



HARBORVIEW MEDICAL CENTER

Nursing Annual Report 2020

UW Medicine
HARBORVIEW
MEDICAL CENTER

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WELCOME

Welcome by Chief Nursing Officer
Jerome Mendóza Dayao, DNP, MS, RN, NEA-BC, CCRN-K

Team,

In the past year, our lives, and the lives of the communities we serve have been changed forever by the COVID-19 pandemic. While everyone stayed home, we have continued to come to work and deliver the transformative action of human caring. These were unprecedented times, but despite all the uncertainties and risks, you all have valiantly and consistently showed up like the warriors and heroes you are.

The work we did this past year has been significant. We were faced with a global pandemic, an extreme national workforce shortage (the likes of which we've never seen) and a significant head-on encounter with violence and racism that permeated every fabric of our society. The past year has been tough. We have lost countless lives. Some of those we lost, we knew personally. They were our neighbors, co-workers, friends, and families.

Nurses play a crucial and unique role in the delivery of high-quality, high-value, and equitable healthcare. The national public health crisis that we have all experienced first-hand was a bitter eye-opener to many about the role of nurses in the treatment and convalescence of our communities and our nation. You are all essential, and truly, the backbone of healthcare delivery that transcends every setting.

2020 was an important year despite seemingly insurmountable odds. In 2020 we celebrated the International Year of the Nurse. Who would have imagined that the celebration of Florence Nightingale's 200th birthday would coincide with one of the most challenging periods in history? Perhaps it was beyond coincidental. Perhaps it was meant to highlight the significant role of nurses everywhere; beyond what people may think we do. There were palpable challenges we faced nationally as a profession. We continue to face an ever-increasing national workforce shortage. In some parts of the world, nurses still do not have voices or equity in care teams where they belong. We still face challenges regarding resilience, moral injury, and workplace incivility. There is much to be addressed beyond what we see on the surface.

Here at Harborview, we recognize the vital contribution of all of you in tackling these important issues. I am grateful, that over the course of the past year, many of you rose up and continued to transform nursing at HMC, despite these aforementioned challenges. Our UPCs continued to

transform their units through exemplary professional practice as evidenced by how we addressed and managed a global pandemic. Our educators continued to train and onboard nurses through our well-recognized Nursing Residency Program. We continued to develop and mold our own leaders as evidenced by our innovative Nurse Executive Fellowship Program which produced two of our senior nurse executives within PCS. For the very first time in HMC's history, we have had two of our nurse managers accepted as Nurse Manager Fellows with the American Organization for Nursing Leadership (AONL). I am also very proud of the strides we took to champion Equity, Diversity, and Inclusion at HMC. For example, our EDI Council's COVID outreach greatly increased access and testing of our vulnerable communities.

Nursing is a giving profession. It takes a special person to be a nurse, and it is even more special to be a nurse at Harborview; our region's only Level 1 trauma center, burn center, and public safety-net hospital, serving and caring for the sickest of the sick and the most vulnerable of the vulnerable across the states of Washington, Alaska, Montana, and Idaho.

Nursing is not a monolith. Among us are scholars, scientists, teachers, caregivers, and leaders. As your CNO, I am proud to lead our diverse and talented workforce--a workforce that can thrive in any setting and triumph in any situation, even against tremendous odds.

I am very proud of all of you. Thank you for the sacrifices that you have made. Thank you for changing the lives of everyone you touch. Thank you for your compassion and expertise, making nursing the most trusted profession in the country.

Thank you for everything that you do. I am looking forward to 2021 and the transformative work that we will do together as a team.



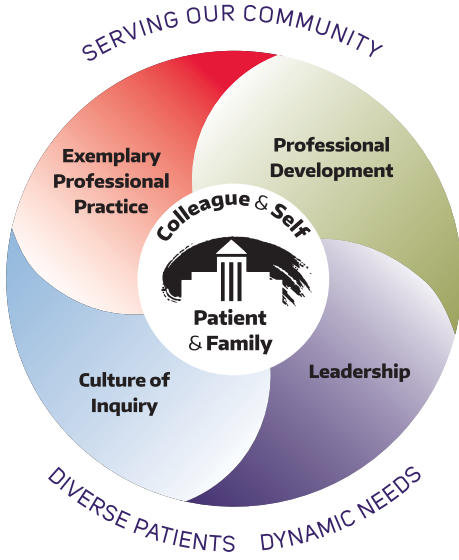
Welcome by Nursing Practice Council Chair
Kyra DeSilva, BSN, RN (Madison Clinic)

Wow, what a year 2020 has been. It was amazing to see Harborview nurses come together and to do an incredible job working through the challenges of COVID-19, adjusting to Zoom meetings, surviving the D1 transition to a new Electronic Health Record (EHR), and maintaining the same outstanding level of care as pre-COVID. Our shared governance model has allowed projects to continue to move forward through the Plan Do Study Act (PDSA) nursing framework and research presentations at the Seattle Nursing Research Conference (SNRC). Shout out to Scotti Petersen, BSN, RN, CCRN (9EH Trauma Surgical Intensive Care Unit) presenting their unit's Project Candlelight this year. The Nursing Practice Council (NPC) will be working on moving Project Candlelight forward with the goal of hospital-wide universal practices as their 2021 project.

I'm honored to be able to participate in a collaborative nurse leadership role helping to facilitate changes in lab specimen collection, our project for 2020. If you are interested in helping create changes within your unit that reflect current evidence-based practices, please reach out to your UPC chair! We, as nurses, can make our voices heard and to speak up regarding the standards of care we provide by participating in shared governance. I strongly encourage you to join to help improve nursing practices at Harborview.



Nursing Professional Practice Model





EXEMPLARY PROFESSIONAL PRACTICE



Home Assessment Team at start of COVID

CHALLENGE

The 2019 Novel Coronavirus (COVID-19) outbreak in Washington State was first detected in early February 2020. In the following days, more individuals trickled into Emergency Departments (EDs) and doctors' offices concerned about possible infection with the virus. The presentation of these individuals in the facility introduced a risk of COVID-19 transmission and spread within Harborview's doors and among healthcare workers. Such transmission would have had disastrous consequences by limiting the ability of healthcare facilities to respond to this crisis.

Harborview's Infection Prevention and Control (IPC) Department, led by Operations Manager Vanessa Makarewicz, MN, RN-BC, CIC, recognized the risks to Harborview's healthcare workers, staff, patients, and visitors based on the routine assessment of patients potentially infected with COVID-19 in the ED or ambulatory clinics. In addition to the risks, extensive and resource-intensive precautions were needed to isolate these patients and protect the staff and other patients from accidental infection with the virus.

SOLUTION

The IPC created and deployed a Home Assessment Team (HAT) to mitigate the risks and resources needed to test small numbers of clinically stable patients with COVID-19 exposure. This initiative was based on an earlier idea for community-based Ebola virus testing. It provided home-based assessments and COVID-19 testing for people with concerns about infection with the virus but who did not require hospitalization. The HAT consisted of four to five members, including an MD, an RN, a trained observer (TO), and a site commander.

Prior to and during the visit, measures were taken to ensure the safety and privacy of the patient and the safety of the HAT visiting members. During the visit, the patients were physically assessed, provided with COVID-19 testing, and given an extensive education on how to self-isolate pending COVID-19 test results.

OUTCOMES

By bringing this innovative practice community-wide, HMC's HAT reached some of the most vulnerable residents of King County. Additionally, testing people inside their homes kept them safely away from hospital patients, staff, and visitors. This dedication to caring for a broad spectrum of patients aligned with our mission to deliver "the highest quality of healthcare...enhanced by a strong commitment to teaching, community service, and research." The HAT was noted to be likely "the first hospital team-based COVID-19 assessment program in the United States to evaluate patients outside of the traditional healthcare setting" (Bryson-Cahn et al, 2020) and played an important role early in the outbreak to safely care for the community.



Respiratory Triage and Treatment Tent

CHALLENGE

The arrival of COVID-19 to Washington state brought challenges to the delivery of healthcare at Harborview Medical Center, placing intense pressure on Harborview staff to address the serious impact on public health in Seattle and the region. One of these challenges was planning a way to mitigate and manage patient flow in the Emergency Department (ED) in the event of a surge. Tim Fredrickson, BSN, RN, Director of Emergency Services, Susan England, MSN, RN, CEN, Emergency Department Nurse Manager, and other key leaders were concerned with having a large influx of clinically stable, potentially COVID-19-positive patients occupying ED beds that would otherwise go to less stable patients. The challenge was to redirect these stable patients, who still needed evaluation, to enable clinically unstable patients to be seen and admitted expeditiously.

SOLUTION

A multidisciplinary workgroup, including ED nursing leadership and educators, led the initiative to deploy an external triage tent in front of the ED. Additionally, Amy Leah Potter, BSN, RN, CFRN (ED nurse) lent assistance in planning patient flow and space configuration, given her experience with Doctors Without Borders/Médecins Sans Frontières (MSF). The physical space was evaluated adjacent to and within the ED to identify treatment areas to separate those with respiratory ailments from those with non-respiratory concerns. The team diagrammed patient flow to address the challenge of keeping patients with respiratory complaints safely isolated from the main ED cohort while also being close enough for monitoring, treatment, and admission, if needed. The triage tent was created additional staffing requirements, including medical assistants, physicians, advanced practice providers, respiratory therapists, in addition to deploying staff responsible as trained observers (TOs).

OUTCOME

Due to the extraordinary interdisciplinary coordination and planning between service lines, the Respiratory Triage and Treatment Tent was deployed in approximately one month. Patient flow in the ED was safely redirected as a part of the strategies to keep Harborview ED patients, staff, and visitors as safe as possible during the early phases of COVID-19.

Ambulatory Care Nursing a Cornerstone of Harborview’s COVID-19 Response

CHALLENGE

At the beginning of the COVID-19 pandemic, ambulatory care clinics looked at ways to reduce the number of in-person visits for greater safety and physical distancing. Additionally, our at-risk communities required safe care and monitoring for COVID-related concerns. These challenges called for innovative approaches to deliver equitable and accessible ambulatory patient care, keeping our mission and core values in mind.

SOLUTION

Ambulatory care nurses expertly managed the increased phone and eCare messaging by providing easy to understand, secure, expert guidance, and triage to the correct care locations. In late February 2020, small scale testing opened in a specially equipped conference room, moving to large tents at the 9th Avenue entrance, then to the Facilities Building area to add drive-up testing, and finally to the Boren Garage location, managing the increased needs.

Harborview was one of the few sites, early on, that tested pediatric patients. Initial examination of inpatient data also showed a high proportion of COVID positive patients were in communities of color and had limited-English speaking abilities. Harborview nurses joined their physician and administrative partners to add mobile and pop-up testing of at-risk patients in the community. A team of nurses notified patients with positive results, provided information on how to protect their families in multigenerational households, referred to “Quarantine and Isolation” sites, and connected patients to a special text-based service to monitor their symptoms.

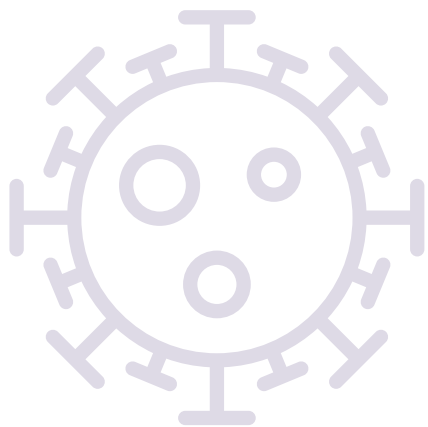
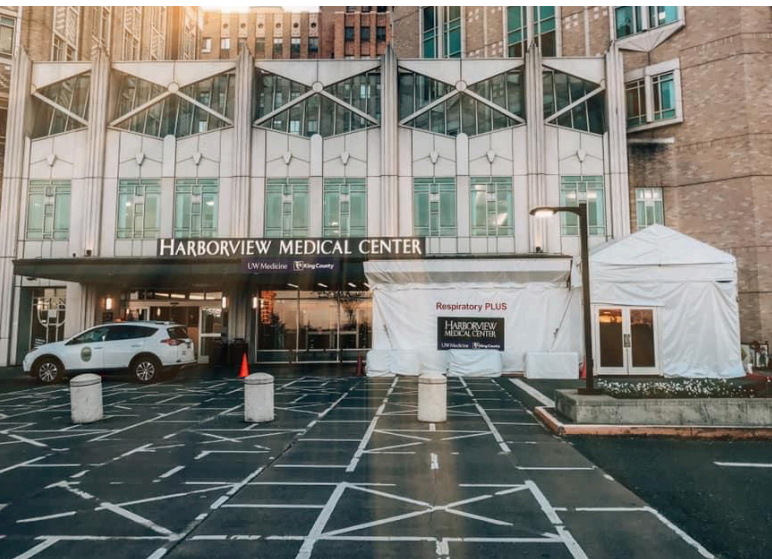
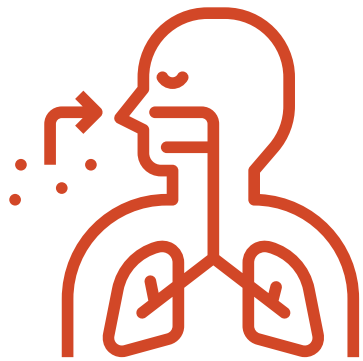


Ambulatory care nurses also cared for and monitored at-risk patients who were COVID positive yet didn’t need hospital care, or those who were awaiting test results. Harborview Hall opened in a special configuration for these patients who were otherwise housing insecure. Ambulatory care nurses were integral in opening and operating the Respiratory PLUS Clinic for patients who had COVID-19 symptoms or a positive test and needed to be seen for medical follow-up in a safe environment. This clinic partnered with researchers seeking safe and effective COVID-19 care by providing a space for research subjects to be seen. Ambulatory care nurses served in other roles across the continuum, including in the ED triage tent, as acute care nurses, and as trained observers.

At the end of 2020, the first COVID-19 vaccine arrived at Harborview. In mid-December, Harborview health care workers and others eligible via the Washington State-defined priority groups began receiving the vaccine.

OUTCOMES

As a result of the interventions noted above, patient calls to clinics increased by 27%, patients with activated eCare accounts increased by 29%, resulting in a 31% increase in eCare medical advice requests handled by nurses. In total, over 19,000 COVID tests were performed during the year by nurses and medical assistant colleagues at Harborview and over 50 community locations. Harborview nurses accelerated ambulatory care vaccination efforts that will continue into 2021. The leadership, ingenuity, expertise, multidisciplinary teamwork, and dedication of ambulatory care nurses are demonstrated in their extraordinary and robust response to COVID-19.





PROFESSIONAL DEVELOPMENT



Trained Observer Role Development

CHALLENGE

As COVID-19 spread, there were many clinical questions about how best to care for patients with this new condition. New policies and practices were being rolled out daily. Additionally, there was a need for staff to quickly don personal protective equipment effectively to ensure that caretakers would be safe providing necessary care. Infection Control needed unit partners to help ensure that these processes were being undertaken successfully.

SOLUTION

Nurses Mindy Boyle, BSN, RN, Karen Hayes, BSN, RN and Erin Palmer, BSN, RN on the 4 East Medical/Telemetry/Oncology unit came together to create a new role to handle these tasks, as their floor was initially tasked with being the COVID-19 unit. The Trained Observer (TO) role was the result, which helped to initially bring COVID-positive patients to 4 East, educate nurses on other floors about the condition, and calm the fears of caretakers about their risks. They would assist in the donning and doffing of equipment, watching to ensure that it was being worn appropriately to keep both patients and professionals of all types safe. They partnered with the Infection Prevention and Control team to ensure that information was being provided and staff were aware of protocols and practices. The TOs aimed to be the “calm of COVID” per Karen Hayes, BSN, RN and build trust in the whole hospital that if they needed anything, they could call a TO with any COVID question.

OUTCOMES

The TO role has been an important partner in the care of COVID-19 patients at Harborview throughout the year. They were involved in fielding questions, responding when a Rapid Response is called. The role was also staffed with agency staff functioning as “dofficers” to assist in ensuring personal protective equipment was being worn properly and has been an important piece in keeping Harborview running during the pandemic.



Growth through Harborview – from Volunteer to Nurse Practitioner

Jaimie Pechan, DNP, ARNP (Harborview Heart Institute) began at Harborview as an ER volunteer back in 2007. This experience led to her decision to become a nurse and gave her an appreciation for the different roles people play at Harborview and how each of those roles serves patients. She began her nursing career in a different hospital but always knew she would come back to Harborview, starting as a cardiology clinic nurse in January 2016 and working there while attending nursing practitioner school. After graduating with her DNP, she spent a year at our sister hospital but when a job opened at Harborview in her old clinic, she was thrilled to come back as a cardiology ARNP in 2020 and hopes to be here for many years to come.

“Harborview has been such an instrumental part of my personal and professional growth,” says Jaimie. “I first found my passion for nursing here and I believe that we truly live out our Mission Statement in our work. The pursuit of this mission has helped keep me from burning out, even during the pandemic, and encourages me to constantly grow and become a better provider and community member.”

“Harborview has been such a unique and wonderful place to work as an Advance Practice Provider,” according to Jaime. “I get more time with patients than any of my colleagues at other institutions and that time is so valuable for developing good relationships with my patients and helping address some of the barriers and inequities they face in the US healthcare system. Whether it’s doing home visits to patients who can’t easily reach campus or developing incentive programs to help struggling patients come to appointments, I feel so lucky to be part of a team that genuinely believes access to high quality care for all patients is essential to our practice. No matter what role I’ve been in at Harborview I’ve always learned so much from people willing to take the time to talk to me and teach me and I hope I can continue to do the same thing for others here.”



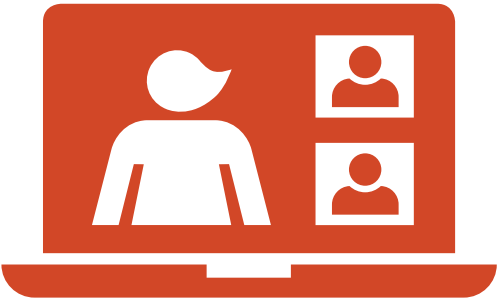
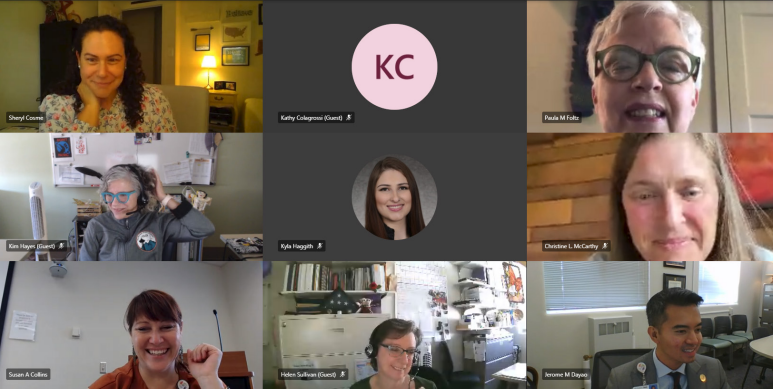
Nursing Residency Program Update – PTAP Application

As new nurses enter their careers, they increasingly want to start working in places that support their transition to practice and will help them develop into confident nursing professionals. The American Nurses Credentialing Center (ANCC), seeing a need to create a way to assist new nurses to evaluate programs, created an accreditation program for nursing residency programs. And on September 28, 2020, Harborview became the 167th nursing residency program given this credential.

Nursing Residency Program Coordinator Helen Sullivan, MSN, RN, CCRN (Professional Development & Nursing Excellence) coordinated a small team of writers/editors and wrote a 400-page self-study application reflecting the contributions of nurses throughout the hospital, including many clinical nurses who wrote pieces detailing their experiences in and with the residency program. In addition to helping write the application, over half of the new nurses who had been through the residency program in the past year needed to answer this call for our application to be considered, and 89 did, giving the program high marks.

Harborview staff were also able to share their experiences with the nursing residency program with the ANCC on the Virtual Visit call, held on August 13. Over Zoom, surveyors asked nurses to validate the experiences written about in the application, and past and current residents were able to share. Over 50 staff from all over Harborview were part of that call, getting to clarify and expand upon their experiences in the program.

A particular point of interest for the surveyors was Harborview’s evidence-based practice programs. In the accreditation letter, they shared “The support for the EBP projects is excellent. Not only are they supported to complete a project but are encouraged to implement and then disseminate findings. 14 projects were disseminated at the local Seattle Nursing Research Consortium and two projects were disseminated at the Vizient Nurse Residency Program conference. Project results in leadership growth, residents become members or chairs of unit practice councils.” While COVID interrupted the 2nd qualifiers for the Vizient conference, their hard work will be included in 2021.



I'M A Harborview Nurse ❤️



In 2017, Katie Hammond, RN (Critical Care Float Pool) came to Harborview as a traveler and immediately fell in love with it. And like many travelers, she never left. During the beginning of the pandemic, Hammond realized that she needed an outlet for some of the tension she was feeling. Hammond explains, "The sock account stemmed from a long shift coupled with frustrating social media back in March 2020. Between the stress of Covid and the naysayers on social media, it was obvious I needed an uncomplicated diversion. I thought about what made me smile that day and immediately thought of all the socks. They were hilarious. Voila! @covidsocks was born."

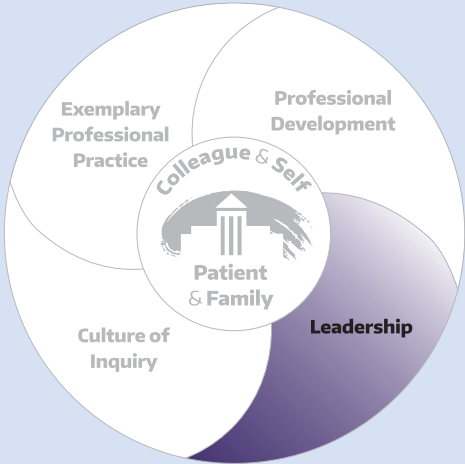


Hammond's Instagram account shared the new infection-prevention fashion of tucking scrubs into socks to ensure they do not drag on the ground. The account features photos of nurses and other staff displaying their amusing sartorial choices. It seems like many staff appreciated getting to feature their sock choices on social media. "Everyone really embraced this account from its inception. I'm still surprised but happy others enjoy it as much as I do. We've got a wicked sense of humor here at Harborview and couldn't be prouder of our team during this pandemic."





LEADERSHIP



Leadership Fellows

CHALLENGE

As part of their responsibilities for organizational governance, Chief Nursing Officers have the important task of engaging in succession planning. Jerome Mendoza Dayao, DNP, RN, NEA-BC, CCRN-K, Chief Nursing Officer (CNO), noted the lack of a process at Harborview Medical Center for identifying and preparing nurse leaders to assume the role of Associate Chief Nursing Officer (ACNO).

SOLUTION

To address this, Dayao implemented a Nurse Executive Fellowship Program (NEFP) that would serve as a succession plan for the ACNO role, as two ACNOs had recently vacated their positions. The design of the NEFP prepared candidates selected for their talents, aptitudes and skills and encouraged them through formal and informal preparation to step into the ACNO role.

With the support of former Chief Executive Officer, Paul Hayes, MN, RN, Dayao presented the NEFP details at the daily safety huddle in October 2019 to further explain the program goals. Dayao outlined the application process and defined the program activities and deliverables expected of the selected Nurse Executive Fellows. Applications opened on October 28, 2019, with the NEFP project deliverables due at the close of the program in March 2020. Once the program ended, the Nurse Executive Fellows were invited to apply for the open ACNO positions.

OUTCOME

The inaugural cohort of Nurse Executive Fellows were selected for the program: Marne Faber, MSN, RN, CCRN-K, Nurse Manager of MCICU/Census and Staffing, Jay Sandel, MN, RN, Nurse Manager of Gamma Knife, Ambulatory Procedural Areas, and Endoscopy, Nate Rozeboom, MPH, BSN, RN, NE-BC, Nurse Manager of 4 East Hospital Medicine/ Telemetry/Oncology, and Tricia O'Donohue, MPH, RN, Nurse Manager of the Stroke Program.

Each of these Fellows assumed executive oversight for specific service lines in addition to their regular roles as nurse managers. Additional time was spent developing a quality improvement initiative as a deliverable at the end of the NEFP term, summarized below:

Nate Rozeboom – Developed an enterprise-wide framework for patient monitoring via video cameras with HMC as the central “control room.”

Marne Faber – Developed the Patient Flow Coordinator program, which would assist Continuity Care Nurses and staff with expediting patient discharges. This program is currently being trialed.

Jay Sandel – Focused on documentation to more consistently capture the amount of time hospital assistants are used in the role of patient monitor.

Tricia O'Donohue - Reviewed lab errors specific to mislabeling and how systems, people, and processes may be contributing.

Unfortunately, the demands of the COVID-19 pandemic required the fellows to divert their attention from these initiatives in order to focus on serving our patients and staff. Based on the feedback and program evaluation by Dayao, the Nurse Executive Fellowship Program will be a permanent mechanism through which succession planning for leadership will be conducted at Harborview Medical Center.



Nurse Resident Advocacy for Inclusivity

CHALLENGE

As part of the process to accredit our Nursing Residency Program, the residents were asked to take a national survey from the American Nurses Credentialing Center (ANCC), which did not contain inclusive gender selections. One resident, Kristin Jones, BSN, RN (8 East Hospital) wanted to ensure that this national organization uses inclusive gender language, especially in tools which are used by new nurses, who are learning to both be accepted and accepting in their new profession.

SOLUTION

While completing the ANCC Nurse Residency Survey, when Jones arrived at the gender option, she noticed that there were only two options available – male and female. Immediately following completion of the survey, Kristin reached out to our Nursing Residency Program Coordinator, Helen Sullivan, MSN, RN, CCRN (Professional Development & Nursing Excellence) to advise her of this oversight and requested assistance to try to resolve it.

Sullivan provided Jones a point of contact at the ANCC, and Jones reached out on July 7, 2020, explaining the importance of using inclusive language in this survey.

OUTCOME

On July 10, 2020, Jones was contacted by Sheri Cosme, DNP, RN, NPD-BC, Director, Practice Transition Accreditation Program and Nursing Skills Competency Center for ANCC, recognized the need to make a change to include more than just two gender options and acknowledged that the change had already been made.

This effort by the ANCC may help new nurses feel both included regardless of their own identified gender, as well as set an example of how inclusion should be displayed by all nursing organizations. These more inclusive gender signifiers are now used on all demographic data related to residency accreditation at the ANCC.



HARBORVIEW MEDICAL CENTER



Continue to support and develop the highest levels of nurse autonomy, accountability, and control over nursing practice to advance the HMC mission

- Tactics:*
- Increase visibility of nursing administrators’ support for nursing staff via a multi-modal campaign; rounding, scheduled nursing townhalls, pics on units, Rising Tide, charge nurse attendance, intranet talking points etc. as evidenced by an improvement in (2021) NDNQI questions of:
 - A CNO who is highly visible and accessible to staff
 - Nursing Administrators consult with staff on daily problems and procedures
 - Support the development of a clinical advancement pathway through NPDC



Recruit and retain a diverse and engaged workforce in numbers and skill levels to meet patient, family and community needs

- Tactics:*
- In alignment with the IOM recommendations of 80% BSN or higher nursing degree by 2020, we will continue to support current practices of providing multiple scholarship programs, allow selected ADN new grad hires with a plan for BSN completion, BSN premium and MSN step, education fairs/campaign, Rising Tide, consider partnership with career counseling for current non-nursing workforce, evidenced by a 1% increase each year, over the next three years, until 80% BSN or higher is achieved. Once the 80% BSN or higher nursing degree goal has been attained, the goal will be to maintain or improve this rate.
 - Promote the hiring, development, and growth of new nurse graduates in all specialty areas via the nurse residency program including providing enough facilitators, an NRP coordinator, and continue night educator and ANM support for night shift where most new grads begin. Maintain PTAP accreditation for NRP.
 - Support nurse specialty certification through premiums, support classes, education funds as evidenced by a continued increase in nurse specialty certifications by 1% each year, over the next 3 years, until 51% of the nursing workforce has specialty certification. Once this goal has been attained, the goal will be to maintain or improve this rate.
 - Maintain RN perception of staffing and resource adequacy as evidenced by maintenance NDNQI domain of “Staff and Resource Adequacy” to aggregate of 50th percentile of NDNQI benchmark in the 2021 results.
 - Provide training on equity, diversity, and inclusivity to align with the UW Medicine goal to train 100% of staff.
 - Encourage the use of the Staff Diversity hiring Toolkit to generate an understanding of techniques that may better attract a more diverse pool of applicants



Establish High Reliability Practices in Patient Care Delivery

- Tactics:*
- Reduce patient falls to having the majority of units outperform the NDNQI mean through implementation of the Hester Davis fall prevention program and tele-sitter program.
 - Identify two ambulatory care nurse sensitive indicators, develop specific tactics, and exceed scores for safety net / Medicaid population.
 - Increase the rates of BCMA to 95% on each unit.
 - Implement IPASS for patient handoffs across units and divisions with a sustained compliance as measured through EPIC analytics.
 - Eliminate specimen mislabeling through standardization of practices and equipment that human error as evidenced by continued reduction to 0 errors.
 - Eliminate preventable HAIs through standardization and review of practices on indwelling catheter use and monitoring as evidenced by exceeding NDNQI or reduces other national benchmarks.



Improve the patient, family and community perception of their nursing care experience.

- Tactics:*
- Meet the patient experience goal for same day phone answering for same day clinics.
 - Exceed the Magnet scores for Safety Net hospitals.
 - Implement recommendations of Patient Experience Retreat (each manager to implement goal/tactic).
 - Improve ambulatory care patient experience in areas of Safety and Courtesy/Respect to exceed Magnet scores.

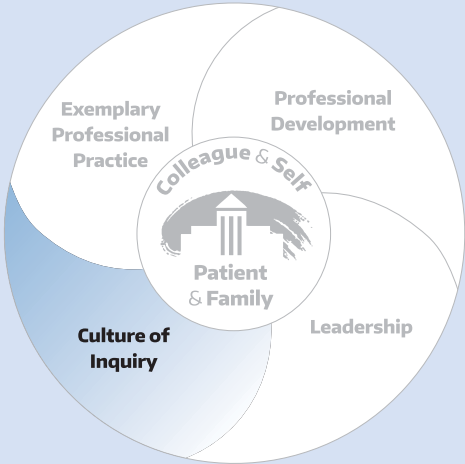


Increase employee engagement and succession planning initiatives

- Leadership Development for formal leader roles
- Assess current competency using the AONL tool and reassess after interventions
- Develop unit-based team project among NM, ANMs on the pillars (consider training associated with project management e.g. Certificate program, EBP bootcamp, SNRC workshop)
- AONL membership for managers and above
- Implement leadership forums, e.g. book clubs
- Implement a Nursing Rising Star Program
- Monthly CNO townhall with staff



CULTURE OF INQUIRY



Board Members of Nursing Organizations, Presentations, and Publications

Patricia (Pat) A. Blissitt, PhD, ARNP-CNS, CCRN, CNRN, SCRN, CCNS, CCM, ACNS-BC (Professional Development & Nursing Excellence)

- American Association of Critical Care Nurses - Mountain to Sound Chapter, Seattle WA: Past President, Lifetime Member, Current Board Member and Current Scholarship Chair and Nurse Planner
- American Association of Critical Care Nurses -Greater Memphis Area Chapter, Memphis, TN: Past President, and Lifetime Member
- American Association of Neuroscience Nurses – Local Northwest Chapter - Chapter President
- Neurocritical Care Society -Charter Member, Chair-elect Educational Products Committee, Liaison to the Advanced Practice Providers (CNS, NP, and PAs) for the Educational Products Committee

Gretchen Carrougner, MN, RN (Burn Research)

- American Burn Association - Chair, Nursing Professional Certification Committee

Mona K. Chambers, MN, RN, ACM – (Burns/Plastics Clinic; Cardiology/Endocrine Clinic)

- American Case Managers Association – Washington Chapter - President

Jerome Mendóza Dayao, DNP, MS, RN, NEA-BC, CCRN-K (Patient Care Services)

- American Hospital Association - Regional Policy Board - Ex-Officio Board Member
- American Organization for Nursing Leadership (AONL) - Elected Board Member; Co-Chair, Membership Committee
- Northwest Organization for Nurse Leaders (NWONL) – Board Member at Large
- The Beryl Institute – Nurse Executive Council - Member
- University of Washington School of Nursing – Community Advisory Board

Michael Glenn, RN – (Quality Improvement)

- Society of Trauma Nurses, ATCN International Director
- ATCN Region 10 – Regional Director
- Centre for Global Trauma Quality Improvement – Founding Task Force Member

Rebekah Marsh, BSN, RN, CCRN-K (Professional Development & Nursing Excellence)

- American Association of Critical Care Nurses - Board of Directors, July 2020- June 2023
- Seattle Nursing Research Conference – Board of Directors, July 2021 – June 2024; SNRC Workshop & Conference Planning Committee,
- Member – UWCNE Update in Medical-Surgical Nursing Conference Planning Committee, 2018 – present

Presentations:

- *A map for change: Empowering nurses to improve unit outcomes* – Invited co-presenter, Workshop Day, SNRC, Lynwood, WA, January 2020
- *Unstoppable Clinical Scene Investigators: How nurses can lead change* - Facilitator, concurrent abstract submission accepted, AACN National Teaching Institute (NTI), Indianapolis, IN, May 2020 (cancelled due to COVID19)
- *Don't lose your step: Staying organized & on-purpose* – Invited presenter, Virtual Workshop Day, SNRC, Zoom Conference, December 2020



Kathleen Mertens, DNP, MPH, RN – Associate Chief Nurse, Ambulatory Care

- American Academy of Ambulatory Care Nursing - Board of Directors (2020 – 2021)

Carol Ridenhour, MN, RN, ACM-RN, CCN – Continuity Care Nurse; Neurosurgery

- Evergreen Washelli Veterans' Cemetery Board – Chair

Sunniva Zaratkiewicz, PhD, RN, CWCN
(Quality Improvement)

- Wound, Ostomy, and Continence Nursing Society - National Conference Planning Committee – Chair

Publications:

- Zaratkiewicz, S; Goetcheus, M; & Vance, H. Unstageable Pressure Injuries: Identification, Treatment, and Outcomes Among Critical Care Patients. Dec. 2020, Critical Care Nursing Clinics of North America.
- Alderden, J; Zaratkiewicz, S; Zhao, Y; Drake, K; Cummins, M. Hospital-Acquired Pressure Injury Development among Critical-Care Patients Admitted with Community Acquired Pressure Injury. Sept./Oct. 2020, Journal of Wound, Ostomy, & Continence Nursing.



American Nurses Association Recognizes Burn Nursing as New Specialty Nursing Practice

CHALLENGE

As one of only 65 American Burn Association (ABA) verified burn centers in the United States, Harborview Medical Center has met rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services². HMC also manages the unique challenge of serving close to a quarter of the land mass of the US, by being the only verified burn center for Washington, Wyoming, Alaska, Montana and Idaho, or WWAMI Region.

Burn nursing incorporates best practices to promote health and wellness for all who are impacted by burn injury, including the patient, family, support system, and community. Burn nursing also focuses on prevention of injury and associated illness and participates in community reintegration while advocating for populations at risk. Despite the highly specialized education required for this type of nursing care, burn nursing lacked a specialty certification.

SOLUTION

The efforts to seek this specialty recognition were led by the ABA Nursing Professional Certification Committee Chair and Harborview nurse, Gretchen Carrougher, MN, RN. Gretchen has been a burn nurse for 40 years, of those, nearly 20 years have been here at Harborview as a Research Nurse/ Supervisor in the Departments of Rehabilitation Medicine and Surgery. Members of this certification committee, chaired by Carrougher, volunteered their time and talents to highlight the specialty work burn nursing plays in treating those impacted by burn injury, including prevention and advocating efforts within the community.

OUTCOME

The formal recognition of burn nursing as a nursing specialty was announced in August of 2020 by the American Nurse Association (ANA), representing the interests of the nation's more than 4 million nurses. This recognition is especially meaningful to the nurses who proudly represent the UW Medicine Regional Burn Center at Harborview Medical Center, including nurses on 9EH Burn and Pediatric Trauma Intensive Care Unit, 8EH Burns, Plastics and Pediatric Trauma Acute Care Unit, and the Burn and Plastic Surgery Clinic.

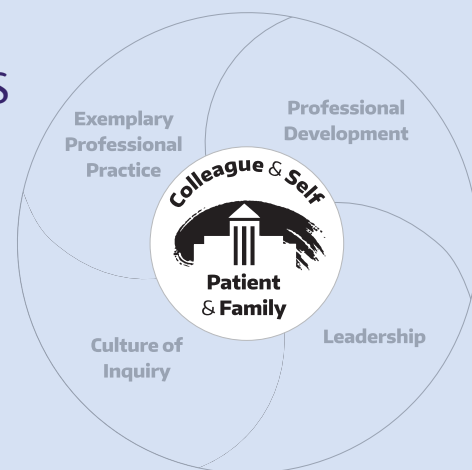
Carrougher states that “this recognition by the ANA is an important milestone in the evolution of our practice. It not only recognizes the expertise required by the professional nurse who provides burn care but is also an important step in our efforts to develop a burn nursing specialty certification. A new resource that provides a comprehensive description of our specialty is now available from the American Burn Association, Burn Nursing: Scope and Standards of Practice³. This document, written by the ABA Nursing Professional Certification Committee, was instrumental in the decision by the ANA to recognize burn nursing as a specialty. Like so many others here at Harborview, I am proud to be a burn nurse.” She is currently a Research Nurse Supervisor in the UW Department of Surgery and is the Program Coordinator for the Northwest Regional Burn Model System (NWRBMS).





PATIENT & FAMILY, COLLEAGUE & SELF –

SERVING OUR COMMUNITY –
DIVERSE PATIENTS, DYNAMIC NEEDS



Equity, Diversity, and Inclusion Council – COVID Outreach

CHALLENGE

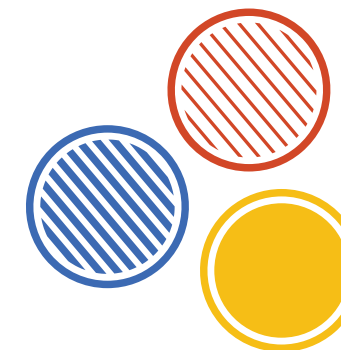
At the beginning of the pandemic, members of the Office of Healthcare Equity/UW Medicine (OHCE) and the Equity, Diversity and Inclusion (EDI) Council sounded the alarm that vulnerable populations were experiencing disproportionate impacts from the disease. This awareness was based on data that was collected showing the correlation between a person's ethnicity or language preference and testing positive for COVID-19.

SOLUTION

Harborview and OHCE partnered with community health funding agencies and other community partners to develop a COVID outreach strategy for at-risk communities, including the innovative use of mobile vans to make testing more accessible.

OUTCOMES

In 2020, Harborview Mobile Clinics performed 19,811 COVID-19 tests at these mobile vans at locations such as Rainier Beach, Pioneer Square, Highline College, Auburn, and Kent, and through outreach with specific communities such as testing events hosted by the Iraqi/Arab Health Board and the Khmer Health Board.



Equity, Diversity, and Inclusion Council – Caucus/Affinity Groups at Harborview

CHALLENGE

Following the murder of George Floyd and in support of Black Lives Matter, the Equity, Diversity and Inclusion (EDI) Council turned its focus to some of the challenges of race relations at Harborview. The Council heard from Black colleagues who were afraid and feeling alone. They wanted to have safe spaces to process the heightened emotional trauma of police brutality and other forms of racism in their daily lives and how it impacted their working environment. Many wanted their colleagues to check in on them but often only heard silence.

SOLUTION

The EDI Council created spaces at Harborview for employees/providers/faculty to share experiences, gain insights and find support around issues of racial inequity. Many Harborview nurses participate as members of the EDI Council to gain better understanding and to share insights with one another to positively impact the delivery of culturally competent care to our patients and each other.

OUTCOMES

In the fall of 2020, the EDI Council launched a series of Affinity Groups (Black Affinity Group, POC Affinity Group, White Affinity Group) that began dialogues about race, racism and ways to move forward together in the Harborview community.



Honoring Departed RNs –
In memoriam – Aleks Vollman

The loss of Aleks Vollman, BSN, RN (9 East Hospital Burns/Plastics/Pediatric Intensive Care Unit) is one that is felt deeply by all unit staff. Aleks had a larger-than-life persona and brought yummy treats, fantastical stories, good humor, and gave advice on any topic that you could think of. His teammates would anxiously await his arrival on his “Friday” where he would joyfully deliver burritos to the awaiting hungry nurses, grateful for his thoughtfulness. If someone had a question about the best way to sharpen knives, Aleks would not only give the finer points but would offer to sharpen them himself.

Aleks had a knack for remembering everyone’s story. He knew who had dietary restrictions and made sure to make something they could enjoy as well. Did you have a child; furry or human? Aleks would remember their story and always ask for updates. His gentle heart, and loud, boisterous laugh touched all who he met. He was a kind nurse; always willing to hold someone’s hand.

Aleks was a presence in our lives whose absence will never be filled. Aleks traveled the world, served our country, loved his cats, and was a genuine friend to everyone he met. Everyone will remember Aleks in their own way, but we’re sure common themes would emerge. These words come to mind: laughter, homemade bread, nurse, and kindness - a true friend.

We lost Aleks to COVID-19 in May 2020, and that loss is still acutely felt. Working as a nurse during a pandemic is challenging, but even more so when one of your own is lost. He will forever be in our thoughts and hearts. His loss will continue to be mourned- especially when we have a slice of warm crusty bread or when a question about canning comes to mind.

Unfortunately, Aleks is only one of thousands of nurses our profession lost to the COVID-19 pandemic. We honor their memory, their service and their sacrifice.

-Leigh Kalaman, BSN, RN, CCRN
on behalf of the 9 East Hospital Burns/Plastics/Pediatric Intensive Care Unit staff



Harborview Mission Statement

Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees, and managed under contract by the University of Washington.

Harborview Medical Center is a comprehensive healthcare facility dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide healthcare for the most vulnerable residents of King County; to provide and teach exemplary patient care; to provide care for a broad spectrum of patients from throughout the region; and to develop and maintain leading-edge centers of emphasis. As the only Level I Adult and Pediatric Trauma Center in Washington, Harborview Medical Center provides specialized comprehensive emergency services to patients throughout the region, and serves as the disaster preparedness and disaster control hospital for Seattle and King County.

The following groups of patients and programs will be given priority for care:

- Persons who are non-English speaking poor
- Persons who are uninsured or underinsured
- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County’s Jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

Harborview’s patient care mission is accomplished by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of health services of the highest quality to all of its patients and through effective use of its resources as determined by the Harborview Board of Trustees.

Harborview, in cooperation with UW Medicine, plans and coordinates with Public Health Seattle and King County, other County agencies, community providers, and area hospitals, to provide programs and services.

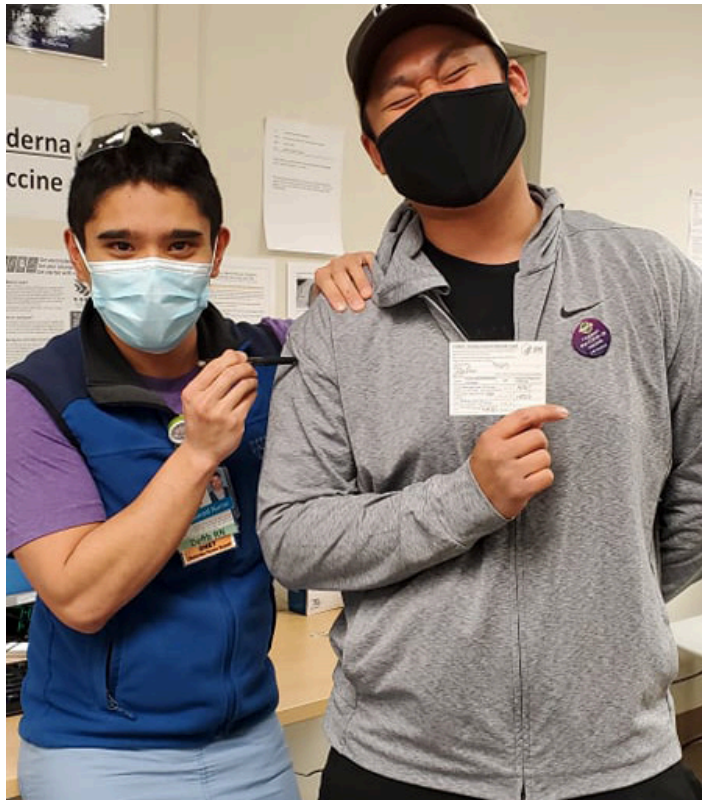
Harborview fulfills its educational mission through commitment to the support of undergraduate, graduate, post-graduate and continuing education programs of the health professions of the University of Washington and other educational institutions, as well as programs relating to patient education.

Harborview recognizes that the delivery of the highest quality of healthcare is enhanced by a strong commitment to teaching, community service and research.



Harborview Nursing Mission Statement

Harborview nurses are committed to providing extraordinary patient/family focused care. We believe a caring nurse is essential to patient/family satisfaction. The Harborview professional nurse is accountable as the patient/family advocate and coordinator of care.



LIST OF DAISY WINNERS (Back Cover)

TOP ROW:

Allison Larimore, MSN, RN, CCRN (9EH Burn Pediatrics Intensive Care Unit)

Amrit Singh, BSN, RN (3WH Neurosciences Specialty Unit)

SECOND ROW:

Bernard Casino, BSN, RN (Operating Room)

Breazyana Graafstra, RN (2WH Neurosciences Intensive Care Unit)

Erin O'Dell, BSN, RN, PCCN (3EH Medicine Telemetry Unit)

Guiana Goble, BSN, RN (6EH Trauma Orthopedics Unit)

Joan Yun, BSN, RN (7EH Surgery Trauma Unit)

Joshua Carter, RN (8EH Burns Plastics Pediatrics Unit)

THIRD ROW:

Lori Davis, BSN, RN,, CCRN (2EH Medical Cardiac Intensive Care Unit)

Maricon Nibre, BSN, RN (5EH Medicine Surgical Telemetry Unit)

Mary Lyons, RN (Float Pool)

Nicolette Carlos, BSN, RN (4EH Medicine Telemetry Oncology Unit)

Phaedra Chacona, BSN, RN (Pioneer Square Clinics)

Woory Cho, BSN, RN (4WH Rehabilitation Unit)

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Editor in Chief: Susan Collins, MN, RN, CCRN

Managing Editor: Shelly Mills

Advisory Committee: Magnet Steering Committee

Production: UW Creative Communications

Photography: some photography courtesy Erin Moon and Dan Nolin

UW Medicine

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MEDICAL CENTER

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Congratulations!



2020 DAISY AWARDS