Transformational Leadership

2017 Clinical Excellence Annual Report

Salem Health®
Hospitals & Clinics

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Chief Nursing Officer Message

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

What an honor and privilege it is to highlight our interprofessional team and all of its remarkable achievements over this past year. The contents of this annual report demonstrate our shared leadership's dedication to improving the quality of patient care and the patient experience. You will read about efforts to enhance daily work, take on meaningful projects and experience "Magnet moments," both as individuals and in groups. Included in these pages are accomplishments that show how purposeful empowerment culminates in the continuous improvement culture we have created together!

Amongst the events of 2017, one that stood out as an exemplary Magnet moment was when Tim Porter-O'Grady, DM, EdD, ScD(h), APRN, FAAN, FACCWS presented "The Triple Crown: Shared Governance, Magnet and Lean…let your voice be heard" at Salem Health in May 2017. Since 1991, Dr. Porter-O'Grady has specialized in health futures, organizational innovation, conflict and change, as well as complex health service delivery models. With over 25 books, 200 professional journal articles and 500 lectures, Dr. Porter-O'Grady is a world-renowned expert in professional governance. We garnered three key takeaways from Dr. Porter-O'Grady:

1. Professional governance cannot work if all staff in all disciplines lack full engagement as professionals. They must recognize the ownership of their profession. Participation is not an invitation; it is an expectation of being a professional.
2. Dr. Porter-O'Grady advocates for clinical professionals to make 90 percent of decisions at the point of care to assure continuous improvement of clinical excellence and the clinical outcomes for our patients.
3. Broader linkage and integration of the shared leadership structure throughout the organization and the community at large is important. The focus should be on relationships, interactions and intersections between professionals and operational leaders.

In the ever-changing arena of health care, we face continual challenges to achieve optimal organizational and patient outcomes through our professional practice. As an organization, we support a culture where empowered front-line staff instill change and take ownership of the results. This movement accentuates our endeavor toward achieving remarkable, empirical outcomes within our Magnet organization. Creating the right environment through training, coaching and actionable opportunities, focused on gaps relevant to the organization, empowers staff to address daily problems proactively.

In fiscal year 2016-2017, Salem Health set a target of 33 percent of front-line staff leading and completing a continuous improvement activity. This goal, coupled with emphasis on intertwining evidence-based

research and Lean, gave focus to our improvement efforts. Staff rose to the challenge and indeed well exceeded the goal, reaching 53 percent staff leading and completing improvement activities. Achieving future empirical outcomes, those validated by data to show positive change caused by a distinct action, will further utilize this platform to support our innovation efforts.

In support of that movement and to encourage operationalization of our shared decision-making and Professional Practice Model of 2016, we developed a model called, "Shared Leadership Day." This consists of meetings of the following strategic councils: Professional Growth and Development Council, Evidence-Based Practice Council, Practice Council, Informatics Council, Coordinating Council and new this year, Magnet Steering Council. Operational leaders along with interprofessional members of Shared Leadership fostered the initiative of front-line staff seeking out and applying learnings as a way of reinforcing professional accountability. This model puts ownership of change in the hands of those who are closest to the work. With the skills and knowledge of those on the front line, while unlocking the principles of our Lean management system, front-line staff welcomed ownership of the change process in enthusiastic hands.

Our first year of our shared leadership gave the opportunity to check and adjust, and provided insight to a vision of where we aspire to go from here. Reaching toward and attaining goals we have set for ourselves over this past year is yet another example of the strength, determination and commitment to excellence of everyone in the organization. I applaud the individual and collective professional commitment, patient-focused approach, skills and talents.

In the coming year, we will focus on understanding new Magnet standards and rising to the challenge that they may pose to our redesignation preparedness. Our organization's strategies remain to increase patient safety in an environment where people feel included, respected, motivated to problem solve and actively engaged with the community we serve while fulfilling our vision of providing an "exceptional experience every time".

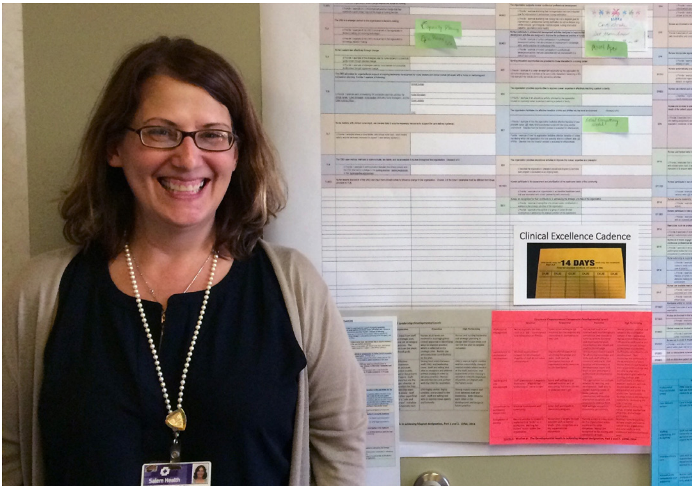
I thank my team for its fortitude. I am so very proud to have these colleagues as partners in this journey.

Forging forward with pride and appreciation,

Sarah Horn

Chief Nursing Officer

Magnet Director Message



Margo Halm, PhD, RN, ACNS-BC, NEA-BC

Director of Nursing Research, Professional Practice & Magnet

Where to begin? Fiscal year 2017 was another year of building and growth. We continued on our path of Magnet readiness in various ways, and so many of you played a critical role. Thank you for your passion and enthusiasm for not only your individual professional growth, but also for your commitment to our organizational growth as a center of clinical excellence.

To recap some of the highlights of our Magnet preparedness, we implemented Magnet Writing Toolkit 1.0, packed with resources for writing Magnet exemplars. Magnet Toolkit 1.0 includes an assessment grid to help authors evaluate whether their initiative meets all the critical components of a specific standard before they put pen to paper. American Nurses Credentialing Center also amended guidelines to extend the dates from which initiatives may be submitted if the work reflects the intent of the Magnet standards, Transformational Leadership, Structural Empowerment, Exemplary Professional Practice or New Knowledge, Innovations & Improvements. An additional standard was added for empirical outcomes, stating that data must outperform baseline and show trended improvement over the goal for at least three post-implementation data points. Also included in the toolkit are a complete list of all ANCC current Magnet standards, general writing tips and a document outline customized for each ANCC standard to make it easy to begin the writing journey.

In 2015, ANCC changed its stance on the timeline for which we could write about initiatives in formal documentation for redesignation. In the past, only work that occurred in the last two years of the Magnet designation window could be shared. Now, organizations can write about clinical excellence work in the entire four-year cycle. As a result, it opened the opportunity for Magnet facilities to begin writing as they complete work and it is still fresh. In early FY'17, we began the writing process after harvesting many ideas from forums held at the Clinical Leadership and Magnet Champion meetings. Based on the current 78 ANCC standards, we realized writing documents at a cadence of ten per quarter would allow us to reach our document completion deadline of Aug. 1, 2019. As of this writing, we have about 17 documents written (with others soon on their way). Thanks to the various authors who have led the way!

DOMAIN	STANDARD	INITIATIVE	EXEMPLARY MAGNET WRITERS
Transformational Leadership	**TL9EO** – Clinical nurse communication with nurse manager that led to an improvement	Bedside report	*Elena Pettycrew*, BSN, RN, Assistant Nurse Manager
Structural Empowerment	**SE7** – Facilitation of effective transition of an APRN into their role	CNS Onboarding	*Michelle Hirschkorn*, MSN, RN, Perinatal CNS
	SE9 - Nursing director community outreach	National Cancer Survivor's Day	*Margo Halm*, PhD, RN, ACNS-BC, NEA-BC, Nursing Director
	SE11 – Recognition of nurses for efforts toward strategic initiatives	Service Excellence Award for Clinical Nurse	*Misti Shilhanek-White*, MSN, RN, Service Excellence Manager
Exemplary Professional Practice	**EP1** – Evaluation of professional practice model	Shared Leadership restructure	*Sara Wargnier*, BSN, RN, JCOE Clinical Nurse & *Nancy Dunn*, MS, RN, Clinical Excellence Coordinator
	EP4 –Nurse involvement in creation of system of care	Complex Case Management	*Allison Sandall*, BSN, RN, Care Management Supervisor
	EP5 – Nurse involvement in interprofessional care	Travel Heart	*Kristie Lawrence*, MSN, RN, IRU Assistant Nurse Manager
	EP6 – Nurses apply specialty standards to practice	APIC guidelines to reduce bioburden on charts	*Tracy Sheperd*, BSN, RN, Infection Preventionist
	EP7 – Integration of professional specialty nursing standards	Peripheral IV Rotation Practice	*Ellie Barnhart*, MSN, RN, IMCU Assistant Nurse Manager
	EP12 – Nurses lead interprofessional activities to improve care	Seizure Screening	*Alex Morrison*, BSN, RN & *Kim Mullins*, BSN, RN, NTCU Clinical Nurses
	EP14 – Nurses use of resources to support autonomous nursing practice	Clinical procedures 4SPS	*Pam Haneburg*, RN, L&D Clinical Nurse & *Nancy Dunn*, MS, RN, Clinical Excellence Coordinator
	EP16 – Organizational autonomy of nurses	Surgical drain labeling and removal	*Tabor Scrabeck*, BSN, RN, CNOR, OR Clinical Nurse
	EP17 – Ethics resources available to nurses	Ethics huddle	*Ann Alway*, MS, RN, CNS, CNRN, Critical Care CNS
New Knowledge, Innovation & Improvements	**NK1** – Conduct of nursing research	Medic IV Study	*Beckie Sparks*, MSN, RN, ED Education Coordinator
	NK2 – Dissemination of nursing research to external audiences	Vapocoolant Study	*Susanna Mannix*, BSN, RN, Clinical Nurse, *Kelly Blanco*, BSN, RN, Prep/Recovery Nurse Manager, & *Margo Halm*, PhD, RN, ACNS-BC, NEA-BC, Nursing Director
	NK3 – Revision of nursing practice based on new evidence	Swallow screen	*Becky Ramos*, MSN, RN, Stroke CNS
	NK4EO – Innovation in nursing practice	RQI for BLS	*Jeanine Scott*, MSN, RN, Clinical Education Manager & *Margo Halm*, PhD, RN, ACNS-BC, NEA-BC, Nursing Director

Another feature we added this year was the review of documents by other stakeholders familiar with the project to assure a comprehensive write-up. Coordinating Council hosts review of select exemplars each month for expansion of best practice models and recognition to the authors among their peers. Magnet writers receive an Exemplary Magnet Writer award to recognize and celebrate their leadership in facilitating the improvement work and becoming a Magnet Writer, a goal we have for all Magnet clinicians and leaders in the organization!

In other exciting developments this year, we expanded our Magnet champions! We successfully recruited more champions from nursing leadership roles, as well as a variety of clinical disciplines. Thank you to our interprofessional members for their enthusiasm and assistance in driving our inclusive message of clinical excellence across the organization.

As Wendi Lahodny, BSN, RN, from orthopedics so eloquently shared her story with us last year, "Magnet is NOT just a nursing thing!"

Throughout the year, the champions rounded with their colleagues and talking about the "7 Things I Need to Know about My Practice." These conversations help educate and inspire all of us about what clinical excellence is and what it means to the patients and families we have the privilege to serve. I believe these informal chats help drive home the true magic of Magnet. By collectively sharing how we advance our professional practice, we keep the Magnet momentum, which keeps us Magnet ready. Magnet champions also learned about how our Magnet and Lean programs combine the tenets of clinical and professional practice with the tools from the science of improvement.

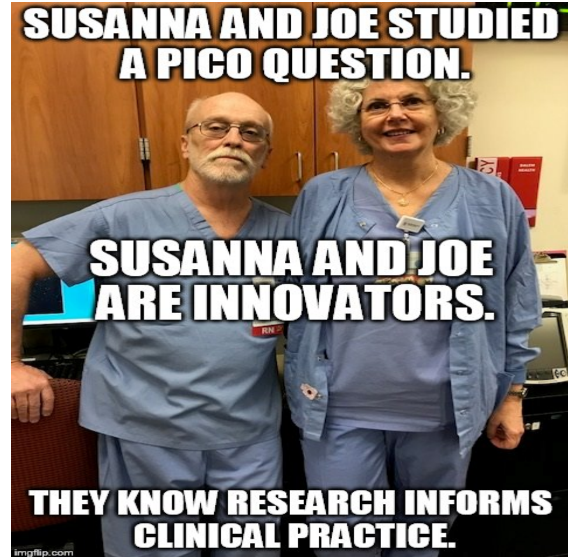
To close out the year, the June Shared Leadership Education Session offered front-line leaders an opportunity to participate in a Magnet passport, "All Aboard: Salem Health's 2019 Redesignation." During this session, Shared Leadership members learned about how the ANCC Magnet standards represent daily behaviors that are the hallmarks of excellence. All shared great story telling as we built our critical mass of clinical excellence behaviors. Some noteworthy examples include:

- Ann Alway, MS, RN, CNS, CNRN, for her *Transformational Leadership* behaviors

- Sara Wargnier, BSN, RN, for her *Structural Empowerment* behaviors

- Sandy Bunn, MSN, RN, CNS-PP, ACNS-BC, CDE, BC-ADM, for her *Exemplary Professional Practice* behaviors

- Susanna Mannix, BSN, RN & Joe Duffy, ADN, RN, for their *New Knowledge* behaviors



Take some time to reflect on your practice and those of your colleagues – whether they are in nursing, pharmacy, physical therapy, nutrition, social work, spiritual care, respiratory therapy, leadership, supply chain, etc.

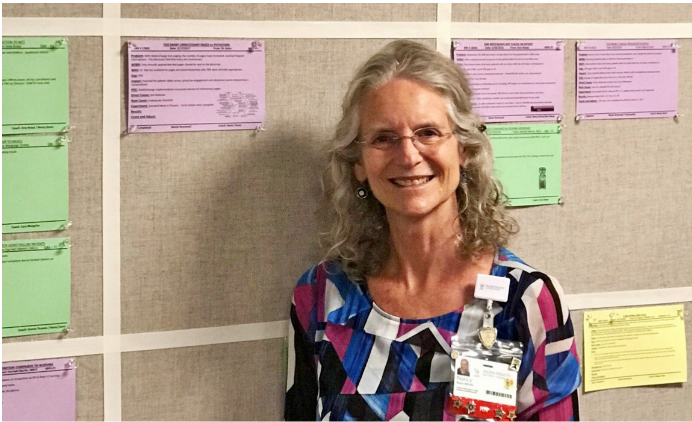
It takes an inspired and cohesive team to provide excellence every day to our patients and families, and the stories that abound at Salem Health are a testament to that.

To your excellence,

Margo

Director of Nursing Research,
Professional Practice & Magnet

Clinical Excellence Coordinator Message



Shared Leadership Update

Nancy Dunn, MS, RN

What a remarkable year for advancing shared leadership and Magnet, including a check and adjust of the structures for both the councils and specialty practice teams, and ultimately the outcomes we produce! As the Clinical Excellence Coordinator for Professional Practice and Magnet, I have had the privilege and honor to coach front-line staff and operational leaders in shared leadership and decision-making, problem solving and building effective teams to improve outcomes for our patients as well as heighten staff engagement and satisfaction.

Shared Leadership Day provided a starting point for structural evolution in response to feedback from members, operational leaders and front-line staff. To further structural empowerment, we implemented new awards for recognizing Magnet writing and SPT chair service. We revitalized a Magnet Steering Council to assure Magnet readiness for redesignation in 2019. The Cardiac Service Line formed a new collaborative, similar to Women's and Children's Services and Rehabilitation Services. We selected topics for the education and leadership sessions further in advance to better respond to the needs assessment and improve engagement for experiential learning. The SPT chairs and co-chairs wrote standard work for continuous improvement of the effectiveness of the SPTs.

A new process this year, we defined and measured shared leadership engagement for councils and SPTs and are already seeing steady improvement in engagement. There are five domains to define engagement and two metrics to measure each domain. Every council and SPT self-assesses and measures engagement quarterly. Engagement scores show an overall 14 percent improvement in SPT engagement and a 4 percent improvement in council engagement. One of the best advantages of this measurement is the ability to have those with best practices share with others who need to improve a particular engagement metric.

We made information dissemination easier by implementing a 3-T council summary, used to share what others need to know, to discuss and/or to decide, thereby improving communication with 3-T identification and enhancing connections between council work, SPTs and front-line staff.

An action request form visual management wall took shape in 2017 so that all organizational staff and providers can "see together, know together and act together." The ARF process is working effectively for

shared leadership as guided by standard work. Front-line interprofessionals both submit and, at times, participate in problem solving. Each ARF varies in scope and type of problem solving necessary to close the gap. The average time to complete an ARF is four months. The primary waste removed is over-processing followed by knowledge. While nurses are the primary submitters of the ARFs, 66 percent of those require interprofessional collaboration for effective problem solving.

Education and leadership sessions provide organizational structure to further development of formal and informal leaders, to improve their leadership competence. On average, we have 90 participants per month. Topics included:

- Speed Dating — Learn who your Resource Partners Are, July 2016
- Shared Leadership Role Play, August 2016
- Facilitation Football, September 2016

- Magnet Conference and Professional Practice Day Presentations, September 2016
- Motivational Interviewing, November 2016
- Clinical Evidence-Based Pearls with your CNS Partners and Using Reflection to Transform your Professional Practice, February 2017
- Professional Joy, April 2017
- Data Workshop, March 2017
- Professional Governance – a Special Full Day with Dr. Tim Porter O'Grady, May 2017

- Passport to Magnet, June 2017

In summary, professional governance is working at Salem Health and producing outcomes that help us meet our Magnet standards and keep our Magnet status. Shared Leadership average attendance improved from 48 percent in 2015 to 74 percent for FY'17. A few examples of ARF successful outcomes include:

- Completion of research for implementing a new functional pain scale
- Testing of a new singular patient armband
- Creating standard work for cleaning and transporting patient charts
- Updating of the pre-procedure checklist for invasive procedures
- Standardizing the signage for combative patients
- Defining the one source of truth for clinical procedures
- Updating of the post-mortem care form

I love what I do and consider it a gift to be able to support such outstanding leaders in our organization. Without question, our clinical excellence journey will continue to grow and provide exceptional experience for each of our patients.

Warm regards,

Nancy

Clinical Excellence Coordinator

Transformational Leadership

Jessica Reese, BSN, RN, CMSRN,
Practice Council Chair

Harriet Martin, ADN, RN,
Practice Council Co-Chair

For better or for worse, change is inevitable in health care and seems to be the new norm. It will happen with or without us and rather than ignore this inevitability, Salem Health views change as an opportunity for growth and innovation. As the old saying goes, old ways won't open new doors. Enter: transformational leadership.

The key components that encapsulate transformational leadership are inspirational motivation, intellectual stimulation, individualized consideration and idealized influence.

Transformational leaders influence and lead people to where they need to be to meet future demands. Salem Health's transformational leaders draw from the heart to inspire and empower their team. Communication of the vision is key. Transformational leaders courageously push the limits, asking questions while thoroughly communicating the "why" behind change.

We view failure not as an end, but rather an opportunity for learning. Achievements, often unexpected and remarkable, ignite celebration beyond the leader. Transformational leaders are in a position of constant observation and have the ability to influence behaviors that model beliefs, values and organizational culture.

Salem Health is continuously working to infuse a culture of transformation into the organization. The Professional Practice Model provides opportunity for all disciplines to develop transformational leaders in different venues. As a Magnet organization, we rise to the challenge to drive change through transformational leaders who are at the front line.

Stories of Transformational Leadership:

Connecting Lean to the Front line

Orthopedics Specialty Practice Team

Sara Wargnier, BSN, RN, Clinical Nurse

Standard postoperative orders for Joint Replacement Center of Excellence patients include a one-time dose of intravenous dilaudid for patients experiencing severe pain. This order began on the postoperative day and discontinued at midnight the night of surgery, leaving patients with a severe spike in pain with no breakthrough medication ordered.

Orthopedic nurse Yanele Garcia BSN, RN submitted this problem to the Lean board, and the SPT identified the problem as affecting patients, providers and staff. Patients had to wait for new pain medication orders, and new medication orders prompted off-hour pages to physicians.

The SPT, including the JRCOE coordinator and manager, took this problem to physician leaders and the pharmacy for approval of extending the IV dilaudid order to 0600 postoperative day one. Changing the order set to better care for patients resulted in decreased waiting time for patients, decreased paging to providers, and increased staff satisfaction.

Staff comments:

"Grateful to have the breakthrough dialudid order in the middle of the night when patients suddenly have a spike in pain."

"Saves time."

"Very helpful managing pain."

Psychiatric Medicine Center Specialty Practice Team

Katie Hasselman, BSN, RN, Clinical Nurse

For years, Psychiatric Medicine Center had one assigned registered nurse pass medications to all patients on the main unit. Roughly, 40 percent of the time, RNs did not readily know which medications their patients were taking, as they were not the one administering them. Felicia Rosenberg, BSN, RN, and Gail Birkey, ADN, RN, identified that historically, the medication RN was a licensed practical nurse who had a different scope of practice. The SPT determined that PMC had not changed the medication pass process when the staffing structure changed, leading to a root cause of an inadequate system.

Clinical nurse Rosenberg submitted a Lean Quick & Easy card that the SPT reviewed, leading to a Four-Step Problem Solving project. The project team developed a test of change asking that each RN pass medications to their assigned patients. We began the TOC on March 20, 2017. We did three monthly checks to ask each RN if they knew what medications their patients were taking.

At each check, 100 percent of RNs working knew the medications their patients were taking. The team developed standard work as a result, and this is officially the new medication pass system.

Patient comments:

"I love that you guys pass your own meds now! It goes much faster, and I feel like I get my needs met quicker!"

"I feel like I see my nurse much more now, which is nice."

Staff comments:

"It's so much easier for me to educate my patients on their meds now!"

"I feel I have a more holistic view of my patients now, improving the care I provide."

Pediatrics Specialty Practice Team

Tara Edick, ADN, RN, CPN, Clinical Nurse

Pediatric patients have multiple/daily pokes for venipuncture lab draws even though they each have a patent peripheral intravenous line. It is stressful on the parent, child and nurse, causing more pain, requiring distraction and needing to restrain the child's arms and/or legs to complete the venipuncture.

Pediatric nurse, Patricia Elmore, ADN, RN, reviewed evidence-based literature regarding blood sampling through peripheral venous catheters. She found large studies of research to show specific lab tests (BMP and CBC) now have high reliability when collected from PIVs of children 1-17 years of age and suggests it will decrease pain and stress on parent and child.

Salem Health pediatricians, when presented with the evidence, approved the practice of drawing blood samples (BMP and CBC) from existing PIV catheters on children 1-17 years of age. The SPT created standard work for Pediatric Peripheral IV lab draws, ages 1-17 years. They then developed a computer-based training module in HealthStream and assigned it to pediatric nurses. The SPT members trained and validated pediatric nurses through return demonstration.

All eligible patients have PIV lab draw attempts, although some PIV lines do not draw well. Parent/patient overall satisfaction scores remained greater than 95 percent throughout FY'17.

Operating Room Specialty Practice Team

Tabor Scrabeck, BSN, RN, CNOR, Clinical Nurse

Each day in the operating room, catheterization lab and operating room imaging, staff, vendors and providers utilize protective lead garments when using radiography. Staff raised the question, "Are the lead garments cleaned effectively?" The SPT could not confirm that the lead garment cleaning happened regularly or properly, meaning that contaminants could transfer microorganisms to staff or patients.

Using Lean tools and Kaizen support, a multidisciplinary group determined that the lack of a standard process for cleaning lead garments was the root cause of the problem.

The SPT conducted a literature search for best practices regarding frequency of cleaning and manufacturer's recommendations for a cleaning product. The SPT identified different department workflows and felt that one standard would not suffice. The Operating Room SPT asked each department to create standard work for daily cleaning, following the recommended guidelines and manufacturer instructions.

The OR worked with Environmental Services leadership and a staff representative. The SPT communicated the new process and standard work to OR and EVS staff through emails, newsletters, huddles and late start staff meetings, including evaluation of staff understanding.

A 30-day evaluation revealed lead garment cleaning results of 88 percent for staff and 67 percent for surgeons. During the terminal clean process, EVS cleaned 100 percent of worn lead garments. Additionally, participants correctly hung 80 percent of all lead garments removed from the ORs. Furthermore, 100 percent of lead garments worn in a “contact precaution” surgery were cleaned during room turnover. Results guided the check and adjustment of standard work to promote continuous improvement.

Cardiac and Pulmonary Rehabilitation Specialty Practice Team

Alexis Miller, BS, Exercise Specialist

The Cardiac and Pulmonary Rehabilitation SPT had been looking for an event that blended well with patient/staff engagement. The High Street Hustle just made sense! The 2017 event was the second year the SPT promoted participation in this event, bringing both staff and patients together in the spirit of cardiovascular health. The SPT members felt like they could not pass up the opportunity to be involved with this event considering Salem Health sponsors it and proceeds go to Marion and Polk County supporting heart disease awareness.

For some patients the High Street Hustle was the first organized walk they had ever done. For others, they thought that heart disease would limit their possibilities. As for the cardiac and pulmonary rehab staff, it is thrilling to help a patient overcome the fear of heart disease and embrace healthy choices that allow them to go on living a thriving life.

The SPT plans to continue to promote and participate in the High Street Hustle, with the hope they can grow our team year after year.

Pre-Surgery Screening Specialty Practice Team

Mary Jo Brown, BS, RN, CPAN, Clinical Nurse

When a patient needs anesthesia review prior to surgery, we historically used a paper request form. This paper process resulted in delays for the anesthesiologist as well as misplaced forms resulting in no review at all.

Mary Jo Brown, BS, RN, CPAN, submitted this problem to the unit Lean idea board. The SPT and manager took the problem to Anesthesia, and with help of Informatics, designed an anesthesia screening form in Epic for the RN screening caller to document findings. In addition, the SPT worked with Informatics to develop an Epic report to alert the anesthesiologist-in-charge of patients needing review. This process also allows the anesthesiologist to review as their schedule and chart the review within Epic.

Staff state this change "gave easy to follow-up results of Anesthesia review and completed the communication loop." They also said, "It saves time tracking papers." The estimated savings is five to 10 minutes of nursing time per review at a monthly average of 40 reviews.

Catheterization Lab/Angiography Specialty Practice Team

Nancy Leach, ADN, CV/RN, Clinical Nurse

In the cath lab/angiography, there was no place for staff to upload and share continuing education opportunities. This contributes to a waste of knowledge in that staff are unable to benefit from the knowledge of professional colleagues.

The Cath Lab/Angiography SPT worked with Information Services to develop its department webpage into a user-friendly site to share continuing education opportunities. The webpage was also in need of an update, as much of the information was outdated. The project included new additions of staff pictures and department flow (who/what the cath lab/angiography is) to the webpage.

The result of this effort, the cath lab/angiography webpage is now up-to-date. Staff post education opportunities with information on upcoming conferences, articles, links to relevant webpages and information on how to apply for grants through Salem Health Foundation.

Medical Telemetry Specialty Practice Team

Sarah Aulerich, BSN, BS, RN, CMSRN, Clinical Nurse

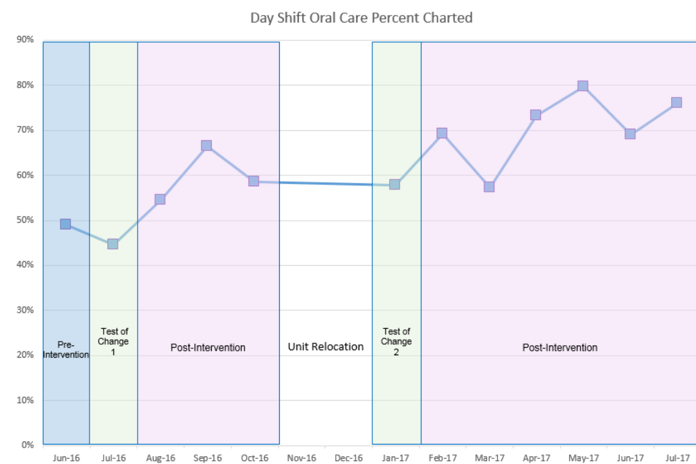
The Medical Telemetry SPT discovered a large gap in the percentage of patients having documented oral care for both day and night shifts. The SPT members assisted with four-step problem solving, including evidence-based practice review focused on improving oral care and charting compliance.

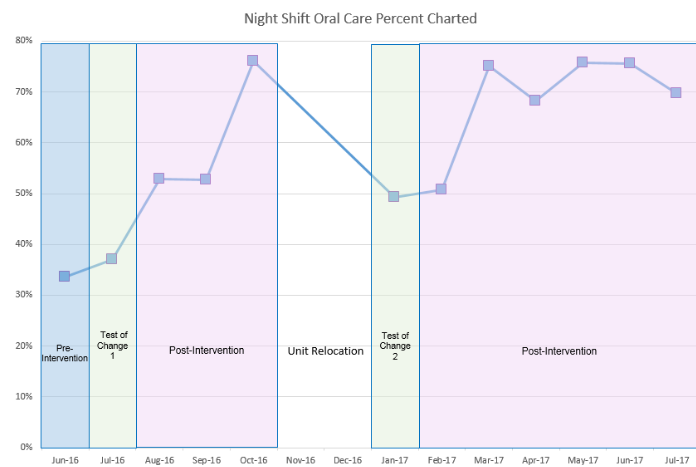
The team designed a test of change including:

1. Signs posted in patient rooms to ask, "Did you brush your teeth today?" with a happy tooth character to capture attention. Rooms also added a break room board titled "Chart Your Chompers," listing ongoing audit results for day and night shift's oral care compliance with funny animals sporting yellow teeth.
2. After discussing barriers with CNAs, the Medical Telemetry Informatics Council member worked with them to create a column in Epic for oral care. Found under patient lists it shows the Oral Care Value and Oral Care Date and Time. Example: AM, Dentures Cleaned 5/28/2017 8:20 AM

With these interventions in place, oral care offered and charted has improved for both day and night shifts.

Day shift Baseline June 2016 = 49%	Day shift Post Intervention July 2017 = 76%
Night shift Baseline June 2016 = 34%	Night shift Post Intervention July 2017 = 70%





Intensive Care Unit Specialty Practice Team

Tamara Whittle, BSN, RN, CCRN, Clinical Nurse

The Intensive Care Unit elected to address a problem common to many units: insulin pens left in medication pass-through cabinets after discharge. In some cases, staff used the pen in error on the next patient assigned to that room, resulting in increased risk for patient harm due to possible cross-contamination of the pen device.

The ICU SPT created a small transfer/discharge checklist for the primary nurse. This checklist prompts removal of all patient medications from the locked pass-through cabinet and the Omnicell refrigerator, and asks to assure transfer of meds with the patient. The primary nurse completes the checklist and returns it to the charge nurse immediately upon transfer/discharge of a patient from the ICU.

The checklist also serves some secondary functions, including providing reminders to remove suction canisters and IV bags/tubing from pumps, complete documentation of patient belongings and four-eyes no surprise skin check and nurse server cleanout for isolation patients.

The primary results included fewer medications left in medication pass-through cabinet, increased compliance in verifying patient name/MRN on insulin pen with MAR prior to medication administration and decreased risk to patients resulting from possible cross-contamination.

Secondary results included decreased turnover time for EVS, decreased cost to unit related to lost patient belongings and increased compliance with four-eyes, no-surprise skin check documentation.

Trifecta (Float Pool, Vascular Services, Medical Surgical Unit) Specialty Practice Team

Jennifer Kameshima, BSN, RN, Clinical Nurse

The SPT identified a problem, noting an increase in peripherally-inserted, central catheter line occlusions over several months. From November 2016 to January 2017, data collection confirmed an average of 22 percent of PICC line occlusions per month where each occlusion required Alteplase. Increased use of Alteplase with PICC line occlusions increases patient risk of developing a central line-associated bloodstream infection, clot formation, thrombosis and ultimately poses a delay in treatment. Further research found normal saline flushes documented as held in the medication administration record due to intravenous fluids running.

Kala Schraner Hayes, BSN, RN, and Wendee Flesher, BSN, RN, brought this problem to the Trifecta SPT after reviewing and updating the current central venous access device policy with Debra Jasmer, BSN, RN. They initiated education of nurses on rationale for proper PICC line maintenance. Education for float pool nurses included a CVAD tip sheet and request to review in staff huddles starting March 6, 2017. The SPT reviewed the tip sheet distribution and collected data at 30, 60 and 90 days post implementation.

As a result, PICC line occlusions decreased to 15 percent per month within three months, a significant decrease toward the outcome metric goal of less than 10 percent. In-person education along with visual sheets have contributed to the success of this project. The SPT continues to monitor PICC line occlusions to ensure sustainment of this positive downward trend.

CVCU Specialty Practice Team

Kellie E. Wilcox, BSN, RN, CCRN, Clinical Nurse

The Cardiovascular Care Unit SPT identified a problem of patient belongings lost on discharge and medications left in the room pass-through cabinets after discharge of patients. The latter problem could lead to a potential for medication error as medications not belonging to the patient assigned to the room currently could remain in the room pass through.

To help resolve both concerns, the SPT formulated a checklist for completion after all transfers and discharges. It lists patient belongings; notes if the room pass through is emptied out and left open for EVS to clean; prompts removal of all used suction, IV bags, and tubing and that nurse servers have been removed in isolation rooms.

Monitoring of PSAs by pharmacy and lost patient items show a decrease and demonstrates the effectiveness of the checklist.

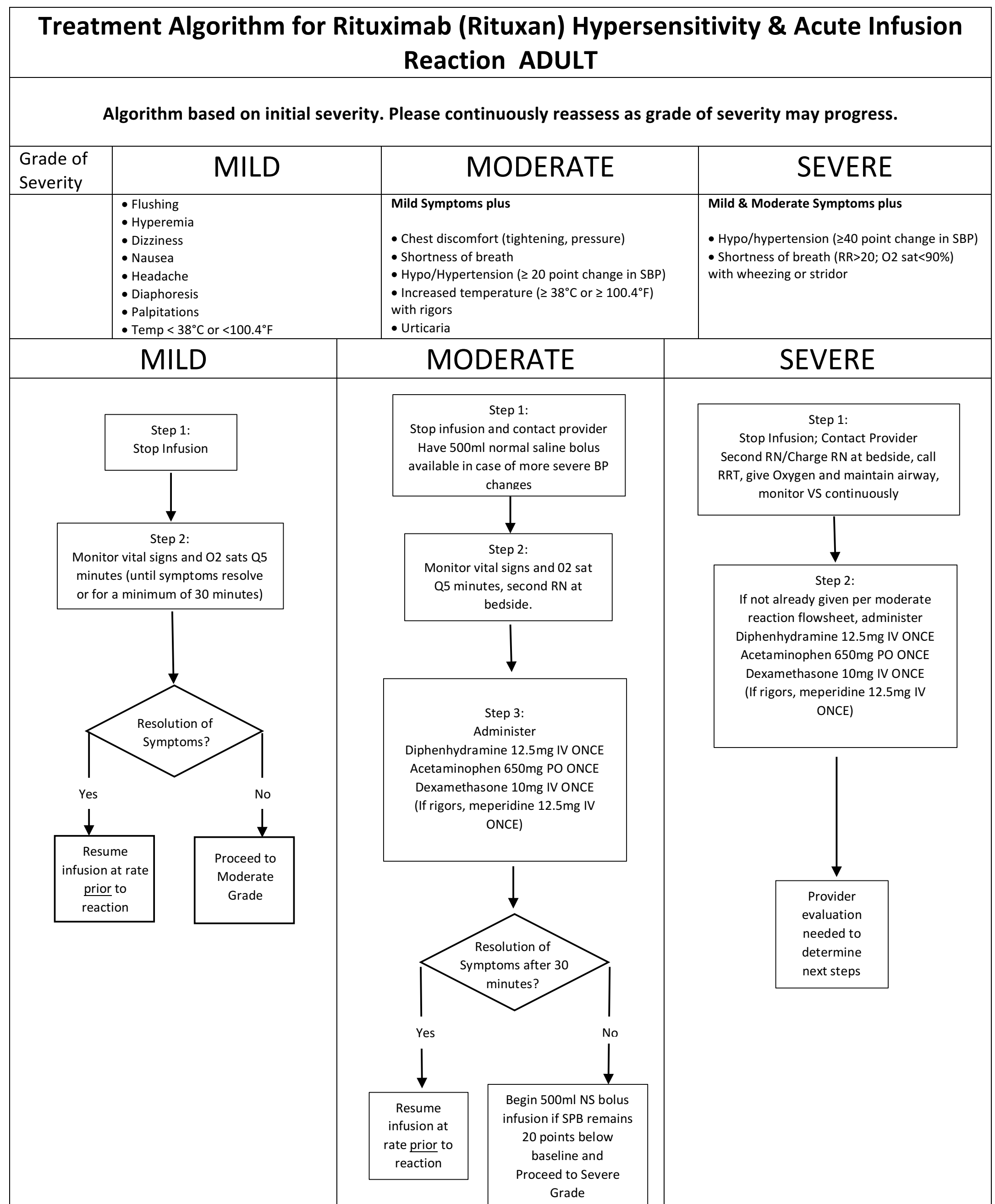
Medical Surgical Oncology Specialty Practice Team

Jenna Campos Santos, BSN, RN, OCN, Clinical Nurse

Rituxan is a commonly administered medication on Medical Surgical Oncology. Reactions to Rituxan are common and can progress quickly if not treated promptly. Oncologists look to standardize treatment. Oncology units in other hospitals and outpatient infusion clinics use a variation of a Rituxan reaction protocol.

The team researched Rituxan reaction protocols from Oregon Health Sciences University, Mayo Clinic and MD Anderson as well as peer-reviewed research articles. Subsequently, the SPT developed a reaction protocol appropriate for inpatient oncology patients at Salem Health. The SPT presented the protocol to multiple providers at the hematology/oncology clinic, pharmacy and unit management for feedback. The team made protocol adjustments and the final protocol received approval from the Pharmacy and Therapeutics Committee. The protocol went live July 1, 2017.

The protocol is still in the beginning phases on the unit with outcome metrics to follow.



IMCU Specialty Practice Team

Jordan Reed, BSN, RN, Clinical Nurse

In FY'16–17, there were eight hospital-acquired Clostridium difficile infections on the Intermediate Care Unit. Unit leadership brought this to the SPT to problem solve how to decrease the occurrence of C. diff infections on the unit, with the ultimate goal to reduce occurrences to zero.

The SPT contacted the Medical Unit regarding standard work it developed to reduce hospital acquired C. diff infections. IMCU adopted the Medical Unit's standard work for bleach wiping high-touch surface areas in patient rooms with suspected or confirmed C. diff once per shift. Additionally, the team removed foam hand sanitizer bottles from the patient's room and replaced with signs that state, "Don't forget to wash with soap and water," forcing staff to wash their hands before leaving the room. The SPT announced the new standard work at staff huddles and did one-on-one teaching with staff in order to spread the word. Charge nurses checked in with staff at the end of shift to ensure they had bleach wiped their C. diff rooms.

The results were very effective:

Process metrics	Outcome metrics
Staff adhered to the new standard work and bleach wiping high touch areas once per shift 75 percent of the time during the first six months.	Zero hospital-acquired C. diff infections on IMCU for the first six months since implementing the new standard work.

Cardiovascular Noninvasive Services Specialty Practice Team

Rick Lenhardt, RVT, RDCS, Vascular Technologist

The Cardiovascular Noninvasive Services SPT noticed a problem: Frequent pages to the wrong staff was resulting in delayed care and avoidable interruptions. Many pages came in the middle of the night, while trying to reach the correct staff to care for patients needing STAT echocardiograms or vascular exams.

The SPT worked with WebXchange staff to build a resource with departmental editing capabilities, so the resource remains correct and up-to-date. Because of this work, we are now able to ensure vascular and echo tech availability is readily accessible by all staff.

Inpatient Rehabilitation Specialty Practice Team

Carol Hannibal, BSN, RN, PCCN, Clinical Nurse

In Inpatient Rehabilitation, nursing and therapy staff work together to help patients achieve functional goals as they progress toward discharge. However, there was inconsistent communication of the patients' goals, status of progress toward goal achievement and next steps. The existing nursing handoff did not include communication about functional goals, and the therapist's handoff was not standardized. To improve teamwork and patient outcomes, the Inpatient Rehabilitation SPT initiated enhancements to the handoff report process.

The SPT initiated four-step problem solving, led by Cortnie Hoefel, MS, CCC-SLP, focused on standardizing the nursing and therapy handoff report formats so staff could quickly communicate patients' functional goals at shift change and incorporate them into daily practice. The change included posting a standardized handoff report format at nursing stations and mounting small signs reminding staff to communicate functional goals on computer monitors.

With the handoff report format change implemented, the percentage of staff able to state functional goals and next steps for achieving them rose from zero percent at baseline to 90 percent after five months; staff able to state the manner of inclusion in daily practice of functional goals rose from 40 percent to 100 percent.

The influence of this project on the unit's performance evaluation model scores is yet to be determined, as multiple projects intended to enhance care quality and outcomes were undertaken simultaneously. However, staff have reported an improved connection between knowing functional goals and implementing them in practice.

Shared Leadership Council Accomplishments

Practice Council

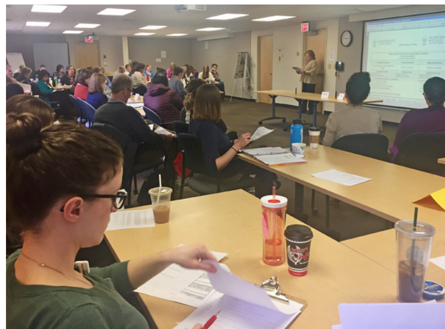
Jessica Reese BSN, RN, CMSRN
Council Chair

"Change is the law of life. And those who look only to the past or present are certain to miss the future." John F. Kennedy

The members of shared leadership are no strangers to change. As transformational leaders, they embrace change as opportunity for growth.

William Pollard once said, "Without change there is no innovation, creativity or incentive for improvement. Those who initiate change have a better opportunity to manage the change that is inevitable."

This sentiment reflects shared leadership, which plays a pivotal role in shared governance to support and guide the future of Salem Health.



The year 2017 began with another opportunity for change of the shared governance structure. Shared Leadership was excited to see continuous growth in the number of SPTs (currently standing at 48), but also saw opportunities for increased efficiency and time waste reduction through the birth of collaboratives (similar SPTs joining as one). The Magnet vision to elevate interprofessional participation, to remind staff that Magnet is not limited to nursing alone, flourished with growth in the number of non-nursing SPTs, which allowed greater opportunity for partnership.

Guided by Salem Health Lean principles, Practice Council is frequently evaluating efficiencies of its processes. Although it has historically consisted of decision-making and information sharing, it witnessed other councils that were able to produce additional outcomes through the formation of subcommittees. Practice Council replicated Professional Growth & Development Council by allowing time for subcommittee work. Beginning 2017, Practice Council formed four subcommittees, each with their own individual goals and responsibilities:

SPT optimization – To focus on best practice models to promote a highly functional SPT and to identify and address barriers for SPTs.

Interprofessional – To focus on improvement opportunities to ensure all interprofessional staff have a value and voice in shared leadership and decision-making.

Patient and family education – To focus on providing evidence-based, patient- and family-centered education across the health system, ensuring a consistent process for developing, requesting, maintaining and standardizing clinical inpatient and outpatient education materials.

Clinical Procedures – To focus on the consistent review of Lippincott procedures, unit standards of care and clinical policies, protocols and procedures. The subcommittee determines the SPTs most appropriate for the reviews based on content and patient population.

We are excited to see the outcomes from these subcommittees as they mature. We continuously seek to improve while celebrating the successes of our past. As for the future, we look to the leaders below to transform our practice.

Accreditation	Lillian Andres
Accreditation	Kristy McIntosh
Administrative Support	Megan Graham
Angiography	Nancy Leach
Cardiac Non-Invasive	Rick Lenhardt
Cardiac Rehab	Julie Breazell
Cardiac Rehab	Gloria Summers
Care Management	Marcella Kraft
Care Management	Zy Warner
Clinical Excellence Coordinator	Nancy Dunn
Clinical Laboratory	Cole Cook
Clinical Laboratory	Stephen Kearns
CNA	Polly Shadrin
CVCU	Ellen Grifith
CVCU	Kellie Wilcox
ED	Nathan Holan
ED	AmberLynn Kelly
Endoscopy	Alina Mattison
Endosocopy	Amie Walton
EVS	Adiregk Eamsaard
Gen Surgery	Teri Ottosen
Health Education	Cindy Crosby
Health Education	Karisa Thede
ICU	Jennifer Erpelding
ICU	Tamara Whittle
Imaging	Michael Devine
Imaging	Sarah Weitzman
IMCU	Charleigh Nygaard
IMCU	Jordan Reed
Information Services	Hillary Drake
Infusion/Wound	Lea Estrabo
Inpatient Rehabilitation	Carol Hannibal
IRU	Kari Velez
IS Clinical	Hannah Bauer
L&D	Andrea Wurdinger
MBU	Cassie Moss
Med Tele	Sandra Fuerst
Medical Oncology	Jenna Campos Santos
Medical Telemetry	Ethan Waln

Medical Unit	Ester Collmer
NICU	Jaime Blizzard
NTCU	Alex Morrison
NTCU	Kim Mullins
Nutrition	Abby Chambers
Nutrition Services	Julie Hilliard
OR	Tabor Scrabeck
Orthopedic	Sara Wargnier
Orthopedics	Michelle Riley
PACU	Rebecca Betz
Patient Safety and Clinical Support	Sarah Dawson
Pediatrics	Tara Edick
Pharmacy	Donna Oteama
PMC	Katie Hasselman
PMC	Laurie Miller
Practice Council Chair — Med Tele	Jessica Reese
Practice Council Co-Chair – IMCU	Harriett Martin
Prep/Recovery	Amye Schletty
Prep/Recovery	Mary Simon
PSS	MaryJo Brown
Rehabilitation Services	Megan Corrado
Rehabilitation Services	Alyssa Pratt
Respiratory Therapy	Jackie Williams
RT	Jolene Rice
Salem Cancer Institute	Wayne Halle
Salem Cancer Institute	Kellie Liudahl
SHMG	Alyson Muir
SHMG	Kelly Veasman
Sleep Center	Fran Franklin
Sleep Center	Debbie Penning
SPD	Jeremy Gallaher
Trauma	Christi Karst
Trauma	Jennifer Stapley
Trifecta (Float/Vascular/Med Surg)	Jennifer Kameshima
Trifecta (Float/Vascular/Med Surg)	Terry Newkirk
West Valley Hospital	Jennifer Broadus

Professional Growth & Development Council

Amy Stokes MSN, RN-BC
Council Chair

The Professional Growth and Development Council continues to mature as a team of engaged interprofessionals passionate about the continuous growth and development of all staff. While some growing pains developed throughout the year, members worked together to forge a strong direction for this shared leadership council.

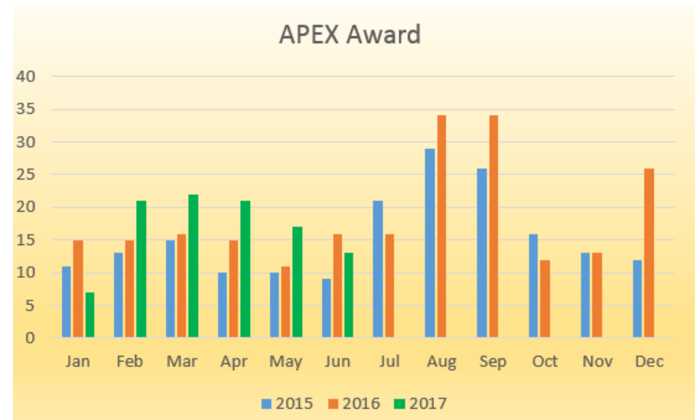
During a check and adjust process, the council restructured to improve productivity and member satisfaction.

The council established four subcommittees in September 2016 based on the council's charter including APEX, Foundation Fund Requests & Education, Certifications and Staff Engagement. Not only has the productivity and staff satisfaction increased, the structure has been replicated in Practice Council.

Subcommittee Accomplishments:

APEX

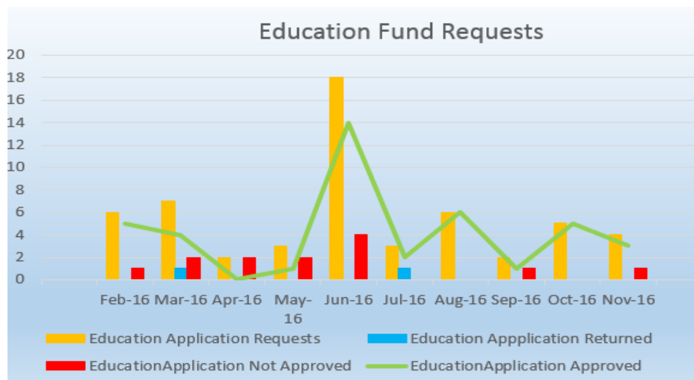
Members of the subcommittee worked with Human Resources to identify only eight percent eligible staff applied for APEX. Members went to the Gemba, or the place where we do the work, to obtain feedback on why this program is underutilized and identify barriers. Based on the information received, the subcommittee began developing resources for staff

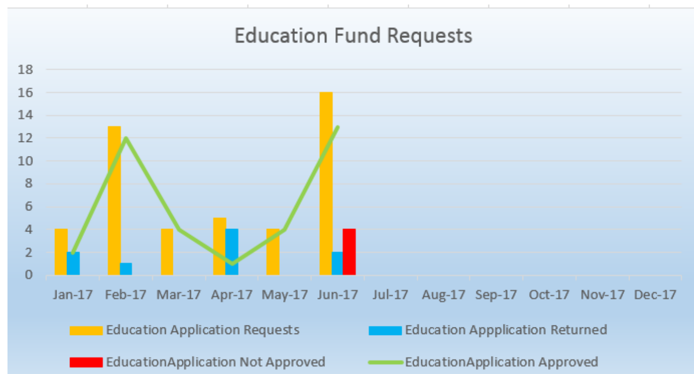


and a process for distribution, with implementation scheduled in September. The goal is to increase APEX applications by 10 percent over 12 months after dissemination.

Foundation Fund Requests & Education

Salem Health Foundation worked closely with the members of this subcommittee to develop standard work for the grant and scholarship application process, ensuring those awarded funding meet the guidelines stipulated by contributors. Applications meeting the outlined requirements move to review by the subcommittee to verify educational experiences are high quality professional development events. During the fiscal year, the council reviewed 67 applications with 50 applicants receiving funding. The team developed a tracking system to document submissions, approvals and denials to help maintain the integrity of the program. At the suggestion of one of the members, applicants requesting funding for local events are now eligible to apply for national events every three years.





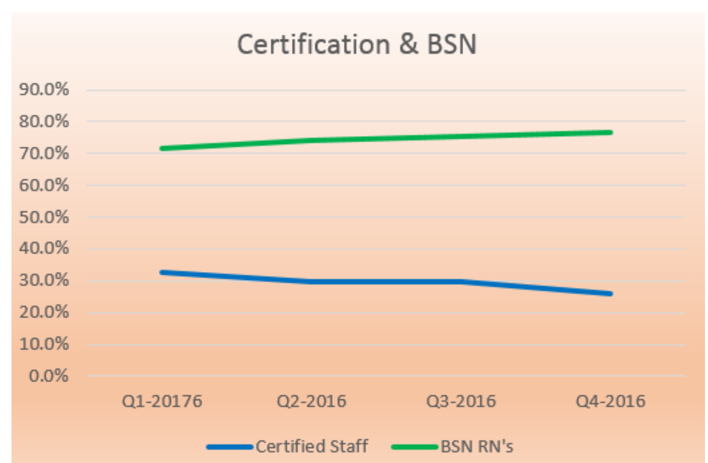
To support education within the organization, all members of the Professional Growth and Development Council actively promoted and encouraged attendance to the Professional Development Institute, which resulted in a dramatic increase in attendance. Salem Health was fortunate to have Dr. Tim Porter-O'Grady present in May 2017. The subcommittee had an active role in planning the agenda for the event.

Certifications

To support professional growth, the Certification subcommittee worked with patient care staff to identify barriers to obtaining certification in their specialty. To improve staff awareness, the team compiled a list of available certifications per specialty and placed it on the SHINE webpage as a resource. The site also includes nurse certifications approved for the Salem Health Certification Bonus program.

The subcommittee received funding from Salem Health Foundation to purchase PCRN and medical surgical certification review books for staff to check out from the Salem Health staff library. All members of the council promoted the Success Pays Program from ANCC. The council also has additional resources and processes under development to assist/encourage soon to be eligible staff to prepare for the certification exam.

To increase excitement about being certified, the team developed an information table to encourage staff to get their certification on National Certified Nurses Day in March and again during National Nurses Week; 51 staff members indicated they were interested in becoming certified. The goal is to increase the certification rate two to five percent over the next year. To assist with this, the subcommittee recommended bringing certification review classes to



Salem Health with availability of online courses. We are proud to report 21 percent of the members of the Professional Growth & Development Council obtained their professional certification in the first half of 2017.

Engagement/Recognition

This subcommittee began by collecting historical data from previous employee surveys to establish baseline information on how front-line staff define an engaged employee. Results showed Salem Health staff scored consistently higher in employee engagement than the Magnet mean.

Council members shared front-line staff feedback regarding the new Lean expectations, including concerns communicated to the Shared Leadership Steering Committee. Working with Human Resources, the group created and disseminated a tip sheet clarifying expectations to all council members so they could be an additional resource for staff.

The subcommittee has now changed its focus to staff recognition. The subcommittee is gathering information on current unit and organizational staff recognition opportunities to help guide future work.

Administrative Support	Tami Anderson
Angio/Cath Lab	Teri Benzinger
Clinical Education	Amy Brase
PGD Co-Chair - Imaging	Melissa Burgdorf
ICU	Benjamin Burlison
Med Telemetry	Deanna Carroll
IMCU	Amber Dugger
Clinical Education	Penny Edwards
Med Surg Oncology	Brigett Eisele
Medical Unit	Emilie Fields
Trifecta (Float/Vascular/Med Surg)	Wendee Flesher
Sterile Processing	Jeremy Gallaher
Orthopedics	Annie Hartle
Clinical Education	Kelly Honyak
NTCU	Dawnie Janowiak
Care Management	Marcella Kraft
ICU	Alyse La Monte
Clinical Education	Debra Lohmeyer
Prep/Recovery	Kathryn Mahosky
Trifecta (Float/Vascular/Med Surg)	Catrina Mero
ED	Elizabeth Morrell
General Surgery	Kelsey Muramoto
NTCU	Lindsay Newcomer
Labor and Delivery	Melissa Nqaida
CVCU	Healther Pfrehm
Clinical Education	Michael Polacek
PMC	Felicia Rosenberg
Cardiac Rehab	Amy Schmidt
Clinical Education	Jeanine Scott
PGD Chair – Clinical Education	Amy Stokes
Medical/Surgical	Cynthia Trujillo
Clinical Education	Sarah Wolfe
PACU and Endoscopy	Denise Ziak

Evidence-Based Practice Council

Margo Halm, PhD, RN, ACNS-BC, NEA-BC
Council Chair

The Evidence-Based Practice Council monitors appropriateness and effectiveness of care and disseminates quality data to assist clinicians in the delivery of optimal patient/family outcomes to the

communities we serve. The council also provides leadership to advance standards for clinical practice in accordance with best available evidence.

Presentations of Improvement Projects:

- Amanda Griffith, Michelle Hirschkorn, and Melissa Shortt – Second Victim Program.
- Laura Warner (Prep Recovery) – Hematologic Optimization.
- Patty Elmore (Pediatrics) – Pediatric Peripheral IV Lab Study.
- Susanna Mannix (Interventional Recovery Unit) – Vapocoolant Study.

Sharing presentations of improvement projects provides an avenue for dissemination of information and builds the connections necessary to support success in either further developing the project or adopting or adapting results to an additional operational area.

New tool development: Functional Pain Scale

- Nancy Boutin, MD, of Salem Cancer Institute requested assistance with improving how clinical staff assess a patient's pain in relation to its impact on function.
- The council developed an original functional pain scale and conducted a formal Internal Review Board-exempt research study using council members as investigators.
- The study concluded, and the council is awaiting analysis of the results in order to determine the validity and reliability of the tool.

Nurses' Week Support:

EBP Council rolled out an online submission process for the annual Clinical Inquiry Challenge, and received 231 submissions. The council focused on quality rather than quantity to determine the winner, and awarded the Psychiatric Medicine Center the honor of having the most high-quality questions.

Clinical Practice questions addressed by the Council:

- Executive leadership raised the concern, "In clinical staff who routinely work extended hours (i.e., longer than eight-hour shifts, overtime, night shifts), is clinical care or staff safety compromised?"
  - EBP reviewed articles and compiled an evidence table.
- Donna Thomas, BSN, RN, and Sarah Moyes, MSN, RN, created posters with self-care recommendations for dissemination to units.
  - A high priority PICO question asks, "In patients with heart failure, does implementing a fluid restriction on admission decrease length of stay?"
  - EBP Council members reviewed articles and compiled an evidence table.
  - Council members surveyed physicians and determined that a wide variety of methods exist with little available evidence.
  - Next steps to be determined.
- An action request form posed the question, "For inpatients with indwelling urinary catheters, does discharge with a stat lock compared to an alternative securement method affect readmission rates related to indwelling catheter use?"
  - Elena Pettycrew, BSN, RN, compiled an evidence table and presented at EBP Council.
  - Due to lack of sufficient evidence, the council consulted Dr. Bashey (urology section chief) about indwelling catheter securement. He recommended a device called Cath-Secure.
  - The council presented this device to the hospital's products committee, who decided that instead of implementing the Cath-Secure purely as an outpatient device, to attempt to standardize its use in both the inpatient and outpatient setting.
  - The committee selected the intensive care, neurotrauma and medical telemetry units to trial the device. The trial monitors skin complication and catheter-associated urinary tract infections rates to identify unanticipated negative effects quickly.

Ongoing EBP Council activities:

- Professional organization practice standard surveillance: quarterly with report-outs on findings from members at the next meeting.
- Presentation of Golden IDEA (Individual Dedication to Evidence-based Answers) Award.
- Reviewing and updating policies and protocols in which EBP Council is a stakeholder.

Cardiac Rehab	Julie Altree
Clinical Nurse Specialist – Advanced Practice Nursing	Ann Alway
CVCU	KyLee Bowers
Clinical Nurse Specialist – Advanced Practice Nursing	Sandra Bunn
Medical Surgical	George Circolani
Clinical Laboratory	Brenda Crawford
CVCU	Amanda Griffith
Magnet Program Director	Margo Halm - Chair
Clinical Nurse Specialist – Advanced Practice Nursing	Michelle Hirschkorn
Health Education Services	Paul Howard
Operating Room	Matthew Hunt
Medical Surgical Oncology	Erin Jamieson

Trifecta - Vasculalar	Debra Jasmer
Respiratory Care	Manya Kanavalov
Patient Safety and Clinical Support	Julie Koch
WVH Rehabilitation	Arielle Le Veaux
Med Surg Oncology	Crystal LeBoeuf
PACU	Nereyda Leder
PACU	Nereyda Leder
ED	Sarah McMillen
Medical Surgical	Barb Merrifield
Pediatrics and WCS Float Pool	Emily Middleton
IMCU	Sarah Moyes
General Medical	Elena Pettycrew - Co Chair
Clinical Nurse Specialist – Advanced Practice Nursing	Becky Ramos
Administrative Support	Brianna Revard
General Surgery	Susan Rojo
NTCU	Jennifer Saechao
Inpatient Rehabilitation	Teresa Saling
Orthopedics	Amy Silvey
Prep/Recovery and PSS	Nancy Simmons
PMC	Shane Sipe
Medical Telemetry	Christie Spear
Trifecta – Float Pool	Lisa Theobald
Cardiac Service Line	Donna Thomas
Nutrition Services	Lorri Thornton
Endoscopy	Kristi Tichenor
Care Management	Erin Tucker – Co Chair
Cath Lab and IRU	Kari Valez
PMC	Meghan Wuichet
ICU	Skye Young

Informatics Council

Bernard Mauer, PhD, RN
Council Chair

Following the Epic 2015 upgrade that went live in June 2016, the Informatics Council reviewed many enhancement requests backlogged from the build freeze. Starting in January 2017, the council also started to review enhancements recommended by Epic

in preparation for the Epic 2017 upgrade. The council also continued implementing electronic medical record enhancements that meet the needs of the clinicians at the bedside, while at the same time keeping in mind the concern for the integrity of the system.

Example

The Informatics Council looked at three basic, frequently used, informed consent forms at Salem Hospital, in both English and Spanish (six forms total). For convenience's sake, hyperlinks existed throughout Epic to ease access to the forms. However, multiple hyperlinks required updating with all form modifications. There was often a delay between updating the forms and updating links. This process increased the risk of either having broken hyperlinks or of clinicians using outdated forms. To address this issue, all forms moved to a shared intranet resource with all hyperlinks in Epic pointing to one resource. We can now upload to the shared resource and the hyperlink remains the same, reliably sending clinicians to the correct forms.

The Informatics Council year in numbers

In fiscal year 2017, the council reviewed 178 new Epic enhancement requests. Of these:

- The council approved 136.
- 26 required changes that went to the council for information only.
- 10 will come back for further discussion.
- One did not require changes but highlighted the need to inform/educate.
- The council declined five.

Angiography	Perrin, Kristin
Clinical Apps	Clin Doc Analyst
Clinical Apps	Orders Analyst
CVCU	Wilcox, Kellie/ Samantha Wong
ED	Belling, Brandy
Float Pool	Roberts, Russell
General Surgery	Limont, Andi
ICU	Lucas, Jean
IMCU	Montes, Renee/Nuggard, Charleigh
Informatics	Jerrod Potter
Informatics	Joshua Reese
Informatics	Laura Fredericks
Informatics	Leanne Puga
Informatics	Lisa Wood
Informatics	Maurer, Bernard - Chair
Informatics	Megan Hollingsworth
Informatics	Rebeca Cowin
Informatics	Renee Montes

Informatics	Rhonda Winn
Informatics	Sergey Boynetskyi
Informatics	Shanna Israel
Inpatient Rehab	Nielsen, Stephen – Co-Chair
IRU	Crain, Amy
Medical Surgical	Burdick Kelsie/Sapp, Victoria
Medical Surgical Oncology	Abbott, Tom
Medical Telemetry	Aulerich, Sarah
NTCU	Hennan, Miranda
NTCU	Wittenberg, Amie
Nutrition	Huntzinger, Karen
Orthopedics	Atchley, James
Patient Safety and Clinical Support	Mackey, Ryan
Pharmacy	Tanner, Matt
PMC	Brooks, Doreen
Prep/Recovery	Humphreys, Jennifer/ Keifer, Heide
Rehabilitation Services	Berry, Melissa
RT	Kanavalov, Manya
Vascular Access	Cimino, Darci
WCS	Graham, Jennifer
WVH	McVey, Sharon/ Krystal Gamboa

Coordinating Council

Jessica Reese, BSN, RN, CMSRN
Council Co-Chair

Nancy Dunn, MS, RN
Clinical Excellence Coordinator

The Coordinating Council exists to promote consistent communication, intersection and collaboration related to organizational work and priorities between shared leadership councils, organizational leadership and the unit-based Specialty Practice Teams. Motivating and inspiring teams are key components of transformational leadership that make clear to

staff that others appreciate their work. Employees provide the best customer care when they receive rewards, recognition and gratitude for their service. Coordinating Council provides an opportunity to recognize innovative evidence-based work done by clinicians of all disciplines and allows for replication of best practices. The structure where organizational leadership sits alongside front-line clinicians supports professional growth and ownership by breaking down silos of communication.

This year the Coordinating Council evolved with more operational leaders to represent all divisions and all service lines. Each meeting includes a chair and council report of highlights for communication to SPTs and front-line staff, an executive update, a dialogue with executive leaders and a House-Wide Staffing Council report.

Agenda items for Coordinating Council include topics for discussion and input as well as decision-making. Some of the topics covered in 2017 include:

- Use of Tasers by security
- HIPAA regulations for MD paging
- Sepsis and C. diff initiatives
- Magnet and organization strategy
- Nursing care plan project
- Action request forms
- Standard work for combative patients
- Shared leadership structure and processes
- Do Not Resuscitate wristband problem solving
- Epic downtime forms and staff expectations
- Clinical procedures problem solving
- Disclosure process and role of staff
- Eclipse planning.

Coordinating Council also recognizes staff with an increased number of awards and presentations. The council recognizes sharing of good Lean outcomes with **SHINEing STAR Awards.** There are several new awards that also recognize the following (see Celebrations Section for a listing of all awards):

1. The completion and presentation of a Magnet Exemplar receives a **Magnet Writing Award.**

2. Publication in a Peer Reviewed Journal generates a **Publication Award.**
3. Retirement after a minimum of two-years in the role of SPT Chair generates a Chair Service Award.

Acute Rehab Services	Megan A. Corrado
Administrative Support	Linda Spansel
Adult Health Director	Dana Hawkes
Angio Cath Lab	Nancy S. Leach
Anti-Coag	Anna Harris
Cardiac Non Invasive Svcs	Rick S. Lenhardt
Cardiac Rehab	Gloria M. Summers
Cardiac Service Line Manager	Josh Franke
Cardiac Service Line Manager	Renee Martizia-Rash
Care Management	Zy Warner
Clinical Excellence Coordinator	Nancy Dunn
Clinical Nurse Specialist – Advanced Practice Nursing	Michelle Hirschkorn
Clinical Support Director	Mary Ransome
CNA	Polly Shadrin
CNO	Sarah Horn, Co-Chair
Critical Care Director	Zennia Ceniza
Critical Care Manager	Cheeri Barnhart
CVCU	Kellie Wilcox
Director, Magnet, Professional Practice, Research	Margo Halm
EBP Co-Chair – Care Management	Erin Tucker
EBP Co-Chair – General Medical	Elena Pettycrew
ED,Trauma, Psych Director	Jill Fulkerson
ED,Trauma, Psych Manger	Heather Cofer
Emergency Center	AmberLynne M. Kelly
Endoscopy Lab	Amie M. Walton
Environmental Services	Adiregk Eamsaard
General Surgery	Teri Ottosen
IC Chair - Informatics	Bernard Mauer
IC Co-Chair – Inpatient Rehabilitation	Stephen Neilsen
ICU Intensive Care Unit	Tamara Whittle
Imaging Administration	Sarah Weitzman
IMCU	Jordan Reed
Information Services	Hannah M. Bauer

Inpatient Rehabilitation	Carol S. Hannibal
IRU	Kari Valez
Lab Clinical Support Svcs	Stephen T. Kearns
Medial Surgical, FP Manager	Betsy Alford
Medical Surgical Oncology	Jenna Campos Santos
Medical Telemetry Unit	Ethan Waln
Medical Unit	Esther Collmer
Neuromuscular Service Line Director	Susan Redmond
Neuromuscular Service Line Manager	Gina DiGusto
NTCU	Alex Morrison
Nutrition Services	Abby Chambers
Operating Room	Tabor L. Scrabeck
Orthopedics	Sara Wargnier
PACU	Rebecca Betz
Patient Safety and Clinical Support Manager	Julie Koch
PC Chair - Medical Telemetry	Jessica Reese, Co-Chair
PC Co-Chair - IMCU	Harriett Martin
PGD Chair - Clinical Education	Amy Stokes
PGD Co-Chair - Imaging	Melissa Burgdorf
Pharmacy (IV and Clinical)	Donna N. Oetama
PMC Psychiatric Medicine Center	Katie R. Hasselman
Pre Surgical Screening	Mary Jo Brown
Prep Recovery	Mary Simon
Respiratory Care	Jolene L. Rice
Salem Cancer Institute	Wayne Halle
SCI Service Line Manager	Carrie McLaughlin
SHMG	Kelly M. Veasman
Sleep Disorder Center	Debbie A. Penning
Sterile Processing	Jeremy Gallaher
Surgical Services	Kristen Myers
Surgical Services	Susan Spohr
Trauma Program	Jennifer L. Stapley
Trifecta: Float Pool/Vascular/ Medical Surgical	Jennifer Kameshima
WCS Collaborative	Pam Haneberg
WCS Director	Lisa Ketchum
WCS Manager	Shelley Weise
West Valley Hospital	Arielle LeVeaux
Wound/Infusion Center	Lea C. Estrabo

Magnet Steering Council

Nancy Dunn RN, MS
Clinical Excellence Coordinator

The Magnet Steering Council supports all aspects of Salem Health's Magnet journey by providing oversight of clinical excellence standards, performance on nurse-sensitive indicators, conducting gap analysis of domain standards (transformational leadership,

structural empowerment, exemplary professional practice and new knowledge, innovation and improvement) and ensuring adherence to timelines for closing any gaps for those initiatives. The council removes barriers to the continued evolution of Magnet culture and communicates a cohesive picture of how clinical excellence integrates with the Lean management system of Salem Health.

Originally established in 2008, this council reinstated in March 2017 and now continues its work by meeting every other month on Shared Leadership Day. Accomplishments include finalizing the charter, honing membership, orienting members to Salem Health's current Magnet status and defining their roles within the council.

Overall responsibilities include:

- Developing strategies to teach staff and leaders about the meaning of clinical excellence standards to ensure enculturation into daily work.
- Keeping abreast of national changes in clinical excellence standards.
- Evaluating effectiveness and sustainability of structures, processes and activities designed to support Magnet culture.
- Conducting gap analyses of the standards in the four domains (TL, SE, EP & NK)
  - Prioritizing gap analyses and identify areas requiring further development.
  - Defining timelines and commission workgroups to address and close identified gaps.
- Reviewing nurse-sensitive indicators to ensure sustainment of performance.
- Reviewing and supporting adoption of selected best practices from the National Magnet Conference to promote replication and spread of learning.
- Supporting activities of Magnet champions that bring stronger engagement of front-line staff to understand and embrace what Magnet designation signifies about their practice.
- Removing barriers Magnet champions face to the continual evolution of Magnet culture.
- Delegating clinical excellence standards to shared leadership councils and committees.
- Establishing redesignation timeline and monitoring adherence.

The council received the current Magnet standards and the proposed new standards, which ANCC will approve this September. With this information, they began identifying improvement work that may align with select standards and be subject for a Magnet Exemplar. The application for redesignation is due Aug. 1, 2018, and the submission of all final documents is due Aug. 1, 2019.

Critical Care Manager	Cheeri Barnhart
Surgical Services Manager	Kelly Blanco
West Valley Hospital - Ad Hoc	Jennifer Broadus
Clinical Nurse Specialist – Advanced Practice Nursing	Sandra Bunn
Director – Critical Care	Zennia Ceniza
Patient Safety and Clinical Support	Sarah Dawson
Service Line Manager	Gina DiGusto
Magnet Champion - IMCU	Crystal Dryden
Clinical Excellence Coordinator	Nancy Dunn
Director – ED/Trauma/PMC	Jill Fulkerson
Director - Magnet	Margo Halm - Chair
Director – Adult Health	Dana Hawkes
WCS Manager	Jennifer Henkel
CNO	Sarah Horn
Director - WCS	Lisa Ketchum
Magnet Champion - Orthopedics	Wendi Lahodny
House-Wide Staffing Chair	Sheila Loomas
Interprofessional Outpatient Manager	Renee Martizia-Rash
IC Chair - Informatics	Bernard Mauer
Director – Surgical Services	Kristen Myers
PC Chair – Medical Telemetry	Jessica Reese
PGD Chair – Clinical Education	Amy Stokes
Adult Health Manger	TBD
Magnet Champion – Cardiac Service Line	Donna Thomas
EBP Chair – Care Management	Erin Tucker
SPT Chair - Orthopedics	Sara Wargnier

House-Wide Staffing Council

Barb Merrifield, MSN, RN
Council Chair

The HWSC had a busy year continuing its dedication to monitoring workforce indicators and preparing the organization to meet the requirements of newly revised Oregon state nurse staffing laws. This law change began in 2015 when the Oregon Legislature worked with a coalition of direct care nurses and hospitals to improve Oregon's nurse staffing laws, culminating with the Oregon Health Authority issuing amended rule guidance effective January 2017.

The HWSC is a shared governance council co-chaired by a direct care nurse and manager, Hannah Wade-Sandlin, RN, and Sheila Loomas, BSN, RN, respectively. The council is unique in that the membership composition assures direct care nurses and a CNA representative participate in staffing recommendations.

Significant changes include guidelines around documentation of voluntary and mandatory overtime, on-call time, admission, discharge and transfer activity, meal and rest break coverage, recognizing acuity levels, giving a non-RN member a place in the HWSC structure and allowing all staff the opportunity to elect their nursing specialty representative.

In conjunction with the change, OHA will audit hospitals once every three years to assess compliance with nurse staffing laws. They will also conduct complaint investigations as necessary. Salem Health is due for a routine survey any time now!

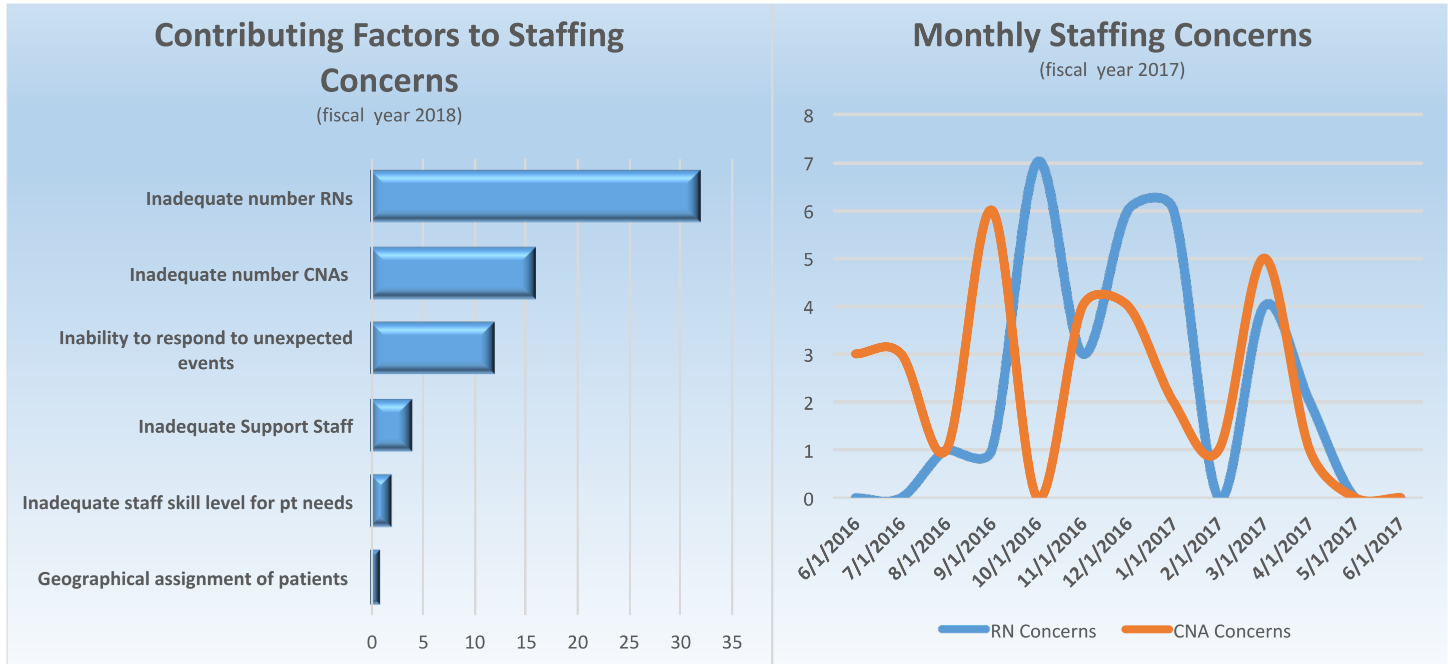
While Salem Health has had a staffing council for over 11 years, the focus this year was to achieve and maintain a state of survey readiness. To meet this goal, the council intensified structure of its charter and adopted the shared governance application process. It standardized council operation for member selection, equality in member voting and assured that meeting minutes reflected the formal structure of including votes and outcomes.

The council also:

- Established a collaborative relationship with OHA that allows Salem Health to obtain timely law clarification, as many aspects of the nurse staffing law are complex and multi-faceted. Council members continue to participate in statewide networking through the Oregon Nurse Staff Collaborative.
- Implemented an assessment tool to define which specialty areas require staffing plans.
- Collaborated with the Salem Health Business Intelligence Team, staffing office and human resources along with many other individuals to create required reporting of several workforce indicator data elements.
- Created internal staffing law resource materials and facilitated numerous mentoring sessions at all levels of the organization.

Staffing Indicators

HWSC receives staffing concerns from the Patient Safety Alert system and monitors for trends and problem solving opportunities. It also determines when a staffing concern represents a variance from the unit staffing plan and assist in determination of an action plan.



What's Up Next?

A main function of the HWSC remains implementing a systematic approach to assure annual review of unit-based staffing plans. The council considers the provisions of the plan in relation to patient outcomes, overtime use, staffing levels and staffing concern so that it may make recommendations accordingly.

By empowering nursing staff, in collaboration with management, to create staffing plans specific to each unit's culture and providing the data to identify workforce trends and set action plans to place, HWSC is setting the stage for making positive impacts on staffing at Salem Health while always recognizing the strong link between staffing and positive patient outcomes. Maintaining workforce staffing requires a balancing act between fiscal and professional responsibility. All nursing staff have an advocate in the HWSC.

Critical Care	Cheeri Barnhart
Women's and Children's Services	Andrea Bell
Cardiovascular Services	Valli Brunken
ED	Heather Cofer/Nancy Bee
Adult Health Services	Annie Derochowski
Inpatient Rehabilitation	Gina DiGiusto
PMC	Molly Druliner
Cardiovascular Services	Nancy Leach
Critical Care Step Down, IMCU	Sheila Loomas, Co-Chair
Outpatient/Ambulatory	Hilory McIntyre
Surgical Services	Dianne Morgan
House Operations	Laura Morin
CNA	Amy Nagelhout
Adult Health Services	Sara Nash
PMC	Nduta Nyoro-Cayton
Surgical Services	Kelsey Rocco
Critical Care	Susan Roemeling
Critical Care Step Down	Kara Stadeli
Outpatient/Ambulatory	Deanna Stein
Women's and Children's Services	Elizabeth Stowell
Inpatient Rehabilitation	Deborah Stuart
ED	Hannah Wade-Sandlin, Co-Chair

Specialty Practice Teams

SPT Name/Unit	SPT Chair	SPT Co-Chair	SPT Members
Angiography	Nancy S. Leach	Teri J. Benzinger	Tammy J. Phillips, Wendy A. Sousa, Christopher G. Lebel, Kristen M. Perrin, Dustin R. Hubbard, Bonnie F. Grady, Dick C. Jackman
Anti Coag	Anna L. Harris	Michele D. Mirassou	Lori A. Schilling, Ivy A. Hill
Cardiac Rehab	Gloria M. Summers	Julie Breazeal	Julie A. Altree, Chris D. Gallagher, Alexis D. Miller, Julie Breazeal, Amy K. Schmidt, Cori Pozos, Martha J. Robertson
Care Management	Zy E. Xiong	Marcella A. Kraft	Kerrin M. Case, Jessica H. Glasmann, Jennifer L. Eldredge
CNA	Polly Shadrin		Aubrey J. Hulse, Betsy L. Alford, Jane Ray, Magdalena P. Goldsmith, Mariah A. Ferguson, Rachael M. Howard, Brenda Gonzalez, Rachel Leos, Nicole Clark, Ruth N. Shuker, Amy R. Nagelhout, Leah C. Goebel, Sarah D. Larsen
CVCU	Kellie E. Wilcox	Ellen M. Griffith	KyLee J. Bowers, Lisa J. Boeder, Tiffany Karnaghon-Wirt, Cassandra J. Peters, Kara R. Bean, Takahla Circle, Marcie Kohls, Sam Wong, Heather Pfrehm, Jessica Van Enckevort
CVNIS	Rick S. Lenhardt	Geneva G. Stoyles	Rick G. Johnson, Renee K. Martizia-Rash, Leah M. Tripp, Kelsi J. Taylor, Geneva G. Stoyles, Wayne S. Pruitt, Emily S. Pickett, Julie A. Hulburt
ED	AmberLynne M. Kelly	Nathan L. Holan	Sarah M. McMillen, Kaylee A. Corrado, Brandy L. Belling, Kelly A. Hood, Beckie T. Sparks, Casey Andersen
Endoscopy	Alina B. Mattison		Deborah L. Piccirilli, Darren M. Craigberry, Konnie Hammond
EVS	Adiregk Eamsaard		Jaycob Simon, Jordan M. Curry, Mark A. Alvarez, Tony Nugyen
General Surgery	Teri D. Ottosen		Kelsey M. Muramoto, Aja N. Jensen, Veronica S. Nunez, Heather R. King, Susan K. Schrank
ICU	Tamara Whittle	Jennifer A. Erpelding	Jean Lucas, Meghan K. Newstone, Alyse La Monte, Kate I. Orr, Skye C. Young
Imaging	Michael A. Devine	Sarah K. Weitzman	Kathleen A. Cooley, Kimberly A. Bradley, Cheryl A. Stoenner, Anna Mench, Brittany R. Katsinis, Chris J. Koller, Justin A. Millar, Melissa L. Burgdorf, Krystal D. Hill, Emilio Reyna, Rachel Palmquist
IMCU	Jordan N. Reed	Charleigh Nygaard	Sarah N. Moyes, Amber R. Dugger, Paula M. Danielson, Julie A. Stauffer, Zoe A. Rain, Harriett F. Martin, Andrey Zholnerovich, Jennifer Beitel
Infusion Center	Lea C. Estrabo	Catrina L. Mero	Malinda B. Close, Alison L. Eshleman, Deanna L. Stein, Cassie E. Damisch, Janie L. Axness, Sandy L. Harris, Catherine M. King, Jeanette Keating
Inpatient Rehabilitation	Carol S. Hannibal	Stephen F. Nielsen	Teresa E. Saling, Jessica L. Johnson, Cortnie H. Haun, Bryn M. Martinez, Martha Wegner, Laura A. Aspinwall, Gina C. DiGiusto
IRU	Kari E. Velez		Valli R. Brunken, Traci J. Diemert Riches, Starr L. Hernandez

SPT Name/Unit	SPT Chair	SPT Co-Chair	SPT Members
Information Services	Hannah M. Bauer		Dona Heinen, Lance M. Hoffman, Stan A. Davison, Tresa J. McArthur, Rebecca E. Tish, Kari A. Johnston
L&D	Andrea J. Wurdinger	Katherine D. Ahlstrom	Tracy L. Kennedy, Rosemary Clark, Melissa B. Ngaida, Pamela Haneberg, Jason K. Masuoka, Leah M. Amsberry, Sierra Keller, Jana Marchand
Lab	Stephen T. Kearns	Cole W. Cook	Allen D. Spangrud, Crystal Alexander, Jessica A. Carter, Noreen C. Smith, Ellan B. Olson
MBU	Cassandra A. Moss	Hannah E. Pratt	Jennifer A. Graham, Rachel Barnes, Shannon Ward-Sunderland, Hannah E. Pratt, Jillianne M. Horton, Emily Neves, Megan A. Ouellette, Elizabeth A. Stowell, Brianne K. Koumentis, Megan R. Trine
Med Surg Oncology	Jenna Campos Santos; Lily-Claire Orme		Andrew T. Abbott, Sara B. Nash, Jason Alford, Crystal LeBoeuf, Lisa L. Mertz, Erin L. Jamieson, Brigett Eisele, Katherine Zuber
Medical Telemetry	Ethan A. Waln	Sandra L. Fuerst	Jessica R. Reese, Chelsea E. Armentano, Sarah M. Aulerich, Kirsten M. Beck, Angelica M. Villalvazo, Danielle M. Wiebelhaus, Joshua Yoder, Christie A. Spear, Allison J. Seymour, Julianna C. Eaton, Annette L. Maher, Justine S. Lee
Medical Unit	Esther E. Collmer		Elena J. Pettycrew, Emilie Fields, Brenda Umulap, Gladys A. Vasquez Ramirez
NICU	Jaime B. Blizzard	Julie H. Cox	Sarah J. Rabe, Jennifer A. Atkinson, Laurie A. Geist, Brittany B. MacNeill, Kirstin L. Prestholt, Howard S. Cohen, Jolene L. Rice, Cailey J. Taylor
NTCU	Alex C. Morrison	Kim M. Mullins	Sarah J. Anderson, Kara Stadeli, Shea E. Riecke, Jennifer J. Saechao, Miranda M. Hennan, Chris M. Lentz, Dawnie Drebin, Lindsay T. Newcomer, Rayanna L. Mitchell
Nutrition Services	Julie E. Hilliard	Abby M. Chambers	Lawrence S. Molinar, Lorri A. Thornton, Niki S. Wade, Karen M. Huntzinger, Sarah Z. Gloeckner, Heather B. Hennessey
OR	Tabor L. Scrabeck		Chris D. Vorderstrasse, Rachel M. Sellars, Ryan M. Yarzak, Mandy L. Graham, Heather R. Mohr, Michele L. Alaniz, Pamela J. Eggleston, Brandon D. Kramer, Lucas Pyle, Melissa M. Nevares
Orthopedics	Sara Wargnier	James D. Atchley	Michelle L. Riley, Karen M. Lomax, Vicki L. Ryan, Anna J. Hartle, James D. Atchley, Olga M. Harrison, Amy Silvey, Wendi R. Lahodny, Alyssa S. Finn
PACU	Rebecca L. Betz		Denise K. Ziak, Connie M. Simons, Nereyda Leder, Robyn W. Randall, Kaylan A. Lewis
Patient Safety & Clinical Support	Sarah C. Dawson		Yelena L. Seroshtan, Pamela S. Cortez, Jennifer L. Winslow, Laura M. Duddy, Jon A. Deming, Kristy J. Bond
Pediatrics	Tara L. Edick	Emily M. Middleton	Brianna P. Wright, Jenna N. Cerny, Marcus Q. Gabriel, Janelle Y. Williams, Michelle L. Hirschkorn, Emily Middleton, Kathy A. Miller, Andrea L. Bell, Elizabeth L. king, E. Michelle Jones

SPT Name/Unit	SPT Chair	SPT Co-Chair	SPT Members
Pharmacy Clinical	Donna N. Oetama		Matthew C. Tanner, Steven L. Zimmerman, Philip J. Booth, Kelly C. Morin, Laura L. Redmond, Caroline R. Houston, Joseph G. Schnabel, Phil D. Martin, Grozdana Fundak
Pharmacy IV	Donna N. Oetama		Derek J. Deforest, Caroline R. Houston, Barbara S. Ostrom, Philip J. Booth, Kristina M. Lee
PMC	Katie R. Hasselman	Laurie S. Miller	Felicia A. Rosenberg, Doreen Brooks, Meghan Wuichet
Prep Recovery	Mary M. Simon	Amye M. Schletty	Michelle S. Doran, Robert L. Dow, Ann L. Nathan, Jessie E. Hawkins, Kristen A. Gesner, Kelly S. Blanco, Nancy G. Simmons, Kathryn L. Mahosky
PSS	Mary Jo Brown		Sharon Y. Fetterley, Marie T. Jones, Linda A. Steinbrook, Mary P. Vandecoevering, Nancy E. Schimmel
Rehab Services	Megan A. Corrado	Alyssa Finn, Jason S. Gough, Bruce C. Coy, Katherine Bradley, Robert Spaulding, Amanda Culver	Megan L. Seney, Melissa L. Berry, Philip J. Haworth, Lorene I. Young, Steve M. Paysinger, Laura A. Aspinwall, Kerstin A. Ilg, Mark T. Kucey, Julie C. Tucker, Laurice Riddell, Stephen J. Schwarzenberger, Gina C. DiGiusto, Juan C. Lopez, Susan B. Redmond, Vanessa Orozco, Colleen Moosman, Anna Coleman, Rockie L. McCall, Erica K. Gandolfo, Chloe A. Aguilar, Frank C. Herb, James C. Dobkins, Christine Kieu, Bobby T. Swettman, Julie Palmer, John V. Fisher, Elizabeth P. Miramon, Shilo M. Biegel, Amanda Culver, Ellie N. Bonanno
Respiratory	Jolene L. Rice	Jackie Williams	Mickie M. Meisner, Rachael L. Sackett
Salem Cancer Institute	Wayne T. Halle	Kellie S. Liudahl	Kelly Langdon, Russel R. Vetter, Douglas L. Rupp, Alicia J. Rowland, Kellie S. Liudahl, Karlene A. Sprayberry, Kristen Davis, Jovita Sandoval-Morgan, Karen Tutmark, Kelsey Mix, Lea Ann Morrow
SHMG	Kelly M. Veasman	Alyson Muir	Kerrie E. Hayman, Danniel E. Kay, Brandi M. Libby, Janette Armstrong, Maria Olea-Tlatenchi, Tami Fluty, Sam Cancino, Erika Hernandez, Erica Navarro, Alisha Joachim
Sleep Center	Debbie A. Penning	Fran R. Franklin	Cecilia M. Barnes, Bret P. Ray, Mark A. Brayford, Dawone M. Youngers, Joshua L. Franke
SPD	Jeremy C. Gallaher	Briana R. Kincaid	Jerry M. Calaba, Leo Garibay Cervantes Jr., James M. Tyler, Shawn A. Johnson
Trauma	Jennifer L. Stapley	Christi N. Karst	Jenenne D. Aguilar, Kelly L. Buller, Dana M. Hart, Nathan L. Holan, Beckie T. Sparks, Christine M. Powell, Kelly T. Owen, Amy L. Slater
Trifecta: Float Pool, Vascular, Medical Surgical	Jennifer L. Kameshima	Terry A. Newkirk	Lindsay M. Egeberg, Russell H. Roberts, Wendee L. Flesher, Tara L. Carter, Polly Shadrin, Darci A. Cimino, Debra J. Jasmer, Anne Williamson, Lindy S. Mongenel, George A. Cicolani, Wesley E. Grant, Cynthia G. Trujillo, Allison Hermsdorf, Lisa D. Theobald, Amanda Sheehan

Notable Organizational Work

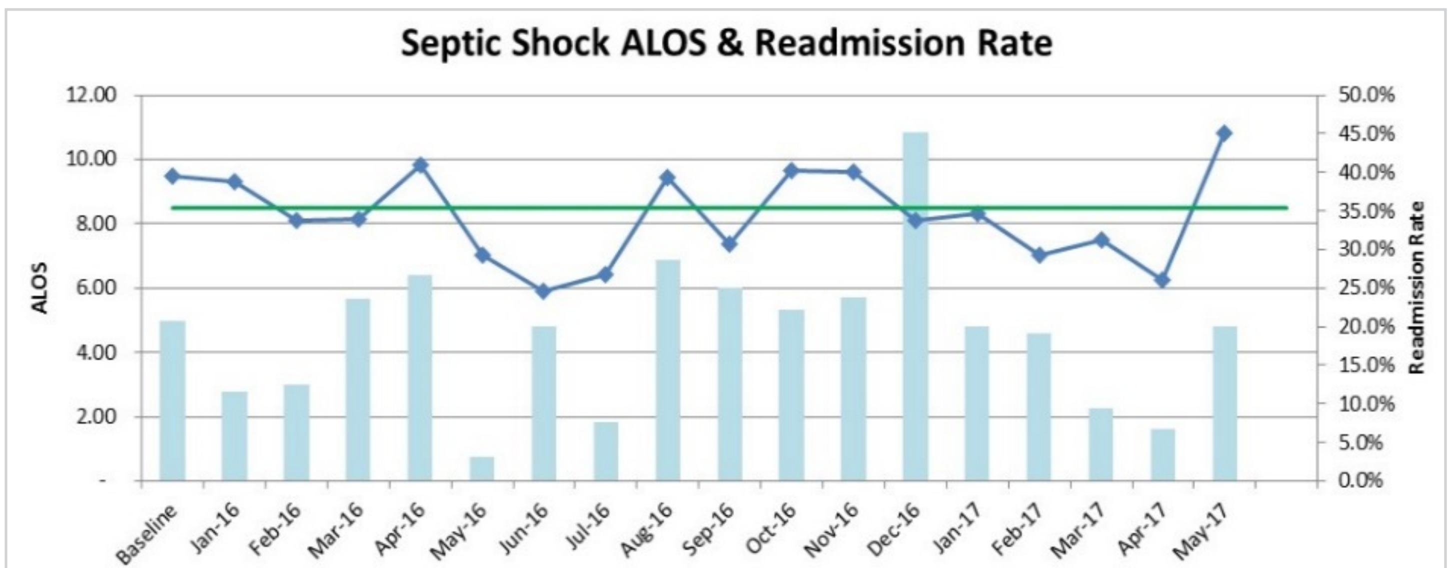
Sepsis Affinity and Beyond

Sierra Schneider, BSN, RN, CCRN, Sepsis Coordinator; Ann Alway, MS, RN, CNS, CNRN; Steve Marvel, MD, Salem Pulmonary Associates; Audrey Nickodemus, MSN, RN; Kelly Eyerly, Financial Planning Supervisor; Dr. Jaswinder Kaur; Dr. Paul Gramenz; Zennia Ceniza, MA, RN, CCRN, ACNP-BC, NE-BC; Krista Hackstedt, RN, BSN, PCCN; Carolyn Walker, RN; Devin Koontz, RN; Peter Ashton, RN, ANM; Beckie Sparks, MSN, RN; Matt Tanner, PharmD, BCPS; Josh Hansen, RN, BSN, CCRN; Danita Green, RN, BSN, CCM; Rebeca Cowin, RN; Raven Layton, BSN, RN; Sarah King, RN; Richard DeArmond, RN; Eric Timmons, BSN,RN, CCRN; Danielle Bouldry; Bijal Mehta, MBA; Mai Dotran, BSN, RN; Kelly Honyak, MSN, RN-BC

Sepsis is a ubiquitous illness with profound impact on morbidity, mortality, long-term recovery and patient expense. Beginning in June 2008, a dedicated task force led by Dr. Steven Marvel focused on sepsis. By 2014, participants realized the need for broader engagement across the hospital and as such, Kaizen and Finance joined the taskforce that developed into the Sepsis Affinity Group. SAG completed its strategic mission in February 2017 and handed the baton to the new 2017 Interprofessional Sepsis Committee.

Today the ISC strives to maintain or improve the same outcomes such as average length of stay and readmission rates that the SAG achieved over the last two years. In addition, the ISC commenced new areas of focus related to sepsis care, thanks to the engagement of Women's and Children's Division and commitment from many hospital departments to support newly published evidence.

1. **Septic shock average length of stay and readmission rates:** Since February 2017 — maintained or exceeded goals set for septic shock in both average length of stay and readmission rates, which led to the sepsis rolling 12-month savings exceeding goal. For year 3 from September 2016 until June 2017, Salem Health was slightly under the financial goal of $1.6 million with the average length of stay savings of $1,331,445 and readmission rates savings of $74,237.
2. **Emergency department focus:** The ED, with special acknowledgement to Beckie Sparks, MSN, RN, achieved:



a. Screening tool utilization improved from 79 percent in June 2015 to 82 percent and maintained at 82.3 percent through 2017.

b. Antibiotic delivery within one hour of identifying severe sepsis or septic shock maintained or improved since February 2017 with a six-month average of 72 percent.

3. **EPIC documentation:**

a. **Sepsis risk assessment:** The ISC identified challenges in using the sepsis pathway, so an educational revision focused on the sepsis risk assessment, the tool used to identify those in need of sepsis care. The group set a goal of 80 percent usage in December 2016 and achieved 90 percent by February 2017. The weekly usage in June and July 2017 ranged from 40 to 100 percent in the ICU. Staff receive letters to inquire on any difficulties or misunderstandings of the pathway to help achieve better compliance. The team has a new four-step problem solving venture to continue to address the use of the sepsis pathway with the goal of providing a seamless transition from, mostly, the emergency department to inpatient care.

b. **ICU admission order set:** Revision-education commenced in March 2015. By April 2015 the usage was around 70 percent, and, most recently, in June 2017, use is 100 percent.

c. **Non-ICU sepsis order set:** The team updated the non-ICU order set, which had a usage rate of zero percent prior to updating in the winter of 2014. By April 2015, the usage was 50 percent, which continues at present.

d. **Lactic acid panel:** Drs. Garmenz, Tate, and J. Kaur created a lactic acid panel and policy embedded in an order set with the goal of performing the repeat lactic acid level, or rLA, within six hours. In May 2016, the usage was only 36 percent, but 60 percent of patients had rLA drawn. In 2017, the average monthly on-time rLA was 80 percent, with the last three months (May-July 2017) averaging 91 percent.

e. **Modified early warning scoring system house-wide:** House-wide launch of MEWS occurred in September 2016 with assignment of a computer-based education training for RNs. By the end of Sept 2016, 80 percent of charge nurses knew which patients had a MEWS score less than six, and thus, helped nurses identify reversible clinical deterioration more quickly for those at-risk patients.

4. **House-wide Education**

a. **International Sepsis Awareness Presentation:** In September 2016, Drs. Marvel and Stier and Matt Tanner, pharmacist, presented a well-attended afternoon conference for all professionals at Salem Health regarding sepsis.

a. **Education**

i. Mai Dotran, BSN, RN and Sierra Schneider, BSN, RN, CCRN conducted house-wide education with nursing leadership (charge nurses, assistant nurse managers or

nurse managers) on all-adult nursing floors regarding the use of the sepsis risk assessment.

ii. Along with Sierra, Michelle Marchand, RN, CCRN; Tamara Whittle, BSN, RN, CCRN; Kelly Honyak, MSN, RN-BC; and Krista Hackstedt, BSN, RN, PCCN, presented sepsis updates for all units, new hires and nursing students.

iii. A vital role of the Sepsis Coordinator is frequent case reviews that deconstruct and analyze the anatomy of sepsis cases. From these case reviews, 'lessons learned' advance knowledge and advise policy updates. Education includes case reviews presented via multiple formats; written case reports, PowerPoint presentations, staff meetings and posters. The sepsis coordinator also creates current research summaries and provides them to IMCU, ICU and CVCU RN staff.

iv. Both Sierra Schneider and Audrey Nickodemus generate monthly progress reports on Sepsis Care for ICU- specific care and CMS bundle compliance. Drs. Marvel and Kaur present to hospitalist groups.

5. **Association with the Antibiotic Stewardship Team:**

   a. **Proton pump inhibitors:** With information shared by the Centers for Disease Control and Prevention regarding PPI use and increased C. diff infection, ICU provided education to both providers and nursing staff regarding PPI use. In March 2017, 82 percent of patients transferred out of the ICU with a PPI still in place, though they were not on PPIs as a home medication, and with continued use not necessarily appropriate. Since providing education and changing the daily rounding form to emphasize the need for PPIs, the rate of those transferred out of the ICU on PPI's is down to 53 percent over a three-month time frame.

   If a patient no longer fits these criteria, then re-evaluation of the use of PPI's is appropriate. Consider stopping pharmacologic prophylaxis <u>if a patient is tolerating enteral feeding at or near goal rate</u>.

   PPI education sample

   b. **MD notes:** A test-of-change evaluating new wording and smart phrase communication regarding antibiotic use began in an attempt to improve the following: daily review of antibiotics, clear indications for the antibiotic, the duration of therapy, stewardship of antibiotic usage and clear information when shift hand off occurs.

6. **Vitamin C panel:** Early sepsis studies by Merik(1,2) demonstrate success with high-dose ascorbic acid (vitamin C) as an antioxidant and anti-inflammatory. If proven valid, this novel yet natural antioxidant therapy will have an enormous global impact on the treatment of septic shock. In June 2017, the interprofessional sepsis committee decided to implement the therapy quickly in ICU-only as an improvement project. A massive education program launched for both clinicians and ICU staff via a PowerPoint presentation for clinicians and a HealthStream program for ICU nurses. By Aug. 1, 98 percent of the nursing staff completed the assignment. By the end of July,

there were 26 patients treated with the Vitamin C therapy. Data is in the early stages of analysis.

7. **Pediatric early warning scoring system:** July 2017 began work to develop PEWS for the pediatric and emergency department. Like with MEWS, the EPIC documentation of PEWS will be system-wide with PEW-scores helping to determine the urgency of care for the pediatric population.
8. **CMS:** In October 2015, Centers for Medicare and Medicaid Services required all hospitals to report processes of care in their sepsis populations under a new measure named SEP(3). Audrey Nickodemus, Metrics Coordinator for Salem Hospital, is the internal abstractor of CMS data for this new measure. The measure is one score based on the composite of all required processes. The sepsis affinity team integrated information comparing and contrasting the metrics and specifications for CMS for future work.
9. **Hemodynamics:** The summer of 2017 brought multiple representatives to Salem Health for education and evaluation of noninvasive dynamic stroke volume guided fluid resuscitation, using bio-reactance methods. Goals for using this technology would be clear guidance in fluid therapy, particularly in patients dealing with both septic and cardiogenic shock, or septic shock and renal disease or failure. Key departments or groups that might benefit from these measurements have been invited to attend the demonstrations, including: ED physicians, trauma surgical team, CV and ICU providers and nursing staff. Salem Health will be trailing these hemodynamic tools in the autumn.
10. **Metric to measure outcomes:** The ISC case review lessons and the Salem Health measure outcomes provide direct feedback to front-line providers, both nurses and physicians. This 'close-the-loop' methodology makes early recognition and rapid interventions more easily facilitated and refine care for patients with sepsis.

According to Dr. Marvel, "All of these combined efforts have a wide range of impact, both directly on sepsis care and generally throughout the Salem Health campus. The ISC and the sepsis projects have both collateral impact and collateral benefit.

"An example of collateral impact is how C. diff infection rates can decrease by the ISC being involved with stricter PPI usage, narrowing or discontinuing antibiotic usage, (the ISC team working in concert with the antibiotic stewardship team) and finally with Kefir administration monitoring. All three of these aspects of care lower C. diff rates, which then could potentially lower sepsis rates.

"An example of collateral benefit is the use of the MEWS scoring system, which can improve both patient flow by rapid and precious placement, improve utilization of the rapid response team and improve care everywhere throughout Salem Health."

Challenges affecting the Salem Health sepsis care, along with basically all health care providers throughout the world, is integrating the two similar and yet vastly different systems of CMS CORE measure requirements (3) and the Surviving Sepsis Campaign Bundle Guidelines (4). Salem Health is fortunate to have Audrey Nickodemus championing for Salem Health with CMS, providing continual ideas

and suggestions for improvement that is both practical and logical for the front-line team to practice.

Dr. Steven Marvel, the leading Salem Health sepsis physician began the long journey of implementing best practices in 2008. He continues to inspire each team member toward excellence as the science of sepsis care changes. He invests countless hours for the improvement of both Salem Health's professional knowledge but also the public's knowledge. Dr. Marvel does not waiver from his commitment to sepsis care.

Sepsis presents as differently as each unique wave crashing upon a shore. From finger lacerations to lung infections, from urinary infections to abdominal abscesses, sepsis can present boldly or with a whisper, rapidly or smolderingly. Thankfully, sepsis project improvements are also a 'rising tide,' which through vigilant work, are elevating and improving care campus wide. Sepsis care continues to advance with improved outcomes as both scientific knowledge and patients refine us and teach us lessons along the way and beyond.

References:

1. *Hydrocortisone, Vitamin C and Thiamine for the Treatment of Severe Sepsis and Septic Shock: A Retrospective Before-After Study*. Merik, P. et.al. CHEST 847 October 2016
2. *How to Give Vitamin C a Cautious but Fair Chance in Severe Sepsis*. Heleen M. et.al. CHEST 151 #6 June 2017
3. *Accountability for Sepsis Treatment: The SEP-1 Core Measure*. Motzkus CA. et al. Chest. 2017 May;151(5):955-957
4. *Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock:* 2016 CCM 2017: 45; 486-562.
5. Up-to-Date

Emergency Department Clinical Research Study

Restarting medic IVs based on time versus clinical indication

Research Team Members: Principle Investigator Beckie Sparks, MSN, RN; Co-Investigators, Margo Halm, PhD, RN, ACNS-BC, NEA-BC; Donna Forrest, BSN, RN; Rebecca D. Kitzmiller, ADN, RN; Bill Devine, ADN, RN; Krista Seaton, ADN, RN; Sandi E. Lovegrove, BSN, RN; Sarah E. Bochsler-Brauser, BSN, RN; Sarah M. McMillen, BSN, RN; Christina Finch, BSN, RN; Kristen M. Ehredt, BSN, RN; Heather Cofer, BSN, RN; Valorie L. Hergenreter, BSN, RN; Lindsey M. Spencer, BSN, RN; Tanah E. Clunies-Ross, BSN, RN; Dana B. Pearson, BSN, RN; Eric C. Pearson, ADN, RN; and Kelly M. Anderson, BSN, RN.

Over the past few years, new guidelines from the Intravenous Nurses Society, as well as the Centers for Disease Control, recommend that peripheral intravenous catheters be replaced routinely not at a specified timeframe but rather, based on a clinical indication of the need to restart the intravenous site. The policy of changing IVs for patients who have PIVs placed in the field by community medics requires removal and replacement of all PIVs within 24 hours. We know that replacement of PIVs without clinical indication is painful to our patients, time consuming to staff and costly for both the patient and the hospital.

ED Facts and Estimated Cost Analysis

- PIVs placed by medics in patients admitted to hospital: Average 417 patients per month *over six-month time period November 2015- March 2016
- 417 patients per month X $242 cost = $100,914 per month
- Patient pain and anxiety decreased satisfaction with unnecessary PIV placement attempts
- Man hours 104.25 hrs @ ~ $42 base (with benefits ~$65 hr) = $ 4,378.50 /$6776.25 per month
- Supply cost unit $5.77 x 417 IVs = $2406.09 per month
- Six-month ED cost =$40,707.54/$55,094.04

In 2016, ED nurses asked the question, are there differences in complication rates of patients whose field (medic) PIVs are routinely replaced within 24 hours versus those whose PIVs are only changed for a clinical indication? A literature search found limited evidence regarding medic-placed site complications. A discussion in the Journal of Trauma Nursing, March 2012, describes a descriptive retrospective study of 365 patients, which showed a less than 1 percent complication rate. ED nurses wanted to develop a research study to determine if there is increased incidence in the complication rates of medic placed PIVs compared to hospital-placed PIVs that remain in place longer than 24 hours. Measurements would include rates of complication i.e., occlusion, infiltration, phlebitis, or signs of infection.

To answer the research question, the ED team utilized an unblinded, randomized controlled trial. The team took their research proposal through the internal review board process gaining approval to conduct the research study on July 19, 2016. ED study nurses began consenting ED patients who met the eligibility criteria (i.e., 18 year of age or older, presented with medic PIV) and then randomly assigned consenting patients to the control group (routine replacement

within 24 hours) or experimental group (replacement per clinical indication). Study nurses then observed patient PIVs daily until removal, for signs of PIV complications (i.e., infection, leakage, occlusion, infiltration, phlebitis). Phlebitis and infiltration scales used to assess the degree of these complications on a five-point Likert scale. The presence of other complications were noted as present or absent.

The study had 202 patients and compared PIV complications between the two groups using chi-square analysis and t-tests. The table shown below identifies that there were no significant differences in PIV complication rates between the control and experimental groups.

IV Complications between Groups

	Control Group (IV Restart) (n=102)	Treatment Group (Medic IV) (n=100)	p value
	Mean (SD)	Mean (SD)	
Infiltration Score[+]	.21 (.64)	.14 (.43)	.39
Hours to Infiltration Score >1[+]	70.75 (39.93)	51.73 (23.20)	.16
Phlebitis Score[+]	.07 (.35)	.03 (.30)	.69
Hours to Phlebitis Score >1[+]	49.00 (15.49)	78.00 (78.94)	.59
Composite Complication Score[+]	.32 (.53)	.37 (.54)	.54
	n (%)	n (%)	
Infiltration Occurrences[+]	12 (11.7)	11 (11)	.16
Phlebitis Occurrences[+]	5 (4.9)	3 (3)	.59
IV Removal due to Discharge[‡]	65 (63.7)	60 (60)	.75
IV Removal due to Complications			
- Signs of infection[‡]	0 (0)	0 (0)	.89
- Infiltration score[+]	2 (2.0)	11 (11.0)	.39
- Occlusion[‡]	0 (1.0)	2 (1.0)	.62
- Leakage[‡]	9 (8.8)	9 (9.0)	.89
- Phlebitis (score[+]	5 (4.9)	3 (3.0)	.69
- Other[‡]	0 (0)	2 (2.0)	.33
IV Device Failure Rate (IVs removed for any complication)	25 (24.5) 9% device failure / 1000 device days	24 (24.0) 9% device failure / 1000 device days	N/A

*p<.05

Statistical tests: ‡Chi-square; +t-test

While we found that patients in the medic IV group were more likely to have larger IVs (18-20 gauge) placed in the forearm or antecubital space, no other baseline differences were found between groups. Composite IV complication scores were similar between groups (p>.05). Infiltration and phlebitis occurrences, number of hours to a score >1, and total scores (possible range 0-4) also showed no significant differences between groups (p>.05). Device failure rates were similar between groups at 9 percent. Analysis of our findings showed that medic IVs are not associated with greater IV complications compared to IVs inserted by nurses during hospital admission.

With the results of these findings, Beckie Sparks, MSN, RN, initiated a conversation with Betsy Alford, MSN, RN, Nurse Manager of the Vascular Access Team to discuss updating the IV policy and no longer requiring medic IVs be routinely restarted after admission. We know our patients will appreciate this policy change.

Connecting to Our Community

In 2010, the Nurses Give Back program launched under the approval of Salem Health's Practice Council, Chief Nursing Officer and Nurses Week Committee. The Nurses Give Back project was born from attendance at the 2009 American Nurses Credentialing Committee National Magnet Conference in Kentucky. Nurses unanimously voted to forgo their traditional Nurses Week gift and instead donated those monies along with volunteerism to charitable organizations. This spirit of volunteerism is in keeping with the mission, vision and values of Salem Health to support our community. As a result, Salem Health nurses supported over 30 projects and organizations during the first year with the support of their SPTs.

The project evolved over the years and was renamed "Nurses SHINE On" with emphasis placed on volunteerism to charitable organizations in the Salem area. Each year during Nurses Week, the SPTs have the opportunity to volunteer their special talents along with designated monies to provide personal support to the charitable organizations in the Salem community.

SPT: Trifecta — Medical Surgical, Float Pool, Vascular Access

CHARITY SELECTED: Dallas Free Clinic

REASON SELECTED: The Trifecta SPT stands behind the mission and purpose of the Dallas Free Clinic. One team member had experience at Salem Free Clinics and knew that Dallas Free Clinic would also be an amazing asset to the community.

SPT: Trifecta — and Labor and Delivery

CHARITY SELECTED: Hayden Helping Hands

REASON SELECTED: These SPTs stand behind the mission and purpose of Hayden's Helping Hands: "Dedicated to financially assist parents with the medical expenses after the birth of a stillborn baby. It will forever be our goal to stand by families who were not able to welcome home a child due to a stillbirth." Supporting those families in grief is important in the healing process.

SPT: General Surgery

CHARITY SELECTED: Habitat for Humanity

REASON SELECTED: General Surgery volunteered with Habitat for Humanity for the last few years of Nurses SHINE On week. The SPT enjoys helping build a home for a community member. Last year, the team helped build the home of a former patient on the general surgery unit.

SPT: Cardiac Rehab

CHARITY SELECTED: Mended Hearts Salem Chapter 389

REASON SELECTED: Mended Hearts is volunteer-driven program offering a peer-to-peer support group for cardiac patients and their families. The cardiac rehabilitation department at Salem Health actively volunteers and supports the initiative to provide Mended Hearts members with educational material relating to cardiovascular health and helps to establish a supportive network in the community. The program strongly aligns with the mission and values of the department and SPT members are thankful to volunteer their services!

SPT: Care Management

CHARITY SELECTED: Union Gospel Mission

REASON SELECTED: As Case Managers, Care Management SPT members utilize the support and services that Union Gospel Mission and Simonka House provide frequently to support Salem Health's patient population. They say, "It is a great pleasure to give back to all the resources they have shared with us!"

SPT: Cath Lab

CHARITY SELECTED: Bridgeway Adolescent Program

REASON SELECTED: The adolescent program provides outpatient counseling to troubled teens with history of addiction problems. Often, these teens lack family support. The counselors at Bridgeway offer that support to increase the chances of the teenagers' success. Bridgeway holds group counseling sessions at the IKE Box in downtown Salem. Eventually, Bridgeway would love to purchase couches or computer equipment (to work on homework) for these kids. The Cath lab SPT contribution goes toward Bridgeway's music room.

SPT: CVCU

CHARITY SELECTED: H_2O

REASON SELECTED: The CVCU conducted a survey of the unit to select charities for donation. H2O provides a nice service to the community. It is a thrift shop where the profits go to a variety of community programs like the Union Gospel Mission and purchasing medical supplies.

SPT: ICU

CHARITY SELECTED: Boys and Girls Club

REASON SELECTED: The ICU conducted a unit survey and chose the Boys & Girls Club as its charity of choice by popular vote. The Boys & Girls Club Health & Dental Services Center provides health, dental and vision services as well as health education programs to youth, grades 1-12, in our community. The dental clinic provides oral health education, prevention services and free treatment for the uninsured children with dental decay.

SPT: IMCU

CHARITY SELECTED: Comfort Care Quilts

REASON SELECTED: This project benefits dying patients by providing comfort. In 2008, IMCU staff began quilting beautiful gifts to give to patients and families. Over 20 staff members participate in this monthly charity. Since 2013, they created over 150 quilts and look forward to continuing to provide these keepsakes. The quilts not only benefit dying patients, but their families as well. These tributes to people's lives are something that family members can take home and remember forever.**SPT:** Interventional Recovery Unit

SPT: Interventional Recovery Unit

CHARITY SELECTED: H.O.M.E.

REASON SELECTED: The Interventional Recovery unit wanted to support a charity that makes a difference for youth in the community. The unit selected H.O.M.E. by a vote. H.O.M.E. provides services and shelters to disenfranchised youth, giving them a safe place with caring adults and opportunities to connect to their community in a positive way.

SPT: Inpatient Rehabilitation

CHARITY SELECTED: Bush School

REASON SELECTED: Inpatient Rehabilitation focuses on caring for patients with actual or potential health

problems related to the alteration of functional ability and lifestyle, while teaching the patients and their families that actions make a difference. The unit's SPT members felt that the mission of the Bush School charity, which will provide wheelchair gliders to students with cerebral palsy or other serious medical conditions the ability to rock themselves independently, was closest to their rehabilitation mission of fostering independence and therapeutic outcomes.

SPT: Infusion & Wound Care

CHARITY SELECTED: Family Building Blocks

REASON SELECTED: The SPT posted the list of charities for two weeks at the Nurses' Station. Infusion and wound care used staff vote and survey of groups in need to make their choice of charity, Family Building Blocks. The unit is grateful to have the opportunity to help struggling families and children in the community through Family Building Blocks.

SPT: Medical Telemetry

CHARITY SELECTED: St. Francis Shelter

REASON SELECTED: For more than 30 years, St. Francis Shelter has provided temporary housing for homeless families with children and helped transition them to permanent housing. The Medical-Telemetry Unit donated to St. Francis Shelter for the last three years and looks forward to providing continued support for its important work.

SPT: NICU

CHARITY SELECTED: Ike Box — Isaac's Room

REASON SELECTED: The NICU supported this charity last year as well. The SPT appreciates the great work Isaac's Room does for local kids to help them rise to the challenges of life.

SPT: Neurotrauma Care Unit

CHARITY SELECTED: Willamette Humane Society

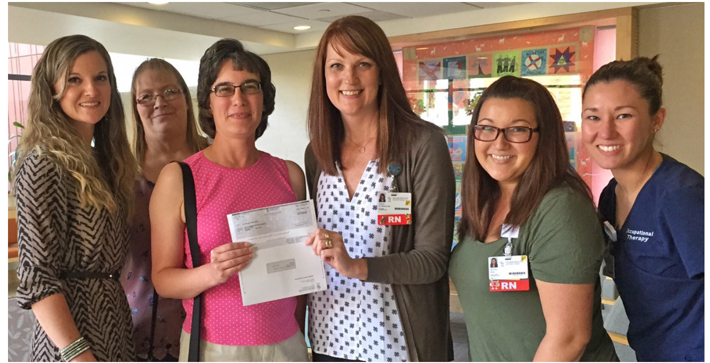
REASON SELECTED: Research shows animals provide health benefits to humans such as stress relief, companionship, improved moods, lower anxiety and even correlation with lower blood pressure and keeping owners active. The patient population on the Neuro-Trauma Care Unit often deal with life-altering disabilities and deficits. The unit hears many patient stories regarding their pets at home, how much they miss and need their company. Members of the NTCU have seen through the volunteer pet therapy program

the therapeutic benefits animals provide. By assisting the Willamette Humane Society, they can help keep the conditions in which these animals live clean, safe and happy until they find their perfect home.

SPT: Medical Surgical Oncology

CHARITY SELECTED: American Cancer Society (Relay for Life)

REASON SELECTED: Annually, Medical Surgical Oncology fundraises and volunteers at the Relay for Life event sponsored by the American Cancer Society.



The event is important to the unit because staff care for oncology patients from the community. The Relay for Life is one way staff feel like they can give back and support people locally.

SPT: Orthopedics

CHARITY SELECTED: Summer in the Streets

REASON SELECTED: "Summer in the Streets" supports school-aged children in the Turner School District by supplying backpacks filled with school supplies and hygiene products to those in need. The orthopedics team was looking for a charity that includes a service component this year and felt that Summer in the Streets would give many of the unit staff the opportunity to donate their time to this worthy cause. The team presented a $500 donation to the charity to help purchase backpacks and supplies and participated in a Salem Health booth on Aug. 19, 2017, supplying children with hygiene products and fun giveaways.

SPT: PACU

CHARITY SELECTED: Marion-Polk Food Share

REASON SELECTED: The PACU is so thankful for the services provided by Marion Polk Food Share; they serve the community and are wonderful partners for

the health of those Salem Health serves. Marion-Polk Food Share serves Meals on Wheels to seniors. Every month more than 40,000 people including 14,000 children eat at least one meal from this center and 98.7 percent of all donations go directly to programs. They strive to provide fresh fruits and vegetables in every meal. Youth leaders in the community support a six-acre farm in the community and they provide emergency food, community gardening, and numerous educational programs.

SPT: Peds and WCS Float Pool

CHARITY SELECTED: Liberty House

REASON SELECTED: Liberty House is a charity close to the hearts of pediatrics and women's and children's services. Salem Health Pediatrics donated Nurses SHINE On dollars for many years and it continues to be a top priority to those on the unit wishing to help fund such an important children's service in the community. Liberty House is building the Children's Garden and are still accepting donations for the work and supplies that go into making it possible.

SPT: Psychiatric Medicine

CHARITY SELECTED: Homeless Outreach & Advocacy Program (H.O.A.P)

REASON SELECTED: According to the Substance Abuse & Mental Health Services Administration, 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness. The wide range of services for mentally ill adults experiencing chronic homelessness exemplifies H.O.A.P's dedication to serving the community. With thoughtful contributions, they continue to provide supplies to meet basic needs, medical, dental and mental health care. In addition,

they can continually expand on these services and positively influence more people each year. The severely mentally ill and chronically homeless community is a significant percentage of the population served by the Psychiatric Medicine Center. Members of this SPT choose each year to support H.O.A.P. because "their mission is our mission."

SPT: Prep and Recovery

CHARITY SELECTED: Love Reins

REASON SELECTED: This charity provides equine therapy to children and families in need. The best part is that they do it at no chwarge to the family. Love Reins relies strictly on community support and volunteers.

SPT: Pre-Surgery Screening

CHARITY SELECTED: Salem Free Clinics

REASON SELECTED: The Pre-Surgery Screening SPT picked Salem Free Clinics because it provides needed medical care in the community. The clinic provides

free or discounted health services to those who qualify. Salem Free Medical Clinic continually works to add more preventative and specialty care services as well as mental health services, operated by over 400 volunteers.

SPT: Salem Health Medical Group

CHARITY SELECTED: Medical Teams International Mobile Dental Program (Dental Van)

REASON SELECTED: Poor dentition can lead to many additional health problems and complications. By improving dental health, Salem Health Medical Group and the dental van can help improve someone's general health and quality of life.

SPT: CNA SPT

CHARITY SELECTED: Simonka Place for Women and Children (part of UGM)

REASON SELECTED: Simonka Place gives women and children hope, along with the means to survive. Not only do they offer hot showers, they provide clean clothing, food and permanent shelter. They provide learning centers for those who wish to improve their education and/or earn their GED. Employment

assistance and counseling is also provided free of charge. With their wide range of services, Simonka Place deserves all the help they can get.

Sharing Best Practices

Salem Health celebrated Professional Practice Day on May 9, 2017, during Nurses Week. Nurses presented 25 posters displaying best practices from nurses, interprofessionals and leaders from across the organization.

POSTER PRESENTATION: Managing an Open Tracheostomy Site with Negative Pressure Wound Therapy

POSTER AUTHOR(S) & TEAM MEMBERS: Malinda Close, BSN, RN, CWOCN; Cassie Cooper, BSN, RN, CWON; Ann Alway, RN, MS, CNS, CNRN.

POSTER PRESENTATION: Implementing a Sepsis Pathway and Sepsis Risk Assessment Tool

POSTER AUTHOR(S) & TEAM MEMBERS: Gwen “Sierra” Schneider, DVM, RN, BSN, CCRN; Ann Alway, MS, RN, CNS, CNRN.

POSTER PRESENTATION: An Innovative Collaboration for an Oncology-based Reiki Program

POSTER AUTHOR(S) & TEAM MEMBERS: Beth Ann Nyssen, BSN, RN, CMSRN; Willie Weber, BSN, RN; Paul Howard, PhD, MLIS; Margo Halm, PhD, RN, NEA-BC; and Jennifer Brodigan, Reiki Master.

POSTER PRESENTATION: Effect of Vapocoolant Spray on pain during Peripheral IV Insertion

POSTER AUTHOR(S) & TEAM MEMBERS: Susanna Mannix, BSN, RN-BC; Joe Duffy, RN; Kelly Blanco, BSN, RN; and Margo Halm, PhD, RN, NEA-BC.

POSTER PRESENTATION: Validation of a Modified Fresno Test to Evaluate EBP Knowledge in Acute Care Nurses

POSTER AUTHOR(S) & TEAM MEMBERS: Margo Halm, PhD, RN, ACNS-BC, NEA-BC.

POSTER PRESENTATION: National Institute of Health Stroke Screen (NIHSS) Standard Work

POSTER AUTHOR(S) & TEAM MEMBERS: Patti Newton BSN, RN, CNRN, SCRN, CCRN; Becky Ramos, MSN, RN, ACNS-BC, SCRN; Ramsis Benjamin, MD, MPH.

POSTER PRESENTATION: Development of the Salem Seizure Safety Scale (4S)

POSTER AUTHOR(S) & TEAM MEMBERS: Alex Morrison, BSN, RN; Ramsis Benjamin, MD, MPH; Kalyn Engilish, DO; Amy Ursprung, BSN, RN; Sarah Anderson, BSN, RN; Kim Mullins, BSN, RN; Jennifer Saechao, BSN, RN; Miranda Hennan, BSN,RN; Chris Lentz, BSN, RN; Kara Gydesden, BSN, RN; Shea Riecke, BSN, RN; Rayanna Mitchell, MNE, RN; Sara Baldwin, BSN, RN; Tamara Gregor, BSN, RN; Lindsay Newcomer, BSN, RN; Leelyn Zucker, RN; Anna Lemesko, BSN, RN; Sarah Brown, BSN, RN; Becky Ramos MSN, RN, ACNS-BC; Daniel Chen, MD.

POSTER PRESENTATION: Nurse Swallow Screen in Stroke Patients — Applying the Evidence

POSTER AUTHOR(S) & TEAM MEMBERS: Becky Ramos, MSN, RN, ACNS-BC, SCRN; Patti Newton BSN, RN, CNRN, SCRN, CCRN; Geraldine Comerford MS, CCC-SLP; Beckie Sparks, MSN, RN, CEN; Melissa Berry MPT; Amy Stokes MSN, RN.

POSTER PRESENTATION: CardioMEMS and Heart Failure

POSTER AUTHOR(S) & TEAM MEMBERS: Donna Thomas BSN, RN, PCCN-K, CHFN.

POSTER PRESENTATION: Family Participation in Multidisciplinary Rounds

POSTER AUTHOR(S) & TEAM MEMBERS: Skye Young, BSN, RN, CCRN; Marlaine Magee, BSN, RN, CCRN; Ann Alway, MS, RN, CNS, CNRN.

POSTER PRESENTATION: Implementing Best Practice Recommendations by Rotating Peripheral Venous Catheters upon Clinical Indication

POSTER AUTHOR(S) & TEAM MEMBERS: Ellie Barnhart MSN, RN, PCCN; Amy Ursprung, BSN, RN, NE-BC; Alex Morrison, BSN, RN; Leelyn Zucker, BSN, RN; JoDee Hunter, BSN, RN; Sarah Brown, BSN, RN; Ann Alway, MS, RN, CNS, CNRN; Elizabeth Cheever, BHS, CNA2.

POSTER PRESENTATION: Do NOT Resuscitate (DNR): How Problem Solving and Technology Led to Supporting Compliance and Ethics

POSTER AUTHOR(S) & TEAM MEMBERS: Ann Alway, MS, RN, CNS, CNRN; Nancy Dunn, MS, RN; Harriett Martin, AA, RN; Jessica Reese, BSN, RN, CMSRN; Rebecca Cowin, ADN, RN; James Crawford, BI Data Analyst II; Noel Caddy, IS Analyst II.

POSTER PRESENTATION: Creating One Source of Truth for Clinical Procedures

POSTER AUTHOR(S) & TEAM MEMBERS: Dianne Morgan, BSN, RN, CPAN; Ann Alway, MS, RN, CNS, CNRN; Michelle Jones, BSN, RN, CPN; Jessica Reese, BSN, RN, CMSRN; Katie Kammann, BSN, RN, CBN; Wendi Lahodny, BSN, RN, ONC; Nancy Dunn, MS, RN; Sarah Wolfe, MSN, RN-BC; Pam Hanenberg, AA, RNC-OB; Kristy McIntosh, MS, BSN, RN; Harriett Martin, AA, RN; Jordan Reed, BSN, RN; Lillian Andres; Whitney D'Aboy, MBA.

POSTER PRESENTATION: Growing a Regional Trauma Program

POSTER AUTHOR(S) & TEAM MEMBERS: Kathy Tompkins BS, RN-BC, CCRN, CPAN.

POSTER PRESENTATION: Evidence-Based Practice (EBP) Council 2016-2017 Outcomes

POSTER AUTHOR(S) & TEAM MEMBERS: Margo Halm, PhD, RN, ACNS-BC, NEA-BC; Elena Pettycrew BSN, RN; Brianna Revard BS.

POSTER PRESENTATION: Code Airway at Salem Health

POSTER AUTHOR(S) & TEAM MEMBERS: Ryan Mackey, RN, Laura Duddy, RN, Jenenne Aguilar, MSN, RN, NE-BC; Penny Edwards MSN, RN, CPHQ; Bill Cohagen RRT, MSHCA, FAARC, PDE; Laura DiDomenico; Ann Alway MS, RN, CNS, CNRN; Andrew Furman MD, Ralph Yates MD; Nicole VanDerHeyden, MD; Angie Anderson, MD; James Opton, MD; John Donovan, MD; Martin Johnson, MD; Preethi Prakash, MD; Paul Gramenz, MD; and Code Blue Committee.

POSTER PRESENTATION: Code Blue Outcomes for 2016

POSTER AUTHOR(S) & TEAM MEMBERS: Ann Alway, MS, RN, CNS, CNRN; Penny Edwards MSN, RN, CPHQ; Zennia Ceniza, MA, RN, CCRN, ACNP-BC, NE-BC.

POSTER PRESENTATION: Consistent Code Blue Drills – WCS Save Visitor

POSTER AUTHOR(S) & TEAM MEMBERS: Amy Brase, MSN, RN, CNE; Michelle Hirschkorn MSN, RNC, CNS; Shelly Weise, BSN, RN; Lisa Ketchum, MSN, RN; Sara Towell BSN, RNC; Cassandra Mattson-Boyechko BSN, RN; and Michelle Jones BSN, RN, CPN.

POSTER PRESENTATION: Transitional Complex Case Management

POSTER AUTHOR(S) & TEAM MEMBERS: Allison Sandall, BSN, RN; James Burnett, BSN, RN; Elisa Bledsoe; Adam Sanchez, MSN, RN; Tina Morris, MSN, RN; Christina Basso-Lentz; Jaime Nichols, MBA; Nancy Dunn MS, RN.

POSTER PRESENTATION: Shared Leadership Action Request Form

POSTER AUTHOR(S) & TEAM MEMBERS: Nancy Dunn MS, RN.

POSTER PRESENTATION: Can Electrical Impedance Tomography (EIT) Guide a Mechanical Ventilation Strategy?

POSTER AUTHOR(S) & TEAM MEMBERS: Barischoff, Erich J.; Khusid, Felix; Mendez, Ruben; Lamphere, Tom; Rowe, Randall W; Satalin, Joshua; Restrepo, Ruben D.

POSTER PRESENTATION: Shared Leadership Engagement Metrics

POSTER AUTHOR(S) & TEAM MEMBERS: Nancy Dunn MS, RN

Celebrations

Awards

Daisy Award Recipients

- Elizabeth Lowery, BSN, RN – Float Pool
- Julie Cox, RN – NICU
- Valorie Hergenreter, BSN, RN – Emergency Department
- Andra Stauffer, BSN, RNC, IBLCLC – Lactation Department
- Julie Miller, BSN, RN – NTCU
- Jason Alford, BSN, RN, OCN – Medical Surgical Oncology

Trillium Award Recipients

- Soirha Vargas, CNA – CVCU
- Jo Gore, CNA - PMC
- Kristen Hall, CNA – IMCU
- Marissa King, CNA – MBU

SHINE ing Star Award Recipients

- Cori Pozos, BS, Exercise Specialist, Rehabilitation Services
- Tracy Shepard, BSN-RN, NE-BC – Infection Prevention
- Leah Lindsay, BSN, RN – Med Tele
- Katie Kammann BSN, RN – General Surgery

Magnet Writing Award Recipients

- Michelle Hirschkorn MSN, CNS, RNC-OB
- Ellie Barnhart MSN, RN, PCCN
- Tabor Scrabeck, BSN, RN

Shared Leadership Service Award — Practice Council

- Jeanne St. Pierre, MN, RN, GCNS-BC – "For exceptional contributions and dedication to Shared Leadership, Practice Council and continuous improvement: Delirium, Functional Pain Scale, Fall Signage, Mobility Protocol"

Golden I.D.E.A. Award — Evidence Based Practice Council

- Susanna Mannix, BSN, RN-BC *"Effect of a Vapocoolant Spray on Pain Associated with Peripheral IV Insertion"*

Service Excellence Award Recipients

- Richard Allen, MA - Volunteer Services, Kaizen Promotion Office
- Jaimie Caiazzo, PA-C - Medical Staff
- Benito Lopez Cazares - Environmental Services
- Pamela Cortez, RN, BSN - Peer Review & Clinical Data
- Bill Crites, RCP - Cardiopulmonary
- Shelli Dalton, RN, OR-SANE, CEN - Emergency Department
- Grozdana Fundak, PharmD - Pharmacy
- Jennifer Henkel, BSN, RNC - Labor & Delivery

- Paul W. Howard, MLIS, PhD - Health Education Services
- Kerstin Ilg, PT - Neuromuscular Therapies
- Chris M. Lentz, RN, BSN, CNRN - Neuro Trauma Care Unit
- Alexandra Morrison, RN, BSN - Neuro Trauma Care Unit
- Juan Oyarzun, MD - Medical Staff
- Susan Russo, RN, BSN - Intermediate Care Unit
- Hannah Wade-Sandlin, RN, CEN - Emergency Department
- Mary Schmidgall, CMA - Palliative Care
- Mark Schrunk, RRT - Respiratory Therapy
- Misti Shilhanek White, MSN, RN - Service Excellence
- Jason Silbernagel - Distribution
- Liz Smith - Infusion & Wound Care
- Phuoc Thai - Supply Chain Services
- Demond C. Washington, RCP - Respiratory Therapy
- Ty Weber, RN, BSN, PCCN - Intermediate Care Unit
- Melissa Wilkinson - SHMG Surgery Clinic
- Jenepher Woods, BSW, MSW, LCSW - Care Management
- Maricela Workman - Intermediate Care Unit
- Deborah M. Wright, MA - Psychiatric Patient Services
- Ralph Yates, DO - Chief Medical Officer
- Debi Zeitner - Connections

2017 Board of Trustees Hero Award

- Shawn Raines - Access Services

Additional Awards

2016 Top Workplace, The Oregonian

AACN:

- Beacon Award for Critical Care Excellence. Every Year since 2011
- Beacon Award Silver level for CVCU
- Beacon Award Silver level for IMCU
- Beacon Award Silver level for ICU

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.

American College of Radiology's Commission on Breast Imaging: Breast Imaging Center of Excellence

American Diabetes Association: Wellness Lives HereSM Health Champion

American Society for Metabolic and Bariatric Surgery: Bariatric Surgery Center of Excellence

American Heart Association/American Stroke Association, Get With The Guidelines®: Stroke Gold Plus Quality Achievement Award

Becker's Hospital Review: list of 100 Great Community Hospitals nationwide in 2016

The Joint Commission: The Salem Health Spine Center of Excellence and the Salem Health Joint Replacement Center of Excellence

American Nurses Credentialing Center, Magnet®: Salem Hospital reached Magnet® designation in 2010 and was re-designated in 2014.

iVantage Health Analytics: HEALTHSTRONG Top 100 Hospitals

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 Department of Human Services: Accredited as Level II Trauma Center

Oregon Patient Safety Commission: Exceeding patient safety reporting targets, Oregon Patient Safety Commission Patient Safety Reporting Program, 2016

Pacific Northwest Transplant Bank: LifeSaver Award - ICU

Portland Business Journal: Top Oregon Hospitals (#4) 2014-2015

Statesman Journal Online Readers' Poll, Best of Mid-Willamette Valley: Best Place to Have a Baby, Every Year since 2013

Truven Health Analytics: 2015/2016 - Top 50 cardiovascular hospital two years in a row.

US News & World Report:

- Best Hospitals, #4 in Oregon
- High performing in Gastroenterology, surgery, and Pulmonology
- One of the "Most Connected" for our adoption of electronic records

U.S. Department of Health & Human Services:

- 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

Individual Statewide or National Nursing Awards

- Gloria Summers, BS Kinesiology (Cardiac Rehab/ Cardiac Service Line) – Women in Leadership Scholarship Recipient, Western Governor's University
- Susanna Mannix, BSN. RN-BC (IRU) – Podium Presentation Winner, ONRQC
- Lacey Weishaar, BSN, RNC-OB (L&D) – March of Dimes Nurse of the Year Team Award, Finalist
- Chris Lentz, BSN, CNRN (NTCU) – SH Service Excellence Award, SH Nurse of the Year Award nominee

Educational Advancement

- Wesley Grant, RN, ONC (Medical Surgical) – BSN, Western Governor's University
- Sheree Marquardt Frazier, RN (Advanced Wound Center) – BSN, Western Governor's University
- Susan Willesen, RN, CCRN, CHFN (CVCU) – BSN, Aspen University
- Kara Toma, RN, CCRN (CVCU) – BSN, Western Governor's University
- Tiffany Schomus, RN (General Surgery) – BSN, Linfield
- Renee Martizia-Rash, BS, RN (Cardiac Rehab/ Cardiac Service Line) – BSN, Western Governor's University
- Catherine Traeger. RN, CMSRN, OCN (Medical

Surgical Oncology) – BSN, Western Governor's University

- Bill Cohagen, RRT, FAARC, PDE (Respiratory Therapy) – MHA, Independence University
- Tamara Peden, RN (ICU) – BSN, Western Governor's University
- Lydia Reid, BA, RN, CNRN, SCRN (Accreditation, Patient Safety) – MSN, Leadership in Healthcare, Grand Canyon University
- Rachel Palmquist, RN, AND (Imaging) – BSN, Western Governor's University
- Alyse La Monte, RN (ICU) – BSN, Western Governor's University
- Shirree French, RN, OCN (Medical Surgical Oncology) – BSN, American Sentinel University
- Sandy Harris, RN, CRNI, OCN (Infusion & Wound Care) – MSN, American Sentinel University
- Tamara Peden, RN (ICU) – BSN, Western Governor's University
- Katie Wanner, RN, CCRN (ICU) – MSN, Sacred Heart University
- Debbie Lohmeyer (Clinical Education) – MSN-Ed, University of Phoenix
- Melissa Shortt, RN (Clinical Education) – MSN, Walden University
- Rebekah Alvey, RN (Inpatient Rehab) – MSN, Grand Canyon University

New Certifications

- Molly Druliner, BSN, RN (Psychiatry) – RN-BC
- Ashley Davidson, BSN, RN, CCRN (Critical Care) – CCRN
- Abby Chambers, RD, LD, CNSC (General Surgery) – CNSC
- Manya Kanavalov, PDE (Respiratory Therapy) – MPH
- KyLee Bowers, BSN, RN (CVCU) – CCRN
- Kelly Honyak, MSN, RN-BC (Clinical Education) – RN-BC for Nursing Professional Development
- Brittany Maerzluft, BSN, RN (Medical Telemetry) – CMSRN
- Jeanetter Boring, BSN, RN (General Surgery) – CMSRN
- Sarah Aulerich, BSN, RN, BS (Medical Telemetry) – CMSRN
- Erin Tucker, BSN, RN (ICU) – CCRN
- Lindsay Klampe, BSn, RN (L&D) – RNC
- Samantha Spittal, BSN, RN (General Medical) – CMSRN
- Amber Rouleau, BSN, RN, CNRN (NTCU) – CNRN (Recertification)
- Takahla Circle, BSN, RN (CVCU) – PCCN
- Chantel Hilbert, BSN, RN (L&D) – RNC-OB
- Miranda Hennen, BSN, RN (NTCU) – PCCN
- Christina Austin, BSN, RN (General Surgery) – CMSRN
- Bill Cohagen, RRT, MHA (Respiratory Therapy) – PDE, FAARC
- Charlette Lumby, BSN, CCRN (ICU) – National Child Passenger Safety Technician
- Emily Haydel, AND (ICU) – CCRN
- Jill Taylor, MSN, RN, CHPN (Medical Surgical Oncolgy) – OCN
- Janelle Case (Laboratory) – MLS (ASCP)
- Amy Stokes, MSN, RN (Clinical Education) – RN-BC in Nursing Professional Development
- Anamaria Sevedean, BSN, RN, CCRN (ICU) – CFRN
- Katie Wanner, MSN, RN (ICU) – CCRN

- Mary Ransome, MT (Imaging) — Project Management and Agile Project Management
- Rebekah Alvey, MSN, RN (Inpatient Rehab) — CRRN

Professional Appointments

- Sarah Weitzman, BSN, RN, CEN (Imaging) — President of Silverton Friends of Music
- Michael Polacek, MSN, RN-BC (Clinical Education) — Board of Directors: Member at Large, American Psychiatric Nurses Association (National and Oregon Chapter), Board of Directors: Member at Large, American Foundation for Suicide Prevention, Committee Member, ANPD National Conference Content Planning Committee
- Bill Cohagen, MHA, RRT, PDE, FAARC (Respiratory Therapy) — President, OSRC; State Captain, National COPD Foundation
- Tamara Whittle, BSN, RN, CCRN (ICU) — President, Beta Psi Chapter of Sigma Theta Tau International, The Honor Society of Nursing
- Emily Middleton, BSN, RN (Pediatrics) — Vice President and Co-Founder, Northwest Outreach

Presentations

Poster Presentations

- Dianne Morgan, BSN, RN, CPAN (PACU) — Patient Family Visits in PACU, ASPAN 36th National Conference "Energizing Generation: Race to Distinction 2017", Indianapolis, IN
- Ellie Barnhart, MSN, RN, PCCN (IMCU) — Implementing best practice recommendations by rotating peripheral venous catheters upon clinical indication, Greater Portland Chapter – Critical Care Fall Symposium, Vancouver, WA

Oral Presentations

- Susanna Mannix, BSN, RN-BC (ICU) — *Effect of Vapocoolant Spray on Pain associated with Peripheral IV Insertion,* ONRQC, Portland, OR
- Shawna Paslay, SCP, PBT (Outpatient/Outreach Phlebotomy) – *Phlebotomy 101,* Marion Polk Medical Assistant Lab Education Conference, Salem Health Campus
- Nancy Dunn, MS, RN — *Exceeding Core Measure Requirements for Venous Thromboembolism (VTE),* QUEST and Partnership for Patients National Meeting, National Harbor, MD; *Creating Value for Patients and Business Results Using LEAN,* Premier Breakthroughs National Meeting, National Harbor, MD
- Bill Cohagen, MHA, RRT (Respiratory Therapy) — *Understanding the Generations,* OSRCNW State Conference, Wilsonville, OR
- Michael Polacek, MSN, RN-BC (Clinical Education) — *Get on Board: Psychiatric Mental Health Nurses on Boards,* American Psychiatric Nurses Association National Conference, Hartford, CT; *Nursing: The Leadership Profession,* Acute Care 3rd Annual Summit for Leadership Excellence, Vancouver, WA; *Applying the process of client engagement to reduce workplace violence in health/social care settings,* 5th International Conference on Violence in the Health Sector, Dublin, Ireland; *Suicide Awareness and Prevention,* Salem-Keizer School District Nurses, Salem, OR; The Power of a Nurse's Voice, OCN/OAC, Portland, OR

Publications

- Dunn N., Ramos, B. Preventing Venous Thromboembolism: The Role of Nursing with Intermittent Pneumatic Compression. American Journal of Critical Care 2017; Vol 26, No.2 164-167.
- Honyak, K. (2017). Planning educational activities. In Dickerson, P. (Ed.). Core curriculum for nursing professional development (5th ed.). Chicago, IL: Association for Nursing Professional Development.
- Sharp, D. & Polacek, M.J. (2016). Applying the process of client engagement to reduce workplace violence in health/social care settings. Proceedings of the 8th European Congress on Violence in the Health Sector. Amsterdam, Netherlands: KAVANAH
- "Introduction to Gerontological Nursing" by Jeanne St. Pierre and Deborah Marks Conley In: Gerontological Nursing: Competencies for Care; 4th Edition Kristen L. Mauk, editor Jones & Bartlett Learning, LLC 2018 pp 3-21

Community Involvement

- Ellie Barnhart, MSN, RN, PCCN - Salem Alliance Church - Volunteer High School Youth Leader; Volunteer Bread Baker
- Bill Cohagen, MHA, RRT, PDE, FAARC – Better Breathers
- Margo Halm, PhD, RN, ACNS-BC, NEA-BC – Lung Cancer Alliance, Lung Love Run/Walk
- Miranda Hennan, BSN, RN, PCCN - Lee Elementary Parent Teacher Club, South Salem Little League
- Mary Ransome, MMOL, LMT – Ronald McDonald House Charities of Oregon and SW Washington, No One Dies Alone (NODA)
- Jeanne St. Pierre, CNS – Salem for Refugees, Marion Polk Food Share, No One Dies Alone (NODA)
- Tamara Whittle, BSN, RN, CCRN – HEART to Heart Resource Fair, Albany, OR
- Ann Alway, MS, RN, CNS, CNRN – Salem Free Clinic
- Emily Middleton, BSN, RN – Northwest Outreach, Winema Teen Parent Program
- Debra Jasmer, BSN, RN, VA-BC – Marion Polk Food Share
- Michelle Jones, BSN, CPN – Polk County Fair, Winema Teen Program, James 2 kitchen and 2 community schools
- Nereyda Leder, BSN, RN – CHEC: BP, cholesterol, BMI, diabetes screening at Salem Health, BP Screenings at local elementary school, Latter-day Saint Church, Sunday School teacher for children ages 3-4 years
- Karisa Thede, BSN, RN, CEN, CPEN – Celebrate Recovery
- Jeannette Keating, BSN, RN – Salem for Refugees
- Michael Polacek, MSn, RN-BC – Marion and Polk County Child Suicide Prevention Work Group
- Nancy Leach, ADN, CV/RN – Feed Salem
- Tiffany Schomus, BSN, RN – Union Gospel Mission and Simonka Place
- Kara Toma, BSN, CCRN – Marion Polk Food Share
- Elena Pettycrew, BSN, RN – Adams Stephens Middle School (APEX)
- Jordan Reed, BSN, RN – Comfort Quilt Making
- Tamarra Fluty, CCRN – National Food Drive, St Vincent Food Bank at St Luke's Catholic Church
- Erin Tucker, BSN, RN, CCRN – CHEC Volunteer, Salem Health
- Tammie Gregor, BSN, RN – Father Daughter Ball, Carlton OR

- Sarah Aulerich, BSN, RN, BS, CMSRN – 2017 Polk Community Connect, CHEC Health Insurance Enrollment
- Chris Lentz, BSN, CNRN – Salem Farmers Market
- KyLee Bowers, BSN, RN, CCRN – Marion-Polk County Food Share
- Rayanna Mitchell, BSN, MNE – Habitat for Humanity
- Mary Simon, BSN, RN, CNRN, CFN – Linn County Search and Rescue, Linn County Medical Reserves Corp
- Sarah Weitzman, BSN, RN, CEN – Silveryon Opportuntiy, Silverton Friends of Music, Trintiy Lutheran Church
- Carol Hannibal, BSN, RN, PCCN - Marion County Medical Relief Corps/SERV-OR, Marion-Polk Food Share and Union Gospel Mission.