

# NOTEWORTHY



# NURSING

**NURSING NEWS**  
*by Susan Gallitto, BSN, RNC-NIC*

Volume 8, Issue 4 | January



**Neuro critical care clinical nurse specialist appointed**

Lisa Moores, MSN, CCRN, ACNP, CNS, joined UC Irvine Health as the neuro critical care clinical nurse specialist (CNS), effective Monday, Nov. 5, 2012.

Lisa is a results driven, dedicated adult critical care CNS with demonstrated expertise in analyzing, implementing, and evaluating processes to improve nursing and patient care. She is committed to identifying improvements in training, communication, and strategic planning to effectively influence patient outcomes. She is recognized for the ability to coordinate and collaborate with multiple disciplines when striving for best practices.

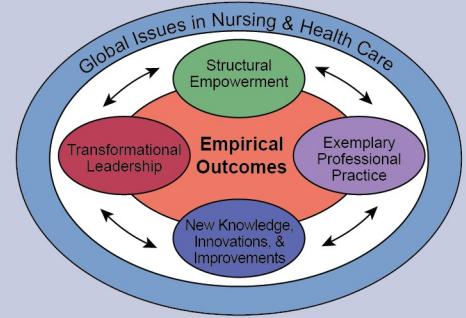
Lisa is a graduate of UCLA, where she earned a dual certificate as a clinical nurse specialist and nurse practitioner. She had served in this role at Western Medical Center since 2004. Her experience working in a facility with neuro-surgical services, a Stroke-Neuro Receiving Center and Level II Trauma unit has provided her with skills needed for this new position.

Lisa will join the Department of Nursing Quality, Research & Education and will work alongside Maurice Espinoza, critical care CNS, Michelle Grywal-ski, critical care educator, and Cheryl Simkins, critical care educator to ensure high-quality nursing care and positive patient outcomes in the critical care units. Lisa will work closely with the physicians and nursing staff caring for patients with neurological and neurosurgical issues.

Lisa will be a great partner in our quest to strengthen and grow the neurological and neurosurgical services at UC Irvine Health. By focusing on high-quality nursing care and patient outcomes, we are sure to achieve success.



2009 MAGNET MODEL



CULTURE OF EXCELLENCE

<p><b>Transformational Leadership</b>          Quality of Nursing Leadership          Management Style</p>	<p>&gt; <b>Empirical Outcomes</b> &lt;          Quality of Care</p>	<p><b>Exemplary Professional Practice</b>          Professional Models of Care          Consultation and Resources          Autonomy          Nurses as Teachers          Interdisciplinary Relations</p>
<p><b>Structural Empowerment</b>          Organizational Structure          Personnel Policies and Programs          Community and the Healthcare Organization          Image of Nursing          Professional Development</p>		<p><b>New Knowledge, Innovations, and Improvement</b>          Quality of Care          Quality Improvements</p>

**CNO CORNER**

by Karen A. Grimley, BSN, MBA, PhDc, RN, Chief Nursing Officer

**The CNO Corner articles will focus on nursing at UC Irvine and our commitment to the quality and safety of patient care and nursing practice.**



Welcome to this year's first issue of Noteworthy Nursing! These past few weeks, while contemplating a topic for this article, I found myself out on LinkedIn reading the American Organization of Nurse Executive (AONE) group's blog where a colleague asked, "Can we teach empathy, caring and compassion?" Well, the blog was on!

Just before the Christmas holiday, I was reading the thread of responses and found several of the responses and additional questions really helped me realize the importance of our commitment to our patients and their nursing care communicated in our *Essence of Nursing* program. Below is a summary of some of the questions and the answers they provoked in me. I am looking forward to hearing your thoughts!

Best wishes for a happy New Year!

**Philip asks: Can we teach empathy, caring and compassion?**

**Karen:** It was so good to see this conversation here on LinkedIn. My team recently created and presented a four hour program on *The Essence of Nursing: Getting Beyond the Task* to remind our nursing staff (RNs, NAs, unit secretaries and monitor techs) about the importance of caring, compassion and comfort for our patients. It included the introduction of six best practices piloted last year by various nursing units to the 800 staff members, complete with the voice of the customer and simulation. The managers, supervisors and educators partnered to create the curriculum and present it. We have had multiple conversations about methods and techniques for "just-in-time" coaching for them as they round through the house. I am confident that this will change our patient's clinical outcomes and perception of their experience. The program was mandatory and is being integrated into nursing orientation and our annual competency plan.

I am very excited with the true engagement of about 80 percent of the staff and nursing leadership following our rollout of *The Essence of Nursing* and even more impressed by the fact that they do not tolerate mediocrity when it comes to patient care. It's one thing to say it at a senior executive level but when it comes from the grassroots, then you know it's our culture and way of doing things. (My best Christmas present for 2012!)

**Mary Jane asks: Who designed this course and what were your expectations?**

**Karen:** Mary Jane, just to clarify, this course was designed and taught by nurse leaders (25 of them) with the support of the hospital nursing education department. My expectations were that this inservice be designed and taught by nurse leaders who would learn the details of the modules, and then coach staff and model expected action and language in a just-in-time way on the units. It is a four-hour mandatory class that is being incorporated into nursing orientation starting in January.

The course was designed around six pilots conducted on various nursing units last year and included the importance of aligning the right words with the right tone and body language. All went live on Dec. 4 across inpatient care areas. Metrics such as patient experience (HCAHPS), a number of clinical outcomes and staff engagement survey results will be impacted by this program. Trending of our progress across these metrics will not only reinforce the importance of caring, communication and comfort but they will demonstrate the value (financial and clinical) of a nurse's touch, and the importance of the nurse patient relationship in nationally recognized and accepted terms. Continued on page 3...

**CNO CORNER (cont'd)**

by Karen A. Grimley, BSN, MBA, PhDc, RN, Chief Nursing Officer



I am convinced that the right nurse-patient exchange or relationship can have a lasting effect on a patient's engagement in care. This engagement can result in better participation in the plan of care and activities that help the patient reach optimal health and well-being. I am convinced that the nurse-patient relationship is the secret sauce in healthcare. "Don't know what's in it but boy it sure makes a difference" kind of a thing; so much so that this is fast becoming my life's research.

**Liz asks: Shouldn't we introduce these concepts in nursing school?**

**Karen:** At UC Irvine Health, to insure that our goals are aligned, the director of the Nursing Sciences Program (DNSP) and I have discussed our philosophies and mapped how the undergrad and nurse practitioner programs reflect our shared commitment to providing compassionate patient centered care and assuring a strong participative practice model for decision making in both arenas. I am also a voluntary faculty and our DNSP is a member of the hospital nurse executive council and a guest at our hospital governing body.

A number of our bedside nurses serve as clinical instructors here and the nursing class is small (40 undergrads usually). In addition, approximately 25 to 30 of the senior class students shadow our nursing leaders here. We are really trying to give the students real-life role models and experiences that help them realize the importance of interpersonal competence (defined by prompt, kind, timely and technically competent care), while stressing the individual staff nurse's responsibility as a steward of our profession. If nurses really understand this concept, they approach teaching moments with reverence. Of course, creating this mindset does take time and each nurse leader must model and reinforce what this looks like through every action taken with staff, nurses and guests. We are on stage every day as leaders at UC Irvine. As for productivity measures I'm thinking we call it "Care-culus" and figure out how to measure nursing care in a way that hospital administrators understand and value.

Retrieved from LinkedIn Dec.28, 2012

[http://www.linkedin.com/groupItem?](http://www.linkedin.com/groupItem?view=&gid=1966492&item=192889517&type=member&commentID=107753758&trk=hb_ntf_LIKED_GROUP_DISCUSSION_COMMENT_YOU_CREATED#commentID_107753758)

[view=&gid=1966492&item=192889517&type=member&commentID=107753758&trk=hb\\_ntf\\_LIKED\\_GROUP\\_DISCUSSION\\_COMMENT\\_YOU\\_CREATED#commentID\\_107753758](http://www.linkedin.com/groupItem?view=&gid=1966492&item=192889517&type=member&commentID=107753758&trk=hb_ntf_LIKED_GROUP_DISCUSSION_COMMENT_YOU_CREATED#commentID_107753758)

## DECEMBER COFFEE WITH KAREN COMMENTS

by Karen A. Grimley, BSN, MBA, PhDc, RN, Chief Nursing Officer

To all our staff,

Thank you for everything you do to care for patients and their families. Sometimes, I know this can be very challenging. Let's take a minute during this very busy holiday season and reflect on 2012. We have accomplished a lot and helped many patients and families optimize their health and well-being.

Below, please find our new column for our newsletter. Each month, I will take a minute to report each of the things that were shared during our regular "Coffee with Karen" meetings. The comments, questions and suggestions offered by our staff during these meetings will be noted here. Nurse leaders and Shared Governance councils will be asked to investigate some of these issues while others are here for your consideration as professional nurses and members of the patient care team. Items with an asterisk(\*) are being referred for comment or consideration. Changes or updates will be shared as they become available.

*-Tips, best practice & collegiality!*

1. \*Questions about pulse oximetry probes – the reusables keep breaking. What is an alternative?
2. New shift report at bedside has caused me to wake up my patient very early.  
Another nurse shared that she speaks with her patient during her shift to let the patient know about the 7a.m./7 p.m. report. She explains that this is a good time to let them know about the importance of the patient's thoughts about care and any privacy concerns they have about information being shared in front of family and friends. Early discussion has allowed this nurse to be proactive with case planning and better meeting her patient's needs. It also saved time at change of shift!
3. Karen had questions about our use of incentive spirometer and how we engage patients in the frequent use of this device. She recounted a time when we instructed patients to take three to five deep breaths during long TV commercial breaks (usually every 15 minutes on major stations!). How do we do it here?  
***Referred to Nurse Practice Council***
4. \*Many of us did not work on the day of the holiday luncheon – how do we get a lunch bag?  
Human Resources will work with your nurse manager if you did not receive a bag. ***Please contact your nurse manager for assistance.***
5. Classes for new epidural pump education could only accommodate 20 people. This made it hard to get to the in-service. Epidural pump classes were added to accommodate staff attendance. Thank you for bringing this to our attention! ***Referred to Nursing Education Department***
6. \*Pharmacy is only releasing medications to RNs, why has this changed?  
Maybe due to recent national issues with compounding pharmacies. We have found a new compounding pharmacy so this should have resolved itself. ***Karen will double check with pharmacy director.***

**DECEMBER COFFEE WITH KAREN COMMENTS (cont'd)**

by Karen A. Grimley, BSN, MBA, PhDc, RN, Chief Nursing Officer

7. \*New flushes have been introduced at practice councils and will be distributed as existing supply diminishes. ***Please contact your manager or practice council representative with questions.***
8. DH 48 is now available as a med/surg overflow unit. Heribert Bacareza (DH 58) is the nurse manager responsible for that unit.  
Patient criteria: female, surgical patients  
This criterion has been established to accommodate postpartum overflow during times of high perinatal census.
9. \*Concerns raised about families eating in patient rooms. What is our policy? It is hard to enforce when we are not consistent. ***Referred to Nurse Managers' Practice Council***
10. \*Could we have bulletin boards or some kind of board for patients to put cards or hang other mementos? Right now they hang them on the walls and it ruins the paint.
11. \*IR nurses would like a place for staff. There is no staff lounge in close proximity.  
Also, a unit clerk and pyxis for regular medicines would reduce rework and nurse distraction from patients.  
***Referred to Nursing Leadership of Perioperative Services***
12. My daughter was in an accident and admitted here. I was so scared. I sat at her bedside. As the shift wore on, I knew I could go home because of the care the staff was providing to my daughter. I not only went home, I slept!
13. \*Ultrasound for IV placement but we need education to use it!(Caroline?) RN is conducting a Clin 2 – 3 project on ultrasound guided IV placement. We will get everyone connected. ***Referred to Nurse Practice Council***
14. \*Could we orient all nurses to transport? That way they know where things are and resources available. ***Referred to the Nurse Executive Council***
15. Nurse involvement in physician rounding seems to be team-dependent. How do we change that?
16. \*When will the link elevator open? ***Ready and waiting on OSHPD inspection to open***



## DAISY AWARD HONOREES

By Sherry Carter, BSN, RN

In March 2012, UC Irvine Health adopted the DAISY Award as a recognition program for our nursing staff. The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day. UC Irvine is proud to be a DAISY Award Partner, recognizing one of our nurses each month with this special honor.

Please take a moment to read about our recent DAISY Award Honorees!

### Grant Solder, CN II – OR (August)

*"I was thoroughly impressed with Grant...making my terrified father feel at ease, even making him laugh!"*



### Kay Kay Moua, CN III - SICU (September)

*"Kay-Kay is one of the youngest nurses I have met who exemplifies the skills of the ideal nurse; one who has positioned herself as both a patient and nurse advocate. She is insightful, caring, and compassionate."*



Kay Kay (Left) and Susanne Collins, Manager – SICU

### Nicole Martin, CN IV – Vascular Surgery (October)

*"Nicole always has a smile on her face every time we see her. She exudes warmth and sincere feelings about her. She listens to what my mom tells her that is ailing her. Even though she is very busy, Nicole takes the time to say hello and have a conversation with us...Nicole makes a difference in my mom's life. Actually, she makes a difference in our lives. She truly embodies what the DAISY Award is all about!"*



Nicole (third from left) surrounded by the nominating family

### Kristi Hare, NP – Pavilion III, Primary Care (November)

*"Kristi is a powerful force for change for the good at UC Irvine Medical Center. She continues to stretch herself to gain the skills to do her job, from statistics to computer graphics to public speaking to writing abstracts and grant proposals. Kristi does this not to improve herself but to become a better instrument of care for others."*



(Left to right) Karen Grimley, CNO, Kristi Hare, Cheryl Payseno, Quality and Patient Safety

## JAPANESE NURSES TOUR UC IRVINE HEALTH

By Sherry Carter, BSN, RN

On Monday, Nov. 12, UC Irvine Health hosted six nurses from Chiba University Hospital in Chiba, Japan for a three-day tour of the hospital, focusing on American nursing practice. The Chiba nurses represented the following specialties: medical surgical/diabetes education, infection prevention, NICU, psychiatry, nursing education, and cardiovascular surgery. This experience allowed the nurses from Japan an opportunity to compare and contrast the nursing in Japan to nursing in the United States. Our nurses generously shared best practices, described patient population demographics, and demonstrated state-of-the-art equipment used in our patient care areas.

Special thanks to the following nurses who went above and beyond to enrich the experience of our guests:

**Jacqui Lomax:** Patient discharge/parent education in the NICU

**Ramon Jocom:** Tour — T3

**Kristina Hill:** Bedside vital sign monitors — T4

**Nathalie De Michelis:** Heart Failure Program

**Jeanmarie Wong:** Tour/questions — SSDU

**Sheela Patel:** Questions — MICU/CCU

**Jessie Nguyen:** Questions — DH76/78

**Sally Duron:** Tour — Neuropsychiatric units

**Terry Peterson:** Diabetes education

**Infection Prevention Team:** MRSA prevention and hand hygiene

**Palliative Care Team:** Challenges in pain control for the patient at the end of life

**UC Irvine nursing managers, supervisors and CNS/educator team:** Essence of Nursing Program



**SUPER SATURDAY COMMUNITY HEALTH FAIR**

*By Marra Williams, CHES*



The 2<sup>nd</sup> Super Saturday Community Health Fair event was held on Saturday, Oct. 6, 2012 at the Manchester Pavilion. The event included vendors, food, screenings and fun!



Super Saturday Community Health Fair - Flu Shot Line

This community health fair provided attendees with free flu shots and diabetes and blood pressure screenings in an effort to improve the health of the community UC Irvine Health serves. During the two-hour event, we hosted 21 vendors, 11 of which were UC Irvine departments. We were able to provide: 80 flu shots, 40 diabetes screenings and about 25 blood pressure screenings. In all, there were about 100 attendees this year over the course of the event.



Charlene Miranda-Wood & Pam Samuelson providing free flu shots

Radhika Kumar, UC Irvine volunteer extraordinaire, helped to coordinate the event. She acquired a dozen donated raffle prizes from vendors and community supporters, like Knott’s Berry Farm four-pack of tickets and plenty of refreshments for the entire event.



UC Irvine Health Cardiovascular Center provided blood pressure screenings

After the event, we pulled 12 raffle tickets to give away our donated prizes.



Rehabilitation Services

**Many thanks to everyone who was involved with the planning and implementation of this community event!**



## ESSENCE OF NURSING

By Holly Wicklas, BSN, RN



This fall, the managers, supervisors and educators of the medical-surgical, critical care, women's and children's and SPPO divisions of nursing collaborated to develop a program aimed at instituting known best-practices and improving our patients' experience. The program is called, "The Essence of Nursing: Getting Beyond the Task; Comfort...Caring...Communication." Best practices included in the class are: bedside shift report, patient communication boards, narrating our care, using key words at key times, intentional rounding and comfort management. These topics are not new. Nursing units throughout our hospital have used all or some of these best-practices for several years. In order to ensure that our patients receive consistent messages as they travel throughout these departments, the decision was to create a training program for inpatient nursing staff. The class included didactic and video supports. Implementation of these best-practices started immediately upon completion of classes on night shift, Dec. 4, 2012.

**Bedside shift report** has been occurring in the ICU arena for some time. Bringing nurses to the bedside allows the patient to feel included in their care and a part of the care team. Patients report increased satisfaction with nursing communication and don't feel "lost and alone" when nurses give report at the desk. Falls at the change of shift, CLABSI, and HAPU incidences dramatically decrease. Nurses no longer say to the doctors, "I haven't seen my patient yet," as the doctors ask for a patient update. Bedside shift report is an important communication tool for both our patients and staff.

UC Irvine Health installed **patient communication boards** (aka white boards) in the patient rooms throughout nursing. Originally, it was up to the nursing unit to decide what they wanted to communicate on that board. A quality improvement team addressing Discharge by Noon (DbN) addressed the need to be consistent as the DbN project moved housewide. Components of the board are now the same throughout the inpatient arena and include: patient room and phone numbers; questions for the doctor(s); last pain medication given and next dose due; patient goals; activities of daily living; discharge information and rapid response information. This board is intended to be a dynamic board and the nurse is expected to review it with each of their patients.

**Narrating our care and using key words at key times** can go hand in hand. As nurses and other staff enter the patient room, keep in mind the acronym AIDET—Acknowledge, Introduce, Duration, Explain and Thank. First allow the patient the chance to acknowledge the knock on the door. We are entering their space now. Come in with a smile and introduce yourself at least once during the shift and always with new visitors. Explaining why you are in the room and letting the patient know approximately how much time it will take puts that patient at ease. As care is being conducted, explain the care given in a way that the patient can understand, avoiding medical jargon. As staff leave the room, let the patient know when you will be back and thank them for their time. By explaining your care and using AIDET, patients feel courtesy and respect for them as individuals.

**Intentional rounding** has been documented to decrease patient call-light usage, thus allowing nurses more time for documentation and other duties. Intentional rounding is conducted every hour from 6 a.m. to 10 p.m. and every two hours from 10 p.m. to 6 a.m.. Nurses and nurse's aides can share the responsibility of rounding each hour. Typically nurses round on the even hours and nurse's aides round on the odd hours. During intentional rounds, all staff should implement AIDET and address the 4P's: Potty, Position, Pain and Possessions. Remember to ask about the potty first so that the initial, "No, I'm okay" has time to turn into, "You know, I think I will use the restroom!" Addressing a patient's need for the restroom during rounds has been shown to decrease patient falls. Offering a change in a patient's position significantly decreases decubitus ulcer formation. Intentional rounds are also for safety checks. Is the patient room clean and clutter-free? Is the bed alarm on for a falls-risk patient? When a patient knows that someone will be checking on them regularly, the anxiety of being in the hospital decreases, the patient relaxes and becomes less needy.

**Comfort management** encompasses so much more than pain management. Pain management is a subset of comfort. Comfort includes a gentle hand holding for a scared patient, a stroke of the hair, providing a warm blanket or putting on some soothing music. It means that the nurse is aware of the patient's emotions and needs and is willing to do what he/she can to help. Patients remember our kindnesses. They remember our touch. They remember our smiles. While we have new tools to help assess a patient in pain, we need to use our hearts to provide comfort for our patients.

*The Essence of Nursing* program is intended to strengthen our relationships between our patients and the nursing staff at UC Irvine Health. We are committed to our success and will continue to offer this program on a quarterly basis to all new hires.

## NEW GRADUATE NURSE RESIDENCY PROGRAM

By Susan Gallitto, BSN, RNC-NIC



We would like to welcome and introduce the second group of new graduate nurse residents to UC Irvine Health. These new graduate nurses began the 12-month UC Irvine Nurse Residency program in August 2012.

The Department of Nursing Quality, Research & Education supports and implements the year-long Nurse Residency Program for all new graduate nurses hired at UC Irvine Health.

Program benefits include:

- Transition support for first-year nurses in the following areas:
  - Delegating/supervising
  - Role socialization
  - Utilization of research
  - Evidence-based practice
  - Prioritizing/organizing
  - Clinical reasoning, safety
  - Nurse-sensitive patient outcomes
  - Communication
  - Critical thinking/problem solving

Research has shown the following positive outcomes as the result of a year-long transition program for new grad nurses:

- Improvement in quality of patient care
- Improvement in patient satisfaction scores
- Improvement in new graduate nurse retention rates
- Enhanced professional commitment and leadership potential
- Staff engagement
- Reduction in nurse turnover expenses

Please direct any questions or inquiries to Susan Gallitto [sagallit@uci.edu](mailto:sagallit@uci.edu), UC Irvine Health nurse residency coordinator, Department of Nursing Education, Quality & Research.



**Critical Care:** Alice Koopmans, Kyle Giannone, Euna Oh, Ana Nava-Campos, Johnathan Shoemaker, Whitney Norrbom, Megan Fung (not pictured).



**Emergency Department:** Kim Mosher, Shelah Heraldo, Carmen Morales, Jennifer Munson.



**Medical Surgical:** Summer Lingenfelter, Lindsay Pawlas, Emily Garrison, Vickie Kan, Marcus Pence, Crystal Kang, Sommer Kaskowitz, Praise Lam.

# DIABETES UPDATE WORKSHOP

When: Friday, February 1, 2013

CE Credit Hours: 4

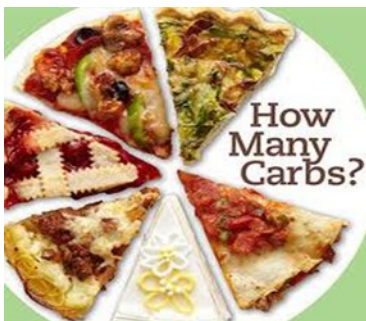
Learn about...

- Signs/symptoms/treatment of hyper/hypoglycemia
- Identifying glucose targets
- Appropriate carb counting
- Discharge planning for patients with diabetes

Instructors: Mary Jean Christian, RD, CDE, Diabetes Program Coordinator  
Terrye Peterson, RN, CDE  
Cindy Daversa, RD, CDE  
Lisa Lambert, RN, CDE

\* **FREE** \* meal provided (part of carb counting segment)

\* **Space limited! Register at UC Learning!** \*



## **NURSING SHOWCASE**

*by Susan Gallitto, BSN, RNC-NIC*

**Congratulations to the following nurses who have obtained their specialty certification in the following areas:**

Critical Care Nursing (CCRN):

**Irenia Arillaga**  
**Paula Arcala**  
**Huynh Chi**  
**Christina DeVera**  
**Angela Dewar**  
**Alex Oquindo**  
**Kessia Reis**  
**Kimberly Sharoff**  
**Janice Vo**  
**Karrina Wong**  
**Florence Zilco**

**Congratulations to the following nurses who have obtained their degree:**

Bachelors of Science, Nursing:

**Jennifer Cook**  
**Caroline Moh**  
**Andy Sarjeant**  
**Florence Zilko**

Masters of Science, Nursing-NP

**Janice Vo**

**Congratulations to the following nursing assistants who graduated to RN:**

**Felix Do**  
**Shannon Ma**  
**Mariko Santos**  
**Jeremy Tran**

Promotions:

**Charity Aliman, CN IV MICU/CCU**  
**Agnes Cruz, CN III, MICU/CCU**  
**Vicki Nimmo, CN III, SICU**  
**Rose Posada CN III, Tower 3**  
**Tricia Quealy, CN Supervisor MICU/CCU**  
**Sheila Soriano CN III, Tower 3**

