



**Salem Hospital**

*A part of Salem Health*



**Nursing Clinical Excellence**

**Annual Report | 2014**

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## MAKING A DIFFERENCE: From the CNO

Marty Enriquez, RN, MS, VP Patient Care Services/Chief Nursing Officer

It's an honor to showcase our nurses and their work in our first Nursing Annual Report for Salem Hospital. We all know it is an exciting time in health care today. Navigating through the mandates of reform, planning for a different health care system, and seeing change constantly evolve in our complex and dynamic environment are challenges we all face.

Working for a Magnet® organization, our nurses are pacesetters and innovators. They have risen to the challenge as they continue to deliver high-quality, excellent care and ensure patient safety. They are patient-centered, family-focused and inspire trust. They have the spirit of inquiry and lifelong learning that reaches beyond our walls. They are driven by a desire to make a difference.

This annual report demonstrates our dedication to achieving the Institute for Healthcare Improvement's Triple Aim - improving quality of the patient experience, improving the health of populations, and reducing cost. The information in this annual report will highlight our nurses' daily work and meaningful projects. It showcases individual and group stories—their “magnet moments.”

Our recent Magnet redesignation journey proved to be a wonderful experience of self-reflection. In the process of addressing all the standards for our documents, our staff found themselves in awe of their many accomplishments that reflect how the Magnet culture is embedded in our organization. There were many proud moments as staff discussed their area's quality and safety initiatives that resulted in improved outcomes, increased staff engagement and shared decision-making.

It truly “takes a village” to be a Magnet organization. Although Magnet is recognition for nursing excellence, our nurses could not do this work if it wasn't for the deliberate partnerships they've established, nurtured and maintained with all members of the health care team. In our organization, Salem Hospital, Magnet recognition is really owned by our entire organization. Kudos to the entire team!

## SHINE PROFESSIONAL PRACTICE MODEL

By Heather Rideout, MBA, BSN, CCRN, RN-C, CVRN

Staff Nurse – Cardiovascular Care Unit and Practice Council Chair

At Salem Health, our Professional Practice Model (PPM) is called SHINE (Salem Health is Interdisciplinary and Nursing Excellence). SHINE is an organizational model that empowers clinical professionals to participate in shared decision-making to address issues of clinical practice in the clinical work environment. The purpose of professional practice includes:

- Achieving excellent patient outcomes through evidence-based practice
- Developing a practice environment that supports and respects each individual clinician
- Promoting role competency and accountability of the clinician
- Fostering interdisciplinary collaboration as a cornerstone of providing patient care
- Supporting professional development through clinical experiences, formal education and leadership mentoring

The SHINE structure includes the following councils: Practice Council, Professional Development Council, Evidence Based Practice Council, House-wide Staffing Council, Clinical Documentation Council, and Specialty Practice Teams (SPTs). Participation of the clinical staff on councils is essential to the success of shared decision-making. The SHINE councils provide oversight and coordination of the key functions of the health care professional practice, quality, leadership, research and education. The shared decision structure was developed collaboratively by clinical nursing staff, interdisciplinary clinical staff and leadership to create a successful governance structure within our existing culture.

The SHINE PPM and supporting governing documents guide the Practice Council, SHINE councils, SPTs, and front-line clinical staff in their daily practice, in evaluating current practice, and in suggesting, creating and implementing practice changes to improve outcomes for our patients.



## CLINICAL EXCELLENCE SPOTLIGHT



### *Transformational Leadership Highlights:*

#### **HEART (Helping Employees Achieve Recovery Together) Program**

CVCU clinical nurses identified an employee engagement need regarding support for staff following a traumatic or stressful occurrence while at work. Members of CVCU's SPT, Ashley Dodson, Amanda Field and Audrey Nickodemus researched second victim programs as an avenue to provide peer support to staff who have trouble coping with traumatic or stressful events. In 2013 they created the CVCU HEART peer support program. Through their manager, Cheeri Barnhart, Ashley and Amanda advocated for and received support for paid time to design the program and to train the peer supporters. In May and June of 2013, the first group of HEART team members received their peer support training and on July 16, 2013, through education at staff meetings, fliers and posters, the program went live.

As of March 2014, the HEART program has helped 21 CVCU staff members. Staff on the unit report this program contributes to improved morale and their sense of psychological empowerment. One staff member reported that using HEART helped her process her feelings about involvement in a recent patient code. September 2013's Great Place to Work Survey had three specific statements on employee engagement that can be tied to the HEART program, as well as to Cheeri's advocacy: "I am given the resources and equipment to do my job," "People here are willing to give extra to get the job done," and "Management involves people in decisions that affect their job or work environment." In each of these areas, CVCU outperformed the organization as a whole.



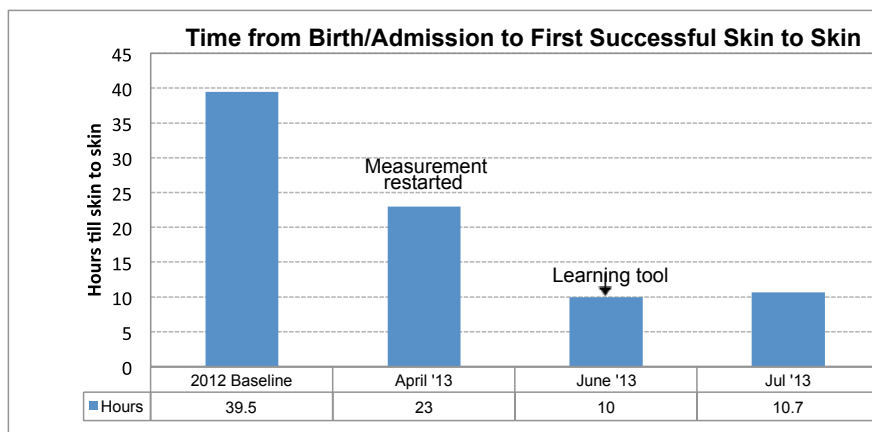


## Structural Empowerment Highlights:

### Skin to Skin

According to the NANN (National Association of Neonatal Nurses) *Advances in Neonatal Care* journal, kangaroo care offers many emotional and physiological benefits. For infants, the practice of kangaroo care has been shown to increase sleep time, decrease purposeless motor activity, decrease crying, improve weight gain, increase alertness, and decrease length of stay. Similar positive benefits for parents include enhanced parent-infant bonding, lower rates of depression, and greater confidence in caring for their preterm baby. A skin-to-skin improvement team reviewed clinical data for 2012 to determine baseline measurement of the time from NICU admission to initiation of skin-to-skin contact. The average time was slightly less than 40 hours with a significant amount of variability. The goal: Decrease time to first successful skin-to-skin by 20 percent between December 2012 and December 2013.

To implement NANN's evidence-based guidelines around promoting early skin-to-skin contact, the NICU team used a three-step approach. First, they created written skin-to-skin policies to guide their practice. Second, they provided staff education about the program. Third, they created a plan to assist mothers to initiate skin-to-skin contact as soon as possible, and to practice skin-to-skin 24/7 or at least for one hour each day. Data was collected for the following indicator: "Time from birth or admission to NICU to first successful skin-to-skin contact, defined as skin-to-skin that lasts for at least a few minutes, not stopped early, and without clinical complications." We successfully decreased the time to first successful skin-to-skin event from 40 hours in 2012 to an average of 10 hours in 2013.



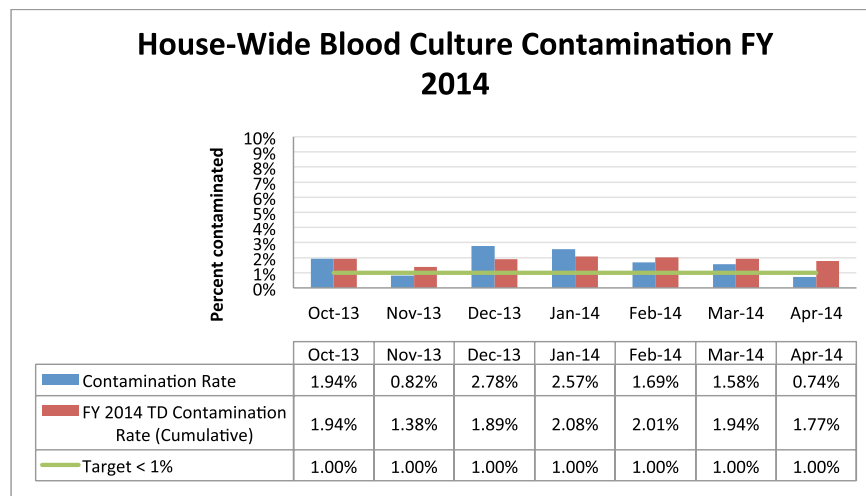


## Exemplary Professional Practice Highlights:

### Blood Culture Practice and Sepsis

Bacteremia is a significant cause of morbidity and mortality in hospitalized patients. Accurate and timely identification of the causative organism is imperative for patient survival. Blood cultures (BC) are considered the “gold standard” in the diagnosis and treatment of bacteremia. The prognostic value of blood cultures is limited by contamination. Contaminated blood cultures can lead to unnecessary antibiotic use and tests, as well as increase length of stay and costs. An interprofessional team created the following practice change goal: Reduce the number of contaminated blood cultures from a baseline of 2.85 percent (cumulative FY13) to less than 1 percent of all cultures taken house wide. Using a 4SPS process the team implemented the first counter measure of having all blood cultures in the ED drawn by phlebotomy, starting in October 2013. Additional counter measures included adjusting ED phlebotomy staffing to meet the increased demand, and retraining of the phlebotomists on proper use of the ED electronic tracking board visual cues, and education to the ED nursing staff in January 2014 via flyers and shift change huddles.

The baseline house-wide cumulative blood culture contamination rate was 2.85 percent for FY13 (as of 9/30/13). In April 2014, the house-wide BC contamination rate was 0.74 percent, meeting our goal of 1 percent. The decrease in blood culture contamination rates led to improved quality of patient care by providing accurate diagnostic tools to guide treatment of bacteremia.





### **Geriatric Resource Nurse Program**

Salem Hospital received designation as a NICHE (Nurses Improving Care to Health system Elders) hospital in 2011. To achieve NICHE designation and provide patient-centered care for geriatric patients, NICHE looks for evidence that facilities are improving the care for their older adult population via implementation of practices that will positively impact patient outcomes. One initiative NICHE strongly recommends for hospitals is implementation of the Geriatric Resource Nurse (GRN) model, the latter of which NICHE leaders consider the foundation to achieving system-wide positive outcomes for hospitalized older adults. Our Geriatric CNS, Jeanne St. Pierre, created the GRN curriculum based on the NICHE GRN model and the geriatric literature. The program has participants attend courses over an eight-month period, with content including didactic, case studies, and facilitated discussions.

The goal was to improve the quality of care provided to older adult inpatients at Salem Hospital by increasing RN knowledge. To date, we have had three sets of cohorts (24 RNs) take this GRN training. Examples of changes in knowledge reported by GRNs include increased knowledge about how older adults are different from younger adults, effects of medications in older adults, the importance of preserving functional status, and more knowledge about dementia, delirium, and depression. Examples of how GRNs applied new knowledge and disseminated it included doing just-in-time teaching and coaching with team members, sharing articles that were part of the curriculum, changing how they interact with confused patients, questioning physicians about Beers List drugs, and mobilizing their elderly patients more often.





## Integrative Therapies

Medical therapies for symptom management are sometimes ineffective or produce undesirable effects. Integrative therapies can often offer safe, effective symptom relief. The intent of this initiative was to educate clinical staff on the safe and effective use of clinical essential oils to promote a sense of well-being, relaxation and stress reduction, and to reduce or alleviate adverse physical, emotional or spiritual symptoms. In 2012 an interprofessional integrative therapies task force completed a literature review on the use of essential oils in symptom management, had national expert Dr. Linda Halcon consult with the team and present a PDI educational session to all staff on “Aromatherapy in Clinical Settings,” and formed a team of nurses from three units to become staff champions/trainers for the newly created Essential Oils/Aromatherapy Protocol. Examples of impact during the pilot phase include the following:

- Inpatient Oncology: Three oncology patients experiencing nausea self-documented on a 1-10 symptom severity scale (1=mild, 10=severe) had an improvement in nausea after use of spearmint or ginger with anywhere from a 40-63 percent reduction.
- Pediatrics: A pediatric patient with urinary retention was able to urinate after use of peppermint.
- Psychiatry: One patient with chronic anxiety was administered lavender. The patient reported it “was amazing how much the oil helped.” This patient did not ask for additional prn medications after the oil was administered that shift. A second patient received bergamot oil due to its therapeutic properties for pain reduction to manage a headache resulting from Oxycodone. The patient later reported “the oil did not take my pain away, I felt very invigorated. I was able to get up and join the group.”



## Flu Vaccination Campaign

Since 2008, influenza vaccination compliance rates of health care workers at Salem Hospital have ranged between 47 and 67 percent. One of Salem Hospital's four pillars of strategy is Quality and Safety. Our historical compliance rates put the safety of our nurses at risk as well as our patients. An initiative to significantly increase herd immunity to influenza among our staff would help us to avoid a staffing crisis related to influenza, which could create unsafe working conditions. Goals:

- Increase overall vaccination compliance among staff to 75 percent in 2013-2014 flu season
- Decrease nosocomial transmission of influenza at Salem Hospital
- Increase safety for nursing staff by decreasing the risk of illness from influenza

In the summer of 2013 the organization's "No Flu Here League" (NFHL) was formed to begin in the fall - concurrent with the National Football League season (NFL) to spark friendly competition among divisions. They enacted a policy that required clinical staff that refused to have the flu vaccine to wear a mask when working within six feet of patients. 117 Flu Champions (named the All Star Team) helped increase staff participation in our vaccination efforts. Our first NFHL campaign began on 9/25/13 and ended on 12/31/13. Final campaign data showed that we had 98% participation (staff were vaccinated or declined and wore a mask per our policy), and a 91% vaccination compliance rate. We achieved herd immunity at our organization, making transmission of influenza unlikely in our work environment. Our nursing absenteeism rates are less this year than they were last year, and no cases of nosocomial transmission of influenza were identified during the time period from 10/1/2013 through 3/13/2014.



## *New Knowledge, Innovation & Improvements Highlights:*

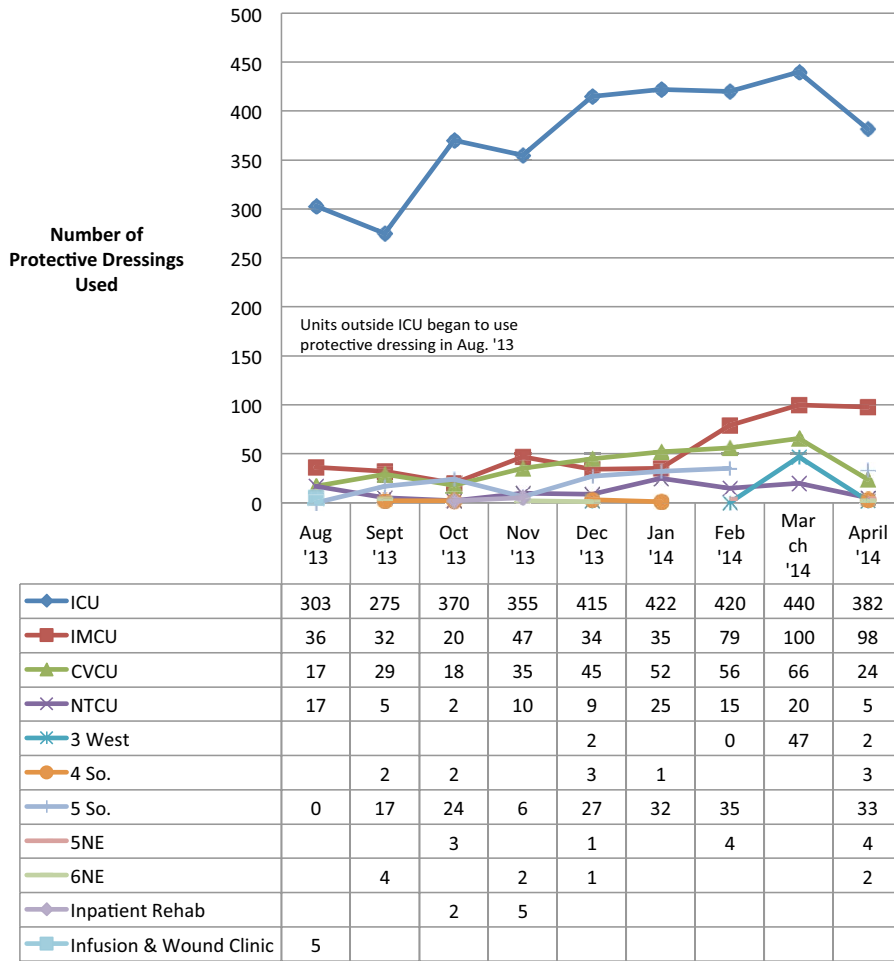
### **Pressure Ulcer Prevention Dressings**

The purpose of this 5-Step evidence-based practice project was to identify interventions effective in preventing or reducing hospital-acquired pressure ulcers (HAPU) in the critically ill population. In Step 1, the ICU nurses asked the following PICO question, “Will critically ill patients using the Allevyn gentle border dressing (a commercially prepared skin dressing over the buttock-sacral-coccygeal area) acquire fewer pressure ulcers while admitted to the ICU?” Steps 2 and 3 involved conducting a literature review based on the PICO question. In Step 4, they applied the evidence of admission to the unit as the proper time to place the protective dressing and they decided to conduct a replication study.

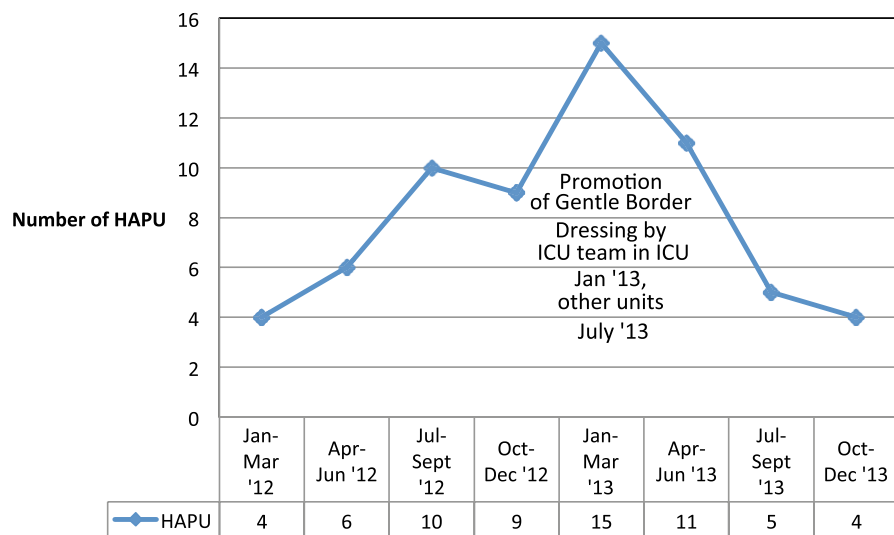
ICU patients with the same risk factors noted in the literature were randomized to either the control or experimental group during their ICU stay. Step 5 involved analyzing patient outcomes where they found the protective dressing reduced the incidence of unit-acquired pressure ulcers as no patients who received the dressing developed a pressure ulcer, yet one subject randomized to the control group (no protective dressing) developed a pressure ulcer.

A total of 105 critically ill patients were included in this study. Clinical nurses used evidence-based findings to revised practice to include the sacral dressing to prevent pressure ulcer development following a unit-based study. Since January 2013 ICU stocks the protective dressing in each patient room. At the time of admission, the team places the dressing on patients that are expected to be immobile for surgical or medical reasons. Since August 2013, the hospital now supplies the protective dressing for any eligible patient in any unit on campus. The impact of this practice change includes increased awareness regarding protective measures for skin breakdown and a decrease in hospital acquired pressure ulcers.

### Gentle Border Dressing Usage



### Overall HAPU events 2012 & 2013





## Planned Rest Periods

Postoperative pain relief is a complex clinical challenge following cardiovascular procedures such as coronary artery bypass and heart valve repair or replacement. Sleep and rest are disrupted during the hospital stay. Research on sleep in the CV surgery patients dates back many years and has been frequently studied by nurses. Studies of the postoperative period demonstrate that CV surgery patients have decreased sleep duration, frequent arousals and few opportunities for full sleep cycles. The inter-professional research team on CVCU was interested in exploring the impact of planned rest on patients' pain.

*Research Question:* What effect do planned rest periods have upon cardiovascular surgical patient satisfaction scores with pain management?

## Hypotheses

- H1: Patients who have planned rest periods will be more satisfied with pain management than those without planned rest periods.
- H2: Patients with planned rest periods will require less pain medication.

An IRB approved randomized study of open-heart surgery patients was conducted from May 2012 – June 2013, with 196 participants – 100 of whom received our ordinary post-operative care, and the other 96 who received a planned rest period each day. Neither hypothesis was supported.

**Impact of study:** The control group reported good satisfaction scores with their pain management regimen. The satisfaction scores based on this pain management regimen without the addition of the rest period validate the current afternoon schedules (which allow for mobility in the hallway, spontaneous visits from cardiac navigators, nutrition teachers, diabetic CNS counseling or physicians), although adding a rest period without interruption for routine cares and activities is appreciated by many patients.



## CLINICAL SERVICE AREAS

### Adult Health Services

#### **Medical Telemetry (4 South)**

A 38-bed medical telemetry unit focusing primarily on nonsurgical, medical patients who require 24/7 cardiac monitoring. Patients have multiple diagnoses involving cardiac, pulmonary, endocrine, and gastrointestinal systems offering a variety of health care experiences for nurses.

#### **Medical /Surgical Oncology (5 North)**

A 22-bed nursing unit for blended medical and surgical oncology patients, with a 16- bed telemetry capacity. Nurses on this unit will obtain their chemotherapy administration certification within one year. This unit includes two suite rooms for leukemia and/or end-of-life care for patients and their families. The services of Salem Cancer Institute are integrated with this unit to create a holistic approach to the care of oncology patients throughout the entire course of their cancer treatment.

#### **Medical Unit (5 South)**

A 35-bed unit for general medical patients with a growing focus on care of geriatric patients. A geriatric CNS (Clinical Nurse Specialist) supports this unit. Patients have multiple medical diagnoses, offering a variety of health care experiences for nurses. This is a non-telemetry unit. The unit also specializes in geriatrics and end-of-life care for patients and families. Nurses have the experience of caring for patients holistically and strive to provide an exceptional experience every time to patients and their families.

#### **Orthopedic and Joint Replacement Center of Excellence (6 South)**

A 33-bed unit specifically for general orthopedic, orthopedic telemetry, and total or partial joint replacements. This unit houses the Joint Replacement Center of Excellence.

#### **General Surgery (6 North)**

A 25-bed unit that provides care for General Surgery patients, with a 16-bed telemetry capacity. This unit includes the Bariatric Surgery patients and houses our Bariatric Center of Excellence.

#### **Adult Resource Pool**

This is a team of dedicated RNs and CNAs that support the staffing needs in the Adult Health and Critical Care units (except ICU). They also support Inpatient Rehabilitation, Psychiatric Medicine, and West Valley Hospital. The staff are self-motivated, flexible, and dedicated to providing an exceptional experience every time for their patients. RNs hired to work in the Float Pool are experienced and have the skills and competencies to work in a variety of clinical settings.

## Critical Care Services

### Intensive Care Unit

A 30-bed critical care ICU specializing in a diverse patient population ranging from level 2 trauma, neuro, vascular, medical, and surgical patients. A multidisciplinary care delivery model is used with a focus on providing high-quality standardized care, with 24 hour per day physician coverage by pulmonologist/intensivists. Specific credentialing opportunities for nurses include IABP, CVVH, NIHSS, swallow screening and sheath removal.

### Cardio Vascular Care Unit

A 30-bed intensive and intermediate care unit specializing in providing optimal care for cardiac patients including open heart, heart failure and care for patients with a variety of cardiac and vascular interventions. Credentialing opportunities for nurses include IABP, CVVH, ICP, sheath care and removal. 18 beds are dedicated to providing care for complex cardiac and vascular patients and 12 beds are dedicated to providing care to intermediate level cardiac patients.

### Intermediate Care Unit

A 30-bed step down intermediate care unit with a diverse patient population. Significant focus on respiratory care, heart failure, sepsis and patients with multiple comorbidities. Opportunities exist for nurses to obtain skills working with a variety of different patient diagnoses.

### Neuro Trauma Care Unit

A 30 bed unit specializing in care of a variety of neuroscience and trauma patients both intermediate and medical surgical level of care. These include the following areas: neuromedical (stroke and neurological disorders); neurosurgical (brain, spine surgery with a Joint Commission Accredited Spine Center of Excellence); trauma and traumatic brain injury.

## Emergency/Trauma/Psychiatric Services

### Emergency Department

Salem Hospital's Emergency Department is a 60-bed Level II Trauma Center which sees an average of 260 patients per day, making it the busiest in Oregon. The department is staffed 24/7 with board-certified ED physicians and nursing staff with certifications in ACLS, TNCC, ENPC and/or PALS, Pro-ACT and numerous competencies ensuring that we can handle the most dire situations.

### Psychiatric Medical Center

A 25-bed inpatient unit for care of adults with acute psychiatric illness using a blended model of care incorporating Sanctuary Model® and Trauma Informed Care. The unit includes the 6-bed Cascade Wing for the care of higher acuity or vulnerable patients.

## Women's and Children's Services

### Antepartum

A 7-bed high-risk perinatal care unit which reflects our philosophy of family-centered care. Patient and family member learning is supported by our interdisciplinary service team members. We provide physical, emotional and educational support to all patients who require early hospitalization or are in need of high-risk antepartum care.

### Labor and Delivery

The L & D unit is a high-risk tertiary care center with over 3,200 deliveries a year. There are 12 LDR rooms, 2 operating rooms and 3 observation beds in the department. Our philosophy of care is to provide a family-centered maternity experience where each patient's choices are respected and valued. Staff are trained in electronic fetal monitoring and ACLS.

### Mother Baby/Postpartum

A 26-bed unit which provides care to each mother and baby couplet. Dedicated nurse support to help mothers and their family ease the transition with their newborn by offering support, guidance and education to ensure they feel ready and prepared to take their baby home when it's time. Additional mother/baby services provided include lactation services, hearing screenings, birth certificate and paternity information, newborn photography and social services.

### Neonatal Intensive Care Unit

A highly skilled 27-bed NICU that deals primarily with premature infants and those born needing transitional support. It is a quiet, family focused atmosphere attuned to developmental aspects of caring for the premature infant. Parent support, teaching and participation in care are encouraged. Staff are NRP certified.

### Pediatric Unit

A 10-bed unit specializing in the care of infants, toddlers, children and young adults. Intermediate care is provided for those in need. Staff are PALS certified. A child advocacy, multidisciplinary approach enables the staff to best serve the patients and families. Patients and families benefit from the staff's commitment to child health and wholeness.

### Women's and Children's Resource Pool

Specialties include pediatrics, mother-baby and neonatal ICU. This resource pool offers the opportunity to care for neonatal and pediatric patients and their families as well as mother-baby couplets.

## Surgical Services

### Pre-Surgical Screening

This unit provides pre-surgery screening and evaluation of, and communication with, each

surgery patient. Nurses also provide discharge phone calls following outpatient surgeries and procedures. Physician documents as well as lab and test results are collected for early chart preparation. Nurses and anesthesiologists telephone each patient for verbal counseling and information sharing, leading to complete pre-surgical case reviews prior to patient admittance. An RN is scheduled three days a week at Hope Orthopedic to provide face to face pre-surgical patient preparation.

### **Operating Rooms**

Twelve operating rooms focus on major surgeries with complete physician, nursing and state-of-the-art equipment services for cardiac and open heart and endovascular surgery, urologic and general surgeries including bariatric (Center of Excellence) services, orthopedic, neuro spine and brain, and trauma surgery.

Five operating rooms are dedicated to gynecology and general surgery, and ophthalmology, podiatry, pediatric oral, and ear/nose/throat (ENT). Also in this area are four rooms for endoscopy, one positive pressure room for bronchoscopies, and one room for endoscopy services with anesthesia and two general procedure rooms.

### **Prep/Recovery and PACU**

These highly skilled nursing services are provided in three perioperative areas. Surgery preparation and outpatient recovery are for all surgery and endoscopy patients in both buildings. Post Anesthesia Care Unit/Stage 1 Recovery services are provided for major surgeries, supporting safe and stable continued recovery to an inpatient room or outpatient bed.

## **Outpatient Areas**

### **Imaging**

The Imaging Department is staffed with RNs specially trained in imaging procedures. Imaging offers some unique settings and challenges for nurses. These nurses use their critical thinking skills and broad-based knowledge of nursing care to deliver the best care possible. Imaging nurses are credentialed in conscious sedation, ACLS, PALS or ENPC certified. The professional certification is CRN (Certified Radiologic Nurse) awarded by the Association for Radiologic and Imaging Nursing. They are called on for biopsies, drain placements, joint aspirations and injections, MRI, VCUs, TEEs and monitoring of all telemetry patients in the Imaging department. They work with inpatient and outpatient populations. Their work is fast-paced and because of this, nurse-patient interactions may be single or multiple brief encounters. Imaging nurses specialty practice team functions as a multidisciplinary team that works closely with each department in Imaging to deliver the best possible care.

### **Infusion and Wound Care**

The Infusion and Wound Care Clinic is an RN-led interdisciplinary team providing physician-directed care to outpatients. The patient population includes those with multiple diagnoses, infections, cancer, blood disorders and wound care not requiring admission to the hospital. Nurses also provide care for implanted intrathecal pumps. Patients are referred from

primary physicians, surgeons, medical oncologists, pediatric physicians, ENT physicians, GI physicians, vascular surgeons, cardiologists, to name a few. We provide support to inpatient areas for with implanted intrathecal pumps. All direct care staff are BLS-certified with two ACLS-certified RNs. Of the 23 direct care nurses, 12 are nationally certified. This clinic consists of six private wound care treatment rooms, eight private infusion treatment rooms, one outpatient ostomy room, and nine open room nonprivate treatment chairs. Census runs 65-to-100 patients per day.

### **Cath Lab**

This five-room cath lab team consists of RNs and Radiologic Technologists who perform state-of-the-art procedures including interventional cardiology, interventional radiology and Electrophysiology. There is one OR hybrid room in which intra-operative angiograms are performed in cooperation with OR staff. Patients are all ages, needing diagnostic and/or interventional imaging. The cath lab proudly boasts an average time of 64 minutes from arrival to balloon angioplasty (door to balloon time) for patients with Acute Myocardial Infarctions. The national gold standard is less than 90 minutes. As a department, the cath lab constantly looks for ways to improve through the Specialty Practice Team and through input from staff. All staff members are ACLS/BLS trained.

### **Cardiac Rehab**

Cardiac Rehab is a team of ACLS-certified RNs and exercise specialists providing inpatient and outpatient education and telemetry monitored exercise for patients following their cardiac interventions. Nurses in cardiac rehab have an opportunity to improve the health and well-being of patients as they recover from simple to complex cardiac diagnoses and interventions, including MI, PCI, LVAD placement, valve repair, and CABG, along with other comorbidities including diabetes, and heart failure. Cardiac Rehab holds National Certification through the AACVPR, and the RN specialty is the Cardiac Vascular Nurse Certification.

### **Coagulation Clinic**

The Salem Hospital Anticoagulation Clinic manages the anticoagulation therapy for outpatients referred to the clinic by a licensed practitioner. The clinic serves more than 90 patients daily with disorders ranging from heart valve replacement, atrial fibrillation and deep-vein thrombosis, to those recovering from some types of stroke. RNs monitor patients during regular clinic visits to determine the best dose of therapy and work with patients to improve adherence to therapy and recommended clinic visits.



## CONSULTATION AND RESOURCES

**Advanced Practice Nurses (APNs)** act as both expert clinical resources for staff, and in the case of the Midwives and NPs to provide direct patient care.

**Clinical Nurse Specialists (CNS)** currently includes clinical experts in Critical Care, Geriatrics, Diabetes, Heart Failure, and Stroke Care. Some programs the CNS group has championed include multiple research projects, NICHE designation, interprofessional rounds, and promoting evidence based practice. Prepared at the graduate level, each CNS functions within a defined area of clinical specialization in the three spheres of influence: 1) patient; 2) nursing staff; and 3) organization/network. CNSs provide clinical care for individual as well as groups of patients, conduct research and promote evidence-based practice, as well as coach and educate staff to advance professional practice.

**Nurse Practitioners (NPs)** practice within Women's and Children's Services, Palliative Care and Willamette Health Partners. Neonatal Nurse Practitioners (NNPs) provide care in Women's and Children's Services. The NNP group collaborates with neonatologists and other providers to provide comprehensive clinical management of neonates and their families. NNPs respond to neonatal emergencies and attend high risk deliveries directing resuscitation. They function as a resource for staff to promote evidence-based care for neonates and their families to integrate medical and nursing care. This includes providing ongoing education for those caring for neonates and their families. NNPs participate in quality improvement and patient safety activities, promoting evidence/research based practice in the NICU.

**In Palliative Care**, the role of the APN is to alleviate suffering of actual or potential illness by assessing and treating the patient/family based on holistic goals, and supporting and managing complex patient physical, mental, social, and spiritual issues at the end of life. The APN collaborates with the current health care team to provide an extra layer of support for patients during their hospitalization and beyond.

**Willamette Health Partners (WHP)** is the office-based outpatient department of Salem Health. WHP utilizes family nurse practitioners as providers of direct patient care in the Family Medicine Clinics and the Convenient Care Center. FNPs provide general health care and treatment of adult health, pediatric health, gynecology, and minor office procedures.

**Certified Nurse Midwives** at WHP provide general antepartum, intrapartum, postpartum and gynecological health care and treatment to essentially normal women, including examination of patients, performance of health histories and physical exams, ordering, interpreting and evaluating diagnostic tests and recording findings.

**Care Managers** (Nurse and Social Work professionals) provide evidence-based case management and are responsible for care coordination, utilization management and transition planning for patients within the assigned caseload. In collaboration with other members of the health care team, care managers monitor for appropriate utilization of health care resources and support appropriate and compliant reimbursement, utilizing standardized evidence-based criteria to confirm medical necessity for admission and continued stay. In collaboration with the patient, family, and health care team, they facilitate the creation of a transition plan appropriate to the patient's needs and resources;

assess patients for psychosocial and economic disparities relative to their health problems. They assist patients and families in adjusting to episodes of acute and chronic illness; in coping with lifestyle changes precipitated by illness or disability; in participating in restorative health programs; in carrying out discharge recommendations; and in addressing issues of terminality. This team uses a variety of treatment modalities, assists patients and families in the alleviation or resolution of social, financial, and emotional problems related to illness, rehabilitation and on-going access to health care through the care continuum.

**Certified Diabetes Educators:** Salem Hospital employs eight certified diabetes educators across the continuum of care. Our CDE team consists of a CNS, four registered nurses, and three Registered Dietitians working in the Emergency department, inpatient care areas and the diabetes education center. CDEs provide one-on-one and classroom training in blood glucose monitoring, meal planning, and exercise and lifestyle changes to help those with diabetes work toward effective self-management. At Salem Health, multidisciplinary, Certified Diabetes Educators serve as a resource to providers, nursing staff and other health professionals caring for patients with diabetes.

**Hospitalists** are physicians whose primary professional focus is the general medical care of hospitalized patients. These physicians engage in clinical care, teaching, research and leadership in the field of general Hospital Medicine. They routinely care for unassigned, hospitalized medical patients, working with the primary care physicians of these patients. Most hospitalists also co-manage inpatients with a wide variety of medical co-morbidities along with medical and surgical subspecialists and are often the integral care team members and leaders of quality initiatives.

**Kaizen Clinical Nurse Consultants** promote continuous improvement culture by building spirit, capability and shared learning among staff, physicians and volunteers. Leads and facilitates initiatives that will drive or directly impact process improvement, patient quality and safety, waste elimination, financial performance, reduction in variation of care, and improve provider/patient experience. The Kaizen Clinical Nurse Consultant reports to the KPO Manager.

**Kaizen Specialists** support the achievement of organizational goals through the use of Kaizen methodologies. This includes teaching Kaizen concepts, tools and methodologies, supporting chartered Kaizen events, support of operational areas impacted by Kaizen activities, and participation in activities defined by the annual Kaizen strategy. The Kaizen Specialist reports to the Kaizen Promotion Office manager.

**One Medical Ethicist** is available to assist with difficulties involving interpretation of advance directives/POLST forms, surrogate decision making for incapable patients, clarification of medico-legal-ethical issues, and anything else that may raise ethical concerns. This resource is open to everyone, staff and patients alike. You can reach the ethicist during normal business hours by paging through switchboard. Pages after hours are acceptable, but may not be answered until the next business day.

**The Palliative Care Team** consists of doctors, nurse practitioners, nurses, social workers, medical ethicist, and chaplains who care for people in the hospital when a chronic or serious illness is causing them pain, symptoms or distress. This team provides care on a

consultative basis and work with patients and families by managing physical and emotional symptoms caused by disease or therapy; helping families have difficult conversations; and coordinating communication with members of the care team.

Palliative care helps patients understand treatment options, what resources needed to leave the hospital, or how to get things organized at home. The Palliative Care team believes in caring for the whole person— body, mind and spirit and understands that each person is a unique combination of history, values, preferences and needs. Palliative care provides that extra layer of support for patients who are facing a serious illness to alleviate physical, emotional, and spiritual suffering. Some patients may choose to move from palliative care to hospice care, but most leave the hospital feeling well enough to live their lives and pursue additional therapies as needed.

**Professional Development Specialists** include master's-prepared nurses who are experts in the development, delivery and evaluation of clinical education and professional development activities. Each PDS at Salem Health is assigned a clinical specialty, including emergency services, perinatal, perioperative, adult health, critical care, service line/ancillary departments and rehabilitation. One PDS also functions in a housewide capacity designing programs for education that crosses many or all clinical units and departments. PDSs provide education consultation to each inpatient unit, coordinate new graduate residency/ internship programs, coordinate and educate preceptors, and provide CNA certification and education. They help units provide competency assessment, annual education programs, and work on projects to coordinate any education needed.

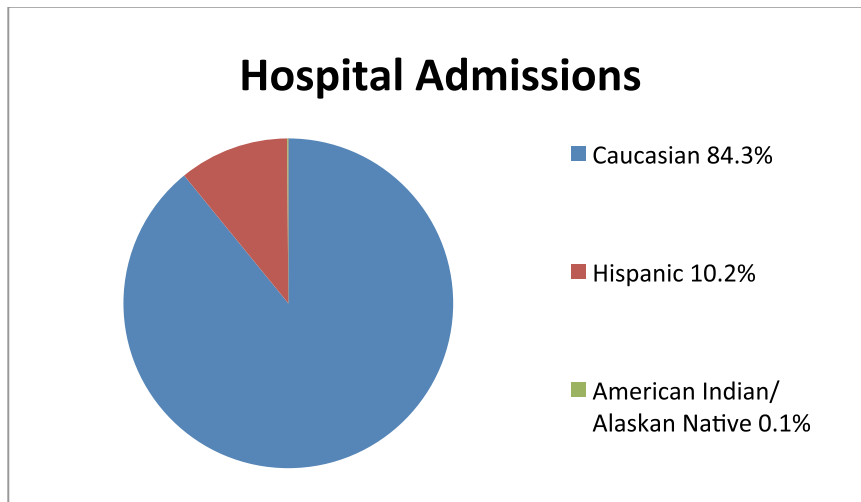
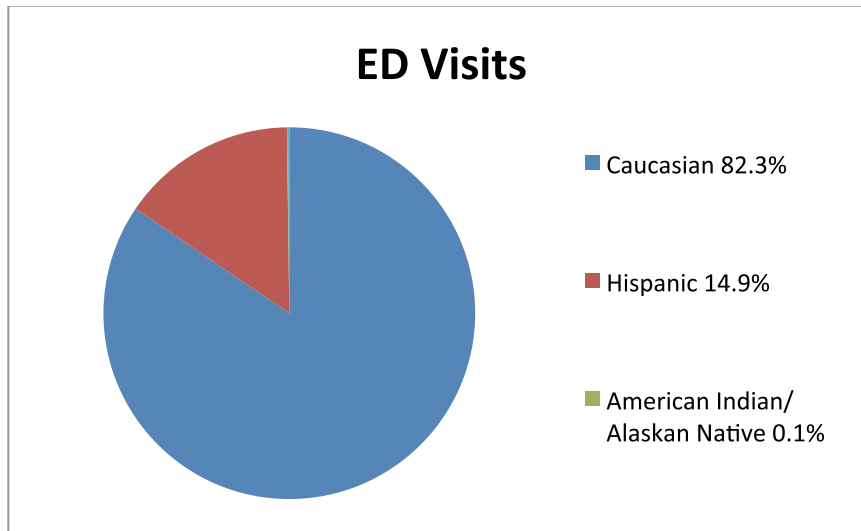
**The Rapid Response Team** is comprised of an expert ICU RN and an expert RT available to respond to calls for help in triaging patients whose clinical condition is deteriorating, and who respond to all Code Blue activations. This team can escalate level of care as needed and activate recovery protocols to assist in caring with the patient. Condition H Response is a component of the rapid response system, and was initiated to encourage patients and families to partner with care givers to address patient needs. Education is provided on admission to patients and families as to how the Rapid Response Team is a part of their support system while in the hospital, and may be activated any time there is concern over a patient's condition. Explanations include how to ask for the team as well as how to contact the team themselves if need be.

**Wound and Ostomy Nurses** are nationally board-certified in wound and ostomy management, these specialized nurses provide consultation at the request of medical staff to assist with management decisions in the care of persons with chronic wounds and fistulas. The WOCN provides pre- and post-ostomy education/counseling to the patient facing extensive bowel or bladder surgery and daily education immediate post operatively while hospitalized. Patient consults are available in an outpatient clinic as needs arise. As an expert resource, WOCN's also provide formal and informal education to nursing staff to improve staff knowledge and skill and to advance patient care.



## CULTURAL RESPONSIVENESS

The ethnic profile of the client population closely reflects the communities Salem Health serves. In 2013, the ethnic profile of patients seen in the Emergency Department (ED) and hospital admissions were as follows:



In the last year, we fulfilled 29,554 Spanish interpreter requests.

Our client population also consists of many different religions including Russian Old Believers, Mennonites, and Jehovah's Witnesses.

## Salem Health Service Area



## NURSING DEMOGRAPHICS

**Number of Registered Nurses: 1,538 RNs**

### Registered Nurses by degree:

- ADN - 471
- Bachelor's - 929
- Diploma - 46
- Master's - 89
- Doctorate - 3

### Advanced Practice Nurses - 26

- CNSs - 5
- NPs - 16
- Certified Nurse Midwives - 5

### Certifications from specialty nursing organizations - 545

- APRN - 20
- Case Manager - 12
- Bariatrics - 9
- Critical Care - 87
- Diabetes - 4

- ED - 50
- Endoscopy - 4
- Infection Control - 2
- Infusion - 13
- Med/Surg - 77
- OB - 74
- Oncology - 33
- Orthopedics - 19
- Palliative Care - 2
- Pediatrics - 7
- Perioperative - 62
- Psych - 8
- Radiology - 5
- Rehab - 3
- Stepdown - 35
- Wound - 10
- Nurse Executive - 9





## PROFESSIONAL DEVELOPMENT

### New Grad Residency Program

The Nurse Residency program is an evidence-based platform supporting registered nurses with less than one year of acute care experience as they transition into the role of a professional practitioner. Course content and curriculum is based upon recommendations of the National League of Nursing (NLN), the American Nurses Credentialing Center (ANCC), and the American Nurses Association (ANA), various peer-reviewed articles, and specified to the culture of Salem Health.

The Nurse Residency program is a formal one year professional development course. It begins with initial orientation and training with the first cohort meeting in their sixth week. Routine, monthly meetings then begin the fourth month after hire and conclude after their 12th month. These monthly meetings last approximately four hours with varied topics geared toward the high-level professional development of an entry-level registered nurse. These are not unit-specific education courses. Each course will be presented by content expert(s) in an interactive manner. There may be pre-coursework for some of the courses to better prepare the resident for the application of the content.

The topics include Time Management, Stress Management, Communication/Teamwork, Sepsis, Diabetes and Diabetic Management, Legal Issues in Nursing, Ethics, Spirituality at the Bedside, Skin/wound care, Nurse Sensitive Indicators, Magnet/SHINE, and Evidence-Based Practice/Care. Nurse Residents collaborate on small group practice change recommendations and give a presentation at their graduation on the 12th month of hire.

### Tuition Reimbursement /Foundation Scholarships

Tuition reimbursement is available for nurses and clinicians in other disciplines to advance their professional development. In FY 2013 to mid-FY 2014, tuition reimbursement was provided to over 150 employees, totaling over \$380,000. In addition to tuition support, the Salem Hospital Foundation generously supports educational advancement through scholarships. Nearly 50 scholarships, with a total of \$76,500, have been granted to employees from 2012 to mid-2014.



## Professional Development Institutes

<p><b>OCTOBER 16 &amp; 17 (2013)</b></p>	<p><b>Jeff Solheim</b>, MSN, RN-BC, CEN, CFRN, FAEN <i>Education Consultant, Solheim Enterprises</i>  <i>Beyond the moment of impact: An interactive case study in trauma care</i></p>
<p><b>NOVEMBER 20 &amp; 21</b></p>	<p><b>Valerie Sabol</b>, PhD, ACNP-BC, GNP-BC, CCNS <i>Specialty Coordinzator of the Adult-Gerontology Acute Care Nurse Practitioner</i>  <i>Bariatric Issues in the Acutely Ill Adult</i></p>
<p><b>JANUARY 15 &amp; 16 (2014)</b></p>	<p><b>Sara Hohn</b>, RN, MS, CDE, CNS-PP, BC-Diabetes <i>Clinical Nurse Specialist, OHSU</i>  <i>Improving Patient Education through Building Positive Patient Relationships</i></p>
<p><b>FEBRUARY 19 &amp; 20</b></p>	<p><b>Nancy Albert</b>, PhD, CCNS, CHFNP, CCRN, NE-BC, FAHA, FCCM  <i>- Associate Chief Nursing Officer, Office of Research and Innovation-Nursing Institute; Cleveland Clinic Health System</i>  <i>Transition Care Programs to Ensure “Best” Patient Outcomes; Why, What and How</i></p>
<p><b>March 5</b></p>	<p><b>Dr. Laura Gasparis-Vonfrolio</b>, RN, PhD - <i>President of Education Publications</i>  <i>Enhancing your Acute Care Skills</i></p>
<p><b>April 14</b></p>	<p><b>Bernadette Melnyk</b>, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN - <i>Associate Vice President for Health Promotion, University Chief Wellness Officer, and Professor and Dean of the College of Nursing at The Ohio State University</i>  <i>Evidence Base Practice</i></p>
<p><b>May 8 and 9</b></p>	<p><b>Elizabeth (Betty) Falter</b>, RN, MS, NEA - <i>President of Falter and Associates Inc.</i>  <i>Honor the Process...How to Stay the Best During times of Chaos and rapid Change.</i></p>

<b>August 20 &amp; 21</b>	<b>Karen Johnson, PhD, RN</b> – <i>Lecturer and Clinical Instructor</i> Focus the Flame! Creating a Culture of Inquiry through Evidence- Based Practice
<b>September 17 &amp; 18</b>	<b>Kate Payne, JD, RN</b> - <i>Chief Executive Officer</i> - Health Care Ethics

## CLINICAL RESEARCH STUDIES

- Caring for Patients at the End of Life: One Size Doesn't Fit All (Funded by the Beryl Institute)** - Rhonda Evans, RN, OCN; Margo Halm, PhD, RN, ACNS-BC; Ed Wilgus, PhD; Amie Wittenberg, BSN, RN.
- Coping Assessment in Laboring Moms** - Greta Horn, BA, RNC-OB; Jensea Chauvin, MSN, RN, CNS; Darlene D'Angelo-Wilson, RNC-OB.
- CPR Video Decision Aid Research Study** - Hong Lee, PhD; Ann Alway, MS, RN, CNS, CNRN; Schlifka Smith, BSN, RN, OCN.
- Effect of Saline Use in Nasal Suctioning of Infants** - Andrea Bell, MBA, BSN, RN; Tara Edick, RN; Fara Etzel, MD, MS; Linda Frey, RN; June Handrich, BSN, RN; Lisa Ketchum, MSN, RN; Elizabeth Monson, BSN, RNC; Susan Ritenour, RNC; Janelle Williams, BSN, RNC; Jennifer Young, RRT, RCP.
- Evidence-Based Practice Readiness: An Interprofessional Perspective** - Margo Halm, PhD, RN, ACNS-BC; Paul Howard, MLIS, PhD; Entire Evidence-based Practice Council.
- Fetal Exposure to Intrapartum Narcotics** - Patricia Barnes, MS, RN, CNM.
- Influence of Gender on Symptom Characteristics in Acute Coronary Syndromes** - Holli DeVon, PhD, RN University of Illinois; Anne Rosenfeld, PhD, RN, University of Arizona; Margo Halm, PhD, RN, ACNS-BC; Heather Nelson, BS, MSHS, CCRC; Jill Cohen, MSN, RN, CEN.
- New Grad Residency Program: A Program Evaluation** - Steve Buck, MSN, RN; Sarah Wolfe, MSN, RN; Margo Halm, PhD, RN, ACNS-BC; Amy Stokes, MSN, RN; Jeanine Scott, MSN, RN.
- Planned Rest Periods and Patient Satisfaction in Cardiac Surgery Patients** - Heather Rideout, MBA, BSN, RN-BC, CCRN, CVRN; Audrey Nickodemus, MSN, RN, CCRN; Jordana McDonald, MSN, RN; Cheeri Barnhart, MSN, RN, CCRN; Kirk Hill, RPh; Ann Alway, MS, RN, CNS, CNRN; Margo Halm, PhD, RN, ACNS-BC; Kai Engstad, MD.
- Pressure Ulcer Development in the ICU** - Ann Alway, MS, RN, CNS; CNRN; Charlette Lumby, RN; Bernard Maurer, RN, CCRN; Lauris Currier, BSN, RN, CCRN; Amanda Mehlhoff, BSN RN; Margo Halm, PhD, RN, ACNS-BC.
- Pyelonephritis** - Jensea Chauvin, MSN, RN, CNS.
- Results of the Geriatric Institutional Assessment Profile (GIAP) in a Community Hospital** - Jeanne St. Pierre, MN, RN, GCNS-BC.
- Specific Needs & Concerns of Spouse Caregivers of CAB Patients during the Early Postoperative Period** - Margo Halm, PhD, RN, ACNS-BC; Heather Nelson, BS, MSHS, CCRC.
- Stress Response of Individuals at High Risk for Lung Cancer who Undergo Low Dose Computed Tomography Screening** - Allison Eshleman, RN, OCN; Margo Halm PhD, RN, ACNS-BC; John Strother, MD.
- Venous Thrombosis Prophylaxis** - Jensea Chauvin, MSN, RN, CNS.



## VOLUNTEER/COMMUNITY INVOLVEMENT

**Nurses Give Back Projects:** each unit received \$400 to donate to a chosen charity or community service effort.

SPT (Special Practice Team)	Mission
<p><b>Adam Humphreys, OR</b></p> <p><b>Charity</b> Adaptive Riding Center - Turner Oregon</p>	<p>A goal of the Adaptive Riding Institute is to help ease the challenges faced by a child with a disability by providing a unique and comprehensive blend of supportive equine services. The program strives to encourage these children and young adults so that they may discover their innate talents and abilities and live productive, independent lives.</p>
<p><b>Cori Daniels, Prep Recovery</b></p> <p><b>Charity</b> Boys and Girls Club - Salem, Oregon</p>	<p>To inspire and enable all youth grades 1-12, especially those who need us most, to realize their full potential as productive, responsible and caring citizens through the development of a positive self-image and self-reliance.</p>
<p><b>Heidi Classen, RN BSN Imaging</b></p> <p><b>Charity</b> Camp Odakoda (Formerly Camp Quest) - Falls City, Oregon</p>	<p>Camp Quest provides an educational adventure shaped by fun, friends and free thought, featuring science, natural wonder and humanist values. This organization caters to children ages 10-15 with autism.</p>
<p><b>Ashley Dodson, CVCU</b></p> <p><b>Charity</b> Camp Tapawingo - Falls City, Oregon</p>	<p>Tapawingo is where kids learn how to be leaders, how to be true friends, and how to be themselves. Tapawingo is a safe place for the development of character and values: judgment, personal responsibility, and independence.</p>

<b>SPT (Special Practice Team)</b>	<b>Mission</b>
<p><b>Marilu Hess, WVH</b></p> <p><b>Charity</b></p> <p>Dallas Emergency Food Corp - Dallas, Oregon</p>	<p>Looks for volunteers to make and serve meals for the homeless.</p>
<p><b>Lea Estrabo, Infusion &amp; Wound Care (Amy Cummings)</b></p> <p><b>Charity</b></p> <p>Dallas Free Clinic - Dallas, Oregon</p>	<p>This faith-based free clinic serves the uninsured of Polk County who have either medical or mental health issues.</p>
<p><b>Devin Hookland, Labor &amp; Delivery</b></p> <p><b>Charity</b></p> <p>Family Building Blocks - Salem, Oregon</p>	<p>Family Building Blocks is a private, nonprofit organization that works to break the intergenerational cycle of child abuse and neglect by providing services for high-risk families that have children six weeks to five years old. We are the Crisis Relief Nursery serving Marion &amp; Polk Counties.</p>
<p><b>Charity</b></p> <p>Father Taaffe Home - Salem, Oregon</p>	<p>Catholic Community Services is a non-profit, faith-based organization serving children, youth, adults and families with special needs in the Mid-Willamette Valley and Central Oregon Coast.</p>
<p><b>Lindy Mongenol Float pool</b></p> <p><b>Charity</b></p> <p>Salem Free Medical Clinic - Salem, Oregon</p>	<p>Provide quality health care at no cost to the poor, the uninsured and the underinsured children and adults in our community.</p>
<p><b>Sara Wagnier, RN 6S Orthopedics SPT Chair</b></p> <p><b>Charity</b></p> <p>H2O Home - Salem, Oregon</p>	<p>Help and Hope 2 Others is a non-profit organization that provides services to residents in Polk County.</p>
<p><b>Kelsey Bell, 6N</b></p> <p><b>Charity</b></p> <p>Habitat for Humanity - Salem, Oregon</p>	<p>Through volunteer labor and tax-deductible donations of money and materials, Habitat for Humanity of the Mid-Willamette Valley builds and rehabilitates simple, decent houses with the help of the homeowner (partner) families.</p>



<b>SPT (Special Practice Team)</b>	<b>Mission</b>
<p><b>Shanta Roberts, Pharmacy</b></p> <p><b>Charity</b> Her Place - Salem, Oregon</p>	<p>Drug &amp; Alcohol Addiction - Halfway House.</p>
<p><b>Charity</b> <b>James 2 Community Center</b> - Dallas, Oregon</p>	<p>Non-profit organization in Dallas for those in need of warm meals. Volunteers always needed to prepare and serve. Put on through Dallas church.</p>
<p><b>Michelle Jones, Pediatrics</b></p> <p><b>Charity</b> <b>Liberty House</b> - Salem, Oregon</p>	<p>Liberty House is a child abuse assessment center serving Marion and Polk Counties - providing special assessment services in a safe, comfortable, child-friendly environment. Since 1999, Liberty House has provided child-focused, high quality assessment services to children when adults are concerned that they may have been hurt by sexual abuse, physical abuse or neglect. With compassion and expertise, medical providers conduct complete medical examinations for the children coming to Liberty House. Specially trained child interviewers also help children talk about what has happened to them in a neutral and sensitive manner to ensure the objectivity of the assessment and the wellbeing of the child.</p>
<p><b>Marty Enriquez, CNO</b></p> <p><b>Charity</b> <b>Liberty House</b> - Salem, Oregon</p>	<p>Volunteer board member of the Liberty House</p>
<p><b>Sarah Wolfe, Education services</b></p> <p><b>Charity</b> <b>Marion Polk Food Share</b> - Salem, Oregon</p>	<p>Your gift to Marion-Polk Food Share will help us provide emergency food to more than 35,000 people in Marion and Polk counties this month, including 14,000 children.</p>
<p><b>Julie Cox, NICU</b></p> <p><b>Charity</b> <b>NW Mothers Milk Bank</b>- Portland, Oregon</p>	<p>Milk Bank - donations needed for equipment and to hire staff.</p>
<p><b>Liz Norris, PMC</b></p> <p><b>Charity</b> <b>HOAP (Homeless Outreach &amp; Advocacy Project)</b> - Salem, Oregon</p>	<p>HOAP provides psychiatric care including medication management for mentally ill clients; counseling; case management; housing assistance; supported living services; and other services to help those with mental illnesses live stable and productive lives.</p>



<b>SPT (Special Practice Team)</b>	<b>Mission</b>
<p><b>Amy Slater, ED</b></p> <p><b>Charity</b></p> <p>Summer in the Streets - Turner/Aumsville, Oregon</p>	<p>Backpack and school supply giveaway to underprivileged children in the Turner/Aumsville Cascade School district. Staff volunteer time to hand out supplies, do face painting, play games and give out snow cones/hotdogs to kids in need.</p>
<p><b>Lydia Reid, NTCU</b></p> <p><b>Charity</b></p> <p>Union Gospel Mission - Salem, Oregon</p>	<p>Since 1953, Union Gospel Mission of Salem has been tending to the needs of men, women and children from all walks of life. They are hungry, cold, wet and discouraged. They are the hurting, the lost, the poor and the overwhelmed. They come to the Mission each day seeking meaningful help for urgent, emergency needs. They are welcomed here with hot nourishing meals, safe overnight shelter and, most of all, hope for a new life in Christ.</p>
<p><b>Charity</b></p> <p>Willamette Humane Society - Salem, Oregon</p>	<p>Willamette Humane Society (WHS) was founded in 1965 and serves Marion and Polk counties providing compassionate services to pets and people.</p>
<p><b>Jean Lucas, ICU</b></p> <p><b>Charity</b></p> <p>Without Strings - Salem, Oregon</p>	<p>Without Strings is a collective of various community members looking to enhance the quality of life for no/ low income and people without homes in Marion and Polk counties. We believe that to be effective we do not replace available services but instead support them and look to fill in service gaps to provide wrap around services. Preventative care is our priority in health, nutritional and necessities of daily living.</p>
<p><b>Ester Kam, Inpatient Rehab</b></p> <p><b>Charity</b></p> <p>Bush School - Salem, Oregon</p>	<p>Donation would go toward a wheelchair glider (approx \$900 each), these chairs are used in a specialized medical classroom for kindergarten thru second grade. Most students have cerebral palsy, these chairs allow the student to rock independently.</p>
<p><b>Kristen Emerson, Anetpartum</b></p> <p><b>Charity</b></p> <p>Hayden's Helping Hands - Clackamas, Oregon</p>	<p>Hayden's Helping Hands is a non-profit foundation who helps families in the midst of tragedy. Hayden's Helping Hands assists Oregon families after the birth of a stillborn baby by paying for a portion or all of their hospital delivery medical expenses.</p>
<p><b>Brad Dehler, Care Manager</b></p> <p><b>Charity</b></p> <p>Dental Van (Medical Teams International) - Portland, Oregon</p>	<p>Provide low income/homeless minor dental treatments to prevent infection and other illness.</p>

<b>SPT (Special Practice Team)</b>	<b>Mission</b>
<p><b>Schlifka Smith, 5N Med/ Surg Onc</b></p> <p><b>Charity</b></p> <p>Relay for Life - Salem, Oregon</p>	<p>Each year more than 4 million people in over 20 counties take part in this global phenomenon and raise much needed funds and awareness to save lives from cancer.</p>
<p><b>Carlee Morgan, 5S</b></p> <p><b>Charity</b></p> <p>Simonka House (Part of UGM) - Salem, Oregon</p>	<p>Providing emergency services, such as nourishing meals, warm safe shelter, a hot shower, clean clothing and personal care items are just the first step in sharing Christ's love and providing for those in need.</p>
<p><b>Nancy Leach, Cath lab</b></p> <p><b>Charity</b></p> <p>Love Reins - Salem, Oregon</p>	<p>Therapy horses for children with autism and special needs.</p>
<p><b>Charity</b></p> <p>Compassionate Friends- Salem, Oregon</p>	<p>It is a self-help support organization that offers friendship, understanding, and hope to bereaved parents, grandparents and siblings. We have no religious affiliation, and charge no membership dues or fees.</p>
<p><b>Jessica Reese, 4S SPT</b></p> <p><b>Charity</b></p> <p>H.O.M.E - Salem, Oregon</p>	<p>HOME's mission is to provide a safe, supportive environment where Salem's at-risk and homeless youth may have their immediate needs met as well as have positive opportunities to reconnect with their community.</p>
<p><b>Charity</b></p> <p>Shangri-La - Salem, Oregon</p>	<p>Homes, jobs and support. One person at a time. Shangri-la believes in a world where people have decent, affordable housing, gainful employment, education, training and supports for personal success.</p>
<p><b>Charity</b></p> <p>A.C. Gilbert Discovery Village - Salem, Oregon</p>	<p>"Inspiring children to learn through creative play." Provides innovative and stimulating educational experiences which spark children's natural curiosity.</p>
<p><b>Nursing Administration</b></p> <p><b>Charity</b></p> <p>Assistance League, Operation School Bell, Book Mobile - Salem, Oregon</p>	<p>Operation School Bell provides new school Clothes for students whose families are struggling financially in the Salem-Keizer school district and also Chemawa Indian School. Book Mobile, Provides free books to first graders in the Salem-Keizer school district.</p>

## Salem Saturday Farmer's Market Partnership

The Salem Saturday Farmer's Market Partnership began when a staff nurse brought the idea back from the national Magnet Conference in the fall of 2013. In an effort to provide education regarding relevant health topics and improve our hospital's relationship with the community, meetings were arranged with the farmer's market director and board members as well as our own Community Health Education Center (CHEC). The farmer's market board was enthusiastic about partnering with Salem Health and provided a non-profit booth at no cost for each week of the market season. Volunteers were recruited through presentations made at various Specialty Practice Team meetings, Practice Council presentations and through use of the SH Intranet's Daily Dose. The CHEC helped provide structure for recruited volunteers and materials related to the health care topics selected. A cycle of topics was developed including Health Hearts, Cancer Awareness, Early Childhood/Prenatal Health, Stroke, Diabetes, Nutrition, Injury Prevention and Rehabilitation.

The goals of the partnership include:

- Educating our community on relevant health topics and providing pertinent resources.
- Strengthening relationships between Salem Health staff and the community.
- Increasing visibility within the community.
- Enhancing collaboration and relationships among our own staff at Salem Health through volunteering together.

The partnership also provides a wonderful venue for data collection about the health of our community and what we as an organization are doing to promote well being! As we look at sustainability for this project we plan to:

- Partner with the Farmer's Market leadership in grant writing to provide increased funding for the Market.
- Sharpen and refine our data collection to better serve the needs of our community and provide feedback for our own organization.
- Expand the education topics provided and capture a more diverse group of volunteers.

Our volunteers have expressed how much they enjoy the time interacting with the community and various staff members at the booth. The farmer's market leadership has also communicated that members of the community have greatly appreciated Salem Health's presence each week at the market and view the booth as a valuable resource!

Salem Saturday Farmer's Market operates every Saturday from April through October

### Data as of August 30, 2014

Total Number  
of Volunteers:  
94

Total Number  
of Volunteer  
Hours  
Clocked : 433

Total Number  
of Community  
Contacts: 1,168

Total Number  
of Brochures/  
Giveaways  
Distributed:  
1, 340

Total Number  
of Blood  
Pressures  
Checked: 275

## CELEBRATIONS

### Awards

#### American Red Cross

- Cindy Rettler, BSN, RN (5 South) - Hero Award

#### Clinical Excellence Award Recipients

- CLINICAL NURSING - Nancy Riley, RN, CCM - Care Management
- ADVANCING & LEADING THE PROFESSION - Chuck Hammond, RN- Emergency Department
- STAFF & PATIENT MANAGEMENT - Cynthia Oar , RN - Pre Surgical Screening
- EDUCATION & MENTORSHIP - Rebecca Cowin, RN - Intermediate Care Unit
- AMBULATORY CARE - Beverly Smith, MSN, RN - Cancer Services
- VOLUNTEERISM & SERVICE - Beverly Schmidgall, RN - Wound & Infusion
- TRANSFORMATIONAL LEADERSHIP - Misti Shilhanek, BSN, RN - Service Excellence

#### Daisy Award Recipients

- Cindy Goyins, RN - Imaging
- Meredith Wiggers, BSN, RN - 6 N
- Micah Swan, RN - 4 South
- Laura Morin, BSN, RN, CCRN, CVRN - CVCU
- Leila Lopes, BSN, RN, CMSRN, OCN - 5 South
- Bridget Lightle, RN, CCRN - ICU
- Denice Scotland, BSN, RN, CEN - ED
- Laura Peterson, RN - 5 North
- Julie Stauffer, BSN, RN - IMCU
- Jessica Barriga, BSN, RN - 4 South
- Nathan Holan, RN - ED
- Jacquie Butler, RN, OCN - 5 North

#### Service Excellence Award Recipients

- Stephen Albert - Patient Transport
- Sarah Barclay - Employee Health
- Ellie Barnhart - IMCU
- Rebecca Betz - Care Management
- Travis Chapman - Volunteer Services
- Bruce Evers - SH Volunteer
- Kathleen Foltz - Prep/Recovery
- April Gavin - Medical Staff Office
- Chris Handy - 6S Orthopedics
- Kirk Heald - Neuromuscular Therapy
- Kristen Lorenz - 4S Medical Telemetry
- Cathy Kosboth - Neuromuscular Therapy
- Ayda Leyva - Environmental Services
- Karen Lomax - 6S Orthopedics
- Harriett Martin - IMCU
- Kenneth Page - Security
- Sara Pitt - Labor & Delivery
- Angela Potter - Diagnostic Radiology
- Heather Rideout - CVCU

- Hanna Saxton - NTCU
- Brandon Schmidgall - Emergency Department
- James Shaw - Building Operations
- Julie Stauffer - IMCU
- Arlene To - Accounting
- Guadalupe Tomas - Nutrition Services
- Kerri Trapp - Care Management
- Lina Truong - SH Student Volunteer
- Cynthia Walling - Human Resources
- Rhonda Wood - Clinical Education
- Deborah Wright - Psychiatric Patient Services
- Marilu Hess - WVH Surgical Services
- Clint Larson - WVH Maintenance of Plant

### **March of Dimes Nurse of the Year Award Recipients**

- June Handrich, BSN, RN - Pediatric Acute Care Nurse of the Year
- Margo Halm, PhD, RN, ACNS-BC - Advanced Practice Nurse of the Year

### **Trillium Award Recipients**

- Megan Belluno Brown, CNA - ICU
- Emily Veneman, CNA - IMCU
- Benjamin Clark, CNA - IMCU
- Muang Saelee, CNA - 5 South

### **Hospital-wide Awards**

- Recipient of The Oregonian's Top Workplace award in 2014
- Recipient of the Healthgrades Distinguished Hospital Award in Clinical Excellence™ in 2014
- Recipient of the Healthgrades Outstanding Patient Experience Award™ in 2013
- Ranked among the top 15 percent in the nation for outstanding patient experience in 2013
- Designated NICHE Hospital (Nurses Improving Care for Healthsystem Elders) since 2011
- One of Healthgrades America's 100 Best Hospitals for Critical Care in 2014

### **Cardiac Awards**

- Five-Star recipient for treatment of heart attack in 2014
- 1st Beacon Award Silver level for CVCU
- 1st Beacon Award Silver level for IMCU

### **Pulmonary Awards**

- Five-Star recipient for treatment of pneumonia for two years in a row (2013-2014)

### **Critical Care Awards**

- Recipient of the Healthgrades Critical Care Excellence Award™ in 2014
- Ranked among the top 5 percent in the nation for critical care in 2014
- Five-Star recipient for treatment of sepsis for five years in a row (2010-2014)
- Five-Star recipient for treatment of pulmonary embolism in 2014
- Five-Star Recipient for treatment of respiratory failure in 2014
- 3rd Beacon Award Silver level for ICU

### **Gastrointestinal Awards**

- Five-Star recipient for colorectal surgeries in 2014
- Five-Star recipient for treatment of bowel obstruction for three years in a row (2012-2014)

## Orthopedic Awards

- Five-Star recipient for total knee replacement for five years in a row (2010-2014)
- Five-Star recipient for total hip replacement for seven years in a row (2008-2014)

## Bariatric Awards

- Five-Star recipient for overall bariatric surgery in 2013

## Breast Center Awards

- Recipient of the National Accreditation Program for Breast Centers, a 3-year full accreditation as a Commission on Cancer Accredited Program in 2014

## Educational Advancement

*Jason Alford, BSN, RN (5 North)* – BSN, Walden University

*Katie Bach, BSN, RN (IMCU)* – BSN, Linfield College

*Elizabeth Batroy, BSN, RN (Orthopedics)* – BSN, Adventist University Health Sciences

*Mary Bedell MSN, RN, ACNS-BC-PP, CVRN, CHFNP* (Heart Failure CNS) – Master's degree in Nursing, University of Cincinnati

*Beverly Bennett (Salem Cancer Institute)* – Bachelor of Arts in Social Work, University of Portland

*Megan Bielemeier, MSN, RN (Care Management)* – Loyola University

*Lori Bohler, BSN, RN (L&D)* – BSN, University of St Mary's

*Christine Brungardt, BSN, RN (IMCU)* – BSN, George Fox University

*Steve Buch, MSN, RN (Clinical Education)* – Master's degree in Nursing, Gonzaga University

*Debbie Campbell, BSN, RN (IMCU)* – BSN, Grand Canyon University

*DeAnna Carroll, BSN, RN (4 So)* – BSN, Grand Canyon University

*Darren Craigberry, BSN, RN (IMCU)* – BSN, Western Governors University

*Angie Delacruz BSN, RN (Mother/Baby)* – BSN, University of St. Mary

*Kris Dugan, BSN, RN (5 No)* – BSN, George Fox University

*Alison Eshleman, RN, BSN, OCN (Clinical Research)* – BSN, University of Phoenix

*Zifan Gu, MSN, MBA, RN (IMCU)* – Masters of Science in Nursing & Masters of Business Administration with a health care management focus, University of Phoenix

*Anna Hartle, BSN, RN (Orthopedics)* – BSN, Western Governor's University

*Julie Hinson, AGNP, OCN (Salem Cancer Institute)* – Master's degree in Nursing, University of Cincinnati

*Cammy Holbrook, MSN, RN (Informatics)* – Master's degree in Nursing, Loyola University

*Lori Kessler, MSN, RN (PMC)* – Master's degree in Nursing Leadership, Gonzaga University

*Whitney Langwell, MSN, RN (Inpatient Rehab)* – Master's degree in Nursing, University of Portland

*Debbie Lohmeyer, BSN, RNFA, CNOR (OR)* – BSN, University of Phoenix

*Leslie Magoria, BSN, RN (ICU)* – BSN, OHSU

*Judi Majors BSN, RN (ICU)* – BSN, Linfield College

*Whitney McIntosh, BSN, RN (L&D)* – BSN, University of St Mary's

*Andrea Moyer, BSN, RN (4 So)* – BSN, Grand Canyon University

*Melissa Ng'Aida, BSN, RN (L&D)* – BSN, University of St Mary's

*Jacob Nicholson, MSN, FNP, CNOR (OR)* – MSN, Georgetown University

*Lorene Nord, BSN, RN (Care Management)* – BSN, American Sentinel University

*Becky Ramos, MSN, RN, ACNS-BC (Stroke CNS)* – Master's degree in Nursing, University of Cincinnati

*Vicki Ryan, RN (Orthopedics)* – BSN, Western Governor's University

*Adam Sanchez, MSN, RN (Care Management)* – Loyola University

*April Sheridan, BSN, RN (Inpatient Rehab)* – Grand Canyon University



Beverly Smith, MSN, RN, OCN (Salem Cancer Institute) – Master’s degree in Nursing, Grand Canyon University  
Amber Stutzman, BSN, RN (L&D) – BSN, University of St Mary’s  
Jill Taylor MSN, RN (5 North) – Masters of Science in Nursing with an emphasis in Education, Grand Canyon University  
Brenda Walberg, BSN, RN (ICU) – BSN, Independence University  
Candace Waynick, MS, RD, LD (Nutrition Services) – Masters in Nutrition, OHSU  
Shelly Whitman, BSN, RN (IMCU) – BSN, University of Oshkosh  
Anne Williamson, BSN, RN (Float Pool) – BSN, Western Governor’s University  
Brianna Wright, BSN, RN (Pediatrics) – BSN, Linfield College

## Certifications

Mike Avery III (Sterile Processing) – IAHCSSM certification  
Peggy Barker, RN, CNOR (OR) – CNOR certification  
Ellie Barnhardt, BSN, RN, PCCN (IMCU) – PCCN certification  
Jerry Calaba (Sterile Processing) – IAHCSSM certification  
Jenna Campos-Santos, BSN, RN, OCN (5 No) – OCN certification  
Kerrin Case, BSN, RN, CCM (Care Management) – CCM certification  
Sergio Cervantes (Sterile Processing) – IAHCSSM certification  
Shauna Claudio MSN, RN, CNOR (SS) – CNOR certification  
Ashley Dodson BSN, RN, CCRN (CVCU) – CCRN certification  
Joyce Dunaway, BSN, RN, CNOR (OR) – CNOR certification  
Jenni Eldredge, MSW, CCM (Care Management) – CCM certification  
Rose Fava (Sterile Processing) – IAHCSSM certification  
Jenny Firkins, RN, CNRN (Spine Center) – CNRN certification  
Sandra Frank, MS, RD, CDE (Nutrition) – Certified Diabetes Educator  
Sandra Fuerst, BSN, RN, CMSRN (4 So) – CMSRN certification  
Jeremy Gallaher (Sterile Processing) – IAHCSSM certification  
Trish Handrich, BSN, RN, CMSRN (5 No) – CMSRN certification  
Jay Havel (Sterile Processing) – IAHCSSM certification  
Kaila Heiserman, BSN, RN, CMSRN (4 So) – CMSRN certification  
Alyce Henry BSN, RN, CNOR (OR) – CNOR certification  
Katharine Joslin, BSN, RN, CMSRN (3 W) – CMSRN certification  
Gilia Kingry-Minnich, RN, CCM (Care Management) – CCM certification  
Sarah King, BSN, RN, PCCN (IMCU) – PCCN certification  
Susan Nickenson, RN, CRRN (Inpatient Rehab) – CRRN certification  
Karee Pack RN, CNOR (OR) – CNOR certification  
Nora Parnell, RN (West Valley) – CMSRN certification  
Sandy Pickle BS, RN, CNOR (SS) – CNOR certification  
Beverly Plack, RN, CRRN (Inpatient Rehab) – CRRN certification  
Carolyn Preston, BS (Clinical Research) – CCRP certification, Society of Clinical Research Associates (SoCRA)  
Jade Rawlins, BSN, RN, OCN (5 No) – OCN certification  
Cesar Salazar- Montes (Sterile Processing) – IAHCSSM certification  
Tina Schindler, BSN, RN, CNOR (OR) – CNOR certification  
Courtney Schmidig, BSN, RN, ONC (JCOE) – Orthopedic Nurse certification  
Megan Shaw BSN, RN, CNOR (OR) – CNOR certification  
Schlifra Smith, BSN, RN, OCN (5 No) – OCN certification  
Stacey Torkelson, BSN, RN (4 So) – CMSRN certification

*Katie Traeger, RN, OCN (5 No)* – OCN certification  
*Laura Vogt, RN, CCM (Care Management)* – CCM certification  
*Alex Wells (Sterile Processing)* – IAHCSSM certification

## Professional Appointments

*Mary Bedell MSN, RN, ACNS-BC-PP, CVRN, CHFN* – American Association of Heart Failure Nurses, Nominations committee  
*Lizette Dubay Courtney, RD, LD* – President-Elect – Oregon Academy of Nutrition & Dietetics  
*Margo Halm, PhD, RN, ACNS-B C* – Research Advisory Panel: Assessment of Prevention, Diagnosis & Treatment Options, Patient-Centered Outcomes Research Institute (PCORI), Washington D.C.  
*Margo Halm, PhD, RN, ACNS-B C* – Editorial Board, American Journal of Nursing  
*Margo Halm, PhD, RN, ACNS-B C* – Program Committee, Western Institute of Nursing  
*Andrea Hamilton, RD, LD* – Past President, Portland Area Dietetic Association  
*Karen Huntzinger, MS, RD, LD, CSO* – National Exam Committee for the Commission on Dietetic Registration Board Certified Oncology Specialist  
*Lori Kessler, MSN, RN* – OAHHS Oregon Hospital Behavioral Health Work Group  
*Debbie Lohmeyer, BSN, RNFA, CNOR (OR)* – President for AORN Santiam Chapter, July 2014–June 2015  
*Lawrence (Steve) Molinar, RD, LD* – National Academy of Nutrition and Dietetics Informatics Committee (3-year term)  
*Jeanne St. Pierre, MN, RN, GCNS-BC* – Chairperson of the Gero Advanced Practice Nurses Special Interest Group for the National Gerontological Nurses Association for 2014  
*Tamara Whittle BSN, RN (ICU)* – Governance Chair for the Beta Psi Chapter of Sigma Theta Tau International

## Presentations

### Poster Presentations

*Kristy Bond, BSN, RN, CNRN* – Spine Center of Excellence Outcomes – American Association of Neuroscience Nurses, Anaheim  
*Greta Horn, BA, RNC-OB; Jensea Chauvin, MSN, RN, CNS; Darlene D’Angelo-Wilson, RNC-OB* – “Coping Assessment in Laboring Moms” – 33rd Annual International Nursing and Midwifery Research and Education Conference (Dublin, Ireland), and Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem)  
*Jordana McDonald, MSN, RN, Kirk Hill, BS, RPh, Heather Rideout, MBA, BSN, CCRN, RN-BC, CVRN, Ann Alway, MS, RN, CNS, CNRN, Cheeri Barnhart, MSN, RN, CCRN, Margo Halm, PhD, RN, ACNS-BS, FAHA* – “Cardiac Surgery Patient Satisfaction with Pain Management and Planned Rest Periods” – 40th Annual Critical Care Symposium Greater Portland Chapter of American Association of Critical-care Nurses and Society of Critical Care Medicine (Vancouver, WA)  
*Marlaine Magee, BSN, RN, CCRN, Jean Lucas, BSN, RN, CCRN, Tamara Wallace, BSN, RN, Kristen Roberts, BSN, RN, CCRN, Jessica Sexton, BSN, RN, CCRN, Sierra Schneider, DVM, BSN, RN, CCRN, Jeanne St Pierre, MN, RN, GCNS-BC, FNGNA, Ann Alway, MS, RN, CNS, CNRN. Margo Halm, PhD, RN, ACNS-BS, FAHA* – “Simple Measures: Non-pharmacologic Interventions to Reduce ICU Associated Delirium” – Western Institute of Nursing’s Communicating Nursing Research Conference, (Seattle), and Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem)  
*Michael Polacek, MSN, BSed, RN* – “Does Patient Centered Admission Process Reduce Violence in Adult Acute Psychiatric Setting?” – Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem)  
*Marlaine Magee, BSN, RN, CCRN, Sierra Schneider, DVM, BSN, CCRN, Ann Alway, MS, RN, CNS, CNRN* – “Compare and Contrast Do Not Resuscitate with Aggressiveness of Care.” – 40th Annual Critical Care Symposium Greater Portland Chapter of American Association of Critical-care Nurses and Society of Critical Care Medicine (Vancouver, WA)  
*Michael Polacek, MSN, BSed, RN* – “Does Patient Centered Admission Process Reduce Violence in Adult Acute Psychiatric Setting?” – Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem)  
*Erica Randall, BSN, RN* – “Affinity Groups with Physician, Financial and Respiratory Partners: Reducing Variation in Care for Ventilated Patients” – 40th Annual Critical Care Symposium Greater Portland Chapter of American Association of Critical-care Nurses and Society of Critical Care Medicine (Vancouver, WA)  
*Jane Ray, MSN, RN, NE-BC* – “Continuum of Care for the Spine Surgical Patient: Journey to Spine Center of Excellence” – Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem); and American Association of Neuroscience Nurses Conference (Anaheim)  
*Sierra Schneider, DVM, BSN, RN CCRN, Matt Tanner, RPH, PharmD* – “Extended Infusion B-Lactams: Rising above the Minimum

Inhibitory Concentration” – 40th Annual Critical Care Symposium Greater Portland Chapter of American Association of Critical-care Nurses and Society of Critical Care Medicine (Vancouver, WA)

*Eric Timmons, BSN, RN, Bridget Lightle, RN, CCRN, Eric Barischoff, RT, Kelly Anderson, RN, CCRN, and Amanda Field, BSN, RN, CCRN, Ann Alway, MS, RN, CNS, CNRN* – “Continuous Capnography during Cardiopulmonary Resuscitation: Is it the Beginning or is it the End?” – 40th Annual Critical Care Symposium Greater Portland Chapter of American Association of Critical-care Nurses and Society of Critical Care Medicine (Vancouver, WA)

## Oral Presentations

*Peggy Barker, RN, CNOR (OR)* – “Organ Donor”– Semi-annual CST conference, Salem

*Mary Bedell MSN, RN, ACNS-BC-PP, CVRN, CHF N* – “Risk Stratification to Reduce HF Readmissions” – Inquiry in Action: Tools for Success, Oregon Nursing Research & Quality Consortium (ONRQC) Conference, Salem

*Todd Bedell* – “Vaccine Victory: Campaigning for Flu Vaccine Compliance in the Workforce”, Premier Breakthroughs, San Antonio TX

*Kristy Bond, BSN, RN, CNRN* – Journey to Spine Center of Excellence – American Association of Neuroscience Nurses annual meeting, Anaheim

*Sarah Gloeckner, MS, RD, LD* – “Prevalence of Food Insecurity in Children with Hemophilia”, National Hemophilia Foundation Annual Meeting, Anaheim, CA

*Margo Halm, PhD, RN, ACNS-B C* – “Effect of an Essential Oil Mixture on Radiation-Associated Acute Skin Reactions: A Pilot Study”, Western Institute of Nursing’s Communicating Nursing Research Conference (Seattle), and Inquiry in Action: Tools for Success, Oregon Nursing Research and Quality Consortium Conference (Salem)

*Debbie Lohmeyer, BSN, RNFA, CNOR (OR)* – “Effective Communication in the Perioperative Area” at the local AORN chapter meeting

*Kristen Myers, MBA, BSN, RN* – “Vaccine Victory: Campaigning for Flu Vaccine Compliance in the Workforce”, Premier Breakthroughs, San Antonio TX

*Michael Polacek, MSN, RN* – “Patient Centered Admission Process Reduces Violence in Adult Acute Psychiatric Settings”, 8th European Congress on Violence in Clinical Psychiatry, Ghent

*Lydia Reid, BA, RN, CNRN, SCR N* – Magnet Poem display, 2014 Magnet Conference, Dallas TX

*Beverly Smith, MSN, RN, OCN* – “CoC Standards-2012 (Patient Navigation and Survivorship)”, OSCaR/OCRA Annual Fall Educational Workshop 2013 Hosted by Salem Health

## Publications

*Alway A, Halm M, Shilhanek M, St. Pierre J. Do earplugs and eye masks affect sleep and delirium outcomes in the critically ill? American Journal Critical Care. 2013; 22(4):357-360.*

*Chlan L, Halm M. Does music ease pain and anxiety in the critically ill? American Journal Critical Care. 2013; 22:528-532.*

*Halm M. Dissemination: The last frontier. In C. Hedges and B. Williams (Eds). Anatomy of Research for Nurses: A Practical Approach. Indianapolis: Sigma Theta Tau International, 2014.*

*Halm M, Baker L, & Harshe V. The effect of an essential oil mixture on skin reactions in women undergoing radiotherapy for breast cancer: A pilot study. J Holistic Nursing. 2014; First published March 25, 2015 as doi:10.1177/0898010114527184.*

*Halm M, & Wilgus E. Impacting the Latino birthing experience with a cultural competence training program. Online Journal of Cultural Competence in Nursing and Health care, 2013; 1-16.*

*Halm M. Science driven care: Can education alone get us there by 2020? American Journal Critical Care. 2014; 23:339-343.*

*Halm M. Arm circumference, shape and length: How interplaying variables affect blood pressure measurement in the obese. American Journal Critical Care. 2014; 23(2):166-170.*

## SHINE COUNCIL MEMBERSHIP FY 2014

<b>Practice Council</b>	
Marty Enriquez	Nursing Administration
Margo Halm	Research, Education, Magnet
Heather Rideout	CVCU
Sara Wagnier	6 North Ortho
Rick Kendall	Nursing Admin/Kaizen
Lydia Reid	NTCU
Alexis Miller	Cardiac Rehab
Amy Slater	Emergency Department
Nathan Holan	Emergency Department
Jessica Reese	4 South Med Tele
Leah Lindsey	4 South Med Tele
Schlifka Smith	5 North Med Surg Oncology
Freida Ryan-Anzur	5 North Med Surg Oncology
Kelsey Bell	6 North General Surgery
Carlee Morgan	5 South Medical
Stacey Randolph	5 South Medical
Wendi May	6 North Ortho
Lindy Mongenel	Float Pool
Debra Jasmer	Vascular Access
Danielle Primbs	Vascular Access
Mike Diljak	Clinical Education
Whitney D'Aboy	Kaizen
Kristen Emerson	Antepartum
Sara Pitt	Labor & Delivery
Devin Hookland	Labor & Delivery
Jennifer Graham	Mother Baby
Cassie Moss	Mother Baby
Julie Cox	NICU
Michelle Jones	Pediatrics
Charity Boys	WCS Float Pool
Pam Haneberg	WCS
Rick Lenhardt	Cardiac Non-Invasive
Geneva Krenz	Cardiac Non-Invasive
Anna Shalashova	CVCU
Stephanie Lairson	West Valley Hospital
Nora Parnell	West Valley Hospital
Cortnie Haun	Rehab
Shanta Roberts	Pharmacy
Sandy Bunn	Diabetes CNS
Jeanne St. Pierre	Geriatrics CNS
Ann Alway	Critical Care CNS
Mary Bedell	Heart Failure CNS
Becky Ramos	Stroke CNS

Nancy Leach	Cath Lab
Megan Rademaker	Cath Lab
Ashley Dodson	CVCU
Kara Bean	CVCU
Katelyn Ridders	CVCU
Jean Lucas	ICU
Robin Mack	ICU
Heidi Classen	Imaging
Mike Devine	Imaging
Harriett Martin	IMCU
Dianne Morgan	PACU
Adam Humphreys	OR
Matt Duluk	ISPIC
Amie Walton	Endoscopy
Cori Daniels	Endoscopy
Lea Estrabo	Wound & Infusion
Amy Cummings	Wound & Infusion
Angela Foster	Sleep Center
Brad Dehler	Care Management
Ester Kam	IP Rehab
Teresa Saling	IP Rehab
Steve Molinar	Nutrition Services
Amelia Bennett	Respiratory Therapy
Liz Norris	Psychiatric Medicine
Doreen Brooks	Psychiatric Medicine
Ray Malay	Environmental Services
Nancy O'Connor	Infection Control
Rebeca Cowin	Clinical Documentation
Paul Howard	Library

### Evidence-based Practice Council

Jeanne St. Pierre	Geriatrics CNS
Lorri Thornton	Nutrition Services
Mary Bedell	Heart Failure CNS
Paul Howard	CHEC Library
Schlifka Smith	5 North Med Surg Oncology
Michael Polacek	Clinical Education
Adam Sanchez	Care Management
Heather Nelson	Research
Margo Halm	Emergency Department
Tricia Talley	Psychiatric Medicine
Nduta Nyoro-Cayton	OR
Tabor Scrobeck	Critical Care CNS
Ann Alway	Stroke CNS
Becky Ramos	Respiratory Therapy

Manya Kanavalov	West Valley Hospital
Janelle Hanni	Diabetes CNS
Sandy Bunn	WCS
Heather Griggs	Kaizen
Rick Kendall	Kaizen

### Professional Development Council

Jeanine Scott	Clinical Education
Kelley Clark	Physical Therapy
Catrina Mero	Wound & Infusion
Maribel Mendez	Clinical Education
Fawn Burgess	PMC
Sonam Christopher	Float Pool
Bill Cohagan	RT
Amber Dickinson	Convenient Care
Sandra Frank	Nutrition
Michelle Higgins	ED
Caroline Houston	Pharmacy
Gayle Rodriquez	Care Management
Elizabeth Stowell	MBU
Jodine Wood	CI Svcs-Lab
Lisa Wood	

### Clinical Documentation Council

Elizabeth Dean	L&D
Nicole Belknap,	NTCU
Melissa Berry	Acute Therapies
Rebecca Cowin	IMCU (CDC Co- Chair)
Evelyn Gilbert	CVCU
Nathan Holan	ED
Manya Kanavalov	Respiratory Therapy
Andrea Limont	Gen. Surg
Sharon Mcvey	WVH
Steve Molinar	Nutrition Svcs.
Stephen Nielsen	Informatics Coord. (CDC Chair)
Sandy Pickle,	OR
Kristi Tichenor	Endoscopy
Jean Lucas	ICU
Carlee Morgan	5S
Matt Tanner	Pharmacy
Sandra Bunn	CNS

### Housewide Staffing Committee

Elisabeth Lonsford	Critical Care Step Down
Dorothy Van Ness	Critical Care
Karissa Hudspeth	Emergency Department
Wendi May	AHS
Shelley Hines	WCS/Co-Chair
Sabrina Rohan	Surgical Services
Jessica Johnson	Outpatient/Ambulatory
Sheila Loomas	Critical Care Step Down
Lauris Currier	Critical Care
Raven Layton	Emergency Department
Michelle Riley	AHS
Brenda Umulap	WCS
Rick Sexton	Surgical Services
Deanna Stein	Outpatient/Ambulatory
Cheryl Busche	Co-chair
Zennia Ceniza	Ex-Officio
Bill Swigart	HR

## Falls Committee

Amy Stokes	Clinical Education
Jeanne St. Pierre	Geriatrics CNS
Dana Hawkes	AHS
Tara Suvoy	5 North Med Surg Oncology
Brad Busey	6 North General Surgery
Cynthia Crosby	Health Education
Margie Huggins	West Valley Hospital ED
Deborah Stuart	IP Rehab
Erich Schmidt	Pharmacy
Graham Seaton	Patient Safety
Alysa Strenke	NTCU
James Atchley	6 South Ortho
Thatcher Ferris	CVCU
Lisa Bliven	CVCU
Julie Pflug	Acute Physical Therapy
Krista Hackstedt	IMCU
Sarah King	IMCU
Lee-Anne Samson	Psychiatric Medicine
Stephanie Banford	Emergency Department
Angie Bishop	Psychiatric Medicine
Sandy Robinson	Emergency Department
Kelly Marchant	5 South Medical
Amy Nguyen	5 South Medical
Ivana Miranda	4 South Med Tele
Kaila Heiserman	4 South Med Tele
Erik Boster	4 South Med Tele
Brenda Umulap	Labor & Delivery
Betsy Alford	Nursing Resources

## Skin Care Team

Chris Baker	Clinical Education
Ellie Barnhart	IMCU
Tamara Barclay	OR
Susan Bearden	6 North General Surgery
Mary Bedell	CNS/Chair
Elizabeth Belleque	6 North General Surgery
Erika Burnett	4 South Med Tele
Suzanne Byczynski	NTCU
Ruth Campbell	CWON
Zennia Ceniza	Critical Care
Darci Cimino	Rad Onc
Cassie Cooper	Wound & Infusion
Darren Craig	IMCU
Fay Crowell	CWON
Alicia Curtis	West Valley Hospital
Michelle Galos	CVCU
Janis Galusha	Labor & Delivery
Wesley Grant	6 South Ortho
Kelly Honyak	Clinical Education
Alicia Hurliman	5 South Medical
Adam Humphreys	OR
Michael Laquinta	CNA
Manya Kanavalov	Respiratory Therapy
Pauline Klemin	5 North Med Surg Oncology
Leah Lindsey	4 South Med Tele
Pennie Lutz	4 South Med Tele
Kathryn Mahosky	IP Rehab
Amanda Melhoff	ICU
Alex Morrison	NTCU
Julie Naatz	CVCU
Tamara Peden	ICU
Sandra Pickle	OR
Zoe Rain	IMCU
Judy Rush	NICU
Graham Seaton	Patient Safety
Marion Skog	CVCU
Donna Thomas	IMCU
Sarah Wolfe	Clinical Education



## Magnet Champions

Leah Lindsey	4 South (Med-Tele)
Erika (Burnett) Seiler	4 South (Med-Tele)
Schlifka Smith	5 NW (Med-Surg Onc)
Kelsey Mix	5 NW (Med-Surg Onc)
Stacy Hopkins	5 NW (Med-Surg Onc)
Carlee Morgan	5 South (Medical)
Samantha Wong	5 South (Medical)
Wendi May	6 So. (Joint Center)
Courtney Schmidig	6 So. (Joint Center)
Veronica Nunez	6N (General Surgery)
Angela Milton-Hensley	3 West
Wendee Flesher	ACRP (Float Pool)
Nancy Leach	Angiography/Cath Lab
Bev Smith	Cancer Service Line
Lorene Nord	Care Management
Danita Green	Care Management
Becky Ramos	CNS Team
Jill Lackner	CVCU
Kara Bean	CVCU
Ann Udem	ED
Jessie Pick	ED
Karisa Thede	ED
Dana Hart	D
Sarah Wolfe	Education Services
Carrie Sedano	ICU
Tamara Peden	ICU
Heidi Classen	Imaging RN's
Beth Lowenstein	Imaging RN's
Donna Thomas	IMCU
Zifan Gu	IMCU
Lea Estrabo	Infusion and Wound

Amy Cummings	Infusion and Wound
Ester Kam	Inpatient Rehab
Holly Correa	Inpatient Rehab
Rick Kendall	Kaizen Ops
Nora Edwards	L & D
Elizabeth Dean	L & D
Kathleen Walters	L & D
Melody Burke	Mother/Baby Unit
Trish Gordon	NICU
Lydia Reid	NTCU
Leelyn Zucker	NTCU
Suzanne Byczynski	NTCU
Nicole Belknap	NTCU
Jennifer Saechao	NTCU
Mary Simon	NTCU
Nicole Klaus	NTCU
Donna Gormley	Nutrition Services
Andrea Hamilton	Nutrition Services
Evelyn (Michelle) Jones	Pediatrics
Patricia [Patty] Elmore	Pediatrics
Laurie Miller	PMC
Daniel McConville	PMC
Amelia Bennett	Respiratory Therapy
Jackie Williams	Respiratory Therapy
Angela Foster	Sleep Center
Amie Walton	Surg Services (Endo)
Adam Humphreys	Surg Services (OR)
Charles (Chip) Dillman	Surg Services (OR)
Dawn Gille	Surg Services (IRU)
Tess Rice	Prep/Recovery, PACU
JoDee Hunter	Vascular Access

## Employee Council

Ellany	Adams	IP Rehab
Amber	Aguinaga	Kaizen Promotion Office
Stephen	Albert	Patient Transport
Tami	Anderson	Psychiatric Services
Nancy	Baldwin	Health Ed Services
Christina	Basso-Lenz	Information Services
Todd	Bedell	Clinical Decision Support
Mary	Berry	Imaging
Donna	Boock	Admitting
Kristin	Britton	Prep Recovery
Robin	Buss	Pt. Transport
Sarah	Cain	Willamette Valley Prof Svs
Heidi	Chin	CVCU
Mary	Clark	WVH Emergency Department
Mary	Donahue	ICU
Barbara	Donovan	IS Service Center
Georgea	Dovich	General Surgery
David	Dunn	Security
Andrea	Everest	Volunteer Services
Andrea	Fischer	Professional Finance Svs
Linda	Frey	Pediatrics
Erica	Gandolfo	Acute Rehab
Nancy	Garcia	Nutrition Services
Robin	Gatchet	Pt Financial Services
Lucinda	Goyins	Imaging Admin
Ken	Haigler	IMCU
Katie	Hainsworth	Clinical Services
Sandy	Harris	Amb Infusion
Dana	Hart	Emergency Department
Madge	Hart-Peinkofer	Human Resources
Troy	Hattan	WVH Rehab
Thomas	Heathman	Respiratory Care

Susie	Hollingsworth	Care Management
Robyn	Lannigan	Project Management Office
Joshua	Layton	Access Services
Mary	Leichty	Orthopedics
Jill	Luke	Centralized Scheduling
Mary	Maberry	Physician Office Liaison
Betty	Mason	Imaging WVH
Jason	Masuoka	Labor and Delivery
Diane	McCammon	Surgery WVH
Rhonda	McKee	Medical Surg Oncology
Rayanna	Mitchell	NTCU
Sarah	Nash	Purchasing
Kolette	Newman	Nursing Resources
Sherri	Partridge	Development
Donna	Pence	Prep Recovery
Brenda	Peulen	NICU
Nancy	Pifer	Pharmacy
Kathy	Reynolds	Lab - WVH
Laurice	Riddell	Rehab Administration
Tia	Rodriguez	PACU
Jovita	Sandoval-Morgan	General Medical
Tina	Schindler	Operating Room
Alice	Scofield	Mother/Baby Care
Gina	Selander	WHP Human Resources
Jason	Smith	IS Service Center
Paul	Staeclin	Building Operations & Mgt
Amy	Thomison	Medical Transcription
Sheila	Vandegraaf	Clinical Services
Sara	Wargnier	Orthopedics
Lisa	Wood	IS Clinical
Erica	Zaluskey	Trauma Services
Danielle	Zeh	Cancer Institute



### **I AM A NURSE**

*The day your path merged with mine  
We found one another,  
At the edge of your life.  
There you sat,  
On the edge of the street-  
When I saw you bleed,  
My heart bled too.  
You remind me of who I am, and who I desire  
to be.  
I am the daughter that cannot come to your  
rescue,  
The lover who cannot be at your side,  
The mother who is no longer with you,  
The sister who aches to be close.  
I am bravery in the midst of your fear,  
I am comfort in the throes of chaos,  
I am the calm center in your storm.  
I am love for the loveless,  
Hope for the hopeless,  
A light in the darkness,  
I am a nurse.  
I am the seamstress that weaves together  
threads of intellect,  
Science,  
Discovery and creativity,*

*Along with the threads of compassion,  
Empathy,  
Belief,  
And love.  
When I come to work, I become all that I ever  
hoped to be.  
I am the one who leaves prejudice behind.  
Assumptions and judgments are cast away.  
I throw off my needs to carry yours  
Because,  
I am your nurse.  
I will carry you when you are weak,  
Speak words of strength when you cannot find  
your own.  
Lean on me for knowledge,  
For understanding,  
For companionship.  
When your hands are empty,  
I will hold them in mine.  
During this moment,  
Our roads have coalesced-  
We can journey together.  
You are my patient and I...  
I am your nurse.*

*Lydia M. Reid, BA, RN, CNRN, SCRN  
Accreditation Specialist*



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