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Credits
Letter from the Chief Nurse Executive
Lorie Shoemaker

The 2009 Palomar Pomerado Health (PPH) Nursing Annual Report once again demonstrates the commitment to nursing excellence on the part of our nursing staff and leaders. It highlights the key accomplishments for the year using the 14 Forces of Magnetism as they relate to the Five Components of the New Magnet® Model. As you will see throughout the report, the “Forces” were with us in more ways than one.

Over this past year, the nursing division hired more than 100 new graduate or new-to-specialty nurses, resulting in a significant reduction in our utilization of travel nurses and reliance on staff overtime shifts. The 92% retention rate of these new graduate nurses is unprecedented and directly attributable to our New Graduate Residency Program and the quality of our nursing preceptors.

Based upon the work of our interdisciplinary Stroke Team and the quality of our nursing staff, both Palomar Medical Center and Pomerado Hospital were accredited as Stroke Centers of Excellence by The Joint Commission in January, 2009. Additionally, both acute care hospitals were recognized by the Centers for Medicare and Medicaid for excellence in the provision of care for acute myocardial infarction, congestive heart failure, and hip and knee replacements. Our other noted accomplishments are listed on the Brag Sheet in the “PPH in the News” section of this report.

In 2009, over 300 enhancements were made to the Cerner System, including emergency department and facility charging optimization, perioperative services optimization, and in-patient clinical documentation optimization. In addition, 315 Dell XT convertible tablets and laptops were deployed on the nursing units. These optimization enhancements underscore the interdisciplinary teamwork at PPH and were made possible by the stellar work of the nursing Core Team members and Super Users.

The Forces were clearly with us during our February 2009 Magnet site visit wherein our staff, physicians, and interdisciplinary partners demonstrated their commitment to nursing excellence in all 14 Forces, resulting in the first-time Magnet designation for our health system. All five of our entities were recognized together:

♦ Palomar Medical Center
♦ Pomerado Hospital
♦ Home Health
♦ Palomar Continuing Care Center
♦ Villa Pomerado
Our nurses truly were the key to achieving this national recognition and I am extremely proud of all of them and the exemplary care they provide each and every day to our patients, their families, and our many surrounding communities.

I have been privileged to serve as your nursing executive this past year and look forward to our continued journey in the years ahead utilizing the Five Components of the New Magnet Model. May the Forces continue to be with us as we work to transform our organization in support of nursing excellence and to boldly go where no one has gone before in the creation of the “health system of the future.”

This honorary plaque is displayed in each of our five entities as well as our corporate offices on Grand Avenue in Escondido, California.
Forty-two hospitals and health systems across the U.S.—from Florida to Idaho to Hawaii—congratulated PPH on achieving Magnet Recognition status.
HEROIC ACTS in Humble Shoes
America's Nurses Tell Their Stories

Irene Stemler, RN, BSN

To Lorie,

thank you for sharing your story with me! Best,

Irene Stemler
8/09.
There are so many exciting things happening at Palomar Pomerado Health (PPH). I have been here 22 years and started as a staff nurse in critical care. I was the chief nurse for Palomar Medical Center in 2000, and in 2004 I became the chief nurse for the entire health care system. It's been quite a journey from staff nurse to chief nurse.

I understand PPH is building a "hospital of the future." Tell me about that.

The main hospital is Palomar Medical Center, which is a tertiary medical center; the flagship of our health system. Some of the buildings on this campus are more than 50 years old. The main tower itself is probably pushing 40 by now. When the earthquake hit in Northridge in the 1990s, California state law passed a statute that said all hospitals must meet seismic requirements for earthquake magnitude 7 by the year 2013 and magnitude 8 by 2030. So when we were looking at our options for this campus, we explored whether we should renovate the towers, retrofit them, or build something new on campus. (Our Pomerado campus is seismically sound; however, we need additional capacity so we will be doubling the size of this campus to 210 beds by 2012.). After reviewing the information, we decided to build a new building.

We assembled a steering committee made up of architects, senior leaders, front line staff, nursing, and our visionary CEO, and asked the question, "What do we want to build here?" We were adamant that we didn't want to just build a bigger, more seismically appropriate medical center. When you think about the life of a hospital building itself, it's a 50-year asset. Well, I don't know about you, but I don't know where health care is going be in 2054, but I know it's going to look much different than it does today. And so, we didn't want to build a hospital for today.

We partnered with The Center for Health Design and researched the best ways to provide patient care. We wanted this to be the safest hospital for our patients and we wanted it to be a great place for our staff and physicians. So we assembled champion teams that did the research and came back with recommendations to the senior leadership team for a healthy environment,
such as incorporating healing gardens. This building will be spectacular, with trees and conservatories on the 11th floor. You will have access to nature everywhere you go in that building.

But that's just the physical design. We're also implementing a very fundamentally different care delivery model—which is what keeps me awake at night.

I don't know how genomics and the impact of chronicity will affect health care delivery in the more distant future, but we do have a better understanding of what will happen in the short run—say 5 or 10 years. So, in the short run, we have built into this building what we are calling an Interventional Platform, where we are bringing together interventional radiology, cardiology, and the operating room suites all under one umbrella with a contiguous preoperative holding area and post anesthesia care unit.

That's a shift from how hospitals are currently operating. Today, there are 3 distinct areas: interventional radiology, cardiac cath lab, and the operating room, and each department has a separate preop, postop, and recovery area, which is incredibly inefficient. If you think about where surgery is right now and where it will be in the future, it will be minimally invasive and it will rely very heavily on imaging services. And so why not bring them all together and have universal rooms in the Interventional Platform that can be used for cath labs, for ORs, or for interventional radiology?

That is just one innovative design concept here. Our next challenge moving forward is getting the physicians to work together on this concept. I don't think it's going to be as big of an issue for nursing. I believe the challenge for nursing in the future will be what we build in the acuity adaptable care delivery model with the distributed nursing stations.

If you think about what's in the best interest of the patient, then you would never transfer a patient within the hospital. Every time you transfer a patient from one room to another, or one level of acuity to another, you introduce the potential for harm, or medical errors to occur. Every time you hand off a patient, you have the potential for miscommunication. The medications are delayed or may not even be given, and critical things are lost in translation. Maybe the patient's meal doesn't arrive in a timely manner, or we've lost his glasses, hearing aids, or dentures.

The concept here is that all 168 beds in this new hospital will be built to critical care standards, which is the highest level of care you can provide. If a patient needs a critical level of care, he will be admitted to that room, and will not be transferred out of that room when his level of care decreases—instead, the nursing care delivery model changes.

We will be able to provide 1:1 patient care (one nurse to one patient), or 1:2, 1:3, 1:4, 1:5, depending on patient care needs.

Before I go on, I'd like to say that I'm a critical care nurse, and I do not believe that in my career I'm going to get critical care nurses to take care of med/surg patients. That won't happen, and I don't think it should, quite frankly. I do believe though, that nurses will be able to provide critical care to 1 or 2 patients, and if a patient's acuity lessens, then that critical care nurse will be able to adjust his or her patient load in order to provide care for up to 3 patients. The reason I think that is possible, is because we do that today. If you can't transfer patients out of the intensive care unit because the rest of the hospital does not have a bed, then you keep them where they are and provide nursing care accordingly.

This is a fundamental shift in the design of this new hospital, and the nursing care that goes with it. Think about the distance a nurse walks every day in the hospital. It can be between 5 and 7 miles per day. We've designed these patient rooms, which are 320 square feet, so that 80% of what the nurse needs will be at the bedside. We'll have a bedside medication dispensing process, linens, and other supplies. We're also eliminating the central nursing station. Instead, we're having what we call distributed nursing stations. These are small nursing stations built into alcoves
outside every patient room. The nurse can look into the patient's room at any time, or turn on the opaque window lighting for privacy.

But where will the team gather to discuss the patient?

We'll have a multi-purpose room on the unit for consultation or multi-disciplinary rounds. We've also designed beautiful lounges on every floor that have access to the gardens.

If you think about it, why does the nursing station exist today? Because that's where the medical record is located. But where is that medical record today and where will it be in the future? It's on your PDA; it's in your palm, right there at your fingertips. At a minimum it's on a tablet that you take in and out of the patient's room. So you don't need a central nurse's station, which is just a hub of activity and noise and chaos. We're bringing as much as we can to the bedside, but we're also keeping a space open for group work, and another for relaxation.

But here's our dilemma. The California Department of Public Health does not recognize the acuity adaptable care delivery model. There's no license category in Title 22 to license that type of bed. They're either licensed "critical care" or they're licensed "med/surg".

I've made it my life's work to change legislation to allow for this model when we open the building in 2011. I don't know how successful this is going to be, but I'm giving it my best shot.

I remember talking about the "hospital of the future" 20 years ago. At the time we believed that technological advancement would minimize the need for extended lengths of stay, while lack of funding would, unfortunately, guarantee shorter hospitalizations and a greater need for home care. We pictured hospitals consisting of the Emergency Department, OR, and critical care units.

That's right. If you really think about what a hospital will look like in the year 2020, I just know it'll be a place where we treat the most critically ill patients.

Are there other hospitals following suit and attempting to redefine the workplace?

Yes there are, and some of them have had more success than others. The most recent one that opened was Dublin Methodist Hospital in Ohio. Apparently their state board has approved an acuity adaptable model of care. There are varying degrees of this model out there, and again, some more successful than others. The downside is trying to maintain the competency of the staff. What I'm doing differently here is having a combination of critical care nurses, intermediate care nurses, and med/surg nurses working together on one unit and assigning them according to patient acuity, rather than hiring all critical care nurses and expecting them to take care of med/surg level patients.

How are you preparing your staff for this transition?

We're implementing pieces and parts of this as we speak. We are piloting a supply distribution process to see how we can bring supplies closer to the staff. We are also moving toward a fully electronic medical record and are piloting wireless tablet devices so our staff will be very comfortable with the whole concept of computer charting. We're even piloting a robot in our ICU to work with our physicians. The physicians make rounds electronically with the robot and do teaching rounds at night with our nursing staff. This robot is amazing! It's stationed in the
ICU and the physician logs on from home and can see what's going on in the ICU. You can see what's on the monitors and zoom in and see specific wave forms. You can even see patients' pupil changes.

We see robotics as a real enabler of patient care going forward. This is just the tip of the iceberg.

**Are nurses participating in the redesign?**

Oh, absolutely. Participation is the name of the game around here. We don't make decisions without the nursing staff and their input into this. Are they all on board? Not all. Some nurses are more techno-savvy than others, but slowly they are coming around to seeing where we need to be. It's just a different way of delivering care. High tech will enable high touch. Mastering the technology will help nurses do what they want to do most, and that is taking care of patients, not taking care of the chart.

I don't think that the technology should drive care, but I do believe that the care process needs to drive how we use technology. Our vision is to provide the safest patient care and be the hospital of the future.

**When you talk to people who are interested in entering the profession, how do you describe the nurse of the future?**

I speak at the middle school and high school level quite frequently about this. I start by telling them what skills nurses need. If you want to be a nurse you must have compassion. Nothing is going to replace that. No robot in the world is going to sit and hold a patient's hand and comfort them as they are dying. It is just not going to happen. So I don't want to lose sight of that. Critical thinking is extremely important, and for obvious reasons you should be techno-savvy. I also believe the profession needs change agents and historically nursing is not seen that way.

**You've accomplished so much in your career, would you consider any of your work to be heroic?**

Oh, absolutely not. In my opinion the heroes are my staff. These are the people on the front lines every single day trying to make our nursing vision a reality. My job is to serve them and support them.

We evacuated Pornerado Hospital during the fires in San Diego County in 2007. Do you know who the heroes were? They were the people who came to work while their own homes were on fire and their own families were being evacuated. They came to work. They knew we had to take care of these patients. They're the heroes.

I think what I do takes perseverance, it takes guts, it takes vision, and it takes passion. And I am passionate about what I do.

---

Lorie K. Shoemaker, RN, MSN, NEA-BC  
*Chief Nurse Executive*  
*California*
Critical Care Nursing

DIAGNOSIS
AND MANAGEMENT
(FORMERLY THELAN’S CRITICAL CARE NURSING)
Critical Care Nursing

DIAGNOSIS
AND MANAGEMENT

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Linda Urden received her diploma in nursing from Barnes Hospital, St. Louis, Missouri; her BSN from Pepperdine University, Malibu, California; her MN, Cardiovascular Clinical Nurse Specialist, from UCLA; and her DNSc from the University of San Diego. She is doubly certified as a Clinical Nurse Specialist and in Intensive Nursing by the American Nurses Credentialing Center and is a fellow in the American Academy of Nursing. Linda has held a variety of clinical and administrative positions, with accountability for quality, research, education, advanced practice, and outcomes management and measurement. In her various positions she has striven to create cultures that are sensitive to differentiated practice and to establish mechanisms that promote evidence-based practice and foster professional practice. In addition to this text, Linda coauthored Priorities in Critical Care Nursing. Other publications are in the areas of heart failure, ethics, research, outcomes measurement, management and care delivery redesign, executive decision support databases, and collaborative practice models. In addition, she is a member of editorial boards and is a peer reviewer for several nursing journals. Her research is focused on clinical, fiscal, quality, and behavioral outcomes of care delivery and services.

Kathleen M. Stacy, PhD(c), RN, CNS, CCRN, PCCN, CCNS

Kathleen Stacy has been a nurse for 32 years, the majority of which she has spent working in critical care. She graduated in 1978 with a BS in nursing from the State University of New York at Plattsburgh and in 1989 with an MS in critical care nursing from San Diego State University. Kathleen is currently completing her PhD in nursing at the University of San Diego. She has held a variety of positions, including staff nurse, clinical educator, outcomes manager, and nurse manager. Currently Kathleen is the Clinical Nurse Specialist for the Intermediate Care Unit at Palomar Medical Center. As an advanced practitioner, Kathleen collaborates with the health care teams to facilitate the achievement of optimal outcomes for the critically ill patient. As a consultant she facilitates change to improve patient care. As an educator Kathleen develops and implements programs to assist the staff with acquisition of the skills and knowledge needed to care for the critically ill patient. As a researcher she facilitates, uses, and conducts nursing research. Kathleen also holds an adjunct faculty position at San Diego State University School of Nursing. In addition to this text, Kathleen coauthored Priorities in Critical Care Nursing.

Mary E. Lough, PhD(c), RN, CNS, CCRN, CNN

Mary Lough is a critical care nurse with more than 30 years of experience as a staff nurse, educator, and Clinical Nurse Specialist. Mary received her BSN from the University of Manchester in England and her MS in cardiovascular nursing from the University of California, San Francisco (UCSF), and she is now pursuing doctoral studies at UCSF. Mary is the Clinical Nurse Specialist for the medical/surgical/neuroscience/trauma ICU at Stanford University Hospital and Clinics in Palo Alto, California. She is also a Clinical Professor in the Department of Physiological Nursing at her alma mater, UCSF.

Mary has been involved with all six editions of Critical Care Nursing: Diagnosis and Management, and she also has published many other articles and research abstracts. As a clinician, Mary appreciates the benefits of a clinically grounded textbook because when she began her career as a critical care nurse, so little information was available.
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First Class of CSUSM Nursing Students Graduate From California State University - San Marcos

The first cohort of nursing students graduating from California State University – San Marcos participated in a traditional pinning ceremony May 15 at the Naval Air Station North Island in San Diego. A pinning ceremony represents a formal welcome to newly graduated nurses entering the nursing profession. The creation of the CSUSM School of Nursing was a vision that began in 2004, when Palomar Pomerado Health recognized a growing need for nurses locally. PPH initially committed $150,000 to perform accreditation studies. In 2005, PPH committed an additional $2.5 million to build a state-of-the-art nursing research and education center — The Palomar Pomerado Health Education Center — which now is home to the School of Nursing at CSUSM. The school saw its first students in August 2006.

“It’s fantastic to see the dream and plans formalize into graduates,” says Judy Papenhausen, director of the school. “We talk about this first class of cohorts as if they are our firstborns. It’s good to see closure on this first phase of the school.”
CNE: Magnet Designation for Palomar Pomerado is ‘Historic Moment’

Palomar Pomerado Health is the first public health district in California to receive systemwide Magnet designation. “This is a historic moment,” says Lorie Shoemaker, RN, MSN, chief nurse executive for Palomar Pomerado Health.

The Magnet journey began in 2004 as a collaborative effort among nurses, physicians, staff, administrators, and volunteers.

“For six months, I met with nursing leaders and frontline staff — it was wonderful to craft this vision,” Shoemaker says.

Five years later, after an extensive application, review, and site visit process — including a submission of more than 3,500 pages of documentation — PPH received the four-year designation in April.

PPH facilities that achieved the Magnet status include Palomar Medical Center, Pomerado Hospital, Villa Pomerado, Skilled Nursing Facility; Palomar Continuing Care Center, Skilled Nursing Facility; and Palomar Pomerado Home Health. Now that Shoemaker’s nursing staff met their benchmark goal, “the journey continues,” she says.

The team is looking forward to the 2011 opening of Palomar Medical Center West, a more-than $800 million campus that will provide expanded trauma and emergency services, heart surgery, neurosurgery, vascular services, and other essential care for North County residents.

“When we put our mind to it, we can do anything,” Shoemaker says.
‘Eventually, every nurse comes to realize that the Magnet journey is really a personal journey. It’s all about them.’ —Lorie Shoemaker, MSN, RN, NEA-BC
That’s just for one hospital. Now imagine going through that process simultaneously for five separate facilities and you’ll just begin to understand the magnitude of the accomplishment achieved by Palomar Pomerado Health (PPH) in North San Diego County when it received the first ever systemwide Magnet designation in California by the American Nurses Credentialing Center. This includes Palomar Medical Center in Escondido, Pomerado Hospital in Poway, skilled nursing facilities Villa Pomerado in Poway and Palomar Continuing Care Center in Escondido as well as Palomar Pomerado Home Health.

If you understand the Law of Attraction, then you know people, events and objects attract similar counterparts. Beginning with the right leaders, right vision, right staff and right resources, the PPH Magnet movement became a center of gravity that grew exponentially, attracting the right experts, right planning and right opportunities. If there is no such thing as coincidence, then you might call this amazing achievement the synchronicity of success.

**Risk & Reward**

When Lorie Shoemaker, MSN, RN, NEA-BC, became chief nurse executive of PPH in 2004, she interviewed more than 350 nurses over 6 months to gauge their thoughts on the future direction of nursing practice, education and research. Their desires were perfectly in line with Magnet standards. But could it be achieved across the entire system... at once?

“People we spoke to along this journey cautioned us against going for a systemwide approval because there are 15 Forces of Magnetism with 190 sources of evidence,” Shoemaker explained. “That’s for just one hospital. We were looking at a five-fold increase in that amount of work.”

The nurses were insistent on taking that risk, leaving no facility behind. It was a kind of all-for-one cohesion that’s almost a trademark for PPH.

“It was a group of our home health nurses who really insisted that every facility be included,” recalled Brenda Fischer, PhD, MBA, RN, CPHQ, director of the Center for Nursing Excellence at PPH. “They wanted to aim really high and they wanted to do it together.”

**Planning & Polarity**

Making the Magnet commitment was one thing. Taking action was another. Through the creation of Championship Teams for each Force
of Magnetism that included a nurse leader, advanced practice nurse and staff nurse. PPH tailored the Magnet process to its strengths and provided nurses with a sense of ownership that added momentum. The plan’s success hinged on inspiring leadership.

"We have terrific leaders at each of our facilities who share the same vision," Shoemaker said. "We also invited staff nurses to participate at the earliest levels. This kind of collective participation allowed our leaders to continually refocus the staff and collaborate with them to redefine our goals and how our path to get there would change."

Shoemaker insisted the success of the PPH Magnet journey was a direct result of the health system’s nurse administrators, including Sharon Andrews, MS, RN, NEA-BC, Kim Colonnell, MA, BSN, RN, NEA-BC, Anne Wagner, MHA, BSN, RN, PHN, CDONA, NE-BC, Marilyn Bailey, MA, BS, RN, and Elissa Hamilton, MBA, BSN, RN, PHN, NE-BC.

Despite such great leadership, Shoemaker added, fear of such a huge goal resulted in a minor amount of dissent. Yet the process proved itself true.

"Eventually, every nurse comes to realize the Magnet journey is really a personal journey. It’s all about them. They are the ones that it is all about. It’s all about expanding the quality of care that nurses provide to their patients, not just on the institutional level, but on the most intimate level. When they come to that realization, that’s when they come on board."

Darkness Before Dawn

Even with the best laid plans and everyone on board, any Magnet candidate will say the toughest part of the journey is the documentation phase. Shoemaker, Fischer and three assistants worked 7 days a week, 16 hours a day, for months to compile 17 volumes containing 3,751 pages.

"We knew the hard work all our nurses had put in to get that far, and if we didn’t pull this off, they’d never be recognized for their efforts. That’s what kept us going," Fisher recalled.

"It’s at that point you really need to lead by example. Shoemaker shared. "Commitment is contagious, and if we really thought we could do it, then they could do it, and together, we could make this happen."

Continuing Journey

Even with the success of Magnet designation, Shoemaker knows the day after the honor was the first step in a whole new journey. It’s a perpetual cycle of improvement that never really ends.

"Magnet is an ongoing journey. We know that when it comes time to renew our designation, we have to be even better than we are today," Shoemaker insisted. "So the time to start preparing for your renewal is the day after you receive your designation."

The Strongest Connection

No one remains unchanged throughout the Magnet journey. The tempers that were tested and nerves that were ruffled seem to coalesce into a realization that those involved were tougher than they thought, smarter than they knew and closer than they imagined. It’s a powerful kind of energy that attracts the most important players in the Magnet journey: the community.

"Whether they fully grasp the profound nature of what it means to be Magnet is not as important as what they feel when they interact with our nursing staff — how it’s changed us," Shoemaker said. "That’s when they’ll experience how it makes us different and that makes all the difference to us."

Luke Cowles is senior regional editor at ADVANCE.

ON THE WEB

The new Palomar Medical Center West in Escondido is slated to open in 2011. Hear Lorie Shoemaker, MSN, RN, NEA-BC, chief nurse executive of PPH, and Maria Jackson, director of facilities planning and transformation, discuss how the philosophy behind this high-tech, high-profiled facility enhances and underscores what it means to be a Magnet facility and see footage of the construction site. Go to www.advanceweb.com/nurses and click on your region!
Regional News

SOUTHERN CALIFORNIA

Wireless Health Institute Created at Scripps Health
San Diego-based Scripps Health has signed on as the founding healthcare affiliate of the West Wireless Health Institute. Supported by a $45 million grant from the Gary and Mary West Foundation, the institute brings together leaders in science, medicine, engineering and technology to help move emerging wireless health technologies into the hands of physicians, nurses and patients. Qualcomm is a founding sponsor of the institute.

Under the direction of Scripps Health, the institute's research team will conduct clinical trials on solutions to better prevent, diagnose, manage and treat major health conditions, ranging from Alzheimer's to obesity. Wireless technology is already in use to track blood sugar, blood pressure and even sleep states.

UCSD Medical Center Celebrates Nurses Week
In recognition of National Nurses Week, University of California, San Diego Medical Center is honoring its nurses with an awards ceremony and a 2-day educational research conference, May 6-7.

The first day of the conference will showcase 12 presentations by UCSD Medical Center nursing staff. The sessions include "Infection Control in the Infant Special Care Center" by Michele Carson, RN, and "Establishing and Sustaining a Nursing Journal Club" by Ellen Carr, MSN, RN, AOCN. A dozen sessions are scheduled for day two, as well, including "Rapid Response Teams: A Qualitative Study and UCSD RRT Outcomes" by Patty Graham, MS, RN, CCRN, CS, and Ann Malo, RN, CCRN, and "Allergy Identification and Documentation" by Bonnie Bourque, BSN, RN, HN-BC.
Each day also includes a 40-minute block for poster presentations.

“Our team of nurses is one of the most dedicated and professional groups in the country,” CNO Margarita Baggett, MSN, RN, said. “It is gratifying to recognize their excellence.”

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P Pacifc

PPH Earns Magnet Milestone
San Diego-based Palomar Pomerado Health (PPH) recently received Magnet designation from the American Nurses Credentialing Center (ANCC). While Magnet in itself is a major achievement, PPH’s designation is unique because it was awarded system-wide. This means all PPH facilities, including Palomar Medical Center in Escondido, Pomerado Hospital in Poway, as well as all outpatient and skilled nursing facilities within the health district, received the same honor, making it the only health system in California to receive across-the-board approval.

A Dream & Direction
The ambitious journey for Magnet designation was headed by Lorie Shoemaker, MSN, RN, NEA-BC, chief nursing executive at PPH, shortly after her promotion in 2004. While implementing the "14 Forces of Magnetism" wasn’t easy, Shoemaker told ADVANCE the wide-reaching honor was well worth the sacrifice.

“When I came into this position, I interviewed 350 nurses over 6 months to find out what was most important to them,” Shoemaker said. “We crafted a mission based on recognizing nursing practice, education, research and leadership. Once we knew where we wanted to go, we realized that Magnet was the best roadmap to get us there.”

Shoemaker sees the designation as a beacon for patients who can be assured of the highest quality care no matter where within the PPH system they receive it. Nurses can take pride in knowing they are practicing at the height of their profession in an esteemed PPH facility where best practices and evidence-based protocols are the core of highest-possible patient outcomes.

“This was never about hanging the Magnet plaque on the building,” Shoemaker said. “This was really about the journey and creating a place where nurses want to work. It’s about gaining well-deserved recognition for all the hard work done by those individuals along the way.”

Collective Success
Those deserving individuals certainly include the leaders of all the hospitals and skilled facilities within PPH. Shoemaker insisted their participation was integral to the success of their Magnet journey.

“We get the documentation in order and aligned many of the technical aspects that were required to get the Magnet officials through the door,” Shoemaker recalled, “but it was those facility leaders who prepared staff and allowed us to shine.”

—Lulu Cowlis, Senior Regional Editor

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NORTHERN CALIFORNIA

UCSF Program Addresses Neonatal Nurse Shortage
University of California, San Francisco, launched an innovative neonatal nursing program in collaboration with the University of Hawaii. The NeoRISK Project aims to address the shortage of highly skilled neonatal nurse practitioners and prepare graduates to provide vital support to the highest-risk infants as they leave the hospital.

“Historically, our focus in the field has always been saving premature babies and caring for them in hospital settings,” said NeoRISK project director Christine Kennedy, PhD, RN, FAAN, Nursing Annual Report 2009

UCSF's Jack and Elaine Kohn Chair in Pediatric Nursing and a professor of family healthcare nursing. “But now, with the growing population of premature infants who survive, there's a whole set of unique health challenges during the transition from the hospital to the community.”

Challenges include limited access to quality medical care among families in rural areas, as well as health disparities linked to race, ethnicity and socioeconomic status. The complex geographic, demographic and cultural characteristics of California and Hawaii make those states ideal incubators for a program like NeoRISK, Kennedy said.

Kathleen Dracup, DNP, RN, UCSF School of Nursing dean, added, “The NeoRISK Project...”
The nursing staff at Palomar Pomerado Health (PPH) is among the finest in health care. Their commitment to excellence and superior knowledge in nursing makes PPH and its facilities the health care providers of choice for North Inland San Diego County.

Palomar Pomerado Health is proud to honor Palomar Medical Center’s Shamin Khalfan, R.N., Neonatal Intensive Care Unit; Pomerado Hospital’s Margie Barr, R.N., Birth Center/Neonatal Intensive Care Unit; and Clinical Outreach Services’ Kimberley Swift, R.N., Mental Health Unit, as recipients of the 2009 Nurse of the Year Awards. These nurses were nominated and selected by their peers for demonstrating outstanding characteristics of teamwork and compassion.

In addition, the following nurses were selected as the Nurse of the Year winners for their respective departments:

**Palomar Medical Center**

- Diane Foster, Birth Center;
- Debbie Trainen, Clinical Resource Management;
- Elvra Vintayen, Critical Care Unit;
- Kris Budvarson, Emergency Room;
- Lori Beach, Escondido Surgery Center;
- Carol Hensley, Intermediate Care Unit;
- Lisa Dunbar, Medical/Oncology;
- Lolita Ausejo, Medical/Surgical;
- Shamin Khalfan, Neonatal Intensive Care Unit;
- Ernie Roxas, Ortho Medical/Surgical;
- Crystal Mistric, Pediatrics;
- Sue Goodwin, Post Anesthesia Care Unit;
- Laura Rhoads, STAT Nurses;
- Dino Rosete, Surgery;
- Doreen Shaw, Surgery Preparation Area;
- Beth Salvador, Telemetry;

**Pomerado Hospital**

- Margie Barr, Birth Center/Neonatal Intensive Care Unit;
- Victoria Pearson, Clinical Resource Management;
- Anna Painter, Emergency Room;
- Mary Johnson, Intensive Care Unit;
- Mary Grace Geonanga, Intermediate Care Unit;
- Susan Lampert, Medical/Surgical;
- Mary Oggers, Post Anesthesia Care Unit;
- Cindy Luikart, Surgery;
- Lori Penney, Surgery Clinic;

**Clinical Outreach Services**

- Joyce Puntna, Acute Rehabilitation;
- Abigail Dignadice, Geropsychiatric Unit;
- Carmen Reyna, Home Health;
- Kimberly Swift, Mental Health Unit;
- Jennifer Pierce, Palomar Continuing Care Center;
- Josef Macasieb, Villa Pomerado;
- Melinda Kanter, Wound Care.
CNE says Magnet for Palomar Pomerado Health is ‘Historic Moment’

First public health district in California to receive statewide designation

By Laura M. Stakal
Monday June 15, 2009

Palomar Pomerado Health is the first public health district in California to receive systemwide Magnet designation.

“This is a historic moment,” says Lorie Shoemaker, RN, MSN, chief nurse executive for Palomar Pomerado Health.

The Magnet journey began in 2004 as a collaborative effort among nurses, physicians, staff, administrators, and volunteers.

“For six months, I met with nursing leaders and frontline staff — it was wonderful to craft this vision,” Shoemaker says.

Five years later, after an extensive application, review, and site visit process — including a submission of more than 3,500 pages of documentation — PPH received the four-year designation in April.

PPH facilities that achieved the Magnet status include Palomar Medical Center, Pomerado Hospital, Villa Pomerado, Skilled Nursing Facility; Palomar Continuing Care Center, Skilled Nursing Facility; and Palomar Pomerado Home Health. Now that Shoemaker’s nursing staff met their benchmark goal, “the journey continues,” she says.

The team is looking forward to the 2011 opening of Palomar Medical Center West, a more-than $800 million campus that will provide expanded trauma and emergency services, heart surgery, neurosurgery, vascular services, and other essential care for North County residents.

“When we put our mind to it, we can do anything,” Shoemaker says.
Health district wins nursing award

By Linda Lou  
STAFF WRITER

The Palomar Pomerado Health district has attained a prestigious nursing award from the American Nurses Credentialing Center. The Magnet Award is the highest honor for nursing excellence, said Lorie Shoemaker, the district’s chief nurse executive. The health district received a systemwide designation, covering all its facilities, and is the first and only health system in the state to achieve the recognition, she said.

“To a patient, it means you can be confident when you come to any Palomar Pomerado Health facility that you will get the highest quality of care possible,” Shoemaker said.

Shoemaker said she and her staff created a vision for the district’s 1,300-employee nursing division after she was promoted in 2004. They decided to adopt the program’s “14 forces of magnetism,” which cover 190 standards in categories including quality of care, management style and professional development, as their road map.

In 2008, the district submitted a 2,571-page report to the Magnet program. The report had examples of how Palomar Pomerado met each of the 190 standards and included supporting documents, Shoemaker said.

Three appraisers from the American Nurses Credentialing Center visited the district at the end of February to verify the written information.

On Monday, the call that everyone had been waiting for came in from the Commission on Magnet, Shoemaker said. When the good news arrived, people across the district’s facilities were all celebrating at the same time, she said.

“I am so excited for my staff,” she said. “It is an award for them. It’s not about getting the award but it’s a validation of all the work they do every day.”

About five percent of hospitals and health systems in the United States are magnet sites. In the county, Scripps Memorial Hospital in La Jolla; Sharp Grossmont Hospital in La Mesa; and Sharp Memorial Hospital/Sharp Cabrillo Skilled Nursing Center in San Diego have received the award.

This is Palomar Pomerado’s first magnet award. To maintain it, the district must send annual reports to the commission and go through a redesignation process every four years. Shoemaker said the district paid about $50,000 for the magnet program’s application and appraisal fees.

The public district operates Palomar Medical Center in Escondido, Pomerado Hospital in Poway as well as outpatient and skilled-nursing centers.

Linda Lou (760) 737-7574; linda.lou@uniontrib.com
Largest Research Grant in USD History
The availability and quality of nursing is the cornerstone of healthcare in any community, including San Diego. Unfortunately, the United States is in the midst of a critical nursing shortage, especially Advanced Practice Nurses, who are essential for both specialized acute care in hospitals and outpatient primary care. Unknown to most, the key driver in the nursing shortage is the lack of nurse faculty. Across the country, more than 50,000 qualified nursing school applicants are turned away on an annual basis, due to the nurse faculty shortage.

How bad is this crisis? Nationally, we need a projected 1 million new registered nurses by 2020. Yet, only 64 percent of the projected demand will be met at current graduation rates, leaving a shortfall of more than 500,000. By 2010, California will have the worst nursing shortage in the nation, with 109,000 registered nurse positions open. Moreover, 70 percent of California registered nurses hold only the associate degree, and are not prepared for expert clinical bedside care or clinical leadership positions.

As the sole graduate-only nursing school in San Diego, Hahn is uniquely positioned to alleviate the nursing shortage, through the preparation of nurse faculty and advanced practice nurses. Whether it be schools of nursing at Cal State University - San Marcos (where 50 percent of the faculty are Hahn graduates), Point Loma Nazarene University (34 percent), or San Diego State University (21 percent), the Hahn School of Nursing and Health Science is educating the nurses that educate nurses, thereby driving the supply of nursing in San Diego.

Hahn also drives the quality of nursing, by producing most of the advanced degreed and practice nurses, who are the executive nurse leaders, manage specialty care nursing programs, and drive patient care and quality and safety programs at our acute care hospitals: Scripps Health, Sharp Healthcare, Kaiser Permanente and Palomar Pomerado Health. In primary care, these advanced practice nurses serve patients, especially those with chronic disease, in medical offices and clinics throughout San Diego.

Through the Office of Nursing Research, Hahn also provides the nurse scientists who conduct research on best practices in our hospitals. Hahn research has also directly impacted the care of our military on the battle front.

Support for the Hahn School of Nursing and Health Science is crucial: without it, the goal of attaining an adequate supply of quality nurses in San Diego acute care hospitals and nursing schools is beyond reach. By continuing to provide clinical education par excellence, the Hahn School of Nursing and Health Science is preparing nurses who will secure the quality of healthcare in San Diego into the foreseeable future.

USD SON Alumni from left: Jacqueline Rychnovsky, PhD ’04, RN; Captain, Nurse Corps, United States Navy; 19th Military Nurse Health Policy Fellow, Office of Senator Daniel K. Inouye (D-HI). Barbara Taylor, PhD ’06, RN, Dean and Professor Point Loma Nazarene University School of Nursing. Linda Urden, DNSc ’90, RN; Professor and Coordinator, Executive Nurse Leader Graduate Program, Hahn School of Nursing and Health Science; Chairwoman, Magnet Recognition Program. Lori Burnell, MSN, current PhD student, RN, Vice President and Chief Nurse Executive, Scripps Mercy Hospital. Dan Gross, DNSc ’97, RN, Executive Vice President of Hospital Operations for Sharp Healthcare. Brenda Fischer, PhD ’08, RN, MBA, Director, Center for Nursing Excellence, Palomar Pomerado Health.
SPECIAL AWARDS OR APPOINTMENTS

Linda Urden, DNSc, RN, FAAN, has been appointed to the American Academy of Nursing Expert Panel on Magnet Advancements.

PUBLICATIONS


Palomar Pomerado Health
Brag Sheet
2008 – 2009

Member Spotlight Award
Team-Leader Award
Catherine Konyn, RN, MSN, Clinical Nurse Specialist Critical Care

National Hospital Quality Incentive Demonstration (HQID) Project
PMC & Pomerado Most Improved in Clinical Area of Pneumonia

National Hospital Quality Incentive Demonstration (HQID) Project
PMC Top Performer in Clinical Area of CABG

Palomar Medical Center Member Spotlight Award for Clinical Performance Excellence in the Care of the Patient with Heart Failure

The Joint Commission
Helping Health Care Organizations Help Patients

National Hospital Quality Incentive Demonstration (HQID) Project
Palomar Medical Center & Pomerado Hospital Disease Specific Care Stroke Certification

American Heart Association
Learn and Live

Palomar Medical Center Bronze Get With the Guidelines Stroke

PPH Receives Pay for Performance Bonus Payment of $67,210
Palomar Pomerado Health
Brag Sheet
2008 – 2009

PALOMAR POMERADO HEALTH
Achieves Magnet status as a health system.
Only public health care facility in California to achieve Magnet recognition.
May 2009
PPH celebrated Magnet success on the opening day of this conference, when all new and repeat designees were announced and applauded.

Left to right: Maria Elena Abrajano, Anne Wagner, Marilyn Bailey, Zennia Ceniza, Gail Hargas, Jennifer Pierce, Kathy Perkins, Kim Colonelli, Shamin Khalfan, Brenda Fischer, Lorie Shoemaker, Sherry Culotta
The year 2009 marks a shining moment in PPH Nursing history. The most significant outcome achieved is, without question, our first-time designation as a Magnet®-recognized health system. With this designation and the updated Magnet model’s substantive new requirements comes a significant responsibility to demonstrate not only ongoing improvements but higher than nationally benchmarked empirical outcomes. To meet these challenges, we have established the Center for Nursing Excellence, a unique collaboration between PPH, the community, and California State University San Marcos School of Nursing. The Center is both a think tank and an action center and is bringing together the finest nursing educators and researchers from PPH and the healthcare community to examine healthcare issues, best practices, and innovation (see Appendix A: Center for Nursing Excellence model).

FY09 in Review - Key Accomplishments
according to the 5 Components of the New Magnet Model

1. Transformational Leadership

- Evidence-Informed Nursing Strategic Plan

Transformational effort was the driver for development of the FY 09-11 Nursing Strategic Plan. Evidence supporting the New Magnet Model and the Healthy Work Environment Standards and Guiding Principles from the American Association of Critical Care Nurses and the American Organization of Nurse Executives were integrated into the Balanced Scorecard framework, resulting in identification of nursing strategic goals that are in alignment with PPH system goals. This work was accomplished with involvement of nurses at all levels in the organization (see Appendix B: PPH Nursing Evidence-informed Strategic Plan).
Professional Practice Council 2-day Leadership Development Workshop

This workshop for all Unit Practice Council Chairs and Co-Chairs was designed to incorporate key leadership content based on a needs assessment. The September 2008 workshop included content on Developing Leadership, Advocacy, Power and Politics, Communication, Delegation, Managing Conflict, Quality, and Culture and Strategy. The second day was devoted to work around developing the nursing strategic initiatives. The content delivery was interactive and facilitated by Lorie Shoemaker and Brenda Fischer.

Clinical Leadership Council 1-day Leadership Development Workshop

This workshop was attended by all nurse managers and above, Advanced Practice Nurses, Educators, and the staff Chair and Co-Chair of the Professional Practice Council. This November 2008 workshop included content focused on the following foundations:
1. Leadership Practice: State of the Art and Leading in a New Age
2. Transformational Leadership Practice: Designing High-Performing Clinical Units
3. Healing is our Business: Effective Conflict—Turning Toxic Behaviors into Transformational Actions
4. Healthy Work Environments and the New Magnet Model
5. Complexity Science and Change: Improving Quality and Performance

Additional work was completed on finalizing the Nursing Strategic Plan. The content delivery was interactive and facilitated by Lorie Shoemaker and Brenda Fischer.

Nurses Improving Care for Healthsystem Elders (NICHE)

PPH is the only designated site in San Diego for NICHE, a national nursing program that provides the following essential tools and evidence-based resources:
1. Clinical protocols and organizational tools critical to embedding evidence-based practice
2. Staff development programs specific to the care of older adults
3. Guidelines and strategies necessary to implement the Geriatric Resource Nurse Model
4. Tools to develop and evaluate the business case for a system-wide geriatric initiative
5. Performance improvement activities and measures
2. Structural Empowerment

PPH nursing maintains an integrated structure of interdisciplinary councils to promote and improve system-wide quality of care through collaborative leadership and structural empowerment.

Our collaborative leadership council structure provides the framework for staff nurse involvement in decision-making regarding their practice throughout the district. We are proud of the work that our Unit Practice Councils accomplish and acknowledge that they are the voice of our nurses. The Collaborative Leadership Bylaws are reviewed annually and revised to reflect the growing maturity of our shared decision-making process. In the spirit of servant leadership where our primary focus is on the patient and supporting the direct caregiver next to the patient, our key enhancements were:

1. The dissolution of the Nursing Executive Council in order to reduce hierarchy and align decision-making at all levels in nursing
2. The addition of the staff Chair and Co-Chair of the Professional Practice Council to the Clinical Leadership Council
3. The addition of the Advanced Practice Nursing Council as a standing report to the Professional Practice Council to emphasize that the Advanced Practice Nurses’ role is to support our direct care nurses
4. The addition of interdisciplinary partners to councils
5. The addition of Licensed Vocational Nurses (LVNs) to Unit Practice Council membership

Nurses at all levels participate on teams, councils, and committees throughout PPH and bring the nursing perspective to decision-making across the district. Direct care staff nurses are involved on councils and improvement teams including Skin, Falls, Geriatric Resource Nurse as part of the Nurses Improving Care for Healthsystem Elders (NICHE), Comfort Assessment Nurses Determining Options (CANDO), and Best Practice Teams.
3. Exemplary Professional Practice

Clinical Associate Faculty—California State University of San Marcos (CSUSM)
School of Nursing: Our Memorandum of Understanding with CSUSM provides for
PPH nurses to serve in this unpaid role to support the School of Nursing.

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Name</th>
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<tbody>
<tr>
<td>CSUSM</td>
<td>Brenda Fischer</td>
<td>RN, PhD, MBA, CPHQ</td>
<td>Director Center for Nursing Excellence</td>
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<tr>
<td>CSUSM</td>
<td>Donna Rositani</td>
<td>BSN, PHN, CWOCN</td>
<td>Wound/Enterostomal Consultant</td>
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<tr>
<td>CSUSM</td>
<td>Ellen McKissick</td>
<td>RN, MS</td>
<td>Academic Liaison</td>
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<td>CSUSM</td>
<td>Jackie Close</td>
<td>RN, MSN, CNS</td>
<td>CNS Gerontology</td>
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<td>CSUSM</td>
<td>Lorie Shoemaker</td>
<td>RN, MSN, DHA, NEA-BC</td>
<td>Chief Nurse Executive</td>
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<td>CSUSM</td>
<td>Margaret Talley</td>
<td>RN, PHN, MSN, CNS, CWCN-AP</td>
<td>CNS Certified Wound Care</td>
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Clinical Nurse Specialists, Clinical Specialists, and Education Specialists (both Unit-Based and District)

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<th>Name</th>
<th>Credentials</th>
<th>Title</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Rocha</td>
<td>RN, MSN, CNS</td>
<td>CNS Women's Services, Pom</td>
<td>Pom</td>
</tr>
<tr>
<td>Eva Krall</td>
<td>RN, MSN, CNS, CMSRN</td>
<td>CNS Medical, Surgical, Telemetry Units, Pom</td>
<td>Pom</td>
</tr>
<tr>
<td>Catherine Konyn</td>
<td>RN, MSN, CNS, CCRN</td>
<td>CNS Critical Care, PMC</td>
<td>Pom</td>
</tr>
<tr>
<td>Denyse Bardick</td>
<td>RN, MSN/Ed</td>
<td>Nursing Education Specialist, Med/Surg,</td>
<td>District</td>
</tr>
<tr>
<td>Donna Rositani</td>
<td>BSN, PHN, CWOCN</td>
<td>Wound/Enterostomal Consultant, District</td>
<td>District</td>
</tr>
<tr>
<td>Ellen McKissick</td>
<td>RN, MS</td>
<td>Academic Liaison, District</td>
<td>District</td>
</tr>
<tr>
<td>Jackie Close</td>
<td>RN, MSN, CNS</td>
<td>CNS Gerontology, District</td>
<td>District</td>
</tr>
<tr>
<td>Kate Stacy</td>
<td>RN, PhD, CNS, CCRN, PCCN, CCNS</td>
<td>CNS Intermediate Care, PMC</td>
<td>PMC</td>
</tr>
<tr>
<td>Kelly Sale</td>
<td>RN, BSN, PHN</td>
<td>Nursing Education Specialist, ED, PMC</td>
<td>PMC</td>
</tr>
<tr>
<td>Kristi Favor</td>
<td>RN, PHN, MSN, ANP-BC, CNS, CCRN</td>
<td>CNS MedSurg/Tele (Tower 7 and 8), PMC</td>
<td>PMC</td>
</tr>
<tr>
<td>Lourdes Januszewicz</td>
<td>RN, MSN, CCRN</td>
<td>CNS ICU/IMC, Pom</td>
<td>Pom</td>
</tr>
<tr>
<td>Margaret Talley</td>
<td>RN, PHN, MSN, CNS, CWCN-AP</td>
<td>CNS Certified Wound Care, District</td>
<td>District</td>
</tr>
<tr>
<td>Marilyn Dolatshahi</td>
<td>RN-BC, MSN, OCN</td>
<td>Nursing Education Specialist, Orientation Coordinator, District</td>
<td></td>
</tr>
<tr>
<td>Melinda Ruiz</td>
<td>RN, MSN, CNS</td>
<td>CNS Women's Services, PMC</td>
<td>PMC</td>
</tr>
<tr>
<td>Melissa Rouse</td>
<td>RN, MSN, CNS, CEN</td>
<td>CNS Emergency Department, Pom</td>
<td>Pom</td>
</tr>
<tr>
<td>Michelle Fennell</td>
<td>RN-BC, BSN, MA, CNOR</td>
<td>Nursing Education Specialist, Perioperative Services, District</td>
<td></td>
</tr>
<tr>
<td>Natalie Gallagher</td>
<td>RN, MSN</td>
<td>CNS Psychiatric Care, District</td>
<td>District</td>
</tr>
<tr>
<td>Shelly Burdette-Taylor</td>
<td>RN-BC, PhD(c), CWCN, CFCN,</td>
<td>Clinical Specialist, Skilled Nursing Care, District</td>
<td></td>
</tr>
<tr>
<td>Stephanie Boyd</td>
<td>RNC MSN CNS</td>
<td>CNS Peds/NICU, PMC</td>
<td>PMC</td>
</tr>
</tbody>
</table>

University of San Diego (USD) Clinical Nurse Specialist May 2008 graduates
- Ann Rocha
- Jin Brown
- Lourdes Januszewicz
- Melissa Rouse

USD PhD May 2008 graduates
- Brenda Fischer
USD PhD candidates
- Kate Stacy
- Shelly Burdette-Taylor

USD PhD Advanced Practice Nurses in process
- Amy Carney
- Debbie Barnes
- Jackie Close
- Margaret Talley

Medical University of South Carolina Doctor of Health Administration candidate
- Lorie Shoemaker

New Graduate Residency Program
Eighty-seven new graduate hires occurred this fiscal year, with a turnover of 8%, primarily due to nurses moving out of the area. The New Grad Program has evolved based on feedback from new grads, Nursing Directors and unit-based Clinical Nurse Specialists. District and unit-based Clinical Nurse Specialists contributed 264 participant hours to education in the New Grad Program.

Student placements this fiscal year from colleges and universities equaled 1,039. PPH nurses at all levels contribute to elevating nursing exemplary professional practice in our local, state, and global communities by precepting and mentoring students from numerous colleges and universities.
4. New Knowledge, Innovations, and Improvements

zilla Home Health Translational Research Team

Brenda Fischer, Elissa Hamilton, Carmen Reyna, Kathy Perkins and Nancy Koller presented during the pre-conference session at the California Association for Health Services at Home annual conference in San Diego on “Using Original Research to Redesign Care Delivery in an Integrated Health System.” This interdisciplinary team redesigned the home health care delivery model based on the original research of Brenda Fischer, RN, PhD, MBA, CPHQ, Predictors of Re-Hospitalization in Home Health Patients. Predictors of re-hospitalization were identified by applying a logistic regression model to the home health database which is submitted to the Centers for Medicare and Medicaid Services. Re-hospitalization is a high priority national focus. The Home Health staff examined each of the predictors of re-hospitalization and designed interventions to prevent home health patients from being re-hospitalized.

Nursing Research

<table>
<thead>
<tr>
<th>Research Study Title</th>
<th>Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contextual Factors Influencing the Acute Care Nurse’s Response to Clinical Alarms</td>
<td>Kate Stacy</td>
</tr>
<tr>
<td>2. Making the Case for Evidence-Based Design: A Descriptive Case Study at Palomar Pomerado Health</td>
<td>Lorie Shoemaker</td>
</tr>
<tr>
<td>3. Medication Supply and Delivery Trial: Trauma Unit Medication RoadMAPP</td>
<td>Lorie Shoemaker</td>
</tr>
<tr>
<td>4. Making the Case for Evidence-Based Design: A Descriptive Case Study of Palomar Pomerado Health</td>
<td>Lorie Shoemaker</td>
</tr>
<tr>
<td>5. New Stoma Patient Audit U.S.</td>
<td>Margaret Talley</td>
</tr>
<tr>
<td>6. NICHE (Nurses Improving Care to Healthsystem Elders)</td>
<td>Jacqueline Close</td>
</tr>
<tr>
<td>7. Predictors of Re-hospitalization for Home Healthcare Patients</td>
<td>Brenda Fischer</td>
</tr>
<tr>
<td>8. Speaking Up, Being Heard: RN Perceptions of Workplace Communication</td>
<td>Maryann Garon, CSU Fullerton Professor, Kate Stacy</td>
</tr>
<tr>
<td>9. Understanding Workplace Stress Experienced by Nurse Managers (Multi-site Research Study)</td>
<td>Jaynelle Stichler, SDSU Professor</td>
</tr>
<tr>
<td>10. Usefulness of Hoana Lifebed System as a Surveillance Tool in the Medical/Surgical Setting</td>
<td>Eva Kral, Kristi Favor</td>
</tr>
</tbody>
</table>
### Evidence-Based Practice Fellows 2008-2009

<table>
<thead>
<tr>
<th>Evidence-Based Practice Fellow</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abigail Dignadice</td>
<td>Caregiver Discharge Teaching on Depression</td>
</tr>
<tr>
<td>4. Marjorie Barr</td>
<td>Skin-to-Skin Contact – Promoting Successful Breastfeeding in the Healthy Newborn</td>
</tr>
<tr>
<td>5. Meena Walser</td>
<td>Kangaroo Care in the NICU</td>
</tr>
<tr>
<td>6. Shannon Bagnasco</td>
<td>Contact Precautions – Improving Compliance with Infection Control Measures</td>
</tr>
</tbody>
</table>

### Association of California Nurse Leaders (ACNL) Innovations Conference 2009: Participants from PPH

#### PODIUM PRESENTATIONS AND PRESENTERS

| 1. Effectiveness of Music Intervention on Postoperative Pain and Anxiety | Lori Carroll    |
| 2. Kangaroo Care in the NICU                                           | Meena Walser   |

#### POSTERS AND PRESENTERS

| 1. Standardized Discharge Teaching on Depression | Abigail Dignadice |
| 2. Implementation of the Geriatric Resource Nurse (GRN) Model for Delivery of Elder Care on a Medical/Surgical Unit to Positively Impact Elder Care Outcomes | Shirley Zimmerman |
| 3. Prevention of Patient De-conditioning while Hospitalized | Chikako Sherbo |
| 4. Skin-to-Skin Contact for Healthy Newborns and Their Mothers | Marjorie Barr |
| 5. Urinary Tract Infections Related to Indwelling Catheters | Yvette Sinclair |
| 6. An ICU RN Educational Program for Delirium Recognition | Fang Chen |
| 7. Business Case and Educational Plan for Caring for the Chronic Ventilated Patient in the Intermediate Care Unit Environment | Gail Hargas |
Left to right: Fang Chen, Lourdes Januszewicz, Maria Sudak, Denyse Bardick, Ann Rocha, Marjorie Barr, Gail Hargas, Chikako Sherbo, Meena Walser, Bunny Krall, Lori Carroll, Abigail Dignadice, Shirley Zimmerman, Caroline Etland, Ellen McKissick, Yvette Debellotte-Sinclair, Shelly Burdette-Taylor
5. *Empirical Outcomes*

PPH participates in nationally benchmarked data reporting programs, including the Collaborative Alliance for Nursing Outcomes (CALNOC) and the National Database for Nursing Quality Indicators (NDNQI), for measuring nurse-sensitive indicators, pressure ulcers, and falls. Nursing turnover is benchmarked with California Hospital Association (CHA) data.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Graphs in Appendix</th>
<th>Interpretive Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin – Pressure Ulcers</td>
<td>Pressure Ulcers – PMC</td>
<td>% of patients with hospital-acquired pressure ulcers, all stages, is at the one sigma lower mean, or one standard deviation.</td>
</tr>
<tr>
<td></td>
<td>Pressure Ulcers – Pom</td>
<td>% of patients with hospital-acquired pressure ulcers, all stages, is at the two sigma lower mean, or two standard deviations.</td>
</tr>
<tr>
<td>Falls</td>
<td>PMC Falls</td>
<td>Falls per 1000 patient days is above the one sigma upper mean, or one standard deviation.</td>
</tr>
<tr>
<td></td>
<td>Pom Falls</td>
<td>Falls per 1000 patient days is below the one sigma lower mean, or one standard deviation.</td>
</tr>
<tr>
<td></td>
<td>PMC Falls with Injury</td>
<td>Falls with injury per 1000 patient days is at the one sigma lower mean, or one standard deviation.</td>
</tr>
<tr>
<td></td>
<td>Pom Falls with Injury</td>
<td>Falls with injury per 1000 patient days is above the one sigma lower mean, or one standard deviation.</td>
</tr>
<tr>
<td>Nursing Turnover</td>
<td>PPH</td>
<td>PPH nurse turnover is below the CHA Southern California and San Diego benchmark.</td>
</tr>
</tbody>
</table>
The Center for Nursing Excellence
A PPH and California State University San Marcos Collaborative
“Grounded in evidence, enabled by technology”

Vision:
Palomar Pomerado Health Nursing will be nationally recognized for setting the standard of nursing service excellence in practice, education, research, and leadership. Our nurses are the key.
<table>
<thead>
<tr>
<th>Palomar Pomerado Health Balanced Scorecard Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Financial Strength</strong></td>
</tr>
<tr>
<td>Maintain credit worthiness</td>
</tr>
<tr>
<td>1.1. Achieve profitability. Achieve realizable net revenue through implementation of Clinical Documentation Integrity initiative and implementation of a Chargemaster build/implementation project. Achieve efficient resource consumption/utilization through the establishment/implementation of resource optimization committees for clinical supplies and labor resources.</td>
</tr>
<tr>
<td><strong>2. Customer Service</strong></td>
</tr>
<tr>
<td>Realize 100 percentile for physician and patient loyalty. 2.1. Develop loyal patients. Increase awareness of Service Excellence including an appropriate comprehensive education program and accountability measures. 2.2. Develop loyal physicians.</td>
</tr>
<tr>
<td><strong>3. Quality</strong></td>
</tr>
<tr>
<td><strong>4. Workforce Development and 5. Workplace Development</strong></td>
</tr>
<tr>
<td>Achieve national recognition as one of the top health system employers in the country and development of state-of-the-art facilities and technology. 4.1. Attract, acquire, grow, support, and retain a high quality workforce. Implement a comprehensive leadership development program. Improve employee engagement scores through utilization and completion of effective impact plans. 5.1. Complete remote hosting of Cerner system, Cerner Document Imaging (CDI), and Cerner 2007.19 Upgrade. Develop, plan and begin implementation of Advanced Clinical Documentation and Device Interfaces and CPDE (Computerized Provider Order Entry).</td>
</tr>
</tbody>
</table>

---

**New Magnet Model**

Global Issues in Nursing & Healthcare Challenges Facing Nursing and Healthcare Today (with Forces)

**Exemplary Professional Practice**

5 Models of Care 8 Consultation and Resources 9 Autonomy 11 Nurses as Teachers 13 Interdisciplinary Relationships

**Structural Empowerment**

2 Organizational Structure 4 Personnel Policies & Programs 10 Community and the Health System 12 Image of Nursing 14 Professional Development

**Transformational Leadership**

1 Quality of Nursing Leadership 3 Management Style

**System Strategic Goals, Objectives & Initiatives**

Nursing has direct influence on achieving

---

**3. Quality Management**

14 Professional Image of Community and 2 Organizational Structural Models of Care (with Forces)

---

**Palomar Pomerado Health Nursing Evidence-Informed Strategic Planning Framework FY09-11**

Updated to reflect FY10 System Goals – November 2009

Lorie Shoemaker, RN, DHA, MSN, NEA-BC, PPH System Chief Nurse Executive and Brenda Fischer, RN, PhD, MBA, CPHQ, Director Center for Nursing Excellence

Appendix B

PPH Nursing will be nationally recognized for setting the standard of nursing service excellence in practice, education, research, and leadership. Our Nurses are the Key.

“Roadmap for nursing practice and research into the future. Solidly grounded in evidence, flexible, and constantly striving for discovery and innovation.”

<table>
<thead>
<tr>
<th>AONE Principles and Elements of a Healthy Work Environment</th>
<th>AACN Healthy Work Environment Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Communication</td>
<td>Communication-Rich Culture</td>
</tr>
<tr>
<td>True Collaboration</td>
<td>Collaborative Practice Culture</td>
</tr>
<tr>
<td>Effective Decision-making</td>
<td>A Culture of Accountability &amp; Shared Decision-Making at all Levels.</td>
</tr>
<tr>
<td>Meaningful Recognition</td>
<td>Recognition of the Value of Nursing’s Contribution. Recognition by Nurses for Their Meaningful Contribution to Practice.</td>
</tr>
<tr>
<td>Authentic Leadership</td>
<td>The Encouragement of Professional Practice &amp; Continued Growth &amp; Development</td>
</tr>
</tbody>
</table>
Trend Report with Control Limits by Total Facility - Quarterly

% of Pt. with Hospital Acq. Press. Ulcers All Stages (1998-2007 calc.)
Quarter Between Jan – Mar 2007 and Jul – Sep 2009
150 - Palomar Medical Center : Total Facility

% of Pt. with Hospital Acq. Press. Ulcers All Stages (1998-2007 calc.) Facility Average(3.58)

One Sigma Limit_Upper(Mean +1 SD) (5.47)  Two Sigma Limit_Upper(Mean + 2 SD) (7.36)  Three Sigma Limit_Upper(Mean + 3 SD) (9.25)

One Sigma Limit_Lower(Mean - 1 SD) (-1.68)  Two Sigma Limit_Lower(Mean - 2 SD) (-0.21)  Three Sigma Limit_Lower(Mean - 3 SD) (-2.10)

Feb 16, 2010
Trend Report with Control Limits by Total Facility - Quarterly

% of Pt. with Hospital Acq. Press. Ulcers All Stages (1998-2007 calc.)
Quarter Between Jan - Mar 2007 and Jul - Sep 2009
151 - Pomerado Hospital: Total Facility

% of Pt. with Hospital Acq. Press. Ulcers All Stages (1998-2007 calc.) Facility Average (3.93)

One Sigma Limit_Upper(Mean +1 SD) (5.87)
Two Sigma Limit_Upper(Mean + 2 SD) (7.81)
Three Sigma Limit_Upper(Mean + 3 SD) (9.75)
One Sigma Limit_Lower(Mean - 1 SD) (1.99)
Two Sigma Limit_Lower(Mean - 2 SD) (0.05)
Three Sigma Limit_Lower(Mean - 3 SD) (-1.89)

Feb 16, 2010
Trend Report with Control Limits by Total Facility-- Quarterly

Falls per 1000 Pt Days
Quarter Between Jan - Mar 2007 and Jul - Sep 2009
150 - Palomar Medical Center - Total Facility

<table>
<thead>
<tr>
<th>Time Series (Quarter)</th>
<th>Falls per 1000 Pt Days Unit Average (3.08)</th>
<th>One Sigma Limit_Upper (Mean + 1 SD) (3.51)</th>
<th>Two Sigma Limit_Upper (Mean + 2 SD) (3.95)</th>
<th>Three Sigma Limit_Upper (Mean + 3 SD) (4.38)</th>
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<tr>
<td>Q1 2007</td>
<td>1.6</td>
<td>2</td>
<td>2.4</td>
<td>3.2</td>
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<tr>
<td>Q2 2007</td>
<td>2.4</td>
<td>2.8</td>
<td>3.6</td>
<td>4</td>
</tr>
<tr>
<td>Q3 2007</td>
<td>4.4</td>
<td>4.8</td>
<td>5.2</td>
<td>5.6</td>
</tr>
<tr>
<td>Q4 2007</td>
<td>5.6</td>
<td>6</td>
<td>6.4</td>
<td>6.8</td>
</tr>
<tr>
<td>Q1 2008</td>
<td>3.2</td>
<td>3.6</td>
<td>4.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Q2 2008</td>
<td>4.0</td>
<td>4.4</td>
<td>4.8</td>
<td>5.2</td>
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<tr>
<td>Q3 2008</td>
<td>5.2</td>
<td>5.6</td>
<td>6.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Q4 2008</td>
<td>6.4</td>
<td>6.8</td>
<td>7.2</td>
<td>7.6</td>
</tr>
<tr>
<td>Q1 2009</td>
<td>4.4</td>
<td>4.8</td>
<td>5.2</td>
<td>5.6</td>
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<tr>
<td>Q2 2009</td>
<td>5.2</td>
<td>5.6</td>
<td>6.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Q3 2009</td>
<td>6.0</td>
<td>6.4</td>
<td>6.8</td>
<td>7.2</td>
</tr>
<tr>
<td>Q4 2009</td>
<td>7.2</td>
<td>7.6</td>
<td>8.0</td>
<td>8.4</td>
</tr>
</tbody>
</table>

1 Feb 16, 2010
Palomar Pomerado Health
Trend Report with Control Limits by Total Facility— Quarterly

Falls per 1000 Pt Days
Quarter Between Jan - Mar 2007 and Jul - Sep 2009
151 - Pomerado Hospital : Total Facility

Time Series (Quarter)

Falls per 1000 Pt Days Unit Average (2.26)
One Sigma Limit_Upper (Mean + 1 SD) (3.75)
One Sigma Limit_Lower (Mean - 1 SD) (-0.78)
Two Sigma Limit_Upper (Mean + 2 SD) (5.24)
Two Sigma Limit_Lower (Mean - 2 SD) (-0.71)
Three Sigma Limit_Upper (Mean + 3 SD) (6.72)
Three Sigma Limit_Lower (Mean - 3 SD) (-2.19)
Trend Report with Control Limits by Total Facility -- Quarterly

Injury Falls per 1000 Pt Days
Quarter Between Jan - Mar 2006 and Jul - Sep 2009
150 - Palomar Medical Center : Total Facility

Injury Falls per 1000 Pt Days
Unit Average

-0.15
-0.1
-0.05
0
0.05
0.1
0.15
0.2
0.25

Q1 Q2 Q3 Q4

2006

Q1 Q2 Q3 Q4

2007

Q1 Q2 Q3 Q4

2008

Q1 Q2 Q3

2009

Time Series (Quarter)

Injury Falls per 1000 Pt Days Unit Average

One Sigma Limit_Upper (Mean + 1 SD)

Two Sigma Limit_Upper (Mean + 2 SD)

Three Sigma Limit_Upper (Mean + 3 SD)

One Sigma Limit_Lower (Mean - 1 SD)

Two Sigma Limit_Lower (Mean - 2 SD)

Three Sigma Limit_Lower (Mean - 3 SD)
Trend Report with Control Limits by Total Facility— Quarterly

Injury Falls per 1000 Pt Days
Quarter Between Jan – Mar 2007 and Jul – Sep 2009
151 - Pomerado Hospital : Total Facility

Injury Falls per 1000 Pt Days

Time Series (Quarter)

Injury Falls per 1000 Pt Days Unit Average (0.03)
One Sigma Limit_Upper (Mean + 1 SD) (0.11)
One Sigma Limit_Lower (Mean - 1 SD) (-0.04)
Two Sigma Limit_Upper (Mean + 2 SD) (0.18)
Two Sigma Limit_Lower (Mean - 2 SD) (-0.11)
Three Sigma Limit_Upper (Mean + 3 SD) (0.25)
Three Sigma Limit_Lower (Mean - 3 SD) (-0.19)
Annualized Turnover Rates
PPH RN (Direct Patient Care) vs. California Healthcare Association (CHA) So Calif CHA San Diego
Non Per Diem

CHA RN So Calif
CHA RN San Diego
PPH RN

CHA FY'10 4th QTR data will not be released until August 2010.
Palomar Pomerado Health nurses and interdisciplinary partners use nursing’s collaborative leadership structure to obtain nursing’s feedback and suggest contributions to the excellence of nursing practice.
When caring for patients, nurses use their chosen model, the Relationship-Based Care model. During 2009, many groups adapted this model to target specific patient populations, such as Pediatric Asthma, Elderly Pacemaker Placement, Chronic Ventilated Intermediate Care Patient, Falls, Home Health, and Acute Rehabilitation.
The New Magnet Model

The 14 Forces are now part of the new Magnet Model:

1. Quality of Nursing Leadership
2. Organizational Structure
3. Management Style
4. Personnel Policies and Programs
5. Professional Models of Care
6. Quality of Care
7. Quality Improvement
8. Consultation and Resources
9. Autonomy
10. Community and the Healthcare Organization
11. Nurses as Teachers
12. Image of Nursing
13. Interdisciplinary Relationships
14. Professional Development
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Transformational Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Rehabilitation – PMC</td>
<td>♦ Director is an RN, Certified Case Manager, with over 20 years as a registered nurse, over 12 years in case management, and 6 years of experience in acute rehabilitation</td>
</tr>
</tbody>
</table>
| Behavioral Health: Mental Health Unit and Gero-Psychiatric Unit – Palomar Pomerado Health | ♦ Master’s-prepared Director and Manager  
♦ Self-scheduling – Shared governance  
♦ Active Wish List for Gero-Psychiatric Unit  
♦ Support for Evidence-based Practice Fellows Program on Gero-Psychiatric Unit  
♦ Emergency Department social work/liaison coverage |
| Birth Center – PMC | ♦ Master’s-prepared Director  
♦ Master’s-prepared Clinical Nurse Specialist  
♦ 2 supervisors with BSN |
| Birth Center – Pom | ♦ Master’s-prepared Director  
♦ Master’s-prepared Clinical Nurse Specialist  
♦ Two BSN-prepared new grads complete orientation |
| Cardiac Care Unit – PMC | ♦ Master’s-prepared Director  
♦ Three BSN-prepared supervisors:  
  ♦ Maria Cid  
  ♦ Inocencia Praxidio  
  ♦ Kathryne Ingraham  
♦ Association of California Nursing Leaders’ Health Policy Committee Member: Kathleen Mendez |
### Transformational Leadership

<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Critical Care Unit – PMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC = Palomar Medical Center</td>
<td>• Participatory leadership and decision-making is promoted</td>
</tr>
<tr>
<td>Pom = Pomerado Hospital</td>
<td>• Staff is involved in decision-making and selection of design and technology for the Hospital of the Future, Palomar Medical Center (PMC) West</td>
</tr>
<tr>
<td></td>
<td>• Several staff made a site visit to Illinois, Oregon, Orange County and other locations to learn new concepts in appropriate decision-making for the new hospital</td>
</tr>
<tr>
<td></td>
<td>• Staff visited the PPH mock-up rooms for PMC West and shared their ideas and recommendations</td>
</tr>
<tr>
<td></td>
<td>• IV infusion pumps selection for the PPH system was led by the Critical Care Unit leadership team in collaboration with staff and advanced practice nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Department – PMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hired Master’s-prepared Director July 2008</td>
</tr>
<tr>
<td>• Three BSN-prepared supervisors: Pamela Allen, Michelle Gunnet, Andy Taylor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Department/Observation Unit – Pom</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Director in Nursing Administration MSN coursework</td>
</tr>
<tr>
<td>• Master’s-prepared Clinical Nurse Specialist, Certified Emergency Nurse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Master’s-prepared Director</td>
</tr>
<tr>
<td>• Master’s-prepared, Clinical Nurse Specialist Nurse Manager</td>
</tr>
<tr>
<td>• 1 BAN-prepared Nurse Quality Manager</td>
</tr>
<tr>
<td>• 1 BSN-prepared Supervisor</td>
</tr>
<tr>
<td>• 1 BA in Business Management-prepared Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensive Care Unit – Pom</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Director of Inpatient Services: Master’s-prepared with emphasis in education</td>
</tr>
<tr>
<td>• Clinical Nurse Specialist: Master’s-prepared - Clinical Nurse Specialist track (shared IMC)</td>
</tr>
<tr>
<td>• All 4 supervisors are Bachelor’s-prepared</td>
</tr>
<tr>
<td>• Clinical Nurse Specialist: National Critical Care Certification CCRN</td>
</tr>
<tr>
<td>• 3 supervisors: National Critical Care Certification CCRN</td>
</tr>
<tr>
<td>• Association of California Nurse Leaders, AANC, and American Organization of Nursing Executives membership: Maria Sudak</td>
</tr>
<tr>
<td>• Association of California Nurse Leaders, American Association of Critical-Care Nurses and San Diego Chapter, National Association of Clinical Nurse Specialists, and Sigma Theta Tau-Zeta Mu Chapter membership: Lourdes Januszewicz</td>
</tr>
<tr>
<td>• UPC chair and co-chair participated in the development of fiscal year 2010 nursing strategic plan</td>
</tr>
<tr>
<td>Nursing Unit / Facility</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
</tbody>
</table>
| **Intermediate Care Unit – PMC** | ♦ Master’s-prepared Director  
♦ 3 BSN-prepared supervisors:  
  ▪ Anabella Duque  
  ▪ Marietta Mukiibi  
  ▪ Melanie Doubrava  
♦ 1 supervisor enrolled in MSN program: Melanie Doubrava  
♦ 1 supervisor in BSN program: Pam Farrow  
♦ Association of California Nurse Leader Member: Rae Anne Watson |
| **Intermediate Care Unit – Pom** | ♦ Director of Inpatient Services: Master’s-prepared with emphasis in education  
♦ Clinical Nurse Specialist: Master’s-prepared – Clinical Nurse Specialist track (shared ICU)  
♦ All 4 supervisors are Bachelor’s-prepared  
♦ Clinical Nurse Specialist: National Critical Care Certification CCRN  
♦ Three supervisors: National Critical Care Certification CCRN  
♦ Association of California Nurse Leaders, AANC, and American Organization of Nursing Executives membership: Maria Sudak  
♦ Association of California Nurse Leaders, American Association of Critical-Care Nurses and San Diego Chapter, National Association of Clinical Nurse Specialists, and Sigma Theta Tau-Zeta Mu Chapter membership: Lourdes Januszewicz  
♦ Unit Practice Council chair and co-chair participated in the development of fiscal year 2010 nursing strategic plan |
| **Medical Oncology (Tower 7) – PMC** | ♦ Master’s-prepared Director  
♦ Master’s-prepared Clinical Nurse Specialist, Adult Nurse Practitioner-Board (shared Medical Surgical) Certified, GNP  
♦ 2 BSN-prepared supervisors:  
  ▪ Sally Lichtenberger  
  ▪ Renata Macik |
| **Medical Surgical (Tower 8) – PMC** | ♦ Master’s-prepared Director  
♦ Master’s-prepared Clinical Nurse Specialist, Adult Nurse Practitioner-Board Certified, GNP (shared Medical Oncology)  
♦ Two in BSN program:  
  ▪ Becky Mirkovich  
  ▪ Beverly LeBlanc |
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Transformational Leadership</th>
</tr>
</thead>
</table>
| **PMC = Palomar Medical Center**<br>**Pom = Pomerado Hospital** | ♦ Director of Inpatient Services: Master’s-prepared with emphasis in education  
♦ Master’s-prepared Clinical Nurse Specialist, certified medical-surgical registered nurse: Eva “Bunny” Krall  
♦ 1 BSN-prepared supervisor: Olivia Sebastian  
♦ Four supervisors are specialty-certified  
  ▪ Certified Medical-Surgical Registered Nurse:  
    • Lori Carroll  
    • Lisa Julian  
    • Olivia Sebastian  
  ▪ Oncology Nursing Society: Sheryl Maggio  
♦ Academy of Medical-Surgical Nurses-San Diego Chapter, Education Committee Historian and Co-Chair: Eva “Bunny” Krall |
| Medical Surgical Telemetry – Pom | ♦ Master’s-prepared Director  
♦ Three BSN-prepared supervisors:  
  ▪ Karen Hasty  
  ▪ Tess Tan  
  ▪ Fona Fornasdoro  
♦ Association of California Nurse Leaders’ Health Policy Committee Member: Kathy Mendez |
| Orthopedic-Neurological Unit (Tower 5) – PMC | ♦ Master’s-prepared Director  
♦ PhD(c)-prepared Clinical Specialist RN-BC, CWCN, CFCN (shared Villa Pomerado)  
♦ Two Associate Degree-prepared supervisors:  
  ▪ Denise Proulx  
  ▪ Ramona Prather  
♦ Master’s-prepared staff educator/infection control/performance improvement |
| Palomar Continuing Care Center | ♦ Division of services with a designated supervisor to each unit, Pediatrics and Neonatal Intensive Care Unit  
♦ BSN-prepared Pediatrics supervisor pursuing MSN degree and obtained Certified Pediatric Nursing certification: Crystal Mistric  
♦ Neonatal Intensive Care Unit supervisor and interim manager for Pediatrics/Neonatal Intensive Care Unit is in BSN program, RN-Certified, and Certified Pediatric Nursing-certified: Barbara Pfeffer |
| Pediatrics/Neonatal Intensive Care Unit – PMC | ♦ Master’s-prepared Director (MPH)  
♦ Master’s-prepared Nurse Educator (shared PPH)  
♦ BSN-prepared Nursing Supervisor: Katheryn Kinnamon |
| Perioperative Services, Palomar Medical Center (PMC) and Escondido Surgery Center (ESC) – PMC | ♦ Master’s-prepared Director  
♦ Master’s-prepared Nurse Educator (shared PPH)  
♦ One BSN-prepared Supervisor: Jim Wilkerson  
♦ One in BSN program: Rhonda Wilson  
♦ Three supervisors are specialty-certified |
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>PMC = Palomar Medical Center</strong></td>
<td>✷ Hired Acute Care Nurse Practitioner for the Trauma Program September 2008.</td>
</tr>
<tr>
<td><strong>Pom = Pomerado Hospital</strong></td>
<td>✷ Successful re-verification survey May 2009 as Level II Trauma Center by American College of Surgeons</td>
</tr>
<tr>
<td><strong>Transformational Leadership</strong></td>
<td>✷ Assisted with development of Trauma Intensive Care Unit, transitioning from general critical care to specialty unit</td>
</tr>
<tr>
<td><strong>Trauma Services – PMC</strong></td>
<td>✷ Implemented weekday rounds in Trauma Intensive Care Unit, led by multidisciplinary team</td>
</tr>
<tr>
<td></td>
<td>✷ Implemented weekly rehabilitation rounds led by Physiatrist</td>
</tr>
<tr>
<td></td>
<td>✷ Developed nursing competency for trauma resuscitation room</td>
</tr>
<tr>
<td></td>
<td>✷ Implemented pre-registration process for trauma patients to facilitate rapid management of patients</td>
</tr>
<tr>
<td><strong>Villa Pomerado</strong></td>
<td>✷ Master’s-prepared Director</td>
</tr>
<tr>
<td></td>
<td>✷ PhD(c)-prepared Clinical Specialist RN-BC, CWCN, CFCN (shared Palomar Continuing Care Center)</td>
</tr>
<tr>
<td></td>
<td>✷ Doctoral-prepared staff educator</td>
</tr>
<tr>
<td><strong>Wound Care Centers – PMC and Pom</strong></td>
<td>✷ Master’s-prepared Director</td>
</tr>
<tr>
<td></td>
<td>✷ Membership of Wound Ostomy Continence Nursing Society</td>
</tr>
</tbody>
</table>
### Structural Empowerment

#### Organizational Structure, Shared Governance
- Unit-based Unit Practice Council in-services initiated
- Staff meeting in-services
- Team meetings: Nurses sitting “at the table” as equal partners with other disciplines
- Day shift supervisor hired
- Nurses involved in performance improvement through development of best practices

#### Professional Development
- RehabCare 101 course provided to 6 nurses
- All nurses completed Develop U/RehabCare course on Bowel/Bladder Management.
- Functional Independence Measure Training – All staff completed coursework and testing
- Charge nurse competency completed
- Teambuilding with Organizational Development Director James O’Malley over several sessions to enhance communication between interdisciplinary team members

### Unit Practice Council Accomplishments
- Reinstituted use of forks for all mental health patients (who were previously only using spoons for safety, with no knives on patient meal trays)
- Integrated Visitor and Telephone Call Release Forms into one book
- Integrated Behavioral Health Advance Directives into one book
- Instituted Unit Rounds on Gero-Psychiatric Unit with hourly rounding by registered nurses

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**FORCES OF MAGNETISM**
- Organizational Structure
- Personnel Policies and Programs
- Community and The Healthcare Organization
- Image of Nursing
- Professional Development

---

**Nursing Unit / Facility**
**PMC = Palomar Medical Center**
**Pom = Pomerado Hospital**

<table>
<thead>
<tr>
<th>Structural Empowerment</th>
<th>Nursing Unit / Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Rehabilitation – PMC</strong></td>
<td><strong>Organizational Structure, Shared Governance</strong></td>
</tr>
<tr>
<td>✦ Unit-based Unit Practice Council in-services initiated</td>
<td></td>
</tr>
<tr>
<td>✦ Staff meeting in-services</td>
<td></td>
</tr>
<tr>
<td>✦ Team meetings: Nurses sitting “at the table” as equal partners with other disciplines</td>
<td></td>
</tr>
<tr>
<td>✦ Day shift supervisor hired</td>
<td></td>
</tr>
<tr>
<td>✦ Nurses involved in performance improvement through development of best practices</td>
<td></td>
</tr>
</tbody>
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**Professional Development**
- ✦ RehabCare 101 course provided to 6 nurses |
- ✦ All nurses completed Develop U/RehabCare course on Bowel/Bladder Management. |
- ✦ Functional Independence Measure Training – All staff completed coursework and testing |
- ✦ Charge nurse competency completed |
- ✦ Teambuilding with Organizational Development Director James O’Malley over several sessions to enhance communication between interdisciplinary team members |

---

**Behavioral Health: Mental Health Unit and Gero-Psychiatric Unit, Palomar Pomerado Health**

**Unit Practice Council Accomplishments**
- ✦ Reinstituted use of forks for all mental health patients (who were previously only using spoons for safety, with no knives on patient meal trays) |
- ✦ Integrated Visitor and Telephone Call Release Forms into one book |
- ✦ Integrated Behavioral Health Advance Directives into one book |
- ✦ Instituted Unit Rounds on Gero-Psychiatric Unit with hourly rounding by registered nurses |
Structural Empowerment

Unit Practice Council Members – Mental Health Unit (MHU)
- Ruby Summus, Chair
- Kimberly Swift
- Jane Daye
- Lil Simmons
- Jada Kent
- Shelley Korytko
- Natalie Gallagher

Unit Practice Council Members – Gero-Psychiatric Unit (GPU)
- Denise Pocholski, Chair
- Abigail Dignadice, Co-Chair
- Joann Deguzman
- Tina Geary
- Joyce Morrey
- Natalie Gallagher

Community and Healthcare
- National Alliance on Mental Illness Walk in April 2009 – GPU, Outpatient, and physicians
- AIDS Ride – Tom Shearer, MHU
- Unit Participation in Project 21 Food Drive

Organizational Structure
Unit representatives to key hospital and nursing committees:
- Denise Pocholski, Unit Practice Council – GPU, Professional Practice Council member
- Abigail Dignadice, Council of Chairs – GPU
- Abigail Dignadice, PEP Program – GPU
- Natalie Gallagher, DRT, Fall Prevention – MHU/GPU
- Natalie Gallagher, Restraint Task Force, eRCC
- Susan Linback, Restraint Task Force, eRCC
- Kimberly Siegel, Council of Chairs – MHU
- Kimberly Swift, PEP Program – MHU
- Ruby Summus, Unit Practice Council – MHU, Professional Practice Council member
- Shelley Korytko, Safety – MHU

Participation in Professional Enhancement Program
- Abigail Dignadice – GPU
- Kimberly Swift – MHU
### Structural Empowerment

**Unit Preceptor Role**
- Kimberly Swift – MHU

**Advanced Practice Role**
- Natalie Gallagher, RN, MSN, CNS - Participation in:
  - CNS Core Competencies Field Testing Volunteer for American Nurses Credentialing Center
  - Membership in American Psychiatric Nurses Association, National Association of Clinical Nurse Specialists

**Further Education of Staff Nurses**
- Eloisa Dietrich – Bachelor of Science in Nursing in progress
- Kim Siegel – Enrollment in Master’s program in Kinesiology

**Evidence-Based Fellow**
- Abigail Dignadice: Provided a podium presentation on Discharge Teaching for the Depressed Geriatric patient at the Innovations in Nursing Conference hosted by Association of California Nurse Leaders on June 12, 2009.

**Image of Nurses**
- Kimberly Swift: Smoke-Free Environment – “Smoke-Free America” panelist
- Psychiatric Mental Health Nursing national certification
  - Joyce Morrey
  - Shelley Korytko
  - Angela Lowe
  - Kimberly Siegel
  - Terri Wiedre
- GPU Nurse of the Year: Abigail Dignadice
- MHU Nurse of the Year: Kimberly Swift
- Clinical Outreach Services Nurse of the Year: Kimberly Swift
- PPH’s Nominee for San Diego County Psychiatric Nursing Association Nurse of the Year: Kimberly Swift

### Birth Center – PMC

**Community and Healthcare**
Unit participation in Project 21 Food Drive

**Organizational Structure**
Unit representatives to key hospital and nursing committees:
- Chris Walker, Unit Practice Council Chair and VAT Member
- Michelle Campbell, Cerner Optimization Core Team
- Melinda Ruiz, PMC and Pom Perinatal Committee

**Professional Development**
- Association of Women's Health, Obstetric and Neonatal Nurses Annual
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Structural Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC = Palomar Medical Center</td>
<td>Conference volunteers</td>
</tr>
<tr>
<td>Pom = Pomerado Hospital</td>
<td>- Diane Foster</td>
</tr>
<tr>
<td></td>
<td>- Sara Norris</td>
</tr>
<tr>
<td></td>
<td>- Melinda Ruiz</td>
</tr>
<tr>
<td></td>
<td>♦ 27 RNs participated in Professional Enhancement Program</td>
</tr>
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<td></td>
<td><em>Image of Nurses</em></td>
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<tr>
<td></td>
<td>♦ Shawn Brooking, Certified Nurse Midwife filmed for Nurse TV covering the practice of a midwife</td>
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<tr>
<td></td>
<td>♦ Diane Foster was interviewed for Advance for Nurses article</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Birth Center – Pom</th>
<th>Community and Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit participation in Project 21 Food Drive</td>
</tr>
<tr>
<td></td>
<td><em>Organizational Structure</em></td>
</tr>
<tr>
<td></td>
<td>Unit representatives to key hospital and nursing committees:</td>
</tr>
<tr>
<td></td>
<td>♦ Joan Reker, Value Analysis Team Member</td>
</tr>
<tr>
<td></td>
<td>♦ Kathy Jenks, Cerner Optimization Core Team</td>
</tr>
<tr>
<td></td>
<td>♦ Lisa O’Neil, Council of Innovation</td>
</tr>
<tr>
<td></td>
<td>♦ Kay Yaussy, Forms Committee</td>
</tr>
<tr>
<td></td>
<td>♦ Cheryl Hirmas, Disaster Committee</td>
</tr>
<tr>
<td></td>
<td>♦ Vaneese Cook, Employee Campaign/Night of Nights Gala</td>
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<tr>
<td></td>
<td>♦ Christa Sakowski, March of Dimes Team Leader</td>
</tr>
<tr>
<td></td>
<td>♦ Sharon Gleich-Barbour, Unit Practice Council Chair – Birth Center, (BC)/Neonatal Intensive Care Unit (NICU), Professional Practice Council member</td>
</tr>
<tr>
<td></td>
<td>♦ Margie Camomile, Safety Committee – BC/NICU</td>
</tr>
<tr>
<td></td>
<td><em>Professional Development</em></td>
</tr>
<tr>
<td></td>
<td>♦ Association of Women's Health, Obstetric and Neonatal Nurses Annual Conference volunteers</td>
</tr>
<tr>
<td></td>
<td>♦ Sharon Gleich-Barbour</td>
</tr>
<tr>
<td></td>
<td>♦ Ann Rocha</td>
</tr>
<tr>
<td></td>
<td>♦ 17 RNs participated in Professional Enhancement Program</td>
</tr>
<tr>
<td></td>
<td>♦ Advanced Practice Nurse involvement in New Graduate Residency Skills Lab</td>
</tr>
<tr>
<td></td>
<td>♦ 50% completion of Advanced Perinatal Services on-line training for staff nurses – 10 modules involving care of the pregnant patient</td>
</tr>
<tr>
<td></td>
<td><em>Image of Nurses</em></td>
</tr>
<tr>
<td></td>
<td>Birth Center Nurse of the Year: Marjorie Barr</td>
</tr>
<tr>
<td></td>
<td>Pomerado Hospital Nurse of the Year: Marjorie Barr</td>
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</tbody>
</table>
Cardiac Care Unit – PMC

**Structural Empowerment**

*Community and Healthcare*
- Unit participation in Project 21 Food Drive
- Unit participation in American Heart Association’s Heart Walk
- Judith Inglesby: Missionary classes in English as a Second Language
- Participation in flu shot clinics

*Organizational Structure*

Unit representatives to key hospital and nursing committees:
- Beth Salvador, Council of Chairs
- Diane Hoffman, Value Analysis Team, Unit Practice Council Chair, Professional Practice Council member, Magnet Champion
- Rowena Simmons, Cerner Phase 1 Re-design
- Kathy Ingraham, CMS-MI/CHF
- Sandra Cid, Disaster
- Ninetta Canaria, Skin Team
- Luz Nebreja, Skin Team

Participants in Professional Enhancement Program:
- Ninetta Canaria
- Luz Nebreja
- Diane Hoffman
- Beth Salvador
- June Mallory
- Darlene Roy
- Nicole Moran

*Image of Nurses*

National Certification
- American Association of Critical-Care Nurses’ Certification for Progressive Care Nurses
  - Darlene Roy
  - Karen Goulart
  - Sandra Cid
  - Kathy Ingraham
- American Association of Critical-Care Nurses’ Certification for Adult, Neonatal and Pediatric Critical Care Nurses
  - Kathy Mendez, 30-year award
  - Beth Salvador
  - Karen Forhane
- American Nurses Credentialing Center’s Nurse Executive
  - Kathy Mendez
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Structural Empowerment</th>
</tr>
</thead>
</table>
| **Critical Care Unit – PMC** | ♦ Thirty-five RNs were hired and completed their orientation, a sizable addition to the Critical Care workforce  
♦ Eight new graduate RNs successfully completed their critical care orientation and became staff nurses  
♦ Travel RN usage was significantly reduced  
♦ All positions filled with additional staff to be hired as strategic measure to avoid premium pay expense  
♦ Trauma Intensive Care Unit (TICU) was created and became functional on January 5, 2009. TICU staff and Rapid Response Nurses participated in successful 2009 certification survey from the American College of Surgeon Level II Trauma Center.  
♦ The RN-MD Committee enhanced communication between nurses and physicians.  
  ▪ It created the model of case review to address not only clinical issues but also communication, hand-offs, and processes  
  ▪ Process for hand-offs between the anesthesiologist and CCU nurses is being piloted |
| **Emergency Department – PMC** | **Community and Healthcare** |
♦ Volunteer nursing at local schools, sixth, seventh and eighth grade career days and sports teams  
  ▪ Madelyn Goble  
  ▪ Candy Schoenheit  
  ▪ Pam Allen  
♦ Military reserve RNs Humanitarian mission to South America 2009  
  ▪ Michelle Gunnett  
  ▪ Michele Duffy  
♦ National Disaster Management System volunteers  
  ▪ Kris Budvarson  
  ▪ Mona Dieffenbacher  
♦ Boy Scout and Girl Scout Nursing volunteers  
  ▪ Honda McFadden  
  ▪ Desiree Turner  
♦ Staff participation in the Susan G. Komen 3-Day Breast Cancer Walk  
♦ Staff participation in hospital-sponsored flu shot clinics |

**Organizational Structure**  
Unit representatives to key hospital and nursing committees:  
♦ Unit Practice Council  
  ▪ Desiree Turner, Chair  
  ▪ Christina Velasquez-Faber, Co-Chair
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Structural Empowerment</th>
</tr>
</thead>
</table>
| PMC = Palomar Medical Center | - Pat Bushnell  
| Pom = Pomerado Hospital |   - Heidi Robyn  
|                           |   - Audrey LuMaye  
|                           |   - Kaitee Brugger  
|                           |   - Karen Cumming  
|                           |   - Carrie Gerdik  
|                           |   - Pam Allen  
|                           |   - PMC/Pom Pediatric ED Committee  
|                           |     - Candy Schoenheit  
|                           |     - Lisa Deemer  
|                           |     - Cathy Prante  
|                           |     - Shelly Ortega  
|                           |     - Madelyn Goble  
|                           |     - Michele Duffy  
|                           |     - Kaitee Brugger  
|                           |   - Triage Re-Design Committee  
|                           |     - Deborah Samrady  
|                           |     - Kelly Sale  
|                           |     - Stephen Baker  
|                           |     - Patricia Bushnell  
|                           |     - Melissa Rouse  
|                           |     - Pam Allen  
|                           |   - Front End Redesign Committee  
|                           |     - Margaret Thomas  
|                           |     - Pam Allen  
|                           |     - Breana Feistal  
|                           |     - Deborah Samrady  
|                           |     - Bonnie McKinney  
|                           |     - Christine Bauer  
|                           |     - Candy Schoenheit  
|                           |     - Kelly Sale  
|                           |     - Andy Taylor  
|                           |     - Josline Parayanthrara  
|                           |     - Amy Wagoner  
|                           |     - Kaitee Brugger  
|                           |   - TOPIC (Trauma):  
|                           |     - Madelyn Goble  
|                           |   - Desiree Turner, Co-Chair, Professional Practice Council  
|                           |   - Karen Manchester, Council of Chairs, Falls  
|                           |   - Michelle Gunnett, Linguistics, Best Practice, Pneumonia  
|                           |   - Cathy Prante, Community Behavioral Health  
|                           |   - Candy Schoenheit, Code Blue  
<p>|                           |   - Patricia Bushnell, Stroke |</p>
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<td>Pom = Pomerado Hospital</td>
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</tbody>
</table>

**Structural Empowerment**
- Andy Taylor, Disaster Preparedness
- Allan Magpusao, Medication Reconciliation
- Kris Budvarson, Emergency Department Interdepartmental Team
- Donna Johnson, Ethics
- Julee Graham, Diabetes

**Professional Development**
Participants in Professional Enhancement Program
- Karen Cumming
- Kim Robinson
- Heidi Robyn
- Candy Schoenheit
- Kaitee Brugger
- Jenny Burton
- Stephen Baker
- Julee Graham
- Desiree Turner
- Donna Johnson
- Mickey McGuire
- Madelyn Goble
- Christina Velasquez-Faber

**Image of Nurses**
CEN national certification
- Kris Budvarson
- Madelyn Goble
- Michelle Gunnett
- Honda McFadden
- Bonnie McKinney
- Mona Dieffenbacher
- Donna Johnson
- Michelle Duffy

Staff nurses currently enrolled in Masters of Nursing program:
- Carrie Gerdik
- Karen Manchester
**Nursing Unit / Facility**  
PMC = Palomar Medical Center  
Pom = Pomerado Hospital

### Structural Empowerment

#### Emergency Department/Observation Unit – Pom

- Community and Healthcare
  - Unit participation in the LaDainian Tomlinson and Project 21 Tour
  - Staff participation in hospital-sponsored flu shot clinics

- Organizational Structure
  - Unit representatives to key hospital and nursing committees:
    - Shelly Ortega, Pediatric Committee
    - Susan Pedersen, Disaster Committee
    - Anna Painter, Council of Innovation
    - Tina Purdy, Wound Care Committee
    - Jackie Ingle, Diabetes Health Committee
    - Melissa Rouse, Medication Management, Cardiac Best Practice Co-Chair, Restraint Committee, Advanced Practice Nurse Council Co-Chair, Nurses Improving Care for Healthsystem Elders (NICHE)
    - Joanne Barnett, Council of Innovation, Employee Giving Steering Committee, Stroke Committee, Restraint Committee
    - Michelle Ritchie, Emergency Department Collaborative Council
    - Lori Chastain, Staff on Safety (SOS) Committee

- Professional Development
  - Participants in Professional Enhancement Program
    - Tina Purdy
    - Michelle Ritchie
    - Esther Dilag
    - Janet Kusser
    - Tracy Snider

- Image of Nurses
  - Certification in Emergency Nursing - 14% of ED RNs
  - Lanan Wood, Emergency Nurses Association President, San Diego Chapter

- RNs enrolled in school
  - Janet Kusser: MSN
  - Tracy Snider: Bachelor of Science in Nursing
  - Joanne Barnett: MSN

### Home Health

- Community and Healthcare
  - Director is a Board Member of the California Association for Health Services at Home
  - Unit participation in Project 21 Food Drive
  - Staff participation in hospital-sponsored flu shot clinics
  - Staff participation in the March of Dimes
  - Staff participation at the San Marcos Street Fair
  - Quality Manager participation on Professional Advisory Committee Delta
**Structural Empowerment**

Health Technologies
- Manager of Private Duty member of Project Community Action to Reach the Elderly

**Organizational Structure**
- Kathy Lorenz, Professional Practice Council member
- Unit Practice Council
  - Kathy Lorenz, Chair
  - Betty Nelson
  - Margaret Womack
  - Patrice Gadd
  - Carmen Reyna
  - Margie Clutter
  - Jessica Clark
- Clinical Leadership Council
  - Elissa Hamilton
  - Louise Angers
  - Katherine Perkins
- Complex Case Review Committee
  - Louise Angers
  - Elissa Hamilton
- Service Excellence Committee
  - Tara Pardo
  - Elissa Hamilton
- Katherine Perkins, Patient Safety Committee, Infection Control Committee, Compliance Oversight Committee
- Margaret Womack, PEP Committee
- Louise Angers, Comfort Assessment Nurses Discovering Options Committee, Cardiac Team
- Nancy Koller, Disaster Planning Committee
- Elissa Hamilton, Regulatory Steering Committee

**Professional Development**
Participants in Professional Enhancement Program FY09
- Nurse Program
  - Sherry Culotta
  - Carmen Reyna
  - Margaret Womack
  - Patrice Gadd

**Image of Nurses**
- Elissa Hamilton, Certified Nursing Administrator, Board-Certified, American Nurses Credentialing Center Certification
<table>
<thead>
<tr>
<th>Structural Empowerment</th>
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</thead>
<tbody>
<tr>
<td>♦ Clinical Nurse Specialists</td>
</tr>
<tr>
<td>￭ Louise Angers, High Risk Home Health</td>
</tr>
<tr>
<td>￭ Nancy Pince, Adult Health and Geriatrics</td>
</tr>
<tr>
<td>￭ Betty Nelson, California Association for Health Services at Home Certified Home Care Manager</td>
</tr>
<tr>
<td>♦ Maureen Paulochik, Wound Certification</td>
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<thead>
<tr>
<th>Intensive Care Unit – Pom</th>
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</thead>
<tbody>
<tr>
<td>♦ Unit participation in Project 21 Food Drive</td>
</tr>
<tr>
<td>♦ Nicole Ward, team member participation in Girl Scout activities</td>
</tr>
<tr>
<td>♦ Team member participation in hospital-sponsored flu shot clinics</td>
</tr>
<tr>
<td>♦ Director and Clinical Nurse Specialist mentoring/support for graduate student’s change project and poster presentation at Association of California Nurse Leaders’ Annual Innovation Conference</td>
</tr>
</tbody>
</table>

**Organizational Structure**

Unit representatives to key hospital and nursing committees:

♦ Skin Champions
  ￭ Norma Peralta
  ￭ Juliet Tamasuza

♦ Active team participation in the Unit Practice Council that encompasses both Intensive Care Unit and Intermediate Care Unit

♦ Sandi Marshal, Unit Practice Council Chair, Professional Practice Council member, Practice Sub-Committee member

♦ Gail Hargas, Value Analysis Team

♦ Janeen Bork, Pneumonia Core Measure Team, MD/RN Collaborative, Council of Innovation

♦ Mary Johnson, Falls

♦ Betsy Markle, Cerner Optimization

**Professional Development**

Participants in Professional Enhancement Program

♦ Mary Johnson

♦ Gail Hargas

♦ Theresa Boyle

♦ Deena Fahrnkopf

Furthering education

♦ Gail Hargas returned to school to complete her Masters in Nursing

**Grand Rounds**

♦ Participation in the “Code Blue Review” Interactive Grand Rounds

**Coordination of Nursing Journal Club**
### Structural Empowerment

- David Wright in combination with unit Director and Clinical Nurse Specialist coordinated a monthly meeting to discuss articles of interest
  - Hypothermia in Cardiac Arrest
  - TPA/Stroke
  - Holding Critically Ill Patients in the Emergency Department
- Certification for Adult, Neonatal and Pediatric Critical Care Nurses (CCRN) Status
- 10 RNs have maintained their CCRN status

**Image of Nurses**
- Celebrated Nurse of the Year 2009: Mary Johnson

<table>
<thead>
<tr>
<th>Intermediate Care Unit – PMC</th>
<th>Community and Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business area</td>
<td></td>
</tr>
<tr>
<td>Nursing Annual Report 2009</td>
<td></td>
</tr>
</tbody>
</table>

**Organizational Structure**

Unit representatives to key hospital and nursing committees:

- Professional Practice Council
  - Carol Hensley
  - Meghan Jaremczuk
- Beverly Leblanc, Trauma
- Ramona Bailey, Pneumonia
- Skin
  - Marietta Mukiibi
  - Martha Youngren
  - Josie Hidalgo
- Falls
  - Anabella Duque
  - Susan Hersch
  - Sarah Reichel
  - Emily Kirst
  - Normita Datuin
- Comfort Assessment Nurses Discovering Options (CANDO)
  - Meghan Jaremczuk
  - Pam Sheldon
  - Jan Lavenuta
  - Nicole Jones
  - Carol Hensley
- Diabetes
  - Emmylou Soriano
  - Alby Marroquin
- Beverly Leblanc, Professional Enhancement Program
### Structural Empowerment

**Professional Development**
Increased participation in Professional Enhancement Program
- Melanie Doubrava
- Susan Hersch
- Carol Hensley
- Pam Sheldon
- Luz Thrash
- Mylene Serna
- Nellie Reyes
- George Santiago
- Kathy Medlock-Bacon
- Beverly Leblanc

**Further Education**
- Carol Hensley completed Bachelor of Science in Nursing
- Nellie Reyes completed Bachelor of Science in Nursing
- Jin Brown completed MSN
- Kate Stacy completed PhD

**Image of Nurses**
Progressive Care Certified Nurses national certification
- Ramona Bailey
- Susan Hersch
- Kate Stacy
- Rae Anne Watson

- Johnson & Johnson Nursing Recruitment Video
  - Melanie Doubrava
  - Carol Hensley
- RaeAnne Watson, American Nurses Credentialing Center’s Nurse Executive certification
- Kate Stacy, CCRN, Clinical Nurse Specialist Certification, Critical Care Nurse Reviewer, 2008-2009 American Association of Critical Care Nurses, National Committee Participant
  - AACN National Nominating Committee 2008-2009
  - Progressive Care Exam Development Committee 2008-2009
  - Irene Sabelberg Palmer Scholarship Award (USD) 2009
  - Sigma Theta Tau Zeta Mu Chapter Research Award 2009
  - AACN Education Advancement Scholarship 2008-2009
  - Educational Advancement Scholarship San Diego Chapter AACN 2009
  - Reviewer for AACN Procedure Manual
  - Subject matter expert for Elsevier for Mosby skills
<table>
<thead>
<tr>
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<tr>
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<tr>
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<td>♦ Unit participation in Project 21 Food Drive</td>
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<td></td>
<td>♦ Team member participation in hospital-sponsored flu shot clinics</td>
</tr>
<tr>
<td></td>
<td>♦ Director and Clinical Nurse Specialist mentoring and support for team member Nicolette Marta to present at Grand Rounds presentation</td>
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<td>Unit representatives to key hospital and nursing committees:</td>
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<tr>
<td>♦ Active team participation in the Unit Practice Council that encompasses both ICU and IMC</td>
</tr>
<tr>
<td>♦ Sandy Marshal, Unit Practice Council Chair, Professional Practice Council member, Practice Sub-committee member</td>
</tr>
<tr>
<td>♦ Leah Naval, Diabetes liaison</td>
</tr>
<tr>
<td>♦ Sandra Tallon, Skin Champion</td>
</tr>
<tr>
<td>♦ Nicolette Marta, bariatric staff liaison</td>
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<tr>
<th>Professional Development</th>
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<tbody>
<tr>
<td>National Certification:</td>
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<tr>
<td>♦ Leah Naval maintained her CCRN certification and obtained Medical Surgical Certification</td>
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<tr>
<th>Furthering education:</th>
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<tbody>
<tr>
<td>♦ Kathy Nguyen returned to school to further her degree</td>
</tr>
<tr>
<td>♦ Kathy Nguyen and Nicolette Marta attended AACN’s annual conference National Teaching Institute</td>
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<tr>
<th>Grand Rounds</th>
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<tr>
<td>♦ Participation in “Care of the Bariatric Surgery Patient,” an interdisciplinary approach</td>
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<tr>
<th>Image of Nurses</th>
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<tbody>
<tr>
<td>♦ Celebrated Nurse of the Year: Mary Grace Geonanga</td>
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<tr>
<th>Medical Oncology (Tower 7) – PMC</th>
<th>Community and Healthcare</th>
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<tr>
<td></td>
<td>♦ Unit participation in Project 21 Food Drive; Unit Director participated in the food sorting and distribution</td>
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<td></td>
<td>♦ Staff participation in hospital-sponsored flu shot clinics</td>
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<td>Unit representatives to key hospital and nursing committees:</td>
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<tr>
<td>♦ Nurses Improving Care for Healthsystem Elders (NICHE)</td>
</tr>
<tr>
<td>▪ Patricia Hunter</td>
</tr>
<tr>
<td>▪ Larisa Maletic</td>
</tr>
<tr>
<td>♦ Patricia Hunter, Unit Practice Council Chair, Professional Practice Council</td>
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</tbody>
</table>
### Structural Empowerment

- Rose DeJesus, Safe Patient Handling
- Myrna Del Rosario, Falls
- Sally Lichtenberger, Skin
- Christine Noble, Pneumonia

### Professional Development

Participants in Professional Enhancement Program
- Joan Pasilaban
- Eufemia Ducisin
- Larisa Maletic
- Myrna Del Rosario
- Patricia Hunter
- Lita Bacon

### Image of Nurses

Academy of Medical-Surgical Nurses national certification
- Kristi Favor
Masters of Health Administration completion
- Debra Hodges

### Community and Healthcare

- Unit participation in Project 21 Food Drive; Unit Director participated in the food sorting and distribution
- Staff participation in hospital sponsored-flu shot clinics

### Organizational Structure

Unit representatives to key hospital and nursing committees:
- Janice Frederick, Unit Practice Council Chair, Professional Practice Council member
- Stephanie Huddleston, Disaster
- Falls
  - Olivia Manrique
  - Jeanett Rutab
- Johanna Dones, Skin
- Lucy Mota, Diabetes

### Professional Development

Participants in Professional Enhancement Program
- Irene Wiese
- Griselle Sanders
- Deanna Horan
- Melissa Pfeffer
- Wendy Hawkins
### Structural Empowerment

**Image of Nurses**

- Academy of Medical-Surgical Nurses national certification
  - Kristi Favor
- Bachelor of Science in Nursing completion
  - Melissa Pfeffer
- Masters of Health Administration completion
  - Debra Hodges

**Medical Surgical Telemetry – Pom**

**Community and Healthcare**

- Staff participation in hospital-sponsored flu shot clinics
- 1 Bachelor of Science in Nursing RN, Karen Gordon, teaches monthly preoperative orthopedic classes.
- 1 RN, Thu Ha, works 8 hours weekly at Linda Vista Healthcare Center as part of process to obtaining her diabetes certification. She has been asked to participate in research for diabetes medication.
- Shirley Zimmerman, Susan Lampert, Eva “Bunny” Krall and Jackie Close presented “Implementation of a Geriatric Resource Nurse Model for Delivery of Elder Care on a Medical Surgical Unit to Positively Impact Elder Care Outcomes” at San Diego Association of California Nurse Leaders Innovations Conference.

**Organizational Structure**

Nursing voice in key hospital and nursing committees:

- Unit representatives to key hospital and nursing committees:
  - Susan Lampert, Professional Practice Council member
  - Unit Practice Council
    - Susan Lampert, Chair
    - Renee Olesky, Co-Chair
    - Laura Schoenbrun
    - Mary Kay Morse
    - Melanie Marriot
    - Olivia Sebastian
    - Tessie Carpio
    - Eva “Bunny” Krall
    - Robert Trifunovic, MD, Facilitator
  - Skin Team
    - Chikako Sherbo
    - Bob Healy
    - Cortney Ellingworth
  - Charlotte Putroff, Falls Team
  - Diabetes Team
    - Ha Thu
    - Michael Beck
    - Lori Carroll
### Structural Empowerment

- Alma Davis, Comfort Assessment Nurses Discovering Options (CANDO) Team
- Chikako Sherbo, Professional Enhancement Program Committee
- Lori Carroll, Employee Capital Committee
- Nurses Improving Care for Healthsystem Elders (NICHE) Nurses:
  - Laura Schoenbrun
  - Lisa Julian
  - Lori Carroll
  - Nancy Young
  - Shirley Zimmerman
  - Susan Lampert
  - Valerie Martinez
  - Eva “Bunny” Krall
  - Denyse Bardick
- Nancy Young, Cerner Optimization Representative
- Cerner Superusers:
  - Al Coburn
  - Michael Beck
  - Farinah Mojadedi
  - Hank Halliday
  - Laura Schoenbrun
  - Lori Carroll
- Eva “Bunny” Krall, CMS - Stroke
- Best Practice
  - Pneumonia: Susan Lampert
  - Myocardial Infarction/Heart Failure
    - Eva “Bunny” Krall, Co-Chair
    - Laura Schoenbrun
  - Surgical Care Improvement Project (SCIP): Valerie Martinez, Chair
- Lori Carroll, Disaster Committee

### Professional Development

- Participants in Professional Enhancement Program
  - Karen Gordon
  - Susan Lampert
  - Renee Olesky
  - Chikako Sherbo

Staff enrolled in further education
- Betty Moore enrolled in Masters of Family Nurse Practitioner Program at Loma Linda – to complete June 2010
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</table>
| | ◆ Certified Medical-Surgical Registered Nurse (CMSRN) National Certification
| | ▪ Betty Moore
| | ▪ Eva “Bunny” Krall
| | ▪ Chikako Sherbo
| | ▪ Denyse Bardick
| | ▪ Julie Medin
| | ▪ Lisa Julian
| | ▪ Lori Carroll
| | ▪ Nancy Young
| | ▪ Renee Olesky
| | ▪ Valerie Martinez
| Orthopedic-Neurological Unit (Tower 5) – PMC |
| Community and Healthcare |
| ◆ Unit participation in Project 21 Food Drive
| ◆ Unit participation in Stroke screening
| ◆ Staff participation in hospital-sponsored flu shot clinics
| ◆ Patient education classes “Pre-op Total Joint Surgery” monthly taught by staff RN Shannon Bagnasco

Organizational Structure
Unit representatives to key hospital and nursing committees:
◆ Skin
  ▪ Erika Bonham
  ▪ Beverly Santiago
◆ Alain Ombao, Falls
◆ Barbara Buesch, CMS-Stroke
◆ Luana Bashel, Transforming Care at the Bedside
◆ Ray McCune, Professional Practice Council
◆ Shannon Bagnasco, Diabetes
◆ Shelly Andrews, CMS- Hip/Knee

Professional Development
Participants in Professional Enhancement Program
◆ Shannon Bagnasco
◆ Ray McCune
◆ Renante Reyes
◆ Alain Ombao
◆ Desiree Arenas
◆ Veronica Miller
◆ Jack Tabili
◆ Beverly Santiago
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### Structural Empowerment

#### Image of Nurses
- Oncology Certified Nurse (OCN) national certification
  - Ray McCune
  - Karen Hasty
  - Fona Fornasdoro
  - Shelly Andrews
- American Nurses Credentialing Center’s Nurse Executive certification
  - Kathy Mendez

#### Palomar Continuing Care Center

#### Community and Healthcare
- Kay Sears, Parish Nurse of Lutheran Church of Incarnation
- Staff participation in hospital-sponsored flu shot clinics

#### Organizational Structure
Unit representatives to key hospital and nursing committees:
- Professional Practice Council
  - Jennifer Pierce
  - Jennifer Rodrigo
  - Shelly Burdette-Taylor
- Anne Wagner, Safe Patient Handling, Home Health Advisory, Regulatory Steering, Quality and Safety
- Falls
  - Ramona Prather
  - Shelly Burdette-Taylor
- Nurses Improving Care for Healthsystem Elders (NICHE)
  - Ramona Prather
  - Shelly Burdette-Taylor
- Kaye Sears, Infection Control
- Skin/Wound
  - Beth Blackmon
  - Jennifer Pierce
  - Denise Proulx

#### Professional Development, Special interest topics and projects
Participants in Professional Enhancement Program
- Beth Blackmon, Agency for Healthcare Research and Quality (AHRQ) Project – Quality Improvement – Pressure Ulcer
- Fe Rubiano, Compassionate Care
- Jennifer Pierce, Diabetes Committee
- Margarita Fabunan, Nurse and Patient Satisfaction
- Shirley Livelo, Nurse and Patient Satisfaction, Intravenous Therapy
- Jennifer Rodrigo, Unit Practice Council alternative representative
### Structural Empowerment

**Image of Nurses Certifications**
- Anne Wagner, American Nurses Credentialing Center
- Denise Proulx, Wound Ostomy Continence Nursing Certification Board (WOCNCB) in Foot Care
- Ramona Prather, Wound Care Certified

### Pediatrics/Neonatal Intensive Care Unit – PMC

#### Community and Healthcare

Staff participation in:
- Passport to Employee Health and Wellness led by Jacqueline Lewis
- Flu Shot Clinics
- Fundraising/walks for breast cancer and March of Dimes in collaboration with Birth Center

RN participation:
- Karen Dougherty, coordination of March of Dimes Walk for Southern California Association of Neonatal Nurses
- Shamin Khalfan, building homes in Mexico for the underprivileged
- Camp nurse activities
  - Shamin Khalfan
  - Stephanie Boyd
- Hope Trompeter-Guzman, education of University of California San Diego students to promote PPH
- Meena Walser, Neonatal Intensive Care Unit (NICU), Evidence-Based Practice Fellow, Kangaroo Care presentation at Association of California Nurse Leaders Innovation Conference

#### Organizational Structure

Unit representatives to key hospital and nursing committees:
- Crystal Mistric, Falls, Disaster
- Karen Beckett, Professional Practice Council
- Barbara Pfeffer, Medication Management
- Stephanie Boyd, Pediatrics/NICU, PMC and Pom Perinatal Committee

**Unit Practice Council**
- Karen Beckett, Chair
- Merah Bousquet, Co-chair
- Anne Smith, Secretary
- Meena Walser
- Karen Dougherty
- Shamin Khalfan
- Kenna Hulka (added Pediatrics representation)
- Christina Dinnall (added Pediatrics representation)
Structural Empowerment

Professional Development
- Professional Enhancement Program participation: 20% of staff for Pediatrics/NICU
- Mock Code Team development, in collaboration with Birth Center
  - Stephanie Boyd
  - Merah Bousquet
  - Karen Dougherty
  - Michele Primus
- Asthma Task Force, in collaboration with Dr. Epstein and Respiratory Care Providers
  - Stephanie Boyd
  - Merah Bousquet
  - Crystal Mistric
- Impact Plan focus on Q12 Employee Engagement Questions 3 and 14

Certifications/degrees:
- Stephanie Boyd obtained Certified Pediatric Nurse (CPN) Certification
- Josefina Nabung obtained Master’s degree
- Roberta Romero obtained Master’s degree/Nurse Practitioner

Staff participation in the local chapter of National Association of Neonatal Nurses, Southern California Association of Neonatal Nurses (SCANN):
- Members
  - Stephanie Boyd
  - Carolyn Shaputnic
  - Merah Bousquet
  - Shamin Khalfan
  - Lourdes Ibadlit
  - Jacqueline Lewis
  - Helen Heiland
  - Meena Walser
  - Karen Beckett
  - Karen Dougherty
  - Barbara Pfeffer
  - Eileen Honda
- Annual SCANN conference: Carolyn Shaputnic coordinated 14th Annual “Changing Tides in Neonatal Care” November 2008
- Karen Dougherty, Treasurer for the combined California Chapters of National Association of Neonatal Nurses, “Neonatal Dreaming” Conference April 2009
### Structural Empowerment

**Image of Nurses**
- Nurse of the Year for Pediatrics: Crystal Mistric
- Nurse of the Year for NICU: Shamin Khalfan
- Palomar Medical Center Nurse of the Year: Shamin Khalfan

**Community and Healthcare**
- Unit participation in Project 21 Food Drive
- Staff participation in hospital-sponsored flu shot clinics
- Three-time sponsor for Fresh Start weekend surgery program

**Organizational Structure**
Unit representatives to key hospital and nursing committees:
- PMC Perioperative Unit Practice Council
  - Alexis Gonzalez, Chair
  - Doreen Shaw, Co-Chair
  - Noemi Francia
  - Susan Goodwin
  - Sarah Propis
  - Diane Imperial
  - Linda Miller
  - Eloise Nicosia
  - Michelle Fennell
- Escondido Surgery Center (ESC) Perioperative Unit Practice Council
  - Robin Thomas, Chair
  - Lori Beach, Co-Chair
  - Cathy Wulff, Secretary
  - Laurie Castellano
  - Myrna Razo
  - Kris Harding
  - Barbara “Bobbie” Cronk

**Professional Development**
Participants in Professional Enhancement Program (PEP)
- 10 RNs from PMC Operating Room. Average PEP bonus was $1,410.
- 7 RNs from PMC Pre-operative/Post Anesthesia Care Unit. Average PEP bonus was $1,700.
- 11 RNs from the Escondido Surgery Center. Average PEP bonus was $1,736.

**Image of Nurses**
Certified Nurse, Operating Room (CNOR) national certification
- Katheryn Kinnamon
- Kathy Johnson
- Michelle Fennell
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<tr>
<td></td>
<td>♦ Jeannie Weeks</td>
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<td>♦ Linda Miller</td>
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<td>♦ Eloise Nicosia</td>
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<td></td>
<td>♦ Myrna Razo</td>
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<td></td>
<td>♦ Valerie Swain</td>
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<tr>
<td></td>
<td>American Society of PeriAnesthesia Nurses (ASPCN) national certification/CCRN</td>
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<td></td>
<td>♦ Christine Ryan</td>
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<td>♦ Barbara “Bobbie” Cronk</td>
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<td>♦ Marilyn Cueto</td>
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<td>♦ Rhonda Barry</td>
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<td>♦ Kelly Pugh</td>
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<td></td>
<td>Degree completion</td>
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<tr>
<td></td>
<td>♦ Valerie Swain obtained Bachelor of Science in Nursing</td>
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<tr>
<td></td>
<td>♦ Linda Phillips obtained Bachelor of Science in Nursing</td>
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<tr>
<td>♦ 1 Bachelor of Science in Nursing RN teaches Total Joint class monthly</td>
</tr>
<tr>
<td>♦ 1 Bachelor of Science in Nursing RN teaches Crisis Prevention course monthly</td>
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<td>♦ Lori Penney, Professional Practice Council</td>
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<td>♦ Unit Practice Council</td>
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<tr>
<td>▪ Lori Penney, Chair</td>
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<tr>
<td>▪ Lisa Finch, Co-Chair</td>
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<td>▪ Linda Brown</td>
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<td>▪ Recela Meador</td>
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<td>▪ Nelly Diwag</td>
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<td>▪ Vicki Sanchez</td>
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<tr>
<td>♦ Bariatric Committee</td>
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<td>▪ Cheryl Nance</td>
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<td>▪ Susan Keane</td>
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<td>▪ Jim Wilkerson</td>
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<tr>
<td>♦ Infection Control Committee</td>
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<tr>
<td>▪ Cheryl Nance</td>
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<tr>
<td>▪ Rhonda Wilson</td>
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<tr>
<td>♦ Bev Miller, Safety Committee</td>
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<tr>
<td>♦ Jim Wilkerson, Forms Committee</td>
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<tr>
<td>♦ Dee Paxton, Professional Enhancement Program Committee</td>
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<tr>
<td>♦ Rhonda Wilson, Employee Capital Committee</td>
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### Structural Empowerment

**Professional Development**
Participants in Professional Enhancement Program
- Vicki Sanchez
- Gale Matthews
- Donna Barnes
- Elise Seene
- Lisa Slabaugh

Leadership Development participation
- Jim Wilkerson, Project Management
- Supervisors, Team Facilitation and Crucial Conversations

**Image of Nurses**
Certified Nurse, Operating Room (CNOR) National Certification
- Betty Van Lant
- Linda Brown
- Rhonda Wilson
- Dee Paxton
- Cindy Luikart
- Michelle Fennell
- Lisa Finch
- Marilyn Clements

American Society of PeriAnesthesia Nurses (ASPAN) National Certification
- Tara Fletcher
- Elise Seene

Society of Gastroenterology Nurses and Associates (SGNA)
- Donna Barnes

### Trauma Services – PMC

**Community and Healthcare**
- Trauma Prevention Position incorporated with Trauma Clinician position
- Led the Multidisciplinary team in volunteer unit participation in *Every 15 Minutes*, March 2009 Poway School District, April 2009 Fallbrook School District
- Membership on Alcohol, Tobacco and Other Drugs Task Force
- Participation in Mothers Against Drunk Driving walk; raised over $2000
- Membership on Falls Prevention Committee for San Diego County
- Membership on Community Alliance for Escondido
- Students Against Destructive Decisions presentation at Valley High
- Participation on Teen Health subcommittee of Escondido Community Action Council
### Structural Empowerment

#### Professional Development
- Trauma Registrar obtained National Certification March 2008
- Held first annual Trauma and Respiratory Care Conference at Black Mountain Facility with over one hundred attendees
- Participated in six Trauma Nursing Core Courses presented at no charge to staff for trauma continuing education credit
- Participated in two advanced trauma care nursing courses
- Held quarterly trauma nurse orientation course
- Bimonthly Trauma Grand Rounds
- New Graduate Emergency Department/Critical Care Unit trauma course
- Second annual Trauma and Respiratory Care Conference, October, 2009 “NeuroFest 2009.”

#### Community and Healthcare
- Staff participation in hospital-sponsored flu shot clinics
- Director volunteer in Medical Corps for San Diego County, Medical assistance for annual marathon

#### Organizational Structure
Unit representatives to key hospital and nursing committees:
- Professional Practice Council
  - Maria Elena Abrajano
  - Loida Noriega
  - Shelly Burdette-Taylor
- Nurses Improving Care for Healthsystem Elders (NICHE)
  - Pamela Wheeler
  - Yvette Debellotte-Sinclair
  - Shelly Burdette-Taylor
- Skin/Wound
  - Josefa Macasieb
  - Wahying Yuen
  - Kathleen Weston
  - Shelly Burdette-Taylor
- Infection Control
  - Marilyn Tabula
  - Pamela Wheeler
- Marilyn Bailey, Safe Patient Handling, Regulatory Steering, Quality and Safety
- Alma Gayap, Falls
- Maria Elena Abrajano, Diabetes Committee
- Miriam Robleza, Comfort Assessment Nurses Discovering Options (CANDO)
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>Structural Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC = Palomar Medical Center Pom = Pomerado Hospital</td>
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</tr>
<tr>
<td><strong>Professional Development, Special Interest Topics and Projects</strong> Participants in Professional Enhancement Program:</td>
<td></td>
</tr>
<tr>
<td>♦ Kathleen Weston and Wahying Yuen, AHRQ Project, Quality Improvement – Pressure Ulcer</td>
<td></td>
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<tr>
<td>♦ Alma Gayap, Falls Initiative and data collection</td>
<td></td>
</tr>
<tr>
<td>♦ Maria Elena Abrajano, Professional Practice Council, Diabetes Committee</td>
<td></td>
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<tr>
<td>♦ Yolanda Liganor, Sleep Protocol, Nurse and Patient Satisfaction</td>
<td></td>
</tr>
<tr>
<td>♦ Josefa Macasieb, Skin and Wound Care Initiative</td>
<td></td>
</tr>
<tr>
<td>♦ Loida Noriega, Unit Practice Council alternate representative</td>
<td></td>
</tr>
<tr>
<td>♦ Yvette Debellotte-Sinclair – Urinary Tract Infection related to Infection Control – abstract submitted accepted and presented poster at Association of California Nurse Leaders (ACNL) Conference June 2009 – Nurses Improving Care for Healthsystem Elders (NICHE) toileting</td>
<td></td>
</tr>
<tr>
<td>♦ June Apon and Miriam Robleza – Hourly Rounding Initiative</td>
<td></td>
</tr>
</tbody>
</table>

**Image of Nurses Certifications**

♦ Yvette Debellotte, Wound Ostomy Continence Nursing Certification Board (WOCN CB) Certified Eligible in Foot Care – completed all course work | |
♦ Kathleen Weston, Wound Care Certified | |

<table>
<thead>
<tr>
<th>Wound Care Centers – PMC and Pom</th>
<th>Community and Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit participation in Project 21 Food Drive</td>
<td></td>
</tr>
</tbody>
</table>

**Organizational Structure**

♦ Judith Dougherty, Diabetes Resource Team | |
♦ Melinda Kanter, Unit Practice Council Chair, Professional Practice Council member | |
♦ Barbara DiPaolo, Professional Enhancement Program Committee | |

**Professional Development**

♦ Unit Practice Council created learning stations for skills day for both units | |
♦ Patient case review presented at monthly medical staff meetings | |
♦ Created nutritional handout for patients | |
♦ Created patient fall risk education tool | |
♦ Created patient education radiation handout | |
♦ Created MRSA patient education tool | |
### Nursing Unit / Facility

**PMC** = Palomar Medical Center  
**Pom** = Pomerado Hospital

### Acute Rehabilitation – PMC

- **Nurses as Teachers**
  - Staff and leadership participate in precepting students from various schools
  - New graduate student hired for day shift with precepting by RNs

### Professional Models of Care

- Relationship-based care: The interdisciplinary team implemented a new model of care delivery which involved the use of patient care technicians, a position which shares roles between nursing and therapists

### Behavioral Health: Mental Health Unit (MHU) and Gero-Psychiatric Unit (GPU), Palomar Pomerado Health

- **Nurses as Teachers**
  - Staff/leadership participates in precepting students from:
    - Palomar College
    - California State University San Marcos (Bachelor of Science in Nursing [BSN] generic track, 2nd career BSN track)

- **Additional Teaching:**
  - Natalie Gallagher, San Diego State University School of Nursing- Adjunct Faculty Member
  - Shelley Korytko, Crisis Prevention Instructor
  - Abigail Dignadice, Family Classes for Depression Education at Discharge
  - Firearms Reporting Training (Department of Justice)
    - Natalie Gallagher
    - Shelley Korytko

### Professional Models of Care

- Staff Development
  - Nursing Grand Rounds Pom Gero-Psychiatric Unit (GPU) – “Care of the Gero-Psychiatric Patient with Dementia” August 2008
    - Bea Baez
    - Denise Pocholski
### Nursing Unit / Facility

**PMC = Palomar Medical Center**  
**Pom = Pomerado Hospital**

### Exemplary Professional Practice

- Tess Astrera
- Joyce Morrey, GPU, Critical Thinking Training
- Mary Lewis, Pom, Implementation of Outpatient Nurse for PHP
- Natalie Gallagher, Implementation of Psychiatric Clinical Nurse Specialist for Behavioral Health

#### Consultation and Resources

Functions as unit resource:
- Nurses Improving Care for Healthsystem Elders (NICHE)  
  - Denise Pocholski
  - Tina Geary
- Natalie Gallagher, Clinical Nurse Specialist, Mental Healthy Unit (MHU)/GPU  
  - Kimberly Swift, Preceptor MHU
  - Shelley Korytko, LPS Task Force
- Susan Linback, Board Member, California Hospital Association’s Center for Behavioral Health

### Birth Center – PMC

#### Nurses as Teachers

35 staff serve as preceptors for students and new hires. Midwives precept midwivery students from:
- Palomar College
- California State University San Marcos
- National University
- PPH extern program
- Two Certified Nurse Midwives are instructors at California State University San Marcos for RNs and midwife students.

#### Professional Models of Care

Staff developed:
- Relationship-Based Care Post Partum Pain model
- Relationship-Based Care Mother/Baby Care model
- Relationship-Based Care Perinatal Loss model

#### Consultation and Resources

Functions as unit resource – Clinical III RNs:
- Vera Knox – Perinatal Loss
- Meena Walser – Kangaroo Care

### Birth Center – Pom

#### Nurses as Teachers

6 Maternal/Child Health staff serves as preceptors for 2 new graduates. One extern was hired to train in the Neonatal Intensive Care Unit.
- Palomar College
- California State University San Marcos
- PPH extern program
### Exemplary Professional Practice

#### Nursing Unit / Facility
PMC = Palomar Medical Center
Pom = Pomerado Hospital

#### Professional Models of Care
Staff developed:
- Relationship-Based Care Post-Partum Pain model of care
- Relationship-Based Care Mother/Baby Care model
- Relationship-Based Care Perinatal Loss model

#### Consultation and Resources
Functions as unit resource – Clinical III RNs:
- Valerie Read, Newborn Hearing Screen Certification by State of California Department of Health
- Marjorie Barr, 2009 Evidence-Based Practice Fellow presented poster on *Skin-to-Skin: The Golden Hour*, at the Association of California Nurse Leaders Innovations Conference
- Collaborated with Advanced Practice Nurse Council, including all Clinical Nurse Specialists for standardization to replace annual skills competency with quarterly competency
- Purchased Advanced Perinatal Services 10-module online education program regarding care of the pregnant patient, which offers information and examples of ongoing obstetrics emergency drills and other relevant items

#### Cardiac Care Unit – PMC

#### Nurses as Teachers
Staff participates in precepting students from:
- Palomar College
- California State University San Marcos
- National University
- PPH extern program

#### Professional Models of Care
Staff developed:
- Acute Myocardial Infarction Relationship model of care
- Congestive Heart Failure Relationship model of care

#### Consultation and Resources
Functions as unit resource – Clinical III RNs:
- Ninetta Canaria
- Luz Nebreja
- Diane Hoffman
- Jennifer Lutes
- June Mallory
- Beth Salvador
- Cindy Valenciano
### Critical Care Unit – PMC

- Three additional RNs achieved CCRN status.
- The current percentage of CCRN nurses is 12%.

The Professional Enhancement program (PEP) rewarded 15 Critical Care Unit nurses who participated. Their activities impacted the clinical environment in the areas of:

- Education
- Committee membership
- Inservices
- Journal club
- Preceptorship
- Quality chart audits
- Community outreach

### Emergency Department – PMC

#### Nurses as Teachers

Staff and leadership participates in precepting students from:

- Palomar College
- California State University San Marcos
- National University
- University of San Diego
- PPH nurse extern program
- Pre-hospital paramedic students
- Pre-hospital Emergency Medical Technician student

#### Professional Models of Care

Staff developed:

- Pain Relationship model of care
- End of Life model of care
- Patient/Family Relationship model of care

#### Consultation and Resources

Functions as unit resource – Clinical III RNs:

- Bonnie McKinney
- Christine Bauer
- Carrie Gerdik
- Cathy Jacobs
- Donna Johnson
- Deborah Samrady
- Kris Budvarson
- Karen Manchester
### Exemplary Professional Practice

#### Emergency Department/Observation Unit – Pom

**Nurses as Teachers**
- Successful completion and retention of 3 new graduate nurses and 1 new to specialty RNs in the ED
- Use of the Emergency Nurses Association Core Curriculum Program for the new graduate RN
- Tina Purdy gave Grand Rounds presentation, *Acute Myocardial Infarction Best Practice for Transfer to the Cardiac Catheterization Lab*
- New graduate RN case presentation upon completion of orientation

**Consultation and Resources**
Functions as unit resource – Clinical III RNs:
- Michelle Ritchie
- Esther Dilag
- Carolyn Couch
- Deirdre Kennedy-Barnes
- William Hight
- Jackie Ingle
- Tracy Snider

#### Home Health

**Nurses as Teachers**
Staff and leadership participates in precepting students from:
- Palomar College, RNs
- California State University San Marcos, RNs
- Maric College – Medical Technicians

**Professional Models of Care**
Staff developed:
- Margaret Womack presented Relationship-Based Model for Home Health to Magnet appraisers during survey
- Carmen Reyna presented Research Project for Home Health to Magnet appraisers during survey
- Presentation at California Association for Health Services and Home (CAHSAH) titled *Using Original Research to Redesign Care Delivery in an Integrated Health System*. Presented by:
  - Carmen Reyna
  - Katherine Perkins
  - Elissa Hamilton
  - Brenda Fischer
  - Nancy Koller

**Consultation and Resources**
Functions as unit resource
- Nurse Case Managers
Nursing Unit / Facility
PMC = Palomar Medical Center
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Exemplary Professional Practice

- Sherry Culotta
- Patrice Gadd
- Carmen Reyna
- Margaret Womack
- Lisa Abellera
- Lerma Ronquillo
- Velma Rosete
- Yun Chen Kurland
- Jessie Buendia
- Renee Pitts
- Glynn Cascolan
- Margie Clutter
- Clinical Nurse Specialists
  - Louise Angers
  - Nancy Pince
- Katherine Perkins, Quality Nurse Manager
- Betty Nelson, Nursing Supervisor

Intensive Care Unit – Pom

Nurses as Teachers

Team participated in precepting students from:
- Palomar College
- California State University San Marcos
- National University
- PPH extern program

Team members participated in precepting new RN graduates:
- Jennifer Pedersen
- Laura Anderson

Team members participated in precepting new-to-specialty RNs:
- Marvin Ramos
- Kendra Maxwell-Aylett

Participation in precepting graduate CNS students for clinical hours:
- Monique Ostermann

Professional Models of Care

Clinical Nurse Specialist, Director and leadership team
- Benner’s Novice to Expert Framework utilized to individualize orientations
- Ventilator-Associated Pneumonia Relationship Model of care

Consultation and Resources
- Unit Clinical Nurse Specialist consultation
- Interdisciplinary rounds with Intensive Care Unit Medical Director, primary
**Exemplary Professional Practice**

- care RN, Clinical Nurse Specialist, Pharmacy, Dietary, and Case Manager
  - Palliative care Clinical Nurse Specialist consulted for End of Life and comfort concerns
  - Geriatric care Clinical Nurse Specialist consulted for delirium and dementia concerns
  - Ethics Committee consultation completed by team members
  - Wound Care consultations completed

**Intermediate Care Unit – PMC**

**Nurses as Teachers**

Staff/leadership participates in precepting students from:
- Palomar College
- California State University San Marcos
- National University
- PPH nurse extern program

California State University San Macros Clinical Instructor
- Josephine Hidalgo

San Diego State School of Nursing Adjunct Faculty Member
- Kathleen Stacy

**Professional Models of Care**

- Staff developed Caring for the Chronically Critically Ill Patient- The Relationship- Based Model of Care

**Consultation and Resources**

Functions as unit resource – Clinical III RNs:
- Susan Hersch
- Neili Lopez
- Connie McConnell, Intravenous Team
- Donna Cecil, Intravenous Team
- Cynthia Naguit
- Mylene Serna
- Martha Youngren
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<thead>
<tr>
<th>Nursing Unit / Facility</th>
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<tbody>
<tr>
<td>Intermediate Care Unit – Pom</td>
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<tr>
<td></td>
<td>Team participated in precepting students from:</td>
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<tr>
<td></td>
<td>♦ Palomar College</td>
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<td>♦ California State University San Macros</td>
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<td>♦ National University</td>
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<td>♦ PPH extern program</td>
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<td></td>
<td>♦ Kelly Hutchinson</td>
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<tr>
<td></td>
<td>♦ Miranda Covalesky: extern-to-new grad hire</td>
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<td></td>
<td>♦ Joanne Meza: student-to-new grad hire</td>
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<tr>
<td></td>
<td>Team member participation in precepting new RN graduates:</td>
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<tr>
<td></td>
<td>♦ Abbey Zgliniec</td>
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<td></td>
<td>♦ Louise Rucki</td>
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<td></td>
<td><strong>Professional Models of Care</strong></td>
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<tr>
<td></td>
<td>Clinical Nurse Specialist, Director and leadership team</td>
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<td>♦ Benner’s Novice to Expert Framework utilized to individualize orientations</td>
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<td>♦ Bariatric Relationship model of care</td>
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<td></td>
<td><strong>Consultation and Resources</strong></td>
</tr>
<tr>
<td></td>
<td>♦ Unit Clinical Nurse Specialist consultation</td>
</tr>
<tr>
<td></td>
<td>♦ Interdisciplinary Rounds with Case Management, Infection Control RN, Geriatric Clinical Nurse Specialist, and RN staff</td>
</tr>
<tr>
<td></td>
<td>♦ Ethics Committee consultation by team members completed</td>
</tr>
<tr>
<td></td>
<td>♦ Geriatric care Clinical Nurse Specialist consulted for delirium and dementia concerns</td>
</tr>
<tr>
<td></td>
<td>♦ Wound Care consultations completed</td>
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<tr>
<td>Medical Oncology (Tower 7) – PMC</td>
<td><strong>Nurses as Teachers</strong></td>
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<tr>
<td></td>
<td>Staff and leadership participates in precepting students from:</td>
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<td>♦ National University</td>
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<td>♦ PPH extern program</td>
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<td></td>
<td><strong>Professional Models of Care</strong></td>
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<td></td>
<td>Staff developed:</td>
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<tr>
<td></td>
<td>♦ Pain Relationship model of care</td>
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<td></td>
<td>♦ Pressure Ulcer Relationship model of care</td>
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<tr>
<td></td>
<td>♦ Nurses Improving Care for Healthsystem Elders (NICHE) Relationship model of care</td>
</tr>
<tr>
<td></td>
<td>♦ Patient /Family Relationship model of care</td>
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</tbody>
</table>
### Exemplary Professional Practice

#### Consultation and Resources
Functions as unit resource – Clinical III RNs:
- Myrna Del Rosario
- Estrella Enriquez
- Agnes Ablang
- Eufemia Ducusin

#### Medical Surgical (Tower 8) – PMC

**Nurses as Teachers**
Staff and leadership participates in precepting students from:
- Palomar College
- California State University San Macros
- National University
- PPH extern program

**Professional Models of Care**
Staff developed:
- Pain Relationship model of care
- Pressure Ulcer Relationship model of care
- Patient/Family Relationship model of care

**Consultation and Resources**
Functions as unit resource – Clinical III RNs:
- Irene Wiese
- Wendy Hawkins

#### Medical Surgical Telemetry – Pom

**Nurses as Teachers**
Staff and leadership participates in precepting students from:
- Palomar College
- California State University San Macros
- National University
- San Diego State University
- Point Loma Nazarene
- PPH extern program
- Academy of Medical Surgical Nursing San Diego Chapter, Certification
- Eva “Bunny” Krall, Review Course – Respiratory Assessment

**Onboarding of Staff**
**Eight new graduate RNs**
- Henry Halliday
- Cynthia Hamilton
- Cindy Mose
- Tricia Olitoquit
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<tr>
<th>Nursing Unit / Facility</th>
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</table>

**Exemplary Professional Practice**

- Cara Rumble
- Rodelle Lopez
- Andrew Millar
- Peggy Smith

**New to specialty**
- Jennifer Sieger

- Karen Gordon gave a presentation on her growth as a bedside nurse to Magnet appraisers during Nursing Grand Rounds in February, 2009. She also wrote a follow-up article for publication.

**Staff participated in teaching peers:**
- **Validators for Restraints**
  - Robert Healy
  - Laura Schoenbrun
  - Renee Olesky
  - Farinah Mojadedi
- **Validators for Point of Care Testing**
  - Farinah Mojadedi
  - Thu Ha
  - Michael Beck
  - Jaleh Aleem
- **Validators for Mock Code Blue**
  - Olivia Sebastian
  - Sheryl Maggio
  - Lori Carroll
  - Lisa Julian
- First-time classroom teacher: Albert Coburn, Arrhythmia Interpretation

**Professional Models of Care**
Staff developed:
- Susan Lampert presented Relationship-Based Model of Care for Elder Care to Magnet appraisers during survey February 2009
- Shirley Zimmerman presented Relationship-Based Care Model for Stroke Care to Magnet appraisers during survey February 2009

**Consultation and Resources**
Functions as unit resource – Clinical III RNs:
- Michael Beck
- Filomena Delacruz
- Belinda Inigo
- Chikako Sherbo
### Exemplary Professional Practice

- Millie Somera

Nurses Improving Care for Healthsystem Elders (NICHE) Nurses: Function as unit resource for Elder Care
  - Susan Lampert
  - Laura Schoenbrun
  - Nancy Young
  - Shirley Zimmerman
  - Bunny Krall
  - Denyse Bardick
  - Lori Carroll
  - Lisa Julian
  - Valerie Martinez

- Nurses Improving Care for Healthsystem Elders (NICHE) Nurses increased appropriateness of indwelling urinary catheter use while reducing overall use

#### Development of Skin Team Champions

- Chikako Sherbo, Bob Healy and Cortney Ellingworth attended all-day skin workshop. Chikako attended Ostomy Seminar and Bob attended all-day Wound Vacuum Seminar to develop their expertise and share resources with staff.

#### Self-Scheduling

- Melissa Hoffman, completing scheduling for day shift RNs
- Tracy Sanders completing HCA scheduling

- Unit Practice Council developed and published Medical Surgical Telemetry Unit Share our Skills brochure

### Orthopedic-Neurological Unit (Tower 5) – PMC

### Nurses as Teachers

Staff and leadership participates in precepting students from:
- Palomar College
- California State University San Marcos
- National University
- PPH extern program

#### Professional Models of Care

Staff developed:
- Stroke Relationship model of care
- Hip/Knee Relationship model of care

#### Consultation and Resources

Functions as unit resource – Clinical III RNs
<table>
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<tr>
<td>PMC = Palomar Medical Center</td>
<td>♦ Raymond McCune</td>
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<tr>
<td>Pom = Pomerado Hospital</td>
<td>♦ Luana Bashel</td>
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<td>♦ Veronica Miller</td>
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<td>♦ Shannon Bagnasco</td>
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<td>♦ Annette Cordova-Orndorff</td>
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<td>♦ Randy Reyes</td>
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<td>♦ Alain Ombao</td>
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<th>Palomar Continuing Care Center</th>
<th>Nurses as Teachers</th>
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<td>♦ Urinary Tract Infection related to Infection Control</td>
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<tr>
<th>Consultation and Resources</th>
<th>Staff as Instructors:</th>
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<tbody>
<tr>
<td>♦ Dr. Mary Deuzjian, Pharmacy Consultant</td>
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<tr>
<td>♦ Jackie Close, Nurses Improving Care for Healthsystem Elders (NICHE)</td>
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<td>♦ Joyce Agorrilla, Infection Control</td>
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<tr>
<td>♦ Wound, Ostomy and Continence Nurses (WOCN)</td>
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<tr>
<td>♦ Donna Rositani</td>
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<td>♦ Margaret Talley</td>
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<tr>
<th>Pediatrics/Neonatal Intensive Care Unit – PMC</th>
<th>Professional Development</th>
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<tr>
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<td>♦ Meena Walser graduated as Evidence-Based Fellow. She presented her project on Kangaroo Care at the Association of California Nurse Leaders conference.</td>
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<thead>
<tr>
<th>Nurses as Teachers</th>
<th>Staff participation precepting students:</th>
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<td>♦ San Diego State University</td>
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<td></td>
<td>♦ PPH extern program</td>
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<tr>
<td></td>
<td>♦ Clinical Nurse Specialist student from Point Loma Nazarene College</td>
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</tbody>
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| Staff as Instructors  |  |
|-----------------------|  |
| ♦ Stephanie Boyd, Clinical Instructor for Pediatrics University of San Diego Masters Entry Program in Nursing (MEPN) students  |
### Nursing Unit / Facility
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### Exemplary Professional Practice
- Rochelle Combe, Skills Lab Instructor for Mount San Jacinto Junior College. She wrote pediatric simulation scenarios.

<table>
<thead>
<tr>
<th>Perioperative Services, Palomar Medical Center (PMC) and Escondido Surgery Center (ESC) – PMC</th>
</tr>
</thead>
</table>
| *Nurses as Teachers*  
Staff and leadership participates in precepting students from: |
| ♦ Palomar College  
♦ California State University San Marcos  
♦ National University  
♦ PPH extern program |

### Professional Models of Care
Staff developments:
- Julie Lira successfully completed Perioperative Nursing 101 at Southwestern Community College with preceptorship at PMC

### Consultation and Resources
Functions as unit resource – Clinical III RNs:
- *RN Nurse of the Year Nominees*

#### Escondido Surgery Center
- Lori Beach*
- Barbara “Bobbie” Cronk
- Debbie Fitchett
- Barbara Hooks
- Geraldine Huss
- Mitra Khosroshahi
- Emerlita Santo Domingo
- Valerie Swain
- Catherine Wulff

#### Palomar Medical Center Perioperative Services
- Allen Alegre
- Elenita Domingo
- Janet Eckles
- Robert Guerrero
- Keri Holtz
- Diane Imperial
- Marilyd Isidro
- Gary Libak
- Ann Marsh
- Sharon Masterson
- Linda Miller
- Eloise Nicosia
- Arsenia Ponseca
- Dino Rosete*
- Joseph Spurlock
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| PMC = Palomar Medical Center Pom = Pomerado Hospital | ♦ Jeannie Weeks  
♦ Barbara Benjamin  
♦ Marilyn Cueto  
♦ Tita Fabunan-Carrasco  
♦ Noemi Francia  
♦ Susan Goodwin*  
♦ Patricia Grant  
♦ Aruela Ledesma  
♦ Sarah Propis  
♦ Christine Savage  
♦ Doreen Shaw  
♦ Joanne Spanovich |

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<th>Perioperative Services – Pom</th>
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♦ Palomar College, RNs  
♦ California State University San Marcos, RNs  
♦ National University, RNs  
♦ Mira Costa College, Scrub Technicians  
♦ Concorde College, Scrub Technicians |

| Consultation and Resources | Functions as unit resource – Clinical III RNs:  
♦ Linda Brown  
♦ Marilyn Clements  
♦ Cynthia Luikart  
♦ Vicki Sanchez  
♦ Gale Matthews  
♦ Lydia Duro  
♦ Nelly Diwag  
♦ Donna Barnes  
♦ Dee Paxton  
♦ Rajewin Relieve |

<table>
<thead>
<tr>
<th>Villa Pomerado</th>
<th>Nurses as Teachers</th>
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</table>
|                | Staff and leadership participates in precepting students from:  
♦ Palomar College  
♦ California State University San Marcos |

| Professional Models of Care | Staff developed:  
♦ Pain Relationship model of care  
♦ Pressure Ulcer Relationship model of care  
♦ Urinary Tract Infection related to Infection Control |
**Nursing Unit / Facility**  
*PMC = Palomar Medical Center  
Pom = Pomerado Hospital*

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<thead>
<tr>
<th>Exemplary Professional Practice</th>
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<tbody>
<tr>
<td><strong>Consultation and Resources</strong></td>
</tr>
<tr>
<td>♦ Dr. Mary Deuzjian, Pharmacy Consultant</td>
</tr>
<tr>
<td>♦ Jackie Close, Nurses Improving Care for Healthsystem Elders (NICHE)</td>
</tr>
<tr>
<td>♦ Joyce Agorrilla, Infection Control</td>
</tr>
<tr>
<td>♦ Wound, Ostomy and Continence Nurses (WOCN)</td>
</tr>
<tr>
<td>▪ Donna Rositani</td>
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<tr>
<td>▪ Margaret Talley</td>
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| Wound Care Centers –  
*PMC and Pom* |
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<tr>
<td><strong>Nurses as Teachers</strong></td>
</tr>
<tr>
<td>♦ Staff and leadership participates in precepting students from various schools</td>
</tr>
<tr>
<td>♦ New patient education packet was developed</td>
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<tr>
<th>Professional Models of Care</th>
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<tbody>
<tr>
<td>♦ Launched new chart forms in compliance with regulatory agencies</td>
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<thead>
<tr>
<th>Consultation and Resources</th>
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<tr>
<td>♦ Provided wound care at Villa Pomerado on previous Wound Care Center patients</td>
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**Covert’s “Clips”**

**PPH Recognized for Outstanding Performance by VHA**
On November 12, 2009, PPH was recognized at the VHA Member Spotlight Awards for the following.

**Certificates of Recognition:**

**Nurse Champion Award** – Michelle Gunnett, BSN, CEN, Chair of the Cardiac Best Practice Team
<table>
<thead>
<tr>
<th>Nursing Unit / Facility</th>
<th>New Knowledge, Innovations, and Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC = Palomar Medical Center  Pom = Pomerado Hospital</td>
<td>Behavioral Health: Mental Health Unit and Geropsychiatric Unit, <em>Palomar Pomerado Health</em></td>
</tr>
<tr>
<td>Consultant-provided training in Patient Satisfaction and Communication Strategies</td>
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<tr>
<td>Staff education in the culture and structure of the military</td>
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<tr>
<td>“Dealing with PTSD &amp; Substance Abuse in the Military Population” – Staff inservices for continuing education units given by Natalie Gallagher in April, 2009</td>
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<tr>
<td>“Security’s Role in the PTSD Track on MHU” – In-services given to Security staff</td>
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<tr>
<td>Lanterman-Petris-Short (LPS)/5150 Re-Designation Survey completed successfully</td>
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<tr>
<td>Birth Center – <em>PMC</em></td>
<td>Exclusive breastfeeding at discharge: 60% (better than state statistics)</td>
</tr>
<tr>
<td>Developed new procedure and purchased handheld equipment to screen all newborns for the prevention of kernicterus</td>
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</tr>
<tr>
<td>Birth Center – <em>Pom</em></td>
<td>Exclusive breastfeeding at discharge: 90% (better than state statistics)</td>
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<tr>
<td>Developed new procedure and purchased handheld equipment to screen all newborns for the prevention of kernicterus</td>
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<tr>
<td>March of Dimes Pre-term Labor (PTL) Quality Measurements to include data collection and use of standardized order sets for all PTL patients</td>
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<tr>
<td>Routine Non-Stress Test (NST) relocated to Pomerado Outpatient Pavilion building for capture of revenue and customer service improvements, 25-35 per week</td>
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<tr>
<td>Nursing Unit / Facility</td>
<td>New Knowledge, Innovations, and Improvements</td>
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</tr>
<tr>
<td>PMC = Palomar Medical Center</td>
<td>✦ Unit registered nurse experts redesigned triage model and scoring system</td>
</tr>
<tr>
<td>Pom = Pomerado Hospital</td>
<td>✦ Multidisciplinary team with 10 registered nurses re-designed throughput process and front-end triage process</td>
</tr>
<tr>
<td>Emergency Department – PMC</td>
<td>✦ Unit Practice Council collaborated with Operating Room Unit Practice Council to improve process in transfer of patients</td>
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<tr>
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<td>✦ Development of unit-based Pediatric Committee with enhanced education on pediatric emergencies</td>
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<td></td>
<td>✦ Joint Commission Stroke Certification achieved</td>
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<tr>
<td>Emergency Department/Observation Unit – Pom</td>
<td>✦ Implemented Patient Discharge Callback process for all discharged patients</td>
</tr>
<tr>
<td></td>
<td>✦ Implemented Emergency Transport Nurse Program to provide education for key resource nurses when transferring an acute myocardial infarction patient to Palomar Medical Center Cardiac Catheterization Lab by using 9-1-1 services. These registered nurses accompany the 9-1-1 paramedics and provide care to patients in the ambulance during transport</td>
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<tr>
<td></td>
<td>✦ Education and implementation of the External Jugular IV Insertion Procedure for nurses</td>
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<td>✦ Monthly educational offerings to the staff presented by the Emergency Department physicians</td>
</tr>
<tr>
<td>Home Health</td>
<td>✦ Re-hospitalization Intervention Study</td>
</tr>
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<td></td>
<td>✦ Cardiac Team Initiative for Reducing Readmissions for Heart Failure utilizing Disease Management and Telehealth</td>
</tr>
<tr>
<td>Intensive Care Unit – Pom</td>
<td>✦ Implemented Care Cart concept (Bereavement Cart)</td>
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<tr>
<td></td>
<td>✦ Achieved provisional Joint Commission Stroke Certification</td>
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<td></td>
<td>✦ Implemented volunteer program to increase staff resources</td>
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<td></td>
<td>✦ Implemented Patient Helper program to increase patient satisfaction June, 2009</td>
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<td>✦ Adopted new robotic technology: Team named her IRIS: Remote presence in the ICU</td>
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<td>✦ Trained Pomerado Hospital Administrative Supervisors and Patient Throughput Coordinators as Rapid Response Team (RRT) Responders</td>
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<tr>
<td></td>
<td>▪ Introduced RRT training to the Villa Pomerado Staff</td>
</tr>
<tr>
<td>Intermediate Care Unit – PMC</td>
<td>✦ Staff participation in:</td>
</tr>
<tr>
<td></td>
<td>▪ Kate Stacy’s Research Studies Contextual Factors that influence the acute care nurse’s response to alarms</td>
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<td></td>
<td>▪ Speaking Up, Being Heard: RN Perceptions of Workplace Communication.</td>
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<td>✦ Implemented patient satisfaction teams to address targeted areas.</td>
</tr>
<tr>
<td>Nursing Unit / Facility</td>
<td>New Knowledge, Innovations, and Improvements</td>
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</tbody>
</table>
| Intermediate Care Unit – Pom | ✷ Implemented Care Cart concept (Bereavement Cart)  
                                ✷ Implemented volunteer program to increase staff resources  
                                ✷ Educated/introduced Care of the Chronic Ventilator patient with the assistance of graduate student Gail Hargas, Clinical Nurse Specialist, and Respiratory Therapy partners  
                                ✷ Adopted new robot technology, which team named IRIS: Remote presence in the Intensive Care Unit and Intermediate Care Unit |
| Medical Oncology (Tower 7) – PMC | ✷ Pneumonia core measure screening for May 2009: 96.60%  
                                       ✷ CalNOC Fall data below national average  
                                       ✷ The Unit Practice Council initiated the Blue Dot Insulin Program. After the trial it was combined with the new insulin order set.  
                                       ✷ Investigational Review Committee study approved regarding the usefulness of the Hoana LifeBed System as a surveillance tool for the medical/surgical nurse  
                                       ✷ Initiated Walk About Program |
| Medical Surgical (Tower 8) – PMC | ✷ Participation in Robert Wood Johnson’s Transforming Care at the Bedside project as the Control Unit  
                                        ✷ Pneumonia core measure screening for May 2009: 97.92%  
                                        ✷ CalNOC Fall data below the national average  
                                        ✷ The Unit Practice Council initiated the Blue Dot Insulin Program. After the trial it was combined with the new insulin order set. |
| Medical Surgical Telemetry – Pom | **New Knowledge**  
                                    ✷ Lori Carroll and Chikako Sherbo completed evidence-based fellowship and presented to Magnet surveyors and Association of California Nurse Leaders - San Diego Innovation Conference.  
                                    **Innovations**  
                                    ✷ Piloted Dell XT for system, identified problem-prone areas, and troubleshoot issues  
                                    ✷ Piloted Hoana Lifebed mattress  
                                    ✷ Pilot Unit for Nurses Improving Care to Healthsystem Elders program. Research presenter to Magnet appraisers: Laura Schoenbrun  
                                    ✷ Staff participation in Kate Stacy’s Research Studies contextual Factors that influence acute care nurses  
                                    **Improvements**  
                                    ✷ Joint Commission Stroke Certification  
                                    ✷ American Hospital Association’s Get with The Guidelines Silver Award for Clinical Performance in Heart Failure  
                                    ✷ Implemented large whiteboard on both floors to be used as communication tool between all disciplines  
                                    ✷ Skin at or below national benchmarks  
                                    ✷ Unit Practice Council worked on Nurse-Physician collaboration and communication. |
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<tr>
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<tr>
<td>Pomerado Hospital</td>
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<td>♦ Audited the Cerner optimization discharge process, identified safety issues, Clinical Nurse Specialist and 2 staff nurses presented to Professional Practice Council.</td>
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<td>Coordinated multiple breakfast or lunch and learn sessions:</td>
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<tr>
<td></td>
<td>♦ Dr. Ho: NeuroScience Grand Rounds</td>
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<tr>
<td></td>
<td>♦ Dr. Pasha: Delerium</td>
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<td></td>
<td>♦ Dr. Achetal: Best Practice Initiatives: MI CHF and what it means</td>
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<tr>
<td></td>
<td>♦ Dr. Joswig and Emergency Department nurse – Caring for the Patient presenting with Chest Pain</td>
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<tr>
<td></td>
<td>♦ Dr. Stein: Heart Failure response to alarms</td>
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<td></td>
<td>Orthopedic-Neurological Unit (Tower 5) – PMC</td>
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<tr>
<td></td>
<td>♦ Participation in Robert Wood Johnson’s Transforming Care at the Bedside project</td>
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<tr>
<td></td>
<td>♦ Joint Commission Stroke Certification with Bronze Award</td>
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<tr>
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<td>♦ Completed VHA Safety Fellowship: Barbara Buesch</td>
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<tr>
<td></td>
<td>♦ Shannon Bagnasco completed evidence-based fellowship</td>
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<td>♦ Implemented Patient Helper positions in June 2009 to increase patient satisfaction.</td>
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<td>Palomar Continuing Care Center</td>
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<td></td>
<td>♦ Failure Mode Effects Analysis implemented for Anticoagulant Therapy</td>
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<td>♦ Achieved Four Star Rating from the Center for Medicare &amp; Medicaid Services Nursing Home Report based on health inspections, quality measures and staffing</td>
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<td>♦ In 3rd year of participation in an on-time Agency for Healthcare Research and Quality Pressure Ulcer National Project for Skilled Nursing Care in US</td>
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<td>♦ Incidence for pressure ulcers, urinary tract infections, and falls lower than state/national benchmarks</td>
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<td>♦ Staffing ratios exceed minimum state/federal requirement</td>
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<td>♦ Registered nurses now participating in Professional Enhancement Program</td>
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<td>Pediatrics/Neonatal Intensive Care Unit – PMC</td>
</tr>
<tr>
<td></td>
<td>♦ Increased Neonatal Intensive Care Unit licensed beds from 6 to 12</td>
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<td></td>
<td>♦ 6 new beds/unit constructed</td>
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<td></td>
<td>♦ Remodel of previous unit completed</td>
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<td>♦ New monitoring equipment in place</td>
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<td></td>
<td>♦ Based on evidence, changed to saline lock flush from heparin flush on both Pediatric and Neonatal Intensive Care Units</td>
</tr>
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<td></td>
<td>Perioperative Services, Palomar Medical Center (PMC) and Escondido Surgery Center (ESC) – PMC</td>
</tr>
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<td>♦ Introduced Adaptive Design problem-solving methodology to Palomar Medical Center Perioperative Services. Two registered nurse Supervisors and one registered nurse Director trained in the use of A3 problem-solving.</td>
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<td></td>
<td>♦ Increased focus of in-service education at Escondido Surgery Center to include pediatric patient population</td>
</tr>
<tr>
<td>Nursing Unit / Facility</td>
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<tr>
<td>PMC = Palomar Medical Center</td>
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<tr>
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</tbody>
</table>
| Perioperative Services – Pom | ◆ Operating Room Turnover Initiative  
◆ Surgical Care Improvement Project Initiative for Antibiotic Administration and Hair Removal |
| Trauma Services – PMC | ◆ Participated in Charge Capture Pillar Committee with focus on improving accuracy of trauma charge capture  
◆ Developing process for Nurse Practitioner billing for services provided. |
| Villa Pomerado | ◆ Failure Mode Effects Analysis implemented for anticoagulant therapy  
◆ Began participating in on-time Agency for Healthcare Research and Quality Pressure Ulcer National Project for Skilled Nursing Care in US – Team approach  
◆ Incidence for pressure ulcers and falls lower than state/national benchmarks  
◆ New staff led interdisciplinary team meeting  
◆ Nurses actively participate in teaching other staff, patients and caregivers  
◆ Staffing ratios exceed minimum state/federal requirement  
◆ Registered nurses now participating in Professional Enhancement Program |
| Wound Care Centers – PMC and Pom | ◆ Implemented new patient follow-up calls. |
Key:  NDNQI = National Database of Nursing Quality Indicators  
CalNOC = California Nursing Outcomes Coalition

<table>
<thead>
<tr>
<th>Nursing Unit / Facility / Facility</th>
<th>Empirical Outcomes</th>
</tr>
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</table>
| **Acute Rehabilitation – PMC**    | ♦ Financial: >100% productivity fiscal year to date  
♦ Non-per diem nursing turnover: 11.8% |
| **Behavioral Health: Mental Health Unit (MHU) and Geropsychiatric Unit (GPU), Palomar Pomerado Health** | ♦  
| **Measure** | **MHU** | **GPU** | **Goal** |
| Productivity YTD | 104.8% | 105.5% | 100% |
| RN Turnover | 5% (1 RN) | 7% (1RN) | 0% |
| Patient Satisfaction MHU | 80.5 | N/A | 79.9 Threshold |
| Patient Satisfaction GPU | N/A | 86.8 | 90.7 Threshold |
| Restraint (MHU only) | 1.72 | N/A | 4.0 Threshold |
| GAF Score | 87.8% | 87.5% | 80% |
| Falls MHU | 3.4 | N/A | 7.0 Threshold |
| Falls GPU | N/A | 8.6 | 15.0 Threshold |
| **Birth Center – PMC** | ♦ Improved workflow with 4 obstetrics technicians who assist nursing and interpret for Spanish-speaking patients |
| **Birth Center – Pom** | ♦ No unfilled registered nurse vacancies  
♦ Skin-to-Skin evidence-based project went live with follow-up data showing overall increases in parental time with newborn prior to nursing tasks and positive input from both staff and patients |
| **Cardiac Care Unit – PMC** | ♦ Financial: 101% productivity fiscal year to date  
♦ Quality: NDNQI and CalNOC in top 25% quartile for skin  
♦ Workforce: Registered nurse turnover 6.5% - all registered nurse positions full |
| **Critical Care Unit – PMC** | ♦ The Trauma Intensive Care Unit (TICU) is participating in the RoadMAPP Study to evaluate the impact of medication and supply carts on medication safety, patient and employee satisfaction. |
Empirical Outcomes

- Ventilator-associated pneumonia (VAP) was significantly decreased to 1.4%. These daily multidisciplinary rounds led by the CCU medical director continued to focus on the reduction of VAP and other nosocomial infections.

![Ventilator Associated Pneumonia in the CCU 2008](chart)

- Hospital-acquired pressure ulcer rate in CCU for fiscal year 2009 Quarter 3 was 6.60%, lower than the CalNOC 11% benchmark.

- Critical Care Unit and the Rapid Response Nurse staff participated in Joint Commission Primary Stroke Center Accreditation, which was successfully achieved.

- Employee Engagement results increased to 3.60 from 3.23 last year.
### Empirical Outcomes

| Financial: 101% productivity fiscal year-to-date |
| Patient satisfaction: 4.36 on a 1-to-5 scale (.10), better than comparable California Emergency Physician sites |
| Quality: Centers for Medicare & Medicaid Services (CMS) – Acute Myocardial Infarction (AMI) ST-Segment Elevation Myocardial Infarction Door-to-Balloon < 90 min: 100% |
| College of American Pathologists – CMS Antibiotic: 96.3% |
| Workforce: Registered nurse turnover: 11.6% - all core registered nurse positions full |
### Nursing Unit / Facility

**PMC = Palomar Medical Center**

**Pom = Pomerado Hospital**

<table>
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#### Emergency Department/Observation Unit – Pom

- Financial: Productivity – 106%
- Satisfaction: Patient satisfaction 4.30 – 4.44

![Satisfaction Scores Chart](chart.png)

- Door-to-Doctor Metric as Emergency Department Best Practice – 33-minute average
- Core Measures
  - Acute Myocardial Infarction Acetylsalicylic Acid (ASA) on arrival: 100%
  - Acute Myocardial Infarction Beta blocker on arrival: 95%
- Pneumonia with antibiotics within 6 hours: 96%
- Awarded the American Heart Association Award for meeting the Acute Myocardial Infarction core measures in aspirin on arrival and beta blocker administration
- Workforce: Registered nurse turnover decreased from 24% to 10% in May 2009; all staff registered nurse positions filled

#### Home Health

- Financial: Certified Intermittent Visits productivity, Overall Agency – 102%
- Productivity: 97%. Referrals increased by 8%
- Service Excellence: Patient Satisfaction at 96%, increased by 7% from last year. Outreach Visits 107%
- Quality: Performance on CMS Indicators at 75% overall. Access to Care – Patients refused due to staffing at 1.5%, improvement by 1.5%
- Workforce/Workplace Development: Employee Engagement at 4.21, target 4.03

#### Intensive Care Unit – Pom

- Financial: 98.1% productivity fiscal year to date
- Employee Engagement: 4.03
- Workforce: Registered nurse turnover 3.1% - all registered nurse positions full
- Falls: Quarter 1, 2009: 0.0 falls/1,000 patient days
- Ventilator-Associated Pneumonia: Quarter 4, 2008: 3.01/1000 ventilator days
- Hospital-Acquired Pressure Ulcers: Quarter 4, 2008 0.0 %
- Central Line Insertion Practices (CLIP): Quarter 4, 2008: 1.7 infections/1,000 central line days
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</table>
| **Intermediate Care Unit – PMC** | ♦ Financial: Maintained 100% productivity fiscal year to date  
♦ Quality: NDNQI and CalNOC is close to 25% quartile for skin  
♦ Workforce: Registered nurse turnover 9.3% - all registered nurse positions full |
| **Intermediate Care Unit – Pom** | ♦ Financial: 106% productivity fiscal year to date  
♦ Quality: NDNQI and CalNOC top 25% quartile for skin |
| **Medical Oncology (Tower 7) – PMC** | ♦ Financial: 97% productivity year-to-date  
♦ Quality: NDNQI and CalNOC in top 25% quartile for skin  
♦ Workforce: Registered nurse turnover 2.5% - all registered nurse positions full |
| **Medical Surgical (Tower 8) – PMC** | ♦ Financial: 98% productivity year-to-date  
♦ Quality: NDNQI and CalNOC in top 25% quartile for skin |
| **Medical Surgical Telemetry – Pom** | ♦ Plan of Care is written on white board in each patient room; registered nurse and certified nursing assistant phone numbers are written on boards in room, hourly rounding is completed. Discharge phone calls and Patient Helper program implemented.  
♦ Financial: 98.9% productivity fiscal year to date  
♦ Specialty Certification in Medical Surgical Nursing: 11.5% |
| **Orthopedic-Neurological Unit (Tower 5) – PMC** | ♦ Financial: 101% productivity fiscal year to date  
♦ Quality: NDNQI and CalNOC in close to 25% quartile for skin.  
♦ Workforce: Registered nurse turnover 8.2% - all registered nurse positions full |
| **Palomar Continuing Care Center** | ♦ Financial: 104.5 % Productivity fiscal year to date  
♦ Workforce: Registered nurse turnover 0% - all registered nurse positions full |
| **Pediatrics/Neonatal Intensive Care Unit – PMC** | ♦ Pediatric Patient Satisfaction score in Press Ganey was 2nd highest for Palomar Medical Center during one quarter  
■ Pediatrics received “Most Improved” award in Patient Satisfaction, August 2009  
■ Improved staff participation in Patient Rounding  
♦ Registered nurse turnover rate remains below threshold at 9.8%  
♦ No traveler usage since Spring 2008  
♦ Recruitment strategy to fill open Advanced Life Support positions: Job posting on the National Association of Neonatal Nurses website  
♦ Participated in house-wide data collection and national survey for our Central Line Insertion Practice Adherence Monitoring, including NICU umbilical line and PICC line data  
♦ Participated in data collection for Hand-washing Quality Measurement Tool and Patient Safety |
| **Perioperative Services, Palomar Medical Center (PMC) and Escondido Surgery Center (ESC) – PMC** | ♦ Financial: 97% productivity FY09  
♦ Quality: Continued focus on improving on all aspects of the Surgical Care Improvement Project metrics. Improvements seen in timing of antibiotic administration within one hour of surgical incision. |
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</table>
| **PMC = Palomar Medical Center**<br>**Pom = Pomerado Hospital** | ♦ Financial: 99% (OR 103%, PACU 106%, OP 92%) productivity  
♦ Quality: SCIP moved to 90th percentile for antibiotic timing  
♦ Workforce: Employee turnover decreased from 35% to 18% - all staff registered nurse positions full.  
♦ Operating Room turnover time improved by 12% |
| **Perioperative Services – Pom** | ♦ Workforce: Low LVN and RN turnover - all registered nurse positions full |
| **Villa Pomerado** | ♦ Financial: > 100% productive year-to-date, both centers  
♦ Outpatient Satisfaction: 99%  
♦ Quality: Days to healing better than national benchmark  
♦ Workforce: Registered nurse turnover - No vacant nursing positions at either center |
| **Wound Care Centers – PMC and Pom** | |
Credits

Editorial Department
  Brenda Fischer, RN, PhD, MBA, CPHQ, Director Center for Nursing Excellence
  Dionne Blaha, Executive Assistant, Nursing Administration
  Julie Ávila, Administrative Assistant, Center for Nursing Excellence

Photography
  Cheryl Kellerman, Quality Patient Safety Coordinator (Magnet plaque, obelisk, congratulatory letters
  posterboard)

PPH Brag Sheet
  Quality Department