

Nursing Matters

Nursing Governance Council Reports

Research & Evidence Based Council Report

We are nearly ready to launch our first RN-based research project. Deb Burns from IVT was in the first nursing leadership development group. She is finalizing her question and the paperwork necessary to obtain IRB for her project. It is called "Right IV line at the right time." When the project is complete, the plan is to know (or at least have a good idea) if the patient will require a PICC line, thus decreasing the need for multiple sticks. This ultimately will be more cost effective for patients as well as the hospital and will improve patient satisfaction scores.

We are planning the 2013 research symposium that will be scheduled for early next year. We will have "in house" speakers and it promises to be informative as well as entertaining. And, finally, in early January, we will be doing a (tour of posters) from last year's poster presentation on Nurses Day. We plan to bring this to every floor; though, exact locations are yet to be determined. This will be just in time for our nurses to join us for the 2013 poster presentation, to be held at our 2013 Nurses Day! We will again be utilizing the same format as this year with plug and play posters for uniformity.

*Marie Gandee-Windhorn, RN, CMSRN & Jodie Brown, RN
Evidence & Research based Council Co-chairs*

Professional Excellence Council Report

In September, the Professional Excellence Council sponsored a Mission Brown Bag in conjunction with Mission Week at

Inside This Edition

Governance Councils.....	1-3
Emerging Clinical Leader Summit Series.....	3
New certifications & Degrees	3
Employee Entered External Learning Activity	4
March of Dimes Nurse of the Year Nominees.....	5
NAC & DAISY Awards	5
Washington nurse observes teen patients for signs of sex trafficking.....	6
Stroke Be FAST	7
2013 Nursing Congress.....	8

Pacific Campus. There were some really great presentations, and we would like to thank everyone who took the time to come and participate. Also in September, we presented the Daisy Award to Karen Michaelis, RN, from CVL. Excerpts from her nomination are included in this issue of Nursing Matters. Congratulations, Karen!

In October, we had the privilege of presenting the NAC award to TJ Harding from 7N. TJ had received multiple nominations and was clearly deserving of this award. Congratulations to TJ!

Early in November, we held our most recent Mentor/Mentee Luncheon to check-in and see if the Mentor Program needs any "sprucing up." Stay tuned for the results from our luncheon. We are also working on a healthcare career day, employee engagement issues, "Sacred Moments" and "No One Dies Alone" programs. If you are interested in participating in our council, or know someone who would be a good fit, please contact Sally McPherson at

Governance Council continued on page 2

Governance Council continued from page 1

sally.mcpherson@providence.org, or Michelle James at michelle.james@providence.org.

Sally McPherson, RN, BSN

Professional Excellence Council Co-Chair

Practice Council Report

Practice Council Update:

1. McCala Caren, RN and Hope Stocker, RN will be the 2013/2014 chairs for the Practice Council.
2. ETOH is now disposable on discovery.
3. All AMA forms are now located together on the Intranet "Forms" page under the following heading: "AMA, Guardianship & Consent."
4. AMA Forms and Tools available are the following:
 - a. AMA Form
 - b. AMA Frequently Asked Questions
 - c. AMA check list
 - d. AMA debrief Form
5. Against Medical Advice (AMA) and Decision Making Capacity (DMC) Nursing Assessment *HealthStream* will be rolling out in December 2012.
6. Practice is collaborating with the Educators and simulation lab to have an AMA/DMC module added to our skills fair for 2013.
7. Pain Ease training has been completed and should now be available on all nursing units.

Practice Council would like to share information regarding the forms and tools created for nursing when a patient is leaving AMA. The first tool created was a frequently asked questions document. These questions and answers were culled from the responses to the survey that went out to staff in 2011.

Additionally, an AMA Check list was created. The first side of this form is for the patient leaving AMA. The second side of this document provides a process flow map for obtaining a surrogate decision maker for a patient who is deemed to have diminished decision making capacity and cannot leave AMA. The goal of this form is to assist the direct care nurse and the charge nurse in identifying who needs to be notified and what actions need to be taken. There are a couple of important messages the Practice Council would like to reiterate. At no

time should you put yourself in harm's way with an aggressive patient. Please notify security and the provider. We will be sharing our educational content with security and providers. We have asked that Security ask the following question: "Does the patient have decision making capacity?" This may only be determined by the provider. This will necessitate a call to the provider when a patient expresses they will be leaving AMA. We have also asked for a prompt response from the providers when nursing calls regarding a patient leaving AMA. Dr. Roberts will be sharing with the providers that they are expected to see the patient within 30 minutes in most cases. Should you have any questions regarding this information, please feel free to contact Melanie Mitchell at Melanie.Mitchell@providence.org.

Melanie Mitchell, RN

Practice Council Chair

Quality & Education Council Report

The Nursing Quality and Education Council recently started work on a number of interesting projects. We are assisting the Patient Safety department in implementing an employee support program for staff who become "Second Victims." Second victims are health care providers who are involved in an unanticipated patient event, a medical error, and/or a patient-related injury. They become victims in the sense that they are traumatized by the event. The program teaches nurses and other members of our staff who have volunteered for the role how to recognize the "Second Victim" signs and symptoms and then begin the support process in conjunction with the Employee Assistance Program.

The Council is also working with the Patient Safety department in assessing PRMCE's policies and practice around the use of opioids. Stemming from a number of adverse events nationwide, the Joint Commission issued a "Sentinel Event Alert" on the safe use of opioids in hospitals. In response, we are reviewing PRMCE's policies and procedures to determine if they are adequate or need updating. Is our technology adequate? Is the current education/training for staff, patients, and families appropriate? Should there be a screening tool to identify patients at risk for adverse effects of opioid use? What is the current practice on the floors? The ultimate goal is to keep our patients as safe as possible.

Governance Council continued on page 3

Governance Council continued from page 2

Did you have an interesting clinical experience recently where you learned something new and exciting and would like to share it? Were you recently in a clinical situation, positive or negative, that you think your peers could learn from? Nursing Grand Rounds is a new forum in which to share your experience in a carefully structured way. Medical Grand Rounds have long been an accepted way to share knowledge among doctors. We think nurses will benefit from having a similar opportunity to share best practices and lessons learned.

The Quality and Education Council is looking for direct care nurse input on all of these topics. If you are interested in either the "Second Victim" program or helping with the opioid

practice review, please email lisa.black@providence.org for more information. If you have an experience you think would be a good subject for a Nursing Grand Round session, please contact Tracy.Courtenay@providence.org.

Is there a year end conference you'd like to attend, but have 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

Emerging Clinical Leader Summit Series

Hello NwONE members,

NwONE is once again hosting the successful and highly rated Emerging Nurse Leader Clinical Summit Series in 2013, called the "**Emerging Clinical Leader Summit Series.**"

These summits are geared for all emerging clinical leaders to enhance the knowledge and growth of the aspiring leader. Topics are offered once a month January through November in Portland, Oregon; Seattle, WA and Wenatchee, WA.

Please access the link below to download the brochure for registration and location information:

2013 Emerging Clinical Leader Summit Series Brochure
@ <http://www.nwone.org/>

There are many easy ways to register:

1. Download the brochure above and mail in the registration form to:

NwONE, Registrations
300 Elliott Avenue West, Suite 300
Seattle, WA 98119

2. Email Wendy Ray at wendyr@wsha.org or call in at (206) 216-2516.

3. Go to their website at www.nwone.org and click on the "register here" button under the Emerging Clinical Leader Summit Series banner.

Please visit www.nwone.org for more information.

Thank you,

Mary Hazuka

NwONE

Membership Services Manager
300 Elliott Avenue West Ste 300
Seattle, WA 98119
Work: (206) 577-1825
Fax: (206) 577-1921

New certifications & Degrees

5A

Nina Boshart, BSN
Angie Branca, BSN
Cara Davelaar, BSN
Amy Choi, BSN

6N

Jennifer Deleon, PCCN
Nicki Hawkins, PCCN
Mark Shissler, PCCN
John Ocampo, PCCN

7N

Luiza Trahan, BSN
Manju Chetry, PCCN
Angela Chea, PCCN

Clinical Education

Tracy Courtenay, MN, RN, CCRN, (new) CNRN

Employee Entered External Learning Activity

The “switch” has been turned ON in *HealthStream* that allows an employee to self-enter learning activities. This means a nurse can self-enter conferences, college courses, and other events that count as education towards relicensure, so they can keep track of their hours. The employee still needs to maintain a copy of the completion certificate, transcript, etc. (original source documentation) that backs up the entry in *HealthStream*.

PURPOSE

The purpose of this procedure is to provide accurate and appropriate documentation guidance when employees enter externally completed learning activities into the learning management system *HealthStream*.

DEFINITION

External learning activity: Education or training completed from a non-Providence sponsored program or offering, for example, attendance at a conference in which the employee did not receive compensation or was not required to participate to meet work requirements or to meet a ministry need.

PROCEDURE

1. External learning activities generally qualify as valid learning programs from the following:
 - a. Online courses from commercial providers
 - b. In-person classes (non-Providence sponsored)
 - c. Web classes (non-Providence sponsored)
2. Employees retain completion documentation of the external learning activity that supports the entry made into the learning management system and are responsible for producing documentation in the event of an audit of the learning management system by external or internal auditing groups.
3. Employees self-enter documentation of external learning activities into *HealthStream* using the “Add a Learning Event” function.
4. Employees use the following guidelines when entering external learning activities:
 - a. Create a title that describes learning activity clearly and concisely;
 - b. Use the comment field to enter a short description of the external learning activity, using professional language;
 - c. Avoid editorial comments describing quality of or satisfaction with the external learning activity;
 - d. If an employee has been awarded CEs in connection with a self-entered learning event, the CE’s will not display on the transcript and can only be described in the narrative.

Special Consideration

When employees attend an externally provided learning activity that can serve as fulfillment of a ministry or Providence work required expectation, the employee provides completion documentation of the external learning activity to their department *HealthStream* system administrator for entry into the learning management system.

Employees that use the comments field to enter inappropriate comments such as use of rude, disrespectful, or vulgar language will be counseled about this behavior and will be asked to remove those comments. If the employee repeats the offense, he/she will be reminded that behavior must be conducted within the context of the Code of Conduct.

Process

The following outlines the steps for adding an employee-entered learning activity:

1. Login to *HealthStream*.
2. Click on “My Transcript.”
3. Click on “Add a Learning Event” in the upper right corner. The data entry screen will appear
 - a. Course Name: enter the name of the course attended.
 - b. Completion date: enter the date on which the course was attended.
 - c. Estimated completion time: enter the duration of the course in number of hours and minutes.
 - d. Comments: enter a brief summary of the course content.
4. Click “Save” and the course will be entered on the transcript.

March of Dimes Nurse of the Year Nominees

PRMCE will once again be a sponsor for this year's March of Dimes Nurse of the Year Event to be held on Thursday, November 15 at the Meydenbauer Conference Center in Bellevue. We are pleased to announce our list of nurses who have been nominated and will be honored at this event:

Nominee	Unit	Category
Amanda Ammerman	7N	Rising Star
Carol Ancheta	5A Med/Renal	Patient/Clinical Care
Darrel Coney	6N	Education
Seth Fikkert	Float Resource Team	Mentoring
Andrea Holliman	PMG Women's Services	Innovative/Creativity
Michelle James	Acute Care	Community Service
Dennielle Padgett	7A Oncology	Patient/Clinical Care



Thank you to our nominees for the services they provide to our patients that led to their nominations!

Kathi De Jong
Executive Assistant

NAC & DAISY Awards

TJ Harding from 7N was chosen as the October NAC Award recipient. He was nominated by four different staff members.

Excerpts from 4 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... 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."

Karen Michaelis, RN from CVL was chosen as our September DAISY Award Winner.

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



Karen Michaelis, RN

together as a team to provide exemplary care for us. Thank you, Nurse Michaelis! *(Submitted by a family member)*

Sharon Steele
Sr. Administrative Assistant

Washington nurse observes teen patients for signs of sex trafficking

"Sex trafficking happens in every community, though it may seem invisible," said forensic nurse Paula Skomski, MSN, ARNP, SANE-A, FNE, who made the statement calmly while describing the nightmare-like, invasive nature of this criminal activity ensnaring teen girls all across North America.

"Even the medical community is usually unaware sex trafficking exists in their area," Skomski said. As a sexual assault nurse examiner at the Providence Intervention Center for Assault and Abuse in Everett, Wash., Skomski said she regularly encounters teen girls, and occasionally teen boys, who present with STDs or injuries, such as blunt force trauma, bruises or abrasions. While these clients rarely admit they are being trafficked for sex, Skomski said she can see the signs, such as unexplained injuries and emotional withdrawal.

"Girls are being trafficked up and down the I-5 corridor [throughout the state]," she said, adding about 200 trafficked youth were identified locally in the past 18 months by Skomski and others involved in their care.

Skomski said Seattle is part of a sex-trafficking circuit, transporting girls between urban areas such as Portland, Ore., Las Vegas, Phoenix and Vancouver, B.C. Major sporting events, such as the recent winter Olympics, draw pimps with their trafficked victims.

"Big cities are the hot spot, but it happens everywhere," she said. "You won't necessarily see girls walking the streets. Most of these victims are sold through the Internet, such as Craigslist."

Skomski's expertise and compassion for abused patients started eight years ago when she received SANE training at Providence. She attended 40 hours of classes and shadowed an experienced SANE professional. In 2010, she was awarded the March of Dimes Nurse of the Year for Innovation and Creativity for helping develop the Sexual Exploitation Intervention Network that combats sex trafficking locally.

Skomski's work encompasses all types of victims: domestic violence, sexual assault and elder abuse.

While she cares for all types of patients at the intervention center, she said she is particularly concerned for the girls entangled in sex trafficking.



How to intervene

Nurses — especially in clinics, EDs and schools — often care for these victims. "Be aware of unexplained bruises, girls acting emotionally beaten down, or conversely angry and defensive," Skomski said. "If they're living on the street, they might be disheveled. Look for tattoos or branding. Also watch for girls looking more sophisticated than expected, with cell phones, expensive jewelry, nice hair and nails."

Skomski recommends asking possible victims how they were injured or what their tattoo means. "Investigate what you see," she said. "Ask open-ended questions and follow the thread of what they say."

She suggests referring girls to local advocates and offering them the national hotline number, 888-373-7888. Nurses also can call 911.

"Sex trafficking is a very complicated problem, and it's very difficult to get girls out of this situation. Nurses can plant seeds by offering services and safe places," she said. They also can talk about prevention when in contact with teen girls, introducing the topic of safe dating. "Just start the discussion," Skomski said.

*Karen Schmidt, RN
Reprinted from Nurse.com
(c) 2012 Gannett Healthcare Group*

Stroke Be FAST

You hear “Code Stroke” called overhead. Many times it is in the ED where most of us believe emergencies should happen. The problem is sometimes these also happen on the inpatient units. Recently there was a Code Stroke called on a Medical Tele floor. What would you do if your patient suddenly had weakness on one side, a crooked smile, or slurred speech? Let’s review. Call 66 and get some help. RRT RNs will come out to give you help assessing the situation. That is what happened Monday out on the Med Tele floor. The nurse was concerned and called the Rapid Response Team.

The RRT RN calls the Code Stroke. Your job is to:

- Spot stroke symptoms in your patient: Sudden change in BALANCE, Sudden change in VISION, Facial droop, Arm or leg weakness, Changes in Speech.
- Time to Call 66.

- Things to know: What time was this person last seen normal? This is probably the most important piece you bring to this Code.

Monday on the floor the dayshift RN at bedside report made sure they woke up the patient so she knew exactly how they were doing at 0700. This allowed this patient to receive tPA for stroke.

The Joint Commission is coming this winter and you will be able to answer the question, “Who do you call if you think your patient is having a stroke?” Doesn’t that feel good? Your patients are counting on you to be the expert care giver and know when and where to get help when needed.

*Lisa Shumaker, RN
Stroke Program Coordinator*

STROKE is an Emergency. Every minute counts. ACT F.A.S.T!

	F ACE	Does one side of the face droop? Ask the person to smile.
	A RMS	Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
	S PEECH	Is speech slurred? Ask the person to repeat a simple sentence. Is the sentence repeated correctly?
	T IME	If the person shows any of these symptoms, Call 911 or get to the hospital immediately.

*2013
Nursing
Congress*



Wednesday, February 20, 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

Thursday, May 9, 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

Tuesday, August 13, 2013

7:15 am – 9:15 am

12:00 pm – 2:00 pm

Cascade Room - Colby Campus

3:00 pm – 5:00 pm

Monte Cristo Rooms ABC - Pacific Campus

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