Dear Colleagues:

It is a great pleasure to introduce the 2013 Nursing Annual Report, which highlights the achievements of EvergreenHealth nursing staff for our patient outcomes and our patients' satisfaction, the outstanding work of our nursing councils, and the and the impact of our nurses on EvergreenHealth's efforts to provide the safest, highest-quality care and service for all of its patients.

I am inspired every day by the commitment of EvergreenHealth nurses to our patients and their dedication, so evident in this report, to providing the highest-quality care and patient experience. I am inspired, too, by our proven ability to implement changes in our practices and improve not only our patients' health and well-being but also their total experience of our care. All of these attributes are richly demonstrated in this report.

Over the last two years, we have added new systems to better evaluate the quality and consistency of our nursing practice at EvergreenHealth. Additionally, we have created new collaborative processes for nurses to have a powerful voice in how they provide care and service.

Making sure that nurses at EvergreenHealth have an environment in which they can meet their expectations for professional excellence is one of my highest priorities. It ranks just after patient safety, my highest priority. And I am delighted to see that we are building that kind of nursing environment, evident in the results of the RN Satisfaction Survey that we conducted in 2013; those results are also presented in this report.

It is particularly gratifying to see the outstanding relationship between EvergreenHealth physicians and nurses apparent in the survey results. That teamwork, collaboration and mutual respect for one another are the foundation of quality care; they enable us to continue to build an outstanding environment for nursing excellence.

And our work continues, as our quest for excellence is never-ending. I look forward, in 2014, to building on the progress we have made in quality outcomes and patient satisfaction, continuing to improve the areas that need work, and achieving our strategic plan for nursing so we can continue to create the environment for excellence that we seek for our patients and each other.

I would like to share this final reflection with our nurses: I am proud to be part of this mission, and appreciate your hard work, dedication to professional excellence and commitment to our patients.

Sincerely,

Nancee Hofmeister, MSN, RN, NE-BC
Vice President, Chief Nursing Officer
Overview of the 2013 Nursing Annual Report

With this report, we document the strategic aims and accomplishments of the nursing staff at EvergreenHealth in 2013. The staff includes those in the Division of Nursing who report directly to the Chief Nursing Officer (CNO) as well as those outside the direct leadership of the CNO, such as the nurses in Home Health and Hospice, with Healthline and in the Acute Rehabilitation Unit.

Excellence in patient outcomes, patient satisfaction and nursing is our objective. The report on staff accomplishments and goals shows a work in progress. While we achieved much in 2013, we are still developing important structures and processes that will lead to excellence.

In our journey toward excellence, we are being guided by the standards and principles of the American Nurses Credentialing Center’s Magnet Recognition Program, which recognizes health care organizations for high-quality patient care, nursing excellence, new knowledge, innovations and exemplary professional nursing practice. We are applying Magnet principles to nursing education, quality outcomes, nursing research and the development of our professional practice model. EvergreenHealth seeks Magnet recognition to realize the absolute safest and best outcomes for our patients, increase patient satisfaction, and increase the satisfaction of the nursing body.

This report shows where we are in our journey and how we are reaching for excellence. In it, you will find:

• the outcomes for the Division of Nursing in 2013
• reports from the nursing councils that are our means to implement strategy;
• profiles of three nursing leaders who innovate and help implement our strategies through our care units: Debra Ghazan, Deborah Christensen and Jennifer McKinlay;
• recognition of exemplary nursing through the DAISY, Nursing Excellence, Health Heroes and Nursing Assistant Excellence awards programs;
• recognition from our patients.

Measuring Progress: Nursing Outcomes Overview for 2013

To measure our progress toward excellence, in 2013 we developed “dashboards” for each nursing unit and nursing as a whole. Dashboards are visual illustrations that allow us to measure our progress and outcomes. The components of the dashboards were guided by the Magnet principles and consist of quality outcomes, patient satisfaction and nursing structure measures.

QUALITY OUTCOMES
The quality outcomes focused on four nurse-sensitive indicators (nurse-sensitive indicators are research-based indicators on which nurses have impact and of which they have ownership) for acute care: falls with injury; pressure ulcers, Stage 2 and beyond; central-line associated bloodstream infections (CLABSI); and catheter-associated urinary tract infections (CAUTI).

We compare our performance with the National Database of Nursing Quality Indicators (NDNQI), the American Nurses Association’s quality arm program that provides benchmarking data from more than 1,500 hospitals. Our immediate goal is to outperform the mean or median of that database, with the long-term goal of being in the top quartile. To achieve Magnet recognition, we must outperform the database average for eight quarters before applying for recognition.

In 2013, we improved our performance over 2012 and largely met our goals for three of the four indicators: falls, pressure ulcers and CLABSI. Only the CAUTI rate increased over 2012, though it was below the NDNQI mean. Here are our results for the year:

FALLS
• Falls with injury (per 1,000 patient days)
  EVERGREENHEALTH
  • 2012 – 0.695
  • 2013 – 0.275
  NDNQI
  • Mean – 0.79
  • Median – 0.68

• Percent of falls with moderate or greater injury severity
  EVERGREENHEALTH
  • 2012 – 9.54%
  • 2013 – 4.20%
  NDNQI
  • Mean – 3.93%
  • Median – 0.09%

PRESSURE ULCERS
• Hospital acquired (HAPUs), Stage 2 and greater
  EVERGREENHEALTH
  • 2012 – 3.41%
  • 2013 – 1.5%
  NDNQI
  • Mean – 1.93%
  • Median – 0.72%

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS
• CLABSI (per 1,000 central line days)
  EVERGREENHEALTH
  • 2012 – 1.42
  • 2013 – 0.63
  NDNQI
  • Mean – 0.94
  • Median – 0.00

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS
• CAUTI (per 1,000 catheter days)
  EVERGREENHEALTH
  • 2012 – 0.78
  • 2013 – 1.62
  NDNQI
  • Mean – 2.28
  • Median – 1.46
PATIENT SATISFACTION

Consistent with Magnet guidelines for outperforming the mean in a national database, we use the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) from the Centers for Medicare & Medicaid Services (CMS) to measure patient satisfaction. To achieve Magnet recognition, we must outperform the mean in four of the nine patient satisfaction categories related to nursing care. The questions use a 10-point scale, only the “top box” (those who rated us a 9–10 out of 10) is used in determining the score for a particular item.

Here is how we performed in 2013 on the measures we chose:

<table>
<thead>
<tr>
<th>Measure</th>
<th>2013 Yearly Top Box</th>
<th>Data Base Percentile Rank</th>
<th>National Top Box Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with nurses</td>
<td>75.8</td>
<td>23</td>
<td>79.2</td>
</tr>
<tr>
<td>Nurses treat you with courtesy/respect</td>
<td>83.8</td>
<td>28</td>
<td>86</td>
</tr>
<tr>
<td>Nurses listen carefully to you</td>
<td>71.1</td>
<td>18</td>
<td>76.2</td>
</tr>
<tr>
<td>Nurses explain in way you understand</td>
<td>72.5</td>
<td>28</td>
<td>75.3</td>
</tr>
</tbody>
</table>

We continue to focus our efforts on improving these scores. Divisional and administrative efforts based on feedback from focus groups, survey comments, rounding and your feedback include the following:

1. Accent reduction classes for those at all levels in the organization who directly care for patients (from nursing assistants to physicians)
2. Badge buddies so our patients know who each provider is
3. Hourly rounding
4. Krames education resource tool
5. New whiteboards in patient rooms that outline each patient’s plan of care

NURSES’ SATISFACTION

Finally, we measure nurses’ satisfaction using the NDNQI RN Practice Environment Survey. To achieve Magnet recognition, we must outperform the mean on several different RN satisfaction measures. The survey reports results on five dimensions of the practice environment: nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership and support; staffing and resource adequacy; and collegial nurse-physician relationships.

The chart on the right shows how our nurses rated their practice environment in 2013.

The Nursing Professional Practice Council thoroughly reviewed the survey results throughout 2013 and used those results to prioritize its work for 2014. While there is opportunity in four of the main areas, the council’s work will focus on the two areas where the data showed we had the most opportunity: nursing participation in hospital affairs and nursing foundations for quality of care.

The Nursing Councils

We established five nursing councils in 2013 with the goal of building a nursing environment that inspires, advances and sustains professional excellence in nursing at EvergreenHealth. Four Nursing Shared Practice Councils were created in March 2013. These are the Nursing Professional Practice Council, the Nursing Practice Council, the Nursing Quality Council and the Nursing Documentation Council. Additionally, the Nursing Executive Council was established in September 2013.

• The Nursing Executive Council, chaired by CNO Nancie Hofmeister, MSN, RN, NE-BC, serves as a forum to facilitate communication between the councils and nursing leadership to ensure partnership and decreased redundancies. It regularly reviews all nursing dashboards as well as core quality measures and outcomes. Council members provide resources to the four Nursing Shared Practice Councils, facilitate decision making at the organizational level, and help with organizational communications. The shared practice councils were developed to give decision making power to the front line nursing staff. All four Nursing Shared Practice Councils also report to the Nursing Executive Council, which oversees coordination and communication of the councils’ work across the continuum of care at EvergreenHealth.

• The charge of the Nursing Professional Practice Council is to celebrate, advance and empower nursing professionalism at EvergreenHealth. Specifically, the Nursing Professional Practice Council is responsible for the DAISY recognition of exemplary nursing practice and the Nurses Week celebration.

• The goal of the Nursing Practice Council is to standardize nursing policies and procedures across EvergreenHealth and to ensure that they meet current best practices in evidence-based medicine. The scope of the Nursing Practice Council is to ensure that all patients, families and visitors at EvergreenHealth receive the highest-quality care and service.

• The Nursing Quality Council is responsible for assessing our current state by assessing our current quality outcomes using the National Database for Nursing Quality Indicators (NDNQI) as well as Press Ganey data. Press Ganey data contains patient satisfaction surveys including the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions. This information is used to assess nursing at EvergreenHealth in comparison to national benchmarks for nursing excellence. One goal of the Nursing Quality Council is to empower and enable nurses to take control of, and be accountable for, nursing practices that affect patient outcomes.

• The mission of the Nursing Documentation Council is to ensure that the patient documentation system provides the essential information on each patient needed by every nurse, provider and partner in care (including occupational therapy, physical therapy and social work) at EvergreenHealth to ensure the highest-quality care and service across shifts and across care teams.

The councils have used the 5 Magnet Model Components containing the Forces of Magnetism at the core of the American Nurses Credentialing Center’s Magnet Recognition Program as a guideline for advancing and sustaining an environment of nursing professionalism at EvergreenHealth. The goal of the councils’ work, however, is to enable all nurses at EvergreenHealth to provide the highest-quality care and service to our patients in accordance with our standards of professional excellence and not simply to achieve Magnet recognition.

The Nursing Executive Council and the Nursing Shared Practice Councils honor the dedication to excellence and commitment to patients of nurses throughout EvergreenHealth; this dedication and commitment are evident in the reports from the councils provided for the Nursing Annual Report for 2013. The work of all five councils was constantly advanced by the collaboration of the staff nurses at EvergreenHealth and their willingness to bring issues of patient care to the councils and to provide feedback on practice changes. Their voices, their collaboration and their dedication to providing the highest possible care to their patients were invaluable to the achievements of 2013.
ACKNOWLEDGMENTS

The co-chairs and representatives of the nursing councils would especially like to acknowledge the contributions to their work and to the nursing practice at EvergreenHealth of:

- Nancee Hofmeister, MSN, RN, NE-BC, Vice President of Nursing and CNO, who encouraged the nursing staff to have a voice and influence their practice and gave them the time to do so;
- Lenore Apigo, RN, BSN, Manager of MedSurg, who, as mentor to the Nursing Quality Council, gave her support, without which the projects of the council would not have happened;
- Mary Kay Ausenhus, RN, MN, CNS, Clinical Nurse Specialist, Women’s and Children’s Services, who, as mentor to the Nursing Practice Council, encouraged, guided and inspired the entire council in achieving its outcomes;
- Debra Ghazan, RN, CNML, Manager of Orthopedics-Spine-Neurology, who, as mentor to the Nursing Professional Practice Council, encouraged the council and helped its members “learn the ropes” of EvergreenHealth;
- Anne Kinnaman, RN, BSN, Director of Acute and Critical Care Services, who, as adviser to the Nursing Quality Council, provided support and cleared barriers for the council to get its work done;
- Katie Colleen (Williams) Maletich, RN, BSN, MBA, Program Manager and Magnet Program Coordinator, Clinical Improvement, who laid the foundation for the councils and the work of their chairs;
- April Morgenroth, RN, MN, Progressive Care Unit/Critical Care Unit doctoral candidate, who, as mentor to the Nursing Professional Practice Council, gave encouragement, guidance and inspiration to the entire council, chairs and members alike;
- Debbie Saknit, RN, MN, Manager of Children’s Services, who, as mentor to the Nursing Quality Council, provided guidance and support to the council;
- Mike Swenson, RN, Manager of Emergency Services, who, as adviser to the Nursing Professional Practice Council, helped the council create bridges to all the departments with which the council needed to work.

“I totally love Evergreen Hospital and all the people who work there. I was a patient there for 9 days beginning Feb. 28, and the care I received was outstanding. (I was in room 5120) I would like to give you the names of two nurses and one tech who were especially wonderful. First, one is a nurse by the name of Jennifer … who I really loved. The second one is a nurse whose name is Meron. She also is terrific. The third is a technician by the name of Adam – a very caring person. This is not to say that all the others who also took good care of me were not up to par. They were. It’s just that the three I mentioned were totally outstanding!”
“Being a member of the Nursing Executive Council is really about being a nurse.”

Nursing leaders advise and mentor the leaders of the Nursing Shared Practice Councils and facilitate decision making at the organizational level. The Nursing Executive Council also regularly reviews all nursing dashboards as well as core quality measures and outcomes. Council members provide resources and help with organizational communications to the four Nursing Shared Practice Councils. All four Nursing Shared Practice Councils report their work to the Nursing Executive Council each month at a two-hour meeting. In that way, the work of the council can be shared and communicated across the EvergreenHealth nursing system.

The Nursing Executive Council also reviews the current Rapid Process Improvement Workshops (RPIW), says Mike Swenson, Manager of Emergency Services. Council members review the Lean work to understand and prepare for any impact on nursing practice. The work of the four Nursing Shared Practice Councils can also be important to RPIWs, and when that work intersects, it, too, can be coordinated and communicated through the Nursing Executive Council.

For Mike, “the coordination of work and the breaking down of silos is huge.” He adds, “Nurses are now working across the organization for common goals, a very impressive achievement in a large organization. It is a great experience.”

When Anne reflects on the work of the councils in 2013, she says, “Absolutely the first thing I am the most proud of is our staff, who have stepped up with 100 percent commitment, and that commitment is to absolute patient safety.”

For Trish, the list of achievements by the councils in 2013 is long and impressive. In addition to work on the core quality measures, such as reducing falls with injury and reducing central line infections, projects have included creation of a computerized belongings list that travels from unit to unit with each patient, reducing the loss of patients’ possessions; an RPIW to decrease the number of steps required to acquire blood for patients; and feedback on Smart Pump usage provided to the Chief Nursing Officer, Nancee Hofmeister.

For 2014, Anne says, the goals of the council remain the same: “to decrease any patient safety events and continue to empower nurses to take charge of their practice.” Mike adds, “Seeing our model of care develop in 2014 is another big piece, because our model of care will drive much of our work.”

“Being a member of the Nursing Executive Council is really about being a nurse.” Mike emphasizes. “When we all sit in a room together and share ideas, it is not about whose title is what. We are really pulling together and asking, what does the patient need? What does the organization staff need to do the job? And knowing that really at the top of the pyramid is the patient.”

Mike concludes, “When you take that humble approach, you can accomplish great things.”

Recognition by Our Patients

“My husband is a patient on the med/surg floor. He is being cared for by well-trained and caring people, and we want their supervisors to know how grateful we are for their kindness and skill. Their names are Orysya, Ambrin and Lisu.”

For Trish, the list of achievements by the councils in 2013 is long and impressive. In addition to work on the core quality measures, such as reducing falls with injury and reducing central line infections, projects have included creation of a computerized belongings list that travels from unit to unit with each patient, reducing the loss of patients’ possessions; an RPIW to decrease the number of steps required to acquire blood for patients; and feedback on Smart Pump usage provided to the Chief Nursing Officer, Nancee Hofmeister.

For 2014, Anne says, the goals of the councils remain the same: “to decrease any patient safety events and continue to empower nurses to take charge of their practice.” Mike adds, “Seeing our model of care develop in 2014 is another big piece, because our model of care will drive much of our work.”

“Being a member of the Nursing Executive Council is really about being a nurse.” Mike emphasizes. “When we all sit in a room together and share ideas, it is not about whose title is what. We are really pulling together and asking, what does the patient need? What does the organization staff need to do the job? And knowing that really at the top of the pyramid is the patient.”

Mike concludes, “When you take that humble approach, you can accomplish great things.”

“Being a member of the Nursing Executive Council is really about being a nurse.” Mike emphasizes. “When we all sit in a room together and share ideas, it is not about whose title is what. We are really pulling together and asking, what does the patient need? What does the organization staff need to do the job? And knowing that really at the top of the pyramid is the patient.”

Mike concludes, “When you take that humble approach, you can accomplish great things.”

Recognition by Our Patients

“My husband is a patient on the med/surg floor. He is being cared for by well-trained and caring people, and we want their supervisors to know how grateful we are for their kindness and skill. Their names are Orysya, Ambrin and Lisu.”

For Trish, the list of achievements by the councils in 2013 is long and impressive. In addition to work on the core quality measures, such as reducing falls with injury and reducing central line infections, projects have included creation of a computerized belongings list that travels from unit to unit with each patient, reducing the loss of patients’ possessions; an RPIW to decrease the number of steps required to acquire blood for patients; and feedback on Smart Pump usage provided to the Chief Nursing Officer, Nancee Hofmeister.

For 2014, Anne says, the goals of the councils remain the same: “to decrease any patient safety events and continue to empower nurses to take charge of their practice.” Mike adds, “Seeing our model of care develop in 2014 is another big piece, because our model of care will drive much of our work.”

“Being a member of the Nursing Executive Council is really about being a nurse.” Mike emphasizes. “When we all sit in a room together and share ideas, it is not about whose title is what. We are really pulling together and asking, what does the patient need? What does the organization staff need to do the job? And knowing that really at the top of the pyramid is the patient.”

Mike concludes, “When you take that humble approach, you can accomplish great things.”

“Being a member of the Nursing Executive Council is really about being a nurse.” Mike emphasizes. “When we all sit in a room together and share ideas, it is not about whose title is what. We are really pulling together and asking, what does the patient need? What does the organization staff need to do the job? And knowing that really at the top of the pyramid is the patient.”

Mike concludes, “When you take that humble approach, you can accomplish great things.”

Recognition by Our Patients

“My husband is a patient on the med/surg floor. He is being cared for by well-trained and caring people, and we want their supervisors to know how grateful we are for their kindness and skill. Their names are Orysya, Ambrin and Lisu.”
The Nursing Professional Practice Council has 27 members, chairs, mentors and advisers representing units throughout EvergreenHealth. The scope of this council is and includes the following:

- Increase recognition and excellence in nursing and professional nursing through education, certification, professional organizational activity, professional activities and community service.
- Empower nurses to have a voice in the design and improvement of their standard work.
- Capture and create the image of nursing at EvergreenHealth, in part, by developing an external nursing Web page.
- Continue to develop nursing residencies, preceptorships and mentorships, and standardize those programs across EvergreenHealth.
- Create a clinical ladder, developing and standardizing peer review programs.
- Oversee the DAISY Awards program.
- Develop annual recognition program for Certified Nurses Day.

The Nursing Professional Practice Council completed four projects in 2013 under its charter: completion of a professional matrix for all EvergreenHealth nurses, performance of a national RN survey for 1 nursing units, creation of a bedside safety check for off-going and incoming nurses, and creation and completion of a patient password system to allow nurses to share protected health information with families and other loved ones while maintaining HIPAA. The council also conducts the DAISY Awards each quarter.

The first task of the Nursing Professional Practice Council in 2013 was completion of a professional matrix for all nurses at EvergreenHealth to give an accurate picture of the professional achievements of nurses throughout the organization. That matrix is now available online for nurses and their managers to review annually.

The second task was to perform the NDNQI RN Practice Environment Survey to assess the current state of the nursing practice environment, indicating where to focus the work of the council in 2014. The feedback from the council’s peers describes what helps and hinders the environment that allows EvergreenHealth nurses to achieve expected patient outcomes and goals. In 2014 the council will perform the survey again, opening it up to the entire nursing body.

One of the most important outcomes of the RN survey was improvement in the foundations of care. Four members of the Nursing Professional Practice Council — Rachel Lane, Linda Graddon, Miriam Bingcang and Daisy Fishman — formed a subgroup to research best practices, which led to creation and implementation of a bedside safety check.

The third project was the development of the current eight-point safety check, now mandatory for all EvergreenHealth nurses. Both the off-going and the incoming nurse conduct the bedside safety check together. After the incoming nurse receives a verbal report from the off-going nurse, both nurses go into each patient’s room and assess eight safety points to ensure care continues at the highest standard. The bedside safety check was rolled out in November 2013. The first audit has now been conducted, and the council is examining results for additional opportunities to develop and improve this process.

A fourth initial project of the Nursing Professional Practice Council was development of a patient password at the request of a floor nurse, Stephanie Abrena-Ujehara, in the Critical Care Unit. Stephanie requested a system that would allow nurses to share protected health information with a patient’s family and other loved ones at the patient’s request. EvergreenHealth had no process in place to allow nurses to share patient information, for example, with family members who were out of state or who could not be at the bedside.

The Nursing Professional Practice Council worked with EvergreenHealth’s privacy officer, Sheila Green-Shook, Director of Health Information Management, to develop the patient password system so that nurses can now, safely and comfortably, share protected health information while maintaining HIPAA.

The goals of the Nursing Professional Practice Council for 2014 are many, including:

- Assisting in the implementation of badge buddies (badges below the name badges with appropriate professional titles) for hospital staff and all nurses so that patients can identify their nurses and can understand the work that nurses do to ensure patient care and safety.
- Creating a mentor program and an onboarding program for nurses new to EvergreenHealth and new graduates.
- Enhancing the public and patient perception of nurses, in part, through development of an external Web page.
- Creating the EvergreenHealth Nursing Practice Model, incorporating the foundations of nursing professionalism and practice used by EvergreenHealth nurses.

Among the accomplishments of the Nursing Professional Practice Council in 2013, Rachel and Aime consider the bedside safety check and the patient password system critical in advancing improvement in patient outcomes and patient satisfaction. The bedside safety check helped improve communications, they believe, not just between nurses but also between nurses and patients. These areas needed improvement for both patient outcomes and patient satisfaction. Says Aime, “We know that we had some near misses that were caught at the bedside because of the safety check.” Rachel adds, “The first point on the bedside safety check is a warm welcome and a fond farewell when the off-going nurse introduces the incoming nurse about the plan of care. Knowing about the patient also helps reassure someone in the stressful situation of being in the hospital. The patient password system, too, helps reassure patients that their loved ones can get an update on them.”

About the work of the council itself, Rachel says, “I believe I have become a stronger nurse because of the work that we have done on the council.” Aime adds, “This work has gotten me to take a lot more ownership over my role as a nurse here, because I see that I can make change, and I have been given the tools to have a voice and to be able to encourage best practice and professionalism within our workplace.”

Aime and Rachel also want their colleagues to know that they are welcome to come and sit in on meetings if they wish to. “We want their feedback,” Aime says. “We want to hear from our colleagues.”
For the 20 nurses who serve as members, chairs, and mentors and advisers on the Nursing Practice Council, absolute safety for EvergreenHealth patients is the critical driver of the council’s work. Their mission is to make sure that nursing policy and practice are standardized and consistent throughout EvergreenHealth and reflect the current best nursing practices in evidence-based medicine.

To ensure best nursing practice requires the members of the council to review and standardize all policies, procedures, resources, materials and equipment in accordance with current research in best nursing practices and to make sure every EvergreenHealth policy and practice meets that standard.

Karen says, “To ensure absolute safety and meet best practice standards means that every policy and procedure needs to look the same wherever a nurse is practicing, across the continuum of the EvergreenHealth system, whether that’s on a floor, in the operating room, in Home Health or at the Family Maternity Center.”

LeAnne adds, “Standardization is also important for the transparency of EvergreenHealth nursing practice and for the continuum of care.” The goal of standardization is for the care and experience of every patient at EvergreenHealth to meet the same standards whether that patient is treated in a hospital unit or at a home visit by a Home Health nurse.

One of the ways the members of the Nursing Practice Council use the National Database for Nursing Quality Indicators (NDNQI) as the national benchmark of nursing practice is to focus the council’s work, especially on areas identified by the NDNQI where nurses and nursing practice can affect patient outcomes. In addition, known issues that arise at EvergreenHealth or that are brought to the council by staff nurses are equally important. For example, EvergreenHealth had a known issue regarding the contamination rate of blood culture samples. The Nursing Practice Council collaborated with the EvergreenHealth laboratory and Infection Control to determine the causes and changes in practice involved in EvergreenHealth’s CLABSI rate required interdisciplinary work by the three nursing councils, the lab, nursing leadership and Infection Control. The result was the issuing of new central line insertion kits with all required equipment for insertion of central lines. Biopatch implementation and new transparent dressings, which resulted in a significant reduction in EvergreenHealth’s infection rate. (See “Measuring Progress: Nursing Outcomes Overview for 2013” in this report.)

“IT is all part of the cycle of change,” Patty says. “Plan, do, check, act, so we make sure the change has been effective, and if it has not, then we make adjustments until we get an innovation right and all of the information needed by nurses disseminated.”

Multiple other policies went through the same process as CLABSI in 2013. Some highlights include the use of restraints, verbal orders, application of heat and visitors policies which all required interdisciplinary work across multiple departments.

The policy on verbal orders needed updating after the shift to electronic medical records because the old practice, LeAnne says, “of reading back what was transcribed onto an order sheet or on a scratch piece of paper was not standard practice.” Now physicians and nurses know the process for taking verbal orders and for implementing them, as well as what the expectations are for the medical staff in giving and receiving those orders.

The council discovered that there was no standard for application of heat at EvergreenHealth after two patients were burned when heat was applied. Patty adds, “Before the policy, a family member might even get a heat pad, put it in the microwave, and apply it to a loved one, who might be burned. Now we have temperature parameters and very specific, safe ways to apply heat” — including heating pads from Central Supply that stay within a safe range, ways to use blankets from warmers, and disposable, activated-by-breaking ice and heat packs that stay within safe temperatures, as well as specific criteria for when to apply heat.

The visitor policy required the same kind of research and interdisciplinary work. Research included a comparison of the practices at other hospitals, a review of Washington state laws and regulations, and a consideration of patient satisfaction making the Community Advisory Board an important part of the team.

A fundamental goal of the council is to empower nurses to make the changes in their nursing practice that will benefit their patients, and providing absolute safety and the best possible care for patients and their families is work that matters to the members of the Nursing Practice Council. “They [patients] are our friends; they are our neighbors,” Patty adds. “They come here, and we want to take care of them the best way possible. I really feel that even more, being on this council. I feel it is a real honor.”

The Nursing Practice Council looks forward to doing more of the same in 2014 — with more policies to update, more research to examine. Patty adds, “We are going to do some nursing research here at the hospital on our patients, which is part of our council’s work, too, and see how our care really impacts our patients. We read all these research papers from other hospitals throughout the country, and that is important work. But we need more new research out there, and I feel very lucky to be a part of that, too.”

“I also want to line up successor council members,” Karen adds. “I say all the time that we as nurses have a voice, and our voice is heard, so I want my colleagues to be very, very proactive with our nursing practice and come to us with facts.”

According to the members of the Nursing Practice Council, it is staff nurses who do the work. So, Patty says. “We are looking to tap into our colleagues’ minds and their focus and really embrace it in our work.”

2013 Report from the Nursing Practice Council

Co-chairs: Karen Kettner, RN, CGRN, Interim Manager, Comprehensive Procedure Center
Patty Olimb, RN, BSN, High-Risk Neonatal, Family Maternity Center

Vice-chair: LeAnne Myers, RN, BSN, PCRN, Progressive Care Unit

For the 20 nurses who serve as members, chairs, and mentors and advisers on the Nursing Practice Council, absolute safety for EvergreenHealth patients is the critical driver of the council’s work. Their mission is to make sure that nursing policy and practice are standardized and consistent throughout EvergreenHealth and reflect the current best nursing practices in evidence-based medicine.
For Co-chairs Kim Weber and Mary Bicknell, seeing EvergreenHealth’s front-line nurses implement recommendations from the Nursing Quality Council is one of the most rewarding and exciting results of working on the council. “We have made so many changes within the hospital over the last year,” Mary says. “We were making adjustments in our practice monthly, if not weekly, and it is exciting to see the results for our patients’ safety.”

The Nursing Quality Council used the National Database of Nursing Quality Indicators (NDNQI) to identify four core areas of patient safety where EvergreenHealth needed to improve to meet the NDNQI’s national benchmarks for quality care: falls without injury, hospital-acquired pressure ulcers (HAPUs), central line-associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections (CAUTI).

The Nursing Quality Council worked with EvergreenHealth’s Falls Committee to identify opportunities to decrease falls with injury. One result of this collaboration is an updated and revised falls policy. The Nursing Quality Council will also help roll out a modified Morse Fall Scale to set clear parameters for the different levels of fall risk, identify appropriate interventions for each level, and introduce a toll to assess each patient’s potential injury risk level if a fall should occur.

Kim says, “We already have a lot of interventions in place: bed alarms, chair alarms, yellow lights, yellow socks. And our nursing assistants and nurses are doing hourly rounding on each patient to make sure our patients have everything they need.”

EvergreenHealth’s fall rate has been reduced by half, although falls with moderate to severe injury are still above the national benchmark. (See “Measuring Progress: Nursing Outcomes Overview for 2013” on page 5 in this report.) As a result, a safety huddle at the beginning of each shift has been implemented to help all staff identify high-risk patients. A “no-passing zone” is also currently in the planning stages for the Nursing Quality Council.

A no-passing zone identifies every high-risk patient with a flag. If a high-risk patient’s call light goes on, no one on staff, whether directly involved with that patient or not, should pass the room without at least encouraging the patient to wait for help rather than getting up unassisted. “Our research shows that the no-passing zone has been very successful in reducing falls with injury,” Mary says.

The council also plans more training and education on the ABCS list — Age, Bone, Coagulopathy and Surgery — to assess high-risk patients. Those patients, Mary adds, “may not be more likely to fall, but they are more likely to have an injury if they do. So we need more eyes on those patients to prevent injury if they fall.”

Decreasing the number of hospital-acquired pressure ulcers (HAPUs), especially those Stage 2 and greater, was another target of the Nursing Quality Council in 2013. Mary says, “We are now being very attentive to a first assessment to be sure that when a patient arrives with a skin issue, we are aware of that and document it appropriately, and we are being cautious of their skin.”

Nurses now also rate all patients on the Braden Scale for Predicting Pressure Ulcer Risk so that nurses can assess whether a patient has more risk of skin issues. Diabetes, poor nutrition and decreased ability to move or change position independently are just three of the risk factors.

One initiative, a turn clock, was implemented by the Nursing Quality Council to address risks at the suggestion of an EvergreenHealth nurse’s aide, Jergen Ramos, who brought the idea to the council. The laminated face of a clock is put on the door of high-risk patients who are unable to move themselves adequately. Nurse’s aides are then able to see that clock, and every two hours they help the patient to a new position. They also write that position on the clock so that the staff knows what position the patient was in previously so he or she can be moved to a new position. The council’s research recommended a shift in patient position at least every two hours.

The Nursing Quality Council also created an online learning module for all registered nurses on factors that put patients at risk for skin breakdowns. They recently conducted nursing grand rounds on skin assessment followed by a grand rounds on nutrition as a factor in the health of the skin and addressing what nurses can do to improve the nutrition of hospitalized patients.

In addition, the Nursing Quality Council implemented the use of different beds and devices to help prevent ulcers, mindful of the use of nasal cannulas for oxygen, for example, which can cause ulcer of the ear. The council also credits the EvergreenHealth skin team and wound care nurses with reducing HAPU rates.

To reduce CLABSI rates, the council has helped implement a learning module; chlorhexidine baths on patients in Critical Care with central lines, a Biopatch, a special foam dressing with chlorhexidine applied with every dressing change, and daily rounds from stat nurses. These nurses check every patient with a central line, including the dressing, the date the central line was inserted and the labeling of the tube. If any item is not in compliance with best practice, the stat nurses take action immediately. Results include no central line infections on Oncology for six months and none on NICU for more than a year. Both units have large numbers of patients needing central lines.

To reduce CAUTI rates, the Nursing Quality Council discovered through research that the longer a patient had a catheter, the more likely they were to develop a urinary tract infection. The council worked with Infection Control to research catheter care and evidence-based best practices for catheter removal and implemented a nurse-initiated catheter removal policy.

Despite the hard work, CAUTI rates were the one quality indicator that did not improve in 2013 and, as a result, are a focus of the Nursing Quality Council for 2014. The council has already identified opportunities for improvement that need renewed attention.

Other areas of focus in 2014 include rolling out the learning management system, LMS, for reeducation on the Morse Fall Scale and the no-passing zone, and more education on the ABCS list. Work on CLABSI best practice will also continue.

New patient whiteboards are also coming. These boards will serve as a communication and education tool for nursing, patients, families and care providers. The content will include the daily plan of care established with the patient, goals, procedures, names of care team members, risk status for falls, injury, ambulation status and allergies. The whiteboards will be standardized throughout EvergreenHealth and have the capacity for language inserts for those patients whose native language is not English.

In looking at what the council accomplished in 2013, Mary says, “The work of the front-line nurses has just been amazing.” The council members hope they will keep hearing issues and ideas from their colleagues in 2014.
The purpose of the Nursing Documentation Council under its charter, Co-chair Kristin Retzlaff says, “is to increase the accuracy, consistency and completeness of nursing documentation by assessing our current system for gaps, defining documentation standards, and ensuring that health information is easily accessible to every member of the health care team.”

But, Kristin explains, “It is much grittier than that. We want to make our documentation accurately reflect the care that is given and make that care meaningful so that it is consistent across the whole house for everyone in the hospital. If we chart one thing, it needs to mean the same thing in one place that it does in another place, and we want to make that information easily accessible for people who need it.”

“Our documentation right now is really fragmented,” Co-chair Arla Holliday notes, “and it makes people go through a bunch of different screens to try to document everything they are doing within their assessments and interventions, and it is not in a plan of care design.”

“Nurses think of their patients as at risk for something,” Arla adds. “We do all of the assessments that determine risk, and then we do the interventions to achieve the outcomes that we want. So we are driving toward the state where our documentation reflects the nursing process, how we plan to care for our patient. We need the nursing process more accurately reflected in our documentation.”

As a result, the 29 members of the Nursing Documentation Council are reassessing EvergreenHealth’s documentation system and upgrading modules on Cerner to help solve these issues. Another issue is the number of different documentation systems currently in use. The Family Maternity Center, Women’s Services and NICU use Q3, which means nurses in those units must document patient care in two different systems.

An upgrade underway for Q5 will allow information entered there to be integrated into Cerner, which will help resolve some of the fragmentation at EvergreenHealth. The result of fragmentation, Arla notes, is that it can be difficult to get a clear and complete view of a patient, which can compromise patient safety.

“It can become a big issue, especially if a patient is transferred from one area to another – for example, a labor and delivery patient has to go to Critical Care for some reason,” explains Kristin. “Then none of our documentation from labor & delivery is visible in the Critical Care area. That is what we are hoping to resolve.”

One goal of the Nursing Documentation Council, Kristin says, is to be sure it is ready when a new policy is ready. The work of the council can also complement the work of the other councils, and can help drive change. For example, Arla says, when the Nursing Documentation Council began to assess what mid-line catheter charting would look like and what components were necessary to complete it, discussions about measuring the length of the external catheter drove discussions about patient safety and best practices.

The Nursing Documentation Council research helped inform the other councils working on reducing EvergreenHealth’s rates of central line-associated bloodstream infections (CLABSI).

“That kind of work also empowers nurses to take charge of the care they give their patients and can provide safety for nurses, too,” Arla adds. “There needs to be a clear record of all of the care that every nurse gives every patient.”

For the members of the Nursing Documentation Council, seeing the results of their work in better patient outcomes and improvements in patient safety is very rewarding. Better documentation processes also allow more time for nurses to spend at the bedside of their patients, a goal profoundly important to EvergreenHealth nurses.

“We also really want to make it easy and comfortable for our colleagues to be documenting the right care that they are giving patients. We want nurses to get credit for all of the teaching that they are doing and have that teaching reflected in the medical record,” Arla adds.

The main focus of the Nursing Documentation Council’s work in 2014 is continuing improvement of the Cerner system. The council will oversee the switch to Care Compass, a more efficient way of charting. Care Compass, Kristin says, is very user-friendly, as it provides nurses necessary and timely information.

“We will be able to integrate a patient’s whole diagnosis with what we have done and what we have taught them in a smooth process and document what we have provided and are providing,” Kristin explains. “We hope to roll that out in August or September.”

“At the same time,” Arla adds, “we want our colleagues to know that they can bring issues to the Nursing Documentation Council themselves for review. Issues do not have to come through a committee member. If somebody has a safety concern, it is a concern of the council. Safety is our goal, our mission, and we are here to support the work that our colleagues do. We will look at any safety issue that comes our way.”
A PROFILE IN NURSING AT EVERGREENHEALTH: 2013 An Eventful Year of Improving Patient Satisfaction and Outcomes for Nursing Manager Debra Ghazan

For Debra Ghazan, Manager of the Orthopedics-Neurology unit on the seventh floor of the Silver Tower, 2013 was an eventful year: piloting hourly rounding by her NACs (Nursing Assistants-Certified), developing bedside safety checks with the Nursing Professional Practice Council, and completely revising orthopedic education for patients. All the initiatives have meant a safer, more satisfying experience for EvergreenHealth patients under the care of her nurses and techs.

Debra, a 22-year veteran of nursing at EvergreenHealth, began the hourly rounding of her techs, now a house-wide practice, after conducting a literature search on ways nursing could affect patient safety. Rather than waiting for patients to push a call light, NACs visit patient rooms each hour to check on the “Four P’s” of patient satisfaction and safety: pain, possessions, position and potty.

“We address these things because they are the top concerns for the patient, and they help keep patients safe,” says Debra. Hourly rounding, it turns out, is especially effective at reducing falls. Even though her unit was already outperforming the benchmark for falls and falls with injury, the hourly rounding reduced falls even further.

“We improved safety, and we improved patient satisfaction,” Debra adds. Before, nurses and techs entered the patient’s room when they had a specific task to do or when requested. “Now they are there before a patient has to request them.”

Bedside safety checks at shift change also improved patient safety and satisfaction. Debra had her unit undertake this initiative as an outcome of the Nursing Professional Practice Council’s work. At shift change, the off-going nurse gives a quick report to the incoming nurse outside the patient’s room. Then they go in together, provide a warm welcome and fond farewell to the patient, and scan eight elements of patient care that the council determined were important to observe.

“You quickly scan things like IV tubes, drains, pain medication and what the patient looks like,” Debra notes. “It is kind of like driving, when you scan the road. You are looking over your patient and doing a quick hand-off. What we found is that this routine can uncover instances when a patient is not doing well, and we’ve been able to call for rapid response teams in a very timely way. As I tell my nurses, your patient is your best story, look at your patient.”

Revamping the educational preparation her unit gave orthopedic patients was a third major project for Debra and her staff this year. The revamping entailed rewriting and reorganizing the pre-op education for orthopedic patients, all based on goal setting with patients with an aim of rapid recovery. In some cases the recovery is so rapid that patients now go home the same day as the surgery, an outcome no other hospital on the West Coast can claim.

What the staff called the Orthopedic Excellence Project also involved a decrease in the use of narcotics for pain relief, “which helped us decrease our delirium cases,” says Debra. The team found other medications for patients’ pain, including IV Tylenol. “The results have really been amazing to me,” Debra adds, citing lower pain and fewer delirium cases, two improvements that contribute to rapid recovery.

Along with her team’s achievements in 2013, Debra counts a personal achievement. She earned a Certified Nursing Management Leader designation from the American Nurses Credentialing Center (ANCC).

While she takes pride in her own and her unit’s achievements, Debra says she is “most proud of all my staff. I am proud that I am helping them with the tools that enable them to take good care of their patients at the bedside” and meet national patient safety goals.

As for 2014, her unit goals are similar to the organization’s goals: decreasing central line infection rates, decreasing catheter-associated urinary tract infections, and introducing centralized monitoring for all patients. Her personal goal is to go back to further her education in nursing.

“I want this to be the best place for anybody to come for care,” Debra says. “I am a believer in EvergreenHealth. I love our culture. The people who work here also live around here and bring their families here for care. It is truly a community hospital, supported by the community. I am proud to say I am at EvergreenHealth.”

“As I tell my nurses, your patient is your best story; look at your patient.”
Deborah Christensen, wound ostomy nurse in EvergreenHealth Home Health, takes great pride in the nutrition program she’s been leading since last July. “What I am most proud of is that we increased the awareness of malnutrition and its impacts on our patients’ health in the future. Then we gave the nurses and clinicians tools to work on this problem,” she says.

Anecdotal evidence like that gives Deborah confidence that the program is working, and she expects to see quantifiable effects on readmissions rates in the near future. The program is also meeting its other goals of increasing nutrition screening – from 75 percent to 90 percent – and increasing the number of Home Health patients who are treated for malnutrition.

Malnutrition is a serious problem among all hospital patients, and especially for the elderly who make up the large majority of Home Health patients. According to Abbot Nutrition, Home Health’s partner in the program, 30% to 50% of patients are malnourished when they are admitted to a hospital, 57% of patients hospitalized for one to two days have lean body mass loss. And many patients continue to lose weight after they are discharged. The problem is even greater among elderly patients who are hospitalized. They may lose as much as 2.2 pounds of lean body mass after just three days of hospitalization. That means loss of strength, creating difficulties in performing the acts of daily living, and can lead to impaired immunity from infections, decreased healing, and pressure ulcers – even death.

“Anecdotal evidence like that gives Deborah confidence that the program is working, and she expects to see quantifiable effects on readmissions rates in the near future. The program is also meeting its other goals of increasing nutrition screening – from 75 percent to 90 percent – and increasing the number of Home Health patients who are treated for malnutrition.

Malnutrition is a serious problem among all hospital patients, and especially for the elderly who make up the large majority of Home Health patients. According to Abbot Nutrition, Home Health’s partner in the program, 30% to 50% of patients are malnourished when they are admitted to a hospital, 57% of patients hospitalized for one to two days have lean body mass loss. And many patients continue to lose weight after they are discharged.

The problem is even greater among elderly patients who are hospitalized. They may lose as much as 2.2 pounds of lean body mass after just three days of hospitalization. That means loss of strength, creating difficulties in performing the acts of daily living, and can lead to impaired immunity from infections, decreased healing, and pressure ulcers – even death.

“We have found there are certain patients who will be at even higher risk – patients with congestive heart failure, chronic obstructive pulmonary disease, diabetes, and dementia,” Deborah adds. Some patients with mild dementia may be living alone and do not remember that they are eating only once a day. “We can get a lot of patients on home health services who have fallen through the cracks,” says Deborah.

To deal with the problem of malnutrition, Stacy Olinger, Executive Director of Home Health, asked Deborah to lead a steering committee made up of Dana Ryan, Molly McDonald and managers in Home Health: Karla Heath, Donna Gates Hawkins, Brian Greenlee and Sara McGuire.

The committee created a training program that every clinician in Home Health attended. The training focused on the importance of nutrition, explaining what is happening internally with patients. Then it introduced the new nutrition policy and procedure for Home Health. The procedure included assessing all patients on their nutritional state, teaching the patients about nutrition, providing them with Ensure and coupons for nutritional supplements, and following up with them to determine whether they were taking care of their nutritional needs.

The clinicians, says Deborah, readily accepted the new procedure. “As part of our existing admissions process, every patient is scored for malnutrition and assessed for their risk. The thing is we never really did anything with this information. Now we are,” Deborah explains. “What I heard from the clinicians is that they felt good knowing that their work on their first visit at admission was going to do something good for the patient, rather than just doing paperwork for the sake of paperwork.”

Deborah will continue to lead the program until she finishes her master’s degree in nursing in Summer of 2014. Then, she says, she will pass the torch to someone else in Home Health while she pursues the next stage in her career as a nurse practitioner.

“What I am most proud of is that we increased the awareness of malnutrition and its impacts on our patients’ health in the future.”
EvergreenHealth’s Intentional Labor Management Project to reduce cesarean births began with a 12-minute event last January in a labor and delivery room.

There, a woman was in labor with her third child when the baby’s heartbeat, monitored with a fetal scalp electrode, dropped to a concerning level—about 90 beats per minute when it should have been 100 or 110. Rather than rushing to an OR for a C-section birth, Jennifer McKinlay, RN, a labor and delivery nurse, and Dr. Patrick Morell worked together, largely using Jennifer’s knowledge of mother and baby physiology, to recover the baby’s heart rate. Six hours later, the mother had a normal vaginal delivery.

Clinical Nurse Educator Mary Kay Ausenhus, who worked the Labor and Delivery unit, wanted to know how and why: Why were Jennifer and Dr. Morell able to communicate and collaborate so well? Why did they feel it was safe to stay in the labor room and not go for a C-section? Mary Kay wanted those questions answered because Trish Anderson, RN, Director of Women’s and Children’s Services, had given her a challenge. That challenge was to find a way to reduce the level of C-sections at EvergreenHealth.

When Mary Kay and Jennifer talked, says Jennifer, “Mary Kay discovered that I had a lot of physiological knowledge on the interpretation of fetal heart tones. I could tell her how the baby was communicating to us that the baby had enough oxygen on board to be staying inside of the mother for the laboring process.”

“Every 90 seconds, I was communicating with Dr. Morell, who was staying in the room with me on the alert so that if we needed to run for a C-section, he was totally prepared to facilitate a very fast surgical delivery,” Jennifer explains. “Every 90 seconds, I was communicating in physiological language. He understood what I was saying and agreed. He told me to keep working. We had this fabulous outcome to avoid an unnecessary C-section because of this physiological knowledge and good communication.”

Mary Kay asked Jennifer to put her knowledge to further use by leading a project to radically reduce C-sections in first-time mothers whose babies were in the preferred, head-down position. That rate had risen to between 38 percent and 40 percent at EvergreenHealth.

From January to March, Jennifer and Mary Kay researched the problem of high C-section rates and what could be done by labor nurses to help reduce those rates. By March, they were ready to invite more nurses and care providers to work with them on the project, challenging and developing six ideas that Jennifer and Mary Kay had come up with. Fourteen nurses, a midwife and a physician volunteered for the project.

Together, Jennifer, Mary Kay and the team developed the six ideas over the next three months to create the Intentional Labor Management Project to set up new mothers for success:

1. Utilizing research, redefined the acceptable length of labor. The old standard, Friedman’s curve, unnecessarily cut labor short.

2. Developed a plan to work with laboring mothers on cervical readiness for labor. “Instead of just trying to induce them blindly with Pitocin, which is the medication that we can use to bring on contractions, the cervix may need other ways of being prepared. Or mom and dad might just need to go home, they might only need more education,” Jennifer explains.

3. Introduced what Jennifer calls “a very intentional thought process on the fetal lie.” At admission, labor nurses perform a Leopold’s maneuver to assess how the baby is positioned in the mother: “If the baby is not lined up well with the birth canal, we are now intentionally putting the mothers in position to fix that,” says Jennifer.

4. Developed a new protocol for the use of Pitocin, requiring more judicious use of the medication. “We have had really good success with mothers going into labor with a lower level of Pitocin because we are actively managing it when we start it,” Jennifer notes.

5. Adopted a universal language derived from the National Institute of Child Health and Human Development (NICHD) enabling nurses to communicate very clearly with the care provider, whether a physician or midwife, about a baby’s condition. “Care providers understand what we are doing. They give us the time to work with a patient, and 90 percent of the time we are able to fix what is going on with the baby,” says Jennifer.

6. Introduced Second Stage Management. Second Stage is when the mother is pushing without delivering. The labor nurse is now permitted and encouraged to consult with another labor nurse. “We want the labor nurse to say to her colleague, ‘Can you assess how my woman is pushing? Can you figure out how the baby is lying in there? Have I tried everything?’” says Jennifer. “We want this kind of intervention before everyone gets exhausted and impatient.”

With the development work complete, Jennifer and the team launched the Intentional Labor Management Project for all labor and delivery nurses in May. For the launch, Jennifer put together a 26-page manual, outlining the project and providing supporting documents. Every labor and delivery nurse and every care provider received a copy of the manual.

Jennifer also presented the new program at a mandatory staff meeting and two other follow-up meetings. “We hit 95 percent of the nurses in person. People were really interested in this project,” Jennifer says.

The goal of the project was to reduce c-section rates. It did, getting them down to between 18 percent and 26 percent. Jennifer is quick to point out that the program is not against C-sections. “What it does is make much clearer the diagnosis for why we are doing the C-section,” Jennifer points out. “We are thinking much more clearly on many different topics to keep the mother and baby safe during labor. And we are having really good outcomes. It is really nice.”
Recognition of Exemplary Nursing

EvergreenHealth has three ways to recognize exemplary nurses: the DAISY Award, the Nursing Excellence Award and the Health Hero Award. The selection for the DAISY Award is made by nursing peers, Nursing Excellence by peers and nursing leaders, and the Health Hero Award by leaders from across EvergreenHealth.

DAISY AWARD

The DAISY Award is an international recognition program designed specifically to recognize extraordinary nurses. The DAISY Foundation was established in 1999 by the Barnes family in memory of J. Patrick Barnes, who died at the age of 33 from complications of idiopathic thrombocytopenic purpura (ITP). DAISY is an acronym for Diseases Attacking the Immune System. Touched by the remarkable care, clinical skills and compassion demonstrated by nurses during Patrick’s illness, the Barnes family made it their mission to recognize exceptional nurses everywhere.

The DAISY Award is made quarterly to recognize and celebrate EvergreenHealth nurses for the extraordinary care and compassion they give our patients and families. A selection committee made up of the members of the Nursing Professional Practice Council reviews the many letters of recognition received from our patients and families against the criteria developed for the DAISY Award:

• Makes a connection with patients, families and peers by building trust and respect
• Communicates important information/education needed by the patient and family
• Creates and coordinates an environment conducive to healing and safety
• Goes above and beyond expectations

Daisy Award winners for 2013 are:

First Quarter—
- Melissa Dorn, RN, Maternal-Fetal Medicine
- Carissa Jaspers-Sevald, RN, Critical Care Unit
- Frida Yusim, RN, MedSurg

Second Quarter—
- Sue Carstens, RN, Hospice Home Care
- Kurt Julian, RN, Critical Care Unit
- Marybeth Lewis, RN, Critical Care Unit
- Correna Miller, RN, Oncology – 6 Silver

Third Quarter—
- Joanne Cottnair, RN, Family Maternity Center
- Becky Wood, RN, Diagnostic Imaging Recovery
- Cherlie Green, RN, Senior Health

Fourth Quarter—
- Laura Vadman, RN, Wound Care Clinic
- Glenda Renes, RN, Family Maternity Center
- Nike Olowu, RN, PCU
NURSING EXCELLENCE WINNERS 2013

Every day and night, nurses provide the exceptional care our patients expect from us at EvergreenHealth. Each year, as part of National Nurses Week, we have the opportunity to recognize nine exceptional registered nurses (RNs) who have performed beyond expectations and who have contributed to nursing as a profession. The selection of these outstanding nurses is made by members of the Nursing Professional Practice and Nursing Executive councils along with Chief Nursing Officer Nancee Hofmeister.

The Nursing Excellence Awards are made in nine categories:

- **Clinical Care**: Excellence in direct patient-care delivery in any clinical setting
- **Patient Advocacy**: Going beyond the call of duty to advocate for patients
- **Leadership**: Demonstrated exceptional leadership in nursing or patient-care services in any setting
- **Education**: Significant contributions to education, professional development and/or long-term learning of nursing professionals
- **Research/Advancing the Profession**: Contributions have advanced research or advanced the nursing profession
- **Community Service**: Significant professional or voluntary contributions to the local community or on a state, national or global scale
- **Mentoring**: Provide positive, professional influence, guidance and support of other nurses in any setting
- **Rising Star**: RNs who, within first 18 months of practice, exemplify outstanding caring, leadership and professionalism

The 2013 Nursing Excellence Award winners are:

- **Clinical Care** – Kathleen Nierenberg, RN, Home Health
- **Innovation/Creativity** – Diana Crabb, RN, ED
- **Patient Advocacy** – Jennifer McKinlay, RN, FMC
- **Leadership** – Debbie Masters-Fletcher, RN, CCRN, Cardiac Services
- **Research/Advancing the Profession** – Deborah Christensen, RN, BSN, Home Health
- **Community Service** – Suzanna Thompson, RN, Wound Care Services
- **Mentoring** – Correna Miller, RN, Oncology
- **Rising Star** – Emily Barnes, RN, PCU

HEALTH HEROES

Each quarter we select Health Heroes from among our physicians, staff, volunteers, teams and clinical staff. The Heroes are nominated by patients, visitors and staff, who are asked to tell us about their experiences with our services, staff and facility. We ask especially for nominations of people who exemplify EvergreenHealth’s purpose and values. Our purpose is to work together to enrich the health and well-being of every life we touch. Our values are compassion, respect, excellence, collaboration and accountability. Final selection of the Health Heroes is made by a committee of directors from across EvergreenHealth, including Engagement, Support Services, IT Infrastructure, ER Medical, Women’s and Children’s Programs, Acute and Critical Care Services, and Annual Giving.

Nursing staff who were named Health Heroes in 2013 include:

First Quarter
Joanne Corbitt, RN, Hospice Care

Second Quarter
Pat Olsen, RN, BSN, MN, COS-C, Home Health

Third Quarter
Babak Emami, RN, BSN, Hospice Home Care

Fourth Quarter
Bim Roberts, RN, EvergreenHealth Midwifery Care

Left to Right:
Leadership – Debbie Masters-Fletcher, RN, CCRN, Cardiac Services, Patient Advocacy – Emily Barnes, RN
Education – Lois Reed, RN, Home Health

- **Research/Advancing the Profession** – Deborah Christensen, RN, BSN, Home Health
- **Community Service** – Suzanna Thompson, RN, Wound Care Services
- **Mentoring** – Correna Miller, RN, Oncology
- **Rising Star** – Emily Barnes, RN, PCU

Left to Right:
Leadership – Debbie Masters-Fletcher, RN, CCRN, Cardiac Services, Patient Advocacy – Emily Barnes, RN
Education – Lois Reed, RN, Home Health, Clinical Care – Kathleen Nierenberg, RN, Home Health
NURSING ASSISTANT EXCELLENCE AWARD WINNERS, 2013

The annual Nursing Assistant Excellence Awards recognize exceptional ED tech, certified nursing assistant, surgical services assistant or home health aide employees who have performed beyond expectations and who have contributed to nursing assistant professionalism.

Nursing assistants work under the direction and supervision of nurses and other medical staff. They have a great deal of contact with patients and often are responsible for observing and reporting how patients respond to the care they receive. Nursing assistants are team players. They are responsive to the needs of patients — and the direction of staff.

The 2013 Nursing Assistant Excellence Award winners are:

- Maria Angelica Canniff, Family Maternity Center
- Tatyana Kukhotskiy, Family Maternity Center
- Mekiyas Hailes, Oncology
- Paul Wood, Oncology

"Kudos to Desmae, Hannah, and Jess for compassionate and competent care!! Please know they were friendly, kind, helpful, etc. — can’t say enough about them!"

"All were very knowledgeable, respectful and intuitive. All were punctual and full of very useful info. This was what I needed to know now in my recovery. Excellent service. They were all very helpful in building my confidence. I am SO glad my insurance covered Evergreen!"

"Pat has been enormously helpful! She has such a relaxed personality that makes me relaxed doing the exercises. Thank YOU."

"Thank you for helping my mother, who couldn’t speak English and needed to wait for me in the room while I went to the Cath lab to remove my power port. She [Diana] was able to assist her if needed, and for that “she is my hero.” I was afraid to leave my mother alone — confused and unable to communicate her needs or concerns — but Diana fixed that. Thank you!!"

"My friend, recovering from a lumbar fusion, and I were quite impressed with the level of service she received from the care providers at 7 Silver. I would like to single out two for their particular brand of compassionate attention and expertise: nurse Kelsey A. and tech Nikki. The experience of their care, their patience, their warmth made these five painful days much easier to take for my friend.”
Multiple Locations for All Levels of Care

We make health care easy and convenient with nine primary care practices, two urgent care centers and two 24/7 emergency departments. Our primary care practices offer evening and weekend hours, with Saturday and Sunday walk-in care available at Canyon Park. We also provide more than two dozen specialty practices.

For hours, directions and appointments, see our website at www.evergreenhealth.com. Or call our 24-hour Nurse Navigator & Healthline at 425.899.3000.

**PRIMARY CARE**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canyon Park</td>
<td>1909 214th St. SE, Ste. 110</td>
<td>425.488.4388</td>
</tr>
<tr>
<td>Duvall</td>
<td>14770 Main St. NE, Ste. 109</td>
<td>425.788.4889</td>
</tr>
<tr>
<td>Kenmore</td>
<td>18208 66th Ave. NE, Ste. 200</td>
<td>425.485.6561</td>
</tr>
<tr>
<td>Kirkland</td>
<td>12333 NE 130th Lane, Ste. 310</td>
<td>425.899.6700</td>
</tr>
<tr>
<td>Monroe</td>
<td>14841 179th Ave. SE, Ste. 210</td>
<td>360.217.1135</td>
</tr>
<tr>
<td>Redmond</td>
<td>8980 161st Ave. NE</td>
<td>425.899.2273</td>
</tr>
<tr>
<td>Sammamish</td>
<td>22850 NE 8th, Ste. 103</td>
<td>425.898.0305</td>
</tr>
<tr>
<td>Woodinville</td>
<td>16916 140th Ave. NE</td>
<td>425.481.6363</td>
</tr>
<tr>
<td>Signature Care, Woodinville</td>
<td>17311 135th Ave. NE, Ste. A700</td>
<td>425.899.4620</td>
</tr>
</tbody>
</table>

**URGENT CARE**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redmond</td>
<td>8980 161st Ave. NE</td>
<td>425.883.3333</td>
</tr>
<tr>
<td>Woodinville</td>
<td>16916 140th Ave. NE</td>
<td>425.481.2273</td>
</tr>
</tbody>
</table>

**SPECIALTY PRACTICES**

<table>
<thead>
<tr>
<th>Practice</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation Services</td>
<td>12333 NE 130th Lane, Ste. 415, Kirkland</td>
<td>425.899.2783</td>
</tr>
<tr>
<td>Booth Gardner Parkinson’s Care Center</td>
<td>12039 NE 128th St., Ste. 300, Kirkland</td>
<td>425.899.3123</td>
</tr>
<tr>
<td>Colon and Rectal Care</td>
<td>12031 NE 130th Lane, Ste. 530, Kirkland</td>
<td>425.899.4600</td>
</tr>
<tr>
<td>Diabetes and Endocrinology Care</td>
<td>13118 121st Way NE, Ste. 103, Kirkland</td>
<td>425.899.6414</td>
</tr>
<tr>
<td>Diabetes Education &amp; Nutrition Services</td>
<td>12303 NE 130th Lane, Ste. 325, Kirkland</td>
<td>425.899.3008</td>
</tr>
<tr>
<td>General Neurology Care</td>
<td>12039 NE 128th St., Ste. 300, Kirkland</td>
<td>425.899.3535</td>
</tr>
<tr>
<td>Heart Care</td>
<td>12333 NE 130th Lane, Ste. 320, Kirkland</td>
<td>425.899.0555</td>
</tr>
<tr>
<td>Kidney Care</td>
<td>12031 NE 130th Lane, Ste. 400, Kirkland</td>
<td>425.453.8406</td>
</tr>
<tr>
<td>Lipid Services</td>
<td>12333 NE 130th Lane, Ste. 415, Kirkland</td>
<td>425.899.3796</td>
</tr>
<tr>
<td>Maternal-Fetal Medicine</td>
<td>12333 NE 130th Lane, Ste. 240, Kirkland</td>
<td>425.899.2200</td>
</tr>
<tr>
<td>Midwifery Care</td>
<td>12040 NE 128th St., Coral 225, Kirkland</td>
<td>425.899.4012</td>
</tr>
<tr>
<td>Multiple Sclerosis Center</td>
<td>12039 NE 128th St., Ste. 300, Kirkland</td>
<td>425.899.3530</td>
</tr>
<tr>
<td>Pulmonary Care</td>
<td>12333 NE 130th Lane, Ste. 225, Kirkland</td>
<td>425.899.6972</td>
</tr>
</tbody>
</table>

**EMERGENCY CARE**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>EvergreenHealth Medical Center</td>
<td>12040 NE 128th St., Kirkland</td>
<td>425.899.7100</td>
</tr>
<tr>
<td>Redmond Medical Center</td>
<td>8980 161st Ave. NE, Redmond</td>
<td>425.899.1111</td>
</tr>
</tbody>
</table>