



LOMA LINDA UNIVERSITY  
HEALTH

2022

NURSING ANNUAL REPORT

EMBRACING  
ALL  
THINGS  
NEW



LOMA LINDA UNIVERSITY  
HEALTH

Many Strengths.  
One Mission.

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# HELEN STAPLES-EVANS

## *Embracing Our Nurses*

Loma Linda University Health nurses are an incredible team of professionals who make a difference in patients' lives every day. I often think of the words of Albert Schweitzer when he said, "Do something wonderful, people may imitate it." Our nurses do wonderful work and serve at those critical moments when patients need us most, and it is an enormous privilege to meet those needs and help bring hope to those we serve.

The last year will be remembered as a transformational year in our history. On Sunday, August 8, 2021, our campus was transformed. Countless hours from all our teams were spent to make sure that upon opening, we would be able to continue the quality of care we provided in our new space. Then, in just a few hours, we safely moved 301 patients into our new hospitals and expanded our ability to provide service to our community. While the physical structure of our campus may have changed, the core of what makes Loma Linda University Health a leader in healthcare, remains because of you – our nurses.

In every one of our hospitals, Loma Linda University Health nurses prove the foundation of healthcare is excellent nursing. Our work is patient-centered, backed by our integrity, skills, and longstanding commitment to professional development and career advancement opportunities.

Input from the nursing team led us to revamp the Clinical Advancement Program (CAP). Our professional governance groups have worked to provide a more user-friendly, more attainable program. CAP follows the Magnet Model, as well as our own Nursing Strategic Plan. This exciting program offers a pathway toward professional development that enhances direct, bedside nursing care in a significant way.

The newest members of our profession learn and grow through our RN Nursing Residency programs. Launched in 2020, the program took off this past year, with 528 nurses going through the program in the adult hospital alone. This has encouraged us to begin the application process for the Practice Transition Accreditation Program (PTAP). Fewer than 30 hospitals in California offer their nurses PTAP activities. At Loma Linda University Health, we plan to see PTAP play a significant role in transitioning novice nurses into more expert roles and responsibilities.

Our status as an Academic Medical Center enabled us to work closely with the University's School of Nursing students this year, encouraging student nurses to volunteer for support activities. Their work provided valuable support as we battled the pandemic. At the same time, those students complete their studies with significant amounts of hands-on experience, an essential factor in their future career opportunities.

Summer 2022 marked the second anniversary of our achieving Magnet status as a nursing team. Magnet designation identifies healthcare institutions that genuinely value their nurses. Our Magnet efforts have provided many opportunities for nurses to shine. While our next Magnet evaluation is in 2024, we continue seeing engagement on this nursing team to continue our focus on Magnet.

Of course, no examination of 2022 would be possible without acknowledging the impact of COVID-19 on our work for the second year in a row. Yet, as I reflect on your work, I see a team that pushed through this difficult time with perseverance and resiliency. No challenge was too great for the Loma Linda University Health nursing team. You met each moment with grace and commitment. When you chose to enter the nursing profession, you found the work exhausting, but awe-inspiring. I thank you for your dedication to the nursing profession and the mission of Loma Linda University Medical Center. Outstanding patient care takes a team, and each of you on this team continues to inspire me.

Our future is bright, and I look forward to the days ahead. In the pages that follow, you will read and see highlights from across the campus; you will celebrate the journey of 2022 with all of its many opportunities.

*Helen Staples-Evans*

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



## SHERRY NOLFE

### *Embracing Gratitude*

Another year has come and gone, and once again I stand in awe of all that we have accomplished together despite the challenges we have encountered. I write this letter to you on the one-year anniversary of our expansion of Loma Linda University Children’s Hospital services, when we relocated some of our services to the Dennis and Carol Troesh Medical Campus, and added the Pediatric Emergency Department and Pediatric Cardiovascular Lab to our Children’s Hospital. We have completed our extension survey with Joint Commission. As I listened to the feedback that our surveyors shared about the amazing work you do, and the positive encounters they had, I beamed with pride and gratitude. Most of all, I feel blessed to be a part of this incredible team of caregivers. Your commitment and dedication shine through in all that you do, and it is an honor to partner with each of you.

Because of the exceptional care you continue to provide for our patients, we celebrated one of our most significant milestones this past year. On Monday, February 21, 2022, we became the only Children’s Hospital in the country to have attained the Leapfrog Top Children’s Hospital designation four times out of the last five years. This achievement comes in the face of much that has shifted in the year since our last publication. We have seen unprecedented increases in patient volumes across our inpatient units, maternity services and clinics. We have felt the impact of the increased volumes on our staffing and resources. Most significantly, we have not been immune to the socioeconomic effects of the global COVID-19 pandemic. I have witnessed firsthand the impact that the ongoing pandemic has had on our healthcare system, hospital resources, and on you. As each day continues to

bring unexpected challenges, I believe now, more than ever, that our faith and collective resilience will give us the capacity to adapt and meet our patients’ and each other’s needs. I commit to continuing to partner with you in building resilience across our teams. We are on the cusp of a five-year partnership with BETA Heart HQI to work on five key elements of our culture of safety within the organization. One of the main areas on which we will focus through this initiative is Care for the Caregiver and building resiliency and support for you.

You make an incredibly meaningful difference not just in the lives of our patients and their loved ones, but in my life. In the numerous conversations I have had with each of you over the years, I recognize and value the sense of purpose you feel because of the difference that you make in the lives of so many. As we look forward to the coming year, I pray that you take time to reflect on the difference you make in the lives of all those we serve. Make a conscious effort to care for yourself more. Extend to each other the same compassion and care that you show our patients. Lastly, pause and savor moments of beauty around you. Writing this letter to you always gives me time to pause and reflect on how fortunate I am to serve alongside you. It is always difficult to find the words to adequately express how grateful I am for you and for the amazing work that you do each day. From the bottom of my heart, thank you for all that you do!

*Sherry Nolfé*  
Chief Nursing Officer  
Loma Linda University Children’s Hospital



## LINDA SOUBIROUS

### *Embracing All You Do*

The Loma Linda University Medical Center – Murrieta nurses are an amazing team of professionals who are deeply trusted by our community members. The Murrieta campus continues to be busy as it is a favored hospital in the southwestern portion of Riverside County. I am not aware of another hospital in this area that consistently has over 100% bed capacity volume on a daily basis.

When I think back to 2016, our average daily census was 60 patients. During that time, we walked the halls and could see several empty rooms. Fast forward to 2022, many of our rooms that were normally occupied by one patient now have two. Additionally, our Emergency Department (ED) volumes continue to climb. Our amazing leadership team has collaborated and thought of innovative ideas to make sure our patients are able to be monitored and moved as soon as possible during their stay in the ED with these high volumes.

While dealing with increased patient volumes, we also maintained focus on our nurses’ professional development. We have had a strong focus on partnering with Loma Linda University School of Nursing and offering higher-level educational opportunities while building a larger nursing team to provide the best care for our high volume of patients. Over this past year, we joined our system’s RN Residency Program for newly graduated nurses, and increased the number of new graduate RN hires. There is something special about new graduate nurses; they are bright with positive energy and their enthusiasm reminds us of why we became nurses. As we examine our nurses’ professional development, we are very proud of our four recently graduated School of Nursing Doctor of Nursing Practice RNs. We are grateful for the contribution their

evidence-based academic projects have made to our hospital.

As we continue to seek improvements in the care we provide, we have highlighted in this report some of the projects our team is working on to improve clinical outcomes, such as improving patient satisfaction scores and decreasing our CLABSIs. Our team remains focused on areas of opportunity, and they are making a positive difference for our patients and our organization. As this team will be working through three regulatory surveys towards the end of 2022 (GACH, TJC and TJC Stroke), the Murietta campus will be successful in every way because of nursing’s hard work, collaboration, and dedication to high-quality patient care.

I am grateful for each of you and the excellent care you deliver each day you come to work. As we continue to adapt to our “new normal,” I encourage you to remember the words Florence Nightingale once said, “Let us never consider ourselves finished nurses ... we must be learning all of our lives.” As you continue learning, we pray for God’s wisdom as He guides and directs your steps. “Trust in the Lord with all of your heart and lean not on your own understanding; in all ways submit to Him and He will make your paths straight” (Proverbs 3:5-6 NIV).

May God continue to bless you and your families. Thank you for ALL you do!

*Linda Soubirous*  
Chief Nursing Officer  
Loma Linda University  
Medical Center — Murrieta



**Safety Coordinators and Disaster Preparedness Champions**  
142 Loma Linda University Health



**Sepsis Champions**  
16 Medical Center  
2 Children's Hospital



**Central Line Champions**  
53 Medical Center  
12 Children's Hospital  
4 Medical Center – Murrieta



**Values in Practice (VIP) Program Champions**  
70 Loma Linda University Health



**Pediatric Trauma Champions**  
18 Children's Hospital



**HAPI/Turn Team**  
5 Medical Center – Murrieta



**Fall Champions**  
24 Medical Center



**Stroke Champions**  
3 Medical Center  
16 Medical Center – Murrieta



**Hand Hygiene Champions**  
395 Loma Linda University Health



**LLEAP Superusers**  
202 Loma Linda University Health

# OVERVIEW

# STATISTICS 2022



**Skin Champions**  
77 Medical Center



**Patient Experience**  
4 Medical Center – Murrieta



**Safe Patient Handling**  
174 Medical Center



**Professional Governance Councils**  
28 Medical Center  
12 Children's Hospital



**Sedation Champion**  
1 Medical Center



**CAUTI**  
53 Medical Center



**Residency Program Transition Facilitators and Mentors**  
114 Medical Center  
26 Children's Hospital



**Magnet Champions**  
36 Medical Center  
19 Children's Hospital



**Snake/Envenomation Champions (ED)**  
7 Medical Center



**Documentation Champions**  
13 Medical Center

# EMBRACING PROFESSIONAL DEVELOPMENT



## Growing With Each Residency

As the RN residency continued to grow, an area of expansion was the inclusion of evidence-based practice. As we move forward in developing our knowledge and the application of best practices in our care of patients and families, it is important that our new nurses have an understanding of how evidence-based processes and activities are the foundation of their own nursing practice.

In February of 2022, the residency committee, Magnet department, and the Nursing Research Department began planning for the addition of an evidence-based educational series for the professional development of our RN residents. The first RN resident cohorts to begin the six-month series started in July 2022 for the

Loma Linda University Medical Center program and September 2022 for the Loma Linda University Children's Hospital program. The new program was designed so that each cohort would participate in six, four-hour, in-person sessions during the last six months of their residency. A total of three adult cohorts and three children's cohorts (approximately 300 nurses) will participate in this process each year moving forward.

The evidence-based practice sessions were developed to take a healthcare issue/problem through the evidence-based process using the Johns Hopkins EBP Model and Process. The unit/service line teams of four to six individuals were assigned a selected topic from a collaboration



*“It is important that our new nurses have an understanding of how evidence-based processes and activities are the foundation of their own nursing practice.”*

between the Nursing Research Department and Unit Nursing leadership. Some of the topics included civility in the workplace, delirium prevention, family involvement, handoff communication, mental health, alarm fatigue and teamwork.

The teams developed a PICO question, completed a brief review of the literature, assessed quality and level of the evidence, and then designed a change protocol. Due to time constraints, the residents do not implement their change project. This could be done by the units, with nurses advancing on the clinical ladder or by professional governance councils. In addition to the development of a change protocol, the RN residents also learned how to write an abstract for a poster submission to a professional nursing organization. Furthermore, the RN residents learned how to develop and present a poster. Their team posters were presented during their graduation celebrations in January and March with first, second and third place awards given out.



# Mentoring the Next Leaders

Nurses can take a variety of pathways in their professional journey. These paths can be both exciting and intimidating, which is why there is much importance placed on mentorship. The Nurse Leadership Residency Program was created in collaboration between Nursing Administration and Human Resources (HR) as a part of the Management Residency and Business Internship (MRBI) program. The purpose of this program was to provide bedside nurses, who have shown leadership qualities, an opportunity to be mentored by nursing leadership while shadowing them in their daily activities. After completing the program, the residents are placed in a leadership position that best fits their skill set and experience. Two residents are chosen for every cohort after a detailed interview process ensuring that the resident will thrive in this dynamic program in which a wide variety of rotations and education is provided.

Spanning two years, this program offers the residents the opportunity to gain new skills and understanding of healthcare operations. Throughout the two years, the residents rotate through the different parts of the organization and gain an understanding of the processes for each department at the different leadership tiers. This is also an opportunity to build a personal network of resources. Residents are given opportunity to voice any preferences they may have towards a specific rotation, or in lengthening a time with a particular preceptor. The residency program covers their graduate degree course work, whether MSN or DNP. Leadership courses from Staff Development and HR teams are also provided to the residents to enhance skills in communication, delegation, project management and

operational programs. The focus of the program is to provide the residents an administrative toolbox and resources that will allow them to become the leaders they envision themselves being.

As a Seventh-day Adventist organization, Loma Linda University Health places Christian themes into the various programs to support the mission and values of the organization, as well as to create a healthy work culture. Through this guidance and support it is hoped that residents will grow and develop into servant leaders that actively support and engage with their teams as they move forward in their leadership career. In 2022, we are beginning our sixth cohort. Though this program is still in its infancy, we have seen success in the careers of the residents. Two residents are currently assistant vice presidents within the organization, two residents are directors, and three residents are nurse managers.

This program is currently supported and guided by the Senior Vice President of Patient Care Services and Chief Nursing Officer, Helen Staples-Evans, DNP, RN, NE-BC, and led by Assistant Vice President of Clinical Operations & Space Planning, Allison Ong, DNP, RN, NE-BC, CCRN-K, along with Nursing Projects Manager, Priscilla M. Santos, DNP, BS, RN. Ong and Santos are graduates of the program. It is the sincere hope of Staples-Evans, Ong, and Santos, to see the Nurse Leadership Residency Program grow and continue to provide healthy stepping stones for the next nurse leaders.





## Celebrating Our Amazing CNDs

It was with great pleasure and honor that Loma Linda University Health celebrated nurses who have achieved the highest level of the Clinical Advancement Program (CAP) on Wednesday, May 11, 2022, at Wong Kerlee International Conference Center. CAP recognizes and rewards nurses as they take the initiative to increase their professional and personal development. Systemwide, there are a total of thirty Clinical Nurse Ds who were celebrated at this event, themed “You Make a Difference!”

“As the clinical nurse continues to learn, grow, and develop professionally, this assures the highest quality of care for our patients and their families. Excellence in nursing is a dynamic process that is based on both the art and science of nursing in the context of caring.” - Helen Staples-Evans, DNP, RN, NE-BC.

Speakers at the event included Katherine “Katie” Crosby, Clinical Nurse D from Loma Linda University Children’s Hospital Preop/PACU, as well as Nelly Utebor, Clinical Nurse D from Loma Linda University Medical Center Emergency Department. Both Crosby and Utebor are shining examples of nurse leaders dedicated to their patients, their personal and professional growth, and are role models for their peers.

“I wanted to be more than just a registered nurse satisfied with being average. I aimed to be that advanced level clinical nurse at the bedside who is always eager to learn new skills and knowledge by taking the initiative, accepting responsibilities, and taking on challenges. That nurse with the drive to exemplify excellent nursing service that focuses

*“I aimed to be that advanced level clinical nurse at the bedside who is always eager to learn new skills and knowledge by taking the initiative, accepting responsibilities, and taking on challenges.”*

on patients, their families, and colleagues. Conversely, to advance to other leadership positions while impacting all those I encounter.” - Nelly Utebor, CN-D.

Clinical Nurse Ds must have a minimum of three years of nursing experience, hold a bachelor's degree in nursing, have obtained a National Nursing Certification in their field, completed an approved nursing project utilizing evidence-based research, and earned a minimum of 125 points from the CAP tally sheet within the last two years. These nurses must then submit their portfolios to Leadership and the CAP Committee for review and complete a thorough interview with the CAP committee. This celebration honors and recognizes the amazing accomplishments of these nurses and helps to promote nursing excellence through hard work and dedication.

Apostol, Michelle, DNP, RN, CPHON  
 Bell, Allison, BSN, RN, CCRN  
 Blaire, Jennifer, BSN, RN, CCRN  
 Bruce, Maria, BSN, RN  
 Brumett, Jennifer, BA, RN, CCRN  
 Contreras, Jessica, BSN, RN, CCRN  
 Crosby, Katherine, BSN, RN, PHN, CPN  
 Egger, Danya, BSN, RN, CAPA  
 Fallon, Aronwry, BSN, RN  
 Ferriera, Alane, BSN, RN, CCRN  
 Henson, Shannon, BSN, RN, CCRN, PHN, CMSRN  
 Horner, Ryan, BSN, RN  
 Jackman, Kerry, BSN, RN  
 Matye, Margaret, BSN, RN, PHN, CEN, CPEN, CMSRN

Nielsen, Carol, MSN, RN, PHN, OCN, PCCN, CMSRN  
 Pegis, Priscilla, BSN, RN, RNC-NIC  
 Pries, Sarae, BSN, RN, CCRN  
 Regester, Michael, BSN, RN  
 Richards, Kaylin, MSN, MBA, RN, CCRN  
 Riddle-Branske, Deborah, BSN, RN  
 Scott, Mary, BSN, RN  
 Shin, Kristine (Kyoung Sook), MSN, RN, PHN, PCCN, CCTN  
 Tossell, Joy, BSN, RN, CPAN  
 Utebor, Nelly, MSN, PHN, RN-BC  
 Vargas Sanchez, Rocio, MSN, RN, PHN, CCTN  
 Zamora, Zelne, DNP, RN, CMSRN



## Meeting the Needs of a Changing Climate

Loma Linda University School of Nursing has been home to multiple undergraduate and graduate nursing programs for decades, and continues to look for opportunities to expand and strengthen the various programs. One such endeavor came from the school's graduate program as it looked at the current nursing climate. Such was the creation of both the Acute Care Nurse Practitioner Program and the Nurse Leadership DNP program.

### The Acute Care Nurse Practitioner DNP Program

With the changes to the Nurse Practitioner scope of practice, as a result of the passage of AB 890 in 2020, it became more apparent that we needed to educate nurses for specific population focused clinical specialties. The Graduate Program has been in discussions with some of the acute care teams over the past few years to determine if there was an interest in this program. Finding much interest and support, the Acute Care Nurse Practitioner program was structured. The school worked closely with Ghinette T. Aguilar, MSN, FNP, NPD-BC, Loma Linda University Medical Center Staff Development manager of Academic Relations, and the ARPN leadership, to identify clinical opportunities and acute care nurse practitioner preceptors to support the clinical needs of the program. Additionally, the school awards two credits per year to full-time Loma Linda University Health nursing employees to use toward the graduate tuition. We are currently interviewing prospective students who work for Loma Linda University Health and hope that others will apply and join the program.

The full-time BS to DNP Acute Care Program currently takes three years and nine months to



complete. If a nurse has an MS degree, with or without a Nurse Practitioner certification, he/she can complete the program full-time in two years and nine months, as he/she may receive advanced standing for up to 24 of the required credits. If the master's-prepared nurse received the MS degree from the school, the RN will also receive three credits of religion courses.

### The Leadership DNP

There have been ongoing conversations between the nursing leadership team of Loma Linda University Health, including the school and Helen Staples-Evans, DNP, RN, NE-BC, senior vice president of Patient Care Services and chief nursing officer of Loma Linda University Medical Center. We have offered the MS-Administration option for some time, and with the growth of the program and current nursing climate, it seemed logical to add this track to the DNP Program.

Ellen D'Errico, PhD, RN, NEA-BC, director of the school's PhD program, is working closely with Ghinette T. Aguilar, MSN, FNP, RN, NPD-BC, to develop the clinical component. Students who complete the program will be eligible for national certification with ANCC as a Nurse Executive upon completion of the program. The program officially began in Fall 2022. We currently have Loma Linda University Health employees enrolled, with many others interested in the program and in the application process.

The full-time BS to DNP Leadership Program takes three years and nine months to complete, or five years part-time. Similar to the Acute Care Nurse Practitioner program, if a nurse has an MS, there is opportunity for shorter program duration for completion, as well as applicable credits to the curriculum if courses were taken at the school.

# PG Champion Retreat: Up, Up, and Away!

Professional Governance (PG) is a collaborative governance structure that provides nurses with a voice regarding issues that affect their professional practice. Professional Governance members collaborate with interdisciplinary colleagues across all practice areas and all roles in planning, implementation, and continuous improvement of care within their professional practice. Clinical nurses compose and lead these councils as they utilize the principles of evidence-based practice and research to guide decision-making and promote a commitment to quality through unit/department-based projects, monitoring of outcomes data, and ongoing quality improvement initiatives.

Each year the Magnet Department conducts a training retreat for the incoming PG Officers to support and facilitate mentorship into the roles of chair, co-chair, and recorder for their individual councils. With the theme of “Up, Up and Away to Magnet Redesignation,” Magnet Department members modeled the June 2022 training after the Disney movie “Up!”. Approximately 75 PG officers were in attendance and enjoyed interactive décor, games, activities, and presentations designed to support them in their commitment to ensure high-quality patient care and nursing satisfaction.

Sherry Nolfé, DNP, RN, chief nursing officer of Loma Linda University Children’s Hospital, and Helen Staples-Evans, DNP, RN, NEA-BC, senior vice president of Patient

Care Services and chief nursing officer of Loma Linda University Medical Center, shared a devotion and prayer, to lead off the training retreat. Members of the Magnet Department shared information on several topics pertinent to PG including the new shared decision-making schematic and the updated Loma Linda University Health Professional Practice Model. An ample amount of time was spent reviewing the new nursing strategic plan, as all unit/department PG Councils will be setting goals for clinical advancement, nursing degrees and national nursing certifications based on the strategic plan. In addition, guest presenter Patti Radovich, PhD, CNS, FCCM, shared a presentation titled, “How to Spot a Problem or Topic for Your PG Council,” and guided the attendees through various project types including continuous quality improvement, evidence-based practice, research and quality control.

The 2022 Professional Governance Officer Training Retreat culminated in the production of the poster “Adventure Awaits.” Each attendee was encouraged to notate a potential PG project that aligns with the nursing strategic plan on a paper cut-out of a balloon and attach it to the banner with every balloon being a project idea. Just as the helium balloons in the film “Up!” lifted the house and the characters to adventure, PG projects and the outstanding healthcare professionals of Loma Linda University Health will lift our hospitals and clinics to Magnet redesignation!





## 23rd Annual EBP and Nursing Research Conference: The Future of Nursing

Loma Linda University Health Hospitals, in collaboration with LLU School of Nursing and the Gamma Alpha Chapter of Sigma Theta Tau, hosted the 23rd Annual Evidence-based Practice and Nursing Research Conference on Thursday, May 12, 2022. It was the first in-person conference in two years and there were 190 excited participants. The conference was entitled, The Future of Nursing: Diversity, Technology, and Burden Reduction. There were two keynote speakers.

The first keynote speaker was Marysue Heilemann, PhD, RN, FAAN. She is currently a professor in the School of Nursing at UCLA and the associate program director for the National Clinician Scholars Program, with a focus on nursing in the School of Medicine in the General Internal Medicine and Health Services division at UCLA. Dr. Heilemann spoke on “Using Digital Technology in Ways People Like to Impact Mental Health and Well Being.” She provided introductions to two examples of digital mental health interventions, such as digital apothecaries. “Catalina: Confronting My Emotions” (Enfrentando Mis Emociones) is a story-based Transmedia Intervention, targeting untreated Latinas with depression or anxiety; and “Together for Wellness (Juntos Por Nuestro Bienestar),” a state-wide collaborative project that produced a website to provide resources during the pandemic for Californians.

The second keynote speaker was Dr. Kenrick Cato, PhD, RN, CPHIMS, FAAN. Dr. Cato is a nurse researcher and assistant professor for New York-Presbyterian Hospital and Columbia University School of



Nursing, respectively. Dr. Cato worked as a staff nurse at New York-Presbyterian Hospital providing care for surgical oncology patients, and as a clinical analyst, working on projects to improve patient safety through the use of the hospital’s electronic systems. Dr. Cato’s program of research focuses on the use of data science to investigate ways of improving patient safety, quality of care, and individual health. His current projects include automated data mining of electronic patient records to discover characteristics about a patient that are often missed by clinicians. Dr. Cato spoke on the lessons learned from the CONCERN project.

In addition to the keynote speakers, there were podium presentations from the highest scoring abstracts. Brandie Richards, DNP, NP-C, and Allyson Luva, BSN, MSN, CIC, presented on the “Collaborative Approach to Reduce Hospital Acquired Infections During COVID.” Liss Leal, MSN, RN-BC, discussed “Attitudes and Beliefs of First-Generation Hispanic Immigrants Towards Advanced Care Planning,” and Rachelle Pastor, MSN, RN-BC, provided insights into the “Impact of COVID-19: A phenomenological pilot project of acute care nurses’ lived experiences during the pandemic.”

The day’s final presentations were evidence-based practice change projects by LLU School of Nursing DNP students, and a research presentation by LLU School of Nursing faculty member who presented on her PhD dissertation.

Michelle Forbes, RN, a LLU DNP student, presented on Interfacility Transfer Delays – Decreasing the Time from Start to First Provider Contact.

Misun Kang, RN, a LLU DNP student, presented on the Implementation of a Skin Cancer Screening Tool In an Adult Post-Transplant Outpatient Setting.

Evelyn Kelley, RN and LLU DNP student from the LLU Medical Center – Murrieta campus, presented on the development of the Chronic Heart Failure: Education Passport.

Nancy Brashear, PhD, presented her research findings from her dissertation entitled, “Physiological Effects of Handling in Moderate to Late Preterm Infants Receiving Neonatal Intensive Care.”

# Using AONL Competencies to Support Our Leaders

In the fourth quarter of 2021 and through the second quarter of 2022, Norie Bencito Acaac, MSN, MBA, RN, CENP, assistant vice president, Medical Center Clinical Operations, and Patti Radovich, PhD, CNS, FCCM, director of Nursing Research, began working with Tamarra Crandall, a doctor of nursing practice student, on a leadership succession project focused on an educational intervention for nurses who have recently been promoted to a team leader position. This intervention was based upon literature findings, which indicated that knowledge and support in the early stages of a nurse's career were essential to success. The literature also highlighted that leadership succession planning is a deliberate and systematic effort if an organization seeks to ensure leadership continuity in key positions.

This evidence-based practice (EBP) project used the American Organization of Nurse Leaders (AONL) Nurse Manager Competencies to increase our learner level of confidence. An advantage to this approach is that these particular competencies can be easily adapted to the clinical setting for front line staff. The purpose of this project was to introduce and improve nurse leadership skills using the AONL Nurse Leader Competency Assessment Tool: Self-Assessment, as one of the outcome measures.

For the pilot of the evidence-based practice leadership curriculum, nine acute care nurses new to the role of team leader were enrolled. These team leaders attended three, two-hour sessions focused on one of the Nurse Manager Competency domains: the science, the art, and the leader within. These competencies are essential to the team leader's role. In addition to didactic content, situational scenarios were given to the participants to work on after attending the classes. Furthermore, the



attendees were encouraged to practice leadership skills from the workshops during their team leading shifts. Upon completion of the workshop series, the participants attended a one-on-one coaching session focused on building the leader within.

None of the participants had participated in formal leadership training. Nine participants completed the quantitative survey with 100% reporting that participation and the information provided was relevant, and contributed to them being a better nurse leader. Comments from the participants revealed the impact the courses and coaching had on their practice.

One participant wrote:

The leader within: "I have started my career planning by first understanding my role and creating a career path and goals for myself."

The science: "I have a better understanding of what happens behind the scenes, especially with patient placement, which in turn has helped me become a better leader."

The art: "I am better prepared to manage conflict, and have even used these new skills while on the unit."

Another shared, "The leader within component: The emphasis on how to develop Emotional Intelligence (EQ) by implementing self-awareness, self-management, and social awareness, has changed the way I confront and deal with challenges at work leading to positive results. For instance, looking at different perspectives before making a decision or taking action."

Initiating leadership courses at the level of team leader can provide greater understanding of leadership skills. The support and guidance provided by these classes may encourage further leadership development leading to a more knowledgeable pool of nurse leaders. We expanded these courses and offered them to a larger group of managers in the fall of 2022. This is an exciting program, which we will continue to strengthen as we continue to support our aspiring leaders.

# EMBRACING

*Exciting Innovations*



## EBP Cafés: A New Approach

Moving out of the shadow of COVID-19, the Nursing Research Department, Patti Radovich, PhD, CNS, FCCM, and Marga Kasim, BSN, were seeking ways to update and engage our nursing staff in evidence-based practice activities. The concept of EBP Cafés was recognized as a potential format. In cafés, individuals meet others and engage in discussions over a variety of topics. With the assistance of Priscilla Santos for LLU Medical Center, templates for the Dennis and Carol Troesh Medical Campus, East Campus, Surgical Hospital and LLU Medical Center – Murrieta, were designed.

### Evidence-based Practice Cafés

The initial meetings began in March in the cafeterias, and continued meeting on a quarterly basis. At each site, a table was set up with information regarding EBP resources, available technology applications, giveaways and snacks. The activity was well received by staff from a variety of disciplines. A total of 128 staff for all sites (78 nurses and 50 interdisciplinary staff members) stopped by to learn more about the resources available during the first café sessions. Those who came were excited about getting involved on campus, and the support and resources available that many did not previously know of (grants, library access from home, MS Teams, and MS software.)

The cafés for the fall quarter included information on the difference between EBP, quality and research questions. Future sessions in the first and second quarter of 2023 will include: searching for the evidence (library skills and resources) and measurement/outcome development.



## LVN Integration Into the System

### Loma Linda University Medical Center – Murrieta, Telemetry Unit

*By Janine Gasper*

During our last peak of COVID-19, we experienced severe challenges with staffing, and we started to think outside the box for nursing solutions. One of the ideas was to bring Licensed Vocational Nurses (LVNs) back into the acute care setting. We started with four temporary LVNs per floor, transitioning to two permanent full-time LVNs per floor. Bringing LVNs into the acute care hospital was a very large project. There were many people involved in discussions of practice scope and to ensure that we adhered to Title 22 requirements. Nursing leadership worked with Staff Development, unit educators, and members of the system involved with special projects to ensure that the LVN integration would be a smooth process. Together, we were able to create a standardized role that both stayed within regulatory guidelines, and maximized their scope of practice.

Our LVNs are a dream. They are extremely helpful and lighten the load of our registered nurses and charge nurses. They have been highly engaged in maximizing their role and are always looking for ways to be of further service to the team. The floor nurses are elated to have the help. Our patients benefit as well, with the extra set of hands that can carry out some higher-level tasks. Now that all of the LVNs are permanent staff, they are content here at the Murrieta hospital. They have tremendous autonomy, with a strong voice, and we seek their input often. They have helped create and shape the role as we know it, and we look forward to seeing their continued growth in our organization.

### Loma Linda University Medical Center East Campus, Advanced Urgent Care

*By Emma Salajejan*

In the Advanced Urgent Care (AUC) located within the Loma Linda University Medical Center East Campus Hospital, the number of patients we service daily has increased due to the infectious nature and pathology of COVID-19. Staffing has also been affected by the pandemic, which has led nursing leadership to explore alternative options to support staff and to aid in providing efficient care for patients upon arrival to the department. One such option was the hiring of LVNs into the unit. In this endeavor, we collaborated with nursing administration to look at regulations and the LVN scope to validate whether their scope of practice met the need of our patient demographic and could provide relief for the RNs. After the validation of their scope, and with the creation of proper guidelines and policy created, we hired our first LVNs for the AUC.

At this time, three LVNs are working in the AUC, and the impact has been quite amazing. The LVNs are involved in servicing anyone from neonates to geriatric patients. Services include treatments for non-urgent and urgent chief complaints with various treatment

modalities. The LVN assists in completing all the orders for patients in the waiting room, which has increased our throughput as orders are completed in a timely manner. The LVN has improved unit flow and patient satisfaction due to quick turn-around-times of labs, diagnostics, and decreased patient length of stay.

Interpersonally, there has been consistent, positive feedback from all of the team members regarding the integration of the LVNs. The floor nurses are exceptionally happy with the assistance of the LVNs as they appreciate having someone to collaborate with in completing their workload. I have heard them state with gratitude, "Great! We have an LVN today!" Our motto is, "teamwork makes the dream work," and the LVNs themselves have reported that they feel highly utilized and part of our team.

### Loma Linda University Medical Center, Observation Unit

*By Priscilla Sopandi*

As a majority of the units were adjusting to their new layout in the Dennis and Carol Troesh Medical Campus, Unit 8300 in the Cloverleaf Towers was not only preparing to open for patient care but was also to welcome the first few LVNs into the Observation Department.

LVNs had been previously hired into the Emergency Department and outpatient clinics in the Medical Center, but not in an outpatient setting similar to Unit 8300. Despite this, Unit 8300 leadership team was eager to integrate LVNs into their team. In preparation for their arrival, nursing leadership ensured that everything was set in place to welcome our first LVNs, Veronica Cantu, LVN, and Evelyn Martindelcampo, LVN.

Nervous but excited, Cantu and Martindelcampo started their orientation in November 2021 with Units 8200 and 8300, and bravely pioneered the future for LVNs in the Observation Department. They quickly absorbed new knowledge from their amazing RN preceptors and eagerly completed their unit training. In what seems to be the blink of an eye, Evelyn Martindelcampo, LVN, Veronica Cantu, LVN, and Rita Goncalves Almeida Kim, RN, became the first team nursing group in Unit 8300. Together, they communicated and strategized as they delivered quality patient care using the new team nursing model. The team warmly welcomed them and embraced them as part of the team. Upon entering Unit 8300, it is easy to see that the RN and LVN team are closely knit and have learned to foster and promote Loma Linda University Health's values such as teamwork, compassion, and excellence. It truly has been a joy to have them on our team and we are happy to support their continued growth.

## Nursing Leaders Involved in the Integration of LVNs

Acaac, Norie L. Bencito, MSN, MBA, RN, CENP  
 Aryan, Karla, MA, RN, ONC  
 Banks, Jade, BA, MSN, RN  
 Bruneau, Brenda, MBA, RN  
 Cavender, Trevor, PCCN, MSN, RN  
 Chen, Taylor, MPH, BS BME, BSN, RN, CCRN-K  
 Cunningham, Connie, RN, MSN  
 Egbunike, Joy, MSN, BSN, RN  
 Fregoso, Rosie, BSN, RN  
 Gasper, Janine, MSN, RN  
 Lacasella, Dawn, MSN-ed, RN, PHN  
 Lee, Sherry, MS, RN  
 Markovich, Susan, MS, RN, CCRN-K  
 Salajeon, Emma, MSN, RN  
 Santos, Priscilla, DNP, RN  
 Scovel, Nicole, BSN, RN  
 Sitanggang, Novi, BSN, RN  
 Sopandi, Priscilla, BSN, CNC, RN  
 Soubirous, Linda, DNP, RN  
 Staples-Evans, Helen, DNP, RN, NE-BC  
 Valdivia, Victoria, BSN, RN, CPN, CEN, MICN, TCRN



## Hospital Quality Improvement (HQI): Empowering Our Culture of Safety

Loma Linda University Health has been given the opportunity to participate in a collaborative focused on our Culture of Safety. Beginning in 2022, we joined forces with other hospitals across the country, and are participating in the Hospital Quality Improvement (HQI) Cares collaborative, which is a program that supports our efforts in our culture of safety journey. Loma Linda University Health has a long history of engaging in activities to advance our culture of safety, and this is another opportunity to implement specific, evidence-based activities to continue to advance the safety of our organization and support our teams in providing care. Our engagement with HQI Cares will be ongoing over the next five years.

The collaborative focuses on five domains, including Culture Measurement and Just Culture implementation, Rapid Event Response processes, Transparency in Communication, Care for the Caregiver, and Early Resolution for patients and families after harm events. We began our activities in early 2022 with an assessment and gap analysis conducted by HQI of our site-specific organizational strengths and opportunities in the five domains. The HQI team evaluated established processes, available data surrounding our safety culture, and conducted in person focus groups. The gap analysis provided us with insight into our areas of opportunity to guide our prioritization of our efforts.

Our initial domain focuses are Culture Measurement and Just Culture implementation, as well as Care for the Caregiver. We completed our Culture of Safety survey in March 2022, inviting our patient facing team members to provide feedback related to perceptions of safety in several domains. We will be engaging with our teams whose feedback represented greatest opportunity

for improvement, and we will conduct briefings surrounding the feedback and leadership/team coaching for advancing Just Culture.

We additionally have begun work in the Care for the Caregiver domain. The Service Best Practice meeting focus for July 2022 was on the Care for the Caregiver domain and establishing mechanisms for peer support. Healthcare is a challenging field to work in and the past two-and-a-half years have added significant and different stressors, leading to burnout and turnover in healthcare teams across the country, including our Loma Linda University Health teams. We also know from the literature that significant harm events have a tremendous impact on our team members, leaving affected individuals feeling frustrated, embarrassed, isolated, incompetent, stressed, guilty, and more. One of our first commitments in the Care for the Caregiver domain is to establish a formalized peer support process to help support our team members during times of stress and after significant events. In 2022, we will be piloting the peer support process in three departments at LLU Medical Center, three departments at LLU Children's Hospital, one department at LLU Medical Center – Murrieta, and one department at the Behavioral Medicine Center. In 2023 and beyond, we will continue the rollout of the peer support process throughout all departments. Efforts surrounding our culture of safety and support of our teams are critical to continuing to set Loma Linda University Health apart as an exceptional workplace and will result in continued advancement of excellence in patient outcomes.

## Innovative Engagement: Walk a Mile



Coming out of the worst of COVID-19, still facing staffing shortages, and issues with staff morale post-pandemic, hospital administration sought new ways to re-engage with the staff.

It began when Trevor Wright, the chief executive officer of Loma Linda University Health, presented to the leadership team an idea that had been in his heart to do for some time. The concept was “Walk a Mile.” The idea was to connect through understanding in the form of working alongside staff in a variety of positions within the hospitals during a shift to have a picture of their life and workload and how leadership could better support the staff. This included individuals in every line of work. Some of the areas included patient care assistants (PCAs), nursing, environmental safety services, and nutritional service workers.

Developing this project, in collaboration with Carol Hudson, executive associate, Wright met with a team of administrators to validate which areas to visit and where it would be deemed appropriate to shadow, and be hands-on doing the work alongside staff. The goal was to have varying shifts to expose leadership to different areas and perspectives. Once the areas were identified, the executive directors of those areas determined what was feasible and assigned the leaders to a specific staff member.

For the first event in February, the Loma Linda University Health hospital

administrative teams headed out to various hospital departments on all campuses to spend time with employees in their work areas. Angela Lalas, MBA, CPA, chief financial officer, executive vice president of Finance, shared her experience during her time with the nursing staff.

“I’ve heard about, experienced, and very much appreciate the compassionate and excellent care of our nursing staff. It was good to witness that again in action during the hours that I spent with the unit. It was amazing to observe the resilience and grace that nurses consistently manifest to bring hope and healing while dealing with a variety of cases causing shifts in emotions, stress, pain, and loss in the patients and families.”

“I was surprised that it was unusually quiet and orderly in the unit that morning. This was in February, which is typically a busy month for the hospitals. Susan Markovich informed me, that thankfully, we were fully staffed on that day. It was good because I was able to interact with the PCAs, nurses, and other staff members who were transparent in sharing their pride in what they do in our organization, and their thoughts on what could improve things for them as they serve the patients. I valued how staff members shared positive feedback on improvement from Central Service and adequacy of supplies. I appreciated how comfortable the staff was in expressing their needs and challenges, so they could perform better for

*“It was amazing to see our leaders engage and want to experience firsthand what we do.”*

the patients and the organization. That made the experience quite productive and meaningful.”

“My shift that morning started with observing a patient who coded, was receiving CPR, and expired after about 30 minutes of attempts to resuscitate. I witnessed the teamwork and excellence of the entire care team as they rallied together, exerting every effort to save the patient’s life. I then saw compassion as they shared in the grief and consoled each other and the family. It was truly a touching moment. Miracles happen in the Loma Linda University Health hospitals even in a time of loss. They happen in the hearts and eyes of the care team as they transition from losing a patient, to giving their best again to care for the next patient with the same level of energy and empathy. They happen in life, similar to the dispatch staff member who shared with me how her experience in the Medical Center has helped her find her purpose in life.”

“I would like to thank Susan Markovich, MS, RN, CCRN-K, assistant vice president of Patient Services and the staff on our units on the ninth floor, especially the PCA who patiently and thoroughly trained me on how to get a patient room ready. What they do for patients who have heart ailments and how they deliver the care is truly remarkable – a testament to what Loma Linda University Health is all about!”

After our first Walk a Mile event, the administrative team received positive comments from employees who participated:

“It was amazing to see our leaders engage and want to experience firsthand what we do.”

“In the 12 years I’ve been here, I have never seen anything like this before.”

“Yes, we had similar experiences in the past but nothing this hands-on, or to the lengths they went to.”

The administrative team came together and discussed what we learned that day and began the work needed to fulfill requests made by staff and kick off new initiatives. Just a few of the items recently completed after the initial event included:

- » Voalte phones for nursing units are being ordered in phases.
- » Environmental Health Services received additional large trash carts with more on order.
- » More wheelchairs have been delivered to Dispatch Services, and plans are in place to order additional ones.
- » Orders have been placed for over 250 additional syringe pumps and Infusomat IV pumps.
- » Replacement pulldown shades have been ordered for patient rooms in the Zapara Pavilion and are scheduled to be installed soon.

On nursing units, a demonstration project is underway to place additional desktop computers, chairs, and patient vital sign machines.

The second Walk a Mile took place in May during Hospital Week and included night shifts and expanded the number of departments participating.

Trevor Wright expressed how this experience reminded him how deeply our mission matters to each of you — thank you for being a part of Loma Linda University Health hospitals. Our leadership team is looking forward to seeing and chatting with you during our next “Walk a Mile.”

# Kaizen Developed Bath Report

Engaging interdisciplinary creativity to address surgical site infection (SSI) rates was a priority for the organization. In 2019, a multidisciplinary Kaizen approach was initiated to explore elements that should be implemented to support reduction of SSI. One component that was identified was the lack of an efficient way to pull documentation/data on patients on the subject of perioperative bath. There was difficulty in deciphering whether a patient had bathed prior to surgery, and how to communicate if they did not.

Initial meeting attendees for the Kaizen team assigned to perioperative bath included a multidisciplinary team with nursing and physicians that put together a plan of action. Intercampus Technology worked with Renee Martin, the Optime RN, to build distinct fields in EPIC for documenting pre-procedure baths. Concerning evidence-based literature findings, epidemiology provided research on the use of Chlorhexidine Gluconate (CHG) baths/wipes as well as the education for nurses.

Tools were then created to help smooth the process as well as distribute the education. Porscha Schuler, Pre-anesthesia Testing Services (PATS) administrative assistant, created a report that pulled data from the fields created by Renee Martin for documentation to review bath practices for various perioperative services as applicable. The bath report became and is currently accessible to perioperative leaders for review on demand. Education and handouts to patients were created with instructions on when/how to bathe pre-surgery, and what should be used is provided to patients during the PATS encounter. For staff, an in-house training course was created for them to understand the implemented changes.

We are continually monitoring the effects of this endeavor. We have observed an increased awareness among patients and nurses regarding the benefits of antibacterial/CHG baths before surgery.

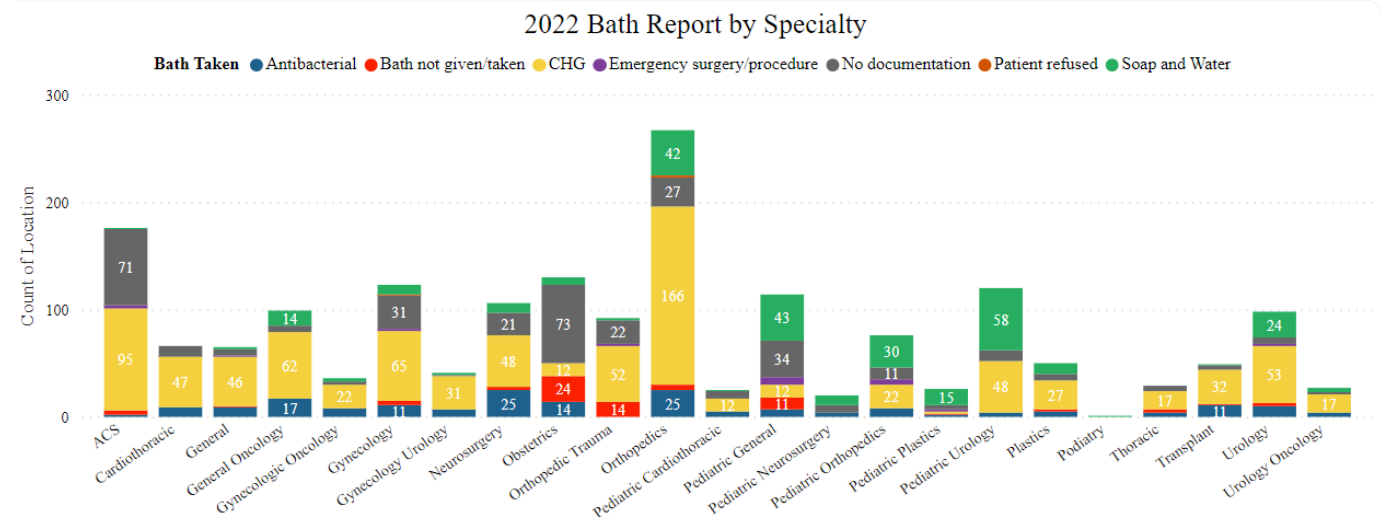
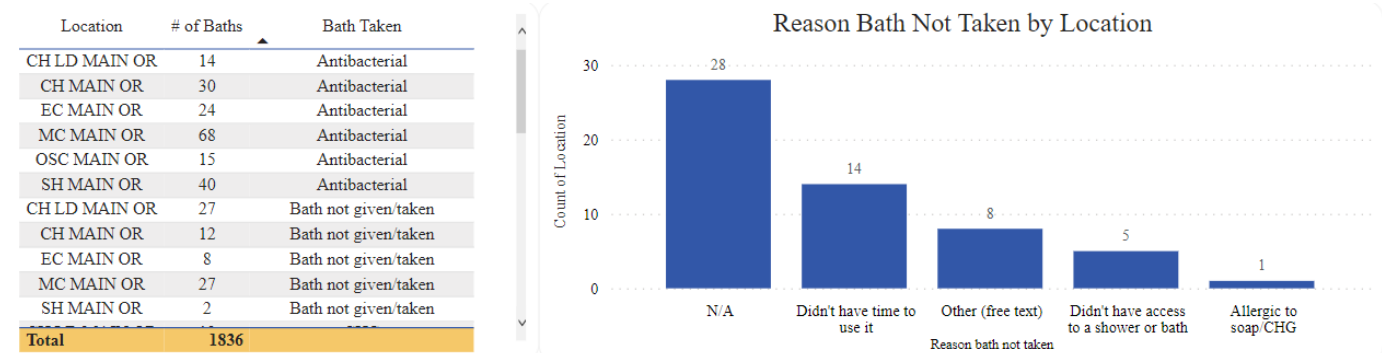


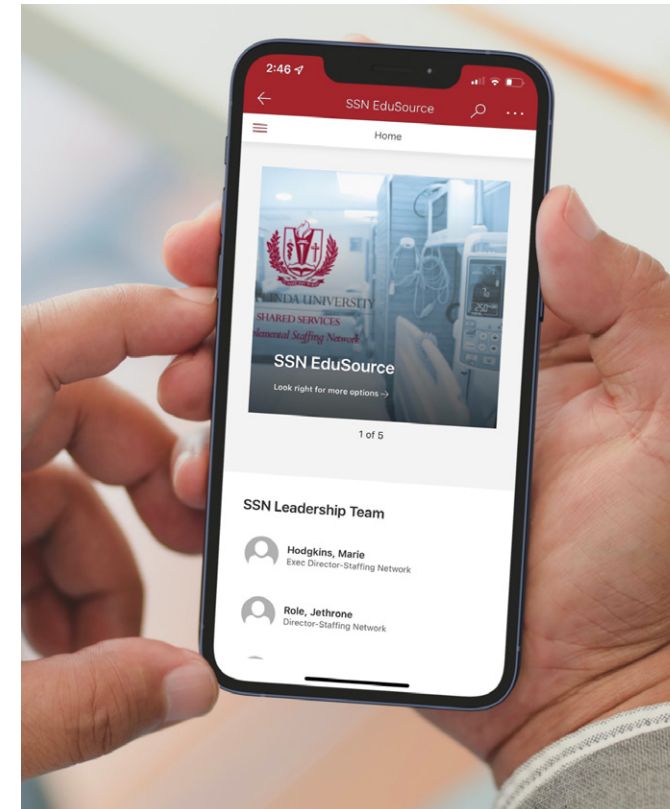
## Kaizen Team Leads

- Pappas, James, MD, MBA (Chair)
- Fluitt, Julie, BSN, RN, CCRN
- Hoff, Faye, BSN, RN, CAPA
- Letts, Maria, DNP, FNP-BC, NE-BC
- Shumway, Suzanne, BSN, RN
- Solomon, Naveenraj, MD

## Project Members

- Alvarez, Karen, RN
- Arellano, Trisha, BSN, RN
- Blackey, Jennifer, MSN, RN, PHN, OCN
- Damazo, Debbie, BSN, RN, CPAN
- Etteldorf, James, DNP, FNP
- Keehne, Sharon, MHA, BSN, RN, CIC, CPHQ
- Martin, Renee, MSN, RN
- Mason, Andrea, MSN, RN, CNS, ACCNS-AG
- Matus, Sarah, JD, MBA
- Ranosa, Naomi, BSN, RN
- Schuler, Porsha, RN
- Serrano, Yvonne, BSN, RN
- Stier, Gary R., MD, MBA
- Tassell, Sarah Van, DNP, FNP
- Torbert, Susan, BSN, RN
- Warren, Paul, BSN, RN





# A Mobile App for Supplemental Staffing Network

By Jet Role, DNP, RN, LHIT, and James Thompson, MSN, RN

The Supplemental Staffing Network (SSN) leadership team's commitment to providing accessible resources and effective methods of communication to SSN staff led to the development of a mobile app called SSN EduSource. The partnership between Information Systems (IS) and SSN leadership resulted in finding the right application that supports the process improvement goals of SSN department. The developers used the Mobile Application Development Lifecycle model (MADLC), a systematic approach, to develop the app in phases – identification, design, development, prototyping, testing, and maintenance.

In 2020, the SSN leadership team found several challenges that needed to be addressed. These challenges were:

- » Paper orientation forms were missing signatures and progress was difficult to track.
- » Training and education materials for new employees were created and placed in a binder, which is costly to produce.
- » Links to employee resources were found in multiple places within the organization's portal.
- » Email was not always the most efficient way to deliver information.

The development team specified that the application should be mobile and web-based compatible, minimal- to no-code application, customizable, and expansion ready. With these functional expectations, SharePoint Online, Nintex Workflows and Forms, and SharePoint mobile app were the identified application solution.

The developers utilized the webpart function of SharePoint Online to build the mobile app design and interface. Nintex workflows and forms were used to build interactive forms with automated workflows. The mobile app was designed to include parts that were identified as valuable to SSN staff. These parts include:

- » Orientation checklist (beta)
- » Unit float packets
- » Resource library
- » Experience form
- » Management contact info
- » News/update
- » Links to employee resources

To help facilitate user engagement and input, a survey tool was sent to staff members. Some of the positive comments include:

- “The convenience of having the application through the phone makes it so that employees will have easier access to forms and other relevant items.”
- “I believe this application source is easier to access and utilize because there are less search processes to find forms. The forms are conveniently on the main page and only require one or two clicks while navigating.”

These comments helped ensure that the mobile application was headed in the right direction. SSN leaders also reviewed comments marked as opportunities to identify solutions that will improve the overall mobile application.

The SSN leaders were eager to share the experiences they gained from this project and the partnerships between IS and Nursing. The abstract entitled “Developing a Mobile Application for a Supplemental Staffing Team” was selected for podium presentation at the AONL conference at San Antonio, Texas. Jet Role, DNP, RN, LHIT director of SSN, and James Thompson, MSN, RN, manager of SSN, presented on Wednesday, April 13, 2022. Carmela Hongthong, M.Ed, MSN, RN, manager of SSN, also joined the conference to support the team. The overall experience at the conference was robust and informational because there were over fifty breakout and plenary sessions to choose from. This experience empowered the SSN leaders to engage in more process improvement projects and IS-nursing partnerships.



# Bed Tilting and Early Patient Mobility

By Ellyne Jan Wills, BSN, RN, CCRN, Adult ECMO Coordinator

Early patient mobility makes a significant improvement in hospital and ICU length of stay. The difficulty often encountered is how to perform early mobility and rehabilitation with a patient who is unable to dangle at the bedside or even stand. Some causes of this inability could be severe weakness and atrophy from lengthy periods of bed rest, or being attached to devices such as extracorporeal membrane oxygenation (ECMO), ventricular assist device (VAD) or continuous renal replacement therapy (CRRT). When a patient stays immobile, there is deterioration of the physical body.

The tilt bed protocol came about during the COVID-19 pandemic at the start of our Adult ECMO program. A critical patient with COVID-19 could stay bedridden on neuromuscular blocking agents and sedated for several days prior to the initiation of ECMO. Once catheters for ECMO are placed, it becomes more difficult to initiate mobility exercises. The patient could become completely awake, but because they are connected to lines and tubes, regaining strength and mobility is extremely difficult. ECMO cannot fix the underlying disease process, instead it allows time for healing. However, when the patient's heart or lung does not heal despite the extra time, the only other option is a lung transplant. One particularly important lung transplant criterion is the ability to ambulate and participate in physical therapy. Due to the scarcity of organs, a transplant opportunity is only provided to those who have the best chance of living a normal life, which means they cannot be bedridden. Therefore, the ability to mobilize and ambulate is important as it provides a second chance for life and survival for these patients.

Prior to the tilt bed protocol, staff found it difficult to get patients to ambulate after they had been bedridden for several days. Their legs and torso were often too weak to stay straight and upright. We needed something to bridge them from a bedrest position into the dangle, sit, or stand position. There was also a challenge in scarce

staffing, as it would take four to five people to safely do a mobility exercise without injury to staff or patient, and without lines being accidentally pulled out. Mobility is required multiple times a day, and to gather that many people each time proved to be difficult.

Dr. Joshua Chung, the ECMO director decided to bring in the tilt bed for these patients. It was a decision to start small and focus primarily on ECMO patients. A core team was formed with a representative from each department. Dr. Chung was the physician champion. Other members who helped create a safe protocol with a step-by-step guide for staff included: Kaley Murray, MSN, RN, CCRN, CNL, the cardiothoracic intensive care unit (CTICU) registered nurse; Amanda McCoid, DPT; Jennifer Calixterio, DPT; and Ellyne Jan Wills, BSN, RN, CCRN, from ECMO. The protocol has multiple phases focused on getting a patient through the distinct stages of tilting to standing, followed by marching, and eventually walking directly off the tilt bed. We also created safety criteria on when to start and stop tilting and who would be acceptable candidates for the procedure.

The physical therapists (PT) oversaw the overall therapy, documented, and adjusted the goals as needed, while the bedside staff continued with the exercises and followed PT recommendations. Occupational therapists (OT) were often present at the same time as the physical therapists, providing hand-eye coordination and arm exercises in preparation for activities of daily living, such as brushing teeth and combing hair. Initiating the protocol seemed difficult at first, but with the support of the physician team on CTICU, combined with a sense of determination to help save these patients, the team was ready to try tilting these patients.

While the tilt bed is not new, many centers struggle with implementing a protocol, therefore this therapy is not consistently available. The first step was to train staff who would see the tilt bed the most. The main advocates were the



other side of the bed and control the tilting. There was no heavy lifting required, therefore less chance of back injury to staff. The patient was protected from a fall due to the three heavy duty safety straps placed strategically over the patient.

## The Process

The tilt bed can tilt up to 82 degrees, which allows the patient to be completely upright in a standing position but still strapped to the bed for safety in case the legs became tired. Tilting was done three times during day shift and two times during night shift. The tilt bed angle was increased by ten degrees in height every two-to-three minutes, watching vital sign stability, until a maximum height was tolerated. When the patient stated they felt tired or weak, the tilt bed was lowered slowly, and the patient was again assessed at the lower angle to determine if they could continue the tilt a little bit longer. The primary objective is a longer duration of tilt time that achieved better outcomes and endurance, compared to high angle for a shorter tilting time. During this time, the team and/or family would encourage the patient, play music, and distract them with talking or with watching a movie. Comfortable shoes were also provided so the patient could stand longer periods. The therapy provided a break in the usual medical routines of meals and medications while giving the participant a sense of control and input in their own health and healing.

## Next Steps

The collaboration between ECMO, bedside nurses, PT, and OT, allowed the team to start the patient with the rehabilitation exercises early in the ICU phase. This resulted in cases where the patient was discharged directly home or spent very few days in rehabilitation and was able to be sent home much sooner.

Tilting in the ICU is no longer just for the ECMO patient, the protocol created now covers any ICU patient who is bedridden and meets the criteria. The tilting order set and guideline is now available to all teams and the hope is to see more take advantage and utilize this powerful mobility tool for their patients, especially those on CRRT, VAD, or other illnesses who need safe gentle mobility.

ECMO specialists who became super users and helped the bedside nurses complete the tilting and exercise therapy. Early mobility and tilting protocols were included in the Adult ECMO curriculum. The curriculum included lectures on mobility including photos, videos and case studies. Once the protocol was implemented for a patient, the team rounded on the patients to ensure that tilting was completed each shift. If tilting was not completed, staff discussed what the barriers were and how they could be overcome next time. Progress was posted on the wall for patients, families, and any rounding team member to see the mobility journey. Mobility became part of patients' daily routine.

After several cases, staff began to feel comfortable, and at times even initiated talks about early mobility and getting the tilt bed for patients. Staff had seen firsthand the effects on their patients. Also, the process was refined and now required a minimum of two people to do the tilt exercise. The ECMO specialist would watch the cannulae and tubing on one side, and the bedside nurse would watch the



## Embracing Remote Technology

As technology in healthcare continues to rapidly evolve, Loma Linda University Health strives to stay at the forefront of patient care by implementing advancements throughout the organization. One such example is that of LLU Medical Center East Campus and LLU Medical Center – Murrieta hospitals' implementation of AvaSure's TeleSitter System in 2020. This endeavor was supported by the leadership of Holly Craig-Buckholtz, MBA, BSN, RN, director of Inpatient Rehabilitation, the Adult Diabetes Treatment Center and Inpatient Diabetes Education, and Wound Care Services; Monique Boudreaux, BSN, RN, CRRN, manager of LLU Medical Center East Campus Unit 1100; and Allison Ong, DNP, RN, NE-BC, CCRN-K, assistant vice president of Clinical Operations and Space Planning, executive director of Patient Placement, executive director of Patient Placement. AvaSure's TeleSitter is a patient observation system that allows the video and audio monitoring of patients from a remote location. Traditionally, patients such as those determined to be a fall risk, would require patient sitters to physically monitor them around the clock. With the TeleSitter system, one Monitor Tech now can observe up to sixteen patients, view and speak with the patient and care team, activate

STAT alarms in urgent scenarios, all while patient care metrics are tracked in AvaSure's Online Reporting of Nursing Analytics (ORNA) software.

Having successfully reduced patient falls and increased patient satisfaction in the initial deployment of the TeleSitter system, Loma Linda University Health plans to launch an additional thirty-six TeleSitter cameras in LLU Surgical Hospital and the Dennis and Carol Troesh Medical Campus. To prepare for this systemwide launch, champion teams from the Children's Hospital developed pediatric eligibility criteria, clinical and non-clinical staff underwent virtual online training, and the number of monitoring stations at LLU Medical Center East Campus hub has increased from one to four. While primarily used for the purpose of reducing patient falls, TeleSitters can also be used in cases of suspected abuse, ingestion of substances, eating disorders, and many more. The use of our TeleSitter system ranges as far as the needs of our patients, and it is one of the many ways in which our organization aims to provide whole person care to those we serve.

# EMBRACING

*Updates to  
Our Processes*



## Re-engaging With Our Community

With COVID-19 changing our process, delivering care to our pediatric population underwent an update. Our goal at Loma Linda University Children's Hospital is to not only provide high-quality care, but to help children better understand common experiences they may encounter in healthcare. In 2022, we were able to start in-person events again, and we were pleased that on Wednesday, March 9, in collaboration with Farmer Boys, we hosted the 37th Annual Children's Day. We were excited that for the first time in two years we had the opportunity to greet the children of our community and provide them with a fun learning experience.

Six hundred children attended this event, which focused on education for children and families, as well as the opportunity to help children experience clinical settings and procedures without the intimidation factor. Nurses and nursing students, in collaboration with Child Life, participated in the event to support and volunteer for different booths and interact with the visitors. The booths included stitch stations, a teddy bear clinic to role-play common healthcare scenarios, learning about casts, being educated on venomous creatures, and spending time with animals, and our volunteer dog therapists. This year's Children's Day was a successful event highlighting our community engagement.



# IV Pump Efficiencies

Many times, to address an issue, one must change the process no matter how great the endeavor may be, such as the case with our IV pump process. Electronic error reports (EERs) were written regarding the need for additional equipment, especially during the COVID-19 surge. Since this became a quality of care concern, the Loma Linda University Health Quality Team decided to conduct a performance improvement project. The quality team compiled the number of reports and then mapped out a flow diagram of the process. The flow diagram showed that the rate limiting steps to get equipment in an efficient amount of time was due to the process of sending equipment back and forth between our Central Supply department and the various units. It was proposed to eliminate these steps and to keep the equipment on the floor to be cleaned by our environmental services teams.

To change a process that had been in practice for years, and second nature to some, required the support of multiple stakeholders. This included the departments of quality, environmental services, central service and supply chain, nursing, biomed, and administration. A reasonable change process

was discussed where there would be the most benefit and least costly endeavor in the long run, while also putting the patient's safety and the delivery of medication as a priority. Out of those discussions, a new process was created along with a flow diagram to communicate the change. This change took into account not only cleaning tools, but staff competency. This flow diagram, or algorithm, would be the main tool for the units to reference regarding the changed IV equipment process.

When considering cost savings and safety, although not quantified, there are labor savings for the time saved in transporting equipment back and forth to Central Supply. Since the IV equipment stays on the unit, the staff has the equipment readily available to start the IV treatment ordered without delay. In addition, there should be less equipment damage, as there is less travel of the equipment back and forth. For staff and patient satisfaction, although not measured directly, does impact both as the nurse is able to perform their care without pausing for equipment, and the patient will not be experiencing delays in treatment.

## IV Pump Process Scenario Algorithms

### Scenario 1

Dirty equipment (IV pole, pump, space station) no longer needed

Nursing to take all IV Tubing, medications, etc. off of the pumps prior to cleaning (if they are not removed, EVS will not clean).

IV pump kept in room and cleaned by EVS when patient discharged or transferred

### Scenario 2

If additional pumps needed beyond unit PAR\* or you need to replenish your PAR

Staff to check if there is clean equipment not in use on their unit

If you take a pump out of an occupied room, please ensure that it is cleaned before use.

If there is no additional clean equipment on the floor

Staff will need to place an order with CS for additional equipment needed

CS or Dispatch will deliver clean equipment to unit

### Further Clarification

If a pump cannot be immediately taken back after transfer, the receiving and sending units need to coordinate with Dispatch to get the clean pump(s) back to the sending unit.

It is recommended that single chargers and combicords should stay in the room when the pump and pole are transferred. Space stations should be sent

If a pump is not working/needs service, contact EVS to clean it. Once cleaned, contact Dispatch to send it to CS where Clinical Engineering will pick it up.

### ED to Unit

- ED takes pump(s) with patient
- ED leaves pump with patient on unit
- Staff will bring clean pump back from that room to ED
- If the IV fluid is a basic infusion (NS), and can safely be taken off the pump for transfer, the ED can do so.

### Unit to Unit

- Sending unit will transfer the pump with the patient
- Sending unit will bring back a clean pump from the receiving unit (to bring unit back up to PAR)
- If patient is on 2 pumps, and the receiving unit only has a PAR of 1 pump in that room, the sending unit will take back the 1 clean pump (see scenario 2 for PAR replenishment)

### Unit to ICU/ICU to Unit

- Pumps will transfer with the patient
- If safe, transfer the IV's to the ICU pumps
- If not safe, then transfer the pump into the ICU space station and ICU will give back the number of pumps brought with the patient
- Reverse the process for the ICU to floor transfer

### Unit or ICU to Procedural Area/Procedural Area to ICU

Two Options

Option 1:

- The OR can send an Anesthesia Team Member up to the ICU to pick up pumps in the clean room that is reserved for that patient

Option 2:

- Patient will transfer from the OR to the ICU with the space station and pumps
- Anesthesia Team Member will take back the clean pumps/spacestation from the room where surgical patient went.

**\*Par = basic floor stock of an item or piece of equipment based on floor request per Leadership survey. For example, if your unit requested 1 pump in each room that is the PAR. Each unit may have a different PAR**

# New Ways to Highlight EBP at Murrieta

Seeking a new way to highlight LLU Medical Center – Murrieta, nursing staff who were attaining their doctor of nursing practice degrees, as well as the resources and practices related to evidence-based practice (EBP), the nursing leadership at Murrieta hospital and the director of Nursing Research developed the “EBP Action Faction.”

The “EBP Action Faction” is a way for LLU Medical Center – Murrieta students to share their evidence-based projects with the hospital staff and leadership. The event is held quarterly and consists of staff presentations, as well as the presentation of information on EBP technology, resources, problem identification and question development. Additional content is provided upon request by nursing staff or leadership. The EBP projects presented to date include:

## Evelyn Kelley, DNP, BSN, RN, PCCN (Heart Failure, Third Floor)

Evelyn developed a Congestive Heart Failure (CHF) Education Passport. This project was chosen because in the surrounding area, more than 24% of the population are older adults (65 years and older). Furthermore, a review of hospital admissions revealed an increased number of readmissions due to exacerbations of CHF. As a personal goal, Evelyn also wanted to increase the community’s knowledge of CHF management and improve the quality of life for CHF patients. She found that patients used and found the passports to be valuable, and that it increased their knowledge of their disease. Nursing staff is sustaining the project, and it is contributing to the hospital’s endeavors related to reducing readmissions, and meeting Inland Empire Health Plan (IEHP) quality goals for patients with heart failure. As a hospital, we had to create a process improvement plan for IEHP CHF readmissions. Our overall goal is to

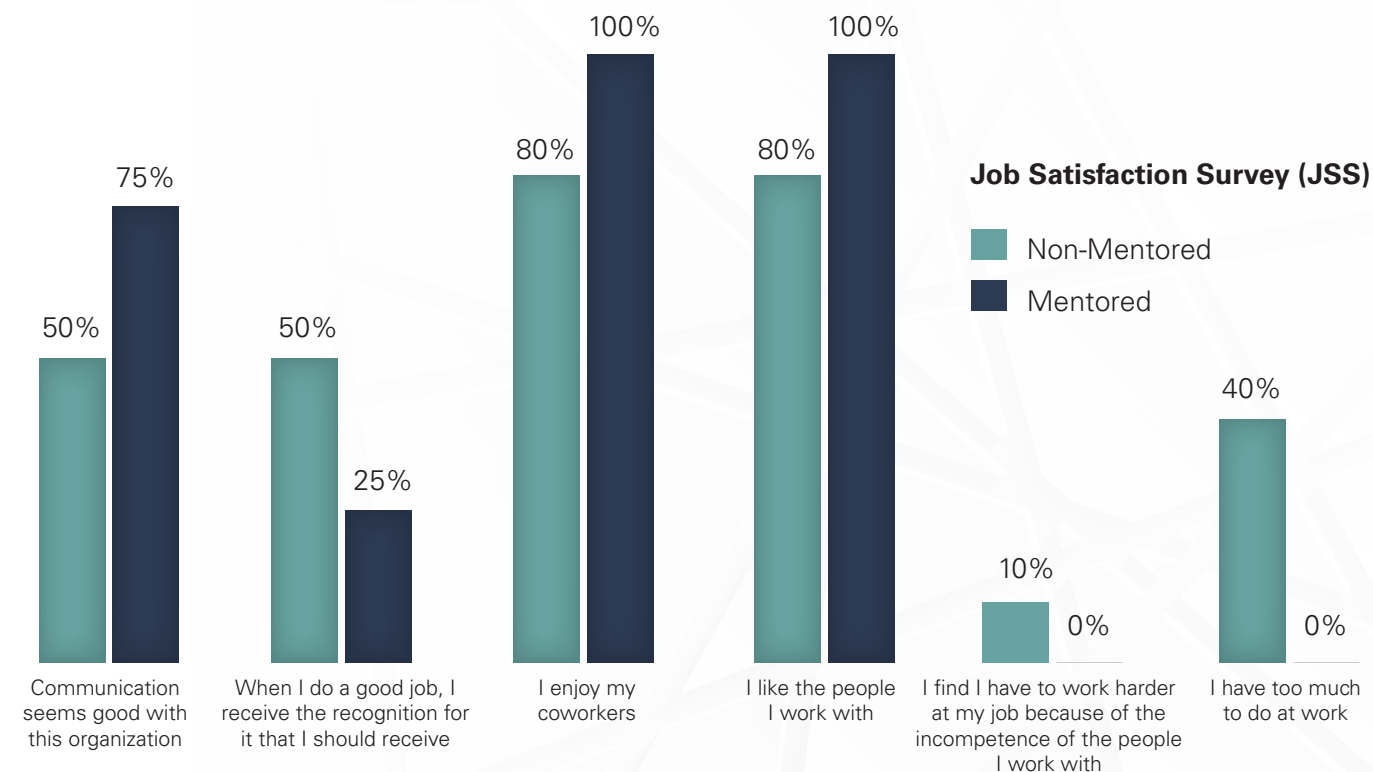
reduce the number of readmissions. We plan to do that by using Evelyn’s project throughout the hospital, focusing on scheduling seven day follow-up appointments for all CHF discharges and appropriate referrals to care partners for the appropriate patients at time of discharge. We will have monthly steering committee meetings and submit our data to IEHP in March 2023.

## Jose Lupian, DNP, RN (Cardiac Catheterization Lab, Second Floor)

Jose’s DNP project focused on the “Use of Essential Oils in Managing Pre-operative Anxiety.” Jose chose his project because there was no formal procedural plan to reduce anxiety in patients undergoing cardiac procedures in the catheterization laboratory. His baseline data revealed that patients undergoing cardiac procedures were stressed and anxious. The literature supported the findings that in cardiac patients, these feelings can negatively impact their vital signs, causing increased heart rate and blood pressure. Jose sought to reduce the patient’s anxiety, improve the patient experience, improve patient satisfaction, and increase their compliance with treatment regimens. His outcomes revealed a 34.79% overall reduction in reported anxiety (P-value\* <0.001).

## Melissa Hamilton, DNP, RN (Emergency Department)

Melissa’s project was entitled, “Implementation of a Mentorship Program in an Emergency Department to Address Job Satisfaction and Intent-to-Stay.” She chose this project because of the high ED RN turnover. New staff voiced concerns of feeling lost when hired, there was opportunity for team building, and to increase camaraderie. Melissa created a Mentorship Program that included a five-page informational packet with



associated documents. While her sample was small, there were impressive outcome measures.

Melissa obtained positive feedback from the participants and mentors. The mentees felt that the program helped them adapt and feel welcomed. The mentees enjoyed the confidential resource while the mentors felt inspired to help new hires in their experience.

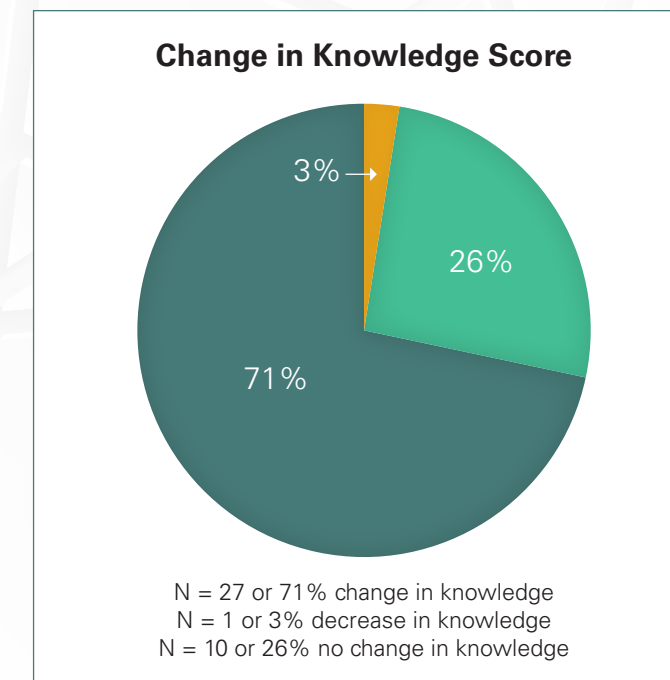
Her project measures will be evaluated at six months and one year, and the ED nurse retention numbers will be examined after 12 months.

## Roxanna Stead, DNP, RN (Critical Care Resource Nurse)

Roxanna’s project focused on preventing hypoglycemia events among hospitalized patients by implementation of the Hypoglycemia Risk Stratification Tool. The project involves nurses on the fourth floor Medical Telemetry Unit as they assess patients for hypoglycemia risk factors using the proposed Hypoglycemia Risk Stratification Tool, adjust the treatment plan by contacting the attending provider, and suggest changes based on the low, intermediate, or high-risk factors. They will then adapt the changes into the plan of care. This project was chosen because in 2021, 74% of the adverse drug events at LLU Medical Center – Murrieta were hypoglycemia events.

Post-intervention outcomes reported an increase in nursing knowledge.

Additionally, there were a total of 11 hypoglycemic events for July and August 2022, and when the data was normalized, factoring in the total number of inpatient days, the aggregated data revealed a decrease of 0.06%, when compared to 0.53% for July 2021.



# Embracing a Multidisciplinary Approach to Patient Satisfaction

The best feeling a healthcare worker experiences, is when a patient leaves the hospital happy. At Loma Linda University Medical Center – Murrieta, a multidisciplinary team collaborated and focused on the goal of more patients leaving with happy smiles on their faces.

Linda Soubrou, MSN, MPA, RN, NEA-BC, chief nursing officer, and Joanna Shedd, PhD, RN, CNS, PHN, executive director of Patient Care Services, worked closely with Jennifer McDonald, executive director of Patient Experience to look at National Research Corporation (NRC) scores and see which Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) question had the lowest scores for the different service areas of the hospital. Finding the scores lower than what they desired, Soubrou and Shedd formed a taskforce with interdisciplinary members representing different positions in the hospital. These included nurses, physicians, patient care services, administrators and respiratory therapists. The taskforce's goal was to look at practices within the hospital and to help Murrieta to create a better experience for the patients. In their planning, they looked at news ways to embrace their practice while improving or opening communication.

## Immediately, three initiatives began:

1. Nurse huddles with nurse leaders and clinical nurses were to start including patient satisfaction scores.

2. Patient Complaints: In collaboration with Robert Boothby, executive director of support services, plans began on how to address complaints regarding food, the sharing of call lights, and the sharing of televisions in patient's rooms.
3. Initial unit specific response, Soubrou and Shedd collaborated with the nurse manager of the fourth floors, Sharon Rees, BSN, RN, OCN, CMSRN, to create a checklist to communicate the completion of rounding on the units.

There is much work still needed, but with the support of nursing administration, the Murrieta campus is looking forward to seeing an improvement in its patient satisfaction figures.

## Taskforce members

Soubrou, Linda, MSN, RN, MPA, NEA-BC, Chief Nursing Officer

Shedd, Joanna, PhD, RN, CNS, PHN, Executive Director, In-patient Services

Rees, Sharon, BSN, RN, OCN, CMSRN, Fourth Floor Manager

Schwarzenbach, Stephanie, BSN, RN, ICU, Second Floor Manager

Gasper, Janine, MSN, RN, Third Floor Manager

Olivares, Raquel "Rocky", BSN, RN, Fifth Floor Manager

# Supply Room Transformation

During the Campus Transformation Project (CTP), it was a time of great apprehension as we looked at the changes and new experiences in store for Acute Care Pediatrics. Walking into the new building and being the first nurses on the floor, bringing our patients to the new unit was an exciting experience. We were so surprised to see our patients and their families have private rooms. Upon our arrival, we quickly transitioned and took on our first major project – our supply rooms. We had a total of four supply rooms that needed to be tailored to our unit needs. This project was a very large task as we needed to modify a total of four rooms (two on seventh floor and two on eighth floor).

We started on the seventh floor in the west wing and designated this room the master layout. I worked with our educator Marissa Lintini, MSN, RN, CPN, and two of our floor nurses, Shalynn Boyer-Ray, BSN, RN, CPN, and Yesenia Sanchez, BSN, RN, CPN, as well as our patient care assistant (PCA), Nancy Sitorus. We worked closely with central supply (CS) and that collaboration gave us all a perspective of multiple processes we needed to make changes to. We began to familiarize ourselves with different terminology, such as PAR (number in each container) and reference number (numerical identification for CS). We worked with the unit Professional Governance and the unit nursing management who authorized the team time to come in and develop the plan for these rooms.

We organized our supply room systematically to help with our workflow and classified sections such as intravenous supplies, respiratory and sterile dressing changes. As we continued to organize, we had to keep in mind that we needed to first identify every item currently in the stockroom and see if the item worked with our workflow. If an item did not work, it would go on a list to be



moved out of our supply room and this allowed us to bring in other needed items from the core room, or request that an item be stocked by CS. In addition, if we needed to move anything from a shelving unit into the drawers, this was also another request we needed to collaborate and prioritize with CS. This project will continue to go through many changes as we identify what will benefit our nurses' workflow and what will hinder our work process. As we continue to refine our processes, we are making progress on the next phase of incorporating items from our core supply room (located between each wing) to our main supply room on the unit. To all the nurses working in the new hospital, thank you for your patience. We have appreciated and will continue to appreciate the feedback to facilitate better workflows. Your opinions and input matter.

# The Fight Against CLABSIs

Central Line Associated Blood Stream Infection (CLABSI) prevention is an important nursing-sensitive indicator. In 2021, the Intensive Care Unit (ICU) at Loma Linda University Medical Center – Murrieta had an increase in our CLABSI rates, specifically in the ICU among our COVID-19 positive patients. Between August 2021 and December 2021, there were eight CLABSI infections in the ICU. Knowing how important CLABSI prevention is, the ICU team launched an initiative to eradicate CLABSI in the ICU. This initiative included both nursing and provider interventions. With this multidisciplinary approach, we identified areas of improvement in central line cares, documentation, line utilization, and blood culture stewardship.

Implementation of “Do No Harm: 0 CLABSI in 2022” was launched in January, starting with nursing education focusing on basics of line cares including improvements of documentation. Charge nurses and CLABSI champions continued with “Qshift in the Moment” auditing including one-on-one education for staff when areas of improvement were identified (dressing change needed, orange caps, etc.), as well as chart audits to focus on areas of improvement for nursing staff.

Line utilization was our next area of improvement, with strong commitment from both nursing and provider, to assess line necessity during multidisciplinary rounds on dayshift and nightshift rounds. Midline use in place of central lines for low dose vasopressors was implemented, as it was an area improvement based on evidence

presented in medical and nursing journals indicating the midline use as a successful strategy in eliminating CLABSI. Provider interventions included trailing a process to use midlines instead of central lines for appropriate medications. This intervention, to date, has proven successful with zero negative outcomes for patients.

Blood culture stewardship was identified as an area to collaborate with providers and nursing staff. Blood culture contamination was a trend with patients, largely with COVID-19 patients. Education and attestation was given to staff with an opportunity for review and a skill checkoff on blood culture collection technique and implementation of a “Blood Culture Timeout.” The time out form provided a collaborative agreement and sign off with the intensivist, primary RN, and charge nurse (or CLABSI champion) to ensure that all the identified risk areas are addressed prior to culture draw. The time out form focused on individualized patient review for CLABSI risk (central venous catheter placement in the last 48 hours), discussion of alternate sources of infection, assessment of skin/wound integrity, review prior cultures or need of newly drawn cultures, and ensured a CHG bath is completed within 24 hours prior to culture being drawn.

Overall, these interventions have been successful. Since implementation, we have had zero CLABSIs in the ICU. Additional initiatives include implementation of house wide CLABSI Taskforce which focuses on education and support for identifying CLABSI risk, line utilization, line cares and dressing changes.



# Embracing Patient Feedback

The Children’s Hospital Specialty Team Center currently has 21 specialty clinics being coordinated and operating out of the Specialty Team Center. In a move to increase understanding of how patients perceive services, all Children’s Hospital ambulatory clinics moved to the real-time patient satisfaction platform. This move included the Specialty Team Center, Pediatric Oncology Clinic/Infusion Center, Pediatric Diabetes Center, and Maternal Fetal Medicine Clinic.

Using the Patient Satisfaction Survey Tool-National Research Center (NRC) “Real Time,” and obtaining “real time” patient satisfaction feedback has allowed us to provide immediate service recovery with parents and caregivers, as results are received as soon as three days after the survey is taken. We can better understand what patients need from us, and address service alerts in a timely manner. Instead of receiving a phone call, parents are now emailed or texted a link for the survey. With this new survey platform, feedback is received specific to the specialties and all providers participating in the patient visit (i.e. pediatrician, pulmonologist, RN, social worker, registered dietitian, respiratory care provider). Using this platform, we are now

benchmarked against other similar clinics across the country. Additionally, this platform is Magnet compliant and includes Magnet (compliant/benchmarked) questions in the survey.

In another innovation to address patient satisfaction, we developed our “Wildly Important Goal” for fiscal year (FY) 2021-2022. This goal was to increase overall patient satisfaction scores by focusing on courtesy and respect. The team worked on scripting to inject courteous and respectful language into the patient care visit. Staff in the clinic perform a yearly G-R-E-T-E self-assessment, observe a colleague, and discuss with their colleague what they observed. This way, we can be more aware of how we are perceived during patient interactions and work to improve these interactions.

- » Greet
- » Recognize and introduce
- » Explain purpose
- » Time: Provide timeframe
- » Engage and invite a response

# EMBRACING

*Growth in  
Our Services*

## Embracing Our Community: Sickle Cell Disease Care Center

In 2021, Loma Linda University Medical Center received a \$500,000 state grant to fund the development of a Sickle Cell Disease Care Center. This grant supports a medical home model of care in a community setting with a design that offers integrated comprehensive care for patients from a multidisciplinary team. With a focus of comprehensive care, the team consists of healthcare providers, including a nurse practitioner, a social worker/program manager, community health workers from the Sickle Cell Disease Foundation, behavioral health interns, a family medicine resident, a palliative care fellow and a hematology/oncology and internal medicine attending physicians.

The interprofessional healthcare team will coordinate care for patients with sickle cell disease in both the inpatient and outpatient service areas including infusion services. This model will allow for greater continuity of care and increased visibility, allowing for the building of trust within the sickle cell community. The Sickle Cell Services team is working with a community advisory board, SACHS clinic, and the healthcare team within Loma Linda University Medical Center East Campus' Advanced Urgent Care and inpatient units. This diverse collaboration seeks to guide the consistency of care through the care continuum from the inpatient units through outpatient clinics and community resources.

Through the grant there will be a development of resources the comprehensive sickle cell clinic will offer that focuses medical treatment alongside behavioral, emotional, and social support. Additionally, these services will help bridge the gap that currently exists in the transition of pediatric patients to adult services, reducing pauses in treatment. The team will customize the care to the individual patient, help them understand and manage their health, manage symptoms, reduce urgent or emergency care visits, and improve the quality of life of those with this chronic condition.

"San Bernardino County was specifically identified among five regions in the state by the legislature as a funding priority because of the large number of individuals with sickle cell disease in the region," said Lyndon Edwards, senior vice president of Adult Hospital Services.

"The development of this center marks a new paradigm in caring for individuals with sickle cell disease in the Inland Region. This is an opportunity for the Medical Center to provide comprehensive and compassionate care those affected deserve," said Chanell Grismore, DrPH, MPH, MCHES, director of Sickle Cell Services.

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a Sickle Cell Disease Care Center.*

**From Left to right:** Chanell Grismore, DrPH – Director, Malena Chappell-Brass, FNP – Nurse Practitioner, Dr. Huynh Cao – Medical Director, Ja'Nece Dickerson, MSW – Program Manager

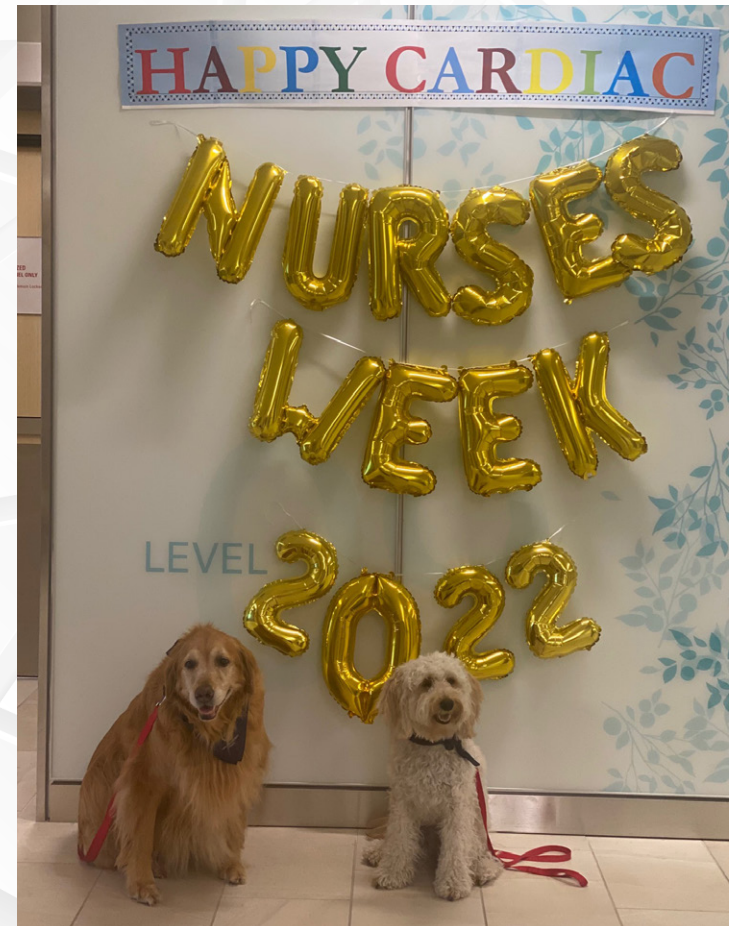
**Not pictured:** Susanne Montgomery, PhD – Behavioral Health, Dr. Zephon Lister, PhD – Behavioral Health, Sheila Marchbanks, MBA – Support Group Facilitator

# Embracing Connections

As the number of patients admitted with COVID-19 began to decrease, issues in the mental health of patients and staff were revealed. This was a problem that the brave dogs of our Pet Assisted Wellness (PAWS) program were ready to handle. The PAWS program has been in place at Loma Linda University Children's Hospital for 10 years. The development of this program and presence of the dogs was the result of a collaboration between nursing and physician leadership, and the PAWS volunteers. Liz Plein, the coordinator for the dog volunteers, worked with nursing Child Life Director, Dinah Evans, and volunteer services to coordinate the dog visits to the units. In order to ensure the visits would be beneficial to the patients, a patient eligibility sheet was created to see if a dog visiting a patient would be appropriate. For those patients where a visit was appropriate, a green paw print sign would be placed on the patient room door. Additionally, the green paw has been used by leadership so that the dogs would be able to visit them as well. In an innovative approach to bedtime, the dogs were included in a program called "Tuck 'Em In." In this program, the dog handler would read a bedtime story to the pediatric patients with the handler's dog also dressed in jammies.

The success of these programs has led to the growth of this service, with the expansion to the Loma Linda University Medical Center, and the involvement

of pet therapists at hospital events. At East Campus, dog volunteers are now a commonplace occurrence where nurses can see their pet therapists walking through the halls, their tails wagging, ready to bring joy. As part of the 2022 Nurse's Week, one of the main attractions for the Medical Center and Children's Hospital was having dog visits specifically focused on nursing staff. The idea to focus on the nursing staff came about when the Nursing Projects Manager, Priscilla Santos, DNP, BSN, RN, and Marketing Specialist, Monica Arreola, MBA, were brainstorming Nurse's Week activities. During this session they remembered when an Irish Wolfhound, one of the hospital's pet therapists, had come out of the elevator and leaned on them. The thought was, "If this makes me feel relaxed when I'm stressed, imagine the effect this might have on all the nurses right now." As a result, plans to provide opportunities for pet therapy for our nursing staff were developed and implemented for all nursing units during Nurses Week. As the pet therapists made their rounds on the units, the look on the nurses' faces when the dogs came was beyond words. The love shown to the staff and by the staff in relation to these happy dogs was beautiful. We look forward to seeing how we can further partner with our canine healthcare providers to reduce staff stress and improve morale.



# Rebuilding Murrieta ICU



LLU Medical Center – Murrieta has a 12-bed unit that cares for all patients needing critical care services. Some of the services provided to the community include care of patients after cardiac arrest who have a return of spontaneous circulation (ROSC), cardiothoracic surgery, neurovascular, medical, and other surgical services. Over the years, the Murrieta Valley has grown tremendously, and this is reflected in patient volumes as well, as in the increase in acuity across all practice areas. Moving through the challenges of the pandemic and now settling into post-pandemic times, we find ourselves with the highest critical care volume of 24 patients at one time. Over the past two years, acuity and volume proved to be wearing on the unit’s environment leading to replacement of the flooring as it had worn down to the rubber.

Through the challenges of the pandemic, the ICU has learned to adapt quickly. When the planned renovations were unexpectedly one day early, the team rallied together and moved patients to new locations without any issue. In these times, necessary adjustments were made with support from many ancillary departments which rallied together to make the patient transition as seamless as possible. During the unexpected floor renovation, the overflow unit was relocated

to the ED Surgical area and continued unit operation for two weeks in the overflow space. With God’s grace, the construction planning met the timelines.

As challenging as the last three years have been on the physical aspect of the unit, the staff also felt the wear and tear in their own sense. With a turnover of 60% of the ICU staff, the intense effort to rebuild the team began in August of 2020. During the last three years, the team worked tirelessly to rebuild and support the dedicated RNs that chose to stay. It was crucial to provide these RNs with teammates devoted to the healing ministry of Jesus Christ, striving for excellence in care, and unity in teamwork.

The difficulties that the ICU faced when rebuilding the nursing team could have broken faith many times, but the team kept moving forward. New challenges were faced every day, from being short-staffed, to running out of patient care spaces, and caring for and suffering loss of family and friends.

The unit received not just the new flooring, but fresh paint, new curtains, lighting and other repairs during the renovation. On re-opening day, staff were beyond grateful to commemorate the refresh as a new starting point for the unit. The team, as the flooring, is refreshed and revived in its commitment to serve patients and each other. There is pride in the strength of the team; having stabilized staffing, process improvements have been implemented and successes in quality metrics and best practices are seen. The team walks with pride in the care they are providing, working in a healing environment that is bright and welcoming to staff, patients and families. The physical refresh is a reminder of the challenges overcome and looking forward to the bright future.

# Expanding Our Cancer Center Services



It is not a secret that access to personalized cutting-edge cancer treatment is a top priority for patients when faced with a new diagnosis of cancer. As an oncology team we know that cancer care extends far beyond just administering oncologic treatments. It also encompasses the ability to manage symptoms and provide supportive measures on the journey when treatment causes undesirable side effects such as nausea, dehydration, and low blood counts. As demand for our services continues to increase, we frequently find ourselves in a balancing act of space and resources to meet our patients’ needs. From an operational standpoint, increasing the resources (hiring more staff) only proves helpful if there is more space to be utilized for patient care. As Loma Linda University Health has continued to grow, a rare opportunity was presented to repurpose the legacy Emergency Department (ED) surge space, just adjacent to the existing Cancer Center, to expand our department and nearly double our treatment capacity.

Transforming this once bustling ED into a calming environment with private rooms for patients to rest and heal during their cancer journey, has made this project incredibly meaningful. The idea of “Embracing All Things New,” has inspired us to take this “old” space and create a new space, that will invite our patients into an area with tranquil colors and soft finishing touches to add to their comfort. Additionally, this expansion of space has provided a way for the care team to schedule last minute appointments

for supportive care measures, to include: blood transfusions, hydrations, and other treatments to help manage patients’ symptoms as they arise. This expansion was made possible through the collaborative efforts of Nursing and physician groups, construction, and ancillary teams including pharmacy, facilities management and environmental services, supply chain, door and access, marketing, security, compliance, patient safety and reliability, environmental health and safety, clinical engineering, and information services. The entire Cancer Center team is incredibly grateful to our Loma Linda University Medical Center leadership for seeing the need and allowing this opportunity.

<b>Nursing and Construction</b>	<b>Ancillary Team Leads</b>
Bruneau, Brenda, MBA, RN	Berry, Lisa, BS
Capalla, Sarah, MSN, RN, CCRN-K, CNRN, VA-BC	Brinkley, Tekira, PMP
Chase, Kristina, BSN, RN, OCN	Brito, Mark
Chatigny, Judy, MSN, RN, PHN,	Brundage, Curtis, REHS
Gasca-Guerrero, Leticia	Cooper, Kevin
Hillery, Ebony, BSN, RN	Domingo, Marco, BA
Lemus, Sarah, BSN, RN	Donkor, Kofi, PharmD, BCOP, MHA, Aph
Martinez, Taryn, MSN, RN, PHN	Dye, Christina
Marx, Janet, BSN, RN, OCN	Fraser, Terry
Minor, Shauntell, BSN, RN, CCRN	Guanlao, Marissa
Ong, Allison, DNP, RN, NE-BC, CCRN-K	Jackson, Carol
Robinson, Crystal, MSN, RN	Jones, Robert, BS
Santos, Priscilla, DNP, RN	Kirkpatrick, Etienne, FDAI
Sinner, Matthew, BSN, RN	Lund, Joshua, MBA
Tavarez, Amanda, BSN, RN, OCN	Marshall, John
Watson, Kimberly, BSN, RN, OCN	Mayo, Alex
Wells, Eva, BSN, RN	Mirshahidi, Hamid, MD
White, Dakota, MBA, PMP	Moreno-Barragan, Elaine, MBA
	Scott, Lori, MBA, RCP, RRT
	Sharp, Kurtis
	Valle, Sandra

# The Adult Cardiovascular Lab and Perianesthesia Care Unit

When Loma Linda University Health embarked on its journey to construct a new hospital, a vision to provide quality cardiac care to our surrounding communities made our dreams become a reality. The Adult Cardiovascular Lab (CVL) and Adult Cardiac Peri-Anesthesia Care Unit (PACU) were designed to expand our Cardiac specialty services through accessibility and availability while maintaining the best patient care experience to our patients. Adult CVL received its license on Tuesday, May 10, 2022, and our first case was performed on Monday, May 16, 2022.

Loma Linda University Cardiovascular Lab at the Dennis and Carol Troesh Medical Campus expanded to six adult state-of-the-art suites. This expansion will meet the high demand of our communities and surrounding communities' cardiovascular needs. By delivering comprehensive whole-person care, our multidisciplinary team of providers collaborate with highly trained staff consisting of 17 specialty RNs, 22 cardiac specialty radiology technicians, two cardiac program specialists, and two PCAs. The cardiovascular procedures done in the Adult CVL include, but are not limited to:

- » Diagnostic right and/or left heart catheterization with coronary angiogram and endocardial biopsy
- » Interventional coronary (PTCA, coronary stenting)
- » Interventional cardiac (transcatheter ASD/VSD closure, PDA closures, valvuloplasty, valve implants/repairs, left atrial appendage closure)
- » Diagnostic and interventional electrophysiology (arrhythmia ablation, implantable cardiac defibrillator and monitor permanent pacemaker insertion), and alcohol septal ablation.



After each cardiac procedure, our patients are recovered in Cardiac PACU and can be discharged the same day.

The Adult Cardiac PACU was created to specifically care for patients before and after their cardiac procedure until they receive a private room or can be discharged home. With compassion, excellence, and wholeness, our Cardiac PACU team encompasses whole patient care throughout the patient's visit. The Adult Cardiac PACU opened with 15 new private bays and an experienced staff consisting of RNs, PCAs, and a Unit Secretary who provide cardiac-specific care to ensure the quality and safety of care is exceeded.

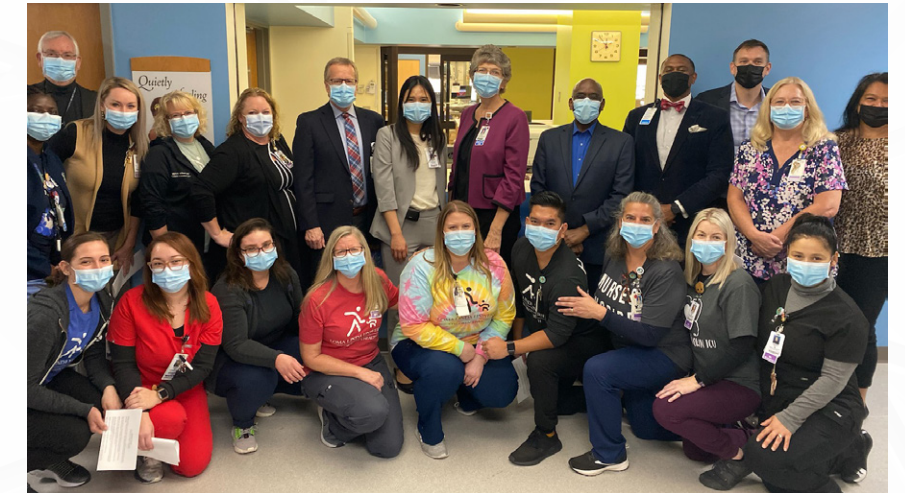
The opening of these combined departments is a testament to Loma Linda University Health's dedication to continuously grow as healthcare providers. The Cardiac PACU seeks to create a more efficient patient intake and discharge process while simultaneously improving the patient experience with timely access to care and decreased wait times for patients. With the focus on both patients and many interdisciplinary healthcare providers, our organization benefits from the decrease of costs, improvement in patient satisfaction, and the increase of the community's health outcomes.

# Separating for Growth

When we think of embracing all things new, Unit 4700 Pediatric Step-Down Unit is a unit that embraced its advancement in patient care service while boosting morale. Prior to the move into the Dennis and Carol Troesh Medical Campus, in Loma Linda University Children's Hospital, our Leonard L. Bailey Pediatric Cardiac Intensive Care Unit shared space with the Pediatric Step-Down unit. Due to the pandemic and increasing census numbers, plans came into place to move the step-down unit to the newly renovated Unit 4700 space to accommodate the increased services. After much planning and communication, it was believed that this move could allow both units to provide private patient rooms. Planning included collaboration with physician teams, patient throughput, residence space, and communication with patients and patients' families related to the upcoming move. The ancillary teams, Dispatch, Information Services, Central Supply, Child Life, Bioengineering, Construction and Patient Experience were critical to the success of this move.

Sunday, October 17, 2021 marked the big move. On opening day, the new unit was decorated with an under-the-sea theme to welcome the patients, and a special worship service was provided by Loma Linda University Health spiritual leaders. Transferring the patients that were admitted was a smooth process, and the staff was filled with joy to see patients and their eyes open wide at the new decorations and surroundings. During and after the move, children would ask for the sparkly balloons which clinical staff was ready to provide for the blessing of seeing the happiness in the patients' faces, a sweet reminder of why we do what we do.

After the move, it was apparent that the new space did require some adjustments for staff, which were addressed with enthusiasm, with staff taking



ownership of their space. Some of the needed changes included adjustments for the organization of supplies, staff engagement, and stress reduction. The unit professional governance (PG) council worked together, under the leadership of Amanda Vander Molen, BSN, RN, CPN, to design the two-bin system for the supplies and organized it in a fashion to enhance a nurse's workflow that would be feasible for the unit. The PG council also educated the staff on the modified process. Step-Down is now the first unit in the LLU Children's Hospital to pilot the two-bin system.

In addition, the nurse leaders looked for further ways to engage patients and staff. For the patients, Child Life involved the PAWs program (Pet Therapy) so our volunteer dogs could visit and bring a fun atmosphere to the patients. To engage the nurses, leadership joined with the staff to create a stress-free culture by participating in Zumba sessions during break times. This small but simple addition to the routine has allowed the staff to come together and create a stronger family unit.

The successful expansion was made possible due to the collaboration of nursing leadership, physician leadership, the space planning team, and so many others. We are excited to see what else the Lord has planned for His teams at Loma Linda University Children's Hospital.

# Expanding Our Services: New Observation Units

Patient flow is an ongoing issue in the Loma Linda University Health Emergency Departments (ED). In seeking to address a part of this issue, we identified a sufficient amount of observation patients on inpatient units to fill, at a minimum, half a unit. The leadership determined that placing observation patients in a designated location would potentially reduce the prolonged wait times in the ED for an inpatient bed to open.

The goal for the Observation Units is for patients to be discharged within 24 hours. With this goal in mind, the intent was to open the Observation Units where physicians, nurses and all ancillary teams could focus on each observation patient's specific diagnosis to determine if they qualified for an inpatient admission or discharged to continue their care as an outpatient.

As we proceeded with the development of the Observation Units, resources from all departments in the organization were needed and every department was actively involved. The new Observation Units, 8100, 8200, and 8300, are located on the eighth floor of the Clover Leaf towers. We are licensed for a total of 76 beds on the three units combined. The Observation Units are currently open to admit up to 52 patients. Unit 8200 has 26 beds with telemetry capability, and Unit 8300 has 26 beds.

In preparation for the opening of the new observation units, we added and updated some of the equipment on the units. We held mandatory training sessions for the nurses transferring from the old Unit 8300 to the new observation units, and introduced and trained LVNs to be part of the team nursing on the observation units. Because patients with cardiac and transplantation

conditions were to be cared for on these units, part of the training of the nursing staff was related to the nursing interventions required to care for these specialized conditions that were previously unknown to the RNs. The higher census and altered types of patients from the initial expectations resulted in the need for additional full-time positions in all departments to care for the higher census.

On most days, Units 8200 and 8300 are at full capacity. We are licensed to care for observation patients, however, due to the current suspension of regulatory enforcement of hospital requirements (AFL), we are also admitting and caring for inpatients. Therefore, our length of stay varies widely, from hours to some patients even staying months.

These new units are coordinating patient care at a fast pace with a high throughput of patients. This requires the nurses, RNs and LVNs, patient care assistants (PCAs), monitor technicians (MT), and the unit secretary (US), to band together as a team more than ever to ensure patients receive a bed as soon as it is available. Working alongside multiple services (MOD, DH, Cardiology, Transplant), coordinating patient admissions quickly, ensuring greater bed availability, while also dealing with confused patients only a few steps away from the nurse's station, requires dedicated teamwork and communication. This team has pulled together quickly and continues to be excited and committed to ensuring high-quality care while also ensuring patients reduced time in the hospital observation setting.





*“The RCU opening has been a vital area for specialized patient needs and in reducing times of overcrowding in the perioperative areas as the nurses can focus on preparing what is needed for each procedure.”*

## A New Radiology Care Unit

When plans for the Dennis and Carol Troesh Medical Campus began to take shape, a need for recovery services for radiology became apparent. The main portion of Gastrointestinal Services (GI) was to remain in the Cloverleaf Towers and would still need to have a recovery space. Interventional Radiology (IR) was also remaining in its space in Schuman Pavilion. Cardiac services was being moved to the first floor of the Dennis and Carol Troesh Medical Campus and was creating its own pre- and post-intervention location. With the move of Perioperative services to the new campus, the distance was quite far for the procedural preparation and recovery for GI and IR services. In addition, there were increases in surgical capacity, so it was determined that GI and IR procedure prep and recovery

should be done in another location. The newly developed Radiology Anesthesia Care Unit (RACU) would take over the soon to be vacated perioperative location in the Cloverleaf towers. The Radiology Procedural Care Unit (RPCU), located in new facility, was identified as a site that would create a compliant space for inpatient recovery post procedures and for recovery of patients whose tests may be in new facility such as CT, MRI, Nuclear Medicine and Pulmonary.

In order to make these new locations a reality, this new department was created and placed under the direction of Sarah Capalla, MSN, RN, CCRN-K, CNRN, VA-BC, and Ebony Hillery, BSN, RN, Matthew Sinner, BSN, RN, the educator for all the areas reporting to Sarah Capalla, would also take on the

education needs of the new Radiology Care Unit (RACU/RPCU combined) department. Radiology Care Unit (RCU) was given positions for 20 RNs, including one charge RN and four PCAs. Since the department was starting from new, all workflows, policies, standing orders, and guidelines had to be created. Working with a team of nurses who would be coming to the new location when opened allowed for these processes to be built from the perspective of the bedside.

The staff helped to create processes by reaching out to all the areas that would be serviced by RACU/RPCU and asking what functions were working with the current processes and which were not. They then began to create processes to meet all needs. Working closely with the new Cardiac Post Anesthesia Care Unit, documentation was created to allow for standardization between all pre and post locations. The staff also created training on procedures to help with the orientation of staff who would be caring for the patients

pre- and post-procedure so they would be aware of what was involved, and potential complications.

The RCU opening has been a vital area for addressing specialized patient needs and reducing overcrowding in the perioperative areas as the nurses can focus on preparing what is needed for each procedure. This focus has fostered an improvement in patient care handoff pre- and post-procedure. During recovery, having the nurses increase their familiarity with each procedure allows them to tailor their recovery and post-procedure education for the patient. Since the RCU functions as a preparation area for procedures, there has been an increase in the patients being ready when the procedure room is available for them, thus preventing delays. During post recovery phone calls, patients have spoken positively about the amazing care they have received in the RCU, and we are gearing up to have our own consumer report to reflect the care provided.



# Growing Through Our Mission

*By Alvin Rosete*

The Brazil Spring Break Mission Trip was my first major mission trip. I've been on weekend mission trips to Mexico, but there was something special about being a member of a team serving the indigenous people living in the Amazon. We were traveling on the Amazon River in small boats and sleeping on the Rio Negro River on boat hammocks. What an amazing experience! I came into the trip with uncertainty, but came out with a more grateful heart and much different mindset about life.

Our multidisciplinary team was comprised of nurses and physicians, faculty from the Loma Linda University School of Nursing, and students from a variety of LLU Schools (nursing students, pharmacy students, public health students, physical therapy, and medical students). Our team collaborated with a missionary team from Brazil that assisted with health fairs and medical translation. Becoming acquainted with the Brazilian missionaries was a highlight for me, as well as the other students on our team. Many developed special friendships with these missionaries, and at the end of our trip, these new friends exchanged personal gifts. Being able to mentor these students was a very special experience. They were so amazing and talented it was such a pleasure getting to know these students who could be my colleagues someday.

The goal of this mission trip was to expose the students to patients and clinical care, and most importantly, to help teach and provide Christ-centered care to the indigenous populations and communities in need. The level of training was excellent, with students providing triage to patients in one area as other students cared for patients, obtaining medical history, providing a diagnosis and formulating a plan, including ordering medications for interventions with the providers. Physical therapy students provided necessary therapy while pharmacy students provided education and dispensed medications that were ordered. Through the controlled chaos and excellent interpreter services, with the collective efforts of the team and by the grace of

God, we were able to see over 400 patients in just three days. There were difficult cases such as severe wound injuries and complex neurological presentations in babies/adolescents, even heart-breaking cases of STDs in young children. There were individuals that needed more care than we could provide. But as always, I feel God provides a way, a miracle for those that need them. These individuals were able to receive care with the efforts and follow up of the Manaus SDA hospital and Loma Linda University.

Growing up as a Seventh-day Adventist, I remember reading missionary stories in my Guide Magazine handouts given after every Sabbath school. I recall stories of children from different countries and missionaries doing amazing things as they witnessed for the Lord. And as fate would have it, 30 years later I am doing work that my parents and I would always talk about when I was a kid. How amazing and what a great feeling it is.

I went to Brazil as a medical missionary, as mentor to nursing students. I went to Brazil hoping to share our knowledge in prevention and healthcare, but also to share Christ's message through service, giving to those who are in need. I certainly didn't know what to expect going to Brazil, but I'm certain I came out a much different person. I went into the trip planning to help people, to help fill their cup in some way. In reality, I came back, from Brazil with my cup and my heart fuller than when I left. I am both humbled and grateful for the things and the people I have in my life. Simply a different perspective in life. Seeing the level of poverty made me question, how many shoes do I need? How many pairs of pants or jackets are enough? It made me more grateful for the coffee that I am drinking, caused me to savor the special foods I get to eat and the medical care we have access to in America. This trip was a blessing in my life and practice as a nurse. This opportunity to serve, helped reset my perspective in life and helped shift the focus on what is most important in life. Praise God! God is Good!



*“Their combined efforts produced three tools: a patient information tracking report, patient questionnaires, and behavioral goals.”*

## Pediatric Diabetic Certification and Pediatric Diabetic CQI Tools

The Pediatric Diabetes Center had been working for several years on the American Diabetes Association Education Recognition Program (ADA ERP) certification, seeing this achievement as a long-term goal.

This certification is significant as it recognizes and promotes the efforts of giving quality care such as that seen in our clinic which serves over 1,800 patients within the Inland Empire. Our clinic provides for outpatient needs such as educational classes and inpatient needs when there is a new onset of disease with need for education. Currently, the clinic staff includes four pediatric endocrinologists, one psychologist, seven registered nurses, two

registered dietitians, two social workers, two licensed vocational nurses, and five patient care assistants.

Achieving the ADA ERP certification would mean further growth and educational opportunities for the staff but it is a rigorous process that requires teamwork and determination. The process includes six standards that have to be met in order to qualify for certification in 2022: advocacy and support; resources, barriers, and demographics; teamwork; evidence-based curriculum; person-centered; and outcomes. In order to prepare, the clinic staff went to conferences and workshops, attended regular meetings, and provided updates to each other on

the progress being made. Ongoing application and implementation of changes was a key part of their work for certification.

Last year, an initiative was completed to address the sixth standard outcomes. Guidelines stated that an outcome of the program needed to be an item that addressed a participant behavioral and clinical, or quality of life outcome. The staff chose HBA1Cs (average blood glucose over three months) pre- and post-education as patient generated health information (PGHI) became very crucial during the pandemic video visits. The clinic pediatric diabetes staff, management, and administration were involved in this project. Their combined efforts produced three tools: a patient information tracking report, patient questionnaires, and behavioral goals. They have found that

having patients involved with PHGI and sharing information with providers between and during clinical visits has maximized the accuracy and efficiency of care services. Furthermore, patients are motivated to use the newest technology to assist with their diabetes management.

For our patients, having this certification from the ADA endorses the National Standards for diabetes self-management education and support (DSMES). This promotes individualized, ongoing process of empowering patients with knowledge and skills, as well as coaching for behavioral change. This also opens the door for further referrals and more patients we can serve.

## Growth Stimulates Need for Workstations

When expanding or moving to a new space, it is important to keep initiatives that were created previously so that those benefits continue to be seen. In the Cloverleaf Towers, each unit had one nurses' station in the middle, which created a dynamic where the nursing team was able to sit next to each other while completing documentation. Staff could easily collaborate with each other and find assistance when needed utilizing this format. When the units moved into the Dennis and Carol Troesh Medical Campus this was no longer possible.

In the new facility, it was discovered that the nursing stations were much further apart, making collaboration between the team members more difficult. While adapting to this change in environment, it was discovered that there were also not enough workstations for every RN and PCA to use when working on the unit. Staff found it difficult to orient new hires and educate students when there were no chairs or workstations for them to use for documentation and to review the medical records of their assigned patients. In addition, other members of the multidisciplinary team also needed workstations to document.

Staff from multiple areas requested that nursing leadership add additional workstations and chairs to each desk, as



many desks had room for two workstations rather than one. Nursing leadership obtained permission and requested additional workstations be moved from areas not in use in the Cloverleaf Towers to the new hospital. Additional chairs were also moved, and several were purchased for each wing as well.

Since the additional workstations have been installed, staff reports that the change has allowed for better communication and collaboration between unit staff and other members of the multidisciplinary team and it has also been very helpful in interactions during the training of new staff and students. Though simple in its nature, this endeavor allowed for the nursing staff to embrace the space and continue to build as a team.

## Embracing Excellence: Pediatric Emergency Department

We did it! In May of 2022, Loma Linda University Children's Hospital underwent and passed its Level I Pediatric Trauma Center Reverification during a visit by the American College of Surgeons Committee (ACS) on Trauma. The ACS is the governing body responsible for verifying Trauma Centers across the United States. ACS Verified Level I Trauma Center status is the national gold standard, validating the hospitals' commitment to providing the best possible trauma care at every stage of the patient's experience, from the prehospital level to rehabilitation and beyond.

With this most recent reverification, Children's Hospital continues to be one of only six Level I Pediatric Trauma Centers in California, and the only one in our four-county region. LLU Medical Center and Children's Hospital were originally verified by ACS in 2001. In 2018, Children's Hospital underwent its specific ACS review, to be nationally recognized amongst the country's Children's Hospitals as a Level I center for the pediatric trauma care we provide. Centers are reevaluated every three years to retain this standing, and Children's Hospital's current verified status will last until 2025.

Under the leadership of Pediatric Trauma Surgery Chief, Don Moores, MD, working closely with Pediatric Trauma Program Manager, Nancy Hernandez, RN, BSN, and Pediatric Trauma Services Nurse, Ashley Jenkins, RN, BSN, MICN, rigorous preparations were completed to present the quality of trauma care at Children's Hospital to the review team. Physicians and nurses in all areas of the Children's Hospital that are dedicated to the trauma program served as tremendous resources to the process. Children's Hospital was verified during a two-day inspection through the ACS Verification, Review and Consultation Program, which conducted a virtual assessment of Children's Hospital's resources and performance.

Some assessed features included level of commitment, readiness to provide care, availability of resources, comprehensive policies regarding

trauma care, overall quality of patient care, the existence of a robust performance improvement program and injury prevention and outreach. There are 301 Level I Trauma Center criteria that must be met to be verified, and the many requirements must not only be in place but be areas that excel in caring for pediatric trauma patients. Children's Hospital passed all areas of the reverification process and received commendations on 17 program strengths! This is a tremendous credit to every staff member who provides such remarkable care to the little people seeking trauma care here at Children's Hospital.

As a Level I Pediatric Trauma Center, Children's Hospital has the full capabilities to care for any child at any time, regardless of how severely injured they may be. LLU Children's Hospital serves as the only Level I Pediatric Trauma Center for San Bernardino, Riverside, Inyo and Mono Counties with a coverage area that includes a population base of 4.7 million residents, 1.2 million of whom are children. Our dedicated trauma surgeons, specialty service physicians, nursing staff and so many others in all areas of the Children's Hospital are devoted 24/7 to caring for the many children we serve.

The Pediatric Trauma Center at Children's Hospital admits over one thousand injured children per year and treats and releases home thousands more in our Children's Emergency Department each day. Dedicated personnel in the ED, the OR, the PICU, each pediatric unit, ancillary services and the pediatric rehabilitation staff make an extraordinary difference in the lives of injured children every day. Trauma Services Injury Prevention specialists also work on the vital mission to protect the wellbeing and safety not only Children's Hospital patients, but also local children, in the surrounding communities we serve. In addition to this incredible team, administrators and leadership serve as unwavering support to assure Children's Hospital remains a beacon for absolutely any child who needs the highest level of trauma care.

# Everyday Behaviors: The ABC's of Positive Interactions

LLU Behavioral Medicine Center is a unique mental health facility that serves a youth population with age ranges from five to 17 years old. The youth population creates a unique experience as many of these patients have not learned how to effectively communicate their needs or even identify the emotions that they are experiencing.

As the field of mental health is constantly changing and more interventions are being researched, Alan Kazdin, PhD research professor and Sterling professor emeritus of Psychology and Professor of Child Psychiatry (emeritus) created a parent management program, used by clinical therapists in the outpatient setting. This program was presented to the education department as a potential training for our youth services inpatient staff. After reviewing Alan Kazdin's book and online course, it was decided that while the training in its entirety would not be beneficial to our inpatient behavioral care and RNs, the tenets of antecedents, behaviors and consequences as they impact positive interactions would be beneficial.

With feedback and constant review over four to five months from the patient care manager, nursing director, clinical therapists and doctors, the education department took the basic tenets presented in Kazdin's Parent Management Training and created an education that would be specific to our inpatient youth services department which we titled Everyday Behavior: The ABC's of Positive Interactions.

Monday, May 16, 2022, was the "Go Live" date for implementing the new program on the Child Unit (ages five to 12). The visible results from the program include patients who are more engaged in their treatment, to include attending groups, processing with staff and attending to basic hygiene needs. Staff are utilizing activities during program downtime to help patients effectively communicate and participate in group play. Staff are focused on positive interactions with patients, which has decreased the number and severity of restrictive interventions such as physical holds, mechanical restraints, and seclusion.



# Children's Hospital Patient and Family Advisory Council Star Program With Serena Oriero

Loma Linda University Children's Hospital is dedicated to meeting the needs of patients, families and caregivers, and welcomes the feedback of those parties to improve its services. LLU Children's Hospital Patient and Family Advisory Council (PFAC) is a committee that allows for that feedback and is comprised of Children's Hospital staff, as well as parents with children who have spent much time in and out of the hospital. As a charter, the committee meets once a month on the third Tuesday of each month, and works together on implementing goals that have been set for the year. Goals are set each January and are things that parents and staff feel will help to make the patient experience better.

In November 2021, the committee was able to roll out the STAR program. PFAC had been working on this program for approximately three years and were so excited to see it finally being used in the Children's Hospital. The STAR program was initially presented to the Children's Hospital PFAC as an idea of special needs moms that had spent a lot of time with their children in the inpatient setting. The program is designed to identify that the patient has a special need or disability early on so that staff can then cater their interaction to meet the

patient's needs. In practice, staff members interact with the patient in a manner that is helpful in de-escalating or even eliminating behaviors that can activate the triggers these children have.

The identifying factor is the placement of three stars: on the patient's name band, outside of the patient's room, and on the storyboard of the patient's electronic chart. When the nurse wants to implement the program, there is a drop-down menu in the chart that triggers steps for the staff to take and enter in helpful information about the patient. The rollout of this program has been slow, but great reviews are being received about it from staff and parents.

There is a desire of many to see this program roll out systemwide as it would be beneficial to all special needs populations within the system. This program is not something that other hospitals have implemented, thus Children's Hospital is excited to have led it and has seen the value in the extra care of special needs children when being cared for in the hospital.



# Huddling to Improve Staff Support

Creating a space and time to communicate can bring a team together. Unit 4800 nursing leadership held one-on-one meetings with staff and were able to identify areas the staff felt important to address. In addition, the leadership reviewed our recent Gallup survey and found opportunities to improve support.

The areas of opportunity that arose included:

- » Staff not feeling supported by leaders when the unit was very busy
- » Staff not getting to go on lunch and breaks
- » Supply issues that affected patient care and efficiencies
- » Staff not feeling appreciated

The approach began with a review of the published management literature to determine what solutions might be feasible and effective for our team. The findings from the review of the literature focused on recommendations by the Agency for Healthcare Research and Quality (AHRQ) and TeamSTEPPS. We found that there was a proven quality and safety initiative recommended by both organizations, the daily huddle. After review and discussion, we decided to initiate the daily huddle.

## What is a Daily Huddle?

A daily huddle is a standup meeting of 10 minutes or less, used at the start of each shift, providing the team a way to maintain a focus on patient safety. Each session is a daily review of new safety approaches or providing updates on areas of focus. The huddle provides a time to look back at the previous day's work to review safety performance and to look ahead to patients scheduled for the day, allowing us to flag safety concerns proactively.

## Some Benefits of This Approach Are:

- » Engaging the team in thinking and talking about checklist use, communication behaviors, and related safety work.
- » Providing a time to exchange information and updates.
- » Recognizing issues in quality, communication behaviors, and related safety work that can be addressed by training, coaching, and revising tools and methods (which also allows the opportunity to identify issues that need escalation and resolution beyond the local team.)
- » The huddle gives the supervisor a chance to update the team about specific safety or quality initiatives that will affect daily work.

## Levels and Types of Huddles

- » Daily huddles: A regular discussion of the safety performance of the unit. There is a standing written agenda for the huddle that enables a review of safety performance of the previous day and anticipate issues in the current day. Daily huddles over time can happen when the

supervisor is not present. This occurs when team members see the value and have the skills to run the huddle themselves.

- » Visual management: The huddle takes place in front of a visual display that provides status of current issues and data on safety performance.

Unit 4800 began the process by announcing it at our staff meeting the month before the start date. We shared why we needed to establish the huddle. We also shared the format for the huddle with clarity that leadership would run the huddle the first weeks to establish the flow and model the behavior, then afterwards the charge nurse would join leadership in running the daily huddle.

The poster and agenda are visible to all, which allows for reinforcement of safety measures. If needed, we will add items for followup by placing post-it notes on the poster. The agenda changes if an item is no longer an issue. For example, we removed patient educator as we now have a designated nurse. We also added ten-minute breaks within the later parts of the shift, as we realized we needed to encourage all rest periods.

### DAILY HUDDLE LAYOUT

Time	Five minutes at 2 p.m. Day Shift; NOC started later
Duties	Create an agenda of issues to be resolved
Attendees	All staff invited to attend and all providers were welcome

### POINTS OF DISCUSSION

Category	Discussion
Quality and Safety Issues or Concerns	Our initial focus was on falls and track, in addition to VTE measures, or any concerning items
Patient Education Needs	Identified: "Who needs help to ensure our patients receive their needed education?"
Lunch Breaks	Identify: "Who has taken their break and what is the plan for the remainder of the shift?"
Charting, CARES, CHEMO Checks	Clarified: "Who needs clinical help? And, who can assist?"
Staff Recognition	Shared: "What did they do to make a difference?"

"Daily Huddle Component Kit." AHRQ. Agency for Healthcare Research and Quality, June 2017. <https://www.ahrq.gov/hai/tools/ambulatory-surgery/sections/sustainability/management/huddles-comp-kit.html>.

# EMBRACING

*New Achievements*



## A Leading Voice in Loma Linda

The American Organization for Nursing Leadership (AONL) Young Professional Voice award focuses on those individuals who exhibit significant potential as leaders in healthcare. The award recognizes those who demonstrate exemplary leadership within their organization, involvement with their community, and display leadership for the nursing profession. These individuals not only hold a position as a leader, but embody innovation, influence, and inclusion. The AONL Young Professional Voice award is quite exclusive, given to only twenty nurses across the country every year. This award is not only prestigious, but in testament to the name of the award, it provides a platform for all the recipients to discuss challenges they face and innovative solutions they found in their organizations. Some awardees are from academia, while most are from healthcare settings.

This year, one of those recipients was one of our nursing leaders, Allison Ong, DNP, RN, NE-BC, CCRN-K, assistant vice president of Clinical Operations & Space Management and executive director of Patient Placement for Loma Linda University Medical Center. Allison was not only a leader for patient throughput during COVID-19 but was also the leader for the Campus Transformation Project, which involved the opening of the new

16-story medical center and the nine-story children's hospital for Loma Linda University Health. Senior Vice President of Care Services and Chief Nursing Officer, Helen Staples-Evans, DNP, RN, NE-BC, notified Allison that she was being nominated, and shortly afterwards, Allison received notification from AONL that she was selected as a recipient.

"I feel incredibly fortunate to have Allison on our leadership team and am so thankful to have her intellect, character, and work ethic applied to our team and work at Loma Linda University Health. Allison has used her voice as a leader to effectively support both our staff and patients, and we look forward to continuing to work alongside her in our shared commitment to our organization's mission," said Helen.

When asked about what the award meant to her, Allison answered, "It is an honor to be selected as an AONL Young Professional Voice award recipient. There have been countless people who have helped guide, coach and mentor me throughout my leadership journey. This award recognizes those people and their commitment to nursing, patients, and the success of young people."

# Our Designated RN Residency Programs

In the spring of 2022, Loma Linda University Medical Center and Loma Linda University Children's Hospital initiated their journey to attain the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) designation for their RN Residency programs. This is an important designation as we grow our new graduate RN residency programs. PTAP sets the global standard for residency or fellowship programs that transition registered nurses (RNs) into new practice settings.

PTAP designation allows hospitals to highlight their residency structure and processes that have resulted in a robust, comprehensive program for nurses' transitions into the practice arena. Today, this is even more important in our current healthcare environment. Nurses, during their transition into their practice environment, need time to develop critical thinking skills and clinical expertise that will enable them to successfully navigate the dynamic healthcare environment ensuring a safe, positive work environment.

The designation process for PTAP uses an evidence-based criterion, includes a peer review process, and integrates national competencies. Organizations on this journey must show how their nurse residency program is more than a basic orientation, they provide evidence that they have an accredited nurse transition program that meets six essential elements. These elements include strong leadership, organizational enculturation, a well-designed

and developed curriculum, inclusion of an evidence-based, practice-based learning, quality outcomes and the expectation of lifelong learning through nursing professional development.

Additionally, PTAP allows us to engage nurses and enculturate them into our Magnet organization's practices and values beginning on day one. It ensures that from the moment they begin working for our hospital, they know how to be a Loma Linda University Health nurse. They see that we promote nursing excellence and quality patient outcomes while providing safe, positive work environments.

The process began with the completion of the PTAP application form and self-study package, which was submitted on Wednesday, August 3, 2022, for both LLU Medical Center and LLU Children's Hospital. The next step was virtual site visits with an appraiser to clarify and verify the findings in the self-study package and any additional documentation that was provided. These site visits occurred on Tuesday, September 13, for the Children's Hospital, and Friday, September 16, for the Medical Center. The virtual site visits for both the Children's Hospital and the Medical Center were a success. On Monday, October 24, 2022, the Adult and Children's RN Residency Programs received accreditation as a Practice Transition Program by the ANCC's Commission on Accreditation in Practice Transition for four years with no provisions.



# 2022 Nursing 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

### Jacki Blake, Director, Specialty Team Centers and Pediatric Diabetes and Endocrine Center

Jacki's expertise and competence as a Clinical Nurse has truly shone through during her time at Loma Linda University Children's Hospital Pediatric Hematology/Oncology/Blood and Marrow-Inpatient Unit. After being given the opportunity to showcase her passion for this patient population, Jacki was promoted to charge nurse, then manager, and ultimately patient care director, within the same department. In each role, Jacki led with courage and exhibited business acumen that set her apart. In 2016, Jacki was promoted to nurse director for the Children's Hospital Ambulatory Services, a role that encompassed leadership over three clinics namely, Specialty Team Centers-Subspecialty California Children's Services (CCS) Clinics, Pediatric Diabetes Center and the Pediatric Hematology/Oncology/Blood and Marrow Transplant Center, and the Children's Hospital Ambulatory Infusion Center. Under her leadership and with expertise on CCS regulations, she built strong professional and community relationships, with several exemplars of nursing practice recognized in our 2020 Magnet Designation.

Through her passion for transformational leadership, Jacki has kept her teams engaged in providing exceptional patient care and teamwork while meeting the demands of caring for pediatric patients with unique and specialized needs. She is a strong champion for our mission and vision, and we would not be the same without her incredibly meaningful contribution.



## Structural Empowerment

### Nicoll 'Nic' Cruz, Coordinator-Nursing Analytics, Clinical Innovations

Nic Cruz is an amazing nurse leader who supports other nursing leaders and clinical staff at all levels, throughout the entire health system. Nic always has a positive attitude and can-do spirit! He has done an amazing job in elevating the DAISY program throughout the system and takes the time to ensure all the intricate details for nurse nominees and honorees are individualized and meaningful. He goes above and beyond to recognize others. In addition to Nic's full time role, he has also become the Magnet media tech person who takes photos when needed, but also does the shooting and editing of videos for Adult RN Residency, Ethnic and Textured Haircare taskforce, Nurse Week, and most recently, the Children's Hospital Acute Care Passport Video. Nic continues to learn and grow in his role and he is a true role model.



## Exemplary Professional Practice

### Celina Afenir, Director, NICU

Celina Afenir joined the LLU Children's Hospital leadership team to serve as the patient care director of the Neonatal Intensive Care Unit (NICU) in August of 2018. She came on board at a time when there were opportunities for improvement, particularly in some of the key quality outcomes. One of Celina's first areas of focus was to empower the NICU leadership team and unit staff to review dressing change and line placement workflows in the NICU. Celina led a collaboration between the NICU leadership team, unit staff, CH Quality stakeholders and physicians. This collaboration focused on revamping competencies and patient care standards with a goal of decreasing the incidence of CLABSIs in the department. From this collaboration, a dedicated NICU Vascular Access Team (NVAT) as well as standardized competency for line placement, maintenance, and dressing changes was formed. Over time, the collaboration also developed an evidence-based CLABSI prevention toolkit comprised of steps that would help the department achieve a goal of zero CLABSIs. Celina's laser focus on shared accountability and interdisciplinary collaboration led to great results. Within 10 months of her being on the team, NICU celebrated their first 100 CLABSI free days on Tuesday, May 7, 2019. Celina has been unwavering in her commitment to empower her teams to work on CLABSI, and as of April 1, 2022, it has officially been 389 days (and counting) since NICU reported a CLABSI.



## Evidence-based Practice

### The Ethnic and Textured Hair Care Taskforce

The Ethnic and Textured Hair Care Taskforce are nurses inspired to act on a disparity identified in their practice. This taskforce is made up of clinical nurses and nurse leaders throughout the system. This project created awareness of diversity, equity, and inclusion, using the American Nurses Credentialing Center (ANCC's) model of transformational leadership and structural empowerment, which enabled nursing staff and leader collaboration to ensure patient satisfaction and quality outcomes. The taskforce utilizes evidence-based practice to assess and evaluate the needs of all patients within the organization, including a survey to assess the learner needs and acquisition of haircare products for children and adult patients.

### Ethnic and Textured Hair Care Taskforce Members

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| Cruz, Nicoll, MSHI, BSN, RN       | Letts, Maria, DNP, FNP-BC, NE-BC    |
| Daley, Safiya, MS, RN, PMHNP-BC   | Lopez, Valerie, BSN, RN             |
| DeShields, Krysten, BSN, RN, CCRN | Minor, Shauntell, BSN, RN, CCRN     |
| Egbunike, Lovernia (Joy), MSN, RN | Phan, Rosalyn, DNP, RN, PHN, NEA-BC |
| Hillery, Ebony, BSN, RN           | Radovich, Patti, PhD, CNS, FCCM     |
| Juhas, Karla, BSN, RN             | Rosenbaum, Nicole, RN               |
| Kasim, Margaretha, BSN, RN, CNML  | Sanchez, Yesenia, BSN, RN, CPN      |
| Knox, Vanessa, BSN, RN            | Spencer, Cherie, BSN, RN, MBA       |



# The DAISY Award

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

## DAISY Honorees - Winter 2021

**Hina Ahmed, BSN, RN, CMSRN**  
12A Medical Progressive Care  
LLU Medical Center

**Helen Ing, BSN, RN**  
Surgical Hospital and  
Outpatient Surgery Center

**Lisa Kirby, MSN, RN, NNP-BC**  
Advanced Practice Services – Pediatrics  
Advanced Practice and Specialty Nurse

**Patricia Wityczak, BSN, RN**  
12A Medical Progressive Care  
LLU Medical Center

**Carol Rezkalla, RN**  
Surgical Hospital and  
Outpatient Surgery Center

**Robert Trujillo, RN**  
Supplemental Staffing Network  
Children’s Hospital

**D’Shara Butler, MSN, RN, FNP-C**  
Supplemental Staffing Network  
LLU Medical Center East Campus

**Lauren Minor, BSN, RN**  
5800 Cardiac  
Children’s Hospital

**Guadalupe Banzon, RN**  
Pre-Op/PACU  
Medical Center – Murrieta

## DAISY Honorees - Spring 2022



**Gabriel Marin, BSN, RN, CEN, CCRN**  
9A Cardiac and  
Cardiothoracic ICU  
LLU Medical Center



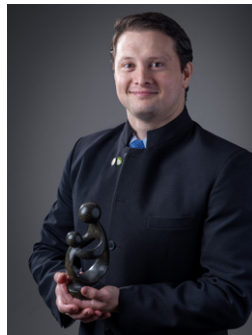
**Charlene Dizon, MSN, RN**  
1300 Medical Acute  
LLU Medical Center  
East Campus



**Katharine Fletcher, BSN, RN**  
Surgical Hospital and  
Outpatient Surgery Center



**Jamie Hambly, BSN, RN, CCRN, C-NPT**  
5700 Pediatric ICU  
Children’s Hospital



**Martin Gillette, MSN, RN, PHN, CNL**  
4700 Pediatric  
Intermediate Step Down  
Children’s Hospital



**Panicha 'PK' Kittipha, MSN, APRN, PHN, AGACNP-BC, CCRN**  
Advanced Practice  
Services - Adults  
Advanced Practice and  
Specialty Nurse



**Brandie L. Richards, DNP, FNP-C**  
Associate Dean, Undergraduate  
Programs and Student Affairs,  
School of Nursing



**Pinky Rhone, RN**  
Loma Linda School of Nursing  
Undergraduate Nursing  
Program, Class of 2022

**Megan Smith, BSN, RN**  
7A Surgical, Trauma, Transplant,  
LLU Medical Center

**Diana Garcia, RN**  
Neonatal ICU  
Medical Center – Murrieta

**Alexander Ramirez, RN**  
Adolescents and Youth Services  
Behavioral Medicine Center

# Evidence-based Practice and Nursing Researching Small Grants



**Ann Marie Aquino, BSN, RN**  
12A East/West Medical  
Progressive Care



**Elaine Duong, BSN, RN**  
12A East/West Medical  
Progressive Care



**Serenity Pascual, NNP-BC**  
Neonatal Intensive Care Unit



**Katie Padgett, BSN, RN**  
6A West - Transplant Unit



**Cricketara Ramos, BSN, RN, CCRN**  
8A Medical ICU



**Hayley Salzarulo, BSN, RN, CPN**  
7C/8C Acute Care Pediatrics



**Jenna Chavez, BSN, RN**  
7C/8C Acute Care Pediatrics

This year, at the 2022 23rd Annual Evidence-based Practice and Nursing Research Conference, several small grants were awarded.

## Evidence-based Practice Grant Awardees

Name of Awardee	Project	Award
<b>Katie Padgett, BSN, RN</b> 6A West - Transplant Unit	Microlearning Education Videos for Kidney Transplant Discharge	\$750
<b>Cricketara Ramos, BSN, RN, CCRN</b> 8A Medical ICU	Training Program for Ultrasound Guided Venipuncture	\$2,180 Supported by a Donor to the Nursing Research Small Grant Program
<b>Elaine Duong, BSN, RN (team leader)</b> <b>Ann Marie Aquino, BSN, RN</b> <b>Sharon Ma, BSN, RN</b> <b>Eileen Grafia, BSN, RN</b> 12A East/West Medical Progressive Care	Patient-Centered Approach to Discharging COVID-19 Patient from Hospital to Home	\$750
<b>Hayley Salzarulo, BSN, RN, CPN</b> <b>Jenna Chavez, BSN, RN</b> 7C/8C Acute Care Pediatrics	Pediatric Patient Passport	\$750

## Research Grant Awardees

<b>Mary Melwak, NNP-BC</b> <b>Serenity Pascual, NNP-BC</b> Neonatal Intensive Care Unit	Improving Parental Confidence, Knowledge, and Skill in Feeding and Nutrition of Premature Infants	\$5,000
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# 2022 23rd Annual Evidence-based Practice and Nursing Research Poster Presentation Awards

## Practice Fade: A Concept Exploration

### **Concept Exploration, First Place**

Kimberly N. Anderson, BSN, RN,  
OCN, BMTCN  
Cherie Penfanco, PhD, MSN, RN

## Carrier Guilt: A Concept Exploration

### **Concept Exploration, Second Place**

Caroline Base, BSN, RN, CCRN  
Cherie Penfanco, PhD, MSN, RN

## Ostomy Passport to Success: A Novel Approach to Post-Operative Ostomy Education

### **Clinical Innovation, First Place**

Yvonne Fankhanel, BSN, RN, CWOCN  
The Wound Care Team

## “Escape” the Mundane: Incorporating Alternative Learning

### **Clinical Innovation, First Place**

Zelne Zamora, DNP, RN, CMSRN  
Whitney Woodard, BSN, RN, CCRN  
Panicha Kittipha, AGFNP-BC, RN, CCRN  
Annalisa Ramos, Student RN

## A Guide on Your Healthcare Journey: The Patient Passport

### **EBP, First Place**

Hayley Salzarulo, BSN, RN, CPN  
Jenna Chavez, BSN, RN

## Oral Health Program in Pediatric Primary Care

### **EBP/QI/PI/Clinical Innovation, Second Place**

Jaimie Ruiz, RN, BSN, DNP-C  
Gloria Huerta, DNP, FNP-C, AGNP-C,  
NHDP-BC, CNS, RN  
Salem Dehom, PhD

## The Use of Passive Consent to Improve Rates of Mandatory Oral Health Screenings In Transitional Kindergarten and Kindergarten Students

### **EBP/QI/PI/Clinical Innovation, Third Place**

Noemi Avila, BSN, RN, CDCES  
Gloria Huerta, DNP, FNP-C, AGNP-C,  
NHDP-BC, CNS, RN

## Association Between Alcohol and Tobacco Use in Lao PDR: Findings From a National Sample

### **Research, First Place**

Robert Semakula, MSN, RN, FNP-C  
Anne Berit Petersen, PhD, RN  
Primit Singh, DrPh



Jaimie Ruiz, BSN, RN, DNP-C



Caroline Base, BSN, RN, CCRN



Robert Semakula, MSN,  
RN, FNP-C



Yvonne Fankhanel, BSN,  
RN, CWOCN



Annalisa Ramos, Student RN  
Zelne Zamora, DNP, RN, CMSRN  
Panicha Kittipha, AGFNP-BC, RN, CCRN

# Evidence-based Practice Fellowships

On Thursday, May 12, 2022, the new Evidence-based Practice Fellows were announced at the 23rd Annual Evidence-Based Practice and Nursing Research Conference. This year the Nursing Research Council selected one staff nurse from the LLU Children’s Hospital and one from the LLU Medical Center.



**Kelsey Trujillo, BSN, RN**

The LLU Children’s Hospital fellow is Kelsey Trujillo, BSN, RN, a clinical nurse from LLU Children’s Hospital Pediatric Intensive Care Unit (PICU). Kelsey’s project is entitled, “Improved Night Shift Staff Retention Through Pet Therapy Debriefing.” Kelsey is a night shift nurse who has practiced in the PICU for the last five years. During that time, she noticed a decrease in staff morale and retention. Her project is to make therapy dog time available to the night shift staff in the PICU in order to decrease stress and improve retention. Pet therapy has been successfully utilized to help hospital staff deal with stressful events leading to improved job satisfaction and emotional health. Having seen the positive effects pet therapy has on the day shift team when the therapy dogs visit the patients, the focus of this project will be on the night shift team.



**Ridhima Savdharia, BSN, RN**

The LLU Medical Center fellow is Ridhima Savdharia, BSN, RN, a clinical nurse from the Troesch Medical Campus Unit 14 East. Ridhi’s project is entitled, “Diabetes Education and Discharge”. During her work on Unit 14 East, Ridhi noted that many patients have new onset diabetes or uncontrolled diabetes for a prolonged period. Management of diabetes and blood sugar control early on is crucial for patients. Often, control of blood sugar looks quite different in the hospital in comparison to how it is managed at home. Hence, discharge education is crucial to ensure the patient understands the treatment plan. On the weekends, it was noted that the diabetic educators were not available. This resulted in variations in the quality and thoroughness of diabetes education given to the patient based on the bedside nurse’s time constraints, familiarity with content, and language barriers, etc. Through her project, Ridhi believes that preparing a structured toolkit to assist with this education can reduce language barriers, provide additional auditory resources, increase accessibility, and improve uniformity of care delivery. Video based instruction can improve patient retention of information while also alleviating RN workflow on the unit.

# 2022 Hospital Awards





## Our Young Investigator: Making a Difference

Within organizations, there are always those who never cease to impress. Kylie McMath, MSN, APRN, FNP-C, CWOCN, is a family nurse practitioner (FNP) who specializes in wound and ostomy care in the Department of Plastic Surgery within Loma Linda University Medical Center. She is passionate and committed to all that she does. Last year, McMath transferred into her FNP role after being a supervisor of the wound, ostomy, and continence (WOC) team for three years, which services all of Loma Linda University Health. She was also the recipient of two awards that recognize her hard work: The Young Investigator Poster Award and the Wound Healing Society (WHS) Symposium on Advanced Wound Care (SAWC) Difference Maker Award.

Beginning with the Young Investigator Poster Award, this was presented at the National Pressure Injury Advisory Panel (NPIAP) 2022 Annual Conference. Only four of these awards are given at each conference with eligibility being that the work done that is detailed in the poster is within five years of receiving an MSN-FNP degree. Recipients are notified in the Poster Hall during the poster viewing. When asked what this award meant to her, she shared, "I was honored to accept this award on behalf of the entire WOC team at Loma Linda University Health. It was important to me to share the work our entire healthcare team at Loma Linda University Health did during the pandemic."

The WHS/SAWC Difference Maker Award was presented at the 35th Annual Wound Healing Society & Symposium on Advanced Wound Care in Phoenix, Arizona. This symposium not only collaborates with wound care societies and prominent associations, but also serves as a meeting ground for connection of different professionals in wound care such as physicians, nurses, researchers, scientists and many more. The goal is to create a forum where experts in the wound care arena can come together and explore how to improve patient outcomes through education, and the SWAC Difference Makers are considered a group of individuals who inspire and promote innovation within wound care. At each symposium, there are five Difference Makers chosen, and this year McMath was one of them.

McMath was notified via email prior to the conference and was given a scholarship, which paid for her travel costs, lodging, and conference registration. In recalling the experience, McMath shared, "I am honored to advocate and care for Jesus' most vulnerable people."

McMath is also the membership chair for the CANP Inland Empire Chapter, and a member of the Sigma Theta Tau Nursing Honor Society, Association of California Nurse Leaders, and the Wound, Ostomy, and Continence Nurse Society.

# Publications and Presentations

## Publications

Cuizon, Silvinia Gamilia González, and Eileen K. Fry-Bowers. 2022. "The Patient Care Experience As Perceived By Hispanic Patients With Chronic Illness Undergoing Transplant." *Advances In Nursing Science* Publish Ahead of Print. doi:10.1097/ans.0000000000000429.

Katz, Alex J, Richard P Lion, Timothy Martens, Jennifer Newcombe, Anees Razzouk, Wendy Shih, Rambod Amirmovin, and Brent M Gordon. 2022. "Pediatric Surgical Pulmonary Valve Replacement Outcomes After Implementation Of A Clinical Pathway." *World Journal For Pediatric And Congenital Heart Surgery* 13 (4): 420-425. doi:10.1177/21501351221098127.

Nielsen, Carol, Chan'Nel Ward, Zelne Zamora, and Camille Shuck-Conner. 2022. "A Standardized Approach To Enteral Medication Administration." *Nursing* 52 (5): 54-57. doi:10.1097/01.nurse.0000827136.76706.5f.

## Presentations

Ryan Lauer and David Sanner presented *A Journey Towards a Data-Driven Anesthesia Department* at an EPIC Users Group Meeting.

Ebony Hillery, BSN, RN, Carrie Cobos BSN, RN, and Ken Wenzell, ASN, BS, RN are presenting *Sepsis: A New Vision at an EPIC Users Group Meeting*.

Brandie Richards, DNP, NP-C, Angelika Ashburn, DNP, NP-C, Allyson Luva, MSN, and Ann Mijares, DNP, CNS, podium presentation at AACN Doctoral Education Conference. They presented, Assist Project in collaboration with the School of Nursing: *A Collaborative Approach to Reduce Hospital Acquired Infections Utilizing Evidence-based Practice Education and Training*.

Kylie McMath, MSN, RN, FNP-C, CWOCN, presented a poster, *The N95 Skin Care Toolbox: Protecting Frontline Workers*, at the National Pressure Injury Advisory Panel (NPIAP) conference.

Shayne Bigelow-Price, PhD, MS, RN, presented a poster on her dissertation, *Nursing Perceptions of the Dimensions Contributing to a Culture of Patient Safety*, at the 2022 AHA Advancing Care Conference.

Amalyn Mejia, BSN, RN, Jose Medina, BSN, RN, and Gareth Tui, BSN, RN, podium presentation Nursing Education 2022 conference. They presented on the *Use of Evidence-Based Protocol for Repositioning Peripherally Inserted Central Catheter*.

## Contributors

Arnold, Monique, BA, MSN, CNS, ACCNS-AG

Bencito, Norie, MSN, RN, MBA, CENP

Betancourt, Daniel, MBA

Blackey, Jennifer, MSN, RN, OCN

Bruneau, Brenda, MBA, RN

Brun, Cathy, BSN, RN, PHN, CDCES

Burgos, Carla, BSN, RN

Capalla, Sarah, MSN, RN, CCRN-K, CNRN, VA-BC

Cavender, Trevor, MSN, RN, PCCN

Chase, Kristina, BSN, RN, OCN

Clayton, Michelle, DNP, RN, CCRN

Cruz, Nicoll, MSHI, BSN, RN

Everett, Barbara, MSN, RN, CIC, CPHQ

Fregoso, Rosie, BSN, RN

Gasper, Janine, MSN, RN

Grismore, Chanell, DrPH, MPH, MCHES

Hernandez, Nancy, BSN, RN

Hudson, Carol

Kasim, Marga, BSN, RN, CNML

Keller, Karen, MSN, RN, FACHE

Lalas, Angela, MBA, CPA

Le, Julia, BSN, RN

Letts, Maria, DNP, FNP-BC, NE-BC

McClure, Bethany, BSN, RN

Mijares, Ann, DNP, RN, CNS, CPHQ

Nolfe, Sherry, DNP, RN

Oriero, Serena

Phan, Rosalyn, DNP, RN, PHN, NEA-BC

Radovich, Patti, PhD, CNS, FCCM

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Spaid, Jeane, BSN, RN

Staples-Evans, Helen, DNP, RN, NE-BC

Wenzell, Ken, BSN, RN

Wiese, Ashley, BSN, RN, PHN

Wills, Ellyne Jan, BSN, RN, CCRN



## 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.