

# Journey to Excellence

Nursing Annual Report



University  
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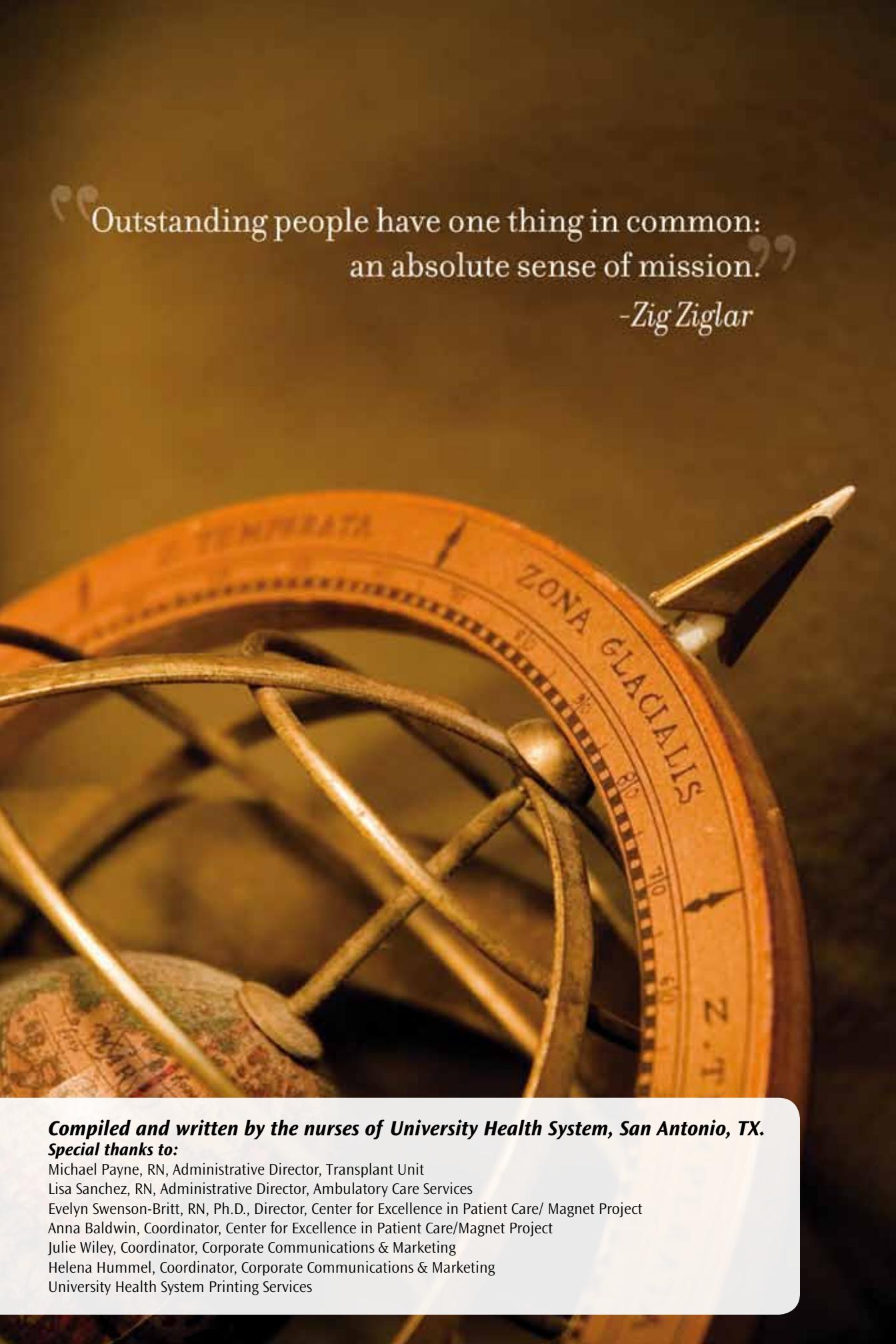


Bexar County Hospital District



“The journey of a thousand miles begins with one step.”

-Lao Tzu



“Outstanding people have one thing in common:  
an absolute sense of mission.”

*-Zig Ziglar*

***Compiled and written by the nurses of University Health System, San Antonio, TX.***

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# The Gold Standard in Nursing Excellence



University Health System is the first and only health system in South Texas to earn National Magnet® status – the “gold standard” when it comes to quality care. **We call it Living Proof.** And it means an exceptional team with a proven track record of positive results is here for you when you need us.



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# A Road Map to Success



We embarked on the journey to excellence several years ago, and yet, it still lies before us! Our nursing staff is continuously striving for quality patient care.

Our most recent accomplishment was earning Magnet® status. University Health System is now the first and only Magnet healthcare organization in San Antonio and South Texas. The designation, given by the American Nurses Credentialing Center (ANCC), is proof that our patients come first. We take pride in knowing that University Health System is a pioneer in our community, when it comes to achieving healthcare excellence.

Several people have asked me why the Magnet journey? My answer *is* to create a strong culture of excellence that will become the hallmark of University Health System. I believe in our nurses and the entire University Health System team for delivering the best care possible to all patients who walk into our hospital and clinics.

So, as you read through the pages of this report, you will discover how we are working hard to improve, grow and reach new heights together. We invite you to join us, as we begin the next chapter of our journey.

A handwritten signature in black ink that reads "Nancy Ray". The signature is fluid and cursive, with a large, sweeping flourish at the end of the name.

**Nancy Ray**  
**Chief Nursing Officer**  
**University Health System**  
**San Antonio, TX**

# Transformational Leadership



*Nancy Ray, CNO, at Phoenix Magnet Celebration in 2010.*

The implementation of transformational leadership at University Health System has involved changing behaviors, beliefs and nursing practices throughout our six-year Magnet journey. Nancy Ray, chief nursing officer at University Health System, has been leading the transformational journey. Throughout 2009 and 2010, nursing leadership has been modeling the way, inspiring a shared vision and enabling others to act. Nursing directors have worked with clinical leaders throughout the health system to make changes that improve patient care and enhance the professional work environment.

The leadership team has also initiated and fostered partnerships with local organizations to facilitate access to preventive healthcare for members of Bexar County and beyond. Magnet standards provide the “road map,” as the organization moves forward in the journey.

The purpose of leadership is to sustain the well-being of the nursing staff to better equip them to continue growing professionally, and enabling them to offer holistic care to patients.

Stories of nursing leaders, department directors, educators, vice presidents, and team members from inpatient units, ambulatory care clinics, San Antonio AirLIFE, information systems, respiratory care, pharmacy, shared governance councils, and of course, the Magnet Champions, contributed to the books that were submitted to the American Nurses Credentialing Center (ANCC), that led to a site visit in November 2009.

On February 17, 2010, University Health System was designated the first and only Magnet healthcare organization in San Antonio and South Texas. Earning the Magnet seal, “the gold standard” for nursing, validated the hard work of thousands of employees who deliver quality work every day.



*Some of our University Health System staff members traveled to Phoenix, AZ, to receive the Magnet award at the National Magnet Conference in 2009.*

### **The Gold Standard**

A group of nurses from across University Health System traveled to Phoenix to receive the Magnet award.

The group represented the more than 5,000 employees at University Health System. The award serves as a powerful symbol and testimony of the hard work, dedication and commitment to quality patient care every day.



### **Leading the Way**

Nursing strategic planning days are times set aside each year, when nurses create the structure and plan to bring to life the vision of our administrative leaders for University Health System. The resulting Strategic Nursing Plan is then implemented and evaluated throughout the year.

University Health System's President/CEO George B. Hernández, Jr., and the leadership team help ignite and set in motion the hearts and minds of an army of nurses during annual strategic planning events.

His messages provide the encouragement, hope and realism for our organization in meeting new challenges in healthcare. Peggy Deming, chief financial officer, reviews financial data and the

nurses' role in achieving our mission with a margin through excellence in patient care.

The message from Christann Vasquez, chief operating officer, clearly resonates with the nurses. She encourages staff to continue providing patients with the care that not only meets, but exceeds their expectations. Nancy Ray, MA, RN, chief nursing officer, sets the final stage for planning by outlining the goals for the nursing journey to professional excellence, including quality nursing care, superior customer service, fiscal strength and continuity of patient care.

With their charge in sight, Jean Setzer, Ph.D, strategic planner, takes the enthusiastic nursing groups through the processes of identifying nursing strengths, aspirations, opportunities for enhancement and key results.

With these critical elements identified and posted on easel boards around the room, the plan begins to take shape.

The work is exhausting and exhilarating at the same time, but at the end of the day, a plan that addresses goals of becoming “the best” in patient care and satisfaction, as well as maintaining fiscal responsibility is realized.

### **Clinical Quality**

Our nursing quality council continues to collaborate with the hospital quality committee to affect change throughout the health system to provide only the highest quality of care to our patients. In 2009 and 2010, many bedside nurses worked with unit quality representatives and unit nursing and hospital leaders to create processes and work environments that foster quality care. Unit dashboards have been created, and are consistently updated and populated by Nursing quality council representatives.

Over the past two years, improvement has been noted at University Health System for several key indicators. Central line infection rates are now coming into focus, as CLBSI rates are tracked on every inpatient unit in the hospital.

Another initiative designed to enhance clinical care and quality is the Ambulatory Connections Clinic. This clinic acts as a bridge to ensure that our unfunded



*Jean Setzer, VP, Strategic Planning, facilitates at annual nursing strategic planning event.*

patients without assigned primary care physicians receive appropriate post-discharge continuity of care. The Emergency Center uses the services of the Ambulatory Connections Clinic in a similar way, allowing for expeditious follow-up appointments for care, and preventing unnecessary hospital re-admissions for patients.

Under the leadership of Lisa Sanchez, RN, and Theresa Walsh, RN, newly established patient navigators are empowered to collaborate with Emergency Center providers, hospitalists, social workers, case managers and nursing staff in caring for patients in an efficient and effective way. During 2009 and 2010, the Ambulatory Connections Clinic has prudently intervened to reduce hospital patient days by 2,850 and prevented 1,045 Emergency Center visits.

### **Primary Prevention & Continuity of Care**

Delivery of evidence-based practice also arrives in the form of efforts targeting primary prevention and continuity of care. Nurses are actively engaged in helping to establish a new model of care which will help ensure adoption of best practices to make ambulatory care more efficient and patient focused.

This is best exemplified by the implementation of the medical home



*Elaine Jones facilitates during strategic planning session.*

model, composed of University Health System's preventive health clinics, to provide a coordinated level of care and access to patients and their families. Nurses are actively engaged in addressing both the life stage of the patient and specific populations (from newborn to senior health), by expanding delivery of prevention and wellness services to transform the health of our community.

### *Fiscal Strength*

In 2010, nursing staff collaborated with shared governance councils, specifically the Product Evaluation Council, to standardize patient care products across the health system. Through these efforts, products have been evaluated and selected by end users to become standardized products. Product standardization alone has saved over \$1,000,000 in 2009 and 2010 combined.

### *Customer Service Excellence*

The patient's experience is the most important aspect of service. Their overall satisfaction with the quality of care, environment, and interactions with nursing staff, is directly linked to what is said about University Health System to their family and friends, as well as their willingness to recommend us to others and return to when seeking additional services.

The Hospital Consumer Assessment of Healthcare Providers and Systems'

(HCAHPS) patient satisfaction survey is utilized to measure the patient's experience when receiving services within the health system.

The HCAHPS data is reviewed monthly and formally reported quarterly to the Quality Committee. In addition, the data summary is sent to department leaders and process improvement teams for review, discussion, recommendation, and action.

The goal for service excellence is for University Health System to be in the top 25th percentile within one year. To reach that goal, nursing has implemented the following initiatives:

- Hourly intentional nurse rounding
- Use of the dry-erase boards in patient rooms to keep patients and families abreast of pertinent information
- Inpatient acute pain consult service (led by two pain management-certified nurses)
- Leadership rounding diversity
- Research, professional practice and more

Every unit and clinic created story boards to share their unique stories, and our Magnet Champions worked tirelessly to facilitate the telling of their incredible stories.



*University Health System nurses are engaged during annual strategic planning session.*

## Advocacy & Influence in Nursing

Nancy Ray, our chief nursing officer, proclaims the excellence in patient care at University Hospital. Her leadership has been essential in the Magnet journey, and has never compromised in achieving recognition for University Health System. She tells everyone that the process is a “journey of transformation.”

One specific area of Nancy’s advocacy has been the continued development of the patient care coordinator’s (PCC) role and the qualifications of nurses filling those roles. She has encouraged and supported their leadership development through the Management Development Academy (MDA), transformational care retreats and mentoring individual nurses as a means of empowering them in their roles.

As a strong advocate for care across the continuum, Nancy meets weekly with the ambulatory services team meeting providing nurses’ perspective in the critical transition of patients from acute to ambulatory care. Her leadership has been a vital component in improved services for obstetrics patients in our health system, ensuring a seamless process of quality patient care.

Nancy has now set goals for developing the Center for Excellence in patient care. The center will enhance excellence in patient care delivery through innovation, research and evidence-based practice. It will enrich opportunities for professional development, mentorship, and networking for University Health System nurses. Finally, it will support a work environment that fully integrates technology, quality, education and customer service.

## Collaborating for Transformation of Patient Care

Throughout University Health System, nursing directors collaborate, invigorate and inspire their nurses to find new solutions, innovations, best practices for delivery of patient care and improvement of the work environment.

Directors are listening posts for direct-



*Nancy Ray, Chief Nursing Officer*

care nurses’ ideas and needs, and then create strategies to get their ideas in motion.

Lisa Sanchez, RN, administrative director, Patient Care Services, listened to the concerns of her nurses, regarding the knowledge and skills of their recently graduated medical assistants.

She formed a team, comprised of ambulatory nurses who created a new didactic and skill development course and training manual for medical assistants. Debra Foreman-Lindsay, Michael Dodd, Brian Smith, Rudy Jackson, Juan Gonzalez and Anthony Herron, provided classroom and clinical education for medical assistants. It has become a very successful course. Plus, the team has also developed a course for licensed vocational nurses.

Noel Schafer, administrative director, Perioperative Care, and her nursing staff have been successful in the implementation of new ideas in the operative areas:

- Provides “thank you” cards to patients, signed by all staff that provides care for them during their perioperative experience.
- All early morning staff changed their shift start time from 6 a.m. - 5:30 p.m., in an effort to improve start times in OR. More surgical procedures are beginning at their scheduled start times now, reflecting a 25% improvement since the process was initiated.

- Now has open-visitation for all patient family/significant others.
- Provides areas for two beds for interventional radiology nurses to recover their patients, following radiology procedures in PACU, due to lack of space for beds in the Radiology Department.
- Changed supply ordering process to improve supply flow in the OR.
- Weekly supply meetings so that clinicians and supply personnel can interface to improve processes.
- Created a PI team to improve Operating Room “turn around time”

Susan Gerhardt, MSN, RN, administrative director, Surgical Trauma ICU; Elizabeth Wilson, BSN, RN, administrative director, General Medicine; and Lisa Sanchez, RN, director, Ambulatory Care, have been leading the way with their staff.

The team has been actively participating in the UT Health Science Center San Antonio (UTHSCSA) Clinical Safety and Effectiveness Course, led by Jan Patterson, M.D.

The course offers project-based learning through team collaboration. Each participating team attends the sessions prepared to identify and develop a quality project pertinent to their clinical areas. In partnership with physicians, nurses, pharmacists and other professionals, the training is focused on a commitment to excellence, quality care and the spread of clinical safety and effectiveness throughout both University Health System and the UT Health Science Center.

Elizabeth Wilson and Lisa Sanchez teamed up with Eric Fein, M.D. The project focused on the process of notification of primary care providers when their patients are admitted or discharged from University Hospital’s 9th floor, General Medicine. Susan Gerhardt and Jason Gourlas, P.A., focused their project on prevention of self-endotracheal tube extubation by patients in the Surgical Trauma ICU.

## **Magnet Champions Lead the Way**

Leadership is seen at all levels at University Health System. At 162 strong, Magnet Champions have provided communication, education and support in both unit and nursing shared governance. A number of champions were part of the inception of the journey, and continue to advocate for best practice in ambulatory and acute care settings, and our numbers continue to grow.

Our *Breakfasts of Champions* have been a means of sharing new ideas and unit successes. The early morning meetings have provided a great venue for meeting and greeting nurses across the health system.

## **Leadership Development Academies**

When George B. Hernández, Jr., became president and chief executive officer of University Health System, one of his early initiatives was the creation of the *Institute for Leaders*, which supports leadership development and succession planning. He gives credit to these Academies for creating a “culture of learning” within the health system.

## **Joyce Ornelas, BSN, RN, PCC, describes the value of the course:**

*“I soaked up all the information I could at the Management Development Academy (MDA). I was on my journey to manage. The topics covered were actually issues I was dealing with. None of the MDA classes were wasted.”*



*Nurses collaborate at Breakfast of Champions.*



*Graduates of the Management Development Academy (MDA): Kathy Allen, RN, Surgical ICU; Sonya Holder, RN, Surgical ICU; Regina Reed, Manager, Social Work; and Charles Reed, RN, Surgical ICU.*

all verbalize that the experience was professionally and personally rewarding.

Lisa Sanchez, a graduate of the first Performance Leadership Academy has been subsequently been recognized for her leadership by receiving the Ruth Stewart Excellence in Nursing Award, presented by Ruth Stewart and the Delta Alpha Chapter of Sigma Theta Tau International. Lisa describes her leadership role as being an advocate, innovator, listener and one who can empower those around her.

**Richard DeVera, RN, Transplant ICU, shares his MDA experience:**

*“The batch of 2009 Management Development Academy participants were treated to a back stage trip to Sea World San Antonio. We were permitted to watch and observe how the trainers interact with the whales. Some of us even had the opportunity to wear wet suits and be up close with the whales in the water. This experience was designed to teach us how to improve our relationships at work in order to become more productive and achieve better results. The power of positive relationships is achieved by building trust, accentuating the positive, and redirecting the energy when mistakes occur. Whale done!”*

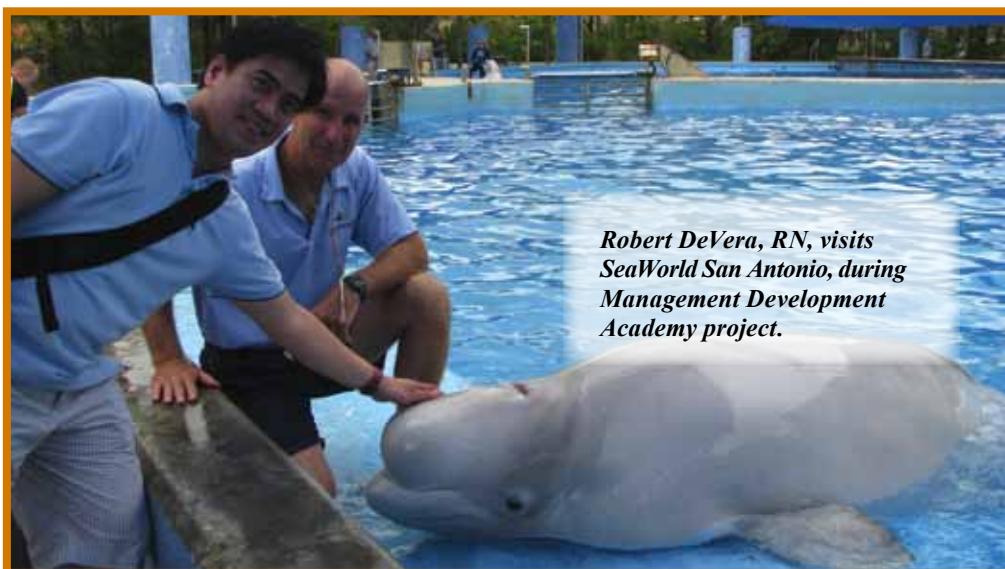
These nurses were not alone in expressing the positive experience the academies imparted. From across the health system, nurses who participated in the Performance Leadership Academy and the Management Development Academy

**Leadership Runs in the Family**

When Kathy Allen, patient care coordinator, Neonatal Intensive Care Unit (NICU), and Regina Reed, LMSW, manager, Social Work Department, University Hospital, completed University Health System’s Management Development Academy (MDA), they hoped their loved ones, who are also employees, would one day gain the same experience.

That’s exactly what happened. Kathy’s daughter, Sonya Holder, an RN in the Surgical ICU, and Regina’s husband, Charles, also an RN in the STICU, became members of the second MDA class.

MDA members are nominated by their directors and vice presidents, after meeting very strict criteria for Academy membership. Participants go through a year long educational journey, attending monthly classes on communication and management skills, as well as policies and procedures.



*Robert DeVera, RN, visits SeaWorld San Antonio, during Management Development Academy project.*



*Pediatric nurses hold "Mind Map" at annual retreat, held at Mount Wesley in Kerrville, TX.*

### **Visibility, Communications & Accessibility**

Nancy Ray, chief nursing officer, maintains a jam-packed schedule, but predictably can be found in her office every day by 5:30 a.m. The schedule allows her to be available to the night staff, quietly review activities that occur during her absence. Without fail, she finds time throughout her day to speak with staff. One unique communication tool developed was the "Ask Nancy" feature on the nursing blog website at [www.RememberTheMission.com](http://www.RememberTheMission.com), but most staff members prefer emailing, calling or meeting with her in person.

### **Walk in My Shoes**

Every May, University Health System celebrates its nurses! One of the celebrations include the *Walk in My Shoes* program. Participants from the University Health System Foundation Board, members of the health system's leadership team, and community members are invited to "walk in the shoes" of a nurse. The group learns first-hand how clinical nurses deliver quality care at the bedside.

Participants watch nurses serve as advocates for their patients, manage life-saving procedures, and experience the ushering of life into this world, as well as transition into the next. They not only watch, but are making lists for how they can support nurses.

We salute nurses for their commitment to excellence every day, and we thank those who have taken time from their busy schedules to walk in the shoes of nurses at University Health System.

### **A Celebration of Change**

Women's Health Services was given the opportunity to attend an annual nursing retreat at Mount Wesley in Kerrville, TX. The retreat offers staff members a chance to reenergize, share ideas and offer endless possibilities for improvement. The goal is to provide seamless and coordinated delivery of care for every woman who chooses University Health System.

### **Putting the Pieces Together**

Pediatric multi-disciplines is an opportunity to reflect on the past, acknowledge the present, and plan for the future. Staff nurses, technicians, case managers, clerks, and respiratory therapists, seized the opportunity to voice their concerns, during a quiet candid conversation. Through diverse backgrounds and group consensus practices, a mind map was created to capture ways to grow, as a work in progress.

Six months later, plans were fine-tuned, with plans to implement in January of 2011.



*University Health System nurses*

## *Structural Empowerment*

University Health System has been on a journey toward self-governance, decision-making structures and processes in which nurses establish standards of practice and address issues of concern.

Nurses have been involved in the Capital Improvement Project from its inception and continue their roles in ensuring this new space will provide the best work environment for the delivery of patient care. Quality improvement projects have been integrated between Nursing Quality Council and the Quality Committee. Medical-Dental subcommittees such as CPR have been co-led by nurses and made changes to equipment and processes to improve our response to cardiac patient emergency.

Nurses have been influential in organizations and partnerships established by University Health System and the community of San Antonio. The goals of these are building health and well being of our community.

Professional learning and advancing the nursing profession have been in the forefront of our nurses. Our Magnet journey has been shared throughout the community. Learning opportunities have been opened to nurses throughout the community and our nurses have continued to support professional organizations in different specialties.

Our recognition of all of these contributions to patients, family and the patients of Bexar County, South Texas and beyond has continued to mature. Daisy Award winners, Beacon Award, Image-makers, and Professional Nurse Awards are a few of these acknowledgements of nurses' great involvement in the care of patients. Magnet Recognition Program was the organizations and nurses greatest honor

Nurses and staff proudly display the pins on their badges as they were recognized by the State of Texas Legislature, Bexar County Commissioners, Texas Nurses Association, District 8 TNA and Delta Alpha Chapter of Sigma Theta Tau, and the City Council and Mayor of San Antonio. Each one of the recognition's was a tribute to the nurses and staff who will settle for nothing less than excellent patient care delivery.

### **Professional Engagement**

Professionals are a “body of persons” engaged in some occupation. Their engagement is a “formal promise” and in the case of nurses, to their patients as an assurance of excellent nursing care. Within University Health System, there is a commitment to serve on organizational committees that bring nursing solutions to the table and support professional organizations within the community. The following stories exemplify our promise!

### **Planning for the future**

Being involved in the design of the \$899.4 million Capital Improvement Program (CIP), ensures a work environment that supports nursing. The nursing staff has been actively involved since the beginning of the planning process.

Groups of nurses have met on a regular basis with architects and project planners relative to floor and patient room designs. Many of these suggestions have been incorporated. As the room is tweaked, more input will be requested from nursing. Equipment fairs have been held, and nurses have been encouraged to attend for their invaluable feedback.

### **Supporting Our Community**

Patient Care Services and Learning Resources provide continuing education to professional organizations by working with groups to provide nursing contact hours for local and regional conferences. Some of the groups include the Texas Perinatal Association, the Philippine Nurses Association of San Antonio, the South Texas Gastroenterology Nurses Association, Texas Association of Peri-Anesthesia Nurses, and the San Antonio Literacy Initiative.

University Health System’s Texas Diabetes Institute and its preventive health clinics also provides continuing education for community nursing members.

On a yearly basis, the nursing research council teams up with District 8 Texas

Nurses Association, Sigma Theta Tau International, Alpha Chapter at Large, UT Health Science Center’s School of Nursing and Christus Santa Rosa to provide a Community Nursing Research Forum.

### **Professional Organizations**

Kikumi Sarles, RN, BSN, CNOR, is the treasurer of the San Antonio Chapter of the American Operating Room Nurses Association for 2009-2011. Her responsibilities to SA-AORN consist of formulating the annual budget, preparing financial statements for Board meetings and ensuring that they keep good financial business practices. Kikumi also serves as a liaison between AORN and University Health System. For the last four years, Kikumi has coordinated the AORN-SA Race for the Cure team and helped to organize fund raisers that ultimately provide scholarships to graduate and undergraduate nursing students.

Susan Douglas, MSN, RN, CEN, director of Child Health and Safety, has been synonymous with the Emergency Nurses Association (ENA) for many years in Texas. Her involvement became international when the Korean Armed Forces Nursing Academy (AFNA) contacted ENA to request their willingness to bring the Trauma Nursing Core Course (TNCC) to Korea.

The Korean AFNA is a four-year baccalaureate university nursing program sponsored by the Korean Military. The first class of students consisted of AFNA nursing professors.



*Nurses discuss future, during Capital Improvement meeting.*

*Susan Douglass, RN, Director of Child Health and Safety Awareness, teaches the Trauma Nursing Core Course to nurses in Korea.*



Susan was one of the team members of TNCC instructors providing the course in Daejeon, South Korea. The first class was an overwhelming success. All 16 students passed the written exam, with the lowest score being 90 percent.

The Philippine Nurses Association of San Antonio (PNASA) is another professional organization in which many University Health System Filipino nurses are active members. The Philippine Nurses Association of San Antonio (PNASA), was organized in March 1989. The PNASA is an educational, professional, voluntary, non-sectarian and non-profit

organization. The organization has been providing educational seminars to the community in partnership with University Health System.

**Professional Development**

Nurses at University Health System are unfolding the latest innovations and learning on a continual basis. There is a constant advancement in knowledge and skills. Nursing educators are a positive force in providing professional development in within the organization. Development of nurses is accomplished in many ways.

Debbie Fraley MSN, RN, CCRN, CCNS, and Mary Anne Peinemann MSN, RN, CCRN, developed an educational needs survey for nursing staff. Both Fraley and Peinemann reviewed results and identified the educational needs of the nursing staff. Speakers were invited to address requests during the monthly professional education days.

Key topics included care for patients with chronic illnesses, alleviating chronic pain, monitoring of patients on anticoagulants, assessing patients affected by abuse or neglect, and combating lateral violence.

The event was videotaped and distributed to educators for sharing with staff who were not able to attend the presentations.



*The first class of the Korean Armed Forces Nursing Academy*



*Celebrating Certified Nurses Week*

### ***Evidence-Based Practice***

Nurse educators coordinated and provided specific course work for the development of University Health System nurses. Four separate presentations, including 150 nurses in attendance, were provided on the complex topic of evidence-based practice.

The conference entitled, “Untangling the Web of Evidence, Based Practice, Quality and Research: Implications for the Practicing Nurse,” was presented by Marte Mosley Ph.D., RN. She provided important insights into how evidence-based practice must be used daily by bedside nurses.

### ***Nurse Educators***

Oncology nurses need specialized knowledge to administer cytotoxic and biotherapeutic agents. Susan Pawkett, RN, OCN, a nurse educator/ PCC for HemOC, teaches oncology nurses the Oncology Nursing Society’s Chemotherapy and Biotherapy course. The course offers a theoretical foundation needed to administer cytotoxic and biotherapeutic agents.

Nurse Educators help prepare nursing staff to meet the needs of the patient experiencing a cardiac arrest.

Debra Fraley MSN, RN, CCRN, and Michelle Sherman RN, are nurse educators in the Surgical ICU and Transplant ICU. They teach ACLS classes. Irene Lopez,

RN, Neonatal ICU, teaches the Neonatal Resuscitation Review course. Hazel Lee, RN, MSN, CCRN, ICU, Telemetry; Elaine Jones RN, MSN, CNS, Special Surgery; and Lois Weisinger MSN, RN, Inpatient Psychiatry/PES. teach BLS CPR classes for staff on their respective units and to other staff members as needed.

### ***The Importance of Certification***

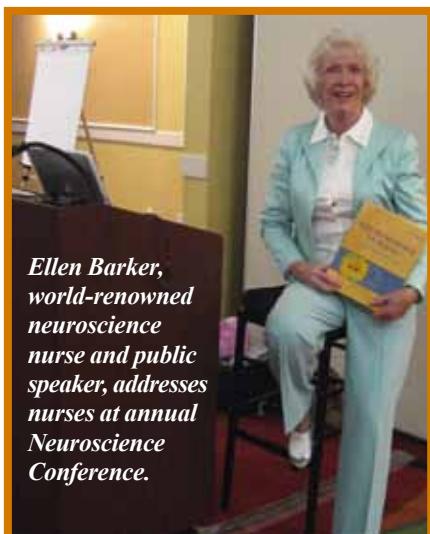
Bonnie Schraner, MSN, RN, BC, spearheaded efforts to encourage nursing certification. The oncology chemotherapy course is offered on site.

Review materials were purchased for rehabilitation nursing certification, including the CCRN, CEN, PCCN, and Med-Surg review courses. Two conferences that provided review courses for nursing certification helped prepare nurses as well.

The 4th Annual Neuroscience Conference was held in San Antonio, TX. Ellen Barker, a world-renowned neuroscience nurse, national speaker, and published author, was the guest speaker at the conference.

The two-day conference served as a review course for the certified neuroscience registered nurse (CNRN) exam. Three nurses have achieved the coveted certification.

Kathy Gray-Siracusa, Ph.D., RN, MBA, NEA-BC, CCRN, assistant professor at Villanova University,



*Ellen Barker, world-renowned neuroscience nurse and public speaker, addresses nurses at annual Neuroscience Conference.*

presented a two-day leadership certification review course designed to focus on important aspects of management, leadership, quality and patient satisfaction. To complete the certification courses for nurses at University Health System, 86 nurses participated in the Academy of Medical-Surgical Nurses: Medical-Surgical Nursing Overview and Certification Review Course. Nurses overwhelmingly validated how important the review was to taking the certification exam.

### **Teaching & Role Development**

Teaching at University Health System defines the nursing role. Nurses work at the health system because they love being in an academic setting that supports the role of nurses as teachers.

As the largest teaching hospital in the area, University Health System actively trains nurses in many different points in time.

Patient teaching is under the watchful eye of the Patient Education Council. The focus is on the needs of educating patients. The council works diligently to identify the resources available and needed by nursing staff for education of patients. They are setting the standards for creating materials that are able to reach patients with low literacy needs. They seek to support and help staff improve their patient education efforts.

A critical role for patient teaching is in prevention of injury. The Child Health and Safety Awareness Department, led

by Susan Douglass, RN, MSN, CEN, and her team, are nationally certified child passenger safety instructors.

Through collaboration with Safe Kids USA by NHTSA, the instructors certified eight University Health System registered nurses, as child passenger safety technicians.

The nurses completed a four-day intensive program, including topics on crash dynamics, types of car seats, use of car seats and common mistakes made by parents



*Susan Douglass, RN, Director of Child Health and Safety Awareness.*

### **Commitment to Women's Health**

Patient education is key to providing quality care to patients who choose University Health System for their care.

The Women's Health Services team considers Marisol Leija, BSN, RN, nurse educator, their "gold mind."

Thanks to her dedication, an area called "The Crossroads" has been developed. The area is a cabinet containing important teaching tools used by nurses to help educate patients. In addition, a class on childbirth is taught, and tours of the 4th floor are provided to prospective patients.

The unit also provides valuable information about CareLink, a payment program for Bexar County residents who do not have medical insurance, or access to health insurance.

### Teaching Our Own

Teaching does not stop with students and patients, nurses are busy helping each other learn too! One special lesson nurses aimed to teach in 2009 and 2010 is that staff members are the ESSENTIAL ingredient.

Magnet Champions Susan Pawkett, Jeanie Sauerland and Midori Acker were joined by Kate Robertson and Joan Thomas in sharing the special components that make up the recipe for Magnet at the health system's holiday party. While waiting for their holiday lunch and their visit with senior leadership, staff were provided with an education on the *Journey to Excellence*. Debra Fraley developed a DVD of multiple staff members in their daily roles and reminded everyone to participate.

Another way that our nurses educate is by sharing their knowledge and expertise through publications. Five nurses from the Surgical ICU were published in *A Daybook for Critical Care Nurses*, published by SIGMA THETA TAU International Honor Society for Nursing. This is the first daybook specifically for critical care nurses. The authors of the book include: James Stovall, Sonya Holder, Susanne Thees, Susan Gerhardt and Charles Reed.

Charles Reed along with his mentor Dr. Carol Reineck from the UT Health Science Center's School of Nursing published a chapter, "In Pursuit of Quality Outcomes," in the international nursing leadership book entitled, "101 Global Leadership Lessons For Nurses."

Authors from 32 countries covering six continents contributed to this book to share their leadership lessons.

Elizabeth Khoshboei, BSN, RN, in the Surgical ICU, is a diabetic. She is also on a mission to teach, not only people with diabetes, but the general population to eat healthy. She wrote and published a cookbook entitled, "Become a Healthier You."

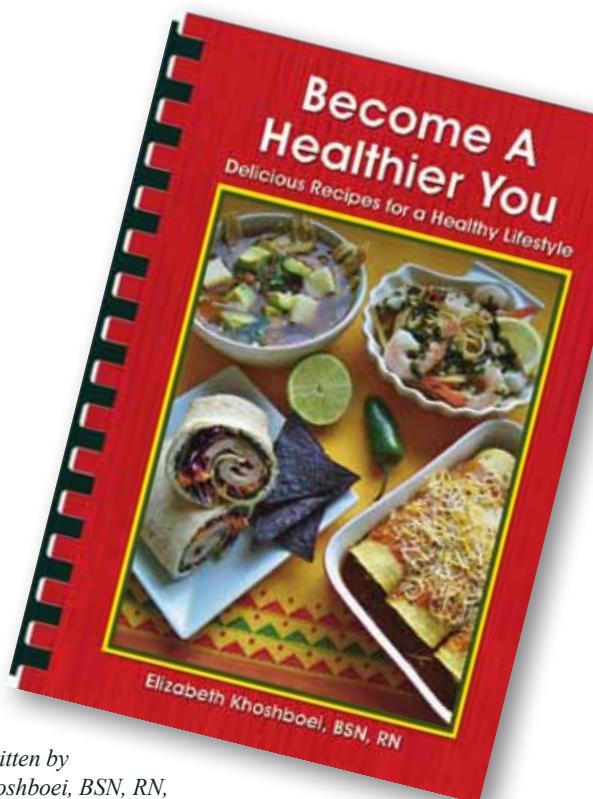
### Teaching & Role Development

Nurses at University Health System have a fellowship with the community of San Antonio. They strive to improve the good health of the community, South Texas and beyond. They are committed to the health system's mission every day! Their dedicated service, partnerships and community outreach embody the spirit of University Health System.

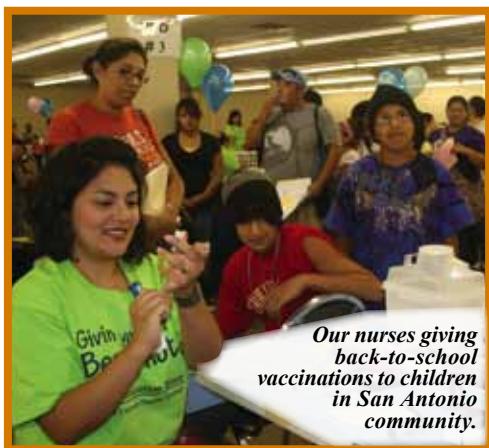
### Community Service

Health promotion initiatives, led by University Health System staff provide a wide variety of important services. A few activities include signing and mailing holiday cards and care packages to soldiers worldwide. Staff participation in the "GO RED" campaign for raising awareness about heart disease in women, and 5K runs to help fund charities and research nationwide.

The Pediatric ICU staff has been instrumental in raising awareness about shaken baby syndrome in the community. Nurses recently received a simulator baby to assist in the educational program.



Cookbook written by  
Elizabeth Khoshboei, BSN, RN,  
Surgical ICU, University Hospital.



*Our nurses giving back-to-school vaccinations to children in San Antonio community.*

Back-to-school immunization drive for school children is another community initiative. More than 700 area students were vaccinated in 2009 by University Health System nurses. The drive, as well as the Annual Spring Festival at the University Family Health Center-SW, provides a great service to the community. The initiatives are just a few of the many programs provided to the community. The work would not be accomplished without the dedication of volunteers.

### **Welcome Back Party**

The Neonatal ICU staff hosts its Annual Premiere Reunion every October. The “Preemie” graduates return with their families, dressed in Halloween costumes! Families enjoy fun games, food and prizes. It’s an opportunity for families to reconnect with the doctors, nurses and other families whose children were cared for in the NICU. It also gives families a chance to rekindle the bond they shared with staff.

In June 2009, National ASK Day (Asking Saves Kids) was observed. The theme, *One Simple Question, Thousands of Reasons to ASK*, is in reference to the single question that could save thousands of children from serious injury or death: “Is there a gun in your home?”

University Health System, in partnership with the San Antonio Police Department and the San Antonio Metropolitan Health District, held a press conference on June 8, 2009, to encourage all parents to “Ask.”

### **Collaboration**

University Health System nurses are essential when it comes to partnering with groups that can assist with improved patient care. Acute pain service nurses, Peggy Bartholomew and Brenda Perry, were invited to participate in the San Antonio Safety Collaborative (SASC), a multidisciplinary group of representatives from several health systems in the San Antonio area, to join forces to discuss safety initiatives related to patient controlled analgesia (PCA).

Members of SASC met throughout the year to do a systematic review of the literature, share resources, discuss risk reduction strategies, and improve practices across the healthcare community.

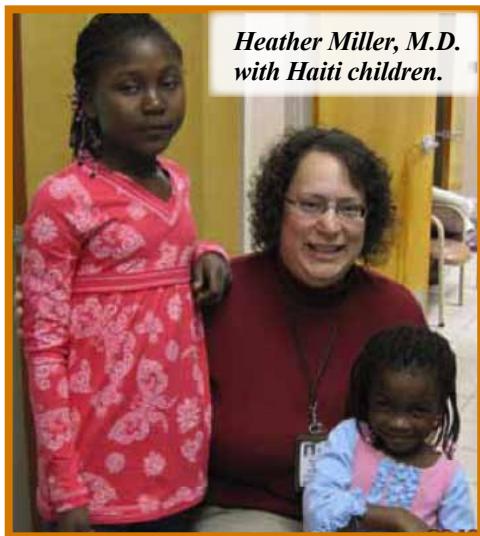
As a result, the “PCA Guidelines for the Adult Use” was developed. The objective was to provide safe, effective pain relief using PCA with minimal adverse effects through use of clinical guidelines. The guidelines were introduced to the community at an educational event that covered topics of basic pain management, opiate sparing techniques, safety issues, and minimizing risks with opiate administration.

### **Giving to the Community**

Each year, University Health System employees give generously to United Way San Antonio. Nurses are a big part of making it a successful campaign. United Way provides support to individuals and families in need of assistance during difficult times, through various local outreach organizations. Bonnie Schraner, RN, MSN, a facilitator and educator, Learning Resources Department, has tirelessly campaigned for United Way for more than 15 years.



*Bonnie Schraner, RN,  
Nurse Educator*



*Heather Miller, M.D.  
with Haiti children.*

### *Children from Haiti*

Part of reaching out to the community includes those who become part of it, even temporarily. Staff members from the University Family Health Center - Northwest reached out to Haitian families living in San Antonio. The staff collected colorful baskets filled with fun items like stickers, healthy snacks and fun games for refugee children from Haiti. The baskets were delivered to the children by Catholic Charities of San Antonio.

### *Celebrating Extraordinary Nurses*

The DAISY Award program has blossomed at University Health System, thanks to the efforts of the committee which has helped make the program a growing success.

The DAISY Foundation was formed in 2000 by the family of J. Patrick Barnes who died at the age of 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). The family created the DAISY Award in his honor to help recognize nurses who do extraordinary work every day all over the country

University Health System presented its first DAISY Award on February 12, 2009.

The American Nurses Credentialing Center (ANCC) is a supporter of the DAISY Award for all Magnet® organizations and those on the journey to Magnet.



*Elsie Harris, RN, Emergency Center, University Hospital, was the first DAISY award honoree at University Health System.*

The award presentation includes a beautiful sculpture, DAISY pin, mounted and embossed certificate, and Cinnabons rolls. Cinnabon is a sponsor of the award.



*It's always raining DAISIES at University Health System. Each month, a nurse is honored with the DAISY award for his/her extraordinary work and dedication to the nursing profession.*



### **2009 Honorees**

Elsie Harris, RN  
Emergency Center - University Hospital

Tracy Finch, RN  
Emergency Center - University Hospital

Virginia Camero, RN  
PACU - University Hospital

Anthony Herron, LVN  
Family Health Clinic - Robert B. Green Campus

Jesusita Welker, RN  
Hartman Surgical Pavilion - University Hospital

Marilyn Green, RN, PCC  
Radiology - University Hospital

Criselda Escamilla, LVN  
Wound Care Clinic- Texas Diabetes Institute

Cielito Ascio, RN  
PACU - University Hospital

Marian Santillan-Rabe, RN, NP  
FFACTS - Robert B. Green Campus

Ana Trevino, RN  
FFACTS - Robert B. Green Campus

Donna Grieder, RN  
Special Surgery - University Hospital

Ishmael Salazar, RN, PCC  
PICU - University Hospital

### **2010 Honorees**

Rosanne Carillo, RN, CM  
HBM-WCC - Texas Diabetes Institute

Juan Garcia, LVN  
JDC - Detention Health Care Services

Maria Guerrero, RN  
NICU - University Hospital

Eva Balboa, RN  
STICU - University Hospital

James Alexander, RN  
General Medicine - University Hospital

Deborah Gruendler, RN  
Catheterization Lab - University Hospital

Armando Alcala, RN, PCC  
Hartman Surgical Pavilion - University Hospital

Andrea Auyon, RN  
NICU - University Hospital

Rebecca Wood, RN  
HBM-WCC - University Hospital

Suzanna Feliciano, RN  
NICU - University Hospital

Annabella Barbosa-Prince, RN  
Skin Care Specialist -University Hospital

### **The DAISY Award Committee**

Thomas Culwell, RN, Chair  
Chuchi Pontillano RN, Co-chair  
Bonnie Schraner, RN  
Peggy Bartholomew, RN  
Amy Hensz, Human Resources  
Robert Yancey, RN

Azanette Jacobo, Administrative Asst.  
Carlos Castañeda, LVN  
Mary Ayon, Center for Caring  
Delores Puente, RN  
Cecile Gorham, RN



*University Health System's Transplant Intensive Care Unit earned the Beacon Award.*

### ***A Higher-Level of Care***

University Health System's Transplant Intensive Care Unit (TICU) is the first in San Antonio, and the second transplant ICU in the nation, to earn the Beacon Award for Critical Care Excellence from the American Association of Critical Care Nurses (AACN).

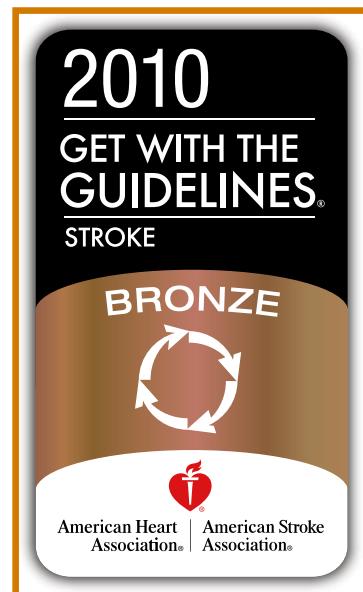
The Beacon Award recognizes individual critical care units that exhibit high-quality standards and exceptional care for patients and families while fostering and sustaining healthy work environments.

The award is further demonstration of the organization's commitment to excellence in patient care, and recruiting and retaining the very best nursing staff.

Elizabeth "Ann" Maxey, Chasity McDonald and Michael Payne, nursing director, Transplant ICU, traveled to Washington, D.C., in May 2010, to represent the unit and health system during the American Association of Critical-Care Nurses' National Teaching Institute (NTI), where new Beacon Award unit recipients were recognized.

### ***Stroke Certification***

The University Health System received Primary Stroke Center Certification in June 2010 from the Joint Commission on hospital accreditation. The certification means that the needed processes are in place at University Hospital to assure stroke patients are assessed and treated rapidly, around the clock, 365 days a year.



One of the major expectations of a Primary Stroke Center is a designated inpatient stroke unit. The Intermediate Progressive Care Unit (IPCU) at University Hospital, staffed by 66 RNs (24% of whom are nationally certified and 77% of whom are actively advancing through their clinical ladders), was perfectly positioned to not only take on this responsibility but to transform the organization into a center of excellence for stroke care. Johanna Sharp, RN, MSN, serves as nurse stroke coordinator.

Wen Pao RN, MSN, CCRN, NEA/BC, ACNP, nursing director, MICU, IPCU, and Cardiac Telemetry, supported the use of variable nurse-patient ratios – permitting an IPCU 4:1 ratio to become 2:1 when stroke patient acuity, when necessary.

The Rapid Response team is available 24 hours a day to assist and expedite the care of IPCU, telemetry, and floor level patients, as soon as the suspicion of stroke symptoms are identified. A stroke alert pager, designated IPCU stroke bed, electronic stroke physician order set in Sunrise (electronic medical records), and the use of an inpatient acute stroke protocol is part of the process. Carla McDaniel, a member of the IPCU Education Council, Staff Nurse III, created a patient teaching brochure, “Understanding Your Stroke.” When the Joint Commission conducted their site visit of University Hospital, they recognized the brochure as a “gold standard” for patient education resources, as well as shared a copy for national adaptation and distribution.

**Pay it Forward**

University Health System continues to receive national attention for its Annual Tree of Life event. The event honors those who have given the gift of life. An article about the event has been presented at national conferences, such as AACN NTI in 2008. In 2009, the article was published in the *American Nurse Today* publication.

In 2010 it was presented at the 6th National Learning Congress for Donation and Transplantation for Community Practice. The article has been provided to other institutions as a resource for implementing similar practices.

**Professional Nursing Award**

Priscilla Bookman, Staff Nurse III, Emergency Center at University Hospital was recognized for her excellent work. In a busy Emergency Center, medication supplies need replenishing frequently. Priscilla suggested a Code Heart Kit be placed in the main Pyxis where all the medications could be located.

She worked with Pharmacy, Catheterization Lab, Quality and Administration departments to implement the Code Heart kit.

This innovation has resulted in the quick retrieval of life saving medications and has helped improve our “door-to-balloon” core measures, ensuring that heart attack patients arrive in the Cath Lab within 90 minutes from arrival to the Emergency Center.



Tree of Life article featured in the *American Nurse Today* publication.

# Exemplary Professional Practice



*Members of the Emergency Center at University Hospital. The photo was taken for a Living Proof public awareness campaign, featuring some of the remarkable patients, staff, nurses and physicians at University Health System. Six 30-second television spots in English and Spanish, as well as billboards, bus wraps, and print ads were part of the campaign.*

Exemplary Professional Practice (EPP) describes the skill and art of nursing within University Health System. During the site visit from the American Nurses Credentialing Center (ANCC) reviewers, practicing nurses were praised for their exceptional understanding and application of the organization's Professional Practice Model (PPM).

It was apparent to the appraisers that nurses clearly articulated the link from the PPM to the care delivery system, but most impressively, that their explanation of "care" for patients came from the heart.

Interdisciplinary collaboration is a nurses mantra, it takes a team to provide patients with exemplary care. Physicians, pharmacists, dieticians, physical therapists, respiratory therapists, social workers, chaplains, transporters, technicians and other healthcare professionals are all needed to provide comprehensive care to patients.

Our nursing staff pride themselves on competency, and have implemented a peer evaluation process to ensure that nurses base their decisions on evidence about safe and ethical practice. Nurses are grounded by a culture of safety, quality monitoring and quality improvement. They compare themselves with national benchmarks and seek to provide their patients with the highest quality of care.



*Susan Pawkett, RN, Oncology; Dr. Helen Erickson; and Mary Ann Peinemann, RN, Pediatrics. Susan and MaryAnn helped develop the Professional Practice Model used at University Health System.*

### **Professional Practice Model**

The Professional Practice Model (PPM) is based on the Modeling and Role-Modeling (MRM) theory, a guide for delivery of nursing care to a diverse patient population, based on patient needs.

The targeted nursing interventions lead to more satisfied patients with healthier outcomes. Nurses understand these needs, as they spend time with patients and see the world through their eyes. Nursing staff perceives and understands the disequilibrium between body, mind and spirit, and is able to provide holistic care for better patient outcomes.

Our nurses have sought to understand and share the PPM with colleagues at University Health System and beyond. Irene Garcia-Sandate, RN, MSN, NNP-BC; Susan Pawkett, RN, BSN, ONC; and Mary Anne Peinemann, RN, MSN, CCRN, presented the Development of a *Professional Practice Model: Promoting Staff Nurses' Understanding of a Professional Practice model in a large health system* at the Society for the Advancement of Modeling and Role-Modeling (SAMRM) National Conference in San Antonio. The presentation provided others with a road

map for incorporating Modeling and Role-Modeling in a nursing organization.

To further our own understanding, the Intermediate Progressive Care Unit (IPCU) and General Surgery hosted Dr. Helen Erickson in the first Modeling and Role Modeling (MRM) Grand Rounds in April 2010. Nurses also participated in a follow-up skyping event with Dr. Erickson to discuss how strategies worked for patients.

Leticia Wilson, RN, Patient Care Coordinator, IPCU, shared how new targeted nursing care worked for a patient within the unit.



*Nurses loved doing Grand Rounds with Dr. Helen Erickson.*

### **Graduation Day**

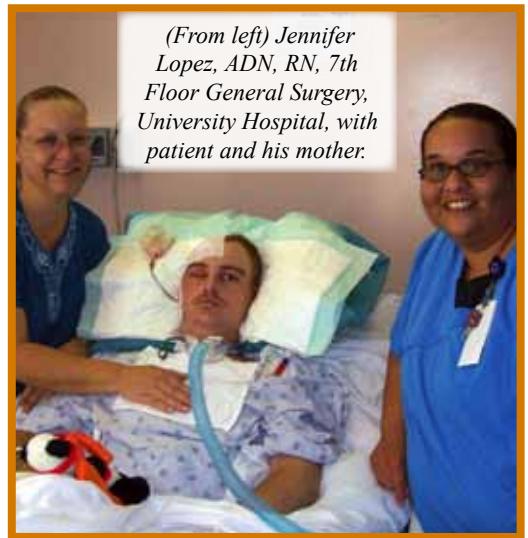
Nurses at Reeves Rehabilitation Center and 7th floor General Surgery responded to the unique needs of their patient, an 18 year old high school student flown to University Hospital after a serious car accident in May 2009.

Her injuries made it impossible for her to attend her own high school commencement service. To remedy the situation, nurses worked with her school principal and classmates to bring graduation to her.

It's not every day that a high school graduation ceremony is held in a hospital room. But, thanks to the nurses in Reeves, Lynn was able to graduate!

### **Meeting the Patient's Needs**

Seeing the world through the patient's eyes includes the family as well. Nurses on the 7th Floor at University Hospital cared for a 23 year old male patient, following a severe traumatic brain injury. The young man had already been in the hospital for six weeks prior to his arrival to the intermediate area.



During his stay, nurses learned about his mother's concerns about placing him in a nursing home, after discharge from the hospital. So they quickly taught her the skills needed to provide care for him at home. How rewarding to be able to witness first-hand the decision for this young man to return home with his family.

Doing what is best for the patient and family, despite the odds, exemplifies the health system's chosen nursing theory.



# Welcome Neighbor

to the medical home for you and your family



*Donna Greider, BSN, RN, 7th Floor General Surgery; Sonya Holder, BSN, RN, Surgical ICU; and Dr. Helen Erickson, completed a video about the Professional Practice Model. The video helps describe how it is applied in clinical areas. The video also provides new nurses to the organization with a clear picture and understanding of the PPM and health system's nursing culture.*

## Care Delivery Systems

Nursing Care Delivery Models reflect how clinical areas incorporate an organization's mission into nursing practice. Care-delivery models are where the work of the organization is accomplished. While some care delivery systems at University Health System are standardized across hospital units, some units have more diverse means of delivering care to our patients.

One example of a unique care delivery system is the organization's telephone triage system, NurseLink. Telephone triage nurses have been recognized for their role in achieving the title of Qualified Mental Health Professional-

Community Service (QMHP-CS) status through the Center for Healthcare Services for the American Association of Suicidology (AAS). NurseLink receives between 400 to 500 calls daily. The team responds to calls placed within the San Antonio area, through the Crisis Hot Line.

The critical listening and communication skills provide support to the mentally ill and those at risk for harming themselves or others. The Crisis Hot Line has been accredited by AAS, and triage nurses have all achieved individual certification as crisis workers' through AAS. Although our triage nurses may not physically touch their patients, they are able to establish strong bonds with them, through the art of communication to meet their unique needs.

## The Medical Home Model

Another care delivery system is the implementation of the patient-centered medical home model. This concept provides individuals with access to complete healthcare within one geographical region or neighborhood.

Care providers in these settings include physicians, physician assistants, nurse practitioners, registered nurses and ancillary service team members. This healthcare team offers primary care, chronic disease management, pediatrics, women's health, education/prevention, urgent care and more. The registered nurse is greatly utilized in screening and providing Texas Health-Step exams in an efficient and cost-effective manner.

The concept of the medical home is to facilitate partnerships between individual patients, and their personal healthcare providers, and when appropriate, the patient's family.

The provision of medical homes will allow better access to healthcare, increase satisfaction with care, and improve health.

### Collaborative Projects

Organizations cannot achieve goals by working in “silos.” Interdisciplinary relationships and communication make achieving organizational goals possible. Each of the following projects demonstrates collaborative work that resulted in improving quality care delivery.

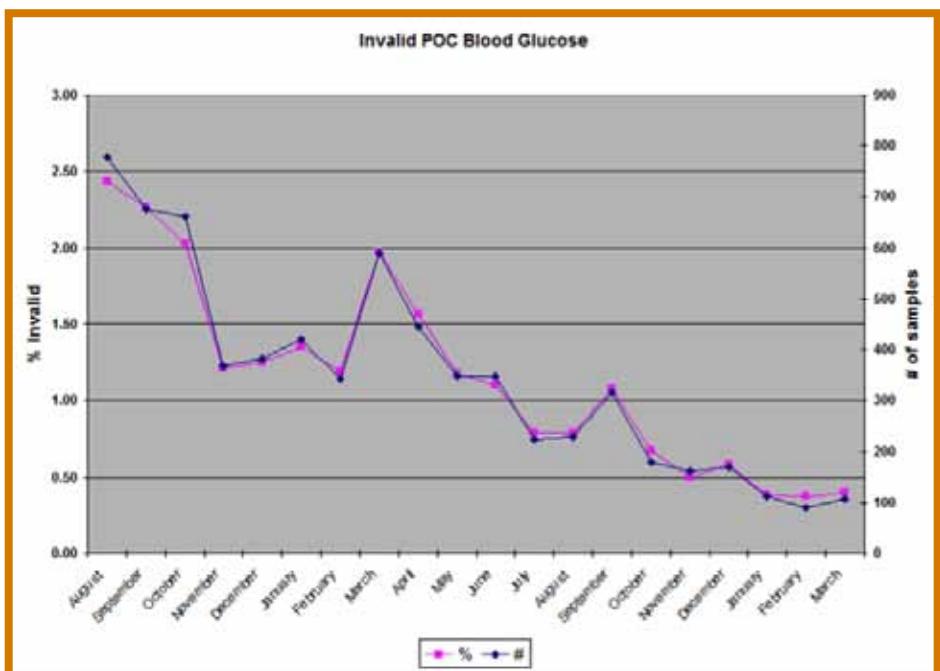
In the 2009 strategic goals, a major initiative was to ensure measurable accountability for quality and patient safety goals. The Joint Commission has listed the improvement of patient identification as one of the goals for National Patient Safety. Reducing patient identification errors not only leads to better patient care but improved operational efficiencies as well.

In working with our point of care coordinators in the laboratory, the health system realized that a large number of invalid POC blood glucose values (800+) were never making it into a patient record. It was realized that in order to reduce the number of errors and improve efficiencies, the organization needed to advance technology and move to scanning patient

ID numbers, versus allowing manual keying in of the numbers.

Nursing Services worked with Admissions, and the Information Technology Department to implement bar-coded identification bands. The initial implementation of this function reduced the number of invalid patient IDs. In order to assist with compliance, most nursing units decided to adopt mandatory scanning with some or all are meters. This practice change had the largest impact toward efforts to reduce invalid patient IDs. The figure below illustrates the reduction in invalid patient IDs when performing POC blood glucose tests.

The new process has had an additional benefit of not only reducing the number of invalid patient IDs, but also of improving patient identification. This coordination between Laboratory Services and Nursing Services allowed for the integration of technology that enabled the POC blood glucose meters to display not only the patient’s ID number, but their name as well. The improvement now provides the health system with a means of verifying the patient with two patient identifiers, as mandated by The Joint Commission.

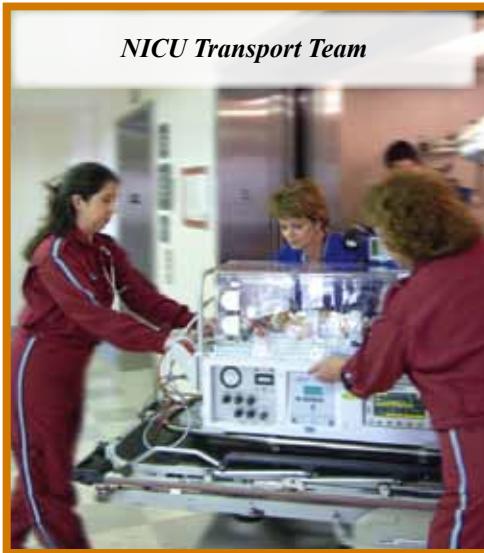


## Safe Sleep

The Neonatal Intensive Care Unit (NICU) unit has been busy working with other units, in the name of process and patient care improvement. In 2009, the NICU focused on reducing the number of related Sudden Infant Deaths (SIDS). Placing the infant on his/her back to sleep and other safe sleep practices have shown to reduce incidence of SIDS.

Since parents tend to follow practices that they observe in the hospital setting, the NICU nurses felt staff should be vigilant in teaching and modeling the supine sleep position and safe sleep guidelines. A Safe Sleep Task Force was created in June 2009. The group includes staff nurses, rehabilitation, the medicine administrative director, the continuity of care coordinator, and the educator. The Task Force created guidelines based on evidence from studies and other unit practices. With the guidelines, the NICU staff has started to implement Safe Sleep by initiating discussions with parents and caregivers and modeling safe sleep practices to them. A poster about the collaborative process improvement project was also created and presented by Irene Lopez RNC, NICU nurse educator, at the UT Health Science Center San Antonio.

The NICU also works closely with members of the Transport Team. The Transport Team goes to outlying areas to transfer patients that require specialized care.



NICU Transport Team

### Nurses' behaviors and attitudes about infant's safe sleep.

Grace Bacho, RN; Kathy Conner, RN; Joyce Desarno, RN; Tracey Dugi, RN; Laura Gutierrez, OTR; Olga Haug, RN; Mary Sue King, PT; Nancy Kuruvilla, RN; Irene Lopez, RNC; Elsa Roldan, RNC; Irene Sandate, RNC, NNP; Marissa Ward, SLP

BACKGROUND	MATERIALS AND METHODS	RESULTS	CONCLUSIONS
<p><b>1992</b> – SIDS term first coined by Dr. Dapone</p> <p><b>1994</b> – National SIDS Act enters the funding of SIDS programs in all states</p> <p><b>1998</b> – AAP identifies prone sleep as a risk for SIDS and recommends infants sleep on their back or side</p> <p><b>1992</b> – NICHHD launches "Back to Sleep" campaign</p> <p><b>1999</b> – AAP revises it's recommendations to state that supine is the preferred sleeping position</p> <p>Between 1992 and 1998, the proportion of infants placed to sleep on their stomachs declined from 70% to 14%. With this, the SIDS rate declined about 40%.</p> <p><b>Purpose</b></p> <p>Teaching parents to practice back to sleep involves providing education to the hospital prior to discharge. Parents learn back within the NICU (2 to 48 hours after birth) and learn back to observation. "Back to Sleep" at Hospital Newton-Houston is a reach across unit/clinic, as these infants proceed with into unit. Teaching the "Back to Sleep" message on the Neonatal Intensive Care Unit has been established, although there are the infants at risk for SIDS resulting from unsafe sleep practices.</p> <p>The purpose of this process improvement project was two fold:</p> <ol style="list-style-type: none"> <li>1) Educate the NICU staff on appropriate Safe Sleep Practices</li> <li>2) Have NICU staff model Safe Sleep Practices for parents.</li> </ol>	<p>A Safe Sleep Task Force was formed to include staff from: Pediatric Medicine, the Outpatient Care Coordinator, the Rehabilitation Director, and the Educator. Safe Sleep information was gathered from various sources, including the National Institute of Child Health and Human Development, First Candle.org, and the American Academy of Pediatrics. The Task Force created guidelines based on evidence from studies and other unit's practices while avoiding information such as appropriate gestational age and respiratory status to determine when infant's position was to be changed to exclusively supine.</p> <p>An interview was conducted from this information. Prior to the surveys, 2 surveys were conducted: one was a written CMA, given to staff to assess their understanding of SIDS and Safe Sleep practices. The second was an observation tool used by the Safe Sleep Task Force to assess staff practice in regards to infant positioning. After this pre-implementation information was collected, hospital staff responses were given over the period of 144 weeks. Staff that were evaluated for being implementing the information they learned from the research. After approximately one month, the second survey was used to gather post-implementation data.</p> <p>The survey given to staff was comprised of questions asking respondents to indicate practice and/or information, whether side sleep was acceptable, and human modeling side sleep, before the parents.</p> <p>The observation tool included questions for type of infant bed, where position in the bed, parent modeling practices for infants, and whether side sleeping at bedside was useful when positioning.</p>	<p><b>Pre-implementation:</b> only 73% understood that there was no correlation between prone sleep and aspiration. After the implementation and implementation, almost 82% of staff understood there was no relation between prone sleep and aspiration.</p> <p><b>Prior to implementation:</b> 34% of staff believed side sleep is acceptable. After the events and implementation, that number changed, with 85% understanding side sleep is not acceptable.</p> <p><b>Observed infant positioning changed:</b> Prior to the assessment, only 54% of infants were placed supine. After the assessment and implementation, almost 72% of infants were assessed to be placed supine.</p> <p><b>Other results showed:</b> a need for re-education, especially in the area of understanding infant's position and comfort during sleep, and appropriate swaddling practices.</p>	<p>Cards are being placed on the bedside of infants deemed ready for supine sleep, based on guidelines created by the Safe Sleep task force.</p> <p>These cards remind staff that the infant is ready for safe sleep practices, and initiate safe sleep discussions with parents and care givers.</p> <p>The NICU staff has begun to implement Safe Sleep Practices, although reinforcement and re-education is continuing, and will be on-going.</p>

Nurses' behaviors and attitudes about infant safe sleep

### *Interdisciplinary Care*

In 2009, all of the surgical services departments coordinated care for a complicated patient with multiple sensitivities.

A complex care plan was designed over a period of several weeks and involved coordinating supplies, room accommodations, and staff responsibilities that were highly specific.

The coordination of care extended beyond the Surgical Services Department into the inpatient setting. The end result was a safe hospitalization for this patient.

Interdisciplinary care does not stop at the hospital, but extends to the ambulatory clinics as well. As care coordinators, registered nurses (RN) must find resources to assist the patient to meet recommended health outcomes. Each work day the ambulatory RN works together with various internal and external members of the healthcare team. One specific example of interdisciplinary teamwork is ambulatory RN's assigned to case manage women with abnormal clinical breast examinations.

Nursing leadership hosts a quarterly meeting with local and regional community agencies to continually update resources available to assist women. Nursing staff have served on state committees to develop policies and guidance for implementing programs for low-income uninsured women.

The breast health interdisciplinary team consists of radiologist, breast cancer surgeon, nurse practitioner, licensed vocational nurses, patient navigators, and registered nurses. Each member of the breast health interdisciplinary team understands the mission and values that are necessary for the best patient outcomes.

Additionally, the largest provider of HIV/AIDS outpatient care in the metropolitan San Antonio area and all

of South Texas, the FFACTS Clinic uses a multi-disciplinary approach to deliver the chronic care model of nursing to its patients. Physicians, nursing, case management, mental-health, nutrition, and health education are all represented in the care delivery system. The FFACTS Clinic has a close relationship with the nursing staff in the General Medicine Unit, 9th Floor, at University Hospital. The staff follows HIV patients. There is a twice-weekly discharge clinic in which the patients that are discharged from the ninth floor are seen for follow-up to ensure continuity of care.

### *Child Life Program*

Child Life Specialists help promote developmental growth and minimize the stress that hospitalization can bring. Some of the ways our Child Life specialists help our pediatric patients cope with their hospital experience include:

- Developing skills to cope with fear, anxiety, separation and adjustment to the hospital
- Providing developmentally appropriate play through a child-friendly playroom, teen area, and bedside activities
- Encouraging expression through play, art, music, and directed medical play
- Educating and preparing patients for diagnosis, treatment, and procedures at appropriate developmental level
- As a liaison within the healthcare team in regards to developmental and psychological issues.
- Offering families support and addressing sibling concerns in addition to identifying helpful resources in their community
- Providing tutoring for the extended stay patients through a city referral system
- Hosting age-appropriate community entertainment for patients and their families



### Trick-or-Treat

It takes a village, or a lot of University Health System employees to host the Annual Pediatric Halloween Parade at University Hospital. Interdisciplinary care can be fun, as well as rewarding. Each year, the Child Life Department hosts a trick-or-treating Halloween parade for current and former pediatric patients. The parade involves multiple disciplines within pediatrics and multiple departments within the hospital.

In 2010, nurses from the Pediatric ICU, Pediatric Specialty Clinic, Neonatal ICU, pediatric pharmacist, volunteers, physical therapist assistants and the pediatric nursing director, participated in the fun. The number of participants seems to grow each year.

*Pediatric patients and their families go trick-or-treating at University Hospital. Several departments from across the hospital fill treat bags with lots of “goodies” and fun games. ChildLIFE specialists hope to make some positive memories for young patients.*



## **Accountability, Competence & Autonomy**

Exemplary professional practice is achieved through nurses who study, create and guide staff to best practices and exemplary patient outcomes. Shared governance councils provide the structure and process to advance nursing practice, evaluate quality, improve the nurses work environment, determine the best products, ensure competent nurses, create patient education materials, develop ethical-decision making, and move forward the practice of nursing through research. Dedicated, determined, accountable nurses meet monthly and more frequently to create a work environment in which excellent care can be delivered. The following stories are some exemplars of these councils work during 2009-2010.

### **Peer feedback**

Professional nurses are accountable to their patients and profession to provide competent care. While nurses require autonomy to practice at the highest levels, they also need feedback from peers to help them validate their strengths and seek areas for improvement. For nurses at UHS this has opened a new era of providing each other with peer feedback. The goal is to increase the RN's awareness of how they are perceived by their peers and colleagues in the areas of professional practice, customer service, clinical expertise and team work and given each nurse the opportunity to receive constructive feedback from his or her peers and colleagues.

The change process has been spearheaded by Randall Beadle, RN, PCC and Robert Yancey, RN, PCC, through the Recruitment, Retention, and Recognition Council. This new process has been in development and pilot for 12 months. The Neonatal Intensive Care Unit's Code of Conduct and Peer Review Unit Committee provided a road map that they developed and demonstrated success with. The unit developed a committee of their peers that would handle disagreements and

hold all Neonatal ICU staff to the same standards. They developed an award for those individuals who were viewed by staff as outstanding, the "RESPECT" pin. Best practices from other organizations were also reviewed before the policy was finalized.

The policy is ready for implementation system wide. Every unit or department which employs an RN will establish this process, which in most cases will be a committee within each unit. Managers are not involved in this process and it is not an evaluation; it is all about promoting professional growth. Kudos to the Recruitment, Retention, and Recognition Committee for this new opportunity for nurses to nurture each other and develop through feedback.



### **Ethics Council: A New Beginning**

May 14, 2010, the Nurse Ethics Council was officially launched. Nancy Ray, RN, MA, CNO enthusiastically greeted the new council members and Dr. Catherine Robichaux, RN, CCRN, CNS, PhD provided a presentation on the history of ethics in Nursing. Council Co-Chairs Jeanie Sauerland, BSN, RN, and Kate Marotta, BSN, RN, introduced and addressed the council in regards to upcoming plans and goals for the group.

Although the kick-off luncheon was the first formal gathering of the NEC,

the genesis of the group had begun in 2008, while in the process of submitting documents for the Magnet application. Through a series of interviews, discussions, and observations, it became apparent that nurses could, and should, have the opportunity to engage more openly in ethical discussions.

The Council has been active from its inception. The co-chairs of the Nursing Ethics Council are also members of the Bioethics Committee, providing input and presentations to the council. The council held a conference “Ethical Challenges in Caring: Implications for Healthcare Providers” which was attended by over 100 individuals from throughout the community. Future goals include a standardized code of behavior and developing a job description for unit-based ethics resource nurses. An incredible beginning with much more to come.

### *Finding the Best for Less*

Product Evaluation Committee is a well attended and lively committee with the mission of reviewing and trialing and the latest, safest, quality products for patients that are cost-effective. While it has been a council since the initiation of shared governance, the council determined that it could improve its productivity and outcomes by creating a sub-committee that meets every Monday morning.

Committee Chair Bonnie Schraner, MSN, RN, Chairs-elect Richard De Vera, BSN, RN and Daniel Coronado, BSN, RN, and Value Analysis Staff Laura Velarde and Robert Pimentel streamlined the processes on how multiple products were reviewed. They eliminated from their agenda those products that were not effective, before the monthly meeting. The addition of Laura Velarde’s expertise has made researching products and dealing with vendors considerably more effective. Nursing’s Inventory Control Clerks, who ensure that each unit’s supply needs are met, were also encouraged to participate in this committee and added a valuable new perspective to our product evaluation process.

In 2009 and 2010 the Product Evaluation

Committee has standardized to a number of products that the nursing staff prefer over the previous product, all while saving our system over a million dollars.

### *Happy Computing*

The Electronic Medical Record Council meets monthly to make decisions about the structure and content of the Sunrise Clinical Documentation System. All documentation requests come through the council, who then determines where they would best fit. The council’s role is to minimize charting time, reduce redundancies, and improve nursing workflow. The EMR Council spent time modifying the KBC flow sheets into more fluent and logical formats of only two flow sheets, improved the restraint documentation flow sheet, pared down the patient profile. EMR also assisted with the development of the Transportation Ticket, added mandatory teaching topics to the discharge teaching document, added elements to flow-sheets to improve data collection for core measures, designed a neuro flow sheet to incorporate NIH stroke scale in addition to other minor “tweaks” to improve workflow and reduce redundancy. They also worked with medical records to create paper forms that mimic those in the EMR for use when the system is down. The measures all aid nurses to work more efficiently and knowledgeably.

### *Competency*

The Professional Development Council strives to find new and efficient means of providing education and to ensure that nurses at University Health System have the knowledge and skills needed to provide excellent care.

The nursing educators have come up with innovative methods for keeping nurses on the cutting edge.

Elaine Jones, MSN, RN, Lucia Kistler, MSN, RN, Bonnie Jones, ADN, RN and Michael Thille-Vega MSN, RN devised a competency marathon for the medical surgical floors (7th Surgery, 9th Medicine, and 12th Hartman Pavilion)

*Debra Fraley, Dr. Robichaux, Jeanie Sauerland, Marry Anne Peinemann and Kate Moratta.*



and Reeve’s Rehabilitation. The goal was to standardize the knowledge and skill competencies shared by these four areas. Over 350 staff members attended during the scheduled eight days.

Topics covered were code blue basics, restraint application, care of P.I.C.C. lines, review of infection control P.P.E., performing Accuchecks, and stroke basics for transfers. Additionally, staff was able to review the CMS indicators for Foley catheters, have hands-on practice with a bladder scanner, and complete a comprehensive exam on selected guidelines and ECG arrhythmias.

Staff had positive reviews for this approach and the next competency marathon is already in the planning stages.

The NICU’s Irene Lopez, RNC, BSN, has developed opportunities for their staff to enhance competency. After obtaining grant funding, the NICU received SimNewB (who they named “Bobbi”) in November 2009. Irene quickly became skilled in the technology and has already made an impact. The new simulator has been used many times with nursing students, residents and interns providing refresher hours and practicing Neonatal Resuscitation Program skills.

***Ethics, Privacy, Security & Confidentiality***

Addressing the ethical concerns of the nursing staff is one of the primary

goals of the Nurse Ethics Council. We are interdisciplinary and have worked to create an environment where ideas and concerns are freely expressed. We have developed agendas that are both structured and fluid, so that we can adapt meetings so that council members needs are met.

***First Ethics Conference***

In July 2010, the first Ethics Conference for nurses was held. The event included several speakers from the community, including Dr. Cathy Robichaux, PhD, RN, CCRN, CNS; Dr. Craig Klugman, PhD; Dr. Baruch-Bienen, M.D., M.A., Brigid Sheridan, RN, JD; Dawn Seery, RN, M.A. Dr. Craig Klugman, PhD, has provided the Nursing Council with a list of topics that he is willing to present to the group. He has also expressed interest in working with medical students and nursing staff in ethics training and consults.

***Portal “Ask the Ethicist”***

Education is one of the primary missions of the Nurse Ethics Council. During the July Ethics Conference, there was a panel discussion “Ask the Ethicist” where conference attendees submitted questions to the panel. Based on conference evaluations, this was an activity conference members would like repeated. We have taken the concept and created an “Ask the Ethicist” category



**Brigid Sheridan,  
Director of Legal Accounts,  
University Health System.**

to target and develop interventions based on specific need. Interventions will also include future research questions that will arise as greater expertise in the topic is developed.

One of the suggestions from the council to improve utilization of Bioethics consults was to create a brochure for patients and staff members. The brochure would provide contact information and rationale for contacts.

The proposition was sent to the Chair of the Bioethics Committee, Dr. Baruch-Bienen, M.D., for consideration. If approved, the Bioethics Committee will be process owners with input from the Nurse Ethics Council. Currently, nurses initiate ethics consults through Sunrise, or by contacting either Legal Services Department or a nurse supervisor.

### **Rights**

The amending of visiting hours on the Inpatient Psychiatric Unit. The change in visiting hours was an outstanding example of what can be accomplished with effective teamwork and collaboration. During summer and early fall there were a number of Special Treatment Procedures that were initiated secondary to increased agitation and combativeness on the unit. Issues that could contribute to the increase in STPs were assessed.

Visiting hours have always been a volatile time period, secondary to patient response to visitors and to the increase in the amount of people on the floor during that time period. Visiting hours are a time when there is a pronounced need for monitoring and safety rounds. Patient rights and patient safety are both primary drivers for the development of policies and procedures on the inpatient unit.

on our Nurse Ethics portal page. Council members may submit questions to the Council chairs. Questions are then submitted to Dr. Craig Klugman, Brigid Sheridan, and Dr. Cathy Robichaux for review and comment. Responses are posted on the Portal page. This has proved a valuable tool in addressing ethical concerns and improving the knowledge of staff members.

### **Plans for Further Interventions**

Members of the Nurse Ethics Council expressed confusion and concern over the legal-ethical questions of patient consents. The questions were documented and sent to the hospital attorney, Brigid Sheridan, RN, JD, director, legal accounts, at University Health System, for clarification.

Council members were asked to take this information to their respective areas and further educate staff members.

With Dr. Cathy Robichaux, PhD, RN, CCRN, CNS, the committee will be exploring the AACN program, “4 A’s to Rise Above Moral Distress,” using the health system’s specific research on moral distress

*Nurses participate in Nurses Ethics Council.*





*Nurses and staff members celebrate their cultural diversity.*

These drivers remain the central focus for how to provide care. The schedule for patient visiting hours was subsequently reviewed. Jean Smith, RN, an administrative director, requested input from staff on the inpatient unit

A proposal was then drafted based on the underlying safety concerns and staff input. Thanks to the feedback of the staff and willingness of clinical leadership to constantly evaluate how care is provided, the visiting hours were amended from 2.5 hours to one hour, Monday through Friday. In keeping with the nursing process, the implementation of the amended visiting hours was followed by an evaluation of the outcome. It is important to note that patient rights and safety were equally represented in what was, and continues to be a very positive outcome. It remains a testament to the ability of staff and management working together to address concerns.

### ***Diversity and Workplace Advocacy***

University Health System's patient and employee population is very diverse and with this in mind, the Multicultural Sensitivity Series was created. It is a monthly education program which provides staff with cultural awareness, cultural knowledge and skills that can be used to further improve the quality of care provided to cross-cultural populations.

### ***Celebrating Cultural Diversity***

In the spirit of celebrating employee diversity, special events were held at University Hospital in October of 2009 and 2010. The event was part of National Diversity Awareness Month, organized by the Learning Resources Department. Employees are invited to showcase their country of origin by designing a poster to include name of country they are from and a map, language spoken, favored foods, health beliefs, holidays celebrated, and native costume/attire.

The event includes food, dancing, beautiful outfits and lots of fun and fellowship.

In November 2009, nursing staff in ICU, including Sherly Biju, RN, CCRN; Mariamma Shaju, RN, CCRN; Marina Angeles, BSN, RN; Shiji Paulson, MSN, RN; Aleyamma Kuruvilla, BSN, RN, CCRN, and Leticia Wilson, BSN, RN, CCRN, prepared a Thanksgiving potluck dinner with all the traditional fixings like turkey, dressings, cranberry, pumpkin pie, corn, and mashed potatoes.

Even though staff members have made San Antonio their home, they still remain proud of their traditions from native countries, including Sudan, Cuba, Somalia, the Dominican Republic, Bosnia, Nicaragua, Mexico, Canada, Cuba, the Philippines, Spain, Colombia, El Salvador, India, Indonesia, Honduras, Pakistan, Spain and many others.



*The Center for Caring Department offers a variety of events for UHS nursing staff.*

**I Can Cope:** This group was called to serve several employees undergoing treatment or newly diagnosed with cancer. They meet monthly and offer a place for employees to talk and give support to each other as they face treatment or surgery. Those in remission or cancer-free, give encouragement and support through participation.

**Caring Connections:** This is a nurse-focused group and core of Center for Caring. This group continues to offer the nurse a place to learn, practice self-care, and share a common bond in order to enhance their nursing practice.

**The RX Art Event:** This event is held in the lobby of UHS and exhibits the hospital employees' art work. This event allowed for employees, patients and families to see how nurses, doctors and other hospital employees release stress and find balance through their art work and also to see the humanistic side of healthcare providers.

**Support Groups:** The group provides emotional support to families who have lost infants during and after delivery. The group also aims to give nurses the tools needed to comfort families experiencing the loss of an infant.

**Music Therapy:** Harpist John Strand performs in the lobby of University Hospital once a week, and also on Fridays for whatever unit requests his services. This allows for holistic healing that enhances well being for patient, family and staff.

**Nursing Retreats:** The Center for Caring sponsors and annual nurses retreat, offering a place of respite, replenishing and rejuvenation for nurses and staff.

### **The Center for Caring**

University Health System is dedicated to helping nurses be the best that they can be in all aspects of their job. This includes taking care of themselves, as well as their patients. Self-care is an integral part of nursing as the stresses of the job can be great at times. With the mental, emotional and physical health of the nurses in mind, the Center for Caring was created. Mary Alice Ayon, MS, director, leads the Center for Caring. With new horizons to explore, the center has continually strived to go beyond the scope of the hospital community and become a powerhouse of resources for staff.

The center has initiated several programs which have been well received by staff and patients alike. Some of the programs include the following:

**The Safe Zone:** This area is a non-judgmental place where healthcare providers can find tranquility, balance and focus. It incorporates holistic techniques such as music therapy, reflexology, self-care, self help, and talk therapy.



*Nurses enjoy time at annual nursing retreats.*



*John Strand plays the harp at University Hospital.*



*Quality dashboard created by the Transplant ICU staff*

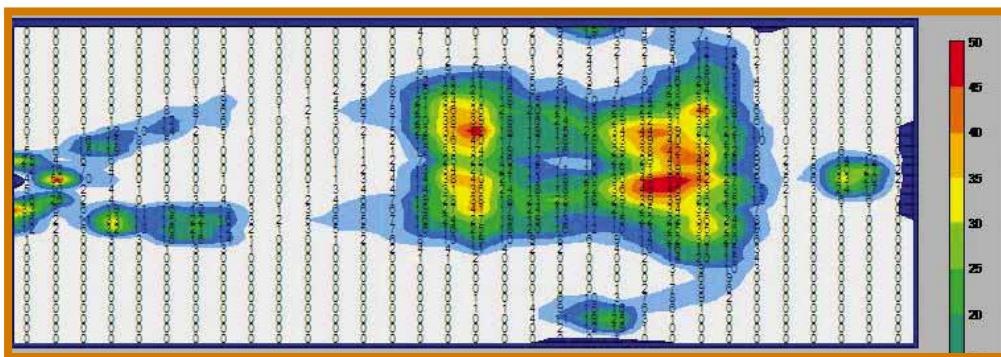
### ***Culture of Safety & Quality***

In order to bring quality data to the bedside nurses, the Nursing Quality Committee teamed up with Information Services to bring dashboards to University Health System. Dashboards are the window to the quality efforts of nursing in the care they provide. Six dashboard classes were offered throughout 2009 and 2010. Major quality indicators for patients in the hospital are skin management, central line blood stream infection and ventilator associated pneumonia. Other indicators being monitored, include pain control, hand

hygiene compliance, core measures, immunization rates, medication reconciliation compliance, restraint order compliance and patient profiles.

Nurses showcased our work with dashboards at the Nursing 2010 Symposium in Las Vegas during April 2010 and presented a poster entitled, “Engaging Staff with Data: Implementing Nursing Quality Dashboards.”

The poster described how University Health System implemented dashboards to bring quality nurse sensitive indicator data to the bedside nurse. Skin management is measured by the



### *Pressure Ulcer Mapping*

number of patients' who suffer from skin breakdown while in the hospital. While some nursing units are striving to achieve national median levels, others are working on improvement plans.

Preventing pressure ulcers is a challenge for healthcare organizations across the country. Even more difficult is understanding just how much pressure is too much. The Surgical Trauma ICU wanted to adopt a new practice of using wedges to reposition patients instead of rolled up blankets. However, they needed data to support this practice change. They used a pressure mat to measure the interface pressure between the patient and the positioning device. This approach not only provided quantifiable data, but also provided a visual image of the pressure being exerted. The Surgical ICU staff presented their findings at the 2009 Summer Institute on Evidenced Based Practice. The presentation was entitled, "Pressure Mapping Old Habits."

**CLBSI** is the Central Line Blood Stream Infection. This means the infection came from either a PICC, hemodialysis catheter or central line. The goal strived for is zero. The overall rate for University Hospital for 2010 is 2.4/1000 catheter days. The national average infection rate ranges from 0-2.8 /1000 catheter days, according to the National Healthcare Safety Network (NHSN) report data summary for 2006 through 2008, issued in December 2009 (Am J Infect Control 2009; 37:783-805.).

**KUDOS to the Pediatric ICU team!** University Hospital's pediatric team kept its CLBSI rate at zero for 13 consecutive

months, simply by practicing effective infection prevention methods when using central lines and central catheters on patients. The team, including physicians, nurses, technicians and environmental services staff worked in collaboration to become a "zero infection unit." Beth Ann Ayala, director, infection control, applauded their achievement. The Nursing Quality Committee continues to collaborate with the Hospital Quality Committee to effect change throughout the health system for inpatients and outpatients. Throughout 2009 and 2010, bedside and clinic nurses have worked with unit quality representatives, unit and hospital leadership to create processes and work environments that foster quality care.

### *Emergency Center Quality Initiatives*

Two years ago the Emergency Center's Resuscitation Room, was separated into two designated areas, trauma resuscitation (including acute pediatrics) and medicine resuscitation.

To facilitate pediatric care, a cart was created that contains multiple central venous access kits, arterial lines, pediatric cervical collars and central monitoring equipment.

Pediatric nursing education is preparing nurses to provide better pediatric patient care and when combined with access to pediatric supplies, has enabled the Trauma Resuscitation Room to be comparable to the Pediatric ICU, improving the continuity of care and improving fluidity through the Emergency Center at University Hospital.

### Care of STEMI Patients

Emergency nurses were also recognized for improvements related to care of STEMI, stroke and pneumonia patients, in an effort to meet goals set forth by CMS. Nurses led initiatives, including charting packets for stroke and STEMI patients, as well as implementation of protocols based on best practices. At the beginning, average PCI times were not within the national established time frame of 90 minutes from door to balloon. Working in conjunction with the Catheterization Lab, a protocol was established regarding the who, when, where and why of calling a code heart.

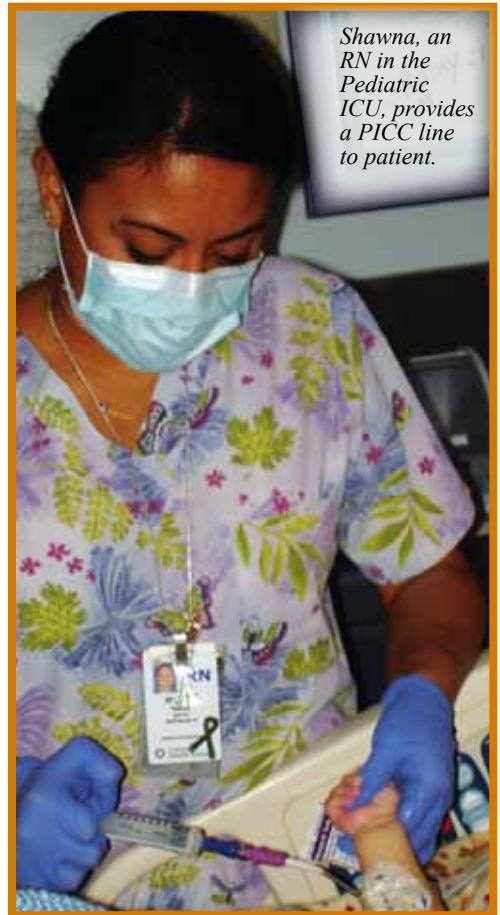
This led to decreased patient time in the Emergency Center and an overall decrease in time from door-to-balloon.

In June 2010, The American Heart Association proudly recognized University Health System as a Mission Lifeline STEMI Receiving Center/ Bronze Performance Achievement Award Hospital. To be recognized, the health system achieved 85% or higher to all indicators for consecutive 90 day intervals and 75% or higher compliance on all quality measures to improve care for STEMI patients.

### Becoming a Joint Commission Certified Primary Stroke Center

Nursing staff implemented successful processes to respond quickly to acute stroke patients. They developed a concurrent audit form to monitor response times in the Emergency Center for acute stroke patients. In 2010 University Hospital called a Stroke Alert in the Emergency Center 130 times. Since becoming a Primary Stroke Center in June of 2010, the door to IV tPA time as been reduced by 40%. The following are the average response times and goals for stroke care:

- Door to EC physician evaluation: 10 minutes (goal 15 minutes)
- Order to CT scan results: 14 minutes (goal 45 minutes)
- Order to lab results: 28 minutes (goal 45 minutes).



*Shawna, an RN in the Pediatric ICU, provides a PICC line to patient.*

### Pneumonia Protocol Development

In an effort to ensure pneumonia patients receive antibiotics within the established time frame set forth by CMS, nursing developed a pneumonia protocol. The protocol identifies potential pneumonia patients and flags them on the Emergency Center tracking board with the total patient time in the Emergency Center.

These nurse driven initiatives have directly led to improved compliance with core measures and improved evidence-based patient care.

### Improving Pain Control and Reassessments

Pain management nurses Peggy Bartholomew and Brenda Perry have made outstanding progress reassessing the effects of pain medication given to patients. Their efforts in meeting a 90% audit goal include training technicians to accommodate patients by offering a warm blanket or adjusting their position. The

goal is to make the patient feel comforted and to help put their minds at ease before requesting an increase in medication.

When goals are met, positive reinforcement helps to foster a safe environment and keep staff energized.

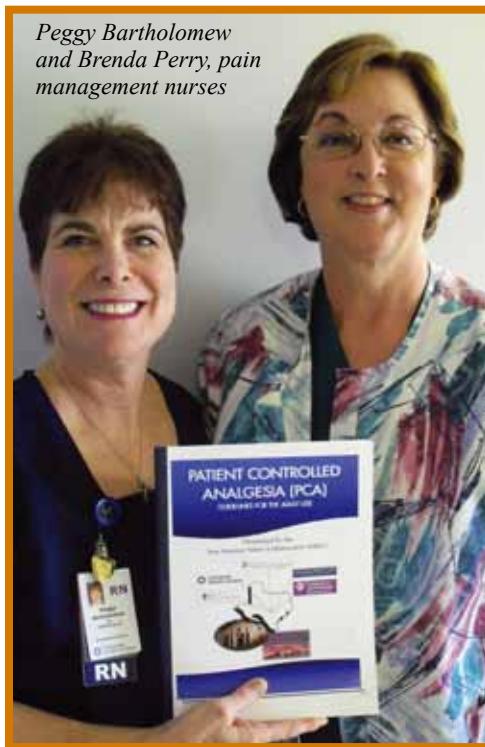
**Ambulatory Connections Clinic**

Ambulatory services are placing quality as top priority for unfunded patients. In an effort to take care of this vulnerable patient population, an Ambulatory Connections Clinic was created to ensure that timely hospital discharge follow-up care is received by patients who do not

have an assigned PCP.

Additionally, the Emergency Center uses the Ambulatory Connections Clinic in a similar way, allowing for expeditious follow-up appointments to prevent readmission. Under the leadership of Lisa Sanchez and Theresa Walsh, the clinical staff (patient navigators) is empowered to collaborate with providers, hospitalists, care coordination staff and ambulatory administrative directors, in caring for the patient in an efficient way.

In 2009 and 2010, the Ambulatory Connections Clinic saved 2,850 hospital days and 1,045 Emergency Center admissions.



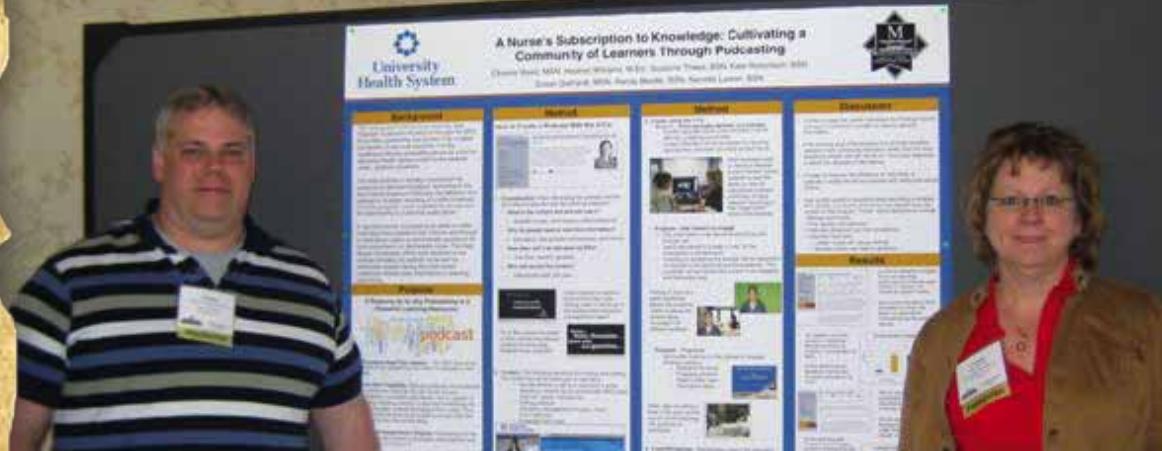
*Peggy Bartholomew and Brenda Perry, pain management nurses*

**Sigma Course**

The University Health System ambulatory team has been using the tools and techniques learned from the formal training of the Lean Six Sigma course. The methodology of DMAIC (Define, Measure, Analyze, Improve and Control) is the framework through which the team is pursuing improvements at the clinic.

The team’s goal is to provide recommendations for accomplishing the overall objective of improving patient satisfaction scores by decreasing patient wait times and by sharing metrics that have been collected from the overall project objective.

# New Knowledge, Innovation & Improvement



*Charles Reed and Susanne Thees present a podcast poster at national conference.*

## **Research, Renew & Innovate**

Research, renew and innovate are words nurses rarely choose to describe their work. More often, nurses hear about another duty that is “part of the job.” For University Health System nurses it’s different! Patients become the recipients of their ingenuity. Each day a nurse ponders a situation at the bedside and asks, “I wonder if?”

The quest keeps nurses looking for the evidence in their practice. Searching for and implementing knowledge is critical to a Magnet organization. Practice, research, the electronic medical record, and governance councils are leading the way to ensure that practice guidelines provide nurses with the latest information, and that it is easily obtained.

Beyond using the latest evidence in practice, nurses at University Health System are sharing new knowledge with other nursing professionals. University Health System nurses demonstrate a passionate commitment to find answers.

## **Professionalism and Innovation**

University Health System made quite an impression at the Nursing 2010 Symposium, held in Las Vegas. The organization’s nurses were among 1,200 other nurses from across the United States and Canada to share their innovative research projects. Ileana Fonseca, Susanne Thees and Charles Reed, of the Surgical Intensive Care Unit, presented four posters highlighting initiatives worthy of their Magnet designation. The posters represented process improvement, staff engagement, education and quality.

**The first poster:** Engaging Staff with Data: Implementing Nursing Quality Dashboards. How University Health System implements dashboards to bring quality nurse sensitive indicator data to the bedside nurse.

**The second poster:** A Nurse's Subscription to Knowledge: Cultivating a Community of Learners Through Podcasting. Illustrates how to create, produce, and implement effective podcasts. It provides examples of podcasts produced at University Health System.

**The third poster:** Engaging Staff: Success is in Their Hands. Demonstrates how staff participation in shared governance is more than just attending meetings, but about engaging staff and tapping into an individual's talent to create a healthy work environment.

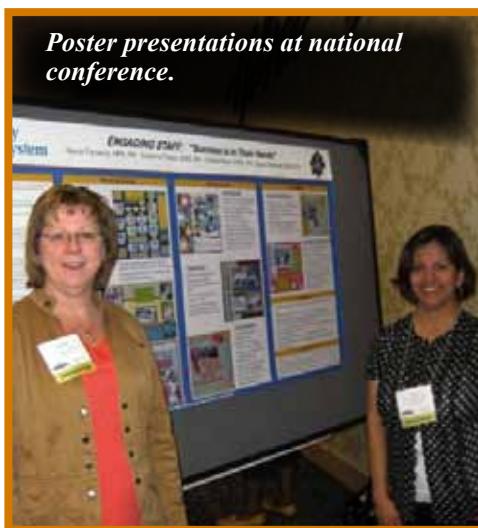
**The fourth poster:** Patient Safety: Improving the Accuracy of Patient Identification While Performing Point-Of-Care Blood Glucose Tests. Exemplifies how a collaborative effort of multiple departments was successful in improving the accuracy of patient identification while reducing the number of invalid tests.

### ***Where the Rubber Meets the Road***

Nurses are in the driver's seat for identifying research questions. Each day nurses see patients with varying conditions and are conducting research to deliver quality care. To learn more, University Health System nurses embarked on a research trip, "Translating Research into Practice." It was a journey worth taking and was the theme and message for the 2009 Nursing Research Week.

The road trip included unit and classroom presentations on the bibliographic databases nurses can access 24 hours a day from work or home. The trainers from EBSCO Publishing, Ellen Westling and Bryan Gottsman, made these presentations possible for all nursing shifts.

The nursing community joined together



in sharing multiple poster presentations and networking about their work.

### ***American Association of Critical Care Nurses' National Teaching Institute Conference.***

The Surgical Trauma Intensive Care Unit's abstract was accepted for poster presentation at the May 2010 American Association of Critical Care Nurses National Teaching Institute (AACCN) Conference, held in Washington, DC.

It is the largest critical care nurses' conference in the country with attendance ranging from 6,500-9,000 critical care nurses.

The poster presented was "Meeting Educational Needs with Portable Technology: Adapting to the Next Generation of Nurses." Authors included Charles Reed, Heather Williams, Susanne Thees, Kate Robertson, Susan Gerhardt, Randy Beadle, and Nanette Larson, with Susanne Thees presenting the poster.

The poster describes meeting the learning needs of the staff through a novel method of disseminating medical information in a portable and on-demand format.

### Successful Communication

Jennifer Elorriaga, RN, 7th Floor, University Hospital, was the driving force for acquisition of white communication boards for all the patient rooms on 7th Floor Surgery. Jennifer personally detailed all 52 boards and ensured work orders for mounting them in all rooms. She was also instrumental in educating and encouraging staff to use the boards (formally and by example). This project was part of an evidence-based endeavor recognized by the Agency for Healthcare Research and Quality (AHRQ) for improving communication and patient/staff satisfaction.

### Communication Tells the Story

The Hartman Times Newsletter was created in 2007 as a communication tool in the implementation of transformation of care in the Hartman Surgical Pavilion. The newsletter was initially one page long, highlighting the current happenings in the unit, employee recognition and educational material specific to the care given in the unit. With staff acceptance and

participation, the *Hartman Times* increased to five pages in length and became the leading source of communication within the unit. The newsletter has become a popular source of information for nursing staff, patients, guests and other departments at University Hospital.

### Going “Above and Beyond”

Beginning in 2009, the Hartman Surgical Pavilion nursing and ancillary staff have instituted a monthly employee recognition. Each month, staff votes for an employee of the month from each nursing shift. Employees who earn Employee of the Month are given a certificate and a \$15 gift card to Wal-Mart stores. At the end of the year, staff votes for the Employee of the Year from the pool of monthly winners. The yearly winner receives a certificate and a \$25 gift card to Wal-Mart. The staff has enjoyed awarding and receiving the recognition. It has boosted morale and a closeness that we have not had in the past.

Staff members receiving recognition from patients, their families and coworkers are also presented with writing pens at monthly staff meetings.



Jennifer Elorriaga stands next to a communications board.

## ***Publications and Presentations***

- Reed, C., Gerhardt, S., Fonseca, E., & Robertson, K. Case Study Creating a Healthy Workplace in a Surgical Trauma Intensive Care Unit. *Critical Care Nursing Quarterly* 2009; Vol 3 (3): 232-241.
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- Reed, C., Benavidez-Medina, I., Legarde, M., Gerhardt, S., Pao W., Ingram, M., & Payne, M. Abstract A Quality Approach to Glycemic Control. *Critical Care Nurse* 2009; Vol 29(2): e2
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- Reed, C., Pao, W., Cochetti, J., Harper, C., & Beadle, R. Abstract: Standardizing Oral Care Practices in an Academic Teaching Center *American Journal of Critical Care* 2009; Vol 18(3): e14
- Presentations:
- Swenson-Britt, E., & Berndt, A. (2010). The power of unit support in research confidence and use. Poster presented at 2010 National Magnet Conference®. American Nurses Credentialing Center, (Phoenix, AZ.)
- Schranner, B. (2010) “DIC in Pregnancy: Implications for Mother and Fetus” Best Practices: 3 E’s for Perinatal Providers, Education, Experience, Environment (McAllen, Texas)
- Reed, C., Williams, H., Thees, S., Robertson, K., Gerhardt, S., Beadle, R., & Larson, N. (2010) A Nurse’s Subscription to Knowledge: Cultivating a Community of Learners Through Podcasting. Poster presented at 2010 Nursing Symposium (Las Vegas, Nevada)
- Fonseca, I., Thees, S., Reed, C., & Gerhardt, S. (2010) ENGAGING STAFF: Success is in Their Hands. Poster presented at 2010 Nursing Symposium (Las Vegas, Nevada)
- Schranner, B. (2010) “Fertility and Pregnancy after Bariatric Surgery” Moms and babies Win in 2010 (Midland, Texas)
- Reed, C., Payne, M., Gerhardt, S., Fonseca, I. (2010) Engaging Staff with Data: Implementing Nursing Quality Dashboards. Poster presented at 2010 Nursing Symposium (Las Vegas, Nevada)
- Schranner, B. (2010) “Trauma and Cardiac Arrest in Pregnancy” The Second Annual Spectrum of Healthcare From Mother to Baby Conference (El Paso, Texas)
- Reed, C., Paccione, C., Gerhardt, S., Payne, M., & Beadle, R. (2010) Patient Safety: Improving the Accuracy of Patient Identification While Performing Point-Of-Care Blood Glucose Tests. Poster presented at 2010 Nursing Symposium (Las Vegas, Nevada)
- Parsons, M., Ray, N., Swenson-Britt, E., & Reineck, C. (2009) Transforming Care through a Practical and Innovative Model of Leadership Development Poster presented at 40th Biennial Convention Sigma Theta Tau International Honor Society of Nursing. (Indianapolis, Indiana)
- Reed, C., Williams, H., Robertson, K., Gerhardt, S., Beadle, R., Thees, S., Larson, S. (2010) “Meeting Educational Needs with Portable Technology: Adapting to the next Generation of Nurses” Poster presented at American Association of Critical Care Nurses National Teaching Institute (Washington D.C.)
- Schranner, B. (2010) Documentation of Nursing Care: The Palest Ink is Better than the Strongest Memory” Updates in Perinatal Care: 2010 (San Angelo, Texas)
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Reed, C. (2010) "Point of Care Blood Glucose 2009 and Beyond". Presented as Webcast. North Texas Point-of-Care.

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