A network diagram with white nodes and lines on a blue background, transitioning to a white torn-paper effect at the bottom.

INCLUSION & CONNECTION: Connecting Local Work to Magnet Standards

Clinical Nurses

Deidra Weinert BSN,RN,CPN, EBP Fellow; Julie Jorgensen

Psychological Safety & Inclusion

- No matter who you are or what care area you are from.
- No matter if this is your first Marketplace or you're a seasoned veteran.
- No matter what bandwidth you have.

WELCOME!!



Rules of Engagement: Create a Safe Space & a Brave Space

- Assume positive Intent
- Opps & Ouch. Take your own ownership.
- It is okay to not know the answer, the point is to give it a shot (Be Brave!)

WE have the
opportunity

To Engage

To Share & Learn

To be Brave

To be Authentic

Julie Jorgensen, RN, Aurn Member At Large

I support and celebrate the work that nurses do everyday at OHSU and welcome them to reach out to myself or our AURN leadership Team!

brokawj@ohsu.edu / 503-422-1647 DCH ED



What is your name and role? (i.e. Deidra Weinert 9N Unit Educator)

Kate Ballard, 9N Staff Nurse

Sarah green 9n ubnpc chair

Lisa Jungwirth - nurse manager
10N

Kelsey RN Adult ED

Debi Eldredge, nursing
administrator

Arlene Danschin Adult ED
(UBNPC chair)

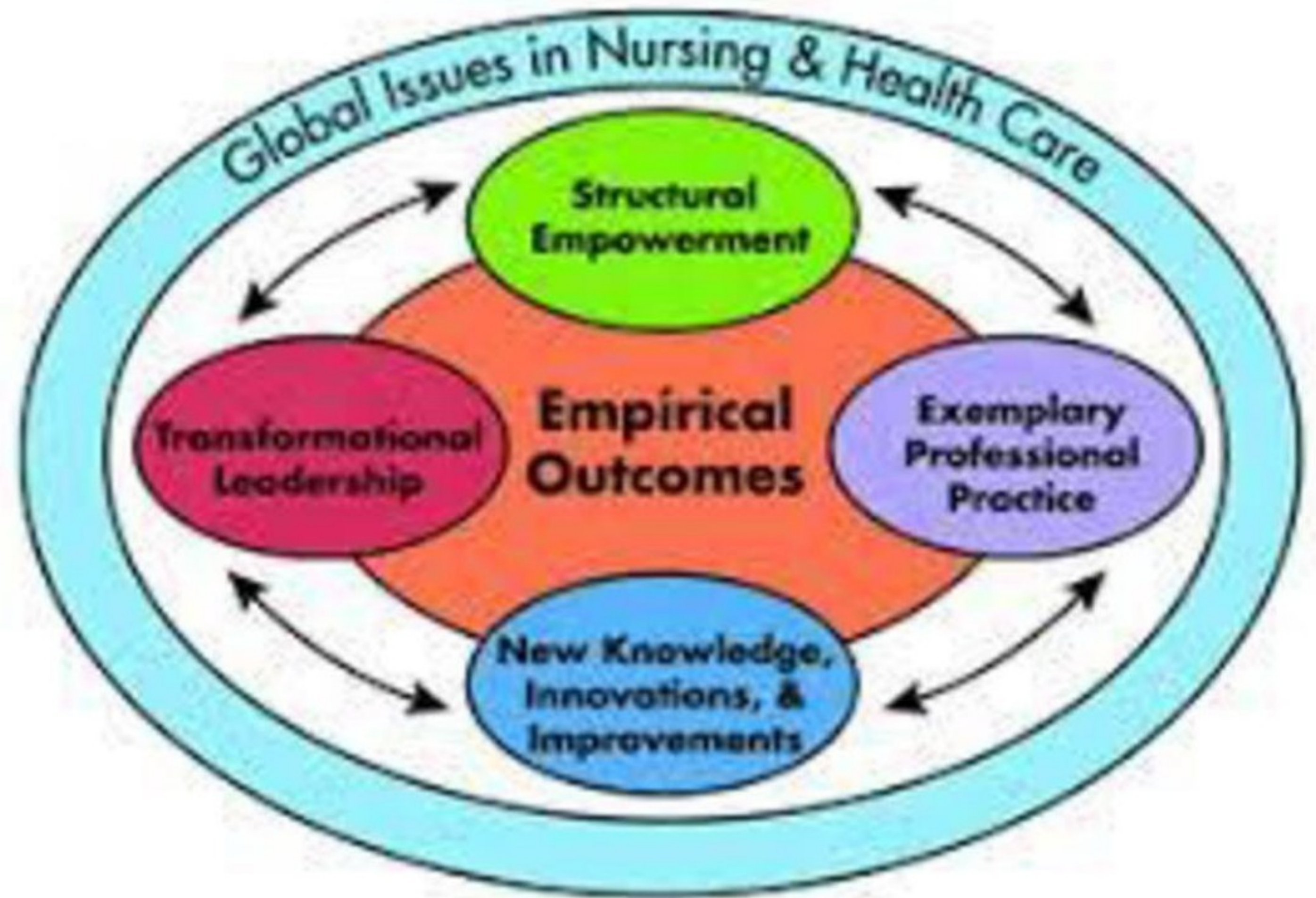
Laura Zimcosky, Peds
Allergy/Immunology

How many times have you attended Marketplace?



Linking Local work to Magnet standards.

- At the end of each presentation, we will ask each of you what “bucket and/or buckets” this work falls into.



Peds Ambulatory Primary & Specialty Care

UBNPC Social Committee Activities

Monthly Social/Engagement Activities

- ▶ October
 - ▶ Fall Themed Coloring Contest
- ▶ November
 - ▶ Recipe Exchange/Sharing
- ▶ December
 - ▶ Secret Snowflake
- ▶ February
 - ▶ Secret Cupid
- ▶ March
 - ▶ Promoting Wellness/Self-care



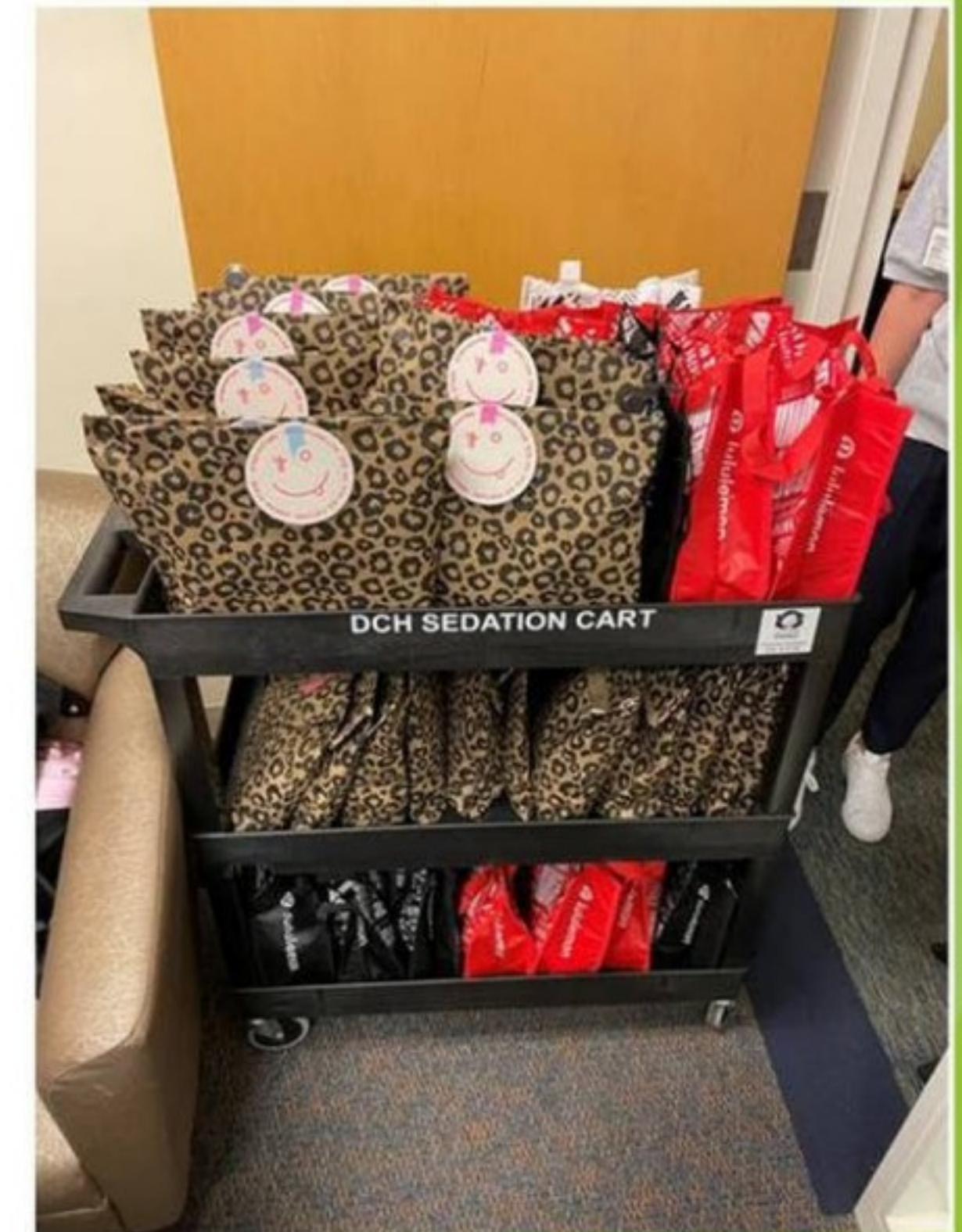
Nurses Week Celebrations

▶ Nurses Week 2020 (October)

- ▶ Daily Emails (Inspirational Quotes, Words of Appreciation from MDs/MAs)
- ▶ Daily Prize Winners (1 RN/day)
- ▶ RN Slideshow
- ▶ “Coffee with Carolyn”
- ▶ Gift Bags (tea, candy, gum, pens, lip balm)
- ▶ Kudos Board (Virtual Card)

▶ Nurses Week 2021 (May)

- ▶ Daily Emails/Prize Winners (3 RNs/day)
- ▶ “Coffee with Carolyn”
- ▶ RN Photo Page
- ▶ Gift Bags/Flower Pots
 - ▶ Donations: cookies, masks, candles, hair bands, nail polish, socks, creams








Other future ideas...

- ▶ Book Bank/Library
 - ▶ RN Recommendations, Professional Growth
 - ▶ Manager's Office - Sign-out/Borrow

- ▶ Recipe Book
 - ▶ Shared Recipes (Holidays)

- ▶ Wellness Challenge
 - ▶ Virtual Sign-up/App

- ▶ Updating RN Slideshow/RN Photo Page

| Ambulatory Pediatrics Primary and Specialty Care RNs | | | |
|---|--------|--|--------|
|  Laura Zimcosky ALLERGY/IMMUNOLOGY | 8-1600 |  Sydney Deal PULMONARY/CF | 8-8051 |
|  Amy Brown CARDIOLOGY | 8-2036 |  Ben McCullar PULMONARY/CF | 4-8152 |
|  Kristine Gutshall CARDIOLOGY | 8-5769 |  Jessica Marks PULMONARY/CF | 4-6651 |
|  Annie Kachman CARDIOLOGY | 8-5534 |  Virginia Peterson ENDOCRINOLOGY | 8-8240 |
|  Sara Labarge CARDIOLOGY | 8-5749 |  Ian Scott ENDOCRINOLOGY | 8-2360 |
|  Katherine (Kay) Phillips-Hamblett CARDIOLOGY | 8-5789 |  Araceli Trejo-Rosas ENDOCRINOLOGY | 4-6774 |
|  Lori Ryland CARDIOLOGY (RESOURCE) | 8-5750 |  Michelle Blatter GASTROENTEROLOGY | 8-8915 |
|  Julie Timberg CARDIOLOGY (RESOURCE) | 8-5750 |  Kristy Day GASTROENTEROLOGY | 4-7073 |
|  Dominique (Dom) Bartlett CRANIOFACIAL (CFDI) | 4-9355 |  Nicole Heinrichs GASTROENTEROLOGY | 4-1078 |
|  Kelly Chambers PULMONARY/CF | 4-8072 |  Taylor Rickman GASTROENTEROLOGY | 8-4650 |



Do you have any
recommendations or comments
for this project?

Laura Zimcosky: Peds Ambulatory Primary & Specialty Care
SOCIAL COMMITTEE ACTIVITIES

Magnet Standards

TRANSFORMATIONAL LEADERSHIP

- Nurses at all levels are visionary, inspiring, strategic, engaging, respectful and trusting.

STRUCTURAL EMPOWERMENT

- Nurses are empowered through established structures and processes to develop professionally & to participate in decision making.
- Teaching & developing others in an innovative/supportive/inspiring environment where teamwork & strong professional practice flourish.

EXEMPLARY PRACTICE

- Professional practice model supports efforts to continuously improve patient outcomes.
- Fosters a safe & healthy work environment that embraces opportunities for collaboration.

NEW KNOWLEDGE & INNOVATIONS

- Nurses contribute to nursing knowledge using improvement science and EBP
- Innovate to improve care



DOERNBECHER
CHILDREN'S
Hospital



Implementation of Culturally Competent Trauma Informed Care in the Doernbecher NICU

April Castaldi BSN, RN, RNC-NIC
Annie Stange MSN, RN, RNC-NIC
Nikki Wiggins MSN, RN, CCRN-K, NE-BC

Magnet Principle – New Knowledge

- Implement evidence-based practice
- Generate and disseminate nursing research

Professional Practice – Empirical Outcomes

- Patient experience

Background

The Doernbecher NICU seeks to provide care that is transformative, high quality, meaningful and evidence based. However, in a staff survey completed in January of 2020, several knowledge gaps were identified necessitating the need for formal training as it relates to trauma informed care. Implementing Trauma Informed Care principles can lead to improved neurodevelopmental outcomes, reduced length of stay, reduced pain scores, improved patient satisfaction scores, among other things, and can reduce the global burden on healthcare created by Early Childhood Adversity through the lifespan.

Doernbecher Neonatal Trauma Informed Care – At A Glance:

A nurse-driven multidisciplinary approach to changing care delivery and improving outcomes through the lifespan.

Leadership :

TIP Coordinators
April Castaldi
Annie Stange

VON Coordinator
Nikki Wiggins

TIP/VON Physician Champions
Dmitry Dukhovny
Jamie Warren

Projects:

SENSE Implementation
Leader: Cara Cimino/
Leader: Emily Spaeth

Decrease TTFH (< 28 weeks)
Leader: Lauren Culbertson

The Nurse Consult
Leader: Sandy Duchow-Pressley

Cultural Care and Competency
Leader: Jessica Hoffman
Leader: Sasha Ondusko

Healthy Workforce Institute
Leader: Grace Velez
Leader: Tanya Crabtree

Parent Notebook
Leader: Annie Stange

Connecting Family Across Continuum
Leader: Rachel Brakebill
Leader: Rachael Manns

Addressing Health Disparities
Leader: Amanda Kim
Leader: Ladawna Gievers

RN Champions:

TIP Champions:
Ali Herboth
Allie Vance
Annie Stange
April Castaldi
Christine Derbyshire
Courtney Budge
Hannah Corsa
Kristi Dennis
Lynne Widlund
Megan Holeman
Rachael Mann
Rachel Brakebill
Jessica Hoffman
Sonja Hoyt
Rachel Mosser

Connections:

Trauma Informed Oregon Connecting

PSU – School of Social Work
Susanne Klawetter

OHSU School of Nursing
Megan Quinn
Ann Nielsen

OHSU Pediatric Psychology
Sage Saxton

OHSU Medical Legal Partnership
Ladawna Gievers
Beatrice Rogers

Family Advisory Council
Leslie Allen

TIP: Trauma Informed Professionals

VON: Vermont Oxford Network: Collaborative QI

Trauma informed care is a framework of care delivery that endorses the belief that trauma can have lasting adverse effects on well-being and functions of patients, their families and caregivers. Trauma informed care in the NICU would encompass the following:

REALIZES

- Care that realizes and acknowledges widespread impact of trauma on patients, families and caregivers



RECOGNIZES

- Care that recognizes the signs and symptoms of trauma on patients, families and caregivers



RESPONDS

- Care that responds by fully integrating knowledge about trauma informed care into policies, procedures and practices



RESIST

- Care that actively seeks to RESIST re-traumatization of patients, families and caregivers

(Sanders & Hall, 2017)

Current

Workgroups

...an evidence based program developed to encourage true family centered care and parental self-efficacy

- **Decrease Time to First Hold:** An effort to minimize maternal separation/deprivation and improve maternal and neonatal bonding
- **The Nurse Consult:** A peer-to-peer discussion group led by a trained facilitator that provides a safe space to discuss emotional complexities required while taking care of the vulnerable NICU population and their families
- **Cultural Care and Competency:** Maximizing interpretive services so care is just and equal
- **Healthy Workforce Institute:** Building awareness, responsibility, accountability for how we treat each other peer-to-peer and how these interactions impact the families we care for
- **Parent Notebook:** Compilation of resources (including SENSE program information) for parents to increase confidence and self-efficacy while caring for their baby in the NICU
- **Connecting Family Across Continuum:** Providing a holistic care approach to support family bonding regardless of maternal/neonatal location
- **Addressing Health Disparities:** Increasing equitable communication and continuity of care for all patients in the NICU

Next

Steps

- ...with monthly forums
- Continue to support staff completing Trauma Informed Care Certifications
- Review all policies, procedures and practices for trauma informed care principals
- Re-survey staff on Trauma Informed Assessment
- Continue individual project work
- Continue to foster global connections



Do you have any
recommendations or comments
for this project?

April Castaldi: NICU Trauma Informed Care

Magnet Standards

TRANSFORMATIONAL LEADERSHIP

- Nurses at all levels are visionary, inspiring, strategic, engaging, respectful and trusting.

STRUCTURAL EMPOWERMENT

- Nurses are empowered through established structures and processes to develop professionally & to participate in decision making.
- Teaching & developing others in an innovative/supportive/inspiring environment where teamwork & strong professional practice flourish.

EXEMPLARY PRACTICE

- Professional practice model supports efforts to continuously improve patient outcomes.
- Fosters a safe & healthy work environment that embraces opportunities for collaboration.

NEW KNOWLEDGE & INNOVATIONS

- Nurses contribute to nursing knowledge using improvement science and EBP
- Innovate to improve care



Standardization of Nursing Report Between Emergency Department and 14C: Decreasing Patient Boarding Times and Improving Patient Experience



Adult ED: Kelsey Quesnell BSN, RN, PCCN & Lauren Dennis BSN, RN, CEN
14C Medicine: Allison Morgan BSN, RN & Henry Valdez BSN, RN

Background

Several negative patient outcomes can occur when patients board in the Emergency Department (ED). Patient mortality increases from 2.5% when boarding two hours to 4.5% when boarding 12 hours. Patient length of stay (LOS) also increases with ED boarding. Data shows an average LOS of 5.6 days when boarding 2 hours in the ED and 8.7 days when boarding more than 24 hours (Singer et. al, 2011). One contributing factor to extended ED boarding is the delay in report to inpatient units. OHSU ED nurses report an average of 30 minutes to one hour to give report. This delay extends a patient's boarding time thus increasing patient LOS and mortality.

Patient Experience Quotes

- “I spend hours, sometimes days, in the ED waiting for a bed in the hospital.”
- “It’s very loud in the ED, the PA system goes off frequently preventing me from getting sleep.”
- “It takes forever to get a room and it’s frustrating when the doctors say I will get a room, but I don’t”.

Project Goal

Improve the workflow and communication/collaboration between inpatient units and the ED to decrease the length of time admitted patients are boarding in the ED. The creation of a standardized workflow for nursing report times will improve nurse satisfaction and create buy-in from nursing to decrease boarding times in the ED.

Interventions

14C and ED did an interdepartmental nurse-to-nurse shadow. The goal was to understand each other's workflow and differences between inpatient and ED nursing care as well identify barriers to report and transfer.



Table 1: Total hours of patient boarding per month

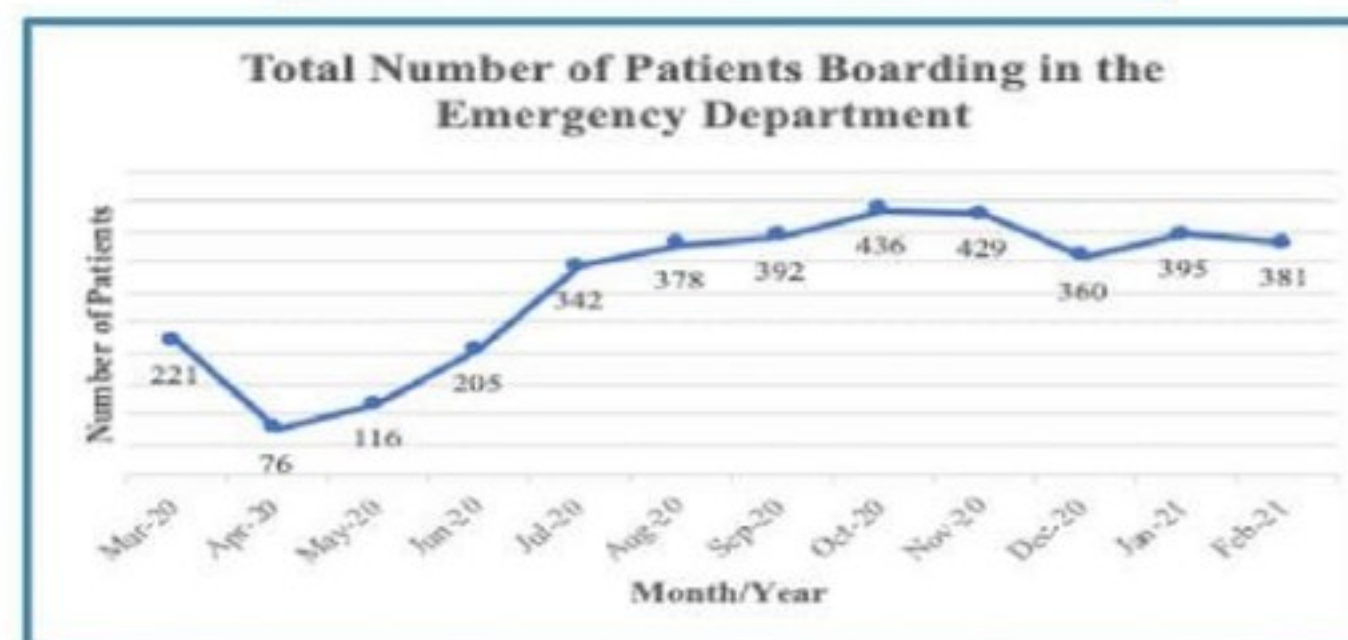


Table 2: Total number of patients boarding in the ED per month - on average for February 2021, each boarding patient spent 21 hours in the ED

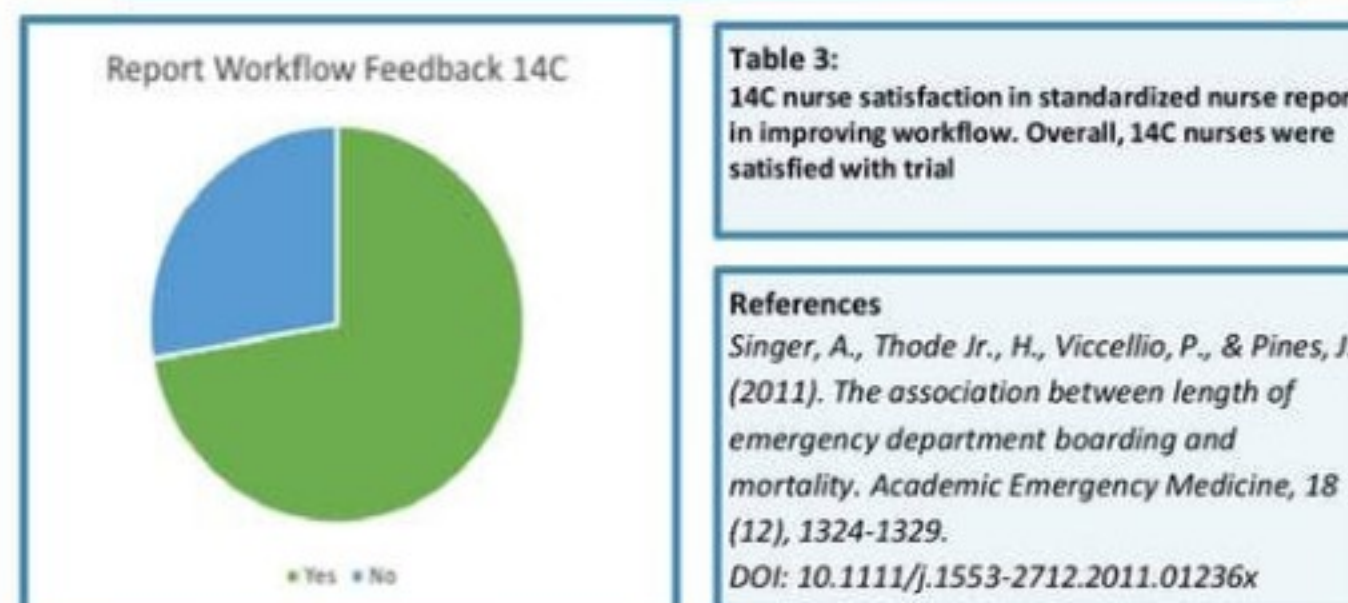


Table 3: 14C nurse satisfaction in standardized nurse report in improving workflow. Overall, 14C nurses were satisfied with trial

References
Singer, A., Thode Jr., H., Viccellio, P., & Pines, J. (2011). The association between length of emergency department boarding and mortality. *Academic Emergency Medicine*, 18 (12), 1324-1329.
DOI: 10.1111/j.1553-2712.2011.01236x

Interventions Cont.

A trial plan was created for a standardized protocol of initiating report for an accepted patient from the ED to 14C:

- Once a patient from the ED is accepted to 14C, the 14C RN is given 20 minutes to call report. After the 20 minutes, if report is not initiated, the ED RN reaches out. If 14C RN is not available, the 14C Charge RN will take report.
- Follow-up survey was distributed to the ED and 14C to gather qualitative data in determining nurse satisfaction with a standardized report.

Magnet Standards

New Knowledge, Innovations and Improvements: Collaboration between ED and Acute Care units facilitates a nurse-driven initiative to standardize report-calling and improve workflow.

Professional Practice Principles

Knowledge Transferor: Promoting interdisciplinary communication between inpatient units and the ED through coordination, integration, and management of pertinent information through a standardized structure for calling report.

Practitioner: Transforming the practice culture of calling report through the application of discipline and structure in order to promote positive patient outcomes.

Outcomes & Recommendations Forward

Overall, majority of surveyed nurses report satisfaction with report trial. ED nurses report a need for a standardized report system to decrease patient boarding hours. The trial had gained buy-ins from the nursing stakeholders.

- Continue current trial to assess efficacy of a standardized nursing report
- Expand standardization trial to other acute care units

Magnet Standards

TRANSFORMATIONAL LEADERSHIP

- Nurses at all levels are visionary, inspiring, strategic, engaging, respectful and trusting.

STRUCTURAL EMPOWERMENT

- Nurses are empowered through established structures and processes to develop professionally & to participate in decision making.
- Teaching & developing others in an innovative/supportive/inspiring environment where teamwork & strong professional practice flourish.

EXEMPLARY PRACTICE

- Professional practice model supports efforts to continuously improve patient outcomes.
- Fosters a safe & healthy work environment that embraces opportunities for collaboration.

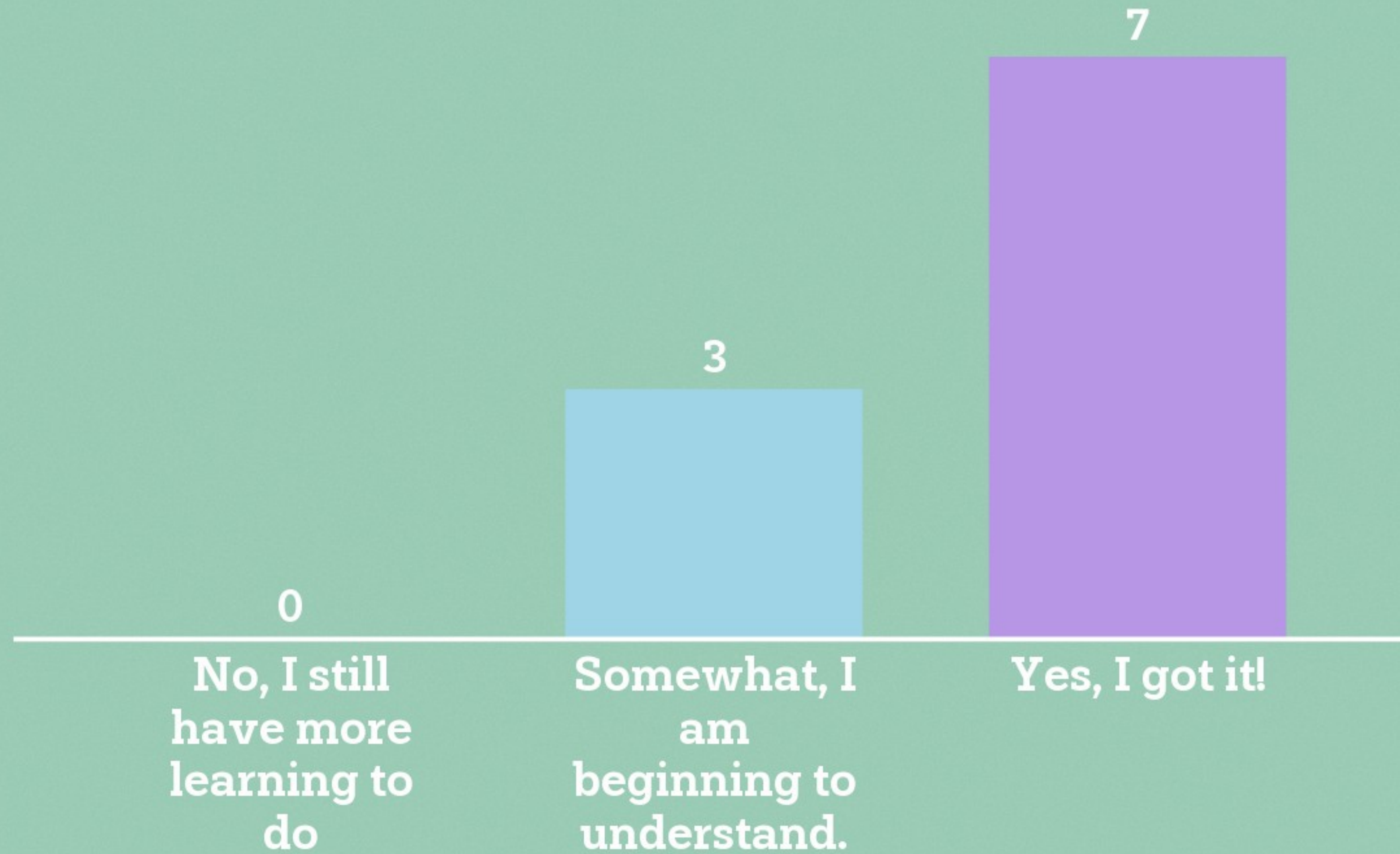
NEW KNOWLEDGE & INNOVATIONS

- Nurses contribute to nursing knowledge using improvement science and EBP
- Innovate to improve care



Do you have any
recommendations or comments
for this project?

Has this added to your understanding of how your work fits into the Magnet Standards?



Would you like to have this kind of Marketplace offering again?

