



Nursing Report March 2026

Workforce Wellness

Current Status

Nurse staffing remains challenging in PMC inpatient areas, requiring continued use of traveling nurses and CNAs. This shortage has been driven by several factors, including the addition of a second night shift RN position (2.2 FTE), migration of RNs into other departments and roles (2–3+ FTEs), and status changes following maternity leave.

We anticipate two new nurses from the UAA program will begin orientation mid-summer, which should improve long-term staffing stability.

CNA staffing has strengthened, and we expect a significant reduction in traveler CNA needs following the next CNA class beginning at the end of March.

Elizabeth Hart will retire April 1 and has been on terminal PTO since early February. Three nurses are helping fill her absence:

- Lauren Thain – MDS Coordinator and LTC backup (part-time, in lieu of one floor shift per week)
- Kellii Wood – Lead chemotherapy nurse (as needed based on census)
- Jolyn Duddles – Skilled Care Coordinator, Hospital Discharge Planner, and Utilization Review (UR) Nurse (full-time)

This reorganization strengthens LTC backup coverage and fills several previously identified gaps. Lauren, Jolyn, and Kellii are doing a fantastic job in their new roles.

Improvement Initiative: Night Shift Staffing

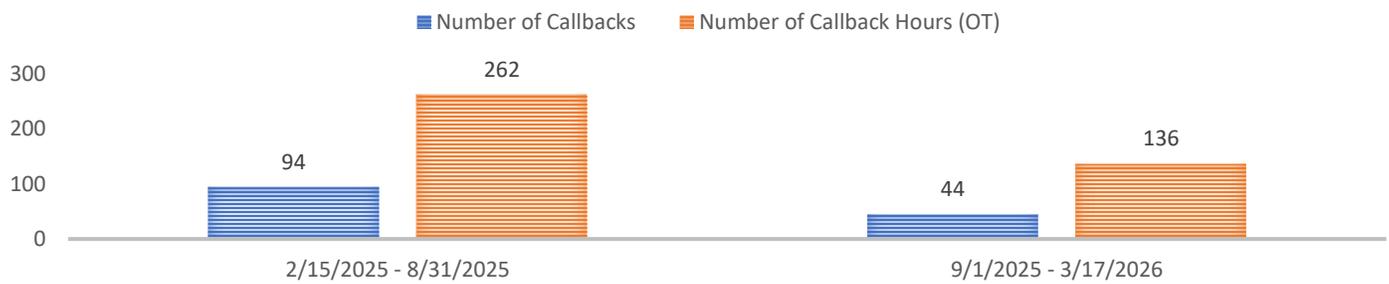
In early September, we implemented a second RN on acute care for each night shift to support ER needs, high census and acuity, LTC support, and stocking/QA work.

Anecdotally, this has been a significant success. Night nurses report feeling safer, call burden has decreased, stocking has improved, and patients are receiving more nursing time per shift.

The benefit is likely even greater than reflected, as we had already been staffing 3–4 nights per week with two nurses during extended orientation prior to fully implementing the new staffing model.

We have seen many of the anticipated benefits and none of the performance concerns we initially considered. Financially, callback overtime has decreased, though not enough to fully offset the cost of the additional staffing.

COMPARISON OF CALLBACK HOURS BEFORE AND AFTER SCHEDULING 2ND NURSE ON NIGHT SHIFT



Community Engagement

The PMC Nursing Department was proud to participate in the recent Health Fair with a colorectal cancer screening booth featuring Nolan the Colon. A total of 110 people interacted with Nolan—it was a fun and engaging addition for families.



Bessie Johnson and Holli Davis are set to complete their UAA Associate Degree in Nursing at the end of April. We are proud of their hard work and excited to welcome them into their next chapter as registered nurses.

Upcoming training opportunities include:

- SEREMS Conference
- Basic Life Support for Obstetrics (BLSO)
- AHHA Quality Summit and LTC Committee Meeting

One nurse and one physician also attended Sexual Abuse Response Team (SART) training alongside WAVE advocates, strengthening our ability to support victims of violence and sexual assault.

Patient Centered Care

CAH Survey

In late August, we underwent a complaint survey with one citation related to discharge planning. We continue to audit documentation to ensure sustained compliance, with results reported to the Quality Committee at least quarterly.

Telestroke

Our collaboration with the University of Washington Harborview Telestroke Program began in August. We have completed five cases to date and continue to refine our processes with each one.

We meet with the Harborview team quarterly for updates and case review. This program supports timely, expert stroke care and improves outcomes by minimizing long-term effects.

Metrics	Consult All (including transfers)	Transfer	Consults video (GOL 8.27.25)	Lytic	Thrombectomy
CY 2025 (Sept-Dec)	3	1	1	0	0
January 2026	2	0	0	0	0

Endoscopy Clinics

We are preparing for our second endoscopy clinic with Dr. Taggart and CRNA Jenilyn Lo. During the first clinic, we completed 15 procedures, and 20 patients are scheduled for April.

We continue to refine workflows, ensure staff competencies remain current, and improve safety and efficiency. We anticipate holding clinics at least quarterly and are exploring RHTP funding to support equipment purchases and program growth.

Upcoming/Ongoing Projects

- Trauma Designation
- Policy Review and Revision
- Sepsis Protocol
- Pediatric Readiness
- Sterile Processing and High-Level Disinfection

Facility

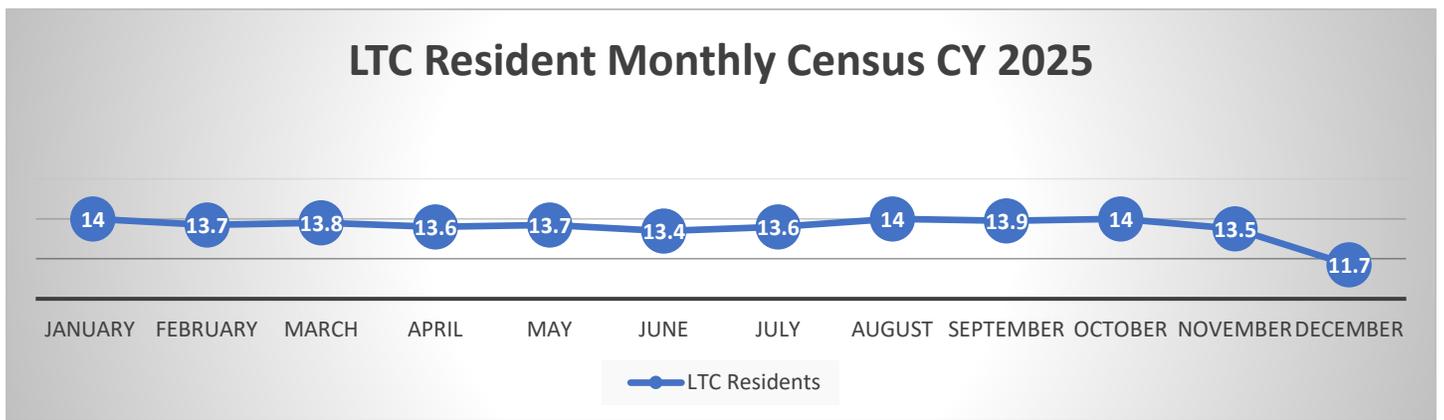
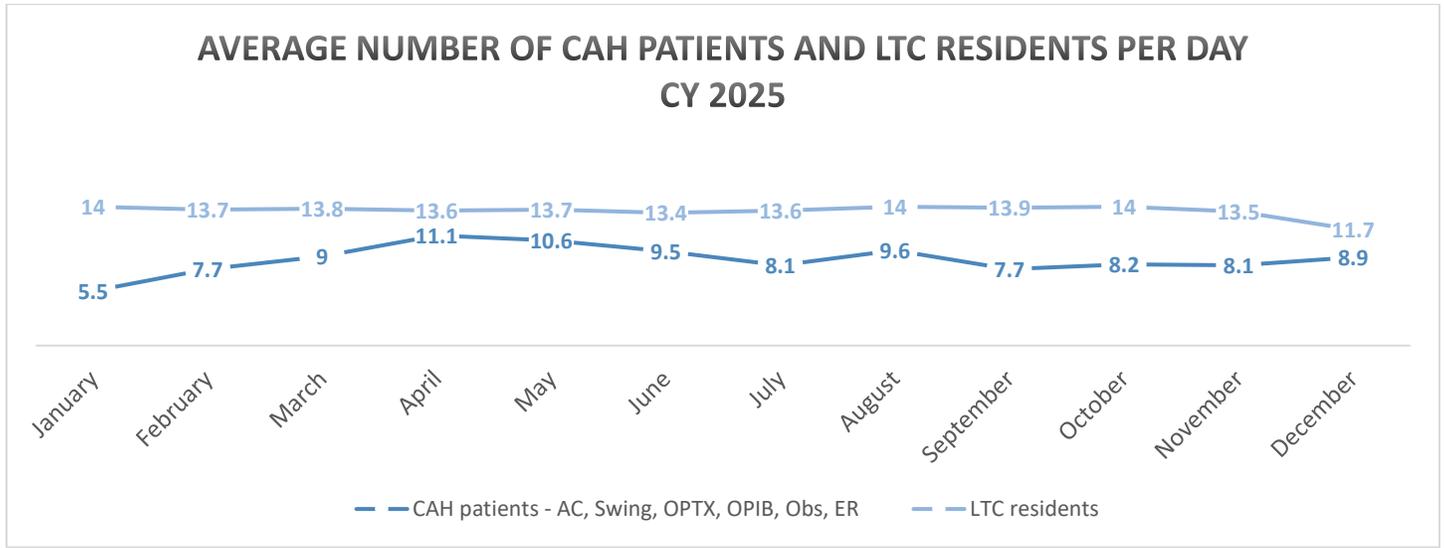
Building Challenges

Infrastructure limitations continue to impact compliance, comfort, and workflow. While the plant manager has done an excellent job managing temperature extremes, maintaining a consistently comfortable environment remains a challenge for staff, patients, residents, and visitors.

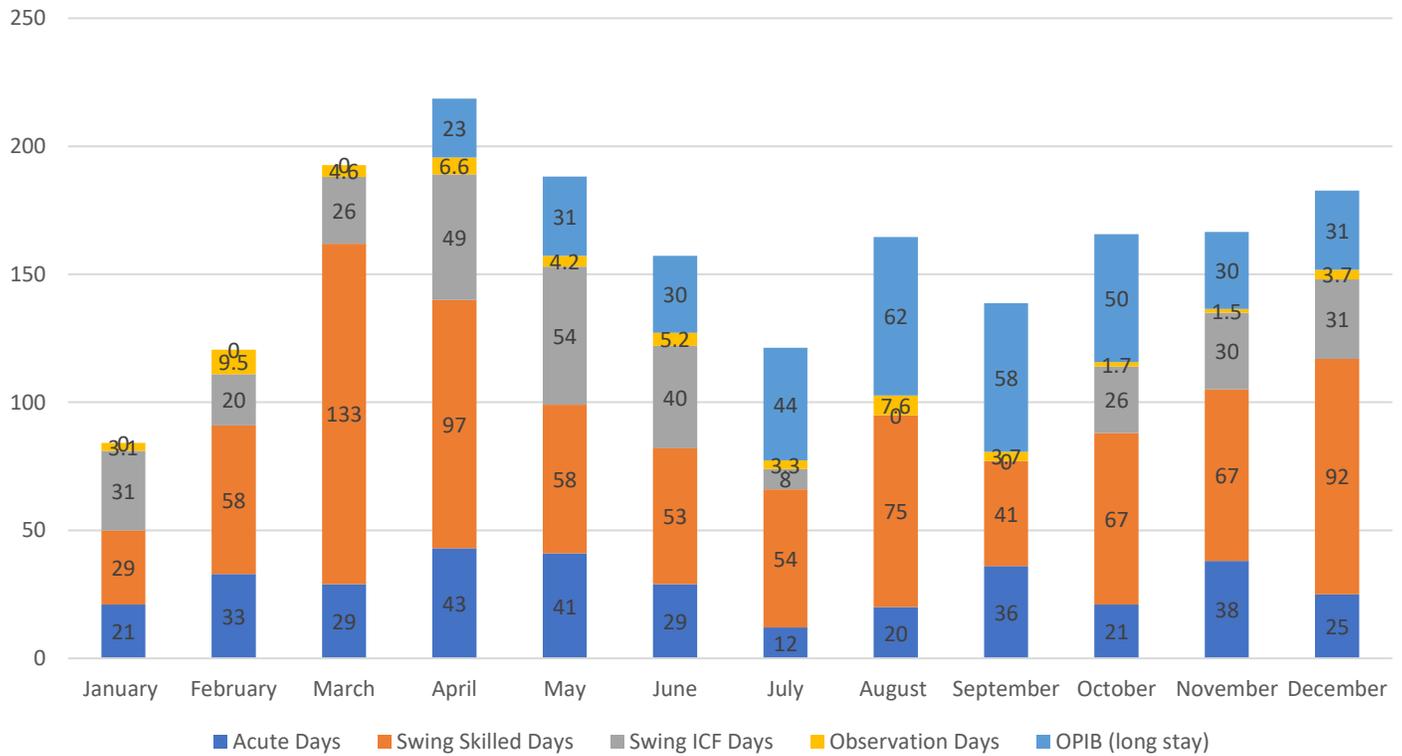
We are working to improve compliance in sterile processing. The old instrument washer is being replaced with a handwashing sink/eyewash station, and the hopper is being replaced. We are also exploring acquisition of an automated scope sterilizer.

Financial Wellness

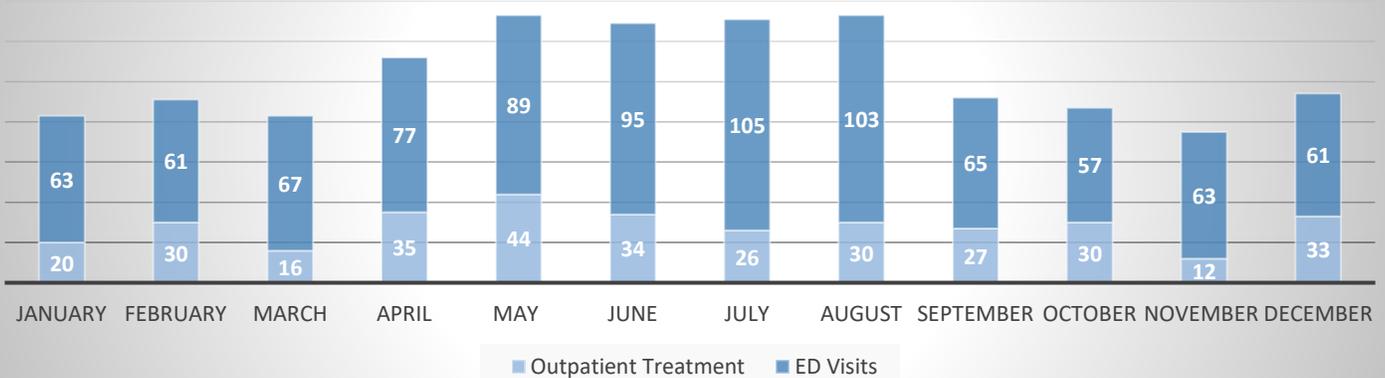
Despite a lower census in January, we have maintained a high census over the past year. To support this, we have relied heavily on traveling staff in both LTC and the CAH, along with additional shifts worked by permanent and traveling staff—both of which carry significant cost.



Inpatient Days per Month CY 2025



Outpatient Encounters per Month CY 2025



Submitted by: Jennifer Bryner, MSN, RN, Chief Nursing Officer