



nursing 2009

2009 Nursing Annual Report
Caring Hearts. Strong Minds.



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Mission Statement

The nurses of Salinas Valley Memorial Healthcare System are dedicated professionals committed to providing quality, compassionate and respectful patient care. Patients come first. We are neighbors who care about our patients, co-workers, hospital and community

Vision Statement

Our vision is to empower all nursing staff to become partners, leaders, clinical experts, mentors and researchers that create an environment where patients want to come and nurses want to work.

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Betzi Grogin, RN and Gina Lazzari, RN

Nursing

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Message from President/CEO

2009 was an extraordinary year for nursing at Salinas Valley Memorial. As you will read in this report, nurses from throughout the organization partnered with one another and with other hospital departments to make real and enduring improvements in patient care and safety. They continue to put their professional knowledge and compassion into action to achieve excellence that will benefit our patients, our staff and our community.

Sam Downing, MBA, MPH
President/CEO



A year of accomplishments by nurses at SVMHS

Our long-standing emphasis on tracking and improving nurse-sensitive indicators was formalized in 2008 with the introduction of Shared Governance at SVMHS. During 2009, we joined together to define what Shared Governance means to us and to refine both its structure and process. As shown by a growth in evidence based nurse-led patient safety and quality initiatives, the success of our Patient Care Champion (PCC) program and the fact that all SVMHS units now have a Unit Practice Council (UPCs), you continue to enthusiastically embrace this patient-centered approach.



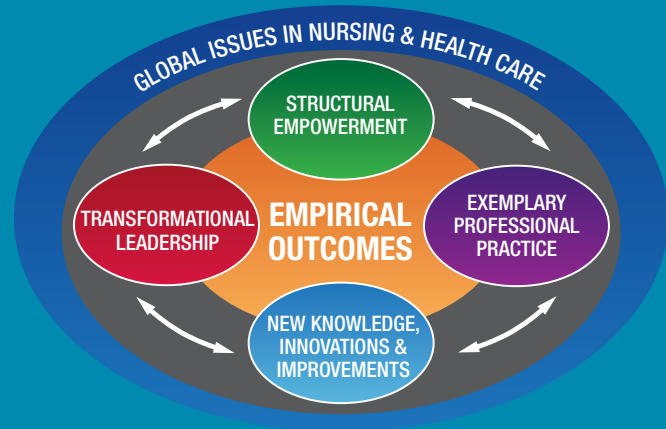
It's exciting that all nursing units now have a Unit Practice Council and that an ever-growing number of you are participating. The monthly Nurse Practice Council meetings have become a great venue for you to share details on how you identified an opportunity or issue, the results of your evidence based literature research and your recommendations for a refined or new process. It's rewarding to see the room filled with nurses listening to other nurses and sharing information on different initiatives, and to see your sense of empowerment in improving your unit and your professional practice.

We are deeply appreciative and proud of your dedication and commitment to your role as professional nurses. Your focus on patient safety and quality of care shines through in so many ways—writing evidenced based policies, pursuing certification or recertification in your specialty, working together in multi-disciplinary teams to improve patient care and processes and taking on the challenge of keeping pace with regulatory changes. Every year, more of you earn or decide to pursue advanced degrees in nursing. This, along with the many staff nurse-led initiatives, adds to the knowledge base of our staff, promotes professional care for our patients and supports each member of our community who depends on us for healthcare.

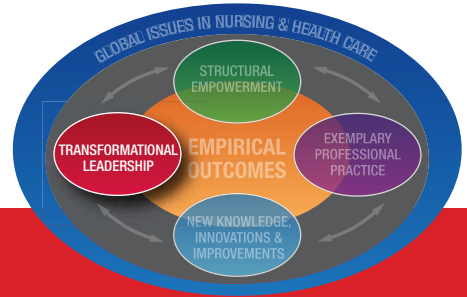
Irene Neumeister, MSN, BSN, RN
Vice President, Patient Care Services

Focus on Projects and Initiatives that Improve Patient Outcomes

In the past, Magnet recognition focused on structure and process. While structure and process are foundational to the new Magnet Model, the focus has shifted to related patient *outcomes* and how they compare to benchmarks. The chart below shows the five components of Magnet along with the related Forces of Magnetism.



Model Components	Related Forces of Magnetism (Force number)
Transformational Leadership	<ul style="list-style-type: none"> Quality of Nursing Leadership (1) Management Style (3) Organizational Structure (2) Personnel Policies and Programs (4)
Structural Empowerment	<ul style="list-style-type: none"> Community and the Healthcare Organization (10) Image of Nursing (12) Professional Development (14) Professional Models of Care (5) Quality Improvement (7)
Exemplary Professional Practice	<ul style="list-style-type: none"> Consultation and Resources (8) Autonomy (9) Nurses as Teachers (11) Interdisciplinary Relationships (13)
New Knowledge, Innovations and Improvements	<ul style="list-style-type: none"> Quality of Care: Research and Evidence Based Practice (6) Quality Improvement (7)
Empirical Quality Outcomes	<ul style="list-style-type: none"> Quality of Care (6)



Transformational Leadership

Transformational leadership goes well beyond leading others where they *want* to go. It's a powerful and inspiring influence that guides others—through words, actions and example—to where they *need* to go in order to improve patient care. Throughout SVMHS, many of our nurses are true transformational leaders. While they each pursue excellence in their respective specialty and areas of interest, they share a commitment to our patients, their professional practice and nursing here at SVMHS.

As Vice President, Patient Care Services, Irene Neumeister, MSN, BSN, RN had a vision for nursing at SVMHS. Her belief that nurses who work at the bedside must participate to make real and lasting changes led to our system of Shared Governance. This partnership between nursing administration and clinical staff throughout SVMHS has enhanced the role of the professional nurse and inspired critical thinking, leadership and involvement in nursing committees, Unit Practice Councils and numerous nurse-led projects that improve safety and care for our patients. Here are three examples of the many transformational leaders at Salinas Valley Memorial.

Deb Avilez, BSN, RN-SNIII, CPAN, a nurse on the Post Anesthesia Care Unit, became a Staff Nurse III and mentored others to do the same when the previous process was in place. While assisting other nurses through the process, she found that many of the nurses' accomplishments just didn't fit into the structured template that existed at the time. She believed that nurses should be recognized for their passion whether that is technology, policies and procedures, community outreach, education or other issues. She was instrumental in redesigning our Staff Nurse III program, implemented in the fall of 2007. Deb is a tireless advocate for professional development that recognizes the unique contributions of individual nurses at SVMHS, and has inspired and mentored many nurses through the process.

Nicosia Brake, BSN, RN came to the U.S. and SVMHS in 2006 shortly after graduating from nursing school in Canada. As she began to familiarize herself with our policies and procedures,



Nicosia Brake, BSN, RN; Marie Marbach, RN-SNIII; Deb Avilez, BSN, RN-SNIII, CPAN

she quickly discovered numerous duplicate, overlapping and conflicting versions. She decided to do whatever she could to make the experience more positive for other recent graduates and nurses new to SVMHS as well as our entire nursing team. She volunteered to assist with review and revisions to SVMHS policies and procedures and joined the Policy & Procedure Committee in 2007. She was named its co-chair in January 2009 and took on the role of chair in August. Her passion is to create simpler, more user-friendly policies that are easily accessible to busy staff nurses. Her commitment and excitement for this challenging process has inspired other nurses to join the Policy & Procedure Committee.

Marie Marbach, RN-SNIII has served on the MSCV3 Unit Practice Council (UPC) since its inception in early 2007 and volunteered to be its chair in 2009. Her passion inspired the MSCV3 UPC to lead the roll-out of the Access Repository Client (ARC)—an electronic file cabinet for physician order sets. Marie, along with Cathy Gomez, BSN, RN, presented classes to all SVMHS nurses on using the system. Later in 2009, Marie became the chair of the hospital-wide Nurse Practice Council. She is a tireless advocate, encouraging collaboration between Unit Practice Councils (UPCs) to identify quality and practice issues common to all nursing units. Marie is helping to create the nursing structures and processes involved in Shared Governance. The outcomes of these processes will benefit all nurses who practice in this environment and all patients that come here for care.

Unit Practice Councils

Unit Practice Councils (UPCs) are an integral part of the SVMHS Shared Governance model. The first UPC was initiated in 2007 in Pediatrics. Today, all SVMHS nursing units have initiated UPCs. UPCs are led by bedside nurses and provide a forum for staff nurses to address patient care issues and influence their practice within their units. Nurses are key members of the patient care decision-making team. Through individual UPCs and collaboration between UPCs from different units, nurses create policies based on evidence and best practice methods. They also provide education to staff on new policies and procedures as well as changes in federal, state and specialty regulations. The accompanying chart



Top: Neena Moriyama, RN; Vanessa Lockard, BSN, RN; Jeanne Hayashi, RN-SNIII. Bottom: Lisa Garcia, MSN, RN, CNS; Tonia Giampaoli, RN; Beth Alejandro, BSN, RN; Julie Gattis, BSN, RN; Cece Alejandre, RN; Not shown: Laura Bomarito, RN; Marie Marbach, RN-SNIII; Debbie Thorpe, RN; Patti Johnson, RN; Laura Welch, RN; Laurel Black, RN; Lori McNeal, RN; Emmy Ferber, RN; Susan Hall, RN

showcases our UPCs, the 2009 chair and some of the key initiatives being addressed. See *Unit Practice Council chart on page 8*.

Staff Nurse Participation in Nursing Strategic Planning for 2009

Each year, nursing administration completes strategic planning and goal setting for the nursing department at SVMHS. Again last year, bedside nurses were invited to participate in the process. "Nurses who care for patients every day bring front-line experience to the planning process," says Lisa Paulo, MSN-MPA, RN, Senior Administrative Director, Patient Care Services. "They play an integral role in identifying opportunities and establishing relevant goals to achieve continued improvements in patient safety and quality of care."

Nursing Division Overarching Goals 2009

To instill the drive for professionalism while maintaining the individuality of our staff.

To facilitate communication that results in the empowerment of each individual nurse to utilize his/her skills and talents to lead in the provision of safe, collaborative, quality patient-centered care.

Below are highlights of nursing's strategic plan and examples of how nurses met the goals in 2009:

- Provide an environment of professional practice—Staff Nurse III program enhancements
- Seek collaborative opportunities to advance the quality of patient care—on-line physician order initiative
- Ensure medication management is safe and effective—implementation of eMAR-BMV
- Ensure effective transfer of patient information—PICIS OR computer documentation; CIDR screen changes;
- Engage in performance improvement opportunities to advance quality of patient care—multidisciplinary team to improve pneumococcal screening and vaccination
- Provide value based patient care—implementation of flex nurses on MSCV3, ONS and CCC
- Maintain compliance with external quality outcomes—wound care program
- Ensure minimal impact of reconstruction to patient care environment—changes to the model of care in the Emergency Department while construction was in progress

Unit Practice Councils

UNIT PRACTICE COUNCIL	UNIT	CHAIR	INITIATIVES
CCC Practice Council	CCC	Laura Bomarito	Oncology order sets/Chem cart for chemo drugs Healing cart. Chemo cart/developing chemo binder for other nursing units
Ortho, Neuro, Spine Practice Council (SONIC)	ONS	Neena Moriyama	Collaborative Rounding
MSCV3 Practice Council	MSCV3	Marie Marbach	Diabetic Patient Education Education of Physician On-line Order Sets
Pediatric Practice Council	Peds	Lisa Garcia	Broselow Cart Project
SRMC Practice Council	Mother Baby L&D	Julie Gattis	End of Shift Transfer Report
NICU Practice Council	NICU	Debbie Thorpe	Cue Based Feedings
Emergency Department Practice Council (EPIC)	ED	Patti Johnson	Abandoned Baby Drills Peer Recognition Program "Kudos"
Perioperative Practice Council	OR, PACU, SDC	Laura Welch	Periopertive Handoff Tool/Perioperative Warming Pediatric Transportation Policy
ICU Practice Council	ICU	Laurel Black	Newly formed in 2009
Level II Practice Council	Level II	Beth Alejandro	Beacon Initiative - Reinstating shift huddle Peer Recognition Program "Kudos"
Harden Memorial Heart Program (PULSE)	Heart Center Heart Center Holding Area Cardiac Rehab Cardiac Catherization Laboratory Cardiovascular Research Cardiovascular Diagnostic Center	Tonia Giampaoli	Beta Blocker Project STEMI improvement - decrease door to balloon time
Operations Council	Case Management	Lori McNeal	Completion of After Hours Resource Manual Increase efficiency of handover between Case Managers
Diagnostic Imaging Practice Council (IMAGE)	Diagnostic Imaging	Cece Alejandre	PICC Line Education; Hand-off Standardization
Float Pool Clinical Practice Council	Float Pool	Emmy Ferber	24-hour cart check
Towers Practice Council	Towers	Susan Hall	Peer Recognition Program Staff Survey

Coaching Training for Role Based Practice Model

In 2008 and early 2009, approximately 600 SVMHS nurses completed the Role Based Practice Model classes led by Maria O'Rourke. The next phase of classes will be taught by a team of SVMHS coaches. Sixteen SVMHS bedside nurses, educators and directors are in the process of completing 40 hours of training, also led by Maria O'Rourke. They will be responsible for teaching the Role Based Practice Model to nurses who didn't go through the original round of classes as well as all new nurses. "The staff nurse coaches were selected because they exemplify the role based model on their units," says Judy Snyder, MS, RN, BC, Director, Education/Patient Care Systems. "In addition to classroom teaching, the coaches go to the units, observe nurses in action and talk to them about the model and how it can be utilized to improve patient care. It's a very hands-on, nurse-to-nurse approach."



Back row: Cynthia Hopkins, Gloria Lochridge, Patricia Cornett, Carri Budd, Pravina Sharma, Trisha Foxworthy, Middle row: Vanessa Irwin, Maria O'Rourke, Dawn Campbell, Ellen Thorp Front row: Edlweiss Hernandez, Mischelle Cruz, Lourdes Escolta, Lisa Paulo, Michelle Roberts, Charvelle Noble. Not shown: Judy Snyder, MS, RNC

Professional Role Based Coaches

Carri Budd, RN, L&D
 Dawn Campbell, BSN, RN, MSCV3
 Mischelle Cruz, BSN, RN, CCRN, PCCN, 4th/5th Towers
 Lourdes Escolta, MSN, RN, CMSRN, ONC, Education
 Trisha Foxworthy, RN, CCC
 Edlweiss Hernandez, RN, MSCV3
 Cynthia Hopkins, MA, RN, CHCR, Nursing Admin
 Vanessa Irwin, MSN, RN, Education
 Gloria Lochridge, MSN, RN, FNP, Education
 Charvelle Noble, RN, MSCV3
 Heidi Olguin, RN, Peds
 Lisa Paulo, MSN-MPA, RN, Nursing Admin
 Michelle Roberts, PCCN, Level II
 Pravina Sharma, MSN, BSN, RN, Heart Center
 Judy Snyder, MS, BC, RN, Education
 Ellen Thorp, RN, Nursing Admin

New AHNs for Mother/Baby Unit

Structure: There was one AHN for each shift in Labor & Delivery (L&D) to cover both Mother/Baby (M/B) and L&D. Patient volume in L&D often meant that the AHN was not readily available to M/B nurses.

Process: Pat Valenzano, MSN, RN, Perinatal Services Director requested three AHNs for M/B and the positions were implemented August 25, 2009. Julie Gattis, BSN, RN—days, Michelle Savala, BSN, RN—evenings and Ludy Lim, MSN, RN—nights.

- Pat organized a four-week orientation and mentoring program that included pairing each M/B AHN with her L&D counterpart.



Julie Gattis, BSN, RN; Ludy Lim, MSN, RN; Michelle Savala, BSN, RN, CLC

New AHNs for Mother/Baby Unit, continued

In addition to training on the leadership, administrative and management aspects of their new position, the AHNs talked with people from a variety of departments—from nutrition services, staffing office and security to engineering, quality and risk management and HR.

Outcome: Comments from staff and the AHNs on Mother/Baby about the new position and the orientation and mentoring program were extremely positive.

"I learned so much about the hospital, and from L&D AHNs and Pat that helped prepare me for this new role," says Ludy Lim, MSN, RN, AHN nights. "I consider myself fortunate to be in a position to support my staff, provide reinforcement of good performance, impact positive changes and address staff concerns in a timely manner."

"The orientation and mentoring program was insightful and invaluable," says Julie Gattis, BSN, RN, AHN days. "Seeing how other departments operate really helped me understand the complexity of the hospital and how we all work together to provide excellent and safe care for our patients. The process really helped me with decision-making and communications."

"It's great to have AHNs in Mother/Baby," says Michelle Savala BSN, RN, CLC, AHN evenings. "We're readily available for staff and to talk with patients and their families. AHN presence on the unit keeps the unit running more smoothly and that improves patient care. The hospital-wide orientation was incredible and has helped us see what goes on behind the scenes in other departments."

NICU Family Centered Care— Parent Advisory Council

Launched in the fall of 2008, the Parent Advisory Council (PAC) is part of the Neonatal Intensive Care Unit's (NICU) family centered care. "The goal of family centered care is to make sure that parents are prepared and confident to care for their baby at home when it's time to leave the hospital," says Bree Nakashima, Licensed Marriage and Family Therapist, a medical social worker with SVMHS. The PAC—comprised of parents who've had experience with our NICU—provides feedback to ensure that our processes, education efforts and materials best meet parents' needs. There is a separate PAC for Spanish-speaking parents.

In 2009, based on the input of the PAC, the NICU introduced a bedside journal. Parents participate in discharge rounds with all of the staff working with their infant and record information in their

journal. The PAC also played a role in the NICU's smooth transition to its new third-floor location. The PAC provided several orientations to parents who had a baby on the NICU at the time. The sessions included a pizza social, Q&A and tour of the new unit. Parents had an opportunity to give their input on the development of the unit, resulting in a family waiting room that now includes a computer and other amenities. Also, a note board was added to each NICU room to allow parents and staff another means of communication. Parents Gaby Plascencia and Anna Penoncello became co-chairs of the PAC in 2009. Based on recent hospital evaluations, parent satisfaction with the NICU has increased significantly.

Clinical Informatics Nurses

Structure: Staff RNs work alongside the application leaders of various documentation platforms in IT to achieve results that meet documentation and regulatory needs, relay the care provided and uphold an intact medical record. SVMHS recognizes the staff nurse as integral to these processes at the development, testing, education and maintenance stages.

Process: Several staff nurses were identified as strong users of the clinical documentation system in Meditech and were recruited, originally as volunteers, to serve on CIDR committees. The eMAR-BMV core team included Kathryn Maurer, RN-SNIII; Kim Stewart, RN; Mary Ann Artuz, RN-SNIII; Lilia Meraz-Gottfried, MSN, BSN, RN; Emmy Ferber, RN-SNIII; Sabrina Bohbot, BSN, RN; and Information Systems Specialists Rita Cabaccang, RN and Trisha Dixon, RN.



Standing: Trisha Dixon, RN; Rita Cabaccang, RN; Jeff Lane, MPA, MSN, RN; Lilia Meraz-Gottfried, MSN, BSN, RN; Seated: Mary Ann Artuz, RN-SNIII; Kim Stewart, RN; Kathryn Maurer, RN-SNIII; Sabrina Bohbot, BSN, RN. Not shown: Emmy Ferber, RN-SNIII

Outcomes:

- For Pressure Ulcer Site documentation, an appropriate place was added for nurses to document any redness or skin break down that was noticed during a shift assessment.
- The opportunity to make information easily available to both the pharmacy and bedside nurses drove improvements to the pneumonia screening and administration process.
- These Meditech documentation screens were implemented in 2009:
 - Anticoagulation education
 - Pneumonia vaccine screening
 - Electronic MRSA screening
 - High Alert Drip verification
 - Pressure Ulcer Site documentation placement
 - Educational video documentation

Collaboration Achieves Streamlined Records for Peri-operative Departments

The peri-operative department that includes PACU, OR, SSOP and anesthesiology, was converted to the PICIS electronic documentation system in 2009. The process of customizing the system started in July 2008 and was scheduled to go live in January 2009. Customizing the printout proved to be a challenge and the system ultimately went “live” in May 2009. Several PICIS representatives have been impressed by the quality of the printout. “It was worth postponing the go-live date to get what we wanted,” says PACU’s Stephanie Knappe, RN.

Deb Avilez, BSN, RN, CPAN and Stephanie worked with Roberta De la Santos who customized the anesthesiology department’s template for the physicians. They collaborated with IT and gathered input from physicians and staff. The nurses also researched and relied heavily on the standards of care for PeriAnesthesia and the core curriculum from the American Society of PeriAnesthesia Nurses. Queries were developed that pertain to specific patient populations and guide end users to document the appropriate patient information. During a procedure, the anesthesiologist and OR nurses document using the system. Once the patient is transferred, they are picked up in the next unit, continuing the record. It shares some information automatically with Meditech. One important feature is that the data from monitors and other medical devices goes directly into the record. This decreases time spent documenting this data and improves accuracy. The team continues to make improvements, often suggested by the staff, that contribute to ease of use.



*Stephanie Knappe, RN; Lisa Crane, RN; Lori Pinto, RN; Roberta De la Santos; Deb Avilez, BSN, RN.
Not shown: Laura Welch, RN; Josh Chen, RN; Lesley Hawthorne, RN*

Lori Pinto, RN and Lisa Crane, RN, SSOP, took PICIS one step further and customized the computer view for their area. Laura Welch, RN, Josh Chen, RN and Lesley Hawthorne, RN, all OR nurses, built the operating room version. Ismael Zambrano and Alicia Lerma, IT, were instrumental in providing IT oversight and assistance to the project.

Centricity: Streamlined documentation in Labor & Delivery, Mother/Baby and OR

Structure: Centricity, a computer system designed for OB, replaced the paper charting system in Labor & Delivery (L&D) in 2005. When it was implemented, it was used only to electronically capture fetal monitoring strips.

Process: In 2009, they formed a Mother/Baby and L&D Documentation Committee, chaired by Luz Jimenez, BSN, RN, BA, Informatics Specialist for L&D. Goal for the committee was to expand Centricity to add post-partum documentation capabilities, integrated L&D PACU and OR documentation, eliminating paper charting for the L&D OR.

Outcomes:

- The PACU record on documentation screens went live in April 2009 and the OR inter-operative record went live in November 2009. The nurse can easily create an audit tool to make sure the documentation is complete. Audit tools were created to measure compliance with key national patient safety goals and infection control standards.



Standing: Leticia Rubalcaua, RN; Pat Valenzano, MSN, RN; Linnea Alvarez, RN-SNIII. Seated: Kristina Quilindrino, BSN, RN-SNIII; Luz Jimenez, BSN, RN, BA; Winona Michael, RN-SNIII. Not shown: Shawna Helmuth, BSN, RN-SNIII, IBCLC

- Physicians can review fetal strips on line from their office.
- Nurses in the L&D PACU and L&D OR are now able to document electronically the same standards of care that apply to all surgical patients.

Increasing Staff Nurse Leadership on Committees

With the goal of increasing bedside nurse participation in SVMHS councils and committees that impact patient safety and quality of care, Committee Day was established in 2008. Today, more than 43 percent of bedside nurses not only serve on councils and committees, they lead them. Four examples are Cathy Gomez, BSN, RN, AHN for MSCV3; Kirsten Wisner, BSN, RNC, Labor & Delivery; Nicosia Brake, BSN, RN, Pediatrics; and Marie Marbach, RN-SNIII, MSCV3.

“Being involved in committees allows the nurse to be part of changes that impact nursing practice at the bedside,” says Cathy Gomez, chair of the Magnet Steering Committee. “A key focus of our Magnet journey is for staff nurses who work directly with patients to be actively involved in creating change at SVMHS and in the community. A key role of the Magnet Steering Committee is to gather and share the leadership, accomplishments and victories of nurses at SVMHS.”

“Involvement in committee work gives me a macro view of the hospital, one that’s not always detectable at the unit level,” says Kirsten Wisner, Magnet Steering Committee co-chair. “It helps me see how far our executive leadership goes to support our professional role in the organization. It’s also given me an appreciation for the complexity of the change process. Being co-chair is satisfying because I’ve been able to engage skills and interests such as project management, leading meetings, public speaking and writing.”

Nicosia Brake, co-chair of the Policy and Procedures Committee since January 2009, took on the role of chair in August. “All nurses can be leaders,” says Nicosia. “It’s rewarding to be in a position where I can work one-on-one with other nurses on policies and procedures and help bring our individual and collective nursing practice to a higher level. Nurses who work at the bedside have the best vantage point for shaping clinical policies and procedures.”

As chair of the Nurse Practice Council since September 2009, Marie Marbach sees it as a “wonderful opportunity. I’m happy and excited to see the changes that give nurses more of an active voice in the many issues that impact patient care and safety. Serving on or chairing a committee are great ways to have that voice.” Marie has also served as chair of the MSCV3 Unit Practice Council since 2007.



Top row, from left: Kirsten Wisner, BSN, RNC; Cathy Gomez, BSN, RN; Marie Marbach, RN-SNIII. Seated: Deb Avilez, BSN, RN-SNIII, CPAN; Nicosia Brake, BSN, RN

Patient Care Champion Program Enters its Third Year

The Patient Care Champion Program at SVMHS, launched in February 2008, is coordinated by Vanessa Irwin, MSN, RN, CLC, Clinical Nurse Educator, Med/Surg & Pediatrics. 2009 highlights include:



Vanessa Irwin, MSN, RN, CLC

- The nurse-to-nurse education program is one of the primary ways information is disseminated to staff
- Education was given on 96 topics
- PCCs also provided staff education for large projects such as MRSA and Universal Protocol as well as infection prevention and new order sets
- The team meets bi-monthly to receive information for staff education
- PCCs are completing verbal and show-me audits. The draft questions are reviewed with the PCCs during every meeting to ensure the PCCs understand the questions and the questions are reliable and valid
- Audit questions focused on multiple regulatory sections including Centers for Medicare & Medicaid Services, National Patient Safety Goals, Core Measures, HIPAA and patient safety
- A growing number of tip sheets are available to staff on MEMNET
- New PCCs are coming on board to replace those who have served for 18 months to two years. Each candidate is interviewed by the PCC planning committee and the unit director
- The PCC planning committee has taken on the Magnet application process

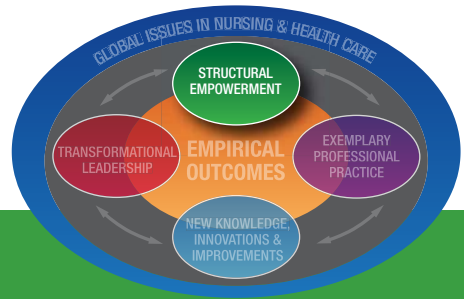
Patient Care Champions

Units

Olga Breboneria, BSN, RN	ONS
Melanie Cancio, BSN, RN	CCC
Jovita Dominguez, BSN, RN	ED/CDU
Tonia Fales, RN	4 th /5 th Towers
Kelly Flower, MSN, RN	ICU/CCU
Kathleen Gile, RN	Heart Center, Cath Lab, DI
Jeannie Nelson, CRT	DI Techs
Heidi Olguin, RN	Peds
Rosa Paglinawan, BSN, RN	PACU, OR, SSOP, ENDO
Michelle Roberts-Reyes, RN	Level II
Berni Safi, RN	Mother Baby, L&D
Deborah Thorpe, BSN, RN	NICU
Cristine Torres, RN	MSCV3



Vanessa Irwin, MSN, RN, CLC with her poster



Structural Empowerment

Nursing committee structure, policies and procedures, and nursing professional development are just three of the many processes designed to empower SVMHS nurses to build a strong practice environment. They are examples of structural empowerment tools and systems that our nurses use to advocate for their practice and their patients. And help create an environment where nurses thrive.

The SVMHS Nursing Shared Governance structure is an empowerment tool for the bedside practitioner. One benefit of this structure is that staff nurses are empowered to use their clinical knowledge and expertise to develop and direct their own professional practice. It also provides a framework for clinical nurses to collaborate with other units and departments.

Shared Governance is designed to facilitate and support the growth of organizational goals and to provide a structure for resolving clinical and practice issues or concerns identified by frontline care providers.

First Nurse Engagement Survey a Resounding Success

An outstanding 91 percent of SVMHS nurses joined in our first Nurse Engagement Survey in May 2009. We've heard from other hospitals that it took several years to achieve participation at that level. The results show that 52.1 percent of SVMHS nurses are engaged compared to the national benchmark of 22 percent. Another 38.9 percent indicated that they were content. Only 7.7 percent said they were ambivalent and 1.3 percent said they were not engaged; compared to the benchmarks of 24 percent and 14 percent respectively.

"Before launching the survey, we made a commitment to share the results whether positive or negative," says Irene Neumeister, MSN, BSN, RN, Vice President, Patient Care Services. "We can all

be proud that the responses were overwhelmingly positive and look forward to working together to create continued improvements. Many nurses commented that it was great to work at an organization that valued, appreciated and supported nurses in their professional nursing practice."

A group of staff nurses—including Jeanne Hayashi, RN-SNIII; Luz Jimenez, RN; and Molly McCarty, BSN, RN-SNIII—served on the survey committee working diligently with nursing administrators to encourage participation.

Structural Empowerment

One area that offered an opportunity for improvement was in medication delivery. A subcommittee of the Recruitment and Retention Committee was formed to further assess the opportunity and related improvements. It includes Arnold Failano, MSN, MBA, RN, AHN ICU/CCU; Molly McCarty, BSN, RN-SNIII, Float Pool; Jeanne Hayashi, RN-SNIII, PACU; Michelle Childs, Assistant Director of HR; and Cynthia Hopkins, MA, RN, CHCR, Nurse Recruiter.

The group developed a plan and created a mini-survey to gather more specific and detailed information on various aspects of medication delivery. Arnold attended a variety of nursing committee and council meetings: Director Huddle, AHN/Director Huddle, Medication Safety Committee, Magnet and Patient Care Champion meetings, to educate staff on the results of the survey and opportunities for improvement. Using information from the mini-survey, the subcommittee will map out the process of medication delivery and formulate a plan for improvements.

Below are examples of the questions and results from the Nurse Engagement Survey:

Questions	SVMHS Score	Benchmark
My manager's actions demonstrate that clinical quality is a top unit priority	36.9%	28.0%
I receive the necessary support from non-nurse staff assigned to my unit to help me succeed in my work	23.6%	15.0%
During surges in work intensity, nurses on my unit proactively offer to help one another	43.2%	36.0%
I believe in my hospital's mission	49.2%	36.0%
I experience meaningful connections with patients and/or their families	49.0%	38.0%
Hospital administration respects the contributions of nursing	25.0%	11.0%
My hospital provides career advancement opportunities within the roles of a bedside practitioner	28.6%	13.0%
Hospital administration follows through on nurse suggestions for improving performance	13.9%	6.0%
My unit supports nurses seeking advanced degrees and/or certifications	35.3%	25.0%
My hospital's Chief Nursing Officer is a visible advocate for nursing	37.5%	16.0%
I am proud to be nurse	79.5%	63.0%
I understand how my daily activities contribute to the hospital's mission	38.7%	25.0%
I know what is required to excel in my role	37.6%	28.0%
I have an appropriate level of independence in caring for my patients	39.4%	32.0%

Staff Nurse III Program—Recognizing the Contributions of the Professional Nurse

The mission of the new Staff Nurse III (SNIII) process, launched at SVMHS in 2007, is to support and acknowledge role-based clinical nurse leaders. Today, there are 52 SNIIIs on 13 units—Cath Lab, CCC, Endo, Float Pool, ICU/CCU, Level II, MSCV3, NICU, PACU, Mother/Baby, OR, ED/CDU and the Towers.

The SNIII program is overseen by the SNIII Review Board Committee. “The program continues to evolve,” says Molly McCarty, BSN, RN-SNIII, Float Pool who chairs the committee. “We invite input from SNIIIs and nursing leadership to help refine and improve the program.” One such improvement is the hiatus option for SNIII renewals. “It recognizes that life happens,” she continues. SNIIIs who are due to renew and need to take a break because of a family emergency for example, have 24 months to reapply and finish the process.

“You can see professional growth supported by the work highlighted in the portfolios,” says committee co-chair Deb Avilez, BSN, RN-SNIII, CPAN, PACU. “Our goal is to increase awareness of who the clinical experts are and their areas of interest.”

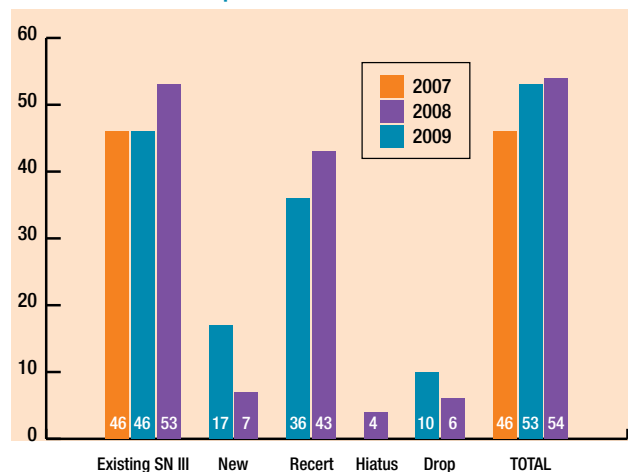
2009 Accomplishments:

- Revised and distributed 3rd edition of the SNIII Application and Recertification Packet
- Approved portfolio applications of 7 new SNIII candidates and 45 recertification candidates
- Held the 2nd annual SNIII celebration highlighting the accomplishments of the SNIIIs and presented changes made to the process for 2010
- Researched and revised the 4th edition of the Application and Recertification Packet distributed in January 2010
- Provided education to directors and AHNs highlighting the changes to the process for 2010
- Encouraged, advised and supported SNIII activities related to professional development, including the Regional Nurse Network
- Developed a master schedule for meetings, portfolio submissions and review, and SNIII celebration preparation



Lisa Garcia, MSN, RN, CNS; Molly McCarty, BSN, RN-SNIII; Diane Harris; Lourdes Escolta, MSN, RN, CMSRN, ONC; Jeanne Hayashi, RN-SNIII; Deb Avilez, BSN, RN-SNIII, CPAN

Staff Nurse III Participation



2009 Staff Nurse III Review Board Committee

Deb Avilez, BSN, RN-SNIII, CPAN, PACU
 Lourdes Escolta, MSN, RN, CMSRN, ONC, Education
 Jeanne Hayashi, RN-SNIII, PACU
 Vanessa Lockard, RN-SNIII, Emergency Dept
 Diane Martin, RN-SNIII, Mother/Baby
 Molly McCarty, BSN, RN-SNIII, Float Pool
 Dana Rogers, RN-SNIII, Critical Care
 Champion Judy Snyder, MS, BC, RN, Director of Education/PCS

Nurses Volunteering in the Community

Every year, an increasing number of nurses from throughout SVMHS volunteer for screenings, events and community education activities. In 2009, 35 nurses volunteered for 14 events. A heart felt thanks to each of you who give of your time and nursing skills to improve the health of people in our communities.

Ask the Experts: What's New in Leukemia and Myeloma

Joanne Burgonio, LVN
Sylvia Miguel, RN-SNIII

Greenfield Union School District

Patty Morales, RN

Hartnell Non-Traditional Career Fair

Sylvia Miguel, RN-SNIII
Maria Schade, RN

Heart & Sole Race

Charco Lempke, RN
Maria Schade, RN
Simone Stroeder, RN

Mark Velcoff, MD Asthma Day Camp

Hilbert Brice, RN
Libby Brice, RN
Maryanne Conklin, RN-SNIII
Lisa Garcia, MSN, RN, CNS
Karen Hoffman, RN
Molly McCarty, BSN, RN-SNIII
Sylvia Miguel, RN-SNIII
Dennis Poletti, RN
John Silveira, RN

Labor of Love

Luz Jimenez, RN
Shawna Helmuth, BSN, RN-SNIII, IBCLC

Ask the Experts: Keys to a Healthy Heart

Cynthia Hopkins, MA, RN, CHCR
Mischelle Cruz, RN

Legs for Life

Margie Butz, RN
Melanie Cancio, BSN, RN-SNIII
Emmy Ferber, RN-SNIII
Leticia Hernandez, RN
Kim Hooks, RN
Christy Kearns, RN
Mercedes Labindalaua, RN
Michelle Limo, RN
Marcia McDonal, RN
Carolina Rodas, RN
Janet Vervaecke, MBA, BSN, RN, CWCN

Taylor Farms Health Fair

Mary Ann Britzman, RN

City of Marina Health Fair

Mercedes Labindalaua, RN

City of Salinas Health Fair

Lourdes Escolta, MSN, RN, CMSRN, ONC
Emmy Ferber, RN-SNIII
Sonia Foster, RN
Frances Garcia, RN
Mercy Stoffey, RN

Hyatt Regency Hotel Health Fair

Sylvia Miguel, RN-SNIII

Joanne Burgonio, LVN with attendee at the Ask The Experts: What's New in Leukemia and Myeloma event



Medical Mission to Malawi

During her first medical mission to Malawi, Africa in April 2009, Laura Bomarito, RN decided she would return. Recruiting SVMHS nurses Santos Martinez, RN, CRN and Teresa Anaya, LVN as well as EMT Laurel Fuge, and securing medications and other supplies, Laura returned to Malawi in October. Joining forces with a doctor who also volunteers there, Laura and her team operated a clinic for one week and visited five villages. Each patient was given a complete physical and treated with medications as needed. They also distributed soap, shampoo and lotion to women and candy to children—rare luxuries in this setting. “In April, we had to turn away about 100 people in each village,” says Laura. “It was then that I knew I had to come back. With more nurses, a doctor and an abundance of medication, this time no one was left behind!”



Top: Laura Bomarito, RN with one of the many children she cared for in Malawi

Above: Santos Martinez, RN, CRN, (Diagnostic Imaging); Maureen Chikaoneka, a student interested in Medicine and attending the African Bible College; and Teresa Anaya, LVN, (Comprehensive Cancer Center)

Left: A group of children gather in their Malawi village

Summer Health Institute

Since 2003, Summer Health Institute (SHI)—presented by Salinas Valley Memorial Healthcare System and sponsored in part by the Salinas Valley Memorial Hospital Service League—has given 105 high school seniors and graduates a hands-on experience in healthcare. Nurses from throughout SVMHS stepped forward to volunteer, make presentations as part of the case study in the classroom, guide students during externship rotations on the units and serve as mentors to individual students. We're proud of our nurses who helped make SHI a great experience for future healthcare professionals in 2009.

Nurses who presented during the case study instruction

Pat Valenzano, MSN, RN, Director of Perinatal Services—
Perinatal Nursing

Sandy Samoske, RN, CNOR, Surgery—Operating Room/Surgery
Demonstration

Chris Cagle, BSN, RN, Clinical Director of the Wound Healing
Center—Wound Management Program (necrotizing fasciitis)

Ginny Valdez, BS, RN, Educator—Diabetes Nursing

Judy Snyder, MS, BC, RN, Director of Education and Patient Care
Systems—Nursing Education

Nurses who served as mentors

Sandra Bear, BSN, RN, Performance Improvement Coordinator

Nicosia Brake, BSN, RN, Pediatrics

Norma Coyazo, Mother/Baby

Rachel Failano, MSN, BSN, RN, Education

Emmy Ferber, RN-SNIII, Float Pool

Kathryn Maurer, RN-SNIII, Float Pool

Marcia McDonald, RN, MSCV3

Jimmy Parks, Student Nurse

Michelle Reyes, RN-SNIII, PCCN, Level II

Annette Schuessler, RN, ICU/CCU/Towers

Jeff Sevey, RN, Clinical Informatics

Pat Valenzano, MSN, RN, Perinatal Services

Janet Vervaeke, MBA, BSN, RN, CWCN, Wound Healing Center

Nurses providing a hands-on learning experience on their respective units

Students attended the first day of the Perinatal Competency Camp and learned from nurses at their respective stations.

MSCV3

ONS

Comprehensive Cancer Center

Progressive Care

Employee Health

Emergency Department

Heart Center

Heart Center Holding Area

Labor & Delivery

Level II

Mother/Baby

NICU

Pediatrics

Wound Healing Center



Summer Health Institute class of 2009.

Seated, left to right: Juan Pablo Garcia, Angela Allen, Gustavo Hernandez, Suzanne Pacheco, Guillermo Vazquez, Dominic Hernandez, Miranda Avina. Middle row: Jessica Jimenez, Crystal Viruet. Standing: Colleen Hogan, Lily O'Mary, Alondra Aranda, Jasmine Evans, Meghan Aslanian, Program Intern (from CSUMB), Alicia Espinoza, Debbie Ferolino, Mezairah Niduaza, Angelina Fernandez, Tonantzin Ocampo, Jocelyn Martinez

Levels of Nursing Education

Of RNs in all roles at SVMHS—including staff nurses and those in employee health, administration, information technology and case management—here's a breakdown of the percentage of nurses with specific levels of nursing education and certifications within specialties.

Nursing education and certifications within specialties

Diploma	1.7%
AA	60.0%
Bachelors	41.0%
Masters	6.0%
Certifications	13.0%

SVMHS Nurses Earn Advanced Degrees in 2009

Many of our nurses have chosen to pursue advanced degrees and more are joining those ranks every year. Congratulations to the Salinas Valley Memorial nurses who graduated in 2009:

Kimberly Cason, BS, RN—Bachelor of Science-Microbiology/Cell Science

Arnold B. Failano, MSN, MBA/HCM; AHN, ICU/CCU—MSN and MBA/HCM

Lisa Garcia, MSN, RN, CNS, Pediatrics—MSN

Agnes Lalata Nieto, MSN, BSN, RN—MSN

Darrin Mooneyham, MSN, MBA, Director, Emergency Department—MBA

Tanya Osborne-McKenzie, MSN, MBA/HCM, Director, Ortho/Neuro/Spine—MSN and MBA/HCM

Carla Spencer, MSN, RN-SNIII, ICU/CCU—MSN

Julie Vasher, MSN, RNC-OB, CNS, C-EFM, Clinical Nurse Specialist, Perinatal Services—MSN

Kirsten Wisner, BSN, RN-SNIII, RNC-OB, Labor & Delivery—BSN

Nurse Achievements

Boards

Gail Babcock, MSN, RN
Central Coast Visiting Nurse Association & Hospice

Susan Burnell, RN, MSN, PCCN
American Association of Critical Care Nurses Central Coast of California Chapter

Joanna Callahan, RN, MA, CCRN, CSC, CMC, PCCN
President, American Association of Critical Care Nurses Central Coast of California Chapter, Ambassador to national AACN

Megan Lopez, RN, MSN, CNL (Secretary-elect)
American Association of Critical Care Nurses Central Coast of California Chapter

Molly McCarty, BSN, RN-SNIII
Regional Nurse Network Advisory Board
American Association of Critical Care Nurses Central Coast of California Chapter

Gloria Dela Merced, MN, CCRN, CEN, PCCN
Regional Nurse Network Advisory Board
President-elect, American Association of Critical Care Nurses Central Coast of California Chapter; Ambassador to national AACN

Tanya Osborne McKenzie, MSN, MBA/HCM
Association of California Nurse Leaders

Suzette Urquides, RN, MPA, CCRN
American Association of Critical Care Nurses Central Coast of California Chapter

State and National Committees

Lisa M. Paulo, MSN/MPA, RN
Association of California Nurse Leaders,
Quality and Patient Safety Committee

Presentations

Vanessa Irwin, MSN, RN, CLC
Patient Care Champions: Staff Nurses Evaluation of the Effectiveness of Teaching Methodologies. Presented December 2009 at the Third Annual Nurse Faculty/Nurse Executive Summit in Scottsdale, Arizona.

Julie Vasher, MSN, RNC-OB, CNS, C-EFM
 Presented poster *Blah Blah Blog! Improved Practice and Collaboration Are Just One Click Away!* at the Association of Women's Health, Obstetric and Neonatal Nurses national convention held in San Diego June 2009.

Supporting an Expansive Vision for Nursing

Structure: The objective of the Regional Nurse Network, located in the Bay Area, is to enhance nursing professionalism across the spectrum of nursing (i.e., administrative, management and clinical areas of expertise).

Process: Molly McCarty, BSN, RN-SNIII, Magnet Steering Committee member, made all SVMHS RNs aware of this opportunity for learning and obtaining CEUs. The number of nurses who started to attend these workshops increased. Molly also made arrangements with administration for a bus to take nurses to RN Network education sessions.

Outcome: Attendance of SVMHS nurses at these conferences increased significantly over 2008 with about 60 attending each conference in 2009.

Topics included:

- Project management
- Effective change process
- Enhanced communication skills
- Leadership
- Dealing with difficult conversations
- Negotiation skills



Molly McCarty, BSN, RN-SNIII

Jeanne Hayashi, RN-SNIII, 2009 Nurse of the Year

Jeanne Hayashi, RN-SNIII was Salinas Valley Memorial Healthcare System's 2009 *Nurse of the Year*. She joined SVMHS as a nurse's aide in 1979 and graduated from the nursing program at Hartnell College in 1983. Jeanne is a staff nurse in the Post Anesthesia Care Unit, and in a unique partnership, she shares AHN responsibilities with two other nurses. A member of the Magnet Steering Committee, Jeanne is known and respected as a passionate patient advocate and has initiated, led and participated in numerous collaborative efforts to implement evidence based nursing practices. In April 2009, Jeanne took on additional responsibilities as facilitator for the Unit Practice Councils (UPC). In this role she attends UPC meetings and provides guidance to individual members and Councils on UPC processes and purpose. She is a mentor to other nurses and a partner with physicians, nurses and staff throughout SVMHS.



Jeannie Hayashi, RN-SNIII

Congratulations Jeanne and to 2009 nominees

Tonia Giampaoli, RN—AHN, Heart Center

Lilia Meraz-Gottfried, MSN, BSN, RN—ICU/CCU and eMAR-BMV Team

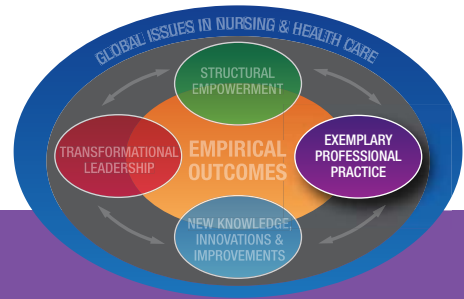
Jan Guzman, RN—Level II

Ludy Lim, MSN, RN—Mother/Baby

Kathy McMillan, RN—Case Management

Debbie Ralph, RN—AHN, SSOP

Teresa Woodrow, RN—AHN, Pediatrics



Exemplary Professional Practice

Exemplary professional practice in nursing encompasses a comprehensive understanding of nursing’s role; the application of that role with patients, families and communities and within the interdisciplinary team; and the utilization of new knowledge and evidence. The overriding goal of this component goes beyond establishing a strong professional practice—to demonstrating what that professional practice can achieve.

First Annual Evidence Based Practice Poster Expo

In 2009, posters outlining eleven nurse-led projects were on display at the first annual Poster Expo—sponsored by the Evidence Based Practice Council—during National Nurses Week.

2009 Posters

Emergence of the DBDNQ: A Pilot Evaluation of the WHO/TJC Communication During Handover Framework

Tanya Osborne McKenzie, MSN, MBA/HCM, Director, ONS
 Jeff Adams, PhD, RN, Nurse Researcher/Consultant
 Debra Denham, PhD, RN

The Comfort Cart: A Mechanism for Increasing Patient Satisfaction and Nursing Communications

Diane Mesiroff, RN, OCN, AHN for CCC

Improving Communication Through a Standardized Bilingual Teaching Tool: Cesarean Section Pre-Op Teaching Flip chart

Dani Robison, RN-SNIII, L&D

Blah Blah Blog!: Improved Practice and Collaboration Are Just One Click Away

Julie Vasher, MSN, BSN, RNC-OB, C-EFM

An Evidence and Role Based Approach to Prevent, Stabilize, and Heal Impaired Skin Integrity

Dana Rogers, RN-SNIII, ICU/CCU

Genetics, Breast Cancer and You: Basic Guide to Understanding

Kathleen Finnigan, BSN, RN, CNE for CCC

Patient Care Champions: Staff Nurses Evaluation of the Effectiveness of Teaching Methodologies

Vanessa Irwin, MSN, RN, CLC, CNE Pediatrics

A Multidisciplinary Approach to eMAR-BMW Implementation (Electronic Medication Administration Record/Bedside Medication Verification)

Lilia Meraz Gottfried, MSN, BSN, RN, ICU/CCU, e-MAR-BMW Project Leader

Evidence-Based Risk Assessment Tool for the Prevention of Venous Thromboembolism

Lourdes Escolta, MSN, RN, CMSCR, ONC, CNE for Med/Surg

Clinical Scholars Program: Celebrating Clinical Curiosity and Excellence

Kirsten Wisner, BSN, RN-SNIII, RNC-OB, L&D

Supporting an Expansive Vision for Nursing, Regional Nurse Network: Unleashing the Joy of Professionalism

Molly McCarty, BSN, RN-SNIII, Float Pool

National Patient Safety Goals

In 2009, Sharon Roberts, MSN, RN Director NICU/Pediatrics and Pat Valenzano, MSN, RN Director Perinatal Services organized a team to manage the National Patient Safety Goals (NPSG). Staff

was given the opportunity to research the standards and develop initiatives to ensure compliance. Ongoing meetings were held to monitor progress to goals.

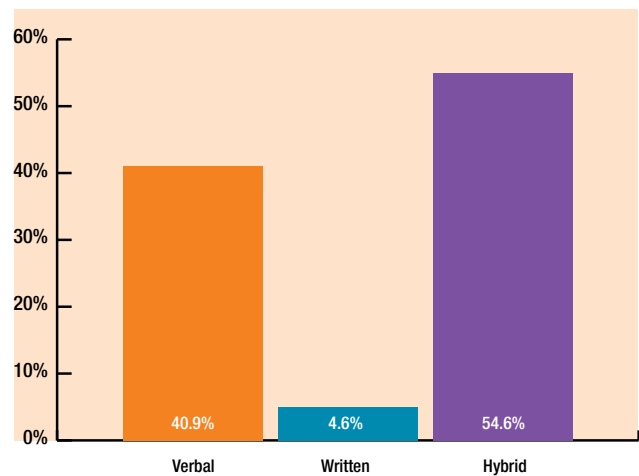
DBDNQ

Structure: Studies, including those done by the Institutes of Medicine, showed that inadequate communications during patient handover results in errors. The Joint Commission responded by making Patient Handover a National Patient Safety Goal and developed a template for handover reports. The World Health Organization also adopted a methodology called SBAR (situation, background, assessment, recommendations). Both methodologies include a time to ask and answer questions.

Process:

- Survey of nurses from Med/Surg cluster and Progressive Care cluster
- Sample included 20 staff RNs (8 bachelors prepared and 12 associates prepared)
- 45 percent attended SVMHS-sponsored professional role based nursing educational session
- Units included in sample—CCC, MSCV3, ONS, Mother/Baby, Pediatrics

Current method of shift change report on your unit



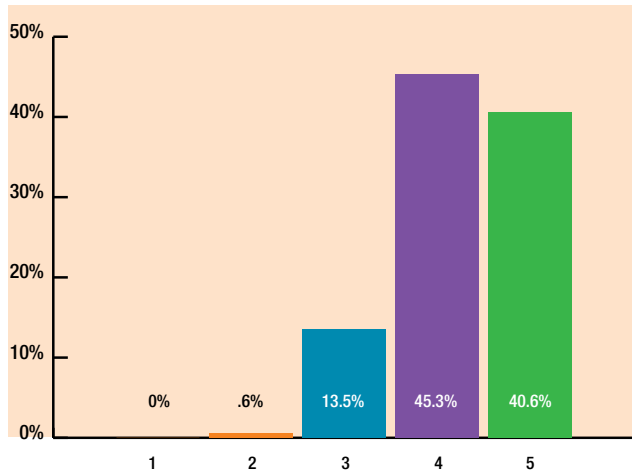
Demographics

Sample Population:

ED	32
ICU/CCU	10
Level II	43
Towers	25
Heart Center	28
DI	8
Float Pool	7
Unknown	17
Total:	170

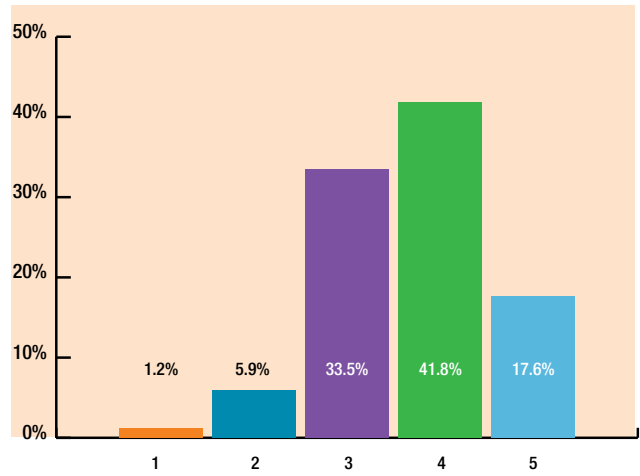
Question #1:

I feel competent in delivering patient information during handover



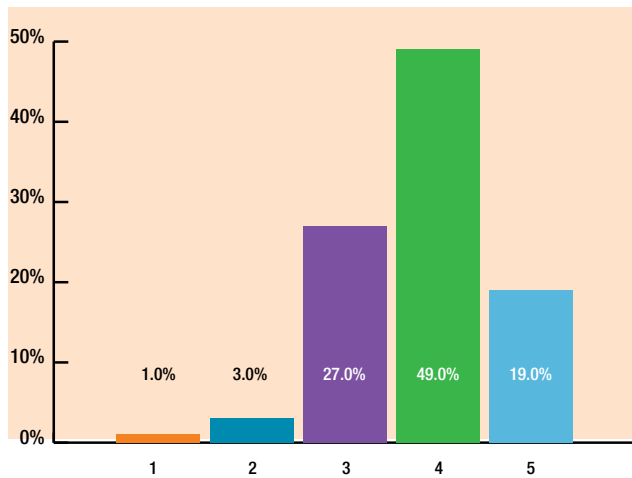
Question #2:

When beginning to care for my patient, I have adequate information to provide safe and competent care



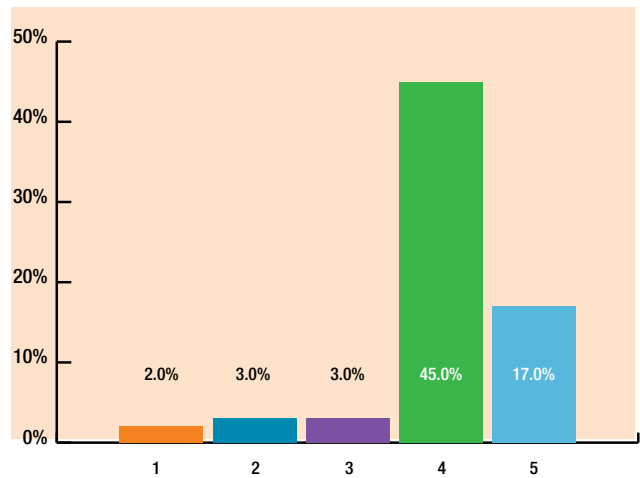
Question #3:

When beginning to care for my patient, I have relevant information to provide safe and competent care



Question #4:

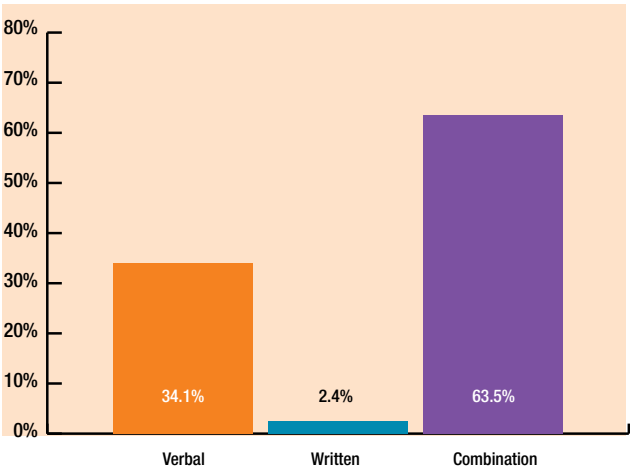
When beginning to care for my patient, I have accurate information to provide safe and competent care



1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Preliminary Results

What method do you use to relay patient information?



Outcome: A new Handover tool for SVMHS was developed. The tool incorporates philosophies from the IOM study, TJC standard for NPSG Handover and the WHO model.

“No Surprises” Handover

DBDNQ	Demographics & Stability	Before I began to provide care	As I provided care	Next care provider needs to know “Plan of Care”	Questions
WHO	S Situation	B Background	A Assessment	R Recommendation	? Clarification
TJC	Dx & current condition	Recent changes in condition & Tx	Anticipated changes in condition & Tx	What to watch for in the next time interval	Providing opportunity to ask & resolve questions
ROOM # PT INITITALS					

Universal Protocol

Having a system-wide Universal Protocol is one of the National Patient Safety Goals (NPSGs) of The Joint Commission (TJC). Universal Protocol focuses on safety for all procedures (all surgical and non-surgical invasive procedures).

Connie Rose, RN, Diagnostic Imaging, was assigned as the leader for this NPSG. Connie's first task was to complete a house-wide assessment to determine if a Universal Protocol was consistently being used.

The Universal Protocol at SVMHS applies to all invasive procedures and is three-fold:

- 1) Pre-procedure verification—confirm the right patient, site and procedure; that the patient has been assessed by a nurse; that all documentation is in place including pre-anesthesia assessment, if necessary, and results of diagnostic tests.
- 2) Site marking—the specific site for the procedure is verified and marked on the patient by the doctor, if necessary.
- 3) Time out—confirms that everyone is in agreement as to the fact that it's the correct patient, site and procedure. This is done immediately before the procedure with all people involved present.



DD Rauber, RN and Connie Rose, RN

Connie completed a unit-by-unit assessment and found nine different places this information could be charted. She recruited DD Rauber, RN, Labor & Delivery, to assist in an auditing process. Observational and chart audits were created and monthly audits have been instituted.

Outcomes: After working with front line staff, it was determined there should be one standardized place for all three elements of Universal Protocol to be documented. Selected forms were revised and a special form was created for observational audits. The data from ongoing audits will be used to provide outcomes reports.

Universal Protocol Observational Audits 4th Quarter 2009

	# Correct/ #Total Procedures	% Correct	# Correct/ #Total Procedures	% Correct	# Correct/ #Total Procedures	% Correct
Ultrasound	46/49	93%	50/55	91%	55/56	98%
Interventional Radiology (nurses)	120/121	99%	102/102	100%	119/121	98%
Endo						100%
Cath Lab						100%
Surgery						99.5%
Wound Care			6/7	86%	6/6	100%
Perinatal Services			3/3	100%	1/1	100%

Working Together to Create the Healing Zone



Visiting Hours



Hand Washing



Silence Your Cell Phones



Age 14 and older



Limited Visitors



Smoke-Free



Quiet Zone



Latex-Free Balloons

Protecting our patients from H1N1 flu and other infectious diseases is paramount to our mission. That's why we've initiated the Healing Zone. The initial phase, already in place, focuses on our visitor policy. Highlights of our new Healing Zone visitor program include:

- Visiting hours are 8:00 a.m. to 8:00 p.m. This may vary on specific units such as Mother/Baby and ICU/CCU
- Visitors must be at least 14 years old
- Two visitors at one time may visit a patient for up to 15 minutes

- Visitors will check-in at the Reception Desk inside the hospital's current main entrance and be issued a visitor pass. Visitors coming in through the Heart Center entrance will be escorted to the main lobby by a concierge to sign in

The SVMH Service League and the Security Department have been instrumental in helping plan and implement the new policies. They will also assist with visitor check-in and assigning passes as well as being stationed at elevators to check for passes. This new policy was communicated to the public through a media campaign.

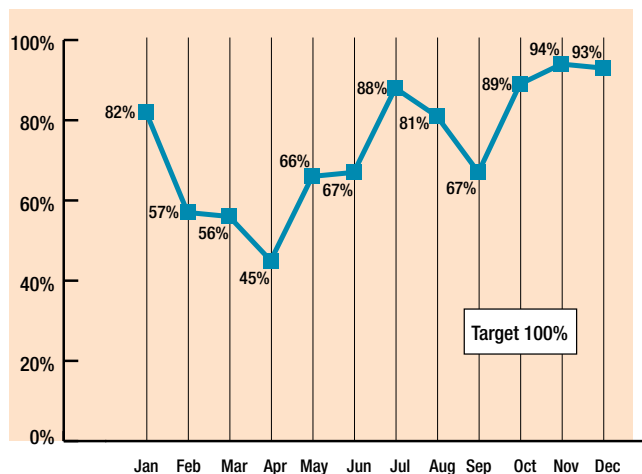
Hospital Acquired Pressure Ulcer (HAPU) Initiative

Dana Rogers, RN-SNIII, an experienced critical care nurse, joined an interdisciplinary team which addresses Hospital Acquired Pressure Ulcer Initiative. Dana's assignment was to conduct staff development, patient rounds and data tracking. The interdisciplinary, comprehensive approach enhanced the culture of safety at SVMHS through a focus on the bedside clinician's practice, organizational leadership and data-driven decision making. The overriding goal of the program was to reduce the nosocomial pressure ulcer rate in critical care to the CaNOC benchmark of less than 5 percent by 4th quarter 2009.

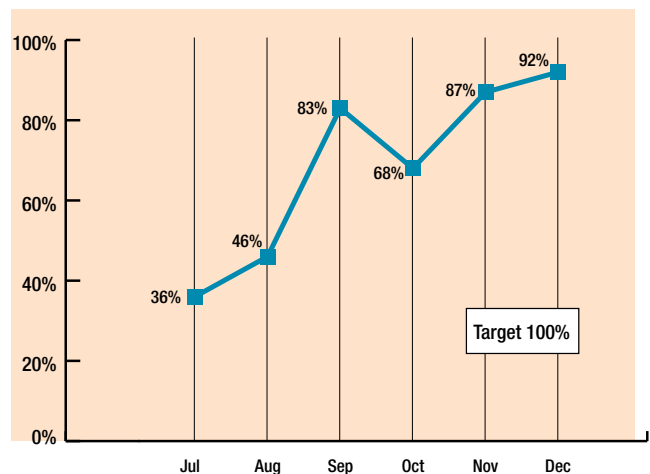
- The goal was achieved well before the 4th quarter and the current annual average rate is 3.2 percent.

- The annual average rate for SVMHS medical/surgical units is 2.2 percent, below the goal of 3 percent
- 90 percent of staff members received one-on-one education
- Nursing informatics modifications improved skin integrity management documentation from 50 to 87 percent compliance
- Financial analysis showed an average \$43,500 savings for every full-thickness pressure ulcer prevented
- Desired clinical, regulatory compliance and fiscal outcomes in the prevention and management of impaired skin integrity were accomplished

Daily Pressure Ulcer Documentation Compliance



Weekly Pressure Ulcer Documentation Compliance



Infant-Driven Feeding in the NICU

Historically, initiation and progression of feedings for infants in NICUs has been physician-order-driven and volume-focused rather than focused on infants' feeding cues. Our NICU Nurse Practice Council (NPC) identified the need for a developmentally supportive feeding program that:

- promotes use of human breast milk
- includes a cue-based oral feeding pathway
- is evidenced-based, objective and consistent
- is implemented, managed and documented by the bedside RN with multidisciplinary collaboration and involvement

The NICU NPC—Julie Akin, RN; Debbie Thorpe, RN; Maura Baker, RNC; Jennifer Emmerson, RN; Shauna Henson, RN; and Lorraine Shields, RNC, CNS—completed an extensive literature search, reviewed established NICU infant-driven feeding protocols and consulted with a developmental specialist.

In collaboration with Occupational Therapy—Mary Neimy; Physical Therapy—Pilar Reyes; and Lactation Services—Shawna Helmuth, RN, IBCLC, the NICU NPC developed an infant-driven feeding algorithm and protocol. These regulate infant feeding



progression based on the infant's readiness and disengagement cues, and use standardized assessments for oral feeding readiness and quality.

Implementation of the infant-driven feeding protocol allows nurses to individualize care based on the infant's feeding cues and establishes more consistent and objective feeding assessment, implementation and documentation.



Julie Akin, RN; Debbie Thorpe, RN; Lorraine Shields, RNC, CNS; Pilar Reyes; Maura Baker, RNC. Not shown: Jennifer Emmerson, RN; Shauna Henson, RN; Mary Neimy; Shawna Helmuth, RN, IBCLC

Collaborative Rounding

Process: In late 2008, the Ortho/Neuro/Spine (ONS) Unit Practice Council (SONIC)—surgical/orthopedic/neurologic improvement council—selected decreasing patient falls as their first performance improvement initiative. Subsequent literature searches identified collaborative rounding as a potential solution.

- A *call light log form* was used to record the reason for each patient call
- ONS nurses were surveyed
- PM shift nurses completed a pilot in August that resulted in a 15 percent decrease in patient calls
- ONS staff on all shifts were educated and hourly rounding implemented

Outcome: A significant improvement in patient and staff satisfaction

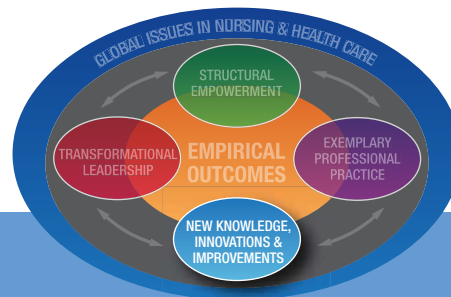
SONIC Unit Practice Council Members:

Lourdes Escolta, MSN, RN, CMSRN, ONC
Tanya Osborne McKenzie, MSN, MBA/HCM, RN, CCRN
Neena Moriyama, RN, Chair
Rebecca Pullen, RN, CMSRN, ONC
Amelia Martinez, RN
Laurence Perras, RN
Joyce Tuazon, CNA



*Standing: Neena Moriyama, RN;
Amelia Martinez, RN;
Joyce Tuazon, CNA.
Seated: Winetta Courtright, RN;
Laurence Perras, RN;
Rebecca Pullen, RN, CMSRN, ONC*

New Knowledge, Innovations and Improvements



Strong leadership, empowered professionals and exemplary practice are the foundation for Magnet organizations. As nurses, we have an ethical and professional responsibility to contribute to patient care, the organization and the profession with new knowledge, innovations and improvements. Our future success depends on our ability to redesign and redefine current systems and practices. This component of Magnet includes new models of care, application of existing evidence, new evidence and visible contributions to the science of nursing.

Performance Improvement Model— FOCUS/PDSA

The Nurse Practice Council selected the FOCUS/PDSA performance improvement model as a systematic and structured problem-solving approach to plan, design, measure, assess and improve organizational performance.

Find a process to improve

Organize a team that understands the process

Clarify how the current process works

Understand the root causes of process variation

Select changes that will improve the process

Plan how changes will be implemented

Do the plan; implement

Study and analyze the data

Act on the findings of post-implementation data by either standardizing the process or testing another change

When appropriate, at the discretion of the performance improvement team, the rapid cycle improvement process is utilized. Advantages include:

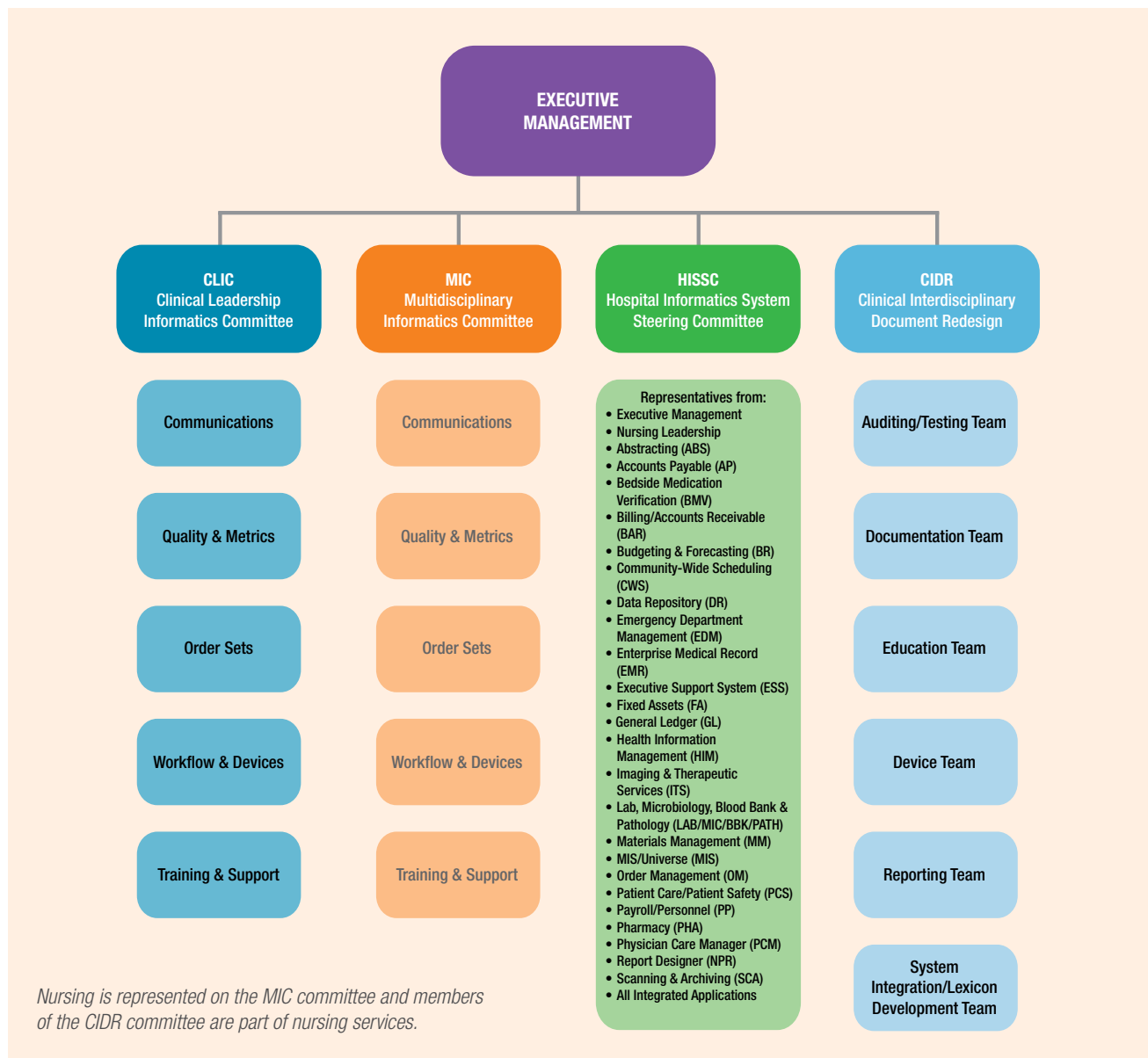
- Using a small sample to quickly test a proposed change idea
- Testing ideas side-by-side with existing processes
- Testing many ideas quickly
- Providing opportunities for failures without impacting performance
- Minimizing resistance to successful change

A performance improvement team is a group of knowledgeable people close to the process who cooperate to achieve a common goal. Teams include a leader, facilitator and members with expertise in the specific process that requires improvement.

Clinical Leadership Informatics Committee Leading EHR Development

As a step toward a system-wide electronic health record (EHR) at SVMHS, the Clinical Leadership Informatics Committee (CLIC) was formed in November 2009. Nursing participates in this physician-led committee. The five teams that support this committee are tasked with addressing a different aspect of EHR. The scope of this committee goes beyond physician order entry to encompass

communications, devices, software, workflow, metrics and more. “The CLIC meets twice each month and our goal is to work collaboratively to chart the course for the implementation and adoption of the EHR as we seek to leverage technology to improve patient care,” says Lilia Meraz-Gottfried, MSN, RN, Director of Clinical Informatics.



On-line Physician Order Entry

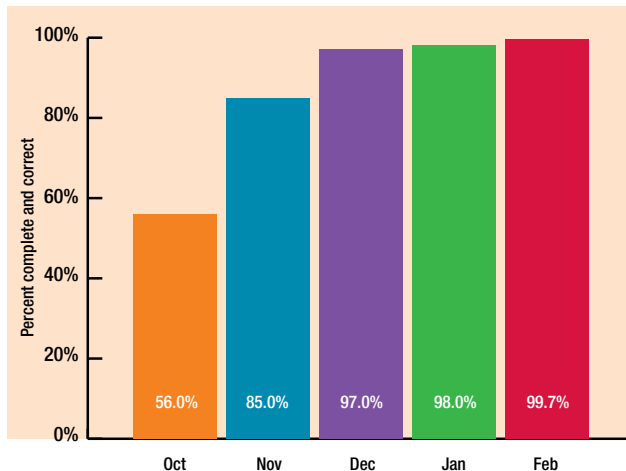
A physician committee, led by David Kasting, MD, was in the process of developing evidence based order sets that would print from a computer—the first step toward CPOE (computerized physician order entry). In 2008, a multidisciplinary FMEA (failure mode, effect and analysis) team was formed, followed by a 2009 Go Live team. These teams included physician, nursing, information technology (IT) and quality management (QM) representation. QM facilitated a proactive risk assessment to identify potential risks in the new process and develop strategies to reduce or eliminate them.

The FMEA team identified that, in order to have a safe process, forms would need to print out with the patient's demographics and barcode. They also identified that a tool was needed to communicate new orders. In late 2008, MSCV3 tested a variety of communication tools and the on-line status board was selected. IT developed the status board and worked with a vendor to create orders that would print with the patient's demographics and barcode.

MSCV3 piloted the new process and in March 2009, they educated all other units in the use of the status board. House-wide education and roll out of accessing order sets on-line was done July through November 2009.

Proper printing of the online forms was monitored by weekly audits of all charts on all nursing units. By the end of February 2010, these audits revealed a 99.7 percent success rate with exclusive use of the on-line forms.

Success Rate: Printing On-line Order Forms, 2009/2010



*From left: David Kasting, MD; Marie Marbach, RN-SNIII; Sam Powell; Doreen Faiello, MHA, RN; Aizel Castaneda, RN; Marilyn Pereira; Cathy Gomez, BSN, RN; Vanessa Irwin, MSN, RN, CLC; Laura Mittendorf Zerbe, BSE; Al Alcares
Not shown: Trisha Dixon, RN; Pam Ferrasci; Agnes Lalata Nieto, MSN, RN*

2009 Go Live team

Al Alcares (UA on MSCV3)
 Aizel Castaneda, RN (MSCV3)
 Trisha Dixon, RN (IT)
 Doreen Faiello, MHA, RN (Nursing Administration)
 Pam Ferrasci (IT)
 Cathy Gomez, BSN, RN (MSCV3)
 Vanessa Irwin, MSN, RN, CLC (Clinical Nurse Educator for Med/Surg)
 David Kasting, MD
 Agnes Lalata Nieto, MSN, RN (Director MSCV3)
 Marie Marbach, RN-SNIII (MSCV3)
 Marilyn Pereira (IT)
 Sam Powell (IT)
 Laura Mittendorf Zerbe, BSE (Quality Management)

eMAR-BMV Implemented—Enhancing the Safety of Medication Administration

Planning, preparing, training and transitioning to the eMAR-BMV was an immense project—one of the most comprehensive and significant changes ever to impact nursing at SVMHS. The two-year project was an interdisciplinary-led initiative—involving the IT, Pharmacy, Quality Management, Nursing, Respiratory Care and Engineering departments—to enhance the safety of patient medication administration by adopting advanced technologies.

eMAR-BMV Training (100% of nurses)

Number of RNs	724
Number of Unit Super-Users	70
Number of Roll-Out Super-Users	13
Number of Inpatient Units going live	12
Number of Outpatient Units going live	2

Many SVMHS nurses took on leadership roles by serving on committees, educating and assisting nurses as roll-out and unit super-users and participating in the many steps that culminated in the launch of eMAR-BMV. A key to the success of these efforts was empowering nurses to identify issues and create solutions.



*Top: Lisa Paulo, Ginny Williams, Rita Cabaccang, Trish Dixon, Aaron Burnside, Lilia Meraz-Gottfried, Laura Oliphant
Bottom: Sabrina Bohbot, Mary Ann Artuz, Kim Stewart, Kathryn Maurer, Andrea Houston, Michele Davenport-Lambert*

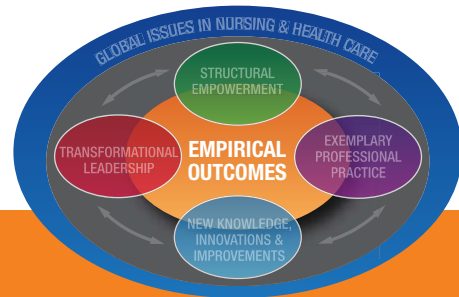
Providing patients with the right medications, at the right time, and in the correct dose using the correct route is essential to patient safety and a key element of a nurse's professional practice. The eMAR-BMV, implemented at SVMHS in April 2009, gives nurses a new set of tools to help ensure safe medication administration. Some of the many patient safety features resulting from the eMAR-BMV project include barcoding, display of lab values for nursing and dedicated medication areas called Medication Sanctuaries. The cornerstone of the medication safety aspects of eMAR-BMV is the ability to scan barcoding on medications. Scanning both the medications and the patient's ID band provides an automated double check that helps prevent medications from being administered incorrectly.

eMAR-BMV includes a feature that allows the nurse to view specific lab values associated with certain medications such as anticoagulants, diuretics and insulin. When the medication or IV bag is scanned, the nurse sees a pop-up that displays previous and current lab values including the appropriate value range. Any values that are out of range are shown in red.

We are proud of our nursing staff for taking on this all encompassing and important project, and for achieving excellent scan rates.

2009 Cumulative

Total # of scanned patient armbands	Total doses of medications given	Scanning %
517,852	540,047	96%
Total # of scanned medications	Total doses of medications given	Scanning %
510,900	540,047	95%



Empirical Quality Results

The new Magnet model focuses on the outcomes of having a strong structure and processes and how an organization’s outcomes compare to established benchmarks. The question has changed from “What do you do?” or “How do you do it” to “What difference have you made?” Magnet hospitals are uniquely positioned to be pioneers of the future and to demonstrate solutions to a variety of problems inherent in healthcare organizations today. We can do this in a variety of ways through innovative structure and processes, and recognizing and rewarding innovation and creativity. Outcomes are categorized by clinical outcomes related to nursing such as those pertaining to workforce, patient and consumer and organizational outcomes. These outcomes serve as a “report card” of a Magnet-recognized organization and as a way of demonstrating excellence.

SVMHS Nursing Units Perform Strongly in Patient Satisfaction Survey

Nurses play a key role in creating patient satisfaction at SVMHS. In 2009, we began working with Avatar International—a firm that provides leadership and comprehensive services in measurement and continuous quality improvement. Below and at right are questions included in the Avatar survey that represent areas where nursing has a direct impact on patient satisfaction along with ratings compared to national benchmarks (NB). The professional role based nursing staff at SVMHS will continue to draw on the survey to deliver care that meets or exceeds the expectations of our patients.

Inpatient Units

1) I consistently received respect and compassion while at Salinas Valley Memorial Healthcare System.

The NICU (96.88%), Heart Center (95.36%), Towers (91.67%) and Oncology (91.67%) exceeded the NB of 91.40%.

2) Medications and care at home were explained to me in a way I could follow.

The NICU (93.75%), Heart Center (92.80%), Towers (92.50), Pediatrics (91.94%) and Oncology (91.73%) exceeded the NB of 91.28%.

3) The nursing staff was responsive in answering my calls or requests.

Pediatrics (97.22%), NICU (93.75%) and Heart Center (91.92%) exceeded the NB of 90.10%.

4) The medicine for my pain helped to take away the pain.

Towers (95.83%), NICU (95.83%), Heart Center (92.20%), Oncology (90.65%) and Mother/Baby (89.70%) exceeded the NB of 89.10%.

5) Staff checked my name before giving me medication.

Ortho/Neuro/Spine (96.50%), NICU (95.59%), Level II (95.45%), Heart Center (95.33%), Pediatrics (94.77%), MSCV3 (94.52%) and Mother/Baby (94.38%) exceeded the NB of 94.02%.

Emergency Department

1) Staff checked my name before giving me medication.

90.81% compared to NB of 88.57%.

2) I was taught about the pain scale and how my pain would be managed.

79.95% compared to NB of 75.70%.

3) I consistently received respect and compassion while in the Emergency Department.

89.87% compared to NB of 85.14%.



Daniela (Dani) Robison, RN-SNIII



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