

# JOURNEY TO EXCELLENCE

## 2008 NURSING ANNUAL REPORT



**University  
Health System**

[www.UniversityHealthSystem.com](http://www.UniversityHealthSystem.com)

Bexar County Hospital District

The 2008 Nurses Annual Report was written by the nurses of University Health System.



**Michelle Davern, RN, Surgical and Trauma ICU, University Hospital**  
*Professional Nursing Employee of the Year for 2008*

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## Our Journey Continues

The greatest thing in this world is not so much where we are, but in which direction we are moving.

– Oliver Wendell Holmes



### Staying the Course

In 2008, we continued our *Journey To Excellence* by refining our shared leadership and quality improvement processes.

Max DePree writes that the art of leadership is liberating people to do what is required of them in the most effective and humane way possible. This was demonstrated as we chose to model behaviors for and support staff members new to the council chair and co-chair roles. A broader, knowledge-sharing culture evolved as council members coached peers and shared outcomes across the organization. Nurses at the unit level were active in initiatives to promote patient safety, quality, and a healthy work environment. Units refined and expanded their “transforming care” action plans based on initial “mind maps.” Discovery groups multiplied and allowed more nursing research projects to be undertaken.

It is our belief that the informed practice of bedside nurses is essential to best outcomes. That is why we continue to support shared leadership through unit and organizational councils. Quality courses and dashboards are tools available to all nurses. Our data is transparent and our staff is empowered to improve processes and push performance to a higher level. I encourage you to read about these efforts in more detail throughout this report.

In the year ahead, I look forward to working with our team of nurses and allies to build on our successes, and to grow our professional practice. I’m confident we will continue to progress when we are:

- Engaged in decision making and shared governance to advance safe and quality patient care
- Empowered to develop and implement changes in practice
- Enabled through evidence-based practice, education and training to be our best
- Energized recognizing achievement, celebrating success and rewarding excellence

Learning, leading and focusing on accountability as the ability to be counted on, improves our nurses and community. We accomplish much when we work together.

Nancy Ray, MA, RN, CNO/Associate Administrator

# About the 2007 Nursing Annual Report



Mission  
▶▶ *in Motion*  
2007 Annual Report | Nurses of University Health System

University Health System  
www.RememberTheMission.com

The 2007 Nursing Annual Report included examples of clinical expertise and shared governance activities, efforts of the Quality Council, financial impact of the Product Evaluation Committee, activities and opportunities for increasing nursing knowledge in professional development, and descriptions of several nursing research projects to improve nursing practice. The “caring side of nursing” was recounted and University Health System nurses were recognized for investing in their community. Editors of the 2007 publication included Pamela Higby, RN, administrative director, Women’s Healthcare Services; Evelyn Swenson-Britt, RN, director, Research/Magnet; Julie Wiley, corporate communications coordinator, Corporate Communications & Marketing; and Helena Hummel, graphic design/branding coordinator, Corporate Communications & Marketing. The report resulted in an outstanding overview of how University Health System nurses impact Bexar County, South Texas and beyond with their dedication and service to the profession.





## Strategic Planning

Before anything else,  
preparation is the key  
to success.

– Alexander Graham Bell

On November 9, 2007, nursing at University Health System took the necessary steps to prepare for 2008. George B. Hernández, Jr., President/CEO and Peggy Deming, CFO, started the planning session by providing information about our Master Facilities Plan. Hernández and Deming answered a wide range of questions from participants, and received enthusiastic support for plans to obtain public approval. Staff members learned about the words, “Mission and Margin.” Nancy Ray, MA, RN, CNO/Associate Administrator, reviewed highlights from the previous year. Shared Governance was the focal topic. Mary Anne Peinemann, MSN, RN; Michael Payne, BSN, RN; and Kimberly Medellin BSN, RN, led the group in a discussion and identified multiple projects, including shared governance, recruitment/retention, and practice and quality. With signs in hand, the group had a good idea of how shared governance should flow through the councils. The final work went to the directors, council chairs and staff



nurses. Each group determined which strategies would be aimed at improving shared governance, safe passage and continuing education on quality for staff. The ideas flowed across the room, and the synergy was felt as teams reported back their strategies for 2008.

The final plan was reported to the Nursing Cabinet and included three major initiatives:

- 1) To provide safe passage through our health system for patients and families
- 2) To increase staff involvement in decision-making at the bedside
- 3) To educate staff to understand, and use quality tools to improve patient care

With each of these initiatives, the nursing staff sought a shared decision-making model.



## Summary of Strategic Planning Goals for 2008

<p><b>Clinical Initiative</b>  <i>Provide safe passage through the health system for patients and families.</i></p>
<p>Enhance the use of information technology for safe passage of patients through the system.                  Develop strategies and skills for handoff communication.                  Improve the process for usage of the Universal Protocol in all aspects of patient care.                  Develop strategies to ensure quality patient care thru acuity based staffing and assignments.                  Achieve Best practices and best outcomes.</p>
<p><b>Operational Initiative</b>  <i>Increase staff involvement in decision-making at the bedside.</i></p>
<p>Develop strategies to create environment of expected participation and involvement in shared governance.                  Develop resources to support Shared Governance structure.</p>
<p><b>Professional Development Initiative</b>  <i>Educate staff to understand, and use quality tools to improve patient care.</i></p>
<p>Develop training strategies for Quality processes and Quality tools.                  Improve methods to get patient care process data and patient outcomes data to the bedside nurse.                  Provide a consistent meaningful working group and encourage staff participation in a dynamic, interactive environment.</p>



## Journey to Excellence



New research that supports a new Magnet model provided an exciting jumpstart to our Journey to Excellence in 2008. The American Nurse Credentialing Center (ANCC) completed the long-awaited revision of the Magnet model based on research from a statistical analysis of final appraisal scores of Magnet applicants. From this data they grouped the “Forces of Magnetism” into new components. This new structure was embraced by our Magnet Steering Committee as it provided new insights and guidance into creating a culture of excellence.

### Ambulatory Clinics Join the Journey

Our ambulatory clinics began learning how they could show the excellent care they provide. As an organization we began instituting new ways of opening up communication between the hospital and clinics.

The first ambulatory “Breakfast of Champions” was held on May 30, 2008. Our new ambulatory “Magnet Champions”

verified what makes the outpatient settings magnetically great. Nancy Ray, our CNO, welcomed the new champions and provided an overview of the new Magnet model that we are following on the journey.

David Correa, RN, and Deborah Forman-Lindsay, MSN, RN, described the Health Literacy Project aimed at giving providers new understanding and approaches in working with patients and their literacy skills. Paul Alfieri, RN, C, ACRN, Lily Barrera, RN and John Halsell, RN provided new insights into the excellence in care for our patients living with HIV. Their passionate presentation provided the audience with clear understanding of why their clinic is known by their patients as providing the best care. New knowledge, innovations and improvements are created in ambulatory services. Pauline Graham, RNC, and Janelle Pehl, BSN, RN, of Women’s Health Services share new innovative processes about navigators and patient education materials that assist new moms.





## Becoming Excellent

In June 2008, we welcomed Marsha Hughes-Rease, MSOD, MSN, RN, to help further our understanding of what it means to be a Magnet organization and what new trails we should explore in our journey. She spent three days being escorted by Magnet champions Lois Weisinger, MSN, RN, Psychiatry; Suzanna Feliciano, BSN, RN, Neonatal Intensive Care Unit; Paula Graham, BSN, RN, Women's Health Services, Downtown; and Elizabeth Martinez, BSN, RN, Women's Health Services (Obstetrics). Marsha integrated practice and theory to provide an organizational assessment and gap analysis. She assisted the organization in identifying key areas for change and designed a plan to achieve Magnet recognition. She used the "collective wisdom and talents" of nursing staff to understand the culture of magnetism. Marsha met with focus groups of nurses, toured inpatient units and ambulatory clinics, met with interdisciplinary teams and magnet champions, shared governance councils, directors, and administration.

## Stepping Stones

With feedback from our consultant and after attending the ANCC workshop about the new model, Evelyn Swenson-Britt, MS, RN, facilitator for the Magnet journey, created a new learning opportunity for University Health System nurses. As in most endeavors, she assembled a team to ensure this project would be a success. This outstanding faculty team provided a two-day workshop that covered all the details of Transformational Leadership, Structural Empowerment, Exemplary Professional Practice Innovations, and New Knowledge and Improvements.

## Faculty

Debra Fraley, MSN, RN; John Rees, DBA, RN; Susan Gerhardt MSN, RN; Kate Robertson BSN, RN; Carmillia Smith, MSN, RN; Mary Anne Peinemann MSN, RN; Pamela Higby MSN, MBA, RN; Bonnie Schraner MSN, RN; Lois Weisinger MSN, RN; Jeanie Sauerland BSN, RN; Brian Smith MBA, RN; Joan Thomas MSN, RN; Susan Pawkett BSN, RN; Lisa Castellanos BSN, RN; Michael Payne BSN, RN; Charles Reed MSN, RN; Allison Clarke MSN, RN; Irene Sandate MSN, RN, NNP-BC; Alissa Bolideo, BSN, RN; Joycelyn Desarno, BSN, CCRN; Judith Evans, RNC; Diana Young, RNC; Suzanna Feliciano, BSN, CCRN; Maria Guerrero, RN; Rosalind Heemer, RN; Brandy Palacios, BSN, RN; Susan Orta, BSN, RN.





## Journey to Excellence

The workshop had more than 120 participants who spent two days learning. They analyzed, created, drew pictures and molded clay. There was no end to the creative approaches and methods used to help the group become engaged. The final design of the graphic defining our Professional Model of Care helped tell the story of our learning.

The NICU Nursing Director, Irene Sandate, RN, MSN, and Magnet champions, presented the model from their unit's perspective. The unit was identified by our consultant as an example for our hospital to follow. They provided a passionate review of their processes in implementing their journey to excellence.

### Travelers of the "Magnet kind"

Edgar Schein, an expert in organizational cultures advises, "If you want to be sensitive to culture, travel more. We can

learn from different cultures about variation and develop cultural humility." A group from University Health System embraced these words of wisdom on November 13, 2008, when they traveled to Seton Brackenridge Hospital in Austin, TX. Linda Vochatzer, MSN, RN, director, Nursing Practice/Magnet, facilitated an incredible visit for our group.

The pride they had in their institution and their willingness to share was evident as they recognized both the good and the bad of growing into an excellent healthcare system.

Our gratitude is great for their time and effort in helping us learn about Magnet and their encouragement as we "go" on our own journey to excellence.





## Leadership

The “Nursing Excellence” course, a two-day leadership development workshop, held September 22 and 23, focused on processes and anticipated outcomes to build upon our strengths, and through the facilitated appreciative inquiry process to:

- Develop a vision for our Magnet leadership workplace in written statements
- Select leadership priorities
- Develop the leadership role and behaviors for each leadership practice

About 70 nursing staff members participated in the workshop. They shared their best stories and identified leadership practices that positively impact collaboration. Subsequent offerings will focus on performance management with a continued look at structure, process and outcomes.

## Nursing Leadership Development

In 2008, University Health System recognized that increasing interventions were required to develop and empower nurses in management roles for successful leadership. We needed focused leadership development, especially within the patient care coordinator (PCC) position in concert with their nursing directors. Director of Leadership Development, Kate Robertson, BSN, RN, in consultation with Mickey Parsons, PhD, MHA, RN, FAAN, associate professor at the UT Health Science Center San Antonio, developed a program to facilitate nurses in management roles.







## Retention

With six new registered nurses on board, Kathy Allen, RNC, NICU, PCC, formed the Neonatal ICU (NICU) Nurse Retention Committee, which consists of 15 members of the NICU team.

The goals of the committee were to improve retention of nurses in the NICU and decrease bullying in the workplace by developing behavioral norms and a “Code of Conduct.”

The Transformation of Care retreats for Newborn Services helped to increase awareness of the importance of supporting, nurturing and respecting orientees. As a result, the department orientation program was reviewed and a plan was developed to match orientees to preceptors, according to *Benner’s Novice to Expert Model*.

NICU took another step in developing this leadership initiative by developing a workplace bullying program.

The unit director was involved with the leadership initiative on respect, and had just returned from a National Conference. She connected Kathy Allen with J. Ski Lower, MSN, CCRN, CNRN, an ICU and Leadership expert who addressed the development of a Code of Conduct at this conference. Through a telephone conference with Ski and the changes forthcoming from the Joint Commission on bullying in the workplace, the unit was on the journey to make change. The Code of Conduct and Staff Advocacy Council was developed.

Allen also developed the “NICU Survival Bag,” presented to orientees by their preceptor on their first day of work in the unit. The “Survival Bag” contains a welcome letter from the department director, an orientation manual, water bottle, journal and a sweet snack.



## Celebrating Nurses



“I got to see a baby being born from a whole different perspective. It was great! We do a lot of talking about the mission, but our nurses make it happen, and I saw that today.”

– Sherry Johnson,  
Vice President of Integrity Services

National Nurses Week is celebrated in May, in honor of Florence Nightingale, the founder of modern nursing. University Health System honored nurses on May 5-9. The theme was “Nurses Make the Difference Every Day.” Nancy Ray, CNO, started the week off by visiting units towing a wagon full of goodies and lapel pins to give to everyone along the way.

Women’s Health and Newborn Services sponsored Fitness Walks for day and night shift staff. Nurses from Women’s Health Services and Newborn Services greeted participants at the end of the route and gave snacks and T-shirts.

On May 6, a group of administrators traded their business attire for scrubs and crocs to spend their entire morning shadowing nurses on various patient care units. The theme, “Walk in My Shoes,” gives others an opportunity to experience what it means to be a nurse in a busy academic medical center.

The health system also honored nurses for their contributions by placing a full page ad in the San Antonio Express-News. The names of University Health System nurses were listed in the ad.







## Certification

### CLINICAL CERTIFICATION

We were proud to honor more than 250 University Health System nationally certified registered nurses, who possess certifications in their specialty and have achieved practice excellence. These clinical experts function in a variety of roles, depending on the position, unit, clinic and patient population. The unifying characteristic for these role models is the level of trust that can be placed in them by administrators, colleagues, patients and their families. Nationally certified nurses enhance our ability to achieve optimal patient outcomes, improve patient safety and quality of care and lower mortality rates. Our nationally certified nurses are also recognized on the Nursing Portal, located on the University Health System Employee Intranet.

### What does being nationally certified mean to nurses?



“Certification is acknowledgment of excellence and commitment to professional development in nursing practice. Certification requires patient care evidence that reflects the application of core knowledge and the skills needed to care for patients. Even though certification is not required in our Obstetrics Unit, I recognize it as a measurement of enhanced professional development and heightened expertise to provide the highest quality of care to our population.”

– Marisol Leija, BSN, RNC



“Med-surg nursing is at the very foundation of the entire nursing practice. Med-surg nurses care for the widest range of patient illnesses and conditions. It is important to me that I seek to be very knowledgeable so as to assure that I provide the life-improving, and sometimes life-saving, care for my patients. Taking the national med-surg certification exam verifies that I have a good level of knowledge in the field and therefore capable of providing the level of care my patients need and deserve, and the level of care that I desire to deliver.”

– Larry Bruce, BSN, RN, CCRN



## Mind maps and outcomes

The leadership retreats in 2007 led the way for medical surgical units in 2007-2008. NICU and STICU saw the power of this experience and what it could do for staff. Through the use of Parson's Healthy Workplace Intervention nurses and other staff took a more active role in implementing the changes that begin to create their shared vision. The following scheduled retreats were held in 2008.

**9th General Medicine** March 10 & 11, 2008

**Surgical Trauma Intensive Care Unit (STICU)** March 26 & 27, 2008

**Neonatal Intensive Care Unit/ Newborn Nursery** May 15, & 16, 2008

Each unit developed their mind map for the future, selected their priorities and began to work! As a result, they all had differing but important outcomes to report from their experience. The following are synopsis of outcomes from each of these units.

### 9th General Medicine

#### Use and acquisition of equipment and supplies

Identified the cost of items and shared that information with the entire team on a one-to-one basis educating. They are developing a catalog of unit supplies and costs. One early improvement seen is the decreased waste of pulse oximetry probes which cost approximately \$20 each.

#### Communication with Emphasis on Patient education

This team of nursing staff and Hospitalists collaborated to educate nursing staff on the current treatments, medications to fill the needs of patients on their unit. Hospitalists became more involved with multidisciplinary team meetings that review the most challenging patients and discharges, such as the process in Diabetic Education.

#### Development of professional role of the registered nurse

This team focused on morale building and developed guidelines for fair distribution of PTO with input from



*9th Floor Staff*

both shifts. They developed a spirit committee to celebrate Doctors Week and Nurses Week.

### Surgical Trauma Intensive Care Unity (STICU)

#### New Council Structures

In order to ensure efficiencies, reduce duplication of efforts and improve communication it was necessary to develop a Unit Nurse Cabinet. STICU added 3 new councils, solidified existing councils, and developed mission statements for all councils

#### Behavioral norms

The first goal of this team was to write a mission statement for the behavioral norms expectation's in the unit and develop and adopt behavioral norm standards. The second project the team undertook was role clarification and standardized education of the critical care techs. Due to the vital role of the critical care techs to the functioning of the unit and the retention of the nurses it was a priority to address issues relative to inconsistencies in knowledge and performance between different techs.

Finally, to improve communication processes in their unit this team felt it was important to present information to the



## Retreats



*STICU Staff*

staff in an organized and systematic way, the team believed the first step was to organize the break room bulletin boards. In addition to the Quality Dashboard, the bulletin boards were organized assigning each committee a specific area, along with announcements, educational opportunities and new product information. As part of the process to improve communication the group's last initiative was to work with staff to become active participants during physician rounds. The team is currently working on plans to improve and facilitate nursing participation on rounds.

### **Staffing**

The STICU implemented several strategies to enhance the hiring of new staff. First, it used scored behavioral based questions during a two interview processes to minimize "gut feelings". After the first interview, the applicant is set up for a second interview with staff and offered an opportunity to shadow a nurse in the unit.

In order to retain old and new nurses they knew that folks want to have fun, need to feel pride in the unit, want to feel welcomed, and need to be recognized. The following strategies were used to accomplish unit cohesiveness:

- Fundraisers to support activities
- Purchased Unit scrub tops and wrist bands
- Staff recognition for employee of the quarter
- Certification recognition
- Pursuing the Survivor bags for new hires
- Softball team to increase moral and unit camaraderie

### **Education**

The orientation process for the unit was improved by refining how preceptors and orientees are paired based on learning and teaching styles.

- Learning styles test for preceptor and orientee.
- Scheduled meetings
- Support group meetings for preceptors and orientees

### **Newborn Services (NICU and Newborn Nursery)**

#### **Patient Education**

Newborn Nursery team sought an updated and improved process for educating families regarding the care of their newborn. They reviewed available media and written information and determined the need for updates. Recommendations were forwarded to the unit's Nurse Practice Committee for further development.

#### **Resident/Medical Student Orientation**

Newborn Nursery staff improved the quality of patient care and the clinical experience for residents and students by developing an orientation to the Newborn Nursery for medical staff and assigning nursing staff to orient medical staff on a monthly basis.



*NICU/Newborn Services Staff*

### **New Hire Orientation/Preceptor Training**

This Action Team from NICU improved the orientation by requesting information on Competency Based Orientation from the National Association of Neonatal Nurses (NANN), updating the unit orientation manual, expanding the number of qualified preceptors, and by using the principles of Benner's Novice to Expert model to match orientee and preceptor. The unit-based code of conduct had its origins in this Action Plan.

### **NICU Staffing**

The team addressed guidelines for unplanned absences which affect shift to shift staffing and, ultimately, patient safety and quality of care. They consulted with Human Resources to establish unit policy and held staff meetings to review changes with staff. Unplanned absences decreased by 55% in the first 6 months after implementation of this group's changes.





## Management Development Academy

December 5, 2008 marked the culmination for two years of education, networking, and fun for the members of the inaugural class of University Health System's Management Development Academy. Forty-nine middle managers, including 30 nurses graduated from the competency-based program which is part of the Institute for Leaders. The curriculum included monthly interactive classes on communication and management skills, policies and procedures. On September, 16 members earned the privilege of swimming with the Beluga whales at Sea World.

Moderated by a community college president, a stellar panel of community leaders, a former mayor, a former city manager, and a former president of the Chamber of Commerce was the highlight of the graduation ceremony. The class was enthralled and enlightened as they shared stories and advice on "Leaving a Leadership Legacy."

University Health System looks forward to benefiting for many years from the knowledge and skills gained through this program.



The MDA has been indispensable in my education and growth as a UHS leader. I made connections and learned how other department leaders were handling their issues. I decided to go back to school to get a Masters in Nursing and am excited by my career again. My final thought is that I realize the MDA came at a great expense to UHS, but in my case it was an investment that will keep me energized, growing, and happy in my role here. The investment will pay off for many years to come and will affect many others I touch as I practice at UHS and go forward as an MDA Alumnus. My sincere thanks to Lynn Lindemann and her supporters in Administration for this program.

– Joyce Ornelas, RN, 8th floor Intensive Care Unit





In 2007, about 144 staff nurses from various units at University Hospital were invited to participate in focus groups to share ideas and to give feedback regarding the “Clinical Ladder.”

As a result, a team of nurses dedicated their efforts to the cultivation of an enhanced program that would recognize and reward registered nurses for their clinical expertise and excellence in professional practice. The team developed the Clinical Advancement Program.

Under this program, all staff nurses are encouraged to advance to their optimal level of nursing practice. All full and part-time regular staff nurses are eligible to participate in the Clinical Advancement Program, based on the following criteria:

1. Clinical Expertise
2. Professional Certifications
3. Department and System Contributions
4. Organizational Tenure

The Clinical Advancement team developed a tool that is flexible in nature. Therefore, staff nurses have the option to choose the things they enjoy doing, while obtaining the required points for each level. The guidelines, verification tool, updates and information can be easily accessed on the Clinical Advancement Program Website, located on the University Health System Employee Intranet.

As of January 1, 2008, there were about 332 staff nurse IIs and 160 staff nurse IIIs. After implementation of the Clinical Advancement Program, on July 1, 2008, advancement to staff nurse III increased by 53 registered nurses.

To maintain the integrity and continuously improve the Clinical Advancement Program, teams of staff nurses from various units were established to:

1. Respond to and develop the “frequently asked questions” section of the Web site
2. Continuously monitor the Clinical Advancement Program Tool and Guidelines, based on feedback and outcomes
3. Conduct in-services to registered nurses of University Health System to include newly hired registered nurses



## Standardization

### STANDARDIZING WORKS

In 2008, University Health System initiated the first phase of a project to standardize all defibrillators system-wide to a single vendor. This project was spearheaded by Wen Pao, MSN, RN, CCRN.

The Emergency Center was going through the evaluation period when they noticed that the defibrillator roll stands that were being offered by the manufacturer would not suffice in our department.

The Emergency Department, along with the defibrillator manufacturer worked collaboratively to re-design the stands to accommodate the facility.

This was more in depth than first appeared. With an agreement between the defibrillators vendor and department staff members, the next step would take us to the manufacturer of the stand.

Once this was accomplished, the stand manufacturer had to re-engineer the entire stand for the department and

get government approval. This was brought back for the department's approval and returned to the defibrillator manufacturer for the final phase of the approval process.

The newly redesigned stands are now being used in our Emergency Center, the lead level 1 trauma center for Bexar County, as well as all of South Texas. Underscoring the true ingenuity of the staff, the defibrillator vendor is now rethinking the original stands and will begin offering the redesign world-wide for the device.

The subject matter expert in the department was Barbara J. Wright, BA, LP, operations manager. Susan McKinley, RN, MSN, serves as administrative director of the Emergency Center at Univesity Hospital.

This proves that with the right frame of mind, a dedicated group of individuals can make innovations possible.





we are all aiming for the green! We know our nursing practice is providing patients with great outcomes, so if we see yellow or red, it clearly tells us we need to slow down or stop and examine our current practice for consideration of a process improvement.

Included on the dashboards are the NDNQI Nurse Sensitive Indicators, NRC Picker Patient Satisfaction Indicators, Infection Control Indicators and Unit Specific Indicators.

Each dashboard can hold up to 30 indicators, so there is no end to what each unit can track and display.

To add to this color, the Nursing Quality Council decided that bulletin boards displaying this information on the dashboard should have a bright yellow background with a red border to ensure that everyone on the units could see their data. All units are following the same process, making it easier for everyone to track.

Dashboards are also available online, on the Nursing Portal.

## Go for the Green!

The professional development initiative identified in the 2008 Strategic Planning Goals focused on educating staff to understand and use quality tools to improve patient care. One of the first steps toward accomplishing this goal was to develop training strategies for quality processes and tools. Training included quality and evidence-based practice presentations at the “Stepping Stones on our Magnet Journey to Excellence,” “Owning and Designing Your Quality Dashboards,” and other quality workshops.

Charles Reed, MSN, RN, and Michael Payne, BSN, RN, introduced a more exciting format for members of the Nursing Quality Council to present their data. Dashboards designed by QI Macros provide our members with new colorful tools to present their unit data. People respond better to bright colors like red, yellow and green. So by setting targets for each indicator, these new dashboards provide a colorful display that is easier to read. Of course,







## Nursing Councils

### NURSING RESEARCH

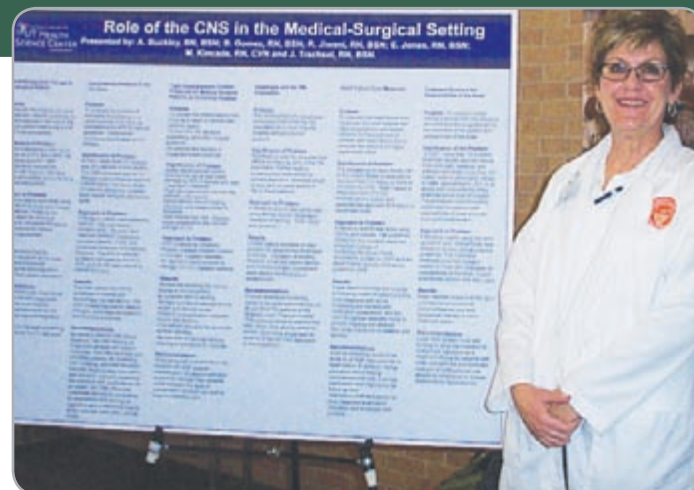
Evelyn Swenson-Britt, MS, RN  
Charles Reed, MSN, RN  
Co-Chairs

Sub committees of the Nursing Research Council were able to develop a business plan for budget planning in 2009 and coordinated an excellent Nursing Research week in November 2008. Great excitement and participation came from discovery groups and those involved in unit research projects.

The council's responsibility is to increase awareness and utilization of nursing research and evidence-based practice at the point of care. These responsibilities were accomplished through the following activities:

- **Provides information to staff about research, research ethics, methodologies and evidence-based practice**  
During Stepping Stones Workshop, three distinct areas of quality, evidence-based practice and research were presented. ANCC consultant feedback in June provided us with guidance that nursing staff were unprepared to discuss quality and evidence-based practice and based on this, she did not ask more regarding nursing research activities as UHS. Knowledge Based Charting (KBC) training by Allison Clarke incorporated the professional practice model and educated staff on the clinical practice guidelines as the basis for evidence-based practice at UHS.
- **Provides opportunities for skill development to critically review research literature and apply to nursing practice**

Reeve's Rehabilitation discovery group, mentored by Cheryl Lehman used the Critically Review of Research Literature (CRRP) workbook and completed their contact hour sessions in February. Based on feedback from this



group, new eight session contact hour course was developed to incorporate reading research into actual planning and executing a research study by the bedside nurse. The first of these is being piloted with the Emergency Center, Cardiac Cath Lab and Psychiatry. Denise DeLaRosa is the PI for the study on violence in the emergency center and it is being mentored by Nancy McGowan from UTHSCSA SON. Kriss Jones is the PI for a study on reduction of anxiety with music in Cardiac Cath procedures which is being mentored by Sara Gill and Andrea Berndt. Roland Sauerland is the PI for the psychiatry group that is examining staff stress reduction with a 30-minute nap. Their mentor is Janna Lesser. All three groups are currently completing their coursework and initiating research protocols. These discovery groups have engaged more quickly with conducting their studies and working towards their protocol submission, which meets with the areas for improvement of previous discovery groups.

Discovery groups that have been ongoing are also completing IRB paperwork and moving forward. The oral care discovery group, Randy Beadle PI, has been meeting with dentists to revise the oral care protocol for ICUs and develop a DVD to teach nurses how to complete and oral care assessment and provide oral care to a ventilated patient. The impact of this intervention on ventilated-associated pneumonia will be the focus of their



newly submitted IRB proposal. Pam Higby is the PI for the wound care for caesarean sections and is waiting on IRB approval. This group hopes to begin their study in late January 2009. Reeves Rehabilitation is completing IRB paperwork to study the difference in falls assessment tools. The PI for this group is Debra Garcia and mentor continues to be Cheryl Lehman.

Charles Reed, STICU has obtained grant funding to pursue the music cueing for nursing staff to turn patients and reduce pressure ulcers. This study has been mentored by Andrea Berndt as the statistician assisting in measurement and data analysis. This study is also pending IRB approval with a hopeful January start. A second study on pressure ulcers focusing on cervical collars is in the planning stage.

- **Identifies and provides resources needed to support staff in scholarly development and in research studies**

Business plan was constructed with the assistance of Rosanna Estrada, Hematology/Oncology and Grants Management Director, Virginia Mika. Budget requests were placed in 2009 budget and were approved. Nursing Research Fund was established with an account established by CNS group in 1990s. This seed money was added to by proceeds from the Neuroscience Course. This account is being used to facilitate nursing research projects.

Carrie Jo Braden offered the Grants Management Course from UTHSCSA SON as a CE as a pilot for staff at UHS. Marisol Leija, Charles Reed and Lisa Castellanos attended the course and worked on grants projects. Charles Reed has since obtained funding and was supported further in this process by Grants Management at UHS. Marisol Leija is in process of submitting for funding from March of Dimes.

A writing course with contact hours was presented by Nancy Girard, held in a four-week period. Approximately 20 staff participated. Three articles have been submitted for publication from the course.

- **The following abstracts were published in 2009**

Reed, C., Beadle, R., Gerhardt, S., Kongable, G., Stewart, R. Abstract: Glycemic Variability The Underlying Factors. *Critical Care Medicine* 2008; Vol 36, (12): A198

Reed, C., Beadle, R., Sherman, M., Reineck, C., Wammack, L., Gerhardt, S., Larson, N., Fonseca, I. Abstract: New Communication Approaches To A Time Old Problem American. *Journal of Critical Care* 2008; Vol 17(3): 289

Reed, C., Gerhardt, S., Kirkman, L., Shaver, K., Sainz, J. Abstract: Honoring Those Who Gave The Gift Of Life. *Critical Care Nurse* 2008; Vol 28(2): e33

Additionally, Charles Reed, RN, presented at four national conferences including: American Nurses Association National Database of Nursing Quality Indicators Conference, Society of Critical Care Medicine Congress, American Association of Critical Nurses National Teaching Institute, and the Summer Institute on Evidence-Based Practice: Innovation for Quality & Safety presenting six posters and two podium presentations. He received the 2008 Administrative Specialty Award of Critical Care Medicine for his abstract on “Improving Tight Glycemic Control with the Adjunct Use of a Data Management Software Program.” Most impressive was his presentations to three governors’ healthcare policy advisor panels on the implications of implementing tight glycemic control in intensive care units.

Second Annual Delta Sigma Theta Tau Research Conference held February 13 at Incarnate Word was an opportunity for UHS staff to present their scholarly work. The following poster and platform presentations were selected from University Health System:

The use of two percent Chlorhexidene Gluconate Impregnated cloths to reduce postoperative cesarean wound infection was presented as a poster. This





# Nursing Councils

collaborative project includes Pamela Higby, MSN, RN, Lisa Castellanos, BSN, RN, Marisol, Leija, BSN, RN, Chris Hallgren, RN, Teri Grubbs, BSN, RN, Betsy Buch, MSN, RN, Samantha Pierce, BSN, RN, Zandra Perez, BSN, RN, Linda Gonzales, RN, Alejandra Alvarez, MD, Sara L. Gill, PhD, RN.

Susan McKinley, BSN, RN, presented her proposed graduate research study, “Beyond Sticks and Stones and Names that will Never Hurt You. Exploring General Bullying and Racial/Ethnic and Minority Bullying in Healthcare Organizations.” as a poster presentation.

Wen Pao, MSN, RN, CCRN, Rick Sambucini, BSN, RN, Charles Reed, BSN, RN, Janet Kramer, RN, CCTN Maureen A. Laughlin, RN, CCRN, Christie L. Harper, BSN, RN, Randy Beadle, BSN, RN, CCRN, Josefina Gitamondoc-Cochetti, BSN, RN, Carol Reineck, PhD, CCRN, CNAAB-BC presented their poster describing the results of their study Nurse’s Perception of Current Oral Care Practice in the Intensive Care Unit (ICU) at University Hospital.

Michelle Sherman, BSN, RN presented her team’s work The Outcome of Education on Effective Non-Verbal Communication. The team working on this included: Charles Reed MSN, RN, CNRN, Michele Sherman BSN, RN, Randy Beadle BSN, RN, CCRN, Carol Reineck, PhD, CCRN, CNAAB-BC, Susan Gerhardt MSN, RN, Nanette Larson BSN, RN, and Lisa Wammack, MSN, RN.

Evelyn Swenson-Britt, MS, RN presented her proposed study Nursing Research Self-Efficacy Scale (NURSES): Instrument Validation which is being Sponsored by Delta Alpha At-Large Chapter of Sigma Theta Tau International.

- **Develops recognition for nursing staff participating in research**

As part of Nursing Week Celebration, Discovery pins were handed out to those staff who were in discovery groups, grant development course and staff completing research studies as part of their graduate student requirements.

- **Identifies research articles, resources and support relevant to the work of the nursing councils**

Quality Council received support in the re-design and presentation of the Quality Course which was presented twice with over 40 participants.

KBC presentations contained the professional practice model in which development was supported through the research council. Helen Erickson presented during our Nursing Research Week.

- **Marketing research council to staff**

The largest marketing of the council is through its work: Both ongoing discovery groups and our annual Nursing

Goals for 2009	Council Members	Co-Chairs
Further development of the continuing education credits and model for discovery groups that are creating the bedside clinical scientist.	✓	✓
Increase contributions and revenue to the Nursing Research Fund	✓	✓
Continue development of staff knowledge and skills abstract and poster development, grant writing, measurement and data analysis workshops	✓	✓
Marketing of the Research Council with emphasis on participation in local, state, national conferences to present research findings.	✓	✓
Continue Nurses Research Week with emphasis on unit presentations.		



Research Week. The creative efforts of Susan Pawkett and Bonnie Schraner are put to the test each year as they came through with “What is your Practice Stuffed with?” This year a new collaboration with Delta STTI and District 8 TNA created opportunity for Community Workshop and presentation by Dr Helen Erickson.

## NURSING POLICY COMMITTEE

Jean Smith, RN, MSN  
Committee Chair

The Nursing Policy Committee held meetings twice a month in the year 2008 for the purpose of reviewing existing policies and writing new policies. The committee’s name was changed from Patient Care Services Policy Committee to Nursing Policy Committee to more accurately reflect the composition of the committee. Notifications of meetings and work of the committee were regularly sent to the membership, including all areas in the Health System where care is provided to our patients.

Policies approved by Operations Council during the year 2008 were:

1. Professional Nursing Practice at UHS #1.0105
2. Shared Governance Policy #1.0500
3. Individual Plan of Nursing Care #1.0201
4. Safe Passage: Communication Using “Situation, Background, Assessment and Recommendation (SBAR) Technique Policy 9.0100
5. Telemetry Monitoring Policy 9.0308

The committee has active participation in its meetings and welcomes the input and attendance of representatives from all patient care areas of the Health System.

## PATIENT EDUCATION COUNCIL

Noel Schafer, BSN, RN  
Chair, Patient Education Council

2008 was the second year for the Patient Education Council. The council’s membership included participation from most inpatient care areas, ambulatory, as well as Nurse Link. Membership includes Quality, Corporate Communications, and Pharmacy.

1. The council 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. Council Chair met with the policy review committee.
2. The council is currently collecting data on patient education programs and literature throughout UHS. The goal is to coordinate literature between UHS departments for consistency.
3. Continue to present patient education during nursing orientation.
4. Reviewing current literature on Patient Health Literacy. Several members attended the San Antonio Health Literacy conference in November 2008.
5. The Council presented: “Patient Education, From Barriers to Bridges” in November 2008. The presentation provided one contact hour.
6. Created display in front lobby to familiarize employees and patients with Patient Education Council.
7. Reviewed first two newly created brochures:  
MRSA  
Glyburide / Pregnancy



# Nursing Councils

## NURSING CQI COMMITTEE

Michael Payne, RN, BSN, CCRN  
Charles Reed, RN, MSN, CNRN  
Co-Chairs, Nursing CQI

Participation in the Nursing CQI Committee significantly increased in 2008 relative to bedside staff nurse attendance. It is the belief of the chairs that changing to a less formal format, decreasing the volume of aggregated hospital data reported and establishing an expectation of participation via communicating unit level quality issues and initiatives were the major contributing factors.

Nursing CQI Committee is responsible for increasing awareness, knowledge, utilization and limited collection of nursing quality data as well as acting on that data. They receive reports and are responsible for passing on recommendations from quality related Process Improvement teams. These responsibilities were accomplished through the following activities:

- Quality Courses for Bedside Nurses
- Stepping Stones Course for Bedside Nurses

- Ongoing monitoring of Pressure Ulcer Process Improvement Analysis
- Monthly report of unit pressure ulcers
- Revision of Policy 19.6000 blood collection, blood culture and sample labeling guideline
- Blood culture contamination process improvement
- Implemented new software for unit-based dashboards for quality data (Scorecard)
- Dashboard classes for nurses
- Standardized quality boards for all units (Red & Yellow)
- Encouraged and monitored bar-coding process in regards to accuchecks with positive improvement
- Tour of Brackenridge Hospital in Austin
- Changed meeting format to encourage staff participation in an interactive environment

Goals for 2009	Council Members	Co-Chairs
Continue to encourage open discussions of quality issues and unit level PI's	✓	✓
Continue to support unit level representatives in keeping Scorecard/Dashboards current	✓	✓
Offer assistance to unit level representatives relative to adding unit chosen quality indicators to their Scorecard/Dashboards	✓	✓
Assist unit members to construct their units annual Quality Plan during CQI meeting time	✓	✓
Assist and facilitate members to carry out unit PI ideas using CQI meeting time and directing them to additional resources	✓	✓



## PAIN RESOURCE NURSE COMMITTEE

Peggy Bartholomew, RN-BC

Chair, Pain Resource Nurse Committee

Brenda Perry, BSN, RN-BC

Chair Emeritus

The Pain Resource Nurse Committee is committed to improving pain management at the bedside.

Goals include identifying educational needs of nurses and physicians and identifying opportunities for process improvement.

These goals were accomplished through the following activities:

- Developed a safety awareness campaign to improve pain reassessment following a pain intervention. Improved from 30% to 90% compliance. Pain Resource Nurses (PRN) continue to audit charts on their units.
- PRNs are active in including the audit data in the unit nursing dashboards.
- Nursing Pain Management Guideline 6.2000 was revised with PRN input.
- Sunrise documentation on the flowsheet was updated with input from the PRNs.

- The online e-Learning program “Understanding and Evaluating Pain” was revised with input from the PRNs.
- During Pain Awareness Week, eight lectures were provided to nurses and physicians on topics ranging from Pediatric Pain Management to Pain Patients with Addictive Disorders. These topics were identified as issues by the PRNs.
- Pain Resource Nurses also are invited to attend lectures at the local chapter of the American Society for Pain Management Nurses meetings.
- Two Pain Resource Nurse Programs were given in 2008 to develop new PRNs.
- Monthly newsletters “Focus on Pain” are published with a variety of educational topics on pain that are requested by the PRNs that address specific unit educational needs.
- Newborn Nursery developed an evidence based guideline using oral sucrose for pain associated with blood collection.
- Labor and Delivery developed a unit policy for epidural monitoring and an education piece for educating patients on the epidural option of pain control for labor.

Goals for 2009	Council Members	Co-Chairs
Develop the nursing portal	✓	✓
Develop a PRN recognition program.	✓	✓
Continue to offer educational programs on topics identified by the PRN's as “problematic”	✓	✓
Get more committee involvement in the annual Pain Awareness Week activities.	✓	✓
Certification in Pain Management Nursing for some of the interested PRN's	✓	✓
Continue to develop the Pain Resource Nurse role.	✓	✓



# Technological Advancement

## NURSING WEBSITE

In 2008, nursing received center stage on the Internet. Thanks to Anthony Sanchez, e-communications coordinator; Pamela Higby, MSN, MBA, RN; Mary Anne Peinemann, MSN, RN; Noel Schaffer, BSN, RN; and Evelyn Swenson-Britt, MS, RN. The Website was completed within three short weeks, so it would be launched in time for Nurses Week.

Visit <http://www.UniversityHealthSystem.com/nursing>

The site reaches everyone around the globe, and helps tell about University Health System’s nursing philosophy, professional practice model, video library, nurses and their views. Also available is the Nursing Blog.

Visit [www.RememberTheMission.com](http://www.RememberTheMission.com).

Since the opening of the site, it has become an effective recruiting tool. Nurses visit to learn about job opportunities with University Health System and have commented that they apply with our health system first because of information availability.

## NURSING PORTAL

Through the efforts of Information Systems, Brenda Sellers and her team, including Christine Portis, Ken Medellin, Cary Cavallaro and Dedaimia Kozlovsky, the nursing portal went “live” on November 17, 2008. Nursing staff members were in awe of the possibilities, not only for nursing as an “enterprise,” but for communities in shared governance, units and clinics, to have their own portal community to share documents, discussions, surveys, calendars, announcements, post policies and share their latest photos.

The power of technology improved our ability to communicate with one another and with the world. We are thankful to staff members from Corporate Communications & Marketing and Application Systems, for making these advancements possible and available to our nursing staff.







The nursing staff of Health for Women take pride in achieving the mission, vision, and values of University Health System. Our mission and vision is to promote good health and improve the well-being of women. Our values include staff volunteering within the community through activities that involve health education and promotion.

In 2008, nurses from OB/GYN and Labor and Delivery participated in the Univision's Latina Health Fair. Gynecology nurses discussed the importance of having regular physicals to prevent and detect cancer. Labor and delivery nurses focused on the importance of prenatal care for a healthy pregnancy.

The Community First Health Plans, an affiliate of University Health System, hosts monthly presentations to its members about the CHIP Perinatal Program.

Staff Nurses participate in these presentations to present information on premature labor, labor and birth. They also provide tours of University Hospital's maternity unit.

Nurses focused on the importance of prenatal care, labor and delivery events, and pain management while in labor.

The March of Dimes is a program that campaigns for the prevention of premature birth. Staff members assist the March of Dimes by participating in the speaker's bureau

giving presentations on television and radio talk shows about prenatal care.

Classes are also provided to adolescents at the Healy Murphy Center and the Bexar County Juvenile Detention Center. Debi Wehrly, RN, and Maria Guerra, RN, volunteered at Healy Murphy, an alternative school for pregnant teens.

Pamela Higby, administrative director, Women's Health Services, coordinated a meeting with Douglas Watson, executive director of Healy Murphy; Janie Whiteley, school principal/nurse; and Cristina Van Dusen, to identify strategies to provide services to pregnant teens. Kristin Plastino MD and Sara Gill, PhD, UT Health Science Center San Antonio; Marisol Leija, RN, and Debi Wehrly, RN, Women's Health Services, also participated in identifying how to meet the mutual goal of educating this at-risk population.

The committee hopes to impact the incidence of teen pregnancy. Texas has the highest rate of teen pregnancies in the nation (54 percent). The goals are to educate teens about their pregnancy, nutrition, substance abuse and sexually transmitted diseases.





## Caring for the Community

### Relay for Life

The Nurses of the Hematology and Oncology Unit are as busy off duty as they are on duty. They spearheaded the team of oncology nurses in the Relay for Life, a major fun draiser for the American Cancer Society.

Hematology and Oncology nurses had two yard sales throughout the year to fund the Relay for Life team of the San Antonio Chapter of the Oncology Nursing Society. Lilia Cenadoza, Reylin Segura,

Eli Villarreal and Dianne Hallworth, are the driving force behind this team. Families are involved as well by showing up to help keep a team member on the track for the 12-hour relay.

### Race for the Cure

One of the beliefs of the Oncology Nursing Society is that nurses help their patients by helping their community. The 11th Annual Komen San Antonio Race for the Cure held in March of 2008, is just one way the oncology nurses fulfill this responsibility. University Health System Hematology and Oncology nurses are among the 300 employees that participated in the Race for The Cure this year and have participated for the last six years.

Iliia Cenadoza, Reylin Segura, Kim Federici, Ruth Naseem, Wendy Crabbe, and Dianne Hallworth lead the department's nurses Race for the Cure team.





## March for babies

The Newborn Services team represented University Health System at the San Antonio March of Dimes for babies held at Brackenridge Park on May 17, 2008. The March of Dimes supports research and programs that help moms have full-term pregnancies and babies begin healthy lives. Funds are used to bring comfort and information to families whose babies are born too soon or sick.

University Health System Newborn Services staff (Neonatal ICU and Newborn Nursery) raised money for the 2008 March of Dimes - March for Babies. Team co-captains included Julie Krupczak, RN, and Irene Sandate, RN, who coordinated the fundraising efforts which included candy and stuffed animal sales, and walker sign-up.





## Mentoring



### Next generation of healthcare providers

Special visitors made their way into the Surgical and Trauma ICU (STICU) during the Summer of 2008. Developed for high school students, Camp 98.6 allows students from Harlandale High School an opportunity to explore careers in the medical field.

Ten students spent a total of four days learning about the different aspects of healthcare, including two days of field trips to the Emergency Center, Operating Room, Radiology, Postanesthesia Care Unit, Surgical and Trauma ICU and Reeves Rehabilitation Center of University Hospital.

When asked which particular fields they were interested in, the students were quick to answer that they wanted to be nurses, cardiologists and surgeons. They were given a tour of the Surgical and Trauma ICU with information regarding the types of patients we care for, different machines that the patients may need, and how nursing impacts the care and

recovery of the patient. Once the tour was complete, they stopped to visit a special patient by the name of Sim Man, our new simulation mannequin.

The students were delighted to see what Sim Man was all about. The patient (Sim Man) had a head injury and required mechanical ventilation, and multiple IV lines. As our clinical experts talked about head injuries and how they impact the patient, Sim Man's capabilities made it easy for students to discover pulses, take blood pressures and listen to normal and abnormal heart and breath sounds. Students also had the opportunity to view X-rays on Sim Man's monitor screen and learn how to find the different injuries and tubes on X-ray. It was a good day for the students, as they expressed a great desire to continue their goals of a career in healthcare.





## EC Throughput

The nursing professionals of University Health System promote the good health of San Antonio through interdisciplinary relationships that are instrumental to quality improvements. No where is this more evident than in the initiatives to move patients through our Emergency Center in a timely manner.

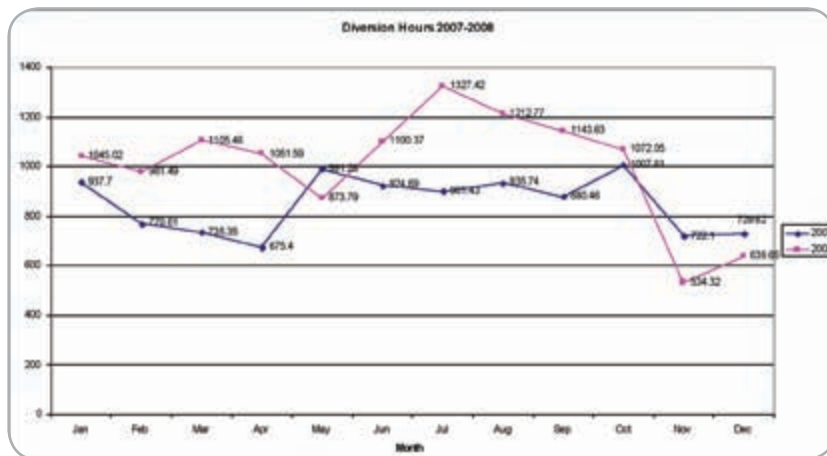
In September 2008, newly appointed Medical Director Michael Sanchez, MD, and Administrative Nursing Director Susan McKinley, BSN, RN, determined that patient wait times were a safety issue that must be addressed immediately. They attended weekly “Length of Stay” meetings to discuss issues that prolong the process. The Emergency Center Clinical Management team met monthly to improve efficiency, minimize wait times and decrease diversion and improve patient satisfaction. They conducted a patient flow analysis of the Emergency Center and determined that the following processes would improve patient access to care and patient flow:

- Bedside registration
- Implementation of the electronic medical record system and electronic order sets
- Limited triage assessment to crucial components
- Expanded the size of the Emergency Center by creating a nine bed holding area for admitted patients, freeing up



more critical beds in the back of the Emergency Center and opened a six bed Fast-Track unit on October 13, 2008

- No diversion to University Health System clinics was initiated after agreement with Ambulatory sites to open appointment books to the Emergency Center
- Assigned a mid-level provider in triage on November 3, 2008. The Physician Assistant conducts a medical screening exam and can disposition non-emergent patients for follow-up care in the ambulatory setting
- Diversion threshold was increased from 135% to 150% in December 2008
- Adjusted the staffing assignments of Physicians to shorter shifts to prevent fatigue and improve efficiency. Established a middle shift during busy evening hours
- Adjusted the staffing assignments of nursing staff to meet periods of time with the highest volume of patients



**The success of this initiative resulted in the following outcomes:**

- Emergent patients now occupy emergency department beds. Non-emergent patients are diagnosed and treated by mid level providers in triage and Fast-Track
- Left without being seen dropped eight percent in fourth quarter 2008



## Programs



**U**niversity Center for Community Health programs focused on reducing health disparities in prenatal care and chronic diseases at the 88th Annual Meeting of the Southwestern Social Science Association held in Las Vegas, Nevada.

The three programs addressed at the meeting included:

**1. The Patient Navigator Program: A Community Healthcare Initiative to Reduce Disparities in Infant and Maternal Health**

This presentation looked at how University Health System has implemented the patient navigator concept to complement its prenatal care efforts by helping to reduce barriers to prenatal care, enhancing knowledge and understanding of prenatal care in historically underserved populations and facilitating the opportunity for women to return for post delivery follow-up care.

Martha Rodriguez, Director, Health Promotion/Disease Prevention, contributed to the patient navigator presentation.

**2. Evaluating a Public Health Partnership to Enhance Prenatal Care and Improve Outcomes in Bexar County**

This poster was co-authored by Theresa DeLaHaya, RN, MPH, Sr. VP, Community Health and Preventive Programs, and Linda Hook, clinical director, Women's Preventive Health Services.

The program assessed how well individuals and organizational partners involved in the Health for Women partnership were working together.

**3. Recruitment Strategies to Enhance Participation in Chronic Disease Self-Management Initiative: Urban and Rural Based Approaches**

This poster was a collaborative effort with the Texas A&M School of Rural Health and was authored by Camerino Salazar, MS, Director, Outcomes and Evaluation at University Center for Community Health. This program stressed the strategies for recruiting at-risk populations to participate in health promotion activities in the areas of chronic disease self-management and injury prevention.



**L**inda Hook, RN, MSN, Clinical Director, Women's and Preventative Health Services, University Health System, was recognized as the fifth recipient of the "Praise Be" Award established by the Access to Care for the Uninsured Week Collaborative, in Honor of Sister Michele O'Brien, Order of the Incarnate Word. The recipient is recognized for her efforts to improve the health of women and children. Linda was also inducted into the Nightingale Society at the University of Incarnate Word and serves as President for the Texas Public Health Association.

University Health System public health nurses measure success in reducing Bexar County teen pregnancy rates, decreasing premature births, and increasing the percentage of children completing immunizations by age two. She says, "These nurses bring another dimension to the Health System, looking and practicing upstream thinking. They find ways that lead to improved health for individuals, families, and everyone in Bexar County."

In 2008, through City and County cooperation, University Health System incorporated Prenatal and Well Child Clinics previously managed by the City of San Antonio. The clinics are traditional public health clinics following a population-based individual-focused model of care. The transition brings the opportunity to establish rich, evidence-based practices measured on a system-wide continuum of care. Progress has already been made in communicating through electronic medical records, appointment systems and maximizing grant opportunities. Most notably, University Health System was awarded a Texas-based Nurse Family partnership grant, a home-based RN visitor program for first time low-income pregnant women. To learn more about the Nurse Family Partnership, go to [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org).



We have begun a journey of transparency and linkages where the lessons learned from population-based nursing practices are merged into a recognized academic based healthcare system – the value will last for the individual, family, and community for a lifetime.

– Linda Hook, RN, MSN









# Professional Practice Model

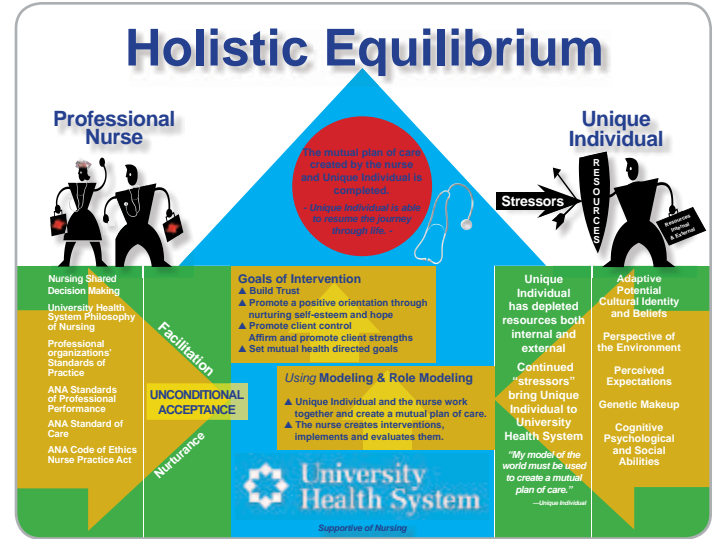
A Nursing Professional Practice Model (PPM) is a belief and commitment based on a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally. It is a health system model. It is the “WHY” of performing nursing care.

University Health System nursing staff began the quest to define their philosophy of Nursing Practice in January 2003. Nursing leadership determined that Modeling/ Role Modeling (MRM) by Helen Erickson, PhD, RN was a theoretical belief that “fit the nursing practice” of University Health System.



To see the Nursing Professional Practice Model (PPM) in action, click here to view video vignettes.

-  Journey to Recovery
-  Journey to Healing
-  Journey to Wellness
-  Journey of Hope



Nursing Professional Practice Model

Subsequent development of the PPM occurred over the next 3-6 years leading to the development of a graphic representation or “arrow” model developed and first introduced in early 2006 by a team of nurses. By 2008, further definition and understanding of the PPM occurred through the Stepping Stones workshops, Professional Practice Model presentations, and meetings with staff nurses and nurse educators. A tremendous help to this effort was Dr. Erickson who joined a PPM working group via a teleconference to elaborate and answer questions. The current graphic model centers around the basis of modeling/ role modeling, assisting the patient in achieving holistic equilibrium. This is a balance within an individual’s mind, body, and spirit, and between the stressors and resources of the external and internal environments.

The Professional Practice Model is currently presented during Nurse Orientation to Clinical Excellence and the Theory of Modeling/Role Modeling is presented in the Patient Care Services skills day orientation.





On August 22, 2008, approximately 190 nurses from University Health System, CHRISTUS Santa Rosa Health Care, Baptist Health System, Methodist Health System, Wilford Hall Medical Center, and Brooke Army Medical Center attended the Neuroscience Course. The event, held at the Embassy Suites Hotel featured Dea Mahanes, RN, MSN, CCRN. She presented an all-day workshop on neurological illnesses and injuries. An educational grant obtained through Codman helped sponsor the event. Charles Reed, RN, MSN and the members of the Nursing Research Department coordinated the entire day.

The course supported the educational needs of our community nurses as they were able to acquire 8.1 contact hours. Additionally, the course provided funds to support nursing research opportunities for University Health System nurses. Because of the demand from nurses, they planned another course on January 26, 2009.





## Knowledge Based Charting

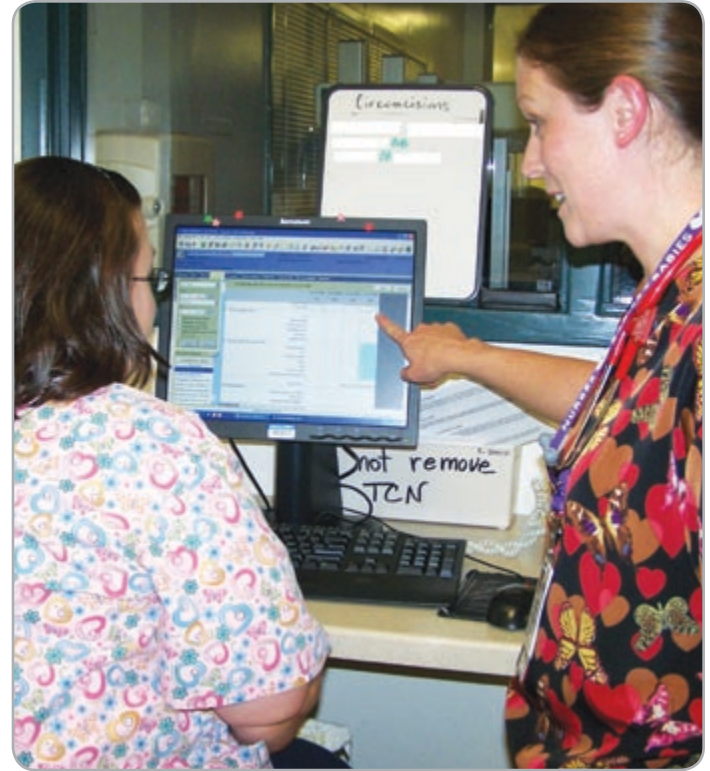
A primary aim of Patient Care Services is to assure safe passage for all patients system-wide and to work as part of an interdisciplinary team to achieve this goal. There is no greater demonstration of University Health System's commitment to patient safety than the adoption of the Electronic Medical Record (EMR)/Physician order entry system in 2006 and Knowledge-Based charting (KBC) in 2008.

A multidisciplinary team was convened to plan the organization-wide adoption of KBC in the fourth quarter of 2007 by Allison Clarke, MSN, RN project director for the organization-wide adoption of KBC. The team launched an organizational assessment in January 2008 utilizing CPMRC (Clinical Practice Model Resource Center) resources. Out of 1,000 nurses, 250 super-users were educated in the concepts and trained in the technical aspects of KBC. They worked from a set of guiding principles that included the following:

- Teams must be multi-disciplinary.
- Begin with the end of patient outcome in mind.
- Design guideline and KBC templates to facilitate inpatient and outpatient continuity of care.
- Decrease duplication and redundancy of documentation (e.g. double charting) whenever possible.
- Emphasize concept-driven, not task oriented, care planning.
- Implement real-time documentation.
- Save clinical time and reduce errors.

The team matched Clinical Practice Guideline (CPG) content with the leading ten diagnostic related groups (DRG's) for each inpatient unit in University Hospital and compared the guideline content with the unique needs of the Health System's patients.

Super users, or guideline champions, were trained in the CPG from April to June 2008. Multi-disciplinary guideline



groups of representatives from nursing, respiratory therapy, and dietary nutrition, utilized the Analyze, Plan, Implement, Evaluate approach to evaluate the CPG in terms of how we practice care at University Health System. During this critical phase of evaluation of CPGs, these teams broke out of their clinical silos to expand their knowledge of other clinicians' professional scope of practice and to develop a shared mental model of patient care.

We continue to strive in adapting to this new approach to delivering outcome-focused patient care. Utilizing the super users, further training is ongoing to fully implement real-time charting, sharing forms with other disciplines and summarization of 12 hours of care into an outcome summary each shift.



# Door to Balloon Time



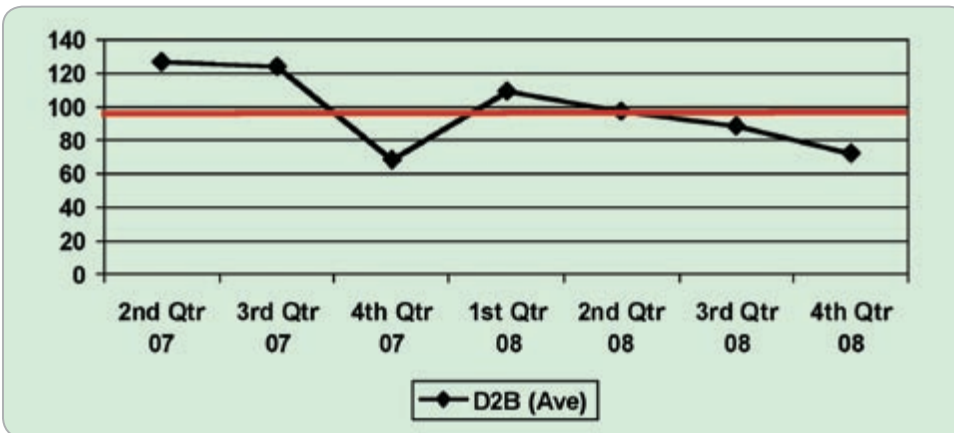
changes. With patient information forthcoming from EMS to our emergency center our Cath Lab team could be dispatched from home as the patient was still in transport. Staff contributed to the success of this community initiative to save lives and improve outcomes. Today they have an average of 22 minutes into the hospital and beginning to set up the lab and total prep is now at 45 minutes.

This initiative also involves EC staff in the triage area. When patients present with complaints of “neck to abdomen” discomfort they are brought back immediately to have an EKG in the EC. This stopped the guesswork for the triage nurse and saved precious time for the patient.

To prepare the UHS Rapid Response Teams to respond to these STEMI patients, the team headed by Franklin Espanto, Nicole Holvey RN and Kimberly Medellin RN provided orientation classes specifically designed for Cath Lab preparedness and patient transport. In addition, the team also assisted the receiving EC staff on efficiently preparing STEMI patients for a PCI. Nicole Holvey, RN and Kim Medellin, RN staff nurses in our cath lab headed up this effort. Additionally Nicole, Kim and Sara Contreras, RN provided refresher courses for the Emergency Center Nurses and Critical Care Technicians for processing a STEMI through the EC to our Cath Lab.

When the Southwest Regional Advisory Council (STRAC) formed a Regional Cardiac Systems Committee in January 2008, University Health System joined other area hospital systems to work on a solution that would enable the San Antonio Fire Department EMS to begin transmitting EKGs to receiving hospitals when they encountered a patient with an ST-segment Elevation Myocardial Infarction (STEMI).

Franklin Espanto, Director Cath Lab and Nancy Ray, CNO were part of a city-wide effort to bring about these



Door to Balloon Graph



## Education

Education was the focus of the Vascular Access Device Fair, sponsored by University Hospital's Vascular Access team members Chrystal Kurimski, Eli Villarreal, Adrian Carrola, Craig Hellums, and nurse educators Susan Pawkett and Bonnie Schraner.

The all-day event took place in the Foundation Room of University Hospital on February 27, 2008. Displays highlighted the early beginnings of vascular access and ended with an overview of devices used today. Samples of the different devices were displayed on tables and this added to the "hands-on" feel of the event.

Chrystal Kurimski and Eli Villarreal representing the vascular access team were on hand to demonstrate Peripherally Inserted Central Catheters (PICC lines) using the ultrasound device, "iLook." They also demonstrated various care and maintenance techniques commonly used for PICC lines. Nurse Educators Susan Pawkett and Bonnie Schraner were available to answer questions about Patient Care Services Guideline: The Care and Maintenance of vascular access devices.

Attendees were encouraged to try to access an implanted port using the specialized huber needle. It was an excellent opportunity for nurses to ask questions, handle equipment and gain confidence in the quality of care they are giving.







*Eli Villarreal*

### ONCOLOGY NURSE OF THE YEAR

The San Antonio Chapter of the Oncology Nurses Society selected University Health System's Eli Villarreal, RN, BS, BSN, MED, OCN, CRNI, as the Oncology Nurse of the Year. Villarreal is well-known to staff and patients at University Health System for his professionalism and clinical expertise. He was nominated by several University Health System nurses for the honor because of his excellence in oncology nursing and quality cancer care.

Villarreal is a Patient Care Coordinator (PCC) for the Inpatient Hematology/Oncology Unit, Outpatient Hematology/Oncology Clinic, and the Vascular Access team. He is an Oncology Certified Nurse (OCN) and is a member of the Oncology Nurses Society. Villarreal encourages other oncology nurses to seek certification and to join professional organizations such as the Oncology Nurses Society.

Having the Oncology Nurse of the Year working at University Hospital is a great honor for University Health System and is an example of the depth of clinical expertise within our nursing ranks.



## Recognition



### AWARD OF SERVICE EXCELLENCE

**E**laine Miller, MSN, RN, BC, nurse case manager for cardiology/pulmonary critical care services at University Hospital, received a distinguished national case management award at the Case Management Society of America's (CMSA's) 18th Annual Conference held in Orlando, Florida in July of 2008. She received the prestigious Award of Service Excellence, one of just two major awards presented at this large annual educational event and expo. This award recognizes the case manager who exemplifies innovation, creativity, collaboration and resourcefulness.

Miller serves as clinical preceptor and skills lab instructor, develops and facilitates nursing, nutrition, ethics and home health courses. She has also written several nationally published articles on subjects ranging from obesity and home health to diabetes nutritional support and wound healing.



## DEVELOPING QUALITY TOOLS AND QUALITY COURSE

“Every system is perfectly designed to achieve the results it gets.”

– Dr. Don Berwick

Anyone with a computer these days can find out about our patient satisfaction and our quality indicators. Our health system will be joining other hospitals in the reality of “Pay for Performance” regulations. Development of Quality Tools and education of staff was critical to moving forward with this crucial strategic planning initiative.

Michael Payne, RN, BSN and Charles Reed, RN, MSN Co-Chairs of the Nursing Quality Committee, with assistance from Lisa Wammack, MSN, RN in Information Systems began developing dashboard tools for staff to record and document their quality indicators in 2007. These

new dashboards were a poster presentation at NDNQI Conference in Orlando, Florida in January, 2008.

With concrete tools, the co-chairs developed a Second Annual Quality Course and launched it in 2008. Forty-five nurses joined Charles Reed, MSN, RN; Michael Payne, BSN, RN; Carlos Castaneda, BSN, RN; Allison Clarke, MSN, RN; Lisa Wammack, MSN, RN; and Dr. Andrea Berndt, PhD, in a day-long quality workshop learning skills required to take a problem and seek a solution – and how to measure success. This course was more hands-on and workshop in its nature and staff from all over the organization were in attendance. This course, while meeting needs of staff in understanding quality, still lacked assisting staff in differentiating evidence-based practice and quality.

During a two-day workshop “Stepping Stones on our Magnet Journey to Excellence,” given in September and October 2008, three hours were devoted to quality and evidence-based practice. This course was attended by more than 120 directors, patient care coordinators, and direct care nurses. Staff were given provided a refresher on unit dashboards and quality improvement initiatives that were going on house-wide and in specific clinical units.

Strategic planning assessment, course feedback and feedback from the Nursing Quality council members led to determining that the Excel program was too challenging for staff to record their data. The challenge became







## Quality Development

finding easy and suitable software for the development of dashboards that could be viewed by staff to understand their progress. The answer to our problem came with the identification of new software, QI Macros. This Excel product could be manipulated by staff, and with some slight modifications by our information services, these bright color displays of data could be understood by all of the nursing staff.

With revisions of this product in-hand, the training began. The co-chairs together with information services provided four courses in November and December 2008 along with numerous personal sessions to nursing staff on the new dashboards. Content included how to determine indicators, enter data, and set their goals in the new dashboards. A second trip to Seton Brackenridge in November 2008 helped our team

learn more. We adopted their plan on creating a bulletin board with standardized colors (Red & Yellow) on every unit so that quality results would be easily identified by staff.

Charles and Michael were members on an organizational level task force that was focused on Quality. This interdisciplinary team has been focused on quality throughout the Health System. Chaired by Mary Ann Mote, Senior VP, it has been very supportive of these educational efforts and new dashboard. Through the support of this group, the dashboards were placed on the new Nursing Portal so everyone can access them electronically as well. This portal served a second important communication and educational purpose, as the council has developed a community for their members.







## What is SBAR?

**SBAR** is an effective and efficient communication technique designed to convey vital patient information in a very concise and brief manner. **SBAR** is extremely important, as we ALL have diverse styles of communication—varying by profession, culture and gender. This technique provides a framework for communication among University Health System staff members about a patient's condition. It's an easy-to-remember mechanism, useful for framing critical conversations, requiring a clinician's immediate attention and action.

### Practicing Patient Safety

**S** **Situation**  
A Concise statement of the problem  
What is going on now?

**B** **Background**  
Pertinent and brief information related to the situation  
What has happened?

**A** **Assessment**  
Analysis and considerations of options  
What you found/think is going on.

**R** **Recommendation**  
Request/recommendation  
What you want done.

Guidelines for communicating with physicians, using the **SBAR** process, can be reviewed online at [www.jointcommission.org](http://www.jointcommission.org). If you have further questions, please e-mail to [Charlotte.Sherman@uhs-sa.com](mailto:Charlotte.Sherman@uhs-sa.com).



The Joint Commission identified communication failure as a root cause of sentinel events and cited shift reporting – the “handoff” – as a contributing factor. For this reason, the agency now requires healthcare facilities to implement a standardized approach to handoff addressed in National Patient Safety Goal 2. Hospitals have been searching for methods to facilitate the timely and accurate transfer of information that ensures patient safety and quality of care.

Early in 2008, University Hospital Patient Care Services leadership realized that it had to develop a standardized way for nurses to communicate important information about patients. SBAR or S (Subjective), B (Background), A (Assessment), R (Recommendation) was adapted from the Institute of Health Care Improvement (IHI). The standard format ensured all members of the healthcare team had common expectations for the required elements of handoff, the information that should be communicated, and the structure for the information.

A policy was written and education was conducted to help nurses understand the SBAR concept. As with any cultural change, it was difficult in the beginning to introduce something new. It took inservices, posters, tip cards, coaching, and encouragement to put this safety measure into place. Currently, SBAR is widely used for nursing shift to shift report and transfer report.



## Outreach

### Caring for tiny patients

The Neonatal Intensive Care Unit (NICU) at University Hospital was the temporary home of nine premature babies evacuated from the University of Texas Medical Branch (UTMB) in Galveston. The tiny babies, all weighing between two and three pounds, were flown to University Hospital in groups of two to three by the University Health System Neonatal Transport team and a number of volunteer Neonatal Transport Teams from across the country. As the babies were en-route, the specialized nurses, physicians and respiratory therapists in the NICU quickly mobilized to ensure a smooth transition for these very fragile patients. Most of the transferred babies remained in our NICU for several months as they grew stronger and until they were healthy enough to be discharged home to very grateful parents.

In addition to the nine premature babies, University Hospital also accepted about 25 other patients evacuated from a number of coastal area hospitals. The 2008 Hurricane season tested the resources of numerous coastal communities. San Antonio and University Health System responded by extending a helping hand and safe shelter to residents and patients of these affected areas.





## In memory of a pioneer

**A**t the stroke of midnight on October 23, 2008, more than 350 staff members working the night shift (third shift) made their way to the cafeteria at University Hospital to enjoy Halloween.

The party, coordinated by the OB/GYN staff was held in memory of the late Helene Durette, RN, a long time night shift house supervisor who was the originator of the event.

Durette, who loved Halloween, always coordinated this fun event for nursing staff who worked hard to provide ongoing patient care during the late hours.

Helene was a pioneer in nurse education. She also taught EMS providers and nurses about quality care and excellence. Helene's contribution to nursing is remembered by staff every Halloween night.



*Annual Third Shift Halloween Party Committee members:*

*Linda Gonzales, RN, PCC; Michele Diaz, UC; Leona Collier, RN; Roslin Serratto, RN; Natalie Valdez, RN; Shelly Kanae, UC; Gloria Caldbeck, RN; Ravie Youv, RN; Roxanne Benavides, RN; Angie Arredondo, MST.*





## Experience

### MY 17 YEARS EXPERIENCE

*Gertrude Umaming, RN, CRRN*

I started at University Health System in April of 1990. I worked on the 7th floor which was a special surgery unit taking care of mostly post trauma patients and overflow of general surgery patients. The floor work was heavy but most of the staff was very friendly and supportive of each other. My preceptors were Elaine Jones and Lisa Wammack. They gave me an excellent orientation and had a very positive attitude towards Bexar County Hospital. I came from a teaching hospital in Chicago, but University Health System has been the best hospital I have worked for.

I transferred to Reeve's Rehabilitation Unit December 9, 1994 when it first opened. I was one of the first RNs to staff the floor. I knew the first CND (Clinical Nurse Director) from another rehab facility. Having a background in rehab, I wanted to change my area. We started with one patient who was a 20-year-old brain injury patient and a former patient on the 7th floor. I found rehab an interesting area, so I took my certification in rehab.

I'm still in rehab, enjoying every bit of my stay. There are ups and downs like any other area, but there's nothing impossible, everything can be ironed out.

I'm also very grateful how the Health System helps other organizations provide community service. I'm an active member of the local Philippine Nurses Association of San Antonio. One of our organization's main goals is offering seminars to other health professionals. Bonnie Schraner, RN, and Amy Hensz of Human Resources, have been very helpful in providing our participants' with continuing education unit opportunities.

With all of the experiences I had these 17 years, I can proudly say that at University Health System, there is always room to grow.



*Gertrude Umaming, RN, CRRN*





## A CHRISTMAS STORY

Most children look forward to Christmas. They anticipate the fun family gatherings and gift exchanges. Unfortunately, some children aren't able to experience the same. Many children are spending holidays in the hospital, undergoing psychiatric care. That's why Psychiatric Services at University Hospital collected toys for pediatric patients hospitalized at Southwest Mental Health Hospital in San Antonio, a psychiatric facility for children ages 3-17. In order to bring a little holiday cheer to these children, the Psychiatric Services staff (A.K.A. Santa's Elves) donated toys in hopes of bringing some comfort to children who really need it.

*Thank you, University Hospital.*

Dear Lois,

Thanks to you and your fellow psych nurses, a little Christmas spirit found its way into our hospital this year. You know how difficult it is to be away from family and friends during the holiday. But your toys and presents really lifted our kids spirits here at Southwest Mental Health Center. It was so nice of you to remember them during this hectic time.

You may not know their names, but our children will carry thanks in their hearts for your kindness and generosity. We will too. From Letty and all of us, best wishes for a New Year filled with peace and good mental health!

Regards, Steve



## Medical Missions



### CARING BEYOND BORDERS

Once again, volunteers from our Newborn Nursery made their annual trip to Casa Hogar Douglas, an orphanage in Nuevo Laredo, Mexico. For the past eight years, this medical missionary trip has provided children of the orphanage with community pediatricians, nurse practitioners, dental hygienists, University Hospital registered nurses and staff and church volunteers.

The University Hospital's volunteer services supports this mission by providing each child with a colorful red "Born to Read" library bag. Newborn Nursery staff donate numerous crafts, stickers and school supplies to take to the children.

The trip is coordinated by Yolanda Medina, neonatal nurse practitioner, UT Health Science Center San Antonio/ Neonatal ICU and Newborn Nursery, University Hospital.

This year Neonatal ICU staff nurse, Suzanna Feliciano, CCRN; Joycelyn Desarno, CCRN; Grace Bacho, RNC; and Ancy Kuruvilla, RN, joined Newborn Nursery staff members Martha Rodriguez, RNC, PCC; Elaine Shetler-Miller, Lactation Consultant; and Christa Parramore, CNA, in assisting with physicals, urine collection, blood collection for hematocrit, eye screenings and dental care.

Through their careful assessment they found three children who were anemic and helped get them on iron supplementation.

These dedicated staff members worked diligently to provide care to the children in this area. Nurses also bonded and played with children for several hours during their medical missionary work.

Each year, children are asked if they remember the staff of University Health System. Martha Rodriguez says they always do. And the staff certainly remembers them. "Sometimes it breaks our hearts," says Marth Rodriguez.

"Unfortunately, when the children turn 16, they have to leave the orphanage. A few years ago there was a 17-year-old girl who returned to visit Casa Hogar Douglas when she heard the group was coming back."





*Michelle Davern, RN  
Surgical and Trauma ICU*

### PROFESSIONAL NURSING EMPLOYEE OF THE YEAR FOR 2008

**M**ichelle Davern, Staff Nurse III, has helped the Surgical Intensive Care Unit (STICU) to reap the benefits of numerous techniques and procedures, such as the development of visitor information pamphlets for patients, families and a Hypothermia Reaching Guide to educate staff. With the incorporation of the Physician Order Entry, a computer charting system, Michelle volunteered countless hours revising the unit's Care and Documentation Standards Manual. Michelle is committed to excellence and was a major contributor to the Clinical Advancement Program. Michelle has been employed with University Health System since 2006.





## Nursing Research

...the only thing we require to be good philosophers is the faculty of wonder... Although philosophical questions concern us all, we do not all become philosophers... people get so caught up with everyday affairs that their astonishment at the world gets pushed into the background. A philosopher never gets used to the world. To him or her, the world continues to seem a bit unreasonable-bewildering, even enigmatic.

– Gaarder, Sophie's World



Nurses at University Health System have displayed their curiosity and need for understanding their practice world by continuing to ask those philosophical questions throughout 2008.

Does it decrease infection rates in Cesarean sections if we use Chlorhexidine wipes?

Will a specifically designed teaching program on oral care assessment and oral care reduce the amount of VAP for ICU patients?

Will a validated falls assessment tool help nurses identify patients at risk for falls better than our current tool?

What are the daily exposures of Emergency Room nurses to violent behaviors?

Will a 30 minute nap during a 12 hour-shift reduce stress for the practicing nurse?

Does music reduce the anxiety for patients facing a cardiac catheterization?

Discovery groups throughout University Health System have embraced the research process and fully understand their research questions. We have continued this journey





with our mentors from the UT Health Science Center San Antonio. Sara Gill, PhD, RN Cheryl Lehman, PhD, RN Nancy McGowan, PhD, RN Andrea Berndt, PhD and Janna Lesser PhD, RN spent time with groups and helped to bring these questions into formal research study.

Beyond these exciting groups, the University Health System Research Committee celebrated the annual Research Week in November. This provided the perfect venue to ask “What is Your Practice Stuffed With?” Nursing staff greeted by scholarly research council members and their Turkey quickly responded: Quality, Evidence-Based Practice and Research. Along with healthy snacks and pens, staff was given the opportunity to review EBSCO Bibliographic Databases and discuss their favorite research questions.

A new and special event was the combination of a Community Showcase of posters and displays with a presentation by Dr. Helen Erickson, “Nursing Scholarship:



Does it happen at the bedside?” This event was co-sponsored by Delta Chapter of Sigma Theta Tau and District 8 Texas Nurses Association. The combination of these events was a community hit. Over 150 nurses were in attendance, and enjoyed networking and learning.

The week would not have been complete without the recognition of our staff for their scholarship.

Scholarship abounds at University Health System and we look forward to further nursing discovery, innovation and research.





UNIVERSITY  
HOSPITAL

University Hospital  
San Antonio, TX



The greatest thing in this world is not so much where we are, but in which direction we are moving.

– *Oliver Wendell Holmes*

Written by the nurses of University Health System.

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To read the 2008 Nursing Annual Report online, go to [UniversityHealthSystem.com/nursingreport](http://UniversityHealthSystem.com/nursingreport).

For video interviews with University Health System nurses and patients, visit the nursing portal available on the Employee Intranet.

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