

# Keeping You In Touch

September 2021

A Publication of the Pomona Valley Hospital Medical Center Marketing Department

## PVHMC Receives Get With The Guidelines Quality Achievement Awards for Exceptional Heart Failure and Stroke Care

Pomona Valley Hospital Medical Center (PVHMC) has received two national American Heart Association/American Stroke Association Achievement Awards, including the:

- **Gold Plus—Target: Stroke Honor Roll Elite Plus Award, 5th year in a row, and**
- **Gold Plus—Target: Heart Failure Honor Roll Award, 12th year in a row**

These achievements are awarded to hospitals that implement quality improvement measures that ensure cardiovascular patients receive efficient and coordinated care, ultimately leading to more lives saved, shorter recovery times and fewer returns to the hospital.

Nearly half of all adults in the U.S. have experienced some form of cardiovascular disease – including heart attack, stroke and heart failure. For patients with conditions that are severe enough to be transported or admitted to a hospital, time is critical.

PVHMC earned the awards by meeting specific quality achievement measures for the diagnosis and treatment of heart failure and stroke patients at a set level for a designated period. These measures include evaluation of the proper use of medications and aggressive risk-reduction therapies aligned with the most up-to-date, evidence-based guidelines. Before discharge, patients should also receive education on managing their conditions and overall health. Patients get a follow-up visit scheduled, as well as other care transition interventions.

“We are honored to be continuously recognized for the hard work and innovation of our cardiovascular teams in ensuring our patients have the best possible chance of survival and recovery after cardiovascular events,” said Richard E. Yochum, FACHE, President/CEO. “The Get with the Guidelines programs help put proven knowledge and guidelines to work on a daily basis to improve outcomes for cardiovascular patients.”

As a designated Comprehensive Stroke Center, Chest Pain Center and STEMI Receiving Center, PVHMC has also met specific scientific guidelines featuring a comprehensive system for rapid diagnosis and treatment of stroke and heart failure patients admitted to the emergency department.

“We are pleased to recognize Pomona Valley Hospital Medical Center for their commitment to cardiovascular care,” said Lee H. Schwamm, M.D., national chairperson of the Quality Oversight Committee and Executive Vice Chair of Neurology, Director of Acute Stroke Services, Massachusetts General Hospital, Boston, Massachusetts. “Research has shown that hospitals adhering to clinical measures through the American Heart Association’s quality improvement programs often see fewer readmissions and lower mortality rates.”

For more information on the nationally-recognized cardiovascular services offered at PVHMC, visit: [www.pvhmc.org](http://www.pvhmc.org).



# A BIG WELCOME TO OUR AUGUST 2021 PVHMC NURSE RESIDENTS!



Front row from left to right: Jessica Gately, Emergency Department; Ricky de la Torre, Emergency Department; Kristin Ahern, Emergency Department; Alexis Knapp, Med/Surg 5 (5C) and Kristine Sanchez, Trauma ICU

## **PVHMC CELEBRATES FIVE YEARS OF SUPPORTING NEW NURSES!**

PVHMC has a history of supporting newly licensed nurses through their first year of clinical practice. In August of 2016, PVHMC implemented a Transition to Practice program based on the American Nurses Credentialing Center (ANCC) standards. PVHMC’s New Graduate Residency Program was accredited with distinction on July 23, 2018.

### **A Special Thank You Message from a Clinic Partner**

PVHMC maintains several clinical agreements with healthcare training programs, including nursing, pharmacy, respiratory therapy, and many others. A nursing student wrote the following at the end of her clinical experience at PVHMC:

*“PVHMC was my favorite hospital out of all the hospitals I visited for clinicals and it's due to a few reasons. I felt that I learned most at PVHMC due to it being such a wonderful teaching hospital. Additionally, the hospital culture made the experience so pleasant. Nurses were really welcoming and kind. They worked well as a team and truly cared for the patients. I would want to be part of a team that goes above and beyond for patients, but also cares for one another as family. That's exactly what I saw at PVHMC.”*

### **Do you need a copy of your American Heart Association eCard? BLS? ACLS? PALS?**

You can use a link on the Education Department webpage under Helpful Links  
Access your American Heart Association eCard(s).





# THE PVHMC TELEMETRY 3 STATIONS 2 & 3 MAGNET JOURNEY

By Julie Soler-Sheffield, MSN, RN, Clinical Ladder III Staff Nurse/Charge Nurse, Telemetry 3, Stations 2 & 3



The Magnet Recognition Program by the American Nurses Credentialing Center (ANCC) is a worldwide honor for Excellence in Nursing. It is a designation that recognizes nursing leadership and nurse-driven initiatives, goals, and autonomy to improve patient outcomes and to attract and retain the best, brightest, and most highly educated Nurses in the profession.

As Magnet preparations were underway in anticipation of the ANCC Magnet Survey at PVHMC on August 16-18th, the Telemetry 3 Stations 2 & 3 Magnet Team took it one step further. Nurses Maria Cheryl Macaraig, BSN, RN, Lana Mach, RN, Melogie Manela, BSN, RN, Mercy Mensah, MSN, RN, Fawzia Mustapha, BSN, RN, and Julie Soler-Sheffield, MSN, RN took a train ride to the beautiful and historic Los Angeles Union Station to gather inspiration and meet with Morlin Management Asset Management staff, the company that runs and manages the “last of the great railroad stations.”

Julie contacted Ms. Susan Vance, the Senior Marketing Consultant for LA Union Station and explained that the unit’s Magnet Team wanted to decorate their lounge as a train station or depot, one of the many stops the Magnet Surveyors would be visiting virtually during the survey. In response, Ms. Vance graciously provided the team with photos of LA Union Station (courtesy of Photographer Kelly Barrie and Panic Studio L.A.) to be used internally for Telemetry 3’s unit lounge, designated as the “Rhythm Railroad.” Additionally, one of Tele 3’s own new grad Nurses John Park, BSN, RN used his exceptional artistry to draw and paint the “Rhythm Railroad” train along with its accompanying group of Tele 3 caricatures, based on both leadership and clinical staff members.

John was also responsible for the heart and brain train station drawing on chalkboard, which was used as a welcome sign into the unit lounge. This collaboration led to a beautiful Telemetry 3 lounge and successful reception for the Magnet Survey unit interview conducted on August 16th. Mark Morales-Santos, RN, one of the unit’s Magnet Team members, also created the Telemetry 3 Stations 2 & 3 Rhythm Railroad video, which was used as part of the introduction for the Magnet Surveyor. The Surveyor liked it so much, she asked that the video be sent to the entire Surveyor team!

The team would like to recognize other staff members who were essential to the successful preparation of PVHMC’s first Magnet survey: Maria Brown, MSN, RN, Magnet Program Coordinator, Angela Elmajian, RN and Jeanette Rios-Valdez, RN (Magnet Team members); Telemetry 3 Leaders Gerly Leyco, MSN, RN, CCRN, PCCN, RN-BC, Mohammad Messelmani, MSN, RN, Paulette Wozencroft, MSN, RN, Debbie Keasler, MBA, BSN, RN, NE-BC; finally, Telemetry 3 clinical staff Nathaly Chaparian, MSN, RN, PCCN, Patricia Fisher, BSN, RN, Tori Broberg, BSN, RN, Rama Kalai, MSN, RN, Lauren Hoffman-Vasquez, MSN, RN, PCCN, and Tyler Drozd, BSN, RN.

Link to the Telemetry 3 Stations 2 & 3 Rhythm Railroad video: [https://youtu.be/o6\\_5ZrInMMc](https://youtu.be/o6_5ZrInMMc)



# PVHMC GIVES BACK TO THE COMMUNITY!

Our Nursing team was out and about during the month of August providing free blood glucose screenings, blood pressure screenings, sidewalk-CPR demonstrations and COVID-19 vaccines!

## COVID-19 Vaccination Clinic at the Palomares Academy of Health Sciences in Pomona



## Pomona Connect Resource Fair





# GIRL SCOUT DELIVERY FOR OUR NICU PARENTS!

Our Neonatal Intensive Care Unit (NICU) was delighted to receive a gift of 100 boxes of Girl Scout cookies from Mission Viejo Girl Scout Troop 4364, on behalf of generous donor Robert Feldhake & The Feldhake Law Firm, APC!

The cookies were presented to the parents of our NICU babies by Laura, Troop Mom and our Neonatal Transport Team Liaison. She says the Troop chose to donate to our NICU parents because they wanted "to bring a smile to them on a gloomy or stressful day." Each cookie box was individually-wrapped in a label with signatures and drawings from each of the Scouts!

Our hearts are touched and so grateful for this gift – thank you Troop 4364!





# TRAUMA SERVICES TEAM PROVIDES STOP THE BLEED TRAINING TO POMONA POLICE DEPARTMENT

The Trauma Services Department conducted Stop the Bleed Training for all of the Pomona Police Officers during mid-August. A total of eight squads were trained on critical, lifesaving bleeding control techniques. This class was further enhanced to meet the specific needs of law enforcement training.

The importance of Stop the Bleed training for law enforcement and other first responders is critical, as they are more likely than community members to encounter a person with serious bleeding and are usually the first to arrive on-scene.

As a result of having this training, one Pomona Police Department Officer was able to use their personal tourniquet to save the life of a person just TWO days after receiving the training.

**Way to go Pomona PD!**



## UPCOMING MCI DRILLS

**Friday,  
October 1  
at 9:00 am**

The focus of this drill is TRIAGE during an MCI. Together, we will review education on the triage process as well as triage setup of the Emergency Department Ambulance Bay.

**Thursday,  
November 18,  
(time TBD)**

This will be a large scale drill with mock "victims" to be triaged. Are you a Nursing School Instructor who can volunteer students or know anyone who would like to be a mock "victim" for our November drill? If yes, please contact Marsha Reed, BSN, RN, Injury Prevention Coordinator for Trauma Services, at [marsha.reed@pvhmc.org](mailto:marsha.reed@pvhmc.org)

### How can YOU help?

Please join us in these drills to help better prepare PVHMC for an MCI! Prior to the MCI drills, you can review your Code Black MCI policy and discuss it with your department leadership.



# Sepsis Awareness Month

## BRIDGING THE GAP

By Nora B. Catipon MSN, RN, GNP –BC, Sepsis Coordinator

### SEPSIS BY THE NUMBERS

- According to the Center of Disease Control and Infection (1) anyone can get an infection, and almost any infection, including COVID-19, can lead to sepsis. Mortality rates are high, and for those who survive develop post-stress syndrome.
- At least 1.7 million adults in America develop sepsis.
- Nearly 270, 000 Americans die as a result of sepsis.
- 1 in 3 patients who dies in a hospital has sepsis.
- Sepsis, or the infection causing sepsis, starts outside of the hospital in nearly 87% of cases.
- The cost of sepsis management in U.S hospitals ranks highest among admission for all disease states. In 2013, sepsis accounted for more than \$24 billion in hospital expenses.
- From 2012-2018, during a study period conducted by the researchers from the U.S Department of Health and Human Services (2), the total annual cost of inpatient hospital admissions among fee-for service, Medicare beneficiaries increased from \$17.8 billion to \$22.4 billion.

Over the years I have educated patients and family members on sepsis in the hospital and participated in community outreach activities. It is appalling to realize that more than half of patients I interviewed to assess their knowledge, have never heard of sepsis. For some patient survivors who experienced sepsis, they recover completely and able to resume their lives, however there are those who are unable to cope with challenges and end up with post sepsis syndrome (PSS)(3).

Post sepsis syndrome is a condition that affects up to 50% of sepsis survivors. It is a constellation of symptoms described as consistent cognitive, psychological, physical and medical defects following severe sepsis. Some physical long- term effects include disabling fatigue, chronic pain, poor appetite, repeated infections, reduced organ function of the kidney, liver and heart. Cognitive impairments include problems with memory, learning, concentrating, and decision-making affect the daily lives of patients, their care caregivers and their families. Aside from physical disability, some suffer post-traumatic stress disorder after critical illness, (i.e. avoiding coping, sleep disturbances, and substance use), major depressive and generalized anxiety disorder. Ultimately leading to poor quality of life among the survivors.

A demand for attention to this highly prevalent disease and consequences must echo a national campaign to raise sepsis awareness through education and collaborative initiatives starting at the local community clinics, hospitals, skilled nursing and rehabilitative facilities, assisted living and other community forums and health fairs. Prevention of sepsis, early detection and rapid treatment are key strategies to improve patient survival. All hospitals in the nation should have a sepsis screening process and standardized sepsis protocol.

Identification of gaps in the transition for the patient post- acute hospitalization is vital to prevent hospital readmissions. According to study by Murtaugh et al.,, 2019, a combination of early home health and MD visit in the first week after discharge reduced the risk of 30-day hospital readmission, but only 28% received this. Our Sepsis program at PVHMC is dedicated not only to save lives but to improve the quality of life of our sepsis survivors.

To help with the transitions of care initiatives, transitions of care pharmacy services has been providing post discharge calls 24 to 72 hours post discharge to high risk patients on the telemetry floors which often include sepsis patients. Our committed transitions of care pharmacist assesses for patient adherence to prescribed medications, identify knowledge gaps, and provide education opportunities to assure medication adherence.

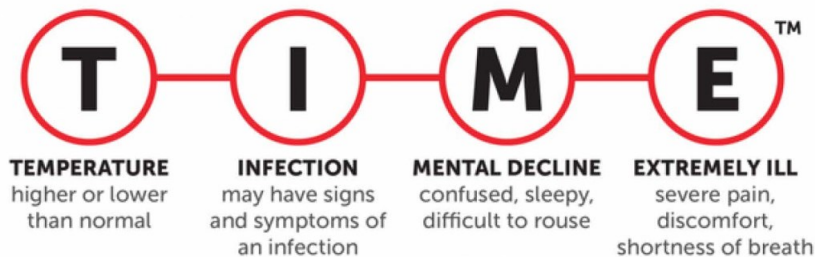
For the Medicare patients who are diagnosed and treated for pneumonia infection, a follow-up clinic appointment with the primary care physician is made prior to discharge, and a follow-up phone call is performed by our hospital staff, three days after discharge. Optimal management of cormorbid conditions such as COPD and CHF is an important intervention to lower the risk of hospital readmission. COPD rehabilitation is recommended highly for those patients with a COPD diagnosis. Physical therapy for outpatient pulmonary rehabilitation services is an important intervention added in the development of a new COPD order set. There is more work to be done, a system wide approach and patient centered care is imperative in planning a framework in the transition of care of patients post-acute care hospitalization.



## What is Sepsis?

Sepsis is the body's extreme response to an infection and is potentially life threatening when the body responds abnormally by damaging its own tissues thereby causing organ damage such as respiratory failure and kidney failure. Infections that lead to sepsis most often start in the lung, urinary tract, skin or gastrointestinal tract. Without rapid recognition and treatment, sepsis can rapidly progress to tissue damage, a condition called septic shock, which is a dramatic drop in blood pressure than can lead to severe organ problems and death.

When it comes to sepsis, remember  
**IT'S ABOUT TIME™**. Watch for:



## Who is at risk?

Some people are at a higher risk for sepsis, including:

- (a) adults 65 years and older
- (b) people with weakened immune systems
- (c) people with chronic medical conditions such as diabetes, lung disease, cancer and kidney disease
- (d) people with recent severe illness or hospitalization
- (e) sepsis survivors
- (f) children younger than one-year-old

## What causes Sepsis?

Any type of infection can cause sepsis, It can be caused by bacteria, viruses, fungi or parasites.

## Can Sepsis be prevented?

Yes! Here are some steps you can take to prevent Sepsis:

- Always practice good hand hygiene
- Get recommended vaccines
- Take good care of chronic conditions
- Keep cuts clean until healed
- Know the symptoms of sepsis

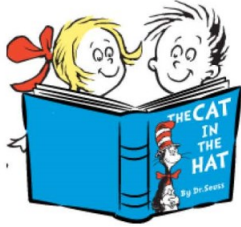
## Can Sepsis be treated?

People with suspected sepsis must receive antibiotics and intravenous fluids as quickly as possible. The antibiotics fight the infection while fluids help make sure enough blood & oxygen gets to the cells & tissues.

### Sources:

- 1 Centers for Disease Control and Prevention. Retrieved August 22, 2021, <https://www.cdc.gov/sepsis>
- 2 Paoli CJ, Reynolds MA, Sinha M, Gitlin M, & Crouser E. (2018). Epidemiology and Costs of Sepsis in the United States-An Analysis Based on Timing of Diagnosis and Severity Level. *Crit Care Med.* 2018 Dec;46(12):1889-1897. <https://doi: 10.1097/CCM.0000000000003342>.
- 3 Post –Sepsis Syndrome. Retrieved August 22, 2021, <https://www.sepsis.org/sepsis-basics/post-sepsissyndrome>
- 4 Deb P, Murtaugh CM, Bowles KH, Mikkelsen ME, Khajavi HN, Moore S, Barrón Y, & Feldman PH. (2019). Does Early Follow-Up Improve the Outcomes of Sepsis Survivors Discharged to Home Health Care? *Med Care.* 2019 Aug;57(8):633-640. <https://doi: 10.1097/MLR.0000000000001152>.





# PVHMC CHILDREN'S SERVICES

## NICU READ-A-THON

Book Drive: September 6 - 23, 2021  
Read-a-thon: September 13 - 23, 2021



### WHAT:

The PVHMC NICU is participating in the second annual "Babies With Books NICU Read-a-Thon."

The PVHMC NICU is also hosting our first annual NICU Book Drive in order to start our very own NICU free little library and reading program.

### WHY:

Reading with babies supports brain development and provides families important ways to connect, bond, and reduce stress through reading and talking.



### COMPETITION:

This friendly reading competition between both families and NICUs was designed by the youth-led organization "Babies With Books" in 2020 to help support infants and families as well as build NICU morale, especially during the isolating time of COVID-19.

Currently, there are over 70 NICUs across the country, and abroad, that have registered for the Babies With Books NICU Read-a-Thon. The PVHMC NICU is in a friendly competition with these other NICUs to see who can read to the most infants (visit [Babieswithbooks.org](http://Babieswithbooks.org) for more information).

### HOW:

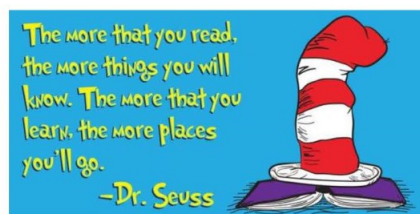
Parents, volunteers, and NICU Associates will read with our NICU babies each day when they are awake and alert.

Every time a baby is read to during the Read-a-Thon, the parent, volunteer or NICU associate will earn a reading ticket to enter into a raffle.



### Donations:

Please help support our NICU infants by donating books during our book drive. **Due to the health and safety of our little NICU babies, we are only able to accept new books at this time.** A donation box will be located inside the NICU and in the Women's Center Lobby during the Book Drive. Thank you!





# CONGRATS TO REHAB SERVICES' JENNIFER RAMOS!

Congratulations to Pediatric Occupational Therapist, Jennifer Ramos, OTR/L, CNT, NTMC for becoming a Certified Neonatal Therapist!

Neonates, especially the more premature and medically fragile infants, require very specialized and unique interventions. Neonatal therapy expertise is achieved through an understanding of evidence-based practice and years of experience. The Neonatal Therapy Certification ensures therapists working in the neonatal intensive care unit (NICU) meet the minimum standards set by the Neonatal Therapy National Certification Board (NTNCB) and endorsed by the National Association of Neonatal Therapists.

Clinicians who achieve the Certified Neonatal Therapist (CNT) distinction have completed a minimum of 3,500 hours of direct patient care in the in the NICU, have taken a minimum of 40 hours of continuing education directly related to the NICU, have received 40 hours of mentored experiences and have passed the Neonatal Therapy Certification Exam. By successfully meeting these rigorous requirements, Jennifer is positioned to play an even larger role in providing safe, high quality care to the hospital's smallest and most vulnerable patients.

Preterm and other high-risk infants who begin their lives in the NICU have an increased risk of disability. With this enhanced training and knowledge, signs of impairments can be identified prior to discharge from the NICU, thus allowing for earlier therapy intervention, and a more positive long-term impact. For example, neonatal therapists can provide specific, targeted interventions to treat both sensory and motor deficits, educate family and other members of the NICU medical and nursing staff, and play a critical role on the NICU team.

Rehabilitation Services applauds Jennifer's commitment to, and pursuit of, this advanced level of knowledge and skill! No doubt it will elevate the already remarkable level of care at PVHMC for the high-risk infants in the NICU!



**Jennifer Ramos, OTR/L, CNT, NTMC**  
Registered Occupational Therapist  
Certified Neonatal Therapist  
Neonatal Touch and Massage Certified



# HEALTHY CHOICES FOR KIDS

By Elizabeth Moreira RD, CLE, Pediatrics and Neonatal Clinical Dietitian

## HEALTHY SNACKS

Children have small stomachs so they need to eat often. Snacks should be planned. Here are some snack ideas:

- Soft fruits – cut or chopped
- Small sandwiches – cut up into triangles
- Peanut butter on crackers
- Carrots sticks and peanut butter
- Cheese
- Yogurt
- Fruit juice popsicle
- Quesadillas (cheese melted in a tortilla)



## GOOD FAST FOOD CHOICES

A fast food once a while is fine. Here are some good choices:

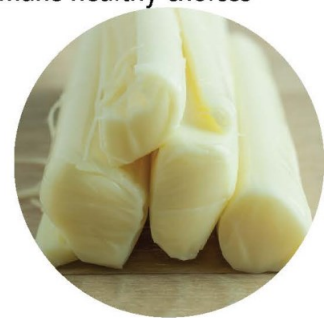
- Pizza with vegetable toppings
- Baked potato
- Grilled chicken sandwich
- Small hamburger with lettuce and tomatoes
- Apple instead of french fries
- Milk or fruit juice
- Frozen yogurt
- Limit sodas and sweet drinks



## WATCH OUT FOR "JUNK FOODS"

A lot of television advertisements make children ask for many foods like sweet cereals, potato chips, cookies and snack cakes. These foods are low in nutrition, high in fat, sugar or salt. Too much of these junk foods can make children over weight, spoil their appetite and can cause tooth decay. Read the labels and make healthy choices for children. Good choices are:

- Popcorn
- Crackers
- Dry cereals like cheerios
- Yogurt
- String cheese
- Fruits



## HEALTHY WEIGHTS

Help your child to have a healthy weight. Limit TV time to two (2) hours per day.

Here are some ideas:

- Take a walk with your child
- Play ball
- Run and skip
- Play in the park together
- Dance to music
- Have a family play time
- Do not use food as a reward - give your child hugs and attention instead.
- Only serve sweets once a while - limit cookies, cakes, candies and sodas





# PVHMC IN THE NEWS



**Darlene Scaffidi, MSN, RN, NEA-BC, Executive Vice President of Patient Care Services Recognized as Health Care Executive of the Year Finalist by the**

## LOS ANGELES BUSINESS JOURNAL

THE COMMUNITY OF BUSINESS™



Celebrating more than 40 years of service at Pomona Valley Hospital Medical Center (PVHMC), Darlene Scaffidi, MSN, RN, NEA-BC, executive vice president of patient care services, began her legacy as a nurse in the hospital's medical/surgical unit in 1979. She also served in the telemetry, pediatric, intensive care, and cardiovascular units, where she developed and honed her skills in nursing and patient care. In her current role, Scaffidi collaborates with nursing teams to ensure PVHMC is delivering the safe, high-quality care that has earned the hospital national recognition. During the COVID-19 pandemic, Scaffidi directed the hospital's clinical response to the COVID-19 pandemic. Under her leadership, the hospital broke down the silos between departments and disciplines and increased cross-team collaboration, allowing the hospital to respond to rapidly changing public health guidelines.

### **Doug Chiriboga, MD,**

President of the Medical Staff and Family Medicine Physician at the Pomona Valley Health Center, Pomona, spoke with

### **NBC Los Angeles**

about the importance of COVID-19 vaccines and precautions for children going back to school.



## LOS ANGELES BUSINESS JOURNAL

THE COMMUNITY OF BUSINESS™

### Helping Southland Residents with Post-COVID Recovery

Custom Content by the Los Angeles Business Journal

Monday, August 16, 2021

Like 0

Share

Share

Tweet

Some people who have had COVID-19 are finding their symptoms related to the virus continuing for many months. Shortness of breath, persistent fatigue, cognitive "brain fog" issues, difficulty eating and drinking, speech and language problems, cardiac issues, plus the anxiety or depression that can often be associated with the lengthy recovery from this new virus that we still have so much to learn about. It can affect almost every aspect of life and make resuming previous activities harder than expected.



## Local hospital helps COVID patients navigate the 'long haul'

by Steven Felschundneff | [steven@claremont-courier.com](mailto:steven@claremont-courier.com)  
August 6, 2021



Early in December 2020 Alta Loma resident Denalonor Bustamante had a sinus headache that would not go away. Although she telecommutes, she called in sick and was certain her symptoms would pass. The headache and sinus pressure became worse, until finally on December 9, her adult daughter became concerned and took her to Pomona Valley Hospital Medical Center's emergency room. She was diagnosed with pneumonia and a sinus infection and was admitted. Ms. Bustamante spent the next 22 days in the hospital's telemetry unit battling COVID-19.

"It was kind of strange," Ms. Bustamante, 62, said. "I went in with a sinus headache and was diagnosed with pneumonia. The next day they said I tested positive for COVID."

Ms. Bustamante has no idea how she contracted the coronavirus. Her family exercised extreme caution throughout the pandemic and she worked from home, rarely going out. Her husband Edward did most of the shopping so perhaps he contracted the virus at the grocery store. He, too, became sick but had a mild case.

Ms. Bustamante was hospitalized at the beginning of the winter COVID-19 surge, which complicated her treatment due to the many patients with the coronavirus. The doctors wanted to admit her to the intensive care unit but it was full. She was never intubated but was on high flow oxygen due to extreme shortness of breath.

To be discharged, Ms. Bustamante needed to reduce her dependence on the supplemental oxygen. "I worked really hard on my breathing so I would not be so reliant on the oxygen. By the grace of God I got [the oxygen] down," she said.

But there was one last hurdle—she was going to need oxygen once she was home but it was in very short supply. She spent two very difficult days, technically well enough to go home but stuck in the hospital while the oxygen supply was located. Finally, through some advocacy of her own, Ms. Bustamante's husband went to the medical supply center to retrieve the in-home oxygen unit and she was finally able to go home.

She was discharged on New Year's Eve, which had been her goal all along because her daughter Amber was turning 21 that day and Ms. Bustamante wanted to be with her.

Once back at home she discovered new struggles. That first day she wanted more than anything to shower, but the bathrooms in her two-story home were upstairs. It took 45 minutes with a walker and the help of her family to get from the ground floor, up 13 steps and into the tub.

"The first couple of weeks at home, I was weak and slept all the time. My head and body ached—and I would cough nonstop for periods ranging from 45 minutes to two hours," Ms. Bustamante said. "I had developed pulmonary thrombosis—my doctor described it as 'taking shards of glass and spreading it on my lungs.'"

As time passed, Ms. Bustamante's recovery stalled. In addition to the shortness of breath and fatigue, she experienced cognitive difficulty. A healthy and active woman before COVID, she now took 12 medications. Her doctors discovered she was diabetic.

Ms. Bustamante is one of a growing number of people struggling with a coronavirus complication known as long COVID or post-COVID syndrome, informally known as long haulers. Common symptoms include fatigue, difficulty thinking, loss of smell or taste, difficulty breathing, fast-beating or pounding heart, cough, joint or muscle pain, fever, depression and anxiety. According to a study published in the JAMA Journal, 10 percent of people who had only a mild case of COVID-19 experienced at least one moderate or severe symptom during the eight months following initial recovery. Pomona Valley's website states 10 to 30 percent may have the syndrome.

Denalonor's pulmonologist, Dr. Rakesh Sinha, soon referred her to Pomona Valley Hospital Medical Center's Post-COVID Recovery Program managed by pulmonary rehabilitation certified respiratory therapist, Tammy Magill. Ms. Bustamante began twice-weekly sessions on February 18, which continue to this day.





Ms. Bustamante differs from most long COVID patients because she is middle aged and had a serious case of COVID-19. Most people who end up with protracted symptoms initially had mild cases and tend to be young and healthy. What is most troubling about post-COVID syndrome is no one knows whether, for some patients, it will be a chronic illness that will hamper their physical freedom for life.

"Interestingly, many of our Post-COVID Recovery Program patients were not necessarily the most ill, or those hospitalized the longest," Ms. Magill said. "They managed their initial symptoms at home and, either never got over them completely, or got over them originally and symptoms returned months later."

Ms. Magill leads a skilled multidisciplinary therapy team working to evaluate symptoms, test each patient's underlying physiologic impairments, and individualize treatment plans. The goal is to help patients recover from the continuing effects of the disease through specialized therapies and progressive exercise programs designed to improve lingering symptoms and restore functional independence for each person as quickly and safely as possible, according to a news release from the hospital.

During a recent Wednesday afternoon Ms. Bustamante ambled into the rehabilitation room where she has her twice weekly sessions. She no longer needs supplemental oxygen during the day or a walker. She greeted Ms. Magill, and sat down to have her blood pressure taken by physical therapist Jerry Harris, who also provided a vital sign monitor for her finger.

Her session began with walking on a treadmill, followed by an arm strength machine that works like pedaling a bike with one's hands, and finally, a stint on a recumbent bicycle machine.

"When I started here, I was on the treadmill and I barely made three minutes and I felt like I had run a marathon. I was gasping and could hardly breathe and that was with oxygen on," Ms. Bustamante said. "Slowly we worked my oxygen level down and now I am at 20 minutes [on the treadmill] and my stamina has picked up."

Ms. Magill and her team have helped over 150 patients since February, when the medical professionals were no longer needed for the surge in new COVID cases. They hit the ground running, seeing 10 new patients per week, 95 percent of whom have post COVID-19 syndrome.

In addition to the breathing issues, many people who enter the program have muscle atrophy from lying in bed for weeks. The physical therapy wakes those muscles up but can also result in cramping and a burning sensation. Loss of eyesight from macular degeneration and tightness in the chest are more common side effects of long COVID. Ms. Magill said anyone who experienced even a mild case of COVID-19 should see a cardiologist.

"Patients ask 'how long will this last?' but [she tells them] 'I can't give you a timeline because I don't know,'" Ms. Magill said. "I am 32 years in respiratory therapy and have never seen anything like this. It is mind boggling."

However, she has seen a tremendous positive change in many of the patients who are getting back to work, doing chores at home or driving again—basically moving on to their new normal.

"It's been great," Ms. Bustamante said. "When I started, Tammy was so very personable and attentive to me and made sure that I did not overdo it, because she saw that I would push myself."

Ms. Bustamante continues to recuperate, but misses some of the hobbies she loved before her illness, like baking cakes. She most looks forward to riding bicycles with her husband Edward again.

"I almost feel normal again, it's just difficult to breathe. I never thought I would have a hard time, we take it for granted how easy it is to breathe but I had to relearn how to breathe."



# Advance Healthcare Directives



Advance Healthcare Directives are an important aspect of the care and treatment we provide our community. Understanding Advance Healthcare Directives is imperative for all Associates, our patients and their families.

There are regulations and standards related to this process which include the Federal Patient Self Determination Act. This act requires all hospitals and other healthcare providers to adopt written policies and procedures to assure that every adult receiving medical care is provided written information at the time of admission concerning an individual's right under state law to make decisions regarding his or her medical care. This includes the right to accept or refuse treatment and the right to formulate Advance Directives.

In addition, the Joint Commission Patient Rights Standard RI.01.05.01, requires the Hospital to:

- Have policies and procedures on Advance Directives
- Implement those policies
- Provide patients with written information about Advance Directives
- Document whether or not the patient has an Advance Directive
- Refer the patient to resources for assistance in formulating an Advance Directive
- Honor the patient's right to formulate an Advance Directive
- Honor the contents of the Advance Directive
- The existence or lack of an Advance Directive does not determine the patient's right to access care, treatment and services

An Advance Directive has two major objectives. First, it allows a person to designate a decision maker or alternate decision maker should they be unable to speak for themselves. Second, the Advance Directive allows the person to outline the types of treatment they would or would not want. For example, designating DNR or indicating certain wishes about organ donation or pain management.

At PVHMC, we encourage our patients to complete an Advance Directive and have notary services to assist in the process. All completed Advance Directive forms are included in the patient's electronic medical record and can be accessed by the healthcare team at any time.

We inform our patients about Advance Directives in the Patient Guide which is given to all admitted patients. In addition, the staff of the Patient Relations Department (as well as social services and the palliative care team) are available to answer questions or provide the document when patients (or our Associates) want to officially document their wishes.

For clinical staff: It is very important that you know your patient's Advance Directive status and if they have provided the document to the Hospital. If so, you **MUST** review the information and follow the patient wishes as indicated in the document. Should any conflicts occur about the patient wishes or treatments being provided, you should elevate the issue to your leadership team or to the Ethics Committee as indicated.

The Rights of the Individual Functional Team encourages all Associates and their family members to learn about Advance Healthcare Directives and to complete one so that you have your wishes documented. You can access the Advance Directive Form via the Patient Relations/Risk Management Intranet Page **located [HERE](#)**.

Remember, everyone has the right to determine what happens to her or his body and completing an Advance Healthcare Directive can formally document those wishes. For more information or to complete an Advance Healthcare Directive, please contact the Patient Relations Department at X9585.

Rights of the Individual Functional Team  
Source: CHA Consent Manual

See also: <https://www.nia.nih.gov/health/advance-care-planning-health-care-directives>



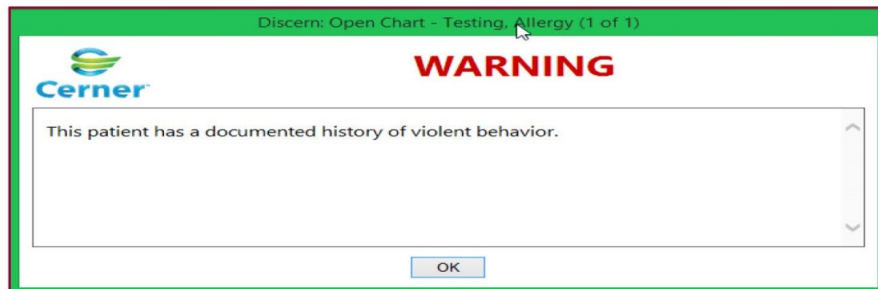


## WORKPLACE VIOLENCE PREVENTION – QUARTERLY UPDATE

Annual Associate Update – Posted on the Workplace Violence Prevention Intranet page in June, 2021

This Annual Associate Update provides all Associates with information on the PVHMC Workplace Violence Prevention Program along with helpful tips to reduce the instances of violent behavior and what to do if someone displays escalating violent tendencies.

### Violent Behavior Alert



### Brain Teaser

**Can you name three consecutive days without using the words Monday, Tuesday, Wednesday, Thursday, Friday, Saturday or Sunday?**

If you have figured this out, email [amber.brenneisen@pvhmc.org](mailto:amber.brenneisen@pvhmc.org) for a chance to win a \$25 gift card!

**Deepti Madahar, Revenue Cycle Specialist, HIM, was July's winner! Congratulations!**

Solution: 6 minutes!

This alert is used when a patient displays violent behavior. The alert will pop-up each time you enter the patient's record. This will help communicate and inform all clinical staff of a patient's history so that you can take appropriate steps to protect yourself and others.

## Injuries Related to Acts of Workplace Violence



The main scenario when our Associates experience injuries involve combative patients and those that we are attempting to restrain. Remember to use appropriate self-protection methods (distance, calling Code Gray, etc) so that we can reduce overall injuries to our hospital Associates.

## Welcome New Associate Committee Members



The Workplace Violence Prevention Committee, which meets quarterly, welcomes new participation from our nursing Associates including:

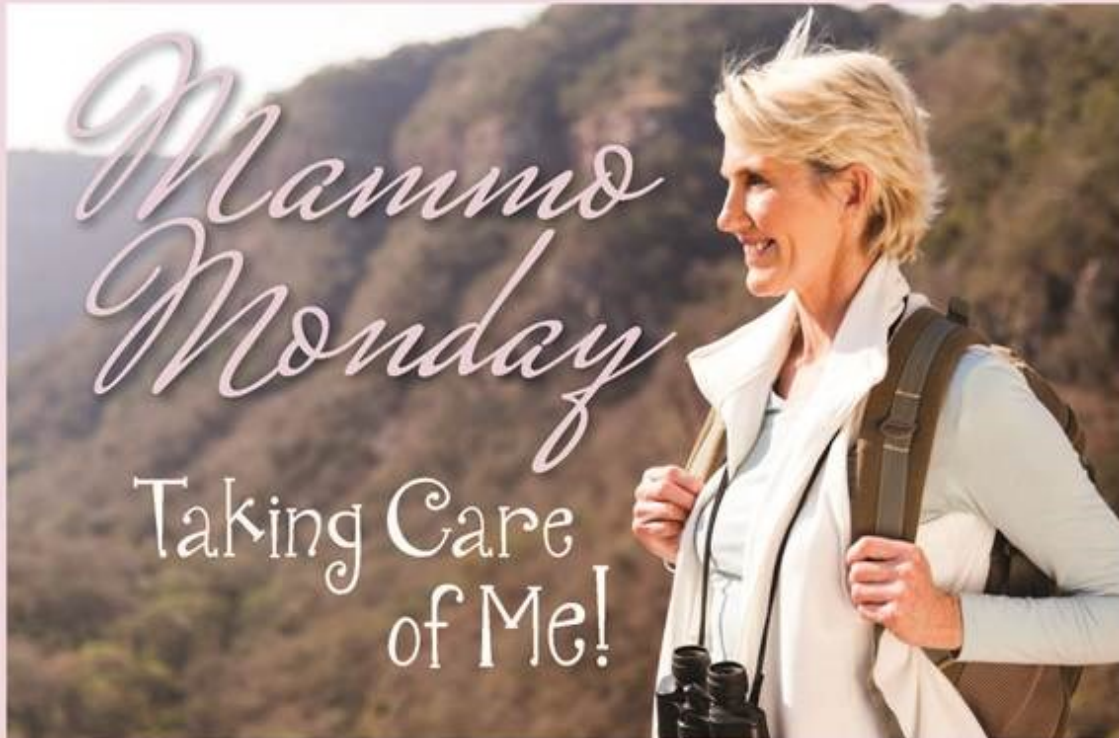
- Kimberly Tan – ED
- Jianmei Bao – CVICU
- Scarlett Holden – Med/Surg
- Maria Villaruel – Med/Surg
- Mercy Mensah – Tele
- Julie Ford - ICU

These amazing Associates will bring the voice of our front line staff to our Committee as we continue to improve our overall safety at PVHMC for our Associates, patients and community.

Your engagement with preventing Workplace Violence is greatly appreciated. Remember to report any acts of violence via the hospital Event Reporting link and feel free to ask questions of our committee by emailing [wpv@pvmhc.org](mailto:wpv@pvmhc.org)



POMONA VALLEY HOSPITAL MEDICAL CENTER



**W**orking in the healthcare profession, we all tend to take care of patients, family members and friends, putting everyone first before taking care of ourselves. Mammo Mondays urges you to take time for your health by scheduling your yearly mammogram on a Monday - you'll also be entered into a raffle for a chance to **win a \$100 gift card!** You will be asked to fill out a raffle ticket at your appointment - a winner will be drawn each quarter and announced in the monthly "Keeping You In Touch" newsletter.

**To enter:** Associates just need to show their badge at their appointment.

**More chances to win:** Associate family members can show a photo of their related Associate wearing their badge when they come to their appointment and an additional raffle ticket will be completed in your name!

Call Centralized Scheduling to make your appointment for a mammogram on a Monday!

**909.469.9395**



MEDICAL CENTER  
BREAST HEALTH CENTER

*Expert care with a personal touch*

# A Month of Celebrations



By Elizabeth Grainger, Palliative Care Chaplain

September is filled with celebrations of holy days and celebrations from world faith traditions. On September 22, the fall season officially begins as we celebrate the **Autumn Equinox**. The word “equinox” comes from Latin *aequus*, meaning “equal,” and *nox*, “night.” The equinox marks the moment the Sun crosses the celestial equator – the imaginary line in the sky above the Earth’s midpoint – from north to south. The exact time of the fall equinox varies by time zone, and will technically occur at 12:12 PM on Thursday, September 22, in our location in Pomona this year. The five tribes of our local San Gabriel Mountains-- Tongva, Tataviam, Chumash, Kitanemuk, and Serrano— had their own ways of celebrating the change of season and of observing a sacred connection with nature. Even if you do not have a specific belief or spiritual practice in relation to the equinox, you still may want to take note of the changing seasons.

The most sacred and important religious festival for Jains, **Paryushana Parva**/Festival of Abiding and Forgiveness (Sept 4-11) originated in India during the rainy season, when monks and nuns would be unable to move from place to place due to weather and would stay in their religious communities for a period of fasting, study, and prayer. Local people would gather and seek their guidance for spiritual instruction, and in many cases took what amounted to temporary religious vows. The period lasted for months and culminated in what we now know as the Jain Festival of Abiding and Forgiveness. At the end of this festival of fasting and prayer, Jains seek and offer forgiveness from and to spiritual teachers, family, friends, and ultimately, all living beings. This ritual of forgiveness is sometimes called the rite of universal friendship:

*I grant forgiveness to all living beings.  
May all living beings grant me forgiveness;  
My friendship is with all living beings;  
I have no enemies.  
Let there be peace, harmony, and prosperity for all.*

**Rosh Hashanah** (New Year) is celebrated in the Jewish community as the birthday of the universe and the “head” (*rosh* in Hebrew) of the Jewish year. It begins at sundown on Sept 6 and ends after nightfall on Sept. 8. Together with Yom Kippur (which follows 10 days later), it is part of the *Yamim Nora'im* (Days of Awe, or High Holidays). The central observance of Rosh Hashanah is blowing the *shofar* (ram’s horn) on one or both mornings of the holiday (unless the holiday falls on Shabbat or the Jewish Sabbath). Rosh Hashanah meals traditionally include round challah bread (studded with raisins) and apples dipped in honey, to symbolize wishes for a sweet and prosperous new year. Other Rosh Hashanah observances include candle-lighting in the evenings, time spent with family and friends, and worship in a synagogue or temple.

**Yom Kippur** (Sept 15) is the holiest day of the Jewish year. The day is considered the “Day of Atonement,” as described in Leviticus 16:30, “For on this day He will forgive you, to purify you, that you be cleansed from all your sins before God.” Jews fast from food and drink, and by engag-

ing in intensive prayer, often spending most of the day in religious services. According to Jewish tradition, on Rosh Hashanah God records every person’s fate for the year to come into the Book of Life, and waits until Yom Kippur to “seal” His decision. During the High Holidays, many spiritual and religious Jews try to seek forgiveness for their transgressions against both God and other people, in hopes of finding mercy.

**Michaelmas/The Feast of Saint Michael and All Angels** (Sept 29) is the most ancient of the Christian angel festivals still currently celebrated. Did you know that Michael and Gabriel are recognized as archangels in Judaism, Islam, and by most Christians? Although he is not specifically named in either the New Testament or the Quran, in later Christian tradition, St. Raphael became identified with healing; in Islam, where his name is Israfil, he is understood to be the unnamed angel mentioned in the Quran who stands eternally with a trumpet to his lips, ready to announce the Day of Resurrection. While the day is not as widely celebrated as it once was, many people find comfort and meaning through belief in angels.

As the seasons change, what is changing in your life? What is your relationship with forgiveness? If you were to adapt the “rite of universal friendship” to your life, what would it mean for you and how would you practice it? As you explore these and other questions, the Chaplains of Spiritual Care Services are here for you. To speak with a Chaplain, please phone 909.469.9305, or page the Chaplain on-call at 5904 (available Monday-Friday, 9am-5:30pm). **We are here for YOU.**

## SEPTEMBER 2021

- 1 Feast of the Indiction (Religious year begins) — Orthodox Christian
- 4-11 Paryushana Parva (Festival of Abiding and Forgiveness) —Jain
- 6-8 Rosh Hashanah (New Year) —Judaism
- 8 Nativity of the Virgin Mary—Christian
- 10 Ganesh Chaturthi (Festival of Lord Ganesh) —Hindu
- 11 Enkutatash (Ethiopian New Year) —Ethiopian Orthodox, Rastafari
- 14 Feast of the Exaltation of the Holy Cross—Orthodox Christian
- 15 Yom Kippur (Day of Atonement) —Judaism
- 20-27 Sukkot (Feast of Tabernacles) —Judaism
- 22 Autumn Equinox/First day of Fall  
Mabon – (Equinox/Harvest Festival)—Wicca/Pagan
- 27 Meskel (Feast of the Exaltation of the Holy Cross) – Ethiopian Orthodox Christian
- 28 Simchat Torah (“Rejoicing With the Torah”)—Judaism
- 29 Michaelmas/ Feast of Saint Michael and All Angels - Christian





## EMERGENCY ROOM OR URGENT CARE

### Which one should you go to?

Recognizing the differences between “emergency” and “urgent” care can be confusing, because both terms imply there is a medical need that needs to be addressed quickly. However, there are distinct differences between the two on both the level and cost of care.

**Urgent care centers** help fill a vital gap when you become sick or injured, but your regular doctor is not available and you can’t wait for an appointment.

If your symptoms come on gradually or you already know the diagnosis — for example, you have repeat urinary tract infections, or you recognize when your child has come down with an ear infection, you would go to urgent care when you can’t get a timely appointment with your primary care doctor

**Hospital emergency departments** provide medical care at any time, day or night. However, unlike urgent care centers, they are equipped and staffed for the most complex or critical needs, including life- and limb-threatening situations.

**PVHMC Emergency Room or PVHC Urgent Care:**  
*Which one should you go to?*  
 If you're ever in doubt, call 9-1-1 and head to the nearest emergency room.

WHEN TO GO TO E.R.	WHEN TO GO TO URGENT CARE
<ul style="list-style-type: none"> <li>• Eye injuries</li> <li>• Head injuries</li> <li>• Loss of balance/fainting</li> <li>• Newborn baby with fever</li> </ul>	<ul style="list-style-type: none"> <li>• Eye irritation</li> <li>• Fever without rash</li> <li>• Migraine</li> </ul>
<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Cough/cold</li> <li>• Mild asthma attacks</li> </ul>
<ul style="list-style-type: none"> <li>• Severe abdominal pain</li> <li>• Deep cuts that require stitches</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting</li> </ul>
<ul style="list-style-type: none"> <li>• Pregnancy-related problems</li> <li>• Intestinal bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• Rash</li> </ul>
<ul style="list-style-type: none"> <li>• Large open wound</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary tract infections</li> </ul>
<ul style="list-style-type: none"> <li>• Compound fracture (bone protrudes through skin)</li> </ul>	<ul style="list-style-type: none"> <li>• Minor cuts and scrapes</li> <li>• Minor cuts that may require stitches</li> </ul>
	<ul style="list-style-type: none"> <li>• Sprain/strain injuries</li> <li>• Minor broken bones (toe, foot, finger)</li> </ul>

The Emergency Services Department at Pomona Valley Hospital Medical Center is a full-service department open 24 hours a day, 7 days a week. We offer effective evaluation and treatment to quickly remedy any medical emergency you may have. Our facility is staffed with a committed team trained in emergency medicine to give you an accurate diagnosis for the best care. Among our experienced team are board-certified emergency physicians and nationally certified nurses, physician assistants, emergency medical technicians, respiratory therapists, and support staff.

Below are the copayment differences between urgent care visit and emergency room visit:

	Tier 1 – Pomona Providers Listing	Tier 2 – Blue Shield Providers
Urgent Care Center	No charge	\$40 copay per visit
Emergency Room	\$150 copay per visit	





## COLORECTAL CANCER FACT SHEET

Colorectal cancer starts in either the colon or rectum. In the US, colorectal cancer is the third most common cancer. It is also the third-leading cause of cancer death in both men and women.

### Risk Factors

More than half of all colorectal cancers can be linked to risk factors that can be changed. These include being overweight or obese; not being physically active; smoking; and drinking alcohol. Eating a diet with lots of red or processed meats and not enough fruits, vegetables, and whole grains can also increase risk.

Other risk factors cannot be changed include a person’s age, having a personal or family history of colorectal polyps, having inflammatory bowel disease, certain hereditary syndromes (such as Lynch syndrome), or type 2 diabetes, and a person’s race and ethnicity (African Americans and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer).

### Prevention

Not all colorectal cancers can be prevented. But there are ways a person can help lower their risk.

- **Get regular screening to find problems that may turn to cancer, such as polyps that can be removed.**
- Get to and stay at a healthy weight.
- Get regular exercise.
- Follow a healthy diet that includes plenty of fruits, vegetables, and whole grains. Limit or avoid red/processed meats and highly processed food.
- Avoid alcohol or limit yourself to 1 drink per day for women and 2 drinks per day for men.

### Screening and Early Detection

Screenings can be done either with a test that looks for signs of cancer in a person’s stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam) in an outpatient setting. The most important thing is to get screened, no matter which test is chosen.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

- Men and women should start regular screening at age 45
- People who are in good health should continue regular colorectal cancer screening through the age of 75.
- People ages 76 through 85 should talk to their doctor about whether to be screened based on their preferences, life expectancy, overall health, and screening history.
- People over age 85 should no longer get colorectal cancer screening.

Talk with your health care provider about when to get your colon screening.

What will a preventive screening generally cost if you are enrolled on Pomona Valley Hospital Medical Center’s Group Medical Plan?

	Tier 1 – Pomona Providers Listing	Tier 2 – Blue Shield Providers
<b>Screening Test (age 45 – 75)</b>	No charge	No charge

If you have questions on what services are covered, please contact HealthNow Administrative Services at 888-269-1877.

To learn more about colorectal cancer, visit <https://www.cancer.org/colonguidelines>







# Click2AutoIncrease

## Set it and forget it!

Your retirement plan offers a great feature to help you reach your goals: auto increase. Set up automatic contribution increases on your own schedule, at an amount that's comfortable for you.

It's simple to set up. Just follow these easy steps.

## Log in

Go to [LincolnFinancial.com/Retirement](https://LincolnFinancial.com/Retirement)  
Under **My account**, enter your username  
and click **Next**. Follow the prompts.

If you don't have an online account, click  
**Register** under **My account**. Select **Individual**  
and then **Employer Retirement Plan** or  
**Mutual Fund IRA** to register.

## Manage your contributions

1. From your home page, click the **Contributions** tab.
2. On the **My contributions** page, the **Sign up for auto increase** box will be checked.

Select either a dollar or a percentage change for your contributions.\* You can choose the default option or create your own auto increase settings. You'll also be able to select your frequency and the start date. Then click **UPDATE**.

Review your changes on the confirmation screen that appears.

Congratulations! You've taken a great step toward a bright future.



## Have questions?

Your retirement plan representative can give you one-on-one help so you can make informed decisions. Virtual and phone meetings are available when you can't meet in person. Make an appointment at [LincolnFinancial.com/PVHMschedule](https://LincolnFinancial.com/PVHMschedule)

©2021 Lincoln National Corporation

[LincolnFinancial.com/Retirement](https://LincolnFinancial.com/Retirement)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

PAD-3706150-080621

PDF 8/21 **Z02**

**Order code: PVM-C2AI-FLI001**

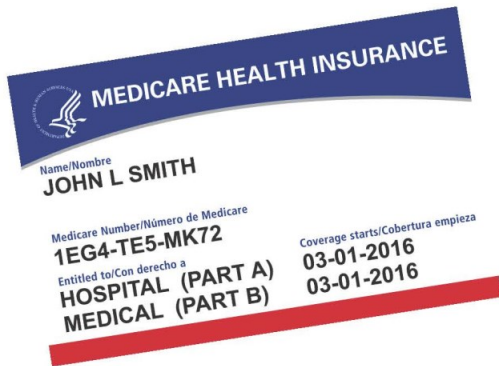
\*Please note: You may choose dollar or percentage contribution options. Image for illustration purposes only.

Affiliates of Lincoln National Corporation include, but are not limited to, Lincoln Retirement Services Company, LLC, herein referred to as "Lincoln."

This mutual-funds based program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and retail and financial planning affiliate of Lincoln Financial Group, 1301 S. Harrison St., Fort Wayne, IN 46802. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Unaffiliated broker-dealers also may provide services to customers. Account values are subject to fluctuation including possible loss of principal.



**Inter Valley Health Plan**  
Medicare plans for health. Not for profit.



***Do you have questions about Medicare or healthcare options after retirement?***

***Do you help your parents look into their healthcare options?***

***Inter Valley Health Plan is here to help.***

We have Medicare Specialists available to answer your questions regarding Medicare and Medicare Advantage Plans.

**You have options.  
We can help.**



**Visit [ivhp.com/option](http://ivhp.com/option)**



**Call 800-500-7018 (TTY 711)**

8 am to 8 pm, 7 days a week to learn more and request our "Medicare Facts You Need to Know" guide.





# NOTICE

## ANNUAL TB SCREENING DUE

### Departments listed are due for Annual TB Screening during the month of SEPTEMBER.

Please notify Associates in your department that TB Screening is a mandatory requirement for all Healthcare Workers and must be completed by month end, SEPTEMBER 30.

Associates may report to the OHS clinic (4th floor) during office hours:

Monday - Friday  
7:30 am - 4:00 pm

After-Hours/Night Shift/Weekends/Holidays: Contact the Nursing Administrative Supervisor on Duty

Although suspension is not being enforced due to COVID-19, we highly encourage Associates to complete TB Screening according to their department's annual schedule. This will prevent having to perform 2-step testing for those that go beyond one year for serial TB screening.

### DEPARTMENTS DUE IN SEPTEMBER:

6070 NICU  
6290 PEDIATRICS  
7077 CHILDREN'S OUTPATIENT CENTER  
8470 TELECOMMUNICATIONS  
8480 INFORMATION SERVICES  
8631 PATIENT RELATIONS  
8660 OCCUPATIONAL HEALTH SERVICES  
8754 COMPLIANCE

## BLOOD DRIVE

### FRIDAY, SEPTEMBER 17

7:00 AM - 7:00 PM

**LOCATION CHANGE: The Church of Jesus  
Christ of Latter-Day Saints - Pomona**

All donors will receive a Red Cross short sleeve T-shirt and an e-coupon for free haircut from Sport Clips Haircuts!

# September Guardian Angel Recipients



Our Foundation's Guardian Angel Recognition Program gives grateful patients, their families, and friends the opportunity to support their Hospital while paying tribute to their special health care provider. Learn more at: [pvhmc.org/GuardianAngel](http://pvhmc.org/GuardianAngel)



**Cathy Gilbertson, RN, CCRN,**  
**Structural Heart Program Coordinator,**  
 pictured with Debbie Keasler, MSN, RN, Director  
 of Cardiovascular Services, was recognized  
 by Mrs. Lisa Arndt!



**Dr. Khader K. Abounasr,**  
**Internist and Pulmonologist,**  
 was recognized by  
 Mr. Richard Tipping!



**The Stead Heart and Vascular Center's  
 Comprehensive Stroke Center Team**  
 were recognized by Ms. Lorelle Pouncey, who shared  
 the following words of gratitude:  
 "The Doctors and Staff who took care of Estelle Wade,  
 she had a stroke last October. She passed from  
 pneumonia but still had four months of life filled with  
 loving care at her home. You helped make it possible  
 for her and we, her family, are grateful."



# "I am the Patient Experience" Winners!

These nurses were recognized by patients for providing outstanding care and customer service!

THANK YOU for going above and beyond in living our Values!

**Customer Satisfaction. Honor and Respect. Accountability. New Ideas.**

**Growing Continuously. Excellence.**



**Babyana Rose**  
LVN - ICU3



**Lisa Berry**  
RN - TICU



**Elena Padilla**  
MSN, RN, CMSRN - MS5



**Carmen McGinnis**  
CNA  
& **Lori Lua**  
CNA  
Tele 3 St. 2/3



**Lisa Kolber**  
BSN, RN, CCRN, PHN - CVICU



**Jing Rieza**  
BSN, RN, CCRN - CVICU



**Lizzel Castro**  
BSN, RN - CVICU



**Cece Serafini-Smith**  
RN, CCRN, SCR, CMC - CVICU



**Lori Greydanus**  
BSN, RN - CVICU



**Erik Nunez**  
BSN, RN - CVICU



**Michelle Brown,**  
RN - CVICU

## DO YOU WANT TO BE THE NEXT WINNER?

During Executive and Nursing Leadership rounding, Associates who are recognized by their patients for providing outstanding care and customer satisfaction will receive an "I am the Patient Experience" card. This card works in two ways: you can take this card to the cafeteria to redeem a free fountain drink and be entered into a raffle! Or, once a month a card is drawn to recognize an Associate who proudly demonstrates our Values! You can be next!





# Shout-Outs and Celebrations!

Happy Birthday to:

Debbie Keasler, Director of  
Cardiovascular Services (9/5)  
&  
Darlene Scafiddi  
Executive Vice President of  
Patient Care Services (9/23)

From,  
Nursing Administration

EXTRA LOUD shout out to my  
girls and my guys! Rose, Usha,  
Genevieve, April, Alyssa, Elsa,  
Alberto, and Jay! Thank you for all  
of your help with bringing the  
vision to life with our Magnet  
board and breakroom challenges!  
#STAYSAVAGE

From Tiffany Markham, MSN, BSN,  
PhN, RN, CCRN, Clinical Nurse  
Supervisor  
ICU2 Critical Care Service

Happy Birthday!

Esther Rodriquez, RN,  
Case Manager  
Vickie Rolfe, LCSW  
Nariman Zeraatkr, Clinical  
Documentation Specialist  
Jenny Bonilla-Ramirez, RN,  
Case Manager

- Case Management  
Department

Happy Birthday!  
Christina Miranda, LVN  
September 15

- Occupational Health  
Services

Happy Birthday to  
Sarah Reyes, ECHO  
Tech!

From the Cardio-  
Respiratory and  
Neurology  
Department

If you want to share a "shout-out," email [amber.brenneisen@pvhmc.org](mailto:amber.brenneisen@pvhmc.org)  
and it may appear in next month's newsletter!

The deadline for the October Newsletter is **September 20th!**  
Please have your Manager/Supervisor OK your submission.  
Send all submissions to [amber.brenneisen@pvhmc.org](mailto:amber.brenneisen@pvhmc.org).