2018 Fiscal Year Nursing and Interprofessional Clinical Excellence Report

Highlighting Interprofessional Partnerships

Front Cover Photograph

Discipline/Job Role	Department	Name	Credentials
Anesthesiologist	Anesthesia	Jonathan Blackhall	MD
Anesthesia Tech	Anesthesia	Robert Vasquez	Certified A.T.T.
Case Manager	Care Management	Zy Warner	MSW
Chief Nursing Officer	Nursing Administration	Sarah Horn	MBA, BSN, RN, NE-BC, RNC-NIC
Director of Magnet & Clinical Excellence	Clinical Excellence	Barbara Merrifield	MSN, RN
Clinical Excellence Specialist	Clinical Excellence	Brianna Revard	BS
Clinical Research	Research	Cheryl LaBronte	RN
Certified Nursing Assistant	Float Pool	Vincent Leonor	CNA
Certified Unit Assistant	Orthopedics	Magdalena Goldsmith	CUA
Clinical Nurse Specialist	Advanced Practice Nursing	Ann Alway	MS, RN, CNS, CNRN
Echo Tech	Cardiovascular Non-Invasive Ser	Rick Johnson	EPT, ARDMS
Exercise Specialist	Cardiac Rehab	Julie Breazeal	BS, RCEP
Informatics Coordinator	Information Services	Jerrod Potter	MS
Infection Preventionist	Infection Prevention	Sarah Dawson	MS, MLS, SH, CIC
KPO Specialist	Kaizen Promotion Office	Mai Dotran	BSN, RN
Lab Technologist	Laboratoy	Jaimy To	BS
Librarian	Community Health Education Ce	Paul Howard	PhD, MLIS
Physician	Salem Health Medical Group	Dr. Dinah Loa	MD
Occupational Therapist	Acute Rehabilitation	Alyssa Pratt	OT
Registered Pharmacist	Pharmacy	Steve Zimmerman	RPh
Physical Therapist	Acute Rehabilitation	Katheryne Zempel	PT, DPT
Polysom Tech	Sleep Center	Debbie Penning	BS, RPSGT
Radiation Technologist	Radiation Oncology	Heidi Schuster	BS, RT(R)(T)
Registered Dietician	Nutrition Services	Heather Hennessey	MDA, RD, LD
Respiratory Practitioner	Respiratory Care	Mickie Hartley	RT-NPS
Clinical Nurse	Float Pool	Elizabeth Lowery	BSN, RN
Clinical Nurse	Operating Room	Lucas Pyle	BSN, RN, CNOR
Clinical Nurse	Pediatrics	Marucs Gabriel, Jr.	BSN, RN
Clinical Nurse	Prep & Recovery	Mary Simon	BSN, RN, CNRN, CFN
Clinical Nurse	Post Anesthesia Care Unit	Robynn Randall	BSN, RN, CMSRN, CPAN
Nurse Navigator	Salem Cancer Institute	Elizabeth Colwell	BSN, RN, OCN, CBCN
Speech Therapist	Acute Rehabilitation	Claire Barnes	MS, CCC-SLP
Surgical Tech	Operating Room	Jose Alaniz	ST
Supervisor	Cardiac Pulmonary Rehab	Gloria Summers	MBA, BS
Vascular Tech	Cardiovascular Non-Invasive Ser	Emily Pickett	BS, RVT

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CHIEF NURSING OFFICER MESSAGE

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

Imagine if ... clinicians had a strong voice in the growth of their profession, if they were given occasions to keep their passion alive and actively embraced opportunities to achieve new levels of clinical excellence each and every day! Imagine if your peers readily recognized accomplishments, best practices within our own walls were shared, and if organization operation supported professional ownership. At Salem Health, this isn't something you have to imagine, it's lived, celebrated and embraced in our culture and let me show you how we've made this happen over the past fiscal year!

Salem Health has an annual strategic planning process similar to many other healthcare organizations. While many facilities set their strategies inside a boardroom, Salem Health developed a unique approach to strategic development this year to refine our process. I am honored to share the resulting high level of nursing and professional governance engagement.

This past year, we combined two of the most significant strategies, quality and safety and patient experience, into one along with creating both a one- and five-year strategic plan. As a co-captain of the Quality, Safety, and Patient Experience strategy, I am privileged to represent your voice and implement strategy that supports you in providing the level of clinical excellence our community deserves. Just one example of the improved patient outcomes driven by this strategy is the work to improve HCAHPS Communication about Medications domain as a primary strategy focus for fiscal year 2018) based on performance score variation from Salem Hospital to the national mean, and the significant impact on reimbursement. The resulting outcome, in September 2017, the HCAHPS Communication about Medications domain score from patients who completed a survey, was 79.1% responding they "always" experienced medication communication. In October 2017, the score was 71.3%, and in November 2017, the score was 72.9%.

While we've had a nursing strategic plan for several years, this year brought elevation in visibility to the impact of nursing on strategy through creation of the Salem Hospital Interprofessional and Nursing Excellence (SHINE) baby A3. The SHINE A3 serves to combine nursing-specific elements from all strategies to provide a development guide and roadmap for division and unit-based strategic plans.

It is not entirely common for a nurse to be such a key influencer of organization strategy. As the CNO with direct impact on strategic initiatives, providing interprofessionals the opportunity to give feedback is imperative. Several members of your professional governance team participated in a strategy reflection session where they heard executive reviews of last years' strategic performance as well the updated strategy for fiscal year 2019 and then provided input on how the updated strategy might be improved. Also, your peers presented strategic initiatives and the entirety of professional governance voted on their top priority. Because of this influence, increasing patient mobility and simplifying electronic documentation became one of our key strategic priorities!

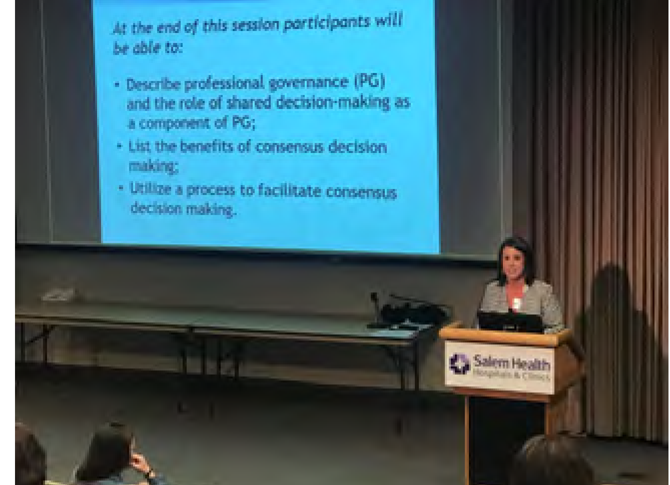
In addition to advancing nursing involvement in strategic planning, I continue to foster close connections with the Salem Health Board of Directors. As the CNO, my focus is integration of clinical practice into the organizational goals to uphold excellence in patient outcomes. I am privileged to have the opportunity to carry your feedback to the Salem Health Board of Directors at every monthly meeting. You have a Board of Directors who is authentically interested in all facets of our organizational operation and achievements of our workforce.

Fiscal year 2018 was extraordinary for interprofessional achievements that I proudly shared with our Board of Directors. To name a few, staff published in the Association for Nursing Professional Development national textbook; Journal of Cardiopulmonary Rehabilitation and Prevention; Journal of the Academy of Nutrition and Dietetics; American Journal of Critical Care; Journal of Psychosocial Nursing and Mental Health Services and the Association of Nursing Professional Development. Staff presented at the Puget Sound Oncology Nursing Symposium; ANCC Magnet Conference; Oregon Nursing Research & Quality Consortium Conference; American Association of Neuroscience Nurses; ANA Quality and Innovation; Oregon Patient Safety Commission and Premier Annual Breakthroughs.

Salem Health also promotes a culture of shared leadership and decision-making. In May we changed a structural element of this process; we announced a terminology change from shared leadership to "professional governance." I took this opportunity to reinforce that health care is a complex adaptive system requiring our professionals use accountability, ownership, partnerships and equity in decision-making at the point of care. In addition to doing this daily with our patients, we also make shared clinical practice decisions through our professional practice model, SHINE, a structure of 8 councils and 44 specialty practice teams. This foundation is fundamental to professional autonomy and continuing to achieve outstanding empirical outcomes, which sustain our Magnet designation. At Salem Health we recognize the team's collective contributions to care and build upon interprofessional duties to one's profession, one another, and most importantly, our community. We don't do what we do to maintain Magnet designation. Instead, we are Magnet because of what we do.

Finally, I continue to enjoy rounding on your areas of operation, sometimes in a structured format and other times simply having a meaningful conversation while walking down the hall or viewing the organization through the eyes of our customers. These moments are important and the information and experience I gain from rounding compliment the three key tenets of our Lean management system: respect for people, elimination of waste, and continuous improvement. I frequently reflect on my interactions daily to ask myself what went right and what can we improve tomorrow. The joy that comes with this mindset is confidence that every tomorrow will be better than today.

As the old saying goes, “alone we can do so little; together we can do so much” (Helen Keller). As your CNO, I am incredibly blessed to have the ability to bring passionate interprofessional clinicians together and then be present to see great things happen. At Salem Health, we’re at an exciting place where it’s time for us as clinicians to show how we as professionals are self-governing, interdependent, that we have a professional role within an empowering culture where we own and meet the responsibilities of our roles. I’m a firm believer that if everyone is moving forward together, then success will take care of itself. I look forward to you reflecting on your unique role in our empowering culture, how you will you keep your passion alive and actively embrace the responsibilities of your role, so you too can witness great things happening!



DIRECTOR OF MAGNET AND CLINICAL EXCELLENCE MESSAGE

Barb Merrifield, MSN, RN

Our professional governance membership represented Salem Health in fiscal year 2018 by gathering with the goal of guiding the commitment to shared decision-making as well as improving our Magnet-readiness state. Throughout this report, you will recognize the continued accomplishments and increased level of clinical excellence that staff achieved. In addition to the structural name change to match the level of professional accountability of our clinicians, you will find significant accomplishments such as active problem solving of clinical workflow challenges; meeting structure change to decrease redundancy and heighten efficiency and efforts to increase our commitment to the pursuit of evidence within Lean problem solving and using evidence to support organizational strategies.

The ongoing problem-solving to strengthen return on investment of professional governance participation allowed time spent on improving seven organization level clinical workflows. This structure is now poised to support continued problem solving in the future. Restructure of meetings to reduce redundancy yielded $24,000 in cost savings.

There were also several changes to the American Nurses Credentialing Center (ANCC) guidelines for Magnet designation requirements. Regarding Salem Health's Magnet history... you should feel proud to be part of the team that achieved our first Magnet designation in 2010. The team carried on our clinical excellence to achieve a second redesignation in 2015 and we are now preparing for our third redesignation application in July 2019. I am so excited to be a part of this journey and learn about all the amazing organizational projects.

ANCC's change in requirements added a new element by asking for a description of our transition to practice programs for new graduate nurses, experienced nurses, advanced practice nurses and nurse managers. This requirement includes evidence of six transition to practice elements that demonstrate program integration and organizational effectiveness.

Another significant change strengthened the importance of nursing across the health care spectrum by including several requirements for ambulatory areas. Nine standards require examples from ambulatory settings and six of those are empirical outcome examples that require a higher level of evidence in the form of data. ANCC also expanded requirements for nursing research to include a minimum of two completed studies and

one in progress. The inclusion of heightened nursing research requirements gives us an opportunity to demonstrate the efficacy of our internal review board and professional governance structure that supports engagement in nursing research as well as evidence-based practice.

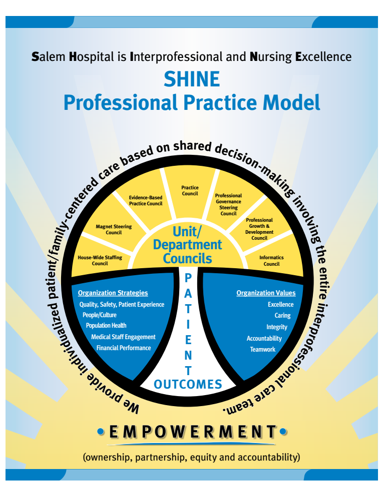
The requirement updates give ANCC a platform to decrease variation in performance of Magnet-designated hospitals by providing clarity and heightens relevance to the value of nursing care across health care setting. Magnet standards provide an evidence-based, data-driven framework to achieve clinical excellence and patient-centered outcomes.

While we face remarkably busy times as we prepare for Magnet document submission in 2019, we will re-engage Magnet champions and you will begin to see efforts to heighten the general awareness of our journey. Your clinical excellence team including myself, Nancy Dunn and Brianna Revard possess the expertise to guide the way to success, so please don't hesitate to call on us!

CLINICAL EXCELLENCE COORDINATOR MESSAGE

Nancy Dunn MS, RN

This was a highly productive year for clinical excellence continuous improvement for staff, patients and organization workflows. The clinical excellence staff focused on adapting structures to support effective processes for promoting shared leadership and shared decision-making. This work drives the generation of empirical outcomes to support our Magnet designation.



Councils made improvements that address organization-wide goals, issues and problems. We refreshed the SHINE professional practice model to include the Professional Governance Steering Council, the House-wide Staffing Council and the new Magnet Steering Council. Work to promote effective decision-making resulted in higher productivity within councils and between councils and external committees.

Interprofessional partnerships in clinical excellence were one of the highlights of this year's work. Specialty Practice Teams (SPT) and council chairs examined membership and recruited interprofessional members as needed. The goal was to assure operational leaders and key interprofessional partners compliment services provided and support collaborative consensus on decisions with proportionate representation from all divisions and service lines. Through this effort, the 43 SPTs reduced the management gap by 88 percent (now 2% gap) and the interprofessional gap by 33 percent (now 14% gap).

This year an interprofessional team of physicians and nurses resolved a long-standing problem of unnecessary paging of providers. Concern about these pages heightened with the implementation of WebExchange text paging. This team discovered two primary root causes — lack of standard criteria for appropriate paging and an inadequate system to support the face-to-face connection between the provider and the primary care nurse during daily rounding.

The team did exemplary work by writing and testing mutual standard work for both providers (rounding) and nursing (paging). Dr. David Tate summarized the project with the following statement in Common Ground, our provider newsletter:

“I have been concerned about this problem for over a decade. Unnecessary paging interrupts our workflow and creates a patient safety hazard. This team worked collaboratively to prove my hypothesis that meeting with the RN face-to-face every time I round on a patient reduces unnecessary pages. This is further enhanced when nurses use standard criteria for paging. The results of this test make us all successful in providing quality patient care by minimizing waste and promoting more efficient and effective workflows for both the physician and the nurse.”

Staff engagement is crucial to improve clinical excellence. The engagement scores for the SPTs and councils continued to improve. Efforts to define the five domains of engagement—participation, knowledge, production, communication/spread and recognition—resulted in sharing best practice models for replication and adaption. With two quantitative metrics for each domain, each receiving a score between zero and two, the total range is zero to 20. The organizational target for each SPT and council is 18. This year the SPTs improved their average engagement scores from 12.7 to 13.7 and the councils improved their scores from 14.5 to 16. These metrics inform SPTs and councils to promote effective structures and processes to elevate engagement of staff.

This year I started purposeful Gemba rounding with SPT chairs and their operational leaders. The purpose is to learn about best practices for sharing among SPTs, promote shared leadership and shared decision-making, recognize exceptional clinical work appropriate for showcase on Professional Governance Day, make connections with Magnet standards and provide staff recognition to those who have generated these improvements. The learning and sharing exceeded both the unit/department’s and my expectations.

I discovered an excellent example of the value of rounding in the Psychiatric Medicine Center (PMC). While rounding with Katie Hasselman, BSN, RN-BC, clinical nurse and PMC Specialty Practice Team (SPT) chair and Molly Druliner, BSN, RN-BC, PMC nurse manager, I discovered a patient education project that was both innovative and highly effective in improving the patient’s understanding of newly prescribed medications.

Katie led an SPT project to create modified Krames medication sheets to improve patient understanding by adding a “ways in which it helps you” section. For example, rather than only say a medication is used to treat “Schizophrenia,” they added this language: “helps to calm thoughts and improve

mood" or "can help you tell the difference between what is real and not real." The second addition was to not only list side effects, but add in parentheses what would alleviate those side effects. For example, if a side effect was dry mouth, we added "sugarless gum or hard candy can help."

We saw two outcomes: 1) PMC H-CAHPS percentage improved by seven percent, and 2) 100 percent of nurses were comfortable with teaching about psychiatric medications and 90 percent now use the new medication sheets. Seeing how Katie contributed to supporting organizational strategic priorities, I immediately invited her to share this best practice on Professional Governance Day in August of 2018.

Other noteworthy accomplishments were the Professional Governance Day education sessions and the best practice sharing sessions.

Education sessions included:

- Teamwork – Part I
- Teamwork – Part II
- Infusing Evidence-Based Practice (EBP) into a Lean Framework (trial run for the oral presentation done at the 2017 Magnet Conference in October).
- Change Management
- 2019 Magnet Redesignation Standards
- Transformational Leadership
- Professional Governance Decision-Making

Best practice sharing included:

- 2017 Magnet best practices for implementation consideration at Salem Health
- Electronic quick and easy boards
- High-touch cleaning to wipe out C-diff
- Cardiac rehabilitation changes in monitoring to increase patient confidence and reduce waste
- New program for accessing interpreters for patients
- Nursing peer case review committee purpose and process
- "The Pause" process that follows a code blue
- Improving H-CAPHS responsiveness scores
- Intravenous contamination project to reduce waste
- Executive leader presentation of FY19 strategy and presentation of the SHINE nursing strategic strategy

Recognition is crucial to support our Magnet and Lean culture. This year we offered two new recognition awards in addition to the traditional SHINEing Star award. First, staff who present at regional or national conferences receive a presentation award. Second, when staff publish in a journal or book, they receive a publication award. We moved the awards to the Best Practice Sharing Sessions so that staff are recognized by all their peers and colleagues in professional governance. See the celebration section of this report for this year's recipients.

Our professional governance, Magnet and Lean culture continues to evolve. Clinical excellence staff shared this evolving culture and the integration of evidence-based practice and Lean with the Board of Directors in January. Salem Health staff also presented the mutually beneficial integration as an oral presentation at the 2017 Magnet Conference and had an article on the integration accepted by

the Journal on Nursing Care Quality. In summary, Salem Health is a leader in developing the structures and processes to maintain outstanding clinical excellence in both inpatient and ambulatory care settings. I am so proud and privileged to be a part of this team!

CLINICAL EXCELLENCE SPECIALIST MESSAGE

Brianna Revard, BS

As the Clinical Excellence Specialist, I provide direct operational and project management support to promote clinical excellence throughout Salem Health. In partnership with other team members and leaders, my role assures maximum effectiveness of structures and processes within clinical excellence, including SHINE Professional Governance Day and Magnet redesignation. I also bring heightened awareness to nurse-sensitive indicators and metrics to inform strategic direction. Although my position requires specialized skills in data coordination and a strong working knowledge of a multitude of software and reporting systems, I credit my Lean leader orientation training for much of the growth that I enjoyed last year.

Disciplined application of Lean leader management techniques allowed me to move beyond simply performing a role to professional development in response to the needs of our organization and department. Specifically, I received tools to continuously evaluate and improve my effectiveness such as visual management, rounding and coaching, standard work and reinforcement of Lean problem-solving principles. As a result, I am engaged and take ownership of my development and responsibility for the vision of my role.

One achievement that resulted from my Lean journey emerged from the big vague concern around communication and visibility of Professional Governance Day. Using four-step problem solving, I developed the professional governance newsletter series as a "standard" communication path between professional governance members and the organization. While the newsletter was well-received, we strive to improve the production and distribution processes in the spirit of continuous improvement.

As a primarily desk-bound staff member, I look forward to further developing my Gemba rounding and coaching in the coming year, to continuously engage members of professional governance and practice the mental models of "go and see for yourself" and "leader as sensei."

INTERPROFESSIONAL PARTERSHIPS MESSAGE

Gloria Summers, MBA, BS

What does it mean to be Magnet? A few years ago, if you had asked me that question, along with many other interprofessionals, I would have told you, it's 'a nursing thing'. I'm here to say, I was wrong. And I've come far to believe otherwise.

At our last Magnet redesignation visit in 2014, I remember excitedly preparing to show Magnet auditors the wonderful work our department accomplished to support nursing excellence with interprofessional collaboration to provide quality patient care. We were a well-oiled machine, a great team, excited to share our stories. However, the focus of the Magnet surveyors, at that time, was on the nursing scope of practice. However, I knew our organization recognized the value in how nursing and interprofessionals come together as a team to provide the best quality care for our patients.

Since that experience, I've felt the need to find a voice to countless individuals who live Magnet every day but don't see or believe in the benefit of the designation. I am extremely proud to work for my Magnet organization. We are so lucky to be a part of a culture that embraces professional governance and values the voices within. At the Magnet site visit in 2014, we were already looking to the future. We saw the value, the importance and the necessity to work together towards a common cause, the need for collaboration to support better care for our patients and the health of our community.

In 2014, we embraced Magnet as an organization, but, we also recognized additional improvement opportunities. It's no secret that I've been known to be a very outspoken individual. I speak up when it may not be popular to do so, when it might just be easier if I said nothing. I feel honored to witness the improved collaborative work since our last Magnet redesignation. We continue to excel the culture at Salem Health, as nursing excellence and interprofessional collaboration are seen as a cohesive bond, the need for relationships within, and how we work together to provide for our patients.

I was wrong about Magnet solely being 'a nursing thing'. The model developed represented a restructured effort to increase value and bridge an expansion of interprofessional inclusion. We also have a leading group of innovative leaders, who have a vision for our organizational culture. My personal role models in their efforts are Nancy Dunn, Barb Merrifield, Renee Martizia-Rash and Sarah Horn. These professionals, these nurses, are role models of excellence, pioneers of improved outcomes, and the faces of an evolution for interprofessional collaboration in a Magnet organization. I am consistently looking to these leaders to guide the way in a continually changing healthcare system. Our leaders recognize that nursing excellence and interprofessional teams are the strategic drive of our organization.

I had the honor of attending the 2018 Magnet Conference in Denver, Colorado. I was there as an ambulatory, outpatient, interprofessional representative. Walking among 10,000+ nurses

from all over the country and across the world. I had countless conversations with exemplary nurses who took pride in their practice. I was honored to be in their presence, to learn from their experiences and celebrate their accomplishments. What a special experience it was. I walked proudly through the vendors and many were shocked to learn that I was not a nurse, asking why I came to a nursing conference. They wanted to know more about our organization and I was so proud to say, that this is the Salem Health Magnet way, nursing excellence with interprofessional collaboration. Our organization prioritized the necessity for this model to continue to improve interprofessional practice and ensure professional governance. This truly is, the Magnet way, and, the Salem Health way.

I took away some additional key notes as an interprofessional at a nursing conference as I listened to the most prestigious Magnet organizations discuss care delivery models of a multidisciplinary team. The language was there, the meaning was there and Magnet was right at the front of the incredible stories shared. So, if you ask me now, what does it mean to be Magnet? My favorite quote by Helen Keller says it perfectly, “alone we can do so little, together we can do so much”.

PROFESSIONAL GOVERNANCE STEERING COUNCIL REPORT

Nancy Dunn MS, RN, Council Co-Chair Support

Fiscal year 2018 was a year of evolution and maturity for professional governance. Key operational leaders from select divisions joined the council to ensure and promote interprofessional partnerships. Members updated the council charter and decided to have Jessica Reese, Practice Council Chair, and Sarah Horn, CNO, as co-chairs of the council and role model shared decision-making in leadership.

The council initiated an adjustment to the Professional Governance Day to reduce redundancy, create value for interprofessional partners, increase productivity and promote a standard for shared decision-making. This resulted in an efficient use of valuable staff time and created "space" for unit-based project work and/or optional development sessions in the afternoons, thereby giving SPT chairs and members additional project time. The council eliminated coordinating council and reassigned operational leaders to attend all other council meetings, again promoting enhanced interprofessional partnerships.

The council members updated the professional governance bylaws to define standards for each of the council charters, including the SPT charter. This will result in more consistency among the charters, including:

- Purpose
- Member requirements
- Responsibility of members
- Primary goals and deliverables
- Meeting structure and process
- Reporting relationship
- Subcommittee structure
- Authority statement
- Methods for monitoring effectiveness

Complimentary to this, the members reached consensus on using annual plans to assure they accomplish the terms and conditions of the charters. Annual planning helps create a steady cadence throughout the fiscal year and provide a mechanism to keep the council proactive on pertinent policies.

Council members continue to invest the majority of time reviewing action request forms (ARFs) and guiding completion of work to solve organizationl-wide clinical staff problems that impact quality and safety of care, staff engagement and satisfaction and the elimination of waste, particularly defects, from our clinical processes. The council improved the project triage process and updated the on-line form. The goal is to better align with four-step problem solving and grasping-the-situation further upstream, thereby improving the council members' ability to determine the best approach to problem solving.

Some noteworthy ARF completions this year include:

- Standard work for pushing Adenosine done in collaboration with our Intensivists and Cardiologists.
- Suggested solution for the tube system carriers for drug transport with resulting efficiency.
- Improved way-finding in Building B for patients and visitors.
- Validated that doing all annual mandatory CBTs in the month of June is the most effective and efficient process.
- Provided more time for staff to participate in process improvement work through the structure change of Professional Governance Day.
- Conducted a literature review and hierarchy of evidence to ambulate patients with VTE (DVT and PE) and provided education to practice council and all hospitalists aimed to reduce variation in practice.
- Implemented a new patient armband system that reduced the number of armbands that our patients wear by 50 percent.
- Validatied a standard for physician orders to permit patients to shower without telemetry and thereby reducing variation on care.
- Reduced time wasted sorting medications in med-surg oncology by collaborating with pharmacy and revising processes for omnicell stock medications.
- Completed testing of standard work for provider paging and hospitalist rounding with the primary nurse. This resulted in a 15 percent reductionof unnecessary provider paging.
- Developed standard work for communicating the primary care nurse handoff when patients transfer directly after a procedure.
- Allocated computer hardware and software to six nursing units to ease SPT members ability to complete project work.
- For patients with active “do not resuscitate” (DNR) orders, improved adherance with the place of DNR alert wristbands from 60 percent to 99 percent.

Action Request Form

Your Name

Your Email Address

Clinical Unit/Department

Problem or Big Vague Concern

A brief statement defining your problem.

WAS

A quantifiable description of your problem.

WISH

Gap

Impact of Gap

Level of Impact — Low

Name of leader

Staff Name:

Information dissemination

Date

Attachments — Click here to attach a file

Submit

Professional Governance Steering Council (alphabetical by name)	
Amy Brase	Professional Growth & Development Council, PDS, Clinical Education
Amy Stokes	Professional Growth & Development Council, Chair, PDS, Clinical Education
Barb Merrifield	Evidence Based Practice Council Chair, Director of Magnet & Clinical Excellence
Bernard Maurer	Informatics Council Chair, Informatics Coordinator Sr., IS Clinical Department
Brenda Umulap	Nurse Manager, General Medical Unit
Brianna Revard	Magnet and Clinical Excellence
Erica Randall	KPO Manager, Kaizen Promotion Office
Gina Umble	Evidence Based Practice Council Co-Chair, Clinical Nurse, Medical Telemetry
Harriett Martin	Practice Council Co-Chair, Clinical Nurse, Intermediate Care Unit
Jennifer Henkel	Nurse Manager, Labor and Delivery
Jessica Reese	Practice Council Chair, Clinical Nurse, Medical Telemetry
Laura Morin	Nurse Manager, House Operations
Nancy Dun	Clinical Excellence Coordinator
Sarah Horn	Chief Nursing Officer
Sarah Moyes	Evidence Based Practice Council Co-Chair, Clinical Nurse, Intermediate Care Unit
Stephen Nielsen	Informatics Council Co-Chair, Nurse Navigator, Neuromusculoskeletal Department

MAGNET STEERING COUNCIL REPORT

Barb Merrifield MSN, RN, Council Co-Chair

The Magnet Steering Council supports all aspects of our Magnet journey by providing oversight of clinical excellence standards and performance on nurse-sensitive indicators and conducting gap analyses. They work to remove barriers to the continued evolution of our Magnet culture and communicate a cohesive picture of how clinical excellence integrates with our Salem Health management system.

The council was consolidated from five committees formed in 2008 to one council in 2018, and has saved the time of 30 members. It provides high-level support and guidance for the Magnet Journey and owns, in partnership with the Director of Magnet & Clinical Excellence, development of a highly functioning and sustainable Magnet culture unique to Salem Health. We embarked on the Journey To Magnet Excellence™ to:

- Promote quality health care services in an environment that supports professional practice;
- Identify excellence in the delivery of patient care services;
- Provide a mechanism for the dissemination of "best practices" in nursing and interprofessional care;
- Attract and retain top talent; and
- Improve patient care, safety and patient experience.

The council promotes continuous redesignation readiness in conjunction with our Magnet champions by ensuring enculturation of Magnet beliefs into our organization's daily work. The members stay current on Magnet requirement updates and continuously evaluate the effectiveness and sustainability of Salem Health structures, processes and activities designed to support Magnet culture. The council also reviews and supports adoption of select best practices from the National Magnet conference to promote replication and spread of learning.

Council Points of Monitoring

- Support of clinical excellence activities and initiatives of professional governance councils.
- Support of the Magnet champion role – through activity engagement, promoting understanding of importance to practice and to remove barriers.
- Nurse-sensitive indicators.
- Nurse satisfaction survey.
- Establish redesignation timeline and monitor adherence – to include Magnet interim monitoring reporting, Magnet application, document completion, electronic submission, marketing communication and site visit readiness.

The council remains actively engaged in promoting the belief that our Magnet designation is the highest and most prestigious credential for nursing excellence and quality patient care a health care organization can achieve. It is outcomes-driven and therefore integral to supporting improved patient outcomes, nurse satisfaction and retention and reduced cost.

Thank you, team, for your impressive support!

Magnet Steering Council (alphabetical by name)	
Amy Stokes	Professional Growth & Development Council Chair, PDS, Clinical Education
Barb Merrifield	Evidence Based Practice Council Chair, Director of Magnet & Clinical Excellence
Bernard Maurer	Informatics Council Chair, Informatics Coordinator Sr., IS Clinical Department
Brianna Revard	Magnet and Clinical Excellence
Cheeri Barnhart	Nurse Manager, Intensive Care Unit
Crystal Dryden	Magnet Champion, Cardiovascular Data Abstractor, Cardiac Service Line
Dana Hawkes	Director of Adult Health Services
Donna Thomas	Nurse Navigator, Cardiac Services Line
Debbie Goodwin	Learning & Development Consultant, Kaizen Promotion Office
Gina DiGiusto	Nurse Manager, Inpatient Rehabilitation
Harriett Martin	Practice Council Co-Chair, Clinical Nurse, Intermediate Care Unit
Jennifer Henkel	Nurse Manager, Labor and Delivery
Jessica Reese	Practice Council Chair, Clinical Nurse, Medical Telemetry
Katherine Ahlstrom	Magnet Champion, SPT Chair, Clinical nurse, Labor and Delivery
Kelly Blanco	Nurse Manager, Prep & Recovery
Kristen Myers	Director of Surgical Services
Lisa Ketchum	Director of Women's & Children's Services
Louise Lindley	Magnet Champion, SPT Chair, Clinical Nurse, General Surgery
Nancy Dunn	Clinical Excellence Coordinator, Nursing Administration
Sandra Bunn	Clinical Nurse Specialist-Diabetes, Advanced Practice Nursing
Sara Nash	Nurse Manager, Medical Surgical Oncology
Sarah Dawson	Infection Preventionist, Infection Prevention
Sarah Horn	Salem Health Chief Nursing Officer
Valli Brunken	Nurse Manager, Cath Lab & SH Angiography
Zennia Ceniza	Vice President of Clinical Operations (Interim)

PRACTICE COUNCIL REPORT

Jessica Reese BSN, RN, CMSRN, Council Chair

As I write this report, I can't help but take myself back to the rooms we have gathered in over this year and watch in awe at the commitment and dedication that radiates from each participant.

We have the unique opportunity at Salem Health to gather as an empowered group every month and use interprofessional collaboration to make decisions, develop leaders, problem solve, share information and network.

Our Professional Governance Day structure continues to evolve as we identify new opportunities for growth and improvement throughout our organization. We rely on participation of every interprofessional partner to achieve the greatest impact.

On the even months of the calendar year, Practice Council (including 42 SPT chairs representing all patient care teams) meet as a group to identify clinical issues requiring staff input or shared decision-making. Practice Council addressed many topics in FY18; noteworthy examples include:

- Physician paging standard work tested and implemented; reduced unnecessary pages by 15 percent.
- Decisions on the new patient armband system resulting in a decrease in number of armbands from an average of 4.6 to 2.7.
- Floating policy review – input for updating policy.
- Health acquired infection reduction in IMCU (C-diff) to zero for 90 days after test-of-change.
- Processes to connect and communicate among SPT, council members, operational leadership and frontline staff (e.g. pre and post Professional Governance Day Newsletters).

- Identified a minimum of one RN Survey Champion for units/departments with eligible RNs.
- Charter updates and revision for Practice Council.

On the odd months, Practice Council divides into six working committees, each producing outcomes of their own:

1. **Patient and Family Education:** This team focused on providing evidence-based patient and family-centered education across the health system and ensuring there is a consistent process for developing, requesting, maintaining, and standardizing clinical inpatient and outpatient education materials.
2. **Clinical Procedures:** Salem Hospital uses Lippincott for resources on procedural evidence and best practices. This resource requires frequent review and validation by frontline staff who do the work every day. This team reached out to SPTs most appropriate for review based on content and patient population. They reviewed hundreds of backlogged procedures and now work diligently to keep the review process up-to-date.
3. **Fall Prevention:** This committee focuses on the prevention of falls in both inpatient and outpatient settings. They review best practice to prevent falls while deep diving preventable falls that have occurred within the organization.

4. **Magnet Ambulatory:** With the 2019 standard updates brought forth by ANCC, Magnet designation evolved to include nurse-sensitive indicators and written exemplars for the ambulatory settings. This change presented the opportunity to bring participants together to represent the voice of ambulatory professional governance. This group focused on understanding the ambulatory setting within Salem Health, discovering project work and assuring value for interprofessional partners in practice council.
5. **Practice Council Four Step Problem Solving:** In January 2018 we formed two four-step problem solving groups to utilize Lean methodologies to address topics from ARF submissions or leader requests. The groups tackled the following issues.

Group 1

Glucose monitoring and timely administration of insulin with meal tray delivery:

The focus is improving the evidence-based practice accuracy of insulin administration within 30 minutes of meal tray delivery and concurrent delivery of a hot meal for optimal patient experience. The team discovered an underlying systems problem in the placement of a nutrition services communication order that must be resolved first.

RN Nurse Survey:

RN response rate in the annual nurse survey has been below the target of 80 percent in recent years. The group identified champions, developed guidelines and a unit/department-based toolkit to increase participation. The nurse survey took place in September 2018.

Group 2

SMART Pump antibiotic infusion: Nursing case peer review committee brought forward a rising problem with antibiotics not infusing per physician order. After grasping the situation for step 1 and determining a lack of standard in workflows, practice council developed standard work which is undergoing a test of change in general surgery for implementation house-wide in FY19.

Telemetry battery expiration: Accreditation staff submitted this ARF. Practice council developed standard work for when staff will change telemetry batteries to avoid the risk of patients' monitors not transmitting. The standard work is due to be tested in FY19.

Telemetry electrode expiration:

Also submitted as an ARF by accreditation, practice council worked to ensure telemetry electrodes are stored appropriately and expiration stickers used reliably to identify expiration dates after opening the electrode package. The group used data collection and process mapping techniques to assist root cause analysis and selection of an effective countermeasure to test in FY19.

Medicopia labeling for clinical laboratory testing:

Leadership brought forth this problem after repeated staff concerns and growing work arounds to avoid using the system. Practice Council started to grasp the situation and will problem solve into FY19.

Every year as we reflect on our past, we challenge ourselves to improve our future. As Practice Council chair, I wonder what this excellent and passionate group of members will accomplish next year? Given our growth and maturity, I anticipate great outcomes that will serve our staff and patients well.

Practice Council	
Chair/co-chair positions	
Jessica Reese	Council Chair, Clinical nurse, Medical Telemetry
Harriett Martin	Council Co-Chair, Clinical nurse, IMCU
Leadership representation	
Betsy Alford	Nurse Manager, Medical Surgical Unit
Cheeri Barnhart	Nurse Manager, Cardiovascular Care Unit
Dana Hawkes	Director of Adult Health Services
Gina DiGiusto	Nurse Manager, Inpatient Rehab
Carrie McLaughlin	Nurse Manager, Radiation Oncology & Salem Cancer Institute Registry
Kelly Blanco	Nurse Manager, Prep & Recovery
Nancy Bee	Nurse Manager, Emergency Department
Renee-Martizia Rash	Nurse Manager, Cardiac Rehabilitation
Michelle Riley	Nurse Manager, Orthopedics
Michelle Tobias	Nurse Manager, Operating Room
Shelley Weise	Nurse Manager, Mother Baby Unit
Staff representation (alphabetical by unit)	
Advanced Practice Nursing	Becky Ramos
Angiography	Nancy Leech
Cardiac Service Line (CVNIS)	Rick Lenhardt
Cardiac Service Line (Cardiac Rehab)	Gloria Summers
Cardiac Service Line	Andy Walker

Practice Council	
Care Management	Zy Warner
Community Health Education Center	Karisa Thede
Community Health Education Center - Library	Paul Howard
Clinical Excellence	Nancy Dunn
Certified Nursing Assistant	Amy Nagelhout
Cardiovascular Care Unit	Kellie Wilcox
Emergency Department	Brandy Belling
Emergency Department	Jarrelle Harper Waldorf
Endoscopy	Alina Mattison
Endoscopy Lab	Deborah Piccirilli
Environmental Services	Adiregk Eamsaard
Float Pool	Jennifer Kameshima
Float Pool	Terry Newkirk
Float Pool	Lisa Theobald
General Surgery	Teri Ottosen
General Surgery	Tia Melson
Intensive Care Unit	Jennifer Erpelding
Intensive Care Unit	Caitlyn Balding
Intensive Care Unit	Laura Maxwell
Imaging	Krystl Hill
Imaging	Rachel Palmquist
Intermediate Care Unit	Charleigh Nygaard
Intermediate Care Unit	Jordan Reed
Infection Prevention	Sarah Dawson
Infusion & Wound Care	Catrina Mero
Infusion Center	Lea Estrabo
Inpatient Rehabilitation	Carol Hannibal
Inpatient Rehabilitation	Eva Jones
Interventional Recovery Unit	Amy Crain
Interventional Recovery Unit	Kari Velez
Labor and Delivery	Katie Ahlstrom
Laboratory Services	Jaimy To
Mother Baby Unit	Jillianna Horton
Mother Baby Unit	Hannah Pratt
Medical Surgical Oncology	Jenna Campos
Medical Surgical Oncology	Audrey Drake
Medical Surgical Oncology	Lily-Claire Orme
Medical Surgical Unit	Amanda Sheehan

Practice Council	
Medical Telemetry	Sandra Fuerst
Medical Telemetry	Allison Seymour
Medical Telemetry	Ethan Waln
Medical Unit	Carlee Bizon
Medical Unit	Emily Tucker
Neonatal Intensive Care Unit	Jaime Blizzard
Neurotrauma Care Unit	Dawnie Janowiak
Neurotrauma Care Unit	Alex Morrison
Neurotrauma Care Unit	Kim Mullins
Nutrition Services	Heather Hennesy
Nutrition Services	Abby Swartz
Operating Room	Tabor Scrabek
Orthopedics	James Atchley
Post Anesthesia Care Unit	Robyn Randall
Pediatrics	Tara Edick
Pharmacy	Donna Oetama
Psychiatric Medical Center	Katie Hasselman
Psychiatric Medical Center	Laurie Miller
Pre Surgical Screening	MaryJo Brown
Prep Recovery	Mary Simon
Rehab Services	Kate Bradley
Rehab Services	Megan Corrado
Rehab Services	Alyssa Pratt
Respiratory Care	Jackie Williams
Respiratory Care	Melinda Hartley
Salem Cancer Institute	Kellie Liudahl
Salem Health Medical Group	Alyson Muir
Salem Health Medical Group	Kelly Veasman
Sleep Center	Debbie Penning
Sterile Processing	Briana Kincaid
Trauma/Emergency Department	Dana Hart

PROFESSIONAL GROWTH AND DEVELOPMENT COUNCIL

Amy Stokes, MSN, RN-BC, Chair

The Professional Growth and Development Council members are an amazing group of frontline staff, professional development specialists and operational leaders working together to support the education needs and professional growth and development of staff to ensure patients receive exceptional care. The highly engaged membership wants to share the following annual accomplishments:

Foundation Fund Requests

The council worked with the Salem Health Foundation to help support the growth and development of our staff by reviewing fund requests to attend conferences and training. The team received and reviewed over 50 applications for funding. to ensure they meet criteria. The council approved 31 applications for funding. Here are some examples of the outstanding attendance opportunities for our staff as a result:

- National Teaching Institute & Critical Care Exposition
- Sanctuary of Endovascular Therapy Symposium
- Commission for Case Manager Certification New World Symposium
- Progressing Care Certified Nurse Certification Review Course
- American Nurses Association Conference
- Annual Acute & Critical Care Symposium
- Press Ganey National Client Conference
- Association of Rehabilitation Nurse REACH Conference
- Neonatal Nutrition: Intervention, Assessment, & Management Training
- Association of Women's Health, Obstetric, & Neonatal Nurses National Convention
- American Association for Respiratory Care Congress
- Pediatric Critical Care & Emergency Nursing Conference
- Palliative & Supportive Care in Oncology Symposium
- Northwest PeriAnesthesia Nurses' Association Fall Conference

Education

Each year a needs assessment determines professional development topics. The council revised the survey to identify if the education need was at the basic, advanced basic, intermediate, or advanced level. Information was gathered on the perceived benefit and barriers to attending continuing education opportunities. Over 1,000 nurses completed the survey from 40 inpatient and outpatient areas. Results showed 445 (43.46 percent) nurses wanted education on preventing professional burnout. In response to this information, the council's frontline staff developed education on professional resiliency outlining what burnout is, how to recognize it, and the resources available to staff at Salem Health. The resiliency training was presented at the September 2018 Professional Governance Day Education Session with availability of support education to all staff on an ongoing

basis. Professional Growth & Development Council members will work as ambassadors to help coworkers build and maintain professional resilience.

APEX

To increase the number of eligible applicants for APEX, the council worked with the Human Resources Recognition & Engagement Coordinator to develop a tip sheet for the category 1 and category 2 APEX application process. The tip sheets provide applicants with detailed information and suggestions on how to provide the required documentation needed to meet the criteria. After receiving feedback from coworkers, we identified the need for this resource. Last year's goal, to increase the number of applications by 10 percent from the previous year. While coming just a bit short of target, we are proud to say the number of applications over the last 12 months did increase by 9 percent.

Certifications

The council is actively involved in increasing the number of eligible nurses obtaining certification in their specialties. The SHINE strategic goal is for each unit to have 51 percent of eligible nurses certified. Members worked with human resources and the Clinical Quality Data coordinator to improve the self-reporting process so accurate data is obtained. A tip sheet to correctly log in a certification in MyHR/Lawson was created, shared with managers, and placed on the SHINE SharePoint site. At this time, three units exceeded the initial goal with multiple units not far behind.

RN Specialty Certifications thru July 2018 (Magnet Units Only/Direct Care Staff Only)

Cost Center	Unit Name	# of Eligible RNs	# Certified	% Certified	Goal	# of Certs Needed to Reach Goal
6220	Gen Surg	26	14	54%	51%	0
6230	MS Onc	46	15	33%	51%	9
6240	Ortho	21	7	33%	51%	4
6250	Med Tele	47	26	55%	51%	0
6255	MedSurg	9	3	33%	51%	2
6262	Gen Med	21	8	38%	51%	3
6310	Peds	12	4	33%	51%	3
6330	NICU	33	4	12%	51%	13
6325,55	MBU/Lac	44	12	27%	51%	11
6340	L&D	70	42	60%	51%	0
6410	IMCU	48	18	38%	51%	7

6420	ICU	73	27	37%	51%	10
6425	CVCU	61	27	44%	51%	4
6440	NTCU	34	6	18%	51%	12
6510	OR	62	24	39%	51%	8
6520	PACU	20	10	50%	51%	1
6525	Prep Recov	29	5	17%	51%	10
6570	PSS	10	2	20%	51%	4
6610	ED	130	29	22%	51%	37
6710	Psych	22	11	50%	51%	1
7621	IP Rehab	19	8	42%	51%	2
	Overall	837	302	36%	51%	141

To help celebrate National Nurse Certification Day in March and to increase staff awareness, the certification subcommittee produced traveling table-top posters outlining the benefits of certification, how to get credit for being certified and certification data by unit.

Per request from Practice Council, the professional growth & development certification committee completed a four-step problem solving in response to staff concerns about the continuing education requirements for initial and re-certification. The problem solving led to development of an education calendar of upcoming educational opportunities which, is now available on the SHINE website.

The certification committee brought an operating room certification review course to Salem Health in December 2017. We are happy to say that 19 individuals attended the course.

Daisy & Trillium Nominations

The council took on a new task beginning in October 2017 of reviewing the nominations for Daisy and Trillium Awards and selecting award recipients. Council members embraced the selection process and give the award to the nurse or certified nursing assistant who goes above and beyond in caring for our patients. The stories behind the nominations are truly inspiring and excellent examples of the outstanding care provided, often bringing a few tears.

Additional Activities

- Review, feedback and approval of the HealthStream RN New Hire Orientation/Competency Checklist
- Charter review and revisions
- Professional growth & development analysis of strengths, weaknesses, opportunities and threats

Professional Growth & Development Council	
Chair/Co-Chair positions	
Amy Stokes	Council Co-Chair, Professional Development Specialist (Clinical Education)
Amy Brase	Council Co-Chair, Professional Development Specialist (Clinical Education)
Leadership representation	
Lisa Ketchum	Director of Women's and Children's Services
Seunghyo Hong	Nurse Manager, Intensive Care Unit
Ben Burlison	Intensive Care Unit Assistant Nurse Manager
Staff representation (alphabetical by unit)	
Angiography	Teri Benzinger
Cardiac Rehabilitation	Alexis Miller
Cardiac Rehabilitation	Amy Schmidt
Clinical Education	Penny Edwards
Clinical Education	Kristiina Broten
Clinical Education	Kelly Honyak
Clinical Education	Debbie Lohmeyer
Clinical Education	Sarah Wolfe
Cardiovascular Care Unit	Heather Pfrehm
Emergency Department	Kaylee Corrado
Endo/Post Anesthesia Care Unit	Denise Ziak
Float Pool/Vascular/Med-Surg	Tara Trimmer
General Medical	Hannah Aamodt
General Medical	Melissa Williams
General Surgery	Kelsey Muramato
Intensive Care Unit	Meghan Newstone
Intermediate Care Unit	Amber Dugger
Infusion and Wound	Jeanette Keating
Inpatient Rehabilitation	Lesley Shew
Labor and Delivery	Molly Newman
Medical Surgical	Nic Lawerence
Medical Telemetry	DeAnna Carroll
Medical Telemetry	Joshua Yoder
Neurotrauma Care Unit	Dawnie Janowiak
Neurotrauma Care Unit	Mary Webb
Oncology	Brigett Eisele
Orthopedics	Annie Hartle
Prep/Recovery	Kathryn Mahosky
Psychiatry	Felicia Rosenberg
Respiratory	Mickie Hartley

EVIDENCE BASED PRACTICE COUNCIL REPORT

Barb Merrifield MSN, RN, Council Co-Chair

Nurses from all specialties work in collaboration with other disciplines to promote and advance current evidence and research to guide clinical practice. The vision of the evidence-based practice (EBP) council is to:

1. Promote environments where evidence drives practice and practice is continuously updated based on best available evidence.
2. Serve as mentors to build bridges between the evidence and implementation at the point of care.
3. Support and develop clinicians in applying the integrated EBP Lean model with their colleagues.
4. When no evidence is available, research or quality improvement is conducted when knowledge is needed for practice.

This team is integral in encouraging the development of evidence-based practices or research initiatives and to transition evidence into practice. This past year the team reinforced the opportunity to incorporate scientific studies and research as the basis of defining the problem in much of our Lean process improvement work. Continued effort to refine the integration of these models is yielding obvious results in increased quality of our improvement work. Clinicians share the results of Lean, quality improvement, EBP and research projects in oral and poster presentations and through publications in peer-reviewed journals.

Presentations of Improvement Projects

- Sarah Moyes, BSN, RN, MS-CNL, and Harriett Martin, ADN, RN – Ambulation in Patients with Acute DVT and/or PE.
- Rachel Kaufman, RN, BSN, CCRN – CAL-S: A new approach to cardiac arrest in CV surgical patients.
- Debra Jasmer RN, BSN, VA-BC - IV set change when establishing PICC lines.
- Matthew Drahn, Employee Injury Prevention Specialist - Patient mobility protocol
- Brittany Oakman, DPT, Alyssa Pratt, OTR/L and Katheryne Zempel, DPT - Patient First: Creating a Culture of Mobility.
- Ann Alway RN, MSN, APRN, CNS – Breast Cancer Survivor and evidence that IV and BP on affected side is not contraindicated without other complications noted.
- Sarah Gloeckner - Food Farmacy.
- Elena Pettycrew RN, BSN, CMSRN - PICC line med delivery using less than a 10 ml syringe, resulted in house-wide policy change to allow smaller size syringe use.
- Sierra Schneider RN, BSN, CCRN – Vitamin C in Sepsis (presented to EBP in Sept 2017).

Sharing presentations of improvement projects provides an avenue to share information and builds the connections to support success in either further developing the project or adopting or adapting results to a different area of operation.

Resource Development

Thank you to team members, Michael Polacek, MSN, RN-BC, Professional Development Specialist, and

Brianna Revard, BS, Clinical Excellence Specialist, for revitalizing the EBP SharePoint site. This site serves as an important resource for all staff by providing guidance on creating evidence tables, EBP champion resources and guidance to structuring a successful research proposal.

Evidence Table Development in Support of Organization Strategy and Improvement Work

- DVT/PE and ambulation
- Preoperative hydration
- Egress test effectiveness
- Mobility assessment tools

Clinical Inquiry Challenge

Fifteen units participated in the 2018 Clinical Inquiry Challenge, submitting 288 clinical inquiry questions. That is a nearly 20 percent increase from last year, what a success! The EBP council participated in evaluating all questions using a point-based system to assess quality of content. The team took the opportunity to communicate with unit leadership regarding clinical inquiry questions that received a ***perfect score*** for quality and structure or were particularly thought-provoking, along with individual recognition to the staff submitter. PACU took the honor of having the most high-quality questions.

The council voted for their favorite submissions and encouraged the unit to forward the question to their SPT or the submitting staff for follow up action and let EBP know if they can do anything to support this work.

EBP remains one of the most critical councils within our professional governance structure to support the organization's continued commitment to maintaining the practice of clinical excellence. Thank you all for your support of this impressive team!

EBP Council	
Chair/Co-Chair positions	
Barb Merrifield	Council Chair & Director of Magnet & Clinical Excellence
Sarah Moyes	Council Co-Chair & Clinical nurse, IMCU
Gina Umble	Council Co-Chair Elect & Clinical nurse, Medical Telemetry
Leadership representation	
Julie Koch	Infection Prevention Manager
Elena Pettycrew	General Medical Assistant Nurse Manager
Staff representation (alphabetical by unit)	
Advanced Practice Nursing	Jeanne St. Pierre
Advanced Practice Nursing	Michelle Hirschkorn
Advanced Practice Nursing	Ann Alway
Advanced Practice Nursing	Sandy Bunn
Angiography	Carrie Bandtel
Cardiac Rehab/CVNIS	Donna Thomas
Clinical Education	Michael Polacek
Cardiovascular Care Unit	Kylee Bowers
Cardiovascular Care Unit	Cassandra Peters
Endoscopy	Kristi Tichenor
Post Anesthesia Care Unit	Nereyda Leder
Float Pool	Lisa Theobald
Float Pool	Rebecca Boris
General Medical	Sam Spittal
General Surgery	Tia Melson
Intensive Care Unit	Skye Young
Intensive Care Unit	Kaylor Hollen
Intermediate Care Unit	Sarah Moyes
Intermediate Care Unit	Jennifer Beitel
Inpatient Rehabilitation	Anna Temme
Interventional Recovery Unit	Carrie Bandtel
Laboratory Services	Brenda Crawford
Library – Community Health Education Center	Paul Howard
Medical Surgical	George Cicolani
Neonatal Intensive Care Unit	Julie Cox
Neurotrauma Care Unit	Jennifer Saechao
Nutrition Services	Lorri Thornton
Oncology	Crystal LeBoeuf
Orthopedics	Amy Silvey

EBP Council	
Psychiatric Medical Center	Kristen Redwine
Pre-Surgical Screening	Nancy Simmons
Respiratory Therapy	Manya Kanavalov
Vascular Access	Debra Jasmer
Womens & Childrens Services	Emily Middleton

INFORMATICS COUNCIL REPORT

Bernard Mauer PhD, RN, Chair

This council is an interprofessional group representing most departments including nursing, acute therapies, respiratory therapy, nutrition services, pharmacy, patient safety and clinical informatics. The council discusses requests and issues related to the electronic medical record and seeks to implement evidence based as well as best practice solutions that will improve the care Salem Health provides to its patients.

In fiscal year 2018, the council received 108 new Epic enhancement requests and 80 enhancements went live.

Enhancement Highlight – Aggressive Patient Documentation

Hospitalized patients sometimes become aggressive, either verbally or physically. Staff injuries can result from these situations necessitating staff alerts of all disciplines and improved documentation of the behavior as well as the measures taken to address the situation. The council worked with nursing operations to implement the electronic tools needed to document and alert staff when a patient has such a behavior. The documentation involves three main elements:

Flowsheet documentation allows the nurse to document three levels of aggressive behaviors (verbal – minor, verbal – moderate, or physical – serious) as well as details of the behavior and the circumstances surrounding it. Staff can also document measures taken to address the behavior.

The documentation triggers a yellow “aggressive patient” banner that appears at the top of Epic summary and patient list reports to alert users of all disciplines of the issue before they interact with the patient. The banner stays in place for 365 days or until patient behaviors that do not involve any of the three levels of aggression are documented.

Finally, staff can also add an FYI flag to display in the patient header and across encounters to alert anyone opening the chart in any future encounter of the issue. If the last observation of aggressive behavior is more than a year old, the primary nurse should remove the FYI flag or the charge nurse.

Staff involved in this change: Samantha Spittal, BSN, RN, CMSRN, Medical Unit; Brenda Umulap, BSN, RN, NE-BC, Manager Medical Unit; Amie Wittenberg, BSN, RN, Manager NTCU; Jerrod Potter, Clinical Informatics; and Noel Caddy, Clinical Applications Analyst).

Informatics Council	
Chair/Co-Chair positions	
Bernard Maurer	Council Chair, Informatics Coordinator Sr., IS Clinical Department
Stephen Nielsen	Council Co-Chair, Nurse Navigator, Neuromusculoskeletal Department
Leadership representation	
Amie Wittenberg	Director of Emergency Department
Andi Limont	General Surgery Assistant Nurse Manager
Staff representation (alphabetical by unit)	
Acute Rehabilitation	Melissa Berry
Angiography	Kristin Perrin
Cardiovascular Care Unit	Marcie Kohls
Emergency Department	Miranda Hennan
Float Pool	Russel Roberts
Float Pool	Frank Gatto
General Medical Unit	Ashley Wilson
General Surgery	Jeneanne Hawkins
Intensive Care Unit	Jean Lucas
Intensive Care Unit	Joshua Green
Intermediate Care Unit	Andrey Zholnerovich
Inpatient Rehabilitation	Geoffrey Brennan
Interventional Recovery Unit	Amy Crain
Mother Baby Unit – Womens & Childrens Services Collaborative	Jennifer Graham
Mother Baby Unit – Womens & Childrens Services Collaborative	Jill Horton

Informatics Council	
Medical Surgical Oncology	Tom Abbot
Medical Surgical Oncology	Jules Johnson
Medical Surgical Unit (3W)	Sara Pacheco
Medical Telemetry	Sarah Aulerich
Neurotrauma Care Unit	Tamara Gregor
Nutrition Services	Karen Huntzinger
Operating Room	Renae Murray
Orthopedics	Ella Harrison
Orthopedics	Jacob Drinnon
Patient Safety	Ryan Mackey
Pharmacy	Matt Tanner
Psychiatric Medical Center	Doreen Brooks
Psychiatric Medical Center	Jason Elliot
Prep/Recovery	Jennifer Humphreys
Respiratory Therapy	Manya Kanavalov
Respiratory Therapy	Virginia Gaze
West Valley Hospital	Krystal Gamboa
Information Services Staff	
IS - Informatics	Christina Kochan
IS - Informatics	Jerrod Potter
IS - Informatics	Joshua Reese
IS - Informatics	Laura Fredericks
IS - Informatics	Leanne Puga
IS - Informatics	Megan Hollingsworth
IS - Informatics	Rebeca Cowin
IS - Informatics	Renee Montes
IS - Informatics	Shanna Israel
IS - Informatics	Shannon Simmons
IS - Clinical Apps	JoAnne Spink

HOUSE-WIDE STAFFING COUNCIL REPORT

Sheila Loomas, BSN, RN, Co-Chair

The House-Wide Staffing Council (HWSC) is co-chaired by a direct care nurse and manager, Hannah Wade-Sandlin ADN, RN, CEN and Sheila Loomas, BSN, RN, NE-BC respectively. The council receives support from the Director of Magnet and Clinical Excellence, Barb Merrifield, MSN, RN and the VP of Clinical Operations, Zennia Ceniza, MA, RN, CCRN-K, ACNP-BC, NE-BC. The HWSC reports to our CNO, Sarah Horn, MBA, BSN, RN, NE-BC, RNC-NIC, and is part of the larger Salem Health Practice Council within the Salem Health professional governance structure. Our council is unique in that the membership composition assures direct care nurses from all specialties as well as a CNA representative participation in staffing recommendations.

The HWSC is dedicated to:

- Promoting the health and safety of our patients by ensuring that there are enough numbers of qualified nursing staff to meet the nursing care needs of our patients.
- Evaluating and changing nurse staffing plans whose primary consideration is the provision of safe, quality care and adequate nurse staffing based on nationally recognized and evidence-based standards and guidelines.
- Ensuring compliance with the Oregon Nurse Staffing Law.

The work of the council over this past year focused on achieving and maintaining a state of survey readiness with Oregon Nurse Staffing Law. In 2015 the Oregon Legislature worked with a coalition of direct care nurses and hospitals to improve Oregon's nurse staffing laws and culminated with the Oregon Health Authority (OHA) issuing amended rule guidance effective January 2017. In conjunction with the change, OHA will audit hospitals every three years to assess compliance with nurse staffing laws. They will also conduct complaint investigations as necessary. Salem Health is due for a survey in fiscal year 2019!

In preparation for our first Nurse Staffing Survey, the council conducted intensified mock events at the inpatient unit manager level. The council also provided education on elements of the Oregon Staffing Law to the entire Salem Health nursing workforce. Elements of education included review of voluntary and mandatory overtime; on-call time; admission, discharge and transfer activity; meal and rest break coverage; recognizing acuity levels; giving a non-RN member a place in the HWSC structure and allowing all staff the opportunity to elect their nursing specialty representative.

A year in review:

- Co-chairs participated with the Oregon Nurse Staffing Collaborative and attended quarterly meetings. The collaborative serves as a valuable resource to assist hospitals in clarification of the complex nurse staffing laws.
- Created internal staffing law resource materials and facilitated numerous mentoring sessions at all levels of the organization.

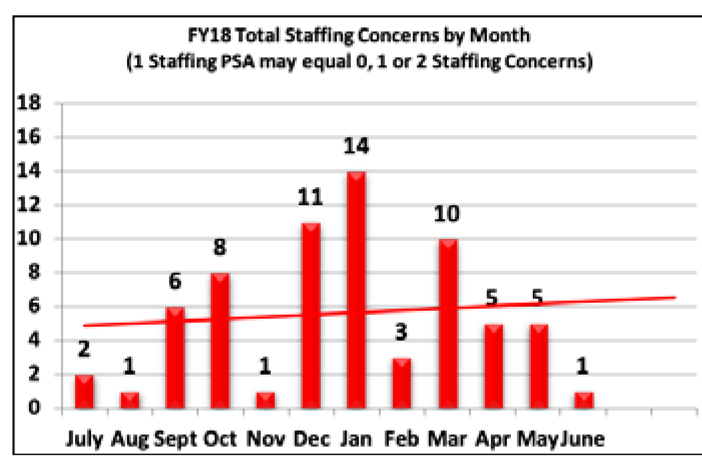
- Refined work force indicators for HWSC Dashboard.
- Updated the HWSC charter.
- Developed HWSC membership welcome resources.
- Coordinated with patient safety to enhance staffing alert report data for RL- 6 reporting system.

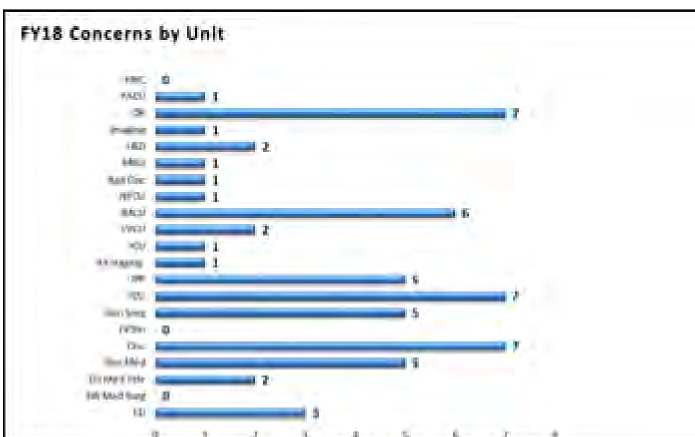
Staffing Indicators

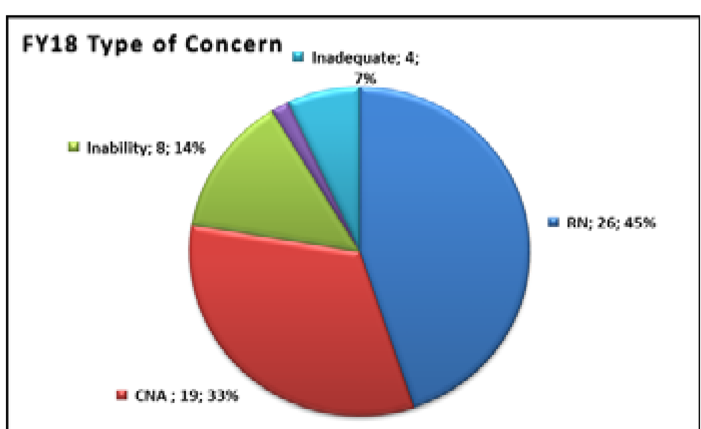
An integral part of the council's work is to review staffing concerns from the patient safety alert system, now the RL-6 reporting system, and monitor for trends and problem-solving opportunities. The council also determines when a staffing concern represents a variance from the unit staffing plan and helps create an action plan.

What's next?

- The council will remain focused on survey readiness and will support innovative approaches to compliance with the nurse staffing law post-survey.
- Continue robust systematic review of unit-based staffing plans across the organization.
- Create structures for council assessment and advisement to management prior to implementing staffing model changes.
- Review current acuity workload tools across inpatient areas to develop standardization across the organization.







STORIES OF INTERPROFESSIONAL PARTNERSHIP PROJECTS

CONNECTING CLINICAL EXCELLENCE AND LEAN TO THE FRONT LINE

Cardiovascular Care Unit

By Cassandra Peters, BSN, RN and Rick Jensen, MD

The anesthesiology department identified a problem with reimbursement for central line placement and correlated it to its post open-heart surgery patients. Originally, the CVC and PA catheter placement was documented in Epic with a single customized LDA that served as both line placement note and LDA. However, after the patient admission to the CVCU postop and the PA catheter removed, the primary nurse needed to discontinue the original LDA and replace it to reflect the patient's actual status and chart appropriately. When the billing company reviewed the record, the Epic print group utilized on the anesthetic record transfers as though the LDA had been placed by the nursing staff (due to the last person documenting), so there is no professional fee billed which was significant over the years. When caught by the providers during case reconciliation, it required significant effort to addend medical records with multiple communications to correct the error. More frequently, it just went unnoticed and uncorrected.

This problem gave nursing and anesthesiology the chance to work together to provide accurate and more efficient charting, and solve their reimbursement issues. Two clinical nurses from CVCU, Tiffany Karnaghon-Wirt and Cassandra Peters, reviewed the current process the anesthesiologist perform when opening an LDA in the OR. It was found that there was a single tab that represented two different invasive lines, Cordis and Pulmonary Artery Catheter. In practice, these lines are quite different in nursing and require separate documentation to accurately reflect the patient's condition. Larry Zwaschka from informatics was key in identifying the Epic-based origin of this problem and worked closely with Dr. Rick Jensen to redefine the workflow regarding the documentation of intraoperative invasive lines. By working closely with nursing staff, they created two separate LDAs to represent these lines individually. Consequently, we corrected the underlying root cause to allow for more efficient charting and appropriate reimbursement, for both professional fees and hospital charges for the catheters and supplies.

This has also opened an opportunity to look deeper into the charting options with these specific LDAs as we work towards updating the Epic electronic medical record in anticipation of foundation Epic changes and upgrading to version 2018. The anesthesiologists and nursing continue to work with Larry Zwaschka from Informatics to update charting options in Epic to be more accurate. The anesthesiologists will roll out revised standard work for documentation of invasive lines in the operating room utilizing features of the new Epic foundation system.

Cardiovascular Non-invasive Services Specialty Practice Team

By Rick Lenhardt, Vascular Technologist

The echo lab was unable to perform routine transesophageal echocardiography (TEE) in buildings B and D as well as in the neurotrauma care unit in a timely fashion, or necessitated admission to another floor just to have the extra procedure nurse resources to perform the TEE.

We addressed this issue interprofessionally with nurse managers of each of these units, echocardiology managers, cardiologists, and interventional recovery unit managers to produce a solution to meet the TEE needs of these patients.

The solution involved coordinating procedure nurses to provide bedside conscious sedation in the assigned room, when available. Or if a procedure nurse is not available, we contact the interventional recovery unit and get an available time for performing a TEE in the interventional recovery unit. The results are:

1. TEEs are routinely accomplished within 24 hours of order.
2. Cardiologists and echo technologists incorporate the requested TEE into their day.
3. Standard workflows within each department proved increased efficiency and cost effectiveness.

The improvement in patient care and staff satisfaction is clearly present based on responses from all parties involved. This process was only successful because of the cooperation of all for the best quality of care for our patients. Everyone "lean"ing in made the difference.

Another exemplary interprofessional improvement yielded collaboration with the Emergency Department (ED) and other supporting departments. The ED ordered vascular exams on patients who were not in beds (POD 5), or in the waiting area. Vascular exams require privacy and a bed/stretcher to perform the requested exam. We contacted ED managers, imaging managers, and transport to produce a solution that expedites patient care, prevents unnecessary admission, and reduces multiple relocations.

The solution included vascular exams ordered for non-admitted patients performed during business hours in triage 7, and after hours we ask transport to take them to imaging room 5 for their study. This helped the ED reduce the door-to-discharge time, door-to-physician time, and provides opportunity to expedite care for patients found to have treatable conditions.

The echo TEE issue as well as the ED vascular exam issue demonstrate how Cardiovascular Non-Invasive Services staff work with our interprofessional partners frequently to accomplish the vision of exceptional experience every time for our patients.

Float Pool and Vascular Access Specialty Practice Team

By Jennifer Kameshima, RN, BSN, PCCN

Float pool and vascular access (FP/VA) SPT raised the question if our current policy regarding inpatient peripheral intravenous line (PIV) assessment, flushing and documentation reflected the most current evidence-based standards. Rebecca

Boris, BSN, RN, FP/VA SPT members and various interprofessionals initiated and completed this policy change. Previously there was no standard of when to document a PIV site nor a distinction between documentation of saline locked versus infusing. This created inconsistent practice and potential for patient injury related to unrecognized complications with PIV site.

This problem presented an opportunity for the float pool and the vascular access team to consult with stakeholders including Matt Tanner, PharmD, DCPS, pharmacist in charge, and Ann Alway, MSN, RN, APRN, CNS. Matt worked closely with the team to create an approved vesicant list and hyperlink that would continually update when accessed. Ann provided oversight and guidance for the nursing inquiry. Our evidence-based literature review included literature research and utilized the 2016 Infusion Nursing Society standards. A policy change was necessary based on this review.

The changes to the policy include:

- Patients receiving venous irritant medications require PIV site assessments documented every 1-2 hours along with an active list of commonly used vesicant/irritant medications.
- Saline locked PIVs documented at minimum every 8 hours or as needed.
- Flush intermittent devices with 3 to 10 mL of normal saline, using positive pressure technique, before and after each use or at a minimum of every 24 hours.
- Assess site and document when patient reports discomfort and/or when the PIV site appears red, swollen or draining.

These changes provide nursing with clear and consistent standards for assessment, flushing and documentation of their peripheral intravenous lines. This interprofessional partnership project was presented at the September 2018 Practice Council meeting.

General Surgery Specialty Practice Team

By Brenda Burnett, BSN, BC-RN, CBN

As a participant in the 2018 physician leadership institute (PLI), we selected a project focused on streamlining transfers between the post Anesthesia care unit (PACU) and inpatient units. We found that if we could transfer the patients out of PACU quicker, it will improve the patient experience, result in organization financial savings and improve PACU workflows and efficiencies.

Our interprofessional team included Brenda Burnett, BSN, BC-RN, CBN; Jonathan Blackhall, MD; Jonathan Fetterley, Manager, Patient Transport; Erica Mitchell, MD; Mariko Ferronato, DO; Jamie Rouse, Manager, Laboratory Support Services; Tricia Cole, BSN, RN, PLI Coach. We appreciate the collaboration we had with Tommy VaVerka, BSN, RN, and all of the PACU and General Surgery staff.

We found there was redundancy in calls to process the handoff report to the primary nurse. The previous system required the PACU nurse to call the unit clerk to get the nurse's name and phone number and warn they would be calling report in 15 minutes (this

design provided the nurse time to wrap up her tasks and prepare to sit down and take report). Then the PACU nurse calls the nurse to provide report and then calls for patient transport.

Our project implemented the following:

1. Elimination of the 15-minute warning that a handoff report would be coming. *The PACU nurses are still calling a hand off report.*
2. Elimination of having PACU call the ward clerk for the General Surgery nurse name and number needed to call in report.
3. Placement of the nurse's name and phone number in the comment box in unit manager, so PACU nurses do not have to call unit clerk to retrieve this information.

Some of my nurses were hesitant to give up the additional 15 minutes of planning but we encouraged them to try it and there was no negative feedback. We also found there was no negative impact on evening and weekends because they still received a transport call before transfer.

Our goal was to eliminate any hold past 15 minutes on stable patients, which we did not meet. However, we did discover we reduced the average cost of a patient by $1,000 by decreasing patient wait time in PACU. We also improved the patient experience by transferring them to rooms faster, allowing them to use bathrooms and be with loved ones. The PACU nurses expressed appreciation for improved workflows and eliminating excess phone calls.

Infusion and Wound Care (IWC)

By Lea Estrabo, BSN, RN, CRNI

Salem Health has minimal guidelines/policy/ standard work on caring for outpatients.Patients with C-diff receive continuation of care in IWC. To provide appropriate care for these patients and prevent the spread of C-diff to other patients, IWC SPT created standard work that provides guidelines for care providers in an outpatient setting.

IWC SPT members (nurses, certified nurse assistants and Infusion supervisor) consulted with an interprofessional team, including: Sarah Dawson, MS, SH, CIC, Infection Preventionist; infectious disease providers Dr. Cliffton Bong and Dr. Jasmin Chaudhary; Pharmacy; Intake/Scheduling and Environmental Services.

After consulting with interprofessional partners and researching evidence-based resources, the team created standard work to guide proper care for patients with C-diff. The standard work consisted of screening and identifying patients with C-diff, intake and scheduling of patients, preparing treatment rooms, implementation of contact plus precautions, documentation/communication among different patient areas, patient teaching and staff education.

We learned that many Salem Health policies regarding precautions and caring for patients are focused on inpatients. There is a need to continue developing patient care guidelines for the outpatient care settings to provide the best care for patients throughout their continuum of care.

Mother Baby Unit

By Amy Molan, BSN, RN

Shift Report Project

Our unit had a lack of standard for information shared in report. This resulted in inaccuracies of shared information, including omissions. Many patient safety alerts were directly linked to information shared or not shared during report. Staff on the unit worked with Kaizen promotion office staff and Epic clinical informatics staff to create a standardized Epic report sheet that is auto populated with Epic data. Staff engaged in the project were Cassie Moss, BSN, RN; Jennifer Graham, ADN, RN, RNC-MNN; Elisa Bledsoe and Laura Fredricks, BA, RN. Once rolled out to staff, the safety alert rates of error decreased, positively impacting patient safety while also increasing nurse satisfaction and Press Ganey survey scores.

Bedside Report Project

Evidence shows the value of including the patient/family in bedside report and fostering engagement in their care. The Mother Baby Unit had an inadequate standard for change of shift report that led to unsatisfactory Press Ganey survey scores related to nurses keeping patients informed. Nurses were leaving the floor to report off to each other in a conference room. This excluded the patient from the report process and limited their input into care planning as part of the interprofessional team. A team looked at evidence and initiated four-step problem solving which resulted in the implementation of bedside reporting on the unit. A computer-based training module provided education to staff along with emails and huddle announcements. Initial survey scores were 87-88 percent of patients reporting they were well informed about their care. Once bedside report was fully rolled out on the unit, survey scores improved to 92.7 percent of patients reporting feeling that they were well informed. The scores remained consistently >90 percent which was the target set by the team. This project improved patient satisfaction as well as patient safety by allowing them to be much more involved in their care planning decisions. The staff involved were Jennifer Graham, AA, RN, RNC-MNN; Cassie Moss, BSN, RN; Alice Scofield, BSN, RN; Amy Molan, BSN, RN and Shelley Weise, BSN, RN.

Bladder Management

Our staff recognized a division-wide lack of a standard for postpartum bladder management. An interprofessional team worked to develop a protocol to guide staff to swiftly identify and manage postpartum urinary retention. The Obstetrics Medical Director and Perinatal Certified Nurse Specialist completed a literature review to create an evidence-based protocol and algorithm, approved by stakeholders. A computer-based training module provided staff education and a taskforce of mother baby nurses performed monthly chart audits with peer-to-peer follow up on algorithm misses. Consistent compliance increased from 66 to 100 percent over seven months. Womens & Childrens Services sustained 100 percent adherence for the last five months. This work discovered that bladder complications often begin during the intrapartum period. Currently, the Labor and Delivery Unit is working on implementing best practices for intrapartum bladder management.

In the spirit of service, we'd also like to highlight our entire department's (Women and Children's Services) amazing success in raising money for the March of Dimes in the annual silent auction: $13,985, which exceeded last year's auction by $4,000.

Post Anesthesia Care Unit

Robyn Randall, BSN, RN, CMSRN, CPAN

Eric Shields, MD, Anesthesiologist, reached out to Professional Development Specialist, Michael Polacek MSN, RN-BC to help with a project. In collaboration with his partners at Oregon Anesthesiology Group (OAG), they identified a big vague concern, inconsistent care of non-laboring epidural patients on the inpatient units. As a clinical nurse from PACU, I was invited by Dr. Shields to help with the project and we began discussing epidural analgesia, provider concerns, and barriers that exist on the inpatient units. This discussion led us to discover that we had an inadequate system to support best practice care and multiple sources (policy, Lippincott, standard work) for nurses to reference that contained conflicting information on how to care for non-laboring epidural patients.

The team felt the policy was not in line with Lippincott—and best practice recommendations include assessment tools not available at our facility. Our fearless leader, Dr. Shields, organized a group of interprofessional nurses and key stakeholders to give input into the policy revision. This group included clinical nurses, nurse managers, assistant nurse managers, directors, professional development specialists, informatics coordinator, pharmacists, and clinical nurse specialists. Our goal was to update the policy with the most up-to-date evidence, provide appropriate assessment tools for nurses (POSS, motor block assessment), and improve communication between nursing staff and anesthesia providers. Our group met three times to discuss policy revisions and focused on addressing four key issues identified by OAG:

4. Epidural bags running dry;
5. Prevention and management of epidural disconnections;
6. Epidural rates being turned down/off without communication with provider;
7. Early recognition of epidural complications.

We had great discussions regarding evidence-based practice, nursing assessment tools and educational needs. In my role as chair of the SPT, I developed a self-efficacy survey to assess the educational needs of frontline staff. This survey gave us insight into educational needs of frontline nurses. Informatics council approved Epic changes and the team finalized the newly revised policy in March 2018. By September 2018, education will be completed followed by go-live the following month.

Rehab Services

Megan Corrado, DPT, PT

Patient Pain Management

Starting in the spring of 2017 through the summer of 2018, the Rehab Professional Development Council (PDC) collaborated with rehab leadership to increase knowledge and skill for rehab staff in educating patients on pain management. This included how to

use pain education as a tool to help patients recover quicker and more fully. As part of rehab's SPT, the Professional Growth & Development Council is an interdisciplinary group of rehab staff (OT, PT, SLP, supervisor). The PDC determined there was a gap of knowledge and skill in helping patients understand, manage and change their pain to improve their functional ability and quality of life. In partnership with rehab leadership, the team identified an online course to help clinicians learn how to educate patients on pain. Over several months, we blocked individual therapists' treatment schedules across the rehab continuum including acute, inpatient, and outpatient departments for staff to view this online course. Skills development following by implementation into daily practice. Over the following year after this initial instruction, the PDC led in-services in each department reviewing education skills as well as helping to identify barriers of implementation. Over 100 rehab clinicians including nursing, physical and occupational therapies, and psychology participated in these instructional sessions and in-services. Staff implemented the pain education concepts and techniques into daily treatment. Many staff members have reported stories of significant improvement with patient functional gains with pain education as a supplemental treatment tool. In January 2019, the PDC has already scheduled another pain education course for further instruction to continue to help our staff grow in this worthwhile skill development of pain education.

Increasing rehab productivity as part of rehab's SPT, the Outpatient Quality Practice Council (OPQPC) is an interdisciplinary group of outpatient rehab staff (OT, PT, access services, supervisor) for improving quality of care/best practice in outpatient rehab. OPQPC has been working on various projects from 2017 to summer 2018 in the outpatient rehab center (building M). Last year OPQPC separated into two teams for the first time in order to tackle additional projects. One large project that we have been focusing on is improving productivity building-wide to us to see more patients and improve access. Outpatient rehab has never met the target as a building of **65 percent productivity** over many years. As this is a large complex program, we have utilized various strategies to tackle this problem head on, encouraging clinicians and schedulers to work to fill holes, decrease unproductive time, bill for what we do more efficiently, and see more patients weekly. Some of the projects worked on over the past year include: training on utilizing waitlist with scheduling team to get patients in when there are cancellations, billing for all services rendered during evaluations including training for home exercise programs, and increasing evaluations when there are holes in schedules automatically. Beyond specific projects, OPQPC has helped to talk more about productivity within our building to help improve for all clinicians and create dialogue for problem solving and encouraging each other to see more patients. Some projects have helped to move the needle, and others have not, but in general greater discussion and various projects has made a big impact with improved productivity in our Building M, reaching the target productivity of 65 percent this July for the first time ever! We will continue to look into productivity and decreasing no shows/cancelations as this next year progresses with hopes to continue this trend throughout the year and into 2019!

EFFECTIVE ORGANIZATION WORK

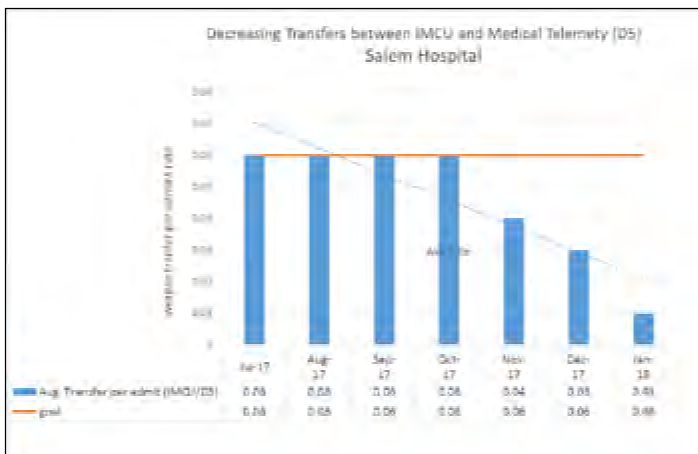
Care in Place – Medical Telemetry Unit
Dana Hawkes, RN, MSN, NE-BC

As part of FY18 Organizational A3 Strategy to reduce costs, the Medical Telemetry Unit worked to reduce the number of clinically unnecessary patient transfers between their unit and IMCU. The theory behind this work is that every time a patient transfers from unit to unit, the overall length of stay and cost increases. By reducing the number of transfers, the cost would therefore reduce. Baseline data indicated that one out of every 12 patients transferred between Medical Telemetry Unit and IMCU. The goal of this project was to extend that number to one out of every 16 patients. The primary strategy was the development of a competency-training plan for the Medical Telemetry Unit clinical nurses to care for intermediate level of care patients.

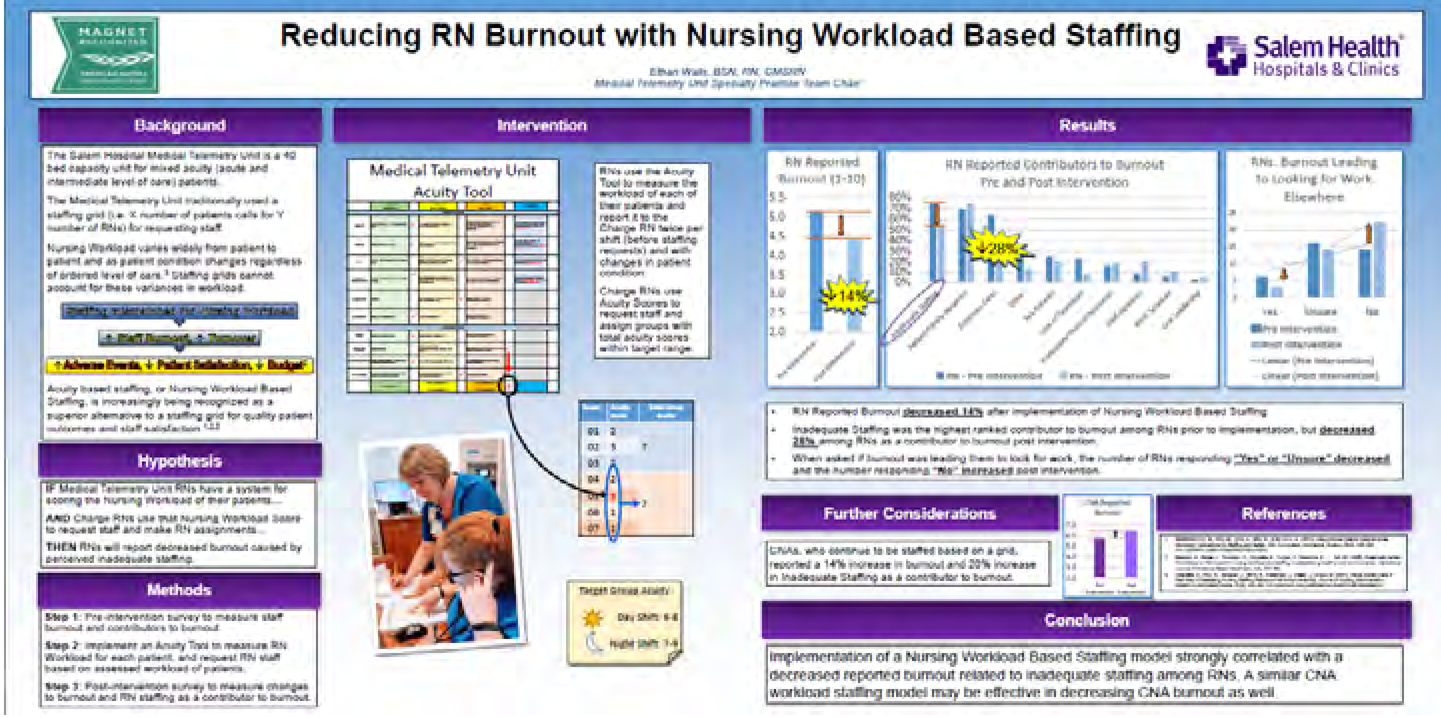
Frontline staff played a key role in designing the workflows to support recognizing and understanding differences in the level of care for patients, clinical skills required, acuity-based assignments, and clinical education needs to promote the best patient outcomes.

Clinical Education team members played a significant role in creating the structure to support and educate the RNs on Medical Telemetry Unit to safely care for intermediate care patients that would be cared for on that unit. A competency plan was developed and all of the nurses completed the training prior to go-live in October 2017.

The outcome of this project significantly surpassed the target of one out of 16, and instead achieved one out of 109 patients transferred between IMCU and Medical Telemetry Unit.



Several months post-implementation, the unit continues to exceed targets and nurses report the unit feels calm and successful. The patients impacted by this initiative remained on a unit with increased skill competency, continuity of care and improved patient experience by avoiding unnecessary transfers.

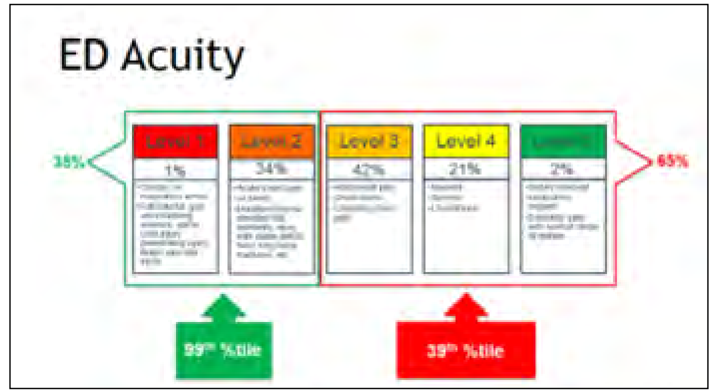


Emergency Department POD 4 Expansion

Nancy Bee, RN, BSN, CEN

Five years ago a nurse came to the Emergency Department (ED) Leadership sharing a process she saw at a previous hospital. Her concern was the long waits in the lobby, the poor satisfaction of our patients and hardship and frustrations the current process was placing on patients and staff. She had seen a better way. She shared a vision of a system where patients waiting for testing, medication infusions, results, or a ride home would not wait in the valuable space of the ED rooms. Instead, these patients waited in a single area with nursing support to monitor them, allowing ED rooms to be filled with new patients who need to see a provider. She planted an idea and the model began to be tested, edited, scrutinized, dreamt about and developed. Five years later, the ED expansion of eight rooms and 24 chairs was born and the results were better than anyone could have wished for.

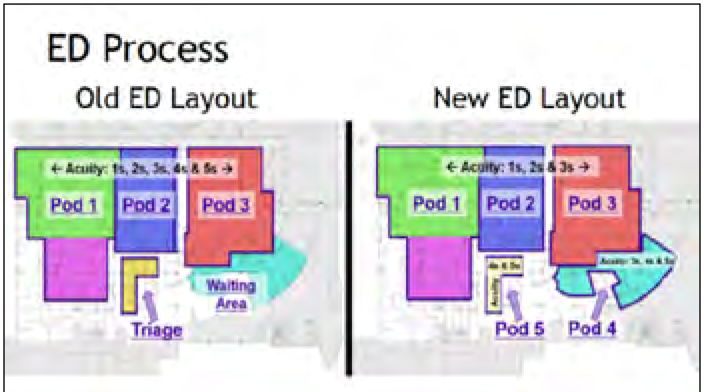
The initial flow of the ED was a single flow. One area with three pods, 56 rooms to see all the patients arriving every day. The average daily volume of 255 patients increased over the next five years to today being over 300 patients a day. The increased volume and higher acuity required a better process. For the 35 percent Level 1 and Level 2 patients, the patient experience data was in the 99th percentile. However, for the 65 percent Level 3, 4 and 5 patients, the patient experience data was only in the 39th percentile.



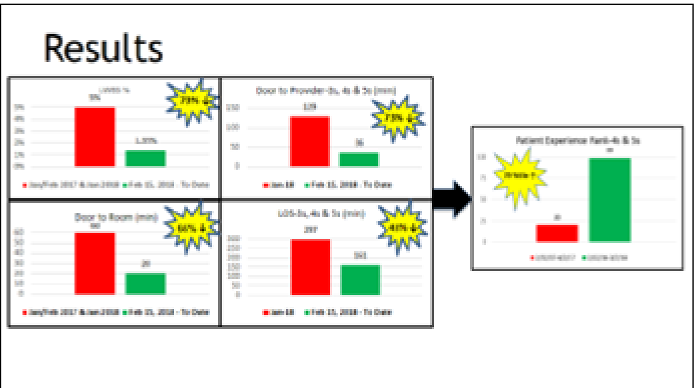
In the beginning, the team conducted many tests of change led by teams of staff. The first being a dual split flow formed by turning the triage booths into a provider at triage (PAT) model. The team wrote standards, tested and edited the split flow model, all with staff and leadership involvement. After years of fine-tuning the processes through PAT, it was evident that a space designated and built for this process was needed. In collaboration with nursing and providers, the organization made a $3 million investment in the Emergency Department and community in Salem. A triple flow model was to come.

During the six-month build of this new area, large maps of the expansion were printed and marbles were used to represent patients, staff and providers. Testing a true ED day of 328 patients arriving on a Monday in April, 2017, over 30 nurses spent 6-8 hours each performing table tops to be sure as many areas of concern throughout the whole 24-hour day were recognized and mitigated prior to opening. From these table-tops, staffing plans were created, standard works were written and staff began to realize the vision of the expansion. This understanding engaged the staff members to become super users of the

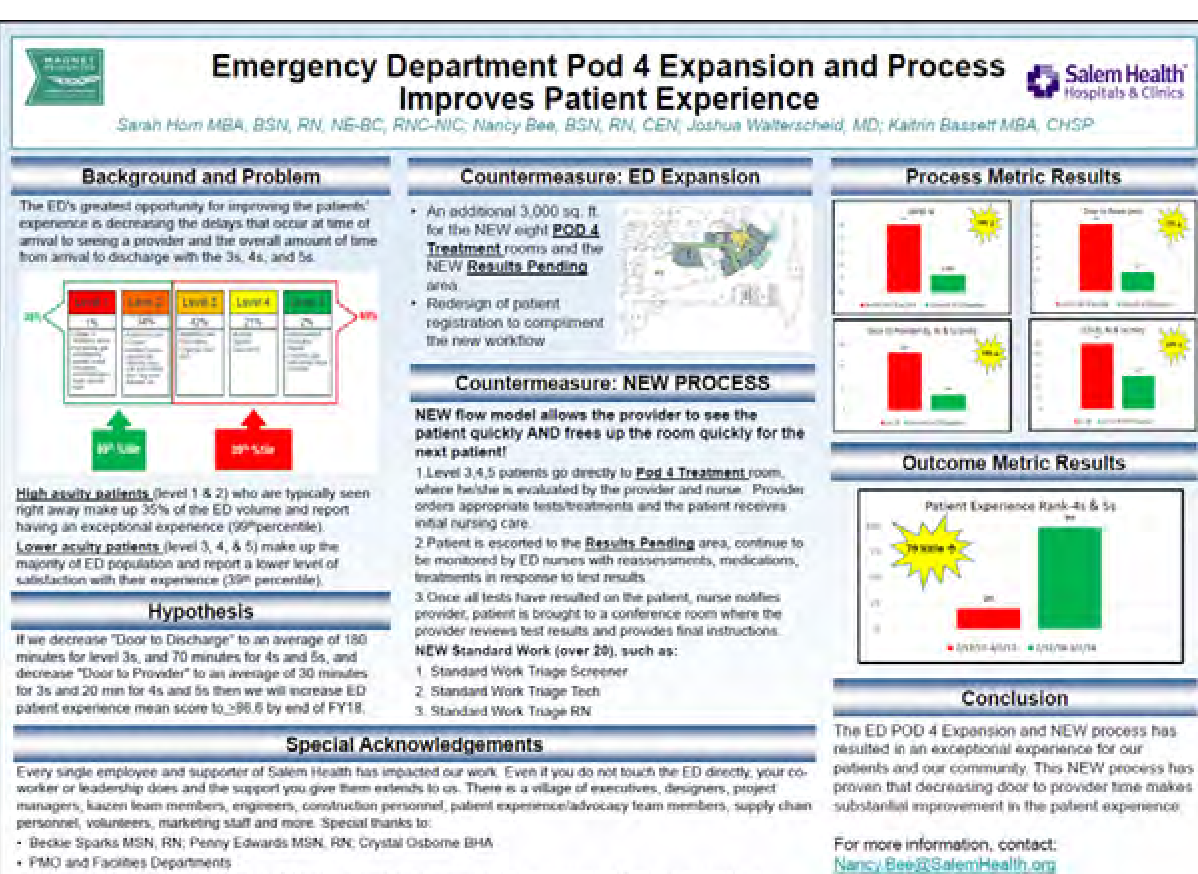
process who then led the other 240 staff through the education and tours of the new area. Five and half months after the first table top, the ED expansion, named Pod 4, opened.



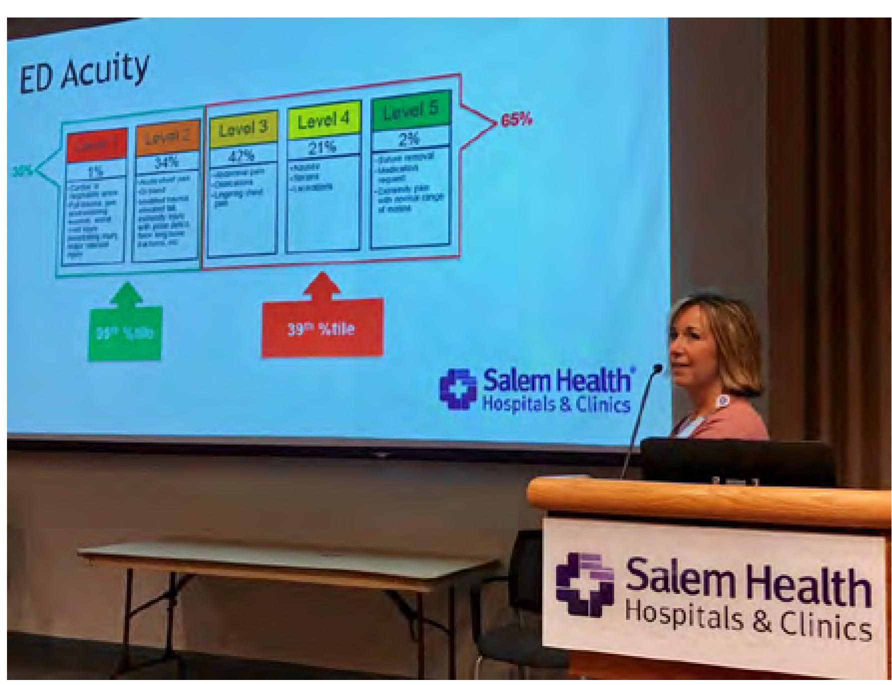
The results are remarkable. All key quality indicators show significant improvement. Patients who leave without being seen decreased from 5 percent to 1.35 percent. The door to room time decreased from 60 to 20 minutes. The door to provider time for level 3, 4 and 5 patients decreased from 129 to 36 minutes. The length of stay for level 3, 4 and 5 patients dropped from 297 to 161 minutes. All of these key indicators resulted in an increase in patient satisfaction for level 4 and 5 patients from the 20th percentile to the 99th percentile.



While the numbers speak for themselves, the hardest to quantify is the huge increase in staff satisfaction. The elevation of mood and sense of relief nursing felt when arriving to work with no patients waiting in the lobby was almost emotional. Night shift went from arriving with over 50 patients waiting to be seen some days, to none. Not a single patient in the lobby. The relief that they were able to provide quick, efficient, complete safe care to all patients at all times of the day was beyond measure. The expansion was a huge success for our patients and staff alike.



Emergency Department Pod 4 Expansion and Process Improves Patient Experience
Salem Health Hospitals & Clinics
Sarah Horn MBA, BSN, RN, NE-BC, RNC-NIC; Nancy Bee, BSN, RN, CEN; Joshua Walterscheid, MD; Kaitrin Bassett MBA, CHSP
Background and Problem
The ED's greatest opportunity for improving the patients' experience is decreasing the delays that occur at time of arrival to seeing a provider and the overall amount of time from arrival to discharge with the 3s, 4s, and 5s.
Level 4
High acuity patients (level 1 & 2) who are typically seen right away make up 35% of the ED volume and report having an exceptional experience (99th percentile).
Lower acuity patients (level 3, 4, & 5) make up the majority of ED population and report a lower level of satisfaction with their experience (39th percentile).
Hypothesis
If we decrease "Door to Discharge" to an average of 180 minutes for level 3s, and 70 minutes for 4s and 5s, and decrease "Door to Provider" to an average of 30 minutes for 3s and 20 min for 4s and 5s then we will increase ED patient experience mean score to ≥86.6 by end of FY18.
Countermeasure: ED Expansion
An additional 3,000 sq. ft. for the NEW eight POD 4 Treatment rooms and the NEW Results Pending area
Redesign of patient registration to compliment the new workflow
Countermeasure: NEW PROCESS
NEW flow model allows the provider to see the patient quickly AND frees up the room quickly for the next patient!
1.Level 3,4,5 patients go directly to Pod 4 Treatment room, where he/she is evaluated by the provider and nurse. Provider orders appropriate tests/treatments and the patient receives initial nursing care.
2.Patient is escorted to the Results Pending area, continue to be monitored by ED nurses with reassessments, medications, treatments in response to test results.
3.Once all tests have resulted on the patient, nurse notifies provider, patient is brought to a conference room where the provider reviews test results and provides final instructions.
NEW Standard Work (over 20), such as:
1. Standard Work Triage Screener
2. Standard Work Triage Tech
3. Standard Work Triage RN
Process Metric Results
Outcome Metric Results
Patient Experience Rank-4s & 5s
Conclusion
The ED POD 4 Expansion and NEW process has resulted in an exceptional experience for our patients and our community. This NEW process has proven that decreasing door to provider time makes substantial improvement in the patient experience.
For more information, contact:
Nancy.Bee@SalemHealth.org
Special Acknowledgements
Every single employee and supporter of Salem Health has impacted our work. Even if you do not touch the ED directly, your co-worker or leadership does and the support you give them extends to us. There is a village of executives, designers, project managers, kaizen team members, engineers, construction personnel, patient experience/advocacy team members, supply chain personnel, volunteers, marketing staff and more. Special thanks to:
Beckie Sparks MSN, RN; Penny Edwards MSN, RN; Crystal Osborne BHA
PMO and Facilities Departments
All departments and staff who touch the ED and have worked on improving their processes and flow right alongside us
Salem Health Strategic Planning A3 Leaders



ED Acuity
Level 3
Level 4
Level 5
34%
42%
21%
2%
1%
35%
65%
39th %tile
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SHARING BEST PRACTICES

Salem Health celebrated Professional Practice Day on May 8, 2018, during National Nurses Week. Nurses and their interprofessional partners presented 14 posters displaying best practices from nurses, interprofessionals and leaders from across the organization.

Poster Presentation: Increasing Patient Confidence with Non-ECG Monitoring in Cardiac Rehabilitation and Development of the Patient Program Plan Algorithm.

Poster Author(s) & Team Members:
Gloria Summers, MBA, Exercise Specialist; Chris Gallagher, BSN, RN, CCRP.

First Place 2018 Winner

Poster Presentation: Preventing Hospital-Onset C. difficile.

Poster Author(s) & Team Members:

Jordan Reed, BSN, RN; Sheila Loomas, BSN, RN, NE-BC; Ann Alway, MSN, RN, APRN, CNS; Angela Smith, BA; Sarah Gloeckner, Jefferson Loa, MD; Martin Johnson II, MD; Robert Ponec, MD; Jasmin Chaudhary, MD; Sarah Dawson, MS, MLS, SH, CIC; Julie Koch, MSN, RN, CIC; Dylan Nash, Jonathan Fetterley, Paul M. LeDoux, BA; Danielle Britt, MA, Pharm D: Heidi-Ramp Rogers, BA; Matthew Tanner, Pharm D, BCPS; Andrea Moye, BSN, RN, CMSRN; Janelle Williams, BSN, RN; Michelle Watson, BSN, CMSRN, RN-BC; Mai Dotran, BSN, RN.

2nd Place 2018 Winner

Poster Presentation: Impact of Patient Navigation for Radial Percutaneous Coronary Intervention Patients.

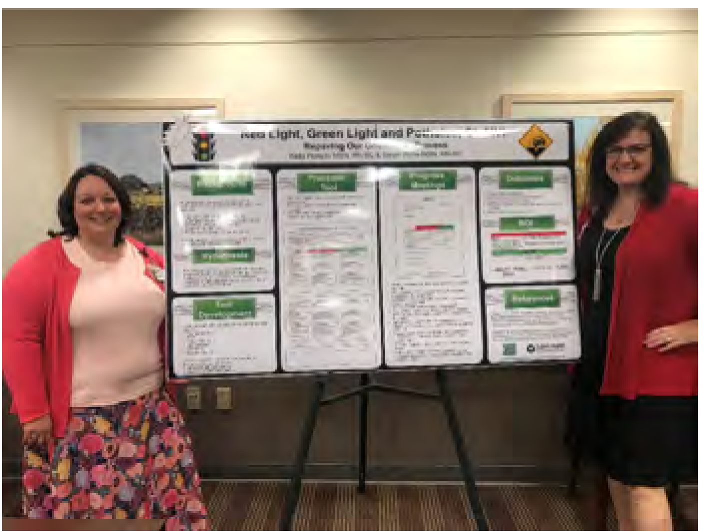
Poster Author(s) & Team Members:
Gloria Summers, MBA, Exercise Specialist; Renee Martizia-Rash, BSN, RN.

Poster Presentation: Promoting Clinical Excellence through Objective Staff Engagement Tool

Poster Author(s) & Team Members:
Jessica Reese, BSN, RN, CMSRN; Nancy Dunn, MS, RN.

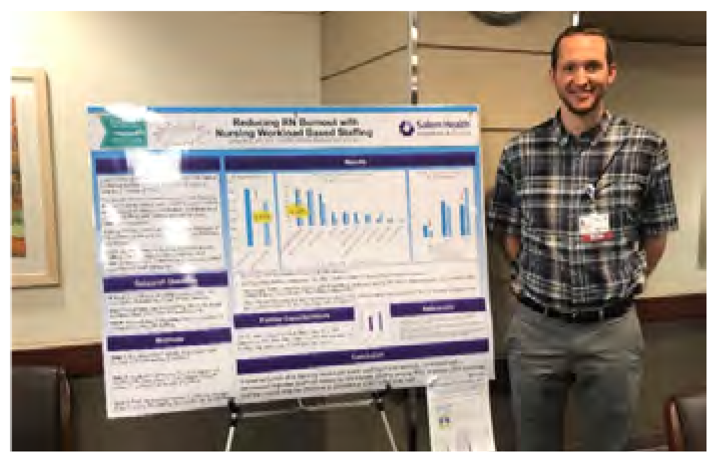
Poster Presentation: Minimizing Proton Pump Inhibitor (PPI) usage to enhance patient safety.

Poster Author(s) & Team Members:
Sierra Schneider, BSN, RN, CCRN, Sepsis Coordinator; Matt Tanner, PharmD, DCPS; Josh Hanson BSN, RN; Marcus Whitney, JD/MBA, Quality Coordinator; Marty Johnson, MD, Salem Pulmonary Associates.



Poster Presentation: Red Light, Green Light, and Potholes, Oh My! Repaving Our Orientation Process.

Poster Author(s) & Team Members:
Kelly Honyak, MSN, RN-BC; Sarah Wolfe, MSN, RN-BC.



Poster Presentation: The Effect of Introducing a Nursing Workload Based Staffing Model on Registered Nurse Burnout on a Medical Telemetry Unit.

Poster Author(s) & Team Members:
Shirree French, BSN, RN, OCN; Trish Handrich, BSN, RN, OCN; Wendy Felix, BSN, RN; Jason Alford, BSN, RN, OCN, RN-BC; Jason Weber, BSN, RN; Sara Nash, BSN, RN, CMSRN, NE-BC.

Poster Presentation: Gastric Residual Volume Checks: Does the Evidence Support this Historic Practice?

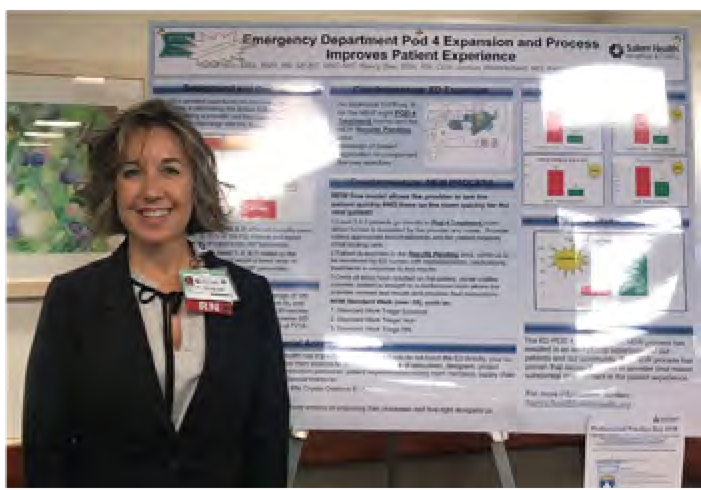
Poster Author(s) & Team Members:
Jack Luke, BSN, RN; Lorri Thornton, RD; Ann Alway, MSN, RN, APRN, CNS; Sierra Schneider, BSN, RN, CCRN.

Poster Presentation: A Glimpse in your Galoshes.

Poster Author(s) & Team Members:
Amie Wittenberg, MSN, RN; Kelsey Mix, BSN, RN, OCN; Lea Ann Morrow, BSN, RN, OCN; Sara Nash, BSN, RN, CMSRN, NE-BC; Shirree French, BSN, RN, OCN; Jenna Campos-Santos, BSN, RN, OCN; Alison Eshleman, BSN, RN, OCN; Deanna Stein, MSN, RN; Carrie McLaughlin, MOL, BS, RT(R)(T); Andi Petrone, MHA.

Poster Presentation: Proposal for Resource Nurse on Inpatient Oncology Unit.

Poster Author(s) & Team Members:
Shirree French, BSN, RN, OCN; Trish Handrich, BSN, RN, OCN; Wendy Felix, BSN, RN; Jason Alford, BSN, RN, OCN, RN-BC; Jason Weber, BSN, RN; Sara Nash, BSN, RN, CMSRN, NE-BC.



Poster Presentation: Emergency Department Pod 4 Expansion and Process Improves Patient Experience.

Poster Author(s) & Team Members:
Sarah Horn MBA, BSN, RN, NE-BC, RNC-NIC; Nancy Bee, BSN, RN, CEN; Joshua Walterscheid, MD; Kaitrin Bassett MBA, CHSP.

Poster Presentation: Do Not Resuscitate (DNR) – Honoring Patient Wishes.

Poster Author(s) & Team Members:
Nancy Dunn, MS, RN; Ann Alway, MSN, RN, APRN, CNS; Jessica Reese, BSN, RN, CMSRN; Amie Wittenberg MSN, RN; Harriett Martin, ADN, RN; Rebeca Cowin, RN; James Crawford, BI Data Analyst II; Noel Caddy, IS Analyst II; Amy Ursprung, BSN, RN, NE-BC.

Poster Presentation: Hospitalist Paging 4SPS in Collaboration with Nursing and Interprofessional Partners.

Poster Author(s) & Team Members:
Nancy Dunn, MS, RN; Jefferson Loa, MD; Nikki Batra, MD; David Tate, MD; Alex Morrison, BSN, RN; Ellie Barnhart, MSN, RN, PCCN; Kathleen Harder, MD; Jessica Reese, BSN, RN, CMSRN; Kim Mullins, BSN, RN; Laura DiDomenico; Jennifer Kameshima, BSN, RN, PCCN; Rebecca Cowin, RN.

Poster Presentation: Evaluating a Functional Pain Assessment Scale.

Poster Author(s) & Team Members:
Elena Pettycrew, BSN, RN, CMSRN; Margo Halm, PhD, RN; Melissa Shortt, MSN, RN; Christie Bailey, PhD, RN, AHN-BC; Nancy Boutin, MD; Lisa Theobald, BSN, RN, PCCN; Jeanne St. Pierre, MN, RN, GCNS-BC.

Nurses SHINE-On (community outreach projects)

Each Unit/department made a $500 contribution to the community service of their choice.

Unit/ Department	Charity Selected	Reason Selected	Picture
Orthopedics	Summer in the Streets	We selected this charity in 2017. It was very rewarding to see the benefits we provided for the underprivileged children and families with school supplies, money and time that our SPT decided to support it again in 2018.	
Cardiac Rehab	Mended Hearts of Salem	This volunteer-run program closely aligns with the initiatives of the Cardiac Rehab program at Salem Health. The program offers a peer-to-peer support network for cardiac patients and their families, which mirrors Cardiac Rehab's mission and values. This year we will ask Mended Hearts about their interest to sponsor a community fund that will support members to be active in their health. This includes community 5K walks, health events, or other event registrations throughout the year.	
Care Management	Her Place	Her Place is an agency Care Management that works within the community to help women with substance abuse disorders. It is this alignment that led to the selection of this charity.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Cath Lab	Camp Tapawingo	As an SPT group, we have contributed funds to this charity in the past and they have been so appreciative. We were happy to donate again this year towards camp tuition for underprivileged children who otherwise wouldn't be able to attend.	
CVCU	Union Gospel Mission	In CVCU, we sometimes get cardiac patients who reside at the Union Gospel Mission. Our SPT chose to select a charity that serves our patient population.	
ED	The Center for Hope and Safety	The Center for Hope and Safety collaborates with Salem Health Emergency Department for many of our patients who are survivors of domestic violence, sexual assault, stalking or human trafficking. This close partnership led to our selection of this charity.	
General Medical	Boys and Girls Club, Athletic Program	We want youth in our community to realize their full potential so they will be productive members of society. SPT members want to support the health and well-being of the community we serve.	

Unit/ Department	Charity Selected	Reason Selected	Picture
General Surgery	Habitat for Humanity	Habitat for Humanity has been the charity that our SPT has selected and supported since the beginning of Nurses Shine On! We selected them again this year to continue the trend as they value our support.	
ICU	Comfort Care Blankets	Everyone on the unit appreciates this project and it also receives much praise from patients and family members. After surveying staff, it was evident that it was the most popular choice for this year as it has a very positive impact on our patients and their families.	
Imaging Department	Camp Quest	We felt this charity was deserving because not only is it a place for children to learn and grow, its unique in that it serves a population of children who may not always be able to participate in regular camp activities due to their autism. We love their inclusive message, and passion for the outdoors.	

Unit/ Department	Charity Selected	Reason Selected	Picture
IMCU	Comfort Care Quilts	This project has been benefiting our dying patients since 2008. Once a month, our staff volunteer time to prepare handmade quilts to give to our patients on comfort care. Patients and families not only have a beautiful piece to enjoy while their loved one remains in the hospital, but also have a keepsake to remember them forever. This project has served hundreds of patients!	
Infusion and Wound	HOAP	HOAP, the Homeless Outreach and Advocacy Project, has been in operation since 1986 and offers a wide range of services for mentally ill adults experiencing chronic homelessness. This charity provides much needed services for a patient population that is severely underserved in our community.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Inpatient Rehab Unit	Integrated Support for Living	IPR has treated many patients with traumatic brain injury. Patients with this diagnosis are often hard to place due to care needs and/or behaviors. This charity has invested just over 150,000 dollars to open the "Transitional Community Living" home for people in recovery from severe brain injury. Their goal is to help these individuals develop skills and coping strategies to eventually live on their own or in a naturally supported environment. This is the only Oregon option for individuals without private insurance or worker's compensation benefits.	
IRU	Now I Lay Me Down to Sleep	The mission of this charity is to introduce remembrance photography to parents suffering the loss of a baby with a free gift of professional portrait. We have staff that have experienced infant loss and wish to support this charity to provide support for families suffering this loss. This charity was nominated and voted on by unit staff.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Labor and Delivery	Hayden's Helping Hands	Our unit has a standing relationship with Hayden's Helping Hands. This charity does such important work for our population that experiences the unimaginable loss of stillbirth. They pay for some or all of the medical expenses for a family experiencing this kind of trauma.	
MBU	Father Taffee House	Our SPT selected this organization as they work with young moms who have unstable home lives. They mentor and teach these moms how to care for themselves and their babies. They provide a safe place for young moms and help them stay in school or get a job and get to the point where they can safely move out.	
Medical Telemetry	St. Francis Shelter	The St. Francis Shelter provides temporary support and housing for displaced families with children, some of our community's most vulnerable members. The Medical Telemetry Unit is proud to have helped support the St Francis Shelter in various ways for several years and look forward continuing to help them do their great work.	

Unit/ Department	Charity Selected	Reason Selected	Picture
NICU	Ike Box – Isaac's Room	We are very interested in supporting this cause as they help youth with making better choices. We have staff that personally volunteer and enjoyed supporting this cause last year.	
OR	Bush Elementary	Children with cerebral palsy have a congenital disorder of movement, muscle tone, or posture. We wanted to support these children by way of providing a wheelchair glider that would allow these students the freedom of movement.	
PACU	Family Building Blocks	This charity is well known in our community for the work they do for families in need. Our unit voted on our favorite charities and selected this one. In addition to the monetary donation, PACU also donated 11 rain jackets, 9 pairs of rain boots, and socks for their rain boot and jacket drive. PACU is excited to partner with Family Building Blocks for future projects and to help fill needs in the community.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Pediatrics	Liberty House	Liberty House offers a safe, comfortable, child-friendly environment for children and their families facing concerns of abuse, neglect, trauma, or grief. This mission is near and dear to our hearts in Pediatrics. We work closely with Liberty House to ensure the best care for our most vulnerable population. We have been donating to them each year for many years and would be proud to continue to do so.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Psychiatric Medicine Center (PMC)	Horses of Hope	The PMC mission is to improve the health & well-being of patients with an array of mental illnesses, including psychosis, depression & anxiety-illnesses which cause many emotional & behavioral challenges. The mission of Horses of Hope Oregon (HOH) is to improve the lives of people living with emotional & behavioral challenges through the innovative use of their safe & rewarding equine assisted programs. Our missions align, as do our goals in that we both encourage our patients to engage in healthy coping skills that build their confidence & self-awareness so they are better able to manage life's many stressors, renewing hope in their own capabilities. Hippotherapy may not be a coping skill patients can use while at PMC, but it's definitely one so many with mental illness could use in the community. We are grateful for the opportunity to not only meet the HOH staff, including the therapy horses, but to also support them by donating both the check & volunteer time.	

Unit/ Department	Charity Selected	Reason Selected	Picture
Prep and Recovery	Simonka Place for Women and Children (part of UGM)	This was a majority vote for our SPT after discussion about the homeless population in Salem and the lack of resources available, especially for women and children. This shelter for women and children serves about 800 guests every year.	
Pre-surgical Screening (PSS)	H.O.M.E.	H.O.M.E. is an amazing organization that provides a safe haven for homeless teens. They work hard at helping these teens to develop life skills, finish school and find gainful employment. Our SPT is honored to select this charity.	
Salem Cancer Institute (SCI)	Salem Free Medical Clinic	We selected Salem Free Medical Clinic because we witness the great benefit this service is to our patients. Some of our uninsured patients and their loved ones have utilized the clinic for free medical and dental care. We have also received referrals from providers at Salem Free Clinic and appreciate their attentiveness and care for their patients.	

Unit/ Department	Charity Selected	Reason Selected	Picture
SHMG – Keizer	Medical Teams International Mobile Dental Program - Dental Van	Poor dentition can lead to many additional health problems and complications. By improving dental health, we can help improve someone's general health and quality of life. We often see the impact of poor dentition on patient's overall health at the SHMG outpatient clinics. By supporting the Mobile Dental Clinic, we hope to treat our community's dental needs and prevent poor dentition from impacting a patient's overall health.	
Trifecta SPT	Willamette Humane Society	Our SPT felt strongly about helping animals who would otherwise not have a chance of survival, connect with people in the community. The mission of statement of "establishing, maintaining, and enhancing the bond between companion animals and people of Marion and Polk counties" resonated with our group. SPT members also were looking forward to volunteering with the animals. This charity received the most votes from our SPT.	

CELEBRATIONS AND AWARDS

Awards

Daisy Award Recipients

- July – Deneen Sitton, RN, Emergency Dept
- August – Heather Yancey, BSN, RN, PCCN, IMCU
- September – Andrea Ward, BSN, RN, OCN, CMSRN, Medical/Surgical Oncology
- January – Andrew Vian, BSN, RN, Medical Unit
- February – Emily Closs, BSN, RN, CVCU
- April – Katie Hole, BSN, RN, CMSRN, Medical Telemetry
- June – Gina Umble, BSN, RN, Medical Telemetry
- July – Katie Traeger, BSN, RN, Medical/Surgical Oncology

Trillium Award Recipients

- Thomi Mau, CNA, Medical Surgical Unit
- Angela Milton Hensley, CNA, Medical Surgical Unit
- Lacey Smithey, CNA, CVCU
- Vincent Leonor, CNA, Float Pool

Service Excellence Award Recipients

- Jason Alford, BSN, RN, OCN, Medical Surgical Oncology Unit
- Kimberly Alt, BSN, RN, Emergency Department
- Ann Alway, MSN, RN, APRN, CNS, Advanced Practice Nursing
- Lee Ashwill, Volunteer Services
- Geraldine Comerford, CCC-SLP, Acute Rehab Services
- Cassie Cooper, BSN, RN, COCN, Wound & Ostomy Nursing
- Nancy Dunn, MS, RN, Nursing Administration
- Marcus Gabriel, Jr, BSN, RN, CPN, Pediatrics Unit
- Patricia Jackman, BSN, RN, Intensive Care Unit
- Catherine King, BSN, RN, CWCN, Advanced Wound Care
- Lene MacKenzie, DPT, Neuromuscular Therapies
- Tresa Jane McArthur, IS Solution Center
- Bridget McQuade, Retail Food & Services
- Melissa Pence, RD, Nutrition Services
- Molly Roberts, Volunteer Services
- Glen Roseborough, MD, Medical Staff
- Jess Sanchez, NCMA, Surgery Clinic
- Pamela Scott, COTA/L. Inpatient Rehab Therapies
- Nicole VanDerHeyden, MD, Medical Staff
- Megan Vorderstrasse, BSN, RN, Intermediate Care Unit
- Lee Vranna, MD, Medical Staff

Regional and national awards

AACN:

Beacon Award for Critical Care Excellence. Every year since 2011.

Beacon Award Silver level for CVCU.

Beacon Award Gold level for IMCU.

Beacon Award Silver level for ICU.

Honors in cancer treatment

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

Women's and Children's Services

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

US News & World Report

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

U.S. Department of Health & Human Services

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

Other honors and awards

Top Workplace for 2018, The Oregonian (fourth time in past seven years).

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

American Diabetes Association: Wellness Lives HereSM Health Champion.

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

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

The Joint Commission: The Salem Health Spine Center of Excellence and the Salem Health Joint Replacement Center of Excellence, for hips and knees.

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

iVantage Health Analytics: HEALTHSTRONG Top 100 Hospitals.

National Accreditation Program for Breast Centers: Nationally accredited breast center - Salem Cancer Institute is one of only three cancer centers in the state to receive this distinction.

Oregon Department of Human Services: Accredited as Level II Trauma Center.

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

Pacific Northwest Transplant Bank: LifeSaver Award – ICU.

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

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

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

IBM Watson Health 50 top Cardiovascular Hospitals 2018.

Individual statewide, national nursing and interprofessional awards

- Michelle Hirschkorn, MSN, RN, CNS, RNC-OB (Advanced Practice Nursing) – 2018 Emerging Leader Award, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Amy Brase, MSN, RN, CNE (Clinical Education) – Nurse of the Year Finalist, March of Dimes.
- Sierra Schneider, BSN, RN, DVM, CCRN (ICU) – Critical Care Nurse of the Year, March of Dimes.
- David Grady, BA, AART (R) (Diagnostic Imaging) – Atom Award, In Memory of Mike McDonald.

Educational Advancement

- Karisa Thede, BSN (Health Education) – MSN, Grand Canyon University
- Jessica Hagerman, RN, PCC (NTCU) – BSN, Northern Arizona University
- Jarrelle Harper-Waldorf, BSN, RN, CEN (ED) - MSN, Western Governor's University
- Tia Melson, RN (General surgery) – BSN, Boise State University
- Amy Schmidt, BS, CCRP (Cardiopulmonary Rehab) – MBA, Western Governors University
- Gloria Summers (Cardiac Rehab) – MBA, Western Governor's University
- Adam Sanchez, MSN, APRN, FNP-C (Inpatient Rehab) - MSN-FNP, Gonzaga University
- Damaris Torres (OBGYN) - Certified Medical Assistant
- Wendee Flesher, BSN, RN (Float Pool) – MSN, Walden University
- Jarrelle Harper-Waldorf, BSN, RN (ED) – MS, Western Governors University WGU
- Inyoung Yu, BSN, RN (OR) – MSN, Western Governors University
- Tia J. Melson, RN (General Surgery) – BSN, Boise State University
- Ellen Griffith, RN (CVCU) – BSN, Western Governors University
- Lindsay Hadfield, RN (Medical Telemetry) – BSN, Grand Canyon University
- Louise Lindley, BSN, Linfield College

- Shelley Reynolds RN (Medical Surgical Oncology) – BSN, Linfield College
- Patricia Elmore RN, CPN (Pediatrics) – BSN, Walden University
- Jessica Williams, RN, CCM (Care Management) – BSN, Western Governors University
- Amy Schmidt (Cardiac Rehab) – MBA, Western Governors University
- Heather Chipanera (NTCU) – AND, Mt. Hood Community College
- Jennifer Broadus RN, CNOR, BC-NE (WVH Administration) – MBA, Western Governors University
- Brandon Schmidgall, RN (Cardiovascular Services) – MBA, Grand Canyon University
- Sandra Shore, MSN, RN, NE-BC (General Surgery) – MBA, Western Governors University

New certifications

- Teri Ottosen, RN (General Surgery) – CBN, American Society for Metabolic & Bariatric Surgery
- Jessica Hagerman, BSN, RN (NTCU) – PCCN, American Association of Critical Care Nurses
- Sarah C Dawson, MS, MLS, SH (Infection Prevention) – CIC, Certification Board of Infection Control and Epidemiology
- Whitney Higginbotham, BS (Clinical Research) – CCRP, Society of Clinical Research Associates
- Jarrelle Harper-Waldorf, MSN, RN, CEN (ED) – NRP, American Academy of Pediatrics
- Julie Koch, MSN, RN, CIC (Infection Prevention/ Patient Safety & Clinical Support) - Re-certified Infection Prevention & Control, Certification Board of Infection Control & Epidemiology
- Nicole Anderson, , BSN, RN, CCRN, , ICU, , CCRN,, AACN
- Emily Tucker, BSN, RN, CMSRN, General Medical 6North,, CMSRN,
- Amy Brase,, MSN, RN, CNE, Clinical Education,, Certified Nurse Educator (renewal), National Leage of Nurses (NLN)
- Debra Lohmeyer,, MSN-Ed,, Clinical Education,, RN-BC, ANCC
- Jeneanne Hawkins, BSN, RN, RN-BC (medical-surgical), General Surgery, RN-BC , AACN
- Kayla Corwin, BSN, RN, CCRN, ICU, CCRN, AACN
- Karen Huntzinger, Masters of Science Registered Dietitian Certified Specialist in Oncology Nutrition, Nutrition Services, Certified Specialist in Oncology Nutrition, Commission on Dietetic Registration
- Elena Pettycrew, BSN, RN, CMSRN, General Medical, CMSRN, MSNCB
- Heather Rideout, MBA, BSN, CVCU, CCRN - Recertification, AACN
- Adam Sanchez, MSN, APRN, FNP-C, Inpatient Rehab, FNP-C, American Academy of Nurse Practitioners Board Certification (AANPBC)
- Michelle Sanders, BSN, RN, PCCN, IMCU, PCCN, ACCN
- Damaris Torres , CMA, OBGYN, CMA, Everest Institute
- Tiffany Schomus, BSN, RN-BC, General Surgery 5S, Medical-Surgical Nursing RN-BC, American Nurses Credentialing Center

- Chris Lentz, BSN, RN, CNRN, NTCU, Conscious Sedation,
- Melissa Navares, BSN, RN, Surgical Services, CNOR, CCI
- Nereyda Leder, BSN, RN, CPAN, PACU, CPAN, American Board of Perianesthesia Nursing Certification, Inc.
- Lucas Pyle, BSN, RN, OR, CNOR, Compentency & Credentialing Institute
- Cindy Basto, BSN, RN, OCN, Infusion and Wound Care (IWC), OCN, ONS
- Sarah C Dawson, MS ,MLS, SH, CIC, Infection Prevention, CIC, Association for Professionals in Infection Control and Epidemiology
- Michelle Watson, BSN RN, CMSRN, RN-BC, Med tele, RN-BC, ANCC
- Robyn Randall, BSN, CMSRN, CPAN, PACU, CPAN
- Nancy Breen, MBA CDE, Diabetes Management, Certified Diabetes Educator- AADE,
- Michelle McEvoy, BSN, CMSRN, Med Tele, CMSRN
- Sandy Davidson, RN BSN, IRU, CVRN-BC, ACCN
- Audra Stauffer, BSN, RNC, IBCLC, Lactation consultant, WCS Float Pool, RNC-Low Risk Neonatal,
- Lori Schomus, BSN RNC-OB, L&D, NRP
- Katie Ahlstrom, BSN, RN, RNC-OB, Labor and Delivery, RNC-OB, NCC
- Patricia Elmore, RN, CPN, Pediatrics, CPN, Pediatric Nursing Certification Board
- Jenna Baird, BSN, RN, CPN, Pediatrics/Women and Children's Float Pool, Certified Pediatric Nurse
- Jeremy Togstad, BSN, RN, CMSRN, 5N, CMSRN, Medical-Surgical Nursing Certification board
- Robin Tucker , RN, CBN, General Surgery, CBN
- Julie Koch, MSN, RN, CIC, Infection Prevention, CIC, Certification Board of Infection Control & Epidemiology
- Elizabeth Lowery, RN, BSN, PCCN, Float Pool, PCCN, AACN
- Carol Hannibal, BSN, RN, Inpatient Rehabilitation, CRRN, Association of Rehabilitation Nurses
- Carie Cyphers, BSN, RN-BC, PMC, Psychiatric Mental Health Nursing, ANCC
- Lisa Theobald, BSN, RN, PCCN, Float Pool, PCCN, ANCC
- Jeneanne Hawkins, BSN, RN, RN-BC , General Surgery, RN-BC CMSRN, AACN
- Sam Wong, BSN, RN, PCCN, Prep & Recovery, PCCN, AACN
- Betsy Alford, MSN, RN, NE-BC, Nursing Resources, NE-BC, ANCC
- Kelly Hurl, BSN, RN, CCRN, CVCU, CCRN
- Kara Stadeli, BSN, RN, PCCN, NTCU, PCCN, AACN
- Elena Pettycrew, BSN, RN, CMSRN, General Medical, CMSRN, AMSN
- Cassandra Peters, BSN, RN, CCRN, CVCU, CCRN
- Jennifer Broadus, MBA, RN, CNOR, BC-NE, WVH Administration, BC-NE, ANCC
- Julie Koch, CIC re-certification, Infection Prevention, CIC, Certification Board of Infection Control & Epidemiology

- Heather Rideout, MBA, BSN, CVCU, CCRN-CSC - Recertification, AACN
- Chris Lentz, BSN, RN, CNRN, NTCU, CNRN, AANN
- Sandy Davidson, RN BSN, IRU, PCCN , AACN
- Lori Schomus, BSN RNC-OB, L&D, RNC-OB
- Carol Hannibal, BSN, RN, Inpatient Rehabilitation, RN-BC, Gerontology, AACN

Professional appointments

- Jackie Williams, BS, RRT, Respiratory, Oregon Society for Respiratory Care Central Regional Director.
- Julie Koch, MSN, RN, CIC , Infection Prevention/ Patient Safety & Clinical Support, Chapter Legislative Representative Rules Advisory Committee, OSWAPIC (Oregon & Southern Washington Association of Infection Control & Epidemiology Oregon Public Health.
- Michelle Hirschkorn, MSN, RN, CNS, RNC-OB, Advanced Practice Nursing, 1. Mid-Willamette Valley co-leader, Oregon Section, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN.
- Amy Brase, MSN, RN, CNE, Clinical Education, Co-chair Willamette Chapter .Association of Women's Health, Obstetric and Neonatal Nurses.
- Michael Polacek, MSN, RN-BC, Psychiatric-mental Health & Nursing Professional Development, Clinical Education: APNA National Board of Directors; ANPD National Conference Planning Committee; AFSP Oregon Chapter Board of Directors; Mid-Valley Suicide Prevention Coalition Steering Committee; Oregon Action Coalition Leadership Committee; APNA American Psychiatric Nurses Association; ANPD Association for Nursing Professional Development; AFSP American Foundation for Suicide Prevention; National Board of Directors (Member at Large) American Psychiatric Nurses Association; Board of Directors (Member at Large) American Foundation for Suicide Prevention Oregon Chapter; Member, Oregon Center for Nursing's Oregon Action Coalition Leadership Workgroup; Steering Committee Member, Mid-Valley Suicide Prevention Coalition; Nurse Planner, Acute Care Education.
- Nereyda Leder, BSN, RN, CPAN, PACU, Vice-President of the Parent-Teacher committee/club Co-chair for NPANA-Willamette Valley District Sunbeam Sunday Teacher, Scott Elementary School NPANA-Willamette Valley District The Church of Jesus Christ of Latter-Day Saints (LDS).
- Heidi Hayes, MHA, SHMG Cardiothoracic Surgery, Board Member, Habitat for Humanity of Mid-Willamette Valley.
- Nancy Breen, MBA CDE, Diabetes Management, Member Safe at School Advisory Committee-American Diabetes Association, Portland, OR, Speaker Selection Committee- AADE- Oregon, Speaker Selection Committee- AADE- Portland.
- Ashley Wendel, CNA, (ICU) – Captain, The 1st Minnesota.
- Julie Koch, MSN, RN, CIC, Infection Prevention, Chapter Legislative Representative, OSWAPIC.
- Melissa Potts, Masters in Education, Board certified Music Therapist (BA Music Therapy), Psychiatry, Chairperson for the Oregon Task Force for Music Therapy, Oregon Association of Music Therapy.

- Brandon Schmidgall, MBA, RN, Cardiovascular Services, Vice President Board Member, Silver Falls Soccer Club Gilbert House Children's Museum.
- Heidi Ramp-Rogers, BS, Infection Prevention, Alumni Association Board Of Directors, Western Oregon University.
- Amy Brase, MSN, RN, CNE, Clinical Education, Mid Willamette Valley Chapter Co-Chair, Association of Women's Health and Neonatal Nurses (AWHONN).

PRESENTATIONS

Poster presentations

- Kelly Honyak, MSN, RN-BC (Clinical Education) - Red Light, Green Light, and Potholes, OH MY! - Repaving our orientation process. Aspire to Imagine 2018 ANPD annual convention, Orlando, FL.
- Sierra Schneider, BSN, RN, DVM, CCRN (ICU) – Minimizing Proton Pump Inhibitors (PPI) usage to enhance patient safety. Oregon Nursing Research and Quality Consortium (ONRQC), Portland, OR.
- Gloria Summers, MBA (Cardiac Rehab) – Impact of Patient Navigation on Cardiac Rehabilitation Enrollment for Radial Percutaneous Coronary Intervention Patients. American Association of Cardiovascular and Pulmonary Rehabilitation, Charleston, South Carolina.
- Ellie Barnhart, MSN, RN, PCCN (IMCU) – Peripheral IV Rotation Policy Change. ANCC Magnet Conference 2017, Houston Texas. ANA Quality and Innovation Conference, Orlando, Florida.
- Elena Pettycrew, BSN, RN, CMSRN; Margo Halm, PhD, RN; Melissa Shortt, MSN, RN; Christie Bailey, RN, PhD, AHN-BC; Nancy Boutin, MD; Lisa Theobald, BSN, RN, PCCN; Jeanne St. Pierre, MN, RN, GCNS-BC - Evaluating a Functional Pain Assessment Scale. Oregon Nursing Research and Quality Consortium (ONRQC), Portland, OR.
- Michelle Hirschkorn, MSN, RN, CNS, RNC-OB,(Advanced Practice Nursing) - Decreasing Antibiotic Utilization in Salem Hospital Newborns. Vermont Oxford Network 2017 Annual Quality Congress, Chicago, IL.

Oral presentations

- Rebecca Ruppert, BSN, MS, OCN (Radiation Oncology) - Oncology 101.
- Julie Koch, MSN, RN, CIC (Infection Prevention/ Patient Safety & Clinical Support) A Lean Journey to Reducing Central Line-Associated Bloodstream Infection (CLABSI) Rates.
- Michelle Hirschkorn, MSN, RN, CNS, RNC-OB (Advanced Practice Nursing) - The 3 P's: Creating a Map for the Long Road of Practice Change and Improvement. 2017 Oregon AWHONN Conference, Bend, OR.
- Michelle Hirschkorn, MSN, RN, CNS, RNC-OB (Advanced Practice Nursing) - Our Experience Implementing AWHONN's Maternal Fetal Triage Index. 2017 Oregon AWHONN Conference, Bend, OR.
- Michael Polacek, MSN, RN-BC (Clinical Education) - Nuts and Bolts of Leadership: The Meeting. 3rd Annual Summit for Leadership Excellence, Vancouver, WA.

- Kelly Honyak, MSN, RN-BC (Clinical Education) - "Repaving our orientation process". 3rd Annual Healthcare Educator Conference, Portland, OR.
- Valorie Hergenreter, RN, BSN, CDE (Emergency Department) – Diabetes In The Emergency Department. New grad orientation, Salem Health.
- Kacy Bradshaw, MN, NNP-BC (NICU) – Family Integrated Care: Provider and Parent Perspective. Academy of Neonatal Nursing: Spring National Advanced Practice Neonatal Nursing Conference, Portland, OR.
- Salem Health: Margo Halm PhD, RN, NEA-BC; Ann Always, MS, RN, CNRN, CNS, Sandra Bunn, MSN, RN, CNS-PP, ACNS-BC, CDE, BC-ADM; Nancy Dunn, MS, RN – Integrating Evidence into an Organizational Lean Framework. ANCC Magnet Conference 2017, Houston, TX.
- Sarah Wolfe, MSN, RN-BC (Clinical Education) - Red Light, Green Light, and Potholes, Oh My! Repaving our Orientation Process. Healthcare Educator Conference, Oregon City, OR.

Guest lectures

- Kelly Honyak, MSN, RN-BC, Clinical Education, "Why it's cool being a nurse", South Salem High School AVID program
- Valorie Hergenreter, RN, BSN, CDE, Emergency, Diabetes In The Emergency Department, Diabetes 101/Glucagon Certification, Mid Willamette Valley ENA Conference, Marion County school distric and Oregon Head Start Program
- Chris Lentz, BSN, RN, CNRN, NTCU, Helped build and teach CC1 classes to new hire RN's: Trauma, CVA's, CIWA/seizures., SH
- Kacy Bradshaw, MN, NNP-BC, NICU, Abnormal Neonatal Transition, Northwest Perinatal Research Network (NWPRN); Intermediate Neonatal Care
- Kelly Honyak, MSN, RN BC (Clinical Education) - Nursing as a career and profession. South Salem High School, Salem, OR.
- Nancy Breen, MBA CDE, Diabetes Management, George Fox University School of Nursing Diabetes in Vulnerable Populations Newberg, Or; Diabetes In SchizoAffective Disorder Patients Oregon State University Extenion, George Fox University School of Nursing, Oregon State University Extension, Portland, OR
- Sara Marin, ADN, RN, RNC-OB, Labor and Delivery, Labor and Delivery RN as a career., Mcminville high school, healthcare profession class
- Kelly Honyak, MSN, RN-BC, Clinical Education, Nursing as a profession, South Salem High School-AVID program
- Ashley Wendel, CNA, ICU, Veteran Scholarship Day, Chemeketa Community College
- Julie Koch, MSN, RN, CIC, Infection Prevention, 10/3/17: "A Lean Journey to Reducing Central Line-Associated Bloodstream Infections." 11/10/17: Oregon Chapter of APIC "Using Lean to Reduce CLABSI" 12/4/17: Boy Scouts, Bethany Babtist Church, Salem, "Preventing the Transmission of Flu", Oregon Chapter of INS (Infusion Nurses) Annual Conference Oregon Chapter of APIC (Association of Professionals in Infection Control & Epidemiology) monthly meeting Boy Scouts, Bethany Babtist Church, 1150 Hilfiker Lane SE, Salem, OR 97302

- Nancy Bee, BSN, ED, Career Exploration Day, Salem Academy
- Amy Brase, MSN, RN, CNE, Clinical Education, Transition to Professional Practice, Linfield College

Publications

- Salem Health: Margo A. Halm, PhD, RN, NEA-BC; Ann Alway, MS, RN, CNS, CNRN; Sandra Bunn, MSN, CNS-PP, ACNS-BC, CDE, BC-ADM; Nancy Dunn, MS, RN; Michelle Hirschkorn, MSN, RNC-OB, CNS; Becky Ramos, MSN, RN, ACNS-BC, SCRN; Jeanne St. Pierre, MN, RN, GCNS-BC, FGNLA, FNGNA; Intersecting Evidence-Based Practice With a Lean Improvement Model J Nurs Care Qual (2018) Vol. 33, No. 4, pp. 309–315
- Michael Polacek, MSN, RN-BC Psychiatric-mental Health & Nursing Professional Development, Clinical Education, Creviston, J., & Polacek, M. (2017). Get on Board: Realizing Full Partnerships in Health Care. Journal of psychosocial nursing and mental health services, 56(3), 39-44.
- Brittany Katsinis, BS, OBMI, RDMS, Ultrasound, "A Challenging Case of Poorly Differentiated Transitional Cell Carcinoma of the Kidney " Published in Volume 34, Issue 4 of Journal of Diagnostic Medical Sonography.
- Gloria Summers, MBA Healthcare Management, Cardiac Rehab, Gloria Summers, Impact of Patient Navigation on Cardiac Rehabilitation Enrollment for Radial Percutaneous Coronary Intervention Patients, Journal of Cardiopulmonary Rehabilitation and Prevention, Volume 36
- Susan Putnam-Hopkins, AS, RT (R)(MR), Imaging, Bobbi M. Johnson & Susan Putnam-Hopkins, "Social Media Strategies", ASRT Scanner Magazine, February/March 2018, Page 56
- Brittany Katsinis, BS, RDMS, Imaging-Ultrasound, Brittany Katsinis, "A Challenging Case of Poorly Differentiated Transitional Cell Carcinoma of the Kidney", Journal of Diagnostic Medical Sonography, http://journals.sagepub.com/doi/full/10.1177/8756479318755687
- Kelly Honyak, MSN, RN BC, Clinical Education, Honyak, K. (2017). Planning content of educational activities. In P. Dickerson (Ed.), Core Curriculum for nursing professional development (5th ed.) (pp. 126-133). Chicago, IL: Association for Nursing Professional Development.
- Michael Polacek, MSN, RN-BC, Clinical Education, Creviston, J., & Polacek, M. (2017). Get on Board: Realizing Full Partnerships in Health Care. Journal of psychosocial nursing and mental health services. J Psychosoc Nurs Ment Health Serv. 8:1-6. PMID: 29117426 DOI: 10.3928/02793695-20171024-02
- Amy Brase, MSN, RN, CNE, Clinical Education, Chapter Author Chapter 8--Legal and Ethical Considerations in Nursing Professional Development Practice In the text--Core Curriculum for Nursing Professional Development- 5th Edition

Community involvement

- Jeanne St. Pierre, MN, RN, GCNS-BC, FGNLA, Nursing Admin, 1. Salem for Refugees 2. NODA volunteer at Salem Health 3. Neighborhood Connections - South Salem -- a new nonprofit organization helping senior citizens live comfortably in their own homes as they age. 4. Blood donor for American Red Cross 5. Out of the Darkness Walk (October 13).
- Teri Ottosen, ADN, CBN, 5 South, Habitat for Humanity July 2017, Sept 2017, June 2018 Polk county Fair, Aug 2018.
- Rebecca Ruppert, BSN, MS, OCN, Radiation Oncology, Salem Saturday Market CHEC table; June 23, 2018 Aumsville Fire Dept Community Health Fair; Feb. 17, 2018.
- Julie Koch, MSN, RN, CIC , Infection Prevention/ Patient Safety & Clinical Support, Boy Scouts, Salem Education re: Preparing for Flu Season.
- Jeanne St. Pierre, MN, RN, GCNS-BC, FGNLA, Nursing Admin, 1. Salem for Refugees - healthcare navigator 2. NODA volunteer 3. Neighborhood Connections - program to promote neighborhood support for aging in place.
- Jessie Hawkins, BSN, Prep/ Recovery, Marion County Food Bank.
- Jeneanne Hawkins, BSN, RN, RN-BC (medical-surgical), General Surgery, Habitat for Humanity.
- Tia Melson, ADN, RN, General surgery, Habitat for Humanities.
- Michael Polacek, MSN, RN-BC Psychiatric-mental Health & Nursing Professional Development, Clinical Education, AFSP Out of Darkness Walk Salem AFSP Out of Darkness Walk Oregon Department of Corrections Boys & Girls Club of Salem Career Networking Night Coordinated public viewing of film Resilience at Northern Lights Theater.
- Sierra Schneider, BSN, RN, DVM, CCRN, ICU, 1. Galapagos Islands: Two Weeks Nov 2017. Animal Balance- spay neuter and rabies vaccine program. 2. Smith Rock Spring Thing-May 2018. volunteer work day at Smith rock state park.
- Valorie Hergenreter, RN, BSN, CDE, Emergency, Safe At School Trainings for the American Diabetes Association.
- Ellie Barnhart , MSN, RN, PCCN , IMCU , Salem Hospital Volunteer Services, Pet Therapy Willamette Valley Hospice, Pet Therapy Salem Alliance Church, Bread Ministry and Youth Programs.
- Tiffany Schomus, BSN, RN-BC, General Surgery 5S, Simonka Place, Union Gospel Mission, Morningstar Community Church, Habitat for Humanity.
- Chris Lentz, BSN, RN, CNRN, NTCU, Pentacle Theater (not outreach).
- Kacy Bradshaw, MN, NNP-BC, NICU, Oswego BRAVE (Be Responsible And Value Everyone).
- Nereyda Leder, BSN, RN, CPAN, PACU, Art and Science After school Club at Scott Elementary School.
- Miranda Hennan, BSN, BS, RN PCCN, ED, Lee Elementary School PTC Secretary South Salem Little League Secretary.

- Heidi Hayes, MHA, SHMG Cardiothoracic Surgery, No One Dies Alone, Salem Health Hospitals & Clinics Habitat for Humanity of Mid-Willamette Valley.
- Cindy Basto, BSN, RN, OCN, Infusion and Wound Care (IWC), Feeding the Homeless under the Marion Street Bridge. Sponsored by the East Salem Seventh-Day Adventist church.
- Nancy Breen, MBA CDE, Diabetes Management, Clarke Center Homeless Shelter- Meal Preparation Portland, Or; American Diabetes Association Safe at School Trainings Various locations around the state of Oregon.
- Tia J. Melson, BSN RN, 5s, Habitat for Humanity.
- Michelle McEvoy, BSN, CMSRN, Med Tele, American Red Cross.
- Ethan Waln, BS RN, D5 Medical Telemetry, American Red Cross.
- Ashley Wendel, CNA, ICU, NightStrike thru Chemeketa Community College, and BridgeTown, serving the homeless under the Burnside Bridge in Portland, OR. Every 2nd Thursday evening/night during the school year.
- Nancy Leach, Nancy Leach, CV RN (certification), Cath Lab, Feed Salem 6 hours in December 2017.
- Shelley Reynolds, RN, 5N, HOST.
- Patricia Elmore, RN, CPN, Pediatrics, Camp Odakoda, Camp for Autistic Children, 8/2017.
- Michael Polacek, MSN, RN-BC, Clinical Education, American Foundation for Suicide Prevention Out of Darkness Walk.
- Stephanie Cassidy, PharmD 2) ACLS, MTM 3) Women of Distinction Award, Oregon 2018, Pharmacy, Salem Health Fair April 2018 Breast Cancer Walk of Salem 2017.
- Jeanette Boring, BSN, RN, RN-BC, General Surgery, Habitat for Humanity.
- Jessica Williams, BSN, RN, CCM, Care Mangement, Marion Polk Food Share.
- Carol Hannibal, BSN, RN, Inpatient Rehabilitation, 2018 Magnet Conference Abstract Reviewer, ANCC Medical Volunteer, Marion County Medical Reserve Corps, Salem OR   Volunteer, Marion-Polk Food Share, Salem, OR.
- Lisa Theobald, BSN, RN, PCCN, Float Pool, Salem Movies in the Park No One Dies Alone.
- Amy Schmidt, MBA Healthcare Management, Cardiac Rehab, Mended Hearts.
- Sam Wong, BSN, RN, PCCN, Prep & Recovery, pet therapy.
- Lindy Mongenel, BSN, RN, CMSRN, Medical Surgical Unit (3 West), Turner CERT
- Tiffany Schomus, BSN, RN, 5S General Surgery, Union Gospel Mission and Simonka Place serving meals.
- Melissa Potts, Masters in Education, Board certified Music Therapist (BA Music Therapy), Psychiatry, HOST Teen Shelter.
- Debra Jasmer, BSN, VA-BC, Vascular Access, Marion Polk Food Share.
- Brandon Schmidgall, MBA, RN, Cardiovascular Services, Life Groups Coordinator, SFB.

- Sandra Shore, MSN, RN, MBA, NE-BC, General Surgery, Board Member, Treasurer, Salem Friends of Felines.
- Donna Thomas, BSN, PCCN-K, CHFN, Cardiac Service Line, Car Seat Clinic.
- Amy Brase, MSN, RN, CNE, Clinical Education, Aspire Program Salem Keizer Public Schools American Foundation for Suicide Prevention awareness walk March of Dimes Walk for Babies.