ValleyCare Nurse
Navigating the Way to Quality Patient Care
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Happy 2012! I sincerely hope that you all had a wonderful holiday season with your family and friends. Every year I reflect on the number of our patients who were home to celebrate the holidays with their families thanks to the high quality, safe and compassionate care provided to them by our ValleyCare Nurses. I listen to hospital wide morning report at least 2-3 times per week and am continually in awe of the critically ill and complex patients who are eventually able to go home, or to a lower level of care, thanks to the hard work and dedication of our entire interdisciplinary team. What better gift to give is there than the gift of health and comfort to another human being?

ValleyCare’s Division of Nursing continues on our Magnet Journey to Excellence and we hope to achieve Magnet Designation by the end of 2012. When asked why our nurses wish to continue on this path to professional excellence it is easy to simply answer “because ValleyCare nurses are truly excellent.”

Our Nursing Mission statement is: The Department of Nursing strives to far exceed each patient’s expectations for quality healthcare through the delivery of safe, clinically outstanding and compassionate care. In the pages of this edition of the ValleyCare Nurse Magazine, you will meet some of the men and women from various nursing departments who personify this statement. Their commitment to providing the highest quality of care, support and education to their patients and to their colleagues is inspiring. We strongly encourage all of you to share your stories so that we can capture the true fiber of our nurses as we write our Magnet document.

There is no question that healthcare is at a crossroad in America today. In October, 2010, the Institute of Medicine (IOM) of the National Academies released: The Future of Nursing: Leading Change, Advancing Health, which is a look at the nursing profession’s ability to transform healthcare. Nursing has always worked to advance health for those in our care, so who better to help navigate the needed changes than nurses?

We are proud to report that ValleyCare is well positioned to prepare our nurses for tomorrow’s healthcare challenges. We will continue to move ahead without compromising the Mission, Vision and Values that have earned us the gratitude, trust and respect of our patients, as well as their families and our own healthcare colleagues.

Respectfully,

Jessica
Policy and procedures are documents healthcare providers use as a guide to provide care to patients. Policy and procedures review is a common occurrence. The process for the development and the review of policies can be arduous, involving many committees and individuals who research, discuss, and approve the content of these documents. Though this approval process is extensive, ultimately there may be issues when the policy is enacted in the clinical environment. Surprisingly the use of simulation to test the efficacy and function of these documents is normally not done.

In an effort to improve patient care, patient safety, and the quality of the policies and procedures we use at ValleyCare, we chose to simulate with Mr. Sim (a high fidelity Laerdal Simulation Manikin) the most recent revision of the Central Line Removal Procedure. The updated policy and procedure had undergone a very rigorous process review entailing many hours of commitment from the Nurse Practice Chairs. However when the process outlined in the policy was simulated, many issues were revealed. The information gained through the simulation was invaluable to the education team and provided the ability to further revise the procedure. The changes made as a result of simulation assure that the workflow and steps for the removal of a central line are accurate and pertinent to practice at the bedside. Having the workflow so closely examined prepared the educators with what questions may arise, and as a group they were able to create a cohesive education plan.

The simulation of our central line removal policy and procedure speaks to the commitment of the ValleyCare team for innovation in practice and the quality of patient care we provide. The education team is excited to simulate many of the policies and procedures created and revised at ValleyCare to ensure continued best practice for our direct-care nurses and our patients.
ValleyCare Lactation Services Receives International Recognition

By: Judy Krause, R.N., B.S.N., IBCLC
Kristin Perkins, R.N., B.S.N., IBCLC

ValleyCare Heath System's Lactation Services recently received the International Board Certified Lactation Consultant (IBCLC) Award, which recognizes maternity facilities worldwide that hire International Board Certified Lactation Consultants.

These Certified Lactation Consultants are health care professionals who specialize in the clinical management of breastfeeding, and are certified by the International Board of Lactation Consultant Examiners (IBLCE) by passing a rigorous test.

ValleyCare qualified for the award by meeting three criteria:

- Having IBLCE certified lactation consultants on staff (ValleyCare has five);
- Providing education on the benefits of breastfeeding to the medical and nursing staff; and
- Implementing special projects that promote and support breastfeeding, such as the Mother's Support Group.

"It's exciting to have received the award at this time with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) focusing on breastfeeding at hospitals," said Kristin Perkins, RN, a certified lactation consultant with ValleyCare. While understanding that breastfeeding can sometimes be challenging and is a learned skill, Kristen and the other consultants encourage new moms to give it a try. A lactation specialist visits new moms in the hospital, offering education, support and encouragement.
What does “magnet” designation really mean? It is considered to be the highest international recognition for nursing excellence, but what is that really? What it is, is you, our nurses here at ValleyCare. It is recognition for nursing excellence and identifies healthcare organizations that epitomize outstanding quality and professionalism. It is shown by your stories of how you care for our clients to ensure that each one is treated as a VIP and gets excellent quality care during their visit to our facility.

My ValleyCare story begins in early December 2008. This is a story of the daughter not of the nurse. This is a story of the wonderful care provided to my father by the excellent nurses, doctors, respiratory therapists, physical therapists, technicians, phlebotomists, case managers and other staff members who assisted in the care of my father. This is the story of the team effort that I see from everyone on a day-to-day basis and how it is amplified by my story. This story is proof of how we already are a “magnet” hospital, if not yet by paper, but by the most important aspect of all, on how we are as healthcare providers.

My mother died about a year before and my father was dying of bladder cancer. He was 83 and belonged to a big HMO hospital in the area. His battle with cancer started six years earlier when he underwent several bladder procedures, including a partial bladder resection. Prior to his admission to ValleyCare, he had been admitted to another hospital. We knew from a CT of the abdomen that he had a lesion obstructing one of his ureters. They didn’t treat him for this at that time, but because of this obstruction, his kidney became infected and he became septic. The sepsis caused him to become hypotensive and have an acute myocardial infarction.

My father was still living independently, but I checked on him daily and took care of any of his needs. One of my sisters had spent the weekend with him. It was an early Monday morning, and my sister
had left the day before. I saw dad that Sunday afternoon, he was not feeling “great,” but felt okay enough for my sister to go home. We had a follow-up appointment with his HMO later in the week. I had to be in the operating room early that morning to assist in an aortic valve replacement surgery. I almost stopped by dad’s house on my way into ValleyCare, but didn’t want to wake him, so I went straight to work. During the case my phone rang a couple of times and I had a bad feeling about dad. It was one of my dad’s neighbors who was worried about him because he did not pick up his newspaper yet, this was about 09:30 that morning. We were just about done with the case. Dr. Dharan was very understanding and let me leave. Much to my horror, I found my father down on the floor in the kitchen. He had been there all night and was too weak to get up. The ambulance brought him to ValleyCare. Work up showed he had an acute myocardial infarction and was septic.

The week that followed was a difficult one. He was confused and combative. The HMO hospital wanted him transferred to their facility, but from the hard work of our case manager, she discovered that he could stay at ValleyCare under his MediCare coverage. Praise God on that one. His blocked ureter was stented and he recovered from the sepsis and MI. The excellence in nursing practice shined through the outcomes of my father’s recovery. I was able to get him home where he could die in dignity in the comfort of the home that he had lived in for the last 47 years.

How does my story fit the Magnet model? The magnet model looks at the structure and process that create the infrastructure for excellence, but it’s the outcomes of that infrastructure that are essential for the culture of excellence and innovation. My story defines how ValleyCare meets that on a daily basis in the care of our clients.

Structure is defined as the characteristics of the organization. This includes leadership, the availability of resources and the professional practice model. It was through this structure that ValleyCare was here to meet the needs of my father during his critical state of health. Our professional practice model puts the patient in the center of care with everyone working in unison to meet the same goal.

It is the process of actions involved in the delivery of nursing and healthcare services to patients that include practices that are safe and ethical, autonomous, and evidence-based, with the efforts focused on quality improvement. ValleyCare strives to improve their process to ensure quality care at every level. This was evident at the time of my father’s arrival in the emergency room up to the day of discharge. The delivery of care was outstanding from the admitting clerk, the nurses, doctors, housekeepers, respiratory therapist, physical therapist, occupational therapist, phlebotomist, techs and all staff associated with my father’s care.

The outcomes are defined as quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization and consumer. They are dynamic and measurable and can be reported at any level, from an individual unit, department, population or organization level. My father’s outcome was evident by our overall satisfaction of the care he received. The entire ValleyCare family helped make this difficult chapter of life easier to bear.

This is a story of what it means to be “magnet.” It is your continued effort and hard work to ensure that ValleyCare provides quality care to all of our patient populations. It is evident by my story and yours, and measured by our excellent outcomes. It is through this effort that we continue to meet our nursing mission of excellent quality healthcare, through the delivery of safe, clinically outstanding and compassionate care. Thank you!
In October of 2004, ValleyCare Health System began the implementation of a Total Joint Replacement Program. The hospital administration saw the importance of such a program and formed an interdisciplinary team of surgeons, physical therapists, case managers, marketing personnel, finance personnel and nurse representatives from all units in which a patient would interface.

Early in the program efforts were made to standardize protocols, create post-operative order sets, and develop physical therapy goals for all patients. Clinical pathways were created to reflect order sets and evidenced based practice. We revised our pre-operative educational information to be more user friendly, using a binder format which included important information and reference telephone numbers handy for a patient’s use.

Also at this time, in conjunction with our Marketing department, ValleyCare began presenting monthly informational seminars on such topics as: the importance of obtaining a correct diagnosis and the characteristics of the Total Joint Replacement program at ValleyCare. A physical therapist and an RN presented these seminars, offering a much needed opportunity for the community to participate in an interactive exchange of information, by actual care providers.

Through the years, the Total Joint Program has been evolving and improving into the well respected program we have today. In 2006, ValleyCare performed 179 Total Joint Replacement surgeries while in 2010, ValleyCare performed more than 375 surgeries.

Dr. Aaron Salyapongse the program’s Physician Champion, provides a valuable resource to the team. Protocols have been revised and are more standardized than previous versions. Post-operative order sets were developed and continue to undergo rigorous review to suit a changing patient population and adhere to the whole teams input. Pre-op classes are offered to the public more frequently and the number of classes offered will soon increase to accommodate a growing patient population. The classes are seen as so helpful by patients and surgeons alike, they are considered a mandatory step in patient preparation.

The Total Joint Replacement Interdisciplinary team meets weekly to discuss the patients who have been scheduled for the coming weeks surgeries. At this meeting, the team identifies potential issues ranging from pain control, abuse of ETOH, risk of
Venous Thromboembolism (blood clots), allergies, medical conditions that could slow the patient’s progress and a possible need for Skilled Nursing or Extended Care placement.

Monthly the team meets to discuss Total Joint Program long term goals such as: the process of applying for Joint Commission Certification, quality measures and pursuing disease specific certifications. Additionally clinical issues are discussed including protocols, issues with the program, performance improvement and other related topics that may arise.

The team for the Total Joint Program has been instrumental in providing staff with current education regarding orthopaedic patients. Educational modules have been developed on the ValleyCare intranet in both the peri-operative area as well as the post-operative area. Standardized discharge instructions were developed by the different surgeons and the team to help the recovery process for the patients. Reference materials for the patients are also readily available for discharge.

In the late spring of 2010, the orthopaedic team began discussing the possibility of applying for Joint Commission, Total Hip and Total Knee Certification. Formal meetings began and PI projects were identified. A data collection tool was developed using our patient call-back surveys along with Surgical Care Improvement Project measures, Press-Ganey patient satisfaction scores and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scoring.

Through many discussions, 4 performance improvement projects were chosen for hip and 4 projects for knee. These projects reflected areas of improvement. Data collection continues with future projects to be identified.

**PI Projects included:**

- Improving outcomes for SCIP-9 for our knee patients.
- Improving patient participation at our pre-operative classes for hip and knee replacement surgery.
- Improving patient satisfaction in the management of pain for both hip and knee.
- Improving sit to stand scores in hip patients – this measures how safely a patient goes from a sitting position to a standing position with minimal assistance in our hip patients.
- Safely improving the distance a patient can ambulate prior to discharge – 200 feet being our goal for a hip patient.
- Improving the flexion and extension of our knee patients.

**Future PI Projects may include:**

- Use of peripheral nerve blocks in improving pain management
- Improving scores for SCIP-Inf-3d and 3e – the discontinuation of antibiotics within 24 hours post-op
- Reducing late first starts in the OR
- Improving the percentile ranking of speed of discharge
- Adding TUG (timed up and go) to our current sit to stand project – this is a more aggressive way to validate a patient’s mobility

On October 20, 2011, the Total Joint Program underwent a vigorous survey by The Joint Commission. The Surveyors spent an entire day interviewing our surgeons, our nursing staff, our physical and occupational staff, former patients and of course, our in-house patients as Joint Commission did medical record and current patient record tracers to follow and confirm our processes.

The surveyors were extremely impressed and have granted ValleyCare’s Joint Replacement Institute the honor of certification. At this time, ValleyCare is one of only 9 hospitals in the state of California with this distinction!

The ValleyCare Total Joint Program Team has the right to be proud. We strongly believe that we are providing the best orthopaedic care and look forward to improving our program with each day. We are a dedicated team working for the interest of our patients.
In 2009 at UC Berkeley, a student was diagnosed with tuberculosis. This sent University public health officials on a race to find and screen the patient's friends, classmates and professors. Hundreds of people needed to be screened in all. This was a reminder to all college health professionals that respiratory infection can spread very quickly on a college campus.

Roughly a third of the world's population has been infected with M. tuberculosis, and new infections occur at a rate of one per second (Center for Disease Control (CDC), 2008). Tuberculosis screening and targeted testing for tuberculosis (TB) is a key strategy for controlling and preventing infection on college campuses. Early detection provides an opportunity to promote the health of affected individuals through prompt diagnosis and treatment while preventing potential spread to others. Implementation of a screening and targeted testing program not only addresses this public health concern on the college campus, but also contributes to the large public health goal of reducing the affliction of TB in the United States. (American College Health Association (ACHA), 2008)

According to the ACHA, the United States is a low incidence country, most U.S.-born incoming students will not have risk factors for TB and will not need TB testing. However, International students arriving from countries with an increased incidence of TB should be tested because this subpopulation has been identified epidemiologically as having a higher incidence of latent tuberculosis infections (LTBI) and is subsequently at increased risk for developing active TB disease. (American College Health Association (ACHA), 2008)

The ACHA guidelines recommend that all incoming International students are screened, but only those students with identifiable risk factors for LTBI and/or TB disease are tested. The ACHA guideline for Tuberculosis screening was implemented at both Chabot and Las Positas College during the Fall 2008 semester. At that time, the Las Positas College International student compliance rate for TB screening demonstrated a 63% screening and testing compliance rate.

In addition to the adoption of the ACHA guidelines, the Las Positas College Health & Wellness Center implemented an International student TB screening initiative. The initiative was aimed to increase International student TB screening compliance, awareness and understanding.
Components included the development of a collaborative partnership with the International student department, TB screening presentations for all new International students, and assisting the International program coordinator with improving their TB screening compliance tracking system.

In the Fall of 2010, the follow up statistical study demonstrated a significant rise in the compliance rate for International student TB screening & testing. The testing compliance rose to 96% for this group. The increased compliance decreased the campus risk of a possible TB outbreak and increased the opportunity for students to receive a prompt referral for LTBI treatment. According to the CDC, LTBI treatment decreases the lifetime risk of reactivation TB to less than 1.6 percent (CDC, 2008).

The ultimate goal of college health is aimed to keep students well to achieve their academic goals. At both the College health centers, we continue to strive with Valley Care to practice with the highest standards of care, and promote optimal health & wellness for our community.

To Prevent when possible,  
To Treat when needed,  
To Empower Always (ACHA)

From Lisa (Scafuri) Pedro R.N. (Med-Surg)  
For patient privacy a fictitious name “Henry” is used in the story below.  
“Henry” came to 3 west confused, impulsive and extremely combative. The nurses and physicians took measures to protect “Henry” from injuring himself. Nurses were continually challenged while taking care of him as the doctors tried to balance his medication regimen. During his stay “Henry” became lethargic from medications and the Nurses consulted with the doctors about adjusting his medications. As he started to become more alert, he still needed a lot of supervision. Alma, the CNA (Certified Nursing Assistant) I partnered with that day, and I stayed close to make sure he was kept safe. Unsteady on his feet and forgetful about calling we worried that he would fall and injure himself. We had to be quick to respond to bed and chair alarms. The next shift came on and the nurse, Gary, worked to keep “Henry” safe as did all the consecutive shifts from that day on. Our vigilance paid off. We watched “Henry” closely as he became less confused and regained his strength and was eventually safe for discharge. “Henry” left with tears in his eyes, calling us “his angels”, a changed individual, an example of the tremendous difference we make in the lives of our patients.”
ValleyCare’s comprehensive and compassionate care of patients with cancer has achieved a higher level. In addition to establishing the specialized new nursing position of Breast Cancer Patient Navigator, ValleyCare has recently received accreditation of its Breast Center by the National Accreditation Programs for Breast Centers (NAPBC).

Mary Prishtina R.N., OCN, CBPN-IC is ValleyCare’s certified patient navigator and has been performing this role since 2010. Prior to her certification, Mary already had a long history of helping patients with their cancer care. She has worked as the registered nurse at the ValleyCare Health Care Library and Ryan Comer Cancer Resource Center for 10 years. In that position, Mary had been providing navigation care for many years to patients with whom she came into contact through the library. Now in her newly delineated role, she receives referrals from the Woman’s Imaging Center at ValleyCare Health System and from individual physicians; while continuing to be a resource at the Library and Ryan Comer Cancer Resource Center.

The Breast Cancer Patient Navigator position was established under the leadership of Sonja McClendon M.B.A, V.P. Ancillary and Outpatient Services and Corrine Watson M.H.A., C.R.A, Director Radiology and Cardiology. The commitment to bring Patient Navigation to ValleyCare was inspired in part by cancer care conferences attended by Sonja, Corri and Mary. The navigator role is expected to improve care, outcomes and satisfaction.

Patient Navigation is a relatively new role in nursing. The vision for the position came out of research showing that disparities in patient care for breast cancer were often related to location and socioeconomic status of patients. In 2005 the U.S. Congress passed The Patient Navigator, Outreach and Chronic Disease Prevention Act to provide patient navigator services in order to reduce barriers and improve health care outcomes. According to the National Cancer Institute, Patient Navigation for Cancer Care provides “individualized assistance to patients, survivors, and families. Navigation spans the period from cancer-related abnormal findings through diagnostic tests to completion of cancer treatment.”

Mary, who holds certification in oncology nursing (OCN), completed Breast Cancer Patient Navigator training provided by the National Consortium of Breast Centers. After completing the training and meeting other prerequisites, she took the qualifying exam and became certified in Navigating a Breast Patient through Imaging and Cancer Care (CBPN-IC).

As the Breast Cancer Patient Navigator, Mary guides patient care from the time a patient receives notice of an abnormal breast finding, through diagnosis, treatment and on to survivorship. After a patient with abnormal results is referred to Mary, she guides them through next steps in the patient’s diagnostic and treatment plan. Mary sees her role as helping a patient cope at each step of the process. Sometimes this means just helping patients understand what to expect at just that moment, and
not looking too far ahead. Mary feels she empowers a patient to make decisions that work for them and for their families, one result of which is more truly individualized care. Mary describes one instance of how she received a call from a patient late one Sunday evening. The patient couldn’t remember if it was O.K. for her husband to attend her physician’s appointment the next day. Mary assured the patient it was not just O.K., but very important for the patient to have their support network with them. Mary finds that patients are often very overwhelmed at office visits and have trouble remembering important information. Having someone to guide the patient through the maze of office visits and decisions helps reduce patients’ anxiety and fear.

The Breast Cancer Patient Navigator R.N. is a part of a collaborative, multidisciplinary, comprehensive patient care team. She assesses barriers to care which may exist and finds solutions to overcome those barriers. Mary also participates in the Breast Patient Care Conferences, which review and manage the patient breast cancer plan. Mary helps the team gain insight through her close personal contact with the patient. She provides information to the team that may impact the patient’s medical treatment, which often helps improve patient outcomes. Through the use of Nurse Nav Oncology, a navigation software program, she tracks patients’ progress, documents the care they receive, captures and measures outcomes, and provides a summary of the multidisciplinary care plan. Mary also is an active participant in the Breast Steering Committee, a multidisciplinary team that is responsible for implementation of quality standards for the Breast Care Program.

Under the leadership of the Breast Steering Committee, ValleyCare applied for accreditation of its Breast Cancer Program through the National Accreditation Programs for Breast Centers (NAPBC). The NAPBC grants accreditation for centers that incorporate all the elements of best practice and comprehensive breast cancer care. To be granted accreditation, a center must demonstrate that it has in place all 31 standards of care outlined by the NAPBC.

The accreditation survey took place in October, and in November the ValleyCare Breast Center of Excellence took its honored spot among 24 accredited Centers in California. Accreditation opens many opportunities for further improvement. In particular by joining the Consortium, ValleyCare will be able to benchmark its quality outcomes against other Breast Centers.

When asked about the future of the Breast Cancer Navigation program and her role as Patient Navigator, Mary succinctly responds, care in the future will focus on “Survivorship.” With early detection and improved treatment, patients have much-improved outcomes to cancer therapies; thus survivorship is fast becoming a focus of care. With a goal of improving survivorship care, Mary used evidence-based research to create the Cancer Survivorship Wellness Program at ValleyCare’s LifeStyle Rx. The program, led by Anne Moselle, M.S., R.D., provides a model for patient wellness. With the ultimate goal of optimum health and a reduction in cancer reoccurrence, LifeStyle Rx offers a four-week program in which survivors meet, set goals for stress reduction, receive a dietary consultation and a receive a therapeutic massage from a certified massage therapist.

ValleyCare is greatly appreciative of the skilled guidance, compassion and understanding Mary provides to patients. She is truly “navigating” our patients to improved health.

References:
H.R. 1812: Patient Navigator Outreach and Chronic Disease Prevention Act of 2005
The Urgent Care Center opened at the ValleyCare Medical Plaza in Livermore in 2006. Urgent Care is a unit within the Emergency Services department. The patients seen in Urgent Care expect prompt competent care. The nurses in the unit recognized a significant delay in patient treatment related to lab results. At the time, Urgent Care lab specimens were all sent to the ValleyCare Medical Center lab by courier a distance of seven miles. Nurses collected and sent all specimens by courier including throat swabs, urine dips, and stool smears. The nurses identified many factors influencing delays in receiving patients’ lab results. Nurses tracked the sources of the delays. It often took 10 to 30 minutes for the courier to arrive and pick up specimens. The courier then took 20 to 30 minutes to transport specimens to the off site lab.

- Specimens in the lab were received, checked in and a lab technician performed the test.
- Results were printed directly to the Urgent Care department and given to the MD for review.
- The total wait time for simple lab tests could be up to 90 minutes.
- After introducing Point of Care Testing the turn around times are from 3 to 10 minutes.

The Charge Nurse in the Urgent Care proposed Point of Care Lab (POC) testing as a viable alternative to sending specimens to the off site clinical laboratory. Aptly named, “Point of Care Tests” are medical tests performed at point of service or the location of the patient, outside of a laboratory. An interdisciplinary work team was formed with the Emergency Department and Urgent Care, and Clinical Laboratory Services. The original members of the task force who implemented this process improvement were the Urgent Care Charge Nurse, Donna Forsythe, RN; Director of the Emergency Department Nancy Zahradnik M.S.N., R.N.; and the Laboratory Quality Management/Point of Care Coordinator, Trina Nahm.

The Urgent Care nurses identified specific tests most likely to be successful for point of care testing: urine dips for glucose, bilirubin, urobilinogen, ketones, blood, pH, protein, leukocytes, specific gravity, and nitrites. Other point of care tests conducted in the Urgent Care include rapid strep, urine pregnancy, and stool testing for occult blood.

A plan was made to institute Point of Care Testing, which included education of the Urgent Care nurses to perform quality control and annual competency testing through return demonstration. The lab’s POC Coordinator reviews test results on a regular basis. The Urgent Care charge nurse also ensures POC test results are placed within the chart along with the physician’s order.

After implementing Point of Care testing the Urgent Care was able to diagnose and treat patients quickly. The test turn-around times improved to 5-10 minutes per test. There was also a recognized increase
in patient satisfaction. The Urgent Care department is able to see more patients by increasing their patient flow. Cost savings are realized by decreasing the use of the lab courier and off-site lab services. In addition, this process increased nursing control over their practice as well as time and cost savings for patients. The nurses in Urgent Care today are proud of their Point of Care testing program and view it as a model for other Urgent Care Centers.

**Story of Quality Nursing: From the Bedside.**

Direct-Care nurses were asked to share their patient care stories.

**From Tessie Kabahit R.N. (Preop Unit)**

Nurses who work in the Perioperative Services department are used to becoming very close to their patients quickly. It comes with the job, patients come to the Preop department, nervous, scared and vulnerable. They are looking for a connection with their care providers, seeking assurance that they are in capable hands. Tessie as usual was putting her patient at ease, chatting with the patient and her husband. The patient’s skin was delicate, and easily injured. Tessie smiled and said, “You are just like a Petunia.” The patient glanced at her husband, her eyes welling-up, she spoke to Tessie, quietly, “My father just passed away, he always called me his Petunia. It is like he is here with me, I know everything will be o.k. now.” Later in the day the patient’s family came up to Tessie and thanked her for making their stay in Preop so positive. Tessie left the unit that day feeling satisfied, and thankful she had chosen a career in which she could impact other’s lives so greatly.
Integration of organizational leadership through enhanced team collaboration and communication is essential for optimal patient care and patient safety. Nurses and physicians must learn to work together as a unified team to provide the best practice possible to produce the finest patient outcomes. These efforts need to be supported by a positive organizational culture and strong leadership endorsement. Building the infrastructure for Magnet and “Just Culture” at ValleyCare Health System was an organized effort of nurses, physicians and administration to achieve these objectives. Culture trifecta is the alliance of nurses, physicians and an entire organization in the pursuit of healthcare excellence. This is our story.

The Magnet journey for ValleyCare Health System, a not-for-profit, nurse-led, 212-bed community hospital began in 2006 on a “shoe-string budget,” supplemented with generous grants from the Betty Irene Moore Foundation. The Chief Executive Officer (CEO), the Chief Operating Officer (COO) and the Chief Nursing Officer (CNO) believe that the pursuit of Magnet designation will validate the existing culture within the organization, distinguish the outstanding collaborative care provided by the organization and recognize every member of the organization’s contribution to providing excellence as a united team. Senior leadership also recognized that the intergenerational and interdisciplinary workforce within the organization is a very powerful asset for dynamic change and visionary development. They began building the framework for Magnet Designation.

Building the infrastructure for Magnet is a shared endeavor of nursing, medicine and the organization as a whole, thus the culture trifecta. Senior leadership recognized that Magnet Recognition and creating a “Just Culture” were uniquely aligned to transform our small community healthcare system into a revolutionized accountable care organization.

The pursuit of uniting medicine, nursing and the organization as a whole towards the pinnacle of healthcare recognition meant aligning the entire organization built of employees and independent contractors (physicians) as one professional, collegial and interdisciplinary team vested in the organization’s mission, vision and strategic plan.

“Just Culture” unites all healthcare workers by creating shared responsibility in the pursuit of patient safety, increases quality of care and awareness, promotes retention through trust, strengthens morale among staff pursuing
excellence as a team and maximizes opportunity for organizational learning. “Just Culture” transforms mistakes and errors into an opportunity to learn for the purpose of improving patient outcomes across an entire organization. Aligned within the principles of “Just Culture”, Magnet hospitals report higher levels of staff satisfaction, patient satisfaction, improved nurse-physician relationships, improved quality of care, reduced errors, reduced falls, decreased number of hospital acquired pressure ulcers and lower mortality rates. Magnet hospitals report better patient outcomes than non-magnet hospitals and also tend to rank in the top 10% for excellence throughout the nation. This union is undeniably a perfect fit for all healthcare systems. Five years later, ValleyCare Health System is ready to submit an application for Magnet Designation.

Laying the Foundation

Change and innovation in healthcare involves risk, creativity and trust. The ValleyCare Health System was able to provide this environment, which allowed for those providing the care to be uniquely situated to identify areas in need of improvement and to recognize opportunities of for cost reduction while still promoting high-level patient care. However, getting a multi-generational, interdisciplinary workforce to find middle ground is no easy task. In-services, education modules via the intranet, newsletters and staff meetings were conducted throughout the organization to introduce Magnet principles. Magnet was introduced to nursing staff by a team of nurses. Magnet was introduced to the medical staff by a unique team of physicians and nurses. A gap analysis was conducted to examine what processes and data were already in place that supported a Magnet culture. Magnet consultants were brought in on two occasions to re-examine, make suggestions for improvement and to validate existing structures. Changes and improvements were implemented by collaborative nursing and medical councils which allowed for the organization to align with best-practice and evidence-based patient outcomes. A “Just Culture” was implemented in 2008 to strengthen the organizations commitment to the pursuit of excellence and Magnet designation.

Finding Middle Ground: Uniting Nursing, Medicine and the Organization

Open Communication

Inadequate communication is often recognized as one of the biggest problems in any industry. Open communication encourages engagement and empowerment. Communication requires active listening and genuine presence for the message to be truly meaningful. Creating an environment that allows an interdisciplinary team to speak openly and freely about patient care, care concerns and patient outcomes is fraught with genuine fear for most healthcare workers. Teaching nurses and physicians to speak the same “language” can also be very difficult. It is imperative for patient safety and positive patient outcomes to create an environment in which information can flow freely without concerns about a communication “hierarchy”, fear and retaliation.

As an organization, an “open door” policy was adopted to invite all employees to express concerns about patient care and suggestions for improvement. Patient safety rounds were started as an opportunity for senior leadership to go to patient care areas and talk directly with staff members in their normal working environment. Additionally, the Agency for Healthcare Research and Quality (AHRQ) program, TeamSTEPPS™, was introduced and shared with most of the staff and physicians to teach each discipline how to clearly communicate using meaningful phrases and similar word choices to express concerns or make suggestions without fear of retribution or
retaliation. Lastly, the organization adopted a zero tolerance policy for any type of verbal abuse, derogatory slurs, “bad-mouthing” of each other and other disrespectful behaviors towards co-workers. The management team introduced the “Nothing about me, without me” program which meant that all problems and safety concerns should be addressed with the individual as soon as possible and by those who identified the problem to help create a culture of shared learning that was non-punitive.

Understanding “Just Culture”

A “Just Culture” is a system of shared accountability for the purpose of supporting the safest hospital environments for patients, visitors and staff. Organizations that adopt the “Just Culture” model accept that errors occur with and without negative outcomes. Each type of error is equally important to disclosure because the act of error identification and reporting builds trust, transparency, quality-care and patient safety across disciplines. “Just Culture” embraces system failures, errors and weaknesses for the purpose of turning them into educational opportunities for improvement and learning.

“Just Culture” is not a non-punitive error reporting system and in no way negates the responsibility of the caregiver’s accountability or organizational liability. “Just Culture” seeks to promote organizational commitment to universal safety in healthcare by increasing awareness, self-awareness, error reporting education, performance and industry compliance at all levels of the organization. Additionally, “Just Culture” looks to prevent errors by looking forward and anticipating when and where errors may occur, and how they can be prevented.

Creating Collaboration

Historically, physicians have managed healthcare systems and hospitals. Uniquely, our hospital’s top administrators: CEO, COO and CNO are nurses. Additionally, a team of physicians, nurses and community members on the board of directors supervise this healthcare system. Physicians and nurses work interdependently with each other as professional colleagues. Both vocations support professional autonomy within the discipline. Interdisciplinary rounds are conducted on every unit with daily physician involvement. The Intensive Care Unit (ICU) medical director is present for interdisciplinary rounds in ICU and a physician is present at hospital wide nursing rounds and unit-based case management rounds nearly every morning.

Physician Involvement

One of the key components for success is to integrate the staff physician into the entire process. This is often easier said than done. With a voluntary attending staff of non- employed physicians, who have their own stresses and priorities that may not directly sync with hospital needs, it is crucial to reinforce the value and importance of strong physician relationships.

Physicians historically have been educated under a hierarchal system that promotes knowledge and technical competency. Little if any time of medical education is spent on the teaching inter-personal skills. Starting out with a knowledge gap that promotes low self esteem, physicians learn to work independently in their quest for competency. The training focused on autonomy and hierarchy leads physicians to be fiercely independent. They are taught that their role is that of the “captain of the ship”, which by it’s nature can be counter to the principles of team collaboration. Arduous daily tasks and constant interruptions can make it even more difficult for physicians to effectively communicate and collaborate with other healthcare providers and disciplines. With the ever-increasing complexity patient population, physicians would benefit from a team-approach with other
interdisciplinary team members which will secure the best possible outcomes.

ValleyCare Health System started the process of team building by introducing educational programs and seminars highlighting the importance of effective communication and collaboration and its relationship to patient outcomes. We stressed the importance of physician-to-physician interactions where primary care, specialists and consultants need to communicate with each other to make sure they have a coordinated treatment plan with realistic patient expectations. Similarly, they need to have a unified approach when discussing options with the patient and their family. Some physicians need additional training on how to hold difficult conversations with patients around palliative care, comfort care, or end of life issues. TeamSTEPPS team building program and SBAR (Situation, Background, Assessment and Recommendation) communication scripts were introduced to improve communication and collaboration between physicians and nurses. Workshops are planned to provide individualized one-on-one sessions to help physicians in other day-to-day situations. With the goal of best practice care, our hope is to raise physician awareness and provide easy to apply tools to help them improve communication and process efficiency.

Conclusion

Members of a culture trifecta recognize all healthcare disciplines and every member of a healthcare organization. These types of organizations enhance professional autonomy, incorporate all healthcare team members into decision making bodies, teach communication skills and engage physicians around the values of communication and collaboration. This type of culture will fundamentally enhance patient outcomes and result in the highest quality care. Building the infrastructure for Magnet and “Just Culture” is an ongoing journey that requires a shared vision and the cohesive efforts of nurses, physicians and the entire organization to achieve excellence in patient care.

References:


Since 2006, ValleyCare’s Cardiothoracic Surgery Program (CV Program) has functioned with the highest attention to quality, safety, and exemplary patient care. In the Critical Care Unit, the success of this program relies on the continued dedication of the staff and the focus on continued in-servicing. Through in-servicing and education we are able maintain the level of excellence required to care for this very specific patient population.

Within the Critical Care Department the Cardiovascular (CV) team consists of physicians from East Bay Cardiovascular and Thoracic Associates, specially trained operating room staff, Perfusionists, Anesthesiologists, a dedicated Nurse Practitioner/Physician’s Assistant, a Cardiovascular Lead Nurse in Critical Care, and specially trained nursing staff in the Critical Care Unit. This team provides comprehensive care for each patient undergoing Cardiothoracic Surgery.

Continued education for this group of specially trained nurses happens in a variety of ways. The physicians from East Bay Cardiovascular and Thoracic Associates, our Perfusionists, and our Anesthesiologists provide bi-monthly educational seminars ranging from debriefing high acuity patients, to topics such as Cardiac Tamponade or Right Sided Heart Failure. Review, skills-sessions, and testing occur as well, to further maintain the highest level of competence for these nurses. Our nursing team is dedicated to continually attaining new knowledge and refining skills to maintain the highest quality patient care.

The direct-care nurses are enthusiastic about educating too. Lisa Glasgow RN, CCRN, recently wrote a case-study describing the care provided for a complicated admission. The patient had been cared for in the Critical Care Unit on Extracorporeal Membrane Oxygenation (ECMO). The purpose of ECMO is to allow time for the heart and lungs to recover when they are diseased. The perfusionist maintains the patient on the heart and lung machine. Eventually the patient was transferred to a University Medical Center, but the high-level, advanced-care provided is proof that the nursing and multidisciplinary team skills have been honed to provide outstanding care for the critical patient.

While still a community hospital, ValleyCare performs a great deal of “high risk” surgery here in the Tri-Valley. This dedication and commitment from the nursing and physician staff at ValleyCare, enables us to care for this “high risk” population and allow each and every patient the best possible outcome for the best quality of life!
In an effort to offer a group of ValleyCare Health System employees an opportunity for career advancement and growth and to increase the number of high quality staff in our Critical Care Units, the Critical Care Management Team implemented a Critical Care Training Program in August 2011. The training program was designed to transform five Medical Surgical nurses into competent Critical Care nurses with ten weeks of didactic and clinical training followed by a year of mentorship. This exciting opportunity allowed ValleyCare to grow our amazing nurses and deliver the best quality of Critical Care nursing to our patients.

The training program content was structured based on guidelines set forth by the American Association of Critical Care Nurses and the Basic Knowledge Assessment Test. In addition to the thorough review of the AACN and BKAT knowledge base, the students performed testing daily in the following subject matter:

- Arterial Blood Gas Interpretation
- Drip Calculations
- Minute Volumes
- P/F Ratios
- Normal Hemodynamic Values
- ACLS Algorithms and Guidelines
- Critical Care Medications and Use

While program demands were very rigorous, each student excelled in training and mastering the information taught. Carefully-crafted safe environments for learning, weekly debriefing of clinical situations, simulation training with Mr. Sim contributed greatly to the success of this cohort.

Another successful component of this program was the balance of didactic to clinical education. There was a gradual increase in the clinical time spent on the floor, and a gradual decrease in the didactic time spent in the classroom over the ten week period.

In addition, the careful matching of participant to mentor played a key role in the program’s success. Personality tests were provided to each of the five participants and their potential preceptors. The goal was to provide a compatible, constructive match that would be conducive to this intense learning experience.

Quality care and excellent nursing is essential for care of the critically ill patient. The ValleyCare commitment to excellent patient care, safety, and quality is evident in the time invested into training these exceptional Critical Care nurses. 

Congratulations to each of them for their amazing achievement!
A burgeoning patient census, within ValleyCare’s post-op surgical unit caused by an increase in Bariatric and Orthopedic Service admissions, created a need for an expansion in the unit.

The 2 North Post-Surgical Unit Team, composed of Kathy Thomas M.S.N., R.N., Director of Inpatient and Critical Care Nursing, Lisa Martin R.N., Post-Surgical Unit Manager, Unit Charge Nurses and Direct-care nurses collaborated with the design team to create a state-of-the art post operative surgical unit.

The unit leaders had recently attended training in the concepts of Transforming Care at the Bedside (TCB) white paper by the Institute of Healthcare Improvement (IHI) which influenced many of the design decisions. TCB produced by the IHI in partnership with the Robert Wood Johnson Foundation, is an initiative to improve patient care on medical and surgical units. The framework of TCB centers around four themes of improvement: safe and reliable care, care team vitality, patient centeredness and increased value. The training had provided the leadership team with the evidence to support direct-care nurses involvement in all levels of the design-build decision making.

The work from the IHI had informed the nurses that “Care Team Vitality”, which focuses on supportive environment that nurtures professional growth, was a crucial piece to a well functioning unit. The team took this theme to heart as they influenced the decisions of the designers and contractors to recognize the need for nurses to have adequate space in both patient care areas and areas for nurses to prepare for patient care. Lisa Martin R.N., during a walk through early on, recognized that the unit nurses station, the hub of the interdisciplinary team, was too small to accommodate all the practitioners that need space to provide care for this busy surgical unit. She had the designers make changes to the plan that took space from a storage area, to accommodate a larger space for collaboration between physicians, nurses, physical therapy, occupational therapy, case management and pharmacy. Allowing for space to accommodate these specialties, right on the unit has lead to a more cohesive patient care team. The 2 North/1 West staff recognized that in their new environment, a solid partnership for patient care would be nurtured by adding space which allowed for the team meetings to devise individualized patient care. This is done through patient care rounding and weekly Interdisciplinary Total Joint Program patient care meetings, which review the incoming surgical patients needs.
Using the premise of the IHI’s theme of “increasing value” and “care team vitality” the leadership knew the importance of the direct-care nurses getting intimately involved with the design decision that would later impact patient care. IHI makes reference to that nurses need supplies and a more efficient work environment so more time will be spent on patient care. Though direct-care staff were not allowed to tour the construction site due to safety reasons the Nursing leadership from the unit participated in ongoing construction meetings. The leadership would then communicate options on flow, equipment etc. back to the direct-care nurses through the use of staff meetings, newsletters, poster boards and mock room set ups. The mock room set ups in particular allowed direct-care nurses to trial and “work with” equipment before any final purchase or decision was made. Inefficiencies in flow were recognized by staff and the changes were made for improvement. The communication flowed directly through the unit manager to the design team, so the nurses voices were heard.

Using lessons learned from the Transforming the Care at the Bedside the unit staff were aware that having the nurse in the patient’s room more often improved nurse satisfaction, patient satisfaction, and patient safety. Decisions formed around this philosophy included: in-room solutions for electronic medical records and barcoded medication safety software, medications delivered to patient rooms and placed in individual locked patient medication drawers, specialty beds to reduce chance of pressure ulcers, easy access to supplies through a newly designed supply cart, cell phones for each nurse, and dynamaps in each room.

In accordance with the tenet of IHI’s Patient Centered Care, furnishings, equipment and fixtures were influenced. Many of the direct-care nurses have become certified in orthopedics and bariatrics, so the room design, specific to these patient populations was important to them. Considering the Bariatric patient population needs decisions were made to include increased weight capacity equipment such as: toilets, portable commodes, scales, shower chairs and bedside chairs. The Orthopedic patients’ needs were met with raised toilet seats, wide hallways for ambulation and centralized physical therapy.

Improvements were seen almost immediately through increased unit specific HCAP scores including:

- **Hospital Rating 0-10:** 78% of patients rated the hospital a 9 or 10 in 2011, as compared to 73% in 2010, representing a 7% increase in "top box" ratings over the previous year. (Contributing factors include: better access to patients due to design, improved environment, improved staff satisfaction)

- **Cleanliness:** 76% of patients marked "Always" in regard to hospital cleanliness, as compared to 70% in 2010, representing a 9% increase in "top box" ratings over the previous year. (Contributing factors include: improved environment, better room design)

- **Communication with Nurses:** 82% of patients marked "Always" in regard to communication with nurses, as compared to 78% in 2010, representing a 5% increase in "top box" ratings over the previous year. (Contributing factors include: better access to patients due to design, improved environment, etc.)

The success of the unit is felt throughout the hospital. The direct-care nurses and the other professionals caring for the post surgical population have a sense of camaraderie, pride and ownership, one feels when they walks on the unit.

*They welcome you to visit!*

References:
The Nurse Quality Council at ValleyCare Health System has been in place since 2003. The Nurse Quality Council (NQC) is a part of the Shared Governance structure of the Nursing Division and interfaces with all the other Nurse Councils. There is a nurse representative from every unit on the NQC.

NQC is responsible for reviewing the reports on Nurse Sensitive Quality Indicators (those indicators that nursing care directly impacts) for example:

- Hospital Acquired Pressure Ulcers
- Patient Falls
- HCAHPS data: Patient experience information collected for CMS
- Centers for Medicare and Medical (CMS) Core Measures
- Press Ganey Surveys specifically Patient Satisfaction with Nursing
- Medication Errors from Quantros and the Medication bar-coding system (MAK)

Nurse to Nurse Peer review is an integral role of the NQC. This is done through review of information gained through multiple ways. “Clinical Pertinence” is one such method; Clinical Pertinence measures the accuracy of nurse documentation. Every direct-care nurse is responsible to review one chart per month for indicators chosen by their department. In addition the NQC receives requests to review records to evaluate nursing practice/process from departments, committees and through other data collection methods. These include referrals from Quality Management, Medical Staff Quality Council, Nursing Administration, data collected on Core Measures, Code Blue, Rapid Response Team reports, Blood transfusion documentation audits and unapproved abbreviations. Following peer review at the Nurse Quality Council deficiencies found in charting or process are communicated to the nurses through “Rule Letters.” Letters are sent to individual nurses with an explanation of how to improve performance.

Members of NQC discusses quality issues during the Round Table session at the beginning of the meetings. Through this collaboration the group works on ways to improve performance. Each member communicates both the data and the strategies for improvement to direct-care nurses through Newsletters and Nurse Alerts.

The NQC provides a quarterly report to the Hospital Quality Council and periodic reports to the ValleyCare Board of Directors. The Chair of the Nurse Quality Council attends the Hospital Quality Council.

The NQC has an imperative role in the improvement of care for all patients at ValleyCare Health System. The effort and dedication of the NQC members is applauded.