

2012 NURSING ANNUAL REPORT



EISENHOWER MEDICAL CENTER
Health Care As It Should Be

Eisenhower Medical Center 2012 Nursing Annual Report



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TRANSFORMATIONAL LEADERSHIP

It's All About Relationships

How we relate to each other, our patients and our community.



Relationship-Based Care

Nursing at Eisenhower Medical Center has adopted a model of care that provides a framework for providing excellent care through collaborative relationships. Relationship-based care drives all nursing professional activities at Eisenhower Medical Center and takes place in a caring and healing environment organized around the needs and priorities of the patients and their families. This report highlights many examples of how our colleagues have developed strong collaborative relationships in order to achieve outstanding patient care and advance nursing practice at Eisenhower.

Nurses Are Leaders in Our Pursuit of Recognized World Class Health Care



As Eisenhower Medical Center continues working toward Magnet designation, I'd like to thank our nurses and nursing staff for their many accomplishments during 2012. It is evident that nurses in many roles are making meaningful contributions as we pursue the vision of becoming a nationally recognized health system.

Eisenhower Medical Center experienced significant growth and many achievements during 2012. As you read this annual report, you will learn how nurses have been involved in these successes through their work as caring and compassionate healers, evidence-based educators, dedicated researchers, continuous learners, creative innovators, highly regarded collaborators and impassioned leaders. These attributes describe the skillful professional practice model that is developing here at Eisenhower. As nurses improve the care experience, they employ both the art and science of nursing to create an ideal patient experience with every interaction.

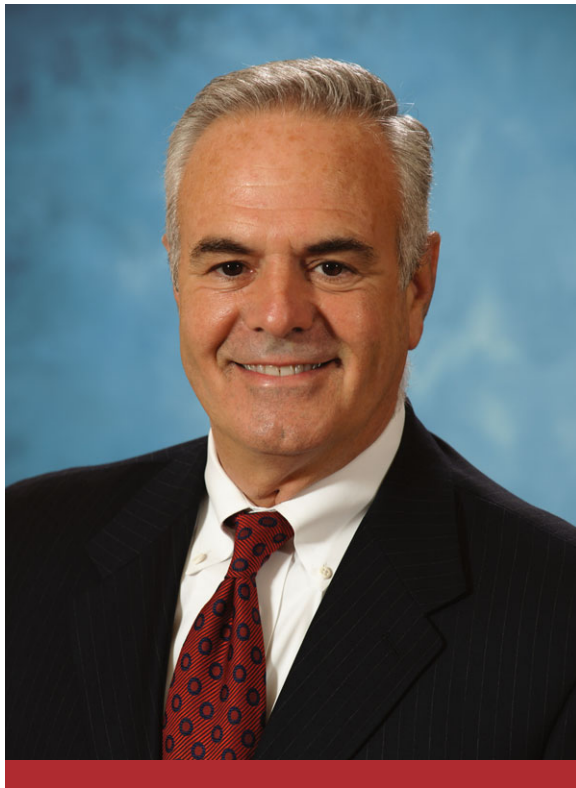
As we go forward into this year of new challenges and opportunities, I encourage our nurses to continue their dedication to excellence in patient care. Know that your contributions are valued as we all work together to provide the best experience possible for the patients we serve.

Sincerely,

A handwritten signature in black ink that reads "G. Aubrey Serfling". The signature is fluid and cursive.

G. Aubrey Serfling
President and Chief Executive Officer

Nurses Understand the Value of Personalized Care at Eisenhower Medical Center



As I reflect on the nursing care we provide our patients every day, it occurs to me that as our health system grows, we have nurses working in virtually every aspect of the system including in the hospital, in the outpatient departments, in administration, and in our clinics. In all of these segments of the health system, nurses play an important and vital role in our mission of caring for people.

Our nurses bring several important characteristics to each of their encounters with patients, colleagues and visitors, including clinical expertise, a keen ability to assess patient needs in order to create an individual plan of care, the ability to organize competing priorities, and most importantly, an absolute passion for caring. These characteristics are expressed in many ways, especially in the genuine and heartfelt relationship that is established between the nurse and patient. I was very pleased to see that as we prepare for Magnet status at Eisenhower Medical Center you have chosen relationship-based care as the keystone of how we care for our patients. This highlights our collective belief that caring happens “between” people, not “for” people.

As the hospital length of stay of our patients gets shorter and health care regulations require more documentation, there is less time for actual nurse to patient interaction. The imperative to establish a meaningful relationship becomes difficult to accomplish, yet even more significant. It is a reminder to all of us that each and every encounter, no matter how brief, is vital to connecting with the patient in a meaningful way. Often this can simply be done by making eye contact, listening intently, or by an appropriate physical touch.

I personally see this model in practice in the hospital, in our urgent care centers, in the clinics, and in our outpatient services. I look forward each month to the Shining Star Awards breakfast where we honor our employees who are nominated by patients, families and each other for the relationships that they establish with their patients, resulting in very heartwarming and positive outcomes. These examples that we hear about every month are evidence to me that the relationship-based care model that we have implemented has become a very real part of our culture. Thank you for participating in this relationship-based transformation of care. My hope is that you continue to find real joy in your work and are enriched by the huge difference you make in the lives of our patients.

Martin Massiello
Executive Vice President and Chief Operating Officer

Nursing Excellence Continues to Unfold at Eisenhower Medical Center



This year's nursing annual report highlights many examples of how Eisenhower nurses strive for excellence, contribute to the improvement of patient care and touch lives. Through featured vignettes, we are able to share our model of relationship-based care both for patients and with colleagues and peers.

This has been a year of accomplishments: in patient care, innovation, improved clinical outcomes, patient satisfaction and professional endeavors. The First Annual Nursing Congress was held and the unique Eisenhower model of care was developed. Our pursuit of Magnet recognition remains a focus for all of the work of our nursing organization, and it is significant in scope and impact.

During the year, 75 new nurses and 13 new certified nursing assistants joined the Eisenhower nursing staff. This is primarily due to our expansion of outpatient services. As nurses, our service continues, integrating holistic, compassionate care while advancing our mission for excellence in patient care.

I dedicate this annual report to all Eisenhower nurses and their clinical colleagues present, past and future. Thank you for your commitment and service. Congratulations on an outstanding year of meeting our patients' needs and sharing your spirit with the entire health system.

Ann Mostofi, MSN, RN
Vice President, Patient Care Services and Chief Nursing Officer

TRANSFORMATIONAL LEADERSHIP

Celebrating the Pursuit of Excellence at Eisenhower Medical Center



This annual report celebrates our work and the commitment each of us has to our patients. Every day, nurses at Eisenhower Medical Center carry out our mission, positively impacting our patients' lives. Our nurses lead initiatives focused on quality, relationships, our professional practice and our work environment.

We have established relationship-based care protocols, placing our patients and their families at the center of all we do. Our relationship-based care model calls for us to be fully present in an authentic, trusting relationship with our patient and their families. This foundation allows us to achieve excellence in all of our patient interactions.

I extend my deepest appreciation to our nursing staff as well as our nursing leaders, for their unwavering commitment to excellence. We have an amazing team of caregivers. Thank you for all that you do for our patients, their families and the community.

Alan Williamson, MD
Vice President, Medical Affairs



I would like to congratulate the Eisenhower nursing staff for their many accomplishments during the past year and for their diligent pursuit of Magnet designation. The Medical Staff supports your efforts and recognizes your dedication to compassionate and holistic relationship-based care. Keep the passion alive in all that you do.

Shahin Etebar, MD
President, Medical Staff

The Quest for Magnet® Recognition

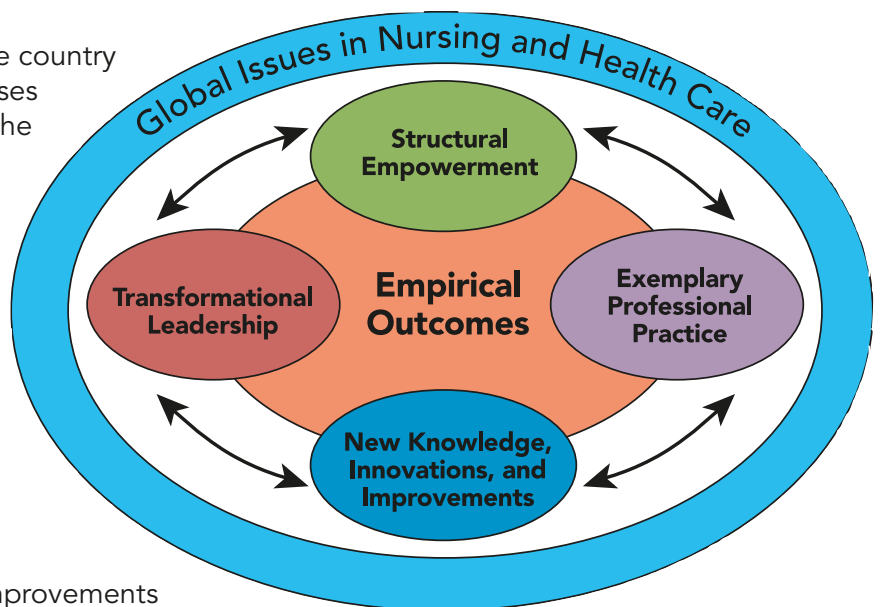
Eisenhower Medical Center is pursuing Magnet® recognition, a designation conferred by the American Nurses Credentialing Center (ANCC) when a health care organization has demonstrated that it provides an environment of excellence in nursing care.

The decision to pursue Magnet recognition represents a major commitment by the organization. It communicates that we place the highest priority on providing quality care for our patients and a positive proactive environment for our colleagues.

Magnet hospitals are known across the country as being the place where the best nurses practice. Research has indicated that the time spent on the journey to Magnet recognition strengthens the quality of nursing practice and patient care.

The Five Magnet Model Components

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation and Improvements
- Empirical Outcomes



The 2012 nursing annual report will be profiled within the framework of the ANCC's Magnet Model. There have been many successes during the past year, and it is a privilege to describe the efforts Eisenhower nurses and their colleagues have put forth to create the outcomes that have occurred within the past year.

STRUCTURAL EMPOWERMENT

Shared Governance

The Voice of Nursing at Eisenhower Medical Center



What is shared governance?

In its simplest form, shared governance is shared decision-making based on the principles of partnership, equity, accountability, and ownership at the point of service.

At Eisenhower Medical Center, each professional nurse accepts accountability for the quality of care they provide, for the ethical and legal responsibilities involved in their practice, and for participating in the decision-making function within the division of nursing through membership on nursing governance councils.

The professional nursing staff organizes, integrates and manages the delivery of nursing care services via its councils. On every nursing unit there are unit-based councils led by nurses who are directly involved in patient care and have chosen to improve processes and measurable outcomes. These councils elect representatives to hospital-wide councils that address concerns and formulate strategies for improvement and the application of evidence-based practices throughout Eisenhower Medical Center.

There are five division-wide governance councils at Eisenhower Medical Center:

- Nursing Professional Practice Council
- Nursing Quality and Patient Safety Council
- Evidence-Based Practice and Nursing Research Council
- Nursing Professional Development Council
- Magnet Ambassador Council

The oversight function for the councils is provided by the Nursing Coordinating Council, the Nursing Leadership Council, and the Nursing Executive Council.

Dixon Bennett, MSN, PMHCNS-BC
Director, Magnet Recognition Program

Nursing Professional Practice Council



Back row (left to right): Ryan Patterson; Ellen Nadeau; Adree Rojas; Annette Brown; Christal Curry; Carla Abell; Meagan Beavers; Darren Parada; Laura Latham; Kim Hancock and Robert Hambly. Front row: Barbara Fulmer; Debra Fuller; Richard Quintana; Valerie Heaslip; Linda Buffington, Co-Chair; Debbie Hiestand, Chair; Tim Pierce; Mary Spies; Christine Johnstone and Tina Wallum.

We would like to express our appreciation to each and every one of the Professional Practice Council members for the time, effort and commitment you have given to shared governance — your compassion, your commitment to excellence in patient care and the obvious pride in what you do every day. It is really inspiring and has not gone unnoticed. During the past year, we have seen growth in many areas, including: moving to a more global vision for Eisenhower Medical Center; a sincere effort to do what is best for our patients and ourselves, as well as the institution; the ability for varied disciplines to work together; the increased level of comfort to speak up and be

heard at meetings; and the realization that we do have a voice and can make change happen. We have accomplished a lot together, and each of you deserves thanks and recognition for your contributions. We applaud you!

Debbie Hiestand, RN, BS, CAPA
Chair, Nursing Professional Practice Council

Linda Buffington, MSN, RN, CNN
Co-Chair, Nursing Professional Practice Council

STRUCTURAL EMPOWERMENT

Nursing Quality and Patient Safety Council



Back row (left to right): Stephen Velasco; Ryan Patterson; Cindy Sneed and Katy Hentz. Front row: Sandra Garcia; Doris Velasquez; Natalie Richmeier, Chair; Lynnette Jarrell, Co-Chair; Michelle Tinkham and Donna Jenson.

We would like to thank the Nursing Quality and Patient Safety Council members for your dedication to the council during 2012. Our accomplishments are making a difference in the way nursing is practiced at Eisenhower Medical Center. Noteworthy projects for our council included the revision of the nursing dashboard, Ticket-to-Ride revisions, interim health care directives form modifications, review of the medication reconciliation process, and implementation of unit-specific, evidence-based quality projects. Your engagement and

participation are very important in making our hospital the best place to work and the safest place for patients.

**Natalie Richmeier, RN, MSN, WCC
Chair, Nursing Quality
and Patient Safety Council**

**Lynnette Jarrell, RN
Co-Chair, Nursing Quality
and Patient Safety Council**

Evidence-Based Practice and Nursing Research Council



Back row (left to right): Arianne Soto; Robin Cavaliere; Patricia Garcia; Stephanie Farrell; Kathleen Wheeler; Sheila Middleton; Maura Fisher and Alden Canlas. Front row: Barbara Fulmer; Dilbir Sekhon; Dee Wojnar, Co-Chair; Barbara Bigelow, Chair; and Sandra Melvin.

As we reflect on 2012, we personally and professionally experienced so much growth on our continuing Magnet journey. The Evidence-Based Practice and Nursing Research Council requires “brainwork,” so we thank all of the council members for your endurance, dedication, your minds, thoughts, and ideas. Together, we have seen nursing research seed, sprout, and continue to bloom. We have launched a process for Evidence-Based Practice and Journal Clubs. We have helped model Evidence-Based Practice throughout nursing and have collaborated with our colleagues in Practice, Professional Development, and Quality. We have witnessed

our nurse colleagues plan, design, and implement nursing research projects which have positively impacted nursing care.

Barbara Bigelow, MSN, RN, AOCNS, CHPN
Chair, Evidence-Based Practice
and Nursing Research Council

Dee Wojnar, MSN, RN
Co-Chair, Evidence-Based Practice
and Nursing Research Council

STRUCTURAL EMPOWERMENT

Nursing Professional Development Council



Back row (left to right): Karen Saab; Rick Feliciano; John Balaney; Yvonne Matetich; Kim Binder and Sharon Gallo. Front row: Karen Stewart; Jerry Park, Co-Chair; Lindsay Guenther, Chair; and Monique Mester-Robertson.

Ongoing education is critical to empowering Eisenhower Medical Center nurses to deliver top-quality care. During 2012, we evaluated the Nursing Preceptor Program, completed revisions to the Nursing Clinical Ladder, designed and implemented an Annual Nursing Update, and have supported numerous nurses' attendance at professional organizational meetings and conferences. Nurses are returning to school to pursue baccalaureate and higher degree education and to achieve professional certification. We would like to express our appreciation to each and every one of the Nursing Professional Development Council

members for their unwavering engagement and tireless efforts as we aspire to attract, develop and retain exceptional nurses.

Lindsay Guenther, RN
Chair, Nursing Professional Development Council

Jerry Park, BSN, RN
Co-Chair, Nursing Professional Development Council

Magnet® Ambassador Council



Back row (left to right): Pia Mason; Lana Hezkiya; Sue Kohler; Barbara Escher-Mardis and Leesa Booth. Front row: Amy Spykerman; Carol Granger, Chair; Christy MacKewen, Co-Chair; and Mary Fakehaney.

We would like to extend our gratitude for your contributions to the Magnet Ambassador Council this year. Ambassador Council meetings have provided a forum for sharing Magnet stories that have enriched our understanding of what Magnet means to the individual health care worker, and Eisenhower Medical Center as an organization. These stories reveal the innovative side of nursing used to create a healing environment of hope, comfort and security that truly speaks our care of patient and family, care of colleagues, and care of self. We appreciate the time commitment you made to orchestrate two successful Nursing Congresses as well as hosting the Flat Fred and

Flat Flo engagement projects. You are making a difference everyday in the lives of your patients, their families, and fellow co-workers through all you give as a leader and your commitment to nursing excellence.

Carol Granger, RN, BSN
Chair, Magnet Ambassador Council

Christie MacKewen, RN
Co-Chair, Magnet Ambassador Council

STRUCTURAL EMPOWERMENT

Nursing Leadership Council



Back row (left to right): Barbara Bigelow; Mary Ann McLaughlin; Wendy Edwards; Carol Gunther; Annette Brown; Dee Wojnar; Dixon Bennett; Natalie Richmeier; Jean Douglas; Susan Sagle; Janet Sullivan and Ron Clark. Middle row: Philip Daly; Debbie Bright; Lindsay Guenther; Jerry Park; Maureen Reiley; Janet Mirabella; Karen Stewart and Carol Granger. Front row: Linda Buffington; Karyl Martin; Debbie Hiestand; Sue Effinger; Sheila Middleton, Chair; Cera Stanford, Co-Chair; Tina Wallum and Barbara Fulmer.

Nursing Coordinating Council



Back row (left to right): Dee Wojnar; Natalie Richmeier; Barbara Bigelow; Cera Stanford and Carol Granger. Front row: Sheila Middleton; Linda Buffington; Jerry Park; Lindsay Guenther and Debbie Hiestand.

Joint Shared Governance Council Meeting, October 2012



Left to right: Darren Parada, Flat Fred, Carol Granger and Christy MacKewen review practice cases with the Just Culture Performance Management Decision Tool.

On October 17, 2012, the Shared Governance Councils held a joint council meeting for the professional nursing staff to launch Incident-Based Nursing Peer Review at Eisenhower Medical Center. This non-punitive process is designed to evaluate whether standards of care have been met or not, and addresses what

systems or processes may have contributed. The process identifies trends, challenges, and barriers to delivering excellent nursing care and recommends changes accordingly. It is designed to elevate nursing practice to a new level of collaboration, professionalism and quality.

STRUCTURAL EMPOWERMENT

Nursing Congress, November 2012

Nursing needs to feel empowered to do what's right for our patients — that means having the authority and the voice to make critical, clinical decisions about patient care. To achieve superior patient outcomes, our nurses commit to continuous learning and evidence-based practice. In November, the Nursing Congress focused on the development of a strategic plan for the

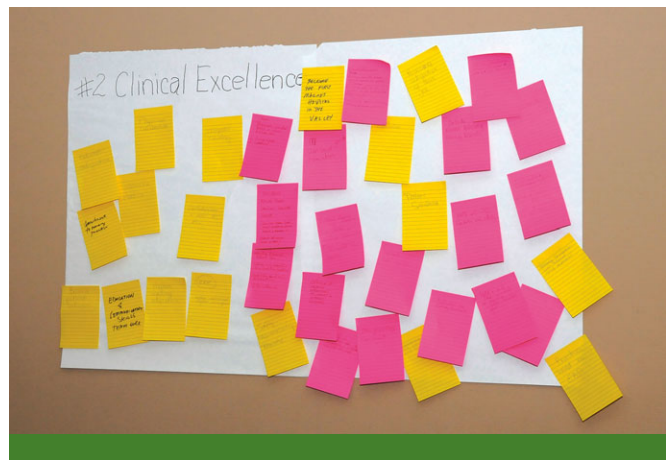
department of nursing, aligning nursing goals to Eisenhower Medical Center's five Supporting Commitments of Safety, Clinical Excellence, Courtesy and Caring, Healing Environment and Efficiency. Once finished, the strategic plan will be a major platform for the growth and development of nursing at Eisenhower.



Ann Mostofi, Vice President, Patient Care Services and Chief Nursing Officer, addresses the 2012 Winter Nursing Congress.



Participants at one of the five stations representing Eisenhower's five Supporting Commitments.



In the end, many opportunities were identified.



Strategic planning was an interactive session. All attendees actively participated in identification, discussion and documentation of opportunities.

A small task force is working with Ann Mostofi, Vice President, Patient Care Services and Chief Nursing Officer, to complete the Nursing Strategic Plan draft document. Once completed, the draft will be reviewed by the Shared Governance Councils.

ICU Wall of Honor



To support and promote critical care nurse certification, the Critical Care Unit-Based Council has created a Wall of Honor in a prominent hallway near the ICU administration office. The purpose is to showcase the names of nurses who have obtained specialty certification in nursing. The Wall of Honor gives individual nurses a sense of professional pride in their achievements,

encourages others to take the certifying examination and serves as a continuous reminder of our commitment to excellence. The Wall of Honor will be a focal point for patients, families and other health care workers that allows nurses to explain how the certifications are representative of critical care nursing knowledge in the unit.

Nurses Are Unrivaled in Dedication and Spirit



Nurses have always been key to successful patient experiences. Feedback from our patients reminds me every day what a vital role each of you plays, and it inspires me as a nursing leader to continue to strive to be the best we can possibly be. We are living in an era filled with dramatic changes in the way health care is provided and how it is reimbursed. Now, more than ever before, your role is essential to providing safe, quality, effective and efficient care to our patients.

Regardless of our external environment and the pressures on our industry, our mission and purpose remain unwavering. Our nurses guarantee constancy of focus on the best interests of our patients. We — and our patients — can rest assured knowing that care provided with our Supporting Commitments of *Safety, Clinical Excellence, Courtesy and Caring, Healing Environment and Efficiency*, continues to ground us.

To the entire nursing staff, I say thank you. You have made the past year so incredible and I know that the upcoming year will be even better.

Mary Ann McLaughlin, MSN, RN
Associate Vice President, Patient Care Services

Nursing Excellence in Ambulatory Care

Christine Johnstone, RN Chief Administrative Officer

Eisenhower's clinic division nurses provide high quality ambulatory care services to more than 29,000 patients and growing! Our nurses are content experts, creating positive relationships, listening with attuned skill, advocating for the patient, and developing long-term patient/family relationships. Our nurse managers, ambulatory care nurses, and nursing staff development educator promote nursing expertise in these settings. Our nurses are the journeyers, being with their patients on their illness journey, promoting prevention, providing acute intervention, and restoring wellness along the way. Our nurses are an essential component of the quality ambulatory care we provide.



Carl Enzor, RN Chief Administrative Officer

I work daily with nursing professionals who care for patients and families that need assistance and guidance with their health care needs. Our nurses perform hands-on care as well as patient and family education on a vast multitude of health topics. Eisenhower nurses participate in a number of community events, health fairs, health lectures, community center screenings as well as Palm Springs Chamber of Commerce, Rotary and other civic groups. I am so proud to be an Eisenhower nurse and, with my nursing team, positively impact the health of my community, Palm Springs.



Joan Randall, MSN, RN Chief Administrative Officer

The challenges we face in health care continue to present opportunities to nurses. Nursing and nursing leadership at Eisenhower is positioned to partner with our physicians and other professionals to enhance the standard of care provided all patients. As we expand in the clinic division, work cooperatively with the development of the internal medicine and family medicine residency program, we as nurses are challenged to remain skilled and better educated in the delivery of safe and quality patient care. Nursing at Eisenhower has an exciting future with opportunities for growth and professional development. Being a part of Eisenhower nursing, especially at this crossroads, is rewarding and fun.



Do You Believe in Miracles? We Do.



Agnes Jove, RN Tennity Emergency Department

Winter season in the Emergency Department is usually a very busy time for all of us. We can count on census to be high due to various illnesses like pneumonia, stroke, heart attacks, abdominal pain and sports-related emergencies.

Drownings are usually rare outside of the summer season. One Sunday, a call came through from one of our regular area medics (Medic 71) with a 21-month-old drowning victim who was barely breathing and may have stopped breathing prior to transport to Emergency Department. Immediately, our staff went into high alert mode anticipating all of the possibilities of how the child would present upon arrival. When the baby arrived, the medics were already bagging him; he appeared lifeless, limp and pale with barely any signs of life.

Intubation was the next step to help the baby breathe and to deliver precious oxygen to his brain. Intubation proved to be particularly difficult as the heart rate would fall below the 40s, necessitating the need to stop the intubation process and perform CPR. Multiple attempts were initially unsuccessful; however Anar Patel, MD, and David Tang, MD, were finally able to intubate the baby. After successful intubation, the situation

again became very intense as the baby went into flashed pulmonary edema, making bagging extremely difficult.

The baby's parents remained at the bedside the whole time, witnessing our staff do everything in their power to try to save their child's life. Arrangements were made for the baby to be airlifted to Loma Linda University Medical Center. The moment the transport team arrived at the Emergency Department, we were able to breathe a small sigh of relief, knowing that he would be transported to receive an even higher level of care.

In the days that followed, we reflected upon what we might have done better. I told the staff involved that everyone had done their best to care for the baby. Professionalism and emergency nursing knowledge guided us all as we gave the baby our very best. Everyone shared that we had each said a little prayer for the baby's recovery. As much confidence as we all displayed, in the back of our minds, we were well aware of the possible outcome and the long-term rehabilitation the boy might face.

Around Christmas, a security guard came up to me stating that some parents wanted to talk to me about a baby. As I entered the lobby, I recognized a beautiful baby boy and his parents, and a lovely box of chocolates in hand. I could not believe my eyes, and started to cry tears of joy at the sight of the once lifeless child right in front of me. He was so vibrant, playfully pushing me away as I tried to hug him.

His parents wanted to express their gratitude for what we did for their baby. I explained to them that we are drawn to this profession to care, to serve and to help. Had it not been for our excellent Emergency Department team, Dr. Patel, Dr. Tang, Meagan Beavers, Sandra Sprenger, Cody Harris, Sandra Magana, Kyle Stephenson and me, the outcome may have been different. This is just one of the days where I can say that all of our hard work in the Emergency Department is truly worthwhile.

Eisenhower's Sexual Assault Response Team

Integral in Bridging the Gap Between Law and Medicine



Left to right: Eve Paladini, BSN, RN; Eileen Seiberg, BSN, LNC, RN; Jill Hall-Crum, BSN, RN, SANE-A, Forensic Controller; Shannon Webb, BSN, RN, SANE-A; and Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, Nurse Examiner.

One program vital to helping victims deal with the traumatic aftermath of sexual assault is a Sexual Assault Response Team (SART), and Eisenhower Medical Center offers the only one in the Coachella Valley.

Since 2004, Eisenhower has provided this critical service to the Coachella Valley, examining victims of sexual assault ages 12 and older. As of 2012, the program has provided examinations for 105 victims of sexual assault in the Coachella Valley and the Twentynine Palms Marine Corps Base.

Eisenhower's SART utilizes a dedicated sexual assault examination room in the Tennity Emergency Department, offering victims a separate entrance to help maintain privacy.

Eisenhower Sexual Assault Nurse Examiners are available 24 hours a day, seven days a week and provide the most comprehensive forensic examination for each victim who presents to the Emergency Department. "Most of the nurses on the team have other full-time nursing jobs and volunteer on their days off to support the Sexual Assault Response Team by taking calls, forensic peer review meetings and community education," says Hall-Crum. "Their dedication to this program is truly a calling."

Glickman Cardiac Care Clinic



Yuri Krochmaluk, BSN, RN-BC, CHPN; M. J. Killen, RN and Volunteer Don Pascale.

M. J. Killen, RN Glickman Cardiac Care Clinic

Who would have known back in June 2008 when we met Don Pascale that he would impact so many lives over the next three years? Yuri Krochmaluk and I met Don as part of our inpatient teaching when he was admitted to Eisenhower Medical Center with congestive heart failure. His ejection fraction was down to 13 percent due to a viral infection that had affected his heart muscle.

Don was invited to attend our monthly class Living with Heart Failure. Upon attending the first class, it was clear he had thoroughly read the materials we had given him in the hospital, and had quickly become very knowledgeable on low-sodium diets. When asked if he would like to attend our monthly support group and talk to the other people diagnosed with heart failure, he willingly accepted the challenge. Don had created an extensive list of low sodium foods, including examples of different foods he had tried. He was very well received by everyone. An inspiration to all, he demonstrated that by

following his example, they could stay as healthy as possible. We were delighted when Don asked if we needed any volunteers in the Clinic, and we quickly answered with a resounding, "Yes!" He went to Volunteer Services that day and started the following week.

That was more than three years ago. He has now become an integral part of the Glickman Cardiac Care Clinic. With registered nurses, he teaches a segment of our Living with Heart Failure class. He also volunteers two days each week, assisting with

numerous clerical tasks: making up new patient folders, endless filing, answering the phone, putting charts together, scheduling patients at the direction of the nurses, calling patients to confirm their appointments, ordering and restocking supplies, patient registration and anything else that we may ask him to do.

Don is always available to answer any questions regarding our patients' diets, and has continued to enhance his extensive list of low sodium foods, including where to find them. Each and every holiday, and even Super Bowl Sunday, he creates low sodium menus with a variety of healthy dishes which win raves from our patients. Most importantly, Don's own health has improved tremendously. It is hard to believe that at one point in time, he was on the heart transplant list. Now, his ejection fraction is up around 55 to 60 percent, and he is looking forward to going back to work as a flight attendant — if those of us in the Clinic will allow it! He is invaluable to us, our patients and everyone in the community.

Nurses Honored at Second Annual Notable Nurses Awards



Back row (left to right): Senator Bill Emmerson; Mary Ann McLaughlin, Associate Vice President, Patient Care Services; Janet Sullivan; Assemblyman Brian Nestande; Melody Stanowski and Maureen Reiley. Front row: Keegan Pomije; Vernon Melchor; Yuri Krochmaluk and Meagan Beavers.

In recognition of National Nurses Week 2012, Senator Bill Emmerson along with Assemblyman Brian Nestande and Assemblyman Jeff Miller honored nurses throughout Riverside County for their commitment to serving others at the Second Annual Notable Nurses Awards.

To recognize all the nurses, two ceremonies were held at Hemet Valley Medical Center on May 4 and Kaiser Permanente Riverside Medical Center on May 11.

"It's a privilege to recognize these notable nurses for their valuable service to our community," Senator Emmerson says. "Their work has improved the health and well-being of so many

throughout Riverside County and this awards ceremony is our way of saying thank you."

Notable Nurses from Eisenhower Medical Center honored on Friday, May 4, included Meagan Beavers, Yuri Krochmaluk, Vernon Melchor, Keegan Pomije, Maureen Reiley, Melody Stanowski and Janet Sullivan.

Palliative Care Makes a Difference



Barbara Bigelow, MSN, RN, AOCNS, CHPN Center for Professional Development

As an Advanced Practice Nurse certified in oncology and palliative care, I am often asked by physicians to meet with hospitalized patients faced with life-limiting illnesses and their families. Patients may know they are seriously ill but need time and emotional support to transition from a curative model of care to a comfort care model which honors their goals and respects their wishes. Experiencing a decline in function is emotionally traumatic and decision making is laden with emotions, need for accurate information, and is affected by one's culture and beliefs.

Talking to the patient/family about goals of care, diagnosis and prognosis in a supportive and

sensitive way empowers them to make decisions that will provide the best care. Initiating discussions about end of life opens a dialogue that often relieves anxiety and facilitates challenging decision making, can promote emotional healing, and may provide an acceptance of grief and loss.

From a nursing perspective, palliative care is collaborative and embraces all core components of nursing — the physical, the psychological, the social and the spiritual. It is relationship-based and incorporates the family in all aspects of care.

Although nursing, by nature, moves one's skills and presence outward toward the patient/family, I am constantly struck with what I receive after each patient/family encounter.

The Pressure Ulcer and Wound Care Team

Barbara Fulmer, RN, MSN,
GNP-BC, CWCN-AP
Coordinator, Inpatient Wound Care

The Pressure Ulcer Prevention and Wound Care Team at Eisenhower Medical Center formed in 2007. The purpose of the multidisciplinary team was to promote excellent skin and wound care through evidence-based practice and staff and patient and family education. One of the primary focuses of the team is the prevention and management of pressure ulcers. In July 2007, the first prevalence and incidence study was conducted. Led by the efforts of the Pressure Ulcer Prevention and Wound Care Team, the incidence of hospital-acquired pressure ulcers has decreased from 17.8% in July 2007 to 0.5% in December 2012.

A pressure ulcer prevention protocol based on evidence-based practice was developed and implemented in 2007. The slogan of the Pressure Ulcer Prevention Program is S.O.S., Save Our Skin. The S.K.I.N. bundle of care has been adopted to put prevention into practice: skin assessments; keep turning patient; incontinent skin care; nutrition. Additionally, the need for individualized patient care plans for prevention and treatment of pressure ulcers is emphasized. Educational campaigns are ongoing to keep pressure ulcer prevention an integrated component of nursing care. Quarterly pressure ulcer surveys are conducted to monitor outcomes and identify areas for improvement. Results are posted on the nursing units, and nursing administration and the team recognizes units who successfully meet the goal of 0% unit-acquired pressure ulcers on yearly surveys.

Random audits are conducted to monitor pressure ulcer prevention and documentation and keep nurses informed of their success in implementing key components of the program. A multidisciplinary team approach to pressure ulcer prevention and management is emphasized with nursing, wound ostomy continence nurses,



Back row (left to right): Kim Binder, Center for Geropsychiatry; Natalie Richmeier, Critical Care and John Thompson, 4 North. Front row: Matthew Pages, Dialysis; Barbara Fulmer, Inpatient Wound Care and Erika Desalva, 4 East.

nutritionists, therapists, physicians and patients and families.

Ongoing educational campaigns offered by the Pressure Ulcer Prevention and Wound Care team help to keep prevention alive. In 2012, an interactive computerized learning program consisting of games and puzzles designed to improve pressure ulcer prevention and management knowledge was created for nursing education. Cue signs to identify patients at-risk for pressure ulcers were updated to include the S.K.I.N. bundle of care as a reminder of prevention measures to all staff. Small, bright yellow signs to remind nurses to document pressure ulcer prevention were posted on computers. Periodic computer screen savers promote aspects of pressure ulcer prevention. Team members participated in hands-on learning activities during nursing skills day events. A patient and family education handout for pressure ulcer prevention education was developed.

The Team has reached out to share their experience and success through poster and speaker presentations at national conferences. In 2012, the Skin and Wound Care Journal Club was formed, and participants look forward to learning together and continuing to promote evidence-based nursing practice with the goal of providing excellent skin and wound care to patients.

EXEMPLARY PROFESSIONAL PRACTICE

Eisenhower Pain Management Nurses



Pain Management Nurses Michael Crooks and Lisa Stork Termini.

Our pain management nurses, Michael Crooks and Lisa Termini, have both completed advanced training in pain management and play an important role in the education and support of nurses hospital-wide. Mike and Lisa work with the physicians on the Acute Pain Service to provide care for patients undergoing surgery as well as inpatients coping with acute and chronic pain. It is not unusual for one of them to be assisting

the pain management physician with a procedure while the other is rounding on each patient on the pain service and providing support to the staff. Their knowledge of the principles of pain management and analgesic pharmacotherapy, the patient and family-centered care they provide, and the trusting relationships they build with patients and families define professional nursing practice for the pain management service.

ICU's Gentle Goodbye Program



Jerry Park, RN, BSN Intensive Care Unit

This past October while attending the ANCC Magnet Conference in Los Angeles, I attended a presentation on "Improving the End of Life Experience in Critical Care." The hospital presenting this program had achieved an improvement in the overall experience for patients and family members throughout the dying process.

I discussed the concept with my director Tina Wallum, who was also at the conference and presented the idea to our Unit-Based Council. The key component that we wanted to utilize in

our ICU was the image of a purple flower to signify end of life for patients, families and multidisciplinary team. The purpose of the program is to educate our multidisciplinary team to provide family and patient support through a very emotional and difficult process.

In the ICUs we post a picture of a purple flower on the doorway of patients transitioning to end of life which signifies for all entering: respect, privacy and dignity for the patient and their family. The program has been well received by all disciplines and was presented at the December Nursing Professional Practice Council where it was approved for use throughout the hospital.

EXEMPLARY PROFESSIONAL PRACTICE

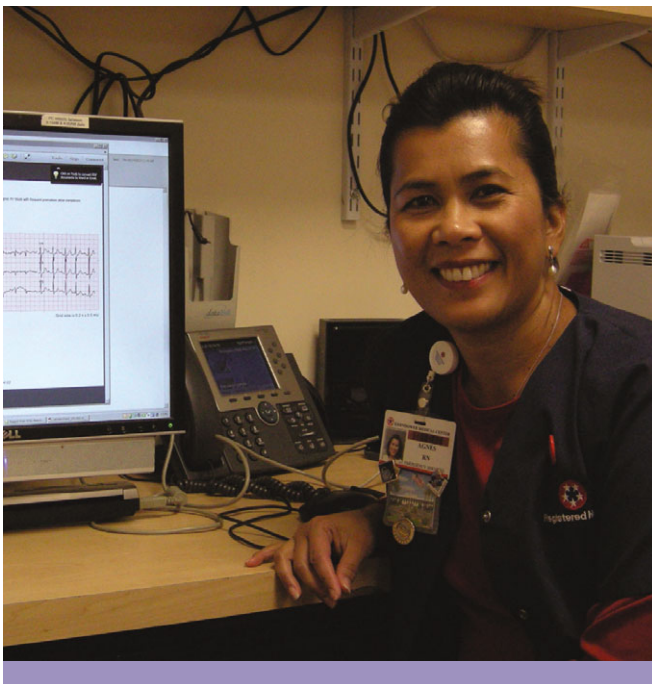
MICN Nurses

Mobile Intensive Care Nurses (MICNs) at Eisenhower Medical Center are Emergency Department specialty nurses with advanced training who direct the medical care and control of patients in the pre-hospital setting.

Authorized by Riverside County Emergency Medical Services Agency (REMSA), MICNs communicate with ALS and BLS providers during ground and air ambulance transports via cellular, radio, satellite, and Internet technologies. The pre-hospital management of patients with various medical and trauma emergencies includes orders from the MICN for medication, procedure, and destination. EMTs, paramedics and flight nurses consult base hospital MICNs for medical direction, enabling us to manage the care and treatment of patients before they arrive to our Emergency Department.

As a STEMI Receiving Center and Society of Cardiovascular Care Center, MICNs at Eisenhower Medical Center have additional training to direct medical treatment for patients with 12 Lead EKG changes and field diagnosis of acute myocardial infarction. Upon receipt of the field report and/or transmitted EKG, MICNs activate the Cardiac catheterization lab prior to the patient's arrival, facilitating shorter door-to-balloon times and improved patient outcomes.

The commitment of our MICNs to professional rapport and coordination with pre-hospital personnel empowers ALS and BLS Providers to execute the utmost care for patients in our community.



Agnes Jove demonstrates how EKGs are transmitted from the field.



MICNs Agnes Jove and Irene Rice.

Eisenhower's MICNs include Agnes Jove, Ana Valdez, Cindy Niblo, Dennis Beech, Dorothy Seitz, Elia Gonzalez, Erna Keyes-Nieves, Eve Paladini, Francine Pacente, Irene Rice, Jacquie Romero, Jill Hall-Crum, John Dix, John Hood, John Shippling, Kathy Cash, Lynnette Leopold, Marina Lorentz, Mike Samu, Myra Casibang, Natalie Ortega, Sandy Sprenger, Shellie Fetters and Thomas Wofford.



Nurses Provide Specialized Care to Every Patient They Touch



In addition to performing excellent and invaluable patient care on a typical nursing unit, nurses perform critical services in many other departments throughout Eisenhower Medical Center, including Imaging Services.

In the Interventional Radiology Laboratory, nurses work closely with interventional radiologists who perform minimally invasive, image-guided procedures to diagnose and treat diseases in nearly every organ system, including assisting in life-saving neurointerventional procedures. In the main radiology department, nurses perform peripherally inserted central catheter procedures or PICC. In CT, Ultrasound and Nuclear Medicine, they perform patient assessment and consent prior to any procedure, and are present during a majority of the procedures in CT and Ultrasound.

Health Care As It Should Be would not be possible without our excellent and dedicated nursing staff in Imaging Services.

Ali Tourkaman
Vice President, Support Services

Nursing Research

One of the components of Magnet designation by the American Nurses Association Credentialing Center is New Knowledge, Innovation and Improvements. The Nursing Department has a strong history of nursing care quality improvement and providing exceptional patient care based on published best practice guidelines. This year, the nurses have stepped up their efforts to collect Eisenhower Medical Center baseline data, before and after implementing a change in practice. In addition, several units have embarked on formal evidence-based practice (EBP) projects. This involves identifying clinical practice issues, gathering published evidence from the literature, and conducting critical appraisal of the evidence before implementing a change in practice. Topic-based journal clubs have provided a structure for the review of available literature for these EBP projects. Four primary nursing research studies have arisen from the quality improvement projects and the nurse investigators have presented their findings at scientific meetings and submitted manuscripts for publication.



Institutional Review Board Approved Nursing Research Projects

Natalie Richmeier, MSN, RN, WCC

- The Effects of the Pilot Mobility Program for the Elderly at Eisenhower Medical Center

Meagan Beavers, BSN, RN

- The Development and Testing of a Pain Control Pathway to Decrease the Recidivism Rates for Emergency Department Admissions for Pain Control

Kathleen Wheeler, MSN, RN, and Sheila Middleton, BSN, RN

- The Effect of a Transformational Leadership Program on the Hospital Nursing Leaders' Perceived Leadership Behavior

Margaret Beaman, PhD, RN **Nursing Research Consultant**

Presentations and Publications

Information is best utilized when it is shared. Best practices can benefit more than the original source and one of the highest levels of responsibility for the nursing professional is to disseminate what is learned and discovered. Eisenhower Medical Center nurses are involved in sharing their work through both publications and presentations. Examples of this work are listed below and illustrate the wide variety of topics being addressed at Eisenhower.

Presentations

Beverley Ingelson, BSN, RN, MHA

- Association of California Nurse Leaders, Rancho Mirage, February 5 – 8, 2012: *Improving Transition of Care Utilizing Standard Approach to Physician / Nurse Communication During Admission to the Inpatient Rehabilitation Center* (poster presentation)
- unSummit for Bedside Barcoding, Anaheim, May 2 – 4, 2012: *Do Bar Code Administration Systems Improve Patient Safety: A Nurse's Perspective* (poster presentation)
- National Patient Safety Foundation's Patient Safety Congress, District of Columbia, May 23 - 25, 2012: *Do Bar Code Administration Systems Improve Patient Safety: A Nurse's Perspective* (poster presentation)
- Association of Rehabilitation Nurses, Nashville, October 3 – 6, 2012: *Admission Reconciliation in Acute Inpatient Rehabilitation* (poster presentation)

Annette Brown, BSN, RN, and Karen Stewart, BSN, RN, MA

- American Nursing Informatics Association (ANIA) CARING Conference, Orlando, April 12 – 14, 2012: *A Deep Dive Into the World of Nursing Informatics: Leading Change, Advancing Health — A Model to Transform Practice* (poster presentation)

- American Nursing Informatics Association CARING Conference, San Antonio, May 2 – 4, 2013: *Simply the Havoc, Hardwire Quality Practice* (podium presentation)

Barbara Fulmer, MSN, GNP-BC, CWOCN

- North American Nursing Diagnosis Association International Conference, Houston, May 23 – 26, 2012: *Pressure Ulcer Prevention: One Hospital's Journey* (speaker)
- Gerontological Advanced Practice Nurses Association, Las Vegas, September 19 – 22, 2012: *Identification of Facilitators and Barriers to Mobility in Hospitalized Elders* (speaker)

Nancy Wolf, MSN, RN, PHN

- Sigma Theta Tau International Honor Society of Nursing Odyssey 2012 Conference (17th Joint Southern California Chapters): *The Effect of Simulated Clinical Interpersonal Skills on Nursing Students' Communication Skills* (speaker)

Barbara Bigelow, MSN, RN, AOCNS, CHPN

- Sigma Theta Tau International Honor Society of Nursing Odyssey 2012 Conference (17th Joint Southern California Chapters): *Transitional Life Care: What Is It? Why Do We Need It?* (speaker)

Natalie Richmeier, MSN, RN, WCC

- Dong A University, Da Nang, Vietnam. *The Effects of the Pilot Mobility Program for the Elderly at Eisenhower Medical Center* (speaker)

Presentations and Publications

Publications

Dee Wojnar, MSN, RN

- Wojnar, Dee, MSN, RN. Peripherally Inserted Central Catheter: Compliance with Evidence-Based Indications for Insertion in an Inpatient Setting. *Journal of Infusion Nursing*. July/August 2013.

Beverly Ingelson, BSN, RN, MHA, and Tiffani Natalini-Whitmore, RN, MS

- Ingelson, Beverley and Natalini-Whitmore, Tiffani. Do Bar Code Administration Systems Improve Patient Safety? A Nurse's Perspective. *MEdSimn Magazine*. November 2012, 4:30-33.

Michelle R. Tinkham, MS, BSN, RN, PHN, CNOR, CLNC

- Tinkham, Michelle R., MS, BSN, RN, PHN, CNOR, CLNC. Pursuing Magnet Designation: Choosing a Professional Practice Model. *AORN Journal*. January 2013; 97(1):136-139.

Diana K. Faugno, MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS, and Jill L. Hall-Crum, BSN, RN, SANE-A

- Faugno, Diana K., MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS; Copeland, Rachell A., PhC, MSN, ARNP-BC; Crum, Jill L., BSN, RN, SANE-A; Speck, Patricia M., DNSc, APN, FNP-BC, DF-IAFN, FAAFS, FAAN. *Entry-Level Adolescent and Adult Sexual Assault Assessment*. St Louis, Missouri: STM Learning, Inc; 2012.

- Faugno, Diana K., MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS; Copeland, Rachell A., PhC, MSN, ARNP-BC; Crum, Jill L., BSN, RN, SANE-A; Speck, Patricia M., DNSc, APN, FNP-BC, DF-IAFN, FAAFS, FAAN. *Intermediate-Level Adolescent and Adult Sexual Assault Assessment*. St Louis, Missouri: STM Learning, Inc; 2012.
- Faugno, Diana K., MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS; Copeland, Rachell A., PhC, MSN, ARNP-BC; Crum, Jill L., BSN, RN, SANE-A; Speck, Patricia M., DNSc, APN, FNP-BC, DF-IAFN, FAAFS, FAAN. *Advanced-Level Adolescent and Adult Sexual Assault Assessment*. St Louis, Missouri: STM Learning, Inc; 2012.

Innovation



Antoinette Leadley and James Cannella, Outpatient Observation Unit.

We aspire to develop and implement innovations in patient- and family-centered care that foster quality, safety and effectiveness that will serve as a model for nursing care nationally. Professional nurses value innovation by seeking new and better ways to care, resulting in a continuous introduction of new ideas, methods or devices that progressively transform nursing. Through our innovative methods and projects, professional nurses at Eisenhower continue to raise the bar. Some examples of Nursing Innovation include:

Nursing Outpatient Observation Unit

Outpatient observation units provide a viable alternative to inpatient admissions for emergency department patients who cannot yet be safely discharged, generally for up to 24 hours. Researchers from Brigham and Women's Hospital, Northwestern University, and Yale University reviewed data in 16 studies to determine the average cost savings per outpatient observation unit visit. They determined that each outpatient

observation unit visit saves \$1,572 compared to an inpatient admission.

Nursing Transitional Care Program

Eisenhower's new Nursing Transitional Care Program seeks to ensure smooth care transitions as patients are discharged, helping to avoid the deterioration in health status that often brings patients back to the hospital. Patients who are at the highest risk for readmission, particularly those with congestive heart failure, chronic obstructive pulmonary disease, acute myocardial infarction and pneumonia, are identified during the course of their

inpatient stay and receive telephone follow-up within 72 hours of discharge by registered nurses from the Renker Wellness Center. By providing individualized education and medication reconciliation — emphasizing warning signs and ensuring follow-up appointments are kept with community physicians — the Nursing Transitional Care Program seeks to ensure that patients and their families understand the discharge instructions they receive and avoid potentially preventable readmissions to the hospital.

Glycemic Control Project

The Glycemic Control project is funded by a grant written by the Annenberg Center for Health Sciences at Eisenhower and is being piloted on Annenberg Pavilion 4 North and 4 South. The project includes all of Joseph Wilson, MD's post-operative coronary artery bypass graft surgery patients on 4 North and all patients with diabetes on the 4 South Hospitalist Unit. The combination of basal and rapid-acting insulins is



Sheila Middleton, Carla Abel, Tsering Wangmo, and Leesa Booth, Touch Base Rounding at the Renker Pavilion.

demonstrating an ability to improve glucose control with a lower rate of hypoglycemia (low blood sugar) which reduces the risks for medical complications. The overall goal of this grant is to convert Eisenhower from a sliding-scale to a basal-bolus order set before the residency program begins in July 2013.

Touch Base Rounding Project

Collaboration of team members on the plan of care across disciplines is associated with improved patient outcomes and an integrated approach to care that is especially critical for supporting the self-management of patients with chronic illness. Touch Base Rounding is an organized interdisciplinary approach that is focused on the patient's progress in achieving discharge goals, barriers that might impede their discharge and the staff who can best address the barriers and resolve them. The Touch Base Rounding Team consists of the patient care

coordinator, discharge planner, charge nurse and unit director. Examples of the topics discussed include the patient's mobility, elimination, pain, oxygen needs, skin or wound issues and/or nutrition. Piloted on Annenberg Pavilion 4 North and 4 South, this program has demonstrated an ability to increase communication across disciplines and make the discharge of patients a priority.

Individually and in partnership with others at Eisenhower, our nurses share a vision for advancing knowledge through translational and innovative research, quality improvement endeavors and life-long learning. We seek to improve the quality of care for our own patients, and also to develop new models of care that improve health and well-being nationwide.

Smooth Operators



Informatics Nurses Joan Coltelli and Mark Powell.

Nursing Operations Help Keep Patient Care on Track

Technology is revolutionizing the manner in which Eisenhower Medical Center delivers health care. Clinicians are using multiple data networks, wireless solutions, handheld devices, automated electronic exchanges in their daily workflow. Adapting to these new environments requires a shift in expectations for how care is delivered and communicated, resulting in a shift in culture. Nurses are at the core of these changes and are the partners in care with the greatest amount of direct patient care. Therefore, the nursing informatics leadership sets the stage towards achieving the organizational goals and priorities to lead change and transform practice.

Eisenhower is active in system performance improvement, redesign, and system measurement and evaluates technology impact upon clinical care.

Over the last few years, our system of nursing operations has undergone many changes, creating marked improvements in the efficiency and level of care our hospital provides.

Mary Ann McLaughlin, RN, MSN, Associate Vice President, Patient Care Services, cites the implementation of electronic tools from schedule/resource management, clinical documentation, analytics and business intelligence, patient flow, to environmental

services and the patient transportation department.

In 2011, Eisenhower engaged in a one year project to conduct a comprehensive redesign of our core principal documentation system. The purpose of the redesign was to condense, simplify, standardize, and optimize the efficiency while enhancing patient safety and clinical excellence using evidence-based practice. Through the shared governance model, this clinically driven process will eliminate duplicative charting, eliminate repetition, reduce search time, increase organization and standardization, drive real time documentation and reduce variability, and capture conditions present prior to hospitalization. Eisenhower implemented new Within Defined Limits (WDL) physical assessment and new assessment scales in conjunction with new internal medicine and family medicine residency programs, e.g., Muscle Strength Grading, Richmond Agitation-Sedation (RASS) and a new transdermal medication site management process to ensure CMS, ISMP recommendations, a comprehensive electronic SBAR and care alerts to enhance clinician efficiency, timeliness and patient safety.

After seven months of research and four months of building and testing, the new care process was implemented in May 2012, providing nurses with the support of appropriate technology that will leverage their critical thinking, assessment skills and knowledge in order to deliver optimal care. The redesign enables our clinicians and care teams to visualize access and act upon patient information at the bedside more efficiently and effectively by improving consistency in care practices across all patient units.

This model achieves Eisenhower's quest to transform practice and lead change with an improved care process in preparation for academia and the drivers of health care reform, Meaningful Use and Value Based Purchasing. We improved adherence to best practice evidence-based nursing care delivery, ultimately improving patient care delivery, and improving patient

outcomes by improving consistency in care practices across the nursing units. We improved clinician satisfaction and engagement by providing a user-friendly aid to bedside clinicians that augments a multidisciplinary, team-based patient care work flow. Finally, we successfully achieved the alignment with the Six Aims of Healthcare Improvement from the Institute of Medicine.

Safety

We have a system with greater patient safety as evidenced by real time patient data within the entire care team enhancing communication, workflow and outcomes through the utilization of evidence-based practices, standards of care, numeric documentation scales and handoff communication.

Effectiveness

We have hardwired outcomes into the clinical workflow through the use of a quality monitoring system, care alerts and order sets. This valuable information might include physician orders, test or lab results, care team documentation and other data essential to delivering safe, high-quality, evidence-based care that complies with the highest standards.

Patient-centeredness

The patient receives the best evidence-based practice care and outcomes! Through the optimization of the EHR and enhanced interoperability, Eisenhower has achieved the goals to improve care quality, efficiency, cost effectiveness and a system with greater patient safety.

Timeliness

The timeliness of clinical information availability to bedside clinicians is unprecedented! The handoff communication in a standardized structure with real time clinical data provides an instant plan of care to keep both the patient and clinicians informed with current prioritization. This real time transparency is what drives the clinicians' quick adoption and has improved patient satisfaction.

Efficiency

Workflow at the acute care bedside is sometimes scattered and disrupted, inhibiting the completion

of intended tasks. The need for real time data has reached a critical stage. The transparency of data allows for interdisciplinary collaboration and interoperability. Performance Visibility coupled with Care Alerts and Quality Monitor provide the bedside care teams a visible, near real time measurement compliance with quality care standards. Increased visibility empowers the clinician to promptly reprioritize patient care tasks and reduces risk.

Equity

Providing a simple and intuitive format for access to critical patient information has made the bedside care safer, more efficient, and has increased collaboration across multiple care team roles, including physicians, nurses, case managers, pharmacists, respiratory and physical therapists, laboratory, radiology, transport and environmental services.

In Eisenhower's quest for clinical excellence and overall achievements for Meaningful Use, we focused on the critical success factors and identified the care process as the driver for Value Based Purchasing. The key issues we improved included better interoperability, workflow, communication and outcomes.

The outcome of this significant change has resulted in the nurse having more time to devote to patient care. By engaging key stakeholders, coupled with the support of executive leadership, Eisenhower has empowered nurses to improve patient care and satisfaction.

Our plan provides current, consistent and continuous evidence-based practices across the care continuum while maximizing results. It is through these initiatives that Eisenhower Medical Center was able to advance nursing and other clinical professions to meet the challenge of transforming health care systems and be recognized as a "Most Wired" hospital.

Annette Brown, RN, BSN
Director, Nursing Informatics

Nurses are Vital to Equitable, Quality Care



Hospitals today are challenged with increasing demands to participate in a wide range of quality improvement activities. While Eisenhower fosters a culture that embraces quality as everyone's responsibility, nurses have demonstrated that they are crucial in nearly all of these activities because of their clinical expertise and responsibility for the day-to-day coordination of care and services for patients. Nurses are the pivotal caregivers who significantly influence the quality of care provided on initiatives such as preventing health care associated infections and improving Core Measures. Posters presented by nurses during our celebration of National Quality Awareness Week this year highlighted some of these great achievements in the dimensions of quality improvement. Thank you to all of the nurses who participate every day in innovative changes that result in improvements in patient-centeredness, effectiveness, efficiency, timeliness and safety of equitable care.

Janet Mirabella, MS, BSN, RN
Director, Quality and Patient Safety

BSN and Higher Education for Nurses

A number of factors have converged in the first decade of the 21st century to radically alter the environment in which health care is provided and change the nature of the role and responsibilities of the nurse. In October 2010, the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) jointly released a report, *The Future of Nursing: Leading Change, Advancing Health*, calling it a blueprint for transforming the American health system by strengthening nursing care and better preparing nurses to help lead reforms. The report calls for increasing the percentage of nurses holding the Bachelor of Science in Nursing (BSN) degree or higher to 80 percent by 2020. Many health care organizations, especially those with Magnet designation, have already made the BSN a requirement for entry level employment. Eisenhower Medical Center is pursuing Magnet designation, and supports the BSN for all nurses.

Nursing at Eisenhower Medical Center is both an art and a science, incorporating many aspects of patient care and the spirit of caring based on current and relevant research and evidence-based practice. Enhancing critical thinking skills is a prerequisite to continuously providing and improving patient care. Professional responsibility and educational advancement is encouraged. Coaching, mentoring, flexible schedules and tuition reimbursement are strategies utilized to facilitate nurses' return to school for educational advancement. In 2012, 92 members of the nursing staff were actively enrolled and pursued nursing educational advancement.

Highest Nursing Degree Completed	
Nursing Diploma (41)	6%
Associate Degree in Nursing (383)	56%
Baccalaureate Degree in Nursing (221)	32%
Master's Degree in Nursing (37)	6%

Currently Enrolled in Nursing School	
Baccalaureate Degree in Nursing (62)	9%
Master's Degree in Nursing (28)	4%
Doctoral Degree in Nursing (1)	1%
Thinking about going back to school (162)	24%

EMPIRICAL OUTCOMES

Professional Nursing Certification

Nursing Advancement at Eisenhower Medical Center

Voluntarily testing themselves against a national standard, certified nurses are role models of professional accountability. They distinguish themselves through a commitment to lifelong learning and career advancement. Twenty-one

percent of Eisenhower nurses are professionally certified. Please join me in congratulating our nurses who have achieved professional certification.

CCRN® (Certified Critical Care Nurse – American Association of Critical Care Nurses)

Chris Layer, ICU	Karen Copeland, ICU	Mary Spies, ICU
Janet Noseworthy, ICU	Tina Wallum, ICU	Irma Leos, ICU
Jaime Gonzalez, ICU	Rosalinda Garcia, ICU	Ruth Ah-Siu, ICU
Estela Milward, ICU	Linda Goertz, ICU	Honor Van Gorp, ICU
Cathy White, ICU	Brianna Sasovetz, ICU	Michelle McCarthy, ICU
Sara Bonthron, ICU	Lily Ngo, ICU	Dana Rome, ICU
Clara Harvey, ICU	Fran Scott, Renker Pavilion	Linda Wagner, Observation
Clandestine Acacio, ICU	Teresita Doble, 3 South	Alessandra Lollini, 3 South
Joan Hibo, Observation	Bonnie Bose, 4 North	Teresita Parina, 4 South
Aracelie Macapagal, 4 North	Ljubica Brebric, Radiology	Sheryl Davidson,
Jeanine Shea, Cath Lab	Rosemarie Rhodes,	Interventional Radiology
Aleth Ignacio, Employee Health	Case Management	Refugia Vargas,
Dee Wojnar, ICU	Starla Hess, ICU	Case Management

CCRN – CMS® (CCRN with Cardiac Medicine Subspecialty – American Association of Critical Care Nurses)

Chris Layer, ICU

CCRN – CMC® (CCRN with Cardiac Surgery Subspecialty – American Association of Critical Care Nurses)

Chris Layer, ICU	Honor Van Gorp, ICU	Clara Harvey, ICU
Fran Scott, Renker Pavilion	Teresita Doble, 3 South	Teresita Parina, 4 South
Crispina Hilberger, PACU	Deborah Bayer, Stroke Program	

VA-BC (Certified Vascular Access Nurse – Vascular Access Certification Organization)

Sheryl Davidson, Interventional Radiology	Susan Westphal, Interventional Radiology	Kevin Pugmire, Information Systems
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PCCN® (Progressive Care Nursing Certification – American Association of Critical Care Nurses)

Karen Roland, Observation	David Peel, 3 South	Sandra Garcia, 3 South
Marlyn Magbiray, 3 South	Teresita Doble, 3 South	

CNRN (Certified Neuroscience Registered Nurse – American Board of Neuroscience Nursing)

Joan Hibo, Observation

MICN (Mobile Intensive Care Nurse – State of California EMS Agency)

Janet Shipley,
Same Day Surgery
Michael Samu,
Emergency Department

Francine Pacente,
Emergency Department

Michael Ronning, Radiology

CEN[®] (Certified Emergency Nurse – Board of Certification for Emergency Nursing)

Alessandra Lollini, 3 South
Agnes Jove,
Emergency Department
Shellee Fetters,
Emergency Department
Kathy Cash,
Emergency Department
Allen Cortez, Case Management

Stephanie Bergstrom,
Operating Room
Junar Bohol,
Emergency Department
Rigoberto Lopez,
Emergency Department
Susan Westphal,
Interventional Radiology

John Dix,
Emergency Department
Sandra Sprenger,
Emergency Department
Natalie Ortega,
Emergency Department
Kim Hancock, Center for
Professional Development

CPEN[®] (Certified Pediatric Emergency Nurse – Board of Certification for Emergency Nursing)

Tiffany Bell-Davlanter,
Emergency Department

CFRN[®] (Certified Flight Nurse – Board of Certification for Emergency Nursing)

Kim Hancock, Center for
Professional Development

CFN (Certified Forensics Nurse – American College of Forensic Examiners)

Meagan Beavers,
Emergency Department

SANE-A (Sexual Assault Nurse Examiner – Adult – Forensic Nurse Certification Board)

Jill Hall-Crum,
Emergency Department

CRRN[®] (Certified Rehabilitation Registered Nurse – Association of Rehabilitation Nurses)

Beverly Ingelson,
Inpatient Rehabilitation

Yuri Krochmaluk,
Heart Failure Clinic

RN-BC Medical Surgical Nursing (Registered Nurse, Certified – American Nurses Credentialing Center)

Mary Averett, ICU

Heekyoung Kim,
Inpatient Rehabilitation

Keegan Pomije,
Case Management

CMSRN[®] (Certified Medical Surgical Nurse – Medical Surgical Nursing Certification Board)

Michelle McCarthy, ICU

Roger Matthews, 4 East

Marie MacWhyte,
Resource Nursing

EMPIRICAL OUTCOMES

Professional Nursing Certification Nursing Advancement at Eisenhower Medical Center

CNN (Certified Nephrology Nurse – Nephrology Nursing Certification Commission)

Linda Buffington, Dialysis

CDE (Certified Diabetes Educator – National Certification Board for Diabetes Education)

Marielena Cid, Diabetes Education

OCN[®] (Oncology Certified Nurse – Oncology Nursing Certification Corporation)

Barbara Luhm, 3 East	Tijuana Parker, 3 East	Nerisa Sac, 3 East
Penny Weaver, 3 East	Leah Carbonneau, 3 East	Doris Olson, 3 East
Susan Sagle, Infusion Center	Marilyn Zullo, Infusion Center	Courtney Freitag, Infusion Center
Cathy Tatlow, Infusion Center	Jessica Barnette, Infusion Center	Arlene Delapaz, Infusion Center
Raquel Virgen, Infusion Center	Sue Effinger, AP 3 North	Mary Kalapuracan, 4 South
Rebecca Pontiero, 3 East		

CHPN[®] (Certified Hospice and Palliative Nurse – National Board for Certification of Hospice and Palliative Nurses)

Barbara Bigelow, Center for Professional Development	Yuri Krochmaluk, Heart Failure Clinic
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CRNI (Certified Registered Nurse Infusion – Infusion Nurses Certification Corporation)

Tijuana Parker, 3 East

PHN (Public Health Nurse – State of California BRN)

Alisha Patrick, 3 South	Kedra Jingles, 4 South	Mayra Delgado, PACU
Carolyn Yum, Cardiac Rehabilitation	Doris Velasquez, Center for Professional Development	

RN-BC (Cardiac/Vascular Nurse Certified – American Nurses Credentialing Center)

Mary Fakehaney, Special Procedures

ONC[®] (Orthopedic Nurse Certified – Orthopedic Nursing Certification Board)

Michelle McCarthy, ICU	Charlene Stephenson, 2 East	Ramone Deely, 2 East
Pat Shaw, 2 East	Karen Saab, PACU	James Pfeifer, Information Systems
Marianne Rhodes, 2 East	Tanya Crager, 2 East	
Mary Moeller, 2 East		

CSRN (Conscious Sedation Registered Nurse – American Association of Moderate Sedation Nurses)

Mary Catherine Majid, Same Day Surgery	Mary Fakehaney, Special Procedures	Nancy Shorter, Special Procedures
James Dunlap, Special Procedures	Martha Gutierrez, Radiology	

CAPA® (Certified Ambulatory Perianesthesia Nurse – American Board of Perianesthesia Nursing, Inc.)

Debbie Hiestand, Kathleen Place, PACU
Same Day Surgery

CNOR® (Certified Nursing Operating Room – Competency and Credentialing Institute)

Troy Batchelor, Same Day Surgery	Cardiac Rehabilitation Sandra Callin, Same Day Surgery	Cheryl LeFore, Operating Room Scheduling
C. Suzanne Tracy, Operating Room	Michael Griswold, Operating Room	Patricia Thornbury, Operating Room
Brian Harradine, Operating Room	Paul LeBeau, Operating Room	Federick Westergard, Operating Room
Claudia Cargill, Operating Room	Pauline Lamia, Operating Room	Miguel Padilla, Operating Room
Emanuele Monaco, Operating Room	Valerie Heaslip, Operating Room	Kathleen Place, PACU
Michelle Tinkham,	Laurie Hannan, Clinic Admin	

CRNFA (Certified Registered Nurse First Assistant – National Commission for Certifying Agencies)

Suzanne Tracy, Operating Room Michael Griswold, Operating Room

RN-BC (Psychiatric Mental Health Nurse Certified – American Nurses Credentialing Center)

Maria Mason, Center for Geropsychiatry

WCC® (Wound Care Certified – National Alliance of Wound Care®)

Natalie Richmeier, ICU Kathleen Wheeler, Urgent Care

CWOCN® (Certified Wound, Ostomy, Continence Nurse – Wound, Ostomy, Continence Nursing Certification Board)

William Bryson, Barbara Fulmer,
Inpatient Wound Care Inpatient Wound Care

CWCN-AP (Certified Wound Care Nurse Advanced Practice – Wound, Ostomy, Continence Nursing Certification Board)

Barbara Fulmer, Inpatient Wound Care

AOCNS® (Advanced Oncology Certified Clinical Nurse Specialist)

Barbara Bigelow, Center for
Professional Development

PMHCNS-BC (Adult Psychiatric and Mental Health Certified Clinical Nurse Specialist – American Nurses Credentialing Center)

Dixon Bennett, Magnet Program

EMPIRICAL OUTCOMES

Professional Nursing Certification

Nursing Advancement at Eisenhower Medical Center

GNP-BC (Certified Gerontological Nurse Practitioner – American Nurses Credentialing Center)

Barbara Fulmer, Inpatient Wound Care

FNP-BC (Certified Family Nurse Practitioner – American Nurses Credentialing Center)

Kathleen Wheeler, Urgent Care

NP-C (Family Nurse Practitioner Certified – The American Academy of Nurse Practitioners Certification Program)

Joseph Dahman, Primary Care Aleth Ignacio, Employee Health

HIV Specialist (HIV Specialist Certified – American Academy of HIV Medicine)

Joseph Dahman, Primary Care

CCM® (Certified Case Manager – Commission for Case Manager Certification)

Cynthia Jones,
Case Management
Kimberly Shepard,
Case Management

Sue Stypulkowski,
Case Management
Roxie Steel, Case Management

Georgia Demarbiex,
Case Management
Refugia Vargas,
Case Management

CCS (Certified Coding Specialist – American Health Information Management Association)

Janette Kopp, Case Management

HACP (Healthcare Accreditation Certification Program – Center for Improvement in Healthcare Quality)

Beverly Ingelson,
Inpatient Rehabilitation

Lynn Hart, Quality

Maureen Reiley, Quality

CPHQ (Certified Professional in Healthcare Quality – National Association for Healthcare Quality)

Maureen Reiley, Quality

Delee Panasuk,
Case Management

Cheryl Catlett,
Case Management

CPHM (Certified Professional in Healthcare Management – McKesson International)

Cheryl Catlett,
Case Management

Refugia Vargas,
Case Management

CCRP (Certified Clinical Research professional – Society of Clinical Research Associates)

Sharon Kunic,
Desert Cardiology Center

Patricia Garcia,
Desert Cardiology Center

RN-BC (Certified Pain Management Nurse – American Nursing Credentialing Center)

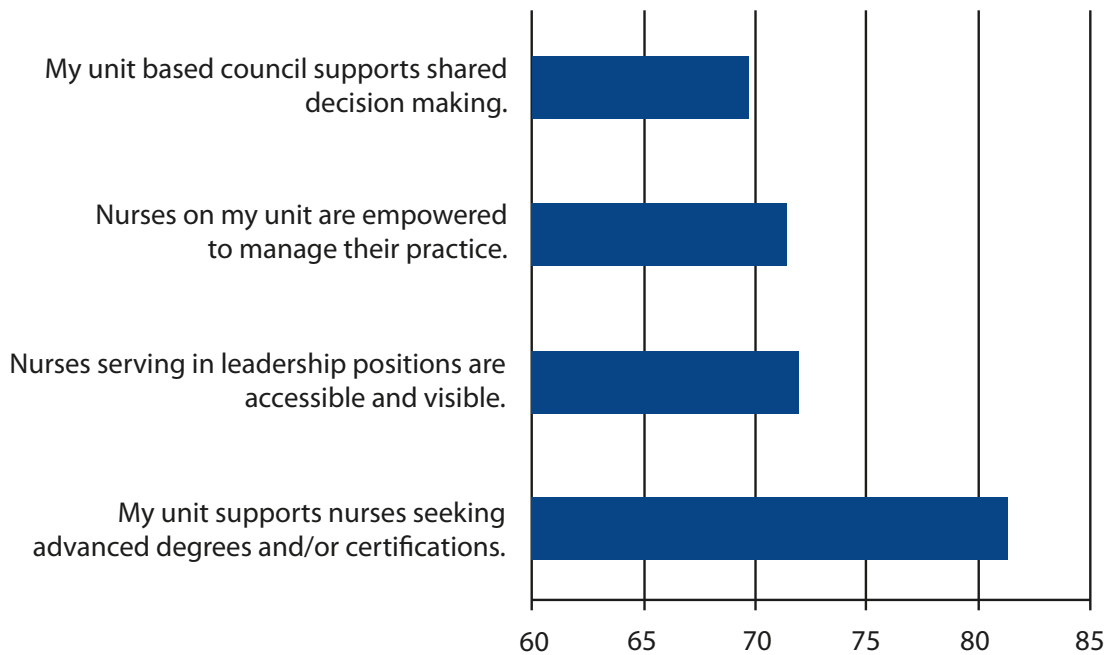
Lisa Stork Termini, Pain Management

Nurse Engagement

The employee opinion survey administered by the Advisory Board Company in 2012 indicated our registered nurse engagement level was at 43.6% above the benchmark at the 75th percentile and well above median at the 50th percentile.

Responses to the Department of Nursing custom questions were all above the 50th percentile. Our goal is 85th percentile.

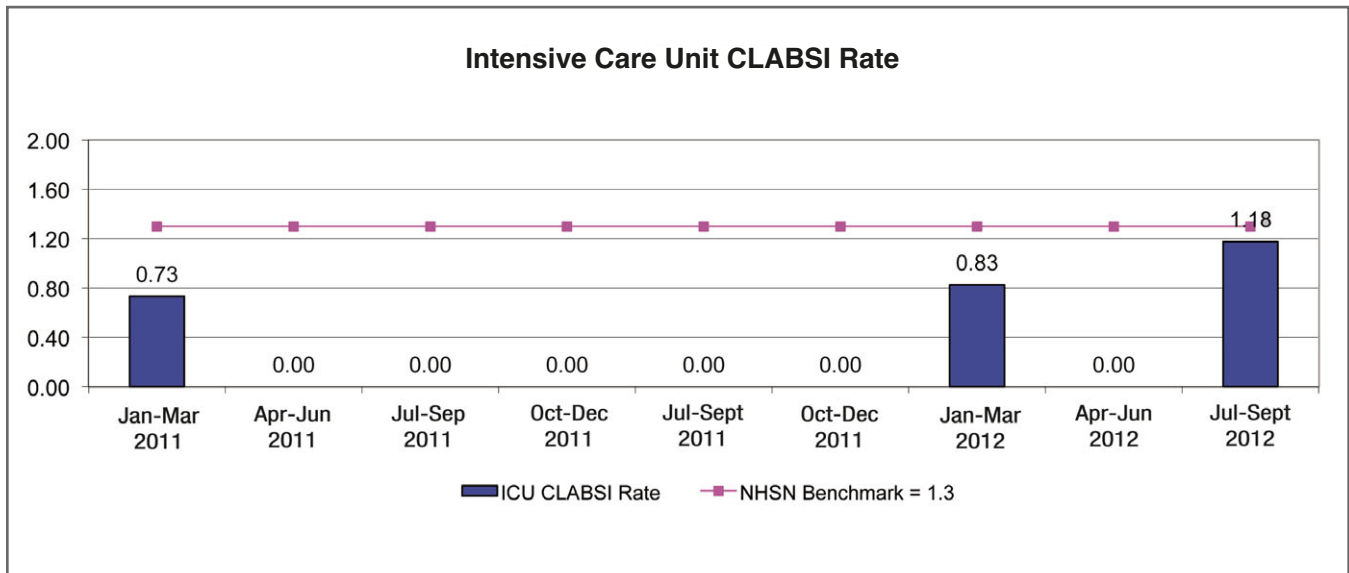
Nursing Custom Questions



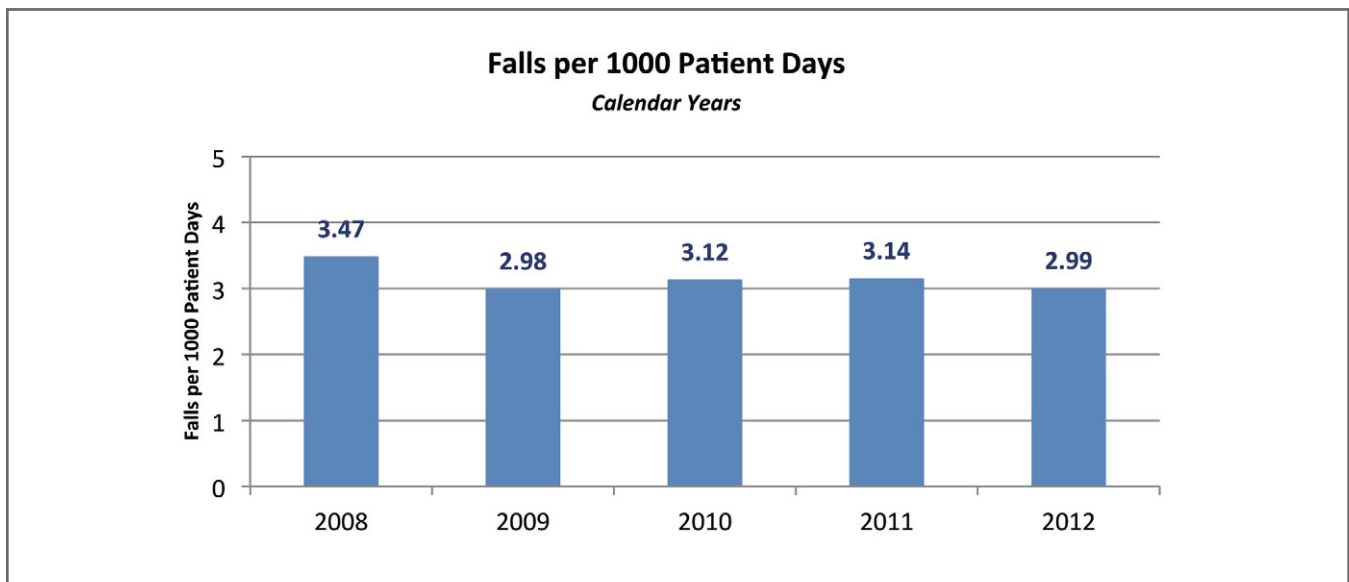
Nursing Quality Impacts Outcomes at Eisenhower

Nursing's division-wide quality improvement projects are tracked to monitor patient outcome improvement and promote the quality of nursing care. Results of these projects are posted on each nursing unit on the Nursing Quality Dashboard. All staff can see at a glance their unit's performance for each indicator.

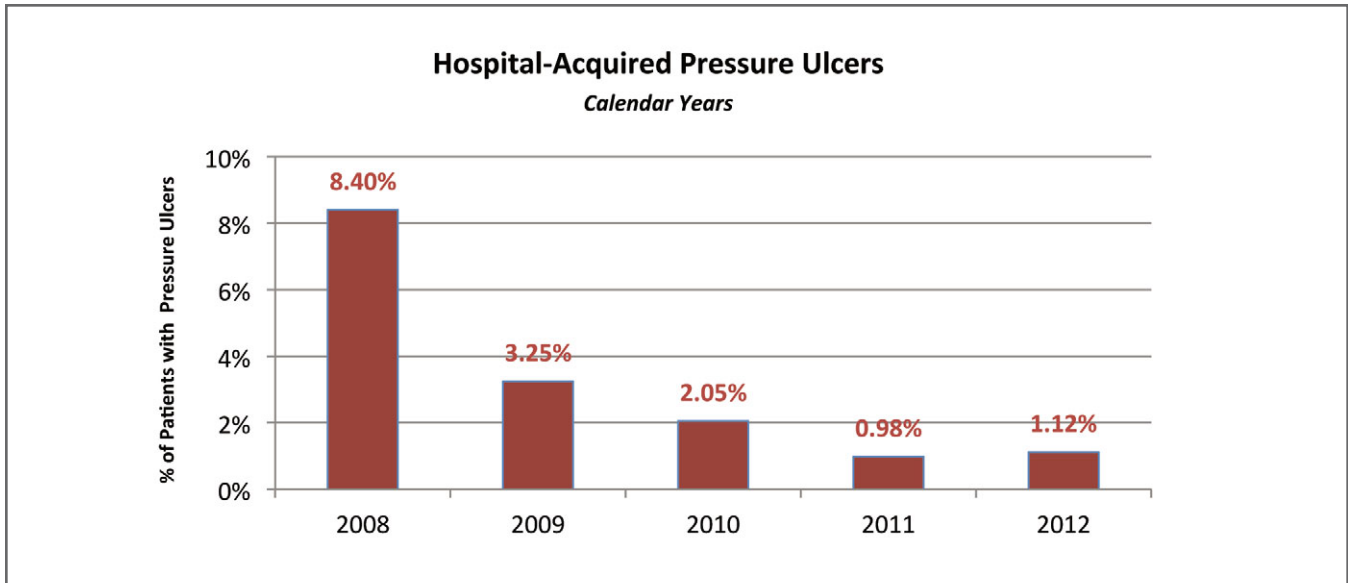
In 2010, Eisenhower began collecting data house-wide for Central Line Associated Blood Stream Infections (CLABSI) rates. Data reflects rates consistently below benchmark throughout 2011 and 2012.



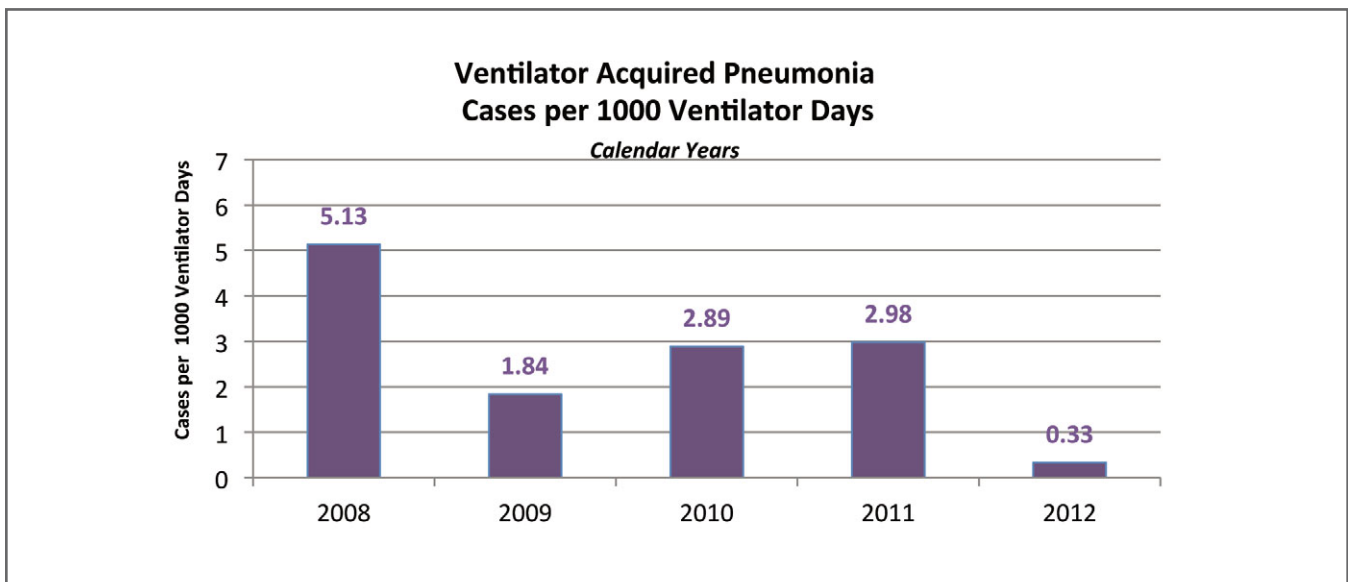
Fall rates have remained below the national benchmark. In response to an uptick in 2010, the Patient Safety Committee implemented the "fall huddle" on all units. Should a fall occur, the team is immediately convened and an assessment is made to identify any preventable factors. Immediate actions can be implemented when appropriate to prevent further occurrences.

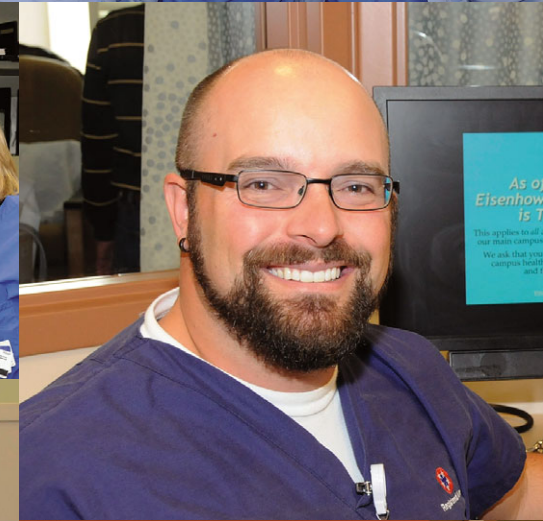


Nursing successfully decreased the incidence of hospital-acquired pressure ulcers (HAPU) from 8.4% in 2008 to 1.12% in 2012. In 2007, with a peak HAPU rate of 16.8%, the Pressure Ulcer Prevention Program was implemented, led by Barbara Fulmer, WOCN, RN.



Ventilator-Acquired Pneumonia (VAP) is a possible complication of mechanical ventilation in critical care units. Risk of developing VAP increases with days intubated and length of stay in both the critical care units and other inpatient areas, increasing cost and mortality. A collaborative program implemented at Eisenhower includes regular mouth care, suctioning, precise bed elevation, daily reassessment of the need for the ventilator, prophylaxis DVT and ulcer prevention. As a result of the commitment of the nursing staff to improve patient outcomes, the rates have decreased steadily to just .33 in 2012.







EISENHOWER MEDICAL CENTER
Health Care As It Should Be

39000 Bob Hope Drive, Rancho Mirage, CA 92270, 760-837-8300, emc.org