

Patient Care Services



Welcome



The achievements featured in the OHSU Nursing 2019 annual report represent a small fraction of the work of nursing at OHSU. They do, however, highlight the broad and deep engagement of team members who are dedicated to creating the environment for exceptional patient care.

DANA BJARNASON, PH.D., RN, NE-BC

VICE PRESIDENT AND CHIEF NURSING EXECUTIVE

OHSU HEALTH

ASSOCIATE DEAN FOR CLINICAL AFFAIRS

OHSU SCHOOL OF NURSING





As we enter 2020, the International Year of the Nurse and Midwife, I appreciate that this report robustly shows the value of culture, leadership and the contributions of nurses. Congratulations to these exemplary professionals, and my heartfelt thanks to them for leading wherever they are.

SUSAN BAKEWELL-SACHS, PH.D., RN, FAAN

DEAN, OHSU SCHOOL OF NURSING
VICE PRESIDENT FOR NURSING AFFAIRS
OHSU HEALTH



The stories in this report illustrate the value of nursing care to patients, the work environment, the health system and the state. Please join me in celebrating these achievements and our ongoing commitment to high-quality, patient-centered care and the professionals who deliver it.

DEBI ELDREDGE, PH.D., RN

DIRECTOR, NURSING QUALITY, RESEARCH, AND MAGNET®
RECOGNITION
OHSU HEALTH

OHSU Nursing Vision

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

Facts about OHSU

Beds: 576

Staffed beds: 562

Case mix index: 2.25

Births: 2,245

Emergency department visits: 47,856

Patient visits to OHSU Health clinics:
987,024

OHSU Nursing

Registered nurses: 2,747

Advanced practice registered nurses: 333

Nurses with a bachelor's degree or higher: 91.2%

Nurses with professional certifications: 61.5%

Average age of OHSU RNs: 40.3

Average tenure with OHSU:
7.8 years

Nurses who are male: 14.4%



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.

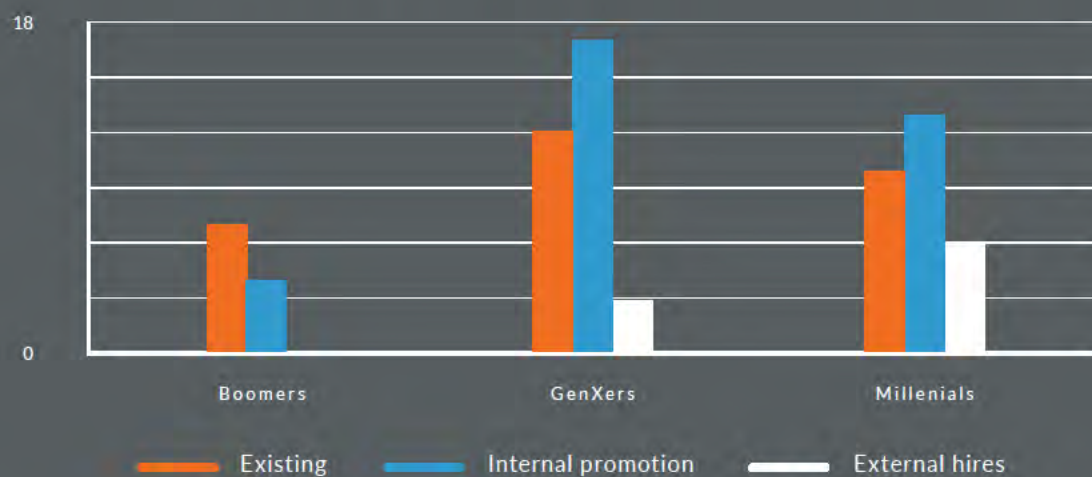
► OHSU clinical nurse leaders and formal leaders adopted a stewardship model to understand and allocate finite resources on the most important work as determined in the nursing strategic plan.



OHSU Nursing leadership – Changing the generation of nursing leadership

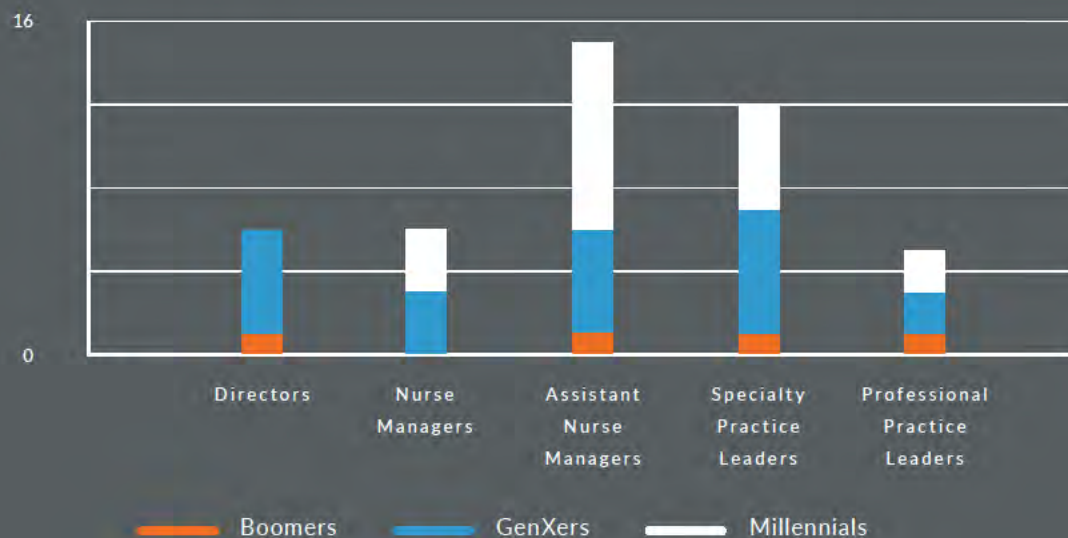
Last year our annual report described the reasons for a nursing realignment in May 2018. This year, the results allow us to celebrate two of the imperatives we wished to address:

Changing the generation of leadership Focus supervisory support at the front lines of patient care by adding assistant nurse managers to reduce the number of staff members reporting to an individual manager (reducing span of control).



◀ The graphs show how the generational makeup of nursing leadership is changing at OHSU. They also show the talent in the OHSU nursing leadership pipeline. Our future is in good hands!

Succession planning Promote succession planning by creating new and mid-level leadership positions.



► We expanded existing assistant nurse manager positions and created new ones to support evening and night shift staff. To date, both staff and the new nurse managers have done well with the new structure.



“Being the point of contact on the off hours is not only rewarding as an ANM and allows for continued leadership growth, but it also sends a clear message to our nurses that OHSU cares for the night shift’s wellbeing.”

JacQualine Abbe, D.N.P., RN, CMSRN,
Float Pool ANM

Assistant nurse managers make a difference

Our 2017 employee engagement survey showed that staff working the off-shift hours had a strong need for leadership presence and support. These nurses primarily work the evening and night shifts. In response, we restructured the acute care nursing leadership team in the spring of 2018. Specifically, we expanded existing assistant nurse manager positions and created new ones to support evening and night shift staff. To date, both staff and the new nurse managers have done well with the new structure.

JacQualine Abbe, D.N.P., RN, CMSRN, Float Pool ANM, notes, "Being the point of contact on the off hours is not only rewarding as an ANM and allows for continued leadership growth, but it also sends a clear message to our nurses that OHSU cares for the night shift's wellbeing."

Christian O'Keeffe, B.S.N., RN, ONC, and **Bob Nelson**, B.S.N., RN, CMSRN, are assistant nurse managers on 9K and 10K and 10A and 13A respectively. Both recognize that this role is unique in that the manager serves the needs of an individual unit, but at its core the role also fulfills a fundamental institutional need to support and respond to all staff, including those who work off hours.

Caitlin Walters, B.S.N., RN, an RN on 13K, says, "Having the ANM consistently available for the night shift team has made a valuable and noticeable improvement in opportunities for feedback and support which were previously absent."

Laurie Spears, B.S.N., RN, an RN on 10K, says that "Having an ANM opens the lines of communication with other staff and colleagues and helps us find answers, all while encouraging autonomy."

Nicole Persons, B.S.N., RN, a nurse on 14K, expressed similar sentiments. "The ANM presence during night shift has been an invaluable source of support for the 14K team. She is able to witness and be a part of the trials and celebrations that come with night shift." She adds, "Having an ANM is so important because it allows night shift to have great advocacy. I feel that the communication and education related to changes on the unit is more seamless because of the ANM role."

Along with the results of the most recent employee engagement survey, these comments indicate that the presence of the ANM is having a positive effect on the staff. We look forward seeing how to these roles continue developing, not only to support the nursing staff but also to encourage individual nurses to grow in their professional development.

► The marketplace venue brings clinical nurses together to inform and influence practices that affect them.



Boosting Nurse Engagement with a Shared-Governance Overhaul

Two decades of research about the Magnet® nursing excellence program demonstrates that high nurse engagement is associated with better clinical outcomes and patient experiences as well as lower nurse turnover. Although OHSU's performance on nurse-sensitive indicators and patient experience was relatively high, low nurse engagement scores created the risk of degraded performance.

In 2018, OHSU nursing units worked independently to address population- and organization-level issues. This resulted in fragmented problem solving, and teams were slow to achieve results. Inconsistent attendance at shared governance councils reduced effectiveness and efficiency as context and plans were revisited regularly. After reviewing engagement scores at a shared governance meeting, clinical nurse leaders and formal leaders agreed that existing structures were inadequate and

that changes needed to be cost neutral. OHSU clinical nurse leaders and formal leaders adopted a stewardship model to understand and allocate finite resources on the most important work as determined in the nursing strategic plan.

Leaders reviewed literature and conducted a site visit to learn about different models for shared governance. To maximize the voice of clinical nurses in decision-making, the membership of the Nursing Strategic Council was reconfigured to create a ratio of 5 clinical nurses to every formal leader. The NSC confirmed unit-level expectations regarding oversight of quality, professional development and nurse engagement. Education regarding fiscal topics was reviewed regularly. Teams recognized the importance of consistently addressing population-level issues, such as support for floating, visitation and professional development. This resulted in establishing cluster councils for acute care and ambulatory nurses. Funds to support governance activities were distributed to units. Resources for cluster activities were provided by units; resources for activities across the nursing enterprise, including staffing committee and evidence-based practice fellowship, were centralized.

The commitment to improve communication included:

- Distributing agendas and meeting materials in advance
- Incorporating technology to help nurses participate in meetings remotely
- Using polling software to get immediate feedback from attendees

- Having clinical nurses summarize discussions and decisions
- Publishing summaries of the meetings in the monthly nursing newsletter

Members evaluated how much they were actually able to take part in meaningful decision-making. We developed a bimonthly set of concurrent meeting sessions called the Marketplace to address issues affecting every nurse at OHSU, such as performance reviews and patient safety reporting. The Marketplace venue brings clinical nurses together to inform and influence practices that affect them.

Clinical nurse attendance at Nursing Strategic Council meetings became more consistent, and the council maintained its new 5:1 ratio of nurses to leaders. Nurses reported they were more engaged and were contributing to meaningful decisions. Over a one-year interval, nurse engagement scores significantly increased on the measures of “adequacy of resources and staffing” and “leadership access/responsiveness.” Further, the percent of units outperforming population-specific means increased from about 11 percent to about 30 percent. Nurses working in acute care and ambulatory settings reported a significant increase in “autonomy.” At the same time, expenses for nurse enrichment activities declined by 18 percent, but remained above expected targets. These structural changes improved nurse engagement without increasing expenses. The stewardship approach gave nurses more opportunities to allocate finite resources on the most important work.

Structural Empowerment

► OHSU Doernbecher Children's Hospital knows that supporting nurse specialty certification rates impacts the level of patient care and nurse engagement.



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.

Doernbecher nurses leading the way with specialty certification

OHSU Doernbecher Children's Hospital knows that supporting nurse specialty certification rates impacts the level of patient care and nurse engagement. For several years, DCH has been enrolled in the Pediatric Nurse Certification Board's "No Pass-No Pay" program for the Certified Pediatric Nurse exam. This program allows a nurse two chances to take the CPN exam with no risk to them or the organization. If the nurse fails to pass the exam, the PNCB absorbs the cost of testing.

Approximately 75 percent of DCH pediatric nurses hold the CPN, which exceeds the Magnet goal of 51 percent. The hospital supports certification by investing in test preparation resources and materials, including study guides, practice question books and DVDs and audio CDs of review courses.

In the fall of 2018, in an ongoing effort to promote certification and the level of nursing provided by Doernbecher nurses,

the organization's Pediatric Cluster hosted the Nurse Builder's Certified Pediatric Nurse Review Course. The course is taught by the renowned Louise Jakubik, Ph.D., RN-BC, CSP, the leading authority on pediatric nursing certification. This two-day event was funded from Oregon Nurses Association funds for staff development.

A total of 41 DCH nurses attended, along with several nurses from other regional institutes. Attendees came from all nursing specialty areas, including inpatient care, ambulatory care and perioperative care. They represented a wide range of experience levels, from RNs with less than one year of work experience who aimed to learn more about pediatric nursing, to nurses with two to three years' experience in test preparation, to those with many years of experience who had never tested due to anxiety or who had tested and failed. The Pediatric Cluster exceeded its registration goal and hopes to see pediatric nurses continue to invest in their professional development by obtaining specialty certification.

Poison Center coordinates care after emergencies

A few months ago, an OHSU RN working at the Oregon Poison Center, who holds a Specialist in Poison Information designation, received a call from a mother whose child had been sick for the last week. Mom had just found a jar of liquid mercury in their home. Her child had four friends who were also ill. Most of their symptoms were the same: they had an itchy rash, mainly on the trunk area; fever, headache, and cough; fast heart rate, nausea, and vomiting. Mom wondered if the mercury had made them sick.

The RN informed the mother that the symptoms were possibly due to mercury exposure. All five children, aged 10 to 12, needed medical assessment, testing and perhaps treatment. It turned out that all of the children had elevated mercury levels. As nurses gathered more information, they learned that at least 10 children and four adults had been exposed. It was the beginning of three months of investigation and treatment, during which OPC nurses and toxicologists served as the care hub for the entire group.

The SPI nurses contacted the patients' primary health care providers and three different hospitals in Oregon and Washington to provide recommendations

on managing their treatment. We advised giving the patients an oral medicine which is the antidote for mercury poisoning. All were treated at home, with frequent telephone follow-up by the poison center. Because the antidote is not commonly available in community pharmacies, SPIs involved two hospital pharmacies for assistance.

The nurses also played an important role in helping identify, test and clean up the mercury. They worked with OPC toxicologists and state and federal agencies, including Oregon's Department of Environmental Quality, the Oregon Emergency Response System, the relevant county public health departments and Oregon Regional Hazmat Teams.

Throughout this whole ordeal, the families were frightened and confused. None of the staff at the OPC ever saw the children or held the hands of the scared mothers, but we were always available for them. We empowered them with knowledge, resources and support. In the first 24 hours of this case, there were over 30 interactions between the OPC and the families, healthcare providers and agencies.

At the end of 2019, we are pleased to report that all the children have recovered. Their parents may still worry, but they now know that the Oregon Poison Center

is a trustworthy and reliable source of information for their families and their community, with SPI nurses willing to stay in constant contact. Although the Poison Center's main contact with the public is an emergency hotline, we always follow our cases until we are no longer needed.

Transition to practice: Learning in all directions

Support for professional practice is a critical element in helping nurses enter new specialties. OHSU's Transition to Practice Coordinators are clinical nurses identified as exemplary practitioners and preceptors in their specialties. They play an important role in welcoming and integrating nurses hired into their departments.

The TTPCs carry out several different activities, including supporting the development of nursing curriculum, facilitating learning activities, providing peer feedback, and precepting. In addition to providing professional development support for TTP participants, they report that their roles foster their own professional growth.

The competencies and benchmarks of success for the TTP are founded on the theory and ethical principles of professional practice and targeted to facilitate safe practice. Yet for nurses transitioning into a new area of practice, it is equally important to join the department culture. While they aspire to practice in a professional manner, these new nurses inevitably experience variations in team



◀ The TTPCs, as highly credible specialty practitioners and respected team members, serve as role models for new hires.

members' performance. These variations raise questions about assimilation to the department culture versus independent judgment or integrity.

The TTPCs, as highly credible specialty practitioners and respected team members, serve as role models for new hires. They help these new nurses navigate the variations they see between the norms of department culture and the values and principles of nursing. Leveraging the evidence-based understanding

that knowledge transfer happens most effectively between peers, new nurses and TTPCs reflect and share their perspectives. This process enhances individual decision-making, allowing new nurses to uphold their individual integrity while testing new skills and approaches within the department culture. Ultimately, these rich peer-to-peer learning experiences impact the satisfaction of new hires, the professional development of the TTPCs and the evolution of the unit culture.



The following are observations from TTPCs about the impact of the TTPC role:

Sara Bergeron, B.S.N., RN, CCRN, Adult Perianesthesia. This program has supported the professional growth and development of nurse learners, staff nurses and myself. Words that come to mind are engagement, empowerment, mentorship and change agents. We've identified practice gaps, drifts and variations in order to support practice and culture improvement. This role has helped me to better understand my organization's structure and see how the TTP program aligns with our nursing strategic goals and priorities. I have also learned the skill of adaptability, as the needs and priorities of our learners, units and organization are ever-changing!

Duyen Liang, M.S.N., RN, CNOR, OHSU Doernbecher Operating Room. The amount of exposure and learning opportunities I have had within the TTPC role has impacted my view of nursing tremendously. I have gained a deeper understanding of professional practice, and now find it easier to navigate challenges I face by applying the nursing standards I have shared with new hires.

Jennifer Clowers, B.S.N., RN, CEN, Emergency Department. I think it may be the most meaningful program I have done as a nurse. It has been a privilege to advocate for the needs of my bedside team, help escalate inconsistencies in policy and practice, bridge the gap between care areas, build confidence in new staff and create a sustainable structure for the future. This program and becoming a TTP coordinator have empowered me to illuminate the importance of the nursing role and how integral nurses are in protecting patients, creating solutions and teaching the next generation.

Sadie Erb, B.S.N., RN, CAPA, Procedural Care Unit. This Transition to Practice program gives nurses a rare chance to work at bedside and beyond it. I joined this group because that combination was appealing to me, and I stay because I continue to be challenged and fulfilled by the role. The program includes built-in peer TTPC support, mentorship by the Professional Practice leaders and the deep learning that comes from owning and teaching your specialty practice.

Amy Corcoran, B.S.N., RN, CHFN, Adult Acute Care. Creating a supportive, safe and structured environment for new hires to transition to independent practice is something I am passionate about. I have really enjoyed stretching my nursing knowledge to incorporate teaching my peers and helping them grow in their own professional practice.

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.

People first: The emergency department's response to workplace violence

The OHSU Emergency Department has made addressing workplace violence an objective since 2015. Workplace violence is known to be a national and underreported problem in health care. The fact that it is underreported makes tracking and trending safety improvements difficult. From 2015 to 2018, the OHSU ED focused its efforts on increasing incident reporting and mobilizing a team to respond to events. Initial efforts showed a modest increase in frontline staff's perception of safety and a 66 percent decrease in those who viewed workplace violence as an expected part of the job.

However, assaults intensified in 2019. The Emergency Department also saw episodes of patient-on-patient violence. Nurses expressed their concerns to management, the Oregon Nurses Association, senior health care leaders, and Chief Nursing Executive Dana Bjarnason, Ph.D., RN, NE-BC. All responded in support of change. When leaders throughout the organization listened to the team members affected by violence, they changed their approach from treating the data to supporting people.

First, OHSU performed a comprehensive workplace violence safety assessment. Next, the organization's Department of Public Safety, Facilities staff members, clinical nurses and leadership researched the changes were possible, given that the actual layout of the ED cannot currently be modified. Changes to the ED included the addition of panic buttons, doors with locks, surveillance cameras and other structural modifications.

In addition, pediatric ED nurses worked with OHSU Doernbecher senior leaders, including vice president Mary Beth Martin, B.S.N., M.B.A., and physician-in-chief Dana Braner, M.D. They made the decision to improve the care of dysregulated pediatric patients by adding a seclusion room and safe restroom to the pediatric area of the ED.

The safety efforts also led to personnel changes. Now, patient safety attendants will be added to the staffing mix when the ratio of patients in crisis to nurses makes safe care difficult. The Unit-Based Nursing Practice Council of the ED and ED manager Tonya Brockman, M.S.N, RN, made this change to reflect the complexities of

psychiatric patient care. The department began to hire nurses specializing in cognitive behavioral care, and will shortly add a psychiatric nurse practitioner to further optimize patient care. Based on market analysis and with leadership support, security guard hours were extended, and the ED welcomed a dedicated Public Safety presence on November 1.

One more step towards a safer ED included specific safety training for staff. Historically, the ED team had received safety training, but it was not environmentally specific and the model of training was not sustainable. In 2019, Emergency Department leaders and Public Safety staff members developed and taught a comprehensive safety training program for ED staff. Phase One, which has been completed, focuses on personal safety in an ED environment as well as on Oregon laws. Of the attendees, 93 percent reported that it was helpful. Phase Two, to be held in 2020, will include training in verbal de-escalation skills, trauma-informed care, simulated team response and hands-on personal protection.

This strong and extensive collaboration among ED staff nurses, technicians and leaders, as well as OHSU senior health care leaders, physicians and staff from Public Safety and Facilities made a positive impact on ED safety in 2019.





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Improving behavioral health safety in pediatrics

In FY19, one OHSU Doernbecher pediatric unit came together as an interdisciplinary team to evaluate root causes and modifiable risk factors for serious safety events. These events include elopements, self-harm and violence. They are associated with the increasing number of patients who are admitted in behavioral health crises.

In the midst of a national behavioral health crisis and with a lack of literature guiding behavioral care in the acute care setting, it is important to share learnings and successes. The unit team understood the risks of SSE to staff, patients and the organization, and reviewed these events to better understand the root causes. They found that lack of standardization around environmental safety, as well as staff variations in assessing risk and developing individualized safety plans, resulted in inconsistent care and SSE.

The team implemented strategies to improve safety, standardize care and ensure a shared care model. First, they developed the Pediatric Behavioral Health Safety Protocol to set expectations and standardize care. They implemented daily Team Safety Huddles to foster collaboration in developing an individualized safety

plan. Staff received education based on a learning needs assessment and psychiatric nurse competencies. Role play was used to increase comfort with engaging in difficult conversations. To increase visibility and awareness, data monitoring was added to the unit quality improvement board. Lean methodologies were used to track process measures, with days between SSE as the outcome measure.

Initial tracking focused on patients admitted on the protocol following a suicide attempt. Weekly interdisciplinary quality improvement rounds provided an opportunity to address barriers. After 14 months of interventions, the average days between SSE improved from 56 days to 110 days. With a known increase in patient volume, the rate was also calculated and showed an improvement from 2.27 to 0.17 SSE per 100 patient-days. With ongoing SSE with more complex patients, the team expanded the scope to include patients on the protocol with other diagnoses, such as eating disorders and substance abuse.

In FY19, members of this OHSU Doernbecher pediatric unit showed that standardizing care, addressing modifiable risk factors and individualizing safety plans are effective in decreasing SSE for patients admitted in behavioral crisis.

Continuous video monitoring: Utilizing technology to enhance patient safety

In September 2018, Oregon Health & Science University went live with continuous video monitoring, or CVM, to enhance patient safety and respond to the growing behavioral health challenges in inpatient settings. In FY18, the use of patient safety attendants had grown to the equivalent of 32 full time employees. This growth in FTE warranted exploration of a less resource-intensive strategy to care for patients with behavioral health challenges.

After an intensive search for the right monitoring system, OHSU chose a company that provided cameras, 24/7 user support, go-live training and an Online Reporting of Nursing Analytics dashboard.

An interdisciplinary steering committee was formed and over the course of three months developed algorithms, workflows, policies and procedures that would guide the program.

Through Lean principles including a Daily Management System, auditing, frequent rounding and the creation of standard work for leaders, OHSU was able to decrease the use of patient safety attendants by 2.8 FTE in acute care and 1.43 FTE in pediatrics. Additionally, patient family members have reported comfort with the technology, as measured by a qualitative survey. Specifically, 73 percent of patient family members reported that continuous video monitoring allowed more “privacy” than an in-person sitter as well as an increase in perceived safety.



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New Knowledge, Improvements, and Innovations

A major component of OHSU's academic mission is to generate, evaluate, implement and communicate new knowledge and 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.

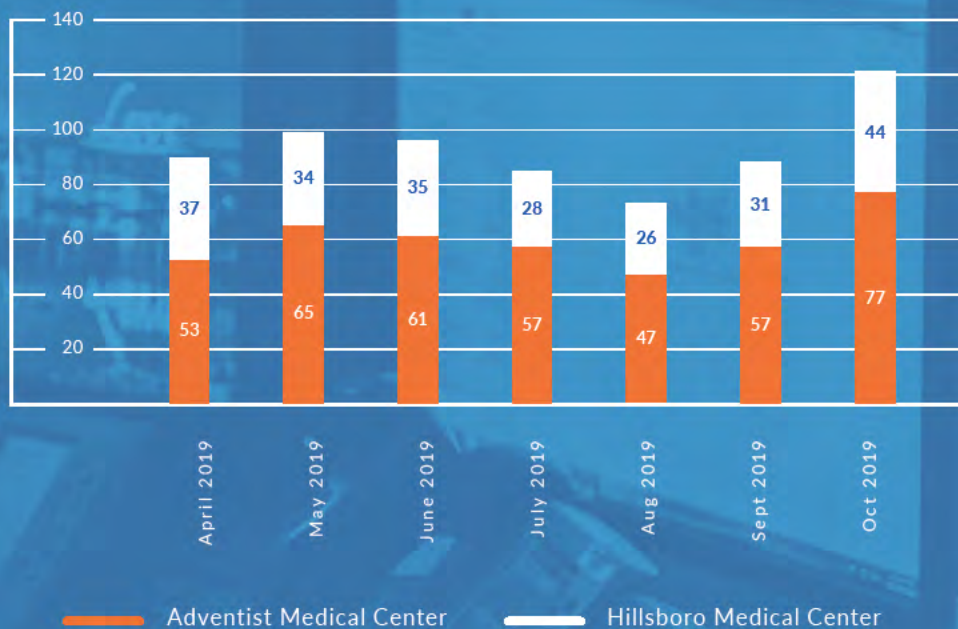


Getting the right patient to the right place with the right care at the right time

Mission Control coordinates admissions and transfers across the state or region. It is the command center that helps OHSU meet its commitment to Oregonians by being prepared to accept inter-hospital transfers from across the state, around the Northwest and beyond. Placing appropriate patients with our partners at Hillsboro Medical Center and Adventist Medical Center preserves inpatient beds on the OHSU Marquam Hill campus for patients needing tertiary or quaternary care. Altogether, more than 9,800 adult and pediatric patients were transferred into our three-hospital system in FY19 for a 98.6 percent acceptance rate.



Transfers to Adventist and Hillsboro Medical Centers



Developing the role of the Transfer Center nurse

Rachel Adair, B.S.N., RN, a nurse in the Transfer Center, aimed to understand and define the role of the transfer center nurse and create professional practice standards for this emerging practice area. The project is important because nurses' clinical judgment and practice can improve the safety and quality of patient transfers within and between hospital systems.

Transfer center RNs work in hospital systems' "command centers," Mission Control at OHSU. The command center is a relatively new development designed to better identify and manage hospital capacity and give real-time situational awareness to those who will be caring for patients. The TCRN can enhance these processes. To date, there is scant knowledge of the nurse's role in the patient transfer process.

Nurse leaders from 10 hospital systems with transfer centers in the Pacific Northwest agreed to take part in a survey. Questions included hospital size, staff mix and patient services as well as means of

communicating, measuring quality and education staff. Results revealed that 70 percent of the systems had RNs active in their patient transfer centers, supporting a range of services. All TCRNs were involved in MD-to-MD handoff, emergency department to inpatient transfers and consult services. Only four of the seven hospital systems with TCRNs required these nurses to have specific triage competencies. The majority of systems with transfer centers (86 percent) used RNs with at least three years of experience. All participants reported interest in collaborating on developing practice standards in this growing nursing field.

This nurse demonstrated how collaboration between systems can help standardize and further define the TCRN role. The variations discovered in TCRN experience, education and role functions indicate a need to develop standards of practice. Research on best practices for communication, documentation, health technology, system operations and issues of legality, ethics, safety and care quality is needed to make this role a candidate for national certification.



◀ This nurse demonstrated how collaboration between systems can help standardize and further define the TCRN role.

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Improving satisfaction and retention: An appreciative inquiry into float nurse emotional intelligence traits

Nurses who move from one unit to another, known as “float nurses,” work in a role that has been relatively little researched. The evidence that is available on the float nursing role suggests that float nurses tend to share certain characteristics: independent, tough-minded, rule conscious, socially bold, adaptable, autonomous and reliable.

In 2019, Patient Care Services conducted a project to identify emotional intelligence attributes that lead to success with the float nurse role. Our goal was to understand these nurses better in order to improve retention and engagement.

The techniques of appreciative inquiry and emotional intelligence research may help leaders understand what informs success as a float nurse. For example, how do successful float nurses leverage the characteristics identified above? We conducted a mixed-methods study that included a qualitative survey of nurse leaders and acute care float pool nurses. It also included formal Trait Emotional Intelligence Questionnaires for float nurses.

The results reflected our findings from the nursing literature that the EI trait of adaptability was essential for floats. However, formal EI scores showed the leading traits of happiness, relationships, optimism, empathy and self-esteem. In the qualitative survey, all the themes aligned with principles of defining the role, improving sense of community, and identifying organizational best practices related to floating.

Float nurses overwhelmingly reported that floating was a way to prevent burnout and turn a difficult career into a positive experience. This optimistic outlook and self-reflective capacity to understand what causes adversity in oneself may be a contributor to resilience. This aligns with a large body of research that discusses how resilience and well-being are fundamentally related.

Help keep me calm

Children with autism spectrum disorder are likely to require sedation for dental care, other health care procedures and surgery. In FY19, a team of nurses from OHSU Doernbecher's perianesthesia and perioperative departments created a quality improvement project to improve the experience for these children.

All staff who cared for children with ASD were educated on best practices for working with this population. The research team used an approach called "One Voice" which maximizes parental involvement and eliminates interactions with people not involved with the procedure. A perianesthesia RN called each family before their child's appointment to identify needed coping tools, such as the need for dim lights, headphones, a tablet computer or weighted blankets for calming. Children and families were brought to a "calm room" immediately on arrival to minimize

stressful input. Families were kept involved to minimize separation stress. Anesthesiologists adjusted the medication protocol to prevent abrupt awakenings and ensure the family was present. A family member was the first person the child saw when they opened their eyes.

The project-related education, space modification and workflow changes produced overwhelmingly positive feedback. Several families reported this was the best possible experience for their child. Clinical nurses and interprofessional partners reported higher satisfaction with care delivery. The changes also affected the need for sedatives and time for recovery.

Finally, the research team shared their best practices with the emergency department. Today, quality improvement champions report that this successful project has helped nurses become more engaged in making changes to care delivery.



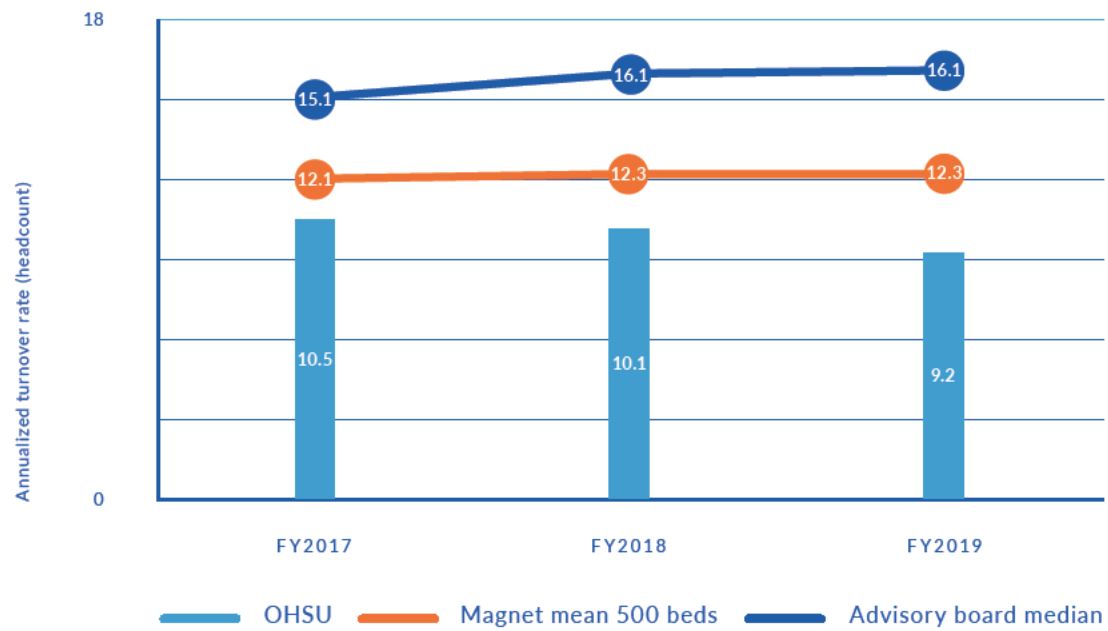
◀ In FY19, a team of nurses from OHSU Doernbecher's perianesthesia and perioperative departments created a quality improvement project to improve the experience for children with autism spectrum disorders.

Empirical outcomes

Professional nursing makes an essential contribution to patients, the nursing workforce, organizations, and consumer outcomes. The empirical measurement of quality outcomes related to nursing leadership and clinical practice is imperative. Although structure and process create the infrastructure for excellence, the outcomes of that infrastructure are essential to a culture of excellence and innovation.



Historical trending: OHSU nurse turnover

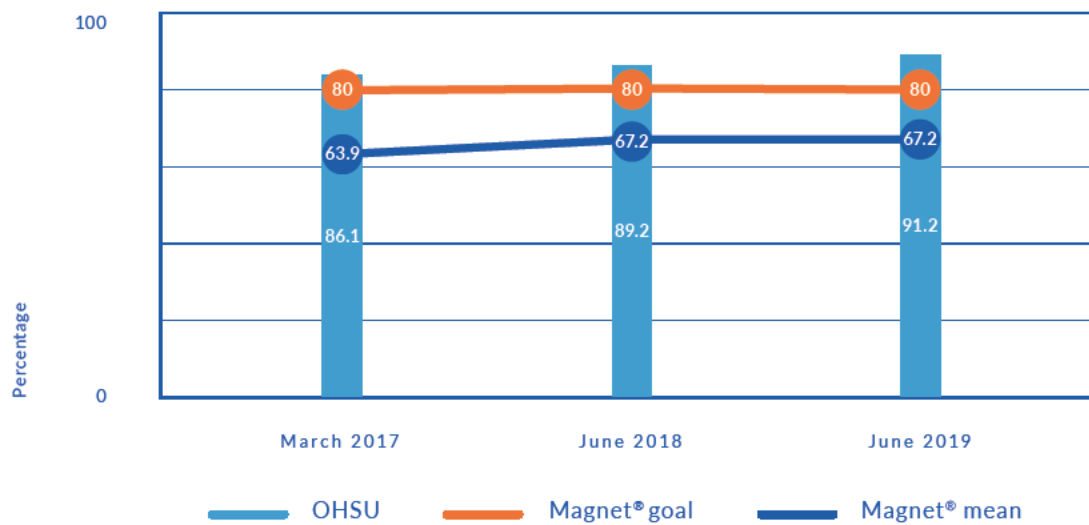


Clinical nurse turnover continues to outperform national benchmarks.

► Specialty certification promotes quality patient care, validates nurses' knowledge and builds confidence and credibility in professional ability.

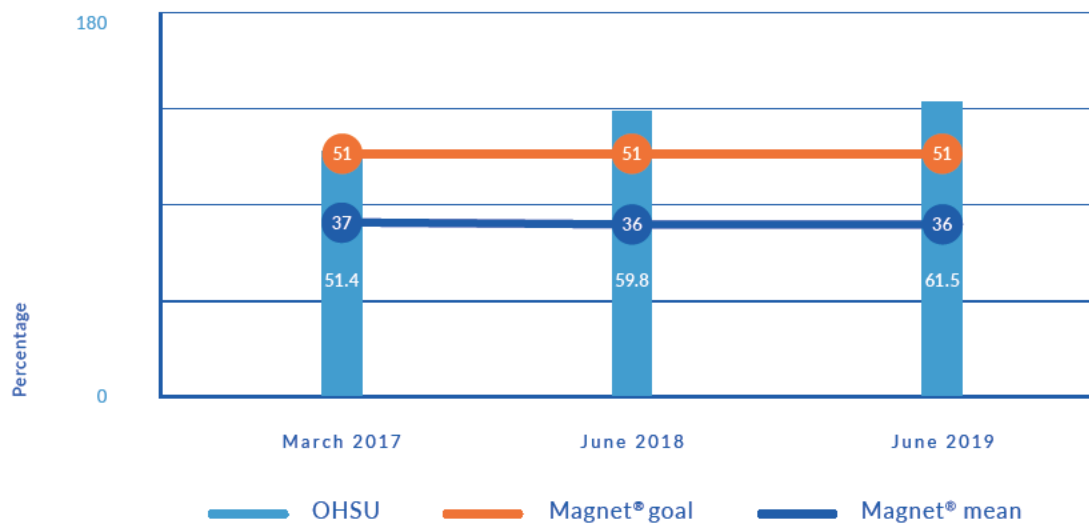


OHSU nurses with baccalaureate or graduate degrees



At OHSU, 91 percent of clinical nurses hold a bachelor's or master's degree in nursing, exceeding the 2020 Institute of Medicine goal.

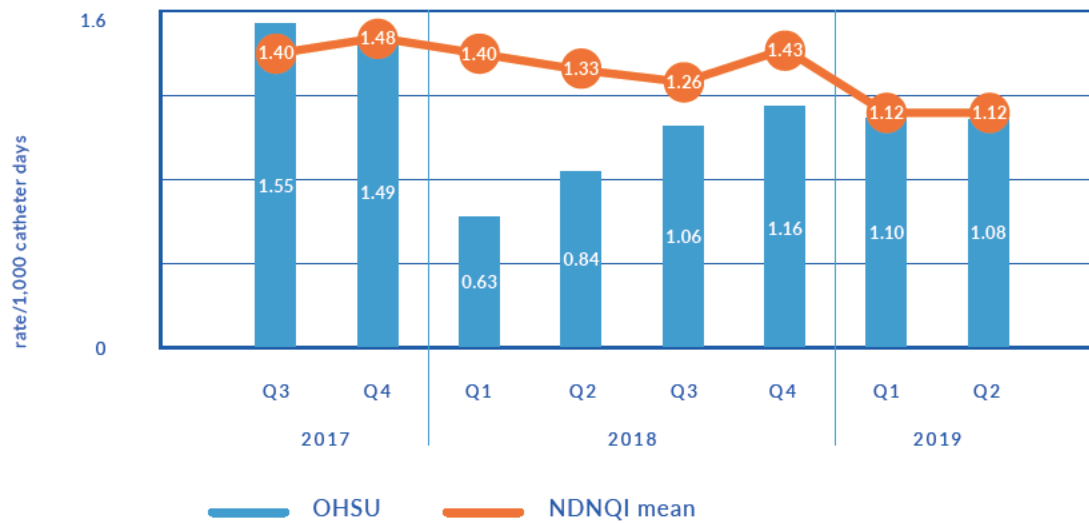
OHSU nurses with specialty certifications



At OHSU, more than 61.5 percent of clinical nurses hold professional certification in their specialty practice areas, outperforming the average for Magnet® recognized hospitals.

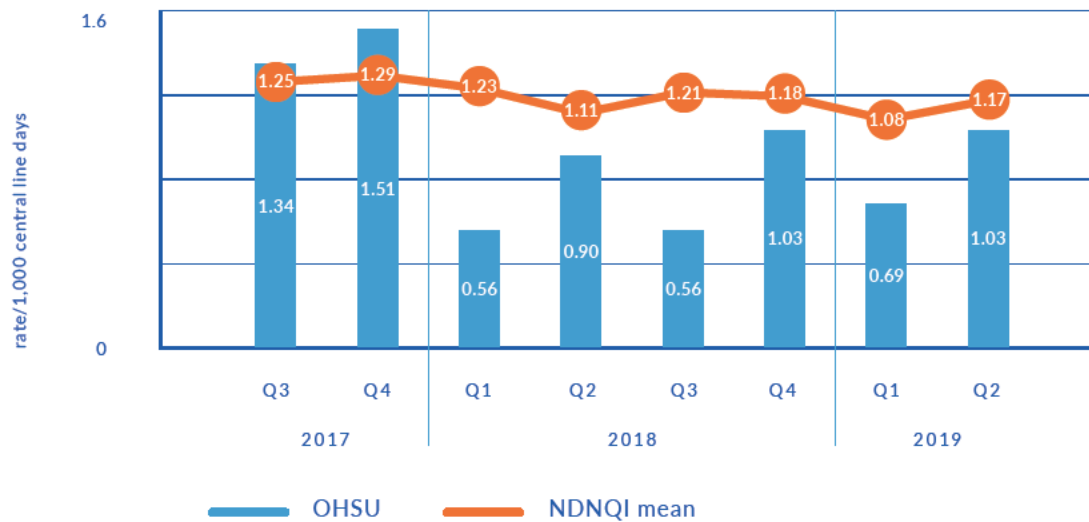


Catheter associated urinary tract infections



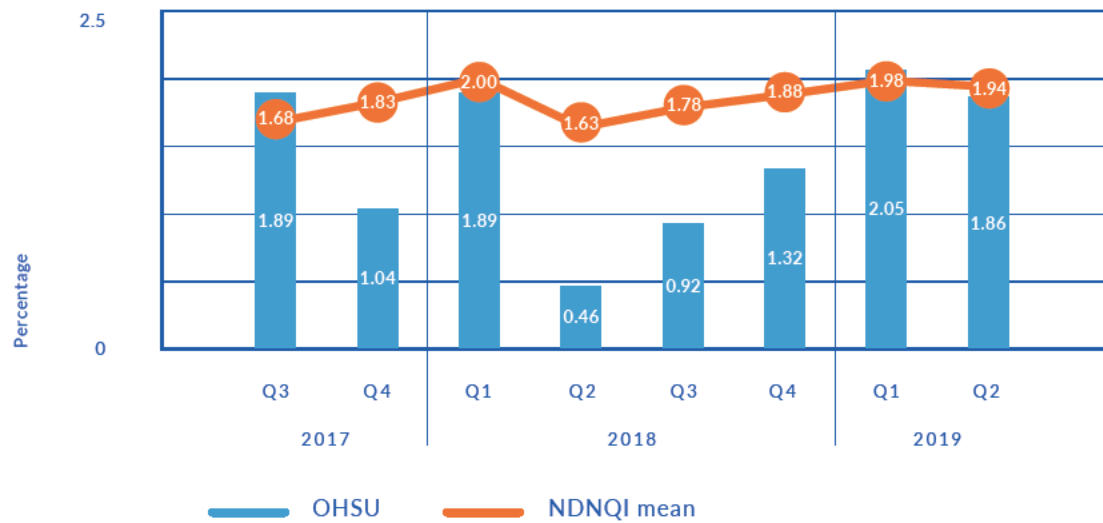
OHSU Hospital's rate of catheter-associated urinary tract infections per 1000 line days consistently outperformed the national mean.

Central line associated blood stream infections



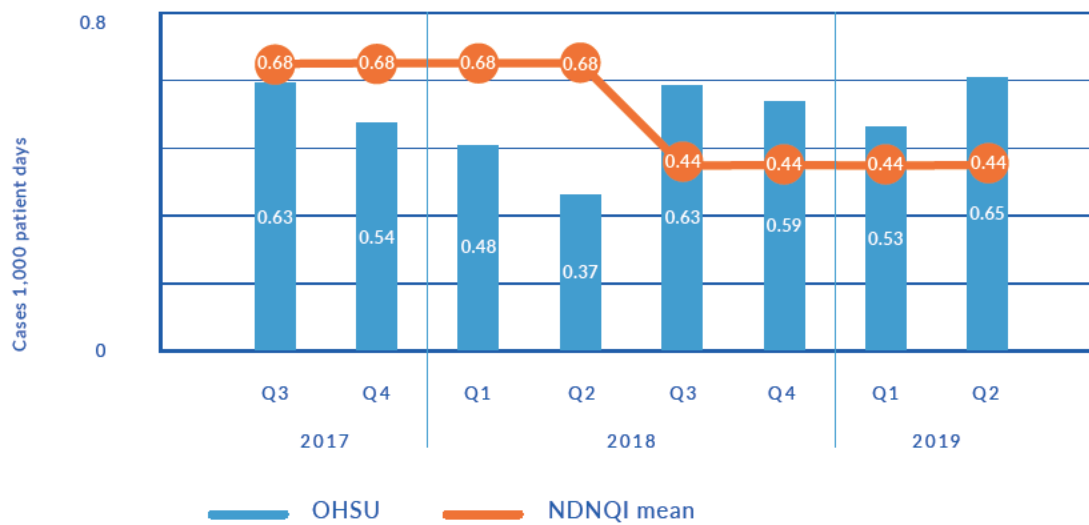
OHSU Hospital's rate of central line-associated blood stream infections per 1000 line days consistently outperformed the national mean.

Surveyed patients with hospital acquired pressure injuries stage 2 and above



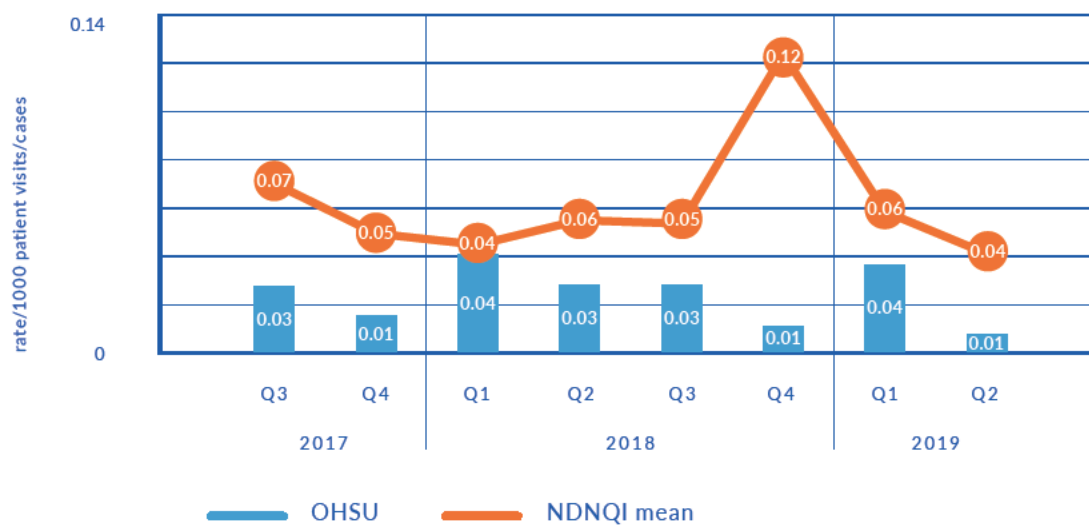
The percent of patients developing a hospital-acquired pressure injury increased slightly but remained below the national benchmark.

Hospital onset *c.Difficile*



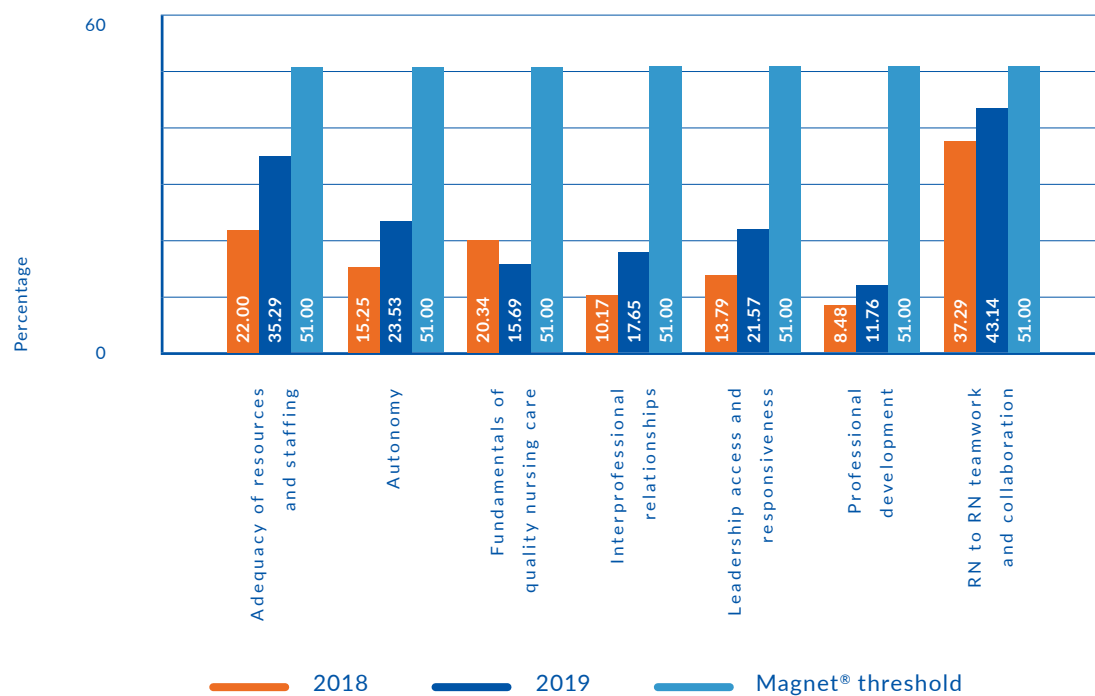
The hospitalwide rate of *c. difficile* infections increased in FY2019. Each case is reviewed by unit and department leaders to identify contributing factors.

Injury falls



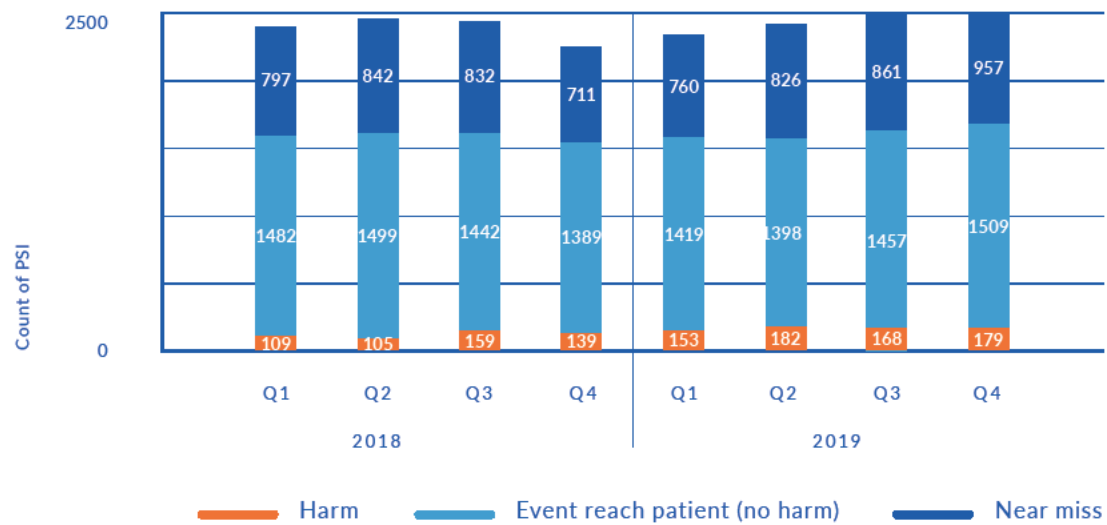
The rate of falls in which a patient was injured per 1000 patient days increased in FY2019. Falls with injury were identified as a tier 1 priority for quality and safety in FY2020.

Nurse engagement



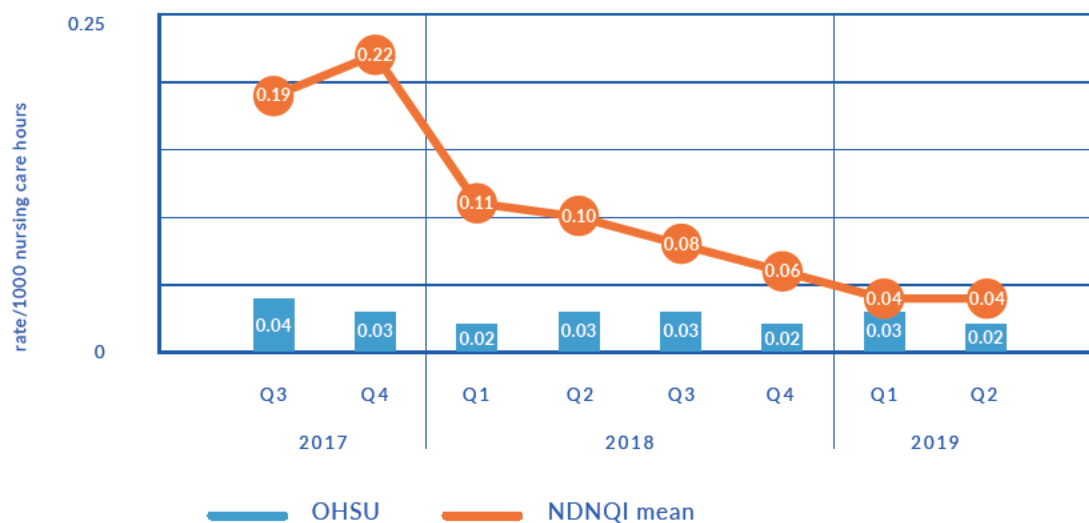
The percent of units outperforming the national average for nurse engagement increased between the 2018 and 2019 surveys. More improvement is needed and engagement remains a focused priority in FY2019 and FY2020.

Patient safety intelligence reporting



The count of patient safety intelligence reports continues to increase each quarter. Each report provides insight into how to improve systems and structures to keep patients safe.

Assaults on nursing personnel



The hospitalwide rate of assaults on nursing personnel per 1000 patient days remained lower than the national mean.

Awards and distinctions

▼ 2019 nurses of the year.



Internal awards

OHSU Nurse of the Year

Advanced Practice

The Advanced Practice Nurse Award is presented to 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.

Bonnie Kittleson, M.S.N., RN, FNP, AOCNP, OHSU Knight Cancer Institute, Community Hematology/Oncology Clinics

Advancing and Leading the Profession

This award is presented to 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 professional roles with outcomes.

Stephanie Hill, B.S.N., RN, CMSRN, Hematology and Medical Oncology

Ancillary Staff Member

The Ancillary Staff in Nursing Services Award is presented to a CNA, CMA, LPN, EMT, (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

Austin Kiyokawa, CNA, Emergency Department Observation

Clinical Care

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

Gillian Devereux, M.P.H., B.S.N., RN, Neurology, Aging and Alzheimer Clinic

Community Service

The Community Service Award is presented to 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.

Melisa Mazdzer, B.S.N., RN, Doernbecher Post-Anesthesia Care Unit/Day Stay

Distinguished Nurse

The Distinguished Nurse Award is presented to 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.

Kristin Bishop, B.S.N., RN, BMTCN, 14K Bone Marrow Transplant

Management

The Management Award is presented to a nurse (a nurse manager, professional practice leader or director) 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.

Julie Johnson, M.S.N., RN, CPN, Professional Practice Leader, Ambulatory Care

Mentoring

The Mentoring Award is presented to 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.

Holly Herrera, B.S.N., RN, CHRN, Family Medicine at Richmond Clinic

Nightingale

The Nightingale Award is presented to 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.

Sydney Deal, B.S.N., RN, Pediatric Acute Care Medical

Teaching

The Teaching Award is presented to 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.

Nancy Hutchinson, M.S., RN, BMTRN, OCN, OHSU Knight Cancer Institute, Community Hematology Oncology Clinics

DAISY Award

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

Scott Crowe, RN, 11B Procedural Care Unit

Denis Duquesne, RN, CCRN, 12K Cardiovascular ICU

Adam Foster, B.S.N., RN, 9S Pediatric Acute Care Surgical

Julieanne Ho, B.S.N., RN, 13A Trauma

Oksana Kozubeko, B.S.N., RN, CMSRN, 13K Adult Oncology

Kirsten Luterman, B.S.N., RN, CMSRN, 10K Neurosciences, Otolaryngology, Head & Neck Surgery

Claudia McMahon, B.S.N., RN, 11K Cardiovascular Intermediate Care

Ann O'Connor, B.S.N., RN, 12A Neonatal ICU

Erika Peterson, B.S.N., RN, CPN, 9N Pediatric Acute Care Medical

Senna Pinney, B.S.N., RN, CCRN, 11B Procedural Care Unit

Kirsten Roessner, B.S.N., RN, CCRN, 11A Interventional Radiology

Jennifer Scapes, B.S.N., RN, CEN, Adult ED

Larah Shaw, B.S.N., RN, PCCN, 11K/7A Cardiovascular Intermediate Care

Kayla Wadsworth, B.S.N., RN, 11K Cardiovascular Intermediate Care

Deidre Wiersma, B.S.N., RN, 12K Cardiovascular ICU

ROSE Award Honorees

The ROSE (Recognizing Outstanding Service Excellence) Award is given for service beyond the normal scope of the recipient's role.

Mary (Catie) Trausch, R.N., 14K Adult Bone Marrow Transplant (Golden Rose Award)

Mary Ames, B.S.N., RN, Cardiac & Vascular (Red Rose Award)

Talia Christensen, B.S.N., RN, Surgical Med Onc (Red Rose Award)

Isaac Fishler, B.S.N., RN, Adult Oncology (Red Rose Award)

Jean Kolb, B.S.N., RN, CPN, Pediatric Intermediate Care (Red Rose Award)

Deidra Weinert, B.S.N., RN, CPN, Pediatric Acute Care (Red Rose Award)

Donna Abell, RN, CNOR, Post Anesthesia Recovery Unit (Golden Rose Award)

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.

July 2018: Thanks goes to **Jolene Lippert**, B.S.N., RN, CCRN, a registered nurse in the Cardiovascular ICU, who recognized that medication volume and concentration changes required changes in nursing practice.

July 2018: Thanks goes out to **Jill Little**, B.S.N., RN, CCRN, a nurse in the Emergency Observation unit, who spoke up and tracked down the right solution when an unfamiliar form of a medication was dispensed.

September 2018: Thanks go out **Mary Kamegawa**, CNA, a certified nursing assistant whose fast reaction to a patient's symptoms led to immediate response and elevated care.

October 2018: Thanks to **Amy Adams**, B.S.N, RN, CCRN, of the Cardiovascular ICU, who recognized the need for an impromptu infection-prevention training session and invested the time to help keep a patient safe.

November 2018: Thanks go to **Emma Birch**, B.S.N, RN, a nurse in the Trauma Surgical Intensive Care Unit, who followed up on an unexpected discovery to ensure a patient was kept safe.

November 2018: Thanks go to **Jennifer Lockhart**, RN, OCN, of the Department of Radiation Medicine, who recognized a patient's heightened risk and responded quickly to prevent a potentially critical event.

December 2018: Thanks go to **Krista Wehrley**, B.S.N., RN, CCRN, of the Medical Intensive Care Unit, who followed through to ensure a patient's directives were documented correctly.



External awards

The Bernard A. Birnbaum, M.D., Quality Leadership Award

Oregon Health & Science University is one of 11 academic medical centers to be recognized for demonstrating excellence in delivering high-quality care based on the annual Vizient Quality and Accountability Ranking.

U.S. News & World Report rankings

Oregon Health & Science University Doernbecher Children's Hospital ranks among the best children's hospitals in the United States, according to U.S. News & World Report's 2018-19 Best Children's Hospitals. OHSU Hospital is ranked No. 1 in Oregon and seven OHSU specialties are among the best in the nation.

March of Dimes Nurse of the Year

OHSU and Doernbecher nurses were well represented at the 2019 March of Dimes regional Nurse of the Year celebration breakfast. Of the 38 finalists, three awardees were from Doernbecher and one was from OHSU.

Case Management, Occupational Health and Utilization Review

Debbie Delorenzo, B.S.N., RN, Case Management

Critical Care (includes Intensive Care Critical Care Unit, Intermediate Care Unit, Percutaneous Transluminal Coronary Angioplasty Unit and Interventional Radiology Unit)

Henriette Blanchard, B.S.N., RN, CRN, Interventional Radiology

Nurse Leader

Ashley Arehart, M.N., RN, CPN, Specialty Practice Leader, Pediatric Acute Care Units

Pediatric Care

Oliver Pelayo, M.N., RN, CCRN, Staff Educator, Pediatric Intensive Care Unit

Beacon Award for Excellence

Beacon awardees set the standard for excellence in patient care environments by collecting and using evidence-based information to improve patient outcomes, patient and staff satisfaction and credibility with consumers. A Beacon Award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

Neonatal Intensive Care Unit – Gold Level, March 2019

In June 2019, the following OHSU nurse practitioners were included in Portland Monthly magazine's 2019 Top Nurses Guide.

Anna Anderson, M.S.N., RN, PMHNP-BC, Psychiatric Wellness Center

Kelly Anderson, M.S.N., RN, FNP-BC, OHSU Doernbecher Children's Hospital, Hematology Oncology

Laura Aurisy, M.S.N., RN, NNP-BC, OHSU Doernbecher Children's Hospital, Neonatal Intensive Care Unit

Terri Boyce, M.S.N., RN, CPNP-AC, OHSU Doernbecher Children's Hospital, Hematology Oncology

Asher Caldwell, M.S.N., RN, ANP-BC, Palliative Care

Chris Conrady, M.S.N., RN, CPNP-BC, OHSU Doernbecher Children's Hospital, Hematology Oncology

Patricia Dawson, M.S.N., RN, NNP-BC, OHSU Doernbecher Children's Hospital, Neonatology

Allison Fox, M.S.N., RN, FNP-BC, OHSU Family Medicine at Richmond

Rebecca Garcia, M.S.N., RN, NP-C, Interventional Radiology

Colin Gershon, M.S.N., RN, ANP-BC, Emergency Medicine

Laurel Hallock-Koppelman, D.N.P., RN, NP-C, OHSU Family Medicine at Richmond

Ellen Iwasaki, M.S.N., RN, FNP-BC, OHSU Family Medicine at Gabriel Park

Laura Jenson, M.S.N., RN, CNM, OHSU Center for Women's Health, Midwifery

Meera Kanakia, M.S.N., RN, ANP-BC, OHSU Center for Women's Health, Primary Care

Serena Phromsivarak Kelly, M.S.N., RN, CPNP-AC, OHSU Doernbecher Children's Hospital, Pediatric Intensive Care Unit

Marissa Christine Macedo, M.S.N., RN, NNP-BC, OHSU Doernbecher Children's Hospital, Neonatology

Joylyn Michaud, M.S.N., RN, NP-C, OHSU Doernbecher Children's Hospital, Pediatric Intensive Care Unit

Robin K. Miller, M.S.N., RN, ACNP-BC, CCRN, OHSU Knight Cardiovascular Institute

Heather Onoday, M.S.N., RN, NP-C, Dermatology

Kathleen Perko, M.S.N., RN, PNP-BC, OHSU Doernbecher Children's Hospital, Palliative Care

Rachel Postman, M.S.N., RN, NP-C, OHSU Family Medicine at Richmond

Madeline Sanford, M.S.N., RN, NP-C, OHSU Family Medicine at Richmond

Meghan Seeley, M.S.N., RN, NP-C, OHSU Center for Women's Health, Primary Care

Valerie Sweitzer, M.S.N., RN, NP-C, Emergency Medicine

Susan Tofte, RN, FNP, Dermatology

John-Paul Tyler, M.S.N., RN, AGACNP-BC, Emergency Services

Jamie Wegner, M.S.N., RN, NNP-BC, OHSU Doernbecher Children's Hospital, Neonatology

Selected publications and presentations

Publications

Adams, J, **Mensik, J**, Reid Ponte, P, & Somerville, J. (2018). Lead like a nurse: Leadership in every healthcare setting. Silver Spring, MD: American Nurses Association.

Bordley, J, Sakate, K, Bierman, J, McGrath, K, **Mulanax, A**, **Nguyen, L**, Mohan, V, & Gold, J (2018). Use of a novel, electronic health record-centered, interprofessional ICU rounding simulation to understand latent safety issues. *Society of Critical Care Medicine*, 46, 1570-1576.

Franken, A, Sebbens, D, & **Mensik, J**. (2019). Pediatric delirium: Early identification of barriers to optimize success of screening and prevention. *Journal of Pediatric Health Care*, 33, 228-233.

Gullate, M, Allen, CS, **Mensik, J**, Okonye, JA, & Salmon, N. (2019). Improving end of life communication using technology assisted continuing education with interprofessional teams. *Journal for Nurses in Professional Development*, 35, 25-31.

Hoffman, AM, Lapcharoensap, W, Huynh, T, & Lund, K. (2019). Telemedicine in neonatology. *NeoReviews*, 20:e1-e10.

Izumi, S, **Burt, M**, Smith, J, McCord, K, & Fromme, E. (2019). Enhancing advance care planning conversations by nurses in a bone marrow transplantation unit. *Oncology Nursing Forum*, 46, 288-297.

Krause-Parello, CA, Gulick, EE, & **Basin, B**. (2019). Loneliness, depression, and physical activity in older adults: The therapeutic role of human–animal interactions. *Anthrozoös*, 32, 239-254.

Kyriacos, U, **Burger D**, & Jordan, S. (2019). Testing effectiveness of the revised Cape Town modified early warning and SBAR systems: A pilot pragmatic parallel group randomized controlled trial. *Trials*, 20, 809.

Mensik, J, Leebov, W, & Steinbinder, A. (2019). Survey development: caregivers help define a tool to measure cultures of care. *Journal of Nursing Administration*, 3, 138-142.

Pizarro-Osilla, C. (2018). What is cannabinoid hyperemesis syndrome? *Journal of Emergency Nursing*, 44, 665-667.

Selected podium, poster and webinar presentations

Barnhart, M, & Murphy, G. Poster presentation. Best practices for successful implementation of professional practice nurse leader roles. 7th International Nursing Management Conference, Bodrum, Turkey, October 2018.

Bjarnason, D. Podium presentation. Dare to lead: Unleashing the power of academic/practice partnerships in nursing. Northwest Organization of Nurse Leaders Annual Conference, Stevenson, WA, May 2019.

Bjarnason, D. Podium presentation. Powerful partnerships to prepare the future workforce. American Organization of Nurse Executives Annual Conference, San Diego, CA, April 2019.

Bjarnason, D. Podium presentation. From strategy to reality: Realizing nursing leadership needs. Nursing Consortium of Southern Florida, Fort Lauderdale, FL, November 2019.

Burt, M. Podium presentation. Implementing practice improvement for reliability. Lean Healthcare Academic Conference at Stanford, Stanford, CA, October 2018.

Corcoran, A. Poster presentation. Daily weights for heart failure patients: A quality improvement project. Oregon Nursing Research & Quality Consortium, Portland, OR, April 2019.

Douglas, A, Nguyen, T, Yu, D, **Wiggins, N, Sundeen, S**, Pickron, K, **Aurisy, L, Tingling, M, Stange, A**, Schelonka, R, Lapcharoensap, W, Warren, J, & Dukhovny, D. Podium presentation. NICU Antibiotic stewardship: Improving time to first dose of antibiotics. Vermont Oxford Network Annual Quality Congress, Chicago, IL, October 2018.

Eldredge, D. Podium presentation. State of the science: Stewardship of practice. Western Institute of Nursing Communicating Nursing Research Conference, San Diego, CA, April 2019.

Fero, L, & Blanchard, B. Poster presentation. Implement a safer, coordinated response to manage patient violence: Code Green. Oregon Nursing Research & Quality Consortium, Portland, OR, April 2019.

Grant, C. Podium presentation. Your voice, your strength: Emotional intelligence for nurse leaders. American Association of Critical-Care Nurses National Teaching Institute & Critical-Care Exposition, Orlando, FL, May 2019.

Hicks, A, James, E, Payne, J, & Perez, C. Poster presentation. Improving staff engagement: Mentorship revival in the CVICU at Oregon Health & Science University. American Association of Critical-Care Nurses National Teaching Institute & Critical-Care Exposition, Orlando, FL, May 2019.

Hildreth, B, & Arehart, A. Poster presentation. Reducing serious safety events in pediatric behavioral health patients on acute care units. Oregon Nursing Research & Quality Consortium, Portland, OR, April 2019.

Holm, C. Podium presentation. Attributes in leaders most desired by clinical nurses. American Organization of Nurse Executives Annual Conference, San Diego, CA, April 2019.

Izumi S, Noble BN, Tjia J, Bordley JL, Mensik JS, & Furuno JP. Poster presentation. Healthcare provider perceptions of hospital-to-hospice transitions. American Geriatrics Society 2019 Annual Scientific Meeting, Portland, OR, May 2019.

Krug, E, Nichols, J, Hofheins, J, Whitaker, M, & Stowe, L. Poster presentation. Nursing-led interventions to decrease CAUTI on the neuro ICU. Oregon Nursing Research & Quality Consortium, Portland, OR, April 2019.

Mensik, J. Podium presentation. Quaternary and critical access hospital discharge planning partnership. American Organization of Nurse Executives Annual Conference, San Diego, CA, April 2019.

Newman, L, & Vargas, C. Poster presentation. Transitioning scope processing to central sterile: a plan to reduce staff anxiety. Society of Gastroenterology Nurses and Associates Annual Course, Portland, OR, April 2019.

Ni x, C, Burt, M, Espe, S, Sweany, J, Hale, M, Burnett, N, & Eldredge, D. Poster presentation. Attempting to overcome barriers related to daily CHG bathing: A product assessment on a BMT unit. Society of Healthcare Epidemiologists Annual Conference, Boston, MA, April 2019.

Oliver, C. Podium presentation. Improving nurses' confidence to care for hospitalized patients with substance use disorders reduced unplanned discharges. Oregon Nursing Research & Quality Consortium, Portland, OR, April 2019.

Sweany, J. Poster presentation. Outcome: CLABSI reduction in the adult medical-surgical oncology unit. Lean Healthcare Academic Conference at Stanford, Stanford, CA, October 2018.

Wiggins, N, Sundeen, S, Jerome, M, L'Hommedieu, J, Stange, A, Trusov, O, Widlund, L, Wolverton, A, Hatten, J, Ivanovic, M, Earl, K, Nye, A, Aurisy, L, Macedo, M, & Warren, J. Podium presentation. Lactation rounds: We are here to pump you up. Vermont Oxford Network Annual Quality Congress, Chicago, IL, October 2018.



3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098

www.ohsu.edu/nursing

