

# 2013 NURSING ANNUAL REPORT





## Transformational Leadership

- 3 Nurses Are Leaders in Our Pursuit of Recognized World Class Health Care
- 4 Nurses Understand the Value of Personalized Care
- 5 Nursing Excellence Continues to Unfold
- 6 Celebrating the Pursuit of Excellence
- 7 Nurses Understand the Importance of Improving the Patient Experience while Reducing Costs

## Structural Empowerment

- 8 The Quest for Magnet® Recognition
- 9 Nursing Professional Practice Council
- 10 Nursing Quality and Patient Safety Council
- 11 Evidence-Based Practice and Nursing Research Council
- 12 Nursing Professional Development Council
- 13 Magnet® Ambassador Council
- 14 Nursing Congress, Winter 2013
- 16 Sheets for Soldiers

## Exemplary Professional Practice

- 18 Nurses Are Unrivaled in Dedication and Spirit
- 19 Nursing Excellence in Ambulatory Care
- 20 Nursing Professional Practice Model
- 21 Nurse Week 2013: Nursing Excellence Awards
- 22 BSN and Higher Education for Nurses
- 23 Professional Nursing Certification
- 28 Incident-Based Nursing Peer Review Committee

## New Knowledge, Innovation and Improvements

- 29 Nursing Research
- 30 Presentations and Publications
- 32 Nursing Informatics: Integrating Technology and Nursing Practice
- 33 Annenberg Pavilion 4 South Cardiovascular Unit Glycemic Control Project
- 34 i-Rounding at Eisenhower Medical Center

## Empirical Outcomes

- 36 Nurse-Sensitive Indicators
- 37 Nursing Quality Impacts Outcomes



## It's All About Relationships

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



**Making A Difference Together Every Day.**

Compassion is our truest nature and our purest connection to one another. While it only takes one second to make another person feel valued, the memory can last forever.

## 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 2013. 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 2013. 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,

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. 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. 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



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





## 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.

**Shahriyar Tavakoli, MD**  
**President, Medical Staff**

## Nurses Understand the Importance of Improving the Patient Experience while Reducing Costs



An aging population, increased longevity and people with chronic health problems have placed a greater demand on medical and social services. The Centers for Medicare and Medicaid Services has adopted the nationwide goal called "Triple Aim" to; (1) improve the patient experience (including quality and satisfaction), (2) improve the health of populations, and (3) reduce the per capita cost of health care. Eisenhower nurses have demonstrated their commitment to these aims by improving and sustaining performance in many evidence-based core measure metrics and patient safety metrics, improving patient satisfaction scores, and managing safe discharges and transitions to home, resulting in reduction of many unnecessary and costly readmissions. In the outpatient settings, nurses are calling high-risk populations of patients to educate, to ensure safe medication self-administration, and to emphasize the need for follow-up in the primary care setting. Eisenhower's overall readmission rate is in the lowest, or best, 10th percentile of the nation's hospitals.

I would like to take this opportunity to thank the entire inpatient and outpatient Eisenhower nursing staff for the excellent care you provide to our patients.

**Lynn Masterson**  
**MSN, RN, HACCP, Vice President, Quality, Resource Management and Surgical Services**

## The Quest for Magnet® Recognition



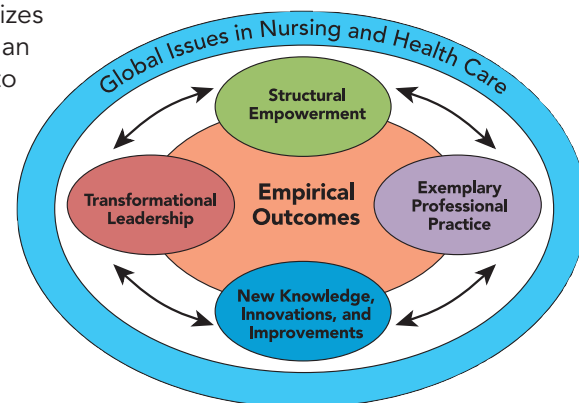
Eisenhower Medical Center has been on our Magnet Journey for the past four years, creating a culture of excellence in nursing practice based upon evidence, shared decision making, empowerment of nurses and professional development. The Magnet Recognition Program focuses on improved patient outcomes related to nursing care, improved patient satisfaction and strong nurse satisfaction. Magnet Recognition doesn't just happen. In fact, there are currently only 397 Magnet-recognized health care organizations; 391 in the United States and four international (Australia, Lebanon, Saudi Arabia and Singapore). This represents about six percent of the health care organizations in the nation. A successful Magnet journey takes commitment and hard work — from organizational leadership, each and every nurse, and an array of colleagues across departments and entities. I would like to thank everyone who has worked so diligently to help us capture the necessary evidence for our application document which will be submitted by April 1, 2014.

The Magnet Appraisal Process involves four phases; Phase 1: Application; Phase 2: Submission of Documentation; Phase 3: Site Visit; and Phase 4: Commission on Magnet Recognition Decision. Once our application document has been submitted it will be assigned to a team of appraisers for review. The average time for review of written documents and

request for and review of additional documents is approximately three to four months. Once our document is accepted, a site visit will be scheduled. Most site visits are three to four days. The site visit serves as an opportunity for the appraisers to clarify and amplify information in the document while enabling them to verify the information. Once the site visit has been completed, the Commission of Magnet Recognition reviews the final report submitted by the appraisal team. The Commission bases its decision on whether or not the organization has met the threshold for excellence. The Commission designates Magnet Recognition for nursing excellence for a period of four years.

The Magnet Recognition Program remains the highest designation for nursing excellence in the world. Although Magnet achievement recognizes excellence of nurses at all levels, the designation is considered an organizational achievement, as all departments work together to provide patient care.

As you read through the pages of this Annual Report, you will see how we successfully integrated ANCC's Magnet Model Components into our culture. These components, which exemplify excellence in nursing and distinguish Magnet institutions, include: Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements, and Transformational Leadership.



*"The ANCC model for the Magnet Recognition Program® serves as a road map for organizations seeking Magnet recognition and provides a framework for nursing practice and research into the future."  
— American Nurses Credentialing Center*

**Dixon Bennett, MSN, RN, PMHCNS-BC**  
Magnet Program Director

## Nursing Professional Practice Council



Debbie Hiestand, RN, BS, CAPA  
Dolores Hope Same Day Surgery  
Chair



Linda Buffington, MSN, RN, CNN  
Dialysis  
Co-Chair

### 2013 ACCOMPLISHMENTS

Policy Development, Approval, Implementation

- Visitation Policy
- Pain Management and Sedation Policy
- Patient Mobility Policy
- Central Line Care and Maintenance Policy
- Insulin Pump Policy
- Preparation of Patient for Surgery

Participated in FMEA: Safe Intra-hospital Transfer of Non-ICU Patients (Ticket to Ride)

Participated in Development of Foley Catheter Necessity Guidelines and X-Foleyate Program

Implemented Guidelines and Audit Tool for Daily Weights

Hosted Teleconference with Eisenhower and UCSF Nurses: Experiences with Implementing a Residency Program



## Nursing Quality and Patient Safety Council



Natalie Richmeier, MSN, RN, WCC  
ICU  
Chair



Lynn Jarrell, RN  
Renker Pavilion  
Co-Chair

### 2013 ACCOMPLISHMENTS

- Developed Guidelines and Audit Tool for Patient Daily Weights
- Completed Quality Improvement Project on Critical Lab Value Reporting
- Implemented New Template for the Nursing Dashboard
- Addressed Safety Issues Related to Tubing Misconnections
- Implemented Unit-Based Central Line Audit Tool

## Evidence-Based Practice and Nursing Research Council



Dee Wojnar, MSN, RN, CCRN  
ICU  
Chair



Stephanie Farrell, MBA, CCRC, CPHQ, SN  
ELCCC Clinical Cancer Research  
Co-Chair

### 2013 ACCOMPLISHMENTS

- Adopted the Iowa Model for Evidence-Based Practice
- Completed a Nursing Research Needs Assessment Survey
- Hosted NIH Human Subjects Training for Council Members
- Developed Journal Club Toolkit to Assist With Implementation of New Journal Clubs
- Held a Continuing Education Session on Creating Posters for Presentation
- Partnered with Rho Beta Chapter of Sigma Theta Tau International Honor Society to Hold Meetings on Campus to Facilitate Clinical Nurse Participation

## Nursing Professional Development Council



*Jerry Park, BSN, RN, CCRN  
ICU  
Chair*



*Ryan Patterson, BSN, RN  
AP 3 South Hospitalist Unit  
Co-Chair*

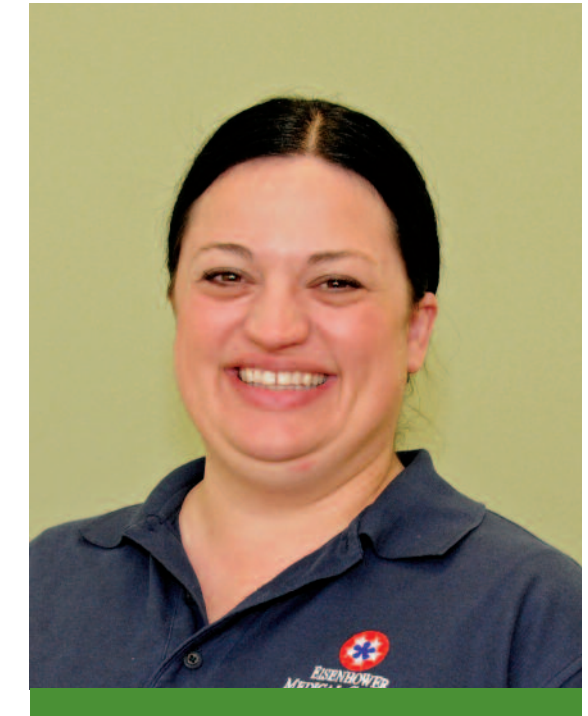
### 2013 ACCOMPLISHMENTS

- Implemented 2013 Annual Nursing Update and Nursing Needs Assessment
- Approved Revisions to the Continuing Education Conference Application for Support Policy
- Planned and Hosted the 2013 Nursing Excellence Awards
- Planned and Hosted the 2013 Nurse Week Activities
- Assumed Responsibility for Review of All Nursing Clinical Ladder Packets

## Magnet® Ambassador Council



*Carol Granger, BSN, RN  
Clinic Division  
Co-Chair*



*Christy MacKewen, RN  
AP 2 West Inpatient Rehabilitation Unit  
Co-Chair*

### 2013 ACCOMPLISHMENTS

- Designed, Facilitated Approval, and Implemented the New Nursing Professional Practice Model
- Completed Orientation Materials for the New Professional Practice Model
- Planned and Hosted a Joint Council Meeting for the Development of the Nursing Strategic Plan
- Planned and Hosted the Winter Nursing Congress to Roll Out the New Professional Practice Model
- Facilitated Six Flat Flo and Flat Fred Engagement Projects
- Standardized Content for Magnet Boards



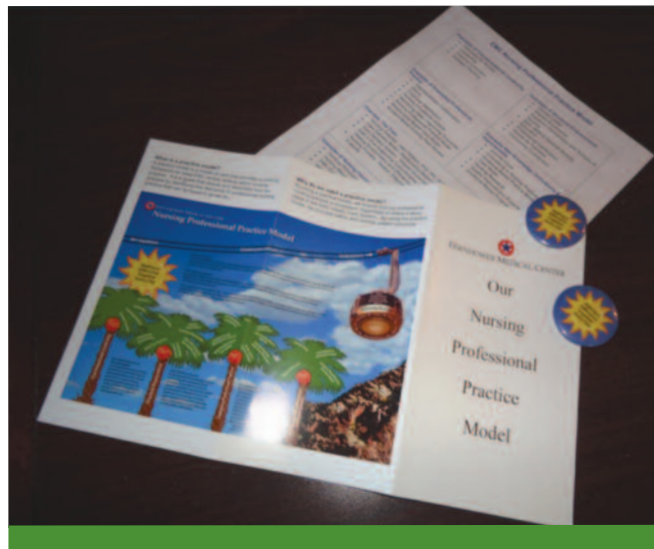
# STRUCTURAL EMPOWERMENT

## Nursing Congress, Winter 2013

The Winter Nursing Congress was a tremendous success. More than 100 nurses attended the rollout of the new Nursing Professional Practice Model — designed by the Magnet Ambassadors with input and approval from all of the Shared Governance Councils. The ambassadors designed several stations with three minute reviews of basic model components which included:

- Model Overview: The Tram, Date Palms, Mountains and Sun
- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements
- Empirical Outcomes

Nurses received a pamphlet explaining the model, a list of examples for each of the model components and a pin of the sun with Eisenhower's Magnet Journey Theme: "Making A Difference Together Every Day."



The Nursing Professional Practice Model Storyboards were delivered to the nursing units and departments in February along with pamphlets, "Our Nursing Professional Practice Model," Nursing Professional Practice Model examples, and the Magnet Journey Theme pins, "Making A Difference Together Every Day."

### The Stations



#### Model Overview

Mary Miller, RN, AP 3 South, Hospitalist Unit



#### Transformational Leadership

Lana Hezkiya, RN, AP 3 North, Freemont Neurological Care Unit and Jelena Macanovic, RN, AP 3 North



#### Structural Empowerment

Rosie Garcia, RN, ICU and Jerry Park, RN, ICU



#### Exemplary Professional Practice

Valerie Heaslip, RN, Main OR and Christie MacKewen, RN, Inpatient Rehabilitation



#### New Knowledge, Innovations and Research

Mary Fakehany, RN, Special Procedures Unit and Dee Wojnar, RN, ICU



#### Empirical Outcomes

Amy Klicka, RN, Observation Unit and Natalie Richmeier, RN, ICU



Nursing Professional Practice Model Stations



Nursing Professional Practice Model Stations



The AP 3 South Unit-Based Council



# STRUCTURAL EMPOWERMENT

## Sheets for Soldiers



Jill Hall-Crum, RN, SANE-A, Emergency Department, and Mike Ronning, RN, Charge Nurse, Radiology-Diagnostic, with Fred and Flo in fatigues specially created by Sue Kohler, RN, Radiology-Diagnostic

This project, spearheaded by Jill Hall-Crum, RN, SANE-A, Emergency Department and Mike Ronning, RN, Charge Nurse, Inpatient Radiology, and led by nurses, was conceived as a Nurses Week event. With the outpouring of generosity by so many at Eisenhower, the effort was a tremendous success, exceeding the goal of 300 sheet sets provided to soldiers by 48 employees.

It all began with an e-mail from our colleague, Eddie Ramos, RN, in Employee Health, who is currently deployed in Afghanistan. Through this communication, we learned that when the troops arrive, they are not issued bed sheets. This presents an added burden as they begin their new assignments.

Looking for a way to help, nurses began to spread the word, and the organization-wide project began. Weekly progress toward the goal was marked by a soldier whose tally gradually moved upward, toward 300.

Jill was able to negotiate a discounted price for each sheet set, first through Eisenhower's linen supplier and later through a large retailer that also offered free shipping to Afghanistan. As an additional touch, each donor provided a card expressing support for the troops who fight for our freedom. The shipment of sheets and cards was promptly sent and all have been received with great appreciation.





## 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, BSN, RN**  
**Chief Administrative Officer**

Eisenhower's clinic division nurses provide high quality ambulatory care services to more than 30,000 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.





Nursing Professional Practice Model



Eisenhower Nursing has a new Nursing Professional Practice Model that was designed and approved by our Nursing Shared Governance Structure. It is a visual representation of the values, organizational structures and processes that provide a unifying framework for the practice of nursing at Eisenhower Medical Center. It ensures consistency in the delivery of nursing care and defines for all registered nurses their authority, autonomy and accountability as they care for patients and families.

**Authority:** The recognition and use of our rights and responsibility to use our nursing knowledge, skills and judgments to provide high-quality outcomes for patients.

**Autonomy:** The making of independent nursing decisions about the best nursing practices to implement in order to provide safe, high-quality outcomes for patients.

**Accountability:** The acceptance of responsibility for our actions, judgments and the resulting outcomes.

**What is a professional practice model?**

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

**Why is it important to have a model?**

A professional practice model defines the components of nursing practice in a way that brings significance to daily work. At Eisenhower, this professional practice model unifies nursing practice throughout the system. Models help us understand how something works. They are used to show how individual elements relate to each other. A narrative description often cannot duplicate the message of a schematic, diagram or picture.

**Highlights of Eisenhower's Professional Practice Model**

**Nursing Theorist**

The theoretical foundation on which Eisenhower's nursing philosophy and practice is based, includes the beliefs and life works of Jean Watson, PhD, RN, AHN-BC, FAAN. Based upon the theory of Human Caring by Dr. Watson, caring for patients promotes growth; a caring environment accepts a person as he or she is, and looks to what he or she may become.

**Care Delivery Model**

Relationship-Based Care serves as the model that frames the practice environment and drives all nursing professional activities at Eisenhower Medical Center. In this model, nursing practice is based on evidence-based research and education, and relationships are enriched through self-reflection and life experiences.

**Care Delivery System**

A Shared Governance Methodology is utilized to define the unit- or department-based philosophy for care delivery as well as to empower and promote shared decision making by nursing staff at the point of service. This model serves as the nursing care delivery system to develop and promote partnership, equity, accountability and ownership.

Nurse Week 2013: Nursing Excellence Awards

The 2013 Nursing Excellence Award recipients were revealed at the 2013 Nurses Week Award and Recognition Celebration held Wednesday, May 9, 2013 in Eisenhower Lucy Curci Cancer Center's Berger Auditorium. Nurses are the heart and soul of care and to a caring, compassionate patient experience. We are honored that so many of our nurses were nominated for Nursing Excellence Awards. The strength of the nominations is a reflection of the professionalism of nursing throughout the organization.

The 2013 Nursing Excellence Award winners follow in the footsteps of dedicated nurses who have provided patient care excellence at Eisenhower Medical Center since 1971.



Tina Wallum, RN, CCRN, Director, ICU and Dialysis  
2013 Nursing Excellence Award for Transformational Leadership



Elaine Alexander, RN, Charge Nurse, ICU  
2013 Nursing Excellence Award for Inpatient Care and 2013 Eisenhower Nurse of the Year



Dee Wojnar, MSN, RN, CCRN, Clinical Nurse, ICU  
2013 Nursing Excellence Award for Innovation/Creativity in Nursing Practice



Christal Curry, RN, Coordinator, Infusion Center  
Eisenhower Lucy Curci Cancer Center  
2013 Nursing Excellence in Ambulatory Care



David Peel, RN, PCCN, Clinical Coordinator, AP 3 South  
2013 Nursing Excellence Award for Exemplary Practice as a Teacher and Patient Advocate



BSN and Higher Education for Nurses

Eisenhower Nurses Pursue Advanced Education including Baccalaureate and Graduate Nursing Degrees

During the past decade, a number of factors have converged to radically alter the environment in which health care is provided, subsequently changing the nature of the role and responsibilities of nurses. In October 2010, the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) jointly released *The Future of Nursing: Leading Change, Advancing Health*, referring to the report as 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. The percentage of clinical nurses with a baccalaureate and higher nursing degree increased from 38% (258 RNs) in 2012 to 42% (311 RNs) in 2013. Clinical nurses actively enrolled and pursuing a baccalaureate or higher nursing degree increased from 13.1% (91 RNs) in 2012 to 21.7% (166 RNs) in 2013.

Highest Nursing Degree Completed	2012 Assessment	2013 Assessment
Nursing Diploma	6% (42 RNs)	6% (42 RNs)
Associate Degree in Nursing	56% (383 RNs)	52% (383 RNs)
Baccalaureate Degree in Nursing	32% (221 RNs)	35% (267 RNs)
Master's Degree in Nursing	6% (37 RNs)	7% (53 RNs)
DNP, DNSc, PhD in Nursing	0%	0.1% (1 RN)
<i>n= Number of Surveys</i>	683 RNs	763 RNs

Nursing Degree Program Enrollment	2012 Assessment	2013 Assessment
Baccalaureate Degree in Nursing	9% (62 RNs)	16% (124 RNs)
Master's Degree in Nursing	4% (28 RNs)	5% (37 RNs)
DNP, DNSc, PhD in Nursing	0.1 (1 RN)	0.7% (5 RNs)
Thinking About Enrolling	24% (162 RNs)	23% (176 RNs)
<i>n= Number of Surveys</i>	683 RNs	763 RNs

Professional Nursing Certification

Nursing Advancement at Eisenhower Medical Center

The value of certification in a nursing specialty in influencing the delivery of safe and effective care is undeniable. While licensure measures entry-level competence of a new nurse, certification validates a nurse's specialty knowledge, experience, clinical judgment and critical thinking. Nurses achieve certification credentials through specialized education,

experience in a specialty area, and a national qualifying exam and are role models of professional accountability. They distinguish themselves through a commitment to lifelong learning and career advancement. Please join us in congratulating our nurses who have achieved professional certification.

CCRN® (Certified Critical Care Nurse)

Ruth Ah Siu, ICU	Starla Hess, ICU	Sheryl Davidson, Vascular Radiology
Phu Pham, ICU	Jeanie Shea, Cardiac Cath Lab	Karen Copeland, ICU
Lily Ngo, ICU	Irma Leos, ICU	Janet Noseworthy, ICU
Cris Hilberger, Mirage Endoscopy	Anna Lauricella, ICU	Sally Wright, Pulmonary Clinic
Eleanor Rose, ICU	Toni Scheidecker, ICU	Teresita Parina, AP 3 South
Joan Hibo, Observation Unit	Aleth Mangosing-Ignacio, Employee Health	Dana Rome, ICU
Cindy Balch, Nursing Resource Pool	Teresita Doble, AP 4 South	Dee Wojnar, ICU
Clara Harvey, ICU	Clandestine Acacio, ICU	Christine Layer, ICU
Estela Milward, ICU	Jessica Hendrix, ICU	Rosalinda Garcia, ICU
Sandy Roberts, AP 4 South	Mary Spies, ICU	Jaime Gonzalez, ICU
Jerry Park, ICU	Sara Bonthron, ICU	Fran Scott, Renker Pavilion
Tina Wallum, ICU	Ljubica Brebric, Main Hospital Radiology	Deborah Bayer, Freemont Neurological Care Unit
Ruth Gandy, ICU		
Irene Rice, ED		

CCRN – CMC® (Certified Critical Care Cardiac Medicine Nurse)

Clara Harvey, ICU	Honor Van Gorp, ICU	Christine Layer, ICU
Teresita Doble, AP 4 South	Teresita Parina, AP 3 South	Fran Scott, Renker Pavilion

CCRN – CMS® (Certified Critical Care Cardiac Surgery Nurse)

Christine Layer, ICU

PCCN® (Certified Progressive Care Nurse)

John Thompson III, AP 4 North	Aracelie Macapagal, AP 4 North	David Peel, AP 4 South
Bonnie Bose, Nursing Resource Pool	Teresita Doble, AP 4 South	

CDE (Certified Diabetes Educator)

Yuri Krochmaluk, Diabetes Education	Marielena Cid, Diabetes Education
-------------------------------------	-----------------------------------

CNN (Certified Nephrology Nurse)

Linda Buffington, Dialysis

VA-BC (Certified Vascular Access Nurse)

Susan Westphal	Sheryl Davidson
----------------	-----------------



## Professional Nursing Certification

### Nursing Advancement at Eisenhower Medical Center

#### CEN® (Certified Emergency Nurse)

Stephanie Bergstrom, <i>Main OR</i>	Junar Bohol, <i>ED</i>	Susan Westphal, <i>Vascular Radiology</i>
Jovalie Anacan, <i>AP 3 South</i>	Sandra Sprenger, <i>ED</i>	Agnes Jove, <i>Argyros Urgent Care</i>
John Dix, <i>ED</i>	Irene Rice, <i>ED</i>	Cathy Cash, <i>ED</i>
Kim Hancock, <i>ED</i>	Michael Grimes, <i>ED</i>	Allen Cortez, <i>Case Management</i>
Cindy Balch, <i>Nursing Resource Pool</i>	Shellee Fetters, <i>ED</i>	

#### CPEN® (Certified Pediatric Emergency Nurse)

Michael Grimes, <i>ED</i>	Agnes Jove, <i>Argyros Urgent Care</i>	Dennis Beech, <i>ED</i>
---------------------------	--	-------------------------

#### CFRN® (Certified Flight Nurse)

Kim Hancock, *ED*

#### SANE-A (Adult Sexual Assault Nurse Examiner)

Kathy Cash, <i>ED</i>	Jill Hall-Crum, <i>ED</i>	Diana Faugno, <i>ED</i>
-----------------------	---------------------------	-------------------------

#### SANE-P (Pediatric Sexual Assault Nurse Examiner)

Diana Faugno, *ED*

#### OCN® (Oncology Certified Nurse)

Doris Olson, <i>3 East</i>	Angel Bjerke, <i>LCCC Infusion</i>	Nancy Cordova, <i>LCCC Administration</i>
Nerissa Sac, <i>3 East</i>	Abigail Mata-Lopez, <i>LCCC Infusion</i>	Bo Dunn, <i>LCCC Radiation</i>
Tijuana Parker, <i>3 East</i>	Cathy Tatlow, <i>LCCC Infusion</i>	Karen Saab, <i>PACU</i>
Barbara Luhm, <i>3 East</i>	Diane Esposito, <i>LCCC Infusion</i>	
Rebecca Pontiero, <i>3 East</i>	Marilyn Zullo, <i>LCCC Infusion</i>	
Kathryn Zurcher, <i>3 East</i>	Arlene Delapaz, <i>LCCC Infusion</i>	

#### CRNI (Certified Registered Nurse Infusion)

Tijuana Parker, *3 East*

#### CHPN® (Certified Hospice and Palliative Care Nurse)

Barbara Bigelow, *Center for Professional Development*

#### CNOR® (Certified Nursing Operating Room)

Michael Griswold, <i>Main OR</i>	Jody Cap, <i>Main OR</i>	Troy Batchelor, <i>Dolores Hope SDS</i>
Philip Gonzalez, <i>Main OR</i>	Claudia Cargill, <i>Main OR</i>	Brian Herradine, <i>Rinker SDS</i>
Valerie Heaslip, <i>Main OR</i>	Suzanne Tracey, <i>Main OR</i>	James Maderick, <i>Rinker SDS</i>
Emanuele Monaco, <i>Main OR</i>	Pauline Lamia, <i>Main OR</i>	Laurie Hannan-Reagan, <i>ICC Administration</i>
Frederick Westergard, <i>Main OR</i>	Karen Saab, <i>Main OR</i>	Michelle Tinkham, <i>Cardiac Rehab</i>
Darlene Dierkes, <i>Main OR</i>	Kathleen Place, <i>PACU</i>	
Stephanie Strickland, <i>Main OR</i>	Cheryl LeFore, <i>OR Scheduling</i>	
Barry Highsted, <i>Main OR</i>	Sandra Callin, <i>Dolores Hope SDS</i>	

#### CRNFA (Certified Registered Nurse First Assistant)

Michael Griswold, <i>Main OR</i>	Suzanne Tracy, <i>Main OR</i>
----------------------------------	-------------------------------

#### CAPA® (Certified Ambulatory Perianesthesia Nurse)

Debbie Hiestand, <i>Dolores Hope SDS</i>	Kathleen Place, <i>PACU</i> Sheryll Ortiz, <i>PACU</i>
---	---

#### CPAN (Certified Post Anesthesia Nurse)

Christie Chapman, <i>Quality</i>	Kathleen Place, <i>PACU</i>	Sheryll Ortiz, <i>PACU</i>
----------------------------------	-----------------------------	----------------------------

#### CRN (Certified Radiology Nurse)

Eddy Sousa, <i>Emergency Department</i>	Jane Petersen, <i>Mirage Endoscopy</i>
--	--

#### CRRN (Certified Rehabilitation Registered Nurse)

Rachael LeBrun, <i>AP 2 West</i>	Bev Ingelson, <i>AP 2 West</i>	Jo Ann Juliano, <i>Argyros Administration</i>
Myriah Decker, <i>Mirage Endoscopy</i>	Darren Parada, <i>AP 3 South</i>	

#### RN-BC (Board Certified Vascular Nurse)

Marlyne Abon, <i>AP 4 South</i>	Yvette Ortiz, <i>AP 4 South</i>
---------------------------------	---------------------------------

#### CWOCN® (Certified Wound and Ostomy Care Nurse)

William Bryson, <i>Inpatient Wound Care</i>	Barbara Fulmer, <i>Inpatient Wound Care</i>
--	--

#### WCC® (Wound Care Certification)

Darren Parada, <i>AP 3 South</i>	Susan Wolfe, <i>Wound Care Clinic</i>
Natalie Richmeier, <i>ICU</i>	Crystal Saenz, <i>Wound Care Clinic</i>

#### CWCA (Certified Wound Care Associate)

Melissa Bien, *Inpatient Wound Care*

#### RN-BC (Board Certified Informatics Nurse)

Louis Rotondo, *Renker Pavilion*

#### RN-BC (Board Certified Medical Surgical Nurse)

Stefanie Zsargo, <i>AP 3 North</i>	Espanelle Metellus, <i>AP 2 West</i>	Roger Mathews, <i>4 East</i>
Agnes Gerster, <i>3 East</i>	Barbara Luhm, <i>3 East</i>	Mary Averette, <i>ICU</i>

#### CMSRN (Certified Medical Surgical Registered Nurse)

Carolann Stanek, *AP 4 North*



## Professional Nursing Certification

### Nursing Advancement at Eisenhower Medical Center

#### CNRN (Certified Neuroscience Registered Nurse)

Joan Hibo, *Observation Unit*

#### SCRN (Stroke Certified Registered Nurse)

Deborah Bayer,  
*Freemont Neurological Care Unit*

#### CNML (Certified Nurse Manager and Leader)

Travis Homan, *AP 2 West*

#### NEA-BC (Board Certified Nurse Executive Advanced)

Ann Mostofi, *Nursing Administration*      Joan Randall,  
*Argyros Administration*

#### NE-BC (Board Certified Nurse Executive)

Mary Ann McLaughlin, *Nursing Administration*      Sue Effinger,  
*Freemont Neurological Care Unit*      Cera Stanford,  
*LCCC Infusion Center*

#### RN-BC (Board Certified Pain Management Nurse)

Lisa Stork

#### CIC (Certified Infection Control Nurse)

Christy Chapman, *Quality*

#### CLNC (Certified Legal Nurse Consultant )

Michelle Tinkham, *Cardiac Rehab*      Lee Marie Junga, *24/7 Services*      Jane Petersen, *Mirage Endoscopy*  
Cindy Balch, *Nursing Resource Pool*      Marcy Russell Pearson, *AP 4 South*

#### CPHQ (Certified Professional in Healthcare Quality)

Lynn Hart, *Quality*      Barbara Silverstone,  
*Case Management*  
Deborah Gonsalves, *Quality*      Cheryl Catlett, *Case Management*  
Maureen Reiley, *Quality*

#### HACP (Healthcare Accreditation Certified Professional)

Cera Stanford,  
*Lucy Curci Infusion Center*      Maureen Reiley, *Quality*

#### CPHM (Certified Professional in Healthcare Management)

Cheryl Catlett, *Case Management*

### Certified Advance Practice Nurses

#### FNP-BC (Certified Family Nurse Practitioner)

Amanda Moyer, *Pre-Operative Interview*      Rosa Lucas, *Urgent Care*      Carol Marietta, *AP 3 North*  
Ellen Kelley, *Urgent Care*      Kathleen Wheeler, *Urgent Care*  
Cari Sudmeier, *Women's Health*

#### ANP-BC (Board Certified Adult Nurse Practitioner )

Parastoo Aryafar, *ICU*

#### FNP (Certified Family Nurse Practitioner)

Rocio Ruelas, *Urgent Care*

#### CWCN-AP (Certified Wound Care Nurse – Advanced Practice)

Barbara Fulmer,  
*Inpatient Wound Care*

#### GNP-BC (Board Certified Gerontological Nurse Practitioner)

Barbara Fulmer,  
*Inpatient Wound Care*



Incident-Based Nursing Peer Review Committee



Members, left to right: Sandra Melvin, ELCCC Infusion Center; Stephanie Jones, AP 4 North; Dayle Palagyi, Same Day Surgery; Karen Copeland, ICU; and Agnes Jove, Argyros Urgent Care. Not pictured: Anita Roberson, 4 East.

The purpose of the Incident-Based Nursing Peer Review Committee is to improve patient care, support a culture of continuous learning and ensure best practices. In its first full year, the Committee has already led to advances in the quality of nursing care and enhanced patient safety.

The Incident-Based Nursing Peer Review Committee meets monthly. Nursing peer case review is conducted using multiple sources of information including the review of individual cases, the review of aggregate data for compliance, clinical standards and the use of rates compared against established benchmarks, or norms, when applicable. Cases are referred for review that relate to quality of care, technical errors, documentation, risk issues, complaints and other sources.

Since its inception in February 2013, the Committee has reviewed 56 cases. A breakdown of cases follows:

- MD not notified about critical lab values . . . . . 2 cases
- Medication errors . . . . . 6 cases
- Documentation errors . . . . . 1 cases
- MD orders not followed . . . . . 5 cases
- Change in patient condition not noted . . . . . 6 cases
- Blood administration procedure errors . . . . . 2 cases
- Patient over-sedation . . . . . 3 cases
- Surgical specimen labeling issues . . . . . 31 cases

The peer review process empowers staff nurses to identify and address gaps in quality care and to promote a culture of safety and best practices. It also promotes transparency, increases teamwork, supports creativity and creates a sense of ownership among nursing staff.

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.

**2013 Institutional Review Board Approved Nursing Research Projects**

**Kathleen Wheeler, DNP, RN, FNP-BC and Sheila Middleton, BSN, RN.** "The Effect of a Transformational Leadership Program on the Hospital Nursing Leaders Perceived Leadership Behavior."

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



## 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

#### Annette Brown, BSN, RN

"A Deep Dive into the World of Nursing Informatics, HED Optimization: Advancing Change, Transforming Practice." McKesson Healthcare Solutions Congress, Bloomberg, CO, April 16 – 17, 2013. (Podium Presentation, Distinguished Achievement Award Finalist)

#### Annette Brown, BSN, RN

"Simply the Havoc, Hardwire Quality Practice." American Nursing Informatics Association (ANIA) CARING Conference, San Antonio, TX, May 2 – 4, 2013. (Podium Presentation)

#### Annette Brown, BSN, RN

"Risk Prevention in Action: Transparency at the Bedside." National Patient Safety Foundation (NPSF) Congress, New Orleans, LA, May 8 – 10, 2013. (Poster Presentation)

#### Annette Brown, BSN, RN

"Taking Care During Your Hospital Stay." Argyos Health and Wellness Series, La Quinta, CA, October 8, 2013. (Speaker)

#### Nancy Wolf, MSN, RN, PHN

"A Campus Community Partnership for Personal Preparedness." Joint Southern California Sigma Theta Tau International Odyssey Conference, San Diego, CA, October 31 – November 1, 2013. (Speaker)

#### Nancy Wolf, MSN, RN, PHN

"Code Blue Simulation: ICU." 9th Annual Magic in Teaching Conference, Irvine, CA, November 12-14, 2013. (Poster Presentation)

#### Natalie Richmeier, MSN, RN, WCC

"The Effects of the Pilot Mobility Program for the Elderly at Eisenhower Medical Center." Dong A University, Da Nang, Vietnam November 2013. (Speaker)

#### Natalie Richmeier, MSN, RN, WCC and Barbara Fulmer, MSN, GNP-BC, CWOCN

"The Effects of Hospitalized Elderly Mobility Program." Southern California Regional Sigma Theta Tau International Nursing Odyssey Conference, San Diego, CA, October 31 – November 1, 2013. (Poster Presentation)

#### Kathleen Wheeler, DNP, RN, FNP-BC

"Effects of a Nursing Transformational Leadership Program on Perceived Leadership Behaviors." Southern California Regional Sigma Theta Tau International Nursing Odyssey Conference, San Diego, CA, October 31 – November 1, 2013. (Poster Presentation, First Place Winner)

#### Danuta Wojnar, MSN, RN; Margaret Beaman, PhD, RN; Shannon Ashcom, BSN, RN; Simona Campa, BSN, RN; Kim Herling, SN; Jack Brandi, SN; and Diona Payne, SN

"Hand Hygiene Compliance in the Critical Care Area." Southern California Regional Sigma Theta Tau International Nursing Odyssey Conference, San Diego, CA, October 31 – November 1, 2013. (Poster Presentation)

#### Sheda Heidarian, MD, Sue Effinger, MSN/MHA, RN, NE-BC

"Outcomes of an Interprofessional Team Learning and Improvement Project Aimed at Reducing Post-surgical Delirium in Elderly Patients Admitted with Hip Fracture." The 20th IAGG World Congress of Gerontology and Geriatrics, Seoul, Korea, June 23 – 27, 2013. (Poster Presentation)

#### Cera Salamone Stanford, BSN, RN, NE-BC; Lynn Jarrell, RN; Margaret L Beaman, PhD, RN; Angela Marie Ellica, RN, BSN; and Christal Curry, RN

"PASIC: Patient Acuity System for the Infusion Center." Southern California Regional Sigma Theta Tau International Nursing Odyssey Conference, San Diego, CA, October 31 – November 1, 2013. (Poster Presentation)

## Presentations and Publications

### Publications

#### Wojnar, Dee, MSN, RN, CCRN and Margaret Beaman, PhD, RN

Peripherally Inserted Central Catheter (PICC): Compliance with Evidence-Based Indications for Insertion in an Inpatient Setting. *Journal of Infusion Nursing* July-August 2013;36(4): 291-296.

#### 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.

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

Pursuing Magnet Designation: The Role of Structural Empowerment. *AORN Journal* February 2013;97(2):253-256.

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

Care of the Endovascular Repair Patient with an Endovascular Leak. *AORN Journal* May 2013;97(5):32-40.

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

The Road to Magnet: Implementing New Knowledge, Innovations, and Improvements. *AORN Journal* May 2013;97(5):579-581.

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

The Road to Magnet: Encouraging Transformational Leadership. *AORN Journal* August 2013;98(2):186-188.

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

Hearts Rehab: Cardiac Rehabilitation Gets Heart Patients Back to their Lives (Interview). *Healthy Living* November/December 2013:46-47.

#### Welchel, Catherine; Berg, Lisa; Brown, Annette; Hurd, Debra; Koepping, Dianne; Stroud, Shalan

What's the Impact of Quality Bundles at the Bedside? *Nursing* 2013;43(12),18-21.



## Nursing Informatics: Integrating Technology and Nursing Practice

There is no doubt that technology and the changes it brought have revolutionized the delivery of nursing care at Eisenhower Medical Center. With a nursing informatics leadership that embraces and encourages innovation, it is little wonder that Eisenhower is at the forefront of technological achievement. Utilizing a team-oriented, collegial approach, nursing informatics at Eisenhower supports the cognitive interaction between the nurse, the nursing process, nursing data, patients and technology. Facilitating the integration of data, information, and knowledge to support patients, nurses, and other providers in their practice and decision making is part of the nursing informatics model. The projects undertaken and completed this past year reflect Eisenhower nursing informatics' proactive approach to promoting clinical excellence.

### Interactive Voice Recording (IVR)

Together with our colleagues from the Emergency Department (ED), nursing, and Information Technology (IT), an automated system of notification and voice recorded reporting from the ED nurse to the inpatient nurse was successfully implemented. The result has been a timelier, more efficient transition for patients admitted through the ED and a more comprehensive information exchange between the ED and inpatient nurses.

### McKesson Quality Monitor (MQM) and McKesson Performance Visibility (MPV)

MQM is a graphic tool to proactively notify nurses when there is a risk of not meeting the criteria established by The Joint Commission to avoid problems associated with Ventilator Acquired Pneumonia (VAP), Stroke (STK), Catheter Acquired Urinary Tract Infection (CTI), and Central Line Associated Blood Stream Infection (CLB). Some information is also discreetly shared with the MPV monitors located throughout every nursing unit. Currently being utilized by the ICU and AP 3 North, MQM is one example of the electronic systems now in place to help nurses translate patient data into more efficient, relevant, and safer patient outcomes. Nursing informatics educated nursing staff about MQM and facilitated the addition of metrics to the CTI, CLB, and STK bundles based on new recommendations from The Joint Commission.

### ER12 / Meaningful Use Stage 2

In conjunction with education and IT, Eisenhower nursing informatics participated in several months of testing and evaluating the latest clinical software version (ER12) from McKesson in preparation for the coming regulatory changes related to Meaningful Use Stage 2. A successful nurse training program and rollout was achieved in September 2013.

### Horizon Medication Reconciliation (HMR)

Working alongside our physician, education and IT partners, nursing informatics participated in the testing/evaluation, nurse education and implementation of an electronic discharge medication reconciliation program. The result was a successful, hospital-wide initiative to improve the accuracy, education and integration of home and inpatient medications at discharge as patients transition from the hospital to the community. HMR also successfully fulfills regulatory requirements related to Meaningful Use Stage 2. It is the first phase of a medication reconciliation program expected to expand by both physician participation and scope.

### Care Alerts

Based on collaboration with various departments, nursing informatics devised a series of Care Alerts. Care Alerts are notifications sent electronically to designated staff. The alerts are triggered by a specific clinical event. Care Alerts successfully implemented this year include Duplicate Foley Catheter creation, ED Stat Antibiotic order, Case Management notification of a discharge order, and patients meeting the criteria for delirium risk.

## Annenberg Pavilion 4 South Cardiovascular Unit Glycemic Control Project



Christine McMahon, RN, MSN, Clinical Manager and Ellen Nadeau-Lefebvre, RN, MSN, Clinical Director, check a patient's insulin on the Annenberg Pavilion 4 South Cardiovascular Unit.

In 2010, the Annenberg Center for Health Sciences at Eisenhower was awarded a grant through Sanofi to improve glycemic control for hospitalized patients. The faculty affiliations included the University of California, San Francisco; Methodist Hospital System – Houston; New York Presbyterian Hospital; University of New Mexico Hospital; Banner Good Samaritan Medical Center; and the University of Minnesota. The external nursing consultant, Mary Sullivan, DNP(c), RN, Certified Diabetic Educator, conducted a site visit, and defined the proposed project and the rationale for the use of the physiologic insulin regimen for the nursing staff.

The Glycemic Control Committee was tasked with developing an implementation plan to transition the hospital from sliding scale insulin administration to a physiologic (basal, prandial, and correctional or "basal bolus") model. The goal of the project was to improve the efficacy and safety of insulin by instituting a basal-bolus program for hospitalized patients and to replace the common use of sliding-scale insulin.

A pilot program was initiated on the Annenberg Pavilion 4 South Cardiovascular Unit because this unit provides step-down care for open-heart surgical patients. Control of surgical hyperglycemia is a goal for all open-heart patients, making this patient population a priority. The pilot program occurred from September 4, 2012 through May 15, 2013, before being rolled out to successive nursing units. The roll-out of this program utilized a multifaceted approach to include experts in the field of glycemic control. Speakers included two certified diabetic educators, a registered dietician and a pharmacist.

Implementation of the basal-bolus pilot program on the AP 4 South Cardiovascular Unit supported the continuation of decreased hypoglycemic events as well as decreased average levels of blood glucose >180 mg/dl following implementation of a basal-bolus program. The results are compatible with expectations to reduce the frequency of hyperglycemic and hypoglycemic events in the hospital.



## i-Rounding at Eisenhower Medical Center



Sue Effinger utilizes i-rounding with Katrina Evenson and Terry Montemayor.

In addition to monitoring and documentation, nurses must also analyze what is happening on their units, reacting quickly to implement areas of improvement. Paper methods, riddled with errors and long lag times before being able to use the data, aren't practical or efficient. Nursing Leaders need better metrics that are comprehensive and actually insightful. Furthermore, nurses need clear direction and the ability to act while information is still relevant.

Sue Effinger worked with ancillary support departments to implement the new electronic rounding tool which enables collection and tracking of real-time information about the patient experience, allowing caregivers to intervene in the moment, thereby permitting service recovery before the patient leaves the hospital. As value-based purchasing takes hold in

health care, improving the patient experience is increasingly important for hospitals. Effinger and the Nursing Clinical Coordinators on the Fremont Neurological Care Unit are able to immediately manage patient concerns on their management rounds using this new technology. Housekeeping, Dietary and Facilities receive e-mails via the rounding tool whenever problems are identified in patient rooms. Ancillary Departments have been able to respond immediately, notifying Effinger that the problems have been resolved. Nursing staff noted that patients were pleased with the quick response from other departments to their concerns. As a result of the i-rounding implementation, patient satisfaction as measured by Press Ganey®, has demonstrated sustained improvement while elevating both patient and staff experience.





## Nurse-Sensitive Indicators



As part of Eisenhower Medical Center's commitment to a culture of safety, the Hospital participates in the National Database of Nursing Quality Indicators (NDNQI) to measure nursing performance. NDNQI, a repository for nursing-sensitive indicators, is a program of National Center for Nursing Quality. NDNQI is the only database containing data collected at the nursing unit level. At Eisenhower, nurse-sensitive indicator data are shared with nurses at all levels in a variety of venues consistent with a philosophy of transparency.

Data is monitored for falls, hospital-acquired pressure ulcers, central line-associated blood stream infections, catheter-associated urinary tract infections, and ventilator-associated pneumonia/ventilator-associated events. The benchmark is the mean for 200- to 299-bed hospitals.

Being informed about performance is the foundation for superlative outcomes. Eisenhower continues to provide the best care to patients through innovation, diligence and application of evidence-based practice.

Patient safety concerns, fiscal pressures and patient expectation create a demand for health care providers to demonstrate the quality of nursing care delivered. As a result, health care organizations are increasingly encouraged to provide evidence of nursing care quality. Nurse-sensitive indicators are being proposed as a means of meeting this need.

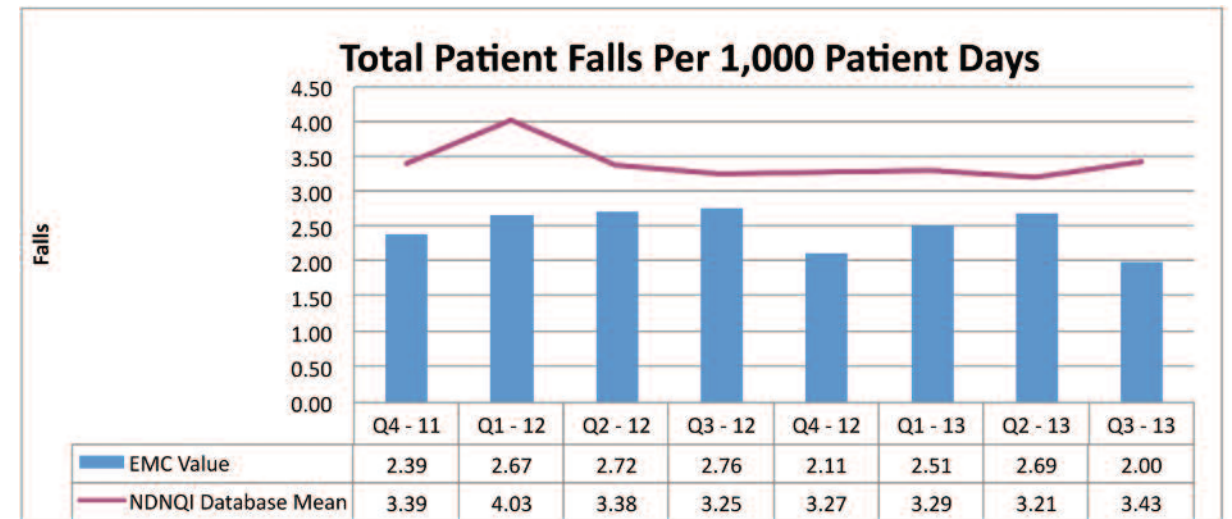
When comparing these rates, lower scores are better. A zero score for any of the Nurse Sensitive Indicators means no occurrence for that quarter.

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

## Nursing Quality Impacts Outcomes at Eisenhower

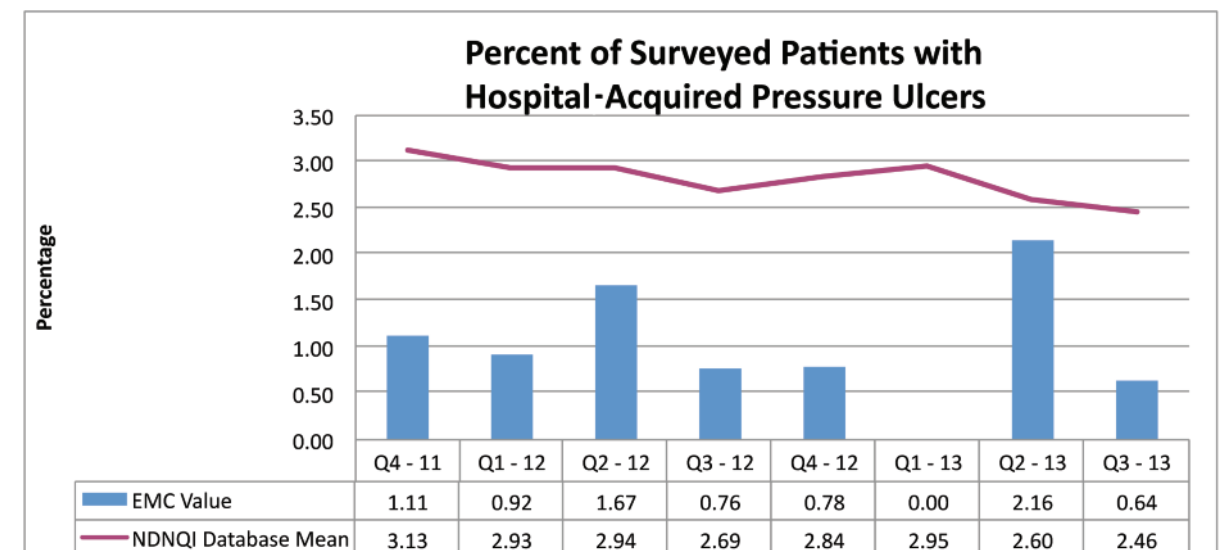
### FALLS

Preventing patients from falling while in the hospital is a priority. Eisenhower's falls prevention program is designed to carefully monitor patients at risk for falls and involves everyone on the health care team. For the past 24 months, Eisenhower's Total Patient Fall Rate has outperformed the NDNQI benchmark mean.



### HOSPITAL-ACQUIRED PRESSURE ULCERS

A pressure ulcer, sometimes called a bedsore, is an injury to the skin or underlying tissue, caused by pressure, friction and moisture. These ulcers often occur when patients have limited mobility and can't change positions in bed on their own. All patient care providers are trained in pressure ulcer prevention. Many techniques are used to prevent pressure ulcers such as providing good skin care, regularly assisting patients to change positions in bed, and using pressure-reducing cushions, mattresses and other devices. For the past 24 months, Eisenhower's Hospital-Acquired Pressure Ulcer rate has outperformed the NDNQI benchmark mean.

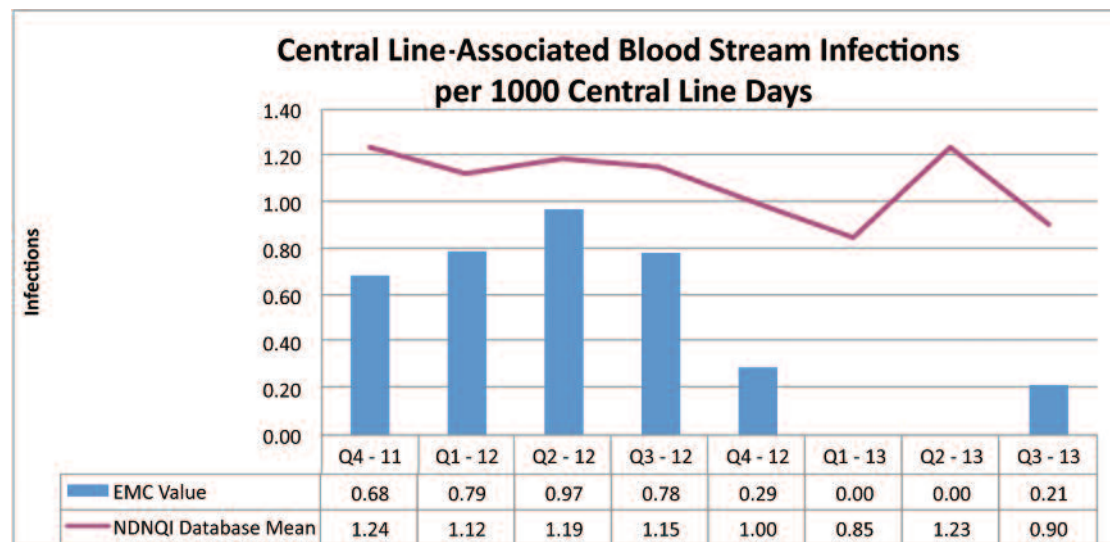




## Nursing Quality Impacts Outcomes at Eisenhower

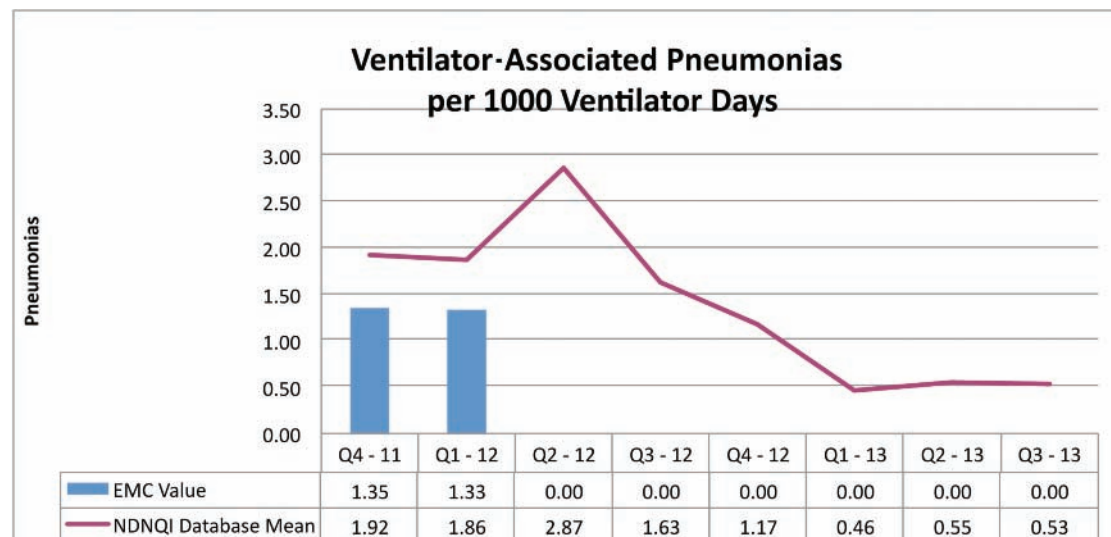
### CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTIONS

Central lines, also called central venous catheters, are most often inserted in the neck, chest or arm. These lifesaving catheters may be used to provide medications and fluids to severely ill patients and may remain in place for several weeks. A Central Line-Associated Blood Stream Infection (CLABSI) occurs when germs in, or on, the catheter enter the bloodstream. These infections can lead to serious complications, even death, especially for critically ill patients. For the past 24 months Eisenhower's CLABSI rate has outperformed the NDNQI benchmark mean.



### VENTILATOR-ASSOCIATED PNEUMONIA

Ventilator-associated pneumonia (VAP) occurs when germs multiply in the lungs of patients using a ventilator to help them breathe. This causes fevers, chills, difficulty breathing, increased sputum and other pneumonia symptoms. These infections can lead to serious complications, even death, especially for critically ill patients. During the past 24 months, Eisenhower's VAP rate has outperformed the NDNQI benchmark mean. We have had zero incidence of VAP for 18 months.



## Nursing Quality Impacts Outcomes at Eisenhower

### CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. Catheter-Associated Urinary Tract Infections (CAUTIs) are infections caused by bacteria that have entered the urinary tract during the catheter's insertion, through the catheter tube, or through the catheter's external surface. Eisenhower's CAUTI rate has outperformed the NDNQI benchmark mean for 21 of the past 24 months. Discovering one uptick in Q3 of 2012, issues were addressed and our CAUTI rate was immediately reduced.

