Nursing Services
OHSU Nursing Vision

OHSU nurses partnering with communities to grow and nurture a healthier Oregon

Facts about OHSU

Licensed beds: 576
Staffed beds: 562 (145 pediatric)
Case Mix Index: 2.43 (all payers)
Births: 2,227
Emergency department visits: 44,405
  Adult: 32,425
  Peds: 11,980
Patient visits to OHSU Health clinics: 987,024

OHSU Nursing

Registered nurses: 2,818
Advanced practice registered nurses: 334
Nurses with a bachelor’s degree or higher: 92.4%
Nurses with professional certifications: 61.8%
Average age of OHSU RNs: 40.2 years
Average tenure with OHSU: 7.9 years
Nurses who are male: 14.9%
Welcome

After a year like the one that just closed, it is hard to know where to begin to introduce our annual report. So, let me say it was a year like no other I have ever experienced. And while we learned a lot about going with the flow, innovating, changing and moving fast, I think I can safely say that I hope to never experience a year like it again.

In the face of COVID-19, race-related violence and wildfires, we rallied, we learned and we acted. We used the best of everyone’s knowledge, skills and abilities to do what we knew needed to be done and to keep everyone as safe as possible in the face of the unknown.

As we face our future, I think we must do our best to make this world a better place. I ask you to be a voice of reason, of what is right. I ask you to strive to make our hospital, our community, our state, our country and our world a better place. A place that is defined by our willingness to stand up for and act when our understanding of what is good and what is right is threatened by racism, by bigotry, by hatred, by violence, by global pandemics, by Mother Nature or by disrespect.

At OHSU, we can set the standard for the world we wish to live in, and our world needs us now more than ever.

DANA BJARNASON, PH.D., RN, NE-BC
VICE PRESIDENT AND CHIEF NURSING EXECUTIVE
OHSU HEALTH
ASSOCIATE DEAN FOR CLINICAL AFFAIRS
OHSU SCHOOL OF NURSING
My reflection this year focuses on what we have experienced and continue to face in achieving our goals in OHSU’s missions of education, research, and patient care. We could not have anticipated that the International Year of the Nurse and Midwife would magnify the daily contributions of nurses as it has.

The COVID-19 pandemic has presented many new challenges, amplified previous ones and offered opportunities for new learning. Combating racism and inequity compels each of us to commit to unlearning and learning new things, as well as taking action to make necessary changes to our organizations and society.

The academic-practice partnership remains essential in this time of change. I now have even greater appreciation for the chief nursing executive-dean relationship and the opportunities to collaborate and innovate for excellence.

The OHSU School of Nursing and OHSU Nursing remain active partners, committed to visible nurse and nursing contributions to strategic priorities. Health system nurses engaged in educating bachelor’s, master’s and doctoral students have enriched learning and offered high-quality experiences for learners. SoN faculty and students contributed to projects that enhanced practice improvement and outcomes. SoN scientists are providing new knowledge to address disparities. Collaboration between the Department of Care Coordination and the SoN resulted in a nearly $300,000 grant from the Hearst Foundation to facilitate coordination and leverage the impact of several smaller projects focusing on vulnerable populations. We are able to achieve more together than separately.

Congratulations to OHSU Nursing on their FY2020 accomplishments. I look forward to our ongoing and future collaborations.

SUSAN BAKEWELL-SACHS, PH.D., RN, FAAN
DEAN, OHSU SCHOOL OF NURSING
VICE PRESIDENT FOR NURSING AFFAIRS
OHSU HEALTH
Modern nursing was born in uncertain times. A group of nurses and volunteers led by Florence Nightingale traveled to a military hospital to help wounded soldiers, many at risk of dying from infection and poor diet. These nurses were able to improve sanitation and nutrition, reduce death rates and generate new knowledge that helped improve patient care for generations.

OHSU nurses have no pretensions as history makers or heroes. But in the past year’s unprecedented and uncertain events, we have been privileged to illustrate the value of nursing care to patients, the work environment, the health system and the state.

When everyone else was staying out of patient rooms, nurses went in. Visitors were not allowed in order to prevent the spread of infection. So nurses provided more companionship and support to patients and anxious loved ones than ever. In a time of widespread burnout for health care workers, our nurses continued doing an extraordinary job, as the stories in this report show.

In the 1870s, Nightingale wrote in her personal diary that it would take 100 to 150 years to see the kind of nursing she envisioned. The World Health Organization named 2020 the Year of the Nurse and Midwife – and nurses certainly rose to the occasion. One hundred fifty years after Nightingale looked to the future, those caring for patients around the world, including at OHSU, helped fulfill her vision.

As we grapple with fresh challenges, we remember that nurses are still the most trusted health care providers. Every day at OHSU, we endeavor to deserve that trust and carry on the legacy of founders who risked their health and comfort for the benefit of patients.

Debi Eldredge, Ph.D., RN
Director, Nursing Quality, Research, and Magnet® Recognition
OHSU Health
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 and American Heart Association join forces to educate Oregonians about heart failure**

Heart failure takes a heavy toll on individual patients and families, workplaces with a burden of lost time and the health care system with associated costs. OHSU’s Cardiovascular Service Line director, Anthony Mulholland, M.N., RN, NE-BC, a longtime American Heart Association volunteer, noted a need to address the health needs of older Oregonians, a substantial number of whom are hospitalized for heart failure each year. While the AHA’s focus on heart attack and stroke prevention is extremely valuable, Mulholland saw an opportunity for both organizations to provide vital health education.

Working with a multidisciplinary team including OHSU Marketing, Pharmacy and cardiologists as well as AHA staff, the service line created a co-branded online information hub, other educational materials and a workshop for community providers. The workshop in fall 2019 was successfully held, while a 2020 workshop was planned but postponed due to the COVID-19 pandemic. Further education is planned for home and community health workers.
To improve nurse engagement, nurse leaders at all levels worked to identify what brings joy at work.

What brings you JOY in your practice?

- Unit celebrations
- Attending unit base when asked.

- When what we do improves outcomes.
- Learning new things
- Feedback
- Teaching families
- My fellow nurses
- Making a difference

How do I use my talents, and expertise to meet unit goals with purpose & intension.

- Propose 61 project ideas to UBNPC
- Bring people together by pointing out strengths
- Self identify as a content expert

- Teaching
Bringing Schwartz Rounds for Compassionate Care to Oregon Health & Science University

Caregiver fatigue and burnout are well-documented issues in health care nationwide. These factors directly affect recruitment, retention and caregiver satisfaction. In the May 2018 employee engagement survey, approximately 50 percent of respondents reported that they “feel burned out from my work” at least a few times a month. Approximately 20 percent reported that they “have become more calloused toward people since I took this job” at least a few times a month.

Susan Yoder, B.S.N., RN, Director of Patient Relations, identified Schwartz Rounds for Compassionate Care as a program that could have a positive impact on these issues. She aimed to create a venue for interprofessional team members to explore the issues they face in caring for patients and families.

Schwartz Rounds for Compassionate Care are used by hospitals and health systems worldwide to improve caregiver well-being and satisfaction. Yoder advocated for this program to OHSU Chief Nurse Executive Dana Bjarnason, Ph.D., RN, NE-BC, who agreed that bringing Schwartz Rounds to OHSU would be a valuable contribution toward achieving the organizational goal of creating an engaging and supportive culture.

In May 2018, OHSU submitted a membership application to the Schwartz Center for Compassionate Care and received an invoice. Patient Relations funds were used to initiate the program. Yoder sought and secured funding for initial expenses, support for an MD co-chair and continuing education and ongoing funding from Bjarnason to bring Schwartz Rounds to OHSU. The first Schwartz Rounds were held in June 2019 and received high praise.

Three additional Schwartz Rounds have been presented and three more were scheduled through the end of the fiscal and academic year. Due to COVID-19, the committee explored new formats in order to continue supporting clinicians in a time of high needs. On July 15, 2020, OHSU successfully delivered its first virtual Schwartz Rounds. Vision and persistence in leadership, coupled with strong support from the chief nursing executive and School of Medicine, have enabled this program to begin transforming recruitment, retention and caregiver satisfaction with this innovative program.

There is a growing focus on clinician well-being.
OHSU nursing staff engage with each other about how to improve patients’ outcomes and solve problems. Teamwork and collaboration also help decrease burnout.
**Evolution of shared governance**

The Nursing Strategy Council represents the highest level of shared decision making within nursing. NSC’s primary objective is to increase nurses’ influence in the organization. Here’s what the council did during FY19.

Clinical nurses on the NSC reviewed OHSU 2025, the organization’s strategic plan, goals and specific tactics. Nurse delegates used dot voting to identify where nurses could directly influence organizational priorities and tactics. These became the core features of the FY21-23 nursing strategic plan.

NSC explored a new vision for nursing. Between meetings, members completed a Qualtrics survey about problem statements and vision statements. During the meeting, NSC members used breakout rooms to foster smaller conversations about the original statements and survey feedback to offer refined language. The revised nursing vision statement is: *OHSU nurses partnering with communities to grow and nurture a healthier Oregon.* At each meeting, one or two clinical nurses share a story about how they’ve fulfilled this vision for nursing.

NSC deployed a task-force approach to address issues at the organization level, creating opportunities for more clinical nurses to participate in meaningful decisions. The Marketplace venue brings clinical nurses together to inform and influence practices that affect them. Some of the organization-level issues addressed in Marketplace include the major upgrade to the electronic documentation system, care of patients with cognitive behavioral challenges, early mobilization, professional practice evaluation, nurse recognition and a workload intensity tool. Beginning in March 2020, Marketplace stations included content about COVID-19 and transmissibility, PPE supply and use and surge planning.

Clinical nurses contribute significantly to the improvement of the care provided to patients and are celebrated in various ways throughout the institution.
Leadership Excellence award named in honor of chief nursing executive

The Beta Psi Chapter of Sigma Theta Tau International Honor Society of Nursing announced the initiation of a Leadership Excellence Award named in honor of Dana Bjarnason, Ph.D., RN, NE-BC, Vice President and Chief Nursing Executive and Associate Dean for Clinical Affairs at OHSU. This award is in honor of Dr. Bjarnason’s achievements at OHSU and her previous work at major medical centers in Texas. Dr. Bjarnason is recognized widely in the nursing and health care arenas and has held past national and international board member positions at the American Organization for Nursing Leadership, Northwest Organization of Nurse Leaders, American Nurses Association and Sigma Theta Tau International.

The Beta Psi chapter was honored to inaugurate this leadership award in Dr. Bjarnason’s name. Given annually, it will recognize a Beta Psi chapter member who has consistently excelled in nursing leadership, mentoring, vision, innovation and patient-focused service.
Dean elected chair of America Association of Colleges of Nursing

In April 2020, the American Association of Colleges of Nursing announced that Susan Bakewell-Sachs, Ph.D., RN, FAAN, OHSU Dean and Vice President for Nursing Affairs, School of Nursing, was elected Chair of the AACN Board of Directors. Dr. Bakewell-Sachs is a nationally recognized scholar and clinical expert in the care of prematurely born infants and a distinguished leader in academic nursing. A strong nurse advocate, she is also on the steering committee of the Oregon Action Coalition. Dr. Bakewell-Sachs is a graduate of AACN’s Leadership for Academic Nursing Program and has helped shape many of the association’s signature programs as a board member, including her support for academic-practice partnerships and the re-envisioning of the AACN Essentials.

Dr. Bakewell-Sachs described her plans. “As board chair, I will support coalition building and AACN’s leadership around addressing faculty and workforce needs, building inclusive learning environments and accelerating the move to competency-based education to improve practice, research and education.”

National Academies report includes essential citations by OHSU Leader

The National Academies of Sciences, Engineering, and Medicine published a report entitled Birth Settings in America: Outcomes, Quality, Access, and Choice. The report cited six articles authored by Ellen Tilden, Ph.D., CNM, OHSU School of Nursing and School of Medicine faculty member and midwife. The NAS reports document evidence-based consensus and have been subjected to a rigorous independent peer-review process. They represent the position of the National Academies.

The impacts of Dr. Tilden’s articles, which recommend ways to improve childbirth outcomes and experiences for women and their families, are far reaching. Her work encompasses what nurse-midwives are able to accomplish in science and outlines ways to improve health in America through improving childbirth outcomes and experiences. We are proud of our nurse midwives and nurse scientists, including Dr. Tilden!
Every nurse strives for patient-centered care and partners with patients/family members to create goals and advance individualized care plans.

### Clinical Portrait: Patient care led by practice, powered by technology

Every patient has a story.

OHSU clinicians know that safety begins with clear communication of that story. The care team requires accurate, real-time patient information to make the best possible decisions.

In August 2020, OHSU upgraded its interprofessional commitment to clear communication and also the Epic tools used by our care team members. Today, after 14 months, 20,649 hours of frontline clinician engagement and 9,031 hours of work by the Information Technology group, OHSU Hospital care teams share a clinical portrait of each patient.

With patient-centered care foremost in our minds, we leveraged every resource available, from Elsevier’s evidence-based care plan guides to a team of 200 clinical champions, to our first ever virtual Epic training classes and WebEx go-live support. We reviewed every nursing practice expectation of care, every flowsheet row, every professional’s scope of practice and more. A decade of Epic at OHSU created some gaps in the story, so our goal was full scale transformation.

Taking patient care to the next level requires focus. The Clinical Portrait centers the care team’s focus, one patient at a time.
Oregon Poison Center: Filling the COVID-19 information gap

The Oregon Health Authority asked the Oregon Poison Center to assist with the need for swift responses to clinician callers with questions about the novel coronavirus. Beginning in March 2020, the team went live with a 24/7 COVID line to take these calls. They responded to a variety of clinician questions related to the changing governmental mandates.

The Oregon Poison Center’s front line staff are nurses and pharmacists who are highly capable of handling public health emergencies. Call volume increased between 10 and 88 percent between March and April, varying by day of the week. Examples of questions included how to order and collect tests, where patients could get tested, when to get personal protective equipment, how to navigate multiple COVID websites and what resources were available.

The staff helped clinicians who were frustrated and uncertain. They also fielded calls from the public about secondary COVID-related ingestions of cleaning agents, drugs and home remedies taken in an attempt to prevent or treat the virus.

The OPC staff quickly adapted to working remotely and reached audiences throughout the service region and beyond. They created a successful Facebook Q&A focused on disinfectant and cleaning product safety in partnership with national poison and pesticide centers. As always, the interprofessional staff worked well together, supported each other and were always willing to share knowledge and resources, allowing them to learn and adjust quickly. Today, they continue to provide assistant via the COVID line as well as maintaining the Oregon Poison Center’s services.

Developing a community of ambulatory nurses

During the first days of the COVID-19 pandemic, OHSU’s ambulatory nurses were called upon quickly to learn about social distancing, to wear masks all day and to work from home when possible. They were inundated with calls and messages from anxious, worried and symptomatic patients about the illness.

Nursing leadership and staff quickly developed and staffed a COVID-19 hotline, results pool and mobile testing sites. The Ambulatory Nursing Cluster co-leaders Stephanie Hill, B.S.N., RN, Kira Talo, B.S.N., RN, and Vanessa Shay, B.S.N., RN, worked with Julie Johnson, M.N., RN, Director of Adult Ambulatory Nursing, Non-Oncology, to identify and transmit information updates pertinent to ambulatory nurses. Johnson sent a survey to staff to identify critical issues for both COVID and self-care.

In May ambulatory nurses had their first town hall meeting. Kevin O’Boyle, M.B.A., VP of Ambulatory Services at OHSU, spoke on “Pathway to a New Normal,” and responded to questions, concerns and comments. Johnson noted, “Ambulatory clinical nurses are resilient. They are strong and filled with humility and compassion for all people. They came together in community to share this compassion with their peers during a time of crisis.”
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 nurses’ contributions increases confidence in the profession, educates people about nurses’ 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.
Nurses play key role in halving time to antithrombolytics for patients with ischemic stroke

Oregon Health & Science University accepts patients from other hospitals as well as those who present directly to the emergency department. As a comprehensive stroke center, OHSU must meet expected door-to-thrombolytic administration times. In January 2019, this time was 91 minutes.

An interprofessional team improved ED workflow by including experienced stroke response nurses on the team, developing a new way to weigh patients accurately, training ED physicians to assess stroke patients when the neurology resident was unavailable, improving telecommunications in the CT area and creating a new paging group and documentation templates. This effort cut median door-to-thrombolytic administration time to 45 minutes in the first quarter of 2020, and it has remained at that average in subsequent quarters.
Suicide screening and safety interventions

Suicide is a public health issue. In Oregon, two people die by suicide each day, and suicide is both the eighth leading cause of death for all ages and the second leading cause for those aged 15 to 34. A study revealed that many patients had been to health care providers in the days and weeks preceding suicide attempts.

In 2017, Oregon passed a law that directs hospitals and clinics to provide standardized screening and discharge planning for patients with elevated risk of suicide. The OHSU Cognitive Behavioral Care Committee set out to standardize suicide risk screening and safety interventions.

The committee developed the OHSU plan, collaborated with nursing informatics to design Epic workflow, designed daily management system to monitor performance and collaborated with Clinical Education Services to develop education for professionals at all levels. Inpatient and Emergency Department nurses used Elsevier Suicide Education modules for learning. Two clinical nurses joined the project to audit and trend performance.

Under OHSU’s new system, patients at high risk are escalated to nursing leadership. Department specialty practice leaders verify that screening is completed and confirm use of interventions. Additionally, the OHSU policy, “Suicide Risk Screening and Safety Interventions in Non-Psychiatric Clinical Settings,” was updated to include evidence-based screening tools and basic safety interventions.

Doernbecher Freestyle 2019 shines a light on OHSU nursing

In November 2019, Leo Eskola, B.S.N., RN, CCRN, inspired an audience of more than 600 donors from across the country with stories of brave patients she encounters in OHSU Doernbecher’s pediatric intensive care unit during the selfless work that she and her nursing colleagues do each day. She helped raise more than $1 million for Doernbecher in one evening and earned a standing ovation. In particular, Eskola told the stories of six young Doernbecher patients who, in partnership with the athletic apparel company Nike, created special shoes that told their individual stories.

The partnership between OHSU Doernbecher and Nike is now 16 years old. Each year, OHSU staff nominate patients to design a collection of Nike footwear, apparel and equipment that is auctioned off, with all profits benefiting Doernbecher. The designs are then made available for purchase through Nike retailers and Nike.com.
Doernbecher hosts first annual Hot Topics in Pediatrics conference

In September 2019, nurses from greater Portland came to the first OHSU Doernbecher Hot Topics in Pediatrics conference. Nurse educators and specialty practice leaders designed the conference to raise Doernbecher’s profile as a leading children’s hospital and to offer education to nurses about current trends and topics. The conference covered topics such as trends from the Oregon Poison Center, antimicrobial stewardship, traumatic brain injury management, seizure management and pediatric pain. It concluded with an inspiring talk on the Nurse Practice Act from Ruby Jason, M.S.N., RN, NEA-BC, executive director of the Oregon State Board of Nursing. The conference received great reviews, and the post-pandemic hope is to host the conference again.

Developing a virtual elective for OHSU medical students during COVID-19

During the COVID-19 pandemic, medical students were not allowed at OHSU Hospital in person. The OHSU School of Medicine asked various departments about innovative learning opportunities, and the Division of Care Management recognized the opportunity to educate future physicians.

In general, physicians are undertrained in care management skills. Further, value-based care and Center for Medicare &
Medicaid Services rules and regulations are becoming more complex. With an increased focus on cost savings, access to care and quality of care, physicians need to understand the importance of efficient care and managing the patient’s hospital length of stay. Understanding options for post-acute care, community resources, social determinants of health, trauma-informed care and insurance options will help physicians provide high-quality care. It will also allow them to use their authority as physicians to advocate for population health.

The elective planning team included the SoM professor, two medical students, the SoM program manager and Care Management’s nurse manager and program manager. The group met weekly for three weeks to develop the learning objectives and curriculum. The finished educational experience consisted of a virtual 2-week or 4-week rotation that exposed medical students to the basics of case management: helping patients achieve optimal health, access care and utilize resources appropriately while exercising their right to determine their own paths.

Student feedback was positive and care management staff were excited about the students’ experiences. Even in the pandemic, it was possible to develop an opportunity for increased learning that was rewarding for all concerned.

Trauma-Surgical ICU launches honor walk for organ donation

Many hospital units have a ceremony called an “honor walk” observed when a patient dies who is an organ donor. The ceremony gives unit staff and families the chance to say goodbye to patients, honor their lives and respect the hospital’s efforts to preserve another patient’s health through organ donation.

During an honor walk, staff members line the unit hallway in silence as the patient passes en route to the operating room. Family members may join them. The walks remind healthcare workers of the power of silence, the compassion that connects us and how one family grieves a loss while another family finds hope.

In fall 2018, OHSU’s Trauma/Surgical Intensive Care Unit began to discuss creating an honor walk. They adapted the workflow used at OHSU Doernbecher Children’s Hospital and created a process that any adult ICU at the hospital could use. The council presented its plan to the Critical Care Practice Council and ICU Best Practice Council in September 2019. Honor walks began in October 2019.

The Pacific Northwest Transplant Bank coordinates the walks. Staff participation is voluntary.
Grant for transitional care

In November 2020, the OHSU Division of Care Management and OHSU School of Nursing were awarded a $300,000, two-year Hearst Foundation grant to assist in the creation of the CATCH program. CATCH stands for Collaborative Advocacy through Community Healthcare Program and is a three-way partnership between CTRAIN and New Directions programs and I-CAN programs. The target population for CATCH is clients at high risk for readmission and those who need transitional care following acute care hospitalization.

CATCH team members will visit clients in their homes or at other community locations. After completing a needs assessment, they partner with the client to co-develop goals and plan of care. They address social determinants of health and other barriers to health care, assist clients in navigating health and social services systems and connect them with community resources and primary and specialty care providers.

CATCH utilizes an FNP, RN and LCSW to provide a holistic and interdisciplinary approach to transitional care for our most vulnerable patients in the community. This team provides a variety of services while preparing the patient to successfully engage with their future primary care providers.

Nursing administration supports CityTeam Portland

As part of their community outreach efforts, OHSU’s Nursing Administration team regularly offers group volunteer opportunities at the Oregon Food Bank (www.oregonfoodbank.org) and CityTeam (www.cityteam.org).

In their work with CityTeam, they identified an urgent need to replace mattresses. The vendor, Relief Bed, offered to match donations dollar for dollar. The team set a goal to replace 58 mattresses at a cost of $3,800. Nursing Administration successfully coordinated efforts to raise these funds and presented CityTeam with new mattresses in December 2019.
Exemplary Professional Practice

Advocacy has always been one of the core qualities of OHSU nurses, and it’s now a stand-alone standard in ANA’s Scope and Standards!
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.

**ICU nurses develop new policy, training to reduce external ventricular drain infections**

External ventricular drain infections can be catastrophic for patients. Nurses on the Neuroscience ICU and Trauma Surgical ICU wanted to reduce the incidence of EVD infections from nearly seven per 1000 drain days in the last quarter of 2018.

Lorin Daniels, B.S.N, RN, CNRN, Specialty Practice Leader for the Neuroscience ICU, conducted a literature review and consulted with colleagues around the country. Her research revealed no definitive set of guidelines for EVD prevention. The OHSU team adopted the hospital’s CLABSI-prevention bundle as a framework for EVD prevention.

The new EVD bundle included regular site care and bedside improvements such as color-coded linens and use of filtered water for patient hygiene. A new drape was also added to the provider kit for placement of drains. Training was by video, rounds, tip sheets, PowerPoints and unit signage, as well as by socializing the new policy for all nurses who used it.

There were no EVD infections in the first quarter of FY 2020 following implementation. In the second and third quarters there were 2.76 and 2.33 per 1000 drain days respectively. This new practice cut the rate of EVD infection by approximately two-thirds.
NICU team eliminates necrotizing enterocolitis in very low birth weight infants by increasing use of mother’s own milk during NICU stay

Approximately one in 10 infants in the Doernbecher Neonatal Intensive Care Unit are very low birth weight, less than 1500 grams at birth. This population is at high risk of developing necrotizing enterocolitis, the most common and serious intestinal disease in premature babies.

Recent studies have shown that mother’s own milk, or MOM, is more effective at reducing the incidence of NEC than human donor milk. The effect is dose specific. Interprofessional team members from Labor and Delivery, the Mother-Baby Unit, Nutrition and other hospital departments worked together to change feeding practices for VLBW infants, including prioritizing pumping milk within the first hour of life in L&D and helping mothers produce a sufficient supply of milk while their infants were in the NICU.

One year after the intervention began, the incidence of NEC had dropped from 22 per 100 VLBW infants to zero, where it remained for the entire nine-month period of gathering outcomes data.
Interventional Radiology implements new suturing technique and standard work

In April 2018, Interventional Radiology implemented a central venous catheter insertion bundle that included a new technique for suturing tunneled central lines. Department members Henrietta Blanchard, B.S.N., RN; Tara Menon, M.N., RN; Lori Russell, RN, CCRP; Rachel White, M.S.N., RN; Kim Haley, RT(R); and Kristen Lee, M.D., worked together to draft and implement evidence-based standards for safe CVC placement.

Key components of the insertion bundle include patient preparation to reduce contamination, preparing and maintaining a sterile field and aseptic technique, using vertical mattress sutures, placing StatSeal® for hemostasis and ensuring placement of a sterile dressing for seven days. The impact of the new technique was evaluated from July 2018 to June 2019. During that year, only one CLABSI met the surveillance criteria within two weeks of CVC placement. This was an 88% reduction from the previous year. The IR team will continue to collaborate with nursing units and managers in partnerships important for CLABSI prevention.

A nurse provides healing touch during a treatment
Nurses play key roles in infection prevention and health promotion.
**Splash Zone reduces drug-resistant blood stream infections**

Pseudomonas is a type of bacteria commonly found in the environment, such as in soil and in water. *Pseudomonas aeruginosa* poses the greatest risk to humans, causing infections in the blood, lungs and other areas after surgery. In health care settings, PsA can spread on contaminated hands, equipment and surfaces. PsA bacteremias are a significant problem for immunocompromised patients, leading to complications, discomfort, increased length of stay, cost and morbidity and mortality.

Nurses on Units 13K, Adult Oncology, and 14K, Adult Bone Marrow Transplant, care for patients with solid organ and hematologic cancers. Most of these patients are at high risk for infections. Both units had a significant reduction in overall central line-associated bloodstream infections after a CLABSI prevention bundle was implemented. However, many CLABSI that continued to occur were caused by resistant PsA.

Associate Chief Nurse for Adult Acute Care Lori Ellingson, M.S.N., RN, AOCN, NEA-BC, escalated the information to the Infection Prevention Committee. The interprofessional Splash Zone Improvement Team was formed and began reviewing the literature and networking with other academic medical centers to identify best practices for water-based pathogen control.

The resulting Splash Zone Bundle included changes to patient rooms and modifications of practice and work flow. The group aligned it with the CDC's Sink Hygiene Bundle and worked with the University of Oregon's BioBE Center to determine what patient-room areas were contaminated by water source back splash. Culture results showed that an area two feet around the sink was at risk, encompassing nurses’ main work space plus the clean glove storage area.

In August 2019, the hospital ordered Mayo equipment stands for 13K and 14K rooms, allowing nurses to store equipment and supplies out of the splash zone. Glove storage devices were also moved. The team used checklists to confirm the bundle’s reliability and invited patients and caregivers to participate in Splash Zone daily confirmations.

Developing and implementing a splash zone successfully reduced rates of PsA bacteremia on these units. By Q4 2020, the rate of infections per line days dropped significantly.
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.

**OHSU and DCH earn grant to assess needs of transgender and gender-diverse youth**

The OHSU Transgender Health Program and Doernbecher Gender Clinic were pleased to be awarded an Oregon Health Authority Title V Maternal Child Health Mini Grant, which launched in June 2020. The scope of this short-term project is to engage in a community needs assessment of transgender and gender-diverse youth throughout the state of Oregon to help determine the prioritization of Title V MCH focus areas for 2020-2025. The health program and gender clinic prepared an online survey to be followed by youth-oriented regional focus groups in Eugene, Bend, Coos Bay and Medford, Ore. The survey and focus groups centered on capturing health and wellness priorities directly from transgender and gender diverse youth and young adults. Findings will inform the OHA’s ranking of priorities and help the gender clinic to better customize care.
Post-Acute Care Skilled Nursing Facility Program

Barriers to the discharge of medical patients prolong length of stay and preclude the admission of new patients requiring care. Vulnerable, complex patients need services after they are discharged from the hospital, but transitions can be challenging. Examples of complex medical patients include those taking extended IV antibiotics or costly medications, awaiting long-term care funding or with a history of substance use disorder or uncertain discharge destination.

One tactic to address barriers to discharge was developing an intentional partnership with a local skilled nursing facility to help their staff care for complex patients denied care at other post-acute levels. OHSU’s Post-Acute Care SNF program discharges complex patients who are medically ready for post-acute care placement but do not have other post-acute care options. Care managers from the SNF and OHSU meet weekly to discuss patient progress, identify discharge barriers and develop mitigation plans. The Post-Acute Care SNF Program began with six beds in July 2019 and gradually increased to 15 beds due to success and demand.

Between July 2019 and December 2020, discharges through the program saved a total of 3952 bed-days at OHSU. This increased hospital capacity for more than 304 new critically ill patients. During this same time, the total readmission rate for program participants was 9.5%, lower than the general Medicare SNF readmission rate range of 11-13%. These outcomes confirm that the weekly intensive case management and social work collaboration for patients in the Post-Acute Care SNF program are beneficial.

Updating central line locks to reduce potential adverse effects with switch from heparin to saline

Many patients on the Adult Bone Marrow Transplant Unit have central lines. Traditionally, these have heparin locks, but Diana Shafer, M.N., RN, OCN, was concerned about the potential risks of heparin’s anticoagulant effects. With nurse manager Ellen Adrian, M.N., RN, VACC, of the Vascular Access team, Shafer discussed the issue, searched the literature and determined it was reasonable to switch to saline locks. She and Adrian planned to monitor the use of alteplase, a medication used to clear blocked lines, to learn if blockages happened more often with saline. An interprofessional provider team endorsed the trial. Nurses on the unit were educated and the trial ran from August through October 2019.

Data review with Michelle Gould, B.S.N., RN, VA-BC, clinical nurse and staff educator for the Vascular Access Team, demonstrated no increase in use of alteplase during the saline trial periods. The results were presented to OHSU’s CLABSI team, which approved the use of saline. New guidelines were rolled out for locks, flushing and the use of saline instead of heparin in most cases. As of July 1, 2020, the new practice was hospitalwide for all adult patients.
Innovation on the Labor and Delivery unit

The occiput posterior position of the fetal head occurs in about 40% of labors. Many of these fetuses will spontaneously rotate to occiput anterior positions, but 1.8 to 6% will remain OP. This increases the risk of forceps- or vacuum- assisted delivery, episiotomy, third- and fourth-degree lacerations, Cesarean birth and higher postpartum blood loss.

OHSU Labor & Delivery nurses had sporadically used some traditional repositioning techniques like lateral side lying and squatting, but learned that there were more effective techniques to turn babies. The Unit Based Nursing Practice Council decided to learn how implementing Spinning Babies® and other positioning maneuvers might decrease the length of labor and Cesarean section rate.

In January 2019, L&D nurses Evelyn Dronberger, B.S.N, RN, and Katherine Gordon, B.S.N, RN attended a Spinning Babies conference. They reported their learnings to the group and started assisting other nurses with the techniques. In May, the UBNPC discussed making Spinning Babies education a goal for the year. Dronberger and Gordon teamed with the clinical nurse and unit educator, Kathy Pauly, B.S.N., RN to teach a 2-hour class for 10 nurses in July 2019.

In October, nine L&D nurses attended a Spinning Babies conference, including several UBNPC members. After the conference, the nurses who attended approached the UBNPC about educating more nurses on L&D and encouraging additional nurses to attend the conference.

The L&D UBNPC created the 2019-2020 goal to educate 80% of the L&D nurses by February 28, 2020, on several key Spinning Babies and optimal positioning techniques. UBNPC created a champion-led “Maternal Optimal Positioning/Spinning Babies Blitz” for January 2020 through February 2020 to educate the L&D nurses. The champions gave demonstrations on L&D on the three key maneuvers: Inversion, Rebozo and Side Lying Release. Benefits and contraindications were discussed during the Blitz.

The unit also created an optimal positioning binder. Additional maneuvers demonstrated were Abdominal Lift and Tuck, Froggie Watcher’s, and Flying Cowgirl with the peanut ball. Champions were also available on the unit to help other nurses implement these maneuvers. By the end of February 2020, UBNPC met their goal by educating 84% of the L&D nurses on these maneuvers.

In July 2020, UBNPC set about tracking which maneuvers nurses were using and
if they had made an impact on vaginal birth outcomes. Nursing students helped create several laminated guides for the labor rooms. Eligible patients had singleton pregnancies > 37 weeks and were admitted for spontaneous or induced labor. Unit secretaries placed a tracker on patients’ clipboards and entered their names on a list.

In March 2021, 80% of eligible patients had optimal positioning techniques implemented during labor. Those who did not had spontaneous labors that progressed well or precipitous deliveries. In order of frequency, maneuvers used were side lying release (59%), peanut ball (36%), hands and knees (21.6%) and forward leaning inversion (15%). Side lying release and forward leaning inversion were 2 of the 3 key maneuvers taught in the departmental blitz. Cesarean birth rates dropped from 20.9% in March 2020 to 20.1% in March 2021 using the maneuvers. Pauly proposed adding labor positions to the electronic health record and the proposal was submitted to Elsevier.

Today, L&D nurses have more tools to help patients in their labor course. An unexpected result is reports of less labor pain and increased feelings of support from nurses. The unit has received written feedback on the helpfulness of optimal labor positioning, including one patient’s comment that she appreciated the nurse ensuring she continued laboring naturally with the Spinning Babies method.
Clinical Inquiry: Nurses asking questions about practice

Congratulations to the clinical nurses who worked on scholarly projects in FY20.

Evidence Based Practice

Clinically aligned pain assessment
Fellows: Anne Hoang, B.S.N., RN, ACM, and Vanessa Shay, M.S.N., RN
Coach: Julie Johnson, M.S.N., RN, CPN

For adults with chronic pain, does telephonic use of the Clinically Aligned Pain Assessment increase patient satisfaction with pain assessments compared to pre-intervention patient satisfaction?

The team conducted a literature review about chronic pain and discovered a promising clinical interview tool. The CAPA measure is a novel approach to pain assessment that may improve patient and provider satisfaction, improve patient quality of life and increase patient trust in provider ability to manage pain. The fellows contacted the author of the tool to better understand how it has been used in the clinical setting. The team identified stakeholders and developed relationships in order to complete a potential research project in Family Medicine at Gabriel Park.

The impact of clutter in the physical work environment on inpatient nurses
Fellows: Diedra Weinert, B.S.N., RN, CPN, and Dominique Hebert, B.S.N., RN, CPN
Coach: Ashley Arehart, M.S.N., RN, CPN

In pediatric nurses in an acute care setting (P), how does an organized physical work environment (I) compared to one that is disorganized or cluttered (C), affect nurse stress and productivity (O)?

Staff on 9N identified a unit goal to work on organization and cleanliness as a way to reduce stress in the environment. Weinert and Hebert reviewed the literature and confirmed that nurses’ work environment plays a large role in the ability to provide quality care. They used 5S techniques (sort, set in order, shine, standardize and sustain) to remove waste and organize the work space.

The first project was to declutter the nurses’ station. At baseline, the nurses’ station was cluttered 100% of the time. They coordinated with Clinical Technology Services and ITG to relocate telemetry monitors. When monitored at 1 month, the nurses’ station was clear of clutter 56% of the time. Additional staff nurses tackled the Medication Room using 5S techniques.
Stop patient violence against healthcare workers
Fellows: Cassandra Barton, B.S.N., RN, PCCN, CCRN, and Julianne Ho, B.S.N, RN
Coach: Doreen Blanchard, M.N., RN, NE-BC

Is education (I) for inpatient nurses (P) effective in decreasing incidence of workplace violence (O)?
Barton and Ho are members of the Code Green Task Force. This the first time that fellowship resources were awarded to members of an ongoing improvement group. This team conducted a detailed literature review and found that very few studies examine efficacy of training; there is wide variety in education delivery method, length and whether education is voluntary or mandatory. In addition, there is limited follow up after education. More methodologically rigorous research is needed to establish whether education is effective for decreasing incidence of patient aggression and staff injury.

Barton and Ho analyzed data from Code Green data events. Between April 2018 and January 2020, there were more than 450 events. The highest number of Code Green events occur in the ED and acute care units, but these events occur in all clusters. Since implementing Code Green throughout the inpatient setting, there has been an increase in the number of worker injuries associated with patient aggression. Code Green response is expected to bring resources to workplace violence situations sooner. Using worker claim data as a proxy for severity, there has been a reduction in the severity of injuries.
**Research Scholars Program**

**Structure and processes of transfer centers in the United States**

Scholar: Rachel Adair, M.S.N., RN, CMSRN  
Coach: Debi Eldredge, Ph.D., RN

What are the structure and functions of patient transfer centers in the United States?  
How can this knowledge apply and support TCRN practice?

In spring 2019, Rachel Adair, M.S.N., RN, CMSRN, conducted a descriptive study of 17 transfer centers in the Pacific Northwest to learn how other transfer centers are structured. She had an 80% response rate and learned that transfer center RNs are involved in ED transfers, trauma transfers, stroke and STEMI activations. Other organizations hire nurses with experience in acute care. There is wide variation in the clinical information that TCRNs collect and document.

Adair worked this year to replicate this study with a national sample of transfer centers. She developed a contact list for more than 250 transfer centers and distributed the survey in early March 2020. The COVID crisis effectively halted this research as organizations were focused on emergent needs. Rachel plans to relaunch the national survey in the fall of 2021.

**Complications of road rash**

Fellow: Kyirsty Unger, B.S.N., RN, CEN  
Coach: Pam Bilyeu, M.S.N., RN, TCRN

What care is provided to patients with severe frictional abrasions?

Severe frictional abrasions, or “road rash,” are traumatic wounds that occur frequently in emergency medicine. Despite the high incidence of patients with road rash seen in emergency departments, there is not an evidence-based practice guideline for the management of these wounds in the professional literature. Failing to clean a wound thoroughly leaves particles of dirt and debris embedded in injured tissues, leading to delayed re-epithelialization and unnecessary “traumatic tattooing.”

Unger conducted a chart review of 270 patients treated for road rash in 2016. Patients with traumatic frictional burns were observed to have frequent complications that should merit additional clinical consideration. One-third of the patients experienced poor outcomes such as cellulitis, sepsis, surgical interventions or readmission. While severe wounds are initially described, the majority of patients did not receive rapid or any documented wound care throughout hospitalization and most patients were not given discharge instructions related to wound care.
Cognitive enhancement program to mitigate delirium
Claudette Van Domelen, B.S.N., RN, CMSRN

Is the cognitively impaired patient on 10K less impulsive due to receiving at least 30 minutes a day of volunteer-provided cognitive engagement?

The cognitive enhancement program, modeled after the Hospital Elder Life Program, is designed to reduce patient delirium. The program is conducted with volunteers trained to engage with patients at varying levels of cognitive functioning. Institutional resources to train volunteers and support volunteer scheduling have been secured. The program was in full swing on 10K until the COVID crisis halted this work because volunteers were restricted from engaging directly with patients. However, Van Domelen continues to problem solve issues while measuring the effect of the intervention.
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.
At OHSU, nearly 62% of the clinical nurses hold professional certification in their specialty practice areas, outperforming the average for Magnet-recognized hospitals.

At OHSU, more than 92% of clinical nurses hold a bachelor’s or master’s degree in nursing, exceeding the 2020 Institute of Medicine goal.

*2017 and 2020 counts for eligible RNs not finalized (two years in current specialty).
Clinical nurse turnover continues to outperform national benchmarks.
Catheter associated urinary tract infections

The hospitalwide rate of catheter-associated urinary tract infections increased in FY2020. Each case is reviewed by unit and department leaders to identify contributing factors.

Central line associated blood stream infections

OHSU’s hospital rate of central-line associated blood stream infections per 1000 line days declined in the second half of the year.
At OHSU, fewer patients developed hospital acquired pressure injuries than the national average. This is particularly impressive given the increased acuity and complexity of the patients. The survey was suspended in Q4 to preserve personal protective equipment for other clinical care needs.

*No survey Q2 2020 due to COVID-19 Safety Precautions
Injury falls

At OHSU, more patients are injured from falls than the national average. The Fall and Mobility committee is trialing evidence-based interventions (mobility check and CNA delegation) to reduce patient falls with harm.

Hospital onset c. Difficile

The rate of Clostridium difficile infections per 1000 patient days improved from the previous year and outperformed the national benchmark for two of four quarters.
Nurses on the Adult Medicine units recognize the importance of restorative measures, including early mobilization.
Assaults on nursing personnel

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

Patient safety intelligence reporting

The number of patient safety intelligence reports kept pace with the volume of patients. When there were fewer patients in the early days of the COVID-19 pandemic, there were fewer safety reports filed. The percent of near-miss reports increased, indicating staff reported more unsafe conditions before they reached the patient.
Awards and distinctions

**OHSU Nurse of the Year**

**ADVANCED PRACTICE**

The Advanced Practice RN Award is presented to a role-based advanced practice nurse who exhibits excellence in providing care. This nurse is a leader and guides practice in the advanced practice role.

**Erica Degenhardt, M.S.N., RN, ACNP-BC**

**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 the professional roles with outcomes.

**Kit Lum, B.S.N., RN, CCRN, CSC**

**ANCILLARY STAFF IN NURSING SERVICES**

The Ancillary Award is presented to a CNA, CMA, LPN, EMT or HUC who supports nursing with excellence in patient care.

**Steve Garrett, CST, SST**

**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 inspire others to transform and to transform practice.

**Jenna Del Carlo, B.S.N., RN, OCN**

**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.

**Tina Truong, M.N., RN, CCCTM**
DISTINGUISHED NURSE

The Distinguished Nurse Award is presented to an expert role-based nurse who has been in practice for 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.

Julia DeArmond, M.S.N., RN, PMHNP-BC

MANAGEMENT

The Management 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.

Michael Whitaker, B.S.N., RN, CNRN

MENTORING

The Mentoring 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.

Kathy Reed, RN

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.

Duncan Zevetski, B.S.N., RN

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.

Bobbie Hildreth, B.S.N., RN, CPN
Recognizing Outstanding Service Excellence (ROSE) awards

SEPTEMBER 2019

Catie Trausch, RN
14K Bone Marrow Transplant

I was rounding on a patient on 14K when I noticed a signed baseball on his window ledge. On inspection, I noticed the ball was signed by a 14K RN, Catie. I asked the patient and his family about it, and they told me that Catie had cared for this patient for several shifts and mentioned she would be off for a few days. She said she was going to a Mariners game and the patient asked her to catch a ball for him. While she didn’t catch a ball, she did go down to the dugout and ask the team for the game ball – and they gave her one! She brought the patient the ball next time she worked, and even signed it. This is an awesome example of a nurse going above and beyond to do something really special for a patient. Thank you, Catie!

NOVEMBER 2019

Mary Ames RN
11K Cardiovascular Intermediate Care Unit (CVICU)

There are few nurses who are as caring, committed and compassionate as Mary Ames. Not only is she the sunniest person you will ever know, she’s tough as nails and always has your back. This applies to her fellow nurses as well as her patients. Her heart overflows with kindness and she will always go the extra mile to help her patients in any way she can. The perfect example of this is when she helped a patient on our floor with a mental deficit. This patient has a learning disability and struggled with being able to verbalize his pain after a chest tube placement. After attempting multiple ways to help this patient manage his pain adequately and help him understand the process, Mary decided to be completely creative and tailored a plan perfect for this patient. She made a special chest tube using straws from the OHSU water bottles, a tele halter and a tissue box, so the patient now had a companion with a chest tube. The patient was unbelievably thrilled with having a little buddy that looked just like him – it was a turning point in his care. I’ve never seen a better instance of a nurse who
deserves to be recognized for caring so much and going above and beyond. I can’t think of anyone who better embodies the OHSU nursing vision to “be the leader for professional nurses, recognized for innovation, compassion and excellence in patient care.”

Talia Christensen, RN
13K Adult Oncology

Talia is an exceptional nurse but this story in particular sticks out: we had a long-term patient with a very sad and complex history who had been on our floor for many months. And although many resources were involved, Talia took it upon herself to ensure no stone was left unturned to ensure a safe and comfortable discharge to a homeless shelter for this patient. Talia performed a feat that went above and beyond her daily required assigned work. She spent numerous hours personally coordinating and contacting homeless shelters, managing medication delivery and preparing this patient for discharge. Finally, we learned that the patient would be discharging early the next day and would have very tight time constraints. They were extremely anxious and required extensive education in self-management. Every interaction with this patient was time consuming due to the complexity of their case as well as the fact that the patient was lonely and longed for conversation and interaction. It was obvious how much additional education and work went into caring for and preparing this patient for discharge. All of this prep work made the day of discharge much easier, not just for the patient but for me [the physician] as well. The patient was very grateful and commented many times on the extra work and time Talia had put in to prepare them for discharge. Talia deserves so much more than mere words for her generosity to this patient.

Isaac Fishler, RN
13K Adult Oncology

Nurses were great, food was surprisingly good. Chemo, though terrifying, was fine. Determined to stay healthy, I walked the halls a lot the next day. I had been fearful the chemo would preclude my exercise, but it was a wonderful surprise to remain unaffected. However, I had not understood or been informed that I would have to have the drip pole with me for seven days. I felt a bit overwhelmed and underprepared, and the pole was probably the symbol for me of my “incarceration.” In any event, luckily for me, Isaac was working the morning shift. He was personable, humorous and clearly knowledgeable. He understood how frustrating the pole was for me, as I am a power walker. He said he would find out if there was a way to be off the drip when walking. And he made it happen! In a busy ward where there are consistent demands, he listened and responded to a special case. I felt cared for and respected, and I resumed walking with great elation. In fact, I did so well, the drip pole was only used during treatments. Later that same day, having spent humorous moments with Isaac, who made the most mundane and odd practices here almost fun, I mentioned the incredible view from the other side of the ward. I told him that if or when I returned for treatment, I was going to put in a reservation for a room on that side. Without my knowledge, Isaac went to work
to see if there was an opening on that side during my current one-month stay. Later in the afternoon, he came into my room and said, “How would you feel about a change of scenery?” He brought a cart, helped me pack up, and now I am enjoying sunrises, boats, birds, helicopters, trams and even a warehouse fire. The difference that view and connection makes is immeasurable. I cannot describe to you what a difference it makes when real people make real connections in this crazy medical universe in which we unexpectedly find ourselves. I cannot thank him enough for making that difference. His personal skills, confidence, strength and interest are exceptional and I know he will make a big difference in the experience and healing here at OHSU.

JANUARY 2020

Jean Kolb, RN
10North (Medical/Surgical Intermediate Care)

Jean is a wonderful person. She truly cares for her patients and it showed when my son, who is 20, was having issues with his girlfriend and was on all kinds of medications. He started confiding in Jean about problems when I wasn’t there. She listened to him for 30 minutes and was so patient with him, letting him know he needed to think of himself first to get healthy first. I appreciated that she listened to him because he needed that – a person who wasn’t his mom. She taught him how to self-catheter, all the while making him feel comfortable. I know this is her job, but she was so caring for him. You could feel she cared. People like her truly make a difference in this world and should be acknowledged for this.
Deidra Weinert, RN  
9North (Pediatric Acute Care: Medical)  

Deidra is a tremendous asset to the 9N team and is always going above and beyond, whether it is advocating for her patients as a bedside nurse, supporting and advocating for her nurses as the charge nurse or advocating for patient and family involvement in quality improvement projects and at UBNPC (unit-based nursing practice committee). Deidra recently cared for a patient admitted for an eating disorder. These patients can often be challenging as they have strict care guidelines and often have little control over things that can trigger a lot of anxiety for them. Deidra took the time to sit down, listen and address these concerns. Afterwards, Deidra shared this letter from the patient with me: “Thank you so much. At my lowest, you gave me hope, faith and love. You didn’t even know me, yet you knew all the words to say. You taught me that I have so much power within. You reminded me that God still had work for me to do and that I should never give up. You inspired to go a little bit longer so that one day I would be able to help all the people God intended for me to help. With your words, I am beginning to try and understand trust. Trusting that people only want to help me, they aren’t trying to make me ‘fat.’ You helped me begin to identify when my eating disorder speaks and when I speak. You gave me so much support when I didn’t think I wanted to give anything more. Thank you sooo much. I will always remember you and what you did to help me begin my recovery.” This is one small example of the huge impact Deidra makes for the patients, families and staff on 9N. She has a way of lifting people up, and her energy and passion for nursing and excellence are contagious!

TEAM AWARD

Donna Abell, RN  
Post Anesthesia Recovery Unit  

Matthew Kieselhorst  
Surgical Services Technician, Surgery  

Eugene Neilson  
Perioperative Supply Coordinator, Materials Management Administration  

On a Monday morning around 6:30, Donna, Matt and Eugene (members of the CHH Surgery Center) were the first members of the public to respond to a very serious automobile accident, where a car with one occupant tumbled more than 40 feet down an embankment and landed on its side at the courtyard of a children’s playground. This playground belonged to the daycare center located at the South Waterfront area that’s used by many families in the CHH community. Each one of these OHSU members played a critical role in the support and aid of the victim inside the vehicle. Gene was able to improvise on the spot a method to gain access to the vehicle by breaking the window with a metal tricycle parked in the area. Donna, who is a nurse, was then able to gain access to the vehicle, approached the victim and provided first aid. Matt was able to quickly acquire a fire extinguisher to deal with the small fire on the back of the vehicle. Both Gene and Matt remained at the scene and continued to support Donna in providing care to the victim until further advanced medical care teams arrived at the scene.
The quick decision and resolve shown by Donna, Gene and Matt, who put themselves at risk to aid a car accident victim, sets these amazing OHSU staff members apart. I highly recommend these three staff members for a ROSE Award from OHSU, as they exemplify the best in all of us.

**MAY 2020**

**Ashley Wilson, RN**  
13A Trauma

Recently, our trauma program put out a request to help replenish the clothing closet with warm winter clothes. Ashley took this request with an open heart and open mind. She used a social media neighborhood app to put out a request for winter clothes donations for our trauma patients, describing the need to help people who were unexpectedly put in a situation where their clothes were cut off in the process of saving their lives. Many of our patients don’t have resources to replace the clothing on discharge. In one week, Ashley received an abundance of donations, and now our clothing closet is filled. She coordinated the pick-up and brought in the clothes on her own. Ashley is a worthy candidate to be recognized for the work she put forth.

**Tim Newby, RN**  
7A Medical ICU (Golden Rose)

My husband passed away in the ICU on October 25, 2019. He had spent several days there, under the care of Tim during the night shift. Throughout my husband’s illness, he had spent eight weeks in two hospitals. During these times, we had many nurses. Most were excellent, but Tim was exceptional. My husband required one-on-one care for most of the stay. Tim changed his bed dozens of times, never complaining and always with a smile. My husband was incoherent a lot, but that never stopped Tim from always being patient, tender and compassionate with him. He treated him with immense respect, which is usually lost when you are in ICU. If some medication was not working, Tim would ask the doctors to reassess things. If the new process didn’t work, Tim would personally retrieve the doctors and bring them into the room. Immediately things were changed. He was such an advocate for my husband and treated him like he would his own father. Tim even took care of our family. He went so far as to brew us his own coffee that he had brought in for his shift because what was on the floor was old and he did not want us to have to go to the cafeteria. When it came time for my husband to pass, Tim did everything in his power to make him comfortable, even giving words of comfort to our family. I
wanted to nominate Tim for this award, because, as I stated before, we probably had 200 nurses in eight weeks, of them all, Tim stands out as one who treats his patients with special respect and compassion. OHSU is truly blessed to have him on staff. He is a credit to your hospital and lives up to the saying that nurses are really angels on earth.

**Caroline Ross, RN**  
Pediatric ICU

I would like to recognize Caroline for her outstanding and compassionate care to a 4-year-old boy with chronic heart and lung disease. He was well known to the PICU and Caroline signed up to be his primary nurse. She helped coordinate his care, kept mom informed when she couldn’t be here and made him feel like a kid. She focused on his social development by giving him music and sang songs with him. She let him do artwork and danced with him. Despite having shortness of breath and being on a non-invasive positive ventilator, he was encouraged to sing with gusto, involving all the staff in the unit. I can still hear the Jingle Bell song! Caroline took this boy on wagon rides with all his complex equipment. This required much care coordination with RT, PT and OT to make sure it happened on a daily basis. This is no small feat in the PICU. She even made him his own (fake) OHSU badge so he could be a “doctor.” He was able to “clock in and out” and have some computer times with the nurses in the nurses’ station. She made sure he had a normal schedule and was awake and playing like a regular kid during the day. This young boy died recently. Indeed, his illness limited his life significantly when he was alive. However, I believe that Caroline made a difference in his life, giving him a chance to live a life like a regular child’s – filled with songs, games and love.

**TEAM AWARD**

**Amanda Thomas, RN**

**Joshua Montgomery, RN**

**Jennifer Worth, RN**

**Lynelle Hawkins**  
Patient Access Service Resource Specialist, Cardiac VAD/Device Department

**Seid Rizvic**  
Business Data Analyst, Quality Management

**Tonja Spencer, RN**

**Ginger Hayley, RN**  
Resource Nurse

**Heather Miller Webb, RN**  
Heart Transplant Program

**Yvonne Clark**  
Patient Access Service Resource Specialist

**Tiffany Jeffords**  
Administrative Coordinator

**Athena Le**  
Patient Access Service Resource Specialist, Clinical Transplant Admin

2018 was a challenging year for OHSU’s heart failure team. With the sudden departure of all three of our advanced heart failure cardiologists, our capacity to provide care for our sickest cardiac patients was lost. In the wake of these
departures came the need for us to deactivate our Cardiac Transplant and Ventricular Assist Device (VAD) programs. Without the expertise of these cardiologists, we were unable to support those patients who had either received or were being worked up to receive a long-term VAD or heart transplant. In order to provide safe care for these patients, we had no choice but to transfer their care to other hospitals who could provide the specialized care. Saying goodbye to any patient is an unimaginably difficult task, let alone to more than 250 patients. This heavy lift also required the support and expertise of our nurse coordinators, patient access service specialists, data analyst, pharmacist and administrators. The interdisciplinary team that got busy with checklists of tasks to accomplish in order to safely hand off care to other hospitals is the same team that had known each of these patients intimately. Many of them had been in their patient’s lives for the entirety of their long journeys from diagnosis to VAD implant and through to heart transplant. In coordinating and providing that level of care, our team got to know their patients very well. They supported their patients, encouraged them, held their hands through the high and low points of their illness, laughed with them, celebrated life’s best moments with them and lived through the very real emotion of hope with them – hope that someday they might receive a heart transplant or become stable with their VAD and finally get a second chance at life. Because we had handed a few hundred patients off to another hospital, the team there became quickly overwhelmed. In response, and in an effort to support each patient through the transition, our transplant and VAD nurse coordinators took temporary assignments at the hospital. This allowed the patient to have a familiar, trusted person by their side as they met their new care team. Subsequently, our patient access specialists, administrative support staff, data analyst, social worker and pharmacist worked either in person or behind the scenes to support the addition of patients to the hospital system. Once again, our team was there by the patient’s side, holding their hands as they ventured into unknown and, for many, frightening territory. After their temporary assignments had been completed, our team returned to OHSU to dig into the hard work of recruiting of new doctors and reactivating our VAD and Cardiac transplant programs. This core team of nurses, specialists, administrative support staff and administrators stuck with it. They, like me, believe in OHSU’s mission, vision, values and goals. We know that despite this bump in the road, we are the best center for compassionate, thorough, expert care for our cardiovascular patients. Together, this
team has reactivated our program and is seeing patients again. Many of these were previously our patients and have returned because of their own belief in our team and in OHSU.

**Portland Monthly Top Providers**
www.pdxmonthly.com/doctors

**ACUTE NP**

**Daniel Werle, M.S.N., RN, AGACNP-BC**  
Surgery

**AnjaLee Rowe, M.S.N., RN, ACNP-BC**  
Neurology

**Staci L. Colovos, M.S.N., RN, ACNP-BC**  
Surgery

**Erica M. Degenhardt, M.S.N., RN, ACNP-BC**  
Surgery

**CERTIFIED NURSE MIDWIVES**

**Cathy Emise, Ph.D., RN, CNM**  
Midwifery

**Sally Hersh, D.N.P., RN, CNM**  
Midwifery

**Laura Kenson, M.S., M.P.H., RN, CNM, FACNM**  
Midwifery

**Olivia Kroening-Roche, M.S.N., RN, CNM, WHNP-BC**  
Midwifery

**FAMILY NURSE PRACTITIONER**

**Valerie Lynn Cecil, M.N., RN, FNP-BC**  
Family Medicine

**Allison Fox, M.S,N, RN, FNP-BC**  
Family Medicine

**Shelby Freed, M.S.N., RN, FNP-BC**  
Family Medicine

**Laurel Hallock-Koppelman, D.N.P., RN, FNP-BC**  
Family Medicine

**Kirsten Johansson, M.S.N., RN, FNP-BC**  
Family Medicine

**Serena Phromsivarak Kelly, M.N., RN, CPNP-AC, FNP-BC, CCRN, CPEN**  
Pediatrics

**Allison Lindauer, Ph.D., RN, NP, FNP-BC**  
Neurology
Susan Tofte, D.N.P., RN, FNP-C
Dermatology

Lisa A Whitmore, M.N., RN, FNP-BC
Comprehensive Pain Center

Lisa A Whitmore, M.N., RN, FNP-BC
Comprehensive Pain Center

NEONATOLOGY NP

Laura L. Aurisy, M.S.N, RN, NNP-BC
Doernbecher Children’s Hospital

Patricia Dawson, M.S.N, RN, NNP-BC
Doernbecher Children’s Hospital

Stephanie L. Johnson, M.S.N, RN, NNP-BC
Doernbecher Children’s Hospital

Anita Khut, MM.S.N, RN, NNP-BC
Doernbecher Children’s Hospital

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

PEDIATRIC NP

Erica Kiley, M.S.N., RN, PNP-BC
Pediatric Hematology and Oncology

Julie Catherine McKee, M.S.N., RN, PNP-BC
Pediatric Surgery

Joylyn K Michaud, M.S.N, RN, FNP-BC
Pediatric Cardiology

Kathleen Perko, M.S.N., RN, PNP-BC
Pediatric Palliative Care

Michelle Skinner, M.S.N., RN, CPNP-AC
Pediatric Hematology and Oncology

WOMEN’S HEALTH NP

Meghan A. Seeley, M.S.N., RN, FNP-C
Obstetrics & Gynecology

PSYCHIATRIC AND MENTAL HEALTH NP

Tara O’Connor, M.S.N., RN, PMHNP-BC

DAISY Award

The DAISY Award is a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day. OHSU is proud to be a DAISY Award Hospital Partner, recognizing nurses with this special honor every quarter.
To find out more about the program, including the growing list of hospital partners, please go to www.DaisyFoundation.org.

JULY 2019 - MARCH 2020

Presentation of DAISY awards was interrupted by COVID-19

Team 10D
Clinical Research and Epilepsy Monitoring Unit

Team 13K
Medical Surgical Oncology

Cathy Skinner, RN, B.S.N. – 5A/C
Adult Medicine

Tenzin Bhuti, B.S.N., RN, CMSRN
4A Transplant, Urology, Plastics

Tish Lund, B.S.N., RN, CMSRN
10A Emergency General Surgery

Andy Paulson, B.S.N., RN, PCCN
11K Cardiac and Intermediate Care

Karli Del Biondo, B.S.N., RN, PCCN
11K Cardiac and Intermediate Care

Megan Barrer Keeland, B.S.N., RN, CMSRN
Outpatient Care Unit
Selected publications and presentations

Publications


**Presentations**


Barnhart, M., & Murphy, G. (2019, September 26-29). *Best practices for successful implementation of professional practice nurse leader roles.* [Podium presentation]. 2019 Academy of Medical Surgical Nursing Annual Conference, Chicago, IL, United States.


**NATIONAL SOCIETY OF PEDIATRIC NURSES ANNUAL CONFERENCE (2019, APRIL 24-27) WASHINGTON, DC, UNITED STATES**

Hildreth, B., & Moran, M. *Developing behavioral health competencies: an innovative education program to improve nursing care for pediatric patients in psychiatric crisis admitted to an acute care medical unit.*

Arehart, A., & Hildreth, B. *Just ASQ: defining the process for suicide screening in a children’s hospital.*

Weinert, D., & Dizon-Rosales, J. *Implementation of RN-led new resident orientation: increasing communication, mutual respect, collaboration, and quality of care.*
