This year’s annual report is the culmination of remarkable work and important achievements. The nurses of OHSU Healthcare have shown enthusiasm for the journey to Magnet® recognition from the American Nurses Credentialing Center, dedication to patients and their care and a passion for professional nursing. Each year begins with questions; we achieve success by finding the answers. This report for OHSU and the larger community tells of the intellectual curiosity nurses and nurse leaders employed in asking important questions and seeking answers. It also shares the journey to find answers that make a difference.

Throughout OHSU Healthcare, nurses are improving patients’ health and recovery by exercising their independent scope of practice. They understand the meaning of Thomas Edison’s statement, “Many of life’s failures are people who did not realize how close they were to success when they gave up.” We hope you enjoy these stories of people who have never given up on themselves or their dreams.
Congratulations on your accomplishment! It is a privilege to extend greetings and best wishes from the faculty and staff at Oregon Health & Science University School of Nursing. We extend our heartfelt congratulations on your many accomplishments, most notably your national recognition through the American Nurses Credentialing Center Magnet Recognition Program. This is the gold standard for an outstanding practice environment where nurses thrive and patients benefit as a result. The 4,000-page document produced as part of the application, and the very positive report of the Magnet surveyors, confirm what we have long believed to be true about OHSU nursing: the nursing staff are clinically strong and fully engaged in shared decision making. Our patients’ positive outcomes can be linked to excellent nursing care, our organization provides robust opportunities for nurses’ professional development and there is a strong nursing research infrastructure.

Christine A. Tanner, Ph.D., R.N., F.A.A.N.
Interim Dean and
A.B. Youmans Spaulding Distinguished Professor
OHSU School of Nursing

MAGNET® RECOGNITION ACHIEVED

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center to recognize top-quality nursing. The Magnet designation indicates that a health care organization offers quality patient care, nursing excellence and innovations in nursing practice.

At OHSU, earning Magnet recognition is about creating a culture for professional practice that will sustain us into the future, including the new culture of health care reform, the growing complexity we see in patients and advances in technology.

OHSU nurses exemplify many of the ANCC’s Magnet criteria. The four-day site visit was an opportunity to showcase nursing excellence through the work our nurses do every day. During the visit, three appraisers met with senior OHSU leaders, including members of the University Health System board, nurse directors, managers and professional practice leaders as well as medical staff leadership, directors of clinical and non-clinical departments and shared governance councils. The appraisers toured all inpatient and procedure clinical and non-clinical departments and shared governance councils. The appraisers toured all inpatient and procedure areas and met with nurses from ambulatory practices.

Community members and faculty from nursing schools shared stories about how OHSU nurses support the work of their organizations.

In their closing session, the appraisers recognized OHSU nurses’ commitment to professional practice, its well-developed structure for shared governance, the high educational achievements of its nurses and the institution’s generous support for professional development. They also acknowledged our nurses’ involvement in the larger community, our partnerships with schools of nursing and the

Evidence of interdisciplinary collaboration at the bedside and in our systems. Magnet® recognition was received from the American Nurses Credentialing Center on August 23, 2012. Achieving this honor is validation for the work OHSU nurses do daily and have done on their extended journey to build the best environment in which to practice professional nursing.

“Magnet recognition is an outstanding achievement for OHSU Healthcare, most importantly because it directly impacts the care our patients receive,” said OHSU chief medical officer Charles Kilo, M.D. “We’ve known for a long time that our nurses provide some of the best care available, and this is proof positive.”

“Only about 6 percent of US health care organizations are granted Magnet® recognition,” said Peter Rapp, chief executive officer of OHSU Healthcare. “Magnet status is often called the ‘gold standard’ for consumers and nurses to use in evaluating a health care organization. It honors outstanding patient care, nursing excellence and innovation in professional practice. Having Magnet status means OHSU’s 2,500 nurses are not just committed to excellence, but demonstrate it every day.”

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Advocacy and Influence

Collegiality: The Foundation of Safe, High-Quality Care

Building positive, caring relationships among health care team members may be the most important practice responsibility nurses have as we fulfill our promise to “do no harm.” Relationships between team members can promote effectiveness, efficiency, timely care delivery and responsiveness to patients’ needs and preferences (Lanham et al., 2009). Collegial relationships are also the foundation of effective peer feedback, enhanced professional development and professional satisfaction. If safety and quality depend on a context of collegial relationships, then the rationale for requiring collegiality as a professional obligation is clear.

But how do we define collegiality? At times, it seems easier to say what collegiality is not than what it is. Two definitions of “false” collegiality are:

“Hollowed collegiality”. A few traditional rituals exist at the surface level, with little true interaction or cooperation (Easterling 2011).

“Contrived collegiality”: Collegiality that exists to validate existing knowledge rather than to challenge current knowledge (Hargreaves 1994).

A lack of collegiality is experienced as a lack of information sharing and a sense of aloofness, isolation and fractured community. On the other hand, true collegiality is experienced as reciprocity that includes equality in decision making and positive interpersonal relationships (Easterling 2011). For clinical practices that were high indicators of collegiality, Lanham et al. identified seven positive relationship characteristics: 1) trust, 2) mindfulness, 3) heedfulness, 4) respect, 5) a moderate level of diversity, 6) a range of social and task relatedness and 7) effective communication.

Examples of such collegiality at OHSU include:

• A physician sharing with a nurse that her tendency to emphasize the problems in situations can be interpreted as saying that those involved are not contributing anything valuable.

• A nurse checking back with a physician after the nurse went up the chain of command to advocate for changes in the patient’s medical orders. The nurse says, “That was a little tense for a while. I just want to make sure that we are OK!”

• A nurse giving feedback during shift report that a patient said she seemed not to care about the patient’s pain.

• Occupational therapists and pharmacists attending unit safety rounds to add their knowledge and perspectives to the care of a vulnerable patient.

• An operating room staffer reminding team members of the importance of uninterrupted quiet time to complete counts accurately.

The significant emphasis on establishing and maintaining relationships continues to be a priority. Next year’s goal is to implement regular interdisciplinary case debriefs in all areas to enhance collegiality and promote understanding of team members’ roles and responsibilities.

References

1. Easterling, W. Retrieved from https://scholarworks.iupui.edu/bitstream/handle/1805/2539/Easterling_Collegiality_A_Singular_Concept.pdf?sequence=1


Shared Governance Evolves

OHSU Nursing’s Shared Governance Model

OHSU nursing made great strides this year in developing shared governance. Unit-based nursing practice committees sent new chairs to leadership training through the professional nursing care committee. As part of the Collaborative, they also learned techniques for positive root cause analysis to build on their units’ strengths. UBNPC chairs reviewed and participated in the OHSU Nursing Division Strategic Operating Plan. Having learned how to write UBNPC charters in 2011, they were focused on the expected outcomes associated with Magnet criteria for excellence, and tied unit goals to these expected outcomes. At the end of the fiscal year, each UBNPC evaluated how well its goals were achieved.

The Coordinating Council provides the leadership and direction for other councils. It also serves as a clearinghouse for presenting and linking issues between the councils and larger organization and sets the agenda for the Collaborative. This year, the members of the Collaborative evaluated Coordinating Council meetings. The evaluations have helped the Collaborative agendas better meet the membership’s needs. One welcome addition is a regular talk by chief nursing officer Jennifer Jacoby that focuses on a variety of topics related to professional nursing practice. Patient experience has been a major focus of the Collaborative, and a patient’s family member shared the family’s experience at OHSU. Also this year, the Coordinating Council reinstated a UBNPC representative to strengthen unit representation.

Shared Governance Highlights from Other Councils

The Nursing Practice Council had a banner year with the development and rollout of the Professional Nursing Practice Care Delivery Model. This model, which is a way to define and represent the scope of nursing practice at OHSU, places the patient and family at the center of planning and delivery of care. In FY 2012, council members became ambassadors to teach the OHSU nursing committees about the CDM. The next phase of the rollout will be three sessions of root cause analysis work at the Collaborative. A new policy system at OHSU and further implementation and use of Mosby Nursing Skills strengthened the ability to access policies, procedures and nursing practice expectations of care.

The Professional Development Council has taken on the analysis of professional responsibilities within the charge nurse role and is involved in improving the peer review process. This council is also responsible for organizing the monthly nursing grand rounds. FY 2012 grand rounds explored such topics as self-care, generational issues, providing constructive peer feedback, chain of command and pain management.

This year, the Quality Safety Council aligned its goals with those of the Safety Executive and Quality Executive councils, OHSU’s high-level interdisciplinary committees. The Quality Safety Council has continued to focus on nursing-sensitive indicators. The Quality Assembly area of this council is unit representatives. This year, their responsibilities for collecting quality data from their units were clarified. This council’s standing agenda includes case reviews.

The Research Council continues to sponsor the Nursing Fellowship in Evidence-based Practice and has recruited nurses to serve on OHSU’s Institutional Review Board. The Research Council also conducts an annual inventory of nursing research at OHSU and supports the development of journal clubs to enhance the use of evidence in clinical practice.

The Advanced Practice Nurse Council, Interdisciplinary Documentation Advisory Council, Hospital-Based Nurse Staffing Committee, Professional Nursing Care Committee, Magnet Champions, Association of University Registered Nurses/Management Cooperative and Nursing Technology Advisory Council are also part of the shared governance council structure. Shared governance has a strong foundation, is deeply embedded in the nursing culture of OHSU, and is truly how the Patient Care Services Nursing Division at OHSU does business.

Learning from Case Reviews

In FY12, one of the Quality Safety Council’s goals was to promote case reviews as a strategy for enhancing professional practice and collegiality. Case reviews are important because they improve the safety of practice through self reflection, collaborative analysis, knowledge sharing and increased awareness of collegial roles, responsibilities and resources. The outcomes of case reviews include identification of practice and systems improvements, closure (and sometimes celebration) for staff and improvements in patient care safety and quality.

The Quality Safety Council developed and refined a toolkit to identify successes and strengths systematically, leverage strengths to greater advantage, identify risks or gaps in care and determine ways to reduce risks. Using this toolkit, direct care staff identify a clinical challenge, work with their professional practice leader to prepare for the review, tell the story of the clinical situation and engage council members in analyzing practice. In addition to conducting case reviews at each council meeting, several units have begun conducting their own case reviews to learn from and improve practice issues.

Improving Space and Workflow at Casey Eye Institute

The perioperative services unit at OHSU Casey Eye Institute opened in 1991 with just four operating rooms. Over the last 20 years, the case load has increased from approximately six cases per day to as many as 33. Staff work space has remained essentially the same despite this dramatic increase.

This busy unit was updated in FY 2012. Staff studied room layouts, traffic and work patterns, ergonomics and aesthetics, and nurses worked directly with vendors and design and construction teams. Results include a patient lounge with new furniture, an easy-clean vinyl floor, two computer stations and child-friendly activity centers. The sterile supply area and equipment room were rearranged to allow more storage and better access. New patient stretchers were purchased, with electronic controls that increase patient comfort and are easier for staff to operate.

In the operating rooms, new surgical lights improve illumination and take less space. Fixed supply modules were replaced with rolling units to allow flexible reconfiguration and easier cleaning. Additional suction lines were installed in each OR, and new Teletron arms improve suction, gas and electrical supply. The arms improve OR safety and access — no more draping cords and hoses across IV poles.

Each OR now includes a surgeon work station with a computer and a stainless steel cart for the nurse’s desk. The cart includes supplies, documentation and resource information and lighting. The unit also has a new high-definition video recording and recording system that can be placed on microscopes or the new operating lights. Footage can be used for teaching purposes. Real-time viewing via new large LCD monitors allows OR staff to see what the surgeon is seeing. This allows for better anticipation of the surgeon’s needs and improved patient care.
Commitment to Professional Development

Increasing Specialty Certification

Specialty certification validates nurses' knowledge, skills, and abilities. Certification is also associated with improved patient outcomes and higher perceptions of nurse empowerment. In FY12, 37 percent of direct care nurses held specialty certifications, a 3.6 percent increase over the previous year. The number of specialty certified nurses at OHSU has been rising steadily over the past several years.

Percentage of Direct Care RNs with Professional Certification (Goal: 3 percent annual increase)

South Operating Rooms Leads the Way to CNOR Certification

CNOR is the only accreditation program for perioperative nurses. South Operating Rooms is one of OHSU's largest units, with 82 registered nurses. In FY 2012, South OR's UBNPC aimed to increase the unit's percentage of professionally certified nurses from 24 percent to meet or exceed the hospital average of 33 percent. They sought to increase RN interest in the Association of Perioperative Nurses and encourage them to improve their professional status by becoming CNOR certified.

The UBNPC worked with the Association of Perioperative Nurses to establish a group membership for OHSU under its Perioperative Excellence program, and awarded 60 memberships to South OR. Members of other perioperative units were also able to award memberships to this program. This gave nurses the initial opportunity to become certified.

This popular program spurred unit RNs to seek out a local CNOR review course. No local courses were available, so the South OR UBNPC took on the challenge of hosting a course. After screening potential teachers, the UBNPC contracted with an experienced course leader from Texas. The CNOR review course was held March 3-4 and attracted more than 70 participants from South OR, other OHSU units, area hospitals and surgical centers. Attendees felt the course was useful and prepared them well for the CNOR exam.

The South OR UBNPC is awaiting statistics on certification results for nurses who participated in the review course. The UBNPC has renewed and granted Association of Perioperative Nurses memberships and received inquiries about the next review course. Finally, South OR's nurse satisfaction score has increased.

Teaching and Role Development

Undergraduate Leadership Practicum Prepares Nursing Students for Professional Practice

The strong partnership between the OHSU School of Nursing and OHSU Healthcare provides wonderful opportunities for nursing students to prepare for professional practice. For example, a course called the Undergraduate Leadership Practicum is available to senior students. During this 10-week practicum, nursing students participate in performance improvement projects that are priorities for their units or clinics. Students have been involved in a wide variety of projects, including efforts to combat central line-associated blood stream infections, improve the use of sequential compression devices, recognize delirium, uncover errors in use of the iSTAT system for bedside diagnostic testing and implement various aspects of the Releasing Time to Care program.

Students in the practicum are guided by staff members serving as "project owners." Depending on the project, students might do chart reviews or help with audits. They also study each project as a whole, e.g., how the project was conceived and is evolving, what evidence supports the work, and how the project will be evaluated. At the end of the term, students synthesize their learning into a presentation for faculty, project owners and direct care staff. Having students share what they learned helps move these clinical projects forward and is extremely helpful to students as they apply theory to practice.

Students in the leadership practicum also study the structure and function of the practice environment. They interview hospital and clinic leaders and other members of health care teams in order to learn about different roles and how team members work together. Students attend meetings, such as UBNPC meetings, to study how OHSU Healthcare supports and encourages professional development. This course is an important part of students' development into the leaders, scientists and practitioners of tomorrow.

Staff of 9KPV is Trained to Care for New Patient Populations

In September, 9KPV Orthopaedics staff moved to a new unit and began caring for new populations of surgical observation patients (patients requiring short-term monitoring after procedures). The patients come from several OHSU surgical services, including otolaryngology, plastic surgery, gynecologic surgery and urology. With the UBNPC, staff educator, nurse manager and professional practice leader, the nurses of 9KPV identified the need for additional education on specific procedures, postoperative care and patient discharge teaching needs.

OHSU promotes participation in professional organizations, and UBNPCs determine how to spend funds for professional development.

The expertise and commitment of OHSU nurses serves to assist communities by providing education, instruction and service in a wide variety of areas. Recognizing and celebrating the important contributions of nursing increases confidence in the profession, educates people about nursing's roles and responsibilities and promotes further engagement of nurses in advancing the profession. OHSU values the contribution each nurse makes for the benefit of patients, families, staff and the organization.
To educate 9KPV nurses, unit RNs identified other units with expertise in particular patient populations to answer urgent questions. They also invited nurse practitioners to visit the UNBNC to talk about postoperative care and discharge education for specific patient populations. In addition, the RNs invited medical residents from other surgical services to present to the nursing staff on unit education days. They also created handouts, titled “9K Obz Info,” that were posted around the unit for quick reference. As a result, the 9KPV staff members are now confident and knowledgeable in caring for a wide variety of surgical observation patients, physicians express confidence in the care delivered by staff and patient needs are met.

Direct Care Nurses Lead the Way toward Chest Pain Center Recertification

OHSU has been a certified chest pain center since 2006. The Society of Chest Pain Centers has very strict criteria, accrediting only those facilities that closely follow national guidelines for best practices in heart attack prevention and care. In early 2012, OHSU Healthcare’s cardiovascular service line faced the challenge of applying for reaccreditation with a clinical nurse specialist to oversee the project. To fill this need, two direct-care nurses (Tara Meren, B.S.N., R.N., C.C.R.N., and Stephanie Gapper, B.S.N., R.N., C.C.R.N.) from the 12K Cardiac and Medical ICU stepped away from the bedside to become chest pain center coordinators. Their job was to document the exemplary care OHSU provides every day. They worked tirelessly to revive committees, enhance communication and strengthen collaboration among emergency medical services, the OHSU emergency department and OHSU’s cardiovascular division. The work included tracking data and initiating and monitoring process improvement projects. They created or revised multiple clinical resources, including a new cardio nursing website for employees. They also implemented hospital-wide education on early heart attack attack. The application for chest pain center reaccreditation, a 600-page compilation of how OHSU cares for patients and supports best practices, was submitted in August 2012.

The success of these nurses, who stepped away from the bedside and into the unfamiliar terrain of project management, is a testament to the skills, talents and adaptability of OHSU nursing staff. It is also a great example of OHSU’s continued commitment to support nurses’ professional development by giving them opportunities to achieve nursing excellence.

Perinatal Education Team Teaches, Coaches Fellow Nurses

The Perinatal Services Education Team teaches, coaches and mentors other nurses on caring for women across the maternal experience. The team, made up of RNs from OHSU’s 13C/14C Mother Baby Unit and the 12C Labor and Delivery Unit, helps fellow nurses learn new skills and how to apply them.

Perinatal patients need care for a range of conditions, from routine childbirth to intensive-care level trauma and multi-organ illness. Patients might be in socially complex situations; the age span is from 15 to 50 years old. As OHSU’s perinatal service line has expanded, the team has developed an intensive nursing curriculum based in maternal and fetal science and reinforced the repertoire of nursing care plans used from admission through delivery, recovery and intensive neonatal care. The Perinatal Services Education Team designed a conference that provides professional education for nurses, at which an interdisciplinary faculty presented current information on maternal-fetal health. The education team’s efforts provide important opportunities for nurses to improve their care for this patient population and to further their professional development.

Healthcare Education Services Has New Name, Key OHSU Role

OHSU’s centralized staff education department, Healthcare Education Services, got a new name, Organizational Effectiveness, in FY 2012 as it became a division of Healthcare Human Resources. The new name reflects OHSU’s commitment to supporting its most valuable resource: its workforce. Training and professional development opportunities for nurses learn and grow while continuing on career paths that keep them stimulated and engaged.

Promoting excellence in nursing practice begins with new employee orientation. Approximately 1200 new employees participate in NEO each year, and many attendees are nurses. In FY 2012, OEE began revising nursing orientation to better integrate didactic learning with EPIC training. This new approach is intended to help staff more effectively incorporate OHSU-specific workflows into their practice.

Organizational Effectiveness supports multiple learning activities utilizing asynchronous technology. In FY 2012, trainers taught nearly 1200 EPIC classes to 7000 employees. Most notably, nurses participated in classes to prepare for barcode medication administration and the OpTime implementation. Nurse aides, who helped staff become acclimated to new products and equipment, including new vital sign monitors, restraint devices and universal code carts. The department also took on a new responsibility for teaching basic life support recertification courses. By keeping this program in house, OHSU maintained greater control over the quality and service provided to students while also reducing costs.

Recognizing the importance of professional development, the department provided more than 5800 hours of continuing nursing education to more than 2800 nursing staff in FY 2012. In addition, OHSU allocated more than $400,000 to attendance at local and national conferences and purchase of educational books and DVDs.

In FY 2012:
- OHSU nurses provided approximately 175,000 hours of precepted learning experiences to more than 800 undergraduate students.
- The Organizational Effectiveness department provided more than 270 hours of American Nurses Credentialing Center continuing education credits in 76 programs, including nursing grand rounds, conferences and journal clubs.
- Nurses from OHSU provided leadership for six regional conferences and professional meetings.

Commitment to Community Involvement

OHSU Nurses Volunteer To Make a Difference

OHSU nurses’ commitment to health extends past their working hours. Volunteering their time and nursing expertise, they contribute to the health of people in Oregon and beyond.

Examples include:
- A pediatric ICU nurse conducts vision screenings at Portland public schools and is a registered volunteer with the Washington County Medical Reserve Corps.
- Another pediatric ICU nurse assists with triage and vital signs for the Essentials Health Clinic in Tigard, Ore., which provides free urgent care for uninsured people.
- Nurses from OHSU Casey Eye Institute participate in CEI vision outreach programs.
- A bone marrow transplant nurse from OHSU Hospital’s Unit 14KPV volunteers at a seven-day sleepover camp for children with muscular dystrophy, providing medications, personal care and first aid.
- Certified diabetes educators from OHSU’s Harold Schnitzer Diabetes Health Center volunteer to provide free diabetes screenings, lectures and cooking demonstrations. They also participate in diabetes-related fundraising walks.
- Direct care nurses from several OHSU units participate in international volunteer opportunities, including Cardiostart trips to Africa, China and Peru and Project Medishare service trips to Haiti. Bella Almario, R.N., B.S.N., M.P.H., director of perioperative services at CEI, went on a medical mission to the Philippines.
- OHSU’s 2012 Community Service Nurse of the Year, Myra Hansen, R.N., B.S.N., C.M.S.R.N., traveled with the Touchwood Ecological and Social Foundation to Tamil Nadu, India. She helped set up medical camps to assess and care for hypertension, anemia and diabetes, volunteered in clinics, provided health advocacy teaching in primary schools and assisted in grant writing. In Oregon, Hansen is active with the Big Brothers Big Sisters program.

Many OHSU nurses contributed to fund-raising efforts for nonprofit health organizations. OHSU had 350 participants on 14 teams in the 2012 Susan G. Komen Race for the Cure, and many team members were nurses. A nurse from OHSU Casey Eye Institute has been a team captain for 21 years, since Portland’s inaugural Race for the Cure. Professional practice leaders volunteer at OHSU-sponsored first aid stations at other area races, such as the Shamrock Run. In 2012, the American Heart Association’s annual Heart Walk drew nearly 600 registered walkers from OHSU, many of whom were nurses. OHSU participants raised more than $69,000.

- Konnette Etheredge, R.N., M.S.N., director of Maternal Services, is chairwoman for the Clackamas County relief nursery project “Family Stepping Stones.”
- The 8C Cardiac Surgical ICU unit participates in a Christmas giving tree for the Youth Progress Association, providing more than 50 holiday gifts for local teenagers and young adults.
- The DCH 105 Pediatric Hematology Oncology unit conducted a food drive to benefit the Candelighters Food Pantry. This food pantry is an invaluable resource for the family members of patients.
- OHSU nurses use their vast talents to benefit the community. Examples include feeding the homeless, fund raising and performing for the Ethos community music center and volunteering at local libraries.
CARE DELIVERY MODEL

OHSU’s Care Delivery System

Implementing and Disseminating the Care Delivery Model

One of the key goals for OHSU’s Nursing Practice Council was developing, implementing and disseminating the care delivery model for nursing practice at OHSU. This system is part of OHSU’s professional practice model for nursing. It promotes continuous, consistent, efficient and accountable delivery of nursing care. The care delivery system includes guidelines for delivering care and descriptions of the context of nursing care and expected outcomes. It was developed to take nursing and other health care regulations into account. Using this new model, nurses create patient care delivery systems delineating nurse authority and accountability for clinical decision-making and outcomes. At all levels, nurses ensure that care is patient- and family-centered.

Key Components of OHSU’s Care Delivery System

• **Reflective practice** improves the quality of OHSU nursing care by stimulating nurses’ professional growth and closing the gap between theory and practice.

• **OHSU standards and scope of practice** provide guidelines for delivering high-quality nursing care and criteria for evaluating care.

• **Patterns of practice** — the care delivery model covers three nursing practice patterns: novice to expert, partnered and un-partnered and delegation of nursing care. This framework ensures that all aspects of professional nursing care are addressed in a systematic and reproducible way.

Dissemination of the Care Delivery Model

The Nursing Practice Council created an ambassador program to disseminate information about the CDM. Each NPC member volunteered to present and lead discussion about the CDM at his or her cluster’s UB NPC meetings, appropriate educational forums and staff meetings. The goal was to help each unit recognize the facets of the CDM it already embraces and to use the CDM as a catalyst for evaluating practice and promoting improvements in recognized areas of need. The ambassadors developed a handout and PowerPoint presentation to help guide unit discussions.

Care Delivery Model Improves Case Management and Social Work

OHSU’s Department of Care Management used the CDM to redesign how nurse case managers and social workers deliver care. The department reviewed the work that can only be provided by a licensed social worker or nurse, what can be done by either provider and what can and should be done by support staff. The results of this review were used to create a resource list that was given first to Care Management staff and then to the multidisciplinary team. The results of this intervention included improved clarity about roles on multidisciplinary teams, improved satisfaction for nurse case managers and social workers and additional support for patients.

Partnering for Progress: Otolaryngology Patients Transition to the 13KPV Surgical Oncology Floor

In FY 2012, 10KPV nurses continued partnering with those on 13KPV, which now cares for patients with head and neck cancers. While 13KPV was making the transition to care for this new patient population, the 10KPV nurses

EXEMPLARY PROFESSIONAL PRACTICE

Exemplary professional practice entails a comprehensive understanding of the role of nursing and the application of that role with patients, families, communities and the interdisciplinary team. In this past year, nurses defined roles to improve care delivery, reviewed staffing plans, expanded care to new patient populations and improved the safety of the care we provide to patients.

Nurses identified novel ways to include patients and families in making decisions about their care and to promote patient comfort.

Magnet appraisers gave special recognition to OHSU’s commitment to improving worker safety with expansion of the safe patient mobilization program and the effectiveness of the neutral passage zone. Exemplary professional practice is the hallmark of a culture of excellence.

Exemplary professional practice is the hallmark of a culture of excellence.

Patient Care Services at OHSU

Collective and Individual Ownership

Shared Vision

Change

Patient and Family: Mind-Body-Spirit

Reflective Practice

Healthcare Team Relationships

Collective and Individual Ownership

Systemic Thinking

Patient and Family: Mind-Body-Spirit
Behind the success of this change is a shared vision of excellence. Credit is due to 10KPV and 13KPV nurses, nurse managers, case managers, physicians, speech pathologists and other team members. Today, development of the RN role is enhanced through soliciting feedback from the otolaryngology team at daily unit rounds and in Friday morning sit-down rounds. Nurses also continue to develop their skills and knowledge through continuing didactic education. The team was a strong presence at the 13KPV education days in February, and 25 percent of nurses on 13KPV have completed the Oncology Nursing Society’s head and neck cancer course. This commitment to education has produced increased skill and confidence. Nurses on 13KPV are transitioning from novice to expert in caring for and educating this varied, complex group of patients.

This change has involved many challenges. However, outcomes continue to be positive and rewarding. Patient length of stay has not increased, whether patients go home with or without home health care. Physicians have complimented the care. Mark Wax, M.D., described the care as “superb,” otolaryngology department chair Paul Flint, M.D., acknowledged the successful patient move on the Magnet site survey in June 2012. Finally, patient experience scores continue improving on 13KPV, with most areas in the 75th percentile.

Patient Care Services at OHSU

On June 25, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 23, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 25, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 23, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 25, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 23, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 25, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 23, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 25, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient. On June 23, OHSU Hospital’s 10A unit opened its doors to the emergency general surgery patient.

New Unit Opens on 10A for Emergency General Surgery

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Interdisciplinary Care

New Liver Transplant Program

On July 28, OHSU performed its first liver transplant. It was the culmination of three months of training and preparation that required coordination among more than 20 departments. This extensive preparation included observing liver transplants and attending meetings at the Portland VA Medical Center, which previously handled all transplants for Oregon, southwest Washington and Idaho. The launch of liver transplant at OHSU involved the liver teams of SOR and 7A, where patients receive most of their direct care. In addition, Nursing Informatics and Nursing Resource Management worked to build order sets and set up EPIC for the transition.

By fall 2012, OHSU’s liver team had completed three successful transplants. Currently, more than 100 people are waiting for liver transplants in Oregon transplant centers, so there is a significant demand for this service. The addition of liver transplantation rounds out the transplant services offered at OHSU. It has also provided an opportunity for OHSU nursing staff to continue broadening their scope of practice by delivering excellent care to this high-risk patient group.

Gym on 9KPV Serves Rehabilitation Needs

A highlight of the new 9KPV Orthopedics and Spine unit is the gym space, designed by nursing and rehabilitation staff to meet the needs of this unit’s patient population. This space contains several unique pieces of equipment, including a car transfer simulator on a jack. Patients who come to the gym with physical therapy and occupational therapy staff can practice climbing stairs and getting in and out of cars. Rehabilitation for these activities is especially important for patients who have hip replacement surgery and must observe specific postoperative cautions. Use of the car simulator has increased staff and patient confidence in the ability to make safe transfers, a key component of discharge readiness. The 9KPV nursing staff works with rehabilitation staff to ensure patients get time in the gym when they need it.

Nurse Photo Project Builds Connections with Physicians

The Neurosurgery/Otolaryngology/Head and Neck Surgery unit (10KPV) instituted an innovative photo project to help build relationships between nursing and physician staff. They posted nurse photos next to patient room doors on laminated cards reading, “This nurse for this patient is...” The project started with seven nurses, but within four months, 26 of 50 nurses were participating. Response to the nursing photos has been overwhelmingly positive. One physician said, “This is the best idea ever! It makes it so easy for me to see who is caring for my patients.” The 10KPV nurse photo project continues to grow, with 26 of 50 nurses participating in the 10KPV photo project.

Cardiac and Medical ICU Maintains Safety Improvements

OHSU ICU Nursing’s Culture of Safety

Reducing Musculoskeletal Injuries with Safe Patient Mobilization

Health care workers are at risk for musculoskeletal injuries from handling patients. During FY12, OHSU’s Safe Patient Mobilization program expanded to include the Trauma ICU, 14A General Surgery, 4A Transplant/Urology/Plastic Surgery and 8K Orthopedics. The program is facilitated by Lynda Enos, R.N., B.S.N., M.S., C.O.H.N.-S., C.P.E., a national expert in ergonomics.

More than OHSU 300 nurses were trained to use ceiling lifts and other equipment to minimize their risk of injury. In addition, the lateral transfer program was developed and implemented to reduce the risk of worker injury when moving patients between two flat surfaces, primarily to and from imaging departments. The results of the SPM program are impressive, with significant reduction in the number and severity of injuries associated with patient handling. Unit-based staff champions and OHSU’s Lift Team staff support the daily use of safety practices.

Reduction in Count of Musculoskeletal Injuries Associated with Patient Handling

Cardiac and Medical ICU (12KPV), started work on the Comprehensive Unit-based Safety Program in June 2010, and has seen continued improvements this year. The CUSP team’s goal is to maintain and improve the units’ work environment for maximum patient safety. To meet these goals, the committee is working to enhance communication across the unit and specifically to ensure that any staff member can share a safety concern without fear of retribution or not being heard.

The CUSP team includes nurses and physicians, as well as pharmacy, respiratory therapy and infection prevention staff and ad hoc members. This year, they held a workshop on formalizing the rounding process. Daily interdisciplinary rounds are done on every patient in the unit, in which all providers share their assessments of each patient and collaborate on the day’s plan of care. The CUSP group wanted to formalize this process to ensure consistency, as research shows that a formal process enhances safe patient care. To do this, the CUSP team is using tools from Change Acceleration Process training. The value of improving patient safety has empowered 12KPV staff to enhance communication during rounds, as has evidence on health care best practices. The Institute of Medicine’s 1999 report “To Err Is Human” notes that “more commonly, errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.”

Results on 12KPV include higher RN satisfaction with communication, decreased resident hours due to increased clarity about daily plans of care and a growing culture of accountability for all 12KPV staff. While it can be challenging to quantify how patients are safer now than one year ago, the unit continues to have excellent patient outcomes and a low rate of hospital-acquired infections. It may never be known how many errors have been prevented or lives saved, but knowing that more patients are living their lives without complications keeps staff moving forward.

Perioperative Fire Safety

As part of OHSU’s expanding Fire and Life Safety Program, perioperative nursing staff, anesthesiologists and surgeons participate in annual training on preventing, managing and responding to surgical fires. This training emerged, the PICU nurses formulated a plan with measurable goals. At the same time, the Doernbecher administration supported PICU nurse and physician leaders to join the Children’s Hospital Association PICU Collaborative on the Prevention of Central Line Associated Blood Stream Infections. Membership gave the PICU staff access to the tools and experiences of other children’s hospitals working on the same goals. These efforts marked the beginning of a 51-week central line infection-free streak in the Doernbecher PICU. Building on their success, the PICU team has refined its goals and is now working on beating that record.

Nurse Photo Project

OHSU’s liver team has completed three successful transplants. Currently, more than 100 people are waiting for liver transplants in Oregon transplant centers, so there is a significant demand for this service. The addition of liver transplantation rounds out the transplant services offered at OHSU. It has also provided an opportunity for OHSU nursing staff to continue broadening their scope of practice by delivering excellent care to this high-risk patient group. A highlight of the new 9KPV Orthopedics and Spine unit is the gym space, designed by nursing and rehabilitation staff to meet the needs of this unit’s patient population. This space contains several unique pieces of equipment, including a car transfer simulator on a jack. Patients who come to the gym with physical therapy and occupational therapy staff can practice climbing stairs and getting in and out of cars. Rehabilitation for these activities is especially important for patients who have hip replacement surgery and must observe specific postoperative cautions. Use of the car simulator has increased staff and patient confidence in the ability to make safe transfers, a key component of discharge readiness. The 9KPV nursing staff works with rehabilitation staff to ensure patients get time in the gym when they need it.

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includes operating room evacuation drills with help from our community collaborators at the Portland Fire Bureau. It also includes training in how to use a portable fire extinguisher. Industry best practice is to give every employee hands-on training in using PFEs, allowing staff to feel, hear and experience how a fire extinguisher works and fires respond. This practice has eliminated sharps-related injuries in the OR for three consecutive quarters, making the work safer not only for nurses and surgical technicians. The hands-free neutral zone will be disseminated to the other surgical areas in FY13.

Reduction in Sharp Injuries by Provider Type

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Cardiac, and Medical ICU (12KPV) Recognized for Progress against Pneumonia

In April, 12KPV Cardiac and Medical ICU received a commendation from the American Heart Association and American Stroke Association for demonstrating exemplary care for patients with heart attack and stroke. The ICU continues to implement the latest evidence-based practices to improve patient outcomes. The ICU has implemented a team pause to allow the surgical team to have a hands-free neutral zone in the operating room. This practice has eliminated sharps-related injuries in the OR for three consecutive quarters, making the work safer not only for nurses and surgical technicians. The hands-free neutral zone will be disseminated to the other surgical areas in FY13.

Float Pool Improves Nurse Satisfaction, Patient Safety

The Nursing Resource Management (Float Pool) UBNPC received data from nurse surveys and Float Pool education days that showed RN float pool staff were not regularly taking duty-free meal or rest period breaks. The UBNPC formed a task force, “Hit the Breaks,” to explore the issue. The task force aimed to change the culture so that each staff member takes responsibility for the work environment, allowing staff to feel, hear and experience how a fire extinguisher works and fires respond. This practice has eliminated sharps-related injuries in the OR for three consecutive quarters, making the work safer not only for nurses and surgical technicians. The hands-free neutral zone will be disseminated to the other surgical areas in FY13.

Improving the Pediatric Day Surgery Patient Experience

This year, nurses at OHSU Doernbecher Children’s Hospital’s Day Hospital/PACU began making postoperative phone calls to day surgery patients. Parents and patients are asked whether patients have any postop discomfort, how they are feeling and how the day surgery experience might be improved. The lab’s next step to address anxiety and pain during draws will be to offer oral sucrone to non-breastfeeding neonates and infants.

Improving Quality of Care

Reducing Infant Anxiety During Lab Draws

The philosophy in the Doernbecher lab is to provide compassionate care. This includes alleviating pain and anxiety for all patients and families. The challenge is to address and relieve pain and anxiety with every heel stick and venipuncture performed. Nurses and infants are highly susceptible to the effects of pain and anxiety, which can cause disrupted sleeping or feeding and cause problems with bonding, growth and development. According to current literature, sucking calms neonates and older infants. Breastfeeding before, during and after a blood draw is also recommended in this population. Nurses in the Doernbecher lab believed that sucking and skin-to-skin contact could help neonates and infants, but were also concerned about whether breastfeeding during a heel stick or venipuncture would cause the baby to choke, aspirate or both. They were also concerned with how implementing this option would impede patient flow through the lab and increase patient waiting times. In light of the research, but with these concerns in mind, Doernbecher lab RNs offered breastfeeding during lab draws for all breastfed infants. At first, the Doernbecher staff were challenged to find the best positions for breastfeeding during blood draws. Within three months, however, lab flow and patient waiting times were nearly back to levels before implementation. Findings showed that the majority of caregivers did breastfeed their babies during lab draws. Parents reported that they felt less anxious about blood draws when they could do something for their babies during the procedure. Moreover, breastfeeding babies during draws helped them deal with signs of distress, such as crying, during lab draws. They did not choke while breastfeeding. Most infants fell asleep once they started breastfeeding and continued sleeping during and after the procedure. The lab’s next step to address anxiety and pain during draws will be to offer oral sucrone to non-breastfeeding neonates and infants.

Improving Day Surgery Patient Experience

This year, nurses at OHSU Doernbecher Children’s Hospital’s Day Hospital/PACU began making postoperative phone calls to day surgery patients. Parents and patients are asked whether patients have any postop discomfort, how they are feeling and how the day surgery experience might be improved. In the same phone call, nurses answer any questions the patient and family have. Positive comments are disseminated to the unit team, and patient and family suggestions are used to make improvements. For example, the feedback that patients were bored while waiting for day surgery led to the unit’s requesting pet therapy visits to the waiting area and adding another day of reading with the Children’s Healing Art Project.

In light of the research, but with these concerns in mind, the staff’s continued vigilance in preventing VAP is evident as they celebrate their 37th month with no cases of this infection.

Improving Sharps Safety in the Operating Room

The operating room is a high risk setting for sharps injuries and exposure to blood borne pathogens. The Occidental Health and Safety Administration, Centers for Disease Control and Joint Commission require health care employers to protect workers from sharps injuries. In addition, the Association of Perioperative Registered Nurses, the Association of Surgical Technologists and the American College of Surgeons have issued recommendations for a hands-free neutral zone in the operating room. This practice has eliminated sharps-related injuries in the OR for three consecutive quarters, making the work safer not only for nurses and surgical technicians. The hands-free neutral zone will be disseminated to the other surgical areas in FY13.

Free Zone in the Operating Room

The safe zone can be an agreed-upon area in the surgical field free of items that could injure staff. However, national trends revealed ongoing use of the neutral zone in appropriate cases. Members of the pilot group recommended that the neutral or safe zone be identified at the end of the team pause. This practice has eliminated sharps-related injuries in the OR for three consecutive quarters, making the work safer not only for nurses and surgical technicians. The hands-free neutral zone will be disseminated to the other surgical areas in FY13.

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Releasing Time to Care

At OHSU, the Releasing Time to Care program focuses on improving the health care environment by maximizing the value of staff time and minimizing unproductive time. The RT2C approach addresses these issues by:

1. Making improved quality of care for the basis for all nursing improvements, linking patient satisfaction, clinical outcomes and patient safety.
2. Increasing the value of OHSU nursing care, with a focus on improving the health care environment by maximizing the value of staff time and minimizing unproductive time. The RT2C approach addresses these issues by:

   a. Making improved quality of care for the basis for all nursing improvements, linking patient satisfaction, clinical outcomes and patient safety.
   b. Increasing the value of OHSU nursing care, with a focus on improving the health care environment by maximizing the value of staff time and minimizing unproductive time. The RT2C approach addresses these issues by:

Enhancing the timeliness of care. The Knowing How We’re Doing board is a fundamental part of RT2C. This board helps unit staff consistently display and discuss data on care quality, including how they are eliminating inefficiencies as they move through the program. KHWD boards are an effective way for all units to display and discuss data even before they begin the RT2C program.

At OHSU, Releasing Time to Care began on units 4A, 14A, 14A and 13A. In FY12, seven more units — DNCC, 2KVP, 1KVP, 1KVP, ED, 7N and DCH 10S — began the program. Knowing How We’re Doing boards are up on each unit. Data that were once displayed on scattered bulletin boards are consolidated on the KHWD boards, allowing unit nurses to see all information at a glance. In many cases, units are better able to track situations such as falls “just in time.” Using the board, staff can decide to implement interventions that improve outcomes for a patient who fell; they can also use the improvements to improve care for all patients.

OHSU’s pioneer RT2C units, 4A and 14A, have successfully sustained their “well organized ward” status and moved through the Patient Status at a Glance module. In the PSAG module, the units compared a traditional census board to an electronic version that pulls information from the electronic health record. Activity follows were performed, focusing on when nurses are interrupted. Based on staff feedback, these units decided to adopt whiteboards with standardized magnets as their new census boards. Units also looked at shift handovers by process mapping the current procedure, designing a new process that incorporated nurse delegation to CNAs and vetting the new process through the URNPC. The next phase of shift handover improvement will incorporate including patients in bedside report and using the discharge checklist as a tool for answering patient questions before discharge. Both these pioneering units continue their RT2C journey.

Currently, units 7A, DNCC, 12KVP and 13A are beginning to implement PSAG. Unit 13A has a particular focus on patient whiteboards, and staff are interviewing patients and staff about what information they prefer to see on these boards. These units have had impressive WOW results and have developed standard operating procedures, including auditing processes, to ensure the improvements are sustainable.

In one example of a WOW improvement, the DNCC looked at management of supplies and processes related to daily sterile line tubing changes. RNs were videotaped gathering needed supplies from several locations. Mapping and analysis showed that RNs spent an average of 10.5 minutes gathering supplies and walked 176 steps (0.10 mile) to complete this task. The unit worked with OHSU’s Clinical Technology Services to create an IV cart containing supplies. Using the cart, the average time spent gathering supplies was reduced to 2 minutes and 72 steps, a decrease of 80 percent. The newly formed RT2C steering committee has approved the rollout and timeline for the remainder of OHSU’s inpatient units to implement RT2C modules through FY 2013.

Video Handovers Ease Transfers to Skilled Nursing

Transferring patients from inpatient units to skilled nursing facilities can be challenging for nurses, patients and families. This year, OHSU nurse case managers began using videoconferencing technology to share information with staff at skilled nursing facilities before patients were moved. This interactive process allows for a bedside handover of care with an opportunity for everyone involved to ask and answer questions. In addition, facilities staff can see needed equipment, dressings and other care items, as well as wounds, the way they would see them in a live shift-to-shift report. These HIPAA-compliant video hand-overs have reduced failed transfers and improved the handover experience for all concerned.

Hand in Hand with Patients and Families on 10S

OHSU Doernbecher’s Pediatric Hematology/Oncology unit, 10S, has focused on increasing patient and family satisfaction this year through improving communication between families and staff. The unit adopted two initiatives: bedside report — nurse-to-nurse handoff at the bedside instead of at the nurses’ station — and a preoperative partnership with families.

To implement the first of these changes, a committee of 10S bedside nurses used recent evidence to generate a new format for bedside report and a systematic way to implement it on the unit. Prior to rollout, the committee created posters to introduce the idea to all nurses, made a video to teach nurses the new format on nursing education day and created a bedside checklist to guide nurses through the new report style.

The second initiative was developed when 10S nurses noticed that patients were receiving inconsistent preoperative skin prep and bowel care. They created a poster-sized, laminated pre-op checklist for each patient room. The checklist also includes ample space for families to write down questions for the care team. Families are encouraged to review the checklist, including the reasons for proper skin prep and bowel care, with their child’s nurse. Now every patient and family knows what to expect in the hours before surgery and why each intervention is important for the patient’s safety and health.

Initiating Bedside Handoff on 5C

In January, the URNPC for 5C Family Medicine began considering the practice of handoff report at the bedside with the patient and family. The committee conducted a literature review and discussions with staff and used a Change Acceleration Process to facilitate change. The goals were to improve the effectiveness of communication among caregivers and to encourage patients’ active involvement in their care. Unit staff also hoped to improve patient safety, as lines, bed alarms and medications would be verified together visually as well as verbally.

The handoff trial began March 28 on the 1900 report only. The pilot went very smoothly, and the URNPC added the 0700 shift report on April 1. Outcome measures, which included falls and patient satisfaction, showed mixed results. In the first quarter after implementation (April–June), there were seven falls on 5C, but in the second quarter (July–September), there was only one. Patient satisfaction scores have begun to improve and nurses are continuing to gather data. The next step is to review and refine the content of the bedside report to enhance the language of caring, ensuring the unit reaches its goal of centering care around patient needs.

Emergency Department and Psychiatric Nurses Collaborate to Improve Care

In January 2012, a steering committee of Emergency Department and 1NW Psychiatric unit nurses met to consider ways to improve the patient care experience for psychiatric patients as well as safety outcomes for psychiatric care on both units. Independently, both units had identified problems with communication between units and perceived delays or safety problems with patient transfer. These issues were barriers to patient safety, best practices and job satisfaction. When the committee met, 1NW had already outlined and initiated some best practice guidelines for psychiatric transfers, and the ED had already initiated a task force to develop guidelines for safe psychiatric nursing in the ED. Thus, both units welcomed the opportunity to work together on a common purpose and goals. The joint steering committee aimed to prevent patient injuries, move them safely to the next care destination and facilitate their participation in treatment to the best of their ability. They also aimed to keep staff safe from harm.

Work was divided into two areas. The ED task force focused on developing a standard of care for psychiatric patients, a triage and care stability grid based on safety-related psychiatric symptoms and a psychiatric care pathway to help standardize best practices in the ED. The joint group focused on identifying barriers to patient transfers, mitigating roadblocks to establishing a transfer system that promoted communication and problem solving towards the common goal of safe, timely transfer. Along the way, the groups encouraged each other, sought buy-in from URNPC and staff members and pursued research into best practices. They successfully developed a standard of care, assessment grids, data forms for clearer documentation and a new transfer protocol.

This collaboration continues in FY13. The next step was to determine how to educate all staff to the new and improved standards and protocols and implement them on the units. In July, the transfer work group met with ED charge nurses about implementation of new transfer strategies. In August, the ED task force began work on their education plan, including a rotating educational psychiatric bulletin board and participa- tion in ED skills days. By these days, ED nurses can try out the assessment grids with psychiatric case scenarios, such as finding “contraband” in a backpack. Committee members continue to implement, modify and review changes to the care model and process transfers from the ED to 1NW.

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Research and Evidence-Based Practice

Working Collaboratively on Research Protocols in the CTRC

Nurses on the Clinical and Translational Research unit worked with study subjects on a complex research protocol led by OHSU endocrinologist W. Kenneth Ward, M.D. The project, designed to help with the ongoing quest to create an artificial pancreas, involved lengthy admissions (40 hours). During this time, subjects underwent four magnetic resonance spectroscopy studies, had continuous blood glucose monitoring every five to 15 minutes and received variable rate dosing of insulin and D10W infusions. Preset meals and SQ glucagon dosing were also included.

Working on such a complicated study demanded great communication and cooperation between the principal investigators, study coordinators and associated staff. The CTRC has a regular staff of five RNs, and the study required one-to-one nursing care. The CTRC accommodated the study subjects’ visits by creative planning and the RNs’ willingness to work different shifts than usual.

Study challenges included CBG monitoring while subjects underwent MRS imaging. The nursing staff attended a class in MRS safety and developed a system of drawing blood via a 15-foot IV line while the subject was deep inside the magnet. In addition, the protocol required ensuring that subjects had as nearly normal a night’s sleep as possible. This meant sitting in near-dark and silence during the night for many of the staff.

The study required the constant presence of a physician, a nurse and a study coordinator. Sharing space, supplies and stories created camaraderie. Any issues that arose, ideas for making the study run more effectively and thoughts on how the research was proceeding were all welcomed and discussed. By collectively applying role-specific knowledge, the study staff and the RNs in the CTRC were able to develop strategies that augmented their practices and led to the collection of valuable research data while keeping subjects safe.

Nursing Research Presented at NIH

In 2011, Trish Kirchoff, R.N., a staff nurse in the Clinical and Translational Research Center, was invited to present her research at the International Association of Clinical Research Nurses at the National Institutes of Health. Kirchoff is a member of the first group of OHSU nurses selected for evidence-based practice fellowships. Her research investigated methods of reducing hemolysis when drawing serial blood samples.

In the CTRC, a routine part of nursing practice is the placement of intravenous catheters in study participants to administer drugs and draw blood. Many protocols require collecting blood samples at specific time points, from several minutes to several hours apart. The serial blood samples are used to gather such data as pharmacokinetic drug levels, hormone levels or biochemical responses to dietary modification. Because investigators base their findings on the levels of analytes in blood samples, it is critical that laboratory technicians receive the most viable samples. Kirchoff presented her findings on obtaining blood samples with the lowest possible level of hemolysis while maintaining an acceptable level of comfort and safety for study participants.

Pediatric Sedation RNs Prevent Temperature Loss in Vulnerable Babies

Pediatric Sedation department nurses care for patients from neonates to age 21. Patients are sedated for painful procedures, such as placement of PICC lines, or those for which they simply cannot hold still, such as MRIs. Lisa Schildmeyer, R.N., and Jennifer Ledbetter, R.N., identified a problem with infants (babies aged 0-12 months) losing body heat during sedated MRIs, which can last from 15 minutes to 3 or more hours. Because infants have a large body surface area in relation to their weight, they are more likely than older patients to become hypothermic during sedation. As part of their evidence-based nursing practice fellowship, these nurses measured temperature loss during MRI in this vulnerable population.

During the project, all Pediatric Sedation nurses participated in gathering data. It was determined that a simple nursing intervention may be the most effective means of preventing temperature loss. Nurses now swaddle each...
The implementation of barcode medication administration (BCMA) has led to a significant increase in documentation time with OpTime. After six months, however, nurses had greatly improved their efficiency and accuracy and documentation time was down to almost the same as with the old paper system.

**Barcodes Improve Medication Safety for OSU Patients**

OSU's implementation of barcode medication administration is an example of a successful multidisciplinary project bringing new technology to the bedside. The major goals of BCMA are decreasing medication errors and improving patient safety. While BCMA might look like a simple scanning exercise, it is actually a complex process that combines changes in dispensing and administrative practice with the introduction of new technology, equipment, documentation and motor skills.

The project vision was to design a workflow to assure accuracy and patient safety in medication administration. Implementing BCMA involved team members from nursing, pharmacy, respiratory therapy, clinical informatics, health education services and OSU's Information Technology Group. Working with front line staff, the team designed training and work flows that made the go-live process smooth and easy.

Rollout of BCMA began in October 2011 and ended in May 2012. To date, 39 OSU nursing units use BCMA, with a 95 percent or greater scanning success rate for patients and medications. This high success rate means staff are using the system as it was designed. Nurses have reported that the system has saved them from making medication errors, and some have said it is easier and faster than non-BCMA work flows. As of September 2012, BCMA has helped safely deliver more than 2 million doses of medication to OSU patients.

**Wound Photography Aids Pressure Ulcer Reduction**

Over the past year, OSU’s adult ICUs have sought to expand their arsenal of skin care techniques and reduce the incidence and prevalence of pressure ulcers, a problem in which ICU patients are especially vulnerable. Partnering with OSU’s wound ostomy and continence nurses, critical care skin champions and professional practice leaders, the ICUs have adopted a system of wound photography. Using digital cameras, critical care nurses photograph any wounds patients have at the time of admission. They also photograph any pressure ulcers that form in the hospital, documenting both existing and new ulcers weekly to track progress. The photos are uploaded into the patient record to enhance communication about patients’ wounds on nursing units and among other providers. Using photography to document patients’ pressure ulcers has increased nurses’ vigilance in identifying, describing and documenting wounds earlier, initiating treatment and giving care that helps prevent pressure ulcers. Early results from Q3 of FY 2012 indicate that wound photography benefits patients: there were zero hospital-acquired pressure ulcers across the adult ICU cluster.

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**Nursing Fellowship in Evidence-Based Practice**

The Research Council sponsored the second cohort of the Nursing Fellowship in Evidence-Based Practice, a program designed to support direct-care nurses’ unit-based investigations and ERP changes. In this mentored experience, direct care nurses fellows develop the skills to answer questions about their clinical practice. The aim is to determine what best practices are and to implement and evaluate small tests of change using a change acceleration process.

Masters’ prepared nurses develop their own skills in mentoring and change management by serving as coaches for the fellows. Faculty from OHSU’s Quality Management department, library, Department of Management and Patient Care Services work together as faculty resources for fellows. The fellows’ chosen projects represent a broad spectrum of practice areas and nursing concerns. In FY 12, these projects included:

- Eugene Dickens, B.S.N., R.N. (coach Cheryl Battazzo, M.S., R.N.), Neuroscience ICU: Standardizing neurological assessment in Neuroscience ICU
- Kathy Hettman-Allen, B.S.N., R.N. (coach Christopher Lee, Ph.D., R.N., A.P.R.N.), Cardiac Catheterization Lab: Developing and implementing an evidence-based guideline of care for pediatric patients
- Adrienne Padilla, R.N., B.S.N., C.C.R.N., and Merie Jackson, R.N., B.S.N., C.C.R.N. (coach Mary Denise Smith, M.S., R.N.), Cardiac and Medical ICU: Improving comfort care on Cardiac and Medical ICU
- Lisa Schildmeyer, R.N., and Jennifer Ledbetter, R.N. (coach Mary Rummell, M.S., R.N., C.P.N.P., C.N.S.), Pediatric Sedation Services: Cool, baby…cool. Is normothermia possible in the sedated infant having an MRA?
- Heather Waltz, R.N. (coach Lee Patton, Ph.D., R.N.), Digestive Health Center: Depression and anxiety screening in the inflammatory bowel disease population
- IT takes a village to get a patient ready for the OR. The OpTime feature “phases of care” now allows OSU physicians to enter orders in clinic for the day of surgery. These orders are then released at patient admission. OpTime also renders interdisciplinary communication transparent because all providers can work within the system. If something is omitted from documentation, notification can be sent the night before surgery, preventing delays on the morning of the procedure.

OpTime generates a daily late first start report with staff in put about the reasons for delay. Communication with manage ment and staff involved with the case identifies system errors and informs the workflow to help prevent future delays. Immediate communication allows more accurate definition of system problems, with all stakehold ers involved in the process. In 2013, Perioperative Services is using data collected from OpTime to improve patient flow in the peri anesthesia department.

OpTime at Casey Eye Institute

OpTime also went live at OSU Casey Eye Institute in January. The perioperative services unit at CEI cares for 15 to 35 patients a day in four operating suites. Until recently, all documentation was done on paper. Switching to an EHR was a change in workflow that required extensive training and practice for all staff.

The CEI OR staff attended training sessions and extensively practiced using OpTime before implementation. There was anxiety as the go-live date approached, as some staff were not proficient with computers and others feared it would be difficult to maintain the efficiency necessary to care for 25 patients per day. However, staff helped each other, worked well together and properly utilized resources to overcome obstacles. The unit gathered data to measure OpTime’s effect on nursing documentation time and efficiency. Initially, results showed a significant increase in documentation time with OpTime.
Individual Awards
Recognizing the Outstanding Contributions of OHSU’s 2012 Nurses of the Year

Advanced Practice Award
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.

Rebecca Garcia, M.S.N., F.N.P.
Nurse Practitioner, Emergency General Surgery

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.

Cruz Alvarez, C.M.A.
Certified Medical Assistant, Digestive Health Center & Endoscopy

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.

Cruz Alvarez, C.M.A.
Certified Medical Assistant, Digestive Health Center & Endoscopy

Ancillary Staff in Nursing Services
A C.N.A., C.M.A., L.P.N., E.M.T., technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

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.

Cruz Alvarez, C.M.A.
Certified Medical Assistant, Digestive Health Center & Endoscopy

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.

Myra Hansen, R.N., B.S.N., R.N.-C.
RN, 4A Transplant/Urology/Plastic 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.

Perinatal Services Education Team:
Jodi Harper, R.N., B.S.N., and Ewa Barker, R.N., B.S.N., Mother Baby Unit
Wren Kiczkowski, R.N., B.S.N., R.N.-C., and Kelly Moylan, R.N.-C., B.S.N., Labor & Delivery
Susanna deCastro, R.N.-C., B.S.N., Fetal Monitoring

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.

Tausha McIntosh, R.N., B.S.N., RN, 5A Medicine

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.

Joyce Hartje, R.N., B.S.N., RN, DCH 8N Pediatric Intensive Care

Virginia I. Sznewajs Award for Palliative Care
The Virginia I. Sznewajs Award was 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 supports the staff member’s continued professional development in the area of palliative nursing.

Merie Jackson, R.N., A.D.N., C.C.R.N., and Adrienne Padilla, R.N., 11K Cardiac and Medical ICU

Student Awards
Recognizing the Outstanding Contributions of OHSU’s 2012 Student Nurses

Clinical Case
A role-based student 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.

Clinical Care
A role-based student 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.

Clinical Community Service
A role-based student 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.

Clinical Ancillary Staff in Nursing Services
A C.N.A., C.M.A., L.P.N., E.M.T., technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

Clinical Clinical Case
A role-based student 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.

Clinical Clinical Community Service
A role-based student 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.

Clinical Clinical Ancillary Staff in Nursing Services
A C.N.A., C.M.A., L.P.N., E.M.T., technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

Clinical 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.

Clinical Perinatal Services Education Team:
Jodi Harper, R.N., B.S.N., and Ewa Barker, R.N., B.S.N., Mother Baby Unit
Wren Kiczkowski, R.N., B.S.N., R.N.-C., and Kelly Moylan, R.N.-C., B.S.N., Labor & Delivery
Susanna deCastro, R.N.-C., B.S.N., Fetal Monitoring

Clinical 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.

Clinical Tausha McIntosh, R.N., B.S.N., RN, 5A Medicine

Clinical 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.

Clinical Joyce Hartje, R.N., B.S.N., RN, DCH 8N Pediatric Intensive Care

Clinical Virginia I. Sznewajs Award for Palliative Care
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Clinical Merie Jackson, R.N., A.D.N., C.C.R.N., and Adrienne Padilla, R.N., 11K Cardiac and Medical ICU

Unit and Hospital Awards

Recognizing the Outstanding Contributions of OHSU’s 2012 Nurses of the Year

Advanced Practice Award
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.

Rebecca Garcia, M.S.N., F.N.P.
Nurse Practitioner, Emergency General Surgery

Advancing and Leading the Profession Award
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.

Jessica Dixon-Rasales, R.N., B.S.N., C.P.N.
RN, DCH 9N Pediatrics Acute Care Medical Unit

Ancillary Staff in Nursing Services
A C.N.A., C.M.A., L.P.N., E.M.T., technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

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.

Cruz Alvarez, C.M.A.
Certified Medical Assistant, Digestive Health Center & Endoscopy

Clinical 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.

Myra Hansen, R.N., B.S.N., R.N.-C.
RN, 4A Transplant/Urology/Plastic Surgery

Clinical 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.

Perinatal Services Education Team:
Jodi Harper, R.N., B.S.N., and Ewa Barker, R.N., B.S.N., Mother Baby Unit
Wren Kiczkowski, R.N., B.S.N., R.N.-C., and Kelly Moylan, R.N.-C., B.S.N., Labor & Delivery
Susanna deCastro, R.N.-C., B.S.N., Fetal Monitoring

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Tausha McIntosh, R.N., B.S.N., RN, 5A Medicine

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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.

Joyce Hartje, R.N., B.S.N., RN, DCH 8N Pediatric Intensive Care

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Merie Jackson, R.N., A.D.N., C.C.R.N., and Adrienne Padilla, R.N., 11K Cardiac and Medical ICU

Welcome Mothers, Babies & Families
Left to right, Kelly Moylan, Ewa Barker, Jodi Harper, Wren Kiczkowski, Susanna deCastro

Management
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.

Marge Willis, R.N., B.S.N., C.C.R.N.
Nurse Manager, 12K Cardiac and Medical ICU

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.

Michael Krenning, R.N., B.S.N., C.P.A.N.
RN, 6A South PACU

Patient Care Services at OHSU
Left to right, Kelly Moylan, Ewa Barker, Jodi Harper, Wren Kiczkowski, Susanna deCastro

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.

Tausha McIntosh, R.N., B.S.N., RN, 5A Medicine

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.

Joyce Hartje, R.N., B.S.N., RN, DCH 8N Pediatric Intensive Care

Virginia I. Sznewajs Award for Palliative Care
The Virginia I. Sznewajs Award was 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 supports the staff member’s continued professional development in the area of palliative nursing.

Merie Jackson, R.N., A.D.N., C.C.R.N., and Adrienne Padilla, R.N., 11K Cardiac and Medical ICU
Nurses Week Posters
During Nurses Week, OHSU displayed 61 posters highlighting unit quality initiatives and improvements. Two posters in each category (formal – research, performance improvement or evidence-based practice and informational) were selected as winners:

Formal
Nicole Kammer, R.N., B.S.N., Improving Shift Handovers Using Releasing Time to Care Principles
Caitlyn Hyung, R.N., Breast Milk Coma: Decreasing Pain and Anxiety in the Doernbecher Lab

Informational
Toni Dubois, R.N., Partnering for Progress: The ENT Transition on 13K
Stephanie Gapper, R.N., B.S.N., C.C.R.N., Empowering Evidence-Based Practice Through Nursing Fellowships

Nurses of the Year Awards from Oregon March of Dimes
OHSU was an important part of the inaugural Oregon Nurse of the Year Awards given by the Greater Oregon Chapter of the March of Dimes in October 2011. These awards honored 14 outstanding nurses from around the state. OHSU president Joe Robertson, M.D., M.B.A., served as keynote speaker.

Four OHSU RNs were awarded Nurse of the Year honors:
- Advanced Practice: Helen Turner, D.N.P., R.N.-B.C., P.C.N.S.-B.S., Pain Service
- Distinguished Nurse: Mary Denise Smith, R.N., C.N.S., A.C.H.P.N., Palliative Medicine and Comfort Care Team
- General Medical/Surgical: Kelly Hyde, R.N., B.S.N., 14A General Surgery Unit
- Rising Star: Deidra Weinert, R.N., B.S.N., DCH 9N Pediatric Acute Care Medical Unit

Of 213 Oregon nominees, 37 were OHSU nurses. The excellence of OHSU nursing was recognized in a wide array of award categories: Advanced Practice: Helen Turner, Diane Voeller; Charge Nurse: Megan Bernatz; Community Service: Mark Browne, Jessica Harris, Olawatosin Ola, Karen Rudy, Charmika Schuster; Critical Care: Cindy Bergquist, Kimberly Giltner, Rayna Lindert, Guy Ostermeyer, Kelly Stafford; Distinguished Nurse: Mary Denise Smith; Emergency: Susan Stuevevant; General Medical/Surgical: Lisa Bloker, Kelly Hyde, Randy Linschoten, Leslee Schader; Hospice, Home Health and Palliative Care: Leotine Eskola, Elaine McDaniel, Nikki Moenterich; Oncology: Janet BuzzeI, Anne Kratz, Leslie Manser Bright, Jane Parmenter; Pediatric: Carolyn Rae Acosta, Debbie DeLorenzo, Katherine Loomis, Cindy Ross; Rising Star: Anna Balcolm, Ginger Bradley, Deidra Weinert; Surgical Services: Miriam Dean, Jules Fernandez, Cheryl Rice, and Women’s Health: Janice Snyder.

Selected Presentations and Publications
Names of OHSU nurses in bold type.

Denfeld, O.E., Goodell, T.T., Stafford, K.N., & Kazmierczak, S. Precision and accuracy: Comparison of point-of-care and laboratory glucose concentrations in cardiothoracic surgery patients. Journal of Cardiovascular Nursing, 2011, 26(6); 431-434. DOI: 10.1097/JCN.0b013e31820a7bf4


Mulolland, A. (2012). Finding the courage to manage moral distress. Poster presentation at Oregon Statewide Palliative Care Conference, Portland, OR.


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