



OHSU Nursing Vision

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

Facts about OHSU

Licensed beds: 576

Staffed beds: 562 (151 pediatric)

Case Mix Index: 2.48 (all payers)

Births: 2,488

Emergency department visits: 50,666

Adult: 36,254

Peds: 14,412

Patient visits to OHSU Health clinics:
1,102,857

OHSU Nursing

Registered nurses: 2,902

Advanced practice registered nurses: 367

Nurses with a bachelor's degree or higher: 93.3%

Nurses with professional certifications: 62.5%

Average age of OHSU RNs:
40.04 years

Average tenure with OHSU:
8.06 years

Nurses who are male: 14.78%

Welcome

I approach this last communication for the OHSU Nursing Annual Report with mixed emotions. These come from the knowledge that a huge chapter of my life is coming to a close as I prepare for retirement in January 2023.

I could not have asked for more than to have spent the last nine years of my career at OHSU with all of you. When I first was offered the opportunity to lead nursing at OHSU, I joked that I became a chief nurse at a Magnet® organization in the easiest possible way – I was hired by one! It has been my honor and my privilege to have gone on and, with you, achieved two successful Magnet® re-designations. This accomplishment will stand as a point of pride for me forever. Thank you.



Many other things that were visions when I got here became realities through the collaboration, collegiality and spirit of moral leadership that exists at OHSU. I am humbled by the evolution of the OHSU Culture of Safety work, which is in good hands and will live on. I am inspired to know that the good work we have done to become a collaborative, learning organization has a firm foundation, and that we will continue in our drive to become an organization that thinks of ourselves as “us,” not “them.” I am proud of the power of nursing, of nursing’s voice and of our commitment to being a “team of teams,” with leaders who stand shoulder to shoulder from the bedside to the boardroom.

There are so many more points of pride: succession, sustainability, outcomes. You are familiar with them all because in some form or fashion, we all touched the things that have become the fabric of OHSU.

I must thank our colleagues at the OHSU School of Nursing for the amazing academic-practice partnership that has flourished under our collective watch. I thank the divisions, departments and leaders from across our large and complex health care system for all they have done to contribute to nursing’s success. Without them, we would not be who we are.

continued

I move to the next stage of my life energized by the same words that inspired me as I began my nursing leadership career in 1993.

- Commit to excellence,
- Care deeply about what you are doing,
- Hold high expectations,
- Maintain balance, and
- Bring passion to your professional life.

It has been my honor to serve. It has been my honor to serve with you.

A handwritten signature in black ink that reads "Dana". The signature is written in a cursive, flowing style.

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

VICE PRESIDENT AND CHIEF NURSING EXECUTIVE, OHSU HEALTHCARE
ASSOCIATE DEAN, CLINICAL AFFAIRS, OHSU SCHOOL OF NURSING

I am delighted to be part of a statewide academic health center School of Nursing, working collaboratively to achieve our missions of education, patient care and research. I am also proud to be part of a Magnet® organization, and I celebrate the 2022 recertification with my colleagues, especially Chief Nurse Executive Dr. Dana Bjarnason. I appreciate that during our time together at OHSU, Dana and I have had the opportunity to deepen the School of Nursing and health system relationship, advance research and evidence-based practice, enrich student learning, invest in care coordination practice and education and reduce the gap between education and transition to practice, to name a few examples.

Academic–practice partnerships in nursing increased in importance and value during the COVID pandemic. As we face continuing workforce and health care challenges, integration of our mission-related work will hopefully accelerate to support health outcomes, clinical nurses and nursing faculty. OHSU offers a wonderful environment for us to partner in identifying and testing ways for clinical nurses, advanced practice nurses and nurse faculty to contribute across missions, seeking satisfying and meaningful lived experiences that also advance healing, teaching and discovery. We have a strong foundation on which to strengthen our partnership, ensure the well-being of our nurses and nursing faculty and achieve health equity.



The OHSU School of Nursing and OHSU Nursing will remain active partners, committed to visible nurse and nursing contributions to strategic priorities. I congratulate our partners on all that they have accomplished through and despite the pandemic, and I look forward to our continued collaboration.

A handwritten signature in black ink, which appears to read "Susan".

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

VICE PRESIDENT FOR NURSING AFFAIRS

DEAN, OHSU SCHOOL OF NURSING

Looking back on more than two years of the COVID-19 pandemic at OHSU, I can say with confidence that nurses were truly challenged – and that OHSU nurses met the challenge and succeeded in improving health and health care for more people than ever. The challenges we have met before, particularly earning and then renewing the organization’s status as a Magnet®-recognized hospital, prepared us in many ways to cope with the uncertainty and constantly shifting parameters of a global threat to public health.



So how did we get through it? It is apparent when we consider what Magnet® recognition really means. As an organization, we have had to meet – and show repeatedly that we have met – a set of evidence-based standards that are associated with highly positive outcomes for patients and a high level of nurse engagement. By the time OHSU nurses faced an unknown and highly contagious disease, we had already been training ourselves to practice in exemplary ways by seeking and applying new knowledge

and bringing what we learned to the bedside and clinic.

The guiding principle of Magnet® organizations had also become engrained in OHSU’s culture: organizations support nurses to enact their professional roles at all levels, from nursing administration to the newest nurse on our units.

In other words, enabling and supporting nurses to practice their profession to the utmost had become our norm, and it was this foundation that supported us to cope with COVID-19's challenges to daily practice, community health and nursing as a whole.

But the pandemic took our learning further than ever before. In this stressful time, we learned the genuine value of passion, connection and adaptability. Over these months, passion for nursing led to discovery of what truly gave us joy. Establishing connections with our peers helped us walk forward together in times of uncertainty. The adaptability we cultivate as members of nursing teams helped us continue adjusting to new situations and to use the resources available to protect patients and the community.

At no time in my career has it been harder to be a nurse. At the same time, I have never been prouder to be a nurse or more proud of my colleagues. This report shows some of the ways OHSU nurses coped with the pandemic – but it also shows that we focused beyond it, to continue improving health care and caring for patients, as we have always done. Thank you, OHSU nurses, for meeting the challenge of the past two years and continuing to improve nursing.



DEBORAH ELDREDGE, PH.D., RN

ADMINISTRATIVE DIRECTOR, NURSING QUALITY, RESEARCH AND MAGNET® RECOGNITION

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.



From Strategy to Reality: Realizing Nursing Leadership Needs

By Dana Bjarnason, Ph.D., RN, NE-BC

The imperative

Early in my tenure at OHSU, I recognized that preparing and inspiring others to lead was a key strategy for leadership development at OHSU. To that end, the nursing executive team began redesigning nursing roles as part of a strategy to help younger nurses transition into leadership. As we began, we realized how important it was to identify and address barriers to workplace engagement.

Daunting work

Redesigning for engagement required considerable effort from the entire nursing executive team. We did not want to abandon our professional practice model, but we identified some complexities that led to role confusion and subsequently led us to restructure leadership completely.

We eliminated some leadership positions while creating others to fill gaps. Nursing led organizational efforts to address work-life balance concerns by trialing flexible scheduling. Through a series of listening tours, we recognized that it was critical to redesign work flows to reduce onerous meeting schedules, complex evaluation processes and manager work hours.

Organizational drivers

We were driven from the outset by the goals of exemplary patient safety and quality outcomes. Our aim was to demonstrate these through regulatory excellence, accreditation excellence, attainment of Vizient “Top 10” designation for academic medical center outcomes and maintenance of our Magnet® status. We also aimed to change OHSU’s nursing culture from hierarchy and institutionalism to one of collaborative learning. Success in these initiatives would create a platform for succession.

Inspiring leadership

Given these lofty goals, we knew we needed to put considerable effort into a shared vision for OHSU Nursing. Having a plan of action would allow us to develop leaders who could help us become a highly knowledgeable, talented and skilled team.

The first step in culture change was a focus on building trust. We would achieve this through building confidence in the character and competence of the executive team and the nursing organization.¹

Our leadership team identified values and attributes associated with trust, such as:

- vulnerability
- authenticity
- transparency
- accountability, and
- feedback.

¹Covey, Stephen M.R. How the best leaders build trust. Leadership Now: Building a Community of Leaders. Available at <https://www.leadershipnow.com/CoveyOnTrust.html>. Accessed November 25, 2022.



An early discussion addressed the “why” for leadership as a critical aspect of our way forward. Clearly, we needed to acknowledge that our assets included that our leaders think differently and were at different developmental stages from each other.

We also knew that leaders advance through predictable stages, including being dependent conformers (leading themselves),

independent achievers (leading others) and, ultimately, interdependent collaborators who can lead systems.

What did we do?

Based on the feedback we received, we embarked on transformational work that included simplifying the interpretation of our professional practice model and concomitantly simplifying the evaluation process to reduce time and complexity.

We realigned nursing resources to focus on increased support for nurses at the point of care, increased leader visibility and accessibility and focused clinical nurse influence in decision making.

The realignment included focusing supervisory support at the front lines of patient care by adding assistant nurse manager resources to reduce nurse manager span of control. We reestablished leadership support for patient care and visibility by restoring director positions to departments for greater point-of-care leadership support. We also recognized the need for local nursing development in specialty care knowledge, skills and abilities. We added decentralized nursing specialty practice leaders, allowing our professional practice leaders to focus on centralized and enhanced onboarding as well as on transition to practice and other professional development programs that spanned the clinical nursing enterprise.

While we had an idea that these changes would promote succession planning by

creating new and mid-level leadership positions, we had no idea of the transformation that would occur as a result. We made significant investments in individual and group coaching and inclusion by expanding the OHSU Nursing Executive Council to include direct reports of the chief nurse and their direct reports. We also created a “Nursing Leadership Engagement and Resilience Brain Trust” to address specific issues. The top themes and actions taken are outlined below.

Early results were encouraging. We quickly filled all formal leadership positions, and nurse manager span of control decreased from 1:62 to 1:45. We also saw significant changes in the generation of nurse leaders, the number of internal promotions and impressively, in recruitment of direct care nurses into formal leadership positions. This change was sustained post-restructure and through the almost three years of the pandemic, resulting in a transformed nursing leadership team that includes the voices of a new generation.

Theme: Too many meetings!

Actions taken: Shortened meetings. Introduced representative models for leadership meetings, eliminating some meetings for most leaders.

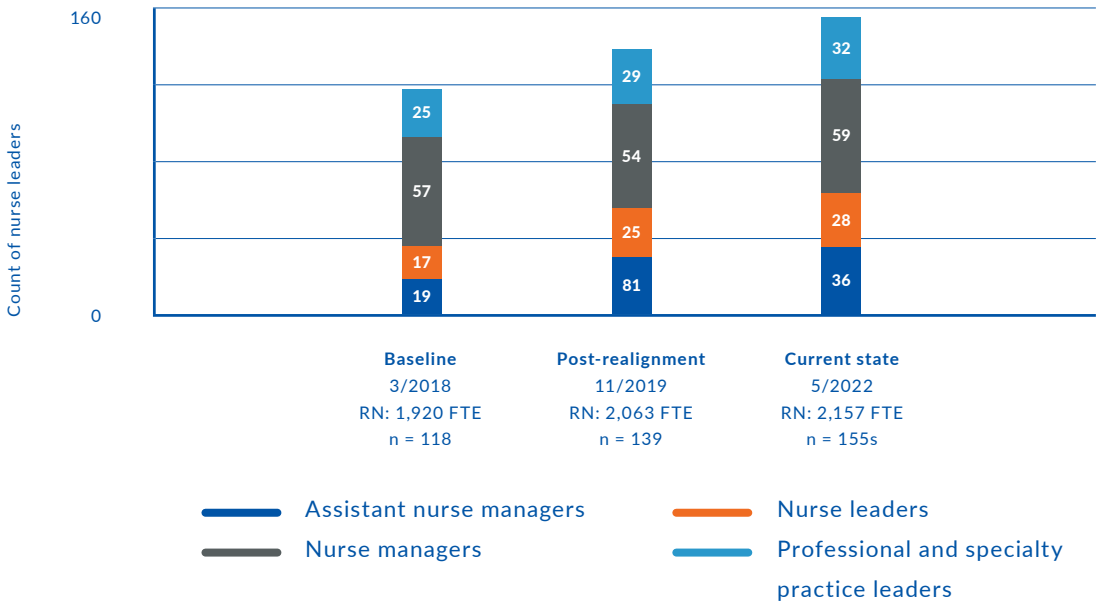
Theme: Too many administrative tasks!

Actions taken: Referred to Human Resources to assess and recommend streamlining recruitment and onboarding processes.

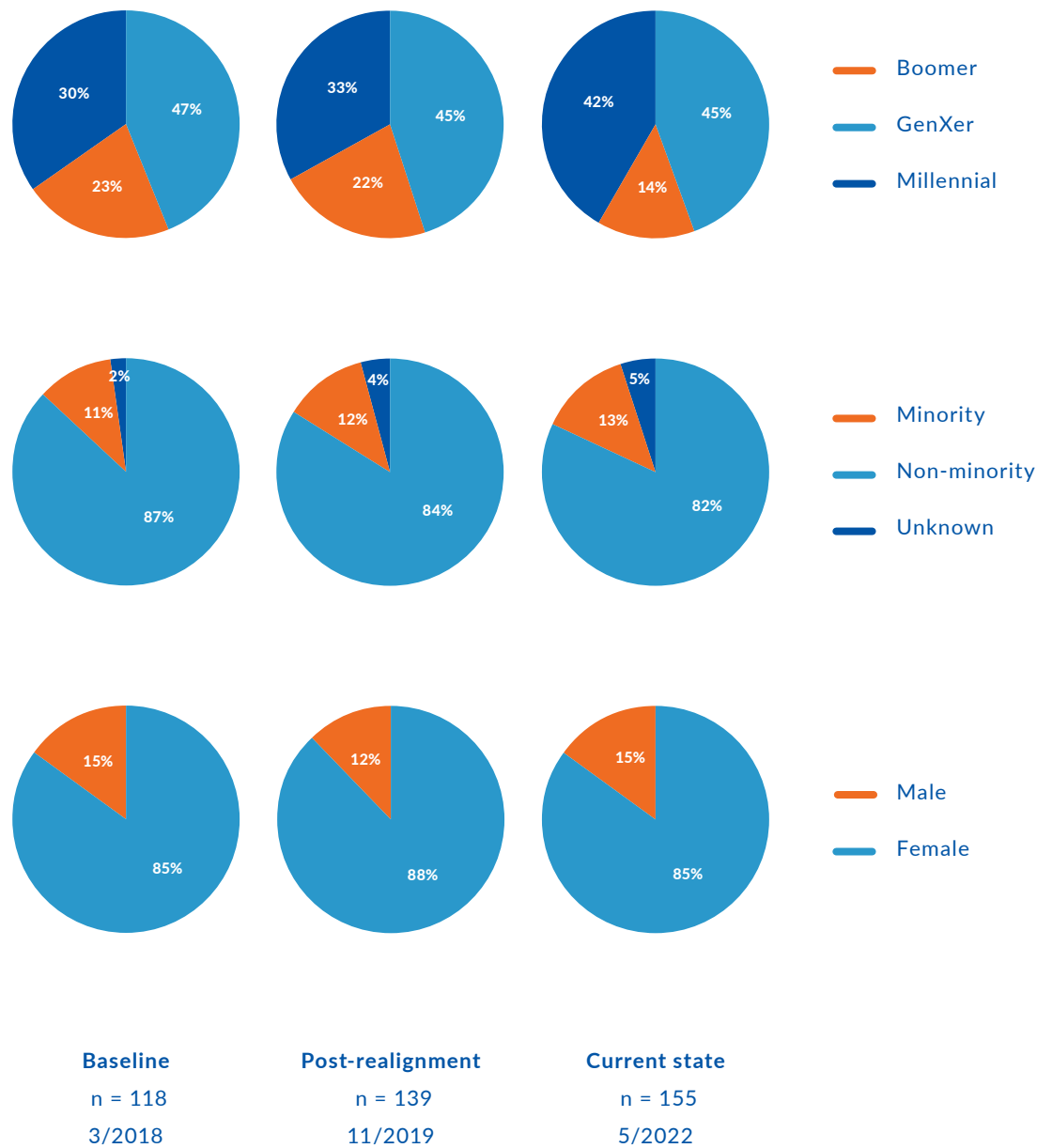
Theme: Too many long days and too much email on evenings and weekends!

Actions taken: Acknowledged that boundaries are OK and implemented flexible work schedules.

Succession planning



Changing the generation of leadership



► OHSU nurses precept nursing students in a variety of clinical settings.



Increasing Survival of Adult ECMO Patients

Extracorporeal life support is used to treat patients with life-threatening heart or lung failure. An extracorporeal membrane oxygenation, or ECMO, device can oxygenate or oxygenate and pump a patient's blood for days or weeks to give the organs time to recover.

ECMO treatment is labor intensive. Thus, patients are usually cared for by two specially trained critical care nurses called ECLS specialists. ECMO survival rates are measured by the percentage of adults who survive to hospital discharge. In the fourth quarter of 2019, this rate was 33%. The ICU aimed to improve this by training more nurses as ECLS specialists.

The intervention from March 2020 through January 2021 involved providers, nurse leaders, clinical nurses and other staff. Despite challenges from the COVID-19 pandemic, 10 additional ECLS nurses were trained by mid-2020. However, ECLS nurses were working constantly with the increased demand for ECMO during the early pandemic, and reported the need for relief from the emotional and physical stress of 100% ECMO assignments.

As a solution, nurses trained in continuous renal replacement therapy were paired with ECLS nurses to share the workload (half of patients receiving ECMO also require CRRT). However, additional ECMO-specific training was deemed necessary to improve patient survival.

ECMO Aware training provided another solution. ECLS nurses partnered with ECMO Aware-trained nurses in teams

that cared for pairs of ECMO patients. The new model made more nursing expertise available per patient and reduced stress on each nurse providing ECMO care.

When the ICU leadership team approved training, 60 clinical nurses volunteered to be trained. By the end of January 2021, all were available to work with their ECLS specialist coworkers. Results were gratifying, as the ECMO survival rate rose from 33% in the first quarter of 2020 to 55%, 71%, and 50% in quarters two, three and four of 2021.

OHSU Nurses Meet the Community's Vaccination Needs

When COVID-19 was identified in the Northwest in January 2020, the Oregon Health Authority called on Oregon Health & Science University, the state's only academic medical center, to help lead the state's response. When vaccines became available in December, OHSU collaborated with state and city authorities to vaccinate employees and the community.

The first clinic was set up at OHSU for employees. Before vaccines were even available, Occupational Health created a training video that included hand hygiene steps. This saved precious protective equipment by allowing vaccine administration without gloves. The Public Health Foundation later posted this video on its TRAIN network, where millions have viewed it.

Once vaccines were available for the public, OHSU set up community vaccination sites at the Oregon Convention Center, Portland airport and several

community clinics in the Portland metropolitan area. The Convention Center clinic was co-managed with Oregon's three other health systems: Providence, Legacy and Kaiser Permanente. Thus, the vaccination effort laid a foundation for health care collaboration on a grand scale.

OHSU nurses and nurse leaders continued to educate and share information, creating standard work flows for vaccine clinics and making them publicly available through the Oregon Health Authority website.

Between January 2021 and June 2022, OHSU nurses took part in vaccinating more than half a million Oregonians. The effort was fully aligned with OHSU's mission of leading and advocating for programs that improve health and health care for all Oregonians while sharing knowledge through community service and partnerships.

OHSU Nurses Use Public Policy as a Tool for Change

Public policy has a significant impact on health care systems, workers and the populations they serve. Nurses can – and should – make their voices heard at the local, state and federal levels. However, with hefty clinical demands, insufficient policy education and few advocacy opportunities, nurses are generally not

involved or knowledgeable in legislative affairs. Thus, the largest and most trusted sector of the health care workforce ultimately goes untapped.

In November 2020, Kate Ballard, B.S.N., RN, a clinical nurse and pediatric nurse practitioner student at OHSU, spoke to the Nursing Strategic Council about her public policy experience. From this discussion blossomed the Legislative Advocacy Workshop for Nurses, which she co-created and taught with Ben Hoffman, M.D., in November 2021. Nurses were so enthusiastic about the idea of a policy workshop that Kate had to form a waitlist.

After the workshop, nurses shared that this subject “inspired” and “spoke to” them. Survey results demonstrated gains in participants' knowledge, skills and attitudes regarding legislative advocacy. Two participants went on to testify for Oregon HB 4004 (Spring 2022), which designates \$132 million for behavioral health worker incentives. Deidra Weinert, B.S.N., RN, one nurse advocate, recounted, “Those three minutes [of testifying] felt special. It felt like the start of something big. To see the legislators nodding in agreement and shaking their heads in disbelief at the statistics – that was an incredible feeling.”



HB 4004 passed, and Weinert anticipates that it will affect bedside care by reducing the number of behavioral health patients who languish on her unit for weeks awaiting residential placement. Ballard is proud of her fellow nurses' work and looks forward to future collaborations at the second annual Legislative Advocacy Workshop in fall 2022.

These actions demonstrate how OHSU nurses partner with communities to grow and nurture a healthier Oregon. In a time of uncertainty, when nurses often feel powerless, the legislature is a

venue to address health system issues that undermine their patients' health and their professional satisfaction. Along the way, they can show the public what nursing really is: a profession that requires skillful communication, scientific expertise and clinical judgement.

"A nation cannot fully thrive until everyone – no matter who they are, where they live, or how much money they make – can live the healthiest life possible, and helping people live their healthiest life has always been the essential role of nurses." – The Future of Nursing Report 2020-2030

Structural Empowerment

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.

Center for Professional Practice Highlights

Throughout 2022, the Center for Professional Practice engaged diverse perspectives as nurses reimaged their work to better support the needs of patients and the community. The CPP focused on co-design to simplify complexity; wellness and community building; and patient and family-centered approaches. All these approaches increase the meaning and value of nursing work.

Co-design principles include leveraging lived experiences and prioritizing relationships in order to design professional practice in partnership with those impacted by the work. CPP has used this framework to lead multiple initiatives, including: 1) transforming the progressive evaluation of nurses in our Transition to Practice program and 2) revising our Cognitive-Behavioral TTP Learning Activity to meet the needs of patients and the nurses caring for them. This work has



◀ Nurses transitioning into the intraoperative setting learn skills in a simulated environment.

enhanced value by streamlining processes across the continuum.

CPP oversees the Transition to Practice program, which supports nurses, including those new to the profession, in role transitions. We promote a commitment to lifelong learning and provide tools, resources and support to help nurses grow throughout their professional journeys. During FY21-22, 422 nurses went through the TTP program.

As the third year of the COVID-19 pandemic began with continued uncertainty and transition, restoring the health and well-being of nurses became central to our health care community's healing. The CPP

facilitated social connections to promote healing, learning, community building, wellness and collaboration. Some of the strategies we implemented included Peer Learning Circles, TTP cohorts, Leadership Development and Preceptorship Development programs.

Jen Green, RN, a specialty practice leader, said, "The PLC meetings are seriously my absolute favorite meetings to attend! Entering into a leadership role from being a bedside nurse comes with challenges, frustrations and a few tears! This group has been a wonderful outlet to talk with other new SPLs who are going through similar experiences."



Oregon Poison Center Serves the Community

The Oregon Poison Center, also known as poison control, is the emergency medical phone hotline to call for help with poison questions and exposures. These can include anything from a child eating berries from an unknown plant, someone accidentally taking another person's medication, or a person inhaling

hazardous fumes or splashing bleach in their eyes.

The OPC's free, confidential emergency telephone service fields about 50,000 calls a year. In 2021, 75% of those calls came from Oregonians; 56% involved children and teens under 19 and 44% were about adults.

Using the OPC kept 89% of callers at home and out of hospitals, saving more than \$27 million in health care costs associated with

²Alltucker, K. 'Really astonishing': Average cost of hospital ER visit surges 176% in half a decade, report says. USA Today. June 4, 2019. Available at www.usatoday.com/story/news/health/2019/06/04/hospital-billing-code-changes-help-explain-176-surge-er-costs/1336321001/. Accessed December 7, 2022.

emergency room visits.² When patients did go to the hospital, the poison specialists served as consultants to the providers caring for poisoned patients. Hence, the OPC remains involved while patients are in the hospital.

The OPC is staffed by highly trained and certified toxicology experts. Callers speak to registered nurses and pharmacists, while emergency physicians board certified in toxicology are always available for consultations. The Oregon Poison Center hotline is available 24/7 at 1-800-222-1222.

Food Access for Family Caregivers of Pediatric Patients

The Most Vulnerable Project improvement team at OHSU Doernbecher Children's Hospital is passionate about addressing the needs of family caregivers for hospitalized patients. Family caregivers are an important part of the health care team. If they face food anxiety or insecurity, they are less able to engage in care or to advocate for their children.

The team began addressing the issue of food insecurity in June 2020. A survey and interviews provided valuable information, including that caregivers were most concerned with access to food (41%) and affordability (28%). Many were not aware of OHSU's food options. The three patient family advisors on the team affirmed caregivers' responses. Meanwhile, surveys of nurses showed they were unaware of how much stress caregivers experienced because of food insecurity.

In September 2020, the team developed a brochure, available in English and Spanish, on all places to buy food at

OHSU. They discovered that 10S Pediatric Hematology and Oncology already had a funded snack cabinet.

A follow-up survey was conducted in February 2021 after the English version of the food brochure was posted in patient rooms and nurses were encouraged to tell caregivers about food at OHSU during room orientation. At this time, 85% of families viewing the food brochure found it helpful. However, 37% of respondents still had moderate stress about food access.

In late February 2021, the team submitted a proposal to the Doernbecher Foundation to fund snack pantries. A long-term donor was secured within two days. For calendar year 2021, \$5,000 was raised for the initial development of Annie's Pantries, areas stocked with nutritious, easy-to-grab items on five inpatient units. By late spring 2021, the pantries were stocked for families on all inpatient units at DCH.



◀ The pantries are named after Annie Bateman, B.S.N., RN, CPN, who retired after more than 35 years of caring for patients at OHSU's Doernbecher Children's Hospital.



Exemplary Professional Practice

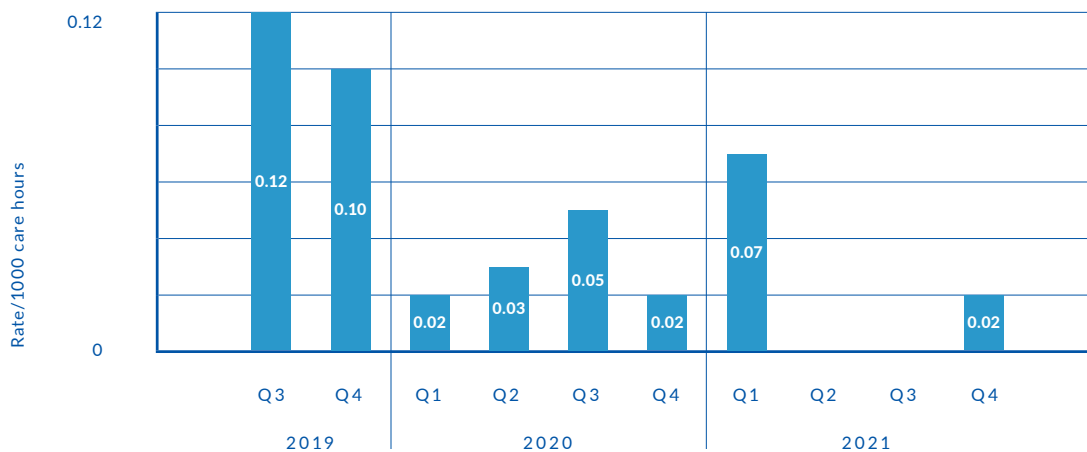
Exemplary professional practice entails a comprehensive understanding of the nurse's role and its application with patients, families, communities and the interprofessional team. Exemplary professional practice is grounded in a culture of safety, quality monitoring and performance improvement. Interprofessional care and collegial decision making are keys to OHSU's ability to meet the health care needs of complex and diverse patient populations.

OHSU Emergency Department Safety Improvements

The OHSU Emergency Department has made safety a priority since 2016. Employees are surveyed every two years and the results, along with the involvement

of the Unit-Based Nursing Practice Council, help leaders prioritize safety interventions. In the past, education and training focused on de-escalating the behavior of dysregulated individuals. Dedicated public safety officers were added in 2019.

Emergency Department injury assault on RNs



ED safety efforts have included many environmental changes. The ED added padding to an adult seclusion room as well as a system for visual monitoring of patients, a metal detector to reduce the number of weapons brought in, additional panic buttons and a pediatric seclusion room. Staffing model changes in the adult ED over the past 2 ½ years have led to the addition of nurses specializing in cognitive behavioral care to help patients experiencing mental health emergencies. These interventions have reduced the rate of patient aggression events for nurses working in the ED.

Case Management and Social Work Support Families, Create Provider Education

Since the beginning of the COVID-19 pandemic, nurse case management has continued to provide a valuable health care service. At OHSU, this happens through a hybrid work model that combines onsite work and telework. This model has allowed nurses to keep providing the highest level of care coordination for patients.

Building relationships, teaching future providers

During the pandemic, building relationships with the families of post-acute care patients in order to make sure they were aware of available services was challenging. These

services became relatively scarce during the pandemic, but were necessary so patients could be discharged and successfully stay out of the hospital.

Nurses in OHSU's transitional care team, Ctrain, continued to see patients in the community during the pandemic to help them connect to care with the limited availability. During this time, nurses in Utilization Management, Case Management and Transitional Care specialties worked with colleagues in Social Work to build and implement a remote OHSU School of Medicine elective course. This course is designed to help future physicians understand how nurse case management works and how it is important for patients and families.

Supporting patients across the spectrum of needs

Throughout the course of the pandemic, social workers from across OHSU continued providing critical support to patients and families. Social workers ensure that every person seeking care has access to highly skilled behavioral health support as well as connections to communities across Oregon and the Northwest.

Care Management Social Work supports patients in OHSU departments across the life span, from Labor and Delivery to

Palliative Care. During the pandemic, the Emergency Department and Hospital Float Pool added staff to make sure patients had access to social work even after regular business hours or when they were in crisis. OHSU also added new Social Work positions. For example, the new Fetal Therapy social worker supports patients who are carrying a child who has a genetic abnormality, providing psychological and social support to the patient and family. The pediatric psychiatric social work team added a third social worker to ensure that children have access to care seven days a week.

Transitional care teams expanded their outreach to adults living with hepatitis C to ensure access to curative care in the community. Most recently, two social workers were added to a new housing program to address barriers to housing for people who live on the streets or are housing insecure. Care Management Social Work continues to look for innovative ways to improve the psychosocial needs of every patient and family seeking care at OHSU.

Reducing Exit Site Infections in Pediatric Peritoneal Dialysis

Peritoneal dialysis uses the peritoneum in the abdomen as a membrane to remove excess fluid, correct electrolyte problems and remove toxins in people with kidney failure. Chronic peritoneal dialysis is the most common modality worldwide for children with end-stage renal disease.

OHSU Doernbecher belongs to a collaborative called SCOPE, for Standardizing Care to Improve Outcomes in Pediatric ESRD. This national quality improvement initiative aims to minimize peritoneal dialysis catheter exit site infections and peritonitis rates.

In May 2020, the exit site infection rate was determined to be unacceptably high using the SCOPE standard metric. A nursing team found that all the exit site infections were post-operative and occurred after February 2020, the onset of the COVID-19 pandemic in Oregon.

Pandemic response had required adapted care planning for pediatric peritoneal dialysis patients. However, the adapted plan was not sufficient to prevent infections. Clinical nurses developed individual care plans with patients and families, with a goal of weekly sterile dressing changes by health care personnel for at least four weeks and up to six weeks based on International Society of Peritoneal Dialysis guidelines. This meant coordinating with community providers for families who could not travel to Portland.

The clinical nurses in the Pediatric Peritoneal Dialysis Program reduced the annualized rate of exit site infections by following this new, evidence-based plan. Pre-implementation, the infection rate was 1.73. Post-intervention, the rate was 0.0 in August 2020, 1.06 in September and 0.0 in October 2020.

New Knowledge and Innovation

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.

Highlights of the RNs in the Pandemic Study

Purpose: Characterize registered nurse lived experiences and work-related learnings related to RN redeployment during the COVID19 pandemic.

Participants: A total of 43 OHSU nurses participated in eight virtual focus groups in the spring of 2022. Sixteen RNs were redeployed during the COVID-19 pandemic as either nurses or nurse "extenders." Twelve (12) stayed on a home unit while RN colleagues redeployed, 10 received

redployed RNs, and five were redeployed as RN helping hands. A majority of the participants were ages 26 – 41, and had more than 8 years of nursing experience.

Key RN lived experiences and work-related learnings

Highly challenging time period

The period of redeployment, which coincided with the COVID-19 pandemic, was a highly challenging time period due to sicker patients, sudden changes in patient volume, changes in RN job scope



◀ The pandemic highlighted how relationships with co-workers are important to patient safety, sustaining morale, and overall job satisfaction.

and day-to-day work, increased job strain concurrent with a reduction in accustomed supports, and anxiety about becoming sick or bringing COVID home to family.

Alleviating factors that made redeployment easier to bear included:

- Presence of supportive managers on the unit
- Manager acknowledgement of service and personal sacrifices made to sustain care delivery
- Maintenance of connections with one's nursing team via virtual meetings
- Operational innovations, including modified training and orientation to a different care area, reduced care documentation requirements, and establishment of a Proning Team.

Aggravating factors that made redeployment more difficult include:

- Ineffective utilization of redeployed

RN staff due to inadequate communication about what skills redeployed RNs possessed and expectations regarding their role.

- New workplace antagonism related to fighting over limited resources
- Lack of support from the organization in navigating many atypical circumstances and challenges

New or escalated work stressors

- Stress of adjusting to new role in redeployment unit, or taking on work of redeployed colleagues
- Concern about appearing incompetent or as a burden when skills needed to be taught or refreshed
- Effect of redeployment-induced change in work schedule on personal and family life, and effect of pandemic-related changes in personal and family life on availability for work



- Unwanted return to units that RNs left for a reason
- Fatigue from work load, internal conflicts, and patient acuity
- Increased RN demand related to absence of family members at the bedside concurrent with increased time required to communicate with family members at a distance
- Antagonistic encounters with family members regarding visitor policies and precautions
- Return to previous role with minimal time to process the widespread disturbance and many distressing

events that occurred during the redeployment time period

Change in perception of self as a nurse

Redeployment work shifts were personally stressful and professionally jarring because they were in sharp contrast to the way RNs viewed themselves and the care they typically delivered.

- Lack of self-agency about where RNs work and who they work with
- Being an “enforcer” of rules for patients and family rather than a compassionate caregiver

- Making sufficing decisions to fit work to available time vs. going home proud of care that was delivered
- Reducing emotional involvement with patients as a means of self-preservation
- Not working to highest skill set while redeployed
- Bringing in providers and traveling nurses at higher rates of pay instead of supporting retention of staff nurses
- Charging for parking and not providing childcare support

Organizational actions reduced RN confidence in employer

RNs felt that the organization did not value or understand their skills, knowledge and function. Nurses felt the organization perceived them as highly interchangeable assets. This was demoralizing and inconsistent with the nurses' sense of agency and worth. Examples include:

- Asking for but not listening to suggestions from front-line nurses
- Giving short notice of redeployment assignments

Peer relationships contribute to patient safety and nurse morale

Relationships with co-workers and one's team are important to patient safety, sustaining morale, and overall job satisfaction. Reasons for this include:

- Redeployed nurses were more likely to ask questions or ask for help if they knew co-workers
- Receiving nurses were more likely to assign tasks to redeployed RNs whom they knew
- Good working relationships fostered reciprocity and willingness to help each other

Note: In a learning community, sharing study findings is only the first of multiple follow-on steps. All RN employees are invited to lead and participate in improvement initiatives inspired by this study, thereby honoring lessons learned during the pandemic and translating findings into future practice enhancements.

The RNs in Pandemic study protocol was reviewed and approved by the Oregon Health & Science University Institutional Review Board and is supported by CNE Dana Bjarnason and endorsed by the Nursing Strategy Council. For a copy of the study information sheet, questions about this study, or to volunteer to participate in a follow-on improvement initiative, please contact principal investigator Dana Womack womackda@ohsu.edu or co-investigators Debi Eldredge eldredge@ohsu.edu, Barb Bonnice bonnice@ohsu.edu, Basilia Basin basin@ohsu.edu, Nancy Vuckovic, or extended members of the study team, including Carolyn Sliney, Alycia Rivera-Tutsch, Rene Norton, Gayle Murphy, and Sara Bergeron.

Career introspection

Nurses described thinking in new ways about their careers and futures.

Examples include:

- Considering that nursing might not be a sustainable, lifelong career
- Greater empathy for colleagues in other patient care areas and increased understanding of cross-unit interdependencies
- Recognizing the importance of choice in workplace satisfaction
- Renewed resolve to improve work-life balance in the future
- Increased self-confidence in skills and flexibility, can go anywhere and do anything

Redesigning Workflows for the Adult Ambulatory Oncology Practice

In April 2019, Oregon Health & Science University combined two outpatient hematology-oncology treatment units from separate locations on the main Portland campus into a combined 55-space location on the South Waterfront campus.

Nurses in the new, combined unit worked side by side, but staffing, scheduling and service capacity remained separate. This was partially due to the significant differences between hematology and solid tumor protocols and treatments. However,

treatment space was underutilized at times, reducing the number of patients who could be served and reducing revenue.

In spring 2020, leaders aimed to redesign workflow to make the most of available treatment space. This required several key changes: cross-training nurses to administer both hematology and solid tumor treatment, remapping medication dispensing equipment and revising scheduling templates.

Clinical nurses co-designed proposed cross-training, including use of a dyad model that would allow nurses to learn from each other and track each other's progress. Cross-training began in July 2020. In the new space, treatment pods were reorganized based on how many transplant patients needed a protective environment. Some spaces were redesignated for solid tumor patients. Leaders worked with Pharmacy to have medication dispensing cabinets remapped, so nurses could access both hematology and solid tumor medications from every treatment space.

Nurses and nurse leaders discussed changes with physicians and patients to ensure everyone saw the changes as progress and felt adequately supported. Clinical nursing teams were also informed and encouraged as changes rolled out. By the end of September, 100% of nurses were



◀ Oncology nurses cross-trained to efficiently provide a wider range of services to more patients.

cross-trained, patient scheduling templates were updated, and the Omnicell medication dispensing systems were updated.

Clinical nurse involvement in redesigning workflows maximized the use of treatment chairs, serving more patients and increasing revenue, which increased by more than \$8,000 per treatment space from October through December 2020.

Equity and Justice Grantees

The 2021-2023 Association of University Registered Nurses contract provides for 125 hours to be used by unit-based nursing practice councils toward equity and justice work (Articles 27.2.2 and 27.2.4).

Stephanie Le, B.S.N, RN, a clinical nurse on OHSU Hospital's unit 14K, is passionate about issues of equity. With coworkers, Le engaged other clinical nurses at

Marketplace stations about how to use the hours allotted to equity and justice work. The nurses also drafted a rigorous process to allocate funds. Le worked with OHSU Communications to broadly share the call for proposal submissions and volunteer reviewers.

Five reviewers, with diverse personal characteristics and representing a variety of nursing specialties were recruited. They reviewed proposals for their alignment with nursing strategic priorities, their potential to improve safety and experiences of patients from traditionally marginalized groups, the potential to improve wellness and offer support to for staff from marginalized or underrepresented communities, and their overall magnitude and scope. To preserve all the AURN-allotted hours for project work, Le's work and the reviewers' time

was compensated from central shared governance funds. The chart below shows the projects that were funded, with the names of the main grantees.

Virtual ICU

It's no secret that over the past two years, clinicians have seen some of the most acutely ill patients of their careers. Many of the patients who came to OHSU during the pandemic needed critical care support. This meant drawing heavily on the resources of OHSU's intensive care unit and ICUs at OHSU's hospital partners.

OHSU has a technology partnership with General Electric Healthcare. In July 2021,

OHSU established a virtual ICU to support its 80 adult critical care beds, as well as 10 beds in the ICU at Hillsboro Medical Center. Almost a year later the VICU added the 12 ICU beds at Adventist Health Portland.

The VICU uses specialized software in the hands of experienced ICU nurses and critical care physicians, plus the skill and expertise of the bedside staff. OHSU's Virtual ICU includes 35 fellowship trained, board certified intensive care physicians and 30 highly skilled registered nurses with a minimum of three years of bedside critical care experience. All nurses hold a specialty certification in critical care. The nurses and physicians work shifts in





◀ A virtual ICU nurse partners with a nurse on the inpatient ICU to support complex care needs.

the VICU as well as at the bedside in one of OHSU's four adult ICUs.

A VICU Patient Support Center is located in the Center for Health and Healing at OHSU's South Waterfront campus. Workstations are set up so clinicians can monitor patients through audiovisual equipment, track patient vital signs and provide actionable and predictive analytics based on those data elements.

Some ways that nurses support their bedside peers are checking on a patient by video feed when the bedside nurse steps away, helping document procedures in Epic for bedside nurses, and looking up drug compatibility. They may also help troubleshoot equipment, provide in-time education and document Code Blue activations. VICU physicians perform virtual

consultations in partnership with the bedside care teams at OHSU's partner sites.

Recently, respiratory therapists have joined the VICU team. They help their bedside peers at OHSU with ventilator checks, bedside staff education, troubleshooting for ventilator alarms and problems, and clinical documentation.

Plans are underway to expand VICU services to community hospitals around Oregon. The hope is to keep critically ill patients in their home communities while they receive the high-level medical care they need, reducing the need for patient transfers to OHSU. The VICU supports community hospitals by bringing OHSU critical care specialists who are not otherwise available to their care team 365 days a year, 24/7.

Nursing projects funded with FY21 and FY22 equity and justice hours

Alyse Douglass, B.S.N., RN
Heather Mayer, B.S.N., RN
Kathleen Young, B.S.N., RN, CARN

OPTIONS-DC Data Management: Three outpatient antibiotic therapy RNs champion multi-disciplinary conferences that focus on harm reduction and de-stigmatizing the management of patients with substance use disorders who are receiving antibiotic therapy in the outpatient setting. In FY21, the team conducted chart reviews to quantify outcomes of care conferences. In FY22, the team completed data analysis and disseminated findings at national conferences.

Heidi Pollard-Hermann, M.S.N., RN

Support five Labor and Delivery nurses in establishing a resource library and space to foster learning and reflection on the experiences and outcomes of Black, Brown and Indigenous birth parents and how these experiences can be improved.

Calla Maria Davis-Boozer, B.S.N., RN-BC
Hannah Kamsky, B.S.N., RN, CCTN
Julie Flindt, B.S.N., RN

Promoted Richmond Clinic RNs involvement in community health and racial justice initiatives. Formed a framework for how nursing can help reduce disparities in diabetic health outcomes for patients who identify as Black, Indigenous, or otherwise people of color, both in the clinic setting and in the community.

Bianca Bosch, B.S.N., RN, CCRN
Becca Velasquez, B.S.N., RN, CCRN

Supported the development of a formal library and monthly newsletter to improve the flow of resources in Create Space, a previously developed resource library created by two medical intensive care unit nurses.

Julia Hack-Davie, B.S.N., RN, CNRN

Sheila Reimers, B.S.N., RN

Intended to establish an equity identity for nursing in the neuro ICU. In FY21, they developed a plan for creating a shared foundation and forum for cultural competence and cultural humility work. In FY22, they assessed the current state of the unit using confidential listening sessions and a belonging survey and used assessment data, with guidance from Buffalo Cloud Consulting, to develop a plan for creating a shared foundation and a forum for cultural competence and cultural humility work.

Christine Smith, B.S.N., RN, CEN

Explored practices regarding pain management of patients with chronic IV opioid use seen in the ED. Reduce stigma for this population through the development of nursing education with the goal of eventually reducing the number of patients who leave against medical advice.

Kathleen Young, B.S.N., RN, CARN

Harm reduction training and opioid overdose prevention. A certified Addictions nurse developed education about the principles of harm reduction in caring for people who use opioid drugs. Training in overdose response and Naloxone administration was provided to ambulatory nurses and interprofessional rounds

Debra Harris, M.S.N., RN, OCN

Laura Pike, B.S.N., RN

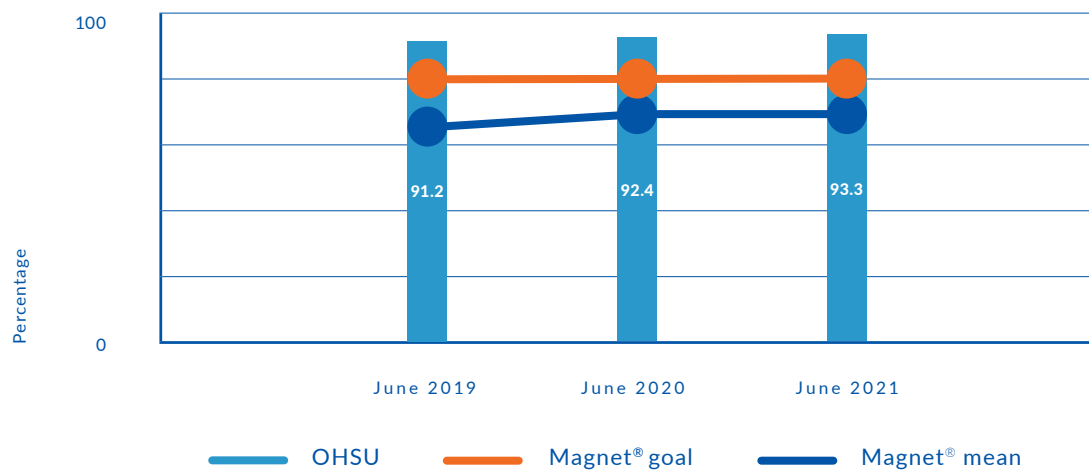
Increase nursing education on health disparities in breast cancer prevention and treatment and increase awareness of resources available to patients. Update patient-facing OHSU web page to include more resources for patients who face disparities in breast health. Educate nurses in order to increase awareness of disparities.

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.

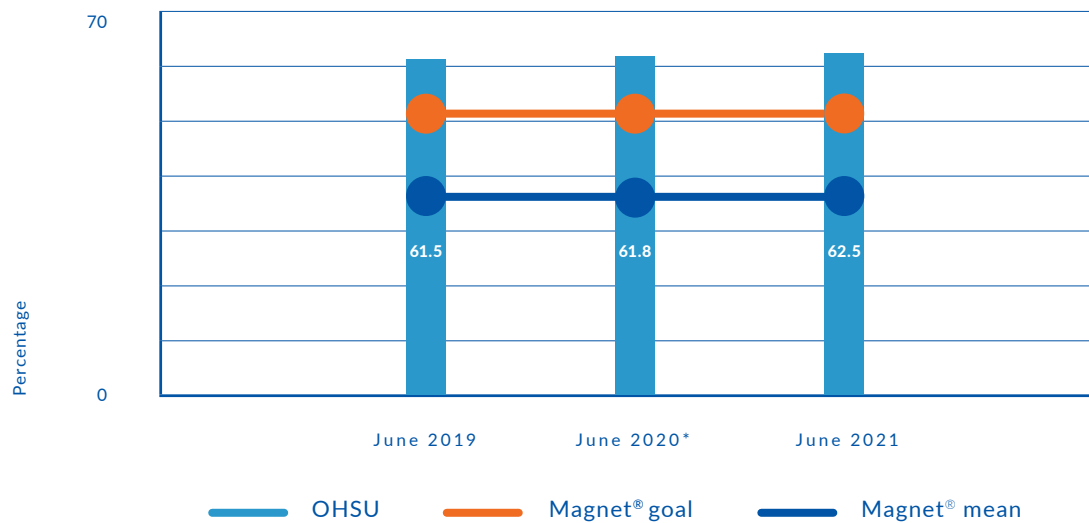


OHSU nurses with baccalaureate or graduate degrees



At OHSU, more than 93% of clinical nurses hold a bachelor's or master's degree in nursing, exceeding the Magnet® goal of 80%. In response to the worker shortage, OHSU began hiring associate degree-prepared nurses for the first time since 2010.

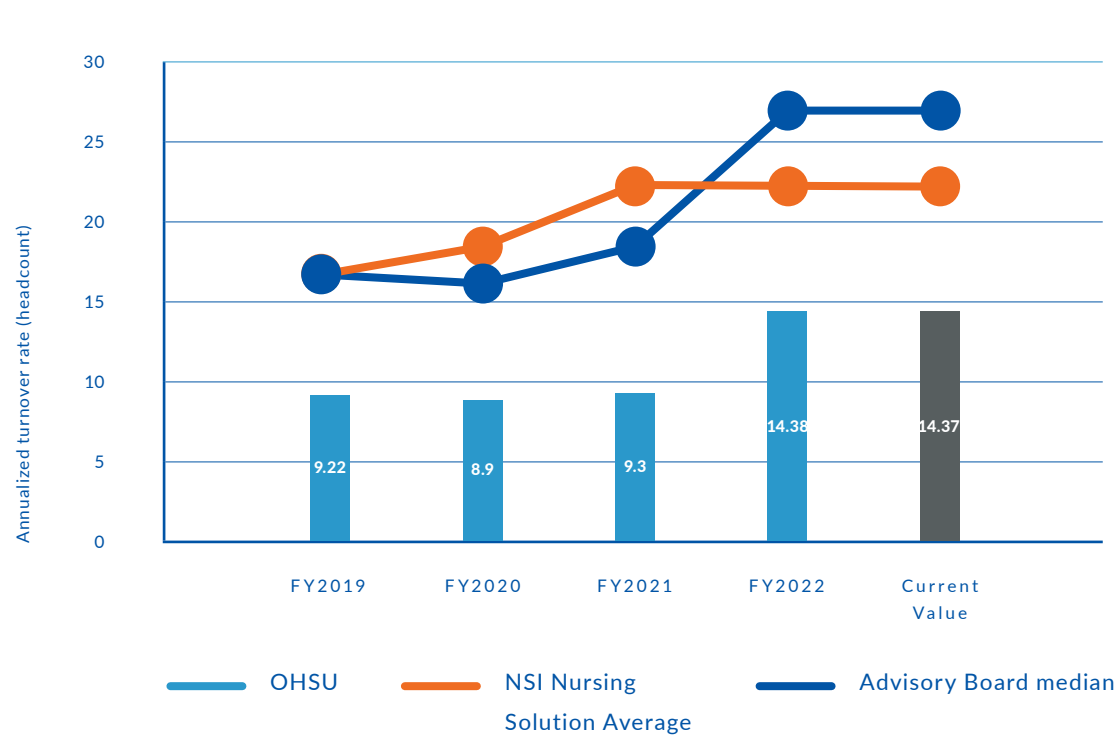
OHSU nurses with specialty certifications



At OHSU, more than 62% of clinical nurses hold professional certification in their specialty practice areas, outperforming the average for Magnet®-recognized hospitals.

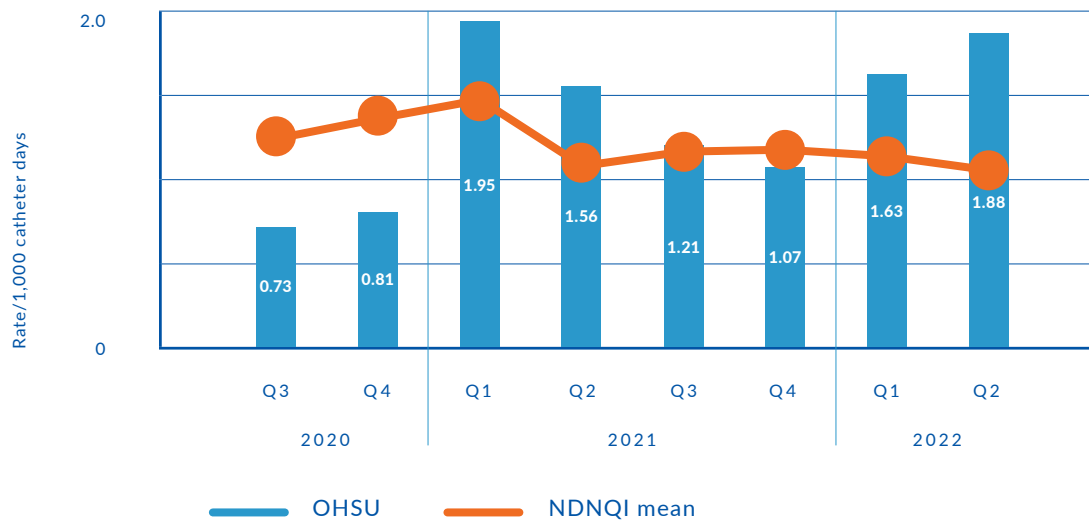
*2020 counts for eligible RNs not finalized (two years in current specialty).

Historical trending: OHSU nurse external turnover



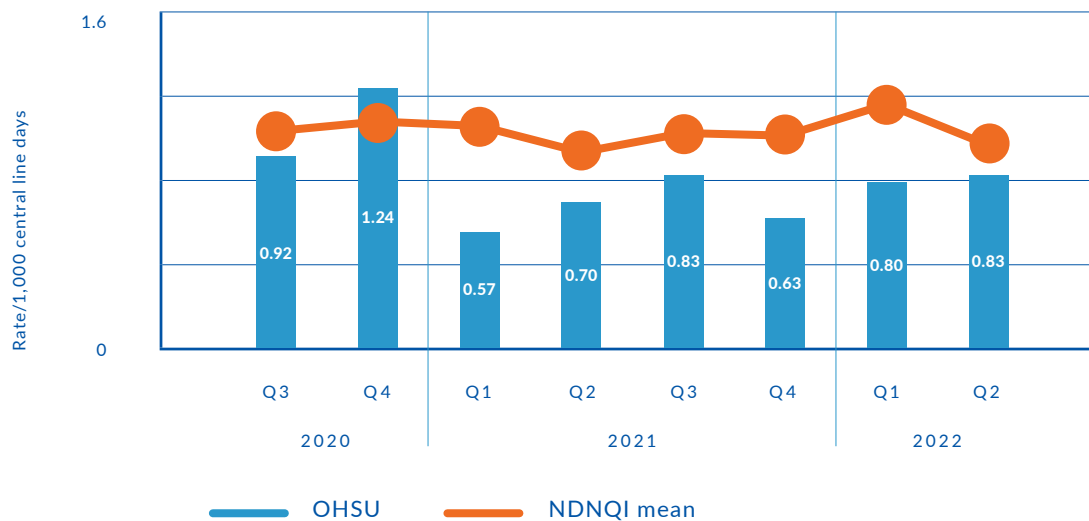
Nurse external turnover increased across the nation during the pandemic. Turnover at OHSU increased but remained below national benchmarks.

Catheter associated urinary tract infections



About 68% of OHSU nursing units outperformed population-specific rates for catheter associated urinary tract infections. However, across the organization, CAUTI rates remained above national benchmarks.

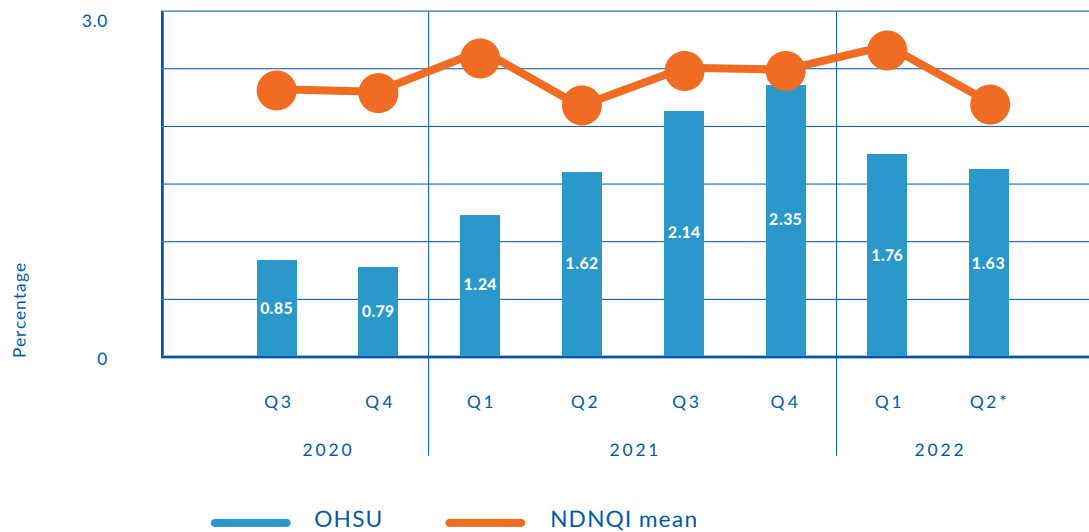
Central line associated blood stream infections



Rates of central line associated bloodstream infections at OHSU remained below national benchmarks.

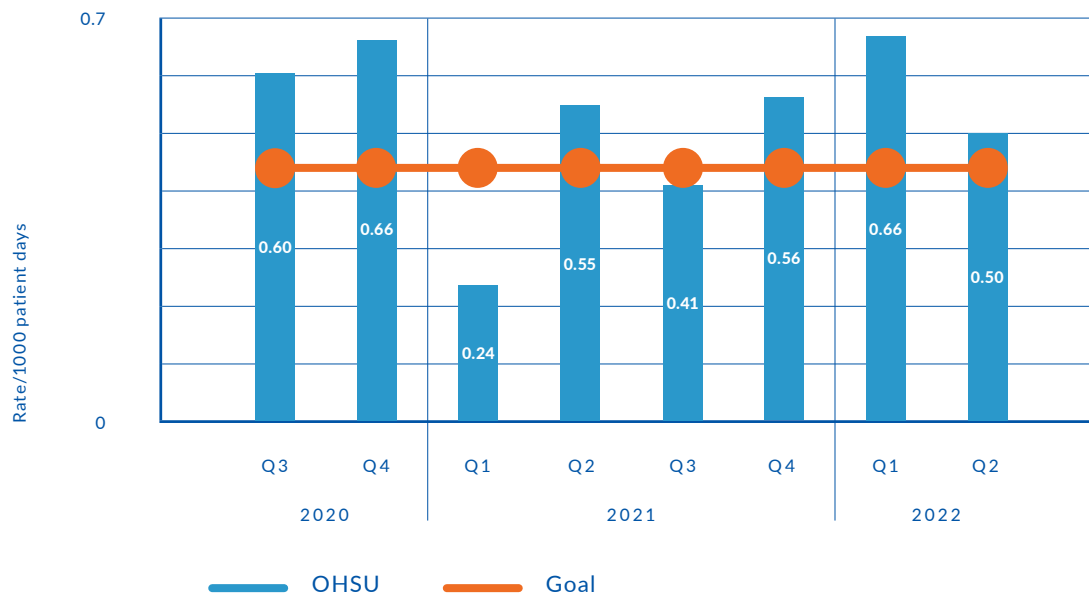


Surveyed patients with hospital acquired pressure injuries stage 2 and above



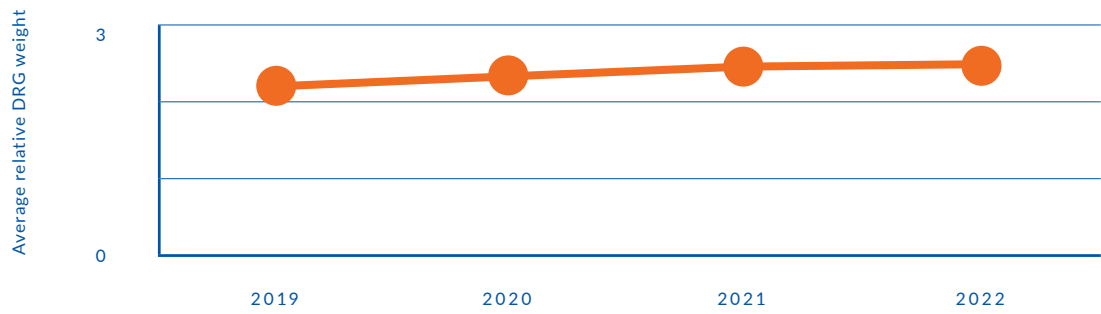
Hospital acquired pressure injury rates increased in CY2021 and declined in CY 2022. They remained below national benchmarks throughout the reporting period.

Hospital onset *c.Difficile*

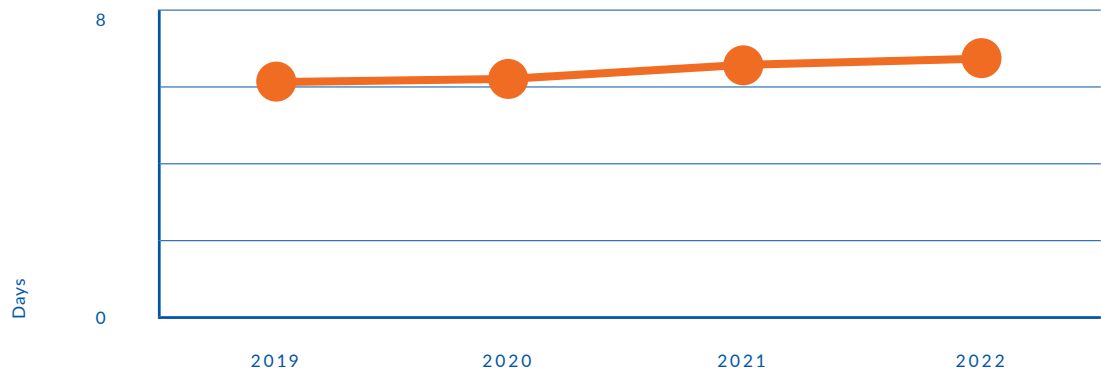


The rate of *clostridium Difficile* infections remained stable and higher than the national benchmarks.

Case mix index

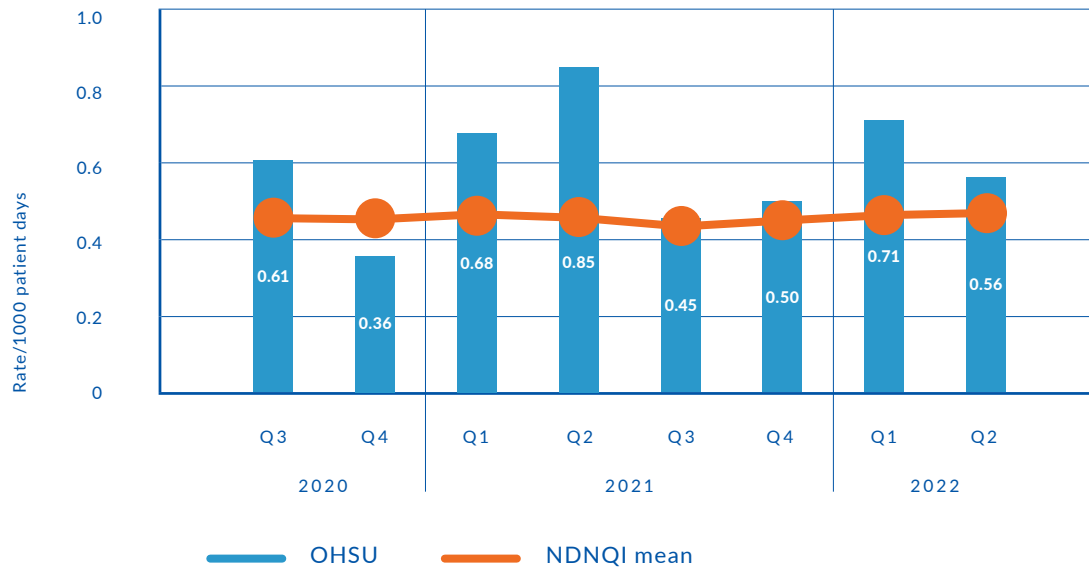


Length of stay

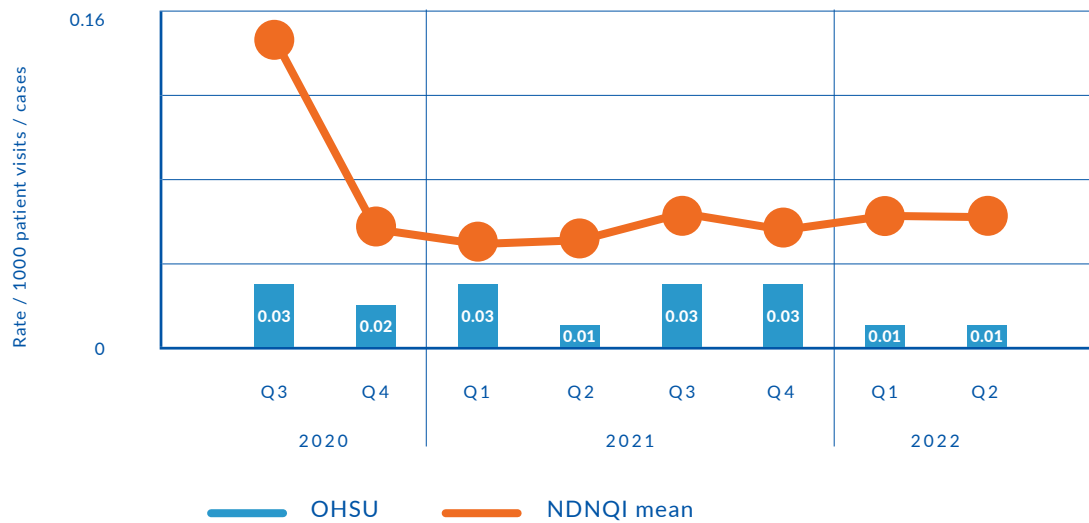


The case mix index reflects the diversity, clinical complexity and resource needs of all patients in the hospital. A higher CMI indicates a more complex and resource-intensive case load. OHSU has one of the highest CMIs in the academic medical center benchmarking group. Over time, the average length of stay has also increased.

Injury falls (inpatient)



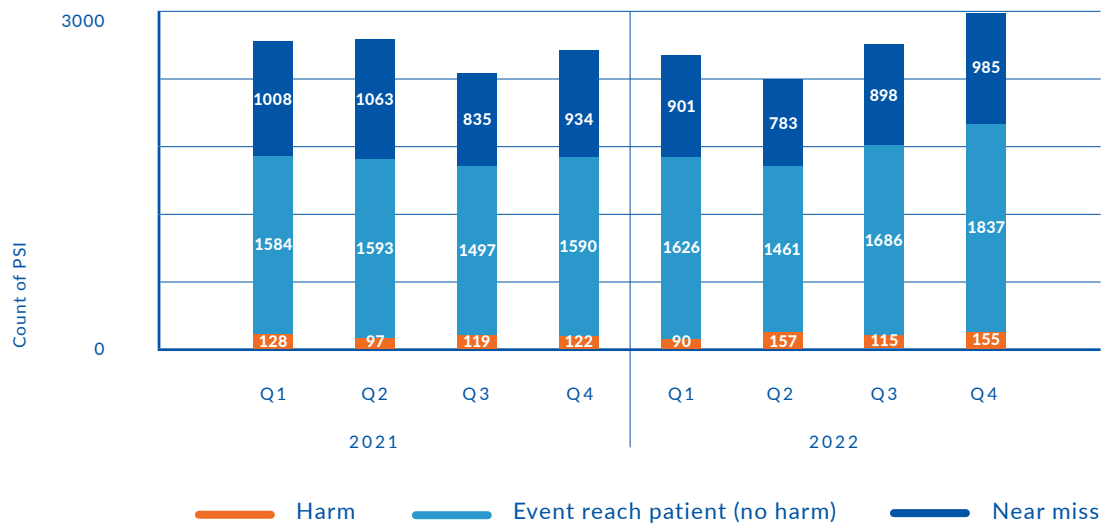
Injury falls (ambulatory)



Falls with injury are the most common type of patient harm. In the inpatient setting, the rate of falls is higher than the national benchmark. In the ambulatory setting, the rate of falls with injury consistently outperforms the national mean.

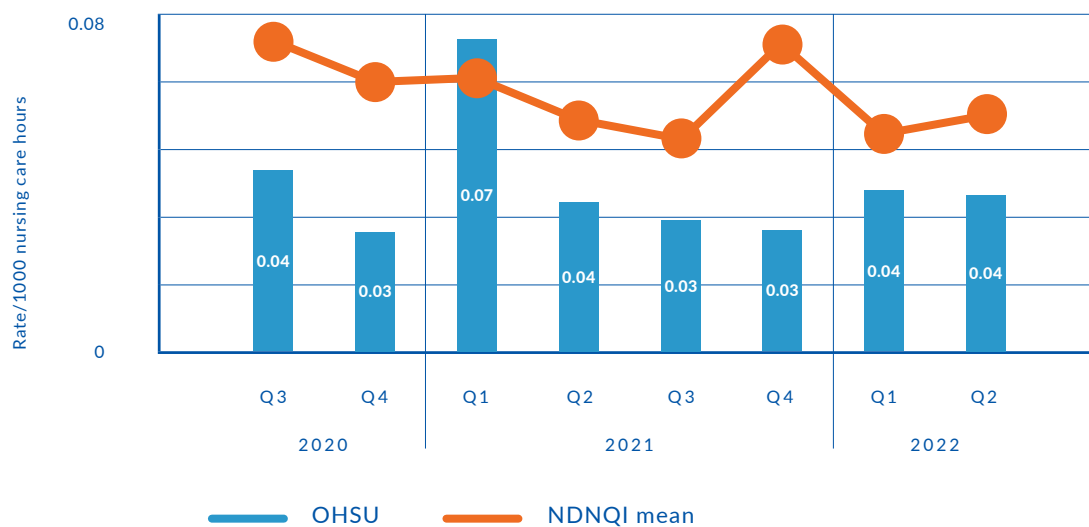


Patient safety intelligence reporting



The total number of patient safety intelligence reports increased. More than one third of the reports are near misses, indicating staff identified and mitigated the risk before patients were harmed.

Assaults on nursing personnel



The hospitalwide rate of assaults on nursing personnel per 1000 patient days remained below national benchmarks.

Awards and recognition

OHSU Nurse of the Year

OHSU's Nurse of the Year award recognizes nurses in 14 areas for their exceptional patient care, service, leadership, and research that further OHSU's healthcare mission. For 2021, four new awards were developed to align with OHSU Nursing's shared governance goals of recognizing professional practice and supporting diversity, equity and kindness in the workplace.

2021

ADVANCED PRACTICE

Shelby Lee Freed, D.N.P., RN, FNP-BC
Richmond Clinic

ADVANCING THE PROFESSION

April Castaldi, B.S.N., RN
Neonatal ICU

ANCILLARY

Jericah Kariuki, CNA
4A Transplant, Urology, Plastics

CLINICAL CARE

Nathan Harris, B.S.N., RN, CCRN
6A PACU

CLINICAL NURSE LEADER

Bill Branigan, M.N., RN
7N Neurosurgical ICU

COMMUNITY SERVICE

Leslie Cosey, B.S.N., RN, CCRN
6A PACU

DISTINGUISHED NURSE

Judi Workman, M.S.N., RN, NE-BC
Nursing Administration

DIVERSITY, EQUITY AND INCLUSION

Bianca Bosch, B.S.N., RN, CCRN and
Rebecca Velasquez, B.S.N., RN, CCRN
7A Medical ICU

KINDNESS/ GOOD SPIRIT

Larry Bever, A.D.N., RN
Cardiac Cath

MANAGEMENT

Nikki Wiggins, M.S.N., RN, CCRN
Neonatal ICU

MENTORING

Christine Bartlett, M.S.N., RN, NE-BC
Adult Critical Care

NIGHTINGALE

Kate Ballard, B.S.N., RN
9N Peds Acute Care Medicine

PATIENT ADVOCATE

Jill Pyle, B.S.N.
RN Care Management

TEACHING

Lorin Daniels, B.S.N. RN, CNRN
7C Neurosurgical ICU

2022

ADVANCED PRACTICE

Laurel Hallock Koppelman, D.N.P., RN, AANP
Family Medicine

ADVANCING AND LEADING

Andrea Bottorff, M.S.N., RN, CNL, NE-BC
11K/7C Cardiac Intermediate Care

ANCILLARY STAFF

Efrem Asgodom, CNA
13K Oncology

CLINICAL CARE

Anh Nguyen, B.S.N., RN
10A Emergency General Surgery

CLINICAL NURSE LEADER

Deidra Weinert, B.S.N., RN, CPN
9N Pediatric Acute Care Medical

COMMUNITY SERVICE

Laura Pike, B.S.N., RN
Connected Care Center

DISTINGUISHED NURSE

Debi Eldredge, Ph.D., RN
Nursing Administration

DIVERSITY, EQUITY AND INCLUSION

Jessica Hoffman, B.S.N., RN, CCRN
12A Neonatal ICU

KINDNESS/ GOOD SPIRIT

Lilian Nguyen, B.S.N., RN
7C Neurosurgical ICU

MANAGEMENT

Melinda Hartenstein, B.S.N., RN, CEN, CPEN
Pediatric Emergency Department

MENTORING

Denise Langley, M.B.A., B.S.N., RN, CPEN
10N Pediatric Intermediate Care

NIGHTINGALE

Sydney Running, B.S.N., RN
9N Pediatric Acute Care Medical

PATIENT ADVOCATE

Liz Parkes-Perrett, M.N./M.P.H., RN, BMTCN
Infectious Diseases

TEACHING

Lauren Brooks, B.S.N., RN, CMSRN
13K Oncology

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.

APRIL 2020 - JUNE 2022

Larry Bever, A.D.N., RN
Cardiac Cath Lab

Jami Hendrickson, B.S.N., RN
9S Pediatric Acute Care Surgical

Sydney Running, B.S.N., RN
9N Pediatric Acute Care Medical

10A Staff (Team)
10A Emergency General Surgery

Megan Holeman, B.S.N., RN
12A Neonatal ICU

Rahel Cass, B.S.N., RN, CRT, RRT
13A Adult Oncology

Yvonne Stoica, B.S.N., RN, CEN, RN-BC
Covid Connected Care Center

Aubree Weigel, B.S.N., RN, OCN
13A Adult Oncology

Emma Birch, B.S.N., RN, CCRN
8C Trauma Surgical ICU

Leah Schilling, B.S.N., RN
11K/7C Intermediate Cardiology

Stephanie Neckles, B.S.N., RN
Adult Emergency Department

13A and ED (Team),
13A Adult Oncology / Emergency
Department

Patrice Dugan, B.S.N., RN, CPN
Pediatric Sedation

Annie Fitzgerald, B.S.N., RN, CCRN
8C Trauma Surgical ICU

Amy Stone, B.S.N., RN, CMSRN
6A Post Anesthesia Care Unit

Rob Miller, B.S.N., RN, TCRN,
Jessie Robinson, B.S.N., RN, CMSRN,
Suzette Kennedy, B.S.N., RN, PCCN
(Team Award 13A)
13A Adult Oncology

Allie Dibernardo, B.S.N., RN, CEN
Emergency Department / 8C Trauma
Surgical ICU

Carissa Kimmell, B.S.N., RN
13A Adult Oncology

Ingrid Robey, B.S.N., RN, OCN
14K Blood & Marrow Transplant

Annie Aiosa, B.S.N., RN, BMTCN
14K Blood & Marrow Transplant

Lisa Theriot, B.S.N., RN, CPN
Pediatric Emergency Department

Kristi Jobbins, A.D.N., RN, CPN
Pediatric Emergency Department

Mollie Poor, B.S.N., RN
12A Neonatal ICU

Matthew Minssen, B.S.N., RN
Acute Care Float Pool

Amber Purdell, B.S.N., RN, RNC-NIC
12A Neonatal ICU

Nicki Newman, B.S.N., RN
13C Mother Baby Unit

Allison Williams, B.S.N., RN, CMSRN
13A Adult Oncology

Heather Turner, A.D.N., RN
12K Cardiovascular ICU

Krista McCoy, B.S.N., RN, CEN
12C Labor & Delivery

Teresa Thomas, B.S.N., RN, CCRN
12K Cardiovascular ICU

Kevin Shores, B.S.N., RN, CCRN
12K Cardiovascular ICU

Liam Hudson, B.S.N., RN, CEN
Emergency Department

Tina Truong, M.S., RN, CCCTM
Transitional Care Team

Karen Paladino, B.S.N., RN, CCDS
KCVI Cardiology Arrhythmia Clinic

Deidra Weinert, B.S.N., RN, CPN
Pediatric Acute Care Medical

The Dana Bjarnason Leadership Excellence Award

The Beta Psi chapter of Sigma Theta Tau International created an award to honor a member who consistently excels in nursing leadership, mentoring, vision, innovation and patient focused service. The award was named for Dana Bjarnason, Ph.D., Vice President and Chief Nursing Executive and Associate Dean for Clinical Affairs at OHSU.

In April 2022, **JacQualine Abbe, D.N.P., RN, CMSRN, NE-BC**, Nurse Manager of the Acute Care Float Pool and Specialty Practices, was selected as the second recipient of the award.

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.

**Neurosurgical ICU – Silver Level,
Fall 2019**

AACN Circle of Evidence

The American Association of Critical-Care Nurses selected **Serena Kelly, M.S., RN, CPNP-AC, FNP-BC, CCRN, CPEN**, assistant professor and acute care pediatric nurse practitioner at OHSU Doernbecher Children's Hospital, for a Circle of Excellence award. Kelly is an essential member of an interprofessional

performance improvement team whose work focuses on leading-edge strategies for early mobilization of patients in the PICU. The baseline showed little to no mobilization in this patient population. The team developed and implemented an evidence-based mobilization protocol that was published and recognized in national clinical journals. Ms. Kelly approaches each project or problem with a collaborative, interdisciplinary perspective and frequently challenges the group to find innovative strategies to improve outcomes. As a lifelong learner herself, she prides herself on continually searching for ways to advance the profession through teaching and mentoring. Ms. Kelly is one of only 15 nurses nationwide to receive a Circle of Excellence Award in 2020.

AONL Fellowships

Jane Russell, M.S.N., RN, NE-BC, Chief Nursing Officer for Women's and Children's Services, was selected to be a participant in the 2022 American Organization for Nursing Leadership Nurse Executive Fellowship.

FALL 2021

Stephanie Gillam, M.S.N., RN, and **Claire Grant M.S.N., RN, CCRN**, were awarded AONL Nurse Manager Fellowships.

March of Dimes

March of Dimes has a variety of programs serving communities' specific maternal and infant health needs. As they have for several years, MOD sponsored regional recognition for Heroes in Action, and, in July 2021, OHSU nurses won 7 of the 17 awards.

RISING STAR

Kate Ballard, B.S.N., RN
OHSU Doernbecher

DISTINGUISHED NURSE

Asma Ali Taha, Ph.D., RN, CPNP-PC/AC, PCNS-BC, FAAN
OHSU School of Nursing

ADVANCED PRACTICE

Shelby Lee Freed, D.N.P., RN, FNB-BC
OHSU Richmond Clinic

CARE COORDINATION

Kimberly Brock, B.S.N., RN
OHSU Care Management

LIFETIME ACHIEVEMENT

April Castaldi, B.S.N., RN, RNC-NIC
OHSU Doernbecher

NURSING LEADERSHIP

Desi McCue, D.N.P., M.B.A., RN, CEN, CNML
OHSU Emergency Services

COMMUNITY AND PUBLIC HEALTH / OCCUPATIONAL / EMPLOYEE HEALTH

Andrea Dayot, B.S.N., RN
OHSU Occupational Health

Portland Monthly Top Providers

www.pdxmonthly.com/doctors

ACUTE NP

Diana L. Clapp, D.N.P., RN, AGACNP-BC
OHSU Trauma Surgery Clinic –
Marquam Hill

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

Jennifer Shatzer, M.S.N., RN, AGACNP-BC
OHSU Orthopedics

Norma Vestal, M.N., RN, AGACNP-BC
OHSU Surgery

Kyle Gobeil, M.S.N., RN, ACNP-BC
OHSU Medicine / Endocrine

ADULT NP

Asher Caldwell, M.N., RN, ANP-BC
OHSU Knight Cancer Institute –
South Waterfront

Nicholas Kinder, M.N., RN, AGACNP-BC
OHSU Medicine

Aura Petcu, M.S.N., RN AGCNS-BC
OHSU Bariatric Surgery Clinic –
South Waterfront

Kendra Mundstock, M.S.N., RN
ACAGNP-BC

OHSU Knight Cancer Institute Surgical
Oncology Clinic – South Waterfront

Jill Welshans, M.S.N., RN, ACNP
OHSU Bariatric Surgery Clinic –
South Waterfront

CERTIFIED NURSE MIDWIVES

Sally Hersh, D.N.P., RN, CNM
OHSU Center for Women's Health –
Marquam Hill

Laura Jenson, M.N., M.P.H., RN, CNM
OHSU Center for Women's Health –
Marquam Hill

Bridget Lee, M.S.N., RN, CNM
OHSU Center for Women's Health –
Marquam Hill

Olivia Kroening-Roche, M.S.N., RN, CNM
OHSU Center for Women's Health –
Marquam Hill

FAMILY NP

Andrea Gepner, M.S.N., RN, FNP-BC
OHSU Knight Cancer Institute –
South Waterfront

Laurel Hallock-Koppelman, D.N.P., RN,
FNP-BC
OHSU Primary Care Clinic – Richmond

Jessica Jimenez, M.S., RN, FNP-BC
OHSU Bariatric Surgery Clinic –
South Waterfront

Joylyn K. Michaud, M.S.N., RN, FNP-BC
OHSU Doernbecher Children's Hospital

NEONATOLOGY NP

Laura L. Aurisy, M.S.N., RN, PNP, NNP
OHSU Doernbecher Children's Hospital

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

Lynne Kim-Yang, B.S.N., RN
OHSU Doernbecher Children's Hospital

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

Anita Khut, M.N., RN, NNP
OHSU Doernbecher Children's Hospital

PEDIATRIC NP

Terri L. Boyce, D.N.P., RN, PCNS, PNP
OHSU Doernbecher Children's Hospital

Catherine Chau Henning, M.N., RN
OHSU Doernbecher Children's Hospital

Christopher Conrady, M.S.N., RN, PNP
OHSU Doernbecher Children's Hospital

Erica Kiley, M.S.N., RN, PNP
OHSU Doernbecher Children's Hospital

Michelle Skinner, M.S.N., RN, PNP
OHSU Doernbecher Children's Hospital

Julie C. McKee, M.S.N., RN, PNP
OHSU Doernbecher Children's Hospital

Alicia McIntire, M.S.N., RN, PNP
OHSU Doernbecher Children's Hospital

Serena Phromsivarak Kelly, ACPNP-BC
OHSU Doernbecher Children's Hospital

Christine Eighmey, M.S.N., MED, RN
OHSU Doernbecher Children's Hospital

PSYCHIATRIC AND MENTAL HEALTH NP

Angela Hancock, M.S.N., RN, PMHNP
OHSU – Unity Center for Behavioral Health

Tara O'Connor, M.S.N., RN, PMHNP
OHSU – Unity Center for Behavioral Health

Kristine Simpson, D.N.P., RN, PMHNP
OHSU – Unity Center for Behavioral Health

CERTIFIED REGISTERED NURSE

ANESTHETISTS

Kristin Bowden, M.N., RN, CRNA
OHSU Anesthesiology and Perioperative
Medicine Clinic – Marquam Hill

Diane T. Knapp, M.S., RN, CRNA
OHSU Anesthesiology and Perioperative
Medicine Clinic – Marquam Hill

Kirstin Patrick, M.S., RN, CRNA
OHSU Anesthesiology and Perioperative
Medicine Clinic – Marquam Hill

Bryan Read, M.S.N., RN, CRNA
OHSU Anesthesiology and Perioperative
Medicine Clinic – Marquam Hill

Selected publications and presentations

Selected Publications

Abbe, J.R., & O’Keeffe, C. (2022) Continuous video monitoring: Readiness for growth. *Journal of Nursing Care Quality*, 37(3):225-230. doi: 10.1097/NCQ.0000000000000613. Epub 2022 Jan 4.

Clark, S.L., Begin, B., De Souza, H.G., Mallett K., Hanna M.G., Richardson T., Esporas, M., Bowie, A., Taylor, K., Castellanos Reyes, L., Hughey, M., Neu, A., & Warady, B.A. (2022) Telehealth survey of providers and caregivers of children on peritoneal dialysis during the COVID-19 pandemic. *Pediatric Nephrology*, <https://doi.org/10.1007/s00467-022-05543-z>

Davis, M.R., Lee, C.S., Corcoran, A., Gupta, N., Uchmanowicz, I., & Denfeld, Q.E. (2021) Gender differences in the prevalence of frailty in heart failure: A systematic review and meta-analysis. *International Journal of Cardiology*, 333:133-140. doi: 10.1016/j.ijcard.2021.02.062. Epub 2021 Feb 28.

Eldredge, D., & Kennedy, J.M. Flexible work practices that decrease nurse leader work role overload. (2021) *Nurse Leader*, 19 (5):474-478. doi.org/10.1016/j.mnl.2021.06.005,

Moss, L.N., Cunningham, A.J., Tobias, J., Hamilton, N., & Jafri, M. (2021) Pediatric rapid response nurse deployment to pediatric trauma activations: A process improvement initiative. *Journal of Trauma*

Nursing 28(3):209-212. doi: 10.1097/JTN.0000000000000585.

Noelck M., Foster A., Kelly S., Arehart A., Rufener C., Wagner T., Ibsen L., & Burns E. (2021) SCRATCH trial: An initiative to reduce excess use of high-flow nasal cannula. *Hospital Pediatrics*, 11(4):319-326. doi: 10.1542/hpeds.2020-003913. Epub 2021 Mar 22.

O’Glasser, A.Y., Stroup, S., Merkel, M.J., Lahti, E., Kubik, S., Vaughn, K., Reback, E., Rumberger, R., Hayes, M., Backer, J., Solani, T., & Halvorson, S. (2021) Rallying all resources: A multidisciplinary innovation to plan for the projected COVID-19 inpatient surge. *Journal of Nursing Care Quality*, 36(2):112-116. doi: 10.1097/NCQ.0000000000000536.

Unger, K., Dietz, L., Horve, P., Van Den Wymelenberg, K., Lin, A., Kinney, E., & Kea, B. (2022) Evaluating fomite risk of brown paper bags storing personal protective equipment exposed to SARS-CoV-2: A quasi-experimental study. *PLoS ONE*, 17(8): e0273433 doi: 10.1371/journal.pone.0273433

Womack, D., Warren, C., Hayes, M., Stoyles, S., & Eldredge, D. (2020) Evaluation of electronic health record-generated work intensity scores and nurse perceptions of workload appropriateness. *Computers, informatics, nursing*, 39(6), 306–311. <https://doi.org/10.1097/CIN.0000000000000687>

Womack, D. M., Hribar, M. R., Steege, L. M., Vuckovic, N. H., Eldredge, D. H., & Gorman, P. N. (2020). Registered nurse strain detection using ambient data: An exploratory study of underutilized operational data streams in the hospital workplace. *Applied clinical informatics*, 11(4), 598–605. <https://doi.org/10.1055/s-0040-1715829>

Selected Presentations

Bascuti, R. (2022, March) Embolization of the middle meningeal artery as a treatment for recurrent subdural hematoma. 2022 Neuroscience Nursing Annual Conference, Phoenix, AZ.

Bendroth, R., Erkenbeck, J., & O'Glasser, A. (2022, March) Providing a safety net-COVID-19 induced cardiomyopathy diagnosed via robust post-COVID preoperative assessment. Society of Perioperative Assessment and Quality Improvement's 17th Annual Perioperative Medicine Summit, San Diego, CA.

Daniels, L. (2022, March) Getting A-head: EVD ventriculitis rate reduction in an academic center neuro ICU. 2022 Neuroscience Nursing Annual Conference, Phoenix, AZ.

Kane, R., Freeman, H., Garcia, A., Young, D., & O'Glasser, A. (2022, March) Maintaining the differential diagnoses: Cardiopulmonary compromise in the preoperative assessment. Society of Perioperative Assessment and Quality Improvement's 17th Annual Perioperative Medicine Summit, San Diego, CA.

Mihaiuc, A. (2022, March) Oral care for non-intubated dysphagia patients. 2022 Neuroscience Nursing Annual Conference, Phoenix, AZ.

Schenning, K., Hays, E., Ash, K., Lund, K., Sukowatey, L., & O'Glasser, A. (2022, March) Implementing and sustaining a telehealth program during the COVID-19 pandemic. Society of Perioperative Assessment and Quality Improvement's 17th Annual Perioperative Medicine Summit, San Diego, CA.

Schenning, K., Ash, K., Lund, K., Sukowatey, L., & O'Glasser, A. (2022, March) People, space, and infrastructure: Utilizing a preoperative medicine clinic for preoperative COVID screening. Society of Perioperative Assessment and Quality Improvement's 17th Annual Perioperative Medicine Summit, San Diego, CA.

The last word

Looking back over my career and most specifically, the pandemic that so vividly defines the last three years, I reflect upon the lessons learned: We can turn on a dime. We can learn fast from mistakes. We can light fires to bring about innovative change. We can work effectively (sometimes more effectively) in virtual environments. We can be the change we wish to see in health care.

One of the most important lessons, the one I will cherish most, has been learning that in the face of uncertainty and vulnerability, the human connection we share with one another allows us to flourish in adversity and under duress. I witnessed collaboration that came when competitive lines were erased, resolve that came with knowing that we were going to be in this for the long run, and a spirit of mutual problem solving becoming the norm. We worked together when we were looking for answers and there were none, when we were seeking solace and it was hard to come by and when we realized the courage it was going to take from each and every one of us to get OHSU to the other side.

Beautiful things that struck me as I rounded were the human interactions that resounded with empathy, happiness and mindfulness. I was in awe as I observed these selfless attributes freely on display and marveled at how they were contributing to building authentic human connections in which people's energy became infectious as they built bridges that engendered trust and produced action.

As I leave my health care career, I am heartened by the knowledge that we can face our future with the sure knowledge that in the face of uncertainty, we can take a deep breath – and figure out what to do and how to do it. I am confident that the source of our strength and the courage it takes to do what needs to be done comes from the human connections we built while facing a crisis together, savoring the creativity and energy that blooms when leaders, managers and employees engage in trusting and supportive relationships that prove we know how to be human at work.

And while at times we faltered, we corrected and rebounded around the imperative that the most important thing for us to remember and act upon is that each and every one of us are at our best when we feel like we are seen and valued and that our opinion is important and appreciated. Please know from the bottom of my heart that – from the bedside to the boardroom – you are.

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

VICE PRESIDENT AND CHIEF NURSING EXECUTIVE, OHSU HEALTHCARE
ASSOCIATE DEAN, CLINICAL AFFAIRS, OHSU SCHOOL OF NURSING



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

www.ohsu.edu/nursing

