



2008 Nursing ANNUAL REPORT

Message from President/CEO



Nurses are the heart and soul of patient care at Salinas Valley Memorial. As you will read in this report, nurses from throughout the organization work tirelessly and collaboratively with other hospital departments to create solutions that improve patient safety and quality of care. Their pursuit of Magnet hospital status demonstrates an extraordinary commitment to excellence that will benefit our patients, our staff and our community.

Sam Downing

Sam Downing, MBA, MPH
President/CEO

Message from Nursing Leadership

This is an incredibly exciting time for the profession of nursing. This 2008 SVMHS Nursing Annual Report is an opportunity to celebrate and be excited about our progress in achieving clinical excellence that can transform the lives of our patients. There's a real commitment to evidence based practices which continuously improve patient safety and quality of care. As nurses, you have set the bar high and are already finding ways to raise it even higher. It is a privilege to work with such an outstanding group of nurses who are dedicated to pursuing excellence every single day.

Never before have we seen the wave of influence that nurses can have when they collaborate with one another and with other clinical professionals at SVMHS. Through both multidisciplinary collaborations and nurse led efforts in 2008, we saw significant progress toward implementation of eMAR-BMV and many other evidence based practice initiatives

highlighted in this report. We changed our nursing division council structure and developed one meeting day so that more and more nurses will participate in the shared governance process to improve outcomes for our patients. And at our 2008 Strategic Planning/Goals Day, 18 staff nurses from throughout the hospital (representing half of all participants) contributed to 2009 strategic planning and goal development for nursing.

It takes a tremendous personal commitment to go into the nursing profession. This continuing commitment is evidenced every day as we see a greater number of SVMHS nurses pursuing certifications in their specialty and advanced degrees in nursing as well as teaching and mentoring other nurses. As nurses, you can be proud—as I am—of how you are fulfilling your professional role, evolving and developing your practice based on science and making sure that our patients are the focus of everything we do. We've come so far over the



past year, and the momentum is continuing to grow. Thank you for all you are doing to make this happen.

Irene Neumeister

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

SVMHS Division of Nursing

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 who create an environment where patients want to come and nurses want to work.

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Shared Governance

Our Shared Governance model, implemented in 2008, is founded on research and a belief that involving bedside nurses in the decision-making process has a direct impact on improving patient safety and quality of care. Irene Neumeister, RN, BSN, Senior Vice President Patient Care Services envisioned a shared governance model in which direct patient care nurses could manage their practice in collaboration with nursing management.

Salinas Valley Memorial nursing recognizes that all nurses who provide direct patient care should participate as key individuals in identifying patient and nursing issues and taking accountability to create solutions to improve our patient care environment. Through shared governance, clinical staff will have the opportunity to craft a shared decision-making process for the entire healthcare team. This partnering with our leadership will enhance front-line staff's influence throughout the organization in regards to clinical practices, policies and improvement processes. The goal of this shared governance partnership is to engage the creativity of front-line staff so we work together to improve outcomes for our patients. The role of the nursing directors is to provide the necessary structure and resources; and the role of the staff nurse is to partner with the organization to identify issues and make changes based on evidence and best practices.

The first step was to make it more feasible for staff nurses to participate in councils and committees by designating a Committee Day. Nursing leadership reviewed staffing patterns for the previous three years and found that Thursday was the best day of the week for these meetings. A master calendar of Thursday meetings for the year is available on MEMNET.

In addition, a new council structure was developed. The Nursing Excellence Council includes representatives from quality and risk management and nursing management as well as the AHN/ Director Huddle chair and chair of the Magnet Steering Committee. This council receives reports from all the committees where nursing plays a major role.

The Councils are:

Nurse Excellence Council is the oversight council for patient care services committees and councils. The Nurse Excellence Council receives reports from Nurse Quality Council, Nurse Practice Council, Professional Development Council and Evidence Based Practice Councils. NEC also sets the strategic plan and annual goals for nursing services, helps councils work through challenges and monitors committee and council progress toward their respective goals.

Nurse Quality Council has the authority and accountability to oversee and review clinical outcomes, make recommendations for improvement utilizing evidence based practice, identify processes to monitor, assess, analyze and improve the delivery of nursing care and develop a clinical outcomes dashboard. Membership includes unit Performance Improvement representatives, nursing and quality management and pharmacy.

Nurse Practice Council has the authority and accountability to ensure that practice standards and guidelines are consistent throughout the patient's hospital stay, promotes practice based on applying evidence based systems at the bedside, identifies clinical issues requiring evidence based solutions and reviews practice concerns that cross multiple patient care departments. Unit Based Practice Councils bring their initiatives to this forum for discussion and approval.

Nurse Professional Development Council has the authority and accountability to promote retention and recruitment of nursing staff, foster collaboration with schools of nursing, provide consistency of educational messages throughout patient care services, identify areas where new educational programs are needed and build an informative internal website through which patient care staff can learn about current and new initiatives. Reviews both staff and patient education initiatives, and Magnet Steering Committee reports.

Evidence Based Practice Councils are assigned to assist committees, councils and staff in using evidence to support changes in clinical practice. EPB Councils—comprised of advanced practice nurses experienced in EBP design processes and in the specialty area being addressed—is assembled through the Nursing Excellence Council. The EPB Council members help staff nurses develop a project that is both comprehensive (can be applied to other units) and expands the body of nursing knowledge.

* These councils will support all nursing councils/committees and hospital committees that require EBP support.
 ** These committee/council meetings are not in the committee day schedule.



Unit Based Practice Councils (UBPC) were initiated in 2007 with Pediatrics and eight councils were added in 2008. UBPCs have been formed for a majority of units and are led by nurses who provide direct patient care. UBPCs provide a forum for nurses to address patient care issues and influence their bedside practice within the unit. Nurses are key members of the patient care decision-making team. Through the UBPCs, nurses will create policies based on evidence and best practice methods, educate staff on new policies and procedures as well as changes in federal, state and specialty regulations, and interact and collaborate with other UBPCs.

Today, there are UBPCs on several units including:

EPIC (Emergency Department Performance Improvement Committee)

Peri-operative Practice Council (OR, PACU, Joyce Wyman Outpatient Surgery)

ICU/CCU Practice Council

SRMC Practice Council (L&D, Mother/Baby)

NICU Practice Council

MSCV3 Practice Council

Pediatrics Practice Council

SONIC (Spine/Ortho/Neuro Improvement Committee)

CCC Practice Council (Oncology)

Operations Council (Case Management)

Evidence Based Practice Projects

One of the ways we are working to develop an environment of inquiry, where staff nurses continue to seek new knowledge that improves patient care, is through Evidence Based Practice (EBP) projects. Improving patient safety and quality of care are at the core of these efforts. Staff nurses identify an opportunity to address and improve an aspect of patient care using evidence based practices. Here are highlights of 2008 EBP projects:

Pressure Ulcer Initiative

An opportunity existed to reduce the incidence of acquired pressure ulcers in the critical care setting and to significantly enhance the skill set of the staff in these units by:

(1) Developing a multidisciplinary team led by the Wound Healing Center and Wound Care RN

(2) Assigning an experienced critical care nurse, Dana Rogers, RN III, to conduct staff development, patient rounds and data tracking

(3) Assigning the wound care specialist, Janet Vervaecke, RN, BSN, MBA, CWCN, Wound Healing Center nurse, to support in staff development



Dana Rogers, RN III

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.

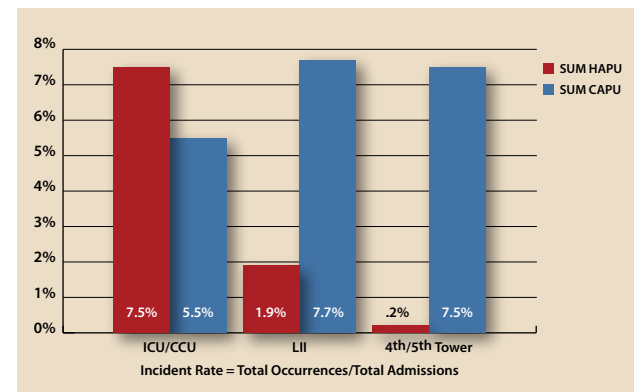
Actions Taken

- Developed initiative/education plan
- Changed documentation processes and modified policy to match changes
- Developed Pressure Ulcer Handbook using evidence based literature
- Conducted one-on-one education for all critical care staff
- Began one-on-one education for medical/surgical staff
- Implemented Healthstream Skin Management Module

Outcomes

This approach has evidenced success in decreasing overall critical care prevalence rate of 3.6 percent and incidence rate of 1.9 percent.

Critical Care: Hospital Acquired/Community Acquired Pressure Ulcer Incidence



Staff Education Provided

	Total RN 1:1		
ICU RN	56	54	96%
LII RN	67	65	97%
4th/5th Towers	40	38	95%
	163	157	96%
Advanced Education 1:1			58
Education through inservices			142
			200

Evidence Based Practice Projects

Pre-Operative Cesarean Section Teaching

Daniela Robison, RN III, Labor & Delivery (L&D), researched the patient population of L&D and found that an average of 60 percent were Spanish only speakers and that there was no standardized patient education for English or Spanish speaking patients.

During the project she:

- Completed preliminary survey of nurses and patients in L&D and found that nurse teaching methods and content varied widely and patients did not feel that they were informed by the teaching
- Nurses also identified the need to standardize pre-operative teaching methods and content for both Spanish- and English-speaking patients
- Developed L&D Patient Education Checklist for Cesarean Section—standardizing teaching for all nurses

- Developed a flip-chart, in English and Spanish, so that patients who spoke only Spanish could start to review pre-op teaching while an interpreter was on the way
- Conducted a two month trial of the checklist and flip-chart

Outcomes

- Following the trial, 15 patients were surveyed and 100 percent said that the flip-chart provided all the information they needed before surgery and was easy to understand
- Also, 20 nurses were surveyed and 100 percent agreed that the checklist helped them educate the patient more thoroughly and in a timelier manner



Daniela Robison, RN III

- Standardized teaching improved patient care and good patient outcomes
- The project also increased cultural sensitivity of nurses on the unit



The nurses from the eMAR-BMV group: Lilia Meraz-Gottfried, RN III, BSN, MSN; Kathryn Maurer, RN III; Kim Stewart, RN; Emmy Ferber, RN III; Andrea Huston, RN, AHN; Sabrina Bohbot, RN, BSN; Lori Oliphant, RN Consultant; Mary Ann Artuz, RN

eMAR-BMV

A multidisciplinary team that includes staff from Nursing, Nursing Informatics, Pharmacy, IT, Quality Management and Administration has been addressing the many facets of Electronic Medication Administration Record-Bedside Medication Verification (eMAR-BMV) since early 2007 and it went live in April 2009. Lilia Meraz-Gottfried, RN III, BSN, MSN in ICU/CCU has been the eMAR-BMV project leader since May 2008.

Several important steps took place in 2008:

- Researched evidence based and best practices
- Completed final selection of devices including Workstations on Wheels (WOWs) and Motion C5 Tablets for portable documentation
- Purchased cordless scanners that enable scanning of patient ID bands as well as medication bar codes
- Recommended relocation of medication administration items such as the Pyxis automatic dispensing machine and refrigerators to a centralized area to improve efficiency
- Engaged front-line nurses in decision-making processes to ensure that the system works for them. Team member Maria Elena (Emmy) Ferber, RN III, Float Pool, is the liaison with nursing staff gathering feedback and ideas
- Pilot programs for the WOW and other device implementation were completed on several units
- Made recommendations for improved medication administration processes

Pain Order Sets for Joint Replacement Patients

The project was initiated in 2008 as a Quality Improvement Initiative on the Ortho/Neuro/Spine (ONS) unit, based on a proposal by Lourdes Escolta, RN, MSN, CMSRN, ONC, Clinical Nurse Educator for Med/Surg.

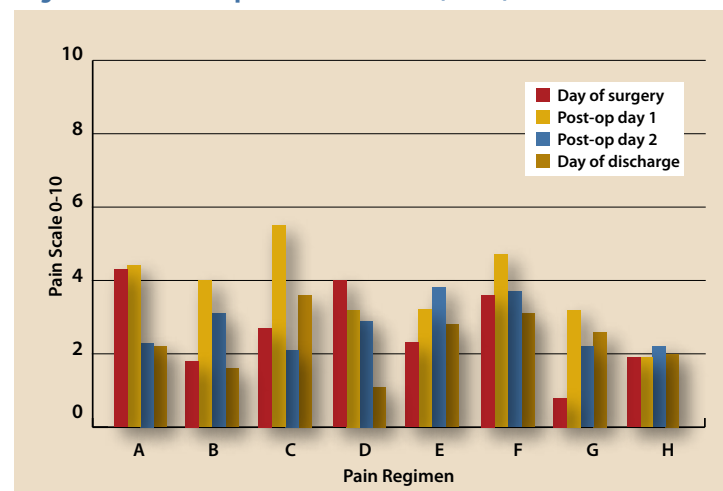
During the project she:

- Identified eight pain regimens for joint replacement patients currently in use
- Collected data on selected patient population comparing different pain management regimens
- Reviewed literature on EBP pain management and identified three pain regimens found to be most effective. This was also supported by SVMHS data

Outcomes

- In collaboration with Lihjen Wang, PharmD, Assistant Director of Pharmacy, developed an evidence based pain order set that is currently under review by a designated committee
- Implementation of new order set anticipated for 2009
- More data will be collected to measure improvements based on patient-reported pain levels

Comparative Analysis of the Different Regimens for Joint Replacement Patients (N=43)



Lourdes Escolta, RN, MSN, CMSRN, ONC

- Pain Regimen A = PCA & Oral Short Acting Opioid
- Pain Regimen B = FNB*, Oral/IV Short Acting Opioid, NSAID
- Pain Regimen C = FNB*, PCA, Oral/IV Short Acting Opioid, NSAID
- Pain Regimen D = Oral/IV Short Acting Opioid, NSAID
- Pain Regimen E = FNB*, Oral Long Acting & Short Acting Opioid
- Pain Regimen F = Oral Long Acting & Short Acting Opioid
- Pain Regimen G = FNB*, Oral/IV Short Acting Opioid
- Pain Regimen H = Oral & IV Short Acting Opioid

* FNB: Femoral Nerve Block

Comfort Cart

After reviewing results of a hospital-based survey, Diane Mesiroff, RN, OCN, Comprehensive Cancer Center AHN, p.m. shift, initiated the Comfort Cart project.

- Feedback from a hospital-based survey indicated that patients and families felt they needed more emotional support than what had been provided
- Literature shows that nurses enjoy spending time at the bedside with their patients. It also showed that aromatherapy, music and diversions are helpful in decreasing anxiety and provide additional avenues for nurses to spend time with their patients and family members
- Evidence based literature was utilized in the selection of aromatherapy lotions and cleared through Infection Control



Diane Mesiroff, RN, OCN

- A book on massage was used to demonstrate techniques on light touch massage of the hands, feet and forehead
- Lynn Brooks, Director of Volunteer and Spiritual Care Services helped to secure funding for the cart and materials from the SVMH Service League

- Cart includes devotional and meditational books, playing cards, CDs of relaxing music, hand-held electronic games, chamomile tea and ginger chews to help with nausea and aromatherapy lotions that nurses can use for hand and foot massage. Family members/visitors also benefit from the cart's items while they sit at the bedside
- Service League Patient Ambassador Jean McGregor participated in the development of the Comfort Cart project
- All comments from patients and family members as well as nurses are positive
- Additional statistics are currently being gathered

Evidence Based Practice Projects

NICU Performance Improvement Projects

Sharon Roberts, RNC, MSN, CNS, Director of NICU and Pediatrics reported on NICU Performance Improvement Group initiatives.

- Since joining the Vermont Oxford Network, a network of NICUs around the world, in 2007, NICU nurses have taken on several improvement initiatives that center on discharge planning
- In 2007, the project was hand-offs. During 2008, the group addressed a variety of issues related to preparing parents to take their baby home and increasing confidence in caring for their baby
- A multidisciplinary team (including nurses, physicians, respiratory, physical and occupational therapists, case managers, dietitians, lactation consultants and others) developed a list of practice improvements and the entire unit voted, selecting six practices to work on over the next two years

- Researched literature and looked at EBP practices at other NICUs and found significant evidence that patients have better outcomes when parents are involved and informed

Outcomes

- Formed a Parent Advisory Council— comprised of parents who've had experience with our NICU—to provide feedback and ensure our processes and education efforts and materials best meet needs
- The advisory council indicated that parents tend to be overwhelmed at the beginning and we needed to break education into smaller segments
- Involving parents in decision-making while their baby is in the NICU helps staff stay informed on how comfortable the parents are with what they need before taking their baby home

- Discharge rounds now include the parents. The multidisciplinary team meets with the parents to discuss anticipated length of stay and what needs to happen before the baby can go home
- Parent satisfaction with content increased by 70 percent
- A Parent Information binder was initiated in 2008 and will be published in 2009
- Consultations and materials provided in both English and Spanish

Nurses participating in the NICU Vermont Oxford Quality Collaborative: Shawna Helmuth, RN III, BS, IBCLC; Julie Akin, RN; Michaela Serasio, RN, BSN, Case Manager; Lorraine Shields, RNC, CNS; Rose Maniwang, RNC, BSN; Sharon Roberts, RNC, MSN, CNS



Lindsey Macbeth-Hymes, RN in the Pediatrics Department

Pediatrics Performance Improvement Project

After reviewing results of a 2008 hospital-based survey completed by parents of children cared for on the unit, pediatric nurses identified areas for improvement. Teresa Woodrow, RN was chair of the practice council when they took on this project.

- Parents needed more education and information on their child's specific condition so they would be more confident when the child left the hospital for home
- Pediatric nurses worked as a team to create packets that addressed individual diagnoses (such as appendectomy, asthma and injuries) that parents could take with them when their child was discharged

- Bedside nurses took personal responsibility to provide their patients with what they needed

Outcomes

- A post implementation hospital-based survey indicates that parent satisfaction with content increased by 21 percent
- Nurse satisfaction increased because they were able to give parents the information they needed to continue the child's healing at home

Indicators Where Nursing Has a Positive Impact

Core Measures

Core Measures, required by both Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), reflect an organization's patient centered quality and safety programs. Four of the Core Measures initiatives are:

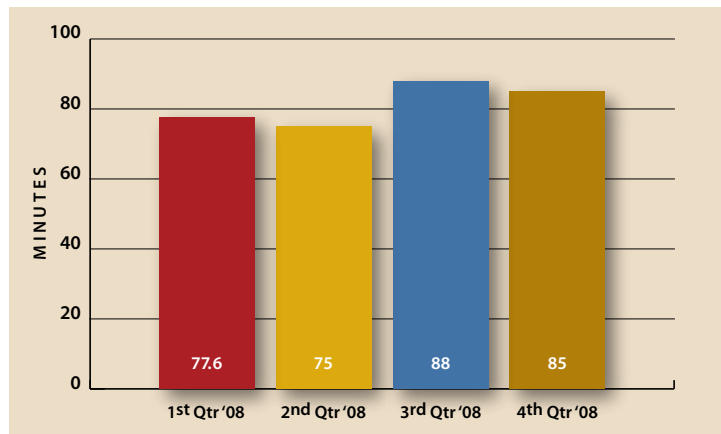
- Acute Myocardial Infarction
- Community Acquired Pneumonia
- Heart Failure
- Surgical Care Improvement Project

Acute Myocardial Infarction

Acute Myocardial Infarction (AMI) is a leading cause of death in the U.S. Nurses play a significant role in effecting positive outcomes for patients. In collaboration with physicians and pharmacy, nurses ensure that patients receive ASA upon admission. They also work with other members of the healthcare team to identify a STEMI patient and get the patient to the cath lab in less than the target time of 90 minutes.

Measure: Door to PCI: Median (Target 90 mins.)

Definition: The median door to percutaneous coronary intervention (PCI) in minutes for all eligible STEMI patients.

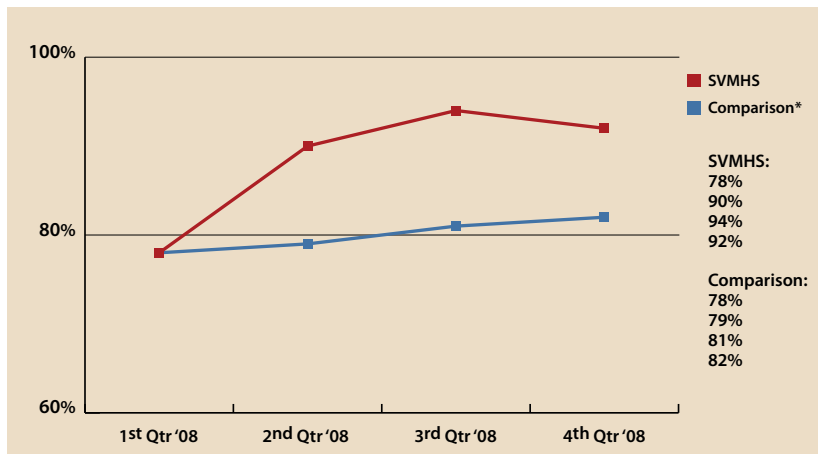


Heart Failure

Heart Failure is one of the most commonly diagnosed DRGs. Nurses have an impact on continuity of care by providing complete discharge instructions and guidance, including counseling on smoking cessation, to help the patient understand and manage the disease post discharge.

Measure: Discharge Instruction Provided

Definition: The percent of eligible patients/caregivers who receive written discharge instructions or other documentation or educational material addressing activity, diet, follow-up care, signs and symptoms to report, medications and weight monitoring.

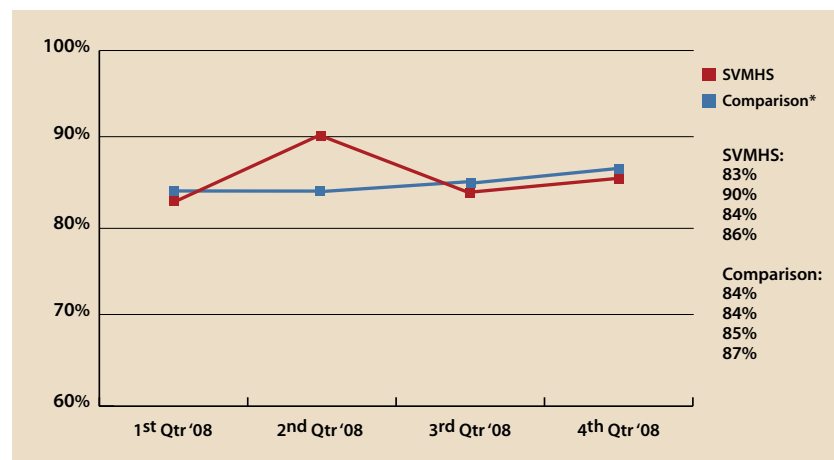


Community Acquired Pneumonia

Community Acquired Pneumonia (CAP) is one of the most common infectious diseases and reasons for hospital admissions. Nurses impact the care of patients by screening and/or vaccinating and providing smoking cessation counseling.

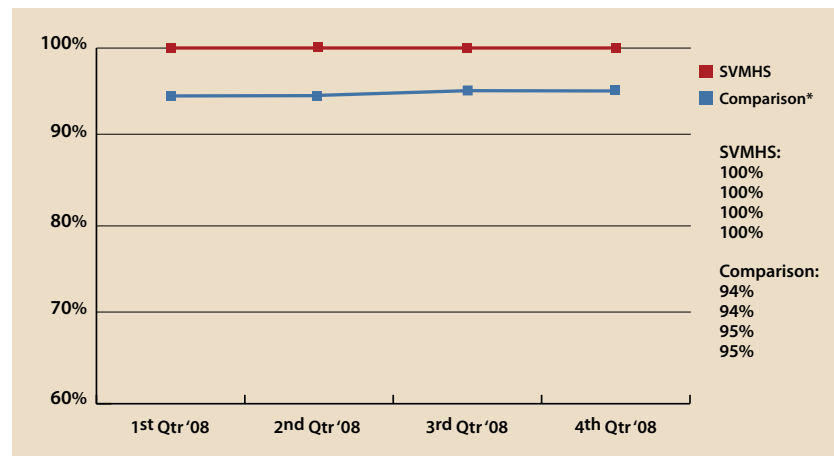
Measure: Pneumococcal Screening and/or Vaccination

Definition: The percent of eligible pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.



Measure: Smoking Cessation Counseling

Definition: The percent of eligible pneumonia patients who are given smoking cessation advice or counseling during their hospital stay. A smoker is defined as someone who has smoked cigarettes any time during the year prior to hospital arrival.



* "Comparison" represents national benchmarks established by The Joint Commission

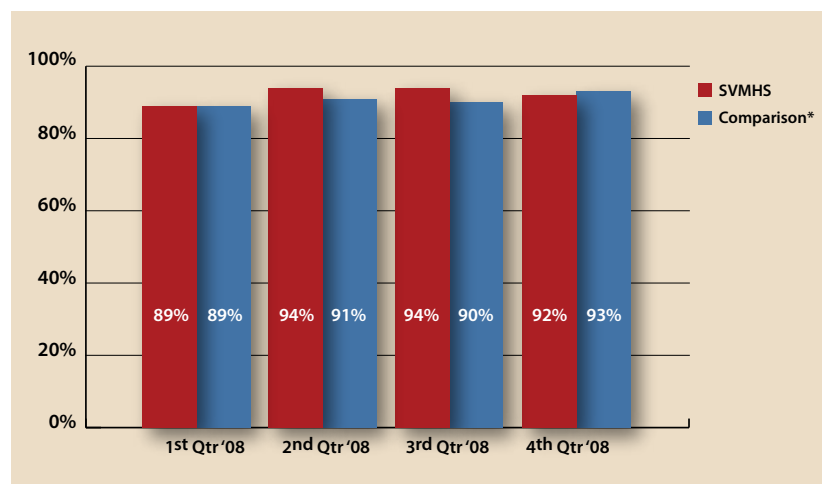
Indicators Where Nursing Has a Positive Impact

Surgical Care Improvement Project

The goal of the Surgical Care Improvement Project (SCIP) is to reduce the incidence of surgical complications. Nurses play a significant role in collaboration with the other members of the healthcare team to assure that patients receive the antibiotic within 1 hour of surgery; antibiotics are discontinued appropriately within 24 hours after surgery; and hair is clipped and not shaved.

Measure: Prophylactic Antibiotic Received Within 1 Hour

Definition: The percent of eligible patients who receive prophylactic antibiotic within 1 hour prior to surgical incision: overall rate for cardiac surgery, hip/knee arthroplasty, colon surgery, hysterectomy and vascular surgery.



* "Comparison" represents national benchmarks established by The Joint Commission

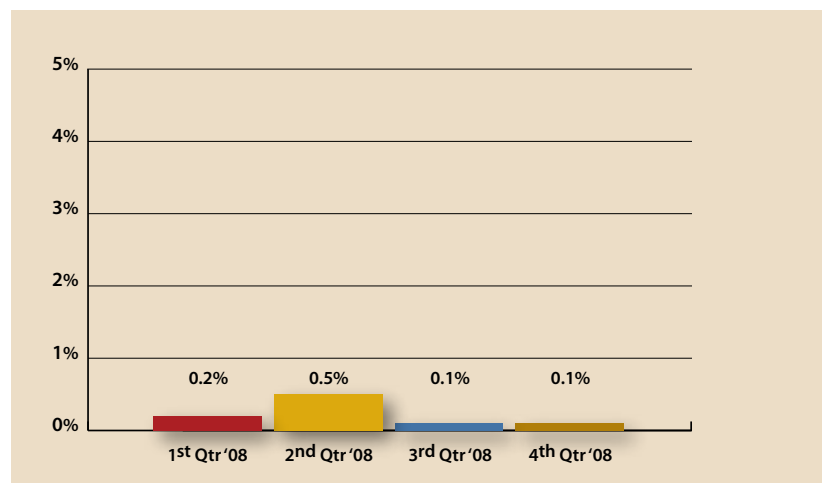
Nurse Sensitive Indicators

Restraint Use

The philosophy of SVMHS is to only use patient restraints when all alternative methods have proven unsuccessful. Nurses' knowledge, understanding and use of alternative methods has resulted in an overall usage of restraints well within the target of less than 1 percent house-wide.

Measure: Restraint Use - Overall Rate (Target <1%)

Definition: The percent of restraint hours used compared to total hours of care in all services.

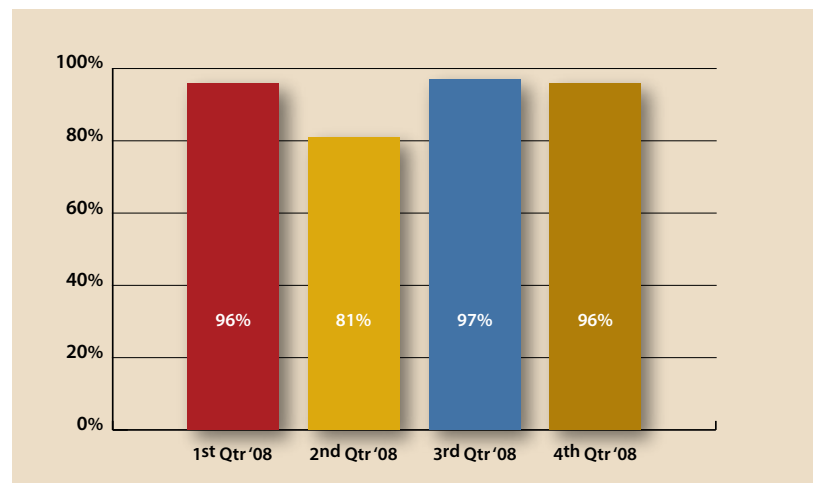


Pain Management

Pain management is considered the fifth vital sign. Patients' progress significantly improves when they feel their pain is managed well.

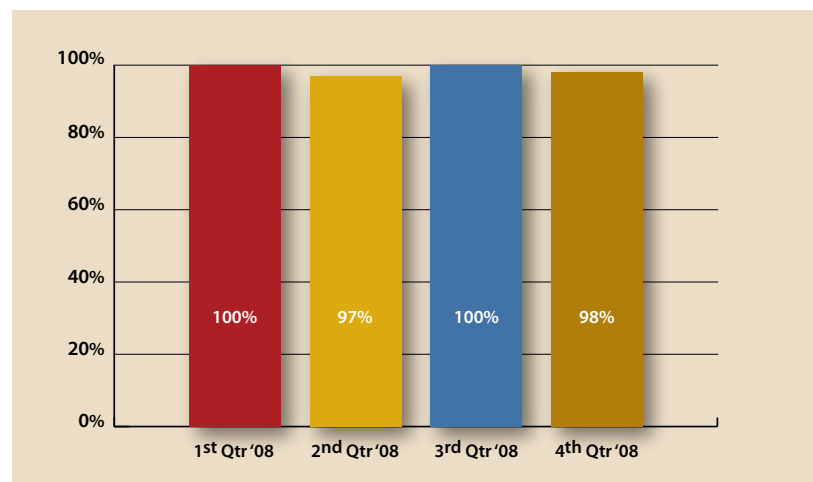
Measure: Effectiveness of Pain Relief (Target 90%)

Definition: The percent of patients in which pain relief was documented after receiving medication.



Measure: Effectiveness of Pain Management Techniques (Target 95%)

Definition: The percent of interviewed inpatients who stated that their pain had been adequately managed.



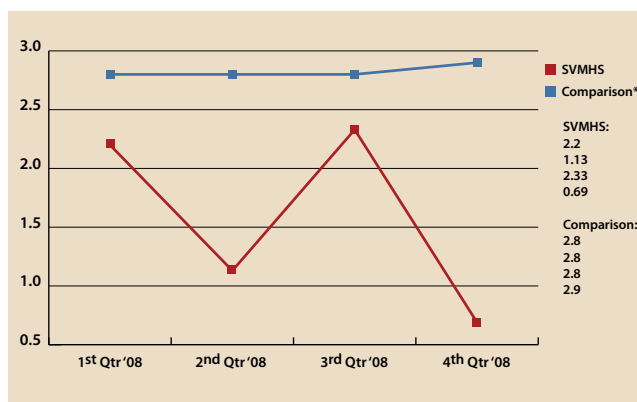
National Patient Safety Goals

National Patient Safety Goals (NPSG) were established by The Joint Commission to “promote specific improvements in patient safety.” Nurses at SVMHS, in collaboration with other members of the healthcare team, had a significant impact on achieving excellent compliance with these goals.

NPSG	2008 Average Performance
Using 2 Patient Identifiers	98.9%
Surgical Site Marking	97%
Time Out Prior to Invasive Procedure Requiring Consent	98%
Labeling all medications on and off the sterile field	99%
Hand Hygiene	87%
Medication Reconciliation: ICU Transfers	97%
Medication Reconciliation:	
Post-op Medications	93%
Upon Admission	93%
Upon Discharge	90%

Measure: Falls/1,000 Pt. Days (CalNOC Benchmark < 2.8)

Definition: The number of patient falls per 1,000 patient days.



* “Comparison” represents national benchmarks established by The Joint Commission

Kathryn Maurer, RN honored as 2008 Nurse of the Year



Kathryn Maurer, RN III

Starting in 2002, one way that we’ve honored nursing excellence is through the *Nurse of the Year* award. Since 2007, the Magnet Steering Committee has reviewed a list of nurses nominated by their co-workers and made the selection based on the components of Magnet. All nominees for Nurse of the Year possess outstanding patient care skills and professional standards as well as extraordinary motivational and leadership qualities.

In 2008, Kathryn Maurer, RN III was honored as Nurse of the Year. As a member of the Float Pool, Kathryn responds with enthusiasm, flexibility and top-notch professionalism whether she’s caring for patients in Pediatrics, the Joint Replacement Center, the Regional Spine Center or other Medical/Surgical units. She graduated from the Maureen Church Coburn School of Nursing at Monterey Peninsula College in 1995 and joined Salinas Valley Memorial that same year.

Congratulations Kathryn and to all of our nominees:

Connie Brick, RN, Heart Center Holding Area
 Melanie Cancio, RN III, BSN, Cancer Center
 Amber Davis, RN, 4th/5th Towers
 Lisa Garcia, RN, CNE, Education
 Tonia Giampaoli, RN, Heart Center
 Diane Mesiroff, RN, AHN, Cancer Center
 Jose Monarrez, RN, ICU/CCU

Nursing Retention and Recruitment

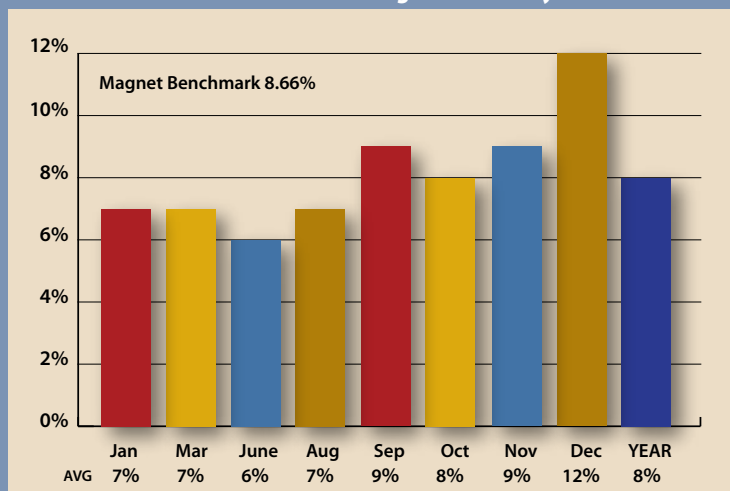
Retention

In 2008, Salinas Valley Memorial’s nurse vacancy rate was an average of 8 percent, compared to the benchmark for Magnet hospitals of 8.66 percent. While competitive wages and benefits are certainly factors, we believe that it has to do with the satisfaction our nurses feel in having a voice and being directly involved in improving patient care.

Recruitment

Staff nurses Molly McCarty, RN III, BSN, Float Pool and Lilia Meraz-Gottfried, RN III, BSN, MSN, ICU/CCU offered first-hand information to nurses at recruitment fairs during 2008.

2008 Average RN Vacancy Rate for All Units



Nursing Scholarships

Each year, the Salinas Valley Memorial Hospital Service League awards scholarships to support SVMHS staff in pursuing a career in healthcare. In 2008, scholarships were awarded to the following nursing students:

Maybelline Acoba, Cardiovascular Tech
 MPC Nursing Program

Gerald Emelo, LVN, MSCV3
 MPC Nursing Program

Veronica Camacho, RN, 4th/5th Towers
 Hartnell Nursing Program

Arnulfo Garcia, CNA, Level II
 Cabrillo College Nursing Program

Aizel Castaneda, RN, MSCV3
 BSN program at CSU, Dominguez Hills

Leticia Jara, Unit Assistant, Mother/Baby
 Fresno City College Nursing Program

New Knowledge and Innovations

Clinical Interdisciplinary Document Redesign Project (CIDR)

Initiated in 2006, the Clinical Interdisciplinary Document Redesign project (CIDR) team is comprised of bedside nurses. The priorities are to support nurse-led streamlining and standardization of documentation and to aid in a transition to Bedside Medication Verification (BMV) and Electronic Medication Administration Record (eMAR). Progress in 2008 includes:

- Preparing all documentation—patient care, lab, diagnostic imaging, pharmacy, finance, billing, etc.—to go to the client server platform by 2009/2010
- Rolling out mobile devices for bedside documentation
- Auditing and testing for TJC survey completed by Documentation and Education teams
- “Telling the Patient’s Story”—a two-hour class on developing patient care plans and using current patient care planning documentation in Meditech—initiated in April 2008 and attended by more than 250 nurses. Self-evaluations completed during the class indicated that nurses “needed a lot of help” navigating through the Meditech Patient Care plan
- Auditing and Testing, Education/Communication and Documentation teams put together the Destination Documentation classes, an intensive eight-hour class for all staff nurses, attended by 535 RNs in June and July 2008. This helped prepare for TJC survey and increased nurse confidence with developing a care plan and relaying the information to surveyors



CIDR group: Ginny Williams, RN, MSN; DD Rauber, RN; Chris Kitaji, RN; Sandra Bear, RN, BSN; Mabel Tomimbang, RN, BSN; Connie Rose, RN; Jeff Adams, PhD, RN. Not shown: Andrea Papiernik, RN; Liz Dayton, RN; Julie Akin, RN; Trish Garcia, RN; Debbie Ralph, RN

- Updates and revisions to the documentation screens include: care plans; patient education material booklet and screens; acute restraints; self harm assessment; universal protocol/time out; electronic pneumococcal/influenza vaccine screening

Policy Tech Implementation

While clinical policies were posted on Meditech and could be accessed via computer, nurses found the system difficult to use and requested new software to manage nursing policies. Members of the Nursing Policy and Procedure Committee (NPPC) worked together to find solutions that would best support nurses in caring for their patients. After careful research, Policy Tech was selected. The implementation team included Doreen Faiello-Burnett, RN, MHA; Pravina Sharma, RN, BSN, Chair of the NPPC; Co-Chair Renee Comee, RN, BSN, MSN; Kathryn Maurer,

RN III; Melanie Cancio, RN III, BSN; Rebecca Chow, RN, BSN, MSN; Nicosia Brake, RN, BSN; Sandra Cortes, Administrative Assistant Clinical Informatics; Laura Romero, Authorization Case Management Clerk and Rosa Andresen, Administrative Assistant Volunteer Services.

The team:

- Identified more than 800 nursing and clinical policies; many were duplicates
- Worked with department directors and other policy authors to eliminate duplications, reducing number of nursing and clinical policies to 450



Policy Tech group: Nicosia Brake, RN, BSN; Pravina Sharma, RN, BSN; Renee Comee, RN, BSN, MSN; Doreen Faiello-Burnett, RN, MHA; Rosa Andresen; Kathryn Maurer, RN III. Not shown: Laura Romero.

- Reviewed policies for content and updated or archived outdated policies
- Policies sorted into categories that made sense to nurses and other clinicians
- Learned how to build dictionaries resulting in standardization of policy presentation and content
- Put in a searchable “Google” like format that’s easy, quick and enables searches by subject, title, names and key words
- Bedside nurses trained other bedside nurses in how to use the system
- System went live in June 2008

Policy Tech End User Comments

“Thanks for changing it!”

“Great software!”

“Much improved over the prior method.”

“User-friendly!”

Nursing Professional Development

Work Stations on Wheels

The initial selection of the Work Stations on Wheels (WOWs) was coordinated through the CIDR Device Team. As a major part of the eMAR-BMV project, WOWs were purchased and deployed to nursing areas in 2008. Nursing and IT members of the eMAR-BMV committee worked collaboratively to achieve these major accomplishments in 2008:

- Identified issues and resolutions including connectivity, battery power, utilizing the keyboard and appropriate use of the WOW
- Introduced CITRIX as the solution to ensure uninterrupted connectivity
- Developed CODE WOW—a process for quickly assisting nurses with WOW related problems
- Developed a resource card to identify location of New User Interface

Outcomes

- Reduced bedside charting time by an average of 30 to 45 minutes per shift
- Ability to assess patient and enter information at time of care
- More time spent at bedside instead of charting
- Ability to concentrate on medication administration
- Foundation laid for eMAR-BMV

Patient Care Champions

In February 2008, we launched an innovative education program—Patient Care Champions (PCC). Coordinated by Vanessa Irwin, RN, MSN, CLC, Clinical Nurse Educator for Med/Surg and Pediatrics, the PCC program centers on nurse-to-nurse education. PCCs are nurses who provide direct patient care on the unit or in the cluster, and have great credibility and rapport with other staff nurses. They're also sensitive to the special demands of the unit/cluster so they can tailor education messages and timing to be most effective.

After hearing of this educational process at another hospital, steps were taken to develop a similar program at SVMHS. The plan was submitted to the President/CEO and Board of Directors and upon their approval, a work team was developed.

Judy Snyder, RN, MSN, Director of Education, Deb Denham, RN, CNS, PhD, Assistant Director of Education/Patient Care Systems, Doreen Faiello-Burnett, RN, MHA, Sr. Administrative Director Patient Care Services/Support and Vanessa Irwin collaborated on the PCC proposal and on selection of the staff nurses who would serve as PCCs. Of the 14 PCCs, 13 are bedside nurses and one is a diagnostic imaging technician (see list on right). A team that includes representatives from Nursing Administration and Education and adhoc members meets weekly to discuss the most pressing education needs and plan topics. Centered on improving patient safety and quality of care, topics range from mock surveys and medication reconciliation to policy changes and new patient care processes.

Subject matter experts from throughout SVMHS develop tip sheets and present the information at the bi-monthly meetings to the PCCs who take it out to staff members over a two week period. PCCs use "Show Me" audits—a hands-on process that demonstrates learning. Tip sheets on the topics that have been covered are posted on the Education page of MEMNET.

With the PCC program, education is continuous and the goal is for PCCs to educate at least 90 percent of nurses and staff. From February through the end of December 2008, the PCCs taught 109 topics.



Back row: Vanessa Irwin, RN, MSN, CNE Med/Surg & Peds, PCC Coordinator; Kim Mendoza, CRT; Rebecca Chow, RN, MSN; Berni Safi, RN; Clarita Salviejo, RN, BSN; Melanie Cancio, RN III, BSN; Connie Brick, RN
Front row: Judy Snyder, RN, BC, MS, Director of Education & Patient Care Systems; Kelly Flower, RN, BSN, MSN; Olga Breboneria, RN, BSN; Deborah Thorpe, RN; Marcia McDonald, RN; Tonia Fales, RN; Jovita Dominguez, RN, BSN; Doreen Faiello-Burnett, RN, MHA, Sr. Administrative Director Patient Care Services/Support

PATIENT CARE CHAMPIONS	UNITS
Olga Breboneria, RN, BSN	ONS
Connie Brick, RN	Heart Center, Cath Lab, DI
Melanie Cancio, RN III, BSN	CCC
Rebecca Chow, RN, MSN	PACU, OR, SSOP, Endo
Jovita Dominguez, RN, BSN	ED/CDU
Tonia Fales, RN	4th/5th Towers
Kelly Flower, RN, BSN, MSN	ICU/CCU
Marcia McDonald, RN	MSCV3
Kim Mendoza, CRT	DI Techs
Heidi Olguin, RN	Peds
Michelle Roberts-Reyes, RN	Level II
Berni Safi, RN	Mother/Baby, L&D
Clarita Salviejo, RN, BSN	Night shift CCC, ONS, MSCV3, Peds
Deborah Thorpe, RN	NICU

Nursing Professional Development

New Clinical Ladder for Staff Nurse III

The Professional Performance Committee focuses on the scope and standards of nursing practice, constructive change and provision of optimum patient care at SVMHS. Chaired by Molly McCarty, RN, BSN, Float Pool, the committee researched clinical ladders used successfully at other hospitals as well as reviewed current literature and interviewed SVMHS nurses. As a result, our new Staff Nurse III (RN III) program is more academically centered and based on the work of Patricia Benner, author of *Excellence and Power in Clinical Nursing Practice* (1984). Launched in fall 2008, the program recognizes nurses who demonstrate leadership in enhancing patient care through their continued education, research, community outreach, mentoring and active involvement in SVMHS committees and initiative work.

The Staff Nurse III clinical ladder is designed to recognize nurses who are *engaged* in the nursing profession. Our Staff Nurse III process recognizes five tracks of engagement including, 1) nursing leadership, 2) nursing quality, 3) nurse as educator, 4) nurse in the community, and 5) professional development.

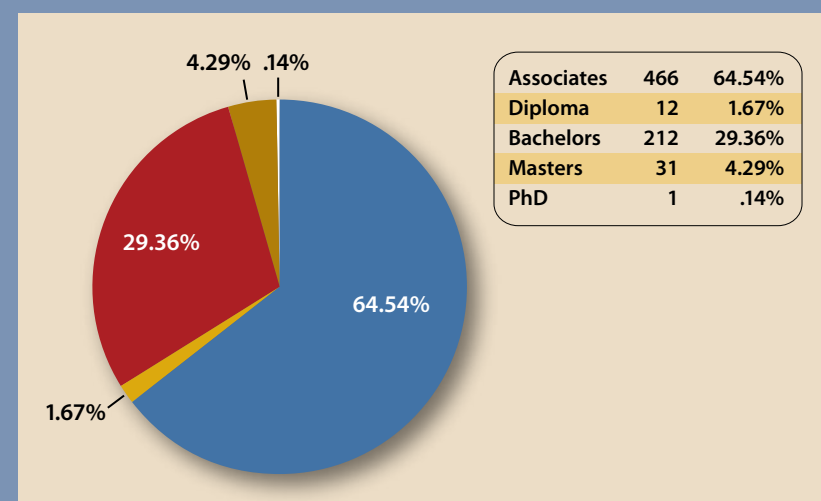
Interest in pursuing Staff Nurse III is continuing to grow. The number of Staff Nurse IIIs increased from 39 in 2007 to 51 by the end of 2008. This is a clear demonstration of the commitment of our nurses to achieve excellence in caring for our patients and our communities.

Departmental Tracer Teams

The Joint Commission (TJC) utilizes a new method, called *Tracers*, for surveying hospitals. A Tracer follows a patient's experience with the care provided during a hospital stay. The TJC surveyor walks the path of the patient during review of a hospital's organizational functions and asks front-line staff about patient care processes. During 2007 and 2008, *Internal Tracer Teams* conducted "live practices" in preparation for the TJC survey and to evaluate our means of identifying problems and issues. An important goal of the practice sessions was to increase staff confidence and comfort level when speaking with an actual surveyor. The TJC survey at SVMHS was completed in November 2008. During the survey, nurses approached the surveyors wanting to share their knowledge about their patients and their nursing practice. At the final exit briefing, the surveyors praised the staff, commenting that most facilities are not as well prepared as SVMHS! Yes, we passed.

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 numbers and percentages of nurses with specific levels of nursing education.



SVMHS nurses earn advanced degrees in 2008

Many of our nurses have chosen to pursue advanced degrees in the nursing profession, and more are joining those ranks every year. Congratulations to the Salinas Valley Memorial nurses who graduated with a BSN or MSN in 2008:

Masters of Science in Nursing

Rebecca, Chow, RN, BSN, MSN, PACU

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

Rachel Failano, RN, BSN, MSN, CNE/
Experiential Learning Center Coordinator

Kelly Flower, RN, BSN, MSN, ICU/CCU

Lilia Meraz-Gottfried, RN, BSN, MSN, ICU/CCU

Vanessa Irwin, RN, BSN, MSN, CLC
CNE for Med/Surg and Peds

Beverly Linders, RN, MSN
Comprehensive Cancer Center

Bachelors of Science in Nursing

Rhonda Courter, RN, BSN, 4th/5th Towers

Kathleen Finnigan, RN, BSN
CNE for Comprehensive Cancer Center

Cathy Gomez, RN, BSN, AHN for MSCV3

Karen Lucas, RN, BSN, Mother/Baby

Regina Middleton, RN, BSN, 4th/5th Towers

Edwin Sasaki, RN, BSN, 4th/5th Towers

Sandra Zamora, RN, BSN, 4th/5th Towers

Competency Camps

Nursing units, with the assistance of their clinical educators, developed and implemented “Competency Camps” in 2008. This was a change from one-on-one validation to an approach that involves nurses in the process and is fun and interactive. Staff used EBP standards of care appropriate to their specialty to revise 2008 competencies under the guidance of the Competency Committee. Staff nurses were educated as trainers and then were able to validate the staff on house-wide and unit-specific competencies.

Competency Camp is an effective and time-efficient way to test skills and knowledge of nurses working on specific units. Feedback from participants was overwhelmingly positive. Here are highlights of some 2008 Competency Camps:

Perinatal

A variety of strategies were used to test unit-specific and house-wide competencies including discussion in scenarios, hands-on games and hands-on practice with equipment used for low volume occurrence situations. At four camps, 95 of 130 staff members attended and completed their competencies. All nurses completed competencies by year-end. Staff helped with the instruction and validation. Each station provided instruction and a scenario-based validation process.

Critical Care Areas (Progressive Care, ICU/CCU, Emergency Department, Diagnostic Imaging)

During two consecutive 12-hour days in May, these units joined together for the first time to validate house-wide and unit-specific skills. Nurses staffed a variety of booths and everyone had a list of the booths they needed to visit for their unit competencies. About 90 percent of nurses in this cluster were validated during the Camp and the remainder by year-end.

Med/Surg Competency Camp (3rd Floor, MSCV3, CCC, Peds, ONS, Float Pool)

Booths were set up for each house-wide and unit-specific competency with at least one competency trainer assigned to each booth. The camp ran continuously for 38 hours in April to cover all shifts. 73 percent of nurses completed competencies at the Camp, and the remaining 27 percent were validated in make-up sessions.

PACU Skills Day

PACU put a little fun into their two-day October skills day—using interactive game formats such as Family Feud, Hollywood Squares, Jeopardy and crossword puzzles to test five unit-specific competencies as well as general competencies. The friendly competition, complete with prizes, generated a lot of enthusiasm. 19 of 20 nurses were validated at the event.

The Experiential Learning Center (ELC), located in the new education facility at 611 Abbott Street, is scheduled to open in 2009. The goal of all training in the ELC is to improve patient safety and quality of care. Highlights of 2008 accomplishments:

- Rachel Failano, RN, MSN was hired in August 2008 to fill the role of Clinical Simulation/Skills Lab Coordinator
- Participated in the planning of the ELC, researched and recommended vendors for the design and installation of the AV system
- Collaborated with the SVMH Foundation on a grant application and secured a grant from The Henry L. Guenther Foundation for the purchase of a Laerdal SimMan simulator
- Collaborated with the SVMH Foundation and received a donation from Hill-Rom of patient beds and room furniture
- Gave presentations at the HUG kick-off breakfast, Director and AHN/Director Huddles and SVMH Foundation Board meeting
- Initiated monthly ELC updates at both the Director and AHN/Director Huddles
- Coordinated a “demo day” for staff demonstrations of Laerdal and Gaumard simulators



Rachel Failano, RN, MSN

Model of Care

Nursing Professional Development, continued

AHN/Director Huddle

The AHN/Director Huddle began in 2006 as a venue to prepare for the 2008 TJC survey. The bi-weekly meetings between the hospital's Assistant Head Nurses (AHN) and the Directors were so beneficial that they decided to continue. Organized and facilitated by AHNs, Huddles are an open forum for exchanging information and ideas, discussing policy and process changes and sharing feedback and information from staff on the units.

An additional outcome is that the meetings serve as a venue for developing leadership and mentoring skills. Experts from throughout SVMHS are invited to make presentations to the group. Cathy Gomez, RN, BSN, AHN on MSCV3 was chair June 2007 to June 2008, mentoring co-chair Arnold Failano, RN, BSN, AHN on ICU/CCU. He became chair for 2008/2009. "As AHNs, we tend to field the bulk of questions from our staff and the Huddles help prepare us in advance to respond," says Arnold.



Arnold Failano, RN, BSN and
Cathy Gomez, RN, BSN

In 2008, after twelve months of research, literature reviews, site visits and meetings with nurses at other hospitals that use the Role Based Practice nursing model developed by Maria O'Rourke, we chose to adopt this approach as our own.

"Maria's Professional Role model and her ability to help nurses recognize their power is revolutionizing the role of nurses in delivering quality patient care at SVMHS," says Lisa Paulo, RN, MSN-MPA, Senior Administrative Director, Patient Care Services. "Our nurses are finding their voice and discovering that they have an important place at the table. They have the obligation and right to say when something's not working and offer solutions. Nurses are also holding one another accountable, expressing their need for information and their concerns, as well as nurturing and supporting each other. Maria O'Rourke has given us tools we can use to address these types of issues and put solutions in place that improve care and safety for our patients."

In 2008, Maria O'Rourke, who helped create the California Nursing Practice Act, personally conducted training sessions for 300 nurses. Each group participated in four eight-hour sessions over the course of two months and completed assignments between classes. The first groups to participate included the leadership team, senior directors, nurse educators, quality management, Magnet Steering Committee members, AHNs, charge nurses, preceptors and nurses who are recognized as leaders of change. Another 300 nurses are scheduled to complete the series in 2009.

Here are excerpts of what some of our nurses have said about their Maria O'Rourke workshop experience.

"I have a clearer view of the different roles I play. It's empowering!"

"Classes informed me of the full extent of the 'disconnect' between what is and what needs to be, and made me more resolved to fix it."

"My enthusiasm for the professional practice model makes me excited to be at work every day and makes me proud to be a nurse."

"As I change my own behavior, I learn to influence others by professional role based modeling."



Maria O'Rourke discusses the Role Based Practice model with SVMHS nurses

Improving Healthcare in the Community

Employee Wellness

In 2008, Diane Hogan, RN, Director of Employee Health at SVMHS helped launch an internal Employee Wellness program. The program features an extensive website with tools and resources, weekly AppleByte emails, monthly Wellness Webinars, and online and phone access to fitness coaches. All services are available in English and Spanish. The Wellness website can be accessed from anywhere, any time. This successful model was adapted as a pilot for Taylor Farms by Diane Hogan and Jill Peralta Cuellar, RN in Employee Health. During the pilot, 48 Taylor Farms employees received a health risk assessment and screenings and were introduced to the resources of the Wellness website. Employee Health anticipates that the Taylor Farms Employee Wellness program will be expanded to include more than 1,000 of their employees in 2009.

Nurses Volunteering in the Community

Every year, more and more nurses from throughout Salinas Valley Memorial volunteer for screenings, events and community education activities. In 2008, 46 nurses volunteered for 19 events, compared to 11 events and 31 nurse volunteers in 2007. Thank you to each of you who give of your time and professional skills to improve the health of people in our communities.

Legs for Life

Beth Alejandro, RN
Margie Butz, RN
Kim Hooks, RN
Mercedes Labindalaua, RN
Marcia McDonald, RN III
Sylvia Miguel, RN
Patty Morales, RN
Janet Vervaecke, RN, BSN, MBA, CWCN

Labor of Love

Shawna Helmuth, RN, BS
Luz Jiménez, RN

MCSIG

Sylvia Miguel, RN

Go Red Event

Mercedes Labindalaua, RN

City of Salinas Health Fair

A team from SVMHS provided information on osteoporosis prevention, risk factors and ages for screening, as well as performed blood pressure screenings at the 2008 City of Salinas Health Fair at Sherwood Hall. The team included Tanya Osborne McKenzie, RN, BSN, CCRN, Meghan Kelly, RN, BSN, Mary Weigard, RN, Olga Breboneria, RN, and Joanne Burgonio, LVN of ONS; Lourdes Escolta, RN, MSN, CMSRN, ONC, Education; and Betty Pina, physical therapist.

Walk to Cure Juvenile Diabetes

Carolina Rodas, RN

The Californian at Hartnell College Health Expo

Joanne Burgonio, LVN
Kim Hooks, RN
Maria Schade, RN

City of Salinas Health Fair

Olga Breboneria, RN
Joanne Burgonio, LVN
Lourdes Escolta, RN, BSN, MSN, CMSRN, ONC
Meghan Kelly, RN, BSN
Tanya Osborne McKenzie, RN, BSN, CCRN
Mary Weigard, RN

5M Lives Town Hall Meeting

Anne Robinson, RN, BSN, CPHQ, Director of Quality Management Services for Salinas Valley Memorial gave a presentation on Improving Cardiovascular Care and Get With the Guidelines at the 5M Lives Town Hall Meeting held November 6, 2008 at our Ryan

Ranch campus. More than 70 representatives from hospitals throughout central and northern California attended. The Five Million Lives Campaign brings hospitals within regions of the state together to focus on patient safety and quality improvement.

Margie Butz, RN at Heart & Sole Race



Taylor Farms

Maryann Britzman, RN
Joanne Burgonio, LVN
Francis Garcia, RN
Kim Hooks, RN
Maria Schade, RN

Heart & Sole Race

Margie Butz, RN
Dani Robison, RN III
Michelle Savalla, RN

Greenfield Union School District

Maryann Britzman, RN

Ask the Experts: What's New Prostate Cancer

Mark Agustin, RN
Joanne Burgonio, LVN
Sylvia Miguel, RN
Yolanda Zazueta, RN

BMW – Ultimate Drive

Lisa Garcia, RN
Teresa Hernandez, CNA
Olga Kepler, RN
Vanessa Lockard, RN III
George Ross, LVN III

City of Salinas – National Night Out

Joanne Burgonio, LVN

City of Seaside Health fair

Linda Hertzog, RN
Maria Schade, RN
Linda Shuman, RN

Breastfeeding Walk

Shawna Helmuth, RN, BS

Ask the Experts: Trust Your Heart

Joanne Burgonio, LVN
Mercedes Labindalaua, RN

Nurses as Teachers

Nursing Instruction at Hartnell

Meghan Kelly, RN, BSN and Robyn Brazier, RN, staff nurses on ONS, developed and taught a course on orthopedic nursing to nursing students at Hartnell. They presented a one hour lecture and two hour hands-on instruction. SVMHS nurses Susan Burnell, RN, Level II,



Meghan Kelly, RN, BSN

Kim Brown, RN, Emergency Department, Jovita Dominguez, RN, BSN, Emergency Department, John Silveira, RN, 4th/5th Towers, Erlinda Rodriguez, RN, Cancer Center and Sherley Gutierrez, RN, MSCV3 were instructors with the nursing program at Hartnell College during 2008.

Preceptor Program

Our hospital-wide Preceptor Program was updated in December 2007 and a new training class for preceptors introduced in January 2008. More than 80 Salinas Valley Memorial staff nurses who are preceptors completed

the *Precepting with Pride* class during the year. Vanessa Irwin, RN, MSN, CLC, Clinical Nurse Educator for Med/Surg and Pediatrics, is the program's coordinator and an instructor. "It is especially important for new nursing grads to work with a single preceptor over the course of their six to eight week preceptorship," explains Vanessa. "All preceptorships take place on the unit where the nurse is assigned and are one-on-one whether the nurse is new to the profession, to SVMHS or to a different specialized nursing unit within the hospital. We have found that this program greatly enhances the experience of our preceptees and their ability to quickly become contributing members of the nursing team."

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 2008.



2008 Summer Health Institute student presentation

Nurses who served as mentors

Cecilia Alejandre, RN, Diagnostic Imaging
Annette L. Harris, CNA, Mother/Baby
Linda Minor, RN III, Cardiac Fitness Center
Micheale Serasio, RN, BSN, Case Management

Nurses who presented during the case study instruction

Renee Comee, RN, BSN, MSN, Assistant Director of the Emergency Department—
Emergency Department Presentation and Tour
Sonia Morrison, RN, Case Manager—
Case Management
Sharon Roberts, RNC, MSN, CNS, Director of NICU and Pediatrics—NICU Nursing
Sandra Samoske, RN, Surgery—
OR Demonstration
Judy Snyder, RN, MSN,
Director of Education—Education

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

Comprehensive Cancer Center
Cardiac Fitness Center
Case Management
Diagnostic Imaging
Emergency Department
Employee Health
Heart Center
Heart Center Holding Area
Labor & Delivery
Level II
Mother/Baby
MSCV3
Pediatrics
4th/5th Towers

Teaching in Romania

In November 2008, Sharon Roberts, RNC, MSN, CNS, Director of NICU and Pediatrics, along with David Kasting, MD, Medical Director of Perinatal and Neonatal Services, participated in a medical mission to Romania. Monitors, central stations and cardio-respiratory equipment were installed in the Pediatric Emergency Room and Pediatric ICU at Children's Hospital of Cluj. Sharon and Dr. Kasting provided six days of hands-on monitor training for nurses and physicians. Two days of lectures involving the Children's Hospital and the County Hospital of Cluj included data and care considerations for late preterm infants, and techniques to provide developmentally supportive care appropriate to gestational age. "It was rewarding to work with these skilled and caring professionals to help them implement and use these life-saving technologies," says Sharon.