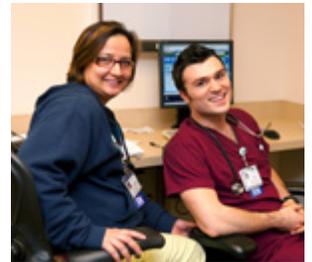




NURSING ANNUAL
REPORT 2011

Building the
bridges to
innovation



Our mission.

*To excel at the
delivery of
healthcare to our
community.*

Our vision.

*To become the
finest community-
based regional
medical center
in Southern
California.*

Our values.

*Respect.
Excellence.
Integrity.
Stewardship.*

About Huntington Hospital.

Huntington Memorial Hospital is a 625-bed, not-for-profit, community hospital excelling at the delivery of healthcare through superior technology and the dedicated and compassionate work of caring medical professionals. Every year, care is provided to more than three-quarters of a million people. The hospital continues to respond to community needs through the highest quality medical, nursing and research programs.

Today, Huntington Hospital offers a range of more than 90 programs and services, including basic healthcare to specialized programs of cardiology, emergency/trauma, women's and children's health, cancer diagnoses and treatment, psychiatry, senior services and community services. As a teaching hospital, the hospital has affiliations with various schools of nursing and medicine, promoting a work environment which supports lifelong learning and interdisciplinary collaboration.

Huntington Hospital was the first hospital in the San Gabriel Valley to achieve Magnet® designation, recognizing the very best in nursing care and professionalism in nursing practice. Magnet is the highest honor a U.S. hospital can receive for its nursing program, and only six percent of the nation's hospitals have earned this prestigious designation. Huntington Hospital has been ranked among the top hospitals in the nation by U.S. News & World Report.

In addition, Huntington Hospital was recognized by the American Heart Association with Get With The Guidelines® Gold Plus as well as Target: Stroke Honor Roll Award. These are the two highest awards a hospital can earn for its stroke program. In 2011, Huntington Hospital was recognized at the American Association of Critical Care Nurses 2011 exposition with a Sustained Improvement Award for Achievements in Eliminating Ventilator-Associated Pneumonia, an award sponsored by the U.S. Department of Health and Human Services.

About the Department of Nursing.

The department of nursing at Huntington Hospital is comprised of registered nurses, clinical nurse specialists, nurse practitioners, licensed practical nurses, licensed technicians, patient care associates and unit secretaries. This talented group of healthcare providers practices on more than 20 specialty-based nursing units including three critical care units.

Our diverse and dynamic nurse team is supported by a strong, visionary and visible group of nurse leaders who encourage professional growth and foster a healthy work environment. Optimal care delivery is created through interdisciplinary and leadership collaboration and partnerships that promote a safe, positive, knowledgeable, creative and trusting practice environment. As vital members of the interdisciplinary team, RNs are responsible to effectively communicate information related to patient care.

The nursing division continuously seeks to develop, challenge and mentor nurses through the advancement of their practice and encourages strong partnerships. These solid and strong partnerships have allowed the hospital to pursue Magnet designation from the American Nurses Credentialing Center (ANCC). In addition, Huntington Hospital nurses take pride in being part of a Joint Commission certified orthopedic center of excellence as well as a certified primary stroke center.



It is with great pleasure and pride that I share our annual nursing report. This past year has been full of exciting improvements in care, awards and recognition. We were thrilled to receive the call from the American Nurses Credentialing Center in March announcing our designation as a Magnet facility. This accomplishment is reflective of the dedicated nurses in our organization and the ongoing focus of delivering quality patient care, while advancing the practice of nursing throughout all of the patient care arenas.

As you will read, nursing was involved in multiple projects that reflected a commitment to improving patient outcomes, enhancing a healthy work environment and strengthening a culture of life-long learning and dedication to professional development. It was exciting to observe all the hard work and dedication throughout the course of the year.

In closing, I'd like to express thanks to all the nurses at Huntington Memorial Hospital for the tremendous work they do every day. It is my honor to lead this incredible team.



A handwritten signature of Bonnie Kass in blue ink.

BONNIE KASS, RN
VICE PRESIDENT, PATIENT CARE SERVICES AND CHIEF NURSING EXECUTIVE



As chair of the Nursing Clinical Leadership Council, I am proud to share the accomplishments of the nursing division. Over the past year we have seen tremendous growth and transformation among our nurses. This report provides a snapshot of the year's highlights, success stories and exemplary collaborations.

We achieved Magnet and now the challenge lies in continuing to support nurses at all levels in shared decision making in regard to clinical practice standards, quality improvement, staff and professional development and research. Nursing at all levels will continue to set the bar higher and will again focus on identifying and monitoring outcomes. As nurses we are integral caregivers, working side-by-side with our healthcare colleagues and leading in the delivery of the most skilled, compassionate and high-quality care possible.

Perhaps this report is best summed up through a quote from the National Institute of Medicine Report: "Knowing is not enough, we must apply. Willing is not enough, we must do."

Join me as we travel across milestones and witness the impact of Huntington Memorial Hospital nursing.

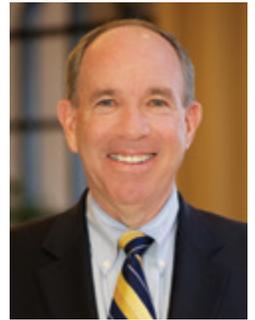
CELIA CAYTON , RN
NURSE MANAGER, 6 EAST AND CHAIR, CLINICAL LEADERSHIP COUNCIL



This year has included many improvements and milestones in the nursing profession — the most important being the hospital’s achievement in becoming among the six percent of hospitals nationwide to achieve Magnet designation from the American Nurses Credentialing Center — recognizing Huntington Memorial Hospital’s commitment to professional and clinical excellence. This report features just a few of the many accomplishments realized over the course of the year. As a Magnet organization, we continue to exceed expectations for nursing care while offering support for each individual caregiver, patient and their family members — a dedication to compassionate care that is evident everywhere on our campus.

As you read, you will be guided through the milestones that led to our Magnet achievement, and the many stories of innovation that have contributed to this success. “Building the Bridges to Innovation” reflects how Huntington Hospital’s nurses are supported, encouraged and empowered to enhance care while furthering professional development. As we continue to raise the bar around excellence, our focus remains on providing the best possible outcomes for our community’s patients.

With thanks to our nursing staff for their continued professional expertise and for harnessing the power to create great patient care.



STEPHEN A. RALPH
PRESIDENT AND CHIEF EXECUTIVE OFFICER

Contents

Celebrating the Milestones to Designation	5
Transformational Leadership	8
Structural Empowerment	12
Exemplary Professional Practice	19
New Knowledge and Innovation	26
Recognizing the Value of Innovation	30

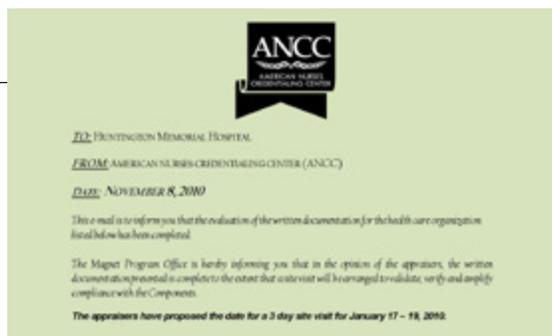


The achievement of Magnet designation is the beginning of a new era as an organization. Strategies to support innovation leadership, value-based decision making, agility, excellence, technology advancements and life-long learning must be infused throughout the work that we do. This is only a handful of the many exciting innovations and projects that nursing is a part of at Huntington Memorial Hospital. I invite our nurses to read this report with pride as they review the momentous impact they have made throughout the year, in both the accomplishment of professional achievement and the delivery of quality patient care.

A handwritten signature in black ink that reads "Lulu Rosales, RN". The signature is written in a cursive, flowing style.

LULU ROSALES, RN
DIRECTOR, PROFESSIONAL PRACTICE/MAGNET

Celebrating the milestones to designation. It took years of dedication, innovation and creativity to prepare the organization for what would be a designation of excellence. Three months after submitting the nearly 3,000-page document to the American Nurses Credentialing Center (ANCC), Huntington Memorial Hospital received notification that our documents had been reviewed and no additional documentation was requested.



It was then time to prepare for the next steps in our exciting journey.

The site visit

ANCC appraisers conducted their three-day Magnet site visit from January 17 to 19, 2011. Throughout the visit, three appraisers — Karen Hildebrandt, Noreen Davis and Helen Taylor — were welcomed, escorted and guided by a team of 18 direct-care nurses who organized the activities and interviews for the duration of the visit.

On Monday, the appraisers arrived and were greeted by six direct-care nurses: Blaisy Racine, Dawn Jones, Alie Tsui, Nancy Beltran, Stacey Pereira, Roy Allan Elevazo and Rey Alberto. President and CEO Steve Ralph and Bonnie Kass were also there to greet our guests.

Throughout the visit, other escorts included Kathleen Eastwood, Sara Ryan, Arlene DelaPaz-Shrewsbury, Theresa Sherman, Claudette Bradley, Carol Richards, Tina Gozaliens, Stephanie Radnoti, Victoria Young, Ann Brady, Jennifer Pai and Conor McTeague.





The agenda over the three-day visit included:

- Twenty-two one-hour sessions with the various nursing councils, executive teams, human resources, interdisciplinary teams, physician leaders and the ethics committee
- A presentation on our nursing professional practice model, given by Jennifer Pai, RN, critical care unit, and Roy Allan Elevazo, RN, Della Martin Center
- A presentation on our various evidence-based practice projects and nursing projects, given by Chi Nguyen, RN, 6 east; Melanie Meyers, RN, neonatal intensive care unit; Suzy Horn, RN, 5 east; Xiomara Hernandez, RN, neurosciences and Anne Nowlin, RN, surgery
- Over 250 nurses participating in the breakfast or lunch sessions that took place
- Tours of almost 30 inpatient and outpatient departments

The appraisers concluded the three-day visit in a packed closing session in the Braun Auditorium. They said that they witnessed firsthand our nursing staff's outstanding work ethic, sharing that we should be extremely proud of the exceptional patient care we provide.



The phone call

On March 21, nearly 200 nurses and employees gathered in Braun Auditorium for a very anticipated phone call from the ANCC's Magnet commission. Excitement and anxiety was felt throughout the room as the group awaited the 9 a.m. phone call. After nearly four years of hard work, submitting nearly 3,000 pages of documents and a 10-week wait after the site visit, a call was placed by Chief Nursing Executive Bonnie Kass to the Magnet commission in Baltimore, Maryland. At 9:04 a.m. a member of the commission congratulated Huntington Memorial Hospital on becoming the 22nd hospital in California to receive Magnet designation. We were also commended on our program supporting nurses in formal education and professional development, for innovative academic partnerships and for great insulin protocol and pressure ulcer prevention programs led by nursing.

The celebration

After receiving the great news, it was time to celebrate our accomplishment. For the next week "thank you" celebrations were held throughout the hospital, including a special breakfast, lunch programs and a cake celebration in the cafeteria.

Transformational Leadership. A style of leadership in which a leader identifies needed change, creates a vision to guide the change through inspiration and executes the change with commitment of members in the group.

TRANSFORMATIONAL
LEADERSHIP



Strategic Planning

In the last quarter of 2011, chairs of the multiple Nursing Councils gathered with nurse leaders and advisors for a day of brainstorming and discussion. The day began with presentations around workflow redesign and the impact of a new documentation system, quality, throughput, and a celebration of nursing achievements in 2011.

After the presentations, participants rotated to discussion tables and interacted in identifying the various needs, barriers and opportunities for nursing around these subjects. This information was then gathered and each council chair worked with their council on performing an analysis of strengths, weaknesses, opportunities and threats for their council.

This analysis was then brought back for a second meeting where council leaders learned about the correlation between quality and finance from our vice president of finance and had an opportunity to report on their analysis of strengths and weaknesses. During this meeting, and as a group, all council leaders collaborated on identifying major goals for each of their councils. These major goals were later correlated to align with the organizational plan.

Details of this plan will be part of the 2012 Nursing Annual Report, but it was important to highlight the important work that went on around this in 2011.



Setting the Example for Certification

It is critical that nurse executives promote a highly-skilled nursing workforce in their organizational strategic plan which can have an end-result of positive patient health outcomes. Nursing specialty certification serves as a driving force to attain that goal. Nurse leaders support the benefits of certification and have the way within their organizations to promote certification.

Additionally, in 2011, the Clinical Leadership Council set as a 2011 to achieve an increase in the number of certified nurse managers and directors by 50 percent. In 2011, five of our nurse leaders received certification in their clinical specialty area or in nursing administration.

RN-MD Collaborative

The Unit-Based Chair Council (UBCC) is a forum where the chairs of the various departments can come together and network. Their focus is providing one another with input and feedback on shared decision-making topics related to nursing practice, standards of care, competency, work environment, quality improvement, patient safety and professional growth and advancement.

During the year the council shares strategies and best practices and interacts with nursing leaders in order to determine solutions on initiatives and issues identified. "I think the essence of UBCC is the collaboration of the nurses coming from different venues...I was always amazed and proud of the work being done on all the units and the high level of commitment" says Kathy Hood, RN, CTU, 2011 chair.

In 2011, the UBCC kicked off the RN-MD collaborative which helped empower nurses to exercise

their voice in healthcare matters by fostering communication between nurses and physicians in order to improve patient care and staff satisfaction. The RN-MD collaborative discussions were conducted throughout the year with Dr. Sylvia Preciado, MD, chair of medicine and Syeda Ali, MD, chair of quality management. During the April 2011 gathering, Dr. Preciado and Dr. Ali met with UBCC and identified major themes during the discussion. These themes included respect towards one another, open communication, and valuing each other's profession. Mutual feedback was discussed and as a group recommendations were made as to how to improve communication. The physicians took the council's feedback to the Medical Executive Committee for review and discussion.

Transformational Leadership.

TRANSFORMATIONAL
LEADERSHIP



A Legacy of Leading with Heart

Huntington Memorial Hospital's journey to Magnet designation began with transformational leadership. Within that component of transformation is the inherent need for nurse leaders to advocate, influence and mentor through periods of change. On the brink of her retirement, Mary Henry, RN, nurse manager, 5 East, leaves not only a legacy of instilling trust in those she interacts with, but also a legacy of being a strong advocate and influencer for both staff and patients. Advocacy begins with the patient. "Mary will track down staff and physicians to talk to them about doing the right thing for the patients" says Kris Rulloda, RN, patient flow coordinator, 5 East. Throughout the years so many have come to know that soft southern belle who would sit down at the patient's bedside and "share a tall tale just to brighten up their day," according to Maureen Battle, RN, nurse manager, DOU. "Mary is passionate about excellent patient care. She rounds on the patients in her unit and makes strong connections with them and their families." says Karen Knudsen, RN, nurse manager, emergency department.

One of Mary's other strong traits include her ability to influence, encourage and act as a mentor. As a nurse leader Mary continually engages with staff to observe how goals and priorities impact key areas such as evidence-based practice, nurse satisfaction and patient outcomes. "One of her greatest qualities is that she understands how each person contributes to the team...she then intertwines these assets and gets everyone involved in creating positive change" says Rulloda. "She likes her unit engaged and enjoys seeing her staff involved in all projects and activities within the hospital" states Cecilia Cayton, RN, nurse manager, 6 East. In regards to influencing change Mary states "I used to think my role as a leader was to make sure patients received quality care, but as a leader one of the primary roles I have played is in making sure I also have empathy and support for my staff. I have a tendency to see the best in people and bring that out."

Mary's peers, especially those who have been mentored by her, regard her as someone who is constant and reliable. "Mary has a natural ability to lead and people instinctively

"She leaves behind large shoes to fill but the only prerequisite is that you must lead with your heart."

MAUREEN BATTLE, RN
MANAGER, DOU

“The deeper your relationship with others, the more effective will be your leadership. People will not follow you if they do not trust you, and before someone will lend you a hand, you must first touch their heart.” ROBIN SHARMA



want to follow her,” says Knudsen. When Mary’s peers were asked about her ability to mentor Cayton stated “Mary is a leader that hands you the challenge that you may not be aware you can handle, but she knows deep in her heart that you can and she supports you until you succeed.”

Mary wholeheartedly dedicated long hours to the organization and has given many departments her support. She would often take additional responsibilities such as the role of a supervisor, and cover for multiple units.

When Mary was interviewed and asked to give a list of the things she will miss the most upon her retirement after 23 years of service to Huntington Hospital and 47 years as a registered nurse, she shared the following:

- *My staff, of whom I am immensely proud for their patient advocacy, teamwork and pursuit of excellence*
- *The gift of being a part of the patient experience, seeing patients at their most vulnerable times and their most noble*
- *My colleagues, without whom I would not have learned so much and laughed so much.*

- *My friends all across the hospital. I have never mastered the art of crossing the hospital campus without smiling or speaking to almost everyone I meet.*
- *The portico in front of the hospital, walking under it when I arrive to work early in the morning.*
- *Our volunteers.*
- *The honor of saying that I work at Huntington Hospital.*
- *Everything Magnet.*
- *My BFF Cecilia Cayton.*

“Mary Henry represents everything a nurse should be: caring, compassionate, skilled and a strong patient advocate.”

BONNIE KASS, RN
CHIEF NURSING
EXECUTIVE

Structural Empowerment. Having structures and processes in place to support the partnership of nurses at all levels to be involved in shared decision-making.

STRUCTURAL
EMPOWERMENT



Excellence Through Certification. Huntington Memorial Hospital publicly recognizes certified nurses for their dedication and contributions to healthcare and the community. When a nurse becomes certified, a leaf is engraved with the nurses's name and certification and added to the bronze certification tree located in the hospital's lobby. By the end of 2011 the percentage of certified registered nurses increased to 42 percent, a six percent increase. These huge strides in certification have been made possible by the support of the Clinical Nurse Recognition Program, through coordinated tested reviews and through peer and nurse manager support and encouragement. The list below is a compilation of all our currently certified nurses through 2011.

Aileen Barrett, BSN, RN, CPN
 Amye Varnum, BS, MS, RN, PMHN-BC
 Alice Mathew, RN, BC
 Alicia Materl, RNC, BSN
 Alison Sipe, RN, BSN, CCRN
 Alison Thomas, BSN, RNC-NIC, C-NPT
 Allison Sharp, BSN, RNC
 Amberle Bond, RN, BSN, CCRN
 Amelita Revilla, RN, BSN, ONC
 Amy Denton, RN, MSN, TNCC, CCRN
 Amy McConnell, RN, MICN
 Amy Pendelton, RNC, MSN, MPH
 Angela Macias, RN, MICN
 Angela Sypowicz, RN, BSN, PCCN
 Angelie A. Lorca, RN, BSN, ONC
 Angelina Chan, BSN, RNC
 Angelique Cabral, RN, MICN
 Ann Anzalone, MSN, NP, RNC
 Ann Brady, BSN, RN-BC
 Ann Marie Whaley, RN, BA, BSN, CWOCN
 Ann Meier, RN, BSN, IBCLC, LCCE
 Anna Yu, RN, BSN, CCM
 Anne Dickinson, RN, MSN, CNML
 Anne Haven, RNC
 Anne Nowlin, RN, CNOR
 Annette Kolenberg, RN, BC
 Anthony Melendez, RN, MICN
 Arleen de la Paz-Shrewsbury, RN, ONC
 Arlene Eckhert, RN, CPHQ
 Ayumi Matsushita, RNC
 Barbara L. Thurn Tamayo, MSN, RN, FNP-C
 Brandy Dunn, RN, BSN, CCRN
 Betsy Schoeni, RNC, MSN, CNS
 Betty Johnson, BSN, RNC
 Betty Ng, RNC, BSN
 Beverly Schwerin, RNC
 Blaisy Racine, RNC

Bonifacio Deoso, RN, BSN, CCRN
 Bonnie Hall, RNC-LRN
 Bonnie Kass, RN, BSN, MBA, NE-BC
 Brian Yoon, CCRN
 Carla Tsang Russell, RNC, BSN
 Carol Richards, RN, BSN, CNRN
 Carole Bouchebel, RN, BSN, MICN
 Catherine Alzate, RNC, BSN
 Catherine Dolan, RNC-MNN
 Catherine Flinn, RN, CLE, LCCE, IBCLC
 Catherine Giovanisci, RNC
 Catherine O'Connor, RN, OCN
 Catherine Thomas, RN, BA, BSN, CCRN
 Cathy Cimino, RNC, BSN
 Cecile Tanlioco, BSN, RNC
 Cecilia Maldonado, RN, BSN, MICN
 Charina Bacalla, RNC, BSN
 Cherise Javius, RN-C
 Cheryl Ceballos, RN, BSN, WCC
 Christina Gold, RN, CNOR
 Christine Markov RN, BSN, VA-BC
 Christine Norton, RN, MICN
 Christine Tam, RN, MS, CCRP
 Clara Chan, RN, BSN, CCRN
 Claudine Corralejo, BSN, RNC
 Claudine DeFreytas, RN, CIC
 Colleen Sindle, BSN, RNC
 Consolacion A. Galang BSN, RN, CCRN
 Consuelo Rana RN, BSN, VA-BC
 Cristina Chee, RN, OCN
 Danny Jimenez, RN, BSN, CNRN
 Darlene Inez, RN, MICN
 Dawn McCullough-Ferrer, RN, CNOR
 Debbie Morgan, RN, MSN, OCN
 Debra Madeira, RN, BSN, MA, CNML
 Delanie McKendrick, RN, BS, IBCLC
 Denise Harshman, RN, MICN

Denise Houck, RN, MICN
 Desi Hearn, RN, CPN
 Diane Ford, RN, MSN, CNM, WHCNP
 Dongthuy Nguyen, BSN, RNC
 Dorothy Kunihiro, RN, MSN, CNOR
 Eddie Rivera, RN, ONC
 Edelweiss Solomon, RN, BSN, CCRN
 Edwina Luna, BSN, RN, VA-BC
 Elizabeth Gross, RN, BSN, CLE
 Emily Roskopf, RN, BSN, PCCN
 Emma Canicula, RN, BSN, CNOR
 Emma Kessler, RN, CNOR
 Erika Valero-Cuevas, RN, CEN
 Ernestina Chua, RNC
 Ester Nepomuceno, BSN, RN-C
 Evelyn Riley, RN, BSN, MICN
 Evelyn Roa, RN, HP
 Faith Silverman, RNC
 Fatemeh Tahani, RNC
 Fehrn Hesse, MSN, RNC-OB, CCNS
 Flora Mia Marzo, RN, ONC
 Francisco Antig, RNC
 Frank Olson, RN, MICN
 Georgeann Abbott, RN, BSN, MICN
 Gina E. Thomas, BSN, RNC
 Gina Griffin, RN, CNOR
 Ginger Park, RN, BSN, CCRN
 Grace Dumlao, RN, BSN, CCRN
 Grace Lopus, BSN, RN, CCRN
 Hannah Hye K. Myung, RN, BSN, PCCN
 Hatsumi Kito, RNC, MS
 Heather McGlynn, RN, BSN, CNOR
 Heather Raygoza, BSN, RN, CWOCN
 Heidi Hughey, BSN, RNC-LRN
 Hilliary Warren, RNC
 Hyacinth Ligutum, RN, CCRN
 Hye K. Myung, RN, PCCN

Hyun Hee IM, RNC
Ignacio Aguilar, RN, CNOR
Iris Wu, MSN, RNC
Ja Lee, RNC
Jacqueline Cocker, RN, CIC
Jacqueline Hauffen, RN, MICN
Jaqueline Perry, BS, MA, RN-BC
Jadranka Borgudan, RN, CCRN
Janet Henderson, RN, MICN
Janet Kong RNC, BSN
Janice Hamilton, RNC
Jayme Garst, RN, BSN, CCRN
Jean Maines, BSN, RN-BC
Jeanette Abundis, MN, RN, CNS, NE-BC
Jeanine Phillips, RNC
Jenni Lee, BSN, RNC
Jennifer Clarke, RN, BSN, MICN
Jennifer McFarlane, MSN, RN, CNS, CCRN,
CNRN, CBN
Jennifer Pai, RN, BSN, CCRN
Jennifer Sands, RNC
Jennifer Van Slyke, RN, BSN, MICN
Jennifer Waldron, RN, BSN, MICN
Joan Hardie, RN, CCRN
Joann Zaldivar, BSN, RNC
Joanne Luthi, BSN, RN-C
Joanne Picard, RN, CCRN
Jodi Miller, RNC
Joel Cardona, RN, CEN
John Horn, RN, CCRN
Jorilynn Lima, RN, CRRN
Joseph Declercq, RN, BSN, CNRN
Josephine Gavia, RN, BC, BSN, PCCN
Josephine Silbor, RN, BSN, CPAN
Josué L. Barbosa, RN, BSN, CPHQ, CIC
Joyce Shimizu, BSN, RNC
Judith Evanoff, RN, CCRN
Julia Bugg, RN, OCN
Julie Gomez, RN, BSN, MICN
Justin Hovey, RN, BSN, CCRN
Karen Beal, RN, BSN, CCRN
Karen Johnston, BSN, RNC
Karen Knudsen, RN, BSN, MICN
Karen Potter, RN, CCRN
Karen Scott, BSN, RNC
Karin Randell, RNC
Karina Flores, RN, CNRN
Katherine Brandt, RN, MSN, CEN
Kathleen Ashby, RN, CMSRN
Kathleen Harris, RN-BC, BSN, MSHCM
Kathy Vardoulis, RN, CMSRN
Kelly Boone, RN, BSN, CCRN
Kelly Cook, BSN, RN, IBCLC, CLE
Kimberly Chau, MSN, RN, CNOR
Kimberly Lipari, RN, CLE
Kohar Sayadzadeh, BSN, RNC
Krisolito Labarda, RN, BSN, MICN
Kristopher Rulloda, RNC, BSN
Kristy Trotter-Aponte, RN, BSN, CNOR
Kristyn Gonzaga, RN, BSN, CCRN
Lan Tran, RN, CCRN
Larry Gentzler, BSN, RNC
Laura Barada, RN, BSN, CLE
Laurie Hodges-Pascua, RN, MICN
Laurie Mansfield, RN, PCCN
Laurinda Kettle, RN, MSN, CCRN
Lazar Michaels, RN, MSN, CCRN
Lea Tanasale, RN, MICN
Leopold A. Lingard, RN, CNOR
Leigh Halabi, BSN, RNC
Lilibeth Estacion, RN, CCRN
Lillian Goyette, RN, BSN, CNOR
Lin Xu, RN, PCCN
Linda C. Prentice, RN, COHN/CM
Linda Warnekros, RN, BSN, CCRN

Lisa Cui, RNC
Lisa Fong, BSN, RNC
Lisa Murillo, RNC
Lisa Staley, RN, CRRN
Lisa Staley, RN, CRRN
Lori Adams, BSN, RN-BC
Lorilee Snelling, BSN, RNC
Lorraine Ronga, RN, MSN, APRN-CNS,
FNP-BC, CCRN
Louise Mitchell, BSN, RNC
Lulu Rosales, MSN, RN, NE-BC
Luz Deleon, RNC, BSN
Lyn Church, RN, BSN, CEN
Lynette Dahlman, MSN, RN-BC
Lynette Mikity, RNC
Lynne R. Levin-Guzman, RN, MICN, BS
Lynnette Burke, RN, MSN, CNOR
Mabintou Dioure, RN, BSN, BC
Marcela Crowley, RN, CNOR
Margo Howlett, RN, CLE
Maria Castro, BSN, RN, CPN
Marie-Cecile Walter, BSN, RNC
Mariella Flores, RN, CPN
Marilyn Santotome, RNC, BSN
Marilyn Yanez, RN, MICN
Mario Luna, RNC
Mario Marciano, RN, BSN, PCCN
Mariya Ransom, RNC-MNN
Martha Amparan, RNC-OB, CDE
Martha Beltran, RNC
Martha Rubio, RNC
Mary A. Knight, RN, BC, CBN
Mary Dix, RNC
Mary Tebbe, BSN, CRNFA
Mary Wozny, RN, MICN
Mary York Henry, RNC
Maryann Magdaleno, RN, BSN, MICN
Maureen Friesen, RNC, MSN, CNS
Maureen M. Battle, RN, BSN, CNML
Medina Asejo, RN, MSN, PCCN
Melanie Haug, RN, MS, CNOR
Melanie Myers, MSN, RNC, CNS
Melinda Kiely, BSN, RNC-MNN
Melissa Cynthia, RN, CCRN
Melody Melvin, RN, CCRN
Mendy Drury, RN, MSN, FNP-C
Meri Lou Anderson, RN, CRRN
Michael Harter, RN, BSN, CEN, MICN
Michelle Martinez, BSN, RN, CPN
Michelle Rogers, RNC
Ming-Chu Liu, RN, BSN, CCRN
Monica Shima, RN, MICN
Monique Gateley, BSN, CPN
Muluwork Worku, RN-C, BS
My Truong, RN, MSN, FNP-C
Myrna Hawthorne, RN, MSN, MICN
Naira Kapoyan, RN, MA, PCCN
Nancy Cushing, RN, CNOR, CBPN-IC
Nancy Ehrlich, RN, BSN, CCRN
Nancy Niles, RN, BSN, CNOR
Nattiya Murray, RNC
Nina Hsu, RN, PCCN
Nora Abouzeid, RN, CCRN
Ohji Kim, BSN, RNC-OB
Olivea Lewis, RNC
Patrick Evangelista, BSN, RNC
Penny Hatlee, RN, BSN, MS, CNOR
Phillip Prado, RN, MICN
Raulin D. Feria, BSN, RN-BC, CPN, CCRN
Rebecca Tsusaki, BSN, RNC
Renee K. Mendes, RN-C, BS
Rhea Almada, BSN, RNC-MNN
Robin Gemmill, MSN, RN, CNS, CWOCN
Robert Rytken, RN, MICN, CEN
Roberta Gordin, RN, BSN, CCRN, CEN

Robin O'Brien, RNC
Rodney Chan, RN, BSN, CCRN
Ronnie Andal, RNC
Rosario D'Antuono, RN, MICN
Rosario Johnson, RN, CPN
Rowena Platon, RN, CBN
Ruth Gonsoski, RNC-OB, C-EFM, MSN
Ruth Wong, RNC
Ryan Haydon, RN, MICN
Sadie Seto, RN, MSN, CCRN
Samia Solh, RN, BSN, CCRN
Sandra Beauman, RN-C, MSN, CNS
Sandra Flores, RN, MICN
Sarah Schedewitz, RN, BSN, CCRN
Sarah Sumner, RN, MSN, OCN
Sharon Campbell, RN, BSN, CRNI
Sharon Hamm, RNC, BSN
Shelila Anulao, RN, BSN, CPN
Shelley Stauffer, RNC-MNN, IBCLC, CLE
Shelly Gambardella, RN, BSN, CNRN, MICN
Sheryl Agustin, RN, BSN, PCCN
Sherry Strong, RN, ONC
Shirley Lee, RN, BSN, CCRN
Shirley Liu, RNC-OB
Siu Ping Chan, RN, PCCN
Sona Nikoghossian, RN, MSN, FNP-C
Stacey Pereira, RNC, BSN, RN-C
Stephanie Radnoti, BSN, RN-BC
Steve Tiu, RN, BSN, CNRN
Sue Duquette, BSN, RN-BC
Sue Horn, RNC
Suko Davies, RN, CCRN
Susan D'Antuono, RN-BC, MSN, CNS
Susan Hadfield, RN, ONC
Susan Kaniewski, RNC
Susan Thompson, RN, ACNP-BC
Susan Wolski, RNC
Susie Lee Nakao, MN, RN, NEA-BC, CIP
Susie Fundter, BSN, RNC
Tanya Moore, RN, BSN, MICN
Teresa Sepulveda, RN, BA, CWOCN
Terri Kolbach, RN, BC
Terri Korell, RN, BSN, CCRN
Terri L. Montgomery, RN, CBN
Terri Smith, RNC
Terry Bass, RN, MICN
Thelma Baul, RN, BSN, MICN
Thien-An Vu, RN, CNOR
Thomas Warren, RN, BSN, MICN
Tina Gozaliars, RN, BSN, CCRN
Tisha Regan-Maldonado, BSN, RNC
Tonya Purdy, RNC
Trisha Martin, RN, MSN, CEN
Valerie Siu, BSN, MA, RNC
Valerie Willis, MSN, RN, PNP-BC, PCNS-BC
Vandu D. Ho, RN, BSN, PCCN
Vandy Uphoff, RN, MICN
Vicki Landini, RN, CNOR
Vicki Quiroz, RN, MSN, CCM
Victoria Young, RN, BSN, OCN
Vilaylack Sydara, RNC, BSN
Virginia Kathol, RNC-LRN
Wendy Gu, BSN, RNC
Wen-Hua Luo, RNC
William Bell, RN, CMC, CCRN
Xiomara Hernandez, RN, CNRN
Yuriko Sawada, BSN, RNC
Zohreh Shafai, BSN, MSHCM, RNC
Memo Santoyo, RN, CGRN
Elidia Muciu, RN, BC
Gari Reed, BSN, RN, NE-BC
Fatemeh Tahani, RN, OCN
Michael Bueno, BSN, RN, PCCN

Structural Empowerment.



STRUCTURAL
EMPOWERMENT

Clinical Nurse Recognition Program

The Clinical Nurse Recognition Program (CNRP) is a voluntary program in which nurses demonstrate expertise at the bedside and model leadership, efficient clinical management, educational and research. The CNRP Committee ensures that the application criteria reflect Huntington Memorial Hospital's mission, vision and core values and the ANCC Magnet standards of evidence. The following activities are some examples of how nurses have grown professionally through the CNRP:

- serving on unit and hospital committees
- participation in community health programs
- demonstration of excellent patient care in complex situations
- precepting or mentoring other nurses and new graduate nurses
- achieving and maintaining professional certification
- participation in professional organizations
- participation in quality improvement initiatives
- evaluation and utilization of nursing research

2011 CNRP Recipients

Angela Sypowicz
Aileen Barrett
Akosua Ampiah
Alicia Mater
Alie Tsui
Amy Lo
Amy McConnell
Ana Christina Araneta
Ana Servin
Angelica Acosta
Angelie Lorca
Ann Marie Whaley
Ashleigh Richard
Barbara Roberge
Betsy Schoeni
Betty Ng
Beverly Schwerin
Bill (William) Bell
Blaisy Racine
Bonifacio Deoso
Brenda Nocon
Carmina Pascual
Carol Richards
Catherine Thomas
Cecile Ann Tanlioco
Celia Ng
Clarita Calderon
Claudette Bradley
Claudine Corralejo
Consolacion Galang
Coralynn Liam-Cruz
Cristina Chee
Daniel Chiu
Daniella Peregretti
Debby Schlesinger
Denise Hua
Dori Seawell
Dorothy Kunihiro
Eddie Rivera
Elaine Martin
Eleanor Adams
Elizabeth Torres
Erika Cruz
Ester Nepomuceno
Eunie Lee
Farron Frazier
Fernando Lumawod
Flora Marzo
Frances Delapaz Shrewsbury
Francisco Marquez
Georgann Abbott
Ginger Park
Grace Dumlaog Lapus

Greg Frost
Hatsumi Sarah Kito
Heather Raygoza
Heidi Hughey
Herlina Habibullah
Jackie Perry
Janet Henderson
Javier Anastacio Guerra
Jennifer Pai
Jennifer Sands
Joan Hardie
Joan Pacelo
Joanne Luthi
Joanne Masuda
Jose Diaz
Josephine Silbor
Josie Gavia
Julia Bugg
Julia Grinblat
Kaddie Nelson
Karen Scott
Kathleen Ashby
Kathleen Curren
Kathy Hood
Kelly Boone
Kelly Cook
Kim Kinghorn
Kim Nguyen
Kristyn Gonzaga
Krystyne Danyell
Laura Hall
Lazar Michaels
Linda Aldera
Linda Prentice
Lisa Grana
Lisa Murillo
Lorilee Snelling
Luz C. Deleon
Lyubov Korkin
Madelaine Galido
Marcela Crowley
Marga Tubbs
Marie Cecile Walter
Marilyn Santotome
Mario Marciano
Mariya Ransom
Martha Beltran
Mary Knight
Maureen Friesen
Melanie Myers
Melinda Kiely
Melissa Cynthia

Michael Bueno
Michelle Rogers
Min Li Lee
Miriam Russom
Monica Shima
Nancy Niles
Nattiya Murray
Nora Abouzied
Norma Kachigian
Ohji Kim
Patricia Ranshaw
Patty Fowler
Patty Johnson
Patty Watson-Wood
Paul Mignano
Paula Mesrobian
Penny Hammer
Raulin Feria
Rebecca Tsusaki
Risa DeQuatro
Rischi Cordero
Robert De Silva
Ronnie Andal
Rose Elliot
Rowena Platon
Roy Allan Elevazo
Rubina Atakhanian
Sam Macasa
Sara Ryan
Sarah Sumner
Sharon Hamm
Shelley Stauffer
Siu Ping Chan
Solange Burke
Stacey Pereira
Stephanie Radnoti
Susan D'Antuono
Susan Samargis
Teresa Sepulveda
Terri Kolbach
Terri Korell
Terri Montgomery
Terri Smith
Tianee Alexander
Tina Gozalians
Tony Taddeo
Tonya Purdy
Valentina Zackarian
Valerie Siu
Vicki Landini
Victoria Young
Virginia Vy
Xiao Pon
Xiomara Hernandez
Yuriko Sawada



“Going through the application process has created a push to improve or correct systems and our work environments. The nurses that have gone through the process have realized that what they do has value. This has been a very positive and fruitful experience for me.”

DOROTHY KUNIHIRO, RN
SURGICAL SERVICES

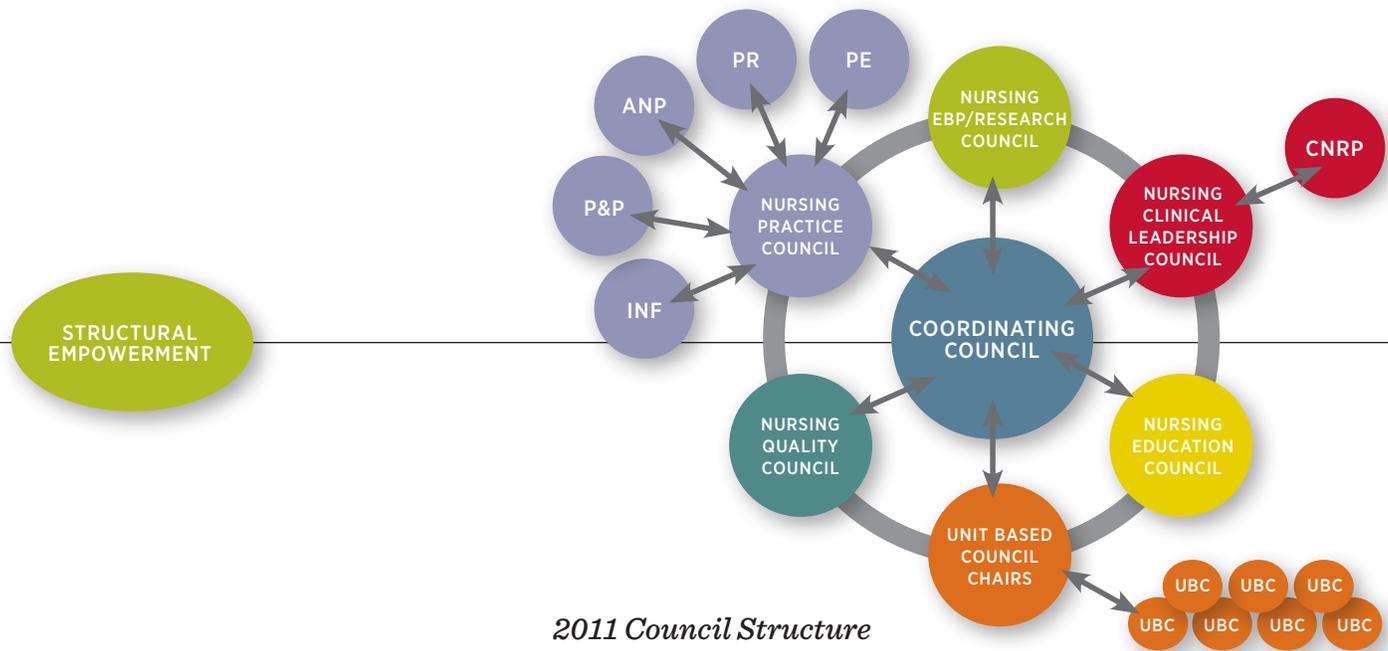
“The benefit of being a member is that I am able to recognize and support my fellow nurses in the achievement of clinical excellence. Much of what a great nurse does is invisible on many levels.... This program seeks to make our excellence tangible. I have enjoyed meeting great nurses from all over the hospital and hearing their stories of imagination, innovation and inspiration. I am proud to be on Huntington Hospital’s team of amazing nurses.”

CATHERINE THOMAS, RN
PEDIATRIC INTENSIVE CARE UNIT

The Reward of Hard Work
“It was an opportunity to get “re-involved” with a hospital based committee...a chance to get involved from ground zero and be actively part of building the foundation of this new recognition program. I enjoy the opportunity to meet and work with other nurses from different departments, sharing the goal of developing the CNRP and/or going through the application process.”

GINGER PARK, RN
CCU

Structural Empowerment.



Council Highlights 2011

- **Patient Education Council**

The guiding purpose of the Patient Education Council is to manage patient education materials to promote wellness and prevent future illness. The functions include identifying, creating, updating, organizing and making accessible patient education materials across the continuum of care. The council works to establish guidelines for creating new or updating current patient education materials using EBP methodologies. Some of the responsibilities have been the creation of a Patient Education Policy and Procedure toolkit on Sharepoint to help guide users in the development of quality patient education materials. A database of current patient education

materials is in development with a priority of making these materials easily accessible to staff.

- **Patient Education Steering Committee**

The Patient Education Steering Committee is a multidisciplinary committee comprised of representation from Huntington Memorial Hospital's major service lines and disciplines. The purpose of the Patient Education Steering Committee is to provide strategic oversight, direction and coordination of all patient education materials across the continuum of care.

Committee responsibilities include making recommendations to the executive management team



for strategic direction of patient education. The committee is concerned with using current knowledge and implementation of regulatory mandates and requirements in providing patient education. It also is involved with setting standards for the development and discovery of patient education materials house-wide. Other responsibilities include the approval of policy and procedure, as well as media and formats needed for the delivery and development of patient education materials.

- **Nursing Education Council**

As a newly designated Magnet organization, councils have continued their work of identifying new innovations in

practice. In 2011, the Nursing Education Council set out to determine a method to educate direct patient care nurses about best-evidence central venous catheter (CVC) care. As a result, a poster campaign was initiated to promote education. Innovation is said to begin with inquiry and exploring methods that achieve desired outcomes. Huntington Hospital nurses are empowered to become involved in developing ways to disseminate evidence-based nursing practices. Although a computer-based learning module and a self-study article about current CVC care had been provided within the year, direct observation of 80 percent of the registered nurses on a piloted surveyed unit revealed that only six percent of the nurses followed current policies and

procedures. As a result, a monthly poster series, with the support of the Nursing Education Council, was created. Each poster focused on an important policy or procedure. The expected outcome was to increase compliance of CVC policies and procedures. The plan is to monitor outcomes closely in 2012.

Structural Empowerment.

The development of excellent critical thinking skills is what divides good nurses from great ones. Excellent skills require great coaching to help you put it all into context in the patient setting. I am thankful to Jennifer for coaching me on how to critically look at situations while always maintaining a patient centered approach. BRIE DEAN | WGU NURSING STUDENT

STRUCTURAL EMPOWERMENT



An Innovative and Stellar Partnership

"I am so fortunate to have been trained by Eileen! Her charismatic personality puts a smile on her patient's face every time she talks to them. I think she has a hidden magic wand, because her patients are very compliant towards her and I never like to miss out on any patient interactions she has."

TRACY VO
WGU NURSING
STUDENT

Dedication to academic advancement continues to be a high priority for patient care services at Huntington Memorial Hospital. As part of the overall workforce plan, a variety of educational opportunities have been explored and affiliations established to provide adult learners with paths to achieve a baccalaureate nursing degree or higher. The workforce development plan began with a campaign to highlight the unique structure of Western Governors University's online competency-based RN-BSN and MSN educational programs. Shortly thereafter, an on-site pre-licensure BSN program was initiated through the same university.

Huntington Hospital nurses have embraced the opportunity to become clinical coaches to the students in the cohort as well as incorporate technology into their education and practice in this unique program. In the summer of 2011, the hospital's first pre-licensure cohort of ten

students began. Using an innovative, immersion model for clinical experience, students are paired with staff nurses who function as coaches. These staff nurses receive specialized training and resources and are granted adjunct faculty status. This novel dyad model allows the student an abundance of opportunities to perform clinical skills and make the critical connections between didactic coursework and patient outcomes.

Clinical oversight is provided by an MSN prepared nurse serving as clinical instructor, ensuring the student/coach dyad is maximizing clinical opportunities while meeting curriculum milestones. This model promotes professionalism by highlighting the critical nature of the teaching role of staff nurses and demonstrates how innovative academic affiliations can help hospitals achieve the goal of an 80 percent BSN workforce.

Exemplary Professional Practice. Guided by a framework that depicts how nurses practice, collaborate, communicate and develop professionally to provide highest quality care for those they serve.



Quality Improvement

Our journey towards Magnet designation included creation of a Nursing Quality Council with the responsibility of looking at and improving our performance with nurse sensitive indicators.

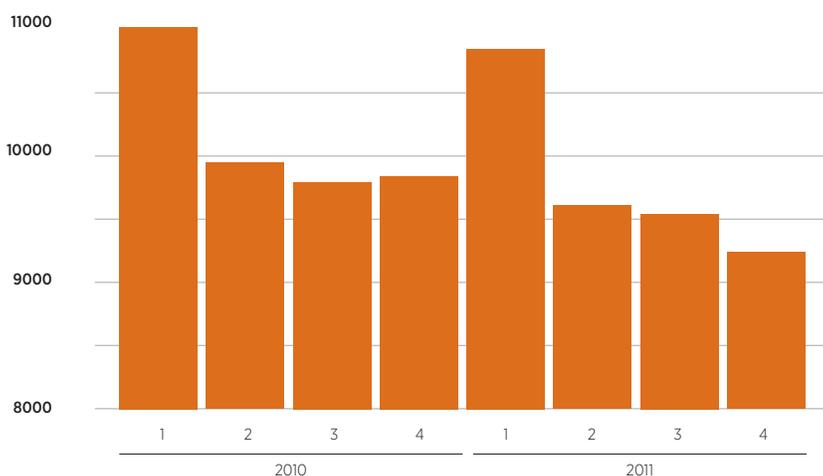
The literature presents extensive guidelines and evidence to improve performance with nurse sensitive indicators. Despite that, engagement of nurses who could impact the outcomes is often limited. Our council chose to assess our own performance using our internal audit tool for each of these nurse sensitive indicators. The data collected enabled the council to share performance with front line staff who had the power to make a difference. Several groups chose to look at their own practices and determine their own actions, each of which resulted in a measureable improvement in outcomes.

**Catheter Related
Urinary Tract Infections**

Our analysis identified the opportunity for early removal of indwelling urinary catheters to prevent infection. Through nurse driven initiatives we were able to significantly reduce the rate of urinary tract infections.

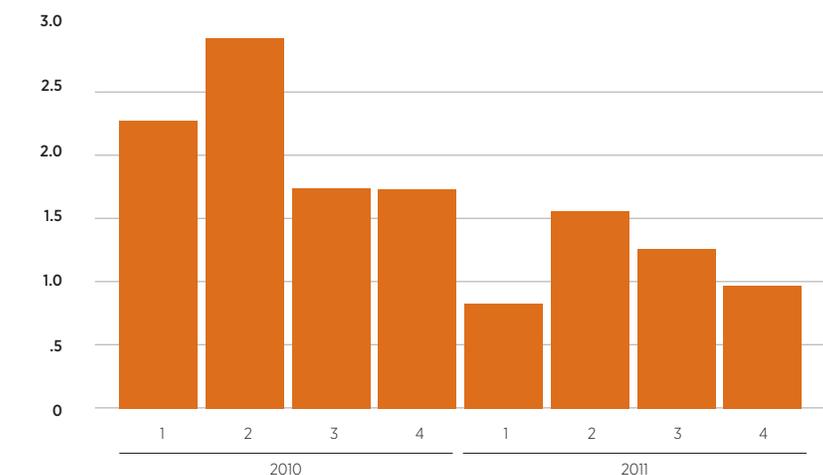
Number of Foley catheter days

Per quarter



UTI rate per 1,000 Foley days

Per quarter



Exemplary Professional Practice.



Blood Stream Infections

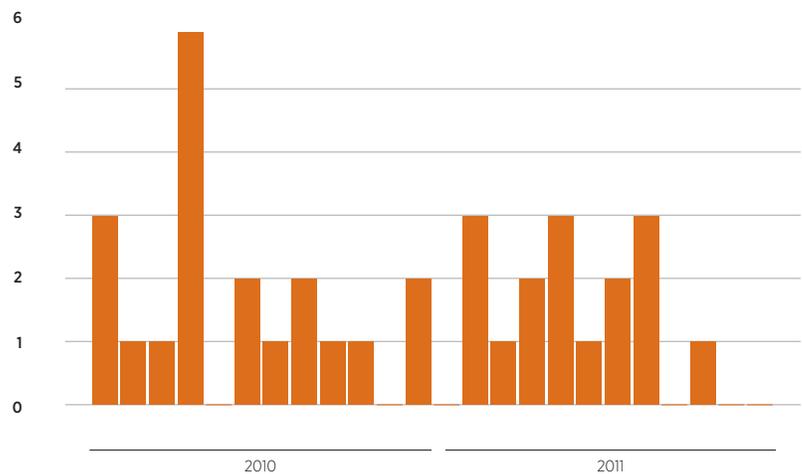
Quality Council undertook a detailed analysis of all processes related to the insertion and care of central venous catheters. Multiple opportunities to improve various aspects of care were identified and shared with stakeholders. We were able to achieve a significant reduction in the number of blood stream infections.

Hospital Acquired Pressure Ulcers (HAPUs)

Quality Council undertook a detailed analysis of events or situations occurring in the days prior to identification of a HAPU. Over time, a pattern of risk factors emerged that may have contributed to the development of the HAPU and were amenable to intervention. Pertinent data was shared with specific groups such as the operating room, emergency room and respiratory therapy staff. Each of these groups were able to identify changes in practice and proceeded to make those changes, resulting in a decline in the HAPU rate.

Central line associated blood stream infections

By month

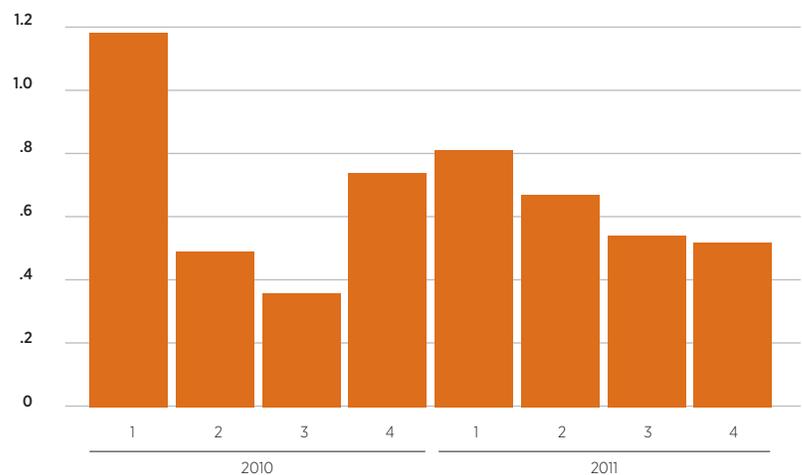


Quality Council asked to assess blood stream infections. Reviewed literature for best practices. Audited our performance against best practices. Identified opportunities for improvement.

Shared opportunities for improvement with stakeholders. Multiple changes made through first eight months of year. "Just in Time" education implemented.

HAPU rate

Per 1,000 pt. days





Interdisciplinary Problem Solving: Prevention of Respiratory Device Related Pressure Ulcers

We are faced with new challenges in pressure ulcer prevention due to the use of respiratory equipment placed on the patient. The sharing of information and data from an internal audit tool developed by the Quality Council helped to inspire practice innovation and change in patient care to prevent respiratory device related pressure ulcers.

Determining areas of quality improvement is a primary objective of the Quality Council in our facility. Hospital acquired pressure ulcers are a principal nursing sensitive quality indicator and prevention remains a nursing challenge. We discovered that several HAPUs were related to oxygen tubing and other respiratory devices causing pressure ulcers to the ears, face, mouth and neck.

Data was collected using the Quality Council internal audit tool which was designed to identify respiratory device related pressure ulcers. The Quality Council partnered with the respiratory department to identify equipment and procedures to prevent respiratory device related pressure ulcers. New equipment — including a new nasal cannula, silicone adhesive foam dressings to cushion and pad respiratory devices, and an endotracheal tube holder — were trialed

and adopted. The respiratory department — in partnership with the wound, ostomy, continence nurses — developed a poster illustrating how to implement the new respiratory pressure ulcer prevention interventions and a skills competency. After the implementation of these prevention interventions, the respiratory device related HAPU rate dropped by 44 percent within one year.

Working across interdisciplinary departments and sharing of information has proven essential to improving patient outcomes. Routine communication concerning respiratory device related pressure ulcers and prevention continues between the Quality Council and the respiratory department.

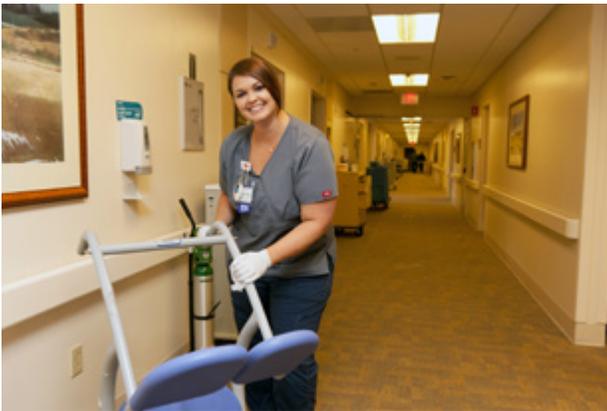
Exemplary Professional Practice.

Quality Improvement: The Value of Reinventing the Wheel

EXEMPLARY
PROFESSIONAL
PRACTICE

Our journey towards Magnet designation included creation of a Nursing Quality Council with the responsibility of looking at and improving our performance with nurse sensitive indicators.

The literature presents extensive guidelines and evidence to improve performance with nurse sensitive indicators. Despite that, engagement of nurses who could impact the outcomes is often limited. Our council chose to assess our own performance using our internal audit tool for each of these nurse sensitive indicators. We compared them to national standards such as the National Database for Nursing Quality Indicators, Center for Disease Control and others. Although the findings were consistent with those described in the literature, the data collected enabled the council to share pertinent performance of specific groups of caregivers along with some references from the literature as guides to improve performance. Thus engaged, several groups chose to look at their own practice and determine their own actions, each of which resulted in a measureable improvement in outcomes. Improvement has been demonstrated and sustained for HAPUs, catheter associated urinary tract infections and central line associated blood stream infections. The nursing staff has been increasingly recognized as an effective force for improving quality outcomes via collaboration with other departments and participation with hospital quality management and the board of directors Quality Committee.





Ventilator Assisted Pneumonia? Not in our ICU!

In 2004, 21 cases of ventilator associated pneumonia (VAP) were reported. Intensive care unit (ICU) nurses implemented evidence based interventions which included a VAP bundle and a significant decrease in VAP was noted. The goal was to eliminate VAP in our ICU and that has been sustained for 39 months.

Huntington Memorial Hospital direct care nurses are empowered to guide their own practice by using and implementing evidence based practice to improve patient outcomes. ICU nurses embarked on a team project to eliminate the incidence of VAP through implementation of evidence based interventions. Included in those efforts was significant education and communication regarding best practice care for ventilated patients, implementation of the ventilator bundle, and systems modifications to promote the ability to consistently implement all aspects of the bundle.

Building on participation in a collaborative, there is continued effort to develop and institutionalize a culture of excellence regarding VAP outcomes. A group of nurses completed literature reviews on oral care and insulin protocols. After revising both protocols nurses were provided with education.

The ICU was able to rapidly reduce the number of VAP cases from 21 in 2004 to 14 in 2005. In 2006 and 2007, there were three cases each year, at benchmark. However in 2008, the ICU was challenged with five cases of VAP, thus causing the team to refocus their efforts on prevention in late 2008.

The department implemented daily rounding by the intensivist director and the charge nurse. Additionally, the nurse manager and the clinical nurse specialist rounded regularly. This was to assure all quality indicators were in place and that RNs understood the importance of the critical care quality measures. The incidence of VAP has dropped to zero. Zero incidences have been sustained for 38 months consecutively. We are proud to say: VAP? Not in our ICU.

Exemplary Professional Practice.

EXEMPLARY
PROFESSIONAL
PRACTICE



Writing the Script for Delirium Screening

The purpose of this project was to implement a delirium screening tool and an innovative bundle of nursing driven treatment options, including a sleep time protocol. The measures resulted in a decrease in the development of delirium during a two-month pilot testing period.

Delirium is an acutely confused mental state characterized by symptoms including clouding of consciousness, difficulty maintaining or shifting attention, disorientation, illusions, hallucinations and fluctuating levels of consciousness. The prevalence rate of delirium in hospitalized patients admitted for acute medical diseases is 11 to 42 percent and is even greater with patients admitted for surgical procedures.

Delirium has been associated with negative outcomes such as functional decline, longer hospital stay, greater morbidity and mortality, as well as increased healthcare related financial costs. Much of the research of delirium in hospitalized patients has focused on the intensive care unit (ICU). A literature review revealed little about the development of delirium in step down patients, many of whom had ICU stays.

While lack of sleep is known to contribute to delirium, no evidence was found about how to address the lack of sleep. The bundle of interventions was embraced by the step down unit staff. The sleep time protocol was used as both a treatment for patients with delirium and a preventative measure for those who had not developed delirium. The measures resulted in a decrease in the development of delirium in the two-month pilot testing period.

Fall Prevention 2011: Year-end Summary

2011 Fall Reduction Focus

- Reduce patient falls from elimination needs by pre-planning toileting
- Hourly rounding
- Staff communication of fall events on nursing departments
- Evaluate unit-specific trends utilizing trending tool
- Process audit in June and July: 94 percent compliance reported
- Fall Prevention Fair, March 2011
- Scripting
- Factors contributing to fall risk

Outcomes from Performance Improvement for 2011

	2007	2008	2009	2010	2011
Number of falls	487	433	422	350	344
Moderate or greater injuries	30	11	3	13	5
Consequential injuries (major or death)	8	4	5	6	4

Reductions in falls: 6 patients since 2010 (2 percent)
143 patients since 2007 (29 percent)

NDNQI 2011 average, all reporting units: 2.74 falls per 1000 patient days

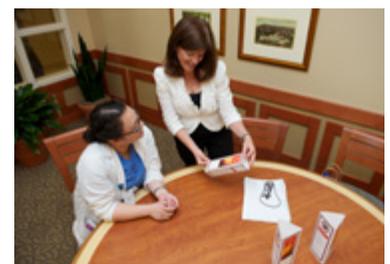
Magnet facilities mean: 3.41 falls per 1000 patient days

Conclusions 2011

- Fall events continue to trend reduction since 2007 but slowing
- Nursing departments vary in communication methods to monitor fall trends at unit level
- Fall events related to elimination continue to be about one-third of total fall events
- Injuries decreased
 - Moderate injuries (those not requiring surgery) reduced by 50 percent from 2010
 - Major injuries or death reduced from 2010

Opportunities for Improvement 2012

- Continue to reduce fall events related to elimination
 - Hourly rounding
 - Planned toileting
- Reduce falls with injuries
- Continue to trend fall events at unit level
- Monitor fall trends by time of day
- Provide Fall Prevention Education Month in September
- Develop verge event reporting to provide trending reports for managers to access



New Knowledge, Innovation & Improvements. Progressively developing programs related to evidence-based practice and continuously embracing new technology and innovation that can help achieve high-quality, effective and efficient care.

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS

Nursing Engaging in Improvement Science



In August 2011, the Evidence-based Practice/Nursing Research Council, with full support from Bonnie Kass, chief nursing executive, applied for participation in the Improvement Science Research Network (ISRN), the only National Institutes of Health supported improvement research network. The ISRN's primary mission is to accelerate inter-professional improvement science in a systems context across multiple hospital sites. In September 2011, Huntington Memorial Hospital was invited to participate in the research collaborative for the first ISRN landmark network study, "Small Troubles Adaptive Responses (STAR-2): Frontline Nurse Engagement in Quality Improvement."



The study's purpose was to examine how frontline nurses engage in detecting systems operations related to organizational learning for quality and safety in the hospital work environment. Frontline nurses were asked to describe small problems that occur on their units related to patient safety culture, work environment, team vitality, quality of care, job satisfaction and quality improvement. The study provided frontline nurses with an opportunity to be directly involved in quality improvement research. The information obtained was compiled and analyzed by the ISRN and the data will be benchmarked with that of 14 other hospitals throughout the country.



Three units from Huntington Hospital participated, including the cardiothoracic unit (CTU), 5 west medical surgical telemetry and 6 east medical surgical orthopedics. The site coordinators for the study were Susan D'Antuono, RN; Jennifer McFarlane, RN; and Lulu Rosales, RN. The team was led by primary investigator Linda Searle Leach, RN, a nurse researcher consultant with whom the nursing division has been collaborating with closely for over a year.

Huntington Hospital's involvement in the STAR-2 study provided nursing the opportunity to contribute to advancing the understanding of the relationships among nursing practice environment, frontline quality improvement engagement and outcomes in acute care clinical units. Anticipated dates of publication and dissemination of results is anticipated to take place in mid 2012.



2011 Presentations and Lectures by Huntington Memorial Hospital Nurses

<i>Title</i>	<i>Author</i>	<i>Venue/Date</i>	<i>Type</i>
Hospital Experience in Decreasing Infections	Sandra Beauman, MSN	Nationwide Children's 2011 Neonatal Conference <i>May 25-26, 2011</i>	Poster
An Action Plan for Change: Decreasing the Incidence of Hospital Acquired Pressure Ulcers in the Critical Care Unit	Heather Raygoza, RN	WOCN Conference <i>June 4-8, 2011</i>	Abstract/Poster
Critical Care Pressure Ulcer Prevention: Back to Basics	Heather Raygoza, RN	WOCN Conference <i>June 4-8, 2011</i>	Abstract/Poster
Implementing Skin Care Rounds in Critical Care	Lazar Michaels, RN	Clinical Nurse Leader Partnerships: Opportunities for Coordination, Collaboration and Care Redesign <i>January 20-22, 2011</i>	Poster and Presentation

New Knowledge, Innovation & Improvements.

NEW KNOWLEDGE,
INNOVATIONS &
IMPROVEMENTS



Preparing Nursing to Better Understand the Steps to Evidence-based Practice and Nursing Research

As part of their 2011 goals, the Evidence-based Practice/Nursing Research Council (EBP/NRC) trained members of the unit based councils (UBC) around evidence-based practice. In November, the council sponsored, led and taught a total of four, two-hour workshops and invited over 100 direct care nurses involved in their department UBC.

Unit managers were also invited to participate in collaboration with their department UBC. The workshop, titled “Discovering the Path to Innovation: Series 1, Designing the Path to Quality Improvement (QI), Evidence-based Practice (EBP) and Nursing Research,” provided participants with the steps, tools and guidance necessary to distinguish among quality improvement, evidence-based practice and nursing research, and provided a framework to guide them in doing EBP on their units.

The workshop took participants to various stations which provided presentations such as “What’s Your Flavor?,” which focused on helping participants differentiate among QI, EBP and nursing research using an ice cream flavor analogy. As participants moved through stations they learned about the EBP sharepoint site, the EBP toolkit, library resources, reading and critiquing research articles, and rating their level of evidence.

The council also wanted participants to hear the successes and obstacles of those who had done an EBP project before. Therefore, during the workshops Huntington Memorial Hospital nurses who had previously done EBP were invited to present their projects and the steps they followed. Participants found this workshop useful and identified that it helped to increase their comfort and confidence around EBP.



Validation of the Indicator, RN Concern, as a Predictor of Patient Decline

In 2011 Huntington Memorial Hospital became involved with one of their first nursing research studies since Magnet designation in March of 2011. Jennifer McFarlane, CNS, partnered with primary investigator and nursing research consultant Linda Searle Leach to further understand the concept of RN concern in calling a rapid response team.

Patient safety and the need to redesign care delivery processes and systems to eliminate errors and prevent avoidable deaths is a critical priority for Huntington Hospital. Complications that develop during hospitalization and lead to mortality or failure to rescue are seen as a primary cause of preventable deaths.

“Rescuing” is one care process that nurses use to identify and manage patients who become clinically unstable. The rapid response team (RRT) is a system that supports the bedside registered nurse in rescuing. Research findings indicate that changes in respiratory rate, heart rate, oxygen saturation and mental status are significant objective indicators of patient risk for decline.

The predictive performance of the subjective indicator — *the RN is worried (concern)* — as an indicator of patient risk for decline is unknown. Yet *concern* is commonly included as a sanctioned trigger for calling the RRT; RNs use it to call the RRT and when used, patients in one study had fewer ICU transfers and cardiopulmonary

arrests. A better understanding of the predictive power of the indicator *concern* and of relationships between the characteristics of RNs who employ *concern* as the reason to call the RRT and outcomes of the RRT call (intervention, no intervention) is needed.

The purposes of the pilot study, titled “Validation of the Indicator RN Concern as a Predictor of Patient Decline,” was to validate whether the subjective indicator, *concern*, was an independent predictor that captures a unique and valuable aspect of risk assessment for non-ICU patients who have an RRT call and describe the characteristics and expertise of nurses who use *concern* as the reason for calling the RRT in relationship to the RRT-led interventions.

The research team analyzed existing databases from two sites with over 4,000 patients that had an RRT during hospitalization and surveyed the RNs who called these RRTs about their education, experience and level of expertise. A cross-sampling of Huntington Hospital nurses was

interviewed about the factors that influence their use of this indicator in deciding to take action. These pilot data were needed to identify the most salient indicators of risk for clinical decline that RNs can use for early detection and intervention. The long-range objective will be to use the knowledge gained from this study as a foundation to inform the use of early recognition and detection systems with predictive explanatory power that can be used reliably and systematically to detect risk, promote rescuing and avoid adverse patient outcomes. Findings from this pilot study will contribute to a program of research focusing on the individual and team factors that optimize patient safety. This study will directly support a larger multi-site investigation to validate indicators for risk assessment, identify contextual factors that influence a nurse’s ability to rescue and assess risk, and test strategies for early detection and intervention to avoid unplanned admission of patients to the ICU, cardiopulmonary arrests and preventable deaths.

Recognizing the Value of Innovation.



Last October I enthusiastically attended the 2011 National Magnet Conference in Baltimore, Maryland when Huntington Memorial Hospital formally received Magnet designation and was recognized during the opening day festivities of the conference. I attended a concurrent session that discussed The DAISY (Diseases Attacking the Immune System) Award.

The session presented by Mary Dee Hacker, RN, at Children's Hospital Los Angeles, resonated powerfully with me. Ms. Hacker described the research that supported meaningful recognition as a driver for increased nurse satisfaction, increased workgroup cohesiveness, and increased organizational

commitment. The session concluded with a heartfelt message from Mark and Bonnie Barnes, the parents of Patrick Barnes, in whose memory the award was established in 1999.

Patrick died at age 33 after a prolonged hospitalization from complications of idiopathic thrombocytopenia purpura. So moved was his family by the extraordinary and compassionate care Patrick received, that they chose recognition of nurses to establish Patrick's legacy. As a bedside nurse myself on the medicine/oncology unit, I recognized the value of a recognition program that provides an avenue for patients and families to express their gratitude for care given during the anxious and vulnerable

moments of a hospital admission. So often, patients have said they don't know how they can say thank you for their care. The DAISY Award gives them a voice.

That voice is then shared with the individual nurse, her/his colleagues, nursing leadership and the community. Right after the Magnet conference session, I logged on to the DAISY Foundation website and read several testimonials by patients, family members and colleagues of DAISY Award honorees. I knew that Huntington Hospital nurses provide that same caliber of extraordinary nursing care and I wanted our stories to be told.

Maureen Battle, DOU department manager, attended the same DAISY



Award session. She shared my passion to bring the DAISY Award to Huntington Hospital. Bonnie Kass, RN, agreed that now was the right time for a formal recognition program at the hospital. With Bonnie's support, Maureen and I presented a proposal to the office of philanthropy to secure the modest funding for the program. We then promoted the DAISY Award at Clinical Leadership and to all patient care departments. We began accepting nominations, and planned to present our first DAISY Awards during National Nurses' Week 2012.

The DAISY Committee appreciates nursing leadership's support as we strive to enhance meaningful recognition for nurses. What a privilege it has been for

Maureen and me to implement this program at Huntington Hospital. Future opportunities through our affiliation with the DAISY Award include access to nursing research grants through the DAISY Foundation, strengthening of community ties and a heightened image of Huntington Hospital nurses.

I am grateful to work in an organization that values the innovation and imagination of individual nurses within a structure that empowers bedside nurses to elevate and celebrate our profession!

More about the 2012 DAISY Award festivities will be shared in the 2012 Nursing Annual Report.

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