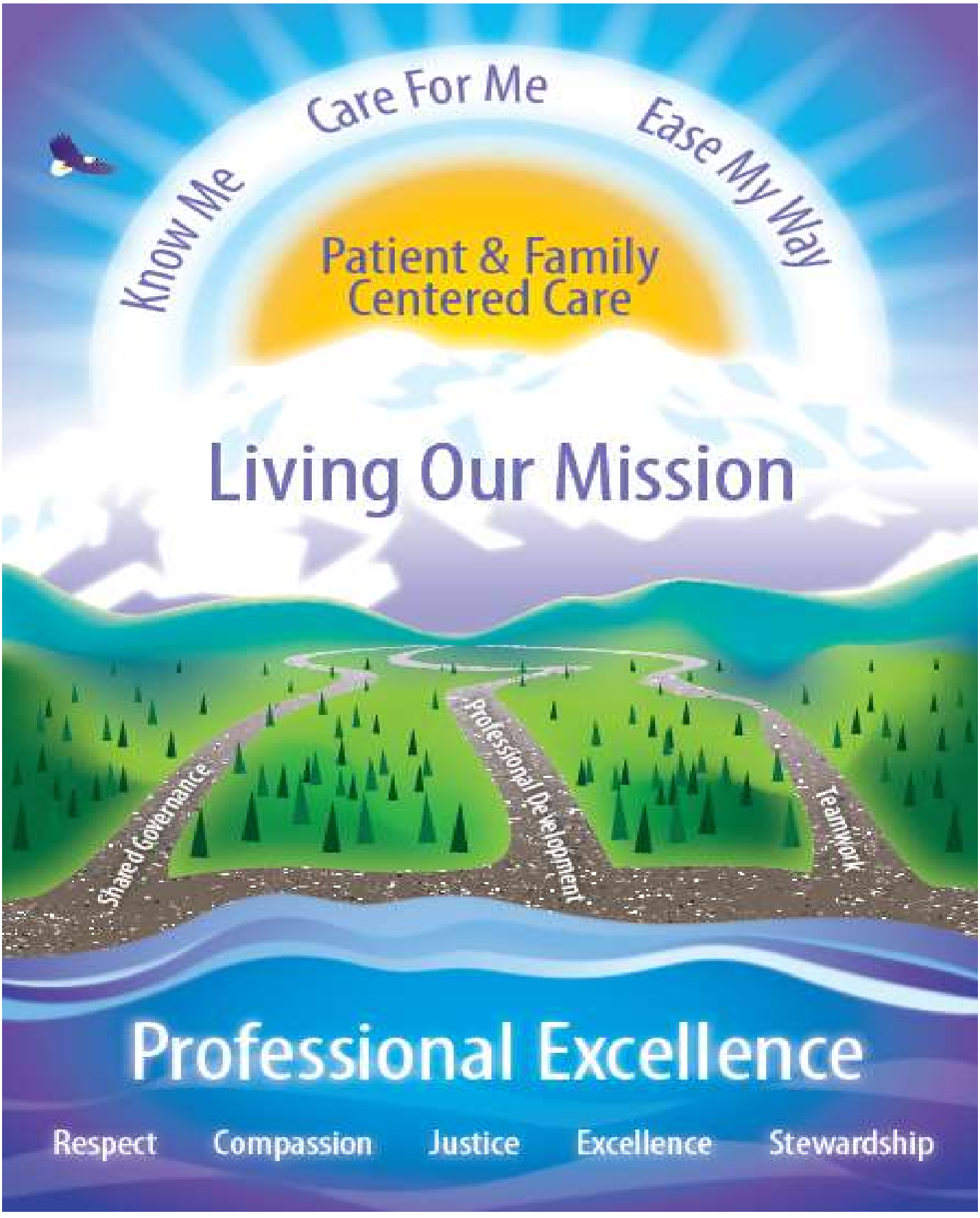
PROVIDENCE
Alaska
Medical Center

2018 NURSING ANNUAL REPORT



THE PROVIDENCE ALASKA COMMITMENT

Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. This pioneering spirit set the standard for modern health care in Alaska and formed the foundation for Providence's growth as the state's leading health care provider.

In the 1930s, Anchorage was growing with the construction of the Seward to Fairbanks railroad. The Alaskan Engineering Commission made Anchorage its headquarters and funded several new facilities, including the railroad hospital. But as the community continued to expand, the need for a larger hospital was inevitable. In 1935, the Anchorage Daily Times reported, "A much larger hospital with more conveniences is sorely needed." Approximately a year later, the Sisters of Providence formally announce their decision to open a two-story, 52-bed hospital in Anchorage.

The people of Anchorage soon outgrew the "new" hospital and a second site was secured in the Goose Lake area of Anchorage. In October of 1962 Providence Hospital once again opened their doors to the community in a new and expanded facility on the far edges of town. Today this facility has expanded multiple times over and is at the heart of the U-med district of Anchorage.

Statistics of Interest

Employees: **3,031**
Medical Staff: **1,138**
Licensed beds: **401**

Annual (2018 Data)
Births: **2,537**
Inpatient Admissions: **15,874**
Outpatient Visits: **365,524**
Trauma Cases: **3,047**
Emergency Room Visits: **68,030**
Inpatient Surgeries: **4,959**
Outpatient Surgeries: **4,739**

WE ARE MAGNET

We Did It

Good Job Everyone

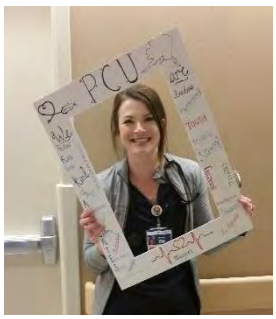


TABLE OF CONTENTS

LETTER FROM THE **CHIEF NURSING OFFICER**

Dear colleagues,

Thank you for what you do every day as People of Providence! Your dedication to our mission, vision, values and our patients is an inspiration and a living example of why nurses continue to be one of the most trusted professions in the Nation. Your dedication was *the* reason we were successful in achieving Magnet ™ status in 2018; an accomplishment received by only 8.8 percent of hospitals nationally.

Our success in realizing Magnet ™ designation in 2018 was the result of years of hard work by generations of nurses and caregivers at Providence Alaska Medical Center. It punctuates the teamwork that is required in creating and sustaining a positive workplace that not only attracts high-quality tea-members, but also retains them. Our Professional Practice Model illustrates the key elements where our practice…your practice…makes our nursing practice a real, tangible embodiment of mission and excellence.

As the age of healthcare professionals continues to rise within the state, it is even more important that we continue a strong relationship with academic partners. Almost daily, we have clinical students present within the clinical setting who are gaining the skills to be tomorrow's nurses. They are our future, but this would not be possible without the energies of multiple preceptors who dutifully devote their time. Theirs is a legacy that ensures the future of Providence nurses continues for decades to come.

Innovative practice continues to be the hallmark of our ministry. The incorporation of tele-practice improved care not just locally, but across the state. The use of technology to enhance care via e-ICU, tele-sitter and tele-stroke have provided opportunities for high quality care for a wide population of patients. The planned addition of other initiatives such as Rover ™ and Leaf ™ will only continue the journey toward better care by integrating technology with the human touch of nursing.

Evidence-based practice (EBP) was another focus area as we completed 2018. Several Providence clinical nurse specialists, advanced practice nurses and bedside caregivers were active in the PSJH Clinical Nursing Institute and clinical decision teams; in addition, several Providence caregivers were active on boards for professional organization, published in national magazines, and presented to peers at national conferences. Including our nurse residents and fellows, EBP is the basis for care at all levels of our professional practice at PAMC!

It will be important for us to continue to embrace EBP and innovation in the days ahead, as together we combat our State's challenges with substance and opioid abuse, behavioral health access, and long-term and skilled nursing placement. A clinical pathway for patients with Opioid Use Disorder was established in a collaboration between nursing and behavioral health in our maternity areas in 2018, with the planned expansion to med-surg in 2019. Multiple units were impacted by the lack of access to Alaska Psychiatric Institute resulting in the admission of behavioral health patients to non-traditional clinical areas in addition to the psychiatric emergency department staying near capacity throughout the year. Each and every area safely cared for these patients holding true to PAMC's values in caring for some of the most vulnerable in our community.

Another 2018 milestone was the ratification of a new Collective Bargaining Agreement (CBA) for PAMC caregivers. The professionalism and dedication by all those involved in the negotiation process ensured an agreement that fairly reflected the needs of caregivers, the ministry, and the mission of PAMC. A special thanks to those involved in this important work!

I applaud the incredible response by our entire team during and after our 7.2 "shaker" on November 30th. The immediate actions following the earthquake by you and your colleagues ensured the safety of our patients and caregivers alike. Following the initial quake, the actions to protect patients and resources, and to support fellow caregivers in the hours following the event were phenomenal. PAMC never missed a beat, and the State and municipality knew Providence was ready for whatever was needed.

We'll take what we learned during and in the days following the earthquake to continue to hone our readiness competency for even better response in the future. For any caregivers who may be continuing to struggle with issues of post-event stress, I encourage you to reach out to our Spiritual Care or Behavioral Health teams for assistance. We are here for you, and self-care is an important part of ensuring we are all at our best.

Finally, take pride in the care that you have provided to thousands patients who have crossed our doorstep seeking care. The commitment to core values and mission that you showed to these patients and their support systems was remarkable. I have no doubt that the successes of 2018 will continue to advance care, and that they are the foundation for 2019 success as well. But…***you*** make it happen. As individual caregivers and as teams, ***you*** are Providence. Thanks for what you do every day; I look forward to working with you in the year to come.

James Reineke

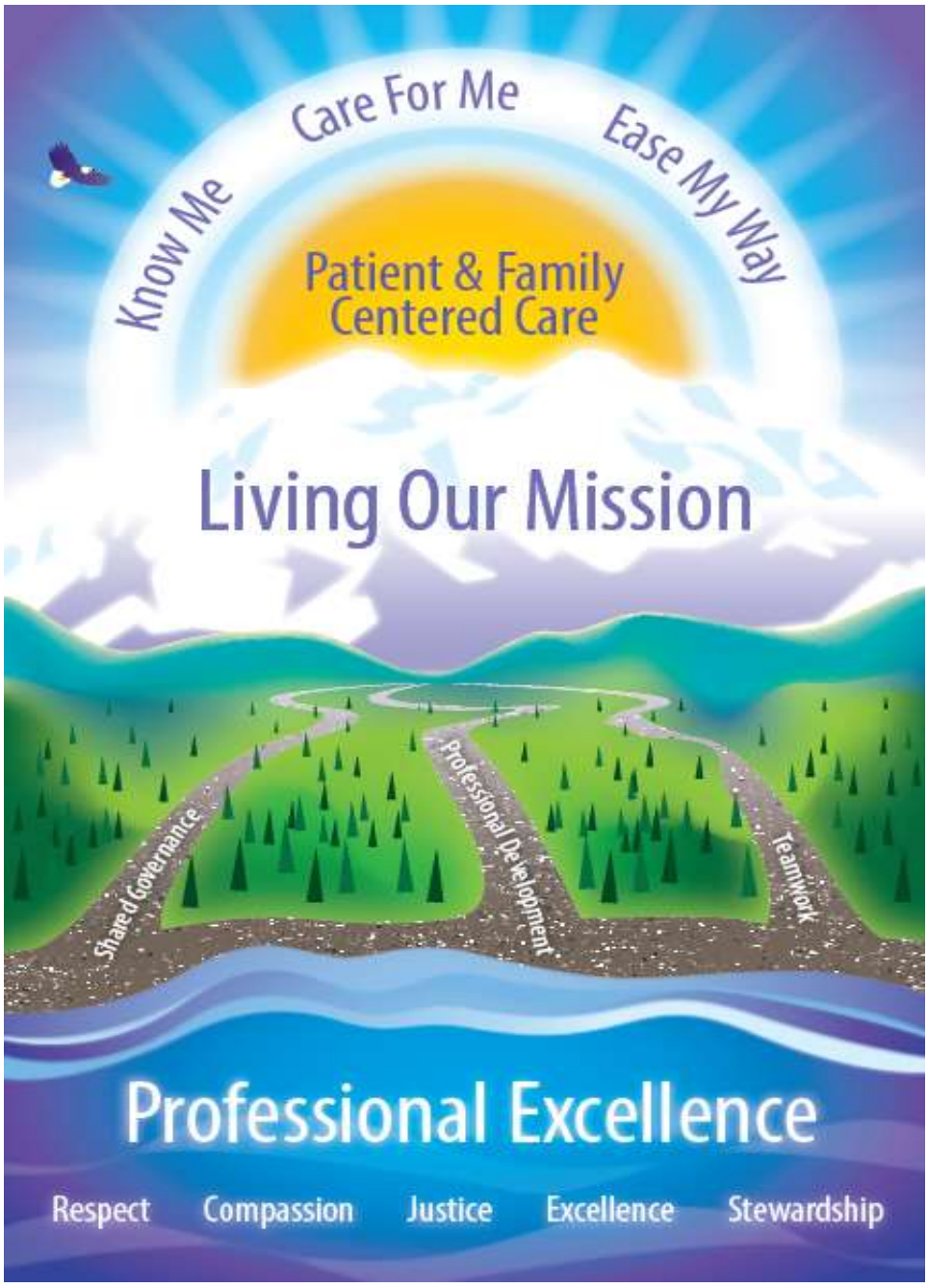
Chief Nursing Officer, Alaska Region
Providence Alaska Medical Center

OUR NURSING PROFESSIONAL PRACTICE MODEL

Olivia Hodes, BSN, RN, Renal Care Unit

I am a nurse on the Renal Care Unit, tucked away on the 4th floor at the end of 4 North. Many of the rooms on our unit overlook the helipad, and patients will often comment on how often they hear helicopters arriving. It makes me proud as a Providence nurse to be able to say that our hospital offers the most advanced services in Alaska, and that we offer them to everyone—so yes, it gets busy! At the same time, we aren't so big that things are impersonal. We have the opportunity to live our mission by getting to know our patients over multiple admissions and personalizing their care and experience, hopefully making a difference to patients struggling with chronic illness.

I'm also proud that Providence is committed to advancing nursing practice through professional development and shared governance. Receiving Magnet Designation is a tangible demonstration of that commitment. Attending the Magnet Conference with nurses from throughout the hospital was a great experience, and I came back with a feeling of connection to the hospital as a whole as well as new ideas and energy. I love that the learning boards on each unit empower staff at all levels to contribute ideas. It is so satisfying to see an idea turn into reality. One of the nurses on our unit came up with the idea to modify the safety bars in the bathrooms to improve safe patient mobility, and now it is being implemented on multiple units. Even smaller ideas can result in changes that truly make a difference for safety and patient experience. An empowered nurse is a force to be reckoned with, and at Providence each nurse has the opportunity to drive change.



EXEMPLARY PROFESSIONAL PRACTICE

Jessie Westin, RN, BSN, TCRN, CEN, CPEN, ED

The last few years I have been chairing our ED Shared Governance Council and have been around for many changes in our department. To have a voice makes me feel valued and a part of a team working collectively towards a shared end goal of upholding PAMC's professional practice model of shared governance, professional development and teamwork. Our council and staff have assisted with changes ranging from staffing matrices to stocking; each project with the purpose of improving patient care, retention, nurse education, nurse safety and/or nurse efficiency.

One of our biggest accomplishments last year was the 'Observing the Psychiatric Patient in the ER via E-Sitter' program which was initiated to address the increasing amount of psychiatric/suicidal patients being seen in the ER. Previous practice for this high-risk population involved the use of continuous direct visual observation, which removed hospital staff from being able to provide direct bedside care. By developing a safe process for incorporating the use of E-sitter monitoring, high-risk behavioral health patients can be safely observed while allowing staff to continue to provide care for both medical and behavioral health concerns.

The 'Intake checklist for high risk behavioral health patients', 'E-sitter protocol for psych ER caregivers' and the 'Staff and Patient Reference for Behavioral Health Patients' was created as well as two e-sitter competencies for mental health clinicians, monitor studio staff and RNs. Staff completed education regarding process of e-sitter STAT alarm, importance of immediate availability of bedside staff when called by monitor studio, and knowledge of required room safety assessment at least every shift. All patients received an educational pamphlet on the e-sitter program. Psych ER clinicians evaluated each patient for potential e-sitter placement using identified inclusion/exclusion criteria. During phase one from 2/20/2018 to 3/5/2018, 15 out of 182 suicidal patients seen in ER were placed on an E-Sitter camera with a maximum of 4 patients at once. During the second phase from 6/1/2018 to 9/28/2018, 48 of 1,236 suicidal patients were placed on an E-Sitter. For the second phase, upgrades occurred and camera wall-mount brackets were placed in each ER room and 26 cameras were available on a first-come, first-serve basis house-wide without limit on the number of monitored SI patients. Within the 17-week trial, 63 total patients were monitored for a total of 466 hours.

The trial was successful as all patients placed on an E-Sitter remained safe and without harm to self and others. Although the trial was halted during phase one until a detailed risk assessment could be completed due to a patient strangulation attempt, it was ultimately deemed a successful intervention by the monitor studio. With the use of e-sitter monitor capabilities, ER nurses are able to provide safe, high quality, patient centered care equally to both medical and behavioral health patients while decreasing the costs associated and stress on the department with providing therapeutic safety aids.

As a MAGNET facility now, I am interested to see what we can accomplish in 2019 and hope to work collaboratively with my fellow PAMC staff to come up with new and innovative ways to meet our collective goals.

Know Me Care For Me Ease My Way

Thanks you to the nurse writers of this report and the editors and designers

2018-2020 PROVIDENCE ALASKA MEDICAL CENTER NURSING COMMITMENTS

Advocate and Lead towards healthier communities by:

- **Delivering world class, compassionate care as a team every time**
  - Decrease turnover of Caregivers
  - Increase the number of RNs with at least BSN or higher

Key Measures	2018 Actual	2020 Goals
Decrease Turnover of Caregivers	28%	26.16%
Increase BSN or Higher	66%	78%

- **Partnering with and advocating for individuals, families and communities to simplify and manage their own health and healthcare**
  - Increase the % of customers who stated they received compassionate nursing care

Key Measures	2018 Actual	2019 Goals
Patients who state they receive compassionate care	InPatient: 74.89% ED: 68.89% (Outstanding!)	75.32% 66.77%

- **Making sure our communities receive the best health care possible**
  - Decrease the number of patients who experience a hospital acquired infection: CAUTI, CLABSI, SSI Colon, and SSI Hysterectomy(SIR is a Standardized Infection Ratio)

Key Measures	2018 Actual	2019 Goals
CAUTI SIR	0.07 ($50^{th}-75^{th}$ percentile)	-0.03 (25^{th} percentile)
CLABSI SIR	-0.25 (25^{th} percentile)	-0.38 (10^{th} percentile)
SSI Colon SIR	1.15 SIR Rate	Zero
SSI Hysterectomy	0.0%	Zero

- **Grow by optimizing expert to expert capabilities**
  - Improve patient outcomes in Falls with Injury

Key Measures	2018 Actual	2019 Goals
Falls with Mod-Severe Injury	0.72 / 1000 patient days	0.07 (10^{th} percentile)

NURSING CARE DELIVERY MODEL

Our nursing care delivery model is depicted by a sun with the patient and family in the center, surrounded by the health care team. The rays of the sun include Evidence-based practice, Care Coordination, Application of the nursing practice, Communication of the plan of Care, Care Coordination, and facilitation of the patient/caregiver relationship and Engagement of community resources all delivered in a faith-based environment.

Our Core Values of respect, compassion, justice, excellence and stewardship provide the foundation for our care delivery. We strive for excellence in care, knowing that evidence-based practice drives our care. As part of a large health system, we benefit from learning "across the system". Our patients and families are treated with respect and compassion recognizing the unique dignity of each individual we serve. Being mindful of our stewardship enables us to use our resources wisely. Lastly, we care for the most vulnerable, promoting justice for all. We work together with our interdisciplinary colleagues and physicians to provide safe, quality care to our patients and their families.

NURSING STATISTICS:

RN Turnover	**18%**
RN Vacancy	**10%**
Direct Care Nurses	
• **BSN among direct care nurses**	**64%**
• **MSN or Higher among direct care nurses**	**2%**
• **Certification among direct care nurses**	**44%**
Patient Care Managers/Directors	
• **BSN or Higher**	**100%**
• **Certification**	**31%**

EXEMPLARY PROFESSIONAL PRACTICE

A Word from Those We Care For…

We often receive kind letters from patients and families that thank us for the care we give. It is these letters that help to rejuvenate our spirits and remind us why we became nurses!

On our way to Alaska Monday the 14th of May, American Airlines flight 7080 (flown by Alaska Airlines) from Seattle to Anchorage had to be diverted to Juneau due to a medical emergency onboard. It seems a passenger had coded (no pulse, no respiration) and 3 rounds of CPR (6 minutes) were administered by fellow passengers before the heart began pumping on its own. The nurse (also a passenger) doing the CPR and running the code told the flight crew that if they continued onward to Anchorage, the patient likely wouldn't make it. Within less than 10 minutes the aircraft descended from 31,000 feet to land in Juneau. The passenger, now the patient, was extracted from the plane and rushed to Bartlett Regional Hospital to continue his resuscitation. That resuscitation was complicated by the patient suffering 5 broken ribs and a broken back as a consequence of the CPR performed onboard the aircraft. As you can imagine, the medical staff conducted numerous tests and scans in an attempt to ascertain what the problem might be. Flight 7080 meanwhile continued on to Anchorage. The patient was finally stabilized and medevac'd by air an hour north to the Anchorage Hospital.

Usually this would be the end of my knowledge of the incident, however, this time I was the patient. I remained in the hospital for 6 days while a battery of tests were performed.

This nurse, the one "running the code" on the airplane, came to visit me in Providence Hospital in Anchorage. It was just after I was stabilized and moved to a room that she poked her head around my curtain and said "remember me?". My wife broke into tears and rushed to hug the Nurse. The RN had not only literally saved my life, but was also my case manager there at Providence Hospital in Anchorage. Karma? You tell me. But, as the famous Paul Harvey used to say, now for the "rest of the story". It seems that she has been an emergency room nurse for more than 25 years, so she knew exactly what to do. Now for the part that makes the little hairs on the back of your neck stand up and gives you the "pricklies", as my Mom always called them. The RN was not supposed to be on flight 7080, she was supposed to be flying back home to Anchorage the following day, Tuesday. For a completely unknown reason, the airline bumped her to the previous day overnight flights from Texas to Seattle to Anchorage. She tried all the airlines for a Tuesday flight, only to be told there were no seats available that day. Clearly, someone wanted her onboard flight 7080.

I now have a true guardian angel for life. She even gave me a for real, blessed by a priest, holy cross for my flights home. Makes you take pause, doesn't it? I owe my life to this RN, and that is no understatement.

EXEMPLARY PROFESSIONAL PRACTICE

I wanted to send you a note to say THANK YOU to the amazing nurses at Providence. I hope that you will share this email with your team and anyone else who you think would benefit from hearing this.

On February 12th I was admitted to Providence to be induced into labor due to low amniotic fluid. As you know, this is my first baby, so to say that I was scared and nervous is an understatement… but from the very beginning everyone that we met was just a dream. From checking in at the front desk with Tina to the nurses who got Cole and I settled into our room, I couldn't be more thankful. They all took the time to explain everything to us and make sure that we were comfortable. Jackie B was our first nurse and I had so much fun joking around with her as I walked the floor (multiple times!)… She kept making sure that the mobile monitor was working for me so I could be out of bed. Casey was our next nurse and she took care of me over night… she was always so sweet when she had to wake me to take my next dose of medicine or take my BP. She was always so quiet so Cole could try to get a few hours of sleep on the couch while he could… She even came back to check on us the next day after Gunnar was born!

Our next nurse was Morgan and she was there through the hardest part! Morgan really helped with my pain management and keeping me comfortable! We had a bit of a scary birth… Things were all going well but after pushing for 2.5 hours Gunnar's heart rate started to drop. Being that I work for the American Heart Association, that really started to scare me. Dr. Ward, my OB and nurse Morgan kept me as calm as they could. Dr. Ward eventually had to use the vacuum tool to get Gunnar out and she said that was the hardest vacuum she had ever done. The NICU Nurse team came in at this point and while that scared me even more, I knew that we had the A Team there with us. Gunnar was delivered at 7:02pm and the NICU Team took over his care while Dr. Ward finished with me. Morgan stayed past the end of her shift with me while Dr. Ward finished my stitches and kept reassuring me that Gunnar and I were both OK.

I have to say it was a bit of an out of body experience at this time seeing our baby boy over with the NICU Team as they gave him a CPAP and helped clear his lungs and make sure that his head was OK. Gunnar had a large sub hematoma from the vacuum and they had to measure it every hour to make sure that he didn't need to be transferred to the NICU. Once I was finally able to hold Gunnar I just remember this huge rush of joy and relief knowing that he would be OK thanks to the fast and amazing care of the nurses.

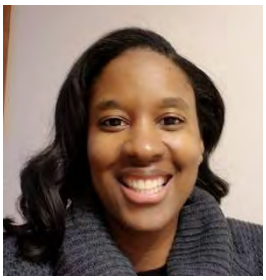
Brittni T. then took over and helped us head up to the Mother Baby Unit… She too was amazing… especially because at this point in time I was a bit delirious from all of the emotions and lack of sleep. She helped pack us up and make sure that we had dinner… it had now been over 24 hours since I really had a meal so food was greatly appreciated!

I have to say that when we got to the Mother Baby Unit – that is when a true angel appeared… Nurse Gaylee. After 24+ hours of being in labor and all of the emotions we had, I can't begin to explain how amazing it was to be in the care of Gaylee. She helped me with the first time that Gunnar breastfed and she made me feel that it was OK to send Gunnar to the nursery for 2 hours so I could sleep. I felt so guilty at first for some reason, but she made me realize that I needed to take care of myself before I could take care of Gunnar. I looked forward to seeing Gaylee at night and truly appreciated her help and support. During the day we had Taylor and Amy were also fantastic nurses who took care of us. They helped answer what were probably basic questions, but always answered them in the sweetest way and taught me how to do things like swaddle Gunnar, etc. I know I keep saying this… but everyone was just AMAZING. While I was excited to go home, it was hard to leave such a fantastic care team!

I don't know if I can ever truly say thank you enough… but THANK YOU for being an amazing hospital and for having a dream team of nurses and doctors who took care of us. We were truly blessed.

THOUGHTS FROM OUR NURSING EXPERTS

Khalilah Seid MSN, APRN, AGCNS-BC



I feel as if I have won the lottery. I get to work with the best group of CNSs in the business. I work for the best hospital in the region and arguably one of the best health systems in the country. Our little community of CNSs here at PAMC is unique in the state of Alaska and I feel we can be a great example for other ministries who want to grow their CNS programs. I work closely with the group of CNSs here to bring increased awareness around our roles and contributions to the hospital. I am just thrilled when a bedside nurse comes up to me and share that they want to be a CNS

The CNSs that I work with are so knowledgeable and passionate about nursing practice. Additionally, they fiercely advocate for the nursing profession, for the use of best practice so that it benefit our patients, their families and the communities that we serve.

I have been a medical surgical nurse for 12 years. Finished my graduate degree almost 3 years ago and hold my certification as an adult-gerontology clinical nurse specialist. Not only do I work with a great group of nurses and caregivers on the orthopedic, neuro and rehab units but I get to work with a great group of interdisciplinary leaders as we work to tackle fall prevention, as we work to reduce sepsis mortality and as we strive to improve overall patient safety here in the hospital.

Julia Sadowski MSN, APRN, ACNS - BC, RN-BC, CMSRN, CDE

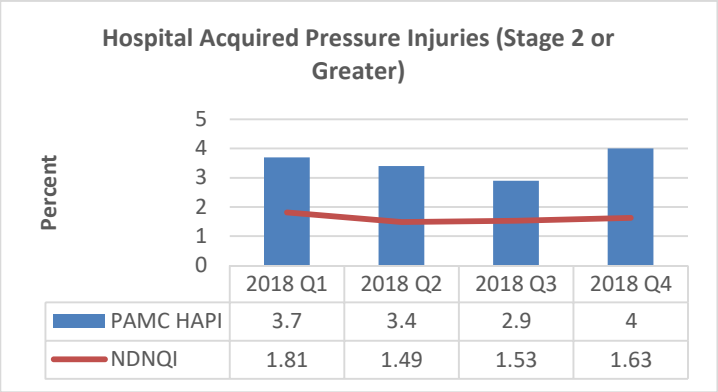
I started at Providence Alaska Medical Center in 2001 and have worked as a Health Unit Coordinator, Patient Care Technician, bedside RN, Clinical Nurse Educator, and now as a Clinical Nurse Specialist (CNS). As a Clinical Nurse Specialist for the Medical Surgical Division, I work to improve patient care outcomes from within a unique advanced practice nursing role that focuses on patients, nurses, and the healthcare delivery system. My main goals are to integrate evidenced based practice into nursing care at the bedside, coach and mentor nurses, consult on complex patients, improve patient safety, build strong collaborate relationships within our facility and our growing system, and help develop innovative solutions to complex problems.

In my time at Providence, my perspectives on many things have changed. One is how I understand Excellence, one of Providence St. Joseph's Core Values. When I started work as a nurse on 5North Medical Oncology, my drive for excellence came from the work ethic I was raised with: You do your best to be the best, and that is just what you do. I provided safe patient care, followed policies, avoided overtime, and was kind to patients. My concept of excellence today has evolved to include personalization of care, integration of the best evidence available and the measurement and evaluation of patient outcomes. Today's driving force to ensure excellence has become deeply personal. I now see my brother, my Mom, and my friends in the faces of those we serve and I know from my experiences with them during hospitalizations that excellent care is a lifeline for patients and families during a time of fear, anxiety, and unknowns. Being a light for someone in the dark and preventing additional suffering during hospitalization are now embodied in my understanding of excellence and in my efforts to be excellent.

What is it that motivates YOU to be excellent at Providence and beyond? Whatever it is, Thank You.

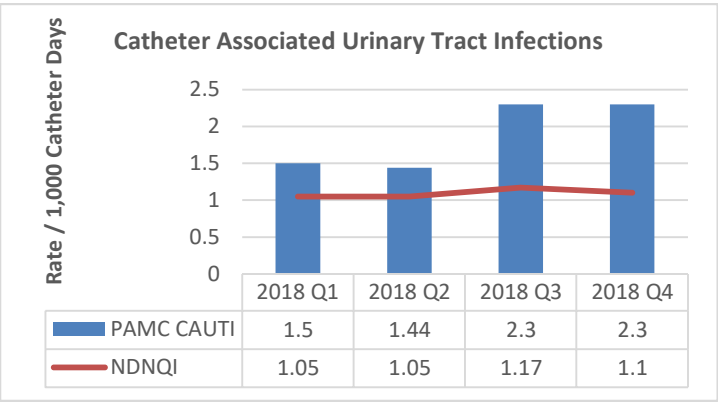
EXEMPLARY PROFESSIONAL PRACTICE

OUTCOMES & EXCELLENCE – Nursing Sensitive Indicators



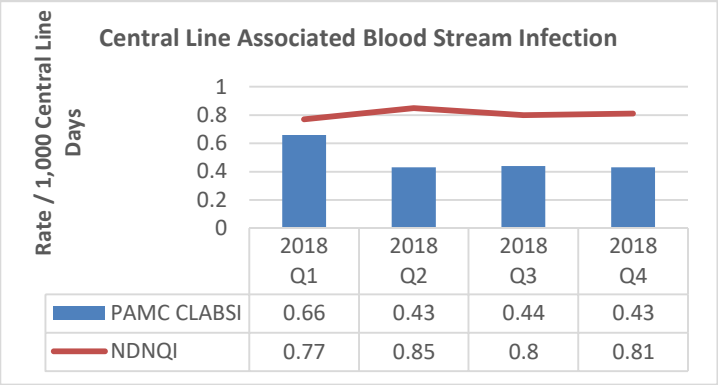
	2018 Q1	2018 Q2	2018 Q3	2018 Q4
PAMC HAPI	3.7	3.4	2.9	4
NDNQI	1.81	1.49	1.53	1.63

In 2018, we saw the amount of Hospital Acquired Pressure Injuries (HAPI) continue to be significantly above the national mean. Focus remains on frequent repositioning and early identification of at risk patients and present on admission pressure ulcers.



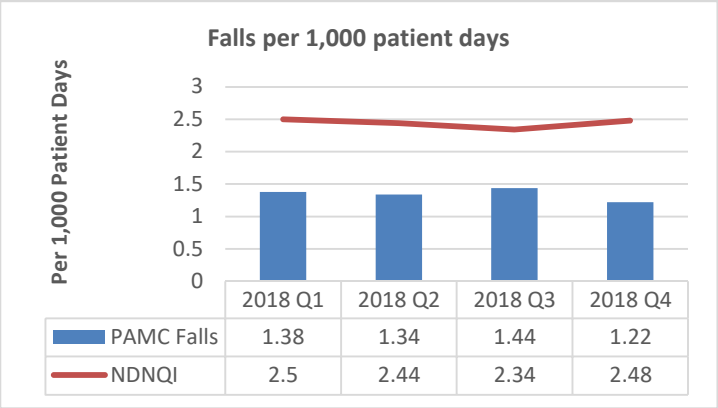
	2018 Q1	2018 Q2	2018 Q3	2018 Q4
PAMC CAUTI	1.5	1.44	2.3	2.3
NDNQI	1.05	1.05	1.17	1.1

In 2018, our journey towards zero lost some ground with our rate of Catheter Associated Urinary Tract Infections (CAUTI). We launched the Amplifier program to determine where there were knowledge gaps in CAUTI care. The results will be shared in the second quarter of 2019.



	2018 Q1	2018 Q2	2018 Q3	2018 Q4
PAMC CLABSI	0.66	0.43	0.44	0.43
NDNQI	0.77	0.85	0.8	0.81

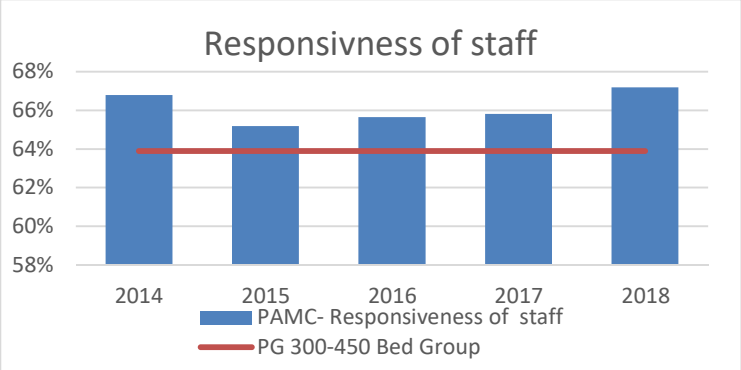
Our CLABSI rate has remained below the national mean for 2018! This is due to your diligent work!



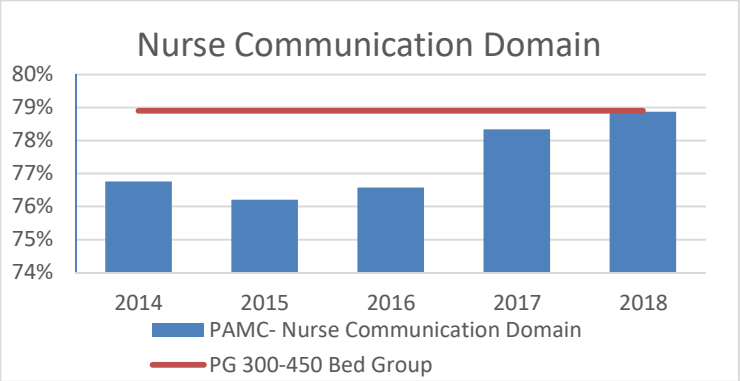
	2018 Q1	2018 Q2	2018 Q3	2018 Q4
PAMC Falls	1.38	1.34	1.44	1.22
NDNQI	2.5	2.44	2.34	2.48

Falls and falls with injury continue to be a concern for our patients at PAMC. Please remember to use appropriate alarms and protective equipment to minimize potential injury for the patient.

PATIENT SATISFACTION

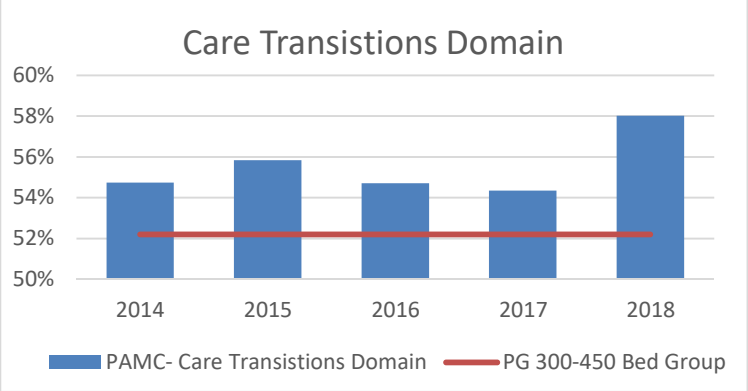


We let most of our patients know that they need to call before getting out of bed or if they need anything. Patients often become frustrated and scared if they use the call light and there is no response or delayed response. This is also a safety issue. Hourly Checks/Purposeful Rounding will help with this. Arranging your work to check in with the patient on an hourly basis about pain control, positioning, toileting and checking safety helps them but also helps nurses get less calls. This is tied to reimbursement through Value Based Purchasing (VBP)

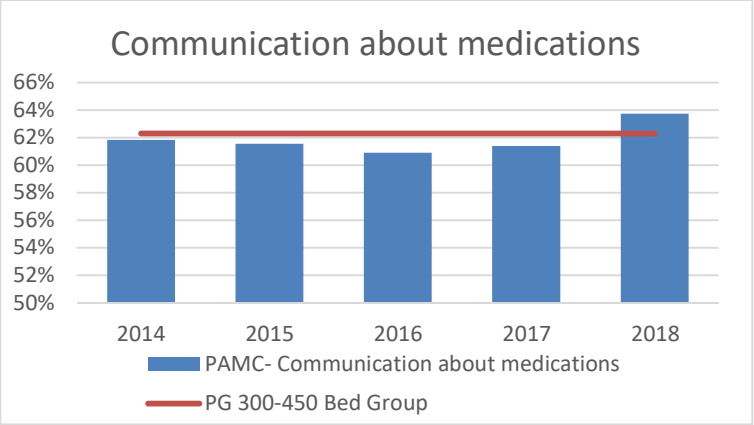


Our communication with our patients is extremely important. With good clear communication patients are more engaged, understand better, have less complaints and have better outcomes. This involves courtesy/respect, listening to them, explaining things in a way they understand.

Nurse Communication is also one of the metrics that is tied to our reimbursement through VBP

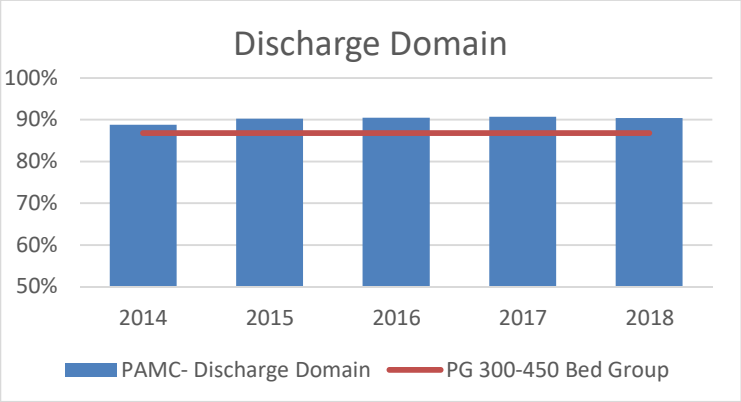


Transitions are often the point where problems surface. Patients need to be engaged have an understanding for a successful transition. Questions in this section are around taking patients preferences into account, helping them understand how to manage their health, and understanding the purpose of taking their medications. This too is part of VBP and reimbursement

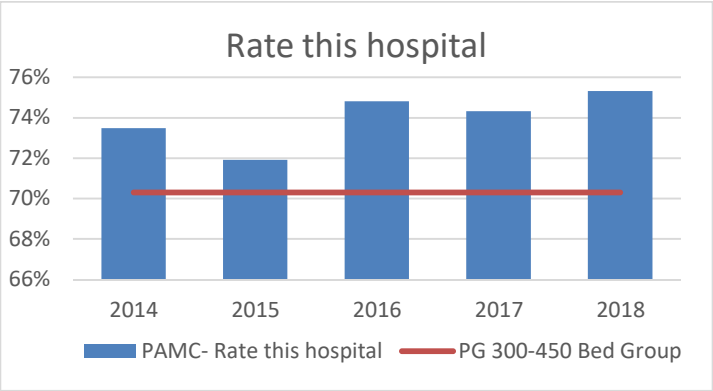


Our patients take lots of medications in the hospital and it is important for them to understand what they are taking. Not only do they need to know the name of what they are taking but also a couple of the main potential side effects. With this knowledge they may be able to alert us early to any potential problems.

EXEMPLARY PROFESSIONAL PRACTICE



We are only a part of our patient's journey for a very short period. We need to do everything we can to make sure that they are prepared to take care of themselves once they leave us. Using the tools in Epic and the teach-back method will help ensure that our patients and families are prepared. Like the metrics above this is tied to our reimbursement through VBP.



Our patients are asked to Rate our hospital on a scale of 0-10 with zero being the worst hospital ever and ten being the best hospital ever. This is a measure of their overall experience with Providence. Many patients go through several units, the ED, OR and have interaction with staff from every area. Working together, smooth transitions and always using our Caring Reliably Tones and Tools will help us provide an experience that is safe and compassionate.

Know Me, Care For Me, Ease My Way

EXEMPLARY PROFESSIONAL PRACTICE

HELPING OTHER COMMUNITIES

Mission Trip Myanmar

Gretchen Wold, BSN, RN, CPN

In January 2018, I had the opportunity to travel to Myanmar (Burma) with the organization **Christians Forward Southeast Asia**, to volunteer in a 2 week medical mission trip.

Before I was able to board the flight, I needed to raise $3500 to join the rest of the volunteers. I raised the money through family, friends and several bake sales, including the holiday bazaar at Providence Alaska Medical Center.

My flight to Myanmar started with an Anchorage to Seattle flight, then on to Taipei, Singapore, and finally to Myanmar, 2 days after leaving Anchorage. Joining me on the mission trip were two other nurses from Alaska, a nurse from Wisconsin, 4 lay people that were used as the nurse's assistants and a photographer.

Our first full day in Yangon, Myanmar, was spent at the open market purchasing medications and supplies for our clinics. The medications (tylenol, ibuprofen, antihistamines, adult and children's vitamins, ointments, dressing supplies, ear and eye medicines) were all purchased in bulk, so we had to divide them up into single use dosages (2 wks worth of medicine) and place them into containers. We developed an assembly line process to do this.

The first two days of our clinic, we set up at an orphanage, about an hour outside of Yangon. We had an outside location, under a shaded area. As nurses, we checked blood pressures, listened to heart and lung sounds and administered the medications with the help of a translator. The people were already lined up waiting to see us when we pulled in to the orphanage. Messages had been sent out, before our arrival, that an American team was coming to deliver health care to them, at no expense. Quite a few of our patients had high blood pressure (their diet was very high in salt) and diabetes.

We saw skin issues, eye problems, fevers and respiratory issues. Those with high blood pressure and diabetes were referred on to a free clinic that came around once a month to assist those who could not afford to go to a medical provider.

The third day we went to a different village and set up the clinic under the trees at an individual's home. The shade and breeze were welcomed, as it was quite hot in the mid-day sun. The chickens and dogs joined us, along with our patients. The local village prepared an incredible lunch of local delicacies for us.

The 4th and 5th days, we located to a different village and were set up in an open concrete building that was used for prayer. At all locations, people were lined up awaiting our arrival.

At the end of the clinics, we had seen a total of 567 patients. We donated our remaining medications and supplies to the local hospital, the staff was very grateful. We also received a tour of the hospital, which was bare bones-open wards, metal beds with a very thin mattress, cement floors, no glass windows-but metal "screens" to cover the opening. Families brought food and provided basic care for the patients.

Christian Forward Southeast Asia was able to provide both medical and spiritual care to those that did not have access. I made wonderful friends, experienced the generous hospitality of the Myanmar people and had the experience of a lifetime.

OUR PATH TO HIGH RELIABILITY – THE JOURNEY CONTINUES

Sheri Kelly BSN, RN, CPHQ, CPHRM

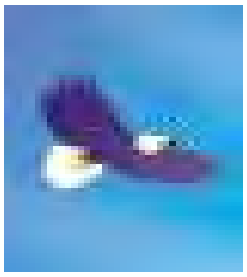
Training for Caring Reliably at PAMC began in 2016, and is now a required element of onboarding for every caregiver and medical provider. From showing empathy to speaking up for safety by CUSing, we continue to expect our caregivers to engage in unified communication related to patient safety. SBARs are now part of our common dialog to assist in providing the safest experience to every patient, every time.

This year brings some exciting new faces to our team of Caring Reliably instructors, with a high level of energy and an infectious enthusiasm. A recent reorganization of Quality Services at PAMC will allow for strategic integration of dedicated Risk/Patient Safety staff to model and reinforce our Culture of Safety. New partnerships for proactive education will be formed to strengthen our commitment to being a High Reliability Organization. Safety Coaching and One Safety Council will be promoted and expanded to allow our leaders and caregivers an opportunity to socialize thoughts and ideas related to patient safety. By examining scenarios that are a realistic representation of care provided at PAMC, we will continue to focus our efforts on improving and maintaining safe, high quality patient care. Day by day, patient by patient, we continue on our path to High Reliability.

We partner with caregivers to reduce patient harm.

NURSING AT PROVIDENCE ALASKA

2018 NURSING LEADERSHIP



James Reineke MSN, RN, NE-BC - Chief Nursing Officer, AK Region
Amanda Lindner BSN, RN - Clinical Nurse Manager, eICU & Central Monitoring Studio
Amy Myers DNP, APRN, ACNS-BC, CNS-CP, CGRN, CBN– Sr. Manager Digestive Health
Andrea Candido MSN, RN, APRN, AGCNS-BC - Clinical Nurse Specialist Advanced, Renal & PCU
Andrea Siegfried BSN, RN, RN-BC - Assistant Clinical Manager – Psych ED
Ashley Auer BSN, RN – Assistant Clinical Manager, Resource Pool, PEAT, VAT, PCRS, Discharge Lobby, Ob Suite
Belinda Perez BSN, RN, RN-BC - Assistant Clinical Manager, Mental Health
Bree Lind BSN, RN, RNC-OB - Assistant Clinical Manager, Labor and Delivery and PES
Brenda Franz MSN, RN, NEA-BC - Director of Medical Surgical Division & Director Emergency Department
Brenda Naliboff MSN, RN – Clinical Nurse Manager, Emergency Department
Carrie Doyle DNP, RN, ACNS-BC - Director of Clinical Practice, Research, & Staff Development
Cary VanDyke MSN, RN, CEN - Manager Trauma Program
Cathy Heckenlively MSN, MHA, RNC – Executive Director TCHAP and Women's Services
Catherine Bailey BSN, RN – Assistant Clinical Manager Telephone Triage
Christine Winn BSN, RN - Assistant Manager Clinical, Adult Critical Care
Danette Schloeder MSN, RN, PMC-CNS, RNC-OB, C-EFM – Perinatal Clinical Specialist Advanced
Danya Olson BSN, CMBA, RN, CNRN - Clinical Manager, Neuro and Rehab
Diane Freeman BSN, RN-BC - Assistant Clinical Manager, Orthopedics
Donna Pircher BSN, RN, RN-BC – Senior Manager Clinical Informatics
Emily Anderson MSN, RN - Clinical Nurse Manager, Progressive Care/ Intermediate Care
Emily Enyeart MSN, RN - Assistant Clinical Manager, Endo
Erica Steeves MSN, RN – Director Patient Safety and Regulatory Compliance
Eirik McFerrin MSN, RN, NEA-BC - Clinical Manager, Renal Care and Dialysis
Erin Martin BSN, RNC-MNN, C-EFM – Assistant Clinical Manager, Mother Baby/ Prenatal
Gian Hembrador BSN, RN - Clinical Nurse Manager, Operating Room
Jalynn Jones MSN, RN, CEN - Clinical Nurse Manager Infusion Center
Jaime Eggert MSN, RN, CCRN, CNML - Clinical Nurse Manager, Resource Pool, and Nursing Support Services
Janet Chapman MSN, RN-BC, NE-BC –Director of Mental Health Services and Case Management
Jenny McDonald BSN, RN - Assistant Manager Clinical, Adult Critical Care
Jessica Gianoli BSN, RN, PCCN, CMSRN - Assistant Clinical Manager, Progressive Care/ Intermediate Care
Joshua Meals MHA, RN - Clinical Nurse Manager, Orthopedics
Judy Hayes DMP, APRN - Service Line Director Ortho and Neuro
Julia Sadowski MSN, APRN, ACNS – BC, RN-BC, CMSRN, CDE – Clinical Nurse Specialist, Med Surgical
Karen Richardson MSN, RN, CEN - Assistant Clinical Manager, Emergency Department
Khalilah Seid MSN, APRN, AGCNS-BC - Clinical Nurse Specialist Advanced, Ortho, Neuro and Rehab

TRANSFORMATIONAL LEADERSHIP

Kelly Brown MSN, RN - Assistant Clinical Manager, Emergency Department
Kelly Ogden MSN, RN, NE-BC – Clinical Nurse Manager, Medical/ Oncology
Kitty Melvin BSN, RN, CNOR - Assistant Clinical Manager, Operating Room
Liana Obeidi BSN, RN - Assistant Clinical Manager, Emergency Department
Lisa Joalin BSN, RN, CVRN - Clinical Nurse Manager, Cardiovascular Observation
Lorrie Hubbard BSN, RN, CCRN – Director, Critical Care Services
Maribell Salanguit BSN, RN - Assistant Clinical Manager, Medical Surgical
Mary Hernandez BSN, RN – Assistant Clinical Manager, Mother Baby/ Prenatal
Megan Capranica BSN, RN, CCRN – Assistant Clinical Manager, Adult Critical Care
Megan Hensley BSN, RN – Assistant Clinical Manager, Resource Pool, PEAT, VAT, Discharge Lobby, Obs Suite
Megan Piper BSN, RN - Assistant Clinical Manager, Medical/ Oncology
Melodee Smith BSN, RN, RNC-NIC - Assistant Clinical Manager, Neonatal Intensive Care
Nan Magrath MSN, PGC-NP, ANP, CNS-BC, PMHNP-BC - Clinical Nurse Spec Advanced
Michaela Wilde BSN, RN - Assistant Clinical Manager, Pain Clinic
Nici Snyder MSN, RN - Clinical Nurse Manager, Pediatrics, Pediatric Intensive Care, Pediatric Sedation
Olympia Durbin BSN, RN, ACMA, CCM – Clinical Nurse Manager Case Management
Pamela Conrad Michaels BSN, RN, CDE - Assistant Clinical Manager, Pediatrics & PICU & Peds Sedation
Patricia Wade MSN, RN - Manager Performance improvement and Quality
Patty Wolf BSN, RN, RNC-OB – Clinical Nurse Manager, Maternity Services
Paula Giles BSN, RN - Assistant Clinical Manager, Progressive Care
Phil Miller MSN, RN-BC - Regional Director Nursing/Clinical Informatics
Rebecca Hamel BSN, MHI, RN, CIC - Manager Infection Prevention
Rodger Lewerenz MSN, RN-BC, CCRN-CMC, RCIS, CVRN-III – Clinical Nurse Educator Advanced
Rose Timmerman DNP, APRN, CCRN-CSC-CMC, CCNS - Clinical Nurse Specialist ICU/CTICU/CICU/IMCU
Ruthann Campbell AS, RN, OCN - Assistant Clinical Manager, Medical Oncology
Sally Abbott BSN, RN - Assistant Clinical Manager, Operating Room
Scott Smothermon BSN, RN - Clinical Nurse Manager, Neonatal Intensive Care
Sharon Liska DNP, APRN, NNP/ NCNS-BC, RNC-NIC - Clinical Nurse Specialist Advanced
Sheri Cherrier MSN, RN - Clinical Nurse Manager, ASU, PACU, Preop Clinic, Pain
Sheri Kelly BSN, RN, CPHQ – Director Medical Staff and Peer Review
Sheryl Williams BSN, RN, CRRN - Assistant Clinical Manager, Rehabilitation and Neuro
Stephanie Porter BSN, RN-BC - Clinical Nurse Manager, Medical Surgical
Susan Crowley BSN, RN, WCC, CFCN - Clinical Nurse Manager, Wound Services
Tara Bird MSN, RN, RNC-OB – Program Manager Regulatory Compliance
Tara Henry BSN, RN - Assistant Clinical Manager, Forensic Nursing
Therese Larson BSN, RNC-OB - Assistant Clinical Manager, Labor and Delivery and PES
Ted Walker MSN, RN, APRN, ACNS-BC, CNS-CP, CNOR, CPPS - Clinical Nurse Specialist Periop
Vicky Phillips MSN, RN, NE-BC – Executive Director, PCU/ IMCU, 4N Surgical, 5N Medical Oncology, PCRS, VAT, TLC, PEAT, Resource Pool, Wound Center

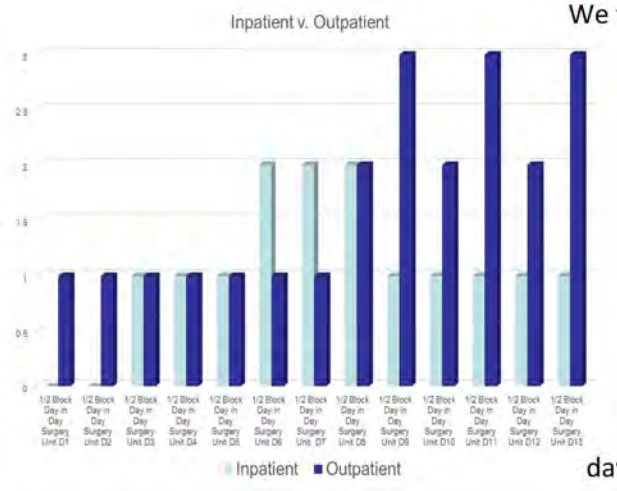
GROWING TO SERVE OUR COMMUNITY

Electroconvulsive Therapy(ECT)

By Nan Magrath, PGC-NP, ANP, CNS-BC, PMHNP-BC & Ted Walker, APRN, A-CNS-BC, CNS-CP, CNOR, CPPS

This has been a process that that occurred in several stages typically sponsored by Mental Health RN, Administration. Several years have gone into this project until Fall 2017 the edict came down to proceed with the project, decide where it should occur and define the processes and specifics to bring a program on board.

A team as above was brought together to analyze our readiness, where is the procedure completed within the system and can we first glean information and learn from them prior to proceeding. PAMC sent Mrs. Magrath and Mr. Walker to Sacred Heart Medical Center in Spokane Washington. This is one of our sister service facilities and has the longest running most advanced program in the system.



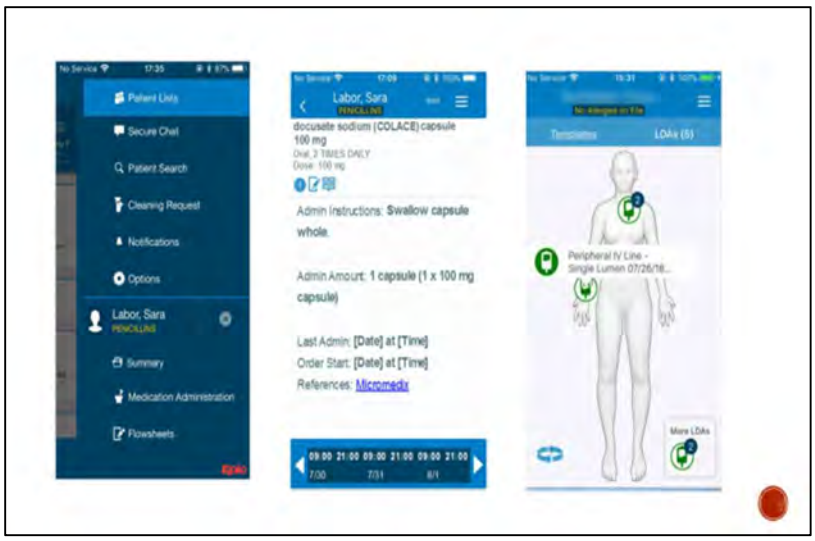
We found a system within a system at Sacred Heart. The staff were extremely accommodating and wanted to share with us everything they could to help us be successful. The ECT unit was self-contained inside the Mental Health Unit. There was a preop room, a treatment room, and a recovery room. All areas met life safety coded and the Association of PeriOperative Registered Nurses (AORN) and the American Society of PeriAnesthesia Nurses (ASPAN) for procedures involving anesthesia and recovery of those procedures. The two professional organizations also adopt the American Society of Anesthesiology recommendations for safe delivery of anesthetics. We were able to observe and analyze the system there for two full days and bring back what we saw to our group here at PAMC. The information was all considered by the multidisciplinary group accepting some practices and feeling we could alter practices for better outcomes at PAMC.

There was also contact with Milwaukie Portland that follows a very similar model that we ended up adopting. They work inside the perioperative space and under the same rules as any other service in the space.

After considering many other options and areas the team agreed that the OR was the best and safest equipped place for these to occur. The patients will follow the same process as any other surgical patient. But how do we do this with our providers primarily being on the inpatient side and outpatient being the largest anticipated population. It was apparent early on that like our two sister hospitals we needed a caregiver with a medical background to essential run a pseudo clinic and keep track of where our patients are in the treatment process, assure timely history and physicals along with consents, finally assisting the team on what settings and medications were used last treatment and what the results were allowing us to make immediate corrections in the treatment plan as needed. Our Mental Health CNS has fulfilled this role however the new 0.5 FTE has been hired and is in orientation. There has also been overwhelming support from the Psychiatric ED. The periop and Perianesthesia staff have surprisingly also really stepped up going from two volunteers to many. In Fact it is now an issue in getting all the staff oriented so we have coverage for sick days, vacation etc. This is not difficult related to volunteers but availability of time to allow two staff to work together for orientation.

Rover Program

By Phil Miller & Donna Pircher



PAMC was selected as one of two pilot hospitals to use Epic Rover for nursing. With a shift to mobile devices in Healthcare nationally, PSJH a couple hospitals to use the Rover features and provide feedback if they were a value add to nursing workflows.
Other items needing testing included: iPhone 7 configuration, barcode scanner, battery life and charging methods, troubleshooting, and IS support models.

Rover pilot departments:

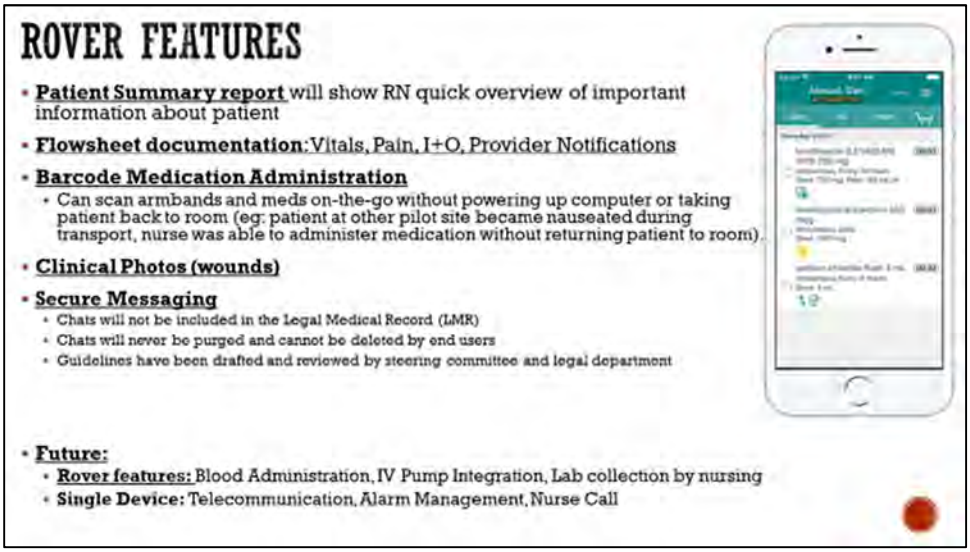
- **September 11, 2018:** PAMC Inpatient 2nd floor- PCU, IMCU, CCU, CTICU, and ICU
- **November 19, 2018:** Re-launch with new slimmer cases based on nursing feedback.

Many topics, recommendations, and issues were gathered from 2nd floor pilot departments by Clinical Informatics. A decision was made to proceed with a full hospital roll out the hospital in 2019.

- **January 2019:** 3W, 4N, 4W, 5N, 5W, Pediatrics, and Pediatric ICU
- **February 2019:** Emergency, Maternity, and NICU

PAMC Nursing, Clinical Informatics, and local IS participation in this effort has benefited the entire Providence St Joseph Health organization as Rover Nursing is being planned for further rollout to hospitals in the lower 48.

We are not done! Future goal is a single communication device for clinical staff to include Rover, telecommunication, alarm management, and nurse call features. This will eventually reduce the number of phones and pagers nursing needs to carry. The Rover pilot was our first step needed in this journey.



Stop the Bleed

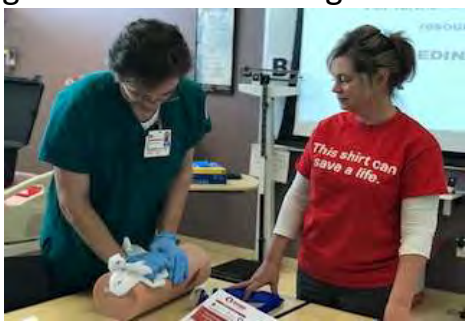
By Krista Ralls, BSN, RN, CEN, TCRN

STOP THE BLEED is a national campaign developed with the intent to save lives. This education stems from the 2012 tragedy in Sandy Hook. In the wake of this event, the White House, along with the American College of Surgeons and several other leaders in trauma, convened the Hartford Consensus. The goal of the Hartford Consensus was to improve survivability from manmade or natural mass casualty events. The resulting injuries from these events, carry a significant risk for life threatening bleeding. An individual can bleed to death in as little as three minutes. By re-enforcing this education with first responders and empowering the knowledge and role of civilians, also known as "immediate responders" (YOU), lives will be saved.

Since January 2018, Providence Trauma Services have taught 650 individuals in the communities of Anchorage, Matsu and Kodiak. We collaborated with the Anchorage School District in August 2018 to provide this education to all school nurses and school resources officers. With grant funds we received we were also able to supply 96 kits to the district to increase their emergency preparedness. We are selling bleeding control kits in the gift shop to support the program and its continued growth.

As we look to the future, we are excited to grow this education within our local community and state wide. The public has a vital role and necessity in learning this education and having access to resources as they are our immediate responders and are in the best position to help save a life.

Please join us at one of our community classes in 2019. For more information about this program and class dates go to bleedingcontrol.org.



The only thing more tragic than a death… is a death that could have been prevented.

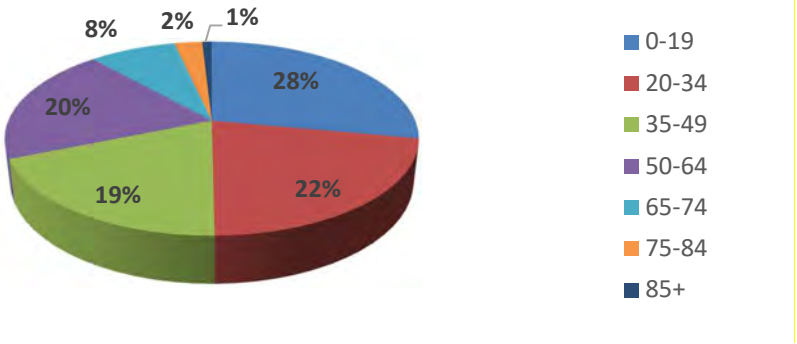
SERVING OUR COMMUNITY

WE ARE MAGNET

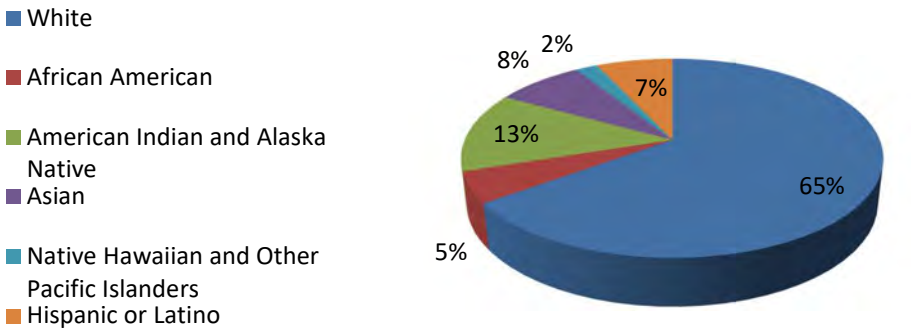
OUR COMMUNITY

Providence Alaska Medical Center serves a diverse population of 300,000+ residents in the Anchorage municipality and an additional 736,000+ residents statewide. As a not-for-profit catholic healthcare organization, we offer a full continuum of health services that includes outpatient, inpatient, home health care, transitional care, oncology care, palliative care, home health care, and hospice care. As our community continues to grow, we have expanded our hospital and its services to meet the ever-changing health care demands of the patients and families we serve.

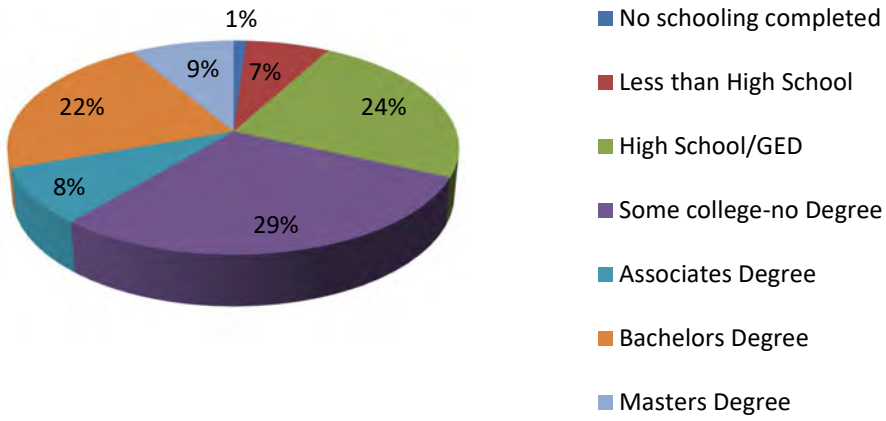
Population by Age, Anchorage Municipality



Population by Race, Anchorage Municipality



Educational Attainment



SERVING OUR COMMUNITY

PRIORITY HEALTHCARE ISSUES

IN OUR COMMUNITY

Every three years Providence Health and Services Alaska (PHSA) conducts a community health needs assessment (CHNA) for each of the communities in which they serve. The assessment guides PHSAs response to each community's needs.

During 2018 PHSA completed its latest needs CHNA. After identifying Anchorage's priority health needs, along with information obtained from state and national data, and advice from community stakeholders, PHSA developed a plan of action. The identified needs, as well as the actions are below:

- Poverty: Address needs of children and their families, specifically as it related to sufficient and safe housing, and long-term housing.
    - **Nurse-Family Partnership** at Providence Alaska is a program that provides nurse home visiting services to vulnerable first-time mothers and their children living in poverty. The program, free to all eligible women, provides care and support the women need to have a healthy pregnancy, teaches these first - time mothers to provide responsible and competent care to their children, and helps them become more economically self-sufficient. A population health-oriented program, not only does this partnership improve mothers' and children's health outcome, the program helps mothers increase their economic self-sufficiency, advance their education, and obtain insurance coverage for themselves and their children
- Healthily Behaviors: Partner to encourage healthy behaviors, including access to preventive care and healthy activities.
    - **Health Literacy** – Linda Shepard, RN works with the Health Literacy collaborative to bring relevant health information to people with English as a Second Language. "We are giving people the information they need, in a way they understand it to make good decisions, and that is what health literacy is all about. It is on us as a health care community to make sure health information is culturally relevant and that everyone has this sort of access." Quote from Linda Shepard, RN; 2014
    - **Faith Community Nursing** – Tara Orley, RN coordinates education and program support for more than 100 faith community nurses in Anchorage, Eagle River, Mat-Su, Soldotna area as well as Fairbanks. These nurses serve in their faith community and the broader community to increase the health and wellness of their congregations including health management, identification of symptoms, advocacy and facilitating access to healthcare.
- Access to Affordable Care: Focus interventions that increase access broadly across the community yet are tailored to the unique needs of subpopulations.
    - **Assisted Living Homes Immunization Program** – nurses and student nurses have the opportunity to assist with and provide influenza and pneumococcal vaccines for vulnerable individuals who are home bound in their assisted living facilities throughout the Anchorage bowl
    - **Brother Francis Shelter's Caring Clinic** – nurse's volunteer in the Caring Clinic at Brother Francis Shelter – a night shelter for both men and women experiencing homelessness. This clinic is set-up to provide basic and preventive care – including foot care – to the guests of the shelter. Lauren Cooper is very active in this effort.

RESIDENT EXPERIENCE

Sharon Knachel, RN

The range of emotions a new nurse experiences when they are finally graduating nursing school to starting their first nursing job is rather intense. The feelings of excitement and pride when graduating is quickly replaced by panic, self-doubt, and wondering if everything you learned in nursing school has prepared you for this awesome responsibility of being a nurse. This is why, when searching for jobs to launch my nursing career, I looked for hospitals offering a nurse residency program. The idea of this type of program was relatively new, but luckily for me, was offered here at PAMC.

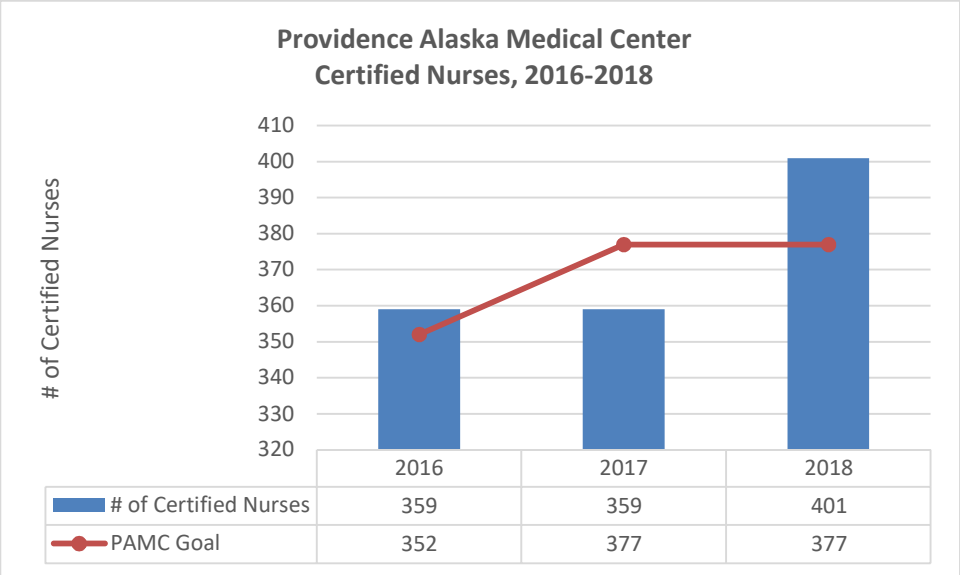
The reason I looked for a nurse residency program is because I believed having that extra support and instruction at the start of my nursing career would be the best way for me to transition from student nurse to a novice nurse. I also liked the idea of classroom instruction in addition to working on the unit with a preceptor, hoping it would help me review and reinforce concepts I had learned in nursing school. And, as I expected, the nursing residency program did just this, and so much more.

Our classroom time did reinforce concepts and skills, but more importantly, gave us the opportunity to discuss safety concerns, ask the questions we were too busy to ask when precepting, and time to read and understand important policies. The SIM classes allowed us to put knowledge into practice from administering blood, or recognizing alcohol withdraw, to experiencing a code blue. It was an opportunity to have a safe space where we can make mistakes, ask questions, and at the end learn from what went right and what we can improve upon through debriefing. The residency program also allowed more time working with a preceptor compared to typical new hire orientations. I valued this time because it gave me more opportunities to care for different patient populations, also as the weeks went on, I was able to build on my skills and experience by taking on more responsibilities. Lastly, being a part of a cohort of new nurses that met regularly gave us a chance to share the highs and lows of our first year and reminded us we were not alone. All in all, my experience as a nurse resident was a positive one and I feel it prepared me to be a confident, competent, and successful nurse.

STRUCTURAL EMPOWERMENT

CERTIFIED NURSES AT PAMC

The drive to increase the amount of specialty certified nurses at Providence Alaska Medical Center (PAMC) started in 2005 and continues today. A group of visionaries applied for a grant from the Human Resources and Services Administration (HRSA) to address nursing retention through increasing specialty certified nurses, introducing Evidence Based Practice and addressing issues related to the aging nursing workforce. HRSA awarded PAMC with the grant in June of 2006. At that time, we could prove that we had 2.4% or 23 of our nurses certified. A concerted effort was then started to increase the amount of certified nurses. Efforts included homegrown review course, national speakers, mentoring, and a lot of encouragement. Since that time, we have rapidly increased the amount of specialty certified nurses to 401 nurses currently certified.



	2016	2017	2018
# of Certified Nurses	359	359	401
PAMC Goal	352	377	377

AWARDS AND RECOGNITION

March of Dimes Nurses

Winners		Nominations	
Theodore Walker	Periop	Debra Lucero	Kelly Mahay
Teanna Hehnlin		Jennine Redick	Jospehine Beavers
Naomi Zurba	TCHAP	Megan Hensley	Ann Marie Tomski
Christine Cothran	5 North	Megan Piper	Erica Steeves
Rebecca Hamel	Infection Control	April Smith	
Kelly Ogden	5 North		
Bonnie Neff	Quality & Risk Management		

Daisy Awards

The DAISY Award is a recognition award for extraordinary nurses at PAMC. DAISY stands for **D**iseases **A**ttacking the **I**mmune **Sy**stem. The DAISY award program was created by the DAISY foundation in January 2001 by the family of J. Patrick Barnes. Pat died at the age of 33 from complications of Idiopathic Thrombocytopenia Purpura (ITP). Everyone who met Pat was touched by his positive spirit and his sense of humor. Twice a survivor of Hodgkin's disease, Pat was driven by a desire to befriend others and help them in any way he could. His legacy is clear; whenever he came across anyone in need, he never turned his back. He reached out to comfort them. Pat was a natural mentor, sharing his phenomenally positive outlook on life with a wide network of friends and family around the country with whom he stayed in constant contact. The DAISY Foundation was established to keep his very special spirit alive. As the foundation brainstormed what to do in Pat's memory, the one really positive thing the family could hold onto from the experience of his eight-week illness was the skillful and amazingly compassionate care he received from his nurses. The DAISY award was created as a way to say thank you to the nurses around the country, as the family believes they are truly "unsung heroes." Nurses are deserving of our society's profound respect and recognition for the education, training, brainpower, and skill they put into their work, not to mention the compassion with which they deliver their care.

Megan Hathcoat	January	PCU
Gerald Abito	February	Resource Pool
Jackie Alejo	March	CICU
Mary "Jamie" Holmes	April	4N Med-Surg
Cindy Kucinic	May	NICU
Julie Beard	June	L&D
Aimee Jordt	July	4N Med-Surg
Jodi Bosak	August	MBU
Gina Velasco-Lim	September	PCU
Kaylee Jenkins	October	ICU
Ted Domke	November	5 North
Ann Lovejoy	December	MBU

HOSPITAL AWARDS & DESIGNATIONS 2018

Providence Alaska Medical Center earns Certified Wound Specialist

Providence Alaska Medical Center has earned Certified Wound Care Specialist from the American Board of Wound Management. (July 2018)

Providence Alaska Medical Center recognized for high quality Colon Cancer Surgery

Providence Alaska Medical Center was recognized in the U.S. News and World Report Best Hospital Rankings for colon cancer surgery as a high-performing specialty. (August 2018)

Providence Alaska Medical Center named the only Bariatric Center of Excellence in Alaska

Providence Alaska Medical Center was named the only Bariatric Center of Excellence in Alaska through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).(September 2018)

Providence Alaska Medical Center presented awards for improved patient safety and overall outcomes

ASHNHA presented awards to Providence Alaska facilities who have improved patient safety and overall outcomes in an award ceremony Sept. 27. PAMC was recognized as 2018 Outstanding Patient Safety Winner for dramatic reduction in deaths from sepsis. Providence Valdez Medical Center won the 2018 High Reliability Award for going 725 days without a serious safety event. They also won the 2018 Mountain Pacific Quality Health Recognition of Quality Excellence Award for Long-term Care. Jeff Larsen, M.D., General Surgeon in Kodiak, won the Golden Stethoscope Award. (September 2018)

Providence Alaska Medical Center recognized for meritorious outcomes in surgical care

Providence Alaska Medical Center was recognized for meritorious outcomes in surgical care from the American College of Surgeons Surgical Quality Improvement Program (ACS NSQIP). (October 2018)

Providence Alaska Medical Center Receives Magnet Designation

Providence Alaska Medical Center was recognized for quality patient care, nursing excellence, and innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive.

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies.

WE ARE MAGNET

2018 was a momentous year for PAMC in our Magnet Journey. In January, we submitted our revised document and in March we were told that we qualified for a site visit. We switched into site visit and welcomed three appraisers in early June. The site visit was exciting and nerve-wracking! The appraisers made many positive comments and even stated that it was obvious the amount of work that nurses made towards their practice was very evident. In August, we received word…we received Magnet designation!!!

In October, we were able to send 22 nurses to the Magnet conference to celebrate our initial designation (see the picture below). The day was electric with over 9,000 nurses celebrating with us. We attended great sessions, viewed new products and technologies, networked with nurses within our system and throughout the world.

In some sense, our Magnet journey has just begun. As the Magnet Program Director, one of the reasons I love the Magnet program is that is pushes us to keep our profession growing in our practice. As nurses, our impact to healthcare is paramount and it is imperative to keep learning and growing. Every day, I hear of new projects and positive patient interactions that demonstrate that WE ARE MAGNET!!!

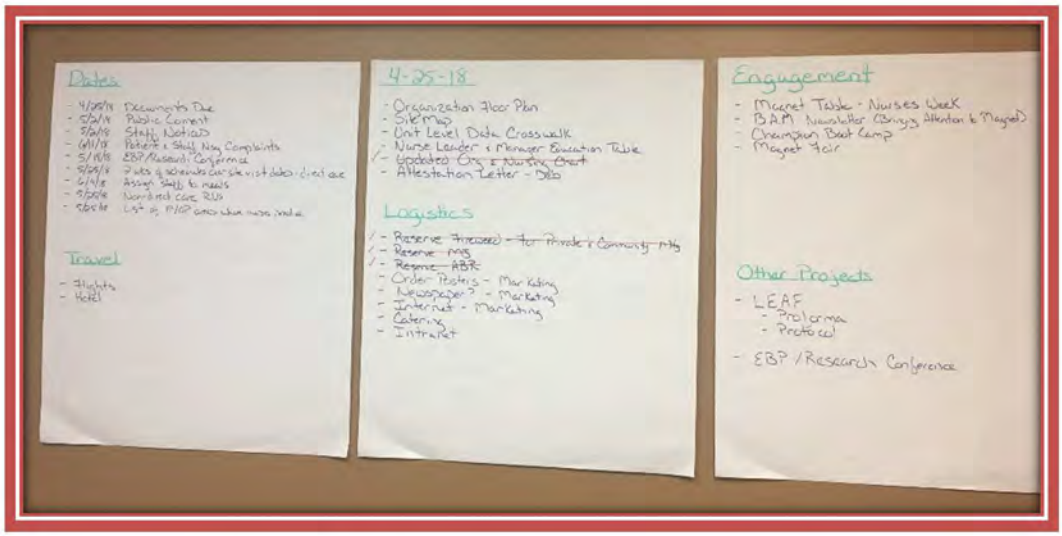
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENT

WE ARE MAGNET

Congratulations

Everyone

We Are Magnet



NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENT

Know Me

Care For Me

Ease My Way

PROVIDENCE
Alaska
Medical Center

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