



University
Health System



Transformation of Care

2013 Nursing Annual Report





Table of Contents

2013 Nursing Annual Report

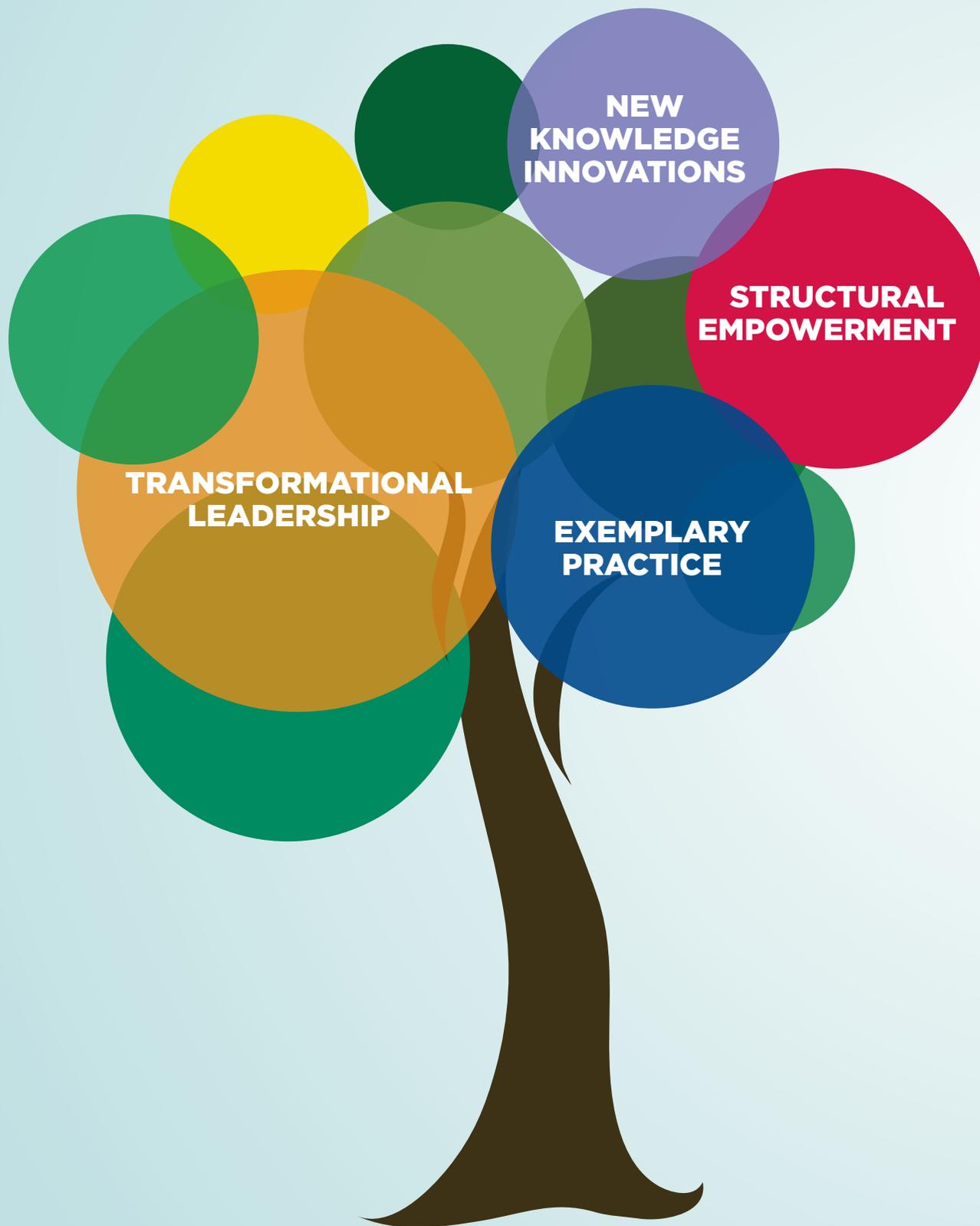
<i>WELCOME From the Desk of Nancy Ray, Chief Executive Nurse: Transformation of Care</i>	5
TRANSFORMATIONAL LEADERSHIP:	6
Cultivating a New Partnership for Advanced Pediatric Care	6-7
Designing Nurses! Transforming Space for Patient Care Delivery	8
The March for Excellence	9
Moving towards Baby-Friendly Hospital Designation	10
A Reality: Robert B. Green Campus – Clinical Pavilion	11
Neonatal ICU Treehouse - Serving our Tiniest Patients	12
Nurses Formulate Expanded Space into Premier Emergency Department	13
Perioperative Services Committed to Excellence	14
Technology & Informatics Improves Patient Safety in Medication Administration	15
STRUCTURAL EMPOWERMENT:	16
Back-to-School - It can be Better the Second or Third Time Around	16
Celebrating Nurses Week: Innovation, Motivation, Dedication	17
Celebration of Nursing and Nurse's Work: Walk in My Shoes	18-19
Celebration of Nursing Excellence	20-21
Collaborative Governance Transcends Shared Governance	22-23
Collaborative Councils Lead Changes with Interdisciplinary Voices	24-25
Conferences: Expanding Learning and Sharing Knowledge	26-27
DAISIES Growing at UNIVERSITY HEALTH SYSTEM	28
Determining Nursing Experts! Clinical Advancement Program	29
New Era and Partnership with Air Force Nurses	30
Nursing Educators become the Students: Learning to teach with Simulation	31
Orientation Overhaul: Teaching with a New Engine	32
Renaissance of Ambulatory education	33
RNs with Certification list at UHS	34-41
Transitioning from BSN to BSN-RN	42
Unit Council focuses on Performance Improvement and Accountability	43
EXEMPLARY PRACTICE:	44
Addressing Caregiver Stress: Center for Caring	44
Applying Lean in the Ambulatory: Maximizing health service delivery to our patients through continuous process improvement	45
Bedside Reporting: Improving Patient Satisfaction through Cutting Edge Initiatives	46
Building an Understanding of Loss from a Family Perspective	47
Creating a Baby-Friendly Culture: A Collaborative Effort	48
Emergency Department- Moving Forward to Provide the Best Care for Our Patients	49
Extracorporeal membrane oxygenation (ECMO) Beginning at UHS: Interdisciplinary Effort	50
Fitness is Now for Everyone!	51
Nurses Provide Clinical Expertise to "Internal Medicine Boot Camp"	52
Nurses work with Interdisciplinary Partners to Provide Seniors Healthcare Program	53



Psychiatry Nurses Respond to Patient Needs: Growing the Goal	54
Putting our Patients First: Hourly Rounding	55
Transforming Care Planning with the Help of Technology & Informatics	56
University Health System leads the Way: First School-Based Clinic!	57
Vascular Access Team Improving Care for our Patients	58-59
NEW KNOWLEDGE INNOVATIONS	60
Impact of Universal Gowning and Gloving on Contamination of Health Care Worker Clothing and the Patient Environment	60
Innovation in Caring for Cancer Patients with Arthomatherapy	61
Setting the Platform: Exploring the Contributions of Hospital Based Organ Donation Memorials	62
Understanding the Perspective of Family Presence in the Operating for Withdrawal of Life-Sustaining Therapy Prior to Organ Donation	63
Understand Family presence in the OR, it's not normal to me	64-65



Welcome, from the desk of Nancy Ray, MA, RN





Transformation of Care

Each day, University Health System patients entrust nurses with their lives. Nurses provide every patient with excellent and compassionate care by helping them heal. Simultaneously, nurses throughout the Health System have worked diligently to transform practice and prepare for the opening of our new Sky Tower at University Hospital.

LEAN projects, innovations, quality improvements, creative educational approaches and new technology were tools used to craft a plan for transformative healthcare delivery. This process of profound change oriented nursing in novel directions to provide a new level of effectiveness and excellence in healthcare delivery.

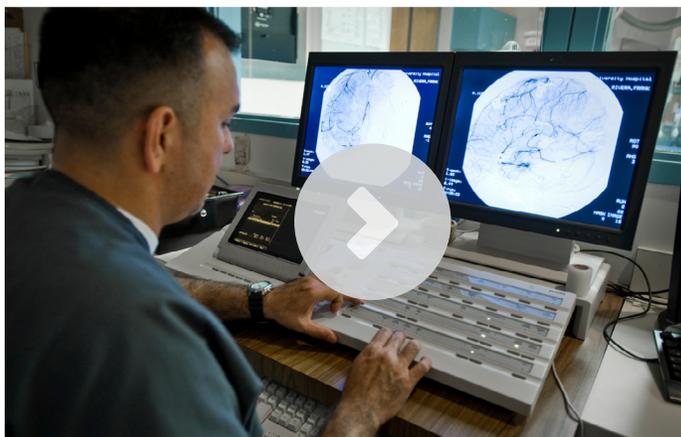
Nurses used their professional practice foundation of core values, practice excellence, professional collaboration and leadership to ensure patients received care that produced remarkable outcomes. Our strong foundation guaranteed the same consistency in care as at our new Robert B. Green Campus, which opened in early 2013. Our organization collaborated with the Department of Pediatrics at The University of Texas Health Science Center San Antonio School of Medicine, to bring the best in care to the children of Bexar County and South Texas. Our nursing foundation was critical as we expanded access to our patients through the opening of two ambulatory surgical centers as well as school-based clinics. Emergency Department nurses used this foundation as they strived to provide care that is more efficient to our acutely ill patients.

Your drive to practice excellence has been inspirational to watch. I'm extremely proud to be working with such an excellent and committed team of nurses. You stand for the mission and values of University Health System and your service to our community is amazing! Please join me in celebrating the journey of nursing and the multiple roles nurses provide as we transform healthcare delivery at University Health System.

Nancy Ray, MA, RN
Chief Nursing Executive
University Health System



Click
image
to play
video.





Transformational Leadership

Cultivating a New Partnership for Advanced Pediatric Care

The major transformation goal for 2013 was to provide the children of Bexar County and South Texas with the highest level of comprehensive care. In partnership with Children's Health of University Health System and UT kids of UT Medicine San Antonio, the collaboration became a reality. Michelle Ryerson, DNP, RN, NEA-BC and Sr. Vice President, CNO/COO, of Pediatric Clinical Services, was selected to lead the major endeavor and has put together a talented team of nurses and specialists to reach the goal.

An inter-professional group of pediatric experts dedicated themselves to transforming the Health System into a Pediatric safety net in 2013. We are now caring for a very complex multi-specialty patient population, unlike any other time in the history of University Health System. We're also training the next generation of healthcare professionals to care for children. Amidst a flurry of activity and change is a steadfast dedication and commitment to quality, patient experience, efficiency, and access across the continuum of care.

We are introducing young children into an ambulatory healthcare delivery model and an electronic medical record that contains all key information about their health. We are enabling them to learn early how to use the right care, at the right place, and at the right time. Young patients can grow and transition into adulthood within the Health System, as part of a family who also receives care at University Health System. The transformation is extremely important to the patient population served and the health and wellness of the community.

For more, visit online at UniversityChildrensHealth.com.

A partnership for advanced pediatric care



(Back row, from left):

Adrian Santleben, *Patient Access Manager, Admissions*

Patricia Runyan, *Executive Director, Inpatient Pediatrics*

Freddy Koenig, *Director, Pediatric Specialty Clinics*

John Mark Atchley, *Director, Pediatric Operations*

(Front row, from left):

Josie Molina, *Director, Pediatric and Congenital Heart Services*

Michelle Ryerson, *Sr. VP/CNO-COO, Pediatric Clinical Services*

Rebecca Charlton, *Director, Child Life*

Carol Flores, *Executive Assistant, Pediatric Clinical Services*

Transformational Leadership

Designing Nurses: Transforming Space for Patient Care Delivery

Susan Gerhardt, MSN, RN, and her team worked with the CIP team to transform care in the new 10-story Sky Tower at University Hospital.

How did they do it?

Throughout 2013, nursing directors and their staff put on their hard hats and got to work, including:

- Evaluating and choosing equipment for the units.
- Participating in 3P processes to evaluate work flow in new units.
- Designing the “move plan” for all units moving in the new tower.
- Providing nursing knowledge and experience into decisions that would ultimately create a work friendly environment for nurses and their patients.

The next steps were receiving the equipment and finishing the new environment of care for patients. With that in place, intensive education and training as well as land navigation, were priorities as University Health System prepared for the opening of the new Sky Tower at University Hospital on April 14, 2014.



The March for Excellence

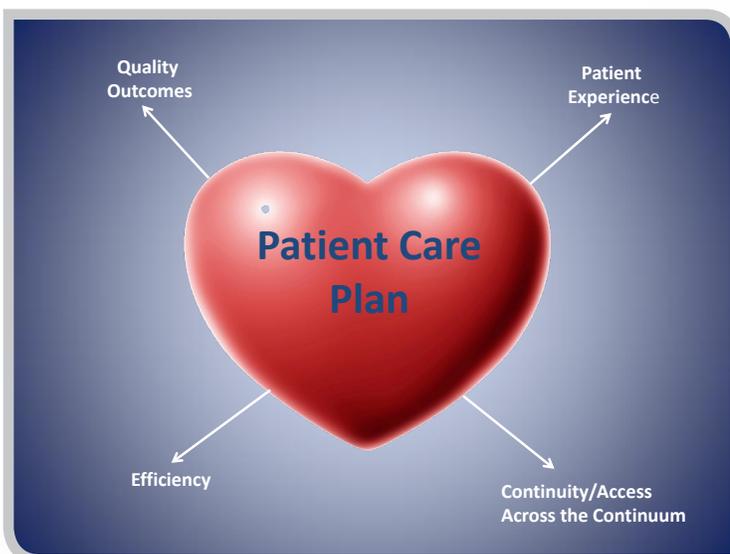


The experience aim for 2013 nursing strategic planning was to create enthusiasm, energy, innovation and momentum on the journey leading to excellent care for patients. Everyone understood the task at hand was to change our processes and prepare for the future which takes total organizational commitment.

Senior leadership discussed the vision: “Bexar County and South Texas trusts and recognizes University Health System for best practice,

exemplary clinical quality, customer service and excellent patient care outcomes” and provided dialogue with nursing staff.

Nancy Ray, the chief nurse executive for University Health System, addressed the nursing commitment with a plan for patient care and its relevant components. The components became the focus for groups throughout the rest of the day and setting the pace for stepping into the future.



Transformational Leadership

Moving towards Baby-Friendly Hospital Designation

Becoming a Baby-Friendly Hospital designated facility is a comprehensive and detailed journey toward excellence.

Designated facilities provide evidence-based maternity care with the goal of achieving optimal infant feeding outcomes. University Health System received a NICHQ Best-Fed Beginnings grant in 2012 to work towards the designation. University Health University set a goal to have an 80% exclusive breastfeeding rate. Teri Grubbs, BSN, RN, director of Women's Health Services for University Hospital, is the team leader for the initiative. Working collaborative with physicians, outpatient leaders and nursing staff throughout the hospital, Grubbs has guided the team towards the adoption of the Ten Steps to Successful Breastfeeding.

In 2013, a new corporate policy on infant feeding was adopted; nurses and staff caring for new mothers have completed 20 hours of breastfeeding education. Exclusive breastfeeding rates and skin-to-skin rates have increased. Staff no longer distributes industry sponsored discharge backs. An updated lactation website for staff and patients is in place and an outpatient lactation clinic recently opened in December of 2013. University Health System was designated as a Texas 10-Step Hospital applauding the Health System for the adoption of evidence-based practices. While not yet at an 80% exclusive breastfeeding rate, the team has made incredible strides in improving care to our maternity patients and their families.



A Reality: The New Robert B. Green Campus – Clinical Pavilion

On January 12, 2013, plans that began five years ago finally became a reality, as the Robert B. Green Campus Clinical Pavilion downtown, opened its new doors to the community.

Clinical staff, specifically nurses and physicians, was involved in the development from initial clinic/floor layout proposals to detailed exam room space to the actual transition of care into the new facility. Through the planning process, nurses assisted in strategically evaluating daily patient care to ensure efficiency, quality outcomes and patient experience.

During the move into the new facility, the planning efforts included cross-functional teams within the system for administration, providers, nursing staff, plant engineering, infection control, environmental care, information technology, etc. Each participated in the efforts to ensure that a smooth transition of existing services took place in a safe and effective manner. The Robert B. Green Campus's nursing team assisted in a smooth and successful transition which enabled staff to better care for patients.

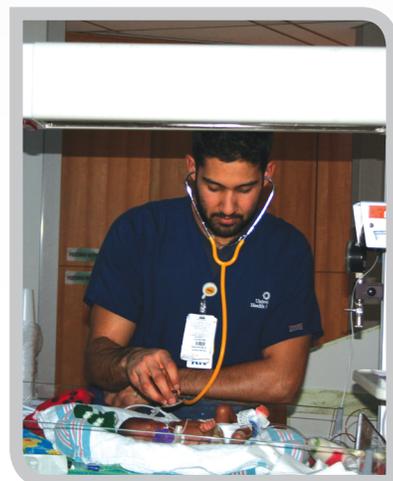
The new 269,000 square-foot, six-story Clinical Pavilion at the historic Robert B. Green Campus Downtown offers comprehensive services including:

- Primary care, specialists and preventive health services
- Pediatric comprehensive care to include primary care and over a dozen specialty care services
- Radiology, including Nuclear Medicine, CAT Scan, MRI, mammography, X-ray, ultrasound
- Outpatient surgery center
- Comprehensive laboratory services
- Pharmacy



Transformational Leadership

Neonatal ICU Treehouse: Serving our Tiniest Patients



The Neonatal Intensive Care Unit (NICU) at University Hospital has experienced unprecedented growth in 2012 and 2013, due to the service line expansion and continued outreach efforts throughout South Central Texas. With an average daily census that exceeded expectations, the NICU nursing leadership team, under the direction of Rachel Rivas, BSN, RNC, and medical staff from the University of Texas Health Science Center San Antonio, Division of Neonatology, communicated the need for expansion of the NICU to University Health System senior leadership.

Organizational leadership worked closely with NICU physicians and nurses to develop a plan that would support renovation and expansion of the unit. Planning was initiated in 2012, with construction starting late that year and through early 2013. The team gathered with nursing staff, respiratory therapists, physicians, nurse practitioners, and families to discuss ideas and goals by using a prototype of the tree house. Annette Jonatchick, BSN, RN, said, "Having a mock area helped the staff envision the work space and how that would impact the nurses workflow. Nurses could also see how the design would promote parent-infant bonding."

A grand opening and ribbon-cutting of the new tree house took place in the spring of 2013. With the completion of the expansion, the NICU could now accommodate 58 babies.

A Premier Emergency Department

The Emergency Department at University Hospital was built 25 years ago to care for 35,000 patients a year. Today, it sees close to 70,000 patients annually. The new expanded Emergency Department will reduce wait times and provide additional general medicine/surgery beds for patients admitted from the Emergency Department. However, it is not functional without major preparation and facilitating change in processes. That's where Rudy Jackson, MBA, RN, director of the Emergency Department at University Hospital, comes in! Jackson has successfully facilitated a nursing team to work diligently in preparing for the expansion and transition into the new 10-story Sky Tower at University Hospital.



The nursing team's work included:

- Coordinated departmental through put
 - Created new processes for team care (MD/Nursing partnership)
 - POD concept
 - Coordinated standardization for all nurses stations and patient treatment areas
 - Organized specialty areas within Emergency Department
 - Trauma Rooms
 - Medicine Resuscitation
 - Fast Track
 - Triage
 - Pediatrics
 - Behavioral Health
 - Detainee Areas
 - Facilitated plans for move into the new tower
- What's next for the team? They plan to:
- Stock supply rooms, patient care rooms, nurse's stations, etc.
 - Train on all new equipment
 - Patient care exercises
 - Competencies
 - And, much more!



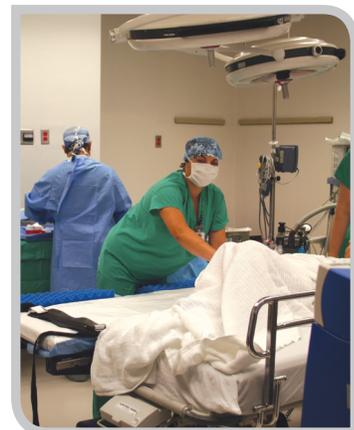
Transformational Leadership

Putting Patients First



Natalie Vasquez Smith, BSN, MHA, CNOR, joined University Health System in 2013, as the executive director of Perioperative Services. She provided a new vision and unifying standard. Increased unity began with multi-department perioperative leadership meetings. Leaders have been encouraged to engage in collaborative discussions of issues and creative problem solving. Thinking “outside the box” has resulted in implementation of redesigned staffing models that improve customer service through a versatile team. Emphasis is on patient-centered care and creating a supportive work environment that values individual contributions while demanding accountability.

The variety of services provided to the community have been enhanced by the addition of pediatric cardiothoracic and transplant services and increased availability of outpatient services through the Medical Arts and Research Center (MARC) and the Robert B. Green Campus. The staff in perioperative services has implemented a patient-centered model that begins with improved pre-operative screening processes through the Anesthesia pre-op clinic, extending through the entire perioperative continuum. Exciting technology, such as the OR Control Tracking System is used throughout the department to move patients through the perioperative area in a safe and efficient manner.

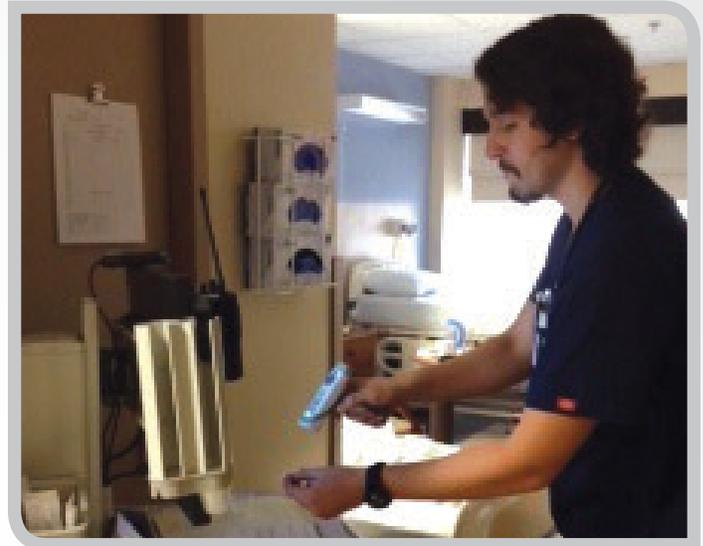


Planning for the transition into the new Sky Tower at University Hospital was an additional focus. Individuals from leadership and frontline staff had opportunities to share ideas to create new processes and workflow using LEAN methodology that will further enhance the quality and compassion of care delivered.

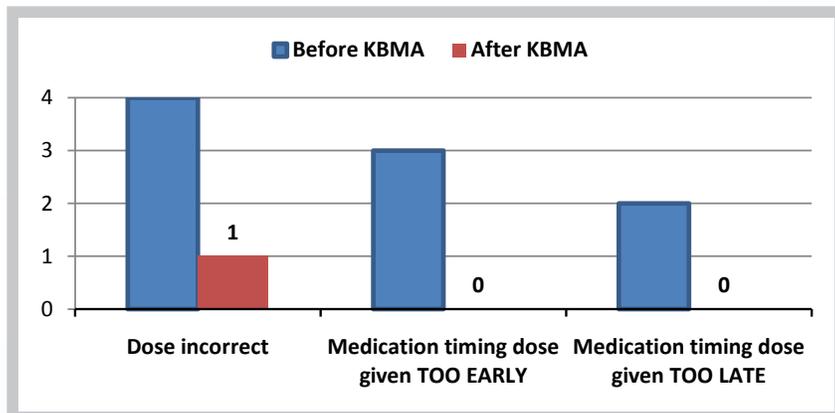


Improving Patient Safety in Medication Administration

New technology integrated with informatics, led to a Knowledge-Based Medication Administration System (KBMA) and has provided greater safety for patients. This transformative medication delivery system was led by Irene Puente, MSN, RN, and Regina Wilson, MSN, RN. Wilson said, “It does not replace the 5 Rights of Medication Administration, but rather, acts as an adjunct for medication safety. The implementation required the coordination between Nursing Services, Pharmacy Services, Purchasing and Information Technology.



Specialized mobile carts were purchased that could house a computer with a screen, scanner and contain eight lockable medication drawers with personal identification code access. Once the nurse is in a patient room, the patient’s medication administration record can be pulled up and matched to the patient by scanning the bar-coded wristband. Once the medication pass is completed, the nurse clicks the “medication given” button and the medication administration is immediately documented, providing for real time charting.



Based on the RL solutions reporting tools, the use of the technology has shown improvement hospital-wide and in several categories from before KBMA (01/01/13-08/04/13) to after KBMA implementation (08/04/13-12/23/13).

Structural Empowerment

Back-to-School

While it's hard for some nurses to imagine returning to the classroom, many nurses are embracing and exhilarated by their return to school experience. Augustine Conejo, a registered nurse at University Health System, has entered a program for RNs at Texas Tech University. He's learning that as a bedside nurse, going back-to-school is providing him with evidence-based best practices for his patients and their families.

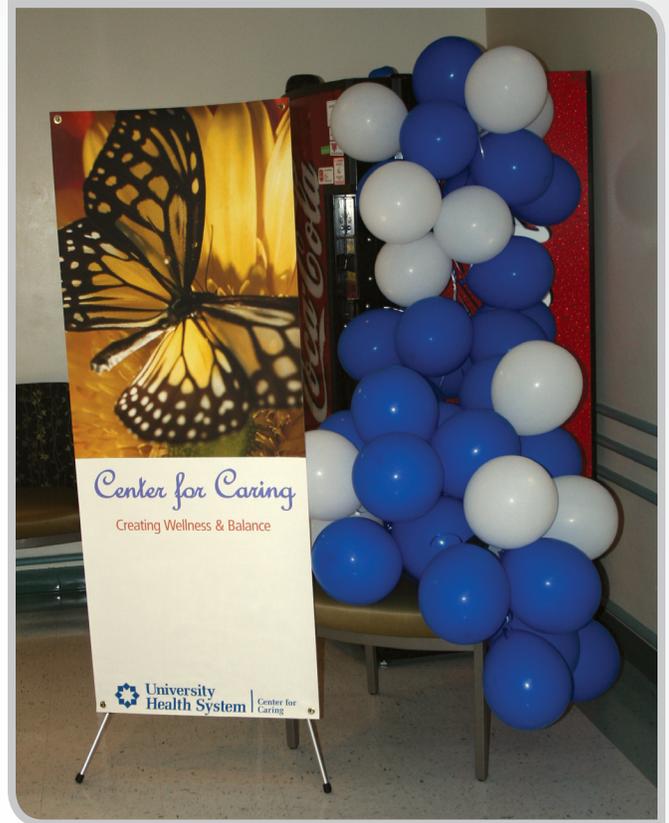


Dirk Davis, also an RN at University Health System, agrees and is currently enrolled at Grand Canyon Nursing School. "I should have kept going but if you change your mind-set and make a commitment, you can do it," said David. "The degree is an investment in yourself that no one can ever take away." Rebekah Messer, an RN and recent graduate of Baptist School of Nursing, also believes in the power of education. Both felt the evidence-based practice and health assessment were critical pieces they learned and are excited about also earning their masters degree. Neither of them was sure about nursing research but developed a new appreciation for its value.

Nurses Week: Innovation, Motivation & Dedication



Nurses' Week provides a special time to celebrate nurses and nursing! It provides nurses with a sense of pride in their profession, as well as an opportunity to celebrate and recognize outstanding achievements. Jason Proulx, RN, and members of the Recognition LPC supported a number of celebratory events. The highlights of the weeklong event included a continental breakfast, certification recognition, Center for Caring Open House, Walk in My Shoes and the Annual Celebration of Excellence. A special newsletter from the Chief Nursing Executive, Nancy Ray, detailed innovations of our nurses, along with a special nurse's dedication to the profession.



Structural Empowerment



“Take time today to appreciate someone who does something you take for granted.”

Cherokee

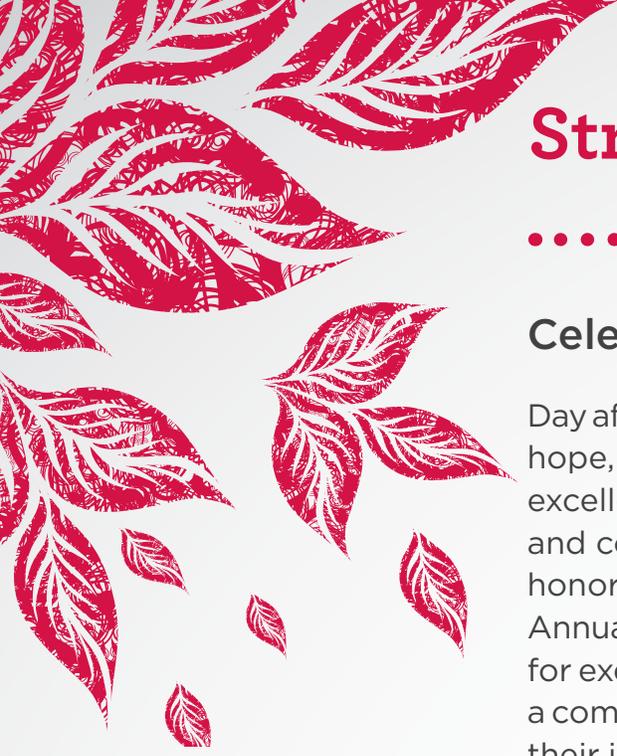


Walking in the shoes of a nurse

Since 2008, senior leadership staff, Bexar County Hospital District Board of Managers and the University Health System Foundation Board, as well as special community guests have been walking in the shoes of a nurse at University Health System. This has grown to be one of the most favorite celebrations among nurses and staff during Nurses’ Week. Nursing staff members also serve as proud unit Trailblazers giving their VIPs a sneak peek at the nursing profession. Endless stories are also shared about their experience at the end of the day. The passion, care and unique experience of being a nurse for a day is never forgotten by those who experience it.







Structural Empowerment

Celebrating Nursing Excellence

Day after day, our nurses are on the frontline of patient care, bringing hope, kindness and comfort to patients and their families. Their excellent work never goes unnoticed by colleagues, supervisors and community. For the second year, more than 50 nurses were honored for their tireless contributions to patient care during the Annual Celebration of Nursing Excellence. Nurses were nominated for exemplifying professional leadership qualities, demonstrating a commitment to safe and quality care, going “above and beyond” their job requirements and setting a positive example for others.

The following are University Health System nurses recognized for their excellent service and commitment to nursing.

Alexander, Yvonne, RN, SNIII
Lozie Bios, RN
Tonya Burris, RN, BSN **
Lucy Bonilla, RN, BSN
Chris Cabagay, RN, SNIII
Maria Cedillo, RN, MSN
Nancy Jo Cedillo, RN, BSN
Catherine Celestino, RN, SNIII
Diana Cepeda, RN, SNII
Rogelio Chavera, RN, CCRN-CSC
Sheryl Childress, RN, SNIII
Gregg Chin, SNIII
Wai Yee Choi, BSN, RN
Jacqueline Cleveland, LVN
Angela Cullen, RN, SNII
Michelle Davern, BSN, RN, SNIII
Michael Dodd, RN, BSN
Esther Espinosa, RN, PCC
Debra Fraley, MSN, RN, CCRN, CCNS
Ramon Gallegos RN, BSN
David Garza, RN, PCC
James Gonzalez., LVN
Sabrena Goodrum, RN

Outpatient Surgery
DHCS-Adult
FFACTS clinic
Nurse Link
Medicine Critical Care Unit
TDI Dialysis
FFACTS Clinic
9 PTU
Psych
Transplant ICU
Gyn OP
Radiology
Care Coordination
Express Med, RBG
Emergency Department
Surgical Trauma ICU
EMC-PAV
Reeves Rehab
Educator, Surgical Trauma ICU
RBG Med Clinic
9 Med
TDI Hyperbaric
Emergency Department



Olga Haug, RNC
 Vanessa Herschell, RN
 Carrie Hyde, LVN
 Bonnie Jones, RN, SNIII
 Elaine Jones, MSN, RN, ACNS-BC
 Katrina Kreamer, MSN, APRN, FNP-BC
 Mario LeGarde, MSN, RN, MBA, CCRN
 Kathleen Marotta, RN, BSN, SNIII**
 Joann Mizell, RN, PCC
 Joseph Myers, RN, PCC
 Yvette Nieto, LVN
 Zahra Nejat, RN
 Rebecca Pollock, BSN, RN, SNIII
 Brenda Putnam, RN, BSN
 Neli Martinez, RN, BSN SNII
 Martha Rodriguez, RNC, PCC
 Erin Rogers, MSN, RN
 Tracy Rushing-Uribe, RN
 Santillan-Rabe, Marian MSN, RN, FNP
 Corazon Serrano, RN, BSN, SNIII
 Mariamma Shaju, RN
 Lois Shilito, , RN
 Eva Silvas, RNC
 Amy Smith, RN, CEN, SNIII
 Peggy, Spriggs, RN
 Evelyn Swenson-Britt, PhD, RN
 Susanne Thees, RN, SNIII
 Cruz Vallarta, LVN
 Diane Verastigui, BSN, RN, CCHP
 Eli Villareal, BSN, M.Ed, OCN, PCC
 Delia Zuniga, LVN

Neonatal ICU
 Operating Room
 TDI Adult Diabetes
 9 Med
 7th floor clinical educator
 Acute Pain Coordinator/Nurse Practitioner
 Center for Learning Excellence
 Pediatric ICU
 10 Telemetry
 Inpatient Dialysis
 Discharge Waiting
 NBN
 Obstetrics
 Peri-op Services
 PACU
 NBN
 Administrative Director, Reeves Rehab
 QIA
 FFACTS Clinic
 Emergency Department
 IPCU
 IPCU
 NBN
 Emergency Department
 Emergency Department
 Director, Center for Excellence
 Surgical Trauma ICU
 DHCS-Juvenile
 DHCS
 Hem/Onc
 DHCS-Juv-MISSION

** Nominees for the 2013 Sigma Theta Tau/ TNA District 8 Nurse Imagemaker

Structural Empowerment

Collaborative Governance Transcends: Shared Governance



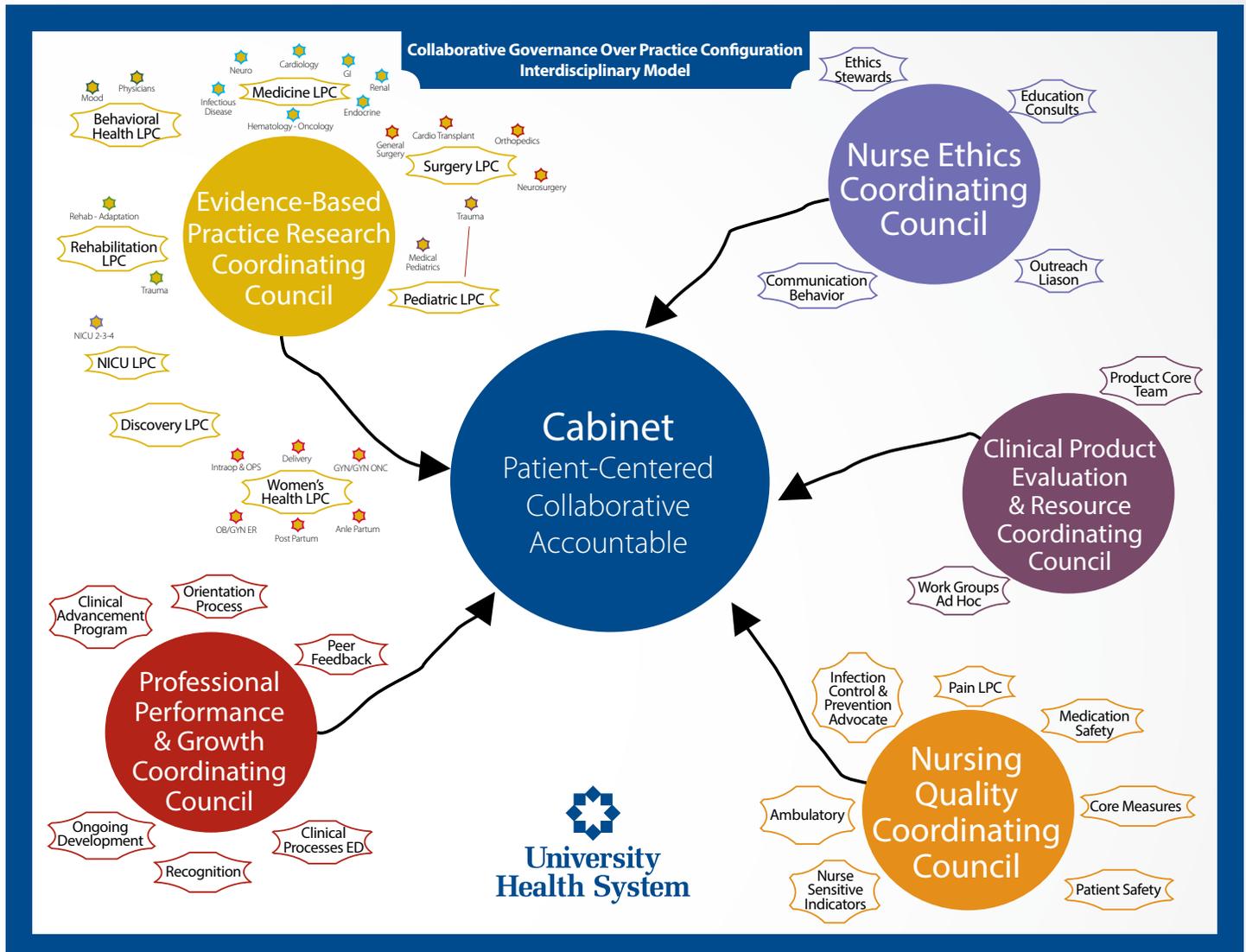
Erin Rogers, MSN, RN, and Marivel Garcia, RRT-ed, charged into a new era for University Health System's cabinet interdisciplinary, as co-chairs overseeing collaborative governance. Collaborative governance is based on values found within learning organizations and shared-governance. This is an interdisciplinary model that supports patient-centered care. It's founded on the principles of partnership, equity,

accountability and ownership of clinical practice. Improvement in patient care is the continual goal that is at the foundation of the collaborative governance.

Learning communities provide engagement, support and learning for interdisciplinary providers to broaden knowledge and expertise, problem-solve more collaboratively, use research for the improvement of care to their patients and steward knowledge to enhance care delivery.



Collaborative Governance Over Practice Configuration Interdisciplinary Model



Structural Empowerment

Collaborative Councils: Leading Changes with Interdisciplinary Voices



Evidenced-Based Practice and Research (EBP & Research) Coordinating Council

- Initiated process of working in Learning Practice Communities (LPC's) to evaluate and disseminate disease specific Clinical Practice Guidelines (CPG's).
- Develop, evaluate, approve and implement nursing protocols that reflect EBP for vaccinations.
- Review and update of UHS nursing guidelines using EBP (Blood Culture contamination and HAI's, Cervical Collars, Feedings).
- Collaborating with outpatient areas to standardize patient education.

Nursing Quality Coordinating Council

- Development of a nurse drive urinary catheter removal protocol.
- LEAN project to evaluate system wide nurse sensitive indicators resulting in development of automated unit dashboards with nurse sensitive indicators.
- Pain LPC Developed EB Pain scripting for RN's and Tech's and distributed badge cards and developed nurse driven evidenced-based Sweet-Ease protocol for newborns.

Professional Performance and Growth Coordinating Council

- Clinical Professional Development & Education LPC: Plan of Care was an initiative completed. Educators provided intensive 2-hour classes specific to CPGs for their clinical population.
- Orientation LPC: Supported revision of nursing orientation and the nurse residency.
- Clinical Advancement LPC: Educated staff on the new clinical advancement program and held first peer review of packets.
- Recognition LPC: Facilitated successful Nurse's and Medical Assistants week celebration.
- Peer Feedback LPC: Reviewed and updated current guideline. Will provide educational sessions on giving and receiving Professional Feedback.



Clinical Product Evaluation and Resource Coordinating Council

- True interdisciplinary LPC including Bio Med, Infection Control, Safety Council, Evidence-Based Practice and Research, Value Assets and Purchasing.
- Customized central line kit change approved. Added Opsite from Smith & Nephew and changed Chloro Prep to Chloro Swabstick.
- Oral airways are standardized throughout the hospital system. In August. The airway is now color coded for different sizes.
- MediChoice Products totaling over \$150,000 to help Health System reach its 2013 Distribution goal.

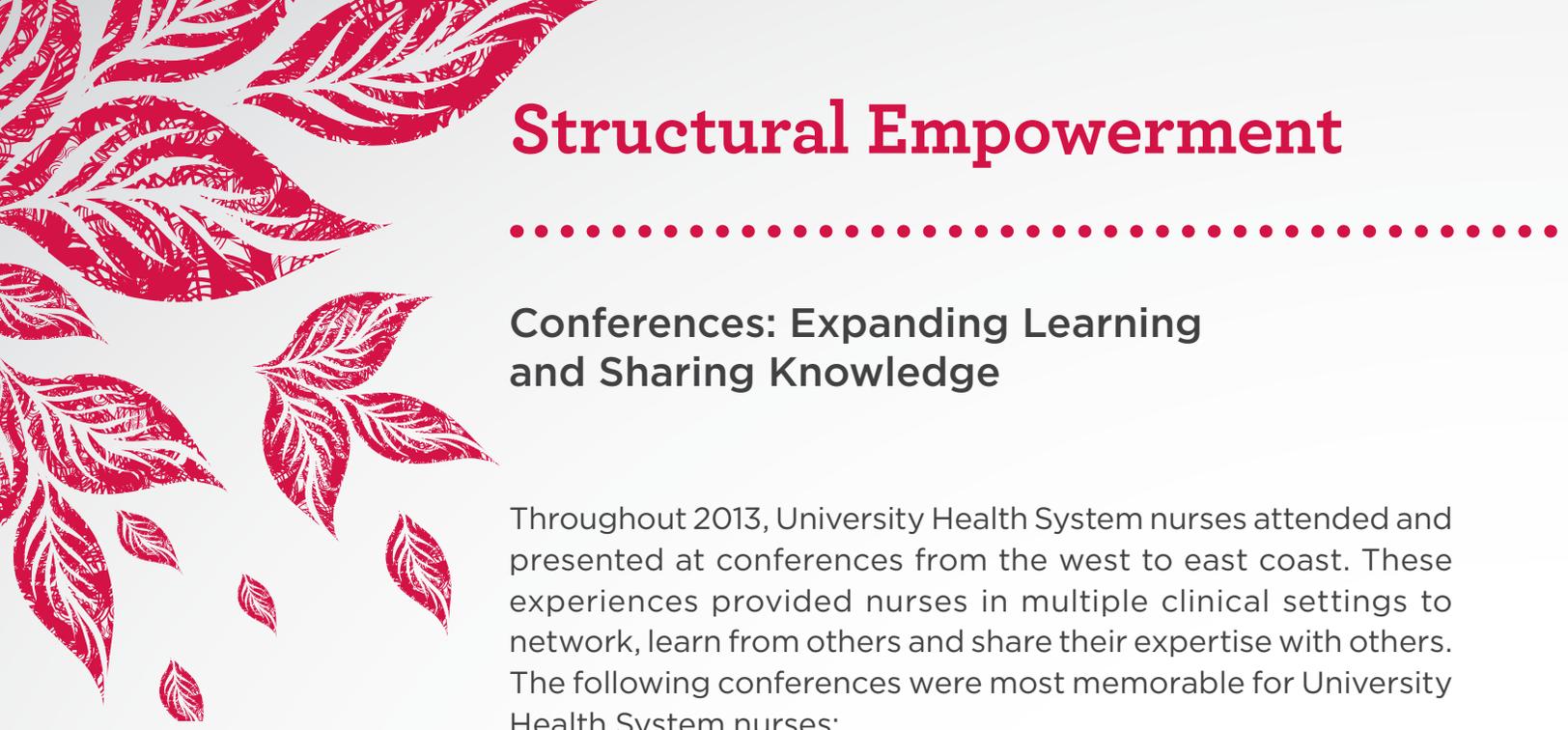
Nurse Ethics Coordinating Council

- Sponsored Interdisciplinary conference open to community that focused on ethical issues surrounding second victims.
- Increased involvement with hospital Bioethics Committee.
- Members of council participated as presenters at NTI Annual conference in Boston. Moral distress in pediatric populations (poster) and Addressing day-to-day ethical issues in the work setting (podium).

Ambulatory Nursing Council

- New collaborative governance council created in 2013. It is comprised of registered nurses from approximately 40 specialties, clinics, and departments within the ambulatory community. This new council with its diverse representation of nurses provides a forum for shared decision making in best practice initiatives, promote collaboration and improve patient quality outcomes specifically related to ambulatory nursing. From direct clinical nursing to care coordination to school-based nursing, the transformational role of the ambulatory nurse continues to expand as outpatient visits increase and the patient centered medical home evolves.





Structural Empowerment

Conferences: Expanding Learning and Sharing Knowledge

Throughout 2013, University Health System nurses attended and presented at conferences from the west to east coast. These experiences provided nurses in multiple clinical settings to network, learn from others and share their expertise with others. The following conferences were most memorable for University Health System nurses:

- The 2013 Building the Bridge: Clinical Safety and Effectiveness Conference - Presenter Michael Payne, RN, director of Transplant Unit, University Hospital.
- National Institute for Healthcare Advancement Health Literacy Conference, *Operational Solutions to Low Health Literacy* in Irvine, California. Presenters Luz Maria Castillo and David Correa, RN, director of the University Family Health Center-SW.
- ONS Congress in Washington, D.C. - Attendees were Lilia Genadoza, Ursula Caga and Dianne Hallworth.
- 2013 ANCC National Magnet Conference Orlando, Florida - Presenter was Charles Reed, RN, Patient Care Coordinator/Educator. Attendees included Evelyn Swenson-Britt, Michael Dodd, Michael Payne, Jason Proulx, Michelle Gonzales, Dirk Davis, Richard DeVera, Haylin York, Susanne Thees, Marina Martinez and Rudy Jackson.
- 38th Annual Conference 2013 American Academy of Ambulatory Care Nursing Las Vegas Nevada - Attendees: Angela Casias, Judy Doty, Rosanne Carrillo, Eva Prieto
- National Teaching Institute & Critical Care Exposition, Boston. MA - Presenters: Jeanie Sauerland, Debra Fraley, Dr Cathy Robichaux, Charles Reed, Kathleen Marotta Attendees: Susanne Thees, Ronald Estrella, Augustine Conejo, Richard DeVera, Alan Gonzales, Amy Lawson, Elizabeth Maxey, Chasity McDonald
- UHC/AACN Nurse Residency Program 2013 Meeting - Attendees: Bonnie Schraner Hagen, John Rees, Ishmael Salazar, Randle Beadle, Mario Noli Legarde, Michelle Sherman, Regina Wilson, Lisa Castellanos



Structural Empowerment

Growing DAISIES

Celebrating University Health System's 2013 DAISY Award recipients! These extraordinary nurses personify University Health System's remarkable patient experience through clinical expertise, exemplary service and compassionate care. They are sentries, healers, guides, teachers, collaborators and leaders. The Health System is proud to have such an amazing group of DAISY nurses.



<u>Month</u>	<u>2013 Nominee</u>	<u>Department</u>
January	Nora Cantu, LVN	Special Surgery
February	Chuchi Pontillano, RN	Pediatric ICU
March	Katherine Brunney, RN	Surgical TICU
April	Jody Davis, RN, NP	Ob/Gyn (Onc) case mgmt.
May	Vivian Miles, LVN	Texas Diabetes Institute
June	Diana Verastigui, RN	DHCS - CKT Juvenile Tx Ctr.
July	Erica Zuniga, RN, PCC	Operating Room
August	Olga Giddens, RN, PCC	Neonatal ICU
September	Julie Bergmann, RN	Hartman / MCCU
October	Teri Grubbs, RN/ <i>Administrative Director</i>	Women's Health Services

Determining Nursing Experts: Clinical Advancement Program

In examining processes, University Health System's clinical ladder, the process for evaluating and providing direct patient care nurses with recognition for their skill and clinical advancement, was identified as requiring improvement.

The Clinical Advancement committee with representatives from each nursing unit and ambulatory, along with a consultant, reviewed the new Professional Practice Model (PPM), current literature and other clinical advancement programs across the country. The new Clinical Advancement Program was published on October 18, 2012, and went into effect on January 1, 2013.



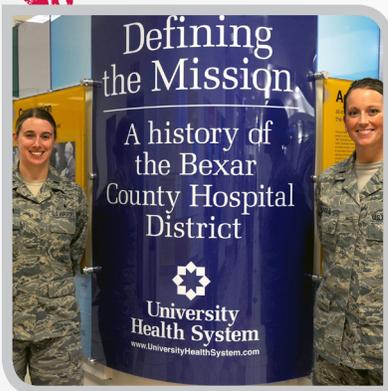
Major changes came in the evaluation process which is now peer-reviewed. The Clinical Advancement Review Committee composed of a director, nurse educators, and staff nurse II and IIIs and alternates available. The committee meets quarterly to review applications and holds interviews for each candidate that is applying for advancement to a new level. The first applications for renewals and promotions were accepted on August of 2013 and 93 staff nurses maintained their current level and eight were promoted to either staff nurse II or III. Congratulations to our Nurse Experts!

Structural Empowerment

Partnering with the U.S. Air Force

Another first for University Health System! University Health System partnered with the United States Air Force to develop highly skilled nurses trained for humanitarian and peacetime missions. Building the partnership was instrumental in meeting an increase in the demand for clinical training of nurses at the San Antonio Military Medical Center, located on Fort Sam Houston.

The partnership with the Air Force Critical Care/Emergency Fellowship is a great opportunity for both organizations. While the Air Force residents receive clinical experience and excellent preceptors, our nurses have the opportunity to have highly trained instructors share their knowledge in both our clinical setting, and as guests, in their lectures on critical care. The following University Health System Nurse Preceptors were recognized by the Air Force Fellows in 2013:



Nurse Preceptors

Kathleen Marotta (twice)
Rudy Martinez
Gabriela Juarez
Jeffrey Gresham
Fabrice Sey
Monica Reger
Julianne Wisloff
Ann Maxey
Sarah Shoemake

UNIT

Pediatric ICU
Pediatric ICU
Medicine Critical Care Unit
Medicine Critical Care Unit
Surgical Trauma ICU
Surgical Trauma TICU
Transplant ICU
Transplant ICU
Emergency Department



Specialty training in Critical Care, Operating Room, Emergency Room, and Pediatric Care, significantly augments Air Force fellows' clinical experiences. Pediatrics training is important for humanitarian and wartime pediatric care. 1st Lt. Casey Doll, a critical care nurse fellow, explained, "We see a lot of pediatric and burn patients during deployments. This training bridges the gap between years of experience so that we are better prepared," Doll said. "For any nurses considering this program, this is a hands-down recommendation. No other civilian institution will dedicate the time and effort to us like University Health System and I am very thankful for the opportunity."



Nursing Educators become the Students: Learning to teach with Simulation

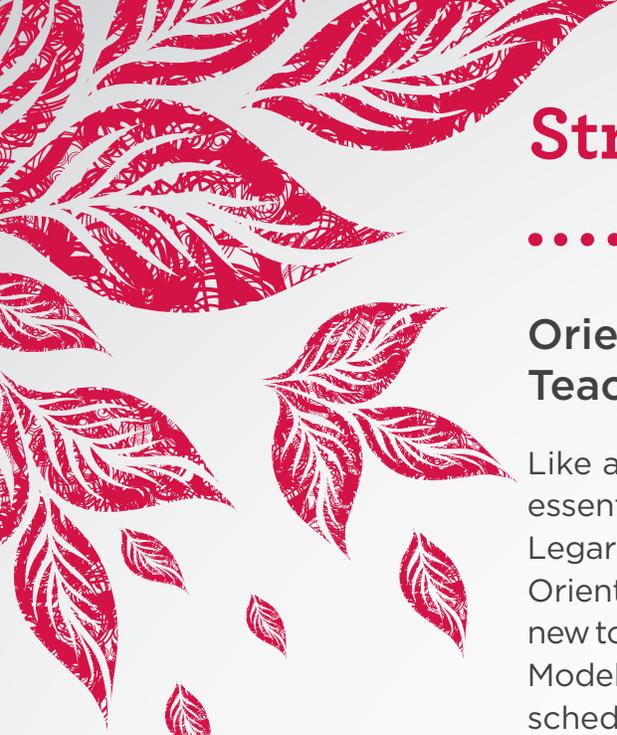
Alamo Colleges in San Antonio provided an exciting opportunity for local nursing educators to participate in a five-day program presented by Yvette Baxter MSN, RN. The program was designed for nurse educators, with little to no simulation experience, to gain knowledge and skills necessary to effectively utilize clinical simulation in nursing education. The program incorporated the theory and research that has been done to support simulation as a best practice for education and training. Presentation was a combination of didactic instruction and hands-on practice.



Human Patient Simulation (HPS):

- Involves the replication of clinical experiences in a controlled yet realistic environment.
- Employs manikins which can mimic human physiological responses.
- Permits students to practice high risk, low volume clinical experiences not exposed to hospital clinical.
- Provides facilitators' opportunities to program manikin responses based on student actions, minimize or introduce environmental distractions, and give timely feedback (Durham & Alden, 2008).

Elaine Jones, MSN, RN, Lucia Kistler, MSN, RN, Brian Smith, MBA, RN, and Marina Martinez, MSN, RN, participated in this fantastic learning opportunity. All nurse educators were supportive of the unique education opportunity and are already putting it into action by helping other nurses learn new skills and knowledge with a simulated environment.



Structural Empowerment

Orientation Overhaul: Teaching with a New Engine

Like any process or system that grows stagnant, an overhaul is essential to make sure it is running effectively and efficiently. Mario Legarde III, MSN, MBA-HCM, RN, CCRN, determined that Nursing Orientation required a 250,000-mile overhaul and update. Being new to nursing orientation, Legarde applied the Professional Practice Model (PPM) and adult learning theory principles to the orientation schedule. And the new engine started preparing our nurse adult learners with scenario-based simulation education.

What does it look like to a new nurse entering the system?

Nurses are being taught core values, leadership, professional collaboration and practice excellence, the tenets of the PPM in the first hour. They are orienting to their professional profile and finding out about accessing resources for EBP. Active learning and hands-on simulation are key! He initiated the involvement of staff nurse IIIs in teaching staff these hands-on skills which has been an exciting opportunity for these nurses as well. He wants 2014 orientation engine ready for the NASCAR races.



The Renaissance of Nursing Education for Ambulatory Clinic Systems

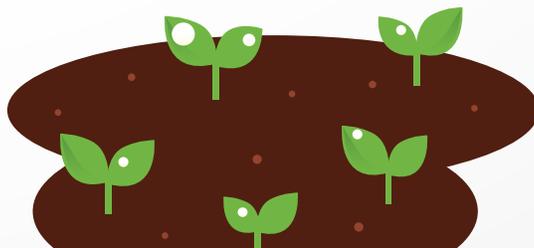
Ambulatory clinics are booming! Patient visits are at an all time high! New access and innovative services are being provided to patients. That means that staff must be prepared to deliver cutting edge care. With this in mind, senior ambulatory leadership determined more nurse educators were needed. Over the past year, educators were added so that Robert B. Green Campus, Texas Diabetes Institute, University Family Health Centers, preventive health clinics, specialty pediatric clinics and the outpatient dialysis units all have educator support.



Our Nurse Educators:

Hazel Tremor	Ambulatory Dialysis
Priscilla Chavez	University Family Health Center -Southeast and Southwest
Cathy White	University Family Health Center - Pavilion, North and Northwest
Debbie King	All Pediatric Specialty Clinics
Brian Smith	Robert B. Green Campus & Texas Diabetes Institute
Rebecca Neu	Preventive Health Clinics
Mario Legarde	CLE
Debra King	Specialty Pediatric Clinics

The educators have not wasted a moment in providing new educational programs in their settings. An annual skills and competency fair has been developed which involves both didactic and hands-on methods of teaching. A total of 412 employees participated in the fair this year.





Structural Empowerment

Certified Registered Nurses:

Shirley	Acosta	ASC AT THE MARC
Maureen	Ahlgren	Case Management
James	Alexander	General Medicine
Paul	Alfieri	CareLink Medical Management
Arlene	Aliano	Emergency Center
Madelyn	Allen	Renal/Derm Clinic
Patricia	Allen	Telemetry/Cardiac Care
Norma Jean	Amaya-Chavez	Detention Health Care-Adults
Cielito	Ascio	Recovery Room
James John	Ashcroft	Operating Room
Rosette	Atienza	Medicine Critical Care Unit
Zaida	Avila	Labor & Delivery
Josephine	Azios	Anesthesia Pre-Op Clinic
Grace	Bacho	Neonatal ICU
Sarah J	Badgley	Surgery ICU
Melanie	Baker	OB/GYN Emergency Services
Eva	Balboa	Radiology Support
Annabella	Barbosa-Prince	Hyperbaric Medicine-UH
Renie	Barnett	Surgery Icu
Ruben	Barrios	Operating Room
Jackie	Barrios	Special Surgery
Peggy	Bartholomew	Nursing Administration
Randall	Beadle	Surgery ICU
Juli	Beard	Case Management
Lancia	Beavers	CMA MD - NORTH
Lana	Benavidez	Pedi ICU
Salvacion	Benedicto	Telemetry/Cardiac Care
Catherine	Bergquist	Medicine Critical Care Unit
Elizabeth	Berube	Neonatal ICU
Sherly	Biju	Interm. Progressive Care Unit
Tracy	Bradley	Gastro Intestinal Lab
Angela	Brannan	Newborn Nursery
Marisol A	Breton-Leija	OB/GYN Emergency Services
Kenneth	Bruce	Special Surgery
Virginia	Bueno	General Medicine
Nelda	Bustamante	Coordination of Care
Ma	Cabagay	Interm. Progressive Care Unit
Crisostomo	Cabagay	Medicine Critical Care Unit
Antonio	Caballero Jr	Medicine Critical Care Unit
Nancy	Cacciatore	Recovery Room
Ursula A	Caga	Hematology/Oncology Op Clinic
Redentor	Calma	General Medicine





Maria	Cambri	Transplant Telemetry
Trinidad	Capre	Recovery Room
Rebecca	Carreon	Detention Health Care-Adults
Erica	Carter-Tejada	Labor & Delivery
Clarissa	Carvalho	CMA MD - SOUTHWEST
Silvia	Castaneda	Neonatal ICU
John	Castilla	Surgery ICU
Belinda	Cavazos	Pediatrics General
Maria	Cedillo	Dialysis Support
Lucia	Chandarlis	Infection Control & Prevention
Beena	Chorath	Outpatient Surgery
Jennifer	Chrisman	Pediatrics General
Rosalinda	Cline	Neonatal ICU
Lisa	Coburn	Operating Room
Josefina	Cochetti	CMA MD - NORTHWEST
Darlene	Coffey	Pediatrics General
Elnora	Cokley	Neonatal ICU
Margaret	Colby	Risk Management
Donald	Collignon	Radiology Support
Joe	Correa	SW - Operations
Rochelle	Cortes	Physical Medicine Admin-UH
Erline	Crisostomo	Recovery Room
Leah	Cullen	Labor & Delivery
Thomas	Culwell II	Nursing Administration
Mark	Daniel	ASC Prep/Recover
Michelle	Davern	Surgery ICU
Theresa	Davignon	Surgery ICU
Natalie	Davis	ASC AT THE MARC
Genevieve	Davis	Hematology/Oncology/BMT
Staci	Davis	Transplant Unit
Sara	De La Cruz	Medicine Critical Care Unit
Joycelyn	Desarno	Neonatal ICU
Shannon Rae	Diamond Lopez	Trauma System Office
Sachiko	Dismukes	Medicine Critical Care Unit
Brenda	Domenech	Operating Room
Susan Marie	Douglass	Child Health & Safety Awareness
Alma	Dowell	Renal Dialysis-UFHCSE
Julie	Dreher	Outpatient Surgery



Structural Empowerment

Certified Registered Nurses:

Theresa	Edwards	Coordination of Care
Melynda	Edwards	Special Surgery
Judith	Evans	Neonatal ICU
Jessica	Evetts	CMA MD - NORTHWEST
Ma	Falcotelo	Medicine Critical Care Unit
Susan	Falkiewicz	Neonatal ICU
Rachael	Farner	Neonatal ICU
Suzanna	Feliciano	Neonatal ICU
Cecile	Ferrer	Transplant Telemetry
Sonia	Figueroa	Transplant Unit
Tiffany	Flewelin	Kidney Aquisition
Juanita E	Flores	CMA MD - SOUTHEAST
Cesar	Flores	Transplant Unit
Frank	Flores Jr	Surgery ICU
Timothy	Ford	Emergency Center
Debra	Fralely	Surgery ICU
Shawn	Frame	Emergency Center
Gloria	Garcia	Coordination of Care
Rocio	Garcia	Emergency Center
Estela	Garcia	Obstetrics Clinic
Diana	Garza	Employee Health Services
Joyce	George	Pedi ICU
Mercy	George	Renal Dialysis-Outpatient UH
Olga	Giddens	Neonatal ICU
Cynthia	Godowski	Operating Room
Nancy	Gonzales	Emergency Center
Alan	Gonzales	Transplant Unit
Hilda	Gonzalez-Segura	Recovery Room
Hilda	Grant	Psychiatry
Jeffery	Gresham	Medicine Critical Care Unit
Lacy	Gresham	Medicine Critical Care Unit
Donna	Grieder	Special Surgery
Ralph	Grinnell Jr.	CMA MD - SOUTHEAST
Josie	Gulley	Neonatal ICU
Bonnie	Hagan	Center of Excellence
Dianne	Hallworth	Hematology/Oncology Op Clinic
Joseph	Harris	Renal Dialysis-UFHCSE
Cecilia	Hawkins	Nurse Telephone Triage
Amy	Hearn	OB/GYN Emergency Services
Elisa Sanandres	Hernandez	General Medicine
Leslie	Hernandez	Nurse Telephone Triage
Mario	Hernandez	Renal Dialysis-Outpatient UH





Albert	Hernandez II	Surgery ICU
Silvia	Hernandez-Wright	Labor & Delivery
Guillermo	Herrera	Emergency Center
Vanessa	Herschell	Operating Room
Janette	Hinton	Psychiatry
Ping	Ho	CMA MD - NORTH
Elisa	Hoeverman	Radiology Support
John	Hogan	Psychiatry
Jose	Huerta	Detention Health Care-Adults
Debra Ann	Huron	Dialysis Support
Michele	Jakubczyk	Neonatal ICU
Katayoun	Jalali	Surgery ICU
Martha	Jewasko	Psychiatry
Aleyamma	John	Interm. Progressive Care Unit
Shiney	John	Medicine Critical Care Unit
Ancy	John	Medicine Critical Care Unit
Mariamamma	Johnson	Medicine Critical Care Unit
Kriss	Jones	Recovery Room
Elaine	Jones	Special Surgery
Shanty	Joseph	Telemetry/Cardiac Care
Noel	Jumamil	Interm. Progressive Care Unit
Bret	Kahl	Transplant Unit
Timothy	Kaiser	Interventional Radiology
Katherine	Kasch	Stars Nurses
Jozett	Kayser-Erfurth	Detention Health Care-Adults
Mary	Keaton	Operating Room
Mary	Knatcher-Morgan	CT Downtown
Stephanie	Knight	Transplant Telemetry
Dannie	Kochery	Medicine Critical Care Unit
Renimol	Kochumon	Interm. Progressive Care Unit
Rebecca	Kossler	CMA MD - PAVILION EMC
Thomas	Krueger	Hartman Surgical Pavilion
Justin	Laferty	Surgery ICU
Mary	Larson	Operating Room
Yuvonne	Layne	Nurse Telephone Triage
Sandra	Lechtenberg	Surgery ICU
Shirley M	Lee	Rehab IP Cert Fac
Hazel	Lee	Telemetry/Cardiac Care



Structural Empowerment

Certified Registered Nurses:

Mario Noli	Legarde	Learning Resources
Julio	Lopez-Gonzalez	General Medicine
Edward	Loquias	ASC OR
Alissa	Love	Neonatal ICU
Apolonio	Lunod	Recovery Room
Gary W.	Magpily	Surgery ICU
Crystal	Maldonado	Emergency Center
Shehnaz	Mamdani	Stars Nurses
Jacqueline	Marks	CMA MD - PAVILION EMC
Patricia	Marshall	Cardiac Lab
Mary	Martinelli	Labor & Delivery
Biju	Mathew	Clinical Decision Unit
Celine	Mattathil	Hartman Surgical Pavilion
Elizabeth	Maxey	Transplant Unit
Chasity	McDonald-Rocha	Transplant Unit
Kelly	McGlothen	Obstetrics
Carmen	McHenry	Neonatal ICU
Katherine	McMullen	Detention Health Care-Adults
Patricia	Medina	Emergency Center
Angelei	Mercado	Transplant Unit
Jeree	Milam	CMA MD - SOUTHWEST
Lisa	Miller	Interventional Radiology
Karen	Mitchell	CMA MD - RBG Behavioral Health
JoAnn	Mizell	Telemetry/Cardiac Care
Myra	Montenegro	Physical Medicine Admin-UH
Bessy	Moonnumackal	Clinical Decision Unit
Catherine	Morales	South Dialysis
Emilie	Morlock	Emergency Center
Debbie	Mucha	Coordination of Care
Chrissi	Munoz	Emergency Center
Marguerite	Muzquiz	Interm. Progressive Care Unit
Moe	Nadem-Mollaei	Medicine Critical Care Unit
Nathaniel	Neal	Pedi ICU
Patricia	Needels	Nurse Telephone Triage
Tara	Nerness	Controlled Access Unit
Jacintha	Noronha	Neonatal ICU
Normita	Nunez	Recovery Room
Catherine	Nwogwugwu	Hartman Surgical Pavilion
Elissa	O'Brian	Newborn Nursery
Dianne	O'Quinn	Hematology/Oncology/BMT
Cynthia	Oberhoff	Neonatal ICU
Conchita	Ongcachuy	General Medicine





Rosamaria	Ortiz	CMA MD - KENWOOD
Sylvia	Ortiz	Transplant Telemetry
Carmen	Paccione	Surgery ICU
Patricia	Padilla	Outcomes and Evaluation
Brandy	Palacios	Neonatal ICU
Rosalinda	Paleracio	Telemetry/Cardiac Care
Pressanna	Parackal	Hartman Surgical Pavilion
Grace	Param	Transplant Unit
Ranny C	Paredes	Rehab IP Cert Fac
Roshani	Patel	Infection Control & Prevention
Sosamma	Paulose	Neonatal ICU
Annabelle G	Pavo	Neonatal ICU
Rosemary	Pedraza	Emergency Center
Patti	Pena	ASC Prep/Recover
Rosa	Perez	Coordination of Care
Candy	Perez	Stars Nurses
Brenda	Perry	Life Support - Palliative Care
TaTaka	Perry-Johnson	Trauma System Office
Richard	Peterson	Physical Medicine Admin-UH
Lisa	Pinola	Emergency Center
Kathy	Poppe	Infection Control & Prevention
Blanca	Posada	General Neurosurgery
Marykutty	Prasad	Surgery ICU
Ernest	Prince	CMA MD - ZARZAMORA
Dolores	Puente	Coordination of Care
Raquel	Pulhin	Transfer Center
Jomol	Puthen	Hartman Surgical Pavilion
Helena	Quezon	Transplant Unit
Rosalinda	Quintanilla	Telemetry/Cardiac Care
Lorraine	Raley	Neonatal ICU
Becky	Ramer	Emergency Center
Sandra	Ramirez	Neonatal ICU
Annette	Ramirez	Surgery ICU
Carla	Ramos	Transplant Unit
Mary	Randolph	Obstetrics
Charles	Reed	Center of Excellence
Chris	Rees	Operating Room
Debbie	Rejba	Neonatal ICU



Structural Empowerment

Certified Registered Nurses:

Jill	Resendez	Nursing Administration
Lourdes	Reviso-Walton	Inpatient Rehab Unit
Silvia	Reyes	Outpatient Surgery
Manuel	Riojas	Surgery ICU
Lindsey	Rippee	Emergency Center
Rhonda	Ritchey	Newborn Nursery
Rachel	Rivas	Neonatal ICU
Carmen	Rivas	Neonatal ICU
Miraflor	Roa	Interm. Progressive Care Unit
Susan	Robertson	Medicine Critical Care Unit
Kelly	Rodrigues	Operating Room
Martha	Rodriguez	Newborn Nursery
Brandy	Rodriguez	Neonatal ICU
Leslie	Rodriguez	Surgery ICU
Elsa	Roldan	Neonatal ICU
Nancy	Rolloque	Neonatal ICU
Lisa	Rupp	Pedi Transport
Teresa	Russo	Physician Liaison Services
Michelle	Ryerson	General Administration - COO
Raul	Sabalerio	Recovery Room
Martha	Salazar	Peritoneal Dialysis
Barbara	Saldana	Transplant Telemetry
Edith	Sanchez	Hartman Surgical Pavilion
Irma	Sanchez	Labor & Delivery
Marissa	Sanchez	Neonatal ICU
Sarah	Sargalski	Emergency Center
Richard	Schmeisser	Psychiatry
Tiffany	Seefeldt	Transplant Unit
Fabrice	Seys	Surgery ICU
Mariamamma	Shaju	Interm. Progressive Care Unit
Eva	Silvas	Newborn Nursery
Amy	Smith	Emergency Center
Brian	Smith	General Administration-UFHCDDT
Kathleen	Smith	Outpatient Pedi Dialysis
Carmillia Jean	Smith	Psychiatry
Tarwyn	Smith	Recovery Room
Juanita	Solis	CMA MD - TDI PRIMARY CARE
Martha	Spriggs	Recovery Room
Debra	Standard	Surgery ICU
Elaine	Staton	CMA MD - RBG Behavioral Health
Victoria J	Stewart	Non-Invasive Cardiology-DT
Annette L	Taube	Emergency Center





Shari	Taylor	Det Hlth Care-Magistrate Court
Kimberly	Tetzner	Surgery ICU
Jennifer	Thatcher	Labor & Delivery
Marita	Thies	CMA RBG EMC PROV
Jai	Thomas	Interm. Progressive Care Unit
Seema	Thomas	Neonatal ICU
Julie	Thomas	Surgery ICU
Phyllis	Tinsley	Medicine Critical Care Unit
Misty	Trevino	Interm. Progressive Care Unit
Yvette	Troche	Pedi ICU
Beverly	Tuomala	Cardiovascular Clinic
Gertrude	Umaming	Rehab IP Cert Fac
Yolanda	Valdez	Detention Health Care-Juvenile
Isabel	Valverde	Neonatal ICU
Diana	Vasquez	Employee Health Services
Juanita	Vasquez-Lopez	Diabetes Education
Melinda	Ver	Outpatient Pedi Dialysis
Diana	Verastigui	Detention Health Care-Southton
Hector	Verastigui	Diabetes Research Center
Nimfa	Viguilla	Clinical Decision Unit
Kathleen	Villa	Obstetrics
Alberto	Villarreal	Radiology Support
Connie	Wan	Recovery Room
Laurie	Weaver	Neonatal ICU
Deborah	Wehrly	Labor & Delivery
Lois	Weisinger	Psychiatry
Jesusita	Welker	Hartman Surgical Pavilion
Dana	Westbrook	Pedi Transport
Saffania	White	Surgery ICU
Martha	Whitworth	Neonatal ICU
Regina	Wilson	Hartman Surgical Pavilion
Mary	Wingo	Neonatal ICU
Diana	Young	Neonatal ICU
Lilibeth	Zembrano	Newborn Nursery
Erica	Zuniga	Operating Room

Structural Empowerment

Transitioning

Close your eyes and reflect on the first year of nursing practice. What do you remember? Some of these experiences are etched in our memories and will never be forgotten. Unfortunately, not all learning is a positive experience and new nurses are leaving their first jobs, and in some cases, leaving the profession. University Health System was determined to create a positive learning experience for new nursing graduates so the organization acquired the UHC/AACN Nurse Residency Program.™ The 12-month residency program has an aggregate turnover rate among first-year nurses of just 5.6%, compared with the national average of 27.1%.

UHC | AACN
Nurse
Residency
Program™



University Health System's first cohort (group) started in August of 2013 with 43 new graduates from across department at University Hospital. Bonnie Hagan, MSN, RN, BC, and resident coordinator for the program, said, "The residents feel that the support and networking they get from the group has been invaluable in helping them get through this rough transition period."

Monthly educational offerings incorporate not only nursing but other disciplines. Additionally, reflecting on their practice and a preceptor for these 12 months is critical in the transition. Next July as they graduate, nurses will share about the evidence-based project they've completed.

Performance Improvement and Accountability

The Medicine Critical Care Unit (MCCU) has improved patient outcomes and enculturation of excellence, spearheaded by the Performance Improvement and Accountability Committee (PIA). The group helps increase awareness of bedside nurses about the true meaning of accountability and process improvement. The PIA has facilitated multiple initiatives including:

- Bedside Report
- Huddle
- Universal Gowning and Gloving
- AIDET (Acknowledge, Introduce, duration, explanation and Thank them)
- Physician Orientation
- Visitor/Patient Orientation and Early Mobility

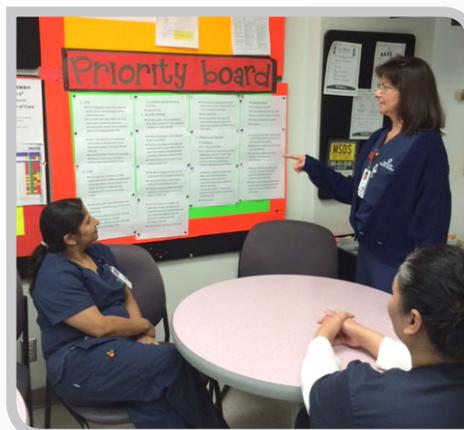
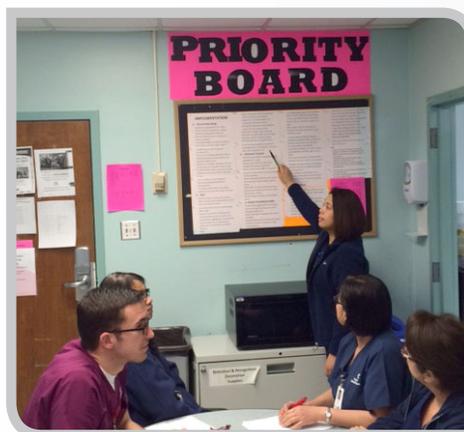
The goal is to continuously improve the practice, culture, patient satisfaction and outcomes.

A cornerstone of the PIA is transparency and informing all nurses on the unit's performance and goal achievement. Located in the nurses' break room, the "Priority Board" contains updates of the top five identified problems that the unit is actively improving on and also includes hospital identified concerns. The board also allows staff to work through concerns collaboratively and collectively to reap the benefits of an enculturation of elite practice and patient outcomes.

An extension of the board is the "Huddle," which takes place prior to each shift when

nurses review and discuss the board and quality dashboard. Key points discussed center around improving patient safety, outcomes, satisfaction and unit statistics, including infection rates, falls and other key indicators.

This time gives nurses a sense of value, ownership and loyalty to the unit. Most importantly, the PIA committee and MCCU staff members see the benefits of successful teamwork and community spirit as patient outcomes and satisfaction improve.



Exemplary Practice

Addressing Caregiver Stress: Center for Caring Provides Solutions

Healthcare changes, staffing issues, emotional, physical and spiritual burdens, budgetary constraints, and regulatory scrutiny all contribute to caregiver stress. Add to that the fact that healthcare providers have families, are lifelong learners returning to school — the list goes on.

How do we care for our care providers, especially those at the point of care? Mary Alice Ayon, MA, director of the Center for Caring at University Health System, spent 2013 helping staff find solutions and creating a work-life balance. She reached out to provide stress management, debriefings, in-services and consultations across our organization, including the Emergency Department, NurseLink, Reeves Rehabilitation, the Transplant ICU, NICU, Southwest and Southeast Clinics, ExpressMed at Medical Center Pavilion, North Clinic Express Med, South Flores Clinic, Financial Department, Patient Relations, Hepatology Patient Support Group, UCCH/TDI Call Center, Hyperbarics, Pediatrics, technologists, social workers and case managers, staff from the senior program, pharmacy residents and preceptors, nurse residents and preceptors, and more. It seems stress has no boundaries throughout the system.

The Center for Caring has reached many staff lives through the Healthy Recipe Challenge, annual Healing Art Exhibit and Staff Wellness retreat, community staff luncheons and the employee cancer support group. Mary Alice has also been very active on a Bereavement Support Committee that was created to focus on bereaving patients and their families. Her proactive voice has added a component of focus on the caregivers during these difficult events. She is also completing her PhD, with a focus on understanding nurses' stress and their strategies for coping. Her energy seems boundless — a fact she attributes to her own self-care plan and balancing her family and work life needs.



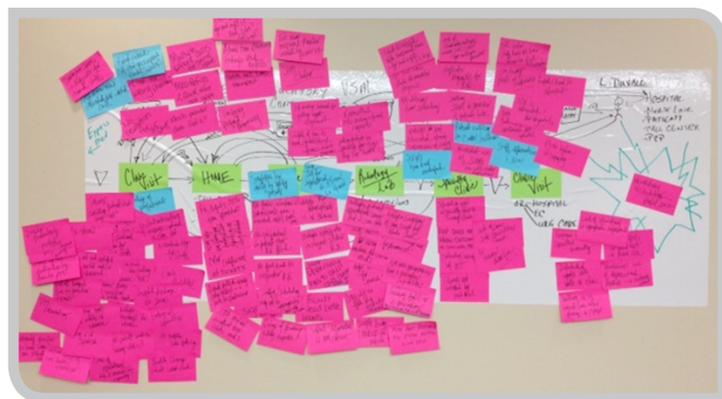


Applying LEAN in the Ambulatory: Maximizing health service delivery to our patients through continuous process improvement



Within healthcare, LEAN focuses on improving processes that add value to services provided to our patients. Within the UHS ambulatory network of care, LEAN is helping to maximize the value of services to patients. Through guided facilitation and coaching, LEAN is being applied to strengthen both clinical and administrative process. This interdisciplinary team, led by clinical and administrative staff including registered nurses, took on improving patient satisfaction, quality and access to our clinics.

LEAN management and process improvement tools are also helping to identify processes or activities that do not bring value to the care that is delivered.



Current State



Future State

In 2013, rapid improvement events covering whole processes from the patient's point of view (kaizen) were incorporated, including diagnostic test reporting to patients and delays for clinic exams. A3-focused projects were also implemented, including pharmacy prescription-filling delays, MA role orientation standardization and efficient use of ExpressMed.

On the horizon for ambulatory in 2014 will be efforts to improve delivery of chronic care disease management with a focus on diabetes, hypertension, congestive heart failure, asthma and behavioral health services. Strengthening the transformational work underway within ambulatory has now included the incorporation of LEAN thinking and practice.

Exemplary Practice

Bedside Reporting: Improving Patient Satisfaction through Cutting Edge Initiatives



Historically, the hand-off process of patient care occurred outside of the patient's room — theoretically to promote rest and limit interruptions to the process. Medicine Critical Care Unit (MCCU) nurses, through evaluation and assessment of the Performance, Improvement and Accountability Committee, found the process left patients feeling uninformed, patients

feeling that their care expectations or specific concerns were not communicated from one shift to the next, and the perception from patients and families that nurses were “sitting around” during shift change.

In addition to the perceived problems, we identified actual problems with the process such as miscommunication of specifics — including IV sites, drip rates and vital signs. Our goal was to improve communication, thereby improving outcomes and involve patients to alleviate their concerns and improve their satisfaction. The PIA turned to the literature and best practices finding that research on bedside reporting validated the importance of this practice.

With this best practice in hand, the MCCU nurses have standardized and implemented the practice of bedside reporting. This change took time to accomplish as nurses worked to overcome discomfort with the new practice. Nevertheless, they have prevailed and now find this new report method much more effective as it became the standard of practice and culture. The patients agreed, as the MCCU patient satisfaction scores have improved.

Building an Understanding of Loss from a Family's Perspective

Every year, hundreds of families arrive at University Hospital's Level I Trauma Center in shock and in need of benevolence and communication from nursing services. Lara McDaniel's son, Wyatt, was flown to University Hospital after being trapped in a sand pile while playing on his family's horse farm on January 25, 2013. Lara's tragic loss and feedback led to the implementation of a response "Code Lavender." This code is centered on a multidisciplinary team approach to provide support services for those families that require support resulting from a loss or crisis. This approach includes nurses, physicians, social services, chaplain services and members of the leadership team. Ensuring that communication is transparent and delivered in a timely manner and with proper support services on stand-by is the foundation of "Code Lavender."

Regrettably, at Ms. McDaniel's family's time of need, there was not a formal process in place at University Hospital to advocate for them. However, her input and personal experiences over the past year led to a culture change, and listening to her has created a true patient-centered care model. University Hospital's Chief Executive Officer, Tim Brierty, is very supportive of Ms. McDaniel's and the Bereavement Committee's dedication and commitment to other families experiencing similar situations.

Nursing Services at University Hospital has added a great deal of value to the healing process by creating an environment that empowers families to participate and communicate their feelings, in relation to the loss of a loved one. Family members are included in formal meetings that are centered on improving processes, while focusing on opportunities to expand a patient-centered approach.





Exemplary Practice

Creating a Baby-Friendly Culture: A Collaborative Effort

In 2012, University Hospital was awarded a NICHQ Best-Fed Beginnings grant. Best-Fed Beginnings is a national quality improvement initiative to help hospitals improve maternity care practices.

The grantees specified that one member of the BFB team should be a senior lactation consultant. University Hospital contacted Sara L. Gill, PhD, RN, IBCLC, FAAN at the University of Texas Health Science Center San Antonio School of Nursing to serve as the senior lactation consultant. Sara had previously worked with mother/baby staff on research endeavors.

Dr. Gill was tasked to develop a comprehensive lactation program for University Health System. The program is designed to meet the evidence-based maternity care requirements laid out in the Ten Steps to Successful Breastfeeding. In the role of

senior lactation consultant, Sara provides inpatient and outpatient lactation consultation to new families. As an expert clinician, Dr. Gill guides the lactation team to use the most current evidence to provided care. She models comprehensive assessment skills and communication strategies, and then works with the lactation consultants to develop a focused treatment plan for the client.

Dr. Gill recently taught the lactation consultants how to use a three-step counseling technique as a way to provide targeted breastfeeding information and assistance to address a family's specific concerns. Each lactation consultant spent time with Sara as she modeled this technique while providing patient care. Sara will then observe each lactation consultant as she implements this new information into her practice.





Emergency Department: Moving Forward to Provide the Best Care for Patients

Providing the highest quality care and the best service for our community, one patient at a time.



How are we doing this?

The Throughput Committee: A nurse-driven committee that has changed the flow process through:

- Direct bedding – when beds are open, patients are taken to an open bed
- Bedside triage
- Bedside registration/discharge
- Results waiting – where pending or discharged patients are sent
- ER Physicians added a third team to provide faster care



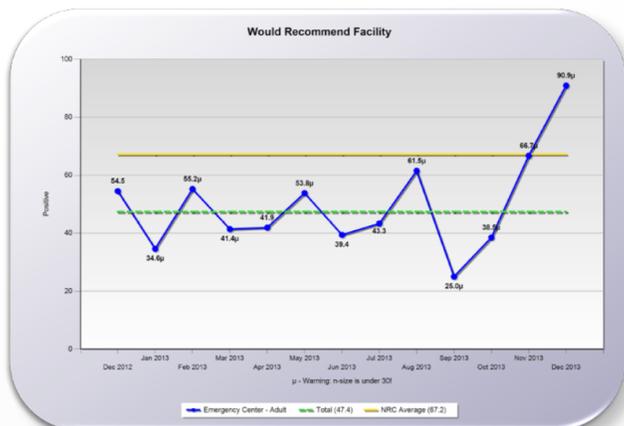
What is the outcome of improved flow processes?

- Increased patient satisfaction
- Improved nursing satisfaction
- Improved provider satisfaction
- Fewer patients leaving
- Increased quality care



End results?

- Decreased wait times in the ER
- Decrease in discharge length of stay
- Decrease in average length of stay
- Decrease in left-before-treatment-complete
- Faster door-to-admission process



Exemplary Practice

Extracorporeal membrane oxygenation (ECMO) Beginning: Interdisciplinary Effort



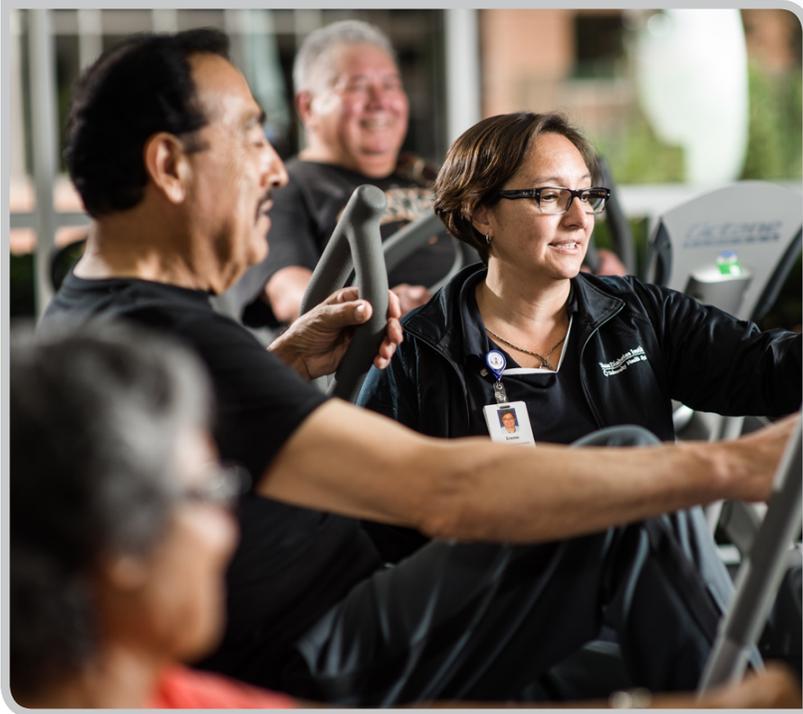
Extracorporeal membrane oxygenation, or ECMO, is a therapy used to support patients who have severe respiratory and/or cardiac failure. The ECMO & Advanced Technologies Department, led by Kendra Froehlich,

RN, BSN, BA, CCRN, has been gearing up since June 2013 in response to our new Children's Health Program. Casey Howard, RRT, BSRC, has joined her as the ECMO coordinator, and together with a team of 33 nurses and respiratory therapists, they plan to be treating patients beginning in March 2014.

Using equipment similar to that of a cardiac bypass system in the OR, blood is drained from the body, pumped

through an artificial lung or oxygenator to remove carbon dioxide and add oxygen, and then returned to the patient through a large central catheter. Over the past several months, an interdisciplinary team — including PICU nurses, NICU nurses, TICU nurses and respiratory therapists — has undergone extensive training to manage these highly technical devices and the patients they support. The department will also be supporting pediatric patients requiring continuous renal replacement therapy, which is used to treat severe fluid overload or renal failure in patients who are too unstable to tolerate traditional hemodialysis. This new service will allow the Children's Health program to provide our patients with the latest technology and evidence-based practice.

Fitness is Now for Everyone!



The Fitness Center at the Texas Diabetes Institute was established over 10 years ago as a place for patients with diabetes to exercise under supervision. Recently the Fitness Center has taken that experience and expanded it to various community settings. Staff visited two senior centers and spoke with seniors about proper use of equipment and exercise safety. Additionally, the Fitness Center has taken information about the importance of exercise to community events like the San Fernando Community Health Fair, with visitors participating in brief bouts of activity.

Irene Lopez, RN, MS, ACSM-HFS, fitness center facilitator, also participated in an advisory board for the San Antonio Metropolitan Health District's Neighborhood Based Physical Activity and Health Promotion Project. This project involves encouraging physical activity among children and youth, and creating safe communities that support physical activity. Their efforts are also focused to the future as they partnered with the University of Texas at San Antonio, as well as Texas A&M University - San Antonio, to have kinesiology students as interns, furthering our mission by "teaching the next generation of health professionals."

Exemplary Practice

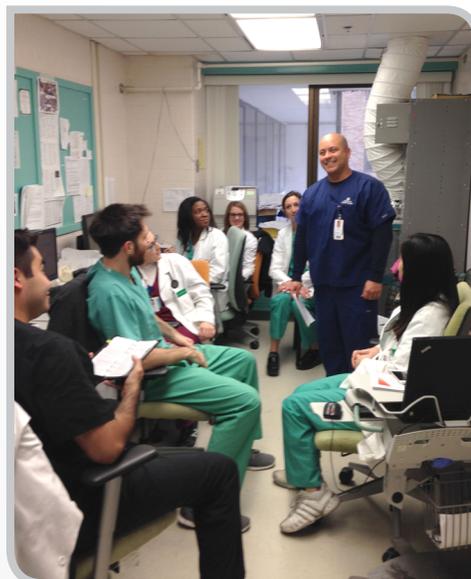
Nurses Provide Clinical Expertise: “Internal Medicine Boot Camp”

Kristy Y. Kosub, M.D., professor of internal medicine at the University of Texas Health Science Center San Antonio, created an annual fourth-year student elective titled, “Internal Medicine Internship Readiness Elective,” otherwise known as “Internal Medicine Boot Camp.” The students are training in the internal medicine residency program, and this course offers topics and clinical-skills training to ready them for their internship.

Bonnie Jones, RN and David Garza, RN, BSN worked with Dr. Kosub to create a session called “Mock Nursing Calls. They created 16 cases based

upon realistic patient scenarios and use role play to teach the students how to respond to a nurse’s phone call regarding the patient case. Key to the teaching is their ability to realistically provide the various situations the students will face as an intern. They not only teach the medical care of the patient, but also the navigation of the hospital system and how to effectively communicate with different nursing staff.

Dr. Kosub relates that “without the commitment of Ms. Jones and Mr. Garza in this course, we could not successfully teach these principles with only physician involvement. Key to our educational mission in the medical school is the incorporation of interprofessional learning. Our collaboration with Ms. Jones and Mr. Garza in a teaching hospital reinforces why University Hospital is a Magnet hospital. They are directly helping to foster and develop our new interns and to improve interprofessional communication for better patient outcomes.”



Interdisciplinary Partners: Providing Seniors Healthcare Program



The Platinum-U Senior Health Program was launched in October 2013 as a pilot program at the Texas Diabetes Institute, facilitated by an interdisciplinary team. The program focuses on patients ages 62 and older. It helps seniors take an active role in their healthcare, attend educational and screening activities that promote wellness, and participate in active living sessions. It also helps retain Medicare-eligible patients, and provides information and education to help our patients fully maximize their healthcare benefits. The Platinum-U Senior Health Program will connect members to a wide range of programs such as chronic disease self-management, medication management classes, an arthritis exercise program, special health topic talks and a variety of interactive social events with Community Medicine Associates medical providers and their clinical staff.

Rebecca Martin, RN, and Devon Fuller, LVN, have been instrumental in the planning and implementation of each program component. Nurses have taken additional steps to prepare for facilitating special health topic classes, and becoming certified instructors for exercise classes. They oversee clinical quality assurance and train or update senior health program staff on clinical best practices for geriatric/senior healthcare. The Senior Health Nurses offer a personalized healthcare plan through the Medicare Annual Wellness visits. Our Platinum-U outreach staff members are then able to reinforce the importance of follow-through and provide additional support so that our Platinum-U members experience success with their healthcare plan.

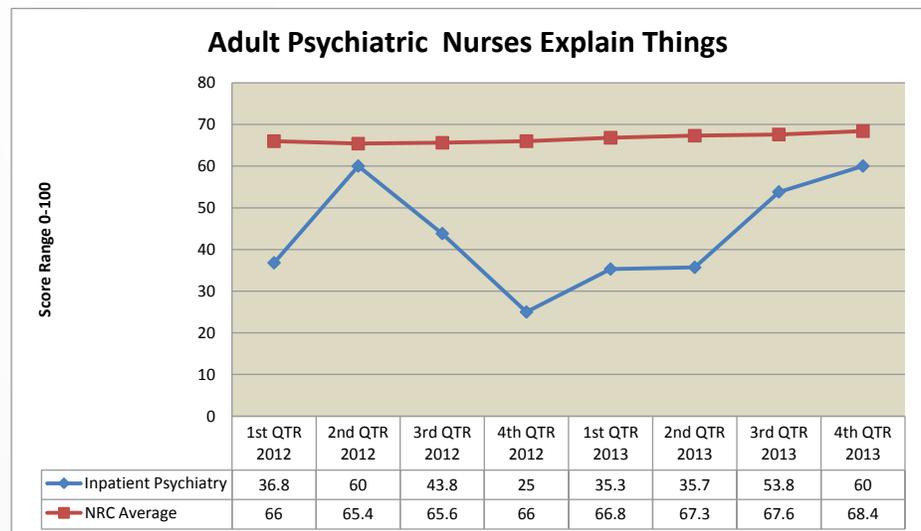


Exemplary Practice

Nurse-Led Groups: Growing the Goal

Psychiatric nurses were determined to improve customer service and meet the needs of our patients. Wardell Brian Hollis, RN, BSN, and John Hogan, RN-BC, began to ask our patients questions during nurse-led groups about the quality of our services. The results of these impromptu findings did in fact mirror our patient satisfaction scores, and nurses amended their approach to address the needs of our patients.

Our first-quarter patient satisfaction scores for 2012 indicated that patients were not satisfied with our nurses' explanations. We proposed that the nurses that facilitate the Goals Group in the morning begin to prompt patients to ask questions about their treatment/condition. The patient would have a treatment goal and a question regarding their treatment/condition at the start of each day. We then ask if the nursing staff have answered any questions concerning their treatment/condition. Although we have not reached the NRC Average benchmark, we have shown consistent improvement in our explanations to patients in 2013.



This group design encourages patient participation in their treatment. It will always be our goal to facilitate patients taking responsibility for their treatment. Our UHS Professional Practice Model behooves us to encourage patients to participate in their treatment and to take responsibility for their treatment.

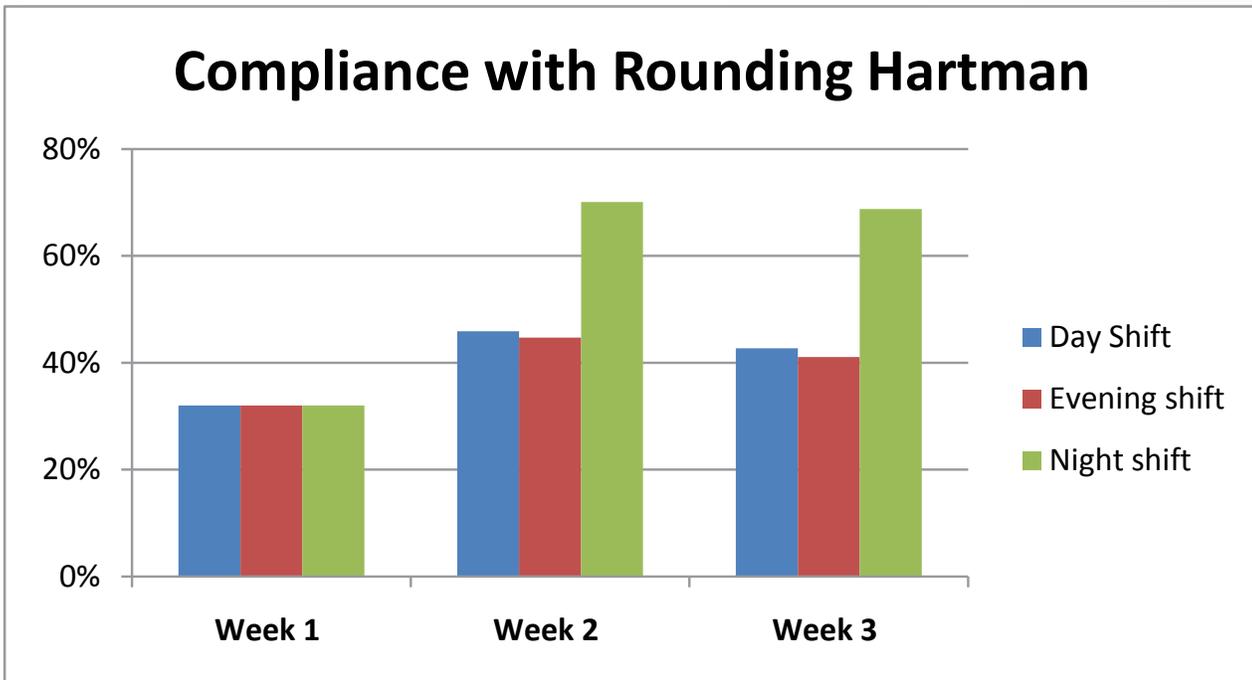
Putting our Patients First: Hourly Rounding



Irene Martinez, ADN, RN, is a staff nurse on Hartman Pavilion who is on a mission! Not only is she going back to school to gain her bachelors degree, after some persuasive arm wrestling by her director, Regina Wilson, she joined the patient experience group as a representative for Hartman Pavilion. The learning practice community has been examining patient satisfaction scores and best practices to help improve patients' experience.

Irene decided that "purposeful rounding" would be her focus in helping improve the patient experience on Hartman Pavilion. Although she had resisted joining the group, after learning more about the benefits of asking the Four P's (pain, potty, position, possessions), she became a true advocate. Irene has provided staff education on the topic and became Hartman's champion.

She began auditing the hourly rounding forms every Monday and compiled data to show that once nurses understood the benefit of hourly rounding, they became more compliant with the process. The graphs below show the progression from week to week, and her dedication to creating a change in nurses' behaviors in order to improve the patient experience.



Exemplary Practice

Transforming Care: Technology & Informatics



Informatics can be a nurse's best friend, when understood and utilized correctly. It was a fantastic opportunity in 2013 to upgrade the Knowledge Based Charting System (KBC), used for documenting a patient's plan of care. While the system wasn't new to nurses,

the upgrade brought a substantial number of new evidence-based clinical practice guidelines (CPGs) and clinical summary screens which were overwhelming. Allison Clarke, MSN, RN, and Evelyn Swenson-Britt, PhD, RN, led a team of educators who determined the change would require new educational methods, if the rollout was expected to be successful.

Nurse educators reduced fear and anxiety of staff nurses by converting a scone recipe into a plan of care recipe. The educators presented the recipe to nursing staff, dressed in aprons, to describe each of the ingredients and their measurements. The educational approach created a positive culture and better understanding of care planning. Following the recipe, educators taught in small groups (3-5 staff) reviewing the Professional Practice Model (PPM) and detailing top CPG's in their clinical area. Nurses went from choosing a CPG, as a task, to a deeper understanding selecting the most appropriate, relevant and significant CPGs to ensure quality, safety and better outcomes for our patients. With supportive education and coaching by educators, use of the clinical practice guidelines and effective plans of care increased significantly, from an initial chart audit of 80% to 95% within a six-month period.

Plan of Care Recipe

- 2 cups patient profile
- 2 cups patient/family interaction
- 4 tsp. critical reasoning
- 1 cup safety... Mix all these ingredients together
- Then add:
 - 1 heaping cup interdisciplinary collaboration
 - 1 cup staff observation
 - 1 cup medical diagnosis
 - 1 cup Modeling/Role Modeling (add slowly while mixing all ingredients together.)

The icing is the positive outcome for the patient. Enjoy!!



Leading the Way: First School-Based Clinic



With the aim of keeping kids healthy and in the classroom, Bexar County's first school-based health center opened its doors August 15, 2013, on the campus of Collier Elementary School, a partnership between University Health System and the Harlandale Independent School District. Medical care is delivered by a nurse practitioner, along with nursing and support staff. Jeannie Flores, RN, shared that it has been an amazing and fulfilling journey as they have worked to establish themselves as a trustworthy and convenient source of healthcare. The school district's school-based Health Center offers low-cost primary and acute care services, along with immunizations, sports physicals, patient education and other services to students and their siblings age 18 and younger living in the Harlandale School

District. Harlandale ISD has achieved 100% compliance with vaccines for the first time.

The clinic works closely with school nurses to make sure children — particularly those from economically disadvantaged families — get the care they need to stay healthy. A major goal of the clinic is to increase the student's time in school and decrease time seeking acute care and being out of school for illness. They are responsive to the school nurses requests and see referred patients the same or next day so they can obtain medications if needed or other acute treatment. Jeannie will be providing asthma classes for parents and family members and for AVANCE as a future partner that is excited to have this new resource for health care in the community. A new mobile unit is scheduled to begin servicing the vast territory in the school district in 2014 so all students can obtain healthcare from the school-based clinic.



Exemplary Practice

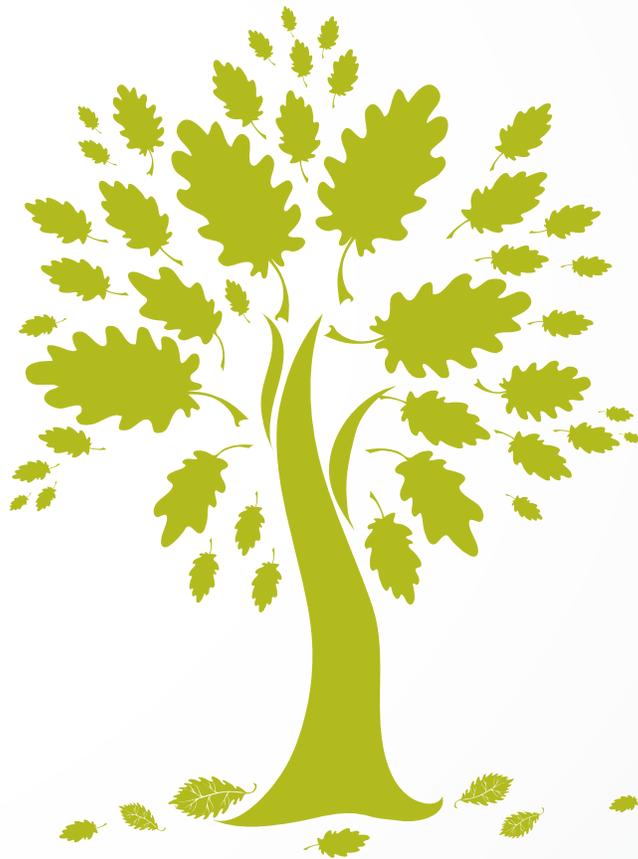
Improving Patient Care

University Hospital created the vascular access team in 1993. The focus of the team was to place Peripherally Inserted Central Catheter's (PICC lines). Since then, the team has led the expanded practice by inserting ultrasound guided PIV's. At University Health System, the team is comprised of six highly skilled nurses, all nationally certified in vascular access - Vascular Access Board Certified (VA-BC).



Vascular access continues to be an emerging specialty and University Health System continues to lead by hosting the first-ever Association for Vascular Access (AVA) local chapter meeting in January of 2013. AVA is an association of healthcare professionals founded in 1985 to promote the emerging vascular access specialty (AVA, 2013).

San Antonio's first Magnet healthcare organization, University Health System hosted the AVA meeting.



New Knowledge Innovations

Impact of Universal Gowning and Gloving on Contamination of Healthcare Worker Clothing and the Patient Environment

Hospital-acquired infections are a major source of morbidity, mortality and cost within the U.S. healthcare system, impacting 2 million patients and resulting in up to 100,000 deaths annually. The Medical Intensive Care Unit was one of six clinical sites that participated in an AHRQ-funded study, Christiana Care's Benefits of Universal Gown and Gloving, referred to by staff as the BUGG Study. Ronald Estrella, BSN RN CCRN; Ashlee Biechlin, BSN, RN; and Jessica Villalobos RN became a sub-study team examining whether universal gowning and gloving has an impact on MDRO contamination of healthcare worker (HCW) clothing or the patient environment. A cross-sectional survey was performed at two different times: first, during the BUGG intervention (July-September 2012), when gowns and gloves were used for all patient interactions; and second, after the BUGG study had concluded (October - December 2012), when standard care had resumed (gowns/gloves only for patients in contact isolation).

Overall, 51 (15 percent) of healthcare workers (HCW) acquired pathogenic bacteria on their clothing by the end of their shift; 13 (7.1 percent) HCW acquired during the BUGG phase compared to 38 (23 percent) HCW during the standard care phase (OR 0.27, 95%CI 0.13-0.53, $p < 0.001$). Contamination of clothing was reduced by 70 percent by gowning and gloving for all patient interactions. Ron determined a secondary finding as he reviewed his unit's patient satisfaction scores, and an increase in nurses listened carefully was seen. Ron attributes this increase to the more focused time nurses spend with the patients once they have gowned and gloved to be in the room.



Caring for Cancer Patients with Aromatherapy

Cynthia Kirk, RN, is an exceptional nurse, and a cancer survivor who understands the experience of chemotherapy and its impact on the human body and spirit. With the assistance of Mary Alice Ayon and the Center for Caring, she has incorporated alternative therapy in nursing practice in Hematology/Oncology. Cynthia decorated a cart with stones and materials, creating “a spa” for the patients. The spa has lotions, smelling sticks, sound machines, reading materials on alternative therapies and information on relaxation techniques.

The patients, who were given a choice whether they wanted alternative therapy, used one or a combination of the products available to help in their care while in the hospital. Patients were provided lavender or chai lotion for aromatherapy to help with relaxation, a lotion to help with pain and ginger peppermint sticks to help with nausea. Patients were allowed to take the books or other reading material with them into their rooms to read while in the hospital. Family members, friends or any support persons were also encouraged to participate in the care of their loved ones.

Cynthia wanted to evaluate how well the therapies worked, and asked patients to complete a questionnaire. Forty responded, and only four patients stated that the products were not as effective as they had hoped. The remainder of patients expressed how much the alternative therapies helped with not only their nausea and pain, but in helping them to feel more relaxed while in the hospital. And patients using them had a decrease in the amount of pain medication and antiemetics.





New Knowledge Innovations

Setting the Platform: Exploring the Contributions of Hospital-Based Organ Donation Memorials

Memorial events for organ donor families are believed to provide a means of recognition for those who became organ donors. Organ procurement organizations representing 941 hospitals reported that only 42 of these hospitals organize annual organ donation memorial events.

Ileana Fonseca MSN, RN, MPA, Charles Reed MSN, RN, CNRN, and Sara Gill, PhD, RN, IBCLC, interviewed donor family participants using a qualitative design. Qualitative content analysis was used to analyze the data, revealing five themes: “Being able to connect,” “Into public domain,” “New tradition,” “Not forgotten,” and “Makes the hole in your heart smaller.”



“Being able to connect” represented a connection to the loved one, and meeting others who shared a similar experience. “Into public domain” represented the belief that memorial events increased organ donation awareness, opening the door for conversations that may not otherwise have occurred. “New Tradition” conveyed a remembrance of the loved one. Past traditions are different and new traditions are established to maintain a relationship with their loved one. “Not forgotten” represented donor families’ pursuit of activities to keep their loved one’s memory alive through recognition and remembrance of the life giving gift. “Makes the hole in your heart smaller” represented feelings of healing and coming to terms with the passing of their loved one.



Hospital-based donor memorials were viewed solely as beneficial. It provided a platform for growth, healing, recognition and awareness. It is a mechanism of connection to the one lost and to others for support. It is a means of establishing new traditions of remembrance and acknowledgement.



Understanding the Perspective of Family Presence in the Operating Room for Withdrawal of Life-Sustaining Therapy Prior to Organ Donation - *Charles C. Reed, PhD, RN, CNRN*

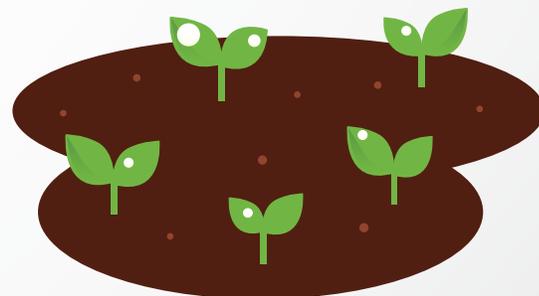
The growing demand for organs has led to an expansion of potential sources of viable transplantable organs to include those from donation after cardiac death (DCD). This change in practice has challenged traditional thinking in regards to family presence for withdrawal of life-sustaining therapy in an intensive care unit to the Operating Room.

A multiple case study design using qualitative content analysis was conducted to explore the experience of family presence in the operating room for withdrawal of life-sustaining therapy prior to organ donation. Fifty-two participants from around the United States and Canada were interviewed.

Two major themes emerged from the data analysis. *“Not normal to me”* included the subthemes: *They’re not our own people, It’s fast but it has to be, OR etiquette, Unwritten rule, There’s no warmth, Never quite sure, How long is it going to be, In their shoes, Something sinister, and Shades of yellow.* And, although all of experiences may be normal to some people, elements of the experience were not normal to all.

The second major theme was *“Not just there for the parts.”* It included six subthemes: *Honor the life, Not die alone, Closure – last breath, Completed my job, An option for everyone, It serves a larger purpose and It’s about the needs of the patient and family.* This overarching theme emerged as participants described the needs, the benefits and the meaning that family presence offers before organ donation.

Understanding the experiences of those families and hospital staff that were present at the time of withdraw of life sustaining therapy in the operating room is essential for the development of future policies allowing family presence, and for any future interventions to improve the experience. Family helps to support the emotional needs of the organ donor family by improving the acceptance of loss, decision making, and coping by providing closure at the time of death.



New Knowledge Innovations

Family presence in the OR: *It's not normal to me*

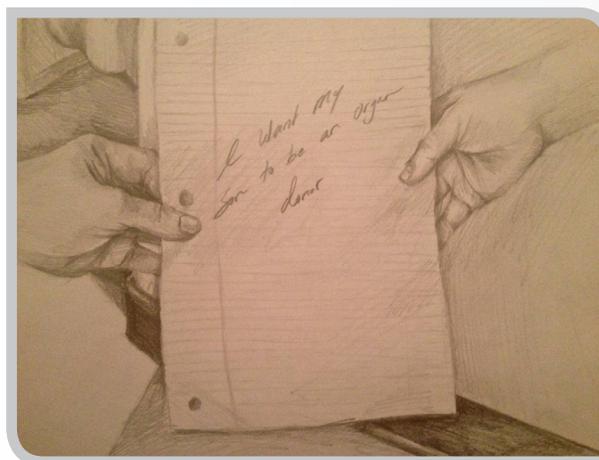
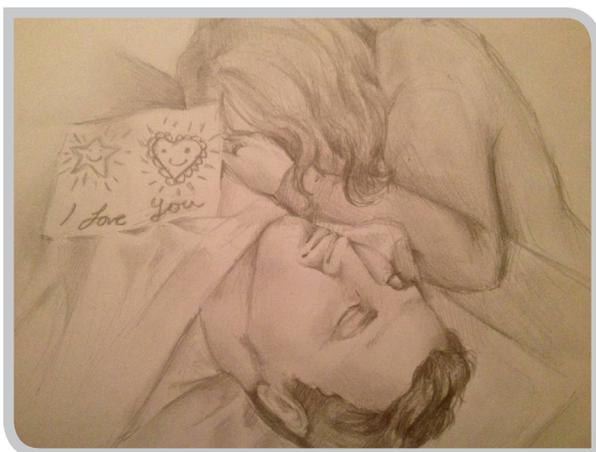
Nobody can dispute the importance and impact of having a loved one at the bedside when a patient dies. Over time, we have seen an increased emphasis by professional organizations for encouraging and supporting those families that chose to be present during resuscitative efforts. Family presence during withdrawal of life-sustaining therapies in the ICU is considered a normal practice. However, family presence and withdrawal of life-sustaining therapy in the operating room for donation after cardiac death is not normal for OR staff.





Charles Reed PhD, RN, CNRN, conducted a qualitative research study including family, OR nursing staff, and physicians on their perceptions of family presence in the OR. These illustrations depict the essence of loss, grief, hope and a new beginning through family presence in the OR as it relates to organ donation after cardiac death through the stories of the families, OR nurses and organ procurement staff. Several of these have been previously published in: Reed C., Gerhardt S., Shaver K., Koebcke M., & Mullins D. (2012) *Case Study: Family Presence in the Operating room for Donation after Cardiac Death*. AORN; Vol. 93 (1):34-44

Illustrated by Claire Ramirez





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