



NURSING

ANNUAL REPORT

2018



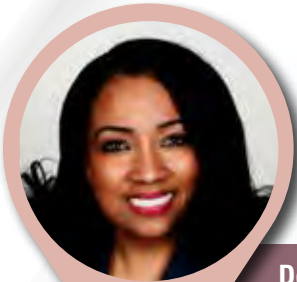
LOMA LINDA
UNIVERSITY
HEALTH

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NURSING TRAILBLAZERS



Denise Robinson, DNP, MPH, RN, WOCN
Chief Nursing Officer of Loma Linda
University Medical Center



Deviyanti Mangunsong, RN
Executive Director of Patient Care at Loma
Linda University Behavioral Medicine Center



Jan Kroetz, MS, RN, NE-BC
Senior Vice President of Patient Care



Helen Staples-Evans, DNP, MS, RN, NE-BC
Chief Nursing Officer of Loma Linda
University Children's Hospital



Linda Soubirous, MSN, MPA, RN, NEA-BC
Chief Nursing Officer of Loma Linda University
Medical Center – Murrieta



Letter from the System's CNO

When I was a little girl I knew I wanted to be a missionary nurse. A door opened to allow me to do that, not in Africa or South America as I had thought, but right here in this special institution. My career at Loma Linda University Health began in June of 1971, on unit 8300 as a charge nurse. Throughout the years, nursing has brought many opportunities and rewards, guiding me to places and positions I never would have dreamed of. Alongside my career, my life also taught me lessons that inevitably shaped my nursing practice.

With the help of my amazing husband Arthur, we raised two incredible sons. The illness and death of our youngest son at age 24 changed the way I viewed nursing. As I walked the halls as a mother, not a nurse leader, my view on how we deliver care evolved and enabled me to see the many facets one must consider when providing care. As a result, I have dedicated myself to providing the highest quality care possible to our patients, to develop nursing leaders, and challenge our nurses to apply critical thinking and creative problem solving while demonstrating our values.

Healthcare in this country will continue to be ever changing and full of challenges. Nevertheless, we are prepared to face the challenges ahead. The next five years for Loma Linda University Health nursing will be an exciting time!

- Nurses will develop workflows for the new state-of-the-art hospital.
- We plan to be Magnet certified.
- We will remain on our path of professional growth and development.

As this chapter in my nursing career closes, I would like to leave you with a final thought.

I encourage each of you to enjoy exploring your professional nursing journey and take any and all



opportunities that come your way. Always support your peers and care for your patients as if they were your family. Never say "I'm just a nurse." Be proud of what you do for your patients, families and the community.



In my 51 year nursing career, it has been one of my greatest blessings to serve humanity. Florence Nightingale says it best: "If I could give you information of my life it would be to show how a woman of very ordinary ability has been led by God in strange and unaccustomed paths to do in His service what He has done in her. And if I could tell you all, you would see how God has done all, and I nothing. I have worked hard, very hard, that is all; and I have never refused God anything."

The last 47 years at Loma Linda University Health would not have been possible without the support of many people. I want to thank my mentors, the people I have worked with that have become my friends, the instructors that I have learned from and the patients that taught me valuable lessons about how it feels to be dependent on another person for care. I also want to thank the staff that supported my family through my son's illness, the administrators who gave me the opportunity to develop into a leader and the young nurses that I have had the privilege to mentor. I have learned more from you than you ever did from me. It has been an incredible journey and I can't wait to see what the future holds for nursing in this organization.

With warm regards,

Jan Kroetz, MSN, RN, NE-BC
Senior Vice President, Patient Care Services

Introducing Loma Linda University Medical Center's New Chief Nursing Officer

Joining our team is Denise Robinson, DNP, MPH, RN, WOCN. Denise is a nurse executive with the following degrees: graduate of the Doctor of Nursing Practice program at Case Western Reserve University; master's in Public Health from Columbia University Mailman School of Public Health; and a bachelor's, in Nursing from Skidmore College.

She comes to us with 20 years of high-level experience in nursing management, Press Ganey, Magnet re-designation, orthopedics, medical surgical specialties overseeing nursing quality and safety, wound ostomy and continence nursing in organizations with greater than 1,100 beds.

She has been a recipient of numerous awards for service and leadership, including Nursing Excellence from Good Samaritan Hospital and the Visiting Nurse Service of New York. In 2012, she was the recipient of three nursing awards. In March 2012, she accepted the Outstanding Achievement Award in the Advancement of Wound, Ostomy and Continence Nursing. In May 2012, she was awarded the New York Presbyterian Hospital Clinical Excellence Award in Nursing Leadership. In June 2012, she was selected as the Regional Finalist Award from Nursing Spectrum NY/NJ

Nurse.com in the Patient and Staff Management Category. In October 2012, she had the privilege of advancing to the nationals as a candidate in the same category as regional finalist.

She has been dedicated to expanding clinical nurses' professional development through activities such as, promotion of wound care educational programs, as a representative of the United States to speak with nurses in Japan on cancer research and the difference in the delivery of care in the United States and Canada. Continuing her global dissemination of knowledge, she was one of the educators with the Seventh-day Adventist Global Nurses Missionary ministry teaching Wound Ostomy and Continence and Leadership to the nurses at Andrews Memorial Hospital in Kingston, Jamaica.

In addition to these activities, she has numerous publications and podium presentations at national professional healthcare conferences all over the United States. These include engaging nurses and physicians at the cutting edge of providing quality, safety and optimal patient care outcomes.



Magnet Journey Update

Moving forward on the journey toward Magnet designation, the nursing staff within the adult services and Children's Hospital has become very engaged in moving toward a higher level of professionalism. With the expansion of professional governance councils, Loma Linda University Health has seen nursing staff gain confidence and autonomy. Working together, Jan Kroetz, Helen Staples-Evans, Holly Yelorda and the nursing leadership developed task forces for each of the magnet pillars. Supporting the plan is the Professional Practice Model based upon Joanne Duffy's Quality of Caring Model. This model emphasizes Loma Linda University Health's focus on patient-centered care and exceptional outcomes for its patients and families. This model incorporates the organization's mission and values, which are key to the caring relationships developed between providers and families, as well as between staff members. Focusing on high quality, safe care delivered by professional nursing staff who is engaged in ensuring that their practice is based on scientific evidence ensures that Loma Linda University Health is committed to providing the excellent care needed in today's complex healthcare environment. This model also supports the professional development of the nursing staff as well as the work that is done within the community and around the globe through Loma Linda University Health's international outreach efforts.

This model is supported by the Care Delivery Model which visually shows the interconnectedness of Loma Linda University Health's patients and families, clinical and leadership staff, and the organizational mission in the collaborative relationships which make everyone feel cared for.

Some of the activities that Loma Linda University Health has engaged in include using a collaborative approach for projects affecting patient care with support from other disciplines, including speech, physical and occupational therapies; pharmacy; respiratory therapy; medical imaging and services; environmental services; and dietary services.

Through the use of Magnet Monday newsletters, clinical staff developed videos of nurses that have attained a higher level of influence over their practice, challenging themselves to rise to the next level. Many have shown dedication to their specialty by becoming certified and enrolling in RN-BSN completion programs. Loma Linda University Health is excited to see the changes in organizational culture and looks forward to continuing on this journey.

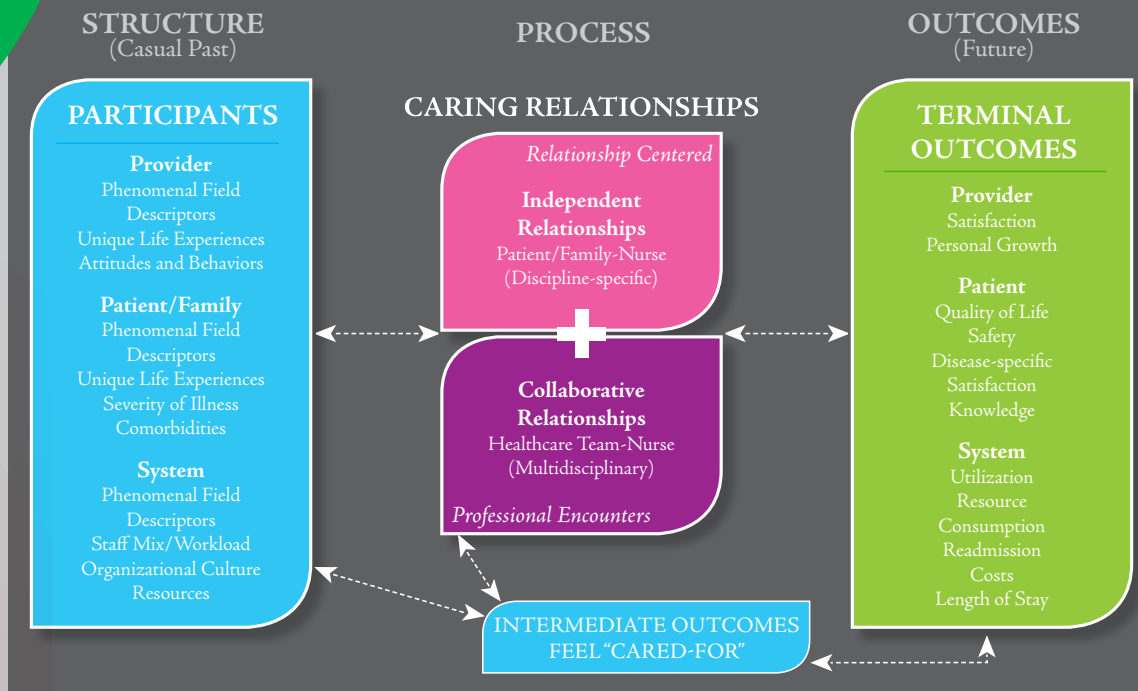


Loma Linda Nursing Professional Practice Model



Loma Linda Nursing Care Delivery Model

The Quality-Caring Model





International Community Outreach

Nurse Leadership Management Residents Assist Hospital in China with Healthcare Accreditation

Loma Linda University Health shares best practices in quality and patient safety with partner site Sir Run Run Shaw Hospital.

Two nurse leadership management residents saw firsthand how Loma Linda University Health has positively influenced the quality of patient care at partner site Sir Run Run Shaw Hospital (SRRSH) in Hangzhou, China.

In January of 2018, Crystal Robinson, RN, and Silvi Cuizon, RN, traveled to SRRSH to assist in lectures and patient safety evaluations. The trip fulfilled an elective international rotation requirement for the resident's Nurse Leadership Residency program.

Established in 2013, the Nurse Leadership Residency is a two-year program that equips bedside nurses with the knowledge and skills necessary to apply for careers in nurse leadership. Applicants must have a minimum of three years of acute care nursing experience, a current RN license, and be willing to enter into a graduate degree program. Benefits include a full-time salary, competitive health benefits and education assistance.

Robinson and Cuizon are two of eight residents in the program's third cohort. The pair was accompanied to China by Brenda Bruneau, RN, MBA, assistant vice president for quality and patient safety at Loma Linda University Health.

Bruneau, an exemplar in quality and patient safety, has worked at the Loma Linda University Medical Center since 1990. A Loma Linda University (LLU) nursing school graduate, Bruneau spent 23 years of her career in intensive care unit (ICU) education and operations. She served as chief of quality and patient safety from 2013-2017 and in 2017 was promoted to assistant vice president.

According to Bruneau, SRRSH became the first public hospital in China to receive Joint Commission International (JCI) accreditation in 2006.

JCI, the oldest and largest standards-setting and accrediting body in the United States and worldwide, is the recognized leader in international healthcare accreditation. It works with health organizations to achieve peak performance in patient care and provides institutions that receive their survey certification a global Seal of Approval.

In an effort to help SRRSH maintain "continual survey readiness," the Global Health Institute at Loma Linda University Health recruited Bruneau

as a quality assurance consultant — preparing the hospital for their fifth Joint Commission International accreditation.

Loma Linda University Health first became involved with the development of SRRSH more than 30 years ago after philanthropist and businessman Sir Run Run Shaw asked the Seventh-day Adventist Church to partner with him to build and run a modern, western-

"We are encouraged to practice Loma Linda University Health's model of compassionate care, unlike other hospitals in our country. We take time to connect with patients and their families and it makes a difference."

influenced hospital. The hospital serves approximately 2.6 million patients annually and has two campuses: Qingchun and Xiasha. The health system has a total of 2,400 patient beds, 32 clinical specialties, 77 nursing units and nine ancillary departments.

According to SRRSH vice president, Limin Liu, MD, Sir Run Run Shaw Hospital pioneered

the “Shaw hospital model,” a unique approach to healthcare that combines Chinese cultural influences with western healthcare management, education and training principles.

“Loma Linda University Health is like a seed that has been planted in Chinese soil,” Liu said. “Consultations with Loma Linda University Health are how we water our plant, and it continues to grow into a flourishing, fruit-bearing tree.”

While at SRRSH, Bruneau and the nurse leadership resident duo performed a series of mock “tracers,” which is the key survey assessment method used by Joint Commission International surveyors. Its purpose is to assess a healthcare organization’s compliance with certification standards.

The Loma Linda University Health volunteers identified key areas of practice improvement, as well as several areas of exemplary practice and gave recommendations on improvement and maintenance of those key areas.

In addition, the residents reported that they saw a low nurse turnover rate at SRRSH. During one of their evaluation discussions, they had an opportunity to ask nurse leadership at the hospital as to why that might be.



Cuizon quoted a nurse manager as saying, “We are encouraged to practice Loma Linda University Health’s model of compassionate care, unlike other hospitals in our country. We take time to connect with patients and their families and it makes a difference.”

“Patients are happier, and so are our nurses.”

Nursing Anesthesia Students and Ear, Nose and Throat Residents Perform Life Changing Procedures in Honduras

A nurse anesthetist and professor from Loma Linda University School of Nursing led a team of certified registered nurse anesthetist (CRNA) students and ear, nose and throat (ENT) residents to assist at a Honduras mission hospital last May. For the past five years, Eric Molina, DCRNA, director of admissions and clinical education, has organized and accompanied groups of volunteer graduate students, residents and surgeons to Hospital Adventista de Valle de Angeles (HAVA) in Tegucigalpa, Honduras. HAVA, a Loma Linda University Health partner site supported by Adventist Health International, is located 30 minutes outside the capital city. This rural hospital has 24 patient beds and houses 14 clinical specialties.

During the mission trip, Loma Linda University Health volunteers treated clinic patients, performed ENT surgeries and provided specialty care assessments. Typical cases included: deviated nasal septum, enlarged tonsils, neck tumor masses and ear and breathing issues. "Our relationship with HAVA has richly blessed our CRNA students and ENT residents," Molina said. "The opportunity to care for people using less than the modern conveniences encourages them to learn to adapt, be creative and be resourceful." Molina was first invited to HAVA in 2013, by Loma Linda University Health otolaryngologists Christopher Church, MD, and Steve Lee, MD, who needed anesthesia services for their ENT surgery patients in Honduras. He reports that in their first year, the team of Loma

Linda University Health volunteers performed 25 surgeries out of one operating room. In 2018, they were provided with four operating rooms and surgeries performed increased by 350 percent. Molina says he has been greatly impacted by not only the ability to witness the skill development of his students, but to see the long-term progress of his patients.

He recalls a particularly rewarding case involving a three-year-old boy named Luis. In 2013, Luis had to be intubated for weeks after suffering injuries from a terrible motor vehicle accident. As a result of long-term ventilatory support, the boy developed subglottic stenosis — a narrowing of the airway due to the development of scar tissue below the vocal chords — making it difficult for him to get air in and through his mouth and nose. "Luis could only talk or breathe for about 30 seconds before showing signs of distress," said Molina. "We could see his life would be hopeless without trachea surgery." After an initial assessment in 2014, Church planned to return to HAVA the following year to prepare Luis for a tracheostomy, with the help of Molina and his team, along with medical supplies and equipment provided by Loma Linda University Health's Global Health Institute.

In 2015, Church performed an anterior cricoid split procedure on Luis to repair his trachea. The operation was deemed a success and in 2016, Luis' trach was permanently removed. Post decannulation, Molina noted how Luis hadn't grown since the accident. "Instead of being the



size of a six-year-old, Luis had remained the size of a three-year old," Molina said. He attributed Luis's lack of size due to the fact that the young boy wasn't getting sufficient oxygen to support a normal growth rate.

A year later, upon his return to Honduras in 2017, Molina had a surprise reunion with Luis. Luis's mother brought her son to HAVA to re-unite him with his healers after hearing on a local radio station that the Loma Linda University Health team would be seeing patients in the coming spring. "He was a growing, thriving little boy — able to run and play — the joy on his face is something I will never forget. Patients like him are why I look forward to returning Honduras to serve year after year."



Awards and Recognition

Loma Linda University Health Recognizing Excellence

Recognizing nurses is an important part of ensuring that nurses know how valuable and appreciated they are, especially when working towards the strategic initiatives of the institution. Loma Linda University Health's goal is to recognize groups of nurses through various categories of achievement. During nurses week in May 2018 four awards were presented: Visionary

Leadership award, Nursing Quality award, Innovating New Knowledge and Research, and the Evidence-based Practice Team Award. The recipients were chosen by nursing leadership and were given a recognition award and monetary prize.

Award Winners:

- The Transformational Leadership award: Given to Penny Amornvut, Director of LLU Medical Center Cardiac Services, for her "can do" attitude and ability to lead with confidence with high employee engagement. She instills in her team the confidence that each and every one of them can make a difference by being involved in change processes. She respects and supports her team. She takes pride in those she leads. Penny believes in her team, and that makes all the difference.



- Nursing Quality Award: Given to Kelly Wolff, a charge nurse on the medical surgical units of LLU Medical Center, for her work in successfully reducing CAUTI in the second half of 2017 and 2018. She partnered with the infection and prevention team to work on the unit to successfully educate and engage staff in those efforts.



- The Evidence-based Practice (EBP) Team Award: Given to the EBP team of Surgical Hospital for identifying interventions and opportunities for improvement in the assessment of patients who are at high risk for post-operative nausea and vomiting (PONV). The EBP Team developed and implemented a standardized prophylactic and rescue PONV therapy, the use of non-pharmacological therapy modalities and consistency in PONV documentation through changes in the electronic health record. These best practices were incorporated into a reduction in the incidence of postoperative nausea by 22 percent, and the length of stay decreased from 2.3 to 1.7 days.



- Innovating New Knowledge and Research: Given to Jennifer Newcombe, a Doctorate of Nurse Practice (DNP) in Loma Linda University Children's Hospital cardiac intensive care unit. She was awarded this achievement for her two recent research studies. As the principal investigator she authored publications in the Journal of Pediatric Nursing, the Annals of Thoracic Surgery and the World Journal for Pediatric and Congenital Heart Surgery. Additionally, she has presented in both poster and podium presentations at the Society of Thoracic Surgery Annual Meeting, the 23rd Pediatric Critical Care Colloquium and the World Congress of Pediatric Cardiology and Cardiac Surgery.



Evidence-Based Care Making Waves in the Nursing Community

The units 9200 and 9300 evidence-based practice team members include Charis McCoy, MSN, FNP-BC, APRN; Monica Paredes, BSN, RN, OCN®; Sara Allen, BSN, RN; Jennifer Blackey, BSN, RN, OCN®; Carol Nielsen, BSN, PhD, RN, OCN®; Amy Paluzzi, BSN, RN; Brittney Jonas, BSN, RN; and Patti Radovich, PhD, CNS, FCCM. The team met and learned there was an issue on the surgical and medical oncology units with catheter associated urinary tract infections (CAUTIs). Together they decided to work on a project to decrease the number of CAUTIs in their immunosuppressed oncology patient population. The team's goal was to compare existing prevention practices to current evidence and develop a standardized protocol for CAUTI prevention.

It was discovered that a multidisciplinary team was also working on a urinary catheter guideline. Therefore, after completing a comprehensive literature review, the unit 9200 and 9300 evidence-based practice team joined the multidisciplinary team in an effort to create a standard urinary catheter assessment/care guideline which could be utilized house-wide. The guideline included a nurse-driven protocol for care and criteria for removal of urinary catheters. Since the implementation of the protocol, CAUTIs have dramatically decreased at the organization, and the quality of care provided to patients with urinary catheters has considerably improved. As a result, unit 9200 has gone over nine consecutive months and unit 9300 has gone more than 13 consecutive months without a patient developing a CAUTI.

An organization-wide culture change to implement a nurse-driven CAUTI prevention protocol requires creativity and persistence. Examples of barriers were changing current practices, educating all providers and empowering nurses to remove urinary catheters according to the standardized criteria. The protocol was evaluated and revised



In April 2018, the team was awarded the 2018 Oncology Nursing Society Marcia C. Liebman New Writer Excellence Award.

- Connects to scientific and theoretical literature related to oncology nursing practice.

multiple times prior to seeing a decrease to the overall number of CAUTIs.

The unit 9200 and 9300 evidence-based practice team presented an abstract and poster at the 2017 Oncology Nursing Society's (ONS) Annual Congress, and wrote an article that was published in the Clinical Journal of Oncology Nursing in August 2017. In April 2018, the team was awarded the 2018 Oncology Nursing Society Marcia C. Liebman New Writer Excellence Award. Criteria listed by ONS for the award were:

- The subject is original, clearly written and timely.

- Includes tables, figures, illustrations and photographs appropriately.
- Provides comprehensive information of the subject in a readable format.
- Appreciated by a wide range of oncology readers.
- The authors have articulated the significance of the issue to oncology nursing practice.

The ability to impact care through research and innovation has caused a ripple effect that Loma Linda University Health hopes to continue for years to come.

Loma Linda University Surgical Hospital Best Place to Work

Loma Linda University Surgical Hospital is incredibly honored to receive the award for best place to work from Modern Healthcare. One of the cornerstones within the nursing environment that contributes to the camaraderie is that staff relate to each other as family. Surgical Hospital is not a place where staff come and merely clock in and out, rather one where they nurture and care for each other. If it's someone's birthday and a party is being given, staff that have the day off will come in to help celebrate. If a nurse is feeling overwhelmed or has a heavy load, the other nurses offer assistance and will pass medication or complete an assessment – anything to help that nurse out, because they believe that every patient on the unit belongs to them. When speaking to the staff, the constant theme that is heard from all of them is that they have never worked in an environment where everyone is so friendly and helpful. There is nothing more important than being validated, and the staff here has a sense of value, knowing that regardless of the mood they are in or what is happening around them,



they will be supported and held up by those around them.

Another key element to success is the bedside nurse's ability to collaborate with the patient, family and surgeon. They want to ensure that everyone understands what is going to take place while they are admitted. The nurses engage the patient from the beginning, which

starts with discharge teaching after the admitting assessment is done. Throughout the journey as a patient, the staff continues the dialogue to ensure that nothing comes as a surprise to the patient. When the patient is at the center of care, it creates a positive environment which allows the staff to feel fulfilled and content.



Exploring Nursing Empowerment

Bettering Patient Outcomes Through Nursing Driven Feeding Protocol

After attending the evidence-based practice research training hosted by Dr. Sheila Haas and Dr. Patti Radovich in 2014, Allison Bell and Matthew Medina, who are staff nurses, on unit 4700, medical ICU wanted to create a nurse driven feeding tube insertion and tub feeding initiative project. They were concerned when they saw a patient undergo significant delays in initiation of nutrition and were inspired and invigorated to make a difference. Research has shown that poor nutrition can result in increased complications and can affect mortality in critically ill patients. The project took several years to see fruition, as the team was reduced to only two members. However, the team believes it was well worth the efforts and passion to push for the best patient outcomes.

They leaned upon Dr. Radovich, the nursing research director at Loma Linda University Health, to guide them through the process and help advocate for change. In collaboration with the nutritional service team and Khongmany Wells, manager of TPN/VAD of Nutritional Services, the largest change that occurred because of this project was a change in the standard order set for tube

feeding hospital-wide. This new order set matches up with the current American Society for Parenteral and Enteral Nutrition (ASPEN) guideline. The project also provided nurse empowerment and autonomy within the unit. Staff nurses still require encouragement to initiate tube feedings on patients, but frequently use the feeding tube insertion portion of the protocol. Allowing front line staff to place feeding tubes and initiate feeds has given early access to nutrition and led to reaching caloric goals more quickly. The team is now working to get the protocol accepted system-wide. The nutrition protocol, in conjunction with other skin protection initiatives, showed a reduction in pressure injuries below benchmark for five quarters in 2017-2018.

Many challenges arose while implementing the project. It required multidisciplinary input, approvals from various committees and changes to the electronic medical record, as well as hospital policy. The main challenge was trying to stay motivated on a project that took longer than expected. Nevertheless, the outcome was worth the effort. Not only was the team able to help change patient outcomes, but they were able to complete a poster presentation that was accepted at The American Association of

Critical Care Nurses National Teaching Institute (NTI) and the 2018 Magnet Conference. Allison said of the project, "Through this project I hope other nurse driven protocols will come along and help nurses feel empowered to make these changes for our patients."





A Nurse-Driven Protocol Improving Door to Computerized Tomography Scan (CT) Time in Stroke Activations

As a comprehensive stroke center, Loma Linda University Health strives to not only meet, but also improve on its performance. The American Stroke Association recommends that patients suffering from an ischemic stroke receive a head CT scan within 25 minutes of arrival to the emergency department. Initial analysis of the December 2016 data of suspected stroke patients arriving by car revealed 12 patients who were stroke activations. The door-to-activation time was 30.91 minutes on average and door-to-CT scan time was 42.75 minutes.

In order to improve door-to-CT scan times, a protocol for nurse-initiated stroke activations was implemented in the emergency department. Rather than simply 'alerting' physicians to a stroke, the nurses were educated and empowered to activate stroke protocols themselves. The education of the nursing staff included: the BFASTG tool and how to routinely perform a consistent neurological assessment. Nurses were then instructed to activate stroke protocol and pages prior to the physician assessment. Once identified, patients are taken directly to obtain a CT scan.

After these interventions were initiated, the data from 18 stroke activations of patients arriving by car found that eight were nurse activations. In these eight activations, the door-to-activation time was 6.38 minutes and door-to-CT scan was 27.37 minutes. The nurse-driven protocol, use of the BFASTG and consistent neurological assessment resulted in a reduction in activation time by 24 minutes and a reduction in the time to CT scan of 15 minutes.

Over 500 Run Loma Linda University Behavioral Medicine Center 5K to Support Mental Health Awareness

“Stand Up to Stigma,” a 5K run/walk sponsored by the Loma Linda University Health Behavioral Medicine Center in Redlands, drew more than 500 runners and walkers of all ages on Sunday, May 20. By participating in this second annual event, runners demonstrated their support for mental health services.

The event featured honorary attendees:

Stephen Silva, a past Loma Linda University Health – Murrieta patient who successfully completed the outpatient program.

Stacy Schoberth, a past patient who successfully completed the Behavioral Medicine Center’s Substance Use Recovery and Wellness Program.

Troy Mondragon, a Behavioral Medicine Center alumnus and previous speaker for Seeds of Hope, the Loma Linda University Behavioral Medicine Center’s annual fundraising dinner.

Carlos Meras, on behalf of himself and his wife Teresa, who were both patients at Loma Linda University Health – Murrieta after the horrific Las Vegas shootings in October 2017.

In addition to the featured honorary attendees, hundreds of community members, nurses, social workers, therapists, students and mental health supporters lined up at the starting line to do their part in standing up to the mental health stigma. It was a team effort. Some were educating the public, some were running the race and others



were helping ensure the event was a success. The proceeds of the event support the future construction of playground facilities for the Behavioral Medicine Center’s youth patients.

“The walk is great because it opens us up to the community and it helps break that stigma. When the community sees that we as a health system recognize and support mental health, it helps break down the barriers that hinder them from seeking care,” said Deviyanti Mangunsong, Executive Director of Patient Care and Jeevaka Weerasinghe, Executive Director of Adult Services. “We should replace our fears of mental health with skills of listening; many times

that’s what patients with mental health issues need: someone who will listen without judging. Our community is full of cultural beliefs. Some hold strong stigmas towards mental health and the walk helps break down those negative views on mental illness.”

Loma Linda University Health’s Behavioral Medicine Center has provided a full spectrum of mental health services for more than 25 years. The center’s services and programs cover issues such as addictions, anxiety or depression, for all ages, ranging from children to senior adults. It offers free assessments to anyone who needs help.

The nurses and the team at Loma Linda University Behavioral Medicine Center have contributed to helping disseminate community awareness and dispelling stigmas associated with mental health through activities such as:

- Suicide awareness workshop advertised to the community.
- Workshops on community health mental awareness in Drayson Center.
- Loma Linda University Behavioral Medicine Center collaboration with local Seventh-day Adventist churches to have mental health booths at community health fairs.
- Daily Alcoholic Anonymous (AA) and Narcotic Anonymous (NA) meetings.
- Chemical Dependency program that has nurses reach out to the family and provide free education on dealing with patients who have this diagnosis.

May is National Mental Health Month, a time when events like the 5K help spread the word that mental health is something everyone should care about. According to statistics from the National Institute of Mental Health, one in five adults experience a mental illness at some point in their lifetime and more than 16 million American adults live with major depression.

Mental health is not a physical illness that is seen, but it can be just as debilitating because it handicaps the mind and ultimately what's in the mind becomes reality.

Nursing continues in the efforts to break the stigma by helping patients understand their illnesses, medication and regimens, daily coping

skills and functional and successful living upon discharge from the Loma Linda University Behavioral Medicine Center. Nurses ultimately help patients understand that mental illness doesn't make them any less of a person.





Palliative Care Team's Sacred Work

Palliative care is a clinical specialty that addresses the physical, psychosocial and spiritual needs of seriously ill individuals and families. The goal of palliative care is to improve quality of life for both the patient and the family through inter-professional collaboration and by adding an additional layer of support to that which is provided by the primary service. Palliative care has often been used synonymously with hospice care, however palliative care has a much broader scope of practice and can be implemented while the individual continues to receive any, and all, life-prolonging therapies. Healthcare providers may better understand palliative care when reminded that all hospice patients are palliative care patients, but not all palliative care patients are hospice patients.

Because there is a shortage of physician palliative care specialists, nurse practitioners help to fill in the gaps and provide care to patients who would otherwise not be able to receive this valuable service. Loma Linda University Health's Palliative Care program was created by a nurse practitioner-physician team and continues to this day.

There is a need for clinicians from all disciplines and specialties to be knowledgeable in palliative care, the need for which is increasing as populations mature. The 72.5 million individuals born between the years 1946-1964 are known as the "baby boomers" and represent the largest cohort born in the 20th century. According to the U.S. Census Bureau (2015) one of every five persons will be over 65 years of age by 2030. With age comes chronic illness

and the need for good symptom management. The skill set of the palliative care clinician is directed at assisting patients and families in making the best decisions for themselves or their loved ones and in managing conflict that often arises in difficult situations.

But while palliative care makes obvious sense in the geriatric population, it is not limited to this age group. In fact, Loma Linda University Health has a Perinatal Palliative Care program that helps to prepare a plan for the unborn baby who has serious congenital, often life-threatening, issues. Palliative care works closely with the staff in both the Adult and Children's hospitals, seeing patients of all ages and in various stages of illness. Loma Linda University Health's Palliative Care team's job is to manage symptoms and to provide the information and support necessary for families to make very difficult decisions regarding their loved one's care. Sometimes however, the support provided is to colleagues who work tirelessly with these very sick individuals. Often communicating bad news through a family conference is challenging and providers learn valuable information regarding pain and symptom management through the modeling of the palliative care team in family conferences.

Providing end of life care is an important role of palliative care, and although

palliative care is not limited to this service, it is considered sacred work to manage the symptoms of a dying person and provide support to the family. Palliative care helped to develop Comfort Care Suites and accompanying order sets for NICU, adults and the intensive care settings for withdrawal of life support, in cooperation with the staff on these units. If one were to sum up the goal of palliative care, he or she could say that palliative care helps a person live as well as possible for as long as possible.



Providing end of life care is an important role of palliative care, and although palliative care is not limited to this service, it is considered sacred work to manage the symptoms of a dying person and provide support to the family.

Loma Linda University Medical Center – Murrieta Implementing New Innovation for Their Sepsis Patients

At Loma Linda University Medical Center – Murrieta, sepsis compliance numbers last year were very low: five percent in August 2017. There was no specific plan in place regarding the care of sepsis patients and there was a general lack of knowledge among the staff, including providers, on early recognition and timely treatment. Nikki Strathearn, RN, MSN, CEN, was nominated by the nursing leadership committee to be the sepsis champion in Fall 2017. Monthly meetings were set-up with the team, which included the Loma Linda University Health Systems quality department. Goals and strategic plans were created. Nikki states: “In the meantime, I was doing my own research on the current sepsis guidelines and engaged my sepsis team of emergency department nurses.”

Via a couple of nursing meetings with clinical nurses and the Chief Nursing Officer, Linda Soubirous, the idea of a guideline to start calling “code sepsis” came to life. This included a code sepsis order set: an auto generated order to repeat all lactate levels greater than 2.0 and a clear process to follow in the guideline.

Several emergency department (ED) nurses from the sepsis team gave many ideas. Most of them had worked in other hospitals that called “code sepsis” overhead and had a process for screening inpatients as well. Their wealth of experience brought on many great ideas. These clinical nurses came up with the idea of the sepsis cart. It made sense to have all of

the supplies needed to start an IV, obtain the labs and start IV fluids, insert a temp sensing indwelling catheter and place the patient on the non-invasive hemodynamic monitor when needed at the bedside. Executive Director Rene Tovar had the idea of placing a big clock timer on the cart, making a statement and involving the patient and family to stay attentive. The first hour in the room goes by so quickly and the cart has the sepsis checklist and guide on how to use the non-invasive hemodynamic monitor. The drawers are labeled so after each patient it can be cleaned and restocked.

While the sepsis guideline went to the necessary committees for approval, Nikki went around to each nurse, ED tech and provider with a one-page training aid to raise awareness of the definition of sepsis, the treatments and timeframes, the cart itself and the process of calling “code sepsis” overhead. The training aids were laminated and put on all the workstations on wheels (WOWs) and in the provider areas. The go live date was April 12th. That day, a patient came via ambulance through the ED and Nikki stood in the room and watched the team treat their first septic patient. Within 10 minutes they had two IV lines started with IV fluids and antibiotics delivered and infusing. “It was amazing, I was so proud of the team,” said Nikki of the ED clinicians.

When the “sepsis-code” announcement is heard on the overhead, Nikki smiles and thinks to herself, “our patient is getting the prompt life-saving care they need at this very moment.” Nurses are recognizing sepsis sooner and alerting the provider sooner. The lab, pharmacy and house resource team are always right there to assist us, it is a team effort. The sepsis



compliance goal as an organization was set at 40 percent and LLU Medical Center – Murrieta has made that goal for several months now. The data for May 2018 is 52 percent compliance. Due to the team’s remarkable success, they are focusing their efforts on sustainability and advancing this project into the inpatient areas with an inpatient screening process using the same team approach.

Unique Approach to Exemplary Practice

The seventh floor units have used a unique approach for implementing exemplary professional practice. They developed six different teams focused on the needs of the patient and organization.

Quality Improvement Team – “How do we prevent blood stream infections?,” Katherine Mach, a unit 7300 floor nurse thought. The quality improvement team, along with leadership support, used process improvement (PI) to develop a plan to reduce, maintain and prevent bloodstream infections. Their method: to pilot a back-to-basics approach to bundled peripheral IV care. This team took the initiative of identifying best techniques, implementing a new IV start kit and developing a buddy system that empowered the team and reinforced quality care. Quality metrics echoed the importance of this project, with a significant drop in blood stream infections (BSIs) on all three units of the seventh floor since mid-2017.

Core Measures Team – a hand washing campaign was kicked off by this creative team who acted and produced a movie and a Hand-Hygiene Recognition project. This staff-led effort involved “education through innovative technology” – writing a script, recruiting volunteer actors and movie production team, all culled from the multi-talented seventh floor team. Its purpose was to highlight the importance of hand-washing to prevent the spread of infection and focusing on the message that *everyone* is accountable. The project may have been cost effective (i.e. low

budget production), yet it provided a powerful message that continues to be talked about.

Skin Champion Program Team – The Skin Champion team’s recruitment process consisted of finding passionate and excited individuals eager to learn and pass on new skills. Their goal was to reduce hospital acquired pressure injuries, maintain onsite availability, provide skilled resources and education and improve individual nursing skills. This is a dedicated team that is truly patient-centered.

Patient Satisfaction Team – The Patient Satisfaction team focused on a call back trial based on evidence-based practice to follow up on the cardiac unit’s high-risk patient population. The team took the initiative to pilot the patient call back program because they cared enough to ensure that once home, patients’ questions regarding their care would be answered appropriately, and continuity of care would be there. The team also focused on actively engaging the family in the care of the patient from the very beginning by offering preop tours and education where clear expectations were set. This team spearheaded the patient binder for Loma Linda University Health’s cardiac patient population to ensure patients continue to be informed and active in their care. Their newest project: a focused effort on enhancing the patient experience by fully using the patient white boards and finding ways to achieve quietness at night for better sleep quality.

Environmental and Equipment Team – This team took the initiative to ensure a safe environment for all on the seventh floor. Their

passion consisted of taking ownership of any equipment used and kept on the unit so that the team could provide safe patient care. This team took the plunge into evidence-based practice research with the support of leadership and a strong helping hand from Dr. Patti Radovich, director of Nursing Research. With time and dedication through reading countless articles, investigation and data collection, this team set into motion a fall risk assessment tool that will work best with the inpatient population.

Employee Satisfaction Team – This team had the toughest job: satisfying the nursing stakeholders while still having an impact on the community. They came up with ideas that helped share joy and recognition for exemplary work. Each month, staff members are nominated by their unit teams as Employee of the Month. This public recognition, complete with snapshots of the featured employees, hangs proudly in the seventh floor hallway. They spearheaded a Christmas campaign for The Clearwater Residential Group, a group that provides homeless, low-income seniors and veterans with room and board services. Through donations of cash and dry goods, they helped raise almost \$3,000. This group wholeheartedly volunteered and took the time to sew and make heart pillows for cardiac surgery patients in support of the Mended Heart program.

With leadership by their side, the seventh floor team shows that their individual strengths combined with a team approach really do make for every day excellence.



Members of CCST professional governance:

Angelika Ashburn, Jennifer Brumett, Phil Caballero,
Leasa Dering, Aronwry Fallon, Charlie Grino,
Ryan Horner, Brandi Percival-Chester, Mary Scott



**Exploring New Knowledge
and Innovation**

Critical Care Specialty Team: Impacting Patient Care Through Professional Governance

The Critical Care Specialty team (CCST) is a unique group of nurses, paramedics and emergency medical technicians working under the collaborative leadership of medical director, Dr. John Lenart, and patient care director, Sarah Capalla. CCST is a challenging area of nursing due to the diversity of care and the population which it serves. Its members provide the highest level of care throughout the Medical Center, Children's Hospital, Surgical Hospital and East Campus Hospital. There are two primary overarching goals that govern all of its activities: "To provide excellent nursing care to patients who require our services and to improve and facilitate the movements of patients throughout a variety of departments within the medical center and thereby increase flow."

Prior to introducing the Magnet journey, the organization initiated professional governance councils. The CCST professional governance group began in April 2016. With the mission in mind, which is providing superior care to all patients and improving hospital flow, it began

to discuss ways in which the team could positively affect change. CCST responds to the following: code blue, code white, rapid responses, as well as stroke, STEMI and trauma activations. In addition, CCST provides procedural sedation for inpatients and outpatients for diagnostic studies and procedures. CCST nurses are certified in BLS, ACLS, PALS, TNCC, ENPC, NIHSS and moderate sedation. The sedation practice is governed by the Department of

Anesthesia, Sedation Committee and hospital policy. Moderate sedation requires a detailed assessment and there are patient populations in which moderate sedation is not appropriate. The team, though widely experienced and trusted throughout the hospital, often encountered difficulties when unable to sedate a patient due to physical assessment or conditions that may render it unsafe for the patient. The professional governance team felt that if there were guidelines in place detailing specific criteria, it may reduce the difficulty and improve the overall flow and safety of patient care.

CCST is a "team" in every sense of the word.

CCST is a "team" in every sense of the word. The professional governance group collaborated to empower and support not only their own team, but the hospital at large, with the goal of providing access to standardized guidelines for any nurse or physician to assess the candidacy of a patient for moderate sedation. Starting in June of 2016, meetings and lengthy discussions surrounded this topic. After several months, criteria for conditions that will not have moderate sedation provided by a registered nurse and those that may not be appropriate for moderate sedation by an RN (thus requiring further work up by CCST or anesthesia) were developed. The invested time and efforts led

to a smooth transition process. The criteria was presented to and approved by director Sarah Capalla, who presented it for approval to medical director Dr. Lenart and then finally for approval by the Medical Center sedation committee. On January 1, 2017, the guidelines known as requirements when sedation is administered by an RN and hospital policy became effective and available on the hospital VIP page: One Portal.

CCST Professional Governance simultaneously worked on a web page for One Portal that would act as a resource for CCST nurses and hospital staff. The following information can be found about the team: how CCST may be of assistance, resources for procedures, medication and sedation guidelines, sample order sets for sedation, as well as hospital policy. This has been a valuable resource to the team and a direct means for nurses and physicians to see what is required, as well as the ability to weigh the risks and benefits of moderate sedation. The site has been a fantastic way to educate and empower the bedside nurse to be familiar with the criteria whereby a nurse can administer sedation. This has been a time-saving resource that has positively impacted the flow of patient care by providing practitioners the ability to evaluate the appropriateness of moderate sedation for their patient.

Helping Patients Sleep in the ICU

Patients treated in intensive care units who are heavily sedated and on ventilators are particularly likely to become delirious. Some studies place the rate as high as 85 percent and this can persist for months after discharge. As a result, it is not surprising that sleep disturbances and fatigue are among the most common symptoms in a critically ill adult. The consequences of sleep disturbances and fatigue include diminished physical and cognitive functioning, mood instability, emotional distress and amplification of concurrent symptoms. Several research studies and institutions, such as the Society of Critical Care Medicine, American Society of Critical Care Nurses and organizations such as Vanderbilt University Medical Center have identified sleep disruption as a significant stressor in the ICU that can negatively affect recovery and even survival.

As part of the implementation of the ABCDEF critical care bundle, nurses from units 1400 on the Loma Linda University Medical Center East Campus and unit 9100 in the Medical Center came together to assist with a research study evaluating the sleep of their patients and the perceptions of the healthcare team regarding ICU patient's sleep. Using an anonymous online survey, the SLEEPii survey developed by a researcher at Los Angeles Veterans Affairs Hospital (LA-VA), the perceptions of the healthcare team



were collected prior to the implementation of a sleep hygiene protocol. The protocol includes adjusting room

lighting at different times of the day, providing easy access for patients to assistive devices such as glasses and hearing aids, keeping patients busy during the day so that they are more likely to sleep at night, clustering

nursing cares and minimizing unnecessary interruptions. When they are able to, patients are participating by providing information on how they slept using Richard Campbell Sleep Assessment Questions. Loma Linda University Health hopes to have completed this pilot study by the end of the fourth quarter and has modified its electronic health record so that these interventions are more easily available to the staff.

Managing Massive Transfusions

In late 2017 a group of ICU nurses from the surgical trauma ICU identified a problem when administering large amounts of blood (massive transfusions) to critically ill patients who are transitioning across the organization from the ED to operating room (OR) to ICU, as well as transitioning between shifts once in the ICU. In massive transfusion situations, currently there is lack of standardization in the administration of blood products. This variability in practice can lead to complications later in hospitalization, as well as inefficient resource utilization of blood products. As a teaching institution with clinical staff who have varying levels of experience, there was some deficit in the knowledge of criteria for and the definition of massive transfusion among the healthcare team. It was also noted that there were inefficiencies in the coordination of unit team in administration and tracking of blood products and interventions. These areas, coupled with the lack of consistent handoffs from other departments (e.g. OR and ED) regarding where the patient was in the algorithm of administration of blood products, was leading to confusion and potential complications.

After reviewing the literature, discussing this with the Blood Bank, trauma quality

improvement (QI) team, unit leadership and staff, the team developed a massive transfusion calculator using an excel spreadsheet. This tool is being piloted on unit 8100 to see if it assists with the ability to track the order and anticipate the next blood products and labs that

may be required as the massive transfusion progresses. Additionally, the team is working with Ken Wenzell, RN, the director of clinical informatics, to incorporate these elements into the electronic health record.



Strategizing a New ED to Unit Hand-off Process

The ED and acute care units were finding the process of nurse-to-nurse handoff before patient transfer to be ineffective and at times quite frustrating, because the nurses were playing phone tag and having a hard time reaching each other.

In staff meetings, leadership was able to identify this as a safety problem and a major factor of dissatisfaction for the staff. The leadership for the two different areas met together to discuss the problem. They decided to go back to the staff and get to the root of the problem. A survey found that 88 percent of the nurses felt that there were barriers to completing the nurse-to-nurse handoff ranking from:

1. Inconsistent or inadequate information tie with availability of RN.
2. Time constraint.
3. Unstructured report form.
4. Unable to give handoff on the phone or fax.

The survey also found that the acute care units and ED ranked important information in almost the same order:

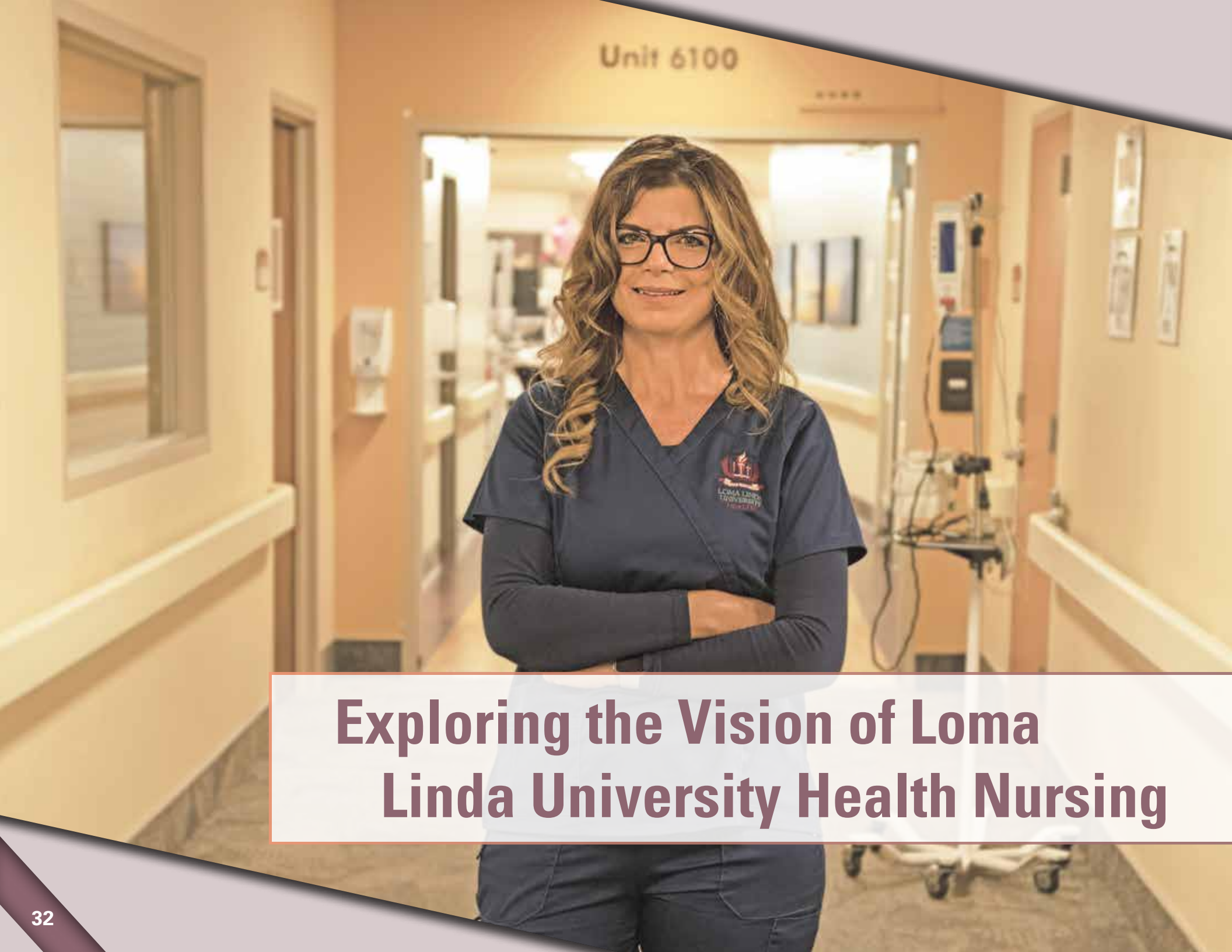
Information Needed	Acute Care Ranking of Importance to Receive	ED Ranking of Importance to Share
Reason for admission	1	1
Medical/Surgical history	7	6/7 (tie)
Vital signs trend	4/5 (tie)	3
Medication administered	6	4
Line device activity (LDA)	3	6/7 (tie)
Diagnostic tests completed	4/5 (tie)	5
Diagnostic tests - pending	2	2





Leadership, the nursing staff and a nurse informaticist put their brains together to devise solutions. They found that Loma Linda Electronic Access Portal (LLEAP) had a wonderful handoff tool that was not being used that could aid in the delivery of important information in a timely fashion. The group was able to come up with an algorithm that both camps could agree with.

Leadership took the proposal to the staff meetings and asked them if 10 minutes was a realistic time frame. The staff decided that 10 minutes was not reasonable, but they could review the LLEAP information and call the ED in 15 minutes. The process improvement change has proven to be of great benefit to patient throughput and satisfaction to the staff. This process is more efficient because the information on the LLEAP tool is not being repeated, there is consistency in the information delivered and more timely transfers of patients getting out of the ED and into the acute care units. The ED boarder times have shown slight reduction and nursing communication has improved with better collaboration. Nurses have expressed enthusiasm with their ability to see information about their new patient and have advanced notice before even speaking to another nurse to organize thoughts and potential other questions they may have. The process improvement change did not replace a nurse to nurse phone call, but allowed for nurses to be able to speak with another nurse to obtain information not found on the LLEAP report. As with all changes, the team had to work to change old habits. There are nurse champions that the staff could rely on to help them with finding the tools in LLEAP. Projects like this and many others continue to capture the continuous desire for excellence and strong teamwork found at Loma Linda University Health.



Exploring the Vision of Loma Linda University Health Nursing

Leading from the Bedside

Many think that in order to be a transformational leader, one has to hold a lofty title or be in a position of power to make a difference. That has not been the case with Andrea Whitchurch. Andrea started with Loma Linda University Medical Center in May of 2014 on unit 6100. What makes Andrea a visionary is her ability to look beyond her patients and her workload to see the bigger picture of how what she does affects more than just her patients. She has strong mentorship qualities that are exhibited through her influence on the unit, as a team leader on 6100, 6200, 6300, as a professional governance chair and also as a member of the center line-associated bloodstream infection (CLABSI) taskforce, the peripheral IV (PIV) workgroup and clinical practice counsel. Andrea is outgoing, enjoys seeing people grow and has the added element of holding her peers accountable.

Under her leadership, the Adult Acute Care Professional Governance Council accomplished a key project: the creation of a tool to be used by two RNs (buddy system) to ensure crucial documentation is completed during each shift. This was to prevent fall-outs and to decrease the time charge nurses spend on audits and continual

reminders. The following items were the tools the council had the nurses perform a buddy check on:

- HOUDINI (peri care, reason, education and care plan).
- Daily weight.
- Skin (photos, education and care plan for patients with a Braden <18).
- Vaccines (assessment, order).
- Restraints (order, initial documentation, education and care plan).

This project demonstrates Andrea's attention to detail, her continuous effort to advocate for her patients, high-quality outcomes and her commitment to encourage her peers to hold themselves and each other accountable.

As part of her continual commitment to excellence and new knowledge, Andrea has obtained the Progressive Care Certification for Nurses

(PCCN) and the Certified Medical Surgical Register Nurse (CMSRN). She has inspired unit 6100 and many others by promoting and helping with the process of applying for the certification, study tips and additional information on the certification review courses. In her professional governance council, she has led efforts in creating education and awareness that medical surgical nursing is a specialty, which has lent itself to inspire nurses to also obtain a certification.

Andrea's joy for what she does, her influential personality, her passion to care for the sick,

Andrea's joy for what she does, her influential personality, her passion to care for the sick, and her engagement as a team player make her a notable transformational leader at Loma Linda University Health.

and her engagement as a team player make her a notable transformational leader at Loma Linda University Health.



**Exploring Improvements
in Practice**

Transforming Hospital Discharger

In 2017, readmissions were one of the major components of determining how the hospital was evaluated in the Five-Star Quality Rating System developed by Centers for Medicare and Medicaid Services (CMS) to help consumers, their families and caregivers compare hospitals more easily. Hospital readmission rates comprise one third of the star rating. Paul Arias, RN, BSN, MIS, EJD, assistant vice president care coordination, identified this as an area to focus on to improve LLU Medical Center's processes and brought it to the attention of senior leadership. This was an opportunity for the department of care management to significantly impact resources within the institution.

Readmissions cause high utilization of the emergency departments, which result in increased utilization of resources and reduction in available beds, longer length of stays and the potential for payment denials. These trends could be reduced if the organization were able to avoid these readmissions.

An interdisciplinary oversight committee for readmissions was created. The team consisted of pharmacy, social work, nursing, leadership, physicians and case management. The committee completed a root cause analysis (RCA) of the issues with readmissions, while social workers were in the emergency department simultaneously

distributing surveys over a two month period. From the RCAs they found three major issues:

- Medication issues: patients' understanding of their medication, adherence to medication or access to medication.
- The discharge plan itself: health literacy, social determinants of health (SDH) and patients' inability to understand how to implement their discharge plan.
- Lack of resources: patients' inability to get to physicians' offices in a timely manner, access to timely appointments (especially to specialty care), limited transportation.

Based upon this initial work, the team was divided into two subcommittees: a surgical team and a medicine team. Both teams took a deeper dive into the RCA looking at key components of the discharge process such as:

- Nurse documentation interventions.
- Physician documentation intervention.
- Case management interactions and documentation.
- Pharmacy interactions.

Using Keypro, the teams looked at what was being done for the patient to address the most common factors of discharge that prevented full effectiveness of the discharge plan. The team realized that the documentation was very thorough, but how the teams listened to patients could improve.



In order to address these key components, a transitional care team was developed using the evidence of best practice from the Dr. Erick Colman model, Boston Hospitals RED program, the Boot Tool from the Society of Hospital Medicine and the work of Mary Naylor, PhD, RN, FAAN. The initial transitional care team consisted of two nurses and one pharmacist. The team expanded to include a nurse practitioner, two additional pharmacists, two pharmacy technicians, one RN navigator, one LVN navigator, one RN analyst and a

care management assistant. The high volume of low-economic, fragile patients LLU Medical Center serves resulted in some unique needs. To address some of these needs a discharge clinic was developed, and a community health worker and a health coach were recently hired.

In addition to the development of the transitional care team, the social workers administer an evidenced-based survey, created by Dr. Judith H. Hibbard. The survey examines some of the patient activation measures via a set of 14 questions that put the patient into one of four classifications of their knowledge of self-care and engagement with their health. The results of this survey found that 30 percent of the population was disengaged and fell into the two lowest categories:

1. The individuals that don't do anything to help themselves, but rather subjugate their care to someone else.
2. The individuals that are disengaged but understand that there is something wrong—those who want to do something but do not have the knowledge or skill sets to resolve their problem.

The greatest challenge has been that the results for those two categories were 20 percent higher than anywhere else in the country. With this information, the Transitional Care Team understood how the communication to patients needed to change and, more importantly, that it was not just about giving the information to the patients, but engaging the family.

As Paul and his team initiated this scale change, one of the ways they ensured better communication was through a nurse navigator

who enrolls every patient with the assistance of an LVN navigator. The nurse interacts with the patient on many different levels and settings. Her job is to introduce the program in the hospital once a patient has been admitted and deemed high risk. She interviews them and, if they are willing, has them consent to join the program. These navigators help the patient choose how they would like their post-hospital discharge care to look like. The nursing navigators also provide medication education using the teach-back-method. If patients come through the Emergency Department, pharmacy techs collect comprehensive medication history to ensure a proper history is available to the team. Additional pharmacists have also been added to the team to assist in medication reconciliation and medication bedside delivery in an effort to help patients obtain their medication and understand how it is administered.

If more intense intervention is needed, the team has access to the discharge clinic. This team also helps coordinate the patient's transition back to home from nursing homes, board and care or other locations. Once the patient is home the nurse analyzes the situation to determine if a face-to-face visit needs to continue at home or if the patient can be followed-up with via phone call. The team follows the majority for 30 days. Paul states: "Moving patients from a hospital setting (high mortality/ high morbidity) to a more preventative approach of a primary care setting allows us to work on improving health outcomes, rather than addressing complications of hospitalization. The more we are able to prevent patients from getting worse or maintain high-risk status, yet control their health outcomes, the better

the population will be. With a reduction in readmissions and high-quality outcomes, we may find that we have more resources available to treat others. Reductions in these costs allow our government programs to be more sustainable."

The following example demonstrates the multi-collaborative approach to one patient:

A patient who had chronic congested heart failure (CHF) and a low ejection fraction had multiple readmissions before being seen by the transitional care team. Most recently he had come to his doctor's office and was not doing well. The social worker, Adam, accompanied him to the appointment. It was identified that the patient was decompensating and not well enough to be at home alone. The physician wanted to admit him. Adam intervened and asked if a nursing home would be a more appropriate destination and the doctor agreed. Adam made calls to some nursing homes and was able to locate one that would accommodate the patient and his dog. As a result of this intervention Adam was able to assist the team in avoiding an unnecessary readmission, keeping the patient with his dog. The patient and his dog were able to go home after 35 days in the nursing home.

To date, the department has many success stories like the one mentioned. The Transitional Care team continues to show high achievement evidenced by their results:

- Overall readmissions rates have dropped from 14.4 percent in 2016 to 11.3 percent. The team's goal is to achieve a readmission rate of 10 percent.

- Decreased LLU Medical Center's readmission rates below the county benchmark.

In response to these results, Inland Empire Health Plan (IEHP) has funded a transitional care team dedicated to their patients with this insurance. IEHP and Medicare patient populations have the highest readmission rates. The transitional care team's success has also led to an expansion of services to include a discharge clinic in Beaumont-Banning, as

well special diet delivery program for patients who live in these food deserts and have diet restrictions.

The program has also resulted in nurses and staff driving process improvement. Nurses self-govern how they see their job and the processes for deciding what patients are considered high risk. The team has a dedicated nurse analyst who looks at every single readmission and does an RCA as part of process improvement. From these results, the

team identifies areas to improve and vote on any pilot projects they would like to initiate.

The value this patient-centered focus at discharge has added to LLU Medical Center has been quite remarkable. If the rise in patient satisfaction for discharge planning scores is any indication of success, the program is on the right track to improve patient outcomes and encourage nurses to be leaders in these efforts.



Express Care Makes Throughput Changes by Leaps and Bounds

In June of 2017, the ED set out on a journey to decrease the time it takes for patients to see a provider, get the treatment they need and return to their home and families. With the support of administration, the ED put together the Rapid Patient Movement (RPM) team, an interdisciplinary team. The team met weekly, came up with goals and ground rules and put countless hours into making changes in the department to better serve patients. RPM mapped out the current front-end triage process and spent weeks developing a plan with two goals in mind. First, to decrease the door-to-discharge time to CMS's recommended time of 172 minutes. The second and most important goal was to keep the process "good enough for our family." In doing so, Loma Linda University Health committed to keeping the patient at the center of each change.

They started off by moving the patient entrance to the opposite side of the lobby and stationed the concierge at the entrance closer to the visitor entrance. This allowed the quick-look nurse to be more focused on patients coming through the door and allowed concierge to focus on visitors coming to visit inpatients, appointments and wayfinding. In July 2017, they added providers to the triage process so that patients would see a provider within minutes of arrival. At the start of this project the door-to-doctor time was an average of 250 minutes. As of June 2018, that time is down to 13 minutes. They also added a full-time lobby RN to watch over waiting patients, to treat their



pain, follow up on labs or imaging and provide support for them while they wait. Additionally, they reallocated space to open an express care area where patients with lower acuity's can be quickly seen and discharged.

In September of 2017, at the recommendation of the RPM team, Loma Linda University Health reallocated more ED space and opened up an ambulatory care (AC) area. The goal of this area was to make waiting time more productive for ambulatory patients. The AC process can treat four patients at a time with an RN and an advance practice provider (APP). Once labs and imaging results are completed, patients who are waiting in the lobby are called back to the AC area and reevaluated and discharged. If the patient cannot be discharged they are worked up for admission. They started with 12 hours of coverage in September, moved to 16-hour coverage in January of 2018 and have just moved to 24-hour coverage as of July 1, 2018. In January they also added an attending physician to the process for eight hours a day,

seven days a week who the APP's can present patients to. Additionally, this physician sees more complex patients from the lobby and works them up for admission, all the while making their wait time productive, patient care movement.

Some additional things the RPM team has put into place in the last six months include reducing the hemolysis rate by 50 percent, adding staff to the front end process as needed, updating standing orders as well as creating new ones and trialing a discharge lounge. Throughout this process, there has been an increase in patient satisfaction and average length of stay for discharged patients has decreased dramatically. They started at an average of 420.2 minutes in September when the AC process started, to an average of 243 minutes in June of 2018. Through all this, the team has created and maintained a process that is good enough for family and will continue to remain patient-centered.

A New Perspective for Care at the End of Life

In May of 2017 a suggestion was placed in the medical intensive care unit (MICU) professional governance suggestion box regarding the distressing discrepancies in the way we withdraw life support on the MICU. Through professional governance an adhoc committee comprised of staff RNs from 4700 and 8100, an MICU physician, the head of the palliative care team and pharmacists was formed. The two nurses that led the project and saw it to the end were Allison Bell and Jessica Contreras. Allison and Jessica have strongly represented the nursing side of this project though researching the topic, writing the protocol, representing it at various committee meetings, completing education with all ICU staff nurses at staff meetings hospital wide and been resources through the implementation process. This guideline allows for withdrawal of life support to be completed in a standardized fashion throughout the institution. It provides a guideline, complete with suggestions from our hospital experts and research based information which allows new inexperienced resident to talk about a very difficult topic. The respiratory distress observation scale (RDOS) tool we discovered in our search for best practice evidence on end of life care, is at the heart of what allows the bedside nurse to feel confident that they are giving the correct dosage of medication and for the correct indications during this time in a patient's life. RDOS is the only validated tool to assess dyspnea and was created by a nurse researcher. Although the project was initiated by nurses, there was strong collaboration with our physician

counterpart for input in medication dosing and guideline criteria.

As a group we faced many hurdles to seeing through a project of this magnitude. The entire process of writing an order set is complicated and had to go through many committees with physician and non-physician approval. It took time for the appropriate personnel that are privy to these committees to appropriately represent the project. Allison and Jessica found it hard to put a project that is so near and dear to their hearts in the hands of others.

Because of the significant differences in the care of patients in acute care and those who have had advance life support initiated in critical care, it was difficult to obtain a consensus in the approach to caring for these complex patients. We learned from this experience that getting all areas on board early in the process is important; we were able to come up with an alternative solution for the acute care units by providing comfort care guidelines.

The RDOS tool and order set became active on LLEAP in mid-June and has been utilized on over a dozen patients on 4700 alone. The residents seem to appreciate the guidance on best-practice guidelines in these situations. The evidence-based practice of bolus dosing preferential to continuous infusion initiation seems to be very positive in the rapid relief of dyspnea for these patients and presumably any distress that may have otherwise been present at the end of life. What's more, the nurses have had a great response stating that they feel



empowered to take care of their patients in end-of-life situations and now have the appropriate tools to document their assessments of their patients and appropriately give them medication. What is important for the nursing team at Loma Linda University Health is a nurse who is not just caring and compassionate, but confident in his or her ability to render the best care in the last days. Christine Bell said it best, "Nurses are there when the last breath is taken. Although it is more enjoyable to celebrate the birth, it is just as important to comfort in death."

Creating a Healthy Work Environment

At Loma Linda University Medical Center the operating room treats many patients every day. A main concern held by nursing staff was the role of human factor issues on patient safety. The Medical Center operating room staff wanted to initiate an evidence-based practice (EBP) change that would address the retention of surgical items when there was a correct final surgical count. As the EBP team of OR nurses explored this situation, an opportunity was identified to change the operating room environment and increase teamwork. The human factors in a high-stress environment can

have a significant effect on communication flow and team dynamics, which can lead to adverse events and poor quality outcomes. Some of the areas affected frustration, which impairs concentration, communication flow, staff relationships and team collaboration that can result in increased risk of medical errors. The team identified variability in inter-professional team engagement, roles and responsibilities that impacted the surgical counts. The team's PICOT question asked if the implementation of a health workplace educational program would result in increased teamwork, improved

communication, prevention of retained surgical objects and increased OR nursing satisfaction.

The EBP team emailed an electronic survey to nurses, CRNAs, anesthesia residents, anesthesiologists, surgical technicians and surgeons. A total of 159 members of the operating room teams participated. The survey identified themes related to teamwork, feedback, the stresses of the operating room effect on performance, education and training and having all of the information necessary to make decisions in areas where the team could intervene. Some of the interventions the team initiated were a refresher of TeamSTEPPS, incorporation of the CLEAR/GRETE processes, a positive reinforcement program with immediate recognition of staff exhibiting positive behaviors and engagement. In addition, the team initiated an Outlook mailbox for suggestions for improvement of the work environment, education on the impact of fatigue on performance, civility and errors, the locations of emergency equipment and development of fact sheets on the processes of transition of patient/nurse at each operating room site.

The team also encouraged nursing leadership participation with the Loma Linda University School of Nursing in the fall seminar series with guest speaker Timothy Porter O'Grady, who was on campus to discuss evidence-based practice and leadership.



Compassionate Care Results in Recognition for Loma Linda University Health Urgent Care

David Blasy, a clinical behavioral therapist in Riverside County, recently thanked and recognized the Loma Linda University Health caregivers — a family nurse practitioner and a neurosurgeon — who saved his life.

David remembers how the turning point in his life played out — he had a feeling that something was wrong when he felt nauseated and dizzy after doing a few push-ups during a break at work in Desert Hot Springs. He stood up, hoping the pain would ebb, but instead, he began to experience a severe headache. David called his wife, to tell her he might be experiencing a migraine. He then drove 70 miles home, hoping that lying down or taking some headache medication would help the pain. Nothing helped, so he went to the Urgent Care at Loma Linda University Medical Center East Campus. At urgent care, he was seen by Jessica Fields, MSN, a family nurse practitioner.

“David explained how he was experiencing a sharp pain that traveled up his neck to right temple as he did pushups,” Fields said. David was showing no signs of a stroke — no slurred speech, no neuro deficits, no drooping of his face. He even told her he thought he might have strained or sprained a muscle in his neck, but she couldn’t shake the feeling that it might be more.

“Your gut sometimes tells you there is a reason to be concerned,” she said. “As David described the nausea and chills that he was experiencing,

I thought, ‘this is not normal,’” Fields said. “I thought — ‘he needs a CT.’”

There was a problem. “The Urgent Care at Loma Linda University Medical Center East Campus closes at 8 p.m. Although she knew there was a possibility of it being nothing, Fields knew she wouldn’t be able to sleep that night if David didn’t have a CT that evening.

She went to the attending physician on duty, telling him that she was concerned David may be experiencing a bleed. He agreed — and David was transported by ambulance to the Loma Linda University Medical Center Emergency Department.

The transfer to LLU Medical Center was followed by a CT scan, which led to the diagnosis — a bleed on the right side of his head caused by an arteriovenous malformation (AVM), a tangle of abnormal blood vessels.

Blasy first received treatment to slow the bleeding, followed by surgery to remove the AVM. Promod Pillai, MBBS, director of endovascular and cerebrovascular neurosurgery for the Department of Neurosurgery at Loma Linda University Health, performed the successful operation. After just six weeks of recovery, Blasy returned to work. He is experiencing no long-term effects, he said, and is continuing his active lifestyle — including walking and running every day.



Your gut sometimes tells you there is a reason to be concerned.

Loma Linda University Medical Center is the first certified Comprehensive Stroke Center in the Inland Empire, a designation that reinforces the evidence that Loma Linda University Medical Center delivers the most advanced stroke care when timing is most critical. “Situations such as David’s are difficult for the entire family, and it is fulfilling when they appreciate what we do,” Pillai said.

Fields was also recognized for her extraordinary care on November 13, 2017. Of the recognition, she said, “I am so humbled. I’m so grateful I was able to be of service to David that day and all those that come into the Urgent Care on a daily basis. It really is a team effort and I have been privileged to work with some great team members over my five years in the Urgent Care.”

2018 OVERVIEW



22 GRADUATE SCHOOLS

12 BSN SCHOOLS

Across the country that have students precept at Loma Linda University Health.



179

GRADUATE STUDENTS



1,606

BSN STUDENTS

WERE PRECEPTED THIS YEAR



24,085 SURGICAL CASES

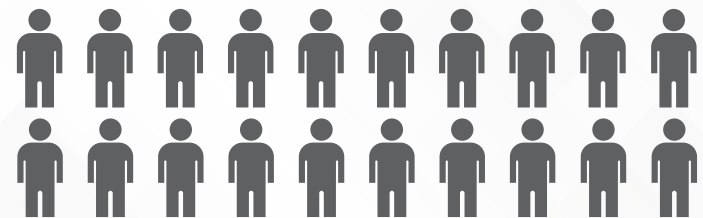
64 VETERANS WITHIN THE HEALTH SYSTEM



In any given quarter approximately

500 STUDENTS

rotate through MC, CH, EC, BMC and MC-M.





54%

Average retention of nurses who continue to work at Loma Linda University Children's Hospital after graduating from the nursing residency.

AVERAGE DAILY CENSUS

- MC **370**
- CH **240**

CELEBRATION of LONGEVITY for this Year



YEARS | EMPLOYEES



76

New graduate nurses who entered into the 2018 nursing residency program for Loma Linda University Children's Hospital.

TERTIARY AND QUANTERNARY CARE refer to advanced levels of medicine which involve specialty care and equipment as well as experimental medicine and specialized surgeries and procedures that are highly uncommon. Loma Linda University Health systems transferred patients to our facility for this type of care.

ADULT INPATIENT TRANSFERS

1,017



ADULT ED TRANSFERS

2,380

NUMBER OF PATIENTS SEEN IN 2018

Medical Center East Campus Surgical Hospital	Children's Hospital	Emergency Department Visits
18,243	14,448	71,481

OUTPATIENT CARE

Hospital-based
outpatient clinics

28

Nurses working in these
outpatient clinics

224





Loma Linda University Children's Hospital



Exploring Nursing Empowerment

A Nurse Taking the Lead to Empower Others

Tami Hitchcock, is a registered nurse in Loma Linda University Children's Hospital acute pediatric unit (ACP). She attended nursing school at Loma Linda University School of Nursing and started as a registered nurse at LLU Children's Hospital in 2007 where she went through the new graduate residency program. In 2011, Tami obtained her certification in pediatric nursing (CPN). She had taken a review class at Children's Hospital of Los Angeles that prepared her well for the exam. The unit previously had several attempts of a study group but none of the study groups ever panned out. Tami was one of few on the unit to obtain this certification, and naturally many of the nurses started to ask her to run a study group. Tami stated: "I knew if we did a long-term study group people would not be able to commit to coming, so I wanted to come up with a class that would

"I was fortunate to have the support of our unit leadership."

be like the review class I took." Highlighting certification of nurses is important to both the organization and the Magnet journey. Helping nurses understand the significance certification has on patient outcomes made it important to encourage and

support the nurses on her unit to pass the exam and become certified in their specialty. Tami was able to find video resources to aid with the class from nursing builders, and her director Tru Otianga helped purchase the material. She organized a two-day, eight-hour review class. Originally it was supposed to be for 10 nurses on the unit, but it turned out to be over 30 people in each session with nurses from Acute Care Pediatrics (ACP), 4200 acute care adolescent unit and 580 step-down unit. Tami got very creative and designed interactive games and personally took time out of her day to type out over 200 multiple-choice questions in preparation for her review session to help nurses remember the information. When asked, Tami said the hardest part about organizing the class was the logistics. Another obstacle was finding funding from the units to pay for the review materials and food. "I was fortunate to have the support of our unit leadership." Tami also stated that "studying for two days, 8 hours each day is hard to keep people engaged, so I thought it was important to offer lunch and snacks throughout both days to keep people awake and participating." She even took a step further and went out of her way to coordinate continuing education units for the review course with the Loma Linda University Health Staff Development office. To date, Tami has

taught two review classes with over 20 nurses passing the exam and becoming certified after taking the review class. As part of the organization's commitment to sustainability of this program as well as succession planning, Tami has handed off the course to Kelly Rolle, an educator for unit 4200.

Tami's passion for her team and the institution could not be more evident. Nurses like Tami exemplify Loma Linda University Health's value of excellence and make it a special place!



Originally it was supposed to be for 10 nurses on the unit, but it turned out to be over 30 people in each session.

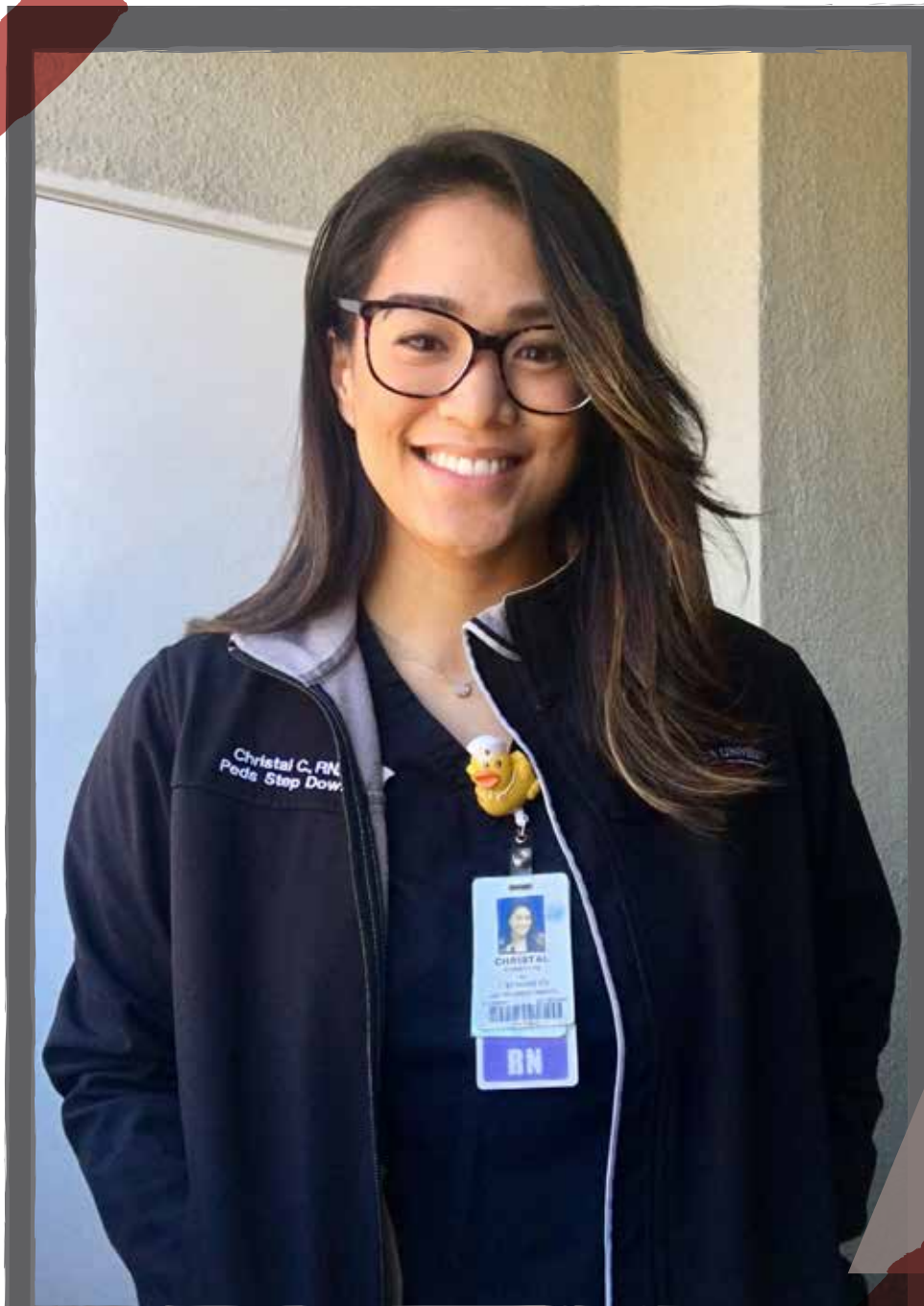


Initiation of an EBP Fellowship

The Loma Linda University Medical Center and Children's Hospital evidence-based practice (EBP) and nursing research council offers support for nurses to participate in the clinical inquiry processes. In addition to the evidence-based practice teams initiated in 2014, a new Loma Linda University Health Evidence-based Practice Fellowship program was initiated in 2017. Evidence-based practice is defined as the utilization of all forms of current evidence to guide decision-making in healthcare. Sources of evidence include research studies, expert consensus and patient and family experiences. The EBP program provides education, coaching from clinical leaders and paid work time to pilot test changes in practice in the fellow's clinical area. These small-scale tests of change can assist in identifying if the change could lead to sustained improvement.

The first EBP fellow is Christal Cabating, RN, BSN from unit 5800 pediatric step-down. Christal is examining if a peripheral intravenous maintenance bundle can reduce the loss of peripheral intravenous lines in children. EBP fellows have the opportunity to present their project at the Loma Linda University Health Nursing Evidence-based Practice and Research conference. They also have the opportunity to submit an abstract for a poster presentation at a national nursing conference and submit a manuscript for publication in a professional journal.

Evidence-based practice is defined as the utilization of all forms of current evidence to guide decision-making in healthcare.



Unit 5700
Pediatric Intensive Care
 Please Check-In with Secretary



INCREASING CONSISTENCY OF HIGH-TOUCH EQUIPMENT CLEANING BETWEEN PATIENTS IN THE PEDIATRIC ICU

Evetyse Kast RN, BSN, C-NPT, CCRN; Cassie Dwyer RN, BSN; Mirna Galinde RN, BSN; Sarah Ethazin CNA; Michele Wilson MS, RN, NP, CCNS, CCRN-K; Patti Radovich PhD, CN's, FCCM



INTRODUCTION

Hospital equipment and high-touch surfaces are recognized as a risk for cross-contamination between patients. It was identified that there was a lack of consistency among Pediatric Intensive Care Unit (PICU) nursing staff related to cleaning high-touch surfaces and equipment between patients.

OBJECTIVES

- The project was initiated with the goal of improving knowledge of risks for cross-contamination and improved practices related to cleaning.
- To standardize the cleaning of equipment
- Make cleaning consistent amongst all high touch surfaces
- Reduces risk of cross-contamination of high touch surfaces
- Staff will be aware of sanitation practices

METHODOLOGY

A Nurse-driven protocol was created using a checklist for high touch surfaces (Figure 3A). Audits using a black light were done by the team to evaluate consistency of cleaning between transfers before and after education.

Despite limited available research on this topic, the team found related literature to be Johns Hopkins level 1 or 2 with good to high quality evidence. A survey was sent to staff and then analyzed to establish a baseline (Table 1). Education was then provided through presentation, hands-on training, and a video.



RESULTS

- Prior to education, 889 items were checked
 - 129 (23%) of those items were cleaned
 - 416 (71%) were not cleaned and 35 (8%) marked items were not available at time of check
- After education, 527 items were checked
 - 426 (81%) were cleaned
 - 99 items (19%) were not cleaned
- 171 room checklists (Figure 2) were passed out and completed by unit staff to improve cleanliness practices in high touch surfaces and equipment.
- Project was well received by staff

CONCLUSION

It was identified that there was confusion about who (housekeeper or RN) should clean when transferring high touch items. It was recognized that this confusion was a barrier for the nurse to clean high touch surfaces. Initial hesitation from staff was reduced after education using a Power Point presentation, hands-on practice at staff meetings, a video, and a checklist.

ACKNOWLEDGEMENTS

Thank you to Environmental Services staff for donating and providing assistance for the use of black light.

Thank you to Evetyse Traill RN, MS, for creating this video education and assistance of the cleaning.

We appreciate the PICU secretaries for assisting with the education and assistance of the cleaning.

Special thanks to the Unit 5700 PICU staff for their participation and willingness to change their culture and improve cleaning practices.

For more information, please contact Patti Radovich PhD at pradov@u.utah.edu

New Knowledge, Innovation and Improvement

An Approach to Increasing Consistency of Cleanliness in Medical Equipment Between Patient Use in the Pediatric CU



As pediatric patients were coming down with C. difficile, Evelyne Kast, RN, BSN, CCRN, wondered whether there was something in the environment that might be contributing to these conditions. She spoke with Michele Wilson, the clinical nurse specialist (CNS) for her unit, as well as some of her colleagues. Evelyne Kast BSN, CCRN, C-NPT, Michele Wilson, MS, RN, NP, CCNS, CCRN-K, Cassie Dwyer, RN, BSN, Mirna Galindo, RN, BSN, and Sarah Elhazin, CNS, decided to form an evidence-based practice team to look at the critical care environment. This team contacted Patti Radovich, PhD, CNS, FCCM, director of nursing research, and developed an approach to increasing consistency of cleanliness in medical equipment between patient use in the pediatric ICU.

The team identified a lack of consistency among nursing staff with the cleaning of high-touch surfaces between patients. The purpose of the team was to increase consistency in unit room equipment cleaning and nursing staff knowledge of required equipment cleaning. The team reviewed the existing literature examining the level and quality of existing evidence. The team used

the Johns Hopkins methodology (Dearholt & Dang, 2012). A total of 15 studies were reviewed by the team that directly related to the cleanliness of high touch surfaces. The majority were found to be Level two or three with good to high levels of quality. From this review, the team identified tools/methods for a nurse-driven protocol. The team used a florescent marker with a checklist of high-touch surfaces to identify the consistency of cleaning done by nurses between discharges. Once a baseline was established, education was implemented to all staff through education in-services, PowerPoint presentations, hands-on practice and video presentations along with review of results from an anonymous survey sent to staff. An environmental checklist was used to assist staff to identify items to be cleaned between patients. Reassessments were made by the EBP team using the established fluorescent marker monitoring. Prior to education of the

nursing staff, 589 items were checked. Of these, 138 (23 percent) were found to be clean and 416 (71 percent) items were found not to be clean, while 35 (six percent) items were unable to be located. After education, 527 items were checked. Of these, 527 (81

The purpose of the team was to increase consistency in unit room equipment cleaning and nursing staff knowledge of required equipment cleaning.

percent) were found to be clean and only 99 (19 percent) were found not to be clean. The staff showed high acceptance of this project and continue to be engaged around ensuring the cleanliness of the unit.



Exploring the Vision of Loma Linda University Health Nursing

C.A.N.D.L.E. Collaborative - California-based, Nurse-led Discharge Learning

C.A.N.D.L.E. collaboration was initiated by Children's Hospital of Los Angeles, with support provided by the Lucile Packard Foundation for Children's Health. Invest Cocjin, DNP-c, MS, CNS, and Jennifer Newcombe, DNP, FNP/CNS, are leading Loma Linda University Children's Hospital team as they join with Children's Hospital of Los Angeles and several other children's hospitals across the United States to optimize the use of best practices in the discharge of children from hospitals.

Facilitating the collaborative will be principal investigator Jennifer Baird, PhD, MPH, MSW, RN, CPN, co-investigator Jay Berry, MD, MPH, and collaborative director Kevin Blaine, MAEd.

The vision for the collaborative is that it becomes a catalyst for systems-level changes in discharge care delivery for hospitalized children. The collaborative is comprised of several nurse-led teams that will conduct quality improvement cycles to

develop, implement and sustain local discharge activities. Members of the collaborative will share lessons learned and leverage successful strategies with each other. In addition to the work done at each of the participating facilities, there will be in-person workshops, webinars, speaker series, on-site observation and teaching, and coaching sessions to promote shared learning among participants.

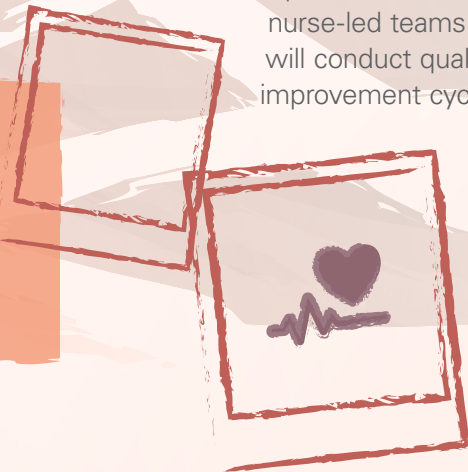
The vision for the collaborative is that it becomes a catalyst for systems-level changes in discharge care delivery for hospitalized children.

Recently, new national pediatric discharge care guidelines were published. These standards include establishing a clear definition of the child's care team, identifying anticipated discharge goals and associated care needs, considering social and environmental factors that may impact the family's ability to

successfully care for the child after discharge and monitoring progress towards discharge consistently throughout the hospital stay. The standards begin with the hospital admission and should guide the discharge discussions, decision-making and post-discharge care planning during the hospitalization. While nurses are positioned to recognize and identify the pediatric patient post-discharge needs, many frontline nurses and nurse

leaders remain underutilized. Participation in this collaborative presents an opportunity for shared learning and provides the training ground for nurses to become strong leaders in their hospitals. With

a focus on multi-disciplinary integration, discharge communication and family-centered care, this collaborative will assist Loma Linda University Children's Hospital in continuing its mission of bringing whole-child care to the region.



Retention at its Finest

The adolescent acute care unit 4200 sees patients with varying diagnoses from non-compliant diabetics, to teens with chronic cystic fibrosis, to teens that have attempted suicide, and autistic and aggressive patients, to name a few. There are so many things in this world that influence these patients both positively and negatively. Often patients on the unit face challenges that seem hopeless, and frequently the staff have only a moment in their patients' lives to be a positive influence. The adolescent patient is approaching adulthood and is making more of their own decisions. With social media

I stress to my staff that their input is invaluable in making positive changes that affect our patient care.

and other influences, teenagers face challenges with making simple decisions that can affect their entire lives. Despite these challenges, the staff loves this population of patients and manager Alaine Albee and her team has outstanding retention. When asked what her secret was, her response was:

I have always taken pride in my unit and want my staff to be happy. Happy and content staff will provide excellent care to our patients and families. Excellent care is what I want our patients and families to receive all the time. I

want the staff to come to work knowing that they are on an amazing team with amazing team members. I have been fortunate to hire every staff member and even more blessed to have a high retention rate on the unit. When we do interviews, we choose the best candidate and take into account their personality and how they will fit in with our team. The staff knows that I am 100 percent committed to them and their happiness. I manage with a cheerful heart with kindness and love and I always find the best in my staff. I never focus on their shortcomings and find the good. I give my staff

praise all of the time and I consistently practice positive reinforcement, never letting an opportunity go by without giving the kudos to staff. I want my staff to be successful in every way possible. I always mentor my staff and go out of my way to ensure that I can work around

the many school schedules. I am so proud of all of my staff that are pursuing higher level of education. I want my staff to be involved in the various committees so that they have a voice in the hospital decision-making. I stress to my staff that their input is invaluable in making positive changes that affect our patient care and staff satisfaction.

My staff love working with teenagers even

when we have challenges, and we get many of these. There is 100 percent teamwork and no one ever feels like they have the entire burden. Staff relies on each other to get through a difficult day. Staff input is amazing, so when we have challenges, we tackle them together as a team.

My staff members know the rules and understand that my expectations are high. I let them know that we can always be the best. When you give positive reinforcement, you get positive results. As a team, we have fun and celebrate when we can. We want our work atmosphere to be fun while maintaining professionalism. Most importantly, we pray together as a team and I know that as long as we put God first, our unit will always be successful.

The staff takes pride in going the extra mile for a patient. There are incredible examples about staff going above and beyond for patients and for each other. I am thankful daily that I work with such an incredible team and I let my team know this daily.

I want my staff to be involved in the various committees so that they have a voice in the hospital decision-making.



When I asked the staff why they stay, they did not hesitate to give their input:

"We are recognized for our hard work."

"It is home."

"Camaraderie."

"Our opinions are validated, we are heard and we have a voice."

"Teamwork problems get resolved quickly and easily."

"We eat, pray and laugh together."

"We are recognized for our accomplishments."

"No unit drama ever."

"Our leadership team works with staff, they do not work above us, they work with us. They are never disconnected."

"Management is transparent."

"Unit is managed logically."

"Trust."

"Close intimate setting of the circle creates an atmosphere of teamwork."

"As a team we have made positive changes on the unit that have improved patient satisfaction."

"It's leadership like this that makes all the difference in the world!"





Exploring Improvement in Practice

Nursing and Respiratory Coming Together to Develop Clinical Pathways for Asthma Patients

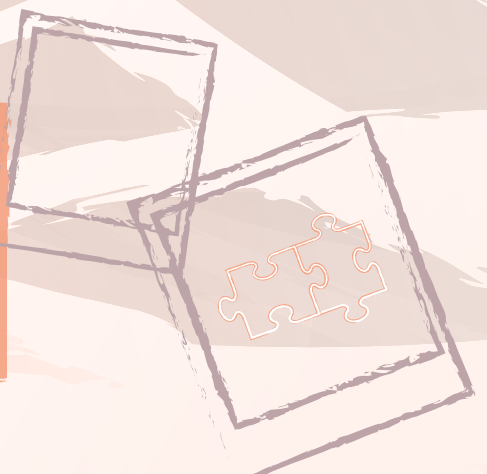
Loma Linda University's Children's Hospital created a pathway for pediatric asthma management in 2015 that was focused on care in the emergency department and acute care areas. Amongst all these areas, ICU care was not addressed. In the fall of 2016, a bedside pediatric intensive care unit (PICU) nurse, Guli Abudukadier, RN, came to the CNS with concerns that there was not a standardized process to care for patients with status asthmaticus in the PICU. Her observation was that the physicians would round one to two times daily and continuous albuterol weaning orders were adjusted during these rounds. If a respiratory therapist or RN was proactive, additional weans or interventions would take place. Changes were subjective and there was variable practice. She realized the unit had an opportunity to improve care for this patient population and set out on a mission to do so.

A multidisciplinary team led by Dr. Merrick Lopez and Michele Wilson, RN, CNS, was created. Frontline staff was the key to this initiative and Guli took on the role of lead nursing champion along with Dan Kauffman, RCP, as the lead respiratory champion. The team, which was comprised of physicians, nurses and respiratory therapy leaders, along with frontline staff, met once or twice per month. Guli and Dan recruited other bedside champions and led efforts to compare and trial two different respiratory scoring systems. The respiratory score would be used to provide objective criteria for status asthmaticus interventions. Since the respiratory score was something that would benefit patients in acute care areas as well – collaboration with the hospitalist and step-down ICU team was initiated.

Following selection of a respiratory score, the multidisciplinary team worked on a pathway that would standardize care and promote interventions by respiratory therapy and nursing that could be made in response to patient respiratory score. Multiple PDSA cycles were run before a final continuous albuterol weaning pathway was defined. An escalation pathway for status asthmaticus patients who worsened was also created. The hospitalist step-down ICU team also worked on a complementary pathway. Julie Fluitt, RN, PICU

clinical nurse educator, mentored Dan and Guli in the development of education.

Moving changes to practice, creation of respiratory score documentation in the electronic health record and order set development was a slow process but the team persevered. In 2018, the pediatric status asthmaticus and asthma exacerbation work was selected as one of the care paths that would receive additional support from the institution. The ED team was invited to collaborate as well, so that there would be standardization of pediatric asthma from the time a patient enters the system in the ED through the inpatient hospitalization. The team is now in the midst of working with patient, safety and reliability (PSR) and application specialists to move the asthma project to its next level of implementation. An interim order set for albuterol weaning per respiratory score has been implemented. The team looks forward to the positive impact that this pathway will make on the pediatric asthma population when they are hospitalized at Loma Linda University Children's Hospital. Success for this project can be directly linked to frontline staff like Guli and Dan who noticed a need for improvement and were not afraid to lead the way toward positive changes.



Children's Hospital's Newest Unit



Loma Linda University Children's Hospital neonatal intensive care unit (NICU) is an 84-bed unit caring for the smallest patients in the Loma Linda University Children's Hospital. The care of the Tiny Baby Program (TBP) journey began in 2015. It has been a program in the making for the last 45 years, catered towards caring for low, very low birth weight (VLBW), and extremely low birth weight (ELBW) neonates. The "tinies" have been faced with long-term challenges after discharge such as disabling cerebral palsy, asthma, severe physical disabilities, learning difficulties, repetition of at least one academic school year, poor motor skills, poor academic skills, IQ less than 85 and

autism among other effects from being born too soon. The program focuses on laying the foundation for care of the tiniest individuals—the ELBW neonates, who are less than 1,000 grams (about 2.2 pounds or similar to combining the weight of an iPad Mini 4 or 12.9" iPad Pro) or less than 30 weeks gestational age. At the forefront of the program, the NICU developed an age of viability guideline beginning at 23 weeks of gestation, which guides the team's dedication, passion, ingenuity and work.

The concept behind the Tiny Baby program was:

- Build on existing knowledge.
- Focus on conveying concepts specific to tiny babies.
- Focus on the approach and critical thinking.
- Build collaborative quality improvement and team-based care to improve outcomes of ELBW.
- Focus on push the line of viability.

Loma Linda University Children's Hospital opened the TBP in September 2018 on unit 3700, in rooms 12 and 13, with a total of 12 beds dedicated to the program.

The NICU had amazing staff nurses give up their time to help make this project a success and ensure change of care practices for the patient, and a change in unit culture and teamwork. Nurses such as Patricia DeBoer, wrote the LLU Children's Hospital specific bedside nurses checklist and guidelines, delivery room and Golden Hour nursing

checklists as well. Sandy Mitchell has been one of the Tiny Baby program's founders, innovators and champions. She took on tasks such as the revising and editing of the bedside nurses checklist and guidelines, delivery room and Golden Hour nursing checklists and guidelines, and TBP site planning and assessment. She also took on the role of TBP team leader, while doing educational lectures and was a product researcher. Raina Boal was a specific TBP equipment and supplies inventory creator. The NICU Shared Governance and Clinical Practice Council were instrumental to the development of this unit. NICU had wonderful collaboration with the child life specialist, physical and occupational therapist and the physicians and their SIBR rounds.

This program has shown the importance of prenatal care and for mothers (parents). Loma Linda University Children's Hospital NICU has collaborated experiences with NICUs across the state to develop care practices that improve the quality of patients from their first day of life until after discharge. This collaboration has brought a stronger team-based, patient- and family-centered approach to the NICU, where all the members, including parents sit together to plan their tiny's care. So far there have been three Tiny Baby program NICU graduates earlier than normally has been seen; attesting to the positive impact a unit like this will have on the tiniest of patients.

Home-vent Program Making a Difference in the Community

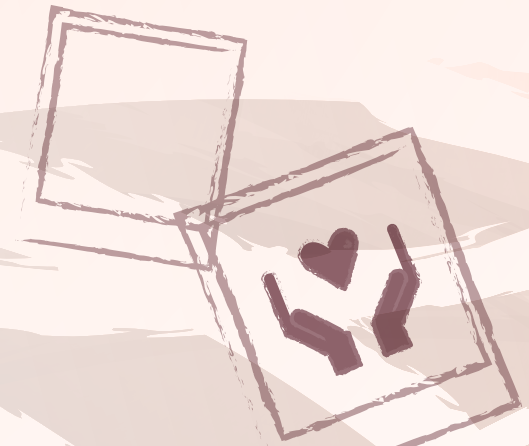
One of the less visible programs within the Loma Linda University Children's Hospital is the Home Mechanical Ventilator Program. This program was initiated in 1995 and has grown over the years. When Eda Gutierrez, RN, the program coordinator, joined the program in 2001, there were 50 patients. Today, this program cares for approximately 162 children who require 24-hour mechanical ventilation and who are cared for in their own homes. On average, the service enrolls two to three patients per month. Once referred to the program, there is a screening process that takes 24-48 hours. This is followed by a home evaluation conducted by physical and occupational therapy to evaluate the home and utility services that will be needed. Equipment and training needs are assessed and usually completed by the fifth day the evaluation. Sometimes, the program pairs with Totally Kids to further develop the parent and caregiver training requirements.

These children suffer from viral infections, neuromuscular disorders, chronic respiratory conditions, along with other disorders. Many of these children require long term mechanical ventilation and come into Loma Linda University Children's Hospital once a year for 24 hours to have a respiratory tune up that adjusts their ventilation needs and equipment to their growth and development. The team's goal is to maintain an environment of compassion, integrity,

excellence, teamwork and wholeness. This is a very integrated team who works together with parents and caregivers at each step of the way. They are sensitive to the difficulties of the child and parent, as well as the fears and questions that can occur with this life transition. The integrated inter-professional team consists of:

- Program coordinator
- Doctors
- Respiratory therapists
- Nurses
- Dietitian
- Social worker
- Chaplain
- Speech therapist
- Occupational therapist
- Physical therapist
- Child life therapist

The families who have used this program are so grateful for all the support that they receive from the team and the hope that is instilled during this difficult time.



Acknowledgements

We would like to thank the nurses and staff who make the nursing annual report possible. Without their hard work and dedication to excellence, there would be no story to tell.

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Mission, Vision, Values

OUR MISSION

The mission of Loma Linda University Health is to continue the teaching and healing ministry of Jesus Christ, "To make man whole," in a setting of advancing medical science and to provide a stimulating clinical and research environment for the education of physicians, nurses and other health professionals.

OUR VISION

Innovating excellence in Christ-centered healthcare.

OUR VALUES

COMPASSION

Reflecting the love of God through caring, respect and empathy.

INTEGRITY

Ensuring our actions are consistent with our values.

EXCELLENCE

Providing care that is safe, reliable and patient centered.

TEAMWORK

Collaborating to achieve a shared purpose.

WHOLENESS

Embracing a balanced life that integrates mind, body and spirit.

MANY STRENGTHS. ONE MISSION.

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