

2017 NURSING ANNUAL REPORT

EMPOWERING

GROWTH & EXCELLENCE IN CARE



Salinas Valley
Memorial
Healthcare System



+ Empowering and growing together case management team.

Table of Contents

02	Letter from the CNO
04	3-Year Nursing Strategic Plan
06	Putting Practice Decisions in the Hands of Direct-Care Nurses
10	Supporting Professional Development & Growth
12	Giving New Graduate Nurses a Stronger Foundation
14	Recognizing Nursing Excellence
15	Gaining the Patient Perspective to Enhance Experience
16	Defining the Nursing Professional Practice Model
18	Nurses' Engagement Translates to Better Healthcare
22	Supporting Women through Enhanced Labor Support
26	First Research Study: Measuring the Impact of Shared Governance
28	Sharing New Knowledge & Exemplary Professional Practices
32	Meeting Operating Room Benchmarks
34	Stroke & Chest Pain Programs
37	Looking Forward





Letter from the CNO

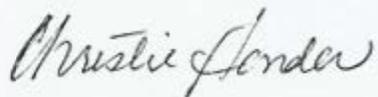
Nurses at Salinas Valley Memorial Healthcare System take great pride in providing high quality, compassionate, patient- and family-centered care. Our nursing mission, to Heal · Protect · Empower · Teach, describes the invaluable work we do every day. Our vision is to be a leader in nursing innovation and excellence – a place where patients choose to come and nurses want to practice.

This has been a year of empowerment and growth for the nursing services division. We strengthened our shared governance structure, developed a 3-year nursing strategic plan and finalized our professional practice model. Taken together, these essential foundational elements of our professional practice environment enhance nurses' autonomy, ensure that nurses throughout the organization share a vision for nursing practice, and align the excellent and innovative work occurring throughout nursing with the organization's strategic vision and goals.

This year we have seen improved quality outcomes in many practice areas, including better patient throughput, improvements in stroke and chest pain program measures, and reduced cesarean birth rates. Along with the implementation of our shared governance structure, promotion of Magnet® standards, and the focus on employee recognition initiatives, the nurse engagement scores have increased across all units. We have also seen improvements in our HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) results, reflecting a sustained organization-wide focus on providing an exceptional patient experience.

Continuing to attract and retain top talent has been a key priority and led us to a redesign of our new graduate nurse orientation program, which has resulted in significantly lower first year turnover rates. In addition, we created a Nursing Innovation Fund to support our nurses' professional growth and development, ultimately improving patient care and outcomes.

Whether it is executing new evidence-based interventions, embracing new technologies, empowering our nurses or growing our service lines, everything we do every day is with one goal in mind – to provide the best care possible to our patients, and improve the health and well-being of our community.



Christie Gonder, MBA, BSN, RN, CENP
Chief Nursing Officer

“...everything we do every day is with one goal in mind – to provide the best care possible to our patients, and improve the health and well-being of our community.”

3-Year Nursing Strategic Plan

In 2017, a team of nurse leaders and clinical nurses came together to collaboratively develop the Salinas Valley Memorial Healthcare System (SVMHS) nursing strategic plan. The plan defines the direction of nursing in response to the ever-changing healthcare environment, supports future decisions, describes allocation of resources, and effectively focuses the work of nurses to remain relevant and responsive to patient, staff and community needs.

The plan, which aligns with the six SVMHS organizational pillars of Quality, Service, People, Community, Growth and Finance, outlines the goals, strategies and measurable outcomes envisioned for nursing over the next three years. This alignment supports the strategic direction of the organization, and provides a clear understanding of nursing's contributions.

DEFINING NURSING'S CONTRIBUTIONS AT SVMHS

Defining the contributions of nursing that support the organization's overall strategies was an essential, key first step in developing objectives and outcomes for the nursing strategic plan. This process included revisiting the SVMHS nursing mission, vision and values, which describe the purpose, future and the culture of nursing moving forward.



+ Nursing operations team focusing on throughput efficiencies.

Christie Gonder, MBA, BSN, RN, CENP, Chief Nursing Officer, played an integral role in leading the team and creating the plan that would support the attainment of SVMHS's nursing and organizational goals. It is essential to have a clear vision of where nursing needs to be, to create a picture of the future that is measurable and achievable. The team broke down the envisioned goals into manageable strategies that clearly communicate the trajectory for nursing over the next three years. Frequent monitoring of the plan will assure focus on implementation, progress toward results, and successful achievement of planned goals.

FOCUS FOR 2017

The major goals outlined in the plan for 2017 include the development and enculturation of the professional practice model and the shared governance structure, and strategies to foster innovation and professional development. This includes continued infrastructure development to collect, evaluate and disseminate nurse-sensitive quality and patient experience data. The plan focuses efforts to move nursing into the future to meet the needs of patients and employees every day. +

2017–2020 Nursing Strategic Plan Overview

The 2017–2020 Nursing Strategic Plan supports the fundamental decisions and actions that will shape and guide nursing. The table below shows high-level alignment of nursing’s strategic goals with the SVMHS strategic commitments.

PILLAR	SVMHS STRATEGIC COMMITMENTS	NURSING STRATEGIC GOALS
QUALITY	Consistently improve the quality of our services and provide patients with the greatest value as a clinical leader in patient-centered care.	<ul style="list-style-type: none"> • Provide clinically excellent patient- and family-centered care. • Improve performance of nurse-sensitive indicators to outperform national benchmarks.
SERVICE	Create an outstanding patient experience based on a foundation of cultural sensitivity and respect for the unique needs of each patient and their family.	<ul style="list-style-type: none"> • Establish a vivid, shared vision for how nursing is practiced. • Develop and enculturate structures and processes that continually engage patients and their families as partners in care. • Meet or exceed national benchmarks for patient experience scores.
PEOPLE	Provide a supportive, encouraging and safe environment for our employees.	<ul style="list-style-type: none"> • Be known as a center for nursing excellence that fosters innovation and inquiry, which: <ul style="list-style-type: none"> • Recruits and retains top performers at all levels. • Fosters staff engagement, healthy practice environments and supportive, collegial relationships. • Meets or exceeds targets for nursing turnover, first-year turnover, vacancy and nursing satisfaction. • Promotes and supports professional development and lifelong learning.
COMMUNITY	Improve lifelong health of the people we serve by engaging our community, equipping our organization with necessary tools and exemplifying our commitment through action.	<ul style="list-style-type: none"> • Promote nurse engagement in community service and outreach at local, national and international levels.
GROWTH	Pursue strategic expansion through diversification, partnerships, affiliations and acquisitions to meet the healthcare needs of the communities served by SVMHS.	<ul style="list-style-type: none"> • Support organizational strategic growth goals by helping nurses throughout the organization understand forces in the current healthcare climate and support growth initiatives.
FINANCE	Maximize and sustain strong financial performance through operational flexibility, cost reduction and appropriate resource allocation.	<ul style="list-style-type: none"> • Promote fiscal accountability throughout the patient care services division by developing strategic goals and measurable targets in patient throughput, workforce efficiencies, overtime and agency reductions and increased benefitted employee percentages.

Putting Practice Decisions in the Hands of Direct-Care Nurses

Shared governance is a dynamic, collaborative decision-making model that fosters accountability and enhances the professional practice environment. A shared governance structure gives nurses a voice and promotes professional engagement. It is based on the principle that nurses are autonomous professionals who have control over their practice and should be supported to make decisions that will directly impact patient outcomes, nurse satisfaction, and the practice environment.

The Salinas Valley Memorial Healthcare System nursing services division has implemented a shared governance model that reflects the principles of accountability, collaboration and evidence-based practice, implementing a “boots on the ground” direct-care decision-making structure that engages direct care nurses. In many organizations, nursing practice decisions are made from the top down. Engaging those involved in the process and affected by change avoids many pitfalls, and engenders support and ensures what is best for all stakeholders.

Throughout the nursing profession it has become increasingly clear that those who do the work and know it best make better decisions and more effectively engage their colleagues. Direct care nurses understand workflows, task complexity and outcomes associated with their practice domains better than anyone else.

Last summer, nursing convened a design team composed of clinical nurses and nurse leaders who met for a two-day retreat, where they reviewed other healthcare systems’ shared governance models and envisioned their ideal structure. This group developed a model consisting of councils and committees designed to meet organizational and unit-level needs.

CREATING AN EFFECTIVE COUNCIL STRUCTURE

Since the retreat, SVMHS nurses have created unit-level practice councils, enhanced and developed central councils and implemented an oversight Collaborative Care Council. The focus has been on infrastructure-building and creating a mutual understanding of what SVMHS nurses are trying to achieve through shared governance.

Branching from the Collaborative Care Council is the Nursing Leadership Council, a core Practice Council that oversees nine unit-practice councils, a Professional Development Council, a Quality Council and several performance-improvement committees. Councils and committees still in development include the Research and Evidence-Based Practice Council, the Magnet Steering Committee and a Professional Practice Champions Committee.

A new SharePoint shared governance site will be the main method of communication regarding the work of the councils. Another key accomplishment was the Collaborative Care Council’s approval of the bylaws that describe the councils’ responsibilities; member roles; and the membership selection, decision-making and referral processes.

Continued on page 8.



+ Kirsten Wisner, Magnet Program Director, with shared governance leaders.

Continued from page 6.

COUNCIL DESCRIPTIONS:

Collaborative Care Council coordinates the efforts of all the shared governance councils and provides oversight for the professional practice model, shared governance bylaws and the Magnet application process.

Unit Practice Councils (UPCs) identify and implement standards of care and evidence-based practice specific to a clinical area. They identify and resolve clinical and systems issues impacting clinical outcomes, patient safety, a healthy work environment and care coordination.

Practice Council leads and facilitates the achievement of clinical excellence, evidence-based care and a healthy work environment at the unit and organizational level.

Quality Council promotes and ensures the highest quality of care through monitoring and oversight of quality indicators, patient outcomes and nursing peer review.

Research and Evidence-Based Practice Council

develops and maintains the infrastructure that supports and promotes nursing research, innovation and the use of evidence-based practice.

Professional Development Council defines, implements and evaluates programs and processes that support and enhance professional growth and development. The council also monitors certification and degree data, and focuses on rewards and recognition activities.

Nursing Leadership Council provides leadership, coordination and support for patient care delivery by establishing and communicating the strategic direction for nursing. The council also develops and monitors the nursing strategic plan, and provides oversight for the nursing annual report.

ENGAGING DIRECT-CARE NURSE LEADERS

As clinical nurses step into chairperson positions on the councils, their leadership skills will be developed and enhanced. Various programs are being offered to help nurses interested in leadership roles. A one-day computer training class is now being offered to council chairs and members to help them create and manage agendas and meeting minutes, and track projects and associated outcomes data. The Collaborative Care Council is also developing a shared governance orientation for all council members. Such training helps nurses develop as leaders and decision-makers, enabling them to have more influence over their practice.

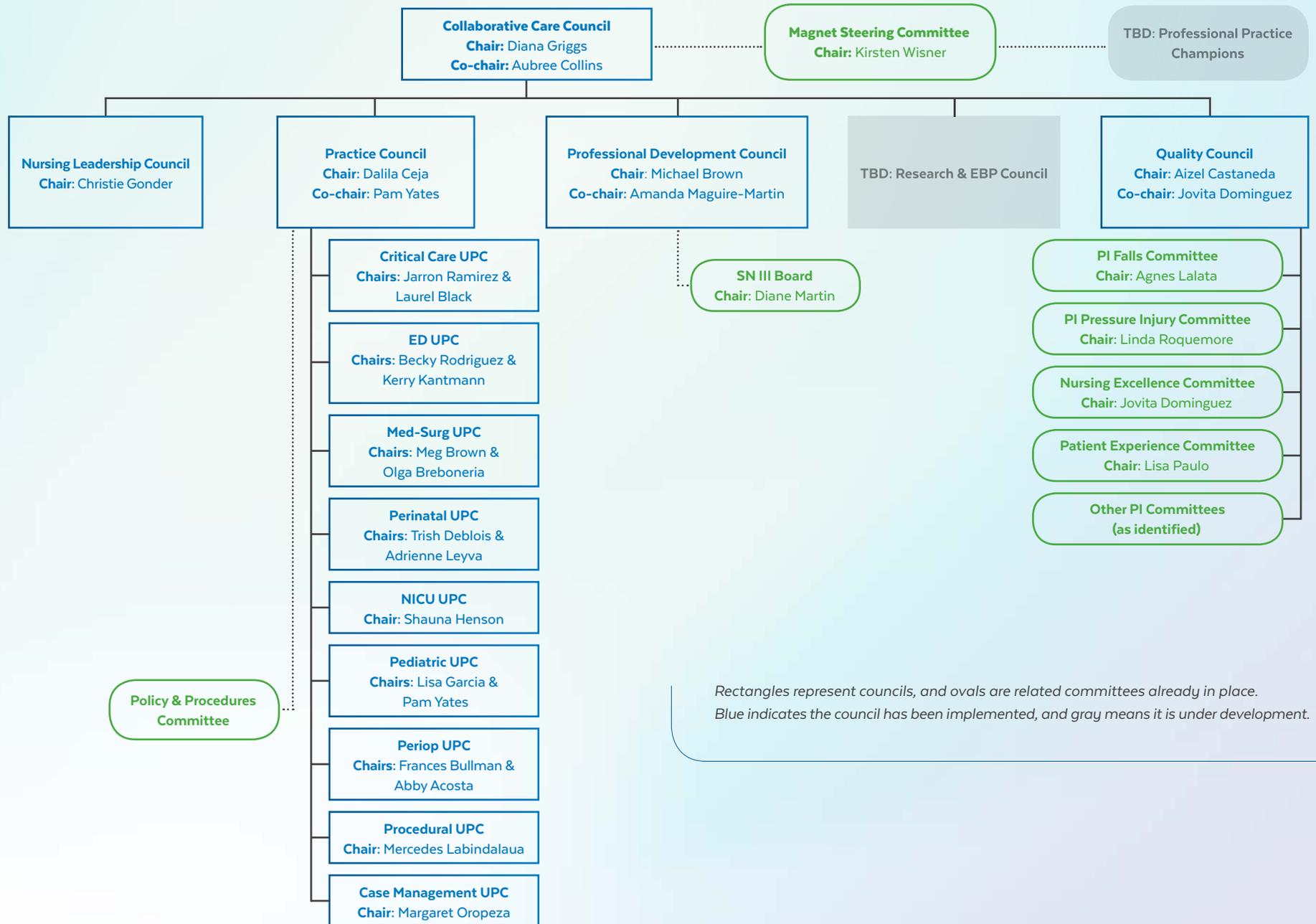
At the same time, nurse managers and leaders must take on a different role. They need to develop skills around facilitation, mentoring, empowerment and support. Nurse leaders participated in a retreat earlier this year led by Greg Crow, a senior consultant for Tim Porter-O'Grady Associates, Inc., an international healthcare consulting firm specializing in shared governance. Crow first conducted a day-long assessment of the nursing department's organizational and governance structure – interacting with clinical nurses, educators and nurse leaders. He then outlined shared governance best practices and explained how to transition leadership roles using role modeling, literature to support practice changes, and professional development and mentoring.

Crow's recommendations have been used to drive current improvements and highlight future work. The leader retreat was another method to foster a mutual understanding of the theory and practice surrounding shared governance and its intended outcomes. His guidance has helped develop a clearly defined path for what work still needs to be done to build and finalize the SVMHS shared governance structure. +



+ SVMHS nurses at the 2017 Magnet Conference in Houston learning about shared governance.

SVMHS Shared Governance Model





+ Degree recognition with Pete Delgado, President and CEO, Salinas Valley Memorial Healthcare System.

+ Education leaders guiding our professional development.



Supporting Professional Development & Growth

The concepts of continuous professional development and lifelong learning are cornerstones of a robust nursing career. Whether nurses are new to the profession or have many years of experience in the workplace, ongoing professional development ensures continued competence and can translate to improved patient outcomes, safety and experience.

Professional development includes attending conferences, participating in continuing education activities, working toward academic degrees, achieving and maintaining professional credentials, and embracing informal learning, coaching, mentoring and reflective practice.

Salinas Valley Memorial Healthcare System offers many relevant and valuable professional learning opportunities to ensure that nurses strengthen their practice throughout their professional careers. This includes financial support for nurses pursuing advanced degrees and certifications in their specialty areas.

In the last year, SVMHS provided financial support to 27 nurses working toward bachelor of nursing (BSN) degrees. And, more than 30 nurses earned specialty certifications in areas such as adult-gerontology,

public health, critical care, cardiovascular and pulmonary rehabilitation, electronic fetal heart monitoring, emergency care, surgery and perioperative practice, orthopedics, progressive care, neonatal intensive care and obstetrics.

Specialty certifications require formal education, training and experience in a specialty area and demonstrated proficiency in defined standards of practice, principles and current evidence. Certification is recognition of a nurse's expertise, achievement and clinical judgment. Improving patient care requires nurses to make a lifelong commitment to learning, and certification ensures that a nurse is current with the latest developments in his or her specialty.

With its continued support for nurses' professional development, SVMHS has seen improvements in both employee engagement and patient experience over the last two years, according to Christie Gonder, MBA, BSN, RN, CENP, Chief Nursing Officer.

In 2018, the SVMHS nursing services division will launch the Professional Portfolio, an online program that will assist SVMHS in collecting and sharing information about certifications and degrees. This information will help the Professional Development Council make recommendations for resources that will support SVMHS nurses who want to obtain professional certifications and pursue advanced nursing degrees, and will assist in identifying and celebrating nurses' professional accomplishments. +

Giving New Graduate Nurses a Stronger Foundation

Beginning a career in nursing is demanding and stressful. New graduate nurses often feel overwhelmed by the challenges of mastering the required expertise to develop as autonomous professionals. Accountability for the safe passage of acutely ill patients and assisting families and loved ones to cope with the stress of illness can propel nurses, particularly new graduates, to leave the profession.

The retention of new graduate nurses poses a challenge for many healthcare organizations. In 2015, Salinas Valley Memorial Healthcare System hired two cohorts of 11 and 12 nurses, and the overall one-to-two-year turnover rate for these two groups was 35 percent. Nursing turnover can have a significant financial impact on a hospital or healthcare system, and when turnover affects staffing levels, it can lead to adverse outcomes. One factor that we identified as contributing to the high turnover was that many of the bachelor's (BSN)-prepared new graduate nurses hired in 2015 were not local, and they returned home soon after completing their orientation. In 2016, SVMHS collaborated with local nursing schools to promote an associate-to-bachelor's degree bridge program to support BSN degree obtainment for local new graduate nurses hired from community college programs. Concurrently, the education department revised its

new graduate orientation program, and the combined efforts resulted in a reduction in the one-year turnover rate to 14 percent among the cohort of 14 new graduate nurses hired that year. The program was revised again in 2017 as the education department improved teaching strategies and educational content based on feedback from staff.

IMPLEMENTING EXCITING EDUCATIONAL OPPORTUNITIES FOR NEW GRADUATE NURSES

The additional strategies implemented to successfully transition newly hired graduate nurses into the professional practice environment and improve retention focused on practical and interactive educational opportunities. Course content now incorporates real-life case studies to inspire and integrate the nurses' critical thinking, assessment, planning and intervention skills. Each new nurse has opportunities to practice documenting assessments and care in the electronic medical record and perform hands-on procedures using IV pumps and airway-management equipment.

Other new features of the program include additional classes provided by ancillary departments, an online evaluation process completed at the end of each class, and daily discussions to identify successes and

opportunities. This real-time feedback has allowed educators to address suggestions or concerns prior to the next class.

Regular meetings create additional opportunities for staff, preceptors and managers to evaluate and address issues and provide ongoing support. Leaders and educators round frequently to address questions and concerns, further supporting these new nurses. "We have also incorporated a debriefing session each week to discuss any challenges and learning opportunities during their clinical orientation," adds Sherri Massey, MSN, RN, PCCN-K, Clinical Nurse Educator, who was instrumental in the program revision. "The goal is to address these challenges and opportunities as quickly as possible to improve the participants' learning experience."

The 24 new graduates hired in August 2017 are receiving a longer, more robust orientation, which will support these newly licensed nurses as they acquire the knowledge and skills needed to successfully transition from student to a professional, competent nurse. +



Recognizing Nursing Excellence

Salinas Valley Memorial Healthcare System honors those nurses who have demonstrated exemplary professional practice and have exceeded expectations in their care and compassion for patients. SVMHS takes immense pride in honoring these deserving nurses who make such an incredible difference in the lives of so many.

The DAISY Award® was developed by the family of J. Patrick Barnes, who passed away in 2000 from complications of idiopathic thrombocytopenic purpura. His family was greatly impressed by the skill, care and compassion nurses showed Barnes before he died and created the national award to recognize and thank extraordinary nurses across the United States. SVMHS patients, visitors, nurses, physicians and other staff can nominate outstanding nurses for The DAISY Award.

Additionally, the Division of Nursing's Nurse of the Year Award honors a nurse who has shown extraordinary commitment, skill and compassion, one who truly lives the SVMHS mission to provide excellent care for our patients, their families and our community. +

RECOGNITION OF YEARS OF SERVICE:

Employees who have been with SVMHS for 20 or more years are recognized for milestone anniversaries at the monthly Board of Directors meeting, and their names and photos are displayed for a period of time in the cafeteria entrance area with other awards. This year, we recognized 51 employees for their many years of dedication.



2016 Nurse of the Year:

Baudelio "Alex" Gonzalez, RN | Oncology

"Alex is known as a patient advocate with extensive knowledge in chemotherapy and as a nurse who cares for patients and their families with extraordinary concern, compassion and commitment."

DAISY Award Recipients:



Baudelio "Alex" Gonzalez, RN | August 2016 | Oncology

"Nurses often express how Alex puts people at ease and how he is always smiling. A patient commended him for being compassionate to his sister and to the family, while another visitor complimented him for being calm, patient and for taking time to answer questions."



Roberto Enriquez, RN | September 2016 | Med-Surg

"He went out of his way to obtain pain medications for his patient. He had to make multiple phone calls, which consumed a large portion of his time to advocate the needs for his patient."



Mary Nuki, RN, OCN | December 2016 | Oncology

"Mary was strong, even when caring for our friend drove her to tears. Our friend passed away in the most dignified way possible and Mary was exceptional in leading the way for the amazing care she received."



Christiane Thomassin, RN | February 2017 | Mother/Baby

"Christiane showed so much love, compassion and kindness to her patient during her stay at the hospital. The patient was so touched by the care she received, and she told me Christiane was amazing and wonderful and like a sister to her."



Neena Moriyama, RN | April 2017 | Ortho-Neuro-Spine

"Neena has a presence that makes people feel better. It is a gift."

Gaining the Patient Perspective to Enhance Experience

At Salinas Valley Memorial Healthcare System, a devotion to providing the highest quality care for patients and their families – ensuring their best possible outcomes – drives everything nurses and other healthcare staff do.

Through open communication with patients, frequent rounding and evidence-based care decisions, nurses can do a lot to ensure that patients are getting what they need. Adding another forum where patients and families can convey information, needs and concerns and offer valuable input toward policy and program development can shed light on additional opportunities for improvement.

That is the idea behind the Patient Family Advisory Council (PFAC) at SVMHS. Through PFAC, a diverse group of SVMHS patients and family members represent the collective voice of the community. The group works with SVMHS leadership to help improve patient and family experiences and lay the groundwork for exceptional individualized care.

“Engaging patients and families is so important to ensure we are delivering high-quality, safe and personalized care to every patient and keeping families informed of their loved ones’ progress, care plan and post-hospitalization needs,” says Christie Gonder, MBA, BSN, RN, CENP, Chief Nursing Officer at SVMHS.

Council members serve as a volunteer advisory resource and collaborate with SVMHS on various projects and efforts. Local patients and family members who recently sought care from SVMHS are eligible to participate as council members.

During PFAC’s monthly meetings, council members and SVMHS leaders discuss both positive and negative care experiences, share ideas on how to prevent future negative experiences and collaborate on potential policies and solutions that will improve patient care throughout the system.

“Patients and their families are our most accurate barometer for what we are doing well and what we could be doing better,” says Gonder. “Respect, effective and regular communication, responsive staff, comfort and convenience are all essential elements of a positive patient experience – in addition to safely delivered care focused on a patient’s best possible outcome. PFAC can speak to these elements based on real experience and offer insights for improvement we otherwise would not have.” +



+ Patient Experience Director.



Defining the Nursing Professional Practice Model

During three retreat days this year, 25 nurses representing all areas of nursing practice at Salinas Valley Memorial Healthcare System convened to design a nursing professional practice model (PPM).

The majority of the PPM development team were direct-care nurses. Together they reviewed the literature, examined models from other organizations, and evaluated the current organization and nursing mission, vision and values. Facilitated by Kathleen Hickman, RN, MSN, Certificate Holder in Fundamentals of Magnet, the team designed a PPM that defined the SVMHS nursing mission, vision and professional values, as well as the other key model components that support excellent patient outcomes and the professional practice environment. “The model elevates the practice of nursing and reminds us that the patient and family are at the center of all we do. It aligns nurses across every department, career stage and practice domain with a common mission vision and values,” Hickman says.

The model was developed incorporating the essential components of a PPM:

NURSING MISSION

Heal • Protect • Empower • Teach

NURSING VISION

To be an innovative leader in nursing excellence – a place where patients choose to come and nurses want to practice.

NURSING VALUES

SVMHS nurses embrace a set of shared values represented by the acronym **PRIDE**. These values define beliefs and ideals and are the overarching principles guiding how we interact and collaborate with patients, families, colleagues and the community.

- P** We provide **professional, patient-centered** care.
- R** We are **respectful** of our patients, families and colleagues.
- I** We serve our patients with **integrity**. We are honest, ethical and authentic in our actions.
- D** We welcome and embrace **diversity**.
- E** We provide **excellent, evidence-based** care.

CREATING A NURSE-DRIVEN CULTURE OF EXCELLENCE

The dynamic team of nurses who developed the PPM is planning events to disseminate and enculturate it throughout the organization. Enculturation occurs when all nurses embody the behaviors, values and concepts depicted in the model, and when the model guides daily decision-making and clinical practice. The PPM will be incorporated into the recruitment, interview and hiring processes; communicated during new hire orientation; and used by preceptors as they help new graduate nurses understand and navigate the professional practice environment at SVMHS. Periodic evaluation of the model will ensure that it remains relevant to our current practice. +

SVMHS Professional Practice Model

This model was developed incorporating the essential components of a PPM.

CARE DELIVERY MODEL

The nurses on the team selected Kristen Swanson's *Theory of Caring* as the theoretical framework for nursing practice, which embraces a relationship-based, collaborative approach, emphasizing partnerships with colleagues, patients, families and the community.

SHARED GOVERNANCE

Shared governance is a leadership and decision-making model that promotes and supports professional autonomy and empowers staff to contribute to processes related to clinical practice and the professional practice environment.

PROFESSIONAL RELATIONSHIPS

SVMHS nurses are committed to developing and maintaining respectful, collaborative relationships with stakeholders to achieve optimal outcomes with all stakeholders.



PRIDE in care,
every patient, every day.

REWARDS AND RECOGNITION

Recognition and rewards empower and support professional nursing development and create a culture that values the advancement of nursing practice by celebrating nurses' accomplishments, contributions and dedication to lifelong learning.

The SVMHS logo sits at the center of the model, representing the SVMHS nurses and staff who provide excellent care and services to patients, families and the community.

The agricultural field represents the Salinas Valley, where the hospital is located, which is one of the most productive farming regions in the world. Within the rows of the agricultural field is our nursing mission, describing the foundation of our work: **Heal • Protect • Empower • Teach.**

The hands represent Swanson's *Theory of Caring*, and the five caring processes described in her theory: maintaining belief, knowing, being with, doing for and enabling/informing.



+ Medical surgical leadership team.

Nurses' Engagement Translates to Better Healthcare

Nurses play a crucial role in maintaining safety and quality in healthcare systems. There is a clear correlation between aspects of the work environment that support professional autonomy and empowerment and patient outcomes such as morbidity, mortality and patient satisfaction.

For the last two years, Salinas Valley Memorial Healthcare System has utilized a 31-question survey to measure nurses' perceptions of seven key elements of a professional practice culture integral to nurse satisfaction. These include: autonomy, professional development, leadership access and responsiveness, interprofessional relationships, fundamentals of quality nursing care, adequacy of resources and staffing, and nurse-to-nurse teamwork and collaboration.

Between 2016 and 2017, the survey showed improvements in satisfaction throughout all nursing departments and, in particular, a dramatic improvement in the medical surgical (med-surg) cluster's nurse satisfaction scores. This cluster includes two med-surg units, oncology, ortho-neuro-spine and pediatrics. In 28 of the 31 questions, these areas outperformed the benchmark.

NURSE SATISFACTION IS TIED TO TEAMWORK, COMMUNICATION, RELATIONSHIPS AND RESPECT

According to Agnes Lalata, MSN, CMSRN, Director of Medical Surgical Services, and Cathy Gomez, one of the clinical managers, key improvements in relationships, staffing, communication, collaboration and recognition influenced the sharp rise in this department's scores.

The team initiated a rewards and recognitions program based on nurse feedback from last year's survey. They now award employee-of-the-month recognitions based on nominations from patients and peers, frequently recognize individual nurse and team achievements and provide celebrations like potluck meals to show staff appreciation during med-surg week.

Increased supervisor visibility, improved staffing models and building a stronger team spirit also had a big impact on the med-surg cluster's scores.

"We round on units often, so our team knows we are there if they need us," explains Lalata. "We added a supervisor for the night shift, which also helps with staff engagement. And, we addressed challenges in our current staffing models that needed to be solved in real time."

Improved communication processes also had a significant impact. Beginning this year, the med-surg leadership team is sending out a weekly update that

includes throughput and nurse-sensitive indicator data, department updates and pertinent financial and operational information. Enhancing communication through these methods, in addition to well-attended monthly staff meetings offered at times convenient for each shift, nurses are kept informed and can more readily engage in quality and safety initiatives and other improvement goals.

Because med-surg includes many different specialties, nurses working in specific areas can become siloed. To promote teamwork, Lalata strives to have the nurses think as one unit collectively focused on the well-being and safety of all patients. And, to strengthen the unit's culture of staff involvement, Lalata and her team reinvigorated the med-surg practice council – which empowers clinical nurses to make decisions about their practice and engage in continuous process improvement, striving for excellent quality and safety outcomes for patients.

Empowering clinical nurses to make patient-focused decisions improves both patient outcomes and nurse satisfaction, supporting their professional autonomy and respecting their experience and expertise. Clinical nurses understand workflows, task complexity and outcomes associated with their practice domains better than anyone else.

Continued on next page.

Continued from page 19.

Improving Rounding Capabilities in Real Time

Regular nurse rounding on patients is a proven strategy for anticipating and addressing patient needs. It ensures that the patient and their loved ones are involved in care planning and decision-making, and that their unique personal and cultural values are considered. In addition to enhancing the patient experience, nurse leader and educator rounds in departments and with staff demonstrate that leaders are engaged, understand day-to-day challenges, recognize staff contributions, and are available to help resolve clinical and operational issues that may impede seamless, excellent patient care.

The Salinas Valley Memorial Healthcare System nursing services division continuously seeks ways to make these rounds more efficient and impactful for patients and staff. Recently, they began using the MyRounding application, which allows nurses and other health professionals to standardize, automate and track rounding activity. It also provides objective data to guide improvement processes.



+ Critical care leadership team.

“It offers a consistent, house-wide approach to assess the patient’s understanding of their plan of care, medications, and goals and objectives,” says Tiffany DiTullio, Chief Administrative Officer of Patient Experience & Community Wellness at SVMHS.

The MyRounding platform provides a template designed to capture feedback, use that feedback to identify positive and negative trends, and provide timely recommendations for changes to improve care and processes. Currently, MyRounding is used in all nursing departments for several scenarios, including nurse leader rounds and patient welcome rounds, leader rounds on direct reports, and educator rounds on staff and new graduate nurses.

The Patient Experience & Community Wellness department is working with clinical leaders to evaluate and more effectively utilize the MyRounding reporting tool by aligning rounding questions with

that area’s priority index. A priority index is a metric used by Press Ganey to identify the survey question domains that are having the greatest impact on overall scores. Focusing on these areas will help to ensure that improvement efforts are successfully targeted to enhance the patient experience and support staff in their daily work.

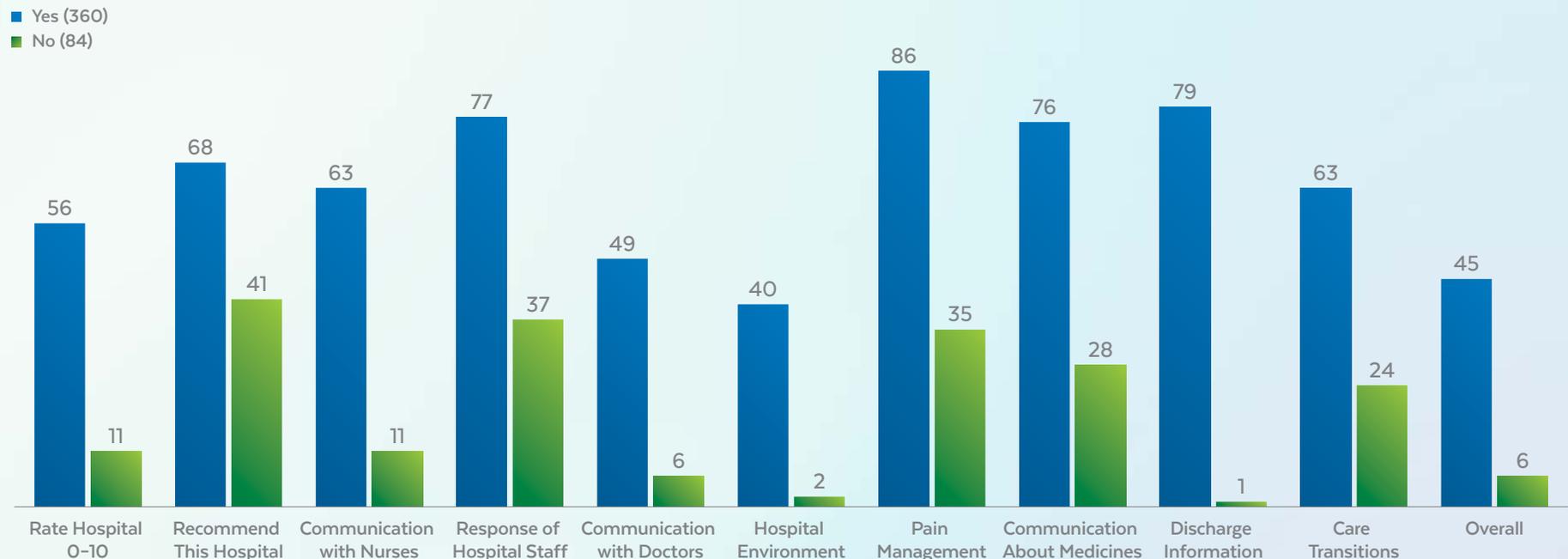
The MyRounding platform provides rounding data, checklists and tools in one centralized system, preserving data integrity and allowing users to see correlations between rounds and patient or staff satisfaction and measure how change affects outcomes. SVMHS will soon implement MyRounding templates for leader rounding in departments and may eventually integrate the platform into environmental services rounds. +

Impact of Nurse Leader Rounding

The effects of nurse leader rounding on patient satisfaction is evident in this graph comparing scores from patients who answered yes versus those who answered no to whether they were rounded on by a nurse leader during their hospital stay. Patients' willingness to recommend the hospital and their satisfaction with nurse and physician communications, hospital staff response and information they received about the hospital environment, pain management, medications, discharge procedures and care transitions were markedly higher when rounds were performed.

SVMH Received Date All PG Rank

January 29, 2017–October 23, 2017



+ Perinatal leadership team.



Supporting Women through Enhanced Labor Support

The focus of perinatal care at Salinas Valley Memorial Healthcare System is to promote optimal maternal and fetal health and educate women and their partners about pregnancy, birth and parenting. To further these goals, the hospital joined the California Maternal Quality Care Collaborative (CMQCC) in 2008. The CMQCC consists of over 200 hospitals that are committed to ending preventable morbidity, mortality and racial disparities in perinatal care through the use of research, quality improvement toolkits and statewide collaboratives.

In response to the statewide CMQCC initiative, the SVMHS perinatal nurses developed the Supporting Women through Enhanced Labor Support (SWELS) program. The desired outcome of SWELS is to lower cesarean birth rates for first-time mothers through improved labor support. “The prevailing wisdom in the medical community was that cesarean births did not carry additional risks and may be beneficial for newborn outcomes,” explains Julie Vasher, DNP, RNC-OB, CNS, C-EFM, Clinical Nurse Specialist, Perinatal Services. Unnecessary cesareans contribute to infant and maternal morbidity and mortality rates, which are considerably higher in the United States than in many other developed countries.

To launch the SWELS program, the SVMHS perinatal care team developed a four-hour workshop that served both as a refresher course, as well as an opportunity to educate nurses about current, evidenced-based practices.

Forty-five nurses attended the workshop, representing almost the entire perinatal care nursing staff. “Our nurses have really embraced what we are doing,” says Vasher. “Several nurses commented that the workshop was a wonderful reminder of why they became nurses.”

The workshop was held in the summer of 2017 and results are already being seen. “Women have expressed their appreciation for the increased emphasis on high-touch support, and there have been numerous cases where our nurses used the peanut birthing ball to optimize the baby’s position and descent in the maternal pelvis,” says Vasher. “These women, who may have been at increased risk for a cesarean, were able to experience a vaginal birth.”

In addition to the workshop, the perinatal nursing staff has focused on decreasing early admissions. Many pregnant women come to the hospital when contractions start, but if the contractions are not regular and there is no labor progress, it is often better to provide support through pain relief and education before sending them home to rest. A patient education booklet and birthing preferences worksheet are also in progress, and the SWELS team is working with physician colleagues to ensure that women get the support they need early on in pregnancy.

Continued on next page.

+ Clinical nurses practicing SWELS.



“Women have expressed their appreciation for the increased emphasis on high-touch support, and there have been numerous cases where our nurses used the peanut birthing ball to optimize the baby’s position and descent in the maternal pelvis.”

JULIE VASHER, DNP, RNC-OB, CNS, C-EFM
CNS in Perinatal Services

Continued from page 23.

SWELS Workshop

The perinatal nurse workshop included five stations:

1 PATIENT POSITIONING *presented by Amanda Hoeft, RN*

Using birthing balls and promoting frequent position changes can make women more comfortable, and help fetuses that are not in an ideal birthing position turn into a head-down position.

2 HIGH-TOUCH LABOR SUPPORT *presented by DD Rauber, RN*

Massage and aromatherapy are known to promote relaxation and facilitate easier birth. Teaching family members these techniques can provide them with tools to engage in the birthing experience.

3 COPING IN LABOR ALGORITHM *presented by Aubree Collins, BSN, RNC-OB, and Keely Amor, BSN, RN*

Asking about pain levels using a traditional pain scale is not ideal for laboring women, since labor contractions are pain with a purpose. The labor coping scale is used instead to assess maternal coping, as it helps nurses understand what kind of support the woman wants for her pain, which may include pain medication or an epidural.

4 SECOND STAGE MANAGEMENT/ CATEGORY II FETAL HEART RATE MANAGEMENT *presented by Norma Coyazo, BSN, RNC-OB*

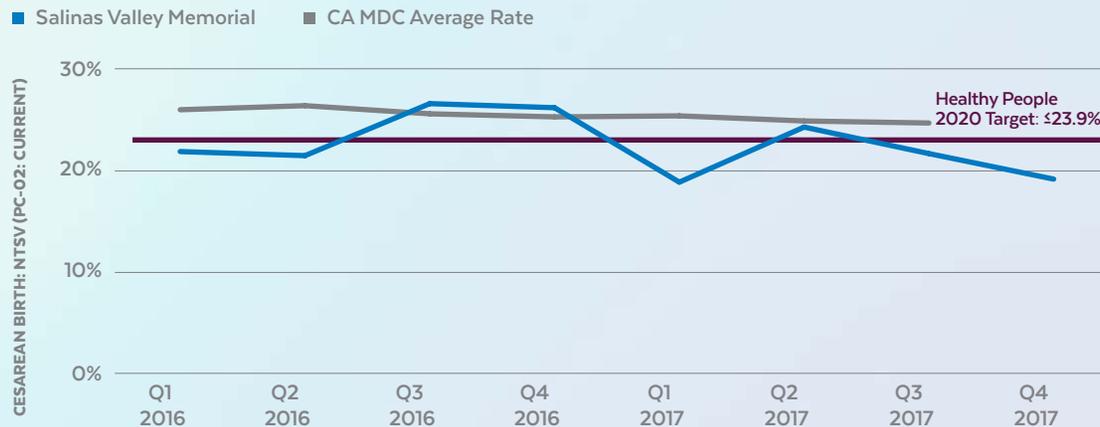
Intrauterine resuscitation techniques can be used to reduce the risk of fetal acidemia when the fetal heart rate pattern cannot be considered normal or definitively abnormal (Category II). These interventions include lateral maternal positioning, intravenous fluid administration, reducing uterine activity or altering pushing techniques, and judicious use of oxygen.

5 FETAL WELL-BEING/INTERMITTENT AUSCULTATION *presented by Julie Vasher, DNP, RNC-OB, CNS, C-EFM, and Nicole Chawan, BSN, RN*

Intermittent auscultation is an alternate method to monitor fetal well-being for low-risk women. Intermittent auscultation of the fetal heart rate allows the woman to move freely during labor and assist the fetus to assume the best position for birth. Intermittent auscultation may also lead to fewer unnecessary interventions.



Joint Commission Measure PC-02 Nulliparous Term Singleton Vertex Cesarean Deliveries

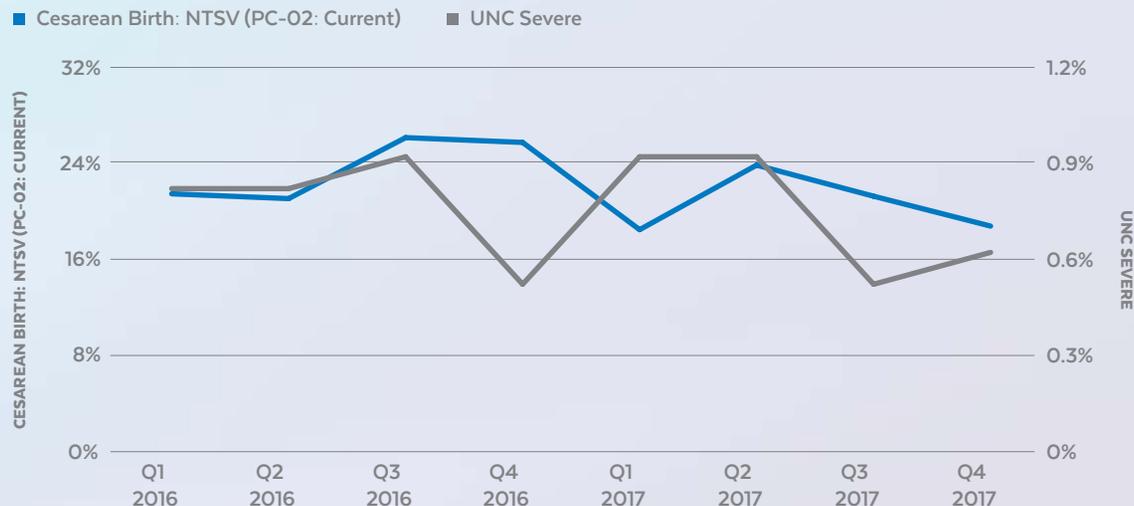


The second graph is a comparative graph between Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate and unexpected newborn complications (UNC) – the main balancing measure. UNC is a new NQF metric and is based on unexpected NICU admissions. As you can see, ours did not go up, while our NTSV rate went down.

UNC – Unexpected newborn complications – this metric reports any baby who encountered complications that required NICU admission – unexpectedly. It is used as a balancing measure against decreasing the NTSV rate to ensure babies are not being harmed by waiting too long to perform a cesarean section.

NQF – National Quality Forum – these measures and standards serve as a critically important foundation for initiatives to enhance healthcare value, make patient care safer and achieve better outcomes.

Nulliparous Term Singleton Vertex Cesarean Deliveries in Comparison to Unexpected Newborn Complications



First Research Study: Measuring the Impact of Shared Governance

As the nursing services division implemented its shared governance model, we also obtained approval for our first nurse-led Institutional Review Board-approved research study to measure its effectiveness. The study protocol involves the use of two validated surveys – the Index of Professional Nursing Governance (IPNG) and the Council Health Tool (CHT). The IPNG is an 86-item survey that measures the distribution of control, influence, power and authority in an organization by evaluating perceptions of professional governance in 6 subscales: 1) control over personnel; 2) access to information; 3) resources supporting practice; 4) participation; 5) control over practice; and 6) goals and conflict resolution (Hess, 1998).¹ The CHT is a 25-item survey that measures the structures, activities and membership of shared governance councils reflecting the structures, processes and outcomes of a council (Rheingans et al., 2017).²

Following informed consent, the IPNG was offered to nurses during our annual competency camps. Over 400 nurses participated, representing an 87 percent participation rate. The CHT was offered to council members in late 2017 and the study protocol closed in December. Together, these surveys will give SVMHS a better understanding of nurses' perceptions of shared governance throughout the organization and help determine where we need to place our focus, and develop strategies and metrics to measure improvements. +

¹ Hess Jr, R. G. (1998). Measuring nursing governance. *Nursing Research*, 47(1), 35-42.

² Rheingans, J., Hess, R., Swihart, D., & Brull, S. (2017). Council Health Tool. Retrieved from <http://sharedgovernance.org>.

Index of Professional Nursing Governance Survey

414 nurses participated, representing an **87%** response rate.

Council Health Tool

92 surveys completed, representing a **100%** response rate.

SUPPORTING INNOVATION, EVIDENCE-BASED PRACTICE AND RESEARCH

A primary focus of the nursing strategic plan is to support, encourage and engage nurses at all levels to embrace evidence-based practice and participate in nursing research. The Nursing Innovation Fund, part of the employee giving program, was launched this year to support funding for nursing research and evidence-based practice projects and provide scholarships for nurses to present their work at professional conferences. The fund will also be used to bring on-site specialty certification courses to Salinas Valley Memorial Healthcare System, with the goal of increasing the number of specialty certified nurses. The program is designed to encourage nurses to explore innovative ideas for improving care and the practice environment and to support professional development.

The Nursing Innovation Fund will support:



Clinical research and evidence-based practice projects developed by nurses.

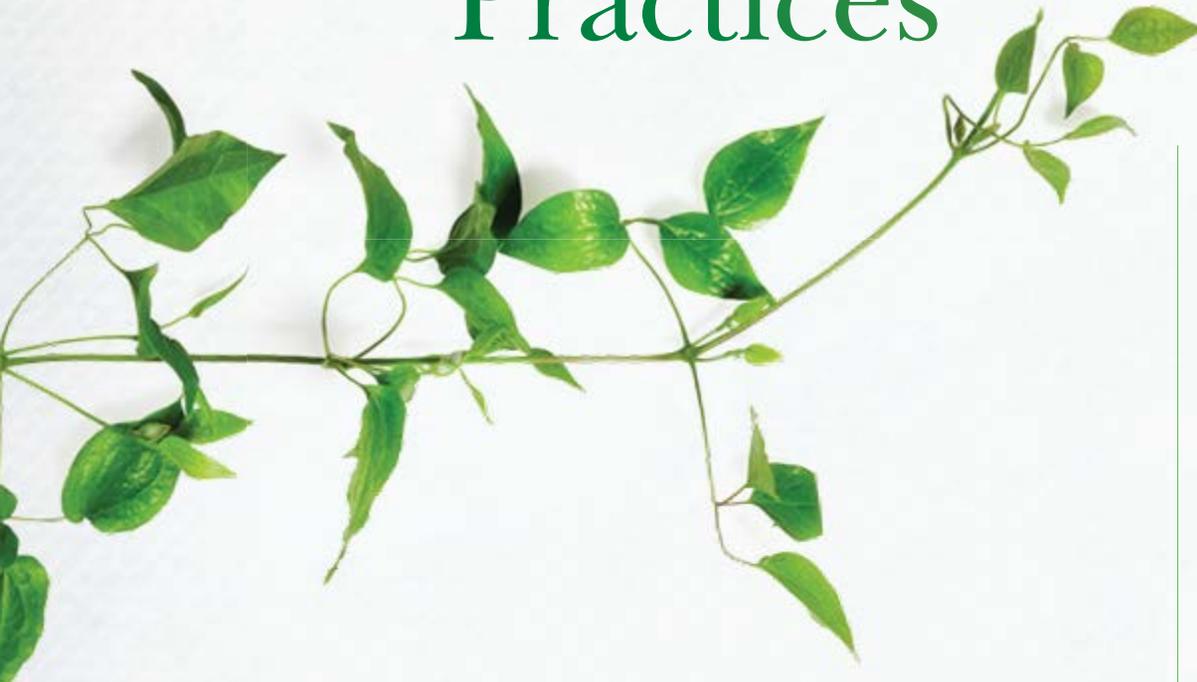


Nurses interested in presenting their projects at professional conferences.



On-site courses for national specialty certifications.

Sharing New Knowledge & Exemplary Professional Practices



The excellent work that Salinas Valley Memorial Healthcare System nurses do both on the job and outside SVMHS was evident at this year's Poster Expo, providing an opportunity to educate about evidence-based practices and research, as well as inspire our nurses. This event showcased some of our most innovative initiatives, as well as some incredible work being done to bring life-changing care to remote populations in developing countries.

This Year's Presentations

1 OUR JOURNEY TO EMPOWERMENT: SHARED GOVERNANCE AT SVMH

Michael L. Brown, BSN, BA, RN, PCCN; Kirsten Wisner, MS, RNC-OB, CNS, C-EFM

Nearly 50 clinical nurses, nurse leaders, educators and other stakeholders came together to design the nursing division's shared governance structure. This resulted in the development of our shared governance model, providing a framework for autonomy and control over professional practice.

Our Journey to Empowerment: Shared Governance at SVMH
Michael L. Brown, BSN, BA, RN, PCCN; Kirsten Wisner, MS, RNC-OB, CNS, C-EFM
On behalf of all of the nurses throughout our organization who participate in and support the shared governance vision.

Shared governance is a leadership model designed to shift decision-making authority and control of professional practice to the nurses and other staff responsible for patient care outcomes.

UNIT PRACTICE COUNCILS

- Cardiovascular Practice Council
- Emergency Practice Council
- Long Term Care Practice Council
- Medical Practice Council
- Neurology Practice Council
- OB Practice Council
- Orthopedic Practice Council
- Pediatric Practice Council
- Perioperative Practice Council
- Primary Care Practice Council
- Urology Practice Council

CENTRAL COUNCILS

- Quality Council
- Research Council
- Education Council
- Professional Practice Council
- Shared Governance Council
- Staff Council

Bedside Shift Report: A Mechanism for Increasing Patient Satisfaction
Marisa Baker, BSN, RN; Meg Brown, RN; Lydia Sapien, BSN, RN, OCN, MSNCR; Mercy Stoffey, BSN, RN; Barbara Wall, BSN, RN

BACKGROUND AND SIGNIFICANCE:
Bedside shift reports are a common patient practice that helps reduce patient wait times and helps to provide safe, high quality care. Research indicates that bedside reports reduce wait times, improve patient outcomes, including increased patient satisfaction (Brown, Rogien, Torgun, & Haddock, 2015; Spang et al., 2016).

PURPOSE:
We sought to improve patient experience and team-sensitive quality outcomes through implementation of bedside shift reports. Specific aims were to:
• Reduce the incidence of shift change of care
• Reduce use of call light during change of care
• Improve responsiveness to call light requests, holding, and pain management
• Empower patients by involving them in their care
• Increase patient experience measures related to nurse communication, responsiveness, communication about medication and pain management
• Increase nurse accountability
• Facilitate prioritization of work for nursing team
• Meet newly identify patient and family care outcomes

IMPLEMENTATION:
• Modified BSN Practice Council met and reviewed the importance and implementation of bedside shift report
• Practice goal was developed by the council and posted in unit break rooms, Sign 1002
• Informational presentation during monthly staff meeting
• Developed and implemented a competency checklist, Figure 3
• Did an on-site education provided by BSN Practice Council members to nurses
• Developed a handover site in the Clinical Front section of the shift to be used during report
• Provided shift report during go-live to ensure that implementation was successful

PROJECT OUTCOMES AND METHODS OF MEASUREMENT:
Analysis of outcomes from three months post-implementation include the following findings:
• Staff perceived improved communication with patients and patient participation in their care
• Improved HCAHPS scores in 2 nurse-sensitive domains
• Staff perceived improved teamwork and accountability among staff members
100% of staff completed 1st education and competency sign-off.

Figure 1: Bedside Handover – MS / MS2

Measure	Before	After
Response of staff to patient requests	74.4	80.1
Staff helpful in explaining what is going on	74.4	80.1

Figure 2: Communication – Not just what you say, but how you say it

Measure	Before	After
Communication – Not just what you say, but how you say it	74.4	80.1
Staff teamwork – How well we work together on the job	74.4	80.1

FEEDBACK FROM STAFF:
"I began to feel more in control of my care."
"Patients have a better understanding about their care which in turn increases patient participation."
"Many patients appreciate bedside shift report because they feel empowered and have choices."
"Used to have a client and know what's happening with the patient right away."

REFERENCES
Brown, M., Rogien, K., Torgun, S., & Haddock, B. (2015). The impact of bedside shift reports on patient satisfaction. *Nursing*, 18(1), 101-105.
Spang, J., Brown, M., Rogien, K., Torgun, S., Haddock, B., & Doolittle, J. (2016). The impact of bedside shift reports on patient satisfaction. *American Journal of Nursing*, 116(1), 10-15.
Peters, S. (2017). *Nursing*. Retrieved from www.nursing.com

2 BEDSIDE SHIFT REPORT: A MECHANISM FOR INCREASING PATIENT SATISFACTION

Marisa Baker, BSN, RN; Meg Brown, RN; Lydia Sapien, BSN, RN, OCN, MSNCR; Mercy Stoffey, BSN, RN; Barbara Wall, BSN, RN

Since implementing Bedside Shift Reports at the end of 2016, SVMHS has experienced improved communication with patients and participation in care, and improved teamwork and accountability among staff. This has also led to improved HCAHPS scores in two nurse-sensitive domains.

Continued on next page.

Salinas Valley Memorial Healthcare System

Bringing Hope to Haiti

Clement Miller, MSN, RN, NEA-BC




BACKGROUND:
Haiti is the poorest country in the Western Hemisphere. More than 80% of the population lives in rural poverty and more than 70% of people are unemployed. The United Nations has designated Haiti the 1st largest slum in the world with more than 60% of the total population living in informal settlements.

"Roughly 40 percent of the population lack access to essential health and nutrition services; only 43 percent of all children (12-23 months) are fully vaccinated and 23 percent of children under 5 years old suffer from stunted growth. Attracting and retaining qualified health professionals is a persistent problem, with as few as four health professionals per 10,000 people."
—USAID/ODHAI

ACTIVITY:
Living Hope Haiti (LHH) consists of two surgical sites in Haiti each staffed with surgical teams from Sutter Health South Florida. The first opened in 2008, and we have since completed construction of three Sutter Health surgical centers, 60,000 sq ft, 60,000 sq ft, and 60,000 sq ft. We have also completed construction of a Sutter Health emergency response for acute problems. All of these surgeries are performed on a daily basis. Our surgical centers in October 2016, we completed the opening of our 10 surgical centers: tube placement, 12 hysterectomies, and 50 hernia repairs.

OUTCOME:
The care that LHH has provided over the past 10 years has improved the health and development of the Haitian and has inspired by providing a healthcare education to the medical students who come to observe in the outpatient. People don't just come to Haiti to receive care, other visiting their country to learn and at the same time to get to be the opportunity to receive care that we've developed countries have ready made to.

IMPLICATIONS:
Before the earthquake in January 2010, 80% of Haitians did not have access to health care, but that they could not afford it or because there was no health center near them. Now, there have been that most hospitals and have been providing quality care, patients can be treated and it's remarkable better access for all. Information about Haiti (2011) (USAID).

FUTURE DIRECTIONS:
The LHH mission will continue to focus on addressing the physical, social, and financial aspects of the Haitian population. Through education, access to healthcare, economic development, and other support services, the LHH continues to be to support the growth of the Haitian people and the country. The ultimate goal of providing and improving the quality of life for the Haitian people.

For additional information, visit <http://www.livinghopehaiti.com/home>








5 BRINGING HOPE TO HAITI

Clement Miller, MSN, RN, NEA-BC

Clement Miller had the opportunity to participate in a mission through Living Hope Haiti, bringing surgical care to the island's poorest residents.



Meeting Operating Room Benchmarks

Salinas Valley Memorial Healthcare System’s tracking of operating room (OR) efficiency measures and comparing them to national benchmarks for OR efficiency has enabled the nursing services division to identify numerous opportunities for improvement. With the goal of improving patient safety and satisfaction, we examined patient flow and OR processes, and have begun to develop and implement strategies to increase on-time starts, improve room turnovers and increase efficiency in surgery scheduling.

The strategy for making these process improvements has been to concentrate first on improving on-time starts and room turnover time, which led to reaching turnover time targets in 2016 and 2017, and a dramatic increase in on-time starts over the last year. Moving forward, SVMHS’s next step will be to focus on the adjusting of block time to maximize room usage and OR capacity.

METRIC	Target 2016	FY 2016	TARGET 2017	FY 2017	TARGET 2018	FY 2018 TO DATE
First case on-time starts	83%	60%	83%	82.22%	84.2%	87.7%
Wheels out to wheels in	32 minutes	32 minutes	32 minutes	32 minutes	32 minutes	31 minutes
PACU patients moved within 15 minutes of meeting criteria	93%	92%	94%	94%	94%	98%

PACU – post-anesthesia care unit

OR Performance Enhancement Strategies

During the past year, the SVMHS nursing services division has implemented numerous strategies to improve OR performance and meet OR benchmarks, including:

Improved Preadmission Process

New procedures have been put in place with the goal of having all necessary paperwork completed 24 hours prior to any scheduled procedure.

Streamlined Procurement Process

The procurement process has been streamlined, with greater coordination between the OR, Surgical Sterile Processing Department (SSPD) and Materials Management. Our goal is to have all instruments and products in-house a minimum of 48 hours prior to a procedure.

New Surgeon Orientation

An orientation process was developed to help familiarize new surgeons with the scheduling process and instrument sets. They are also shown how to organize special orders for supplies/instruments, and given a preference card that has been developed to help nurses set up operating rooms based on the preferences of individual surgeons.

Staff Reallocation

Moving one full-time equivalent nursing staff position to the 11:00pm to 7:30am shift has enabled better coverage of nighttime emergencies, and prepares the room sooner for the start of the day.

House Supervisor Status Reports

The house supervisor receives the next day's surgery schedule in advance, as well as ongoing status reports on the progress of surgeries that impact the inpatient units and ICU. This helps the house supervisor and nursing staff better anticipate, evaluate and plan for patient recovery, and make adjustments as necessary based on OR progress and hospital discharges.

Improved Post-Anesthesia Care Unit Patient Transfers

An improved process for transferring patients out of the post-anesthesia care unit (PACU) is ensuring smoother patient transitions and maintaining patient flow into the OR. This process includes a phone report by the PACU nurse to the receiving unit 30 minutes before the movement of the patient, and a handoff at the time of transfer.

Afternoon Huddle

The perioperative team meets each afternoon to review and plan for the next day's scheduled cases. Special equipment, instrumentation and other considerations are discussed so potential issues can be addressed early, and the entire team is on the same page.

Recognition During Shift Reports

The nursing team that had the best turnover time from the day before is recognized during shift reports each day, helping to build a culture of excellence within the nursing staff.

+ Perioperative leadership team.



Stroke & Chest Pain Programs

Salinas Valley Memorial Healthcare System is constantly improving its processes to provide quality evidence-based patient care. Programs for stroke and chest pain are just two examples of how this leads to better care and outcomes. Many of the processes described below revolve around decreasing treatment times through cohesive interdepartmental teamwork. These continued efforts for improvement could mean the difference between a patient having an optimal outcome versus suffering undue morbidity and necessitating transfer to a skilled nursing facility or acute rehabilitation center.

BETTER OUTCOMES THROUGH IMPROVED INTERDEPARTMENTAL CODE STROKE PROCEDURES

Salinas Valley Memorial Healthcare System has improved its entire Code Stroke program with interdisciplinary input from local Emergency Medical Services (EMS) and several internal departments, including Emergency Department physicians, Nursing Services, Neurology, Laboratory Services, Registration, Pharmacy and Radiology. Most stroke patients come through the EMS system, with EMS transporting the patient directly to receive a CT scan. The EMS providers brief the Code Stroke team on the patient so Code Stroke can be called prior to EMS arrival, and treatment can begin immediately upon arrival.

In the revised Code Stroke program, the nurse-physician team leads the care, working closely together to fast-track all tests and treatments. The Code Stroke physician consults directly with the neurologist, and the nurses are responsible for monitoring vital signs, conducting neurological checks every 15 minutes, reporting any changes and administering tPA, the “clot buster” drug, when needed for ischemic strokes.

IMPROVED OUTCOMES WITH INCREASED CAPACITY

Although the number of stroke cases that SVMHS handles has increased 20 percent over the last year, SVMHS has been able to continually improve Emergency

Department stroke metrics. While the door-to-tPA performance already outperformed the national benchmark of 60 minutes, the percentage of times below 50 minutes for reportable cases has increased as a result of increased training, administering point-of-care testing on patient arrival and other revised procedures. These efforts have also had an impact on transfer times to a Comprehensive Stroke Center for neurovascular interventions. The average arrival-to-discharge time for transfers dropped from 256 minutes for the first quarter of 2016, to 129 minutes for the fourth quarter of 2016.

CODE STEMI

Working in conjunction with Monterey County EMS, SVMHS has created a Code STEMI protocol for patients experiencing an ST-Elevation Myocardial Infarction (STEMI) to shorten treatment times, provide immediate critical care and improve outcomes. The Code STEMI team consists of the responding Emergency Department physician and nurse, Laboratory Services, Registration, Interventional Cardiologist, and Cardiac Catheterization Laboratory (Cath Lab) nurses and staff. The Code STEMI team works seamlessly together to provide effective and efficient care for these high-risk patients.

When a Code STEMI call comes in, the on-call Cath Lab team is immediately activated and prepares to receive the patient. The ECG from the ambulance is sent to the Emergency Department physician and on-call cardiologist for review, and the nurses communicate directly with first-line paramedics so they have a complete picture of the patient's condition. A nurse and physician from the Code STEMI team meet the patient at the door for a handoff with the EMS responders. A second ECG is performed to verify the results from the ambulance, and the patient is prepared for cardiac catheterization and is escorted directly to the Cath Lab by the Cath Lab team on the EMS gurney.

"We have streamlined the Code STEMI process to eliminate any unnecessary steps and save critical minutes, which can prevent damage to the heart and other vital organs," says Suzette Urquides, DNP, MPA, RN, CCRN.

The table on the following page demonstrates the excellent STEMI outcomes at SVMHS that are the result of the collaborative efforts across the continuum of care, from the EMS staff in the field to the percutaneous coronary intervention (PCI) in the Cath Lab.

Continued on next page.



+ Emergency services leadership team.



+ Disease-specific care team.

Code Stroke Metrics

ED STROKE METRICS	TARGET	2016 PERFORMANCE	2017 PERFORMANCE
Door to MD exam (NIHSS)	Less than 15 minutes	86%	88%
Door to CT complete	Less than 25 minutes	86%	86%
Door to CT results	Less than 45 minutes	89%	88%
Door to lab results	Less than 45 minutes	87%	95%
Door to tPA	Less than 60 minutes	54-minute average 33% under 50 minutes	53-minute average 78.5% under 50 minutes

Code STEMI Metrics

STEMI METRICS	TARGET	2016 AVERAGE	2017 AVERAGE
Door to Code STEMI call	Less than 15 minutes	1 minute after arrival	1 minute after arrival
Door to ECG	Less than 10 minutes	3 minutes	3 minutes
Door to Cath Lab	Less than 50 minutes	25 minutes	25 minutes
Cath Lab to PCI	Less than 40 minutes	33 minutes	33 minutes
Door to PCI	Less than 90 minutes	58 minutes	58 minutes

Looking Forward

As we look forward to another year of growth and challenge, we will continue working toward excellent patient outcomes, improving the practice environment, supporting our nurses' professional development, and contributing to nursing knowledge and research.

We are on the journey to Magnet® recognition, which provides a proven framework for excellence and reflects our dedication to our patients, our nurses and to a thriving professional practice culture. We will remain focused on the goals outlined in our 2017–2020 nursing strategic plan, enhancing our knowledge of quality data, improving the patient experience, and promoting nurse engagement in our local and national communities.

We will further refine our shared governance structures and processes, empowering our nurses to contribute and practice autonomously while focusing on evidence-based care and innovation. We understand that nurses' voices being heard is essential to realizing measurable and meaningful improvements at the bedside and throughout the organization.

As SVMHS nurses seek new ways to embody our nursing vision, *“To be an innovative leader in nursing excellence – a place where patients choose to come and nurses want to practice,”* their passion for excellence, innovation and patient-centered care will continue to empower us in ways we cannot envision.

SVMHS nurses are remarkable in their dedication, collaboration and teamwork. I look forward to our partnership as we continue to identify opportunities to excel. I am very proud to be an SVMHS nurse.



Christie Gonder, MBA, BSN, RN, CENP
Chief Nursing Officer



“SVMHS nurses are remarkable in their dedication, collaboration and teamwork.”



A Public Healthcare District

450 East Romie Lane | Salinas, CA 93901

831.757.4333 | svmh.com

© 2018 Salinas Valley Memorial Healthcare System