Nurse’s week 2010 was celebrated in May with nurses being recognized for Nursing Excellence, Rookie, Preceptor and Mentor of the Year. The celebration continues for the five recipients of the Nursing Excellence award. Each are highlighted in the next issue of Orange Coast Magazine and being honored in a full page story titled “Excellence in Nursing-UC Irvine Medical Center-Fostering a Culture of Caring”.

Excerpts from a message by ANA President, Rebecca A. Patton provides a glimpse of the nursing profession and the thoughts behind celebrating the accomplishments of our nursing staff. Pages 5, 6 and 7 of this Noteworthy Nursing issue provide details of the celebration of UC Nursing.

Every day, nurses make a commitment to building an even more powerful nursing profession to address the complexities of patient care, reshape the work environment, and influence broader health policies to benefit patients and the public. Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. Nursing is about growing and adapting to meet the public’s needs. Now is the time for all nurses to fully embrace and provide a new, even stronger level of leadership, partnering with physicians, pharmacists, and other health care professionals to direct and manage care effectively.

Today’s nurses must have the strength to care for patients during times of disaster and crisis; the commitment to remain involved in continuing education throughout their careers; and the compassion to provide hands-on patient care at the bedside – as we have done throughout the centuries. Moreover, at 3.1 million strong, nurses represent the largest group of health care workers in America. It is important to take time out during National Nurses Week to thank nurses for all we do and to remind the public just how vital our nation’s nurses are to the well-being of society at large.

Giving thanks, recognition and acknowledgement is only part of the reason we celebrate National Nurses Week every year. Another equally important reason is to re-mind the public of nursing’s contributions to the health and well-being of the nation.

Nurses are the experts at knowing what their patients want and need, and always respond to both. That’s the power of nursing. Reflect on the work that you do, and acknowledge the work done by your nursing colleagues. Recognizing the excellent work done by nurses, and inspiring each other to make a difference each and every day, is perhaps the best way we may build a healthy tomorrow.
I have struggled to find just the right words to kick off this newsletter. It is of critical importance to me that we, as nursing at UC Irvine Medical Center, focus on the task at hand—Our Patients. To do this, we need only return to our roots: the nurse patient relationship! A solid commitment to each patient, one where each nurse is authentically present with the patient offers quality care, par none. The nurse, as coordinator of the care illuminates the path for each of his/her patients. She leads the patient safely through the maze we call healthcare, advocating for the patient. There are many management challenges for all of us as we lead our practice and our patients.

The Nightingale Pledge

I solemnly pledge myself before God and in
The presence of this assembly, to pass my
Life impurity and to practice my profession
Faithfully. I will abstain from whatever is
deleterious and mischievous, and will not
take or knowing administer any harmful
drug. I will do all in my power to maintain
and elevate the standard of my profession,
and will hold in confidence all personal
matters committed to my keeping and all
family affairs coming to my knowledge
in the practice of my calling. With loyalty
will I endeavor to aid the physician in his
work, and devote myself to the welfare of
those committed to my care.
LEADERSHIP CORNER: MEET THE CHIEF NURSING OFFICER
by Karen A. Grimley, RN, BSN, MBA

TRANSFORMATION LEADERSHIP
“There is visibility and accessibility of nurse leaders along with a commitment to communicate effectively with staff”

Karen Grimley joined UC Irvine Medical Center as the Chief Nursing Officer on March 29, 2010. The nursing staff of UC Irvine would like to welcome Karen to the medical center. Karen introduces herself in the following article.

A Little About Me

My name is Karen Grimley. I have been a registered nurse for a very long time. While there have been many changes since I started my journey, much has remained the same. Here is a blurb that I submitted as my introduction as a member of the Johnson and Johnson Fellows Program in 1999:

Management Challenges:
Nursing practice and patient advocacy are critical to the future of nursing. My role is to facilitate the creation of a common nursing vision and mission and design an environment conductive to achieving our goals and living our mission. The personal challenges I face are maintain the focus and energy to promote patient care using professional practice as the vehicle to accomplish this task. Behind the scenes and professional challenges for me are having all the information and resources available to promote patient care and the practice of nursing. The turmoil and triumph with colleagues and adversaries alike must be controlled to steady our turbulent environment. Specifically, I look to:

- Incorporate quality standards and outcomes measurements into daily patient care processes so that our performance improvements and changes make sense to caregivers
- Live the mission and vision of nursing
- Create an environment that fosters mentoring and education for our staff
- Make intangible/soft savings as integral to decision making as hard savings without jeopardizing necessary resources, especially labor
- Show nurses the difference professional practice makes in daily patient care

The most important take away for me, is that my commitment to the profession of nursing remains centered on both patients and nurse while continually striving to find ways to improve care and the environment.

UC Irvine is a very special place and I am excited to be here to help guide our practice into its next phase. While already a premier place to practice nursing, let’s make sure the outside world knows it!
The Program in Nursing Science at UC Irvine graduated the second cohort of BSN students on June 11, 2010. We greatly appreciate our collaborative relationship with the nurses at UC Irvine Medical Center and we are proud that 6 of our graduates from last year were nominated for the Rookie of the Year Exemplar during the 2010 Nurse’s Week. The nurses at UC Irvine Medical Center who supervise and precept our students are invaluable to our success and we are thankful for the time, energy, and effort that they have contributed.

As for an update of our Program, this year we matriculated our first group of master’s degree students, who are preparing to become family or adult/geriatric nurse practitioners. Susan Tiso and Susanne Phillips are co-directors of the nurse practitioner programs and Jill Berg is the Director of the Master’s Program. We plan to add additional tracks to our master’s program in the future. Our Clinical Nurse Educator Program (CNEP), under the supervision of Kathy Saunders and funded by UniHealth, has been ongoing and we are looking to continue this program. We are also in the process of developing our PhD in Nursing Science curriculum and will provide further updates as we progress in this endeavor. I have appointed Ruth Mulnard as Associate Director of the Program in Nursing Science and she is directing the work on developing the PhD proposal.

Meet the New Director of Medical –Surgical Nursing
by Donna Grochow MS, RNC-NIC, WCC

Susan Christensen, BSN, MHS, NE-BC, RN joined UC Irvine Medical Center in August 2010 in the role of Director of Medical-Surgical Nursing. Susan is an experienced, proven nurse leader with over 26 years of nursing experience, including 17 years as a nurse manger and 4 years as a nursing director.

Susan came to UC Irvine from Salem Hospital, a 450-bed Regional Medical Center in Oregon. She was instrumental in Salem’s successful Magnet hospital journey and is a strong believer in the positive power of Shared Governance.

She has moved to Anaheim with her husband Dan and Charlie the dog. They fell in love with southern California after purchasing their future retirement home in Palm Desert several years ago, and decided to start a new adventure here. She loves baseball and traveling, and is an incessant reader. Susan’s “bucket list” includes learning to speak Spanish, traveling through Europe on river cruises, and volunteering at an animal shelter.

“I believe I have truly been blessed to have nursing as my calling and profession. We have a sacred trust to our patients and to our wonderful colleagues to give the best of ourselves every day. I have loved every position, direct patient care and leadership, I have ever held as an RN.”

Susan has only been here a couple of weeks, but already has demonstrated her nursing and leadership skills and will definitely be a valuable member of the nursing team.

I would like this opportunity to officially welcome Susan to UC Irvine and to the department of nursing.
NURSE WEEK 2010: NURSES AND EXEMPLARS CELEBRATED

STRUCTURAL EMPOWERMENT
“The Organization recognizes and makes visible the contributions of nurses”

Nurse Week 2010 culminated with the Nurse Exemplar Ceremony. Congratulations to all of the 2010 Exemplar nominees.

**Nurse Week 2010 Exemplar Nominees**

**Excellence in Nursing**

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<tr>
<th>Adam Collins</th>
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<td>Adelina Linares</td>
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<td>Anita Kirk</td>
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<td>Jennifer Mace</td>
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<td>Roslyn Hwu</td>
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<td>Cathy Rambo</td>
<td>Jennifer Puchon</td>
<td>Michelle Webb</td>
<td>Faith Dulabas</td>
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<td>Cheryl Simkins</td>
<td>Jerly Haguissant</td>
<td>Natalie Gregory</td>
<td>Mark Volk</td>
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<td>Christy Espenshade</td>
<td>Joanie Barrera</td>
<td>Shyama Marshall</td>
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**Rookie of the Year**

| Ana Lopez            | Sean Sampson           | Susan Naylor         | Yi, Yeh (David)        |
| Natalie Mlakar       | Steve Bereta           | Thuy Nguyen          | Amy Buskirk,           |

**Preceptor/Mentor**

| Young Kim Reyes      | Ryan McGrath           | Haydee Panganiban    | Ethel Bondoc           |
|                      | Josie Romero           | Kristi Hudson        |                        |

**Friend of Nursing**

| Jerel Negos          | Colleen Barr           | Claudia Martin/Reyes | Mike Schneider         |
| Carmen Sanchez       | Gloria Bogan           | Matthew James Butteri, MD | Marcella Orellana     |
Everyone here has experienced an earthquake…Right? There are small ones that go on all the time; so small that you don’t even realize they occurred. There are others that you feel, and say “Ooh”, then wonder how big it’s going to be and before you know it, it’s over. There are those that last a little longer, may cause some books to come off the shelves, you wonder if you’ll be buying new dishes tonight but then again, it’s over and you move on. Then there are the big ones. You feel the ground shifting under your feet or the buildings swaying with the power that Mother Earth shows us she is capable of. Kind of scary, always makes you uneasy but then, it too, is over.

Last year we had our first of many “earthquakes”…those episodes in our lives that shake us up and build us stronger as we prepare for even more. It started with our move into the new hospital. What excitement we had in making all of these transitions!

Then we heard that our CNO of 12 years got sick and had to step down from her role. What were we going to do? She brought us to Magnet status! How were we going to manage? We had a brand new CEO who was weeks into the job and was still getting to know who we were. He had to get a team around him quickly to keep on “keepin’ on”. With the CNO position open, it also opened the COO (Chief Operating Officer) position as well. Our CEO filled both of these positions post haste with Cindy Winner and Donna Grochow as co-CNO’s and Alice Issai as our COO.

Within days of Alice’s arrival, the first of several surveyors visited. (Another Earthquake; pretty big). Track shoes were laced up on all of us and we got to work in the aftermath.

My track shoes are still on, literally. I have more gray hairs on my head but now I am covering them up. The entire division of nursing has stepped up to the plate in our journey over this past year and I am so proud of our accomplishments. Life has never guaranteed an easy road to travel but the lessons learned along the way shape and develop us into better, stronger people.

Our “earthquakes” will never ever go completely away; we can never know when the next one will hit. What we can say is that we have prepared ourselves to weather those storms and come out winners. There is no doubt that that is what we all are.

We are here today to celebrate our achievements. The best part about Nurse’s Week for me is this celebration. To have your co-workers recognize what you do to make the lives of patients, families and friends better is humbling. I feel like a proud parent when I read the nominations (maybe one with dementia because I don’t know WHO you all are!) I inadvertently need Kleenex as I read some of the stories YOU write about your co-workers. What a talented group we are!! ………………………………………So, let’s get started with our party!

**Congratulations to the 2010 Exemplar Recipients**

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<th>Excellence in Nursing</th>
<th>Rookie of the Year</th>
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<tr>
<td>Laurie Armendariz</td>
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**NURSE WEEK 2010: A STORY TO SHARE**

*By Holly Wicklas BSN, RN*

A Story to Share

Nurse Week 2010 culminated with the Nurse Exemplar Ceremony. Holly Wicklas opened the ceremony with the following “Story to Share” that provided a unique overview of the past year.
Excellence in Nursing

UC Irvine Medical Center

Fostering a Culture of Caring

Hospital stays can be an intimidating time for a patient. A caring nurse can make all the difference by providing patients with comfort, an assuring smile and skilled expertise - all helping the healing process.

With more than 1,000 RN's on staff, UC Irvine Healthcare believes that nurses should be advocates who ensure that patients' needs come first. Nurses sincerely care and aim to communicate what is in the best interest of the patient.

"Roadblocks are removed so that nurses can be authentically present and be in the moment with their patients to provide genuine care," says Karen Grimley, UC Irvine Medical Center's chief nursing officer. "Giving true patient care is both physically and emotionally demanding for nurses, and I am always awestruck at the level of commitment and dedication of the nursing staff."

Exceptional commitment to patient care and to the practice of nursing is honored every year by UC Irvine Healthcare with its Nurse Exemplar awards. The following nurses are the current recipients of the "Excellence in Nursing" awards.

LAURIE ARMENDARIZ, Cardiac Catheterization Lab

For more than 20 years, Armendariz has carefully attended to every aspect of the patient's needs - physical, emotional and psychosocial. She knows patients feel vulnerable, and she alleviates their stress by giving comfort and instilling trust. By "keeping a patient-centered approach, you are not only able to provide excellent care, you are also the patient's advocate." Armendariz consistently serves as a role model in sharing her knowledge, experience and excellence in compassion.

JENNIFER MACE, Medical-Surgical Unit

Inherently a caregiver, Mace (aka "Jace") is "motivated by the gratification I receive when I know I have been able to care for and meet the needs of my patients at the time when they need me the most. It is a very treasured feeling when your patients and their families express gratitude for your care, then you know you have made an impact." Mace makes sure to develop trust and personal relationships with patients.

DIANA CHAIREZ, Neurosciences Intensive Care Unit

Chairez volunteered herself to be the "central line champion," focusing on the prevention of troublesome infections that can develop from the insertion and maintenance of intravenous tubes that deliver medication into the patient. "I focused on the prevention of central line infections because it is the right thing to do for our patients. Central line infections are preventable." She strongly believes that nursing is a commitment to the management of patient care, which aids in the patient's recovery.

BORITA WALTER, Neonatal Intensive Care Unit

Newborns do not have a voice of their own, and Walter knows that the nursing team is the first line of defense for the tiny patients. She understands that having a baby in the NICU "is a scary situation for parents. The nurses provide the support and education to help the parents get through it as smoothly as possible." Walter is eager to acknowledge the value of teamwork. "It is important that all multidisciplinary teams work together to provide the best care to our fragile patients."

FAITH DULABAY, Psychiatry

Respect is what Dulabay gives to her patients, and what peers give to her. She says she always asks new patients "how we can make them feel comfortable and what their expectations are from the staff and other disciplines in the hospital." She makes sure "that quality care is provided in a timely, safe and organized manner." Dulabay's positive attitude translates into a comfortable hospital stay for patients.

These five Nurse Exemplars are just a glimpse into the excellent care provided by UC Irvine Healthcare's nurses. The first hospital in Orange County to receive the ANCC Magnet designation, UC Irvine Medical Center is recognized for repeatedly demonstrating better patient outcomes as a result of nursing care, and for promoting a positive working environment for the practice of professional nursing. In addition to caring for patients, seasoned UC Irvine nurses develop leadership skills by sharing their expertise and knowledge as mentors to UC Irvine nursing students and helping the next generation of nurses.

"UC Irvine's nursing staff is incredibly professional," says Grimley, the chief nursing officer. "They really understand what it takes to be a nurse, and patients feel that. Each nurse's leadership skill enhances the ability to effectively provide quality patient care. This translates into a positive experience for both the patient and nurse."
Last August, five University of California, Irvine Medical Center nurses completed the program in Nursing Science Family Nurse Practitioner Program through the joint program provided by the California State University, Fullerton & University of California, Irvine. Pam Antiquera, Kristi Hare, Kathleen Hoff, Camille Munganga, and Ivy Tan completed the requirements to graduate with a Master’s in Science in Nursing and a Family Nurse Practitioner (FNP) Certificate of completion. To become eligible to apply for the nurse practitioner license issued by the California Board of Registered Nursing, these five nurses completed over 60 educational and clinical units either full-time over two years or part-time over three years. During a two year period, they each accumulated over 700 primary care clinical hours. Each nurse balanced the demands of advanced education, clinical hours, family commitments, and their nursing career at UC Irvine. Upon completion of the program, they were prepared to take the American Nurses Credentialing Center or American Academy of Nurse Practitioners National certification exam.

The California Board of Nursing (BRN) defines a nurse practitioner as “a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary healthcare, who has been prepared in a program that conforms to Board standards as specified in California”. Nurse practitioners are registered nurses who have obtained advanced education to provide primary care including medical procedures that may be required for a specialty area. Clinical competency is required when treating medical conditions utilizing approved standardized procedures.

The BRN directs the scope of practice for the nurse practitioner practice. The nurse practitioner’s legal authority for functions and procedures are found within the registered nurse practice act and provides “direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patient”. Additionally, nurse practitioners provide health promotion, disease prevention, and restorative measures. Nurse practitioners develop standardized procedures in collaboration with the supervising physician or health care facility they are practicing with. Standardized procedures, are the legal mechanism for RNs and NPs to perform functions which otherwise would be considered the practice of medicine which is outside the scope of nursing. Standardized procedure guidelines are to be adhered to by RNs and NPs when performing medical functions.

Attending graduate school was demanding and a challenge, especially while working. Returning to nursing school to obtain an advanced nursing degree is highly recommended. Attaining an advanced nursing science degree is an exceptional experience and extremely rewarding. It was a tremendous and outstanding personal and professional achievement for these nurses. Pam, Kristi, Kathleen, and Camille are still working at UC Irvine Medical Center. They are currently or looking forward to utilizing their expanded nursing knowledge and expertise as a nurse practitioner by working either at UC Irvine Medical Center, at a community clinic, or within a private practice setting.
STRUCTURAL EMPOWERMENT

"The organization sets expectations and supports nurses at all levels who seek additional formal nursing education."

The State of California continues to experience a shortage of qualified nurses. The University of California medical centers, like other health care providers who employ nurses in their workforce, are affected by the shortage and distribution of skilled nurses. In 2003, in response to the critical need for more well-trained nursing staff, then-President Atkinson instituted a five-year exception to the Regental Policy on Reduced Fee Enrollment for University Employees for nurses employed by the University who wish to complete their education. By this exception, career-status employees in certain nursing titles were able to complete their graduate-level programs in a more timely fashion as the program allowed the employees to enroll in up to sixteen units per academic term upon payment of one-third of the University Registration and Educational Fees. (Under the Reduced Fee Enrollment Policy, other University employees are permitted to enroll in regular session courses not exceeding nine units or three courses per quarter upon payment of one-third of the Registration and Educational Fees; in addition, the President is authorized to approve, for selected nursing employees, reduced fee enrollment exceptions for up to twelve units or four regular session courses per quarter.)

President Dynes extended the sixteen-unit exception for selected nursing employees until July 31, 2009, under the condition that the program undergo an evaluation to determine the number of UC nurses who participate and its value in helping to address California’s nursing workforce needs. "I have reviewed the results of the evaluation undertaken by the UC Division of Health Sciences and Services and am pleased that UC nursing employees use and highly value this program. I write to inform you that I am extending this exception for three additional years, with a new sunset date of July 31, 2012."

STRUCTURAL EMPOWERMENT

"The organization enables nurses from all settings and roles to actively participate in decision-making groups."

Shared governance is a dynamic centered on the principles of partnership, accountability, equity, and ownership. It is an organizational innovation that gives healthcare professionals control over their practice and extends their influence into administrative areas previously controlled only by managers. Shared governance models, by definition, provide venues for nurses to partner with other colleagues in addressing clinical and administrative challenges.

To ensure structural empowerment via a shared governance model and to identify the model of shared governance already in place at UC Irvine, a process has been put in place to review our current model and to revitalize and strengthen our structure where needed. The Professional Practice Council, Clinical Nurse Specialist, Clinical Nurse Educators, managers, directors and CNO have all been working together on this project with the main objective to identify current strengths and weaknesses in the current decision making structure and to present a plan for restructuring. After a thorough review of the literature and of the shared governance structure at UC Irvine, it was identified that the current model demonstrated a lack of certain components essential for effective shared governance and decision meeting including:

- A lack of bidirectional decision making and communication
- A lack of staff nurse representation on all shared governance councils
- A lack of unit based involvement
- A lack of peer review

Strengths of the current system were also identified and include:

- Robust shared governance activity in clinical practice at the Professional Practice Councils.
- Council structure in place

The restructuring and revitalization process is now underway. Stay tuned for more updates.
A RENEWED COMMITMENT TO DEMONSTRATING QUALITY CARE IN NURSING:  
THE VALUE OF QUALITY MEASURES AND NURSE-SENSITIVE INDICATORS  
by Brooke Baldwin-Rodriguez MSN, CCRN

The National Database for Nursing Quality Indicators (NDNQI) held the Rhythms in Quality Conference in New Orleans, Louisiana in 2010. Attending this conference renewed my commitment to demonstrating quality care in nursing via quality measures and nurse-sensitive indicators. A name like National Database for Nursing Quality Indicators does not sound like something exciting nor like anything you would ever want to attend, but the conference had many good speakers and topics and was truly inspirational.

One of the major focuses of the conference was how important it is to demonstrate the value of nursing as a healthcare discipline and how important it is to get nurses to the table at the local, state and federal level when laws and regulations are being made and revised. Public reporting of data is imminent. How hospitals compare to one another is already on the internet and more will be displayed in the future. Data and quality care measures are components of the current healthcare system; there is no turning back. What was nice to hear is that there are nurses who care about nursing and the professional from all over the country who are working to get the voice of nursing heard at the national level and to influence how data that is focused on nursing care is interpreted by others outside of the nursing profession. Seeing these motivated individuals speak and present their ideas really does make it hard NOT to jump in to the fray and want to get involved too.

As I mentioned at the beginning of this article, this conference renewed my commitment to demonstrating quality care in nursing by embracing quality measures and nurse-sensitive indicators. You might ask, “How? How can a conference lead one to want to measure quality indicators?” I believe the answer lies in the fact that showing evidence of nursing excellence is really about empowerment; the ability to demonstrate that nursing truly makes a difference to patient outcomes and that nurses are crucial and essential for quality patient care. As nurses, we are committed to our jobs and our profession. In general, people want to believe that the work they do on a daily basis means something and has value. In nursing, that value can happen in both small moments of caring between a nurse and a patient and in larger ways such as demonstrating that the hospitals rate of central line infection is very low (near zero). Helping a patient find a comfortable position, washing a patients hair after a week of laying in bed, and securing a private waiting area for a patient’s family who is keeping vigil for a patient who is at the end of life are all examples of the value of nursing. This value may be evident in words of thanks from patients and families or in such things as patient satisfaction surveys. Surveys, like patient satisfaction surveys, show how we do as a profession collectively. Our power is not only in the individual gratitude that we receive from patients and families, but also in our collective value as a profession. Both are powerful and meaningful. Our collective value is what makes us all proud to tell people “I am a nurse.”

(Continued on Page 11)
Quality indicators and nurse-sensitive indicators provide a way for nursing to demonstrate the value of nursing to other health care professionals and to society in general.

Nurses should be proud that their work is inextricably tied to how patients do, that is, patient outcomes: the ability to care for a central line using the best available knowledge becomes evident in lower and lower central line infection rates, the ability of nurses to assess and predict the risk for a patient fall and then implement interventions to prevent a fall lead to a decrease in the number of patients who fall, have injuries, and need further care as a result of the injury due to a fall.

Some may say, “why can’t we just take care of patients...all this paperwork, audits, charting, etc. takes time away from caring for the patient.” I have no easy answer for that statement. Yes, there is more paperwork. Yes, it does take time away from patients. Nonetheless, there is still the need to demonstrate how nursing care contributes to patient outcomes, there is still a need to validate the worth of nursing. The question rather may be, “How do we use all of this information that we are gathering to show what is really needed to care for patients? How do we turn this seemingly suffocating auditing, charting, and paperwork into a positive thing?” Perhaps it is up to us to make all of this measuring useful to the work we do. Perhaps it is about being able to say, “Look, our pressure ulcer rate is 1%, this shows that we have prevented pressure ulcers in our patient’s who are the sickest of the sickest. We have done a phenomenal job and here is the evidence of that!”

By the way, the conference was in New Orleans, so time for fun and exploring New Orleans was on the agenda. Food, fun, and music in the French Quarter, Bourbon street, and the Mississippi River.
The Patient Outcome Plan (POP) is the nursing care plan currently in use in most areas of the medical center. Concerns surrounding the effectiveness and ease of use of the POP have long been an issue. Most frontline nurses do not utilize the POP to drive their nursing care. It is considered a required part of the documentation, but not a tool that is effective in guiding the care that is provided. Because of this, the Department of Nursing Quality, Research and Education accepted the challenge to work with the leadership team and the frontline nursing staff to evaluate the effectiveness of the current system and to develop a proposal for a new system. The goal was to develop a plan of care that was effective in driving the care delivered to the patient, was easy to initiate & individualize, met all regulatory requirements and continued to meet all of the professional requirements delineated in the American Nurses Association Scope and Standards of Practice.

A nursing care plan outlines the nursing care to be provided to a patient. It is a set of actions the nurse will implement to resolve nursing problems identified by assessment. The creation of the plan is an intermediate stage of the nursing process. It guides the ongoing provision of nursing care and assists in the evaluation of that care. The nursing care plan:

- Focuses on actions which are designed to solve or minimize the existing problem.
- Is a product of a deliberate systematic process.
- Relates to the future.
- Is based upon identifiable health and nursing problems.
- Has a focus that is holistic.
- Focuses to meet all the needs of the patient.

The ANA Nursing Scope and Standards of Nursing Practice outline the steps to be taken in providing nursing care:

- **Assessment:** The registered nurse collects comprehensive data pertinent to the patient’s health or situation.
- **Diagnosis:** The registered nurse analyzes the assessment data to determine the diagnosis or issues.
- **Outcome Identification:** The registered nurse identifies expected outcomes for a plan individualized to the patient or situation.
- **Planning:** The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
- **Implementation:** The registered nurse implements the identified plan.
- **Evaluation:** The registered nurse evaluates progress toward attainment of outcomes.

Results of the Evaluation: The first step in revising the current plan of care was to talk with the nursing staff who use the current tool on a daily basis. They were asked to identify the strengths and weaknesses of our current plan. Concerns were raised on how difficult it is to work with our current TDS care plan system and how cumbersome it is to print out multiple teaching plans. Difficulty in individualizing the plan of care and redundancies in the teaching plans were cited as causing incomplete and duplicate charting. Many nurses asked for a less cumbersome, more efficient way to chart the nursing plan of care and teaching plan.

Development of a Proposal: Developing a plan to meet the needs of the nursing staff, patients and regulatory agencies while retaining the professional identity of nursing was no small task. Multiple versions were created, evaluated and revised before it was considered time to conduct a trial. On May 3, a trial for the new care plan and teaching plan was conducted. Nurse managers from the critical care units, step down units, and medical surgical areas reviewed the forms and selected nurses from their units to participate in the trial. The results were positive. The nurses participating in the trial recommended using the new care plan and teaching plan rather than continue using the current system of charting. They also gave recommendations on what they...
Staff Feedback on New Care Plan

“One stop shop, felt like it focused on the big picture and less consumed on getting paperwork done.”

“Easier and less timely than the current system”

“More concise, comprehensive”

“Gives a whole picture on the flow sheet”

“Get credit for the things we do, that we normally don’t get credit for”

What Does the New Plan of Care Look Like? The new plan of care, which has been incorporated onto the critical care and medical surgical flow sheet, continues to include all of the requirements set forth by the ANA: assessment, diagnosis, outcome evaluation, planning, intervention, and assessment. A major change surrounds the use of nursing diagnosis. Multiple discussions surrounding this issue occurred and the consensus was that the use of nursing diagnosis resulted in fragmented care plans. Developing a comprehensive plan of care was impractical using nursing diagnosis. The decision was made to utilize the identification of issues instead of the NANDA Nursing Diagnosis nomenclature. The ANA Scope and Standards of Practice identify the use of issues as an acceptable alternative to the use of nursing diagnosis.

The Patient Teaching Plan has also been revised and streamlined. The goal was to keep it simple while providing a tool that readily identified the teaching that had been done. The new tool provides information to the nursing staff to enable them to better identify the ongoing learning needs of the patient. Additionally, much of the teaching that is done on a daily basis will now be documented on the flow sheet which will demonstrate individualized and comprehensive patient teaching. The remainder of the patient teaching will be documented on one teaching plan that covers all of the patient’s needs.

We want to thank the nurses who took the time to trial the forms and give their very valuable feedback.

A special thanks to the following nurses:

SICU
Janette Sanchez
MICU
Grace Hontucan
BICU
Jen Bauman & Tracy Cueto
NSCU
Sean Sampson

SSDU
Debbie Blaylock, April Stubbert & Kim Young Soon
4T
Mae Umali, Ana Lopez, Helen Diamante & Thelma Aquino

This is our Dream...Happy Care Planning!
This year the NICU is participating in a multidisciplinary simulation based training program centered on conducting a mock neonatal resuscitation. Neonatal resuscitation is not a common event in the NICU, which provokes concern among health care professionals that lack of practice impairs their skills, often leading to a reduced confidence level. During the simulation training, a team of physicians, nurses and respiratory therapists will be participants in a scenario. This new education and training experience will be an attempt to improve essential communication, coordination, and the overall efficiency of our team here at UC Irvine.

**What is Simulation?** Simulation is an innovative teaching strategy which has been used by military, aviation, nursing schools and now in hospitals. The methodologies used to provide education and ongoing learning in health care is changing rapidly. Classic lectures, computer based learning, and other self-learning modalities provide only one component of information and are not effective in improving team communication or salient psychomotor skills that are needed when working in a complex environment, such as the hospital.

**Why multidisciplinary team training?** Interestingly, health care providers are rarely trained as teams even though they function almost exclusively in a team (Smith and Cole, 2009). More than two thirds of the sentinel events reported to the Joint Commission is caused primarily by failures in communication. The Health Professional Education (HPE) summit determined that nurses, doctors, and other allied healthcare professionals lack the education and training necessary to meet 21st century healthcare needs. Smith & Cole (2009) suggested that healthcare organizations need to offer tools to health care providers to promote positive teamwork, collaboration, and effective communication. The Institute of Medicine (2003) recommends professionals develop and maintain proficiency in five core areas: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement and using information technology. Multidisciplinary simulation training can assist healthcare professionals in meeting all five of these competencies in a method that cements teamwork, acquisition of skills, and communication.

**What can I get out of Simulation?** Simulation based training is used as a teaching method that provides a safe environment to discuss, problem solve and share experiences as a team. Simulation is an instructional teaching strategy which incorporates adult learning theory, real-time clinical situations, and a video debriefing to allow participants an opportunity to improve their knowledge, to practice skills, and to gain confidence in themselves and their team. Many research articles have been published regarding the effectiveness of simulation based training in improving team communication, confidence level of participants, and clinical skills.

**Simulation in the NICU:** Simulation training in the NICU began with a journal club article and a self-learning module to introduce the staff to the concept of simulation. The article, *Patient Safety: Effective Interdisciplinary Teamwork Through Simulation and Debriefing in the Neonatal ICU* was introduced in February and the self-learning module was introduced in March. The actual simulation experience began in May. The entire NICU staff will be offered the simulation experience and completed the training by August 2010.
STRUCTURAL EMPOWERMENT

“The organization supports and recognizes the participation of nurses at all levels in service to the community.”

As a recent new graduate from the UC Irvine Nursing Program, I decided to take a trip to the other side of the world. Volunteering as a nurse for a month in Vietnam was one of the most humbling experiences of my entire life.

With a wealth of new knowledge, I was appointed as one of the leaders in a nurse training team and our goal was to teach nurses throughout the country to think more critically about patient care. Basic skills like hand washing were reinforced and daily lectures were necessary about pathophysiology as the foundation to understanding disease processes. Physical assessment of patients seemed so foreign to these nurses. Although to us using a stethoscope feels like a normal attachment in our daily practice, to these nurses it was taboo to even touch one.

It wasn’t too long ago in American history that nursing was treated no more than just a trade. Today, nursing is not only valued as the most trusted profession, but it is a vital role in every patient’s care in the hospital and community. Third world countries like Vietnam still have a long path in front of them before they may have independent nurses practicing, but teams like ours focus on strengthening individuals to increase trust in nurses.

One example of this is in a northern city of Vinh Phuc where over the past several years, the hospital has adopted an environment of nursing advancement. Nurses are compensated for attending weekly classes and doctors include nurses in their decision making.

Many hospitals aren’t lucky enough to get the support of physicians behind furthering nurses.

(Continued on next page)
In this country, it was easy for healthcare workers to refer to me as doctor because my knowledge base was as strong as a new physician but it was important to make a clear distinction that I was an example of what nursing could be.

One of the microbiology lab workers plainly asked, “Why do we have higher rates of infection here than in America?” The answer was simple; what we have as a single patient’s room at UC Irvine is usually filled with at least five beds in Vietnam! There are so few healthcare workers in the rooms that family members are required to stay in the bed with the patient to care for them. Other family members are lined up outside sleeping in cots waiting to switch into the caretaker role. This trip was a reminder that there is so much we take for granted in our healthcare system.

I look back and am glad I spent the time and money to be a part of this experience because it reminds me that the focus isn’t only about strengthening only myself but there is a world out there that needs us.

In light of recent disasters like Haiti and China, there is always a need for emergency volunteers but a basic need of strengthening healthcare throughout the world is an ongoing problem.

Jeffrey Vu is a member of the first graduating class from the UC Irvine Nursing Program. After graduation, Jeffrey volunteered in Vietnam before joining UC Irvine in the Cardiac Intensive Care Unit.
INTERVENTIONAL RADIOLOGY-IMAGING IS EVERYTHING: NURSES PRESENT AT NATIONAL CONFERENCE
By Angelica Araujo, RN, Lisa Cuccarese Brown, RN & April Burks, RN

EXEMPLARY PROFESSIONAL PRACTICE
“Nurses have significant control over practice and are able to work in collaboration with interdisciplinary partners to achieve high-quality patient outcomes.”

Interventional Radiology…. Just hearing those words makes you think of that trek that takes two elevators, down the dreaded labyrinth, to that cold dark basement in the tower building. “What actually happens down there?”, you may ask yourself.

While it is often confused with the cardiac cath lab or GI interventional lab, Interventional Radiology (I.R.) is a different and unique procedural area. Many times it is an alternative to conventional open surgery, as it utilizes minimally invasive techniques to provide quality patient care outcomes. Serving both the outpatient and inpatient populations, the I.R. department uses imaging modalities such as fluoroscopy, ultrasound, and computed tomography (CT) to aid in a wide range of procedures, such as coiling aneurysms, embolizing vasculature, inserting portacaths, clot thrombectomy, mass ablation, and placing various types of drains.

Procedures in the Interventional Radiology department have made progressive and rapid advancement since the 1970’s, and they continue to do so. Recent milestones include the nonsurgical ablation of tumors to kill cancer without harming the surrounding tissue, and carotid artery angioplasty and stenting to prevent stroke. Truly, the landscape of medicine and radiology is constantly changing. And as it does, there are always nurses committed to the advancement of the standard of care in the imaging environment. Interventional Radiology nurses play a key role in ensuring patient safety, preventing infection, and providing relaxation and pain relief using moderate sedation. Therefore, imaging nurses were delighted with the formation of the Association of Radiologic and Imaging Nurses (ARIN) in 1981, for it gave them much needed support in performing the aforementioned role. However, even with the addition of such organizations as ARIN, (and SIR, which is the Society of Interventional Radiology), guidelines for best practice in the IR environment have yet to be established.

In March 2010, three of us in the IR department had the opportunity to go to Tampa, Florida for the ARIN national conference and give a presentation entitled “Best Practice: O.R. Standards in the Interventional Radiology Department”. We met other nurses from all over the United States and learned of the varied practices of other I.R. departments. Due to the large variation of Interventional Radiology practice in the nation, our presentation proved to be a hot button topic. It prompted nurses and radiology technologists to evaluate what really is the “best practice”. We answered questions for over 30 minutes from an audience of 200 colleagues eager to learn how we collaborated as a team to keep our patients safe from infection and implemented practice change based on O.R. standards. And yes, “change” seemed to be a four-letter word during the presentation. But just as the legendary Winston Churchill mentioned: “There is nothing wrong with change, if it is in the right direction”. As nurses, we are patient advocates, and we must remain committed to providing the best care for our patients.

Without question, presenting at the ARIN national conference proved to be a truly empowering and motivating experience. Encouraging each other to create change and improve patient care was truly satisfying. We created memories, friendships, and a deeper desire to promote growth and excellence in our department and our professional organization. We were very proud to represent UC Irvine Medical Center and we look forward to more educational and quality improvement opportunities.

Interventional Radiology…. Now, just hearing those words may make you think of the journey to the basement in a different light; may those words not only evoke a vision of the path to healing, but also a department of exciting advancement and growth.
In August 2009, we received the stunning news that one wing of the Oncology unit (DH 76 & 78), was transitioning to a monitored unit. Stories and rumors were all around us. Would DH 78 become a Medical Step-Down Unit? Maybe telemetry. None of the rumors helped to appease my anxiety about the change. I did not know what to expect with this process.

We had moved from 5 Tower in March, 2009 to DH 46 & 48 and would again be moving to our permanent home on DH 76 & 78 on November 3, 2009. Were we going to be “All Oncology”, “half Oncology and half MSDU” or “half Oncology and half Telemetry”?

We faced our “reality check” in November 2009 as the final training lists and schedules were posted. Decisions were made that we would indeed become some sort of monitored unit…it just wasn’t decided if we would be MSDU or Telemetry. Some of the challenges we faced included attendance at:

- A 2-Day Advanced Cardiac Life Support (ACLS) class
- A 2-Day EKG class
- 2-3 days of orientation in MICU/CCU including time with the Respiratory Therapy staff
- Advanced Cardiac and pulmonary classes

I will say that the classes, training and absorbing new skills seemed overwhelming and challenging. Overall, and ultimately, it was very enriching and rewarding to be able to learn new skills and gain a different perspective from the oncology and medical/surgical patients. As it has turned out, this training to prepare the staff has enhanced our abilities and we have become better nurses.

The big moment finally arrived on March 11, 2010: the Grand Opening of the Telemetry Floor on DH 78. We were all a bit apprehensive and concerned about being able to recognize the different abnormal rhythms in cardiac patients, but we persevered. Now that I have had more time to care for our monitored patients, I realize that the challenges we faced and worked through were really worth it. I have gained valuable insight and appreciate even more all that nurses do. All of the staff on DH 76 & 78 can now proudly say that we are kind, compassionate Medical-Surgical Oncology/Telemetry nurses who have learned valuable skills and experience which has enhanced our overall professional abilities.

This was a brand new experience and challenge for all of us. Dealing with cardiac patients and with heart issues and problems was all new to us. I learned from this experience that we should not be afraid of new knowledge and learning new skills; we should embrace it. Life itself is a continuous learning process. No one said it was going to be easy but in accomplishing the challenges it becomes rewarding and satisfying.

MEET THE 2010 GRADUATING CLASS OF PERIOP 101

Congratulations to the nine students that completed the Periop 101 class on February 7, 2010. This all RN staff began their training in August 2009 and will now be working as staff nurses in the Main operating room on the day and evening shifts.

Front row, left to right: Jennifer Wong, Geraldine Kester, Deborah Jones, (instructor) Alexandra Becker, Ijeoma Alaribe
Back row, left to right: Kristin Cser, Rachel Riley, Lynda Kiem, Luciana Bedos and Kevin Meinhart.
At UC Irvine, we are always seeking ways to increase the autonomy of each and every bedside nurse. Knowing this, Linda Hardham, Interim Nursing Director, Medical-Surgical, began a discussion with her management and leadership team in late 2009 about the effectiveness of hourly rounding. Intentional Rounding, the practice of rounding regularly on the patient, has been implemented in several hospitals and has resulted in significant improvements in both patient and staff satisfaction.

The practice of Intentional Rounding aligns well with our primary nursing care delivery model’s principle concept of Responsibility, Authority and Accountability (RAA) and our UC I Care standards. The leaders in the Medical-Surgical division and Acute Rehabilitation Unit (ARU) adopted Intentional Rounding and named our program UC I Care Intentional Rounding with the purpose to improve patient safety and staff satisfaction. Successfully implementing this initiative has become one of our divisional goals this year.

A small stakeholder group including nursing leaders, frontline nurses, unit secretaries, nursing assistants and a nursing educator was formed and charged with designing an implementation plan for UC I Care Intentional Rounding and presenting it to our divisional managers and supervisors group. With dedication, knowledge, creativity and the ambition to better ourselves, our group developed an implementation plan which included training curriculum and outcome measurement indicators. The process of analyzing unit work flow and the complexity of our patients’ needs coupled with limited time and resources was challenging. We identified that our patients are sicker, teamwork is not always present and communication often breaks down. In response to these challenges, we needed to strategize our work design to maintain some flexibility within the structure we created. Call light use, staff satisfaction, fall rates and skin breakdown rates were proposed as the quality measurement indicators. We also developed scripting to improve communication skills and a documentation log to analyze the success of the program.

DH 76/78 (Oncology/Telemetry) was chosen to be the first unit to implement UC I Care Intentional Rounding. All Medical-Surgical and ARU staff attended a 2-hour class to learn about UC I Care intentional Rounding. During the classes, staff practiced using communication techniques to proactively address our patients’ needs in pain/comfort, potty, position and possessions. It was not easy but it was fun when we practiced the AIDET principles of communication (Acknowledge, Introduce, Duration, Explanation and Thank).

After a one month of trial in DH 76/78, the number of call lights for toileting dropped by 50%. Maintaining this new initiative is still a challenge every day, but we see the value and continue to embrace the endeavor. UC I Intentional Rounding was fully implemented in all Medical-Surgical units by June 2010. Please support us through this endeavor, and we will invite you all to celebrate our success when we share our outcome measures.

The bi-annual Neonatal Intensive Care (NICU) Reunion Carnival was held in 2010 to celebrate successes and reunite staff, patients and families. The NICU has been celebrating this event for over 20 years and each and every time it is well attended. As the doctors and nurses came together again with parents and their beloved NICU graduates, they shared the joy and accomplishments of their children.

This year’s event was held on the grassy area in front of Building 55 and included a petting zoo, food, games, face painting and a caricatures. One of our many volunteers happened to be a former Pediatric Intensive Care Patient who gives back to the community by helping us with the game booth.

Personally, I enjoy this event because it allows me to socialize with the parents in another atmosphere besides the NICU. I see the great work that our NICU does and it makes me feel proud to be a nurse in the NICU.
STRUCTURAL EMPOWERMENT

““The organization supports and recognizes the participation of nurses at all levels in service to the community.””

As part of the UC Irvine commitment to community outreach and education, I accepted an invitation from Cerritos Elementary school in Anaheim to speak to 3rd graders about health. My dilemma was determining what I could talk to them about in language they could understand? After receiving feedback from the class, the final topic was decided: “The Heart, Liver, Exercise and Eating Healthy”. The experience was enlightening. The students were knowledgeable, inquisitive and knew the names of all their organs. I was surprised when each of the 24 students gave me a drawing which included their feedback of my presentation. I enjoyed my day in the classroom and I encourage every nurse to try it sometime. It is a good opportunity to help educate the youth about health issues as well as shed some light on the nursing profession.
Career Advancements:
Rose Mendoza, RN, NP was recently promoted to a NP III Supervisor.

Brooke Baldwin-Rodriguez, MSN, RN, CCRN has accepted the role of Nurse Manager of the Neuroscience ICU and Step-Down units.

Professional Development:
Shyamalamba M Marshall graduated with a BSN degree.

Jennifer Hoff became certified in Medical-Surgical Nursing.

Recognition:
Roseanne Vattuone RN was the organizer of the successful NICU Reunion Carnival.

The following nurses were nominated for the 2010 Staff Assembly Excellence in Leadership Award:
Brooke Baldwin-Rodriguez MSN, RN, CCRN
Diane Rigger BSN, RN

The following nurses received the 2010 Staff Assembly Excellence in Leadership Award:
Diane Rigger BSN, RN

Educational Update:
Leigh Maple RN and Ravina Bhakta RN attended a two day course offered by a non-profit "Healing Touch".

26 Nurses attended a two consecutive weekend training class for chemotherapy & bio therapy certification sponsored by Oncology Nursing Society

Karen Shore, NP attended the Nurse Practitioner Conference at the Anaheim Convention Center

Linda Jund, is attending the National Cancer Registry Conference & is implementing the national recognized staging schema, HHCC seventh edition system