

Patient Care Services

FY17 REPORT TO THE COMMUNITY



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Facts about OHSU | FY17

576

Licensed beds

556

Staffed beds (145 pediatric)

2.09

Case mix index (all payers)

2,391

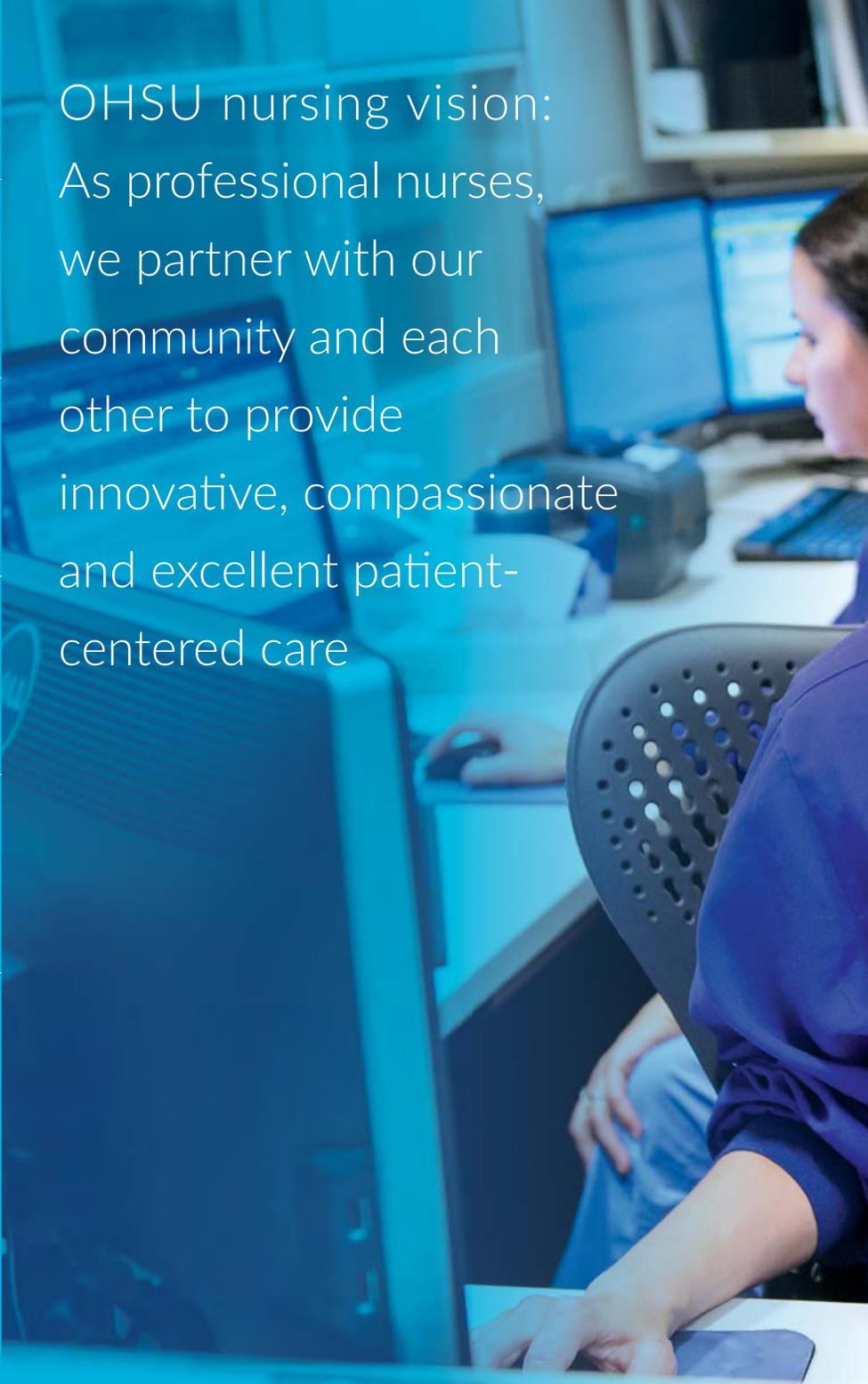
Births at OHSU

Emergency department visits

33,822 ED, adult

13,371 ED, pediatric

47,193 ED total



OHSU nursing vision:
As professional nurses,
we partner with our
community and each
other to provide
innovative, compassionate
and excellent patient-
centered care



Welcome



Dana Bjarnason, Ph.D., R.N., N.E.-B.C.
Vice President and Chief Nursing Officer,
OHSU Healthcare
Associate Dean for Clinical Affairs,
OHSU School of Nursing

The goal to achieve a top 10 ranking in the Vizient Quality and Accountability Study resonates for me for two reasons. "Commit to excellence and hold high expectations" are both associated with the credo I developed to guide my leadership journey more than 25 years ago. These two values which are at the core of my own professional image, are clearly connected to the vision OHSU has **EMBRACED OR EMBODIED** while achieving nationally acclaimed status for the care environment.

Thanks to everyone's work in FY17, OHSU achieved Top 10 status in September 2017. It is quite an accomplishment and to which OHSU Patient Care Services contributed in a major way. Our continuous attention to "knowing how we are doing" and developing foundational approaches to problem-solving have created standard work and daily management systems that have paid off for patients and staff. My hat is off to the entire OHSU team.

This year we devoted considerable time to understanding and improving our approach to care coordination. I appreciate the interprofessional collaboration that has generated palpable interest and attention to our processes. We have made appreciable improvements in reducing patients' length of stay.

Our case mix index is at historical highs for our organization as well as nationally. We recognize that caring for patients at the tertiary and quaternary level is difficult and challenging – one reason that we are so proud of the knowledge, skills and abilities of our nursing team. We are gratified that we have achieved a workforce of nurses, of whom 86 percent are prepared at the baccalaureate level or higher and 53 percent hold professional certification.

Finally, sincere thanks to the Oregon Nurses Association and OHSU bargaining team which, after many months of negotiating, developed a three-year contract that was ratified by more than 86 percent of voting members. Well done.

It is a privilege to serve you as your chief nursing officer. My door is always open – please do not hesitate to come through it.

A handwritten signature in black ink that reads "Dana".



**Susan Bakewell-Sachs, Ph.D., R.N.,
P.N.P.-B.C., F.A.A.N.**

Dean, OHSU School of Nursing
Vice President for Nursing Affairs
OHSU Healthcare

I take great pleasure and pride in serving as dean of the OHSU School of Nursing and vice president for nursing affairs here at OHSU. I also highly value working in partnership with **Chief Nursing Officer** Dana Bjarnason, OHSU Patient Care Services and OHSU Healthcare. The opportunity to focus on enhancing patient experience, improving population health, reducing costs and improving the work life of healthcare providers through the tripartite mission of academic nursing, i.e., education, practice and research, is inspiring and necessary for the future of health and health care.

Nurses and nursing are often referred to as the “backbone” of health care. Nurses deliver the majority of health care and touch individuals at every point on the care continuum. Nurses know the process of care and serve as leaders and members of performance improvement teams. Knowing a patient’s whole story, including diagnoses, risk level, ability to function and engage in self-management, lived experience and social determinants of health can be elusive. Nurses’ significant contributions to care continuity and care coordination ensure that care is aligned with patient needs to improve outcomes, prevent gaps in care and reduce costs.

School of Nursing faculty and students embrace and advance the culture of safety at OHSU, and this past year we celebrated our first student “Good Catch.” Our undergraduate and doctorate of nursing practice students’ quality improvement work is guided by and directly contributes to OHSU Healthcare goals. OHSU nurses are contributing significantly to the education mission by precepting and mentoring students, teaching courses, participating in interprofessional education and collaborating with faculty to ensure practice-ready graduates with fundamental knowledge, skills and competencies. Research collaboration is developing, with the hope of expanding the contributions of nursing science on “the Hill.” Nearly all of the SON’s directors of graduate clinical programs are now engaged in faculty practice across OHSU, enhancing our integration with the clinical enterprise.

Thank you for partnering with the OHSU School of Nursing to improve health and health care through nursing education, practice and research. Congratulations on the accomplishments of the past year. I look forward to our continuing and deepening collaborations.

Warmly,

A handwritten signature in black ink that reads "Susan". The signature is fluid and cursive, written in a professional style.

Welcome



Deborah H. Eldredge, Ph.D., R.N.

Director, Nursing Quality/
Research/Magnet Recognition
OHSU Healthcare

Magnet Recognition, awarded for achievements in professional practice is the national gold standard for nursing excellence. About seven percent of hospitals in the United States have earned this elite recognition. In FY17, OHSU Patient Care Services submitted our portfolio for Magnet® redesignation, cataloguing accomplishments in leadership, engagement with the profession, educational milestones, interprofessional collaboration, quality and safety, innovation, and research and clinical inquiry. Our documentation earned a site visit in August 2017, during which appraisers visited campus to clarify, verify and amplify these accomplishments.

In preparation for the site visit, each unit selected stories that demonstrated how they innovated to improve care. The medicine units partnered with complex patients to extend treatment adherence. The medical ICU tested standard work to reduce infection risks to patients. Neuroscience nurses reduced the rates of aspiration for patients with new strokes. Nurses in Labor and Delivery and the neonatal ICU changed workflow to ensure that mothers and fathers can hold vulnerable newborns in the first minutes of life. Nurses learned together by reviewing safety events in interprofessional teams.

On campus, the Magnet® appraisers met with at least 400 clinical nurses and advanced practice registered nurses. They also engaged with others in the organization, including hospital leadership, the professional board, community leaders and our shared governance and unit-based nurse practice councils. In addition, the appraisers met with deans and faculty from Portland-area schools of nursing.

At their final debrief, the appraisers provided us with an overview of our strengths and opportunities. Their observations of our strengths include:

- Deep and visible commitment to safety and quality
- High level of teamwork
- Highly individualized care planning
- Strong interprofessional collaboration
- Pride in the high quality of care that OHSU provides to very ill patients

Two important concerns were raised:

- Disconnect between nurse leaders and frontline staff in regard to
 - Engagement in decision making around staffing
 - Transparent communication about organizational direction and its impact on clinical staff
- Inconsistent experiences of nursing autonomy and engagement in shared leadership.

OHSU Nursing leadership is currently conducting a listening tour to more fully understand our opportunities for improvement. (Magnet® is a journey toward excellence, an ever-evolving goal.) We expect to hear the decision from the Commission on Magnet Recognition in December.

The stories in this report illustrate the value of our 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.

Like all health systems, we are challenged to improve the safety, quality and efficiency of health care. Magnet Recognition isn't about being perfect or having unlimited resources. The Magnet® 'spirit' is demonstrated by our commitment to co-create structures and processes that engage nurses in their professional practice.



Transformational leadership

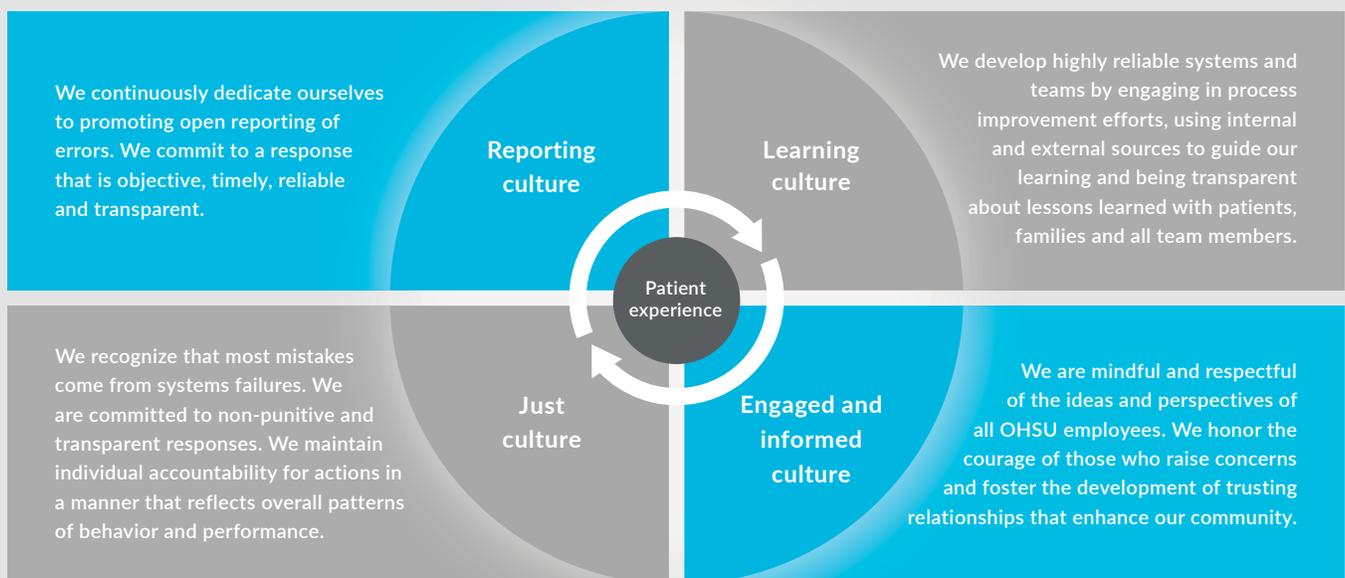
A transformational leader creates an environment that inspires members of the community to take greater ownership of their work. OHSU nurse leaders strive to be transformational, recognizing that input from clinical nurses is fundamental to achieving the organization's goals.

Culture of safety

OHSU continues to embed the values of a culture of safety.

- **Reporting culture** – Patient Safety Intelligence reports continue to be submitted.
- **Learning culture** – Unit leaders and staff are encouraged to review submitted reports in teams.
- **Engaged and informed culture** – Executive leaders round weekly on units. Improvement rounds include interdisciplinary team members.
- **Just culture** – 57 root cause analyses were conducted in the first six months of calendar year 2017. Several system-level opportunities were identified for improvement.

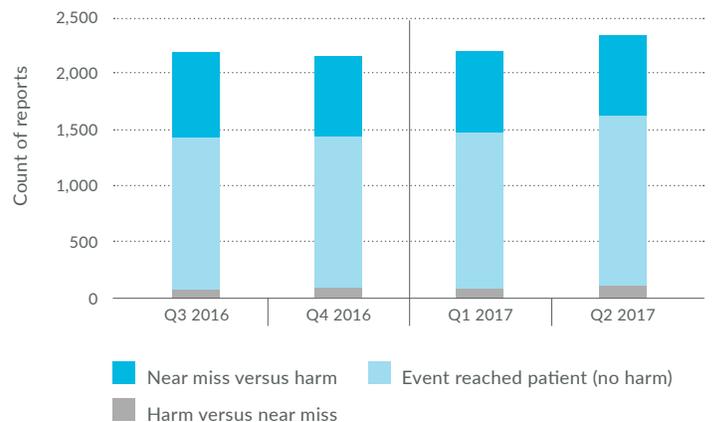
Culture of safety. The four elements of OHSU's culture of safety center on the patient experience.





Leaders encourage staff to identify patient safety concerns and system issues with PSI reports. Managers have worked to make learning from event reports part of the unit culture. This includes discussing reports at improvement rounds and unit-based nursing practice council meetings and following up with individuals who file reports. A review of PSI reports identified system issues or trends, including challenges with transportation and workload issues for Environmental Services. Once reported, issues can be addressed from a wide variety of perspectives. The volume of PSI reports continues to increase slightly overall.

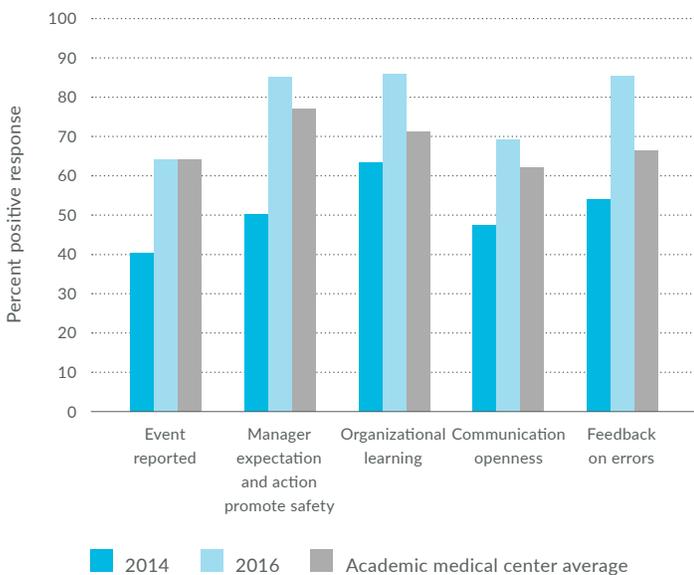
PSI reports by level of harm, FY17



Debriefing events – PSI at improvement rounds

In 2016, the cardiovascular intermediate care unit responded to a call to action to improve staff perception of safety on the unit. Leadership and team members committed to problem-solving and transparency and initiated closed-loop communication on all safety reports, a systems approach to debriefing, interdisciplinary improvement huddles to discuss recent events and weekly report-outs on learnings and action to support all team members. Since the intervention, the number of safety events reported has increased. Compared to the Agency for Healthcare Research and Quality culture of safety scores from 2014 and 2016, the unit improved in every category, including outperforming the averages of academic medical centers in most categories.

Culture of Safety survey responses



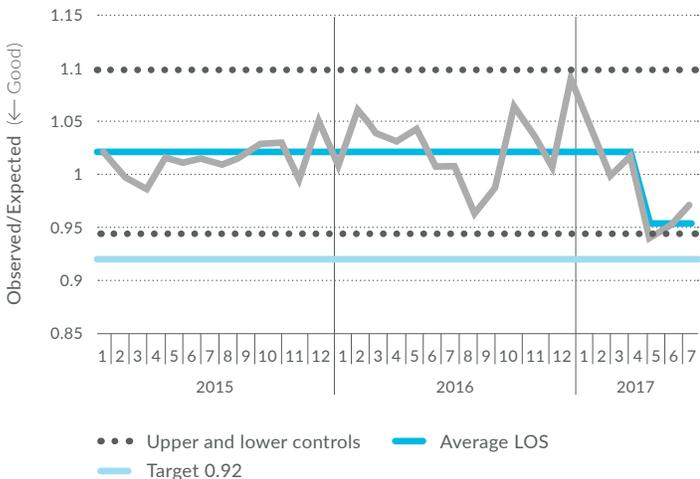
Capacity management

In order to enhance service and value to Oregonians, the inpatient flow value stream coordinates the knowledge, skill and engagement of all those involved in their care. Value can be defined as timely access to needed services; improvement of safety; enhanced communication between health care providers and between providers and patients; improved patient and staff satisfaction; and improved patient outcomes.

By supporting the collaboration of cross-functional teams, OHSU’s inpatient flow value stream has reduced patient length of stay from a mean of 1.01 observed over expected to a mean of 0.95. This difference is statistically significant. Improvement projects include creating a standard organizational response to high-capacity days, developing an enhanced, streamlined clinical pathway for patients with acute myocardial infarctions and implementing a forecasting model to help manage capacity. These efforts have increased overall capacity and community access.



Reduction in length of stay



IDAC nursing road map

Nursing Informatics supports interprofessional care teams in their use of clinical information systems to deliver care. The work of OHSU’s nurse informaticists is guided by operational initiatives and workgroups in pursuit of strategic goals, and by a technically focused road map for improving the capability, usability and sustainability of Epic, the electronic health record used at OHSU. Changes to Epic are informed by the essential subject-matter expertise of the 45 staff members who compose OHSU’s Interdisciplinary Documentation Advisory Council (IdAC). These staff members are mainly registered nurses, but the group also includes staff members from Clinical Nutrition and Respiratory Therapy. Nursing staff educators also inform Epic changes.

In response to quality and safety initiatives, the team has made changes in the following areas of emphasis:

1. CLABSI/CAUTI —Standardized lines-drains-airways content and introduced discrete, trackable documentation for central line dressing changes and a urinary catheter insertion bundle. These changes will assist in preventing central line-associated bloodstream infections and catheter-associated urinary tract infections.
2. Patient education — Added a report view to monitor timely documentation of patient education.
3. Pain/sedation — Began developing a Worklist task to automatically remind nurses to re-assess patients’ pain and sedation levels after giving medication.

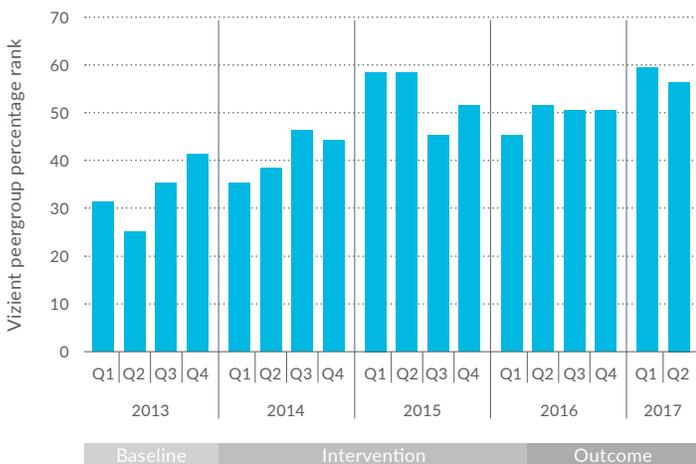


Redesign of Environmental Services

In FY17, Environmental Services and Patient Care Services fostered a stronger relationship, using huddles to address methods and safety issues. Charge nurses, bed flow and EVS supervisors negotiated which areas should be given priority for cleaning, in order to improve patient flow. Now EVS participates in daily staffing meetings, which provides the most accurate projections of discharges and transfers. This ensures EVS staffing is adjusted to facilitate patient flow and optimize inpatient capacity. In the Pediatric Division huddle, the staff of Unit 10N led by example. After learning about employee injuries in EVS, 10N volunteered to help EVS staffers remove linen that is too heavy.

This work paid off. Collaborating to develop, train, and monitor EVS standard work yielded improved patient experience scores related to hospital cleanliness.

Increase in percentile ranking for patient experience of cleanliness



Linen optimization

Linen services cost OHSU \$2.2 million per fiscal year. In order to reduce waste and cost associated with excess usage, and to move OHSU closer to Clinical Enterprise Strategic Plan goal of ranking in the 25th percentile of Vizient, Patient Care Services set the goal of reducing linen use by 20 percent. The team leveraged the price of linen processing, reduced waste, resource conservation and standard linen types and usage.

The acute care division piloted processes that were ultimately implemented throughout the hospital. Interventions included updating the policy on linen use, frequency of bed changes, best practices, linens used to make a bed and linen stocking. Inpatient Optimization Champions, staff and unit leadership designated this project as their affordability pillar. Linen use decreased by 20 percent, saving OHSU more than \$350,000. OHSU now ranks in the 10th percentile among Vizient peers.



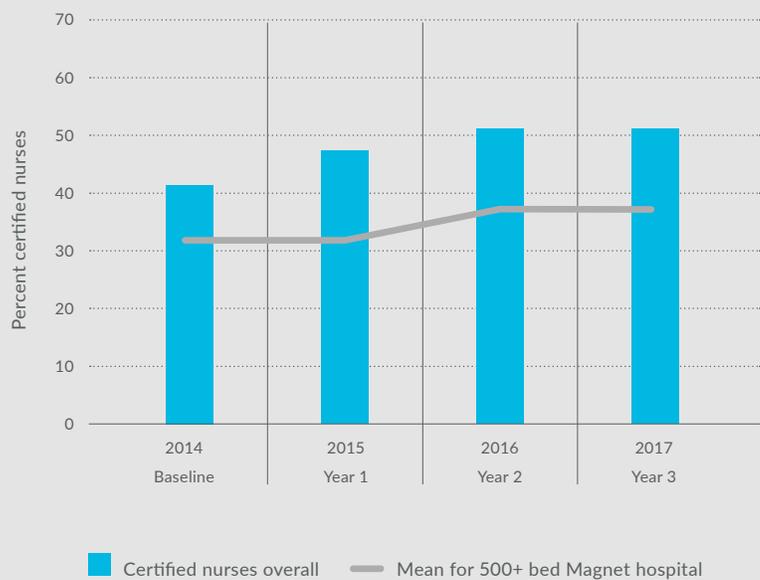
Structural empowerment

At OHSU, 51.3% of clinical nurses hold professional certification in their specialty practice area, outperforming the average for Magnet-recognized hospitals.

OHSU 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.

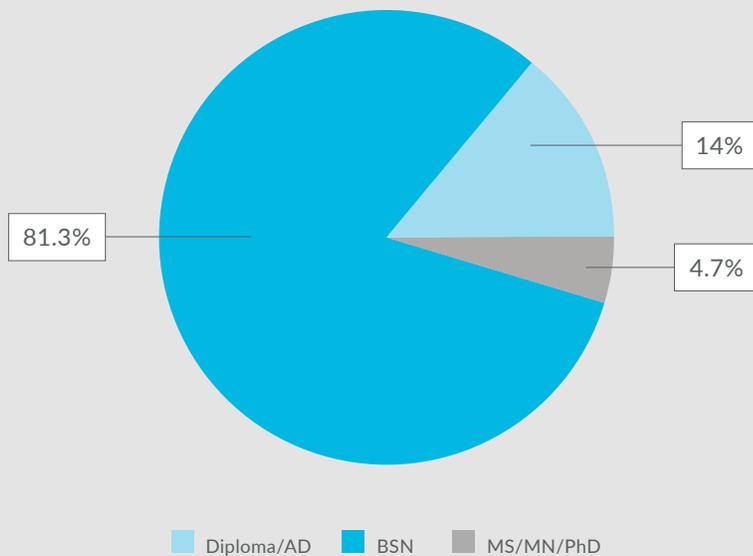
Professional certification



In FY17, OHSU nurses precepted more than 600 undergraduate nursing students from 10 schools of nursing. More than 400 advanced practice registered nurse graduate students spent clinical hours learning in 7 specialty areas.

At OHSU, 86 percent of clinical nurses hold a baccalaureate or master’s degree in nursing. This exceeds the Institute of Medicine goal that 80 percent of nurses hold a baccalaureate or higher by 2020. More than 40 OHSU nurses with associate’s degrees earned their baccalaureate degree in FY17.

Educational achievement





Orientation to professional practice

When OHSU hires new nurses, it is essential to orient them to professional practice. Orientation to professional role obligations advances knowledge of professional practice and promotes role enactment to achieve safe practice. Building the foundation of the professional role supports nurses through the process of role transition, resulting in nurses' abilities to influence culture. With the application of adult learning theory and current evidence-based pedagogy, new and experienced nurses at OHSU engage in advanced teaching methodologies, including dynamic group discussions and integrated technology, resulting in desired learning.

Professional practice leaders John Elliott, B.S.N., R.N., C.P.N., Ashley Arehart, M.S.N., R.N., Rene Norton, M.S.N., R.N., and Liz Chang, M.S.N., R.N., F.N.P.-B.C., meet with all new graduates and with experienced nurses who are making job transitions. They deliver the Orientation to Professional Practice class, which is formatted as a concept-based learning activity for role and safe practice. This is an integral part of setting individual nurses up to understand their new professional roles and giving them with a foundation for the transition.

Community service statewide disaster plan

In 2016, OHSU professional practice leader Mercedes Wilson, B.S.N., M.A., R.N., C.E.N., S.A.N.E.-A., co-presented a Tri-County Trauma and Burn Surge Plan to Portland local hospital members. Also attending the presentation were fire and emergency medical services personnel, state public health partners and Multnomah, Clackamas, and Washington county emergency managers. The purpose is to establish a coordinated regional approach for the care of pediatric patients and their families during a large-scale health emergency that exhausts local emergency resources in Healthcare Preparedness Region 1. This approach will reflect an environment that supports family centered care and evidence-based practices within the limits of the disaster. The resulting plan was so outstanding that the director of emergency operations for Oregon Public Health was inspired to take the plan statewide.



Transition to practice – internship programs

In 2017, internship programs for specialty patient populations were integrated into a single internship program. The following specialty tracks aligned to share processes, curriculum and resources: adult critical care, adult emergency department, adult and ambulatory perianesthesia specialties, pediatric perianesthesia and adult and pediatric operating room. The goal is to deliver a program that meets the needs of OHSU's future workforce.

The integrated, concept-based curriculum is designed to support an individualized orientation experience. The program's foundation rests on ownership of professional role responsibilities, which are applied in practicing and demonstrating specialty population-specific care through innovative learning activities. The integrated internship program achieved its goals: more than 97 percent of OHSU newly-hired nurses successfully demonstrated advanced beginner competencies to practice independently in their specialty care areas.



Community service

Andrea Koepping, B.S.N., R.N., C.C.R.N., participated in a seven-day Cardiostart Adult Cardiac Surgery mission to the Dominican Republic in April 2016. The team performed approximately 11 cardiac surgeries, mostly valve replacements on people who were otherwise be unable to receive these treatments. Her primary responsibility was to help these patients recover immediately after cardiac surgery, until they could transfer to the acute care part of the hospital.

In November 2016, Adrienne Yorker, B.S.N., R.N., C.C.R.N. and Kate Johnstone, B.S.N., R.N., C.C.R.N. participated in a two-week cardiac surgery mission in Dhulikhel, Nepal. The Cardiostart team of ICU nurses provided lectures in nursing theory and facilitated formal preceptorship for the Nepali nurses to help patients recover immediately after cardiac surgery. The majority of the patients who had surgery were young adults with valve dysfunction due to rheumatic fever. Families were very involved in the patients' care. The trip was a unique opportunity to see how nursing jobs are performed in Nepal.

For the last nine out of 10 summers Amy Paul, B.S.N., R.N., has been a part of Camp Millennium, a camp for children dealing with cancer. Each summer, approximately 50 volunteers from across the state of Oregon spend 10 days creating an annual home for 100 incredible children whose lives have been affected by cancer. Some are survivors, some are currently battling disease and some are siblings of children with cancer, but all of them are fighters. As a camp counselor, Paul got to be a friend, mentor, leader and confidant for 15 middle-school girls, helping them enjoy 10 fantastic days of just being kids. Camp Millennium is what these kids look forward to all year long and often is the only place where they feel known, understood and as if they can simply enjoy their childhood years.

Shared Governance Council accomplishments

- The Advanced Practice Nurse Council continued to support advanced practice providers to improve work-life balance, develop their careers and engage in communication and visibility with key leaders.
- The Hospital-Based Nurse Staffing Committee studied the implications of changes to the Oregon Nurse Staffing Law and reviewed unit staffing plans to ensure adherence to the updates.
- Magnet® Champions supported the ongoing Magnet® journey to enculturate professional practice and celebrate accomplishments. The champions spearheaded the campaign for nurses to talk about their unit points of pride. This campaign served as the basis for unit tours during the Magnet® site visit.
- The Nursing Practice Council ensured that clinical practice policies, procedures, standard work and nursing practice expectations of care were all based on current evidence and readily available to staff. They also began making the policy management system easier to use, collaborating across many disciplines to achieve these results. This work supports nurses in practicing to the highest level of their licensure.
- The Professional Development Council collaborated with the Culture of Safety Committee to create education on ARCC, a structured communication tool designed to promote collaborative decision making. The letters of ARCC stand for the following:
 - Ask a question
 - Make a request
 - Express Concern
 - Chain of Resolution

The ARCC education methods have been used by multiple providers across health care disciplines at OHSU, including nurses, certified nurse assistants, pharmacists, physicians and others.

This council also evaluated the impact of the Leadership Institute on nursing at OHSU. Approximately 18 months after its inception, participants reported they most value the topics related to people, finance and operations. Based

on these findings, the next iteration of the institute will be more interactive and focus on projects that spark nurses' passions and creativity.

- The Quality and Safety Council collaborated with the Department of Patient Safety to understand patient falls. The council determined that 42 percent of patients who fall have been in the hospital for less than 24 hours, and that 100 percent of falls with injury are associated with toileting. Next, the council reviewed resources in the electronic health record to synthesize patients' individual risk of falls, and recommended that interventions to prevent falls should be selected based on current cognitive assessment. Now the council is exploring ways to engage patients who have high executive function in discussing their perceived risks for falling. The QSC continues to refine the process of learning from events, including using case debriefs and reviews of Patient Safety Intelligence reports.
- The Clinical Inquiry Council hosted the 7th Nursing Fellowship in Evidence-Based Practice. The council sponsored workshops on creating posters, writing abstracts and writing for publication to enhance nurses' abilities to disseminate knowledge.
- The Collaborative supported shared decision making with ongoing development of unit-based nursing practice council chairs and formal unit leaders. The Collaborative members analyzed nurses' level of satisfaction across OHSU Hospital as well as data from patient safety surveys. The UBNPC chairs replicated their analysis of satisfaction scores from nurses at the unit level. Themes from the unit analyses were used to identify priorities to enhance RN satisfaction across the hospital. These priorities include developing additional strategies to recognize nurses for their efforts and achievements; building strong nurse-physician relationships; and supporting the culture of safety by continuing to increase reporting and learning from events.

Exemplary professional practice

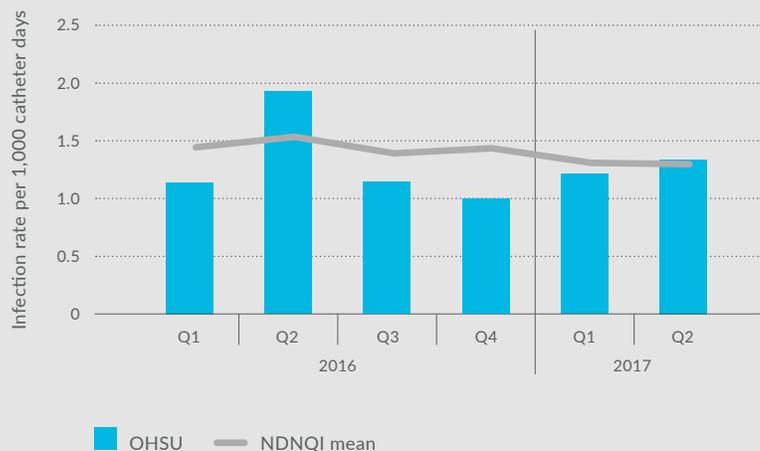
Exemplary professional practice entails a comprehensive understanding of the nurse's role and its application with patients, families, communities and the interprofessional team. Exemplary professional practice is grounded in a culture of safety, quality monitoring and performance improvement.

Interprofessional care and collegial decision making are keys to OHSU's ability to meet the health care needs of complex and diverse patient populations. In FY17, OHSU nurses identified novel ways to include patients and families in making decisions about their care and comfort. Nurses also implemented exciting new technology and practices.

Celebrating improvement in nursing sensitive indicators

OHSU Hospital's rate of catheter-associated urinary tract infections per 1,000 catheter-days outperformed the National Database for Nursing Quality Indicators average in four of the last six quarters.

Catheter-associated urinary tract infections





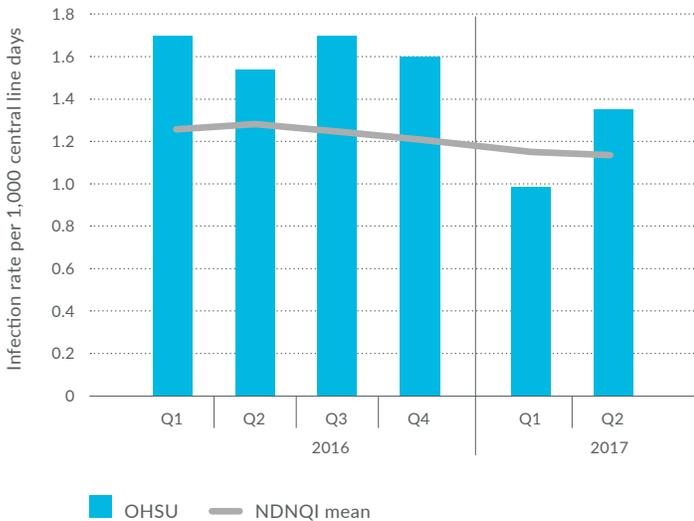
Reliable use of *C. difficile* testing algorithm

In early May 2016, the Medical ICU started on a journey to prevent hospital-onset *C. difficile* infections. They formally validated a *C. difficile* testing algorithm to determine when specimens are appropriate to send. Further, the unit’s charge nurses completed a daily management system to ensure the testing algorithm was followed successfully and identified barriers to using this new tool. In April 2017, the MICU celebrated an impressive 13-month stretch with no cases of hospital-onset *C. difficile* infections. This success comes through the engagement and collaboration of all the MICU staff, providers and leadership. The *C. difficile* testing algorithm has since been updated with lessons learned from the MICU experience and deployed to all inpatient units at OHSU.

The rate of central line-associated blood stream infections per 1,000 catheter-days declined by 30 percent in FY16.

Across OHSU hospital, the rate of *C. difficile* cases per 1,000 patient days declined 56 percent in FY16.

Central line-associated blood stream infections



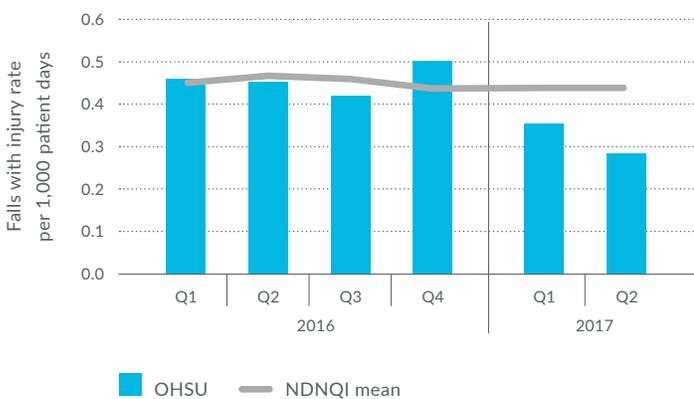
Hospital onset *C. difficile* cases





OHSU Hospital’s rate of falls in which the patient was injured declined 50 percent per 1,000 patient-days in FY17.

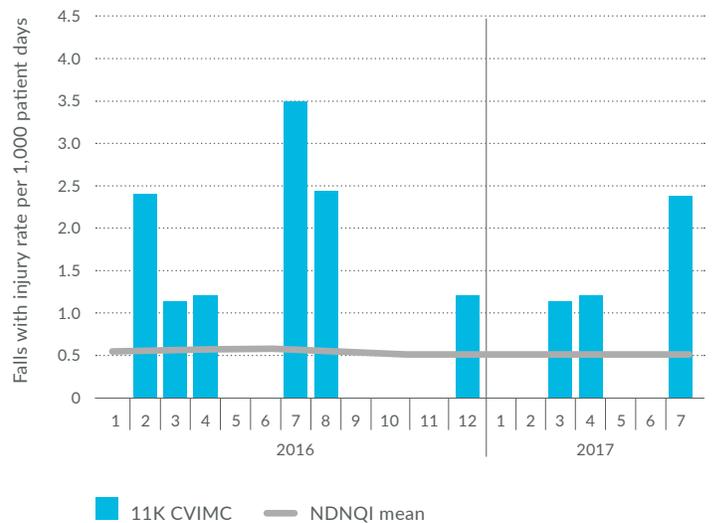
Falls with injury



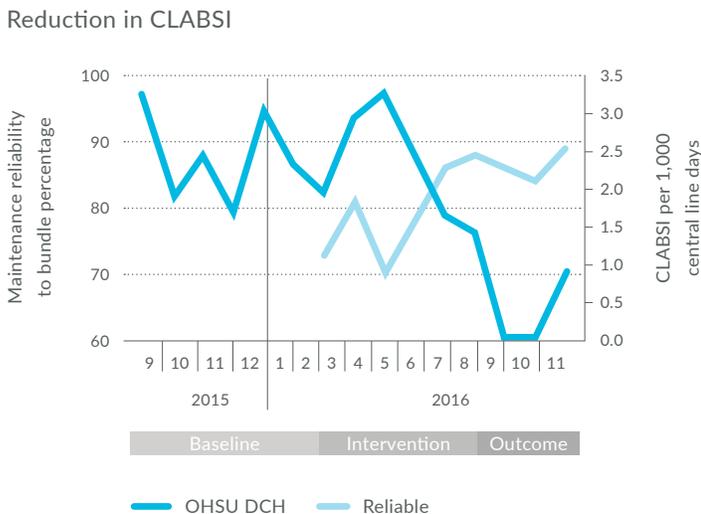
Falls reduction in Cardiovascular Intermediate Care

Despite previous interventions and attempts to reduce patient falls with jury, the 11K Cardiovascular Intermediate Care Unit continued to have a high fall rate. The following intervention was put into place: once per shift, the charge nurse huddled with each RN in the unit to identify his/her highest fall risk patient. The charge nurse and the primary RN reviewed the evidence based interventions and then incorporated them into the patient’s care plan. Following this intervention, fall rates declined (January 2017 - May 2017). However, the charge nurse’s involvement proved to be critical to the intervention. When a model was trialed that removed the charge RN from the huddle, incorporating only the patient’s primary RN and RN buddy, fall rates increased (June 2017 – July 2017). The team reinstated charge nurse review with the primary RN.

Falls with injury on OHSU’s Cardiovascular Intermediate Care Unit



Reduction in CLABSI at Doernbecher Children’s Hospital following implementation of new central line maintenance bundle. As reliability of the bundle increased, the rate of CLABSI declined.



Reduction in central line-associated blood stream infections

In September 2015, OHSU Doernbecher Children’s Hospital saw a significant increase in the rate of central line-associated blood stream infections, or CLABSI. The situation mirrored a nationwide CLABSI increase of unknown cause. The timing of the infections suggested the problem was related to maintenance versus placement of central lines.

Hospital leadership made reducing CLABSI a top priority. Variations in CLABSI prevention practices on DCH’s six inpatient units were a concern. The team determined that the hospital needed a single central line care and maintenance standard.

Evidence-based policies and procedures pertaining to vascular access device hygiene, flushing and dressing changes were reviewed. These formed the standard line maintenance “bundle.” Implementation was supported by continual, systematic validating of the process at the unit level. Recognizing that education only closes knowledge gaps, the team incorporated leader modeling, real-time coaching and reliability measurements to change behavior. The team determined that nurses needed to be competency validated to ensure the prevention bundle would be highly reliable.

Nurses learned about the new bundle during daily readiness huddles. Every nurse conducted 10 audits of peer compliance with CLABSI maintenance in March and April 2016. This approach provided individual peer feedback directly to the clinical nurses. They also received data about compliance with individual elements of the bundle. In addition, the improvement team conducted real-time learning after each CLABSI was identified; these debriefs occurred on the nursing unit and included families, clinical nurses and providers caring for a patient who developed an infection.

In the three months following the interventions, the CLABSI rate declined to an average of 0.3 per 1000 patient-days – an 87 percent decrease. DCH leaders attribute success to peer involvement with the validation audits. The process of auditing highlighted practice expectations and provided an opportunity for peer feedback about variation in practice. Thus, nurses were holding their peers accountable for standards-driven clinical practice.

Patient experience

Bedside shift report



OHSU Patient Care Services saw a 10 percent increase in the percentage of patients reporting that they always participated in bedside shift report. Concurrently, scores for care transitions increased by more than 7 percent.





New populations – new care

A new operating room service for vulnerable patients

In April 2017, OHSU's Center for Health & Healing operating room began providing care to pediatric patients with cognitive challenges and other vulnerabilities. These children are undergoing complex dental procedures that require anesthesia. The technical aspects of this new service included additional training for interprofessional team members and rehearsing the use of new equipment. To give patients and caregivers the best experience possible, nurses focus on communication and active patient and family involvement. They promote comfort by playing patient-selected music and minimize distress by placing intravenous catheters after patients are asleep.

Unlike other operating rooms, the CHH OR encourages families of these dental patients to visit them in the post anesthesia care unit. This allows patients to wake up to familiar faces, providing comfort and helping them communicate their needs. In the six months since the CHH OR began providing care to pediatric patients, the team has grown in its ability to accommodate patients with special needs while providing exceptional emotional care.

Deep brain stimulation

OHSU has the most experienced team in the Northwest performing deep brain stimulation with the patient under anesthesia, a procedure called “asleep” DBS. This treatment is used for Parkinson disease and some other neurologic conditions. High-frequency stimulation to the deep nuclei in the brain overrides abnormal neuronal activity within the basal ganglia, restoring the nervous system to a more normal state. The procedure offers life-changing relief and has restored abilities to some patients with Parkinson disease and essential tremor.

Previously, patients who had DBS recovered in a critical care environment. The nurses on Unit 10K received special training and now care for DBS patients on the acute care unit, so patients can have DBS without the expensive ICU stay.



Brain injury guidelines

The OHSU trauma program implemented brain injury guidelines, or BIG, for trauma patients. Under these guidelines, patients are stratified into risk categories. Patients in the BIG 1 group can go to the acute care unit for observation rather than ICU. Patients in the BIG 1 and 2 groups do not receive a repeated head CT as they did previously.

The new guidelines have led to a dramatic reduction in the number of patients requiring ICU admission and the number of repeat brain CT scans, reducing the cost of care. To date, there have been no adverse outcomes to eliminating ICU observation.

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 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. Nurses are engaged and supported in finding innovative ways to achieve high-quality, effective and efficient care.



Evidence into practice: placental blood draws

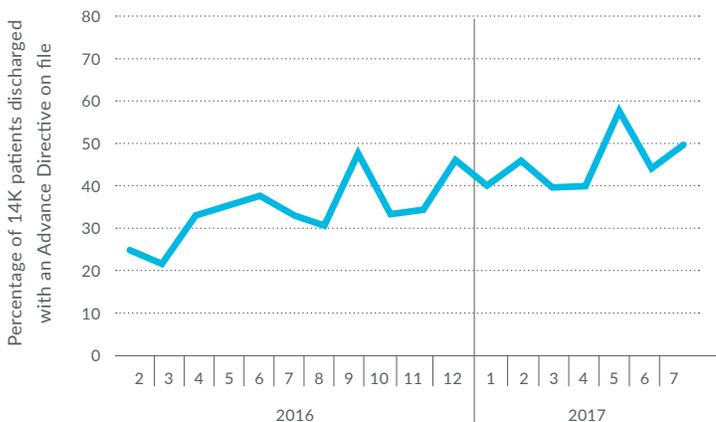
Teams in the neonatal intensive care unit and Labor and Delivery are instituting new ways to reduce invasive procedures on critically ill neonates. After reviewing the evidence, OHSU NICU and L&D team members recognized opportunities in placental blood sampling. This practice lowers the risk of pain, infection, venipunctures, blood transfusions, intraventricular hemorrhage and use of vasopressors in the neonate, resulting in improved patient outcomes and family experiences. OHSU adopted this best practice for its NICU patients; nurses have been trained and the practice has been implemented.

Advance care planning

In an effort to promote early conversations about end of life decisions, registered nurses on Unit 14K, Adult Bone Marrow Transplant, created standard processes for starting conversations on advance care planning. They worked closely with social worker Jen Smith, M.S.W.; Assistant Professor of Nursing Seiko Izumi, Ph.D., R.N., and quality specialist Ellen Distefano, M.N., were involved in early phases of the project.

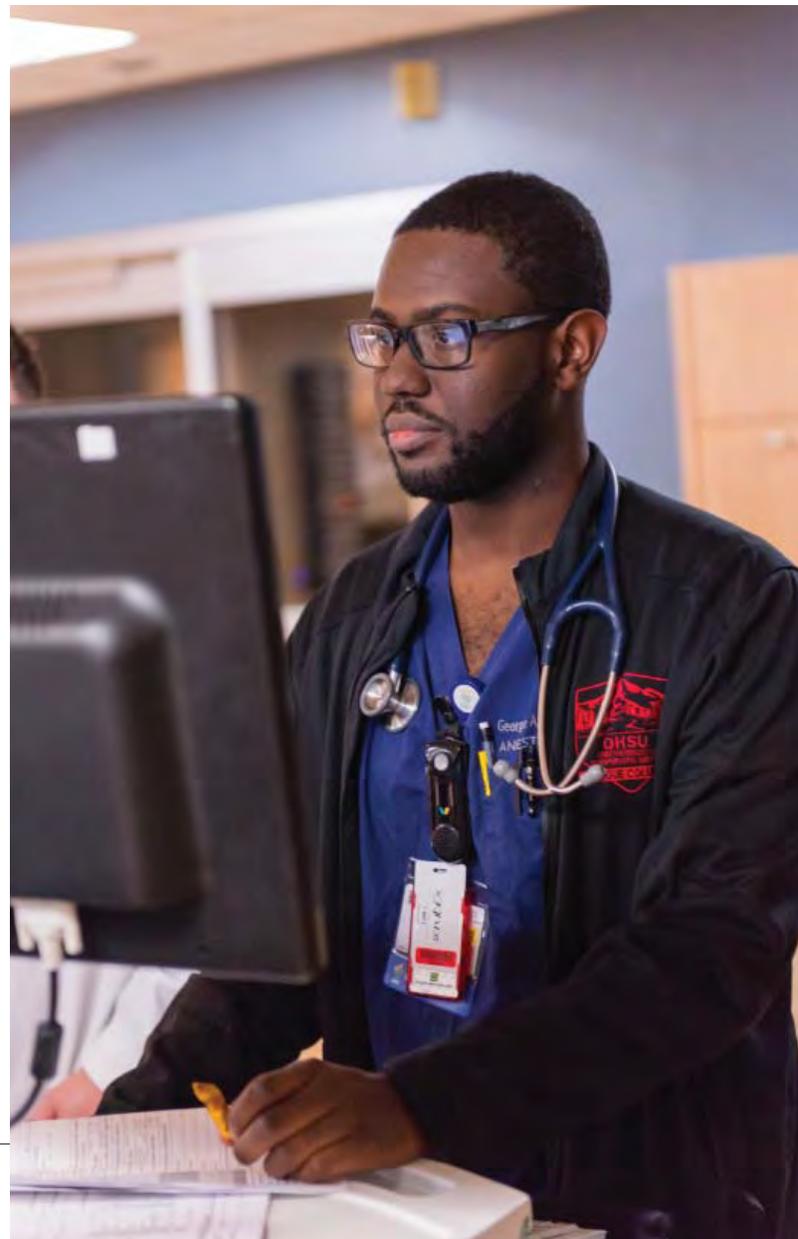
The unit now introduces patients to the importance of having end of life conversations early. Nurses use available OHSU resources to facilitate this and grow the program. To measure progress and identify barriers, nurses use a daily management system to track the advanced directive status – on file, or not – of all patients discharged from 14K. When patients are discharged without an advance directive, nurses identify barriers to achieving this and focus on interventions that will help improve this area.

Bone marrow transplant advance care plan



Evidence into practice: swallow screen reduces hospital-acquired pneumonia for stroke patients

One of the safety practices for patients with stroke is to assess their swallowing capabilities before giving them any oral medications. This year, OHSU’s stroke program examined swallow screening tools and adopted a new validated swallow screen. The stroke coordinator, professional practice leaders and staff educators in the neuroscience ICU and Unit 10K, Acute Care Neuroscience, educated clinical nurses about the new swallow screen, which proved effective at reducing the risk of aspiration pneumonia. Per chart review, in 2016, swallow screen compliance was 92.8 percent and 5 percent of stroke patients developed aspiration pneumonia. After the change, swallow screen compliance increased to 95.3 percent, and the aspiration pneumonia rate fell to 1.1 percent.

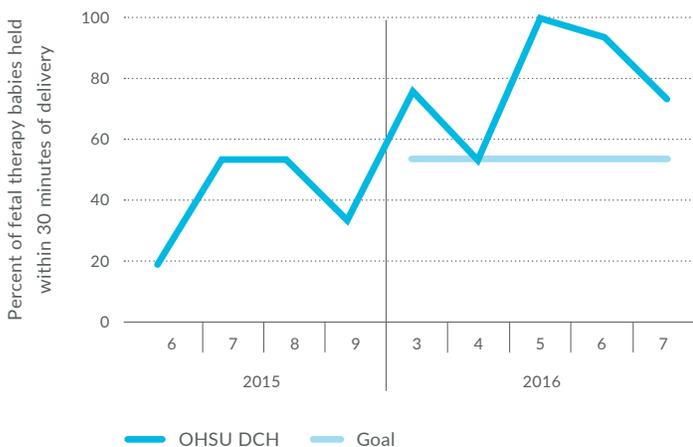




An innovative program to decrease time to first hold for critically ill neonates

Skin-to-skin contact in the first hour of life is a standard intervention to support maternal-infant bonding. The interprofessional team in Neonatal ICU recognized that very few of the maternal-fetal therapy patients were given the opportunity for skin-to-skin contact. The Fetal Therapy Program sees approximately 350 patients annually, and approximately 65 percent of these patients are admitted

Maternal-fetal medicine patients receiving skin-to-skin contact in the first 30 minutes of life



to the NICU. When the project started, babies were sent to the NICU immediately birth to start their treatment.

The team identified an opportunity to decrease the time from birth to when a critically ill neonate is first held by the mother or father. Resuscitation nurses identified that whisking away neonates was not always necessary. Many of these patients were stable enough, despite their medical diagnoses, to be held by a parent and participate in skin-to-skin care immediately after birth.

The biggest opportunity was to improve communication about each patient’s specific risk. The team clarified anticipated needs in the Fetal Therapy note and developed a checklist to pre-brief the charge nurse, resuscitation nurse and neonatal fellow on all anticipated deliveries. The team also created a “fetal therapy program” list in the electronic medical record, to be used for provider handoffs. This tool was first used in February 2016.

At baseline, fewer than 50 percent of infants were held within the first 30 minutes of life. As a result of these changes, 78 percent of eligible infants were held within the first 30 minutes.

Nursing fellowship in evidence-based practice

OHSU’s Clinical Inquiry Council sponsored the seventh cohort of the Nursing Fellowship in Evidence-Based Practice. This mentored program is designed to support clinical nurses’ unit-based investigations. Clinical nurse fellows develop skills to answer questions about their 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 coaching the fellows, whose projects represent a broad spectrum of practice areas and concerns. The table below shows fellows, coaches and projects for FY16.

Fellows and coaches

- Janice Snyder, B.S.N., R.N., R.N.C.-O.B.
Kristina Spooner, B.S.N., R.N.
(Coach: Lisa Chickadonz, D.N.P., R.N., C.N.M.)
Quantifying Blood Loss in Obstetric Hemorrhage
- Annie Kachman, M.S.N., R.N.
(Coach: Rachel White, M.S.N., R.N., C.C.R.N.)
Site Complications following Cardiac Catheterization
- Bethany Denison, B.S.N., R.N., C.C.R.N.
Emma Staniels, B.S.N., R.N., C.C.R.N.
(Coach: Cynthia Perez, M.S.N., R.N., C.N.S., C.C.R.N.)
Evidence-Based Practice for the Resuscitation of Cardiac Arrest after Cardiac Surgery
- Kathy Vilarino, B.S.N., R.N. C.M.S.R.N.
(Coaches: Banning Hendricks, B.B.S.
Ruth McGillion, M.N., R.N.)
Improving Patient and Nurse Satisfaction Through the Use of an Updated Bedside Reporting Process

Safety care plans improve care for patients with substance use disorders

Substance use disorder is quickly growing to epidemic proportions. Patients with SUD often require lengthy hospital stays for concurrent conditions, such as infections. For many, treatment for medical complications didn’t address disruptive behavior associated with substance use and many left the hospital without receiving all of the medical care required.

To meet the needs of this population, nurses on 14C Medicine Unit observed patient behavior, consulted with addictive disease specialists and incorporated psychiatric tools to develop a standardized safety care plan. When nursing takes a consistent, firm and fair approach, patients with safety care plans complete longer courses of treatment. Fewer patients are disruptive and leave against medical advice. Safety care plans are being developed and implemented on several inpatient nursing units.

Treatment days completed



Increase in percent of treatment days completed after 14C RNs implement safety care plan for patients with substance use disorders, FY16-17

Awards and distinctions

Unit and hospital achievements

American Heart Association and American Stroke Association Awards (2017)

- *Get with the Guidelines Gold Plus Award* awarded to OHSU's stroke team. OHSU has maintained this award level since 2011.
- *Get with the Guidelines Heart Failure Gold Plus Target Quality Award*. OHSU is currently the only hospital in Oregon with this heart failure designation.
- *Get with the Guidelines Gold Award for Resuscitation* awarded to OHSU's Code Blue committee.
- *Mission: Lifeline Gold Award* for receiving STEMI (heart attack) patients.
- *Mission: Lifeline Silver NSTEMI Award* for in-house patients who have severe heart attacks.

Joint Commission

- Accreditation
 - Healthcare
 - Laboratory/Point of Care Testing
- Advanced Certification Programs
 - Comprehensive Stroke Center
 - Heart Failure
 - Palliative Care
 - Ventricular Assist Device
- Core Certification Programs
 - Chest Pain
- OHSU ranked 17th out of 102 participating academic medical centers in the Vizient University HealthSystem Consortium 2016 Quality and Accountability Scorecard and seventh out of 47 participating academic medical centers in the 2016 Ambulatory Quality and Accountability Scorecard.
- *U.S. News and World Report* (2016 – 2017) ranks OHSU:
 - #1 regional hospital in Oregon
 - #1 hospital in the Portland, Ore., metropolitan area
 - Nationally, in seven adult specialties
- On March 14, 2017, OHSU was included in Becker's Hospital Review 2017 list of "100 Great Hospitals in America."



2017 OHSU nurses of the year with CNO Dana Bjarnason (center).

Internal awards

Recognizing the outstanding contributions of 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.

Staci Colovos, M.S.N., N.P., A.C.N.P.-B.C.,
SurgTrauma/Critical Care

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.

Sean Freiss, B.S.N., R.N., 7A MICU

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.

Eleonor Guardipee, Digestive Health Center

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.

Bri Hanley, B.S.N., R.N., R.N.C.-N.I.C., 12A NICU

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.

Mercedes Wilson, M.A., B.S.N., R.N., C.E.N., S.A.N.E.-A.,
Emergency Department

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.

Cynthia Perez, M.S.N., R.N., C.N.S., C.C.R.N., 12K CVICU

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.

Kelli Newcom, B.S.N., R.N., Digestive Health Center

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.

Debbie Burger, M.S.N., R.N., Patient Blood Management

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.

Annie Stange, B.S.N., R.N., 12A NICU

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.

Shannon Grey, B.S.N., R.N., C.C.R.N., 8N PICU

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.

Jennifer Johnson, B.S.N., R.N., R.N.C.-N.I.C., 12A NICU

Megan Borg, B.S.N., R.N., 13K Adult Oncology

OHSU Professional Board Award

Barbara Bonnace was recognized for professionalism.

Barb Bonnace, D.N.P., R.N., N.E.-B.C.,

Director, Professional Practice



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 2017

Clint Oliver, B.S.N., R.N., 14C General Medicine

Desiree Artz, B.S.N., R.N., 13K Medical and Surgical Oncology

Jessie Whittaker, B.S.N., R.N., C.M.S.R.N., Acute Care Nursing Resource Management

Josh Rengard, B.S.N., R.N., Post Anesthesia Care Unit

Maret Pfohman, M.N., R.N., C.C.R.N., P.M.H.N.P., 7N Neuroscience ICU

Myra Hansen, B.S.N., R.N., Emergency Department

March 2017

Andrea Thun, B.S.N., R.N., 14C General Medicine

Sue Fairfield, B.S.N., R.N., N.C.C., Mother-Baby Unit

Emily Trapnell, B.S.N., R.N., T.N.C.C., Emergency Department

Elisa Youngman, B.S.N., R.N., C.C.R.N., 12K Cardiovascular ICU

Grace Gucciardi, B.S.N., R.N., 10A Emergency General Surgery

December 2016

Elliott Koivisto, B.S.N., R.N., 5A and 5C Medicine

Erin Haworth, B.S.N., R.N., 4A Transplant/Urology/Plastic Surgery

Jacqueline Maroncelli, B.S.N., R.N., 9K Orthopedics

Sheryl Williams, B.S.N., R.N., Pediatric Emergency Department

Ryan Carmen, B.S.N., R.N., C.P.N., 9N Pediatric Acute Care Medical

Jamie Earls, B.S.N., R.N., C.P.N., 9N Pediatric Acute Care Medical

September 2016

Susan Bladen, B.S.N., R.N., C.C.R.N., C.S.C., 12K Cardiovascular Intensive Care Unit

Senna Pinney, B.S.N., R.N., C.C.R.N., 7A Medical ICU

Brandy Thomas, R.N., 9S Pediatric Acute Care Surgical

George Hanlin, R.N., 14C General Medicine

Sarah Urias, B.S.N., R.N., 5A Medicine

ROSE Award honorees

ROSE stands for Recognizing Outstanding Service Excellence, honoring employees for service beyond the normal scope of their job, as nominated by patients or staff members. Up to 5 Golden ROSE recipients are selected each month and honored at an awards celebration.

Individual Golden ROSE Awards

April 2017: **Sean Freiss**, B.S.N., R.N., 7A Medical ICU

March 2017: **Mary Younce**, A.D., Community Hematology/Oncology

February 2017: **Emily Henderson**, R.N., Neonatal ICU

January 2017: **Jill Marton**, R.N., Neonatal ICU

November 2016: **Cass McLellan**, B.S.N., R.N., Trauma Surgical ICU

November 2016: **Betty Cole**, B.S.N., R.N., Case Management

October 2016: **Rebecca Velasquez**, R.N., 7A Medical ICU

August 2016: **Chris Truesdell**, B.S.N., R.N., South Operating Room

August 2016: **Natalya Khidmah**, R.N., Post Anesthesia Care Unit

Good Catch awards

The Good Catch award is bestowed upon employees who embody OHSU's Culture of Safety by speaking up and taking action when they encounter unsafe situations.

Thanks to **Jessica Dalton**, R.N. and **Emily Hill**, R.N., of unit 10A, diabetic patients receiving insulin infusions via EndoTool guidance are less likely to experience a hypoglycemic event.

June 2017: Thanks goes to **Jen Johnson**, R.N., in the Neonatal Intensive Care Unit, who prevented the wrong dosage of medication from being provided to a patient at discharge.

May 2017: Thanks to **Jennifer Goodman**, R.N., in the Gastrointestinal Procedure Unit, who prevented a patient from

having a procedure that could have resulted in a severe allergic reaction. This prompted an immediate change that now ensures that patient identification information is printed on every page of the emergency medication sheets.

March 2017: Thanks to radiology nurse manager **Becky Rotenberg**, R.N., potential patient risk was avoided with the rollout of a new central venous catheter.

February 2017: Thanks to **Mary Jean Hubert**, R.N., Pediatric Gastroenterology staff, patients and their families have a better understanding about laboratory specimen collection.

December 2016: Thanks to **Kami Koga**, R.N., a patient with a ventricular assist device received the appropriate escort when transported off the floor for a procedure.

October 2016: Thanks goes to **Jennifer Kochman**, R.N., who observed a patient safety risk and took immediate action to prevent potential harm.

September 2016: Thanks to 10A's **Jessica Dalton**, R.N., and **Emily Hill**, R.N., diabetic patients receiving insulin infusions via EndoTool guidance are less likely to experience a hypoglycemic event.

July 2016: Thanks goes to Casey Eye Institute's **Tanida Rerkjirattikal**, R.N. By displaying a questioning mindset, Tanida helped to prevent inappropriate use of medication that could have otherwise harmed cataract surgery patients.

June 2016: Thanks to the bedside report between **Ashley Smith**, R.N., and **Jim Harris**, R.N., a medication calculation error was caught and rectified.

External awards

March of Dimes nurse of the year winners

Fifteen OHSU RNs were nominated for March of Dimes Nurse of the Year Awards. Of those, four won in their categories. Awards were presented in November 2016.

Lynne Widlund, B.S.N., R.N, Doernbecher Children's Hospital, Nurse Educator

Desiree McCue, B.S.N., R.N., C.C.R.N., C.E.N, Oregon Health & Science University, Emergency

Judy van Dyke, M.S.N., R.N., C.M.S.R.N., Oregon Health & Science University, Adult Acute Care

Karla Hook, B.S.N., R.N., Oregon Health & Science University, Surgical Services

In January 2017, the following were named top nurse practitioners by *Portland Monthly Magazine*.

Anna M. Anderson, M.S.N., R.N., P.M.H.N.P.-B.C.
OHSU Nurse Practitioner

Valerie Cecil, M.S.N., R.N., F.N.P.-B.C.
OHSU Family Medicine at Richmond, Specialty: Family Nurse Practitioner

Patricia Dawson, M.S.N., R.N. N.N.P.-B.C.
Specialty: Neonatology Nurse Practitioner

Wendy Domreis, M.S.N., R.N., P.N.P.-B.C.
Center for Health & Healing, Specialty: Pediatric Nurse Practitioner

Allison Fox, M.S.N., R.N. N.P.-C.
Family Medicine at Richmond, Specialty: Family Nurse Practitioner

Andrea Gepner, M.S.N., R.N., N.P.-C.
Specialty: Family Nurse Practitioner

Linda D. Glenn, M.S.N., M.P.H., R.N., C.N.M.
OHSU Center for Women's Health, Specialty: Certified Nurse Midwives

James G. Hilliard, M.S.N., R.N., C.R.N.A.
Anesthesiology & Perioperative Medicine, Specialties: Certified Registered Nurse, Anesthetics

Laura Jensen, M.S.N., R.N., C.N.M.
OHSU Center for Women's Health, Specialty: Certified Nurse Midwives

Elizabeth Kavanaugh, M.S., R.N., C.N.M.
OHSU Center for Women's Health, Specialty: Certified Nurse Midwives

Alison Lindauer, Ph.D., M.S.N., R.N., N.P.-C.
Specialty: Geriatric Nurse Practitioner

Michele Megregian, M.S., R.N., C.N.M.
OHSU Center for Women's Health, Specialty: Certified Nurse Midwives

Emma Olson, M.S., R.N., P.N.P.-B.C.
Doernbecher Children's Hospital, Specialty: Pediatric Nurse Practitioner

Rachel Postman, M.S.N., R.N. N.P.-C.
Family Medicine at Richmond, Specialty: Family Nurse Practitioner

Madeleine Sanford, M.S.N., R.N., F.N.P.-B.C.
Family Medicine at Richmond, Specialty: Family Nurse Practitioner

Brian Wetzel, M.S., R.N., A.C.N.P.
Emergency Medicine, Specialty: Acute Nurse Practitioner

Christine Yedinak, M.S.N., R.N., N.P.-C.
Center for Health & Healing, Specialty: Family Nurse Practitioner

Selected podium, poster and webinar presentations

Allied Professional in Infection Control & Epidemiology Conference, Portland, Ore. June 2017.

- **Hale, M.**, Williamson, K., Ogden, L., Sebert, J., & **Bonnice, B.** Poster presentation, Implementation of a web-based electronic database for healthcare-associated infection case reviews.
- Ogden, L., Cortes-Ramos, C., Strasfeld, L., Townes, J., Williamson, K., **Burt, M.**, Sebert, J., Langstaff, K., Kim, Y., & **Hale, M.** Poster presentation, An investigation of a cluster of invasive fungal infections in patients on a stem cell transplant unit.
- Kim, Y., & **Hale, M.** Poster presentation, Pilot study to examine the use of a powered air purifying respirator (PAPR) in the operating room.

Oregon State Council of Perioperative Nurses annual conference, Stevenson, Wash. May 2017.

- **Tuski, R.**, & **Lund, K.**, Caring for prisoners in the operating room.
- **Sumagaysay, D.** Preventing errors in the management of tissue specimens.

Oregon Nursing Research & Quality Consortium, Portland, Ore. April 2017.

- **Bottorff, A.**, **Smith, K.**, & **Mulholland, A.** Improvement rounds: Team problem solving to support a culture of safety.
- **Barnhart, M.** Empowering bedside nurses in a catheter-associated urinary tract infection prevention initiative: A multidisciplinary approach.
- **Woods, A.**, & **Staniels, J.** Is the current Foley removal protocol properly addressing the risk for post-operative urinary retention in our orthopedic patient population?

Western Institute for Nursing, Denver, Colo., April 2017.

- **Izumi, S.**, & **Burt, M.** Advance care planning: Hospital nurses' roles and perceptions.
- **Bottorff, A.**, **Smith, K.**, & **Mulholland, A.** Improvement rounds: Team problem solving to support a culture of safety.
- **Driessnack, M.**, & Hershberger, P. Draw-and-tell conversations (DTC) with egg donor-conceived children about their families.

43rd Annual Acute and Critical Care Fall Symposium, Vancouver, Wash., November 2016.

- **Plagenhoef, J.** Know your tools: Improving nurses' use of the confusion assessment method (CAM) to detect delirium.
- **Perez, C., & Bowden, K.** First responder nurse development: An innovative training program implemented by rapid response team nurses.
- **Kelly, J., Olson, E., & Williams, J.** Appraisal of early warning scoring systems.
- Bushlin, I., Wilson, J., & **McDougal, A.** Pediatric thrombectomy: Case presentation and standardizing the INR process.
- **Richards, K.** BIG patients in acute care: Implementation of brain injury guidelines and standardization of neurological assessments.
- **McDougal, A.,** & Heiser, R. Poster presentation, Reducing pressure injuries during pronation therapy in the medical ICU.
- **Byrne C.,** Challenges in managing sepsis in pediatric populations.

Tseng, A., **Briggs, M., & Gallivan, E.** Starting the conversation: Advanced directive group visits. Society of Teachers of Family Medicine, San Diego, Calif. May 2017.

McDougal, A., & Batte, K. Stroke response nurse: Improving outcomes for stroke patients today and tomorrow. 10th Annual Oregon Stroke Conference, Medford, Ore. September 2016.

Foster, D. Appreciating complexity: learning organization journey. AONE Annual Meeting, Baltimore, Md. March-April 2017.

Alshaarawi, A. Perioperative catastrophes: etiology of failure. Washington Association of Nurse Anesthetists conference, Spokane, Wa. September 2016.

Bartz, C., & Warren, C. Nursing informatics: sharing best practices on user engagement and communications. Health Information and Management Systems Society, Orlando, Fla. January 2017.

Bjarnason, D. Nursing leadership: identifying and addressing ethical challenges. Ambulatory Surgery Centers Association annual meeting, Washington, DC. May 2017.

Bjarnason, D. Revolutionizing patient satisfaction and family engagement. National Healthcare CNO Summit, Pasadena, Calif. March 2017.

Deutsche, J. Crisis in osteoporosis treatment: a call for action. Annual Congress for the National Association of Orthopaedic Nurses. San Juan, Puerto Rico. May 2017.

Driessnack, M. Who are you from? The power of intergenerational narratives. Keynote address, International Family Nursing conference, Pamplona, Spain. June 2017.

Foster, D., Fox, J., & Stevenson, W. Preventing central line infections—process matters. International Forum on Quality and Safety in Healthcare, London, England. April 2017.

Hayes, M., & Wheeling, D. Reliability of the cognitive pyramid. Institute for Healthcare Improvement National Forum, Orlando, Fla. December 2016.

Kelly, J., Olson, E., & Williams, J. Poster presentation, Appraisal of early warning scoring systems. Society of Critical Care Medicine 46th Critical Care Congress, Honolulu, Hawaii. January 2017.

Kelly, S.P., & Houghton, D. Pharmacodynamics of antibiotics in neonates and pediatrics: rationale for prescribers update 2017. American Association of Critical Care Nurses, National Teaching Institute, Advanced Practice Institute, Houston, Texas. May 2017.

Koppelman, H. Harm reduction: Co-prescribing naloxone with chronic pain medications (opioids) in primary care. American Association of Nurse Practitioners National Conference, Philadelphia, Pa. June 2017.

Leatherwood, A.E., Thomas, C.R., Walker, S.J., & Hedlund, S. Is survivorship care plan discussion important to patients? Second Annual Cancer Survivorship Symposium for the American Society of Clinical Oncology, San Diego, Calif. January 2017.

Lowry, S. Improving early advance care planning in the outpatient oncology setting: a quality improvement project. Innovations in Palliative Care conference, Portland, Ore. October 2016.

Newman, L. A new vision for procedural care: Playing in the same sandbox. Healthcare Design Expo and Conference, Houston, Texas. November 2016.

Olson, E. Pulmonary hypertension associated with congenital heart disease: What you need to know. National Association of Pediatric Nurse Practitioners (NAPNAP) 38th National Conference on Pediatric Healthcare, Denver, Colo. March 2017.

Perez, C., & Bowden, K. First responder nurse development: an innovative training program implemented by rapid response team nurses. American Nurses Association, Tampa, Fla. March 2017.

Perry, C.K., McCalmont, J., Ward, J., Menelas, H.D., & Seguin, R.A. Adaptation of an evidence-based physical activity and nutrition program for rural Latinas. International Society of Behavior Nutrition and Physical Activity, Victoria, B.C., Canada. June 2017.

Perko, K. Models and strategies to integrate palliative care principles into serious illness. The National Academies of Science Engineering and Medicine, Washington, DC. April 2017.

Rich, K., & Funke, H. Poster presentation, Palliative care: A joint effort, integrating palliative care into orthopaedic practice. National Association of Orthopaedic Nurses Annual Congress, San Juan, Puerto Rico. May 2017.

Sandell, D., & Norris, T. The OHSU nursing informatics roadmap: a strategy for usability, standardization and innovation. Epic Systems Expert Group Meeting, Madison, Wisc. May 2017.

Snowden, J., & **Tilden, E.** Epidemiologic perspectives on physiologic pregnancy and childbirth: a growing field of epidemiologic inquiry. Roundtable presentation, Society of Pediatric and Perinatal Epidemiologic Research Conference, Seattle, Wash. June 2017.

Ward-Fowler, L. Poster presentation, American Indian communities: Who are you and do you know who we are? North American Congress of Clinical Toxicology (NACCT) conference, Boston, Mass. September 2016.

Selected publications

Carter, D., & Botney, R. (2017). Laser safety. *The Anesthesia Technician and Technologist's Manual 2E*. Philadelphia, Pa: WoltersKluwer.

Furukawa, R., **Driessnack, M.,** & Kabori, E. (2017, Online first). The impact of video-mediated communication on separated perinatal couples in Japan. *Journal of Transcultural Nursing* [Epub 2017 Feb 17] doi: 10.1177/1043659617692394.

Connelly C.R., Yong, J.D., **Eastes, L.E., Bilyeu, P.E.,** Kemp Bohan, P.M., Schreiber, M.A., Azarow, K.S., Watters, J.M., & Jafri, M.A. (2016.) Performance improvement and patient safety program-guided quality improvement initiatives can significantly reduce computed tomography imaging in pediatric trauma patients. *Journal of Trauma and Acute Care Surgery* 81(2):278-284

Eldredge, D., Enos, L., & Rockefeller, K. (2016.) Educational case report: a safe patient handling and mobilization training program in an academic medical center. *American Journal of Safe Patient Handling and Mobilization* 6(3), 120-129.

Newman, L., et al. (2016.) The role of a nurse telephone call to prevent no-shows in endoscopy. *Gastrointestinal Endoscopy* 84 (6): 1010-1017

Perry, C.K., Ackert, E., Sallis, J.F., Glanz, K., & Saelens, B.E. (2016.) Places where children are active: A longitudinal examination of children's physical activity. *Preventive Medicine* 93:88-95. doi: 10.1016/j.ypmed.2016.09.015.

Squiers, J., & Milano, R. (2017) Aortic emergencies. In Campbell, S., & Daley, K., (Eds.) *Simulation Scenarios for Nursing Educators: Making It Real*. Third edition. Springer Publishing, New York, NY.

Sumagaysay, D., Edmonson, C., Cueman, M., & Chappell, S. (2016.) The nurse leader role in crisis management. *Journal of Nursing Administration* 46(9), 417-419.

Tilden, E., Cheyney, M., Guise, J., **Emeis, C.,** Lapidus, J., Biel, F., Weidrick, J., & Snowden, J. (2017) Vaginal birth after cesarean: neonatal outcomes and United States birth setting. *American Journal of Obstetrics and Gynecology* 216 (4), 403.e1 – 403.e8.

Warren, J. B., & **Wiggins, N.** (2016) Shared decision making in neonatal quality improvement. *Journal of Perinatal and Neonatal Nursing* 30, 237-239.

Additional recognition

The American Organization of Nurse Executives Nurse Manager Fellowship (Jan-Oct 2017)

- Paula Bennett, M.H.A., R.N., nurse manager, Pediatric Acute Care Medical and Pediatric Acute Care Surgical units
- Cyndi Perez, M.S., R.N., C.N.S., C.C.R.N., nurse manager, Cardiovascular ICU
- Kristen Lund, M.N., B.S.N., R.N., nurse manager, South Operating Room
- Hayley Ruffalo, M.S.N., R.N., N.E.-B.C., nurse manager, Post Anesthesia Care Unit

Dana Bjarnason, Ph.D., R.N., N.E.-B.C., was elected to the AONE Board of Directors, Region 9. This 36-month term began January 1, 2017.

Dana Bjarnason, Ph.D., R.N., N.E.-B.C., was appointed to the American Hospital Association Regional Policy Board.

Marge Willis, M.S.N., R.N., C.C.R.N., received the National Guard Patriot Award in December 2016, given to employers of National Guard regular and reserve members for their efforts to support citizen-warriors.



OHSU Health Mission

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