

POMONA VALLEY HOSPITAL MEDICAL CENTER



Patient Care Services



2016 ANNUAL REPORT



# Message

## FROM THE VICE PRESIDENT



I am proud to serve the Nurses of PVHMC as the Chief Nursing Officer and Vice President of Patient Care Services. PVHMC Nurses provide outstanding, uncompromising care to our patients and community members. Our nurses work in collaboration with the patients, their families, the interdisciplinary staff and management team to produce the best outcomes for each patient that walks through our doors. I value the role each of you play and would like to take this opportunity to thank you for all you contribute on a daily basis.

*Darlene Scafiddi*

Darlene Scafiddi, RN, MSN

*Vice President, Nursing and Patient Care Services*

# TABLE OF *Contents*

Vice President's Message	Inside cover front
Customer Satisfaction	2
Honor and Respect	7
Accountability	10
New Ideas	16
Growing Continuously	19
PVHMC Statistics	40
Excellence	41
Acknowledgements	42

## *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.

# CUSTOMER *Satisfaction*

## 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 a \$25 American Express gift card!



## What Patients are saying about our Staff

*"Excellent care, understanding, compassionate, listens to patients. Made my stay enjoyable!"*

**ACE IBARROLA, RN, Tele2**

*"Nurse Terry was the most outstanding person I met in the hospital because she was so nice, heartwarming, caring, and attentive and such an amazing human being. I leave today with so much knowledge and all thanks to Terry. She was so awesome to my wife and newborn baby. She made our hospital stay so awesome and I will also be grateful and thankful for her."*

**TERRY HESKETT, RN, LDRP**

*"Tony was my nurse last night and he was exceptional. He took great care of me and he talked with me for an hour. He made me feel so much better."*

**TONY RUVALCABA, RN, Resource Center**

*"Ms. Sanchez is very helpful, she is friendly, prompt and always has a big smile. She is able to explain with a clear, loving tone. Please recognize her for her excellent work and personality."*

**LIDIA SANCHEZ, CNA, Tele3**

*"Nurse Grace Wei is truly a gem. She has good bedside manner. She answered every question and concern in a timely and serious manner. Grace displays the upmost patience, consideration and tolerance to my mom. She creates a caring environment that makes me feel safe and at peace to leave my mom."*

**GRACE WEI, RN, ICU**

*"Gina went over and above to make sure I was attended to and my needs were met when I called. Always greeted me with a smile. She is kind and caring – even to my family. She is a blessing to my recovery."*

**MARIA (Gina) CAKLOVIC, NA, Med-Surg**

*"Excellent bedside manner taking care of my mom that had a stroke. He would take the time to explain what he was doing and why. Great employee."*

**AARON MENDONCA, RN, Tele3**

*"My husband has been in the hospital for a week and no one has given as much care and attention as Ed—from warm blankets to kind words—best CNA I have seen here!"*

**ED POBLETE, CNA, Tele3**

# CHANGE

*Customer Satisfaction*

*Honor & Respect*

*Accountability*

*New Ideas*

*Growing Continuously*

*Excellence*

LIVING  
*the*  
VALUES

# CUSTOMER *Satisfaction*

## 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:**



**Bianca Savage, RN**, from NICU was recognized by Dennis & Hazel Galang. Pictured with Deana Kuhlman, RN, NICU Supervisor, Roxanna Ogata, RN and Hazel Legaspi, PT.



**Karen Tse-Chang, RN**, Stroke Coordinator, **Amy Cao, RN**, and **Dina Espinoza, RN**, from ICU were recognized by Dr. Janjua.



**Jennifer Martinez, NA** from 5-Central was recognized by Margaret Jackson. Pictured with Glenda Ferguson, Director of Development, Jay Owens, RN, 5-Central Manager and Haidi Carrillo, Foundation Assistant.

**NICU Nurses** were recognized by Maggie Borjon.



**Emergency Department** (not pictured) was recognized by the Vega Family and Edna Flores.



**Desiree Brown, RN**, from NICU was recognized by Maria Palacios and **Sheri Landazuri, RN**, from NICU was recognized by Dennis & Hazel Galang. Pictured with Tess Paras, RN.



**Carmina Verzosa, RN**, and **Joanne Monreal, RN**, both from 5-Central were recognized by Margaret Jackson. Pictured with Lisa Cocores, RN, 5-Central Supervisor and Jay Owens, RN, 5-Central Manager.



**Darlene Scaffidi, RN, MSN, CNO/VP** of Patient Care Services was recognized by Ann Mendoza, RN. Pictured with Jo Dutton, RN, Supervisor in LDRP and Martha Soto, RN, Director of Surgical Services.



**Lillian Johnston, RN**, from ICU was recognized by Linda & John Barrow. Pictured with Peggy Cusack, RN, Director of ICU, Cindy Tutt, RN, Manager of ICU and Maria Olvera, RN.



**Kathy Soderlund, RN**, Heart Coordinator, **Miriam Fulton, RN, NP**, **Karen Tse-Chang, RN** Stroke Coordinator and **Peggy Mata**, Cardiac Services Coordinator were recognized by Debbie Keasler, RN.



**Mariana Byer, RN**, from Quality Management was recognized by Laurel Dunlap. Pictured with the Quality Management Team.

# CUSTOMER *Satisfaction*

## 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 5C Nurses: Flo Acosta, RN, Kim Parker, RN and Alisha Valencia, RN.*



*Flo Acosta, RN*



*Kim Parker, RN*



*Alisha Valencia, RN*



# Honor AND Respect

## Nurses Week Celebration



*Honoring  
our Nurses*  
in 2016!



*Honoring  
our Nurses*  
in 2016!



# Honor AND Respect

## Cherie Rudoll, RN Scholarship Fund

The Cherie Rudoll Scholarship Fund 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.



*Cherie Rudoll Scholarship Recipients*

# Accountability

## Nursing Strategic Plan

Customer Satisfaction	Honor & Respect	Accountability	New Ideas	Growing Continuously	Excellence
<p>Achieve highest levels of patient satisfaction</p> <p>Exceed HCAPS national benchmark</p> <p>Transform the patient experience through: "Patient and Family Centered Care"</p>	<p>Promote Just Culture</p> <p>Utilize NDNQI survey results to promote heavy work environment</p> <p>Develop a culture of philanthropy in nursing to build nursing education fund (could be used to help with BSN programs)</p>	<p>Clinical nurse job descriptions accurately reflect Q-Son ANA Code of Ethics</p> <p>Scope of practice</p> <p>Initiate Peer Review process</p> <p>Commitment to my co-worker</p> <p>House wide orientation</p>	<p>Support Nursing Research</p> <p>Simulation Program in place to support collaboration team work and best practice</p> <p>Utilize EMR to promote quality of care</p>	<p>Promote Transformational Leadership</p> <p>Increase number of Clin 3 &amp; 4 while maintaining program integrity</p> <p>100% of managers with BSN</p> <p>Promote National certification</p>	<p>Nursing sensitive quality indicators exceed national benchmark</p> <p>Revitalize Shared Governance</p> <p>Coordination of Magnet Journey</p> <p>Promote EBP to develop P &amp; P and when developing programs</p>

## Safety Awards

Culture of Safety: It starts with you. "Safe" Nurse Recognition Presentation. The purpose of the "Safe" 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.

### 2016 Recipients

Geraldine Bragg, RN  
 Aspen Dioli, RN  
 Sabrina Echeveste, RN  
 Miriam Fulton, NP, RN  
 Lana Gonzales, RN  
 Paula Hoyos, RN  
 Silva Mirzaian, RN  
 Nelly Molina, RN  
 Frankie Owen, RN  
 Maria Reynoso, RN

● **Aspen Dioli, RN- Emergency Department**

Aspen has been one of our Emergency Department nurses for over ten years. She is an excellent nurse who is always hard working and professional in every aspect of her job. She has worked diligently towards excellence for both herself and our emergency department to better service our community. She wears many hats here at PVHMC. Some of which are: relief charge nurse, new grad preceptor, MICN (Mobile Intensive Care Nurse), and Clinical level III RN. She is a very active member of the Emergency Department Performance Improvement committee (EPIC) which looks at ED operational best practices and implementation; most recently our newly formed ED Trauma Task force. This year Aspen was instrumental in re-vamping our code white book house-wide. In 2014, Aspen received our Guardian Angel Award for service excellence. She has taken on the responsibility of being our department's PDLN (Pediatric Liaison Nurse) to the County of Los Angeles which ensures Pomona Valley Hospital Medical Center is providing the best care possible for our pediatric population.

Angela Besiant, MSN, RN  
Director, Emergency Department

● **Sabrina Echeveste, RN- Medical Surgical 5**

Sabrina demonstrates safe and effective delivery of care; she is dedicated to completing job responsibilities and demonstrates good service skills (CHANGE VALUES). She serves as a role model to others, goes above and beyond the requirements of her job duties and is consistently dependable and punctual. Sabrina requires little supervision, takes initiative, and is willing to learn and take on new responsibilities. She displays a positive, cooperative, team player attitude and we are proud to recognize her.

Lena Plent, MSN, RN  
Director, Medical Surgical Services

● **Miriam Fulton, MSN, NP, RN**

For the past thirty nine years, Miriam Fulton has demonstrated a consistent commitment to a culture of safety. Miriam wove this culture of safety into her bedside practice, her role as an educator and then ultimately, in 2000 into her role as an acute nurse practitioner for cardiac services. Miriam promotes safety while mentoring bedside nurses in the direct care of post op cardiac surgery patients. She has developed order sets, policies, pathways and care algorithms to maximize recovery in a safe and efficacious manner. Miriam utilizes evidence based research to foster improved care across our service. Among the many improvements seen as a result of Miriam's expertise are the following:

- An "Out of Bed" protocol for post op CABG patients that reduced complications and improved over all outcomes including reduced length of stay.
- Miriam was also instrumental in managing post op CABG blood glucose levels reducing post op infections and improving morbidity among our CABG patients.
- Miriam participated in the development of Target Temperature Management Therapy, ECMO at PVHMC.
- She sits on the Interdisciplinary Practice Committee, Cardiac Services Committee, Professional Practice Committee, Pharmacy and Therapeutics and CPO3 Committee to name just a few.

Miriam is well respected among her physician colleagues and nurses. She has done more to pave the path for the future of nursing and advanced practice clinicians than any other individual in our history. It is this commitment and dedication that fosters excellence a corner stone to patient safety.

Debbie Keasler MSN, RN  
Director, Cardiac Services

- **Paula Hoyos, RN- Case Management**

Webster defines Nurse Case Manager as a person involved in the planning, coordination, monitoring, and evaluation of medical services for a patient with emphasis on safety, quality of care, continuity of services, and cost-effectiveness. There are numerous qualities of an exemplary, safe case manager: strong, yet gracious communication skills, emotional maturity, empathy, attention to detail, interpersonal skills, endurance, knowledgeable, problem solver, and solution oriented. Paula was nominated because she exhibits all of these qualities, each with a smile, and she is someone who is respected and admired!

Debra Blankenship, RN  
Director, Case Management

- **Nelly Molina, RN- Observation**

Nelly Molina is truly a nurse at heart, not only with her patients but with her team. She has been our champion for Safe Patient Handling since the beginning. She can independently teach to the safety standards and approach her peers professionally and encouragingly. Beyond Safe Patient Handling, Nelly is not only favored by her patients but as a charge nurse among her peers on the Observation Unit. Thank you Nelly for being a role model for all of us.

Belen MacKenzie, MSN, RN-BC  
Director, Nursing Specialty Centers

- **Frankie Owen, RN- Women's Center**

As a long-term Associate in LDRP, Frankie has functioned in several roles. Her skill set includes: OB triage, labor and delivery, post-partum, the Operating Room and Post Anesthesia Recovery nursing. She is a member of our Maternal Transport Team, traveling by ambulance and helicopter to assess and bring women with complicated pregnancies back to Pomona Valley Hospital Medical Center for specialized medical services. Some of those services include high-risk maternal care and when necessary NICU care for premature or sick infants after delivery.

Frankie is a clinical expert who trains and mentors nurses as they prepare to care for patients undergoing and recovering from surgery. She functions independently and autonomously as she leads by example. She is always compassionate and professional in her care of patients and their families, keeping patient safety as the focus of her practice. She has a positive "can-do" approach and takes the initiative to keep the Women's Center OR Team on time even as emergent cases are added to an already very busy schedule for the day.

She is consistently present, on time and prepared for each day she is scheduled. She is accountable to her peers and leaders to fill in when additional staffing needs arise. In addition to training our nurses for the OR,



she also instructs and supports nursing students as they experience working in the Operating Room during their OB rotation.

Dee Ann Gibbs, MBA, RN  
Director, Women's Center

### ● **Maria Reynoso, RN**

Maria has always been a conscientious, caring and a professionally accountable nurse. She's shown herself to be a valuable member of the surgery department. Those who've worked with her know that when she's the circulating nurse assigned in the room, cases go smoothly and efficiently. Maria is known for her self-reliance and dependability. Her colleagues respect her vast knowledge and experience and often come to her as a resource on a variety of cases. It's been great running the OR all these years having Maria as an integral part of it to face challenges with.

Martha Soto, MSN, RN  
Director, Surgical Services

### ● **Geraldine Bragg, RN**

*Gerri has a Great Arm and is Always Looking Out for a GOOD CATCH Patients Getting Lost in the Shuffle:*

Outpatients were arriving to the Radiology Department for Biopsies, paracentesis, thoracentesis, liver biopsies, interventional angiograms, etc and Radiology nurses were sending patients home that did not complete all the necessary preparations for their exams. For example: Laboratory reports, a driver to take them home, or were not NPO. Gerri is driven to provide all patients with the best care. She was very concerned when she looked into their faces to tell them they had to be rescheduled. Patients were worried and awaiting a diagnosis or were in distress and needed therapeutic intervention and relief. Gerri spoke to Radiology Leadership with a plan.

*Saving Patients from a Delay:*

Not all medical providers and physicians' office personnel are experts in the current technology and diagnostic work ups that are available. Nursing follows up on patients that have orders for complex interventional or diagnostic procedures. Gerri communicates and validates the rationale and purpose of the exam with the primary medical provider to maximize patient's success with diagnostic or therapeutic treatments. She contacts the patient to review any prior testing or prep required. Patients are now ready on arrival, have clear expectations on what to expect. She has led the way to decrease patient delays, discomfort and apprehension.

*Every Day Call to Action for Patient Safety:*

Every day staff calls Gerri to resolve problems, assess patients, and she intervenes on patients' behalf.

*Gerri is the "Go to" GIRL for PATIENT SAFETY*

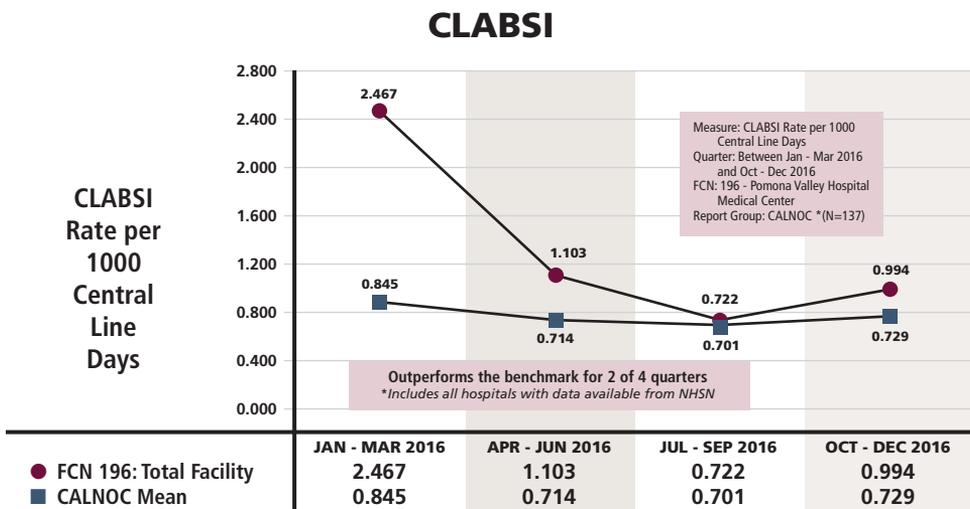
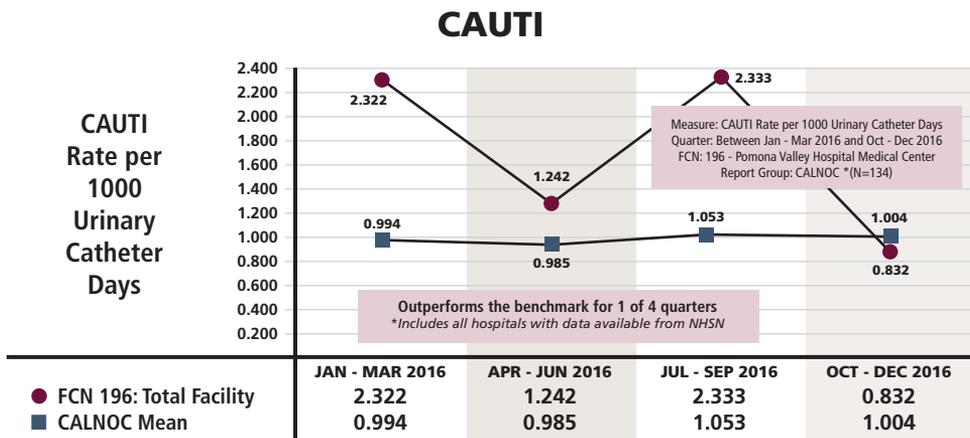
Peggy Cusack, MSN, RN  
Director, Critical Care Services

# Accountability

## Nursing Sensitive Indicators (NSIs)

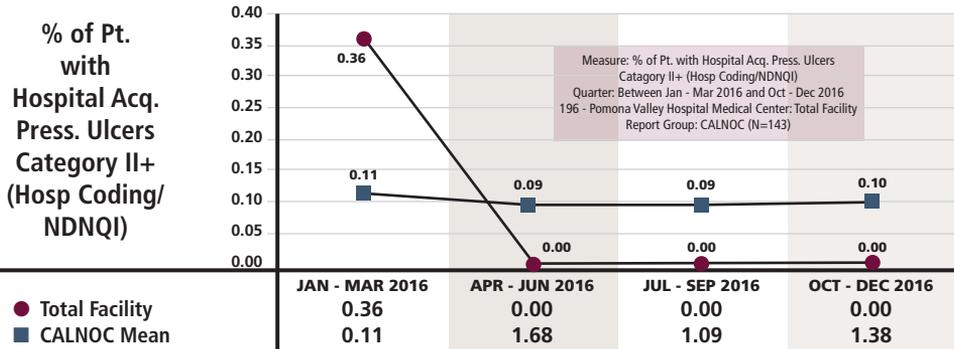
Clinical NSIs are indicators that measure the structure, process and outcomes of nursing care. Clinical NSIs are: Catheter Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), Hospital Acquired Pressure Ulcers (HAPU) and Falls with Injury.

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 intricate part in healthcare 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.



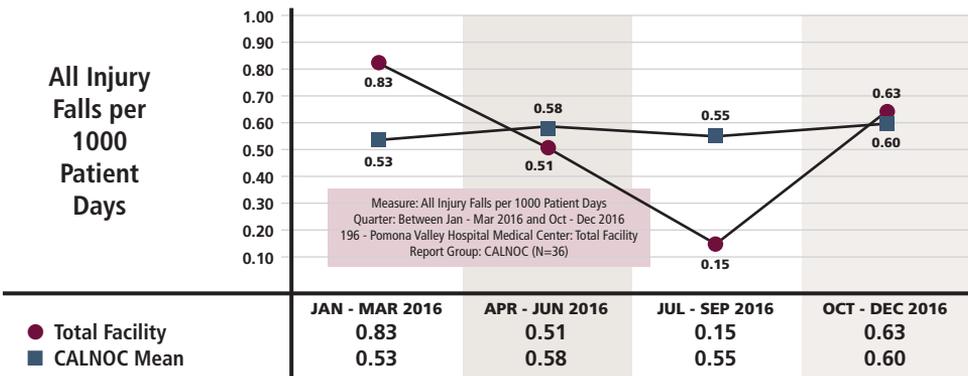
# HAPU

Service Line: Adult Acute Care



# FALLS

Service Line: Adult Acute Care



# New Ideas

## NICView

### *Parents Deepen Connection with Premie Babies through New Technology*

We know that bonding after childbirth is important for both parent and baby. Unfortunately, when newborn's first days, weeks or months are spent in the Neonatal Intensive Care Unit (NICU), bonding presents special challenges.

On July 11, 2016, PVHMC, NICU launched the use of NICView Webcam System cameras. Whether parents need to be away for a night or need the comfort of seeing their child or would like to show a distant family member or friend the newest addition to their family, they can now stay connected via NicView's innovative camera system. The camera, mounted above the bassinet, lets them watch their infant in the NICU in real time through a secure online portal that is password protected. Parents can access the camera via a laptop, smartphone or tablet anywhere there is an Internet connection – whether there across town or across the world. The video stream is securely encrypted using the highest Internet security standard, similar to online banking. Archer King was the first baby where the NICView camera was used. Jennifer King, the mother of Archer, did not expect her baby to need to stay in the NICU, and she never imagined she would go home without her baby. However, her firstborn, Archer, was born three months premature on May 13th, weighing only two pounds and four ounces.

As soon as the NICView Webcam System was working it immediately became a game-changer, not only for the King family, but for all parents with babies in the NICU. Now parents and extended family have the ability to see the baby from a computer or mobile device, anytime and from anywhere.

Thanks to the generosity of PVHMC Foundation donors who funded this technology, families can now be in contact with their hospitalized infant, even when they can't be at the bedside. It provides one more way to help families feel comforted and gives them peace of mind that a 24/7 secure connection is available and it's immeasurable.



## Journey Toward Trauma Designation

We embarked on the road to expand services to our community by becoming a level II Adult Trauma Center and have been working towards meeting the demands of the regulatory agencies that govern trauma. A tremendous amount of work was completed in 2015 and 2016 that moved us closer to designation including the development of policies, order sets, implementation of a trauma registry and trauma documentation requirements and a performance improvement program.

On August 10 and 11, 2016, the American College of Surgeons (ACS), the oversight body responsible for verifying trauma centers, and the Los Angeles County Emergency Medical Services Agency (EMS Agency) were at Pomona Valley Hospital Medical Center for our "Consultative Review." The Consultative Review was to assess trauma care and to prepare for a "Verification Review," which is the formal process by which the ACS confirms that the facility is performing as a trauma center and meets the criteria contained in the current edition of the Resources for Optimal Care of the Injured Patient (also known as "The Orange Book"). During the Consultative Review, the ACS assessed the policies, procedures, performance improvement processes, chart review, trauma registry, and the Hospital's infrastructure to support trauma. Overall, the Consultative Review confirmed that we are on the right path and that we are laying a good foundation for a successful trauma program!

In 2016, the Trauma team accomplished the following:

- Developed and implemented key policies for trauma including Trauma Team Activation, Massive Transfusion Policy (revised for trauma collaboratively with other stakeholders) and Standards of Care for the trauma patient
- Hired key Trauma Program staff
- Developed and implemented a Trauma Registry
- Developed and implemented a "Trauma Flow Sheet," ED Trauma Order Set, and documentation requirements to support the Trauma Registry
- Hired a new Manager for the Trauma Intensive Care Unit (TICU)
- Hired additional nursing and support staff for the TICU
- Developed and implemented numerous Critical Care policies related to the care of the trauma patient and a Trauma Critical Care Order Set
- Developed and implanted education to support new policies and processes
- Hosted Trauma Nurse Core Course (TNCC) and Trauma Care After Resuscitation (TCAR) in collaboration with the Education Department
- Provided Simulation education to support clinical care of the trauma patient and roles/responsibilities in the Trauma Bay
- Established the after-care offices for Trauma and Acute Care Surgery

over>



# *New Ideas*



All of this work got us closer to designation and strengthened our readiness for trauma! The readiness efforts were a collaborative effort of the whole Hospital, we could not have gotten as far as we did without the enthusiasm and support of everyone in the Hospital!

**Trauma ICU  
Associates at our  
December  
"Meet and Greet"**

# Growing Continuously

## Shared Governance House-Wide Councils

On September 15th and 16th a group of nurses combined their talents, efforts and commitments to revise our Shared Governance Structure. This group included clinical registered nurses, managers, directors and our chief nursing officer and vice president of nursing services. What transpired that day was amazing. As a group we collaborated, developed, designed and restructured the new Shared Governance structure of PVHMC.



## Operations Council (OC)

**Definition:** The OC has the authority and accountability to provide management of resources. Examines the delivery of patient care as it is affected by the availability of human, fiscal, material, support and system linkage resources. Promotes the responsible and creative use of resources so that expenses are controlled while exceeding the healthcare expectations of the patient and their significant others.

### *Scope and Areas of Decisional Authority*

1. Nursing Administrative Policies
2. Standards of Nursing Management Practices
3. Staffing/Scheduling
4. Budget- Nursing operations and Equipment
5. Human Resources-including staffing
6. Fiscal
7. Materials Management
8. Annual Performance Review

9. Assure Peer Evaluation Process occurs
10. Succession Planning Process Strategies for Nurses
11. Reward and Recognition Strategies for Nurses
12. Facilitate removal of operational barriers
13. Associate satisfaction
14. Nursing Recruitment and Retention Strategies

### **Professional Development Council (PDC)**

**Definition:** The PDC has the authority and accountability for professional development activities, including education for nursing.

#### *Scope and Areas of Decisional Authority*

1. Nursing Orientation and Residency Program "PTAP"
2. Nursing Mentorship Program
3. Nursing Preceptor Program
4. Nursing Clinical Advancement Program
5. Support for Certification and Educational Advancement
6. Patient and Family Educational Standards
7. Educational needs assessment and implementation plan for nurses at all levels
8. Implementation and Evaluation of the Nursing Professional Practice Model
9. Competency Plan
10. Peer Review for Professional Development

### **Professional Research Council (PRC)**

**Definition:** The PRC has the authority and accountability for validation of current practice with evidence based practice and supports the development of new nursing knowledge through research.

#### *Scope and Areas of Decisional Authority*

1. Selection and promotion of the nursing Evidence Based Practice Model
2. Facilitation, coordination and support for Nursing Research within the organization
3. Assures nursing representation on the IRB
4. Assures disseminating completed nursing research studies
5. Evaluation and selection of resources for evidence based practice
6. Approving research prior to submission to the IRB
7. Establishing process and format for poster presentations of EBP and research
8. Approval of all posters presentations prior to production

### **Quality and Safety Council (QSC)**

**Definition:** The QSC has the authority and accountability for evaluating and measuring the quality and safety outcomes of nursing care delivered. The Council develops the Nursing Quality Plan of Care that identifies the mechanism and processes to monitor, evaluate and improve nursing care delivery.

#### *Scope and Areas of Decisional Authority*

1. Monitoring outcomes and performance improvement for outcomes related to Nurse Sensitive Indicators, Workplace Safety, Patient Satisfaction, Safe patient handling, Patient Safety including National Safety Goals and other quality measures of clinical care.
2. Assessment and Implementation of quality and performance improvement tools and instruments
3. Peer Review Plan for Quality and Safety

## Clinical Practice Council (CPC)

**Definition:** The CPC defines, evaluates and revises, as needed, all issues, materials and activities related to nursing practice at the organizational level. It has the authority and accountability for establishing and maintaining the standards of practice, practice guidelines and the policy and procedures that describe and guide nursing care. The CPC defines the scope of practice for non-nursing members of the patient care team and resolves conflicts between direct care of nurses and other disciplines related to patient care.

### *Scope and Areas of Decisional Authority*

1. Evaluates and approves all nursing clinical standards, standardized procedures, standards of care, clinical documentation, policies, and guidelines needed at the organizational level
2. Approves significant changes to the house wide Nursing Clinical Documentation
3. Defines the nursing care delivery system

## Nursing Coordinating Council (NCC)

**Definition:** The NCC provides strategic direction and advice to the five governing councils. The NCC participates in the development and implementation of the nursing strategic plan and is the vehicle for the chief nursing officer to participate in activities required to assure organizational actions related to the provision of nursing care.

### *Scope and Areas of Decisional Authority*

1. Development of the nursing strategic plans and associated goals
2. Review of the Shared Governance bylaws every biennial
3. Coordination of the selection/election process



## Shared Governance

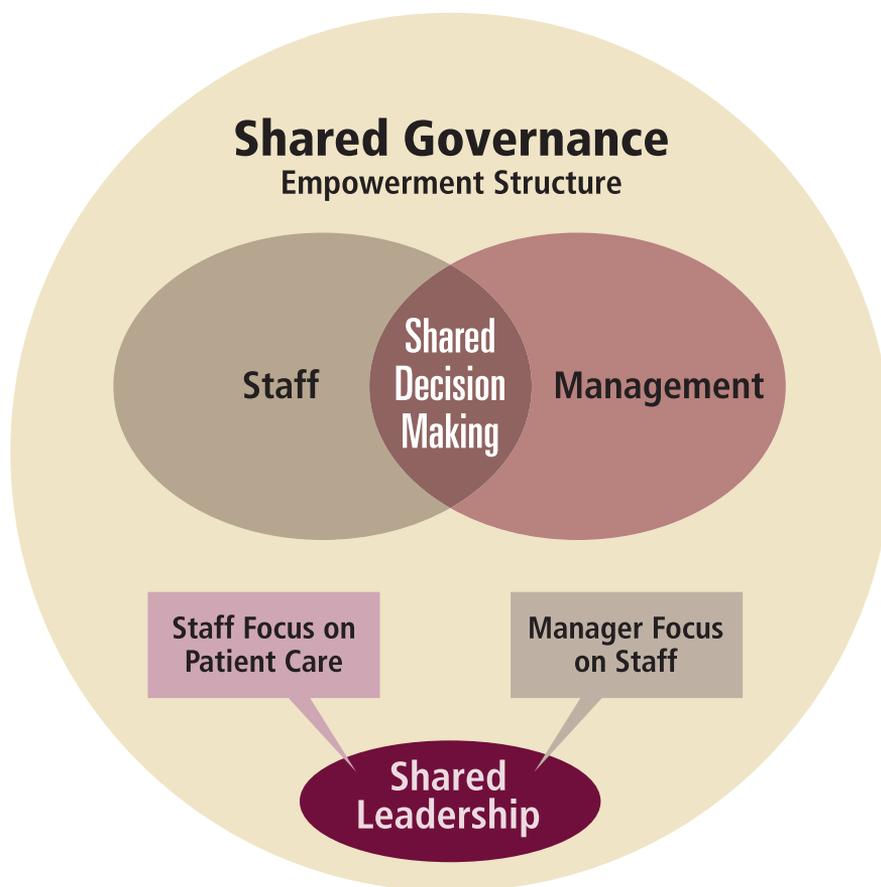
Shared Governance is a concept, developed by the principles of a partnership, accountability, equity and an ownership that forms an empowering framework. It is a dynamic process that creates lasting changes over time. Shared Governance promotes collaboration, and shared-decision making to help us improve 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 interprofessional team to advance practice and resolve conflicts between direct care nurses and other disciplines related to patient care. The SBC will establish 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

<b>ED Specialty Based Council (EDSBC)</b>	<b>Emergency Department</b>
<b>Critical Care Specialty Based Council (CCSBC)</b>	<b>Critical Care – ICU 1, 2 &amp; 3, CICU, Cath Lab, IR, Dialysis</b>
<b>Telemetry Specialty Base Council (TSBC)</b>	<b>Telemetry 1, 2, 3 &amp; 6, Observation</b>
<b>Medical - Surgical Based Council (MSSBC)</b>	<b>Medical - Surgical 4 &amp; 5</b>
<b>Neonatal Intensive Care Unit (NICU-SBC)</b>	<b>NICU</b>
<b>Pediatric Specialty Based Council (WCSBC)</b>	<b>Pediatrics</b>
<b>Women’s Center Specialty Based Council (WCSBC)</b>	<b>Women’s Center LDRPDR Triage</b>
<b>Ambulatory Specialty Based Council (ASBC)</b>	<b>Ambulatory Main OR PACU/Holding, OPP, GI, Litho, Cancer Care</b>
<b>Advanced Practice Register Nurses Council (APRN-SBC)</b>	<b>APRN</b>





## Shared Governance: Decision Making

### ***What it is***

### ***What it isn't***

Decentralized Interactions  
(Shared Governance)

Centralized Interactions  
(Self Governance)

Knowledge-based

Position-based

Occurs at point of service

Decision making that is distant  
from point of care

Direct communication

Hierarchical communication

High staff input

Limited staff input

Integrates equity, accountability &  
authority for staff and managers

Separates responsibility:  
managers are accountable

Synergistic work environment

We/They work environment

Cohesive goals with purpose  
and ownership

Divided goals and purpose

Collegiality, collaboration and  
partnership

Independent activities and tasks

# Growing Continuously

## Magnet Journey

Magnet recognition for nursing excellence is awarded by the American Nurses Credentialing Center. It is a multiyear commitment that offers a framework for quality improvement efforts and the ability to motivate and engage Associates at all levels. This recognition is shared by a select few healthcare organizations across the nation. It is performance driven; it is not a prize or an award. Therefore it has a clear impact on the service provided, cost, human resource measures and on the quality of care delivered. Our Magnet journey is a trip worth taking.

2016 has been the most exciting year for our Magnet journey thus far. This year we completed a gap analysis, restructured Shared Governance, began the process of designing peer review, attended the Magnet conference in Florida, formed a Magnet champion group, developed a yearly award for exemplary professional practice in nursing and began the steps needed to apply for Magnet designation. All of which represent components of the Magnet model that lead to Magnet designation. With the commitment and dedication of our Nursing staff we will achieve this prestigious honor. If that sounds like we had a busy year, you should know we have only touched the surface.

(Back Row)  
*Michele Atkins Young, MSN, RN, BC-NEA and Maria E. Brown, BSN, RN*

(Middle Row)  
*Lolla Mitchell, MSN, RN, NEA-BC; Jorge Strembert, MSN, RN and Jennifer Hinson, RN*

(Front Row) *Ann Mendoza, MSN, RN; Carrie DuPée, DNP, RN, PCNS-BC; Kenny Cantiller, MSN, RN and Victoria "Vickie" Ancheta, BSN, RN*



## Why Sepsis Matters

April 22, 2016 was a significant milestone of our Sepsis program journey. We received The Joint Commission Sepsis program designation based on a review of compliance with national standards, clinical guidelines and outcomes of care. We set the new bar after receiving zero discrepancy from the Joint Commission. It was an empowering accomplishment but we knew then there were going to be multiple bumps in the road, challenges were expected. Our new mantra is “excellence” because nothing less is acceptable.

Early sepsis screening and identification was going well in the ED but we had to focus on those patients already admitted in the Hospital who were at risk for developing sepsis. To aid in early identification and treatment of patients with sepsis, through the help of CareConnect team, they helped develop and implement a computer-assisted sepsis alert system. This system was first piloted in the Telemetry 3 Station 1. There was a big learning curve for the nurses but overall they recognized how important it is for early sepsis screening. An alert is triggered after the system scans the patients for any SIRS criteria and one organ dysfunction variable. By identifying those patients who were potentially worsening, rapid aggressive treatment was rendered. Despite some system limitations, overall quality and safe care was delivered to those patients. After a six months trial and system adjustments, the pilot was boldly declared a safe standard of care to expand to other telemetry departments.

Another initiative interwoven into the Sepsis program goal is the antibiotic stewardship program (ASP). Stewardship rounds bring our management of sepsis and infectious diseases full circle. With the addition of ASP nursing rounds, we not only deal with sepsis upon initial recognition but also throughout the hospitalization of the patient to provide holistic sepsis care.

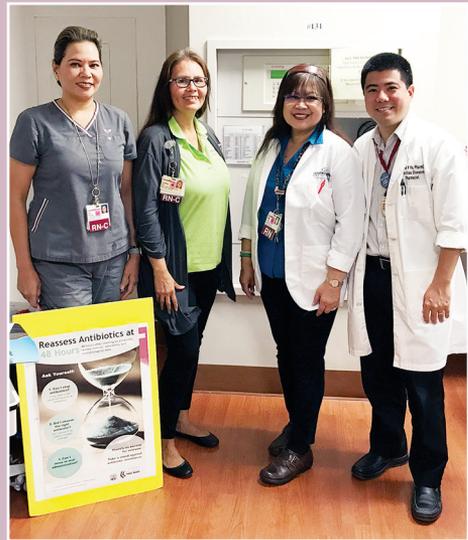
The ASP nursing rounds pilot trial was launched in July in Telemetry Station 1. A collaborative discussion and decision making took place with the interdisciplinary team that included infection prevention, pharmacy and nursing. The frontline nurses are actively engaged by assessing and evaluating safe antibiotic administration, or inappropriate antibiotic use, ranging from development of *Clostridium difficile* to fatal infections with multidrug resistant pathogens. Aligned with the Hospital goal to avoid hospital acquired infections, during nursing rounds we also assessed for acid suppressant need, foley catheter and central line necessity. Overall we saw positive patient outcomes during the pilot trial. We saw reductions in antibiotic use, acid suppressant use and foley catheter utilization.

This new initiative not only increased nurse’s knowledge about safe antibiotic infection prevention practices but also about evidence based practice and nursing autonomy. Through professional empowerment, shared decision making and collaborative practices, nurses can be strong advocates for patient safety and quality care. It is in our hands that make a difference in our patient’s lives.

*continued >*



### Sepsis Team





## Stroke

In 2016, PVHMC was honored to be recognized by the American Heart Association/American Stroke Association as one of few hospitals to achieve Get with the Guidelines Gold Plus Achievement Awards and Target Stroke Honor Roll Elite Plus Status Award.

Meeting this requirement means we have consistently shown excellence in the treatment of Acute Stroke but also in the adherence to up-to-date research based guidelines for stroke patients via core measures.

As we push toward to the future, we decided that not only was the quick, safe and efficient treatment of acute stroke important, along with the measurement of outcomes for those patients, but also the tracking of patients adherence to life style modifications as well as the patients perception of improvement after stroke. Part of our post stroke discharge care includes offering participation in the “New Beginnings: Life After Stroke Support Group” as well as follow up phone calls. Implementing following up calls allows us to:

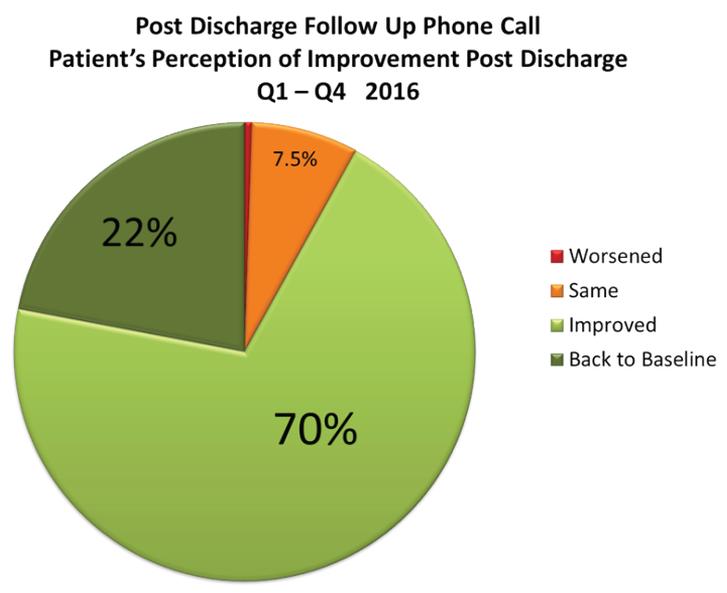
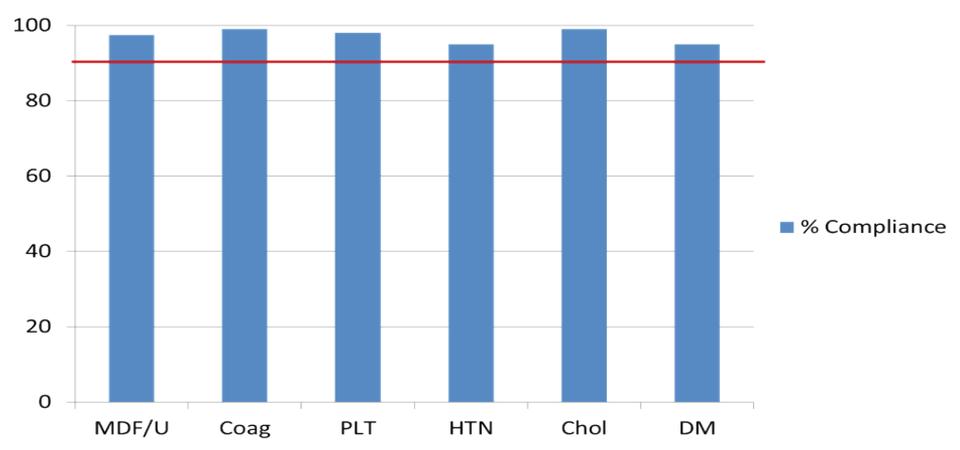
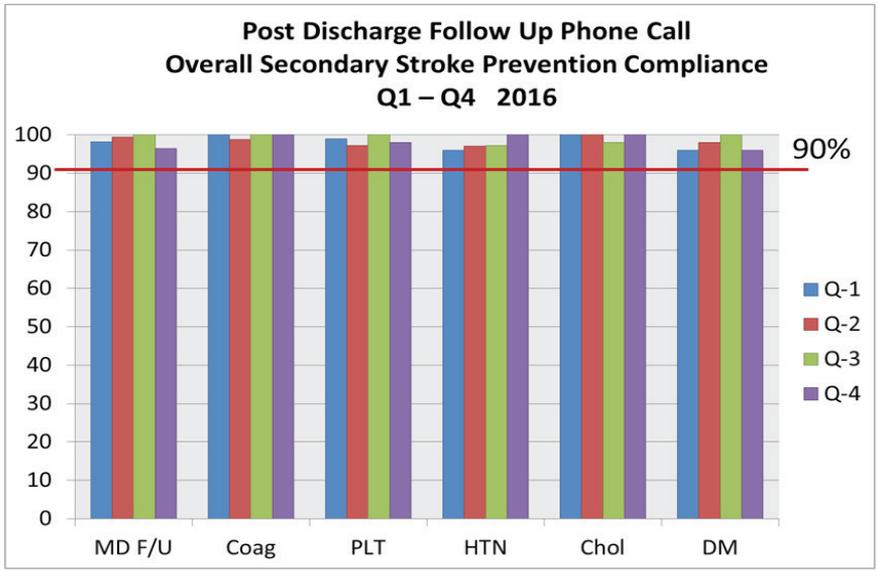
- Measure the patient’s compliance with post stroke lifestyle modifications
- Assess compliance to secondary stroke prevention measures, such as medication compliance, diet, exercise and other life style modifications
- Monitor patients’ perception of recovery and transition of care
- Additional stroke education and recognizing the signs and symptoms of stroke and preventing recurrent stroke.

Post-stroke transition of care has become a large part of what we do to ensure the community and the patients we serve. We want to ensure patients have the best chance of maximizing recovery.

Information collected in 2016 has shown that patients treated for acute stroke are greater than 90% compliant with medication regime, physician follow up, and post care instructions. We have also found that 70% of the patients treated consider themselves “improved” within 30 days of discharge from our facility, as well as 22% of patients consider themselves “back to baseline.” These numbers reflect that our stroke program is providing not only the best acute care but also the best education to our patients.

The outcomes of our patients treated for stroke continues to be a growing part of our Stroke Program. We are committed to ensuring our survivors and the community is prepared to spot a stroke, stop a stroke and save a life.

*continued >*



## **Simulation Program – *Turning a Team of Experts into an Expert Team***

Cardiac arrest, sepsis, motor vehicle accident; the simulation mannequins have been through a lot this year. But it was all for the great good! Because of these and other scenarios, the staff was able to practice for situations they will probably encounter at some point in their career.

Our goal was to allow people to try to find a better way. By practicing, analyzing and critiquing, teams learned where they could improve and what was already working well. Through this type of active learning, we feel that staff performance in critical situations has benefitted.

### **2016 Highlights-**

- The Practical Obstetric Multi-Professional Training (PROMPT) program was implemented in the Women’s Center. This eight hour class was designed to help decrease complications associated with childbirth. This class was mandatory for all the Labor & Delivery nurses, Obstetricians and Anesthesiologists. The participants run through ten scenarios during the course of the day. With a focus on teamwork and communication, this learning experience allows the staff to fine-tune their skills in the midst of critical situations. We are one of the first hospitals in the United State to implement this program. We plan on comparing our pre and post data in the near future to evaluate its efficacy.
- The ACNL selected the SIM Team’s abstract for their 2017 Conference in Anaheim.
- The Stroke Team is presenting “Using Simulation to reduce door-to-needle time” at the 2017 international Stroke Conference in Texas.
- Trauma stimulations started in the ED with our new Trauma surgeon, Dr. Jimenez.
- Sepsis and Stroke simulations completed for all of the ED Staff.
- “The First 4 Minutes” implementation in Med/Surg and Telemetry. The goal is simple: perform high quality CPR and work smoothly as a team until the Code Blue team arrives. By focusing on teamwork, communication and the BLS guidelines, this scenario is very manageable and has shown very good results. We track key indicators such as time to initiate CPR, interruptions in compressions and time to defibrillation. In over 90% of the simulations that we have done, the team invariably improves before the end of their session.



## Total Joint Program

The Total Joint Program began in 2013 with nine orthopedic surgeons, all with their own diverse joint replacement surgery practices. The average length of stay in the Hospital after surgery was 3.20 days for knee replacement and 3.73 days for hip replacement. The post-operative blood transfusion rate was 21% for knees and 53% for hips. Post-operative care of joint replacement patients was missing standardization following evidence-based best practices. Coordination of pre-operative care, all the way through post-operative care, was absent. Data collection metrics were unaccounted for. Approximately, 46% of joint replacement patients attended the pre-operative education course prior to surgery.

The Ortho Task Force reviewed the existing policies and processes, chose Clinical Practice Guidelines and revised the existing order sets. The multidisciplinary team standardized the orders sets to ensure evidence-based best practice was followed. After much effort, four different post-operative orthopedic surgery order sets were created and implemented. We updated the "Pre Op Order Sets" to reflect the most recent updates for joint replacement surgery. All six Orthopedic Surgeons, who are part of the Total Joint Program, are using the standardized order sets.

### *Goals and Objectives for 2016:*

1. Increase number of cases by 3% by 4th quarter, 2016.
2. Improve Nursing Documentation of pain reassessment, within 60 minutes after PRN pain medication administration, by 10% by 4th quarter, 2016.
3. Increase Marketing and Community Outreach by four additional events by end of 4th quarter, 2016.
4. Maintain The Joint Commission Certification and Standards for Joint replacement: hip and Joint replacement: knee by end of 4th quarter, 2016. Recertify in April 2017.
5. Host a public education course on joint pain for community outreach, on October 18, 2016.
6. Discontinue the use of Continuous Passive Motion (CPM) Machines in the Hospital and at home, as evidence-based practice does not support its use, by end of 2016.
7. 4 Central (Medical Surgical) staff education on the Total Joint Program through the month of September 2016.
8. Create a patient education guidebook called the Joint Replacement Guidebook for preoperative education.
9. Create a patient education booklet for postoperative education called BASICSS after Joint Replacement.
10. Host a Spanish language Total Joint Preparation Class once a month for the Spanish speaking population.
11. In 2013 we participated in the American Joint Replacement Registry (AJRR) and are now subscribers in 2016. We will have access to benchmark data on patient outcomes.
12. Data Collection tool changed to the Global Health, Hips Disability and Osteoarthritis Outcome Score (HOOS, JR) and Knee Injury and Osteoarthritis Outcome Score (KOOS, JR) and will be able to benchmark with other AJRR participants.

## **RN New Graduate Residency Nursing Program**

The new graduate Residency Nursing program began in August 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.

The new graduate Residency Program 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

The New Graduate RN Residency Program 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).



## Palliative Care

2016 was a year of continued growth for Palliative Care Services. The dedicated multidisciplinary team continued to provide an extra layer of support to those patients with a life-limiting diagnosis and their families. The Palliative Care team is a dedicated multidisciplinary team comprised of a board certified Palliative Care physician, a clinical social worker, registered nurse and a chaplain.

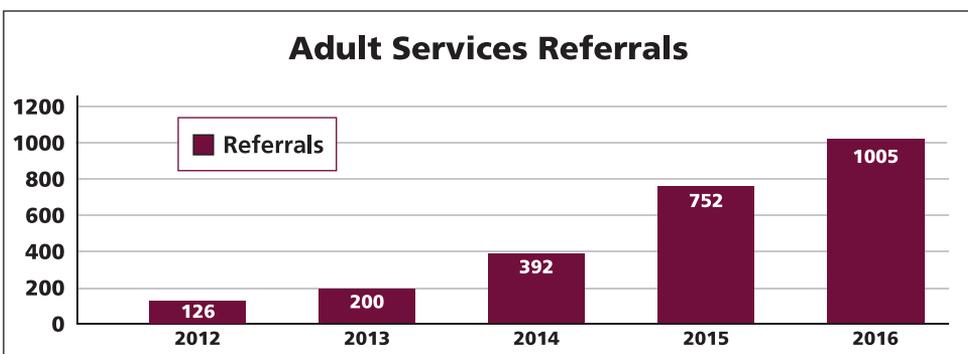
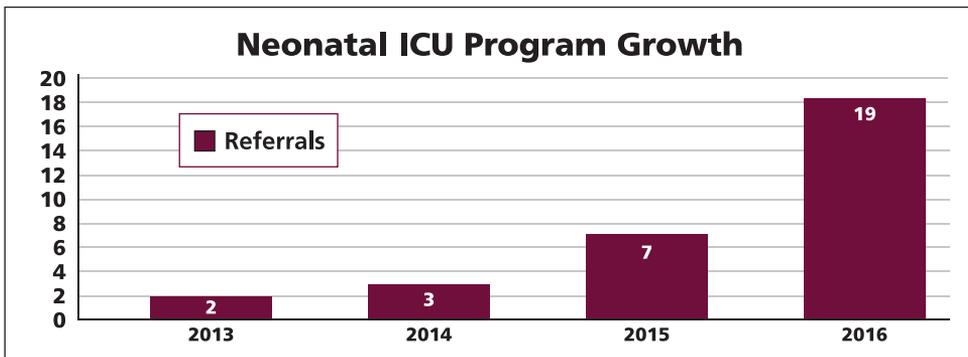
In 2016, as the adult and children's services programs continued to grow, it was determined that Palliative Care at Pomona Valley Hospital Medical Center would be one program offered to all of our patients regardless of age or where they were receiving care. All policies and procedures were coordinated into one cohesive program with acknowledgements of age specific accommodations as needed. With one solid vision, Palliative Care Services represents the core PVHMC values.

On July 29, 2016, Palliative Care Services was awarded TJC recertification. The standards had been expanded requiring further direct patient care involvement by each member of the core team. The Joint Commission surveyor noted that our commitment to bereavement and the care of the total family was in the top of all the programs she has seen.

The multidisciplinary team continues to look for opportunities to enhance the care provided our patients and families, as well as to educate the community we are proud to serve.



**Palliative Care**  
**SERVICES**



# Inpatient Diabetes Program

## MISSION

The mission of Pomona Valley Hospital Medical Center (PVHMC) Diabetes Program is to provide exceptional glycemic management for every patient with diabetes. Achieving exceptional glycemic management will be accomplished through utilization of evidence-based medicine integrated into Patient Family Centered Care.

## VISION

PVHMC will be a region leader in the care and management of patients with diabetes, Healthcare providers, patients, and their families will obtain the most relevant and pertinent knowledge to improve the quality of diabetes care.

## Program Goals

- Achieve excellence in glycemic management based on medical condition and patient needs
- Reduce the incidence of hypoglycemia and hyperglycemia during length of stay
- Maximize clinical outcomes by reducing variation in practice
- Complete diabetes assessment and education record for each patient with diabetes.
- Provide risk factor reduction and promotion of self-management through survival skills education

## Joint Commission Certificate of Distinction

The Joint Commission's Certificate of Distinction for Inpatient Diabetes Care was awarded to PVHMC on January 9, 2016. PVHMC inpatient program was recognized for exceptional efforts in fostering better outcomes across all inpatient settings. The Joint Commission and the American Diabetes Association have identified that the most successful inpatient diabetes programs possess the following critical attributes:

- Specific staff education requirements
- Written blood glucose monitoring protocols
- Plans for the treatment of hypoglycemia and hyperglycemia
- Data collection of incidences of hypoglycemia
- Patient education on self-management of diabetes
- An identified program champion or program champion team

Achievement of certification signifies that the services we provide have the critical elements to achieve long-term success in improving outcomes. It is the best signal to our community that the quality care we provide is effectively managed to meet the needs of our patients.



*continued >*

The Joint Commission's inpatient Diabetes Certification Program is based on the ADA Clinical Practice Recommendations. The Inpatient Diabetes Certification Addendum identifies how the ADA Clinical Practice Recommendations are tied into Joint Commission certification standards.

### **Diabetes Research Activity**

On February 15, 2016, Unihealth Foundation awarded PVHMC a planning 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 research team collaborators included Pomona Valley Hospital Medical Center (PVHMC), Pomona Community Health Center (PCHC), Claremont Graduate University (CGU), and the Community Translational Research Institute (CTRI), all not-for-profit healthcare and educational organizations. The purpose of this study was to develop and pilot test an integrated and sustainable 3-level 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. The screenings were conducted at PVHMC, PCHC and designated community-based hot spots in the City of Pomona. Given experience with the community it was anticipated that challenges similar to the following may arise: age, culture, language, educational level, socioeconomic factors (e.g. income, works hours, transportation, and day care), food access, location, green space, physical activity, motivation, family support, insurance status and healthcare access and literacy. The goal of this research was to gather background information that will be helpful to understand the characteristics of the population at risk and design potential interventions to prevent and improve the management of prediabetes and diabetes in the Pomona Valley community. In addition, results from the research study efforts will be utilized to recognize and address the issues and seek appropriate organizational and community partnerships and possible additional funding through budget review and grant request. These funds will be used to support the implementation of various interventions to prevent and treat prediabetes and T2D.

### **Glycemic Management Committee**

Glycemic Management Committee (GMC) is the leadership of our diabetes program and accomplished the following in 2016:

- Reviewed and provided current diabetes self-management education and resources to our patients
- Tracked, trended and saw improvement of Performance Improvement Measures
- Tracked and trended all the incidences of hypoglycemic and hyperglycemic events
- Tracked, trended to improve Adverse Drug Reactions through Medication Safety Committee
- Grew and developed the Diabetes Clinical Resource Team (DCRT), a subcommittee of the GMC through ongoing education and best practice sharing

- Revised and rolled out the Glycemic Management Diabetes order set #34571
- Ensured regulatory compliance with the ADA Standards of Medical Care 2015 and The Joint Commission Clinical Practice Guidelines for Inpatient Diabetes Care (IDC)
- Ensured the annual review of all policies, order sets, and standardized procedures related to diabetes care and glycemic management
- Selected quality indicators, prioritizing improvement activities, and assessing performance through review of root causes and trend analysis

### **DCRT-Our Diabetes Champions**

DCRT team met monthly in 2016, and together reviewed many topics for improving diabetes care, including: patients diabetes education folder revision, RN continuing education, patient assessment and education, Midas reports, order set changes, hypoglycemic point of care reports, meal tray delivery & insulin administration bundle to name a few.

With the advisement from the DCRT a new Diabetes Assessment and Education Record was rolled out in the CareConnect system in January 2016.

### **American Diabetes Association 2016**

The ADA strives to improve and update the Standards of Care to ensure that clinicians, health plans, and policymakers can continue to rely on them as the most authoritative and current guidelines for diabetes care and in 2016 released updated standards. The diabetes team reviewed the changes and discussed with other team members at several committees and implemented practice changes based on the updated guidelines. An online webinar link was placed on the intranet pages for all staff to utilize.

### **CME/CEU Education**

04/05/16-"Bariatric Surgery, as weight loss intervention and improved diabetes outcomes."- Silva P. Mullangi, MD and Nilem Patel, MD

06/14/2016 – "New Management Guidelines and New Medications for Diabetes" –Behrouz D. Salehiam, MD, Associate Professor of Clinical Diabetes, Endocrinology and Metabolism, City of Hope

8/23/2016 – "Multidisciplinary Teams for Successful Diabetes Treatment" -Presentation given by Dr. Andrew Pumerantz, Executive Director of the Western Diabetes Institute (associated with Western University of Health Sciences) on

11/15/2016 – "Optimizing Care of the Inpatient with Hyperglycemia and Diabetes." Grant application funded by Novo Nordisk for Honorarium fee to bring Dr. Etie Moghissi to speak.

10/21/16 and 10/28/16 to Critical Care RN staff- "Inpatient Diabetes Management."

### **Diabetes Performance Measures**

- #1. Hypoglycemic Event Rechecks
- #2. Completion of Diabetes Assessment and Education Record
- #3. A1C Results Given to Patient with Diabetes on Discharge
- #4. Follow-up Diabetes Management Appointment Prior to Discharge



### **A1C- the gold standard for diabetes testing**

The A1C test is a blood test that provides information about a person’s average levels of blood glucose, also called blood sugar, over the past three months. The A1C test is sometimes called the hemoglobin A1c, HbA1c, or glycohemoglobin test. In 2009, an international expert committee recommended the A1C test as one of the tests available to help diagnose type 2 diabetes and prediabetes. Previously, only the traditional blood glucose tests were used to diagnose diabetes and prediabetes. Because the A1C test does not require fasting and blood can be drawn for the test at any time of day, experts are hoping its convenience will allow more people to get tested—thus, decreasing the number of people with undiagnosed diabetes. Testing enables health care providers to find and treat diabetes before complications occur and to find and treat prediabetes, which can delay or prevent type 2 diabetes from developing. Hemoglobin A1c has been approved by the PVHMC Medicine Committee to be placed on most order sets, including: #33068, #34481, #34493, #34568, # 34571, #34725, #34771, #50393, #50416, #50493, #50509, #50551, #50678, and #50679.

### **Community Outreach**

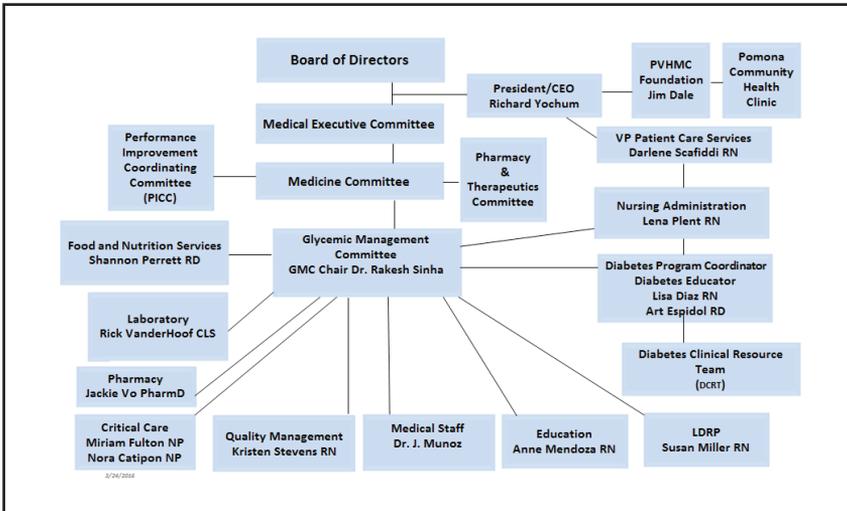
Diabetes program attend several community diabetes outreach screening and education events, including the following:

- 6/25/16 Grand Opening w/ Supervisor Solis
- 7/23/16 Back to School Health Fair
- 7/26/16 Emerson Village Senior Residence
- 9/11/16 LA County Fair
- 9/17/16 LA County Fair
- 11/2/16 Claremont Senior Program, Fall Information Fair & Flu Shot Clinic





**"Stopping Diabetes in its Tracks"**  
**Protocol and Procedures for Community Screenings**  
 June 2016



**2016 TJC CERTIFICATION REQUIREMENT**  
**4 PERFORMANCE IMPROVEMENT MEASURES**

PERFORMANCE MEASURE #1 DSDF.3 (2b)	GOAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD AVG.
Hypoglycemic Rechecks within 30 Minutes of Event (%)	85%	84.5%	84.9%	82.7%	87.5%	84.0%	85.0%	78.7%	77.3%	86.6%	87.3%	72.0%	68.0%	82.15%
Total hypoglycemic rechecks within 30 minutes of event		174	129	182	154	105	91	111	109	116	96	126	126	1,519
Hypoglycemia upload complete (Accepted)		206	152	220	176	125	107	141	141	134	110	175	162	1,849
Data source: RALS WEB														
Goal changed from 80% to 85% 5-3-16														
<b>PERFORMANCE MEASURE #2 DSSE.3</b>	<b>GOAL</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>YTD AVG.</b>
Completion of Diabetes Education Assessment	90%	100.00%	92.00%	88.00%	100.00%	96.00%	96.00%	96.00%	88.00%	92.00%	96.00%	92.00%	68.00%	92.00%
# of Compliance		25	23	22	25	24	24	24	22	23	24	23	17	70
25 audits per month		25	25	25	25	25	25	25	25	25	25	25	25	300
Goal increased from 70% to 90% 5-3-16														
<b>PERFORMANCE MEASURE #3 DSDF.2 (A5)</b>	<b>GOAL</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>YTD AVG.</b>
HgbA1C Result given to Patient with Diabetes on Discharge	70%	88.00%	84.00%	72.00%	100.00%	96.00%	96.00%	96.00%	100.00%	100.00%	100.00%	96.00%	100.00%	81.33%
# of Compliance		22	21	19	25	24	24	24	25	25	25	24	25	61
25 audits per month		25	25	25	25	25	25	25	25	25	25	25	25	300
<b>PERFORMANCE MEASURE #4 DSDF.6 (C1A)</b>	<b>GOAL</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>YTD AVG.</b>
Follow-up Diabetes Management Appt. Prior to Discharge	50%	68.00%	56.00%	44.00%	28.00%	32.00%	20.00%	48.00%	36.00%	40.00%	32.00%	48.00%	36.00%	56.00%
# of Compliance		17	14	11	7	8	5	12	9	10	8	12	9	42
25 audits per month		25	25	25	25	25	25	25	25	25	25	25	25	300



## 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 Super-Hero themed luncheon.





## Service of 40 Years

**Linda Deinzer, RN, Clin III in the NICU**  
Linda enjoys watching the growth of the Hospital and the NICU. PVHMC has always provided her with the opportunities to expand her nursing practice. She's worked in many different departments over the years. Her hobbies are walking, swimming, decorating and going to the beach.

# PVHMC *Statistics*

## RN Turnover Rates/Vacancy Rates

<b>2016 RN Turnover Rates</b>	<b>2016 RN Vacancy Rates</b>
<b>6.80%</b>	<b>3.8%</b>
<b>Hospital Association of Southern California Benchmark Rates</b>	<b>Hospital Association of Southern California Benchmark Rates</b>
<b>10.3%</b>	<b>4.2%</b>

## 2016 PVHMC Statistics

Total Admissions	22,279
Percent Direct Admits	46%
Overall Hospital LOS	4.1
ADC (Acute)	247
ADC (Adult Only)	203
ED Visits (including LWBS and Admits)	101,442
Hours on Diversion	451

### **Surgery**

Inpatient	3,247
Cardiac Surgery	192
Specialty Lab	5,566

### **Cath Lab Procedures**

Inpatient	1,967
Outpatient	2,851
Dialysis	3,343
Radiation Oncology	27,580
Deliveries	7,076
NICU Days	13,029
Ambulatory visits	514,391
Sweet Success	9,659
Respiratory	219,217

# AWARDS/Excellence

---

## Healthgrades

- Coronary Bypass Surgery Excellence Award (5 Stars)
- Patient Safety Excellence Award (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



---

## Joint Commission Gold Seal of Approval

- In-patient Diabetes Program Certification
- SEPSIS Program Certification
- Palliative Care Program Certification



---

## CaNOC Sustained Excellence Award for Best Performance in the Reduction of Pressure Ulcer (Stage 11+)



# Acknowledgements

---

## **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

Lisa Holden, CNS, Resource Center

### **Case Management**

Deborah Blankenship, Director

### **Children's Services**

Michele Atkins-Young, Director

Deana Kuhlman, Clinical Supervisor, NICU

Sue Wilkinson, Quality Management Supervisor

Tess Paras, Clinical Supervisor, NICU (nights)

Tricia Cohn, Clinical Supervisor OP Clinic/Peds

Carrie Dupree, Clinical Nurse Specialist (Supervisor, Peds)

Betty Forte, Clinical Supervisor (pm)

### **Clinical Informatics**

Karen Blessing, Director

Tammy Bello, Manager

### **Critical Care Services**

Peggy Cusack, Director

Cyndy Tutt, ICU Manager

Cesar Geonanga, Clinical Supervisor, ICU

Maria Olvera, Clinical Supervisor ICU (days)

Nora Catipon, Nurse Practitioner

Vickie Ancheta, Manager, Tele 3-1

Arnold Aratan, Clinical Supervisor, ICU/Tele 3-1

Carol Young, Manger, Dialysis

### **Education Services**

Ann Mendoza, Director

Cecilia Chin, , ED Educator

Jeff Mackenzie, Clinical Simulation Educator

Diane Mendoza, ED Educator

Gayle Noland, ED Educator

Siska Utama, ED Educator

Gayle Sharp, ED Educator

**Emergency Services**

Angie Besiant, Director  
Linda Dunn, Clinical Supervisor (am)  
Janet Smith, Clinical Supervisor (am)  
Holly Greene, Clinical Supervisor (pm)  
Irene Barker, Clinical Supervisor (pm)  
Snjezana "Nina" Balijkaf, Clinical Supervisor (pm)

**Inpatient Diabetes Program**

Lena Plent, Director  
Lisa Diaz, Inpatient Diabetes Coordinator, RN  
Art Espidol, Inpatient Diabetes Coordinator, RD

**Laboratory**

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

**Medical Surgical**

Lena Plent, Director  
Naomi Thiru, Clinical Supervisor, 4C  
Jaynene Owens, Manager, 5C  
Lisa Cocores, Clinical Supervisor, 5C

**Pharmacy Department**

Michael Campbell, Director  
Katie Song, Manager Pharmacy Informatics  
Jacqueline Vo, Manager  
John Trudel, Supervisor

**Quality Management**

Kristen Stevens, QM Coordinator

**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  
Allen Schonborn, Heart Failure Coordinator  
Karen Tse-Change, Stroke Program Coordinator,  
Cardiac Surgery Admin.  
Myrna Sarmiento, Manager, CICU  
Estela Peralta, Clinical Supervisor, CICU/Tele 3-2/Tele 3-3 (pm)  
Miriam Fulton, Nurse Practitioner  
Paulette Wozencroft, Manager, Tele 3-2/Tele 3-3  
Gerly Leyco, Clinical Supervisor, Tele 3-2/Tele 3-3 (am)  
Melody Behringer, Clinical Supervisor, Tele 3-2/Tele 3-3 (pm)

**Specialty Centers- GI Lab, RKSC**

Belen MacKenzie, Director  
Paula McKay, Nurse Manager, OBS  
Jalpa Chaudhari, Nurse Manager, GI Lab

## **Surgical Services**

Martha Soto, Director  
Sherrie K. Cisneros, Manager, Outpatient Pavilion  
Cynthia Dematteis, Clinical Supervisor, OPP  
Cyrene Del Rosario, Manager, Main OR  
Lynn Curtis, Clinical Supervisor OR  
Christopher Esqueda, Clinical Supervisor, PACU & D/S  
Anahid Behzadizadeh, Nurse Practitioner, Ortho/Spine  
Vicki Lizardi, Clinical Coordinator Ortho/Spine

## **The Robert and Beverly Lewis Family Cancer Care Center**

Shellee Reese, Admin. Director  
Merlie Baello, Manager

## **Trauma**

Stephanie Rabe, Director  
Lauren Gurolla, Manager, Trauma Services  
Aimee Castillejo, Manager, Clinical Trauma & Acute Care

## **Women's Services**

Dee Ann Gibbs, Director  
Susan Miller, Manager  
Brenda Larson, Clinical Supervisor  
Catherine Lightner, Clinical Supervisor  
Jo Dutton, Clinical Supervisor  
Kathy Majeski, Clinical Supervisor  
Kathy Rabe, Clinical Supervisor  
Laura Smith, Clinical Supervisor  
Laurie Hummel, Clinical Supervisor  
Christine Smith, Clinical Supervisor  
Sherly Agustin, Clinical Supervisor  
Sheila Shields, Clinical Supervisor

## **Production Team:**

Managing Editor – Maria E. Brown, RN, BSN,  
Magnet Program Coordinator  
Project Manager – Tami Barto, Manager Marketing &  
Communications  
Art Director – Ken Minamiji



# *Commitment* 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.*

# 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.*



MEDICAL CENTER

***Expert care with a personal touch***