

Nursing Matters

Nursing Governance Council Reports

Practice Council Report

The Practice Council defines the practice of nursing at Providence. The Nursing Practice Council has the authority and accountability for establishing and maintaining the standards of evidence-based practice and the policies and procedures that describe and guide the nursing care provided. Our Council is steered by staff nurses at Providence. We get our current projects from the latest evidenced-based practices and from nurses who take the time to fill our issue forms or UOR's. We want our fellow nurses to know that their concerns are being heard.

Redefining Bathing

What if I told you our current bathing practices are making patients sicker? Did you know that the standard bed bath with a basin has significantly increased the rate of urinary tract infections with patients that have Foley catheters? Did you know that the bath basin can harbor up to 105 different types of bacteria and 1/3 of those can be contributed to hospital acquired infections? So what is the Practice Council doing with this information? We have started an Interventional Patient Hygiene Project that will redefine our bathing practices to include the best bathing methods and products for our patient population. The Practice Council will also be educating our community on these new changes and how these new practices will reduce the risk of infection and decrease the length of hospital stays.

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Piggybacks and Flush Bags

Pharmacy is working with the Practice Council on a new protocol that would ensure our patients receive all of their IV secondary medications. The idea is to hang a primary flush bag with the secondary medication. The secondary medication will run dry and then the primary line will flush the rest of the medication into the patient. The flush bag could then be back primed into the secondary medication bag so you would not have to prime the line every time a new secondary medication bag is hung. The Practice Council and Pharmacy are working with Epic teams to create a template so this can be ordered per JCAHO standards.

Central Line Lab Draws

The Practice Council recognizes the need to train more nurses to draw labs from central lines in order to prevent delays in patient care. Our 6N and 8N/S units have the most central line lab draws and will be trained in the next few months to draw labs from central lines. We plan to work with the unit based councils from each floor to make sure they get the training they need.

Against Medical Advice/Decision Making Capacity

There are more updates to come on this! Please be sure you are doing the best for the patient and yourself by referring to the AMA/DMC documents on the intranet Forms page.

Safe Patient Handover

Always remember that patient safety is the number one goal when moving a patient between units. The changes to patient handover are meant to increase both patient safety and improve the working relationships between units. There will be a survey coming out soon to assess how the new process is going and see if there are still changes that need to be made to make the patient handover as safe and effective as possible.

*McCala Caren RN, PCCN
Nursing Practice Council Co-Chair*

Research & Evidence Based Practice Council Report

The Research and Evidence Based Practice Council currently has several research projects underway and more planned. Our own blood conservation expert, Mike Diedrick, is doing a study on the use of tranexamic acid in total joint replacement patients to determine best practices surrounding blood reinfusion needs. We also have a PhD student from Missoula, Beth Schenk, who is conducting a study here regarding nursing's environmental footprint. In addition, a U of W student, Linda Eaton, is doing a study on nursing and cancer pain.

We are reviewing a study from a Seattle Children's nurse on nurses and fatigue. Deb Burns from IV Therapy is writing an IRB application related to her study on "The right line at the right time." And Ryan Hosken from Nursing Administration has proposed a survey related to nurses' perceptions of supportive structures and interventions associated with workplace hostility.

As you can see, we have a lot of "outside" interest in research here, as well as a few "in-house" studies. We have also revamped our poster template. The original one is still available, as is another that seems easier to follow and holds more focused information. Again, we will be planning our poster presentation for National Nurses Day next year.

*Marie Gandee-Windhorn, RN, CMSRN
Evidence and Research based Council Co-Chair*

Quality & Education Council Report

We are excited to be watching the roll out of the first class of nurses to have received training in the Second Victim Program. It is another opportunity that we have to support our fellow nurses. As the program becomes more widely known we hope to enroll fellow staff members beyond nursing.

The Quality and Education Council continues to work on the safe administration of opioids, updating our pain management protocols, and refining our documentation. Once again these are improvements that will help us with Joint Commission, as well as our Magnet Journey. Expect to see more of this in the future.

And finally, here is our recruiting pitch to get involved in Nursing Governance. We could cite the commonly known benefits such as having your voice be heard, representing your peers, and having a hand in improving the entire organization. Instead, we would rather note the sense of professional pride that comes with branching out into new areas of responsibility, the sense understanding that comes with seeing the greater picture rather than our own small piece of it, and the sense of being able to work in tandem with nurses who have different experiences and perspectives.

Learning from each other and, in turn, being able to share one's own knowledge is valuable and rewarding. In the final analysis, you can only get as much out of a given endeavor as you are willing to put into it. Please, join us.

*Richard Todd, RN
Quality and Education Council Chair*

Professional Excellence Council Report

First, congratulations to our Daisy and NAC Award winners for June and July. Linda Myrick in Diabetes Education was our June Daisy Award winner. Jaswinder Johal in the Drug and Alcohol Treatment Center was our June NAC Award winner. And Sheliah Roth in CEU was our July Daisy Award winner. Congratulations to all!

The Sacred Moments project is in full swing. Our 10N and 10S units are doing a beautiful job working with their Spiritual Care representative in creating a toolkit for their

Recognizing Providence Everett Nurses

Nursing Matters would like to recognize Christie Newton, Melissa Tsay, and Carlee Warner. These nurses are the current Chapter Officers for the Northwest Washington Evergreen Chapter of the American Association of Critical-Care Nurses (AACN). They have each helped to develop and implement goals and annual objectives for the Evergreen Chapter.

Through their leadership they have also helped to bring an educational offering to our area, "A Mosaic of Critical Care

Topics." They are planning a CCRN/PCCN Review Course for the fall. We also had twenty chapter members attend AACN's National Teaching Institute in Boston this year. Thank you for your leadership and contributions to the growth and development of nurses so that we may better serve the patients and families in our community.

*Sherry Marchi, MN, RN
Manager of Critical Care*

Class Offered Between Nursing Congress Sessions

Nursing Documentation and Risk Management

August 13, 2013 from 0930am to 1130am

Program Objectives

Please join us for this informative session. At the conclusion of this presentation, the participant will be able to:

1. State the requirements of nursing documentation to ensure clear evidence of delivery of nursing care.
2. Identify how professional liability is determined in the litigation process.
3. List three ways the clinical care giver can improve patient safety.

This presentation focuses on the documentation of care provided in the **Emergency Department** and **Medical**

Surgical areas. Two cases will be presented in which "mock" trial preparation with the nurse's attorney will demonstrate what could happen if these cases actually went to trial.

Speaker:

Claire Hagan, MJ, CPHRM

Claire has managed hospital professional liability work since 1986 as a Claims Specialist, Risk Consultant, Claims Supervisor, and Claims Office Manager. She is now a Complex Claims Manager for Providence. Her relationship with Providence began in 1994 after moving from Ohio to Seattle, Washington, working for the insurance carrier for Providence. Claire joined Providence as an employee nine years ago and was charged with handling the investigation,

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floors that will best serve the needs of their patients as well as their staff.

Project Homeless Connect in Snohomish County was held on June 27th, 2013. With sponsorship from the Professional Excellence Council, sixty volunteers served several hundred people by providing foot care, lice checks, and furnishing them with donated clothes, shoes, and toiletries. We would like to thank everyone who donated their time, efforts and materials, and a special thanks to Sharon Steele for coordinating all of this on our behalf.

We recently sent an e-mail to the manager group with a proposal for an opportunity for staff to "Walk a mile in their

shoes." Based on an issue submitted to Coordinating Council, we have found that we might be able to better serve our patients, as well as each other, if we have a better understanding of what the workflow and environments are like on other units in the hospital. Managers will be looking for volunteers to spend a couple of hours on a unit they interact with. We should see exchanges between med/surg and PACU, for example, so staff can have a better understanding of how patient care is experienced in different areas. If you are interested in volunteering for this, please let your manager know.

*Sally McPherson, RN, BSN
Professional Excellence Council Co-Chair*

Staffing Office New Paging Process

Effective June 14th, 2013, the Staffing office implemented a new electronic process offered by Everbridge for calling staff when units are short staffed. Everbridge is an electronic system capable of sending out instant notifications/messages via your cell phone, work/home emails, or home phone. These messages can be received at any geographic location. This change was made to help us to quickly meet the needs of the nursing units when staff is in short supply. The system allows us to send a page to all available staff instead of spending hours calling on the phone. We are using the system successfully now in the ED, NICU, and Med/Surg with great results! Thank you to all who have called us back and offered help!

Frequently Asked Questions:

If I have chosen a contact and want to change it, can I?

Yes, you can contact the staffing office and ask our Staffing Specialist to make the change.

Which point of contact would be best for me to choose?

Email, home phone, or cell phone? The decision is yours, but keep in mind the following. If you choose multiple ways



of contact, you will receive pages on all of them. Consider what time the pages will come in. If you have children you don't want to be awakened at 0500, your cell phone might be a better option. Think about your cell phone plan. If you don't have unlimited texting, then this might not be a good option for you.

If I have a question about this process, who do I contact?

Please contact the Staffing Office at 87708 or Tricia.Nelson@providence.org.

Do I need to call the Staffing Office when I receive a page? Call only if you want to pick up a shift.

Is there an option to not participate? No

What if staff only wants to work their own unit and not float? We are not changing current Staffing Office policies. If there is a need on the requested unit, then we will do our best to accommodate.

*Heather Coleman, MSN, RN
Director of Nursing Administration*



Class Offered Between.... continued from page 3

litigation management, and resolution of serious injury or death claims throughout Providence ministries. Two years ago, Claire obtained her Master's degree in Health Law. Her earlier education and work experience was in the field of

social work. We're sure this presentation will be well worth your time.

*Tracy Courtenay, MN, RN, CCRN, CNRN
Critical Care Clinical Nurse Specialist*

Nurse of the Year Awards

The March of Dimes is holding its annual Nurse of the Year Awards Breakfast in November. Providence Regional Medical Center Everett is one of the major sponsors of this event. The Nurse of the Year Award is to honor outstanding Western Washington Nurses. Recipients are chosen in fourteen categories for their contributions that have made significant impact in their community, on their patients, and to the profession of nursing.

How to Nominate a Nurse

Any member of the Western Washington Community has the opportunity to nominate a nurse. Nominations can be made by the general public, members of the healthcare profession, co-workers, patients, friends, family members, businesses, and organizations. To nominate an outstanding nurse, choose from the categories below, provide the information requested and submit on the required form to [Kathi De Jong in Administration at Colby Campus](#). We are asking that you return the applications to us so that we can make sure that we have enough tables reserved for PRMCE nominees and one nominator per person nominated. All applications must be received in our offices by Friday, September 13 in order to allow adequate time for us to process the required accompanying check and deliver to the March of Dimes by their deadline.

Who is eligible for Nomination?

- Any RN working at any staff level in Western Washington, in good standing with the Washington State Nursing Commission
- A resident of Western Washington (minimum of one year)
- In good standing at place of employment
- Any student currently enrolled in a nursing program in Western Washington is eligible for the New Generation Category



Categories:

- Patient/Clinical Care
- Leadership
- Innovation/Creativity
- Educational Champion
- Research/Advancing the Profession
- Advocacy for Patients
- Community Practice
- Community Volunteer
- Mentoring
- Rising Star
- New Generation
- Perinatal/Pediatric
- Legend of Nursing
- Distinguished Nurse of the Year

Please note that only Hospital Administrators or Nursing Supervisors may nominate RNs for Distinguished Nurse of the Year, but you can suggest nominations to them. If you know of a nurse who you feel deserves to be the Western Washington Nurse of the Year, in any of the categories above, please take the time and nominate them today!

Kathi De Jong
Executive Assistant



A Day in Guatemala by Nancy Farley MSN

Today we went to a small village called Chiul. Many team members are returning this year, and I can see why. The people are so in need, and we are so thankful to be able to help. So far this week we have seen over 100 patients each day, with plans to see a similar amount each day. The people of Guatemala are beautiful inside and out. They bring their children, their spouses, their siblings, their parents. Some sick, some not, all thankful to be seen by doctor, prescribed by a pharmacist, and assessed and trained by nurses.

The day on the mountain was an adventure from beginning to end. We start each day with a nice meal, nourished and ready to go. We load all of our supplies on the 'chicken bus' (perhaps so named because there are so many games of chicken we play with other vehicles along the roadways). I use the term roadways loosely, as there are many switchbacks and washouts and rocks and mudslides blocking and/or detouring us along the way. This wild ride ended at over 7500 feet above sea level. We were in the clouds all day long.

We set up our clinic, and started seeing patients in very short order. There were two intake desks, each with an RN and at least one interpreter. Sometimes we needed 2 interpreters as there is not always someone to interpret as the middle man for the next language. The two main languages are Spanish and Mayan. Not many read the language, but many of us learned to get creative in our teaching. After intake, the patients saw one of the two MDs we are lucky to have with us. Both are kind and compassionate and, thankfully, reach beyond their typical specialty areas to serve the families we saw.

After seeing the MDs, the prescriptions are taken to the 'pharmacy', run by a pharmacist and an administrator, and a few others who had the time and ability to fill in. The families patiently waited their turn in each of the areas, happy for any help we were able to offer. While the prescriptions were getting filled, the supply coordinator, a kind and compassionate woman who would put every item in every bag for every patient, instead rationed out the products each family needed. She would have the bags ready for the discharge teaching groups who consisted of an RN, and (again) one or two interpreters. If a change in supply was needed, the supply coordinator gladly exchanged what was needed and took the other products back to share with others who needed them.



Nancy Farley

I was lucky enough to be a part of the discharge teaching team. I helped round out the experience for each family- saw what each person was diagnosed with, what they were treated with, provided discharge and follow-up instructions, and was able to give them a bag full of products and medications to help ease their way. With my trusty sidekicks we were assured everyone knew what they received and how to use them. They were very appreciative and happy- every single one of them.

The patients may have been happy with what they received, but we received so much more. To be able to help another fellow human who may be suffering, who may not know what they need, who may just need to tell their story, all without complaint- is a very humbling experience. I have come to love this mountainous country and its wonderful inhabitants. And I have come to love my mission trip peers. Most of all, I have come to love life and all it has to offer- a whole lot more. Thanks for letting me share.

Oh, and then there was the ride back down the mountain...

Nancy Farley, RN

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My Journey In Nursing

I was a pre-law student when I had my first child. I had 2 nurses I will never forget; a nurse Ratchet and an absolutely amazing angel. The birth of a child should be a positive memory..the best day of your life. I chose to go to nursing school and change my entire future based on that one experience. I worked in Labor and Delivery for many years and have great memories of my patients and co-workers.

After 12 years of L&D I decided it was time for a change and joined the Care Coordination team. One of the most fabulous things about nursing is change! When you get board or unsettled, mix it up! I really enjoyed Case Management and still keep up with the changes through Case Management Services of America (CMSA). Having been over at Pacific since the Pavilion for Women and Children opened, I decided once again it was time for a change and went back to patient care by joining the team on 5A.

Going back to patient care after 4.5 years, in Care Management, was challenging. Having worked in L&D for so long I had to get used to the male patient over the age of 40 weeks gestation! The team on 5A (Renal/Med/Tele) is tough. We get it all, and by that I mean any diagnosis you can think of! Talk about whipping me back into shape on the skills set. I had great preceptors and amazing patients. Wow,

so many things changed in 4.5 years: Like stat locks! I

was discontinuing an IV on an elderly homeless male who was going to a shelter. I lifted up the corner of the tape and his skin came with it. My eyes were welling up and I was willing the tears not to spill when my patient consoled me. So much for tears not spilling, he was so kind and all I could think of in my mind was “do no harm, do no harm, do no harm”.

Long story short, nursing is an amazing profession with amazing stories and life long memories. My desire to become a nurse was a blessing. While Case Management helped me to see the big picture, while patients and families continue to allow me to share in their experience and improve their journey in any way I can, while Nursing Governance has opened my eyes and taught me about nurse sensitive outcomes and how my care habits can affect each patient’s recovery, Nursing has allowed me to be challenged and find new and exciting paths within my professional journey within a single career.

Share your journey, your story...what is an experience if it isn’t shared!

*Sharon "Shaz" Zell BSN, MBA
Coordinating Council Chair*

A Day in Guatemala.... continued from page 6

We are collecting for Guatemala, a box can be found in the break rooms of 5A, 10S, NICU, and the 7th floor at Pacific. We need: Heavy dark colored wash clothes, toothbrushes, women’s cotton underwear (sm and med), men’s cotton socks, baby shampoo/wash, hand cream, sun glasses, and bath puffs.

Guatemala 2013

September 27-October 6th.

Come to a team meeting and see what it’s all about and how you can get involved. From making diapers, helping with the fundraising, or flying out as a part of the away team.

Call Frank or Jan for details.

Home: 425-355-6547

Cell: 425-308-3657

The team e-mail is:

wwtledoml@gmail.com

Next Nursing Congress

**Wednesday,
November 13, 2013**

7:15 am – 9:15 am

**Monte Cristo Rooms ABC -
Pacific Campus**

12:00 pm – 2:00 pm

3:00 pm – 5:00 pm

Cascade Room - Colby Campus

Magnet Moment

August, 2013



Questions?

Contact:

Heather Coleman,
MSN, RN

425-258-7294

Heather.Coleman
@providence.org

What is a Professional Practice Model?

It is the *foundation of our nursing practice*. We should all be able to speak to this. Five key characteristics describe our nursing practice. They are easily remembered by: **ICARE**

INFORMED

- I keep informed about what is happening on my unit.
- I participate in nursing governance.
- I know how to use available resources.
- I use these resources in solving clinical and organizational issues.

COLLABORATIVE

- I work as part of a team to provide excellent care.
- I actively involve patients and families in care planning and delivery.
- I communicate with others to promote effective collaboration.

ACCOUNTABLE

- I keep up with changes in practice.
- I participate on committees to improve patient care.
- I am certified in my professional specialty.

RELIABLE

- I keep up on my clinical competencies.
- I strive to continually improve.
- I follow standard work to prevent errors.

EVIDENCE-BASED

- I use evidence to drive the care of my patients.
- I seek out policy or procedure if I “don’t know” something.
- I seek evidence through a literature search on new or unknown issues.
- I continually evaluate my practice to ensure I am giving the best care.