

## THE PROVIDENCE ALASKA COMMITMENT



Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. This pioneering spirit set the standard for modern health care in Alaska and formed the foundation for Providence's growth as the state's leading health care provider.

In the 1930s, Anchorage was growing with the construction of the Seward to Fairbanks railroad. The Alaskan Engineering Commission made Anchorage its headquarters and funded several new facilities, including the railroad hospital. But as the community continued to expand, the need for a larger hospital was inevitable. In 1935, the Anchorage Daily Times reported, "A much larger hospital with more conveniences is sorely needed." Approximately a year later, the Sisters of Providence formally announce their decision to open a two-story, 52-bed hospital in Anchorage.

The people of Anchorage soon outgrew the "new" hospital and a second site was secured in the Goose Lake area of Anchorage. In October of 1962 Providence Hospital once again opened their doors to the community in a new and expanded facility on the far edges of town. Today this facility has expanded multiple times over and is at the heart of the U-med district of Anchorage.

### *Statistics of Interest*

Employees: **2,973**

Medical Staff: **1,144**

Licensed beds: **401**

#### **Annual (2019 Data)**

Births: **2,548**

Inpatient Admissions: **15,587**

Outpatient Visits: **403,167**

Trauma Cases: **1,354**

Emergency Room Visits: **69,616**

Inpatient Surgeries: **4,479**

Outpatient Surgeries: **3,453**



## Celebration:

### Pie in the Face



### Dunk Tank



### Halloween & Pumpkin Carving



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## LETTER FROM THE CHIEF NURSING OFFICER

Dear Colleagues,

The last year has been one of amazing developments in our commitment to quality clinical care across our ministry. As a nursing team, we improved outcomes through a variety of innovations that have enhanced our partnership with other members of our PAMC care team, but also increased the visibility of nursing and nurses as leaders of change in advocates for quality improvement.

The information in our Annual Report provides not just the data, but caregiver stories that demonstrate our Professional Practice Model in action. Excellent clinical outcomes, high quality care and leadership in healthcare initiatives are a direct result of the engagement and involvement by our caregivers at ministry, region, state, and national levels, as well as within our PSJH system.

The introduction of a nurse-led Clinical Operations huddle has provided a forum for leadership by our clinical nurse specialists, as well as an opportunity for proactive engagement on quality indicators. The inclusion of partners from pharmacy, therapies and nutritional services has promoted interdisciplinary relationships that have positively impacted communication and care across our ministry. This has also brought to attention our opportunities to inform and educate other disciplines on the value of nurse-initiated care protocols, as well as an opportunity to reinforce full scope and highest level of practice for our advanced practice nurses. In addition, we continue to be engaged in increasing skills for nurses at all levels of practice as nearly every unit continues to participate in education for local nursing students as well as nurse residents and fellows.

Our efforts to provide greater access to care for our community can be seen across our continuum of care as advances in sepsis, stroke and STEMI care in the ED have been accentuated by efforts in throughput in our inpatient units. Our goal to get patients to the right care at the right times has resulted in improved throughput, and to recurring process reviews and quality improvement initiatives that includes our entire continuum of care to include early inclusion of targeted efforts in appropriate referrals to partners in transitional and rehabilitation services care, rehab services care and home and community services. In addition, efforts in expanding our Opioid Use Disorder pathway have benefited patients and provided new perspective for our teams across multiple clinical areas.

Your leadership in education and sharing of evidence-based practice has advanced care and improved knowledge for our community partners in a variety of ways. In 2019, PAMC teams hosted multiple conferences and workshops showcasing trauma, neonatal, and cardiac care, and our partnership with a state-level consortium resulted in greater access to perioperative and perinatal training that will support not only Providence, but also others across the State of Alaska that will resulting-greater access to care.

Together, we are transforming the healthcare landscape across Alaska. Using high reliability principles, safety science and evidence-based practices, PAMC nursing is leading the way...every day PAMC caregivers are delivering on our promise of Health for a Better World for all those we serve. Thank you for what you do.

*James Reineke*

Chief Nursing Officer, Alaska Region  
Providence Alaska Medical Center

## OUR NURSING PROFESSIONAL PRACTICE MODEL

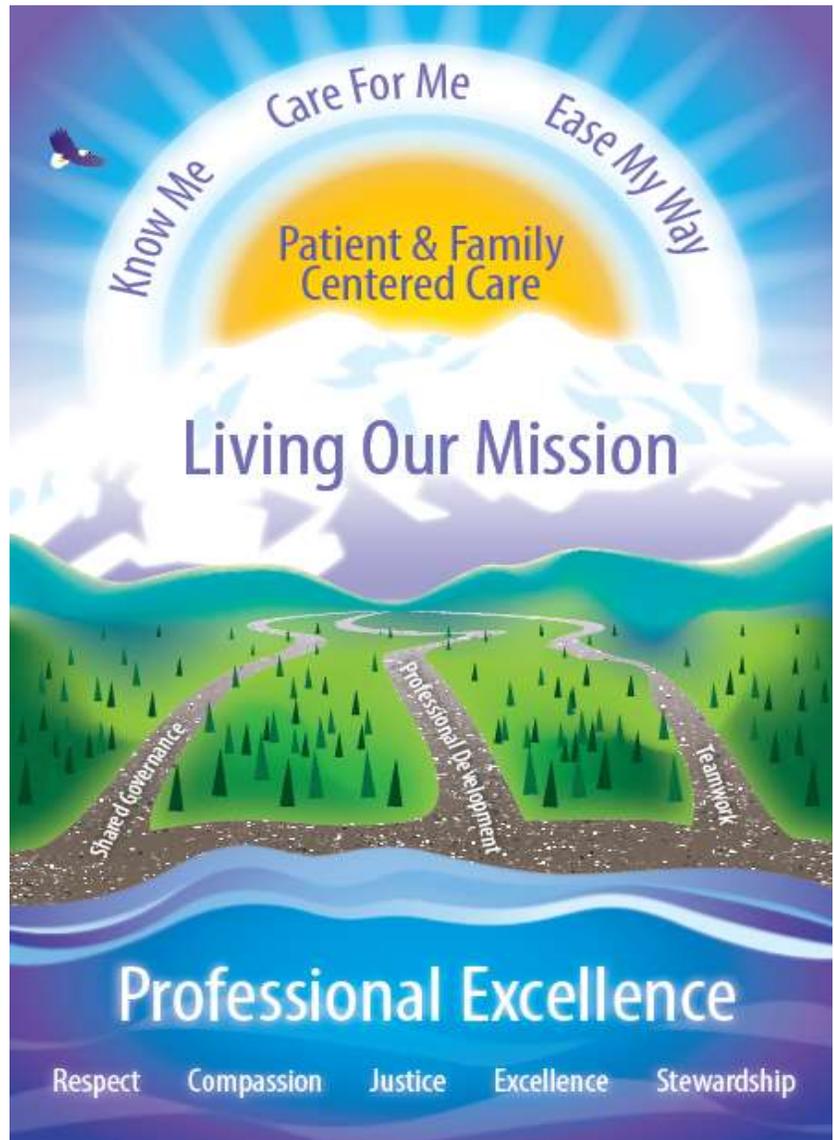
*Marie Schmidt, BSN, RN, Mother Baby*

The Professional Practice Model is a foundation that supports and guides nurses in their everyday practice. I believe that nurses should be exemplary in their conduct by the way they interact with patients and their families, their colleagues and all members of their team. As such, I conduct myself professionally by creating an environment that promotes professional growth and development. By having a calm, approachable demeanor even in a stressful situation or whenever colleagues, patients and their families ask questions, I help create an environment that welcomes learning and encourages interchange of knowledge to improve skills and provide quality, safe care. I believe that collaboration is the key to best patient outcomes.

We live in a world that is ever-changing and so is the Medical profession. By keeping-up with new, updated information, I act as a partner for change in improving the quality of care delivered to the patients. I make myself available in unit improvement projects, reviewing and modifying unit policies and guidelines, and creating standards of work that promotes patient safety, lessen frustration, and help lighten the load of the team.

As a professional, I team up with management to promote change by being involved with the Interview Team. This allows me to share my thoughts and ideas regarding the needs of the unit. Promoting safety and nursing satisfaction is a balancing act that I do with the Schedule Team. Being in this team allows me to know my coworkers well and maintain a supportive, respectful relationship.

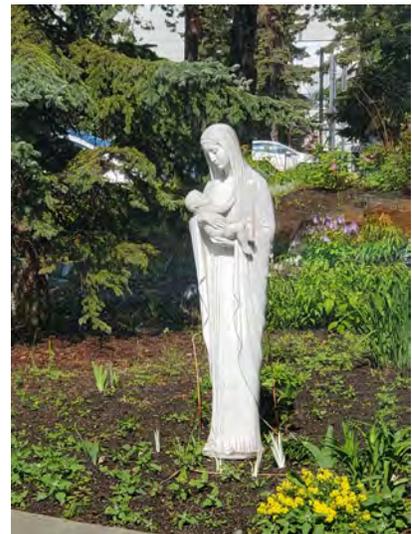
As a professional, I aim to inspire others by showing them how the nursing profession is rewarding and a tool for change. Being a preceptor and a resource (Charge nurse), I help mold clinical competence by being an educator, supporter, and a leader. I encourage all in the team to keep evolving and improving in their practice, be a part of the team, and get involved in different councils. I help them see that there is so much they can do to improve their practice, our workplace, and the lives of those we serve.



## *Jordan Iverson RN, BSN, 5 North*

I have worked as a nurse on the 5N Medical Oncology unit for the past five years. It is evident every day when I show up to work, that Providence Alaska Medical Center stands up to its professional practice model. As the largest hospital in Alaska with just over 400 beds available, it still has a small hospital feel where the hospital truly puts the patients, their families, and the staff first. This can be witnessed in a number of different avenues. One example was the creation of an Opioid Use Clinical (OUD) pathway to help mend the bridges between patients with opioid use disorders and health care providers. We have been able to meet patients where they are in their opioid use disorder, and eliminate a lot of the judgment that has historically been an issue in providing care for this vulnerable population. We have been able to have some difficult conversations with patients, and instead of pointing fingers or blame, we can work with patients to get them on a treatment plan to help ease their way.

Shared governance is also an important part of providence. It is important to feel like you have a voice in the hospital, and that our ideas and opinions are valued. Shared governance on 5N has always been a strong aspect of our floor. Through shared governance, our unit has implemented self-scheduling, new whiteboards in the patient rooms, and has developed medication cards that we give to discharging patients. The medication cards are one of the biggest projects that 5N was able to implement several years ago, and we still are constantly getting positive feedback from our patients on them. They are essentially individual 3" by 5" cards that have the brand and generic name of the drug, what it is used for, and some important possible side effects that patients should be aware of. These projects that have been created through shared governance, not only help us help our patients, but they also foster teamwork and unity in our units and throughout the hospital as ideas created by unit specific councils, are passed around. I am grateful to have worked at Providence over the last five years, and I am excited to continue to watch the growth of both the individuals and system over the next several years.



**Know Me Care For Me Ease My Way**

**EXEMPLARY PROFESSIONAL PRACTICE**

## 2019-2020 PROVIDENCE ALASKA MEDICAL CENTER NURSING COMMITMENTS

### Advocate and Lead towards healthier communities by:

❖ **Delivering world class, compassionate care as a team every time**

- Decrease turnover of Caregivers
- Increase the number of RNs with at least BSN or higher

Key Measures	2019 Actual	2020 Goals
Decrease Turnover of Caregivers	28%	26.16%
Increase BSN or Higher	66%	78%

❖ **Partnering with and advocating for individuals, families and communities to simplify and manage their own health and healthcare**

- Increase the % of customers who stated they received compassionate nursing care

Key Measures	2019 Actual	2020 Goals
Patients who state they receive compassionate care	InPatient: 74.43% ED: 70.16% (Outstanding!)	75.16% 66.77%

❖ **Making sure our communities receive the best health care possible**

- Decrease the number of patients who experience a hospital acquired infection: CAUTI, CLABSI, SSI Colon, and SSI Hysterectomy(SIR is a Standardized Infection Ratio)

Key Measures	2019 Actual	2020 Goals
CAUTI SIR	0.9/1,000 catheter days	-0.03 (25 <sup>th</sup> percentile)
CLABSI SIR	0.8/1,000 catheter days	-0.38 (10 <sup>th</sup> percentile)
SSI Colon SIR	1.875 SIR Rate	Zero
SSI Hysterectomy	0.394 SIR Rate	Zero

❖ **Grow by optimizing expert to expert capabilities**

- Improve patient outcomes in Falls with Injury

Key Measures	2019 Actual	2020 Goals
Falls with Mod-Severe Injury	0.31 / 1000 patient days	0.07 (10 <sup>th</sup> percentile)

## NURSING CARE DELIVERY MODEL

Our nursing care delivery model is depicted by a sun with the patient and family in the center, surrounded by the health care team. The rays of the sun include Evidence-based practice, Care Coordination, Application of the nursing practice, Communication of the plan of Care, Care Coordination, and facilitation of the patient/caregiver relationship and Engagement of community resources all delivered in a faith-based environment.

Our Core Values of respect, compassion, justice, excellence and stewardship provide the foundation for our care delivery. We strive for excellence in care, knowing that evidence-based practice drives our care. As part of a large health system, we benefit from learning “across the system”. Our patients and families are treated with respect and compassion recognizing the unique dignity of each individual we serve. Being mindful of our stewardship enables us to use our resources wisely. Lastly, we care for the most vulnerable, promoting justice for all. We work together with our interdisciplinary colleagues and physicians to provide safe, quality care to our patients and their families.



<i>NURSING STATISTICS:</i>	
RN Turnover	13.4%
RN Vacancy	7.04%
<b>Direct Care Nurses</b>	
• BSN among direct care nurses	64%
• MSN or Higher among direct care nurses	2%
• Certification among direct care nurses	44%
<b>Patient Care Managers/Directors</b>	
• BSN or Higher	100%
• Certification	31%



## A Word from Those We Care For...

We often receive kind letters from patients and families that thank us for the care we give. It is these letters that help to rejuvenate our spirits and remind us why we became nurses!

To whom it may concern:

I would like to recognize all of the wonderful care I received during my admission on 3West. The staff were some of the nicest people I have come across. I am sure they do not get paid enough money for the excellent work they do.

They were all absolutely wonderful, and funny too. The Filipino ladies are all outstanding and such hard workers, especially Lorelie. I would also like to recognize some of the nurses. Desiree was a super nurse; Margaret was so sharp and did not miss a beat; Vida is an outstanding case manager; Josh (Resource Pool) was great; Lea was also outstanding.

The Pease brothers were great with their anesthesia care. The Orthopedic doctors and PA's (Dr. Haughom, Zach Johnson, Greg Zaporzan) were all excellent. Their care was top notch, as was their bedside manner.

I can't say thank you enough for the excellent and compassionate care everyone gave. Every experience I've had at Providence has been positive, from the food to the transport department staff, and especially at the bedside. The 3West orthopedic staff should be commended for their outstanding care.

*I just spent a week on 5th floor north. What a wonderful group of caregivers there! Every single person I met there during my stay was doing so much more than "a job". They all took such good care of me and I simply cannot say enough about how wonderful they all are! Thank you Dr Tran, Laura, Bobbi, Hetty, Jeremy and so many more! And Respiratory Therapy! Wow! Thank you all very very much! I am still feeling well, I am NOT smoking, I am walking! I feel 10 years younger*

I recently (03/25) went from the Providence ER to being admitted to 4 North, Room #437 for five days for something called DHE Protocol. This treatment required that every eight hours I would need to receive one bag of dihydroergotamine (DHE) 1 mg in sodium chloride 0.9% 250 ml IVPB, *times ten doses*.

The nursing staff on 4 North did an amazing job of keeping this port clean and healthy, however into the 2<sup>nd</sup> day it began to cause me *great discomfort*. It was determined that a new IV would need to be placed and the old removed. Once again, the nursing staff did their best to try and start a new IV but after several painful attempts, the 'IV Team' was called.

A nurse by the name of Nancy came to my room, introduced herself, said she was from VAT, raised my bed, and in less than a couple of minutes had a new IV started. I didn't even feel the stick and she was able to place it on my arm where it didn't interfere in anything! This made every single future dose completely painless and the rest of my stay at Providence so much less stressful.

In writing this letter I am hoping that you can extend my appreciation to Nancy for being absolutely amazing. She was professional, efficient, compassionate, and empathetic and I am very grateful to her and your amazing team.

I was in the Progressive Care Unit from 6/6/2019 until current 6/13/2019 and further I have never had a nurse in my life that was as great as Mikayla. She is a nurse who knows how to provide the right care at the right time. Mikayla does this with the utmost Respect, Compassion, Justice, Excellence and Stewardship.

Not only was I very impressed and comfortable with her compassionate care and her outstanding attitude; I felt absolutely at ease and comfortable as she used a team approach with my/the health care as a whole, as in conversing/communicating with the Physicians, X-Ray Techs, myself as a patient and with my family.

She was/is such an EXTRAORDINARY NURSE that she has the outstanding clinical skills along with the compassion and great people skills to make the patients family feel at ease and comfortable and like all of my family said, "WOW" she is absolutely GREAT.

She is an EXTRAORDINARY NURSE!

## THOUGHTS FROM OUR NURSING EXPERTS

### *Andrea Candido MSN, RN, APRN, AGCNS-BC*



During the last year, I was privileged to lead the team in making significant improvement in Peripheral IV awareness. Through individual nurse actions and collective team efforts, we have demonstrated great achievements in patient-care outcomes and satisfaction. Our evidenced based practice outreach continues throughout the hospital, emphasizing the importance of good Peripheral IV care as well as educating nurses and patients. We believe that continuing education is important for nurses to achieve a meaningful impact on patient care and outcomes.

Due to our work in 2019, we experienced a decrease in bloodstream infections associated with Peripheral IV as well as improvement in other measures associated with PIVs as:

- Patients with Peripheral IV that has not been used in the last 24 Hours dropped from 27% (Nov 2018) to 0% Jan 2020.
- Bad location insertion: from 46% (Dec 2018) to 32% (Jan 2020)
- Dressing not clean, dry, or intact: from 59% (Jan 2019) to 39% (Jan 2020).
- Patient with more than 1 unnecessary PIV from 47% (Jan 2019) to 21% (Jan 2020)

Our nurse managers have been effective transformational leaders who collaborate to improve health outcomes and to improve nurse and patient satisfaction. However; the best demonstration of our nursing excellence comes every hour of every day when our skilled and caring nurses meet the needs of our diverse population of patients in a careful, professional manner, in addition to demonstrating empathy, compassion and commitment to truly outstanding service.

It is a privilege to work with such an esteemed team of professionals.

### *Leslie Bagley MSN, RN,*



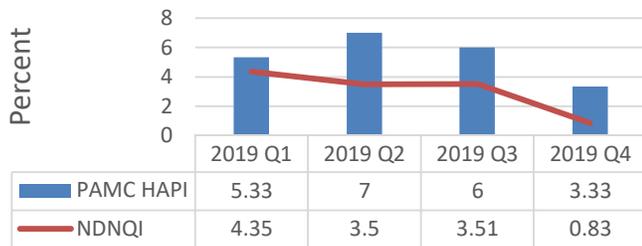
Early in my career, traveling nursing afforded me freedom to travel and explore the U.S. and overseas. Some of my favorite memories include scuba diving in the Canary Islands and canoeing down the Zambezi between the crocs and hippos...literally! Although I still like to travel and enjoy outdoor activities, some of my free time is spent volunteering. I have devoted many hours to Safe Kids, Diabetes Camp, and the ALH Immunization project.

I settled in Alaska in 1999 and served as the pediatric educator prior to obtaining an advance practice degree as a Clinical Nurse Specialist (CNS). In this role my responsibilities include improving patient safety and integrating evidence-based practice to improve health outcomes for children hospital-wide across numerous settings. Recent projects include launching the Comfort Promise initiative to improve pain management in children during procedures and co-chairing a PSJH team to implement a validated tool for early detection of critical deterioration in hospitalized children.

PAMC's values of Dignity and Integrity resonate most with my intrinsic nature. With the foundational goals of encouraging and celebrating the gifts in one another I co-founded PAMC's Recognition and Retention Council. I am passionate about ensuring that staff feel appreciated and valued. This led to the conception of the Fireweed award and why I continue to promote the DAISY & Fireweed programs. As part of my leadership journey, current goals include being committed to helping others while embracing values of empathy and humility to seek win-win solutions and responding to adversity with openness and resolve.

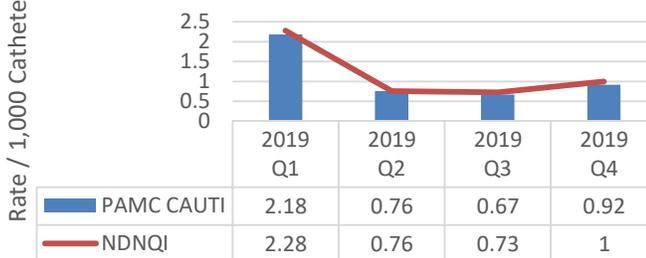
# OUTCOMES & EXCELLENCE – Nursing Sensitive Indicators

## Hospital Acquired Pressure Injuries (Stage 2 or Greater)



In 2019, we saw the amount of Hospital Acquired Pressure Injuries (HAPI) continue to be significantly above the national mean. Focus remains on frequent repositioning and early identification of at risk patients and present on admission pressure ulcers.

## Catheter Associated Urinary Tract Infections



In 2019, our journey towards zero lost some ground with our rate of Catheter Associated Urinary Tract Infections (CAUTI). We launched the Amplifier program to determine where there were knowledge gaps in CAUTI care. The results will be shared in the second quarter of 2019.

## Central Line Associated Blood Stream Infection



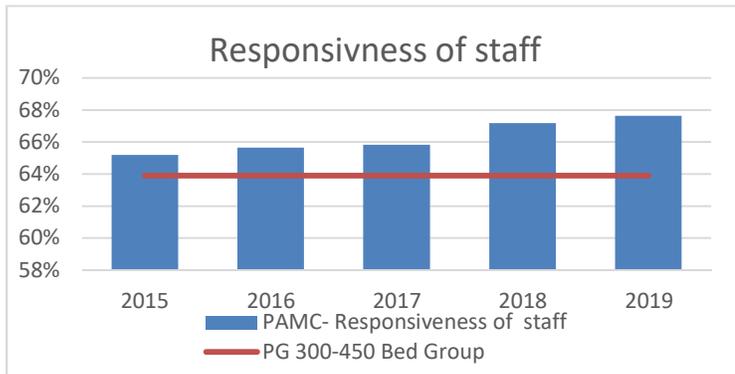
Our CLABSI rate has remained below the national mean for 2019! This is due to your diligent work!

## Falls per 1,000 patient days

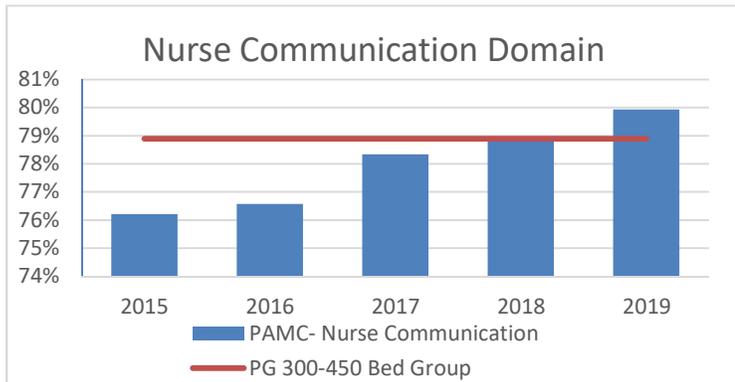


Falls and falls with injury continue to be a concern for our patients at PAMC. Please remember to use appropriate alarms and protective equipment to minimize potential injury for the patient.

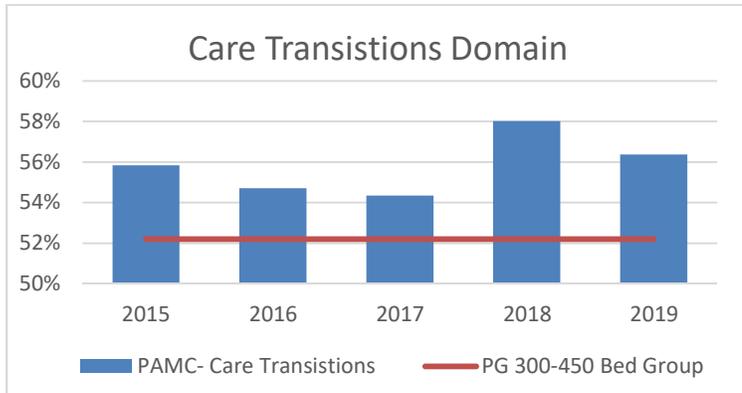
# PATIENT SATISFACTION



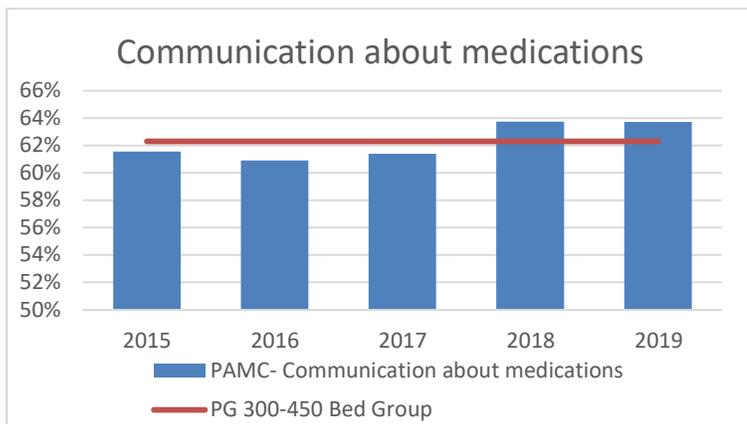
We let most of our patients know that they need to call before getting out of bed or if they need anything. Patients often become frustrated and scared if they use the call light and there is no response or delayed response. This is also a safety issue. Hourly Checks/Purposeful Rounding will help with this. Arranging your work to check in with the patient on an hourly basis about pain control, positioning, toileting and checking safety helps them but also helps nurses get less calls. This is tied to reimbursement through Value Based Purchasing (VBP)



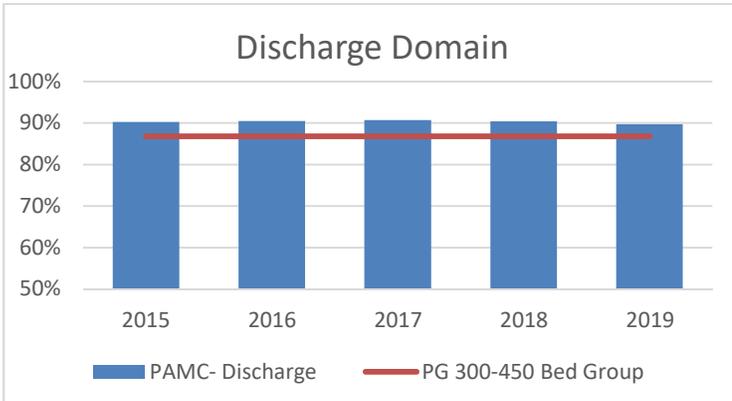
Our communication with our patients is extremely important. With good clear communication patients are more engaged, understand better, have less complaints and have better outcomes. This involves courtesy/respect, listening to them, explaining things in a way they understand. Nurse Communication is also one of the metrics that is tied to our reimbursement through VBP



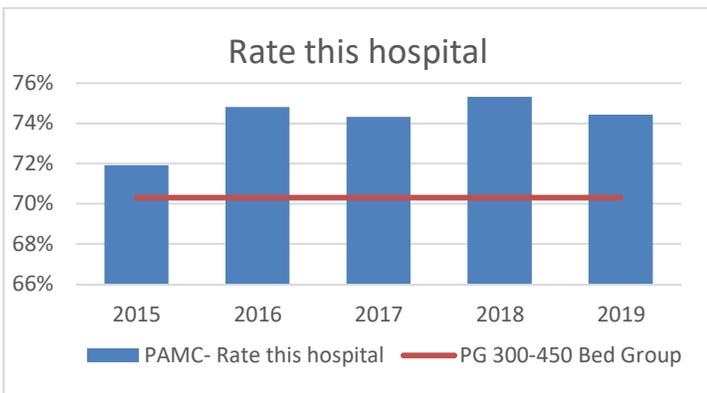
Transitions are often the point where problems surface. Patients need to be engaged have an understanding for a successful transition. Questions in this section are around taking patients preferences into account, helping them understand how to manage their health, and understanding the purpose of taking their medications. This too is part of VBP and reimbursement



Our patients take lots of medications in the hospital and it is important for them to understand what they are taking. Not only do they need to know the name of what they are taking but also a couple of the main potential side effects. With this knowledge they may be able to alert us early to any potential problems.



We are only a part of our patient’s journey for a very short period. We need to do everything we can to make sure that they are prepared to take care of themselves once they leave us. Using the tools in Epic and the teach-back method will help ensure that our patients and families are prepared. Like the metrics above this is tied to our reimbursement through VBP.



Our patients are asked to Rate our hospital on a scale of 0-10 with zero being the worst hospital ever and ten being the best hospital ever. This is a measure of their overall experience with Providence. Many patients go through several units, the ED, OR and have interaction with staff from every area. Working together, smooth transitions and always using our Caring Reliably Tones and Tools will help us provide an experience that is safe and compassionate.



**Know Me, Care For Me, Ease My Way**

**EXEMPLARY PROFESSIONAL PRACTICE**

## HELPING OTHER COMMUNITIES

### Angel of Mercy

Esther Petrie, BSN, RN

Esther has always had a passion for helping those in need. Her efforts to live the mission and spirit of Providence do not stop within the state of Alaska. She has been deemed an "Angel of Mercy" in 76 countries. This name was bestowed on her due to her intense drive, compassionate heart, and her life-saving charitable work. Esther collects out-of-date and expired medical supplies that are usually thrown away, or sent to be incinerated, and instead sends them to third world countries and clinics. She does a daily dance of collecting supplies at hospitals, physician offices, and medical supply stores. She then takes them back to her home to construct life-saving packages by matching what supplies are available to requests that have been faxed from around the globe.



Esther extends this hand of charity by asking gracious friends and family who are travelling to bring an extra suitcase full of supplies to either a contact or clinic. She also coordinates with airlines that will send packages to desperate towns in their unused cargo space. Her infamous suitcases are well known in airports around the globe. On a yearly basis, she sends approximately 3000 pounds of supplies, with about 75 travelers, from Philippines to Peru; Mongolia to Mexico; Gambia to Guatemala; Ethiopia to Ecuador; Burma to Belize. Some of the supplies go to the Addis Ababa Fistula Hospital in Ethiopia. A no-charge, no-patient-turned-away-facility where they do surgical repairs on women who have had horrendous childbirth injuries. Others have gone to physicians and veterinarians who travel to third world countries to provide medical and veterinary care. Esther insists the collecting and distributing of outdated supplies stems from her desire to not waste so much. For example, if we open a surgical pack and remove one thing, the rest of the sterile equipment is thrown away. By collecting these objects and connecting with clinics and staff in foreign countries they make sure our wastefulness serves a purpose.

Esther started this journey understanding that we can do more for those communities that go without. On her



first medical mission trip to Russia, Esther witnessed sterilized gloves being washed and reused as they were without reliable supply. Her charitable work does not stop at only providing supplies to those in need. She believes in the sanctity and quality of life for people and animals alike. She has voluntarily flown to Vietnam to educate lower economic clinics in certifications and has taken the extra step to engage train the trainers, which provides a huge resource to the community. Esther has participated in local quality improvements, patient care initiatives, and is a champion for patient safety. She also donates to Alaska Raptor Center, Animal Shelters, McKinnel Center, Claire House, and Rescue Mission. The

spirit of the sisters is seen through her compassionate work. If you are interested in being involved please contact the Emergency Department Leadership team who will connect you with this amazing caregiver.

## OUR PATH TO HIGH RELIABILITY – MAINTAINING THE CULTURE CHANGE

*Sheri Kelly BSN, RN, CPHQ, CPHRM*



More than four years have passed since we began implementation of Caring Reliably training at PAMC. Thousands of caregivers and providers are now applying the tones, tools and behaviors they learned in class to assure patient safety throughout our organization every day.

The past year has shown a continued effort to engage new instructors, coaches and safety champions across all disciplines, both clinical and non-clinical. Our rate of serious safety events has decreased by more than 60% from 2018. As I write this, it has been 84 days since our last event of preventable patient harm. Our reporting of near misses/good catches has increased, allowing us to improve processes before events of harm occur.

Positive changes in our culture of safety are evident throughout the facility. The use of tools like Validate and Verify, Peer Check, and CUS are now the norm rather than the exception. One of the biggest barriers to the success in the early stages of teaching Caring Reliably was the skepticism of some of our long tenured caregivers and providers, who were concerned that this class and these tones, tools and behaviors were just a passing fad. Fast-forward to present day, and it can be observed that these same naysayers are some of our most passionate champions. I am tremendously proud of our caregivers and providers for maintaining the culture change as we continue on our journey to becoming a highly reliable organization.



## NURSING AT PROVIDENCE ALASKA

### 2019 NURSING LEADERSHIP



**James Reineke MSN, RN, NE-BC** - Chief Nursing Officer, AK Region

**Amanda Lindner BSN, RN** - Clinical Nurse Manager, eICU & Central Monitoring Studio

**Andrea Candido MSN, RN, APRN, AGCNS-BC** - Clinical Nurse Specialist Advanced, Renal & PCU

**Andrea Siegfried BSN, RN, RN-BC** - Assistant Clinical Manager – Psych ED

**Ashley Auer BSN, RN** – Assistant Clinical Manager, Resource Pool, PEAT, VAT, PCRS, Discharge Lobby, Ob Suite

**Bree Lind BSN, RN, RNC-OB** - Assistant Clinical Manager, Labor and Delivery and PES

**Brenda Franz MSN, RN, NEA-BC** - Director of Medical Surgical Division & Director Emergency Department

**Brenda Naliboff MSN, RN** – Clinical Nurse Manager, Emergency Department

**Carrie Doyle DNP, RN, ACNS-BC** - Director of Clinical Practice, Research, & Staff Development

**Cary VanDyke MSN, RN, CEN** - Manager Trauma Program

**Cathy Heckenlively MSN, MHA, RNC** – Executive Director TCHAP and Women’s Services

**Catherine Bailey BSN, RN** – Assistant Clinical Manager Telephone Triage

**Danette Schloeder MSN, RN, PMC-CNS, RNC-OB, C-EFM** – Perinatal Clinical Specialist Advanced

**Danya Olson BSN, CMBA, RN, CNRN** - Clinical Manager, Neuro and Rehab

**Derek Powell BSN, RN** - Assistant Clinical Manager, Medical/ Oncology

**Diane Freeman BSN, RN-BC** - Assistant Clinical Manager, Orthopedics

**Donna Pircher BSN, RN, RN-BC** – Senior Manager Clinical Informatics

**Emily Anderson MSN, RN** - Clinical Nurse Manager, Progressive Care/ Intermediate Care

**Emily Enyeart BSN, RN** - Assistant Clinical Manager, Endo

**Gian Hembrador BSN, RN** - Clinical Nurse Manager, Operating Room

**Jaime Eggert MSN, RN, CCRN, CNML** – Director of the Emergency Department

**Janet Chapman MSN, RN-BC, NE-BC** –Director of Mental Health Services and Case Management

**Jeffrey Delaski BSN, RN** - Assistant Clinical Manager, Operating Room

**Jenny McDonald BSN, RN** - Assistant Manager Clinical, Adult Critical Care

**Jessica Gianoli BSN, RN, PCCN, CMSRN** - Assistant Clinical Manager, Progressive Care/ Intermediate Care

**Joshua Meals MHA, RN** - Clinical Nurse Manager, Orthopedics

**Judy Hayes DMP, APRN** - Service Line Director Ortho and Neuro

**Julia Sadowski MSN, APRN, ACNS – BC, RN-BC, CMSRN, CDE** – Clinical Nurse Specialist, Med Surgical

**Kate Owen BSN, RN, RNC-OB** - Assistant Clinical Manager, Mother Baby & PNU

**Karen Richardson MSN, RN, CEN** - Assistant Clinical Manager, Emergency Department

**Khalilah Seid MSN, APRN, AGCNS-BC** - Clinical Nurse Specialist Advanced, Ortho, Neuro and Rehab

**Kelly Brown MSN, RN** - Assistant Clinical Manager, Emergency Department

**Kelly Ogden MSN, RN, NE-BC** – Clinical Nurse Manager, Medical/ Oncology



**Kitty Melvin BSN, RN, CNOR** - Assistant Clinical Manager, Operating Room  
**Liana Obeidi BSN, RN** - Assistant Clinical Manager, Emergency Department  
**Lisa Joalin BSN, RN, CVRN** - Clinical Nurse Manager, Cardiovascular Observation  
**Lorrie Hubbard BSN, RN, CCRN** – Director, Critical Care Services  
**Maribell Salanguit BSN, RN** - Assistant Clinical Manager, Medical Surgical  
**Megan Hensley BSN, RN** – Clinical Nurse Manager, Resource Pool, PEAT, VAT, Discharge Lobby, Obs Suite  
**Megan Piper BSN, RN** - Assistant Clinical Manager, Medical/ Oncology  
**Melodee Smith BSN, RN, RNC-NIC** - Assistant Clinical Manager, Neonatal Intensive Care  
**Michaela Wilde BSN, RN** - Assistant Clinical Manager, Pain Clinic  
**Nan Magrath MSN, PGC-NP, ANP, CNS-BC, PMHNP-BC** - Clinical Nurse Spec Advanced  
**Nadia Kirpolenko MSN, RN, CCRN, CPAN**, - Assistant Clinical Manager, Ambulatory Surgery  
**Nate Smith BSN, RN** - Assistant Clinical Manager, Neonatal Intensive Care  
**Nici Snyder MSN, RN** - Clinical Nurse Manager, Pediatrics, Pediatric Intensive Care, Pediatric Sedation  
**Pamela Conrad Michaels BSN, RN, CDE** - Assistant Clinical Manager, Pediatrics & PICU & Peds Sedation  
**Patricia Wade MSN, RN** - Manager Performance improvement and Quality  
**Patty Wolf BSN, RN, RNC-OB** – Clinical Nurse Manager, Maternity Services  
**Paula Giles BSN, RN** - Assistant Clinical Manager, Progressive Care  
**Phil Miller MSN, RN-BC** - Regional Director Nursing/Clinical Informatics  
**Rebecca Hamel BSN, MHI, RN, CIC** - Manager Infection Prevention  
**Rodger Lewerenz MSN, RN-BC, CCRN-CMC, RCIS, CVRN-III** – Clinical Nurse Educator Advanced  
**Rose Timmerman DNP, APRN, CCRN-CSC-CMC, CCNS** - Clinical Nurse Specialist ICU/CTICU/CICU/IMCU  
**Ruthann Campbell AS, RN, OCN** - Assistant Clinical Manager, Medical Oncology  
**Sally Abbott BSN, RN** - Assistant Clinical Manager, Operating Room  
**Sara Bridges BSN, RN, RNC-OB, C-EFM** - Assistant Clinical Manager, Mother Baby & PNU  
**Scott Smothermon BSN, RN** - Clinical Nurse Manager, Neonatal Intensive Care  
**Sharon Liska DNP, APRN, NNP/ NCNS-BC, RNC-NIC** - Clinical Nurse Specialist Advanced  
**Sheri Cherrier MSN, RN** - Clinical Nurse Manager, ASU, PACU, Preop Clinic, Pain  
**Sheri Kelly BSN, RN, CPHQ** – Director Medical Staff and Peer Review  
**Sheryl Williams BSN, RN, CRRN** - Assistant Clinical Manager, Rehabilitation and Neuro  
**Stephanie Porter BSN, RN-BC** - Clinical Nurse Manager, Medical Surgical  
**Susan Crowley BSN, RN, WCC, CFCN** - Clinical Nurse Manager, Wound Services  
**Tara Bird MSN, RN, RNC-OB** – Program Manager Regulatory Compliance  
**Tara Henry BSN, RN** - Assistant Clinical Manager, Forensic Nursing  
**Therese Larson BSN, RNC-OB** - Assistant Clinical Manager, Labor and Delivery and PES  
**Ted Walker MSN, RN, APRN, ACNS-BC, CNS-CP, CNOR, CPPS** - Clinical Nurse Specialist Periop  
**Vicky Phillips MSN, RN, NE-BC** – Executive Director, PCU/ IMCU, 4N Surgical, 5N Medical Oncology, PCRS, VAT, TLC, PEAT, Resource Pool, Wound Center

# GROWING TO SERVE OUR COMMUNITY

## Opioid Use Disorder Pathway

By Kelly Ogden MSN, RN, NE-BC and Julia Sadowski MSN, APRN, ACNS-BC, RN-BC, CMSRN, CDE

The Opioid Use Disorder Pathway (OUD) launched in 3 medical surgical units and the Maternity Center in 2019. The pathway was designed in partnership with the Executive Director of Behavioral Health Renee Rafferty, Manager of Social Work Lauren Anderson, and with the medical oversight and expertise of Dr. Lisa Lindquist. The principles of care were developed by Danette Schroder and the maternity teams and are the foundation for the pathway. The guidelines bring our Mission and Core Values to life for the nurses and patients receiving this care.

Updated 6.6.19



**Opioid Withdrawal Symptom Management**  
Use in combination with Medication Assisted Treatment

Scheduled	As needed
<p><b>Clostridia</b> 0.1 mg po q8h</p> <ul style="list-style-type: none"> <li>Hold if SBP &lt; 90, HR &lt; 50</li> </ul> <p><b>Hydrocodone</b> 10 mg po q4h</p> <ul style="list-style-type: none"> <li>If 60 yo, &lt; to 25 mg</li> </ul> <p><b>Gabapentin</b> 300 mg po q8h</p> <p><b>For Nausea, Vomiting, Diarrhea, etc.</b></p> <p><b>Hydroxyzine</b> 50 – 100 mg po q4h</p> <p><b>Methaspine</b> 15 mg po q4h</p> <p><b>Mebutal</b> 0.5 mg po q1200</p>	<p><b>Pain</b></p> <ul style="list-style-type: none"> <li>Acetaminophen 650 mg po q4h prn</li> <li>Ibuprofen 600 mg po q6h prn</li> <li>Toradol 32 – 39 mg (MIV) q4h prn</li> <li>Tramadol 2 mg po q4h prn muscle cramps</li> </ul> <p><b>Nausea/Vomiting</b></p> <ul style="list-style-type: none"> <li>Zofran 4 mg po/IV q4h prn</li> <li>Dicyclanole 10 mg po q4h prn stomach cramps</li> </ul> <p><b>Diarrhea</b></p> <ul style="list-style-type: none"> <li>Loperamide 4 mg once followed by 2 mg q4h, loose stool, not to exceed 16 mg daily</li> </ul>

**Medication Assisted Treatment – Opioid Use Disorder**  
If using Pentamyl or methadone, use methadone pathway or bupri w/psych CL service

Buprenorphine	
<ul style="list-style-type: none"> <li>Discontinue all opioid medications</li> <li>Monitor with COWS q4h, q/c 2-4h after last buprenorphine increase</li> <li>Suboxone = Buprenorphine/Naloxone tablet 8 mg/2 mg</li> <li>Day 1: Half tablet of Suboxone 4/2 for dose of 4mg/1 mg (1/2 prn COWS 18)</li> <li>NTI 24 mg TDD buprenorphine</li> <li>Day 2+: maintain daily dose by timing previous day's administration</li> <li>Suboxone 4 mg/1 mg COWS 1-8 (NTI 24mg TDD buprenorphine)</li> </ul>	

Methadone	
<p><b>Continuation</b></p> <ul style="list-style-type: none"> <li>Confirm dose at clinic</li> <li>If full dose</li> <li>&lt;48h: continue home dose</li> <li>&lt;48-72h: reduce to 25%</li> <li>&gt;72h: follow initiation pathway</li> </ul>	<p><b>Initiation</b></p> <ul style="list-style-type: none"> <li>Monitor with COWS q4h</li> <li>Hold for 80-122</li> <li>Starting dose: Methadone 10 mg po tid</li> <li>Titration: increase q4h by 25 mg increments = tid</li> <li>With clinical judgment, can increase q2days</li> <li>10 mg bid → 15 tid → 20 tid</li> <li>Goal 80 – 120 mg, targeting 4/10+ &amp; cravings</li> <li>Label w/psych CL for TDD &gt;80 mg</li> <li>Oxycodone 5 – 10 mg po q4h prn COWS 2-8</li> <li>Transition to early dosing prior to discharge</li> </ul>

The pathways address addiction as a chronic condition that requires treatment practices similar to that of other chronic illnesses, such as diabetes and cardiovascular disease. Evidence demonstrates that prescribing medication assisted treatment (MAT) using substitution therapy such as methadone or buprenorphine in hospitalized patients with OUD improves patient outcomes and saves lives. Historically, opioid-dependent patients admitted for other medical reasons might be expected to detox during their hospital stay with varying levels of withdrawal management. These patients are less likely to comply with treatment and are at increased risk to drop out of treatment and even relapse. Each time a patient experiences under-treatment of OUD due to lack of knowledge, judgment or stigma, trust in the healthcare system erodes, creating a significant barrier to appropriate treatment at a later date.

The OUD inpatient clinical pathway provides processes and work flows to improve patient access to MAT in the inpatient setting. Starting MAT in combination with open communication eases our patients and caregivers way. Pathway training includes how to use screening tools and scripting to partner with the patient and talk openly about substance use. The compassionate and honest relationship with the nursing staff can be the reason that the patient opens to their healing process and re-examines what is meaningful to him or her; such as family, job security, or personal happiness.

This pathway and the education offered to the caregivers gives us one more tool to use at the bedside. Patients who suffer from substance use disorders have historically been marginalized and caregivers have disengaged. Some caregivers have shared that this change in practice has restored a sense of joy and connected meaningful work to a suffering population.

## IV Caps

By Melissa Tramp, BSN, RN, CPN & Leslie Bagley, MSN, APRN-PCNS-BC, CPN



**Background:** Central lines are an essential aspect of care for many pediatric patients at PAMC. When a patient has a central line, they are put at a higher risk for an infection. This infection risk increases every time we change their cap and open their line.

At PAMC, all of the central lines have a needleless connector (cap) called MaxZero™ needleless connectors. It is our current policy to change the caps with each blood culture drawn off a central line, following INS standards. Historically, the purpose of this practice was to minimize blood culture contamination as well as central line infections; CLABSIs. Chronically ill children generally have limited access sites to place new central lines for long-term therapies (e.g. chemotherapy). Therefore, we want to clear the child's central line of the infection when a CLABSI is found instead of removing the line. This process not only includes line-saving antibiotics, but it also includes daily blood cultures. This could ultimately mean the patient's central line is being opened every 24 hours, putting these fragile and often neutropenic patients at a higher risk for an infection. The MaxZero™ connectors have approval to be left in place for seven days before they need to be changed, regardless of daily blood draws or transfusions. However, this does not follow the 2016 Infusion Therapy Standards of Practice.

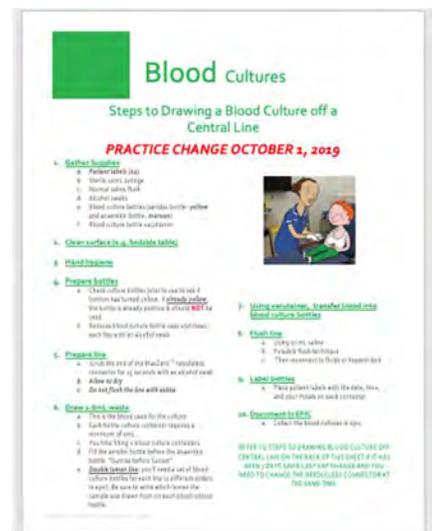
**Purpose:** The clinical purpose of this project is to determine whether changing the caps on a central line every seven days per manufacturer recommendations affects CLABSI or blood culture contamination rates on the inpatient pediatric unit and PICU. The intervention was implemented from October 1, 2019 to January 11, 2020 with pre intervention data on CLABSI and blood culture contamination rates obtained from 2017, 2018 and 9 months in 2019.

### Project Timeline:

- **January – September 2019:** Pre data was collected in regard to contamination rates for 2017, 2018, and January to September 2019.
- **October 1, 2019 to January 11, 2020:** We implemented our new practice change and collected weekly data on contamination rates

**Future:** As we look to the future, we are excited to change the Pediatric and PICU policy on when to change the MaxZero™ needleless connectors.

We will no longer require cap changes prior to blood cultures drawn through any central line; caps will be changed every seven days. We will continue to monitor for any increase in CLABSIs and blood culture contaminations.



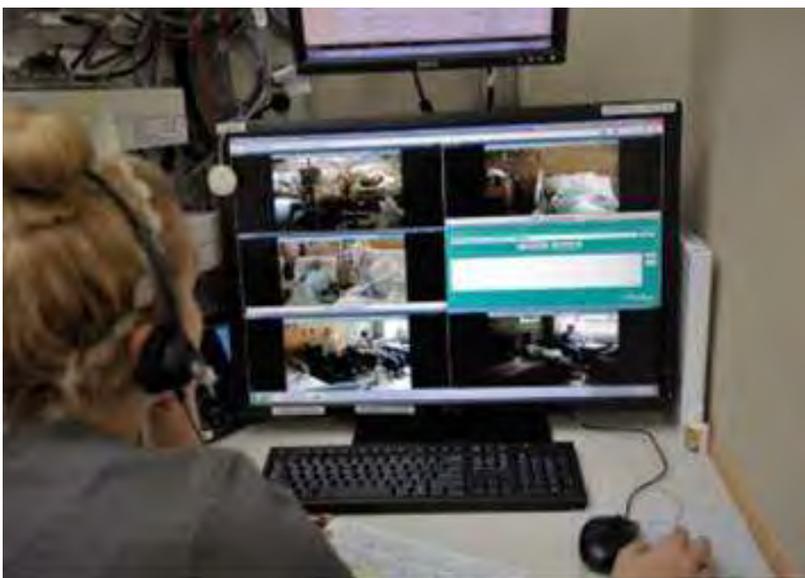
## Avasys Research Studies

By Emily Anderson MSN, RN

In 2019, Providence Alaska Medical Center was provided the opportunity to become part of a nursing-focused research study to assess the impact of caregiver satisfaction, burnout, and engagement as it relates to the use of technology, specifically the use of remote video monitoring for patient and caregiver safety. For this research study, PAMC worked with the University of Illinois-Chicago (UIC), Texas A&M University, AvaSys Remote Monitoring, Providence St. Peter Hospital, and other healthcare organizations throughout the United States. PAMC conducted 2 different research date launches during 2019 that occurred in both the summer and again in the winter. This study utilized a daily diary format that was used to measure the impact of day-to-day changes on nurse stress over a three to four week period of time. This daily diary format is a much more scientific, flexible, and timely way to conduct research than a typical single survey format.



Currently, the daily diaries are being review and complied. The results will then be written and published by the UIC research team. Once results are ready to be published, we hope to be able to validate new measures, as well as to refine and shorten existing workflows related to



nurse satisfaction that can be used not only here at PAMC, but at any other healthcare organization as well. This research will bring new knowledge to the field of nursing and will highlight effects that technology has on the stress and impact to nurses when caring for a population of patients that can be challenging to care for and to keep safe from injury and harm. We are hoping to share the results and publication of this research study in mid-late 2020.

## PUBLICATIONS, PRESENTATIONS AND GRANTS

PAMC nurses do excellent, innovative work every day from completing an evidenced based project on their unit to participating in national studies that contribute to the knowledge and science of the profession. One of the ways to disseminate the great work is to have nurses present their work at local or national conferences via a poster presentation or podium presentation or to publish in a nursing journal.

### Publications

Staff Member(s)	Organization	Title

### Podium Presentations

Staff Member(s)	Organization	Title
Kim Pitts	Alaska State Respiratory Care Conference	Sleep Apnea in the Inpatient Population
Karen Barsanti; Imelda Vilorio	Nurse Aide Instructor Conference	Basics of Wound Care and an Introduction to Lower Extremity Compression.
Kelly Ogden	Opiate Use Disorder Conference	Med/Surg Breakout on Nursing Workflow
Kerry Clark, OT & Scott Orr, OT	American OT Association	Defining Bedrest: Eliminating Barriers to Early Activity in an Alaskan ICU
Kimberly Pitts	Alaska State Respiratory Care Conference	Sleep Apnea in the Inpatient Population
Rose Timmerman, DNP, APRN, CCNS, CCRN-CSC-CMC	National Association of Clinical Nurse Specialists	Acute Spinal cord injuries in the Intensive Care Unit: Improving Care with Evidence-Based Practice
Nan Magrath	AaNA presentation – 1.22.2019	“Managing the Patient with a Personality Disorder: How To Care for Them without Losing Your Mind”
Nan Magrath	AaNA annual conference – 10.2019	“Opioid Use Disorder – Treatment and Management in the Hospital” (draft title)
Theodore Walker	AORN National Expo 2019, Nashville, TN Podium	Multimodal Approach to Surgical Site Infections
Theodore Walker and Nan Magrath	National Association of Clinical Nurse Specialists National Conference 2019, Orlando, FL Podium	Tale of Two CNSs, Initiating a Perioperative Model for ECT
Theodore Walker	AORN Webinar Series, 2019, WWW.AORN.ORG	“The Day the Earth Moved”
Theodore Walker and Nan Magrath	AORN National Expo 2019, Nashville, TN Podium	“Development of a Perioperative ECT Program in a Faith Based Healthcare Organization” Poster Presentation
Theodore Walker and Nan Magrath	OR Manager, 2019 New Orleans, LA	“CNS Collaboration: New Business Model for General Anesthesia-based Electroconvulsive Therapy in Urban Faith-based Hospital”
Theodore Walker	Adult Geriatric Clinical Nurse Specialist Certification Review, 2019 Ch. 28	Cultural Competencies: Cultural Competent Care Health Related Beliefs and Practices (Asian, African, European, American Indian, Alaskan Native, South American)
Danette Schloeder	National Association of Clinical Nurse Specialists	Changing the Model of Care for Women with Opioid Use Disorder
Danette Schloeder	NTI/AACN	Critical Care Obstetrics: Let’s Talk About HELLP, HUS and Amniotic Fluid Embolism
Theodore W. Eyraud	Professional Nurse Educators Group Conference (PNEG)-Cleveland, OH	Leading Nurses in Transition Through the Gap: An Innovative Approach to Transition Into Practice Structures & Relationships

### Posters

Staff Member(s)	Organization	Title

If you have any publications, Presentations, or Posters and would like to share your story, please write up a story and give it to your department director.

## OUR COMMUNITY

### Helping Kids

Ogden RN, resource pool, and Kelly Ogden RN, Manager 5 North work with Royal Family Kid's Camp every year. I sit on the Leadership team and am in charge of the nurses. We take care of medications and any issues for approx... 65 kids from within the foster care system for a week of camp each summer. We also monitor and help with any of the volunteer health issues for over 100 volunteers during this week of camp. Last year we had a type one diabetic child, who joined us. I am happy to say that Grace was spot on in monitoring blood glucoses, calculating insulin doses based on carb counts (at a kids camp...) and just the overall support of this youngster. They were able to enjoy camp and share their adventures with their family when they returned home safe and sound.

### Creekside Cleanup

Providence 5 north PCTs, RNs, and families were part of the Anchorage Waterways Council yearly Creek Clean-up the past 3 years 2017, 2018, and 2019. Trash is removed from the creek itself, banks, and surrounding areas. Small to very large items such as tires and lawn mowers have been removed, you never know what you will find. We separate recyclable material from the trash as well. In 2018 we were asked to take pictures of plastic bags found in the creek to help with the plastic bag ban that is now in effect. Last year 2019 we cleaned up north fork Chester Creek directly behind PAMC.



Trauma Courses

What a year for Trauma Services in providing the most robust Trauma Nursing Core Course (TNCC) in Alaska! From December 2018 to date, we have course directed and executed 21 courses and certified 176 students. Not only did we service Providence Alaska but provided this educational outreach training to our colleagues in Barrow, Kodiak, Valdez, Glennallen, Seward, Fort Wainwright, and JBER. Trauma Services was honored to be selected to resurrect JBERs TNCC program, mentoring/training 8 new instructors. We also signed off a new course director for Ft Wainwright Army Hospital. Not to rest on our laurels, Trauma Services has additional provider and instructor courses planned later this year in Providence Alaska, Barrow, Kodiak, and Soldotna. This truly serves as a testament to the expertise, dedication, and professionalism to serve our Alaska Community.

**By the numbers:**

- Total number of nurses certified: 176
- Total number of courses (provider and instructor): 19
- 6 provider courses at JBER: 54 nurses certified
- 1 instructor course at JBER: 8 new instructors
- 7 courses at PAMC: 80 nurses certified
- 1 course at Glennallen: 7 nurses certified
- 1 course at Kodiak Providence: 10 nurses certified
- 1 course at Valdez Providence: 9 nurses certified
- 1 Instructor course in Barrow: 1 new instructor
- 1 Provider course in Barrow: 12 nurses certified
- 1 provider course at Providence Seward: 9 nurses certified
- 1 Provider course in Ft Wainwright: 4 nurses plus 1 new course director



## RESIDENT EXPERIENCE

*Ashley French, RN*



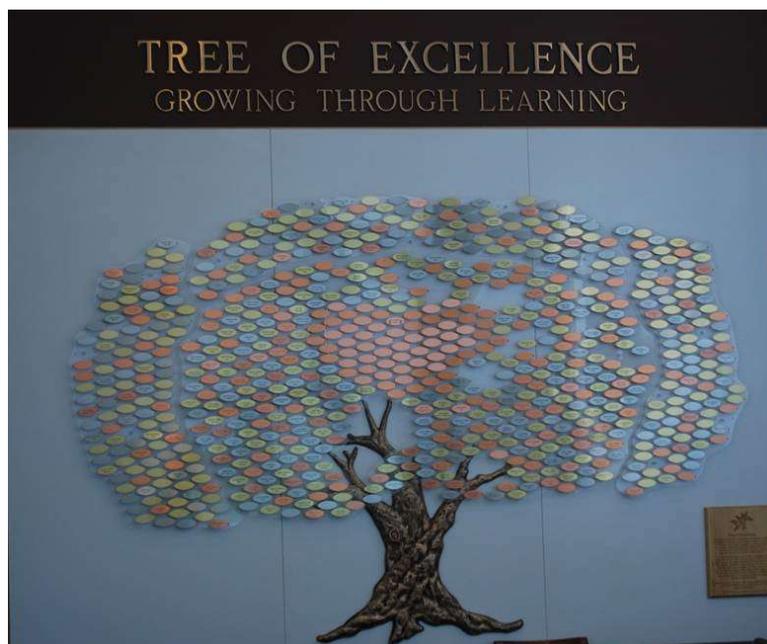
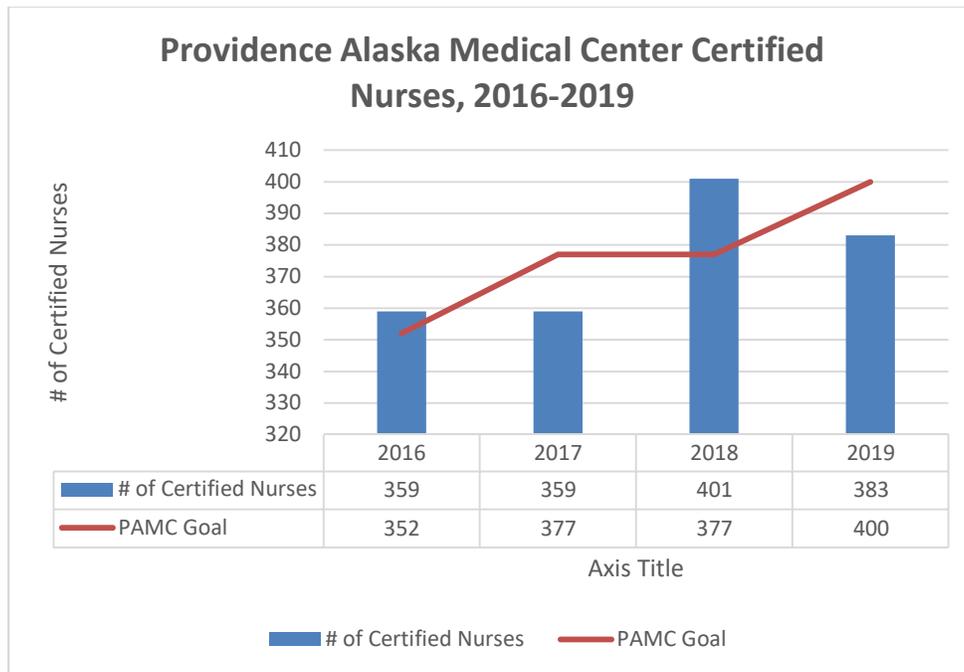
For me, making the transition from being a nursing student to working at the bedside as an RN was very intimidating. For my first job I knew that I would need adequate support and resources available to me to help build my confidence and solidify the skills I had learned in school. I researched various employment options online, spoke to friends I knew in the profession, and I concluded that the Residency Program at PAMC was going to be the right option for me. Although I was not eager to spend more time in the classroom at the beginning of the residency, I felt that the additional education helped refresh my memory on topics and procedures that were briefly covered in nursing school and the simulation labs allowed for more hands-on practice as well.

But for me, the most beneficial aspect of the residency program was the support network I was able to build through it. Connecting with the other members of my cohort gave me people I could turn to when I was struggling, and they understood exactly the place I was in since they were going through it as well. Knowing you're not alone and that you always have someone to lean on is a powerful thing. Additionally, I worked alongside two exceptional preceptors who encouraged, challenged, and taught me how to make the transition to being on my own.

Even now, a year into my career, I still value having them as resources and I know I can reach out to them whenever I have questions or need support. Last, but definitely not least, I was given the opportunity to stay in touch with the management in my unit and with the residency coordinator/transition mentor with frequent check-ins. I always felt that I could be transparent with the way that I was feeling and that they were genuinely there to help me succeed. At the beginning of this whole process I had no idea where I would be a year into my career, but I am proud of how far I have come and I know that I wouldn't be where I am today without all the support I've had from the PAMC Residency Program.

## CERTIFIED NURSES AT PAMC

The drive to increase the amount of specialty certified nurses at Providence Alaska Medical Center (PAMC) started in 2005 and continues today. A group of visionaries applied for a grant from the Human Resources and Services Administration (HRSA) to address nursing retention through increasing specialty certified nurses, introducing Evidence Based Practice and addressing issues related to the aging nursing workforce. HRSA awarded PAMC with the grant in June of 2006. At that time, we could prove that we had 2.4% or 23 of our nurses certified. A concerted effort was then started to increase the amount of certified nurses. Efforts included homegrown review course, national speakers, mentoring, and a lot of encouragement. Since that time, we have rapidly increased the amount of specialty certified nurses to 401 nurses currently certified.



## AWARDS AND RECOGNITION

### *March of Dimes Nurses*



Rose Timmerman	Advanced Practice
Catherine Jones	Charge Nurse
Lara Macans	NICU/Pediatrics
Tara Orley	Public Health/Ambulatory Care
Shannon Davenport	Hospice/Home Health/Palliative Care
Maria Theresa Cabrera	Behavioral Health
Jessie Westin	Critical Care/ED
Ted Walker	Nursing Education
Tressa Langford	Rising Star
Olivia Foster	Infection Prevention/Occupational Health



### *Daisy Awards*

The DAISY Award is a recognition award for extraordinary nurses at PAMC. DAISY stands for **D**iseases **A**ttacking the **I**mmune **S**ystem. The DAISY award program was created by the DAISY foundation in January 2001 by the family of J. Patrick Barnes. Pat died at the age of 33 from complications of Idiopathic Thrombocytopenia Purpura (ITP). Everyone who met Pat was touched by his positive spirit and his sense of humor. Twice a survivor of Hodgkin's disease, Pat was driven by a desire to befriend others and help them in any way he could. His legacy is clear; whenever he came across anyone in need, he never turned his back. He reached out to comfort them. Pat was a natural mentor, sharing his phenomenally positive outlook on life with a wide network of friends and family around the country with whom he stayed in constant contact. The DAISY Foundation was established to keep his very special spirit alive. As the foundation brainstormed what to do in Pat's memory, the one really positive thing the family could hold onto from the experience of his eight-week illness was the skillful and amazingly compassionate care he received from his nurses. The DAISY award was created as a way to say thank you to the nurses around the country, as the family believes they are truly "unsung heroes." Nurses are deserving of our society's profound respect and recognition for the education, training, brainpower, and skill they put into their work, not to mention the compassion with which they deliver their care.

Katia Pronzati	January	NICU
Ann Clark	February	5 North
Chloe O'Connor	March	Resource Pool
Vincent Langmann	April	ICU
Michelle Smith	May	NICU
Dave Rico	June	ICU
Brooke Bullard	July	PCU
Ansen McQuillan	August	Cv Obs
Donna Erving	September	L&D
Deb Sims	October	NICU
Ben Rolfs	November	ICU
JR Mina	December	5 West Neuro



## *HOSPITAL AWARDS & DESIGNATIONS 2019*

### **U.S. News & World Report Recognizes Providence Alaska Medical Center**

Providence Alaska Medical Center was recognized as among the best hospitals in the country in the U.S. News & World Report 2019-20 Best Hospitals honor roll and specialty rankings. Providence Alaska Medical Center was the only hospital in Alaska rated as “high-performing” in more than one category, earning this distinction in six categories. (August 2019)

### **Providence Alaska Medical Center Receives Five-Star Ratings in Seven Categories**

Healthgrades awarded Providence Alaska Medical Center with awards for treatment of patients in need of cardiac, pulmonary, gastrointestinal and critical care. The hospital received 15 awards overall – 12 more than any other hospital in the state – and received a five-star rating in seven different categories. (August 2019)

### **Providence Alaska Medical Center Recognized for Cardiology**

Providence Alaska Medical Center received the Platinum Award from the American College of Cardiology for excellence in care of the Myocardial Infarction patients. The Chest Pain - MI Registry has been the single, most-trusted source for outcomes-based, continuous quality improvement focusing exclusively on high-risk STEMI/NSTEMI patients. (August 2019)

### **Five-Star Rating for Providence Extended Care and Providence Transitional Care Center**

The Centers for Medicare & Medicaid Services (CMS) recognized Providence Extended Care and Providence Transitional Care Center with five-star ratings in overall quality in its latest review. (Summer 2019)

### **Providence Alaska Medical Center Awarded**

Providence Alaska Medical Center 2019 Best of Alaska Business readers’ choice Denali Award for Best Hospital in the state. The Best of Alaska Business Awards is a survey of readers to vote for which businesses excel in a range of diverse categories. (July 2019)

### **Providence Medical Group Primary Care Certification**

Providence Medical Group Primary Care received certification as a Patient-Centered Medical Home from the [National Committee for Quality Assurance](#). NCQA recognizes clinics for utilizing a patient-centered model of care that focus on highly coordinated care and long-term, participative relationships. (March 2019)

# WE ARE MAGNET

## Magnet Timeline

48 months prior	36 months prior	30 months prior	24 months prior	12 months prior	Document Submitted	ANCC Document Review	Site Visit	Notification of Magnet Status
June 2018	June 2019	April 2020	June 2020	June 2021	June 2022	June 2022 – October 2022	October 2022 – December 2022	February 2023 – April 2023
	Baseline year for Certification	Quarter 2 2020 • Pt Sat • Nursing Sensitive Indicators	←————→		Quarter 1 2022 • Pt Sat • Nursing Sensitive Indicators			

### Goals:

Gathering of Stories that support and reflect Magnet elements. Hold a session that collects work of departments that can be explored for exemplars of nursing practice to support required elements to meet magnet application requirements.

Place Magnet Obelisk and Quilt for display to the public and caregivers in our facility.

Year of the Nurse to be focused on throughout the year.

Update Professional Practice Model to reflect current Core Values

Delineate Ambulatory Nursing Sensitive Indicators for application in quarter 2 of 2020

Create MS Teams site to house Shared Governance meeting minutes and work

Create a shared Agenda/Meeting minute template

Write 1/3<sup>rd</sup> of stories gathered and written by December 31, 2020



Writers

Transformational Leadership: Vicky Phillips and Cathy Heckenlively

Structural Empowerment: Rodger Lewerenz and Rose Timmerman

New Knowledge, Innovations, and Improvements: Danette Schloeder and Melissa Davis

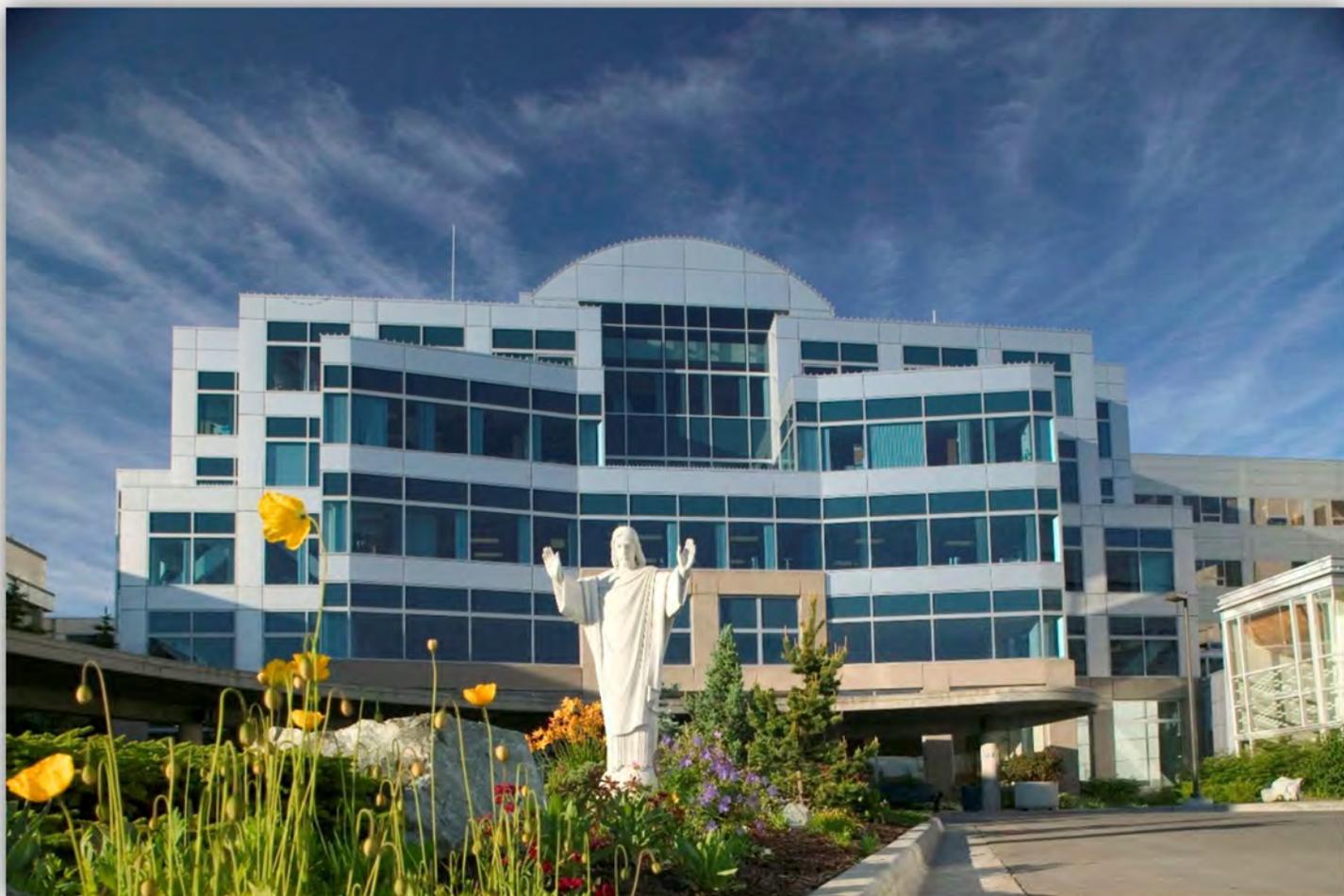
Exemplary Professional Practice: Emily Anderson, Brenda Franz and Janet Chapman

Organizational Overview: To be determined



Know Me, Care For Me, Ease My Way

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENT



Know Me

Care For Me

Ease My Way



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