PROVIDENCE Regional Medical Center Everett

Nursing Matters

Continuing Competency in Washington State: What it means to you and what we offer

Effective January 1, 2011 Washington state is now requiring all Registered Nurses and Licensed Practical Nurses to maintain competency in the field of nursing. This will be tracked by the Nursing Care Quality Assurance Commission (NCQAC) via the Department of Health, and will be tied in with your license renewal.

What this means to you:

In order to renew your license in the year 2014 you will need to sign the attestation form (which will come with your license renewal reminder) saying you have performed 531 active practice hours and received 45 contact hours of continuing nursing education between your birthday 2011 and your birthday 2014. The state plans to audit about 500 nurses that 1st year (2014). How you track it is up to you, but the ANA website has great tools you can use. Check them out at: http://www.wsna.org/Topics/Continuing-Competency/. Audits will be random, but if you are audited they will ask for documentation of what you said you did. Note: Any nurse in disciplinary action with the state AND any nurse who is late in renewing their license in 2014 will *automatically* be audited.

What to keep track of:

531 practice hours can be tracked via pay stubs, signed volunteer information, any time you have spent using your nursing knowledge to help others. **45 hours of continuing education** does *not* need to be CE'd, but can be. Examples are listed here:

Inside This Edition

- ✓ National certification
- ✓ Completion of a NCQAC refresher course
- ✓ Preceptor training
- ✓ In-service education (i.e. Back-to-Basics, Grand Rounds, Nursing Education Series) – see more information about these offerings below
- ✓ Meeting minutes or meeting attendance rosters documenting participation in professional nursing organizations or employer sponsored committees (UBC, staff meetings, forums)
- ✓ A final transcript or transcript of classes documenting current progress towards an advanced degree in a field related to nursing practice
- ✓ Documentation of completion of a nursing research project as the principal investigator, co-investigator, or project director, such as summary of findings, thesis, dissertation, abstract, or granting agency summary

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- ✓ Publication or submission for publication a health care related article, book chapter, or other scholarly work
- ✓ Presentations on a health care or health care system related topics with documentation such as a program brochure, agenda, course syllabi or a letter from the offering provider identifying the nurse's participation
- ✓ Documentation of independent study

What we offer for Continuing Education:

- The Preceptor Workshop is offered two or more times a year. The next class is October 17, 2011.
- The Nursing Education Series is offered every other Thursday. On that day there are three different, but related, two-hour classes taught by experts here at PRMCE. Topics include: Pain Management, Diabetes Management, Fluid and Electrolyte Balance, Recognizing and Responding to a patient needing full code, Care of the Mentally Ill patient, and many, many more.
- Please, find the calendar at: http://nwsa.wa.providence.org/departments/nursing/Education.cfm or by following this path - Intranet home page/Departments & Programs > Nursing > Other Nursing Pages > Nursing Education > Education/Training > 2011 Nursing Education Calendar.
- To sign up for any of these classes please contact Jayme Cornell or Tara Ross at 425-261-4066, or your Clinical Educator.
- Grand Rounds and Morbidity & Mortality meetings which carry CME's are listed on the Medical Staff Intranet Website - http://nwsa.wa.providence.org/physicians/ under Education or by following this path - Intranet home page (left hand column) > Medical Staff Website > Education. Most of the offerings on the Medical Staff Intranet Website are drop in sessions unless otherwise indicated.

  For Practice Hours consider:

  - Quarterly Pressure Ulcer Surveys
  - Volunteering at Camp Erin or Camp Prov
  - Medical Mission Trips
  - And, of course, hours worked

Nancy Farley, MSN, RN, CMSRN
Clinical Educator, Medical-Surgical Services

Project Homeless Connect

"We made a difference!" was a comment I heard repeatedly. What had we done that made a difference? Twenty-four PRMCE employees joined hands with United Way on Wednesday July 13, to reach out to the homeless in our community. An estimated 1,000 people showed up to receive much needed help. Among the many services offered were haircuts, backpacks, dental care, medical care, eye exams, and vouchers for prescription lenses.

Our employees offered a variety of services, including blood pressure and blood glucose screening, stroke education, and foot care. Thanks to the generosity of many, we were also able to give away socks, cheese, and crackers.

The Foot Care section was open with a waiting line all day long. Our staff carried in tubs of warm water to soak sore, tired, and sometimes diseased feet. Then after carefully washing the feet, RNs examined them for nerve damage, cut nails as needed, and referred to physicians for further care. This was followed by a pampering lotion rub, which one client described as "absolutely wonderful." Each person was given a new pair of socks to take with them. At the end of the day, one very tired nurse declared, "This was awesome! There is no better way that I could have spent the day! I kept thinking about Mary washing Jesus' feet with her tears and then about Jesus washing the feet of his disciples." It was Providence's mission in action!

The blood pressure and blood glucose screening tables were kept busy much of the day. Several patients were identified as needing follow-up and some with critical readings were escorted to the medical clinic for immediate treatment.

Lisa Shumaker did an awesome job of Stroke Education. Our station was located across the hall from Vision Care and people were in a long line to get their eyes checked. Lisa grabbed her Stroke Education posters and worked that line with incredible finesse. People were receiving stroke information three or four at a time while they stood in line.

The non-clinical staff members were instrumental in running errands, drawing people in, helping with the foot care, and distributing the cheese, crackers, and socks. It was a fun and exciting day and, yes, we made a difference.

Sharon Steele
Senior Administrative Assistant

Kudos and Accomplishments

Ruth Tweedy, RNC from Rehab, completed the Mental Health Certification study course and passed her Psych/Mental Health Certification Exam through ANCC (American Nurses Credentialing Center). We are so proud of her!

Brittany Armstrong-Hoss just received her Masters Degree in Nursing from the U of W. What an amazing achievement!

Congratulations to you both! Please continue to submit kudos and accomplishments to Ryan Hosken, editor of Nursing Matters, at ryan.hosken@providence.org. We want to recognize you!

Magnet Evidence Submitted!

We officially submitted the required evidence for Magnet Recognition! The Magnet Recognition Program focuses on our quality of patient care, our ability to work together to achieve optimal patient outcomes, and exemplary staff and patient satisfaction scores. We have many systems and structures in place that were built because they were the right things to do: Nursing governance, multi-disciplinary teams, patient advocacy programs, and many more. These systems and structures also happen to align with the criteria for Magnet organizations. So, we have been building the necessary components for many years, long before we decided to submit for Magnet recognition. The evidence we submitted was covered in 1600 pages (with nearly 300 PRMCE staff quoted) and met the requirement of "no more than 15 inches!"

The first Magnet Recognition was awarded in 1994. Despite being available for 17 years, Magnet hospitals are still an elite group. Just 6.6% of all registered hospitals in the United States have achieved Magnet Recognition. There are only three in Washington – one of which is Providence St. Peter Hospital.

The evidence consists of an Organizational Overview (not included in the 15-inch limit) and the following four domains:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge Innovation and Improvements

Each domain requires Empirical Outcomes or demonstrations of how we meet the criteria. The evidence we presented included dozens of projects and initiatives. Some that were included are as follows:

- Standardized Handoffs
- 4A Team Leaders
- Cardiac and Stroke Network
- Professional Practice Model
- First Responder Drills
- NICU Oral Feeding Progression Project
- Surgical Discharge Instructions
- Certification study groups and unit based focus on increasing certifications
- PRMCE, The Everett Clinic, Kaizen, and the resulting five projects
- Values Based Behavioral Standards
- Handoff of the Critically Ill Patient Project
- Multidisciplinary Huddles
- Shift Huddles
- Mental health initiatives

Kim measuring to assure we were succinct enough!

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- C-diff, Delirium, and Stamp Out Sepsis Projects
- Specialty Resource Team
- ED Case Management Program
- D-Wing Design and Implementation Teams
- Simulation Lab Development

These are just a few of the projects showcased. The entire document can be reviewed on line, at the Nursing homepage (Hyperlink: Magnet Documents). We also provided data that demonstrates how PRMCE outperforms the mean of a national data base in the majority of the units the majority of the time. The specific data sets are as follows:

- Patient Satisfaction
- Nurse Satisfaction
- Nurse Sensitive Outcomes
    a. HAPUs
    b. Restraint Use
    c. Falls
    d. Catheter Associated Blood Stream infections

We are expecting one of three responses by early fall:

1. Criteria were not met
2. More information is needed
3. Criteria satisfactorily met and reviewers are ready to schedule a site visit

Regardless of the response, we have much to be proud of! The evidence is truly impressive and a great snapshot of the incredible work we do every day. We anticipate the reviewers will be equally impressed and will request a site visit for sometime late this year or early in 2012. As we prepare for the site visit, Magnet Champions will be working with you to develop an area specific book. The book will contain the information that was presented as evidence on behalf of the unit and space to add any new initiatives that you want to share. This will be our chance to showcase our incredible work face-to-face with the Magnet reviewers – your Magnet Champions will assure that you have the information you need to tell your story! Please contact you unit Magnet Champion, Manager, Director, Kim Williams or Janine Holbrook for any Magnet related questions. Nice work everyone!

Janine Holbrook, MSN, RN
Director of Nursing Administration

Nursing Governance Reports

Research and Evidence-Based Practice Council

In March of 2011, the Research and EBP Council hosted its first ever Research Symposium. Thirty-seven attendees learned how to do research and find evidence. This fostered a culture of Evidence Based Practices as attendees heard from experts. Valerie Lawrence, MLS, presented on how to find evidence using HEAL-WA and Susan Casey, RN, PhD presented on how to do research. Each attendee submitted a research question. The Council would like to support attendees by helping with these research questions. If you are interested in doing research at Providence, the "How-To's" for properly framing research questions are found on the Research Council's website on the intranet.

In May of 2011, we hosted the Third Annual Poster Showcase. There were a great many poster themes ranging from policy and practice changes to nurse lifestyle. Congratulations go to the Float Pool and the Emergency Department who tied for first prize. A goal of the Council is to help nursing staff produce a Research Poster. Effective Research Posters display both evidence collected and practice changes implemented as a result of the evidence. The "How-To's" for creating research posters are found on the Research Council's website on the intranet.

Looking ahead to the coming months, the Council seeks involvement of nurses to encourage Evidence-Based Practice at Providence. Meetings are the first Wednesday of every month. Our next symposium will be scheduled in February 2012.

Amy Parker, RN, BS Co-Chair

Quality and Education Council

Everything you need to know about NPO!

- Thanks to Kelsey Sutherland, there is a new document posted on the Nursing Job Aids page detailing procedures and their recommended time frames for NPO. As part of her BSN program, Kelsey created and offered this chart to all of us.

Teaching your patient to use a PCA

- Ever find yourself at a loss for the right words to use? Check out Mosby's on-line resource document

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Patient Controlled Analgesia System. It's a quick and easy read for you and your patient to review when setting up PCA delivery. Print it out as a teaching and learning tool that can be left with the patient/family to answer further inquiries.

Nursing Education Fund

- Funds continue to be distributed to applicants who have used up contract allowed CE money for things such as classes, certifications, and nursing school tuition. Application forms are available on the Nursing Intranet.

GNO/NEO

- Quality & Education Council oversees learning effectiveness with regard to the on-boarding of new nursing staff. We continue to look at new hire surveys, but also want to hear from preceptors. This process needs to be continually re-shaped and updated to be meaningful. Educators use your input to revise our curriculum. Currently, incorporation of simulation is in development so new hires have an opportunity for hands-on reinforcement of pieces of key information and some skills.

Lori McCarthy-Smith RN, BSN, CEN, Chair

Professional Excellence Council

On July 15th, we had the privilege of awarding Marie Bell, RN, with the Daisy Award. Marie was nominated by two patients for her patient care, advocacy, and knowledge. Congratulations, Marie!

At our last meeting, we discussed the use of "Break Passes," an idea submitted to us by Lydia Robertshaw, Medical Telemetry RN. The passes would assist our nursing staff in safely handing off our patients to buddies for breaks and lunches. Be on the lookout for these; they will not be mandatory, but we do encourage you to give them a try!

The Professional Excellence Council welcomes new faces with fresh ideas and new points-of-view. We meet on the first Wednesday of every month. Feel free to contact Sally McPherson or Michelle James, if you are interested.

Sally McPherson, RN, Chair

Practice Council

A work out is planned for later in the year to look at our practice of handling patient elopements and AMA's. This will be a system wide Work out. If you are interested in being a part of this please email Melanie Mitchell at Melanie.Mitchell@providence.org.

Our meeting in August will be devoted to Diabetes education from both the Nurse to patient teaching and Nursing continuing education. We had a serendipitous opportunity with the University of Washington Master's program. They took on a needs analysis to see help us look at options to maximize our end goals. We will be incorporating some of their suggestions.

A study between Spokane and Everett Emergency Departments will be evaluating the effectiveness of a vapor-coolant to use prior to IV insertions in place of lidocaine. Look for more information on this as we progress. This has also gone system wide for nursing practice and we hope this will carry over to other practices such as Respiratory Therapy, arterial blood gases, phlebotomy, and venipuncture.

Practice and Pharmacy will be having a Work out to look out how to best combine our practices to build mutually beneficial relationships and limit redundancies in committees. If you would like to be a part of this please email Melanie Mitchell at Melanie.Mitchell@providence.org.

Practice is looking into establishing its own web page to help broadcast our current projects and recommendations. Be looking for more on this as it develops.

Melanie Mitchell, RN, Chair

A Lesson Learned

I have been a nurse for many years. I consider myself an expert in Pediatric nursing. I at times become complacent, go with the flow, and forget the rich blend of art and science within nursing. I learned a lesson a few weeks ago, a lesson about advocacy.

Patient advocacy is fundamental to the profession of nursing. Defined as an act or process of supporting a cause or proposal, nurses have served in this important role since Florence Nightingale. The concept of advocacy is embedded within nursing. Advocacy is one of the nursing characteristics in Synergy, our model of care. The American Nurses Association addresses a nurse's responsibility towards promoting and advocating for patient health, safety, and rights in their Code of Ethics. As our patients' champion, we act as an intercessor utilizing our expert knowledge to speak up in promoting and safeguarding the interests and wellbeing of patients and families. Our role means we are professionally obligated to question anything that compromises patient safety or well being.

The Pediatric Unit catheterizes children who are scheduled for an outpatient voiding cystourethrogram, or VCUG. A diagnostic study done in Radiology to exam the anatomy and function of the bladder and lower urinary tract, it reveals the presence of structural abnormalities or urinary reflux. A Foley catheter is inserted to fill the bladder with contrast and the bladder is then observed as it empties. The Pediatric Unit sees approximately 8 children per month who require this study. Bladder catheterization is an invasive procedure for any age. Anyone with experience caring for the pediatric population knows that catheterization can be very distressing for the child and their parents (not to mention the nurse!). Recognizing the developmental age of the child, the Pediatric staff is excellent at explaining the procedure and the process of placing the catheter. We are the queens of distraction! Despite our efforts, the act of catheterization is often a traumatic experience. In the past, the standard of care was to perform a VCUG after a child completed a course of antibiotics for an initial urinary tract infection. Seattle Children's recently changed their recommendations for performing a VCUG. The study is no longer indicated in the pediatric population after a first UTI, unless there are extenuating circumstances.

Here is where the lesson in advocacy took place. A few weeks ago a fourteen year old boy was scheduled for a VCUG. As the day grew closer, we grumbled amongst ourselves as to why we would have to catheterize this young man. Diane, one of the day shift nurses, called the ordering physician to ensure he was aware of the new recommendations. After many phone calls back and forth, the physician related he was not aware of the changes, researched the recommendations himself, and readily agreed to cancel the procedure. This act of advocacy saved a young man from the emotional trauma of catheterization, unnecessary radiation exposure, and financial ramifications. He and his family will never know how the act of a nurse impacted his life. By putting her foot in the spokes of the process, Diane expressed the art and science of nursing through her advocacy.

Kathy Elder, RN
Pediatrics Nurse

Compliance at PRMCE

As the fall arrives in the Northwest, the surveyors will also arrive to PRMCE. In August, we will have a visit from our internal PH&S CORE Survey Team; a team of people from across that system that will measure our compliance with The Joint Commission standards. Just like Joint Commission, the date is unannounced; they will look at charts, interview staff caring for patients, and interview teams that manage sections of standards such as Infection Control, Medication Management, and Emergency Management. They will focus on helping us learn where we can improve our processes and will help us identify our strengths. Look for them to closely examine our process for doing a "time out" prior to invasive procedures, the medication reconciliation process upon admission, transfer, and discharge, the labeling of all medications and liquids in cups, syringes, and basins, and the way we follow our orders and protocols for managing patients with infections, such as MRSA or C-Diff.

After they leave, we will have an unannounced Washington State Department of Health (DOH) survey in September or October (we don't know the date). While the survey process is virtually identical to a Joint Commission or a PH&S CORE survey, the core of the DOH survey is to assess our compliance with Washington State (WAC & RCW) laws and Federal (CMS) laws. While they will look at many of the same issues as our CORE surveyors, they will focus in on our compliance with pain medication reassessment, complete documentation on patients with restraints, and on our ability to keep all medications secured in our Pyxis machines rather than sitting out on top of the machines.

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And yes, the one issue that all of them will be watching is our compliance with following good infection control practices. Wash your hands before and after every exposure with the patient environment, follow the directions on precautions signs, and follow the appropriate protocol & precautions when placing or caring for a central-line, urinary catheter, or ventilator on a patient.

All of our previous surveyors have remarked about how open and receptive staff members have been; this is great. If you are asked a question by a surveyor but don't know what to answer, there will always be a PRMCE escort with the surveyor that can help intervene and interpret questions on your behalf; just ask for assistance. We're here to help make this a positive learning experience for us and the surveyors. We learn ideas from the surveyors and they learn what great care you give every day when living our mission. Thanks for all you do!

Lisa George, RN, MSA, CPHQ, CHC
Director Compliance, Accreditation, and Medical Staff Services

The Road to BSN

Washington State, and the entire nation, is on the edge of an unprecedented nursing shortage that will only become more dramatic in the years to come. Our aging population will present an ever increasing demand on our nursing resources. At the same time, these very resources are diminishing as our aging nursing population begins retiring in record numbers. Increased demand and decreased supply – what can be done?

Expanding the capacity of nursing programs to produce more nurses is one side of the equation but, by itself, will not be enough to successfully address the problem. We must also assure that all of us, currently working as nurses, are best prepared to meet the ever changing health care needs of our patients within complex health care systems. Optimal patient care is care that is provided in the most effective and efficient manner. In the future, more than ever before, health care systems will increasingly require nurses who are highly educated and prepared to practice in a variety of roles and settings with a range of skills and knowledge. Advanced education (academic training and certification) assists to provide the necessary knowledge in areas such as advanced technical skills, leadership, population-based prevention strategies, health care economics, becoming a change agent, and providing evidence-based care.

In light of the pending nursing shortage and increased demands on the nursing profession, the Institute of Medicine (IOM) issued a report recommending the number of nurses holding a BSN degree or above be increased from the current 50% to 80% by 2020. Currently, approximately 43% of PRMCE nurses working in direct patient care positions have a BSN or above. Many nurses have achieved advanced degrees in the past few years. In 2009, we were at 39% BSN or above rate – we have seen a 4% increase in just two years!

There are many opportunities for PRMCE nurses to pursue advanced education in our local area. All of the programs are hybrid in nature – some classroom and some electronic based instruction. They each have a different combination of on-line, in-person and video conferencing options.

- University of Great Falls (UGF)
  Students enrolled in this program spend the first two weeks at the UGF campus meeting the rest of their cohort, completing a service project, and meeting their statistics requirement. After returning home, the remainder of the 18 month program takes place at the PRMCE Pacific Campus by video conferencing.
- University of Washington (UW) at Bothell has sites at Bothell campus, Everett Community College, and Skagit Hospital in Mount Vernon.
- Seattle Pacific University (SPU) at Group Health in Everett offers additional options.

For more information about RN to BSN programs and to learn about financial resources and certification information visit the PRMCE Nursing Education website. Go to the Nursing home page and, from there, select Nursing Education under the Other Nursing Pages header. For further questions or more information,

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you may also contact Katy Brock at katy.brock@providence.org or extension 84065.

Katy Brock, RN, MN
Director of Clinical Education

EPIC Clinical Information System

Beginning with Alaska earlier this year and continuing for the next several years, Providence Health & Services is implementing the Epic Clinical Information System. Epic will replace many of our existing clinical documentation systems, including:

ProvClinicals/HED (McKesson) changing to EPIC
- PICIS (McKesson - used in ED) changing to EPIC
- HSM (McKesson - used in Surgery) changing to EPIC
- CPN (GE - used in Family Birth Center) changing to EPIC
- HOM (Horizon Orders Management - McKesson) changing to EPIC
- AdminRx (Medication documentation - McKesson) changing to EPIC
- IV Admin (McKesson) changing to EPIC
- STAR (McKesson - admitting, transfer, discharge) changing to EPIC
- Horizon Medication Management (HMM - McKesson) changing to EPIC Pharmacy
- We will use the EPIC BEACON product for Oncology

We will keep the following systems:
- Kronos timekeeping and scheduling system
- TCU charting remains as current
- Imaging PACS system
- Cerner lab system

Regional and local ministry staff members are currently in the collaborative build, validation, and adoption stage. Once the PH&S Epic design and build is finalized, rigorous system testing will take several months. System training will begin after that and our first inpatient go-live in Olympia and Centralia is scheduled for March, 2012.
At PRMCE, we have a number of staff involved in the collaborative build process. We have also established a local governance structure to handle questions about how PRMCE will handle the work of training and supporting all our end users during and after go-live. The ambulatory go-live for our region is scheduled May, 2012, and the inpatient go-live will be May 12th, 2012.

What will happen at that time? We will cease using paper order sheets and all orders will be entered electronically by the physician or licensed independent provider. Nearly all clinical documentation will be completed using the Epic clinical documentation system. Epic will replace all our current electronic and paper flow sheets, orders, assessments, and notes. All departments and clinical disciplines, including the ED, Perioperative area, and Family Maternity Center will change to Epic, so all patient information will be stored in a single database.

What does that mean for me? In the near future, you might see regional and local Information Systems staff coming to your area for a computer hardware assessment. We need to be sure all areas have the right computers, monitors, printers, et cetera for Epic. In the next few months you'll see a call for those interested in serving as Epic super users. Beginning in April, 2012, you'll be assigned to take mandatory training on Epic. Depending on your specialty, you might be required to pass competency testing before you are given access to the Epic system. We'll be creating Epic labs where you'll be asked to spend time practicing your new Epic skills before go-live. Then on May 1st in the ambulatory setting, and May 12th in hospital departments, additional staff will be on hand to support the go-live.

Will I have to use the Epic system? The Epic system is the selected system for documentation of all patient related functions, including admitting, clinical care, charging, billing, and discharging; so chances are, you'll be required to learn and use the system.

What if I want to know more? Check the Northwest Washington region Epic website at: http://in.providence.org/sss/departments/epic/Washington/Pages/NWWA.aspx - for the most up-to-date information, calendars, and documents. You may also contact Cheryl Grohn (Cheryl.grohn@providence.org) for more information about the hospital implementation, or Louise Erickson (Louis.h.erickson@providence.org) about the ambulatory implementation. Watch for notices about demonstrations, and openings for super users.

Cheryl Grohn, RN-BC, BSN, MPH
Providence IT Services

Discharge begins on admission… Really?

"Discharge begins on admission." How often have you heard that? How often have you said it? How often does it really happen? How often is the bulk of patient education crammed into a single warp speed session right before the patient leaves? Good News! A project is underway to help staff, patients, and families actually progress to a goal of discharge that truly does begin on admission.

Soon you will see new folders that patients will get when admitted. This folder will replace the folders currently being given in many areas at discharge. On the front cover will be a Care Checklist that will begin on admission and continue throughout a patient stay, culminating in completion of the Four Pillar checklist on the Ask Me 3 document which will comprise the back cover of the folder. This will not replace current diagnosis-specific documents that are in use such as the Cardiac Passport to Home. The Care Checklist leads to the four key questions all patients should know answers to before they leave:

1. How do I take care of myself at home?
2. What are my medicines for and how do I take them?
3. What are the warning signs I should call my doctor about?
4. When and where do I go for follow-up visits or tests?

A key to successful learning is to involve patients and their families in the process. Patients are being asked to identify a Key Person to learn with them. Having the Care Checklist as a working document filled out by patients, families, and staff throughout the hospital stay will help with this. It was developed with input from Patient and Family Advisory Council members. The folder is very roomy and will also provide a single location for all patient materials from admission through discharge.

Collaborative care has been incorporated into Patient and Family Centered Care through the recent implementation of collaborative assessments, bedside RN handoffs, MD/RN rounding, and morning plan of care huddles. Education is also a collaborative endeavor. Linked to the check off items on the Care Checklist folder will be a Proactive Education Plan for the care team to follow during a patient stay. Important to note is that this team includes the patients and their families. Based on an average length of stay of 96 hours, it acts as a guide/reminder of educational needs, spreading them out throughout the patient stay and between disciplines. Be on the lookout for these on your unit soon. Roll out will begin in September.

Bonnie Ronan, RNC, MN
Patient/Family Education Coordinator

Code Simulation Program at PRMCE

At 0951, I was rounding on my patient. I entered his room and found him motionless. On closer evaluation, he appeared pale, his lips a dusky blue. He did not respond to voice or touch and was breathing slow and shallow…
what to do…

The 'what to do' was no longer a panicked question in my mind that rendered me motionless. I have been participating in first responder simulation drills and feel a level of confidence knowing the steps necessary to initiate an adult code blue. I CAN offer my patient the best possible chance for surviving cardiac arrest.

I pressed the Code Blue button at the head of the patient bed and called to the hallway for help. My next step was to use the CPR release on the bed, remove the pillow, feel for a pulse, and start compressions if the pulse was absent. The unit supervisor came in to assist me. Quickly we removed the headboard and placed it under the patient, thus improving the effectiveness of compressions. The unit supervisor assembled the bag valve mask, connected it to high flow oxygen, and gave two breaths as I finished my second set of 30 compressions. The "Adult Code Blue" had been initiated. My team mates arrived with code cart and defibrillator.

Simulation has been utilized in healthcare for many decades. Many of us may remember practicing nasogastric and IV placement on each other in nursing school, ok some of those memories are not that fond. In January of 2011, Providence Regional Medical Center Everett (PRMCE) and Everett

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Community College School of Nursing developed a collaborative simulation lab. This collaboration provides shared resources for the nursing student and hospital employee caring for patients.

PRMCE has taken this one step further by growing a simulation program. The simulation program is both stationary and mobile. The stationary portion is the simulation lab on the 4th floor of the 1717 building. The simulation lab is presently used in the residency program, general nursing orientation for CNAs, and to train physicians in expanded roles.

Mobile simulation has a wide area of application and benefit. You have probably heard the announcements overhead regarding Adult Mock Code Blue Drill or participated in first responder drills. These two mobile simulation examples have shown benefit to team development among staff and physicians. Best of all it brings patient care simulation to you in your work setting, giving the event added value.

Have simulation comments or questions? Contact: Roz Winters - Simulation Program Coordinator (84599) or Tina Stensland – BLS/ACLS Training Center Coordinator (83693). Or visit the Simulation Program webpage at: http://nwsa.wa.providence.org/departments/SimulationTraining/index.cfm

W. Roz Winters RN, BS, MSN (candidate)
Simulation Program Coordinator