POMONA VALLEY HOSPITAL MEDICAL CENTER

2017
Patient Care Services
QUALITY REPORT

POMONA VALLEY HOSPITAL
MEDICAL CENTER

MESSAGE
FROM THE VICE PRESIDENT

Our nursing vision at Pomona Valley Hospital Medical Center is the spirit and practice of caring for patients and families through knowledge, expertise and compassion in a safe environment. Our nurses display an uncompromising commitment to delivering safe and the highest quality patient care. We strive to improve the practice of nursing through autonomy, empowerment, implementation of evidence based practice, education and shared governance. The annual report is an acknowledgement of the excellence in patient care along with the dedication to the advancement of the nursing profession we are committed to.

I would like to personally thank our dedicated team of nurses and the inter-professional team for the outstanding care they consistently provide to the patients and families of our community.

Darlene Scafiddi, MSN, RN, NEA-BC

Vice President, Nursing and Patient Care Services

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OUR VISION STATEMENT

Nursing at Pomona Valley Hospital Medical Center is the spirit and practice of caring for patients and families through knowledge, expertise and compassion in a safe environment.

Five Star Reward & Recognition Process

We host a bi-monthly breakfast to recognize our Associates that have gone above and beyond their jobs and upheld the CHANGE values. We use these breakfasts as an opportunity to applaud exceptional contributions to the patient experience. Our motto is "you make the difference." They are very well attended and enjoyed by our Associates.

Included at the breakfast is an opportunity to highlight departments and units that have exceeded set goals. Bringing awareness to positive contributions to the patient experience allows for all Associates to learn from each other. A quiz is also included as an extra incentive to win a gift card. Each attendee is given an opportunity to answer questions related to the HCAHPS survey questions and other pertinent topics in a fun way.

The 5 Star Associate Recognition program still continues to offer a reward system based on points for every recognition received and approved. At 5 points they receive a $5 gift card, for 10 points they receive movie tickets and for 25 points they receive at $25 American Express gift card!

What patients are saying about our staff…

"Caring, consistent, helped spouse, managed pain, friendly, helped with planning after care." - Pat Eller, RN Outpatient Surgery

"Outstanding care and compassion – not just to the patient but to the family as well. Taking wonderful care of our man." - Natalie Carlos, RN, 5C

"Rufus goes above and beyond with his amazing personality. There was never a day that he wasn't smiling and sharing it with others. Thank you Rufus for all you did." - Rufus Roney, NA, CICU

"She was very caring and excellent at educating and answering all of our questions and concerns." - Kristine Gulpo, RN, LDRP

"Not only did they care for my medical needs but made us all feel like family." - Tele 3, Station 3 Department

"Elena was very helpful and kind. She let me know as soon as my husband was in recovery, which was reassuring to me. Thank you." - Elena Valdez, Patient Care Associate, Surgery

"Incredible communication, super polite and attentive, amazing personality, remarkable and ALWAYS spoke to us with a smile." - Post-Op Surgery

"What an amazing nurse. She is so thorough and caring. Gail went above and beyond to not only provide great care to our son, but to also include us and make sure we knew everything that was going on, and why our son was receiving the treatments and medications he was receiving. Thank you so much for providing such loving care. It made our experience a good one. We felt like our son was right where he needed to be to get better." - Gail Cox, RN, Pediatrics

"Tess took exceptional care of my father. She was gentle and caring and answered ALL of our questions." -Tess Diaz, RN, Tele 3

"All nurses were great. They were really helpful and answered all of my questions. Really great service. WOW!" – LDRP Department

"Saul went above and beyond caring for my dad. He not only made sure my dad was comfortable, but he made sure our family was comfortable too! His positive attitude made this whole process easier. Thank you, Saul!" – Saul Aldape, NA, 4C

"The staff were so great to my husband and were very attentive and treated him with respect and dignity." – CICU Department

Guardian Angels

A Guardian Angel is an Associate who provided exceptional care and someone recognized them by making a charitable donation in their honor. A special presentation, commemorative certificate, letter from the President/CEO, and a Guardian Angel lapel pin and badge holder are given to the recipient. All donations support PVHMC Foundation.

The following received this recognition:

Dudley Rauch recognized **Dr. Tama Thumati, Dr. Guangqiang Gao, The Stead Heart & Vascular Center Cath Lab, CICU** *and* **Tele 3.**

Shannon Perrett, RD *was recognized by the Vega Family.*

Gegett Mike, Supervisor, *Cath Lab Operations,* **Myrna Sarmiento, RN,** *Manager CICU and* **Paulette Wozencroft, RN,** *Manager Tele were recognized by Debbie Keasler, RN, Director Cardiac Services.*

Katrina Woolfolk, RN *was recognized by her Stroke Support Group members.*

Terri Hoppock, RN *and* **Emily Moreno, RN** *were recognized by Christina Melendrez Browning.*

Patient Experience Winners

During Executive and Nursing Leadership rounding, Associates who are recognized by their patients for providing outstanding care and customer satisfaction received an "I am the Patient Experience" card. This card works in two ways- it can be redeemed in the cafeteria for a free fountain drink, and then used to enter into a raffle for a $25 gift card! It is just another way to THANK those going above and beyond in living our Values!

Congratulations to:

Marybette Forte, RN, *Tele 3 Station 1*

Kim Rivord, RN, BSN, CMSRN, *5C*

Georgina Jarez, RN, LDRP *Night Shift*

Kelly Jacobson, RN, LDRP *Day Shift*

Gerard Balingit, LVN, *5C*

Madelaine Batchan, RN, *LDRP Day Shift*

Nurse Week Celebration

Honoring our Nurses 2017

Nurses Week – A Long Standing Tradition

PVHMC celebrates Nurses Week yearly because it gives us the opportunity to reward and recognize the men and women that devote their lives to maintaining our patient's health. Nurses are innovators, educators, problem-solvers, decision makers, researchers, case managers, leaders and play many other important roles that improve patient outcomes and their quality of life.

Nurses' week begins on May 6th and ends on May 12th of every year paying homage to the founder of Nursing, Florence Nightingale. The first National Nurses week was celebrated in October 1954 in observance of the 100th anniversary of Florence Nightingales service during the Crimean War. Subsequently, the week of May 6-12 is designated as "National Nurses Week" since its inception in 1974.

Nurses are in every community around the globe helping to provide expert care from the moment an infant takes its first breath to the moment a person takes their last.

At PVHMC, nurses are celebrated during Nurses week along with all the members of the patient care team. The week consists of encouragement, support and recognition for the care they provide all year long. Nurses are the key to the health of our community members and the health of our nation.

Thank you for all you do every day!

Honoring our Nurses
2017

Nurses Week Celebration!

Honoring our Nurses 2017

RN Turnover Rates/Vacancy Rates

2017 RN TURNOVER RATES	2017 RN VACANCY RATES
5.0	**2.0**
HASC BENCHMARK RATES	**HASC BENCHMARK RATES**
11.4	**4.5**

Cherie Rudoll, RN Scholarship Fund

The Cherie Rudoll Scholarship was established to honor Pomona Valley Hospital Medical Center's former Vice President of Nursing and Patient Care Services following her passing in January 2007.

Cherie was a visionary leader and a passionate nurse. She was committed to the development of the field of nursing and specifically to the continuous growth of PVHMC's nurses. She was dedicated to providing excellence and the utmost in customer service for the hospital's patients. And she was known to occasionally change her business attire for scrubs in order to remain at the forefront of what it was to be a bedside nurse.

In 1982 Cherie began her tenure at Pomona Valley Hospital Medical Center, first as a Director of Quality Resource Management and then as Administrative Director of The Robert and Beverly Lewis Family Cancer Care Center. In 2000 Cherie was promoted to Vice President of Nursing and Patient Care Services.

Additionally, Cherie knew the value of community nursing and was instrumental in establishing a Parish Nurse Program at Pilgrim Congregational Church in Pomona and was also active in the local End of Life Coalition in the Pomona Valley.

In addition to her active professional career and community activities Cherie was a devoted wife, mother, daughter, sister, granddaughter, and was a loyal friend to many. She was known for looking for and finding the positive things within each person, and for her kindness and generosity.

Cherie would be proud of and inspired by each of the applicants and their growing commitment to the field of nursing.

2017 Scholarship Recipients
(with the Rudoll family)

April Castorillo
Anthony Greco
Chrisopher Estrella
Ebenezea Castro
Gabriela Reyes
Jordan Moline
Luis Gonzalez
Mayra Bretado
Chystal Harris

Professional Practice Model

What is Magnet Designation?

- Highest level of honor awarded by the ANCC- "Gold standard" of Nursing.
- Excellence in delivery of care from all staff (Ancillary and Clinical)
- Encourages collaborative working relationships
- Innovations in Nursing practice
- Bragging Rights
- Creates a culture that supports you to be the best you can be

What is a Professional Practice Model?

A professional practice model is a system or framework that supports professional nurses in their everyday practice. This model supports our belief in the importance of superior patient care based on partnerships between nursing and other clinicians, patients, families and the community.

Putting Words to our Professional Practice Model

Arching words are our Outcomes:

1. Quality & Safety
2. Expert Care
3. Professionalism

The Center represents our Caring and Compassion, which enables us to connect with our Patients-Family-Community-"Family Centered Care" The mountain represents no beginning or no end. Demonstrating how each comment connects-

C H A N G E VALUES:

Customer Satisfaction
Honor and Respect
Accountability
New Ideas
Growing Continuously
Excellence

Just Culture

Accountability

- Accepting responsibility/ownership
- Owning up to gaps in knowledge
- Quality of choice
- Reporting errors and system vulnerabilities
- Following through: "Do what you say"
- Conviction and courage to do the right thing despite what others think

Responding to events in a fair and just manner
Focus on risk, system design and behavioral choices
Balancing system and individual accountability
Support and thriving learning systems

Expertise and Knowledge

- Certification
- Clinical Ladder
- Advanced degree
- Continuing Education (Life Long Learning)
- Competency

Shared Governance

- Shared decision making
- Nurses having control over their own npractice
- Collaboration
- Communication

Leadership

- Innovation
- Voice Advocacy
- Commitment to my co-worker
- Transformational Leadership
- Peer Review
- Champion

Evidence Based Practice

- Research
- Innovation
- Performance Improvement
- Change
- Best Practice

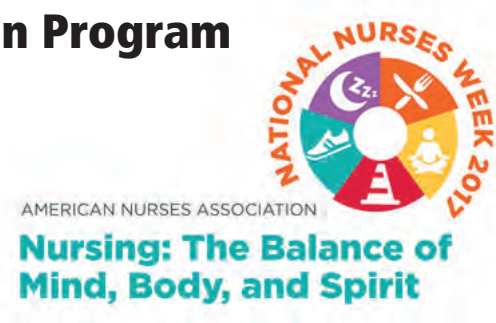
Coaching and Mentoring

- Championing of cause
- Role modeling
- Guidance
- Trusting partnership

Specialty Based Committees

Ambulatory Specialty Based
Critical Care Specialty Based
ED Specialty Based
Medical-Surgical Specialty Based
Neonatal Intensive Care Specialty Based
Pediatric Specialty Based
Telemetry Specialty Based
Women's Center Specialty Based

Exemplary Professional Practice Nurse Recognition Program



The purpose of the "Exemplary Professional Practice" Nurse Recognition Program is to recognize nurses who have served Pomona Valley Hospital Medical Center (PVHMC) in an exceptional manner. They have exemplified outstanding and safe delivery of care with a positive and supportive attitude. The following nurses were nominated by their leadership team for the commitment and dedication they have displayed to the patients of PVHMC.

2017 Recipients

Sheri Landazuri, RN, NICU *(Not Pictured)*

Sheri is an excellent role model demonstrating professionalism. She is well respected by the staff and physicians in the NICU as she fulfills many important roles.

She is a clinical expert who functions as a nurse mentor, educator and advisor. She continues to maintain all competencies as a certified transport nurse as well as micropremie and Whole Body Cooling team member. She functions in the Charge role where she directs care, support unit initiatives and provides unwavering support to patients and families. She often identifying gaps and evaluating the need for new processes with the goal of improving overall patient care and outcomes. She handles delicate situation well. Her ability to step back from a situation and see all the different perspective without judging but rendering honest feedback is appreciated. Her desire to eradicate hospital acquired infection in the neonatal population has always been her passion and what she puts great effort towards. For the past year she focused on new ideas to assure consistency and accuracy in the management of central line tubing changes. She has continued to advance knowledge to nurses' one on one and also assure that Policies and Procedures reflect the due diligence to support this practice.

Claudette McPherson, BSN, RN, VA-BC, PICC Team

This is only one story about Claudette's commitment to her patients and their safety. There are many similar stories about what she had done, and meant to other patients throughout the year. I would like to nominate her for the patient safety award for her commitment to her patients that she demonstrates every day.

Excerpt from a letter of recognition written by Elva:

The only reason I was able to have this great outcome is because Dr. Curran and Claudette stepped in and took charge. I cannot even begin to tell you everything Claudette did for me. I want you to know what a difference she made in my life at a time when things were looking so bleak. She was always so calm, professional and confident and she transmitted that to me every time I talked to her. Everything felt so out of control but she was always so quietly confident and I felt SAFE knowing that she was on "my team." I remember how the different home health agencies didn't have the proper equipment for my dressing changes and she made calls on my behalf MANY times. I will never forget that she came to LDRP and patiently educated and reeducated the staff on PICC lines EVERY TIME I got admitted. She even came and did my dressing changes herself because none of the LDRP nurses felt comfortable doing it. Sometimes she was there at 9:00 or 10:00 pm. Way past her shift ending time. At one point, near my delivery date, my line became occluded once again. Dr. Curran wanted to have it removed. I remember sitting at home by myself, crying because I knew it would take days to have a new PICC line placed. Claudette called Dr. Curran on his cell phone and convinced him that it was safe to declot it. Then she got the orders from my doctor and sent to my home health agency. Then she asked for and got a nurse that was competent in declotting sent to my home. Thank you to her and Dr. Curran, I made it full term and had the strength to deliver a small, but healthy baby.

As I said before, I thought she was doing this for me, as a courtesy, for a fellow nurse and employee of the Hospital. I could not have been more wrong. What I have described above, is all in day's work for her. Working alongside her, these last two months has been eye-opening. As such, I want you to know what a fantastic nurse, patient advocate and leader you have in her. I have so much respect for her, personally and professionally. I am eternally indebted to her for her part in saving my life and my baby's life. But I also want to thank her for inspiring a fellow nurse who was feeling a little disheartened and discouraged about health care at a time when nothing seemed hopeful.

Respectfully,
Elva De La Torre, RN Clinical Level III, Pediatrics

EXEMPLARY PROFESSIONAL PRACTICE

Edric Sinson, BSN, RN, Tele 3 Station 2 & 3

Edric has done a phenomenal job in advocating for our patients. He has educated his team on CODE Blue and RRT. He has worked closely with Jeff and the SIMS lab to create scenarios consistent with in-house emergencies. He utilizes real scenarios from our patient population to create the SIMs education. As a result of his work our staff is more proficient and efficient in the running of Codes and RRT. The staff is more familiar with the Crash Cart, and the defibrillator which has translated to better patient outcomes.

Mary Bette Forte, MSN, RN, Tele 3 Station 1

Mary Bette is being recognized for leadership and innovation in piloting "The Antibiotic Stewardship Program (ASP) Nursing Taskforce." Mary Bette started this as a pilot on her unit Station 1 as her MSN capstone project. The goal was to align with the mission and vision of PVHMC, improve patient safety and enhance interdisciplinary collaborative practice. Since its inception, the ASP Nurse Driven taskforce has had measureable results and improved nurses' ability to assess for therapy appropriateness. ASP has empowered nurses to make valuable interventions that were meaningful to patient outcomes!

Giselle Mercado, RN, CCRN, Case Management

Giselle Mercado demonstrates exceptional professional practice within her role as a Case Manager. She is reliable, independent, driven, and consistently exceeds performance expectations of our department and organization. Giselle efficiently provides client-centered care coordination during the acute phase of hospitalization as well as transitions to lower levels of care. She collaborates professionally with, and is trusted by the healthcare team. In fact, Giselle has been requested by Hospital physicians due to her outstanding work. She accepts new assignments or projects without hesitation, and proactively offers assistance to her co-workers without being asked. She supports PVHMC's C.H.A.N.G.E. values by consistently identifying areas for improvement within our department and organization. In addition to all the above she has a positive, upbeat and determined attitude that is not only a pleasure to work with, but is infectious as well.

Christy Choi, BSN, RN, HACP, PHN, Quality Management

Christy Choi has been part of the Quality Management department for the past nine years. Christy has exemplified selfless contribution to assessing and evaluating the quality and safety of care provided to our patients. She certainly embodies a professional attitude and her collaborative approach is much appreciated by all disciplines. Christy is a valued Associate of our Quality Department and PVHMC deserving of the Exemplary Professional Practice Nurse Recognition Award.

Kristen Andersson, MSN, RN, Trauma

Kirsten embodies and lives out our C.H.A.N.G.E. values every day she comes to work. She is a mentor and preceptor to nursing students and goes above and beyond to support their learning needs. Kirsten is a wonderful patient advocate and does what it takes to promote patient and family satisfaction. One patient shared a story with me about Kirsten while I was doing my Leader rounding. This gentleman reported that one particular day he was not doing well and felt scared. Kirsten came into his room, acknowledged that he was afraid, held his hand, and remained in the room with him. He stated, "This meant more to me than anything." I thought that this was so touching and it made me extremely proud to have someone like Kirsten working in the Trauma ICU.

Jennifer Brittan, RN, GI Lab

Jennifer began working in the GI lab on February 2013. She quickly became someone that wanted to help make changes in the department for the better. She became involved in our infection prevention committee and advocated for proper hand hygiene in the department. Her indirect leadership in the department was quickly noticed and she became a charge nurse in the GI lab. In her role she held high value in customer service to her patients and to her coworkers while upholding the values and goals for her senior leadership team. With the integration of the Cerner documentation system, Jennifer wanted to make sure the voice of her nurses was heard during the developmental stages and volunteered to be the nurse representative for the GI lab. She spent many hours making sure that the new system would meet the needs of our patient population and the nurses using the system. Throughout her career at PVHMC, one thing that has been consistent is the compassionate care she provides her patients and the way she upholds the organizations change values.

EXEMPLARY PROFESSIONAL PRACTICE

Abegain Asuncion, BSN, RN, OR *(Not Pictured)*
Abegain is better known to her friends and colleagues as 'Abby.' It goes without saying that she's a valuable member of our service line. From the moment she started in our department, it didn't take long to see she's a natural born leader. Abby takes initiative in making sure things run smoothly and ensures everyone in the department is taken care of. She's a great resource to her colleagues when problems arise. It's not uncommon for Abby to see a problem, find a solution and resolve it. She's a tremendous asset and we are blessed to have her in our department.

Kimberly Aguilera-Tan, RN, ED

Kimberly Aguilera-Tan has served as the Psychiatric Task Force Chair for over two years. During this time she has worked tirelessly in keeping the safety and security of this high risk and special population front and center. She has been the driving force to provide education and training for EDT and PCA's that serve as sitters not only for the ED but house wide. She has also worked with Food and Nutrition to ensure that food trays are safe and appropriate for our psych patients. She is our department expert for training and education in the care of psychiatric/behavior patients for our existing license staff as well as all new hires. In addition, she was instrumental in the revision of the house-wide policy for suicidal patients.

As if this was not enough, Kimberly also worked with ED Management and the project office with the safety design of the ED-5 secure rooms and the re-design of the existing ones. Kimberly is an active member of the workplace violence committee and special ad-hoc safety and security meeting run by Darlene Scafiddi.

The safety of our psychiatric patients is an ongoing process of improvement and education that Kimberly is very committed to. We would like to nominate Kimberly for the "Safe" nurse Recognition 2017.

Our Associates are and will always be our greatest asset. Her abilities, contribution, and advocacy are an important key to the success of the entire operation. Kimberly, take a moment to reflect upon your accomplishments and take pride in knowing that you are important member of the team.

Thank you again for your loyal support.

Perinatal Team:

Deenella Barrientos, RN; Judith Barak, BSN, RN; Candace Rimke, RN; Kristine Gulpo, BSN, RNC-OB; Patricia Lirio, MSN, RNC-OB

The Labor Support group was formed to help encourage patients to become more active during the labor process using different positions, tools and equipment and to reduce the Primary Cesarean Section rate for our Nulliparous Term Singleton Vertex (NTSV) patients. Following the California Maternal Quality Care Collaborative (CMQCC) Labor Support Tool Kit, the group taught the Labor Support workshop hosted by PVHMC in November last year. 72 people were in attendance, representing 23 hospitals from the Inland Empire, Los Angeles and Orange Counties. They went on to teach the workshop held in San Diego that same month.

The team decided to educate their nurses using a fun approach, a teaching video! Utilizing the slogan #GETONUP, they shot the video in three hours: adding more ad lib than anything, a catchy tune, tons of laughs and hours of editing to introduce Labor Support teaching the LDRP way. A positive, fun and with a "WE CAN DO THIS" attitude. What started out as a fun project has really made a great impact. The team was awarded the Perinatal Nursing Team of the Year at the 27th annual Perinatal Symposium as their video was featured to over 700 nurses and was well received, so well that it is now being featured on the AWHONN Inland Empire Facebook page. We have also come a long way with our NTSV rates, the average rate was 23.14% in 2016, and we are excited to announce that the April 2017 rate is a record low…13.33%!!!

We hope to encourage not only PVHMC nurses but labor and delivery nurses everywhere to continue to be empowered and make a difference in the lives of our patients!

Starfish Award

An old man walked a shore littered with thousands of starfish, beached and dying after a storm. A young man was picking them up and flining them back into the ocean. 'Why do you both?" The old man scoffed. "You're not saving enough to make a difference." The young man picked up another starfish and sent it spinning back to the water. "Made a difference to that one," he said. This years award winner was **Carrie DuPee, DNP, RN, PCNS_BC**

Strategic Plan

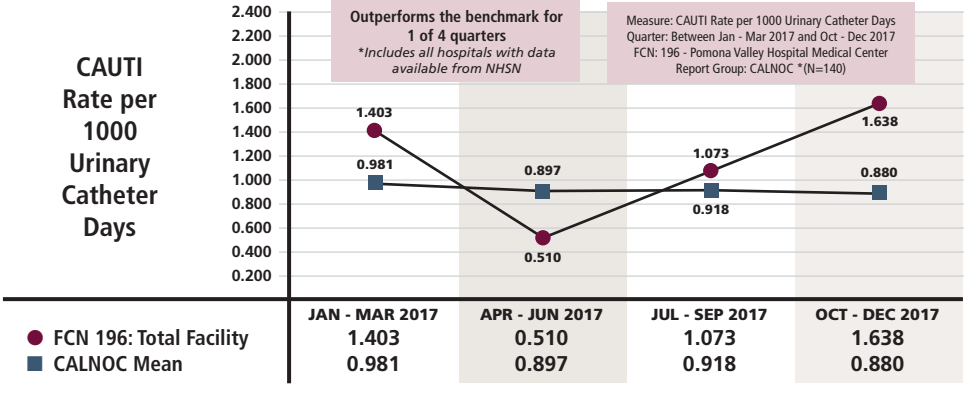
Customer Satisfaction	**Achieve highest levels of patient satisfaction.** **Exceed HCAPS national benchmark**	Transform the patient experience through: "Patient and Family Centered Care" HCAPS Team Initiated Focus: • Medication Explained: Side Effects • Leader Rounding • Bedside Shift Report (BSSR) • Welcome Kits • VHA Patient Experience collaborative
Honor & Respect	**Promote Just Culture** **Utilize NDNQI survey results to promote heavy work environment**	Develop a culture of philanthropy in nursing to build nursing education fund (could be used to help with BSN programs)
Accountability	**Clinical nurse job descriptions accurately reflect Q-Son ANA Code of Ethics Scope of practice**	Initiate Peer Review process • Commitment to my coworker • House-wide orientation
New Ideas	**Support Nursing Research**	Simulation Program in place to support collaboration, team work and best practice Utilize EMR to promote quality of care
Growing Continuously	**Utilize NP to full extent for practice**	Promote Transformational Leadership • Increase number of Clin II & IV while maintaining program integrity • 100% of managers with BSN by 2015 • Support master plan to promote patient and quality • Promote National Certification
Excellence	**Nursing sensitive quality indicators exceed national benchmark**	• Revitalize Shared Governance • Coordination of Magnet Journey • Promote EBP to develop P & P and when developing programs

Nursing Sensitive Indicators (NSIs)

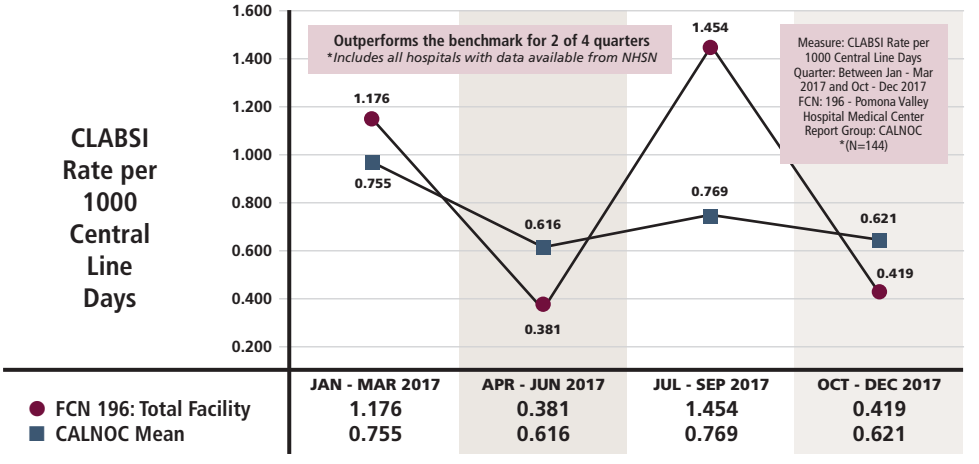
Clinical NSIs are indicators that measure the structure, process and outcomes of nursing care. Clinical NSIs are: Catheter Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), Hospital Acquired Pressure Ulcers (HAPU) and Falls with Injury.

NSIs are important data because they show a link between interventions by nurses and the outcomes produced by those interventions. They are also directly tied to reimbursements through CMS (Centers for Medicare and Medicaid Services). The process of evaluating NSIs goes back to the days of Florence Nightingale. Florence Nightingale recognized that nurses played an intrical part in health care quality, so she began to measure outcomes. Today those outcomes are measured through the Collaborative Alliance for Nursing Outcomes (CALNOC). CALNOC is responsible for creating the first national registry of nursing sensitive indicators which allows for benchmarking.

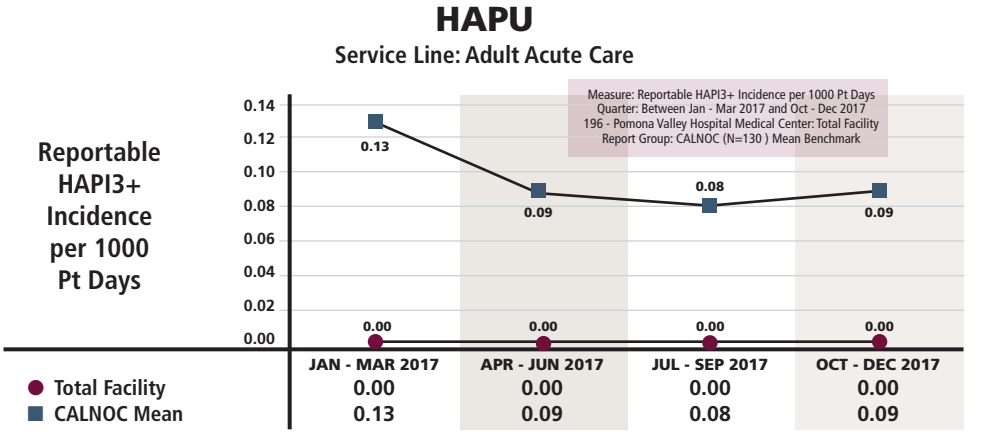
CAUTI

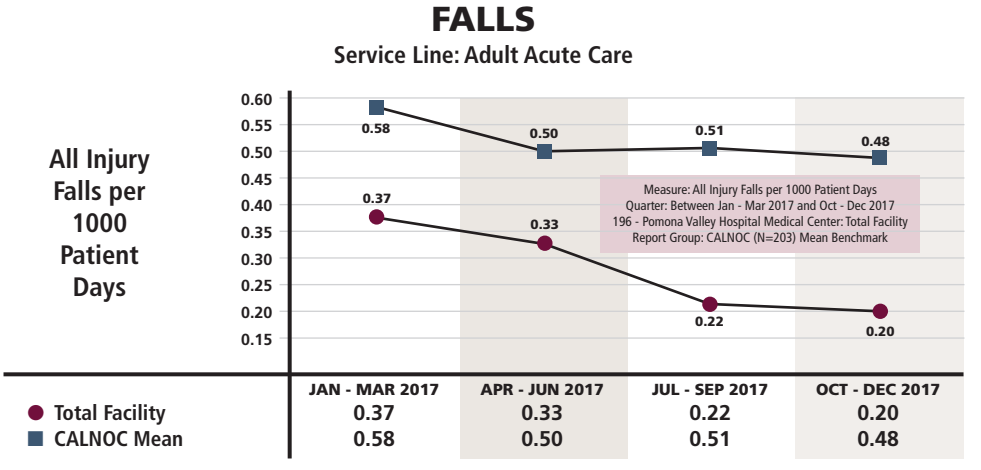


CLABSI



Nursing Sensitive Indicators (NSIs)





Central Line Associated Blood Stream Infections – NICU

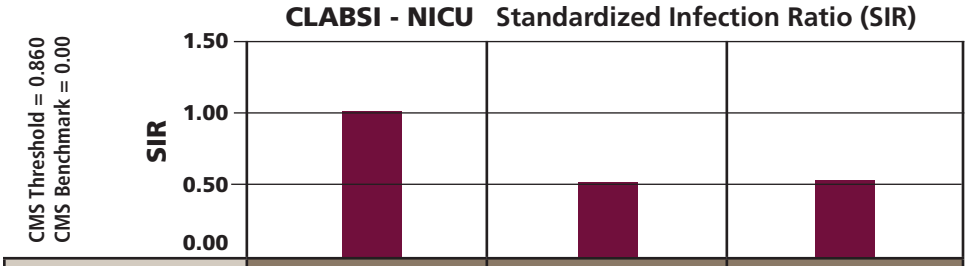
NICU continues its efforts to maintain a goal of "zero" hospital acquired Central Line Associated Blood Stream Infections (CLABSI), utilizing a multidisciplinary approach to reducing our CLABSI rate. The team is consistently looking for ways to improve and enhance management of vascular devices to improve outcomes. In 2015, we had six CLABSI and our plan was to decrease by 50%, which we achieved for 2016. However, our goal was to achieve "zero" CLABSI. A gap analysis confirmed that we had a variance in the way that we changed our IV tubing, so we standardized this process and education was given to our staff by our PICC Team and Clinical Level IIII Associates. Nursing and Physicians worked together to select the most appropriate IV access and focused on early removal of central lines as appropriate. Our central line bundle rate was maintained at 95%-100% in 2017. Our central line infection maintained in 2017 with two CLABSI. However, this group of dedicated Associates will not stop until we reach zero CLABSI.

CLABSI Prevention in the NICU

2015 (NHSN) CLABSI/Standard Infection Ratio 1.01, 6 CLABSI
Plan: Decrease CLABSI by 50% or 3 annually.

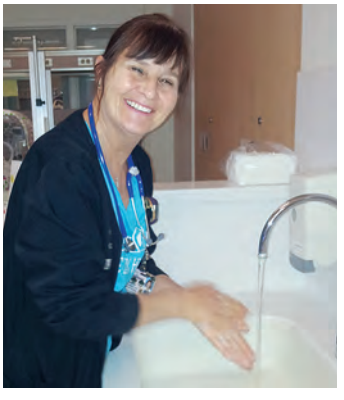
- Staff education: infection prevention
- Clinical in-service: standardize IV tubing changes/aseptic/tips covered until final connection
- focus on improved assessment of central line need and early removal
- CLABSI free days posted- daily count down
- Celebrate success

2017: CLABSI/ Standard Infection Ratio 0.53, 2 CLABSI (Below CMS threshold)



	2015	2016	2017
SIR	1.01	0.51	0.53
# CLABSI	6	2	2
Number expected	5.94	3.91	3.76

YEAR



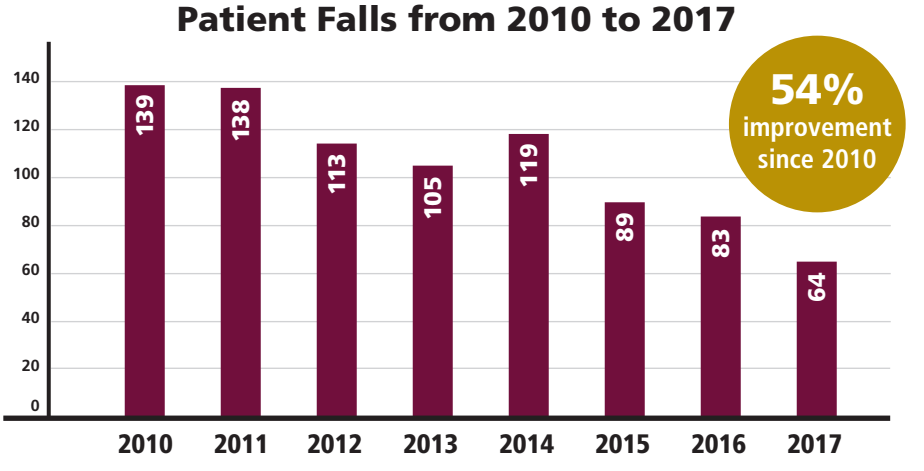
Fall Prevention

In 2009, PVHMC ranked in the 50-75th percentile for falls with injury. The decision to form a task force to improve this nursing sensitive indicator (NSI) was made. After an adverse fall event, Vicky Ancheta, BSN, RN, of Telemetry 3 Station 1 reached out for guidance on how to prevent an incidence like this from re-occurring. As a result of her drive to prevent a re-occurrence Vickie was asked to chair the newly formed Fall Task Force.

The task force began with nursing managers and clinical nurses meeting bi-weekly to discuss their fall trend data and how to prevent patient falls. From those meetings a new process was developed for tracking data and decreasing falls. That process included the use of the Midas system and EMR (electronic medical record), a fall prevention protocol/bundle, and a post fall huddle form made available on e-form. The bundle included: bright yellow double sided non-skid socks, a yellow "fall risk" bracelet and a bright yellow fall risk sign to place over the bed of every patient assessed as a risk. The sign ultimately evolved into a yellow "fall risk" sticker placed just outside the door next to the room number to remind the clinical care team as well as visitors and family of the patient's status. The use of bed alarms was also implemented and interfaced with the patient call light system. For any fall incident, the Midas system sent an email to Vickie and the nurse manager of the unit where the fall occurred. A fall huddle form is completed immediately after each fall to analyze all events in real time and submitted online for trending to identify opportunities for improvements. Integration with the EMR allowed notification to the clinical staff for patients with a history of a fall for every subsequent admission.

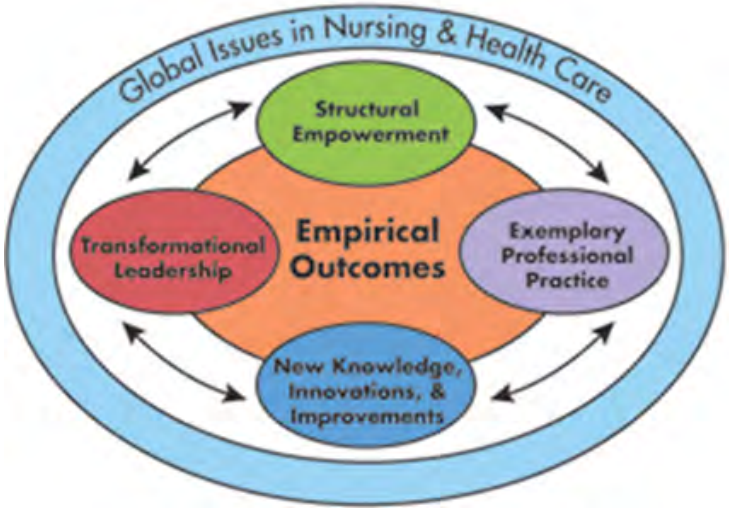
Five years had gone by before we began to see a significant improvement in the number of falls throughout the organization. Change happens over time, it can be slow and tedious but ultimately rewarding. PVHMC is now ranked in the top 5th percentile for falls with injury!

Units that meet the goal of maintaining those numbers are recognized quarterly at the managers meeting.



Discharge Planning *by Carina Menjivar, MA, BSN, RN, CNML*

In February 2017, nursing initiated an interdisciplinary team to form a goal and process for moving the discharge times to earlier in the day. We also identified potential barriers that would keep discharged patients from leaving by 11:00 am. The Medical-Surgical and Telemetry units recruited unit champions to lead this initiative. Prior to this initiative the percentage of patients discharged by 5 pm was approximately 38%. By December of 2017 all units collectively reached the goal of over 50% of patients discharged by 5pm. The nursing units partnered with the nurse case managers to conduct 0900 and 1600 huddles daily to identify potential discharges that would assist in making the process successful. The project continues to evolve as the nurses bring new ideas and innovations to the initiative



Antimicrobial Stewardship Journey – Tele 3 Station 1 (DOU2)

By Vickie B. Ancheta, BSN, RN

In July 2016, we started the pilot for the Antimicrobial Stewardship Program in Tele 3 Station 1. Our collaborative team consisted of Pharmacy (represented by David Ha), Infection Control, Case Management, Nurse Practitioner, Nurse Manager and Information Services. From our meetings and open discussions, it was unanimous the antibiotic stewardship rounding would be nurse driven. However, we also learned that these programs were usually headed by Infection Disease Physicians, so moving forward we knew it was an ambitious plan.

How we got started with our process:

- Set clear expectations during the antibiotics rounds
- Information from the conference attended by our unit champion was shared with our staff, and education was provided 24/7 on Antibiotic Stewardship. Staff became Unit champions
- Created a nurse driven report available electronically made possible by Information Systems
- Night shift prints the report at 06:00 am to capture documentation
- Rounds criteria: patients on antibiotics >48 hours, acid suppressants, foley catheters, central lines/vascular access and any patients having diarrhea to capture possibility of C-Diff
- Rounds start at 10:00 am on Mondays and Thursdays. On average 16 patients are seen, and rounds last about 30 minutes
- A "nurse driven" report was created by Case Management and Risk Management accessed in MIDAS for data collection. The report also captures and measures compliance on Hospital Acquired Conditions (HAC). Rounds data are readily available on line for analysis and trends.

As Nurses we could make a difference: Meaningful Rounds

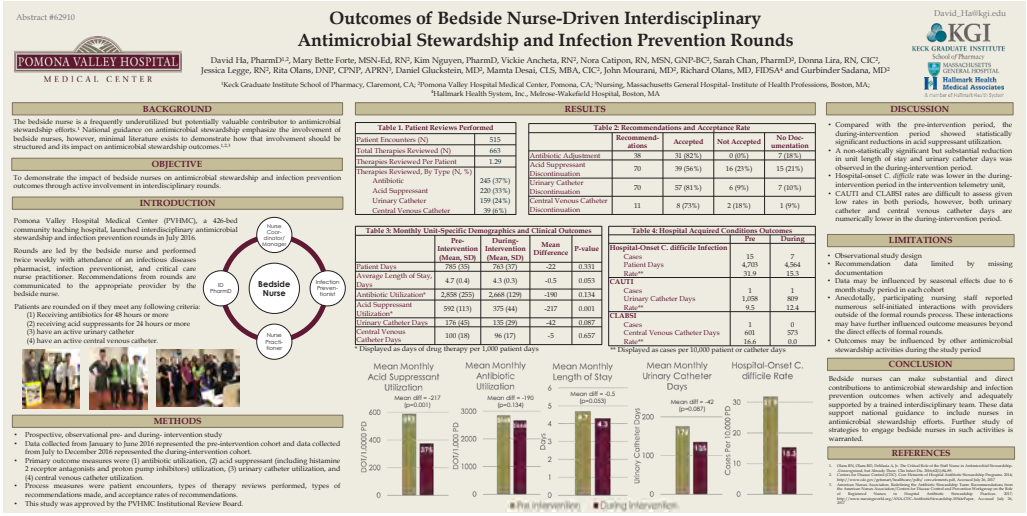
- We created a collaborative (non-punitive) learning environment during rounds
- Provided "best practices" for our patients
- Supported and empowered staff
- Developed our nurses' critical thinking skills instead of focusing on tasks - "Lines and foleys are not for convenience"
- As nurses we could influence patients outcome
- Celebrated our staff and their success stories with positive patient outcomes
- We became a team - "Together we could do more"

Outcomes:

- To date we rounded on 1015 patients
- A reduction in unnecessary antibiotics and acid suppressants usage (refer to our poster for data)
- Our team was invited to do presentations on our program in the community with positive results. The antibiotics rounds are now active and implemented in Telemetry 2 and 3. The rounding tool is also available house-wide and is accessible in our electronic record
- Our poster got selected and was presented at the Infectious Disease Conference in San Diego in October 2017. The Conference was attended by International Health Organizations and we proudly shared our outcomes.

- We presented a National Webinar in 2017 in collaboration with other hospitals.
- There was a reduction in C-diff rates of 0.74/1000 patient days for 2017
- There was zero CLABSI for >730 days
- We are actively utilizing the nurse driven Standardized Procedures to discontinue foley catheters
- Night shift is more involved and became part of our team
- Refer to our poster for more outcomes

Most importantly, our nurses' feel empowered, supported and took ownership of their practice - "Our nurses are not working harder but smarter



Abstract #62910

Outcomes of Bedside Nurse-Driven Interdisciplinary Antimicrobial Stewardship and Infection Prevention Rounds

David_Ha@kgi.edu

David Ha, PharmD[1,2], Mary Bette Forte, MSN-Ed, RN[2], Kim Nguyen, PharmD, Vickie Ancheta, RN[2], Nora Catipon, RN, MSN, GNP-BC[2], Sarah Chan, PharmD[2], Donna Lira, RN, CIC[2], Jessica Legge, RN[2], Rita Olans, DNP, CPNP, APRN[3], Daniel Gluckstein, MD[3], Mamta Desai, CLS, MBA, CIC[3], John Mourani, MD[3], Richard Olans, MD, FIDSA[4] and Gurbinder Sadana, MD[2]

[1]Keck Graduate Institute School of Pharmacy, Claremont, CA; [2]Pomona Valley Hospital Medical Center, Pomona, CA; [3]Nursing, Massachusetts General Hospital- Institute of Health Professions, Boston, MA; [4]Hallmark Health System, Inc., Melrose-Wakefield Hospital, Boston, MA

BACKGROUND

The bedside nurse is a frequently underutilized but potentially valuable contributor to antimicrobial stewardship efforts.[1] National guidance on antimicrobial stewardship emphasize the involvement of bedside nurses, however, minimal literature exists to demonstrate how that involvement should be structured and its impact on antimicrobial stewardship outcomes.[1,2,3]

OBJECTIVE

To demonstrate the impact of bedside nurses on antimicrobial stewardship and infection prevention outcomes through active involvement in interdisciplinary rounds.

INTRODUCTION

Pomona Valley Hospital Medical Center (PVHMC), a 426-bed community teaching hospital, launched interdisciplinary antimicrobial stewardship and infection prevention rounds in July 2016.

Rounds are led by the bedside nurse and performed twice weekly with attendance of an infectious diseases pharmacist, infection preventionist, and critical care nurse practitioner. Recommendations from rounds are communicated to the appropriate provider by the bedside nurse.

Patients are rounded on if they meet any following criteria:
(1) Receiving antibiotics for 48 hours or more
(2) receiving acid suppressants for 24 hours or more
(3) have an active urinary catheter
(4) have an active central venous catheter.

METHODS

- Prospective, observational pre- and during- intervention study
- Data collected from January to June 2016 represented the pre-intervention cohort and data collected from July to December 2016 represented the during-intervention cohort.
- Primary outcome measures were (1) antibiotic utilization, (2) acid suppressant (including histamine 2 receptor antagonists and proton pump inhibitors) utilization, (3) urinary catheter utilization, and (4) central venous catheter utilization.
- Process measures were patient encounters, types of therapy reviews performed, types of recommendations made, and acceptance rates of recommendations.
- This study was approved by the PVHMC Institutional Review Board.

RESULTS

Table 1. Patient Reviews Performed

Patient Encounters (N)	515
Total Therapies Reviewed (N)	663
Therapies Reviewed Per Patient	1.29
Therapies Reviewed, By Type (N, %)	
Antibiotic	245 (37%)
Acid Suppressant	220 (33%)
Urinary Catheter	159 (24%)
Central Venous Catheter	39 (6%)

Table 2: Recommendations and Acceptance Rate

	Recommend-ations	Accepted	Not Accepted	No Doc-umentation
Antibiotic Adjustment	38	31 (82%)	0 (0%)	7 (18%)
Acid Suppressant Discontinuation	70	39 (56%)	16 (23%)	15 (21%)
Urinary Catheter Discontinuation	70	57 (81%)	6 (9%)	7 (10%)
Central Venous Catheter Discontinuation	11	8 (73%)	2 (18%)	1 (9%)

Table 3: Monthly Unit-Specific Demographics and Clinical Outcomes

	Pre-Intervention (Mean, SD)	During-Intervention (Mean, SD)	Mean Difference	P-value
Patient Days	785 (35)	763 (37)	-22	0.331
Average Length of Stay, Days	4.7 (0.4)	4.3 (0.3)	-0.5	0.053
Antibiotic Utilization*	2,858 (255)	2,668 (129)	-190	0.134
Acid Suppressant Utilization*	592 (113)	375 (44)	-217	0.001
Urinary Catheter Days	176 (45)	135 (29)	-42	0.087
Central Venous Catheter Days	100 (18)	96 (17)	-5	0.657

* Displayed as days of drug therapy per 1,000 patient days

Table 4: Hospital Acquired Conditions Outcomes

	Pre	During
Hospital-Onset C. difficile Infection		
Cases	15	7
Patient Days	4,703	4,564
Rate**	31.9	15.3
CAUTI		
Cases	1	1
Urinary Catheter Days	1,058	809
Rate**	9.5	12.4
CLABSI		
Cases	1	0
Central Venous Catheter Days	601	573
Rate**	16.6	0.0

** Displayed as cases per 10,000 patient or catheter days

DISCUSSION

- Compared with the pre-intervention period, the during-intervention period showed statistically significant reductions in acid suppressant utilization.
- A non-statistically significant but substantial reduction in unit length of stay and urinary catheter days was observed in the during-intervention period.
- Hospital-onset *C. difficile* rate was lower in the during-intervention period in the intervention telemetry unit,
- CAUTI and CLABSI rates are difficult to assess given low rates in both periods, however, both urinary catheter and central venous catheter days are numerically lower in the during-intervention period.

LIMITATIONS

- Observational study design
- Recommendation data limited by missing documentation
- Data may be influenced by seasonal effects due to 6 month study period in each cohort
- Anecdotally, participating nursing staff reported numerous self-initiated interactions with providers outside of the formal rounds process. These interactions may have further influenced outcome measures beyond the direct effects of formal rounds.
- Outcomes may be influenced by other antimicrobial stewardship activities during the study period

CONCLUSION

Bedside nurses can make substantial and direct contributions to antimicrobial stewardship and infection prevention outcomes when actively and adequately supported by a trained interdisciplinary team. These data support national guidance to include nurses in antimicrobial stewardship efforts. Further study of strategies to engage bedside nurses in such activities is warranted.

REFERENCES

1. Olans RN, Olans RD, DellaVolpe A, Jr. The Critical Role of the Staff Nurse in Antimicrobial Stewardship--Unrecognized, but Already There. Clin Infect Dis. 2016;62(1):82-89.
2. Centers for Disease Control (CDC). Core Elements of Hospital Antibiotic Stewardship Programs. 2014. http://www.cdc.gov/getsmart/healthcare/implementation/corepractices.html. Accessed July 26, 2016.
3. American Nurses Association. Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Nurses in Antibiotic Stewardship. 2015. http://www.nursingworld.org/DOA/CDC_AntibioticStewardship_WhitePaper. Accessed July 26, 2016.

Baby Lullaby

On November 1st, a 10-15 second version of "Brahms Lullaby" is now being played over the public address system within the Women's Center to celebrate the birth of babies born here at PVHMC. The soothing lullaby is played once an hour during each hour a baby is born.

TIGR – New Project Implemented by the Education Department

The health care field is very dynamic. As newer evidences become available or regulatory guidelines change, these must be adopted. Change is never easy. A competent educator is able to utilize change principles to bring positive developments. TIGR stands for technology integrated graded response. It is an interactive patient education system that allows clinicians to show educational videos to patients and their families. TIGR can be used effectively to empower patients and their families, improve health outcomes, reduce hospital acquired conditions, and improve customer satisfaction (Telehealth services, 2018).

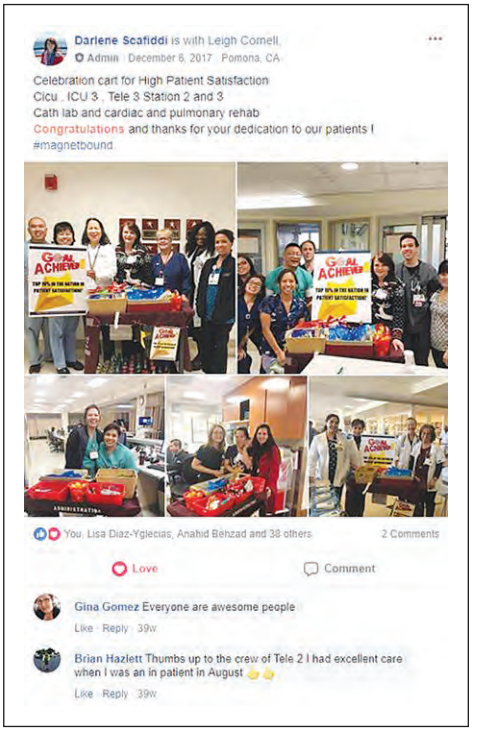
For any project to be successful, stakeholder buy in is required. Support for TIGR was obtained through meetings with nursing directors, managers, and champions. This was followed by staff in-service, regular audits, and daily feedback. This was not all; it takes a team to bring about a change. TIGR champions, clinical supervisors, charge nurses, and clinical nurses have become the driving forces of this change. In addition, staff encouragement and motivation are being provided through acknowledgement of the units that are performing well. Recognition of the high performing units is also fostering healthy competition between units. As a result, TIGR is being utilized very well to provide patient and family education.

References: Telehealth services. (2018). Tigr AP: Interactive patient education. Retrieved from https://www.telehealth.com/interactive-solutions/tigrap

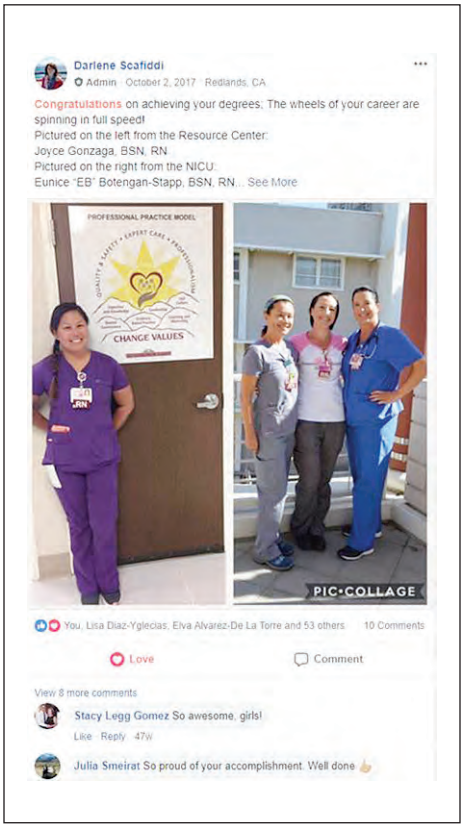
Magnet Moments on Facebook

Nurses are you nationally certified? Have you recently earned a BSN or an advanced degree, (MSN, DNP)? If you have, we would love to highlight your achievement on our Magnet Facebook page, Darlene's Magnet Moments. We want to celebrate your hard work and a little bragging doesn't hurt! Please send me (Maria Brown, MSN, RN) your pictures at maria.brown@pvhmc.org or visit me on the fourth floor. In addition to posting your picture, we have a gift just for you. It's our way of thanking you for pursuing your professional development opportunities. **Way to go!**

Magnet Moments on Facebook, *continued*




Maria Clark-Brown
Admin · August 11, 2017
Hooray! Let's celebrate Cheryl and Melanie of ICU 3 our newly certified RNs
#CCRN
#Magnetbound
RN-C
RN-C
You, Anahid Behzad, Ace Ibarrola and 44 others
7 Comments
Love
Comment
View 5 more comments
Sheryl Uribe Thank you everyone! Magnet ready
Like · Reply · 1y


Darlene Scafiddi
Admin · October 2, 2017 · Redlands, CA
Congratulations on achieving your degrees. The wheels of your career are spinning in full speed!
Pictured on the left from the Resource Center:
Joyce Gonzaga, BSN, RN
Pictured on the right from the NICU:
Eunice "EB" Botengan-Stapp, BSN, RN... See More
PROFESSIONAL PRACTICE MODEL
CHANGE VALUES
PIC·COLLAGE
You, Lisa Diaz-Yglecias, Elva Alvarez-De La Torre and 53 others
10 Comments
Love
Comment
View 8 more comments
Stacy Legg Gomez So awesome, girls!
Like · Reply · 47w
Julia Smeirat So proud of your accomplishment. Well done


Darlene Scafiddi
Admin · October 4, 2017 · Pomona, CA
Pvhmc's CICU has received National recognition for providing exceptional patient care and nursing excellence from the American Association of Critical Care Nurses
#proud
#BeaconAward
#team
#magnetbound
Lisa Diaz-Yglecias, Erica Lynn and 54 others
Like
Comment

Shared Governance House-Wide Councils

By Maria Brown, BSN, RN

Shared Governance is a concept, developed by the principles of a partnership, accountability, equity and an ownership that forms an empowering framework. It is a dynamic process that creates lasting changes over time. Shared Governance promotes collaboration, and shared-decision making to help us improve the quality and safety of the care provided to our patients as well as enhancing our work life.

Specialty Based Council (SBC) - The SBCs define, evaluate and revise all clinical issues, materials and activities related to each unique specialty area of nursing practice. In collaboration with the Clinical Practice Council and Quality and Safety Council, the SBC has authority and accountability for establishing and maintaining their specialty standards of practice, practice guidelines and the policy and procedures that describe and guide nursing care. The SBC works with the inter-professional team to advance practice and resolve conflicts between direct care nurses and other disciplines related to patient care. The SBC establishes annual goals in alignment with the nursing strategic plan. The SBC conducts its work consistent with the PVHMC Professional Practice Model (PPM).

The SBC evaluates specific quality and safety outcomes for nursing care and takes corrective actions as needed to achieve performance outcome expectations, including peer review, in collaboration with the Quality and Safety Council. In collaboration with the Professional Development Council, the SBC coordinates unit specific educational activities for professional development.

> *"Nursing at Pomona Valley Hospital Medical Center is the spirit and practice of caring for patients and families through knowledge, expertise, and compassion in a safe environment where nurses control their own practice."*
>
> – Darlene Scafiddi, MSN, RN, NEA-BC,
> Vice President, Patient Care Services

Housewide Councils

Operations Council Members- Paula MaKay, MHA, BSN, RN, CNML (Chair); Darlene Scafiddi, MSN, RN, NEA-BC; Lisa Cocores, BSN, RN, CMSRN; Jasmine Aragon, BSN, RN, CNML; Aimee Castillejo, BSN, RN, CEN; Belen MacKenzie, MBA, BSN, RN, NE –BC; Lolla Mitchell, MSN, RN, NEA-BC; Carina Menjivar, MA, BSN, RN; Maura Mejia, BSN, RN, CMSRN; Michele Atkins-Young, MBA, BSN, RN, NE-BC; Paulette Wozencraft, MSN, RN; Vickie Ancheta, BSN, RN

Professional Research Council Members- Caroline DuPee, DNP, RN, PCNS-BC (Advisor); Jorge Strembert, MSN, RN, MICN (Chair); Michelle Fosdick, BSN, RN, PHN, (Co-chair); Ardis Weiss; Marci Horowitz, DNP, RN, CNL (Educational Partner)

Professional Development Council Members- Ann Mendoza, MSN, RN, NE-BC (Advisor); Lisa Kolber, BSN, RN, CCRN (Chair); Jennifer Hinson, BSN, RN, CPN (Co-chair); Catalina Howland, MSN, RN, MICN; Johanna Boone, MSN, RNC-NIC; Kimberly Rivord, BSN, CMSRN; Paul Mckeough, RN; Eunice Botengan Stapp, BSN, RN; Maria Palacios, RN

Clinical Practice Council Members- Ganelle Ayres, RN (Chair); Elizabeth Varas, BSN, RN (Co-chair); Lolla Mitchell, MSN, RN, NEA-BC (Advisor); Jeanine Dimick, BSN, RN; Lana Gonzales, BSN, RN, CPN; Jennifer Hinson, BSN, RN CPN; Lisa Holden, MSN, CNS, RN, CEN; Melissa Vargas, RN; Myra Estrada, RN; Paola Millan, RN; Sabrina Echeveste, RN, CMSRN; Viveka Nazareth, MSN, RN, CCRN; Erica Faylor MSN, RN, FNP-C; Joyce Ervin, RN

Quality and Safety Council Members- Cecilia Serafini-Smith, RN, CCRN (Chair); Dameisha Sheridan, BSN, RN; Kelly Jacobson, BSN, RN; Elva DeLaTorre, BSN, RN

Nursing Coordinating Council Members- Darlene Scafiddi, MSN, RN, NEA-BC (Chair); Lolla Mitchell, MSN, RN, NEA-BC; Maria Brown, BSN, RN; Lisa Kolber, BSN, RN, CCRN; Jorge Strembert, MSN, RN, MICN; Ganelle Ayres, RN, MICN; Cecilia Serafini-Smith, BSN, RN, CCRN

Professional Research Council

Clinical Practice Council

Professional Development

Telemetry Specialty Based Council

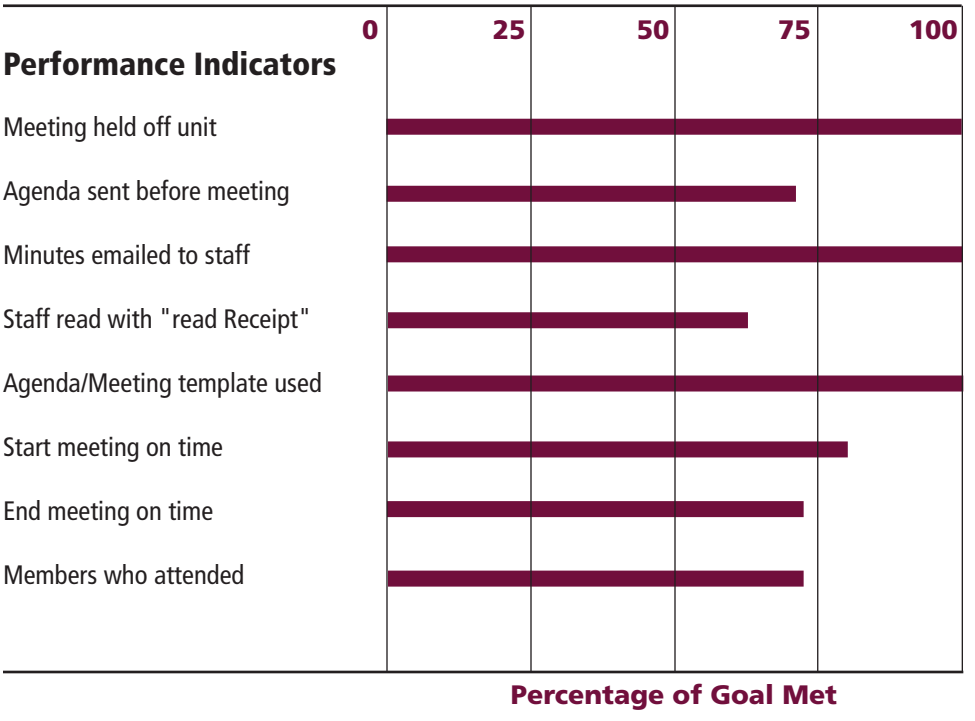
Pediatrics

Shared Governance Transformation: Pediatric Specialty Based Council (PSBC)

By Carrie DuPee, DNP, RN, PCNS-BC

In an effort to align ourselves with the new "House-wide Shared Governance model," one of our Pediatric nurses stepped up to the plate to take ownership of this initiative. Lana Gonzales, BSN, RN, a Clinical Level III RN in Pediatrics, took on this challenge to bring about transformation of Shared Governance in Pediatrics. The PDMAI Performance Improvement model was used to guide this transformation leading toward the outcome of Pediatric Nurses having a clear voice in making decisions regarding their practice in the care they provide their patients.

Surveying the members of the PSBC, several keys areas were identified to focus on: holding monthly meetings off the unit to facilitate decision-making and eliminate interruptions; a consistent process for developing the agenda; disseminating minutes to Pediatric staff in a timely manner; responsiveness of staff who don't attend meeting; utilizing a template for creating the agenda and minutes; starting meetings on time; and, consistent attendance by members. Data was collected from June through December 2017 on the identified performance improvement indicators and displayed in the graph below. Results demonstrate that several indicators were met 100% of the time. PSBC members will continue to focus efforts on sending out the agenda prior to the meeting, getting staff to read the minutes, starting and ending meeting on time, and consistent attendance. This council believes that taking the time to build a strong foundation for Shared Governance will lead to the promotion of true partnership, equity, accountability, and ownership at the point of service. That foundation paves the way for new initiatives centered toward achieving positive patient outcomes for our pediatric population.



Education

Learning Facilitator

By Jeff MacKenzie, BSN, RN, CCRN

As a Clinical Simulation Educator, I get to have an impact on patient care by teaming-up with Clin III nurses. For example, on the Telemetry I coordinate with one of the nurses there that recognized a need for Code Blue training, as well as hands-on practice with external pacing. Together we developed some scenarios that resemble what the nurses on that unit might encounter on any given shift. We reviewed the policies that apply to these scenarios and arranged for the staff to be able to learn what the best practices are. With short timely scenarios during the nurses' regular shift, they were able to practice running a code blue, reinforce their BLS or ACLS training and familiarize them with the crash cart.

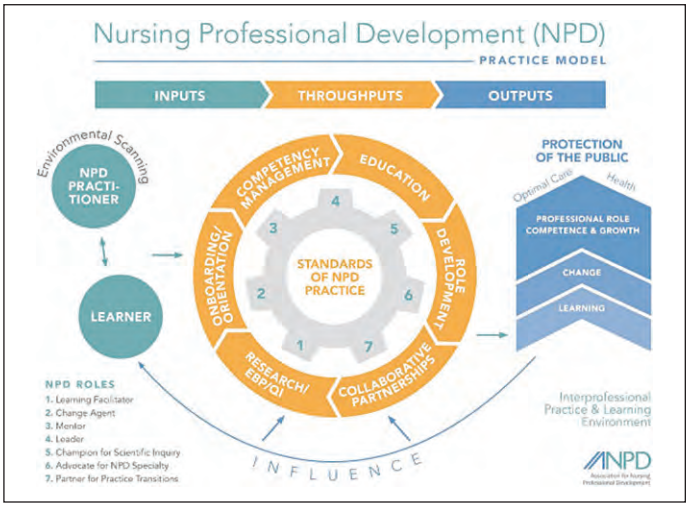
Other examples of this type of collaboration can be found in the Operating Room and PACU unit where we will be presenting the PACU staff with a simulation whereby they receive a post-operative patient that develops stridor. The scenario degenerates to the point of respiratory arrest and subsequent cardiac arrest if the team does not intervene quickly.

The purpose of these simulations is not to put staff members on the spot, but rather to expose them to high-risk, low frequency events that require quick thinking and good teamwork. Often, I am rewarded by hearing stories from the staff of how they participated in one of these simulations and then had a very similar event happen to their patient the next day! They express their gratitude at having been able to prepare for the event in the low-risk environment that simulation training provides

Clinical Educator as a Change Agent

By Viveka Nazareth, MSN, RN, CCRN, Clinical Practice Educator

The clinical educator plays a very important role in professional development of clinicians. He/she has some core responsibilities. These include: Onboarding/orientation, competency management, education, role development, collaborative partnerships, and research /evidence based practice/quality improvement. Through these roles, the educator is fostering learning, professional role growth, optimal patient care, health, and ultimately protection of the public through ensuring competent care. As the educator performs responsibilities, he/she accepts the role of a change leader.



PTAP

By Gayle Sharp, MSN, MHA, RN, CEN, MICN

The mission of the New Graduate Residency Nursing Program is to transition the new graduate nurse to a competent professional nurse in the acute care setting who provides safe care at the bedside while exhibiting PVHMC core values and improving the patient experience. The New Graduate Residency Nursing Program provides a consistent and structured orientation utilizing a multi-faceted approach to develop technical skills and foster critical thinking. Classroom instruction, simulations, case studies, skills lab, debriefing, and observational experiences along with clinical experiences all contribute to effective learning. The initial 12 months of transition to professional acute care practice is a process of becoming. Both a personal and professional journey, the Nursing Residents evolve through the stages of doing, being, and knowing.

Professional Role Development

By Diane Mendoza, MSN, RN, Nurse Educator

Professional Role development at PVHMC is multi-faceted. Each unit, based on its' patient population, has an education agenda designed to move new grads from "Novice to Expert." New hires to the organization, depending on where they are on the "Novice to Expert" spectrum, also move through competencies.

In order for this advancement to take place, the Nursing Professional Development (NPD) practitioner must first apply lifelong learning and professional development principles to their own practice. The components of this process are:

- Self-assessment of learning needs
- A plan for professional development, and
- Expanding their own knowledge base in disciplines such as education, organizational development, sociology, and human resource development

The NPD practitioner can then develop a timeline utilizing these processes to map out incremental goals over a pre-determined timeframe. Ultimately, the NPD will evaluate the program and with feedback, both from students and self-assessment, identify gaps and make revisions.

Orientation/Onboarding

By Siska Utama, MSN, RN, Nurse Educator

One of my roles as an educator is conducting new hire nursing orientation/ onboarding process. Orientation is the educational process of introducing individuals who are new to the organization to the philosophy, goals, policies and procedures, role expectation, and other factors needed to guide the new hire toward job competency. Onboarding, on the other hand, is defined as an ongoing process of building engagement from an individual's first contact with the organization until the individual has fully assumed his/her role and responsibility within the organization.

Onboarding includes assessing what new Associates already know, determining essential gaps in knowledge, and providing them with information and practice sessions that enable them to do their jobs effectively and safely; it includes socialization and engagement with the culture of the organization. Often, the terms orientation and onboarding are used interchangeably;

however, orientation is just one piece of onboarding. While the onboarding process usually happens once for each Associate in an organization, orientation can occur multiple times. Nursing Professional Development's Scope and Standards of Practice states that orientation occurs during onboarding and also when changes in roles, responsibility, and practice settings occur.

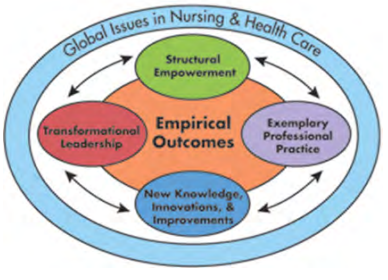
Addressing individual differences among new hires is a cornerstone of adult education. For examples: differences in age, culture, education, sexual orientation, and gender to name a few. While a core set of competencies is required for everyone, respecting diversity when planning orientation and onboarding experiences is important. Therefore, a personalization of onboarding new Associates is critical for the success of the process. Research demonstrates that new Associates are significantly less likely to leave within three years of hiring if they have experienced a well-structured onboarding program.

Competency Management

By Ann Mendoza, MSN, RN

Competency is an active, evaluative process in which a healthcare professional must perform to the standards of the specialization and practice setting. The term competency has been described in many ways in literature. The American Nurses Association (ANA) defines competency as "an expected and measurable level of performance that integrates knowledge, skills, abilities, and judgment based on established scientific knowledge." There are 11 different categories of competency verification methods. Competency must be viewed as a fluid, dynamic, and continuous process because of globalization, managed care, technological advances, evidence-based practice, standards of care, governmental regulations, and the need to protect patients by providing care in a safe manner. Validating that a nurse has satisfactorily demonstrated competency in the practice setting has a positive impact on patient outcomes and the organization.

What is the Journey to Magnet Designation?



Magnet designation is a recognition awarded by the American Nurses Credentialing Center (ANCC) to health care organizations that are demonstrating an excellent environment for nursing practice as well as excellent patient outcomes. It is the gold stamp of approval of quality nursing care. Why? Magnet organizations have higher levels of nurse satisfaction, patient satisfaction and better patient outcomes. It is achieved with promotion of clinical quality, improved patient outcomes and the support of excellence in nursing.

Magnet creates an environment of transparency, support, empowerment and trust by creating improved relationships and communication between physicians, nurses, patients and their families. Next year, 2018, is the year PVHMC will submit an application to become recognized as a Magnet designated facility. There's a lot of work to do but there is also a lot that has already been done. This journey takes a village, a community and a group of dedicated professionals to make this happen! We all have a role to play and I'm so excited that you are a part of this village and this journey!

The Quest for Joint Commission Perinatal Certification

By Jeannie Badertscher, MSN, RNC-OB, CNS, Clinical Nurse Specialist for Women's' Services

The Joint Commission began offering a certification in Perinatal Care in 2015. We are the leading provider of High-Risk OB and Newborn Care in our community. We have participated in numerous initiatives and state-wide collaboratives for improving maternal/newborn patient outcomes and we provide outreach education and Maternal Transport of complex patients from referring hospitals. For these reasons we chose to apply.

In order to receive this certification, a perinatal program must demonstrate the ability to provide integrated, coordinated patient centered-care that starts with prenatal care and continues through postpartum care. This includes identification of high-risk pregnancies and births including the ability to manage mother and newborn with high-risk conditions as well as those with unexpected complications that arise during pregnancy, labor, postpartum and the newborn period. The program must also provide patient education for the prenatal, antepartum, labor, postpartum and newborn periods to allow mothers to make informed decisions about care, treatment or services. Furthermore, there must be ongoing quality improvement programs in addition to the TJC Perinatal Care Core Measures.

The Joint Commission provides a template of over 400 required elements of care including nursing competency and medical staff credentialing that must be addressed in order to receive this certification. Our application for this survey was accepted and in January 2017. We assembled a multidisciplinary team to support the process including staff RNs from LDRP and NICU, Quality Management Director, Social Workers, Pharmacists, Respiratory and Dietary services, the CNSs, Nursing and Medical Directors of Women's Services and Children's Services.

Staff nurses were asked to review the requested elements relevant to their patient populations and locate documentation of each criterion using Policy & Procedures, Standards of Care, and patient records in both Antepartum in the Centricity System and post-delivery in Care Connect EMRs. All of the information was compiled into several notebooks. Our Certification Team was then able to review each element and learn which of the requirements was already included in our practices and what improvements were necessary.

One of the elements that was not in place when we began our journey was an evidence-based screening tool for Postpartum Depression Risk. This has become a national standard we initially planned to implement with the roll-out of our new Cerner EMR. However, it became evident we needed to research, develop and educate our staff in the use of this tool as soon as possible.

We chose The Edinburgh Postnatal Depression Scale and designed a paper and pen form to pilot. With assistance from health Information systems, it was placed into eForms and is now printed with each admission pack. The screening result is also documented in Care Connect. Nurses were educated to support the patient's completion of this screening through discussion about the warning signs and symptoms of post-partum depression. Each patient is asked to complete the screening 24 hours prior to discharge. The nurse then scores the tool and if the score is greater than

10, or the patient answers affirmatively to the question "The thought of harming myself has occurred to me" a referral is made to our social workers and the patient's physician is informed.

Each returned form is reviewed and data is collected for the number of tests and the number of patients whose responses triggered further evaluation. We began screening in mid-September and the result so far is shown in the table below.

Month	Number of Patients Screened	Number of Patients Triggered for Referral
September	**150**	**6**
October	**288**	**4**
November	**212**	**9**
December	**180**	**11**

The social workers have been able to interview all patients and have the opportunity to discuss the risk for post-partum depression and to develop a plan for further counseling if mother's condition becomes unstable. Family and other support persons are often included in these discussions at the request of the patient. Social workers also provide referrals to local support groups, access to the post-partum crisis line number, and contact information on low-cost counseling or to a local mental health provider. Several of the patients with positive screenings have been evaluated by their OB care provider and prescribed antidepressant medications. In addition, PVHMC now has Post-partum Depression Support Groups three times a month facilitated by a female psychologist who specializes in postpartum depression. Several nurses have mentioned how relieved they were to finally have a tool for use in reviewing the risk of this complication of pregnancy and that their patients now receive interventions when needed to prevent the serious consequences of peripartal depression. This evidence-based-practice change is just one example of how our service line works together to accomplish necessary improvements to the care of mothers and babies we serve.

TJC surveyors were here in July and interviewed our nurses, physicians and support staff. We were awarded this two-year certification in October. We are one of only three other California hospitals who have achieved this honor.

To quote Dr. Hellen Rodriguez, our Maternal Fetal Medicine Specialist and Medical Director for Perinatal Services–

> *"Most everything that was required for certification was already in place for several years. We have technology, but most importantly, we have the culture and the people. Every person working here, nurses, support staff, housekeeping and physicians are passionate about providing the absolute best care possible to our patients. Our patients can be certain they'll receive the most advanced, patient-centered and comprehensive care when they choose to deliver at Pomona Valley Hospital Medical Center. We agree and are very pleased to have received this recognition."*

Edinburgh Postnatal Depression Scale

Instructions

We would like to know how you are feeling. Please circle the answer that comes closest to how you have felt in the past seven days, not just how you feel today.

	Statement	0	1	2	3
1	I have been able to laugh and see the funny side of things	As much as I always could	Not quite so much as I always did	Definitely not so much now	Not at all
2	I have looked forward with enjoyment to things	As much as I ever did	Rather less than I used to	Definitely less than I used to	Not at all
3	I have blamed myself unnecessarily when things went wrong	No, never	Not very often	Yes, some of the time	Yes, most of the time
4	I have been anxious or worried for no good reason	No, not at all	Hardly ever	Yes, some of the time	Yes, very often
5	I have felt scared or panicky for no good reason	No, not at all	No, not much	Yes, sometimes	Yes, quite a lot
6	Things have been getting on top of me	No, I have been coping as well as ever	No, most of the time I have coped quite well	Yes, sometimes I haven't been coping as well as usual	Yes, Most of the time I haven't been able to cope at all
7	I have been so unhappy that I have had difficulty sleeping	No, not at all	Not very often	Yes, sometimes	Yes, most of the time
8	I have felt sad or miserable	No, not at all	Not very often	Yes, quite often	Yes, most of the time
9	I have been so unhappy that I have been crying	No, never	Only occasionally	Yes, quite often	Yes, most of the time
10	The thought of harming myself has occurred to me	Never	Hardly ever	Sometimes	Yes, quite often

Nursing Use Only: All Items must be completed prior to tallying the score

Nurse Signature:

Date: _____ Time: _____

Total Score:

Question 10 Score:

The Edinburgh Postnatal Depression Scale is a set of 10 screening questions that can indicate whether a parent has symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child.

All postpartum patients will be screened prior to discharge. Edinburgh Postnatal Depression Scale is completed and score documented in the medical record.	
EDPS Score < 10	**Normal/Negative Screen - likely not suffering at this time** ∞ Provide verbal and written education about risks/incidence ∞ Use clinical judgment regardless of the EDPS score.
EDPS Score 10-12	**At Risk for Depression and/or Anxiety** ∞ Discuss result and provide education ∞ Social Work referral and notify OB provider ∞ Social Worker - Screen patient for additional needs
EDPS Score ≥ 13	**Positive Screen - likely suffering from depression and/or anxiety** ∞ Discuss results and provide education ∞ Social Work referral and notify OB provider ∞ Social Worker -to complete Maternal Child Social Work assessment form and/or an additional progress note
0 on Question #10	**Maternal Crisis - At risk of harm to self or others** ∞ Social Work referral and notify OB Provider immediately ∞ Social Worker -to complete Maternal Child Social Work assessment form and/or an additional progress note

POMONA VALLEY HOSPITAL MEDICAL CENTER

Pregnancy & Postpartum Stress Group

In this group for Pregnant and New Moms, we will:

- Discuss stress, depression, anxiety and difficulty adjusting
- Learn coping skills, relaxation techniques, communication skills
- Support moms to recover from pregnancy and birth
- Help you feel well and be the mom you want to be

Lunch and childcare will be provided.

Facilitated by **Katayune Kaeni, Psy.D.**

Every first, third and fifth* Wednesday
12:30 pm to 2:00 pm
1798 N. Garey Ave., Pomona • Women's Center Auditorium
**when occurring*

For more information please call 909.865.9858

For up-to-date scheduling, please go to:
https://www.meetup.com/Pregnancy-Postpartum-Stress-Support/

POMONA VALLEY HOSPITAL
MEDICAL CENTER
WOMEN'S AND CHILDREN'S SERVICES

Expert care with a personal touch

Stroke

By Debbie Keasler, BSN, RN

PVHMC has been providing comprehensive stroke services to our region and surrounding communities since 2010. Our comprehensive stroke program stroke program addresses the rapid assessment, diagnosis and treatment of stroke. Every second counts in the treatment of stroke patients. Patients lose millions of brain cells every second blood flow is interrupted to the brain. Our PVHMC Stroke Team promotes BE FAST to our community. Encouraging the public to know the signs and symptoms of stroke and act FAST.

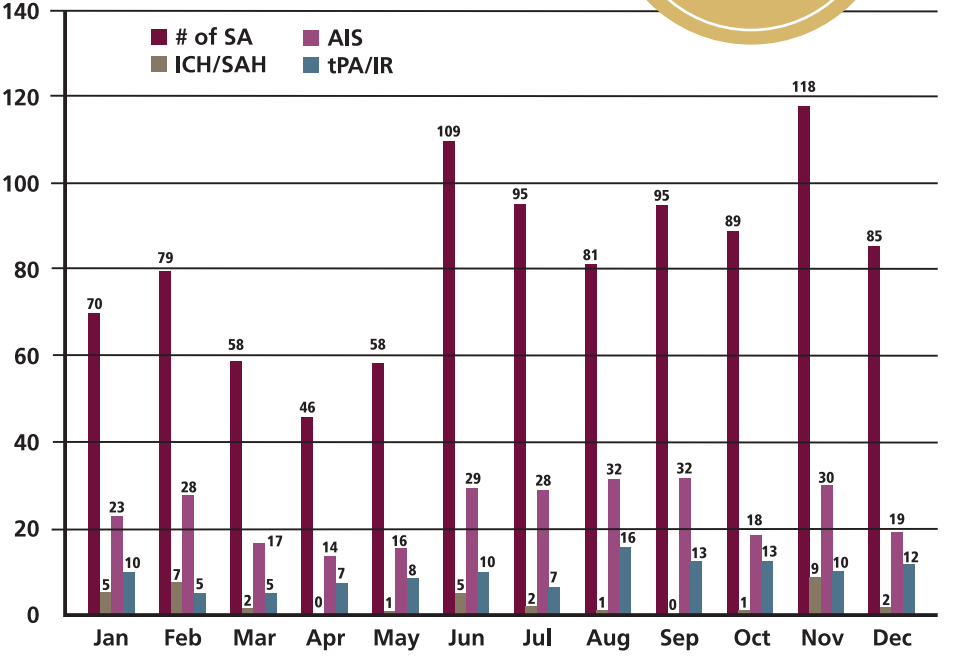
B ALANCE: Sudden loss of balance or coordination
E YE: Sudden loss of vision in one or both eyes
F ACE: Facial droop, uneven smile
A RM: Numbness, arm weakness
S PEECH: Slurred speech, difficulty speaking or understanding
T IME: Call 911. Get to PVHMC/hospital immediately

Stroke Alerts 2017

Stroke care starts when EMS/911 is activated. Our MICN's and stroke team works closely with local EMS, providing support and education to refine processes in the field such as the importance of last known well times. Both EMS and our ED team play an essential role with our "Stroke Alert in ambulance bay." FAST action by our Stroke and ED Team facilitates timely CT scanning, leading to faster tPA and neuro interventional times.

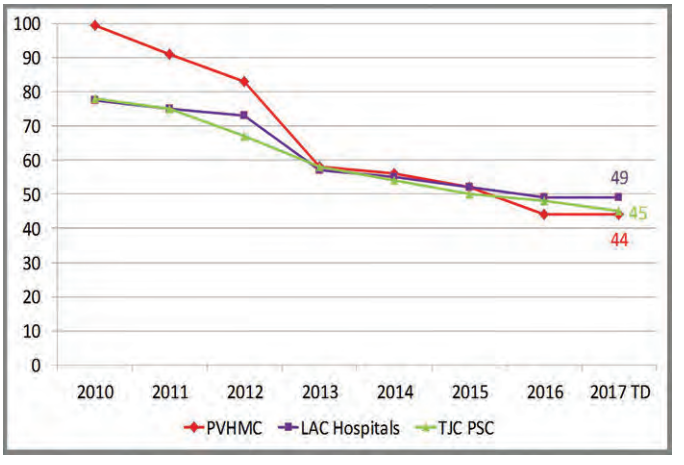
Total	SA	=	983
	AIS	=	292
	ICH/SAH	=	35
	Rate	=	33.2%

New SA Criteria started June 2017



Our neuro critical care and telemetry units provide continued expert care and attention to our stroke patients and their family members. Our expert stroke care is nationally recognized by the American Stroke Association and the Joint Commission and places us among the top 10 percent in the nation.

Our expedited care and treatment prime the brain for recovery, reverse the stroke or minimize the disability associated with stroke. We measure the recovery of our stroke patients using a modified Rankin Scale (mRS).Our goal is to discharge our patients with a mRS of zero to two with minimal disability, return to work and/ or perform the activities of daily living. We truly make a difference and this data demonstrates the dedication and commitment of our nursing and stroke team in improving the lives of stroke patients in our community every day.



Trauma Program

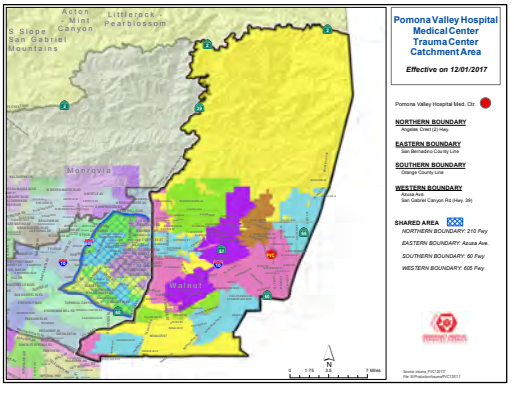
By Stephanie Raby, MSN, RN, PHN, Director, Trauma Services

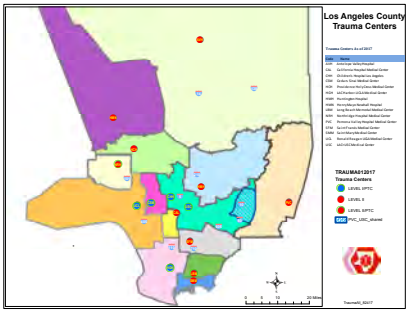
2017 was a successful year for Pomona Valley Hospital Medical Center's Trauma Program with many accomplishments that lead the organization to be officially designated as a Level II Adult Trauma Center on March 1st. In 2017, the Trauma team accomplished the following:

- Operationalized the Trauma Intensive Care Unit (TICU). In January, the TICU staff began working as a team and trauma critical care education was provide related to policies, order sets, and care of the critical trauma patient.
- In February, the organization did a "soft opening" and started to activate traumas that walked in through the Emergency Department. This provided an opportunity for the Trauma team to start "acting like a trauma center" and make process improvements prior to official designation.
- March 1st, we received official Trauma Center Designation from Los Angeles County Emergency Medical Services (EMS) Agency with a limited catchment area. The designation allowed trauma patients to be directed to Pomona Valley Hospital Medical Center from our pre-hospital providers.
- April 1st, our trauma catchment area was expanded to include a "shared area" that would allow providers to transport to the nearest Trauma Center based on traffic patterns.
- The Trauma Program provided multiple educational programs including Trauma simulations and topics in Orthopedics, Pharmacology, Pediatrics and Trauma Care after Resuscitation (TCAR) courses. Critical Care education was provided on trauma specific pathology and the use of Rotoprone for patients that develop Acute Respiratory Distress Syndrome (ARDS).
- In July, the helipad was completed and education for helicopter safety Associates was started.
- The month of August saw many helicopter providers practicing landing and developing relationships with the Trauma team and Emergency Department. Helicopter safety training was completed for over 400 Associates!
- In September, we received our first trauma patient via helicopter! The helipad also benefits the NICU Transport team and Labor and Delivery's Transport team!
- On December 1, the hospital received its full catchment area to include the foothills!
- The Trauma Program implemented a strong Performance Improvement program that is supported by the Trauma Registry. We started submitting our Trauma data to the National Trauma Data Bank (NTDB) and Trauma Quality Improvement Program (TQIP) and received our first TQIP benchmark report – a risk adjusted report

that provides feedback about our Trauma Center's performance and patient outcomes.

- Two new Trauma Registrars were added to the Trauma Program
- The Trauma Medical Director and Trauma Program Director started to participate in the San Bernardino Trauma Advisory Committee and PVHMC is now recognized by San Bernardino County as part of their Trauma System





Trauma Stats for 2017

- Total Trauma Patients = 1,756
- Age: Adult Trauma Patients 94%, Pediatric Trauma Patients 6%
- Mechanism Of Injury: Blunt Trauma 88%, Penetrating Trauma 12%
- Counties of Injury: LAC 72%, SBC 24%, Unknown 3% (not reported), Other 1% (Counties other than LAC or SBC)
- Disposition: Admissions 54%, Discharges 46%
- Activations: Level 1 Activations 23%, Level 2 Activations 56%, Evaluations 13%, Neither activation nor evaluation 8%
- Top Three Mechanisms of Injury:
  - 1 – Motor Vehicle Collisions, 26%
  - 2 – Falls, 25%
  - 3 – Pedestrian Struck by Motor Vehicle, 11%

New ICU Opens with Innovation

By Kenny Cantiller, MSN, RN, CCRN, Nurse Manager

ICU 3 is exceptional! ICU 3 opened its doors on March 31st with special features that gives it prominence. With the additional 12 beds we are now able to alleviate ED 'holdings' and meet the needs of the increasing number of disease-specific patients that are in need of treatment. ICU 3 is designed to accommodate the growing needs of patient care.

Each room is equipped with overhead lift system that extends to the restroom to enhance patient and caregiver safety. The overhead lift system or ceiling lift supports the safe patient-handling program. It aids in moving away from manual lift, therefore, it minimizes injuries and creates a safe environment for patient and staff.

In addition, the brand-new beds called Progressa, is a bed system with a pulmonary surface. This unique bed has many features and it functions to help with the needs of the patient from early mobility to lung therapy.

Furthermore, all rooms have a privacy glass to maintain privacy during patient care, thus eliminating the use of curtains. The unit is also planned with one main nurse station and multiple work desks that are situated in between rooms for closer patient monitoring and nurses' bedside reporting during change of shift.

Lastly, rooms are equipped with continuous Electroencephalography (EEG) monitoring so the neurologist can access the monitoring remotely. Prior to its opening, the unit staff were trained with the operations of the overhead lift, bed, call light system and monitors.

As a primary stroke certified Hospital, the majority of admissions to ICU 3 are neuro stroke (ischemic and hemorrhagic) and neuro post op related cases. Because neuro interventions are case sensitive, the staff is required to undergo additional education and training to be competent in caring of these stroke patients.

All these innovations promote the patient's safety, privacy, therapy, care, and nursing and physician interventions with ease!

Practice Transition Accreditation Program (PTAP)

The PTAP began in August, 2016 and provides a consistent and structured orientation utilizing a multi-facet approach to develop technical skills and foster critical thinking. Classroom instruction, simulations, case studies, skills lab, debriefing and observational experiences, along with clinical experiences all contribute to effective learning. The initial 12 months of transition to professional acute care practice is a process of both a personal and professional journey and Nursing Residents evolve through the stages of doing, being and knowing.

PTAP is offered three times a year, in the Spring/March, Summer/June and the Fall/September. A BSN or MSN is strongly preferred. Opportunities may be available in a variety of specialty areas.

Goals of the Program:

1. Transition the new graduate nurse to a competent professional nurse in the acute care setting
2. Develop a competent nurse who provides safe care at the bedside while exhibiting PVHMC core values and improving the patients experience
3. Develop critical reasoning skills to enhance the nurse's clinical decision-making at the bedside
4. Support evidence-based nursing practice and nursing research through the use of available resources, councils and collaborative teams
5. Generate an interest in the continual pursuit of nursing excellence through further education and professional certification
6. Promote clinical leadership through participation in Professional Nursing Shared Governance

Core Curriculum Areas:

- Patient Safety and Quality Outcomes
- Leadership
- Professional Role

PTAP is based on the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program, Benner's Novice To Expert Framework (Benner, 1984), Judy Boychuk Duchscher Transition Theory (Duchscher, J.B., 2008), American Nurses Association (ANA) Scope and Standards of Practice (3rd edition) and the American Association of Colleges of Nursing (AACN) QSEN Competencies (2012).

Sepsis Program

By Nora B. Catipon, MSN, RN, GNP-BC

According to the Sepsis Alliance, public awareness of sepsis has slowly and steadily increased in the last few years up to 55 %. Along with our sepsis program mission is to provide the highest standards of patient care in the community, it is equally important to do make changes that prevent infection and/or sepsis. Awareness is the greatest agent for change. Our sepsis program is absolutely determined and engaged to increase national awareness of sepsis along with other hospitals and organizations. We aim to reach the 45% of people who have never heard of sepsis.

To jump start in 2017, we participated at the well-attended Safety Fair on May 29th. Participants included medical and non-medical staff Hospital staff. We provided an overview of sepsis information using our posters boards, brochures and handouts. Our own telecommunications staff was excited to understand the process that takes place when they would activate a Gold alert call. They felt the importance of their role. Astoundingly, a majority of attendees did not clearly know about sepsis, but they were fervent listeners when we described that sepsis can kill when not treated early. We realized at the end of the fair, there is indeed a lot more work to do.

On June 24th we reached out to our community partners and participated at a health fair held at the Washington Park in Pomona. Our Sepsis Taskforce members attended the fair and were thrilled to teach the young kids about hand hygiene and demonstrated proper hand washing. Adults and the elderly passed by our tables with similar reactions and responded, "No I never heard of Sepsis." Every minute was a teaching moment.

Before we knew it, Sepsis awareness month was just around the corner. Our empowered Sepsis Taskforce members were ready to go out like soldiers on a mission to serve our community. In the month of September, our team went out to the in-patient medical floors with a cart to boost Sepsis awareness. Education came in all forms – the Spin-the-Wheel game was very interesting because a correct answer to the question was rewarded a sweet chocolate treat. We also had poster displays in the Hospital lobby areas on some of the busiest days of the week. Again we captured a crowd of enthusiastic listeners from all walks of life, purely with honest responses of, "I did not know Sepsis could kill."

We are ready to embark change in the community. Whatever it takes to impact change, to teach about sepsis, and prevent illness, our Sepsis Taskforce will do what's best over and over again.

Diabetes Program

By Lisa Diaz, MSN, RN, CDE Diabetes Program Manager

Joint Commission Certificate of Distinction

On December 8, 2018, PVHMC was re-certified by the Joint Commission for our inpatient diabetes program.

Diabetes Research Activity

On November 14th, Unihealth Foundation awarded PVHMC a grant for "Stopping Diabetes in its Tracks," the project was a collaborative undertaking with PHMVC, Pomona Community Health Center (PCHC), Claremont Graduate University (CGU), and the Community Translational Research Institute (CTRI). The purpose of this study is to implement an integrated and sustainable Pre-diabetes and T2D (Type II Diabetes) prevention and treatment program, which will allow us to identify accurate prevalence data for Pre-diabetes, T2D, and obesity in Pomona, California and surrounding communities.

Diabetes Education

The American Diabetes Association's (ADA's) 2016 "Standards of Medical Care in Diabetes" is intended to provide clinicians, patients, researchers, payers, and other interested individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care. ADA standards were first reviewed by program leadership starting January 26, 2017 via webinar group training and throughout the year. In October 2017 through December 2017, a total of 616 clinical staff who care for patients and dietary completed a computer based training in the LMS system. Hospitalist diabetes education was provided on March 3 and 10, 2017, and Hospitalists group insulin pump training took place on June 5, 2017. Trauma operations diabetes education was provided on November 20, 2017. Please see addition CME/CEU events below:

4/25/2017 – Inpatient Glycemic Management Strategies
6/27/2017 – Stopping Diabetes in Its Tracks
7/11/2017 – Diabetes in Children
11/7/2017 – Gestational Diabetes Care

Diabetes Performance Measures 2017

1. Hypoglycemic Event Recheck within 30min (80% goal) – 85.79% YTD
2. Completion of Diabetes Assessment and Education Record (70% goal) – 95.94% YTD
3. A1C Results Given to Patient with Diabetes on Discharge (70% goal) – 100% YTD
4. Follow-up Diabetes Management App. Prior to Discharge (50% goal) – 64.73% YTD

GMC and DCRT 2017

Through monthly meetings, the committees worked on the following: patients diabetes education packet education revision, RN continuing education, patient assessment and education, Midas reports, insulin pump order set changes, hypoglycemic point of care reports, meal tray delivery & insulin administration bundle.

Community Outreach 2017

Diabetes program staff regularly attends community outreach events, and ***completed 500 point of care glucose testing*** at the following events in 2017:

- Cardenas Health Fair-2/17/17, 36 glucose screenings
- Hilda Solis Community Health and Wellness Fair 4/29/17, 130 glucose screenings
- Stroke Awareness Event- 5/6/17, 54 glucose screenings
- PVHMC Charity Car Show and health fair - 8/19/17, 96 glucose screenings
- San Gabriel Regional Health Fair- 9/28/17, 59 glucose screenings
- Women's Health Fair, Freddie Rodriguez- 10/28/17, 38 glucose screenings
- Diabetes Month Health and Wellness Fair- 11/4/17, 87 glucose screenings

Guidelines for the National Certification Process for Professionals at PVHMC

Certification is the formal recognition of specialized knowledge, skills, and experiences that are validated through an assessment process independent of specific classes, courses, or programs (American Board of Nursing Specialties, (ABNS), 2010; Institute for Credentialing Excellence (ICE), 2010).

The purpose of specialty certification is to build upon the base knowledge required of licensure. Specialty certification denotes a higher level of knowledge and experience in a specialty area within your practice. The primary aim of certification is to improve the safety and quality of care through expert practice (ABNS, 2009).

Based on the literature, the ICE definitions (2010) and the ABSNC Accreditation Standards (2009), the PVHMC Professional Development Council recommends the following criteria as the requirements for accepted certification program:

1. All National Certifications accredited by ABSNC (Accreditation Board for Specialty nursing certification) will be accepted.
2. For certification not accredited by ABSNC, certification that meets or exceeds the following criteria will be accepted:
   A. Initial certification
      - Requires a minimum of 1000 practice hours per year and/ or minimum of two years of experience in the specialty area

   B. Recertification
      - Required every five years or less
      - A minimum of 15 CEUs/year needed plus 500 hours/year working in the specialty area

This year we celebrated National Certification Day with a Mexican themed luncheon.

Service of 49 Years

Mary Holstein

Mary Holstein, RN in the Out-PatientPavilion (OPP) has been a nurse at PVHMC for more than 49 years. Mary didn't acquire this position by luck or chance but rather divine intervention.

After delivering her daughter here in 1968 she asked a staff member if the Hospital was hiring and the rest is history. Mary began her career at PVHMC in the Medical Surgical unit, "at the time, that's where all new nurses started their career. I worked 1-2 days a week the 11 to 7 shift." After finding out that a nurse in labor and delivery separated from the Hospital Mary thought that would be her opportunity to work in L&D. "I've grown up at PVHMC." What keeps Mary going is good health, a wonderful supportive family, six grandchildren and faith." I would rather wear out than rest out!"

Did You Know?

Lisa Holden, MSN, RN, CMS, CEN
Clinical Nurse Specialist, Interdisciplinary Practice

Lisa Holden has been an RN for 33 years. She started her career here in the Emergency Department (ED) as the ED Educator in April 2000. In 2001, she completed the post-master's courses and the 500 clinical hours that were needed to be certificated as a Clinical Nurse Specialist (CNS) and she assumed the role of ED CNS. In July 2012, she started her current role as the Interdisciplinary CNS.

What does a CNS do? The role of a CNS is one of four Advanced Practice Nursing leadership roles, which include; Nurse Practitioner, Nurse Midwife, Nurse Anesthetist and Clinical Nurse Specialist. CNS's include five sub-roles into their practice; teaching, research, consulting, clinical practice and management.

A large part of Lisa's job is ensuring that the care we deliver to our patients is evidence-based and safe. She works closely with physicians and medical committees to ensure our care, processes and policies/procedures are collaborative. Some of her responsibilities include; policies and procedure development/revision, including standardized of procedures; standardized order set development; staff education and mentoring; and The Joint Commission readiness. She thoroughly enjoys her job and the challenges that it brings!

Carina Menjivar, BSN, RN, MA
Nurse Manager, Resource Center, Nursing Administrative Supervisor

Carina Menjivar, RN came to PVHMC in February 2016 as a Per Diem House Supervisor. She was drawn to our culture – we are a large Hospital, but it fees small and like a family. She was also impressed with the longevity that exists here knowing that this organization really has something to offer that entices people to stay. She is a military wife of 19.5 years (Go Army!). She's lived and traveled the world to over five countries and 22 states. She started her clinical practice in the emergency department and have held positions as a Public Health Nurse, Education Director, Emergency Department Director, Health Care Surveyor and assisted in the opening of a new Telemetry Unit. She loves being a Nurse, and believes that the profession is one that can be expanded into whatever the mind and heart can imagine, with endless opportunities. When she was offered to a full time position, she was excited to explore something new in managing the Hospital's Resource Center Float Pool and Staffing Department. She has been in this position for a year now, and feels we have some of the best staff in the world. They remind her that the patient comes first and that everything we do is meaningful; from ensuring we have the right people at the bedside to sharing ideas to improve processes. The staffing department connects personally with over 800 nurses within the Hospital, and the Resource Center Float Pool delivers care to patients in the PACU, Cath Lab, GI Lab, IR, Med Surg, Telemetry, ICU, ER, Observation Unit, and NICU/Pediatrics. The staff recently came up with their own amazing float unit motto, "Every Unit, Every Patient, Every Time." PVHMC encourages self-development and growth and has welcomed her perspective and ideas. She is glad to be a part of this journey with all of the Professional Registered Nurses.

Radiology and Imaging Nurses

By Rosephil Facundo, BSN, RN

We are Nurses from different nursing fields, nursing specialties and nursing backgrounds. Some of us are from the Emergency Department, Critical Care, Cardiac Care, GI lab to name a few. We have one thing in common – we are patient advocates! We love our profession and we are at a point in our career that is seeking and craving new challenges. Radiology opened its door for us and we were indeed challenged! New technologies, new terminologies, new faces, new instruments – everything was new. It was far from what we are used to and far from the comforts of bedside nursing. Every day is a challenge, a new day, a new set of patients, from entirely well to critically ill.

As Radiology and Imaging Nurses, we have the opportunity to care for a patient population ranging from infants to geriatrics. A multitude of patients come to our door every day for Interventional Radiology, CT scans, MRIs, Nuclear Medicine, Fluroscopy, and Ultrasound procedures. Our work includes stroke interventions, biopsies, stents, draining tubes and line placements, fine needle aspirations, ablation, paracentesis, thoracentesis, chemotherapy and many more.

As newly minted Radiology and Imaging nurses, we relied on our bedside nursing knowledge and experiences. We broadened and expanded our knowledge base. We supported each other, and we pressed forward. We also sought out more educational opportunities. We were tremendously blessed to be mentored and work with talented, knowledgeable and good hearted professionals. Lolla Mitchell, MSN, RN, NEA-BC, Director of Clinical Practice and Operations, Robert Jacoby, Director of Radiology and Rosemary Smith, Associate Director of Radiology tirelessly supported and encouraged us. The Radiology Physicians educated and motivated us to reach our potentials. The Radiology Associates welcomed and embraced us as partners in the care of patients. They all patiently taught us how to navigate and find our way in the complex labyrinth of all the different Radiology modalities.

In today's ever changing healthcare environment, nurses strive for knowledge. We seek new ways to improve the delivery of quality patient care, we adapt, we effect change and we take advantage of all educational opportunities. Our journey in Radiology continues to evolve, offers new opportunities and more challenges. We will remain steadfast, patient, encouraged, motivated and committed.

Case Management

Case Management (CM) at Pomona Valley Hospital Medical Center (PVHMC) supports the organization's mission through a patient-centric, multidisciplinary, collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs.

Case Management's primary goal is to ensure every patient receives the right care, in the right setting. Doing so ensures quality patient care and financial outcomes. CM facilitates a multidisciplinary approach to the management of the patient's healthcare needs and to the elimination of barriers to discharge from the acute hospital setting.

PVHMC's multidisciplinary team includes registered nurses who are case managers and clinical documentation specialists, social workers, clerical support, chaplains, physician Hospitalist, and palliative care providers.

Our case managers perform utilization review and discharge planning functions which requires navigation of a complex healthcare system. Our social workers address the patient's complex psycho-social barriers to health and discharge. Spiritual services offer religious and spiritual support, support with decision-making, and connection with their faith communities, prayer and rituals. The clinical documentation specialist work to ensure the clinical record accurate reflects the services provided and clinical condition of the hospitalized patient. Case Management is also comprised of a group of highly qualified primary care physicians known as Hospitalist. Our Hospitalist specializes in the care of the hospitalized patient providing on-site service 24 hours a day, 365 days a year. Rounding out the CM Department is the Palliative Care Team, who provides support for patients and their families who are facing serious or life-limiting illnesses or end of life situations.

PICC Team

By Claudette McPherson, BSN, RN, VA-BC

A successful Peripherally Inserted Central Catheter (PICC) program has been a part of the culture of PVHMC for many years. Today there is a team of three nurses that make up the Vascular Access Team (VAT). While insertion of PICCs & Midlines remains the team's main role; the duties have been expanded to include insertion of challenging peripheral IVs, data collection and daily Central Vascular Access Device (CVAD) rounding. Central line associated bloodstream infection (CLABSI) prevention has also taken center stage; the VAT team's vision is to support measures to enhance best practice and aid in Hospital wide CLABSI reduction.

Infection Control

Left to right: Jessica Legge, IP; Donna Lira, IP; Mamta Desai, IP Director; Stephanie Ramirez, Admin. Assistant; Yesenia Khattak, IP. Donna Okamoto, Data Analyst not pictured.

Infection Preventionists (IPs) are professionals who make sure healthcare workers and patients are doing all the things they should to prevent infections. Most IPs are nurses, epidemiologists, public health professionals, microbiologists, doctors, or other health professionals who work to prevent germs from spreading within healthcare facilities. They look for patterns of infection within the facility; observe practices; educate healthcare teams; advise hospital leaders and other professionals; compile infection data; develop policies and procedures; and coordinate with local and national public health agencies.

continued >

PATIENT SAFETY is the NUMBER ONE PRIORITY for IP!

They ensure that:
- Healthcare workers wash their hands
- Healthcare workers get the proper vaccinations
- Catheters or indwelling devices are placed in your body after your skin receives proper cleaning and are kept clean and removed as soon as possible
- Doctors and pharmacists are providing patients with the appropriate antibiotics
- Safe injection practices are followed at all times
- Healthcare workers wear gloves, gowns, and masks at the right times; and
- Your room and any equipment that is used on you will be clean.

Meet Your Infection Prevention Team and learn what it means to them to work in this field:

"I love what I do! Everything has IP implications within a hospital setting and this allows me to work directly with the leadership team, Medical Staff, Associates and community members to prevent infections with the end goal of saving lives."

– Mamta Desai, Director of Epidemiology & Infection Prevention

"We are known as the 'Hand Washing Police' but we are so much more. We are closely involved in all aspects of the hospital from Construction to Education to Outbreak investigations. Every day brings something new and challenging."

– Jessica Legge, Infection Preventionist

"Infection Prevention is an all-encompassing field; everyday there is something new and challenging keeping me on my toes for the unexpected."

– Yesenia Khattak, Infection Preventionist

"Infection Prevention is a constant changing field. We are the "Private Investigators," and I enjoy working with my colleagues to identify and eliminate the risk and making a process better to protect all of us!"

– Donna Lira, Infection Preventionist

"Though I mainly deal with data, I know our goal is to ensure positive outcomes for our patients. We work as a team and strive to achieve this goal."

– Donna Okamoto, Data Analyst

"I am the voice that answers when you dial 9565! My role as Administrative Assistant has exposed me to the several scopes that entail infection control. Though it is an intricate and challenging field, I am motivated in knowing that we make a contribution to improve associate and patient safety."

– Stephanie Ramirez, Adm. Assistant

Volunteering, a Work of Heart!

The nurses of Pomona Valley Hospital Medical Center (PVHMC) are committed to improving the health of the community members served. Volunteering has beneficial effects for everyone involved. It counteracts effects of anxiety, anger and stress. It also has a profound effect on the overall psychological well-being, a benefit of working and helping others. At PVHMC our nurses reach out to the community to improve their health by providing education and complimentary testing for the problems that affect the community. Some of the needs serviced in our community include: Sidewalk CPR, Diabetes screening, Blood pressure screening, signs and symptoms of stroke and many more. This year volunteers brought many smiles and life-changing educational benefits to our community members. Thank you for your ever present professionalism, knowledge and commitment to the community PVHMC serves daily.

PVHMC STATISTICS

PVHMC Statistics

Total Admissions	22,229
Percent Direct Admits	41%
Overall Hospital LOS	4.0
ADC (Acute)	245
ADC (Adult Only)	205
ED Visits (including LWBS and Admits)	101,744
Hours on Diversion	166

Surgery

Inpatient	3,595
Cardiac Surgery	175
Specialty Lab	5,058

Cath Lab Procedures

Inpatient	2,238
Outpatient	2,519
Dialysis	3,479
Radiation Oncology	26,451
Deliveries	6,294
NICU Days	12,287
Ambulatory visits	528,100
Sweet Success	10,003
Respiratory	220,765

AWARDS/ EXCELLENCE

Healthgrades

- Pacemaker Excellence Award (5 Stars)
- Patient Safety Excellence Award (Top 10% in the Nation)
- OB/GYN Excellence Award (Top 5% in the Nation)
- Labor & Delivery Excellence Award (Top 5% in the Nation)
- Gynecologic Surgery Excellence Award (Top 10% in the Nation)
- Vaginal Delivery Excellence Award (5 Stars)
- C-Section Delivery Excellence Award (5 Stars)
- Hysterectomy Excellence Award (5 Stars)
- Gynecologic Surgery (5 Stars)

Get with the Guidelines from the American Heart / American Stroke Association

- Gold Plus Quality Achievement Award for Treating Heart Failure
- Gold Plus Quality Achievement Award – Target: Stroke Elite Honor Roll

Joint Commission Gold Seal of Approval

- Orthopedic Joint (Hip & Knee) Certification
- Perinatal Care Program Certification
- Palliative Care Program Certification

Silver Beacon Award for Excellence, CICU

From the American Association of Critical Care Nurses

The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes. Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care. CICU earned the award by meeting rigorous criteria for:

- Leadership Structures and Systems
- Appropriate Staffing and Staff Engagement
- Effective Communication, Knowledge Management, Learning and Development
- Evidence-Based Practice and Processes
- Outcome Measurement

Nursing Leadership

Nursing Administration
Darlene Scafiddi, VP Nursing and Patient Care Services

Nursing Operations & Clinical Practice
Lolla Mitchell, Director
Shannon Glavaz, Manager, Stoma Clinic
Claudette McPherson, Manager Vascular Access Program, Resource Center
Maria Brown, Magnet Coordinator
Irene Haskvitz, Admin. Supervisor
Chris Abbott, Admin. Supervisor
Bonnie Ball, Admin. Supervisor
Heather MacDonald, Admin. Supervisor
Meridee Schincke, Admin. Supervisor
Maria "Carina" Menjivar, Admin. Supervisor (relief)
Elentia "Leny" Vida, Admin. Supervisor (relief pm)
Lin Baumgartner, Admin. Supervisor
Melinda Sloan, Admin. Supervisor (relief)

Case Management
Deborah Blankenship, Director

Children's Services
Michele Atkins-Young, Director
Deana Kuhlman, Clinical Supervisor, NICU
Betty Forte, Clinical Supervisor, NICU
Leonora "Noree" Boher, Clinical Supervisor, NICU
Sue Wilkinson, Quality Management Supervisor, NICU
Tess Paras, Clinical Supervisor, NICU
Carrie Dupree, Clinical Supervisor, PEDS
Tricia Cohn, Clinical Supervisor OP Clinic/Peds

Clinical Education Services
Ann Mendoza, Director
Cecilia Chin, , ED Educator
Jeff Mackenzie, Clinical Simulation Educator
Diane Mendoza, Educator
Gayle Noland, Educator
Siska Utama, Educator
Gayle Sharp, Educator
Viveka Nazareth, Educator

Clinical Informatics
Karen Blessing, Director
Tammy Bello, Manager, Ambulatory

Critical Care Services/Dialysis/Observation Care
Belen MacKenzie, Director
Cyndy Tutt, Manager, ICU2
Cesar Geonanga, Clinical Supervisor, ICU
Maria Olvera, Clinical Supervisor ICU
Vickie Ancheta, Manager, Tele 3-1

Arnold Aratan, Clinical Supervisor, Tele 3-1
Paula McKay, Nurse Manager, OBS
Erica Faylor, Clinical Supervisor, OBS
Carol Young, Manager, Dialysis

Emergency Services

Angie (Angela) Besiant, Director
Linda Dunn, Clinical Supervisor
Jannette Smith, Clinical Supervisor
Holly Greene, Clinical Supervisor
Irene Barker, Clinical Supervisor
Snjezana "Nina" Balijkaf, Clinical Supervisor

Infection Control

Mamta Desai, Director

Med-Surg Services/Diabetes Program/GI Lab

Lena Plent, Director
Naomi Thiru, Manager, Med-Surg 4
Monica Rodriguez-Alvarado, Clinical Supervisor Med-Surg 4
Jay (Jaynene) Owens, Manager, Med-Surg 5
Lisa Cocores, Clinical Supervisor, Med-Surg 5
Jasmine Aragon, Manager, Tele 6
Jalpa Chaudhari, Nurse Manager, GI Lab
Lisa Diaz, Inpatient Diabetes Program Manager

Laboratory

Rick Van der Hoof, Director
Don Heimrick, CLS Blood Bank Supervisor
Gwen Sanchez, CLS Phlebotomy/OP Supervisor
Sonnie Janairo, CLS L.I.S. Manager
Les Emery, CLS, Chemistry Supervisor
David Burt, CLS, Hematology
Mildred Tomlin, CLS, Microbiology
Rex Vong, CLS (pm)

Pharmacy Department

Michael Campbell, Director
Katie Song, Manager Pharmacy Informatics
Jacqueline Vo, Manager
Patricia Lehman, Supervisor Support Associates
John Trudel, Supervisor

Quality Management

Kristen Stevens, QM Director

Respiratory Services

William Hall, Director
Ed Ornelas, House Manager
Chad Villanueva, Manager NOC, House-wide Operations
Marty Sandoval, Manager, NICU
Stacey Henry, Manager, Critical Care

Stead Heart and Vascular Center

Deborah Keasler, Director
Gege Mike, Operations Manager, Cath Lab
Myrna Sarmiento, Manager, CICU
Estela Peralta, Clinical Supervisor, CICU
Karen Tse-Change, Nurse Manager, Cardiac Admin.
Allen Schanborn, Heart Failure Coordinator
Kathy Soderlund, Clinical Quality Program Coordinator, Cardiac Admin.

Stead Heart and Vascular Center *(cont)*

Paulette Wozencroft, Manager, Tele 3-2/Tele 3-3
Gerly Leyco, Clinical Supervisor, Tele 3-2/Tele 3-3
Melody Behringer, Clinical Supervisor, Tele 3-2/Tele 3-3
Mohamad Messelmani, Clinical Supervisor Tele3-2/Tele3-3

Surgical Services

Martha Soto, Director
Sherrie K. Cisneros, Manager, OPP
Cynthia Dematteis, Clinical Supervisor, OPP
Cyrene Del Rosario, Manager, Perioperative Services
Lynn Curtis, Clinical Supervisor OR
Christopher Esqueda, Clinical Supervisor, Day Surgery
Vicki Lizardi, Ortho/Clinical Program Coordinator

The Robert and Beverly Lewis Family Cancer Care Center

Shellee Reese, Admin. Director
Merlie Baello, Manager

Trauma Services

Stephanie Rabe, Director
Lauren Gurolla, Manager, Trauma ICU-1
Allan Lindo, Clinical Supervisor, Trauma ICU-1
Aimee Castillejo, Manager, Clinical Trauma & Acute Care Surgery

Women's Services

Dee Ann Gibbs, Director
Susan Miller, Manager, Family Education & Resource Center, Sweet Success
Brenda Larson, Clinical Supervisor, LDRP
Catherine Lightner, Clinical Supervisor, LDRP
Jo Dutton, Clinical Supervisor, LDRP/OR/Triage
Kathleen Majeski, Clinical Supervisor, LDRP
Kathy Rabe, Clinical Supervisor, LDRP/Maternal Transport Coordinator
Laura Smith, Clinical Supervisor, Sweet Success
Laurie Hummel, Clinical Supervisor, LDRP/QS System Supervisor/ Perinatal Outreach
Sherly Agustin, Clinical Supervisor, LDRP
Sheila Shields, Clinical Supervisor, LDRP
Terry Bretcher, Clinical Supervisor, Lactation Services

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COMMITTMENT
TO MY CO-WORKERS

As your co-worker and with our shared goal of excellent care to our patients, I commit to the following:

I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every member of this team.

I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

I will establish and maintain a relationship of functional trust with you and every member of this team. My relationship with each of you will be equally respectful, regardless of job title, level of educational preparation, or any other differences that may exist.

I will not engage in the "3Bs" (Bickering, Back-biting and Blaming) and ask you not to as well.

I will practice the "3Cs" (Caring, Committing and Collaborating) in my relationship with you and ask you to do the same with me.

I will not complain about another team member and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.

I will accept you as you are today, forgiving past problems and ask you to do the same with me.

I will be committed to finding solutions to problems rather than complaining about them or blaming someone for them and ask you to do the same.

I will affirm your contribution to the quality of our work.

I will remember that neither of us is perfect and that human errors are opportunities not for shame or guilt, but for forgiveness and growth.

Compiled by Marie Manthey

POMONA VALLEY HOSPITAL MEDICAL CENTER

Pomona Valley Hospital Medical Center is a not-for-profit, regional medical center dedicated to providing high quality, cost effective healthcare services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community.

POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch