

PROFILES

in Healthcare

LEGACY HOSPITALS—
130 YEARS OF DELIVERING
SUPERIOR CARE

This issue featuring
**LEGACY
MERIDIAN PARK
HOSPITAL**

Legacy hospitals—130 years of delivering superior care

Legacy hospitals have grown and modernized right alongside Portland, with Legacy Meridian Park being a prime example. From a temporary field office in 1971 to a leading hospital, Meridian Park has evolved into a comprehensive state-of-the-art facility.

The mission of Legacy Meridian Park is, “In our tenacious pursuit of excellence, we dedicate ourselves to achieving the highest possible community standard for quality, safe healthcare.” It’s shown every day in Meridian Park’s striving to

provide the area’s best healthcare and supporting the growing communities that have supported its wide expansion.

The following feature about Legacy Meridian Park outlines a few of the units and tales of staffers, in their own words, about what makes them committed to their jobs and to the very best in patient care.

Next in the *Profiles in Healthcare* series will be Legacy Mount Hood Medial Center, Legacy Emanuel Children’s Hospital and Legacy Salmon Creek Hospital.

Legacy Meridian Park: a growing presence in a growing community

In 1968, Portland health-care providers began discussions about building a new suburban, inter-community hospital in the Lake Oswego-Tigard-Tualatin area. In 1969, two hospitals, Physicians and Surgeons Hospital and Emanuel Hospital joined together and purchased land for “Southwest Hospital.” The move of two large hospitals to join together in planning a third facility was, at that time, unprecedented in the nation.

The groundbreaking took place in 1971, and in 1973 Meridian Park Hospital opened. (The name Meridian Park represents the fact that the hospital is located on the county line between Clackamas and Washington counties.) This hospital was the first in Oregon with all private rooms. Medical staff totaled 109. The first unit was 1 West (now 1A), and Carleton Lindgren was its first president and CEO.

Meridian Park was originally designed to be a satellite hospital responding to the growing south Portland metro area.



It would offer high-quality, basic medical care close to home for local residents. Patients requiring more supportive and sophisticated care would be referred to Emanuel and to Physicians and Surgeons hospitals in Portland.

But those simple, humble plans weren’t to be for Meridian Park: In 1989 Portland’s two hospital corporations, Good Samaritan and HealthLink (including Emanuel and Mount Hood) merged, becoming Legacy Health System. Meridian Park became Legacy Meridian Park.

The hospital has grown in leaps and bounds since its founding. It’s now south Portland metro’s only full service hospital. Legacy Meridian Park is one of the area’s most technologically advanced and comprehensive medical centers, and the largest employer in Tualatin, with approximately 800 employees.

The demographics of Legacy Meridian Park’s immediate service area also have experienced

record growth in the past decade. The area is home to newly established Latino and Asian populations, and the hospital’s geography is as diverse as its patients. With a Tualatin address and a Clackamas County location, and situated on the east edge of the city of Tualatin, adjacent to the Washington County/ Clackamas counties’ boundary, Legacy Meridian Park serves the needs of the fast-growing communities of Tualatin, Tigard, Wilsonville, Sherwood, West Linn, and Lake Oswego.

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Legacy Meridian Park *continued from page 1*

Modern times

Recent developments at the hospital include:

- Expansion of outpatient diagnostic capabilities by adding PET/CT services for improved diagnosis and treatment primarily of cancer patients
- South Portland metro's only non-mobile PET/CT scanner
- The Total Joint Center for patients undergoing joint replacement
- Emergency treatment for heart attacks
- Pediatric and ambulatory care unit in the Emergency Dept.
- Expanded Sleep Lab Services
- 24/7 Inpatient Hospitalist Service
- 24/7 Intensivist Service

Additionally, Legacy Meridian Park's Stroke Program is recognized on a national scale. It was the first stroke program in Oregon in 1999. Not only has it been around the longest, but is also the best: In April 2006, Legacy Meridian was recognized by the American Stroke Association as the only hospital in Oregon, and one of a total of six in the U.S., for implementing the highest standards of stroke care.

Community focus

Legacy Meridian Park focuses on enhancing the region's wellness by developing partnerships with businesses and community groups. In 2005, the hospital offered more than 350 community education programs to more than 12,000 people on topics such as diabetes, child-



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birth, and stroke. The hospital offers programs for all ages, from annual kids' safety and health fairs to blood pressure screenings and foot care clinics at senior centers.

The hospital also offers Youth Employment in Summers Program (YES). Through

a grant from Legacy's Community Health Fund, YES encourages bilingual Latino youth to stay in high school, supports them in post-secondary school and introduces them to a number of health careers. Up to five students are provided summer internships and scholarship money following each successful summer.

And Legacy Meridian Park's Community Health Information Center provides residents with information to make informed healthcare decisions. Free of charge, people can use the center to do their own research or ask the knowledgeable staff to help them obtain the most current information on any number of healthcare topics.



SNAPSHOT OF LEGACY MERIDIAN PARK HOSPITAL

Admissions, from April 1, 2005 to March 31, 2006: 7,878

Outpatient visits, from April 1, 2005 to March 31, 2006: 132,188

Physicians with hospital privileges: 554

Registered nurses: 310

Volunteers: 300, contributing about 53,000 hours annually

Licensed beds: 150

Operating expenses (\$MM): \$97.1

Charity care (\$MM): \$7.7

Imaging Services: digital state-of-the-art care

Theresa Gilbert, lead mammographer, Breast Health Center

Theresa Gilbert is a lead mammographer at Legacy Meridian Park. She has been with Legacy for 18 months. Prior to joining Legacy, she worked for the State of Oregon inspecting mammography equipment. That's how she found Legacy: "I did the inspection, and liked the facility and the people. You see every facility in Oregon and you remember the good ones."

I'm a working tech, so I do mammography, stereotactic biopsies, all the quality control, and prepare for yearly inspections with the state and with the ACR (American College of Radiology).

The difference with digital mammography is that the images come up on the room's computer on the spot, so we can look at the screen and see if the images are OK. If we need to make adjustments, we can magnify different areas. It results in fewer repeats for the patients.

You can see something on the screen and have an idea what it is, and it's sometimes hard to keep a straight face for the patients. You don't want them to worry. You don't know what it is for certain until it comes back from pathology, so you need to be reassuring.



Theresa Gilbert

If you find someone who has breast cancer, it's a terrible thing, but we see mostly happy endings. They just revised the five-year survival rate for Stage I breast cancer to 100 percent. I stay with patients through the mammography, the biopsy and localization before surgery—the whole process. Also, mammography is something where you see patients year after year; you build relationships with them.

It's challenging to encourage the patient who is scared to have a mammogram, but it's rewarding as well: They are relieved and promise to come back next year. You feel like you've done your good deed for the day.

IMAGING SERVICES

STAFF/SERVICES: More than 100 professional and support personnel. Provides emergency coverage for angiography, cardiac cath, radiology/cardiac intervention, computed tomography/CTA (computed tomographic angiography); diagnostic radiography/fluoroscopy; MRI/MRA (magnetic resonance angiography); nuclear medicine and ultrasound. Other services include PET/CT (photon emission tomography/CT), the only non-mobile PET/CT in the South Portland area, DEXA scan (bone densitometry) and (digital) mammography in the Breast Health Center.

PATIENTS: 90,000 procedures performed annually, serving inpatient, outpatient, emergency, surgery, endoscopy, and other clientele from the main hospital and the Imaging Center in Medical Plaza II.

UNIQUE ATTRIBUTES: Digital images are stored electronically on PACS (picture archive communications system). Images and reports are available from PACS in the hospital and externally to referring physicians through Web access on the Legacy physician portal.

Patty Turvey, imaging coordinator, Diagnostic Imaging

Patty Turvey, imaging coordinator, has been at Legacy Meridian Park for 33 years, "three months after this hospital opened its doors." She never gets bored, she says, because "we advance so much. We have stayed on the cutting-edge of technology with the best equipment possible."

I'm like the air-traffic controller here. I coordinate the day's patient flow, workflow, staffing. Most of our patients are walk-ins or from the ER. They're not pre-scheduled. I'm the first line when radiologists have a question or issue with a film that needs to be redone, when there are questions for the nurses, if an order doesn't seem to make sense, if the tests don't seem to match the diagnosis.

The imaging technologists are the heart and soul of what we do: the imaging of patients. A technologist has to change gears quickly; they often get pulled from one thing to another. These are highly-trained people who know how to give safe patient



Patty Turvey

"Over the years I've seen a lot of people come and go. Right now I have an incredible group of team- and patient-oriented staff."

— Patty Turvey

care, and they are also people who know how to run these computers and pass along digital information that is going to be fully-archived. We have four different software types that we use in radiology alone.

Without the great clerical staff we have, we could do nothing. They keep track of scheduling our exams, reporting, burning CDs of images to send to doctors, transporting patients—many times a patient's first experience with our department is with a staff transporter.

I kind of grew up at this hospital; I've been here since my early 20s. Over the years I've seen a lot of people come and go. Right now I have an incredible group of team- and patient-oriented staff.

Imaging Services *continued from page 3*

Sandra Collins, nuclear medicine technologist, Nuclear Medicine

Sandra Collins is a nuclear medicine technologist at Legacy Meridian Park. Nuclear medicine is part of diagnostic imaging; as a technologist, her role is to inject a tiny amount of radioactive sugar into the bloodstream, and perform the tests that follow its progress, using the PET/CT scanner. Positron Emission Tomography (PET) is a medical imaging method that uses a PET camera to measure the concentration and movement of a radiotracer in the body; Legacy Meridian Park's machine is combined with a CT scanner for the most thorough series of images. She has been with Legacy a year—and is also featured in print ads in Legacy's new advertising campaign.

Only a handful of healthcare providers in the area have PET/CT scanners; currently at Legacy only Legacy Salmon Creek and our hospital have them. They also bring the pediatric patients here from Legacy Emanuel Children's Hospital.

The scanner is used as a diagnostic tool for cancers that are fast-growing, with a high metabolic rate, like lung, colon, ovarian, and breast cancers. The prevailing thought is that tumors

use glucose to grow, so the radioactive sugar tracks that growth. It's not normally used for slower-growing cancers, like prostate. Results from the scanner help physicians diagnose and gauge treatment effectiveness.

The PET and CT scans at the same time give so much more information. With this scanner, the two are married together: First the CT scan is done, then the PET. We fuse them together so we can look at everything slice by slice, and compare them to each other. We can see every functioning organ of the body.

Our patients are from 2 months to 92 years old. We may know why they're here, but we don't know what's going to show up until we do the tests. You see people at their most vulnerable: It's not a day at the spa. I try to take their mind off of what's going on, to give the same level of compassionate care that I would want for any of my family. It's also a great team environment, especially working with Christopher Cox, a wonderful person and a great team leader, and Lindsay Shuford, who is so accommodating.



Sandra Collins

“You see people at their most vulnerable: It's not a day at the spa.”

— Sandra Collins

Rose Owen, supervisor, Angio Cath Lab

Rose Owen, Angio Cath Lab supervisor, is originally from the Liverpool area in England, and has been with Legacy for seven years, six of them in her current role. As Cath/Angio supervisor, her job covers both administrative and clinical, handling everything from scheduling and meeting with reps to developing ongoing programs.



Rose Owen

The calls we get the most: to perform thrombolysis on stroke patients, which opens the cerebral blood vessels and seals them again, fixing clots. We had a 31-year old patient who'd had this done, and two weeks later you wouldn't have known that she'd had a stroke.

Another frequent call is for GI embolizations to fix GI bleeding. And then there's cardiac intervention, which was established here in 2004. Instead of cardiac emergencies bypassing Legacy Meridian Park, the emergencies stay at the hospital; this program has received great responses from patients and the community.

I remember the first cardiac intervention patient we had; we got the call at 4 a.m.—the patient was really going down, we shocked him back. When I went to see him later it was like

“You realize how you can help people—it makes all the meetings, calls and paperwork worth it.”

— Rose Owen

seeing a totally different person. You realize how you can help people—it makes all the meetings, calls and paperwork worth it. Just to make that difference. It gets everyone to realize that Legacy Meridian Park is fully capable of handling a big program like this.

The staff here is great. When my mom passed away in 2004, they just took over and provided support. They're like family and friends rather than work colleagues. We also have a great rapport with the radiologists and cardiologists. And it helps the patients, when they see the staff work together so well; it makes them feel like they're not just a number.

We have also developed a strong relationship with the ICU and ED staff here; their nurses will help us out when they can, and vice versa. We know we can't do without them; it's like a community. I also want to acknowledge Lindsay Shuford, our unit manager, with whom we've developed a strong rapport.

Medical/Surgical Units: comprehensive care

Cindy Lundy, R.N., Total Joint Center

Cindy Lundy is an orthopedic staff nurse at the Legacy Meridian Park Total Joint Center. Accepted to nursing school at age 19, she declined and got married, and started a knitting business. Inspired by her grandmother's falling ill, she went back to nursing school 22 years later. Cindy has been a nurse for almost four years.

I went to nursing school because I wanted to be a patient advocate, and the two ways to do that were either law school or nursing school—and I knew law school wasn't it. I think returning to school at a later point in my life gave me some great perspective. I'd had a more well-rounded life and it gave me more appreciation for what I do.

When I started here I worked nights and floated a lot, and then when I worked days I requested the Ortho Unit.

A lot of people don't like Ortho: It's hard work, lots of pulling and tugging. The patients get constipation because of the pain meds. But I love it; it's elective surgery, mainly. The patients have gone to a class, so they're well informed. Most

patients are in their 50s through 80s; we have patients as old as 95. They remind me of my grandparents; they say the same things. They are my comfort zone.



Cindy Lundy

I've built a bond with the doctors on the unit, for example, Dr. Irvin. When I started working with him, he'd ask me a million questions: What's wrong, what do you want to do, why do you want to do it? When I'd answer he'd tell me I was right.

Once I had a patient of his, an adorable man who was doing well but then took a turn

for the worse. I called Dr. Irvin and said, "It's either his gut or lungs, but something is wrong." He told me he trusted my instincts and got the hospitalist on it. He now calls me his intern.

There's a lot of critical thinking involved in this job. You have to rule out what things could be. Like if a patient is nauseated, you have to rule out what isn't causing it. It's like a big puzzle; I really enjoy it. I'm wild about patient care. It's

the most important thing. Some people approach nursing as a job, and not as a vocation. I think it's like a calling.

"I'm wild about patient care. It's the most important thing. Some people approach nursing as a job, and not as a vocation. I think it's like a calling."

— Cindy Lundy

Butch Bell, R.N., Medical/Surgical Unit

Butch Bell is a R.N. in the medical/surgical unit at Legacy Meridian Park. An Arkansas native, he has been in Oregon for 13 years and at Legacy for two. His introduction to healthcare came shortly after moving here, when he helped his friend's dad who had Parkinson's. "I feel like I made a difference," he says. He went back to school to become a CNA and eventually an R.N.



Butch Bell

I was hired as a surgical nurse to work with the Total Joint program, but there are so many nurses in that area I've actually been spending more time on Unit B, which

tends to be things like abdominal surgeries, appendectomies, bowel resections. A lot of ED patients. I like the surgical side because I get to see the people come there, get better and go home. I like being part of the process.

I'm on night shift; it can be very fast-paced from 7 to 11 p.m., when everyone is still awake. That's when the post-op patients come back to the floor, and you're doing vital signs, first assessments. So much happens then. From about 11 p.m. to 3 a.m. we're trying to catch up: entering documentation into the computer, starting to think about doing second assessment, checking vitals again, and giving pain meds, if necessary. From 3-7:30 a.m., there are IVs to refill, second assessments to do and updating the day shift on what's happening.

I try to be in patients' rooms as much as possible. It gives them a sense of safety that they're being watched over. People generally don't sleep well when they're in the hospital.

My idea of hell is a cubicle with a fluorescent light and a clock ticking. I have to be busy accomplishing things, and that's exactly what nursing is. It's the ideal job for me; I love to have 12 tasks and try to accomplish 14.

MEDICAL/SURGICAL UNITS

STAFF: 130, including R.N.s, CHTs (certified hospital technicians), CNA (certified nurse aides), and unit secretaries

BEDS: 64, with an average census of 51

PATIENTS: A mix of surgical, orthopedic, medical, and oncology. Average length of stay is 3.5 days

UNIQUE ATTRIBUTES: Currently undergoing a remodel, in addition to a technological upgrade with a new nurse call system, patient headwalls, new beds, and a more efficient patient supply system. Works closely with the Total Joint program and physical therapists in patient rehab. Legacy chemotherapy-certified nurses provide the best in patient care for oncology patients.

Medical/Surgical Units *continued from page 5*

Hannah Alexander, R.N., Medical/Surgical Unit

Hannah Alexander is a day shift R.N. on the Medical/Surgical Unit. A Portland native and OHSU graduate, she has been a nurse for five years, and with Legacy Meridian Park for two. Exposed to healthcare from an early age, with a nurse practitioner mother, she has always wanted to be a nurse.

It's hard to describe what I do. There's a list of things: responsible for patients, assessing, taking doctors' orders and carrying them out, monitoring patients, interacting with families and physicians, administering medications, and more. We do more than the general public thinks we do. It's not just bedside care. I also mentor our new hires and grads,

and for a few shifts a month, I am a floater between the various Med/Surg Units as the day's point person.

I'm a twin. My sister and I were born premature, and when I was 2, I was diagnosed with cerebral palsy. Coming from a healthcare family, my parents were aware of treatment options and I went to Shriner's, did therapy twice a week through grade school, had a cast and braces. When I went to middle school I no longer needed the braces, and by the time I was



Hannah Alexander

in high school the therapy continued to help. Went to OHSU, which was very competitive. It's very rare for a CP patient to be healed; it's considered a miracle.

Patient care drew me to nursing. Being sick is scary, but

being sick in the hospital is scarier. I try to make it a lot less frightening for patients. For some people on our unit, this is their home for weeks or months. Nursing is both an art and science: the art of reaching the heart of a person and the science of the illness. I try to find the balance between the two.

Sometimes, I think my patients bless me more than I bless them. I once had an elderly patient whose husband was always there for her. They had been married over 60 years. One time I was walking by her and she grabbed me and said to me, "Hannah, you have been so good to me and you didn't have to be." Then I teared up; knowing that I've made a difference to someone, it keeps me going, it's what I do.

"Nursing is both an art and science: the art of reaching the heart of a person and the science of the illness."

— Hannah Alexander

Kim Kaufman, R.N., Oncology

Kim Kaufman, R.N., is a day-shift oncology nurse. An Oregon native, she has been with Legacy for 10 years: five of them as a CNA and five as an R.N. Healthcare has come naturally to her since she was 12, helping her mother care for her grandfather with Alzheimer's.



Kim Kaufman

A large part of what we do is family dynamics: helping them cope with the patient's illness and teaching them how to care for the patient. Family members are such an inspiration and have so much determination. It's amazing to see what they can take on.

We want to make things as effortless as possible for patients and their families. For example, we're bringing back the family room: a room right off the unit, dedicated to one specific patient's family

if we feel they need it. It's good for large families, who can congregate in the room, as opposed to the patient's room or the waiting room.

Our work is always a reality check: Cancer can happen to anyone. When we have young moms in, we realize that this could be any of us. We

treat patients and families as if they were our own. You can't not get to know them. There's "Robert," a "frequent flyer" leukemia patient, who has been in with many ups and downs. And we have patients who go into remission after a long stint of chemo and radiation. When they come in to tell us, it's so cool.

It is a pretty fun place to work, which sounds kind of ironic. As unhappy as it can be, we make the best of every day. There's a lot of laughter and sometimes some tears. If there's a patient who gets up and walks around, who hasn't gotten up in weeks, we all cheer. There are about 15 nurses on the unit—we really all try to make it a positive environment.

"If there's a patient who gets up and walks around, who hasn't gotten up in weeks, we all cheer.."

— Kim Kaufman

Operating Room: a caring, efficient place

Scott Rux, R.N., perioperative, OR

Scott Rux is a perioperative R.N. at Legacy Meridian Park. He has been with Legacy for 10 years, starting out as a pharmacy tech at Legacy Good Samaritan Hospital and after graduating immediately started in the OR at Legacy Meridian Park. "The OR is a tight-knit place," he says. "You work literally shoulder-to-shoulder."

If you are an R.N. in the OR, you might do one of two things: You might be the circulator, which means you direct what's happening.

You'll do all the paperwork, the charting, positioning the patient, making sure that safety is ensured. The circulating nurse also assists anesthesia during induction and, when the patient comes out of anesthesia, hands off to the recovery room nurse.

The other role is as a scrub nurse, where you're tableside, handing instruments, holding retractors. Some scrubs aren't comfortable holding the retractor because that makes them more like a first assist. But no one I work with is



Scott Rux

squeamish; they are eager to get the most exposure and build skills.

I like doing both. It's an enjoyable process. And most of the doctors are good about teaching and showing you things. If you are willing to ask questions, they're happy to answer them—just be careful about when you ask them.

I also am the department's safety officer. We set up a monthly safety committee to go over issues, like safety rounds conducted by security and engineering and how to address hazards encountered. Also we discuss info on nosocomial infections, whooping cough at the hospital—all things related to safety that

the entire staff should know.

I think that if you take an interest in your job and work toward staying interested in it, you are never going to exhaust yourself or the ability to learn new things. You cannot hit a ceiling in this line of work, and I like that.

Melissa Garinger, surgical technologist, OR

Melissa Garinger is a surgical technologist in the OR. She specializes in sterile technique and instrumentation. She has been doing this work since 1991, and has been at Legacy for nine years. She also met her husband, Don Dreese, at Legacy, during her first week on the job.

My primary focus is orthopedic and I work with the Total Joint program quite a bit. My job involves being able to anticipate what the doctor is going to need next. I hand the instruments to the doctor, make sure there is no break in sterile technique. If I am doing my job correctly, he doesn't need to ask for it. I'm scrubbed in. I keep the flow of the surgery going, working right alongside the doctor and the assistant, when there is an assistant.

I've been doing this for 15 years, and there have been so many changes. Like

when I first started, 70 percent of gallbladder surgeries were not laparoscopic. To watch the technology change has been amazing; when women had uterine surgery they used to have to be cut open—now that's mainly laparoscopic.

The human body and what it creates are interesting. You can totally shatter your ACL (anterior cruciate ligament that connects the bones of the knee joint), for example, have surgery and go back to being active. My mom had a total hip replacement and went from hardly walking to walking pain-free.

I work with a lot of good people here—in fact, my best friend, Jane, is an



Melissa Garinger

R.N. here. They take pride in themselves and their jobs, and care about the patients. You don't always see the exact same people in the OR, but it's a small enough group that you work with many of them on various occasions. I get to know the doctors and keep up my skills in all areas. That familiarity makes the day go a little better.

I'm day shift, and one of the things I especially like here is that they really try to work with your schedule. I actually sign up for more time on the on-call schedule because I choose to.

OPERATING ROOM

STAFF: 57, including R.N.s, surgical techs, surgical assistants, and surgery schedulers

CAPACITY: 10 operating rooms and 1 procedure room

PATIENTS: Average per day: 27; per month, 549. 45 percent of procedures are orthopedic, with the remainder a mix of general, gynecology, urology, ear nose and throat (ENT), and neurosurgery.

UNIQUE ATTRIBUTES: Fast-Track system of moving patients through the OR, allowing surgeons to operate on patients more efficiently throughout the day, improving the flow of cases and physician satisfaction; high-tech Stryker navigation for Orthopedics to provide the most accurate surgical cuts for precise implant fit and in ENT for sinus surgery. The unit is also developing a spine program in lines with the Total Joint Center, including dedicated space, nursing support and providing spinal education to the community.

Operating Room *continued from page 7*

Susan Harvey, R.N., staff nurse and night charge nurse, OR

Susan Harvey is a staff nurse in the OR two days a week and a night charge nurse for two other days. A Pacific Northwest native, she has been with Legacy Meridian Park for more than five years. She's also been a nurse in Saudi Arabia, London and aboard a cruise ship.

As an evening charge nurse, I coordinate the shift schedule, arrange for staffing and facilitate processes. At night, we get a lot of patients who come in from the ED, needing surgery. Lots of patients with appendicitis, fractured legs and hips, laser procedures for kidney stones—they all come in as emergencies.

The OR is such a busy place; there's always a lot to organize and keep things running efficiently and in an excellent manner. I've also taken on some special projects to help that along, like finding things that need to be improved, setting up locator lists and finding easier locations for people to get things, making notebooks so staff can better access information. The teamwork here is so important.



Susan Harvey

On our team, everyone knows their roles, and exactly what they need to do to work on an optimal level.

Our goal, of course, is to provide the best patient care we can. All patients are important. A challenge we often face is staffing, especially in emergency surgeries: We need enough nurses to provide the highest level of patient care.

I've been a nurse for 29 years. I was a nurse on a cruise ship with 1,500 passengers and about 600 crew; all multinational, which I was used to from working abroad. Usually the emergencies were cardiac in nature. But eventually it was time to come home; I missed my family, and the Pacific Northwest is where I belong.

"Our goal, of course, is to provide the best patient care we can. All patients are important. A challenge we often face is staffing, especially in emergency surgeries: We need enough nurses to provide the highest level of patient care."

— Susan Harvey

Dawn Funk, R.N., circulating nurse, OR

Dawn Funk is a circulating R.N. in the OR. She has been a nurse for 20 years and with Legacy for seven. Her mother, an oncology floor nurse, inspired her to go into the field. She fondly remembers her mother going off to work "in her white outfit and starched hat," and the stories she'd tell.

As a circulating nurse, I check in patients, and am responsible for their comfort, positioning, prepping, and for making sure all the needs of the table and anesthesia are met.

No day is the same. Every person is different, every surgery is different. We have to be flexible and adaptable. The team members I work with are extraordinary talents; it's an honor to work with them. You have to be adaptable and you have to work with people and this team's got it.

I think one of my favorite surgeries is breast reconstruction. These people have gone through a horrible thing, and this is such a positive thing to give back. Some patients come in for a mastectomy, and then decide later to get a reconstruction.

And other patients can have it done at the same time, at least for the first stage of reconstruction: the tissue expander gets put in to expand the skin and tissue, and then I get to see the patient again for their permanent implants. We do lots of orthopedics, plastic surgeries, general gynecology, and urology. Our entire crew is cross-trained to do everything.

The work is fast-paced and exciting. I also consider it very invigorating. It's never dull. You have to be on constantly. It can be very physically and emotionally exhausting,



Dawn Funk

and it does drain you at times. Not everyone can take care of patients. In the general population, not everyone wants to take care of people. You have to have a positive outlook and a positive thought process.

One of my other responsibilities involves the unit practice council, which I helped institute about two years ago in order to make our work environment safer. Every time we bring something back from these meetings we get an enthusiastic response from the staff. It's very gratifying.

"We have to be flexible and adaptable. The team members I work with are extraordinary talents; it's an honor to work with them. You have to be adaptable and you have to work with people and this team's got it."

— Dawn Funk