



# 2020 NURSING ANNUAL REPORT





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### A MESSAGE FROM TRACEY KASNIC

#### CWH ADMINISTRATOR / CHIEF NURSING OFFICER

For more than 20 years, I've been very fortunate to work with the amazing nurses at Confluence Health. They are committed, passionate, knowledgeable, and creative and I've been blessed to work with them.

It could not have been more timely that the World Health Organization designated 2020 as the "International Year of the Nurse and Nurse Midwife". The courageous work of our nurses and other healthcare workers this past year in the face of overwhelming challenges demonstrates our dedication and resilience. We make a difference – we know we do. From birth to death and all those milestones in between, nurses impact patient's lives every day. Whether outpatient or inpatient, Confluence Health nurses do amazing things.

What better time to publish our first Nursing Annual Report. It's important to acknowledge that nurses never work in a vacuum. We are collaborators and improve patient's outcomes through the relationships we build and the partnerships within our interdisciplinary teams. Thank you to all of those who work with us to improve patient care.

#### In this report you will:

- Learn about our launch of Shared Governance and our progress on this journey.
- Discover our excellence journey for both Stroke and Cardiac and the achievements we've made.
- Hear about the awards we have received for organ and tissue donation excellence, and how we are honoring those donors and families with Honor Walks.
- Learn how our cutting-edge vascular access nurses are pursuing continuous quality improvement.
- Read about our journey toward an evidence-based practice environment, our exemplary professional practice, and our progress to increase BSN and certified RNs.

I would like to thank you all for your hard work and dedication during these very difficult times. You have taken excellent care of our patients and each other.



With respect and humble appreciation,

*Tracey Kasnic*

**Tracey Kasnic, MBA, BSN, RN, CENP**  
**CWH Administrator / Chief Nursing Officer**



## WHERE WE STAND

Just as the world evolves, so must our values. In order to create the change we wish to see, we must evolve how we operate and serve our patients and employees.

### TRUST

*WE ALWAYS DO THE RIGHT THING.*

How we demonstrate:

- Making safety our highest priority
- Committing to the highest ethical standards in everything we do
- Being reliable
- Welcoming feedback and listening to understand
- Being honest and forthcoming even when it isn't easy



### COMPASSION

*WE EXTEND KINDNESS TO EVERYONE.*

How we demonstrate:

- Smiling and greeting others; saying "Hello"
- Hearing and acknowledging people's feelings
- Offering acceptance and understanding different perspectives
- Showing people that we care



### TEAMWORK

*WE ARE UNSTOPPABLE TOGETHER.*

How we demonstrate:

- Continually improving and learning from our mistakes
- Speaking up when it is needed
- Leaning into challenges
- Expressing empathy
- Lending a hand when it's not my job



### RESPECT

*WE TREAT EVERYONE WITH DIGNITY AND RESPECT.*

How we demonstrate:

- Introducing yourself and your role
- Valuing the contributions of our peers
- Recognizing people's unique needs
- Making fair and informed decisions
- Being a good steward of resources



## A MESSAGE FROM CENTRAL WASHINGTON HOSPITAL VICE PRESIDENT OF NURSING

When the World Health Organization designated 2020 as the "Year of the Nurse", we could never have imagined just exactly how true that would be! None of us in the current workforce have ever practiced in an environment like we have this year.

**To be a nurse in 2020, regardless of which practice setting at Confluence we are in, meant:**

- Our skills, knowledge and expertise were utilized and expanded upon by the challenge of a pandemic that threatens not just our country, but the world.
- Our professionalism was needed daily, as we began working with patients suffering from a disease that we understood little about, and that had no direct treatment. Worry about our work impacting our own health and the health of our families, was new to many in the profession.
- Our compassion and commitment came shining through as we cared for our patients and their families, whether in person, via Zoom or Facetime, and as we worked to care for each other, through our fears, fatigue, and grief for our patients, and our community.

I want to thank you all for the difference that you make every day to our patients and families, to our community and referral areas. The community truly witnessed the difference a nurse makes this year, and reached out to thank you all as well. I am so proud to belong to this profession, and proud of each of you for your contribution this year.

Truly prophetically, 2020 was the Year of the Nurse!



Thank you for all you do!

**Julie McAllister, RN, MN, CVN**  
**Vice President of Nursing**



## A MESSAGE FROM WENATCHEE VALLEY HOSPITAL ADMINISTRATOR / DIRECTOR OF NURSING SERVICES

2020 - the year nurses were to be recognized in honor of Florence Nightingale's 200th birthday - and truly demonstrating in so many incredible ways how critical and integral nurses are in the excellent delivery of healthcare within our organization, in our communities, across our country, and around the world.

Nurses have always been dedicated to providing expert, compassionate care to the patients who have entrusted their health and lives into our capable hands, not for the recognition or glory, but mostly because it is our life purpose, our passion, our calling, and our honor to do so.

As a frontline Confluence Health nurse for the past 2 years before taking on my current role as Wenatchee Valley Hospital & Clinics new Administrator / Director of Nursing Services at the end of 2020, I was never more proud to be a nurse, or in more awe of my nurse colleagues.

Our nurses on the frontlines caring for COVID patients have been incredibly brave and selfless, expertly caring for our patients while enduring the impacts of COVID on every aspect of their own lives and families as well. My deepest gratitude to all of you for your steadfastness and sacrifice.

Not all of us nurses have the opportunity to be at the front lines of COVID, but all of us are prepared to mobilize wherever we are needed to help fight the fight and to support and encourage our nurses who are there. At WVH&C, our nurses in various nursing roles and departments across the organization cross-trained and educated for deployment to inpatient nursing units, and work at the COVID hotline, COVID testing sites, and COVID vaccine clinics. Our outpatient nurses and care teams serve a critical role in ensuring our patients feel protected and cared for through the scary and uncertain times of COVID, and helping to make sure our patients' ambulatory healthcare needs have continued to be recognized and met.

Confluence Health nurses – my heartfelt Thank You for not just a job extraordinarily well done, but for demonstrating what it truly is to be a NURSE, as so much has been asked and expected of you in the call to the COVID battle, to which you have risen so valiantly. I am so proud of all of you, and so humbled to have this opportunity to lead WVH&C nursing services into our future. There are many great things ahead for Confluence Health nurses that you will hear about in this 2020 Nursing Annual Report and in coming weeks; I am excited for us to explore and grow in these endeavors together.



In deepest appreciation,

**Casey Brown, MSN, BSN, RN**  
**WVH&C Administrator / Director of Nursing Services**

## NEW EMERGENCY DEPARTMENT

The WVH Emergency Department opened November 2, 2020. The 14 bed ED has 2 negative air pressure rooms and a decontamination room. Many technological improvements were made to support our clinical staff in their work to provide outstanding patient care to our patients.

- New comprehensive, integrated cardiac and vital signs monitoring
- State of the art emergency airway management equipment
- Bedside ultrasound capabilities
- Improved facility security features
- Epic platform to support Emergency Department patient care documentation needs and streamline care processes (ASAP)
- Barcode scanning for safe medication administration



## STAFF EDUCATION

In preparation for the new Emergency Department at WVH, we were able to offer over 800 cumulative hours of education to our ED staff, in addition to the annual required trainings. The program was developed by an ED Educator who is Master's Prepared and a Board-Certified Nursing Professional Development Specialist, focusing on comprehensive patient care for both physical and psychological emergencies. This education program was delivered in collaboration with interdisciplinary specialty subject matter experts, Clinical Development Specialists and Epic Trainers.

## STAFFING LEVELS

WVH ED's core staffing model was established to align with Emergency Nursing Association (ENA) guidelines for safe patient staffing. Daily ED staffing is 2-4 ED RNs, 1-2 ED MAs, 1 Unit Secretary, 1 Board Certified ED Physician, and 2 Registration Clerks. We are proud to announce the hiring of a Master's Prepared Nurse Educator for WVH.



## STAFF ACHIEVEMENTS

42% of our RNs have a BSN and 28% of our ED RNs hold Certified Emergency Nurses (CEN) certifications.

## UNIT COMMITTEE

The department is in the process of developing a Shared Governance Unit Based Council. WVH ED RNs participate in the WVH Nurse Staffing Committee.

## ED UTILIZATION

Since opening, WVH ED has seen an average of **894** patients per month. Admissions to WVH Inpatient Units have increased average daily census for WVH Inpatient Medical/Surgical unit.

## SURGERY DEPARTMENT

The Wenatchee Valley Hospital Surgery Department cared for 5,212 surgical patients and 505 outpatient infusions in our Operating Room and Pre-op & Recovery areas in 2020. Our surgical procedures encompass a variety of surgical service lines including ENT, Ophthalmology, General Surgery, Urology and Orthopedics. Our 6 full service operating suites are supported by the department's ancillary staff: Pre-operative Evaluation, Scheduling, Pre-op & Recovery, and Central Processing.

Staff in each of these areas are highly trained and hold certifications associated with their areas of expertise. In addition, all OR and Pre-op & Recovery RN staff are Basic Life Support and Advanced Cardiac Life Support Trained. Many are specialty certified and have advanced degrees.

## CERTIFICATIONS

**73% of WVH operating room nurses hold a CNOR certification and several more have just become eligible to sit for their exam.**

The Certified Perioperative Nurse (CNOR) credential is the only accredited certification for perioperative registered nurses. Earning the CNOR is a mark of distinction and demonstrates a commitment to upholding the highest standards in patient safety. CNOR certification assesses the knowledge and skills of a perioperative nurse with a minimum of 2 years of clinical practice.



**Currently 65% of WVH Pre-op & Recovery Nurses are CAPA certified or hold a dual CAPA/CPAN certification.**

These national professional certification programs are designed for registered nurses caring for patients who have experienced sedation, analgesia and anesthesia in a hospital or ambulatory care facility.



**Our 7 WVH Scrub Technicians are all CST certified.**

They are an integral part of our core OR staffing, so much so that WVH has recently partnered with Yakima Community College and they are utilizing WVH operating rooms for a portion of their clinical training with the hopes of attracting CSTs to our valley's community hospitals.



**All 7 of WVH's Central Processing Staff have, or in the process of obtaining, the CRCST certification through Purdue University.**

The Certified Registered Central Service Technician (CRCST) certification program is designed to recognize entry level and existing technicians who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician.



## UNIT ACHIEVEMENTS

We had our first successful nursing internship and onboarded two new grads. We also implemented our very own Respiratory Therapy Team and are currently working on growing it. We also won the Confluence Health Department Cheer Award for Respect.



## STATS

WVH maintained an overall hand hygiene completion of 97% for the year of 2020. We met the Confluence Health goal of supporting Diabetes control by having an average of 42 minutes between FSBG to Insulin Administration.

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AVG
WVH Hand Hygiene Performance Percentage	93%	90%	100%	100%	100%	100%	93%	93%	98%	100%	100%	100%	97%
Decrease Missed Breaks/Lunches	D48%	D62%	D74%	D84%	D76%	D50%	D56%	D68%	D44%	D44%	D10%	D25%	D51%
Diabetes: FSBG to Insulin Administration	75	35	/	22	/	/	41	/	51	/	29	44	42

We ended the year with a 75% discharge to community rate (Home, Home with Home Health, Community Setting). Patient falls have decreased 15% since 2019, Hospital Acquired Pressure Injuries (HAPIs) have decreased by 100% from 2019 with 0 HAPIs.

We maintained an overall hospital rating of over 80% "Definitely Would Recommend" and rating of "9-10" for the surgical unit.

Global DOMAIN Question	n	%	All DB N = 2617	Small PG DB N = 1021	All PG DB N = 2617	State WA N = 54	% Top Box '9-10'	
Global Rating Item Rate Hospital 0-10								
	0	0	0.9	0.8	0.9	0.5	86.5	
	1	0	0.5	0.4	0.5	0.3	71.7	
	2	1	0.6	0.5	0.6	0.5	74.0	
	3	1	0.9	0.8	0.9	1.0	71.7	
	4	0	1.0	0.8	1.0	0.8	70.3	
	5	0	2.6	2.2	2.6	2.1		
	6	0	2.1	1.9	2.1	2.2		
	7	3	5.2	4.7	5.2	5.8		
	8	10	14.4	13.8	14.4	16.5		
	9-10	96	71.7	74.0	71.7	70.3		
	Total	111						
			Top Box %ile rank	94	88	94	99	
Global Rating Item Recommend the Hospital							'Definitely Yes'	
	Definitely No	0	2.5	2.1	2.5	2.0	87.4	
	Probably No	1	3.4	2.9	3.4	3.1	71.3	
	Probably Yes	13	22.5	22.1	22.5	22.2	72.7	
	Definitely Yes	97	71.3	72.7	71.3	72.6	71.3	
	Total	111					72.6	
			Top Box %ile rank	95	90	95	96	



# Exemplary Professional Practice: CWH & WVH

## YEARS OF SERVICE AWARDS

Each year Confluence Health recognizes employees for their years of service. These esteemed colleagues have consistently made the commitment to uphold our mission and our core values. They exemplify these values with our patients, our stakeholders, with our team and in our communities. Thank you for sharing your enthusiasm and talents with all of us.

In 2020 the following RNs were recognized:



**Renelle Nelson, RN MOU**  
50 Years



**Patty Foland, RN SOU**  
40 Years



**Lea Glenn, RN Infusion Therapy**  
40 Years

## SINGLETON AWARDS

In May of 1999, Mr. & Mrs. Floyd Singleton established a trust fund with the annual income from that trust to be awarded to staff members (RN, LPN, or CNA) that exemplify caring at the bedside. The Singleton's have used the services of our hospital and have recognized that compassion and caring are truly the core of what makes an excellent caregiver.

In 2020 we recognized the following bedside caregivers:

### SINGLETON RECIPIENTS

- Ashley Arrez, CNA WVH Med/Surg
- Sara Bergenholtz, RN MU1
- Allison Everhart, RN OR
- Shannon Fleming, RN RU/House Supervisor
- Hannah Grimaud Hinshaw, RN ICU
- Crystal Lopez, CNA MOU
- Travis Sackwar, RN MOU
- Mary Walgren, RN PCU
- Samantha Weber, CNA PCU
- Kathie Welch, RN WVH Med/Surg



## DAISY HONOREES

DAISY Award Honorees personify Confluence Health's remarkable patient experience. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care, and they are recognized as outstanding role models in our nursing community.



HONORING NURSES INTERNATIONALLY  
IN MEMORY OF J. PATRICK BARNES

### 1ST QUARTER 2020

- |  |   |
|--|---|
| <p><b>Central Washington Hospital</b></p> <ul style="list-style-type: none"> <li>■ Kristin Augustine, RN ICU</li> <li>■ Marisol Ledezma, RN PCU</li> <li>■ Mary Walgren, RN PCU</li> </ul> | <p><b>Central Washington Hospital (Cont.)</b></p> <ul style="list-style-type: none"> <li>■ Shea Smith, RN SOU</li> </ul> <p><b>Wenatchee Valley Hospital</b></p> <ul style="list-style-type: none"> <li>■ Carolyn Dressel, RN WVH Med/Surg</li> </ul> |
|--|---|

### 2ND QUARTER 2020

- Central Washington Hospital**
- Keith Krejci, RN PCU
  - Hailey Hunter, RN PCU

### 3RD QUARTER 2020

- |   |   |
|---|---|
| <p><b>Central Washington Hospital</b></p> <ul style="list-style-type: none"> <li>■ Heather McWiggins, RN Labor &amp; Delivery</li> <li>■ Elizabeth Alzate, RN OR</li> <li>■ Jared Kramer, RN SOU</li> </ul> | <p><b>Wenatchee Valley Hospital</b></p> <ul style="list-style-type: none"> <li>■ Lakin Minske, RN Ambulatory Surgery Center, Moses Lake</li> <li>■ Charlotte Gordon, RN Med/Surg</li> </ul> |
|---|---|

### 4TH QUARTER 2020

- Central Washington Hospital**
- Deisy Tovar Ramirez, RN PCU
  - Brenda Jimenez Delgado, RN MOU
  - Lisa Riggs, RN Labor & Delivery





## SHARED GOVERNANCE - BETTER TOGETHER

**Kelly Allen, MSN, RN, CEN**

In 2019 & 2020, there has been a committed group of clinical staff striving to establish shared governance in our organization. It was slightly derailed by our pandemic, but we are back at it and ready to move forward. Mid 2019, Gladys Campbell, RN, MSN, NC-BC, FAAN, facilitated a shared governance workshop for clinical staff, introducing the concept and benefits of this model of participatory leadership. Participatory leadership respects the voice of all employees and actively engages employees in organizational decision making, especially front-line care providers.

### Q. What is shared governance?

Shared governance is an accountability based professional organizational structure in which and through which, the practicing professional shares authority, responsibility and accountability for patient care. The structure is designed to support a philosophy of staff participation in decision-making. Staff input and feedback are essential in creating an environment of shared governance.

### Q. Does this apply to only “nursing”?

No! Though nursing was among the first professions to adopt the philosophy and structure of shared governance, the steering committee working on implementing shared governance at Confluence Health feels that it is best to start with any interested clinical staff. It incorporates commitment to the value of facilitative leadership and shared decision-making among key stakeholders about issues that affect one’s work. Decentralized decision-making and everyone having a “voice” can be practiced in almost any setting, even those outside of healthcare.



### Q. How are we implementing shared governance?

The Confluence Health Shared Governance Steering Committee has been meeting regularly to work on the structure for our organization. Implementation is not an overnight process. It is building a culture that supports the principles of participatory leadership along with supporting the organizations core values.

#### The committee has decided on a structure that has three layers:

- **Unit Based Councils (UBC):** The UBC considers issues related to local concerns of the unit/ department. These can include, but are not limited to staff and patient education, quality of care, patient and staff safety and clinical practice.
- **Central Councils:** These councils are comprised of staff members representing the diversity of the organization. Each council will have a specific charter and function. The four councils are: Leadership, Practice/Research, Professional Development and Clinical Informatics.
- **Coordinating Council:** The purpose of the coordinating council is to integrate and coordinate activities of shared governance across the organization. This council provides communication between council leadership and administration to integrate decision making and support the strategic plan of the organization.



We are actively supporting the development of the UBCs as an initial step to the implementation of shared governance. A tool kit has been developed to assist those departments needing some help to start this process. The next steps are to establish the Central Councils and Coordinating Council.

**Please contact [Kelly.Allen@Confluencehealth.org](mailto:Kelly.Allen@Confluencehealth.org) with any questions on how to participate.**

## COMMITTEES

Committees at CWH and WVH are an avenue for both staff and leadership to work together to solve issues or create new workflows. They promote leadership as well as collaboration between other departments within the organization. Staff involvement is always needed and appreciated.

### NURSE STAFFING COMMITTEE

Confluence Health has two Nurse Staffing Committees. The Central Washington Hospital Committee is co-chaired by Tracey Kasnic and Janet Wilde, and the Wenatchee Valley Hospital Committee is chaired by Deb Andre. In 2020, both committees have worked hard to develop effective Nurse Staffing Plans as well as practical strategies for HB 1155 (that includes several important changes about uninterrupted breaks for nurses and certain technicians and technologists, prescheduled call, and rest for employees who accept overtime that results in twelve or more hours of consecutive work).

### NURSE PRACTICE COMMITTEE

Central Washington Hospital's Nurse Practice Committee is meant to serve as an avenue for nurses to have an impact on the policies and practices that affect the nurses of CWH. The committee has served in the background for many years impacting numerous areas clinical practice. Although its work was interrupted by the pandemic, 2020 did not pass by without some of its goals being met. Throughout the year it was



the pleasure of the NPC to recognize several nurses from throughout CWH for the excellence of the care they provide through the awarding of the Daisy Award. It is fellow nurses who evaluate the nominations and then vote for the final recipient of the Daisy Award. It is a great pleasure to be able to participate in this process.

The committee also worked on the development of a clinical ladder program. This project began in 2018, after a survey completed of our nursing staff. The information gathered therein has served as a cornerstone for the new clinical ladder. Our work strives to match the impact and goals of the program to the values of our nursing staff, CWH and Confluence Health, and the standards of our profession. There will be more to come on this in 2021.

### SEPSIS CARE PATHWAY

In 2020, CWH continued to have a multidisciplinary team addressing the challenge of Acute Sepsis in patients. These are patients admitted in Sepsis and Severe Sepsis. The group reviews each patient, measures our compliance against the National Guidelines for Sepsis and the Sepsis Bundle, and recommends changes to order sets, practice, etc., to improve our care. This year we recognized the significantly higher mortality in the patients transferred into us from other facilities. The team is planning outreach in 2021 to help educate our outlying partners of the Sepsis Bundle, and best care recommendations in an effort to improve patient care.

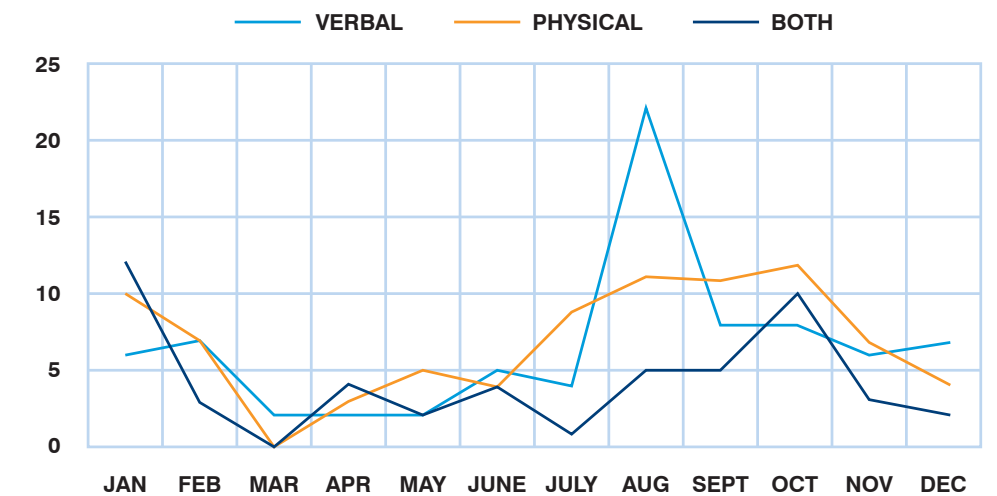
## WORKPLACE VIOLENCE COMMITTEE

According to the Bureau of Labor Statistics, registered nurses experience about 14 violent injuries at work per 10,000 full-time employees compared with a rate of 4.2 in the U.S. private industry as a whole, and incidents are increasing. In response to this rising threat within the healthcare profession, Confluence Health revamped its workplace violence program in 2020 to include proven strategies and best practices focused on protecting our valued employees. The foundation of the program is the Confluence Health Workplace Violence Prevention Plan developed by the newly formed CH Workplace Violence Committee, and comprised of elected clinical and non-clinical staff from throughout the organization. There are currently 9 nurses on the committee.

### Key components of the Workplace Violence Prevention Plan include:

- Establishing the Workplace Violence Committee and its objectives
- WPV hazard identification and mitigation strategies
- Ongoing Security Vulnerability Assessments (SVAs)
- Employee and volunteer training requirements
- Incident reporting and review
- Post-incident services for victims of WPV

### PHYSICAL VS. VERBAL WPV - 2020



Once complete in mid-2020, the plan was presented to leadership and high-risk clinical departments to ensure leaders and employees were fully aware of the procedures and resources within the plan to keep them safe. The plan and other valuable WPV resources, were also posted to the newly established WPV resource page on Pulse. In conjunction with the marketing department, committee members promoted the WPV resource Pulse page with a raffle for a YETI cooler for those that visited the page and filled out a WPV survey. Over 1000 employees have visited the page to date.

So how did we do in 2020 at preventing or mitigating the severity of WPV incidents? According to reports submitted to RLDatix, there were 209 total WPV incidents reported in 2020 mainly involving patients abusing staff. Of those, nurses were victims in 61 (29%) of the reported incidents. 120 of the reported incidents involved physical contact (assault), with 6 resulting in minor injury. There were no significant injuries reported in 2020 attributed to WPV. Nurses are encouraged to familiarize themselves with the information and resources available on the WPV Pulse page, and to always report in RLDatix any incident of WPV no matter how minor it may seem.



## QUALITY CARDIAC CARE ACROSS THE CONTINUUM

Heart disease is the leading cause of death for men and women. Often thought of as a man's disease, almost as many women as men die each year of heart disease in the United States. It is more deadly than all forms of cancer combined. While 1 in 31 American women die from breast cancer each year, heart disease is the cause of 1 out of every 3 deaths. That's roughly 1 death each minute. – *American Heart Association*

Nurses play a key role in educating the community and their patients on disease prevention and awareness, both at work and through volunteerism. Nurses and fellow healthcare workers provide education on heart disease, stroke prevention and recognizing the signs and symptoms of a heart attack.

We know that quick recognition time and early intervention for a patient suffering a heart attack saves lives. Our goal is to open the blocked artery within 60 minutes from time of arrival. Our median time is 59 minutes and our fastest time in 2020 was 21 minutes (source: NCDR 2020 Q3). 100% of our patients had a Door to Reperfusion time under 90 minutes (source: NCDR 2020 Q3).

Since partnering with cardiac quality initiative programs in 2012 through the *American College of Cardiology NCDR and American Heart Association – Get with The Guidelines*, Confluence Heath's Interdisciplinary Teams and Nurses from the Emergency Department, Cardiac Catheterization Lab, and Inpatient Nursing, to name a few areas, have been recognized annually for the outstanding care provided across the continuum.

### Using our quality registries for baseline data, goals were set, met and exceeded!

**Source: ACC NCDR**  
In 2018 standard cardiac rehab education, and ordering processes in EPIC were implemented.

Devoted nurses and health care team members from the pre-hospital setting through to outpatient services will be found every day putting patients first in all they do!



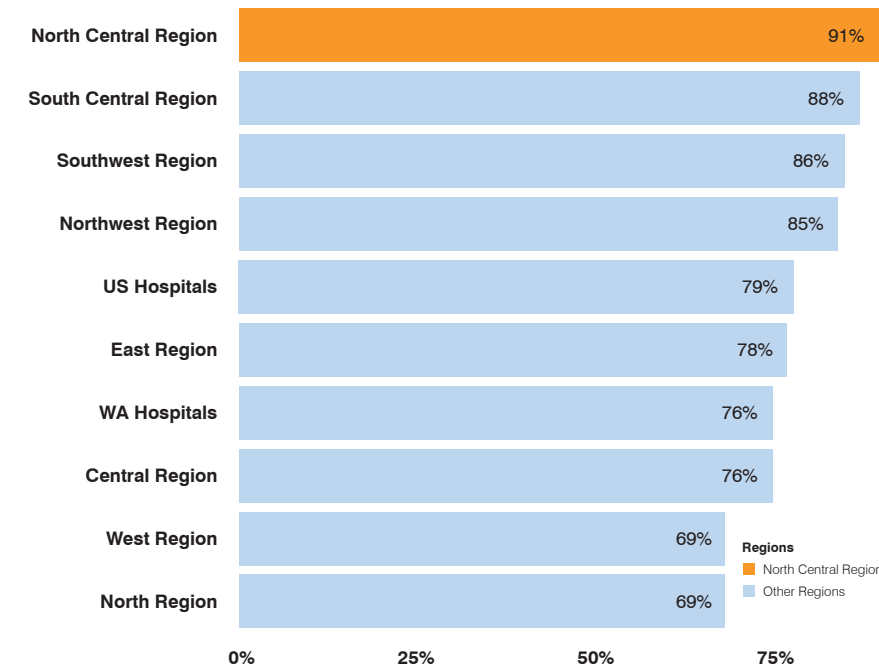
## NURSING LEADS THE WAY IN ACUTE INPATIENT CARE FOR STROKE QUALITY MEASURES

According to the American Heart Association/American Stroke Association, stroke is the No. 5 cause of death and a leading cause of adult disability in the United States. On average, someone in the U.S. suffers a stroke every 40 seconds and nearly 795,000 people suffer a new or recurrent stroke each year. In 2020, nurses on our Progressive Care Unit, Intensive Care Unit, Emergency Department, and Resource Staff once again proved they provide quality, evidence-based care that exceeded state and national standards for quality and safety in stroke care to 253 Acute Ischemic Stroke patients, 46 Transient Ischemic Attacks and 5 Spontaneous Intracerebral Head Bleed patients. By utilizing the American Stroke Association's *Get with The Guidelines 'Stroke' Quality Measures*, and by participating in *Paul Coverdell Post Discharge Stroke Measures*, we were able to continually assess our regions stroke patients' outcomes and care provided by our nursing team. These quality measures focus on dysphagia screening, stroke education, time to thrombolytic therapy, defect free care, and venous thromboembolism prevention. In meeting all the standards, or providing defect free care to these patients, our nursing staff leads the entire state!



## DEFECT FREE CARE BY REGION - Q3 2020

The following chart illustrates Defect Free Care performance for your region compared with other regions. (Source: GWTG Database)



In addition, the ED team provided acute Thrombolytic Therapy to 28 patients in 2020, with a median door to Alteplase time of 35 minutes (despite the challenges of the pandemic) for 2020, and an improvement from 2019 at 46 minutes! The ED team facilitated 42 transfers to Harborview Medical Center for advanced stroke care for either Clot Retrieval Thrombectomy, or advanced neurosurgical care.

The American Heart/American Stroke Association recognized the hard work and achievement of the staff by awarding Confluence Heath-Health-Central Washington Hospital the 2020 Get with The Guidelines Gold Plus, Target Stroke Honor Roll, and Target Stroke: Type 2 Diabetes Honor Roll award levels.



## NURSING LEADS THE WAY IN ACUTE INPATIENT CARE FOR STROKE QUALITY MEASURES (CONT.)

*"I'm grateful for all the hard work given by the entire Confluence nursing team, ancillary staff and providers" said Teri McIntyre BSN, RN SCR N Stroke Program Manager for Confluence Health. "The treatment of strokes starts with EMS and ends with rehabilitation after discharge - and every step is important. We strive for perfection with every step, and only as a team are, we successful."*



## NURSING LEADS INNOVATION IN POST STROKE CARE

Beginning in 2020, an innovative approach to managing post stroke care was launched in North Central Washington. The Stroke Integrated Practice Unit (IPU), is a nurse lead interprofessional approach to manage patients post-Acute Ischemic Stroke, Transient Ischemic Stroke, or Intracerebral Hemorrhage.



## NURSING LEADS INNOVATION IN POST STROKE CARE (CONT.)

This approach allows the team to provide the full spectrum of care for the patients' medical condition that caused the stroke, but also supports and provides education on what lead to the stroke and engage the patient and caregiver in lifestyle modification and risk factor reduction. This patient-centered approach is organized around the patients' needs and addresses the crucial role of lifestyle change and preventive care to improve the patients' health outcomes and reduce costs. These services are tailored to patients' overall circumstances, and individual goals. The Stroke Integrated Practice Unit is managed by Teri McIntyre BSN, RN, SCR N and led by Jamie McElroy BSN, RN, CRRN, MSRN.

The major components of the Stroke Integrated Practice Unit include a Post Discharge Stroke Clinic, in which patients are evaluated in our Neurology Department within 7-10 dates post discharge. During the Stroke Clinic appointment, the team along with the patient establish goals that are meaningful to the patient, ensure the patient understands the reasons why they had a stroke, and address their individual risk factors that lead to the stroke.



The second major component of the Stroke IPU, is Stroke Mobile. The Stroke Mobile Program provides comprehensive post stroke care in the patient's home, and caregiver involvement is encouraged at each visit. The Stroke Outcomes RN uses standardized scales and assessments at each visit and completes or calls the patient the patient every month for up to 1-year post stroke. The Stroke Outcomes RN can communicate with the team utilizing telemedicine technology or the EMR to provide updates on the patient condition, decreasing the need for patients to come into the clinic for visits.

The goals of the Stroke IPU are to prevent secondary strokes and manage and reduce risk factors that lead to stroke. This means extensive education on blood pressure, lifestyle modification, blood glucose control, nutrition, and exercise.

The Stroke Integrated Practice Unit, Stroke Clinic, and nurse lead Stroke Mobile is an exciting addition to our community and region!



## PICC LINE DATA

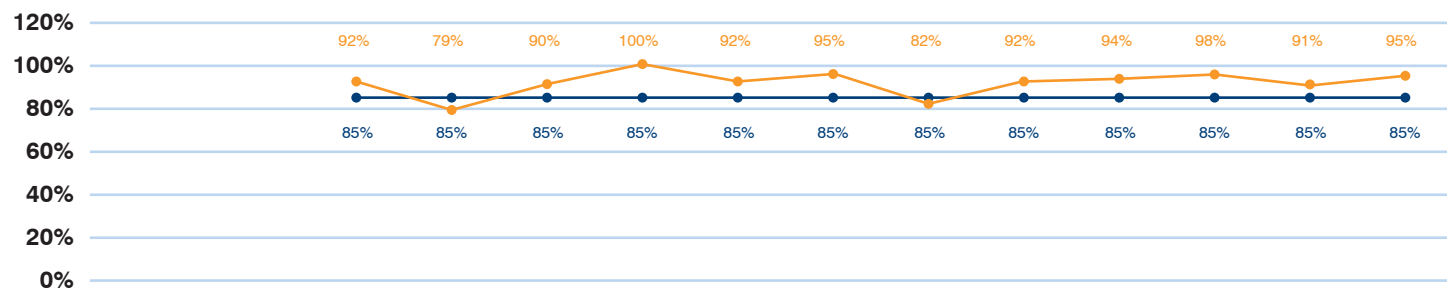
As part of our work to provide quality patient care in the placement of lines, we have quality metrics that we review and track each month throughout the year. For PICC lines we review how many lines we are placing with eGFR of less than 45 and 60. We also review the percentage of lines we are placing using our ECG technology that saves exposing patients to x-rays. The other lines we look at and track are our ART line placements, dwell times, and reasons for removals.

## MONTHLY EGFR NUMBERS ON PICC LINES PLACED

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Lines Placed	32	29	26	28	18	28	42	46	58	54	49	59
# With eGFR <60	14	5	11	10	10	11	11	18	21	27	24	21
% Of Lines <60	44%	17%	42%	36%	56%	39%	26%	39%	36%	50%	50%	36%
# With eGFR <45	8	3	8	7	8	9	8	9	13	18	19	13
% Of Lines <45	25%	10%	31%	25%	44%	32%	19%	20%	22%	33%	39%	22%
# With No Labs	0	0	0	0	0	1	0	0	0	0	0	0

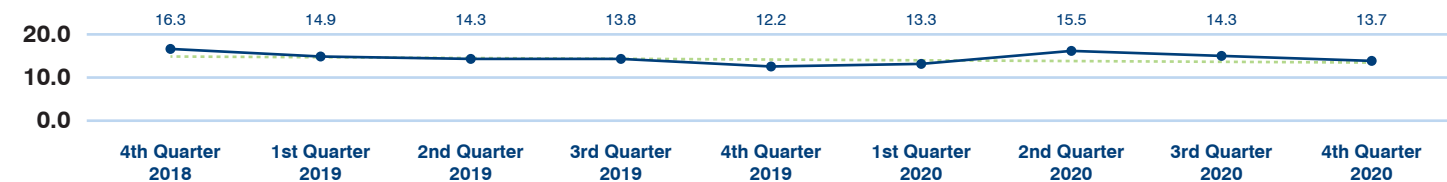
## RATE OF PICC LINES USING SAPIENS

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Percentage Used	92%	79%	90%	100%	92%	95%	82%	92%	94%	98%	91%	95%
Sapiens Used	24	15	18	24	11	21	28	35	47	42	31	42
Sapiens Not Used	2	4	2	0	1	7	6	3	3	1	3	1
Adjusted Sapiens Use Rate	26	19	20	24	12	22	34	38	50	43	34	44
Total Lines Placed	32	29	26	28	18	28	42	46	58	54	49	59
<b>GOAL</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>



MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Goal	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Percentage Used	92%	79%	90%	100%	92%	95%	82%	92%	94%	98%	91%	95%

## PICC INSERTIONS PER 1000 PATIENT DAYS



## 32 WEEK PROGRAM

Throughout the year of 2020, the Mother-Baby Unit (MBU) created a team to implement our “32 Week Program” to maintain and expand our Level II Nursery accreditation. Expanding the scope of our Level II Special Care Nursery (SCN) allows us to fully utilize the skills of our pediatric hospitalists and keep more newborns with special care needs in our community. A collaborative team made up of Pediatric Hospitalists, MBU Management, Nurse Educator, Respiratory Therapy, Epic Support and Special Care Nursery Staff met on a regular basis to set up the groundwork needed to provide care for the 32-week gestation population. This included implementation of providing Nasal Continuous Positive Airway Pressure (NCPAP), which we had previously not offered as a service to infants. Through collaboration with Seattle Children’s Neonatologist, Dr. Wallen, we were able to have an in-person training about what made NCPAP more effective than High-Flow Nasal Canula (HFNC), which we frequently use for our infants that have acute respiratory complications. Dr. Wallen served as our point-person for frequent questions and concerns regarding when to start NCPAP and how to safely and effectively wear NCPAP so that our infants in respiratory distress had the best chance at staying at CWH/CH with his/her parents and not requiring transport to a tertiary care center.



In the summer of 2020, staff were required to complete a HealthStream module created by Dr. Baumeister that discussed the pathophysiology of NCPAP and the benefits of using it, as well as the guidelines for using NCPAP. In September, we held 6 in-person Special Care Nursery Skills Days, where all of our nursery staff and Pediatric Hospitalists attended to have hands-on learning of NCPAP. Because 32-week infants tend to have medical issues in addition to respiratory, we added other skills into the skills day that we anticipate using more frequently such as: placement and utilization of an umbilical venous catheter (UVC), needle thoracentesis for a pneumothorax, administration of a new surfactant agent for infants with surfactant insufficiency, skin and wound care and isolette

(incubator) use. With the implementation of NCPAP, we identified concerns for skin breakdown due to the device itself, but also because the skin of a 32-week infant is much thinner than that of a near-term or full-term infant. Wound care nurses provided a presentation and discussed new barrier materials for staff to use to prevent skin breakdown in the nursery. In planning for our increased need of isolettes to maintain a neutral-thermic environment for our preterm infants, we purchased 3 state-of-the-art GE Giraffe Isolettes. A GE representative presented education on the functionality of our new equipment at our skills days as well.

Within 1 week of completing our skills days, we put our new NCPAP to use with a set of twins. The result was avoiding transfer to a higher level of care due to their premature gestation. We continue to use NCPAP on all gestations of infants with Respiratory Distress Syndrome (RDS), and infants with increased oxygen needs to transition to extrauterine life, avoiding transfer and separation from their families.





## QUALITATIVE BLOOD LOSS

In 2019 the Mother-Baby Unit (MBU) actively began working on implementing Quantitative Blood Loss (QBL) in the Labor & Delivery room and in Postpartum. Quantitative Blood Loss is a more defined, accurate way to measure how much blood loss occurs at delivery versus the historically traditional way of estimating blood loss. Studies have shown that providers consistently under-estimate blood loss and staff were not tracking blood loss after delivery, when most hemorrhages occur. In 2020, the MBU



collaborated with delivery providers to make QBL a required element in the delivery and postpartum/recovery period. This required additional flowsheets created in the EMR that could calculate QBL both in the OR and in a delivery room, which could then flow into the providers notes and the delivery summary. The QBL flowsheet has evolved since its original implementation to identify which phases of labor the bleeding has occurred: Antepartum, Delivery, Recovery/Postpartum.

Provider and staff education regarding QBL was ongoing in 2020. Education for staff was completed in staff meetings, in person and via hemorrhage drills. As a result of simulation drills, nurses refined their workflow details such as adding a disposable pad placed under the patient to obtain a more consistent weight versus a cloth pad (which varies in weight). Prior to delivery of the placenta, the nurse and the delivering provider visualize the amount of amniotic fluid in the drape to accurately measure the QBL once the placenta is expelled. In addition to QBL measurements, nurses are responsible for a variety of tasks including: monitoring vital signs of the mother, medication administration, newborn assessment and monitoring, cord blood collection, and disposal of suture needles prior to placental delivery. If a hemorrhage occurs, the delivery nurse must call for assistance to obtain the hemorrhage drug kit and hemorrhage cart while she is managing the patient's bleeding by performing continual fundal massage and titration of oxytocin. It is at this point of the hemorrhage that the Charge RN, Baby RN, and Perinatal Tech all help to collect the QBL data by weighing each item and inputting the total in the EMR QBL flowsheet/calculator that subtracts each dry weight automatically. The nurse inputting the QBL verbalizes the running total of QBL as it occurs to inform the delivery RN and the provider of the blood loss amount. Implementation of QBL has led to more accuracy in reporting blood loss to providers and earlier identification of hemorrhage or the risk of hemorrhage.

We also participate in the *Washington State Hospital Association (WSHA) Safe Deliveries Roadmap* to improve maternal and newborn outcomes. QBL is included in our work with WSHA. Through our work with the Quality Department and implementation of hemorrhage simulation training done in collaboration with providers and staff, we have seen great improvement in teamwork regarding QBL tracking for each patient.

## LIFECENTER, SIGHTLIFE & LIFENET HEALTH COLLABORATION

Confluence Health continued to collaborate with our tissue, cornea and organ donation partners in 2020. Our partnerships with all 3 agencies have been in place for many years. We not only meet our regulatory requirements with these partnerships, we help our community and state with lifesaving tissues and organs, and sight restoring

corneas. In 2020, Confluence had 1 organ donor, 14 tissue donors, and 47 cornea donors. All 3 agencies are onsite routinely, providing education to our new staff and providing continuing education to our staff. Confluence Health also received several awards for our work with these agencies in 2020! These awards included: Compassionate Collaborator Award from SightLife, Donation Referral Achievement Award and Collaboration Achievement Award both from LifeCenter NW, and Tissue Donation Standards of Excellence Award to Julie McAllister and Jackie Whited for their ongoing work on donations from LifeNet Health.



## HONOR WALKS

We honor our donor patients and their families by holding an Honor Walk as the patient is being moved to the OR for organ retrieval. All available staff from across the organization gather to line the hallways from the ICU to the OR to pay respect to the patient and their family for the decision to move forward with donation. This process has provided peace and comfort to the family along with closure, and a sense of pride for the staff that we are a part of something so special.

## DONATION REFERRAL ACHIEVEMENT AWARD

Timely referrals have a significant impact on donation outcomes. One of the most important steps in donation is recognizing that a patient has met referral criteria and making the referral call in a timely manner. Achieving and maintaining a high timely referral rate is incredibly challenging and requires a strong commitment. This award is presented to Confluence Health for exceeding a referral rate of 90% for organ donation in 2019.

## COLLABORATION ACHIEVEMENT AWARD

Organ donation cannot happen without the collaboration and teamwork between hospital and LifeCenter Northwest staff. One of the most important areas for collaboration is at the time of family conversation regarding donation. This award honors our hospital partners that excel in the area of planning a collaborative family conversation with LifeCenter Northwest. This award is presented to Confluence Health for exceeding a 90% collaborative request rate in 2019.







Community Thank You Cards sent to our Healthcare Workers

## COURAGE IN THE FACE OF THE PANDEMIC

2020 brought one of the most challenging years for nursing services that most have experienced in their careers. Our nursing staff and all others, stepped up to the challenge and navigated the ever changing treatment landscape of Covid-19 with courage, competence and compassion! Confluence Health admitted our first Covid-19 patient on February 29th, 2020. We declared an internal disaster and activated our HICS process the next day. From February 29th to December 31st, Central Washington Hospital admitted 486 Covid-19 patients. 148 of those patients were in ICU, 105 were on a ventilator, 59 expired. CWH nurses staffed in Cohorts on the 3rd floor, 4th floor, and cared for Covid-19 patients in the Emergency Department, Obstetrics, Pediatrics, and Operating Room – no nursing department was unaffected by this pandemic.



We developed new roles to help our teams: PPE Trained Observers, Prone Team members, and ICU Cohort “runners”. The teamwork from nursing and the other departments is something we are very proud of.



## ANSWERING THE CALL

Early on as the Pandemic spread, WVH in conjunction with CWH put together a disaster preparedness plan in anticipation of a surge of patients needing care at our hospitals. 65 WVH & CWH nurses (Pre & Post-op, OR and Case Managers) were cross-trained in acute care hospital units at CWH and WVH to prepare for transitioning to these units during a surge. Our nurses were ready to assist with the care of patients at CWH and to increase our bed and staffing capacity at our WVH inpatient unit from 21 to 37 beds, as we were ready to convert the WVH Pre-op and Recovery areas into an acute medical unit if needed. As of yet, we have not had to activate this Covid-19 surge contingency plan, but our WVH nurses are ready!

## NEW ROLES FOR CHALLENGING TIMES

Covid-19 brought many challenges to our units designated as Covid Cohorts: ICU, PCU and SOU. New support roles were needed to help supplement the care provided. We created a Prone Team, Runners and Trained PPE Observer Roles to support the staff in those areas.

- Prone Team:** Some Covid-19 patients in the ICU require being *proned* to improve their oxygenation. This requires 8 people to carefully turn the patient onto their stomach and position them, as they will remain in that position for 16 hours. Our prone team would come in at 0800 to help turn patients back onto their back, and then arrive again at 1530 to turn them back onto their stomach. Each “turn” takes about 30 minutes per patient, at times we were proning up to 7 patients at a time. Our team included RNs, CNAs, Anesthesiologists and Respiratory Therapists to help make sure the endotracheal tube was stable, Physical Therapists, PT Assistants, OTs, MAs from Outpatient and even our engineering staff received training and stepped in to help out.
- Supply Runners:** The 3rd floor Cohort encompassed both ICU and PCU Covid-19 patients. The area was separated from the rest of the floor and supply rooms by physical barriers. Runners were used to assist the staff in the Cohort to not need to exit to get supplies or medications. The staff could call and ask for a medication or supply, and then meet the runner at the Cohort door. Runner staff included Central Supply staff, Pharmacists and Pharmacy Technicians, and RNs.
- Trained PPE Observers:** Critical to staff and patient safety is ensuring that all PPE is donned and doffed correctly. PPE Observers were trained to be present in the Cohorts and the Emergency Department to ensure that the staff and providers were protected adequately.



## VACCINE CLINIC

On December 17th, after the most challenging year in recent memory, Confluence Health was able to take a welcome step in a hopeful direction in kicking off our Covid-19 Vaccine Clinic on the CWH campus. In the 82 days since that first vaccine, we have had 51 clinic days with 9,453 1st doses and 7,509 2nd doses for a total of 16,966 total doses administered! Staff from across the organization have come together to create an outstanding patient experience for all that come through our clinic. Thanks to the generosity of our community and the work of Ceci Wood, we now have 441 vetted volunteers and another 110 pending to help with the efforts! Our CH team and our dedicated volunteers have been supporting the Town Toyota Center Mass Vaccination site along with our CWH based clinic. The teamwork and collaboration in our community has been truly inspiring. We look forward to continuing the efforts to help our community through this pandemic.





## SURGICAL TECHNOLOGIST PROGRAM

There is a national shortage of Certified Surgical Technologists and both Central Washington Hospital and Wenatchee Valley Hospital have been forced to rely on travelers to fill this role. Hiring experienced CSTs or even new graduates from other programs has proven to be challenging. To meet this need, we have partnered with Yakima Valley Community College and the Confluence Health Foundation to “grow our own CSTs”.

In August of 2019, the first 6 students were accepted into this 2-year program. They are on track to graduate in June 2021. Confluence Health sponsors the clinical instructor and student travel expenses, and the Confluence Health Foundation sponsors student tuition. The Perioperative Department has received approval to continue this program through 2023. We estimate that over \$300,000 in traveler costs will be saved each year through this program.

## EMERGENCY DEPARTMENT NURSE TECHNICIAN PROGRAM

Central Washington Emergency Department is piloting an Emergency Department Nurse Technician (ED NT) program this Spring. The Nurse Technician position is used at many healthcare organizations in Washington State. Central Washington Hospital is piloting this position as an innovative way to create a pathway into a nursing residency by providing nursing students an opportunity to work to the highest level of their education and licensure.

The program is for current staff and outside candidates that fit the following criteria:

- Must hold a current CNA license
- Must be enrolled in an accredited nursing program and have completed the first quarter
- Must maintain good standing in their nursing program
- Must complete all application requirements

The NT assumes responsibility for their own actions within the scope of clinical experience/education preparation, while being an active student in an accredited nursing program. The hospital develops a partnership with the school and keeps a school-signed copy of the incumbents Nursing Skills Checklist on file and updated.

Examples of skills allowed:

- IV insertion, removal
- Foley insertion, removal
- NG/OG insertion
- NG/OG removal
- Blood glucose
- Blood draw (phlebotomy only)



We are excited to pilot this new position and view it as a benefit to both the nursing student and the hospital by fostering a relationship that could transition into a residency.

## CHARGE RN RETREAT

The Confluence Health Foundation sponsored a Charge Nurse Retreat in the Fall of 2020. Due to COVID-19, Nursing Leadership needed to get creative with organizing this event. It was held on September 25th and October 9th, and Microsoft TEAMS was used to connect approximately 120 attendees using 9 conference rooms. Kathleen Bartholomew was the guest speaker and presented on the topic of “Empowering Charge Nurses in Leadership and Communication”. Areas of conversation included: The Power of Perception, Peer-to-Peer Relationships and Communication for Charge Nurses.

## VIRTUAL POSTER SESSION

Vanessa Cameron, MSN, RN, NPD-BC, CEN, CNL, ED Nurse Educator, created and presented a recorded webinar for Preceptor Selection and Socialization for the ANPD Preceptor Development program. There was a virtual poster presentation component of the ANPD 2020 virtual convention. She is a member of the national workgroup to update the ANPD Scope and Standards (new edition will be released at the 2021 national convention) and will be part of the group presenting these updates at the opening of the 2021 convention.

### Creating a Pathway Program for Flexible Transition to the Emergency Department

Central Washington Hospital  
Emergency Department

Vanessa Cameron MSN, NPD-BC, CNL  
Vanessa.Cameron@confluencehealth.org

Background	Method	Findings
<p><b>Current State</b> New Emergency Department (ED) RNs at Central Washington Hospital, a Level III Trauma Center in Washington State, have varying levels of experience, exposure, and confidence when transitioning into the ED practice environment. Due to low turnover rates and variable levels of experience with entry to specialty, a traditional cohort-based timeline, residency, or fellowship plan are not effective or efficient.</p> <ul style="list-style-type: none"> <li>• Lack of training standardization led to orientations of extensive lengths, lack of unified standards of skill and expectations upon completion, and an overall lack of trust in the education and support within the department.</li> <li>• New employees and preceptors desired a set standard to teach to and help progression of knowledge, skills, and attitudes.</li> <li>• New employees and preceptors desired initial and ongoing education to supplement learning in the department.</li> </ul> <p><b>Desired State</b> Creation and use of a Flexible Pathway Program that can be used for all orienting RNs without recent ED experience to guide knowledge, skill, and attitude acquisition based on progression through goal sets rather than timeline and supporting every new ED RN to meet the same expectations and standards for independent practice regardless of prior experience.</p>	<p>It was clear that to achieve the program objectives, adult learning principles must be applied and the tool must be easily followed by all users. The goal of a standardized orientation within this ED was to allow high performers to transition to independent practice more quickly while also identifying team members who needed additional support quickly and objectively. A 7-14 week timeframe was identified as the goal for transition to specialty, based on previous experience, skills, knowledge, and attitudes. In order to effectively support those goals, the pathway program tool needed to meet the following requirements:</p> <div style="text-align: center;"> </div>	<p><b>Flexible Pathway Program Tool Evaluations</b> Evaluations are used to determine preceptor and preceptee perceptions of effectiveness of the tool in guiding patient-care and non-patient-care goals, efficiency of orientation, ability to individualize, and inclusiveness.</p> <ul style="list-style-type: none"> <li>• Preceptee feedback demonstrated overall approval of 80% “It was awesome for flexibility and reflection.”</li> <li>• Preceptor feedback demonstrated overall approval of 95% “I felt like the tool was very helpful in guiding what we focused on... and the expectations were realistic and achievable.”</li> </ul> <p>All new ED RNs have been able to move to independent practice within the 7-14 week timeline, with the transition being based on progression through the layered phases.</p> <p><b>Observed Behavior Changes within the Department</b> As awareness of the tool increases, those who start precepting have reached out proactively to discuss the tool, expectations, and the relationship between preceptor-preceptee-NPD Practitioner. This significant change in attitude demonstrates engagement, commitment to supporting new team members, and overall increased trust in the education and support available to all members of the team.</p>
Purpose	Implications	Acknowledgements
<p><b>Focus</b> When designing the Flexible Pathway Program, the focus was twofold:</p> <ol style="list-style-type: none"> <li>1. Create a single tool that can be used for improving consistency and expectations during orientation in order to increase success and retention of new nursing staff.</li> <li>2. Increase departmental professional development by creating an environment that encourages engagement and participation of all experience levels from the first day on orientation as a preceptee and preceptor.</li> </ol> <p style="text-align: center;"><b>Pathway Program Objectives</b></p> <ol style="list-style-type: none"> <li>1. New ED RNs will feel supported by clear expectations and learning guidelines during orientation.</li> <li>2. Precepting ED RNs will feel supported by a tool that allows for objective evaluation of preceptee progress.</li> <li>3. Overall increase in trust of education and engagement within the department through education that can be tailored to the new employee's needs and also offered to all ED RNs.</li> </ol>	<p><b>Looking Forward</b> The original tool continues to be updated based on preceptor and preceptee feedback to increase the flexibility with patient type and experience, while still ensuring focused goal creation and exposure to critical patient populations before independent practice. It is also being adapted for cross-training and considered for use in other departments within the organization's residency program.</p> <p>The preceptee remains the central focus of the program, with the preceptor providing primary support, and the NPD Practitioner supporting the Pathway Program, the preceptor, and the preceptee achievement of defined goals.</p> <div style="text-align: right;"> </div>	<p>I would like to thank the Leadership team of Central Washington Hospital Emergency Department who continue to support the feedback based redesign and use of this Flexible Pathway Program in order to better serve our new team members.</p> <p>Please use the QR codes for a pdf copy of the poster, pathway and reference used throughout this project.</p> <div style="display: flex; justify-content: space-around;"> </div>

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## CONFLUENCE HEALTH FOUNDATION SCHOLARSHIPS

Each year the Confluence Health Foundation offers scholarships to hospital and nursing staff to continue their college education. We are always excited to help our nursing staff, RNs and CNAs, to continue education to pursue their dreams. In 2020 the Foundation awarded 18 nursing staff a total of \$36,268!

### SCHOLARSHIP RECIPIENTS

- |                     |                    |                           |                    |
|---------------------|--------------------|---------------------------|--------------------|
| ■ Cyrus Desmarais   | ■ Elizabeth Garcia | ■ Alison Keeler           | ■ Maria Elena Soto |
| ■ Amber Aiken       | ■ Stefanie Gates   | ■ Madeline McAuslan       | ■ Josephine Story  |
| ■ Aura Battis       | ■ Peggie Griffith  | ■ Mindy Moreau            | ■ Elva Valdez      |
| ■ Maria Bravo Tovar | ■ Hailey Hunter    | ■ Aidan Ottley            |                    |
| ■ Mary Eggers       | ■ Nicholas Jackson | ■ Guadalupe Pacheco-Rojas |                    |

## NURSING RESIDENCY PROGRAMS

Both the General RN and CNA Residency Programs were busy in 2020. These programs even in the light of a nursing shortage and a global pandemic were able to graduate 39 RNs and 38 CNAs. This pipeline has greatly contributed to our ability to maintain our high quality of care. In 2021 we have changed the timing structure of the program to eliminate official “start” dates, instead the employee will be able to determine the start date that will work best for them and their family. With this change we are hoping to increase the number of RN graduates of the program for 2021. Our specialty areas also had residencies which included the following: Emergency Department – 1 resident, Perioperative Services – 5 residents and the ICU – 14 residents.



## THE CONTACT EXPERIENCE CONFERENCE

In 2020, Tracey Kasnic, RN, Chief Nursing Officer, Confluence Health and Jason Morley, RN, Vice President of Nursing, Wenatchee Valley Hospital, had the honor of speaking at the Contact Experience Virtual Conference on the topic of “I Feel the Need For Speed.” They highlighted how the Contact Center initiated the rapid implementation of services including a COVID Hotline using standardized scripting and standing up a drive through testing site for centralized non-emergent COVID testing. This is a great example of nursing collaboration in action!

## 2020 CERTIFICATIONS

Confluence Health continues to support and encourage all staff in the pursuit of professional excellence. Listed below are the names of RNs with a Nursing Certification.

- |                                 |                                   |                                  |                                    |
|---------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| ■ Andersen, Adrienne C., CHPN   | ■ Fuller, Paul C., CEN            | ■ Lynn, Marianne, IBCLC          | ■ Schmidt, Jennifer E., CMSRN      |
| ■ Arebalo, Edilia, CNOR         | ■ Fuller, Stormy G., CMSRN        | ■ MacLennan, Mary W., CMSRN      | ■ Schnell, Yaelenine O., CCRN      |
| ■ Aumell, Sydney Rae B., ABPANC | ■ Fulwiler, Joshua W., CEN        | ■ Marboe, Rylee J., PCCN         | ■ Schnibbe, Deeann B., CIOB        |
| ■ Bagley, Rachel E., PCCN       | ■ Gallup, Christine D., CNOR      | ■ Marion, Wesely C., TCRN        | ■ Sebastian, Lorna J., CVRN        |
| ■ Baltazar, Yovanna M., ABPANC  | ■ Gates, Stefanie M., CCRN        | ■ Marlowe, Rebecca L., OCN       | ■ Secrist, Katherine A., CPN       |
| ■ Bangs, Kimberly L., CLC       | ■ Gentry, Dawn M., CWOCN          | ■ Marshall, Judith V., OCN       | ■ Seo, Angela, CEN                 |
| ■ Barrett, Linnea R., ABPANC    | ■ Gerard, Alina R., CPEN          | ■ Martinez, Alfredo F., CWOCN    | ■ Shellabarger, Catherine N., CNOR |
| ■ Battis, Aura N., CCRN         | ■ Gjeffe, Holland, CNOR           | ■ Mc Clellan, Mary D., OCN       | ■ Shepard, Laura L., CNICN         |
| ■ Bauder, Kaitlin C., OCN       | ■ Gleason, Jonathan B., CEN       | ■ McBride, Judith M., CIOB       | ■ Smith, Ashaya M., CNOR           |
| ■ Beck, Stacy, CMSRN            | ■ Godbey, Corinne N., CEN         | ■ McPherson, Karis M., CNOR      | ■ Smith, Jack E., CCRN             |
| ■ Belanger, Nicholas J., OCN    | ■ Goff, Samantha L., CCRN         | ■ Menard, Jennifer L., CNOR      | ■ Smith, Jack E., CCRN             |
| ■ Blue, Jason C., CEN, CPN      | ■ Gomez, Eva J., CMSRN            | ■ Miller, Amber L., CNOR         | ■ Smith, Tamera L., CGERN          |
| ■ Boardman, Cheryl A., CCM      | ■ Goodwill, Carolin, CCM          | ■ Miller, David L., CNOR         | ■ Soto, Maria E., CMSRN            |
| ■ Boisen, Rachel P., CMSRN      | ■ Gowling, Christine K., PCCN     | ■ Miller, Rachel F., CIOB        | ■ Spencer, Lori K., OCN            |
| ■ Broome, Sara L., TCRN, CEN    | ■ Griffin, Tandy L., CNOR         | ■ Miller, Shannan L., CNOR       | ■ Stegeman, Niki J., CEN           |
| ■ Brown, Candice M., PCCN       | ■ Griffith, Peggie A., CPN        | ■ Molenaar, Jennifer A., CNICN   | ■ Stern, Julie, CNOR               |
| ■ Bugg, Jill M., CPN            | ■ Harden, Ruby G., CVRN           | ■ Monnot, Christy L., CVRN       | ■ Stone, Kim L., CNOR              |
| ■ Bull, Sara E., CIOB           | ■ Hasslinger, Elizabeth C., CPN   | ■ Moore, Amanda R., ABPANC       | ■ Strawn, Patricia A., CHPN        |
| ■ Butcher, Stephanie A., CSCRN  | ■ Hedges, Kelly M., CNOR          | ■ Mullin, Rebecca J., IBCLC      | ■ Sullivan, Emily K., TCRN         |
| ■ Butters, Danielle S., CMSRN   | ■ Heisel, Lisa M., TCRN           | ■ Munro, Lois F., CMSRN          | ■ Tapia, Jennifer L., CRRN         |
| ■ Cameron, Vanessa K., CEN      | ■ Hersel, Jamie L., CMSRN         | ■ Murphy, Michelle M., CBE, CLC  | ■ Thornton, Melanie A., ABPANC     |
| ■ Cates, Tanya L., ABPANC       | ■ Higginbotham, Jamie M., CNOR    | ■ Mutschler, Lynn M., CMSRN      | ■ Torres, Ashley B., ABPANC        |
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| ■ Cole, Melissa M., ACM         | ■ Jacobs, Juli A., CWOCN          | ■ Osborne, Allison K., OCN       | ■ Vanslyke, Lisa K., CNOR          |
| ■ Conley, Scott A., CNOR        | ■ Jaszczyszyn, Jacqueline M., CEN | ■ Pasic, Altura, CMSRN           | ■ Vasta, Joseph J., PCCN           |
| ■ Cook, Genneve E., CMSRN       | ■ Jerezano, Kristen, CEN          | ■ Perron, Raydine E., CPN        | ■ Walker, Sara M., CIOB            |
| ■ Craig, Cathryn F., CWOCN      | ■ Jimenez, Yolanda, CLRNN         | ■ Phelps, Deborah A., CCRN, CVNI | ■ Wannschaff, Dianne L., CRRN      |
| ■ Cunningham, Leslie C., CPN    | ■ Keebler, John W., CEN           | ■ Plakos, Yanis D., CEN          | ■ Watanabe, Rachel S., PCCN        |
| ■ Curry, Heather L., CMSRN      | ■ Kellenberg, Erin, OCN           | ■ Polk, Tiffini, CEN, TCRN       | ■ Waterbury, Stephanie R., OCN     |
| ■ Daley, Amy M., OCN            | ■ Keller, Natasha M., CEN         | ■ Port, Laura C., CNOR           | ■ Welton, Michelle R., CNOR        |
| ■ Darnell, Corene L., ABPANC    | ■ Kellett, Lindsey T., CCRN       | ■ Radoslovich, Ann P., ACM       | ■ Wickline, Sara M., CRRN          |
| ■ Davies, Rachael M., PCCN      | ■ Kellett, Tyler T., CCRN         | ■ Ralph, Stephanie A., CVRN      | ■ Wilson, Erin T., CNOR            |
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| ■ Eccles, Diane K., CWOCN       | ■ LaChapelle, Susan G., CEN       | ■ Riehle, Christy A., CMSRN      | ■ Yant, Daniel J., CARDI           |
| ■ Elsner, Tara L., CEN          | ■ Laporte, Rebecca M., CMSRN      | ■ Rombach, Jessica, TCRN         | ■ Young, Kayla M., PCCN            |
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| ■ Foland, Patty A., CMSRN       | ■ Lundstrom, Kendall A., OCN      |                                  |                                    |
| ■ Fox, Travis D., CNOR          |                                   |                                  |                                    |



# Nursing Degrees: CWH & WVH

## 2020 DEGREES

Listed below are the names of RNs with a BSN.

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- Arroyo, Mayra B.
- Augustine, Kristin L.
- Austin, Samantha A.
- Ayala Torres, Carolina L.
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- Ballard, Charlotte D.
- Baltz, Jason T.
- Barid, Misti
- Barrow, Callie E.
- Batten, Ashley N.
- Battis, Aura N.
- Bauder, Kaitlin C.
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- Berry, Angela R.
- Betts, Kadie
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- Bishop, Tyler S.
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