

CLINICAL EXCELLENCE

2016 Annual Report

Focus on shared leadership



SALEM HEALTH
An OHSU Partner



Table of contents

<u>Chief Nursing Officer Message</u>	<u>3</u>
<u>Magnet Program Director Message</u>	<u>5</u>
<u>Clinical Excellence Coordinator</u>	
<u>Supports Shared Leadership and Magnet</u>	<u>7</u>
<u>Shared Leadership Day</u>	<u>8</u>
<u>Shared Leadership Council Overviews,</u>	
<u>Accomplishments and Members</u>	<u>10</u>
<u>Housewide Staffing Update</u>	<u>27</u>
<u>SHINE'ing Stars</u>	<u>31</u>
<u>Connecting to our Community</u>	<u>32</u>
<u>Sharing Best Practices</u>	<u>36</u>
<u>Notable Organizational Work</u>	<u>38</u>
<u>Celebrations</u>	<u>45</u>
<u>Sally's Story:</u>	
<u>Why "Magnet" is NOT JUST a Nursing Thing</u>	<u>52</u>

Chief nursing officer message



WITH PRIDE AND APPRECIATION,

**Sarah Horn, MBA, BSN, RN, NE-BC,
RNC-NIC**

CHIEF NURSING OFFICER

What an honor and privilege it is to showcase our interdisciplinary team and their remarkable achievements over this past year. As a Magnet-designated organization, we are in a position to be trailblazers and innovators; all while we rise to the challenge to continuously deliver high quality care. Driven by a desire to make a difference to the people in the communities we serve, your spirit of clinical inquiry and lifelong learning reaches far beyond our walls.

Our recent Joint Commission Survey was a remarkable success! This May, surveyors arrived ready to take an in-depth look at our processes, practices and environments across all of our service lines and boy were we ready. They were extremely complimentary of the professionalism and competency of the staff. The Joint Commission surveyors were very impressed with our commitment to providing safe, quality care to our patients.

The contents of this annual report demonstrate our team's dedication to improving patient care, improving the quality of the patient experience, as well as highlights your daily work, meaningful projects and many "Magnet moments" experienced, both as individuals and in groups. There are many proud moments to showcase, but one of great significance is our

enhanced shared decision making and Professional Practice Model. Shared leadership and decision-making is a core principle of a Magnet organization and one of the core components of our professional practice model, SHINE. There is strong evidence that this collaborative effort of staff and leadership results in exceptional experience and optimal clinical outcomes for our patients. Furthermore it guides the direction of Salem Health towards positive outcomes in the community and work environment. This past year, we are proud that we have implemented a NEW Shared Leadership structure which:

- Supports professional practice and ownership
- Empowers front line staff to influence change
- Creates a venue to allow strategy work to be carried out by those at the front line(s) to foster a shared commitment to strategic priorities
- Provides a structure which supports leadership growth and development, and
- Gives authority closer to the front line

It takes enormous commitment and willingness to successfully master shared leadership and decision making. All 47 Specialty Practice Teams are working collectively with our seven Shared Leadership Councils to meet the Magnet standards for exemplary professional practice, structural empowerment, new knowledge, innovations and improvement and transformational leadership.

In the following pages you will read about each Council's purpose and responsibilities as well as their membership and desired outcomes. We know the Magnet expectations for empirical outcomes will continue to rise with each renewed certification, and our new Shared Leadership structure and our ever

evolving Professional Practice model positions us well to meet the challenges ahead. This model requires a willingness to invest in decision-making and requires recognition that the performance of each person's job is directly linked to the success of the organization and ALL staff members need to commit to contributing. I encourage you to read Why Magnet is NOT JUST a "nursing thing" at the end of this report. Together we achieve more than we ever could individually.

Our continually, evolving trek to sustain Magnet re-designation is proving to be a wonderful mix of self-reflection, accomplishment, and continued perseverance. Being Magnet is recognition for interdisciplinary excellence; it takes the fortitude and determination of every member of the Salem Health team to achieve and maintain this prestigious designation. I applaud your professional commitment, patient-focused approach, skills and talent.

In the coming year, we will focus on building even stronger teams. This includes our new affiliation with OHSU. Since November of 2015, the culmination of work between the Boards of Salem Health and OHSU have given rise to many opportunities for growth and development. As a result, leaders and staff have been working diligently to identify opportunities to strengthen our new relationship with OHSU and leverage our partnership. With the unknowns of health care reform and challenging economic conditions, now is the time to embody what it means to provide "an exceptional experience every time." At Salem Health, we truly have an amazing team, and what you do each and every day is inspiring.

For everyone here, Magnet unifies, empowers, and innovates the entire inter-professional team on a daily basis. Our journey into the future is going to be different and we must continually adapt to our changing environment and world to assure we provide the best possible care for our patients. As Henry Ford stated, "Coming together is a beginning; keeping together is progress; working together is success."

Magnet director message



KEEP EXCELLING!

**Margo Halm, PHD, RN,
ACNS-BC, NEA-BC**

DIRECTOR, NURSING RESEARCH,
PROFESSIONAL PRACTICE & MAGNET

How time flies! It has been over a year since we received our first Magnet redesignation in July 2015. We all know with each redesignation the bar is raised and more is expected in the clinical excellence we achieve together for our patients and families, staff and colleagues. During this past year we first paused to reflect on all we learned during the redesignation process to enable us to put structures and processes in place to help us be even more successful going forward. I'd like to highlight some of these accomplishments:

1. Transformation of the 4-Step Problem Solving (4SPS)

Template — The template for the organization was revised to incorporate components of clinical excellence into the 4 step process. These elements included:

- Aligning the Clinical Excellence standards when applicable to our work to help identify potential exemplars.
- Incorporating evidence into the 'what should be happening' phase of Step 1, as well as considering evidence-based countermeasures in Step 3.
- Specifying the data requirements in Step 3 for our experiments, and Reflecting on lessons learned and how learnings can be spread.

This tactic helps our organization integrate Magnet with Lean so our improvement systems are aligned.

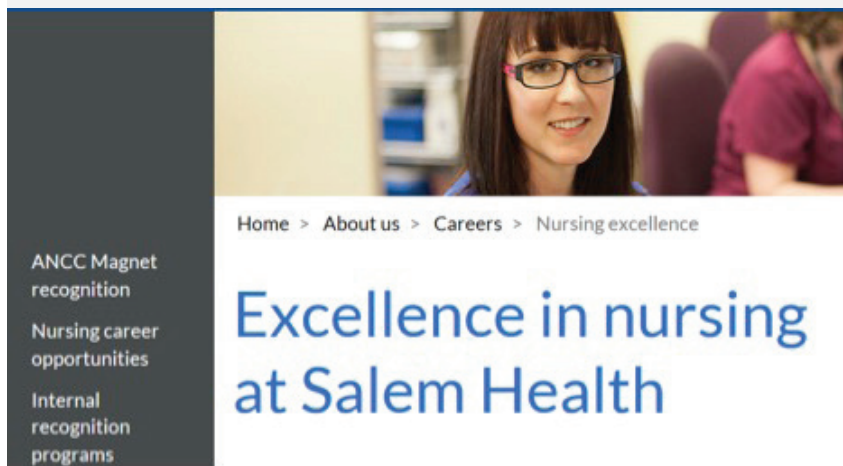
2. Clinical Excellence Hoshin — Like Salem Health's other Hoshins, the Clinical Excellence Hoshin is a 3-5 year nursing strategic plan with goals and tactics aligned with the four Magnet pillars. As shown on the plan below, the Hoshin outlines our 3-5 year breakthrough objectives, with associated targets of measurements and annual incremental breakthrough targets. In our next fiscal year, unit managers and SPTs will be encouraged to track their performance on these targets in order to monitor our overall progress.

3. Magnet Writing 1.0 Toolkit – Another improvement was the creation of a toolkit to assist authors while writing exemplars for our Magnet redesignation slated for 2019. The toolkit is an excel file that contains everything an author needs, from ANCC's Clinical Excellence standards to their glossary of terms, to a template for graphing your data, to specific outlines for each clinical excellence standard.

4. Clinical Excellence Coordinator - I am excited I had the opportunity to hire Nancy Dunn, MS, RN, as the Clinical Excellence Coordinator to advance shared leadership and clinical excellence standards into our everyday work. Nancy comes to Nursing Administration with years and years of experience in improvement work so she is well suited to help us continually advance our level of clinical excellence. More about Nancy can be found in her cameo appearance on page 7.

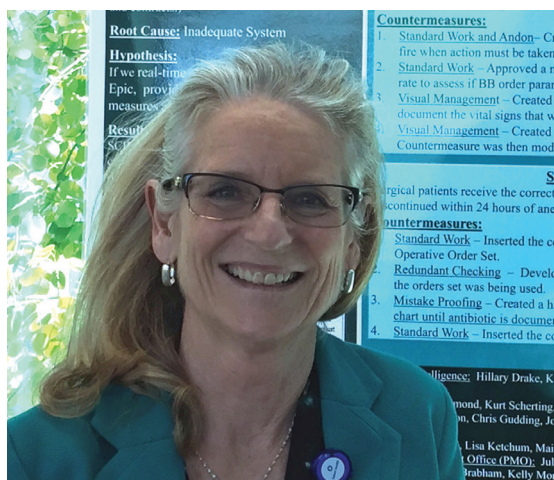
"Title of Improvement Project" "Your Department and Target Patient Population"				
Project Improvement Team:				DATE:
Name	Credentials	Description	Title	Department
Dr. [Name]	MD, MSc, CPD	Pharmacy	Emergency Residency Program Director & Clinic Coordinator	Pharmacy
Organizational Strategies Other strategies aligned does this project align most closely?				
QUALITY/SAFETY FINANCIAL PERFORMANCE PATIENT EXPERIENCE ENGAGEMENT PHYSICIAN ENGAGEMENT POPULATION MANAGEMENT				
Magnet Domains Which domain and source of evidence does this project align most closely?				
• TRANSFORMATIONAL LEADERSHIP Alignment with specific source of evidence (e.g., TUEO);				
• STRUCTURAL EMPOWERMENT Alignment with specific source of evidence (e.g., SEIO);				
• EXEMPLARY PROFESSIONAL PRACTICE Alignment with specific source of evidence (e.g., EPE);				
• NEW KNOWLEDGE, IMPROVEMENTS & INNOVATION Alignment with specific source of evidence (e.g., NKI);				
Step 1 – Do I have a problem?				
Context What is the Problem? Supporting Evidence that Informs Improvement Project List applicable supporting evidence: examples may include: • Primary references (author last name, initial; title of article; journal name; year; volume/issue; page number) • Professional organization practice standards (Title of standard, name of professional organization, year) • Professional conference session (Name of session, conference, year) • Benchmark Data: Is internal or external practice data available for a benchmark target? If yes, list it with source.				
What is Actually Happening? Measurable Gap Baseline Data: NOTE: For critical evidence/improvement work, baseline gap must be in month, quarter or year format Baseline process flow: Process or step? Baseline data point? Evidence				
Impact: Baseline outcome data: Include 1 baseline data point (REQUIRED)				
Step 2 – Do I know the root cause?				
Point of Cause Direct Cause Why?/s Root Cause				
Step 3 – Have I confirmed cause and effect?				
Hypothesis First (Cause) then Test (Outcome) Make a hypothesis • Specific (significant) thinking: How are we trying to accomplish? • Measurable (measurable) mechanism: How much do we expect? • Actionable (actionable) acceptable, action-oriented: How can you give the best result? • Evidence (evidence) association, association, association-oriented: How realistic is it based on other constraints? • Evidence (evidence) association, association, association-oriented: How realistic is it based on other constraints?				

PAGE 1



Clinical excellence coordinator

Supports shared leadership and magnet



Nancy Dunn, MS, RN
Clinical Excellence Coordinator

Salem Health's new professional practice model uses a shared leadership and decision-making structure to assure we achieve the desired empirical outcomes for our staff and the patients we serve. To support the structure, a new position, the Clinical Excellence Coordinator (CEC), was created.

The CEC supports and coaches the 47 inter-professional Specialty Practice Teams (SPTs) to become effective and efficient work groups. In collaboration with the Shared Leadership Steering Committee, the Coordinator develops and implements standardized tools, processes and indicators to assist with team development and function, as well as measurement of empirical outcomes related to improvement work. The coordinator uses monitoring and assessment data to drive the improvements necessary and to coach the members of Shared Leadership, including the Councils and the SPTs.

Additionally the CEC works in partnership with the Magnet Program Director and nursing leadership to integrate the essentials of professional practice within Salem Health's structures and systems. The coordinator coaches multiple stakeholders across the organization on the Magnet model to ensure clinical excellence activities are developed and appropriately documented for redesignation submission and that the entire team can confidently articulate the impact of their professional practice during Magnet site visit surveys.

In April of 2016, Nancy Dunn RN, MS was hired into the position. Nancy has over 7 years of improvement experience at SH, starting as a Performance Improvement Consultant for 2 years followed by 5 years as the Senior Kaizen Clinical Nurse Consultant in our Lean program. This experience plus many decades of external improvement work experience positions Nancy nicely for integrating Lean and Magnet. Nancy's extensive involvement with data-driven and patient-centered improvement work will be an asset to her new role and the staff she coordinates and coaches.

Shared leadership day

Sara Wagnier, BSN, RN, ONC
Practice Council Chair

Our professional practice model, SHINE-Salem Health is Interdisciplinary and Nursing Excellence, is based on shared decision making through our Shared Leadership structure. This structure allows interdisciplinary and nursing frontline clinicians to work collaboratively with administrators to determine nursing practice, standards of care, and hospital policy and procedures. It is based on the principles of partnership, equity, accountability and ownership. Shared leadership empowers interdisciplinary clinicians to define, implement and maintain current practice standards and to implement the vision and strategic plan for excellent patient care.

The aims of Shared Leadership include:

- Drive accountability to the level of frontline clinicians
- Provide a vehicle for frontline clinicians to share in decision-making
- Engage frontline clinicians in innovative and collaborative problem-solving and strategy development
- Encourage discussion and resolution of clinical operational issues

History of Shared Decision Making and Evolution of Shared Leadership

In 2014 our staff attended the National Magnet Conference and learned about the innovative Lean approach Stanford Medical Center was taking to “blow-up” their shared governance structure. At the conference Stanford shared its journey and learning from their new approach to shared decision making and caught the attention of many clinicians in attendance. Our staff member brought the presentation back to Practice Council Steering

Committee and we reached out to Stanford to learn more about their work. We were offered an immersion in their shared leadership day along with several other Magnet hospitals from across the nation.

As the Practice Council Chair I was encouraged to attend the immersion day along with my Vice Chair. What we saw at Stanford was inspiring to both of us. We were immersed in their shared leadership day among highly professional frontline clinicians who were reporting out on performance improvement projects and being recognized for their excellent work and dedication to patient outcomes. Their shared leadership day was highly attended by engaged and empowered frontline clinicians. They were using Lean tools to turn out work and capture progress visually. Ultimately, we were inspired to bring back what we saw to our Practice Council and Steering Committee.

Over the past year the Practice Council members have participated in creating our own new Shared Leadership structure by critically evaluating the strengths and weaknesses of the past structure and adapting best practices developed by Stanford Medical Center to fit into our culture of excellence at Salem Health. The collaboration of SPT chairs and Practice Council Steering Committee resulted in the current Shared Leadership structure that includes new councils designed to broaden the scope of shared decision making and support leadership development of our bedside clinicians on a monthly basis.

Our new structure is designed to reduce space and time between council meetings, dissemination of information and decision making. Representatives of the main shared leadership councils also make up their unit SPTs so information and decision making can happen on shared leadership day monthly.

The new structure allowed the creation of Coordinating Council where administration and frontline can come together to make housewide clinical decisions with one voice. This component was entirely missing from our previous structure and is greatly supported by our formal leadership. This Coordinating Council has already resulted in collaboration among bedside clinicians and operational leaders to bring about change at the bedside as well as provided ongoing recognition for those clinicians who exemplify shared leadership.

Another addition to our Shared Leadership structure is the Education and Leadership Session. This session is held monthly on Shared Leadership Day and includes topics aimed at nurturing the skills and development of our frontline clinical leaders. All members of Shared Leadership come and are exposed to foundations of shared governance, Lean tool training, leadership development and professional practice poster presentations.

The new structure also allowed us to unveil an Action Request Form (ARF). Designed by the Practice Council and accessed electronically from the Salem Health Intranet, the ARF allows any staff to submit a request to the Shared Leadership Steering Committee for information dissemination, decision making for clinical practice or policy change, and/or additional resources for interdisciplinary problem solving. This process has already resulted in practice and/or policy change around management of diabetes patients, IV contrast administration safety, CNA skin care practices, cisco phone volumes, visual management of patients with aggressive behavior, and several more still in the interdisciplinary problem solving stage.

Commitment to Excellence

Leaders in practice at the bedside striving for excellent patient outcomes make up our Shared Leadership structure. Those clinicians at the bedside on a daily basis can see improvement opportunities and have the power and conviction to make an impact on patient outcomes. Our Shared Leadership structure empowers all staff to have a voice in their practice and represents their unique point of view in decision making. Additionally, it allows us to keep the spirit of continuous improvement and the focus on excellent patient outcomes as we at Salem Health are committed to improving the health and well-being of the people and community we serve.

Practice Council

Practice Council is a forum of interdisciplinary clinicians and assigned leadership that defines, implements and maintains standards of professional practice, consistent with national and community standards. Evidence-based standards provide the framework for all professional interdisciplinary clinical activities. The Practice Council addresses professional issues and disseminates best practices to achieve excellent patient outcomes. The restructuring of the Shared Leadership Day, under the leadership of Sara Wagnier, was a monumental accomplishment of this council this year.



Practice Council Chairs and Co-Chairs

SPT Home Unit/Department	SPT Chair	SPT Co-Chair
Acute Rehab Services Council	Megan A. Corrado	Ellie N. Barna, Jamie L. Stevenson, Anna C. Kaser, Katheryne M. Zempel, Bobby T. Swettman
Angiography	Nancy S. Leach	Teri J. Benzinger
Cardiac Non Invasive Services	Rick S. Lenhardt	Geneva G. Stoyles
Cardiac Rehabilitation	Gloria M. Summers	
Care Management	Emily J. Barker	Marcella A. Kraft
Clinical Pharmacy	Shanta L. Roberts	
CNA Unit Clerk Council	Polly Shadrin	
CVCU	Rachel V. Kaufman	Tiffany Karnaghon-Wirt
Emergency Department	AmberLynne M. Kelly	Nathan L. Holan
Endoscopy Lab	Amie M. Walton	Alina B. Mattison
Environmental Services	April D. Cornejo	Rachel L. Bodenstag
Float Pool	Lindy S. Mongenel	Terry A. Newkirk
General Surgery Unit	Katie N. Kammann	Teri D. Ottosen
ICU Intensive Care Unit	Robin Mack	Rienna S. Gildner
Imaging	Michael A. Devine	Sarah K. Weitzman
IMCU	Harriett F. Martin	Jennifer D. Tucker
Infusion Center	Lea C. Estrabo	Catrina L. Mero
Interventional Recovery Unit	Sandy L. Davidson	Kari E. Velez
IP Rehab Nursing	Gina C. DiGiusto	
IS Clinical	Hannah M. Bauer	Hillary T. Drake
IV Pharmacy	Shanta L. Roberts	
Lab Clinical Support Services	Stephen T. Kearns	Cole W. Cook
Labor & Delivery	Devin N. Hookland	Erica M. Schiess
Medical Surgical Oncology	Lily-Claire N. Orme	Jenna Campos Santos
Medical Surgical Unit	Rashed B. Ceniza	Kelsie R. Burdick
Medical Telemetry Unit	Leah N. Lindsey	
Medical Unit	Carlee J. Bizon	
Mother Baby Unit	Cassandra A. Moss	Susan D. Dent
NICU	Julie H. Cox	Judy A. Rush
NTCU	Alex C. Morrison	Leelyn R. Zucker

Nutrition Services	Julie E. Hillard	
Operating Room	Tabor L. Scrabeck	
Orthopedics	Wendi R. Lahodny	Amy Silvey
PACU	Dianne L. Morgan	
Pediatrics & WCS Float Pool	E. Michelle Jones	Tara L. Edick
Pharmacy	Shanta L. Roberts	
Pre Surgical Screening	Mary Jo Brown	
Prep Recovery	Ann L. Nathan	Mary M. Simon
Psychiatric Patient Services	Katie R. Hasselman	Laurie S. Miller
Radiation Oncology	Alicia J. Rowland	
Respiratory Care	Jolene L. Rice	Jackie Williams
SHMG Family Medicine	Kelly M. Veasman	Andrew J. Sowles
Sleep Disorder Center	Debbie A. Penning	Fran R. Franklin
Sterile Processing Department	Jaron T. Sanchez	Jeremy C. Gallaher
Trauma Services	Jennifer L. Stapley	Christi N. Karst
Vascular Access	JoDee Hunter	
WVH Pharmacy	Valerie L. Allen	

Professional Growth & Development Council

This Council consists of clinical staff from both inpatient and outpatient settings who are passionate about staff obtaining, maintaining, and advancing competency to meet the organization's mission and vision. The Council supports the Magnet pillar Structural Empowerment where frontline staff are actively engaged in planning, coordinating and implementing opportunities for growth and development along with recognizing and celebrating achievements. Council members act as liaisons to boost communication both to and from staff to identify the training and developmental needs throughout the organization.

The Council has been actively involved in the application process for Salem Health Foundation funds specifically designated for staff professional growth and development. Time is spent with Human Resources to assist with clarification of APEX application questions, and with the Student Placement Coordinator to improve the student placement process and encourage attendance at the Professional Development Institute. Members have provided lists of professional organizations and professional certification information leading to the development of a comprehensive resource for all areas to access on the SHINE website.

Ongoing projects, through subcommittees, include providing resources to help staff correctly complete the APEX application, outlining a process for staff to bring important information back to units after attending conferences, and how to recognize staff for all accomplishments including advancing education and/or receiving a professional certification.

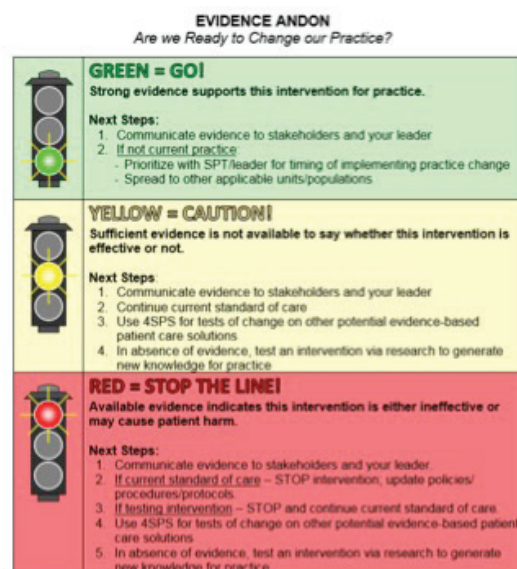
Professional Growth & Development Council Members

Unit	Name
Clinical Education	Amy Stokes, CHAIR
Imaging	Melissa Burgdorf, CO-CHAIR
3 West, Medical Surgical	Cynthia Trujillo
4 South, Medical Telemetry	DeAnna Carroll
5 South, General Medical	Emilie Fields
5 North, Medical Surgical Oncology	Lisa Mertz
	Jenna Campos-Santos
6 North, General Surgery	Kelsey Muramoto
6 South, Orthopedics	Annie Hartle
	Diana Hodapp
IMCU	Jordan Reed
NTCU	Kim Mullins
CVCU	Heather Pfrehm
ICU	Alyse Langbecker
	Ben Burlison

Labor & Delivery	Melissa N’Gaida
Prep/Recovery	Heide Keifer
Angiography	Teri Benzinger
IP Rehab	Kathy Mahosky
PACU	Denise Ziak
Infusion & Wound	Catrina Mero
PMC	Felicia Rosenberger
ED	Kaylee Corrado
Cardiac Rehab	Amy Schmidt
Float Pool	Wendee Flesher
Care Management	Marcella Kraft
Lab Services	Jodine Wood
Interventional Recovery Unit	Michele Doran
Kaizen (KPO)	Sarah Brown
Clinical Education	Penny Edwards
	Michael Polacek
	Sarah Wolfe
	Jeanine Scott
	Debbie Lohmeyer
	Kelly Honyak
	Amy Brase

Evidence-Based Practice Council

This Council also consists of clinical staff from nursing and other clinical disciplines who are interested in understanding the scientific basis of their clinical and professional practice. It supports the New Knowledge, Innovations and Improvement domain within the Magnet Recognition Program. Council meetings have been spent learning about the standards within this Magnet domain and identifying strategies to infuse evidence into the culture of our practice. One activity the Council engaged in was spending time in the computer lab reviewing evidence-based information and standards from each member’s respective



professional organizations. This surveillance for new evidence-based standards will be a regular, ongoing activity of the Council to ensure changes in clinical practice are made in keeping with the newest science and recommendations.

The Council has also explored the evidence behind various clinical practice questions from frontline staff. Examples include the safety of transporting patients with blood infusions without a nurse and the showering in hemodialysis patients with tunneled central venous catheters. Questions like these arose from frontline staff through a variety of mechanisms, such as Rumor Has It and the annual Clinical Inquiry Challenge. 5 South won the 2016 Clinical Inquiry Challenge with 59 PICO (Patient/

Problem/Population, Intervention, Comparison, Outcome) questions. Our goal is to encourage a spirit of inquiry each and every day and not wait for our annual, fun challenge. Continue to ask questions about your practice and integrate them into your Lean projects like Quick and Easy and 4-step problem solving issues.

In the spirit of Lean, the EBP Council also created an Evidence Andon to inform clinicians and leaders about the state of evidence on clinical issues that arise. As evidence for clinical issues is evaluated and synthesized in our standard evidence table, the appropriate red, yellow or green stoplight will be used as a signal for what the evidence suggests about that practice.



Evidence Based Practice Council Members

Unit	Name
Director of Nursing Research & Magnet	Margo Halm, CHAIR
5 South, General Medical	Elena Pettycrew, CO-CHAIR
3 West, Medical Surgical	George Cicolani
4 South, Medical Telemetry	Cristie Spear
5 North, Medical Surgical Oncology	Erin Jamieson
	Crystal LeBoeuf
6 North, General Surgery	Susan Rojo
6 South, Orthopedics	Katie Wade
IMCU	Sarah Moyes
NTCU	Jennifer Saechao
CVCU	Kylee Bowers
ICU	Marlaine Magee
MBU	Megan Bortnem
WCS Float	Emily Middleton
Prep/Recovery	Nancy Simmons
OR	Matthew Hunt
Angiography	Nancy Leach
Vascular Access	Debra Jasmer
IP Rehab	Teresa Sailing
PACU	Jessica Russell
	Kristi Tichenor
PMC	Shane Sipe
	Jay Harris
ED	Sarah McMillen
Cardiac Rehab	Julie Altree
Cardiac Service Line	Donna Thomas
Float Pool	Frank Gatto
Care Management	Melissa Shortt
RT	Manya Kanavalov
Pharmacy	AJ Sowles
Lab Services	Brenda Crawford
Nutrition	Lorri Thornton
WVH	Arielle Le Veaux

Interventional Recovery Unit	Kari Velez
Library – CHEC	Paul Howard
Kaizen (KPO)	Erica Randall
Clinical Education	Michael Polacek
Advanced Practice Nursing	Jeanne St Pierre
	Sandy Bunn
	Becky Ramos
	Michelle Hirschhorn
	Ann Alway

Informatics Council

According to its charter, the Council exists to “optimize and standardize the [electronic] documentation tools and clinical work flow processes of Salem Health.” Even though other aspects of an electronic medical record (EMR) may be discussed, the main topic of the council revolves around EMR enhancements. When reviewing requests for enhancements, the council will:

1. Prioritize requests for changes and enhancements to Epic, Salem Health’s EMR.
2. Analyze how these changes and enhancements affect the workflow and areas impacted.
3. Ensure that solutions are in line with Epic’s intended functionality.
4. Make recommendations to the Coordinating Council and to Clinical Leadership.
5. Utilize standard work for review of any changes recommended and made in the system.
6. Utilize standard work to roll out information to end users regarding the change.
7. Implement tools to improve patient safety, remove redundancy, and support efficient workflows.

8. Assure that tools meet regulatory and legal standards.
9. Utilize tools to assure that resources are available to support professional practice.

The Life of an Enhancement

The Council meeting is a great forum for collaboration between Information Services (IS) and clinical staff. However the meeting itself is only the tip of the iceberg in the life of an EMR enhancement. Below is a summary of the steps taken for an enhancement to be adopted:

- A staff member (nurse, nursing assistant, therapist, dietitian, doctor, etc.) has a bright idea for an enhancement and brings it up to their Specialty Practice Team (SPT).
- The staff member’s SPT reviews the idea and seeks to apply best practices to the analysis and solutions are considered.
- The request is submitted to IS via an online form.
- Senior Informatics Coordinator and Senior IS Analysts review, triage, and assign an Informatics Coordinator and an IS Analyst to each request.
- The assigned Informatics Coordinator reviews the

request with the Analyst and with the requestor. Identified stakeholders are often brought into the conversation as well.

- The request is presented and discussed in Council and a decision is made regarding the best solution to be implemented. Note that about 50 percent of requests submitted affect only one department and are not brought to the whole Council.
- If approved, the Informatics Coordinator, Analyst, requestor and stakeholders work together to build, test, and validate the request.
- The list of approved enhancements is then presented to the Coordinating Council for final approval.
- The approved enhancements tip sheet is sent to the house for info and education prior to go live.

Note that not all requests follow the exact sequence described here. It is also important to note that requests also come from other venues such as KPO projects, Patient Safety department, etc.

The Informatics Council has existed under the name of Clinical Documentation Council for a number of years. However, the reshaping of the Shared Leadership councils has brought some changes. First, the schedule of meetings went from twice a month to monthly. Secondly, membership has seen a much larger proportion of clinical staff present at the meetings. This has allowed for improved input and a better understanding and consideration of the impact of enhancements on clinical workflows. Finally, the new structure has the Coordinating Council be the final approving body for enhancements. The presence of nursing leadership

together with SPT chairs at this meeting gives a stronger vetting for approved enhancements.

For a large part of Jan-June 2016, IS has been in a build hiatus due to two large projects: Community Connect and the Epic 2015 upgrade. Even though the build hiatus has slowed the enhancement process down, it has not decreased the energy of the discussions in the Council. The re-scheduled March meeting also allowed council members to take part in a demo of the new features of Epic 2015 and give valuable input and influence details for some of the new features being implemented.

In the first 6 months of 2016, 110 requests for enhancements were submitted. 41 were discussed in the Council and 14 were approved. Some were declined while others require further discussion with stakeholders or need to be built for demo and will be brought back to the Council for review.

Among other things, approved enhancements this year included a revision of the Heart Failure education documentation, improved Port-a-Cath access documentation, Stroke discharge instructions changes, improvement of Mucositis Assessment, and streamlining of Open Heart Pre-Op checklist with standard Pre-Op checklist.

Overall, the revamped Informatics Council has been and continues to be a great forum for shared leadership. It gives staff members a voice in and greater ownership over Salem Health's EMR.

Informatics Council Members

Unit	Name
IS- Clinical Informatics	Bernard Maurer, CHAIR
IP Rehab	Stephen Nielsen, CO-CHAIR
3 West, Medical Surgical	Kelsie Burdick

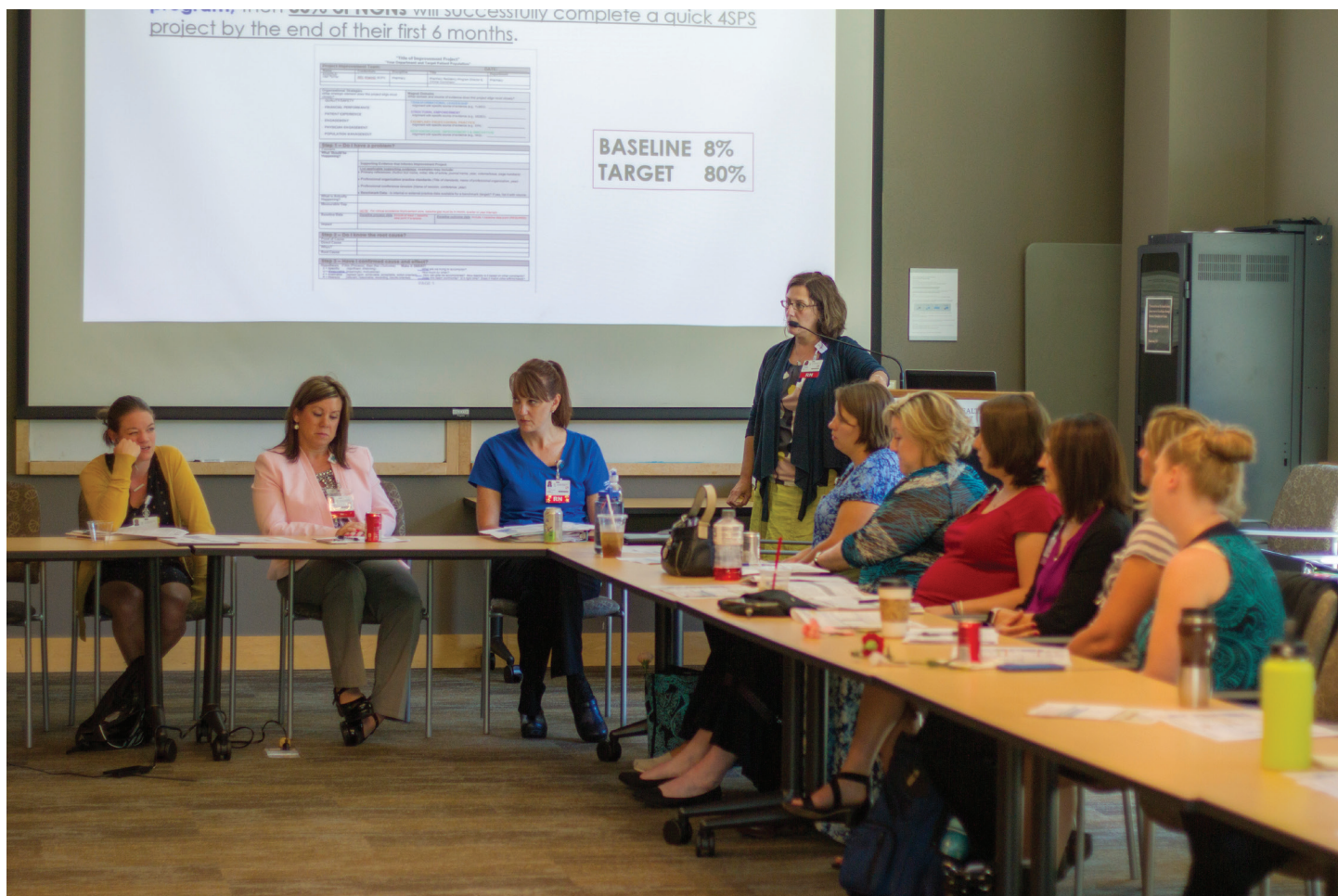
4 South, Medical Telemetry	Sara Aulerich
5 North, Medical Surgical Oncology	Tom Abbott
5 South General Medical	Victoria Sapp
6 North, General Surgery	Andi Lamont
6 South, Orthopedics	James Atchley
IMCU	Renee Montes
NTCU	Miranda Hennan
CVCU	Kellie Wilcox
ICU	Jean Lucas
WCS	Jennifer Graham
Prep/Recovery	Jennifer “Jean” Humphreys
Angiography	Kristen Perrin
Vascular Access	Darci Cimino
IP Rehab	Stephen Nielsen
Acute Rehab	Melissa Berry
ED	Brandy Belling
Float Pool	Russell Roberts
Pharmacy	Matt Tanner
Nutrition	Karen Huntzinger
Radiation Oncology	Becky Ruppert
Interventional Recovery Unit	Amy Crain
EVS	Heather Phelps
WVH	Sharon McVey
Patient Safety	Laura Duddy
Respiratory Therapy	Manya Kanavalov
IS – Clinical Informatics	Laura Fredericks
IS – Clinical Informatics	Lovely Janvier
IS – Clinical Informatics	Jerrod Potter
IS – Clinical Informatics	Leanne Puga
IS – Clinical Informatics	Rhonda Winn
IS – Clinical Informatics	Lisa Wood
IS - Analysts	JoAnne Spink
IS - Analysts	Aimee Tilson

Coordinating Council

The purpose of this Council is to promote the delivery of safe, high quality patient care by serving as a ratifying body for nursing and interdisciplinary issues. It was established to promote consistent communication, intersection and collaboration related to organizational work and priorities between the shared leadership councils, organization leadership and the unit-based specialty practice teams (SPTs). It also incorporates oversight of the Magnet recognition program to ensure all standards are embedded and sustained in professional practice.

Additionally the Council is intended to streamline communication among Councils, promote professional growth and development, offer a venue for shared leadership and decision making between the front line and operational leaders, and prioritize improvement work in relationship to capacity.

Co-chaired by the CNO and the Practice Council Chair, the Council structure includes SPT and Council Chairs, all nursing and two non-nursing directors, two nursing and two non-nursing managers, a Clinical Nurse Specialist, a Professional Development Specialist, the Director of Research, Professional Practice and Magnet and the Clinical Excellence Coordinator.



The Council process includes the vetting of front-line Action Request Forms (ARFs) that require across organization input, resources, problem solving or barrier elimination and consensus for follow-up action. Another primary process is to highlight all Council achievements and cross-communication since the Councils meet simultaneously prior to the Coordinating Council. Often this results in shared collaboration, consensus and decision making. The Coordinating Council provides a forum for the CNO to provide administrative updates on organization metrics and dashboards including the nurse sensitive indicators (NSIs), strategic planning and special requests from other organizational leaders and other committees that need input and/or want to provide information relevant to the Shared Leadership and professional practice model. The composition of the members

creates a forum for recognizing small wins by SPTs, review of the Magnet grid and nursing strategic plan, and reviewing issues from Nursing Peer Review.

Some examples of outcomes from the Coordinating Council include the designation of Shared Leadership members to the Strategic Planning Catchball process, recognition and support for forming a Seclusion and Restraint Committee, revision and adoption of the new RN Job Description, input and consensus on paging options, decision making on use of organizational resources for the MedLine News contract, and support for making CISCO phone enhancements.

Coordinating Council Members	
Unit/Role	Name
Chief Nursing Officer, Co-Chair of Coordinating Council	Sarah Horn
Chair of Practice Council, Co-Chair of Coordinating Council	Sara Wargnier
Co-Chair of Practice Council	Jessica Reese
Director of Nursing Research, Professional Practice & Magnet, Chair of EBP	Margo Halm
Co-Chair of EBP	Elena Pettycrew
Clinical Excellence Coordinator	Nancy Dunn
Chair of Informatics	Bernard Maurer
Co-Chair of Informatics	Stephen Nielsen
Chair of Professional Growth & Development	Amy Stokes
Co-Chair of PG&D	Melissa Burgdorf
WVH Administration	Arielle Le Veaux
Director – Critical Care, Ed, Trauma	Zennia Ceniza
Director – Adult Health Services	Dana Hawkes

Director – Operating Room	Susan Spohr
Director – Women’s & Children Services	Vivien Mudgett
Director – Perianesthesia	Kristen Myers
Director – Community Benefit	Sharon Heuer
Nurse Manager – MBU	Lisa Ketchum
Nurse Manager – IP Rehab	Gina DiGiusto
Respiratory Manager	Bill Cohagen
Director – Imaging & Lab Administration	Mary Ransome
Professional Development Specialist	Amy Brase
Clinical Nurse Specialist – Gerontology	Jeanne St Pierre
SPT Chairs – House Wide	Practice Council (see PC member list)

Sustain & Operate (S&O) Council

The S&O Council was established to promote continuous oversight and monitoring of metrics and to ensure accountability is pursued when metrics are not meeting targets. The S&O Council promotes consistent communication, direction, and recommendation related to organizational work and priorities. The S&O Council also offers a venue which fosters a connection between front line leaders and organizational metric monitoring. The main accomplishment of the S&O Committee in FY’16 was building a partnership with Business Intelligence.

S & O Members	
Unit/Role	Name
Chief Nursing Officer	Sarah Horn - CHAIR
Co-Chair of Practice Council	Sara Wagnier
Co-Chair of Practice Council	Jessica Reese
Peer Review/Clinical Data/Pt Safety	Pamela Cortez
Manager - Infection Prevention	Julie Koch
Nurse Manager – Med Surg	Barb Merrifield
WVH Administration	Arielle Le Veaux
Business Intelligence	Aaron Gilliland
Director of Research, Professional Practice & Magnet	Margo Halm
Director of Continuous Improvement	Jaime Nichols
Accreditation & Patient Safety	Kristy Bond
Kaizen Quality & Safety	Leah Mitchell

Specialty Practice Team Members

Salem Health Specialty Practice Teams by Department/Unit			
Dept/Unit	SPT Chair	SPT Co-Chair	SPT Members
Acute Rehab Svcs	Megan A. Corrado	Ellie N. Barna; Jamie L. Stevenson; Anna C. Kaser; Katheryne M. Zempel; Bobby T. Swettma	Jason S. Gough; Megan L. Seney; Melissa L. Berry; Philip J. Haworth; Kim Baglien; Trent B. Tompkins; Sharon A. Gwyn; Kathy M. Willcox; Lisa J. Davis; Bobbie L. Wagner; Lorene I. Young; Margaret C. Burden; Bruce C. Coy; Steve M. Paysinger; Laura A. Aspinwall; Pamela A. Scott; Corey R. Brown; Cortnie H. Haun; Katherine Harrahill; Kerstin A. Ilg; Mark T. Kucey; Sarah E. Hall; Sara G. Winston; Julie C. Tucker; Laurice Riddell; Stephen J. Schwarzenberger; Gina C. DiGiusto; Jamie L. Stevenson; Juan C. Lopez; Susan B. Redmond; Vanessa Orozco
Angiography	Nancy S. Leach	Teri J. Benzinger	Tammy J. Phillips; Wendy A. Sousa; Christopher G. Lebel; Kristen M. Perrin; Dustin R. Hubbard; Bonnie F. Grady; Dick C. Jackman
Cardiac Non-Invasive Svcs	Rick S. Lenhardt	Geneva G. Stoyles	Rick G. Johnson; Renee K. Martizia-Rash; Leah M. Tripp; Kelsi J. Taylor; Geneva G. Stoyles; Wayne S. Pruitt; Emily S. Pickett; Julie A. Hulburt
Cardiac Rehab	Gloria M. Summers		Julie A. Altree; Chris D. Gallagher; Alexis D. Miller; Julie Breazeal; Amy K. Schmidt; Cori Pozos; Martha J. Robertson
Care Management	Emily J. Barker	Marcella A. Kraft	Robynn I. Sawyer; Jessica L. Stock; Kerrin M. Case; Lorene C. Nord; Amanda R. Sparks; Jessica H. Glasmann; Zy E. Xiong; Jennifer L. Eldredge
CNA/Unit Clerk Council	Polly Shadrin		Anna S. Shalashova; Aubrey J. Hulse; Betsy L. Alford; Cheeri K. Barnhart; Jane Ray; Katherine A. Hobson; Kyle A. Karvandi; Leticia Smith; Magdalena P. Goldsmith; Mariah A. Ferguson; Nicole R. Engelfried; Rachael M. Howard; Brenda Gonzalez
CVCU	Rachel V. Kaufman	Tiffany Karnaghon-Wirt	Heather Pfrehm; KyLee J. Bowers; Kellie E. Wilcox; Marcie M. Kohls; Roberta P. Bronson; Lisa J. Boeder
Emergency Center	AmberLynne M. Kelly	Nathan L. Holan	Sarah M. McMillen; Kaylee A. Corrado; Brandy L. Belling; Kelly A. Hood; Beckie T. Sparks; Casey Andersen
Endoscopy Lab	Amie M. Walton	Alina B. Mattison	Deborah L. Piccirilli; Darren M. Craig

EVS	April D. Cornejo	Rachel L. Bodenstab	Rachel L. Bodenstab; Mary K. Gonzales; Alexander S. Partridge; Amy L. Fick; Jordan M. Curry; Karen Y. Herrera Diaz; Mark A. Alvarez
Family Medicine Parkside	Kelly M. Veasman	Andrew J. Sowles	Maren Nelson; Kerrie E. Hayman; Michelle A. Rasmussen
Float Pool	Lindy S. Mongenel	Terry A. Newkirk	Anne Williamson; Frank M. Gatto; Jennifer L. Kameshima; Leah J. Eaton; Lindsay M. Egeberg; Lindy S. Mongenel; Russell H. Roberts; Terry A. Newkirk; Wendee L. Flesher
General Medical	Carlee J. Bizon		Elena J. Pettycrew; Emilie Fields; Brenda Umulap; Jane E. Birdsong; Laura A. McDonald
General Surgery	Katie N. Kammann	Teri D. Ottosen	Kelsey M. Muramoto; Susan K. Schrank; Aja N. Jensen; Helen P. Cole; Veronica S. Nunez; Amanda R. Garber; Heather R. King
ICU	Robin Mack	Rienna S. Gildner	Cheryl A. Langbecker; Eric R. Timmons; Jean Lucas; Leshaya H. Spears; Marlaine G. Magee; Meghan K. Newstone; Rienna S. Gildner; Tamara Whittle
Imaging Administration	Michael A. Devine	Sarah K. Weitzman	Kathleen A. Cooley; Sarah J. Villeneuve; Kimberly A. Bradley; Cheryl A. Stoenner; Anna Mench; Ashika D. Bhan; Brittany R. Katsinis; Chris J. Koller; Justin A. Millar; Mary M. Ransome
IMCU	Harriett F. Martin	Jennifer D. Tucker	Jordan N. Reed; Jennifer D. Tucker; Sarah N. Moyes; Renee Montes; Amber R. Dugger; Paula M. Danielson; Julie A. Stauffer; Michael S. Hartman; Zoe A. Rain
Infusion Center	Lea C. Estrabo	Catrina L. Mero	Malinda Close; Alison Eschleman; Cassie Damisch; Janie Axness; Rebecca Hammond; Sandy Harris; Deanna Stein
IP Rehab Nursing	Gina DiGiusto		Stephen F. Nielsen; Kathryn L. Mahosky; Teresa E. Saling; Jessica L. Johnson; Mary A. Schiedler; Cortnie H. Haun; Bryn M. Martinez; Martha Wegner; Laura A. Aspinwall
IRU	Sandy L. Davidson	Kari E. Velez	Cynthia L. Huffman; Ruth Q. Guinto; Amy N. Crain; Valli R. Brunken; Kristie A. Lawrence
IS Clinical	Hannah M. Bauer	Hillary T. Drake	Bill D. Berekoff; Brooks M. Kary; Dona Heinen; Jennifer L. Prater; Justin L. Crook; Lance M. Hoffman; Mike J. Williams; Rebecca E. Tish; Stan A. Davison; Tresa J. McArthur; Shea M. Corum
Lab Clinical Support Svcs	Stephen T. Kearns	Cole W. Cook	Allen D. Spangrud; Crystal Alexander; Jessica A. Carter; Mitchell W. Feller; Noreen C. Smith

Labor & Delivery	Devin N. Hookland	Erica M. Schiess	Donna M. Harris; Tracy L. Kennedy; Rosemary R. McQueen; Melissa B. Ngaida; Pamela Haneberg; Andrea J. Wurdinger; Jessica E. Dearborn; Jason K. Masuoka
MBU	Cassandra A. Moss	Susan D. Dent	Jennifer A. Graham; Alycia A. Miller; Meagahn D. McDonald; Megan L. Bortnem; Barbara S. Liesch; Rachel Barnes; Shannon Ward-Sunderland; Hannah E. Pratt; Jillianne M. Horton; Julie A. Hucke
Medical Surgical	Rashed B. Ceniza	Kelsie R. Burdick1	George A. Cicolani; Aubrey J. Hulse; Whitney R. Langwell; Wesley E. Grant
Medical Surgical Oncology	Lily-Claire N. Orme	Jenna Campos Santos	Andrew T. Abbott; Katherine M. Zuber; Lisa L. Mertz; Sara B. Nash; Jason Alford; Erin Jamieson; Crystal LeBoeuf
Medical Telemetry	Leah N. Lindsey		Jessica R. Reese; Micah K. Swan; Chelsea E. Armentano; Sarah M. Aulerich; Penelope E. Lutz; Nick J. Oleskiewicz; Kirsten M. Beck; Angelica M. Villalvazo; Erika W. Seiler; Danielle M. Wiebelhaus
NICU	Julie H. Co	Judy A. Rush	Jaime B. Blizzard; Sarah J. Rabe; Jennifer A. Atkinson; Laurie A. Geist; Brittany B. MacNeill; Kirstin L. Prestholt; Howard S. Cohen; Jolene L. Rice; Cailey J. Taylor
NTCU	Alex C. Morrison	Leelyn R. Zucker	Sarah J. Anderson; Kara R. Gydesen; Shea E. Riecke; Leelyn R. Zucker; Jennifer J. Saechao; Miranda M. Hennen; Kim M. Mullins
Nutrition Services	Julie E. Hillard		Abby M. Chambers; Lawrence S. Molinar; Lorri A. Thornton; Niki S. Wade; Karen M. Huntzinger; Sarah Z. Gloeckner
Operating Room	Tabor L. Scrabeck		Christian E. Lemons; Chris D. Vorderstrasse; Renae L. Murray; Matthew A. Hunt; Rachel M. Sellars; Ryan M. Yarzak; Mandy L. Graham; Melissa E. Jankovich; JanaRose Johnson; Heather R. Mohr; Hannah E. Vachter; Michele L. Alaniz; Pamela J. Eggleston; Candace J. Tiley
Orthopedics	Wendi R. Lahodny	Amy Silvey	Michelle L. Riley; Karen M. Lomax; Vicki L. Ryan; Katie E. Wade; Anna J. Hartle; James D. Atchley; Olga M. Harrison
PACU	Dianne L. Morgan		Lindsey C. Jackman; Denise K. Ziak; Kim Barton; Janessa A. Davis; Tia M. Rodriguez; Jessica H. Russell; Connie M. Simons

Peds & WCS Float Pool	E. Michelle Jones	Tara L. Edick	Tara L. Edick; Brianna P. Wright; Jenna N. Cerny; Marcus Q. Gabriel; Janelle Y. Williams; Michelle L. Hirschhorn; Emily Middleton; Kathy A. Miller; Kristen A. Chapin; Fara K. Etzel
Pharmacy (SH Clinical & IV Pharmacy)	Shanta L. Roberts		
Prep & Recovery	Ann L. Nathan	Mary M. Simon	Alicia Hernandez Rueda; Carol A. Anderson; Kristen A. Gesner; Laura L. Warner; Michelle S. Doran; Robert L. Dow; Tess Rice
Pre-Surgical Screening	Mary Jo Brown		Beverly Bacchetti; Ann S. Craig; Sharon Y. Fetterley; Maria G. Hettle; Marie T. Jones; Cynthia D. Oar; Katherine P. Roop; Linda A. Steinbrook; Mary P. Vandecoevering; Shirley A. Hansen; Charlene Overfield
Psychiatric Patient Svcs	Katie R. Hasselman	Laurie S. Miller	Liz J. Norris; Felicia A. Rosenberg; Doreen Brooks
Radiation Oncology	Alicia J. Rowland		Kelly Langdon; Christy D. Smith; Dawn D. Maxwell; Russel R. Vetter; Douglas L. Rupp
Respiratory Care	Jolene L. Rice	Jackie Williams	Mickie M. Meisner; Rachael L. Sackett
Sleep Disorder Center	Debbie A. Penning	Fran R. Franklin	Cecilia M. Barnes; Bret P. Ray; Mark A. Brayford; Crystal D. Crockett; Dawone M. Youngers; Joshua L. Franke
Sterile Processing	Jaron T. Sanchez	Jeremy C. Gallaher; Ray Malay	Cesar I. Salazar Montes; Michael J. Plummer-Murphy; Jerry M. Calaba
Trauma Program	Jennifer L. Stapley	Christi N. Karst	Jenenne D. Aguilar; Kelly L. Buller; Dana M. Hart; Nathan L. Holan; Beckie T. Sparks; Christine M. Powell; Kelly T. Owen; Amy L. Slater
Vascular Access	JoDee Hunter		Darci A. Cimino; Debra J. Jasmer
WVH Pharmacy	Valerie L. Allen		

Housewide Staffing Council

Barb Merrifield, MSN, RN

Nurse Manager, 3West

No doubt you've thought about how nurse staffing issues influence the safety of both the patient and our nurses, as well as provide an important indicator of operational health and our ability of provide service to our community. However, did you know that we have a Housewide Staffing Council (HWSC) dedicated to this cause? This group has worked diligently to develop a system to monitor our nurse staffing.

The HWSC is a shared leadership council dedicated to:

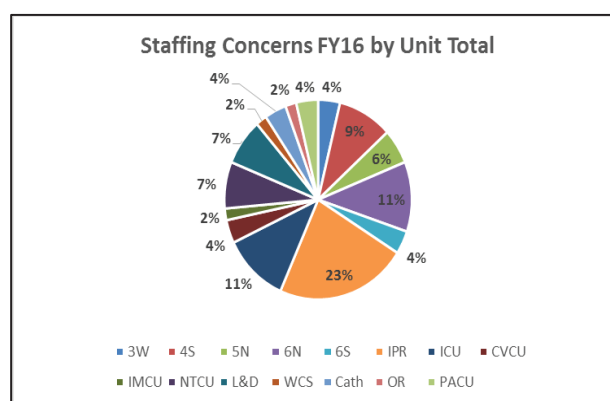
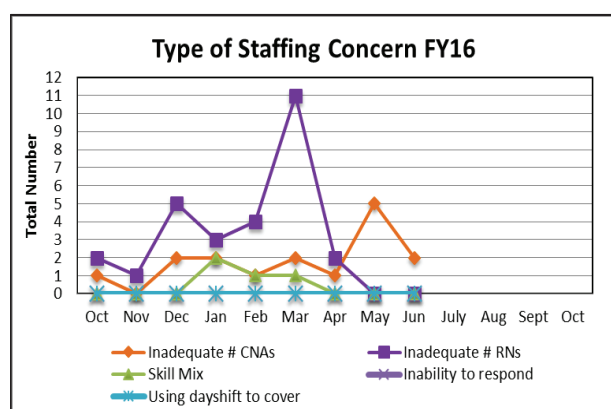
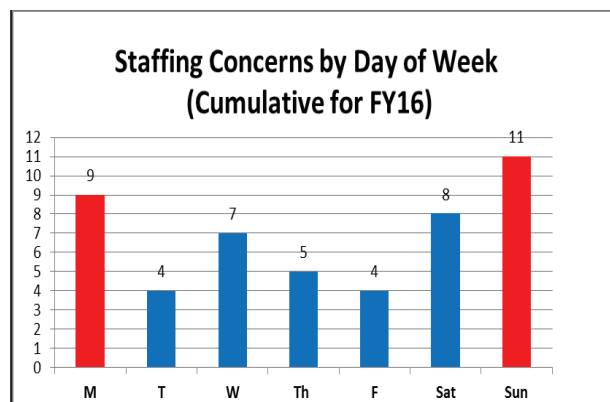
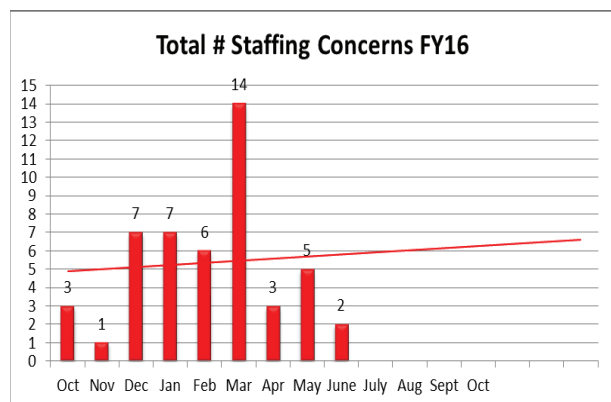
- Promote the health and safety of our patients by ensuring that there are sufficient numbers of qualified nursing staff to meet the nursing care needs of our patients.
- The evaluation and modification of nurse staffing plans whose primary consideration is the provision of safe, quality care and adequate nurse staffing based on nationally recognized and evidence-based standards and guidelines.
- To ensure compliance with the Oregon Nurse Staffing Law.

Salem Health established the HWSC 10 years ago and has since built function and membership with the last 2 years focused on identifying staffing indicators to monitor our staffing status. The Council includes equal representation from direct care nurses and nurse managers from all nursing specialties. The Council is co-chaired by nursing staff and nurse management, Hannah Wade-Sandlin RN and Barb Merrifield RN, BSN, MSN, respectively. This membership composition assures that direct care nurses equally participate/guide staffing decisions and support the concept of nursing practice autonomy.

The Council's accomplishments include:

- Utilization of the patient safety alert system to facilitate voluntary submission of staffing concerns. The Council reviews these staffing concerns regularly to identify trends and form action plans as necessary.
- Development of a staffing indicator dashboard that provides trended data by unit and topic.
- The presence of a passionate executive lead, Zennia Ceniza, MA, RN, CCRN, ACNP-BC, NE-BC who is also representing our organization's interests as a member of the governor-appointed Nurse Advisory Committee.
- Participating in ongoing statewide networking and sharing of best practice models at the Oregon Nurse Staffing Collaborative.
- Presented our HWSC work highlights at the Oregon Nurses Association 2016 conference.

Staffing Indicators



In addition to creating the Council's foundational basis, our current work includes monitoring level loading of schedules, turnover trends, providing feedback and decisions on proposed changes to unit-based staffing, increasing the ability to take breaks and lunches and four-step problem solving of our current CNA shortage.

Next Steps

- Preparing our organization to be state staffing survey-ready at all times.
- Understanding the intensity of workload associated with admissions, discharges and transfers.
- Continuing work to make our patient acuity assessment a meaningful staffing indicator.
- Updating and making recommendations based on the FTE predictor tool.

A main function of the Council is to facilitate development and review of comprehensive, organization-wide staffing plans. This begins with maintenance of our policy for the Staffing Plan for Nursing Services which is the umbrella guidance for all units. It also includes annual review and update of the unit-based staffing plan, while satisfying the requirements of the Oregon staffing law.

By empowering nurses, in collaboration with their management, to create staffing plans specific to each unit with established minimum upwardly adjustable staffing levels, we will maintain staffing levels that are flexible and able to account for workflow changes.

HWSC Representative	Name
Co-Chair <ul style="list-style-type: none"> Medical Surgical Unit 	Barb Merrifield, RN
Co-Chair	Hannah Wade-Sandlin, RN
Ex-Officio (Non-Voting)	Zennia Ceniza, RN
Adult Health <ul style="list-style-type: none"> 4S – Medical Telemetry 5N – Medical Surgical Oncology 5S – General Medical 6N – General Surgery 6S – Orthopedics 	Sara Nash, RN Betsy Alford, RN/alternate Wendi Lahodny, RN
Critical Care <ul style="list-style-type: none"> ICU CVCU 	Cheeri Barnhart RN Susan Roemeling, RN
Critical Care, Progressive Care (IMCU level) <ul style="list-style-type: none"> IMCU NTCU 	Sheila Loomas, RN Kara Gydesen, RN
Surgical Services <ul style="list-style-type: none"> OR PACU Prep & Recovery Pre-Surg Screening Endoscopy 	Kim Griffith, RN Kelsey Rocco, RN Peggy Barker, RN/alternate
Emergency Department <i>(Trauma Services)</i>	Heather Cofer, RN Hannah R. Wade-Sandlin, RN
Out Patient Service/Ambulatory Services Wound and Infusion/Imaging/Rad-Onc, Palliative Care Outpatient Clinic, Gyn/Onc Clinic	Deanna Stein, RN Alison Eshleman, RN/Alternate Leila Lopes, RN
IP Rehab	Gina DiGiusto, RN Cristina Gesualdo, RN/alternate Jill Izutsu, RN

Women's Children's Services <ul style="list-style-type: none"> • L&D • NICU • Peds • MBU 	Andrea Bell, RN Jen Henkel, RN/Alternate
	Elizabeth Stowell, RN
Outpatient Cardiac Services <ul style="list-style-type: none"> • Cardiac Rehab • IRU • Cath Lab /Anticoag 	Valli Brunken, RN Nancy Leach, RN Kari Velez, RN/alternate
PMC	Molly Druliner, RN Nduta Nyoro-Cayton, RN
CNA Representative	Megan Belluno Brown, CNA
(Non-Voting) <ul style="list-style-type: none"> • Float Pool • TCU • House Supervisor 	Betsy Alford, RN

SHINE-ing STARS

As part of our new Shared Leadership Day, SHINE-ing Star Awards are presented to frontline leaders with sincere appreciation for their exceptional commitment to teamwork and exemplary performance. Since the inception of Shared Leadership Day, 12 frontline clinicians have been recognized with SHINE-ing Star Awards at the Coordinating Council.



SHINE'ing Star Awards

- Rashed Ceniza, BSN, RN – 3W Medical Surgical
- Megan Hedgebeth – Neuromuscular Therapy
- Devin Hookland, BSN, RN – Labor & Delivery
- Katie Kamman, BSN, RN, CVN – 6N General Surgery
- AmberLynn Kelly, BSN, RN – ED
- Wendi Lahodny, RN, ORC – Ortho
- Rick Lenhardt, RVT, RDCS – Cardiac Non-Invasive Services
- Marlaine Magee, BSN, RN – ICU
- Alex Morrison, BSN, RN – NTCU
- Lili-Claire Orme, BSN, RN – 5N Med/Surg Oncology
- Shane Sipe, BSN, RN – PMC
- Gloria Summers, BS, CPT, FNS – Cardiac Rehab

Here are two highlights of the SHINE-ing Star Awards:

Wendi Lahodny, BSN, RN – Clinical Nurse, 6 South SPT

As a result of the new Shared Leadership Day changes, our Manager and SPT restructured our SPT member expectations for the meeting day. Prior to the start of Shared Leadership, the SPT Chair and Manager met and discussed projects that could be done around the unit. A list was made and these projects were assigned to each SPT member to work on if they were not assigned to a Shared Leadership Council. A tracker was made and utilized for these projects. Through organization and preplanning on how to utilize this new structure, in two meetings of Shared Leadership, the team completed several projects. Standard works were reviewed and revised and an entire CNA 4SPS project was completed in just one day, - whereas prior it would have taken several meetings to complete these activities. In addition, our SPT was able to update documents in preparation for Joint Center of Excellence Joint Commission Survey in a more efficient manner. The restructure of Shared Leadership day has proven to have a positive impact on the Orthopedic SPT team.

Alex Morrison, BSN, RN - Clinical Nurse, NTCU
NTCU originally had Spine Center of Excellence (SCOE) patients assigned to rooms 7001-7006 and 7025-7030 (SCOE ROW) with a group of RNs who 'specialized' in these surgeries and assessments. After some thought, all staff and new hires were to be checked off and educated on SCOE cares. RNs in "SCOE ROW" were then turning over 3-4 patients a day and getting 3-4 new surgeries and burning out.

We gathered data on PACU wait times, isolation/SCOE patient assignments in the same groups, as well as the time/cost for EVS to clean rooms while we were moving established patients to the back of the unit to make room for SCOE patients in SCOE ROW. In a review of over 100 shifts, the frequency of RNs taking care of a SCOE and isolation patients

was on average 39% for the day and night shifts.

After visiting the SCOE governance meeting we received approval to implement a test of change (TOC) and place these patients in any available bed, taking into consideration RNs caring for isolation and SCOE patients. After the test of change bedding anywhere occurred 22 to 25% of the time on the day and night shifts (N=122 shifts), respectively.

PACU RNs have thanked NTCU for this change as they are noticing the impact for patient flow on their unit. We have also had charge nurses report that on several instances they have altered assignments (when possible) to avoid RNs caring for both SCOE and ISO pts. As a result of these changes, staff have noticed a decrease in SCOE burnout and complete group turnover.

Connecting to our community

Becky Ramos, MSN, RN, ACNS-BC
Stroke/AMI Clinical Nurse Specialist

In 2010 the Nurses Give Back program was launched under the approval of Salem Health's Practice Council, Chief Nursing Officer, and Nurses Week Committee. The Nurses Give Back project was "born" from attendance at the 2009 American Nurses Credentialing Committee National Magnet Conference in Kentucky. Specialty Practice Teams (SPTs), consisting of nurses unanimously voted to forgo their traditional nurses week gift and instead donated those monies along with volunteerism to charitable organizations. This spirit of volunteerism is in keeping with the mission, vision and values of Salem Health to support our community. As a result, over 30 projects and organizations were supported during the first year. This project has continued to this day during National Nurses Week. The project was renamed Salem Health Gives Back – to give any nursing or non-nursing SPTs the chance to give back to the community, each year since 2010, designated money is donated to charitable organizations along with volunteerism during National Nurses Week in May.



6 South – Ortho H2O

SPT: Wendi Lahodny

It will now be our third year choosing H2O as our charity for Nurses Give Back. We have developed a relationship with this charity and the staff who work there. We donate both our time and supplies through volunteering at the charity itself and doing needed projects and collecting supplies such as toiletries, DME, and non-perishable food. This charity has continued to be selected for the following reasons:

- Giving back to the community
- Allows the opportunity for staff to participate through donating items without having to commit time
- Helps support a local charity that directly gives back to the people who we serve

- Improves the health and well-being of our community
- Provides community members with access to necessary items at a reduced cost or for free
- Continue to strengthen our relationship with the staff and volunteers at H2O

Cardiac Rehab Mended Hearts

SPT: Gloria Summers

We chose Mended Hearts, a peer-to-peer support network for cardiac patients & their families, which mirrors the Cardiac Rehabilitation department's mission and values.

CNAs Dallas Emergency Food Corp

CNA SPT members: Cheeri Barnhart, Betsy Alford, Rachael Howard, Jane Ray, Polly Shadrin, Anna Shalashova, Magda Goldsmith, Crystal Tungate, Aubrey Hulse, Katherine Hobson, Kristie Lawrence, Kyle Karvandi, Leticia Smith, Mariah Ferguson, Nicole Engelfried

Starvation is inexcusable, especially in a first-world country. In Oregon, one in seven people suffer from hunger. No one should have to wonder whether they can afford to feed themselves. The cost of living continues to increase, which makes it difficult for low income families to make ends meet. These families don't have any savings and their debt only continues to grow. Salem Health and its CNA Specialty Practice Team would like to contribute to those who cannot afford to provide for themselves or their children. With our check donation we'd like to thank Dallas Emergency Food Corp - for all they do to keep our community healthy.



ICU

Boys & Girls Club – Knudson Branch

ICU SPT members: Robin Mack, Rienna Gildner, Alyse Langbecker, Jean Lucas, Marlaine Magee, Meghan Newstone, Leshaya Pugh, Eric Timmons, Tamara Whittle

We voted at a SPT meeting and decided on the Boys and Girls club. They do so many positive things for children and families from involvement in athletics, affordable child care, summer programs, as well as diabetes prevention.



NICU

IKE Box – Isaac's Room

NICU SPT members: Julie Cox, Judy Rush

Isaac was a baby in the NICU several years ago before he was transferred to a higher acuity hospital for a heart condition. Unfortunately Isaac did not survive his heart surgeries, but his parents were forever changed by their son and wanted to give back to the community that helped them through a difficult time. The choice to help young teens that have had deviation in their life was an easy choice. Isaac's Mom and Dad wanted to help the less fortunate feel valued and loved, so they created Isaac's Room. Because Isaac and his family touched so many of us and our hearts in the NICU, we also wanted to give to this wonderful cause. NICU RNs were so humbled to share this special gift for the support of Ike Box.



Pre-Surgical Screening Compassionate Friends

PSS SPT members: Mary Jo Brown, Gloria Hettle, Ann Craig, Marie Jones, Mary Vandecoevery, Cindy Oar, Sharon Fetterley, Linda Steinbrook, Beverly Bacchetti, and Katherine Roop

Pre-Surgical Screening chose Compassionate Friends, a charity that provides monthly support groups and online resources to families that have suffered the loss of a child.



Operating Room, IRU and Care Management Union Gospel Mission & Simonka HousePlace

SPT members (OR, IRU and Care Management): Tabor Scrabeck, Huhnna White, Heather Moore, Ryan Yarzak, Chris Lemons, Chris Vorderstrauss, Jana Rose Johnson, Melissa Jankovich, Pam Eggleston, Rachel Sellars, Michele Alaniz, Candice Tiley, Sandy Davidson, Kari Velez, Amy Crain, Ruth Guinto, Cindy Huff, Kristie Lawrence, Valli Brunken, Lorene Nord, Emily Barker, Amanda Sparks, Jennifer Eldredge, Jessica Stock, Marcella Kraft, Zy Xiong, Jessica Glassman, Kerrin Case



OR elected to choose the Union Gospel Mission for their long standing reputation of meeting the needs of men, women, and children who have found themselves in desperate situations and overwhelmed by life circumstances. “They reach out to provide shelter, meals, clothing, but most of all hope. They have provided a firm foundation for the citizens of our community to rebuild broken lives.”

IRU chose Simonka Place because their SPT’s felt, “giving back to a charity that provides safe shelter and assistance to women and children during emotionally and financially stressful times is a worthwhile cause that they are proud to be a part of.”

Care Management cited the following reasons for choosing Union Gospel Mission, “As Care managers we work with, and frequently utilize the services the Union Gospel Mission provides. We often have patients who are benefitting from the direction and protection that UGM provides. We appreciate the depth of the work UGM does and are delighted to be able to Shine On and Give Back to this organization.”

Sharing best practices

Professional Practice Day was held on May 10, 2016, during Nurse's Week. Twenty-five posters displaying best practices were presented from nurses, inter-professionals and leaders from across the organization.



Professional Practice Day Posters 2016

Author(s)	Unit	Project/Poster Title
Karen Huntzinger	Nutrition	EBP Malnutrition Risk-Screening & Diagnosis
Brenda Umulap, Jane Birdsong, Carlee Bizon	5S	Lean & TL to meet changing needs of Med-Surg patients
Mai Dotran, Dr. Steven Marvel, Dr. Jaswinder Kaur, Dr. Paul Gramenz, Zennia Ceniza, Ann Alway, Krista Hackstedt, Sierra Schneider, Caroltn Walker, Devin Koontz, Peter Ashton, Beckie Sparks, Matt Tanner, Josh Hansen, Danita Green, Lisa Wood, Raven Layton, Sarah King, Eric Timmons, Jennifer Fowler, Bijal Mehta, Kelly Eyerly, Richard DeArmond, Audrey Nickodemus	KPO	Get the Bugs out of Sepsis Care to Improve Patient Outcomes
Sarah Brown, Julie Koch, Kendall Graven, MD, Angela Anderson, MD, Matthew Boles, MD, Nancy Boutin, MD, Juan Oyarzun, MD, Jennifer Holt, Robert Harder, MD, Tasha Kiger, Dana Hawkes, Jaime Nichols	Infection Prevention	A LEAN Journey to Decreasing HAIs
Nancy Dunn, Becky Ramos, Bernard Mauer, Joanne Spink, Audrey Nickodemus, Jennifer Winslow, Dr. John Hannig, Dr. Preethi Prakash, Aimee Tilson, Kurt Scherting, Kelly Honyak	KPO	Exceeding Core Measure Requirements for Venous Thromboembolism Prevention
Coleen Elser, Toni Salchenberg, Patti Moore, Terryn Spragg	HIM	How Clinical Documentation Improvement Impacted Care & Revenue
Laura Warner	Prep/ Recovery	Opportunities for Hematologic Optimization in Surgery Patients – Voted 1st Place by Staff during Nurses Week

Sarah Aulerich, Micah Swan, Jessica Reese, Kate Gustke	4S	4 Eyes for No Surprise
Sara Nash, Lisa Mertz, Crystal LeBoeuf, Tom Abbott, Jenna Campos Santos, Erin Jamieson, Lily-Claire Orme, Jeanne St. Pierre	5N	Decreasing Falls with Implementation of Egress Test –Voted 2nd Place by Staff during Nurses Week
Elena Pettycrew, Allie Williams-Cyphers, Brenna Wasson, Natalie Campos	5S	Implementing a new standard for coordinating capillary blood glucose checks to promote timely insulin administration
Christine Steiner, Darcy Blanchard, David Bishop, MD, Nancy Pifer, Dana Wehrli, Yelena Seroshtan	MBU	PP Care of the GDM patient
Kristy Bond, Julie Koch, Ryan Mackey, Tasha Kiger, Mai Dotran	Pt Safety	How a LEAN hospital reduces CLABSI
Sara Wargnier, Vicki Ryan, Wendi Lahodny	6NW Ortho	Improving outcomes using EBP in a joint replacement center of excellence
Donna Thomas	Cardiac N	NonVerbal Pain Scale
Beckie Sparks, Heather Cofer	ED	ED Throughput
Carol Hannibal	Float Pool	Reducing staff injuries through education
Sandy Bunn, Kristen Lorenz	CNS	Diabetes and Dyads to Reduced LOS and Readmissions
Jen DonGilli, Kim Griffith, Konnie Hammond, Kimberly Wells, Sarah Barclay, Julie Koch, Amber Aguinaga, Lydia Reid	Endoscopy	Endoscopy Scope Reprocessing
Dianne Morgan	PACU	PACU Patient Family Updates and Bedside Visits
Dianne Morgan, Richard DeArmond, Nancy Dunn	PACU	Improving Communication with Family for PAPs
Krista Hackstedt, Ann Alway, Eric Timmons, Dr Steve Marvel, Adam Miller	IMCU/ICU/CCU	Modified Early Warning Score (MEWS): Automated detection of physiologic deterioration in hospitalized patients.
Jeanne St. Pierre, Michelle Watson, Rayana Mitchell	4S, 5S, NTCU	Non-Pharmacological Sleep Promotion: A Test of Change

Jane Birdsong	5S	Unit Specific Strategy Deployment 4 Step Problem Solving Class
Ann Alway, Julie Pflug	ICU	ICU Mobility Rounds
Ann Alway, Kaenta Phothiyane, Malinda Close	ICU	DSWI

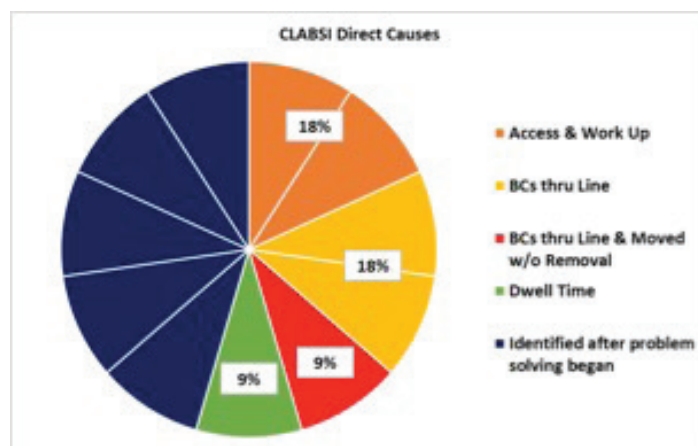
Notable organizational work

Fiscal Year 2016 Organizational Initiative Central Line Associated Blood Stream Infections (CLABSI)

Nancy Dunn, MS, RN
Clinical Excellence Coordinator

CLABSI Team Members: Martin Johnson, MD – Pulmonary Medicine; Clifton Bong, MD – Infectious Disease; Dana Hawkes, MSN, RN – Director of Adult Health; Kristy Bond, BSN, RN – Manager of Patient Safety and Accreditation; Julie Koch, MSN, RN, CIC, - Manager of Infection Prevention; Tasha Kiger, MHA – Manager of CT Surgery Clinic/Surgery Clinic; Ryan Mackey, BSN, RN – Patient Safety Consultant; Mai Dotran, BSN, RN – Kaizen Clinical Nurse Consultant

In 2015, Salem Health was experiencing an increase in Central Line Blood Stream Infections (CLABSIs), finishing the fiscal year with 15 infections across intensive care (including neonatal) and medical/surgical units. In early 2014 several CLABSIs were analyzed through a root cause analysis approach and interventions were deployed, primarily focused on insertion. CLABSIs continued to occur, and it was determined to be associated with ongoing maintenance of central lines.



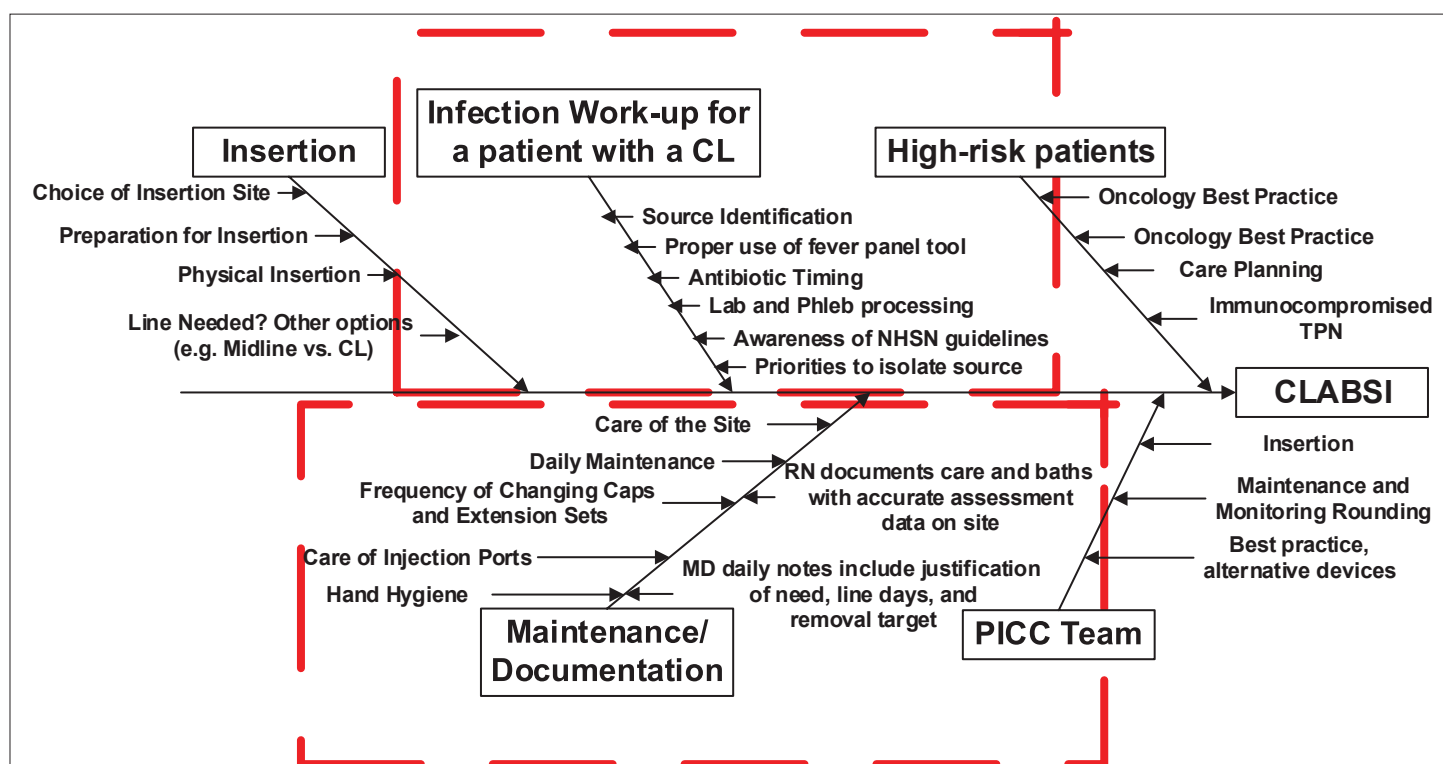
Ideally there should be zero CLABSI so having 15 in FY '15 was a call to action. In addition to preventable harm for our patients, each central line associated blood stream infection costs approximately \$45,814, so an annual cost of \$687,210.00.

The inter-professional team discovered numerous direct causes to the rate increase. The team concluded that an inadequate system of maintaining the line was the focus for new work. To understand current state, staff went to the Gemba to observe various central line practices, including blood draws, blood administration, flushing the line, dressing changes, and medication administration.

Opportunities for improvement were identified and standard work was developed based on evidence. Implementation of these tests of change were accomplished through education and return demonstration by all nursing staff.

The result of the work was divided into four components:

1. Adherence to maintenance standards,
2. Decreasing device days through introduction of alternatives,
3. Spreading of CHG baths to all patients with CL, and
4. Application of new product – alcohol impregnated caps on needless connector hubs.

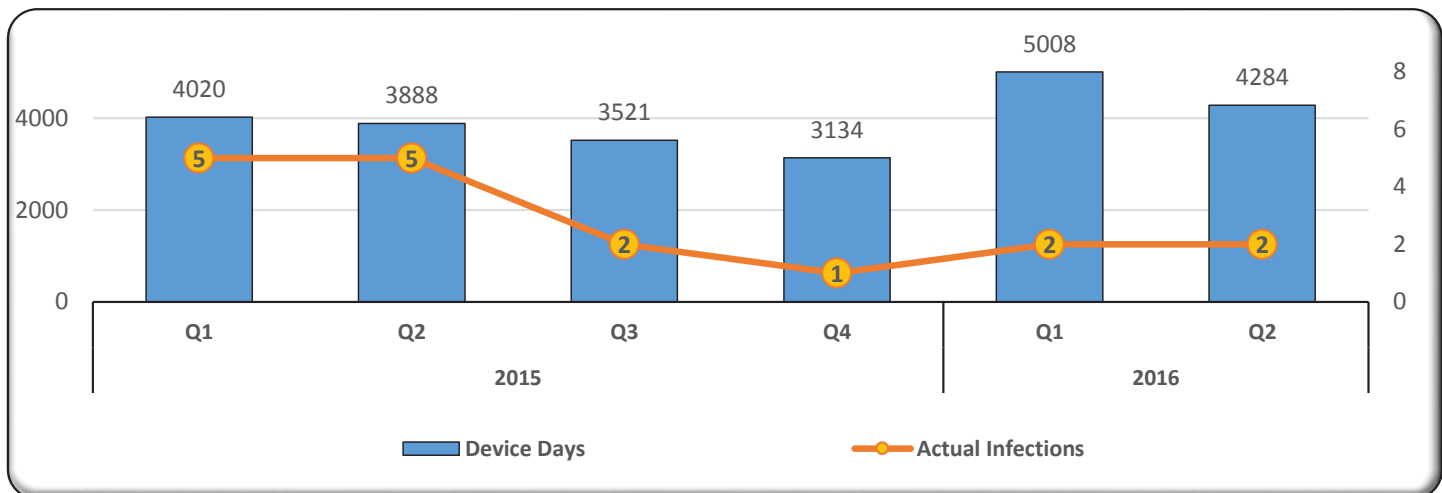
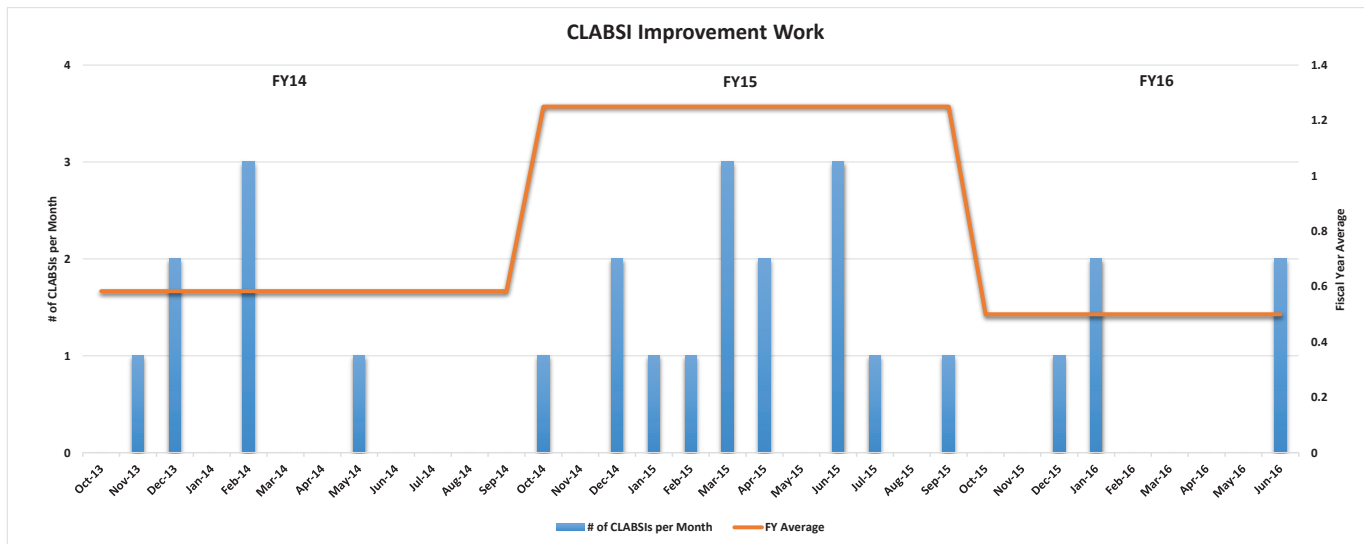


The specific tests-of-change that were implemented addressed the current state failure modes that were determined using Ishikawa diagrams (also called fishbone diagrams.) They included: 1) Initiation of FMEA and process flow for patient device selection, maintenance and documentation, and work-up for source of infection; 2) Implementation of Curoc Caps; 3) Operationalize standard work created using current process, organizational policies & procedures, and evidence-based practice; 4) Implementation of Power Glide & algorithm for venous access device selection; 5) Implementation of no IJ or SC lines leaving Critical Care.



The outcomes for the project are noteworthy. CLABSI standard infection ratios (SIRs) for 1st Quarter 2015 were 0.80. By 4th Quarter 2015 the CLABSI SIR dropped by 60% to 0.18 (p value <0.05). Days between CLABSI dropped from an average of 17 days to 96 days. To sustain the outcome, the multidisciplinary team established 'regenerate and improve' targets to audit adherence to standards for units that had a CLABSI in the last 90 days. Once audits are completed 100% of the time for 90 days with no further CLABSI, or for units that have had no CLABSI in the last 90 days, the measure is moved to 'sustain & operate'. Though auditing continues, fewer are required going forward unless another CLABSI occurs.

Organizational focus on CLABSI prevention including adherence to maintenance bundles reduces the confidence as to which intervention caused the reduction of CLABSI. Further research is needed to isolate which intervention was the cause of the reduction seen in CLABSI.



		Device Days	Actual Infections	Expected Infections	SIR	P_value	SIRAll95CI
2015	Q1	4020	5	6.2	0.80	0.6607	0.293, 1.775
	Q2	3888	5	6.0	0.83	0.7257	0.304, 1.842
	Q3	3521	2	5.4	0.37	0.1253	0.062, 1.228
	Q4	3134	1	5.0	0.20	0.0473	0.010, 0.987
2016	Q1	5008	2	8.3	0.24	0.0136	0.041, 0.800
	Q2	4284	2	6.6	0.30	0.0489	0.051, 0.996

Fiscal Year 2016 Organizational Initiative

Diabetes Affinity Team

Sandy Bunn, MSN, CNS-PP, CDE, ACNS-BC

Diabetes Clinical Nurse Specialist

Diabetes Affinity Dyad Team Members: Sandra Bunn, CNS-PP – DM Clinical Nurse Specialist; Kristen Lorenz, RN, CDE – DM RN Navigator; Dr. Jay Reddy – SHMG Hospitalist; Sharon Heuer – Director of Community Benefit; Jennifer Fowler – Director of Finance; Kelly Eyerly – Financial Planning Supervisor, Nancy Dunn RN, MS – KPO Coach

In 2014, the Salem Health (SH) Diabetes Affinity Team was organized to help standardize and improve patient care for inpatients with diabetes. Salem Health data finds >4000 diabetic patients visit the Emergency Department (ED) annually and >4300 are hospitalized at SH annually. Research estimates that about one third of all hospitalized patients have diabetes and an internal audit at SH reveals upwards of 40%. Our internal coded data is very conservative.

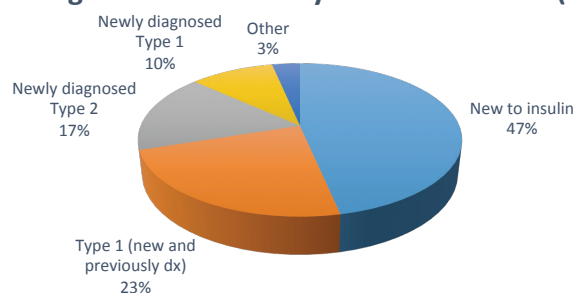
Multiple studies have found that diabetes self-management education (DSME) and comprehensive inpatient management linked with close follow up after discharge is associated with improved diabetes knowledge, improved self-care behavior, and improved clinical outcomes (lower hemoglobin A1C, lower costs and lower use of acute hospital services and hospital re-admissions.) Further, evidence supports routine, standard approaches for inpatients with diabetes will result in less frequent hospital readmissions and improved quality of life in diabetic patients.

Based on strong evidence, the Diabetes Affinity Team performed a test-of-change on 30 patients using a dyad model that included an Advanced Practice Nurse (Clinical Nurse Specialist) and a RN Certified Diabetes Educator (CDE). This team managed all the inpatient glycemic care and up to 30-days post discharge transition care of the randomly selected patients. The patients were selected at random each morning based on an EPIC report for previous day adult admits with A1C >6.5% and/or CBG >250 mg/dL and only included in the study if agreement to take over glycemic care from patient's attending physician was obtained.

The team demonstrated that a dyad model with dedicated resources had a positive impact on the overall care and subsequent outcomes of the sample patients.

The following graphs demonstrate the diagnosis statistics and discharge barriers encountered in our sample population.

Diagnosis of Randomly Selected Patient (n=30)

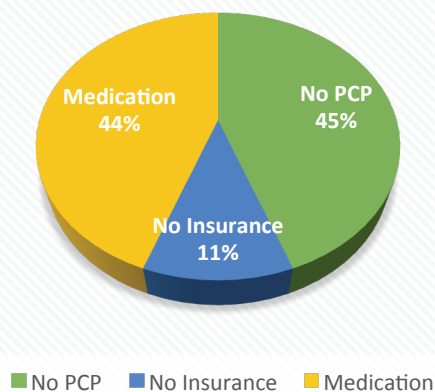


We were surprised to find that lack of a primary care physician (PCP) and ability to pay for medicines was more of a barrier than lack of insurance. A safe place to 'land' is imperative for the continued success of these patients.

The transitional care that was provided post-hospitalization had a profound impact on the overall success of these patients.

The dyad reduced the length of stay by nearly 1 full day; the readmission rate by 11% and ER re-encounters, also by 11%.

Common Discharge Barriers (13 Patients had 18 barriers)



	Baseline**	30 Sample	Savings	Cost Savings
LOS	5.14	4.17	0.97 days per patient	\$39,000
Readmission Rate*	19.0%	8.0%	3 readmissions	\$19,000
ER Re-encounter*	39.0%	28.0%	3 ER visits	\$3,000
* All cause readmission and ER re-encounter within 30 days				
** Case mix adjusted 6-month sample of diabetics with same coding outcomes				

With these remarkable results, the team presented the findings to the SH Executive Leadership group with a recommendation to hire a Glycemic Management Team consisting of Advanced Practice Nurses, Certified Diabetes Educator nurses and a Diabetes navigator nurse. The projected savings for a 12 month period is significant — close to \$ 9 million.

Utilizing the same Epic report for previous day adult admits with A1C >6.5 and/or CBG >250, a 2 month query of the report specified 658 patients met criteria. Therefore, we can estimate roughly 4,000 patients annually would need the dyad services.

	30 Sample Experience	Extrapolated Annually
New to Insulin	47%	1,880 patients
Newly Diagnosed	27%	1,080 patients
Type 1	23%	920 patients
Discharge Barriers	43%	1,720 patients
Transition Care Follow-up	17%	680 patients
LOS	0.97 days	3,880 days ~\$5.2m
Readmission Rate	11% reduction	440 readmits ~\$2.8m
ER Re-Encounter	11% reduction	440 ER visits ~\$400k

In summary, the inpatient and transitional care needs of diabetic patients can be best served with a dyad team of NP and CDE and patient navigation, all with expertise in diabetes management.

Celebrations

Awards

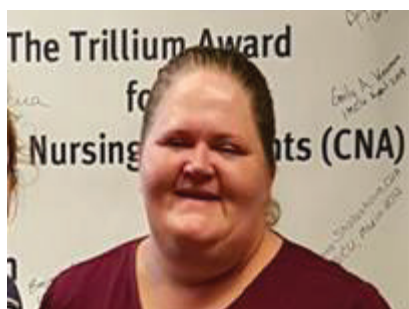
Daisy Award Recipients

- Nora Edwards, BSN, RN - Labor & Delivery
- Rachel Kaufman, BSN, RN CCRN - CVCU
- Niki Klaus, BSN, RN - NTCU
- Elisabeth Rodman, BSN, RN – Nursing Resources
- Chris Wiseman, BSN, RN – 4 So.
- Samantha Wong, BSN, RN – Emergency Department
- Ola Yost, BSN, RN, CEN – Emergency Department



Trillium Award Recipients

- Mila Nacua, CNA – 5 North Medical Surgical Oncology
- Maureen Paul, CNA – 5 South Medical Unit
- Ruth Shuker, CNA – Float Pool



Service Excellence Award Recipients

- Julie Altree, RN - Cardiac Rehab
- Rebekah Alvey, BSN, RN - IP Rehab Nursing
- Matt Boles, MD - Medical Staff
- Nancy Boutin, MD - Medical Staff
- Daniel Canela - Environmental Services
- Zennia Ceniza, MA, RN, CCRN, ACNP-BC, NE-BC - Nursing Administration
- Stephanie Clark - Design & Construction
- Dakota Cleland, BSN, RN - Emergency Dept.
- Deborah Felipe, CUA - Mother/Baby
- Debbie Goodwin, MSN, RN - Kaizen Promotion Office
- Heather Gorman - Nutrition Services
- Krista Hackstedt, BSN, RN - IMCU
- Angela Hanes, BSN, RN - Emergency Dept.
- Sandra (Sandy) Harris, BSN, RN - Infusion Center
- Dana Hawkes, MSN, RN, NE-BC - Nursing Admin
- Megan Hedgebeth - Neuromuscular Therapies
- Valorie Hergenreter, BSN, RN - Emergency Dept.
- Carl Hoover - Nutrition Services
- Brooke Kamm, BSN, RN - IMCU
- Marissa King, CUA - Mother/Baby
- Timothy Lamberson - IS Administration



- Lee Larson - Volunteer Services
- Marlaine Magee, BSN, RN - ICU
- Brittany Mattison, Admin - Nursing Admin
- Stacey (Schmid) McClanahan, RN - ICU
- Bijal Mehta, MD, MPH, MBA - Volunteer Services
- Zoe Rain, BSN, RN - IMCU
- Rebecca Ruppert - Radiation Oncology
- Angela Shimek (Martinez), BSN, RN - IMCU
- Kelsey Sweigert, ED Tech - Emergency Center
- Kristiina Thomas, BSN, RN - NTCU
- Jeffrey Tolbert - Patient Transport
- Julie Tucker, PT - Musculoskeletal Therapies
- Emily Veneman, CUA - IMCU
- Jessica Williams, RN, CCM - Care Management
- Willie (Wilma) Weber, BSN, RN - Med/Surg Oncology
- Rob Wolf, MD - Medical Staff

Regional Awards

- Cheeri Barnhart, MSN, RN, CCRN-K, NE-BC, CVCU/ICU Nurse Manager – Authentic Leadership Award for authentic leadership, NWone
- Kristen Lorenz, BSN, RN, CDE, Diabetes Nurse Navigator - Transformational Pioneer Award for authentic leadership, NWone

Hospital-wide Awards

- Wellness Lives HereSM Health Champion, American Diabetes Association
- 100 Great Community Hospitals, Becker's Hospital Review
- Magnet Re-designation, American Nurses Credentialing Center
- HealthStrong Top 100 Hospitals, iVantage
- Best Hospitals, #8 in Oregon, and one of the "Most Connected" for our adoption of electronic records,

US News & World Report

- Top Oregon Hospitals (#4) 2014-2015, Portland Business Journal
- Sustained Improvement award (only Oregon hospital to earn one), U.S. Department of Health and Human Services

Critical Care Awards

- Beacon Award Silver level for CVCU
- Beacon Award Silver level for IMCU
- Beacon Award Silver level for ICU
- Accredited as Level II Trauma Center, The Oregon Department of Human Services
- LifeSaver Award, Pacific Northwest Transplant Bank – ICU

Cardiovascular Awards

- 50 Top Cardiovascular Hospitals 2016, Truven Health Analytics

Gastrointestinal Awards

- High performing in Gastroenterology, surgery, and Pulmonology, US News & World Report

Psychiatry Awards

- National model for psychiatric care for reducing the use of seclusion and restraints in psychiatric care, Substance Abuse and Mental Health Services Administration

Orthopedic Awards

- Official Spine Center of Excellence, the Joint Commission

Breast Center Awards

- Breast Imaging Center of Excellence Award, American College of Radiology's Commission on Breast Imaging
- Salem Cancer Institute is one of only three cancer centers in the state to receive the distinction of being a nationally accredited breast center by the National Accreditation Program for Breast Centers

Women and Children Services Awards

- Best Place to Have a Baby, 2016, Statesman Journal online reader poll
- Best practice for lowest percentage of cesarean sections and highest percentage of vaginal births, American College of Nurse-Midwives

Bariatric Surgery Center Awards

- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery

Educational Advancement

- Kimberly Boethin, BSN, RN (6 South Orthopedics) – Master of Nursing, Western Governor's University
- Megan Brassine, MSN, FNP-c (ICU) – Master of Science in Nursing; specialty FNP, Georgetown University
- Braedon Davidson, CPT (ED) – Structural Firefighter, suppression & prevention, Chemeketa Community College
- Katie Hill, MSN, BSN, RN (MBU) – Master of Science in Nursing, University of Portland
- Jessica Johnson, BSN, RN (Inpatient Rehab) – BSN, Western Governor's University
- Wendy Lahodny, BSN, RN, ONC (6 South, Orthopedics) – BSN, Western Governor's University
- Marlene Mooney, BSN, RN (6 South, Orthopedics) – BSN, California State University, Monterey Bay
- Charleigh Nygaard, BSN, RN (IMCU) – BSN, University of Wisconsin Oshkosh
- Angela Denise Potter, RT (5 North Medical/Surgical Oncology) – Associate of Radiologic Technology, Northwestern University of Shreveport, Louisiana
- Amy Purkey, BSN, RN (ICU) – BSN, Grand Canyon University
- Lydia Reid, BSN, RN, CNRN, SCRNP (Clinical Education) – BSN, Grand Canyon University
- Michelle Riley, MSN, BSN, RN, ONC, NE-BC (6 South Orthopedics) – Master of Science in Nursing – Leadership and Management, Western Governor's University
- Mark Roller, MSAS, BS Medical Technology, POC Specialist (Critical Care) – Master of Science in Administrative Studies, Healthcare Management
- Max Rothenberger, BSN, RN (CVCU) – BSN, OHSU
- Teresa Saling, BSN, RN (Inpatient Rehab) – BSN, Western Governor's University

- Sheli Snawder, BSN, RN (6 North, General Surgery) – BSN, Linfield University
- Victor Toran, BSN, RN (TCU) – BSN, Western Governor's University
- Sara Wagnier, BSN, RN (6 South Orthopedics) – BSN, Western Governor's University

New Certifications

- Megan Brassine, BSN, RN (ICU) – FNP-c
- Valli Brunken, MBA, BSN, RN, NE-BC (Angiography) – PMP
- Sandra Bunn, MSN, CNS-PP, CDE, ACNS-BC (Advanced Practice Nursing) – BC-ADM
- Pamela Cortez, MBA, BSN, RN, CNE-BC (Infection Control) – CNE-BC
- Elizabeth Doty, BSN (CVCU) – CCRN
- Jennifer Erpelding, BSN, RN (ICU) – CCRN
- Mitchell Feller, NCMA (ED) – CPT
- Hannah Freeman, BSN, RN (CVCU) - CCRN
- Patricia Handrich, BSN, CMSRN (5 North Medical/ Surgical Oncology) – OCN
- Carol Hannibal, BSN, RN (Float Pool) – PCCN
- Mitchell Johnson, CNA - CNA 2
- Kristen Lorenz, BSN, RN (Health Education/ Diabetes Education) – CDE (Certified Diabetes Educator)
- Patricia Meier, RN (CVCU) - CCRN
- Sara Nash, BSN, RN, CMSRN (5 North Medical/ Surgical Oncology) – NE-BC
- Lily-Claire Orme, BSN, RN (5 North Medical/ Surgical Oncology) – OCN
- Mary Ransome, MMOL, LMT (Imaging) – Project Management
- Nancy Riley, RN (Care Management) – CCM
- Amy Schmidt, BS CCRP (Cardiac Rehab/Cardiac

Service Line) – CCRP (certified Cardiac Rehab Professional)

- Joseph Schnabel, Pharm D, BCPS (Pharmacy) – BCPS
- Beverly Smith, MSN, RN (Cancer Service Line) – OCN
- Kelly Starbuck, RN (L&D) – RNC-OB
- Audra Stauffer, BSN, RNC (W&C) – IBCLC
- Kylie Stinson, BSN, RN (CVCU) - CCRN
- Elizabeth Stowell, BSN, RN (MBU) – IBCLC (International Board Certified Lactation Consultant)
- Elizabeth Stowell, BSN, RN (MBU) – IBCLC
- Donna Thomas, BSN, RN, PCCN (Cardiac Rehab/ Cardiac Service Line) – CHFNC
- Crystal Visser, BSN, RN (CVCU) – PCCN
- Susan Wilesen, RN (CVCU) – CHFNC
- Ryan Yarzack, BSN, RN (OR) – CNOR
- Skye Young, BSN, RN (ICU) - CCRN

Professional Appointments

- Amy Brase, RN, MSN, CNE - AWHONN Chapter Lead for Mid-Willamette, Association of Women's Health, Obstetrics and Neonatal Nurses; Member OAC Education Workgroup, Oregon Action Coalition
- Zennia Ceniza, RN, MA, CCRN-K, ACNP-BC, NE-BC - Nurse Staffing Advisory Board (NSAB) - appointed by the Oregon Governor effective Jan. 1, 2016
- Bill Cohagen, RRT, MHA, FAARC - President Elect, OSRC; State Captain, National COPD Foundation
- Pamela Cortez, MBA, BSN, RN, CNE-BC - Chair of Healthcare Policy Commission and board member, Northwest Organization of Nurse Executives
- Braedon Davidson, CPT - Volunteer Lt., Marion County Fire District
- Jennifer DonGilli, MSN, RN, CPAN, CAPA -

District Representative, Willamette District and Advisory Board, Northwest Perianesthesia Nurses Association

- Brigett Eisele, AND – Area Coordinator, Now I Lay Me Down to Sleep and Coordinator, Keizer Miracle of Christmas
- Margo Halm, PhD, RN, ACNS-BC, NEA-BC – Vice Chair, National Research Committee, American Holistic Nurses Association
- Andrea Hamilton, MS, RDN – Treasurer, Oregon Academy of Nutrition and Dietetics
- Beth Ann Nyssen, BSN, RN, CMSRN – President of Casita Copan Board of Directors, Compassion committee member
- Michael Polacek, MSn, RN-BC - Associate Chair, American Psychiatric Nurses Association, Institute for Safe Environments; Associate Chair American Psychiatric Nurses Association, Task Force on Violence Prevention in the Community; American Psychiatric Nurses Association Oregon Chapter, Board of Directors, Member at Large; Oregon Action Coalition Leadership Workgroup, Member
- Tamara Whittle, BSN, RN, CCRN - Governance Committee Chair, Beta Psi Chapter of Sigma Theta Tau International

Presentations

Poster Presentations

- Mai Dotran, BSN, RN – Get the Bugs Out Sepsis Care to Improve Patient Outcomes, Oregon Nursing Research and Quality Consortium 2016 Conference: Transforming Healthcare with Evidence Based Practice
- Karen Huntzinger, MS, RD, CSD (Nutrition Services) - Change in Nutrition practice, evidence based malnutrition risk screening and diagnosis, 3rd Biennial Oncology Nutrition DPG Symposium
- Julie Koch, MSN, RN, CIC – A LEAN Journey to Decrease Hospital-Acquired Infections, Oregon Nursing Research and Quality Consortium 2016 Conference: Transforming Healthcare with Evidence Based Practice
- Elena Pettycrew, BSN, RN (5 South Medical) - Implementing a new standard for coordinating capillary blood glucose checks to promote timely insulin administration, Oregon Nursing Research and Quality Consortium 2016 Conference: Transforming Healthcare with Evidence Based Practice
- Becky Ramos, MSN, RN, ACNS-BC (Stroke/AMI CNS) & Nancy Dunn, RN, MS (Clinical Excellence Coordinator) - Exceeding Core Measure Requirements for Venous Thromboembolism (VTE), Oregon Nursing Research and Quality Consortium 2016 Conference: Transforming Healthcare with Evidence Based Practice

Oral Presentations

- Nancy Baldwin, CES, LCCE, ICPFE (Health Education/Diabetes Education) - Healthful Harmony: Finding Work/Life Balance Putting Yourself At The Top of the List Worth the Change, Chemeketa Community College CUPA conference - Central Oregon Community College OWC Education Conference
- Ellie Barnhart, BSN, RN (IMCU) - Workshop: “Building Trust to Retain Valuable Employees: Stay Interviews”, Mennonite Health Assembly
- Sandra Bunn, MSN, CNS-PP, CDE, ACNS-BC (Clinical Education) - Diabetes Care-Challenges and Opportunities at Salem Health, Professional Development Institute-Salem Health, April 2016
- Bill Cohagen, RRT, MHA, FAARC (Critical Care) - COPD: A New Paradigm for an Old Disease, Oregon Society for Respiratory Care State Conference
- Pamela Cortez, MBA, BSN, RN, CNE-BC (Infection Control) - Healthcare Legislative and Practice Issues, NWONE Manager Conference

- Jennifer DonGilli, MSN, RN, CPAN, CAPA (PACU)
- Forgotten People, 8th Annual Perioperative Nursing Conference
- Nancy Dunn, RN, MS (Clinical Excellence Coordinator) – Salem Health LEAN Transformation, Healthcare Systems Process Improvement – Society for Health Systems, Orlando Florida; Exceeding Core Measure Requirements for Venous Thromboembolism (VTE), QUEST and Partnership for Patients National Meeting, National Harbor, MD; Creating Value for Patients and Business Results Using LEAN, Premier Breakthroughs National Meeting, National Harbor, MD
- Margo Halm, PhD, RN, ACNS-BC, NEA-BC (Director, Nursing Research, Professional Practice & Magnet)
- Effect of an Essential Oil Mixture on Radiation-Associated Acute Skin Reactions: A Pilot Study, 36th Annual Conference of the American Holistic Nurses' Association, Bonita Springs, FL; See One and then Do One: Getting Excited about Clinical Research, American Society of Perianesthesia Nursing, Willamette Valley Chapter, Salem, OR; Essential Oils and You: Reinvigorating Your Practice Makes Scents, 2nd Annual Art of Healing Conference, Vancouver, WA
- Barb Merrifield, MSN, RN (3W Medical/Surgical)
- The Power of Connected Checking - Purposeful Hourly Rounding: This is how we do it - Success Stories for implementing SB 469, 2015 Press Ganey National Client Conference & 2016 Oregon Nursing Association Annual Convention
- Laura Morin, CCRN (CVCU) - Clinical Alarms, Critical Care Symposium and a conference on nursing research
- Michael Polacek, MSn, RN-BC (Clinical Education)
- Interactive Panel: American Psychiatric Nurses Association Institute for Safe Environments, American Psychiatric Nurses Association Annual Conference; Normalizing the Environment: Improving the Appearance of the Emergency Department Safe Rooms, European Congress on Violence in Clinical Psychiatry
- Becky Ramos, MSN, RN, ACNS-BC (Stroke/AMI CNS), Exceeding Core Measure Requirements for Venous Thromboembolism (VTE), QUEST and Partnership for Patients National Meeting, National Harbor, MD
- Sara Wagnier, BSN, RN, ONC (6 South Orthopedics) - Creating evidenced-based clinical pathways that reduce narcotic use, reduce post-operative blood loss, and improve the patient experience in a Joint Replacement Center of Excellence, National Association of Orthopaedic Nurses, Annual Congress

Publications

- Crawford C, Halm M. Telemetry unit admission: Is the criteria based on evidence? AJCC. 2015. 24:360-364.
- Halm M, Katseres J. (Co-Guest editors for Series). Integrative Care: The evolving landscape in American hospitals. AJN. 2015; 115(10):38-45.
- Polacek, M. J. & Hart, D. (2015). Normalizing the environment: Humanizing the appearance of the emergency department safe rooms. Proceedings of the 8th European Congress on Violence in Clinical Psychiatry. Amsterdam, Netherlands: KAVANAH

Community Involvement

- Ellie Barnhart, BSN, RN - Salem Alliance Church - Volunteer High School Leader; Volunteer Bread Baker
- Julie Bilkstad, BSN, RN - Door of Hope Food Share, Richmond Elementary Backpack Program
- Amy Brase, MSN, RN, CNE – Teen Parent Program Salem-Keizer School District
- Gordon Todd Chandler, RN, CBN – Habitat for Humanity
- Bill Cohagen, RRT, MHA, FAARC – Parish Little League

- Braedon Davidson, CPT – Marion County Fire District
- Mai Dotran, BSN, RN – Sepsis Booth, Salem Saturday Farmer's Market; Zumba Instructor, 4th Annual People Week Fun Run/Walk, Party in Pink Zumbathon to benefit Breast Cancer Fund, Doernbecher Children's Hospital Charity Zumbathon, Ronald McDonald House Charities of Oregon and SW Washington Stronger Together Walk
- Brigett Eisele, AND – Now I Lay Me Down to Sleep, Keizer Miracle of Christmas Lights Display, Girl Scouts
- Nicole Gaines, BSN, RN, ACLS, PALS, NRP - Mount Hood Ski Patrol
- Margo Halm, PhD, RN, ACNS-BC, NEA-BC – Lung Cancer Alliance, Lung Love Run/Walk
- Patricia Handrich, BSN, OCN, CMSRN - Oregon Mission of Mercy, Dental clinic in Portland
- Carol Hannibal, BSN, RN TNCC – Union Gospel Mission, Marion County Medical Relief Corps, Salem-Keizer Public Schools
- Miranda Hennan, BSN, RN - Lee Elementary PTC Comcast Cares Day
- Greta Horn, RNC – Meals on Wheels
- Marcie Kohls, BSN, RN, PCCN, – Hope Pregnancy Clinic
- Nancy Leach, CV/RN – Salem Food Share
- Marlaine Magee, BSN, RN, CCRN – Without Strings, Immunization Clinic, Salem, OR
- Mirjana Mititiero, BS - West Salem band program, No Strings
- Kelsey Mix, BSN, OCN – Breast and Cervical Screening
- Lorene Nord, BSN – Immunizations without Strings
- Beth Ann Nyssen, BSN, RN, CMSRN – Casita Copan
- Lily-Claire Orme, BSN, RN – Oregon Food Bank
- Beverly Plack, CRRN – Boy Scouts of America
- Mary Ransome, MMOL, LMT – Ronald McDonald House Charities of Oregon and SW Washington
- Emilio Reyna, RT (R) BS – Breast Cancer Awareness
- Heather Rideout, BSN, MBA, CCRN-CSC, CVRN - Cardiostart International, Nepal Mission
- Jennifer Saechao, BSN, RN - Salem Alliance Church - Volunteer High School Leader; Volunteer Bread Baker
- Amy Schmidt, BS CCRP – Mended Hearts
- Donna Thomas, BSN, RN, PCCN, CHFNP – Car Seat Clinic
- Anne Titchener, BSN, CMSRN – Saturday Market, Marion County Food Share
- Kelly Veasman, BSN, RN, CCM – Salem-Keizer Community Connect, Willamette University Health Fair
- Amy Ward, BSN, OCN, CMSRN - Polk County Community Connect; Mission of Mercy
- Tamara Whittle, BSN, RN, CCRN – Salem-Keizer Community Connect

Sally's story: why "magnet" is not just a nursing thing

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6S SPT Chair and Magnet Champion

I'd like to tell you a story about Sally. Sally was transferred to the Salem Health Emergency Department (ED) from Salem Health West Valley for an evaluation of her left hip pain that began after she accidentally slipped off her bed to the floor and landed on her left hip.

She was taken to the ED by ambulance where the PFC (patient flow coordinator) assigned the patient a room number. The patient is greeted and oriented to her room by the ED Nurse and ED Technician and she meets registration staff to receive her armband. She is evaluated by the Emergency Physician and a Scribe is present in the room to document this encounter. Phlebotomy staff enter the room to draw

labs. A Pharmacy Medication History Technician introduces herself to review and verify current home medications. Next the Care Manager is in to evaluate home care situations, patient needs and initiates the discharge care planning. The patient is taken by a Transporter to Imaging. Radiologic Technologist and Imaging staff prepare the patient for x-ray of her hip. The Radiologist reads the x-ray. The Orthopedic Surgeon and Hospitalist are consulted for a left hip femoral neck fracture.

Sally will be admitted to Salem Health on the Orthopedic Unit. Access Services and the House Supervisor is made aware. 6S Charge RN assigns Sally a bed. The patient is taken to the unit by a Transporter and arrives to her assigned room that was recently cleaned by EVS. Unit RN and CNA orient Sally to her room and Plan-of-Care. Family arrives shortly after Sally has been oriented to room. Interpreter Services is called as Sally's husband has questions for the nurse and asks for an interpreter to be present. Sally and her family



were also educated on the Patient Advocacy Services available at Salem Health for any patient care concerns. Sally calls the Switch Board Operator on accident while trying to call for dinner. Nutrition Service Operator takes the patient's order for dinner. Nutrition Service Assistants deliver the ordered food to Sally's room. A Pharmacy Technician delivers Sally's assigned medications to the patient assigned medication drawer after the Pharmacist verifies all the medications that were placed into the computer by the Hospitalist who is also assigned to Sally's care team. Sally's nurse is able to review and verify all orders in the computer system seamlessly thanks to the Informatics Coordinators and Information Services continuous improvements and updates. Her nurse reviews the laboratory results in Epic that the Laboratory Assistant staff have produced. Sally's RN receives a call from the Infection Preventionist who determined after chart review that Sally does not require isolation precautions.

Sally is cold so the CNA gets extra blankets from the linen cart stocked by Laundry Services. Sally continues to be cold so the RN contacts Maintenance staff to come to Sally's room and they resolve the issue quickly. Sally requires heel protectors to prevent skin breakdown so Distribution staff tube them to the unit. Meanwhile, the Registrar comes to verify insurance information and important paper work for patient rights and admission with Sally. An EKG Technologist is now at Sally's bedside to complete the ordered study prior to Sally's surgery.

Sally was informed about the Spiritual Care Services available at Salem Health. A Chaplain comes to visit Sally prior to surgery. The Nurse Manager visits with Sally daily during leadership rounds. An RN from the Vascular Access Team was paged to start an IV in preparation for surgery. Sally is taken to Prep recovery by the Prep/recovery CNA and there her new RNs prep her for the OR. OR staff assist with patient positioning and other checklist items crucial for safe surgery.



The Surgeon, Anesthesiologist, PA, Surgical Scrub and Surgical Assistant staff monitor the patient for exceptional care in the OR. Sally is then transported out of the OR and wakes up in the PACU in the care of the PACU Nurse while she recovers from anesthesia. Sally also sees a Surgery Assistant is helping in the PACU as instructed. Meanwhile back in the OR, the room Sally just came from is getting turned over by EVS, Operating Room Assistants and the OR Supply Coordinator prepare for the next case. Sterile Processing Technicians and Implant Specialists clean, sterilize and restock the instruments used in Sally's surgery.

After surgery and time on the Orthopedic Unit, Sally is seen by a Physical Therapist (PT) to help with mobility and education on safety with assistive devices. A PT Aide helps collect the durable medical equipment for Sally to use and helps assist the PT with the treatment. Sally is seen by the Speech Therapist at lunch time for continued monitoring of her swallow related to her history of dysphagia. Her swallow precautions were updated and advanced. Occupational Therapy works with Sally for activities of daily living training and safety. Sally has asthma and requires a breathing treatment during her stay. Respiratory Therapy is called to come and administer her treatment. Sally's pulse oximetry monitor continues to alarm, however, the patient is not in any distress. The RN delegates to the Unit Clerk to call Clinical Engineering to come assess the monitor. The Lift Team comes to assist staff with turning Sally to prevent skin issues while in bed because Sally was admitted with a pressure sore on her coccyx which was evaluated by the Wound Ostomy RN for treatment recommendations.

Volunteer Services round on the unit and talk with Sally, offering her visitors a complementary beverage while they visit. Sally explains to the nurse that she misses her cat so much and the Pet Therapy volunteer is contacted. Volunteer Services were contacted to assist Sally's visitor back to their car via wheelchair when they were through visiting.

Sally was educated by the RN that she had high blood sugars during her hospital visit which requires her to now be on more units of insulin. The Diabetic Educator stops in and talks with Sally about community resources for follow-up after discharge. Sally was also instructed on her nutrition status from the Dietician per her request. Sally is signed up for CHEC classes for continued education on diet and diabetes self-care.

The Care management/Social service team works closely with the RNs and MDs on discharge planning and transitioning Sally to a skilled nursing facility for additional rehabilitation prior to going home. Sally and her family request her records from this admission and the HIM (Health Information Management) department is contacted for this service. Appointments are set for Sally at Salem Health Medical Clinics for follow up care. Salem Health Discharge Callers review Sally's care and make a follow up call with her to check in on her progress after discharge. Sally mentions she has a few questions related to when she would get



her hospital bill and was directed to the Patient Financial Services department. Sally also cannot find her cell phone charger and is placed in contact with Security who manages lost and found items.

As you can see Sally encountered many disciplines at Salem Health during her stay. Every one of them showed her respect and she could tell they really cared. Sally's fears and anxiety about the unexpected hip surgery were put at ease by the competent interdisciplinary care she received. There are many Salem Health staff that work behind the scenes who Sally did not encounter but these specialty roles also play an integral part in Sally's care. Without specialized staff support such as Clinical Documentation Specialists, Document Center and Staffing Office, patient flow would not run smoothly. Through collaboration with our interdisciplinary team members, we provide individualized patient and family-centered care every day at Salem Health.

We at Salem Health, no matter what department or division we work for, are leaders in innovation

and are focused on continuously improving clinical outcomes for our patients. As an employee at Salem Health "You Matter," and you make a difference no matter what job title you have. If you come into direct or indirect contact with a patient at Salem Health, you have the ability to affect that patient's outcome. That is a gift and an honor that we have chosen to accept in our chosen job professions.

Thank you for making Salem Health a Magnet-recognized hospital because of the decisions you make every day that help make a difference and improve patient outcomes. Sally's story depicts the great value in the 47 specialty practice teams (SPTs) that meet in a variety of departments and units throughout the organization. These SPTs along with the Shared Leadership Structure ensure great outcomes for our patients. Every employee and volunteer counts in achieving these outcomes.

We could not do the things we do every single day without the TEAMS we have in place that make our organization great.

