

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER

NURSING REPORT

2013 - 2014

Creating a Healthier Future



UNIVERSITY OF WASHINGTON MEDICAL CENTER | SEATTLE, WASHINGTON

The background image shows the exterior of a modern medical building. A large, dark blue sign with the text "UW Medicine" in white is mounted on the upper part of the facade. Below the sign is a glass-enclosed entrance area. To the right, a large hanging basket filled with orange and purple flowers is suspended from a white pole. In the foreground, there are potted plants and a small outdoor seating area with a table and chairs. A sign for "pastries sandwiches" is visible on the right side of the building.

UW Medicine

Nursing Report 2013-2014

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*Grace Parker, MN, RN,
Chief Nursing Officer*

Dear Colleagues,

It is a sincere pleasure to share with you the 2013-2014 UWMC Nursing Report, "Creating a Healthier Future."

In the last two years we have continued to build on our legacy of excellent nursing practice. Working in partnership with the entire healthcare team, we have achieved outstanding results and have continued to deliver the highest quality care and service. Throughout this report, you will see professional practice at its finest. These examples are testimony to the high quality of clinical practice and professionalism UWMC nurses demonstrate every day.

Our culture of inquiry inspires us to develop clinical questions so that we can deliver evidence-based care and disseminate our findings locally and nationally. Our steadfast commitment to put our patients and families first inspires us to deliver expert care with compassion ~ to every patient, every time. Through teamwork, shared decision making and innovative evidence-based practice, the nursing team at UWMC continually advances the science of nursing and reinforces our vision of delivering "World Class Healthcare by World Class Nurses"!

Here are just a few nursing team accomplishments from the past two years:

- **Patients Are First:** UWMC nurses continue to advance the approaches that beautifully support our longstanding commitment to patient and family centered care. Two examples of this care are:
 - Discharge phone calls: We're reaching our goal of 80% contact with patients on many units! We know that this helps patients feel more fully supported in their transition home after hospitalization, and these calls increase safety and satisfaction.
 - Patients and families are expressing appreciation for the supportive communications we're employing through our communication boards, hourly rounding, waiting room rounding, and leader rounding. We will soon deploy bedside shift report across the medical center, which will further improve the experience of our patients.



As a result of this focused work, we are seeing outstanding improvement in our Patient Satisfaction scores, with some units scoring in the 90th percentile!

We have also:

- Achieved great strides in the delivery of interdisciplinary care, as evidenced by:
 - Interdisciplinary rounds being up and running in numerous settings.
 - Focused work taking place on meeting the needs of the patient across the care continuum ~ from outpatient, to inpatient, and back to outpatient.
- Continued outstanding growth, creativity, and involvement by Professional Practice Councils, which resulted in:
 - Award-winning nursing research presented at local and national conferences.
 - Record numbers of nurses participating in professional practice projects.
- Successfully planned for the opening of new units in the Montlake Tower.
- Progressed with access and throughput, with a renewed effort in improving patient flow.
- Contributed to stellar progress with University Health System Consortium rankings on our journey to achieving five-star status, advancing from three to four stars in 2013. Two improvements that helped this advance are:
 - Outstanding improvements in pressure ulcer prevention.

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- Remarkable work to prevent central line infections, with many units being infection-free for nine quarters consecutively.
- Been recognized by the Institute for Patient and Family Centered Care as an Exemplar of “Better Together,” which considers patients and families part of the care team.
- Received acknowledgment from Centers for Medicare & Medicaid Services (CMS) for our work in engaging the Somali community.
- Successfully launched Bar Code Medication Administration, with active team involvement to ensure smooth integration into flow of patient care.
- Had phenomenal engagement of Magnet Champions across all patient care settings, as we seek to redesignate as a Magnet Organization for an unprecedented sixth time.

During this time of growth and change in healthcare at UWMC and across the country, I applaud the achievement of UWMC nurses and look forward to a very bright future ahead. We hope you enjoy reading about our accomplishments in 2013-14. We are proud to be part of a powerful team of caregivers and look forward to further strengthening our team and, together, continuing to transform patient care.

Sincerely yours,



Grace Parker, MN, RN
Chief Nursing Officer



Thomas O. Staiger, MD,
Medical Director

From the Medical Director

Nurses are at the forefront of healthcare. As Magnet Nurses, the work you do can mean the difference between life and death, as well as improved quality of life for a patient while they're in the hospital or clinic and long after they've left us.

The years 2013 and 2014 were ones of fostering excellence and partnership. We began to participate in our first Accountable Care Contract and achieved stellar results. We partnered to prepare for the care of Ebola patients, to improve patient satisfaction with pain control, and to revamp our response to Code Blue. Together we have made UW Medical Center a safer place for patients, and a more collegial place to work. We continue to support clinical education of all kinds while serving patients and families to the best of our abilities.

This report highlights the accomplishments of nurses over the past two years. On behalf of the medical staff, you have the respect and admiration of your physician partners.



Thomas O. Staiger, MD
Medical Director

NURSING PHILOSOPHY

The Nursing Strategic Plan at UWMC is grounded in the mission and vision of the medical center:

UWMC Improves Health by Providing Exceptional Patient and Family Centered Care in an Environment of Education and Innovation.

UWMC is dedicated to excellence in healthcare, research, and education. We aspire to be the healthcare system of choice for patients, the center of choice for researchers, and the education program of choice for health professionals, students, and trainees. Realizing our organizational goals will help to create a healthier future.



The Patients Are First pillars provide a framework for all of UW Medicine to achieve specific goals in the delivery of excellent care to every patient, every time. Using the concepts outlined by the Magnet framework, we will continue to advance our practice in support of the Patients Are First pillars.

- **Service to Patient/Family:** Serve all patients and family members with compassion, respect, and excellence.
- **Highest Quality Care:** Provide the highest quality, safest, and most effective care to every patient, every time.
- **Employer of Choice:** Recruit and retain a competent, professional workforce focused on serving our patients and their families.
- **Fiscal Responsibility.** Ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.

The UWMC Professional Practice Model provides the framework that articulates how nursing practice supports UW Medicine goals.

The Professional Practice Model highlights three key domains of practice for all nurses. These domains are:

- **Professionalism** requires nurses to exemplify professional practice standards that embrace and exhibit knowledge based on scientific principles, a spirit of inquiry, accountability, autonomy, advocacy, innovation, collegiality, and collaboration. Nurses also model professionalism by upholding ethical principles and values, which they incorporate into interactions and relationships with patients and their families, colleagues, and the community.
- **Exemplary Clinical Practice** reflects effective and efficient collaborative care resulting in high-quality patient outcomes.
- **Culture of Inquiry** is the ongoing process of questioning and evaluating practice, providing care informed by the best available evidence, building capacity for nurses to actively participate in and lead clinical inquiry, and supporting structures and processes to facilitate translation of evidence into clinical care.

Underlying Concepts

These two underlying concepts provide an environment for UWMC nurses to accomplish the goals above and to practice excellent nursing care:

- **Shared Leadership:** A model in which nurses are formally organized to make decisions about clinical practice standards, quality improvement, staffing, professional development, and research.
- **Relationship-Based Care:** A model of care exemplifying the development and support of three provider relationships: with self, with patients and families, and with colleagues.

PATIENT & FAMILY CENTERED CARE

UWMC MISSION STATEMENT

University of Washington Medical Center improves health by providing **exceptional patient and family centered care** in an environment of education and innovation.

When you read the University of Washington Medical Center mission statement, you will notice that *exceptional patient and family centered care* is at its heart.

What is patient and family centered care? Patient and family centered care (PFCC) is a culture that values and promotes equality in relationships, collaboration, respect, information-sharing, and clear communication.

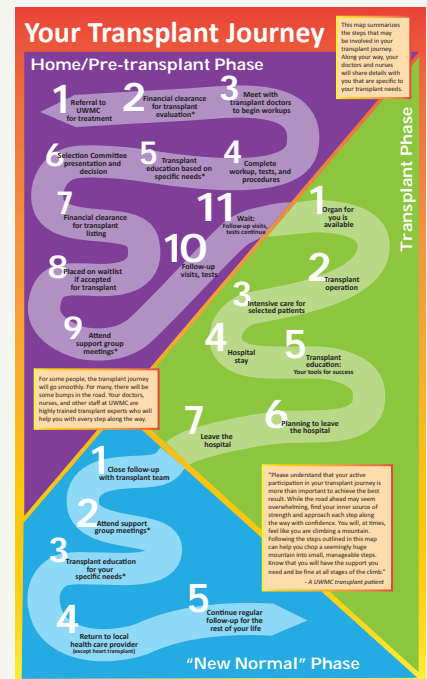
PFCC attends to the experience of being a patient. In their role of Advisors to UWMC, many patients and family members teach us what it is like to receive care here, and many say it is the nurses who make this experience outstanding. Patients and families rely on nurses to put into action the core values and the practice of PFCC.

Advisory Councils at UWMC

The Patient and Family Advisor Program is at the core of UWMC's practice of PFCC. Advisors serve on policy-making committees, practice councils, and focus groups. They act as e-Advisors via email, and they serve on seven advisory councils, each of which represents an area of practice or focus. With staff members assisting them, the work of each council comes directly from the experiences and insights of its Advisors.

Below is just a small sampling of recent projects Advisors have undertaken. These accomplishments demonstrate how Advisor/staff partnerships put PFCC at the heart of how UWMC operates.

- **Staff Job Descriptions and Performance Evaluations:** The Rehab Council incorporated patient and family centered care criteria into these documents. For example, phrases such as “in partnership with the patient and the patient’s family” were added.
- **Road Map: “Your Transplant Journey”:** Most patients feel overwhelmed when facing transplant surgery. The Transplant Council and staff developed a road map to help patients navigate the transplant process, from referral to follow-up (see graphic at right).
- **Resident Orientation:** NICU Council members designed a monthly orientation that gives resident physicians an opportunity to hear the stories of former NICU parents. Residents report that this session is deeply affecting ~ one that changes their practice.
- **Consultation:** All seven councils are available for consultation. In one year, the Outpatient Council consulted on design, planning, wayfinding, advance directives, revision of “After-Visit Summary” (available to patients in the ECare Patient Portal), evaluation of the “Facility Fee” document, and the policy for animals in clinic.



Recognition for PFCC

- The Society of Critical Care Medicine awarded the UWMC ICU the **Family-Centered Care Innovation Award**, a national award given to one facility each year.
- The Institute for Patient and Family Centered Care’s “Better Together” campaign named UWMC an Exemplar for Excellence in Engaging Patients and Families as Partners in Care, Eliminating Restrictive Visiting Policies. These revised policies recognize visitors as essential members of the healthcare team.

AMBULATORY CARE DIVISION

Nurses have a strong presence in UWMC's growing outpatient clinic system. Over 200 nurses work in primary, specialty, and procedural areas to help maintain safe, high-quality, patient and family centered care. In 2014, we supported nearly 500,000 encounters with patients in our 35 sites of practice. UWMC ambulatory care nurses work in clinics located both within the hospital and in nine other locations throughout the region. New clinic sites added in recent years include the Multiple Sclerosis Center on the Northwest Hospital campus, Regional Heart Center in Edmonds, UWMC Sports Medicine Center at Husky Stadium, the Maternal Fetal Medicine clinics in Arlington and Yakima, the Weight Loss Management Center at Roosevelt, and our new and expanded Eastside Specialty and Urgent Care Center in Bellevue.

In each of these locations, UWMC ambulatory care nurses are essential to the delivery and coordination of patient care. Nurses coach and educate patients and families dealing with acute and chronic conditions, optimize and promote wellness, and assess patients in person and over the phone. They provide skilled nursing care during visits; before, during, and after procedures; and they respond to urgent care needs. Ambulatory care nurses collaborate with physicians and other providers to help match healthcare needs with patient and family expectations.



Adele Grant, RN (right), and Muna Dahir, GI Technician, review patient clinical notes in the Center for Esophageal and Gastric Surgery Lab at UWMC.



Wendy Durand, RN, administers an infusion to a patient at the UW Medicine Multiple Sclerosis Center at Northwest Hospital and Medical Center.

Nurses are helping improve access to the appropriate level of care, smooth the transition of patients between care settings, and reduce the need to readmit patients after hospital discharge. They are often the first person patients and families call with health concerns or questions about their care. The increased complexity of care in outpatient settings requires that our nurses be skilled in care coordination and case management. These skills are also becoming increasingly important as nurses help patients become more engaged in reaching their health goals within Accountable Care Organizational structures.

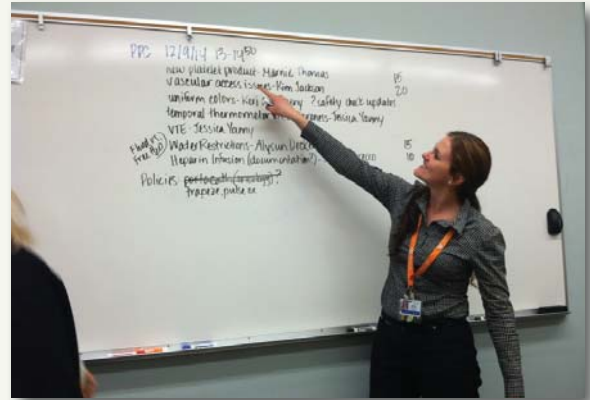
PROFESSIONAL PRACTICE COUNCIL

Shared Leadership at UWMC

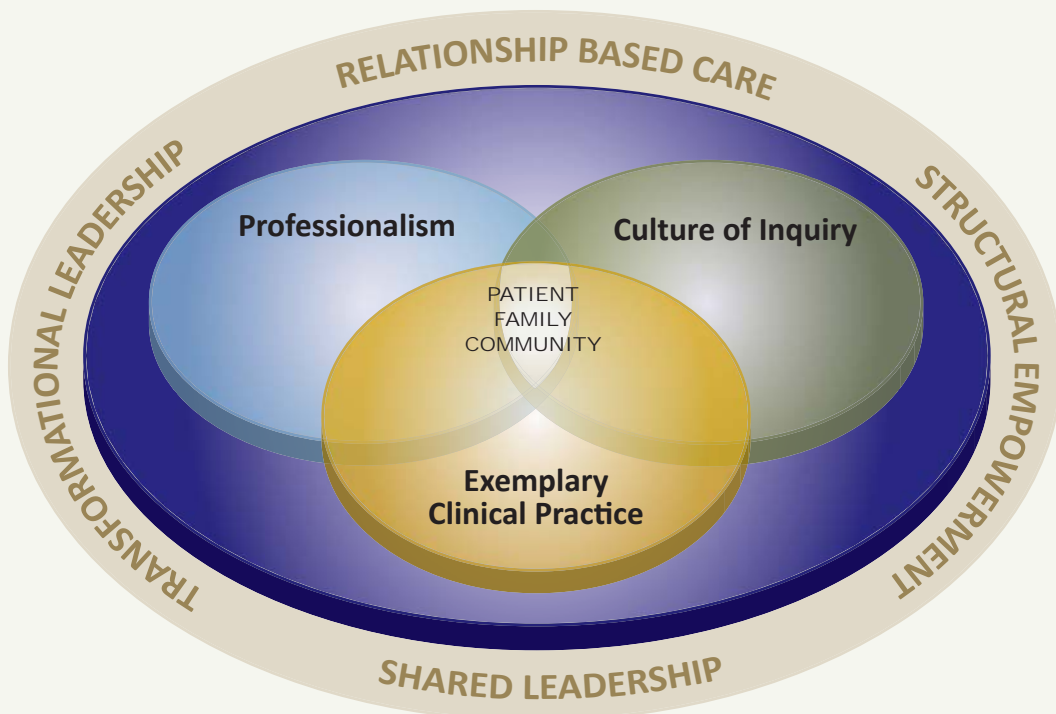
UWMC has a proud tradition of shared leadership, a model that may have contributed to the medical center being designated the world’s first Magnet Hospital. Our formal structure was codified and strengthened in 1998, and the Unit Practice Councils (UPCs), Local Practice Councils (LPCs), and Professional Practice Council (PPC) have flourished as a result. Hundreds of nurses have experienced professional development and contributed to excellence in patient care in the ensuing years.

Starting in 2013 and continuing into 2014, important work to refresh the professional practice model at UWMC took place. True to form, the process of reviewing and updating the model included our nursing councils for staff nurse participation, along with important leadership from our Director of Professional Practice, Clinical Nurse Researcher, Director of Advanced Practice Nursing, and our PPC co-chairs.

Our new model (see below) reflects an enhancement of concepts that underpin the PPC structure. These enhancements include additional details about the underlying concepts and processes that make this model so successful.



Irene Krall, RN3, 4-Southeast, co-chair of the Professional Practice Council, helps plan the meeting agenda.

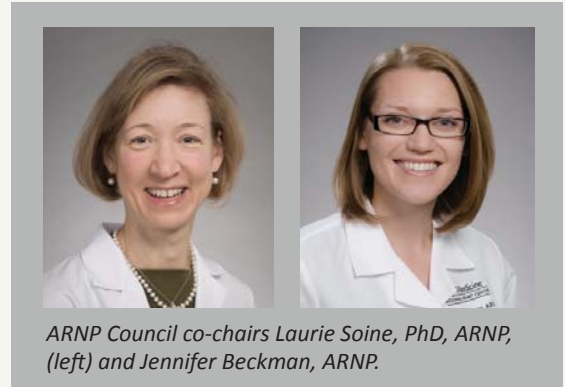


ADVANCED REGISTERED NURSE PRACTITIONERS

Advanced Registered Nurse Practitioners (ARNPs) at UWMC create and sustain an environment in which professional ARNPs can work effectively and collaboratively to improve health outcomes for patients. Currently, over 240 ARNPs have credentials to practice at UWMC in primary care and specialty areas. In the past two years there has been a consistent demand for highly trained inpatient ARNPs.

The ARNP Council at UWMC first convened in 1999 to address the unique professional practice challenges that ARNPs face. As the council has matured as a working group, it has revised its bylaws and changed its structure to continue to support its mission.

Led by two co-chairs – Laurie Soine, PhD, ARNP, and Jennifer Beckman, ARNP – the work of the Council is focused on education, role development and promotion, professional practice, and research. The ARNP Council also promotes collaborative practice models to support interprofessional work throughout the medical center.



ARNP Council co-chairs Laurie Soine, PhD, ARNP, (left) and Jennifer Beckman, ARNP.

The ARNP Council's committees help advance the work of ARNPs. The Research Committee recently completed a Nurse Practitioner Satisfaction Survey and is preparing to publish the results. The findings from this survey support the need to improve opportunities for professional development at UWMC. Members of the Role Development and Promotion Committee completed an ARNP Career Development Plan, and UWMC administration is negotiating with officials in Washington state government to implement this plan.

Council members have also continued to work with University of Washington School of Nursing faculty to facilitate the opening of the Acute Care Nurse Practitioner Program. Additionally, ARNPs have done considerable work with a grant funded by the Health Resources and Services Administration* that is focused on improving interprofessional collaboration and practice with providers in Advanced Heart Failure and Transplant.

Finally, in 2014, Kathleen Errico, PhD, ARNP, Chief ARNP at UWMC since 2007, was promoted to Director of Advanced Practice Nursing. Kathleen continues in her role as the nursing executive liaison to the ARNP Council.

**The Health Resources and Services Administration (HRSA) is a federal organization whose mission is to "improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs."*

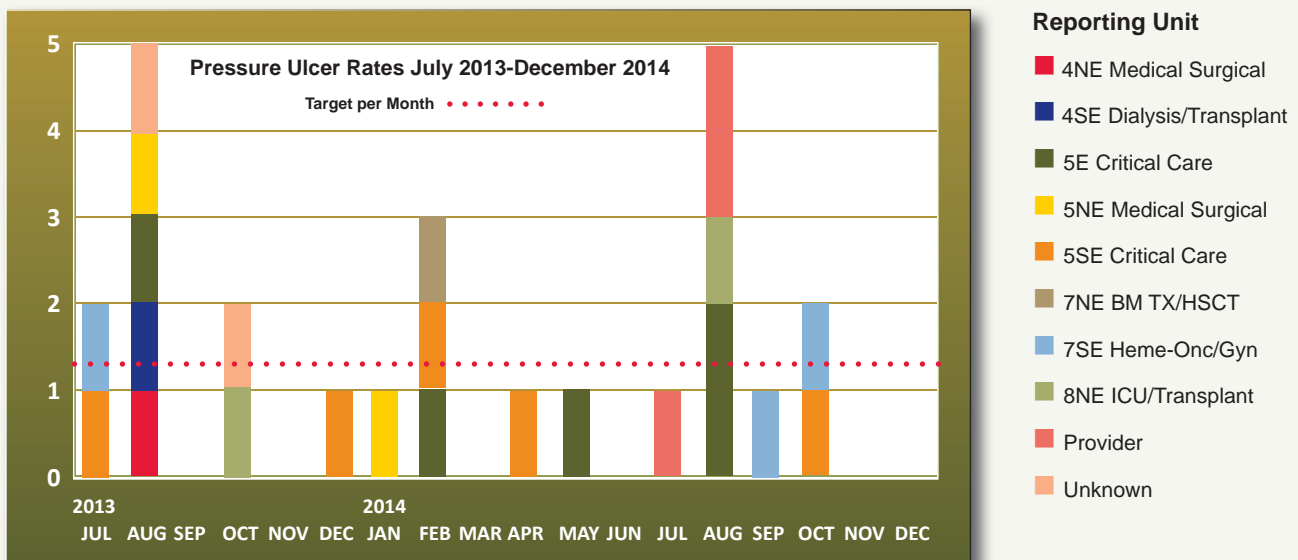
CLINICAL PRACTICE

UWMC nurses work to achieve the best clinical outcomes. Four examples of nursing-sensitive quality indicators in which we've made progress in prevention are pressure ulcers, catheter-associated urinary tract infections (CAUTI), central-line blood stream infections (CLABSI), and falls with harm. These are considered nursing-sensitive, since nursing care directly influences these patient outcomes.

Pressure Ulcer Prevention

UWMC nursing has continued to focus on preventing pressure ulcers. Key strategies include:

- Turning patients and/or mobilizing them at least every two hours, and documenting reasons if turning is not safe and not done.
- Reinforcing use of ceiling lifts to prevent friction and shear injury associated with moving patients.
- Doing a head-to-toe skin assessment on each patient, reinforcing use of interventions based on risk factors for pressure ulcers on the head, around nasal tubes and drains, in the sacral/coccyx area, and on the heels.
- Checking that all devices are in place without pressure to the surrounding skin.
- Ensuring that the patient is receiving optimal nutrition and hydration, and that blood glucose is well-controlled.

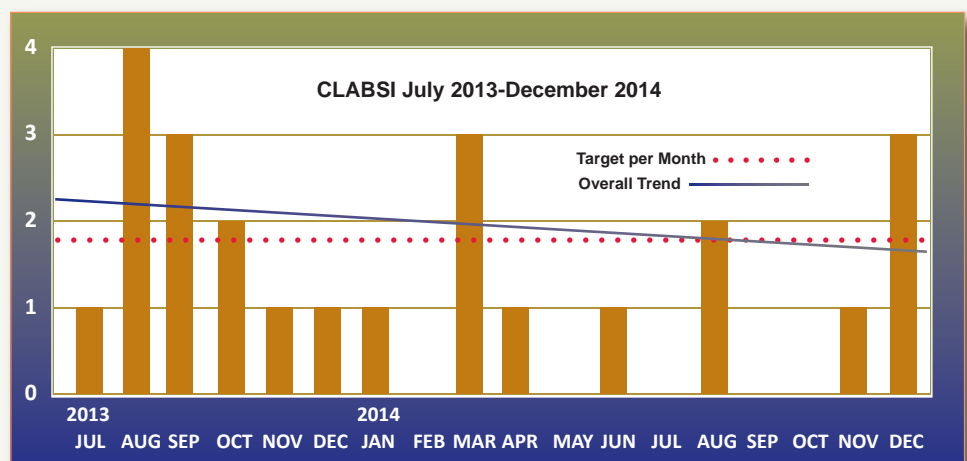


Central-line Bloodstream Infections

Central-line blood stream infections (CLABSI) continue to decline. Improvements and ongoing steps include:

- Emphasis on maintenance of the central line. We updated our education module and created a UW Medicine Nursing online

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CLINICAL PRACTICE

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module for all sites. This education is provided to nurses on hire and annually thereafter.

- Querying staff caring for the patient who has a central line infection to identify what gaps in care or education might have led to the infection.
- Instituting chlorhexidine bathing for all patients in the hospital who have a central line. Before, this bathing was done only in the ICUs and some Oncology units.
- Use of an alcohol-impregnated cap that sits on the ports of a central line and IV tubing when not in use. When the cap is removed, scrubbing with alcohol is not needed. This decreases the amount of time it takes to access a port.

Catheter-Associated Urinary Tract Infections

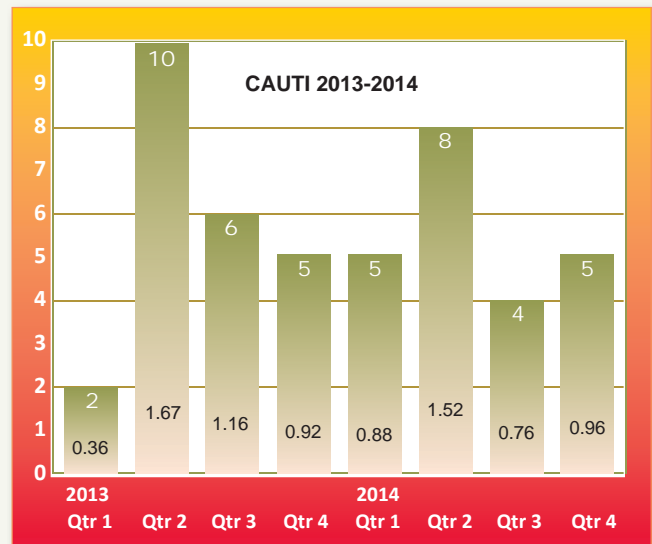
Preventing catheter-associated urinary tract infections (CAUTI) remains a strong focus for keeping UWMC patients safe. Numbers of reportable CAUTI dropped 50% in the last 5 years, and 28% in 2013-2014 alone. These improvements are due in large part to nursing interventions and attention to prevention strategies, which include:

- Maintaining strong partnerships with provider staff to ensure catheters are removed in a timely manner.
- Hospital-wide in-patient staff “reminder” trainings on prevention strategies.
- Improving catheter need evaluation and documentation in the operating room, where most Foleys are placed.

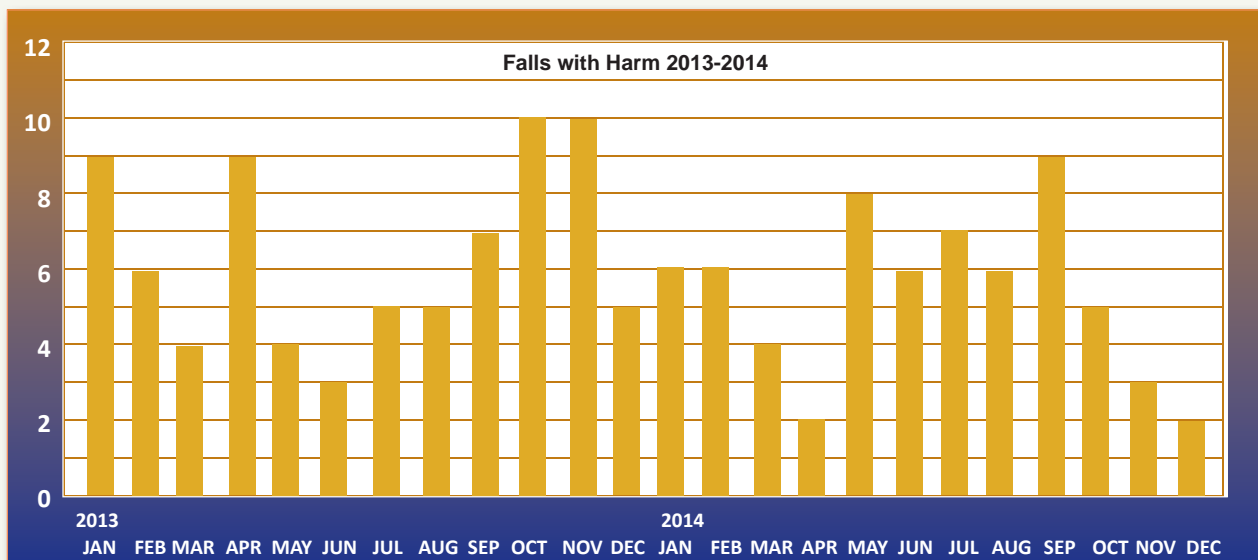
Falls

Falls with harm continue to decline at UWMC. The multidisciplinary Falls Work Group meets monthly to discuss fall and injury trends in the hospital. Staff education emphasizes safety and focuses on the use of fall and injury prevention equipment such as alarms, bedside mats, and gait belts.

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Numbers in white are the number of CAUTI cases per quarter. Percentages in black are the number of CAUTI cases divided by 1,000 Foley catheter days.



CLINICAL PRACTICE

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Our specific goals regarding falls are to:

- Continuously focus on patient safety with the goal of reduced patient falls and injuries.
- Improve teamwork and communication around fall events.
- Continue quality improvement by increasing provider and nurse knowledge of fall and injury trends.
- Engage patients and families in prevention by discussing patient-specific fall risk factors and interventions.
- Ensure all members of the healthcare team understand their role in fall prevention.
- Assess and identify risk of injury in all hospitalized patients.
- Tailor fall risk interventions to each patient's condition and risk factors.

Strategic Goals

Here are the strategic goals for UWMC nurses for the next two years, and the Patients Are First pillar(s) that each goal represents:

Goals exemplifying TRANSFORMATIONAL LEADERSHIP ensure that nurses use structures and processes to improve the healthcare system's effectiveness and efficiency.

In the next 2 years, UWMC nurses will:

- Achieve and maintain top quartile performance in patient satisfaction and nursing communication. (*Focus on Serving the Patient and Family*)
- Decrease RN turnover to less than 9%. (*Become the Employer of Choice*)
- Standardize practices and use resources thoughtfully. (*Practice Fiscal Responsibility*)
- Develop and implement an effective succession planning process to prepare new nurse leaders and sustain organizational performance and superior patient outcomes. (*Become the Employer of Choice*)
- Re-invigorate a mentorship program for all nurses who are new to UWMC. (*Become the Employer of Choice*)

Goals exemplifying STRUCTURAL EMPOWERMENT ensure that structures and processes are in place and used to enable nurses from all settings and roles to actively participate in organizational decision-making groups.

In the next 2 years, UWMC nurses will ensure a durable process to participate in professional practice activities, as indicated by:

- Establishment of a durable funding source that supports nursing participation in professional practice activities. (*Become the Employer of Choice*)
- Ability of every nurse to describe the structures used for bi-directional communication with nursing leadership. (*Become the Employer of Choice*)
- Increasing the certification rate of RNs to be greater than National Database of Nursing Quality Indicators (NDNQI) means for each specialty. (*Provide the Highest Quality Care, Become the Employer of Choice*)
- Increase educational preparation of RNs so that 80% of UWMC nurses have a BSN or higher degree by 2020. Intermediate goal for 2014-2015 is 78%. (*Provide the Highest Quality Care, Become the Employer of Choice*)

Goals demonstrating EXEMPLARY PROFESSIONAL PRACTICE include:

- Consistent adherence to the UWMC Service Culture Guidelines, treating every patient and staff member with courtesy and respect. (*Focus on Serving the Patient and Family*)



PACU nursing staff celebrate DAISY Award winner Mary Mentele (center, holding statue).

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CLINICAL PRACTICE

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- Consistent and active inclusion of the patient and family in decisions in the development and implementation of the patient's plan of care as demonstrated by care transition scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). (*Focus on Serving the Patient and Family*)
- Consistent use of bedside shift report to include the patient and family in the day's care plan. (*Focus on Serving the Patient and Family*)
- Advancement of a culture of nurse engagement by enhancing active participation of nurses in processes that impact professional and clinical outcomes, as demonstrated by RN Satisfaction Scores and Culture of Safety Scores. (*Become the Employer of Choice*)
- Fostering interdisciplinary collaboration across the continuum by promoting nurses' participation and leadership in interdisciplinary workgroups and initiatives, as measured by the number of nurses participating in multidisciplinary workgroups. (*Become the Employer of Choice*)

Goals reflecting NEW KNOWLEDGE, INNOVATION, AND IMPROVEMENTS are consistent with our strategic initiatives to advance a culture of inquiry, as evidenced by nurses at all levels evaluating and using evidence to inform their practice and improve outcomes.

In the next 2 years we will work to ensure that:

- All new nursing policies have citations of the source documents.
- Practices related to targeted areas of care are evaluated to ensure an Evidence-Based Practice.
- There is increased capability to conduct evidence-based practice (EBP) research, as shown by the number of projects completed each year.
- There is enhanced mentorship support for culture of inquiry, as shown by the number of abstracts submitted for presentation.
- Each practice council or unit has an EBP or research project completed or in progress.
- At least one nurse presents a research study or EBP initiative each year at a national level.



STAR Award winners of 2013.

All goals reflecting New Knowledge, Innovation, and Improvements represent these pillars: Focus on Serving the Patient and Family, Provide the Highest Quality Care.

Goals reflecting EMPIRICAL OUTCOMES demonstrate leveraging nursing expertise and systems of care to improve quality outcomes.

In the next 2 years, UWMC nurses will:

- Decrease pressure ulcers to below the NDNQI mean in all care areas.
- Decrease falls and falls with injury to below the NDNQI mean.
- Individually know and be able to explain the fall and pressure ulcer trends for their care area.
- Individually be able to state and demonstrate actions from ongoing initiatives to decrease the risk for falls or pressure ulcers in their care area.
- Individually be able to state the quality initiatives they are engaged in that are specific to their patient population.

All goals reflecting Empirical Outcomes represent these pillars: Focus on Serving the Patient and Family, Provide the Highest Quality Care.

PROFESSIONAL DEVELOPMENT

Education and Certification

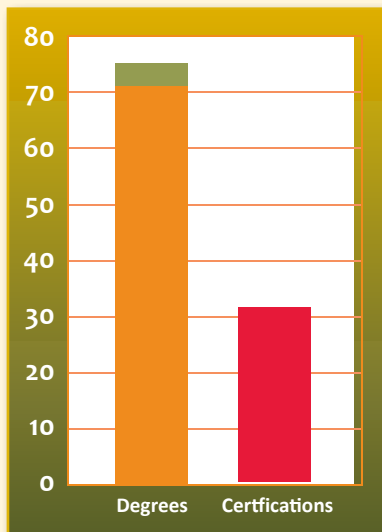
UW Medical Center places a high value on continual learning in every aspect of a nurse's professional life. Examples of the types of learning opportunities include:

- Certification
- Continued academic preparation
- Leader development
- Mentorship
- Succession planning
- Workshops

We are proud to report higher rates of Bachelors and Masters prepared nurses, as well as certified nurses. Congratulations to the nurses who have pursued this important professional development!



ICU nurses practice for emergencies in the Institute for Simulation and Interprofessional Studies (ISIS) simulation lab.



Educational Preparation of UWMC Nurses in FY 2014

- Direct Care Nurses with MSN (4.1%)
- Direct Care Nurses with BSN (71.5%)
- Direct Care Nurses with Certifications (31.2%)

Workshops

In 2013-2014, many UWMC nurses attended workshops to enhance their skills and knowledge. Our Nursing Staff Development department facilitates these workshops and works with our own subject-matter experts to provide the best in up-to-date nursing education. Our Masters-prepared Nurse Educators also work closely with UW Medicine for opportunities to work across the healthcare system, including involvement in planning the Immediate Care Conference, Ambulatory Care Conference, and Seattle Nursing Research Consortium.

Workshop topics in 2013-2014 included:

- Central line
- Charge nurse
- Diabetes
- EKG review
- Mock codes
- New graduate symposium
- Nursing grand rounds
- Ostomy care
- Palliative and end-of-life care
- Preceptor
- Wound care

THE FUTURE OF NURSING

Overview

Nurses trained about 208 undergraduate or pre-licensure nursing students at UWMC in fiscal year 2014, totaling approximately 24,000 training hours. Nurses worked mostly with BSN students from local universities.

UWMC also hosted three international groups this past year:

- Fifteen visitors from Zurich, Switzerland, toured UWMC to learn about our Patients Are First initiatives, hourly rounding, patient safety, and the LEAN process.
- Another group of visitors came from Taipei, Taiwan, to learn about patient safety, nurse residency at UWMC, and to tour the UW Institute for Simulation and Interprofessional Studies (ISIS) lab.
- We were also honored to host the Nightingale Scholars from Great Britain, who had selected UWMC as one destination of five, to enhance their understanding of the Magnet journey.

Nurse Camp Summer 2014

Attracting students of diverse ethnic and socioeconomic backgrounds into nursing is an important endeavor. To help achieve this goal, UWMC hosts the UW Nurse Camp each summer. Over 120 individuals applied to Nurse Camp for summer 2014, and we admitted 24 participants. Students attended a week-long session filled with a variety of activities, including:

- Earning a First Aid and CPR card.
- Touring the UW ISIS lab at UWMC.
- Attending lectures about how to apply to college.
- Having a “speed date” with UWMC Nursing Leaders and Nurse Managers.
- Having two opportunities to shadow an RN, which the students rated as a highlight of the week.

Each year, UWMC supports Nurse Camp by providing a nurse educator to help coordinate and plan the week's activities. The cost of one camper for the week is approximately \$250, which is funded through donations.

The UW nursing students who volunteer to help run the camp also help raise funds during the year to cover the costs for the entire week. Often, former nurse campers return and help out the following summer.



Twenty-four eager high school students interested in pursuing a nursing career attended the week-long 2014 UW Nurse Camp.

OUTCOMES & RESEARCH

Culture of Inquiry

UWMC nurses are leaders in improving both patient and organizational outcomes through research, evidence-based practice, and performance improvement. Underpinning this vital work is our culture of inquiry, in which UWMC nurses are expected to question and evaluate their practice, provide evidence-based care, and actively participate in and lead clinical research.

This engagement in a culture of inquiry is visible, as each year more UWMC nurses take part in advancing care through clinical inquiry. Through research and innovative initiatives, UWMC nurses support UW Medicine Pillars (see “Nursing Philosophy” on page 3), demonstrate expertise, and make a positive difference for our patients and organization.

UWMC Nurses Directly Support UW Medicine Pillars

A “Culture of Quiet” is designed to create a healing environment. A multidisciplinary team of Intensive Care Unit (ICU) nurse leaders¹ led a system change that decreased ICU noise. Related work resulted in decreasing the frequency of bedside monitor false alarms, further enhancing a quiet ICU. The science behind creating and evaluating noise-reducing interventions was summarized in a paper by Amy Stafford and Amy Haverland that was published in the *American Journal of Nursing*, the oldest and largest nursing journal in the world.

Another team, which included a nurse and physician², conducted a pilot study evaluating a 45-minute guided relaxation intervention aimed at decreasing stress in families of ICU patients. Based on positive results, UWMC is now supporting personnel to continue this program.

UWMC Nurses Demonstrate Expertise

A renal clinical nurse specialist³ mentored nurses from the hemodialysis team in a study comparing two standard hemodialysis methods to determine if one method was more effective than the other in terms of patient outcomes, time, and cost. The importance of the findings and the quality of this research are exemplified by its competitive selection for presentation at the American Nephrology Nurses Association, a national forum.

Under the mentorship of an ICU clinical nurse specialist, a UW School of Nursing (SON) Doctor of Nursing Practice (DNP) student⁴ led an initiative to optimize detection of delirium in ICU patients. This work will support interdisciplinary interventions aimed at decreasing delirium in these patients, and it was competitively selected for presentation at the Society of Critical Care Medicine Congress. Research presented at the national Magnet conference found that even minor changes in mental status increase fall risk, making strategies to decrease confusion and delirium in hospitalized patients even more important⁵.

UWMC Nurses Are Making a Difference for Our Patients and Organization

- A systematic fall prevention initiative led by nurses on 4-Southeast (transplant and renal care) resulted in a dramatic and sustained reduction of falls, outperforming the national benchmark for over a year. Strategies used in this successful program, which emphasizes partnership with patients and their families, are being disseminated throughout UWMC.



Julia Wauters, RN, takes vitals of a kidney care patient at UW Medical Center.

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OUTCOMES & RESEARCH

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- Two nurses⁶ led an effort to standardize bedside supply carts in the ICU. This innovative “green” initiative improves workflow, reduces time needed for cart restocking, improves infection prevention, decreases waste, and is estimated to save \$100,000 a year in supply costs. Similar work was undertaken in the Operating Room.
- Initiatives to improve the care environment for both patients and staff are important. A nurse from 4-Southeast⁷ and the 4-Southeast Unit Practice Council led an initiative to decrease moral distress⁸ related to challenging care issues and to enhance moral courage in nurses. In collaboration with physicians, social workers, and the ethics and palliative care consult teams, an educational intervention was conducted to develop and support nurse mentors to address these complex issues.

Additionally, resources were created to support shared decision making and communication among the various members of the healthcare team. The initiative increased the nurses’ awareness and recognition of moral distress in themselves and in their colleagues, increased support and courage to address these challenging issues, and led to nurses’ active engagement to support all care providers. Success of this initiative, and its importance in creating a healthy care environment for patients and staff, is evident in the hospital-wide dissemination of the program.

Congratulations to our UWMC nurses for being leaders in generating new knowledge, evidence-based practice, and innovation!



UWMC nurses share our outstanding achievements each year at the Seattle Nursing Research Consortium (SNRC). Left to right: Pat Berg, Jenny Murphy, and Kathleen Bornstedt at the 2013 SNRC conference.

- 1 Amy Haverland, RN, BSN, CCRN; Amy Stafford, RN, MN, CCRN; Patricia Kritek, MD, EdM; and Keri Nasenbeny, RN, BSN, MHA. Amy Haverland and Lindsay Boyd, MS, RN, CCRN, did the work on reducing noise from monitor false alarms.
- 2 Desiree Wood, DNP RN, UW School of Nursing faculty, and Josh Benditt, MD
- 3 Nancy Colobong Smith, DNP, ARNP
- 4 Amy Stafford, MN, RN, and Rache Mureau-Haines, RN
- 5 Joni Herrington, MN, RN, and Veronika Smirnova, DNP, RN, UW SON
- 6 Nicole Solvang, RN, and Marie Cockerham, RN
- 7 Chantelle Dykstra, RN
- 8 Moral distress occurs when one’s judgment about what a patient needs is outside the nurse’s control and in conflict with the treatment plan.

SPECIAL REPORT

Ebola Preparation: It takes a village!

Many staff at UWMC spent much of the latter part of 2014 preparing to care for a patient with Ebola virus disease (EVD). While the chances of treating an EVD patient at UWMC were small, being prepared to do so was crucial.

A multidisciplinary group led this effort, and in a very short time we had prepared a space to accept an EVD patient. This included building walls, constructing an anteroom, installing negative pressure, installing communication systems, and organizing countless supplies. We then focused our efforts on training nurses and physicians on proper use of personal protection equipment (PPE). At the same time, hospital leadership regularly held open forums, sent emails, and held staff meetings to disseminate information to all staff about the progress of the work.

Once we created a safe place to house a patient with EVD, we held drills and simulations on caring for a patient with a highly communicable disease. These exercises both reinforced the protocols we had developed and helped identify where changes were needed. Nurses and doctors from the Intensive Care Unit and Emergency Department, as well as respiratory therapists and staff from Environmental Services, Infection Prevention, Materials Management, Security, and the lab, took part in these exercises.



Roosevelt Ambulatory Managers practice donning and doffing PPE.



Robin Olsen-Scribner, MN, RN, Infection Control Practitioner, instructs nurses on PPE donning.

Preparing to care for a patient with EVD provided the opportunity for us to examine what it takes to work together as a team. In doing so, we used the Team STEPPS standards for teamwork that UWMC has adopted, focusing on leadership, communication, situation monitoring, and mutual support.

Although the Ebola outbreak has waned, UWMC is now equipped to deal with it and other highly infectious diseases. This intense preparation, in which nurses played a key role, was possible only because so many people dedicated themselves to this effort and accomplished so much in such a short amount of time.

A sincere thank you to all!



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