fiscal year 2014

report to the community

patient care services
It is my pleasure and my privilege to write my first message for the OHSU Nursing annual report. At this writing, I am celebrating my nine-month anniversary with OHSU Healthcare. My only regret is that I did not get here sooner!

It has been a hectic nine months as I have not only acclimated to the Pacific Northwest (remember, I hailed from a semi-tropical climate), but also learned about the workings of our complex academic medical center and met phenomenal leaders, providers and direct care nurses from across the clinical enterprise.

I am most pleased with the early connection that I made with Susan Bakewell-Sachs, Ph.D., R.N., P.N.P.-B.C., F.A.A.N., dean of the OHSU School of Nursing. We have already collaborated on a number of initiatives and have plans to continue increasing the clinical presence in the school and the faculty presence in the health care setting.

In 1875, Florence Nightingale wrote: “What is our needful thing? To have high principles at the bottom of all. Without this, without having laid our foundation, there is small use in building up our details. This is as if you were to try to nurse without eyes or hands… If your foundation is laid in shifting sand, you may build your house, but it will tumble down.”

I am proud of the firm foundation we have at OHSU. We have strong shared governance and a clear commitment to achieving our nursing vision. We understand the need for focusing on the patient experience and the quality of care we provide and ensuring that we do these things in the most cost-effective manner. I know this foundation will support us in achieving our ideals.

However, I would be negligent if I did not mention the most important outcome of the care that we provide at OHSU. That is safety. Our obligation to create a safe environment that eliminates preventable medical errors must be our promise to our patients and their families.

To that end, I am working with you and others at OHSU to inculcate the value of “just culture.” I believe that a firmly embedded culture of safety is impossible until we fully embrace the notion that most preventable medical errors are the result of bad systems, not bad people. It is clear, though, that faulty systems must be identified – and reported – by the people who find them. Therefore, two other values are paramount to our success: establishing a reporting culture and a learning culture.

I will end with a credo that has guided me for the past 20 years:

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

It is one I hope you, too, will embrace.

Dana Bjarnason, Ph.D., R.N., N.E.-B.C.
Vice President and Chief Nursing Officer; OHSU Healthcare
Associate Dean for Clinical Affairs, OHSU School of Nursing
I am pleased to have this opportunity to contribute to the annual report. OHSU Nursing’s academic-practice collaboration and partnerships are advancing education and practice. Dana Bjarnason, Ph.D., R.N., N.E.-B.C., is now associate dean for clinical affairs in the School of Nursing. Together, we are striving to better integrate the school and health system through joint strategic priorities that will give faculty more opportunities to participate in OHSU’s clinical enterprise and staff RNs and APRNs more opportunities in the education and research missions. This bridging work is essential to nursing and interprofessional education, practice and research.

Collaborations between the School of Nursing and OHSU Healthcare are focusing on transitions in care, perioperative experiences for undergraduate students and safety and quality improvement projects that support OHSU value streams and student learning. Such projects engage faculty and students in developing and evaluating emerging care models, helping to advance and inform these new models.

Safety and quality improvement are key components of education and patient care. Education and research should inform patient care and help to improve outcomes and care practice, and emerging models should inform education. I am proud to be part of OHSU and of our opportunity and obligation to collaborate to achieve these three missions.

Sincerely,

Susan Bakewell-Sachs, Ph.D., R.N., P.N.P.-B.C., F.A.A.N.
Dean, OHSU School of Nursing
Vice President for Nursing Affairs

In early research describing the difference between average and high-performing institutions, differences were attributed to a practice environment in which nurses enacted their professional roles. Professional practice forms the basis of the Magnet Recognition program. OHSU earned Magnet recognition two years ago and we’ve continued to embed professional practice in all we do.

In the past year, formal leaders completed competencies to evaluate professional practice via rounds, interviews and performance evaluations. Nursing co-facilitated the first OHSU Professionalism Week, in which all clinical departments explored elements of professionalism and interprofessional practice. We developed and refined collective reflective practices to learn from unexpected events and to celebrate achievements. Our well-developed shared governance structure enhances nurses’ involvement in decisions about practice. Unit improvement champions developed and standardized bedside report, actively engaging patients and families to identify and evaluate daily care goals. OHSU nurses contributed to the scientific basis of nursing practice, delivering more than 50 posters, podium presentations and publications.

I am proud of nursing’s continued efforts to meet and exceed standards for excellence in professional practice and patient care, as demonstrated through nurses’ leadership, professionalism, compassion and innovation. In the 2014 fiscal year, nurses found innovative ways to:

• Put patients first
• Improve patient-provider communication
• Encourage each nurse’s continued growth
• Perform as high-functioning teams

Please join me in celebrating nursing’s achievements and our ongoing commitment to professional practice and patient-centered care.

Deborah H. Eldredge, Ph.D., R.N.
Director, Nursing Quality/Research/Magnet Recognition, OHSU Healthcare
Below right: Approaching the two-year mark, Doernbecher’s Nurse Consult Service has been activated more than 250 times.

Staff continue to identify new opportunities for improvement and ways to consistently put patients at the center of everything that is done at OHSU — every patient, every time.

Pediatric Rapid Response Team develops innovative Nurse Consult Service

In 2004, the Institute of Healthcare Improvement’s “Saving 100,000 Lives” campaign challenged hospitals to decrease the incidence of “failure to rescue.” Many hospitals implemented rapid response systems to provide quick assessment and critical care treatment to patients on acute care units. However, pediatric patients present unique challenges, as most are not easily treated with one-size-fits-all protocols.

Traditionally, the Rapid Response Team at OHSU Doernbecher Children’s Hospital comprised a pediatric ICU charge nurse and pediatric respiratory therapist who were called when a patient needed help within 10 minutes. The same team responds to a Code Blue for patients in respiratory or cardiac arrest.

Nurses on Doernbecher’s acute care unit requested a third, less urgent RRT option to proactively address patients whose condition is worsening but who do not need immediate intervention. The unit developed a nurse consult service in which the PICU charge nurse is alerted to the need to...
Patient Care Services at OHSU triage concerns and respond to patient needs within 30 to 60 minutes. Respiratory Therapy is also consulted if needed. The goal is to identify deteriorating patients earlier and either correct their conditions or transfer them to the intensive care unit. The NCS is now part of Doernbecher's multi-tiered response system, "three degrees of rescue." To accommodate the NCS, Doernbecher's PICU changed its staffing model. Now, the RRT nurse huddles with acute care charge nurses at least once per shift to assess patients of concern. This nurse rounds on patients recently transferred from the PICU and their families and checks in with the acute care nurses caring for them. In addition, the RRT nurse answers all pediatric calls for the NCS, RRT and Code Blue. The nurse with this assignment cares for one low-acuity ICU patient, giving this nurse more time to act as a resource to the acute care nurses and in the ICU as needed.

Approaching the two-year mark, Doernbecher's Rapid Response Team has been activated more than 400 times. Requests for the NCS make up two-thirds of the calls. More NCS calls are made on the night shift, when other hospital resources are scarce. An analysis of the calls reveals that almost a quarter of them are made within the first 12 hours following admission. The emergency department and PANDA Transport team are exploring tools to ensure patients are admitted to the right level of care.

Nursing satisfaction and patient safety at Doernbecher have improved. A survey of staff six months after NCS implementation showed that nurses felt more comfortable calling for help and knowing when to do so. Nurses reported better working relationships among members of the ICU and acute care nursing teams. Doernbecher nurses have presented their work in developing “three degrees of rescue” both regionally and nationally.

Using videoconferencing to improve care coordination

When patients and families are ready to transition from OHSU’s acute care hospital to a skilled nursing facility, tight coordination is required to assure a safe and secure handover of care. Care Management uses technology in innovative ways to improve OHSU communication with community partners and enhance care coordination. Today, telemedicine improves nurse-to-nurse communication when an OHSU patient transfers to a skilled nursing facility. Using HIPAA-compliant video teleconferencing at the patient bedside and including the patient and family in the handover discussion, Care Management has “warmed up” the bedside handover experience and improved the quality of information sharing to ensure a safer and more satisfying experience for everyone.

OHSU and select community partners, including Prestige Corporation and a long-term acute care hospital in Portland, now use an infrastructure and standard workflows developed by OHSU Care Management. From the OHSU bedside, the patient and OHSU nurse talk with the nurse at the receiving facility through a secure iPad app. Patients can see their skilled nursing caregivers, ask questions and state their care preferences. The receiving facility RN gains important patient-specific information and clarifies any questions, so he or she can seamlessly continue the level of care when the patient arrives at the new facility. This technology has been utilized in nearly 200 handovers of care, and patients are highly appreciative at being included.

Videoconferencing technology is also used to provide expert nursing and medical education to community care providers. OHSU experts present free monthly clinical educational sessions to nursing staff at community facilities, based on clinical learning needs identified through these partnerships. Covered topics include clinical and nursing implications of long-term intravenous antibiotics, congestive heart failure, complex wound care and case reviews. These sessions improve the care all patients receive at these facilities.

OHSU uses videoconferencing to connect skilled nursing staff with physicians in the emergency department to evaluate whether patients should be hospitalized or treated in place. In addition, videoconferencing allows OHSU physicians to see patients remotely for follow-up appointments. Both of these applications allow patients to stay at the skilled nursing facility, avoiding transportation and other costs associated with travel to OHSU.

Coordinating care in the evolving health care environment requires OHSU to seek innovative ways to broaden outreach into the patient’s community and partner with other care providers in new and exciting ways to improve the health of Oregonians and beyond.
Patient scores improve on neuroscience units after Kaizen

A patient’s experience, from the moment of arrival at the hospital to the time of discharge, is something he or she will likely remember for a long time. In 2011, OHSU recognized a gap between the patient experience we strive for and patients’ overall perceptions. OHSU’s patient experience scores were lower than the national benchmark for comparable academic medical centers. At the time, a workgroup was formed to implement targeted bedside interventions on individual units, while monitoring patient experience scores for improvement. Though the work was innovative and of good quality, the gains were not sustained. Further action was needed.

In August 2013, there was a deeper review of these data. They showed that neuroscience patients, who belong to one of OHSU’s largest service lines, had some of the lowest patient experience scores and least consistent patient experiences in the hospital.

The neuroscience team seeks to provide the highest caliber of care, as patients with neurological problems are often admitted unexpectedly with life-altering conditions. The neuroscience unit selected a group of unit leaders and began planning a Kaizen event, a form of rapid and continuous process improvement. Team members were chosen for their interest and influence in the acute care and intensive care units. The event included nurses, nurse practitioners, hospital leaders, physicians and physician assistants, as well as patient experience consultants and facilitators from OHSU Quality Management. The event, lasting four and a half days, was held in October 2013.

During the Kaizen event, the group closely examined neurosciences’ scores on the Hospital Consumer Assessment of Healthcare Providers and Systems survey, known as HCAHPS, as well as patient comments. The group visited the two units and interviewed staff and patients to gain insight into both groups’ experiences. Smaller workgroups were formed to create projects designed to improve patients’ experiences.

Projects included bedside report at nursing shift change, attending-to-attending physician rounds and standardization of white boards used for communication with patients in their rooms. Each project focused on ensuring that patients and families were included in care and knew that they were at the center of the team. All unit staff members were educated to ensure strong rollout and sustainable change. Since the implementation of the new standards, patient experience scores have showed a statistically significant improvement on both units. Further, the work this group did has spread throughout the organization. The neurosciences team continues to strive to fulfill the motto coined at the end of the Kaizen event: “We are the patient experience. We are OHSU.”
Improving Communication

Rapid Safety Rounds bring patients and providers together for better care

What started as an intervention to prevent falls on two medical-surgical units blossomed into an opportunity to build interprofessional relationships and better assess cognitive deficits to keep patients from harm’s way. Today, patients on these units take part in directing their care; all team members clarify their goals and create a collaborative care plan.

Three years ago, Mariah Hayes, R.N., M.N., O.N.C., professional practice leader for acute care surgical units, researched and developed a new program called Rapid Safety Rounds to mitigate heightened fall risk and create individual safety plans for vulnerable patients. She identified stakeholders in treatment planning, noting that often the pharmacist, rehabilitation therapists and members of the medical and nursing teams had specific goals for the patient but were unaware of concerns viewed from various perspectives. In addition, patients often lacked a voice in the planning process, were unaware of the plan or were discounted.

With support from management, Hayes developed a rounding team comprising a pharmacist, an occupational therapist, nurse leaders, a bedside nurse and the patient, family members or both. The patient's physicians, case manager, social worker and other rehabilitation therapists are also encouraged to attend weekly rounds. At first, patients who had fallen or were at high risk for falls were selected for RSR. Now patients are selected proactively, often by the bedside RN, MD or rehabilitation therapist, because they are at risk for various problems during hospitalization.

A high-performance RSR team evolved as members negotiated and adopted new ways of thinking. Team members realized that by clarifying treatment goals, communicating with providers from other disciplines and coordinating with the patient, goals would be aligned and care would be expedited. As RSR was implemented, team members realized that patients at high risk for falls and hospital injuries were experiencing cognitive difficulties, and were unable to make safe judgments and handle risks on their own. Sabine Kaul-Connolly, M.Ed., O.T.R./L., recognized that nurses were struggling to help patients, yet often did not implement key interventions because cognitive deficits were minimized or not identified. Kaul-Connolly’s occupational therapy training was critical in developing the RSR cognitive pyramid, which helps team members assess cognitive functioning by identifying patient behaviors. The behaviors also correspond to appropriate interventions to mitigate the risks. Now, RSR team members use the pyramid to speak a common language about patient progress or changes in cognitive function.

As the team developed, the pharmacist became more confident in problem solving with patients and family members, previous providers and the rest of the team, addressing inconsistencies and omissions in medication management. A pharmacist determines previous patient medication reconciliation as well as medications that may interfere with cognitive functioning. Patients appreciate the expertise that a pharmacist brings into the room.

Finally, a key difference between traditional medical rounds and Rapid Safety Rounds is the RSR bedside cognitive assessment and dialogue that aligns patient goals with the goals of the hospital care team. Role-playing to model therapeutic use of self, active listening skills and patient interview strategies helped team members recognize the value of patient-centered goals. The medical-psychiatric nursing professional practice leader, Dianne Wheeling, M.N.E., R.N.-C., developed this aspect of the RSR.

Within a year of instituting RSR, OHSU’s acute care trauma unit saw fall rates drop significantly, from 8.2 to 1.75 per 1000 patient days. Even more importantly, the fall rates have stayed below the average for surgical units. The members of the RSR team have developed into a high-performing group with better understanding of each team member's role, strengths and leadership potential. Members proactively apply systems thinking and act as resources for each other outside of rounds. In addition, bedside team members apply their RSR insights to work with other patients.

So far, RSR has expanded to four units, with plans for continued expansion to other floors. The rounds provide opportunities for situated coaching and debriefing of bedside professionals. The interdisciplinary collaboration has facilitated individual professional growth and helped us realize a vision of safer patient care. Putting patients at the center of our care requires professionals to listen and learn from patients, and RSR creates the context in which our vulnerable patients are heard.
Improving communication

Care coordination efforts pay off: OHSU’s 30-day all cause readmission rate for adults exceeds top decile for academic medical centers.

Perioperative unit innovates for continued excellence
Casey Eye Institute Perioperative Services has used teamwork to improve the patient experience. The institute has four operating rooms where more than 4,500 surgeries are done each year, including scheduled and emergency eye care for patients from newborns to geriatric patients. These ORs provide ophthalmic care for routine to complex diagnoses, 24 hours per day, 365 days per year. Within this high-volume surgical environment, delivering individualized care to diverse patients is an integral part of the patient experience.

The CEI perioperative team realized the benefits of maximizing nursing scope of practice and providing a healing environment by influencing all areas within their sphere of control. Accordingly, they implemented multiple new interventions in daily patient care in order to develop a culture of putting patients and families first. The team has implemented the following innovations:

- Rounding in the preoperative area on patients waiting for surgery.
- Surgeons speaking to patients and families before and after surgery.
- Surveying patients about potential improvements in the surgery waiting area and holding an interdisciplinary meeting to act on the suggestions from patients. (For example, discussion included upgrades in the waiting area and how to best accommodate CEI’s diverse patient population.)
- Updating the CEI surgery website to provide more information for families preparing for surgery.
- Formally educating staff on creating positive patient experiences.
- Regularly sharing patient comments with staff through email, bulletin boards and in-person conversations.
- Utilizing practitioners from other surgical sites and specialties as needed. Although CEI primarily provides outpatient surgery, staff members also help coordinate care for patients with unique needs. This may mean calling in a child life or IV therapy specialist, social worker or other OHSU provider to ensure the patient’s needs are met as fully as possible.

Because of the CEI perioperative team’s innovations, including collaborations across OHSU, their patient experience scores have been very favorable. In the first quarter of fiscal year 2015, they met all their goals and they remain in the top 10 percent in the country (90-99th percentile).

Supporting heart failure patients with new Health Buddy technology
Patients with heart failure require frequent monitoring to identify subtle changes in symptoms. However, approximately 40 percent of OHSU’s heart failure patients live outside the Portland metropolitan area, and this makes transitions of care a challenge. To identify early symptoms and thus prevent readmission, OHSU implemented in-home monitoring for patients with heart failure using the Health Buddy.

The Health Buddy is a simple device used to monitor blood pressure and heart rate daily. In addition, patients answer questions about heart failure symptoms. Inpatient nurses train patients and families how to take and record weight, blood pressure and heart rate and send this information through the device. Patients submit data daily from home. Assessing their own physical condition and answering questions about symptoms promotes self care in patients and their families and improves patient engagement with managing heart failure. The heart failure nurse practitioner contacts patients to follow up on unusual findings.

The first 53 patients were 70 percent male, aged 26–91. More than half (57 percent) were Medicare recipients. Ten of the 53 did not use the Health Buddy at all because they reported feeling overwhelmed by either disease or technology. In the first 30 days, each patient had an average of 17 encounters with the heart failure nurse practitioner, and patients received an average of 7.1 phone calls from staff. Per patient, the Health Buddy cost $215, less than the cost of a single heart failure clinic visit. Readmissions for all causes were 13 percent at 30 days, compared to 24.7 percent nationally. The mortality rate at 30 days was 6 percent. This innovation to support heart failure patients and reduce 30-day readmission rates has been successful.
innovations in encouraging each nurse’s continued growth

Reflective practice helps patients, families and nurses learn and change

“Reflective practice” is a method nurses and other health care practitioners can use to scrutinize the assumptions, mental routines and professional work practices they would normally take for granted. Reflective practitioners regularly self-correct and improve their knowledge and skills. Researchers contend that practicing without such self-scrutiny means discounting critical information and continuing ineffective practices.

In addition to bringing about change in action or skills, reflective practice also helps practitioners adjust their “frames” or mental models (Figure 1). These frames are constructed when people make sense of external reality by filtering, creating and applying meaning to what happens around them. The following concepts are examples of frames that influence health care providers’ choices:

• Reporting errors will lead to blame and punishment.
• It is better to maintain cordial team relationships than address conflicts.
• Patients and families will be more anxious if told about mistakes.

Figure 1

Debriefing leads to new frames

Debriefing changes later actions

Frames → Actions → Results

OHSU nurses excel in educational achievement, with 77 percent of nurses holding a bachelor’s or masters’ in nursing and 40 percent of nurses earning certification in their specialty practice.

Reflective practices are powerful approaches for professionals to fulfill their responsibility to continually evaluate, learn and transform their own practice in order to better meet the needs of patients and families. There is mounting evidence about the importance of storytelling or narrative-based practice in building emotional intelligence and resilience. These skills promote therapeutic connections with patients and families that lead to more individualized, patient-centered and safe care. Amidst the continual demands of research and technology innovations, an expanding diversity in the health care team and the changing health care needs of patients and families, the importance of reflective practices to challenge frames and improve knowledge and skills has never been greater.

The OHSU nursing division has been intentionally incorporating reflective practices into nurse orientation,
encouraging growth

continuing education and debriefing on adverse events or outstanding results. Practices include:
- Journal writing about caring for patients and families
- Interdisciplinary review of healthcare-associated infection cases
- Every nurse reflecting on the past year and performance, as part of the annual performance evaluation
- Quality and Safety Council members’ peer reviewing of Patient Care Services at OHSU
- Interdisciplinary review of journals writing about healthcare-associated infection cases
- New nurses who write narrative journals identified difficulties in developing leadership competencies, improve confidence in inter-professional conflict and ultimately improve patient care, quality and safety.
- Observation: documenting what happened
- Experience: actions past/present
- Planning: making plans in order to take further action
- Reflection: making sense, investigating, theorizing
- So what?

Debriefing sessions on patient falls, medication errors and other adverse events or “near-misses” at unit council meetings, huddles and education days help nurses identify areas for growth. The framework that guides these reflective practices follows Johnson’s general model (Figure 2).

The following examples show how reflective practices are helping OHSU nurses make sense of complex situations, develop leadership competencies, improve confidence in inter-professional conflict and ultimately improve patient care, quality and safety.

- Nurses who have participated in case reviews on catheter-re-relationship issues are helping OHSU nurses make sense of complex situations while improving overall patient care.
- Nurses who have participated in case reviews on catheter-related urinary infections have a greater awareness of the need for better collaboration and communication.
- Staff feedback on the initiative as a whole was very positive (see graph). In addition, members of OHSU’s intraoperative education team became stronger leaders and matured as a unit.

New approach to validating competency in the operating room

This year, OHSU’s intraoperative education team led a new initiative on validating competencies for operating room nurses. Previously, validation was based on a nurse’s ability to perform specific tasks rather than on being competent in the larger role of professional nurse. However, this traditional approach led to a low level of nurse ownership and engagement with the nursing role and fostered only limited observable practice changes.

The new role-based approach makes individual nurses responsible to assess and maintain their professional competencies and development. In rolling out the initiative, members of the intraoperative education team met with OR nurses individually for self-reflection, collaborative analysis, knowledge sharing and enhancing awareness of collegial roles, responsibilities and resources. The team selected several topics for competency assessment, based on the Association of Perioperative Registered Nurses’ annual competencies and Patient Safety Net reports: safety with electrosurgery, medication administration and sharps; prevention of unintentionally retained surgical items; and skin preparation. Nurses assessed themselves on these competencies, took a self-assessment on the Professional Practice Model and were introduced to the concept and benefits of reflective practice. They also read Perioperative Services’ accountability statement on professional development. Finally, each nurse aimed to leverage one professional strength and reduce one gap in professional competency.

The initiative gave nurses a greater awareness of professional role responsibilities, including providing and receiving peer feedback. Staff feedback on the initiative as a whole was very positive (see graph). In addition, members of OHSU’s intraoperative education team became stronger leaders and matured as a unit. This innovative competency program will continue next year.

Staff evaluation of revised approach to OR competency (percent agree and strongly agree)
One of my hopes when we began implementing the professional practice model was that we would have the ability to clearly identify variations in nursing practice. Five years later, that is the reality. Professional practice has been integral in addressing nursing practice that is substandard, and it provides the template for ongoing development.

Cindy Scherba, BSN, RN, Director, Psychiatric Nursing Service

Using case studies to demonstrate professional role competencies

In 2014, OHSU replaced acute care nurses’ skill-based competencies with a role-based approach. This new approach evaluated nurses’ understanding of the five independent scopes of professional practice: comfort, hygiene, safety, restorative measures and health promotion.

Switching to this approach allowed professional practice leaders to better teach and evaluate nurses’ clinical judgment. Having a competency tool related to the knowledge work that nurses do every day brought excitement to the acute care unit and inspired nurses to renew their goals for further growth.

As part of the annual competency demonstration, acute care nurses selected a complex patient they had recently cared for and identified that patient’s risks in the five scope-of-practice areas. They were assessed based on evaluation of handoff notes, care plans and nurse evaluation notes. Each nurse also completed four questions about their own decision making, using a document based on Benner’s theory of progressive professional development.

One-to-one sessions gave nurses the chance to discuss their professional practice and individual accountability. During the assessment, nurses received feedback and challenged themselves to identify their strengths. Showcasing the good work they did every day gave nurses a feeling of pride and accomplishment. They were also guided on how to reach the next level of competence.

Participants rated the new case-study approach to acute care nursing competencies highly, and it will be used in the future. Continuing to hold nursing to professional role standards will certainly improve patient care.

Creating the OHSU Leadership Institute

The charge nurse role is challenging, yet essential to the smooth running of a nursing unit. Many OHSU managers and professional practice leaders reported hearing about the daily challenges that charge nurses face. The Professional Development Council began investigating these concerns, using a 12-question survey to gather data on charge nurses’ roles, responsibilities and satisfaction and dissatisfaction with their jobs.

As the council identified themes, they noticed that nearly all included some aspect of leadership. In particular, charge nurses reported feeling “squished” between the needs of administration and direct care nurses. Nurses who served as staff educators, champions and ambulatory managers or in other lead roles reported similar concerns. Many of these staff members alternate between their specialized roles and direct care nurse assignments, which makes them feel even more pressured. The PDC decided leadership training was needed to give clinical nurses a foundation for coping with these challenges.

Current OHSU training programs combine conceptual and theoretical information with a practice approach. The PDC reviewed these programs and analyzed several national and international programs of healthcare leadership training. They selected a Canadian program called LEADS in a Caring Environment Framework, which has provided foundations for developing health leadership across Canada and closely matched the needs uncovered in the survey. In order to shape the curriculum further, the PDC integrated three “threads” in each LEADS content area: role clarity and socialization, conflict and communication and developing oneself and others.

The leadership institute addressed five topics:

- **Engaging self** — Leadership requires understanding our own strengths and limitations.
- **Engaging others** — Effective leaders use a shared vision, mission and meaning to set the direction for their teams.
- **Achieving results** — Leaders must have a purpose with specific evaluation criteria to be successful.
- **Building coalitions** — The most effective work happens through teams that transcend groups, departments and organizations.
- **Systems thinking** — Leaders must work systematically and strategically to meet an organization’s demands and goals.

During a series of workshops, 25 nurse participants worked in teams to practice these skills with real challenges on their units and celebrated what they learned and accomplished during Nurses Week. The seven projects from OHSU inpatient and ambulatory practices included:

- **The Buddy System** — Standing on Each Other’s Shoulders, We Can Reach Higher
- **Ambulatory Nurse Care Managers** — Working at the Top of Their Licenses to Promote RN Professionalism and the OHSU Strategic Mission
- **Charge Nurse Hierarchy of Needs**
- **Critical Care Nursing Internship Program** — ICU Charge Nurse and Preceptor Communication Related to Patient Assignments
- **The Charge Nurse Role: From Transition to Clarity**
- **Transparent Trauma Transfers** — Improving the Continuum of Care

Nearly 100 percent of participants attended every leadership institute session, and 80 percent rated the sessions excel-
In FY14, the OHSU nursing turnover rate was 5.8 percent, compared to a national average of 14.2 percent.

Ambulatory oncology nurses unite to create culture of competence

The OHSU Knight Cancer Institute has seven ambulatory adult oncology clinics in the greater Portland metropolitan area. Standardizing nursing care across these clinics is challenging because of their number and their geographic separation. In May, infusion nurses, nurse coordinators and research nurses from all seven clinics gathered for a professional development day to increase collaboration and competence.

A culture of competence is a culture in which every nurse is personally accountable for practicing to the standards and guidelines of their profession and specialty. In this culture, nurses “have each other’s backs” and speak up with kindness and compassion to keep patients and nursing practice safe.

In a culture of competence, nursing is evidence based and standardized so no nurse has to wonder about “doing it right.” Empowering staff nurses to lead clinical practice is vital to a culture of competence. Many oncology outpatients are moderately unstable from treatment effects, cancer symptoms and comorbidities. Ambulatory oncology nurses must be competent in assessing risk and managing symptoms as well as administering treatments, and they must intervene quickly to keep patients safe if they become unstable. The professional development day aimed to bring nurses together across Knight Cancer Institute clinics to improve skills and hands-on competencies.

In the months after the professional development day, nurse leaders and managers from all seven clinics collaborated on innovations, including:

• Monthly on-site in-services by OHSU physicians, pharmacists and other members of the interdisciplinary oncology team.
• Development of chemotherapy and central line champions.
• Bi-weekly professional development meetings for hematology/oncology charge nurses at OHSU Knight Cancer Institute community clinics.
• Spectralink phones for community clinic hematology/oncology charge nurses, so they can contact each other immediately about clinical decisions.
• A new unit-based nursing practice council for OHSU Center for Health & Healing hematology/oncology unit.
• Three new staff educators in Ambulatory Oncology.

The clinics aim to continue building on their new competencies, sharing knowledge and expertise to achieve and maintain their status as a high-reliability team.

In the months after the professional development day, nurse leaders and managers from all seven clinics collaborated on innovations, including:

• Three new staff educators in Ambulatory Oncology.
• A new unit-based nursing practice council for OHSU Center for Health & Healing hematology/oncology unit.
• Development of chemotherapy and central line champions.
• Bi-weekly professional development meetings for hematology/oncology charge nurses at OHSU Knight Cancer Institute community clinics.

The revised program is concept-based rather than task-based. The goal is to support new nurses to become highly skilled professionals capable of partnering with physicians as part of a high-reliability team. Preceptors are trained to support interns through experiences congruent with key concepts covered each week. This new program is designed to build proficiency in the “know-how” and “know-why” of nursing practice. In developing the curriculum, the team paid special attention to integrating the curriculum of the OHSU School of Nursing so the transition from nursing student to new employee would be seamless. With a basis in conceptual practice, the nurse is able to contribute to the work of the team in coordinating the care plan for the patient.

During the internship, the professional practice leader supports both intern and preceptor by meeting with them each week. This essential component of the program provides an opportunity to address concerns as they arise. After the internship, the new employee is assigned a mentor for support during the first year. Depending on the new employee’s needs, the mentorship may be extended.

Using baseline data from the previous CCNIP, the unit has begun adding more details to the database that tracks intern progress, to enhance the new program. For example, the interview process and baseline requirements for internship have already been refined based on feedback from interns and preceptors. In the past year, OHSU has conducted four cohorts, comprised of 30 interns, through the new program. Of these, just two did not complete the program. Successful interns are being followed to assess their professional progress and to track retention. Next steps include tailoring the program to better meet the needs of experienced nurses who have not worked in the ICU setting, as well as the orientation needs of experienced ICU nurses.

Supporting new hires with innovative precepting and onboarding

New hires on OHSU’s acute care general surgery unit reported incorporating feedback from their assigned staff nurse preceptors into their individual learning plans. This resulted in inconsistencies and nursing dissatisfaction for both new hires and preceptors. This year, nursing leadership and staff developed a new orientation process to increase effective new hire and preceptor collaboration and support.

In the new process, the new hire and preceptor meet with the unit professional practice leader every other week. During the meeting, they review the patient care provided by the new hire, focusing on systems thinking about care coordination and patient safety. These collegial conversations center on professional practice, the nine-step decision making model and documentation. This time also gives new hires the chance to ask the preceptor and FPL about any concerns. The new hire’s orientation is complete when they have received direct feedback on their individual practice through debriefing eight to 12 patients with both the preceptor and professional practice leader.

The new orientation process gives both new hires and preceptors a better understanding of their strengths and opportunities for growth. It facilitates greater learning for all staff, clarifies nursing roles within the unit and organization, supports the shared vision for nursing practice standards and helps build a cohesive team.
innovations in performing as high-functioning teams

Simulation for innovations in active learning

Simulation training provides an active learning environment in which team members can practice high-risk situations safely. This evidence-based educational modality allows nurses and other practitioners to test new processes and improve outcomes. In simulations, learners can use and practice cognitive, affective and psychomotor skills simultaneously, enhancing their acquisition of knowledge and behavior.

OHSU has used simulation in both nursing and medicine for more than 10 years, and it is a recognized process for improving patient care and safety. While many associate simulation only with practicing for a code or major event, it allows practitioners to deploy their skills in many situations without putting actual patients at risk. It also serves as a stage for exploring teamwork and interprofessional dynamics.

Debriefing is critical to learning from simulation. We conduct debriefing using the concepts of reflective practice, creating a dialogue among all participants in a safe and confidential learning environment. The participant-led dialogue is facilitated by a skilled debriefer who can enable the discussion so participants create their own learning. The aim is to use reflective practice to identify issues with teamwork, communication and systems as well as in clinical events and training.

Emergency Department team learns importance of feedback

OHSU’s adult and pediatric emergency departments incorporated simulation into their annual competency day, with a specific focus on peer feedback. The scenario started with a hurried patient handoff in the hallway between a relatively new nurse and a team of peers. The team assigned roles and sprang into action, dealing with acute care life support practices, medication allergies and CPR. Following the scenario, team members debriefed and gave each other feedback. They helped each other rephrase feedback in order to keep it constructive on every part of the exercise, including the patient handoff. Specifically, team members learned that giving peer feedback, especially across generations and within a team, could be difficult. They recognized an important need for additional practice and training from this simulation exercise.
Simulation enhances teamwork in Labor and Delivery

OHSU's perinatal education team also embraced simulation as a platform for education and training in acquiring competency-based skills. Simulation proved valuable in auditing several new processes before they were implemented, in order to identify process gaps and resources needed to ensure safe practice. Simulations took place in real practice areas, including Labor and Delivery and the post-anesthesia care unit. Using regular equipment, supplies and communication systems and standardized patients helped all staff grasp the conditions of simulation.

The simulation provided valuable learning opportunities, including:

• The current state of the science (knowledge), practice (doing), leadership (coordinating care), transfer of knowledge (targeted and closed loop communication), gaps and the actual and potential resources available
• Identifying variations in practice
• Utilizing an evidence-based decision-making model (template with O'Rourke's nine steps)
• Practicing team communication
• Identifying situation, background, assessment and recognition, or SBAR, content required and desired
• Revising OHSU's standardized order sets to allow ready access to emergency medication
• Developing a systems-based emergency notification system for the obstetrics Rapid Response team

Doernbecher Neonatal Care Center hosts national simulation conference

In May, the Doernbecher Neonatal Care Center proudly hosted the Vermont Oxford Network ONSITE Conference. This epic event brought together staff from 11 neonatal intensive care units from around the United States to focus on simulation and debriefing as tools for safer, higher-quality patient care.

At the conference, OHSU faculty who are world-renowned experts in simulation and debriefing gave attendees strategies and tools for successfully planning and measuring simulation and debriefing in their own trainings. The more than 80 attendees, including physicians, family representatives, direct care and advanced practice nurses and respiratory therapists, were invited into the DNCC for unique dynamic learning opportunities, including the Culture of Unit Safety program, discharge rounding, role-play simulations focusing on breaches of confidentiality and a demonstration of the Golden Hour tool in neonatal resuscitation. Additionally, the DNCC parent educator, family advisor and March of Dimes coordinator hosted a simulation station dedicated to incorporating families into the culture of safety. Participants spent a full day at the OHSU Simulation Center, performing various interactive simulation activities and investigating how to use an A3 tool for safety process enhancement. At the concluding ONSITE meeting, staff from all centers worked together on strategies for using simulation and debriefing to identify gaps, reinforce best practices and identify potential solutions and then immediately start implementing, test and adjust these potential solutions in the work environment. In the SOR Kaizen event, staff nurses, surgeons, anesthesiologists and members of support staff were relieved of clinical duties in order to participate. This aspect of OPEX is powerful because it utilizes clinical experts to redesign work in an effort to improve patient care.

Strategic improvement for integrating perioperative workflow

OHSU's South Operating Room was the first value stream launched as part of OHSU's Performance Excellence System, or OPEX. The SOR was selected for this opportunity to learn, test and implement strategic improvement methods because of the high volume of patients cared for every day within its complex system. The SOR is the primary area for inpatient surgery at OHSU, where more than 13,000 surgeries are completed annually. The goal is to have every patient flow smoothly through all phases of surgery, including planning, scheduling, pre-operative care, surgical care, post-operative care, admission to the hospital unit and discharge to home. This flow must be supported by skilled coordination and clear communication in order to yield positive outcomes and an excellent patient experience.

Value stream efforts in the SOR focused on using lean techniques to improve surgical quality, safety, service and affordability for OHSU patients. The strategy was kicked off by an interdisciplinary core team that evaluated opportunities and implemented a series of Kaizen events to improve key metrics rapidly.

A Kaizen event is a week-long intensive improvement effort that engages a team of stakeholders in reviewing a problem, completing a thorough evaluation with observations, identifying potential solutions and then immediately starting to implement, test and adjust these potential solutions in the work environment. In the SOR Kaizen event, staff nurses, surgeons, anesthesiologists and members of support staff were relieved of clinical duties in order to participate. This aspect of OPEX is powerful because it utilizes clinical experts to redesign work in an effort to improve patient care.

The SOR Value Stream has completed 15 of these Kaizen improvement events in the last 20 months, beginning in March 2013. Each event consisted of four planning days before the event, five days of participation during the event and several follow-up meetings to monitor progress over the next three months. The problems brought to these events are those no one was previously sure how to solve. It truly took a team effort to change the culture. Key components of SOR's value stream events were staff education and training in the place where work is done, ongoing assessment and confirmation from leadership and a spirit of continuous improvement, so that if something does not work as intended, the team can easily identify and change it. The goal is a system that can be adapted to changing needs, standards that are easy to understand and follow and daily management in place to ensure goals are achieved. Staff members are encouraged to make problems visible and escalate issues in real time. A key phrase from Kaizen is, “What gets in the way, or is a barrier for you, as you do your work?” In order to improve, there must be complete transparency across all systems and levels of leadership.

There have been remarkable outcomes. The team has made significant improvements in starting the first cases of the day on time and implemented a team approach for debriefing any delays. Many projects have focused on removing wasted time from the system, and time between surgical cases is decreasing, which means less patient waiting. The team has standardized forms and workflows to reduce the opportunity for mistakes or missing information throughout the value stream. The unit has decreased inventory and unused materials, increased access to preoperative scheduling services and reorganized work spaces for ease of use, utilizing visual systems to identify where items belong. Daily huddles are tiered to engage staff at the point of patient care and give staff the chance to identify and escalate problems, offer insights and hear real-time feedback about ongoing initiatives. Most importantly, the South Operating Room's patient experience scores have risen from the fifth percentile to above the 60th percentile in comparison with similar academic health centers.

Overall, OPEX has given OHSU staff and leaders the opportunity and the support to evaluate and improve systems. The value stream project pursues excellence as it applies to creating quality, safety, service and affordability of care for OHSU's patients. Staff members are respected and engaged throughout the continual improvement process.
OHSU Nurse of the Year awards

Recognizing the outstanding contributions of OHSU’s Nurses of the Year

Advancing and leading the profession
A nurse who leads, advances, and/or strengthens nursing, either as a profession or in the delivery of patient care both within and beyond OHSU. In role-based practice, this nurse is a leader and guides practice in the advanced practice role.

Amy Riley, Sterile Processing Coordinator who supports nursing with excellence in patient care.

Stella Nelson, B.S.N., R.N., C.C.R.N., Cardiovascular ICU

Laura Jenson, C.N.M., M.P.H., M.S., C.P.H., R.N., School of Nursing, Advanced Practice

Ancillary staff member
A CNA, CMA, LPN, EMT, technician (surgical, telemetry, mental health or other specialty technician) or hospital unit coordinator who supports nursing with excellence in patient care.

A role-based advanced practice nurse (CNS, NP, midwife or RN anesthetist) who exhibits excellence in providing care. This nurse is a leader and guides practice in the advanced practice role.

Mary Joan Laufer, M.S., W.H.C.N.P.-B.C., M.C.-B.C. – Women’s Health

Clinical care
A nurse who demonstrates excellence as a practitioner of 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.

Andrew Lynch, B.S.N., R.N., Trauma Acute Care

Community service
A nurse who makes significant professional or voluntary contributions to the community. Through community service, the nurse transfers knowledge in a manner that promotes dialogue, open communication and interdisciplinary relationships in the community.

Mary Joan Laufer, W.H.C.N.P.-B.C., M.C.-B.C., Center for Women’s Health

Distinguished nurse
An expert role-based nurse who has been in practice more than 15 years. This nurse has taken the lead through innovative leadership, fostering involvement in the profession or forming and engaging partnerships within the community.

Deborah Carter, B.S.N., R.N., Casey Eye Institute Surgery/OR

Management
A nurse who demonstrates exceptional management of nursing or patient care services in any setting. This nurse manages the role and application to ensure that practice standards are upheld and that the environment is designed to support the professional role and nursing practice.

Lee Patton, Ph.D., R.N., N.E.A.-B.C., Cardiology

Presentation of the Virginia I. Sznewajs Award for palliative care nursing
The Virginia I. Sznewajs Award was created by the Sznewajs family to recognize an RN who consistently demonstrates excellence in supporting patients and their families through a life-threatening disease and the death of a patient. The award supports the staff member’s continued professional development in the area of palliative nursing.

Kathleen Orrick, R.N., Care Management

Nurses Week poster winners
During Nurses Week in May 2014, OHSU displayed 54 posters highlighting unit initiative and improvements. Winning posters were selected in two categories:

Informational / motivational poster
Multidisciplinary Collaboration in Ethiopia
Liz Marut, B.S.N., R.N., and Mandy Penner, B.S.N., R.N.

Formal improvement / research poster
Preventing Unplanned Extubations in the Pediatric ICU
RNs and RTs of the Pediatric ICU

Additional awards
March of Dimes Nurse of the Year winners
Nearly 400 nurses were nominated, and two OHSU nurses were recognized for exceptional practice in the following categories:

Nancy Burnett, M.P.H., R.N., C.C.R.N. – Nurse of the Year: Nurse Leader

Nikki Wiggins, R.N., B.S.N., C.C.R.N. – Critical Care Nurse of the Year

Portland Monthly magazine, top nurse practitioners, January 2014

Patricia Dawson, M.S.N., N.N.P.-B.C. – Neonatology

Larissa Jeffeys, R.N., M.N., PM.H.N.P. – Psychiatric and Mental Health

Leanna Jones, M.S.N., N.N.P.-B.C. – Neonatology

Serena Kelly, M.S.N., F.N.P.-B.C. – Acute

Mary Joan Laufer, M.S., W.H.C.N.P.-B.C. – Women’s Health

Julie McKee, M.S., F.P.N.-B.C. – Pediatric

Michele Megregian, M.D., C.N.M.-B.C. – Certified Nurse Midwife

Jayne Mitchell, M.S., A.N.P.-B.C. – Acute

Meghan Seeley, M.S.N., E.N.P.-B.C. – Women’s Health

Brian Wetzal, M.S., A.C.N.P.-B.C. – Acute
Selected podium and poster presentations


Ellingson, L. (2014, May) OPEx and RT2C at OHSU: The next chapter in our journey to performance excellence. Presentation at the Northwest Organization of Nurse Executives, Portland, OR.


Wilson, M. (2014, January). Mental Health patients in the ED. Podium presentation at the Regional ED Manager/EMS/Multi-nominal Acute Care Advisory Council meeting, Portland, OR.


Selected publications


Additional honors

Sigma Theta Tau International, Critical Advisory Task Force Chair, 2014 – present

Dana Bjarnason, Ph.D., R.N., N.E.-B.C.

Oregon Action Coalition, Practice representative, 2014 – present; Chair, Community Workgroup, 2014 – present

Dana Bjarnason, Ph.D., R.N., N.E.-B.C.

2013 OHSU Pediatric Residency Program Clinical Staff Team Award for Exemplary Contribution to Resident Education

Patty Dawson, M.S.N., N.N.P.-B.C.

Fetal Heart Monitoring Instructor Recognition Award from the Association of Women’s Health, Obstetric and Neonatal Nurses in January 2014. The award is meant to “acknowledge and highlight instructors’ involvement, unwavering commitment and significant contributions in helping… achieve goals for promoting the health of women and newborns”

Lori Irwin, M.S., R.N., C.N.S., N.C.C.-E.F.M.

President, 2014 – present, Dermatology Nurses’ Association

Heather Omonday, B.S.N., R.N., F.N.P-C.

Featured in an article in the July/August 2013 issue of The American Nurse, the magazine of the American Nurses Association in an article entitled “Inspiring nurses, providing for patients: how certification makes a difference” The article describes the clinical confidence and sense of pride, fulfillment and empowerment fostered by pursuing specialty certification.

Lisa Schildmeyer, R.N.-B.C.

Certificate of Excellence in Reviewing, Elsevier/Pain Management Nursing, May 2014

Helen Turner, D.N.P., R.N.-B.C., P.C.N.S.-B.C., F.A.A.N.
OHSU Health Mission
Through innovation, education and clinical expertise we provide the best possible healthcare experience for patients and their families.

OHSU is an equal opportunity, affirmative action institution.