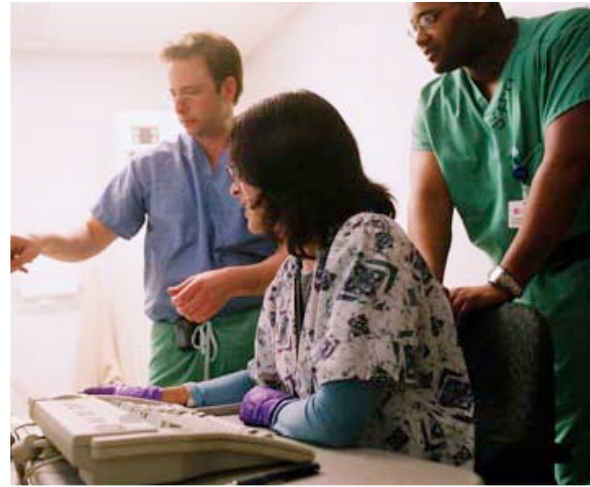


Mission ▶▶▶ *in Motion*

2007 Annual Report | Nurses of University Health System



University
Health System

www.RememberTheMission.com



Nurse Philosophy

We work as a collaborative team to continuously improve the health and well being of ourselves and the community. We interact with colleagues, other disciplines, and the community with sensitivity, trust, caring, and respect. We strive to provide cost-effective quality care.

We accept and respect our patients' unique view of self and their world. We facilitate holistic patient care by mobilizing resources to address patients' needs and move them towards health. We support the achievement of the highest level of adaptive potential through critical thinking, autonomous practice, and planned patient care.

We believe in the involvement of the professional nurse in shaping and guiding nursing practice through the implementation of shared governance. We incorporate research and evidence based practice in the development of standards of care.

We believe nurses are responsible for lifelong learning, accountability for their practice and participation in interdisciplinary activities. We are committed to mentoring the next generation of health care professionals.

Table of Contents

Leadership

Nancy Ray, Chief Nursing Officer	4
Planning For The Future	5
Building Unity: Learning and Growing.....	6
Cost-Saving Measures	7
Behavioral Norms: Respect, Recognition, Accountability and Leadership	8
Profession With a Passion: Nurses Week.....	9
A Mission for Magnet.....	10
Magnet Trails	11

Clinical Expertise

A Strong Foundation	12
Ruth's Story	13
Proud Moments: Why I Work at Uhs.....	13
Nursing Theory: A Holistic Approach.....	14
Red Flag Status: A Life-saving Strategy	14
Reaching Goals.....	15
Improving Health: Implementing a New Program.....	15

Shared Governance

Responsibility with Pride: Councils.....	16
Product Evaluation Report	19

Quality

Quality Council	20
Robert Wood Johnson: Smoking Cessation Campaign	20
Quality Initiatives.....	21
Admission Process: Emergency Center	22
Reducing Stress: IV Administration.....	22
One Good Turn Deserves Another: Pressure Ulcer Prevention	23
Inspired By Excellence: A Close-up Look at a Magnet Status Hospital	23

Professional Development

Neuroscience Course	24
Improving Quality of Life: Pain Awareness Week.....	24
Retreats With A Purpose: Transforming Care at the Bedside	25

Scholarship

A Culture of Learning.....	26
Nursing Research Discovery Pin Recipients	26
Sharing Knowledge.....	27
Discovering For Tomorrow.....	27

Caring And Diversity

Tree of Life	28
Cultural Diversity	29
Caring Practices.....	29
Newborn Services: Caring for our Littlest Patients.....	30
Reaching Out: Timeless Treasures.....	31
A Mission With Compassion: Angels Away.....	31

Community

Bike to the Beach	32
Reaching Out: Diabetes Expo	33
Racing for the Cure	33
Child Health and Safety	34
Caring for our Community: Women's Health Services	34
Caring Hands in Peru	35

“The best executive is the one who has sense enough to pick good men to do what he wants done, and self-restraint to keep from meddling with them while they do it.”

~ Theodore Roosevelt

Paving the Way

In 2007, it was a time of new opportunities and challenges for our nursing staff, as we continue our *Journey toward Excellence*.

As Peter Drucker, a national speaker on management leadership, once said, “*Leaders grow, they are not made.*” University Health System, the primary teaching hospital for The University of Texas Health Science Center San Antonio, strongly believes in learning and growing.

Opportunities for growth among University Health System nursing leadership kicked off with the development and implementation of a strategic plan. The planning session supported the development of Shared Governance councils in nursing to help increase autonomy and accountability of bedside team members. Nurses at the unit level were engaged in various initiatives to promote patient safety, quality education programs and patient care improvement. Medical-surgical units had the opportunity to attend a retreat and identify initiatives through the development of *Unit Mind Maps*.

It is our belief that bedside nurses are *key* to quality care and decision-making. That’s why we have supported the concept of unit councils, essential in engaging staff to think critically, weigh options, debate new strategies and create solutions for issues. These councils contribute to the vitality of our practice settings, meeting the needs of a diverse group of patients. Adopting new technology and effective patient “hand off” communication has become the focus for implementing patient safety. Quality dashboards also serve as important tools for examining links between nursing care and patient outcome.

Our mission *is* in motion, as we move forward together in improving the health and wellness of our community and the employees of University Health System.



Nancy Ray, MA, RN, Associate Administrator/CNO



Planning for the Future

Creating a culture of excellence

Our Strategic Planning session was held on December 8, 2007. George B. Hernández, Jr., University Health System President/CEO, led a “fireside” chat, focused on important issues facing our organization. The discussion included how to work together to make University Health System *the* healthcare system of choice within the communities.

Nancy Ray provided the group with “The Trail Traveled and The Path to Pursue,” a presentation addressing accomplishments. She presented major strategic goals that set the stage for team initiatives. They included:

- Providing safe passage through University Health System for patients and families
- Increasing staff involvement in decision-making at the bedside through shared governance
- Creating a quality environment to recruit and retain the brightest and best nurses for the medical-surgical units
- Educating staff and use quality tools to improve patient care

To increase understanding and involvement in “shared governance,” the initiative was to create a Unit Level Shared Governance program. Mary Anne Peinemann, MSN, RN and Pam Higby, MSN, RN, led the group in a “rousing” ball-throwing session as participants jumped at the chance to explain their current unit initiatives, including increasing dedicated time and resources; creating ownership by staff nurses; providing easy electronic access to tools needed; offering safe passage initiatives; exploring standards/procedures; and then “hard-wiring” them into University Health System.

Participants also identified critical paths and protocols, employing structured and integrated communication processes like “**SBAR**,” a standardized way of communicating with other healthcare givers. It promotes patient safety because it helps physicians and nurses communicate with each other. The acronym stands for:

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**

Another communication process is “**Time Out**,” a pause before surgery intended to make everyone slow down for a few moments and double check what they are about to do.

Team members from inpatient, ambulatory and information services, drew plans to create an improved “**Hand-Off**” process that can be practiced throughout the organization.

Creating a “quality environment” for medical-surgical units has become a quest. Nancy Ray, our chief nursing officer, plans to work with consultants from The University of Texas Health Science Center San Antonio School of Nursing to address transformation of care for medical-surgical units.



Building Unity

Learning and growing



On June 15-16, 2007, University Health System directors attended a leadership retreat held at Mount Wesley Conference Center, Kerrville. The retreat was facilitated by Mickey Parsons, Ph.D., MHA, RN, and Pat Cornett, Ed. D., MSN, RN. Objectives were comprehensive and included the need to increase group cohesiveness with shared goals; plans for transformation; appreciation for uniqueness of operational units; development of appreciation for each other; increase level of trust and comfort during our journey for excellence.

The retreat was a prelude to the transformation of care on the medical-surgical units. Individual work histories were revealed and unit cultures discussed to help determine their current status. At the end of the retreat, a vision was developed for the future.

A “mind map” was established by our nursing leadership team, for a desired future. After setting ground rules, participants reviewed the current status by acknowledging what works and should remain, and what needs to be reformed or stopped.

Utilizing the “mind map,” the team voted on three priorities to transform nursing services:

Partnering with finance

Quality of patient care is impacted by financial decisions. Instilling cost-discipline while enhancing quality of care are goals shared by nursing and finance.

Partnering with physicians

Nurses must understand the unique structure of our faculty physicians, residents and hospitalists. Medical and nursing specialties have developed dynamic and collaborative interdisciplinary relationships. A template of best practice in relationship building will be used to foster opportunity for growth and development at all levels.

Nursing team behavioral norms

Defined as a “standard or pattern of social behavior typical or expected as a group,” the team chose a four-pillar façade to illustrate the concepts. The foundation of the home was labeled “Patient Care Services,” the roof was labeled “behavioral norms” and the four pillars were accountability, leadership, recognition and respect.

Each team will meet to update and review their progress on action plans and successes. We look forward to reaping the benefits of these great leadership initiatives.



Cost-saving Measures

As part of our finance initiative, nursing leaders had an opportunity to identify and present cost-saving measures undertaken in 2007. The group was able to show our Executive Vice President/Chief Financial Officer, Peggy Deming, that quality is good for our *bottom line*. The following is a list of successful cost-saving measures.

1	Through the use of wound/skin care teams, pressure ulcers decreased 1.5 percent during the 4th quarter 2007.
2	Through nursing involvement in <i>Product Evaluation Council</i> , an estimated cost-savings of \$1,828,292 was achieved due to standardization of products/supplies.
3	Acquisition of Advanced Technology— The Alaris Pump initiative saved \$1.1 million.
4	Patient Care Services turnover rate improved from 11.8 percent in 2006 to 11.0 percent in 2007.
5	Vascular Access RNs activities resulted in \$17,000 savings in 2007 overall; \$29,000 in ICU/Medicine in six months.
6	Tight glyceemic controls in the Surgical Trauma Intensive Care Unit decreased the 2005 mortality rate.



Behavioral Norms

Respect, recognition, accountability and leadership

Attributes selected for Behavioral Norms are accountability, leadership, recognition, and respect. The *Behavioral Norms Action Team* is comprised of Patient Care Service Directors Pam Higby, Susan Gerhardt, Kate Robertson, Grace Cookson, Susan McKinley, Jean Smith and Irene Sandate.

The *Behavioral Norms Action Team* defines a behavioral norm as a standard or pattern of social behavior – typical or expected of a group. In this case, Patient Care Services. A building with a four pillar façade was used to model the team’s ideas. The foundation for the home was labeled Patient Care Services, the roof was labeled Behavioral Norms, and the four pillars supporting the roof were labeled: *Accountability, Leadership, Recognition and Respect*. The action team presented their work at a *Patient Care Services Operations Council*:



Respect

- Arrive for meetings on time
- Actively listen
- Respect opinion of others
- Adhere to agenda items and time allocation
- Only one conversation at a time
- When visiting other units, call first or seek out director
- Discipline privately

Recognition

- Encourage participation from everyone
- Praise good work publicly
- Use “On the Spot” cards
- Use “Silver & Gold” award nominations
- Share inter-unit experiences
- Showcase nurses expertise and clinical successes

Accountability

- Committee chair enforces meeting rules
- Participate but don’t dominate
- Accept responsibility for assigned work
- Attend scheduled meetings
- Follow through on planned actions or decisions

Leadership

- Build consensus, have a vision
- Serve as role model
- Manage by walking around, engage staff, seek opinions
- Maintain open door policy
- Respond to requests for assistance promptly
- Be fair and consistent
- Develop open two-way communication
- Maintain confidentiality

Profession with Passion

Nurses Week

Nurses from across University Health System celebrated *Nurses Week*, April 30 - May 6, 2007. There's no doubt about it—nurses truly enjoy this week-long celebration each year.

During *Nurses Week*, our chief nursing officer, Nancy Ray, walked through the units of University Hospital to meet and greet team members throughout day and night shifts. Staff received special gifts and were able to discuss day-to-day experiences at University Health System. Nurses also participated in the annual *Fitness Walk*. Team members kicked up their heels and walked around the hospital parking lot for some fun and fitness. Participants, dressed in their *Nurses Week* T-shirts, received tasty treats and cool drinks, as part of the celebration.

Nurses were also treated to a soothing massage, in appreciation of their hard work and dedication. Along with the massage, relaxing harp music played in the background to help invigorate our deserving nursing staff. Other gifts like coffee mugs and hospital cafeteria food vouchers helped serve as reminders of how much they are appreciated for their passion of nursing.



“You cannot be wimpy out there on the dream-seeking trail. Dare to break through barriers, to find your own path.”
- Les Brown

A Mission for Magnet

In November 2006, Nancy Ray, our chief nursing officer, mailed the application for Magnet. This event marked the first official day of University Health System’s long journey toward achieving this prestigious designation.

Magnet status is the seal of approval for quality patient care. Achievement of Magnet designation helps attract and retain quality employees. Administered by the American Nurses Credentialing Center (ANCC), the first Magnet hospital was the University of Washington Medical Center in Seattle, named in 1994. Since that time, the list has grown to over 209 healthcare systems.

The purpose of the program is to help patients locate healthcare organizations with a proven level of excel-

lence. Texas has 20 hospitals with this designation, but University Health System is hoping to be the first in San Antonio. Ray has challenged every employee, in every area of the organization, to be engaged in the process.

Achieving the following goals are crucial to the success of obtaining Magnet status:

- Better patient outcomes, improved patient safety and decreased mortality rates
- Recruit and retain a highly-skilled nursing staff
- Competitive advantage, in terms of public confidence in the overall quality of the hospital
- Attract high quality physicians and specialists
- Collaborative working relationships that create a “Magnet culture” of empowerment, pride, mentoring, nurturing, respect, integrity, and teamwork

To learn more about University Health System’s *Magnet Journey*, visit www.RememberTheMission.com.



Magnet Trails

When you walk through the Texas Hill Country, you can't help but see new vistas and discover new objects. Our hike through the Magnet trail has been all of these experiences, and more. As we focus on our unit-based shared governance, quality indicators and transforming care, our staff is able to revitalize and discover their strengths and the importance of obtaining nursing excellence.

Our trail through clinical units started in the Renal Dialysis Clinic-University Hospital and onto 7th Special Surgery, Reeves Rehabilitation Center, Neonatal Intensive Care (NICU), and the Operating Room. Our adventure also included Outpatient Surgery,

Intermediate Progressive Care Unit, Obstetrics and Gynecology, Labor and Delivery, Post Anesthesia Care, Psychiatry and the Transplant Intensive Care Unit. Our mantra is quality patient care. Regardless of a patient's inability to pay for treatment received at University Health System, they will receive quality care.

The *Breakfast for Champions* served as a venue for *Magnet Champions* to expand their knowledge and learn the importance of the *Journey to Excellence*. During each breakfast event, units are invited to share their experiences.

The *Unit Shared Governance* has been our theme and discussions center on best strategies for implementing change.



“Nurses offer knowledge, compassion and courage. As you cope with the life challenge, a nurse is our lifeline, working in partnership with you, providing skilled care that makes difference between life and death, comfort and pain, hope and despair.”

~ Author unknown

A Strong Foundation

The nursing profession has a strong foundation which includes autonomy. Florence Nightingale is most remembered as a pioneer of modern nursing.

“The lady with the lamp was the ministering angel, as her slender form glides quietly along each corridor, every poor fellow’s face softens with gratitude at the sight of her. When all the medical officers have retired for the night and silence and darkness have settled down upon those miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds.”



Like Nightingale, the nurses of University Health System bring their “autonomous nursing practice” to life every minute of the day, in every unit and clinic of our organization. Our patients recognize the importance of our clinical expertise and compassion. Below are just a few patient “thank you” notes given to our nursing staff:

“I had a great experience - from the ER, to the OR, to recovery, to the floor. Great service. The ER acted quickly, the OR did a great job, recovery was awesome and the floor super.”

“Everything is as it should be for a clinic. I work in a clinic so I know how they are run. Thank you.”

“My daughter received the best care ever, I would like to say that all PICU nurses were excellent.”

“Since this was my very first hospital or medical experience in 63 years, I have nothing to compare it with, only to say that I have only the highest praise and appreciation for everyone at University Health System. From the moment I arrived at the emergency until now, everyone has been very wonderful with and to me. From the Emergency, to the nurses during my stay, to the wonderful people at the Wound Care, to Trauma follow-up, the people I am still coming in contact with pharmacy, Carelink, central supply, admissions and anybody else connected with University Health System, my experience at the hospital has been nothing but terrific and very pleasing to me.”

Ruth's Story

No family. No friends. No place to call home. Ruth arrived at University Hospital feeling very ill, not to mention lonely. After several exams, she was diagnosed with cancer. She soon became part of the Hematology/Oncology and 7 West Psychiatry family, where she received most of her care.



The Hematology/Oncology units assist cancer patients with their illnesses and complicated treatments. This is what they do best.

Ruth became *very special* at University Hospital, just like all our patients. Nurses caring for Ruth discovered she lived on the streets most of her life. They also learned about the lost connection between family. Nursing staff combined their efforts to serve as a support system to Ruth. Between staff nurses, social workers and physicians, they formulated a treatment plan for her, as well as a plan to find her family. Mission accomplished. She was reunited with family and moved with her children to Kentucky.

Thanks to the efforts of a caring team at University Hospital, Ruth left with a "positive" story to share.

Proud Moments...

Why I Work At University Health System

I wanted to share an experience I recently had at a local trauma course that reminded me why I work at University Hospital. The course audience was made up of emergency nurses and flight nurses from all over Southern Texas. Several of the patient scenarios described were taken straight from real experiences involving University Hospital. As I sat listening to these scenarios being replayed, I realized "Wow, we really did do an incredible job."

One scenario was particularly moving. It was a case I well remembered and it was being retold from the perspective of the mother. This mom happened to be a nurse and for her and the pre-hospital providers, there was one goal from the moment of injury, getting her child to University Hospital. The mother's story was one of gratitude for not only saving her daughter's life, but also for the incredible support and help given to her from moment one. First from the emergency/trauma team, to the angio-gram team, to the operating room team, and finally every day now from the Pediatric Intensive Care Unit (PICU) and rehabilitation teams. I was humbled as I looked back on that shift and realized in retrospect the huge effort that invested every possible resource into helping this child and her family recover from the trauma of a catastrophic injury.

Another comment came from a nursing instructor who shared experiences she and her students had witnessed in which University Health System staff went far and beyond to meet patient needs. She said in summary, "The nurses at University Hospital are amazing." An Air Force Flight Nurse told me, "University Hospital sets the standard for trauma care here in San Antonio." Several of the nurses in the audience shared their gratitude for the daily efforts of Med Com, AirLIFE and University Healthcare System in helping them ensure trauma patients receive the highest level of care.

Regardless of how I was proud to be part of University Healthcare System. Mostly I was humbled as I realized how I fail to remember how lucky I am to be a nurse here. Being part of South Texas' safety net is no small thing and each and everyone of us are essential to the operation of that safety net. The emergency nursing and trauma community think we do a great job. For us, it's just what we do, everyday we give it our all.

Darlene Nelson-Richardson, RN, CEN



Nursing Theory

A holistic approach

Susan Pawkett, BSN, RN, spends hours educating staff on the *Vascular Access Device* in nursing orientation. Her approach is unconventional, as nurses in orientation require concrete answers to questions. Every situation requires deeper research of information and a better answer. Aside from introducing the *Vascular Access Device*, Pawkett also introduces staff to Helen Erickson's theory on *Modeling and Role-Modeling*.

“If you want to lose the attention of bedside nurses during an educational presentation, all you have to do is utter two words: nursing theory”, Pawkett says. These two words are known to cause glazed eyes and blank expressions. Without nursing theory the pieces of information are just like pieces to a puzzle. Each piece gives you a glimpse of what the big picture is, but doesn't tell the whole story. Without a framework to fit the pieces together, you can lose the big picture.



The patient becomes a “disease process” and the care becomes completing tasks. Nursing is so much more than knowing disease processes and completing tasks. Nursing theory is what guides nursing care. Each nurse Pawkett reaches with her expertise and education, is a nurse that walks away with a “holistic approach” passed onto patients.

Red Flag Status:

A life-saving strategy

In early 2005, a process was implemented to assist patients identified with potentially life or limb threatening conditions, and without financial resources. The severity of illnesses associated with this particular patient population, led to the designation of *Red Flag* status. A *Red Flag* committee was organized to review cases on a biweekly basis. Due to the enormity of the



problem and the complexity of illnesses a nurse case manager assists with, it can become like a maze.

While these are very difficult and tedious cases, with the majority being diagnosed with cancer, our staff works tirelessly in getting patients what they need and in a timely manner. The complexity of these patients involves several departments throughout our organization, the community and beyond. In 2007, there were 124 referrals made as meeting the *Red Flag* criteria. Of those referrals, 79 were found to be eligible for some type of funding or assistance through charity programs in order to receive the care that was desperately needed.

What has been learned since 2005, is that great teamwork across all disciplines of University Health System makes these *very* extreme cases success stories and gives hope and encouragement to those who have lost hope.

Reaching Goals

The patients in the Medical Coronary Care Unit (MCCU) are sedated, ventilated and on vasopressors, making them too unstable to be turned. It's also difficult to provide enough nutritional support. As a result, most patients in the MCCU have a Braden Scale score of less than 18, placing them at a higher risk for skin breakdown.



The MCCU Skin/Pressure Ulcer Committee was formed in July of 2007, in response to an increase in the incidence of pressure ulcers in their patients. The committee implemented several projects to increase the awareness of the MCCU staff. First, a poster of the human bone anatomy was displayed in the unit to point out pressure points. Then, an in-service by Annabella Prince, RN, Wound/Ostomy nurse, addressed care and staging of pressure ulcers. The committee reinforced educational awareness with other in-services, including documentation of skin integrity for staff members.

In 2007, the MCCU saw a significant decrease in patient pressure ulcers - from nearly 50 percent to five percent.

The committee conducts skin audits three times each month and participates in quarterly hospital-wide skin audits for *National Database of Nursing Quality Indicators (NDNQI)*. The committee's ultimate goal is to achieve zero percent pressure ulcers in the MCCU.

Improving Health

Implementing a new program

Improving glucose control for hospitalized patients is a challenge due to the unpredictability of a patient's caloric intake, physical stressors such as infection, surgery and medications, and the individual's variation in insulin sensitivity.

Baseline data from January - December 2006, indicates Medical Coronary Care Unit (MCCU) patient blood glucose was on target 32 percent of the time. The team implemented the *Tight Glycemic Control* program April 15, 2007. From April - December 2007, blood glucose results showed a significant improvement. The results were within the recommendations of best practice.

The program achieved two significant goals:

1. The development of the MCCU's *Tight Glycemic Control* protocol using clinical triggers.



2. The integration of the *Tight Glycemic Control* protocol into the *Sunrise* electronic documentation system.

Day and night shift team members on the MCCU helped organize the *Tight Glycemic Control Committee*.

“Shared Governance - is a professional practice model, founded on the cornerstone principles of partnership, equity, accountability and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability- based decisions to support an interdisciplinary design for excellent patient care.”

~ Tim Porter O'Grady

Responsibility with Pride

Nursing leadership at University Health System supports *Shared Governance* as the avenue for this control by the bedside nurse. It serves as the model from which nursing implements the practice of nursing and engages in continuous process improvement activities toward excellent patient care. Councils are the starting point for the involvement and contribution of the professional nurse in the governance of nursing practice.



Nurse Cabinet

Chair: Pamela Higby

Chair Elect: Elaine Jones

The *Nurse Cabinet* provides a venue for the identification, discussion, integration and orchestration of activity for nursing councils. One of the major goals for 2007 was to increase participation among bedside nurses in shared governance activities. To this end, major changes were made in the way cabinet meetings were conducted to improve communication and integration of activities among councils. Changes were also made so that all councils met on either the third Tuesday or Thursday to facilitate attendance. A meeting database was developed and implemented to provide coordination and communication among councils for minutes and agendas. These changes improved the shared governance process and participation.

Nursing Research

Chair: Evelyn Swenson-Britt

Chair Elect: Charles Reed

The *Nursing Research Council* is responsible for increasing awareness and utilization of nursing research and evidence-based practice at the point of care.

Throughout the year, evidence-based practice and relevant research literature was provided to staff on specific topics.

Nursing Research Week was held in October with information on the qualitative and quantitative research question, searching demonstrations on the new reference center, and two poster presentations. The theme within *Nurses Research Week*, included the word “TRIP” (Translating Research into Practice). The *Task Force Committee* included Bonnie Schraner, Susan

Pawkett, Randy Beadle and Erin Rogers, came up with the theme, *Take a TRIP on the Wild Side*. The theme and the 60s approach helped staff view research as less threatening and perhaps fun, as they analyzed chocolate chip cookies into a qualitative or quantitative question.

The *Research Council* provided consultation and support to the *Nursing Quality Council*, and Lisa Wammack was consulted to develop quality dashboards to enhance knowledge about statistical analysis.

The *Product Evaluation Council* was assisted with the Vocera pre-implementation survey, a pre-post pedometer study on the 12th floor, Hartman Pavilion, and a noise survey was conducted on the 9th floor, General Medicine.

Medication Safety

Chair: Elizabeth Wilson

Medication safety serves as a forum between nursing and pharmacy for resolution of issues arising from many aspects of medication management. Several important initiatives were implemented including the management of controlled substances taskforce and examination of the issues resulting in overrides for medications from the Pyxis.

Patient Education Council

Chair: Noel Schafer

Chair Elect: Marisol Leija

2007 was the inaugural year for the *Patient Education Council*. The council identifies, develops and coordinates patient education activities at University Health System.

The council has created and submitted a request for addendum to Corporate Policy 9.112, “Patient and Family Education, to include the function of the Patient Education Council.”

The council collected data and reviewed current literature on patient health literacy throughout University Health System. The goal is to coordinate literature between University Health System departments for consistency.



Preliminary work was done to create a Web site to include a catalog of University Health System patient and family education resources. A patient education session was added to *Nursing Orientation*.

Practice Council

Chair: Michele Sherman

Chair Elect: Susan Pawkett

The *Nurse Practice Council* is responsible for defining, developing and updating the guidelines of clinical nursing practice, based on evidence-based practice, research, and specialty area practice standards. A major project of this council was to develop and implement the “SBAR” guideline, a standardized way of communicating with other healthcare givers. SBAR is an acronym that stands for: Situation. Background. Assessment. Recommendation.



Product Evaluation Council

Chair: David Garza

The council's membership is multidisciplinary. Members evaluated multiple new products for quality and patient safety, as well as standardization throughout University Health System. These products included *Vocera*, a wireless badge calling system; *Alaris*, medication pumps; and disposable blood pressure cuffs. Within nine months of implementation for standardized blood pressure cuffs, University Health System saved \$15,499.

A conversion was made to the *Micro-Clave Neutral Displacement End Cap* because of its lower incidence of infection. After six months of using the Micro-Clave, \$28,916 was saved for University Health System.

In response to an infection control issue, sterile field kits were approved and will be available January 2008.

In 2007, the work of the *Product Evaluation Council* saved a total of \$411,432.26. The push to standardize throughout University Health System not only delivered quality and cost effective items to the bedside nurse, it reduced the amount of disposable waste, maximized capital expenditure, and increased efficiency of current supplies used. Most of all, the *Product Evaluation Council* allowed bedside nurses to have a voice in choosing items used for patients through careful evaluation and trialing of products.

Professional Development Council

Chair: Pamela Mann

Chair elect: Erin Rogers

The *Professional Development Council* promotes professional development through ongoing education activities. Staff education was provided in several areas, including the Alaris IV pumps, Massimo Oximetry, and ongoing upgrades to the *Sunrise* electronic documentation system.

The *Nursing Orientation to Clinical Excellence* (NOCE) was evaluated and changes were made based on participant evaluations. *Nursing Grand Rounds* presentations were held six times.

The *Preceptor Sub-Committee* revised the current preceptor course to incorporate more leadership, conflict resolution and nursing theory.

Quality Council

Co Chairs: Michael Payne, Charles Reed

Co Chairs Elect: Kim Medillin, John Rees

The Nursing *Continuous Quality Improvement* (CQI) Council is responsible for increasing awareness, knowledge, utilization, and limiting collection of nursing quality data, as well as acting on that data. The council was *very* active in 2007, providing various process improvement activities for bedside nurses about their role in quality initiatives.

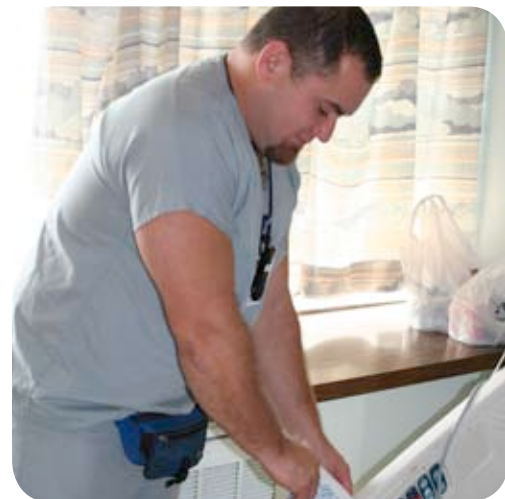
A key change was in the meeting format, resulting in increased staff nurse participation, in an interactive environment.



Product Evaluation Report

Because of all that you do and the expertise you represent, the savings coming out of the council for 2007 is as follows:

<p>Clave Ports \$28,915.96 for a period of six months</p>
<p>Oral Care Kits \$9,961.25</p>
<p>IV Start Kit \$1,231.72</p>
<p>Burn Dressings and Gloves \$18,336.33</p>
<p>Ready Bath \$12,010.78</p>
<p>Pulse Oximetry \$136,046.18</p>
<p>Custom Dressing Change Tray \$4,404.20 for a period of nine months</p>
<p>Warming Blankets \$13,583.84 for a period of nine months</p>
<p>Blood Pressure Cuffs \$15,499.27 for a period of nine months</p>
<p>IV Infusion Supplies \$156,063.29 for a period of nine months</p>
<p>Medical Sterilization Supplies \$15,379.78</p>
<p>Total Savings \$411,432.26</p>



Quality Council

In 2007, it was a busy and exciting time for the Nursing Continuous Quality Improvement (CQI) Committee. The committee kicked off the year with a hospital-wide pressure ulcer survey. The purpose of the survey was to help staff better understand beliefs, attitudes, practices and perceived barriers about pressure ulcer prevention. A process improvement team was organized to analyze and advance methods used to evaluate, document and address pressure ulcers. The group's ultimate goal was to reduce hospital acquired pressure ulcers by 50 percent throughout University Hospital.

The skin care guideline was revised, along with an official formalized Skin Care team.



Improvements were made to the clinical documentation system to better document and track pressure ulcers. A report that will give real-time data on pressure ulcers throughout the hospital is being developed.

Another Process Improvement team worked on decreasing blood culture contamination rates at University Hospital with the goal of being under the national average. This team charted the process and made recommendations for changing practice standards.

For the first time, a beginner's "Introduction to Quality" class was offered. This introductory course presented topics related to understanding, implementing, and measuring quality.

The Nursing Quality Council has been integral in working towards unit level quality dashboards to get University Health System and unit specific quality data down to the bedside nurse. Doing this, allows those who provide bedside care to not only see and celebrate their successes, but also to address areas in need of improvement.

Robert Wood Johnson *Smoking*

In 2005 University Health System was invited by Robert Wood Johnson to apply for its *Expecting Success in Cardiac Care* grant. A proposal was submitted and we were selected as one of 10 hospitals nationally to participate in this important study on disparity in cardiac care.

The goal is to establish the standards for core measures of *Cardiac and Congestive Heart Failure (CHF)* care. The core measures are derived largely from a set of quality indicators defined by the *Centers for Medicare and Medicaid Services (CMS)*. They have been shown to reduce the risk of complications, prevent recurrences and improve patient outcomes. Within the core measures for cardiac and CHF care, there are several important nursing related indicators, for example, discharge instructions and smoking cessations counseling.

Quality Initiatives



IV Tube Labeling

The importance of IV tubing labeling is driven from an infection control concern. Pediatric staff noticed there were times when the IV tubing labels were missing from some patients in the Pediatric Intensive Care Unit (PICU) and PTU. When IV tubing was not labeled, the old tubing was discarded and new tubing was used and labeled.

For one week, the methods of labeling units were audited. This audit resulted in two major findings—the current labeling system wasn’t used consistently or confusion of what the date on the label really meant. They approached their colleagues about this issue, and presented the UHS guidelines. Determining a consistent method to label IV tubing was the first step.

The ultimate goal is to standardize the IV labeling protocol and practice in all pediatric units, and ultimately

towards the practices in the other units in the hospital. This will prevent changing of unlabeled IV tubing when it is not necessary, which will be a great cost-saving measure. Eventually they want to examine whether or not the standardization of the IV labeling tubing practice actually affects the rate of blood-borne infection.

Pediatric Skin Management

In September, 2007 the pediatric skin auditing team noticed they were having an increase in skin breakdown. Based on these findings, weekly skin rounds were implemented to check compliance with guidelines and products usage.

During the weekly audits, they continued to observe increasing amounts of breakdown in the pediatric population. They provided bedside instruction to the nurses, technicians and family about skin management. They consulted with the wound/ostomy nurse weekly. Despite all of these actions they continued to have high rates. After a period of time of trying to understand why this was occurring, they recalled that the mattresses had been changed in September. They had the mattresses checked, and there was a problem with them. They changed back to the standard mattresses and EHOB air mattresses for those at risk. The skin breakdown rate plummeted within one week.

Smoking Cessation Campaign

Wen Pao serves as co-investigator of the study and has been working on these nursing core measures in inpatient units. She explained that initially we were 20-30 percent compliant with core measures but our goal is to achieve 85 percent by the end of the grant.

Elaine Miller, Hazel Lee, JoAnn Mizell and Jessica Balili-Heins, provided telemetry nursing staff with on-going education and reminders to continue the best care for cardiac and CHF patients. Their success is in the numbers. They achieved over 90 percent compliance for all core measures in 2007.



Admission Process

Emergency center



In an effort to meet the standard, “patient will receive initial admission assessment and evaluation by a RN within 24 hours of admission”, an RN from MCCU was sent to the EC to complete the admission process

(initial physical assessment, patient history, abuse screening, advance directive screening, nutritional screening and discharge planning screening).

In December of 2007, IPCU/TCU/CDU day shift RNs joined the MCCU RNs to rotate to the EC. The response was overwhelmingly positive from the EC staff and the floor staff.

The process accomplishes four important things:

1. Meets the admission standards.
2. Bridges a positive relationship between EC staff and inpatient unit staff.
3. Fosters understanding of the scope of practice of EC staff and inpatient unit staff.
4. Saves admission time for the inpatient staff.

It is anticipated that this arrangement will continue in 2008.

Reducing Stress

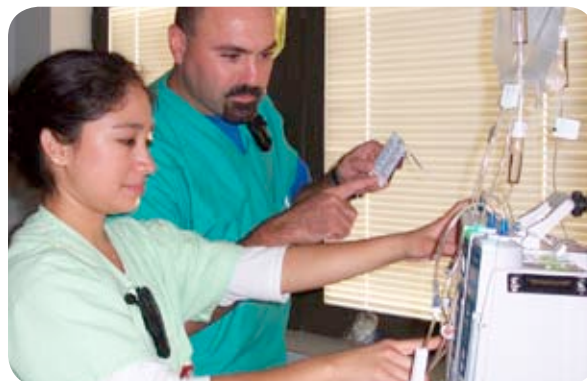
IV medication administration

Marina Antu, Denise Guerra and James Stovall, of the STICU unit, were tired of trying to memorize medications, use medication books, and call pharmacy for information regarding IV medication administration, so they found an easier way.

A bedside IV drip reference sheet was developed with the assistance of pharmacy. The reference sheet included medication, classification, dilution, initial dosing, maintenance/titration dosing, indication, precautions and contraindications. The reference sheet was very popular with both nurses and physicians. A solution was the development and implementation of an IV drip medication reference card which hangs on the nurse's ID badge. IV medication compatibility remained a challenge for the nurse providing care to a patient with limited administration sites, forcing the nurse to verify compatibility with pharmacy. Nursing and pharmacy worked together to develop a medica-

tion compatibility chart, thus reducing delays in patient care, and improving pharmacy's productivity.

Since inception of the IV drip reference sheet, compatibility chart and ID badge reference cards, nurses have expressed an appreciation of less time spent in safely administering IV medications, reduced stress, as well as an increased comfort level, thus improving the efficiency of medication administration.



One Good Turn Deserves Another

Pressure ulcer prevention

A major initiative for the *Nursing Quality Improvement Council* in 2007, was to develop an awareness campaign for the prevention of pressure ulcers.

The council turned to University Health System staff to help identify a slogan aimed at reducing pressure ulcers at University Hospital.

Marco Tenorio, RN, and Fred Scantling, RN, Surgical Trauma Intensive Care, participated in a hospital-wide campaign slogan contest on pressure ulcer (bed sore) prevention and won. Their winning slogan, “One Good Turn Deserves Another,” is part of the Institute for Healthcare Improvement’s (IHI) “5 Million Lives,” campaign. The slogan was selected by a panel of judges. Winners received a pizza party for their entire team.



In addition, staff was invited to participate in a poster contest using the winning slogan. Jeanie Sauerland of the Post Anesthesia Care Unit (PACU), University Hospital was the poster contest winner.

Team members from General Surgery took the campaign even further. Staff organized the *Pressure Ulcer Prevention Protocol Interventions (PUPPI) Fair*. Donna Grieder, BSN, RN, CMSRN, read an evidence-based article in the *American Journal for Nurses*, realizing it outlined the same initiative taking place on the 7th floor. She contacted the author for permission to use the initiative. More than 100 staff members participated in the exhibit. Posters, story boards, quizzes and puppy photos galore! Janet Rogers, Jennifer Elorriaga, Liz Khoshboei and Marleen Lardieri helped organize the event.



Inspired by Excellence

A close-up look at Seton Northwest, a Magnet status hospital

Visiting other Magnet status facilities is one way of learning and obtaining new approaches for our own Magnet journey. That’s why in June of 2007, several University Health System staff members visited Seton Northwest Hospital in Austin, a Magnet hospital. Seton representatives, including Jo Keisman, RN, MBA, Sr. Director of Nursing/Patient Care; Charles E. Durant, COO; and L. Carlos Rodriguez, Data Manager, shared their approaches in technologies and processes that help promote quality and safety within their organization. Creating a transparent environment is very important to Seton and Magnet. Our group was inspired and everyone



walked away with vision, ideas and tools on how to continue our magnet journey. We are thankful to them for providing us with a magnetic experience. Seton team members are excellent mentors.

“Learning is not attained by chance, it must be sought for with ardor and attended to with diligence.”

~ Abigail Adams, 1780

Being able to deliver the highest quality care requires nursing staff to learn the latest cutting-edge knowledge.

University Health System’s support for a continuous learning environment is evident. Formal education, continuing education, certification and competency-based training are found throughout the organization on a daily basis. Nurses practice here as they know they are going to be in a learning community that supports their profession!

Neuroscience Course

In July 2007, University Health System offered a neuroscience review course for the first time. The course was offered to support the growing need for neuroscience education for nursing staff who provide care to the increasing neurosurgical patient population. The course covered a wide range of diagnosis to include neurotrauma, brain tumors, aneurysms, strokes and new technologies.

More than 80 nurses from around the hospital including the ICUs, OR, PACU and surgical floors signed up to attend. The two-day course was well-received by the nursing staff, with requests to make this an annual event.



Improving Quality of Life

Pain Awareness Week



Pain Awareness Week took place the week of September 24th. A major event that was held was the “Pain Expo 2007”, with 16 displays on various pain topics. Exhibitors included staff members and residents from Pharmacy, STICU, Postpartum, 9 General Med, Reeves Rehab, Hematology/Oncology, 7 Surgery and Wound Care units. Over 200 took advantage of this learning opportunity.

Retreats with Purpose

Transforming care at the bedside

7th Floor Surgery Unit

Registered nurses, LVNs, MSTs, pharmacists, social workers and case managers, gathered to work together and develop a plan to transform or “adjust” the care of patients on their unit. The team discussed their stories and the science of nursing on the 7th floor.

The discussion then turned to improvements and changes that participants were aware of on the unit, including:

1. A unit-based pharmacist
2. Increased staffing
3. Increased acuity of patients
4. Increased access to learning tools
5. Increased standardization of care and communication
6. Increased committed staff
7. Committed leadership
8. Unit celebrations

The next topic on the agenda was to outline the current status of the unit in terms of keeping, chucking or creating ideas and routines. This led to the participants forming smaller groups and discussing the desired future for the unit. Out of that evolved our “vision” for the 7th floor:

- For University Health System to be San Antonio’s hospital of choice
- To be known for excellence in all aspects
- To be known as THE hospital to work for



The final item was to develop an action plan for each group to work on over the next six months. The major focus will be on an improvement on discharge planning, an exploration of the changing roles of the team members, emphasis on health literacy and patient teaching methods, and upgrading our environment of care including working with housekeeping, dietary and central supply.

8th Floor

In November of 2007, the 8th floor, IPCU/TCU/CDU, staff went on a day retreat to formulate a plan to transform patient care at the bedside. Those in attendance included a respiratory therapist, an environmental services associate, a radiology RN and a laboratory tech in addition to the RNs, Techs and Unit Clerks from IPCUI/TCU/CDU.

Three major areas were identified for improvement. The first area identified was staffing. It was decided that a contingency plan and an alternative plan would be addressed. The second area to be addressed was admission criteria. A serious look at the patient population that IPCU/TCU/CDU served would be the major focus. The third one was education. A plan for continuing education for all staff would be addressed.

“Never regard study as a duty, but as the enviable opportunity to learn to know the liberating influence of beauty in the realm of the spirit for your own personal joy and to the profit of the community to which your later work belongs.”

-Albert Einstein

A Culture of Learning



Learning organizations like University Health System have vision and values placed on discovery.

Edgar Schein, Ph.D, describes these learning cultures as, “Those seeking solutions to problems that derive from a deep belief in inquiry and pragmatic search for truth. Inquiry must be flexible and reflect nature of changes. Wisdom and truth do not reside in any one source or method.”

These are assumptions found in nurses at University Health System who have been on the trail of discovery since 2004.

University Health System nurses were excited by nursing research studies presented during *Nurses Week 2007*. Part of their excitement and discovery was a new nursing research lapel pin, designed exclusively for nursing research.

University Health System nurses are celebrated and honored for their spirit of learning and discovery. Their knowledge and commitment to quality care often shows in the faces of our patients.

Nursing Research Discovery Pin Recipients

Patient Safety

Debra Fraley
Evelyn Swenson-Britt
Lisa Wammack
Mary Anne Peinemann
Sheryl Cobb
Susan Pawkett

Wayfinding

Bonnie Schranter
Carlos Castaneda
Connie Castaneda
Marilyn Green
Noel Schafer
Sara Gill

Oral Care

Dorota Roberts
Rick Sambucini
Sarah Kaliski

Wen Pao
Charles Reed
Janet Kramer
Josefina Gitamondoc
Kate Robertson
Lisa Rodriguez
Maureen Laughlin
Moe Nadem-Mollaei
Noel Schafer
Randall Beadle
Sumitra Tuntithavorn

Sim Man

Craig Marshall
Debra Fraley
Elizabeth Maxey
Jim Jonatchick
Lisa Castellanos
Mary Anne Peinemann
Noel Schafer

Pamela Mann
Rogelio Chavera
Susan Pawkett

Sweeties

Angela Brannan
Azra Sheikh
Elizabeth Berube
Irene Lopez
Irene Sandate
Kristin Brotheman
Mary Gottardy
Mary Anne Peinemann
Peggy Bartholomew

Glycemic Control

Bonnie Fodermaier
Carmen Paccione
Charles Reed
Conrad Gamboa

Danny Rubalcaba
Debra Fraley
Denise Guerra
Frank Flores
Ileana Fonseca
Kimberlie Ratliff
Lisa Shipley
Michele Sherman
Nanette Larson
Randy Beadle
Susan Gerhardt
Susanne Thees
Tracy Wenzel

Communication Boards

Carol Reineck
Charles Reed
Denise Guerra
Eva Balboa
Ileana Fonseca

Leann Spriggs
Lisa Wammack
Michele Sherman
Nanette Larson
Randy Beadle
Susanne Thees

OB

Betsy Buch
Carrol Brooks
Chris Hallgren
Linda Gonzales
Lisa Castellanos
Marisol Lejia
Pamela Higby
Samantha Pierce
Teri Grubbs
Zandra Perez

Sharing Knowledge

Sharing new discoveries and our nursing expertise are important elements of our scholarship. Newly-expanded databases and the Nursing Reference Center were shared during our Research Week as we took a TRIP (Translating Research Into Practice) on the Wild Side during visits to all nursing units.

Charles Reed, MSN, RN presented the challenges and benefits of implementing glycemic control in the ICU at 11 conferences and meetings. He spoke on this subject coast to coast, including two national conferences.

Additionally, he coauthored *Intensive Insulin Protocol Improves Glucose Control and is Associated with a Reduction in Intensive Care Unit Mortality* published in the *Journal of American College of Surgeons*, along with the abstract *Improving Glycemic Control the Adjunct Use of A Data Management Software Program* published in *Critical Care Medicine*.

Susan Douglass, RN, MSN, CEN coordinated and provided instruction for 12 Trauma Nursing Core Courses (TNCC) in 2007 that reached 773 RNs. These were participants civilian as well as military nurses for which San Antonio Chapter/Emergency Nursing



Association has been nationally recognized as the being the best team.

Nancy Girard, PhD, RN who is the editor of *American Journal of Operating Room Nurses (AORN)* presented a writing seminar to a group of UHS nurses seeking to share knowledge in print. Jeanie L. Sauerland, RN, BS, BSN shared that “a paper should be like a skirt - long enough to cover the subject, but short enough to be interesting!” Her topic is dueling priorities between charting care and actually giving care and we can’t wait to see it in print.

Discovering for Tomorrow

In 2007 Nursing Research saw new Discovery Groups evolve in NICU, Women’s Health, Professional Development Council, and Surgical Trauma ICU/OR. The focus of these groups included use of oral sucrose for controlling pain in neonates, reduction of wound infections in cesarean sections, impact of clinical simulators on critical thinking skills, communicating with ventilated patients in a critical care setting and evaluating stress levels of nursing personnel in a trauma and operating room setting.

These projects together with those initiated in 2006 were celebrated during Nursing Research Week in October. Nancy Ray, MA, RN presented all of the participants with a newly designed discovery pin. The UT Health Science Center San Antonio’s faculty and

mentors, Sara Gill, PhD, RN, and Carol Reineck, PhD, RN, were impressed with the new knowledge presented in the multiple poster presentations.



“The capacity to care is the thing which gives life its deepest significance”.

~ Pablo Casals

Our patients come to us with diverse cultural and personal needs. The nurse is called upon to understand and provide care that takes these unique needs into consideration. Patient care activities to develop synergy and provide care that meets these unique needs are guided by the American Association of Critical Care Nurse’s Synergy Model which defines synergy as: “nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel”.

Tree of Life

Intensive care nurses often develop close relationships with patients and their families. So when a patient dies and becomes an organ donor, it can be emotionally difficult for a nurse.

After two young boys lost their brother and father in a single day, nurses caring for them, realized that by honoring families who make the difficult decision of donating life can provide closure for families and nurses. A large tree mural was designed for a busy hospital hallway. To maintain confidentiality a brief invitational letter was sent to donor families asking their permission to place their loved one’s name on this Tree of Life, and inviting them to come to a special ceremony. During the ceremony each family in attendance placed a brass leaf engraved with their loved one’s name on the mural. Many, who could not attend, responded to the letter with grateful words and gave their permission to have their loved one’s name placed on the tree. Symbolic balloons lined



the hallway; 28 white balloons represented the organ donors, and 104 green balloons stood for the number of people who benefited from their gifts. At a reception following the celebration, donor families received a Texas Mountain Laurel to plant in memory of their loved one.

Cultural Diversity

Our nursing philosophy says, “We accept and respect our patient’s unique view of self and their world.”

These beliefs were put to the test when caring for refugees of the Somali Bantu tribe, who spent most of their lives in camps, following the outbreak of civil war in Somalia. Some of these refugees, now in San Antonio, are starting a new life and experiencing the “culture shock” of change in community and life, including healthcare delivery.

What if we were sick and needed care in a country with different social norms, and laws and how would we want to be cared for? Those were two questions asked by Susan Douglass, Director of Child Health and Safety and Irene Lopez, Neonatal Intensive Care (NICU) Educator.



Douglass and Lopez provide child car seat education in our community, including Somalis.

The Bantu language is a dialect with no words available to translate for describing parts of a child safety seat, so Douglass and Lopez communicated through hand gestures, smiles and clapping when they understood. Somali Bantu families knew the lengths our nurses would go to understand and care for them, so it was only natural for them to choose University Health System’s Women Health Services for their baby deliveries.

Marisol Leija, and Samantha Pierce, of Women’s Health Services, found communication to be a major challenge for both patients and staff. The use of the *Language Line*, a 24-hour, over-the-phone interpretation service, and a lot of body language used by nurses became the best tools for communicating with Somalia families.

Michelle Ransdale and Kristen Navarro, of the Neonatal Intensive Care Unit (NICU), along with hundreds of others at University Hospital, deal with diverse groups of patients daily. It’s very challenging, but our nurses go above and beyond the call of duty to provide quality care to every single patient and their families.

Caring Practices

Being hospitalized with a serious injury or illness is upsetting for anyone. But for children, it can be especially distressing. That’s why Child Life specialists in the Janey Briscoe Children’s Center at University Hospital, offer special events for pediatric patients.

One of the events, coordinated by Child Life, is the annual *Pediatric Halloween Parade*, held in October. Young patients, dressed in friendly costumes, walk or ride through many of administrative offices in the hospital, and staff members reward them with a variety of treats.

The Janey Briscoe Children’s Center at University Hospital cares for children from all over Bexar County and the 22-county trauma region. Many of these young patients have undergone complicated surgical procedures or are still coping after a devastating traumatic experience.

In addition to making them well enough to go home, the Child Life team tries to help create some happy hospital memories. Several transplant pediatric patients no longer hospitalized at University Hospital come back just to participate in this fun event.



Newborn Services:

Caring for our littlest patients

Polli Tower, RN, is a staff nurse II in the Neonatal Intensive Care Unit at University Hospital. She has worked in the NICU for 8 years.



Polli and her husband Benton, also a nurse at another local hospital, have a secret double life. For one day in the month of December they are transformed. Polli and Benton become Mr. and Mrs. Santa Claus and visit University Hospital Newborn ICU to take pictures with each and every baby in the unit and siblings of patients in the NICU. The pictures are presented to each parent in a Christmas card as a keepsake. December 2007 was the second consecutive year that Polli and Benton donned their Mr. and Mrs. Santa duds to give each parent something to smile about. In addition to their busy careers as NICU nurses Polli wants everyone to know that she and Benton have five children and two dogs. They have been married for five years.

Staff in Newborn Nursery adopt a needy family every Christmas. After consulting with the Newborn Services Social Worker, a family is identified and age appropriate gifts are donated for each family member. The selected family receives their gifts Christmas week.

Neonatal ICU (NICU) Registered Nurses Diana Young, Chris Rivas, and Sandra DeBusk believe that we should provide every parent of a baby in the NICU with memories should we have the opportunity to do so. Several times a year a group of NICU nurses meet to construct Memory Boxes for infants that die while they are patients in the NICU. Regardless of the time the baby has been a patient in the NICU each family is provided with pictures, footprints, a lock of hair,

and a baby outfit and blanket worn by the baby while a patient in the NICU. These items are placed in the hand painted and decorated boxes crafted by this group of caring nurses.

Patients are admitted to the NICU shortly after delivery and may be there a few days or many months. In an effort to give each small patient their own identity, NICU RN Staff Chris Rivas and Sandra Debusk decorate name cards for each infant so that everyone knows what each baby's first name is. This name card becomes a memento for the family and something parents can add to their Baby Book. Parents often comment on the name cards and state they feel this makes them feel that their baby is seen as a person, not just number or a diagnosis.

Newborn Nursery Staff Linda Chandler, Martha Rodriguez, Elaine Miller, and Christa Parramore visited an orphanage in Laredo, Mexico in October 2007 as part of a group of medical, dental, and nursing professionals that provide health screening yearly for the children at the orphanage. This is a yearly visit coordinated by a local church and the second year in a row that a group from Newborn Nursery has volunteered their time.



Reaching Out: *Timeless Treasures*



Timeless Treasures is a support group of Women Health Services' Gynecology Unit.

The nurses holistic care provides support for women diagnosed with a dreadful disease. The level of mental and emotional stress experienced by a patient, along with having to cope with the diagnosis can be overwhelming.



Timeless Treasures provides support by actively listening and by allowing the patient to express her emotions.

A *Timeless Treasures* box is also provided to each patient. The box contains several items, including:

- A journal to express her feelings to family members
- A blanket to keep her warm
- A teddy bear to hug and hold, if she feels lonely
- A hat to protect her head if suffering from chemotherapy effects
- Toiletries (body lotion)
- A piece of jewelry
- A prayer book

No matter what happens, the *Timeless Treasures* box will provide treasured moments that will last forever in her hands, or in the hands of her family.

A Mission with Compassion: *Angels Away*

Angels Away is a bereavement support group formed by nurses from the Women's Health Services Department. The *Angels Away* mission is to provide emotional, spiritual, and physical support to parents who experience the loss of a baby. The nurses ensure that social work services and a chaplain attend to the needs of these families. Parents receive a memento box with a baby blanket, a hat, pair of booties, a baby outfit, poems, and prayers. More significant is a certificate with the baby's name to acknowledge the baby as a person whose life was important to us; just like it is to the parents.



“Community cannot for long feed on itself; it can only flourish with the coming of others from beyond, their unknown and undiscovered brothers.”
~ Howard Thurman

Nurses throughout University Health System find their partnership with community organizations and activities essential to the delivery of highest quality care. These collaborative relationships define excellence in caring for the diabetic patients throughout our community. In addition our Women’s Health Services navigators are charting a new course in helping patients in our community gain access to much needed care.

For nurses the community involvement does not stop at that point! University Health System has been a major contributor to United Way. Nurses look forward to being a vital part of this annual campaign. Nurses participate in organizations supporting the care of specific groups from the Multiple Sclerosis Society’s Bike to the Beach and American Heart Association to the National Alliance for the Mentally Ill. They literally show their community support through participation in multiple community events from walking to racing for cures!



Bike to the Beach

Leslie Collins works in Outpatient Surgery at UHS. In October 2007, she raised \$815 and rode in the MS150 from San Antonio to Corpus Christi in support of the Multiple Sclerosis Society.

Leslie says it was exhilarating to cross the finish line with the crowd cheering and riding between rows of American flags. People holding signs for loved ones – it was just great! It was a great experience and meeting different employees from all over the University Hospital system. All of these people encouraged me and helped in my training and I couldn’t have done it without them.

Reaching Out: *Diabetes Expo*



Rebecca Sanchez RN, Director of Diabetes Education for Ambulatory Health Care Services, Texas Diabetes Institute, in partnership with the American Diabetes Institute, coordinated the *Diabetes Expo* held on April 14, 2007.

The Texas Diabetes Institute provided screening for glucose and cholesterol. Clients received test results in less than 20 minutes and were given a record to show the results to their primary care physician.

Presenters provided cooking demonstrations, youth activities and entertainment. Numerous product lines for diabetes were available including glucose meters, medical services and supplies. In addition several booths offered low-fat and sugar-free food products. Representatives provided literature both in Spanish and English.

The Expo involved many local clinics, physician offices, and hospitals who came together to have a very successful community event that serves people with diabetes and people at risk for diabetes.

This event is critical to our community. In Bexar County the incidence of diabetes is 14 percent compared to seven percent of the general population. Past statistics gathered from this event found over 257,200 people in Bexar County have diabetes. Hispanics are almost twice as likely to have diabetes as non-Hispanic whites.

The Diabetes Expo is held annually and is free to all. This was the 7th Annual Event held at the Henry B. Gonzalez Convention Center. Participants come from all over the city and as far away as 25 miles.

Racing for The Cure

As a big part of the San Antonio community, University Health System is proud to have been a partner in the effort to raise awareness of breast cancer and help raise funds to eradicate this dreadful disease. On March 31, 2007, about 285 University Health System staff members made up the largest healthcare team in San Antonio for the 10th Annual *Susan G. Komen San Antonio Race for the Cure* at the Alamodome. This year, *Team UHS* raised \$9,527 to donate to the cause which will be used for research, education and health services. As a nurse and a breast cancer survivor, Brenda Perry appreciates the community support and especially the support of our family in supporting activities to bring about better outcomes for her and others who have had to face this disease and gone through this life-changing ordeal. University Health System nurses have always been a major support group for this great cause and will continue in the future to carry on this important community mission.



Child Health and Safety

The Child Health and Safety Awareness Department is responsible for education about injury prevention in the pediatric population. They coordinate the distribution of child safety seats through the Emergency Center and the Janey Briscoe Children's Center to children under eight years old who have been involved in a motor vehicle crash.

Staff provides special needs seats for premature infants. In 2007, 25 care beds and infant seats were distributed.



162 child safety seats were distributed in 2007.

Anticipatory guidance is provided for children and their families who are scheduled for the burn, trauma, and neuro trauma follow up clinics. About 911 patients received this service in 2007.

The department directs the Baby University program which provides safety classes (Caring for Your Newborn, Infant CPR, Home Safety, Child Safety Seat 101) for parents delivering their infants at University Hospital – this year 3,416 classes were conducted. The parents are eligible for a free child safety seat when they complete the classes.

Child safety seat inspections are conducted at all University Health System prenatal clinics and at various sites throughout the community –in 2007 they conducted 142 inspections, 1,574 child safety seats were inspected and distributed 1068 child safety seats.

Susan Douglass, Administrative Director, is an instructor for the National Highway Traffic Safety Administration's Child Passenger Safety Course and is the Coalition Coordinator, Safe Kids San Antonio.

Caring for Our Community: *Women's*

Inpatient Women Health Services (WHS) takes pride in supporting our mission, vision, and values. Our mission is to promote good health to both inpatients and outpatients. Our vision is to continue to improve the well-being and health of women. As part of our values, we work for the community by participating in community activities that involve health education and promotion.

In 2007, nurses from OB/GYN, Labor and Delivery, participated in the Univision's Latina Health Fair. The gynecology nurses talked to women about cancer prevention and detection and the importance of having regular physicals with their healthcare providers. The Labor and Delivery nurses talked to women about the importance of prenatal care.

Women's Health inpatient staff nurses participated in presentations to patients enrolled in the CHIP Perinate Program. These presentations provided information on premature labor and provided pregnant women and her family with information about labor, birth and what to expect when they come to the hospital to delivery their baby.

Caring Hands in Peru



With its majestic mountains and brightly clad indigenous population, Peru makes for a fascinating vacation. My group consisted of young nurses, a physician assistant (PA), medical students and myself. Those of you who know me won't be surprised that I comfortably assumed the role of "team mom."

In comparison to our healthcare system, the Peruvian system is sorely lacking. The Hospital Regional de Cuzco is 50-years-old, the same age as University Health System, but Regional "really shows her age."

The hospital's five floors are served by an elevator that rarely works. One day I witnessed five staff members and visitors carry a patient wrapped in a blanket down four floors for an X-ray, and then back up again.

The Neonatal Intensive Care Unit (NICU) owns one functioning ventilator and the resident was 100 percent serious when he told me that when a second baby needs a ventilator, off duty residents, students and nurses spend their free time doing ambu bag duty.

The hospital's patient population lives with a level of poverty much more severe than most of us have ever witnessed. Nevertheless, families are expected to purchase in advance the medication and supplies needed by their patient.

My experience included spending time on the medicine unit, in the urgent care area and with the staff psychiatrist seeing his patients. Many of the poor in Peru suffer from tuberculosis and Hepatitis B - almost every ailment is complicated by malnutrition.

Although the level of need was heartbreaking, it was impressive to see how hard people work and how quickly they step up to help one another. This was definitely an educational experience in many ways.

Judy Lerma, RN, Psychiatry, spent a summer studying Spanish and doing volunteer work for the regional hospital in Cuzco. The program was designed for healthcare providers of various types, with varying levels of Spanish fluency. The team lived with host families, spent mornings at the hospital and afternoons in class.

Health Services

They also provided tours of the maternity area. WHS nurses also participate in The March of Dimes speaker's bureau, and have been guests on television and radio talk shows to discuss the importance of prenatal care in the prevention of premature births.

There are more community events in sight, and the staff nurses from Women's Health Services will continue to live up to the mission, vision, and values.





**University
Health System**

www.UniversityHealthSystem.com

4502 Medical Drive
San Antonio, TX 78229
(210) 358-4000