

THRIVING THROUGH COMPASSIONATE SERVICE



LOMA LINDA UNIVERSITY
HEALTH

Many Strengths.
One Mission.

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Letter From Our CNO



A Journey to Remember ...

Looking back to years past, we often reflect on those few defining moments which leave a significant imprint on our lives and create unforgettable memories. As this year comes to a close, I would posit that you and I have never experienced a year such as this one. A year that included a global pandemic, a slumping economy, greater numbers of forest fires raging, never before seen concurrent hurricanes beating the coast and the need for true social justice coming to the forefront; a year that will forever change the world.

These events have truly highlighted for me the extraordinary commitment and care provided by our nursing staff, despite the overwhelming challenges facing them and our healthcare system. I found myself resonating with the words of Albert Einstein, "Only a life lived for others is a life worthwhile. We cannot live a full life unless we have a purpose bigger than ourselves."

I have witnessed innovation, dedication, commitment and creativity from our nursing staff as they identify and develop solutions for managing new challenges created by COVID-19. Despite the global pandemic and uncertainty, in April and May, both Loma Linda University Medical Center and Children's Hospital completed their journey via virtual site visits to Magnet-designation with distinction!

While beaming with pride from our Magnet designation, we are galvanized to continue our adventure towards occupation of our new hospitals. In preparation for this momentous occasion, this year we planned workflows, wrote policies and created paths of travel for our new space, all with our patients as the center of our focus.

As I reflect on this year that has presented life altering and unparalleled challenges, I am most grateful for our nursing staff's commitment and dedication to making Loma Linda University Health not only survive, but thrive.

Sincerely,

Helen Staples-Evans

Senior Vice President of Patient Care Services
Chief Nursing Officer, Loma Linda University Health

LLU Medical Center – Murrieta

Perinatal Services receives
**Top 100
Hospitals Award**
for Obstetrical Care



Stroke Care
achieves
**Gold
Elite status**

2nd Best Maternity Hospital Award



LLU Surgical Hospital
exceeds **95th** percentile
scored **100%** on
Nursing Communication



Top Performer Status

attained by the LLU Children's Hospital
Center for International
Blood & Marrow Transplant Research

Comprehensive Stroke Program



awarded 2020 Get with the Guidelines
Gold Plus Award and Target Stroke

2020

Loma Linda University RN-BSN Graduates

21 LLU Children's Hospital
27 LLU Medical Center
5 LLU Medical Center – Murrieta



UNIT 4200

**100%
Nurse
Retention**



46% of LLU School of Nursing
program graduates are Loma Linda
University Health employees



Professional Development
LLU Children's Hospital
212 Nurse Certifications



Over 1,549 days

CLABSI free for unit 1400



4 UNITS

(1500, 2100, 6300, 9100)

ZERO HAIs

249

Neonatal
Transports



NICU

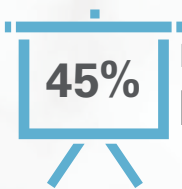
13

Pediatric Heart
Transplants



8

Pediatric Kidney
Transplants



LLU Medical Center – Murrieta ED

Reduction in LOS

LLU Children’s Hospital

**18 Stem Cell
Collections**



Overview Statistics

Utilization of the internal
RN registry (SSN/FIT) cost savings for
the organization of

\$1,171,253.51



Utilization of the internal
PCA registry (SSN/FIT) cost savings for
the organization

\$886,949.17

Before CA COVID-19 restrictions

115 Outpatient

visits/month



After CA COVID-19

25,000 Outpatient

visits/month



Encouragement and Spiritual Comfort on the Units

6 Resiliency Rounds

40 COVID-19

Care Carts Rounds



2020

Year of the Nurse and Midwife

In 2019, when the World Health Assembly designated 2020 as the International Year of the Nurse and Midwife, they had little knowledge of the importance this designation would have as the United States and the world was about to face the COVID-19 pandemic.

The idea behind the original designation was that it was the 200th year anniversary of the birth of Florence Nightingale, the founder of modern nursing. This was also the year that the World Health Organization (WHO) released the first State of the World's Nursing Report, describing the state of the world's nursing workforce and key maternal health issues around the world. 2020 is also the year that the Nursing Now global campaign concludes. This initiative is a collaboration between the WHO and the International Council of Nurses, which sought to ensure nursing participation in health policy, greater investment in the nursing workforce, recruitment of nurses into leadership positions, the conduct of research to determine where nurses have the greatest impact and the sharing of best practices.

Nurses in many western nations make up more than 50% of the health workforce. They are also a large part of the shortage of healthcare workers. The Bureau of

Labor Statistics (BLS) predicts that employment of registered nurses is projected to grow 12% from 2018 to 2028, much faster than the average for all occupations. BLS also predicts that the U.S. will need an additional 200,000 or more nurses per year from now until 2026, adding up to more than one million additional nurses.

Today, as we continue to fight against COVID-19, we recall that Florence Nightingale identified hand hygiene as essential in reducing the spread of infection. In our hospitals throughout Loma Linda University Health, nurses are leading on the front lines and behind the scenes in the fight against COVID-19, working side by side with other essential healthcare providers such as physicians, respiratory care, therapy and environmental and transportation services. In this pandemic, nurses are assessing and addressing the wide scope of healthcare needs and innovating care delivery to provide optimal care in challenging conditions.

We are proud that the nurses throughout Loma Linda University Health exemplify the best in nursing care, rise to unexpected challenges with creativity, innovation and faith following in the traditions set long ago.

References:

"2020 - Year Of The Nurse And The Midwife". 2021. Who.Int.
<https://www.who.int/campaigns/year-of-the-nurse-and-the-midwife-2020>.



STORIES OF CHANGE

5



Campus Transformation Project: Loma Linda University Health's Biggest Move

Loma Linda University Health is scheduled to open its doors to a new Children's Hospital expansion and Adult Hospital tower in 2021. In 2020, despite numerous challenges due to the COVID-19 pandemic, our teams rallied together to continue providing continuity in quality patient care, as well as balancing the numerous requirements of transition and activation planning for our new hospital. Kerry Heinrich, CEO, shared in a newsletter to Loma Linda employees, "Two towers have risen before our eyes, representing Loma Linda University Health's long commitment to serving the healthcare needs of our

community. These towers stand as a symbolic representation of our future and how, by working together, we can overcome tremendous challenges and accomplish great things."

Fun facts about our new towers include:

- At 16 stories, the adult hospital tower is the second tallest base isolated hospital in the world.
- One million cubic feet of air is moved through our air handling systems every minute.
- The helipad has a weight limit of 22,000 pounds, which is strong enough to withstand the landing of a Black Hawk helicopter.

Through this journey we have learned that despite unprecedented situations, strong leadership along with thorough and inclusive planning, provide a foundation upon which all are able to buy in to the process and adapt when required to do so. There is much to be learned from our experience. Advice we would like to share with other healthcare systems that find themselves faced with similar challenges is the importance of transparent communication with the workforce to build open lines of communication and to establish guiding principles that inform every decision and help to serve as a baseline for success.

A Healthy Work Environment: Promoting Self-care

In a healthy work environment, caring for others is ingrained in every nurse's heart, yet we often forget to take some time to care for ourselves. As nurses, we preach the importance of taking care of one's self to our patients and their caregivers. However, we are not the best at translating this into our own self-care practices during the best of times.

As the surge of COVID-19 case numbers developed, the concern was not only around ensuring we have enough personal protective equipment (PPE) and beds available, but also for the well-being of our staff. Feeling out of control during the uncertain times added to nurses' anxiety and stress about their ability to deliver high quality patient care. For staff on the frontline working to care for patients during the pandemic, it was imperative that there was awareness of available resources on how to maintain one's mental health and allow time for self-care both at work and at home. Initially the focus was on the new graduate nurses who were beginning their residency

with us in April 2020. However, it became apparent that all nurses working in our hospitals needed the information.

The program involved a weekly email that consisted of tips and resources on how to achieve self-care. During the first few weeks, our nurses were invited to do self-reflection and self-assessment of the areas they needed to focus on before starting their individualized self-care plans. Focus areas included physical, mental, spiritual, relationships, economic and psychological variables. Resources that were available for free from both within Loma Linda University Health and externally were highlighted each week so nurses could take advantage of them.

In addition to achievable and attainable self-care tips, we also provided a fun self-care bingo card, a healthy eating plan and relaxing videos. We recruited the help of nurses from all levels within the organization, from bedside to executive leadership, to share their stories on how they fit self-care into their busy lives.

We have received numerous emails with positive feedback on the self-care tips provided. Each of the feedback responses warmed our hearts to read. Aside from the many emails of gratitude for the self-care resources, we have also received comments on how our nurses were able to utilize them.

HEALTHY EATING CHALLENGE

Thank you for this. This looks delicious and very doable. Hope these kinds of emails keep making their way to us. Even my children will enjoy this. Take care and once again thank you so much.
- Hilary Escamilla

FUN FAMILY FITNESS

Thank you for sending out another great email of self-care. With all these fires and people staying in, this fun family fitness, specifically the focused fitness exercise, is great to keep kids and adults active. I will definitely try this on Saturday with my nephew.
- Rosalyn Phan

RELAXING VIDEOS

I have one of the videos up and playing right now as I work. A reminder to slow down and breathe.
- Jacqueline Pangkey



Where Have All the Strokes Gone?: Adult Stroke Team Participates in a Multi-site Study

In the first quarter of 2020, the stroke team for Loma Linda University Medical Center Comprehensive Stroke Center noted a significant decrease in stroke patients accessing care. In the spring of 2020, the stroke team was approached to participate in a multi-site research study in collaboration with Southwestern Memorial Medical Center in Dallas, Texas. Multiple stroke centers participated as research sites across the United States. The research study sought to examine the impact of COVID-19 on the hospital admissions of patients diagnosed with a stroke. The hypothesis of the study was that COVID-19 resulted in reductions in the hospital admissions of patients diagnosed with stroke.

The stroke team assembled a multidisciplinary research team that included Vincent Truong, MD, the medical director; Christopher Tarver, MD, medical director acute rehabilitation; nurse practitioners Desiree Torsney, ACNP, RN, and Cres-Anne West, FNP, RN; clinical nurse specialist Stacey Price, MS, RN; stroke manager Carrie Cobos Ulloa, BSN, RN; patient safety and reliability stroke analyst Cleidi Desousa; statisticians Toan Khuong, Carlos Samayoa; quality analyst Isabelle Azar; and clinical bedside nurses Ludmilla Doyle, RN, and Jungwha Park, RN.

The study examined two time periods, January through July 2019, and January through July 2020. The main goals of the study were to identify regional differences in acute stroke outcomes due to the COVID-19 pandemic, the impact of the shelter in place orders for each state in the study and to identify regional differences of inpatient rehabilitation facility outcomes for acute stroke patients during the COVID-19 pandemic. Additionally, the study examined demographic and intervention rates for this population.

After receiving Loma Linda University Institutional Review Board approval, the team worked together to identify and obtain the data in a period of three weeks to meet the timeline

set by the primary institution. Through extensive collaboration and dedication to this study, the data from a variety of electronic sources was reviewed and data from 555 patients was extracted on a variety of metrics, including demographic, history, intervention and outcomes. The interrater reliability for the data was 83.3%, which showed substantial agreement. The team is looking forward to seeing the results from across the nation upon conclusion of the data collection and analysis. The findings will be reported upon conclusion of analysis at the annual International Stroke Conference (ISC) and published in the journal Stroke.



Identifying Characteristics and Community Resources in the LLU Medical Center Stroke Population

The stroke team nurse practitioners identified information related to the social determinants of health was missing for the patients they saw who had been hospitalized for a stroke. In response, Desiree Torsney, ACNP, RN, and Cres-Anne West, FNP, RN, decided to conduct a research study to determine the characteristics of patients with acute stroke seen at LLU Medical Center. For this retrospective research study, a total of 696 records of patients admitted with a diagnosis of stroke in 2018 were reviewed. The research team examined the electronic health records and data collected by the stroke quality analysts, looking for demographic variables (age, gender, ethnicity, etc.), their primary residence, community

demographics and community resources such as pharmacies, food banks, fresh food markets, gyms/fitness centers, parks, banks, social services.

patients' discharge locations and how they might benefit from preventative health education and future locations for community outreach. The

This study enabled the Stroke team to have a deeper understanding of their population, the resources available in the patients' discharge locations and how they might benefit from preventative health education.

Once the database was compiled, the research team collaborated with the Geographic Information Systems (GIS) laboratory on campus to provide a spatial analysis of the data. Dr. Seth Wiafe, assistant professor in the School of Public Health, and Kristie Nguyen Pham, LLU School of Public Health student, applied the geotechnology principles to the database that Desiree and Cres-Anne had compiled and provided geodemographic mapping of the stroke population.

This study enabled the Stroke team to have a deeper understanding of their population, the resources available in the

results of the analysis indicated a small percentage of those seen were from out of state, which spurred nurse practitioners to look at discharge and handoff materials to ensure a smooth transition of these patients to their home environments and care providers. The data also identified local areas with high admission rates that might benefit from preventive health education. Finally, the nurse practitioners plan to use this information to develop discharge education and individualize discharge plans that include the local neighborhood resources available to the patients with the hope of reducing hospital readmissions.





Understanding Procedure-related Nutritional Delays Occurring in Children

Jocelyn Ipsen, RN, MSN, initiated this research study to improve nothing by mouth (NPO) wait times and alleviate any discomfort or frustration felt by pediatric patients. Hungry infants can be difficult to soothe and parents are often frustrated that their child cannot eat with no definitive end to the NPO order. As a result of this frustration, nurses are then met with anger or tasked with trying to calm an inconsolable infant. While there are unavoidable

events that occur in hospitals, such as emergencies or equipment failures, much of the prolonged times without nutrition are due to a lack of communication and knowledge. Infants can be NPO for up to 14 hours as a result of these issues. The person most affected by a faulty system is the patient.

The principle investigator for this study is Patti Radovich, RN, PhD, CNS, FCCM, and the co-investigators are: Jocelyn Ipsen, MSN, RN, PHN, CPN, Tami

Hitchcock, BSN, RN, CPN (MSN in progress), Invest Cocjin, DNP, CNS, RN, and Melinda Olson, BSN, RN. This study sought to determine if patients on the Acute Care Pediatrics Unit had prolonged NPO times. Often times, physicians place an order for a child to be NPO at midnight for an 8 a.m. procedure, not realizing that an infant can have breast milk up to four hours prior and formula up to six hours prior to receiving sedation. These guidelines are set by the Anesthesiologist Society of America (ASA) and in policy at LLU Children's Hospital.

As part of this research study, physicians and nurses were surveyed about their current knowledge of these guidelines and policy at LLU Children's Hospital. A survey was presented to all nurses working on Acute Care Pediatrics at LLU Children's Hospital with 57 responding. The nurses were asked if they are aware of LLU Children's Hospital's NPO guidelines and 91% said yes. When asked if physicians use these guidelines when placing an order for NPO, 60% said yes. We also wanted to assess the nurses' comfort level when using the NPO guidelines independently, and 89% said they were confident.

A second survey was sent to all pediatric physicians that work on Acute Care Pediatrics unit at LLU Children's Hospital with 39 physicians responding to the survey. The survey asked if they

were aware of the American Society of Anesthesiologists (ASA) NPO guidelines, 56% said they were not. When asked if they routinely used these guidelines when ordering NPO for their

(25%). The ASA recommends that patients being breastfed be NPO for four hours prior to receiving sedation. Currently, the data shows that the average time without nutrition on Acute Care

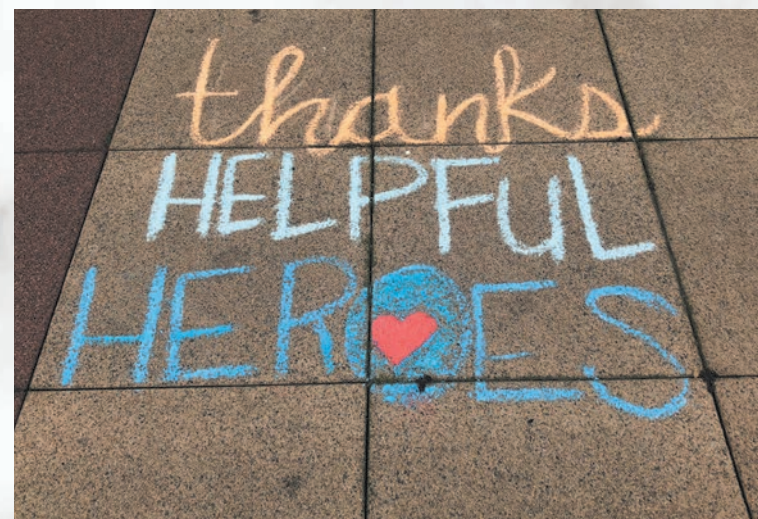
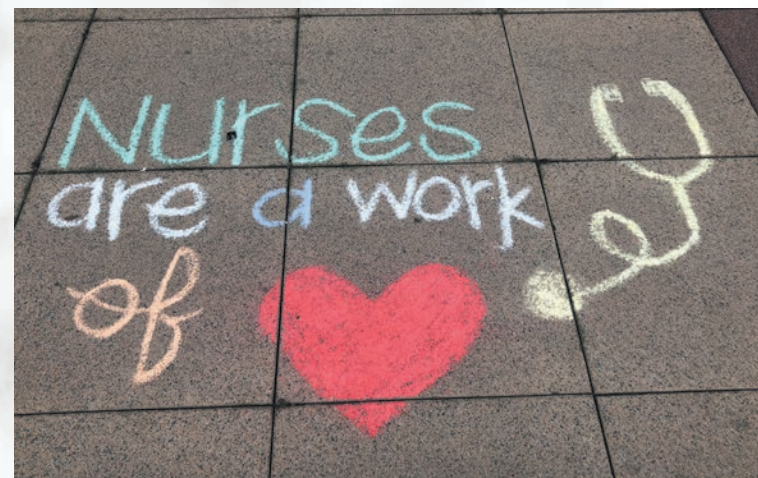
An infant can have breast milk up to four hours prior and formula up to six hours prior to receiving sedation.

patients, 48% indicated that they have never used the guidelines. When asked if they routinely used an order for NPO at midnight for patients scheduled to receive sedation for an MRI or surgical procedure the next day, 92% of physicians said they do this frequently or always. Additionally, the physicians were asked if they routinely ordered NPO after midnight for patients to be added on the sedation schedule for an MRI or surgery the next day, 84% stated that they did.

A review of the pediatric patient charts revealed that patients who were fed formula as part of their care and were scheduled for an MRI had an average NPO time of 11.43 hours. The ASA recommended time is 6 hours. Out of 20 instances, five of the procedures were canceled

Pediatrics for breastfed patients was 7.9 hours.

More data needs to be collected but the current data trend shows that patients are NPO for approximately double the recommended time. This potentially suggests that a process change could improve the current state. At present, the self-reported surveys reveal that physicians do not feel comfortable with their current knowledge. Nurses, however, feel confident in their ability to use the guidelines independently, which may help guide a future process improvement.



12

HOW COVID-19 RESHAPED
OUR NEW NORMAL

Near China's COVID-19 Epicenter, Sir Run Run Shaw Hospital's Focus on Safety Led to Zero Infections Among Nursing Staff

Loma Linda University Health hospital leadership and nursing staff learned from Sir Run Run Shaw Hospital's (SRRSH) experience with the pandemic during an online meeting held April 2, 2020.

Loma Linda University Health first became involved with the development of SRRSH more than

In early 2020, SRRSH served as triage hospital for the greater Hangzhou area — a population of over 10 million. In addition, the hospital sent nearly 200 physicians, nurses and respiratory therapists to the COVID-19 epicenter in Wuhan, Hubei province, to assist with patient care.

SRRSH implemented the following nursing practices, during the pandemic:

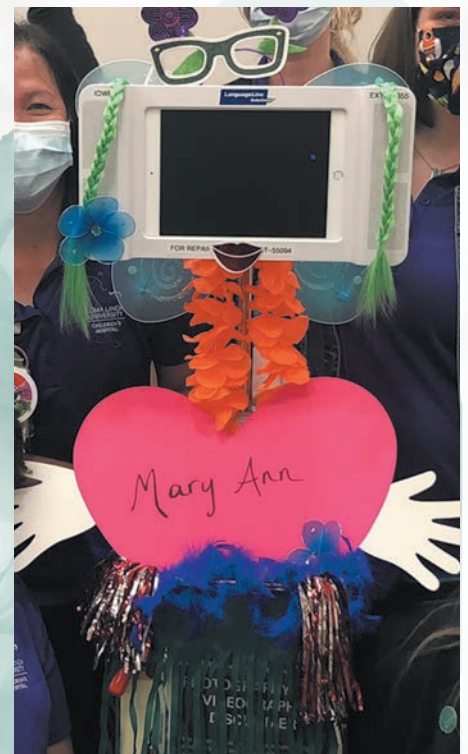
- Strategy for clearing hospital beds before the surge.
- Virus containment among nursing staff. "Nurses stayed at the hospital after extended rotations, at the end of a shift, nurses would self-isolate in rooms provided by the hospital, food was delivered to each room," Staples-Evans said.
- Focused staffing at the "Fever Clinic"— the one portal of entry to the hospital.
- Infection control system, using colors, to assess patient infection risk and contain positive COVID-19 patients.
- Live and online training using We Chat, to communicate workflows for different healthcare services.
- Ensured that nurses were equipped with personal protective equipment (PPE) and were trained on its proper use.

"These strategic efforts led to the safety of SRRSH nurses," Staples-Evans said. "Reportedly, not one nurse at either of the SRRSH campuses or those deployed to help in the efforts in Wuhan became infected with COVID-19."

"These strategic efforts led to the safety of SRRSH nurses," Staples-Evans said. "Reportedly, not one nurse at either of the SRRSH campuses or those deployed to help in the efforts in Wuhan became infected with COVID-19."

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-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 2,500 patient beds, 32 clinical specialties, 77 nursing units and nine ancillary departments.

Helen Staples-Evans, DNP, RN, NE-BC, senior vice president for patient care services/chief nursing officer (CNO) at Loma Linda University Health hospitals, said the meeting helped validate plans as COVID-19 patients began entering the Loma Linda University Health system.



Trailblazing the Magnet Virtual Site Visits

Traditionally after an organization has submitted a Magnet document and has met all the American Nurses Credentialing Center (ANCC) requirements, the next step would be a site visit. During a site visit the ANCC appraisers spend three to four days onsite to clarify, verify and amplify what was written in the Magnet document by holding various in-person sessions with leadership and staff. Due to the COVID-19 pandemic, both site visits for Loma Linda University Children's Hospital and Loma Linda University Medical Center were changed to virtual site visits (VSV). Based on this last-minute change, LLU Medical Center was now the first hospital

in the United States to pioneer the process of undergoing a VSV.

This required a great deal of collaboration and communication between all hospital staff and engagement from Magnet Champions who were the backbone to the VSV. Rather than worrying about the unknown, the Magnet team and Magnet champions decided to use this opportunity to remind staff that although times are tough, we are here to support each other. Every day during the VSV, the Magnet Champions were outside the breezeway and various hospital locations to thank staff with goodie bags and warm smiles to start and end their day. In order

to increase excitement around the VSV, the IPAD on Wheels (IOWs) that were utilized for sessions and unit visits were decorated to provide a fun interpersonal relationship between appraisers and staff. After an unforgettable experience, Rosalyn Phan, Magnet program director, was asked to present a webinar on behalf of the ANCC in regards to the planning, implementation and evaluation of the VSV process. We have been able to share our Magnet Journey at LLU Medical Center and LLU Children's Hospital with hundreds of organizations worldwide.



Putting the Patient Back in the Patient Experience

The Patient Experience department, under the leadership of its executive director, Jennifer McDonald, has spear-headed multiple initiatives to meet patient needs while respecting the limitations created by COVID-19.

iPads were made available on all inpatient units, particularly COVID-19 units, so that all patients could have face time with their loved ones. Loma Linda University Health visitors of the grand hallway are encouraged to interact directly with their loved ones via iPads provided to

them by our hospitality team. To further encourage interaction, a flyer was created, in English and Spanish, to remind patients to stay connected with family, complete with instructions on different apps and device features, so they may utilize their personal devices to reach out to others. A welcome video was created on the LLU Medical Center and LLU Children's Hospital electronic welcome page showing on patient televisions in every room.

The greatest project to date is the virtual patient rounding,

whereby the Patient Experience team reaches out to each patient, through his/her bedside phone. It not only provides an opportunity to do real-time service recovery, if necessary, but also to gather reward and recognition of staff/providers and add a spiritual component by providing an opportunity for prayer.

Success has been found in the collaboration between the Patient Experience team and their nursing partners to create a better experience for our patients and their families during this time.

Loma Linda University Medical Center – Murrieta’s Creative Design for COVID-19



In answer to rising COVID-19 concerns, LLU Medical Center – Murrieta employed innovative ways to not only support the growing patient population associated with COVID-19, but to also support its staff. One main innovation was the conversion of space within the hospital for COVID-19 patients. Within 10 days, the lobby was converted into a negative pressure zone for viral patients, referred to as the “Pink ER”, while the gastrointestinal treatment area and adjacent lobby were converted into a negative pressure inpatient COVID-19 unit with a 15 bed availability.

Lastly, in July, LLU Medical Center – Murrieta opened a second inpatient COVID-19 unit in

the Emergency Department (ED) surge space expansion to house 12 more patients with an extra negative pressure room. All this was done in a short amount of time and in collaboration between nurse leadership, Supply Chain, and Facilities, that constructed the negative pressure capability. ABC7 news highlighted these additions and the efforts their team has made and continues to make.

At this time, much has changed with structure and procedure within the COVID-19 units to preserve safety, with nursing and respiratory therapy maintaining the COVID-19 units by keeping supply inventory and environmental services (EVS) duties for their respective needs, aiding the physicians in telemedicine and

helping families stay in contact with loved ones through iPads. In an effort to support staff, food donations are occurring almost weekly, staff are rotated to decrease risk of burnout, unit leadership has increased rounding to meet the needs of their teams on both shifts, a monetary incentive is offered to those that would choose to work an extra shift in a COVID-19 designated space and many prayers have been lifted for God’s guidance during these times. LLU Medical Center – Murrieta leadership is grateful for not only the amazing teams that continue to give their best in meeting a unique demand, but also for the many volunteer clinical staff that have stepped in to help this hospital serve the community.

Spiritual Life and Wholeness During COVID-19

SOUL CARE

COVID-19 brought many changes to healthcare, including new protocols, new types of patients and rapidly changing information about what was required. All of this took an emotional toll on hospital employees. Without the ability to provide in-person support, the Employee Spiritual Care department implemented Soul Care. This prayer and reflection experience is offered via Zoom once each week for 15 minutes, making it easily accessible to all employees.

The first 15 minutes provides a space to listen, reflect and pray, following a theme provided by the leader. The second 15 minutes features a few words from Kathy McMillan, director of Employee Spiritual Care and an opportunity for discussion of the day's reflection. Approximately half of those attending choose to stay for the entire half hour.

SCHWARTZ ROUNDS

The Schwartz Center, based in Boston, was founded to help promote compassionate healthcare. Loma Linda University Health has been a member of the Schwartz Center since 2013. Through Schwartz Rounds, physicians and employees are given the opportunity to explore the emotional impact of healthcare. The multidisciplinary rounds are generally offered eight



40
Soul Care
Sessions

20 Schwartz Rounds
(Eight specifically
on COVID-19)

times a year, often connected to a physician specialty's grand rounds. A panel, made of various specialties, shares stories on a chosen topic, then the audience has an opportunity to respond.

When COVID-19 struck, there seemed to be a greater need for this forum. Rather than doing

rounds every six weeks, the Schwartz Rounds team provided six rounds in two months, all offered on Zoom. The topics were, "Coping with COVID" and "ACLS for the Soul: Moral Injury and Compassion Fatigue." Over 400 employees were able to participate in these rounds.

Experiences From the Frontlines During COVID

EMERGENCY DEPARTMENT GRADUATION

When it comes to celebrations, 2020 has not been one of the most celebrated years. However, in Emergency Department (ED) fashion, we were not going to let COVID-19 or civil unrest stop one of the most important milestones in a nurse's life. As we all know, the graduations for the School of Nursing class of 2020 were cancelled. Once we heard this and talked to the students, we went into action.

The schedules were looked at for each of the graduates. The school was contacted to see if we could borrow caps and gowns. Thank you to School of Nursing's Joanna Shedd, PhD, CNS, PHN, RN, and Lisa Highton, MSN, RN, MA, as they made this happen within about three minutes – each graduate was able to have a cap and a gown!

Our executive director, Connie Cunningham, MSN, RN, contacted our amazing CNO, Helen Staples-Evans, DNP, RN, NE-BC, to see if she would speak at the ceremony and we were off to a great start.

The families for each graduate were contacted so that they were in on the surprise. We did not tell the graduates what we had planned until they arrived the night of the graduation. The director for the ED, Shannon Canright, MS, RN, was able to get each new nurse graduate to come and told them we were going to have a meeting about the new graduate program in the ED. Each of the graduates were eager to learn about the program, so there were no issues getting them to the department.

Once they arrived, their gowns were ready, and it was announced that they were graduating in an ED-style nursing graduation! The families were all on Zoom in the amphitheater and we had a large group of staff that were there to greet the graduates. The graduation went off with very few hitches due to the great teamwork of the ED team.

Each of the graduates had their family and friends with them on Zoom. The feeling in the room was one that will never be forgotten. The graduation of a nurse is one that absolutely should be celebrated, and we were honored to be able to do this for this small group of individuals that worked so hard! We are so proud of our ED class of 2020!



MEDICAL-SURGICAL PERSPECTIVE (UNIT 6100)

Unit 6100 is known for its great teamwork between the nurses. Since the beginning of the COVID-19 changes in the hospital, the unit was busier than usual, as nurses experienced a series of fluctuations. Nurses were required to wear multiple hats in order to minimize exposure of other department employees, which increased their workload. This created a challenging transition and many nurses did feel burnout. However, Loma Linda University Health offered some great ways to help cope with these changes and added responsibilities. Schwartz Rounds were offered to discuss the emotional impact on the healthcare staff and to find coping mechanisms for navigating uncertainty at work and at home.

Furthermore, a chaplain has, and continues to come every week to pray with the nurses and give some words of encouragement.

The addition of a resource nurse for each shift has also been significant in addressing the burnout that has been seen. This has strengthened camaraderie on the units, and the team believes they are all in this together, helping and supporting each other through each shift. They believe in taking it one day at a time. The teamwork has been amazing! Whenever a nurse is going to pick up supplies from Central Supply or medications from Pharmacy, it is

always asked if the rest of the team needs something to help each other. Having a positive attitude and willingness to serve others turns tough times into blessings. Taking advantages of the resources provided at work, talking to your support system, or simply praying, gets the team through these times.



THROUGH THE EYES OF THE MEDICAL INTENSIVE CARE UNIT (MICU)

On Unit 4700, the MICU, we start the day helping a considerable number of our COVID-19 patients to a prone position ("proning"). There are some patients that can manage this with minimal assist and others that require 100% assistance. Manual proning will usually happen during the day shift hours where we have more personnel and attendings to assist with this process. This process can take up to six nurses, one patient care assistant (PCA), one to two respiratory therapists and an attending doctor for each prone patient. Extreme coordination and clear communication between all parties involved is crucial during this process, which has only strengthened our culture of being a team.

Teamwork for MICU 4700 has always been what the nurses and ancillary staff thrive on, and the flexibility and adaptability of the staff has shown during these times. In these last few months as COVID-19 has become our "new normal," our teamwork has been what has allowed us to continue and provide the best care possible with the little information we had initially. These times have been challenging as we have often seen treatments fail and families grieve through Zoom at alarming rates. After months of this, we were all familiar with burnout. We made it our practice to provide exceptional and essential emotional, physical and mental support to each other, especially in an ear for listening

and a shoulder to cry. Kind words, small momentos and food to fuel us have provided encouragement during the many days and endless hours we are all putting in.

In consideration of the difficulties that COVID-19 has brought and in light of the affects on the team, we want to convey to other hospitals and nurses to be patient with each other. This is the first time we have experienced a pandemic; there is a lot that we do not know and are learning as we go. Constant communication and keeping everyone updated with all the new information that becomes available is crucial. Be extremely safe and protect yourself.

LLU CHILDREN'S HOSPITAL NURSES PROVIDE SUPPORT TO LLU MEDICAL CENTER NURSES AND STAFF CARING FOR COVID-19 PATIENTS

Working during the pandemic in these unprecedented times and adapting to the changes related to it requires collaboration and support. In a LLU Children's Hospital nursing leadership meeting where the efforts of the LLU Medical Center nurses working with COVID-19 patients were discussed, Jennifer Pedersen, LLU Children's Hospital patient care manager of Unit 4800, Hemology/Oncology, introduced a plan to provide support for the LLU Medical Center's nurses and staff who were caring for COVID-19 patients. Initially, early in the pandemic, the LLU Children's Hospital nursing team rallied to support the Emergency Department nurses.

As the COVID-19 numbers surged in July, the LLU Children's Hospital leadership team was engaged by five group leaders who solidified the idea and rallied our teams to recognize LLU Medical Center nurses and ancillary staff. Supported by Sherry Nolfé, MS RN, Chief Nursing Officer, a taskforce was formed through joint efforts between nursing leadership and the ancillary departments, such as Language and Child Life Services, Social Work, Case Management and Respiratory Care. The five teams put together



the gift bags consisting of treats and stress-reliever items and then distributed them to their assigned COVID-19 units within LLU Medical Center.

"My team recognized Unit 4700 Medical Intensive Care Unit (MICU). The day of delivery was amazing, heartbreaking and emotional for me. Just hearing and seeing the love the nurses were giving their patients and the emotional grief they are dealing with," said Jennifer. "Every staff member (RN, MD, PCA, RCP, etc.) received a goodie bag that included a K-cup, coffee creamer, Chapstick, gum, stress ball and candy. Our group brought individually wrapped, fresh baked cookies and tea to enjoy in the break room. A couple of nurses spoke to us about their journey and how it was affecting them, one was about to cry when speaking to us. Many in my team were asking what can we do for you — thinking

what else we could do to show support to them. Even now as I am writing this email (story), my eyes are tearing up."

Josh Lund, assistant VP of Supply Chain Management, wrote to Sherry Nolfé, "I am truly grateful for the amazing display of gratitude from your team this morning down in CS! We all have been struggling to keep morale high and this was a HUGE boost for them. Thank you so much for taking the time to recognize the hard work and dedication from our CS team. We appreciate you and your leadership!"

Such a heartwarming story not only highlights Loma Linda University Health's values of Teamwork and Compassion, but also shows how human creativity and connection have blossomed during this stressful period of our lives.

Below were the teams and their assigned areas:

TEAM LEADER TEAM FOCUS	MEMBERS
<p>Jocelyn Ipsen, Manager 7200</p>	<p>Shana Fujimoto, Executive Director Celina Afenir, Director Linda Puma, Director Marianna Prieto, Manager Heidi Seto, Manager Joanna King, Manager Jennifer Quach, Clinical Educator Kelly Rolle, Clinical Educator Mike Tiras, Clinical Resource, Respiratory Care Nan-Shih Lee, Manager</p>
<p>Jennifer Pedersen, Manager 4700</p>	<p>Beth Rankin, Executive Director Jacki Blake, Director Mayra Benitez, Director, Social Work Valorie Adams, Manager Alane Allbee, Manager Dina Casaclang, Manager Martha Lopez, Manager Daisy Ramos, Clinical Educator Crystal Wray, Clinical Educator Michele Wilson, Clinical Nurse Specialist</p>
<p>Sylvia Pijuan, HR Partner 6100 and 6200</p>	<p>Tru Otianga, Executive Director Lorena Mercado, Clinical Nurse Specialist Bernice Chapman-Stewart, Director, Case Management Cynthia Grijalva, Manager Veronica Tsui, Manager Amber Olson, Manager Sandy Devine, Clinical Educator Julie Fluitt, Clinical Educator Cindy Sessler, Clinical Nurse Specialist</p>
<p>Michele Grainger, Manager Central Service and EVS</p>	<p>Kristin Diaz, Executive Director Kim Johns, Director Dina Evans, Director, Language Services and Child Life Aloha Malit, Manager Jeane Spaid, Manager Susan Bone, Manager Michelle Harris, Clinical Educator Kendra Fittante, Clinical Educator Invest Cocjin, Clinical Nurse Specialist</p>
<p>Ru Kirk, Manager EVS</p>	<p>Sherry Nolfe, Chief Nursing Officer Anthea Gibbons, Director, Respiratory Care Karin Colunga, Director, Advanced Practice Nursing Scarlett Czarnecki, Manager Shelley Taylor, Manager Janelle Huntsman, Manager Robert Wallace, Manager, Respiratory Care Rachel Walker, Clinical Educator Janae Jones, Director Kim Falsone, Clinical Educator</p>

Stronger Through Teamwork: The Experience of the Pediatric Step-Down Unit

In March 2020, as the reality of COVID-19 started to hit, our hospital started meeting to plan how to care for these patients in the safest manner possible for both the patients and our staff.

while still providing excellent care for our patients.

Our charge nurses had to track and rotate the staff assigned to the COVID-19 areas, as well as

for shows for children to watch and brought in coloring pages for them to work on. In an effort to meet patient and visitor needs, our nurses have run downstairs to pick up food and clothing from family members bringing these items in for the patients and parents, since visitors can't leave the room. They have done all these things with positive attitudes and worked as a team to make it all happen.

To help battle burnout we have included tips on mindfulness and building resilience in our weekly service line update. We also include a synopsis of changes that have come out over the week, so that staff have one central email to look to for important information. This update also includes recognition from families that were recently discharged. We have grown as a unit in taking on this challenge, and built stronger relationships with each other.

Our nurses have had to fulfill many roles for these patients, trying to entertain them and be their conduit to the outside, with only their one family member present at the bedside.

In this planning phase, one area of our Pediatric Step-Down Unit was identified as the unit that would be used primarily in the LLU Children's Hospital for non-critical COVID-19 patients. At that point, there were command centers in both LLU Children's Hospital and the LLU Medical Center, and information and education was coming out daily to staff. It was a huge task to keep up to date on everything the staff needed to know to keep themselves safe

ensure there was enough personal protective equipment for anyone that might need to enter the room during their shift. Our circulating nurses, charge nurses and patient care assistants had to increase the frequency of rounds to that area to support the nurses taking care of patients in that area. Our nurses have had to fulfill many roles for these patients, trying to entertain them and be their conduit to the outside, with only their one family member present at the bedside. They have held babies, searched



STORIES OF INNOVATION

23

Innovations in Suicide Prevention

Suicide Prevention Taskforce

In light of the growing number of suicide attempts annually across the nation, especially among those of hospitalized patients, LLU Medical Center and LLU Children's Hospital have decided to partner up and collaborate with psychiatry, neuropsychology and social work to help prevent suicide attempts in the patients we serve. The Suicide Prevention Taskforce



(affectionately known as SPS) were created with the purpose of revising current policies and processes in the hopes of implementing new evidence-based practices to help increase staff and patient safety, while meeting regulatory and licensure requirements. Although it is new, SPS has partnered with Nutritional Services in establishing a "safety meal tray," which direct caregivers can order and thus reduce the risk of patients getting access to sharps otherwise contained in regular trays. Next steps for the squad involve a multidisciplinary gap analysis to improve upon

patient suicidal risk assessment, reassessment, environmental safety checks, accurate documentation and provision of educational resources for patients.

Perianesthesia Team Collaborates to Create a Suicide Screening Algorithm

According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2018, suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 48,000 people.

Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.

Nearly 4,300 Californians killed themselves in 2016, a 50% increase from 2001. The suicide rate rose from 8.2 suicides per 100,000 residents to 10.9 suicides per 100,000 residents over the same time period. In San Bernardino county, rates have varied from around 10 suicides per 100,000 residents to 11 per 100,000 residents. This compares with 10 to 10.5 per 100,000 for the State of California.

At Loma Linda University Perianesthesia screening, the staff became aware that the current suicide screening process did not provide proper resources for patients in the outpatient population. Along with this, there was also lack of interventions

available for staff in these outpatient areas. This led the staff to feel inadequately equipped to deal with a positive suicide assessment screen.

The professional governance team set about to address this problem. The team includes Caleb Pierce, BSN, RN (chair); Joy Tossell, BSN, RN (co-chair); Kimberly Duong, BSN, RN (secretary); Bree Shields, BSN, RN; Shelby York, BSN, RN; Yvonne Tinker, AS, RN; Alycia Morrie, BSN, RN; Katherine Crosby, BSN, RN, PHN, CPN; Crystal Rivera, BSN, RN; and support from the nursing leadership team, Maria Letts, DNP, FNP-BC-NE-BC; Andrea Mason, MSN, RN, CNS, ACCNS-GE; Laura Brauer-Herrmann, BSN, RN, CPAN.

The goal of the team was to create a centralized and consistent process to identify and provide outpatient resources for suicide screening in the perianesthesia setting throughout the organization. Working with the Quality and Safety staff, they created a suicide screening algorithm specifically for the outpatient areas that could be built into LLEAP (the electronic health record). The algorithm is currently making its way through the proper committees before presentation to the LLEAP team for development of the build for implementation. The team is enthusiastically looking forward to the implementation of the electronic screening and its use in assessing and providing assistance for outpatient pre-operative patients.

Improving High-risk Pediatric Diabetic Patient Outcomes Through Evidence-based Practice

At the LLU Children's Hospital Pediatric Diabetes Center, we are fortunate enough to work with a multidisciplinary team which consists of endocrinologists, registered nurses, registered dietitians, social workers, licensed vocational nurses and patient care navigators to provide emotional, mental, spiritual and physical care for children with diabetes, as well as their families. While caring for our patients, a key issue we have witnessed is the difficulty our patients have with maintaining optimal glycemic control, which is measured by their hemoglobin A1C (A1C) as indicated by the American Diabetes Association. We found that there was no specific guideline or process in place that our diabetes team utilized to address ways to decrease a patient's A1C. Because each pediatric endocrinologist's care for a child with an elevated A1C was different, we had no clear way of determining how to most effectively care for these patients. As a team, we are working on developing an evidence-based guideline for the management and care of pediatric patients with diabetes who have an A1C above 10%.

Our project team is comprised of seven members: five registered nurses, one social worker and one patient care navigator. Using the Johns Hopkins Nursing Evidence-based Practice Model,

we are developing a guideline that would utilize the various resources at the clinic to reduce the patient's A1C by addressing barriers such as mental health, limited diabetes knowledge, as well as access to care in order to help our patients achieve greater glycemic control. Through this evidence-based practice model, we are able to organize and utilize research articles, national diabetic guidelines and previous research projects to ensure the guideline developed is supported by evidence and research.

Our guideline would be applied to our patients who have an A1C of 9% or greater. A fundamental element in our new guideline states that these individuals would be seen by their endocrinologist every six weeks, visit with the clinic's social workers and registered dietitians at least every six months or more often if needed, and have their A1C measured at each visit. This will reduce approach variability and increase the frequency of meetings with a registered dietician and social worker that had previously generally occurred yearly. Once this guideline is in place, our diabetes team will measure its efficacy by measuring the number of hospitalizations,



number of missed appointments and A1C results every three months to determine whether the majority of patients are benefiting from the utilization of the guideline.

By developing and utilizing a guideline supported by research, we hope to positively impact our most vulnerable patients. By addressing mental health and physical health in the children we serve, we hope to teach our patients that both emotional and physical health are an important part of living with diabetes. A guideline that is clear and concise will allow our team to easily identify which patients are in need of additional resources and more frequent appointments follow up. We hope the evidence-based practice project will allow us to better serve and address the unique needs of our pediatric patients and help them as they become healthy and happy adults.

Patient Collaboration in Hand Hygiene

The sixth floor team consists of nurses from each of the Acute Care Medicine units. We also include the patient care assistants as part of our collaborative front. Our team continues to evolve and reinvent itself each year. In spite of the many changes, our team continues to have a good combination of experienced and novel staff working together.

Our Medicine Line Evidence-based Practice (EBP) Project for this year will focus on the washing of the patient's hands as a multi-disciplinary concrete approach in decreasing hospital-acquired infectious disease. Our team determined that despite the significant efforts directed toward educating staff about their own hand-washing, the patient's hand-washing has been assumed to occur and has been relegated to being part of the patient's overall hygiene. What has been neglected is the tangible parameters on the how, when, why and frequency that patients should be washing their hands.

Our EBP team continues to use the John Hopkins approach, following their model and step-by-step methods in our project's development. Each year, we first make our new members familiar with the model by giving them resources such as classes, videos, and provide each member with the John Hopkins's Nursing Evidence-based Practice Model

and Guidelines textbook. After the orientation, the team will initiate the project by selecting the new topic and following the EBP to develop our practice change.

We chose this year's topic because we felt very strongly on the power of prevention. We hope to see very real and attainable results in reducing the numbers of hospital-acquired infections, such as CAUTI and C-difficile, in our units. We also believe that a standardized approach among our units will greatly increase the accountability of each nurse and provide for increased collaboration among our staff to achieve the common goal. In light of

COVID-19, we cannot stress enough how important hand-washing is and how it needs to be part of our culture and DNA, and that of our patients.

We hope to find out, through evidence, the impact that frequent and thorough patient hand-washing can have in the spread of infection in hospital stays. We are eager to learn more about what other institutions are doing in the realm of patients' hand-washing, and we hope to incorporate any innovative new practices with our units and eventually to the rest of the hospital.





Loma Linda University Behavioral Medicine Center: Intake With Compassion

Behavioral health needs encompass all generations at various levels. At LLU Behavioral Medicine Center, we have the distinct ability to offer walk-in and telephone inquiries for anyone seeking behavioral health services of all levels. Prior to and during the COVID-19 pandemic, LLU Behavior Medicine Center Intake Department nurses triage calls for individuals and families who are in acute crises seeking immediate services or reaching out for resources. Seven days a week our Intake Department nurses manage hundreds of calls that can take anywhere from five minutes

up to one hour, depending on the sensitivity and severity of the call. There are times where an intake nurse has stayed on the line with a person in need while another nurse coordinates for a safety visit by the police to ensure the person on the line is safe and not able to harm self or others.

In addition to managing calls, the intake nurses also triage individuals who walk into the LLU Behavioral Medicine Center who have reached their limit and find themselves with no one and nowhere to turn. At times the individuals are apprehensive, but once able to interact and talk with

an intake nurse, their story begins to unfold, presenting a very unsafe situation. The compassion and care that the intake nurses provide on the phone and in person, has been instrumental for individuals with mental health needs to receive the care that is much needed. For many with mental health needs, reaching out takes a lot of courage. At LLU Behavior Medicine Center, the intake nurses understand this, and go the extra mile by taking the time to listen to and hear what the need is in a compassionate and caring way.

Tracheostomy Rounds: A Collaboration Between Nursing and Respiratory Care

It has become increasingly more challenging to avoid device-related pressure injuries without a team approach. Device related injuries include devices that are placed by a respiratory care practitioner (RCP) and include tracheostomy tubes and masks, endotracheal securement devices, BIPAP/CPAP masks and nasal cannulas. For some time now, RCPs have been placing barrier products at the time of implementation of therapy, but this was not the whole story and did not provide the highest level of skin protection for our patients.

At LLU Medical Center, the Acute Care Nursing and Respiratory Care departments embarked on a program that brought a team approach to assessment and oversight for the patient with a tracheostomy.

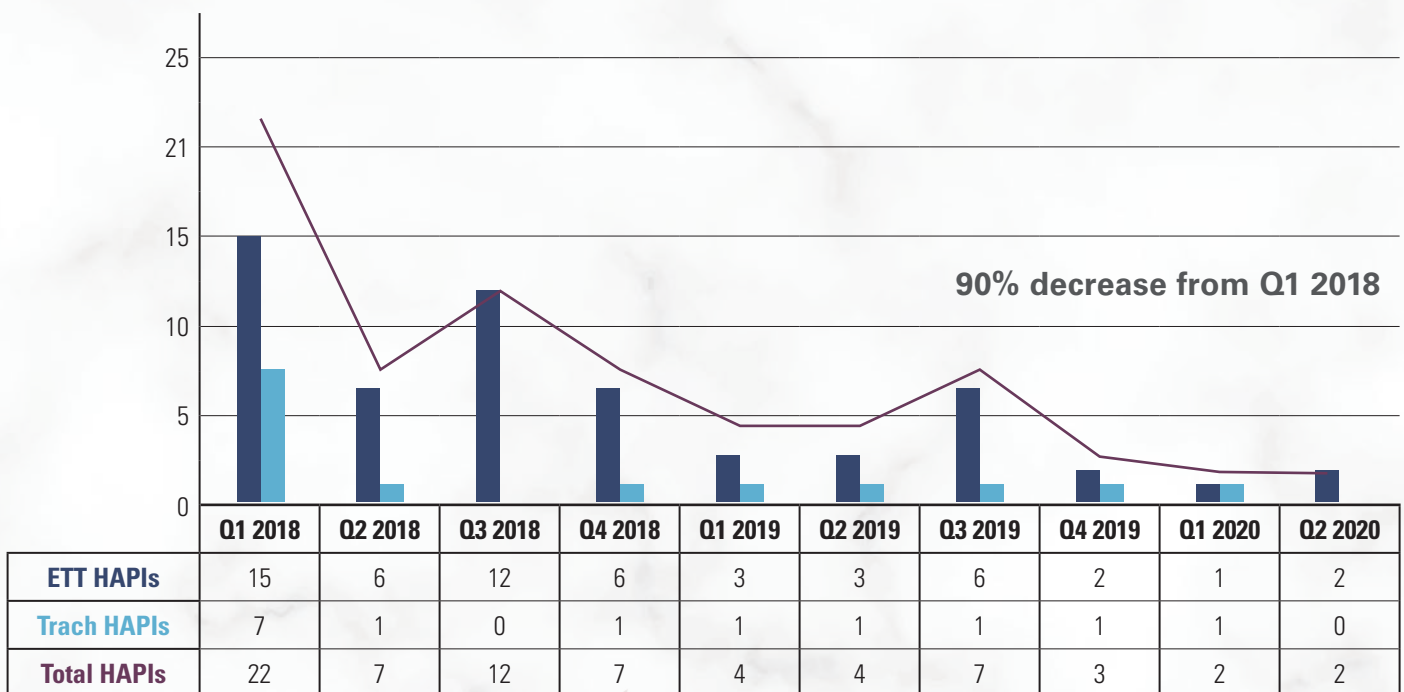
In October of 2019, the discharge RCP began daily tracheostomy rounds. The discharge RCP is tasked with all tracheostomy training for surgical insertion patients that intend to go home upon discharge. It was decided to expand the discharge RCP's role to include a daily assessment of

all inpatient tracheostomy patients with a specific focus on the following goals:

1. Provide daily inspection and oversight of all tracheostomies, surgical and admitted. This inspection focuses on pressure injury prevention. Any evidence of pressure injury is immediately reported to the bedside RN and recommendation to request a wound consult.
2. Confirm the presence of a new proper size tracheostomy kit for emergency use.

LLU Medical Center Total Number of ETT and Trach HAPIs

Q1 2018 - Q2 2020





3. Confirm that if the patient is a new surgical insertion, Ear, Nose, Throat Service has placed order for discharge training. This will prevent delay in patient discharge.
4. Answer any questions, concerns or issues that the nursing staff may have. Provide on the spot education or seek education opportunity from the respiratory care educator.
5. Confirm that if the patient has a customized tracheostomy in place, that an alternate size is available for use, and if not, request an order be placed for the proper size tracheostomy tube.

Following the launch of this program and the immediate observation by nursing of the added layer of tracheostomy assessment, the acute care

nursing leadership decided to take the program a step higher; the nursing team wanted to create “nursing trach champions.” The RN/RCP partnered in a training arrangement for tracheostomy rounds, performing the goals listed above, and becoming more familiar and confident in the management of tracheostomy patients with a specific focus on early detection of device related pressure injuries.

In addition to the RN/RCP tracheostomy rounds, another process had launched in early 2019 with a specific coordinated activity called the RN/RCP daily skin assessment. This process involved nursing and RCPs looking from the neck and above for any evidence of device related pressure injuries. The assessment with the two disciplines allowed the RCP to move the device and together look for evidence of injury. A number

of benefits were recognized from this process; early recognition, fresh eyes, early off-loading and notification to the Wound Care team for further evaluation and staging.

Following implementation of both of these programs, we saw a 90% decrease in device-related pressure injuries as evidenced in the graph.

In summary, it is a benefit to the patient to have partnerships with nursing and respiratory care staff, bringing the talents of both disciplines to ensure the highest level of patient safety and care. These creative nursing and respiratory partnerships have demonstrated that together we can do so much more. We appreciate our team’s willingness to partner as we continue the healing ministry of Jesus Christ.

Supplemental Staffing Innovative Mobile Application

Supplemental Staffing Network (SSN) is a department composed of RNs, PCAs, PCTs and RCPs, who are deployed to support clinical staffing for all hospitals within Loma Linda University Health. Newly hired SSN employees receive their clinical orientation in different patient care areas and interact with different preceptors. Because of the vast range of locations where a new SSN employee can orient and who they precept with, our managers and clinical educator explored to find gaps in orientation checklist compliance, as related to timely submission, checklist completion and/or preceptor signatures. This prompted the SSN management team to recreate the existing orientation checklist process in accordance with Staff Development orientation standards, and translate them into an electronic form with workflow automation to address the identified gaps.

This project is a partnership between SSN management and University Information Systems (IS). Jet Role, RN, DNP, SSN Director, Christina Guzman, RN, BSN, SSN Clinical Educator, and James Thompson, RN, MS, SSN Manager, were the project leads from the SSN management team and Reynaldo Padilla was the technical lead from University IS. Carmela Hongthong, RN, MS, Kolini Manu, RN, MS, and Megann Synnott, RN, MS, are

SSN managers who assisted with the user acceptance testing (UAT) and implementation.

The project's objective was to develop a mobile application (app) for smart phones that would be accessible to all SSN employees. This mobile app provides a new hire with access to their orientation forms. The mobile app assists new hires in easily tracking their orientation checklist, while enabling preceptors to use the app to complete the orientation checklist and sign it off electronically. The orientation checklist form also has workflow automation features that send emails to the new hire, preceptor, manager and educator once the checklist is completed. Added features of the app include easy access to float orientation packets and orientation manuals, as well as call buttons to connect with staffing and managers.

Our clinical educator is currently measuring the number of missing items in the checklist, delayed submission and identifying other process issues. These numbers will be compared with the numbers post mobile app implementation. In addition to

these, we will be conducting a test on usability to assess employees' perception on the mobile app's design, usefulness and functionality.



Next Steps

The project is currently in the development stage and plan for beta testing in the first quarter of 2021. We are completing the final version of the electronic orientation checklist that would serve as our template for future iterations and discussing workflows that best support the application and purpose. After beta testing, the team will be preparing to submit an article for publication.

A New Way of Training: New Graduate RN Residency Program

As the acuity of patients intensifies, the professional demands increase, the clinical responsibilities grow and the gap between nursing school education and real-world clinical application becomes more complicated. To address the many demands, nursing as a profession at large has needed to identify innovative ways to train new graduate registered nurses.

Over the past decade, the profession of nursing has introduced the new graduate nursing residency program. There are many informal names and program designs, but overall the program's main objectives are to provide an "encompassing organizational orientation, practice-based experience, and supplemental activities to promote nursing professional development" (American Nurses Credentialing Center (ANCC), 2019) for newly licensed RNs. The expected outcome of this comprehensive, standard, high-quality program is for these RNs to transition to practice with confidence, and have a strong demonstration of the "knowledge, skills, and attitudes that meet the standards of practice defined by the [nursing] professional society" (ANCC, 2019).

LLU Children's Hospital was the first of the six Loma Linda University Health hospitals to embark on the journey, and were the pioneers of this innovate style of teaching. They started their program in February of 2002, and have seen many evolutions in its formatting. The Children's Hospital new graduate RN residency is an

extremely competitive program in our region, with an average of 400 plus applicants for an average of 27-35 open slots. Thus far, 39 cohorts have gone through the program, which equates to 1,130 nurses just for Children's Hospital alone! The program has been very successful primarily because of the early buy-in and universal support from the very beginning. Ursula Ueno, the clinical lead educator of the residency program, stated: "It is a very well structured program designed to support new graduate nurses and create an environment that helps the RN resident to feel progressively more confident in their practice."

All new graduate RNs from our many entities are hired only through the residency and are warmly welcomed into the units. The program is a yearlong program; the first 16 weeks of the program are classes spread out to create a perfect blend of clinical shifts and didactic classes. Finally, the very well-seasoned debriefers and mentors add the psychological, social and professional development support that is so important for these new graduate RNs.

While 2020 has been a challenging year for so many of us, a true excitement has been the beginning of a new graduate RN residency program for Medical Center, East Campus Hospital, Surgical Hospital and Behavioral Medicine Center. This first cohort went live in April, along with the 38th cohort of the Children's Hospital and appropriately was nicknamed the

COVID Cohort! Along with that came many challenges including Zoom and the lack of having the group together for various activities. In spite of the fact that the COVID-19 pandemic disrupted most face-to-face activities, the nursing team that makes this nursing residency a possibility, bravely moved forward and continued with the spring cohort, using alternative delivery methods which included several live stream classes and more self-paced e-learning modules. In the end, despite all the challenges, both cohorts were very engaged and understanding of the changes. "By the end of 2020, the residency program ended with our Medical Center hospitals celebrating the commencement of three cohorts in time with our LLU Children's Hospital welcoming its 39th cohort!"

What makes all this hard work and dedicated effort worth it? Anette Nunn, adult director of the residency program and LLU Surgical Hospital, said it best: "The joy on their faces, albeit through Zoom, has been wonderful, and we have received wonderful emails and comments about the camaraderie that has been gained through the program. Our vision is that the program will help the RN residents develop a love affair with the organization and develop deep roots that will retain them as 'lififers!'"

References

American Nurses Credentialing Center (ANCC). (2019). *The Practice Transition Accreditation Program TM*. Silver Springs, MD, USA: American Nurses Credentialing Center.



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AWARDS AND RECOGNITION

Magnet Designation Achieved!

Magnet designation symbolizes the dedication and commitment to providing exceptional patient care and creating a culture of nursing excellence. The nurses at a Magnet organization understand that they are empowered to use their voice to be change agents and leaders at the bedside. Through the collaboration with interdisciplinary colleagues, providing high-quality safe patient care is enculturated into

our everyday practice. Magnet designation reaffirms that the organization utilizes evidence-based practice and research to guide decision-making throughout the organization. This recognition serves as a roadmap to enhance patient care, patient and nurse satisfaction, professional development and innovation for years to come. Loma Linda University Medical Center and Loma Linda University Children's

Hospital are the first hospitals in San Bernardino County to receive Magnet recognition. This prestigious designation is valid for four years and has only been achieved by 9% of all hospitals worldwide.

Congratulations to LLU Medical Center and LLU Children's Hospital on your wonderful Magnet Designation – we are proud of you and honored to work alongside you all!

CHILDREN'S HOSPITAL | MEDICAL CENTER

	CHILDREN'S HOSPITAL	MEDICAL CENTER
ANCC National Certifications	30.03%	45.16%
Total Number of Professional Governance Councils (Inpatient and Ambulatory units/departments)	9 Councils	28 Councils
Bachelor of Science in Nursing Degree and Above (MSN, DNP/PhD)	77.09%	79.12%



Celebrating Together!



“Living out our mission to me means treating each patient with kindness, respect and compassion. It is important to build and maintain patient trust by delivering safe and reliable care.”

Jennifer Brumett, RN
Unit CCST

“Integrity is ensuring our actions are consistent with our values.”

Ebone Welton, BSN, RN
Unit 2100

“Wholeness is embracing a balanced life that integrates mind, body and spirit.”

Grace Wright, BSN, RN, CPN
Unit 4200



Daisy Award Honorees | May 2020

Joyce Archbold

University Hospital
Unit 9300

Alexandra Bandy

East Campus
ICU/Advanced Practice

Anna De La Cruz

Children's Hospital
Unit 3700

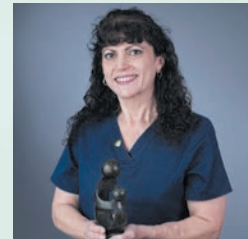
Sunjeeve Weeransinghe

Children's Hospital
NICU/Advanced Practice



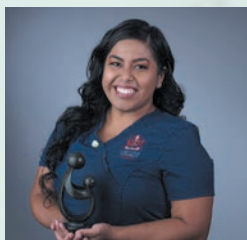
Amy "Nickey" Browning

LLU Medical Center – Murrieta
Fifth Floor



Magda Gonzalez

LLU Medical Center – Murrieta
ICU



Sandy Castellano

University Hospital
Unit 4300



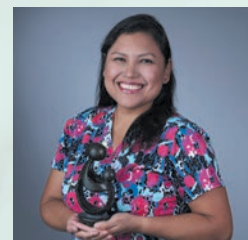
Kelsey Weber

LLU Medical Center – Murrieta
ED



Wilmarie Gil

Behavioral Medicine Center
Unit 300



Liliam Acosta

Children's Hospital
Unit 4800

Honoring Excellence

INNOVATION NEW KNOWLEDGE AND RESEARCH

Liesel Miller, BSN, RN, WOCN

Innovation (widely adopted strategies and service delivery): Liesel presented patient cases of skin failure at the National Pressure Injury Advisory Panel Conference in 2020 in Houston, Texas. These cases, along with the skin failure algorithm, were reviewed by the panel in an effort to come to consensus on the concept of skin failure. The algorithm prompted discussion with many educational institutions across the U.S., as well as the subject matter experts on the panel. Using this algorithm at Loma Linda University Health has allowed for the implementation of advanced pressure injury prevention measures in a timely manner for the high-risk skin failure patients.

Improvements (quality, efficiency and cost effectiveness): The skin failure algorithm gives providers a tool to objectively and systematically categorize certain skin injury as skin failure based upon specific criteria. This ensures the diagnosis of skin failure is used when appropriate, and that wounds are categorized correctly. This has improved the quality of our assessment, has increased the efficiency of “wound huddle” and is cost effective by reducing the amount of time spent discussing wound etiology.



EVIDENCE-BASED PRACTICE AWARD

Sharon Fritzsche, DNP, FNP, RN

Sharon Fritzsche, DNP, FNP, RN is an accomplished author with her most recent published article in the International Society of Plastic and Aesthetic Nurses Plastic Surgical Nursing Journal (December, 2019). Her article focused on providing optimal safe cleft care, reduction of healthcare costs and improving outcomes for the Asian American population. Sharon’s passion for providing evidence-based nursing is demonstrated on a daily basis whereby her work incorporates quality decision-making and providing nursing care based upon personal clinical expertise in combination with the most current, relevant research available on the topic.



NURSING QUALITY AWARD

Beth Rankin, MS, RN

Beth Rankin, MS, RN, has dedicated her career to serving others with extraordinary excellence. During her time at LLU Children's Hospital, Beth's passion for patient-safety and quality-outcomes has shone through in all that she does. Beth started her journey at LLU Children's Hospital as a bedside nurse on the Pediatric Hematology Oncology unit. Beth's attention to detail with patient-safety protocols nurtured her resolve to perform to the ideal that no patient should leave our organization worse off than when they came to us. "My family has a long-standing joke, they call me 'Mrs. Safety,' patient safety is in my fiber. I am passionate about improving the care we provide and making our processes safe for patients and team members." Beth has succeeded tremendously at several roles with the hospital, and in 2016, an opportunity to truly live her life's passion presented itself in the form of a promotion to Director for LLU Children's Hospital Quality. In her new position, Beth immersed herself in driving regulatory-readiness initiatives and interdisciplinary collaborations, that would lead to the introduction of several LLU Children's Hospital patient-care protocols such as the sepsis protocol, asthma and bronchiolitis pathways and standards and procedures to reduce hospital-acquired infections. She also championed participation in the Children's Hospitals' Solutions for Patient Safety collaborative. Under Beth's leadership, LLU Children's Hospital earned its first designation as a Leapfrog Top Children's Hospital in 2017 and has continued for three years in a row. Because of her passion, dedication and commitment to our organization, we at LLU Children's Hospital are always reminded to put our patients' safety first in every decision we make.



LOMA LINDA UNIVERSITY MEDICAL CENTER – MURRIETA TRANSFORMATIONAL LEADERSHIP



Kristin Butler, BSN, RN

Transformational leadership is being a role model for followers in order to inspire them and to raise their interest in the project; challenging followers to take greater ownership for their work; showing strength in the abilities to adapt to different situations, share a collective consciousness, self-manage; and being inspirational while leading a group of employees. Kristin is all of this and more. She has grown into an incredible servant leader and mentor to her team. Her team has great respect for her and they trust her enough to approach her with their concerns, knowing that she will listen and do what she can to address the concerns. She is very visible on the floor and helps in times when the team needs her. She has successfully led them through the current pandemic, ensuring that they had what they needed to be safe while caring for their patients. She has spent countless hours researching best practices and processes to ensure that alternate care areas were implemented along with any process change needed. She solicited the help of her team to ensure that they had input into the changes, to make sure that they had a voice and empowered them to make the changes. Kristin is always available to them no matter what time of day it is. She is truly inspirational, has led her team through this uncertain time and has done so with grace and a sense of calm.



Jessica Contreras: Celebrating Professional Development Through the Clinical Nurse Ladder

I have been a nurse since 2013, having completed my practicum on Unit 4700 Medical ICU, where I was hired as a new graduate. I began my application for my Clinical Nurse-D (CN-D) in November of 2019, and received the promotion in February of 2020.

In looking at my unit, the MICU has a strong team of providers and nurses, many of whom are nationally certified, that have demonstrated resilience and strength during the COVID-19 pandemic. When the COVID-19 pandemic struck, the COVID-19 positive ICU patients were housed on our unit. I didn't think fighting a pandemic would be in my job description, but not only has it been an honor to care for COVID-19 patients, I am also grateful to be fighting it alongside some of the best nurses, respiratory care practitioners and doctors.

The two CN-Ds present on my unit are solid and professional nurses, and to be categorized alongside them is humbling. I wanted to advance the clinical ladder in order to showcase the hard work performed on Unit 4700. There is an unusually high number of nurse-driven protocols that have derived from the MICU nursing staff, such as the enteral feeding protocol, the withdrawal of life support protocol and the current COVID-19 protocols. Thus

the promotion was not only a benchmark for me, but also for my unit colleagues. A highly qualified MICU team means a better environment to work in. I am so proud of the work performed on Unit 4700; the caliber is second to none. There are many nurses on my unit who are pursuing their CN-D and I am excited and look forward to seeing them attain their promotions in the near future. My hope is that I am only the third in a long line of those yet to come. The next generation of LLU Medical Center nurse leaders are being molded on our unit, and I have personally witnessed many of my peers rise to the occasion and demonstrate unwavering commitment to the safety of our patients and our nurses.

My project focused on safety and optimal outcomes when withdrawing life support in patients in the MICU, where we care for some of the sickest and most acute patients at LLU Medical Center. The emphasis of my portfolio was the withdrawal of life support algorithm and protocol. Withdrawing life support is a frequent activity performed on Unit 4700, and there was no standardized process in place. A review of the research and protocols in these areas was conducted, as well as a new the creation of a new assessment tool, and the Respiratory Distress Observation Scale (RDOS) was

implemented. We began work in 2016 and implemented the protocol in 2018.

The advancement to CN-D was celebrated and was the result of the recognition of my work in the initiation of the new protocol. The advancement to CN-D will ensure that I embrace research, evidence-based practice and remain involved in creating effective change. It encourages me to ensure that we continue to provide safe care and that our changes are research driven. In the present setting, having attained this promotion, I have felt empowered to advocate for my peers and myself. In April, I contacted the COVID-19 Command Center directly, in order to communicate an issue regarding the effectiveness of our current face shields. That communication prompted the provision of long term, more durable face shields for our unit. My promotion to a CN-D in February 2020 certainly contributed to my confidence and feeling more empowered to voice the concerns of my peers and unit.

I will continue to maintain my CN-D in order to provide the best evidenced-based care and to continue to grow. I want to strive to be the best advocate for my peers and my patients and continue this journey of lifelong learning.

Addressing the Impact of Delirium in Children: A Glimpse at the Work of an Evidence-based Practice Fellow, Karen Joya, BSN, CCRN

The third annual evidence-based practice fellowship was awarded to Karen Joya, BSN, CCRN, a registered nurse in the Pediatric Intensive Care Unit (PICU). During her time in the PICU, she advanced up the clinical ladder moving from a Clinical Nurse B to a Clinical Nurse C. Karen continued to be interested in optimizing the patient care being delivered on her unit, and as she evaluated the care provided, she identified that children also experience delirium with no consistent approach to prevention.

The events of childhood will affect future hospital experiences, and with delirium, this is especially influential in significantly altering the child and parent hospital experience. The presence of delirium can result in delays in identification of painful events. Additionally, the use of sedation medications can result in a child who is less engaged in their treatment regimen. Research supports that post-intensive care syndrome can result in cognitive changes, some of which may even be permanent.

Karen reviewed the literature and identified that there

were many evidence-based interventions, which could be used to reduce the development of delirium. Currently, and over the next few months, Karen will be collecting baseline data, developing and implementing her protocol. Her evidence-based protocol will provide a standard approach to the identification of at-risk children, interventions that can be initiated and evaluation of the impact of this new approach. With her efforts and the collaboration of so many others that want to improve the patient experience, the effects of delirium will hopefully be minimized.





Disseminating New Knowledge

2020 POSTER PRESENTATIONS

Jennifer Newcombe, DNP, PNP and Ingrid Mitchell, DNP, FNP. Transitioning into the Nurse Practitioner Role Through Mentorship, presented at the 2020 American Association of Nurse Practitioners (AANP) National Conference.

Silvinia G. Gonzalez Cuizon PhD(c), MSN, RN, and Eileen K. Fry-Bowers, PhD, JD, RN, CPNP, FAAN. "The Patient Care Experience as Perceived by Hispanic Patients," at the Western Institute of Nursing (WIN) Conference.

Susana Gonzales, BSN, RN. Inter-Professional Approach to Malignant Hyperthermia Training, presented at Association of periOperative Registered Nurses (AORN) Global Surgical Conference & Expo 2020.

Emily Bejar, BSN, RN, and Denise Ducharme, BSN, RN. Connecting Insulin and Patient Meal Times an EBP Approach, presented at the Association of California Nurse Leaders (ACNL) 42nd Annual Conference 2020.

PUBLICATIONS

Nielsen, C., Sanchez-Vargas, R. and Perez, A., 2019. Clostridium Difficile: Reducing Infections Using an Evidence-Based Practice Initiative. *Clinical Journal of Oncology Nursing*, 23(5), pp.482-487.

Fritzsche, S., 2019. Care of the Asian American Child With Cleft Lip or Palate. *Plastic Surgical Nursing*, 39(4), pp.142-147.

Mijares, A. and Radovich, P., 2020. Structured Mentorship and the Nursing Clinical Ladder. *Clinical Nurse Specialist*, 34(6), pp.276-281.

FUTURE PUBLICATIONS AND PRESENTATIONS

Amanda Edwards, BSN, RN, Novi Sitanggang, BSN, RN, Jewel Role, BSN, RN, Kelly Wolff, BSN, RN, and Patti Radovich, PhD, CNS, FCCM. An article entitled "Pressure Ulcer Prevention in Patients with Prolonged Emergency Department Stays Prior to Admission", will be published in the *American Journal of Nursing*. February 2021.

Patti Radovich, PhD, CNS, FCCM, Ellen D'Errico, PhD, and Nia Martin, MS, RN. "Examining stress, anxiety and resilience in new graduate nursing residents during COVID-19", poster presentation will take place at the Sigma Theta Tau Creating Healthy Work Environments 2021.

PRESENTATION

Julie Fluit, BSN, RN, CCRN, presented at the regional One Legacy meeting on the Honor Walk. She has been asked to present at the National Organ Procurement meeting in April 2021.

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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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OUR MISSION

The mission of Loma Linda University Health is
"To continue the teaching and healing ministry of Jesus Christ", our motto
"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

Reflects the love of God with respect, mercy and empathy.

EXCELLENCE

Exceeds expectations with effectiveness, reliability and efficiency.

HUMILITY

Puts self-importance aside for the greater good of others.

INTEGRITY

Carries out actions with honesty and trustworthiness.

JUSTICE

Commits to diversity, equity and inclusion.

TEAMWORK

Collaborates to achieve a shared purpose.

WHOLENESS

Loved by God, growing in health, living with purpose in community.



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