In 2012, the clinical teams at Providence Regional requested that we revisit our Nursing Professional Practice Model. They had two significant requests: Simplify the model and make it interdisciplinary. Great suggestions were brought forward as we met with staff across the organization.

At the same time, interdisciplinary teams were doing tremendous work to prepare for the transition to Epic as our electronic medical record (EMR), as well as the adoption of CPM (Clinical Practice Management) software and tools. These efforts created the platform for a Professional Practice Model that was interdisciplinary, rather than being singularly nursing-oriented. And from this work came I CARE.

I CARE is an acronym for Informed, Collaborative, Accountable, Reliable and Evidence-based. These five words describe the practice of the clinicians at Providence Regional. In this annual report, you will find stories and examples that tell the I CARE story.

Looking back, we recall 2012 as a year full of transition: creation of new units, integration of new leaders, and adoption of a new EMR. Throughout all of this, we have worked in teams to be successful in delivering high-quality patient care. Our patient satisfaction scores in Inpatient areas and the Emergency Department have improved dramatically. Again, our collaborative work with teams of caregivers has been the key.

Our Governance structure has touched many more nurses this year with over 1,220 attendees at our quarterly Nursing Congress sessions. We had terrific education sessions each quarter and focused a number of sessions on understanding Scope of Practice. The Nursing Governance Coordinating Council has laid foundations in informing nurses of practice changes, all based on evidence. One in particular has been picked up by medical the staff.

The Providence Regional nurses have been accountable in adopting Nurse Leader Rounds, bedside report, and purposeful rounds as interventions to keep our patients safe and improve engagement with patients and their families. Reliability is an area in which we continue to strive toward excellence. The goal is to deliver on our commitments each and every time, in ways that create predictable outcomes. We are seeing good results when we deliver interventions reliably and we look to established outcome measures so we know when the reliability is not achieved.

Through the year we saw a significant increase in deliveries, an increase in the percentage of the Emergency Department patients that become inpatients, an increase in the numbers of surgical cases, and inpatient volume growth that resulted in the opening of an additional unit.

The year 2012 was a busy year, a good year. The nurses of Providence Regional continue to inspire me and I rejoice in being a Providence Nurse. I CARE—about our patients, their families, and the staff I serve!
The photos in this report feature some of the dedicated nurses who work at Providence Regional Medical Center Everett. Thank you to everyone who participated.

COVER PHOTO: Kathy Elder, RN
Thanks to our award-winning staff, innovative medical care and our world-class facility, Providence Regional Medical Center offers superior clinical programs to patients, right in their own communities.

Services

**Cancer Care:** As a member of the Providence Regional Cancer Partnership, Providence Regional provides superior inpatient and outpatient oncology services.

**Cardiac/Stroke Clinical Evaluation Unit:** A Clinical Evaluation Unit provides accelerated care for patients who arrive with symptoms of cardiac arrest or TIA.

**Cardiovascular Services:** The Heart and Vascular Institute is Washington’s premiere choice for advanced cardiovascular care, respected for its innovative programs and a world-class, multidisciplinary team.

**Critical Care:** The Providence Regional Critical Care Unit provides comprehensive, evidence-based care coordinated by board-certified intensivists.

**Drug and Alcohol Services:** The treatment staff at Providence Drug and Alcohol Addiction Treatment provide physical, mental, emotional, and spiritual care to patients.

**Emergency and Trauma Services:** As the largest trauma center in northwest Washington, the Providence Regional Emergency Department is one of the busiest in the state, treating nearly 100,000 patients each year.

**Musculoskeletal Services:** The Providence Regional Musculoskeletal Institute performs more than 1,500 joint replacement and spinal procedures every year, including navigation-assisted surgeries.

**Neurosciences:** The Providence Regional Neurosciences Institute’s world-class medical and nursing staff provide a multidisciplinary perspective and comprehensive care.

**Rehab Services:** Providence Rehabilitation Services provides both inpatient services, accredited by the Commission on Accreditation of Rehabilitation Facilities, and outpatient services.

**Sexual Assault Care:** Our physicians, nurse practitioners, and social workers provide special medical evaluations, consultation, and advocacy for children and their families.

**Stroke Care:** The Providence Regional Stroke Center’s team treats more than 2,000 primary and secondary strokes each year.

**Surgical Services:** The Surgical Services team performs more than 12,000 surgeries a year, with outcomes that rival those of the country’s leading hospitals.

**Thoracic Recovery:** The Thoracic and Respiratory Care Unit is staffed by ACLS-certified RNs who have completed thoracic surgical education and received training in critical care nursing.

**Women and Children’s Services:** Providence Regional offers a wide spectrum of services for families, including the Family Maternity Center, Maternal Fetal Medicine Clinic, a Level III Newborn Intensive Care Unit, Pediatric Unit and many more.
Nursing and Magnet Readiness

Providence Regional is on a path to become a “Magnet” hospital. Hospitals with Magnet status have exceptional patient outcomes through a climate of collaborative care and nursing empowerment. Quality patient care and nursing excellence are priorities. Nurses are decision makers. On behalf of patient care, increased professional knowledge, skills and advancement are encouraged.

In 2011 Providence Regional submitted an application and evidence for Magnet recognition to the American Nursing Credentialing Center. However, while Magnet work was underway, there was not yet data robust enough to support it. The application was declined a site visit. Data collection since then has been strong. The team is preparing to resubmit evidence in February 2014. Achieving Magnet status requires demonstration of activities in several categories. Examples in progress at Providence Regional:

Transformational Leadership:
- Nursing Leadership Development Program
- Nursing Strategic Plan

Structural Empowerment:
- Nurse Injury Reduction Project
- RN-BSN program at University of Great Falls

Exemplary Professional Practice:
- Nurse Staffing Committee
- Collaborative Care

New Knowledge, Innovations and Improvement:
- Simulation Lab
- Surgical Instrument Tray Standardization

Our History

The Providence Regional Medical Center Everett story is one of compassion, tenacity, commitment and measured growth. What started as a turn-of-the-century hotel-turned-hospital is now a regional medical center offering world-class, leading-edge services and continually earning national recognition for clinical excellence. Providence Regional has been a dynamic and visionary presence in Snohomish County through the years.

A Humble Beginning

Providence Hospital was founded in Everett more than 100 years ago by the Sisters of Providence. The Sisters’ nursing training prepared them to care for the medical needs of the sick and injured around them. They endeavored to build the hospital that their community needed and to continually expand it as their community grew, despite great adversity and scarcity of resources.

The Sisters never wavered; they drew strength from their deep obligation to serve and care for others.

From the original 75-bed hospital in the converted Monte Cristo Hotel, to the 12-story, 680,000-square-foot medical tower standing today, the Sisters’ legacy lives on in the nurses at Providence Regional Medical Center.

Providence Today

Providence Regional is part of Providence Health & Services, a not-for-profit network of hospitals, care centers, physicians, clinics, health plans, home health services and affiliated programs and services in the western United States.

Providence Regional is a fully accredited, 491-bed, acute care and outpatient medical center located on two campuses in Everett. It is the largest medical center serving northwest Washington—serving Snohomish, Skagit, Whatcom, San Juan and Island counties.

As the community has grown, so has the need for health care services. In 2012 Providence Regional’s nurses took part in:

- 4,351 births
- 92,075 emergency room visits
- 26,547 inpatient admissions
- 8,589 inpatient surgeries
- 5,365 outpatient surgeries
- 253,811 outpatient visits

Providence Regional boasts a high nurse retention rate. In 2012, 95 percent of nurses remained on staff at the medical center from the prior year. The nurse turnover rate of 5 percent is better than the national average and meets or exceeds the magnet mean for nurse turnover.

Among the nurses on staff at Providence Regional, a large majority report being on a committee or task force at the medical center.
I stay informed by being aware of research that can help improve my practice. The knowledge I have gained from recently completing my BSN has helped me to be a better informed nurse, so I can provide up-to-date care for my patients.

Jean Anderson BSN, RN, Emergency Department Nurse

What INFORMED means to us:

Providence nurses recognize the importance of knowing—patients, families, team members—in order to best care for them and ease their way. We respect the individual and their story, and share this information through the plan of care. We understand our scope of practice and organizational standards of care. We seek professional knowledge, internally and externally, to ensure we are providing the best care to our patients. We strive to know available resources, and use these resources to solve complex clinical and organizational issues.

New Degrees and Certifications

The nursing leadership at Providence Regional works hard to foster a culture of lifelong learning among nurses. The organization soundly supports nurses as they seek continued education and skill development to help them provide optimal patient care and enhance professional satisfaction.

Nurses were highly productive in their educational endeavors in 2012. Reported among the staff were five new RN licenses, 24 new BSN degrees, one new MSN degree, and 34 new certifications in a wide variety of specialties including progressive care, psychiatric and mental health and rehabilitation.

In 2012 Providence Regional Medical Center Everett's nurse retention rate was 95% compared to 87% in 2011.
Stories of exemplary professional practice:

The right thing to do

A few weeks ago I cared for a 16-year-old girl, C.M., who was admitted with meningitis. She had neurological symptoms with spinal fluid indicating meningitis. On her second day of admission, the culture from her tap showed no growth, despite all indications of a bacterial source. Our pediatric hospitalist consulted with Seattle Children’s who recommended an MRI. As I was ready to leave for the day C.M. returned from her study. The MRI showed two brain abscesses requiring neurosurgery. I had cared for this patient and her family and established a rapport with them; I knew the news would be very disturbing. I elected to clock out and stay with them while they heard the news and transport was arranged. I acted not as their nurse but as someone to lean on, to listen, and comfort. It was the right thing to do.

Calming care

Recently I cared for a 13-year-old boy, J.R., who had suffered a fractured radius and ulna that required surgical intervention. He had been unable to urinate in the recovery room and the nurse was not able to catheterize him. When I came on duty, he was crying; his mom was pacing. He had received narcotics for pain, but his main complaint was an inability to void. His mom stated that his son had surgery at age six for a urethral stricture. I used the bladder scanner and determined his bladder held approximately 900 mls, a large amount for a 13-year-old. With his history I was reluctant to attempt a repeat catheterization. Both J.R. and his mom were becoming more agitated. I assisted J.R. up to the bathroom and spent 10 minutes calming him down using distraction, encouragement and breathing techniques. He was finally able to void. Most teens do not want a stranger in the bathroom with them, but he was very grateful. As he was discharged later, J.R. gave me a big hug and said “Thank you for saving my life!”

PRMCE Employees that obtained their RN in 2012

Patricia Burkenpas, RN
Sammy Dodd, RN
Britt Lindsey, RN
Shelia Roth, RN
Whitney Erickson, RN

New BSNs

Dena Adkins, BSN, RN
Laura Allen, BSN, RN
Becca Benedict, BSN, RN
Nina Boshart, BSN, RN
Angie Branca, BSN, RN
Shay Case, BSN, RN
Amy Choi, BSN, RN
Sandy Darnold, BSN, RN
Cara Davelaar, BSN, RN
Danielle Harper, BSN, RN
Julie Harris, BSN, RN
Veronika Lustyuk, BSN, RN
Karen Mack, BSN, RN
Kari Mack, BSN, RN
Todd Nelson, BSN, RN
Barbara Noste, BSN, RN
Andrea Prouty, BSN, RN
LK Sanneh, BSN, RN
Emily Scott, BSN, RN
Lisa Shumaker, BSN, RN
Meredith Souza, BSN, RN
Kelsey Sutherland, BSN, RN
Luiza Trahan, BSN, RN
Kathryn Walzer, BSN, RN

New Certifications

Dena Adkins, RN
Judy Billick, RN
Judy Brown, RN
Paula Carlin, RN
Angela Chea, RN
Manju Chetry, RN
Darrell Coney, RN
Tracy Courtenay, RN
Jennifer Deleon, RN
Chelsea Draper, RN
Amy English, RN
Sky Feliciano, RN
Andrea Gai, RN
Elizabeth Goldfinch, RN
Melissa Hammad, RN
Nicki Hawkins, RN
Yuyun He, RN
Julie Holmes, RN
Robyn Kelley, RN
Fredric Ky, RN
Paul Matson, RN
Kande Mellon, RN
John Ocampo, RN
Rebecca Overland, RN
Cynthia Richards, RN
Lydia Robertshaw, RN
Bonnie Ronan, RN
Emily Scott, RN
Mark Shisler, RN
Jennifer Vares, RN
Raechel Usher, RN
Linda Will, RN

New MSNs

Todd Nelson, MSN, BSN, RN

Left to right: 2012 BSN graduates Kari Mack, Shay Case, Barb Noste, Becca Benedict
Good communication is the key to success with collaborative care. Good communication begins at the bedside, centered around the patient, involving the patient with their plan of care and decision making.

Christine Zumdahl, BSN, RN, Supervisor, Float Resource Team

What COLLABORATIVE means to us:

Providence nurses understand the best results are achieved through teamwork, so we collaborate with colleagues, patients, and families to the greatest extent possible. We demonstrate Value Based Behaviors at all times, assume positive intent, and resolve conflicts promptly and respectfully, one-on-one. We actively engage patients and families in planning and delivering care. We use team-based communication tools to promote effective collaboration. We reach out to new employees, welcoming them to engage with us in our work.

Congratulations to Kathy Pettett and Peggy Skiftenes, both from CCU/CSSU, for 30 years of CCRN certification. They are two of 436 CCRNs honored this year by the American Association of Critical Care Nurses.
Recognizing Nurses’ Stellar Performance

Providence Regional Medical Center
Nurse of the Year Awards

PATIENT/CLINICAL CARE CATEGORY
Carol Collins, RN – Float Resource Team

Nominees:
Sheila Bleakney, RN, Critical Care Unit; Coreen Christ, RN, Surgical; Carol Collins, RN, Float Resource Team; Nancy Divers, RN, Critical Care Unit; Ann Green, RN, Pre-Admission Screening Clinic; Nicki Hawkins, RN, Thoracic/Vascular Care Unit; Kari Mack, RN, Medical/Surgical

RISING STAR
Bryan Lucke, RN – Progressive Care Unit

Nominees:
Matthew Deitz, RN, Medical Surgical; Bryan Lucke, RN, Progressive Care Unit; Sheila Roth, RN, Medical Renal; Ginette (Jet) Washington, RN, Medical Surgical

SPIRIT OF NURSING
Mary Treasure, RN – Surgical Services

Nominees:
Roxanne Burgoon, RN, NICU; Lisa Black, RN, Pediatrics; Deborah Burns, RN, IV Therapy; Jesse Byram, RN, Emergency Services; Darrel Coney, RN, Thoracic/Vascular Care Unit; Janna Finley, RN, Emergency Services; Nicki Hawkins, RN, Thoracic/Vascular Care Unit; Terri Hollis, RN, Surgical Admissions; Cheryl Linder, RN, Surgical Services; Jane Teske, RN, NICU; Mary Treasure, RN, Surgical Services

DAISY Award Winners

JANUARY:
Eileen Edwards, RN
“She made my stay at the hospital feel as much at home as possible. She was very attentive and sweet. I was so pleased with her.”

MARCH:
Michael Baehm, RN
“While all of your nurses did a good job, Michael Baehm was exceptional! It was almost like having a private nurse!”

MAY:
Eva Bookin, RN
“Eva’s calm demeanor and professionalism set patients at ease while her exemplary work ethic inspires staff. She truly is an amazing nurse.”

JULY:
Marie Fowler, RN
“She is an amazing lady who treats her patients as if they are her own family. I felt as if she were caring for the person, not treating an illness.”

SEPTEMBER:
Karen Michaelis, RN
“Nurse Michaelis is a personal, warm, attentive, and giving professional who met all of our family’s needs, especially her patient’s.”

NOVEMBER:
Lynda Laughlin, RN
“Lynda took the time to explain everything she did, skillfully and compassionately. She welcomed all of us and treated us with utmost respect and care.”
One way I remain accountable to my patients and my profession is by keeping current with the continually changing standards of patient care through journals and peer-reviewed literature.

Craig Masterman, BSN, RN – Critical Care Nurse

What ACCOUNTABLE means to us:

Providence nurses demonstrate accountability for practice and growth in numerous ways. We meet organizational requirements for education, licensure, and skills relevant to our specific positions and employment at Providence. We are life-long learners, continuing to build knowledge and skill throughout our careers through informal and formal paths (including reading professional journals, participating in professional organizations, advancing formal education, certification).

We promote a just and ethical culture by being Providence nurses demonstrating accountability for practice and growth in numerous ways. In caring for patients, we ensure that each patient’s needs are identified and addressed in the plan of care. We evaluate the patient’s response to nursing care and revise the plan of care as indicated. In working with staff of varying skill levels we demonstrate appropriate delegation and supervision. We organize workload, use problem-solving skills, and seek assistance as needed to safely care for our patients in a dynamic environment. We ease the way for patients/families by performing high quality hand-offs between shifts, departments, and care settings.

We continue to build skills and expertise throughout our careers through informal and formal paths, keeping abreast of changes in practice through continuing education, participation in professional organizations, certification, and advancing formal education. Every nurse functions as a leader, visible in our active involvement with performance improvement activities, participation in committees/councils, and our relationships with other members of the healthcare team. We are transparent in all interactions.
Leadership Development
Eight RNs completed a six-month Nursing Leadership Development Course learning skills in Self-Development, Relationship Building, Process Improvement, Change Management, Presentation and Meeting Facilitation. Each participant completed a process improvement project as part of the curriculum. Examples of projects included: timely vascular access device placement, knowledge and use of the Rapid Response Team and safe patient handling in the OR. Another session of the Leadership course is currently in session and will result in more projects improving our patient care.

Coordinating Council
The Coordinating Council sets and defines direction for nursing, in alignment with the organization’s goals and strategic vision. It is responsible for integrating the projects of all nursing governance councils. This team has developed a strategic plan for nursing and is working to make Providence Regional both a destination for nurses seeking a rewarding career and for patients seeking quality healthcare.

Housewide Councils
Providence Regional’s five Housewide Councils make decisions and carry out issues and initiatives identified by the Coordinating Council. The Housewide Councils are open to all nurses. The councils convene monthly and allow nurses to share in governance and decision making that affects important practice issues.

Unit-Based Councils
Unit-Based Councils have accountability for two-way communication between the Housewide Councils and unit staff. These groups are focused on issues pertinent to individual units, team building and increasing participation and involvement. Meetings are held regularly on each unit and are open to all staff nurses. Most nursing units have active councils.

Practice Council
The Practice Council has much to show for 2012. Against Medical Advice and Decision Making Capacity education has rolled out. Changes in policy driven by the Council now allow alcohol to be disposed of upon discovery. In addition, Schedule II medications that may contribute to an overdose are now secured with a family member or placed in the hospital safe. Pain Ease is in use providing increased comfort during needle sticks for our patients. Clarification of correct weight to use for weight-based drugs in adults has improved patient safety. The Council continues to work on improving practice around lab draws from central lines.

Research and Evidenced-Based Practice Council
The Research Council has been moving in a very positive direction. A nurse-led research project called “The Right Line at the Right Time” (developed from a Nursing Leadership Program project) is in process and other projects are on the horizon. As more RNs move toward obtaining BSNs and masters’ degrees, research at Providence Regional is expected to increase. An algorithm that outlines the process has been developed. In addition to the annual poster presentation at Nurse’s Day, the council continues to participate in the Annual Research Symposium.

Quality and Education Council
The Quality and Education Council finished 2012 with a flurry of activity. General Nursing Orientation and New Employee Orientation programs were revamped to better engage new employees and improve the learning process. Working with the Falls Committee, an algorithm was developed to improve how information and education can be shared across Providence Regional. Along with the Patient Safety Department, the Council is working to implement an employee support program for “Second Victims,” staff who are involved in an unanticipated patient event such as an error or injury. In response to an alert from The Joint Commission about increased adverse events around use of opioids in hospitals, the Council is helping to conduct a gap analysis assessing the organization’s opioid policies. In addition, the Council approved 25 applications in 2012 to the Providence General Foundation Nursing Education Fund, helping to cover more than $9,000 of nursing education expenses.

Professional Excellence Council
The year 2012 began with the Council’s well-received first annual Mission Emphasis and Celebration. During Mission Week the second Mission Fair brown bag was held. Staff were able to hear stories of mission work from Providence colleagues. In response to the desire to make sure NACs know that they are Needed, Acknowledged and Celebrated, the Council introduced the NAC Award Program, modeled after the Daisy Award. The Council also continued to focus on its Mentoring Program, completely updating modules for mentor/mentee pairs. Projects in progress include Sacred Moments—intentional recognition of hospital events like codes or patient expirations—as well as a Lifelong Learner Fair.

Nurses play a vital role through their use of electronic medical records in the hospital environment. Patients and providers rely on accurate, accessible information. I offer reliability by working to establish a network of relationships with experts on the Inpatient units as well as in pharmacy, information technology, and patient safety.

Jan Williamson, RN, Clinical Nursing Informatics

What RELIABLE means to us:

Providence nurses can be counted on to maintain clinical competence and practice in accordance with current policies and procedures. Our interactions with patients, family members and fellow staff/volunteers are positive and transparent. We use tools and processes as designed to keep patients safe. If errors do occur, we manage these promptly and with integrity. We speak responsibly, following through by doing what we say we will do. In so doing, we promote a just and ethical culture.

Our Epic Journey

In May and June of 2012 the hospital and 24 clinics became the third area within the Providence multi-state system to begin using Epic electronic charting. For the first time medical records from doctor’s offices, outpatient departments and the hospital were combined into a single document, providing seamless care for the patient.

Representatives from Everett actively participated in the “build” of Epic for the entire Providence system during 2011. In early 2012, training began with 34 staff members from Everett attending a six-week course to become credentialed Epic trainers. In addition, more than 300 staff members became “super users” to help their co-workers on each unit. In all, more than 2,500 people were trained on the use of Epic in Everett. In addition to providing support to other hospitals as they go-live, Providence Regional remains a leader in the work of optimizing the use of Epic throughout the entire system.
Decreasing Door-to-Needle through OE Project and Cooperation between Teams

Approximately 800,000 people suffer from stroke each year in the United States. At Providence Regional, with one of the busiest Emergency Departments (ED) in the state, 100 to 120 people are admitted each month with suspected strokes. Of those, approximately 30 arrive within the window for thrombolytic therapy. The overhead page “Code Stroke” means a team is activated to work rapidly to determine a patient’s eligibility for tPA. During a stroke every minute brain cells are dying without oxygen. The goal for giving tPA is 60 minutes or less after patient arrival.

In 2011, Providence Regional’s mean door-to-drug (D2D) time was 80.5 minutes — far from the organization’s goal or TARGET. In the Fall of 2011, a team worked on a LEAN project with representatives from ED, CCU, Rapid Response Team (RRT), and the Stroke Committee with a goal to decrease D2D time. The next step was to gather data and to time Code Strokes in the ED, also keeping track of which team members were doing what, and the steps taken during the process. After gathering this information, the data was analyzed and a team met to make recommendations. Several steps were taken to improve the process.

The active participation of nurses in the ED and RRT along with Imaging, Pharmacy, Lab and the Stroke Committee has resulted in great improvements and meeting goals. In 2012, the mean D2D time was 60.5 minutes. In the last quarter of 2012, mean time was 53 minutes, which shows continuing improvement. This is an impressive reduction of 20 minutes, which is saving the brains of many Snohomish County residents.

Operational Excellence Project on Surgical Admissions

Admission processes of surgical/interventional procedure patients were not standardized and the time to complete admissions varied greatly. An Operational Excellence project was done to develop evidence based standards for a complete admission with top priority given to identify core processes/tasks common to all admissions.

It was found that incomplete charts cause delay in admission times and a separate project was suggested to address the issue. Bringing together Colby and Pacific campuses brought to light differences in processes. Solutions implemented included additional pre-fills added to the surgical electronic record, and use of standard charting practices to minimize duplicate charting. Evidence-based standards were adopted for admission requirements. Success of this project was demonstrated in a 15.7 percent reduction in admission time (21 percent post Epic).

Operational Excellence Project on Care and Handling of Specimens

Accurate patient diagnosis depends on proper handling of a specimen from the time of collection to final archival. A single specimen travels to five locations with no less than 20 hand-offs between at least 12 people. Proper handling at each step is critical. In 2012 this was an area of focus for the Surgical Services clinical staff in partnership with their pathology partners and the Operational Excellence Team. Practices were benchmarked against the Association of Perioperative Nurses standards. Many of Providence Regional’s practices already met or exceeded these practices, but opportunities to drive improvements were noted. The team worked to define a chain of custody, ensure correct supplies and storage and provide training related to process and policy to all staff. The result was a new specimen handling procedure providing clear guidance on handling of specimens.

Partnership Quality Council

A Partnership Quality Council was initiated in September 2011 to support a zero defect culture for patient quality indicators. The group is composed of patient care leaders, staff from clinical departments, physician leadership and Patient and Family Advisory Council members. The Advisors are past patients and patients’ family members who volunteer their time to offer feedback and insights from their experience and to evaluate hospital programs, with a goal of service improvement.

In addition, the Council’s work includes efforts to:

• Create a mechanism by which performance and regulatory compliance indicators are reviewed and analyzed, and improvements are made, based on evidence-based practice and established benchmarks. Identify, prioritize and coordinate performance improvement and regulatory compliance needs and activities with clinical departments.

• Provide a forum by which performance improvement process and regulatory compliance data are shared and communicated to relevant staff.

• Foster a commitment to the pursuit of quality at all levels through:
  • Education of staff regarding the performance improvement process.
  • Participation of staff in performance improvement efforts.
  • Monitor and improve nurse sensitive outcomes.
Safe patient handling in surgery has been a topic of interest in my career for many years. Data reflects a decrease in surgical staff injuries once the use of an air assistive device was initiated to lift patients in the surgical suite, where ceiling lifts are not available.

Rebecca Ruby, RN, CNOR, Clinical Educator, Surgical & Interventional Services

What EVIDENCE-BASED means to us:
Providence nurses use data whenever possible to drive decision making. We seek evidence for new or unknown issues, and use available evidence and best practice literature in developing innovative solutions. Above all, Providence nurses are curious, continually questioning and evaluating practice in order to provide our patients and their families the best care possible.

Use of restraints
Reducing the use of physical restraints is a focus of the Centers for Medicare and Medicaid Services’ National Patient Safety Initiative. In addressing this issue at the medical center, Providence Regional examined data from facilities with lowest and highest use of patient restraints.
**Prevention of Falls**

Prevention of falls among both inpatients and outpatients has been identified as a significant focus for safety and quality. It requires a multifaceted approach, with uniform standards and a zero tolerance for falls. In addition to enhanced reporting of falls, multiple fall prevention efforts have been undertaken in the past year. Included is increased usage of bed and chair alarms as well as the introduction of Posey beds. One of the most effective efforts has been a revitalization of purposeful rounding, with significant improvements occurring on the trial units. Through sustained fall risk recognition and proactive care we can meet our goal of continued decline in fall rates.

**Delirium Management Process Improvement**

Delirium and agitation in hospitalized patients is common, leading to increases in LOS, falls, needs for restraints and sitters. It can also present disruptive behaviors for nursing staff to manage as well as lead to increased risks following discharge. Evidence shows that delirium is often under-recognized and undiagnosed, and that about one third of cases could be prevented.

This project’s goal was to “delete delirium” by providing education on prevention, early recognition, and interventions for delirium. Education was provided through a HealthStream module on the use of the CAM (Confusion Assessment Method—a tool to help identify delirium) and evidence based interventions to prevent and manage it. Documentation of the CAM and use of a delirium management protocol began in February 2012 leading to a reduction in the hospital rate of delirium over a three month period from 54.7 cases per 1,000 patients to 51.9 cases.

**Instrument Standardization Project**

Historically, the ORs at Colby and Pacific functioned independently. A single manager for both campuses, an increased OR census at Colby, and nursing staff floating back and forth brought to light some inconsistencies in instrument trays between campuses.

Evidence documents the benefit of deleting instruments that are not routinely used on procedures and standardizing the number and types of instruments required in OR surgical trays. This not only cuts down on processing and count time in the OR, but also decreases erosion to individual instruments. Replacing instruments rarely used is wasteful.

Continued on page 13

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**Catheter-associated blood infections**

A catheter-associated blood stream infection measure in critical care and high risk nursery settings was among the measures highlighted in the National Quality Forum Consensus Standards.

**Falls**

The patient fall rate is defined as the rate at which patients fall during their hospital stay per 1,000 patient days. Among the nursing quality indicators identified by the American Nurses Association (2002), fall rates are perceived as the indicator that could be most improved through nurse-led safety strategies or interventions. Nurses assume the primary responsibility for fall prevention and work closely with all disciplines to prevent and reduce falls.

**Hospital-acquired pressure ulcers**

Providence Regional has worked diligently to improve identification of pressure wounds in hospitalized patients. Wound Ostomy RNs assist unit staff in developing a plan of care for each patient with a pressure wound. A team of specially trained nurses conducts quarterly pressure ulcer prevalence surveys and a Skin Wound Action Team conducts monthly, unit-specific surveys.

**Percentage of patients with hospital acquired pressure ulcers**

Stage II+ (hospital Coding/NDNQI)*
A project to standardize instrument trays was undertaken in February 2012 beginning with the total abdominal hysterectomy tray. A committee discussed the need for specific instruments and arrangement in the tray. GYN specialists were asked to create a “hybrid” set to trial at both campuses. When completed, the new tray, unanimously approved by both campuses, fit into two pans instead of three and had 41 fewer instruments. This led to a cost savings of $6,000 per set—a total savings of $30,000 with Providence Regional’s five sets. Many other sets were also standardized in 2012 with more currently in progress.

Instrument Standardization Project

Continued from page 12

Providence Regional has been awarded the Get With the Guidelines Stroke Gold Plus Quality Achievement Award from the American Stroke Association. This award recognizes our success in providing high quality, evidence based care to stroke patients—allowing them to recover as fully as possible. Nurses caring for stroke patients have undergone special training and work with many other disciplines to provide this award winning care. They also educate patients and their families on stroke prevention and managing risk factors—an important part of care after a stroke to reduce the chance of subsequent strokes. See “Decreasing Door-to-Needle through OE Project and Cooperation between Teams” in the Reliable section of this report for statistics and results of work related to stroke care at Providence Regional.

Stroke Initiatives

Providence Regional has been awarded the Get With the Guidelines Stroke Gold Plus Quality Achievement Award from the American Stroke Association.

2012 PRMCE Stroke Team

Continued from page 12
Our Professional Practice Model

Our Professional Practice Model describes our nursing care and practice across Providence Regional Medical Center Everett (PRMCE). Centered around patients and their families, the I C A R E Professional Practice Model portrays the foundational influences of our organization’s vision. It also calls out the key characteristics of every Providence nurse, regardless of where the nurse is practicing within our organization. I C A R E supports clinical excellence and a high quality of care within a culture of safety.

Nursing at Providence embraces a holistic approach to practice that is team-focused, with other healthcare disciplines, the patient and their family as critical members of the team. The final outcome of nursing practice is to promote the highest level of well-being possible within each person’s potential. Providence nurses are Informed, Collaborative, Accountable, Reliable, and utilize Evidence-based practices. We are honored to know, care for, and ease the way of the patients and families we serve.

Highlights for the ED

Providence Regional’s Emergency Department (ED) is one of the busiest in the state. Close to 100,000 patients were seen in 2012, with nearly 20 percent of these being admitted to the hospital. Almost 1,000 were trauma codes. Although the acuity and number of patients has increased, strong efforts to improve the patient experience have been successful with patient satisfaction scores rising to their highest levels ever. In addition, Providence Regional is a growing regional resource for trauma care and education.

Providence Regional is working to reduce unnecessary visits to the ED. Work with community groups to assess and close gaps in community services, and implementation of best practices suggested by the State of Washington are underway. Electronic charting has allowed real time access to information about visits to other EDs to determine possible frequency/misuse. Coordination of follow-up care has reduced avoidable admissions, allowing patients to remain at home. Through a grant from Snohomish County, the ED has also been able to provide screening, brief intervention and referral services to patients with substance abuse and/or mental health issues.

Highlights for the NICU

The Newborn Intensive Care Unit saw growth in the number of infants admitted in 2012, with a total of 644 admissions—an increase of 73 over 2011. The Neonatal Transport Team did 63 transports in 2012, bringing infants to Providence Regional for intensive care, as well as returning them to their home hospitals when stable enough.
Each year, Providence nurses share their time and talents outside of the medical center. Here are some examples of their service—locally and globally—in 2012:

**Project Homeless Connect**

Providence’s mission to reveal God’s love for all, especially the poor and vulnerable, was seen in action in July when 27 staff members volunteered at Project Homeless Connect at Cascade High School. While serving the homeless included checking blood pressures and blood sugars, most appreciated was the foot care. A foot soak and massage was included with foot inspections and toenail trimming—a rare, welcomed moment of pampering for those less fortunate. Volunteers even ran out to purchase additional socks so each of the people served could leave with fresh dry socks on their feet.

Volunteers were tired at the end of the day, but felt they were the ones who had been blessed. Many are already planning to “do this again next year.” Donated toiletries were much appreciated by those in need and gone by early in the day. The goal is to begin collecting items earlier this year so we have more to distribute.

**Mission Trips**

Providence nurses helped treat children and families in Guatemala for acute respiratory infections that resulted from use of indoor cooking fires. Medical Teams International and PRMCE responded by working with local families to build stoves that eliminate the indoor smoke. Other missions have involved travel to Nicaragua to serve, educate, and supervise through a foundation called AMOS. The majority of communities we encountered did not have access to paved roads, running water, or electricity. Homes were spaced out with miles between them. This challenged children to get to school, communication between communities, and was especially difficult for health care needs. Future trips are planned to continue the work for all communities served.

**Girl Scouts Learn about Medicine and Nursing**

On Sunday, February 3rd, Roz Winters, RN, led a tour through our Emergency Department for 4th grade Girl Scout Troop #40284 from St. Matthew’s School in North Seattle. The young ladies had a wonderful time experiencing a “live, working ED,” and then were amazed by their interactions with “Sim Man!” Who knows, we may see some of these same faces on our staff soon!
OUR MISSION
As People of Providence we reveal God’s love for all, especially the poor and vulnerable through our compassionate service.

OUR VISION
Providence nurses embrace their heritage of compassion, courage, and leading-edge care as a steadfast, sacred presence in protecting and easing the way for those in need.

OUR CORE VALUES
Respect
Compassion
Justice
Excellence
Stewardship
Locations:

COLBY CAMPUS
1700 13th Street
Everett, Washington 98201

PACIFIC CAMPUS
916 Pacific Avenue
Everett, Washington 98201

More Information:
On the web: www.providence.org/everett
By phone: 425.261.2000