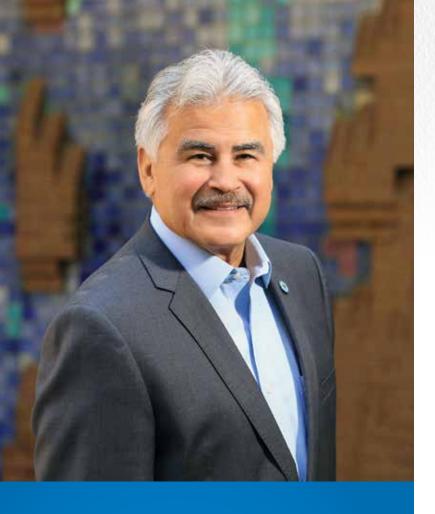






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In all they do, our skilled, compassionate nurses are contributing to the transformation of healthcare and the promotion of a healthier community.

A MESSAGE FROM THE PRESIDENT/CEO

At Salinas Valley Memorial Healthcare System (SVMHS), our mission is to provide quality healthcare to our patients and to improve the health and well-being of our community. Our nurses are at the very heart of that mission.

It is a privilege to witness—every day—how our nurses go above and beyond to provide extraordinary care to patients and their families. I hear it from the stories patients and colleagues share with me, and I see it demonstrated in multiple ways throughout our health system. In all they do, our skilled, compassionate nurses are contributing to the transformation of healthcare and the promotion of a healthier community.

We have now completed the third year of our journey toward certification by the American Nurses Credentialing Center (ANCC) for the gold standard in nursing strength and quality. This is the highest and most prestigious designation our health system could receive for nursing excellence and high-quality patient care. The multiyear, performance-driven recognition launched with enthusiastic support from SVMHS executive leadership and our publicly elected Board of Directors. Thanks to the dedication of our nursing team, we are well on our way to achieving a bold measure of success.

Over the course of the last year, our nurses have also worked collaboratively on other initiatives that have reduced patient wait times, enhanced patient safety, and improved patient care. Our nurses have also shared their experiences and best practices with their counterparts in other hospitals to encourage their professional development and improve care delivery and patient outcomes.

I'm proud that our health system's culture of shared governance has enhanced the ways our nurses contribute to our success. Our nurses are leading the way in professional practice, governance, and innovation. Their dedication continues to help us achieve our goals of enhanced clinical quality, exceptional patient experience, and strategic growth.

On behalf of our patients, staff, and community, I extend my deepest gratitude to our dedicated nurses for all the ways they make a difference.

Pete Delgado
President/CEO



We have come together as a nursing community to provide outstanding care, service, and outcomes.

A MESSAGE FROM THE CNO

As I look back over another year of nursing accomplishments, I am proud of the remarkable dedication that Salinas Valley Memorial Healthcare System nurses have to patients, families, and the well-being of our community. Our 2018 Nursing Annual Report celebrates many of the achievements that result from this dedication. The stories highlight how-guided by our nursing mission, strategic plan, and professional practice model—we have come together as a nursing community to provide outstanding care, service, and outcomes.

Many of these stories, which describe nurse-led initiatives that arose from unit practice council recommendations, illustrate the growth and vibrancy of our shared governance structure. Clinical nurses now have a forum from which they can assert their strong, energetic voices and lead effective process change.

Already, the results include improved efficiencies, expanded programs, and the incorporation of new technology, all of which benefit our patients and families. This report offers just a few examples:

- A streamlined process for transferring patients from the emergency department to progressive care, which decreases delays and improves the patient experience
- An expanded outpatient infusion center to accommodate growing volumes
- · The use of technology that decreases patient falls by enabling remote viewing of high-risk patients
- Significant improvements in RN satisfaction and workplace engagement scores
- Further enculturation of the professional practice model

As chief nursing officer, I am honored to work with and support all SVMHS nurses as they continue to focus on what matters most—our patients. SVMHS nurses advocate for patients in meaningful and compassionate ways, and create a professional practice environment that values collaboration, shared governance, and innovation. I am deeply appreciative of their commitment, dedication, and contributions—and of their "PRIDE in care, every patient, every day."

Christie Mc Leure

Christie McGuire, MBA, BSN, RN, CENP

Chief Nursing Officer

Nurse Satisfaction Scores Dramatically Improve, Meeting Targeted Goals

Over the past two years, Salinas Valley Memorial Healthcare System (SVMHS) nurses participated in the development of goals and strategies that led to the creation and implementation of a nursing professional practice model and strategic plan. This foundational infrastructure gives nurses a powerful platform for autonomous practice and shared governance, which support positive practice change.

"It was especially pleasing to see these changes translate into overall improvement in the Press Ganey® Nursing Excellence Survey, the nurse-sensitive portion of the larger employee engagement survey from 2017 to 2018," says Chief Nursing Officer Christie McGuire, MBA, BSN, RN, CENP. "We saw improvements in all seven domains of nurse satisfaction. These results demonstrate that when nurses are actively engaged in their practice, their perception of quality and collaboration improves."

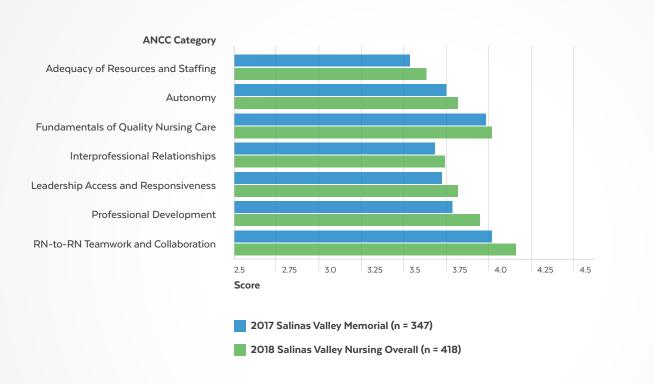
The 2018 survey results show that the RN engagement scores in the majority of units outperformed national benchmarks the majority of the time in three or more domain categories. These scores meet the goals set for RN engagement. In hospital-wide engagement across all staff, SVMHS improved from the 57th percentile to the 75th percentile nationally, a leap made even more dramatic when one considers that in 2015, SVMHS was in the 6th percentile for this measure. This improvement indicates the value that engaged and empowered nurses bring to an entire organization.

To build on these successes, in September 2018, nurse leaders and shared governance leaders organized an event where unit practice council (UPC) chairs met with leadership from their clinical areas. "We reviewed the scores and used them to establish house-wide and unit-specific goals, and to begin crafting strategies for improving nurse autonomy, professional development, peer-topeer collaboration, and fostering more physician-RN interprofessional collaboration," says Pamela Yates, RN, of the SVMHS Practice Council.

Both McGuire and Yates expect that early in 2019, the UPCs will collaborate further with nursing leadership to communicate the strategic goals and begin implementing tactics aimed at realizing those goals. Both leaders expect that nurse satisfaction and engagement scores will continue to rise as shared governance evolves.



Improvement in Nurse Satisfaction Scores



The results demonstrate that when nurses are actively engaged in their practice, their perception of quality and collaboration improves.

Vision, Teamwork, Communication, and Follow-Through Improve Patient Throughput

It's well known that hospital overcrowding can have a negative impact on timely care and patient safety. That's why, for a number of years, Salinas Valley Memorial Healthcare System (SVMHS) has been using a facility-wide approach to consistently get patients to the right level of care efficiently. The work emanates from an interprofessional committee that identifies barriers and establishes interventions and accountability measures that support performance improvement and patient and clinician satisfaction.



Over the past several years, the organization implemented a number of hospital-wide strategies to more efficiently manage patient flow:

- Ongoing oversight from an interdisciplinary committee of clinical and ancillary departments
- Implementation of an electronic, house-wide patient visibility solution
- Provision of additional staffing resources to support transport, admissions, and discharges
- New staffing models
- A remodeled emergency department (ED)
- Addition of a satellite lab
- · Implementation of a rapid medical exam
- Staff and provider education to improve handoffs
- Establishment of goals for timely admissions and discharges

In 2018, the committee focused on expediting transfers from the ED to progressive care. When Chief Nursing Officer Christie McGuire, MBA, BSN, RN, CENP, recognized that the hospital's progressive care (telemetry) units had become a bottleneck, she met with the units' nurses and hospitalists who manage patient transfers to general care. After determining that some patients remained in progressive care when telemetry monitoring was no longer necessary, the team brainstormed an approach that would empower nurses to safely and reliably screen patients for telemetry appropriateness. In turn, hospitalists could issue orders without direct observation of patients, thereby facilitating more timely transfers to general care.

Interdisciplinary team members:

· Defined the criteria for screening patients, and then worked with the hospital's informatics team to appropriately integrate the screening criteria into the electronic medical record system.

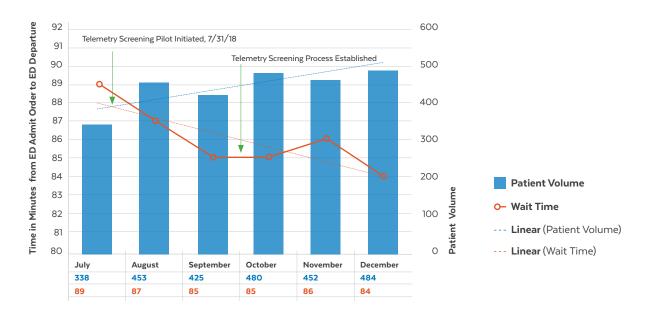
- · Worked with the quality improvement and education departments to pilot the screening tool in the fifth-tower telemetry unit.
- Teamed with the hospital's performance improvement specialist to capture progress and refine the intervention before rolling it out to other units.

The monthlong pilot not only demonstrated a decrease in transfer time from the ED to progressive care by an average of nearly three minutes, says McGuire, but the team building that occurred with the pilot unit and physicians established trust that would soon pay measurable dividends throughout the hospital.

In September, the screening process became the standard of care for all progressive care units. Each day, nurses perform the screening at 6 a.m. and 3 p.m. The 6 a.m. evaluation automatically populates the hospitalist report. The charge nurse communicates results from the 3 p.m. screening to the nursing supervisor. Over the ensuing months, wait times to move from the ED to progressive care have come down another two minutes-despite an increase in patient volumes.

"The successes we've had demonstrate how important it is to communicate effectively among our nurses and among the nurses and physicians," says McGuire. "We all believed reducing wait time was essential, we respected everyone's concerns, and now the process is hardwired to everyone's benefit, most notably our patients"."

ED to Progressive Care



SVMHS continues to find innovative, tested practices to improve patient flow even as our community sees a rise in the need for telemetry beds.

- Christie McGuire

Outpatient Infusion Center Grows to Meet Community Needs

As part of its effort to provide high-quality, comprehensive care for its entire community, Salinas Valley Memorial Healthcare System (SVMHS) is in a significant growth period. One goal of the nursing strategic plan is to support this organizational expansion and growth to meet the healthcare needs of the community. In 2018, SVMHS's efficient interprofessional, patient-centered management of an outpatient infusion service exemplifies this support.

The effort dates back to 2016, when Salinas Valley Medical Clinic, with the support of SVMHS, acquired a local oncology practice that was struggling to accommodate growing patient volumes in its infusion area. Director of Critical Care/Outpatient Infusion Glorinda Pastorius, MSN, RN, CCRN, and Director of Pharmacy Alfred Hurt, PharmD, worked with hospital staff and the oncology practice to identify a temporary outpatient infusion location on the hospital's fifth floor.

They created a service with seven chairs and developed a system to administer what has grown dramatically year over year. In 2018, the team provided care for a total of 5,656 patient visits, an increase of 58 percent from the 3,584 visits in 2017, and triple the volume from 2016. By 2018, the hospital was delivering the overwhelming majority of those treatments at the temporary center. A new center with 17 chairs, three private rooms, one "quick room," and its own lab draw room is due to open across the street from the hospital in 2019. This will be on the same block as Salinas Valley Medical Clinic Cancer Care and the SVMHS Susan Bacon Cancer Resource Center, providing our community with improved care coordination and access to care.

To accommodate the growing volumes, nurses, pharmacists, and the oncology service work closely every day—sometimes every hour—to streamline the center's complicated workflow. While pharmacy coordinates the complex ordering and delivery of treatments, nine clinical nurses and one unit assistant (UA) schedule and administer all treatments. "There are a lot of moving parts, and nurses' review of the schedule is paramount; they keep us informed about the expected visits for the day, so patients don't have to wait for their therapies," says Hurt.

"We have to dance together to be successful, because even though we have a process in place, it gets challenged on a daily basis, and the clinical nurses have done an outstanding job of triaging most issues and finding solutions," says Pastorius.

Moreover, even as the clinical nurses meet the complex challenges associated with this patient population, they also customize and humanize what is inevitably a trying experience for their patients. One example: On their own time and own initiative, the oncology nurses organize a celebration for each patient at the completion of his or her final treatment. It's no surprise that these nurses earned The DAISY Team Award for their work (see page 17).

OUTPATIENT INFUSION STAFF

Director of Critical Care/ **Outpatient Infusion** Glorinda Pastorius, MSN, RN, CCRN

Clinical Nurse Manager Michelle Reyes, RN

Mary Ann Artuz, BSN, RN

Marilyn Barriger, RN, OCN

Elizabeth Baxter, RN, LNCC

Kelly Daun, RN

Elena Hermosillo, RN

Donna Hughes, UAII

Tracey L'Hommedieu, RN, OCN, CRNI

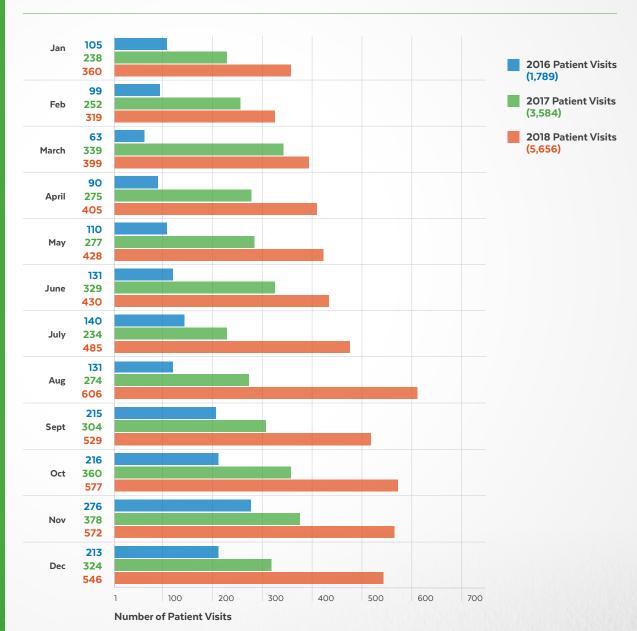
Nelly Martinez, BSN, RN

Melissa Ortiz, BSN, RN, CPDN

Teresa Salah, BSN, RN, OCN

Leslie Souza, RN

Increase in Patient Visits in Outpatient Infusion

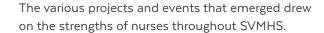


Building the Structure for Success

Salinas Valley Memorial Healthcare System (SVMHS) established a foundation for shared governance in 2017, and a key nursing goal in 2018 was to begin building additional structures for success. "One important focus was strategically disseminating the principles of shared governance," says Diana Griggs, MSN, RN, chair of the Collaborative Care Council.

"We began house-wide enculturation, including educating nurses about the conceptual framework and getting everybody [at SVMHS] aware of and used to working within a shared governance model," says Aubree Collins,

BSN, RNC-OB, co-chair of the council.



MARCH 21: Nurses on the Collaborative Care Council planned and implemented a 12-hour open-house event called PRIDE in Care to highlight nursing's professional practice model (PPM). "PRIDE" is the acronym that highlights nursing values and is at the heart of the PPM. The event drew nearly 300 staff members across disciplines, who circulated among stations that included:

- Introduction to the Nursing PPM (in an adjoining room, a 10-minute video created by SVMHS nurses explained the PPM)
- The SVMHS Nursing Strategic Plan
- The Shared Governance Model of Collaborative Leadership
- Shared Governance Bylaws
- Elements of a professional practice culture
- The Professional Portfolio
- · How to engage patients and families in ensuring exceptional patient experiences
- Training opportunities at SVMHS
- How to use a newly created SharePoint® site to provide feedback, gather information, or suggest ideas for improvement



And if we didn't have the support of our nurse leaders, this would not be possible.

APRIL 24: Implemented a Shared Governance Leaders Orientation.

MAY 15: The first in a series of mini development retreats to work on more in-depth goal setting, assigning of responsibilities, and other specific aspects of shared governance was open to all nurses, 23 of whom attended.

IN ADDITION, IN 2018:

The Collaborative Care Council:

- Established the online SharePoint referral system, where anyone can suggest an idea for improvement. "It allows us to capture the knowledge and energy of bedside nurses, to track and route referrals, and to provide updates to the people making the referrals," says Griggs.
- Reconfigured the Shared Governance Council organizational chart to locate unit practice councils (UPCs) at the top of the chart, as a way to demonstrate the importance of their work.
- Developed the format and process for councils to submit a quarterly report to STARnet. The Collaborative Care Council summarizes these updates and posts the summary to create a fully accessible and transparent process.
- Updated the Shared Governance Bylaws.

The Quality Council's 2018 goal focused on educating clinical nurses about nurse-sensitive indicators (NSIs).

- For the PRIDE in Care event, the Quality Council created poster boards displaying sample dashboards that included NSIs and education about benchmarking.
- Quality Council members also provided roving education to all units on these same topics. "The project helped us better understand the NSIs and

gave us the opportunity to share nursing's strategic goals related to quality outcomes," says Aizel Castaneda, BSN, RN, chair of the Quality Council.

The Research and Evidence-Based Practice (R-EBP) Council launched in 2018, with a mission to support the PPM goal of providing evidence-based, patientcentered care. Comprising clinical nurses, nurse leaders, and advanced practice nurses, this council seeks to provide support for EBP and research. In its first year, this team:

- · Selected the Johns Hopkins Nursing Evidence-Based Practice model to guide EBP projects.
- Chose Advancing Research and Clinical Practice through Close Collaboration as its organizational model, because of its strong emphasis on mentoring others in the use of EBP.
- Is organizing a research/EBP dissemination conference and poster expo—a place where all disciplines can showcase their work to colleagues.
- · Is creating a curriculum on EBP competencies to share with all interested registered nurses through a mentor networking system. This will empower bedside nurses to perform literature searches and reviews to build a foundation of EBP clinical decision-making at all levels of care.

Collins says none of these self-governance achievements would have been possible without high-level support for collaboration between clinical nurses and nursing leadership. "Diana and I are frequently released from clinical time to complete our council work," she says. "And if we didn't have the support of our nurse leaders, this would not be possible."



Empowered Nurses Improve the Patient and Family Experience

In 2018, two projects emanating from unit practice councils (UPCs) at Salinas Valley Memorial Healthcare System (SVMHS) demonstrate how shared governance empowers nurses and significantly enhances the patient and family experience. Both projects are intricately linked to nursing's professional practice model, with its emphasis on respectful, evidence-based, patient-centered care.

In the first project, the Neonatal Intensive Care Unit (NICU) UPC instituted post-discharge patient callbacks. Using a series of structured questions to gauge patient experience, the UPC integrated queries in the electronic medical record, enabling data-based feedback for clinical nurses. The results—posted on NICU huddle boards and reviewed at UPC and staff meetings—keep the entire team focused on performing actions and interventions proven to improve patient and family experience in the NICU.

The nurse-driven process began when Chief Nursing Officer Christie McGuire, MBA, BSN, RN, CENP, submitted a referral for the NICU UPC to institute post-discharge calls as a way to improve the return rate on patient experience surveys. "We addressed her referral, but we also saw an opportunity to do even more to improve patient care and experience," says Shauna Henson, RNC-NIC, 2018 chair of the NICU UPC.

Using the survey as a springboard, the UPC formulated questions to help understand whether NICU parents received adequate support for participating in their baby's care, had enough information to care for their baby at home, and received the necessary information for their follow-up physician appointments. The UPC then designated day-shift nurses to make the calls within 48-72 hours of discharge. To date, the UPC has documented that,

on average, they successfully reach half of all discharged patients each month.

The second project began when the Critical Care UPC received a referral requesting 24-hour visiting hours in the adult ICU. Aware that other hospitals had successfully instituted such a policy, the UPC collaborated with its manager and director and then voted to move ahead.

"I brought in journal articles to show the practice was evidence-based and leads to shorter ICU stays, fewer hospital-acquired infections, and improved satisfaction and experience," says Laurel Black, BSN, RN, CCRN, 2018 chair of the Critical Care UPC. "When we rolled out 24-hour visiting hours, four ICU nurses from our UPC became the project's champions."

In the ensuing months, the champions facilitated a steady stream of informal, interprofessional communication with the unit's nurses, physicians, and ancillary staff. They developed written guidelines for nurses, created a pamphlet to help families understand the opportunity and expectations, and ran a series of 30-day trials. Each time a trial elicited concerns or suggestions, the UPC addressed them in a follow-up trial.

Supporting Nurses' Professional Development

To recognize and encourage the professional growth of clinical nurses at Salinas Valley Memorial Healthcare System (SVMHS), in 2018 the Professional Development Council supported nursing leadership and the Education Department in the launch of an online Professional Portfolio program via HealthStream®. All SVMHS nurses completed their HealthStream professional portfolio, which collects information about nursing certifications, degrees, committee work, awards, and other professional accomplishments.

The gathered data enhance professional development planning, reporting, and goal setting, while also helping to fulfill the professional growth component of our strategic plan.

The Professional Development Council organized a unique event: multiple days throughout August and September that celebrated and rewarded nurses' professional growth and raised awareness of the many resources available to support that growth, says Amanda Maguire-Martin, BSN, RN, CNOR, CST, 2018 chair of the Professional Development Council, which consists of clinical nurses as well as stakeholders from nursing leadership and education.

Among SVMHS nurses, the event generated an enormous amount of pride and excitement. It recognized the 148 nurses—22 percent of SVMHS nurses—who already have achieved certification in their specialty. The recognition involved the distribution of a Badge Buddy that replaces "RN" with "Certified RN." This increases awareness among patients, families, and colleagues of the nurse's professional dedication and achievement.

In addition, during the event, the council members shared information about certifying bodies, eligibility and testing requirements, and contact information for achieving specialty certification. Improving patient care demands that nurses make a lifelong commitment to learning; certification—with its rigorous requirements—shows that a nurse has made this commitment to demonstrate her or his clinical expertise. Recognizing that higher degree and certification rates can lead to improved patient outcomes and more satisfied nurses, SVMHS has now targeted a 1 percent increase in BSN and certification rates house-wide for fiscal year 2018–2019. Various unit practice councils have also adopted these goals.

Finally, SVMHS has sustained its commitment to providing support for helping nurses reach these goals. Eligible nurses may apply for tuition support for pursuing their BSN or MSN degree, as well as for bonuses for approved specialty certifications.





Congratulations to all 2019 recipients and nominees!

Recognizing Nursing Excellence

EXEMPLARY NURSES HONORED WITH THE DAISY AWARD®

Salinas Valley Memorial Healthcare System (SVMHS) pays tribute to its extraordinary nurses for their exemplary clinical practice, extraordinary service, and compassion and caring by awarding The DAISY Award every other month. In 2018, in addition to the recipients listed below, 33 additional nurses were nominated for DAISY awards.



Dana Rogers, RN

January | ICU/CCU

One of Dana's patients admired her tennis shoes, so Dana bought a pair for the young man. Several years later, we received a note from his mother after her son had passed away, expressing her gratitude for Dana's kindness.



Stephanie Frizzell, BSN, RN, CMSRN

March | Education Department

Stephanie intervened with a difficult patient, resolving a challenging situation with skill, confidence, and expertise.



Ashika Sundar, RN

June | Regional Heart Center

When a woman knew she would not be able to attend her just-deceased brother's funeral, Ashika helped the grieving woman say goodbye by arranging for a viewing of the body at the hospital.



Ilona Dobay, RN

August ED

Ilona was nominated by a colleague for the compassionate care Ilona showed the colleague's daughter in the emergency department.



Tricia Deblois, RN, C-EFM

October | Labor and Delivery

Tricia demonstrated compassionate care for an out-of-town patient who had been displaced by the fires in Northern California.

OUTPATIENT INFUSION TEAM TEAM DAISY AWARD | December

The outpatient infusion team goes to extraordinary lengths to make patients feel comfortable, and to help celebrate milestones—such as the last day of chemotherapy—with a cupcake, a handmade crown, and a group photo.

Team members:

Mary Ann Artuz, BSN, RN Marilyn Barriger, RN, OCN Elizabeth Baxter, RN, LNCC Kelly Daun, RN Elena Hermosillo, RN Tracey L'Hommedieu, RN, OCN, CRNI Nelly Martinez, BSN, RN Melissa Ortiz, BSN, RN, CPDN Glorinda Pastorius, MSN, RN, CCRN Michelle Reyes, RN Teresa Salah, BSN, RN, OCN Leslie Souza, RN

2018 NURSE OF THE YEAR



The nurse of the year embodies the SVMHS and nursing mission and values, and shows extraordinary commitment, skill, and compassion while providing excellent care to patients, their families, and our community.

Congratulations to Najiba Caplan, BSN, RN—our 2018 Nurse of the Year. Najiba is a role model, motivator, and lifelong learner, as well as a recognized clinical expert. She advocates for patients' physical, social, and psychological well-being while demonstrating compassion for all patients and families in her care. Najiba joined SVMHS in 1997 as a staff nurse, and shortly

thereafter was promoted to assistant head nurse. In her current role as relief charge nurse in the medicalsurgical unit, she is known for her calm leadership style, mentorship skills, support for patient care initiatives, and skill at fostering collaboration and teamwork.

The outpatient infusion team is remarkable. I commend this group of nurses who demonstrate professional nursing practice and consistently display a high level of emotional intelligence, critical thinking, and technical skills.



Reducing Pressure Injuries

In August 2018, Clinical Manager Barbara Wall, BSN, RN, assumed responsibility for the inpatient wound care department at Salinas Valley Memorial Healthcare System (SVMHS). When she evaluated the rate of hospital-acquired pressure injuries (HAPIs), she discovered inconsistencies in staging, documentation, and care that resulted in a rate higher than the national benchmark.

In response, the hospital's wound care committee developed a prevalence study team composed of clinical nurses. This team implemented an initiative aimed at eliminating HAPIs by increasing awareness and accountability among all clinical nurses and deploying targeted interventions. These efforts have significantly reduced pressure injuries to the point that a November 2018 prevalence study reported zero such injuries.

The initiative has achieved results through a number of means. Clinical nurses conduct quarterly prevalence study surveys on a rotating basis, thereby extending knowledge about the process to nurses throughout the hospital, who, in turn, gain invaluable experience in staging and treating pressure injuries. The hospital's wound care champions enter every new injury into the hospital's incident reporting system. Clinical nurses in the intensive care unit have piloted monthly, rather than quarterly, prevalence studies.

All of these initiatives deliver trended data and empirical evidence to guide improvement efforts. After the wound care committee reviews and analyzes the data, they share it with clinical nurses and educate them about where to find unit data and how to interpret it. The nurses then work with nurse leaders and unit practice

council members to create action plans focused on areas of opportunity. Simultaneously, we submit all prevalence study results to the National Database of Nursing Quality Indicators® for benchmarking.

Projects to date include:

- Requiring nurses to use a bridle holder device for feeding tubes and educating clinical nurses about how to situate the holders appropriately to prevent HAPIs
- Expanding the existing HAPI prevention algorithm to include a new waffle mattress overlay or the use of a specialty wound care bed
- Streamlining wound care documentation in the electronic medical record

Moving ahead, the team is considering medication scanning for wound care creams to ensure appropriate application, as well as the use of condom catheters to reduce skin breakdown.

"We are very pleased to see all the numbers trending down, but we will continue looking for opportunities to improve," says Wall.

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see all the

Remote Monitoring of High-Risk Patients Decreases Falls, Improves Safety

At Salinas Valley Memorial Healthcare System (SVMHS), nursing's strategic plan commits to outperforming national mean or median performance on nursing-sensitive indicators in the majority of units, a majority of the time.

Several years ago, the falls committee realized SVMHS was not meeting its goals for patient falls and implemented a series of evidence-based interventions. They adopted the validated Johns Hopkins Fall Risk Assessment Tool (JHFRAT), implemented toileting rounds to address the high number of falls associated with bathroom trips, increased accountability by requiring more thorough documentation of fall events, and deployed "sitters" for extremely high-risk patients.

"All of that helped, but we were still above national benchmarks in some units," says Agnes Lalata, MSN, RN, CMSRN, falls committee chair. "We wanted additional protections in place for our patients." Thus, in 2018 the committee added the use of a system that enables remote audio and visual patient monitoring. Fall rates are consistently outperforming the benchmark in the majority of our units.

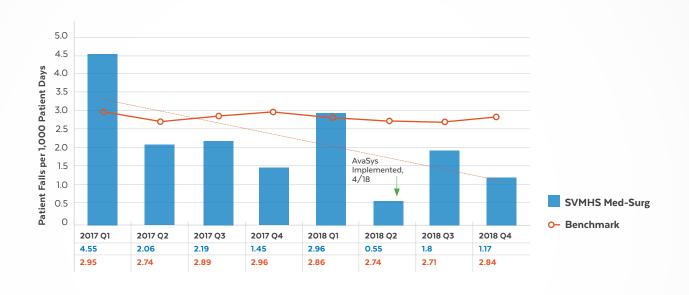
Before implementing remote monitoring, the falls committee researched the efficacy of various available systems, and then visited a facility that was using their top choice in order to evaluate it live. They chose AvaSure's AvaSys® TeleSitter® Solution because of its robust capabilities and patient privacy protections. SVMHS then purchased eight units.

The unit assistants (UAs)—who, along with clinical nurses, received one-on-one training—are responsible for the remote monitoring. All nursing staff completed a HealthStream® e-learning course about the system and participated in a roving in-service training that took place throughout the hospital. Implementation began in the medical-surgical units, and utilization has since been expanded to the progressive care areas.

Today, clinical nurses use JHFRAT to identify patients at high risk for falls or other clinical concerns, order the monitor, have it stationed in the patient's room, and brief UAs on each patient's unique needs. If the UAs—who are stationed in a remote monitoring room—spot a concern, they can contact patients directly or choose from preprogrammed messages in 16 different languages. If protocols dictate a more immediate response, the UA can call the clinical nurse directly or activate an alarm.

"Our falls data proves this was an excellent innovation to promote patient safety and patient satisfaction, and we are looking to further expand use of the system house-wide," says Lalata.

Total Patient Falls in Adult Med-Surg Units



Our falls data proves this was an excellent innovation to promote patient safety and patient satisfaction, and we are looking to further expand use of the system house-wide.

Implementing Rapid Medical Exams Improves Door-to-Provider Times

Since 2014, patient volumes in the emergency department (ED) at Salinas Valley Memorial Healthcare System (SVMHS) have increased from approximately 47,000 to about 60,000 visits annually. On most days, in a 9,300-square-foot space with 16 beds, ED clinicians provide care for between 150 and 200 patients.



Due to the rising volumes and increased patient acuity, by 2017 door-to-provider times had risen to a monthly median as high as 50 minutes challenging the hospital and nursing service strategic goals of improving patient throughput, enhancing patient safety, and delivering patient-centered care.

Beginning in December 2017, an interprofessional team rose to the challenge by crafting and implementing a data-driven process change that brought rapid medical exams (RMEs) to the ED. RMEs eliminate the need for patients to wait for an ED bed to open before seeing a physician or physician assistant. The change dramatically reduced door-to-provider times to a monthly median as low as 28-29 minutes for four months. in 2018, a significant patient safety enhancement.

A team of nurse leaders, physicians, clinical nurses from the ED's unit practice council, and clinical assistants collaborated to turn the concept into an effective working reality. This group reviewed the literature and conducted site visits to hospitals with established RME programs.

Clinical nurses with prior RME experience became the project's champions. The work led to evidencebased decisions about which ED room would become dedicated RME space, how to equip the room, and how to change workflow to make RMEs workable in a space-constrained, high-volume, high-acuity clinical environment. This included modification of an electronic tracker that keeps triage nurses, clinical nurses, and providers informed about patient needs and available rooms.

The results include reduced door-to-provider time, as well as averting unnecessary use of ED beds. The process even uncovered other bottlenecks in ED patient flow.

"We continue to do lean projects aimed at fixing those components," says Carla Spencer, MSN, RN, NEA-BC, director of emergency services. "But the way we came together to work through this problem—our culture of continuous improvement is a source of enormous pride. We have an amazing team that is driven to make things safer for our patients."

Median Door-to-Provider Time in Minutes

THE ED TEAM

Director of Emergency Services Carla Spencer, MSN, RN, NEA-BC

ED Clinical Manager Jeremy Hadland, BSN, RN, CEN

Chair of the Department of **Emergency Medicine** Rakesh Singh, MD

Unit Practice Council Representatives Kerry Kantmann, BSN, RN Scott Brusaschetti, BSN, RN Veronica Camacho, BSN, RN



The change dramatically reduced door-to-provider times to a monthly median as low as 28-29 minutes for four months in 2018.

Nurse-Supervised Stress Testing Demonstrates Why Full Scope of **Practice Matters**

Long waits for cardiac stress tests at Salinas Valley Memorial Healthcare System (SVMHS) were challenging nursing's ability to provide an outstanding patient experience. In 2018, a solution emerged: Properly trained nurses would supervise stress tests, instead of cardiologists.

In October, an interprofessional team developed a training program, put process innovations into practice, and implemented nursesupervised stress tests. Wait times at the hospital and at its two cardiac outpatient facilities—once averaging 1.5 hours—have completely disappeared. "Six cardiology nurses completed the training to independently supervise stress tests, patient experience has improved, and the physicians love it," says Procedural Nurse Manager Diana Bokemeier, BSN, RN.

Senior Administrative Director of Cardiovascular Services Christianna Kearns, MBA, RDCS, who had seen the model used successfully in another organization, brought the idea to the nursing team. Once Bokemeier and a team of cardiology clinical nurses confirmed that the change fits within an RN's scope of practice, they gathered information from two nearby facilities that have experience with nurse-supervised stress tests. The SVMHS team also conferred with Medical Director of Cardiology Clinical Integration Christopher Oh, MD, and the risk management team to create the program and associated policies. They detailed procedures and roles using

THE CARDIOLOGY TEAM

Medical Director, Cardiology Clinical Integration Christopher Oh, MD

Senior Administrative Director of Cardiovascular Services Christianna Kearns, MBA, RDCS

Director of Critical Care/ **Outpatient Infusion** Glorinda Pastorius, MSN, RN, CCRN

Chief Administrative Officer Clement Miller, MSN, RN, NEA-BC

Cardiovascular Manager Marissa Gonzales, CCT

Cardiology Nurses: Alejandra Garcia, RN Maria Garcia, BSN, RN Tonia Giampaoli, RN Laura Ruff, RN Peggy Silvestre, RN

Procedural Nurse Manager Diana Bokemeier, BSN, RN



"We've all worked so hard to get this program going. It helped build relationships with physicians, who have been very supportive, and the program's success is a testament to the ways we support each other," says Bokemeier. the evidence-based American College of Cardiology and American Heart Association guidelines on nonphysician providers performing stress tests.

"We then worked with physicians to create order sets and worked with a large, interprofessional team to create a process for training our nurses," says Bokemeier. Training requires that nurses:

- · Complete 200 proctored stress tests.
- Maintain advanced cardiac life support and basic life support certification.
- Learn proper electrocardiogram (EKG) placement, complete a 12-lead EKG class, and train on the 12-lead GE Healthcare CASE™ Exercise Testing System.
- Demonstrate knowledge of medications administered during an exam, including their effects on the heart and available reversal agents.
- Be able to identify all conditions requiring physician supervision.
- Complete a series of targeted assignments in HealthStream®, the SVMHS online learning system.

"We also developed a Cardiology Procedure History and Assessment module for nursing documentation, which has made stress tests almost completely paperless," says cardiology nurse Lori Woodfin, BSN, RN, CCRN, CFRN, who manages a monthly RN educational board to enhance nurses' understanding of complex EKG interpretation and pattern recognition.

Focus on Patient- and Family-Centered Care for Cesarean Births

In 2018, perinatal nurse leaders, clinical nurses, and the Perinatal Unit Practice Council (UPC) implemented an innovative, evidence-based approach for cesarean births. Driven by a professional practice model that emphasizes patient- and family-centered care and collaborative professional relationships, this interprofessional effort has dramatically improved the birth experience for women undergoing cesareans—and should improve the health of both mother and child, as it has done in other settings.

"We needed to provide these moms with a family-centered birthing experience, like what mothers having a vaginal birth experience," says Julie Vasher, DNP, RNC-OB, CNS, C-EFM, chair of the Research and Evidence-Based Practice Council.

The new approach achieves that goal through a number of means. A drape with a window enables the mother and support person to see the baby being born, while facilitating stronger connections among providers and patients. Adding a mother-baby nurse to the care team fosters nearly immediate skin-to-skin contact; once the baby is evaluated, the nurse is there to place the baby on the mother's chest while they are still in the operating room. The literature is clear that this early bonding engenders short- and long-term benefits for both mother and child.

"I have seen over and over how this helps mom and baby transition from the womb to the outside world," say mother-baby nurse Christine Durden, BSN, RN. Refining and standardizing this process change required a concerted interprofessional team effort, and involved brainstorming sessions, literature reviews, creation of driver diagrams (visual representations of what "drives," or contributes to, the achievement of a goal), site visits, in-service trainings for all affected clinical nurses, and simulation training for mother-baby nurses.

"It was a valuable PDSA [Plan-Do-Study-Act] cycle," says Vasher. "When bedside nurses felt changes were needed, they were empowered to make those changes."

To gauge patient satisfaction, the team has interviewed numerous mothers, including one who had her first child with a traditional cesarean. "She was completely overwhelmed at the difference in how she felt and how she bonded with her child," says Vasher. "She said that instead of feeling like she'd had surgery, she felt like she'd really had a baby."

THE TEAM

Perinatal Nurses

Christine Durden, BSN, RN

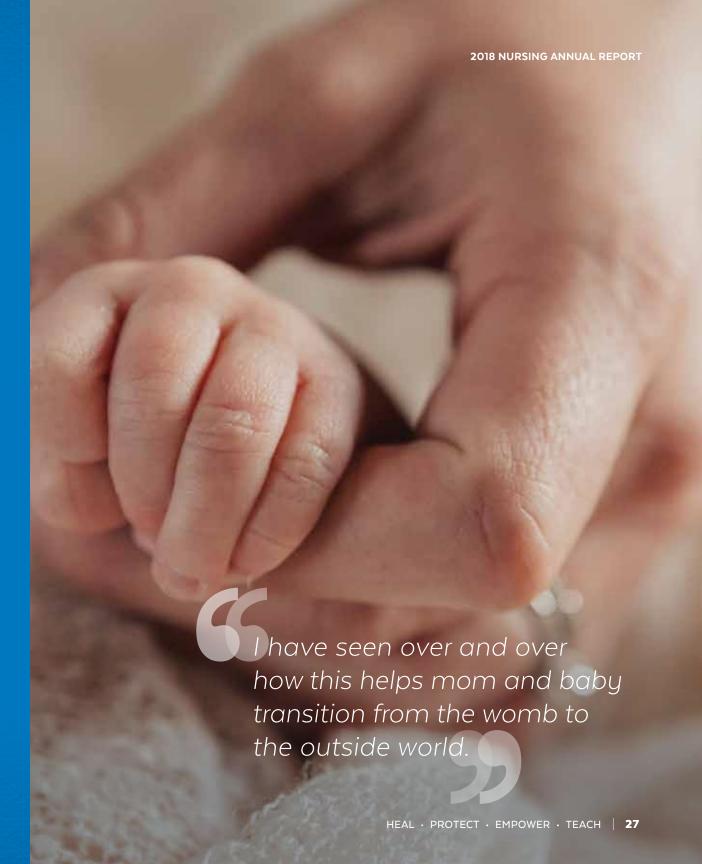
Jennifer Hiller, BSN, RNC-OB,
C-EFM

UPC Chair **Tricia Deblois**, RN, C-EFM

Department Managers **Daniela Jago**, MSN, RNC-OB **Julie Johnson**, BSN, RN

NICU Educator **Karina Kessler**, MBA, BSN, RNC-NIC

Clinical Nurse Specialist **Julie Vasher**, DNP, RNC-OB, CNS, C-EFM



Comprehensive Algorithm Eases Procedural Delays

In 2018, a team of clinical nurses from the Perioperative Unit Practice Council designed and implemented an innovative, comprehensive algorithm attuned to the unique needs of patients and families. Selected for a podium presentation at the 2019 American Society of PeriAnesthesia Nurses, the algorithm emerged from an engaged group of clinical nurses who devise and disseminate a steady stream of patient-centered improvement projects for the perioperative process.

When unavoidable delays occur in that process, departments from preadmission through the operating room, post-acute care, discharge, and outpatient services are affected. "This team developed a remarkably efficient method for clearly communicating issues to every affected area and every patient," says Director of Perioperative Services Kelly Marsh Hogue, MSN, MBA, RN. "I've never seen a project this proactive for addressing delays in a way that improves patient satisfaction."

The project began when Abigail Acosta, BSN, RN, CPAN, CAPA; Julie Mungridis, BSN, RN, CNOR; Heidi Phillips, RN; and Susan Ruiz, RN—all clinical nurses from the perioperative department—convened to address the issue of procedural delays. "We consulted with stakeholders from our respective units to get feedback, and developed a clinical workflow analysis that examined every step of the patient experience to identify potential delays

and potential interventions," says Acosta, co-chair of the Perioperative Unit Practice Council and lead for the project. The result was a sophisticated, "swim lane" diagram that tracks patient flow and prescribes how staff should respond when delays occur. Clinical nurses are the project's beating heart, responsible for recognizing delays, initiating communications, and/or referring concerns to a manager or the patient experience team.

Among the intervention's highlights:

- All staff members receive training that improves communication with each other and with patients about delays.
- Preoperative staff identifies patients who might need additional support, such as those with a language barrier.
- The day before surgery, a clinical nurse reviews the schedule, identifies likely delays, and alerts the patient experience team.

THE TEAM

Abigail Acosta, BSN, RN, CPAN, CAPA

Frances Bullman, MSN, RN, CNOR

Caroline Estrada, RN

Julie Mungridis, BSN, RN, CNOR

Heidi Phillips, RN

Deborah Ralph, BSN, RN

Susan Ruiz, RN

Kurstin Thomas, RN

- The day of surgery, some cases dictate that patient experience staff members visit the patient. Longer delays demand managerial intervention. Even longer delays might call for a physician to break scrub to speak with the patient. Under certain circumstances, patients are given the option to reschedule.
- To help patients understand the challenges and options, the algorithm is displayed prominently in all units.



This intervention is rooted in our nurses' deep understanding of our patients' unique needs," says Marsh Hogue. "In my 30 years in the OR, I have never seen anything this comprehensive.

Emergency Department Nurses Take the Lead in Disaster Preparedness

After Kerry Kantmann, BSN, RN, and Naomi Arrey, RN, received certification as first responders for hazardous materials decontamination, the two Salinas Valley Memorial Healthcare System (SVMHS) emergency department (ED) nurses made it their mission to optimize preparation for a large-scale decontamination event at their hospital.

The agriculture and oil and gas industries—in which contact with hazardous materials is common—are a significant presence in Monterey County. Consequently, the county has placed "decontamination trailers" at each of the county's four hospitals. If necessary, emergency personnel can hitch the trailers to a truck and move them to large-scale events.

At SVMHS, the hospital had reserved its trailer for occurrences where four or more individuals were affected; hospital personnel treated smaller incidents at another location on campus. In hopes of streamlining the process—a recommendation from the Emergency Unit Practice Council (UPC) to Jeremy Hadland, BSN, RN, CEN, clinical manager in the ED and chair of the Emergency Management Program—the UPC initiated an effort to make the trailer the singular place for decontamination, regardless of how small the number of cases involved. Kantmann and Arrey helped spearhead implementation.

By the end of August 2018, the team had:

- Ensured that electrical and water hookups for the trailer are ready to go within minutes.
- Delivered all appropriate equipment (e.g., hazmat suits, respirators, patient robes) to the trailer and an adjoining locker.
- Created a flowchart for any decontamination activation.
- Designed and implemented a hands-on training program.

Over four days in September—National Preparedness Month—the team trained all 73 ED nurses, all certified nursing assistants, and half of the ED physicians on how to use the trailer. That training proved invaluable during the first real-life activation, in the fall of 2018.

In the ensuing months, the team planned a video for orienting new staff to the decontamination protocols, and began extending training to other hospital staff members who might be on duty during a large-scale event.



It's important that we all feel comfortable—that we know where things are, how the equipment works, and how much time various steps take, so we can activate a decontamination quickly and efficiently," says Kantmann. "The new setup and training allows for quicker decontamination by at least 30 minutes, whether it's one patient or 100. Since the hospital lies along the 101 highway corridor, this is something we all need to know.



Sharing New Knowledge with the Nursing Community

Salinas Valley Memorial Healthcare System (SVMHS) nurses proudly presented at the inaugural Healthcare Research & Education Conference (Healthcare Con), which took place in March 2018. The conference was sponsored by a group of Northern California hospitals, including SVMHS. A specific focus of this event was to help nurses disseminate new knowledge, innovations, and research findings to audiences outside of their own facilities.

The conference showcased novel approaches to improving care delivery, professional development, and improved outcomes. Three abstracts—two podium presentations and one poster presentation—from SVMHS nurses were accepted for presentation at the two-day conference.

PODIUM PRESENTATIONS



"The Journey of Developing a Professional Practice Model"

Pamela Yates, RN, and Lisa Garcia, MSN, RN-BC, CNS



"Measuring Shared Governance in a Community Hospital: Lessons Learned"

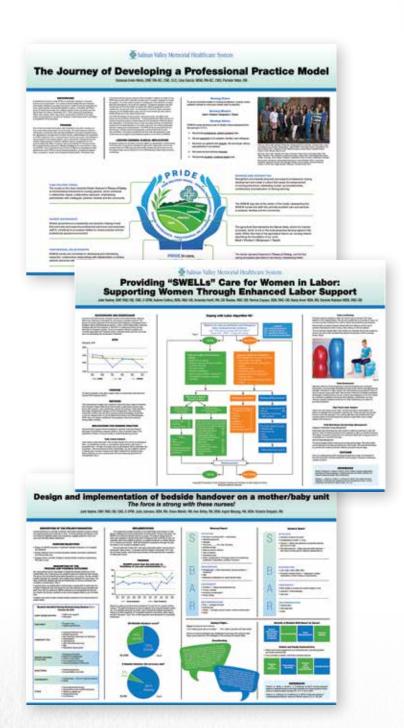
Kirsten Wisner, MS, RNC-OB, CNS, C-EFM

POSTER PRESENTATION



"Stepping Up Our Game for New Graduates at SVMH"

Sherri Massey, MSN, RN, PCCN-K, HACP, and Cheryl Campos, DNP, RN-BC, CEN, CPHQ



SVMHS NURSES WEEK POSTER EXPO

Nurses also showcased a number of exciting and innovative projects during the 2018 Poster Expo, held at the hospital.



"The Journey of Developing a Professional Practice Model"

Vanessa Irwin-Nieto, DNP, RN-BC, CNE, CLC; Lisa Garcia, MSN, RN-BC, CNS; and Pamela Yates, RN

A group of 25 nurses from practice areas across SVMHS came together over four retreat days to develop a professional practice model (PPM) that would guide practice, facilitate decision-making, and celebrate nursing's contributions. The PPM has been disseminated through various events and provides the framework for guiding numerous initiatives.



"Providing "SWELLs" Care for Women in Labor: Supporting Women through Enhanced Labor Support"

Julie Vasher, DNP, RNC-OB, CNS, C-EFM; Aubree Collins, BSN, RNC-OB; Amanda Hoeft, RN; DD Rauber, RNC-OB; Norma Coyazo, BSN, RNC-OB; Keely Amor, BSN, RN; and Daniela Robison, MSN, RNC-OB

The labor and delivery team at SVMHS embraced the national efforts to decrease unnecessary cesarean births, with a focus on first-time moms. The nurses used various methods to improve labor support, including positioning, a coping labor algorithm, high-touch techniques, and fetal well-being monitoring.



"Design and Implementation of Bedside Handover on a Mother/Baby Unit: The Force Is Strong with These Nurses!"

Julie Vasher, DNP, RNC-OB, CNS, C-EFM; Julie Johnson, BSN, RN; Diane Martin, RN; Ann Briley, RN, BSN; Ingrid Marayag, RN, BSN; and Victoria Delgado, RN

The unit practice council on the mother-baby unit designed and implemented an SBAR (Situation, Background, Assessment, Recommendation) scripting tool, which standardizes the information communicated during bedside handover. Through education, an exemplar video, and role-playing, staff displayed proficiency at annual competency camp. This patient- and family-centered care project is focused on improving patient safety and the patient experience.





"Improving Patient Outcomes in Nurse-Placed Vascular Access Devices"

Cheryl Campos, DNP-C, MSN, RN-BC, CEN

Through a performance improvement pilot on four medical-surgical units, the implementation of an evidence-based vascular access protocol and development of a specialized nurse team had a positive effect on first-time insertion success rates, cost, catheter dwell times, and complications of peripheral vascular access placement.



"Measuring the Impact of Shared Governance in a Community Hospital"

Kirsten Wisner, MS, RNC-OB, CNS, C-EFM; Michael Brown, MS, BSN, RN, PCCN; Shauna Henson, RNC-NIC; and Dianne Soria, BSN, RN

Two survey tools were offered to nurses participating in shared governance councils to assess perceptions of the enculturation of shared governance, and explore correlations between the measure of council empowerment and RN satisfaction scores. The findings suggest there is a strong relationship between nurses' perceptions of control over and access to resources and overall nurse satisfaction, leadership access and responsiveness, interprofessional relationships, and involvement in decisions affecting work.

Looking Forward

As we look forward to another year of challenge and change, we will continue to come together as a professional nursing community to improve our practice, celebrate our accomplishments and contributions, and translate our mission, vision, and values into all aspects of our care.

Salinas Valley Memorial Healthcare System (SVMHS) nurses are not only clinical experts committed to evidence-based care; they are also compassionate, innovative leaders and critical thinkers. It is these strengths that will keep us focused on our nursing strategic goals and propel us into the future. In 2019 our work will include:

- Refining our quality indicator data collection, dissemination, and improvement processes, and expanding quality education for clinical nurses
- Implementing a peer feedback process for nurses at all levels
- Improving our patient satisfaction scores
- Increasing our certification and BSN rates by providing resources and support to nurses interested in pursuing certifications and advanced degrees
- · Continuing our work on building a robust professional practice culture focused on clinical excellence

I am grateful for the professional knowledge, integrity, passion, and skill that SVMHS nurses contribute every day, and I look forward to another year of collaboration, partnership, and success.

Christie McGuire, MBA, BSN, RN, CENP

Christie Mc Leure

Chief Nursing Officer



PRIDE in care, every patient, every day.

