



Nursing Report March 2025

Workforce Wellness

Nursing staffing remains a challenge, with a continued reliance on travel nurses. Currently, we employ up to five RN travelers, making up 38% of our staff. Additionally, two nurses will begin FMLA leave in the coming weeks, further compounding the issue. Despite these challenges, we have been fortunate to have experienced and high-quality travelers who contribute positively to our team.

We have interviewed and extended offers to three nurses in recent months; however, at least two declined due in part to our wages being significantly lower than other facilities in the area. The AHHA salary survey has shown substantial increases in nursing wages over the past two years. We are working with HR to incrementally adjust wages to remain competitive.

CNA staffing is also insufficient, particularly with our high census and frequent supervision needs in Long-Term Care (LTC). To maintain safe, high-quality care, we have been utilizing 4-5 travel CNAs. On a positive note, we recently welcomed two new CNAs who completed their on-the-job training at PMC and passed their state exams.

We are excited to have a second pharmacist on board remotely, enhancing our ability to improve medication administration practices, safety, and standardization. We are in the process of redistributing responsibilities between the pharmacists to best serve PMC while supporting a healthy work-life balance for the pharmacists.

Community Engagement

Mountain View Manor faced a critical staffing shortage, and several of our CNAs assisted them on their days off.

We continue our collaboration with the UAA School of Nursing to offer an outreach site in Petersburg. The current cohort, consisting of two students, is nearing the end of its first year. Carolyn Kvernvik has been instrumental as their clinical adjunct instructor. The next cohort is planned for Fall 2026.

Traci Vinson and her CNA instructor team are wrapping up the yearlong high school CNA class. The five students meet daily, requiring significant staff effort to ensure smooth operations. All students plan to take the licensing exam this spring, and we aim to continue this program in Fall 2026.

We are working to secure a team to commit to regular colonoscopy clinics at PMC. Progress has been slow, and we are still in the early stages of the process.

A team from PMC will participate in the PHS College and Career Fair on March 21.

Patient Centered Care

In December, we implemented Social Drivers of Health (SDOH) assessments using the PRAPARE tool for all inpatient admissions. Nursing staff complete the assessment during admission, with an 81% compliance rate. Beginning January 1, 2026, we will report compliance rates and "positive" response rates, analyzing data throughout the year to identify and address community needs.

We are in the early stages of Telestroke implementation. Although stroke cases are infrequent, this program will enhance our processes, efficiency, and decision-making, leading to improved patient outcomes.

Our census remains high, including an unprecedented swing bed census in recent weeks. Many patients require more assistance at home but do not yet need long-term care. We are exploring creative solutions to meet individual patient needs.

Our care protocols for chest pain, anaphylaxis, hypoglycemia, and rapid sequence intubation have been reviewed, updated, and approved by medical staff. These protocols are now readily available to guide nursing staff.

We have been collaborating with Infection Control and medical providers to enhance antimicrobial stewardship practices. Several staff members participate in a weekly webinar series focused on infection treatment in Alaska. We have revised our Community-Acquired Pneumonia (CAP) treatment guidelines and are updating our order set for consistency. Our next focus area is urinary tract infections.

We are advancing Pediatric Readiness in the emergency department. A new Broselow Cart has been purchased to ensure size-specific equipment and resources are readily available. Joint education with physicians on emergency pediatric care is planned for later this year, reflecting our commitment to excellence in pediatric care.



Facility

We have taken the directive “Clear the Clutter” seriously and have made significant progress in decluttering nursing areas, including the Emergency Department, Acute Care, LTC, and storage rooms. While space remains limited, we are committed to improving organization, reducing waste, and creating an efficient work environment.

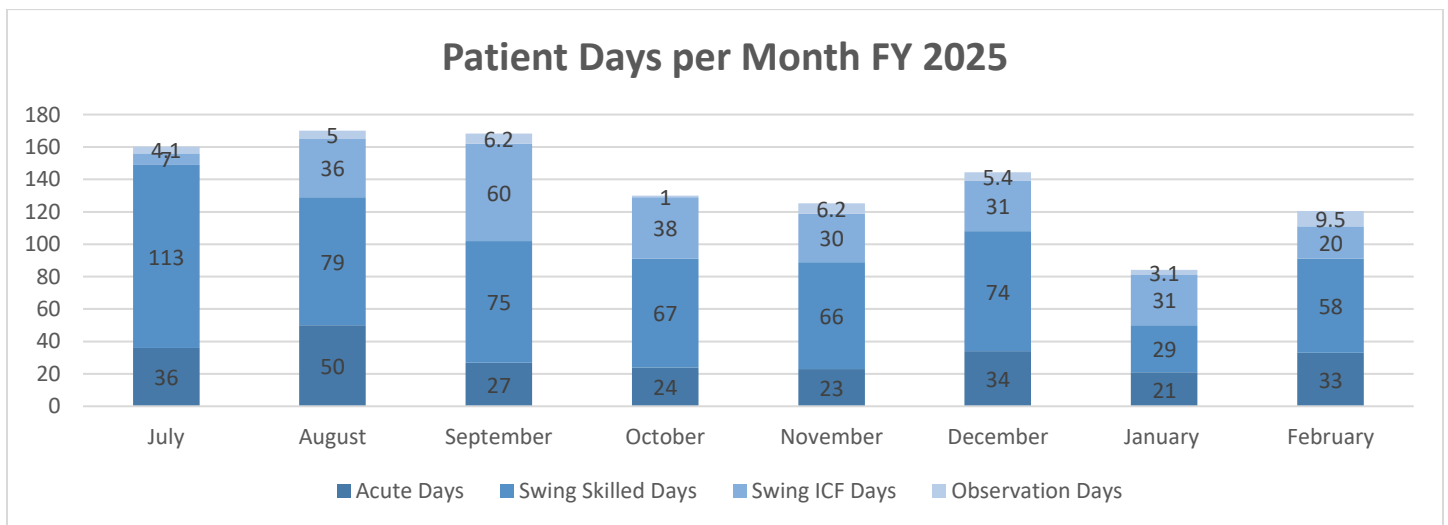
Building security and staff safety remain concerns. Our primary doors are designed to allow free exit while restricting entry in a certain mode, but occasional malfunctions pose a security risk, especially at night when staffing is minimal. We frequently rely on police support during patient escalations or mental health crises and appreciate their prompt response and partnership.

Ongoing plumbing challenges occasionally necessitate patient room changes and pose infection control risks due to slow or clogged drains. Finding acceptable solutions remains a priority.

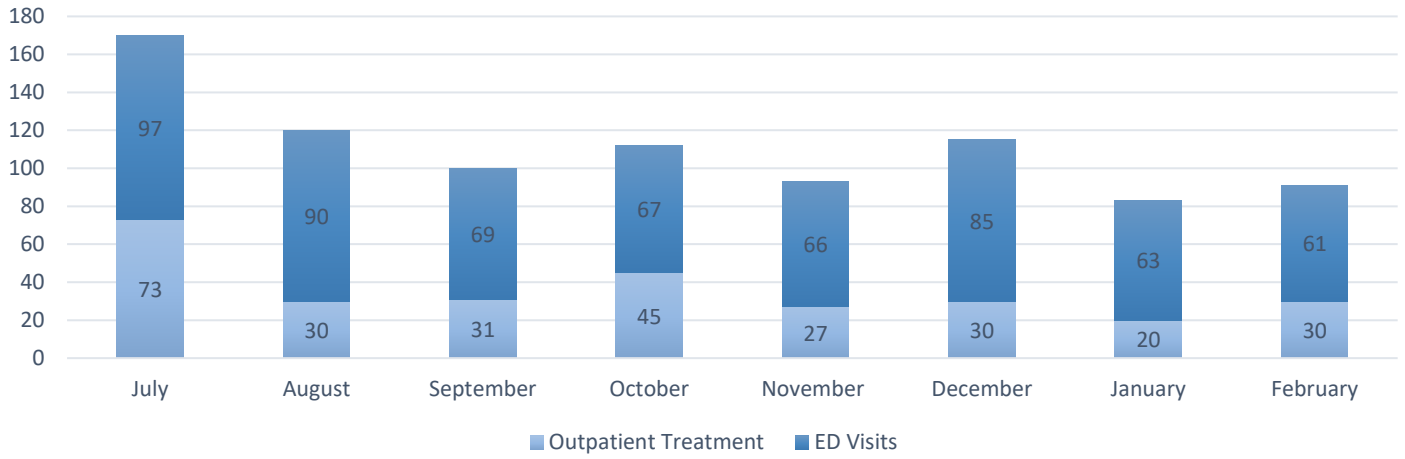
We continue our efforts to address these challenges while maintaining the highest standards of care for our patients and a supportive work environment for our staff.

Financial Wellness

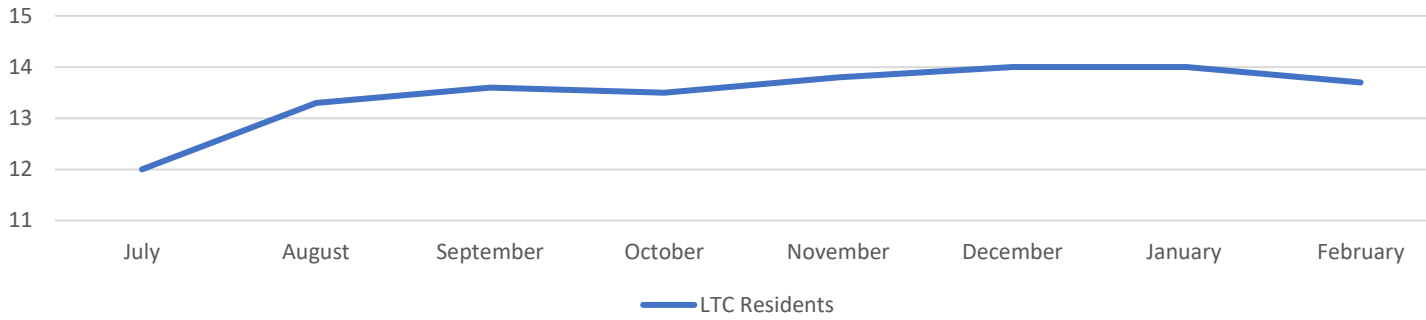
Our patient load has remained high, but to ensure adequate staffing, many staff members have been working a lot of overtime. Some travel CNAs work so many hours they cover two full-time positions. This overtime is costly, financially and in potential burnout and staff morale, yet we are grateful for their dedication, care and commitment to our residents.



Patient Encounters per Month FY 2025



LTC Resident Average Census FY 2025



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