

# NURSING ANNUAL REPORT 2021



TRANSITIONS DURING UNPRECEDENTED TIMES

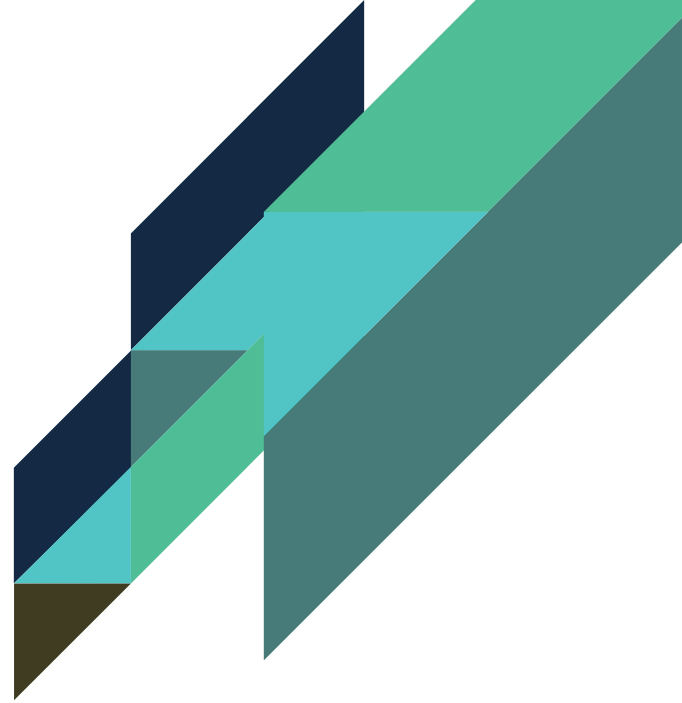


LOMA LINDA UNIVERSITY  
HEALTH

Many Strengths.  
One Mission.

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# LETTER FROM HELEN STAPLES-EVANS

## ***A Sense of Wonder and Discovery***

I can't help but look back over the past year with wonder. The entire world and our country continue to be challenged by the COVID-19 pandemic while simultaneously facing an unprecedented nursing shortage. The daily challenge of hiring and staffing nurses is overwhelming and daunting.

And yet, despite the pandemic's crushing effects, I find myself filled with wonder; wonder at the beauty to be found around us, in nature and in the extraordinary people with whom I meet, engage and interact. Each is a reminder that we are part of something much more significant.

COVID-19 has placed enormous stressors on the healthcare communities, it has forced us to grow in ways we never would have imagined, and it has helped us to find new ways to manage new stressors. For me, my sense of wonder has been refueled by hiking in the hills of Loma Linda. My conviction in the good nature of the human spirit is renewed by the work of our nursing teams.

August 8 marked the culmination of a 10-year focused journey with our successful move into the Dennis and Carol Troesh Medical Campus; now begins the opportunities that a new building affords. We, along with our community, look to our new towers as a continued beacon of hope.

The sense of wonder and discovery continues to unfold; despite COVID-19, we have had 29 RNs who are actively participating in the RN-BS program and 12 more graduated this year from the joint program with Loma Linda University School of Nursing. Many more are in other programs and pursuing graduate level work, all with a vision for the future.

Perhaps others have said it best: “There are no great limits to growth because there are no limits of human intelligence, imagination, and wonder” (E.E. Cummings), and “Once we believe in ourselves, we can risk curiosity, wonder, spontaneous delight, or any experience that reveals the human spirit” (Ronald Reagan).

While we have been met with unprecedented challenges, I stand in awe and wonder as we look to the future, imagining the countless ways that the people within our hospitals touch the lives of others. I wonder how we will transform healthcare. I wonder how we will continue to empower our teams to think outside of the box and develop better processes. I wonder how many ways we will innovate care delivery and what creativity will bloom through multidisciplinary dialogue. I wonder what ways we will touch lives within our campuses and throughout our communities.

In the pages that follow, you will read and see highlights from across the campus; you will celebrate the journey of 2021 with all its many opportunities despite the challenges.

Sincerely,

*Helen Staples-Evans*

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



# LETTER FROM LINDA SOUBIROUS

## ***Despite Challenges We Have Accomplishments***

The unusual events occurring over this past year and a half give us pause as we look towards the journey laying before us. We must continue to proceed carefully and prayerfully as we navigate through each shift while focusing on what matters most; the quality and excellence of the care we deliver to our patients. While this pandemic continues to challenge us in unforgettable ways, I am amazed and humbled daily by our nursing teams and their commitment to ensuring every patient's needs are well-attended. The extra efforts, long hours, and dedication to care excellence demonstrated by each of our nursing teams remind me of how we live our values daily. One of our core values, humility, especially comes to mind when I see our nurses putting self-importance aside for the greater good of others. Our team is truly living our values daily and continuing our mission to improving lives through the teaching and healing ministry of Jesus Christ.

Despite the challenges we faced during this pandemic, we have many accomplishments to celebrate. During this time, we:

- Instituted the Clinical Ladder
- Joined the system RN Residency Program with our first cohort in October
- Actively enrolled several nurses in the RN-to-BS program at Loma Linda School of Nursing. Many of these nurses are actively working on graduate nursing degrees, including five doctoral students
- Honored one DAISY award honoree with 29 nominees
- Completed the Joint Commission General and Primary Stroke surveys successfully

We continue to be grateful for the excellent delivery of care, even during these most unusual circumstances. We are beyond grateful for the continued commitment from each of our employees, and we continue to hold all our team members up in our daily prayers.

I'm thankful that we can look to God for comfort and encouragement throughout each day. His words are powerful to give us the necessary strength and courage to continue this journey.

"Don't be afraid, for I am with you. Don't be discouraged, for I am your God. I will strengthen you and help you. I will hold you up with my victorious right hand." Isaiah 41.10 NLT

Sincerely,

*Linda Soubirows*

Chief Nursing Officer, Loma Linda University Medical Center — Murrieta




## LETTER FROM SHERRY NOLFE

### ***A Journey Continued With Wonder and a Vision for the Future***

My dear friends and colleagues, it has been my privilege and honor to serve our patients alongside you this past year. Together, we have been through several peaks and valleys with each moment acting as a symbol of your hard work, dedication, and determination to providing exceptional care to our patients no matter what obstacles come our way. Since the last publication of this annual report, we reached two monumental goals that will leave an indelible mark on our institution for years to come. On July 16th, 2020, we received Magnet designation from the American Nurses Credentialing Center (ANCC). On August 8th, 2021, we took a giant step towards expanding Loma Linda University Children's Hospital (LLUCH) services by relocating our Acute Care Pediatrics, Acute Care Adolescents, and Maternity Services departments to the Troesh Medical Campus and adding a state of the art Pediatric Emergency Department and Pediatric Cardiovascular Lab to our Children's Hospital. As I write you, we are in the process of expanding our Step-Down Intermediate Intensive Care Unit to 25 beds, and our Cardiothoracic Intensive Care Unit to 33 beds.

Together, we worked through system and process changes that would support growth in our physical spaces and patient care programs in both our inpatient and outpatient areas. We went live with our real time platform for feedback on patient engagement in our outpatient clinics on April 1st, 2021. Your efforts in our outpatient clinics culminated in recognition and accreditation in several areas including: the American Cleft Palate-Craniofacial Association's approval of our Craniofacial Specialty Care Clinic (SCC); Muscular Dystrophy Association Care Center Award for our Neuromuscular SCC; and the High Risk Infant Follow-up Award for our High Risk Infant Follow-up SCC. Additionally, our Rheumatology clinic received recognition for our pilot team for Social Determinants of Health. Navigating this change and accomplishments in the middle of a global pandemic has been no easy feat and I am honored and humbled to have gone through this journey with you by my side. While there were many hurdles we anticipated needing to overcome



as a result of the growth and expansion we were working towards, there were many unforeseen challenges that I am proud to say we conquered together. In March 2020, our world changed forever with the onset of the global COVID-19 pandemic. I remember visiting the Pediatric Intensive Care Unit (PICU) over the weekend that our first COVID-19 patient was admitted to LLU Children's Hospital. As I walked through the doors of the PICU, Katrina turned to face me and said, "Sherry, we are in this together. Whatever you need us to do, we will do. How can I help?" Though we were uncertain about many things at the time, the conversations and days that followed that initial encounter with Katrina Garcia, BSN, RN CCRN, who was Charge Nurse in the PICU that weekend, gave me all the reassurance I needed that we would come out on the other side of the pandemic stronger than we were going in. As we, and the world around us, have struggled to come to grips with changes brought by the COVID-19 pandemic, I have witnessed determination, tenacity, and compassion in each of you that often brings me to tears. I stand amazed at the immense courage and resolve you show each day. Despite any fears, anxieties or personal experiences you may have with COVID and about what the future holds, you show up each day, ready and willing to give your best to our patients and to each other. You stand at the front line, putting your best foot forward and with a smile on your face so that our patients feel a sense of peace and calm in the midst of their personal crises.


My heart overflows with gratitude to each of you for all that you do. Because of you and your efforts we received our 4th Top Children's Hospital Leapfrog award on December 7th, 2021. To me, the Leapfrog Top Children's Hospital award represents the incredible teamwork, collaboration, and excellence that our nursing, physician, respiratory and ancillary teams bring to patient care. Thank you for the choice you make each day to give our patients, our teams, and LLU Children's Hospital your best!

Sincerely,

*Sherry Nolfé*

Chief Nursing Officer  
Loma Linda University Children's Hospital

**5,100**  
concrete  
trucks were  
used

**6,087 miles** of cable  
could reach from Loma Linda  
to Vienna, Austria

New construction  
and clinical space is  
equivalent to  
**484 football fields**




**580** toilets  
and **1,870**  
sinks

# TROESH MEDICAL CAMPUS FUN FACTS

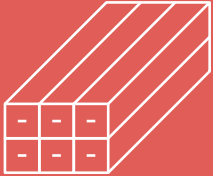


**1,336** alcohol sanitizer dispensers  
and **1,459** soap dispensers

The weight of all base  
isolators is **1,512,000**  
**pounds**, which is  
equivalent to  
**four 747 airplanes**

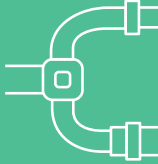



**144** WOWs  
(workstations  
on wheels)





Heaviest building in North  
America  
**48 pounds of steel**  
per square foot

**116 miles**  
of pipe for  
plumbing

**1,154 miles** of  
wiring in the building





**2,019**  
computers/  
laptops



**9,185**  
gallons of  
paint

**4,400,000 square feet** of drywall,  
which could be used in building  
**550 homes** (each 2,600 square foot)

**28 million pounds**  
of steel equivalent to  
**13,103** average sized cars

## HAI

Zero percent prevalence and trending decrease in incidence of Stage 1, 2, 3, 4, Unstageable, and Deep Tissue Hospital Acquired Pressure Injuries (HAPIs)

## RN to BSN Cohort

Loma Linda University  
6 LLU Children's Hospital  
13 LLU Medical Center  
5 LLU Medical Center – Murrieta

## Surgical Unit

Voted best unit by LLU School of Nursing for the school year 2020-2021

## Transplant Unit

90th percentile in University Hospital Spotlight Report

## Oncology Unit

CAUTI free for 7 months

## COVID-19 OR Case

273 COVID-19 confirmed or possible infections when presented to University Hospital Operating Room, Children's Hospital Operating Room, or Maternity Services

## Peds Cardiac ICU

Top performer for HCAHPS survey for patient satisfaction

## University Hospital OR

The University Hospital has performed:  
194 Adult Kidney Transplants  
105 Adult Liver Transplants  
16 Adult Heart Transplants  
19 Adult Pancreas Transplants  
38 Living Donor Kidneys Recovered

## Peds Cardiac ICU

9 Kidney transplants  
6 Heart Transplants

# 2021 STATISTICS

## Surgical Units

Discharged the 1,000th patient to the hospitality lounge

## Number of Professional Governance councils

Medical Center: 20 | Children's Hospital: 10

## PICU RNs

78% are preceptors  
8% are ECMO trained  
34% are CRRT trained  
14% are on the Transport team

## HCAHPS

East Campus Hospital achieves Hospital Rating HCAHPS above 90th percentile, 2 quarters in a row in 2021 (Q1 and Q2)

## RN Residency: MC and CH

Adult RN Residency welcomed 87 nurse residents in its sixth cohort  
Pediatric RN Residency welcomed 41 nurse residents in its 41st cohort  
Over 90% retention rates for both residency programs

## LLUCH Transports

659 PICU Transports  
355 Neonatal Transports

## SSN/FIT

241,268 total regular hours worked by SSN (RN, PCA, PCT, RCP, SNAP)

## PICU Longevity

41% of PICU nursing staff has been with the organization for more than 5 years

## Hand Hygiene Compliance

LLU Children's Hospital RNs have 90% in hand hygiene compliance since 2018

# CAMPUS TRANSFORMATION





## MOVING DAY HAS ARRIVED

Loma Linda University Health achieved a monumental milestone on August 8, 2021, with a successful transition into the Dennis and Carol Troesh Medical Campus. The move day began with the final move sequence meeting, in which the chief nursing officers, Helen Staples-Evans and Sherry Nolfe, were joined by hospital administrators, Dr. Richard Hart, Kerry Heinrich, Trevor Wright and Lyndon Edwards. After the finalizing preparations for the transitions, our Director of Chaplain Services, Carl Ricketts lead those present in worship in our new chapel.

Our first adult emergency patient walked in at 7:14 a.m. and the first ambulance arrived at 7:20 a.m. This was followed at 8:20 a.m. by the first ambulance arriving at the new Pediatric Emergency Department and the first pediatric walk-in patient at 8:30 am.

The transfer of patients from our vintage units to the new hospital units began at 9:11 a.m. with the first patient being transferred from the adult Medical Center, and the first pediatric transfer occurring at 9:15 a.m. A total of 239 patients were transferred from the Medical Center to the new hospital and 62 patients from the Children's Hospital units to their new hospital units.

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**All patients were moved in 6 hours and 21 minutes.**

**The first baby, a baby boy, was born in the new San Manuel Pavilion at 9:23 a.m.**

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Approximately 700 people assisted with the move; including more than 40 transport teams, which consisted of a registered nurse, a transporter, a respiratory therapist, and for some groups, a physician. In total, we had 400 move champions helping us prepare for the move, as well as 700 additional staff from many disciplines present on move day. Various assigned roles included: transport team member, move route observer, elevator operator, visitor escort, registration staff and support staff. Units were assigned to tracks and teams of nurses were assigned for the sending and receiving of patients to ensure a consistent approach and attention to patient safety. Our staff were the heroes of our transfer efforts.

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## Transport teams consisted of:

- 50 nurses from Surgical Hospital, East Campus Hospital, University Hospital, Children's Hospital
  - 54 transporters from various departments (including 15 from the School of Nursing)
  - 24 respiratory therapists from various hospitals (Children's Hospital, East Campus Hospital, University Hospital)
- 

Careful coordination with clinical teams, charge nurses, and leadership proved to be vital for the smooth transition for patients and staff. Volunteers from East Campus Hospital, Surgical Hospital, Behavioral Medicine Center, Medical Center, University, Shared Services, University Health Clinics and Children's Hospital helped throughout the day. The move was the culmination of much planning and hard work, as well as the collective efforts of Loma Linda University Health entities coming together to help move patients and to be able to continue the rich history of providing excellence in patient care.

Reflecting upon the last several years and the many tasks, and efforts to achieve a successful move, there are several key takeaways that were pivotal in reaching our goals. Some of these key takeaways include:

- » **Flexibility** – Healthcare is a complex, ever-changing environment and this project proves it. This was evidenced by move day shifting to hundreds of plans that continuously changed and evolved as new information and challenges arose.
- » **Attention to detail while balancing the bigger picture** – Learning how to prioritize what was most important versus items that were not mission critical to day one.

- » **Teamwork and collaboration** – Maintaining persistent and intentional communication, which was demonstrated in finding out of the box solutions to complex challenges.
- » **Grace** – This project was a once in a lifetime endeavor for most. Balancing the continued need to provide quality healthcare during a global pandemic, while being asked to maintain focus on this project, at times, seemed impossible. Maintaining a mindset of compassion, despite these challenges, was key in the ultimate success of the project and maintaining everyday operations.

Lori Scott, Executive Director of Respiratory Care, along with her team of Respiratory Care Practitioners (RCP) and support staff assisted with the move of more than 300 patients from the LLU Medical Center cloverleaf towers to the new Dennis and Carol Troesh Medical Campus and Emergency Department. The partnership between Respiratory Care and Nursing seen in the transport teams, headed by Critical Care Specialty Team (CCST), and included one or two RCPs and one Dispatch Transporter. This was an amazing act of coordination and teamwork.

The list of all our takeaways, successes and opportunities is expansive. Those mentioned above summarize what ultimately kept us on track to achieve our goals. Hard work and dedication were the interwoven threads that drove each of the teams to keep momentum and with each small success helped us reach a historic milestone. Employees, patients, administrators, contractors, and many volunteers gave wholeheartedly of themselves during this process. Their collective talents and efforts will long be remembered. August 8, 2021, will forever be an embodiment for our organization of continuing the teaching and healing ministry of Jesus Christ.



# WHAT IT TOOK TO MOVE

## Acute Care

Preparing to move a nationally renowned hospital from one building to another building requires limitless amounts of coordination, collaboration and planning. Knowing this, each department participated in a multitude of preparatory activities. Activities included: California Department of Public Health (CDPH) mock surveys to prepare for imminent state licensure, dress rehearsals to learn our new space and practice workflows, fundamental tours to understand the building's layout, Department Fit-Up activities to appropriately "dress" and prepare our areas for occupancy and much more. For the Adult Acute and Intermediate Medical Services Department, and our respective Medicine Treatment Teams stationed on floors 11A (Medical and Cardiac Care), 12A (Medical Progressive) and eighth floor Observation, a major focus in preparing for the move on Sunday, August 8, 2021, centered upon one core principal – employee training.

In collaboration with our Campus Transformation Project (CTP) project managers and teams, successfully coordinated and executed six total in-person staff meetings focused on practicing new skills and workflows while utilizing the new equipment to be used throughout the Dennis and Carol Troesh Medical Campus. Overall, these staff meetings collectively trained over two hundred and fifty staff members within the scope of three weeks. These staff meetings focused on the following:

- Learning new equipment including EKG machines, VeinViewers, bladder scanners, department iPhones and iPads with their respective applications (Voalte, Rover and AirStrip), GE monitors, pneumatic tube stations, ceiling lifts and emergency evacuation equipment
- Understanding department workflows such as calling and performing emergency procedures (rapid responses, code blues and hyperacute stroke activation), emergency preparedness and evacuation processes and other patient centered activities



- Performing new skills including transradial band removal, FemoStop application, administering IV push epinephrine in a code blue setting and successful patient evacuation utilizing a Sled2Go

In order to perform this type of training on such a large scale, we needed the involvement and participation of our bedside clinical staff CTP champions – a task they graciously and willingly accepted. Across our department, 20 CTP champions of various roles (registered nurses, patient care assistants, monitor technicians and unit secretaries) volunteered their services to lead staff huddles, coordinate skills stations within our staff meetings, and serve as resources for our staff members on the floor leading up to and post-move day. Their dedication and continued involvement as we continue to settle in our new areas has been pivotal to the successful transition of our department in the Dennis and Carol Troesh Medical Campus and eighth floor Observation areas.

Overall, the success our organization experienced through the CTP process speaks to the collective nature of our initiatives and the exceptional staff members we house within Loma Linda University Health. It is through continued collaboration and

consistently practicing Loma Linda University Health values that we can hope to continue this path of success, which will inevitably lead to the optimal care of all patients that enter the Dennis and Carol Troesh Medical Campus.

## Critical Care

Patience, hard work, but most of all, TEAMWORK, are the three words that come to mind when thinking about what it took to move to the new hospital. Collaboration amongst all the different teams in the hospital made the move to the new hospital a success. Numerous meetings and planning sessions were scheduled by all departments to discuss the various new processes that needed to be developed, in preparation for our new work environment that adult Intensive Care Unit (ICU) and others would call our new home.

Our staff faced many long days and nights as we arranged for the move to the new hospital. For the staff that volunteered to be unit champions, they received education and took tours of the new hospital to be prepared to convey the education to unit staff.

Multiple dress rehearsals and mock surveys were completed by the unit leadership and unit champions. These allowed the CTP champions to walk through everyday processes to identify processes that may need improvement. New challenges were discovered and will continue to be worked on to improve workflows that would address the needs of the new units.

Three weeks prior to the move was a very busy and stressful time. We started moving equipment into the new space and began setting up the units to be ready for patients to be moved into the new space on August 8, 2021. Anxiety, excitement and frustration were common feelings of unit staff and leadership. The anxiety due to the unknown of the move was building up during this time. No one really knew what to expect on move day, the fear of the unknown was settling in on everyone. The excitement of moving into a new hospital, a once in a lifetime experience, was being overshadowed by fear of the unknown. Unit leadership worked diligently to create a positive atmosphere amongst the staff.

August 8, 2021, finally arrived and move day was here! As a surprise and relief to everyone involved,

move day was completed without experiencing too many speed bumps along the way. All patients, COVID-19 and non-COVID-19, were moved to their new units safely.

One of the positives that came from the move to the new hospital was the chance to declutter the units. Cabinets were cleaned out, paper and old equipment were discarded, and those items that we have held on to for many years, because we thought we would use them, were finally removed from the units.

Being in our new space has not been easy. We have been hit with an increased patient census and a decrease in staff. Staff are still struggling with learning the floor layout, location of supplies, phone numbers and figuring out their new way of taking care of daily tasks. These little frustrations are slowly disappearing as staff makes the units their own. It will take some time to get used to our new space, but the staff are feeling positive and doing their best to make this feel like their home away from home!



## Perioperative

August 8, 2021, was the day we have all been anticipating. It is patient move day. The perioperative services team was prepared with three sets of staff in the vintage hospital and another three sets in the Dennis and Carol Troesh Medical Campus. Our last surgery case in vintage Operating Room (OR)

started minutes before our first case in the new OR. Our first case included many things that could be challenging for the OR, which involved a Level A emergency on a COVID-19 patient. On this day, we also had to move over 100 specialty instrument trays because they needed to be kept in vintage hospital until the last moment, in case they were needed for any emergencies before Troesh Medical Campus opening day.

We had 25 active nursing champions for the Perioperative Services, which includes Pre/Post-Operative, OR, Sterile Processing Department (SPD) and Gastrointestinal (GI) Lab. In addition to the orientation tours, our champions were also involved in fitting-up process. For the month leading up to move day, the Perioperative Services were busy fitting up 20 ORs, four Clean Cores, 24 Post-Operative Patient bays and 39 Preoperative bays, three GI Lab rooms, and a brand-new Sterile Processing Department. The task was incomprehensibly huge. SPD had four champions who were tasked to set up an entire SPD with supplies to support at least 13 ORs, and organize instrument trays in the sterile storage. Many of us worked long hours and came in on Sundays to get the work done. We enlisted the help of many of our colleagues from Surgical Hospital, East Campus Hospital and Outpatient Surgery Center.

Dress rehearsals were a collaboration between Perioperative nursing teams and anesthesiologists. It was a great time to work together as a team as we learned about our new space. It was also a good time to test out workflows that involved other departments that support the Perioperative Services, including Pharmacy, Radiology, Pathology, Respiratory, Environmental Services and Hospitality Services.

Through this, we would be remiss if we did not share our experiences that helped us grow and bond as a team. The SPD had a mandate to complete daily sterilization logs for 30 days prior to survey. This kept them busy, in addition to making sure the supplies to support the OR on opening day were accessible and ready. Challenges included delays in the GI Lab where equipment arrival was delayed and had to be installed just days prior to the move. It was a nail-biting moment. The huge footprint of the Operating Room was a challenge and making sure that every OR had

- 
- **It took an average of 8,000 steps for each OR champion to complete one staff facility orientation tour. Some of them did multiple tours a day.**
  - **The core OR transition team averaged 15-16 hours per day, six days per week for at least six weeks. They also averaged 300,000 steps.**
  - **10-15 OR staff from other sites provided assistance on Sundays and at the end of their shifts during the week.**
  - **At least 1,500 surgical instrument sets and 300 pieces of equipment were moved.**
- 

the basic equipment was an enormous task. Other challenges the employees faced included working long hours. Ensuring employees had access to food and drinks proved to be another challenge we faced as the new building did not allow any outside food or drinks.

In the end, we are still learning where everything is and readjusting as we go along. We are continuing to stay in shape with the many steps that we take every day just to do our routine work. We have equipment and workflows that are still being tweaked. The OR is as busy as ever. As challenging as it may seem, the Perioperative Services team is phenomenal in providing the best care for our patients.





## THE CHAPEL

Carl Ricketts, Jr. M.Div., BCC, ACHE  
Director | Chaplain Services

The chapel within the Dennis and Carol Troesh Medical Campus is located in a strategic setting for patients, family members, and staff to come before God with their questions, concerns, fears and joys. The new and larger chapel represents a sacred and safe space for all. Moreover, when considering the chapel's location, right at the front of the building, visitors receive the message that spirituality is a significant component of who we are as Loma Linda University Health. We are committed to healing the whole person.

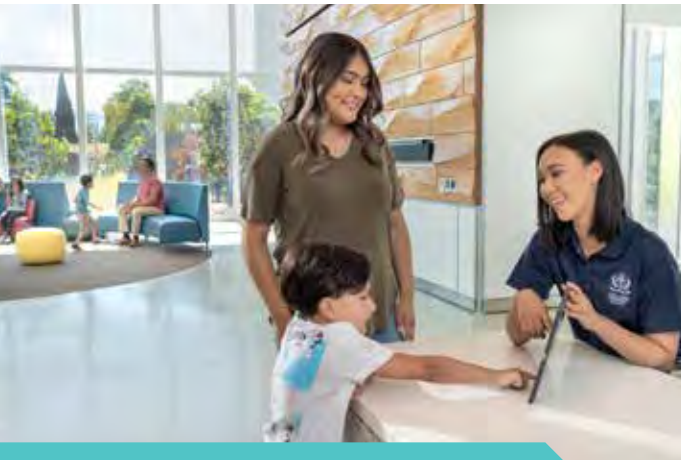
Beyond the architectural statement, the clear glass chapel is where people can feel safe in pouring their hearts to the God who cares as they reconnect and renew their relationship with Him. The sunlight that illuminates the area reminds us of the glory of God that filled the temple, and the light of God that floods our souls. Our spiritual leaders will utilize this space to invite each person within the hospital to moments of worship. And while everyone cannot make it to the chapel, new technology will allow chaplains to broadcast live worship and devotional services directly into patient rooms. In addition, event broadcasts will include concerts and special events such as the National Day of Prayer, Easter

and Christmas musicals. We hope that these innovations will enhance our patients' spiritual care.

The desire is for the chapel to be a hub of spirituality, where even those who cannot make it to the sacred space can experience the gift of holy space wherever they are. Prayer rooms adjacent to the chapel will allow small groups of one, two or three people to pray in solitude. Anyone who might need a moment to come aside and reach out to God is welcome to utilize these prayer rooms.

A familiar verse of scripture often reminds us of the forever invitation into sacred space extended by our God. "Come unto me all ye that labor ... and I will give you rest" (Matthew 11:28). Each time you walk into the chapel, it is my prayer that you would know that God invites you into fellowship with Him and that He desires your well-being. May you sense the presence of God in this space and be reminded of His everlasting love towards you and humanity. As you enter this beautiful space, be open to the comfort of His compassionate care and be inspired by His reassuring words of life. When you leave the chapel, we hope that you will be able to echo the sweet refrain, "Surely the presence of the Lord is in this place."

# TRANSITION TO NEW COMMUNAL AREAS



Within the Dennis and Carol Troesh Medical Campus, we now have several new areas. We have developed separate spaces for our adult and children. The first is our pediatric lobby. With wide views of the outdoors, cheerful wall art and the availability of adult and children's sized colorful furniture, the new lobby is an engaging space for our pediatric patients and their families.

The adult lobby offers quiet open spaces for those who are waiting and an open friendly information desk visible immediately upon arrival. The hand-crafted wood paneling buffers noise while creating an attractive and naturally welcoming environment.

In addition to the new lobbies, the new cafeteria features bright, open dining areas and seats 425 diners indoors, and provides additional seating outdoors. The new floorplan provides more room and allows for relaxing meals for both staff and visitors.

Finally, the new outdoor amphitheater offers opportunities for informal gatherings, social interaction or quiet reflection close to the hospital. Two special trees were relocated near the new outdoor amphitheater. One tree, a holly oak, honors the memory of Baby Fae and the groundbreaking heart transplant work begun by Dr. Leonard Bailey in 1984. The second, a California Redbud, honors Elenore Graves, a beloved charge nurse who served in Children's Hospital Pediatric ICU for 27 years.

In developing this new healing environment, 168 new trees, representing 14 different species were planted. Nine large oak trees now grace the campus, along with a wide range of ground cover foliage that will provide a quiet healing environment. Patients, visitors and staff will have access to healing outdoor gardens and gathering spaces surrounding the campus.



# INVOLVING OUR PATIENTS IN THE CAMPUS TRANSFORMATION PROJECT

The Patient and Family Advisory Council (PFAC) is a highly committed group of patients, families and interdisciplinary hospital leaders who are change makers and believe in a truly patient/family centered environment. The council meets monthly to ensure that the voice of the patient/family provides their blessing and approval on every item that will be presented. Our PFAC has been involved in every element of patient facing materials and projects for Campus Transformation Project (CTP), such as:

- Patient menus and recipes
- Patient care boards
- Patient discharge folders
- Patient thank you cards
- Patient/family letters for the CTP move day
- Patient welcome channel and media
- Patient finance/billing processes
- Patient navigation and wayfinding
- Patient/family grief programs
- Patient/family education
- Patient/family communication models
- 3 Wishes project/comfort boxes – Grief program, provides healing and comfort to our staff, as well as those whom have lost a loved one

## To follow are comments directly from two of our loyal PFAC members

# Q1

### How PFAC has been involved in CTP?

**JM:** You have arranged to have multiple people who are highly involved in the changes to provide presentations to us and allowed us to provide feedback. We are acknowledged when the feedback is something good and is useful. We questioned areas of placement of items in the rooms. We identified that adult patients like to have colorful walls such as are going into the children's side. We discussed signage to enable people to get through the new building comfortably and weaknesses in current building.

**DS:** Our PFAC is the pulse for the new hospital and our involvement will assume with the burden of transitioning.

# Q2

### Importance of being on the council:

**JM:** I treasure the ability to be a part of the decision making. Since it is the hospital of my choice, it makes me feel further identified with the facility. I have become more aware of and appreciate the extent to which the leadership cares for every individual. Simple things such as the discussion of the menu, further enforces the desire to receive treatment at Loma Linda University Health. I don't think inside the box, so it allows me the opportunity to use out of box ideas.

# Q3

### What does it mean to you to be involved in decision-making?

**DS:** I know that our tremendous group of professional people will make good decisions for the betterment of Loma Linda University Health.

# Q4

### Having patient input is important to me, as we are able to identify the areas that work well and those that can be improved for a better stay.

**JM:** Administration naturally focuses on the changes – but implementation and the effectiveness of the goal is best identified by the patient. Having both the side of being a nurse and a patient gives a different perspective. I want the patient to have the ability to have the best possible recovery when they are in their weakest moments. I believe every patient needs an advocate when they are inpatient, as they don't make the best decisions when ill, so the input in PFAC allows us to have a part of making the decisions before they arrive.

**DS:** Often times the patient needs are lost in the daily routine of healthcare and our dedicated team is making the Loma Linda University Health stay a better experience. We are achieving our goals in my opinion. Thank you for allowing me the opportunity to be a council member.



## ENHANCING THE PEDIATRIC CARDIAC EXPERIENCE

Pediatric Cardiac Services consist of Pediatric Cardiovascular Lab (CVL), Pediatric Cardiac Perianesthesia Unit (PACU) and Pediatric Cardiodiagnostic Lab (CDL). We are located in Loma Linda University Children's Hospital in the new Leonard L. Bailey Pediatric Heart Center.

The services provided by these entities begin with the Pediatric CVL. The CVL is a multidisciplinary team of physicians and other health care professionals (RNs, radiology technicians, scheduling coordinator and medical transcriptionist) that provide care to pediatric patients of all ages with diseases of cardiac system including coronary artery disease, congenital heart disease, cardiac arrhythmias and congestive heart failure. The purpose of pediatric CVL is to provide total patient care to clients undergoing a variety of cardiac diagnostic and interventional procedures, as well as vascular and interventional radiology procedures. The Pediatric Interventional Radiology specializes in providing safe,

compassionate, patient-centered care through the integration of clinical and image-based diagnosis and minimally invasive therapy. These procedures represent an advance in medicine that replaces open surgical procedures.

To care for the pediatric CVL patients after their procedure, we have a brand new Pediatric Cardiac Post Anesthesia Care Unit (PACU). Our Cardiac PACU is located between the Pediatric Cardiac Diagnostic Laboratory (CDL) and the Pediatric CVL. Our Cardiac PACU encompasses whole patient care from the beginning when the patient arrives followed through to recovery. The nursing staff prepare and recover patients who have undergone a spectrum of inpatient and outpatient cardiac and interventional radiology non-operating room procedures that required sedation with anesthesia.

Our Registered Nurses (RN) are specialized in the pediatric cardiac patient population and work closely with the pediatric anesthesia team as well as the pediatric cardiologists and the CDL/CVL teams. The RN initiates the pre-procedure process by assuring all pre-procedure tasks are completed. These pre-procedural tasks include educating the patient and families, obtaining vascular access and providing hydration, performing blood draws, physical assessments and vital sign monitoring, and ensuring the patient and families are informed and provide consent for the procedure. In the pre-procedure phase the patient and families remain together until the patient is taken to the procedure room. Once the patient is in the care of the anesthesia team, the family is then taken to the Pediatric Heart Center waiting room where they will be called once their child is in recovery.



Leonard L. Bailey, MD

In the recovery phase, the child is transported from the procedure room back to the PACU location they were in pre-procedure. This allows for the continuity of patient care and decreases the risk of confusion that can occur due to multiple patient movements and the child remains with the same RN to recover the patient from anesthesia. Our RNs are highly qualified in recovering pediatric cardiac patients from anesthesia providing total patient care and is

experienced in caring for post-procedure recovery. The recovery phase involves ongoing physical assessments and vital signs by the RN to maintain patient stability and ensure they remain free from procedural and anesthetic complications. Upon completion of the procedural recovery, the RN then follows with post-procedural education and discharge instructions for the patient and families.

Finally, we have the pediatric CDL team. The pediatric CDL is a team of sonographers, scheduling coordinators and cardiovascular technicians. This team performs cardiac ultrasounds on children of all ages, including some who have not yet been born. In addition, we perform echocardiogram, metabolic exercise tests, electrocardiograms, stress tests, and Holter monitor placements that measures and record the heart's activity continuously for 24 to 48 hours.

In conclusion, In addition to the procedures, our cardiac transplant program cares for nearly 100 young heart recipients. Through our satellite clinics in Murrieta, Highland Springs, Upland, Indio, and Hesperia, we are able to provide outreach to local and distant communities as far as 70 miles away.

The goal of Pediatric Cardiac Services is to provide a continuum of care and to improve patient's experience and patient flow as they transition through the various procedures and services.

# TRANSITIONING EMERGENCY SERVICES

The state-of-the-art Loma Linda University Children's Hospital Emergency Department (ED) came as the result of many years of hard work from countless individuals dedicated to better serving our pediatric population of the Inland Empire and the surrounding area. The pediatric ED, birthed from the Medical Center ED, began to flourish with the first pediatric emergency medicine fellow, Dr. Thomas Sherwin.

Initially, the pediatric ED occupied a seven bed area of the adult ED and was designated to seeing patients under the age of 18. As the need for pediatric emergency services continued to grow, hours of operation gradually increased from eight hours to being open 24/7. The pediatric ED then gained its emergency medicine fellowship accreditation in 2001, and since then has increased the number of specialty trained physicians to four to six fellows a year. At that time, the pediatric ED served approximately 15,000 children each year.

The steady growth of pediatric emergency services demanded a larger space. Under former directors, Connie Cunningham, RN, and Jennifer Dearman, RN, along with Dr. Sherwin, an 18-bed pediatric ED was born in 2002. The new and improved pediatric ED was also recognized by the American College of Surgeons as an accredited Pediatric Level I trauma center during the same time. In this space, pediatric emergency medicine staff have cared for thousands of children with an annual census exceeding 33,000 patient visits in 2019.

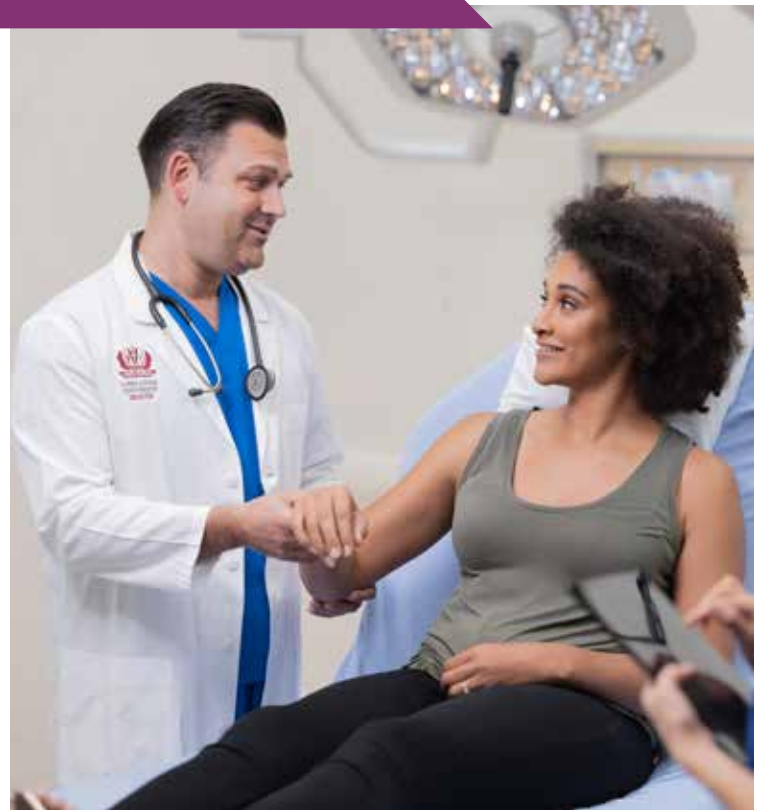
Many of our healthcare providers, with over 20 years of experience, are ecstatic to see their dreams becoming a reality in this brand new and expansive space. With Dr. Lance Brown spearheading the collaborative input of nurses, physicians, and staff using evidence-based practice, the pediatric ED has continued to expand throughout the years, and has

culminated in the opening of our 28-bed Children's Hospital ED. In this new space, more efficient, quality care will be provided, allowing Loma Linda University Health to better serve our community.

This year is one of celebration and a culmination of the efforts of many. On August 6, 2021, our ED transitioned from one crowded emergency department in our vintage hospital, to the modern, new facility that houses separate adult and pediatric EDs, including separate patient entrances and separate ambulance entrances.

Each year, the Loma Linda University Health EDs treat more than 75,000 patients, including more than 33,000 children. As one of only two Level I trauma centers in our service region, Loma Linda University Health's highly skilled team treats up to 3,000 of the most critical trauma patients each year.

The new EDs expand the square footage, and the total number of beds, to better serve the surrounding communities. The new adult ED has state-of-the-art treatment rooms and trauma bays. All trauma bays have quick access to "a computerized tomography (CT) scan unit and are close to the patient elevator that provides access to the third floor surgical area. This new positioning will allow for a more seamless treatment of the patients seen for emergency procedures.





# SAN MANUEL MATERNITY PAVILION

The new San Manuel Maternity Pavilion was commemorated on Friday, August 6, 2021. The Pavilion will welcome between 250-300 births per month. The new, light, airy, single rooms will provide a calming space for new mothers and other family members during and after the delivery of their infants. The new facility provides 19 additional rooms for a total of 44 licensed beds and 10 private, spacious delivery rooms that will enable the healthcare team to provide for any medical needs that occur during delivery.

This new facility allows the nurses and physicians to meet and care for more expecting mothers, including the high-risk mothers during the labor journey. It will also provide space for parents and families in waiting rooms during the delivery journey.

In collaboration with the Maternal-Fetal Medicine Diagnostic and Treatment Center (MFM), the Pavilion will provide expert care for women experiencing high-risk pregnancies, and offer specialized care to protect their health and ensure optimal health for their unborn infants.

The nurses working in the San Manuel Maternity Pavilion are experts in the care of mothers and babies, with certifications in neonatal resuscitation, the Association of Women's Health, and Obstetric and Neonatal Nurses (AWHONN) fetal monitoring.

In addition to their clinical expertise, they provide mothers and families with emotional and spiritual support in a Baby Friendly environment. In addition to specific delivery services, the staff also provides preparation for childbirth classes, breast feeding and newborn care classes, in both English and Spanish, to assist new parents on their journey.

Our Children's Hospital was named a Best Maternity Hospital by Newsweek and The Leapfrog Group. We are making great efforts to achieve excellence in maternity care. Our interprofessional teams develop and implement innovative quality and safety initiatives, focus on patient-centered care with shared decision-making, follow national guidelines and safety goals, and strive for healthcare equity.



# COVID-19 RELATED TRANSITIONS IN CARE





# OR STAFF HELP INPATIENT UNITS

At the peak of the pandemic in 2020, the hospital was filled with COVID-19 positive admissions. Following our COVID-19 Command Center Plan of Care, we had progressed to Phase 3, and were preparing for Phase 4 in our acute care units and Phase 2 in our Intensive Care Units (ICU). Elective surgeries were cancelled for a second time, and units struggled to ensure optimal care was being provided with the high acuity of the patients. The following stories share the changes that occurred in different areas, and how our nursing and ancillary staff came together to provide care and support for the patient and each other.

## **The East Campus Operating Rooms**

(Karen Willes, RN, MBA, CNOR,  
Director LLUMC East Campus  
Perioperative Services)

The Loma Linda University Medical Center, East Campus Operating Room (OR) had already been closed down once for seven weeks when COVID-19 hit California. The numbers were rising again and so was worry amongst the department of a second closure. It seemed to happen from one day to the next, except this time was different. The

registered nurses (RNs) and surgical techs (STs) were being redeployed to inpatient nursing units to assist with patient care due to the overwhelming patient census, in addition to a severe short staffing situation. Many of the OR nurses started their nursing career in the operating room and only had acute care nursing experience in nursing school. The surgical techs had even less experience as they are only trained for operating room activities, not acute inpatient care. The redeployment came with trepidation and worry as reassignments were announced.

The response from the unit RNs came with mixed emotions as well. As nursing has become so specialized, some of the inpatient nurses were not sure how to integrate the STs and OR nurses. There was a variety of expectations, including a number of the unit nurses that expected the OR staff to take full patient loads, and for STs to understand how to take vital signs. These tasks can be seen as something simple, unless one has never done it before, ever in one's career. The East Campus OR staff wanted to be helpful, and yet the first week on the units was frustrating for many. Marianne Schul, Director of Surgical Hospital Operating Room and Outpatient Surgery Center, and I rounded on as



many of our employees as we could on the units to support and encourage them in between our lengthy meetings. As the weeks went by, I received many different stories about their experiences including one of the RN new graduate residents, Chloe Rediker, BSN, RN, who had started her cohort in the midst of the first COVID-19 crisis. This is what she had to say regarding her experience, "My time on the unit during the closure of the OR was at first nerve racking, but turned out to be very humbling. The staff on the units were welcoming and willing to help me master skills I had not practiced in some time. After a couple of days assisting a nurse and exposure to the flow of the floor, I felt like I was able to help the staff and patients during a difficult time." The following are some other employee experiences:

- Many of my STs felt touched by the patients that they were caring for; they don't often experience this as their patients are usually sedated under general anesthesia.
- One of the RNs, who was given the task of coordinating placements for the staff, would call central staffing to be placed on a unit to help after her work was done instead of going home.
- A ST expressed how he took pride in assisting to feed a patient and helping to provide cheer during his stay.
- An OR nurse stated in admiration, "The unit nurses work so hard!"

When the call to return to the OR was made, we were all ecstatic, however the memories of those weeks will not fade fast. The experience gave all of us a deep appreciation for the inpatient unit nurses and all that they do. It also provided a new perspective of the patients we serve and we saw them in a different light. It gave us the renewed realization of how passionate we are about our role as perioperative healthcare workers and the love we have for our department, our patients, the surgical team and LLU Medical Center as a whole.

## The Transplant Unit

(Kerry Burns, BSN RN CCTN, Manager-Patient Care, Unit 6A West, Transplant/Hepatology)

During the COVID-19 surge and resulting staffing crisis, the transplant unit was not left unscathed. Although we did not directly provide care for COVID-19 positive patients, we did have patients that tested positive after being admitted to the unit, resulting in cases of exposure among the healthcare team. Transplant unit staff floated to COVID-19 units on a frequent basis, as we provided support to other units that were short on registered nurses and patient care assistants (PCAs). This became a more frequent occurrence when the state provided an exception to the state-mandated, nurse-patient ratios. Transplant unit nurses, already weary from the high acuity, staffing issues as a result of COVID-19 exposures, quarantines, and everything else related to COVID-19, expressed their concerns and emotional distress about this new, albeit temporary, standard.



And then the ORs closed. We were told that we would receive assistance from the nursing staff and OR techs that were now displaced. We were provided some guidelines on their role and expected function on the inpatient units. We were excited to have help; however, we were also concerned about how it would work and how we would be able to make it successful for all involved.

The nurses that came to the Transplant unit were eager to work, yet anxious about being in such a different environment. Most of the nursing staff had not worked at the bedside in many years, if at all, and expressed concern about completing many of the tasks that we had anticipated help with. Each day we worked together to find the best way they could serve our patients and provide extra assistance to the RN and PCA staff. The OR staff continued to look for any opportunities to be of support and remain useful. Although only one of the OR nurses was able to take a patient list, they all quickly proved themselves to be invaluable to our team. They spent time with our patients, providing extra attention to personal cares, assisting with ambulation, getting patients out of bed for meals and assisting many to connect with families during a time when visitors were not allowed. One of the staff members bought detangler for a patient whose hair was matted after being at an outside hospital for several days prior to being transferred to LLU Medical Center for liver transplant. The patient desperately wanted her hair to be brushed and not cut. Our OR staff took turns brushing her hair each day, based on the patient's tolerance, and managed to comb through the matted hair. The patient was so happy and appreciative of the care and compassion that was shown to her. Had the OR staff not been on our unit, we would have most likely had to cut her hair.

I know our OR support staff were appreciative of the ability to continue to work when their areas closed. They came to the unit with positive attitudes and quickly became part of our team. They commented that they were touched by our patients, their stories – and by our nursing team. They confirmed that they felt welcomed and honored to have been a part of our work on the transplant unit. We were touched by their hard work and their courage demonstrated when faced with being in a new environment. They left us with the affirmation that we can do anything when we all work together for the good of others.

## The Acute Medicine Units

(Lindy Legoh, MBA,BSC-MA, BSN, RN,  
Manager Patient Care Medicine Service Line)

The year of 2020 was a historical year for Unit 6100. Everyone was tested, with many questioning if they really wanted to be a nurse. The pandemic made

everyone think, why would I want to be a nurse in the first place? Being a nurse during a pandemic is fearful. We were surrounded with an unknown virus that killed so many people around the world.

We were the chosen ones. We were told that our acute care medicine unit would be the first primary COVID-19 unit. How should we react? We did not have time to think or to weigh our options, but instead to say yes to humanity and the world, right away, because we were called to do God's purpose, to be there for others. We are nurses and we don't get to choose the people or the conditions for whom we must provide care.

In a short period of time, our 26 bed unit was filled with COVID-19 patients. We were very busy. Over many days, we heard the monitor alarms beeping due to low saturation. In response, we called for the rapid response team many times, and additionally participated in many code blue calls.

As nurses, we felt we were drowning due to the fear, anxiety and exhaustion. We needed help and in response, there were the OR nurses who came and began fighting this pandemic alongside with us. They came to support us. They were not trained as medical-surgical nurses, but in challenging times, everyone came together to help each other. The OR Nurses were helpful and strove to assist us to the best of their abilities. Initially, we oriented them to our routines and retrained them on what a bedside RN does during his/her shift. The OR staff provided us with assistance in a variety of ways. They were our runners, helping us with answering call lights,

or grabbing supplies. They assisted in transferring patients and facilitating patient flow in and out of the unit. We were grateful for their support and help during the time they were available to us. The pandemic has not ended, but it has made us stronger as nurses.

## Supplemental Staffing Network Support

Throughout the the pandemic to today, the Supplemental Staffing Network (SSN) has provided valuable assistance to units dealing with low staffing and high acuity censuses.

They assisted in the deployment of the OR staff to the inpatient units ensuring that staff were available to areas in need. Additionally, the SSN assisted in ensuring employee safety through the staffing of 14 COVID-19 screening stations and employee COVID-19 testing sites. The department also worked tirelessly on obtaining crisis contract labor to assist our staff during this challenging time.

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**As nurses, we felt we were drowning due to the fear, anxiety and exhaustion. We needed help and in response, there were the OR nurses who came and began fighting this pandemic alongside with us.**

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## Respiratory Care and Nursing: A Partnership Strengthened by COVID-19

In 2019, the world began to hear about COVID-19, a deadly virus that was taking a heavy toll in China. We all wondered about the potential for a pandemic and the impact on the United States. However, we were still not seeing any cases of COVID-19.

Then, in March of 2020, our world at LLU Medical Center Respiratory Care changed dramatically. We suddenly realized our COVID-19 patients would be very sick and we would have the enormous responsibility to care for our patients and protect our staff. Nursing and Respiratory Care jumped into action to develop the following collaborative programs to help ensure that our staff were as safe as possible:

1. Nursing and Respiratory Care educators and staff, in partnership with our physicians, developed the Copperhead frame; with a trash bag draped over this frame, it would protect the staff during intubation, extubation and other high-risk aerosolized procedures.
2. In addition to the Copperhead, we developed the oxyhood tent covering for quick cares to place a barrier again between COVID-19 positive patients and the staff.
3. Nursing and Respiratory Care together created two videos to help staff visualize the process of COVID-19 positive code blues and the use of the barrier devices and personal protective equipment.
4. Respiratory Care Practitioners were factored into the 'Team Nursing' care model to help ensure our nurses were supported with additional staff so that our patients received excellent care.

# WELL-BEING WEDNESDAY: AN ER NURSE REACHES OUT DURING COVID-19

(Tad Worku, RN, Emergency Department)

The idea for Well-being Wednesdays was years in the making before it became a reality at the Loma Linda University School of Nursing. I started my nursing career as an emergency/trauma nurse here at Loma Linda University Medical Center. I knew that working in a busy Level I trauma center would be challenging, and to thrive in that environment, it would be crucial to invest in my well-being.

The importance of investing in well-being was heightened in 2020, due to the COVID-19 pandemic. I felt the additional stress and anxiety from treating patients during a time of such uncertainty. I also saw that I was not alone, and this stress impacted my friends and coworkers. This led to a conversation with two co-workers, Sara Martinez, RN, and Ashley Helm, RN. We started a well-being initiative for all Emergency Department staff that we continued throughout 2020. When I joined the Loma Linda University School of Nursing later that year, I knew that I wanted to start investing in the well-being of students so that they would have the skills needed to thrive in practice, especially in the new season of healthcare we were seeing form around us. That is how Well-being Wednesdays were created.

The structure of Well-being Wednesdays is set up as an online fireside chat that takes place on Wednesday evenings from 7:30-8:15 p.m. Each episode features a guest that has expertise in the



field of well-being or healthcare. The format of the program was a moderated interview with each guest followed by a Q&A and dialogue with students. Guests from last season included Dr. Brandie Richard and Angel Ashburn, the associate dean and program directors of the undergraduate nursing program.

Well-being Wednesday created rich opportunities for students to identify their need to invest in their well-being while also giving practical tools and resources. It was also a nice way for students to unwind in the middle of a busy week.



# ADULT RN RESIDENCY DURING COVID-19 PANDEMIC: A NEW MODEL OF LEARNING

Loma Linda University Medical Center launched the Adult RN Residency Program in early 2020. The first cohort started just a couple of weeks after the World Health Organization declared a global pandemic in early March 2020. Our hospitals, like all the other healthcare organizations, began preparing for a large influx of COVID-19-infected patients by implementing many new strategies. For the residency program, that included how to onboard our very first Adult RN Residency cohort.

Months of preparation were suddenly put on hold, as there was no literature to review for best practices on onboarding new graduates during a pandemic. At the time we didn't understand COVID-19's path, and many hospitals decided to cancel their programs. We were definitely "walking" in uncharted territories. There was a rapid shift from face-to-face model of RN Residency orientation to a virtual orientation model at all levels.

The virtual model was found not to be conducive for effective skill learning and practice. There were gaps that could not be ignored. The planning team went back to the drawing board and redesigned the schedule, which included streamlining skills and competencies to be done on the virtual platform. Since many of the new graduates had completed their degree online, it was even more apparent that they needed to have hands-on training.

In the morning of the "skills day," experts from each area (e.g., Infection Control, Wound Care, COVID, Blood Administration, among others) performed a virtual demonstration and explanation of "how-to" in that skill. Since it was live streamed, RN Residents had the opportunity to ask questions in real time.

Following the live demonstration, the RN Residents were instructed to attend in-person skills stations. Being mindful of social distancing and six-foot

spacing, we divided them into small groups at LLU Surgical Hospital. To enhance the new RNs orientation learning experience, half of the stations were designed as "skills fair" where residents were encouraged to ask questions, practice on equipment, devices and supplies, or just listen in to get additional information. Other stations were designated for competency check with full return demonstration of a skill.

One of the clinical educators commented, "The mixed methodology of online lectures, zoom skill demonstration by hospital experts, skills fair, and hands-on return demonstration provided a well-rounded learning environment for our new graduate nurses. The residents were definitely enthusiastic in their learning and it showed. They came to skills fair/stations prepared with relevant questions about content previously taught online, and they actively participated in station activities. You could feel their excitement about nursing and being part of the Loma Linda University Health team."

When asked to provide feedback at the six-week point program evaluation, one anonymous resident stated, "I enjoyed how it's half online and half in-person for that flexibility of learning privately and still having the instruction interaction."

This has been a positive experience overall and we believe that the upcoming cohorts may still benefit from this mixed methodology approach. Our retention rate for the new graduate cohorts has increased from 79% for our first cohort, to over 91% for the subsequent cohorts. For all of our colleagues who helped us draft a methodology while still maintaining the integrity of the program, we say thank you! The residency program team could not have done it without the supporting village in which we live!



You could feel their excitement about nursing and being part of the Loma Linda University Health team.

I enjoyed how it's half online and half in-person for that flexibility of learning privately and still having the instruction interaction.



# UNDERSTANDING THE IMPACT OF COVID-19 ON NURSING STAFF: A RESEARCH STUDY

Early in February of 2021, we were approached by Dr. Emily Cramer, a researcher with the University of Kansas Medical Center School of Nursing, who was conducting a study of nurses' experience during COVID-19.

The research study sought to examine hospital operational response to the COVID-19 pandemic and the impact of the pandemic on moral distress and well-being in nurses. This was a multisite study with hospitals across the nation participating. This study was important because it had the potential to provide a national-level examination of structural changes to nursing care, communication strategies, resource shortages and nurse well-being. The aim of the study was to use the findings to help nursing leaders and organizations understand differences in organizational response, the potential impact on nurses, identify common strategies to provide adequate nursing care, and provide insight in the level of moral distress and intention-to-leave among nurses during the COVID-19 pandemic.

The inclusion criteria for participation was that the hospitals must be members of the National Database of Nursing Quality Indicators (NDNQI). Three of our hospitals were members. The Medical Center, Children's Hospital and Murrieta decided to participate. 182 registered nurses (RN) from Loma Linda University Health agreed to participate: 70 from Medical Center, 60 from Children's Hospital and 52 from Murrieta. Of those participating, the overall years of experience as an RN ranged from 12-16 years, with their experience at Loma Linda University Health ranging from 5-12 years. 70% of the participants were staff nurses.

In looking at the participants' experience with COVID-19 from all participating hospitals, 86% had cared for at least one patient who was positive for COVID-19 and 43.7% cared for COVID-19 positive

patients on a daily basis during the initial peak. By January 2021, the number of nurses overall who had cared for at least one patient who was COVID positive, was 71%, with 27% caring for COVID-19 positive patients on a daily basis. If we examined this related to our three hospitals, it was varied as seen in the table to the right.

The information related to job plans for nurses working at one of the three Loma Linda University Health hospitals was similar in some ways with the overall findings for all participating hospitals, with some exceptions. The moral distress scale reported for all participating hospitals was an overall mean of 2.7 initially and 1.9 in January 2021 (lower is better). The moral distress scale for Loma Linda University Medical Center – Murrieta initially was 3.8 followed by 2.9 in January, the Medical Center was 2.5 followed by 1.8 in January, and the Children's Hospital below the overall at 1.5 and 1.1, respectively (see table next page). The mean percent for nurses intending to leave direct patient care but remain in nursing was higher (range 33.3% to 55%) for all Loma Linda hospitals than that reported the overall study (29.5%). Another difference was in nurses leaving the profession, the overall percentage was 10.5, and our responses ranged from 8.3% (LLU Children's Hospital) to 16.7% (LLU Medical Center). Participation in this study provided our nursing leaders with validation of their perceptions of how COVID-19 was impacting their staff, and provided insights into the stressors and need for increased on unit rounding in the areas of high impact.



		LLU Medical Center		LLU Children's Hospital		LLU Medical Center – Murrieta	
Survey Item		Initial %	January 2021 %	Initial %	January 2021 %	Initial %	January 2021 %
Cared for at least one COVID-19 positive patient	% Yes	70.0	65.2	73.9	59.1	86.5	77.1
Frequency of caring for COVID-19 positive patients	Several times in the month	36.7	31.8	75.0	76.9	20.5	32.4
	Weekly	8.2	20.5	16.7	20.5	38.6	27.0
	Daily	55.1	47.7	8.3	2.6	40.9	40.5
Typical shift number of COVID-19 positive patients cared for	0	8.3	9.1	9.8	7.7	6.7	0
	<=5	56.3	59.1	90.2	92.3	68.9	78.4
	>5	35.4	31.8	0.0	0.0	24.4	21.6
Monthly total number of COVID-19 positive patients cared for	1-5	24.5	25	51.0	74.4	8.9	10.8
	6-10	6.1	13.6	23.5	20.5	13.3	21.6
	11-20	8.2	6.8	17.6	5.1	13.3	18.9
	21-50	24.5	22.7	5.9	0.0	33.3	21.6
	>50	36.7	31.8	2.0	0.0	31.1	27.0

Along with the ongoing stressors associated with COVID-19, there were workload changes that impacted nurses' resilience and their perspective on their jobs. This is reflected in the data below.

Workload changes during COVID-19	No changes
	My workload increased
	My workload decreased
Other workload changes	Patient isolation and PPE use or availability impacted workflow (e.g., time spent donning and doffing PPE)
	Registered nurses took on additional tasks (e.g., phlebotomy, respiratory, dietary, maintenance)
	Registered nurses were the only ones to enter patient rooms
Organizational structure or process changes	More patients per nurse
	Increased use of ancillary staff (e.g., certified nursing assistants)
	Isolation rooms
	Isolation units
	Ventilator control panels outside patient rooms
	IV pump outside patient rooms
	Changes to workflow (e.g., grouping patient care activities)
	Tele-monitoring patients

## Moral Distress, Well-being and Job Plans

### Responses in February 2021

Moral distress scale reporting	Peak month
	January
Over the last week, how many days have you:	Felt anxious
	Had difficulty sleeping
	Felt withdrawn
COVID-19 influence on job plans	% Planning job change
Job plans (% of those planning change)	Stay in direct patient care but leave this hospital
	Stay in direct patient care but reduce my hours worked
	Stay in direct patient care but leave acute care
	Leave direct patient care but remain in nursing
	Leave the nursing profession

	LLU Medical Center – Murrieta	LLU Children’s Hospital	LLU Medical Center
	%	%	%
	18.8	66.7	24.1
	79.2	28.6	58.6
	2.1	4.8	17.2
	77.1	73.8	69.5
	79.2	35.7	52.5
	39.6	11.9	15.3
	70.8	21.4	40.7
	22.9	16.7	27.1
	70.8	81.0	62.7
	77.1	33.3	52.5
	6.3	2.4	0.0
	6.3	2.4	11.9
	70.8	66.7	64.4
	35.4	9.5	16.9
	<b>0-9 Scale (lower is better)</b>	<b>0-9 Scale (lower is better)</b>	<b>0-9 Scale (lower is better)</b>
	3.8	1.5	2.5
	2.9	1.1	1.8
	<b>0-7 Days</b>	<b>0-7 Days</b>	<b>0-7 Days</b>
	3.5	2.7	2.4
	3.5	2.5	2.2
	3.4	2.2	2.3
	43.5	20.7	29.0
	15.0	25.0	0.0
	5.0	16.7	38.9
	10.0	16.7	5.6
	55.0	33.3	38.9
	15.0	8.3	16.7

# PATIENT TRANSITIONS





# 3 WISHES PROGRAM

Jennifer McDonald, Patient Experience executive director, was blessed to hear of the “3 Wishes Program” from Dr. Francis Chan, one of our LLU Children’s Hospital pediatricians. Looking to bring this program to Loma Linda University Health, Jennifer immediately reached out to Dr. Thanh Neville, head of the Critical Care department at Ronald Reagan University of California, Los Angeles Medical Center. Dr. Neville met immediately with Jennifer and shared the tools for the program along with videos of staff and family at UCLA who have benefitted from the program.

3 Wishes Program allows us to honor patient’s wishes to the best of our ability to meet the following goals:

- 1. For Patients** – to dignify their death and celebrate their life
- 2. For Family Members** – to humanize the end of life process and create positive memories
- 3. For Clinical Team Members** – to foster patient and family centered care and inspire meaning in the workplace

Loma Linda University Health is the second institution, following UCLA, in the United States to adopt this meaningful program. The next step was to have this project blessed by the Patient and Family Advisory Council’s for both Children’s Hospital and

Medical Center, as well as all our leadership. Once the program had the full support of all our nursing, leadership and clinical teams, the next step was to strategize on implementation and funding. Jennifer is honored to be partnering with Rosalyn Phan, director of Magnet, in the program’s implementation. Through God’s grace, she received a phone call one early Monday morning from Rachelle Bussell, SVP of Advancement, and the Loma Linda University Philanthropy team, with a gift of \$10,000 from our Healing Hands Grateful Patient & Family program to launch 3 Wishes Program in our system.

When Jennifer first approached the Philanthropy department for funding of the 3 Wishes program, Lauren Day, MA, CFRE, Manager, Patient Engagement Services expressed that they were humbled at the impact 3 Wishes could have on our families as they go through the traumatic experience of losing a loved one. 3 Wishes Program helps families say goodbye in a way that would honor the patient and commemorate his or her life. 3 Wishes Program helps not only our families, but our caregivers as well, who in the past felt like they didn’t have anything to offer. This program allows them to provide support and care until the very end. The 3 Wishes Program has now received a total funding of \$20,000 in support of the program’s initiatives.

# The Comfort Box

Subsequent to the Helping Hands incredible gift, Loma Linda University Health was inundated with a surge of very critical COVID-19 patients and Jennifer expressed feeling overwhelmed with the pain and sadness experienced by all of our heroes at the bedside. It was at that moment that she chose to create the comfort box. Within the comfort box, the loved ones of a dying patient will find the following items:

1. LED light
2. Lock of hair
3. Final cardiac rhythm strip
4. Fingerprint
5. Compassionate Care Notes – written by all those who cared for the patient
6. Cards with grief support and prayer
7. Cards explaining the box

All of these items are gathered directly after the death of the patient and are sent home with their loved ones. Our nurses reported feeling grateful for the opportunity of sharing with the family members, while also providing closure for themselves as the care provider who tragically lost a patient.

The first box was provided in December of 2020 and it was deeply appreciated by the loved ones of our patient. One patient that comes to mind was a young man who passed in our Emergency Department (ED)

after losing his long-term battle with cancer. The nurse leaders reported that each family member desired a lock of his hair as he had sadly gone through the bulk of his life without hair. Our ED staff was very moved providing this gift to the family and they felt that this act benefitted them equally.

The program has been launched throughout the Loma Linda University Health system. As we move gently past COVID-19 pandemic, Jennifer prays that her team would be able to implement a hard launch where they can help meet other wishes for our patients and their families. Until then, the team's mission is to continue this invaluable program, as it is deeply meaningful for all parties involved, which is exactly how Jennifer prayed and intended it to be.





## A Poem by Faith Easdale,

recipient of a Comfort Box.

Today I walked my mom home  
To her home in Heaven  
My beautiful mom with a hard life of raising four  
children in a military home  
My dad gone so much of the time  
They said stroke/heart failure  
I was so not prepared to say goodbye  
She was fine a couple of weeks ago  
I spent the last couple of days at the hospital  
(I was born at the same hospital)  
I fed her, told her I loved her and that  
She was good mom  
This morning the doctor called,  
her heart stopped  
CPR performed  
I told the doctor I'm coming!  
I'm hurrying  
They got her heart started  
And he said any second it could stop again  
I ran down the halls and came as they again  
started chest compressions  
The doctor had everyone move away  
I held my mom

And as the doctor said "You walked her Home"  
He normally doesn't do second chest  
compressions, but he knew I was hurrying  
I think the entire room was in tears watching a  
daughter hold her mother and tell her goodbye  
You're home Mom  
My heart is shattered  
But your mom and your daughter and son were  
waiting joyous with arms open wide  
And I will try and honor your memory and be the  
best daughter I can  
You named me "Faith"  
I will try so hard to live up to that very  
powerful name  
Miss you mom  
I thank the kind paramedic who said go to  
Loma Linda University Medical Center, they  
allow one visitor  
He was so kind and compassionate  
And to the wonderful doctors and nurses  
who truly care and prayed with me,  
I'm beyond grateful  
They gave me heart, heartbeat on paper,  
a lock of hair and a fingerprint

# PROFESSIONAL TRANSITIONS



# NURSING CLINICAL LADDER MOVES TO A COMPREHENSIVE CLINICAL ADVANCEMENT PROGRAM (CAP)

Our Magnet department and nurses who had achieved their Clinical Nurse D undertook the revision of the nursing clinical ladder. The clinical advancement program (CAP) is Loma Linda University Health’s revised clinical ladder program. This program aims to recognize the professional growth and development of direct care nurses. The program was revised in May 2021 and incorporates the American Nurses Credentialing Center (ANCC) Magnet model, the Loma Linda University Health nursing strategic plan and professional practice model (PPM) as the basis for nursing excellence.

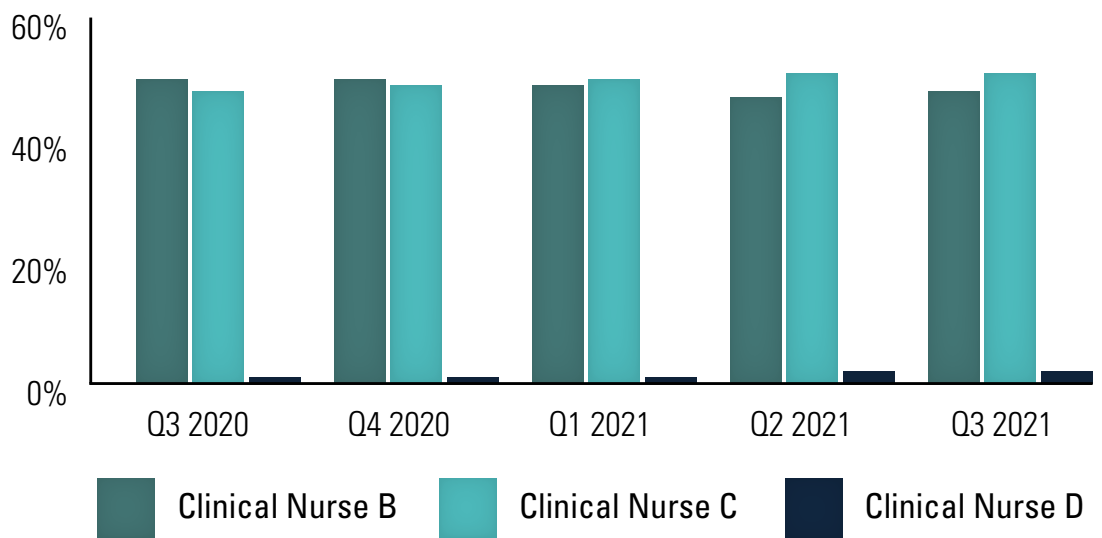
<b>Transformational Leadership</b>	<ul style="list-style-type: none"> <li>• Shift coordinator</li> <li>• Mentors</li> <li>• Transition facilitators</li> </ul>
<b>Structural Empowerment</b>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Certification</li> <li>• Continuing education</li> <li>• Professional nursing organization membership</li> <li>• Unit/organization representation</li> <li>• Community involvement</li> </ul>
<b>Exemplary Professional Practice</b>	<ul style="list-style-type: none"> <li>• Preceptorship</li> <li>• Recognition award</li> </ul>
<b>New Knowledge, Research and Innovation</b>	<ul style="list-style-type: none"> <li>• Internal and external dissemination</li> <li>• Quality improvement (QI) project</li> <li>• Evidence-based practice (EBP) or research project</li> </ul>

The new CAP highlights professional growth and development as nurses transition through Patricia Benner’s Novice to Expert model. The table below depicts the various opportunities direct care nurses are able to be a part of as they learn and grow.

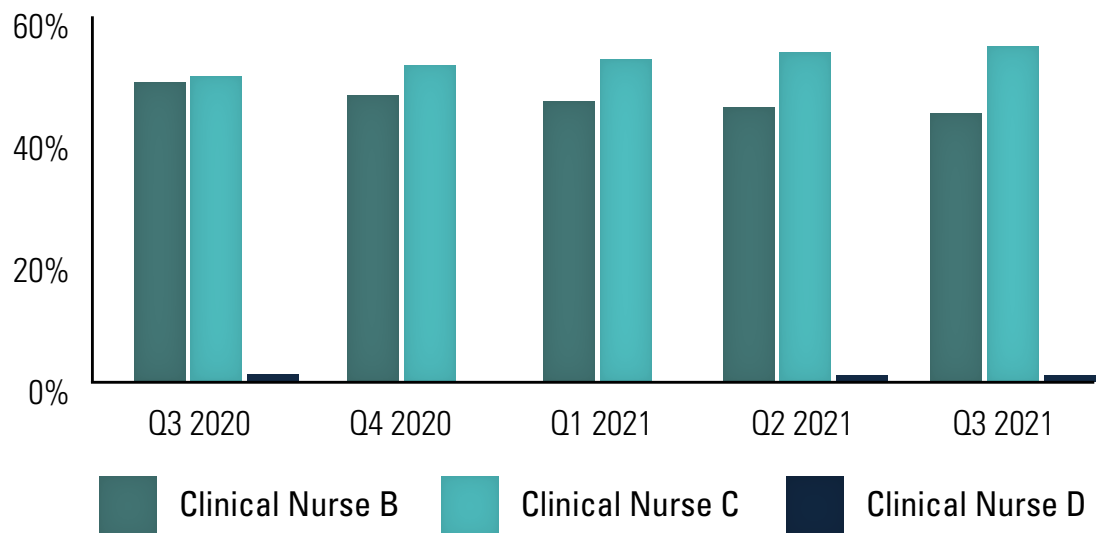
As nurses move through CAP, there are a total of three levels they may achieve: Clinical Nurse B (CN-B), Clinical Nurse C (CN-C), and lastly, Clinical Nurse D (CN-D). Each stage of CAP builds on the foundations and cornerstones of Benner’s Novice to Expert model, with Clinical Nurse Ds reaching the final stage of a proficient/expert nurse, thus highly respected by their peers and leadership team.

The new CAP was redesigned leveraging a focus group which included: all CN-Ds throughout the system and members of the Nursing Oversight Committee. After the May 2021 implementation, following multiple revisions to the previous clinical ladder program, there has been a dramatic increase of CN-C and CN-D nurses.

**LLU  
Medical Center  
Clinical  
Advancement  
Program (CAP)**



**LLU  
Medical Center  
Clinical  
Advancement  
Program (CAP)**



# PROFESSIONAL TRANSITION: SUPPLEMENTAL STAFFING NETWORK

In 2020, 73% of the Supplemental Staffing Network (SSN) registered nurses (RN) staff was utilized by LLU Medical Center with an additional 19% of its RNs working in the Children's Hospital. In addition to the Medical Center and Children's Hospital, the SSN provided RN staffing for both the BMC (1%) and Murrieta Hospital (7%). Moreover, the SSN also supplied patient care assistants (PCA)/patient care technicians (PCT) staff to all four facilities (see graph). SSN also supplies respiratory care practitioners (RCP) to the Medical Center (78%), Children's Hospital (11%) and Murrieta Hospital (11%). The Student Nurses Assistive Personnel Program (SNAP) staffing is also overseen by SSN, and in 2021 provided the Medical Center with 65% of the students and Children's Hospital with 35%.

The SSN Flexible Integrative Team (FIT) consists of 55 Clinical Nurse Bs and five Clinical Nurse Cs. Additionally, the various SSN clinical nurses are comprised of three Behavioral Medicine Center nurses, five Children's Hospital nurses, 52 Children's Hospital specialists, 31 Medical Center nurses, 30 Medical Center Specialists and 11 Perioperative nurses. Our Murrieta hospital is supported by three SSN nurses and 20 SSN specialists. 82 PCA staff the FIT, as well as 98 SNAP and 41 PCAs in SSN. The team is also comprised of six PCT, four RCP in SSN FIT and four RCP in SSN.

These staff proudly support 80 different departments located at LLU Medical Center (University Hospital, East Campus Hospital, Surgical Hospital), LLU Children's Hospital, LLU Behavioral Medical Center, LLU Medical Center – Murrieta, Mountain View Plaza Pharmacy, Dialysis, Employee Health, Clinical Engineering and Clinical Informatics.



# IMPROVING PATIENT SATISFACTION

Patients see so many healthcare workers throughout their hospitalization that they are often unsure who is part of their healthcare team. The Provider Card project was completed in 2020, with the hopes to provide patients with more clarity in identifying care provided by a nurse practitioner (NP). The team involved in this project consisted of:

- Jennifer Newcombe, DNP, MSN, CNS-BC, CPNP-PC/AC
- Kim Rawson, DNP, MSN, CPNP
- Sharon Fritzsche, DNP, RN, FNP-BC, ISPAN-F
- Karin Colunga, MSN, RN, PNP-BC
- Jennifer McDonald
- Patti Radovich, PhD, CNS, FCCM

Each NP would have a business card with the healthcare provider’s picture (FACE card) to hand out to their patients. The cards will also include a description of the role that the NP performs and a contact number.

For outcome measurement, the team utilized the National Research Corporation Catalyst Questions and added questions for advanced practice nurses. The two questions used for project are “How often did the nurse practitioner/advanced practice nurse explain things in a way you could understand?” and “How often did the nurse practitioner/advance practice nurse listen to your concerns?” Baseline data was collected and will be assessed quarterly for progress. The baseline average for Medical Center was at 74.5% and 84.4% for Children’s Hospital. These scores have shown marked improvement in the past year to 80% for Medical Center and 91% for Children’s Hospital.

NPs impact patient care daily, but patients are often unaware of the care NPs provide for several reasons, such as not understanding the role of an NP or that the NP was part of their care team. The FACE card would provide patients with consistency, continuity of care, and clarification of the patient’s course of hospitalization and plans for discharge. This project has also empowered our NP to provide a quantifiable method of displaying the impact of their service to our patients.

## How often did the nurse practitioner/advanced practice nurse explain things in a way you could understand?

	Baseline (2019)	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021
Medical Center Average	73.1%	80.4%	83.2%	77.4%
Children’s Hospital Average	85.2%	89%	89%	96.6%

## How often did the nurse practitioner/advance practice nurse listen to your concerns?

	Baseline (2019)	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021
Medical Center Average	76%	80.4%	83.2%	77.4%
Children’s Hospital Average	83.6%	85.5%	85.7%	96.6%




## RECOGNIZING DIVERSITY: ETHNIC AND TEXTURED HAIR CARE TASK FORCE

The Ethnic and Textured Hair Care task force began with a group of nurses inspired to act on a disparity they identified in their practice. They recognized the need for more variety in products and tools than those currently offered for patient hair care. The nurses found that they were not able to appropriately tend to patients with curly, coily and wavy hair. While the hospital supplies were sufficient for straight and thin hair, there was a lack of resources for patients with ethnic and textured hair.

With the leadership and support of Administrative Nursing Director Rosalyn Phan, the Magnet Department spearheaded the creation of a task force to provide a platform where challenges and educational gaps were assessed and addressed. The goals were simple: to improve the patient experience with the care of specific hair types. The plan was to accomplish this by examining the literature for best practice, reviewing alternative product options and costs, and developing educational material for staff.

After a pivotal presentation on the use of wide-tooth combs in the healthcare setting during the Magnet Nursing Excellence Forum in September of 2020, many nurses from various disciplines communicated their interest in being a part of this change. In October of 2020, the task force held its first meeting.

Currently, the Hair Care task force nurse representatives are from a wide range of practice areas throughout the Loma Linda University Health System. Representation includes nurses from the LLU Medical Center, LLU Children's Hospital, LLU Medical Center – Murrieta, LLU Behavioral Medical Center and LLU School of Nursing. The professional practice areas of the members range from clinical bedside nurses, clinical educators, clinical nurse specialists, nursing management and nursing administration. In addition, the Magnet department, as well as the Nursing Research Department, continue to provide support and guidance to the task force members as they take steps to reduce this gap in care.

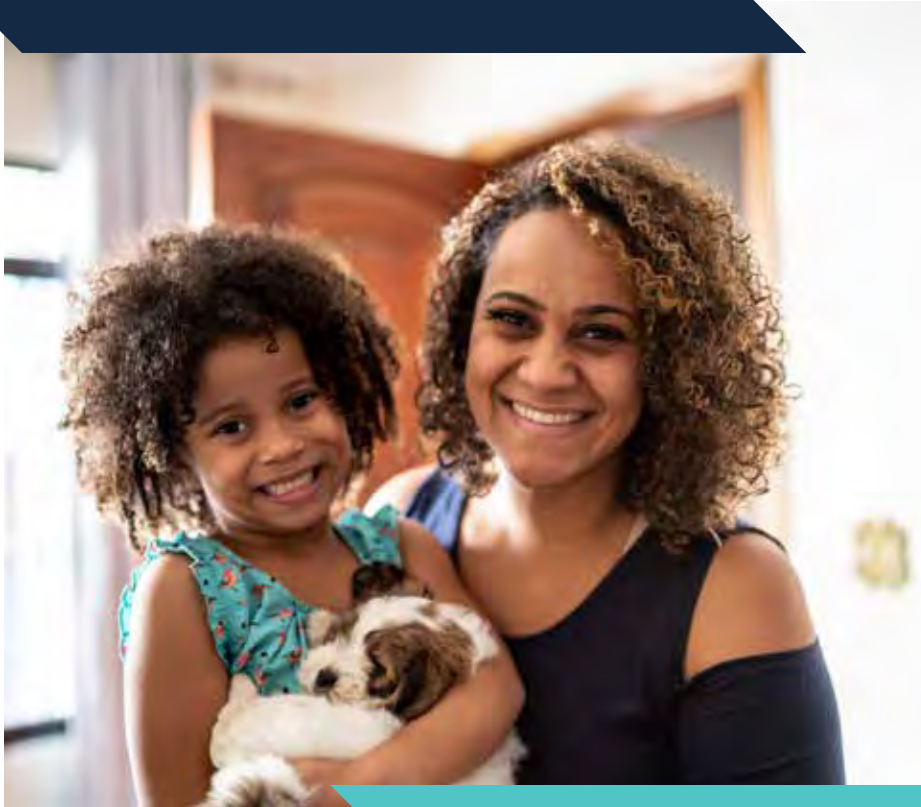


Led by clinical nurse Krysten DeShields, BSN, RN, CCRN, the task force meets on a monthly basis. For efficiency in project development, the task force has subdivided into six different teams, each of them responsible for a different category of tasks to work on and report back to the taskforce every month. The teams and their members are as follows:

### **Team Members:**

- Krysten DeShields, BSN, RN, CCRN
- Vanessa Knox, BSN, RN
- Rosalyn Phan, DNP, RN, PHN
- Nicoll Cruz, BSN, RN
- Karla Juhas BSN, RN
- Lauren Petta, BSN, RN, PHN
- Robert Harrity, BSN, RN
- Nicole Rosenbaum, RN
- Safiya Daley, MS, RN, PMHNP-BC
- Ebony Hillery, BSN, RN
- Katrina Garcia, BSN, RN, CCRN
- Margaretha Kasim, BSN, RN, CNML
- Lovernia Joy Egbunike, MSN, RN
- Yesenia Sanchez, RN
- Shauntell Minor, BSN, RN, CCRN
- Cherie Spencer, BSN, MBA, RN
- Maria Letts, DNP, FNP-BC, NE-BC

Since the start, the Ethnic and Textured Hair Care task force has reviewed the literature for evidence-based practices, collected survey data on nurses' knowledge and identified proper products beneficial to both adult and children's populations. The needs assessment survey was sent to over 4,000 nurses within the LLU Medical Center and LLU Children's Hospital. The survey data will be analyzed and discussed at the task force meeting to ensure that the educational needs and feedback will be reflective in the education. Currently they are putting their collected information into educational material in the form of a tip sheet, Clinical Skills references and a demonstration video. This material will then be used to facilitate the use of products and tools by frontline nurses for the patients in their care. The final goal of the task force will be to create materials to provide education to patients prior to admission related to what our Loma Linda University Health hospitals have to offer them. This new education will also provide guidance to our future patients as to how they can better prepare for their upcoming procedures and admittance to the hospital by adjusting their hair care routines.



The Hair Care task force nurse representatives are from a wide range of practice areas throughout the Loma Linda University Health System

While the hospital supplies were sufficient for straight and thin hair, there was a lack of resources for patients with ethnic and textured hair.



# CLINICAL CARE TRANSITIONS



# REACHING THE COMMUNITY THROUGH AN OUTPATIENT WOUND CARE CLINIC

Chronic wounds impact the quality of life of nearly 6 million people in the United States.<sup>1</sup> Chronic wounds are challenging to treat and present a significant social and economic burden. Adding to these challenges are the increasing costs of healthcare, an aging population, the threat of complex infections, and the underlying risks of diabetes and obesity.<sup>2</sup> In 2020, the Coronavirus pandemic exacerbated these challenges, leaving many people unable to access wound care.

Loma Linda University Health responded to this need by opening an outpatient wound care clinic, located on Mountain View Avenue, at the Diabetes Treatment Center (DTC). The projected clinic go-live was December 2021. Loma Linda University Health desires to provide excellent care to its employees; Risk Management-insured patients will be the first to have access to the clinic. With the aim to provide excellent care to its employees, Loma Linda University Health Risk Management-insured patients will be the first to have access to the clinic. As the clinic expands, additional patients discharged from Loma Linda University Health hospital may be scheduled to follow up in the outpatient clinic.

Loma Linda University Health executive leadership chose to pursue an advanced-practice nurse-run clinic, in collaboration with the Loma Linda University Health Department. Kylie McMath, a Certified Wound, Ostomy, and Continence Nurse (CWOCN) and family nurse practitioner (FNP), was selected to be the primary provider for the clinic, with Dr. Grace Yu serving as the medical

director. In collaboration with the Plastic and Reconstructive Surgery Department, patients will be able to receive outpatient wound care procedures including debridement and application of advanced wound care modalities, such as negative pressure wound therapy, skin substitutes, etc. Even though it is a new service, the clinic was able to save the organization a significant amount of financial costs on the clinic supplies and devices (including the exam tables and exam lights) by using equipment already purchased.

Loma Linda University Health's dedication to providing continuity of care to its patients and staff is evident by the executive leadership support given to the creation of this clinic. The outpatient wound care clinic aims to improve the quality of life for all Loma Linda University Health employees and patients with chronic wounds. Kylie McMath, MSN, APRN, FNP-C, CWOCN, is eager to incorporate the faith-based healing ministry of Loma Linda University Health in her practice by caring for the community and by glorifying Jesus.

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#### References

1. Sen, C. (2021). *Human Wound and Its Burden: Updated 2020 Compendium of Estimates. Advances In Wound Care, 10(5), 281–292.*
2. Sen, C. (2019). *Human Wounds and Its Burden: An Updated Compendium of Estimates. Advances In Wound Care, 8(2), 39–48.*

# IMPLEMENTATION OF ECMO PROGRAM DURING COVID-19

The journey in creating the Loma Linda University Medical Center adult extracorporeal membrane oxygenator (ECMO) program has been an eventful one. LLU Children's Hospital developed an ECMO program over two decades ago in the height of successful studies and significant survival rates. It was later that ECMO proved to have its beneficial purpose for the adult population too. Dr. Joshua Chung, thoracic and cardiac surgeon, came to LLU Medical Center with many years of experience with ECMO from Cedars-Sinai. The planning team, along with leadership, knew an adult ECMO program in Loma Linda had the potential to grow exponentially. After all, there are no other adult ECMO centers in the county and for many miles beyond. In fact, there are only a handful centers that offer ECMO in the state and most only offer pediatric and neonatal ECMO. The team knew this was going to be a journey worth taking. The community and surrounding hospitals needed this resource, our own patients needed this resource.

In planning for the team of specialists to be involved in the ECMO program, respiratory care providers (RCP) were recruited to join hands with nurses. The answer was a resounding yes. RCPs were excited to support nurses and be a part of this endeavor. As the story unfolds, we find that this became a pivotal point and one of the best decisions the ECMO program could have made. The combination of having skilled RCPs working with skilled critical care nurses in a specialized team brought out the best in both specialties.

In November 2019, the Adult ECMO program was just starting to bud, when suddenly a patient presented with an emergency. The ECMO program did not have staff fully trained yet so LLU Children's Hospital ECMO team came to assist. In 2020, the plan was to have an ECMO education company come and train our new specialist team comprised of select RCPs and nurses. As discussions about

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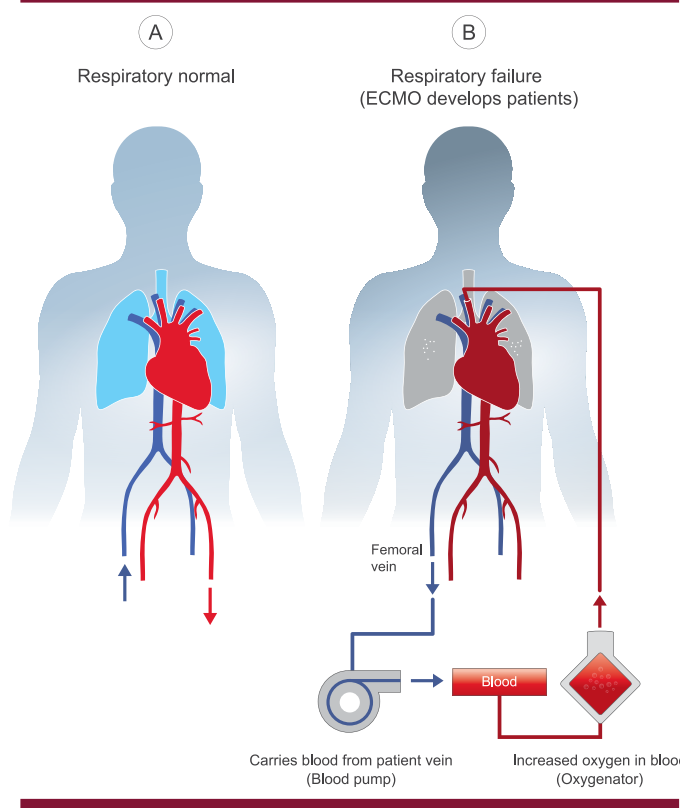
Probably the most meaningful [partnership] for our team of respiratory care practitioners was the implementation of RCP as ECMO specialist. ECMO was a last stop for severe COVID patients, offering the last hope for potential survival. The RCPs selected were supported by our adult critical care nurses and have done an amazing job of partnering with nurses to support the first-ever adult ECMO team.

- Lori Scott, MBA, RCP, RRT,  
Executive Director, Respiratory Care

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training were taking place, the ominous signs of the COVID-19 pandemic emerged. It threatened to halt the program and many other functions. Kholoud Nassar, CCP, MBA, the chief perfusionist, and Laura Raty-Kerstetter, MSN, RN, CCRN, FNP-C, with support from leadership, put together education plans to train our own team. Leadership from nursing and respiratory care chose key staff to be among the first to be trained. With a new program it was vital to choose the right people and have a flexible team.

To gain adequate bedside experience, the team initially partnered up with the Children’s Hospital ECMO specialists, then continued to do partnered care with each other. During this time, Kholoud’s dedication to the program was evident with the many hours she spent with the team at bedside to ensure they were comfortable, and the patient was safe. The team slowly began to grow.



In the years 2020 and 2021, many ECMO centers were grappling with the enormous need for ECMO support for COVID-19 patients, after all ECMO has the capability to bypass the lungs. It removes blood, oxygenates and returns it. This allowed the lungs to heal and not have to undergo enormous volumes of pressure from the vent. Survival rates were moderately low for COVID-19 patients undergoing ECMO – but the stark comparison of 100% mortality when the patient was severely ill was unparalleled. Many centers, including our own, struggled through the staffing needs, the supply demands and overwhelming effects that accompanied the pandemic. Despite our struggles we did have success stories.

One is a special story of a young mother diagnosed with COVID-19 during peak of pregnancy. An emergency c-section was performed, and the young mother continued to decline rapidly despite being placed on prone position, sedation and paralytics. Within a day of the c-section, Loma Linda University Health was contacted to see if we would take her case. It was her first baby and she was young. We accepted the patient and transported her. As soon as she arrived and assessments were done, emergent ECMO was placed at bedside in full COVID-19 isolation protocols. She was very sick. COVID-19 patients differed from our other ECMO cases. The usual therapies were not always successful. ECMO centers would discuss their lessons learned with others to find a way around COVID-19 and we joined many of those conversations. Nationally, as we learned more about COVID-19 and ECMO, we too slowly changed our practice. We extubated very early this time and did not place a tracheostomy. The concept behind this practice meant the ECMO machine was performing the functions of the lungs. We gave no paralytics and we used bivalirudin instead of heparin for anticoagulation. It took several days for the patient to fully awaken but when she did, she was able to move all her extremities. As the patient was able to participate, the physical therapy began, she was the first patient we placed on a tilting bed while also on ECMO and slowly we started to see her lungs take in more and more air. After a few weeks, the team, along with the family, organized a time and place for her to meet her newborn. It was an incredibly emotional day with a sense of pride and success for the team and those who were present to witness mother meet baby. After a few more days, we were able to turn off the ECMO machine. Her lungs had recovered. She was able to leave the hospital on only 1-2 liters of oxygen, and able to walk several steps. Her baby will have a mother thanks to the efforts of the team.

# PEDIATRIC PATIENT'S QUALITY OF LIFE WITH EARLY INITIATION OF PALLIATIVE CARE

According to the Centers for Disease Control and Prevention (CDC), the most common type of birth defect in the United States is congenital heart disease (CHD). Every year there are 40,000 babies born in the U.S. that are affected by CHD. An estimated 7,200 of these babies are diagnosed with critical CHD. Critical CHD is a life-threatening cardiac defect that requires surgery, or catheter-based intervention before leaving the hospital after birth.

Treatment and management of critical CHD is a lifelong condition that requires recurrent hospitalizations and multiple palliative surgeries that expose patients to significant morbidity and mortality. This can be a difficult process for patients, their families and their healthcare teams.

Palliative care focuses on the physical, psychological, social and spiritual needs of patients as they live with a chronic or life-threatening illness. These teams provide longitudinal support for patients and their family members. Palliative care professionals discuss the likely clinical course of a disease, identify goals of care, aid in advance care planning and help with difficult end-of-life decisions.

Early initiation of palliative care has been associated with improved quality of life, lower hospital readmission rates, fewer emergency department visits and decreased length of stay in the intensive care unit.

In 2021, the Cardiothoracic Intensive Care Unit (CTICU) implemented the HEART-PAL Pathway. This algorithm helps identify patients that would benefit from palliative care consultation. The pathway was reviewed daily during Structured Interdisciplinary Bedside Rounds (SIBR) by the primary registered nurse (RN). The SIBR sheet was updated to prompt the RN to discuss patients that could be appropriate

candidates for palliative care consultation. If inclusion criteria were met, the physician was notified during rounds and an order was placed.

During a 6-month period, palliative care consults increased and days from order placement to evaluation by the palliative care decreased.



# DECREASING RE-ADMISSIONS WITH INTERSTAGE HOME MONITORING PRACTICES

Adoption of Interstage Home Monitoring (IHM) practices has been associated with improved morbidity and mortality in infants with single ventricle heart disease who have undergone the Norwood procedure. The interstage period has been defined as the time of discharge from the initial palliative procedure to the time of second stage palliation. The foundations of IHM are routine caregiver home surveillance of oxygen saturations, enteral intake, weight change or other changes in clinical condition.

In 2021, LLU Children's Hospital implemented the American Heart Association (AHA) IHM Guidelines. These guidelines include inpatient preparation, which consists of:

1. Identifying medical readiness for discharge. Infants should demonstrate cardiac stability with acceptable oxygen saturations, adequate weight gain on a stable feeding regimen with >20 grams/day weight gain for three consecutive days, and no in-patient breach of red flag criteria. An echocardiogram should be completed the week of discharge to assess for tricuspid regurgitation and ventricular dysfunction.
2. No breach of red flag criteria (e.g. oxygen saturations <75%, failure to gain 20 grams in three days, weight loss >30 grams, enteral intake <100 ml/kg per day, irritability, increased sweating, respiratory changes or temperature of more than 100.4 F). Any breach of these criteria detected by caregivers should trigger notification of the healthcare team.
3. Home equipment monitoring and training which consists of pulse oximetry to detect excessive hypoxia and an infant digital scale to identify dehydration, as well as growth failure.



4. Caregiver education (e.g. individualized cardiac defect, home equipment and plan of care, general post-operative care, etc.). Beginning this education early in the inpatient stay allows time for caregivers to become competent in their ability to perform IHM tasks.
5. Discharge coordination with other healthcare providers in the community.

## Post discharge interstage monitoring consists of:

Daily weight, pulse oximetry checks, weekly communication with APRNs, and monthly multidisciplinary clinic visits.

In 2020, seven patients underwent the Norwood procedure. Of those, five patients were readmitted for major events during the interstage period. In 2021, four patients underwent the Norwood procedure. There have been no readmissions post implementation of the AHA Interstage Home Monitoring Guidelines.

# INNOVATIONS IN CARE



# PROVIDING SAFE AND THERAPEUTIC CARE TO OUR STAR PATIENTS

## STAR Program and Its Impact On Patient Care

Loma Linda University Health Safety, Trauma, Assessment and Resource (STAR) Program is the brainchild of Serena Oriero, one of the dedicated Children's Hospital Patient and Family Advisory Council (PFAC) members. The philosophy of the STAR program was first presented as a part of an autistic mom's group, of which Serena is a member. Serena pitched her idea in 2018 to Sarah Perrenoud, the Chair of the PFAC at that time, and it was then presented to the balance of the LLU Children's Hospital PFAC. Loving the idea, Serena worked together with the council, and the STAR program was born.

The STAR program is a multidisciplinary approach to caring for patients with special needs. The purpose of the program is to identify patients with special needs and specific developmental needs. In recognizing the things that make each of our patients unique, the healthcare team would be able to facilitate positive interactions between providers and

patients to ultimately promote a safe, therapeutic environment.

In addition, a neurological assessment has been adapted to appropriately assess patients that may require additional care for a specific diagnosis and or need. The STAR icon will appear next to the patient's name on LLEAP, our electronic health record system, and will remain throughout all encounters. When a patient has a STAR next to their name in LLEAP, the healthcare team must review the STAR assessment information by clicking on the star icon. The information from the STAR assessment can then be utilized to assist guiding the treatment and provide positive interactions with the patients. STAR assessment can be passed along during handover report, including when the patient is being transferred to another unit or a different area for a procedure or testing.

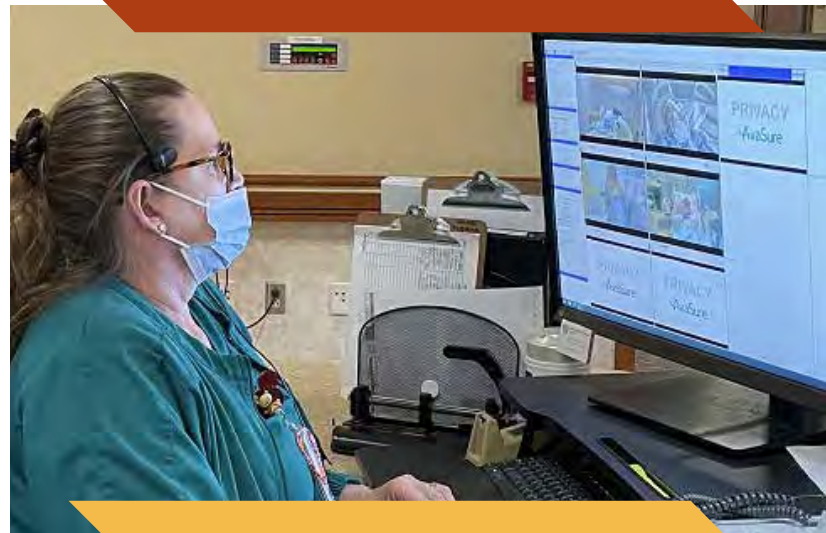
The STAR program was launched as a pilot project in Children's Hospital in July of 2021, and the goal is to implement this program system wide. It has already been introduced and accepted by the LLU Medical Center PFAC.

# VIRTUAL SAFETY SITTER

## More Than Just a Fall Reduction Strategy

The two Acute Rehabilitation units at East Campus (Units 1100 and 1500) were noted to have the highest fall rates within the Loma Linda University Health system. Many of these patients had suffered significant trauma, stroke, or amputations prior to their rehabilitation admission. Acute Rehabilitation patients are at a high risk for falls because they are being asked to perform intense therapies and learning to regain previous function. They often try to “do it on their own” because they have just ambulated with their therapist. Because of the higher fall rates noted, the team turned to new technologies to potentially reduce the number of falls.

In October 2020, East Campus Hospital partnered with Loma Linda University Medical Center – Murrieta to pilot the use of a virtual telesitter video monitoring system, with the goal to more effectively watch and interact with hospital inpatients remotely and identifying patients at risk for falls according to the Hester Davis fall score.



The virtual sitter is a trained monitor technician that uses non-recording video with night vision and can support two-way communication. The system can accommodate up to 20 patients simultaneously per one virtual sitter. The monitoring hub is located on Unit 1500 at the East Campus Hospital and the monitoring staff is managed by the Acute Rehabilitation unit leadership team.

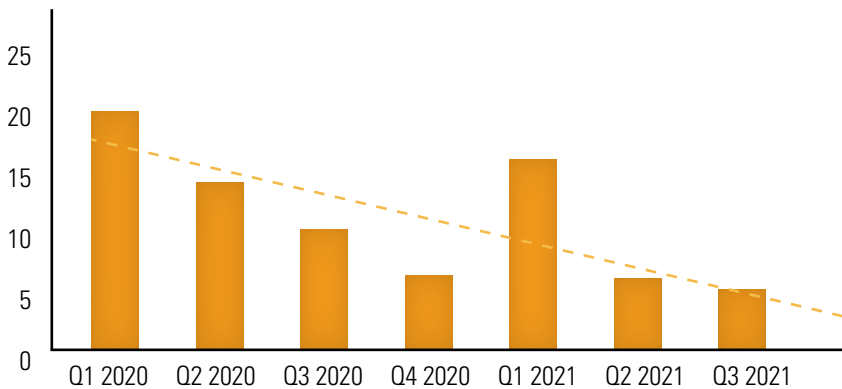
The telesitter program is equipped to deliver robust analytics to help make more informed clinical decisions and validate improved performance on quality measures. Less than two months into the pilot program, the team realized the many other benefits for use, such as preventing diversion, allegations of abuse, medical device interference, alerting the bedside nurse to alarms, visitors, and impulsivities leading to the potential for harm for the patient and/or staff.

To date, the virtual sitter program has been included as one of the strategies that has contributed to significant fall reduction, increased patient safety, and has enabled our providers to work more efficiently, leading to labor cost reductions, without compromising patient care.

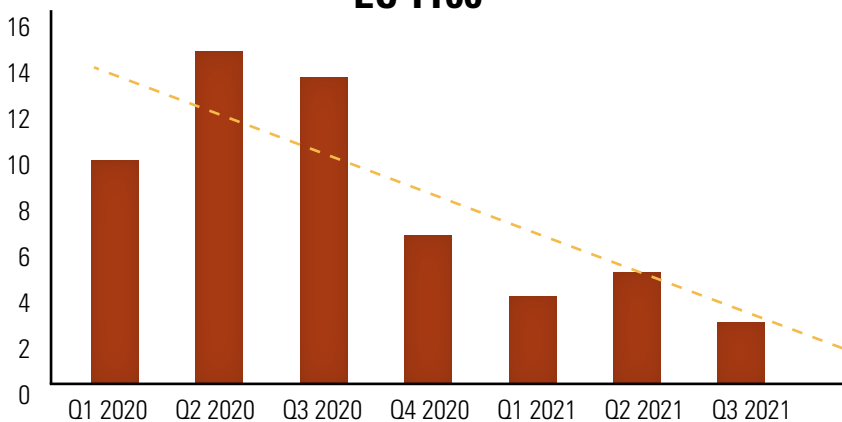
As of June 2021, the program has shown a net savings of \$150,000, and East Campus Hospital has added four additional cameras to their resources, taking the total available camera count to 16, to support both campuses. Loma Linda University Medical Center has since moved into a new facility, the virtual telesitter program is being reviewed to further expand into the new towers as part of their patient safety interventions.

## Statistics:

- Average 13 seconds stat alarm response time, compared to accumulative comparison average of 17.5 seconds
- A total of 1,219 of adverse events prevented in East Campus Hospital
- 78% average Avasure device utilization at East Campus Hospital
- Cost savings of \$15,000



**EC 1100**



**EC 1500**



# ADVANCED URGENT CARE: PROVIDING 24-HOUR-A-DAY CARE

There are lots of misconceptions about the Advanced Urgent Care. Nurses and providers who pick up shifts in the Advanced Urgent Care (AUC) quickly learn that this isn't the typical urgent care (UC) center that they expected it to be. The AUC is an 11-bay treatment area with a robust, fast-paced environment and high patient volumes. The versatile AUC nursing team includes emergency service technicians, trained to provide care for patients of all ages, from newborns to mature adults.

The AUC's origins, expounded on by Assistant Vice President Clinical Operations, Karla Aryan, MA, RN, ONC, began as an Emergency Department at the "community" hospital and transitioned into an Urgent Care at the East Campus Hospital, and became an Advanced Urgent Care in 2019. Transition has been part of the Advanced Urgent Care as far back as its starting point, and a great sense of pride exists for how the staff and leaders navigate through change time and time again. They passionately care for our patients and give 100% all the time. They effortlessly represent our mission and values no matter what is taking place around them. The environment and processes may change from time to time, but the dedication of our staff, providers and leaders, is consistent, resulting in quality, compassionate care for our patients.

A commonly asked question is, what is the difference in service between the Urgent Care and the Advanced Urgent Care? The main difference between the two is that in the AUC, we care for patients 24/7, and we are staffed by emergency medicine physicians, which is not the case for every urgent care. Because of this, we are able to deliver quality care to higher acuity patients.

The AUC is affectionately referred to as 'the little engine that could,' by Director-Patient Care, Sherry Lee, MS, RN. "They have surpassed all expectations. They are a small team – but mighty in spirit. Part

of the challenge in making the transition from UC to AUC involved the nurses learning new skills and procedures that are typically used by ED and ICU nurses. They met and exceeded the challenge. This was an important step that prepared nurses and technicians to work as a cohesive team with the new ED providers."


Like many other areas throughout the organization, the AUC was severely impacted by the COVID-19 pandemic. The AUC temporarily closed its doors due to an unsustainable decrease in patient volume. This was devastating to the AUC team who thrives on being there for their patients. The AUC has reopened and is experiencing increased volumes, seeing an average of over 100 patients per day. As a result, operational hours have been extended back to 24/7, providing additional times for our patients to seek medical care.

## What makes the AUC a special place to work? Ask the staff and they will tell you:

**Michael Gray, BSN, RN** – "Culture and camaraderie that we bring to each other. Whenever somebody needs help, we help each other out and back each other up. When you are busy with a patient, someone is here to help you out."

**Arlene Mejia, MSN, RN** – "The teamwork within us. Most of the nurses always go above and beyond to make sure that we provide quality of care to all our patients. Our manager, as a leader, really supports us all the time in everything, whether patient care or time off, she really helps us."

**Manager, Emanuela Salajejan, MSN, RN** has grown up in the AUC and has witnessed first-hand the transformation into the AUC. "It's about the patient. The nurses and staff members truly care



about the patient's wait time, about the time it takes to get IVs and give medications, to triage and a quick look. They truly care about every single patient that comes through our door."

Patient experience matters to the AUC team. Over the last 2 quarters, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHP) scores for the AUC have risen from below the 75th percentile to above the 90th in several categories.

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**Whenever somebody needs help, we help each other out and back each other up.**

**When you are busy with a patient, someone is here to help you out.**

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Real-time patient comments from National Research Corporation (NRC) reflect this:

"Everyone I saw seemed attentive, professional and concerned."

"Nice experience! Nurses, doctor and staff members are all very caring!"

"We enjoyed getting acquainted with his nurse. In addition to giving quality nursing care, she helped him relax with her sweet, friendly manner. Everyone was wonderful from the moment we stepped in the door to the time he was discharged. THANK YOU!"

"It was my first time here and I had a very good experience. Everyone was kind and knowledgeable. I had tests done that were necessary. I definitely will return when needed."

"I'm so appreciative of all the help they give you, and you feel comfortable talking to them and asking questions. Very satisfying experience. I thank you for the services that you offer to the public. It's sure nice to know that you have a family waiting for you in a place where you need care. Thank you."



# SEPSIS: TRANSITIONING TO TECHNOLOGY-BASED APPROACH

In 2021, the adult service line recognized that a new approach was needed to improve our adherence to the sepsis bundle guidelines. A multidisciplinary team was formed, which included the EPIC Care Application Services, Patient Safety and Reliability, Emergency Department (ED), inpatient physician champions, Critical Care Specialty Transport (CCST), nurse champions, Nursing Informatics, Emergency Department sepsis champions, in addition to nursing leadership.

At the time, the average early management bundle compliance ranged from 22-40%, with one month's outlier of 64%. With the data showing that the overall attribution of sepsis was located in the ED, it was identified as the practice environment for the new approach. With the reasons for bundle fall-out ranging from blood cultures not being ordered, crystalloid fluids not being administered, antibiotics and lab draws falling outside of the timeframes, there were many opportunities for improvement.

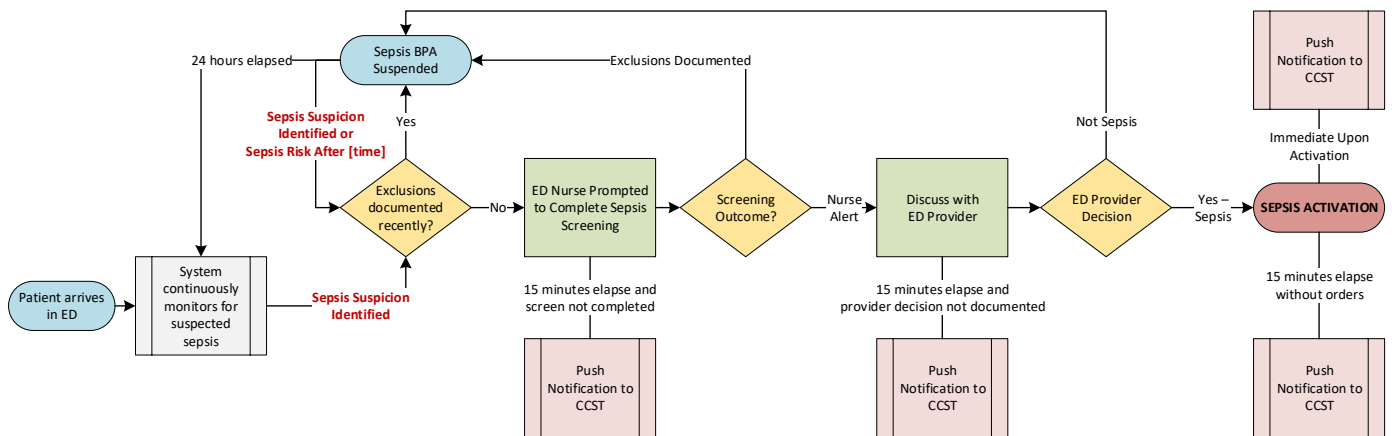
In May, with both ED and hospital compliance at 25% and 22% respectively, the new approach was initiated, and by July 2021, the ED compliance had risen to 81%, and the hospital compliance to 53%. What changed? Technology using the electronic health record (LLEAP) was implemented along with a new operational approach with CCST oversight. Upon arrival to the ED, LLEAP would evaluate for signs of early detection and prompt the ED RN to document sepsis screening. In addition, when the best practice alert (BPA) fires for systemic

inflammatory response syndrome (SIRS) criteria the RN can document exclusion when the patient presentation is less likely to be sepsis (I.E. trauma, stroke, STEMI), suspending the BPA for 24 hours. Delays of 15-minutes when no action is taken results in a push notification sent to the CCST RN. This results in a direct communication to the ED RN, ED provider to assure action is taken or the patient is ruled out. The surveillance of the targeted population is continuing and could identify a patient as having suspected sepsis.

Screening outcomes would be reviewed, and the nurse alerted to discuss the results with the ED provider. Again, if there was more than a 15-minute delay, a push notification would be sent to the CCST. After the ED provider reviewed and determined if sepsis was present, a sepsis activation would occur with immediate notification of the CCST.

A dashboard was available for staff and providers which would allow all to see how many cases were under sepsis management, and what interventions had been taken and what was needed.

The four-step process of detection, evaluation, action and reaction, with clear role assignments, has made a difference in our approach to sepsis. Epic tools to improve situational awareness of time goals for sepsis treatment were implemented. The sepsis story board provides a sepsis timer with a visual checklist for the bedside RN to monitor for elements of the sepsis bundle that need to be completed.



# AWARDS



# HOSPITAL AWARDS

## LLU Medical Center

- **Loma Linda University Health has been named a Best Physical Rehab Center 2021 by Newsweek.** This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry-ranking provider. Darryl VandenBosch, CPA, interim vice president/administrator of Loma Linda University Medical Center East Campus and Surgical Hospital, said this recognition is a testament to the entire rehab team and their dedication to their patients and this organization. "Our team of board-certified doctors, nurses, therapists, and staff help our patients reach maximum recovery and provide customized care to meet their unique needs," VandenBosch said. "It is our mission to continue providing the best care to every patient we serve."
- **Loma Linda University Medical Center has been ranked by U.S. News & World Report as the No. 1 hospital in the Riverside and San Bernardino metro area for 2021-2022.** "We are honored and grateful for this distinction, which is a true testament to each of our employees' commitment and delivery of exceptional care to patients throughout our region," said Kerry Heinrich, JD, prior CEO of Loma Linda University Health Hospitals.
- **Loma Linda University Medical Center and East Campus hospitals** have once again been recognized nationally with Leapfrog Hospital Safety "A" Grade. This is the sixth straight "A" award for the Medical Center and the seventh consecutive honor for East Campus.

- **Loma Linda University Health Adult Congenital Heart Disease Program receives accreditation.** The adult congenital heart disease (ACHD) program received accreditation by the Adult Congenital Heart Association, making it the only specialized ACHD comprehensive care center in the Inland Empire and among 44 in the US.

## LLU Children's Hospital

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2021 Maternity Care Honor Roll Award

2021 Award of Excellence in Extracorporeal Life Support (ELSO) Gold

2021 AHA: Get with The Guidelines - Pediatric Resuscitation - Gold Plus

2021 AHA: Get with The Guidelines - Neonate/Infant Resuscitation - Gold Plus

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- **Loma Linda University Children’s Hospital has been recognized as a Best Children’s Hospital in cardiology and heart surgery for 2021-22 by U.S. News & World Report.**

Anees Razzouk, MD, chair of the Department of Cardiothoracic Surgery, says the recognition aligns with Loma Linda University Health’s tradition of excellence in cardiac surgery services, especially pediatric and congenital heart surgery, for the past 60 years. “This honor is a tribute to those teams in the Children’s Hospital: pediatric cardiac anesthesia, pediatric cardiology, pediatric intensive care, pediatric cardiac surgery, pediatric radiology, advanced practice nursing, skilled nurses and therapists, and all other disciplines that come together every day and every night to attend to the details that are essential to care for children with heart conditions,” Razzouk says. “We’re very proud of those teams, and grateful to the institution for providing the resources and the support that are needed to sustain a program of this caliber. Today, we celebrate this exciting news and look forward to maintaining this ranking and providing quality cardiac services to our community.”

- **Loma Linda University Children’s Hospital recognized as a Best Maternity Care Hospital by Newsweek.**

Loma Linda University Children’s Hospital was named to Newsweek’s 2021 list of Best Maternity Care Hospitals, recognizing the facility for excelling in providing care to mothers, newborns and their families, as verified by the 2020 Leapfrog Hospital Survey.

Courtney Martin, DO, director of Maternity Services, said all of the work in building safety infrastructure, building teamwork and listening to women, continues to be the center of care at Children’s Hospital. “Being recognized as a top maternity care hospital solidifies the day in and day out multi-disciplinary effort to give pregnant women the safe care they deserve,” Martin said. “Our team, including nurses, staff, medical students, residents, pharmacists, NICU teams, pediatric teams, critical care teams, anesthesiologists, perinatologists and OB physicians work tirelessly to reduce unnecessary c-sections, develop and implement innovative quality and safety initiatives, focus on

patient-centered care with shared decision-making, follow national guidelines and safety goals and strive for healthcare equity.”

- **Loma Linda University Children’s Hospital recognized as a Gold Level Center for Excellence in Life Support.**

Loma Linda University Children’s Hospital has been recognized as a recipient of the Gold Level ELSO Award for Excellence in Life Support from the Extracorporeal Life Support Organization for 2021. The Excellence in Life Support Award recognizes those centers that demonstrate an exceptional commitment to evidence-based processes, quality measures, staff training, continuing education, patient satisfaction and ongoing clinical care. “For the past 26 years, Loma Linda University Children’s Hospital has used ECMO to support the critically ill children of our community,” said Crystal Akers, BSN, RN, ECMO coordinator for Children’s Hospital. “Upon becoming coordinator, my number one goal was to bring attention and legacy to the excellent, compassionate care that our hospital’s ECMO team has continued to provide throughout the years. I am beyond excited that ELSO has granted us this award. I truly believe it represents our dedication and hard work that we provide to each child.”

- **Loma Linda University Medical Center – Murrieta has been named twice in a row to Newsweek’s list of Best Maternity Care Hospitals, receiving recognition in 2020 and 2021.**

Loma Linda University Medical Center- Murrieta was named for the second year in a row was named to Newsweek’s 2021 list of Best Maternity Care Hospitals. The state-of-the-art Family Birthing Center and maternity unit include modern, calming birthing suite, our skin-to-skin bonding program and lactation services. The perinatal services team work to provide high quality care to mothers, newborns and their families.



# 2021 Hospital Awards



# LEADERSHIP AWARDS

Every year during Nurses Week, nurse leaders are recognized for their dedication and contributions to the nursing profession at Loma Linda University Health. The awards presented are based on the American Nurses Credentialing Center's Magnet model.

## Transformational Leadership



**Monique Mills,  
Manager at East  
Campus Unit 1100**

Monique was recognized for her transformational leadership in 2020. This leadership was especially noticeable with smooth, literally almost overnight,

transition of her rehab unit to a medical unit during the height of the pandemic. Her ability to lead and connect to the staff, enabled a smooth transition for both staff and patients. She never lost sight, nor did the staff, of the elements in the nursing strategic plan. Monique worked hard to ensure that while addressing the needs during the pandemic, her unit leaders still focused on quality and patient and staff satisfaction. Her staff's energy was always positive, and they had a sense of pride that they were doing their part to help.

## Structural Empowerment



**Rosalyn Phan,  
Administrative  
Director, Magnet  
Program Director**

Rosalyn has been instrumental in our attainment of the Magnet designation for both the Medical Center and Children's Hospital. She is a wonderful nurse

leader, so knowledgeable and supportive and always willing to support our leaders and the staff. Magnet is a milestone for the hospital, and she helped us every step of the way and accomplished it during the COVID-19 pandemic. Rosalyn and her team have made a wonderful change to our staff's professional development and to staff recognition through the DAISY program. She continues to help us elevate nursing practice at Loma Linda University Health.

## Exemplary Professional Practice/ Nursing Quality



**Kim Johns,  
Director Maternity  
Services Patient Care**

Kim always ensures her team understands the strategy, mission, vision and values of our organization. Through her leadership she ensures people are bought into activities by

fully articulating the why and the rationale behind the requested changes. Kim has demonstrated a purposeful balance which is seen in her articulation of how we serve both patients and employees.



**Shauntell Minor,  
Clinical Educator 4700**

In March 2019, when COVID-19 hit Loma Linda University Health hard, protection of staff was of primary concern, Shauntell led a team of educators and staff to create education for the donning and doffing of personal protective

equipment (PPE), and not only this but creating the process for how PPE would be used and kept for the entire shift. Shauntell guided the team of RNs, MDs, and RCPs in creating a video of how to safely use equipment that was made when intubating

patients at this COVID-19 time. Additionally, Shauntell partnered with physicians and RCPs specifically creating and perfecting the process of responding to code or emergency during COVID-19 that involved proper donning of PPE, management of number of persons in the room, process for manual proning of mechanically ventilated COVID-19 patients. Shauntell also led in the development of the education on manual proning to all the ICU units that had COVID-19 patients, which ultimately included three full ICU units. Shauntell provided her knowledge to our Murrieta hospital, providing education to its ICU nurses on the same content she provided to her own team.



## Evidence-Based Practice

The Neonatal ICU (NICU) EBP team, which included staff nurses Brittany Richardson, Jennifer Tapia, and Laura Martinez, identified a lack of a standardized discharge process in the NICU. This lack of standardization led to

educational items being missed or addressed only on the day of discharge, resulting in discharge delays and dissatisfied parents. The Journey to Home board was developed as a visual aid for parents that is used in conjunction with the nurse discharge checklist. This innovative monopoly-like board allows parents to have a visual representation for what needs to be done and/or learned prior to discharge from NICU, and what has already been completed. The parents are also encouraged to bring the board home for reference or as a souvenir. The NICU EBP team has also been collaborating with the unit's discharge quality improvement (QI) committee in refining the board to reflect the discharge checklist.



# THE DAISY AWARD PROGRAM

The DAISY award is a meaningful recognition program to celebrate the excellent and compassionate care nurses provide each and every day. It was inspired by Patrick Barnes, a patient who suffered from an auto-immune disease. In his memory, the Barnes family started the DAISY (Diseases Attacking the Immune SYstem) Foundation in 1999 to honor the extraordinary nurses who took care of their son. Today, the program has grown into over 4,000 healthcare organizations and nursing schools in the United States, and has blossomed to more than 29 countries worldwide.

At Loma Linda University Health, we present the DAISY Award to our nurses in recognition of not only their excellent and compassionate nursing care, but also for living up to our organization's mission and values. The program is led by the Magnet Department in collaboration with Magnet Champions from the different areas of our hospitals. We hold our DAISY Award presentations twice a year, during May and December, and celebrate our DAISY Award Honorees from each of our hospitals, including:

- Loma Linda University Medical Center – University Hospital
- Loma Linda University Children's Hospital
- Loma Linda University Medical Center – East Campus
- Loma Linda University Surgical Hospital and the Outpatient Surgery Center
- Loma Linda University Medical Center – Murrieta
- Loma Linda University Behavioral Medicine Center
- Loma Linda University Health Advanced Practice Registered Nurses

What's new beginning in 2021 is that we have added a new DAISY honor program. We started the DAISY Award for Academia (nursing students and nursing faculty) in partnership with the Loma Linda University School of Nursing. The DAISY Award for Nursing Students was created to recognize and celebrate nursing students for the above-and-beyond care and compassion shown to patients and their families. The DAISY Award for Nursing Faculty was created to acknowledge the contributions nursing faculty make to the future of nursing (The DAISY Foundation). The awards are presented quarterly by the School of Nursing's undergraduate and graduate committees.



# Daisy Award Honorees May 2021



**Courtney Lotz,  
BSN, RNC-NIC**

LLU Children's Hospital  
CH 3700



**Sarah Leos,  
BSN, RN, PHN**

LLU Medical Center –  
University Hospital  
UH 4300



**Hina Ahmed, BSN,  
RN, CMSRN**

LLU Medical Center –  
University Hospital  
UH 4300



**Maria Arevalo Monges,  
BSN, BSPA, RN, ACM**

LLU Medical Center –  
East Campus  
Case Management



**Joyce Skeens, RN**

LLU Medical Center –  
Murrieta  
Emergency Department



**Stephanie Alonso,  
BSN, RN, CPN (OSC)**

LLU Surgical Hospital  
and Outpatient  
Surgery Center



**Kimberly Hanson,  
BSN, RN, CWON**

Advanced Practice  
Registered Nurse Group  
Wound Care



**Jon-Erik Saplan, RN**

LLU Behavioral  
Medicine Center  
BMC 300

**Cynthia Aguilar, BSN, RN**  
LLU Children's Hospital Maternity Services

## DAISY Award for Nursing Students

**Bonnie Norby**

LLU School of Nursing  
Class of 2021  
Nursing Student (Undergraduate)

**Bryant Gamboa, BSN, RN**

LLU School of Nursing, DNP Program  
Class of 2021  
Nursing Student (Graduate)

## DAISY Award for Nursing Faculty

**Nicholas Topoleski, BSN, RN**

Nursing Faculty (Undergraduate)

**Ellen D'Errico, PhD, RN**

Nursing Faculty (Graduate)

# EVIDENCE-BASED PRACTICE FELLOWSHIPS AND GRANTS

Our Evidence-based Practice (EBP) Fellowship was initiated in 2018. We have had three EBP fellows (one each year). This year, for 2021, we are privileged to have three EBP Fellows. Our EBP fellows are:

## 2021 EBP Fellowship Awardees



**Yuri Oda, BSN, RN, CCRN-CM**  
Unit 1400

She will be working on an evidence-based buddy system for new nurses and float nurses.



**Katie Padgett, BSN, RN**  
Unit 4100

She will be working on the use of technology as part of the discharge education program for transplant patients.

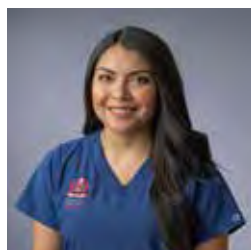


**Cricketara Ramos, BSN, RN, CCRN,**  
Unit 4700

She will be examining the literature and developing a bundle related to ultrasound guided venipuncture.

# 2021 EBP Grant Awardees

The Transformative Evidence-based Practice Change and Research Small Grant funding application held annually by the Nursing Research Department at Loma Linda University Health provides an opportunity for nurses to fund either their evidence-based practice (EBP) projects or research studies. It is with great pleasure that the Nursing Research Department awarded three EBP small grants this year.



**Amy Millan**  
CTICU EBP Team



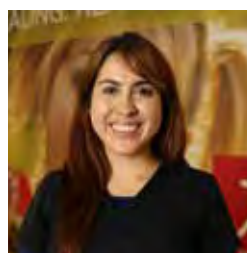
**Andrey Sendow**  
CTICU EBP Team

The EBP team from Cardiothoracic Intensive Care Unit (CTICU) identified the need to provide pre-operative education to patients undergoing elective coronary artery bypass graft (CABG) surgery. These patients were unable to receive an in-person pre-operative tour and education session with a nurse due to the COVID-19 visitation restrictions. Patients who do not receive pre-operative tours and education may be at a higher risk for post-surgical complications, including wound dehiscence, infection and readmission. The team developed an education handout consisting of QR code links to educational videos that include a virtual tour of the recovery unit. Educational pathways such as the “Heart Surgery Picture Pathway” and “Home Pathway After Heart Surgery” are also included in the education package, which is provided to patients during their scheduling appointment at the International Heart Institute (IHI). The CTICU EBP team was awarded a grant in the amount of \$500 to support the funding of their project implementation.



**Jennifer Tapia  
and Laura Martinez**  
NICU EBP Team

The Neonatal Intensive Care Unit (NICU) EBP project focused on providing quality patient care by standardizing the discharge education in the form of an interactive game board that all bedside nurses can utilize during the parent education process. With the discontinuation of some hands-on discharge classes, discharge education is often left to the interpretation of each bedside nurse. Parents are encouraged to participate in discharge education by using the Journey to Home board. This interdisciplinary EBP project collaborated with the unit’s quality improvement team to improve the board design and the unit’s professional governance team for project marketing. This project was awarded \$750 to support funding for employee incentives and board printing. The NICU EBP team also received the EBP Nursing Leadership Award during Nurses Week.



**Karen Joya**  
2020 EBP Fellow

Karen Joya was our 2020 EBP Fellow whose EBP project was aimed at reducing the variability in sleep or wake cycle as a preventative measure against delirium in the Pediatric Intensive Care Unit (PICU). Sleep disruptions have been shown to increase the likelihood of delirium in hospitalized patients. Delirium may prolong length of stay, which can result in increased medication use, longer ventilation days and increased mortality. With the implementation of a sleep hygiene bundle, this EBP project hopes to minimize sleep disturbances, improve knowledge of delirium and decrease incidence of delirium through the standardization of practice between each nurse and shift. Karen was awarded \$2,000 to support implementation interventions of her EBP project.



# INSPIRING PATIENT GRATITUDE THROUGH OUR COMPASSIONATE CARE

Loma Linda University Health is committed to compassionate care and seeks to provide healing physically, mentally and spiritually. Our patients and their families develop a special connection with their caregivers during their hospital stay.

Patients and families often want to know what they can do to say thank you in a special way. This question began the journey in developing our Healing Hands Grateful Patient and Family program. In 2014, Healing Hands was established to provide patients and families a way to honor their caregivers, while supporting the mission of Loma Linda University Health. Through Healing Hands, patients and families can contribute in honor of a caregiver who made a difference in their patient experience. The caregiver is then recognized publicly, receives a lapel pin, certificate, and his/her name is included on our public website. This program offers a way to honor caregivers who have developed a special bond with patients and families, or any employee who went above and beyond to impact their experience in a meaningful way.

When a patient or family donates through the Healing Hands program, they can designate their donation towards a specific department or the

Healing Hands area of greatest need fund. This fund is used across the organization for specific initiatives that help enhance the experience for our patients and their families. Every caregiver who is recognized through the program has an opportunity twice a year to apply for a grant and can be awarded up to \$10,000. The proposal needs to focus on improvements in the patient experience and support the mission of Loma Linda University Health.

We have discovered through Healing Hands that inspiring patient and family gratitude becomes part of the healing process. Those who have given through this program feel empowered knowing they can make such a meaningful difference in people's lives when needed most.

## Healing Hands Grants

The Acute Rehabilitation Unit 1100 at East Campus Hospital received a Healing Hand Grant to purchase art supplies for its patients.

The Medical Intensive Care Unit at Medical Center received a Healing Hand Grant to purchase eight digital photo frames for patient and/or family use in the patient rooms.

# Healing Hands Awards Recipients

Alice Roberts, RN, CHP  
Alissa Haywood, RN, EC 1500  
Allison Cunha, RN, MC 7300  
Amna Fadri, RN, CH U5000 Acute Care  
Anita Siregar, RN, EC 1500  
Armando Sibayan, RN, Dialysis  
Bailey Reeter, RN, ED  
Barry Wilson, RN, Dialysis  
Benny Tjondrosetio, RN, Dialysis  
Bernadette Macasias, RN, Post-op  
Brandon Higa, RN, BMC  
BreAnna Robinson, RN, TCBC  
Brian Wills, RN, MC 7300  
Brittney Armstrong, RN, OB  
Cecielyn San Juan, RN, Dialysis  
Chatchanit Searl, RN, 7300  
Cheeney Sihombing, RN, EC 1500  
Connie Tran, RN, CH U5000 Acute Care  
Danielle Colegado, RN, MC 7300  
Delia Linch, RN, EC 1500  
Dyadelle Tambalque, RN, EC 1500  
Erika Garza, RN, EC 1500  
Fnu Ulitama, RN, EC 1500  
Gina Grucelski, RN, EC  
Grace Shih, RN, EC 1500  
Janine Ybanez, RN, 9200  
Jemilton Panjaitan, RN, EC 1500  
Jennifer Ventress, RN, ED  
Jeremiah Manullang, RN, EC 1500  
Joanna Crafter, RN, EC 1500  
Jodian Lyn, RN, MC 7300  
John Coughlin, RN, Dialysis  
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Katie Albarran, RN, MC 7300  
Katie Caudill, RN, OB Murrieta  
Kelly Rybarczyk, RN, ED  
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Londa Colegado, RN, Pre-op  
Lorlie Valderama, RN, EC 2100  
Lorenzo Sen, RN, Dialysis  
Makaila Ley Macalino, RN, 9200  
Mary Grace Carreon, RN, CH 5000 Acute Care  
Megan Tooker, RN, TAVR  
Michael Gray, RN, EC 1200  
Michelle Giralao, RN, EC 1200  
Myrabelle De Los Reyes, RN, EC 1500  
Nadia Gurrola, RN, EC 1500  
O'Neil Presuel, RN, Advanced Urgent Care  
Pedro Mario Calip, RN, EC 1500  
Rebecca Serafini, RN, 7200 ICU  
Robert Guevarra, RN, CH 5000 Acute Care  
Rosemary Benavides, RN, ED  
Ruth Simorangkir, RN, Dialysis  
Siriluck Boonsom, RN, MC 7300  
Stacey Diaz, RN, Cardiac Progressive  
Teresa Boudreaux, RN, EC 1500  
Veronica Mendoza, RN, EC 1500  
Victor Leon, RN, Radiation Medicine  
Wentworth Simmons, RN, EC  
Zachary Adams, RN, ED

# PUBLICATIONS/PRESENTATIONS



# PUBLICATIONS

## PUBLISHED ARTICLES

Miller, Vanessa Ayer, Jennifer Newcombe, Patricia Radovich, Flint Johnston, Ernesto Medina Jr., and Anna Nelson. 2021. "The Healing Hearts At Home® Mobile Application Usability And Influence On Parental Perceived Stress". *International Journal Of E-Health And Medical Communications* 12 (3): 90-105. doi:10.4018/ijehmc.20210501.0a6.

Role, Jethrone, Hong Chao, Chris Rosario, Phillip Ho, Marie Hodgkins,. 2021. "Inpatient Staffing Dashboard: A Nursing-Information Technology Collaborative Project". *Computers Informatics Nursing*. doi: 10.1097/CIN.0000000000000778. PMID: 34074872.

Edwards, Amanda, Novi Sitanggang, Kelly Wolff, Jewel Role, Trisha Cardona, Myra Sanchez, and Patricia Radovich. 2021. "Pressure Injury Prevention In Patients With Prolonged ED Stays Prior To Admission". *AJN, American Journal Of Nursing* 121 (2): 46-52. doi:10.1097/01.naj.0000734128.77659.2b.

Mesa, Jorge, Amalyn Mejia, and Gareth Tiu. 2021. "CE Article: Use Of An Evidence-Based Protocol For Repositioning Peripherally Inserted Central Catheters (PICCs) In Children And Adults". *Journal Of The Association For Vascular Access* 26 (1): 6-14. doi:10.2309/java-d-19-00016.

Muñoz, Amanda, John Tan, Andrew Hopper, Rosemary Vannix, Harmony Carter, Michelle Woodfin, Arlin Blood, and Joanne Baerg. 2020. "Cerebral And Renal Oxygenation In Infants Undergoing Laparoscopic Gastrostomy Tube Placement". *Journal Of Surgical Research* 256: 83-89. doi:10.1016/j.jss.2020.06.010.

Phan, Rosalyn, Patti Radovich. Achieving American Nurses Credentialing Center Magnet® Designation With a Virtual Site Visit. *J Nurs Adm.* 2020 Dec;50(12):e12-e13. doi: 10.1097/NNA.0000000000000948. PMID: 33181603.

### Manuscripts in Review

Nielsen, Carol, Zelne Zamora, Camille Shuck-Conner, Channel Ward. 2021. "Reducing Free Water Volumes Using A Standardized Approach to Enteral Medication".

### Presentations

Wilson, Michele. 2021. "Multi-System Inflammatory Syndrome in Children (MIS-C) Related to COVID- 19". Presentation, 2021 AACN NTI, on May 24-27, 2021.

Role, Jethrone. 2021. "Inpatient Staffing Dashboard: A Nursing-Information Technology Collaborative Project". Presentation, ACNL 43rd Virtual Annual Conference, Your Pathway to Leadership, February 8-10, 2021.

Ulloa Cobos, Carrie. 2021. "Loma Linda University Health Adult Sepsis Algorithm and the Use of Technology and Process Guard Rails to Ensure Bundle Compliance". Presentation, Epic Users Group Meeting (UGM) on Sepsis Now, August 23-25 2021.

## Poster Presentations

Pierce, Caleb, Joy Tossell, Katherine Crosby, Bree Shields, Shelby York, Yvonne Tinker, Alycia Morrie, Andrea Mason, Laura Brauer Herrmann, Maria Letts. "Expanding Suicide Assessment and Intervention Through a Perioperative Algorithm". Presentation, 2021.

Richardson, Brittany, Jennifer Tapia, Laura Martinez. 2021. "Evidence-based Project: NICU Journey to Home Board." Presentation, 2021.

Mijares, Ann, Cinthia Ortiz, Wilson Pinto-Lima, Suyoung Lee, Chris Brooks, Kylie McMath, Yvonne Fankhanel, Kim Hanson, Gina Jansen, Eileen Martois, Liesel Miller. 2021. "A Decreased State of HAPI-ness". Presentation, 2021.

Bigelow-Price, Shayne. 2021. "Nursing Perceptions of the Dimensions Contributing to a Culture of Patient Safety: A Quantitative Study". Presentation, 2021.

Gonzales, Susan. 2021. "Educator Children's Perioperative Services Education on Malignant Hyperthermia". Presentation, 2021.

Joya, Karen. "Sleep Hygiene in the PICU". Presentation, 2021.

Millan, Amy, Andrey Sendow. 2021. "Improving Pre-Operative Patient Education for Elective CABG Surgery". Presentation, 2021.

Richardson, Brittany, Jennifer Tapia, Laura Martinez. 2021. "NICU Journey to Home Board". Presentation, 2021.

Radovich, Patti, Ellen D'Errico, Nia Martin. "Stress, Anxiety and Resilience in New Graduate Nurse Residents During COVID-19". Presentation, STTI Healthy Work Environment Conference, February 2021.

## Poster Awards

### EBP/QI Posters:

#### Second place:

Mejia, Christopher, Sarah Capalla. 2021. "The Safety and Efficacy of Superficial Femoral Peripheral Inserted Central Catheters (FICC's) in Pediatrics Ineligible for Traditional Upper Extremity Site Placement". Presentation, Evidence-based Practice and Nursing Research Conference, May 12, 2021.

#### Third place:

Role, Jethrone. 2021. "Inpatient Staffing Dashboard: A Nursing – Information Technology Collaborative Project". Presentation, Evidence-based Practice and Nursing Research Conference, May 12, 2021.

## Research Posters:

### First place:

Harrity, Robert, Patti Radovich, Ellen D'Errico, Nia Martin. 2021. "Hospital on the Move! Effects of Relocation on Nursing Staff". Presentation, Evidence-based Practice and Nursing Research Conference, May 12, 2021.

### Second place:

Thomas, Abbey, Alexander Thomas, Gabrielle Marcellino, Stephanie Chang, Jennifer van Dyk, Andrew Comfort, Spencer Hart, Lindsey Kim, Alice Lee, Oluwatomisin Bello, Danielle Mason, Ruofan Yao, Elaine Hart. 2021. "Breastfeeding and Antenatal Breastmilk Expression (BABE) Trial: Preliminary Findings". Presentation, Evidence-based Practice and Nursing Research Conference, May 12, 2021.



# PROFESSIONAL ORGANIZATIONAL AWARDS

## **Courage to Care Award**

Emily Ensley, RN, from our Oncology Unit received the Courage to Care award during the annual Celebration of Life for cancer survivors and loved ones on June 6, 2021, in recognition of the compassionate and courageous care she delivers to oncology patients. As an oncology nurse, Ensley says she has the opportunity to forge strong, long-lasting connections with cancer patients whose hospital stays are generally lengthier. The bond between nurse and patient enhances a nurse's ability to provide emotional and moral support for patients in difficult times.

## **The American Nephrology Nurses Association (ANNA) Clinical Practice Grant**

Lorenzo Sen MSN, MBA, RN, CNN, was awarded the ANNA Clinical Practice Grant on May 4, 2021, during the virtual 2021 ANNA National Symposium. The purpose of the ANNA Clinical Practice Grants is to provide funds for clinical practice projects that will directly benefit staff, patients and/or families. The name of the study is "Patient CLABSI Prevention Education Among In-Patient Hemodialysis Patients".

# NURSING DEGREES AND CERTIFICATIONS

Join us in congratulating the achievements of our nurses:

The following nurses have received their Bachelor of Science, Nursing degrees:

- Carla Strub, BSN, RN (Oncology and Transplant)
- Kattia Linares, BSN, RN (Acute Care Pediatrics)
- Makena Ouillette, BSN, RN (Acute Care Pediatrics)
- Kari Ortiz, BSN, RN (Acute Care Pediatrics)
- Michelle Simons, BSN, RN (Acute Care Pediatrics)
- Monica Zepeda, BSN, RN (Acute Care Pediatrics)
- Shalynn Boyer-Ray, BSN, RN (Acute Care Pediatrics)
- Alina Mavru, BSN, RN (Neonatal Intensive Care Unit)
- Bernadette Recasner, BSN, RN (Neonatal Intensive Care Unit)

The following nurses have received their Master of Science, Nursing degrees:

- Micah Austin, BSN, MS, RN (MC Emergency Department)
- Kylie McMath, BSN, MS, RN, FNP (Wound Care)
- Candis Terradot, BSN, MS, RN (Surgical, Trauma, Transplant, Neuroscience)
- Jamie Johnson, BSN, MS, RN (Surgical, Trauma, Transplant, Neuroscience)
- Elaina Hickey, BSN, MS, RN (Oncology and Transplant)
- Lorenzo Sen, BSN, MS, RN (Dialysis Apheresis Resource Team)
- Michael Penna, BSN, MS, RN (Advanced Urgent Care)
- Aiko Resurrecion, BSN, MS, RN (Neonatal Intensive Care Unit)
- Aleah Ellis, BSN, MS, RN (Neonatal Intensive Care Unit)
- Prisillia Sompotan, BSN, MS, RN (Neonatal Intensive Care Unit)

- Jude Sy, BSN, MS, RN (Neonatal Intensive Care Unit)
- Jennifer Tedeschi, BSN, MS, RN (Neonatal Intensive Care Unit)
- Katie Cherpín, BSN, MS, RN (Neonatal Intensive Care Unit)

The following nurses have received their Master's degree:

- Sonia Dickerson, BSN, MHA (Pediatric Oncology Nurse Clinic) Master's in Health Leadership

The following nurse have received their post-graduate certificate:

- Mariel Bautista, NP (Advanced Practice Nursing) Post-Master's Psychiatric NP certification program

The following nurse have received their Doctorate of Nursing Practice (DNP) degrees:

- Sarah Van Tassell, BSN, MS, DNP, RN, FNP-C (Pre-Anesthesia Consultation and Education Department)
- Serene Jin, BSN, MS, DNP (Acute Care Pediatrics)

The following nurses have received their Doctor of Philosophy in Nursing (PhD) degrees:

- Silvinia Cuizon, BSN, MS, PhD, RN (Surgical Care)
- Shayne Bigelow-Price, BSN, MS, PhD, RN (Staff Development)

## Nursing Certifications

### Acute Care Pediatrics

- Melanie Martinez, RN Certified Pediatric Nurse (CPN)
- Connie Tran, RN, Certified Pediatric Nurse (CPN)

### Acute Rehabilitation

- Lucy Marquez, RN Certified Rehabilitation Registered Nurse (CRRN)

## Advanced Practice Services

- Michael Lam, RN, Family Nurse Practitioner Board Certification (FNP-BC)
- Panicha Kittipha, RN, Adult-Gerontology Acute Care Nurse Practitioner Certification AGACNP-BC

## Adult Emergency Department

- Lisa Cooper, RN  
Certified Emergency Nurse (CEN)
- Jason Crothers, RN  
Certified Emergency Nurse (CEN)

## Adult Perianesthesia Services

- Rachel Cundiff, RN  
Certified Post Anesthesia Nurse (CPAN)
- Shelby York, RN  
Certified Post Anesthesia Nurse (CPAN)
- Joy Tossell, RN  
Certified Post Anesthesia Nurse (CPAN)
- Patricia Vatelina, RN  
Critical Care Registered Nurse (CCRN)

## Cardiac Services

- Nancy Lima Marquez, RN  
Critical Care Registered Nurse (CCRN)
- Andrey Sendow, RN  
Critical Care Registered Nurse and Cardiac Medicine Certification (CCRN CMC)
- Jesseca Ngo, RN  
Critical Care Registered Nurse and Cardiac Surgery Certification (CCRN-CSC)
- Christina del Rosario, RN  
Critical Care Registered Nurse (CCRN)
- Aljeanne Reas, RN  
Critical Care Registered Nurse (CCRN)
- Amy Millan  
Cardiac Surgery Nurse (CSN)
- Katherine Goh, RN  
Progressive Care Certified Nurse (PCCN)
- Linda McCann, RN  
Critical Care Registered Nurse (CCRN)
- Alan Akita, RN  
Critical Care Registered Nurse (CCRN)

## Cancer Center

- Rosio Cisneros, RN  
Critical Care Registered Nurse (CCRN)

## Critical Care Specialty Team

- Jennifer Brumett, RN  
Critical Care Registered Nurse (CCRN)

## Dialysis Apheresis Resource Team

- Ruth Simorangkir, RN  
Certified Nephrology Nurse (CNN)
- Ruth Ah Siu-Gandy, RN  
Certified Nephrology Nurse (CNN)
- Lorenzo Sen, RN, Qualification in Apheresis (QIA)

## Maternity Services

- Nina Wong, RN, Registered Nurse Certified Maternal Newborn Nursing (RNC-MNN)
- Daisy Ramos, RN, Certified Registered Nurse Obstetric Nursing (RNC-OB)

## Medical Intensive Care

- Suzanne Wood, RN  
Critical Care Registered Nurse (CCRN)
- Scott Walters, RN  
Critical Care Registered Nurse (CCRN)

## Murrieta Postpartum

- Lindsey Shehee, RN, Negotiation and Conflict Resolution Certification (NCR)

## Murrieta Interventional Radiology

- Laura Eyer, RN, Certified Radiology Nurse (CRN)

## Murrieta Perianesthesia Services

- Timothy Whitson, RN, Negotiation and Conflict Resolution Certification (NCR)

## Murrieta Emergency Department

- Lorene Grant, Certified Emergency Nurse (CEN)

## Neonatal ICU

- Aileen Arias, RN  
Registered Nurse Certified (RNC)

# NURSING DEGREES AND CERTIFICATIONS

- Kameron Gray, RN  
Registered Nurse Certified (RNC)
- Emily Saunders, RN  
Registered Nurse Certified (RNC)
- Darlene Casel, RN  
Registered Nurse Certified (RNC)
- Sherry Shin, RN  
Registered Nurse Certified (RNC)
- Anna Acosta, RN  
Registered Nurse Certified (RNC)
- Lisa Johnson, RN  
Registered Nurse Certified (RNC)
- Hannah Diego, RN  
Certified Neonatal Pediatric Transport (C-NPT)

## Nursing Research

- Margaretha Kasim, RN  
Certified Nurse Manager and Leader (CNML)

## Oncology and Transplant

- Helena Harrity, RN  
Progressive Care Certified Nurse (PCCN)
- Megan Frazer, RN  
Wound Treatment Associate (WTA)
- Stephanie Miller, RN  
Wound Treatment Associate (WTA)
- Clarissa Spitz, RN, Wound Treatment Associate (WTA)
- Stephanie Alvarado, RN  
Wound Treatment Associate (WTA)

## Pediatric Emergency Department

- Meagan Kimball, RN  
Certified Pediatric Emergency Nurse (CPEN)
- Maggie Matye, RN  
Certified Pediatric Emergency Nurse (CPEN)

## Pediatric Hematology/Oncology

- Kaitlyn Kimble, RN, Certified Pediatric Hematology Oncology Nurse (CPHON)
- Olivia Garcia, RN, Certified Pediatric Hematology Oncology Nurse (CPHON)

- Synthia Alanis, RN  
Certified Pediatric Oncology Nurse (CPON)

## Pediatric Intensive Care

- Kelly Wolff-Pena, RN  
Critical Care Registered Nurse (CCRN)
- Amelia Vasilis, RN  
Critical Care Registered Nurse (CCRN)
- Mercedes Gasparovic, RN  
Critical Care Registered Nurse (CCRN)
- Gabby McCarthy, RN  
Critical Care Registered Nurse (CCRN)
- Johnny Gomez, RN  
Critical Care Registered Nurse (CCRN)
- Ini Lopez, RN  
Registered Nurse Certified (RNC)
- Courtney Lotz, RN  
Registered Nurse Certified (RNC)
- Vanessa Rodriguez, RN  
Registered Nurse Certified (RNC)

## Pediatric Perianesthesia Services

- Heather Tangunan, RN, Certified Pediatric Hematology Oncology Nurse (CPHON)
- Renaleen Tomagan, RN  
Certified Perioperative Nurse (CNOR)

## Supplemental Staffing Network

- Mikaila Ley-Macalino, RN  
Progressive Care Registered Nurse (PCCN)

## Surgical Hospital

- Isabel Biasetti, RN, Certified Ambulatory Periaesthesia Nurse (CAPA)

## Surgical, Trauma, Transplant, Neuroscience

- Miranda Marker, RN  
Stroke Certified Registered Nurse (SCRN)

## Wound Care

- Gretchen Vander Heide, RN, Certified Wound, Ostomy and Continence Nurse (CWOCN)



# CONTRIBUTORS NAMES

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Marga Kasim, BSN, RN, CNML





## 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.