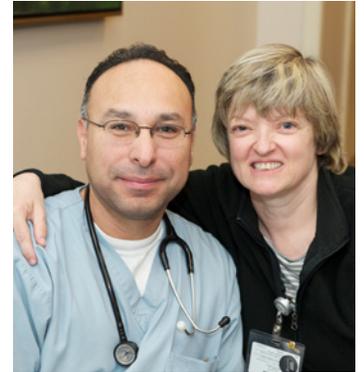




NURSING ANNUAL
REPORT 2010



Celebrating
excellence
through
partnerships



Our mission.

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

Our vision.

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

Our values.

*Respect.
Dignity.
Stewardship.
Excellence.*

About Huntington Hospital

Huntington Memorial Hospital is a 635-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 and 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 medicine, promoting a work environment which supports lifelong learning and collaboration between disciplines.

Huntington Hospital has been ranked among the top ten hospitals in greater Los Angeles in U.S. News & World Report's first-ever Best Hospitals metro area rankings. In addition, Huntington Hospital was recognized by the American Heart Association with Get With The Guidelines® *Gold Plus* as well as the *Target:Stroke* Honor Roll Award. These are the two highest awards a hospital can earn for its stroke program. Recently Huntington Hospital was recognized at the American Association of Critical Care Nurses 2011 exposition with a Sustained Improvement Award for Achievements in Eliminating Ventilator-Associated Pneumonia, an award sponsored by the U.S. Department of Health and Human Services.

About the Department of Nursing

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

Our diverse and dynamic 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.

The nursing division continuously seeks to develop, challenge and mentor nurses through the advancement of their practice and encourages strong partnerships. These solid and strong partnerships have allowed the hospital to pursue Magnet® designation from the American Nurses Credentialing Center (ANCC). In addition, Huntington Hospital nurses take pride in being part of a Joint Commission certified orthopedic center of excellence as well as a certified primary stroke center.



Reaching a Higher Ground

After writing “A Change Has Come,” I found myself standing in a gap between idealism and reality. I asked myself, “Am I truly refining my professional role as an RN?” However, when I attend the monthly Evidence-based Practice/Nursing Research Council (EBP/NRC) meeting, I am renewed with a sense of purpose. At our last meeting Linda Searle Leach, PhD, RN — our nursing research consultant— discussed how nursing research has led to optimizing the role of the RN. She acknowledged the obstacles we face and encouraged us to support each other in this great profession.

Through my involvement in the EBP/NRC I learned that nurses show each other support through teamwork and enhanced communication skills, and by encouraging and motivating one another. Our own 5 East Unit Based Council exemplifies this. They gather on a monthly basis to evaluate care delivery and work environment and make any necessary changes to optimize nursing care on 5 East. We are also supported by our nurse leader, Mary Henry, RNC. We are encouraged to voice our concerns, recognize one another and create innovative approaches to deliver great care. She presents change as something to be embraced as a team and encourages the best in us.

So even on those nonstop days when I know I can't do it alone, I remember to embrace it and do my best. I rely on the support of my nursing peers, rely on their knowledge and expertise, and depend on the support of a transformational nurse leader.

Change is an ongoing process. It challenges, threatens and demands, yet it also refines us. As we press ahead and continue on this commitment to excellence, let us help each other reach this higher ground by supporting each other and giving each other the help we need to keep on climbing.

SUE HORN, RNC | 5 EAST





As the Nursing Clinical Leadership Council (CLC) chairperson I am proud to share the accomplishments of the nursing division. The nursing annual report is written to give a snapshot of the year's highlights. With Unit Based Councils (UBCs) in place, the CLC role evolved from a leader role to that of a mentor role in the journey to excellence. The road to success was built with the hard work, partnerships and collaboration among UBC chairs and advisors.

The UBC — in coordination with leadership, nursing, pharmacy, environmental services, nutrition, physical therapy and all disciplines — set out to accomplish a shared decision-making model approach. Each advisor to the new councils took a different approach on how to build the foundation on their piece of the highway. UBC chairs met on a monthly basis and found that each area had similar issues to deal with but, as a group, as a whole, they could take on the challenges that lie ahead.

Our challenges are to continue delivering the highest quality of care, while maintaining fiscal responsibility and, above all, delivering safe patient care. We strive to meet those challenges daily and for that reason we received Magnet® designation. We now have to continue on this *Road Trip*, knowing that the challenges ahead of us are many but, as a team, we can accomplish anything. It has been my profound privilege to serve in this position and witness the truly amazing transformation of each and every RN working together as one for the common goal to excel at the delivery of healthcare to the community.

RAYLA NOLEN, RN
MANAGER, CTU AND CHAIR, CLINICAL LEADERSHIP COUNCIL



As Huntington Memorial Hospital's chief nursing executive I am proud to present our 2010 annual report—*Celebrating Excellence through Partnerships*. This report allows us the opportunity to highlight our key accomplishments, our successful projects and our excellent nursing care.

I thank you for your dedication and professionalism in helping to obtain Magnet® designation. This accomplishment was the direct result of the energy, enthusiasm, innovation and passion that you bring to your work each and every day. Throughout the past year we have excelled in ensuring evidence-based practice, continued our journey in nursing research and advanced our goals towards nursing certifications. Huntington Hospital nurses continue to seek new knowledge and improve patient outcomes. Nurses have played an integral role in assuring hospital success in key hospital initiatives such as the care of stroke patients, total joint patients and patients with pneumonia and sepsis.

Our challenges in the upcoming year are many. We continue to live in an environment where exceeding quality standards, balancing a tight budget, dealing with human resource issues and growing service lines are a constant. The world of healthcare is ever-changing — and we will continue to be challenged to make sound financial decisions, practice in an evidence-based environment and provide an unwavering focus on our patients. The year ahead will challenge our critical thinking and decision-making skills. Input and direction from the nursing councils and multidisciplinary teams is a key component in our success. The opportunities for nursing to lead clinical, financial and specialty care initiatives are endless. Nursing has the ability to significantly impact the care, satisfaction and financial equation. We need to seize the opportunity.

I continue to be humbled by your nursing expertise, your care and your compassion. It is truly my honor and my privilege to serve as the chief nursing executive. Our *Road Trip* continues — and, I, for one, can't wait to see what is around the next bend.



A handwritten signature in blue ink that reads "Bonnie Kass". The signature is written in a cursive, flowing style.

BONNIE KASS, RN, BSN, MBA, NE-BC
VICE PRESIDENT, PATIENT CARE SERVICES AND CHIEF NURSING EXECUTIVE



At Huntington Memorial Hospital, we've always known that our nurses are special. Our nurses are not only outstanding caregivers in their own right, they also serve as a central coordinating body in the broader interdisciplinary team that involves everyone at the hospital — clinical and non-clinical staff, physicians, volunteers and many others. Strong collaboration and communication, among and between these groups, is without doubt key to our pursuit — and achievement — of excellence, and our nurses play a crucial role in making this possible.

As one of only a handful of hospitals in the United States to have achieved Magnet® designation, we remain committed to professional and clinical excellence. This report highlights the great accomplishments of our nursing professionals over the last year. It recognizes strong and purposeful teamwork. And it celebrates Huntington Hospital's enduring commitment to excellence in patient care.

With thanks to our nursing staff for their continued dedication and compassion.

STEPHEN A. RALPH | PRESIDENT AND CHIEF EXECUTIVE OFFICER

“I have a tremendous amount of respect and appreciation for nurses. They are the prime advocates in all aspects of care. Their early interaction with the patients and families serve as an opportunity to identify a critical aspect of care, providing nutritional support. Nurses care for the patients as a whole and serve as ambassadors to dietitians. The importance of nutritional support is recognized at their initial assessment.”

RENA DINNEN, RD | CLINICAL DIETITIAN, INTENSIVE CARE UNIT

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You are essential

You are an essential member of the team.

You are a key leader in improving healthcare quality.

You have valuable insight as to how to navigate the healthcare system, interpret information and demystify the clinical experience for patients.

You are a knowledgeable and caring patient advocate.

You are pivotal in ensuring that patients have safe, high-quality healthcare.

But never forget that the joy in nursing comes from knowing you have the intellectual and emotional capacity to make a difference in the lives of so many people, performing this important work known as “the most trusted profession”.

A handwritten signature in black ink, which reads "Lulu Rosales".

LULU ROSALES, RN, MSN
DIRECTOR OF PROFESSIONAL PRACTICE/MAGNET

The art and science of nursing.

The professional practice model.



The Optimal Patient Experience Model

Huntington Memorial Hospital's nursing professional practice model, titled The Optimal Patient Experience Model, provides a comprehensive view of professional nursing practice components and the contributions of all nursing staff engaged in patient care. This model depicts an organizational commitment to teamwork, collaboration and education, and provides the framework for achieving optimal clinical outcomes.

The Optimal Patient Experience Model is based on Orem's Theory of Self Care which states:

- Each person has a need for self care in order to maintain optimal health and wellness.
- Each person possesses the ability and responsibility for care of self and his or her dependents.

The Model Components

The Optimal Patient Experience Model ensures the patient comes first in all aspects of care. By facilitating the relationships among the healthcare team and helping the patients meet expected outcomes, the nurse continually improves quality in a safe environment. *The four core components of the model are partnership, practice, excellence and leadership.*

Partnership: Optimal care delivery is created through interdisciplinary and leadership collaboration and partnerships that promote a safe, positive, knowledgeable, creative and trusting practice environment.

Practice: Practice that is evidence-based is the foundation of the model. Focusing on high-quality, evidence-based activities which promote safe patient care, Huntington Hospital nurses are empowered to make independent

clinical decisions within the scope of the California Nurse Practice Act. Standards of practice are reviewed, approved and instituted for use throughout the organization through the Nursing Practice Council and the Policy and Procedure Council.

Excellence: Routinely meeting or exceeding patient and staff expectations creates excellence. Huntington Hospital consistently reviews national and statewide benchmarks and seeks continuous improvement in patient care. Quality is reviewed through the quality improvement plan that measures and monitors outcomes and implements improvements.

Leadership: Leadership supports the hospital and nursing strategic plans through the empowerment and development of nurses as well as succession planning to develop nurse leaders. Leadership holds nurses accountable for

their practice and the careful management of hospital resources while shared decision-making promotes nursing leadership by giving nursing accountability and responsibility for clinical decision-making. Direct care nurses work in close partnerships with nursing leaders through the various nursing councils that form part of the shared decision-making structure.

Model Linkages

Four facilitator links promote and ensure all members of the healthcare team collaborate with patients and families, to move patients to an environment of self care.

The four major facilitators for success are:

- Education
- Communication
- Autonomy
- Collaboration

The Care Delivery System. The Partnership Model.

The Partnership Model, adopted by Huntington Hospital over 20 years ago, was founded on the belief that — in order to deliver high-quality, effective and efficient care — a series of partnerships must be in place to produce positive outcomes. Partnerships ensure maximum healthcare team collaboration and family involvement in patient care.

Partnership One: Nurse to Patient

The nurse-patient partnership, in both the hospital and outpatient setting, allows the nurse, patient and family to set appropriate goals and meet expected outcomes. By keeping the patient engaged, informed and educated, the nurse provides a sense of dignity and respect while moving the patient to self care and optimal outcomes.

Partnership Two: Nurse to Physician

The physician diagnoses and treats the patient's illness or medical condition. The nurse develops a plan of care based on a comprehensive nursing assessment and the physician's plan of care. The partnership and daily communication between the nurse and physician allows development of an effective treatment plan to achieve optimal patient outcomes.

Partnership Three: Nurse to Nurse Leader

To deliver exceptional, high-quality care with excellent outcomes, the nurse must focus on patient needs. The nurse leader supports the staff nurse and facilitates the acquisition of knowledge by acting as mentor, coach and role model. This partnership enhances the nurse to nurse collaboration necessary to ensure the delivery of optimal care.

Partnership Four: Nurse to Multidisciplinary Team

As the coordinator of patient care, the nurse relies on other disciplines to provide additional information needed to coordinate all aspects of care and collaborates with other disciplines in order to deliver optimal and effective care to the patient.

Partnership Five: Nurse to Unlicensed Assistive Personnel

The nurse and unlicensed assistant partnership forms a bond that ensures all aspects of care are addressed. This individual serves, in part, as extra eyes and ears of the nurse, working in collaboration and partnership in patient care. The nurse delegates appropriate care assignments to the unlicensed personnel.

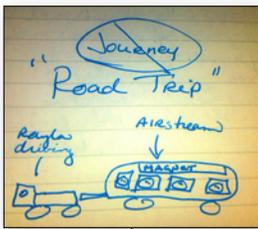
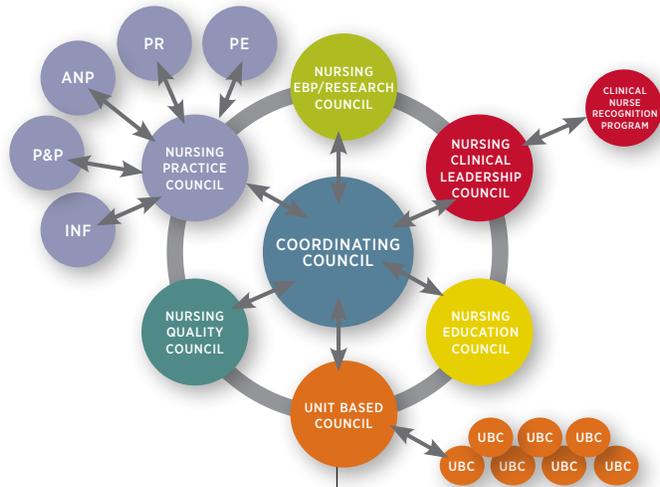


“Our care teams have always focused on the holistic needs of our patients. Our collaborative inpatient environment includes involvement of nurses and all care providers. This collaborative will form the foundation of outreach beyond our walls. Health navigators will join our existing care teams and serve as a communication bridge from the inpatient environment to the post discharge location. In essence, our plan is to extend the clinical education provided by our staff into the external environment, resulting in improved adherence to prescribed therapies and reduction in readmissions.”

PAULA VERRETTE, MD
CHIEF MEDICAL OFFICER AND
VICE PRESIDENT, QUALITY AND
PERFORMANCE IMPROVEMENT

Celebrating the *Road Trip* to excellence

The road stops that led to Magnet® designation.



October 2007

National Magnet Conference in Atlanta, Georgia

Bonnie Kass, RN, BSN, MBA, NE-BC, takes notes during a session and is inspired to replace *Journey* with *Road Trip*. This begins the vision for Magnet and the start of many changes.

2008

Shared decision-making councils: fostering partnerships to achieve excellence

The nursing shared decision-making council structure provides direction and support for the professional practice of nursing at Huntington Memorial Hospital. Shared decision-making allows nurses of all disciplines to have active voices in necessary and vital changes that occur throughout the organization.



February 2009

Steering committee

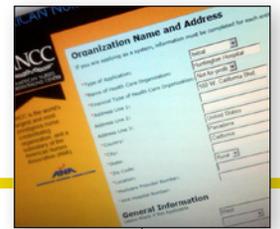
The Magnet Steering Committee is formed and handed the task of writing, editing, finalizing and publishing the Magnet document, as well as identifying strategies to continue educating nurses about Magnet and preparing for the site visit.



March 26, 2009

Kick-off for nursing division

The La Vina parking lot is turned into Route 66, complete with surfboards, hot dog and hamburger stands, a desert with threatening rattlesnakes and a full-blown Airstream motor coach. The Magnet kick-off event provides the nurses with a much anticipated overview of the Magnet journey.



August 2009

Application submitted

Huntington Hospital submits an application to the American Nurses Credentialing Center (ANCC) for final submission of documents in summer 2010.

August 2, 2010

Documents are submitted

Four complete Huntington Hospital Magnet documents are boxed and shipped out. Each set of documents consists of 13 volumes and 2,885 pages of narratives and documents supporting excellence in nursing care through transformational leadership, structural empowerment of nurses, exemplary professional practice and a focus on increased evidence-based practice and nursing research.

November 2009

Project coordinator joins the team

Lulu Rosales, RN, MSN, joins Huntington Hospital and partners with nurses at all levels to continue to prepare written documents, sponsor forums of education and develop strategies to support hospital nurses.



September 2009

Energizers

A group of direct care nurses gathers to explore new, fun and innovative ways to energize the rest of the nurses and help them understand more about Magnet. Magnet energizers are Alie Tsui, RNC; Amina Abjani, RN, BSN; Betty Ng, RNC, BSN; Blaisy Racine, RNC; Dongthuy Nguygen, RNC; Erin Camarena, RN; Jennifer Pai, RN, BSN, CCRN; Mimi Trang, MSN, PMHCNS, RN-BC, PCCN, Michael Bueno, RN, BSN; Nancy Beltran, RN; Nancy Cushing, RN, CNOR, CBPN-IC; Roy Allen Elevazo, RN, BSN; Sara Ryan, RN; Saskia De Koomen, RN, BSN; and Vanessa Prendiz, RN, BSN.

December 2009 – August 2010

The writing continues...

Nine nurse leaders take on the daunting task of writing a total of 88 standards of evidence narratives under the lead and coordination of the Magnet project coordinator. Within these narratives are stories written by many direct care nurses that exemplify teamwork, collaboration, shared decision-making and a continued pursuit of excellence.



November 2010

Documents pass and appraisal site visit is scheduled

Lulu Rosales, receives the call from the ANCC Magnet office. Huntington Hospital documents were read by three ANCC appraisers and no additional documentation is required. A site visit is set for January 2011.



Huntington Hospital nurses received an ANCC appraisal site visit from January 17 to 19, 2011 and went on to receive Magnet designation March 21, 2011. More details of this celebration and recognition of those who committed to the success will appear in our 2011 nursing annual report.

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



Huntington Hospital
To excel at the delivery of health care to our community
4 West

Innovation, Imagination, Inspiration: Truly Transformational

Bonnie Kass, RN, BSN, MBA, NE-BC, played a key role when the Magnet® *Road Trip* was launched by creating the phrase “innovation, imagination and inspiration”. But Bonnie went beyond creating the catch phrase, she exemplified it.

As an inspirational leader, Bonnie supplied a shared vision and inspired nurses at all levels to achieve more than they could have imagined. As Bonnie says, “people change when they are emotionally engaged and committed.”

Bonnie has inspired many of our own nurse leaders to be more visible, present and involved in the professional development of their staff. Through the creation and support of shared decision-making councils, Bonnie has encouraged managers to support and mentor direct care nurses in addressing important clinical and work environment issues that impact nursing practice, patient safety and overall interdisciplinary collaboration and communication. As chief nursing executive and member of the quality board, Bonnie represents nursing and educates the board regarding important quality outcomes in which nurses play key roles. In addition, Bonnie placed direct care nurses side by side with quality board members to present on issues such as nurse sensitive indicators, the contribution of nursing councils and the

importance of evidence-based practice in the optimal delivery of patient care. Bonnie’s work demonstrates characteristics of a true transformational leader.

As an innovative leader, Bonnie supported the development of various innovative structures and processes to help support professional excellence. In late 2009, she supported and advocated for funding for the Clinical Nurse Recognition Program (CNRP). The purpose of this program was to inspire innovation in direct care nurses by allowing them to self-reflect on the great work that they do at the bedside, in their involvement throughout councils, in their professional development, and in their collaboration with other disciplines. Since its induction in late 2009, over 100 direct care nurses have participated in the CNRP and we have increased certification from 12 percent in mid-2010 to nearly 20 percent by the end of 2010. Nurses acknowledge that this program has made them more self-conscious of the work they do and has allowed them to place a higher value on their professional development.

Bonnie also constantly advocates for direct care nurse involvement in shared decision-making councils and has encouraged these councils to contribute to hospital-wide initiatives. In late 2010,

Bonnie collaborated with nursing council chairs in creating the 2011 Nursing Strategic Plan. This process involved more than Bonnie’s support, it involved her expertise and knowledge and provided direct care nurses the opportunity to better understand the importance of building strategic priorities for the nursing division.

Something Bonnie does not lack is imagination. Throughout the Magnet *Road Trip*, Bonnie found ways to make learning fun. From creating a campsite-themed forum to learn about the Professional Practice Model to writing scripts and lyrics for videos created to teach about Magnet and celebrate milestones, her imagination never ceases to amaze nurses and the entire organization.

For those of us who work closely with Bonnie, we find ourselves fortunate to have such an imaginative, inspirational and innovative transformational leader who is always willing to try something new and think outside the box in order to continue supporting our nurses, their growth and the provision of optimal patient care at Huntington Hospital.

LULU ROSALES, RN, MSN
DIRECTOR OF PROFESSIONAL PRACTICE/
MAGNET

A Partnership in Leadership



I first met Josie Gavia when she was on a panel of patient flow coordinators (PFCs) who interviewed me during the application process for my current role as department manager, 4 West medical telemetry unit. I immediately felt a connection and sensed that we were kindred spirits with very similar nursing philosophies.

One of the things that I remember the most is how well she articulated her passion for patient satisfaction and her complete ownership of the unit's satisfaction scores as a staff member. I had not had the privilege of working with staff who demonstrated the level of awareness, the commitment and the accountability for their unit's satisfaction outcomes that Josie did in the few minutes we talked. I knew right away that I wanted to work with her and partner together to achieve the goals that she wanted for her unit.

As soon as I started my new job in 2008, I saw that Josie "walked her talk". Her colleagues have such great respect for her as a nurse leader on the unit, they would do just about

anything for her. She quietly and enthusiastically moves around the unit, talking with patients and their families, assessing their conditions and determining if anyone needs her help. She is an IV starter extraordinaire and is always willing to stop what she is doing to go start an IV.

She has also been effective in managing the operations of the unit during her shift. I learned a lot from her during my first few months. One of the things that I love about her is that she is very transparent about her own opportunities for development. She really knows where her strengths and weaknesses are and regularly seeks opportunities to grow.

When we started taking Magnet® preparations out to the units in 2009, Josie was an eager supporter right from the beginning. She went online to learn everything she could about Magnet and what she and the unit needed to do to prepare for the appraisal. She even had the Magnet website loaded onto her iPhone and then her iPad. It was not unusual to find her with it out and open, sharing

and coaching her co-workers about excellence.

What manager would not be in heaven with a partner like Josie? To help meet her desire to continue to grow and learn as a PFC, I was challenged to grow myself. Josie provides me with wonderful feedback that helps me to be a more effective leader. She leads by example, holds herself to very high standards and is always willing to try something new. She was the first nurse on 4 West to get certified and since then she has earned a second certification. There was no way I could face myself unless I too registered for the certification exam. She was one of the first nurses on 4 West to participate in the CNRP program and really saw herself as a role model, understanding her responsibilities.

To give her and our other PFCs the skills and knowledge they needed to continue their professional growth, we have started a leadership development program on 4 West. My past experience in education and leadership made it easy for me to offer this to the PFCs and other informal nurse

leaders on the unit. During one of those classes Josie learned about the importance of mission to achieving our goals. She did a brief presentation for her peers — definitely outside of her comfort zone — about mission. Afterwards the team decided we needed to promote the hospital's mission on the unit. We decided to order wall art with the mission statement and put it up for all to see every day. We also added it to our meeting agenda. The wall was such a hit, we got a second, larger one to put in front of the unit. We have received so much wonderful feedback about it — it really is classy looking — but more importantly, it raises awareness among the nurses.

We have many leaders on 4 West, as I am sure all our departments do. I am proud to partner with Josie as we work together to achieve excellence both on our unit and here at Huntington Hospital.

**DEBBY MADEIRA,
RN, BSN, MA, CNML**

NURSE MANAGER, 4 WEST

Transformational Leadership.

TRANSFORMATIONAL
LEADERSHIP



Getting Beyond the Red Wagon

Back in the day before PlayStation and its upgraded version existed, the North Pole operations of jolly old Saint Nicholas took pride in producing much simpler and more heartwarming toys. Of phenomenal demand in particular was the shiny red wagon, the most popular toy of all. Just about every child dreamed of getting one, especially during the holiday season. Santa's elves took delight in constructing them as they paraded in their workshop, occupying the entire space. The elves mastered wagon-making at its finest and chanted "make- more- wagons," day in and day out. Their existence was entirely and routinely devoted to that until the unexpected happened. One day, requests for the wagons plummeted to noticeably low levels.

My own red wagon transported me back to the Wingate Building of Huntington Memorial Hospital. Our team was made up of enormously hard-working and passionate nurses. We labored exponentially to prove our worth as a team and to validate our expertise to our patients and families. In addition, we devoted our

time to develop the best nursing care and strived to make a difference in our patients' lives. I thought we had it made. However, our Press Ganey patient satisfaction ratings were significantly below where we imagined them to be. As a result, unit morale was palpably low and utterly numbing! We knew deep within that something was changing. The shiny red wagons we were offering did not seem to appeal anymore.

Like the Northpolians, we were confronted with the reality of change. Studies have shown that there are many catalysts for change. First, we moved to a new dwelling in the West Tower. Second, a new manager was cast to lead us. Lastly, the Magnet® philosophy was also thrown into the equation. We had become so accustomed to our old ways of practicing nursing and to our archaic system of rendering care. At first, we had doubts about being transplanted from a modestly-sized unit to the more modern and spacious facility of the West Tower.

We could only resist change to a certain degree. Adjusting to West Tower life was not that bad at all. With modern equipment and

spacious rooms to boot, the extra walk was doable. With all the pluses of modern comfort, we knew that half the battle had been won regarding customer satisfaction. Our manager's goal and vision was clear and inspiring. Her leadership principle was simple: to involve and to educate employees about how our business works. By doing so, an employee that is valued like a partner will most likely take ownership of their action and be driven to support the change. Her leadership tool was basic and involved training and cross-training, goal setting and molding new leaders. With her constant gentle and relentless pressure, our resistance melted, self-esteem soared and our love for nursing rekindled.

To say the least, the best years of Huntington Memorial Hospital are still ahead and one thing is certain, they are full of promise!

SAM MACASA, RN
4 WEST

INSPIRED BY "THE LEADERSHIP
SECRETS OF SANTA CLAUS"

“I have had the opportunity to see Cecilia grow in her role over the past few years. Her attention to detail, her ability to see all sides of an issue and her determination to achieve excellent outcomes can be seen in all she does.”

BONNIE KASS, RN | CHIEF NURSE EXECUTIVE



A Leader Today, Tomorrow and for the Future

As leaders we share the same characteristics across the continuum of all professional fields: passion for your team, love for your area of knowledge, accepting challenge, and paving a new path through unexplored territory.

Cecilia Cayton, RN, BSN, 6 East orthopedics surgical manager, continues to grow in her role as a nurse leader and truly exemplifies all of these characteristics.

Cecilia's top priority has always been her staff. She believed that the hard work and dedication of her employees needed to be recognized in some formal way by the hospital and through the accomplishment of disease-specific certification of the hip and knee replacement programs.

Throughout the months leading to the survey scheduled for December 20, 2010, Cecilia led her crew of multidisciplinary clinicians, professionals, physicians and nurses through conference calls, data collection, analyses of scorecards and countless presentations to be spot-on ready for the survey. Cecilia worked collaboratively and in partnership with Connie Boyd, RN, executive director for neurosciences and orthopedics. Her tireless and never-give-up attitude delivered the amazing success at the end of that survey when all in attendance received the verbal acknowledgment of the surveyor of what an exemplary department the orthopedics department was and that the total hip and knee replacement program was the fourth in California to be recommended for certification.



From One Nurse Leader to Another

When we are searching for a leader, we should look for intelligence and judgment and, most critically, a capacity to anticipate, to see around corners. We should also look for loyalty, integrity, a high energy drive, a balanced ego and the passion to get things done.

Four years have passed since Cecilia accepted the nurse manager position and I am in awe of the impact Cecilia has made on the ortho-neuro unit and on the organization itself. I have observed her willingness to persevere when faced with obstacles. She has set standards for herself and for her team. She holds herself and others accountable. She believes in and supports her team. She is proud of them and lets them know it. Cecilia led and collaborated with physicians, staff and multidisciplinary team to achieve excellent patient outcomes and staff satisfaction. In December 2010, Cecilia led the teams in achieving The Joint Commission disease-specific certification for total hip and total knee, an outstanding accomplishment by the entire team. Cecilia was recently selected by her peers to serve as the Clinical Leadership Committee co-chair for 2011 and the chair for 2012. Managers, like nurses, can go from novice to expert and I have been proud to watch Cecilia's personal journey.

MARY HENRY, RNC
MANAGER, 5 EAST SURGICAL UNIT

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



Achieving ANCC Certification: 5 East RNs Rise to the Challenge

"In order to succeed, your desire for success should be greater than your fear of failure."

BILL COSBY

As part of our Magnet® Road Trip, Bonnie Kass, RN, BSN, MBA, NE-BC, recognized American Nurses Credentialing Center (ANCC) certification as a key component of continuing to focus on professional development and professional excellence. In support of Magnet designation and advancing professional practice, the 5 East Unit Based Council (UBC) set a goal to achieve 14 ANCC nurse certifications for 2010.

Workforce Learning announced that Huntington Hospital would host an ANCC medical-surgical nurse review seminar to help RNs prepare for the certification exam. Mary Henry, RNC, our nurse leader, and the PFCs announced in One Minute Update the opportunity of attending the two-day preparation class to be held in June. A total of 21 RNs from 5 East, including

our manager, attended the classes where we reviewed topics ranging from hypertension to negligence. We all agreed that the classes surely helped us prepare for taking the certification examination. When the classes were over, we were then faced with the challenge of scheduling ourselves to take the examination. Of course some of us wondered "What if we don't pass?" We encouraged each other: "You can do it!" Study groups met informally. Some of our RNs made lists of study questions. We quizzed each other.

Each time one of our RNs passed, we announced the achievement in One Minute Updates. Mary, our manager, would email a congratulatory message with the RN's name to the 5 East staff, celebrating that they had passed the examination. Twenty-one RNs attended the

ANCC medical-surgical review course and 19 took the ANCC certification examination and passed in 2010. We are honored to share with you that 5 East staff holds 27 ANCC certifications.

Recognizing that certification validates specialty knowledge and clinical judgment, fosters quality patient care, and promotes nurse satisfaction, the UBC goal for 2011 is to continue to promote and support RNs in achieving ANCC certification. We proudly wear our certification pins and we are honored by having our names engraved on the certification tree, along with nurses from all over the nursing division who have achieved certification. 5 East staff congratulates each of Huntington Hospital's certified nurses.

5 EAST SURGICAL UNIT
UNIT BASED COUNCIL



Leading by Example

As Sam Walton once said, “Outstanding leaders go out of their way to boost the self-esteem of their personnel. If people believe in themselves, it’s amazing what they can accomplish.” I have been a nurse in labor and delivery at Huntington Memorial Hospital for 13 years and when Zohreh Shafai, BSN, MSHCM, RNC, our nurse manager, presented the opportunity to acquire our nursing certification, we doubted we could achieve this goal. Huntington Hospital had embarked on the Road Trip to Magnet® designation and part of the journey included supporting and encouraging direct care nurses to obtain specialty certification.

As a true motivational leader, Zohreh collaborated with our workforce education department and arranged for a two-day review class for our department. Zohreh not only encouraged and motivated us to get certified — she joined us on this endeavor as well.

We had three months to study and pass the certification exam. On her unit rounds, Zohreh watched us studying together and rooted us on while providing tips on where to find more information and what materials contained useful information to prepare.

Zohreh was one of the first in the group to pass the exam. Every opportunity she had she would cheer us on, “Come on, you are all doing great, if I can do it so can you.” Over the next three months small groups took the exam and passed. Each RN that passed continued to cheer on those who were still studying and preparing. Our Unit Based Council was also a huge source of support and encouragement. I remember going with a group of peers to take the exam and finding out that we had all passed. We immediately called Zohreh and thanked her for supporting us and believing in us. As of today, 63 percent of nurses in labor and delivery are certified.

On March 21, 2011, Zohreh gathered as many of us as the unit could spare to join her in the Braun Auditorium for an important phone call. The Magnet office delivered the great news of obtaining Magnet designation. The room erupted in cheers and I looked around to my peers and my amazing leader and thought, “We did it!” Leadership is a foundational component of Magnet, and our nurse manager, Zohreh, is a perfect example of that. Dwight Eisenhower said, “True leadership involves getting people to do what you want them to, because they want to.” I believe Zohreh achieved just that. I also believe that this journey allowed us to grow as leaders within our department and set a great example to the rest of the organization.

CLAUDINE CORRALEJO, RNC
DIRECT CARE NURSE,
LABOR AND DELIVERY

“As an occupational therapist, it is a pleasure to work with staff who challenge themselves to be the best. It raises the bar for the rest of us to provide the best care possible for our patients!”

MARGARET BLAIR,
OCCUPATIONAL
THERAPIST

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Excellence Through Certification. Huntington Memorial Hospital publicly recognizes certified nurses for their dedication and contributions to healthcare and the community. Their names and certifications are displayed on the *Excellence Through Certification* tree. As a nurse becomes certified, a leaf is engraved with the nurse's name and certification and added to the bronze tree. Since May 2010, over 100 nurses have received specialty certification, increasing our house wide percentage of certified RNs to 24 percent in a little less than a year. This huge stride was made possible through efforts which included coordinated test reviews and support through the Clinical Nurse Recognition Program.

Aileen Barrett, BSN, RN, CPN
Alicia Materi, RNC, BSN
Allison Connolly, RN, PCCN
Allison Sharp, BSN, RNC
Amelita Revilla, RN, BSN, ONC
Amy Pendelton, RNC, MSN, MPH
Angelie A. Lorca, RN, BSN, ONC
Ann Anzalone, MSN, NP, RNC
Anna Ivy Park, RNC, BSN, OCN
Anne Haven, RNC
Annette Kolenberg, RN, BC
Arianna Smith, MSN, RNC
Arleen de la Paz-Shrewsbury, RN, ONC
Ayumi Matsushita, RNC
Betsy Schoeni, RNC, MSN, CNS
Blaisy Racine, RNC
Bonifacio Deoso, RN, BSN, CCRN
Bonnie Kass, RN, BSN, MBA, NE-BC
Brian Yoon, CCRN
Carla Tsang Russell, RNC, BSN
Catherine Alzate, RNC, BSN
Catherine Dolan, RNC-MNN
Catherine Flinn, RN, CLE, LCCE, IBCLC
Cathy Cimino, RNC, BSN
Cathy Rowell, RN, CNOR
Cecile Tanlioco, BSN, RNC
Charina Bacalla, RNC, BSN
Cherise Javius, RNC
Christine Scantlin-Corio, RNC
Chyrlle C. Whalen, RN, MSN, FNP-BC
Claudine Corralejo, BSN, RNC

Colleen Sindler, BSN, RNC
Consolacion A. Galang BSN, RN, CCRN
Cristina Chee, RN, OCN
Debbie Morgan, RN, MSN, OCN
Eddie Rivera, RN, ONC
Edelveiss Solomon, RN, BSN, CCRN
Edwina Luna, BSN, RN, VA-BC
Elizabeth Gross, RN, BSN, CLE
Ellen Gershen, RN, NP, CDE
Emily Roskopf, RN, BSN, PCCN
Ernestina Chua, RNC, BSN
Ester Nepomuceno, BSN, RNC
Evelyn Roa, RN, HP
Faith Silverman, RNC
Fatemeh Tahani, RNC
Flora Mia Marzo, RN, ONC
Grace Lopus, BSN, RN, CCRN
Hatsumi Kito, RNC, MS
Hilliary Warren, RNC
Hyun Hee IM, RNC
Iris Wu, MSN, RNC
Ivy Nguyen, RNC, BSN
Janet Kong RNC, BSN
Jenni Lee, BSN, RNC
Jennifer Sands, RNC
Jodi Miller, RNC
Josué L. Barbosa, RN, BSN, CPHQ, CIC
Karen Johnston RNC, BSN
Karen Johnston, BSN, RNC
Katie Stauffer, BSN, CCRN
Kristopher Rulloda, RNC, BSN



Laurie Mansfield, RN, PCCN
 Leigh Halabi, BSN, RNC
 Lilibeth Estacion, RN, CCRN
 Lin Xu, RN, PCCN
 Lisa Cui, RNC
 Lisa Murillo, RNC
 Lisa Staley, RN, CRRN
 Lucy Tang, RNC
 Luz Deleon, RNC, BSN
 Lynette Dahlman, MSN, RN-BC
 Lynette Mikity, RNC
 Lynne R. Levin-Guzman, RN, MICN, BS
 Mabintou Dioure, RN, BSN, BC
 Marcela Crowley, RN, CNOR
 Maria Castro, BSN, RN, CPN
 Marie-Cecile Walter, BSN, RNC
 Mariella Flores, RN, CPN
 Marilyn Santotome, RNC, BSN
 Martha Amparan, RNC-OB, CDE
 Martha Beltran, RNC
 Martha Rubio, RNC
 Mary York Henry, RNC
 Melanie Myers, MSN, RNC, CNS
 Melody Melvin, RN, CCRN
 Michelle Martinez, BSN, RN, CPN
 Michelle Rogers, RNC
 Mimi Trang, MSN, PMHCNS, RN-BC, PCCN
 Mulu Worku, RNC
 Myrna Hawthorne, RN, MSN, MICN
 Nancy Cushing, RN, CNOR, CBPN-IC
 Nattiya Murray, RNC

Nina Hsu, RN, PCCN
 Penny Hatlee, RN, BSN, MS, CNOR
 Raulin Feria, BSN, RNC, CPN
 Rebecca Straub, MSN, RN, NP-C, PCCN
 Rhea Almada, BSN, RNC-MNN
 Roberta Gordin, RN, BSN, CCRN, CEN
 Robin O'Brien, RNC
 Ronnie Andal, RNC
 Rowena Platon, RN, CBN
 Ruth Wong, RNC
 Sharon Hamm, RNC, BSN
 Sheila Anulao, RN, BSN, CPN
 Shelley Stauffer, RNC-MNN, IBCLC, CLE
 Sherry Strong, RN, ONC
 Shirley Lee, RN, BSN, CCRN
 Stacey Pereira, RNC
 Stephanie Radnoti, RN, BSN, BC
 Sue Duquette, BSN, RN-BC
 Sue Horn, RNC
 Susan Hadfield, RN, ONC
 Susan Thompson, RN, ACNP-BC
 Susie Fundter, BSN, RNC
 Terri Smith, RNC
 Tisha Regan-Maldonado, BSN, RNC
 Valerie Siu, BSN, MA, RNC
 Valerie Willis, MSN, RN, PNP-BC, PCNS-BC.
 Vicki Landini, RN, CNOR
 Vilaylack Sydara, RNC, BSN
 Wendy Gu, BSN, RNC
 Wen-Hua Luo, RNC
 Zohreh Shafai, BSN, MSHCM, RNC

“Teamwork and communication are the key elements which make 4 West a great place to work. Working together with nurses as one is what makes working on 4 West a truly unique and rewarding experience.”

JESSICA ESPINOZA
 PCA, 4 WEST

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Clinical Nurse Recognition Program

The Clinical Nurse Recognition Program (CNRP) is a voluntary program in which the nurse demonstrates expertise at the bedside and models leadership, efficient clinical management, educational activities and research. The CNRP Committee ensures that the application criteria reflects Huntington Memorial Hospital's mission, vision and core values and the ANCC Magnet® standards of evidence.

The following activities are some examples of how nurses have grown professionally through the CNRP:

- serving on unit and hospital committees
- participation in community health programs
- demonstration of excellent patient care in complex situations
- precepting or mentoring other nurses and new graduate nurses
- achieving and maintaining professional certification
- participation in professional organizations
- participation in quality improvement initiatives
- evaluation and utilization of nursing research

2010 CNRP Recipients

Level III

Anne Nowlin
Dorothy Kunihiro
Ginger Park
Ivy Park
Marcella Crowley
Mariya Ransom

Level II

Aileen Barrett
Alie Tsui
Allison Sharp
Amy Low
Amy McConnell
Ana Kristina Francisco-Araneta
Anne Nowlin
Betsy Schoeni
Beverly Schwerin
Carol Ferguson
Catherine Thomas
Claudine Corralejo
Conor McTeague
Consolacion Galang
Coralynn Liam-Cruz
Cynthia Davis
Dorothy Kunihiro
Elaine Martin
Eleanor Adams
Elena Benson
Elizabeth Torres
Erika Cruz
Fehr Hesse
Georgann Abbott
Ginger Park
Grace Dumlao
Ivy Park
Javier Anastacio Guerra
Jennifer Sands
Jennifer Zago

Joanne Masuda
Joann Zaldivar
Josephine Lee-Razon
Josephine Silbor
Joy Wang
Kathleen Curren
Kelly Cook
Kirsten Falsey
Lazar Michaels
Linda Prentice
Lisa Grana
Lori Adams
Lorilee Snelling
Luz C. Deleon
Marcela Crowley
Mariya Ransom
Martha Beltran
Maureen Friesen
Melody Melvin
Michelle Martinez
Michelle Rogers
Nancy Niles
Nattiya May Murray
Rebecca Straub
Ronnie Andal
Samia Solh
Sharon Hamm
Shelley Stauffer
Stacey Pereira
Stephanie Radnoti
Susan Veronica Fundter
Terri Korell
Terri Smith
Tonya Purdy
Valentina Zackarian
Valerie Siu
Vicki Landini
Victoria Young
Virginia Vy



Recognizing the Value of Nursing

When I joined the Maternity/PHRU team at Huntington Memorial Hospital as a fresh “immigrant” to California, I slowly realized over time that this particular specialty of working with pre- and postpartum moms and their newborn babies was something that meant more to me than just a job. When I was encouraged to attend the Magnet® forums, I went. This is where I met Lynette Dahlman, RNC, MSN, who advised the Clinical Nurse Recognition Program (CNRP) Committee. She invited me to become a member of the committee and I accepted. I was interested in making improvements to the nursing practice throughout the hospital and I was encouraged to voice my observations about anything I saw and share my ideas.

The CNRP has been a contributor to my professional development and transformation as a direct care nurse. Doing specific projects that contributed to my professional growth was a big part of this. I became more aware of the broad opportunities for active involvement in the nursing community at large. For example, I joined the Association of Women’s Health, Obstetric and Neonatal Nurses after I had used their research resources on a project about postpartum hemorrhage. Joining this organization has given me access to all

the latest research on nursing practice and guidelines that I have been able to use in my unit projects at Huntington Hospital.

As part of the CNRP Committee, I wrote meaningful examples of how my clinical experiences helped patients outside of the traditional definition of nursing. It was good to share the many examples of having helped patients that were uncomfortable, or just scared, by identifying with them and helping them through their emotional childbirth experience.

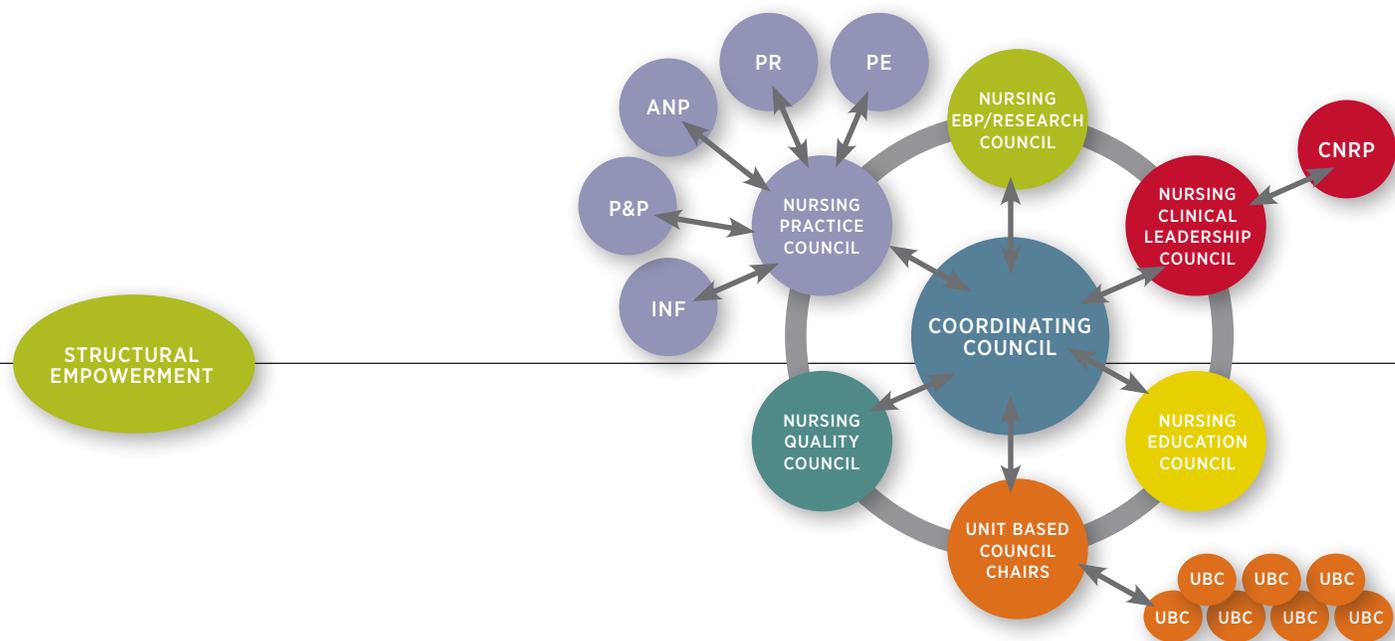
I found that going through the CNRP gave me real recognition for the excellent care provided to patients, continuing my educational growth, volunteering services to the community, assisting in program development and participating in professional organizations.

**MARIYA RANSOM, RN
DIRECT CARE NURSE, MATERNITY**

“Nurses are on the frontline of patient care. They are the communicators, advocates and deliverers of quality care at Huntington Memorial Hospital. I have great respect for the nurses in the emergency department because we work collaboratively on behalf of the best care for each and every patient.”

**JILL TERRY, PHARM.D, BCPS
CLINICAL PHARMACIST,
EMERGENCY DEPARTMENT**

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Shared Decision-Making Councils: A Year in Review

- Coordinating Council**

This council is comprised of the chief nursing executive, the director of professional practice and the chairs and advisors from six of the main councils. The main function of this council is to provide a forum for the coordination and consolidation of information, invention and improvements of other councils, as well as serving as a liaison to other hospital interdisciplinary and multi-disciplinary committees. It serves as the “filter” for hospital-wide projects.

In 2010, the coordinating council continued to help councils prioritize projects and initiatives by aligning them with strategic priorities. In October 2010, the council came together to work on the 2011 nursing strategic plan.

- Nursing Clinical Leadership Council**

The Nursing Clinical Leadership Council (CLC) ensures the overall coordination of clinical leadership

activities among the patient care areas. Other responsibilities include management and coordination of strategic initiatives, patient care issues related to policy changes and flow of patients and information throughout the organization. This council supports the development and implementation of the unit based councils and supports activities of the Clinical Nurse Recognition Program (CNRP). The council is composed of nursing leadership, the chair of the Unit Based Council Chairs (UBCC) and patient care services leadership. The CNRP Council reports to CLC.

In 2010, some of the CLC accomplishments included certifications in stroke, bariatrics and joint/hip replacement; implementation and revision of SharePoint as a communication device; collaborating on the implementation of electronic physician signatures; implementation of radiation safety for pregnant staff at the bedside;

standardization of meeting agendas and minutes; implementation of teletracking to improve patient throughput; implementation of dashboard for nurse sensitive indicators; facilitation of the NDNQI RN Satisfaction Survey; support of nurse week activities focused on evidence-based practice and promotion of Magnet® philosophy to enhance enculturation and successful Magnet designation.

- Clinical Nurse Recognition Program (CNRP) Committee**

The goal of the CNRP is to recognize the professional excellence of Huntington Memorial Hospital nurses and their desire to provide the best care to our community. The primary functions of the CNRP Committee are to evaluate applications; refine the application process; set goals for additional participation in the CNRP; and to communicate, educate and encourage recognition in the pursuit of clinical



nursing excellence. In 2010, the CNRP Committee reviewed nearly 100 applications; simplified the CNRP application form based on staff input; assisted and led multiple formal and informal meetings to assist nurses with the application process; and created referral binders to facilitate the application process.

- **Nursing Practice Council**

The Nursing Practice Council (NPC) oversees nursing practice and standards throughout the organization. The council identifies the need for development of standards of nursing care and identifies opportunities for investigating evidence-based practice to develop standards. In addition, it provides a forum for the discussion of clinical matters, professional issues, trends and the formulation of pertinent recommendations. The council is responsible for providing leadership and infrastructure support to facilitate change and for sponsoring and participating in activities that enhance professional practice and contribute to the goals of the nursing division. The council supports nursing staff involvement in collaborative quality initiatives to improve organizational performance and patient outcomes,

including the review of NDNQI results, evaluation of core measures, and national patient safety goals among other performance benchmarks. The NPC collaborates with leadership of other departments to solve problems and resolve issues affecting the efficiency and effectiveness of patient care delivery.

This council serves as the reporting body for the following councils: Nursing Clinical Policy and Procedure, Nursing Informatics, Nursing Peer Review, Advance Nursing Practice, and Patient Education.

In 2010, NPC accomplishments included establishment as the house-wide voice for all nursing practice issues (i.e. Voalté, e-Prescribe, biohazard bags, patient identification bands, revised pre-op checklist, insulin order set, hospital acquired pressure ulcers and back to basics skin care campaign, bloodstream infections, eMar medication times, and seizure pads); appointment of chair and chair-elect positions to staff nurses; creation of a Patient Education Council and empowerment of the Nursing Clinical Policy and Procedure Council to process policies and procedures and bring practice changes to the NPC.

- **Nursing Clinical Policy and Procedure Council**

The purpose of the Nursing Clinical Policy and Procedure Council is to promote evidence-based review of Huntington Hospital's clinical policies and procedures, review existing policies and procedures, and develop new clinical policies and procedures using evidence-based methodologies. In 2010, the council reviewed 35 policies and standardized procedures and oversaw review by content experts of 20 additional policies.

- **Nursing Peer Review Council**

The purpose of the Nursing Peer Review Council is to provide a fair and impartial evaluation of event-based nursing performance based upon hospital policies and procedures, evidence-based practice guidelines, and nursing scope and standards. The council receives referrals from a variety of sources related to events involving nursing. The council summarizes findings and reports to the Quality Management Committee and Nursing Practice Council on a quarterly basis. In 2010, the council reviewed 15 cases related to risk, quality and patient satisfaction. The council also made

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recommendations related to wound and skin ulcer documentation, chain of command, pain management, compartment syndrome, medication safety, customer service and hand-off communication.

- ***Nursing Informatics Council***

The purpose of the Nursing Informatics Council is to collaboratively enhance the electronic documentation system so that it is integrated and individualized, incorporates standards, regulations and scope of practice, and meets legal requirements. The council also provides consultation and makes recommendations regarding documentation frequently used by nurses. It ensures that clinical applications reflect the standards of care and nursing practice. In 2010, some of the council accomplishments included reduced duplicative charting; enhanced electronic communication through SharePoint site development; online tool for documentation screen change requests; development of electronic patient discharge instructions; ongoing enhancements to critical value documentation; and development of universal documents IV assessment.

- ***Patient Education Council***

The purpose of the Patient Education Council is to evaluate existing patient education materials and to provide guidelines for development of new patient education materials that are consistent with our patient population and comply with regulatory requirements. Additionally, a major goal of this council is to make patient education materials easily accessible to all nurses. The council met for the first time in March 2010. They completed a charter by April 2010 and, since then, developed a database of patient education materials; developed policy and procedure guidelines for patient education; provided education regarding anticoagulant therapy; and educated patients and families regarding multidrug-resistant organisms and healthcare associated infections.

- ***Unit Based Council Chairs***

The (UBCC) is a forum where the chairs of the unit/department UBCs can come together and network. Their focus is providing one another input and feedback on shared decision-making topics related to practice, competency, work environment and patient safety. This

council coordinates the annual goal-setting for the individual UBCs. In 2010, UBCC accomplishments included development of a float template to improve communication, consistency and patient safety; development and publication of the UBCC goal grid that included all department goals; identification of equipment concerns and referral of them to CLC, resulting in formation of a task force to evaluate patient controlled analgesia equipment, increased number of compressive devices, new pulse oximeters and a new bladder scanner. The council also provides a forum for education to be disseminated throughout the organization. Topics included falls, skin care back to basics, informatics topics, teletracking and Magnet.

- ***Nursing Quality Council***

The purpose of the Nursing Quality Council is to ensure and improve patient care quality and nursing practice by utilizing quality data concerning nurse sensitive indicators. The council reviews quarterly data related to nurse sensitive indicators and determines opportunities for improvement. In addition, the council collects additional data



as needed to identify targets for change. The council collaborates with other councils and quality committees sanctioned by the hospital to effect change and improvement in nurse sensitive indicator results. In 2010, council accomplishments included developing a method of investigating probable causes of selected “never events”; identification of opportunities to prevent hospital acquired pressure ulcers (HAPUs); continued data collection and analysis around HAPUs, and catheter associated urinary tract infections; and presenting data at nursing forums and at quality board meetings.

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

The Evidence-based Practice and Research Council (EBP/NRC) provides a foundation and structure for direct care nurses to perform and implement evidence-based practice and nursing research. The council is responsible for promoting the value of scientific approach to problem solving in the delivery of patient care. In addition, the council designs activities that foster and support direct care nurses in the submission

and integration of EBP projects. The council provides guidance in the development of nursing research proposals and determines the method of disseminating these findings. In 2010, council accomplishments included selection of an EBP model (Rosswurm and Larrabee EBP model for change); selection/design of additional tools for EBP which included clinical question formulation, scale to rate levels of evidence and an EBP project template; planning and leading the EBP forums during 2010 Nurses Week; creating an orientation handbook for new council members; creating an EBP toolkit to facilitate the process of EBP for nurses; and beginning collaboration in June 2010 with a doctorate prepared RN from UCLA.

- **Nursing Education Council**

The Nursing Education Council (NEC) collaborates with workforce development regarding clinical education needs identified by needs assessment, events, and/or nursing leadership. The council is responsible for performing an annual educational needs assessment of clinical nursing staff. In addition, the council plans for

and provides educational activities related to new clinical practices and provides a forum for sharing innovative educational activities in nursing. Members collaborate and develop educational programs for shared topics identified during the needs assessment and determine methods to deliver education that results in optimal outcomes. In 2010, NEC accomplishments included consistent use of a monthly comprehensive “One Minute Overview” tool; staff driven unit based needs assessment; and ongoing review, revision and approval of content referred by other councils or entities.

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2010 UBC Goals Accomplished



The Unit Based Council (UBC) is a representative group of core members of a nursing unit whose mission is to achieve quality patient care and a healthy work environment by incorporating nursing values in all decisions. Its primary focus is providing input and feedback on topics related to nursing practice, competency, nursing standards of care, quality improvement and professional growth and advancement. In November 2009 the UBC Chair Council was implemented in an effort to bring together the chairs of all the UBCs. This council has set UBCs accountable for submitting annual goals as well as annual goals accomplished. Below is a summarized and abridged version of some of the goals that units accomplished through teamwork, collaboration, partnerships and a strong commitment to excellence.

4 East and Brain Mapping

- Determined the most acceptable type of enteral feeding tube with the least complication of aspiration and gastroesophageal complications and provided education and training.
- Decreased the occurrence of patient falls and decreased injury to self or others and alerted caregivers to reduce injury when patient falls occur.
- Five percent of 4 East RNs participated in the Clinical Nurse Recognition Program (CNRP); six RNs passed ANCC board certification.

5 East

- Increased number of Press Ganey survey responses per quarter by 10 percent or 88 per quarter.
- Increased patient satisfaction to 99th percentile by fourth quarter 2010.
- Increased certifications from nine to 27 RNs.
- Increased professional organization involvement from five to 11 RNs.
- Two RNs enrolled in the BS in nursing program.

6 East

- Improved teamwork through hand-off communication between RNs and PCAs.
- Achieved orthopedic disease-specific certification.
- Provided orthopedic skills day.
- Presented an orthopedic open house in October 2010 in collaboration with the orthopedic medical team.
- Seven RNs became certified in orthopedic nursing.
- Eleven RNs joined the National Association of Orthopedic Nursing.

4 West

- Improved Press Ganey patient satisfaction scores through the development of an hourly rounding tool to help reinforce RN and PCA hourly rounding. This resulted in improved scores in the areas of friendliness/courtesy of the nurses and attention to special/personal needs.
- In 2009, 4 West had a total number of 32 falls. In 2010, there were only 23 falls, resulting in a reduction of 28 percent.
- 4 West representatives on the Fall Prevention Team also assessed the falls and noted the time of day in which most falls occurred so our staff could be more receptive as to when to be more vigilant.

5 West

- RN-MD collaborative to educate staff on cardiac and renal topics.
- Improved hand hygiene and prevention of catheter associated urinary tract infection through prompt removal of foley catheters.
- Four RNs became PCCN certified.
- Five RNs participated in CNRP.

6 West

- Improved hand hygiene from 67 percent compliance in the first quarter 2010 to an overall 90 percent compliance in 2010.
- Improved skin assessment documentation and management through an audit tool, education and posters developed by UBC members.
- Three RNs achieved oncology certification and two RNs achieved medical surgical certification.
- Three RNs joined a professional organization.
- Two RNs completed a bachelor's program and two RNs completed a master's program.

Admit Testing

- Improved patient care process from a nursing perspective by revising patient pre-op instruction information needs, defining the various procedures for pre-op admit testing, and devising a method to provide more time for follow-up on abnormal labs to prevent surgery delays.
- Two RNs joined a professional nursing organization

Cancer Center

- Cancer center UBC established July 2010.
- Developed a referral form for the lung program.
- Developed a GYN tumor board meeting held monthly with cancer center RNs, radiation/oncology MDs and medical oncology MDs.
- Launched the outpatient palliative care clinic July 2010.
- Monthly palliative care rounds with RNs, social workers, dietitians, MDs and psychologists.
- Participated and led breast cancer, colorectal and lung cancer awareness education days.

Cardiology/Vascular Lab

- Through a collaboration between non-invasive cardiology and cath lab there was increased chart compliance with pre-procedure protocols prior to cath lab arrival through creation of a centralized admission process, an audit tool to identify chart deficiencies, and ongoing follow-up as needed.
- Improved fiscal management and inventory control of medications in non-invasive cardiology.
- Six RNs participated in CNRP.
- Development of a journal club that is presented during each UBC meeting.

Critical Care Unit

- Creation of a communication sheet to allow for more effective morning rounds and to facilitate patient flow.
- Established 1:1 RN-patient ratio criteria to promote patient safety and improve nursing care for high acuity patients.
- A mobility team was formed to increase the mobility of vented patients by 10 percent. This included walking vented patients or sitting them up in the bed or chair.
- Implementation of the mid-shift RN.
- Visitation hours adjusted to allow effective turnover and time for patient assessment.

Cardiothoracic Unit

- All UBC members joined a professional nursing organization.
- Two RNs were certified in their area of specialty.
- A skills lab was done for RNs and PCAs.
- Set up a communication tool to assist with core measures related to cardiac patients.
- Set up PCA rounds at end of shift in an effort to improve patient satisfaction and patient safety.

Definitive Observation Unit

- Developed and implemented walking rounds at change of shift for all RNs to improve communication and inclusion of patient in plan of care.
- Wrote proposal to build the case for the implementation of a mid-shift RN position.
- Increased RNs pursuing additional formal education by five percent.
- Increased number of certified RNs by five percent.
- Skin care rounds implemented twice a week to include RN, CNS, manager and wound ostomy nurse.
- Weekly inservices done by direct care nurses
- Annual skills validation day that is DOU specific.

Emergency Department

- Refined the team leader role and expected behaviors, and had all RNs perform role review and sign role expectations.
- Designed the patient flow process for the fast track area.
- Encouraged multiple staff members to join ENA, and obtain their CEN. Currently many staff RNs are attending a comprehensive review class on their own time to prepare to take this certification exam.
- Submitted a proposal to clinical education and nursing leadership for the MICNs in the ED to be recognized for their advanced scope of practice and additional education requirements. This was successfully recognized.

Labor & Delivery

- Developed and implemented “mock obstetric code drill” sessions to improve staff response time, reviewed staff competencies and staff skills during an obstetrical hemorrhage code.
- Increased staff participation in professional organizations by 10 percent.
- Increased inpatient obstetrical nursing certification. Thirty-seven of 59 nurses are now OB certified, equaling a total of 28 new certifications in 2010.
- Nineteen RNs have completed the CNRP.

Maternity/Nursery/ Perinatal High Risk Unit

- Employee of the month nomination and recognition program.
- Educational journal club. Articles of interest on various topics are placed in an electronic journal that can be accessed via SharePoint.
- Designed and opened a pumping room for MATY/PHRU staff with infants.
- Mother-baby report form was modified to improve the shift change reporting process making it more streamlined and effective.
- Unit specific policy and procedure created for postpartum hemorrhage, approved by OPIT and OB committees.
- Four RNs achieved Level II in CNRP.
- Ten RNs attended two-day preparation classes for RN certification.

Neonatal Intensive Care Unit

- MEDITECH documentation is 75 percent complete in addition to the implementation of visual flow sheet (VFS).
- Time motion study and proposal are still work-in-progress. May require an additional six months to complete both study and proposal.
- RNC certification and enrollment in advance degrees for 2010 have been met.

Post Anesthesia Care Unit

- Promoted consistent documentation and adherence to standards of care by designing a quick reference guide with post surgery assessments. Each guide is at the patient bedside for RN reference.
- Educated staff on the importance of using a non-disposable cup and promoting recycling in unit. This led to 75 percent compliance by May 2010.
- One RN achieved a BSN.
- Two RNs became members of ASPAN.

Pediatrics

- Three RNs achieved certification in 2010.
- Hand-off tool completed.

Pediatric Intensive Care Unit

- A new AVA certification called VA-BC. The VA-BC is the vascular access board certified professional certification in the field of vascular access. Three PICC nurses are considering certification in 2011.
- Tried and implemented the Tegaderm™ CHG dressing (instead of trialing the biopatch which was proven to be significantly less effective in reducing skin organism counts) for one month with zero infection.

Rehabilitation

- Reduced falls by 10 percent in 2010 through changes such as RN documentation outside of patient room, maximization of bed and chair alarms, PCA walking rounds during change of shift and increasing accountability for hourly rounding.
- Four RNs reviewing to test for the certified rehabilitation nurse exam in 2011.

Same Day Surgery

- Implemented a separate procedural room for bronchoscopies to improve patient flow.
- Redesigned the supply checklist and set up accountability for RN to make sure supplies are always stocked.
- All competencies updated by February 2010.
- Determined checklist validators for each of the procedures.
- Rotated procedures among RNs in order to maintain staff confidence in all procedures.

Stroke Center

- Supply and medication rooms have been completely reorganized.
- Two RNs achieved certification and a review course is planned for early 2011 so that other RNs can test for stroke certification.
- Four RNs became members of their professional nursing organization.
- Reviewed best practices around swallow studies for post-stroke patients.

Surgery

- Two RNs joined AORN nursing professional organization.
- Six RNs became certified.
- Upgraded room cleaning, organization and room readiness standards.
- Inservices were scheduled and completed for all staff in first quarter 2010.
- Instituted “mock code blue” sessions to improve staff participation and function during a code event. The code session will serve to reinforce and enhance the RN’s role and responsibilities.

Utilization Management

- Streamlined documentation process to improve communication with all disciplines.
- Combined discharge planning documentation with care coordinator and social worker documentation.
- Established prioritization guidelines for discharge planners when covering additional units.
- Standardized the review process for Medicare one day stay (observation status).
- Standardization of care coordinator prioritization of work load.

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.

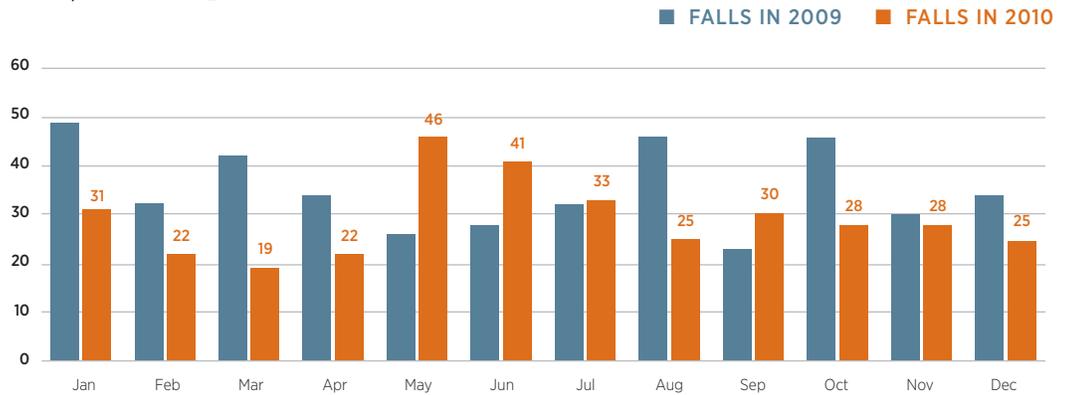
EXEMPLARY
PROFESSIONAL
PRACTICE

2010 Fall Prevention



Number of falls per month

2009/2010 Comparison



Patient falls are a critical problem in all healthcare organizations, accounting for a significant number of injuries. Although it may not be possible to prevent every fall, *many* falls are preventable.

Focus of the Fall Prevention Team

The Fall Prevention Team represents most units of the hospital and includes rehabilitation services and respiratory therapy. This interdisciplinary team meets every other month.

In 2010, the team focused on reducing patient falls through the following activities.

- Pre-planning toileting: prevents impulsive patients from getting up without asking for help
- Hourly rounding
- Trending of fall events on individual nursing units
- Trend fall events by time of day trends
- Audit to assess compliance with fall prevention policy

- Sundowner program in DMC 200 reduced falls by 24 percent
- Fall events related to elimination needs were reduced from 48 to 37 percent

The number of patient falls in 2010 was reduced by 17 percent since 2009 and by 28 percent since 2007. Creating awareness related to fall prevention has helped build a successful team effort in decreasing the number of patient falls in the hospital

Opportunities for Improvement 2011

- Continue to reduce fall events related to elimination
- Reduce falls with injuries by 50 percent
- Continue to trend fall events at unit level
- Monitor fall trends by time of day
- Evaluate chair alarms

JOAN HARDIE, RN
CO-CHAIR, FALL PREVENTION TEAM

MELISSA FREEARK, RN
DOU REPRESENTATIVE



An Essential Partnership

Huntington Memorial Hospital nurses provide expert and skilled care while integrating our core values of respect and integrity in a compassionate manner. Nurses are involved at all levels of the continuum, from receiving a patient in the emergency department, to determining the right type of care in the right setting and the right time, to coordinating a smooth and successful discharge and advocating for patients' continued needs in their home environment.

I have been at Huntington Hospital for 12 years, partnering with nurses in delivering patient care, not only at the bedside, but also in various committees which include: Medical Executive Committee, Board Quality Committee, Quality Management

Committee, Department of Medicine Committee, Information Technology and IDOC Committee. These partnerships have been essential in helping to meet our organization's strategic priorities and in continuing to help us live by our mission of providing excellent care to our community.

The collaboration seen among physicians and nurses when delivering care is key to the improved quality outcomes that we witness every day. That same collaboration also helps to drive successful interdisciplinary partnerships to help meet the needs of our patients and families. As such, it is not a surprise that Huntington Hospital was granted Magnet® designation by the American Nurses Credentialing Center and is

among the top ten hospitals in Los Angeles in U. S. News & World Report.

Implementing a variety of healthcare programs to improve patient care is one of our goals at Huntington Hospital. Communication is key, understanding different perspectives is crucial, working together as a team is mandatory, if high-quality patient care is to be delivered to today's patient population. Nurse-physician collaboration has been correlated directly to improved patient outcomes and perceptions of quality.

**SYEDA ALI, MD
CHAIR, QUALITY
MANAGEMENT COMMITTEE**

“Nurses play a very crucial role in the delivery of healthcare to our patients.”

SYEDA ALI, MD

Exemplary Professional Practice.

EXEMPLARY PROFESSIONAL PRACTICE



“The knowledge and expertise I have gained and benefited from in being a part of the Skin and Wound Resource Team has helped me create a solid foundation in specialized wound care. As a member of the team I have had the opportunity to advise other nurses on how to stage pressure ulcers and specific treatments needed to promote wound healing. I have utilized my newly acquired wound care knowledge to educate the nurses in the DOU regarding pressure ulcer prevention and wound care treatments.”

ROBERT DA SILVA RN, BSN
DIRECT CARE NURSE, DOU
MEMBER, SKIN AND WOUND
RESOURCE TEAM

Skin and Wound Resource Team: Partnerships to Decrease Pressure Ulcers

Hospital acquired pressure ulcers (HAPUs) remain a nursing quality challenge for hospitals nationwide. At Huntington Memorial Hospital we have instituted several performance improvement initiatives to address this problem. Two of these initiatives have been essential in improving our performance.

Initiative One

The first is the implementation of skin care rounds on the units with the highest rates of HAPUs. In February 2010, we began weekly skin care rounds in the definitive observation unit and twice weekly skin care rounds, both day and night shift, in the critical care unit. The team is comprised of the unit managers, clinical nurse specialists, wound ostomy continence nurses and unit staff members who are members of the Skin and Wound Resource Team. The purpose of the rounds is to provide 1:1 education to the direct care RNs and patient care associates. The nurse presents the patient to the team and together they enter the patient room, explain the purpose of the skin care checks to the patient and the family and examine the patient's skin. This provides

an opportunity to educate the bedside RN on pressure ulcer prevention techniques, positioning, wound care products, and identification and staging of pressure ulcers. Since implementation of the rounds, there has been increased staff awareness of pressure ulcer prevention interventions as well as a decrease in our overall HAPU rate through CalNOC and NDNQI quality nursing outcome reports.

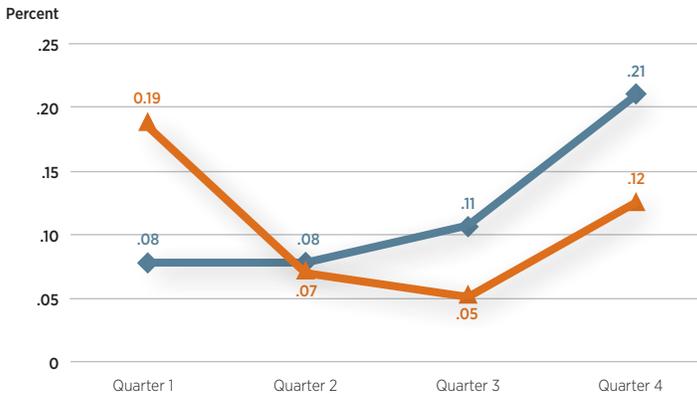
Initiative Two

The second performance improvement project began in the perioperative environment. The Skin and Wound Resource Team brought information regarding perioperative pressure ulcers to the operating room (OR) nurses' attention with a webinar viewing last Spring 2010. The Quality Council's data on OR-related HAPUs demonstrated that Huntington Hospital's HAPU statistics were similar to the national average. In response to this information the OR Unit Based Council started a task force in May 2010. In August 2010, the task force became an inter-departmental group now known as the Perioperative Pressure Ulcer Prevention (PPUP) Team.



HAPU Rates

- NO. OF PRESSURE ULCERS PER 1,000 DAYS 2009
- NO. OF PRESSURE ULCERS PER 1,000 DAYS 2010



“The objective of the team is to decrease HAPU prevalence in the perioperative environments. Our plan is to enhance the knowledge base of the perioperative RN staff on how pressure ulcers develop in the perioperative environment along with identification of the at-risk patient, implementation of pressure ulcer prevention, and documentation of the plan of care.”

ANNE NOWLIN, RN, CNOR
NURSE, OPERATING ROOM

“A PPUP tool was developed to provide a record for assessment, documentation and pressure ulcer prevention within the perioperative environment. The tool has been approved by the managers and directors overseeing the perioperative environments along with the Nursing Practice Council. Over the next few months education will be developed and the tool will be implemented. We look forward to reporting positive results.”

ANN MARIE WHALEY, RN, CWON
WOUND SKIN OSTOMY NURSE
ADVISOR, SKIN AND WOUND
RESOURCE TEAM

Exemplary Professional Practice.

A Vision of Teamwork and Pride: The Road to Excellence in Joint Replacement

EXEMPLARY
PROFESSIONAL
PRACTICE

“Nursing staff and I work together to administer, monitor and resolve issues in the areas of competency validation test ID certification and renewals; instrument/reagent problems; proficiency testing and patient identification. The interdepartmental cooperation allows for operation of a quality program.”

GLENN SAITA
POINT OF CARE
COORDINATOR,
CLINICAL LABORATORY

Teamwork is an extraordinary experience. Team members invest in each other and are committed to the demands and responsibilities to their desired outcome goals. The journey to our joint replacement excellence was a group enterprise with an investment in the outcome of our achievements and established a vision in our department and the community.

Our journey to excellence in joint replacement began in 2009 with experts from orthopedic surgeons, orthopedic nurses, physical therapists, occupational therapists, pharmacists, dietitians, and care coordinators, to our department manager who led the group.

The team started with the vision of delivering care excellence and achieving community recognition for best outcomes. To accomplish our vision, the team recognized and strongly valued interdisciplinary collaboration that demonstrated autonomy, empowerment, exemplary professional practice, high-quality work from improvements and innovations, and transfor-

mational leadership. The orthopedic direct care nurses valued the characteristics in a workplace that enhanced self-development, respect, autonomy, leadership, and acquiring new skills and knowledge. They collaborated with the Joint Replacement Team, partnered with our orthopedic surgeons, and educated our medical/surgical staff who cared for total joint patients to meet the challenges and achieve a program of excellence for the total hip and total knee patient population.

The team came together to plan, strategize, identify problems and create momentum. The 6 East Unit Based Council members were essential in laying the framework for staff education, skills validation and implementation of the joint replacement care guidelines, development of computer based learning, and improving pain management through continuous nerve block and bolus dosing with the help of our specialty nurses. We established positive communication and trust in each other

which is a commodity that is important to maintain.

Our team leader was a transformational leader who recognized the values and the aspirations of the unit, staff and multidisciplinary team. We were supported and empowered by the director and chief of nursing to face challenges and grow.

We were very fortunate to have an extraordinary resource team of orthopedic surgeons who were not only extremely supportive and focused on outcomes, but often stretched the boundaries of adjustment to maintain focus in the direction of our goals.

We have a team that delivers care with a vision and excels in patient care day in and day out.

A team of orthopedic nurses and a multidisciplinary group were consistently faced with the challenge to think deeply about the matters which we considered important and significant. We frequently asked each other, “What is the outcome?” The nurses were expected to have a say in the



way they practiced, which empowered them to embrace the process and to work as a team. That encouraged us to thoroughly analyze the joint excellence program guidelines we developed and collectively make adjustments to the strategies so that delivery of excellent health-care is consistent, efficient, safe, and gives patients a greater feeling of security.

The team had a vision of delivering care excellence and achieving community recognition for best outcomes. We value education, not only for staff, but for members in the community, as well. Jorge Alvarez, RN, 6 East, and I reached out to the local Jackie Robinson Senior Care Center and provided education on bone health.

Paul Gilbert, MD, and Todd Dietrick, MD, shared their surgical expertise and knowledge with Senior Care Network members during the orthopedic day celebration. A team from physical therapy, orthopedic staff RNs and PCAs, and surgeons took time to meet the community and answer

questions related to orthopedic surgeries and bone health.

The team held an annual unit skills lab to ensure all staff were proficient in their skills, including the ability to operate all orthopedic modalities and competently teach patients. Physical and occupational therapy were instrumental in training staff on body mechanics, patient transfer, precautions, proper patient positioning and use of equipment.

Several nurses achieved orthopedic certification and many now belong to the National Association for Orthopedic Nurses.

Since achieving certification from The Joint Commission for total joint replacement in December 2010, the team has developed an amazing level of pride in both personal and professional accomplishment.

**MARIE H. FIROOZIAN, RN
DIRECT CARE NURSE, 6 EAST**

“I collaborate daily with RNs and nursing staff to ensure optimal timing of physical therapy activities for our orthopedic patients. We are in constant communication to discuss pain medication needs, medical status, patient education needs and treatment planning. I round weekly with the RNs and multidisciplinary team to discuss our patients’ care and teach the weekly total joint replacement class alongside an orthopedic RN. Physical therapy and orthopedic nurses work as a team to give patients the highest quality of care!”

**RIDA SELBACK-RIVERA
PHYSICAL THERAPIST**

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

Inspiring Innovative Ideas and New Knowledge



The Evidence-based Practice/Nursing Research Council (EBP/NRC) had a very exciting and productive year as we fostered evidence-based practice throughout the nursing units, began building the foundation of a nursing research program and prepared for our Magnet® site visit.

In 2010, the council researched models for nursing evidence-based practice. Since 2007, we had been using the Iowa Model. The members selected several models to evaluate in detail and presented this information to the council, who ultimately selected the model they felt would be the best match for Huntington Memorial Hospital. The model selected, the Rosswurm and Larrabee EBP Model, was introduced to nursing staff at forums presented during Nurses Week in May. Council members designed posters which they used to describe each step of the process. A lively PowerPoint presentation provided further understanding of evidence-based practice and the use of the model. The health sciences library team also participated in the forums, providing hands-on instruction in accessing the nursing literature available on the hospital's library SharePoint site.



Additional tools for use in the EBP process included the PICO mnemonic, which helped nurses identify good clinical questions and the Forsyth NURSE Scale was used in evaluating the quality of the research literature. A work plan template was developed for project documentation and reporting project progress.

These tools were available online in the EBP toolkit on SharePoint. The toolkit included links to many internet-based resources developed so that nurses throughout the organization would have the tools and resources they needed. Since the toolkit was meant for all nurses, the council opened up access to its SharePoint site to all RNs.

“I appreciate the nurses’ knowledge about patients. Nurses are able to give insight immediately of what’s going on with patients which provides a greater opportunity to collaborate and intervene spiritually. Nurses and chaplains support one another to achieve self-improvement and spiritual satisfaction. The centering prayer has been instrumental and an opportunity for nurses to be re-energized, and center themselves with whatever faith or tradition they may follow. It gives them a sense of focus. I’m happy to be of service to the nurses and be their partner in care!”

MICHAEL HARRELD | CHAPLAIN

As an organization we are still quite young in our development of EBP and nursing research. As new members joined the council in 2009 and early 2010, the council provided a resource guide to give them the knowledge they needed to be productive members of the council. The resource guide is available both electronically and as a hard copy for new member orientation.

Council member education is an ongoing process. All council members are required to complete human subjects training. Additionally, the council coordinated the attendance of 22 Huntington Hospital nurses at the annual UCLA EBP conference. Those of us who were able to attend learned a lot about the EBP process and how we could become more effective as a council. It was a good opportunity to network with colleagues.

In 2010, Linda Searle Leach, UCLA faculty and nurse researcher, joined the council as a research consultant. She contributed to the council’s ongoing education and provided guidance in the development of our nursing research program. She will play a much larger role in guiding nursing research in 2011.

The council also participated in the Nursing Strategic Planning process with all the other shared decision-making councils. We completed an evaluation of our accomplishments, a SWOT analysis and identified 2011 goals. The council’s focus was to identify strategies to enculturate EBP and to support nursing research.

ANNE NOWLIN, RN, CNOR | CHAIR, EBP/NR COUNCIL

DEBBY MADEIRA, RN, BSN, MA, CNML | ADVISOR, EBP/NR COUNCIL



New Knowledge, Innovation & Improvements.

Nursing Evidence-based and Research Projects

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS

Operating Room

Perioperative Pressure Ulcer Reduction Project

Operating room (OR) nurses identified that many hospital-acquired pressure ulcers begin in the OR. Practice changes include risk assessment, intraoperative moisture reduction, use of positioning devices, nursing staff education, purchase of new OR surface mats and development of documentation that will follow the patient through the pre-, intra- and postoperative course. The Perioperative Pressure Ulcer Prevention Team was formed and is responsible for ongoing education and data collection. The team continues to work with the NQC to evaluate patient outcomes and identify further opportunities to reduce risk.

PRESENTED BY
ANNE NOWLIN, RN, CNOR

5 East

Blood Pressure Cuff Study

5 East nursing staff questioned the accuracy of blood pressure (BP) measurements in bariatric patients, identifying variation in practice because of lack of availability of the correct size cuff, as well as a lack of evidence regarding the best method for BP measurement. Extra long cuffs labeled “bariatric” were available on the market, but they did not meet American Heart Association guidelines for use in bariatric patients. The decision was made to wait on purchasing these cuffs until further research was done. This nurse-led research study compared the differences between the BP measurements of the bariatric cuff, the appropriate-sized cuff on the upper arm, and a normal-sized cuff on the forearm on a convenience sample of 50 healthy obese adults. The bariatric cuff produced readings outside the acceptable norms. The recommendation was made to not purchase the bariatric cuffs and to increase the stock of extra large cuffs. Nurses were instructed to use the appropriate-sized cuff or the normal-sized cuff on the forearm.

PRESENTED BY
SUE HORN, RNC

Ortho-Neuro 6 East

Nerve Block Bolus Evidence-based Practice Project

Nurses identified a need to standardize pain management practices for joint replacement patients to improve control of pain and patient satisfaction. After reviewing literature, nurses worked with the multidisciplinary joint team to change practice to include a nerve block bolus. This project included revision of policy and order sets, nurse education and development of electronic documentation and patient education materials. Baseline and post implementation data was collected. Evaluation of data is still underway, but observation demonstrates nurses are using the bolus and that there is increased patient satisfaction with pain management. Pain management has been selected as one of the total joint certification performance measures as a result of the project.

PRESENTED BY
CHI NGUYEN, RN, BSN



Neonatal Intensive Care Unit
*Central Line Blood Stream
Infection Reduction Project*

The neonatal intensive care unit (NICU) has been involved in a statewide collaborative to reduce central line related blood stream infections since 2008. Infections were reduced in 2009. The goal is to eliminate these infections entirely. In 2010, the nursing staff focused on compliance with the practices established in 2008-2009. Additional interventions implemented were hand hygiene surveillance, catheter entry observations, staff education and laminated checklists. Overall compliance with hand hygiene and central line care practices improved by the end of 2010. There has not been a central line infection in the NICU for 509 days.

PRESENTED BY
MELANIE MYERS, MSN, RNC, CNS

These direct care nurses were mentored, supported and coached by their nurse managers and peers. In addition they received guidance from a great team of clinical nurse specialists which included Jenny McFarlane, Susan D'Antuono and Sandy Beauman.

Neurosciences Stroke Unit
*Swallow Screen Evidence-based
Practice Project*

Patients who have had an acute stroke often have swallowing difficulty and stroke patients are to have no food or drink until swallowing has been evaluated to prevent aspiration of food and liquids into the lungs. The majority of patients fail the approved swallow screen. This had a negative impact on patient and nurse satisfaction, delayed patient nutrition and increased length of stay. A different swallowing screen that was supported by evidence was identified and was implemented in March 2010. Nursing staff were educated on the use of the new screen and data will be collected to determine the effectiveness of the screen and correlation between the screening and the full swallowing evaluation.

PRESENTED BY
XIOMARA HERNANDEZ, RN

“The development of a safe discharge plan is a multidisciplinary team process that includes partnership and collaboration between the care coordinator, discharge planner, nurse, physician, ancillary departments, patient, family and community resources. The multidisciplinary team’s assessment is essential in determining appropriate resources and referrals to achieve optimal outcomes, resulting in a safe discharge plan for the patient entrusted in our care.”

PATRICIA ELLIS, RN, MSN
CARE COORDINATOR

Partnerships Beyond Hospital Walls.

A story of communication, collaboration and compassion.



Teamwork is the ongoing process of interaction between team members as they work together to provide care to patients. At Huntington Memorial Hospital, we go beyond teamwork and establish effective partnerships. These partnerships are conducive to solving problems and members are positive about their activities and trust each other. At Huntington Hospital nurses and other multidisciplinary team members can determine areas for improvement and reallocate resources to do so. And, of course, effective teams are often apparent because they produce high-quality results. In healthcare, these include improved patient outcomes and cohesion, and competency or stability for the team itself.

Allow me to share with you the story of Ariel and her Huntington Hospital journey. Her story is a great example of how teamwork results in a positive patient outcome.

Ariel, 17, was hiking in the mountains when she fell 25 feet and consequently suffered multiple fractures and facial trauma. Her front teeth were knocked out. She arrived in the emergency department at Huntington Hospital

and received treatment by the trauma team. In the six weeks she spent at the hospital, Ariel needed the services of virtually every discipline including physicians, nursing, social services, care coordinators, discharge planners, WOCN, dieticians, chaplain services, respiratory therapy, physical therapy, lab, blood bank, radiology and pharmacy.

Ariel came from a family with limited means. They lived out of the area, far from Huntington Hospital. Through our social services, arrangements were made for them to stay at Ronald McDonald House, across the street, so they could be close for Ariel. After her discharge from the hospital, Ariel, too, stayed at Ronald McDonald House.

Throughout her stay, a common thread runs in the comments from those involved in her care. Ariel never lost her indomitable spirit, her appreciation for the care she was receiving and her sunny smile. A note from chaplain services reads, "Ariel is upbeat and funny and is a pleasure to visit. She requests more visits." David Man, MD, one of Ariel's many physicians, commented that Ariel received state-

of-the-art care here at the hospital. Dr. Man also found Ariel to have such a positive and appreciative manner. He recalls Ariel knitting friendship bracelets and cell phone covers for her caregivers.

Ariel was one of those rare young people who somehow managed to find a silver lining in every rain cloud. Social worker Joan Wood said, "Ariel had an unbelievably positive attitude. Given her lengthy stay at the hospital and the many surgeries and procedures she had to go through, she never failed to thank you or to give one of her beautiful smiles."

On 5 East, the nurses and staff caring for her physical and emotional needs also provided Ariel with many of the special little things that a young lady needs. Ariel loved to put on make-up, and we made sure she had a steady supply. She loved stuffed lions and giraffes and we made sure she always had a bed buddy. Ariel always took the time to write little thank-you notes for even the smallest of gifts that she received.

Dawn Jones, RN, MSN, 5 East, recalls that when she entered her room, Ariel would always put her

“Social workers and nurses have formed a strong bond that is fueled by compassion. The compassion is for our patients and their families, as well as for each other. Both professions bring a particular set of skills and knowledge to our work with patients, but we are united in wanting the best for them and their families. Each of us learns from the other’s perspective, skills set and expertise, and we have a great deal of respect for one another. Coming to work at Huntington Memorial Hospital is a joy for this social worker, largely because of the warmth and caring we receive from all levels of nursing staff.”

HARVEY SHACKET | SOCIAL WORKER

arms out for a hug, and ask Dawn how her day was going. She would flash her beguiling smile and say, “I am so happy to see you Dawn.”

Our wound care nurses ensured that Ariel received the complicated wound care and dressing changes needed. Teresa Sepulveda, RN, WOCN, reflected, “Ariel always cooperated in her treatment and thanked you even when she was in pain. When you left the room, she would call out a final thank-you.”

Since Ariel had lost her front teeth when she fell, she had difficulty chewing and eating. Our dieticians provided her with special room service so she could order what appealed to her in the moment. They sent special nutritious snacks and Ensure to provide maximum nutrition.

One day after Kris Rulloda, RN, 5 East patient flow coordinator, and I had visited Ariel, we spoke about how unlikely it was that Ariel’s family could afford to have her front teeth replaced. I called Priscilla Gamb, director of volunteer and customer services and explained our dilemma. Priscilla didn’t hesitate. As a founding board member of Young and Healthy, a community service that provides free healthcare to young people, Priscilla suggested that I call them. This wonderful

service worked closely with me and our social services and, upon discharge, Ariel was provided with a dental prosthesis.

Chris Tiner, MD, was consulted to evaluate and treat Ariel’s craniofacial trauma. When Ariel matures, Dr. Tiner will provide her with final prosthetic oral reconstruction that will give her permanent replacement of her lost teeth and restore her lovely smile. Dr. Tiner speaks of Ariel, “She was always polite, so appreciative and humble; it was so rewarding to care for Ariel. She made me a cell phone cover and every time I looked at it, I had to smile.”

When Ariel was finally ready to be discharged, Charles Mulley, care coordinator and Natalie Thai, discharge planner, were instrumental in ensuring her many discharge needs were provided. Since Ariel was uninsured upon admission, Charles and Natalie called upon resources and contacts in the community to get follow-up wound care, antibiotics, durable medical equipment and transportation for physician’s office visits.

I called Ariel after discharge to see how she was doing. She replied in her usual enthusiastic manner that all was going well. She will

return to school this coming fall. She appreciates her new teeth as one of the many blessings she received after her accident. She wanted me to thank everyone here at the hospital for their care, dedication and support. I could almost hear her smile over the phone.

It has been said that it takes a village to raise a child. At Huntington Hospital we must form strong partnerships where each member of our team is valued for their contributions. Teamwork is vital in order to provide the excellence in patient care for which we are renowned. I believe that the story of Ariel will confirm that at Huntington Hospital, teamwork is indeed alive and well!

MARY HENRY, RNC
MANAGER, 5 EAST

Huntington Memorial Hospital
100 West California Boulevard
Pasadena, California 91105

www.huntingtonhospital.com
626) 397-5000

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