Infection Control team by decentralizing knowledge of infection prevention principles.

Nursing education on the new Foley protocol began in April 2015. A CAUTI audit tool was created and used beginning in May, and 98% of clinical nurses completed education by June. This education, followed by daily management systems to verify practice changes, would continue through June.

CAUTI cases were reviewed during weekly improvement huddles with interdisciplinary teams, including clinical nurses. The information was disseminated to unit staff through HAI champions and nurse leaders.

This project decreased OHSU’s inpatient CAUTI rate from 4.45 per 1000 patient days to 1.49. Clinical nurses’ involvement led to substantial improvement, and the kaizen was an effective way to engage clinical staff in improving interprofessional care practices.

### Reduction in catheter-associated urinary tract infection rates with implementation of new nurse-led protocol, FY15.

From FY14 to FY16, the rate of CAUTIs at OHSU declined from an average of 4.5 to an average of 1.5 per 1000 catheter days.
Preventing urine retention after orthopedic surgery

Catheter-associated urinary tract infections, or CAUTI, are a known complication of using urinary catheters. Efforts to minimize CAUTI include limiting the number of patients who receive catheters during surgery. Nurses on OHSU’s Unit 9K, Orthopedics and Spine, were concerned about an increase in patients arriving post operatively with extremely full bladders, because bladder stretch injuries are also associated with urinary tract infections.

The 9K RNs completed Patient Safety Intelligence reports to track patients who arrived on the unit with full bladders. Instances of bladder distension were reviewed by the 9K Unit-Based Nursing Practice Council, who engaged representatives from South Operating Room and Unit 6A, Pre and Post-Anesthesia Care, to determine where the problem occurred. The CAUTI Committee discovered attempting to reduce CAUTIs by limiting Foley catheters in patients undergoing shorter surgeries had increased the number of patients with postoperative urinary retention.

Nurse-managed interventions such as effective use of bladder scanning are consistent with nurses’ independent scope of practice. The assessment and a literature review resulted in encouraging patients to void before surgery, documenting voiding times and performing bladder scanning in the OR or PACU.

With the support of the perioperative leadership team, an algorithm was created to manage patients’ bladder conditions through their surgical stay. A bladder scanning policy was imperative to decrease the risk for postoperative bladder retention for patients transferred from PACU to 9K, while maintaining a low risk for CAUTI. Now, patients whose surgeries take longer than two hours have their bladders scanned in the OR or PACU.
and are catheterized with a straight catheter if needed. Documentation was also changed to more accurately capture when patients voided before surgery. In May 2014, all nurses in the perioperative department were trained on the algorithm, documentation changes and bladder scanner.

The 9K nurses’ collaboration with the PACU and South OR resulted in fewer Patient Safety Incident reports of urinary retention. Reports declined from 1.7 per quarter at baseline to 0.6 per quarter in the 18 months after new practices were developed. Using clinical inquiry, the professional literature and OHSU’s shared governance structure, nurses established policies and procedures that now allow them to autonomously prevent postoperative urinary retention. The structures, systems and processes provided and supported by OHSU provide clinical nurses with a consistent method to address needs for practice change.

Reduction in Patient Safety Intelligence reports of patient urinary retention after surgery on Unit 9K, Orthopedics and Spine.

Nurses worked across departments to reduce the number of patients arriving on nursing Unit 9K, Orthopedics and Spine, with urinary retention after surgical procedures.
New knowledge, improvements and innovations

A major component of OHSU’s academic mission is to generate, evaluate, implement and communicate new knowledge and cutting-edge technologies. These values are reflected in OHSU Nursing’s commitment to use and contribute to the scientific basis of nursing practice.

Nurses working in a professional environment ask questions about their practice. They explore and implement evidence-based solutions to practice challenges. When they lack information, nurses conduct formal research to generate new knowledge. Finding innovative ways to achieve high-quality, effective and efficient care is an outcome of transformational leadership in tandem with the well-developed structures and processes that engage nurses in professional practice.

Post-acute care coordinator helps improve long-term care

Long term acute care hospitals can help general hospitals maintain capacity for patients who need specialized services while ensuring patients who need long-term acute care are cared for in the right setting. An LTACH opened in the Portland area in 2008 and was initially seen as an important part of being able to “right-size” capacity at OHSU. Over time, OHSU identified concerns with patients who transferred to the community LTACH, including perceived lack of patient clinical progression, differing goals of care and poor communication between OHSU and LTACH providers. These issues contributed to a sense of distrust. There was also a high level of turnover among the LTACH leadership, whose corporate office is on the East Coast, and demonstrated little ability to collaborate on an operational level.

This growing distrust and ongoing leadership turnover affected OHSU providers’ willingness to consider transfer of patients to the LTACH. By 2013, this concern was so prevalent that patients who qualified for LTACH care remained at OHSU. Because patients who require LTACH care often stay in the hospital for weeks or months, OHSU’s bed capacity was further challenged. Nancy Trumbo, M.N., R.N., N.E.-B.C., OHSU’s Director of Care Management, knew that a strong LTACH was in the best interest of the community – but she also had concerns about the existing facility’s quality of care.
Increase in patient transfers from OHSU patient beds to long-term acute care hospital after development and implementation of post-acute care coordinator role.
The goal was to safely and efficiently transfer more patients to the Portland LTACH, thereby creating bed capacity for patients who needed OHSU services. Specifically, the goal was to double transfers from an average of 15 per quarter at baseline to 30 per quarter by the end of 2015.

In March 2014, the Case Management department brought together representatives from OHSU and the LTACH to address concerns and barriers to transferring patients to the LTACH. Trumbo introduced the idea of a nurse care coordinator shepherding patients, families and providers through the transfer process. The post acute care coordinator role was envisioned to bridge communication gaps and ensure smooth transition of patients between settings. The group also created operational goals and discussed needed structures for the PACC role.

The PACC role was piloted, with the coordinator attending LTACH rounds, providing regular email progress reports to the OHSU physicians, and performing video handover of patients from OHSU to LTACH staff and completing in-person patient and family check-ins. Half the coordinator’s duties include working with clinicians, while the remainder are focused on interactions with patients and families.

The PACC role increased OHSU transfers to the community LTACH from an average of 15 per quarter before the intervention to 34.6 afterward. OHSU physicians transferred 104 patients to the LTACH during the 3 quarters after implementation. This allowed nearly 400 tertiary care patients access to OHSU’s specialized services. The PACC position was formalized in the new budget year, and appropriate transfers have steadily increased.
Recognizing patient aggression towards nurses

Patient aggression, including verbal hostility and physical violence, is prevalent in hospitals. The literature shows that patient aggression can have many negative effects on nurses, including decreased job satisfaction, post-traumatic stress disorder, altered relationships with colleagues, fear of injury and even death. Additionally, the inconsistent use of terms for patients’ aggressive behavior increases confusion among clinical staff about which patients are at risk for behaving aggressively.

In October 2014, the OHSU Nursing Research Council reviewed an application from Derrell Wheeler, B.S.N., R.N., C.M.S.R.N., of Unit 14C, General Medicine for an evidence-based project to identify and intervene in aggressive behavior by patients. The project was part of Wheeler’s Evidence-Based Practice Fellowship. Recognizing the large project scope, the council suggested Wheeler find a partner, and Unit 5C, Family Medicine, was included. Alex Hyde, B.S.N., R.N., was invited to join the EBP fellowship and Dianne Wheeling, B.S.N., R.N., Professional Practice Leader for Behavioral Health, was chosen as the fellowship coach. Wheeler and Hyde distributed an electronic survey to assess nurses’ confidence in identifying and managing aggressive patient behavior. Results showed that nurses had moderate confidence in identifying it, but moderate emotional distress from caring for these patients. This was further evidence of the need for change. Baseline documentation identified significant variation in nurses’ descriptions of aggressive behavior, in part because nurses had differing interpretations of what aggression looked like and did not recognize early signs of aggression.

Wheeler and Hyde identified three elements to teach their peers and facilitate communication about patient status: how to recognize early signs of aggression, how to intervene and how to document the assessment and care provided. Six months following training, nurses’ confidence in managing patient aggression increased in both units. Documentation of key terms, mood and anxiety increased on both units. Better documentation allowed nurses to share knowledge about actually and potentially aggressive patients more effectively.

Nurses’ improvement in confidently recognizing and managing patient aggression, as measured by Evidence-Based Practice Fellowship project, FY15 to FY16

Increase in documentation of patient aggression terms on OHSU nursing unit 5C, Family Medicine, paired with decrease in perception of aggressive behavior on nursing shift. (P < .05.)

Increase in documentation of patient aggression terms on OHSU nursing unit 14C, General Medicine, paired with decrease in perception of aggressive behavior on nursing shift. (P < .05.)
Advancing knowledge

Increasing collaboration between OHSU Healthcare and OHSU School of Nursing for quality improvement

Nurses at OHSU Healthcare contribute to nursing education in significant ways. In FY16, collaboration with the OHSU School of Nursing undergraduate program on the Portland campus was enhanced by a new quality improvement project for students in the Accelerated Baccalaureate program. These students learn about QI in their didactic leadership course. Then, during their capstone clinical experience, students apply their learning by taking part in a QI project on the nursing unit. OHSU nurses share how quality is managed and improved on their units, students contribute to that work and School of Nursing faculty support the process. Students present their work at a School of Nursing QI Day at the end of the term. Examples of student projects this year include:

- Improving skin and wound care. Students participate in hospital-wide Quarterly Skin Care Rounds with nurses who are experts in skin care. The day starts with education about the latest innovations in wound care treatments and products. Then students break into small groups, each led by a skin care champion, for head-to-toe skin assessments on patients. Students learn how to perform detailed skin and wound assessments and document findings. From these experiences, two nursing students saw the need to improve knowledge and assessment tools in the unit where they were placed. They created a tool to help staff nurses assess and prevent further skin breakdown and presented it to the unit.

- Strengths-based nursing. A student was placed on a unit that cares for patients with chronic conditions exacerbated by mental illness, homelessness and other difficulties that make discharge planning a challenge. The unit aimed to reduce both length of stay and readmissions. Knowing that building on patient strengths can empower self-care that may improve outcomes, the student made posters and educated unit staff about strengths-based nursing, detailing specific words and phrases to use and avoid in planning for discharge of patients with complex needs.
Nursing fellowship in evidence-based practice

In FY16, OHSU’s Clinical Inquiry Council sponsored the 6th cohort of the Nursing Fellowship in Evidence-Based Practice. This program is designed to support clinical nurses’ unit-based investigations. In this mentored experience, clinical nurse fellows develop skills to answer questions about their clinical practice. The aim is to identify best practices and implement and evaluate small tests of change. Master’s-prepared nurses develop their skills in mentoring and change management by serving as coaches for fellows, whose projects represent a broad spectrum of practice areas and nursing concerns. The table shows fellows, coaches and projects for FY16.

### Fellows and coaches

<table>
<thead>
<tr>
<th>Fellow</th>
<th>Project title</th>
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<tbody>
<tr>
<td>Michelle Blatter, B.S.N., R.N., C.P.N.</td>
<td>Medication Adherence in Adolescents with Inflammatory Bowel Disease</td>
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<td></td>
<td>Pediatric Specialty Practice</td>
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<td></td>
<td>(Coach: Julie Johnson, M.S.N., R.N., C.P.N.)</td>
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<tr>
<td>Kristina Ritzman, B.S.N., R.N., O.C.N.</td>
<td>Improving Nausea Management on a Bone Marrow Transplant Unit</td>
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<td>14K Bone Marrow Transplant</td>
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<td></td>
<td>(Coach: Melissa Keller, M.S.N., R.N., O.C.N)</td>
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<td></td>
<td>Cardiovascular ICU</td>
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<td></td>
<td>(Coach: Ellie Olson, M.N., R.N., C.C.R.N.)</td>
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<td>5B Day Stay</td>
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<td>(Coach: Liz Chang, M.S.N., R.N., F.N.P.-B.C.)</td>
</tr>
<tr>
<td>Jake Staniels, B.S.N., R.N. and Ashley Woods, B.S.N., R.N.</td>
<td>Post-Operative Urinary Retention: Staring into the Void</td>
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<td>9K Orthopedics / Spine</td>
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<td>(Coach: Alison Currie, M.S.N., R.N.)</td>
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OHSU’s nurses of the year

**Advanced practice nurse**
A role-based advanced practice nurse (CNS, NP, midwife or RN anesthetist) who exhibits excellence in providing care. This nurse is a leader and guides practice in the advanced practice role.

*Corey Fry, M.S., A.C.N.P.-B.C., C.C.R.N., Cardiovascular ICU*

**Advancing and leading the profession**
A nurse who leads and advances or strengthens nursing, either as a profession or in the delivery of patient care within and beyond OHSU. In role-based practice, this nurse is a scientist who monitors and evaluates standards, measures expertise and practice excellence and links the professional roles with outcomes.

*Pamela Bilyeu, M.N., R.N., Trauma Program*

**Ancillary staff in nursing services**
A CNA, CMA, LPN, EMT, technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

*Guri Cjarku, E.M.T.-P, Emergency Department*

**Clinical care**
A nurse who demonstrates excellence in direct care delivery in any clinical setting. The practitioner directs and manages care in a therapeutic manner to inspire others to transform and to transform practice.

*Kerry Davidson, B.S.N., R.N., C.P.E.N., Emergency Department-DCH*
**Community service**

A nurse who makes significant professional or voluntary contributions to the community. Through community service, the nurse transfers knowledge in a manner that promotes dialogue, open communication and interdisciplinary relationships in the community.

*Lori Moss, R.N., Pediatric ICU*

**Management**

A non-classified RN (manager, professional practice leader, director). A nurse who demonstrates exceptional management of nursing or patient care services in any setting. This nurse manages the role and application to ensure practice standards are upheld and the environment is designed to support the professional role and practice.

*Deanna Eichler, M.S.N., R.N., Nurse Manager 2*

**Mentoring**

A nurse who provides positive professional influence, guidance and support to other nurses in any setting. This nurse inspires others to transform service and care.

*Marie Braganza-Lee, B.S.N., R.N., Neurosciences & OTO/Head & Neck Surgery*

**Teaching**

A nurse who contributes significantly to the education, professional development or long-term learning of other nursing professionals. This nurse is a teacher who helps others to learn practice.

*Alycia Tutsch, M.N., R.N., C.C.R.N., Professional Practice*

**Nightingale award**

A role-based nurse who has been in practice less than 18 months. This nurse exemplifies outstanding and caring leadership and professionalism as a beginning practitioner.

*Jill Williams, B.S.N., R.N., Cardiovascular ICU*

**Distinguished nurse award**

An expert role-based nurse who has been in practice more than 15 years. This nurse has taken the lead through innovative leadership, fostering involvement in the profession or forming and engaging partnerships within the community.

*Lynn Eastes, B.S.N., M.S., A.C.N.P.-B.S., Trauma Program*

**Virginia I. Sznewajs award for palliative care**

Created by the Sznewajs family to recognize an RN staff member who consistently demonstrates excellence in supporting patients and their families through a life-threatening disease and the death of a patient. The award is to recognize their professional excellence and to support the staff member’s continued professional development in the area of palliative nursing.

*Desiree Artz, B.S.N., R.N., Adult Oncology*
Nurses Week poster winners, May 2016

During Nurses Week in May 2016, OHSU displayed more than 60 posters highlighting unit quality initiatives and improvements. Winning posters are selected in two categories:

**Informational / motivational posters**

Overcoming Barriers to Palliative Care Consultation.

Embarking on a Culture of Safety: Peer Feedback Campaign.
*Professional Development Council*

**Formal improvement / research posters**

Decision-to-Incision: A Cesarean Section Quality Improvement Project on 12C Labor & Delivery.
*L&D Management Guidance and Improvement Teams.*

Prevalence of Pediatric Emergency Department Visits for Low-Toxicity Exposures that Could Otherwise be Safely Managed by Calling a Poison Center.
*Oregon Poison Center; Amy Rap, R.N., B.S.N., Sandra Giffin, R.N., M.N., Faye Girardi, Pharm.D.*

March of Dimes Nurse of the Year winner
Nurse of the Year: Surgical Services
*Amanda Skinner, B.S.N., R.N.*

DAISY Award

Celebrating nurses who consistently demonstrate compassion, understanding and caring to patients and families, and excellence in the delivery of individualized patient care.

**June 2016**

- Linda Lundeen, B.S.N., C.N.O.R., 6C South Surgery
- Kimberly Spangler, B.S.N., R.N., 10A Emergency General Surgery
- Jolene Lippert, B.S.N., C.C.R.N., 12K Cardiovascular ICU
- Amy Corcoran, B.S.N., R.N., 11K Cardiovascular Intermediate Care
- Kaitlin McCreery, B.S.N., R.N., 14C General Medicine

**March 2016**

- Charlotte Wimer, B.S.N., R.N., 14C General Medicine
- Deb Marlowe, R.N., C.M.S.R.N., 14A General Surgery
• Jackie Furuno, B.S.N., R.N., C.C.R.N., Pediatric Intensive Care Unit
• Shannon Grey, B.S.N., R.N., C.C.R.N., Pediatric Intensive Care Unit

December 2015
• Anna Esparza, R.N., 14C General Medicine
• Hinda Ali, B.S.N., R.N., Nursing Resource Management Float Pool
• Nick Seifer, B.S.N., R.N., 8C Trauma and Surgical ICU
• 10N Pediatric Intermediate Care Unit Nurses
• Andy Paulson, B.S.N., R.N., P.C.C.N., 11K Cardiac and Vascular Intermediate Care

September 2015
• Meredith von Werssowetz, B.S.N., R.N., W.O.C.N., Ostomy and Wound Care
• Christopher Bentley, B.S.N., Casey Eye Institute Short Stay Unit and Pediatric Acute Care Unit
• Tom Linkenback, B.S.N., R.N., 9K Orthopedics
• Lottie Swager, B.S.N., R.N., P.C.C.N., 11K Cardiovascular Intermediate Care
• Sharon Butcher, M.S.N., R.N., P.N.P.-B.C., 10D Epilepsy Monitoring and Clinical Research
• Nicole Saucedo, B.S.N., R.N., 14C General Medicine

ROSE Award

Individual Golden ROSE Awards
• August 2015: Lisa Johnson, B.S.N., R.N., General Pediatric Clinic
• September 2015: Nicole Riley, M.S.N., R.N., C.E.N., Emergency Department
• December 2015: Sheryl Frizzell, R.N., C.P.O.N., OHSU Doernbecher Children’s Hospital 10S, Hematology-Oncology
• January 2016: Tiffany Culbertson, M.N., R.N., A.P.N.-C., Instructor and Nurse Practitioner, Patient Advocate
• February 2016: Bryon Allen, M.S.N., R.N., F.N.P. – C., Instructor and Nurse Practitioner, OHSU Knight Cancer Institute Hematology-Oncology Center for Hematologic Malignancies
• February 2016: Linh Nguyen, B.S.N., R.N., 7A Medical ICU

• April 2016: Lisa Miyamoto, R.N., 12C Labor and Delivery
• June 2016: Ginny Connell, M.S.N., R.N., C.M.S.R.N., 13A Trauma

Team Golden ROSE Awards

Red ROSE
• July 2015: Melinda Hartenstein, B.S.N., R.N., C.P.N., OHSU Doernbecher Children’s Hospital Emergency Department
• November 2015: Sarka Summers, B.S.N., R.N., C.M.S.R.N., 14K Adult Bone Marrow Transplant
• December 2015: Annie Bateman, B.S.N., R.N., C.P.N., 9N Pediatric Acute Care Medical
• January 2015: Andy Paulson, B.S.N., R.N., P.C.C.N., 11K Cardiac and Vascular Intermediate Care Unit
• February 2016: Eleanor Carrick, B.S.N., R.N., 12K Cardiovascular ICU
• March 2016: Samantha Tully, B.S.N., R.N., 11K Cardiac and Vascular Intermediate Care Unit
• May 2016: Chris Conrady, M.S.N., R.N., P.N.P.-B.C, Instructor and Nurse Practitioner, Pediatric Hematology-Oncology
• May 2016: Afton Potter, R.N., Emergency Medicine
Portland Monthly Magazine, top nurse practitioners, 2016

- Anna Anderson, M.S.N., R.N., P.M.H.N.P.-B.C.
  OHSU Center for Women's Health
- Valerie Cecil, M.S.N., R.N., F.N.P.-B.C.
  OHSU Family Medicine
- Marci Messerle Forbes, M.S.N., R.N., F.N.P.-B.C.
  OHSU Center for Women's Health
- Linda Glenn, M.S.N., R.N., C.N.M.
  OHSU Center for Women's Health
- Matthew Hart, M.S.N., R.N., C.R.N.A.
  Anesthesiology & Perioperative Medicine
- Kaitlin Haws, M.S.N., R.N., W.H.N.P-B.C.
  Internal Medicine
- James Hilliard, M.S.N., R.N., C.R.N.A.
  Anesthesiology & Perioperative Medicine
- Laura Jenson, M.S.N., R.N., C.N.M.
  OHSU Center for Women's Health
- Serena Kelly, M.S.N., R.N., P.N.P.-B.C.
  Pediatrics – Critical Care
- Amy Kenagy, M.S.N., R.N., P.N.P.-B.C.
  Pediatric Hematology-Oncology
- Robin Miller, M.S.N., R.N., A.C.N.P.-B.C.
  OHSU Knight Cardiovascular Institute
- Heather Onoday, M.S.N., R.N., F.N.P.-B.C.
  Dermatology
- Lisa Radcliff, M.S.N., R.N., A.O.C N.P.
  OHSU Knight Cancer Institute
- Madeleine Sanford, M.S.N., R.N., F.N.P.-B.C.
  Family Medicine
- Meghan Seeley, M.S.N., R.N., F.N.P.-B.C.
  OHSU Center for Women’s Health
- Susan Tofte, M.S.N., R.N., F.N.P.-B.C.
  OHSU Knight Cancer Institute
- Helen Turner, D.N.P., R.N., C.N.S.-B.C.
  OHSU Doernbecher Children's Hospital
- Brian Wetzel, M.S., R.N., A.C.N.P.
  Emergency Medicine

Selected podium, poster and webinar presentations

- Cyndi Perez, M.S., R.N., C.N.S., C.C.R.N., Nurse Manager, Unit 12K, Cardiovascular ICU, presented a poster entitled, “We are the (Skin) Champions: Improving Outcomes Through Staff Engagement,” at the 2016 National Teaching Institute & Critical Care Exposition, New Orleans, La., May 2016.
- Derrell Wheeler, B.S.N., R.N, and Alex Hyde, B.S.N, R.N, presented a poster entitled “Creating a Common Language around Aggression” at the Western Institute for Nursing annual meeting in Anaheim, CA, April 2016.
- Marge Willis, M.N., R.N, C.C.R.N., and Adrienne McDougal, B.S.N., R.N, C.C.R.N., manager and assistant manager in the Medical ICU, presented their work about revisioning the charge nurse role at the regional meeting of the Northwest Organization of the Nurse Executives in July 2015.
- Dana Bjarnason, Ph.D., R.N., N.E.-B.C., presented a webinar for the American Nurses Association in November 2015 on helping nurse leaders find a path to success through the ethical challenges they face.
- Tracy Walker, B.S.N., R.N., OHSU Knight Cancer Institute research nurse, presented at the GIST Cancer Research Educational Conference and Lunch at OHSU in 2016. She spoke on “How to Find and Participate in a GIST Cancer Clinical Trial.”
Selected publications


- Dana Bjarnason, Ph.D., R.N., N.E.-B.C., had an interview on the culture of safety published in December 1, 2015, issue of The Lund Report.


Additional recognition

- Dio Sumagaysay, M.S.N., R.N., was a member of an American Organization of Nurse Executives task force to develop nursing leadership principles for crisis management.

- Ellen Adrian, B.S.N., R.N., V.A.-B.C. and Lori Ellingson, M.S.N., R.N., C.N.S., N.E.A.-B.C., A.O.C.N., received the OHSU Knowledge Award, which recognizes and honors their contribution to the dissemination of knowledge to others.

- Phuong Hoang, R.N., C.C.R.N., of the Cardiovascular ICU was named Nurse of the Year by the Greater Portland Chapter of the American Association of Critical-Care Nurses.

The American Organization of Nurse Executives fellowships are competitive yearlong professional development programs designed to provide in-depth learning. These fellowship programs seek to support the Institute of Medicine Future of Nursing Report’s recommendation to prepare and enable nurses to lead change to advance health. Participants strengthen their current skills, acquire new competencies and continue lifelong learning needed for the next generation of successful nurse leaders.

- Jeremy Cook, R.N., M.S.N., V.A.-B.C., Nurse Manager for 13KPV Medical and Surgical Oncology, was selected to participate in the American Organization of Nurse Executives nurse manager fellowship.

- Jennifer Packer, M.S.N., R.N., C.E.N.P., director of Nursing, Emergency Services, was selected to participate in the American Organization of Nurse Executives fellowship for nurse directors.
OHSU Health Mission
Through innovation, education, and clinical expertise, we provide the best possible health care experience for patients and their families.

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