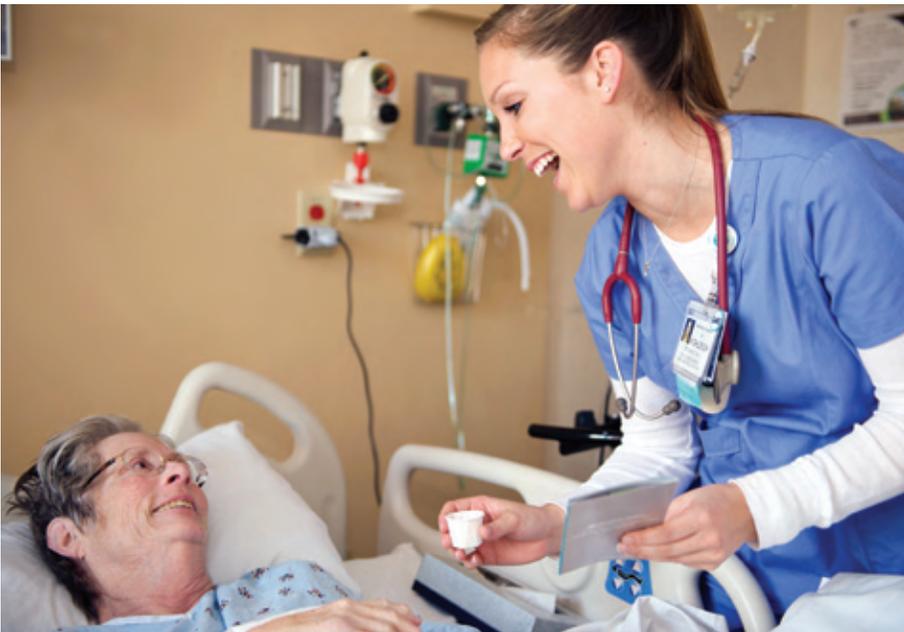
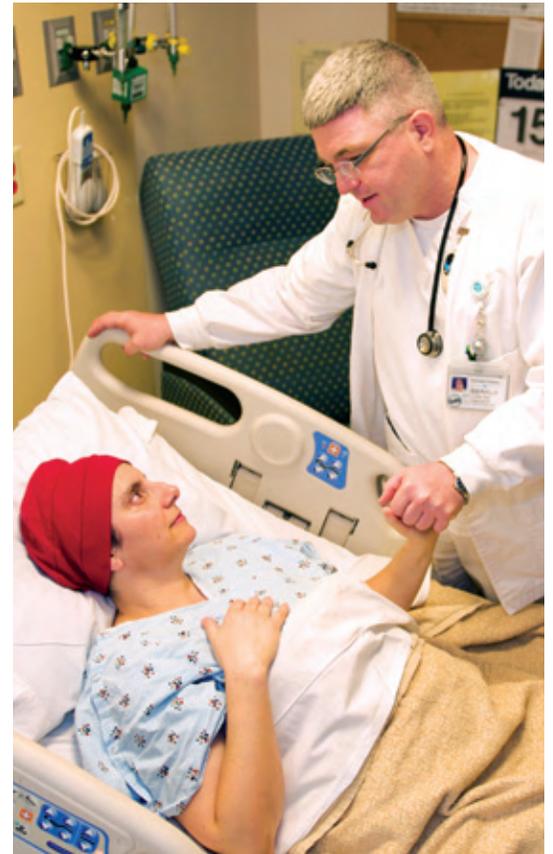




NURSING ANNUAL
REPORT 2009



Bridging
excellence
through
human
connections



Our mission.

*To excel at the delivery
of healthcare to our
community.*

Our annual report title was created by Valerie Siu, RN, BSN, MA. Valerie has been part of the Huntington Memorial Hospital team for 23 years. She began at the hospital as a volunteer, progressed to a nurse's aide position and, after receiving her BSN from Cal State Los Angeles, worked primarily as a medical surgical nurse and held a role as a care coordinator. Valerie currently works on the 5E medical-surgical unit. Valerie is an active member of the Nu Mu Chapter of Sigma Theta Tau International Honor Society. Her community outreach extends to her local church, San Marino Community Church, where she is a deacon and has been a camp nurse during church family retreats.

Our vision.

*To become the finest
community-based
regional medical center
in Southern California.*





Nursing: A Profession and a Passion

*Nursing is our profession, our passion, our art,
Nurses are guided by our minds and our hearts,
Nursing is a humanistic profession, a spiritual one
Caring for others, doing all that can be done.*

*Our love for our profession is our inspiration
Our vision is unlimited, boundless in imagination.
Nurses, dream big, aim high, our future is bright
Each Huntington nurse, come bask in the light!*

*Huntington nurses you can open each and every door
Our reach must exceed our grasp, or what's a heaven for?
We can reach our goals with spirit and collaboration
Each of you has gifts to give, ideas and innovation.*

*Ours is a journey to achieve excellence, to be put to the test
The forces of Magnetism, to be the best of the best.
Our best practice, best quality, our quest for perfection
Bridging excellence through human connection.*

MARY YORK HENRY, RN | MANAGER, 5 EAST SURGICAL

Living Our **Core Values** through Human Connections.

I must write to you and say that my care was second to none ... I mentioned to several nurses how pleasant, caring and attentive they were ... they do their jobs with passion.

The delicate balance that nurses maintain between science and humanity is excellent.

On re-admission I was welcomed with smiles and a sense of familiarity which made me feel incredibly valued at a time where I was faced with leaving my family.



Our relationship with Huntington Hospital began over 50 years ago with the birth of our first child ... every one of my stays has been punctuated with wonderful, loving and caring experiences.

I was placed under the care of a splendid nurse ... throughout my five-day stay she deftly maneuvered around my expected pains and low spirits ... her grace under pressure put me at ease.



What sets Huntington Hospital nurses apart is that they clearly develop creative initiatives to make us all feel unique ... your nurses truly internalize the core values of this organization.



I believe my son's quick health improvement and maturity had to do with the precise, accurate and skilled care of our nurses.

My mind is fuzzy about everything, but I do remember voices, caring and hand holding, encouragement and just the itsy bit of hope that today is a better day and worth living.



... truly amazing to see how all pieces interlock together ... the well-being of each baby could not be facilitated by one individual alone ... from RT, dieticians, nurses, doctors, community volunteers, cleaning staff... all are valued members and part of a great team.



... the calm and thorough explanations of what was happening and what was to occur were provided by nurses ... this fortified my confidence and greatly comforted my wife and family.

I wanted to thank some very special nurses who cared about me and my health ... they were compassionate, made me believe that I would get well and walk out of here ... they cried when I cried and gave me hope.

Respect.

We affirm the rights, dignity, individuality and worth of each person we serve and of each other.

Integrity.

We honor the commitments that we make, believe in fairness and honesty, and are guided by our ethics.

Stewardship.

We wisely care for the human, physical and financial resources entrusted to us.

Excellence.

We strive for excellence, quality and safety, and we are committed to providing the best care, work environment and service possible.

We are committed. We are committed to excellence because it is the right thing to do for our community, our patients and families, our nurses, and our organization.



I am pleased to present *Bridging Excellence through Human Connections*, our 2009 nursing outcomes report for Huntington Memorial Hospital.

As you will see in these pages, Huntington Hospital nurses deliver exceptional care for patients and families — and they do this consistently and with great compassion. In past years, we have focused our attention on data, benchmarks and outcomes. This year, we have elected to take a slightly different path and focus on our clinicians. They are the experts who strive to improve and innovate their practice for the benefit of our patients. Their stories are told throughout these pages. The link to quality outcomes will be evident as you read about their professionalism and passion for nursing.

In 2009, we began a journey to formalize this commitment to excellence in nursing by pursuing Magnet designation. Magnet designation is recognition for nursing excellence and identifies healthcare organizations that epitomize outstanding quality and professionalism in a healthy practice environment. This program will allow us to highlight the good work already being done at Huntington Hospital and will guide us as we build on this success. Our focus on new knowledge and innovative solutions will transform the way we care for our community.

While the focus of Magnet is primarily on nursing, the process must be embraced by the institution as a whole, and Huntington Hospital's board, medical staff and executive leadership are fully committed to achieving this goal.

Every day, our nurses bring to life the hospital's mission of care — with the touch of a hand, a kind word, an extra moment spent with a patient. I am proud to say these actions represent the hallmark of nursing at Huntington Hospital: the human connections that provide a bridge to true excellence in nursing care.



BONNIE KASS | VICE PRESIDENT, PATIENT CARE SERVICES AND CHIEF NURSING EXECUTIVE

“Transformational Leadership is the ability to create and transmit a charismatic vision that runs through an organisation like an electric current, inspiring and energising the thoughts, ideas and actions of the people to elevate their performance.” DAVID FERRERS

Nurses are at the very heart of patient care at Huntington Memorial Hospital — the most immediate and personal link between a patient and their overall care team. But our nurses cannot succeed alone. Delivering exceptional care requires a commitment from all areas of the hospital to work together to achieve the great outcomes you will see in these pages.

From the work of Huntington Hospital’s board of directors and its Quality Committee, to the pursuit of nursing Magnet status, a commitment to excellence is reflected at every level of the hospital. And Huntington Hospital’s nurses play a central role in creating our culture of excellence. Serving on the front lines of patient care — and interacting with other caregivers and hospital staff — they exemplify our values and personify our commitment to quality.

But we know that great patient care is a team effort. Research shows that strong collaboration among care staff has a positive impact on patient outcomes. Have you ever stopped to consider how many different professionals interact with each other, to diagnose and treat a single patient at the hospital? Creating a culture of excellence involves all of us — partnering and communicating effectively to support the best possible care.

This report includes many examples of excellence across Huntington Hospital. All were possible because, quite simply, the hospital’s nurses are in a class by themselves — unmatched in their care skills, their commitment to teamwork, and their evident concern for our patients.

It is with great pleasure and pride that I recognize the nursing staff of Huntington Hospital for their outstanding work in 2009 — and for their continued commitment to excellence.



A handwritten signature in blue ink, appearing to read "Stephen A. Ralph". The signature is fluid and cursive.

STEPHEN A. RALPH | PRESIDENT AND CHIEF EXECUTIVE OFFICER

Contents

About Huntington Memorial Hospital	7
About the Department of Nursing	7
A Vision for Excellence	8
Transformational Leadership	10
Structural Empowerment	15
Exemplary Professional Practice	20
New Knowledge and Innovation	31

To an extraordinary group of nurses

We are on a great journey

We have the responsibility, talent and commitment to advance quality and safety, expand our professional practice, improve the patient care experience, and ensure that we are all lifelong learners and transformational leaders.

Thank you for the extraordinary care you provide and for Bridging Excellence through Human Connections.

LULU ROSALES, RN, MSN
MAGNET PROJECT COORDINATOR





About **Huntington Hospital**

Huntington Memorial Hospital is a 636-bed, not-for-profit, community hospital excelling at the delivery of healthcare through superior technology and the dedicated and compassionate work of caring medical professionals. Every year, care is provided to more than three-quarters of a million people. The hospital continues to respond to community needs through the highest quality medical, nursing and research programs.

Today, Huntington Hospital offers a range of more than 90 programs and services, including everything from basic healthcare to specialized programs of cardiology, emergency/trauma, women's and children's health, cancer diagnoses and treatment, psychiatry, senior services and community services. As a teaching hospital, Huntington Hospital has affiliations with various schools of nursing and schools of medicine, promoting a work environment which supports lifelong learning and collaboration between disciplines.

About the **Department of Nursing**

The department of nursing at Huntington Memorial Hospital is comprised of registered nurses, clinical nurse specialists, nurse practitioners, licensed practical nurses, licensed technicians, patient care assistants and unit secretaries. This talented group of healthcare providers practice on more than 20 specialty-based nursing units including three critical care units.

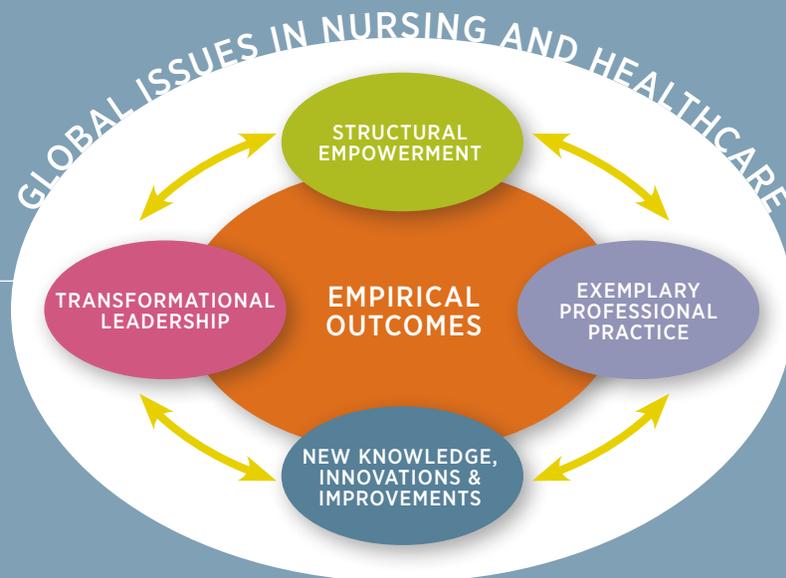
Our diverse nurse team is supported by a strong, visionary and visible group of nurse leaders who encourage professional growth and foster a healthy work environment. Optimal care delivery is created through interdisciplinary and leadership collaboration and partnerships that promote a safe, positive, knowledgeable, creative and trusting practice environment. As vital members of the interdisciplinary team, RNs are responsible to effectively communicate information related to patient care.

In partnership with several colleges and universities, Huntington Hospital trains, mentors and develops nurses year-round. In addition to student nurse training, a multitude of programs are offered for licensed and non-licensed staff. The nursing division continuously seeks to develop, challenge and mentor nurses through the advancement of their practice.

A Vision for Excellence. **The Road to Magnet.**

What is Magnet Designation?

- Administered by the American Nurses Credentialing Center, the nation's largest and foremost nursing accrediting and credentialing organization.
- Represents the highest level of national recognition to healthcare organizations that demonstrate sustained excellence in nursing care in a healthy, collaborative and professional work environment.
- Only five percent of all acute care healthcare organizations have obtained this prestigious recognition.



What is the Magnet Model?

- The Magnet Model helps to guide organizations by providing structure to the different characteristics that are sought in a Magnet designated organization.
- Part of the application process includes submitting approximately 3,000 pages of narrative that support 88 standards of evidence that demonstrate enculturation of Magnet principles. These 88 standards or characteristics fall within one of the various Magnet domains seen in the model.
- This model places a strong focus on outcomes and creates a new vision to communicate the importance of Magnet organizations in shaping future changes that are essential to the continued development of the nursing profession and to quality outcomes of patient care.
- Once designated, Magnet organizations must provide annual reports and apply for redesignation every four years by demonstrating sustained enculturation of Magnet characteristics.

A Closer Look at Each Domain

Transformational Leadership

- Nurse leaders who are visionary, influential and who maintain strong expertise related to professional nursing practice.
- Nursing leadership promotes a healthy work environment to achieve excellence.
- Nurse leaders listen, challenge and enlighten.

Structural Empowerment

- Nurses at all levels utilize shared decision-making (for example: nursing councils, interdisciplinary taskforces).
- Nurses extend knowledge and influence throughout the community.
- Nurses are recognized and acknowledged for their accomplishments.
- Promotion and facilitation of lifelong learning and professional growth and development.

Exemplary Professional Practice

- Interdisciplinary collaboration and nurse autonomy is evident and expected.
- Partnerships with other nurses, physicians and multidisciplinary members are key to ensure a comprehensive plan of care.
- Respect based on the premise that all healthcare members give essential and meaningful contribution to achieve clinical outcomes.

New Knowledge, Innovations & Improvements

- Consistent integration of evidence-based practice and research into clinical process.
- Innovations in patient care, nursing and practice.

Empirical Outcomes

- Nursing makes essential contributions to patient, nursing workforce, organizational and consumer outcomes.
- Empirical outcomes are measurements of quality outcomes and focus on the results and differences that can be demonstrated based on the application of various structures and processes.



Transformational Leadership. A style of leadership in which a leader identifies needed change, creates a vision to guide the change through inspiration and executes the change with commitment of members in the group.

TRANSFORMATIONAL
LEADERSHIP



“Having Bonnie at the executive level has a positive impact on our nursing division goals and initiatives. She ensures that we are all represented and recognized for the impact that nursing care has on patient outcomes. Advocating for the allocation of appropriate resources is one of Bonnie’s highest priorities because nurses need the appropriate equipment and resources to provide optimal, safe and quality care to every patient every time.”

Nursing Represented at the Highest Levels of the Organization

As vice president of patient care services and chief nursing executive (CNE), Bonnie Kass holds direct responsibility for multiple inpatient and outpatient settings. This responsibility gives her the ability to influence organization-wide changes, as well as direct impact on how organizational changes support patient care and nursing practice.

As a member of multiple senior management and board designated teams, Bonnie promotes a vision for nursing that is innovative and beneficial in maintaining high levels of care. She participates in the annual strategic planning for the hospital and the hospital operating plan. She represents nursing at the highest level by participating in discussion around needed services or partnerships.

In her CNE role, Bonnie is responsible for ensuring the nursing vision is in alignment with the hospital strategic vision. In collaboration with nursing leadership Bonnie, develops develops a nursing strategic plan that aligns with the strategic plan and goals of the hospital, while focusing on issues that nursing will face over the next several years. Bonnie holds herself accountable to the nursing staff by ensuring that resources are available to provide the highest level of care. She believes her role is to establish a good practice environment that will continue to attract great nurses.

Bonnie ensures mechanisms are in place to share quality data and strategies for improvement with frontline staff and managers. She has, and continues to support systems and processes that help improve the standard of nursing practice at Huntington Hospital.

“I take care of the nurses so they can take care of the babies and children.”



Growing to Serve

Leadership to me is about doing what is right. I believe in relationships over everything. As a nurse manager, I listen with intent to nurse concerns and suggestions because I believe that every nurse plays a crucial role in contributing to our patient outcomes and organizational goals. During my rounding and staff meetings, I make sure to recognize nurses (privately and in public) for their input, and encourage them to approach me with any issues or suggestions. Through conversations and open communication with my nurses, I am able to identify and generate opportunities for them to improve the delivery of healthcare services and for crediting them for these improvements as well. I am fully committed to the growth of my staff and nurture both personal and professional growth by providing strong, supportive and mentoring relationships which are focused on growing greatness.

Part of building strong and healthy relationships with my staff includes me understanding the position and circumstances that they are in, considering a diversity of viewpoints, and helping followers realize their dreams. I work hard to get to know personal things about my staff, especially if it may affect performance. Maintaining this awareness gives me a deeper understanding of any underlying issues. When dealing with errors I try to appreciate how this happened, assess the systems and processes, use a non-punitive approach and embrace the situation as a learning opportunity. This does not suggest that unacceptable behavior or performance is condoned but rather it is the behavior and not the individual that is sanctioned. Recognizing critical life events, whether positive or negative, results in a sense of community and a culture of care that is transferred on to the care of our patients and families.

In order to create and maintain a healthy human connection with my staff, I must be cognizant of feelings and non-verbal cues when critical constructive feedback is given. This requires attentive listening and strong foresight. As a true believer of transparency, I encourage this in

my department. This transparency has led to continuous building of strong relationships and collaborative partnerships between my staff and I, and also partnership between my staff and their patients, families and members of the healthcare team.

Often I am asked by friends and family about what I do. My response is always, “I take care of the nurses so they can take care of the babies and children.” I advocate for nurses by making sure they have the necessary tools and resources to provide great care to our patients. I encourage and support nurses to be autonomous and confident about the work that they do and about their nursing judgment. I use humor and a healthy and supportive learning environment to foster development and confidence in my staff. But more importantly, I maintain a human connection with my nurses and encourage them to do the same with their patients, families, and healthcare providers.

JEAN MAINES, RN, BSN
NURSE MANAGER,
NEONATAL/NICU/PEDIATRICS/
PEDIATRIC INTENSIVE CARE

Transformational Leadership.

TRANSFORMATIONAL
LEADERSHIP



All in a Day's Work: Nurses Guiding Transition through Unplanned Change

The Santa Ana winds are strong, extremely dry, offshore winds that blow through Southern California from late fall into winter. In November 2008, wildfires hit the town of Sylmar, California. The fire was reported at 10:29 p.m. on November 14. Hurricane force gusts were estimated between 50 mph and 80 mph.

The Los Angeles Times reported that, around midnight, "tall walls of flames quickly surrounded Olive View Medical Center," as "embers blew down streets, catching trees and shrubs on fire around the hospital," and, "before long, the hospital was surrounded on all sides by fire." Two hundred patients were sheltered inside the hospital while the firefighters fought the flames outside the hospital. The hospital lost power and the emergency generators did not work.

On November 15, 2008 at 1:30 a.m. Huntington Hospital's neonatal intensive care unit (NICU) received a call from the staff at Olive View-UCLA Medical Center. The hospital needed to evacuate babies from their NICU. They needed to know if

Huntington Hospital could take two of their babies. Without hesitation, the NICU transport team mobilized and went into action packing up their bags of equipment and supplies, summoned the ambulance, and headed to Olive View. The transport was quickly stalled by traffic and detours. The team of registered nurses and registered respiratory therapists could see the fire on the hillsides, and ascertained that the flames were rapidly approaching Olive View. The team told the driver, "Go faster and do not stop!" The NICU team from Huntington Hospital huddled in the back of the ambulance, understanding that their mission was to "get those babies out of there."

Flames on both sides of the road were shooting up as tall as the trees. The NICU team said "Don't stop, keep going!" They knew that the worst thing that they could do was to stop there and become trapped. The ambulance arrived at the door of the hospital. The NICU team rushed in and rescued those tiny babies with blankets around them

and their original medical records. They hurried back to the waiting ambulance. The ambulance took off to Huntington Hospital, precious cargo in tow. The team arrived back at the hospital smelling of smoke, dirty, with hair full of soot, but as heroes. They handed over the babies to the awaiting NICU staff. The babies were stabilized and parents informed of their babies' safe arrival.

On November 20, 2008, the fire was 100 percent contained and had burned 11,262 acres. Forty buildings on the Olive View campus were damaged. Eighteen babies and nine adults were evacuated from Olive View during the early hours of November 15, 2008. Two of those babies were in the hands and care of Huntington Hospital nurses.

ALISON THOMAS, RNC, BSN
NEONATAL TRANSPORT
COORDINATOR



Inspiring Our Future Leaders

My passion for nursing began with exploration. I was an art director for many years and decided to volunteer at Huntington Memorial Hospital. As a volunteer in the post anesthesia care unit (PACU) and cardio thoracic unit (CTU), I was able to witness the excellent nursing care that was given to patient and families and saw myself wanting to follow in those steps. I was accepted to LA County College of Nursing and Allied Health and was classmates with Danny Jimenez, RN, and Carol Richards, RN, whom I would later work with as new grads on the definitive observation unit (DOU).

As a new nurse, learning time management, critical thinking and all the things that I was responsible to know as a nurse on the DOU was very stressful and often left me thinking about leaving DOU. I was lucky to have constant support and encouragement of Maureen Battle, RN, DOU manager during my novice phase of nursing. During our weekly one-on-one meeting, Maureen recommended I try to orient during the night shift with a preceptor I could

relate with. Over time, I was able to feel competent and gained the critical thinking and time management skills I needed to establish comfort and confidence as a new nurse in the DOU.

Because Maureen knew of my passion for wound care, she asked that I represent my unit on the skin and wound team. As a member, I attended educational meetings, educated DOU staff through posters and presentations and collected data about pressure ulcers. I approached Maureen about my goal of becoming a wound, ostomy, continence nurse (WOCN). Becoming a WOCN required I go back to school and earn my bachelor of science degree in nursing (BSN). In her supportive role, Maureen was flexible with my schedule so that I could complete my goals.

In late 2007, a year prior to completing my BSN, I decided to apply for the WOCN position at Huntington Hospital. I was offered this professional growth opportunity by Patty McCafferty, RN, MSN, director of critical care services, and would be mentored in my WOCN role by Teresa Sepulveda RN, WOCN. In May 2008 I completed my BSN and by November 2008 I had completed a 10-week WOCN program through Emory

University in Atlanta, Georgia which would prepare me for a four-part exam to obtain my WOCN certification.

It is the people that mentor us that help to shape and influence our career paths. I thank Maureen for mentoring me through my difficult transition into becoming a DOU nurse and for her insight into where my eventual career path would lead to. Maureen believed in me and fostered me through my three and a half years on the DOU. I thank Teresa Sepulveda and Patty McCafferty for believing in me and giving me a chance to fill the very large shoes of a WOCN at Huntington Hospital.

**ANN MARIE WHALEY RN, BA, BSN, CWOCN
WOUND, OSTOMY, CONTINENCE NURSE**

Transformational Leadership.

TRANSFORMATIONAL
LEADERSHIP

Mentoring Dawn



"I strive to be the best nurse ... to be more like you in the way you show true compassion and genuine caring ... I cannot thank you enough for your constant and unwavering love and support."

DAWN JONES, RN, MSN

A nursing mentor is an experienced nurse who shares knowledge with less experienced nurses to help advance their careers. Mutual growth and respect of others' abilities and knowledge is essential to building this long-term relationship. A cornerstone of the mentor-mentee relationship is the beliefs and values shared. Essential mentoring responsibilities include advising, friendship, coaching, accepting and encouragement.

Many nursing leaders have a passion for developing and mentoring others. Mentors identify the strength of an individual and help them develop that strength. Simply stated, a mentor should be a friend who can provide a "swift kick" when needed.

In December 1994, I received an application from a student nurse named Dawn Mjelde (now Dawn Jones). Dawn was professional, engaging, articulate and very excited to begin her nursing career. That day was the beginning of a long and rewarding relationship that continues to this day. As soon as Dawn passed boards in January

1995, she accepted a new graduate position on my unit. Not long after she completed her orientation, I encouraged Dawn to join a newly formed team, the medication safety team. Hesitant at first, Dawn was soon engaged with the team, bringing back information to the staff and utilizing her critical thinking, making contributions to the team for several years. Dawn was instrumental to the success of our unit based council and our unit was paving the way for nurse autonomy and innovation in quality care and nurse satisfaction.

Determined to further her education, Dawn enrolled at Cal State Los Angeles for her master of science in nursing (MSN). After obtaining her MSN and certification for acute nurse practitioner, she continued to work on our unit and also worked at a clinic. While I felt so fortunate that Dawn continued to work with our unit, I knew she needed encouragement to "spread her wings."

In 2001, Dawn was offered the opportunity to teach part time at Azusa Pacific University. Mentors must be willing to "let go" at some point.

As a part-time nurse, Dawn continued to contribute to our unit as a preceptor, preparing staff for Joint Commission surveys and continuing on the medication safety team.

In 2003, Dawn's excellent verbal and written communication skills were put to use as she began working with the implementation of our electronic documentation. In 2006, Dawn accepted a position as clinical informatics analyst, a full-time commitment. I took a moment to review my comments on her performance evaluations over the years. A few excerpts: "It makes me very proud to know that, in some way, I have participated in your development ... across the organization you are a role model and I am more than willing to foster any kind of move for you because I value you and want you to share your expertise and your patient and nurse advocacy with others. You have made me a better person and manager for having known and worked alongside of you all these years."

MARY YORK HENRY, RN
MANAGER, 5 EAST SURGICAL

Structural Empowerment. Having structures and processes in place that support the partnership of nurses at all levels to be involved in shared decision-making.

STRUCTURAL
EMPOWERMENT



Shared Decision-Making: Fostering Partnerships to Achieve Excellence

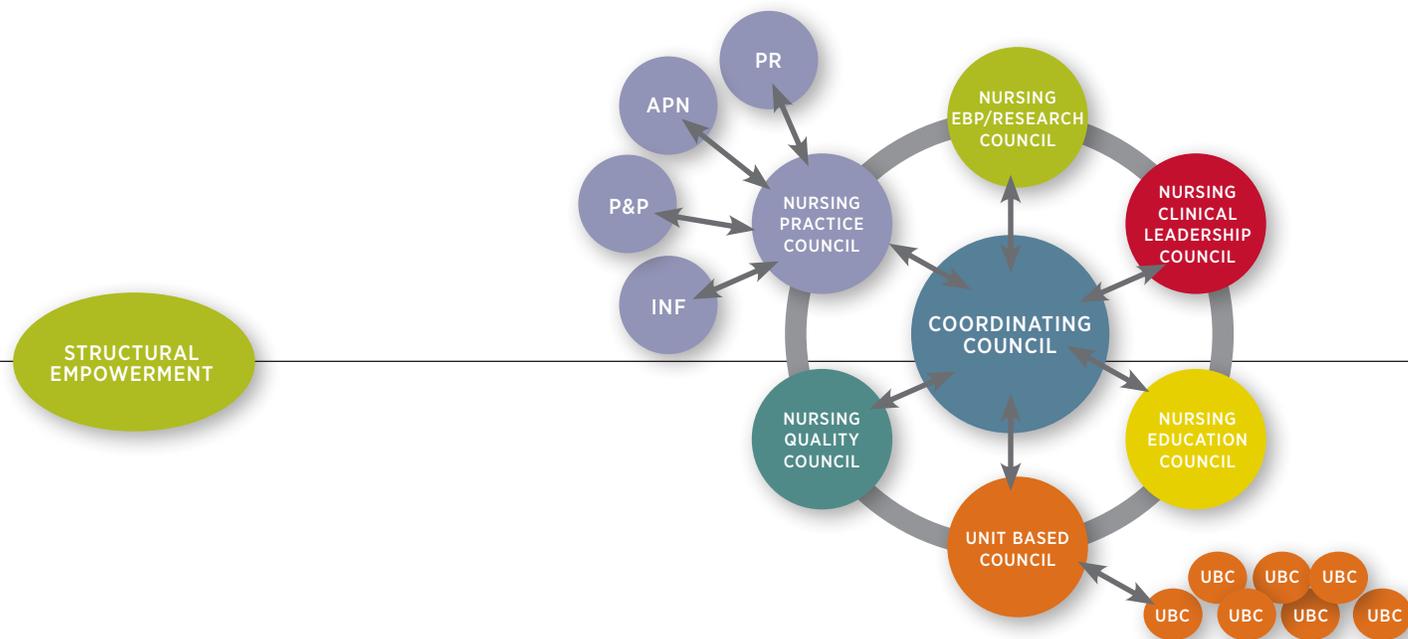
The nursing shared decision-making structure provides direction and support for the professional practice of nursing at Huntington Memorial Hospital. Inherent to the definition of the nursing profession is autonomy and the accountability to keep the patient and family at the center of care. Shared decision-making allows nurses of all disciplines to have an active voice in the necessary and vital changes that occur throughout the organization. By providing unit-based and globally shared decision-making opportunities, ideas are shared and outcomes are achieved through effective and innovative methods.

The various nursing councils within the structure provide a forum for nurses and service leaders (nursing managers and directors) to partner and make shared decisions related to clinical practice issues, professional development, performance improvement, application

of new knowledge and operational issues such as allocation of fiscal and technology resources. The values of shared decision-making include: partnership, accountability and ownership of nursing practice. The advantages of shared decision-making are threefold:

- Empowers nurses to use clinical knowledge and expertise to develop, direct and sustain their professional practice.
- Allows nurses to network and develop collaborative partnerships among units, departments and other disciplines.
- Fosters dynamic staff-leader partnerships that promote collaboration, shared decision-making and accountability for improving quality of care, safety and enhancing work life balance.

Structural Empowerment.



Shared Decision-Making Councils: A Year in Review

- **Coordinating Council**

Responsibilities include: 1) providing a forum for the coordination and consolidation of information, invention and improvements of the other councils; 2) advising other councils in aligning their goals with the nursing division strategic priorities; 3) identifying the roles and responsibilities of the various nursing councils and 4) providing guidance and resources. The coordinating council fosters an environment of discussion and innovation to approach organizational challenges. The coordinating council serves as the liaison to other hospital interdisciplinary and multidisciplinary committees and serves as the “filter” for hospital-wide projects.

In 2009, the coordinating council helped the various councils prioritize projects and initiatives throughout the year by aligning with the nursing division strategic priorities and organizational strategic priorities.

- **Nursing Clinical Leadership Council**

Responsibilities include: 1) coordinating the leadership activities among the patient care areas; 2) integrating and interpreting services and decisions that affect the nursing division and other clinical departments involved in the provision of care; 3) managing and coordinating strategic initiatives; 4) reviewing administrative policy changes and 5) maintaining communication with other patient care divisions. Council membership consists of patient care leadership.

Accomplishments in 2009 included the conversion to SMART IV Pumps to improve safety and accuracy of medication delivery; implementation of electronic bed board Tele-tracker and a positive year-end financial report.

- **Nursing Education Council**

Responsibilities include: 1) developing appropriate educational materials for dissemination to staff nurses

who provide direct patient care and 2) creating education materials based on recent content topics from all the nursing councils.

In 2009, the council — composed of 95 percent staff nurses — worked closely with the stroke program coordinators to develop and disseminate information about stroke care, symptom recognition and activating the appropriate rapid response systems throughout the organization. This coordinated effort led to a successful Primary Stroke Center accreditation from The Joint Commission.

- **Nursing Quality Council**

Responsibilities include: 1) reviewing data related to nurse sensitive indicators; 2) identifying areas for improvement; 3) collaborating with other nursing councils to develop house wide education as appropriate and 4) keeping nurses up to date on how to interpret internal and external quality benchmarks.

In 2009, the quality council focused on hospital acquired pressure

ulcers (HAPUs) by developing an audit tool which aided in the identification of information that provided opportunities for determining common factors which contribute to HAPUs. The council determined oxygen cannulas were the cause of ear ulcers. In collaboration with respiratory therapy, the oxygen cannulas were replaced with a more flexible product less likely to cause pressure ulcers. Other non-device associated pressure ulcers were noted to be caused from lack of pressure relief and limited opportunities for the patient to reposition. This data, in combination with a literature review of recommendations, was shared with nursing staff through other councils, unit based councils and staff meetings. Additionally, council audits of catheter related urinary tract infections (CAUTIs) revealed significant opportunities for reduced use of indwelling catheters. This information will be shared with nursing staff along with along with recommendations for best practice.

- **Nursing Practice Council**

Responsibilities include: 1) providing a forum for reporting of standing committee activities (informatics council, policy and procedure council, peer review council, and patient education council); 2) identifying needs for the development of standards; 3) providing a forum for the discussion of clinical matters, professional issues and trends 4) providing leadership and infrastructure support to facilitate change and 5) sponsoring and participating in activities that enhance professional nursing and contribute to the goals of the division of nursing.

In 2009, the nursing practice council reviewed and approved clinical policies, created a medication reconciliation task force to refine the medication reconciliation process,

created an evidence-based practice subcommittee, updated membership to 85 percent of direct care nurses, collaborated with clinical informatics on Computer on Wheels replacement project and revised electronic patient discharge instructions among other great things.

- **Nursing Peer Review Council**

Responsibilities include: 1) confidential nursing event-based peer review by referral from a variety of sources; 2) summarizing of event findings, conclusions and recommendations; 3) maintaining confidentiality.

In 2009, the council identified a potential gap in the knowledge and use of chain of command. This was addressed through education of staff.

- **Policy and Procedure Council**

Responsibilities include: 1) promoting evidence-based reviews of Huntington Hospital's clinical policies and procedures; 2) writing, maintaining and disseminating clinical policies and procedures; 3) acting as the consulting body for writers of departmental policies where appropriate and 4) training new nurses to perform evidence-based reviews and apply their knowledge to the policy writing process.

In 2009, 21 evidence-based policy reviews were performed. Training of five new nurses was completed to allow for assuming leadership roles in evidence-based policy development.

- **Informatics Council**

Responsibilities include: 1) integrating, individualizing and standardizing of the electronic documentation system; 2) enhancing the documentation system to meet regulatory standards, best practice guidelines and scope of practice of the end users; 3) receiving and prioritizing informatics issues and requests received from various departments.

In 2009 the IT council created guidelines and process on "My Alliance" for staff to submit patient care services (PCS) requests regarding electronic documentation, assisted in the revision and implementation of the new PCS medication reconciliation process, developed the share point site for the PCS division, and collaborated with the skin care team to create electronic documentation. A subcommittee of the IT council collaborated in the creation of new electronic patient discharge instruction. Other accomplishment have been closely related to reducing the amount of double documentation for the end user.

- **Nursing Evidence-based Practice and Research Council**

Responsibilities include: 1) building a foundation and structure for direct care nurses to perform and implement evidence-based practice (EBP) and nursing research at Huntington Hospital; 2) establishing guidelines for the completion of evidence-based practice projects; 3) providing mentorship to nurses working on EBP and nursing research projects; 4) promoting understanding of research and evidence in clinical practice and 5) ensuring that nursing research is compliant with organizational and regulatory standards.

Since its inception in April 2009, the council has learned about EBP and nursing research and selected the Rosswurm and Larabee Model of EBP to guide nurses. The group will be implementing the model house-wide.

Structural Empowerment.

STRUCTURAL EMPOWERMENT



Collaboration optimizes resources, assets, and skills to achieve shared goals in meeting the needs of the community.

Nurses Connect with Those in Need

Nurses in the community outreach program serve as a vehicle to ensure all areas of the community have access to health education and know about the services at Huntington Memorial Hospital. Community outreach targets ethnically-diverse, multicultural and homeless populations in the Huntington Hospital service area.

Community outreach nurses work in partnership with other community agencies to determine the community's needs and determine what needs to be done to help meet those needs. As part of this effort, nurses provide health counseling and screenings for diabetes and hypertension at a variety of community sites throughout the month.

Throughout the year, community health nurses conduct and participate in health fairs, providing health education for prevention and maintaining a healthy lifestyle. They also coordinate disease specific screenings for breast cancer, colon cancer and prostate cancer each year, as well as coordinate and provide flu vaccinations.

Monthly clinics include blood pressure and blood glucose screening/counseling, and health promotion literature and referrals to community resources for medical, mental health and social services. Clinics are held throughout various community centers, churches and senior centers throughout the community.



One family shared the following with us the day after our event...

“This evening Todd and I traveled the 38 miles to Huntington Hospital where a memorial service was held for all the babies and children who have passed away this past year. As I drove to meet Todd, there was a flood of memories and emotions that hit me. Happy, excited, sorrowful, tearful, thankful, and memorable is how I can explain my drive over. Thankful for the loving family and friends who cared for our family during our yearlong journey with Reese. Thankful for the phone call over to the hospital with one of the first nurses I met for my pre-op appointment. Thankful to have her through each step of the way and for another nurse/friend to meet Todd and me in the lobby to bring us back to the NICU. Happy to see the nurses and doctors that cared for us during our 365 days in the hospital. Excited to give/receive hugs with the loving staff in the NICU and PICU. Sorrowful to see other families hurting as they look over their children and sorrowful to see other parents mourning the loss of their child. Tearful as our sweet Reese Renee’s name was read among the other 35 children. Memorable as each parent placed a flower in the vase for the life of their child.”

A Time to Remember

During October 2009, 35 babies and children who died were remembered by families and staff who had cared for them. It was a time for tears, a time for hugs, and a time for smiles. Each child’s name was read and a flower was placed in a vase by the families. When all the names had been called, the vase was full with many different kinds of flowers and many different colors, each representing the differences in each loss.

October is Pregnancy and Infant Loss Awareness Month, a time of national observance proclaimed by President Ronald Reagan in 1988. The proclamation states: “National observance of Pregnancy and Infant Loss Awareness Month offers us the opportunity to increase our understanding of the great tragedy involved in the deaths of unborn and newborn babies. It also enables us to consider how, as individuals

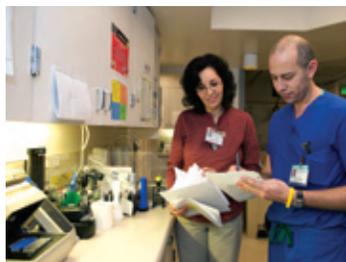
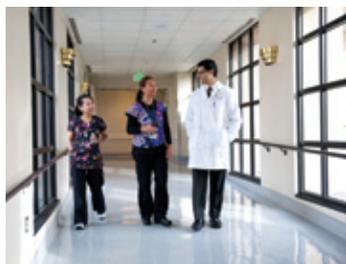
and communities, we can meet the needs of bereaved parents and family members and work to prevent causes of these problems.”

Parents need the opportunity to show the world that their grief is not morbid or unhealthy; nor should it be shoved aside. It is real and deep reaching, and they long to remember their babies’ lives — no matter how brief — with pleasure and love instead of grief. Our goal is to raise awareness of baby loss so that friends, family and the community at large can begin to understand this incomparable experience.

ALISON THOMAS, RNC, BSN
NEONATAL TRANSPORT COORDINATOR

Exemplary Professional Practice. Being guided by a framework that depicts how nurses practice, collaborate, communicate and develop professionally to provide highest quality care for those they serve.

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Huntington Hospital Nurses: Integral Interdisciplinary Team Members

The role of nursing has emerged as a result of changes in the healthcare system, development of innovative treatments, and progress in technology. We have witnessed the importance of nursing contributions to program development at Huntington Memorial Hospital in various disciplines and in many areas. The importance of healthy partnerships between nurses and physicians has proven to be an important vehicle to improved patient outcomes.

On a more personal level, I realize how the contribution of nursing is crucial in the development and implementation of “code stroke” at Huntington Hospital. The Code Stroke Program is a multi-departmental program involving experts at many levels, such as physicians, nurses, administration and staff. Nursing was involved in the creation of a vision, as well as in establishment of protocols, order sets, education and follow-through on progress. Most importantly, our highly valued and specially trained stroke unit

nurses are able to deliver the best and most comprehensive care for our patients through constant interdisciplinary collaboration. As a result, we have been able to save lives, avoid serious morbidities and mortalities, and return patients to their homes rather than convalescent or nursing homes. Our patients and families who have utilized the stroke unit generally have the highest regard for their nurses, and appreciate the kind and personal care which is accompanied by highly competent nurses.

At this moment, when we are challenged to gather all our resources to make our healthcare system work better and as it should, the full engagement of the nursing profession is exactly what we need. Healthy relationships are not just nice things to have; they are a competitive advantage and critical to patient safety.

YAFA MINAZAD, DO
MEDICAL DIRECTOR, NEUROMONITORING



Nursing Leadership in Interdisciplinary Collaboration

The interdisciplinary treatment planning team for the Della Martin Center for Behavioral Health (DMC) was formed in 2008 to improve treatment planning rounds and to respond to new regulations requiring mental health units to conduct interdisciplinary treatment planning within 72 hours of admission and weekly thereafter. The team is led by DMC care coordinator Marilyn Davis, RN, BSN. Team members are:

- *Ann Kleeger, MSW*
- *Claudette Bradley, RN*
- *Tim Thompson, LPT*
- *Lucy Perdomo, LVN*
- *Katie Gunderson, OTR*
- *Edward Castner, MD*
- *Hopey Witherby, RN, MSN*

The goal of the team was to decrease the length of stay and Medi-Cal denial rate by developing new procedures and

forms to comply with regulatory requirements, improving the delivery of care, and increasing interdisciplinary collaboration and communication. The team meets weekly, focusing on regulatory requirements and improving treatment plans for behavioral health patients.

After careful study and discussion, the team created new forms and processes which were presented to the DMC medical directors, and their input was requested. Upon review of their input, the forms and processes were finalized by the team. To facilitate transition, the team provided education to all disciplines addressing the changes.

In addition to the creation of forms to more easily facilitate the new regulations, the team created the “flash meeting,” a weekly one-minute overview of each patient. It is during this meeting that the RN, utilization review nurse and social worker discuss discharge

planning and challenges to the discharge plan.

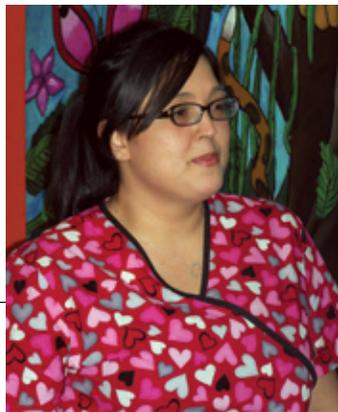
This nurse-led, interdisciplinary team was effective in identifying and overcoming barriers to discharge and the changes they implemented were successful. The average length of stay (ALOS) was reduced from an average of 12 days in 2008, to an average of nine days in 2009. Even more impressive, Medi-Cal denial rates decreased from 52 percent in 2008, to 8.9 percent in 2009.

“This innovative approach to collaboration” states Hopey Witherby, “gave each member of the interdisciplinary team an increased appreciation of each other’s contributions to the overall well-being of the patient.”

**HOPEY WITHERBY, RN, MSN
MANAGER, DMC**

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Bringing Comfort, Reassurance and Compassion to Life

B.R. was a four-year-old boy with an extensive medical history that began in the NICU. He was under the legal custody of his aunt, who was unable to be at his beside. His parents were sparingly involved and the rest of his family worked and lived far away. B.R. had a left congenital diaphragmatic hernia that needed multiple repairs with poor wound healing that developed into a chronic fistula. B.R. was hospitalized four times in a nine-month period with very few weekend visits from family.

I met B.R. on his second and longest admission to pediatrics which lasted four and a half months. I was his receiving nurse when he transferred out of the PICU. I remember a very small and very frightened little boy going through big medical issues alone. I took an interest in him because my own son had undergone medical treatment for over a year and was isolated during treatment. I feel it was my calling to ease him and care for him in his vulnerable and lonely state.

B.R. had a long way to go in getting back to being a normal four-year-old boy. Within weeks, we began to bond through play and time spent together. We spent time watching cartoons, coloring and singing. We also had some rough days with lots of pain and fear each time he was prepared for surgery. I can still remember his frightened eyes taking comfort in my presence, as I escorted him to surgery. Through our time together, I realized he was in need of lots of personalized attention and love. He was unable to maintain his own nutrition and lost interest in eating to the point of needing total parental nutrition. I inquired about foods he preferred and brought in many food choices and healthy snacks in order to accommodate his wishes.

My goal was to get him back on track and eating regularly. He lacked age-appropriate social skills, needed behavior modification, needed to be potty-trained and re-taught proper hygiene. With the help of the child life specialist, we coordinated privileges and boundaries for B.R. We got permission

for patio privileges because he wanted to see the sun. He became quite the celebrity on our hospital campus. The pediatric team took him on walks and trips to the cafeteria and patio areas. Together we bought him clothing and underwear, as he was a growing boy and he did not want to wear the hospital gown. Staff that was involved helped B.R. get potty-trained and practice good daily hygiene.

B.R. did celebrate his fifth birthday with us. I coordinated a birthday celebration for him on the unit with a Spider-Man cake and gifts from many of the employees. The unit staff members pitched in for a potluck and bike for B.R. to take home. B.R. became our child and very much a part of our hearts and reminded us as a team how important we are in bring comfort, reassurance and compassion to each of our patients.

MICHELLE MARTINEZ, RN
PEDIATRICS



Treating the Whole Person

When the diagnosis is cancer, every day is a lifetime for patients just hearing the news. Huntington Memorial Hospital nurses constantly excel at treating the whole person, from point of diagnosis and treatment to support services throughout the continuum of care. Recently the Huntington Hospital Cancer Center team moved to the Huntington Pavilion in order to provide a more soothing and patient-centered environment for its specialized population of patients. However, continuity of care is only possible with collaboration and partnership of members of the care team.

The cancer center has a group of nurse navigators which specialize in various cancers that include lung, breast, prostate, head, neck and colorectal. Nurse navigators assist in streamlining the many cancer treatment modalities in an efficient and timely manner, therefore resulting in less stress for the patient, family and healthcare providers involved. The team of nurse navigators includes Christine Conti, RN, lung cancer; Cindy Bacon, RN, MSN, lung cancer; Nancy Cushing, RN, CNOR, breast cancer; Tina Ivie, RN, CLM, breast cancer; Mays Chua, RN, BSN, prostate/head/neck and Saskia De Koomen, RN, colorectal and gynecological cancer.

Leah Kurihara, RD, CSO, member of the support team at the cancer center states, "I am very fortunate to work with a special team of caring and

knowledgeable nurses, nurse navigators, nurse coordinators and pain and symptom management nurses."

In addition to nurse navigators and a dietician, the support team also has licensed clinical social worker Barbara Ann Perry, LCSW, who is available for one-on-one therapy for patient and family, and to meet patient needs beyond the hospital stay through support group referrals as needed. The support team also has two clinical coordinators for symptom management, Ann Brady, RN, BSN, and Lisa Corbisiero, RN, BSN. In their roles, Ann and Lisa work with the multidisciplinary team during patient treatments to optimize control of symptoms such as pain, nausea and fatigue. The team's clinical coordinator for radiology oncology, Cathie O'Conner, RN, acts as a mentor and educator for patients, family members and other staff. Her role is to monitor side effects of radiation treatment and communicate this to the rest of the support team so that the patient's treatment plan is modified to meet his or her needs.

There is no question that communication and collaboration are essential in meeting the needs of patients and families going through cancer. The support team at the cancer center truly advocates for patients and families through dedication and commitment to quality, compassion and caring for the whole person.

"... continuity of care is only possible with collaboration and partnership of members of the care team."



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Mentoring New Graduate Registered Nurses: A Noble Experience

“... mentorship of new nurses is essential for the success of advancing professional practice.”

The role of preceptor is highly regarded and considered a noble function on which to embark. Only those with mentoring skills are asked and encouraged to function in this role. At Huntington Memorial Hospital, mentorship of new nurses is essential for the success of advancing professional practice. The leaders of the organization work hand-in-hand in the pursuit of exemplary healthcare provision. Nursing leads the pack in this quest for success. A major component of the achieved patient satisfaction surveys comes from superior quality care of nurses. Molding new nurses to be exemplary in their profession has become a culture acknowledged by all — a standard norm incorporated to mentoring. Additionally, pride in the organization and quality care become emblems to each member of the team at Huntington Hospital.

As a tenured nurse at Huntington Hospital, I have the role of mentoring new nurses. Assuming the role entails an enormous amount of patience and understanding.

Early identification of strengths and weaknesses is an important tool to plan the preceptee's learning process. Along with classroom classes, new nurses undergo floor training to experience patient care activities. Novice nurses are initially exposed to more manageable patients and progress to more complex patients as they learn.

The role of preceptor empowers confidence to their recipients. Learning is conducive by boosting one's confidence in activities that offer favorable results. To allow the learner independence in carrying-out specific tasks, step-by-step supervision prior to the process is vital to undertake. Design of a learning process specific for the case may be needed to address specific needs of the patient population.

One strong component in the process of preceptoring

at Huntington Hospital is the weekly conference meeting with the nurse manager. The process involves discussing the preceptee's development toward specific goals. The nurse manager then makes recommendations on what other aspects of training the learner may need for the next learning process. Timelines are incorporated to guide learning and project completion of the process.

Training and mentoring styles may differ from one individual to another. The main goal of the pursuit is to prepare new nurses for their chosen career path by imparting knowledge and needed skills, and enhancing confidence. Although preceptorship or mentorship roles may not be applicable to every nurse, the experience offers a distinguished level of satisfaction both personally and professionally. At Huntington Hospital, mentorship is an opportunity that has become a noble experience to most people.



Motivated to Learn and Grow



I joined Huntington Memorial Hospital as a new grad RN nearly a year ago. These last couple of months I have experienced substantial growth and confidence as a nurse due to the positive environment on 4 West. Over the course of a year I have had opportunities to develop skills and knowledge in order to provide optimal care to my patients. Classes such as basic dysrhythmia training, end of life care, and IV skills training have all had an impact on my confidence, comfort level and competency to work with a diverse population of patients and families.

My manager, Debby Madeira, RN, MA, has been very visible throughout and after my orientation. She continuously asks for my feedback and takes the time to listen to my concerns and share some of her experiences as a nurse. When my first patient passed away, Debby took the time to listen. It was easy for me to approach her as I dealt with this new experience.

My nurse colleagues have been key in my development as a novice nurse and have provided me with support throughout my new grad journey. We work as a

team and I feel like someone is always there when I am feeling overwhelmed. Nurses here have been here for many years and I am fortunate enough to view them as mentors and role models. I am fortunate to work with nursing professionals who come from different backgrounds and experiences. It is always reassuring to work in a trusting and collaborative environment where we learn from each other and work together towards achieving and maintaining optimal care for each of our patients and their families.

To further develop and grow as a nurse, I plan on continuing my education through an advance degree in nursing.

My goal is to become a nurse practitioner and feel strongly supported by my nurse leader and nurse colleagues. Currently, many of my nurse colleagues are enrolled in advanced practice programs and I know that when I am in that situation I will receive their full support and motivation in order to achieve my goal.

ROLANDO CASTILLO, RN
4 WEST, MEDICINE TELEMETRY

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Transformational Opportunities

I began my career at Huntington Memorial Hospital as a new graduate from Gonzaga University. From the very beginning my educational background has enhanced my ability to serve the hospital. My BSN program was founded around Robert Greenleaf's principles of servant leadership. During my training in school I began my transformation into a leader through opportunities that were presented to me. From the time I began at Huntington Hospital this transformation has continuously been nurtured.

In May 2008 I was approached on my unit by Ann Marie Whaley, RN, BA, BSN, CWOCN, with an opportunity to join the skin and wound resource team. Eager to expand my involvement at the hospital, I agreed. Since this time I have been able to participate in numerous skin studies and educational team meetings. The second opportunity that was presented to me was a chance to be a preceptor to two different nursing students throughout the spring of 2009. This came from my manager, Debby Madeira, RN, MA. Shortly after, she gave me the opportunity to complete a preceptor workshop to grant me the qualifications to precept new RNs on my unit. The most recent transformational opportunity came in June 2009, when I was approached by my manager with an invitation to join the Nursing Practice Council. This monthly council meeting has allowed me to have input in my practice and has allowed me to establish many professional relationships.

It has been through these opportunities and the support of my manager and the greater organization that I have grown into a successful RN. My achievements have rewarded me with continual opportunities to serve Huntington Hospital and impact positive outcomes for the organization. None of this success would have been possible without the investment of the staff at this amazing hospital.

ANGELA SYPOWICZ, RN, BSN | 4 WEST MEDICAL TELEMETRY



The Joy of Teaching

Ever since I can remember, I wanted to be a teacher or a nurse. Circumstances led me to the field of nursing which, to my surprise, allowed me to fulfill my love of teaching as a preceptor to new nurses. Mentoring new nurses was inspirational and had a lasting impression. Through years of mentoring, I discovered a passion for lifelong learning both at the bedside and in formal classroom settings. This passion led me to the world of academia.

I found it exciting to see the students' interactions with me and their assigned registered nurses on the unit. Their eagerness to learn was contagious and energizing. Students asked me questions which made me reflect on how I practice as a nurse and encouraged me to seek best practices that were innovative. During these moments, I realized that I had found my "calling."

My goal for the students is to not only share my love of obstetrics but also to impress upon them the importance of being the "best" registered nurse possible. I feel a sense of satisfaction each semester knowing that I had a part in helping students transition theory into practice in the clinical setting. I have been fortunate to witness the joy of a student as he or she participates in the miracle of birth, cares for newborns, and provides evidence-based practice/education when caring for patients and their families.

I feel truly blessed that I have had the opportunity to walk alongside student nurses and to assist them in their journey to become registered nurses, who will then make a difference in their patients' lives.

MAUREEN FRIESEN RNC, MSN | ADJUNCT FACULTY - AZUSA
PACIFIC UNIVERSITY AND L&D PATIENT FLOW COORDINATOR



The Gift of Teaching

We all have special gifts and talents that are instilled within to give us purpose to move forward and make a difference. I knew at an early age that I had the gift of guiding others.

I have worked as a nurse at Huntington Hospital and as a clinical instructor at California State University, Los Angeles. I truly enjoy taking on such a vital and significant role in mentoring and educating future nurses. It is quite rewarding at the end to see how each student has progressed, mastered new skills, and become more confident.

I am also grateful to the staff members who provide a healthy, conducive and collaborative learning environment for the students. I feel honored to be able to have the opportunity to share my knowledge, provide guidance, give support, and contribute to building a strong foundation for novice nurses. As nurses, we carry a responsibility to give back to our community by actively participating in teaching and mentoring the next generation of nursing professionals.

RONDA HARDEN, RN, MSN
MATERNITY UNIT

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Think Positive

As nurses, we are gifted with the opportunity to teach and inspire others. Always being passionate about teaching, I was motivated to live out this passion as a nursing instructor at the Mount St. Mary's College School of Nursing. What fulfills me most about this role is the satisfaction of guiding a student on the journey through nursing school. Often during change of shift, I find myself receiving patient reports from my former nursing students and this fills me with overwhelming joy and pride. Seeing them develop professionally from novices to experts in the healthy and supportive practice environment at Huntington Hospital reminds me of the small part that I played in their success. One particular example that continues to fuel my passion for nursing happened when one of my students read a card I had given him during advisement period. My card read "Think Positive" and he stated during the ceremony "my success today was guided by this card which was given to me by Professor Hesse." I believe that, in this life, we must all strive to make a difference. To me, being a nursing instructor has been the vehicle for me to make this difference, one card at a time.

FEHRN HESSE, RN, BSN
MATERNITY UNIT

Growing Nurse Leaders through Education

Mentoring of other nurses has been part of what I have done for my 30 years as an RN. As the designated staff educator on the medical oncology unit, it has always been my desire to develop a group of nurses to be involved in the education of new and current staff. Discovering what you do know, and learning new skills and understanding, increases confidence in practice and the quality of patient care provided.

I love to teach but it is even more thrilling to see a colleague grow professionally. I encourage experienced nurses to become involved in the education process by inviting them to take part in the oncology orientation program. Their involvement in the orientation program expanded their expertise of oncology and allowed them to share their experiences with newcomers or with nurses who were new to the field of oncology. Their collaboration in the orientation meant they took part in the validation process of chemotherapy skills and competencies. This gave them the opportunity to observe their impact in increasing skills, confidence and competence in novice nurses.

As a result, this increased confidence began to positively impact their day-to-

day bedside practice. Little by little, my vision of them taking the responsibility of being experts in the specialty care of oncology patient was becoming reality.

In May 2008, two experienced RNs agreed to teach a section of the introductory oncology class. To my amazement, a third RN arose to the occasion. After the first two days of class, she began sharing her ideas of what the new nurses needed to understand to administer chemotherapy. I challenged and provided her with the resources to teach chemotherapy administration and she willingly agreed. The next week she presented a well thought out and researched presentation. Her confidence soared. I was so thrilled I could not contain myself.

Just recently one of the nurses who taught another section of class began sharing some ideas of how to improve our chemotherapy administration procedure. I provided him with resources and invited him to collaborate with me in planning for our upcoming oncology skills update. As nurses, we are accountable to learn from each other and to expand our knowledge in order to provide the highest level of care and to continue to build our confidence and strength as expert professionals.

VICTORIA YOUNG, RN, BSN, OCN | 6 WEST, MEDICINE ONCOLOGY

2008-2009 Advanced Degrees. The following are Huntington Memorial Hospital nurses who are currently in school (CIS) working towards an advanced degree such a bachelor's degree in nursing (BSN), a master's degree in nursing (MSN) or other. We also recognize and congratulate those who have completed a BSN or MSN within the last two years. Congratulations to all and thank you for your commitment to lifelong learning and advancing the profession of nursing.

4 East

Amanda Anderson
Violeta Gallegos, BSN
Adriana Loera (CIS)
Miriam Russom (CIS)
Michele Nahabedian, BSN

4 West

Denise Chavers (CIS) MSN
Vanessa Fitch (CIS) MSN
Ana K. Francisco-Araneta, MSN
Vivian Gonzalez (CIS) MSN
Ann Gorrell, BSN
Karen La, MSN
Jessica Lau (CIS) MSN
Jaquelyn Macaraeg (CIS) MSN
Lulu Malaiba, BSN
Vanessa Sanchez (CIS) MSN/NP
Adriene Schlabach, MSN
Yui "Cherry" Sze, MSN
Heather Tamminga, BSN
Mimi Trang (CIS) MSN

5 East

Yazmine Arastu (CIS)
Cecilio Cay
Cheryl Joan Ceballos
Wen Hua Luo
Kim Kinghorn, BSN
Janet Kong
Virzen Merina
Carla Russell
Medinia Asejo (CIS)

5 West

Medinia Asejo (CIS)
Michael Bueno, BSN
Eugenia Chang
Chi Hang Cheang (CIS)
Tiffany Cheng
Maria Dy, MSN
Margarita Flores Hernandez (CIS)
Stephanie Garcia (CIS)
Sharon Kirchheimer
Jasmine Labajo
Elizabeth Lott
Johanna Main (CIS) MSN
Richelle Mandac
Bridget Marrin (CIS)
Ayumi Matsushita (CIS)
Conor McTeague

Kellie Merriman
Linda Nawa
Joanna Rawley
Rebecca Straub (CIS)
Kristy Sutton
Shanelle Torres
Mingming Xue (CIS)

6 East

Norma Peries (CIS)
Jennifer Quinio

6 West

Lauren Johnson
Janet Lin (CIS) MSN
Selenia Luna
Deborah Morgan (CIS) MSN
Marcus Mwangi
Michaeli Ramage
Ashleigh Richard, BSN
Dana Saulny Hackett
Sara Sumner (CIS) MSN
Lori Walters (CIS) BSN
Victoria Young (CIS) MSN

Neurostroke Center

Solange Burke
Xiomara Hernandez (CIS)
Elizabeth Metallo (CIS) BSN
Jennifer Puchon (CIS) BSN
Carol Richards (CIS) BSN
Kimberly Soule

Critical Care Unit

Uriah Bahn
Sheri Bianconi, BSN
Amberle Bond, BSN
Melody Dickey, BSN
Kayoko Dinehart
Lilibeth Estacion (CIS)
Rose Flores (CIS)
Tina Gonzalians
Roberta Gordin
Patrick Luby
Heather Raygoza
Sadie Seto, MSW
Alison Sipe, BSN
Katie Stauffer, BSN
Vangie Tran (CIS) MSN
Brian Yoon

Cardiothoracic Unit

Peter Lloyd Acio
Virginia Castaneda, MSN
Lois Cho (CIS) MSN
Erica Diaz (CIS)
Mabinton Diouare (CIS)
Kimberly Garrison
Joyce Kimani (CIS)
Zoila Mendoza
Esther Njuguna (CIS)
Kelly Siu, BSN
Linette Sturgeon, BSN
Ashley Woodmansee

Definitive Observation Unit

Christina Berretta
Clarita Calderon, BSN
Roui Lorenzo De Castro
Bonaficio Deoso
Melinda Drury
Justin Dychico, BSN
Stephanie Franks, BSN
Stephanie Garcia, BSN
Kristyn Gonzaga
Javier Guerra
Janelle Lerrille-Lehman (CIS) MSN
Kristen Lira, BSN
Fernando Lumawood (CIS)
Kimberly Marin
Anita Mejia
Melody Melvin
Lazar Michaels (CIS) MSN
Rhonald Nabong (CIS)
Sona Nikoghossian (CIS) MSN
Vanessa Prendiz (CIS) MSN
Vincent Ramirez, BSN
Debra Riffle
Ana Rosario, BSN
Karen Sabio
Perlie Tam (CIS) MSN
Cindy Tenney, MSN
Eleanor Trinidad
Michelle Valdeavilla (CIS) MSN
Nancy Vasquez-Pena, BSN
Clair Wen, (CIS) MSN
Alfred Ygnuez, BSN

Maternity

Britanny Dove (CIS) MSN
Crystal McHale, BSN
Maria Merina

Susy Ruiz, BSN
Marlene Trivino, BSN
My Thong, MSN

Labor and Delivery

Kelli Artinian (CIS) BSN
Diane Ford, MSN
Martha Beltran
Cathleen Vander Laan

Neonatal Intensive Care Unit

Angelica Acosta, MSN
Elizabeth Ary, BSN
Angela Baltazar
Stacey Darkis
Gabriela Gangitano, MSN
Sarah Gideon
Iman Ibrahim
Eileen Kho, BSN
Yingyang Lu, BSN
Melenie Myers (CIS) MSN
Margarita Mason (CIS) BSN
Christina Nolasco, MSN
Tonya Purdy (CIS)
Kohar Sayadzadeh
Beverly Schwerin, BSN

Pediatrics

Sylvia Garcia (CIS)
Desiree Hearn (CIS) BSN
Michelle Martinez (CIS) BSN
Elizabeth Naaden (CIS)
Melissa Ortiz Hernandez (CIS) BSN
Nina Ortega
Stephanie Radnoti, BSN
Nancy Sanchez (CIS) BSN
Nancy Shiblata
Mark Skipper
Barbara Thurn-Tamaya (CIS) MSN

Pediatric Intensive Care Unit

Beulah Fong (CIS)
Farron Frazier (CIS)
Cynthia Lee
Samantha McCoy
Laura McEwan, RN, MSN
Elizabeth Torres (CIS)

Della Martin Center

Catherine Dorgan-Solorzano (CIS)

Brain Mapping

Patricia Lee (CIS)
Tracy Andrews

Emergency Department

Ryan Haydon (CIS)
Vanessa Izquierdo (CIS)
Katherin Brandt
Kiriaki Dieguez
Corina Quinones (CIS)
Jenn Lee (CIS)
Tim Mathem
Gilbert Pelayo (CIS)
Robert Ryken (CIS)
Deanna Sanchez
Abigail Voss (CIS) MSN

Same Day Surgery

Pai-Fang Cheng, MSN
Consolacion Pajela
Jennifer Munguia
Cres-Anne Uy (CIS) working on MSN

Surgery

Ignacio Aguilar (CIS)
Lynette Burke, MSN
Penny Hatlee (CIS) MSN
Nancy Niles (CIS)
Gabi Tashar (CIS)
Kristine Verdell, BSN

Post Anesthesia Care Unit

Galaxia Berlioz, BSN
Jungsook Lee, BSN

PICC Team

Sylvia Green (CIS)

Outpatient Oncology

Ann Brady (CIS) MSN

Radiology

Myrna Hawthorne (CIS) MSN

Quality Management

Susan Czirmay, BSN

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PROFESSIONAL
PRACTICE

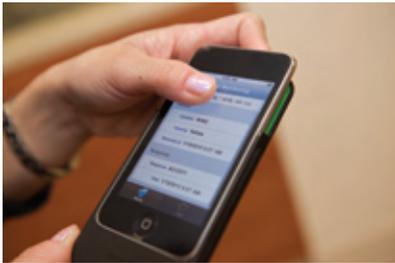


2009 RN Preceptors. The importance of nurse preceptors in helping to educate new nurses cannot be overemphasized. They mentor new nurses and help them understand the range of roles they will perform in a variety of clinical settings. Preceptors guide new nurses as they transition from academic institutions to the professional world — and, in some cases, from one nursing specialty to another. Nurse preceptors take professional accountability to combine academic and practical knowledge into a format that makes sense to new nurses under their guidance in a patient care setting. We recognize our 2009 preceptors for their commitment to transitioning new nurses into their work setting and setting an example of high quality nursing care.

Angelica Acosta	NICU	Phyllis Hollingsworth	CTU	Sue Ontoun	CCU
Neysa Andaya	4W	Kathy Hood	CTU	Anna Ivy Park	6W
Francisco Antig	NICU	Devika Jesus	CTU	Ginger Park	CCU
Charina Bacalla	6W	Susan Kaniewski	NICU	Polly Peralta	CTU
Emerito Bello	CCU	Farida Kee	Surgery	Karen Perkins	Surgery
Kelly Boone	DOU	Marie Hazel Konrad	Maternity	Joanne Picard	CCU
Clarita Calderon	DOU	Dorothy Kunihiro	Surgery	Yuriko Sawada	NICU
Eileen Castro	CTU	Vicki Landini	Surgery	Kohar Sayadzadeh	NICU
Cynthia Cato	5E	Jennie Lee	NICU	Gloria Scantlin-Scaggs	L&D
Aaron (Leslie) Chapman	CCU	Shirley Liu	Maternity	Doralyn Seawell	Surgery
Betty Charles	Maternity	Angelie Lorca	6E	Gail Severin	Surgery
Angela Cortez	6W	Fernando Lumawod	DOU	Samia Solh	CCU
Stephanie Davis	Maternity	Laurie Mansfield	DOU	Eileen Solidum	6W
Mari Lou Diaz	6W	Oliver Martin	6W	Carla Sproule	CCU
Melinda Drury	DOU	Shannon Mason	CCU	Sarah Sumner	6W
Judith Evanoff	CCU	Joanne Masuda	NICU	Ana Theresa Tamase	Maternity
Carol Ferguson	NICU	Dawn McCullough-Ferrer	Surgery	Daphne Tan	Rehab Unit
Art Garcia	Peds	Anna Tsay Mendoza	4W	Edna Tan	6W
Norma Garcia	Maternity	Ana Munguia	Rehab Unit	Cecile Tanlioco	4W
Stephanie Garcia	DOU	Melanie Myers	NICU	Sharon Thacker	6W
Kristyn Gonzaga	DOU	Rhonald Nabong	DOU	Catherine Thomas	PICU
Maria Gonzalez	4W	Ester Nepomuceno	4E	Alie Tsui	NICU
Tina Gozalians	CCU	Betty Ng	L&D	Kathy Vardoulis	CTU
Carma Gruber	DOU	Sona Nikoghossian	DOU	Susie Wolski	NICU
Diane Gutierrez	6W	Esther Njuguna	CTU	Byron Worrell	CCU
Ronda Harden	Maternity	Anne Nowlin	Surgery	Anneka Zimmerman	42
Desiree Hearn	Peds	Delia Ong	DOU		

New Knowledge, Innovation & Improvements. Progressively developing programs related to evidence based practice and continuously embracing new technology and innovation that can help achieve high-quality, effective and efficient care.

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS



Improving Clinical Communication

Huntington Memorial Hospital leads the way with use of new technology to assist nurses while improving communication at the point of care. With the implementation of the Voalté One iPhone application, the hospital became the first hospital on the West Coast to replace nurse's beepers with iPhones.

With Voalté (its name comes from Voice, Alarm, Text) nurses can send and receive messages, make voice calls and receive critical care alarms all through their iPhones. Benefits include faster response times to patients' needs and noise reduction on the nursing floors, due to reduction of

overhead paging. More importantly, nurses have the convenience of carrying one device rather than several. Texting a co-worker is much easier than roaming from room to room or having them paged. Nurses who have used the Voalté iPhone application say it is far less disruptive in the realm of patient care.

"We are all very impressed with how the Voalté phones improved communication on our unit," said Eunie Lee, RN. "With voice capability, prioritized alarm alerts and text messages all available on one device, it has streamlined and simplified communication between

staff members. Voalté allows us to focus on nursing care with fewer interruptions. It has been a great asset to our unit."

By freeing up nurses of non-clinical duties we provide our patients more bedside care and attention to the needs of our patients and families. The decision to pilot Voalté with our nursing staff is a way to demonstrate our organizational commitment to quality patient care and our dedication to finding and adopting new and innovative ways to provide optimal patient and family centered care.

New Knowledge, Innovation & Improvements.

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS



Knowing, Caring and Easing the Way

The goal of palliative care is to enhance the quality of life of patients and families who are faced with a life-threatening illness. It focuses on increasing comfort through prevention and treatment of suffering. Palliative care encompasses the whole self, caring for the physical, emotional, and spiritual needs of patients and their families. It provides relief from pain and other symptoms of illness such as fatigue, nausea, shortness of breath and loss of appetite. The goal is to prevent and relieve these symptoms in order to maintain comfort and improve quality of life.

Huntington Memorial Hospital nurses constantly strive to provide compassionate care that is focused on the individual needs of the patient and their family. Our Palliative Care Resource Nurse (PCRN)

program focuses on continuously expanding the knowledge of its members in order to deliver palliative care that is based on best practice that meets the need of the severely ill patient.

The PCRN program contributes to delivering great care for a very individualized group of patient and families with specific needs. The group of PCRNs includes day and night shift nurses representing our 10 medical surgical units and the emergency department. In addition to quarterly training, a hospital-wide nursing seminar was held in November on “The Principles Behind Palliative Care.” In 2009, seven nurses attended the two-day End-of-Life Nursing Education Curriculum and seven more will be attending this fall.

Conor McTeague, RN, and PCRN for 6 West Medical Oncology unit says that the training he received as a PCRN has enhanced his nursing practice in

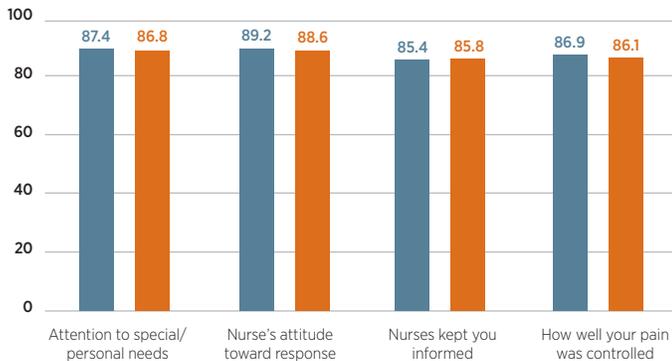
ways that he never imagined. “The principles of palliative care let me work more collaboratively and in partnership with physicians, social workers and other RNs, in order to establish an individualized plan of care for my patient. More importantly, this knowledge expands my autonomy and allows me to act decisively and advocate for my patients.”

Responsibilities of the PCRN include the sharing of knowledge of their PCRN training with staff RNs and with the rest of the care team. The PCRN program has contributed towards building palliative care into the standard of care throughout the hospital.

Patient Satisfaction

Overall Inpatient Satisfaction

HUNTINGTON HOSPITAL MEAN NATIONAL MEAN



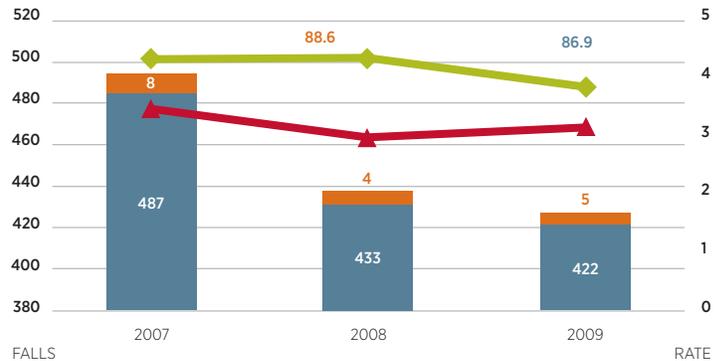
Patient satisfaction is of paramount importance to Huntington Memorial Hospital nurses. The organization utilizes a national market research firm to survey patients and has enjoyed positive feedback from patients, and has received national recognition for its commitment to excellence. The survey asks patients about their experiences and satisfaction with services in both inpatient and outpatient arenas. Although Huntington Hospital's patients already indicate the hospital provides good to excellent care, we remain committed to continuous improvement. In the graph above, we have extracted patient satisfaction scores related to nurse related questions in our inpatient units.

We continue to focus on action plans to help improve our patient satisfaction in regards to education that they receive during their hospital stay and prior to discharge. In early 2010 the Patient Education Council, composed primarily of direct care nurses, became part of the Nursing Shared Decision-Making model. The Patient Education Council will focus on improving and maintaining patient education materials that are up to date with practice changes, culturally sensitive and able to meet the needs of patients and families.

Patient Falls

Huntington Hospital Falls

CONSEQUENTIAL FALLS FALLS BENCHMARK RATE
ALL FALLS HUNTINGTON HOSPITAL FALLS RATE



Falls prevention is a priority at Huntington Hospital. The Quality Committee board members receive quarterly dashboards with falls tracked as one of the indicators. As a nursing sensitive quality indicator for the hospital, each unit is challenged to decrease patient falls. The fall prevention team was created to improve patient safety by minimizing falls and injuries from falls. This team is responsible for the development of fall prevention strategies, staff and patient education, fall risk communication, and the creation of tools to improve patient safety.

After determining the fall risk assessment tool needed improvement in early 2008, the team performed an in-depth evidence-based review of fall assessment tools and interventions. As a result, an electronic fall risk assessment tool was developed with the updated interventions. The computer-based learning module was revised and changes were made to the policy and procedure, which became effective in October 2008.

In 2009, the team focused on improving accuracy of assessing fall risk, selecting appropriate fall prevention strategies, and patient education.

New Knowledge, Innovation & Improvements.

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS



Preventing Falls through Education, Communication and Collaboration

Evidence on the best way to prevent falls in hospitals is limited. To date, no single intervention, such as bed alarms or bracelets to identify patients at high risk for falls has been proven effective in randomized studies. Therefore, prevention of falls in hospitals calls for innovative approaches and continuous integration of education, communication and collaboration.

Cardiothoracic unit (CTU) nurses Erica Diaz, RN, and Virginia Castaneda, RN, BSN, are doing just that. With strong support from their manager, Rayla Nolen, RN, they have been part of the hospital-wide falls team which meets on a quarterly basis. "During these meetings we have the opportunity to share knowledge with nurses from other units and with clinical nurse specialists ... we leave these meetings with new tools and resources that are based on best practice and we see what will meet the needs of our

unit, our patients and families, and our healthcare team on CTU," says Erica Diaz. Diaz has been an RN at Huntington Memorial Hospital for four years and plans to study for national certification this year.

Their hard work and the hard work and collaboration of the CTU healthcare team have definitely showed great results. In 2008, CTU documented 40 falls, one year later they were down to 26 falls. "We continue to monitor our numbers and the factors involved in falls and have set a goal in 2010 to decrease our number of falls to below 20," says Rayla Nolen, RN, CTU manager. In addition, the number of days without a patient fall is posted in the staff conference room daily.

Innovative interventions that have been integrated and enculturated in the CTU are focused around education, communication and collaboration. Erica and Virginia have provided education

and information about falls to staff through in-services and during the monthly staff meetings. In addition, they hold staff and each other accountable to educate patients and families regarding falls, and to integrate this into the plan of care and ensure that patients and families understand the purpose of various interventions to decrease falls (bed alarms, yellow bracelets, and purposeful rounding).

Communication and collaboration have been key to decreasing falls in the CTU and maintaining patient safety. The discussion of which patients are high risk and have bed alarms is completed during the one-minute overviews where nurses, care assistants and other healthcare team members are present. "It makes us aware and vigilant of who is high risk and we work as a team to keep an eye on each other's patients; this definitely makes patients and

*“Our patients and families
come first and doing
our best to keep them
informed and safe is the
right thing to do.”*

families feel safe,” says Erica. The idea came from Patient Care Assistant Victor Nicassio during a staff meeting. Erica and Virginia have both had input and collaborated in the redesign of the fall risk assessment tool which was done during the quarterly falls team meetings.

Purposeful rounding is also an intervention that contributed to the decrease in falls. With purposeful rounding, “Nurses and patient care assistants check on patients on a hourly basis and ask patients if they need assistance to the restroom, if they have everything they need, if they need to be repositioned, and if their pain is under control,” says Erica. Our staff now realizes this is a very important part of our effort to decrease falls and keep our patients safe. After all, our patients and families come first and doing our best to keep them informed and safe is the right thing to do.

I Saw a Miracle

*A sixteen-year-old boy
looked up from his hospital bed and said
“I love you, Mom.”*

*He'd been in a coma
Medicine took him away
While chemo chased the cancer.*

*Mom sat vigil, vigilant
Singing,
reading aloud from a book, letters and cards.*

*She helped us turn him
bathe him
as she had
sixteen years before*

*We cared for him,
mothers and nurses all,
in the sanctuary of his hospital room
a meeting point of maternal love
Hope, despair
Hope again*

*She told us stories about him.
He loved soccer,
Fought with his brother and sister,
spent hours on the computer.
Not such a good student, but a good boy,
almost a man, hopefully a man.*

*She was his first nurse
we inherited from her,
the ways of a mother.*

*When he could breathe again
On his own, he woke to her voice
“I'm right here, sweetie.”*

*It was a privilege to witness
I believe.
I saw a miracle.*

ANN J. BRADY, RN, BSN

CLINICAL COORDINATOR FOR SYMPTOM MANAGEMENT



Nursing. *A profession and a passion.*

Too often we underestimate the power of touch, a smile, a kind word, a listening ear, an honest compliment or the smallest act of caring, all of which have the potential to turn a life around. Nursing is the perfect combination of art and science, and embraces people with varied interests, strengths and passions because of the many opportunities and life experiences that it provides. My passion for nursing is what motivates me to constantly learn, teach, care and appreciate how lucky I am to be in this wonderful profession.

You see — nursing is in my blood. As a daughter of a nurse, I was always instilled in the feelings and values of this compassionate and caring profession. My sister is a nurse, as well, and practices in the area of education and professional development. I began my career in 1968 at Huntington Hospital as a new grad and have grown, experienced, and matured in a progressive and positive environment.

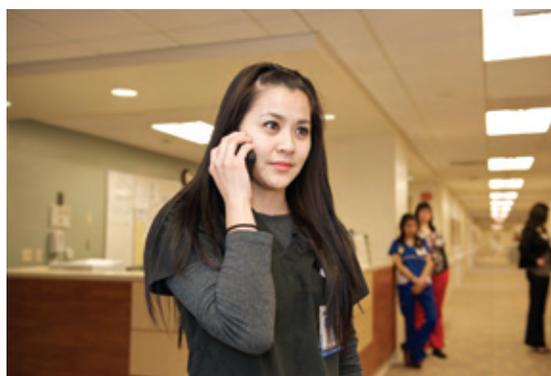
I take care of my patients as if they were my family. I get to know them, know their story, their history, what they enjoy doing. I find that doing this helps to establish a relationship of trust and it helps to ease my patients' anxiety during their hospital stays. I also have the opportunity to touch other peoples' lives. Every time I have the privilege of being with someone in pain and in need, it is an intense spiritual experience. Even the smallest thing, such as sitting and listening, rubbing someone's back, is part of this experience and part of what keeps my passion for nursing ignited.

Years ago I cared for a dying patient who was the father of a high school classmate. Sometimes you just connect with a patient and that was the case here. I became a blood donor after caring for a young man who eventually died. My patients often thank me for the work I do, and I am completely humbled by their gratitude. It is I who should be grateful to them for what they give me with each and every encounter. I have gained so much more through my patients than I would have ever expected.



But what else keeps my passion for nursing alive? I consider myself lucky to have had service leaders (nurse managers) who have always supported and encouraged excellent nursing practice. Their motivation encouraged me to become Med-Surg certified. During a recent and difficult transition and consolidation of units, my current and former nurse managers were extremely supportive and facilitated a smooth transition. I had an opportunity to receive special training and education in the areas of telemetry, bariatric and general surgery and epilepsy.

I continue to have a passion for my profession. I love nursing and all the experiences that I have had — both personal and professional. I continue to embrace the opportunities to learn, grow and contribute to excellent patient and family care. Nurses provide skilled and sympathetic care to those in vulnerable states, we are trusted by patients and families to protect and advocate for their great care, and we are allowed to share life-altering experiences with them. I live out my passion for nursing by celebrating these privileged moments.



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