



2013 NURSING ANNUAL REPORT

I CARE

INFORMED **C**OLLABORATIVE **A**CCOUNTABLE **R**ELIABLE **E**VIDENCE-BASED

Dear Colleagues,

It is a pleasure to share with you the efforts and achievements of Providence Regional Medical Center Everett nurses in this 2013 Nursing Annual Report. It was another year of remarkable accomplishments in the midst of significant environmental change. Providence Regional nurses strived to provide exemplary nursing care in the most affordable way and to create the best possible experience for patients and their families. Nurses made significant progress improving patient outcomes directly linked to nursing care. Improvements in patient satisfaction, both in Inpatient and Emergency Departments, were also made. These achievements are among the many accomplishments highlighted in this annual report.

Providence Regional nurses are transformational leaders, inspiring staff, patients and colleagues every day. Nursing Governance and Unit-Based Councils, chaired by clinical nurses, along with leaders in formal management roles, have demonstrated commitment to transformational leadership in their responses to change. Progress was made on major strategic initiatives to improve the patient and family experience, strengthen the professional practice environment, and increase patient and employee safety. All of this occurred during a year of significant change, highlighted by executive and nursing leadership transitions. Our exemplary nurse leaders have challenged the process, inspired a shared vision, enabled others to act, modeled the way and encouraged the heart.

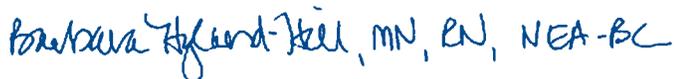
Transformational leadership is critical. Today's healthcare environment is challenging us in unprecedented ways and creating enormous opportunities for us to do what we do best—serve our patients and community—and deliver the best nursing care possible. During 2013, we explored improvements in our patient discharge process, management of transitions and coordination of care between settings. All these initiatives were aimed at assuring that patients and families are well prepared to manage their care upon return home. To ease our patients' way, nurses initiated post-discharge phone calls to patients. In 2014 we must continue to move away from reactive responses to challenges and embrace our ability to transform nursing practice so that, together with our clinical colleagues, we are well positioned for the future.

Progress on our Magnet journey. Magnet-designated organizations are those recognized for quality patient care, nursing excellence and innovations in professional nursing practice. We made great strides in pursuit of our goal to build a culture of nursing excellence worthy of Magnet recognition and will continue to build on this work in 2014.

ICARE. Our professional practice model, ICARE, serves as the foundation for our clinical and leadership practice. We believe that being **I**nformed, **C**ollaborative, **A**ccountable, **R**eliable and **E**vidence-Based is fundamental to who we are as Providence nurses. ICARE is so central to our practice that it serves as the organizing framework for this annual report.

It is an honor and privilege to have been selected as your chief nursing officer, and to serve and work alongside each of you. I am in awe of the expertise, talent and dedication you bring to your practice, all in service of improving the health and well-being of our patients, families and community. Thank you for what you do!

Best regards,



Barbara Hyland-Hill, MN, RN, NEA-BC

*Vice President, Chief Nursing Officer
Providence Regional Medical Center Everett*



I.C.A.R.E. Professional Practice Model

Our professional practice model is a schematic diagram that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality of nursing care to those we serve. At the heart of the model is the patient/family/community, surrounded by five key nursing competencies to which we are committed in our quest for clinical excellence.

- Nurses are Informed
- Nurses are Collaborative
- Nurses are Accountable
- Nurses are Reliable
- Nurses are Evidence-Based

The outer ring of the model demonstrates the core commitment that surrounds everything that we do: “Know me, care for me, and ease my way.”

In our job descriptions, our onboarding processes, our strategic planning and annual goal setting, one can see initiatives aimed at evaluating and strengthening practices related to the components of our model.

The 2013 Nursing Annual Report is structured to highlight our accomplishments in each of these key areas.



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The photos in this report feature some of the dedicated nurses who work at Providence Regional. Thank you to everyone who participated.

COVER PHOTO: Left to right: Dawn Gilbert, BSN, RN, CMSRN; Ryan Hosken, ND, MSN, RN; Raechel Usher, BSN, RN-BC

Leading-Edge Nursing at Providence Regional

Nurses are imperative in providing safe, award-winning care at Providence Regional. Their experience, talent, diligence and tenacity contribute to the awards for clinical excellence that Providence receives every year. These are our nurses:



Marshall and Katherine Cymbaluk Medical Tower

2013 Providence Regional Awards

- American College of Surgeons 'Provisional approval' as a Level II new accredited Bariatric Center
- American Heart Association and American Stroke Association 'Get with the Guidelines - Stroke Gold Plus' quality achievement award
- Leapfrog Group 'A' rating on hospital safety scores and Hospital Recognition Program
- American Academy of Nurse Midwives recognition of PMG Midwifery as the largest practice in US with the lowest C-section rate
- Commission on Accreditation of Rehabilitation Facilities - highest level
- National Children's Alliance recognition of Dawson Place as one of the best Child Advocacy Centers in the nation

Cancer Care/Oncology: All of the nurses attend a Fundamentals of Oncology class. All RNs who administer chemotherapy have received a chemotherapy/biotherapy competency certificate, attend ongoing education, and 20 percent of their RNs have received their National Oncology Nurse Certification. A majority of the staff has received additional training in end-of-life and inpatient hospice care.

Cardiac/Stroke Clinical Evaluation Unit: CEU RNs are experienced in expediting care and making quick clinical decisions to aid in prompt diagnosis and treatment of observation patients. Clinical Evaluation Unit nurses have expert clinical skills and work well under pressure.

Cardiac/Telemetry: Cardiac/Telemetry nurses comprise a close-knit team that provides outstanding care and education to acute care and cardiac patients. These nurses excel at monitoring cardiac rhythms and administering specialized medications for the management of cardiac arrhythmias, heart failure and myocardial infarction.

Clinical Data Analysis: Clinical Analytics nurses are experts in providing clinically relevant information regarding evidence-based best practice for caregivers at Providence Regional. Their mission is "To provide timely, accurate, complete data to our fellow practitioners to enhance the patient- and family-centered care and experience delivered at Providence Regional."

Clinical Nurse Educators and Clinical Nurse Specialists: These registered nurses have expertise in nursing education and clinical practice. They influence professional role competence and growth of nursing, recognizing the need for all nursing practice to be grounded in best evidence. They pride themselves on questioning standard practice, seeking best practice and sharing with other nursing staff to ensure the highest-quality and safest care possible.

Close Observation: Close Observation nurses have received psychiatric training at a variety of different facilities. They understand that great teamwork is the best way to manage this particular patient population. Every RN and CNA feels responsible for all patients on the unit and look for ways to help one another. They are like family, taking care of each other and working together to resolve problems. This, along with strong support from management, creates a great working environment.

Critical Care: The Critical Care nurse is knowledgeable, organized, a strong leader and an excellent communicator. This set of characteristics allows them to care for the most critically ill and unstable patients in a very compassionate manner. The patients in CCU require a high level of nursing education and expertise from their caregivers. The Critical Care staff excels at providing this care. These nurses possess a passion for the advancement of nursing practice and continual improvement of patient safety and quality of care.

Discharge Planning: RN Discharge Planners utilize their clinical background and expertise as nurses to perform direct patient care assessments and develop a safe discharge plan of care to minimize the risk for readmission. The RN Discharge Planners are knowledgeable about community resources, understanding of a patient's level of care needs for appropriate placement in a care facility, and educated about multiple insurance plans, compliance and regulatory matters.

Mindy Ruizo, RN and surgical team



Drug and Alcohol Treatment

Services: These RNs are skilled in de-escalation and caring communication techniques. They participate with the medical team to observe the patient's response to medication therapy and suggest changes in detoxification protocol based on research evidence learned in attending the Addiction Medicine Conference.

Emergency and Trauma: Emergency nurses are everything to everybody all the time. ER nurses collaborate with all departments and specialties and even care for coworkers when they are patients. ER nurses are the hub and spokes in the wheel of healthcare. They think outside the box in order to perform as problem solvers while compassionately providing care.

Float Resource Team: Float staff has 80 experienced RNs who have been trained to assist core staff on 29 units. This encompasses both campuses, all five buildings and departments ranging from the Radiation Oncology Clinic to the Emergency Department. These nurses receive additional education and training to meet the needs of each of these units.

Informatics: The Clinical Informatics specialists have a unique blend of expertise in clinical workflows, information science and computer science. Each member of the team is a credentialed Epic trainer in one or more applications, and each supports the use of electronic health record in documenting care along with assisting in troubleshooting, optimization requests, communication and quality initiatives.

Intervention Center for Assault

and Abuse: All of the RNs in the Intervention Center are Sexual Assault Nurse Examiners (SANE) and have received forensic nurse specialty training and monthly continuing education. Their practice is integrated in a unique facility called Dawson Place Child Advocacy Center.

Neurosciences: Neurosciences nurses facilitate health and healing in a diverse population of patients and their families. They receive additional education to recognize subtle changes in neurologic status and intervene appropriately. As members of a Joint Commission Primary Stroke Center, these nurses also participate in community events,

as well as educating the public on risk factors for stroke and how to recognize symptoms.

NICU: Neonatal Intensive Care Unit RNs are specialized in the care they deliver to an extremely vulnerable population. They care for babies but also guide the family through the journey home. They are competent to administer high-risk medications and manage high-acuity patients requiring ventilator support and resuscitation, and skilled in chronic-care management associated with premature infants, such as administering antibiotics and managing feeding intolerance, phototherapy or drug withdrawal.

Orthopedics: Orthopedics nurses excel in the care of a wide variety of orthopedic and spinal surgical patients, as well as orthopedic trauma patients. These nurses have specialized training to educate and promote optimal healing and mobilization of this important patient population.

Pediatrics: These RNs are specialists in children from newborn to age 17. The Pediatrics unit works closely with NICU in providing seamless patient- and family-centered care.

Peri-Operative: Operating Room (OR) nurses are referred to as Peri-Operative nurses to more accurately reflect their specialized duties as surgical care evolves, accepting responsibility, providing direction to others, coordinating the patient's health care plan, and collaborating with physicians and other health care professionals. Perioperative nurses require interpersonal skills, critical thinking skills and flexibility to provide nursing care to all surgical subspecialties. These include neurosurgery, cardiac surgery, trauma, pediatrics, oncology, general surgery, urology, ophthalmology, otorhinolaryngology (ear, nose and throat), dental surgery, plastic and reconstructive surgery, and orthopedic surgery.

Rehab Services: The rehabilitation nurses in the Inpatient Rehabilitation Facility assist patients in adapting to an altered lifestyle due to a significant illness or injury,

while providing a therapeutic environment for the patients and their families. The rehabilitation nurses are part of the rehabilitation team that implements treatment strategies based on scientific nursing theory related to self-care treatments that promote physical, psychosocial and spiritual health.

Renal/Dialysis: Specialized multifaceted training allows these nurses to care for a wide variety of renal, medical and telemetry patients. This effective team works efficiently to promote optimal patient outcomes.

Surgical: Surgical nurses specialize in the pre- and post-operative care of the surgical patient. This includes a wide variety of abdominal, plastic, GYN, robotic and urological cases. This multi-faceted training allows surgical nurses to recognize and handle pre- and post-operative conditions, quickly and efficiently, promoting excellent patient outcomes.

Vascular/Thoracic: Vascular/Thoracic nurses have specialized training in the care of thoracic and vascular surgery patients to promote their healing and well-being. These nurses have developed a culture of nursing excellence and collaborate with treatment team partners to deliver outstanding care and optimize patient outcomes. The Thoracic Care Unit is staffed by ACLS certified RNs who have completed thoracic surgical education and received training in critical care nursing.

Women's and Children's: Labor and Delivery nurses are committed to providing safe, evidenced-based, compassionate nursing care. They are experts in caring for the acutely ill patient and are able to provide the type of holistic, low-intervention care that many patients desire. They are skilled in dealing with emergencies; able to provide resuscitation to a patient they cannot touch or see, and do all this while exhibiting a calm presence for the family in their care.



Being informed when caring for patients begins with a thorough bedside report from the previous nurse. At the bedside, the patient and family are able to offer important details, such as missed allergies or the need for assistance to the bathroom. In this practice, we are able to address any immediate needs, as well as clarify the plan of care for the patient and the oncoming shift nurse. This promotes a safer environment to prevent errors.

Merri Joy, RN, OCN, Medical Oncology Nurse

We are INFORMED

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

Nurses who have made continuing professional development a priority assure the public and employers that they have the knowledge, skills and experience to effectively and safely deliver the highest-quality care in their chosen specialty. In a survey by the American Board of Nursing Specialties, nurse managers noted that certification validates specialized knowledge, indicates a high level of clinical competence and enhances professional credibility.

The Robert Wood Johnson Foundation recently released an issue of its Charting Nursing's Future newsletter titled, "The Case for Academic Progression," which outlines how patients, employers and the entire profession of nursing benefits when nurses advance their education.

Licenses, degrees and certifications obtained in 2013:

New RNs

Ildiko Banks, RN
Megan Bryant, RN
Sloan Buckner, RN
Magda Cewe, RN
Debbie Dial, RN
Joy Dennis, RN
Laila Dingwall, RN
Marlyn Egner, RN
Jamie Garner, RN
Sarah Hogan, RN
Janel Jacobson, RN
Monica Knighton, RN
Margena Knutson, RN
Peter Kyles, RN
Casey Otterholt, RN
Eric Pedersen, RN
Scott Samuels, RN
Iryna Shevchuk, RN
Kelsey Shipley, RN
Yauheni (Eugene) Shchytou, RN

New BSNs

Renee Bingisser, BSN, RN
Kara Bishop, BSN, RN
Leslie Brewer, BSN, RN
Debbie Burns, BSN, RN
Dale Carnell, BSN, RN
Maram Ceesay, BSN, RN
Sarah Curde, BSN, RN
Jessica De Koster, BSN, RN
Marcia DeVos, BSN, RN
Samba (Sam) Drammeh, BSN, RN
Whitney Erickson, BSN, RN
Linda Filippi, BSN, RN
Gia Frank, BSN, RN
Dawn Gilbert, BSN, RN
Alyssa Grekoff, BSN, RN
Nicki Hawkins, BSN, RN
Bree Johnson, BSN, RN
Erika Johnstone, BSN, RN
Stephanie Kanehen, BSN, RN
Brandon Klemm, BSN, RN
Roni Lyons, BSN, RN
Paul Matson, BSN, RN
Melanie Mitchel, BSN, RN
Linda Monroe, BSN, RN
Brenda Peters, BSN, RN
Julie Schlegeter, BSN, RN
Heather Schoenstein, BSN, RN
Iryna Shevchuk, BSN, RN
Mark Shissler, BSN, RN
Brandon Smith, BSN, RN
Yasin Sugul, BSN, RN
Mary Treasure, BSN, RN
Erin Tregellas, BSN, RN
Heather Williams, BSN, RN
Jeffrey Williams, BSN, RN
Melissa Wiltse, BSN, RN

New MSNs

Ryan Hosken, MSN, RN
Jaimie Pechan, MSN, RN

New Certifications

Debra Arford, RN-C
Katie Barnhart, RN, CEN
Susan Beazer, RN, CEN
Nina Blakey, RN, CEN
Adam Braddock, RN, CEN
Tressia Burns, RN-C
Cynthia Beckley, RN, CEN
Adam Braddock, RN, CEN
Jodie Brown, RN, CMSRN
Meghan Carpenter, RN-C
Sarah Cloud, RN-C
Kathie Crispell, RN, OCN
Wendy Dalpiaz, RN-C
Lana Doupe, RN, CPEN
Annette Eskes, RN, CMSRN
Tennile Esqueda, RN, PCCN
Lindsey Fenstermaker, RN, CCRN
Anne Marie Frisby, RN, OCN
Adrienne Grubaugh, RN, PCCN
Kelsey Hamilton, RN, CCRN
Alycia Hill, RN, CEN
Barbara Hudson, RN, CPEN
Bethany Johnson, RN, OCN
Carlye Lamphere, RN, CEN
Cynthia Mather, RN, CCRN
Gale Martinez, RN, OCN
Ian McIntyre, RN, OCN
Stacie Morse, RN, CEN
Stacie Morse, RN, CPEN
Emily Morth, RN, OCN
Meaghan Mylet, RN-C
Reyi Negron, RN, CWCN
Brie Paolillo, RN, CCRN
Emily Patterson, RN, PCCN
Rebekah Pedersen, RN, PCCN
Erin Picolet, RN-C
Kristina Ramilo, RN, CEN
Lamin Samura, RN, CCRN
Lisa Shumaker, RN, CSRN
Hope Stocker, RN, PCCN
Isabel Zaragoza, RN, PCCN



2013 University of Great Falls BSN graduates (listed alphabetically): Renee Bingisser, RN; Dale Carnell, RN; Marcia DeVos, RN; Linda Filippi, RN; Gia Frank, RN; Brandon Klemm, RN; Paul Matson, RN; Linda Monroe, RN; Julie Schlegeter, RN; Mary Treasure, RN; Melissa Wiltse, RN

Providence
Regional boasts a high
nurse retention rate. In 2013,

94%

of nurses remained on staff at the medical center from the prior year. Among the nurses on staff at Providence Regional, a large majority report being on a committee or task force at the medical center.

COLLABORATIVE



Collaboration is a major part of the work we do in the Operating Room. It takes every team member to take care of the many needs of the surgical patient. Our team consists of our surgeons, anesthesia providers, physician assistants, nurses, scrub techs and surgical assistants. All of us collaborate to provide a safe, effective and productive environment for our surgical patients.

Esther Welch, RN, Surgical Services Nurse

Collaboration is a daily affair for me and I could not do my job without it. One of the most amazing collaboration efforts is with our discharge planners. I can go to them with my concerns about patient safety, home environment or any other concern, and if there is a way to make a safe discharge happen we work together to do so.

Melanie Mitchell, BSN, RN, Emergency Department Nurse

We are COLLABORATIVE

We understand that the best results are achieved through teamwork, so Providence nurses collaborate with colleagues, patients, and families to the greatest extent possible. 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.

Recognizing Nurses' Stellar Performance

Providence Regional attracts some of the region's most highly skilled and talented nurses, and we recognize those who go beyond the call of duty.

March of Dimes Nurse of the Year Nominees

Amy Anderson, RN – Perinatal/Pediatric

Erin Koehler, RN – Leadership

Cheryl Linder, RN – Leadership

Lacey Miller, RN – Patient/Clinical Care

Zanna Smith, RN – Patient/Clinical Care

CJ Wise, RN – Patient/Clinical Care

2013 Sue Hohn Memorial Scholarships

A Memorial Scholarship was established in honor of Sue Hohn, a much-loved nurse in the Emergency Department. Two \$2,500 scholarships are awarded yearly to PRMCE employees enrolled in the Nursing Program at Everett Community College (EVCC), from which Sue received her RN degree. Scholarships for 2013 were awarded to:

Jose Reyes – RN program student at EVCC

Aaron Taylor – RN program student at EVCC

Exceptional Student Award

Lynda Hiker, RN, was chosen as the recipient of Washington State Public Health Association's 2013 Exceptional Student Award. She was recognized for her work with Snohomish Health District and Strategic Learning Resources, Inc. on the community health needs assessment for Verdant Health Commission.

Providence Regional Medical Center Nurse of the Year Awards

Each year Providence Regional gives recognition awards to nurses whose excellence in practice has attracted the attention of their patients, peers or leadership. These awards recognize the knowledge, expertise, hard work and compassion of the recipients and provide inspiration and encouragement to other staff members.



Jennifer Robinson, RN
NURSE OF THE YEAR-
MENTORING

Mentoring was a new category for our 2013 Nurse of the Year Awards. We received three nominations in this category. Our winner was Jennifer Robinson, RN, from 10S, Medical/Surgical.

From Jennifer's nominations:

As the mentor champion for my floor, I find those who Jennifer has precepted request her as their mentor. They cite her kindness, caring and tactfulness in teaching them. She is a safe person they can confide in and get the support they need as new or returning nurses. Her criticism and correction is done with love and respect, building up the individual. We are fortunate to have Jennifer on our team.

Other nominees in the Mentoring category:

- Connie Compean, RN, Family Maternity Center
- Vicki Laudahl, RN, 8N/S Medical Telemetry/Neurology



Stacie Morse, RN
NURSE OF THE YEAR-
RISING STAR

We received seven nominations in the category of Rising Star. Our 2013 winner was Stacie Morse, RN, from the Emergency Department.

From Stacie's nomination:

Stacie has set the bar high for new nurses coming into the ED through her exemplary devotion to being the best that she can be. She has taken TNCC, ENPC, PALS and become certified in Emergency Nursing (CEN) already in her brief career. She is also in a BSN program studying to become certified in Pediatric Emergency Nursing. Stacie has provided support for patients and families during end-of-life situations that would have been daunting for experienced nurses.

Other nominees in the Rising Star category:

- Kathleen Hite, RN, 7N Cardiac Telemetry
- Mary Javier, RN, 10S Medical Surgical
- Janine Niemela, RN, 6N Intermediate Care
- Emily Olenik, RN, 8N/S Medical Telemetry/Neurology
- Kristina Ramilo, RN, Emergency Services
- Michelle Sunshine Smith, RN, 7A Medical Oncology



Kathy Ketchum, RN
NURSE OF THE YEAR-
PATIENT/CLINICAL CARE

We had seven nominations in the Patient/Clinical Care category. Our 2013 winner was Kathy Ketchum, RN, from IV Therapy.

From Kathy's nomination:

My patients just love Kathy. She is kind, caring and gentle. She takes the time to listen to the patient's concerns and explains in great detail what she is going to do. I let my patients know that Kathy teaches IV classes so they realize they are getting the pro. It helps calm them down, and Kathy never misses getting the IV started. Her positive, upbeat attitude is contagious and she knows what to say to put patients at ease.

Other nominees in the Patient/Clinical Care category:

- Coreen Chriest, RN, 10S Medical/Surgical
- Mathew Deitz, RN, 8N/S Medical Telemetry/Neurology
- Erin Koehler, RN, NICU
- Robin Goodrich, RN, Emergency Department
- Julie Hobson, RN, 7A Medical Oncology
- Shoba Samuel, RN, Float Resource Team



Esther Welch, RN
NURSE OF THE YEAR-
SPIRIT OF NURSING

In our Spirit of Nursing Category, we had a total of six nominees for 2013. The 2013 winner was Esther Welch, RN, from Surgical and Recovery Services.

From Esther's nomination:

Esther is an excellent clinical nurse and provides thorough, safe, compassionate care. Esther is a positive, professional influence for her coworkers. They look to her as a role model and see her as a leader. She chaired the ED Unit-Based Council and owned a workout to provide the lab process for urine testing in the ED. She was coach and advisor to co-workers that she recruited to become involved in the council, which is our main source of innovative changes.

Other nominees in the Spirit of Nursing category:

- Coreen Chriest, RN, 10S Medical Surgical
- Laurie Frank, RN, 8N/S Medical Telemetry/Neurology
- Sally McPherson, RN, Critical Care Unit
- Fran Raschick, RN, Float Resource Team
- Michelle Roth, RN, 6N Intermediate Care

NoThing Left Behind® at Providence Regional

Retained surgical items remain a challenge for hospitals today - including at Providence Regional, where we continually strive to deliver the highest-quality, safest patient care. NoThing Left Behind® is a national surgical patient safety project to prevent retained surgical items.

At Providence Regional, there are many different areas where surgical procedures are performed and there is risk of items being retained. To address this risk, Surgical Services set out to revise the current policy and practice to include all procedural areas at all sites. Since we had no standard audit process in place, this work required extensive research at many different locations. The goal was to create a single multi-stakeholder policy using evidence-based practice for procedural counting.

A multi-stakeholder team was brought together, including representatives from Family Maternity Center, Surgical Services, Wound Care, Interventional Radiology and the Cardiac Catheterization lab. They based their work on industry standards and the latest evidence-based research. The team went through a rigorous course of action, which involved mapping each area's current process, assessing potential risks, identifying and prioritizing mitigations, implementing quick wins, and creating a revised procedural count and retained surgical item policy.

Today, with the creation of a hospital-wide policy and supporting standardized tool, we have a safer, more robust process for procedural counts. Tactics include use of standardized magnetic count boards, user-friendly standardized count sheets, an Epic process for documenting wound vac sponges, and audit tools for monitoring standard work.

There is now increased awareness and improved performance around procedural counting and retained items, thanks to this effort.

2013 NAC Award Winners

The Professional Excellence Council presents the NAC (Needed, Acknowledged, Celebrated) award every other month. The award is presented to CNAs and ED techs who have been nominated by a patient, a family member of a patient or a peer. The winner of the NAC Award is presented with a handmade glass heart, made by a local artist. Each heart is unique, like the hearts of our exceptional and unique caregivers.



JANUARY
Kelli Chmiel

Medical Oncology

Kelli works very hard to make her patients clean and comfortable. She is always very pleasant, asks the patients about themselves, and remembers what they say.



AUGUST
Nic Caldwell

Family Maternity

Nic is always respectful to patients' needs and is a willing participant in the care of all patients. He is positive and dependable and provides high-quality care.



MARCH
Karlin Lissa

Medical Renal

Karlin is so easy around people. She always seems to know how much humor to use and when to be serious. Her expert care is always appreciated.



OCTOBER
Angela Haala

Float Resource Team

Angie pays close attention to her patients and works collaboratively with all other staff. Her observations and actions have proven critical in getting patients the care they need.



APRIL
Nelson Rosario

Neurology

Nelson is a pleasure to work with and is quite helpful and proactive in his care. He will quietly and carefully ask or notify the nurse if something doesn't look right.



DECEMBER
Mandeep Brar

Medical Surgical

Mandeep is extremely kind, professional, and attentive. She advocates for patients' health and wellbeing, checking in frequently, and encouraging the patients' involvement in recovery.



JUNE
Jaswinder Johal

Chemical Dependency

Jas has a gift for calming people. Her gentle voice and genuine smile soothe even those who are extremely frustrated. Jas is the perfect example of Know me, Care for me, Ease my Way!

2013 DAISY Award Winners

The DAISY Award honors the exceptional work nurses do for patients and families every day, and is presented by the Professional Excellence Council every other month. Nurses can be nominated by peers, patients and family members of patients. The nomination letters are reviewed by the Professional Excellence Council and winners are chosen by the entire council. The recipient of the DAISY Award receives a Healer's Touch sculpture, which is hand-carved by the Shona tribe from Zimbabwe.



JANUARY
Christine Farley
Emergency
Department

Christine exceeds patient expectations, going above and beyond her duties as a nurse. She is very caring and sincere, putting everyone around her at ease.



FEBRUARY
Vanessa Cabe
Neurology

Vanessa is a kind and gentle nurse—patient and loving. She makes patients and families her top priority and receives frequent accolades for her care.



APRIL
Sandra Yanchuk
Family Maternity

Sandra exemplifies the importance of teamwork, critical thinking and the value of each individual. She contributes collaboratively with providers in the care and diagnoses of her patients.



JUNE
Linda Myrick
Diabetes Education

Linda exemplifies Providence's mission and core values. Her professionalism and willingness to go above and beyond epitomize her devotion and skill as a nurse.



JULY
Sheliah Roth
Clinical Evaluation

Sheliah is one of our friendliest, most thoughtful and caring nurses. Her constant smile and excellent care put patients and families at ease.



SEPTEMBER
Heidi Hauenstein
Emergency
Department

Heidi pays close attention to her patients, helping to alleviate their fear, discomfort and pain. She is compassionate and skilled in her practice.



NOVEMBER
Mary Ann Lagrimas
Orthopedics

Annie is never too busy to explain a procedure or support a patient in need. Her calm tone and reassuring voice help patients and families through difficult times.

Our Journey to Magnet®

We continue on our journey to become a Magnet® designated hospital; an aspirational goal to be recognized among the top 7 percent of nursing practice environments in the US. The Magnet Journey has been described as *a time during which an organization builds infrastructure to support excellence in professional nursing practice* (Ecoff, Urden, & Baclig, 2012).¹ The duration varies from organization to organization.

This year we paused to examine the research-based Magnet standards to determine where our practice shines and where we still have room to improve. Areas in which we shine are highlighted throughout this report. Achievements this past year to improve in areas of weakness include the launch of a Clinical Nurse Specialist Council to leverage the contributions of our masters prepared clinical experts and incorporation of our Professional Practice Model (I C A R E) elements into the RN job description.

Areas for focused improvement this next year include:

Transformational Leadership

- Enculturation of a new CNO into the organization

Structural Empowerment

- Continuing support for nurse education, certification and professional development

Exemplary Professional Practice

- Revision of our shared governance bylaws to strengthen participation of nurses at all levels with well-articulated annual performance goals
- Development of nursing dashboards to support access to performance data

New Knowledge, Innovations and Improvement

- Full adoption of an evidence-based practice model to support formal evidence reviews of important nursing practice outcomes such as patient falls and infections

¹ Ecoff, L., Urden, L., and Baclig, J. (2012). Staff nurse perceptions of the Magnet journey. Presented at Sigma Theta Tau International.

ACCOUNTABLE



Accountability can happen as quickly as completing a high-quality shift report at the bedside. It can also incorporate something longer-term, like professional certification and nursing governance participation. I am accountable to myself and my patients every day. To ensure that I am doing what is best for them I strive to better my practice by developing my skills through continuing education, like the Mosaic of Critical Care, involvement in the Practice Council and advanced certification through AACN.

McCala Caren, RN, PCCN, Critical Care Nurse

We are ACCOUNTABLE

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 Regional. We are life-long learners, continuing to build knowledge and skill throughout our careers through informal and formal paths.

Every nurse functions as a leader, visible in our active involvement with performance improvement activities, participation in committees and councils, and our relationships with other members of the health care team. We are transparent in all interactions.

Nursing Governance

Nursing Governance provides high-quality patient- and family-centered care, a collaborative environment for dialogue, excellence in patient care outcomes, and opportunities to assess and improve quality care on a continuing basis.

Coordinating Council

The Coordinating Council sets and defines direction for nursing, in alignment with our 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.

- Promoted nurse participation, engagement, and volunteerism.
- Worked to develop and implement the 2014-2016 Nursing Strategic Plan.
- Supported the work of all other councils and the mission.

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 House-wide 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.

- Standardized the agenda to include a review of Nurse Sensitive Outcomes.
- Designed and implemented a charter.
- Created talking points to include the work of other Councils as part of efforts to remain informed and be collaborative.

Research and Evidence-Based Practice Council

In 2013, the Research and Evidence-Based Practice Council held the 4th Annual Nursing Research Symposium and sponsored two staff educational seminars on “Accessing the Literature” and “Research Critique.” Posters were solicited, developed and displayed during Nurses Week. The team developed an EBP poster template with easy access on the Research Council webpage to support alignment with research ethics and organizational stewardship. They developed a nursing research approval process, currently in pilot. The process now includes pre-approval review of the protocol and presentation of results to the Nursing Research Council. Several Providence Regional nurses engaged in research projects this year:

- Deborah Burns, BSN, RN, CRNI (IV Therapy), with four Providence Regional colleagues, designed a study titled: Selection of the Best Vascular Access Device: An Intervention to Promote Nurse Advocacy.
- Mike Diedrick, RN, began a study on the use of tranexamic acid in total joint replacement patients to determine best practices surrounding blood reinfusion needs.
- Linda Eaton, MN, RN, AOCN, a University of Washington Nursing doctoral student, included Providence Regional in a multi-site study of evidence-based nursing treatment of cancer pain.
- Ryan Hosken, ND, MSN, RN (Nursing Administration), conducted a survey related to nurses’ perceptions of supportive structures and interventions associated with workplace hostility.
- Beth Schenk, MN, RN, a Providence St. Patrick nurse researcher, included Providence Regional in a multi-site doctoral dissertation study that validated an instrument to measure nurses’ awareness of the environmental impact of nursing practice.

Professional Excellence Council

In 2013, the Professional Excellence Council began and in some instances completed the following projects with assistance from its amazing team:

- A career fair for employees was held in April, which offered the opportunity to explore other career and educational opportunities in the health care field.
- Project Homeless Connect was held in July, sponsored by The United Way. Professional Excellence Council arranged for volunteers and supplies to assist in this community project. The efforts gave assistance to 400 individuals in various capacities.
- With an understanding of the need for extra support to the staff and family when a patient is dying, the team developed a Sacred Moments project, which includes a tool kit that can be individualized for each unit.
- A Shadowing Project was completed that gave staff insight as to what other units are like. Staff had the opportunity to witness how other units operate and observe the challenges that each individual unit faces.
- The Mentoring Program was given an overhaul and new life.
- The DAISY award and NAC awards continue to be supported by the Professional Excellence Council. This program remains an ongoing success.

Quality and Education Council

The Quality and Education Council continues assisting in the program development of Care for the Caregiver: Peer Support Team. This program was introduced at Nursing Congress and is designed for nurses who are involved in an unanticipated patient event such as an error, injury or death. More information is available on the intranet under Employee Resources within the Nursing Department site. Additionally, in 2013:

- The team approved 41 applications for reimbursement of nursing education expenses in 2013 and awarded \$13,464 to these applicants through The Providence General Foundation Nursing Education Fund.
- Revised the application form to clarify requests.
- Developed a PRN Pain Assessment and Documentation Pathway in response to The Joint Commission’s sentinel event alert regarding the increased number of deaths resulting from over-sedation with opiates.
- Nursing Grand Rounds were implemented between sessions of Nursing Congress.

- Began a resource list of internal direct-care nurses with expertise who could offer advice by phone to other nurses with questions about various procedures, such as chest tubes, aggressive behavior, telemetry, etc.

Practice Council

The Practice Council continued to define the practice of nursing at Providence. The Nursing Practice Council has the authority and accountability to establish and maintain the standards of evidence-based practice and the policies and procedures that describe and guide our organization’s nursing care. This Council is steered by staff nurses at Providence.

- The Interventional Patient Hygiene Project redefined how patients receive their daily bath by identifying the right methods and products to be used based on each patient’s needs.
- Working with the Pharmacy and EPIC teams, the Council made changes to the medication infusion protocol that will ensure patients receive all of their secondary line medications.
- Recognized the need to train more nurses to draw labs from central lines in order to prevent delays in patient care and worked with all Unit-Based Councils to assure nurses received the required training. Now central line draws can be done on the floor when IV therapy is not available.
- Reviewed and revised the Against Medical Advice/Decision Making Capacity policy with planned implementation in 2014.
- Researched a process for completing phone calls to patients after they are discharged from an inpatient status.
- Updated the Contact Precautions signage to increase compliance and make our staff and patients safer and healthier.

Clinical Nurse Specialist Council

The Clinical Nurse Specialist Council promotes evidence-based nursing practice and nursing research at Providence Regional Medical Center Everett. The CNS Council supports PRMCE strategic goals related to “evidence-based tools and knowledge.” We chose the model of evidence-based practice developed at that University of Iowa to promote quality care at PRMCE. Four Clinical Nurse Specialists tested the Iowa Model of Evidence-Based Practice on a problem or knowledge-focused trigger generated from their specialty area.

RELIABLE



At times, we have patients who have individual needs due to certain diagnoses or conditions we see infrequently. As a Clinical Nurse Specialist, one of my responsibilities is to develop resources for staff so that they are able to deliver consistent, excellent care to our patients. An example of a resource is a detailed patient care plan that is created prior to admission in collaboration with the provider offices. Care plans are established to meet the individual needs of patients, in addition to providing structure for nurses to give reliable care with predictable outcomes.

Amy Anderson, MN, RNC-OB, Perinatal Clinical Nurse Specialist

We are RELIABLE

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.

Dedicated Education Unit

A DEU (Dedicated Education Unit) is a patient unit that is developed into an optimal teaching/learning environment through the collaborative efforts of nurses, management and faculty. It is a clinical setting that maximizes student learning, uses proven educational strategies, and capitalizes on the expertise of both clinicians and faculty.

The 5A medical/renal unit opened our first DEU. Our goals for this DEU are to help students be better prepared to transition to acute care, shorten our RN residency time frame, improve patient satisfaction and build early relationships with potential new nursing staff. This model was so successful for students, staff, and patients that we opened our second DEU on 7A.

Diabetic Meal Tray and Insulin Timing

In Providence's food and nutrition strategy, the room service program is a key contributor to the quality of care and recovery, as well as the patient experience and satisfaction. About 40 percent of patients have diabetes. The coordination between nursing and food services is essential for patient safety, care and a positive experience. Today, there is uncertainty about the consistency of trays getting to diabetic patients in the window of safety, as dictated by the new order sets for administration of insulin.

The initial accuracy of insulin and meal delivery timing was 75 percent before the project. The expected goal of the project was to improve this accuracy to 80 percent. Our success rate, after the project group conducted education and awareness programs, was an increase in accuracy to 83.33 percent. We scheduled quarterly data collection reports for a one-year follow-up period.



Care for the Caregiver Peer Support Team (listed alphabetically): Barbara Bracht, RN; Linda Bradley, RN; Eunice Jurca, RN; Val Kozlovskaya, RN; Brook Mattern, RN; Liza Passemard, RN; Electra Powell, RN; Kathleen Shilling, RN; Cindy Webb, RN

Care for the Caregiver

Studies have shown that the emotional trauma experienced by practitioners after a serious error can reach the severity of PTSD and even result in debilitating depression and suicide. We have made great strides in addressing the needs of patients and their families who have been harmed by medical errors. It was time to extend exceptional care to our caregivers.

A program has been developed to increase the support for our staff and physicians. This program is called *Care for the Caregiver* and began as a pilot program for registered nurses in September 2013. Created with the Nursing Quality and Education Committee and coordinated by Patient Safety, this program involved immediate “emotional first aid” and access to the Employee Assistance Program, Spiritual Care and assistance from our System Office. Through *Care for the Caregiver*, staff can request support directly, or with permission, this request can be made to a supervisor or Patient Safety to seek help on staff’s behalf.

Float Resource Team Retention to Family Maternity Center

Research shows that having low retention rates impacts us in the form of job dissatisfaction, burnout, inadequate staffing and nursing shortages. Our float team had a retention rate of 66 percent in the Family Maternity Center. The unit’s patients, family, nursing and leadership joined together to evaluate the causes, develop some interventions and set up a control plan to monitor a new process. The goal was to retain 100 percent of a new cohort of RN floats to FMC, as well as retain the remaining float RNs from the previous cohort. Through all of the efforts of this team, at three months and again at six months, 100 percent retention had been achieved.

Falls Prevention

Prevention of falls among inpatients and outpatient continues to be a focus for patient safety and quality, as falls are a leading cause of hospital-acquired injury and can prolong and complicate hospitalizations. The true purpose of fall prevention efforts is for injury prevention and keeping our patients safe. An interdisciplinary team that includes RNs from several units has been actively involved in the Falls Prevention Committee. In addition to the reporting of falls, this team does investigations, including chart reviews and site-of-incident investigations, which help to determine potential causes of the falls and identify potential interventions.

At Providence Regional, falls in 2013 declined by 11.3 percent from 2012, and injury from falls decreased by 25 percent in the same time period. This improvement was due to efforts carried out by RNs, especially hourly purposeful rounding. Identification of the high-fall-risk patient continues to be essential; however mitigations such as bed and chair alarms, as well as injury prevention interventions such as clearing the room of clutter and carefully placed floor mats, can also help reduce the risk of injury from falls.

Help Us Support Healing through HUSH

Research has shown that good rest supports healing, but sometimes it is difficult in hospitals due to frequent noise or interruptions. A collaborative group of nursing, patient advisors and support services staff started our journey to reduce our noise levels. In October of this year the HUSH initiative was rolled out, which includes messaging for staff working on clinical units:

By working together, we can help enhance the patient experience through noise reduction following these simple tips, especially from 9 p.m. to 7 a.m.:

- Please do not make noise (humming, chatting, jingling of keys, etc.) while occupying corridors or patient areas.
- Dim the corridor lights at 9 p.m.
- Attempt to place spectra link phones on vibrate, or lower the volume.
- Request that physicians dictate in dedicated areas only.
- Offer ear plugs and eye masks to patients during purposeful rounding and/or upon admission.
- We will offer soothing music on Channel 73, which is currently available in the D-Wing only. However, it will soon be available at other locations.



A stay in the hospital can create anxiety for our patients. We understand that everyone would rather be home in an environment that is more peaceful. Our current Press Ganey Scores for noise levels show most of our hospital units in the red, letting us know that our patients find this to be a very noisy environment.

EVIDENCE-BASED

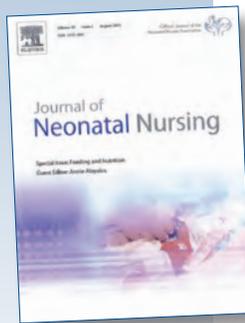


We use evidence-based practice every day for our patients with total joint replacements. We get them out of bed on day zero for ambulation. Studies reflect that this increases mobility and usually decreases length of stay. We have also been decreasing use of PCA for pain management as our patients' pain is better controlled with oral medications. If you don't hurt, then you move better.

Marie Gandee-Windhorn, RN, CMSRN, Orthopedics Nurse

Evidence-based practice helps nurses justify and explain recommended care guidelines to patients and their families. It gives me confidence that I am providing effective patient care that is supported by facts rather than habits.

Jodie Brown, BS, RN, CMSRN, Orthopedics & Medical Surgical Nurse



We are EVIDENCE-BASED

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.

Presentations and Publications

Congratulations to Deborah Burns, BSN, RN, CRNI; Marilyn Birchman, MSN, RN, AOCNS; Debra Kirkley, PhD, RN; and Judith Canfield, MHA, MBA, RN, on the acceptance of their abstract submitted to the Western Institute of Nursing (WIN) in 2013.

Mike Diedrick, RN, from Blood Conservation, and Deborah Burns, BSN, RN, CRNI, et al., presented their respective work at regional research conferences. Mike's quality improvement project, "Improvement in Blood Administration Practice and Compliance with Documentation," was later accepted for a podium presentation at the Seattle Nursing Research Consortium Conference at the Lynnwood Convention Center. Deborah's Research study, "Selection of the Best Vascular Access Device: An Intervention to Promote Nurse Advocacy," was later accepted for a poster presentation at the Western Institute of Nursing (WIN) Annual "Communicating Nursing Research" Conference at the Seattle Westin Hotel.

Norman Gregory, RN, MN, CPHRM, and Debbie Durnell, CNA, presented "Addressing the Needs of Patients with Behavioral Issues on a Specialty Medical Unit" to the Washington Patient Safety Coalition (WPSC) at their 2013 Northwest Patient Safety Conference.

Bonnie Ronan, MN, RNC, from Patient and Family Education, published an article based on her master's thesis related to the difficulty mothers of premature babies have when transitioning their infants to feeding directly from the breast. It was published in the *Journal of Neonatal Nursing* in August.

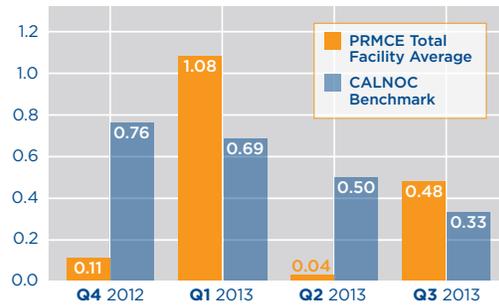
- Ronan, B. (2013). Making STARS: Reaching successful transition to at-breast feeds in the premature infant. *Journal of Neonatal Nursing*, 19(4), 206-212.

Please be sure to congratulate these nurses on their wonderful scholarly achievements! Their willingness to disseminate local findings helps the nursing profession continuously add to its body of knowledge.

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.

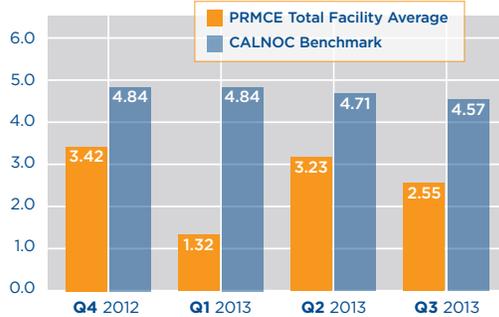
TOTAL FACILITY FALLS WITH INJURY PER 1,000 PATIENT DAYS



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.

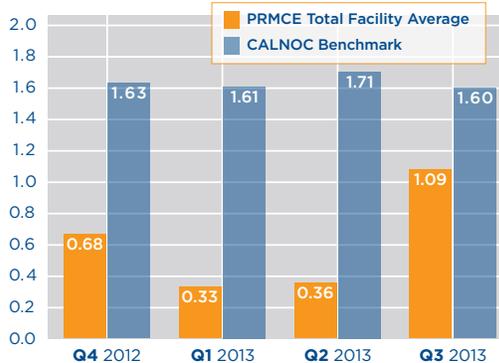
PERCENTAGE OF PATIENTS WITH RESTRAINTS



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.

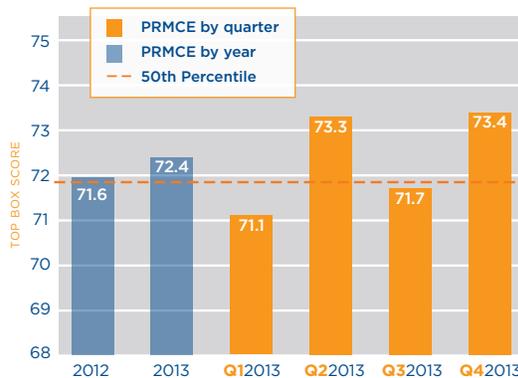
PERCENTAGE OF PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS Stage II+ (hospital Coding/NDNQI)*



Patient Satisfaction

Providence Regional nurses use data about their patients' reported perceptions about their hospital experience, demonstrated through critical aspects such as communication with nurses and doctors, responsiveness of staff, cleanliness and quietness of the hospital environment, and more, to help improve the care they provide.

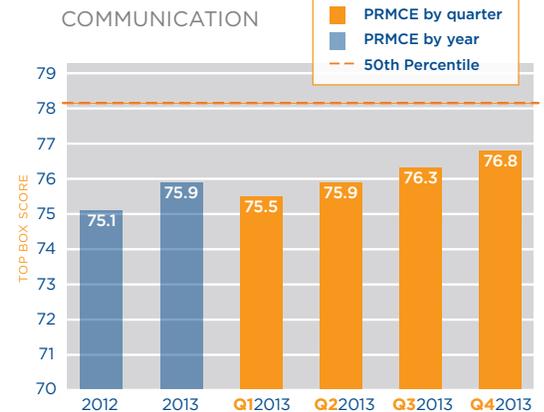
ANNUAL HCAHPS* COMPARISON—GLOBAL RATING RECEIVED DATE



Stacie Crow, RN



HCAHPS* BY DOMAIN NURSE COMMUNICATION



*Hospital Consumer Assessment of Healthcare Providers and Systems

Nurses Giving Back

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 2013:



Providence team working at the clinic in Nawawasito

Mission to Nicaragua

Providence teams travelled to Nawawasito in the RAAS district of Nicaragua. On the first day the teams weighed and screened 52 children, gave vitamins and minerals and coordinated vaccinations with the local government doctors. On the second day, 20 midwives and mothers came for training in pregnancy risk factors. Since many women die in childbirth, they were encouraged to use the local maternity centers being set up by the government near hospitals. On day three, the team ventured out to distant homes to survey water and filtration systems. In each home a bucket water filtration system was set up that the residents could use and maintain. In all, this mission touched the lives of 77 residents.

Project Homeless Connect

In 2013, Providence partnered with The United Way to care for the local population, providing volunteers and supplies to assist in this community project and caring for 400 individuals in various capacities.



Project Homeless Connect: Sheilah Looney, RN (left) and Annie Lin, RN (above).



As chair of the Professional Excellence Council, I view our work as a great team effort not only improving our personal and professional growth, but ultimately improving the excellence in patient care here at Providence and serving the poor and vulnerable in our community.

Amber Woodring, RN, CEN, CCRN, Critical Care Nurse

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

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