Nurses serve on the front lines of healthcare. For the patient they are the very embodiment of the hospital or healthcare agency where they are being treated. And for the past decade and a half, the general public has been highly appreciative of the job nurses have been doing. A recent Gallup poll rates nursing as the most ethical and trusted profession in the country—and nurses have held that top spot for 14 years.

Gallup’s annual Honesty and Ethics ranking does, however, show room for improvement: 85 percent of respondents ranked nurses’ honesty and ethical standards as “very high/high.” At Bay Area Hospital, we intend to do our best to raise that number as we pursue our goal of Nursing Excellence.

This issue of Currents examines some of the ways we have been doing just that, based on strong research-based standards of practice. It all starts with a firm belief in a Shared Governance organizational model. Basically, that means our nurses have a direct say in the decisions that affect their jobs and your care.

We stress a safe and healthy work environment and have put in place systems that allow practical concerns to be communicated and addressed. Building blocks are in place for new nurse graduates to serve residency in our hospital, helping us in retention efforts and reducing staffing drops when turnover does occur. The vital role of a CNO (chief nursing officer) ensures a place at the executive table for our nurses; and you will meet our new CNO, Regina Rose, RN, as one outstanding professional is taking over for another.

We continue to ensure opportunities for professional development, competitive wages, and assistance in living a balanced lifestyle. And the importance of recognizing exceptional nurses is highlighted in the development of our new Daisy Award program, which allows community members to nominate nurses who have made an excellent impression.

In short, no one at Bay Area Hospital is willing to rest on laurels—or good poll results.

I am proud of the work our nurses have been doing, and I’m excited about the opportunities that lie ahead. It is our promise to our community that we will continue to strive for Nursing Excellence at Bay Area Hospital for many generations to come.

Paul G. Janke, FACHE
President and CEO
What’s Inside

On the Cover
Nurses are your everyday connection to better, safer healthcare.
See page 4

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Working Together on How We Work Here</td>
</tr>
<tr>
<td>6</td>
<td>Speak Up—One Voice Can Make a Difference</td>
</tr>
<tr>
<td>7</td>
<td>Helping Excellence Bloom—Meet Our New CNO</td>
</tr>
<tr>
<td>8</td>
<td>A New Place to Train Future Nurses</td>
</tr>
<tr>
<td>10</td>
<td>Young Nurses Bridge Program</td>
</tr>
<tr>
<td>12</td>
<td>The Many Faces of Nursing Excellence</td>
</tr>
<tr>
<td>14</td>
<td>Thank You Nursing Staff</td>
</tr>
<tr>
<td>16</td>
<td>A Well Deserved Daisy</td>
</tr>
</tbody>
</table>

Megan Hardin, RN, adds care notes to a patient’s in-room message board.

MISSION
We improve the health of our community every day.

VISION
Bay Area Hospital will be the model for regional healthcare excellence.

VALUES
Kindness, Excellence, Teamwork, Ownership, Innovation

Currents is published by Bay Area Hospital for its employees, medical staff, and the South Coast community. If you would like extra copies of a particular issue or have questions or concerns regarding the publication, please call or write: Bay Area Hospital Chief Development Officer, 1775 Thompson Road, Coos Bay, OR 97420; or call (541) 269-8543. Visit our website: www.bayareahospital.org. © 2015 Bay Area Hospital. All rights reserved. Articles in Currents are intended for general information only and should not be construed as medical advice or instruction. For diagnosis and treatment of specific conditions, consult your physician.
It sounds more confusing than it really is: Shared Governance is just another way to think about patient safety. For the nurses at Bay Area Hospital, it is an organizational model that goes much deeper. But what it boils down to is a process that allows patients to have a say in how their care is administered. Always, though, it starts with patient safety in mind.

Amanda Bemetz, RN, who works on the Medical Care Unit, explains it as a way frontline workers and executives go about “working together on how we work here—on how the nurses function here in our jobs.”

The organizational model “works” through a number of different subgroups in each unit in the hospital. For instance, the nurses gather regularly in their unit to look for ways to improve workflow. There are also teams that focus primarily on improving patient safety within those units.

“We’re designing safer systems,” says Green. “We’re developing these frontline teams, and that is what we are doing at Bay Area Hospital to help decrease risk and learn from the times when we have had an error. How can we fix that defect? That is what patients want to hear.”
Jennifer Green, RN, the clinical nurse manager of the hospital’s PSU (Post Surgical Unit), doesn’t want the community to get lost in the processes, however; she just wants them to remember that when they come to Bay Area Hospital, they are getting the safest care.

The safety program allows for defects to be caught even before a problem actually occurs. These days a near-miss is enough to elicit change.

Daily “safety huddles” help identify issues that need to be addressed before they become major problems. A color-coded board helps keep the units on task. New defects are designated in red. The yellow board is work in progress. Green signifies completed projects. The many success stories, which show up in blue, indicate that the effort is more than just idle chatter. That in itself is a change from how things used to be.

“Without Shared Governance the nurses wouldn’t feel empowered to speak up and advocate for our patients,” says Intensive Care Unit nurse Kristen Hyatt, RN, noting the groundswell in recent years. “Now when we see something our patients need or something that isn’t working for them, nurses have that frontline power—we can say what we need for patients, and it gets done. These programs help facilitate that.”

Some changes that have benefited patients may go largely unnoticed by them, such as “Quiet Zone” mats that allow for nurses to have uninterrupted time when they access patient medications from the pharmacy cart, or moving refrigerators to keep cold water closer to patients who request it.

But one change that has come about through this new empowerment will be noticed by patients because it allows them and their families to have a greater say in their care. Deanna Prater, RN, the hospital’s nursing excellence coordinator, says it was thanks to this renewed emphasis on the Shared Governance model that bedside reports became a reality.

“Doing a report at the bedside, rather than in a room without the patient or the family there, makes so much sense. Bedside reports are an opportunity to involve the patient and family when nurses are giving that change-of-shift report, so patients and family can be involved to say, ‘This is a concern of ours.’ It is just better communication.”

Better communication leads to better and safer care, which leads to better morale among the nurses. That, in turn, leads to even better communication.

“Safety in the care we deliver is fundamentally important not only to our patients but also to Bay Area Hospital staff,” Green says. “When nurses and patients feel that there is a culture of safety, everyone is more satisfied and it is a win for everyone involved.”

Shared Governance, they also recognize, must be a two-way street.

“Success I think goes back to our team and strong leadership from our manager, Jennifer Green, because she has a deep belief that this is working,” says PSU nurse Tabitha Myers, RN. “This has a deep foundation, and that helps our team. If people feel supported, the workers are happier on the job.”

Marie Capps, RN, and Christena Brown, RN, are two of the newer nurses on the PSU, and they noticed a change from the moment they arrived. Both believe that it starts with a good foundation.

“I’ve never worked in a place that is so passionate about making the patients happy as they are here,” Capps said. “Here we are always working ahead, thinking ahead, to make things better.”

Check the board. It works. Nothing could be simpler.
On February 22, 2001, 18-month old Josie King died at Baltimore’s Johns Hopkins Hospital from medical errors, and a mission was born. Josie’s mother, Sorrel King, fought through her grief to make sure that her daughter’s death was not in vain. Since then Sorrel has worked tirelessly to prevent others from dying or being harmed by those same types of medical errors.

A large portion of the financial settlement from her daughter’s death Sorrel donated back to Johns Hopkins to help fund a safety program in honor of Josie. Since then she has worked with Duke University, Cleveland Clinic, The Joint Commission, and Institute for Healthcare Improvement and has spoken to medical students and hospitals across the country about improving quality and safety in our healthcare system.

In May 2016, at the invitation of Bay Area Hospital, Sorrel delivered her message to the medical professionals of Oregon’s South Coast during a speaking engagement at Southwestern Oregon Community College.

The Josie King Foundation was created in 2001, and you can read about its mission at www.josieking.org. The organization exists “to prevent others from dying or being harmed by medical errors. By uniting healthcare providers and consumers, and funding innovative safety programs, we hope to create a culture of patient safety, together.” But the mission really boils down to making sure there is better communication among medical staff, and that patient and family members feel empowered to speak up.

In 2009 Sorrel explained the simple life-and-death importance of that mission to a reporter from the Boston Globe: “Josie did not die from one doctor’s mistake or one nurse’s mistake. It wasn’t anyone’s fault. It was a breakdown in communication, it was a breakdown in the system. She died because the nurses and doctors didn’t listen to me when I said, ‘Wait a minute, something’s not right.’ The [doctor] didn’t listen to the nurse, and they didn’t listen to each other.”

Bay Area Hospital joins Sorrel in a commitment to patient safety, including working toward the implementation throughout our hospital of Comprehensive Unit-Based Safety Programs, or CUSP, a patient safety program developed by researchers at Johns Hopkins.

And, like Sorrel, we encourage you to never be afraid to ask a question. Never be afraid to speak up.

Meet Our New CNO Regina Rose

“Our nurses come to work to do an excellent job. My role is really to help them attain that,” says Regina Rose, RN, who knows what it takes to bring out the excellence in nurses: she’s been a nurse herself for almost 35 years. “Nursing excellence is nurses having the tools, the education, and the resources necessary to give high-quality, evidence-based care to the patient.”

Before joining Bay Area Hospital as its new CNO (chief nursing officer), Rose spent the past eight years helping craft excellence as the CNO for Mid-Columbia Medical Center in The Dalles, Oregon. The chief nursing officer is responsible for all the nurses and for nursing practice in the organization.

Rose says that her role basically comes down to two things: ensuring that the patient receives the safest, highest-quality evidence-based nursing care available and, two, being an advocate for the nurses and nursing practice.

That second point was one big lesson learned—one she now teaches to others. It is the importance of making sure that nurses are heard. It is also a message she takes well beyond just the unit doors or even the hospital doors. Rose currently sits on the governor-appointed board of the Oregon Patient Safety Commission.

“I do a lot to educate our nurses and our patients on what is meant by patient safety and patient advocacy and patient rights,” Rose says. “The CNO needs to make sure that the nurses have the best education about the latest evidence-based safety practices out there, to be able to apply that when caring for patients. Nurses should feel they can speak up without fear of retribution when they think something is not safe or not right, and advocate for the patient.”

With Rose on board, the nurses at Bay Area Hospital can count on a strong advocate in their corner, and patients can feel secure in having the safest care possible.
A New Place to Train Future Nurses

There is a nursing shortage and not just in our area, says Susan Walker, RN, Director of Nursing and Allied Health at SWOCC (Southwestern Oregon Community College). All across the country, nurses are in demand, and the problem is expected to get worse before it gets better.

That is a sobering assessment for anyone in the healthcare industry, and it is one reason why Bay Area Hospital and SWOCC recently announced that they were teaming up to help get a new Health & Science Technology Building constructed at the college. In April of this year, with a long tradition of financially supporting the SWOCC nursing program, Bay Area Hospital did not hesitate to pledge to invest $1 million toward the $16 million project. Community medical providers also stepped in to pledge the same amount to help fund this essential addition.

Walker says that a new building is absolutely vital to the college’s nursing program. By extension, that means it is vital to the future of Bay Area Hospital. More than half the nurses employed at the hospital graduated from SWOCC, and data show that within the next five years dozens more will enter retirement age. The hospital will be looking to the college for more nurses to fill the void, and, Walker says, everyone will want those nurses to be well trained.

“We have a very outdated building,” she says. “There is no potential for growth at all. It’s a 1970s lab, and we have been trying to upgrade and add computers, but we just don’t have the room to do it; we don’t have the room to store equipment.

“So, to train the students with all the latest technology and all the changes in our healthcare system, we need to upgrade, and I don’t see us doing that without a new building. The nursing students have to have hands-on learning and be able to use all the equipment. We certainly want them trained on the equipment before they need to use it on a patient.”
And this is not just a community college project, or a college and hospital project. Walker believes that it should be viewed as a project to benefit the entire community for years to come, by virtue of its helping supply a well-trained healthcare workforce. The majority of students who start at Oregon’s community colleges stay in or return to their communities after completing professional training and degrees. SWOCC offers young people from western Douglas, Coos, and Curry Counties an affordable launch into professional careers.

“We all need healthcare at some point in time,” says Walker, “and I think we would like to get high-quality care. The community is going to receive high-quality care if it has nurses with good, up-to-date, training.”

The new building would house collaborative health and science labs, classrooms outfitted with state-of-the-art technology, and new lecture halls for campus and community use within 47,000 square feet of space.
The healthcare industry is in a constant state of flux, and it requires a large, stable, and skilled nursing workforce to navigate that ever-shifting healthcare landscape. That is why programs that help build a steady and seamless transition into the nursing ranks are becoming more and more important. Bay Area Hospital has actually been ahead of the curve, having had one such program for the past 15 years, which was expanded and rebranded late last year. It is called the Registered Nurse Bridge Program, and the only leader it has ever known, Patrice Parrott, RN, remains at the helm of the 12-week program designed to improve a nurse’s transition into the acute care setting. Nurses with less than a year of acute care experience receive extended orientation through the program, with additional training provided throughout their first year of hire.

A recent group of new hires, for instance, met with a seasoned cardiovascular nurse in a classroom setting before going along for a job-shadow experience. It is all part of the process to help new nurses ease into the job while honing their skills through constant training.

Parrott, a clinical nurse specialist with a master’s degree from Oregon Health & Science University, teaches in-depth classes on specific topics. Other experienced nurses, called preceptors, work one-on-one in specialized areas. Those specialty areas are important throughout the process, according to Parrott, because the patient, no matter what the specialty area, will be looking to the nurse for answers.
"If the nurses don’t understand what happens to the patient in a radiology procedure or cardiovascular procedure," says Parrott, "how can they advocate for that patient and give them the information they or their family needs for that education process."

Nurse and patient must be able to get on the same page quickly. “The nurse is the hub,” Parrott continues. “Everybody talks to the nurse and the patient. They are like a team. So, when interacting with the lab, with a physician, or with any other service—they need that nurse input because the nurse is the one who is with that patient the most.”

One 2010 graduate of the program believes that the biggest advantage he took away was the ability to hone the communication skills he needed to work with his patients. Dustin Hawk, RN, who oversees the hospital’s Emergency department, says that by keeping the number of patients more manageable for the new nurses, they can focus on improving conversation skills and developing a good dialogue with each patient.

“You learn how to communicate with patients more effectively because you have had more time and more practice at it,” Hawk explains. “Then, when you have less time, you know the things you need to say or how to get the information relayed when patients are more receptive of it.”

Parrott says the program gives new nurses more support meeting the clinical and practice standards, along with the critical thinking—looking at the patient as a whole; and it helps them put all the pieces together so that when they do head out to their units on their own for the first time, they feel more supported. “And they have an understanding of the organization as a whole,” she adds.

And the bridge program has expanded. It had been capped at eight residents per year since its inception, but as of August 2015 the limit was increased to 25 residents per year. Some residents are local; many others come from across the state and beyond, as the digital age has increased awareness of Bay Area Hospital and the Registered Nurse Bridge Program. Those who come into the program are asked to stay for at least two years, but it is not required. As Parrott says, “Life happens.”

What Parrott wants everyone to keep in mind is that the focus—the point—of the whole program is really safe patient care, and that doesn’t stop when the nurse graduate passes the bridge program.

“We want them to know that it is still okay to ask questions,” Parrott says. “We don’t know it all—ever. After 35 years of nursing, you’re still learning. Things change, so it is a constant process. This program helps them with that initial frightening period of Oh no, now I’m responsible for all of these patients, and it gives them that extra support. We want our nurses to feel safe in their practice.”
Monica Dickens, a great-granddaughter of author Charles Dickens, once worked as a nurse. In the early 1940s, she wrote a book about that experience. One of her quotes about the profession reads as passionately today as it did generations ago.

“Nursing is a kind of mania,” she writes in One Pair of Feet, “a fever in the blood; an incurable disease which, once contracted, cannot be got out of the system. If it was not like that, there would be no hospital nurses, for compared dispassionately with other professions, the hours are long, the work hard, and the pay inadequate to the amount of concentrated energy required. A nurse, however, does not view her profession dispassionately. It is too much a part of her.”

It is true that a more gender-neutral quote may be required in this day and age, but the long hours and hard work remain ever present. And it is not just limited to care for patients in their rooms. Nowadays a great many nurses at Bay Area Hospital are constantly working to improve through advanced education and certification.
For 28 years, Maryanne has brought her expertise to two areas of the hospital—pediatrics and radiology.

Years of Nursing Experience

- More Than 10 Years
- 6 to 10 Years
- 3 to 5 Years
- Less Than 2 Years
Total Nurses = 418

Registered Nurses by Degree

- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Nurse Midwives
- Clinical Nurse Specialists
Total Nurses = 403

Advanced Practice Registered Nurses

- Certified Registered Nurse Anesthetists
- Registered Nurse Practitioners
- Nurse Midwives
- Clinical Nurse Specialists
Total Nurses = 15

NURSES AT BAY AREA HOSPITAL
Thank you

TO THE AMAZING NURSING STAFF AT BAY WHO PURSUE EXCELLENCE ON A DAILY

Leslie Abbott · Todd Adelman · Heather Aldrich · Janet Allen · Carrie Allen · Sandra Alsworth · Angie Andersen · Sandra Andrews · Regina Ardiana · Helen Aten · Linda Babcock · Cynthia Backstrom · Virginia Bailey · Lynn Barton · Ellen Basset · Amy Baxter · Chelsea Beaucage · Eric Beechly · Amanda Bemet · Aaron Bennion · Geanna Berrier · Catherine Bice · Melanie Birdwell · Randy Bise · Anita Blackwell · Kristy Blair · Donna Blomquist · Carrie Bohanan · Tanya Bolin · Chris Borgens · Sam Boyd · Meghan Brace · Marshall Brayton · Claire Bream · Karen Briggs · Gaia Brown · Marie Brown · Sandy Browning · Kent Buell · Gretchen Buhlmann · Terri Camp · Kris Campina · Donna Carlson · Viki Carr · Rhonda Carver · Jonathan Casper · Courtney Chamberlain · Susan Chaney · Ruth Ellen Chilton · Billie Christenson · Elaine Christie · Angela Christopher · Dorothy Clements · Kristin Cohen · Lynda Cole · Michael Coleman · Angela Comstock · Debbie Conley · Robyn Connor-Yost · Kelly Conrad · Rose Cordier · Susan Cornell · Amber Cortes · Darcy Costa · Cherie Cox · Julene Cox · Melissa Coy · Kris Crusoe · Sharon Cummings · De Cunningham · Brenda Curtner · Brianna Cutting · Stacey Dahl · Katie Daniels · Eric Danielson · Paige Danielson · Rebecca Davison · Diana Deehr · Denise Delzotti · Lizz Deters · Alisha Dias · Cassie Dillon · Celia Dolan · Jesse Dorfmeister · Lina Dorfmeister · Stacie Duell · Laurie Duff · Linda Dufner · Elaine Dunn · Denise Ebenal · Robert Eck · Cynthia Edge · Mike Edwards · Brandi Edwards · Kayla Elam · Jean Ellison · Jason Empson · Nicol Entgelmeier · Julie Erwin · Al Eslinger · Whitney Evans · Michael Evanson · Tracy Fadness · Judy Falkowski · Tracy Fawns · Renee Fawver · Bobbie Felton · Dana Finch · Micah Finney · Robin Finney · Sue Flammang · Joyce Floyd · Julia Floyd · Taunoka Foster · Diane Frank · Robin Franklin · Stephanie Freeman · Mary Ellen Gagnon · Evelyn Galer · Corrie Gant · Moises Garcia · Jeannie Gardner · Tim Garner · Carrie Garrett · Tracy Garrigus · Delores Gassner · Daniel Gaudette · David Geist · Nathan Geving · Alan Gillett · Arlene Gimbel · Cherlene Gisholt · Amber Godfrey · Jake Godley · Rose Goffinet · Robin Gonsalves · Lara Goss · Yvette Grabow · Jennifer Green · Allison Green · Amy Green · Mindy Grigsby · Randi Gulseth · Wendy Hackett · Angela Haines · Ruthmarie Hancock · Michelle Handsaker · Dezarae Hanan · Megan Hardin · Brenda Hardy · Connie Harmon · Megan Haweter · Davi Hawk · Dustin Hawk · Lena Hawthorne · Tina Hayes · Tawndi Hemin · Darla Hickerson · Carly Hill · Aaron Hill · Jody Hillyard · Theresa Hineline · Laura Hines · Edward Hodson · Rebecca Hoffman · Kera Hood · Rita Hoover · Kristie Horn · Ashley House · Trina Houston · Angie Hubert · Shellie Huffman · John Hugill · Kristen Hyatt · Rosalie Hyatt · Carolyn Jacobson · Dustina Jacque · Barbara Jakubowski · Jennie Jansen · Liz Jenkins · Nancy Jenkins · Matthew Jester · Shamera Jester · Wendy Johnson · Charnee Johnson · Angela Johnson · Heather Johnson · Jamey Johnson · Candy Johnson · Jennifer Johnson · Connie Jones · Jeanie Jones · Jaynee Kanui · Amita Karan · Kipp Karavanich · Jardin Kazaar · Martha Keller · Julie Kelley · Lori Kent · Lacy Kiewert · Christie Kindred · Darlene King · Terrie King · Kaitlin Kirkeby · Karen Knox · Mary Knutson · Evelina Kovach · Kimberly Kyllo · Peggy Ladd · Zach Larson · Melissa Ledoux · Alex Lemmer · Matthew Liberator
TO THE AMAZING NURSING STAFF AT BAY AREA HOSPITAL WHO PURSUE EXCELLENCE ON A DAILY BASIS.

Tanya Lindahl · Tiffany Line · Lorin Loomis · Maryanne Looney · Leah Lorincz · Theresa洛瓦斯基 · Ron Lovell · Nick Lucas · Sandra Lucatero · Dawn MacDonald · Karen Marchant · Niki Markel · Trista Marquez · Karl Martin · Carla Martin · Jennifer Martin · Andy Martin · Amy Mast · Dianne McCauley · Becky McCormick · Mary Jo McCurry · Gracia McDermid Wilmes · Beth McGrath · Deb McGrath · Stephanie McGrath · Shawn McNeely · Julia McNeil · Renae Mefferd · Amy Mendez · Renee Menkens · Anita Merritt · Linda Mill · Sarah Miller · Madonna Mirabal · Charles Moreland · Michael Morgan · Robbin Morgan · Anne Morgan · Ling Mork · Shari Morris · Lisa Morse · Brad Morse · Diane Moulton · Lanett Myers · Tabitha Myers · Sheri Myers · Nell Neilsen · Stacey Nelson · Koree Nelson · Bethany Neuhoff · Tricia Neyman · Michelle Nickolaus · John Nickols · Noah Nicolle · Andrea Nicolle · Robert Nidever · Mary Nielsen · Lisa Novotny · Jodie Novotny · Amy Oaks · Maggie Ohlsen · Suzanne Oliver · Jason Padgett · Paula Pake · Craig Palen · Tracy Palen · Lisa Parrish · Hank Parrott · Patrice Parrott · Denise Partney · Douglas Peck · Jenny Pederson · Jill Pedi · Lia Pendzick · De Dee Peterson · Danyel Peterson · Angel Pfeifer · Ashley Phillips · Philien Pierron · Katherine Pittz · Jamie Platt · Chris Ponte · Deanna Prater · Tom Prater Jr · Cindy Pratt · Siobhan Preston · Michelle Pringle · Jett Pryor · Jude Puchalski · Linda Pump · Jessica Quinlan · Kelley Quinn · Jessica Rayl · Kathryn Rector · Lois Reed · Alana Reed · Kevin Reeves · Joshua Reeves · Kathryn Rehfuss · Leah Reis · Donna Richards · Robin Riley · Trish Ringor · Tammy Roman · Lora Roode · Tammy Rose · Paulina Ruffa · Sherree Russ · Scarlett Ruyle · Gary Salcedo · Marcella Santana · Shelly Saxon · Ted Scheirman · Susan Schindler · Gemi Schmitz · Kyla Schneyder · Lisa Scott · Stacie Scott · Susan Seifers · Hannah Sevigny · Karla Sheets · Linda Simmons · Linda Simons · Lorri Smith · Dania Smith · Lowell Smith · Melissa Smith · Tricia Smith · Mary Sober · Heather Soule · Tim Spanberger · Megan Sparks · Melissa Sperry · Mark Steenbock · Chris Stevens · Melanie Stevens · Shayla Stidham · Lisa Storksen · LeeAnn Summers · Stormie Swanson · Carol Swift · Kelle Takis · Jenny Tausch · Terry Tavernier · Taryn Taylor · Ronda Taylor · Sandy Teeter · Barbara Thompson · Caitlin Thompson · Michelle Thompson · Kerri Thornburg · Linda Thurber · Jenna Tison · Heather Toland · Danna Tollefson · Donna Tomlinson · Rudy Torresani · Jill Townsend · Eric Trapp · Anita Troxell · Tina Tyree · Laurice Ulmer · Andrea VanPelt · Barbara VanSlyke · Gale Varland · Leila Varoujean · Cynthia Verdugo · Faithe Vest · Nelda Villamar · Gail Virgili · Craig Vogel · Hollie Wales · Susan Walker · Diana Wall · Amy Walter · Sannie Warbis · Debra Warner · Amy Weatherly · Angela Webster · Gail Wedwick · Sally Weisler · Sylvia Wenbourne · Melinda West · Shannon Weybright · Beth Wheeling · Yulia Whidden · Alex Whidden · Diane Williams · Brigetta Wilson · Jennifer Wilson · Stephen Wilson · Kyrie’ Wimer · Tina Winfrey · Lori Winger · Cherlee Wirtz · Marlin Woodman · Linda Woods · Wendee Wright · Robert Wyatt · Imelda Yechout · Vera Yoshinaga · Michelle Young · Deborah Young · Jan Younggren Moore · Donna Zimmerer
A Well Deserved Daisy

Karl Sheets, RN, says she was just doing her job, but for Robin Cherry there was something special about how Sheets performed her duties one day in March. So, Cherry nominated her for Bay Area Hospital’s first Daisy Award. Used in thousands of organizations around the world, the Daisy Award gives meaningful recognition to individuals in the nursing profession, with a primary focus on compassionate care.

Bay Area Hospital’s Kristen Hyatt, RN, says the hospital decided months ago to partner with the Daisy Foundation, and in April it announced Sheets as its first recipient.

On March 3, Cherry’s father-in-law passed away, and it was Sheets who had cared for him and his family at the time. Sheets has worked at Bay Area Hospital for two years. She relived that day during a surprise—and tearful—award ceremony in a crowded break room at the hospital.

“The care that we were given by Karla was amazing,” Cherry wrote on her nomination form, as was “her compassion and caring with helping our dad in his final hours. The time she gave us to comfort us as a family helped us to bring closure as a family. She went above and beyond with her tender care.”

In addition to a bouquet of daisies and a hand-carved statuette, Sheets was presented with a pin by the hospital’s CEO, Paul Janke, who said it spoke to her nursing excellence.

Sheets says she is deeply touched by the honor: “I love what I do. What I love most about nursing is that you can truly be there and be present and care.”

Do you know a nurse who has gone above and beyond?

A Daisy Award will be presented quarterly, and the nomination process is open to the community. Nomination forms are available at the hospital. You can ask for one at any nurses station.