

# Fiscal Year 2019 Nursing and Interprofessional Clinical Excellence Report



# Clinical Excellence Vision—Nursing

We provide **Individualized Patient and Family Centered Care** based on interprofessional collaboration and shared decision-making.

## We do this by:

- Applying compassionate, respectful, evidence-based practice;
- Ensuring clinical decisions are made at the point of care by the interprofessional team;
- Embracing our unique interdisciplinary roles and expertise to meet evidence-based standards to foster:
  - *Transformational leadership;*
  - *Exemplary Professional Practice;*
  - *Structural Empowerment;*
  - *New Knowledge, Innovation and Lean continuous improvement.*



# Nursing and Interprofessional Clinical Excellence

## Fiscal Year 2019 Annual Report

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Our mission is to improve the health and well-being of the people and communities we serve.

Our vision is to provide an exceptional experience every time.

# Chief Nursing Officer Message

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

Continuous commitment to the pursuit of excellence is what I witnessed time and time again throughout fiscal year 2019. It was a year full of Magnet document preparation, Joint Commission survey, resilience building and advancing clinical excellence. While reflecting on our countless accomplishments this past year, I recognize many similarities with my own personal pursuit of training to run a marathon.



Over this past year, I have been reminded that our Magnet journey is not a sprint, rather a marathon! By this, I mean that great things take years to build. I know from personal experience that running a marathon takes endless hours of training and that the race cannot only be physically exhausting, but mentally strenuous. With Magnet redesignation occurring every four years and requiring an in-depth review and showcasing of our past projects, improved outcomes and professional advancement, a similar mental burden was felt by many of us when we started the daunting task of writing our Magnet documents. With heightened expectations year after year, it's important for us be reminded why we "joined this race."

Everyone knows the overall health benefits marathon training provides. As with marathon training, Magnet designation and recognition benefits our employees, organization, patients and community. This year's redesignation effort brought us an important reminder about the benefits of being a Magnet-recognized hospital such as the ability to attract and retain top talent; improve patient care, safety and satisfaction; foster a collaborative culture; advance nursing standards and practice; grow the business and financial success. Just a few of the ways we realize these benefits include:

- Decreased nurse vacancy and nurse turnover rate
- Structures and process that promote high levels of nurse satisfaction
- Decreased patient mortality, pressure ulcers and fall rates
- A framework for quality improvement and a structured means to engage staff in decision-making

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- Improved patient safety and exceptional quality of care
  - Reduction in staff harm such as needle sticks and musculoskeletal injuries
  - Improved financial standing and a competitive advantage in the regional market

As I have matured in my running, I became keenly aware that recovery is important. During the race, you push yourself without a thought of stopping, but that pace will only hold up for so long until you know that recovery is a must. Another analogous accomplishment this year is our awareness of the importance of professional resilience. We invited the world's foremost expert on the relationship between culture and patient safety, J. Bryan Sexton, PhD, Director, Patient Safety Center, Duke University Health System, to share an inspiring presentation on *Surviving versus Thriving: The Science of Enhancing Resilience*. The power of positive feedback is contagious and directly linked to improved patient outcomes. This is just one of the many positive aspects the organization adopted as we've enculturated the notion to pause, reflect on what is going well and share the good things happening among us. The following achievements represent just a few of those things:

- Gold Beacon Award from the American Association of Critical-care Nurses awarded to IMCU and ICU and the Silver Beacon awarded to CVCU
- World Health Organization Baby-Friendly USA designated birth facility (2017-2022)
- US News & World Report – #4 Best Hospital in Oregon
- Oregonian - Top Workplace for 2018 & 2019
- American Society for Metabolic and Bariatric Surgery: Bariatric Surgery accredited comprehensive center
- The Joint Commission: Recertified
- Oregon Health Authority: Accredited as Level-II Trauma Center
- Statesman Journal Online Readers' Poll, Best of Mid-Willamette Valley: Best Place to Have a Baby, Best Hospital
- Watson Health 50 Top Cardiovascular Hospitals
- Outstanding professional development of direct care nurses. We reached the goal set by the Institute of Medicine Future of Nursing report of 80% of our clinical nurses holding a bachelor's degree or higher
- We increased national benchmarks for specialty nursing certification

While I realize that being a top 8% finisher in a marathon is far from my reach, I'm beyond proud to celebrate being in the top 8% of hospitals in our nation who have achieved

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Magnet status. Magnet designation is the highest and most prestigious credential a health care organization can achieve for nursing excellence and quality patient care. Magnet designation represents health care organizations who truly value nursing talent. Magnet recognition is not merely an award or a badge of honor; it is steadfast proof of a hard-earned commitment to excellence in health care, with contented nurses at its heart. To patients, it means the very best care, delivered by nurses who are supported to be the very best they can be.

Just as I finish running one marathon, I am already thinking about the next. The same is true regarding our Magnet designation. I know that we are never really done preparing for Magnet because the pursuit of excellence is about continuous improvement and as an organization and nursing team, we remain focused on nothing less. Our past two designations reflect this focus and I look forward to the American Nurses Credentialing Center's (ANCC) validation of our examples of nursing excellence from our recent Magnet document submissions and our subsequent site visit from ANCC in early 2020 where we will showcase our empowered teams, advanced nursing standards and practices, and empirical patient and staff outcomes.

While submitting our Magnet documents is a huge accomplishment, it is just the beginning of the redesignation journey. This is an exciting place where it's time for us to proudly and confidently show why we deserve to be Magnet! And, that we have a professional role within an empowered culture where we own and meet the responsibilities of our roles. I am humbled and grateful to serve as your Chief Nursing Officer and work among colleagues of the highest caliber. I look forward to you reflecting on your unique role in our Magnet redesignation journey and "running" our Magnet marathon alongside you.

# Director of Magnet and Clinical Excellence Message

**Barb Merrifield, MSN, RN**



This is a great opportunity to reflect on shared achievements and express how much I love this work! I enjoy engaging in our pursuit of excellence through Magnet redesignation efforts, continuous improvement of professional governance, support of evidence-based practice and encouragement of passionate staff who take the initiative to have a spirit of inquiry about their clinical practice.

This year Salem Health successfully submitted our application to ANCC for Magnet redesignation. We devoted a collaborative effort from a diverse team of experts to produce a comprehensive document for assessment by ANCC. We now await the determination of when we will receive an on-site survey.

The process of investigating projects and interviewing staff to better understand the intent and achievements associated with the work included in the Magnet documents was such a pleasure. The process provided the opportunity to realize just how dedicated our clinical nurses, interprofessionals and leaders are to improving the safety and quality of patient care as well as improving our own workflow and environment.

As an organization, we have a strong foundation of professional governance that continues to advance our interprofessional and nursing professions. This last year, in preparation for Magnet redesignation, we gained a keen focus on empirical outcomes that support safe, high-quality, patient-centered care. The councils within our professional governance system accepted the challenge of “owning” a Magnet standard for which the council would advance annual project work aimed at meeting the Magnet requirements for our next redesignation journey. Amazingly, we are already setting up successful systems to support and simplify the future!

This is the perfect time to improve processes as we anticipate ANCC continuing to raise the bar. This requires continued focus on our nurse sensitive indicators, evidence-based

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practice, research, involving nurses in organization-level decision making groups and supporting professional growth through the application of mentoring and pursuit of increased certification and advanced education. Look to your Magnet champions to lead the way and don't forget that your clinical excellence team including myself, Nancy Dunn and Brianna Revard can guide the way, so please don't hesitate to call on us!

Your compassion for our patients and commitment to improving the organization and outcomes is inspiring. Thank you for your continued dedication!



# Professional Governance Steering Council Report

**Nancy Dunn, MS, RN, Clinical Excellence Coordinator**

The professional governance steering council (PGSC) is responsible for ensuring the SHINE professional practice model and professional governance structure is effective in achieving superior clinical excellence performance as evidenced by empirical outcomes. The council provides leadership and direction to the professional governance structure. The council serves as a clearinghouse for issues and action requests and disseminates them to the appropriate council for action.

## Primary Council Responsibilities

- Plan and execute professional governance days (PG Day);
  - ▶ Education and leadership sessions including best practice sharing;
  - ▶ Develop content for pre- and post- PG Day “Newsletter”, shared with the organization;
  - ▶ Process all PG awards: SHINEing STAR, Magnet Writing, Unit/Department Chair Service, Publication and Presentation Award;
- Develop content for the Fiscal Year 2019 Nursing and Interprofessional Clinical Excellence Report;
- Triage and prioritize action request forms (ARF); assign PGSC leads as indicated;
- Monitor engagement metrics dashboard and take actions to promote improvements;
- Support professional governance member participation in organization’s catch ball for strategy planning;
- Assure all PG members are informed of ELC updates on organizational strategy including the nursing strategic plan (SHINE A3).

## Fiscal Year 2019 Accomplishments

- Revision of professional governance bylaws and charter;
- Successful implementation of 11 PG Days including the following education and best practice sharing (BPS) sessions:
  - ▶ July 2018 BPS: Imaging Streamway (George Karakey); CNA 1:1 Break (Amy Nagelhout); IRU council certification program (Kari Velez); ED Throughput (Jessica Veith); TJC Readiness (Lydia Reid).

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- ▶ August 2018 BPS: UDC Productivity and Tracking (Gloria Summers); Care in Place (Ethan Waln); Inpatient Rehab Competency Training (Jessica Johnson and Rebekah Alvey); PMC Medication Project (Katie Hasselman); ED POD<sub>4</sub> Expansion (Nancy Bee).
  - ▶ September 2018 Education Session: Professional Resiliency to Increase Professional Longevity by Ben Burlison and Brigett Eisele from PG&D.
  - ▶ October 2018 BPS: Antibiotic Stewardship in NICU (Michelle Hirsch Korn, Cindy Davis and Jen Graham); Pure Wick External Female Catheters (Patti Newton and Ashika Bahn); Medical Staff strategy update (Dr. Christine Clarke); Finance strategy update (James Parr); General Surgery Checklist for cleaning medication drawers (Terri Ottosen and Donna Oetama).
  - ▶ November 2018 Education Session: Resilience by J. Bryan Sexton, PhD, Director, Patient Safety Center, Duke University Health System.
  - ▶ January 2019 BPS: Best practices from the 2018 Magnet Conference by 18 conference attendees.
  - ▶ February 2019 BPS: Population Health strategy update (Bahaa Wanly); Virtual Appointment Demo (Bradley Walker, Glen Morrison, Rhonda Winn); RQI Impact Story (Jeanine Scott and Christiana Adams); Epic Downtime (Lydia Reid); Peer Evaluation (Pam Wasson and Barb Merrifield); Community Champions (Kelly Ward).
  - ▶ March 2019 Education Session: Predictive Index Leadership Results and Breakout Sessions presented by Pam Wasson, Sr. HR Business Partner.
  - ▶ April 2019 BPS: Mentoring Toolkit (Sarah Wolfe); Q&S/Patient Experience strategy update (Deni Hoover); Walk of Respect (Seunghyo Hong and Lisa Lewis); MBU Epic SBAR (Cassandra Mattson-Boyechko and Jen Graham); Foundation Funding (Lisa Roth and Amy Stokes); MD Engagement (Dr. Matt Boles and Barb Merrifield).
  - ▶ May 2019 Education Session: Magnet by Barb Merrifield, Nancy Dunn and Brianna Revard.
  - ▶ June 2019 BPS: Legislative Update (Michael Gay); Motivational Interviewing (Steve Paysinger); COPD Rescue Pack (Bobbee Hebatalla); Teach Back (Carol Hannibal and Gina DiGiusto); Early CV Surgery Extubation (Crystal Dryden and Ann Alway).
  - Production and organization-wide dissemination of a quarterly Engagement Metrics Dashboard. The average scores for UDC councils improved from 13.7 to 14.5 and the housewide councils changed from 16.0 to 15.7.
  - Notable completion of action request forms or improvement opportunities brought forward by staff:
    - ▶ Port-A-Cath (PORT) new policy, procedure and protocol, including new

competency plan to ensure staff quality for accessing, maintaining and de-accessing PORTs (practice council 4SPS).

- ▶ Improved utilization of Medicopia in Med Surg pilot test of change (TOC).
- ▶ Completion of SBAR on improving workplace safety from violent patients; handoff to existing committee.
- ▶ Improved use of PMM Distribution book in Med Tele.
- Pilot test Lean Leader Training for PG members, including feedback to re-offer next year.
- Implemented SHINE Professional Practice Model action plan to increase staff awareness of how their clinical practice to continuously improved by the model.
- Reflection on SHINE nursing strategy and input toward the FY20 nursing strategy.

### **Professional Governance Steering Council** (alphabetical by first name)

#### **Chair and Co-Chairs**

<b>Jessica Reese</b>	Practice Council Chair, Clinical Nurse, Medical Telemetry
<b>Sarah Horn</b>	Chief Nursing Officer

#### **Members** (alphabetical by first name)

<b>Amy Brase</b>	Professional Growth & Development Council, PDS, Clinical Education
<b>Amy Stokes</b>	Professional Growth & Development Council, Chair, PDS, Clinical Education
<b>Barb Merrifield</b>	Evidence Based Practice Council Co-chair, Director of Magnet & Clinical Excellence
<b>Bernard Maurer</b>	Informatics Council Co-chair, Informatics Coordinator Sr., IS Clinical Department
<b>Brenda Umulap</b>	Nurse Manager, General Medical Unit
<b>Brianna Revard</b>	Clinical Excellence Specialist, Magnet and Clinical Excellence
<b>Erica Randall</b>	Interim Director, Kaizen Promotion Office
<b>Gina Umble</b>	Evidence Based Practice Council Co-chair, Clinical Nurse, Medical Telemetry
<b>Harriett Martin</b>	Practice Council Co-chair, Clinical Nurse, Intermediate Care Unit

**Professional Governance Steering Council** (alphabetical by first name)

<b>Jennifer Henkel</b>	Nurse Manager, Labor and Delivery
<b>Jessica Reese</b>	Practice Council Co-chair, Clinical Nurse, Medical Telemetry
<b>Laura Morin</b>	Nurse Manager, House Operations and Float Pool
<b>Nancy Dunn</b>	Clinical Excellence Coordinator, Magnet and Clinical Excellence
<b>Sarah Moyes</b>	Evidence Based Practice Council Co-chair, Clinical Nurse, Intermediate Care Unit
<b>Stephen Nielsen</b>	Informatics Council Co-chair, Nurse Navigator, Neuromusculoskeletal Department
<b>Whitney D'Aboy</b>	Interim Manager, Kaizen Promotion Office



# Magnet Steering Council Report

**Barb Merrifield, MSN, RN, Director of Magnet & Clinical Excellence**

The Magnet Steering Council (MSC) is responsible to support all aspects of our Magnet journey. This includes providing oversight of clinical excellence standards and performance on nurse sensitive indicators, conducting gap analysis of domain standards, setting and meeting timelines for initiatives that close the identified gaps, removing barriers to the continued evolution of our Magnet culture and communicating a cohesive picture of how clinical excellence integrates with our Salem Health Management System.

## Council Points of Monitoring

Encouraged an environment of maintaining redesignation readiness by:

- Monitored NSI status and sharing action plans when an area of concern was noted.
- Supported Magnet champions activities and removed barriers.
- Supported professional governance councils in the advancement of Magnet conference best practice.
- Participated in a redesignation readiness assessment and gap analysis to identify infrastructure strengths and areas of opportunity that they have since set out to improve. One example is improving our reporting of nurse satisfaction survey results to more closely match the assessment process for eligibility.
- Participated in a document writing workshop to identify document strengths and areas of opportunity to ensure we were positioned well and had the data necessary to show patient-focused results in our documents.
- Identified and engaged document writing coaches.
- Reviewed Magnet communication plan and material production.
- Established redesignation milestones and monitored adherence.

The MSC removed barrier after barrier to prepare for our Magnet redesignation document submission. We have had a year of successes, growth and acclimation of several new players to this preparation. Together, the team established a strong understanding of the changes to Magnet requirements and the importance of showing improved outcomes in a detailed, clear and concise fashion.

The team successfully identified and engaged Magnet supporters to include nurses, leaders and interprofessionals. As we wait to hear from the ANCC about the quality of our Magnet documents, we must “not rest on our laurels,” but keep driving Magnet engagement to front line staff as the front line staff is the key to our continued Magnet success!



### Magnet Steering Council

#### Chair/Co-Chair positions

**Barb Merrifield, Co-chair** Practice Council Chair, Director of Magnet & Clinical Excellence

**Sara Nash, Co-chair** Nurse Manager, Medical Surgical Oncology

#### Members (alphabetical by first name)

**Amy Stokes** Professional Growth & Development Council Chair, PDS, Clinical Education

**Bernard Maurer** Informatics Council Co-chair, Informatics Coordinator Sr., IS Clinical Department

**Brianna Revard** Clinical Excellence Specialist, Magnet and Clinical Excellence

**Cheeri Barnhart** Nurse Manager, Intensive Care Unit

**Crystal Dryden** Cardiovascular Data Abstractor, Cardiac Service Line

## Magnet Steering Council

<b>Dana Hawkes</b>	Director of Adult Health Services
<b>Donna Thomas</b>	Nurse Navigator, Cardiac Services Line
<b>Debbie Goodwin</b>	Learning & Development Consultant, Kaizen Promotion Office
<b>Gina DiGiusto</b>	Nurse Manager, Inpatient Rehabilitation
<b>Harriett Martin</b>	Clinical Nurse, Intermediate Care Unit
<b>Jeanine Scott</b>	Manager, Clinical Education
<b>Jennifer Henkel</b>	Nurse Manager, Labor and Delivery
<b>Jessica Reese</b>	Clinical Nurse, Medical Telemetry
<b>Katherine Ahlstrom</b>	Clinical Nurse, Labor and Delivery
<b>Kelly Blanco</b>	Nurse Manager, Prep & Recovery, PSS
<b>Kristen Myers</b>	Director of Surgical Services
<b>Lisa Ketchum</b>	Director of Women's & Children's Services
<b>Louise Lindley</b>	Clinical Nurse, General Surgery
<b>Nancy Dunn</b>	Clinical Excellence Coordinator, Clinical Excellence
<b>Meghan Watson-Colin</b>	Clinical Nurse, Emergency Department
<b>Michelle Carrington</b>	Clinical Nurse, Psychiatric Medicine Center
<b>Sandra Bunn</b>	Clinical Nurse Specialist - Diabetes, Advanced Practice Nursing
<b>Sarah Dawson</b>	Infection Preventionist, Infection Prevention
<b>Sarah Horn</b>	Chief Nursing Officer
<b>Sarah Moyes</b>	Clinical Nurse, IMCU
<b>Sheila Loomas</b>	Nurse Manager, IMCU
<b>Valli Brunken</b>	Nurse Manager, Cath Lab and IRU
<b>Zennia Ceniza</b>	Vice President of Clinical Operations

# Practice Council Report

**Jessica Reese, BSN, RN, CMSRN, Clinical Nurse, Medical Telemetry**

Practice council (PC) is an interprofessional collaborative group comprised of the chairs and select co-chairs from 42 unit/department councils and select managers from the divisions and service lines. True to the nature of professional governance, PC is the voice of the frontline, making shared decisions that impact clinical practice and patient outcomes. PC practices consensus decision-making, provides feedback and input, disseminates information shared by key interprofessional partners, recognizes engaged members and utilizes 4SPS Lean methodology to solve organization-wide clinical problems. PC members are expected to communicate information shared and illicit feedback from their peers within their units/departments to bring the voice of the frontline to the forefront. PC continuously looks to improve both structure and process, and will continue to trial different meeting formats to improve efficiency, keep momentum and provide value to all members.

## **Primary Responsibilities:**

- Facilitate collaboration among unit/department councils;
- Review, revise and develop Lippincott procedures/standards of care/standard works and policies/procedures/protocols that relate to clinical practice and correlate to scope of professional practice;
- Review, evaluate and recommend actions to achieve and/or exceed indicators of quality patient outcomes;
- Support execution of SHINE Nursing Strategic Plan.

## **Noteworthy Accomplishments**

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### **Decision Making/Feedback:**

- Name change from specialty practice teams (SPTs) to unit/department councils (UDC);
- Trialed two-part professional governance member Lean course;
- Pursue clinical supply cost savings project on continuous pulse oximetry;
- Infection prevention liaison strategy work on structure, process and connection with PC;
- Mobility strategy captain on how to capture independent mobility;
- Nasogastric tube bridle for education;
- C. diff algorithm, clarification to ensure optimal adherence;
- PC structure, including every other month concurrent sessions for check and adjust;



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- Helped develop priorities for 2020 Strategy Catchball;
  - Provide focus feedback around three lowest scoring areas of nurse satisfaction survey results.

### Problem Solving:

- RN Survey — countermeasure resulting in 6% increase in RN participation;
- Glucose monitoring, timely insulin administration with meal tray delivery — implemented stopgap measure that decreased gap in missing nutrition communication order paired with a meal check CBG order by 75%;
- SMART pump — planned implementation of countermeasure to reduce delayed IV antibiotic delivery (implemented July 8, 2019);
- Telemetry electrode storage accreditation compliance — grasped situation and planned countermeasure for electrode storage standard work per each inpatient unit for operational leadership implementation in July 2019;
- Telemetry battery replacement accreditation compliance — wrote standard work to prevent lapse in monitoring for patients on telemetry, implemented by operational leadership in July 2019;
- Medicopia — implemented countermeasure standard work, which reduced use of chart labels for lab specimens by 10 percent;
- Portacaths — implemented new policy, supplies, training and competency validation to reduce CLABSI.

### Recognition:

- **Top 3 UDC FY18 Engagement Scores** awards given to Cardiovascular Noninvasive Services, Labor & Delivery and Psychiatric Medical Center;
- **Key Contributor** awards for contributions toward 4SPS work: Rick Lenhardt (CVNIS), Robyn Randall (PACU), Terry Newkirk (Medical Surgical), Katie Hasselman (PMC), Jules Johnson (Med Surg Oncology), Kellie Wilcox (ICU), Jordan Reed (IMCU), Ethan Waln (Medical Telemetry), Donna Thomas (CV Service Line), Charleigh Nygaard (IMCU) and Allison Seymour (Medical Telemetry);
- **PG Lean Course Certificates** of completion given to Kristen Redwine (PMC), Ruthy Snyder (PMC), Sascha Christian (Respiratory Care), Virginia Gaze (Respiratory Care), Jackie Williams (Respiratory Care), Mickie Hartley (Respiratory Care), Jeneanne Hawkins (General Surgery), Adele Moore (IP Rehab), Teri Ottosen (General Surgery), Carol Hannibal (IP Rehab), Rick Lenhardt (CVNIS), James Atchley (Orthopedics), Amy Silvey (Orthopedics), Brandy Belling (ED), Cassandra Peters (CVCU), Megan Corrado (Rehab Services), Alyssa Pratt (Rehab Services), Amy Nagelhout (Float Pool), Lisa

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Theobald (Float Pool), Sara Baldwin (IP Rehab), Tara Trimmer (Float Pool) and Lesley Shew (IP Rehab).

## Subcommittees of PC

**Patient and Family Education Committee (PFEC):** The purpose is to encourage evidence-based patient and family-centered education and support a consistent process for developing, requesting, maintaining and standardizing clinical inpatient and outpatient education materials. Regularly, the PFEC committee reviews and provides guidance in creating quality evidence-based pieces of new educational material.

### Committee Highlights from this Year:

- Reviewing the patient channel features and access for continuous updating. This process included unit councils to assist for inclusion in patient care materials;
- A demonstration from two vendors to show the highlights of Krames and Exit Care. The committee concluded there was no preference for one over the other, Krames primarily for inpatient care and Exit Care for ED and discharge education;
- Assuming responsibility for materials that can be found on Krames Custom content builder with a plan to merge this material with Library catalog material.

In April, Crystal Dryden joined the committee as new chair. Crystal looks forward to being a key player. New goals were established for future committee focus and work, including processes for effective education requests, a plan to review custom pieces used on each floor and an update to the 2013 guidelines for a quicker turnaround of material being submitted. The PFEC committee plans to share more about improved processes as they develop and simplify staff access to the committee's support and expertise.

**Clinical Procedures:** The primary purpose is to review Lippincott procedures. Over the course of the year, 1575 procedures were effectively updated and reposted for clinical staff reference. Given the magnitude of the work expected, the members effectively revised the standard work process to utilize the key stakeholders for each review more efficiently. New resources to support the committee work were allocated and the committee started a new process to use an electronic review process. Work completed:

Lippincott Procedure by Month	Quarterly Procedure Update	Total Completed	Total Out Standing
Aug-18	395	395	0
Dec-18	511	465	46
Feb-19	385	347	38
June-19	465	368	97
<b>Total</b>	<b>1756</b>	<b>1575</b>	<b>181</b>

In June, Lydia Reid became the leadership co-chair for this committee. Lydia will recruit a replacement clinical nurse co-chair and continue the progress made by committee members in automating and expediting the review processes.

**Fall Prevention Committee:** The primary purpose is to focus on the prevention of falls in both inpatient and outpatient settings. They review best practices to prevent falls and/or deep dive harmful falls for root cause and new insights. This year they updated the audit tool and post-fall algorithm. They then updated the annual education issued in December. In February, a new chair, Ellie Barnhart was selected. Ellie enhanced the structure and process and confirmed a new co-chair, Leah Gideon. A 4SPS on harmful falls resulted in plans to standardize mobility checks and fall signage.

## Practice Council

### Chair/Co-Chair positions

<b>Jessica Reese, Chair</b>	Council Chair, Staff Nurse, Medical Telemetry
<b>Harriett Martin, Co-Chair</b>	Council Co-Chair, Staff Nurse, IMCU

### Leadership representation (alphabetical by first name)

<b>Betsy Alford</b>	Nurse Manager, Medical Surgical Unit
<b>Cheeri Barnhart</b>	Nurse Manager, Cardiovascular Care Unit
<b>Dana Hawkes</b>	Director of Adult Health Services
<b>Gina DiGiusto</b>	Nurse Manager, Inpatient Rehab
<b>Kelly Blanco</b>	Nurse Manager, Prep & Recovery
<b>Katie Aguirre</b>	Cardio Clinical Operations Manager
<b>Michelle Riley</b>	Nurse Manager, Orthopedics
<b>Nancy Bee</b>	Nurse Manager, Emergency Department
<b>Shelley Weise</b>	Nurse Manager, Mother Baby Unit

### Staff representation (alphabetical by first name)

<b>Adiregk Eamsaard</b>	Staffing and Training Coordinator, Environmental Services
<b>Alyson Seymour</b>	Clinical Nurse, Medical Telemetry
<b>Alyson Muir</b>	RN Care Manager, Salem Health Medical Group, Family Practice
<b>Alyssa Pratt</b>	Occupational Therapist, SH Acute Rehab Services
<b>Amanda Sheehan</b>	Clinical Nurse, Medical Surgical Unit
<b>Amy Crain</b>	Assistant Nurse Manager, Interventional Recovery Unit
<b>Amy Nagelhout</b>	Certified Nursing Assistant, Float Pool
<b>Andrew Anderson</b>	Sterile Processing Tech II, Sterile Processing
<b>Andy Walker</b>	RN Navigator, Cardiac Service Line

## Practice Council

<b>Anna Temme</b>	Clinical Nurse, Inpatient Rehabilitation
<b>Audrey Drake</b>	Assistant Nurse Manager, Medical Surgical Oncology
<b>Brandy Belling</b>	Clinical Nurse, Emergency Department
<b>Brianna Bilbao</b>	Clinical Nurse, Pediatrics
<b>Carlee Bizon</b>	Clinical Nurse, Medical Unit
<b>Catrina Mero</b>	Clinical Nurse, Infusion & Wound Care
<b>Charleigh Nygaard</b>	Clinical Nurse, Intermediate Care Unit
<b>Chelsea Armentano</b>	Clinical Nurse, Interventional Recovery Unit
<b>Darren Craigberry</b>	Clinical Nurse, Endoscopy
<b>Debbie Penning</b>	Clinical Sleep Educator, Sleep Center
<b>Donna Oetama</b>	Pharmacist, Pharmacy
<b>Emily Allred</b>	Clinical Nurse, Psychiatric Medical Center
<b>Emily Tucker</b>	Clinical Nurse, Medical Unit
<b>Ethan Waln</b>	Clinical Nurse, Medical Telemetry
<b>Hannah Pratt</b>	Clinical Nurse, Mother Baby Unit
<b>Hebatalla (Bobbee) Elmotayam</b>	Pharmacist, Pharmacy
<b>Huhnna Hare</b>	Clinical Nurse, Operating Room
<b>Jackie Williams</b>	Respiratory Therapist, Respiratory Care
<b>Jaime Blizzard</b>	Clinical Nurse, Neonatal Intensive Care Unit
<b>Jaimy To</b>	Lab Client Services Representative, Laboratory Outreach Services
<b>James Atchley</b>	Clinical Nurse, Orthopedics
<b>Jarrelle Harper Waldorf</b>	Clinical Nurse, Emergency Department
<b>Jenna Campos</b>	Clinical Nurse, Medical Surgical Oncology

## Practice Council

<b>Jennifer Erpelding</b>	Clinical Nurse, Intensive Care Unit
<b>Jennifer Kameshima</b>	Clinical Nurse, Float Pool
<b>Jordan Reed</b>	Clinical Nurse, Intermediate Care Unit
<b>Julie Breazeal</b>	Exercise Specialist, Cardiac Service Line
<b>Kari Velez</b>	Clinical Nurse, Interventional Recovery Unit
<b>Katherine Roop</b>	Clinical Nurse, Pre Surgical Screening
<b>Katie Ahlstrom,</b>	Clinical Nurse, Labor and Delivery
<b>Kellie Liudahl</b>	RN Navigator, Oncology Service Line
<b>Kelly Ward</b>	RN Care Manager, Salem Health Medical Group
<b>Kelsie Galusha</b>	Clinical Nurse, Labor and Delivery
<b>Kim Mullins</b>	Clinical Nurse, Post Anesthesia Care Unit
<b>Lea Estrabo</b>	Clinical Nurse, Wound and Infusion Center
<b>Lesley Shew</b>	Clinical Nurse, Inpatient Rehabilitation
<b>Lisa Theobald</b>	Clinical Nurse, Float Pool
<b>Mary Simon</b>	Clinical Nurse, Prep Recovery
<b>Megan Corrado</b>	Physical Therapist, Neuromuscular Therapies
<b>Michael Bragiell</b>	Physical Therapist, Musculoskeletal Therapies
<b>Molly Freni</b>	Clinical Nurse, Intensive Care Unit
<b>Nancy Dunn</b>	Clinical Excellence Coordinator, Magnet and Clinical Excellence
<b>Nancy Leech</b>	Assistant Nurse Manager, Angiography
<b>Rachel Palmquist</b>	Clinical Nurse, Imaging
<b>Rick Lenhardt</b>	Vascular Technologist, Cardiac Non-Invasive Services (CVNIS)
<b>Rita Giles</b>	Specialty Practice Registered Dietician, Nutrition Services

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## Practice Council

<b>Robynn Sawyer</b>	Care Management Supervisor, Care Management
<b>Sarah Dawson</b>	Infection Preventionist, Infection Prevention
<b>Shea Riecke</b>	Clinical Nurse, NeuroTrauma Care Unit
<b>Takahla Circle</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Tara Edick</b>	Clinical Nurse, Pediatrics
<b>Teri Ottosen</b>	Clinical Nurse, General Surgery
<b>Terry Newkirk</b>	Clinical Nurse, Medical Surgical Unit



# Professional Growth and Development Council

**Amy Stokes, MSN, RN, RN-BC,  
Professional Development Specialist, Clinical Education**

The professional growth and development (PG&D) council is fortunate to have engaged frontline staff from the all divisions and service lines. In addition, members include professional development specialists and select operational leaders. To help our organization achieve its mission and vision, PG&D works to support staff in the process of continuous growth and development.

## Subcommittees of PG&D

**Mentorship:** In alignment with the organization’s strategic plan to develop a mentorship program, PG&D members gathered data of current formal and informal mentoring programs at the unit level. Addressing the results, PG&D developed the following:

- A mentorship initial agreement;
- A documentation tool for mentor and mentee in HealthStream;
- A tip sheet for accessing the documentation tools and mentor toolkit;
- A mentor toolkit, with content including:
  - ▶ The difference between a mentor and preceptor
  - ▶ Question ideas for mentoring sessions
  - ▶ Journal articles about mentoring
  - ▶ List of Salem Health library resources on mentoring
  - ▶ TED Talks/Internet videos on mentoring
  - ▶ Mentoring tips for managers and Unit Councils
  - ▶ Ideas for units with a mentoring program

PG&D members took the show on the road to ensure staff awareness of new tools. Members presented at other PG councils and unit/department councils, as well as at the PG Day best practice sharing session. A mentorship page was created on the education webpage on the Salem Health (SH) Intranet, making the tools available to all staff in all departments.



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**Certification:** PG&D council continued to support RNs in obtaining specialty certifications. Members worked closely with the Salem Health Foundation (SHF) to obtain funds to bring certification review courses to campus in the fall of 2019 and spring of 2020. The SHF graciously donated \$52,500 to help alleviate the cost of a review course, an identified staff barrier to certification. We are pleased to announce the following review courses will be coming to Salem Health in FY20:

- Certified Low Risk Neonatal Nurse Review Course;
- Certified Medical Surgical Nurse Review Course;
- Certified Progressive Care/Critical Care Certification Review Course;
- Certified Emergency Nurse Review Course (2 offerings);
- Certified Rehabilitation Registered Nurse Review Course;
- Additional certification review courses to be arranged should funds allow.

**RN Specialty Certification**  
**Areas Meeting Goal of 51% of eligible RNs certified as of March 2019**

Cost Center	Unit Name	# of Eligible RNs	# Certified	% Certified	Goal	# of Certs Needed to Reach Goal
6220	Gen Surg	36	21	58%	51%	0
6250	Med Tele	51	32	63%	51%	0
6260	Wound/Ost Nrsng	2	2	100%	51%	0
6262	Gen Med	27	15	56%	51%	0
6310	Peds	14	8	57%	51%	0
6340	L&D	78	51	65%	51%	0
6420	ICU	84	53	63%	51%	0
6425	CVCU	63	33	52%	51%	0
6520	PACU	27	15	56%	51%	0
7150	Angio	9	6	67%	51%	0
7155	IRU	13	7	54%	51%	0
7256	Infusion	14	8	57%	51%	0
9960	Cardiac Svc Line	3	2	67%	51%	0
9840	Clinical Educations	9	7	78%	51%	0
9841	Adv Prac Nrsng	5	5	100%	51%	0

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### Listed below are additional PG&D activities supporting certification at SH:

- Hosted certification information table at the nurses week breakfast and ice cream social;
- Increased staff awareness of the Success Pays and other no pass - no pay programs;
- Recognized certified RNs on National Certified Nurses Day with a card and treat;
- Developed tip sheet for staff to document current certifications on the Human Resources webpage.

### Other Accomplishments:

- Professional Resiliency Education;
  - ▶ Frontline staff members presented at PG Day best practice sharing session
  - ▶ PowerPoint education in HealthStream, assignment to 2500 employees
  - ▶ Tools and resources tab added to Education webpage
- Nurse education needs assessment expanded beyond direct care staff to all RNs within the organization;
- Daisy and Trillium Award Nominations;
  - ▶ Reviewed and selected winners of nominated staff who went above and beyond
  - ▶ Developed a tip sheet for those making nominations outlining the depth of information needed.
- PHIL Award (Respiratory Therapy) - reviewed and selected a winner of nominated staff who went above and beyond.



## Professional Growth & Development Council

### Chair/Co-Chair positions

<b>Amy Stokes, Chair</b>	Professional Development Specialist, Clinical Education
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<b>Amy Brase, Co-Chair</b>	Professional Development Specialist, Clinical Education
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### Leadership representation (alphabetical by first name)

<b>Lisa Ketchum</b>	Director of Women’s and Children’s Services
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<b>Seunghyo Hong</b>	Nurse Manager, Intensive Care Unit
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<b>Ben Burlison</b>	Assistant Nurse Manager, Intensive Care Unit
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### Staff representation (alphabetical by first name)

<b>Teri Benzinger</b>	Clinical Nurse, Angiography
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<b>Nic Lawrence</b>	Clinical Nurse, Medical Surgical Unit
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## Professional Growth & Development Council

<b>Adele Moore</b>	Clinical Nurse, Inpatient Rehabilitation
<b>Alexis Miller</b>	Exercise Specialist, Cardiac Rehab
<b>Amber Dugger</b>	Clinical Nurse, Intermediate Care Unit
<b>Amy Schmidt</b>	Exercise Specialist, Cardiac Rehabilitation
<b>Annie Hartle</b>	Clinical Nurse, Orthopedics
<b>Briggett Eisele</b>	Clinical Nurse, Med Surg Oncology
<b>Dawnie Janowiak</b>	Clinical Nurse, NeuroTrauma Care Unit
<b>DeAnna Carroll</b>	Clinical Nurse, Medical Telemetry Unit
<b>Debbie Lohmeyer</b>	Professional Development Specialist, Clinical Education
<b>Denise Ziak</b>	Clinical Nurse, Endo/Post Anesthesia Care Unit
<b>Emily Allred</b>	Clinical Nurse, Psychiatry
<b>Felicia Rosenberg</b>	Clinical Nurse, Psychiatry
<b>Hannah Aamodt</b>	Clinical Nurse, General Medical
<b>Heather Pfrehm</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Jeanette Keating</b>	Clinical Nurse, Infusion and Wound
<b>Joshua Yoder</b>	Clinical Nurse, Medical Telemetry
<b>Kathryn Mahosky</b>	Clinical Nurse, Prep/Recovery
<b>Kaylee Corrado</b>	Clinical Nurse, Emergency Department
<b>Kelly Honyak</b>	Professional Development Specialist, Clinical Education
<b>Kelsey Muramoto</b>	Clinical Nurse, General Surgery
<b>Kristiina Broten</b>	Professional Development Specialist, Clinical Education
<b>Lesley Shew</b>	Clinical Nurse, Inpatient Rehabilitation
<b>Mary Webb</b>	Clinical Nurse, NeuroTrauma Care Unit

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## Professional Growth & Development Council

<b>Meghan Newstone</b>	Clinical Nurse, Intensive Care Unit
<b>Melissa Williams</b>	Clinical Nurse, General Medical Unit
<b>Mickie Hartley</b>	Respiratory Therapist, Respiratory Care
<b>Molly Newman</b>	Clinical Nurse, Labor and Delivery
<b>Penny Edwards</b>	Professional Development Specialist, Clinical Education
<b>Sarah Wolfe</b>	Professional Development Specialist, Clinical Education
<b>Tara Trimmer</b>	Clinical Nurse, Float Pool/Vascular Access

# Evidence-Based Practice Council Report

**Sarah Moyes, BSN, RN, MS-CNL, PCCN,  
Clinical Nurse, Intermediate Care Unit**

The purpose of evidence based practice (EBP) council is to advance standards of clinical practice here at Salem Health in accordance with the best available evidence. EBP promotes involvement of all interdisciplinary members in generating new knowledge to guide practice, change practice and develop competencies in the care we provide to our patients and the community. EBP strives for strong staff engagement and fostering a spirit of inquiry with the goal for continuous quality improvement. In order to operationalize the council's purpose, we defined three guiding principles:

- Develop EBP, research and quality improvement competencies of Salem Health team,
- Building EBP mentoring capability to support goal #1 and
- Continuously advancing standards for clinical practice in accordance with best practice.

## **Primary Council Responsibilities**

- Mentor council members in EBP competencies to promote expertise in evidence-based care;
- Encourage an environment where evidence drives practice and practices are evaluated and updated based on best available evidence;
- Advise staff and leaders on the development of evidence-based standards of care and policies, procedures and protocols;
- Provide coaching to members of Salem Health on EBP and research questions;
- Promote professional practice day and the Clinical Inquiry Challenge.

## **Fiscal Year 2019 Accomplishments**

- Accepted responsibility for monitoring and/or developing one Magnet standard.
- Continued to refine and simplify the clinical inquiry challenge process, resulting in increased total number of units participating by 20%.

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- Compiled evidence tables in support of strategy, upon request and per the council’s spirit of inquiry for the following topics:
    - ▶ New grad mentorship
    - ▶ Bed alarms, fall prevention
    - ▶ Suicide prevention
    - ▶ Trauma informed care evidence
    - ▶ Question, persuade and refer (QPR) suicide prevention
    - ▶ Ask Suicide-Screening Questions (ASQ) suicide prevention
    - ▶ Adverse Childhood Experiences (ACE) suicide prevention
    - ▶ Nurse initiated Foley catheter removal protocol
    - ▶ ARCC EBP model
    - ▶ PARIHS EBP model
    - ▶ Wound gel
  - Review and write summaries of the research conducted at Salem Health over the last three years in preparation for the Magnet site visit.
  - Develop council onboarding materials for beginner, intermediate and advanced in evidence-based practice with the goal to expand to leadership use.
  - Updated tools to evaluate literature. This process aims to create user-friendly materials for beginners for use across the organization.
  - Lead, Rebecca Boris, BSN, RN, PCCN (EBP member representing Float Pool) and float pool nurses Lisa Theobald and Frank Gatto and supervisor Jane Ray, supported by CVCU unit council members (led by Kellie Wilcox) and Deb Jasmer, BSN, RN, VA-BC (EBP member representing Vascular Access) all researched and reached out to vascular access’ professional organization to determine the standard regarding IV flush intervals for PIV/PICC lines. Salem Health’s policy was updated based on the evidence.
  - Presentation by Donna Thomas, BSN, RN, PCCN-K, CHFNP (EBP member and Heart Failure navigator), regarding new guidelines and medications for heart failure patients.

## **Clinical Inquiry Challenge 2019**

Eighteen units participated in the 2019 Clinical Inquiry Challenge, submitting 283 clinical inquiry questions. The EBP council participated in evaluating all questions to assess for quality of content. The perfect score questions were sent to the submitter as well as unit leadership and individuals were recognized for their thought provoking questions.



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Congratulations to CVCU for winning this year’s challenge. CVCU received a banner and congratulations at the celebration for their Beacon Award.

The EBP council plays an integral role in Salem Health’s Professional Governance structure by supporting Salem Health through developing evidence-based practice, building EBP mentors and continuously advancing standards for clinical practice. Through our spirit of inquiry, EBP disseminates information to support Salem Health’s journey toward excellence in the delivery of care and assist clinicians in delivering optimal care, thus ensuring high quality patient and family outcomes.



### EBP Council

#### Chair/Co-Chair positions

<b>Barb Merrifield, Co-chair</b>	Director of Magnet & Clinical Excellence
<b>Sarah Moyes, Co-chair</b>	Clinical Nurse, IMCU
<b>Gina Umble, Co-chair Elect</b>	Clinical Nurse, Medical Telemetry

## EBP Council

### Leadership representation (alphabetical by first name)

<b>Julie Koch</b>	Infection Prevention Manager
<b>Elena Pettycrew</b>	Assistant Nurse Manager, General Medical

### Staff representation (alphabetical by first name)

<b>Amy Silvey</b>	Clinical Nurse, Orthopedics
<b>Ann Alway</b>	CNS, Advanced Practice Nursing
<b>Carrie Bandtel</b>	Clinical Nurse, Angiography
<b>Cassandra Peters</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Crystal LeBoeuf</b>	Clinical Nurse, Medical Surgical Oncology
<b>Debra Jasmer</b>	Clinical Nurse, Vascular Access
<b>Donna Thomas</b>	Heart Failure Navigator, Cardiac Service Line
<b>George Cicolani</b>	Clinical Nurse, Medical Surgical Unit
<b>Huhnna Hare</b>	Clinical Nurse, Operating Room
<b>Jeanne St Pierre</b>	CNS, Advanced Practice Nursing
<b>Jennifer Beitel</b>	Clinical Nurse, Intermediate Medical Care Unit
<b>Jennifer Saechao</b>	Clinical Nurse, NeuroTrama Care Unit
<b>Julie Cox</b>	Clinical Nurse, Neonatal Intensive Care Unit
<b>Kaylor Hollen</b>	Clinical Nurse, Intensive Care Unit
<b>Kellie Wilcox</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Kristi Tichenor</b>	Clinical Nurse, Endoscopy
<b>Kristiina Broten</b>	Professional Development Specialist, Clinical Education
<b>Laura Maxwell</b>	Clinical Nurse, Post Anesthesia Care Unit
<b>Manya Kanavalov</b>	Respiratory Therapist, Respiratory Care
<b>Marie Bartlett</b>	Clinical Nurse, Emergency Department

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## EBP Council

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<b>Michael Polacek</b>	Professional Development Specialist, Clinical Education
<b>Michelle Hirschhorn</b>	CNS, Advanced Practice Nursing
<b>Paul Howard</b>	CHEC Librarian
<b>Rebecca Boris</b>	Clinical Nurse, Float Pool
<b>Ruthy Snyder</b>	Clinical Nurse, Psychiatric Medicine Center
<b>Sam Spittal</b>	Clinical Nurse, General Medical Unit
<b>Sam Wong</b>	Clinical Nurse, Prep & Recovery
<b>Sandy Bunn</b>	CNS, Advanced Practice Nursing
<b>Sara Baldwin</b>	Clinical Nurse, Inpatient Rehab
<b>Sascha Christian</b>	Respiratory Care Supervisor
<b>Skye (Young) Taimanao</b>	Clinical Nurse, Intensive Care Unit
<b>Teresa Pimentel</b>	Registered Dietitian, Nutrition Services
<b>Tia Melson</b>	Clinical Nurse, General Surgery Unit

# Informatics Council Report

**Stephen Nielsen, BSN, RN,  
Nurse Navigator, Neuromusculoskeletal Department**

## **Informatics Council (IC) Purpose**

As patient care and documentation continue to increase in complexity, the informatics council exists to “make the system work” for frontline staff. Consisting of an interdisciplinary team, the informatics council evaluates and approves changes related to technology in the hospital such that they are:

- Evidence-based
- Aligned with organization strategy
- User friendly

## **2019 in Review**

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### **Epic Foundation Project**

The Epic Foundation project, which went live in phases between September 2018 and January 2019, provided many enhancements to clinician documentation, as well as changes to the process in which requests are evaluated and deployed. Members of the informatics council were instrumental in both the development of changes to the system as well as peer support and education. A selection of changes related to the Foundation project include:

- Safer blood product administration
- Error reduction in lab collection
- Improved restraint documentation
- Multiple documentation flowsheet revisions
- Patient list and summary report clean up and consolidation
- Provider directed discharge orders

### **Process Change**

One of the stated goals of the Foundation project was to closer align Salem Health’s electronic medical record (Epic) with the software vendor’s best practices and standards.

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As both clinical subject matter experts and stewards of the electronic medical record, members of the informatics council collaborate to create solutions in an ongoing effort to bring us closer to best practice as well as meet the needs of clinicians who care for patients at Salem Health.

### **FY 2019 Informatics Council Requests**

In addition to the Foundation project, the IC processed 106 requests for change during FY2019. These requests included changes to:

- Pain assessment documentation
- Sedation documentation
- Allergies
- Chest tube documentation
- RN medication verification
- Peri-care documentation
- Child abuse screening
- Ambulation documentation



## Informatics Council

### Chair/Co-Chair positions

<b>Bernard Maurer, Chair</b>	Informatics Coordinator Sr., IS Clinical Department
<b>Stephen Nielsen, Co-Chair</b>	Nurse Navigator, Neuromusculoskeletal Department

### Leadership representation (alphabetical by first name)

<b>Amie Wittenberg</b>	Director of Emergency Department and Psychiatric Medicine Center
<b>Melissa Berry</b>	Rehabilitation Services Manager, Acute Rehabilitation Services

### Staff representation (alphabetical by first name)

<b>Allison Seymour</b>	Clinical Nurse, Medical Telemetry
<b>Andi Limont</b>	Clinical Nurse, General Medical Unit
<b>Andrey Zholnerovich</b>	Clinical Nurse, Intermediate Care Unit
<b>Ashley Wilson</b>	Clinical Nurse, General Medical Unit

## Informatics Council

<b>Circle Takahla</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Ella Harrison</b>	Clinical Nurse, Orthopedics
<b>Geoffrey Brennan</b>	Clinical Nurse, Inpatient Rehabilitation
<b>Frank Gatto</b>	Clinical Nurse, Float Pool/VA
<b>Jacob Drinnon</b>	Clinical Nurse, Orthopedics
<b>Jean Lucas</b>	Clinical Nurse, Intensive Care Unit
<b>Jeneanne Hawkins</b>	Clinical Nurse, General Surgery
<b>Jennifer Graham</b>	Clinical Nurse, Mother Baby Unit
<b>Jennifer Humphreys</b>	Clinical Nurse, Prep/Recovery
<b>Jerrold Potter</b>	Informatics Coordinator Senior, IS Clinical
<b>Jill Horton</b>	Clinical Nurse, Mother Baby Unit
<b>Joshua Green</b>	Clinical Nurse, Intensive Care Unit
<b>Joshua Reese</b>	Clinical Informatics Coordinator II, IS Clinical
<b>Jules Johnson</b>	Clinical Nurse, Medical Surgical Oncology
<b>Karen Hunzinger</b>	Dietician, Nutrition Services
<b>Kristin Perrin</b>	Clinical Nurse, Angiography
<b>Krystal Gamboa</b>	Clinical Informatics Specialist, West Valley Hospital Administration
<b>Lacey Geigle</b>	Clinical Informatics Coordinator II, IS Clinical
<b>Laura Fredericks</b>	Clinical Informatics Coordinator II, IS Clinical
<b>Leanne Puga</b>	Clinical Informatics Coordinator II, IS Clinical
<b>Marcie Kohls</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Matt Tanner</b>	Pharmacist, Pharmacy
<b>Megan Hollingsworth</b>	Clinical Informatics Coordinator II, IS Clinical

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## Informatics Council

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<b>Miranda Hennan</b>	Clinical Nurse, Emergency Department
<b>Rebeca Cowin</b>	Epic Physician Supervising Liaison II, IS Clinical
<b>Renaë Murray</b>	Clinical Nurse, Operating Room
<b>Renee Montes</b>	Clinical Informatics Coordinator II, IS Clinical
<b>Sara Pacheco</b>	Clinical Nurse, Medical Surgical Unit
<b>Sarah Aulerich</b>	Clinical Nurse, Medical Telemetry
<b>Scott Balding</b>	Clinical Nurse, Psychiatric Medical Center
<b>Shanna Israel</b>	Clinical Informatics Coordinator I, IS Clinical
<b>Tamara Gregor</b>	Clinical Nurse, NeuroTrauma Care Unit
<b>Thomas Veverka</b>	Clinical Nurse, Endoscopy/Post Anesthesia Recovery Unit
<b>Virginia Gaze</b>	Respiratory Therapist, Respiratory Care



# House-Wide Staffing Council Report

## **Sheila Loomas, BSN, RN, Nurse Manger, Intermediate Care Unit**

The house-wide staffing council (HWSC) is a shared governance council co-chaired by a direct care nurse and nurse manager, Hannah Wade-Sandlin, RN, CEN, and Sheila Loomas, BSN, RN, NE-BC, respectively. The council is supported by Director of Magnet & Clinical Excellence, Barb Merrifield, MSN, RN, and VP of Clinical Operations, Zennia Ceniza, MAN, RN, CCRN, ACNP-BC, NE-BC. The HWSC reports to our chief nursing officer (CNO), Sarah Horn, MBA, BSN, RN, NE-BC, RNC-LRN, and is part of the larger Salem Health Professional Governance structure. Our council is unique in that the membership composition assures direct care nurses as well as a CNA to participate in staffing recommendations.

### **The HWSC is dedicated to:**

- Promoting 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.
- Ensuring compliance with the Oregon Nurse Staffing Law.

### **Year in review:**

- Co-chair continues to participate with the Oregon Nurse Staffing Collaborative (ONSC) and attend quarterly meetings. The collaborative has been instrumental in developing guidance to enhance nurse staffing plan development.
- HWSC revised our staffing plan template to align with continued learning from the ONSC.
- Expanded the HWSC workforce indicator, monitoring dashboard to include non-productive time and days to fill open positions.
- Reviewed and updated HWSC charter. The council is planning to take on a Magnet SOE in an effort to assure we have complete projects ready over the next four-year redesignation period.
- Refined elements of meeting minute template in preparation for survey process.

- Several HWSC members participated in ONSC Annual Nurse Staffing Summit hosted by St. Charles Hospital in Bend, Oregon on May 16th, 2019
- Viewed EPIC acuity demo in preparation for organizational acuity system implementation.

### A look ahead:

- The council will remain focused on survey readiness and will support innovative approaches to compliance with nurse staffing law.
- Plan additional mock staffing surveys to reinforce survey preparedness.
- Continue robust systematic review of unit-based staffing plans across the organization.
- Create structures for council assessment and advisement to management recommendations regarding staffing model changes.



### House Wide Staffing Council Members FY19

#### Chair/Co-Chair positions

<b>Sheila Loomas, Chair</b>	Nurse Manager, Intermediate Care Unit
<b>Hannah Wade-Sandlin, Co-Chair</b>	Clinical Nurse, Emergency Department

## House Wide Staffing Council Members FY19

### Members (alphabetical by first name)

OARs require equal numbers of nurse managers and direct care nurses

<b>Amy Nagelhout</b>	CNA, Float Pool
<b>Andrea Bell</b>	Nurse Manager, Pediatrics
<b>Andrea McLaughlin</b>	Clinical Nurse, Operating Room
<b>Andrea Petrone</b>	Manager, Cancer Services
<b>Annie Derochowski</b>	Clinical Nurse, Float Pool
<b>Cheeri Barnhart</b>	Nurse Manager, Cardiovascular Care Unit
<b>Courtney Schmidig</b>	Clinical Nurse, Intensive Care Unit
<b>Deanna Stein</b>	Nurse Manager, Infusion Wound Center
<b>Dianne Powers</b>	Nurse Manager, Post Anesthesia Care, Unit
<b>Emily Neves</b>	Clinical Nurse, WCS Float Pool
<b>George Aikin</b>	Nurse Manger, Psychiatric Medicine Center
<b>Gina DiGiusto</b>	Nurse Manager, Inpatient Rehab
<b>Heidi Strawn</b>	Clinical Nurse, NeuroTrauma Care Unit
<b>Hilory McIntyre</b>	Clinical Nurse, Advanced Wound Care
<b>Kara Toma</b>	Clinical Nurse, Cardiovascular Care Unit
<b>Kelsi Lowe</b>	Clinical Nurse, Labor & Delivery
<b>Kim Vachter</b>	Clinical Nurse, Inpatient Rehab
<b>Laura Morin</b>	Nurse Manger, House Operations
<b>Michelle Tobias</b>	Nurse Manger, Operating Room
<b>Nancy Bee</b>	Nurse Manager, Emergency Department
<b>Nancy Leach</b>	Assistant Nurse Manager, Angiography
<b>Nduta Nyoro-Cayton</b>	Clinical Nurse, Psychiatric Medicine Center

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### House Wide Staffing Council Members FY19

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<b>Rachael McDowell</b>	Nursing Resources Supervisor, Nursing Resources
<b>Raven Layton</b>	Nurse Manager, Medical Telemetry Unit
<b>Samantha Sanberg</b>	Nurse Manager, Psychiatric Medicine Center
<b>Sandra Shore</b>	Nurse Manager, General Surgery Unit
<b>Shelley Weise</b>	Nurse Manager, Mother Baby Unit
<b>Tiare Ryan</b>	Clinical Nurse, Prep & Recovery
<b>Valli Brunken</b>	Nurse Manager, Cath Lab & Angiography

# Featured Magnet Work

## Transformational Leadership

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### CNO Supports Expanding Peer Support Program

**Overview:** When health care workers are involved in an unanticipated adverse patient event or medical error, they may suffer trauma and feel personally responsible for the unexpected patient outcome. They may even feel as though they failed the patient, which can also result in questioning their clinical and critical thinking skills. Health care and patient safety literature refers to these caregivers as “second victims.” In 2013, Salem Hospital launched a peer support program specific to the CVCU called H.E.A.R.T., for Helping Employees Achieve Recovery Together.

By late 2016, it became evident that staff outside of the CVCU could benefit from such a program as well. Sarah Horn, MBA, BSN, RN, NE-BC, RNC-LRN, recognized the importance of caring for ‘second victims’ and the need to reinvigorate the CVCU H.E.A.R.T. program and spread it organization-wide. Sarah engaged the following key stakeholders to form the steering team:

- Cheeri Barnhart, MSN, RN, CCRN-K, NE-BC, nurse manager, Cardiovascular Care Unit;
- Zennia Ceniza, MA, RN, CCRN-K, ACNP-BC, NE-BC, director, Critical Care;
- Michelle Hirschhorn, MSN, RN, certified nurse specialist, Advanced Practice Nursing;
- Barb Merrifield, MSN, RN, former senior clinical consultant, Nursing Administration;
- Margo Halm, PhD, RN, ACNS-BC, FAHA, former director, Research, Professional Practice and Magnet;
- Amy Stokes, MSN, RN-BC, professional development specialist, Clinical Education, co-chair of the Professional Growth and Development Council;
- Andrew Furman, MD, former vice president, Medical Affairs;
- Pamela Cortez, MBA, BSN, RN, CNE-BC, director, Patient Safety;
- Ellen Hampton, director, Corporate Integrity, Safety and Risk;
- H.E.A.R.T. team staff;
- Hong Lee, PhD, bioethicist;
- Ken Morse, chaplain.

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**Creating Strategy:** In June 2017 Salem Hospital finalized the 2018 Physician Engagement strategy. The tactics to implement strategy included a call to form the advisory committee to define scope and scheduled a timeline. The CVCU program was presented as a model to help inform the development of the larger program. The outcome metric for the strategy expanded to include 100 percent of all staff significantly involved in a SAM 3 level patient safety event and directed the individuals receive proactive outreach.

**Developing a New Program:** In December 2017, Sarah Horn invited Pam Cortez, who served as co-captain of the peer strategic initiative, to present the project to the Clinical Leadership Group (CLG), a meeting of nurse leaders chaired by Sarah. The presentation included how this project began on a nursing unit and expanded to other peer support efforts. Additionally, the program involved interprofessional collaboration including medical staff, nursing, nursing administration, ethics, chaplain services and risk management.

**Implementing New Process:** On May 1, 2018, the peer support program launched hospital-wide with 12 nursing staff and 10 physicians trained to provide support to peers following adverse patient events.

**Results:** The support program now has 15 staff and 15 medical staff peer support volunteers, including a licensed clinical social worker, a nurse practitioner and a physician assistant, who collectively are on call 24/7 to provide support to nursing and medical staff. As of December 31, 2018, the program had provided peer support services to 50 nursing staff and 23 medical staff.

## **New Knowledge, Innovations and Improvements**

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### **Reducing Thrombolytic Occlusions**

**Overview:** Catheter obstruction remains a common problem associated with central venous access device (CVAD) use, and can cause interruptions in therapy, delays in discharge, or the need for additional procedures. Categorization of CVAD occlusions includes mechanical, chemical or thrombotic, which thrombotic being the majority. Mechanical occlusions include internal or external problems with the catheter and can be a result of issues with the catheter or kinks in the tubing, migration, a clogged cap or needleless connector. Chemical occlusions include medication or drug precipitate.

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Thrombotic occlusions include the formation of thrombus within or around the CVAD or in a surrounding vessel, and require thrombolytic treatment with Alteplase.

The Salem Hospital vascular access (VA) team, made up of 17 clinical nurses, is our primary resource for peripherally-inserted central catheter (PICC) placement, as well as management of occlusions. In January 2018, the VA clinical nurse team members raised a concern that the VA team was administering thrombolytic therapy (Alteplase) for PICC lines more often, and the VA team felt there was a rise in catheter occlusions. While education interventions were already in place to reduce risk catheter occlusions, the VA team decided to review data and identify additional opportunities to reduce these events.

The inpatient PICC total occlusion rate averaged 11.81 percent. The team, led by Deb Jasmer, BSN, RN, VA-BC, clinical nurse, Vascular Services, set a goal to reduce inpatient PICC total occlusion rate. The following staff were key participants assisting Deb in the project:

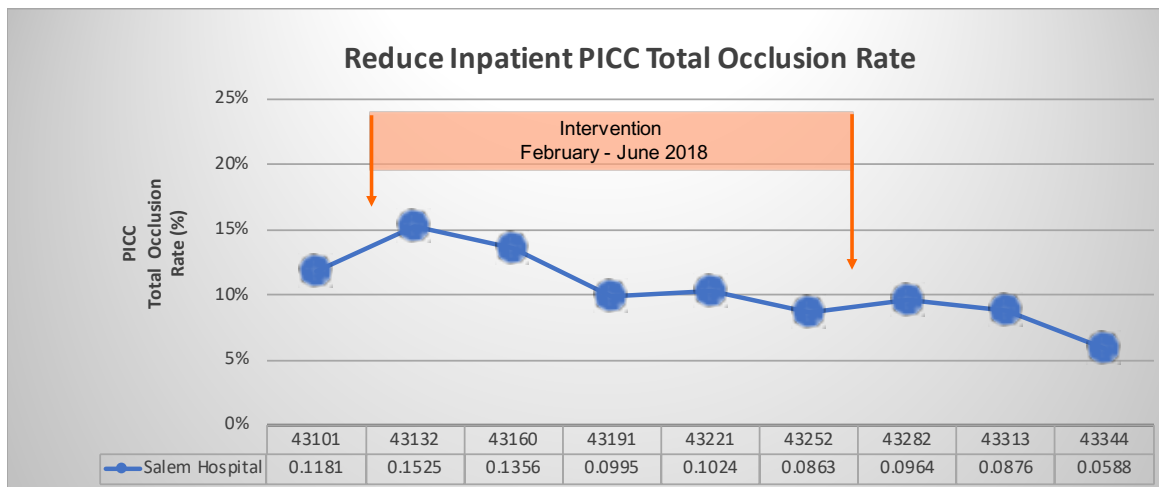
- Jane Ray MSN, RN, ME-BC, nurse supervisor, Vascular Services;
- Darci Cimino, RN, VA-BC, clinical nurse, Vascular Services;
- Pamela Hagaman, RN, VA-BC, clinical nurse, Vascular Services;
- Barbara Howard, BSN, RN, CMSRN, clinical nurse, Vascular Services;
- Hoang “Yen” Nguyen, BSN, RN, RN-BC, clinical nurse, Float Pool/Vascular;
- Peg O’Brian, BSN, RN, clinical nurse, Vascular Services;
- Kala Schraner-Hayes, BSN, RN, PCCN, VA-BC, clinical nurse, Vascular Services;
- Natasha Sullivan, BSN, RN, PCCN, clinical nurse, Vascular Services;
- Wendee Flesher, MSN, RN, PCCN, clinical nurse, Vascular Services;
- Ashley Morally, BSN, RN, clinical nurse, Vascular Services;
- Russell Roberts, BSN, RN, clinical nurse, Vascular Services;
- Brett Stendell, BSN, RN, RN-BC, clinical nurse, Float Pool/Vascular;
- Ruth Fitzgerald, BSN, RN, VA-BC, clinical nurse, Vascular Services;
- Jordan Dohman, BSN, RN, clinical nurse, Float Pool/Vascular;
- Roger Miller, RN, VA-BC, clinical nurse, Vascular Services;
- Jeanette Edel, BSN, RN, PCCN, clinical nurse, Float Pool/Vascular;
- Frank Gatto, BSN, RN, RN-BC, clinical nurse, Float Pool/Vascular.

**Reviewing PICC Occlusion Data:** The VA team reviewed retrospective inpatient data for the period of May 2017 through January 2018. The data indicated that occlusion rates fluctuate from 7 percent to 18 percent, with an average of 12.74 percent. The team discussed how clinical nurses received education as well as new graduate cohort education aimed to increase knowledge in use, maintenance and prevention of catheter occlusion for PICC lines. While this education assisted with decreasing occlusion rates somewhat, the VA team felt it was worthwhile to research technologies that would further assist in maintaining a reduction in our thrombolytic occlusions and recommended further investigation.

**Identifying Technology Solution:** Deb conducted a literature review to determine if newer technology was available to assist with catheter occlusion reduction. After identifying new breakthrough technology as an alternative to the neutral valve connector, Deb personally contacted Lynn Hadaway, MEd, RN, BC, CRNI, the founder of the Infusion Nurses Society (INS), and who served as a content expert and writer for the INS standards to discuss these devices. Lynn indicated that an anti-reflux valve, which closes automatically with decreasing gravity infusion pressure, had proven successful in the prevention of occlusions.

**Proposing New Technology to Reduce Occlusions:** At the April 10, 2018, VA staff meeting, Deb developed a problem-solving action plan including plans for a test of change. Deb and Jane presented the positive pressure anti-reflux valve product information at the April 23, 2018 SH Product Standardization and Evaluation Committee for approval and assistance with acquiring trial product. They anticipated that the valves could reduce the utilization of Alteplase for clotted PICC lines by up to 19 percent. The committee approved the evaluation.

In June 2018, Deb and team developed education flyers to disperse to the floors and educated clinical nurses prior to the implementation trial. The company representative





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along with the VA clinical nurse team conducted demonstrations with intravenous fluids and the new valve to show that reflux would not occur. Clinical nurses on the inpatient units were very receptive to this new technology. SH acquired the positive pressure anti-reflux valves and initiated a test of change measuring occlusion rates on all newly placed PICC lines all inpatient units in which the VA team placed PICC lines. The positive pressure anti-reflux valves were fully implemented on the inpatient units in June 2018, at the conclusion of the trial.

**Outcome:** During the post-intervention timeframe, the inpatient PICC thrombolytic occlusion rate averaged 8.09 percent. This represents 31 percent reduction in the rate.

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## Structural Empowerment — Inpatient

### Reducing CAUTI with New Evidence-Based Practice

**Overview:** In many hospitals across the country, catheter-acquired urinary tract infections (CAUTI) are the most common hospital-acquired infection, with approximately 560,000 cases per year that account for 13,000 deaths annually nationwide. In 2018, nurses at SH recognized that they could potentially achieve better CAUTI outcomes and encourage a decrease in catheter use with the adoption of alternative products in place of traditional catheters. By simply having an alternative product to offer incontinent females requiring catheterization, the NeuroTrauma Care Unit (NTCU) nurses set out to decrease CAUTI infections to improve patient outcomes on their unit.

**Clinical Nurse Affiliation with Professional Organization:** In early 2018, Becky Ramos, MSN, CNS, RN, ACNS-BC, SCRNP, clinical nurse specialist, Advanced Practice Nursing, and Patti Newton, BSN, RN, CCRN, CNRN, SCRNP, clinical nurse, NTCU, attended the American Association of Neuroscience Nurses (AANN) conference and saw a vendor display of one female catheterization device available on the market, as well as a poster presentation by another hospital indicating CAUTI reduction via use of an external female catheter.

From July 2017 to January 2018, the NTCU had an average of 2.4 CAUTI per 1,000 device days. The team decided to reduce the NTCU CAUTI rate. The following staff were key participants assisting Becky and Patti in the project:

- Ashika Bhan, MPH, BA, infection prevention specialist, Infection Prevention;
- Malinda Close, BSN, CWOCN, wound, ostomy and continence nurse, Wound and Ostomy Care; Amy Stokes, MSN, RN-BC, professional development specialist, Clinical Education.

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**Evaluating Current Practices:** In February 2018, Becky and Patti performed an electronic medical record deep dive review, which showed that five out of seven CAUTIs occurred in female patients with positive correlation to length of catheter use time. Becky and Patti began the search for an evidence-based change to nursing practice aimed at reducing use of indwelling catheters.

**Utilizing Resources from AANN:** Becky and Patti reviewed the information from the conference and several sources of evidence on reducing hospital-acquired CAUTI and created an evidence table focused on CAUTI prevention. This included recommendations from the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology and the Healthcare Infection Control Practices Advisory Committee which demonstrated reduced CAUTI events when female patients used external drainage devices. Already aware that external catheters were effective for male patients, Becky and Patti shared information regarding female external catheters with the NTCU leadership. Patti led the clinical nurses to a deeper understanding of products, application and implementation.

**Responding to Hospital Clinical Improvement Opportunity:** In April 2018, Patti submitted a clinical inquiry challenge question as part of an annual event to encourage Salem Hospital staff to critically appraise clinical practice. Patti's question was, "What effect does an external female catheter have on CAUTI rate on NTCU?"

**Designing a Trial of New Nursing Practice:** In June 2018, Malinda Close attended the WOCN National Conference. Malinda viewed a poster on CAUTI reduction and brought this information back to the Infection Prevention department. NTCU nurses collaborated with Infection Prevention and Malinda to plan a trial of these two female external catheter devices to allow frontline staff and patients to decide on a device.

**Trialing External Catheters:** In June 2018, the team created a staff survey tool. Prior to starting the trial, Patti, the device champion, rounded with staff to discuss the upcoming trial as well as presented highlights in daily huddles. The trial began on June 11, 2018, with representatives from two vendor companies on site for staff product education on PrimaFit® and PureWick®.

During the trial period, NTCU used a total of 90 devices. To promote staff shared decision-making, the team developed a short, three-question survey. Based on the responses of the weekly surveys, the team chose the PureWick® device. Patients were receptive to the use of the device and felt it was comfortable. One patient said her anxiety level reduced during

ambulation related to not having to walk the halls with the catheter bag dangling from the walker. Nurses expressed how happy they were to offer patients an alternative to having an indwelling catheter.

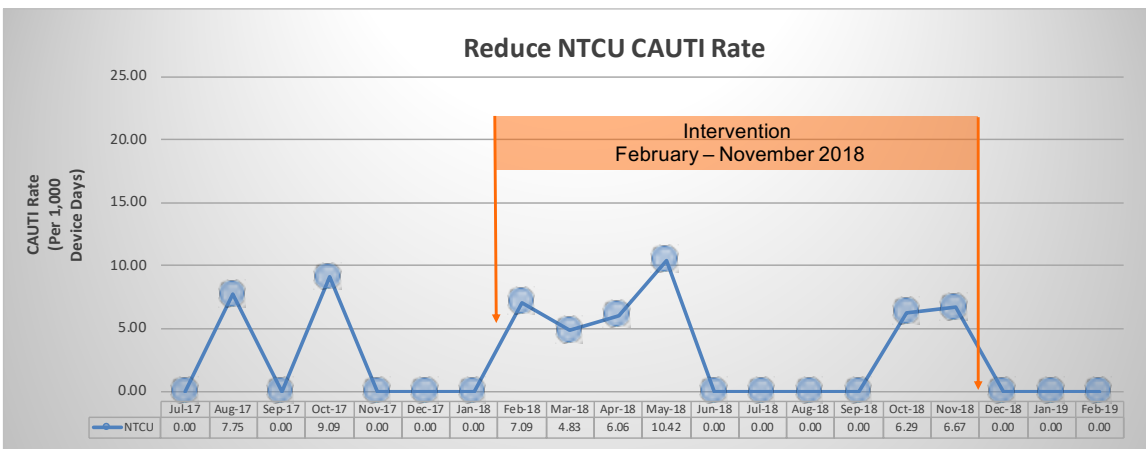
**Developing Evidence-Based Practice Changes:** In July 2018, Patti and Ashika created a new standard work as well as an algorithm that defined the procedure for initiation, assessment, monitoring and maintenance of a female external catheter through use of the PureWick® system.

**Presenting Trial Outcomes:** On August 1, 2018, Patti presented the product and preliminary outcomes to the Critical Care nurse managers, followed by a presentation on August 22, 2018 to the ED unit council. On August 27, 2018, Ashika and Patti took the outcomes and recommendations to the Hospital Products Committee, where it was approved for use and stocked in the NTCU.

**Educating Colleagues:** On October 1, 2018, Amy developed a computer-based education module which was distributed hospital-wide to staff, followed by several super user classes to support a go live date of November 1, 2018. On October 30, 2018, Patti and Ashika gave a device presentation to the Professional Governance Council, which consists of nearly 90 clinicians from across the entire hospital.

**Implementing the PureWick® Catheter:** The PureWick® female external catheter went live on November 1, 2018. Patti and Ashika rounded on the units to answer questions from staff aimed at improving successful implementation of the device.

**Outcome:** During the post-intervention timeframe, the NTCU had an average of zero CAUTI per 1,000 device days.



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## Structural Empowerment — Outpatient

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### Reducing Readmissions for Bariatric Patients

**Overview:** The American College of Surgeons and the American Society for Metabolic & Bariatric Surgery jointly developed the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), which provides accreditation to bariatric surgical centers, including Salem Hospital’s Bariatric Surgery Center, who embrace evidence-based standards of practice and high-quality patient care. The MBSAQIP has identified nausea, vomiting and diarrhea (N/V/D) as a major reason for readmission of weight loss surgery patients postoperatively.

**Ambulatory Care Setting:** The Salem Hospital Bariatric Surgery Center (BSC) is an ambulatory care clinic which is responsible for perioperative care of the bariatric patient. The clinic setting includes a registered nurse who follows the patient before and after bariatric surgery. The surgery is performed at Salem Hospital, but the BSC takes responsibility for coordinating care and monitoring postop results. In 2016, the BSC did not have an established treatment plan for postoperative bariatric patients who contacted the clinic with symptoms of N/V/D. As a result, over 1% of postoperative bariatric patients were readmitted to Salem Hospital due to N/V/D.

**Interprofessional, Organizational-Level Decision-Making Group:** The BSC has an ambulatory organizational-level interprofessional decision-making group, the Metabolic and Bariatric Surgery (MBS) Committee, that consists of surgeons, physician assistants, managers, a program coordinator/abstractor, a clinic nurse and dietitians. There are additional facility representatives and proceduralists who are ad-hoc members. In response to the increase in bariatric patient readmissions due to N/V/D, the MBS committee reviewed cases for N/V/D and chose to reduce the number of cases through a quality improvement project. In 4Q16, 1.5 percent of postoperative bariatric patients were readmitted to Salem Hospital for N/V/D symptoms. The MBS committee decided to reduce postoperative bariatric patient readmissions for N/V/D. The primary participants in the project included:

- Michelle McGee, BSN, RN, CNOR, clinical nurse, Bariatric Surgery Center;
- Lisa Nair, BSN, RN, CBN, program coordinator, Bariatric Surgery Center;
- Lori Brown, BSN, RN, CNOR, clinic manager, Bariatric Surgery Center;
- Raj Nair, MD, medical director and surgeon, Bariatric Surgery Center;
- Marie Nagy, MA, Bariatric Surgery Center;

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- Jennifer Traeger, MA, Bariatric Surgery Center;
  - Catherine Quinn, MA, RD, LD, registered licensed dietitian, Bariatric Surgery Center;
  - Katherine Spann, MS, RD, LD, CDE, CSOWM, registered licensed dietitian, Bariatric Surgery Center;
  - Brenda Burnett, BSN, RN, CBN, assistant nurse manger, General Surgery;
  - Deanna Stein, MSN, RN, nurse manager, Wound and Infusion Clinic;
  - Tina Markel, intake coordinator, registered licensed dietitian, Bariatric Surgery Center.

**Analyzing Current Practices:** In January 2017, the BSC MBS committee identified 2.3 percent of cases involved post-surgical bariatric patient readmission for N/V/D. This was the highest on record for the clinic. The organization-level, interprofessional MBS committee took on the issue, identifying variability in treatment plans and delays in initiating treatment for these patients. There was evidence of missed opportunity for expedited treatments that would reduce the need for these patients to be readmitted to the hospital.

**Adding Additional Resources:** In July 2017, the BSC office underwent restructuring to add a dedicated clinical nurse and additional medical assistant to provide improved patient access to prompt care. Michelle McGee was hired at this time. Michelle assumed the role of the advice nurse and took all BSC patient calls reporting a medical concern. Previous to Michelle's hire, the clinic manager held a dual-functioned role as both the manager and the clinic nurse limiting her availability for patient calls. Michelle's new position was created to focus primarily on patient care for bariatric postoperative patients. The job duties focused on patient outcomes as an important priority before and after surgery.

**Developing New Processes:** In July 2017, Michelle coordinated with the outpatient Wound & Infusion Clinic, updating the clinic pathway for outpatient management of severe nausea and vomiting. Michelle coordinated with Deanna Stein and Tina Markel to streamline the process of referring a patient needing urgent fluid resuscitation. Utilizing the inclusion of an ambulatory nurse focused on outpatient interventions, this allowed the BSC to refer patients directly to the Wound & Infusion Clinic for same day treatment versus referring them to the emergency department for care.

Michelle worked with the two bariatric surgeons, Dr. Rajan Nair and Dr. Catherine Boulay to develop standardized questions for patients who call to report symptoms for N/V/D. The responses to the standardized questions are then reported to the surgeon who can provide the appropriate treatment based on those patient responses. Michelle also worked with

Catherine Quinn and Katherine Spann to update the patient nutrition manual with a written plan for intravenous fluid replacement for patients with dehydration.

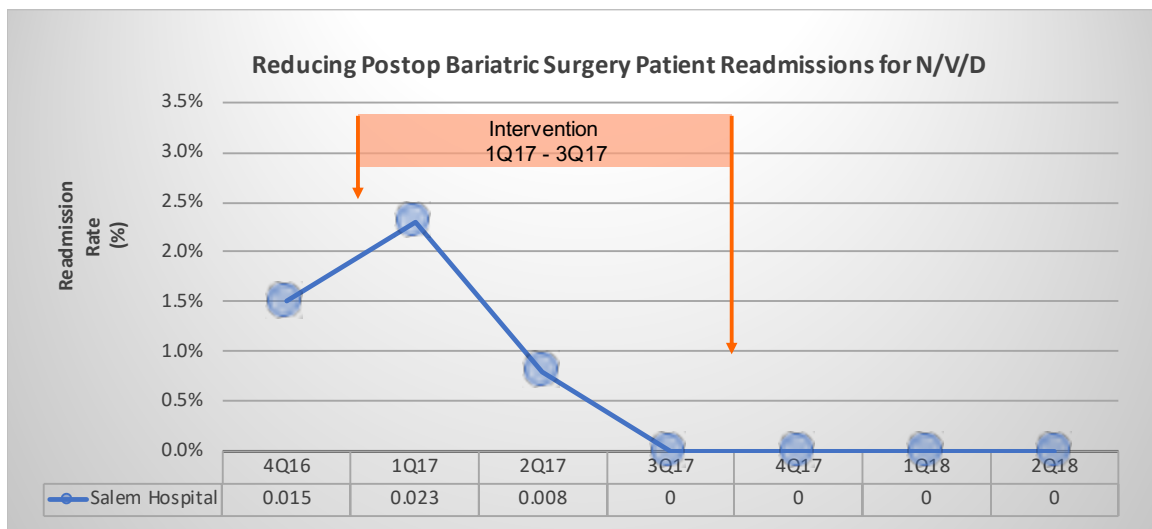
**Integrating New Practices into Electronic Medical Record:** In August 2017, Lori worked with the Information Technology department at SH to integrate the standardized questions into a working template for the clinical nurse and medical assistants to use when taking the patient call.

**Coordinating Patient Monitoring:** In August 2017, Michelle developed a patient monitoring process that would allow her coordinate care for postop bariatric patients suffering from N/V/D. Michelle would follow the patients daily by phone until symptoms improve, providing the patient with an easy way to continue care with their provider. The dietitians would also monitor the patient’s lab values and provide fluid and protein supplement recommendations as needed when the patient was not able to tolerate solid foods.

**Educating Colleagues on New Processes:** In August 2017, Michelle educated all clinic staff including nurses and the medical assistants Marie Nagy and Jennifer Traeger on the standardized questions for patient calls and the plan for rehydration with the Wound & Infusion clinic.

**Implementing New Processes to Reduce Readmissions:** The new processes to reduce postop bariatric patient readmissions due to N/V/D were fully implemented by September 2017.

**Outcome:** During the post-intervention timeframe, no postop bariatric patients (0 percent) were readmitted to Salem Hospital for N/V/D symptoms. This represents 100 percent reduction of the rate.



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## Exemplary Professional Practice

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### Reducing Length of Stay in Aortic Valve Replacement Patients

**Overview:** Aortic stenosis is the most common heart valve disease worldwide, with an estimated 2.5 million people in the United States over the age of 75 suffering from some form of it. Because the disease is degenerative and becomes progressively worse, the prognosis for patients with severe aortic stenosis is very poor if they do not undergo a valve replacement. With the introduction of Trans-Catheter Aortic Valve Replacement (TAVR), experts now offer this option to patients considered an intermediate surgical risk, increasing the potential patient population significantly. TAVR has a significant impact on patients not previously offered curative treatment and provides other advantages, such as a decreased length of stay, post-valve replacement.

In early 2017, TAVR was offered only at a hospital in Portland, 60 miles away from Salem. SH elected to implement TAVR so local residents did not have to commute the 120-mile round trip to see multiple physicians for cardiac treatment. In late 2017, SH named Chris Lebel, BSN, RN, CCRN, TAVR nurse coordinator, Cath Lab, to support program development and education under the guidance of Oregon Health Science University (OHSU). At that time, using the original aortic valve replacement procedures, the average length of stay (ALOS) for patients undergoing aortic valve replacement was somewhat higher than desired. SH set a goal to reduce ALOS by introducing TAVR for eligible patients. The primary participants supporting Chris in the project included:

- Kara Toma, BSN, RN, CCRN, Clinical Nurse, CVCU;
- Raghu Kamineni, MD, Interventional Cardiologist, Oregon Heart Center;
- Juan Oyarzun, MD, Cardiothoracic Surgeon, SHMG;
- Maziar Azadpour, MD, Interventional Cardiologist, Cascade Cardiology;
- Katherine Jones, MD, Cardiothoracic Surgeon, SHMG;
- Nervin Fanous, MD, Cardiothoracic Surgeon, SHMG;
- Yama Kharoti, MD, Interventional Radiologist, SRC;
- Sarah Arnold, MD, Anesthesiologist, Oregon Anesthesiology Group, PC;
- Atish Chopra, MD, Vascular Surgeon, SHMG;
- Jessica Williams, ADN, RN, CCM, Care Manager.

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**Forming the TAVR Education Team:** In September and October 2017, Chris collaborated with Elyse Acker of Edwards Life Science, who produces the valve, Dr. Kamineni and Dr. Oyarzun to plan a strategy for starting TAVR and to determine the education plan for all interprofessional staff. During this time, Chris gathered information about the different roles for targeted education. Chris formed an interprofessional education team with members from the Operating Room (OR), Cath Lab, Cardiothoracic Surgery, Interventional Cardiology, Radiology, Vascular Surgery, Cardiovascular Care Unit (CVCU), Nursing, and Care Management.

**Developing New Process:** In October 2017, in preparation for the first TAVR case, Chris and the education team created the necessary program resources, such as a standardized post-procedure order set, and ensured proper education methods and materials were available for the patients. Chris invited continuous feedback and adjusted the tools to ensure improvements in the process.

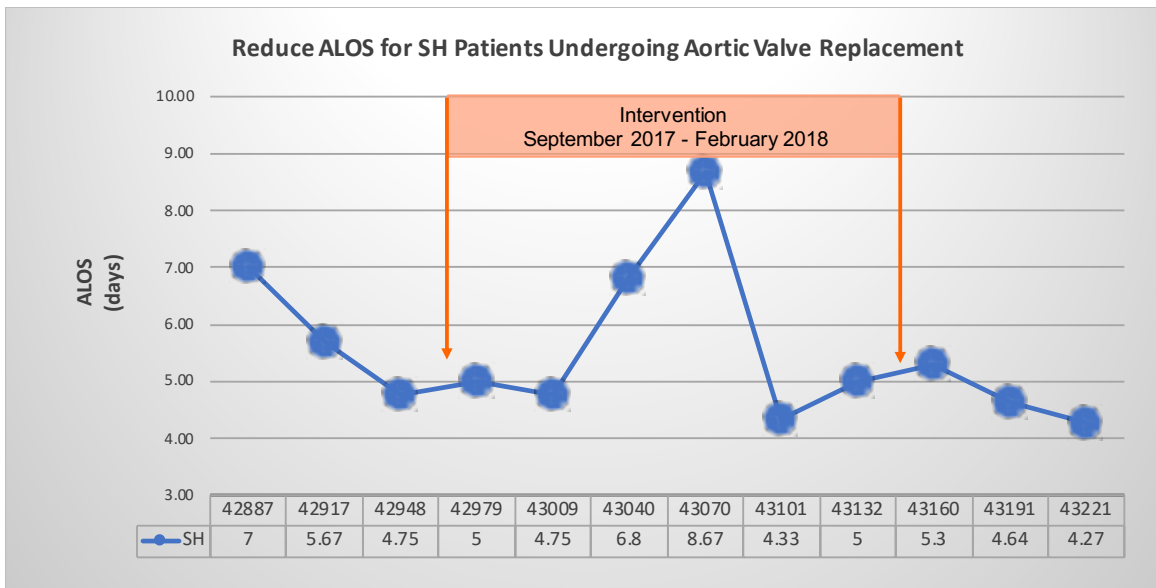
**Developing Interprofessional Education Activity:** In October 2017, Chris and the team decided that since nurses in the Cardiovascular Care Unit (CVCU) provide post-procedure care for TAVR patients who return directly from the OR and these patients spend the most of their inpatient time on CVCU, it was imperative that the CVCU staff receive targeted education on appropriate care for these patients. The education team designated Kara Toma as the CVCU TAVR Champion. Kara worked directly with the CVCU leadership, Dr. Kamineni and Chris to create education tools for the CVCU staff. Kara also consulted with a staff nurse from OHSU for education guidance and reviewed the literature for the latest evidence-based practice recommendations. Kara, Chris and the team developed educational materials for both informal staff meetings and educational emails as well as a more formalized, classroom-based education session. The education material Kara developed included:

- A PowerPoint presentation for CVCU staff meetings, including information about the history of TAVR, patient selection criteria, the procedure process and post procedure care. The post procedure care went in depth to include groin site management, expected labs/imaging, expected medications and discharge planning.
- Lippincott was reviewed and referenced for the staff to access if they needed further information when caring for these patients.
- Krames was reviewed and referenced for staff to access for patient education material. This material is printed out for each patient at discharge.
- A smart phrase in the electronic medical record, Epic, was created for staff to use on the after visit summary for patient education at discharge.



**Leading Interprofessional Education Activity:** Kara, Chris and the team planned a multi-pronged education strategy to reach all providers and staff. Educational activities included:

- In October 2017, Kara coordinated two TAVR education sessions at the CVCU monthly staff meetings. Kara, with the assistance of Dr. Kamineni and Chris, presented TAVR information to a total of 60 CVCU staff members. The presentation was also emailed to all clinical staff and placed on the department web page for staff to reference when caring for TAVR patients. Dr. Kamineni and Dr. Azadapour appeared at both staff meetings to assist with the education process.
- On November 4, 2017, Chris coordinated the first formal, classroom education and brought the entire interprofessional TAVR team together. Edwards Life Science also brought in their crew to support the education. A group of 40 staff and providers from Cardiothoracic Surgery, Interventional Cardiology, Radiology, CVCU, Cath Lab, OR, Billing, Coding, Care Management, and SH leadership attended the session. Nurses, technologists and other disciplines gathered in a large room for the TAVR overview education. Firas Zahr, MD, cardiologist, OHSU, introduced what TAVR is and went through the procedure and all the equipment. Participants then broke into groups and were educated on their respective part of care and/or role for TAVR patients. OR nurses and technicians, Cath Lab nurses and technologists and physicians came together to practice the procedure with Dr. Zahr and Edwards Life Science representatives. An experienced TAVR nurse from Edwards Life Science educated the CVCU clinical nurses. A billing and coding expert from OHSU educated the billing and coding staff. Everyone left the education program with an understanding of their unique role in the TAVR program.
- During December 2017 and January 2018, Chris also held education meetings with Cardiothoracic Surgery office staff and Interventional Cardiology office staff. Education



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was arranged for Dr. Kharoti, radiologist, to measure the aortic valve and peripheral vascular access. Team members exchanged educational emails, and conducted in-person meetings and phone calls from November 2017 to February 2018 to clarify roles and responsibilities and ensure all educational needs were met.

**Implementing the New Process:** SH performed the first TAVR in February 2018. The education team and several ancillary staff, including the OHSU proctor team, Edwards support staff, and the interprofessional TAVR Champions from each department, attended the inaugural procedure to ensure success.

**Outcome:** During the post-intervention timeframe, the ALOS for SH patients undergoing aortic valve replacement was 4.74 days. This represents an 18 percent reduction in ALOS for SH patients undergoing aortic valve replacement.

# Professional Practice Day Poster Presentations

Salem Health celebrated Professional Practice Day on May 7, 2019, during Nurses Week. Nurses presented 21 posters displaying best practices from nurses, interprofessionals and leaders from across the organization. On May 8, 2019, 8 poster authors also presented their projects orally to an audience of peers, leadership, and medical providers.

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## **ABCDEF Bundle: Using the Alphabet to Liberate Patients from the ICU**

*Poster Author(s) & Team Members:* Eric Timmons, BSN, RN, CCRN; Robin Mack, BSN, RN, CCRN; Heather M. Rideout, MBA, BSN, CCRN, CSC; Jennifer Rice, BSN, RN, CCRN; Ann Alway, MS, RN, CNS, CNRN.

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## **Accelerated Post-Operative Extubation Following Cardiovascular Surgery: A Lean Approach**

*Poster Author(s) & Team Members:* Ann Alway MS, RN, CNS, CNRN; Crystal Dryden, BSN, RN; Logan Priollaund, MD; Gregory Craft, MD; Juan Oyarzun, MD; Cheeri Barnhart, MSN, RN, NE-BC.

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## **Reducing Readmission for Bariatric Surgery Patients**

*Poster Author(s) & Team Members:* Rajan Nair, MD; Lori Brown, BSN, RN, CNOR; Lisa Nair, BSN, RN, CBN; Michelle McGee, BSN, RN, CNOR.

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## **Does an Anti-reflux valve decrease Alteplase usage in Peripherally Inserted Central Catheters?**

*Poster Author:* Debra Jasmer, BSN, RN, VA BC.

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## **Conquering CAUTI: Evaluation and Implementation of an External Female Catheter to decrease Catheter Associated Urinary Tract Infections**

*Poster Author(s) & Team Members:* Patti Newton, BSN, RN, CCRN, CNRN, SCRNI; Mindy Close, BSN, RN, CWOCN; Becky Ramos, MSN, RN, ACNS BC, SCRNI, Adult Health Clinical Nurse Specialist; Ashika Bhan, MPH, Infection Prevention Specialist.

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## **Expanding Multimodal Pain Control to Include Standardized Use of IV Acetaminophen in the Peri-Operative Setting: A Proposal**

*Poster Author:* Chelsea Wenger, BSN, RN, PACU Clinical Nurse.

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**Rescue Packs Reduce Readmission rates and ED Bounce Back for Chronic Pulmonary Disease (COPD)**

*Poster Author(s) & Team Members:* Hebatalla Elmotayam, PharmD, MBA, Outpatient Pharmacist in Charge and Transitional Care Pharmacy Supervisor, Clinical Pharmacy Council Chair; Stephanie Cassidy, RPh , PharmD Clinical Pharmacist NeuroTrauma Care Unit; Adam Dendauw, BSRC RRT, Respiratory Manager; Kelly Brinker, Financial Planning Supervisor; Danielle Bouldry, Financial Analyst Senior.

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**Implementing Bedside Report on the Mother/Baby Unit**

*Poster Author(s) & Team Members:* Elisa Bledsoe, Kaizen Specialist; Jennifer Graham, RNC-MNN; Amy Molan BSN, RNC-MNN; Cassandra Moss BSN, RNC-MNN; Alice Scofield RNC-MNN, Shelley Weise BSN, RN.

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**Closing the Gap: Initiating DKA Protocol on Medical Telemetry**

*Poster Author(s) & Team Members:* Ellie Barnhart, MSN, RN, PCCN; Sandra Bunn, MSN, CNS-PP, ACNS-BC, CDE, BC-ADM; Michelle Grove, ANP-C, BC-ADM, CDE; Katie Hole, BSN, RN, MSCRN; Raven Layton, BSN, RN; Dinah Loa, MD, & Michael Polacek, MSn, RN-BC.

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**An Unsuccessful Proposal: Golden Nugget of Success-A Leadership Training Program to Support the Transition from Staff Nurse to Assistant Nurse Manager (ANM)**

*Poster Author:* Michael J Polacek, MSn, RN-BC.

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**The resilience Film Project: Raising Community Awareness of Adverse Childhood Experiences (ACEs) to Prevent Suicide by Building Community Capacity**

*Poster Author:* Michael J Polacek, MSn, RN-BC.

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**Get Comfortable With Teach Back! Improving Education of Rehabilitation Patients**

*Poster Authors:* Carol Hannibal, MSN, RN, PCCN, CRRN, RN-BC; Gina DiGiusto, MBA, BSN, RN, NE-BC.

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**Bladder Management of the Laboring Patient with an Epidural**

*Poster Author(s) & Team Members:* Katie Ahlstrom, BSN, RN, RNC, OB; Sierra Keller, BSN, RN, RNC OB; Pamela Haneberg, RN, RNC OB; Leah Amsberry, RN, RNC OB; Tracy Kennedy, RN, RNC OB; Erica Haner, BSN, RN, RNC-OB; Katelyn Delamarter, BSN, RN; Kelsie Galusha, MSN, RN; Jennifer Henkel, BSN, RN, RNC-OB; Aristotle Griego Marsh, CNM; Cheryl Lugenbill, MD

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**Minimizing Proton Pump Inhibitors (PPI) Usage to Enhance Patient Safety**

*Poster Authors:* Sierra Schneider, DVM, BSN, RN, CCRN, Sepsis Coordinator; Matt Tanner, Pharm D, BCPS.

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**Initiating a New Trans Catheter Aortic Valve Replacement Program**

*Poster Authors:* Kara Toma, BSN, RN, CCRN; Chris Lebel, BSN, RN; Ann Alway, MS, RN, CNS , CNRN.

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**A Guide for Fluid or Vasopressor Support Based upon Non-invasive Technology**

*Poster Author:* Sierra Schneider, DVM, RN, BSN, CCRN, Sepsis and ICU Coordinator.

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**Reducing Oxygen Desaturation for Outpatients Receiving Conscious Sedation in the Interventional Radiology Unit**

*Poster Author:* Kari Velez, BSN, RN, PCCN; Brianna Revard, BS.

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**A Simple Approach to Improving Certification Rates on the Mother-Baby Unit**

*Poster Author(s) & Team Members:* Hannah Pratt, BSN, RNC-MNN; Jillianne Horton, BSN, RNC-MNN; Shelley Weise BSN, RN; Christine Steiner, RN IBCLC.

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**Implementing a Postpartum Bladder Management Protocol**

*Poster Author(s) & Team Members:* Alycia Giddings, RN; Ging Gillen, RN; Hoa Huynh, RN; Cheryl Lugenbill, MD; Kelly Marineau, BSN, RN; Cassandra Mattson-Boyechko, BSN, RN; Michelle Hirschhorn MSN, RNC, CNS.

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**Professional Governance Reduces RN Turnover Rates**

*Poster Author:* Nancy Dunn, MS, RN.

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**Ed Throughput – Admit to Arrival to Inpatient Bed Process Improvement Project**

*Poster Author(s) & Team Members:* Jessica Veith, BSN, RN; Kimberly Wiebenga, BSN, RN, CMSRN; Zennia Ceniza, MA, RN, CCRN-K, ACNP-BC, NE-BC; Whitney D’Aboy, MBA, BSN, RN; Laura Morin, BSN, RN, CCRN; Tina Morris, MSN, RN, CCM, CMC, NE-BC; Swati Mehta, M.D.

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# Nurses SHINE-On Community Outreach Projects

**Each Unit/Department Council selected a charity to make a \$500 donation, some included volunteer hours and project fulfillment.**

## **Orthopedics Unit Council Charity: Summer in the Streets**

Orthopedics supported this charity in 2017 & 2018 and stated it was very rewarding to see the benefits they provided for the underprivileged children and families with school supplies, money and time. All the staff who participated in the past enjoyed themselves and were anxious to return this year to continue developing their community relations with the kids and their families.



## **Cardiac Rehab Unit Council Charity: Mended Hearts of Salem**

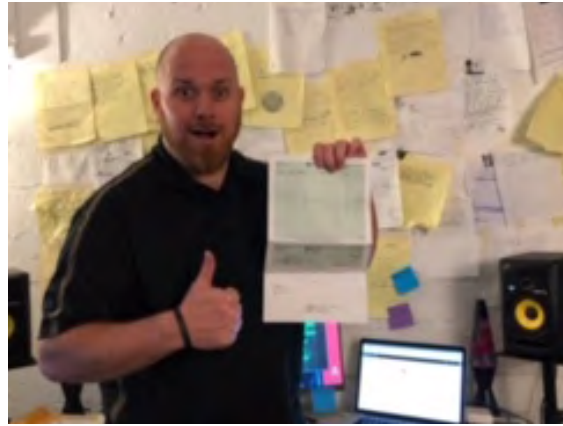
This volunteer-run program offers a peer-to-peer support network for cardiac patients and their families, which mirrors the Cardiac Rehabilitation department's mission and values. This year Cardiac Rehab Unit Council asked Mended Hearts about their interest to sponsor a community fund that will support members to be active in their health. This includes community 5k walks, health events, or other event registrations throughout the year.



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### **Angiography Unit Council Charity: Bridgeway Adolescent Program**

The Cath Lab unit council wanted to donate funds to help the adolescent population in the Salem area. Council chair Nancy expressed, “This charity does not necessarily connect with our patient population, but these children grow to become adults that may be served in our department. With this in mind, we would like to ensure this vulnerable population is supported with programs such as Bridgeway.”



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### **CNA Unit Council Charity: Simonka Place**

CNA Unit Council chose Simonka Place due to the growing awareness of domestic violence and trafficking of women and children. Amy Nagelhout, council chair, stated, “Hospitals are one of the first contacts these victims are exposed to outside of their captors/spouses control, and we have the ability to disrupt the cycle of abuse and terror they experience.”



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### **CVCU Council Charity: Union Gospel Mission**

CVCU continuously chooses UGM as they care for patients from the mission and discharge them back to the mission. It is important to CVCU to support the services that care for our patients once they leave our charge.



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### **Emergency Department Council Charity: H.O.M.E. Youth & Resource Center**

Brandy Belling and fellow council members received a tour of the H.O.M.E. Drop In at 625 Union Street. At this location, H.O.M.E. works with at-risk children, 11 to 17 years old, to develop skills that will help them navigate the roads of life such as



cooking, time management, studying and interviewing skills. The team also provides meals for homeless youth. HOME provides clothing for interviews and essential toiletry goods. Brandy stated, “I was thankful that such an organization exists (didn’t know about HOME until this project) to aid our youth who need resources. We hope to work with them more in making a donation box in our ED break room.”

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### **Float Pool & Vascular Access Council Charity: Salem Free Clinic**

Float pool has been volunteering with Salem Free Clinics for the past two years in support of their mission of providing compassionate and quality health care to the uninsured. Float Pool and Vascular Access staff loves the opportunities and the wonderful people who



work and volunteer for Salem Free Clinics. Community events serve those without medical insurance, such as providing free glucose checks. One woman was able to be treated by a medical provider at an event who had a critically high glucose reading. Float Pool and Vascular Access staff were also able to provide education to community members in Salem, hopefully averting an unnecessary hospital stay.

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### **General Medical Unit Council Charity: Northwest HUB**

Many of our patients are homeless/ jobless. As a full service bicycle shop, bike reclamation program and training center, we love how this charity helps mobilize people in our community in need of transportation so they can find jobs, make appointments, and save time over walking. Northwest HUB reclaims bicycles that would otherwise be scrapped or end up in the landfill.



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### **General Surgery Unit Council Charity: Habitat for Humanity**

We have supported this charity since the beginning of “Nurses Shine On!” and would like to continue our support.



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### **ICU Council Charity: Comfort Care Blankets**

This project is well received by everyone on the unit and has received much praise from patient’s family members. After surveying staff, it was evident that it was the



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most popular choice for this year as it has a very positive impact on our patients and their families.



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### **Imaging Department Council Charity: Liberty House**

Many members of the Imaging Department Council have volunteered or coordinated events with Liberty House and it is an organization close to many of the council members' hearts as a safe, comfortable, childfriendly environment for children and their families facing concerns of abuse, neglect, trauma, or grief.



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### **IMCU Council Charity: Comfort Care Quilts**

This project has been benefiting our dying patients since 2008. Once a month, our staff volunteer time to prepare handmade quilts to give to our patients on comfort care. Patients and families not only have a beautiful piece to enjoy while their loved one remains in the hospital, but also have a keepsake to remember them forever. This project has served hundreds of patients!



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**Inpatient Rehabilitation Unit Council  
Charity: Marion Polk Food Share**

The mission is to lead the fight to end hunger in Marion and Polk counties ... because no one should be hungry. This month, as with every month, more than 46,000 people – including 15,000 children – will access emergency food through the Marion-Polk Food Share partner network. This food may be a hot meal served at a shelter, a free community meal served at a church, or an emergency food box from a food pantry. This nutritious food will help children and adults learn, work and thrive.



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**Interventional Recovery Unit  
Council  
Charity: Family Building Blocks**

Interventional Recovery Unit staff felt strongly about supporting Family Building Blocks mission to end the cycle of abuse and neglect. FBB is committed to keeping children safe and family's together, offering support for parents to form strong bonds with their children and increase their readiness for their future.



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**Infusion and Wound Care Council  
Charity: St. Francis Shelter**

As a unit that often serves a lower social economic group, it was a natural choice to support St Francis Shelter, an organization that provides safe and stable housing and life skill support to help homeless families return to self-sufficiency.



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### **Labor and Delivery Unity Council Charity: Hayden's Helping Hands**

Labor & Delivery staff have a longstanding relationship with Hayden's Helping Hands, selecting them as their charity choice year after year and participating in their annual fundraising banquet in the fall. L&D Unit Council told us, "This charity does such important work for our population that experiences the unimaginable loss of stillbirth and has helped to assist many of our patients here in Labor and Delivery at Salem Health during their toughest times."



*Hayden's Helping Hands*

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### **Mother Baby Unit Council Center for Hope and Safety**

Mother Baby unit cares for women and their babies and many of these women have been victims of abuse or assault. Center for Hope & Safety offers a safe refuge and support to victims and survivors of domestic violence, sexual assault, stalking and human trafficking. MBU wanted to extend their support to help care for these women and their families.



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### **Medical Surgical Council Willamette Humane Society**

Willamette Humane Society's mission is to provide compassionate services to pets and people. Volunteers are vital to the day-to-day success of WHS and the well-being of the animals. Donations enable Willamette Humane Society (WHS) to rescue, rehabilitate, and find homes for thousands of animals every year.



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## NeuroTrauma Care Unit Council Horses of Hope

NTCU was excited to support health, happiness and healing through horses that Horses of Hope provides to our community through an equine-based program. Their mission is to improve the lives of people living with physical, emotional, and behavioral challenges through innovative, accessible, safe and rewarding equine assisted programs of the highest quality.



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## Clinical Nutrition Council Salem Harvest

Clinical Nutrition Council felt strongly about supporting Salem Harvest’s mission of building a compassionate community where neighbors help neighbors in a spirit of goodwill, where hungry families can gain self-sufficiency, where our urban and rural bounty is recognized and appreciated, and where simple, sustainable lifestyles are celebrated. Salem Harvest achieves their mission by connecting farmers and backyard growers with volunteer pickers to harvest fruits and vegetables that would otherwise go to waste.



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## Post Anesthesia Care Unit Council Ike Box/Isaac’s Room

Much like the staff in PACU, Ike Box treats everyone who walks through their doors like family. Ike Box’s mission is to extend the family love and support to the young people in our community who have suffered from a shortage of it throughout their lives. They help divested young people build the capacity to rise to the challenges of life.



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## Pediatrics Unit Council Boys & Girls Club, Athletic Program

It's no surprise that the Pediatrics Unit Council chose a charity that supports and promotes the health and wellness of children in our community. The athletic programs provide boys and girls of all ages, regardless of their athletic ability, the opportunity to learn new skills and develop self-esteem, teamwork and leadership skills.



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## Psychiatric Medicine Center Council HOAP

HOAP's Day Center provides a hand up by giving homeless individuals the resources, support and skills they need to transition to stable and healthier lifestyles. This non-profit supports a great deal of PMC's patient population, so they are proud to sponsor services such as outreach and advocacy, case management, crisis intervention and peer support services.



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## Prep and Recovery Unit Council Camp Odakoda

When asked why they chose Camp Odakoda, Mary Simon, Prep & Recovery Unit Council Chair cited her personal experiences with



developmentally disabled kids and the challenges they face trying to “fit in” in this big crazy world. Camp Odakoda provides residential summer camps for children across the United States, and encourages campers to use critical thinking and scientific reasoning while exploring ideas of ethics, mutual respect and democracy.

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## Salem Cancer Institute Council Boys & Girls Club

Salem Cancer Institute (SCI) unit council members have directly witnessed some of the benefits of Boys and Girls Club within some of their youth oncology patients. SCI therefore believes strongly in the mission of Boys & Girls clubs to inspire and enable all youth



to realize their full potential as productive, responsible and caring citizens through the development of a positive self-image and self-reliance. They save and change the lives of children and teens, by providing a safe, positive, and engaging environment and programs that prepare and inspire them to achieve Great Futures. SCI has witnessed the benefits of Boys and Girls Club for some of the children that are also their oncology patients.

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## SHMG Family Medicine Council CASA – Court Appointed Special Advocates

SHMG Family Medicine council chose CASA in alignment with their own commitment to supporting whole families in the community. CASA volunteers are appointed by



judges to ensure abused and neglected children are not lost in the overburdened legal system. They stay with the foster children until each case is closed and the child is placed in a safe, permanent home. For many children, a CASA is the only constant adult presence in their life. Funding is through State Grants, community donations and fundraising.



# Celebrations

## EXTERNAL AWARDS

### American Association of Critical-care Nurses:

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- Beacon Awards for Excellence in Critical Care since 2006.
- Beacon Award Silver level for CVCU, 2018.
- Beacon Award Gold level for IMCU, 2018.
- Beacon Award Gold level for ICU, 2019.

### Honors in cancer treatment

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- American College of Surgeon's (ACS) NAPBC accreditation.
- American College of Surgeons Commission on Cancer (CoC) accredited cancer program.
- American College of Surgeons National Accreditation Program for Breast Centers, first designed in 2010.
- Lung Cancer Alliance Screening Center of Excellence.

### Women's and Children's Services

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- World Health Organization Baby-Friendly USA designated birth facility (2017-2022).
- Press Ganey Top Decile Performance Award, Medication Domain, Obstetrics.
- American College of Nurse-Midwives: Willamette Valley Midwives recognized for the distinction of "best practice" in the U.S. for lowest percentage of cesarean sections and highest percentage of vaginal births.

### US News & World Report 2018-2019

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- Best Hospitals, #4 in Oregon.
- High performing in the following specialties: diabetes, endocrinology, urology and pulmonology and the following procedures/conditions: chronic obstructive pulmonary disease, colon cancer surgery, heart bypass surgery, heart failure, hip replacement and knee replacement.



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## U.S. Department of Health & Human Services

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- HHS sustained improvement award for achievement in eliminating ventilator-associated pneumonia and central-line associated bloodstream infections in ICU.
- Sustained Improvement award (only Oregon hospital to earn one), U.S. Substance Abuse and Mental Health Services Administration: National model for psychiatric care for reducing the use of seclusion and restraints in psychiatric care.

## Other honors and awards

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- Top Workplace for 2018, The Oregonian (fourth time in past seven years).
- American College of Radiology's Commission on Breast Imaging: Breast Imaging Center of Excellence.
- American Diabetes Association: Wellness Lives Here SM Health Champion.
- American Society for Metabolic and Bariatric Surgery: Bariatric Surgery accredited comprehensive center since 2010, re-accredited in 2013, 2016, 2019.
- Becker's Hospital Review: list of 100 Great Community Hospitals nationwide in 2016 and 2018.
- The Joint Commission: Recertified in 2018 the Salem Health Spine Center of Excellence and the Salem Health Joint Replacement Center of Excellence, for hips and knees.
- American Nurses Credentialing Center, Magnet®: Salem Hospital reached Magnet® designation in 2010 and was re-designated in 2014.
- National Accreditation Program for Breast Centers: Nationally accredited breast center - Salem Cancer Institute is one of only three cancer centers in the state to receive this distinction.
- Oregon Health Authority: Accredited as Level III Trauma Center 1992-2012; Level II in 2013, 2016 through 2019.
- Oregon Patient Safety Commission: Exceeding patient safety reporting targets, Oregon Patient Safety Commission Patient Safety Reporting Program, 2016, 2017 and honorable mention in 2018.
- Pacific Northwest Transplant Bank: Hope Award in 2017, highest number of tissue donors in 2016.
- Statesman Journal Online Readers' Poll, Best of Mid-Willamette Valley: Best Place to Have a Baby (2013 to 2019), Best Hospital.
- Watson Health 50 Top Cardiovascular Hospitals 2015, 2016, 2018 and 2019.

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## INTERNAL AWARDS

### Daisy Award Recipients

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- July 2018 — Katie Traeger, BSN, RN, CMSRN, OCN, Clinical Nurse, Med/Surg/Oncology
- August 2018 — Scott Todd, BSN, RN, CCRN, Clinical Nurse, CVCU
- September 2018 – Patricia Handrich, BSN, RN, CMSRN, OCN, Clinical Nurse, Med/Surg/Oncology
- October 2018 – Pat Jackman, BSN, RN, Clinical Nurse, ICU
- January 2019 – Amy Silvey, BSN, RN, Clinical Nurse, Orthopedics
- April 2019 – Carol Ann Anderson, BSN, RN, PCCN, Clinical Nurse, IRU
- May 2019 – Audrey Drake, BSN, OCN, Clinical Nurse, Med/Surg/ Oncology
- June 2019 – Jena Hendricks, BSN, RN, Clinical Nurse, General Medical

### Trillium Award Recipients

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- Summer 2018 – Vincent Leonor, CNA, Float Pool
- Fall 2018 – Corey Johnson, CNA, Med/Surg/Oncology
- Winter 2018 – Leticia Smith, CNA, IMCU
- Spring 2019 – Amy Nagelhout, CNA, Float Pool
- Summer 2019 – Jumaane (Jay) Hill, CNA, ICU

### Service Excellence Award Recipients

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- Arthur C. Apodaca, Security
- Nancy Bee, BSN, RN, CEN, Nurse Manager, Emergency Department
- Adam Boline, BSN, RN, CNRN, House, House Operations
- Nathaniel Brabham, RPh, Pharmacy
- Jennifer Brodigan, Volunteer Services
- Corey Brown, Therapy Aide, Acute Rehab
- Christine Clarke, MD, Medical Staff
- Malinda Close, BSN, RN, CWOCN, Wound & Ostomy Nursing
- Patty Davey, Health Education Services
- Jose Gonzalez, BS, Therapy Aide, Musculoskeletal Therapies
- Charles Hammond, ADN, RN, Clinical Nurse, Emergency Department

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- Angela Hanes, BSN, RN, CEN, Clinical Nurse, Emergency Department
  - Jules Johnson, BSN, RN, CMSRN, Clinical Nurse, Medical Surgical Oncology
  - Brittany Katsinis, RDMS, Ultrasound
  - Marc Knight, BSN, RN, CEN, Emergency Department
  - Erica Navarro, BHA, Salem Health Medical Clinic – Woodburn
  - Steve Paysinger, OTR/L, Neuromuscular Therapies
  - Anna Persons, CCC-SLP, Inpatient Rehab Therapies
  - Shannon Priem, APR, Marketing & Communications
  - Brianna Revard, BS, Clinical Excellence Specialist, Nursing Administration
  - Nancy Reyes-Molyneux, MD, Medical Staff
  - Tracy Shepherd, BSN, RN, NE-BC, Infection Preventionist, Infection Prevention
  - Angela Smith, RD, Nutrition Services
  - Stephen Smith, Building Operations & Management
  - Samantha Spittal, BSN, RN, CMSRN, Clinical Nurse, Medical Unit
  - Jeffrey Tripp, MBI, Business Intelligence

### **2019 Board of Trustees' Hero Award**

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- Vicki Ryan, BSN, RN, OCN, Nurse Navigator, Joint Center

### **2019 Lean Excellence Awards**

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- Darci Cimino, ADN, RN, VA-BC, Clinical Nurse, Vascular Access
- Jordan Dohman, BSN, RN, Clinical Nurse, Float Pool
- Jeanette Edel, BSN, RN, PCCN, Clinical Nurse, Float Pool
- Ruth Fitzgerald, BSN, RN, VA-BC, Clinical Nurse, Vascular Access
- Wendee Flesher, BSN, RN-BC, Clinical Nurse, Float Pool
- Frank Gatto, BSN, RN, CMSRN, Clinical Nurse, Float Pool
- Pamela Hagaman, ADN, RN, VA-BC, Clinical Nurse, Vascular Access
- Barbara Howard, BSN, RN, CMSRN, Clinical Nurse, Vascular Access
- Debra Jasmer, BSN, RN, VA-BC, Clinical Nurse, Vascular Access
- Roger Miller, ADN, RN, VA-BC, Clinical Nurse, Vascular Access
- Ashley Morally, BSN, RN, Clinical Nurse, Float Pool
- Hoang-Yen Thi Nguyen, BSN, RN, Clinical Nurse, Float Pool,

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- Peg O'Brien, BSN, RN, Clinical Nurse, Vascular Access
  - Jane Ray, MSN, RN, ME-BC, Nurse Supervisor, Vascular Services
  - Russell Roberts, BSN, RN, Clinical Nurse, Float Pool,
  - Kala Schraner Hayes, BSN, RN, VA-BC, Clinical Nurse, Vascular Access
  - Brett Stendell, BSN, RN, CMSRN, Float Pool,
  - Natasha Sullivan, BSN, RN, PCCN, Clinical Nurse, Vascular Access

### **Individual Statewide or National Nursing Awards**

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- Michelle Hirsch Korn, MSN, RN, CNS, RNC-OB (Advanced Practice Nursing) — 2018 Emerging Leader Award, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Amy Brase, MSN, RN, CNE (Clinical Education) — Nurse of the Year Finalist, March of Dimes
- Sierra Schneider, BSN, RN, DVM, CCRN (ICU) — Critical Care Nurse of the Year, March of Dimes

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## PROFESSIONAL ACHEIVEMENTS

### Educational Advancement

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- Carol Hannibal MSN, RN, PCCN, CRRN, RN-BC (IP Rehab) – MSN, Western Governor’s University
- Hebatalla “Bobbee” Elmotayam, MBA, PharmD (Pharmacy) – MBA
- Caity Balding, MSN, RN, CCRN (ICU) – MSN, University of Saint Mary
- Karisa Thede, MSN, RN (Health Education) – MSN, Northern Arizona University
- Jessica Hagerman, BSN, RN, PCCN (NTCU) – BSN, Northern Arizona University
- Jarelle Harper-Waldorf, MSN, RN, CEN (ED) – MSN, Western Governor’s University
- Tia Melson, BSN, RN (General Surgery) – BSN, Boise State University
- Amy Schmidt, MBA, BS, CCRP (Cardiopulmonary Rehab) – MBA, Western Governor’s University
- Gloria Summers, MBA (Cardiac Rehab) – MBA, Western Governor’s University
- Adam Sanchez, MSN, APRN, FNP-C (IP Rehab) – MSN-FP, Gonzaga University
- Damaris Torres, CMA (OB GYN) – Certified Medical Assistant

### New Certifications

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- Lisa Theobald, BSN, RN, PCCN, CCRN (Float Pool) — CCRN, AACN & PCCN (recertification, AACN)
- Jennifer Beitel, BSN, RN, PCCN (IMCU) – PCCN, AACN
- Sara Baldwin, BAN, RN, CRRN (IP Rehab) – CCRN, ARN
- Rita Giles, MPH, RD, LD, CNSC (Nutrition Services) — CNSC
- Tiffany Kosikowski, AAS, RRT, PDE (Respiratory Care) – Pulmonary Disease Educator (PDE), AARC- American Association for Respiratory Care
- Carol Hannibal, MSN, RN, PCCN, CRRN, RN-BC (IP Rehab) — PCCN (recertification), AACN
- Theresa Johnson, BSN, RN, CMSRN (General Medical) – CMSRN,
- Lindsey Ceniga, RRT (Respiratory Care) – Pulmonary Disease Educator (PDE), AARC
- Jeanne St. Pierre – MN. RN, GCNS-BC, FGnLA – GCNS-BC (recertification), ANCC

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- Amanda Sheehan, BSN, RN, CMSRN (Medical Surgical) – CMSRN, MSNCB
  - Jarrelle Harper-Waldorf, MSN, RN, CEN, TCRN (ED) – TCRN, BCEN
  - Alyson Muir, BSN, RN (SHMG) – CCM, CCMC
  - Amy Crain, BSN, RN (IRU) – PCCN
  - Rachel Palmquist, BSN, RN (Imaging Administration) – Certified radiology Nurse, ARIN
  - Brandy Belling, BSN, RN, CEN (ED) – CEN, BCEN
  - Sarah N Moyes, MS-CNL, BSN, RN, PCCN (IMCU) – PCCN, ACCN & CNL, AACN
  - Teri Ottosen, AND, CBN (General Surgery) – CBN, ASMBS
  - Jessica Hagerman, BSN, RN, PCCN (NTCU) – PCCN, AACCN
  - Sarah C Dawson, MS, MLS, SH, CIC (Infection Prevention) – Board Certified in Infection Prevention (CIC), Certification Board of Infection Control and Epidemiology
  - Whitney Higginbotham, BS, CCRP (Clinical Research) – CCRP, SOCRA
  - Jarrelle Harper-Waldorf, MSN, RN, CEN (ED) – NRP, American Academy of Pediatrics
  - Julie Koch, MSN, RN, CIC (Infection Prevention) – CBIC, Certification Board of Infection Control & Epidemiology
  - Nicole Anderson, BSN, RN, CCRN (ICU) – CCRN, AACN
  - Emily Tucker, BSN, RN, CMSRN (General Medical) – CMSRN,
  - Amy Brase, MSN, RN, CNE (Clinical Education) – CNE (recertification), National League of Nurses
  - Debra Lohmeyer, MSN-Ed (Clinical Education) – RN-BC, ANCC
  - Jeneanne Hawkins, BSN, RN, RN-BC (General Surgery) – RN-BC, AACN
  - Kayla Corwin, BSN, RN, CRN (ICU) – CCRN, AACN
  - Karen Huntzinger, MS, RD, Certified Specialist in Oncology Nutrition (Nutrition Services) – Certified Specialist in Oncology Nutrition, Commission on Dietetic Registration
  - Elena Pettycrew, BSN, RN, CMSRN (General Medical) – CMSRN, <SNCB
  - Heather Rideout, MBA, BSN (CVCU) – CCRN (recertification), AACN
  - & CCRN-SCS (recertification), AACN
  - Adam Sanchez, MSN, APRN, FNP-C (IP Rehab) – FNP-C, AANPBC
  - Michelle Sanders, BSN, RN, PCCN (IMCU) – PCCN, ACCN
  - Damaris Torres, CMA (OBGYN) – CAM, Everest Institute
  - Tiffany Schomus, BSN, RN, Medical Surgical Nursing RN-BC (General Surgery) – Medical-Surgical Nursing RN-BC, ANCC

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## Professional Appointments

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- Jackie Williams, BS, RRT (Respiratory Care) — Junior Delegate, Central Regional Director for Oregon Society for Respiratory Care.
- Sascha Christian, MPH, RRT (Respiratory Care) – Vice President, Oregon Society of Respiratory Care
- Julie Koch, MSN, RN, CIC (Infection Prevention/Patient Safety & Clinical Support) — Chapter Legislative Representative, Rules Advisory Committee, OSWAPIC (Oregon & Southern Washington Association of Infection Control & Epidemiology, Oregon Public Health
- Michelle Hirschhorn, MSN, RN, CNS, RNC-OB (Advanced Practice Nursing) — AWHONN, Oregon Section Membership Chair; member of Oregon Section Conference Committee and member of AWHONN Diversity and Inclusion Task Force
- Amy Brase, MSN, RN, CNE (Clinical Education) Co-chair, Willamette Chapter, Association of Women’s Health, Obstetric and Neonatal Nurses, 2019 Oregon Section Conference Committee member
- Michael Polacek, MSN, RN-BC (Psychiatric-mental Health & Nursing Professional Development, Clinical Education) — National Board of Directors, APNA American Psychiatric Nurses Association; National Conference Planning Committee, ANPD Association for Nursing Professional Development; AFSP Oregon Chapter; Board of Directors, AFSP American Foundation for Suicide Prevention; Steering Committee member, Mid-Valley Suicide Prevention Coalition; member, Oregon Action Coalition Leadership Committee; Nurse Planner, Acute Care Education.
- Nancy Alt, BSN, RN, RNC-OB (SHMG OBGYN Clinic) — AWHONN, Oregon Section Legislative co-coordinator; 2019 Oregon Section Conference Committee member
- Mary Gregory, BSN, RN, RNC-OB (Labor & Delivery) — Mid-Willamette Chapter – AWHONN, member of Oregon Section 2019 Conference Committee
- Sarah Wolfe, MSN, RN, RN-BC (Clinical Education) — Secretary, Association for Nursing Professional Development – Northwest
- Allison Seymour BSN, RN (Medical Telemetry) — OR Nursing Association Board of Directors – Recent Graduate Position; Political Action Committee member; Legislative Advocate
- Gina Umble BSN, RN (Medical Telemetry) Vice Chair of Mennonite Village
- Audra Stauffer, BSN, RN (Lactation Department) and Kelsie Galusha, BSN, RN (Labor & Delivery) — Co-Leaders, Mid-Willamette Chapter of Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
- Ann Alway, MS, RN, CNS, CNRN (Advanced Practice Nursing) – Salem Free Clinics Board of Directors

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## PRESENTATIONS, PUBLICATIONS AND OTHER HONORS

### Poster Presentations

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- Sarah Wolfe, MSN, RN-BC (Clinical Education) — Red Light, Green Light, and Potholes, OH My! Repaving our Orientation Process. Association for Nursing Professional Development (ANPD), Orlando, FL.
- Kelly Honyak, MSN, RN-BC (Clinical Education) — Red Light, Green Light, and Potholes, OH My! Repaving our Orientation Process. Association for Nursing Professional Development (ANPD), Orlando, FL.
- Hebatalla “Bobbee” Elmotayam, MBA, PharmD (Pharmacy) – Rescue pack impact on Readmission rates in COPD patients. Oregon Society of Healthcare Pharmacists (OSHP). Sun River, OR.
- Jeanne St. Pierre, MN, RN, GCNS BC, FGNA (Advanced Practice Nursing) — Evaluating a Functional Pain Assessment Scale. Oregon Nursing Research & Quality Consortium (ONRQC), Portland, OR.
- Elena Pettycrew, BSN, RN, CMSRN (General Medical) — Evaluating a Functional Pain Assessment Scale. Oregon Nursing Research & Quality Consortium (ONRQC), Portland, OR.
- Ellie Barnhart, MSN, RN, PCCN (IMCU) – Peripheral IV Rotation Policy Change. ANCC Magnet Conference 2017, Houston Texas. ANA Quality and Innovation Conference, Orlando, Florida.
- Sierra Schneider, DVM, BSN, RN, CCRN (ICU) — Minimizing Proton Pump Inhibitors (PPI) usage to enhance patient safety. Oregon Nursing Research & Quality Consortium (ONRQC), Portland, OR.
- Gloria Summers, MBA (Cardiac Rehab) — Impact of Patient Navigation on Cardiac Rehabilitation Enrollment for Radial Percutaneous Coronary Intervention Patients. Oregon Nursing Research & Quality Consortium (ONRQC), Portland, OR.

### Oral Presentations

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- Julie Koch, MSN, RN, CIC (Infection Prevention/Patient Safety & Clinical Support) A Lean Journey to Reducing Central Line-Associated Bloodstream Infection (CLABSI) Rates. Oregon Infusion Nurses Society annual conference. Portland, OR.
- Kelly Honyak, MSN, RN-BC (Clinical Education) — “Repaving our orientation process”. 3rd Annual Healthcare Educator Conference, Portland, OR.
- Valorie Hergenreter, RN, BSN, CDE (Emergency Department) – Diabetes in the Emergency Department. New grad orientation, Salem Health.



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- Crystal Dryden, BSN, RN (Cardiovascular Service Line) — Accelerated- Post operative Extubation Following Cardiovascular Surgery. Oregon Nursing Research and Quality Consortium (ONRQC). Portland, OR
  - Ann Alway, MS, RN, CNS, CNRN (Advanced Practice Nursing) — Accelerated- Post operative Extubation Following Cardiovascular Surgery. Oregon Nursing Research and Quality Consortium (ONRQC). Portland, OR
  - Lydia Reid, MSN, RN, SCRNP, CNRN (Patient Safety & Accreditation) — Electronic Support Systems Disruption – Preparing to Go Back to the Dark Ages. 2019 JCR Emergency Preparedness Conference, Washington, DC.
  - Pam Cortez, MSN, RN, NE-BC (Patient Safety & Accreditation) — Electronic Support Systems Disruption – Preparing to Go Back to the Dark Ages. 2019 JCR Emergency Preparedness Conference, Washington, DC.
  - Amanda Swinehart, MSN, NNP-BC (NICU) — Minimizing Chronic Lung Disease through the Standardization of Respiratory Care Practices in Infants < 33 Weeks Gestation. Vermont Oxford Network Quality Congress, Chicago, Illinois.

## Guest Lectures

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- Kelly Honyak, MSN, RN-BC (Clinical Education) — “Why it’s cool being a nurse” South Salem High School AVID program
- Valorie Hergenreter, BSN, RN, CDE (Emergency Department) —Diabetes In The Emergency Department, Diabetes 101/Glucagon Certification, Mid-Willamette Valley ENA Conference, Marion County school district and Oregon Head Start Program

## Publications

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- “Pilot Evaluation of a Functional Pain Assessment Scale”. Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 2019; 33(1): 12–21.
  - ▶ Jeanne St. Pierre, MN, RN, GCNS-BC, FGNA (Advanced Practice Nursing)
  - ▶ Melissa Shortt, MSN, RN (Assistant Nurse Manager, Medical Surgical Unit)
  - ▶ Lisa Theobald, BSN, RN, PCCN, CCRN (Float Pool)
  - ▶ Elena Pettycrew, BSN, RN, CMSRN (General Medical)
- “Rotating peripheral IV catheters based on clinical indication”. American Nurse Today. January 2019, Volume 14. No. 1, p. 46–48.
  - ▶ Ellie Barnhart, MSN, RN, PCCN (Adult Health Services, Advanced Practice Nursing)
  - ▶ Ann Alway, MS, RN, CNS, CNRN (Advanced Practice Nursing)

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## Community involvement

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- Lisa Theobald, BSN, RN, PCCN, CCRN (Float Pool) — NODA (No One Dies Alone), Riverfront Park Flower plantings
- Kelly Ward, BSN, RN, CCM (OP Care Management) – As Community Champion-Started Salem chapter of Sidewalk Talk. I am a co-City Leader with Lindsey Cretella RN. We had first event in May 2019. I am a member of Project Access Network Community Advisor Team with Jennie Pino.
- Jeanne St. Pierre, MN, RN, GCNS-BC, FGNA (Advanced Practice Nursing) — Salem for Refugees, Villages of WEAVE, NODA, Capital Manor board member, WVP Doctor’s Clinic Patient/Family Advisory Council, Established: St. Pierre-Haber Gerontology Scholarship Award, Western Oregon University (annually and in perpetuity): Gerontology Practicum Award for Excellence; Gerontology Practicum Financial Assistance.
- Carol Hannibal, MSN, RN, PCN, CRRN, RN-BC (IP Rehab) — Union Gospel Mission - Simonka Place, Examination Item Writer, AACN, RN-BC, Gerontological Nursing, Magnet Conference Abstract Reviewer, AACN
- Sandra Bunn, MSN, RN, CNS-PP, ACNS-BC, BC-ADM (Advanced Practice Nursing) — Salem Free Clinic--Provider for Diabetes Specialty Clinic
- Ellie Barnhart, MSN, RN, PCCN (Adult Health Services, Advanced Practice Nursing) — Night to Shine- Medical Team Prom night for individuals with special needs Salem Alliance Church — February 8, 2019
- Jackie Williams, BS, RRT (Respiratory Care) – American Cancer Society
- Rachel Palmquist, BSN, RN (Imaging) — Bible Study Fellowship (Class Administrator)
- Amanda L. Swinehart, MSN, NNP-BC (NICU) — Washington Family Ranch Summer Youth Camp
- Teri Ottosen, AND, CBN (General Surgery) — Habitat for Humanity July 2017, Sept 2017, June 2018 Polk county Fair, Aug 2018
- Rebecca Ruppert, MS, BSN, OCN (Radiation Oncology) — Salem Saturday Market CHEC table; June 23, 2018 Aumsville Fire Department Community Health Fair; Feb. 17, 2018
- Julie Koch MSN, RN, CIC (Infection Prevention) — Boy Scouts, Salem (Education re: Preparing for Flu Season)
- Jessie Hawkins BSN, RN (Prep & Recovery) — Marion County Food Bank
- Jeneanne Hawkins BSN, RN, RN-BC (General Surgery) — Habitat for Humanity
- Tia Melson, AND, RN (General Surgery) – Habitat for Humanity

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- Michael Polacek – MSN, RN-BC (Clinical Education) — AFSP Out of Darkness Walk Salem, AFSP Out of Darkness Walk Oregon Department of Corrections, Boys & Girls Club of Salem Career Networking Night, Coordinated public viewing of film Resilience at Northern Lights Theater
  - Valorie Hergenreter, BSN, RN, CDE (ED) — Safe At School Trainings for the American Diabetes Association
  - Tiffany Schomus, BSN, RN, RN-BC (General Surgery) — Simonka Place, Union Gospel Mission, Morningstar Community Church, Habitat for Humanity
  - Ann Alway, MS, RN, CNS, CNRN (Advanced Practice Nursing) – Salem Free Clinics
  - Sierra Schneider, DVM, BSN, RN, CCRN (ICU) — City Fair/Saturday Markets Summers
  - Heather Rideout, BSN, RN, CCRN-CSC (CVCU) — Salem Free Clinics
  - Shannon Priem, Marketing & Communications — Diamond Collar Award from Oregon Humane Society for helping clinical staff provide pet rescue/foster for inpatients.

