



# 2024

## Nursing & Interprofessional Annual Report



# MISSION, VISION, AND VALUES

## Nursing Vision

*Our calling is to provide extraordinary care using an approach considering the mind, body, and spirit of each person we serve.*

## Our Mission



As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

## Our Values



### Compassion

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.



### Dignity

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.



### Justice

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.



### Excellence

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.



### Integrity

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

### Our Vision

**Health for a Better World.**

### Our Promise

**"Know me, care for me, ease my way."**

## TABLE OF CONTENTS

Nursing Vision and Providence Mission, Vision, Values, and Promise.....	page 3
Welcome from Lori Green, MSN, RN, LSS-GB, Chief Nursing Officer.....	page 5
About Providence Portland Medical Center (PPMC)	
• The History .....	page 7
• The Nursing Department .....	page 8
• Care by the Numbers .....	page 9
• Link to Webpage Recognizing Nursing’s Contributions.....	page 9
Magnet Designation Happenings .....	pages 10-12
Professional Practice Model .....	pages 13-14
Nursing Strategic Plan .....	pages 15-16
Professional Governance Redesign.....	page 17
• Professional Governance Highlights.....	page 18
• Research Highlights.....	pages 19-20
• Area of Operation Highlights.....	pages 21-23
Featuring Professional Governance Councils	
• Professional Governance Assembly – Interprofessional Segment	
• House-Wide Council Highlights .....	pages 24-26
○ Practice, Quality of Care, Knowledge Management ...	pages 27-32
○ Professional Clinical Development .....	pages 33-36
○ Magnet Champions, Charge Nurse, Fall Prevention....	pages 37-44
○ Skin Care, Nurse Staffing Council.....	pages 45-53
• Unit Based Council Highlights.....	pages 54-62
Volunteerism, Embracing Our Community.....	pages 63-66
Recognitions of Nursing Professional Practice and Celebration Events...	pages 67-75
Thank You from Krista Farnham, MHA, Chief Executive.....	pages 76-77

## WELCOME FROM LORI GREEN, MSN, RN, LSS-GB, CHIEF NURSING OFFICER



It is my pleasure to welcome you to the 2024 Providence Portland Medical Center Nursing and Interprofessional Clinical Excellence Report. This comprehensive report showcases the unwavering dedication and significant impact of our esteemed nurses and interprofessional team on caregiver, patient, and work environment outcomes. You will find detailed accounts of our achievements and compelling evidence of our caregivers' steadfast commitment to growth, innovation, and maintaining high-quality professional practice. Each nurse actively engages in lifelong learning and professional development, and we proudly highlight the exceptional work, and significant contributions to patient care and family support of our nursing and interprofessional teams.

This year has been full of activity in preparation for our fifth Magnet designation journey, which underscores our commitment to superior quality nursing care and patient outcomes. Our Magnet culture defines how we lead, the structures that provide a voice for nursing and promote professional growth, a demonstrated pursuit of excellence, a passion for the generation of new knowledge and innovations, and improvements. With these guiding principles, we are in the final stages of preparing our fifth Magnet designation document portfolio, a significant milestone that warrants recognition and celebration. I look forward to witnessing your continued achievements as you strive for excellence and represent your teams during our Magnet site visit.

Looking ahead, our priorities include achieving our fifth Magnet designation, further enhancing the caregiver experience, promoting wellbeing, strengthening professional governance, embracing diversity and inclusion, and improving the quality and outcomes of our nursing practice. We prioritize coaching, mentoring, self-care, and relationship-based care, with the aim of fostering a culture of excellence and innovation in nursing. This focus ultimately enhances the well-being of both our patients and team members. I recognize and celebrate the resilience and dedication of our nurses during challenging times. Thank you for your ongoing support and commitment to excellence in nursing.



# PROVIDENCE PROVIDING A NETWORK OF CARE



## Nursing by the Numbers

At the Providence Nursing Institute our priority is to ensure that nurses have a powerful voice in decisions that impact their practice and work environment. Now, more than ever the concerns of the nurse must be heard and acted upon to address the rapidly evolving changes in healthcare. PNI actively supports nursing's seat at the table on system committees and clinical teams to represent the perspective of the 36,000 nurses across our diverse system.

 <p><b>36K</b> NURSES</p>	 <p><b>1000</b> CLINICS</p>
 <p>HIGH SCHOOL NURSING SCHOOLS &amp; UNIVERSITY</p>	 <p><b>54</b> ACUTE CARE LOCATIONS</p>
 <p><b>31.5M</b> TOTAL PATIENT VISITS</p>	 <p><b>17</b> SUPPORTIVE HOUSING FACILITIES</p>
 <p><b>52</b> HOSPITALS</p>	 <p><b>218</b> SCHOLARLY WORKS</p>

**Where We Serve:**

- Telehealth
- Ambulatory Care Network
- Physician Enterprises
- Acute Care Locations



## ABOUT PROVIDENCE PORTLAND MEDICAL CENTER (PPMC)

### THE HISTORY

The Sisters of Providence was founded in 1843 in Montreal, Quebec by Mother

Emilie Gamelin. Grounded in the Roman Catholic faith, their mission then and today is, "As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable." In 1856, Bishop Blanchet from the Washington western territory of the United States petitioned the Montreal province of Quebec to send sisters to the western territory. His intent was to spread apostolate work by establishing schools, hospitals, and orphanages to serve native people and settlers. Mother Joseph of the Sacred Heart and four Sisters of Providence arrived in Fort Vancouver, Washington from Montreal, to establish their legacy of care.

Providence Portland Medical Center (PPMC) opened on September 8, 1941, and today is a Joint Commission accredited 483-bed tertiary care medical center, located in the northeast metropolitan area of Portland, Oregon. PPMC offers comprehensive programming in cancer, heart, general surgery, orthopedics, endocrinology, gastroenterology, women's and neonatal health, rehabilitation services and behavioral health services. Providence Portland is part of the Central Division of Providence Health & Service (PHS). The combined faith based, not-for-profit health system employs more than 117,000 caregivers across seven states (Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington), all of which are committed to serving the poor and vulnerable.



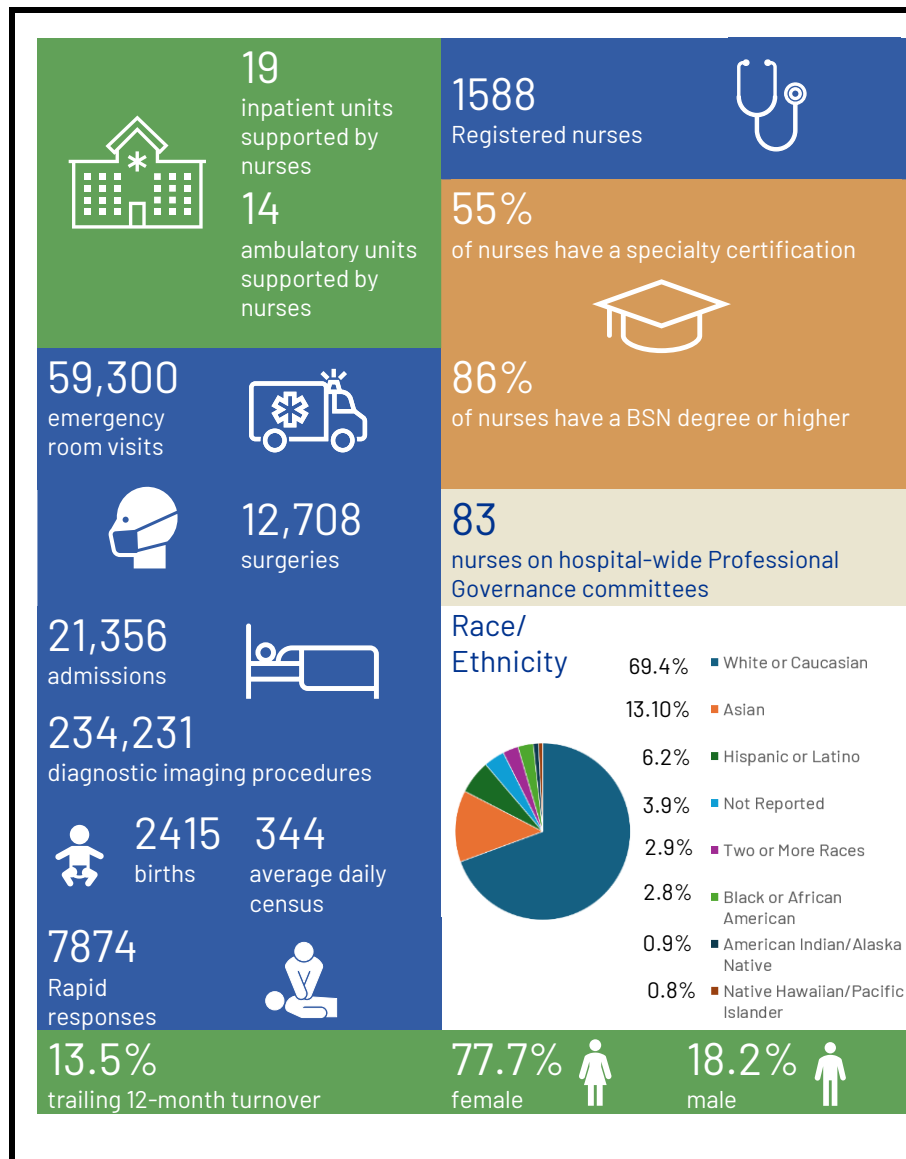
## THE NURSING DEPARTMENT

Welcome to the Providence Portland Medical Center's (PPMC) 2024 Nursing & Interprofessional Annual Report. As the second largest Providence hospital in Oregon, the PPMC nursing professional community influence is evident. The PPMC nursing department is a comprehensive and dynamic team that encompasses various specialized areas. Some key highlights from 2024:

1. **Committees and Units:** The team includes several committees such as Fall Prevention, Workplace Injury Prevention, with regional influence such as the Oregon Regional Oncology Nursing. The team includes nurses from 32 inpatient and ambulatory areas of operation.
2. **Magnet Recognition:** PPMC has a strong history of Magnet recognition, having received its first designation in 2005. The department is currently preparing for its fifth designation. Magnet-recognized organizations are known for their expertise in nursing care and their commitment to shared decision making, innovation, and excellence.
3. **Annual Reports and Strategic Plans:** The department regularly prepares detailed annual reports and strategic plans. These documents highlight key achievements, ongoing projects, and future plans. For example, the 2024-2025 strategic plan aims to deliver compassionate and simplified patient care through innovative, digitally enabled access models.
4. **Professional Governance and Educational Initiatives:** The department places a strong emphasis on professional governance and certification with other varying educational initiatives and campaigns. For instance, the 2024 PPMC Nurses Week included the Surgical Oncology Symposium and the Stomp Out Sepsis Campaign.

Overall, the PPMC nursing department is dedicated to providing high-quality care, fostering professional development, and continuously improving patient outcomes.

## CARE BY THE NUMBERS



### LINK TO WEBPAGE RECOGNIZING NURSING'S CONTRIBUTIONS

Ready to learn more? Recognition of nursing and interprofessional partners are located on PPMC's webpage, Facebook, Instagram, and the recruitment page for future Providence Portland caregivers, <https://www.providence.org/locations/or/portland-medical-center/about-us#tabcontent-1-pane-4>.



## MAGNET DESIGNATION HAPPENINGS

### BARB MERRIFIELD, MSN, RN, NE-BC, DIRECTOR FOR PROFESSIONAL PRACTICE AND MAGNET

Welcome to our Nursing and Interprofessional Clinical Excellence Report. I feel so privileged to have joined the Providence Portland team as of January 2024. This year has been full of learning experiences, and I present this overview of our clinical excellence journey, acknowledging the many achievements of the Providence Portland care teams.

The team focused on preparing for our upcoming fifth Magnet designation site visit, expected in the Summer of 2025. The Magnet Recognition Program demonstrates our commitment to nursing excellence and superior patient outcomes. It serves as a framework that enables nurses and interprofessional teams to deliver high standards of care. Magnet standards provide an evidence-based, data-driven framework to achieve clinical excellence and patient-centered outcomes. We have re-engaged Magnet champions as we prepare for Magnet document submission in 2025. We can't wait to engage you in further preparation activities.

In addition to the Magnet initiatives, 2024 saw the launch of a redesigned and rebranded shared leadership structure known as the Providence Portland Professional Governance Day. This event encompasses a day of networking, development, collaboration, and organization updates. The name reflects the professional accountability of clinicians, and the structure supports the future needs of the organization.

Interprofessional collaboration is central to our success. By bringing together diverse expertise and perspectives, we have created an environment where every team member can thrive. This report highlights the impact of collaborative efforts, showcasing innovative practices and exemplary professional practice.

Our continued commitment remains essential as together, we can create a healthcare environment that meets and exceeds the expectations of patients and their families and any future challenges that may arise. I extend gratitude to each member of the Providence Portland team for their dedication, expertise, and commitment to excellence.

## A LOOK BACK AT OUR MAGNET HISTORY

Providence Portland is ‘Aiming High for #5’, our Fifth Magnet® Designation. In 1990, the American Academy of Nursing approved the Magnet® Hospital Recognition Program for Excellence in Nursing Services with recognition based on 14 standards, later called “Forces of Magnetism,” that help create “an environment conducive to attracting and retaining well-qualified nurses who promote quality care.” Providence Portland is a four-time Magnet® hospital and has been designated since 2005. That’s almost 20 years of excellence in nursing practice and outcomes. We are currently on our journey to the fifth designation.

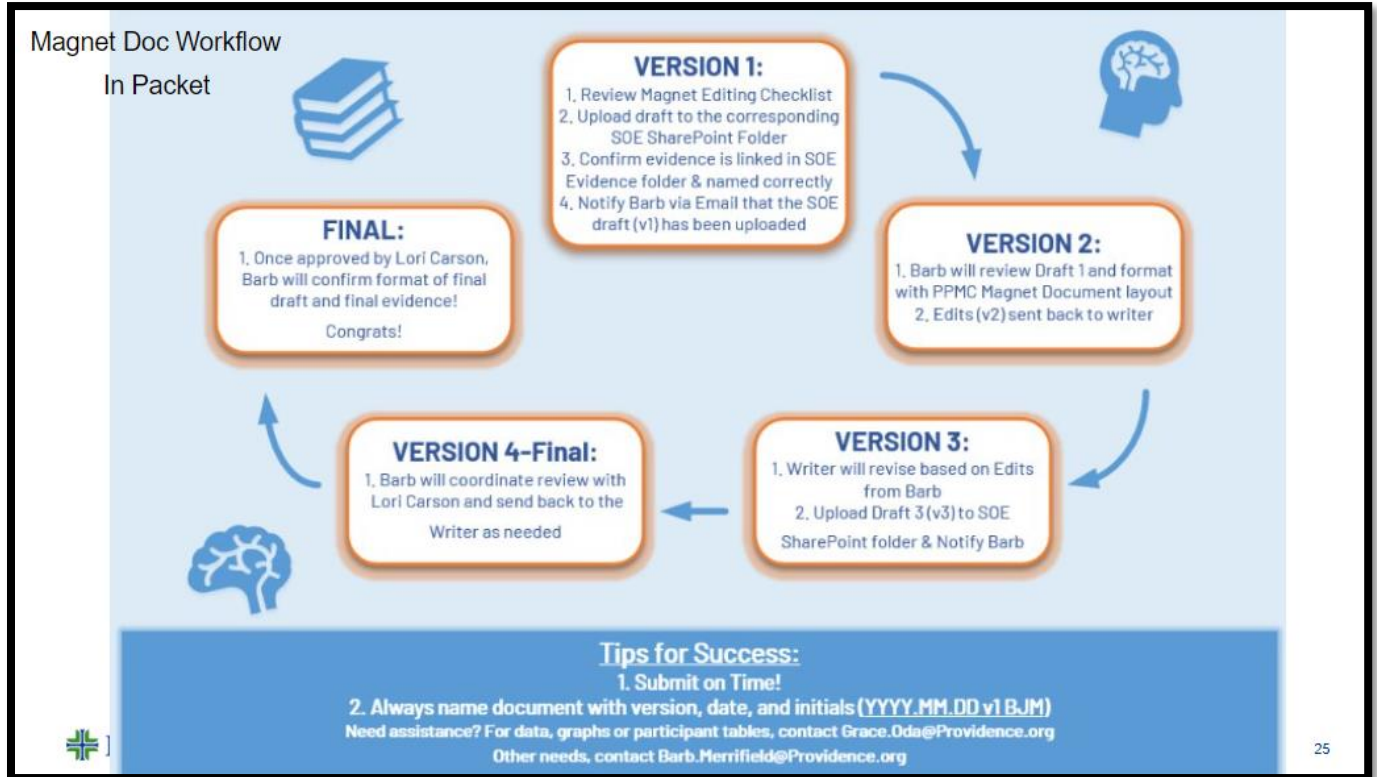
It takes a tremendous amount of time and effort to write the Magnet® document. The hospital must demonstrate the amazing care that our nurses provide and demonstrate how Providence Portland outperforms other Magnet-designated organizations in patient experience, nursing engagement, and nursing sensitive indicators. Providence Portland’s first journey in 2005 required two large volume textbooks with narratives, evidence, and the hard work of the Magnet® writing team. As we moved toward our second, third, and fourth designation, the process for documenting our outcomes shifted and more was required of our organization to demonstrate our performance with evidence and data driven outcomes. By 2015, the document transitioned to a CD-ROM submission.

Our incredible Magnet® writing team is actively working on writing 104 narratives with an application deadline of February 3, 2025. Leading the team is our Director for Professional Practice & Magnet, Barb Merrifield, MSN, RN, NE-BC. The Magnet director helps align the organization with the current Magnet® standards and works closely with our CNO to identify gaps in practice and develop plans to sustain a Magnet® culture.

## MAGNET WRITING TEAM

Lori Green, Barb Merrifield, Allison Mosier, Danni Sloane, Jenni Deas, Kelly McCoy, Megan Champagne, Ralph Pasana, Shelby Pirttima, Tami Garrett, Tara Tuepker, Kayla Smith, Linh Khan, Jessica Monego, Carol Matta, Brigid Seely Lopez, and Jaime Dunn.

In April 2024, the Magnet writers kicked off their effort with a writer’s workshop. The workshop aims to commit the writing team to the process, empower participants to create the necessary documents, and ensure the completion of 104 narratives required for redesignation.



Following the workshop, the team embarked on preparing 104 narratives to support PPMC’s document submission. They responded to several requests for additional information and ultimately produced a high-quality Magnet document submission recognizing the exceptional work of their PPMC nurses.



### **What is a Professional Practice Model (PPM)?**

A description of how nurses and interprofessional partners practice, collaborate, communicate, and develop professionally to provide the highest-quality care for those served by Providence Portland Medical Center.

### **Why do we have a PPM?**

The model illustrates how practice aligns and integrates with the organization's mission, vision, values, promise, and philosophy of nursing. It defines the core principles and elements of professional nursing practice, setting expectations for all professionals.

**Concentric Circles** symbolize layers of existence and consciousness, from the self to universal consciousness or a higher power.

**Relationship-Based Care (RBC)** is a model for transforming health care into a culture that enhances safety, quality, and satisfaction by improving relationships. RBC focuses on three key relationships: relationships with **self**, with **colleagues**, and with **patients and families**. RBC guides caring behaviors and practices to support therapeutic relationships.

**Philosophy** the nurses of Providence Portland Medical Center believe that our mission is to provide relationship based compassionate care. Our nursing professionals take a holistic approach to patient care, promoting comfort and healing, and assisting patients to achieve an optimal level of self-care.





### Components of the Professional Practice Model

**Know Me, Care for Me, Ease My Way**, our promise to our patients and families.

**Relationship-Based Care** illustrates how practice aligns and integrates with the organization's mission, vision, values, promise, and philosophy of nursing.

**Interprofessional Approach**, an expression of structural empowerment guided by ethics. We have a variety of resources available to provide optimal patient care. We commit to building relationships with our colleagues using the same principles of caring and respect we show to our patients.

**Professional Growth & Development**, an expression of exemplary professional practice by creating an environment that promotes professional learning, growth, and development. We use continuing education, certification, and clinical ladder to deepen our expertise and promote excellence in nursing care.

**Professional Governance**, clinical nurses work alongside nursing leaders and interprofessional to improve outcomes through various councils and committees.

**High Reliability Organization**, we consistently apply concepts proven to achieve and sustain a high, internally driven patient safety focus. Through the behavior of every person, we are shaping a culture that enables us to predictably achieve compassionate, safe, and high-quality results-every time, every place.

# PROVIDENCE STRATEGIC OVERVIEW

As a system, Providence develops an overall strategy which guides several hospitals within geographic regions and sets goals that may span over several fiscal years to meet the diverse needs of communities served. The work we do across Providence to achieve our vision of health for a better world is guided by ‘Destination Health 2025’, the strategic plan for the family of organizations.

On January 3, 2024, Providence updated Destination Health 2025, which includes 3 areas of focus, 9 strategies and 6 metrics in common. The 2024 updates are:

Patient reported outcomes will focus on depression treatment response.

Health equity will focus on hypertension control in the BIPOC (Black, indigenous and people of color) population.

### Three areas of focus



### Nine strategies

<p>1. Cultivate an inspiring caregiver experience where everyone feels included and can grow their career.</p>	<p>1. Advance health equity, reduce disparities and excel in value-based care via payor and provider partnerships.</p>	<p>1. Grow our innovative health organization, extending the Mission through investments in core, diversified and adjacent businesses.</p>
<p>2. Provide safe, effective, person-centered care with world-class outcomes.</p>	<p>2. Partner with physicians and providers to broaden access to integrated networks of care.</p>	<p>2. Optimize care delivery to ensure a full continuum of affordable, digitally-enabled, innovative models and places of care.</p>
<p>3. Deliver a simplified consumer and patient journey with unforgettable compassion.</p>	<p>3. Strengthen our voice and community investment to activate stakeholders in advocacy, health and social justice.</p>	<p>3. Transform our workforce to support new models of care.</p>

### Six metrics in common

Caregiver Turnover	Patient Reported Outcomes: Depression Treatment Response	Health Equity	Value Based Care Performance	Operating EBITDA (Earnings Before Interest, Taxes, Depreciation & Amortization)	Patients Served
--------------------	--	---------------	------------------------------	--	-----------------

# PPMC NURSING STRATEGIC PLAN

## MISSION, VALUES, VISION, PROMISE

© 2018 Providence St. Joseph Health - All Rights Reserved



**MISSION**  
As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.



**VALUES**  
Compassion • Dignity • Justice • Excellence • Integrity






**VISION**  
Health for a Better World



**PROMISE**  
"Know me, care for me, ease my way."

## 2024-2025 PROVIDENCE PORTLAND MEDICAL CENTER NURSING STRATEGIC PLAN DETAIL

Maintaining Magnet Designation	 <b>STRENGTHEN THE CORE</b>	 <b>BE OUR COMMUNITY'S HEALTH PARTNER</b>	 <b>TRANSFORM OUR FUTURE</b>
<b>TRANSFORMATIONAL LEADERSHIP</b>	Communication, develop a system & standardize venue/route from CNO, directors and IPC (CE)	Decrease LOS and LLOS patients - Maintain a positive trend of discharge lobby utilization rate (PE/F)	Nursing Units will maintain > operating EBITDA target (F)
	Create nursing succession plan by end of FY24 (CE)	Decrease order to admit time from ED (PE/Q)	Maintain regulatory readiness and engage shared leadership when process improvement opportunities arise (Q/CE)
	Implement one staff well-being initiative annually (CE)	Leadership to promote one health equity initiative (PE)	Develop continuous quality improvement framework for standardized nursing quality & operational monitors (Q)
	Nurse leader development program established by end of FY25 (CE)	Value Based Care: Performance % Medicare Yield (F)	Leadership to promote one DEI initiative (PE/CE)
<b>STRUCTURAL EMPOWERMENT</b>	Turnover, overall nursing voluntary rate, maintain ≤10% or reduce by 1% in two years (FY24 & FY25) (CE/PE/F)	Community health initiatives, promote opportunities and support nurse engagement (PE/CE)	Redesign IPC and sub-committee structure to include goal setting and achievement tracking (CE)
	Professional certification nursing rate, overall ≥51% or increase 1% in two years (FY24 & FY25) (CE/Q)	Recognition, enhance nursing excellence, external publications (PE/CE)	Transition to Practice, promote leadership understanding and PTAP redesignation (CE)
	Nursing education overall BSN or higher degree rate maintain >80% or increase 1% in two years (FY24 & FY25) (CE/Q)		Growth, increase patients served (F)
<b>EXEMPLARY PROFESSIONAL PRACTICE</b>	Caregiver Experience, nurses participate in recruitment & retention activities and achieve shared understanding of post-covid reality (CE/PE)	Quality, enhance positive outcomes (Q) - Sepsis, timely antibiotics - SDOH assessment, achieve and maintain 90% - Reduce patient harms: NSIs, HAI, SSIs and NTSV	Magnet, enculturate and redesignation activities (M=PE/CE/Q/F)
	Workplace violence prevention, maintain a decreased trend in two years (FY24 & FY25) (CE)	Overall CAHPS improvement (PE)	Nurse sensitive indicators, outperform benchmarks in the majority of inpatient units for the majority of quarters, rolling 8 quarters (Q)
	Increase participation in 2025 RN engagement survey to 50% or better (CE)	Goals of care (Q)	Quality indicators, outperform infection rate targets for CLABSI, CAUTI and C.diff (Q)
	Workforce development activities (CE/Q)		Enhance performance review process to include professional development goals with updated job descriptions (CE)
<b>NEW KNOWLEDGE, INNOVATIONS &amp; IMPROVEMENTS</b>	Assess mentoring program needs by end of FY24 (CE)	Patient reported outcomes, Depression treatment response (PE)	Research & Innovation, complete 1 nursing research study, 1 internal sharing venue, application for 1 external sharing venue and identify 1 innovation (CE)
		Surgical services reassessing regulation and policy requiring postoperative patients to be accompanied at discharge, advance planning to promote community safety (PE/Q)	Evidence-Based Practice (CE/Q) - Enhance data literacy - Implementation pathway



Legend	Professional Practice			
	CE=Caregiver Exp	PE=Patient Exp	Q=Quality	F=Finance
	M=Magnet			

# PROFESSIONAL GOVERNANCE REDESIGN

## The Evolution

Prior to the launch of the new Professional Governance structure at PPMC, we had IPC (Interdisciplinary Partnership Council). This was a shared decision-making structure with house wide councils that addressed issues/concerns escalated from UBCs. Early in 2024, it was determined that the shared decision-making structure did not meet the current evidence based best practice of a Professional Governance model.

A retreat was held in June of 2024 to develop a new structure. Key stakeholders were invited, including current members as leaders of other house wide councils. The objectives of the Retreat were to achieve a defined shared decision-making structure that allows caregivers to describe their role and contributions effectively; increase clinical nurse engagement to achieve 80/20 mix with leadership; align council work with strategy, professional practice, and Magnet designation.

In September, Professional Governance held its first official meeting. This launch followed several months of collaborative efforts amongst IPC leaders to build a more robust structure.

## Why the Change?

One of the overarching goals of this shared decision-making evolution was to Increase clinical nurse engagement and move managers into a mentor role to enhance growth and development. To achieve these goals, leadership of councils should be by direct care staff; managers should act in mentor role. Professional Governance empowers nurses to meet their social obligations for autonomy and control over their practice.

The new structure of shared decision making will provide greater interprofessional collaboration and opportunity for direct caregivers to drive decisions that impact how they do their work and care for patients. Additionally, this new structure will provide enhanced professional development opportunities and ensure connection and reduction of duplicate work between hours wide councils.

Additionally, enhanced group decision making capabilities were needed. With the new structure, we have four councils (Practice, Professional, Quality of Care, Knowledge Management, Professional Clinical) and each council has 13 Direct Care Staff members, 1 Manager, 1 Director and 1 Administrative support staff.

## How it's Going



To date, attendance and engagement in Professional Governance have greatly increased. Work has been equally divided amongst the new councils and strategic alignment is at the forefront. Councils are encouraged to monitor data and determine the best course of action to address as needed. Continual adjustments are being made based on survey feedback that is requested at each meeting.

## PROFESSIONAL GOVERNANCE HIGHLIGHTS

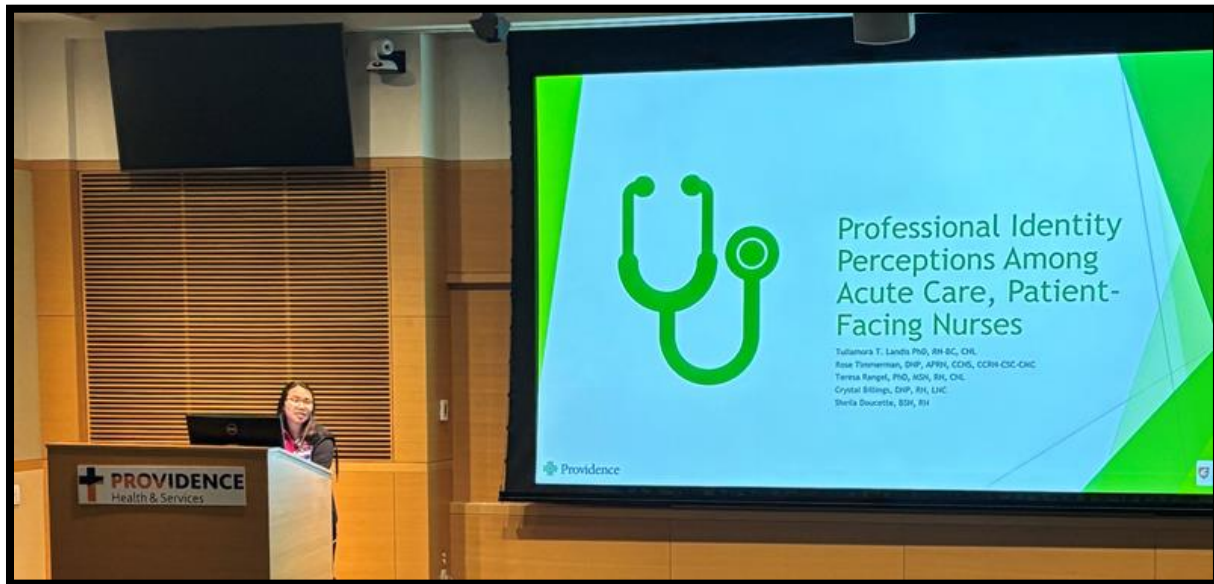
### **Diversity, Equity, and Inclusion (DEI)**

During the September Professional Governance members engaged in a presentation on the Pronouns at Work initiative. This initiative is about strengthening the culture of inclusion and belonging, by showing respect and dignity; it is an initiative a reflection of Providence pursuing Whole Person care. This initiative connected with our Mission, Values and Code of Conduct.

Wearing a pronoun pin is voluntary, however, wearing a pronoun pin (1) shows support in creating a culture of inclusion and belonging, (2) symbolizes solidarity and support for a vulnerable community and (3) it aligns with who we say we are at Providence. Position and posture were key elements of the presentation. Position is your stance, your belief, your opinion, which affects your posture (how you show up, how you treat people, your possible bias). The posture of our leaders, and caregivers on this initiative and other DEI initiatives has a major impact on our culture and the direction of our organization.

To further engage in this initiative, Professional Governance members encouraged their teams to utilize a standard email signature line that includes pronouns, along with standardized colors, the Magnet logo, and a confidentiality statement.

## NURSING RESEARCH AT PPMC: PINS STUDY



Sheila Doucette, BSN, RN, Charge Nurse, Cardiology 2G, was a principal investigator in the PINS study: Professional Identity in Nursing Using a Newly Developed Scale. She presented the study and the results during the November Professional Governance meeting.

### **Research Overview:**

The purpose of the study was to identify acute care nursing perceptions of professional identity regarding personal and collegial areas of strength and opportunities for growth. Nursing professional identity consists of four domains: values and ethics; knowledge; nurse as leader; professional comportment (Godfrey, 2018). It is hypothesized that higher ratings of professional identity are related to important occupational and patient outcomes, such as improved staff engagement, reduced turnover, and reduced incidents of poor nurse-sensitive quality events. A newly developed tool asks the nurse to provide a self- and peer-rating on items mapping onto each domain on a scale of novice to mastery. Previously, it was unclear how nurses rated self and peers on all domains and if differences exist between groups rating self as proficient or higher.

This observational study was determined to be exempt by the Providence IRB. From July through September 2022, patient-facing nurses working at one of the 10 participating hospitals were invited to participate in this survey-based study via flyers and emails containing study information. The PINS contains 30-items distributed under each of the 4 domains of professional identity and using the 5-point Dreyfus Model (1=

Novice, to 5= Mastery), rated each item following two unique prompts: “As a nurse, at what level do you demonstrate the following?” and “In general, at what level do the nurse colleagues in your work environment demonstrate the following?”. Nurses also provided basic demographics. The team used descriptive and frequency statistics in the analysis of item responses and demographics.

Data analysis was completed in October 2022. A total of 333 nurses completed all items of the PINS and had data included in analysis. The mean age was 41.79 years, and the most prevalent race identified was white (85.7%). Most participants reported at least a bachelor’s degree (891.5%) and nearly half had 10 or more years of nursing experience (49.5%). Most frequently reported specialty areas included critical care (34.1%) and medical/surgical nursing (35.3%).

Items most rated at the personal level of “Mastery” included Trustworthiness (39.3%), Caring (31.5%), Empathy (27.6%), and Valuing Justice (27.6%). Nurses also rated colleagues highest on these items but at lower percentages: Trustworthiness (13.3%), Caring (17.1%), Empathy (14.4%), and Valuing Justice (13.2%). Personal items most frequently rated at the “Novice” level included: Takes care of oneself (5.8%), Conflict negotiation (3.0%), and Confident (2.4%). Similarly, nurses rated colleagues lowest for the following items: Conflict negotiation (4.2%), Takes care of oneself (4.0%), and Evaluation of evidence (3.9%).

This study supports opportunities for personal and collegial growth in professional identity among acute care, patient-facing nurses including conflict negotiation, utilization of evidence-based practice, and self-care. Study findings suggest that nurses report high levels of personal and collegial mastery in the areas of trustworthiness, caring, empathy and justice. Nurses can use this information to bolster areas of strength and address opportunities for increasing competency in professional identity. The PINS tool shows promise as a clinically relevant nursing metric which can be administered electronically in the workplace and evaluated by nurses and their leaders to advance professional identity and influence high-quality nursing care delivery.

#### Key References:

Godfrey N. (2018). Professional Identity in Nursing: Science, Strategy and Call to Action for 2018 Think Tank. Kansas, KC: University of Kansas School of Nursing

## **DIVISION HIGHLIGHT: MATERNAL/CHILD**

### **Labor and Delivery - High Risk Level 3 Facility**

Provides round-the-clock services including midwifery, OB hospitalist, and anesthesia care, equipped to triage and assess patients at all hours. Our facilities include 17 labor and delivery beds, 2 OB operating rooms, and 4 triage rooms, ensuring readiness for any obstetrical emergencies that may arise within our community.

PPMC embraces the TeamBirth Model, prioritizing the patient at the center of care. This model supports shared decision-making between the patient, their family, and an interdisciplinary care team, enhancing patient satisfaction and outcomes.

Our recent quality improvement initiatives have focused on reducing our NTSV (Nulliparous, Term, Singleton, Vertex) cesarean delivery rates, with a particular emphasis on racial equity.

### **Perinatal Specialty Care - Antepartum and High-Risk Postpartum**

Admit patients  $\geq 20$  weeks gestation facing OB and non-OB medical complications. Accept postpartum readmits up to 6 weeks post-delivery. Common conditions managed within the unit include pre-eclampsia, diabetes, Mono-Mono twins, patients experiencing cardiac issues, postpartum hemorrhage, post-surgical incisional infections, hypertension management both antepartum and postpartum, pregnant, and postpartum patients experiencing Substance Use Disorders

### **Mother Baby – Post-partum**

Unit for stable mothers and babies for their hospital stay after delivery, until they discharge home. There is a lot of education that happens with our new parents, welcoming the newest family member, as well as feeding assistance for the first day or two of life. While the patients are considered stable, this is still a time to monitor closely for any changes in our patients' conditions (including but not limited to hypertension, hemorrhage, or respiratory changes in the newborn)

MBU is proud of our exclusive breastmilk feeding rate, which has reached our goal of greater than 80% for the past two quarters of the year!

Recognized regionally as one of the top ten units in the Central Division for improvement in our Patient Satisfaction scores.

### **Neonatal Intensive Care**

Providing care to premature and sick infants needing additional care and support after birth including, but not limited to, those needing respiratory support, hyperbilirubinemia



(jaundice), hypoglycemia, feeding difficulties, and neonatal opioid withdrawal syndrome.

We also deliver high-risk delivery, resuscitation, and emergency support for infants to our L&D, Maternity, and Emergency Departments.

Interprofessional team includes Neonatologists, Neonatal Nurse Practitioners, RNs, RTs, Social Work, PT/OT/Speech therapists, pharmacy, spiritual care, dieticians, CNAs, and volunteers.

## DIVISION HIGHLIGHT: EMERGENCY AND BEHAVIORAL HEALTH SERVICES

### Emergency Department



In 2022, PPMC launched a multi-year expansion of the Emergency Department nearly doubling its capacity and enabling PPMC to better meet the needs of its community. The project will be complete in 2027.

Providence Portland's Emergency Department (ED) serves over 60,000 patients every year, with the population becoming increasingly more complex to care for. Extensive assessments of the community's need and access to emergency care were completed, identifying exponential growth in the near future, specifically citing the increase in our aging population and our patients seeking support and treatment for mental health and substance use disorders. The expansion will create 20 additional rooms on the 2<sup>nd</sup> floor directly above the current ED, add 5 additional rooms on the main floor. There will also be increases in efficiency with dedicated and private triage booths, consult rooms and a results waiting area. At the core of the remodel our caregivers assisted with design phases, and we kept their safety, along with our patients and families, top of mind with enhancements and modifications. Our caregivers will also benefit from the expansion as we add

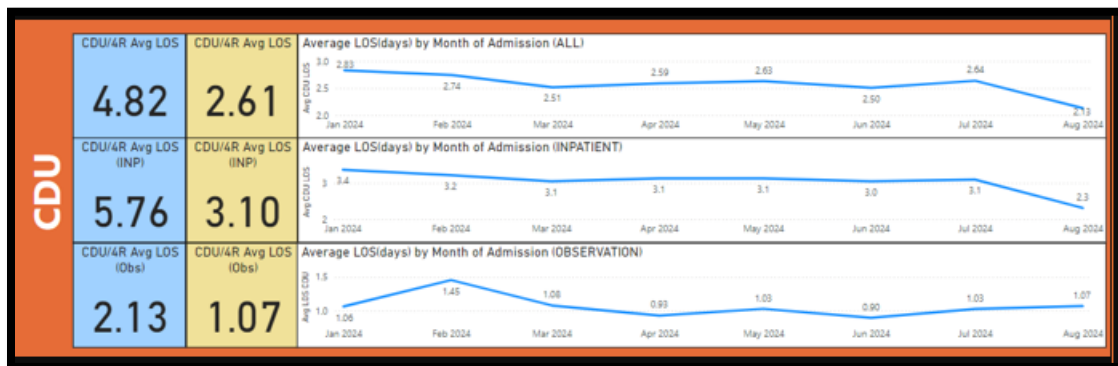
brand new locker rooms, training and computer labs and a “Zen Den” to provide a quiet, sacred space to recenter throughout the shift.

### Behavioral Health

Inpatient Behavioral Health held two months of skills days to further education on such topics as HRO, medications, documentation, restraints and COWS/CIWA protocols. The unit is facilitating a camera installation project as well.

### Clinical Decision Unit

The Clinical Decision Unit piloted the Super Team project with the goal of improving caregiver and provider satisfaction, decrease length of stay for patients on the unit and increase efficiency of cares. The project included a dedicated physician and Nurse Practitioner to round and care for patients on the unit. This project decreased the average length of stay for CDU patients. After the successful pilot, the project has been fully implemented.



## HOUSE-WIDE COUNCIL HIGHLIGHTS PRACTICE COUNCIL



The Practice Council defines the practice of nursing for us at PPMC. The council includes frontline nurses with a variety of backgrounds and experiences from our health ministry to serve as the advocating voice for decision-making that affects nursing practice and patient care. Partnering with clinical and operational leaders, the Practice Council is accountable for establishing and maintaining nursing excellence with evidence-based practices, policies, and procedures. The council promotes and enacts the message that my voice as a nurse is being heard. Whether I am the chair, a member of my Professional Nursing Practice Council, or a member of my unit council, I have a pathway to make my ideas and concerns heard. The Practice Council has accomplished great work in 2024 with the help of our regional, ministry, and unit councils, including: council member participation in the development of Nursing Strategic Planning and implementation of Evidence Based Practice changes based on feedback from our nursing colleagues across the system, and aligning the Practice Council agenda for 2024 with strategic goals of the organization.

The Nursing Practice Council defines the practice of nursing at PPMC. The Practice Council has the authority and accountability to establish and maintain the evidence-based standards of practice, policies, and procedures that describe and guide nursing care. Representation on the council includes a direct care nurse from units, subject matter experts from various departments including PACU, Surgical Services, Med-Surg, ICU, IV therapy and nursing practice lead representatives from multiple UBC's. Role of the Practice Council member includes:

- Being the voice of frontline nurses when making decisions that affect the nursing profession and patient care.
- Exploring issues and challenges related to defining, advancing, and improving nurses' roles in health care.
- Partnering with other clinical and operational leaders to transform and advance nursing principles, values, protocols, measures, and practices.
- Applying evidence-based learning and practices in decision making.
- Supporting the enculturation of the Nursing Professional Practice Model.
- Facilitating communication between the council and frontline staff.
- Participating in decision-making that supports our Mission, Vision, Values, Quality Principles and Strategic Plan.

Here are a few examples of the initiatives Practice Council accomplished in 2024:

- Nursing Practice Change to the hypoglycemic process was created
- Members assisted with the changes to the suicide orders
- Developed a Vascular Access Decision Support Algorithm in collaboration with hospitalists.

## Practice Council Membership List

### 2024 Membership

Albee, Shavon BSN, RN – Director of Nursing  
Darling, Heather ADN, RN - Staff Nurse IVT  
Frank, Gretchen BSN, RN, CPAN - Staff Nurse PACU  
Fredin, Colby BSN, RN – Charge Nurse 2R  
Jasso-Marron, Beatriz BSN, RN – Staff Nurse 5R  
Johnstone, Mathew BSN, RN – Staff Nurse 4L  
Langos, Emily BSN, RN, CMSRN – Staff Nurse 5G  
Lofton, Ethan ADN, RN – Staff Nurse 5K  
Luers, Katherine BSN, RN, CMSRN – Staff Nurse 8S  
Mack, Amanda MSN, RN, RN-BC – Charge Nurse 4G  
Nardone, Jason BSN, RN - Staff Nurse CCS  
Newell, Melissa BSN, RN, OCN – Charge Nurse 7N  
Oleynik, Irina – Senior Administrative Assistant  
Sandner, Jessica MSN, RN, CMSRN – Staff Nurse 4R  
Sarigan, Mark BSN, RN, CPAN – ANM PACU/MPU  
Snyder, Stephine BSN, RN – Nurse Manager 5R



### **Clinical Practice Council**

- Reviewed/revised 23 policies
  
- Made three changes based on opportunity for change forms
  - Reviewed providing wider access to pain meds for pediatric patients
  - Reviewed training additional staff for use of ultrasound machine for IV start
  - Reviewed and updated patient placement requirements for patients receiving Mannitol
  
- Reviews of Interdisciplinary Committee Information:
  - Review appropriate placement of patients on Mannitol
  - Pharmacy Policies Review- Pyxis Override List, Inpatient Argatroban Monitoring and Dosing Servicey,
  - Inpatient Pharmacy Pain Service, Medication Unit- Dose Repackaging, Promethazine
  
- Creating a Hypoglycemia Policy

## QUALITY OF CARE COUNCIL



The Quality of Care Council responsibilities include reviewing data related to:

Nurse Sensitive Indicators including:

- Falls
- HAPI
- CAUTI
- CLABSI

Patient Satisfaction

Nurse Satisfaction

### **Vision statement for 2025**

Review data and evidence-based practices (EBP) through interprofessional collaboration to improve clinical outcomes and our environment to reduce harm.

### **Membership:**

- 80% direct care RNs, 20% Managers and Directors
- Quality Management representative
- Co-Chairs of HAI/NSI workgroups

Members of this council assign and monitor action plans to improve clinical quality and safety measures and metrics. This council makes recommendations that promote and maintain a nursing practice environment where the best practices in safety and quality are provided for patient care

**Quality of Care Council members:**

- Amber Lowenstein, BSN, RN
- Amy Loaiza, BSN, RN
- Amy Steinert, MSN, RN, CMSRN, LSS-BB
- Andrea Keeling, BSN, RN, CMSRN
- Ashley O'Connor, PT, DPT
- Celine Li, BSN, RN, VA-BC
- Danielle Craig, BSN, RN, PCCN
- Elnora Grant, DNP, RN, APRN, PCCN
- Emily Helmold, MSN, RN, CPHQ, LSS-GB, NE-BC
- Emma Kimpton, BSN, RN
- Jacqueline Ahlstrom, BSN, RN
- Jaime Dunn, MBA, CHC, CPPS, CPHQ
- Julia Graves, BSN, RN
- Kelly Eisenzimmer, BSN, RN
- Meg Feely, BSN, RN
- Tamara Kneipp, BSN, RN
- Tara Tuepker, BSN, RN, CCRN

In 2024, what was previously known as the Safety & Practice Committee subgroup of the Interprofessional Practice Committee met regularly. The IPC/Professional Governance structure at PPMC is currently in a transformation which created two new councils that once comprised Safety & Practice Committee.

As a brand-new council, we will be working on two projects to wrap up 2024 and extend into 2025.

## **2024 projects: Unreadable & non-patient barcode education**

**Action:** Provide education, including SBAR, to each unit on when & why to use unreadable & non-patient barcode for CBGs, laminate policy & distribute, communicate plan, and confirm education.

**Why:** Gaps in knowledge in caregivers across PPMC around when & why & how to use the unreadable & non-patient barcode for CBGs.

**Recommendation:** Information gathering of current unit process for access to unreadable & non-patient barcode. Share gaps in knowledge and resolution in safety huddle & newsletter. Each unit will utilize an education confirmation process. Place laminated informational step-by-step with each glucometer, or in glucometer area.

**Outcome:** TBD; desired outcome is to improve knowledge about the barcode and access to the barcode. Pre-data: 10 units represented were unfamiliar with the process and where to find the barcode. Metric: count of times barcode is utilized, compared to no barcode used.

## **CAUTI prevention**

**Action:** SBAR on the "0800 and 2000" process for Foley care, including success of project in Critical Care. Each unit coordinates with education team for credentialing of super users. Complete recredentialing of nurses.

**Why:** Gaps in knowledge and experience for insertion of straight catheter & Foleys are resulting in increased CAUTIs at PPMC.

**Recommendation:** Each nurse will update their patient list in Epic to include Foley bundle and daily bath, and utilization of "0800 and 2000" process for Foley care. Recredential nurses in placing and maintaining straight catheter and Foley catheter. Quarterly in-person observation confirmation of skill.

**Outcome:** The desired outcome is a reduction in CAUTI, and an increase in recredentialed nurses.

Leading indicator: Standard work confirmation through in-person observation.

Lagging indicator: CAUTI count & rate.

## **KNOWLEDGE MANAGEMENT COUNCIL**



**Knowledge management executive summary:**

- Demonstrate commitment to knowledge creation, generation, translation, and application.
- Introducing new knowledge and practice
- Assess specific practice change requests
- Lunch and learn and/or journal clubs
- Build a spirit of clinical inquiry
- Build EBP skill, competence, and mentors
- Build Research and IRB competence, mentors, and keep research projects in flight
- Support dissemination of information including internal, external, posters, abstracts, publication, and grant writing
- Clinical advancement/evidence of lifelong learning
- Create and support internal Clinical Practice Summit, an internal interprofessional best practice sharing event

**Recent Activities and Achievements:**

- IPC and knowledge management redesign to support 80% Direct care staff and 20% directors and managers
- Organization and structure of meetings to promote research EBP



- Connecting with our librarian and library network to support staff outside the KM group and grow a spirit of inquiry
- Achievements include
  1. Ownership of magnet standards: NK1, NK2, NK3, NK4, NK5 & NK7
  2. Development of a standardized process for tracking research, EBP and potential projects happening at PPMC. This will allow for oversight and support of the nurse.

### **Ongoing Projects:**

1. Continued oversight and support of magnet standards
2. Development and oversight of research and EBP projects happening throughout PPMC. Connecting caregivers with knowledge management members to IRB submission and poster presentation.

### **Challenges and Solutions:**

The knowledge management – formally research and EBP- was one of the original IPC sub councils. This group experienced multiple changes in leadership and direction in a short period. This led to projects starting and stopping without consistency. The new knowledge management team developed under the professional governance is now with consistent leadership and clear direction. This consistency has already led to structured meetings with defined goals and direction.

### **Future Plans:**

1. Calendar of Activities: Transparent way to showcase knowledge management activities  
Examples include: Knowledge management roadshow, conference abstract submissions, host PPMC challenge to promote clinical inquiry and PICO questions, magnet conference learnings, PPMC poster presentations.
2. Continued work and oversight on Magnet standards- This is ongoing and requires constant support to ensure we are meeting these metrics.
3. Connection with Clinical ladder- meeting with our clinical ladder leadership to identify possible research and EBP projects.
4. CITI training for all members to support IRB submission and development of research projects.
5. Continued oversight of projects and support of staff from submission to IRB and poster presentation
6. Develop and promote professional practice summit and clinical inquiry challenge.

### **Conclusion:**

The knowledge management team is committed to supporting a spirit of inquiry and development of research and EPB across PPMC. This committee is creating a foundation to improve patient care and professional development for our nurses.

## PROFESSIONAL AND CLINICAL DEVELOPMENT COUNCIL (PCDC)



### **Nursing Grand Rounds**

The council organized three Nursing Grand Rounds (NGRs) in 2024, presenting to all PPMC nursing colleagues. The topics were selected based on the previous year's Learning Needs Assessment. All NGR presentations were recorded and posted on HealthStream for those unable to attend the live sessions. Each presentation offered 1 CE to those who attended or watched the recording. The topics covered were opioid withdrawal management and treatment, De-escalating Techniques, and Stroke Management.

**Opioid Withdrawal Management and Treatment** by Dr. Terena Gimmillaro in February 2024.

**De-escalating Technique** by Trisha Williams in August 2024.

**Stroke Management** by Natalie Swearingen in October 2024.

**Learning Needs Assessment** In April 2024, the council conducted a Learning Needs Assessment for inpatient and ambulatory nurses as well as CNAs. The assessment was distributed to all nursing colleagues at PPMC. To encourage participation, prizes were awarded to the top five units with the highest participation:

1st – 4R

2nd – Wound Care

3rd – IRU

4th – SSU

5th – MPU

**Mentorship Program** The council continued to support the mentorship program. We trialed the mentorship program in 2R with the support of Kortney Speidel, a DNP student who took this opportunity to implement the mentorship program at PPMC.

**IPC Escalation Ticket Resolution** Efforts were made to address issues related to IPC escalation tickets, ensuring timely and effective resolution of concerns raised by staff.

**Nutrition Services Communication** The council facilitated communication between nursing staff and the nutrition services department to address issues related to patient diet restrictions and electrolyte management. This included sharing information from Jonathan Lockridge, the manager of the patient nutrition department.

**Vital Signs Monitoring** The council worked on improving the monitoring and documentation of vital signs in EPIC. This included educating staff on using MD vital sign parameters to drive EPIC significant flags and reducing duplicate notification parameters.

**Conclusion** The PCDC has made significant strides in enhancing professional development and clinical competency among our nursing staff in 2024. We look forward to continuing our efforts in the coming year to support the growth and development of our caregivers.

## NURSE ADVISORY COUNCIL

The Nurse Advisory Council is a newly established council within Professional Governance. The council is led by the Chief Nursing Officer and includes both leaders and clinical nurses as members. All co-chairs of the Professional Governance house wide councils are members. Nurse Advisory Council has the following focus areas:

1. Host CNO listening venue with focus on the future of PPMC nursing professional practice.
2. Monitor success metrics of Professional Governance & Magnet; continually advance work in accordance with ANCC guidelines.
3. Triage new initiatives/projects, assure alignment with strategy, assign as appropriate and support advancement of the work.
4. Develop and monitor a balanced score card for all IPC/PG councils Develop IPC/Professional Governance member competency in advancing professional practice.

### **Recent Activities and Achievements:**

Nurse Advisory Council has been working collaboratively to develop the fundamental documents of the charter, bylaws, report our template and schedule, as well as new member onboarding. Additionally, NAC has rotating reports from other house wide councils to ensure information dissemination and strategic alignment. Based on feedback from clinical nurse members, NAC has also developed a triage and tracking system for new initiatives that are brought forward by members.

### **Future Plans:**

- Continue to monitor and ensure Professional Governance strategic alignment
- UBC report outs
- Monitor NSIs, mentorship, certification/BSN rates, leadership development
- Monitor quality, safety, caregiver, and patient experience data

## SERVICE AND RECOGNITION COUNCIL

The DAISY and Caregiver of the Month program has expanded in 2024 and we are so excited to recognize more caregivers than ever before. Throughout 2024 we have added one more DAISY awards (DAISY RN Leader) as well as four more DAISY awards that will be awarded in May 2025 and annually thereafter (DAISY RN for Nursing Ethics, DAISY Health Equity RN, DAISY Educator, and DAISY Lifetime Achievement RN (for those with 25+ years of RN experience)). We have also added 3



other Caregiver of the Month awards, including the IRIS ancillary caregiver award, TULIP RN award, and the Caregiver of the Month team award. You can nominate DAISY RNs here: [PPMC DAISY Nursing Award Nomination Form](#) and Caregiver of the Months here: [PPMC Caregiver of the Month Award Nomination Form](#).

Other accomplishments throughout the 2024 year include:

- New nominations forms and links to nominate our new awards.
- Building an external web page for nominations to be submitted
- Celebration of honorees during Professional Governance and in the Spirit
- Installation of DAISY and Caregiver of the Month parking spots in both parking garages (please note, this is only for the honorees month of honor)
- Nurse leaders being able to nominate DAISY and Caregiver of the Month nominations via cipher rounding pads
- Symplr and DAISY honored one of our DAISY RNs, Sarah Palmer BSN, RN. See her video here: [Celebrating nurses and nurse managers who make an impact \(Web view\)](#)
- Hosted the National DAISY team on site to review our program. They were very excited about our expansion of awards and were impressed with our processes.
- Redesign of our council to include more Direct Care RNs and more caregivers of our Interprofessional team. If you are interested in becoming part of this council please reach out to Danni Sloane ([Danielle.Sloane@providence.org](mailto:Danielle.Sloane@providence.org)).

We are excited to announce some new work that will be coming in 2025, including:

- Installation of the DAISY and Caregiver of the Month recognition wall which will be on the wall heading off the Glisan Street skybridge. This will recognize 38 caregivers and 8 teams throughout the year. This will be graciously funded by our Providence Foundation grant, with a grant written by DAISY co-coordinators Dr. Danni Sloane, DNP, RN, and Senior Administrative Assistant Amanda Williams.
- New nomination boxes will be installed throughout the hospital and in other patient care areas to increase our nominations.
- New and improved DAISY and Caregiver of the Month cart will soon be roaming the halls. This cart will be bigger and better than ever to help celebrate our honorees.

## MAGNET CHAMPIONS

This report outlines the steps and initiatives undertaken to promote and reinforce the Magnet Model and its core components within our organization here at PPMC. The

Magnet Model emphasizes excellence in nursing and clinical practice, supporting our fifth Magnet designation journey through education, engagement, and targeted interventions.

The Magnet Model consists of the following core components:

1. Transformational Leadership
  - Focused leadership development that inspires change and continuous improvement across units and in their own personal development
2. Structural Empowerment
  - RNs are engaged in interprofessional decision-making and professional growth, aligning with organizational goals.
3. Exemplary Professional Practice
  - Clinical practices that are evidenced by effective and efficient care and contribute to high quality patient outcomes.
4. New Knowledge, Innovation, and Improvements
  - Emphasis on evidence-based practice and research. Research drives innovations that enhance care quality.
5. Empirical Outcomes
  - Measurable results that showcase the impact of our efforts on patient and organizational outcomes.

These components are central to promoting a culture of excellence, fostering nurse engagement, and improving patient outcomes. Our goal is to integrate these principles into everyday practice, ensuring that nurses at all levels understand and embody the values associated with the Magnet Model. Our Magnet Champions are facilitating their units understanding and education of the components of the Magnet Model and Magnet culture.

Magnet Champions have created the following initiatives, activities, tools, and resources to assist in educating nurses and interprofessional partners in 2024 as we work towards are 5<sup>th</sup> Magnet designation.

### **Initiatives, Tools, and Recourses**

- Reviewed Magnet Champion Committee Charter and created Magnet Champions Expectations of Participation documents.
- Magnet Huddle Messages for Leaders. Scheduled to begin in January 2025, these messages will reinforce the Magnet Model's principles in regular team interactions.
- Elevator Speech- Think a quick 60 second speech. It's a way of introducing Magnet, getting across a key point or two explaining Magnet's purpose and importance to PPMC and making a connection with peers.
- Magnet Moments – Each unit is encouraged to share stories that highlight improvements in patient care, nursing workflows, or innovative practices, promoting shared learning across teams.
- Binder - Goal: Magnet reference binder available on each unit providing easy access to Magnet-related information, fostering ongoing learning. providing easy access to Magnet-related information, fostering ongoing learning.
- Magnet Refresher Presentation– PPT presentation for Magnet Champs to use to educate peers about Magnet and its impact on nurses and interprofessional partners.
- PPM – reviewed, ratified, and redesigned
- Data Interpretation Education. Training on interpreting and sharing NDNQI/NSI data is provided to Champions to support data-driven improvements at the unit level and to understand the importance baselines and tracking progress over time compared to national benchmarks.
- Magnet Fact Sheet – A concise one-pager explains what Magnet is and how it impacts nursing staff and patient care.
- Magnet “I” Statement Connections - Provide thought-provoking prompts to show our Magnet clinical nurses / clinicians how they connect and exemplify Magnet principals.
- Pinnacles of Performance - template supporting Champions in educating their units on unit specific Nursing Sensitive Indicators (NSI).
- Standardize our Magnet Boards- Unit-specific boards will communicate Magnet information and progress, promoting transparency and engagement.

### **Engagement Activities and Contests.**

To foster engagement and a sense of community, several interactive activities have been organized:

- Matching game - Games designed to reinforce the understanding of each Magnet component.
  - Transformational Leadership

- Structural Empowerment.
- Exemplary Professional Practice
- New Knowledge, Innovation, and Improvements
- Empirical Outcomes
- Word Search and Bingo - Fun activities centered around Magnet terminology and concepts.
- Coffee Carts Rounds- Informal sessions to units to discuss Magnet updates and answer questions.

The activities, resources, and initiatives developed for our Magnet journey ensure that nursing staff and interprofessional partners at all levels understand, support, and embody the Magnet Model. These efforts aim to enhance patient care, streamline workflows, and foster an environment of continual professional development, aligning with the goals of our fifth Magnet designation journey.

## CHARGE NURSE COMMITTEE

The Charge Nurse Committee is a hospital-wide committee whose goal is to act as a liaison between management and staff while working in collaboration with Professional Governance. The members provide support, training, insight, professional leadership development, and problem-solving to fellow Charge Nurses. We support new initiatives when a specialty practice leader calls upon us and help to mitigate failing nurse sensitive or quality indicators. The committee is co-chaired by charge nurse Nancy Ellis and her manager Laura Frashour.

Our committee meets for four hours monthly with a representative from each unit and quarterly with all the charge nurses who can attend (approximately 50 in attendance quarterly). Many of our meetings include information sharing to be passed to the units as a whole. The in-person meetings allow for educating on new house-wide initiatives that might otherwise be lost in our emails. We have standing agenda presenters including representatives from Infection prevention, quality management, one of our hospitalists, our nursing educators, and our Chief Nursing Officer, Lori Green, attending each month.

Guest speakers have included representatives from our director and executive teams. Our Chief Operating Officer presented on security changes to our campus that will directly affect caregivers. Our Nursing Director Barb Merrifield attends most meetings and has presented on many subjects including our goals with our Social Determinants of Health (SDOH) screenings.

As a cohesive group, we achieved our goal of SDOH screening at least 90% of newly admitted patients. We achieved this goal by communicating the importance of SDOH screening with our team after our initial education at the charge nurse committee meetings. Our float pool brought a concern about our constant observation staff not being informed of *why* they were observing the patient. This committee formed a subcommittee and devised a process that was implemented house wide. The constant observation staff now feel more informed and in turn, this should directly affect better patient safety outcomes.

The team held brain-storming sessions to identify both patient care and work environment improvements that we, as charge nurses, can influence. One session focused on how to retain our staff. We had a presentation from our Manager of Finance, Justin Gross, on the actual data of our staff turnover. Shirley Shea presented on partnership agreements. Difficult patient behaviors add to staff dissatisfaction and Shirley's help with the partnership agreements and how to properly use them can empower our nurses to quell the behaviors with help from solid and clear communication and documentation. We had a very compelling presenter, Randy Morris RN, come to speak about the Do's and Don'ts of documenting.

In 2025 we plan to focus on our charter goals. One of our plans reflects our goals of "providing support, and training." Nursing education is implementing a new skills lab for our newly hired nurses. The charge nurse committee will be an integral part of making these skills days happen. The charge nurses will be signing off multiple newly hired nurses on specific skills, not only broadening the skill of the learner but also developing the leadership skills of the charge nurses.

The committee helps to put into action many nurse-driven changes to practice throughout our hospital.

## Fall Prevention Committee

### Executive Summary

The Fall Prevention Committee is committed to enhancing patient safety and reducing falls through shared decision-making across departments. By promoting accountability, partnership, and responsibility, the committee advocates for patient safety and encourages clear communication among caregivers, patients, and families. The committee aligns with departmental and system goals to provide extraordinary care. Key goals include reducing patient falls, collaborating with Unit Based Councils to promote best practices, and performing monthly audits to educate staff. Methods



include process improvement, evidence-based practice implementation, caregiver education, and data collection. Outcome measurements include the NDNQI Fall Rate per 1000 patient days and the NDNQI Fall Rate with injury per 1000 patient days.

## Recent Activities and Achievements

### *All Falls:*

The fall rate per 1,000 patient days has improved since early 2023, declining to around 3.86 in mid-2024 from a peak of 5.61 in 2022. While there is some variability, the process remains stable within control limits. Focus on periods with higher fall rates to identify influencing factors. Recent improvements suggest progress, highlighting effective initiatives.

### *Injury Falls:*

The injury fall rate is stable, mostly below 1 per 1,000 patient days, with occasional spikes (e.g., 1.5 in mid-2023). These spikes should be reviewed for root causes. Despite variability, the process remains stable within control limits, requiring continued monitoring.

### *General Insights:*

Discuss the sustainability of current interventions and identify areas for targeted improvements. Recognize the improvement in fall rates to motivate continued focus on safety.

## Ongoing and Completed Projects

### *Current Projects*

- **Photo Wall on Fall Committee SharePoint:** Create a photo wall to show names and faces of each unit's fall representatives.
- **Family/Visitor/Patient Fall Prevention Education:** Develop educational materials for visitors on fall prevention measures, policies, and alarms.
- **No-Pass Zone Education for Interdisciplinary and Ancillary Staff:** Create a checklist for housekeepers, diet hostesses, ACMs, etc., to prompt them to contact DCNs when they notice safety hazards.
- **Falling Ergonomics Education:** Work with PT to create staff education on safely assisting patients as they fall.
- **Refusing Alarms and Independence:** Address how to approach patients who refuse alarms and use the independent mobility tool.
- **Patient Education on Assistive Devices:** Develop education on the use of assistive devices and provide this teaching during hospital stays.

- **Patient Falls Without PT/OT Evaluations:** Create a screening tool for RNs to determine when to request a PT/OT evaluation and conduct a literature review for EBP project.
- **Strip Alarms and Skin Breakdown:** Conduct a literature review and create a decision tree or education for deciding when to remove strip alarms from patients with high risk for skin breakdown.
- **Falls Based on Time of Day:** Evaluate the roles of CNAs and break relief nurses to see if they can be more available during high-risk times.
- **Deep Dive on Unassisted Falls:** Conduct a detailed analysis of unassisted falls.

### *Completed Projects*

1. **Patient/Family/Visitor Admission and Fall Prevention Education:** This project addressed the lack of fall prevention education for family and visitors by creating a welcome brochure to inform them about fall prevention measures, aiming to reduce falls through their intervention.
2. **Falling Ergonomically: Education:** This initiative developed standardized education for nurses and CNAs on how to safely assist patients to the floor during a fall event, reducing the number of unassisted falls and injuries.
3. **Strip Alarm vs No Strip Alarm:** The project reviewed the use of strip alarms, which were causing skin breakdown and pressure injuries. It explored alternative options, identified the root cause of bed alarm failures, and recommended acquiring Centrella beds for all units.
4. **Refusing Safety Alarms & Assessing Independence:** This project created a standard for assessing, determining, and documenting exceptions for patients who refuse safety interventions like bed alarms, particularly those who are independent and alert and oriented (A&O), to prevent fall events in this patient population.

### **Challenges and Solutions**

- **Standardized Education:** Ensuring consistent training for staff on assisting patients during falls.
- **Engaging Patients and Families:** Effectively educating patients, families, and visitors about fall prevention.
- **Equipment Issues:** Addressing problems with fall prevention equipment, like strip alarms causing skin breakdown.
- **Patient Compliance:** Managing patients who refuse safety interventions.
- **Consistency in Protocols:** Maintaining adherence to fall prevention protocols among all staff.

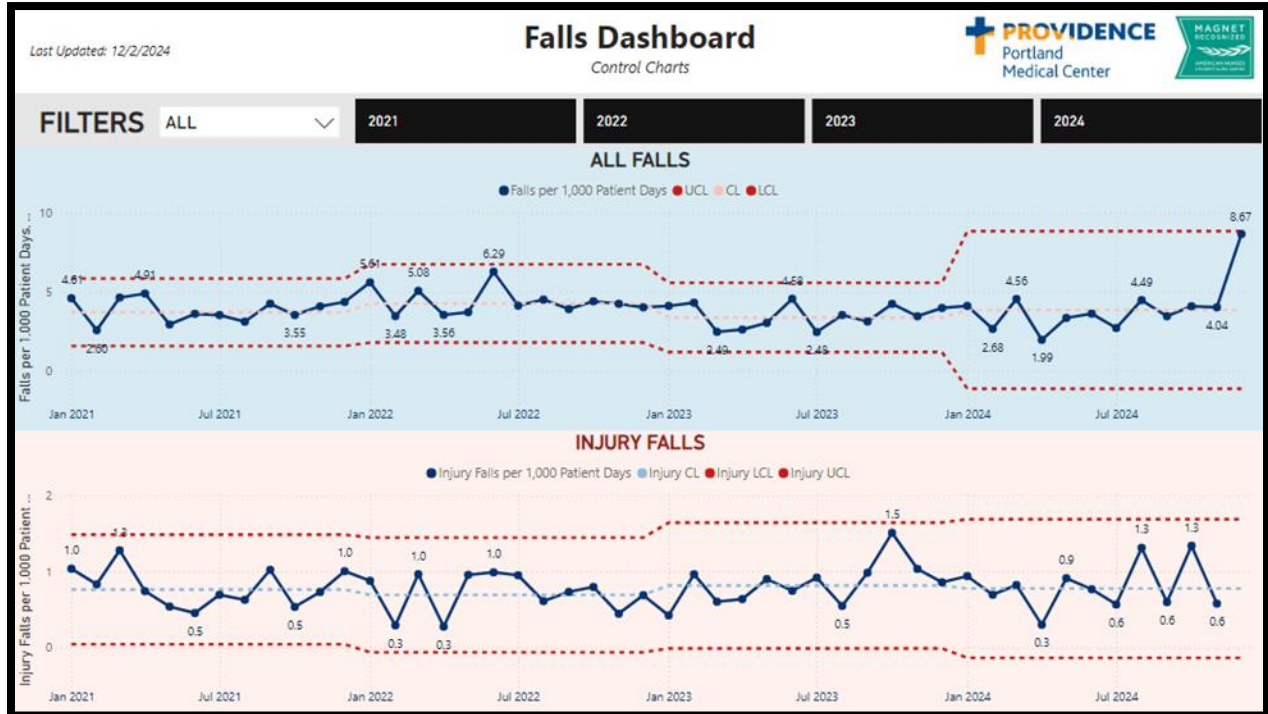
**Future Plans**

We aim to get better strip alarms to prevent skin breakdown and equip nursing units to replace chair alarm batteries, a task currently handled by biomed. Additionally, we plan to create an intervention grid based on patient needs, clinical picture, and diagnosis. We will review and potentially replace our current fall risk assessment tool. Lastly, we intend to update and improve the post-fall debrief form to capture relevant information about each fall event, share learnings, and avoid redundancies with the event reporting system, HRP for reported fall events.

These initiatives will help us enhance patient safety and reduce falls effectively.

**Visuals and Supporting Documents**

	2021	2022	2023	Q3 2024	Q4 2024
<b>Fall Rate</b>	<b>2.75</b>	<b>3.14</b>	<b>2.61</b>	<b>2.38</b>	<b>2.54</b>
<b>Falls with Injury Rate</b>	<b>0.62</b>	<b>0.49</b>	<b>0.63</b>	<b>0.48</b>	<b>0.53</b>



## Conclusion

In conclusion, the Fall Prevention Committee has made significant progress in enhancing patient safety through various initiatives. We have successfully reduced the fall rate, demonstrating the effectiveness of our interventions. The engagement of fall representatives and nursing units has been instrumental in this success. Despite challenges such as standardized education, patient and family engagement, and equipment issues, we have implemented key projects that have contributed to our achievements. Looking ahead, we plan to further improve fall prevention measures by acquiring better strip alarms, enabling nursing units to replace chair alarm batteries, creating an intervention grid, reviewing the fall risk assessment tool, and updating the post-fall debrief form. These efforts underscore our commitment to providing extraordinary care and ensuring patient safety across the facility.

## SKIN CARE RESOURCE COMMITTEE

### Executive Summary

The purpose of the Skin Care Resource Committee is to ensure evidence-based practice in pressure injury prevention, facilitate skin and wound care collaboration with the Certified Wound and Ostomy Continence Nurses (CWOCNs) and other interdisciplinary team members, and uphold patient safety by preventing skin injury whenever possible. The Committee is in place to help PPMC maintain Magnet level standards for hospital acquired pressure injury (HAPI) prevalence to reach the goal of zero hospital acquired pressure injury. The Skin Care Resource Nurses (SCRNs) will support each nursing unit by actively participating in assessments, interventions, and sharing evidence-based practices with staff.

The committee includes clinical nurse representatives from all inpatient units, as well as the Emergency Department and surgical services. Additionally, Certified Nursing Assistants and Certified Wound Ostomy Care Nurses are also committee members. Participation in the quarterly pressure injury prevalence study is required for Skin Care Resource Committee members.

### Recent Activities and Achievements

- Integration with other NDNQI event report out structure for HAPI events
- Regional workgroup for improvement plan for device related injury education and audit roll out
  - Stop the Pressure education campaign - Free the NARES (NG Tube) and BiPAP
- New Lead Metrics including five monthly skin care audits on each unit on low Braden score patients
- Standardized Skin Boards (Float Pool won the Skin Board Design Contest)



# Medication Safety Committee

## Executive Summary

The primary purpose of the Medication Safety Committee is to organize and articulate an institutional strategy to improve patient safety, maintain or exceed regulatory and accreditation compliance related to medication management, and promote evidence-based best practice related to medication management at Providence Portland Medical Center.

## Recent Activities and Achievements

**Outcomes and Metrics:** reviewed at each monthly meeting (see Year to Date visuals)

1. Bar Code Medication Administration (Goal > 95%)
2. Alaris Pump and Guardrail Compliance (Target > 70%, Stretch Goal > 80% until Alaris Interoperability is implemented)
3. Pyxis Override Compliance (Goal < 2%)
4. Naloxone Use in Opioid-Related Oversedation (Goal < 0.33%) – [Dashboard](#)
5. Anticoagulation-Related Elevated INR Events (Goal < 1.6%)
6. Hypoglycemic Events (Goal < 4.5%)

## Case Studies and Success Stories:

Case Study	Success Story	Actions Taken
<p><b>Event #1:</b> Insulin dosing practices vary amongst nurses due to confusing verbiage in the insulin correction scale administration instructions.</p>	<p>SBARK recommended to change the “Correction Insulin” administration instructions in Epic.</p> <ul style="list-style-type: none"> <li>▪ Daytime dosing of insulin changed from “Day/NPO” to “Day” in the correction scale</li> <li>▪ Reduced risk for nocturnal hypoglycemia in NPO patients at night (“Night” scale does not specify NPO dosing).</li> </ul>	<ul style="list-style-type: none"> <li>▪ SBARK: created by Nyles Fowler, PharmD</li> <li>▪ PSJH Medication Safety Council: SBARK Approved 04/16/24 pending Epic Build</li> <li>▪ PPMC Medication Safety Committee: Discussed 05/06/24</li> </ul>
<p><b>Event #2:</b> Epic MAR alert triggers inappropriately for doses over 24 mg in 24 hrs (75% alerts overridden). Prescribing</p>	<p>SBARK recommended to change the buprenorphine MAR cumulative dose warning from maximum dose of 24 mg to 32 mg over 24 hours</p>	<ul style="list-style-type: none"> <li>▪ SBARK: created 05/03/24 by Nyles Fowler, PharmD, Martina Uhlig, PharmD, and Jim Walsh, MD</li> </ul>

<p>practice has changed based on new primary literature to extend to 32 mg max in 24 hrs.</p>		<ul style="list-style-type: none"> <li>▪ PSJH Medication Alert Review Team: approved 04/10/24</li> <li>▪ PSJH MSC: approved 05/21/24</li> </ul>
<b>Case Study</b>	<b>Success Story</b>	<b>Actions Taken</b>
<p><b>Event #3:</b> Near miss dosing error with Epoprostenol IV infusions – this is a high alert medication without a prompt in Epic for a second witness on the MAR.</p>	<p>Add Epoprostenol and Treprostinil to the Providence High Alert Infusions to require a second RN witness to waste in Epic.</p>	<ul style="list-style-type: none"> <li>▪ SBARK: created by Melissa Tasripin, PharmD (HRP from Levi Cole, CCS RN)</li> <li>▪ PSJH Medication Safety Council: SBARK Approved 04/16/24</li> <li>▪ PPMC Medication Safety Committee: Discussed 05/06/24</li> </ul>
<p><b>Event #4:</b> Antibiotics were auto-verified as duplicate therapy, dosing error, or incorrect timing.</p>	<p>Auto-verification was removed as the default for orders placed in the ED and converted to a restricted list of “auto-verified” meds with exceptions.</p>	<ul style="list-style-type: none"> <li>▪ SBARK: created by Savita Bathija, PharmD and Laura Tanas, PharmD, based on HRP trends in the ED</li> <li>▪ Pharmacy Informatics: Epic change on 08/22/24</li> <li>▪ ED Dept shared SBAR on 08/26/24</li> <li>▪ PPMC Medication Safety Committee: TBD 01/06/24 with report out of pre/post implementation data</li> </ul>
<p><b>Event #5:</b> Plavix 300 mg loading dose was ordered daily with no end date and a maintenance dose of</p>	<p>In the customizable PPMC medication list, the Epic order name was changed by Pharmacy Informatics to default to a “ONCE” frequency instead</p>	<ul style="list-style-type: none"> <li>▪ Pharmacy Safety and Quality Improvement Committee: Discussed on 11/14/24 (submitted ticket)</li> </ul>

75 mg daily. Epic fired a duplicate alert warning, but the loading dose frequency error was not caught prior to administration, resulting in a duplicate dose.	of “DAILY” in the search bar for Plavix doses higher than 75 mg.	<ul style="list-style-type: none"> <li>▪ Pharmacy Informatics: Epic change on 12/05/24</li> <li>▪ PPMC Medication Safety Committee: TBD 01/06/24</li> </ul>
--	--	---

### **Ongoing Projects**

- **Quarterly Medication-Related Events:** reported from the Press Ganey High Reliability Platform and reviewed quarterly for trends, patient harm, and high-risk errors.
- **Drug Shortages:** review mitigation strategies and therapeutic substitutions that have the potential to result in medication errors.
- **Increase Medication Safety with Barcode Scanning:**
  - Epic Dispense Prep and Check used for all compounded sterile products dispensed from pharmacy.
  - High alert medications that are dispensed patient specific and not from the automated dispensing machine are barcode scanned in Epic Dispense Prep and Check.
  - Hazardous medications are built into the non-sterile hazardous negative pressure room following USP 800 standards and incorporated in the Inventory Management Software (e.g., BD Logistics Software).
- **Decrease Infusion-Related Medication Errors:**
  - IV push implementation for appropriate medications to decrease RN-activated mini bags from reconstituted powder vials, where the full dose was not administered due to clamped tubing, or powder not reconstituted prior to administration.
- **Improve Controlled substance Handling Processes and Opioid Safety:**
  - Timely resolution of controlled substance discrepancies within 24 hours.
  - Implementation of Annual Healthstream Training (e.g., PROV: Drug Diversion – Detection and Prevention).
  - Naloxone use is tracked and reported at Safety Huddles.
- **Implementation of Central Division and PSJH System Medication Safety Initiatives:**
  - High Alert IV Infusions: transition to order set and remove standalone orders.
    - ♣ Magnesium, Paralytics, Insulin, etc.

- o Range Dose Orders: update administration instructions, reduce opioid ranges, etc.
- o Standardization of Ketamine dosing units from to mg/kg/hr to **mcg/kg/min**.

### **Challenges and Solutions**

- **Insulin Correction Scale Clarification:** SBARK submitted to PSJH Medication Safety Council to update administration instructions.
  - o Combining with additional insulin-based initiatives and collaborating with Glycemic control stakeholders.
- **Morphine Epic Alert for Patients with Renal Impairment** (e.g., CrCl < 30 mL/min)
  - o SBARK submitted to PSJH Medication Safety Council and approved by all vetting committees and pending Epic Assignment for Build
- **Missed Doses due to MAR Holds:** When patient leaves unit (for dialysis, procedure, etc.), medications are auto held but not flagged for the RN in Epic (per Clinical Informatics). Nurses should review the MAR and either remove hold or administer the medication. If uncertain whether it should be given, nurse to contact pharmacy or provider.
  - o Nurse Education: 1) [Auto Held Medications](#) (OR/procedural), 2) [Provider Held Medications for Nursing](#), or 3) [Manage a Provider Hold on a Medication](#)

### **Future Plans**

- Partial Dose Optimization in Pyxis (for frequently ordered doses)
- Alaris Pump upgrade to Interoperability and ongoing work to improve compliance trends

## Visuals and Supporting Documents


**Description:** This dashboard displays metrics commonly tracked by medication safety leaders across the system. Data is consolidated from EPIC and respective reporting portals.

**CONFIDENTIAL:** This dashboard includes sensitive data and is intended for internal use within Providence St. Joseph Health only. Created and managed by PSJH System Pharmacy.

Updates monthly by the 5th day.  
Data is current up to 11/30/2024

### Medication Safety Metrics

See more details: Datix BCMA Alaris Interop Alaris Pyxis



Gradient Key

Good  Great  Excellent

Additional Notes\*\*

Year, Month	Year/Month/Region/Facility	Total Events	Near Miss %	No / Unknown Harm %	Any Harm %	Datix		BCMA			Alaris				Pyxis	Total Vends (Calculated Overrides %)
						0%	> 95%	>95%	0	> 95%	> 95%	<20%	<2%			
2024	<b>2024</b>					<b>2223009</b>	<b>97.0%</b>	<b>97.5%</b>	<b>22</b>	<b>0</b>	<b>NaN</b>	<b>284196</b>	<b>68.6%</b>	<b>197</b>	<b>27.9%</b>	<b>1880157 (0.71%)</b>
	November	198220	97.3%	97.8%	2	0	NaN	19676	74.8%	9	27.4%	171949 (0.67%)				
	October	201786	97.4%	97.9%	2	0	NaN	24323	72.1%	16	26.4%	174983 (0.70%)				
	September	198420	97.1%	97.5%	2	0	NaN	25545	68.7%	21	31.3%	169865 (0.70%)				
	August	205358	96.8%	97.4%	2	0	NaN	27405	68.6%	16	32.0%	176207 (0.68%)				
	July	200386	96.3%	96.8%	3	0	NaN	27036	68.1%	32	26.4%	169998 (0.89%)				
	June	197783	96.7%	97.3%	2	0	NaN	26201	67.2%	20	26.8%	165959 (0.70%)				
	May	214297	97.1%	97.6%	2	0	NaN	26841	67.4%	25	31.0%	180027 (0.68%)				
	April	190800	97.2%	97.6%	2	0	NaN	25371	66.8%	13	29.7%	159595 (0.73%)				
	March	212875	97.3%	97.7%	2	0	NaN	28886	68.1%	15	27.6%	177051 (0.69%)				
	February	199161	97.0%	97.5%	2	0	NaN	25736	66.9%	16	21.4%	165385 (0.67%)				
	January	203923	96.8%	97.2%	1	0	NaN	27176	68.1%	14	30.6%	169138 (0.71%)				

**Year, Month**

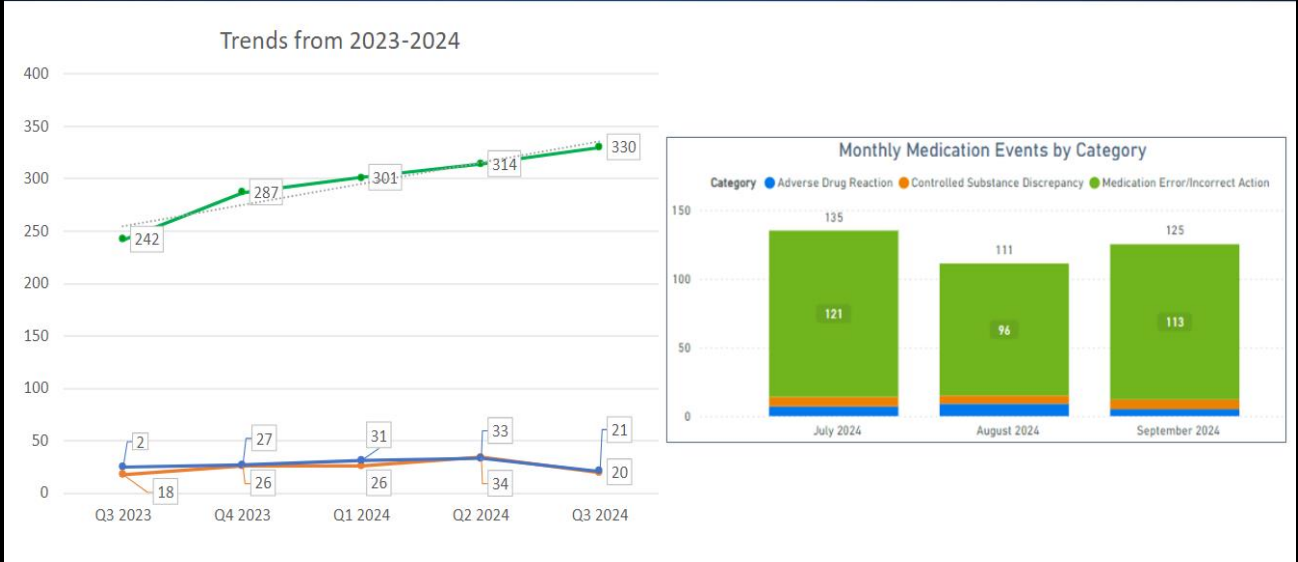
- 2022
- 2023
- 2024
  - January
  - February
  - March
  - April
  - May
  - June
  - July
  - August
  - September
  - October
  - November

**Region, Location**

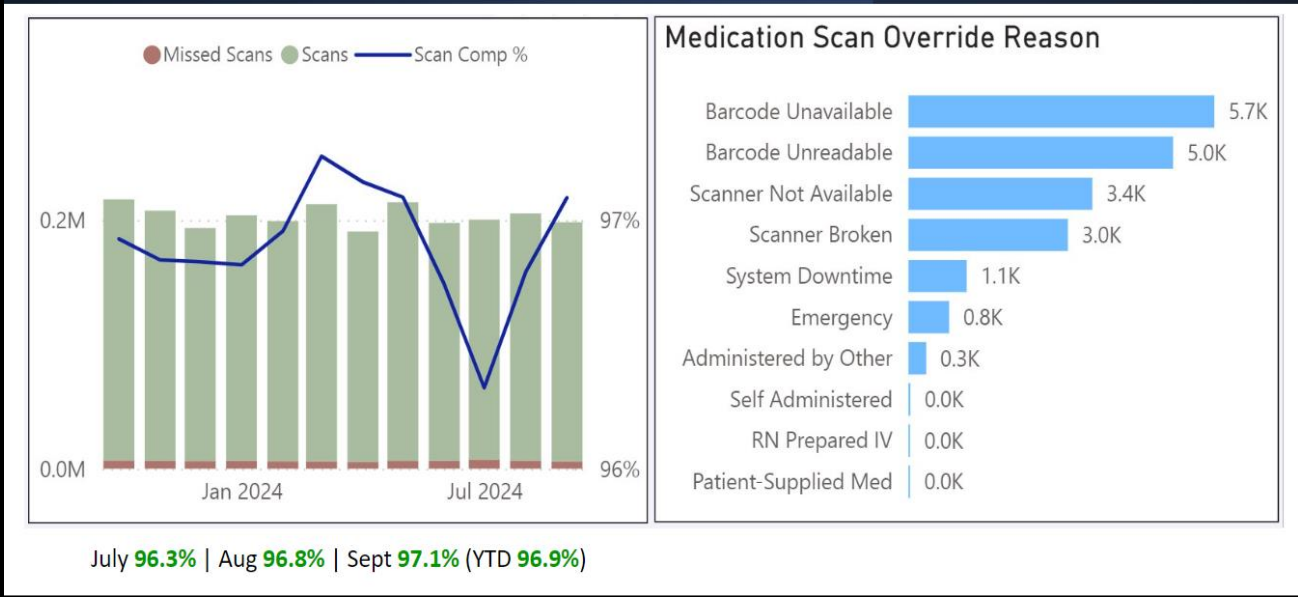
- Select all
- Alaska
- Northern California
- Oregon
  - Providence Hood River ...
  - Providence Medford M...
  - Providence Milwaukie ...
  - Providence Newberg H...
  - Providence Portland M...
  - Providence Seaside Hos...
  - Providence St. Vincent ...
  - Providence Willamette ...
  - Sunset Sound



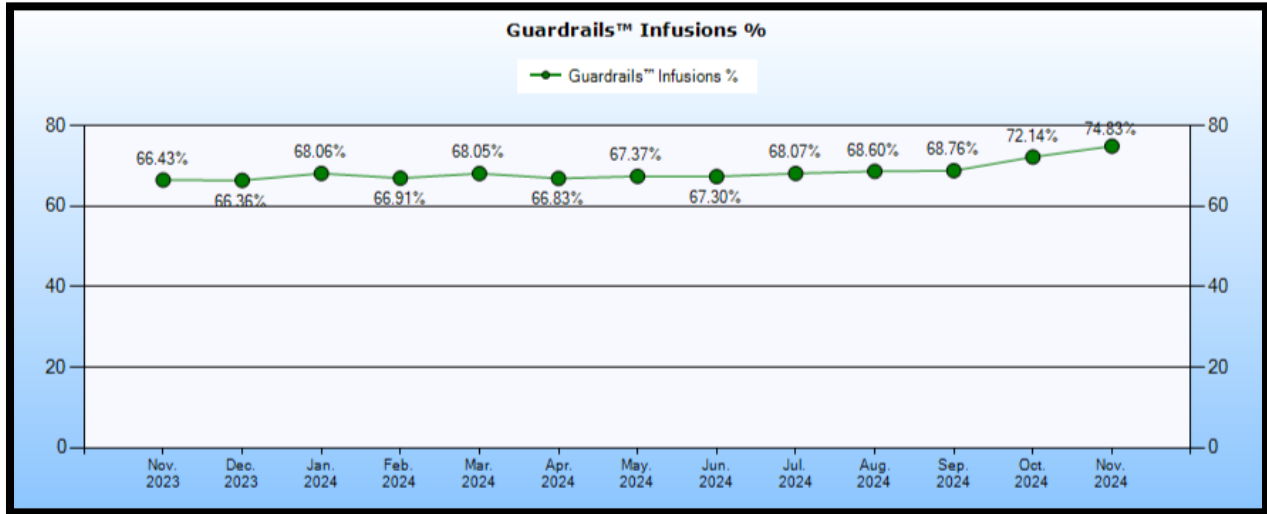
## Medication Event Trends:



## Barcode Medication Administration: System Med Safety Goal > 95%



### ALARIS GUARDRAIL COMPLIANCE



### Medication Safety Quality Dashboard Summary Page

Description: This dashboard tracks impactful metrics highlighted by the ASHP Pharmacy Accountability Measures (PAM) workgroup in which pharmacists can be impactful. Metric definitions are derived from this group, the Washington State Hospital Association (WSHA), and internal subject matter experts. Created and managed by PSJH System Pharmacy.  
*Updates monthly by the 5th day.*  
**Data is current up to 11/30/2024**

[Reset Filters](#)

**Year, Month**

- March
- April
- May
- June
- July
- August
- September
- October
- November

Date / Region / Location	Hypoglycemic Events [Goal: <= 4.5%]	Hyperglycemic Days [Need Validation]	Elevated INR Events [Goal: <= 1.6%]	Emergent Naloxone Events [Goal: <= 0.333%]
<b>2024</b>	<b>2.4%</b>	<b>33.4%</b>	<b>0.3%</b>	<b>0.283%</b>
November	2.4%	33.9%	0.0%	0.385%
October	2.2%	34.4%	2.7%	0.273%
September	3.5%	33.1%	0.0%	0.226%
August	2.5%	35.2%	0.0%	0.375%
July	2.8%	30.8%	0.0%	0.275%
June	2.2%	34.5%	0.0%	0.351%
May	2.1%	34.0%	0.0%	0.209%
April	0.8%	33.3%	0.0%	0.114%
March	3.6%	32.3%	0.0%	0.402%
February	2.3%	33.4%	0.0%	0.239%
January	2.3%	32.8%	0.0%	0.255%
<b>Total</b>	<b>2.4%</b>	<b>33.4%</b>	<b>0.3%</b>	<b>0.283%</b>

### Conclusion

The Medication Safety Committee at Providence Portland Medical Center is a practice council that focuses on evidence-based practices and clinical standards, in accordance

with the guidance specified in the charter. There is participation and engagement from multidisciplinary stakeholders and collaboration from Nursing, Pharmacy, Quality, and Clinical Informatics. This committee reviews medication safety metrics and initiatives that are focused on patient outcomes and quality improvement.

## Hospital Nurse Staffing Committee

### Hospital Nurse Staffing Committee (HNSC) Accomplishments for 2024

In 2024, the HNSC achieved the following:

1. **Collaboration and Approval of Unit Staffing Plans:** Successfully collaborated on and approved 12-unit staffing plans. This involved thorough reviews and modifications to ensure each plan met the specialized qualifications and competencies required for safe patient care.
2. **Unit-Based Collaboration:** Committee members actively engaged with their assigned units to review and discuss necessary changes to their unit staffing plans. This collaborative approach ensured that the staffing plans were tailored to the specific needs and conditions of each unit.
3. **Integration of Evidence-Based Standards:** Incorporated nationally recognized evidence-based standards and guidelines into the staffing plans, ensuring that patient care was consistent with the highest professional standards.

These efforts reflect our commitment to safe and effective nurse staffing.

### Future Work for 2025

In 2025, the HNSC aims to:

1. **Expand Collaboration and Approval:** Collaborate on and approve additional unit staffing plans to further enhance patient care.
2. **Ensure Compliance:** Continue ensuring all staffing plans comply with House Bill 2697.
3. **Annual Reviews:** Complete annual reviews of all staffing plans to maintain high standards and adapt to evolving needs.

## UNIT BASED COUNCIL HIGHLIGHTS

Our Professional Governance structure is crucial for driving positive outcomes and maintaining excellence in patient care. Each unit empowers direct care staff to engage in shared decision making through participation in unit-based councils (UBC). Each UBC meets monthly to problem solve, standardize best practices, promote patient-centered initiatives, and support research and evidence-based solutions to identified gaps.

---

### 8S NEUROSURGERY

8S UBC has six members that meet monthly. The 8S UBC communicates initiatives with their team through written email and in person shift huddles. In 2024 they worked on the following initiatives.

---

#### **Break Relief Nurse, Charge Nurse, and Direct Care Nurse roles**

8S was chosen to pilot Break Relief Nurses beginning March 4, 2024. Beginning in November 2023, 8S UBC did a deep dive into the new Oregon Nurse Staffing Law and began to invent the systems and supports we would need to successfully implement this change in practice. We received very little guidance from the system, and we had very little opportunity to collaborate with the other units that were piloting Break Nurses. In February at the Interdisciplinary Practice Council meeting, I was able to connect with Colby Fredin, a 2R nurse who shared some of their draft documents with us. Based on this, I spearheaded creating 8S specific documents that would define the roles of the Break Relief, Charge and Direct Care nurses during the pilot.

Our pilot was very successful. Many of the fears and anxieties the staff had prior to adoption were not realized. For the most part, having breaks covered has led to better continuity in patient care, more staff on the floor at a time, and direct care nurses getting their breaks.

When PPMC went house wide with break relief in July 2024, 8S had to make some adjustments to our times to be consistent, but most of our role guidance continued to be valid.

## **8S Student Orientation Guide**

In December 2023, a UBC member brought up a concern about lack of clarity about student nurses and CNA roles. Prior to the pandemic, student nurses had longer clinical placements and they would do all CNA tasks for their patients. Since the pandemic and due to CNA short staffing, this practice has changed. In response UBC surveyed PPMC staff and clinical faculty about their expectations for student nurses, reviewed student nurse policies, and talked with members of our education department. We created a guide for student nurses that addresses workflow, professionalism, unit culture, and tasks. It also includes models for handover and nursing brains. We launched in February 2024. The guide is shared by their clinical faculty prior to clinical placements on 8S. It has also been useful for new staff members to help orient them to 8S unit culture.

---

## **Balanced Assignment Tool Revisions**

8S UBC initially developed a balanced assignment tool in April 2022. The original impetus was to address caregiver burnout by ensuring fair assignments as the Covid 19 pandemic began to become endemic. To develop the initial tool, we looked at requirements for hospital staffing plans under the Oregon Health Authority, worked with caregivers to define the kinds of care that added to the caregiving burden, and developed a scale that took into account both acuity and intensity. However, the tool fell into disuse as it was difficult for the charge nurse to chase down direct care nurses to fill it out.

With the passage of HB 2697 mandating safe staffing ratios, 8S UBC felt that we needed to revitalize our tool. We needed to include specific DRGs (Diagnosis Related Group) that required frequent assessments such as recent post-TNK, cranioplasty and embolization patients. These patients would typically be cared for in a step-down unit. Our manager successfully argued that 8S's cares for these high-acuity patients required a 3:1 nurse ratio for some patients. We needed our tool to reflect this.

Also mindful of our past issues with implementation, we did a literature search of published acuity tools to see if there were simpler or more accurate models out there. We found that our tool was actually pretty good. Some tools presented in the literature were far too granular and would add to the caregiver's burden in filling it out.

After we re-launched the tool in April 2024, we have had much more consistent use of the tool this time around. We have asked the break relief nurses to take on the circulation of the clipboard, so that the charge nurse can have the information available



in good time to make assignments for the next shift. The tool is just a guideline. We encourage caregivers to use nursing judgement in rating patients. For example, if a patient has both bolus tube feeds and CBGs, feel free to rate that as a 4 instead of a 3 on the medication rating.

---

### **1:1 Sitter Data Collection**

In May 2024, Dr. Erika Wilson, our unit's hospitalist collaborator, attended UBC. The issue she was concerned about was the requirement for 1:1 monitoring for patients who rated high-risk for suicidal ideation on admission screening. She felt that the hospitalist could often assess (and sometimes dismiss) the risk without waiting for a psych consultation. The unnecessary deployment of scarce CNA/PCT resources concerned all the members of the committee. We agreed that the Suicide Risk policy was beyond the control of 8S UBC, but we did get curious about how we could better assess the continuing need for sitters.

Long term sitters are a barrier to discharge for confused patients. Additionally, the need for a sitter often takes CNAs off the floor when we are short staffed, which is often. We felt we would all benefit from greater communication and clarity about what sitters are doing when they are with patients.

We developed a data collection form for sitters to fill out while caring for our impulsive and high-risk patients. We focused on distinguishing hands-on care from verbal redirects, as well as how many interventions were required in each hour. RVMs can manage three or less interventions per hour if the patient is responsive to verbal redirects.

We collected data from the end of July through the first two weeks of August. Six patient had sitters. At the end of the period, we created an Excel spread sheet to collate the data. The quality of the data was not great, but we were not doing a research study; we were just trying to deploy sitters more efficiently. For example, there were quite a few missing shifts, so our data was not complete. We could still see patterns over time. Also, different sitters had different definitions of the categories, and different ideas about how to count interventions. We might need to clarify if we want to keep collecting information.

The consensus was that the sitter data collection was useful to charge nurses in real time to make decisions about when to discontinue sitters. During our data collection period, charge nurses would pull out the most recent sheet and discuss it with the direct care nurse. Some of our CNA's also provided feedback that they liked it as sitter-to-

sitter handover tool because it gave them a strong sense of what kinds of interventions the patient required.

Aggregating the data was less useful. We don't need a unit-wide analysis of our use of sitters, just tools to make good decisions on the utilization of resources in the moment. Based on UBC discussion in September, 8S decided to continue to deploy the sitter data collection tool long term and integrate it with the See Me Still Me pilot we will launch in January of 2025.

---

### **Fall Prevention**

Our unit's focus is on reducing falls, especially reducing deviations from our fall prevention bundle. In October 2024, we began a project in collaboration with our 8S falls committee representative, to audit compliance with the falls prevention bundle and educate caregivers on standard practice. We are focusing on appropriate use of bed alarms and strip alarms, making sure the alarms are activated, accurate and updated patient mobility information on the doors, and making sure that beds are properly plugged into the telergy system. So far, we have designed an audit tool and collected pre-implementation data. We plan to deploy break-relief nurses and light duty nurses to audit compliance and do just-in-time education for all caregivers. Our reasoning is that since most of our nurses serve in the break relief role, everyone will have a chance to be both the educator and the direct care nurse responsible for ensuring the bundle is followed. We look forward to implementing the project and collecting post-intervention data.

---

### **Unit Welcome Letter**

Updated our welcome letter for float nurses, in compliance with the contract.

### **CRITICAL CARE SERVICES (CCS)**

CCS UBC responsibilities include Identifying areas for practice improvement within CCS, analyzing data related to patient care quality and safety, developing, and implementing evidence-based practice changes, addressing staff concerns and promoting a positive work culture, and collaborating with unit leadership to achieve goals. Decisions are made within the council, including voting procedures and consensus building. CCS UBC meetings are held monthly. Information is disseminated to unit staff regarding council activities, decisions, and progress through CCS Unit Staff meetings, CCS UBC Boards, CCS Newsletter, and emails.

### **CCS UBC Projects:**

- We have been working on a Standard of Excellence for Care document to ensure all staff are aware of the expectations of CCS staff members.
- Are getting ready to launch an [ABCDEF[NS1] Bundle campaign that integrates ICU liberation practices to help create better patient outcomes.
- Address and work through issues placed on our HRO Learning Board monthly.
- UBC continues to focus on creating and supporting an inclusive work culture. We do this through shared activities open to all. We host hikes, Fall Pumpkin Patch get together, Christmas parties, baby showers, and retirement parties. The UBC has been collecting bottles that enable us to fund the above activities in addition to Nurses Week activities.
- We also now have a staff appreciation board where we highlight both nurses and non-nurses monthly.
- UBC has a fun social board with photos of our pets that makes everyone smile! Photos are updated quarterly. We are in the process of changing this board to a fun “choose your spirit animal” board.
- Each PPMC Hospital wide council representative reports to UBC monthly. For example, if the Fall Representatives have created a new practice, then then report back to us and the UBC collaborates on the best way to roll out the new initiative.
- UBC members help promote education through hands on learning, PowerPoint presentations, silent in-services and meetings.

## **2R Respiratory Cardiology Unit**

2R UBC meets monthly to collaborate and problem solve and communicates new initiatives with their teams through safety story sharing, staff meetings, and skills days. One project 2R UBC is most proud of this year is the work completed on TPA installation for chest tubes. In response to a safety event the UBC developed a process change requiring two RN sign off for chest tube TPA instillation. In collaboration with the nursing educators, skills day stations were set up and all caregivers were educated on best practice efforts and the need for dual sign off for this practice. UBC is building education for new hire binders to ensure new hires also undergo training for chest tube TPA instillation.

## **4K INPATIENT REHAB 2024**

Providence Acute Rehabilitation Center (PARC)

4K is an interprofessional team that provides inpatient rehabilitation. In the summer of 2024, the PARC team adopted one of the raised beds in Providence Portland's new caregiver garden. The team utilizes the garden as an opportunity for patients to practice fine motor skills when planting the seeds and use the chance to watch the seeds growth within the garden as a purposeful rehabilitation exercise. The InOurCircle article below tells the story of Lauren, a patient on 4K recovering from a stroke, who loves gardening and being outdoors. The raised beds within the garden provided Lauren the opportunity to engage in her favorite activity, while meeting her rehabilitation goals. The cut flowers from the garden not only provide a sense of accomplishment to those involved in caring for the raised beds, but also bring beauty to the unit.

[Home | InOurCircle](#)

### **5R MEDICAL-SURGICAL**

5R UBC has 9 members who meet monthly to work on problem solving. 5R communicates initiatives to their frontline team through email, in person discussion, huddles, and staff meetings. The UBC collects information from their team through email, surveys, and in person meetings with open discussion.

5R is most proud of their engagement in the break relief trial during the 2024 calendar year. They worked diligently to ensure the trial was a success. The UBC took a look at the times of the breaks and tailored them for unit operations and flow. They developed role expectations for the break relief nurse as well as for the nurses caring for the patients to ensure a smooth handover. The UBC surveyed their peers to get feedback on the process along the way and adjust as able. The survey also identified who on the 5R team was interested in being a break relief nurse. The UBC developed a rotation list that the charge nurse uses to assign the break relief nurse position. The UBC modeled the behavior expectation and performance expectation for the role of the break relief nurse and came up with a list of talking points to address challenges with the new process. They worked on refining the process outside of UBC meetings and spent countless hours on this project.

### **OPERATING ROOM**

The OR UBC has eighteen members who meet monthly for problem solving. They communicate initiatives back to their team through shift huddle, in-services, staff meetings, a UBC communication board, and a learning board with direct 1:1 communication with representative.

- Initiate and completed OR to PACU handoff
  - Direction set by OR Manager in conduction with previous years
  - Due to regulatory compliance and national/community standard
  - Also driven by feedback from new RN's to the team and new anesthesia providers
- OR Specific Code Blue Improvements
  - Driven by debriefing of code blues
  - Discussed with UBC
- Escalated and implement changes for Raytecs in custom packs
  - Learning Board and HRPs
  - Concerns from caregivers
- Initiate Documentation of Surgical Delay Codes
  - OR Leadership directed with efficiency work and communication
  - UBC wanting to take work
- Evaluate new Pink Pad with hovermatt and environmental impacts, implemented biodegradable Pink Pad in partnership with Exodus Medical.
  - Evaluation requested by ergonomics due to caregiver injury
  - Evaluation of products by vendor
  - UBC driven discussion and decision directed direction for implementation
- Unanimous agreement to standardize the practice of covering clean closure tray with towel to prevent potential air contamination.
  - Learning Board
  - Evaluation of products
  - Chose to adopt common sense standard practice with currently available supplies.
  - Chose to demonstrate stewardship both environmentally and financially by not adopting a specifically designed and expensive product for this purpose
- Review and choose Spring 2024 & Fall 2024 Resident and Fellows
  - Number of Fellow and Resident positions set by OR Manager utilizing predictive staffing projections and currently open positions
  - OR Manager reviews virtual interviews narrowing down candidate pool from approx. 30-50 candidates to final pool for group interviews with UBC (Generally 3x number of positions are chosen for final group interviews)
  - Team sets aside 4 days to exclusively interview all candidates utilizing a resident and fellow scorecard
  - Team ranks candidates and discuss each candidates' merits.
  - In collaboration with OR Manager creates resident and fellow offer order.
  - Offers are made



## **5G DIABETIC-RENAL UBC & COLLABORATIVE PRACTICE**

5G UBC has eleven members who meet monthly to collaborate and problem solve. Some initiatives they have been focused on for the 2024 calendar year have included magnet readiness, HAPI prevention, fall prevention, unit standard operating procedures, accurate documentation of I&O.

The 5G unit collaborative implemented Ultra-Brief Confusion Assessment Method (UB-CAM) this August in response to the need to identify and treat acute delirium. Acute delirium is the most common cause of encephalopathy in hospitalized patients and significantly impacts short and long-term outcomes. At risk patients should receive daily screening for early recognition and treatment. The 5G team recognized the need for a structured screening tool that is more efficient than the full CAM assessment and identified the UB-CAM in collaboration with their physician partners. Now primary RNs on 5G complete the UB-CAM once per day on all at risk patients and have a protocol for response efforts if the patient screens positive.

## **4L MEDICAL-SURGICAL**

4L UBC has eleven members who meet monthly to collaborate and problem solve. The UBC project 4L is most proud of from the 2024 calendar year is the medication safety zone project.

### **4L Medication Safety Zones Project**

The 4L Medication Safety Zones project was initiated by a dedicated nurse on the 4L unit. The project stemmed from the absence of a Medication Safety Zone in the 4L rooms, which led to medication errors linked to poor workspace design. The U.S. Pharmacopeia defines a medication safety zone as any critical area where medications are prescribed, transcribed, prepared, and administered. These zones should be uncluttered, organized, and have enough space for the nurse to place individual drugs one inch apart to enhance visibility of medications. The nurse's PowerPoint presentation was presented at UBC and received support to move forward.

The importance of this work is underscored by the impact of nurse work environments on medication errors. Studies show that adverse events and patient deaths are 8% lower in better nurse work environments. Healthy nurse work environments include physical workspace design and available medication safety zones. Nurses were shown to use shortcuts and workarounds when work environments are not optimal. The

implementation of medication safety zones is crucial to reducing medication errors and enhancing patient safety. Testimonies from 4L staff highlight the practical challenges they face, such as dropping medications, scanning errors, and lack of space for equipment.

Communication back to the frontline team was done via newsletters about updates on the progress of the project, which continues as the tables get installed in each room on 4L. Additionally, we have a Project planner that all 4L caregivers have access to, allowing them to stay up to date on this and all projects underway on 4L.

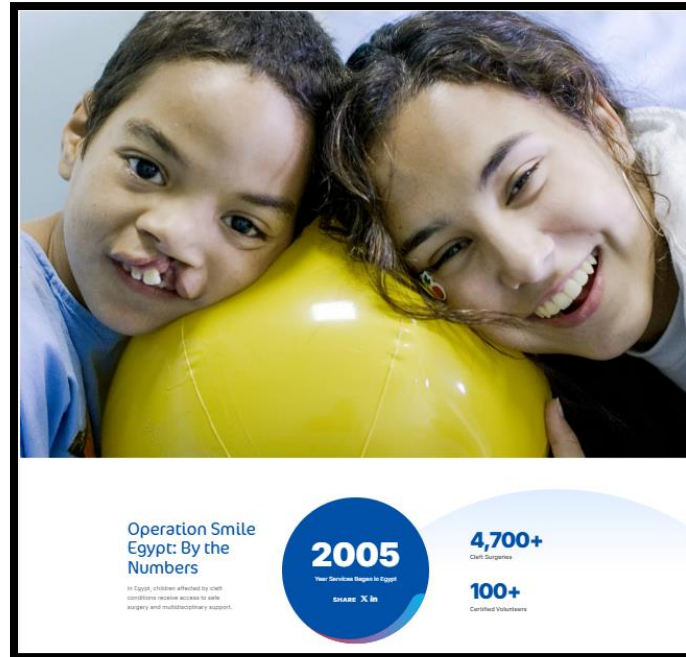
This project aims to address these issues by creating dedicated medication safety zones in the 4L rooms, thereby improving the overall safety and efficiency of medication administration.

## WHY PPMC NURSES VOLUNTEER

Nurses are driven by a deep-seated commitment to care for others, a calling that often extends far beyond the walls of hospital and clinics. Volunteering in the community allows nurses to address health disparities, provide support to underserved populations, and foster stronger connections within the neighborhoods they serve. Whether organizing health fairs, mentoring students, or supporting disaster relief efforts, nurses bring their unique skills and compassion to make a tangible difference in people's lives. For many nurses, community volunteering is not just an act of giving back; it is a changed to advocate for public health, prevent illnesses, and promote wellness in ways that impact entire communities. The rewards are immeasurable, not just for those receiving care but also for the nurses themselves, who gain personal fulfillment, renewed passion for their profession, and the opportunity to build lasting bonds. We invite you to joint this inspiring effort. By stepping into your community, you can transform lives, bridge gaps in healthcare, and reignite the spirit of service that defines nursing. Together, we can create healthier, more resilient communities, one volunteer effort at a time.

**Sara Fenster, BSN, RN, CEN, Charge Nurse, Emergency Department**, shared that her time volunteering with Operation Smile in Egypt was truly transformative. Each day, she witnessed the profound impact of the work as they provided life-changing surgeries to children with cleft conditions. The joy and relief on the faces of the children and their families were indescribable, and it was incredibly fulfilling to be part of a team dedicated to bringing smiles and hope to those in need.

This incredible opportunity was made possible by her employer, Providence, whose mission to help the poor and vulnerable aligns perfectly with the goals of Operation Smile. Providence not only granted me the time off to volunteer but also supported my efforts through encouragement and resources. Their commitment to social responsibility and community service facilitated Sara's participation, allowing her to focus entirely on making a difference. Sara expressed deep gratitude for Providence's support, which enabled her to contribute to such a meaningful cause.



**Sarah Ichiki, BSN, RN, CMSRN, Clinical Nurse, Medical Surgical Unit 4L**, shared that she regularly volunteers with Rahab's Sisters which is an organization aimed at creating a community for women, transgender, and nonbinary folks experiencing poverty, houselessness, and isolation through what we call "radical hospitality". We serve guests through a weekly clothing closet/supply closet and weekly Friday night community dinner. To me, radical hospitality means going out of your way to make sure a person is welcome and feels physically and emotionally safe. I've learned that you must go into every interaction with a heart to serve but the ability to be flexible if your efforts don't meet the needs of the guests. Instead of asking someone to join you, you must find a way to ask how you can join them. It's taught me how to truly meet someone where they're at - both physically and emotionally.

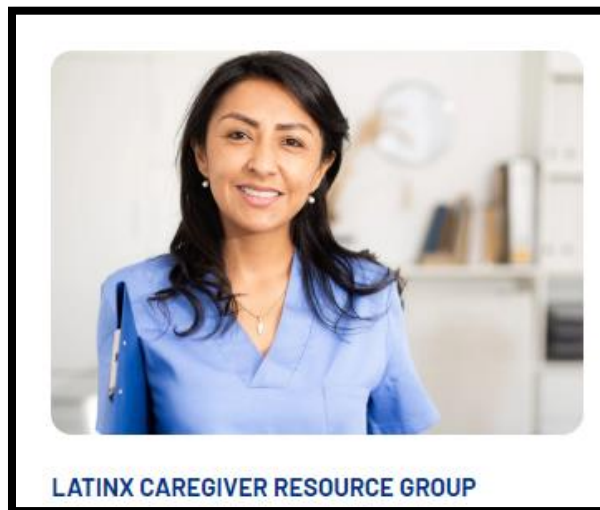
Another way Sarah serves her community and meets people on their turf, is through volunteering with Portland People's Outreach Project (PPOP). This is a harm reduction-based organization aimed at providing care and compassion to people who use drugs. They take wagons of wound care, clean drug use supplies, safer sex supplies, and food to folks living outside. By being available consistently and approaching folks with non-judgement, we can offer not only supplies that can prevent disease, but also provide relationship to those living outside.

In both volunteer activities, Sarah felt the strong call to get to know her neighbor - whoever and wherever they are - and serve them in the unique way that they want or need to be served. I think that's what we're all called to do!



**Javiera Pobanz, BS, RN, Assistant Nurse Manager, Critical Care Services**, shared that she is a member of the Latinx Caregiver Resource group in Portland, and they support events for Providence. For example, they put on the Hispanic Heritage Month and Dia de los Muertos events at PPMC and St. Vincent's to share the culture with the people of Providence. They also have some initiatives around mental health in the Latinx community and held a day of wellness for Providence caregivers and the community.

*Diversity, Equity, and Inclusion - Providence*



**Alex Hall, BSN, RN, CMSRN, Clinical Nurse, Float Pool**, shared that they went on medical mission trips to Guatemala in 2017, 2018, 2019, and most recently in 2020. Dr. Robert Wells led my trips, and Dr. Stempel, I believe, leads the surgical trips.





## Guatemala Medical Mission Trips

Since 2003, Refuge International's Guatemala Medical Mission Trips have been helping people in some of the most remote areas of the country.

Register  
Medical



[Providence - Record your  
Volunteer Activity Here](#)

## Record Individual Activity

Log your hours here for volunteer activities you have recently completed. You can record personal activities that you registered for outside of the Action Hub. You can also edit or adjust hours upon completion of an activity you signed up for within the Hub.

If you are looking to recruit other caregivers for a volunteer activity, you will want to start on the Create Opportunity page.



## RECOGNITION OF NURSING PROFESSIONAL PRACTICE AND CELEBRATION EVENTS

### Nurses who earned or renewed specialty certifications Q1 2024 through Q3 2024

Abby R., Clinical Decision Unit (CDU)	Kayla S., Nursing Administration
Alicia Cardoza G., Cardiology 2G	Kelli P., Float Pool
Alina V., Short Stay Unit (SSU)	Kelsey T., Critical Care Services (CCS)
Alisa T., Surgical Oncology 7S	Kenneth M., Medical 5R
Alyssa C., Surgical Oncology 7S	Kim R., Behavioral Health 5L
Andrea K., Surgical 4G	Laura G., Clinical Decision Unit (CDU)
Andrea W., Critical Care Services (CCS)	Lindi T., Clinical Decision Unit (CDU)
Aubree C., Medical Oncology 7N	Liz D., Clinical Decision Unit (CDU)
Becky C., Float Pool	Lori F., Neuro Med-Surg 8S
Brianna C., Short Stay Unit (SSU)	Maddie P., Diabetic Renal 5G
Brie K., Med Surg 4L	Madeleine S., Med Surg 4L
Brooke L., Med Surg 4L	Matthew S., Surgical 4G
Cara R., Float Pool	Max L., Surgical Oncology 7S
Cari G., Cardiology 2G	Mckenzie A., Float Pool
Carina O., Surgical Services	Melissa T., Outpatient Infusion (OPI)
Cedrik P., Clinical Decision Unit (CDU)	Mike R., Emergency Department (ED)
Celine L., Orthopedics 8N	Morgan B., Labor & Delivery
Chelsea I., Labor & Delivery	Natalie E., Critical Care Services (CCS)
Clare M., Float Pool	Nichole L., Neuro Med-Surg 8S
Courtney M., Mother Baby Unit (MBU)	Olivia R., Emergency Department (ED)
Dara D., Neonatal Intensive Care Unit	Paige C., Clinical Decision Unit (CDU)
Deb B., Short Stay Unit (SSU)	Peter Z., Float Pool
Diana S., Clinical Decision Unit (CDU)	Rachel E., Labor & Delivery
Duke D., Diabetic Renal 5G	Russ G., Critical Care Services (CCS)
Eden N., Short Stay Unit (SSU)	Rylie C., Surgical Oncology 7S
Elise B., Surgical 4G	Samantha L., Surgical Oncology 7S
Emily B., Short Stay Unit (SSU)	Sandy Z., Critical Care Services (CCS)
	Sara M., Perinatal Special Care Unit (PSCU)
	Sarah P., Diabetic Renal 5G
	Shannon C., Diagnostic Imaging
	Shannon M., Mother Baby Unit (MBU)
	Sonam D., Short Stay Unit (SSU)
	Sonia K., Diabetic Renal 5G

Erin D., Float Pool  
 Ginger B., Behavioral Health 5L  
 Glee R., Cardiology 2G  
 Gregor M., Respiratory 2R  
 Henry L., Clinical Decision Unit (CDU)  
 Inna N., Med/Surg Telemetry 5K  
 Jennifer B., Mother Baby Unit (MBU)  
 Jennifer K., Critical Care Services (CCS)  
 Josette V., Orthopedics 8N  
 Julie D., Clinical Decision Unit (CDU)  
 Justin M., Float Pool  
 Kaitlyn T., Labor & Delivery  
 Kaleigh R., Float Pool  
 Kammy S., Short Stay Unit (SSU)  
 Karen K., Surgical Services  
 Katie K., Short Stay Unit (SSU)

Stacie N., Interventional Cardiovascular Recovery Unit  
 Sydney B., Float Pool  
 Taylor W., Critical Care Services (CCS)  
 Teresa M., Med Surg 4L  
 Tessa B., Critical Care Services (CCS)  
 Tiffany C., Float Pool  
 Tina P., Surgical Oncology 7S  
 Tucker P., Cardiology 2G  
 Victoria V., Short Stay Unit (SSU)

### PPMC Clinical Ladder

#### Clinical Ladder Level 2

Anna Clare W., Emergency Department (ED)  
 Ben L., Med/Surg Telemetry 5K  
 Briana W., Neuro Med-Surg 8S  
 Casady M., Diabetic Renal 5G  
 Chelan M., Surgical Oncology 7S  
 Chris B., Med/Surg Telemetry 5K  
 Dara D., Neonatal Intensive Care Unit  
 Edward B., Med/Surg Telemetry 5K  
 Elise B., Surgical 4G  
 Ginger B., Behavioral Health 5L  
 Jenna A., Surgical Services  
 Jennifer K., Critical Care Services (CCS)  
 Clinical Ladder Level 3

Joelle G., Med Surg 4L  
 Kerie A., Med Surg 4L  
 Laryssa S., Med Surg 4L  
 Leanne D., Surgical Services  
 Lucia M., Orthopedics 8N  
 Megan C., Surgical Services  
 Megan N., Emergency Department (ED)  
 Noah M., Surgical 4G  
 Oscar B., Med/Surg Telemetry 5K  
 Paige C., Clinical Decision Unit (CDU)  
 Teresa M., Med Surg 4L  
 Victoria H., Mother Baby Unit (MBU)

Alicia G., Emergency Department (ED)  
 Alina V., Short Stay Unit (SSU)  
 Allison K., Surgical 4G  
 Allison W., Short Stay Unit (SSU)  
 Annalee D., Neuro Med-Surg 8S  
 Ashley T., Orthopedics 8N  
 Carrie G., Emergency Department (ED)  
 Chelsea F., Float Pool  
 Christine B., Emergency Department (ED)  
 Christopher S., Emergency Department (ED)  
 Danielle M., Diabetic Renal 5G  
 Emily B., Radiation Oncology  
 Emily H., Surgical Oncology 7S  
 Emily R., Emergency Department (ED)  
 Gregory H., Medical Procedures Unit (MPU)  
 Hannah B., Float Pool  
 Iryne T., Float Pool  
 Jacob H., Care Management  
 Jacqueline A., Float Pool  
 Josette V., Orthopedics 8N  
 Julianna J., Medical 5R  
 Katherine S., Emergency Department (ED)  
 Kathryn V., Short Stay Unit (SSU)

Kayla C., Neonatal Intensive Care Unit  
 Kelsey O., Neonatal Intensive Care Unit  
 Luvi C., Surgical 4G  
 Lynette C., Behavioral Health 5L  
 Matthew S., Emergency Department (ED)  
 Maverick G., Emergency Department (ED)  
 Meghan B., Diabetic Renal 5G  
 Michael H., Short Stay Unit (SSU)  
 Mollie T., Orthopedics 8N  
 Nicholas C., Emergency Department (ED)  
 Nichole L., Neuro Med-Surg 8S  
 Nicole H., Orthopedics 8N  
 Peggy D., Labor & Delivery  
 Rachael A., Labor & Delivery  
 Rebecca M., Clinical Decision Unit (CDU)  
 Rustee Ann S., Clinical Decision Unit (CDU)  
 Sophie S., Diabetic Renal 5G  
 Sung K., Labor & Delivery  
 Taryn S., Emergency Department (ED)  
 Teighlor N., Orthopedics 8N  
 Tianna B., Perinatal Special Care Unit (PSCU)  
 Victoria V., Short Stay Unit (SSU)  
 Yannick L., Emergency Department (ED)

#### Clinical Ladder Level 4

Alexis L., Inpatient Rehab 4K  
 Alicia G., Inpatient Rehab 4K  
 Alison T., Emergency Department (ED)  
 Alissa O., Short Stay Unit (SSU)  
 Alyssa S., Neuro Med-Surg 8S  
 Amber E., Mother Baby Unit (MBU)  
 Amber S., Inpatient Rehab 4K  
 Andrea H., Perinatal Special Care Unit (PSCU)  
 Angela A., Surgical Services

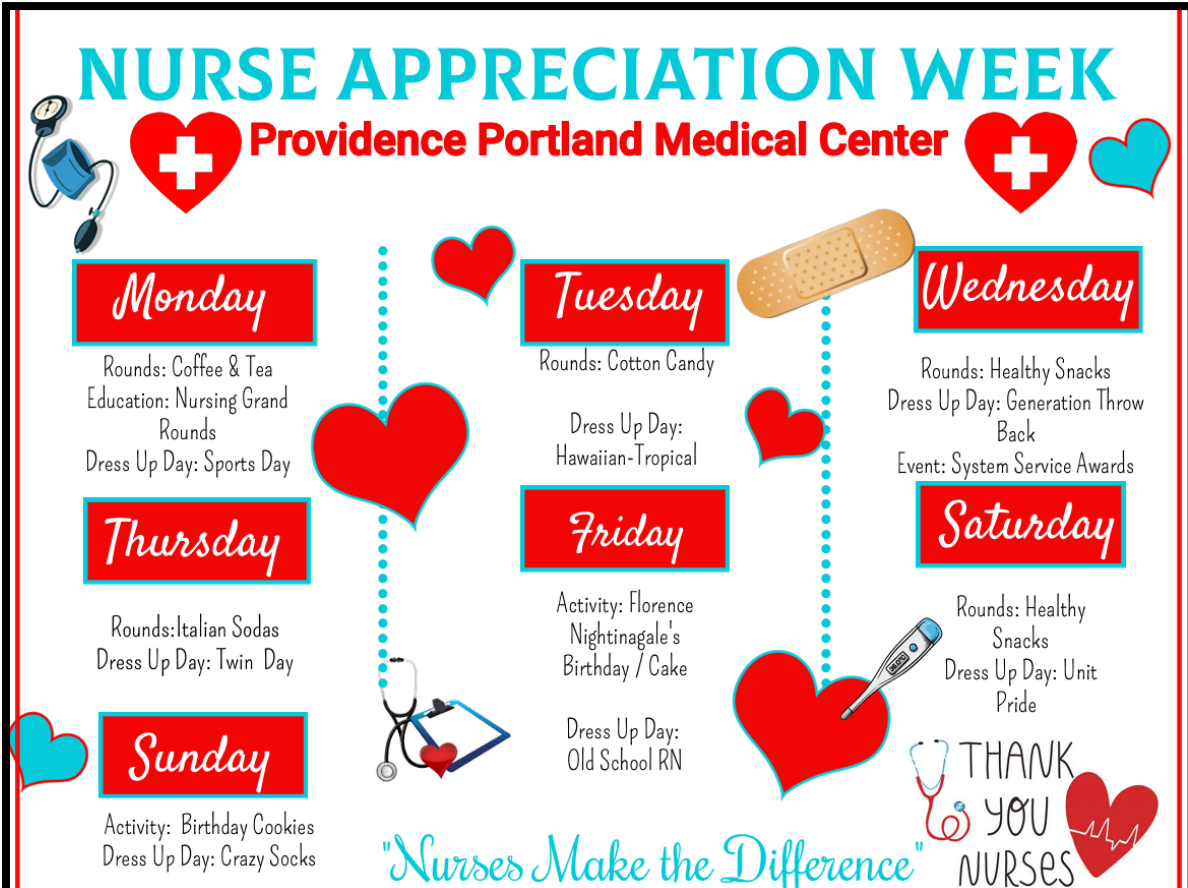
Kari B., Surgical Oncology 7S  
 Karin L., Neonatal Intensive Care Unit  
 Katherine L., Neuro Med-Surg 8S  
 Kathleen B., Surgical Services  
 Kathleen W., Medical Procedures Unit (MPU)  
 Kathrin P., Short Stay Unit (SSU)  
 Kathryn B., Critical Care Services (CCS)  
 Katie F., Outpatient Infusion (OPI)  
 Katie G. T., Neuro Med-Surg 8S

Anjannette M. C., Critical Care Services (CCS)  
Ann H., Neonatal Intensive Care Unit  
Anna A., Critical Care Services (CCS)  
April H., Med Surg 4L  
Ashleigh J., Surgical Services  
Barbara G., Neonatal Intensive Care Unit  
Benjamin G., Neuro Med-Surg 8S  
Bennett P., Post Anesthesia Care Unit (PACU)  
Berkley W., Radiation Oncology  
Beth A. F., Emergency Department (ED)  
Brenda F., Behavioral Health 5L  
Brenda K., Cardiology 2G  
Brenda S., Interventional Cardiovascular Recovery Unit  
Brianna C., Short Stay Unit (SSU)  
Brienne W., Surgical Services  
Bridgette W., Labor & Delivery  
Brigid S., Post Anesthesia Care Unit (PACU)  
Carina O., Surgical Services  
Carmen L., Short Stay Unit (SSU)  
Christine S., Neuro Med-Surg 8S  
Crystal W., Respiratory 2R  
Cynthia B., Perinatal Special Care Unit (PSCU)  
Cynthia T., Labor & Delivery  
Danica T., Emergency Department (ED)  
Danielle C., Med/Surg Telemetry 5K  
Danielle C., Neonatal Intensive Care Unit  
Darcie M., Short Stay Unit (SSU)  
Davide T., Neuro Med-Surg 8S  
Deana K., Surgical Services  
Debra S., Medical Oncology 7N  
Diana D., Outpatient Infusion (OPI)  
Diem T., Surgical Services  
Kelli P., Float Pool  
Kelly P., Cardiovascular Lab (CVL)  
Kendra V., Diabetic Renal 5G  
Kristina S., Neonatal Intensive Care Unit  
Kunsang T., Inpatient Rehab 4K  
Lance D., Medical 5R  
Laurali H., Critical Care Services (CCS)  
Lauren K., Critical Care Services (CCS)  
Lauren M., Inpatient Rehab 4K  
Leah K., Critical Care Services (CCS)  
Lindsay C., Radiation Oncology  
Liya K., Float Pool  
Loanda L., Surgical Oncology 7S  
Maria A., Surgical Services  
Maria H., Cardiology 2G  
Marie M., Mother Baby Unit (MBU)  
Matthew F., Behavioral Health 5L  
Matthew L., Float Pool  
Megan A., Mother Baby Unit (MBU)  
Megan L., Perinatal Special Care Unit (PSCU)  
Megan M., Orthopedics 8N  
Meghan V., Diabetic Renal 5G  
Melissa J., Outpatient Infusion (OPI)  
Melissa N., Medical Oncology 7N  
Melissa T., Short Stay Unit (SSU)  
Michael M., Critical Care Services (CCS)  
Michelle S., Mother Baby Unit (MBU)  
Michelle M., Surgical Oncology 7S  
Molly B., Medical 5R  
Molly B., Labor & Delivery  
Myanh P., Short Stay Unit (SSU)  
Nancy E., Diabetic Renal 5G  
Nathan P., Float Pool  
Nina S., Labor & Delivery  
Olga L., Surgical Services  
Paige W., Labor & Delivery  
Rachel H., Float Pool

Emma R., Post Anesthesia Care Unit (PACU)	Rebecca K., Medical Procedures Unit (MPU)
Erika G., Emergency Department (ED)	Rebecca W., Labor & Delivery
Erin H., Medical Procedures Unit (MPU)	Rita C., Surgical 4G
Ethel G., Orthopedics 8N	Sandra W., Perinatal Special Care Unit (PSCU)
Gretchen F., Post Anesthesia Care Unit (PACU)	Sara O., Mother Baby Unit (MBU)
Helen S., Outpatient Infusion (OPI)	Sarah T., Neonatal Intensive Care Unit
Irina O., Behavioral Health 5L	Shelby C., Short Stay Unit (SSU)
James H., Behavioral Health 5L	Shelby P., Float Pool
Jane G., Emergency Department (ED)	Sian H., Perinatal Special Care Unit (PSCU)
Jeanelle C., Post Anesthesia Care Unit (PACU)	Stacie N., Interventional Cardiovascular Recovery Unit
Jennifer B., Surgical Services	Steffanie Y., Outpatient Infusion (OPI)
Jerome D., Medical Oncology 7N	Sterling B., Critical Care Services (CCS)
Jessica F., Radiation Oncology	Summer S., Labor & Delivery
Jessica S., Clinical Decision Unit (CDU)	Susan P., Surgical 4G
Joann C., Emergency Department (ED)	Susie R., Emergency Department (ED)
Joel F., Critical Care Services (CCS)	Tara T., Critical Care Services (CCS)
Julia C., Labor & Delivery	Tiffany M., Float Pool
Julie G., Post Anesthesia Care Unit (PACU)	Tseten L., Orthopedics 8N
Kaitlyn B., Labor & Delivery	Tsomo K., Cardiology 2G
Kami H., Neonatal Intensive Care Unit	Tuan D., Med/Surg Telemetry 5K
Kammy S., Short Stay Unit (SSU)	Ukamake O., Behavioral Health 5L
	William L., Neuro Med-Surg 8S

# NURSE APPRECIATION WEEK

Providence Portland Medical Center



**Monday**  
Rounds: Coffee & Tea  
Education: Nursing Grand Rounds  
Dress Up Day: Sports Day

**Tuesday**  
Rounds: Cotton Candy  
Dress Up Day: Hawaiian-Tropical

**Wednesday**  
Rounds: Healthy Snacks  
Dress Up Day: Generation Throw Back  
Event: System Service Awards

**Thursday**  
Rounds: Italian Sodas  
Dress Up Day: Twin Day

**Friday**  
Activity: Florence Nightingale's Birthday / Cake  
Dress Up Day: Old School RN

**Saturday**  
Rounds: Healthy Snacks  
Dress Up Day: Unit Pride

**Sunday**  
Activity: Birthday Cookies  
Dress Up Day: Crazy Socks

"Nurses Make the Difference"

THANK YOU NURSES





**DAISY Direct Care Nurse Award**

Barbara Gillespie, Neonatal Intensive Care Unit (NICU)  
Henry Liang, Clinical Decision Unit (CDU)  
Mallory Ovist, Emergency Department (ED)  
Lucia Martinez, Orthopedics 8N  
Meghan Varju, Medical 5R  
Natalie Martin, Wound Care  
Jason Berget, Wound Care  
Rebecca Hamilton, Float Pool  
Donovan Tran, Critical Care Services (CCS)

**DAISY SYMPIR Moments that Matter Award**

Sarah Palmer, Float Pool

**DAISY Nurse Leader Award**

Therese Reynolds, Float Pool  
Larrissa Ellis, Outpatient Infusion (OPI)  
Jennifer Ballard, Surgical Oncology 7S

**DAISY Team Award**

Medical 5R  
Outpatient Infusion (OPI)  
Med Surg 4L

**ROSE Clinical Caregiver Award**

Aruna Reddy, Dietary  
Andrew Hancock, MD, Resident  
Audrey Seipp, CNA, Float Pool  
Robin Nelson, PT  
Whitney Love, CNA, Float Pool  
Alan Rankin, MD, Hospitalist  
Madelyn Trapp, NP  
Grant Burns, RT  
Kenadie Hawkinson, CNA, Med Surg 4L

**IRIS Ancillary Caregiver Award**

Stephen Weber, Nursing Administration  
Gene Heinle, Environmental Services (EVS)  
Eicca Lucas, Environmental Services (EVS)  
Mario Lara, Security  
Lyuda Rybachuk, Environmental Services (EVS)  
Brian Martin, Supply Chain  
Mirna Romero Palacios, Environmental Services (EVS)  
Alexandra Orazio, Emergency Department (ED)

**TULIP Nursing Caregiver Award**

Stephanie Sherman, Surgical Oncology 7S  
Nina Solecki, Labor & Delivery (L&D)  
Kathryn Henle, Wound Care  
Emily Latwesen, Emergency Department (ED)  
Daniel Lichtenberg, Float Pool

Darian Gore, Surgical 4G  
Taryn Stephens, Center for Medically Fragile Children (CMFC)  
Damaris Peterson, Medical 5R  
Katherine Steward, Emergency Department (ED)

**2024 PPMC Nursing Service Awards**

Arlene Austinson: Stephanie Ferguson, Clinical Decision Unit (CDU)  
Lifetime Achievement: Janie Grant, Emergency Department (ED)  
Innovator: Raquel Bacayu, Clinical Decision Unit (CDU)  
Preceptor: Joy Park, Emergency Department (ED)  
Brooke Colvin New RN: Hunter Cooks, Emergency Department (ED)  
Outstanding Clinical Support: Madaline Picard-Ledbetter, NICU  
Licensed Individual Practitioner: Samuel Miles Grovenburg, MD  
Safety First: Morgan Mattice, Clinical Decision Unit (CDU)  
Transformational RN Leader: Emily Meschke, Clinical Decision Unit (CDU)  
Humor: Rustee Ann Schwalm, Clinical Decision Unit (CDU)

## KRISTA FARNHAM, MHA, CHIEF EXECUTIVE, THANK YOU



We trust you have found our 2024 Nursing and Interprofessional Report informative and reflective of the exceptional compassionate care our teams have provided to patients over the past year. We acknowledge that the high standard of nursing care is achievable only through comprehensive support for our nurses, addressing their mind, body, spirit, and emotions. We extend our heartfelt gratitude for your unwavering support of our nursing and interprofessional endeavors and for continuously inspiring new generations of nurses.

Through the last year, our Providence Portland nurses and interprofessionals embodied our mission to deliver God's healing love to all, especially the poor and vulnerable, guided by values of compassion, dignity, justice, excellence, and integrity. Consequently, it is no surprise that together, our team has achieved an impressive array of accolades. The following list attests to the expertise and humanity demonstrated by our nurses and interprofessionals in every patient encounter.

In addition to maintaining our Magnet® designation since 2005, the Magnet Recognition Program serves as a beacon of excellence, steering us toward the highest standards of patient care and professional practice. Providence Portland is recognized as an accredited Practice Transition Accreditation Program distinction organization and holds numerous external accolades for its nursing care, clinical care, and work environment.

- 2021-2024: Healthgrades Five Star Recipient for Treatment of Heart Attack
- 2021-2023: Healthgrades Recipient of Outstanding Patient Experience Award and top 15% in the Nation for Outstanding Patient Experience
- Extracorporeal Life Support Organization (ELSO) Award of Excellence in Life Support, achieved Gold state as a Center of Excellence after five years of exceptional ECMO program outcomes
- 2021: RN Residency Program Receives Distinction Accreditation
- 2022-2023: AHA/ASA Target Stroke Honor Roll Elite Plus
- 2023: Grade A Top Hospital by The Leapfrog Group
- 2024: ACHC – Thrombectomy Stroke Certified
- 2024-2025: PPMC received an overall rating of “high performing” from U.S. News & World Report, indicating PPMC is significantly better than the national average

in a given procedure or condition area. PPMC is proud to have received Portland Metro's Best Regional Hospital in 14 types of care:

- Gastroenterology
- Colon Cancer Surgery
- COPD
- Diabetes
- Heart Attack
- Heart Failure
- Hip Replacement
- Kidney Failure
- Knee Replacement
- Leukemia, Lymphoma, & Myeloma
- Lung Cancer Surgery
- Pneumonia
- Prostate Cancer Surgery
- Stroke

The rapidly evolving healthcare landscape more critically demands the continued pursuit of clinical excellence. Interprofessional collaboration is not merely a strategy; it is an essential approach to healthcare that unites diverse expertise and perspectives to enhance patient outcomes. By working collaboratively across disciplines, we address the complex needs of our patients more effectively and efficiently.

This report celebrates the achievements of our nursing and interprofessional teams, acknowledging their contributions to advancing healthcare quality and safety. It provides evidence of our unwavering dedication to our patients and our profession, which continues to drive us forward.

As healthcare demands expert navigation, let us remain steadfast in our commitment to interprofessional collaboration and clinical excellence. Together, we can create a healthcare environment that not only meets but exceeds the expectations of our patients and their families.

Thank you,  
Krista Farnham  
Chief Executive