

Nursing Matters

Nursing Governance Reports

Practice Council Report

Against Medical Advice (AMA) and Decision Making Capacity (DMC) are now parts of skills lab training. Forms are available on the intranet under the “Forms” page beneath the heading “AMA, Guardianship & Consent.” In addition, alcohol is now disposable on discovery.

Practice council has several new projects on the horizon, including:

1. **Interventional Patient Hygiene:** Research shows that infections and length of stay decrease when prepackaged wipes are used. Basins may harbor up to 105 different types of bacteria. Up to 1/3 of these bacteria are classified as Healthcare-Associated Infections! Based on this information, the Practice Council had a sensing session involving RNs, CNAs, CNSs, Managers and Patient/Family Advocates regarding the use of prepackaged bath wipes rather than washcloth/basins for daily patient hygiene for those who cannot shower. The information from the sensing session is currently being assessed.
2. **Patient Handoff process from ED to Inpatient:** Work is being done to standardize the process of nurse-to-nurse handing-off when a patient is transferring from the ED to the Inpatient setting.
3. **Central Line Lab Draws:** Practice Council is working with IVT to ensure more nurses will be trained in Central Line Lab Draws.

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4. **Job Aid for finding Research Articles:** Practice Council is in the process of creating a Job Aid on how to retrieve research articles when you cannot get them from Heal-WA, and how to best search for the articles you want.

If you are interested in any of the above projects, please join the Practice Council on the first Wednesday of the month from 8-10am in the ED conference room.

*McCala Caren, RN, and Hope Stocker, RN
Practice Council Co-Chairs*

Research and Evidence-Based Practice Council Report

We have a nurse-led research project in the middle phases of completion. Deb Burns from IV therapy is in the process of requesting IRB approval for her project, which was initiated in the first Nursing Leadership Program. The project is called "The Right Line at the Right Time." We have a few

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other projects on the horizon in the beginning stages. And, as more RNs begin working toward BSN and master's degrees, we should see a significant rise in the research being conducted at PRMCE. Therefore, we have developed an algorithm that outlines the process.

We are currently preparing for the 3rd Annual Symposium, scheduled for March 14th. We had our annual poster presentation at Nurses Day and are gearing up for the poster presentation for this year's Nurses Day celebration. Last year we introduced our poster template which is available on the Research Council website for use in preparing this year's posters!

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

Professional Excellence Council Report

The Professional Excellence Council has updated all of the mentoring modules and posted them on the Nursing webpage. Special thanks to Val Stalsbrotten and Michelle James for their hard work on this! Also, the discussion around Sacred Moments continues. We are hoping to expand the debrief process after traumatic events. Additionally, the council with the assistance of Spiritual Care, is looking into ways of helping families deal with loss.

Mark your calendars for the Career Fair on April 11th! The theme is "Lifelong Learners." The content of the fair will be based on results from the survey that went out in January. Thank you to all who took the time to respond to the survey; your input was very much appreciated!

And now the awards! We have had two NAC award winners recently: November's winner was Annabelle Caindoy from 5A Medical/Renal and January's winner was Kelli Chmiel from 7A Medical Oncology. Congratulations to both Annabelle and Kelli! January's Daisy Award winner was Christine Farley from the Emergency Department. Congratulations, Christine!

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

Quality and Education Council Report

The Q&E Council's representative from the Nursing Educator Team presented the details of the reworked General Nursing Orientation and New Employee Orientation programs. The goal is to better engage the new employees and increase the amount of information retained by breaking the week into smaller blocks of time. New nurses will have more time in the Simulation Lab or on their new floor and less sitting in a classroom looking at Power Point slides. The team is developing a way to measure the results of these changes.

The members of the Q&E Council gathered information from our many patient care areas about how the nurses thought the weekly Falls Data should be presented to help them remain aware of the severity of the problem, in huddles, posters, etc. The ideas were shared with the Falls Committee. Working with the Practice Council, an algorithm was developed outlining how information and education about new practices can be shared across PRMCE.

We are assisting the Patient Safety department with a few issues and are helping implement an employee support program for staff who become "Second Victims." Second victims are health providers who are involved in an unanticipated patient event, a medical error, and/or a patient-related injury. We are also helping conduct a Gap Analysis assessing PRMCE's policies and practice around the use of opioids. This is in response to an alert issued by the Joint Commission on the safe use of opioids in hospitals after an increase in the number of opioid use adverse events nationwide.

Finally, is there a conference you'd like to attend, but you've used up your contract education funds? The Nursing Education Fund offers up to \$500 for tuition, travel, and supplies. Applications and instructions are found on the Intranet under Nursing: Financial Resources for Nursing Education.

*Lisa Black, RN, BSN
Quality & Education Council Chair*

Low Census

What does low census mean? On-Call? Or even Standby?

When the hospital has more staff on the schedule than are needed, the Staffing Office and Administrative Supervisors will determine who is to be called off. There is a set order to this process that you should know about.

Since the number of patients in the hospital can change very rapidly over a couple hours, time off is given in 4-hour periods. Time off may be extended an additional period of 4 hours depending on the needs of the hospital.

The main difference between getting **cancelled** and getting **“low census”** is that when you are **cancelled** the time off is not used to figure out your **“low census”** index number. Staff who are agency staff, getting premium pay (double time, third weekend etc.), working extra shifts, or are per diem employees are the staff that will be **“cancelled.”** A staff member can be **cancelled** on any given day and it is possible to be **“cancelled”** several days in a short period of time.

“Low census time off” that is given by the hospital can only be given using a staff member’s **low census index number**. Staff who request **“low census”**, will be given time off if possible and that time off will be used in the calculation of their **low census** number. When multiple staff members request **low census** the staff with the lowest **index number** will get priority. If two people have the same **index number** then the person with the highest seniority will get priority. After the two groups above have been given time off, only then will regularly scheduled staff be given “Hospital requested **low census** time off.” It will be given according to the individual’s **“low census index”** with the person having the lowest index being called off first.

Your **“low census index”** is a number calculated by using your FTE (the amount you work in a normal pay period) and actual amount of time you have been given off as **low census** time. This number is calculated daily by dividing the total number of hours a person has been given off by their FTE. Please note that for hospital requested **low census** the LEAST Senior person will get time off if two people’s index numbers are the same.

Here is an example: If your FTE is 1.0 and you were given one whole 8-hour shift off, the calculation is as follows: (Hours off/FTE = Index Number) $8/1 = 8$. Now let’s assume that later on you are called off for 8 hours again, but are on Standby and are called back in after being off only 5 hours. Your total hours off have become $8 + 5 = 13$. The calculation would then be $13/1 = 13$.

You can now check your low census index number via the intranet. Go to “Resources” and “Prov Reports.” Under public folders find “Washington Staffing,” then “PRMCE,” then “Staff Low Census.” Under Enter Sort Order choose “shift.” The report takes a few minutes to run so be patient.

Often when you are either **cancelled** or given **low census** time off, you may be asked to be on **standby**. **Standby** is normally for four or eight hours at a time. When you accept **standby** there are clear expectations and they are the following:

1. You will be available to be called to come in to work for the entire time agreed upon.
2. You will have a working phone number and will answer when called.
3. You will be assigned to the unit where the staffing need is greatest.
4. Finally, if you have agreed to be on standby and do not answer your phone or return the message if you are called, you will be considered a “No Show.” This is the same as not showing up for work when you are scheduled.

Low Census: The need to adjust the amount of nursing staff required to provide patient care based on patient acuity, census, and hours per nursing.

Low Census Hours: Each nursing employee is given credit for their time loss due to low census. This is calculated into a low census index number. The calculation is Low Census hours divided by % of FTE.

Magnet Recognition

In 2011, PRMCE Nursing submitted our application for Magnet Recognition to the American Nursing Credentialing Center. We were declined a site visit not because we were not doing Magnet Nursing Work, but because we did not have robust enough data to support the work we were doing.

We have come a long way since 2011 and our data collection has been strong. The Magnet Champions and Magnet Steering Committee unanimously agreed it was time to reapply. On February 1, 2014, we will submit our data again. As I have been talking about Magnet with nursing staff I have heard many fantastic questions that I would like to share and answer.

What is the Magnet Recognition Program?

- The nation's HIGHEST HONOR for nursing excellence.
- An awarded recognition for nursing excellence in Patient Outcomes, Practice, and Leadership administered by the American Nurses Credentialing Center (ANCC).

What is a Magnet Hospital?

- A hospital that demonstrates a CULTURE OF EXCELLENCE in nursing.
- An environment where nurses are engaged in decision making regarding their practice.
- A nursing environment that is exciting, supportive, and intellectually stimulating.

What are the Benefits of Magnet Designation?

- Nurses Involved in Decision-Making who are Supported by the Organization.
- Recognition of a Nurse's worth.
- Strong Nursing Leadership.
- Support of Nursing Education, Competency, and Career Development.
- Attraction of High Quality Nurses and Physicians.
- Valued Collaboration between Nurses, Physicians, and Staff.
- Autonomous Practice Supported by Research, Ethics, and Quality Indicators.

- Improved Quality Patient Outcomes.
- Increased Patient Satisfaction.
- Positive Image of Nursing.
- Improved Recruitment and Retention

What were the original 14 Forces of Magnetism?

Leadership – Organizational Structure – Management Style – Personnel Policies – Professional Model of Care-Quality of Care – Quality Improvement – Consultation and Resources – Autonomy – Community Presence – Nurses as Teachers – Image of Nursing – Interdisciplinary Relations – Professional Development

What are the Five Magnet Model Components that are the structure of Magnet Recognition today?

Organizational Overview – Transformational Leadership – Structural Empowerment – Exemplary Professional Practice – New Knowledge, Innovations & Improvements

I have questions about Magnet. Who do I contact?

- Heather Coleman at Heather.Coleman@providence.org or 425-258-7294.
- Your Unit-Based Council Chairs.
- Your Unit's Magnet Champions.
- Your Representative in Nursing Governance.

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Zeroing Out: Low census hours are “zeroed out” twice a year. This occurs on the last pay period of March and September.

Cancelled: Does not count toward your Low Census Hours. Staff who are agency staff, getting premium pay (double time, third weekend etc.), working extra shifts, or are per diem employees are the staff that will be “cancelled.”

Standby: An employee agrees to or is required, instead of working, to be available for a call in to work during a shift the employee was scheduled to work.

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

Sacred Moments

The idea of Sacred Moments was introduced at Nursing Congress in November of 2012. There was a very positive response to the Professional Excellence Council's presentation and many nurses shared their ideas about Sacred Moments both publicly and privately. Each quarter, PEC will include a brief article in *Nursing Matters* which pertains to Sacred Moments in a meaningful way, as well as ideas shared by staff. The first story is submitted by Denise Knutt, RN, from 7N Cardiac Telemetry.

"When a death occurs, shrouding a patient can be both upsetting and stressful, especially if it is your first time doing this. I find that talking to the patient as I shroud them is helpful. I first say a little prayer over the patient. As I am preparing the patient, I tell them they are walking with the angels and are no longer suffering. I also tell the patient that God will be looking after their relatives and comforting them. I quietly reflect about the person before me. This, to me, adds meaning to what I am doing."

A few Sacred Moments ideas from staff:

"Debrief after code blue. No matter how it turns out, assure the staff that they gave that person the best chance they could have had at making it."

"I sometimes say to families of patients that I wish I could have known them before they were in hospital; especially when you see the spark of the person the patient was."

"Use of coffee service, a harpist, or the chaplain for patient and family during death process."

"Don't forget family members in midst of crisis. Focus (if able to) on family."

"Part of my compassionate care ideal is to stop during patient care briefly and make sure I see a patient's face, make eye contact, and read their body language. I feel like I can help them feel more comfortable when they really know I am paying attention, and by recognizing their emotional state I can deliver more compassionate care."

If you are interested in submitting an article about your Sacred Moments, or would like to participate in the work that the Professional Excellence Council is doing surrounding Sacred Moments, please contact Sally McPherson or Michelle James.

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

Girl Scouts learn about medicine and nursing

On Sunday, February 3rd (yes, Super Bowl Sunday!) our own Roz Winters toured 4th grade Girl Scout Troop #40284 from St. Matthew's School in North Seattle through our Emergency Department. The young ladies had a wonderful time experiencing a "live, working ED," and then were amazed by their interactions with "Sim Man!" Who knows, we may see some of these same faces on our staff soon!

Thanks so much, Roz, for taking your time on a Sunday morning to provide such a fun and engaging experience for these young ladies! Your commitment to these 10 young girls was greatly appreciated. We are sure you made a difference in their lives!

Gratefully,
Mary Beard

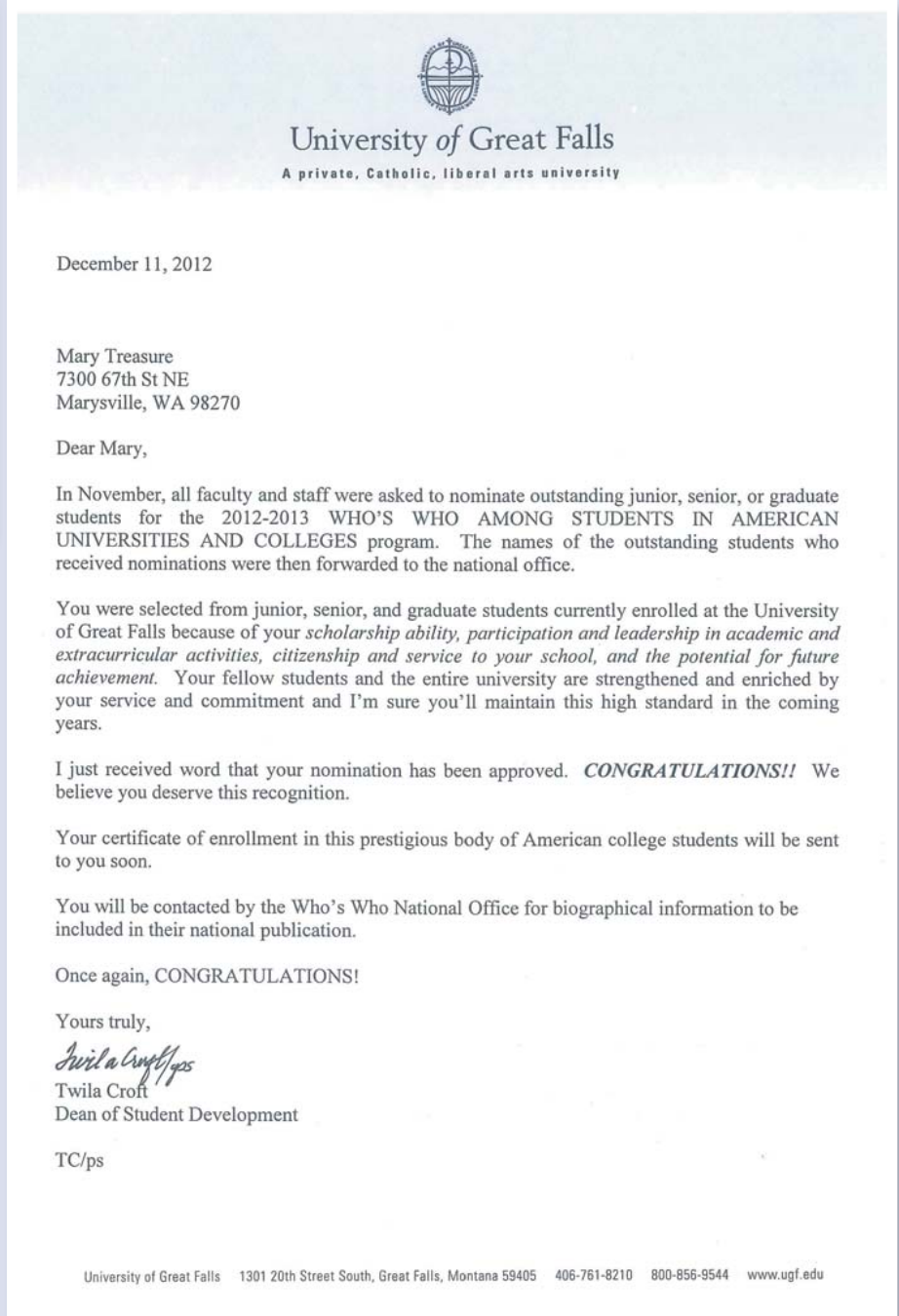


Great Falls Letter



Congratulations to Mary Treasure, RN, for her nomination and acceptance into the 2012 – 2013 *Who's Who Among Students in American Universities and Colleges Program*. In November of 2012, all staff and faculty at University of Great Falls were asked to nominate outstanding junior, senior, or graduate students for this honor. A national office made the final determination. Mary was selected due to her *scholarship ability, participation and leadership in academic and extracurricular activities, citizenship and service to her school, and the potential for future achievement*. Your fellow students and the entire university are strengthened and enriched by your service and commitment. Once again, CONGRATULATIONS!

Twila Croft
Dean of Student Development at the University of Great Falls



NAC and Daisy Awards



November 2012 NAC – Annabelle Caindoy, CNA on 5A

Excerpts from Annabelle’s nomination: “Annabelle truly exemplifies our Providence mission statement. She shows compassion and deep concern to all her patients. All patients love and respect her and ask, “Is Annabelle going to take care of me tomorrow?” She walks the extra mile to keep grieving families comfortable and at ease by taking time to provide them with coffee and comforting words. She works diligently along with her RN and keeps RN informed of patient’s abnormal vital signs and behavioral changes. She has earned all the RNs confidence and trust. It is very evident that she is motivated by showing compassion and respect to those around her. Thank you, Annabelle, for setting an example of what a CNA at PRMCE can and should be.”

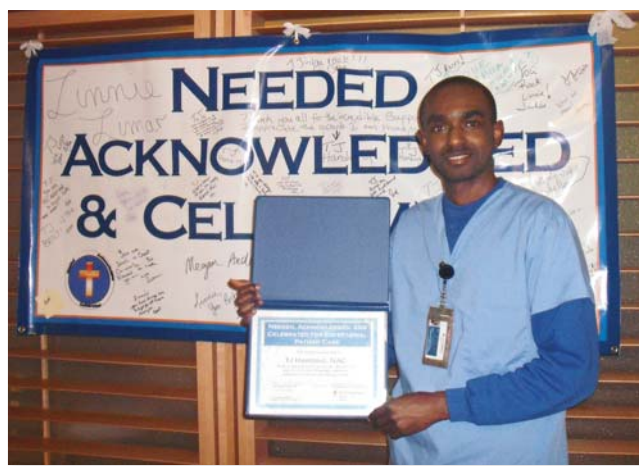
Excerpts from TJ’s nominations: “TJ exemplifies team spirit. Always comes to work with a smile on his face. TJ has an intuitive sense about the needs of the patients. He collaborates well with staff to achieve patient goals. Patients love his smile and how kind and caring he is. He builds rapport and confidence with patients and families and they often communicate their appreciation of him. He is dedicated, hard working, a true team player. He is a model employee.”

October 2012 NAC – TJ Harding, CNA on 7N



January 2013 NAC – Kelli Chmiel, CNA on 7A

Excerpts from Kelli’s nominations: “Kelli hits the ground running and 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. She teases a smile out of the grouchiest and the patients always remember her and look forward to her return. Kelli needs to be recognized for her exceptional care, compassion, and a team player always. All her work with her patients is always exceptional. Their needs are met above and beyond. She is pleasant and cheerful at all times and provides excellent bedside care in an efficient manner. Patients have remarked about how nice and efficient she is. They feel well cared for, are always well groomed, and happy when she cares for them.”



NAC and Daisy Awards



July 2012 DAISY – Marie Fowler, RN in CSSU

Excerpts from Marie’s nomination: “Over the previous 20 days that my mom has spent here she has received great care. I am convinced that nurses on this floor have angel wings and a special place in heaven. One of these wonderful people who stood out for me was Marie. She is an amazing lady who treats her patients as if they are her own family. Her general work ethic and the super compassionate attitude shown when working with my mom were great. She explained what she was doing, asked Mom questions and asked the family questions so that she could get to know and understand my mom. Basically, I felt as if she were caring for the person, not treating an illness.”

Excerpts from Karen’s nomination: “It was a pleasure meeting Ms. Michaelis today while she cared for my husband before and after the intervention procedure. Nurse Michaelis is a personal, warm, and giving professional who met all of his medical needs. She even arranged for a nutritionist to talk to us about healthy eating habits. We appreciated her skillful care. The physicians and other staff members all worked together as a team to provide exemplary care for us. Thank you, Nurse Michaelis!”

Excerpts from Christine’s nomination: “I believe you need to know about Nurse Christine. She exceeded my expectations, going well above and beyond her duties as a nurse. She was very caring and sincere, putting me at ease during my stay. If I mentioned or asked her a question about something that I may need done, she took care of it right then and there even though it did not pertain to my diagnosis. I’ve had a lot of good nurses during my hospital visits, but Christine topped them all. She was so attentive and sincere, and made me feel as though I was a VIP patient. You should be very proud, and grateful to have her on your team. Most people don’t enjoy their stay at the hospital, but I can honestly say that even under the circumstances, I would gladly have stayed as long as Christine and Dr. Tudor were attending to me.”

*Sharon Steele
Sr. Administrative Assistant*



January 2013 Daisy – Christine Farley, RN in ED



September 2012 DAISY – Karen Michaelis, RN in CVL