

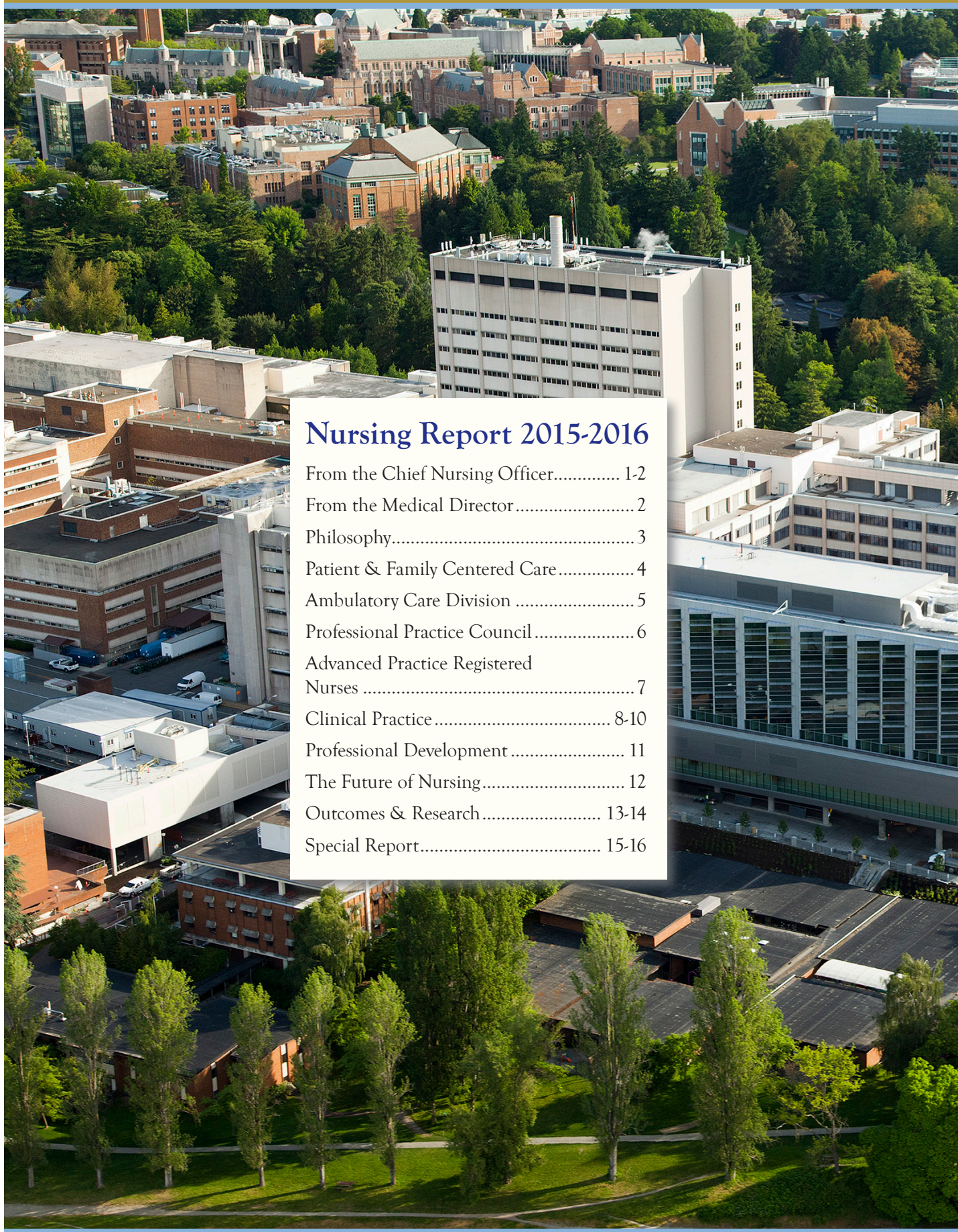
# NURSING REPORT

## 2015 - 2016



UWMC: World-Class Healthcare by World-Class Nurses





## Nursing Report 2015-2016

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## SPECIAL REPORT

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(PPC), met with interprofessional quality representatives and ethics liaisons, talked with nurse managers and staff involved in research, recruitment, and retention, met union representatives, and invited community members and nursing education leaders to speak about the critical role UWMC fulfills. The appraisers also invited more than 160 clinical nurses (randomly selected by Magnet headquarters) to meet in private to discuss their views. It was surely a team effort demonstrating the depth and breadth of UWMC nursing commitment and expertise! The appraisers were generous in sharing their positive impressions of everyone they encountered.

**November 2016:** The ANCC Magnet Commission officially awarded UWMC its sixth designation.

“This recognition is the culmination of hard work by many people in your organization, and on behalf of the ANCC staff and volunteers, I wish to congratulate you.”

– Jan Moran, Director of Magnet Operations, November 2016



Bringing the same focus to operational efficiency that we give to quality, safety, and service

### Operation Excellence

While patient care remains the biggest focus of our work at UWMC, the economic realities of healthcare in the United States today demand that we also strive to improve the value of the care we provide. We can achieve this by expanding our understanding of the “value equation,” which considers not only the outcomes of care (quality and service), but also the associated costs thereof. UWMC’s Operation Excellence was initiated to evaluate operational efficiencies so that we can improve our work environment and the value of the care our patients receive.

In 2016, we engaged Novia Strategies, a national consulting firm that helps hospitals improve their operations, quality, and financial strength. Novia provided us with a comprehensive and objective assessment, which helped us to identify and prioritize the changes we have now embarked upon through Operation Excellence.

Operation Excellence is focused on three areas for streamlining processes and balancing costs: productivity, capacity management, and pay practices. We are working together to improve our patient care resources and practices by building bridges between nursing units, tackling unnecessary barriers to providing patient care, and creating new tools for making scheduling and staffing decisions.

Our vision is to bring the same focus to operational efficiency that we give to quality, safety, and service. Some changes have already begun:

- Interdisciplinary discharge huddles are being piloted on select units to facilitate discharge planning and momentum.
- Nursing huddles have been started on all nursing units every four hours to identify issues that may require shifting staff resources.
- Goals have been set for reducing incremental overtime and units are rising to the challenge.
- Charge Nurses now complete a Productivity Report every four hours to document admits, discharges, number of patients in beds, and current staff, which will help optimize processes and scheduling.
- Skills workshops for RN3 and Charge Nurses are underway to explore change management and reinforce hospital-wide awareness.
- Nurse Staff Education Days now include “Driving for Value in Nursing Practice,” led by nursing leadership.
- Tools are being created to make data more readily available to support decision-making.



Charge nurses and RN3s at an Operation Excellence Skills Lab



Cindy Sayre, PhD, RN,  
Chief Nursing Officer

### From the Chief Nursing Officer

I am humbled and excited to be writing my first letter as the University of Washington Medical Center’s Chief Nursing Officer for our biannual Nursing Report! Throughout this report you will see evidence of the steadfast commitment of every UWMC nurse to provide exceptional care to every patient every time. It is truly an honor to work alongside such exemplary nurses, without whom this report would not be possible.

The last two years have been a time of growth and accomplishment. In 2016, we were proud to be the first hospital in the world to receive a 6th Magnet designation, which is a testament to our relentless focus on achieving excellent outcomes for the patients we serve. Not only did we achieve re-designation, we did so with no deficiencies cited by the Magnet survey team~ a truly outstanding accomplishment!

Based on the five major components of the 2016 Magnet Model, here are some of the characteristics that earned UWMC its 6th re-designation:

- **Exemplary Professional Practice:** This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence. At UWMC, our Unit, Local, and Professional Practice Councils are leading projects like Structured Interdisciplinary Bedside Rounding, Improving Break Culture, and Pain Management to ensure that the nurses who are closest to the work are the ones designing the workflows.
- **Structural Empowerment:** Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where an organization’s mission, vision, and values come to life. Nursing leaders are committed to assisting staff with their professional development and to empowering all staff to strengthen our relationships with each other, our partners, and our community, and to achieve optimal patient outcomes and health. At UWMC, our Nursing Recruitment and Retention Committee developed the Professional CARE Pathway to ensure that our nurses are aware of all the ways they can participate in their own development. Our goal is to foster growth and progress at every stage in our nurses’ careers.
- **Transformational Leadership:** Today’s leaders are required to transform their organization’s values, beliefs, and behaviors. The transformational leader must lead people to where they need to be in order to meet the demands of the future. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice. At UWMC, we pride ourselves on the collaboration between clinical nurses and organizational leadership on issues such as enhancing support for our ethical climate and addressing moral distress through activities such as Schwartz Center Rounds and Ethics Rounds.
- **New Knowledge, Innovations, and Improvements:** Current systems and practices need to be redesigned and redefined if we are to be successful in the future. This includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing. At UWMC, our nurses are pursuing evidence-based practice and clinical inquiry with projects such as Family Presence During Resuscitation and Handoff between the ICU and Acute Care Units.
- **Empirical Quality Outcomes:** Having strong structures and processes are foundational, but the outcomes for patients and staff are the real focus of our work. Quantitative benchmarks have been established, which act as a report card to help drive and demonstrate excellence. At UWMC, we constantly strive for excellent outcomes in Nursing Sensitive Quality Indicators such as Falls (with Injury), Pressure Injuries, Central Line Associated

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Blood Stream Infections, and Catheter Associated Urinary Tract Infections. Our hospital is currently outperforming the means of each indicator compared with other academic medical centers across the country.

All of this work ensures that we will continue to realize our vision for UWMC nursing: world-class healthcare by world-class nurses. I hope you will enjoy reading this biannual University of Washington Medical Center Nursing Report as much as I have! I am so proud to be a UWMC nurse!



Cindy Sayre, PhD, RN  
Chief Nursing Officer



Thomas O. Staiger, MD,  
Medical Director

### From the Medical Director

Nurses play an essential role in the delivery of safe, high-quality, patient- and family-centered care. As Magnet nurses, the work you do can mean the difference between life and death, and an improved quality of life for a patient – both while they’re in the hospital or clinic and long after they’ve left our facilities.

During 2015 and 2016, we continued our interdisciplinary efforts to improve quality, safety, and the value of care provided at UWMC. Numerous initiatives to improve handoffs and transitions of care were undertaken. Structured interdisciplinary bedside rounds were expanded from our ICU and NICU to our general medicine services, with plans made to include additional services. Schwartz Rounds were begun to give providers a venue to discuss the social and emotional issues involved in caring for patients and families. The quality of nursing care at UWMC was recognized with a 6th Magnet Award. Together we have made the University of Washington Medical Center a safer place for patients and a better place to work. We continue to support clinical education for a wide variety of disciplines while providing outstanding patient- and family-centered care.

This report highlights the accomplishments of nurses over the past two years. On behalf of the medical staff, you have the respect, admiration, and appreciation from your physician partners for all you do to make UWMC an outstanding place to receive and to provide care.



Thomas O. Staiger, MD  
Medical Director

# SPECIAL REPORT

## We Are Magnet

“The Commission on Magnet is proud to recognize your sixth designation as a Magnet organization! This credential is a testament to the countless contributions your nurses, in collaboration with other team members, have made in their commitment to provide quality patient care through innovations in professional nursing practice.”

~ ANCC Magnet Program Office, November 2016



In November 2016, UWMC was granted its sixth consecutive Magnet® designation for professional nursing excellence and quality patient care. Fewer than 7% of hospitals in the United States have ever achieved Magnet recognition for nursing expertise, knowledge, and constant drive to discover, innovate, and improve outcomes. In 1994, UWMC was recognized as the world’s first Magnet program, and we remain the only hospital to hold Magnet status for 22 years running. As we are required to re-apply for Magnet status every four years, the application for our seventh designation will be due in November 2020.



*A special thank you to our team of “Magnet Champions”! This team convened for the first time in January 2015 and was comprised of more than 55 nurses representing their respective inpatient, procedural, or ambulatory nursing areas. For nearly two years during the re-designation cycle, they met monthly to help build awareness of the Magnet Model and to serve as a touchstone for ‘keeping it real’ for clinical nurses. They have already begun to meet in preparation for our seventh re-designation effort!*

UWMC’s sixth Magnet award was the result of a broad and engaged team of nurses that provided the American Nurses Credentialing Center (ANCC) with the required evidence of operational and practice excellence. Magnet recognition criteria have evolved to further improve quality patient care, with increased emphasis on measured outcomes, interdisciplinary collaboration, and nursing innovation at every level of the organization. The five major components of the 2016 Magnet Model were:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements
- Empirical Outcomes

### Magnet Timeline

**January 2015:** Our re-designation effort officially kicked off with the appointment of our “Magnet Champion” team (comprised of unit representatives) to help guide the process and build awareness.

**October 2015:** We submitted 78 written narratives (sources of evidence) to describe our success in meeting specific Magnet requirements. These narratives were authored by more than 50 nurses but reflect the work of many more. More than a third of the narratives were required to document and graph pre- and post-initiative data reflecting measurable and sustained outcomes.

**September 2016:** UWMC hosted a three-day onsite visit. What a whirlwind! Three Magnet appraisers visited patient care units and interacted with staff, observed our Professional Practice Council

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## OUTCOMES & RESEARCH

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components of our nursing strategic plan to ensure that UWMC remains an employer of choice with highly engaged and satisfied nurses.

Another unique program to advance our global outreach and enhance nurse satisfaction and intent to stay is led by Lia Golden, BSN, RN, CCRN. Lia is the driving force behind the development of the International Nursing Program (INP) that has provided education to nurses in Cambodia, Brazil, and Nepal. Lia systematically developed, tailored, and presented this program and she established partnerships to sustain the initiative. With the support of UWMC, six nurses were selected to participate in the program. In addition to the direct outcomes for the international participants, Lia evaluated outcomes for the UWMC nurses who participated, including positively affecting the nurses' intent to stay at UWMC. "This project helped me to rethink about my long-term goals and re-engage in my practice," say Lia, "as I have felt uncertain in which direction to go and have been seeking new opportunities. I also felt more appreciative and grateful for where I worked after doing this project."



5-East nurse Lia Golden collaborating with local nurse champions as part of her work with the INP.

### UWMC Nurses: Mentoring Others to Advance Care

UWMC Nurse Educators Peg Snyder, MN, RN, and Joanne Pinner, MN, RN, and Oncology CNS Lenise Taylor, MN, RN, AOCNS, collaborated with UW School of Nursing honor student Sara DeRosier and UWMC Clinical Nurse Researcher/UW SON Professor Elizabeth Bridges, PhD, RN, CCNS, to conduct a "study in a day." The study addressed a not-yet-studied clinical practice question: does the direction of the blood pressure cuff affect blood pressure measurements? The team developed a protocol, and then completed the study over an 8-hour period (from initial introduction and invitation to participate to the presentation of results). This study had a second purpose: to demonstrate to nurses attending the Seattle Nursing Research Conference how to efficiently conduct a research study. In addition to learning the process of research, the results answered the clinical question: there was not statistical difference in BP measurements. The team is now preparing to present the results and replicate the work in an inpatient setting.

Deena Young Guren, MN, RN, CNS-CP, has shared her expertise related to perioperative nursing and initiatives to introduce evidence-based practice to nurses at all levels of practice. She has provided guest lectures in the UW School of Nursing and shared her expertise at professional conferences, as well as with nurses in Germany and China. She is a recognized expert and is involved in research to enhance safety and mitigate the risk of skin pressure injuries in high risk surgical patients.

### Making A Difference

Chantelle Dykstra, BSN, RN, CMSRN, and Mike Powers, MS, RN, CCRN, collaborated with senior nursing leaders and Magnet Champions across UWMC to engage all nurses in the advancement of quality care. The team developed dashboard and communication tools to highlight our achievement of quality patient outcomes compared to national standards, with a goal of beating the national benchmarks ("going green"). This multi-year work has focused on initiatives to ensure high quality care and demonstrates the importance of using a common language to communicate about care. It has also provided meaningful data and feedback so we know where to focus our efforts.

Nurses across UWMC are encouraged to further this work by enhancing organizational level outcomes, including the patient experience and fiscal outcomes. UWMC nurses are "going green!"

## NURSING PHILOSOPHY

At UWMC, we strive to provide world-class nursing for our patients and their families. To do that, we hire the best nurses, utilize state-of-the-art education and professional development practices, and aim for the top performance in patient outcomes. The UWMC Nursing Strategic Plan helps guide us in staying focused on our mission: "UWMC Improves Health by Providing Exceptional Patient and Family Centered Care in an Environment of Education and Innovation."

*Develop nursing leaders, empower nurses to participate in/lead care delivery, and advance nursing practice for all we serve*



UW Medicine is dedicated to excellence in healthcare, research, and education. We aspire to be the healthcare system of choice for patients and their families, the research center of choice for scientists and clinicians, and the education program of choice for health professionals, trainees, and students. The UWMC Professional Practice Model provides the framework that articulates how nursing practice supports UW Medicine goals.

### UWMC Nursing Strategy Components

- **MISSION** *Develop nursing leaders, empower nurses to participate in/lead care delivery, and advance nursing practice for all we serve*
- **VISION** *World-class Healthcare by World-class Nurses*



Goal 1	Goal 2	Goal 3
<b>Deliberately Developed UWMC Nurses</b> <small>(Professionalism, Transformational Leadership)</small>	<b>UWMC RNs Engaged and Empowered to Participate In and Lead Care Delivery</b> <small>(Structural Empowerment, Shared Governance, Shared Leadership)</small>	<b>Optimize Care/Care Outcomes by Advancing Nursing Practice &amp; Systems of Care</b> <small>(Exemplary Clinical Practice, Culture of Inquiry, Relationship Based Care)</small>
<b>OBJECTIVES:</b> 1.1 Prepare UWMC nurses to fill formal leadership positions 1.2. Ensure UWMC nurses practice to highest scope of licensure 1.3. Advance professional identity of UWMC RNs	<b>OBJECTIVES:</b> 2.1 Engage UWMC nurses in shared leadership and governance 2.2 Empower and prepare UWMC RNs participate in/lead interdisciplinary activities 2.3 Recruit and retain the highest quality nurses	<b>OBJECTIVES:</b> 3.1 Promote patient/family care experience 3.2 Generate new knowledge to improve care/care outcomes 3.3 Translate evidence and innovations into care to optimize outcomes

## PATIENT AND FAMILY CENTERED CARE

When you read UWMC's 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.

#### Performance Evaluations

The Rehab Council incorporated patient and family centered care criteria into staff performance evaluation documents. For example, phrases such as "in partnership with the patient and the patient's family" were added.

#### 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.

#### Moving the ICU to the New Montlake Tower

ICU Council Advisors assisted in the process of preparing for the ICU's move into the new Montlake Tower. This move was three years in the making and resulted in a beautiful and well-planned unit. Advisor input ensured amenities such as USB ports in lockers, so patients and families can charge their devices in a secure way. Advisors also helped with the physical move of patients on move-in day, and continue to assist as the new units settle in.

#### Transplant Mentor Program

Transplant Council members (Advisors and nursing staff) led efforts to form the first Transplant Mentor Program for all types of transplant. A new Mentor Program brochure was created and the first comprehensive mentor training took place in the fall of 2016.

#### MISSION STATEMENT

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



ICU Advisory Council 2016

## OUTCOMES & RESEARCH

### Advancing a Culture of Inquiry

#### Making a Difference for Our Patients, Our Nurses, Our Organization

UWMC nurses continue to advance the care of our patients. During the 2016 Magnet survey, more than 40 nurses represented teams engaged in research and evidence-based practice and quality improvement initiatives. The surveyor recognized the extraordinary quality of our work, much of which is led by direct care nurses, and encouraged us to reach out as a leader and resource for the community. Annually, UWMC nurses represent the largest group of nurses presenting their work at the Seattle Nursing Research Consortium conference. In 2015, 16 nurses participated in the conference. In 2016, UWMC nurses presented 20 posters or gave oral presentations to an audience of nearly 300 nurses from the Pacific Northwest. These presentations typically represent initiatives to improve patient and organizational outcomes. Many of the nurses will go on to present their work at national conferences and publish in major nursing journals, reflecting the continued growth of our culture of inquiry.

#### UWMC Nurses: Leaders in Care

An initiative to support family presence during resuscitation was implemented by a collaborative team from ICU nursing/medicine, Social Work, and Spiritual Care (Farah Herrera, BSN, RN, CCRN, Mandy Boes-Rossi, MSW, LICSW, Amy Furth, MTS, MDiv, BCC, Amy Haverland, MN, RN, CCRN, Tracy Hirai-Seaton, MSW, LICSW, Patricia Kritek, MD, EdM, Carol Kummet, LICSW, MTS, and Sheryl Greco, MN, RN). Since the initiation of this program, more than 200 families have been present and supported during emergency resuscitation situations. Further work is ongoing to evaluate the impact of the initiative on the care providers as well as the families. Farah Herrera has presented this work at the international Critical Care Medicine conference and it is being published in a major critical care nursing journal.

Nicole Solvang, BSN, RN, led an interdisciplinary initiative involving Palliative Care and UWMC/Harborview nurses and pharmacists. A key component of the initiative was the development and implementation of standardized order sets and an evidence-based algorithm to ensure safe pain management for individuals at end-of-life. Follow-up evaluation is ongoing related to provider confidence in providing the highest quality compassionate care for these patients.

Collaboration with faculty from the UW School of Nursing provides opportunities to enhance research. Sarah Sweeny, MN, ARNP, Donna Davis, MN, ARNP, and Elaine Thompson, PhD, RN, explored inpatient perceptions of nursing communication and actions that affect emotional well-being and potentially impact psychological demoralization. Demoralization, which is characterized by feelings of hopelessness and powerlessness, affects more than a third of long-term hospitalized medical patients. Patients both with and without demoralization reported that nurse communication positively influenced their well-being, and these results suggest areas for further research to enhance care through therapeutic communication.

#### Enhancing a Healthy Work Environment

Numerous initiatives and projects have been undertaken to enhance the environment of care for all providers. Greta Martin, MS, RN, CCRN, completed research exploring the long-term fiscal benefits of embracing an ethical climate. Her research estimates a cost of more than \$250,000 to replace a nurse, rendering it imperative to mitigate issues such as moral distress and ethical issues that may contribute to a nurse's decision to leave UWMC. This work, along with initiatives to enhance a culture of civility (Leslie Hampton, MN, RN), moral courage (Karena Wong, MN, RN) peer-to-peer communication (Alice Salcido, BSN, RN, and the PACU Local Practice Council), and ensuring that nurses are taking their breaks (Megan Alatrasta, BSN, RN, CCRN, and Mica Toyota, BSN, RN, CCRN) are

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# THE FUTURE OF NURSING

## Overview

Each year, undergraduate and pre-licensure nursing students come to UWMC to learn from and work alongside our nurses and nurse managers. The students are given access to a network of distinguished staff, peers, and the surrounding community, which enables them to build lifetime connections with leaders in healthcare. By working with UWMC staff, nursing students gain real-world, hands-on experience in research and community clinics. They routinely collaborate on world-changing activities in the larger healthcare community.

In 2015, 184 undergrad and pre-licensure nurses were trained, totaling 22,757 hours. In 2016, nurses trained 172 undergraduate and pre-licensure nursing students, totaling approximately 19,472 training hours. Nurses worked mostly with BSN students from local universities.

## Nurse Camp Summer 2016

Attracting students of diverse ethnic and socioeconomic backgrounds into nursing is an important endeavor. To help achieve this goal, UWMC has collaborated with the UW School of Nursing to host the UW Nurse Camp each summer for the last eight years. More than 120 high school sophomores and juniors applied to Nurse Camp for 2016, and 26 participants were admitted. Activities during the week-long Nurse Camp included:

- Earning a First Aid/CPR card and completing HIPAA training
- Touring the WWAMI Institute for Simulation in Healthcare (WISH) lab at UWMC
- Attending workshops about how to apply to college and nursing school
- Learning about hospital codes, infection control, and how to take blood pressure measurements and vitals
- Participating in “speed rounds” with community and UWMC nursing leaders and Nurse Managers
- Shadowing RNs on different inpatient units (which the students rated as a highlight of the week)

Each year, UWMC supports UW Nurse Camp by providing nurse educators to help plan and coordinate the week's activities with UW School of Nursing staff and student leaders.

The cost for one camper to attend for the week is about \$250, which is partially funded through community 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 to volunteer in subsequent summers.

A recent survey of former campers shows that more than 90% of respondents have gone on to attend college.

- 12 former campers are currently working as licensed RNs
- 14 have previously completed the UW BSN program
- 7 are currently enrolled in the UW BSN program
- 4 have applied to the UW BSN program for 2017
- Many campers have pursued their education in 12 other nursing programs



Twenty-six enthusiastic high school students interested in pursuing a nursing career attended the week-long 2016 UW Nurse Camp.

# AMBULATORY CARE DIVISION

More than 200 registered nurses work in UWMC's Ambulatory Care division, which includes primary and specialty clinics and procedural areas. They provide safe, high-quality, patient- and family-centered care in 35 sites spanning 10 geographical locations. The role of the ambulatory nurse has become increasingly important as hospital length of stay continues to decrease and the level of acuity for outpatients increases. Besides providing direct care during clinic or procedure visits, RNs monitor symptoms between clinic visits, prepare patients and their families for hospital admission, coordinate care, make post-discharge phone calls to address concerns, and provide follow-up nursing care. Women's Health Care Center RNs, for example, provide essential preoperative education for patients undergoing gynecological surgery and the same nurse calls them following their hospital discharge, providing continuity of care and ensuring that recovery is following normal parameters. Nurses in primary care settings, like the General Internal Medicine Clinic, are experts in all aspects of telephonic nursing, but also perform IV hydration, complex wound care, bladder irrigations, CVAD access, and dressing changes. They also assess and monitor patients with urgent or emergent health concerns while awaiting transfer to the ER.



Pat Marshall Rosen, RN2 in the Digestive Health Center, explains that triaging patient concerns is like “solving a puzzle with every phone call.”

Care coordination and care management are a growing focus of ambulatory nursing practice. UWMC clinic nurses handle over 7,000 telephone encounters related to care management or coordination each month. During these calls, RNs assess patients' needs, assist them to self-manage their health concerns, and help them reach shared health goals.

RNs in the Digestive Health Center, in addition to providing careful sedation for patients undergoing endoscopic procedures, work with patients with needs due to inflammatory bowel disease, including acting as a bridge between clinical research and clinical care. In the Bone and Joint Clinic, RNs coordinate care and provide a safety net for patients with chronic conditions and pain management challenges. Ambulatory RNs also increasingly interact with patients through eCare, the Epic patient portal, triaging patient symptoms, addressing complex concerns, connecting the patient with information and resources, and researching the patient's concern before consulting with the provider.

In our Regional Heart Center, RNs provide telephone support and remotely monitor patients with implanted devices including pacemakers, defibrillators, and CardioMEMS™ (heart failure monitor). They use protocols to manage patients on anticoagulant therapy, assist patients in understanding complex medication regimens, and make post-discharge phone calls to patients admitted to local or regional hospitals. The RNs may talk with recently discharged cardiac transplant patients twice a day to assure they are able to handle complex care needs in the home.

Ambulatory nurses' roles vary widely depending on the setting, but the core elements of professional nursing – in assessment, relational care, expert practice, education, anticipatory guidance, and patient advocacy – are constants no matter the practice site.



RNs in the Regional Heart Center Edmonds Clinic provide care for patients during and between clinic visits. Pictured: Courtney Lee, RN2; Shymol Asinobi, RN2; Darla Fagan, Nurse Manager; Barb Crane, RN3; and Chuck Crowell, RN2.

# PROFESSIONAL PRACTICE COUNCIL

## Professional Practice

UWMC Nursing is proud of our professional practice model. Our housewide Professional Practice Council and Local Practice Councils continued to flourish in 2015 and 2016. Nurses from throughout the medical center participated in improving care and the nursing practice environment. We enjoyed an additional burst of energy as we applied for and received Magnet redesignation! Here are highlights from two of our Local Practice Councils (LPCs):

### Neonatal Intensive Care Unit (NICU) LPC

The focus of the NICU LPC is to establish evidence-based patient care to achieve desired outcomes for NICU patients. In 2016, we revised the NICU Ventilator Associated Pneumonia (VAP) Standard of Care. While the NICU VAP rate has been low over the last several years, our patients were experiencing a number of positive tracheal cultures, which may represent VAP cases that are difficult to diagnose in the neonatal patient population. We also helped to develop an LMS module to educate staff on the practice changes.



The NICU LPC is also working on other projects. We are revising our Infection Standard of Care, bedside safety checks, and handoff protocols. These practice changes will be presented in the fall staff meetings. Our next project will be a CLABSI Reduction Bundle.

The NICU LPC represents the 120-plus nurses who work on 4SA. NICU LPC members are April Millar, Heather Mandigo, Jennifer Fesinmeyer, Larisa Mokhnach, Marna Yates, Sally Muskett, Shwu-Shin Hou, Susan Griffith, Terry Grundy, Karen Thomas, Karena Wong, Debi Grace, and Ann Podruchny

### Oncology LPC

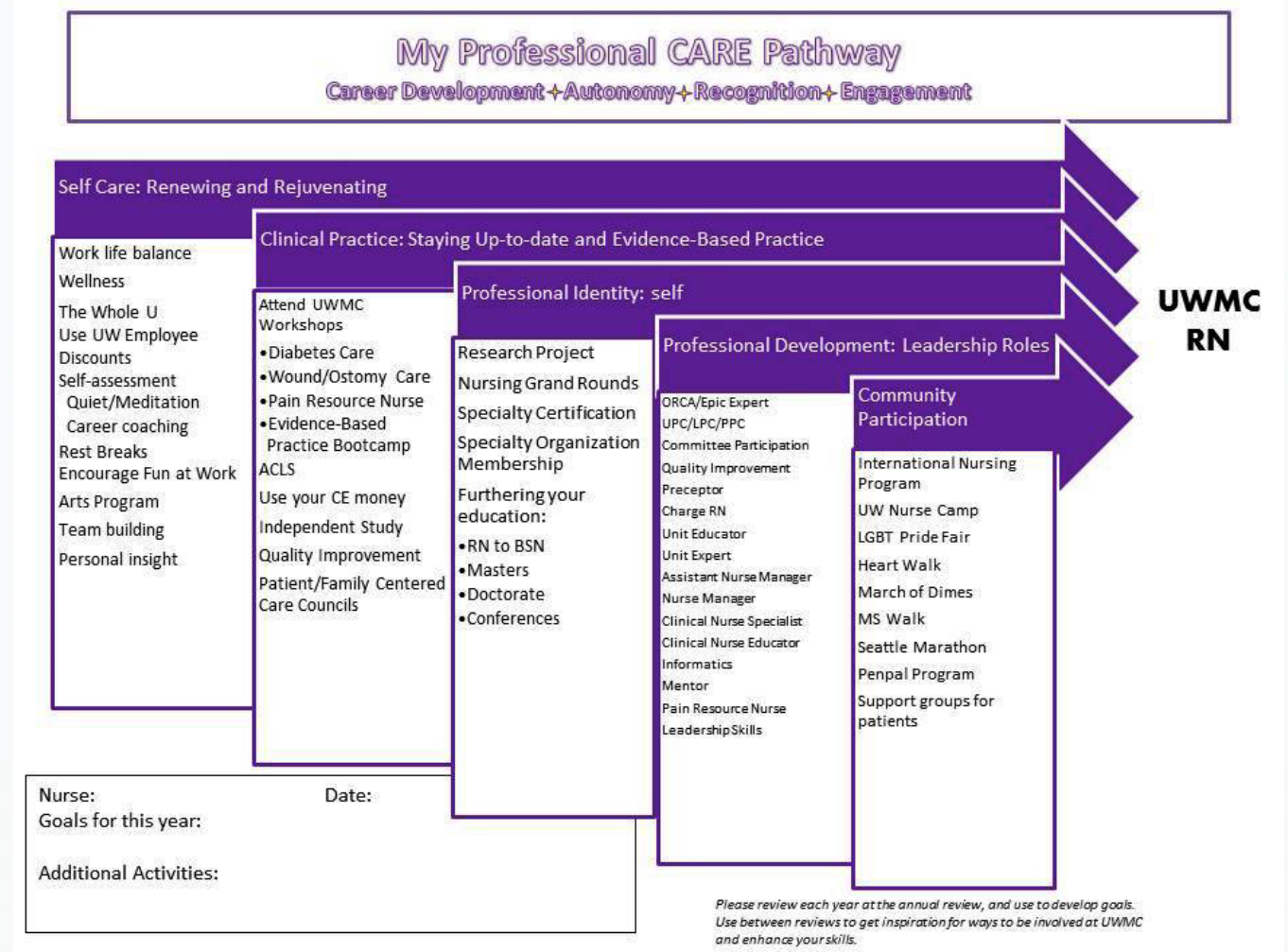
In 2015, Washington became the first state to require uniform safety standards that protect healthcare employees from exposure to hazardous drugs. The standards require protection not just for chemotherapy staff, but for any employee who might enter a room where certain drugs (such as cytotoxic medications, anesthetics, anti-virals, and hormones) are administered. Hazardous drugs can cause serious acute and chronic health effects, such as skin rashes, fertility problems, genetic damage, birth defects, organ toxicity, and possibly cancer. Over the last two years, much of the work of our Oncology LPC has focused on this area as it relates to UWMC. We completed research, reviewed hospital practices, and made recommendations for policy and education changes.

The Oncology LPC is comprised of staff RNs and RN3s from 6SE, 7SE, 7NE, 8NE, 8SA, and Radiation Oncology. Both Acute Care and ICU nurses participate. The group is co-led by Jocelyne Wahl, RN3, 8NE and Lenise Taylor, Oncology CNS.

# PROFESSIONAL DEVELOPMENT

Nursing knowledge and leadership is a cornerstone of our success at UWMC. We strive to support our nurses as they enter their careers, look for new opportunities to specialize, and further their education. We are proud to have achieved our goals in nurse certification and percent of bachelor's-prepared nurses.

The Nursing Recruitment & Retention Committee rolled out the Professional CARE Pathway in 2016 to ensure that UWMC RNs are aware of the different ways in which they can participate in their own development. Our hope is to foster growth and development at every stage in a nurse's career.





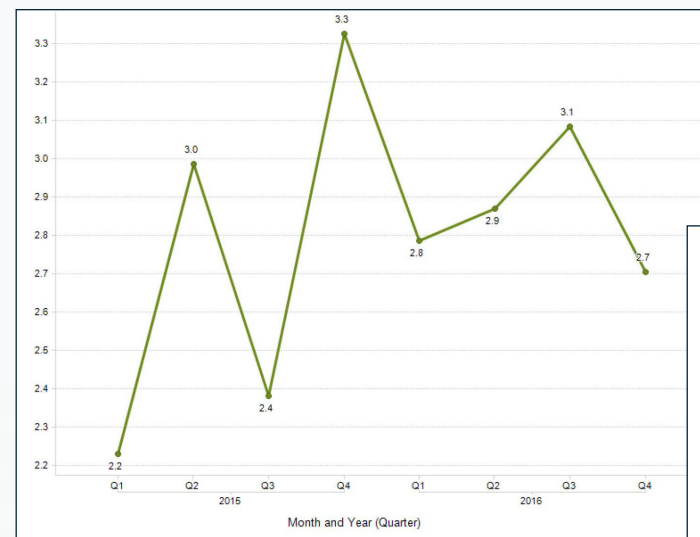
## CLINICAL PRACTICE

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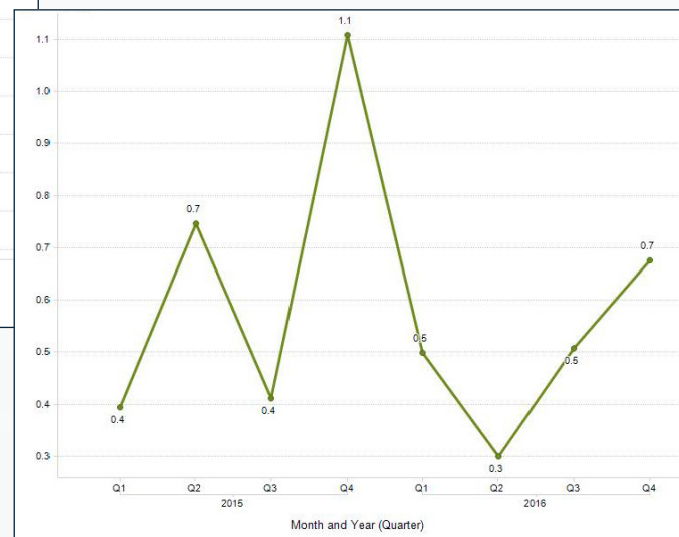
- Distribution of new fall mats to inpatient units. Fall mats decrease harm events from falls.
- Development and distribution of teaching sheets by Occupational Therapy for staff regarding safety during toileting.
- Creation of safety agreements by Physical Therapy to use when family members are trained to assist patients who are at fall-risk while in the hospital. The agreement sets expectations for use of fall prevention measures and lets staff know when a family member needs to sleep or leave the room.
- Creation of a post-fall debrief form. A national standard exists to perform post-fall debriefs to raise situational awareness and continue to keep fall prevention in the forefront.

Future work includes:

- Developing common language and tools for nurses to document refusals for assistance and to escalate safety concerns to unit leadership and care teams.
- Improving post-fall handling of patients and creating guidelines to evaluate for spinal injury to decrease unnecessary imaging after fall events.
- Continuing work to improve patient mobility while keeping safety in mind.
- Continuing to train patients, families and care teams on fall prevention interventions.



All falls per 1,000 patient days in inpatient areas (excluding Obstetric and Psychiatric units)



All falls with INJURY per 1,000 patient days in inpatient areas (excluding Obstetric and Psychiatric units)

## ADVANCED PRACTICE REGISTERED NURSES

Advanced Practice Registered Nurses (including ARNPs, CNSs, and CRNAs) at UWMC collaboratively sustain an environment in which professional APRNs work effectively to improve health outcomes for our patients and families.

Currently, there are over 300 APRNs credentialed as advanced practice nurses at UWMC. They provide care to patients and families across the full spectrum of advanced practice nursing.

The ARNP Council at UWMC first convened in 1999 to address unique professional practice challenges for ARNPs. As the Council has matured as a working group, it has revised its by-laws and changed its structure to continue to support its mission. In 2016, the Council revised the mission and by-laws to include all advanced practice nurses at UWMC. The updated Advanced Practice Nursing Council (APNC) continues to meet monthly.

Led by two co-chairs, Jennifer Beckman, MSN, ARNP, CHFNP and Nancy Colobong Smith, MN, ARNP, CNN, the work of the Council is focused on education, role development and promotion, professional practice, and research. The APNC also promotes collaborative practice models to support inter-professional work throughout the medical center.

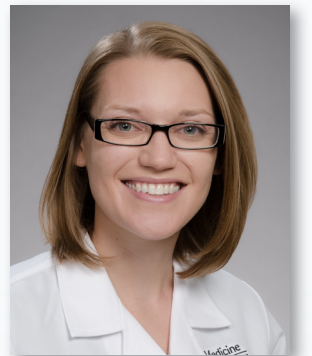
The Council Research Committee, in collaboration with a UW School of Nursing DNP student, recently repeated the Nurse Practitioner Satisfaction Survey, initially completed in 2014, and is preparing to publish the results. The findings from this study revealed statistically significant improvement in nurse practitioner job satisfaction.

Council members have also continued to work with UW School of Nursing faculty to facilitate student placement for the Acute Care Nurse Practitioner Program. Additionally, there has been considerable work with two HRSA grants focused on improving inter-professional collaboration and practice with providers across the continuum of Advanced Heart Failure and Transplant, as well as developing advanced nursing curricula and providing heart failure education to community providers.



Kathleen Errico, PhD, ARNP

Kathleen Errico, PhD, ARNP, Director of Advanced Practice Nursing/Chief ARNP at UWMC, is the nurse executive liaison to the Advanced Practice Nursing Council.



Jennifer Beckman, MSN, ARNP, CHFNP



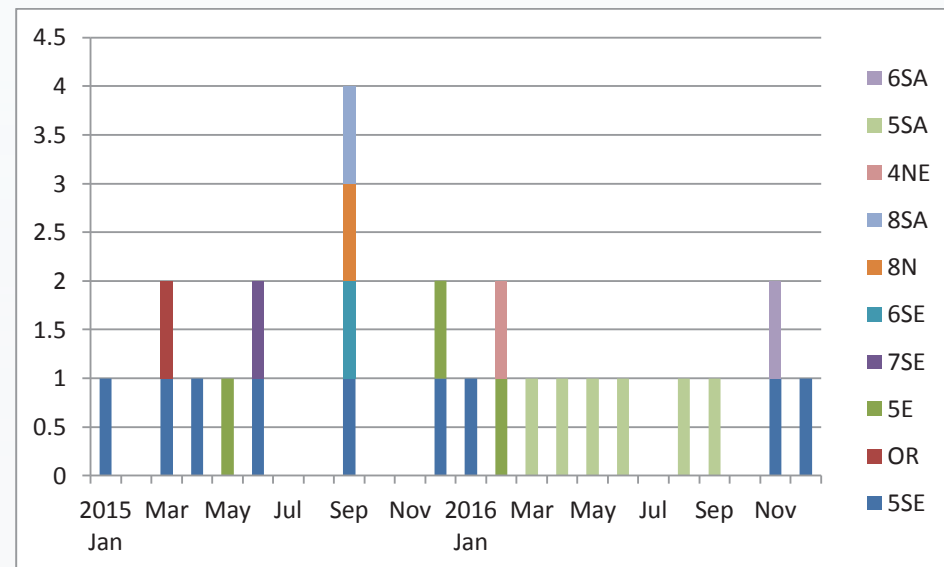
Nancy Colobong Smith, MN, ARNP, CNN

# CLINICAL PRACTICE

## Pressure Ulcer Prevention

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

- Completing a thorough skin assessment every shift, including head to toe, front, back, and sides, every skin fold, and around every tube and device.
- Turning/mobilizing patients at least once every two hours, and documenting reasons if turning is deemed to be unsafe and is therefore not completed.
- Reinforcing use of ceiling lifts or slide sheets to prevent friction/shear injuries associated with moving patients.
- Checking that all tubes and devices are in place and secured without pressure to the surrounding area, and that skin is kept clean and dry.
- Ensuring that patients are receiving optimal nutrition and hydration, and that blood glucose is well-controlled.



Pressure ulcers by unit January 2015-December 2016

## Catheter-Associated Urinary Tract Infections

Preventing catheter-associated urinary tract infections (CAUTI) remains one of our top patient safety goals at UWMC. The CAUTI Steering Committee is a multidisciplinary team which analyzes patterns, root causes, and areas to focus on to eliminate CAUTI across services and units.

Numbers of CAUTI were reduced in 2014 -2015 by 22%. However, in 2016, an increase in total CAUTI numbers was seen, while the rate CAUTI per foley days was only slightly increased.

Intensive efforts by nursing, clinical nurse specialists, and providers have focused on the following improvements:

- Implementation of the Nurse Driven Protocol (NDP) standardized order set and protocol to remove urinary catheters in patients who meet required criteria. As a result, 75% of patients with urinary catheters have an approved order to implement the NDP.

*continued on page 9*

# CLINICAL PRACTICE

*continued from page 8*

- When a CAUTI occurs, the unit leadership (manager and medical director) are notified of the factual information and an intensive review is now presented to the CAUTI Steering Committee for a discussion on root causes and opportunities for improvement.
- Collaboration with Harborview Medical Center has led to uniform NDP order sets and a product trial for a pericare wipe designed to reduce CAUTI.

## Central-Line Bloodstream Infections

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

- 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.
- 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.

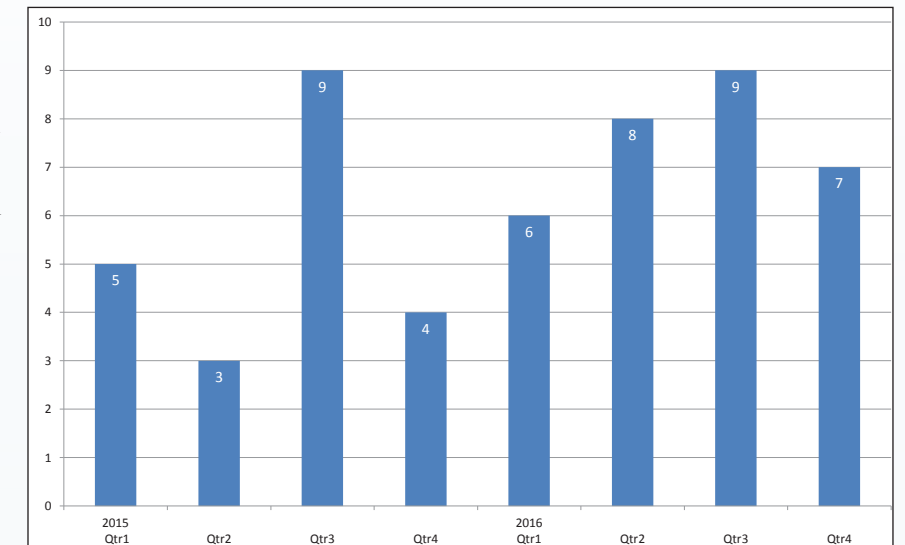
## Fall Prevention Program

Preventing falls and harm from falls continues to be a challenge for hospitals across the United States. Falls and falls with harm have been trending up at UWMC despite an increased focus on safety measures. A multidisciplinary fall prevention workgroup meets monthly to discuss rates and trends, and to continue to work on quality improvement projects.

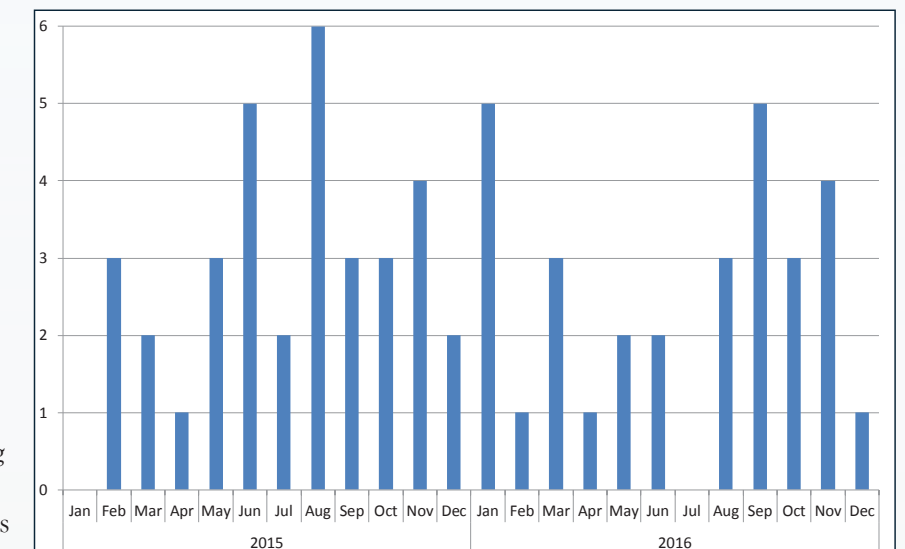
Some of the work over 2015 to 2016 included:

- Development and distribution of new signage for the medical/surgical areas about use of bed alarms.
- Provision of mobility assessment tools and patient education materials.

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Catheter-associated urinary tract infections 2015-2016



Central-line bloodstream infections 2015-2016