

NURSES OF PROVIDENCE

Riding the Wave

of excellence

metry One



2018 NURSING ANNUAL REPORT

 **PROVIDENCE**
Little Company of Mary
Medical Center
Torrance

A Blessing for Nurses

From *Voices from the Journey*, by Juliana Casey, IHM, published in 2015 by the Catholic Health Association of the United States

May rest find you,
In the peaceful moments when all is still,
In the quiet times when you pause
And breathe.

May rest find you
In the chaos of the moment
In the sorrow you seek to heal.

May rest strengthen and bless you.
May it fill your spirit
And give you unearned joy.

May you find rest in the care of others,
In the knowledge of your worth,
In the value of your service.

May the One who gives rest
Bless you and hold you close.
And may you, in your very being,
Be a place of rest for others.

Amen



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Message from our Chief Executive Officer

Garry Olney, DNP, MBA, RN

PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE

What a privilege to introduce the 2018 Nursing Annual Report. As I reflect on how our ministry has changed since our Magnet® designation in 2016, it is clear nursing has been leading the way. The accomplishments of our ministry as a whole, including being one of the U.S. News and World Report's Best Regional Hospitals and receiving a Hospital Safety Grade "A" from Leapfrog, as well as those of our Unit Based Councils and individual nurses, continue to demonstrate the commitment our nursing team has to compassion and excellence.

I am also very proud to share with you that Providence Little Company of Mary Medical Center Torrance was named in the first ever Newsweek list of the **World's Best Hospitals**. The list recognizes the best 1,000 hospitals across 11 countries: USA, Canada, Germany, France, United Kingdom, Switzerland, South Korea, Japan, Singapore, Australia and Israel. We are honored to be included in this first-ever list that measures not only the quality care we provide our patients, but also the dedication we have to our caregivers who provide quality care in a healing environment that treats the whole person – body, mind and spirit.

When asked to differentiate us from our competitors, the first word I always hear is compassion. Nurses can be taught skills, such as inserting intravenous lines or changing dressings, but really caring for the individual – and easing the way of the patient and the family – is where you, our nurses, truly excel. From those who are No One Dies Alone (NODA) volunteers, ensuring that a patient without a family is not alone during their final moments, to those who participate in community events such as the Relay for Life, American Heart Association, and Suicide Prevention walks, the nursing team continues to evolve and ensure that they are more than just a skilled professional but truly a compassionate and caring nurse.

I am humbled as I review our accomplishments. In order to achieve Comprehensive Stroke Center Certification from the Joint Commission and American Heart Association, nurses throughout the facility were required to complete additional stroke education requirements. This new level of certification is to recognize the significant differences in resources, staff, and training necessary for the treatment of complex stroke cases. Our Stroke program is led by a nurse. Our Emergency Department initiated a Critical Care Transport team to ensure we could better serve our community in getting stroke patients safely to our ministry within the time frame necessary to provide life-saving treatment. PLCMMCT, again, leads the way in being the only facility in the South Bay to have this prestigious certification.

We saw significant growth in our Women and Children's department, despite a national decrease in deliveries. Our ICU team has partnered closely with the Palliative Care team to facilitate transitions for difficult cases and decisions and created memory stones to comfort the families. We did our first "Honor Walk" for a young military patient who was an organ donor. Our nurses champion and participate in walks for cancer, suicide, and heart care. There are so many stories of what the Unit Based Councils have achieved that I simply cannot highlight them all but encourage you to read the stories throughout this report.

As a nurse, I know there is no such thing as being "just a nurse". It is clear you, our nurse colleagues, make a difference in the lives of patients and their families each and every day. Led by the founding Sisters of the Little Company of Mary, and our ongoing mission to care for those in need, especially the poor and vulnerable, you strive for excellence in all you do. There is a sign at the employee entrance that states "You have the ability to make a difference in someone's life today". Keep striving to make that difference.



Message from our Chief Nursing Officer

Scott Ciesielski, MS, RN

PROVIDENCE LITTLE COMPANY OF MARY
MEDICAL CENTER TORRANCE

It is my pleasure to present the 2018 Nursing Annual Report. Since joining Providence Little Company of Mary Medical Center in the latter part of the year, I have had no shortage of experiences that prove our nursing team has the passion for, and commitment to, making our ministry the absolute best for our patients.

The Annual Nursing Report is an opportunity for each nurse to reflect on their personal commitment to nursing, their contributions to the successes in caring for our patients and their families as well as the service to our community at large. It is also a time to reflect on the significant progress and recognition we have received. We transitioned 74 nurses into new areas of practice, either as a new graduate or an experienced nurse wanting a new area of expertise. We partnered with 17 educational institutions to inspire and develop new nurses as they learned the art and science of the profession. We have a strong community outreach, participating in walks and other fund raising events, to bring awareness to disease states. And, as a Magnet® organization, our Shared Governance structure and Unit Based councils continue to drive practice change and positively affect our patient outcomes as evidenced by our nurse sensitive indicators. We continue to strive for zero harm and have achieved a stunning decrease in Central Line-Associated Blood Stream Infection (CLABSI) with several units at zero for more than 1 year. This highlights the amazing dedication and strong work ethic our nurses have to ensure the best clinical care.

It is not just our clinical expertise that makes our organization strong. It is also the compassion we demonstrate each day. Our nurses are recognized by patients and their families as Daisy Award recipients for the exceptional care they provide. We hear through many venues stories of how our nursing team is continually finding a path to ease the way of patients and families when they are most vulnerable. Whether it is an Honor Walk, memory stones, holding a hand, or crying with a patient and family, our nurses demonstrate the essence of compassion each and every day. Our nurses have excelled at providing our patients with the best experience during highly impactful times.

It is with the utmost gratitude and respect that I acknowledge you for the passion you bring to your role. Thank you for the compassion you show each day. It is truly an honor to be the Chief Nursing Officer that leads the unmatched Nursing professionals at our ministry.



Grounded in our Mission

Providence Little Company of Mary Medical Center Torrance is one of 50 Medical Centers that comprise Providence St. Joseph Health in the west of the United States. Our history is intertwined with three significant religious communities: Sisters of the Little Company of Mary, Sisters of Providence, and Sisters of St. Joseph of Orange.

The Little Company of Mary Sisters established the original hospital in 1959. Since that time, the hospital experienced many expansions, increasing in size and scope of service. In 1999, Little Company of Mary Medical Center affiliated with the Providence Health and Services Medical Centers located in the San Fernando Valley. At that time, we took on the name Providence Little Company of Mary Medical Center. In 2016, as Providence Health and Services merged with St. Joseph Health System, we became a part of a much larger healthcare system.

Ours is a faith-based ministry established in the Catholic tradition of care for the least among us. We have fostered growth over the years **for the sake of others...**

that more people in need might be served

that care for the most vulnerable among us might be increased...

that our efforts might be signs and witness of God's healing presence in our world.

Our goal is service.

Our guide is the respective traditions of our pioneer Sisters.

Our vision is an even greater, more compassionate community of care, of healing.

The services provided by each of our ministries reach far beyond the walls of our Medical Centers. Within our community we offer a full range of care facilities including home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics and physician groups. Our Medical Center and home health entities are accredited by the Joint Commission. We strive to maintain a "continuum of care," matched to the diverse needs of individuals within the communities who depend on us every day. Our efforts have been recognized locally and nationally, including distinctions in US News & World Report and Magnet® recognition.

Our mission, vision and values work together to shape our decisions and guide our actions. They form the heart of our health care ministry.



Our Mission: As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision: Health for a Better World

Our Promise: "Know me, care for me, ease my way."

The Core Values of St. Joseph Health serve as the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

Compassion

Jesus taught and healed with compassion for all. –Matthew 4:24

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

Dignity

All people have been created in the image of God. –Genesis 1:27

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

Justice

Act with justice, love with kindness and walk humbly with your God. –Micah 6:8

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

Excellence

Whatever you do, work at it with all your heart. –Colossians 3:23

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.

Integrity

Let us love not merely with words or speech but with actions in truth. –1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

Nursing Strategic Plan

The Nursing Strategic Plan, developed and evaluated annually by nurse leaders, clinical nursing, shared governance, and interprofessional partners, demonstrates goals, tactics, and defining success indicators under each pillar aligned with the region and system strategic plans.

The South Bay Five Bests Performance Excellence Commitments” provide the ministry a “True North” (below). Each department develops their specific five best tactics which help advance the ministry overall measures. Leaders complete quarterly unit status reports that roll-up through the senior leadership team for assessment and evaluation of advancement.

	Ministry True North	South Bay Ministry Initiatives	Measures
Best Place to Work and Practice	High Caregiver Engagement	<ul style="list-style-type: none"> » Implement Spirituality Day by Day in select departments (SB) » Further develop core leader and caregiver huddles with standard work, problem identification skills, and Whole-Person Care education (SB) » Implement dept. action plan for lowest engagement scores (SB) » Develop and implement 2018 5 Bests in all departments (SB) 	<ul style="list-style-type: none"> » < 20% First Year Turnover* » ≥ 95% engagement action plans completed for lowest engagement departments
Best Customer Experience	Top Patient Experience	<ul style="list-style-type: none"> » Focus improvement on key drivers to patient experience in each department (SB) » Standardize and sustain core leader rounding and documentation in real time (SB) 	<ul style="list-style-type: none"> » Overall Rating of Care INPT ≥ 77.59% (T) and 71.63% (SP) » ED ≥ 57.66% (T) and 68.78% (SP) » AS ≥ 89.7% (SB) » OUTPT ≥ 82.5% (SB) » Compassion ≥ 69% (SB)
Best Quality and Safety	Zero Harm	<ul style="list-style-type: none"> » Reinforce and build accountability with HRO tones, behaviors and tools (SB) » Daily huddles cascaded for clinical/safety improvement in every department (SB) » Implement best practices for reduction of HAC C-Diff (SB) 	<ul style="list-style-type: none"> » 0 CLABSI » 0 CAUTI » 0 SSI - Colo » 0 SSI – Hysterectomy » Reduce by 30% Falls w harm » Reduce by 30% HAC: C-Diff
Best Health Outcomes	Value to the Community	<ul style="list-style-type: none"> » Standardize sepsis management plan (SB) » Standardize and sustain plans for readmission reduction (SB) » Implement Neuroscience Institute plan for Year 2 (T) » Implement Cancer Institute plan for Coordinated Cancer Program (T) 	<ul style="list-style-type: none"> » All-Cause/Payor Readmission to <.94 O/E (AMI, Hip/Knee, etc) (SB) » Sepsis mortality O/E < 1.0 (T) <.93 (SP) » Meet Neuro Program (T) growth target » Meet Cancer Program (T) growth target » Meet OBHC Program (SP) growth target » Adv Directives > 15% (T) and 19% (SP)
Best Use of Resources	Productivity	<ul style="list-style-type: none"> » Ensure use of flex matrix in every department to guide staffing (SB) » Sustain stewardship and staffing huddles (SB) » Improve throughput and efficiency in select departments (SB) » Achieve inpatient surgery improvement in operational and clinical goals (SB) 	<ul style="list-style-type: none"> » Labor Standard met > 90% of the time (SB) » Reduce cost/case for top 20 DRGs (SB) » 75% of surgery dashboard goals are met (T)

2018 Professional Nursing Practice Strategic Tactics

Inspire and develop our people

Maintain Magnet® designation

- » Leaders contribute Magnet stories to a shared repository throughout the re-designation period
- » Leaders encourage new RN caregivers to participate in shared governance councils and UBCs; validate participation at 30-60-90 day touch-base and annual development conversation
- » Increase RN certification rate by marketing access to courses, promoting the Melideo fund, and certification recognition events
- » Target hiring BSN or higher degree; for AA degree hire, expectation to achieve BSN within 2 years per job description

Best in Class nursing recognition

- » Support caregiver community participation by schedule adjustments, provision of ministry shirts, recognition in newsletters
- » Increase and optimize internal marketing to all caregivers
- » Develop and identify new recognition opportunities in nursing at all levels

Leadership Mentoring and Succession Plan program participation

- » Offer mentoring and succession plan programs:
 - » Mission & Mentoring
 - » Regional Management
 - » Leadership Formation
 - » HR leadership courses
- » Advanced clinical nurse informal leadership training, target charge nurses

Build enduring relationships with consumers

Optimize the role of nursing practice in the Providence Patient Experience and Patient Care Environment

- » Focus shared governance initiatives to target unit Press Ganey data.
- » Charge Nurses use Cipher data and round to validate patient concerns & address areas of concern in unit huddles.
- » Create team approach to turn around patient experiences and improve perceptions before discharge.

Intentional compassion in every aspect of nursing and team-based practice

- » Provide Advanced Communication Training program for appropriate caregivers
- » Provide Spirituality-Day-by-Day program for nursing. (2018)
- » Market Daisy in Magnetism & regional newsletter, caregiver hall
- » Utilization of No One Dies Alone volunteer program (NODA)
- » Ensure nurse leaders, including Charge Nurses, are using Cipher tool for rounding

Nurses are advocates for health promotion and initiatives for a better world

- » Develop nursing advocacy through community partnerships to improve care transitions and target community health assessment
- » Provide opportunities for nursing to volunteer in community and outreach activities
- » Organization support team fundraiser events
- » Submit hours of college/university preceptoring and other volunteering to Community benefit annually



Nursing Strategic Plan *continued*

Create alignment with clinicians and care teams

Support inter-professional collaboration between colleagues to strengthen care coordination

- » Unit-level coordination of care rounds
- » Nurse leaders, shared governance councils, and UBC's to identify standard processes to improve Press Ganey

Professional support for empowered nurses and advanced practice nurses

- » Promote RN Professional Portfolio Program participation
- » Market opportunities to participate in interprofessional committees, councils, audits, and shared governance, including TIPS.
- » CNS and APRN under nursing, learning needs addressed through attendance at professional association conferences.

Develop and thrive under new care delivery & economic models

Uniform clinical resources

- » Support the use of Advanced Practice nurses or Nurse Practitioners across the ministry and utilize RN:MD committee for privileging.
- » Float pool of 10 student nurses who transition into RN positions housewide

Advocate to use existing resources more effectively and efficiently

- » Standard work for bedboard incorporating Nurse Sensitive Indicators to facilitate ED throughput and team culture, identify risks

Grow by optimizing expert to expert capabilities

Strengthen expert to expert clinical collaboration related to nursing practice across the South Bay and PSJH

- » Continuing the preceptor program and having a 30-60-90 day follow up with new hire nurse
- » Obtain PTAP (Practice Transitional Accreditation Program) ANCC recognition
- » Collaborate with other service line experts across PSJH optimize South Bay practice, product alerts, policy development to reduce redundancy



Awards and Accolades



Best Regional Hospital, 2017-19



Best National Hospital, Endocrinology and Diabetes, 2018-19



America's Best Nursing Homes, 2015-18 (PLCMMCT Transitional Care Center)



"A" Hospital Safety Grade from The Leapfrog Group



Recertification as a **Palliative Care Center of Excellence** by the Joint Commission



HEART FAILURE
COPD
COLON CANCER SURGERY

Recognized by U.S. News & World Report as a **High Performing Hospital for the treatment of:**

Heart Failure

Chronic Obstructive Pulmonary Disease

Colon Cancer Surgery



Healthgrades Patient Safety Excellence Award 5 years in a row



Magnet designated hospital



Designated STEMI: One of Los Angeles County's receiving centers for heart attack victims.



Best Places to Work in Healthcare, 2018



Los Angeles County: Designated Comprehensive Stroke Center

Shared Governance

Evidence Based Practice Quality Improvements

Shared Governance is an organized partnership structure that empowers registered nurses to participate in shared decision making with management.

The principles of SG define a structure through which the concepts of partnership, equity, accountability and ownership of nursing practice becomes tangible. "Shared Governance is a structural model through which nurses can express and manage their practice with a higher level of professional autonomy" (Porter- O'Grady, 2003, Research and Evidence Based Projecting Shared Governance).

BIG 5 COUNCILS

QUALITY AND SAFETY COUNCIL

Chair: Roseann Devlin
Co Chair: Eilleen Carpo

The purpose of the Quality and Safety Council is to understand, collaborate, and communicate the planning, development and implementation of quality and safety initiatives.

Team Collaboration

- » In 2018 the quality and safety council worked hard and collaborated with multiple departments to help ensure patient and nurse safety. Additionally, the review and analyzed safety events, teamed up with the education department and helped to create standard work.

NURSE RESEARCH COUNCIL

Chair: Marilyn Steinberg
Co Chair: Nikki Yerelian

The purpose of the Nursing Research Council is to assess, plan, and facilitate EBP and research activities of nurses.

Streamlining EBP Projects

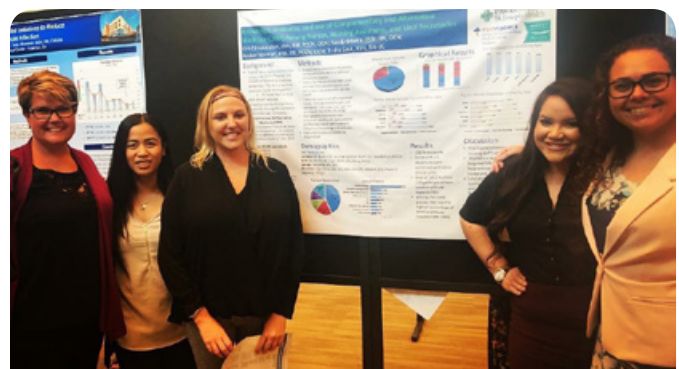
- » The nursing research council was busy in 2018. They were part of a new streamlined process where every UBC was assigned an EBP mentor from the Nurse Research Council. These EBP mentors helped guide the UBCs through the EBP process from clinical inquiry, formulating a PICOT, synthesis literature and implementing and evaluating best practice.
- » Council members also worked with the IRB to help UBCs navigate the IRB review process.

TECHNOLOGY & INFORMATICS

Chair: Leah Glavan

The purpose of the Technology and Informatics Council is to evaluate and recommend systems and technologies which enable a rich environment to support best practice.

- » The Technology and Informatics Council keeps staff up to date with monthly changes to Epic and other technology upgrades within the facility.
- » Council members present issues and concerns from staff and the council works to find solutions.
- » The council created "Epic Reminders" to help staff remember what to document and provide tips for more efficient documentation.
- » If issues are beyond a simple reminder, the council members will determine if it needs escalation and then fill out the optimization request and submit to the region. Once approved by the region, it is submitted to the system for approval and implementation.
- » The clinical informatics team educates council members on upcoming upgrades, passing out Tips and Tricks for council members to pass on to their units. All information learned and gathered at council meeting is then forwarded to individual units by council members via email.



CLINICAL PRACTICE

Chair: Sheryl Herron

Co Chair: Jacqueline Jankaew

The purpose of the Clinical Practice Council is to review, collaborate, and contribute to clinical standards, taking into consideration national and state regulations and evidence-based practice (EBP) to provide the best care to every patient every time.

Policies

- » Streamlined the policy requirement checklist.
- » Extensive work reviewing, editing and finalizing policies.
 - » *Over 79 policies were reviewed and approved by the committee.*



PROFESSIONAL ADVANCEMENT COUNCIL

Chair: Sandy Martir

Co Chair: Lilia Stephenson

The purpose of the Professional Advancement Council is to define, implement and promote a positive healthcare environment, professional nursing standards and the professional practice model.

Advancing Practice and Recognition

- » Promote/educate staff regarding funding for advanced education and professional development through the Melideo Fund, Centofante Scholarship, tuition reimbursement, and Professional Portfolio.
- » Organized a successful Annual Certified Nurses Day event. Every certified nurse received a stainless steel water bottle.
- » Promoted national nursing certification classes.
- » Review Daisy nominations and organize Daisy recognition events.



Unit Based Councils and Unit Achievements

EMERGENCY DEPARTMENT

Chairs: Maria Perez & Katelyn Hicks

- » Evidence based practice goal: Increased neonatal sepsis compliance by increasing antibiotic compliance and decreasing triage times
- » Community outreach: sidewalk CPR, sponsors in Hermosa Beach Volleyball and Gifts from the Heart (Handed out gifts to patients and families admitted during Christmas).
- » Accomplishments: Stroke Resuscitation Room and Neuro Critical Care Transport Team.
- » Professional Conferences: Attended the ENA conference in Pittsburg, PA and presented a poster on decreasing door to needle times for stroke patients.



- » Growth in Neuro-Spine service line. Creation of the Spine Institute. Comprehensive education provided to caregivers.
- » Growth in total joint replacement services with ongoing education of caregivers.
- » Nurse Leaders all trained in Managing Daily Improvement (MDI).
- » National Conferences: RNs attended Orthopedic Symposium at Hoag Hospital.
- » ACNL poster presentation: Reduction of length in stay for the total joint replacement patient.
- » Nursing Research & Evidence –Based Practice Symposium.
- » Cardiac Symposium
- » New resources: Bariatric equipment, chairs, walkers, commodes, stools, wheelchairs, socks, gowns and 4 rooms dedicated to bariatric surgical patients.
- » Converted PST role to NA role providing increased nursing assistance support on the nightshift.
- » Safety: 14 months CLABSI Free, Zero CAUTIs for 2 years (2017/2018) and zero HAIs (2018).

1ST SURGICAL

Chair: Stephanie Loew & Jenny Frisina

- » Evidence based practice goal: Increased certified nurse's rate to 45% and increased patient perception of nurses keeping patients informed from 66.2% to 71% over 8 months.
- » Community outreach: Team donated personal care items to the local women's shelter and participated in the American Heart Walk, breast cancer fundraising, Gifts From the Heart and Mission Makers.
- » Accomplishments: Developed Metabolic Bariatric Surgery Program to care for post-op bariatric patients. Created new protocols and Care Pathways. Educated caregivers house wide on sensitivity towards the bariatric population, mobilization and complications of bariatric surgery.





Peri-op

Chair: Michelle Kahana & Christopher Reyes

- » Peri-op UBC is a collaborative group that consists of the Operating room, PACU, Same Day Surgery, and GI Lab.



- » Evidence based practice goal: They focused on creating a better report handoff and between units using evidenced based practice.
- » The ISBAR format from Kitney et al. (2016) will be used to create the standardized checklist hand off report.
 - I – Identification-name of patient, allergies, isolation
 - S - Situation - procedure, other
 - B - Background- pertinent history
 - A - Assessments/Actions - local, incision, dressing, drain
 - R - responsibility, referral- family called?, Case manager (if status change) "any more questions?" "is that all?"
- » Community outreach: Colon Cancer Awareness
 - » *The GI nurses initiated an annual colon cancer awareness day. The event was held in the hospital to inform the community regarding colon cancer and possible interventions or procedures to address the disease. The event was well attended and received by the community.*
- » Accomplishments: Attended 2018 Society of Gastroenterology Nurses and Associates Conference to learn the latest trends, technology and evidence-based practice of gastroenterology and endoscopic nursing.

- » GI Lab acquired new Pill Cam equipment for Capsule Endoscopy. The procedure uses a tiny wireless camera to take pictures of the digestive tract. It helps find the cause of gastrointestinal bleeding, diagnose inflammatory bowel diseases & cancer, screen for polyps, and monitor Celiac Disease.

ICU

Chair: Sarah Czerniejewski & Akiko Tome

- » Evidence based practice goal: Zero CLABSI.
- » Increased nursing certification.
- » Worked on decreasing the incident in DVT in post-operative patients.
- » Implemented ABCDE Delirium rollout.
- » Community outreach: Legacy work (See page 42).
- » Accomplishments: The ICU started enrollment of their nursing research study. Natalie Kitago MSN, RN, CCRN, Sarah Czerniejewski BSN, RN & Lak Tuong BSN, RN & Blanca Zepeda BSN, RN, CCRN are the leads of this study.
 - » *We aim to show the feasibility of routinely implementing pulse contour technology, providing hemodynamic monitoring during an ICU admission with sepsis, and to evaluate its effects in terms of sepsis fluid management, outcomes, and additional procedures.*



Unit Based Councils and Unit Achievements *continued*

PCU

Chair: Eric Cabahug & Nicole Jordan



- » Evidence based practice goal: Increased patient's perception of nurses showing compassion by conducting compassion huddles and compassion hearts.
- » Community outreach: Participated in Gifts from the Heart, Heart Walk by the American Heart Association, Mission Makers and Autism Walk.
- » Accomplishments: TAVR patients who typically go directly to the ICU, now can go to PCU thanks to months of training and education with collaboration of the surgeons, PA, NP and nurses.
- » Expansion of the Neuro-complex patient care on PCU.
- » Nurse Leaders were trained in Managing Daily Improvement.
- » Created a mini LUMS to gather special equipment for critical patients.
- » Nurses attended the Cardiac Symposium.
- » New Resources: Monitors in each room to be a fully capable progressive care Step-down, pupilometers, bariatric equipment: walkers, chairs, commodes, cardiac recliner for open heart patients, foot rest for cardiac patients.
- » Patient safety outcomes: Zero CLABSI in 2018, Decrease in HAPIs by almost 50% and decreased AMI admission to ICU by 50%.



Women's Health

Chair: Ari Meyers & Kimberlie Purser

- » Community outreach: Hanna Spano annually does mission work.
- » With the Foundation support, we were able to purchase: Phototherapy lights for babies with jaundice, carts for the bedside computers and new crib.
- » Accomplishments: Childbirth Education Program update: New format and educational materials, focus on keeping moms moving during labor and established monthly meetings.
- » Additional accomplishments: Connecting When Expecting, Community Events for prospective patients, informative topics/QA session, introduce patients to the WH caregiver team and tour the beautiful department.
- » Ari Meyers, RN filmed two videos to help with: Nurse Recruitment & Marketing OB Services.
- » Marilyn Steinberg also achieved the highest level of nursing education: She completed her doctoral degree.
- » 7% growth volume increase with 143 more births than in 2017.
- » Tdap vaccines provided to outpatients in the Pharmacy or receiving prenatal testing.
- » Professional Conferences: Marilyn Steinberg: Poster/ Podium presentations at Huntington Hospital Research Day, PSJH Video Symposium and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) annual convention.
- » Nurses PHS California Region Evidence-Based Practice and Research Day: Mary Radinsky and Hillary Gray gave a podium presentation on Breastfeeding. Attendees: Lilia Stephenson, Joan Gahan and Kimberlee Purser.
- » Critical Care in Obstetrics Conference presented by the Society of Maternal Fetal Medicine. Attendees: Karla Gomez BSN, RNC-OB and Evelyn Recinos BSN, RNC-OB.
- » New Resources: Portable telemetry monitoring, birthing balls and peanut balls. Updated the Tub Room for patient use while in labor. Provides a relaxing atmosphere with music, aromatherapy & candles.
- » Safety: Integrated the Maternal Early Warning Triggers scale into practice, decreased from 15% in 2017 to 8.1% in 2018, and Developed Standardized Procedure for the Admission of the Well Newborn.

Peds

- » Conference attendance: Emergency Department Approved for Pediatrics (EDAP) conference last year to support our pediatric population coming through our designated EDAP ED to the pediatric unit.
- » Safety: Awarded Zero Harm Heroes for dedication to safety. No harm events for 2018.
- » No falls and no CLABSI.



NICU

Chair: Miho Noda & Pam Engo

- » Community Outreach: March of Dimes Walk-raised money to support March of Dimes in the fight against prematurity. Many caregivers and physicians walked with their families and one another for the cause.
- » NICU staff raised \$5,000 in coordination with the Foundation "Day of Giving". A donor matched this amount for a total of \$10,000. The NICU purchased developmental toys and equipment as well as NICview cameras. These cameras allow parents and families to view their infants from home and help monitor their status when they cannot physically be present. Additionally, the link can be shared with other family members across the world to allow all to participate in the ongoing progress of the baby.
- » Safety: Zero CLABSIs, decreased device utilization and reducing SIR (standard infection rate) to zero, below the CDC National Healthcare Safety Network (NHSN) Benchmark.
- » Zero Stage 4 Retinopathy of Prematurity (ROP).



Telemetry Oncology

Chairs: Kim Dimaunahan & Lisa Hung

- » Evidence based practice goal: Increased certified nurse's rate.
- » Increased the percentage of applicable patients who have a Goals of Care conversation.
- » Accomplishments: Held a staff Yoga team building gathering.
- » Community Outreach: American Cancer Society Torrance Relay for Life (department participation in raising funds).
- » American Heart Association Heart Walk (department participation in raising funds and walk).
- » Tour De Pier to raise awareness and funds for Pancreatic cancer.
- » Professional Conferences: Medication safety project, led by Sandy Martir, was presented at Huntington Hospital's Research Day and the Western Institute of Nursing Research.
- » The TRAIN fellows completed their research on complementary and alternative medicine and knowledge, attitude and use in nursing staff. Their work was present at the PSJH Regional Research Day.



Unit Based Councils and Unit Achievements *continued*

TCC/TCU

Chair: Juan Guerrero & Sohl Chapman

- » EBP practice goal: Best Place to Work and Practice- Goal: < 20% First Year Turnover, YTD Result: 11.69%.
- » Best Customer Experience: Goal: Overall Rating of Care/Satisfaction > 70% of "Excellent and "Good," YTD Result: 87%.
- » Reduce falls ≤ 42, YTD Result: 40; CAUTI ≤ 13, YTD Result: 5.
- » Best Health Outcomes -Reduce SNF Readmission rate to ≤ 19.37 (National Average), YTD Result: 13.9%.
- » Community Outreach: Gifts from the Heart, Shoe Drive, Suicide Prevention Walk & Heart Walk- Top fundraising department.
- » Supported caregiver Philippine Mission Trip to provide Health Education and Awareness to the indigenous tribe in one of the islands of Philippines.
- » Unit Accomplishments: Revamped standard work for hand-off report for licensed nurses and CNA's to enhance teamwork/collaboration and quality of care.
- » Professional Conferences: NICHE and CalNOC.
- » New Resources: Vein Finder, Standing scale, Sara Steady and POX, Dinamaps, Litegait, re-opened 8 additional beds, and created a lactation room.



- » Safety: Ranked US News and World Report Best and Top Performing Nursing Home Five Years and Nursing Home Compare Five Star all domain.
- » Department and Core leaders High performing score: 90%+ Highly Sustainable caregiver engagement.

4 MED/CARD

Chairs: Courtney Herron & Lauren Norris

- » EBP practice goal: To decrease falls in stroke patients.
- » Community Outreach: American Heart Walk- Raised \$1280 for the heart walk with nacho sale and bake sale.
- » Professional Conferences: Huntington Hospital's Research Day, AACN UCLA chapter Leadership Symposium, Cardiac Symposium and PSJH Nursing research and Evidence Based Practice Day.



CDOU

Chair: Giyun Won

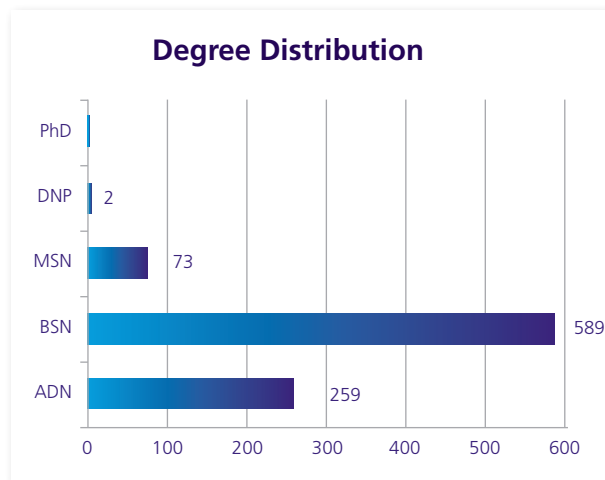
- » EBP practice goal: To decrease falls- the work from this project went hospital wide.
- » Patient Mobility project went hospital wide.
- » Created patient mobility screening cards for the care boards in each patient room to help with communication of the patient mobility needs.
- » Community Outreach: Participated in the American Heart Walk.
- » Professional Conferences: American Association of Critical Care Nurses National Teaching Institute & Critical Care Exposition.



Excellence Through National Certification

Baccalaureate or higher degree in Nursing

Nurses (BSN Degree or Higher): 654



Excellence Through National Certification

1st Surgical Care

Frisina, Jennifer C, CMSRN
 Herron, Sheryl A, CMSRN
 Kelly, Courtney J, CMSRN
 Lindbloom, Carol , CMSRN
 Loew, Stephanie A, CMSRN
 Look, Sandi M, CMSRN
 Magat, Meriel N, CMSRN
 Menes, Mai T, CMSRN
 Menjivar, Luz M, RN-BC MED SURG
 Moon, Jenna M, CMSRN
 Motio, Marcelino , RN-BC MED SURG
 Nocheck-Pascua, Barbara C, RN-BC
 MED SURG
 Nystrom, Livia L, RN-BC MED SURG
 O'keefe, Meghan E, RN-BC MED
 SURG
 Phillips, Juliet A, CMSRN
 Mooney, Alyssa L, PCCN

Angio Center & Recovery

Hadden, Jodi T, CCRN
 Hall, Ana L, CVRN
 Hobday, Peter N, CRNI, VA-BC
 Diaz, Erica, RN-BC CARDIOVASCULAR
 Hynes, Ellen M, CCRN
 Villaruz, Jeanne T, PCCN
 Yerelian, Carole N, SCRNI

Cardiac Rehab

Cohen, Mary L, CRN
 Domingo, Shiela Marie G, MICN
 Hashimoto, Yvonne A, CCRP
 Hudson, Derlyn, CDE

Cardiovascular

Nakamura, Catrice M, CCRN

CDOU

Bang, Jeong Im, PCCN, SCRNI
 Hizon Jr, Orlando T, VA-BC, VA-BC
 Jasper, Marjorie A, MSCN
 Kidakarn, Arlene P, PCCN
 Macauling, Anna Katrina E, PCCN
 Silva, Veronica L, PCCN
 Won, Giyun, PCCN

Education

Fisher, Cindy M, CNOR
 Revero, Susan, CCRN

Magnet

Harmon, Geri, CDE
 Saul, Trisha M, RN- BC PAIN MGT

Emergency Department

Amigable, Pamela Q, CEN
 Brown, Emily J, CEN
 Eusebio, Chonna J, CEN
 Hernandez, Michael, CEN
 Hicks, Katelyn M, CEN
 Jeffery, Ruth E, CEN
 Kirkman, Alicia K, CEN
 Kwon, Woon J, SCRNI
 Lalanas, Kristen, CEN
 Loop, Brandon J, CCRN
 Louvet, Bonnie J, CEN
 Ongarato, Diane J, CEN
 Perez, Maria D, ENPC
 Quarles, Anthony D, CEN
 San Pablo, Ruby, CEN
 Sandrik, Leona M, PCCN
 Sawelson, Jordan S, CEN
 Vargas, Jared R, CEN
 Watkins, Victoria J, CEN
 Wellman, Jessica J, CEN
 Winn, Weston A, CEN, TCRN

GI Lab

Criner, Larhonda G, CGRN
 Peirce, Juliet, CGRN

Labor & Delivery

Alera, Helen, RNC-OB
 Anankunupakahn, Sataporn, RNC-OB
 Bantug, Lorena, RNC-Inpt OB
 Barrientos, Madoka A, RNC-OB
 Carraway, Jenea R, RNC-OB
 Colburn, Raeann, RNC-OB
 Gahan, Joan, RNC-OB
 Garcia, Ma Raquel R, RNC-OB
 Gomez, Karla, RNC-OB

Grimaud, Paula C, RNC-OB
 Gutierrez, Sarah L, RNC-OB
 Keeton, Rebecca A, RNC-OB
 Lee, Lori, RNC-Inpt OB
 Mercado, Shiela M, RNC-Inpt OB
 O'neil, Christine, RNC-Inpt OB
 Pirayesh, Fereshteh, RNC-Inpt OB
 Recinos, Evelyn P, RNC-Inpt OB
 Sahagun, Leilani S, RNC-Inpt OB
 Steinberg, Marilyn, RN-BC

Nursing Administration

Demar, Kathleen, CCRN
 Haraguchi, Kimberly T, CCRN
 Neri, Mary Jane N, CNOR
 Nolan, Lorene S, NE-BC
 Arce, Maria Cindy Dia C, OMS, WCC

ICU

Baker, Elizabeth J, CCRN, CSC, CMC
 Beneitone, Kolbi, CCRN
 Burrell, Lindsey N, CCRN
 Chan, Maria, CCRN
 Chavez, Chelsea J, CNRN
 Del Rosario, June , CCRN, CSC
 Demian, Johnathan , CCRN
 Eschrich, Charles, PCCN
 Glodoveza, Mila, CCRN
 Greenberg, Linda , CCRN, CEN
 Johnson, Mariya, CCRN
 Juarez, Kristin D, CCRN
 Kershaw, Michele , CCRN
 Kitago, Natalie R, CCRN
 Lee, Jinsook, CCRN
 Manio, Dymphna , CCRN
 Navarro, Rosemarie, CCRN
 Nicholls, Carmel , NE-BC
 Nichols, Jillian L, CCRN
 Nunez, Mae Blanche , CCRN
 Oca, Germilyna, CCRN
 Park, Jun Sung, CCRN, SCRNI, CNRN
 Park, Stephanie, CCRN
 Salas-Selem, Shelly , CCRN, CSC
 Salazar, Yesenia, CCRN, CSC
 Sheehy Jr, Patrick, PCCN, SCRNI
 Strong, Laura L, CCRN

Tamargo, Elirose , CCRN
 Thill, Kristie A, CCRN
 Vu, Linda K, CCRN
 Welch, Kathy A, CCRN, CSC
 Zepeda, Blanca Y, CCRN

Infection Prevention

Frederick, Rachel E, CCRN, CSC
 Jolly, Jamie N, CIC
 Taylor, Susan P, SHEA

Surgery

Bae, Yongseon, CNOR
 Cho, Kum S, CNOR
 Cho, Youngja, CNOR
 Dorsey, Claudette M, CNOR
 Sponge, Christopher, CNOR
 Ha, Seung Hee, CNOR
 Howe, Arlene K, CNOR, PHN
 Johnson, Shadae N, CNOR
 Palma, Celeste A, CNOR

TCC/TCU

Koh, Sun O, CCRN
 Telemetry Oncology
 Adamjee, Sameena, OCN
 Bley, Eleanore S, OCN
 Bozeman, Janine, CMSRN
 Canceran, Christine L, OCN
 Casuela, Coralou , CMSRN
 Devlin, Roseann, OCN
 Dimaunahan, Kim E, PCCN, OCN
 Dizon-Paz, Yvette A, CMSRN
 Erdmann, Mailene Q, OCN
 Floresca, Luningning, OCN
 Green, Celena A, CEN
 Hadian, Sepideh, PCCN
 Kang, Wae S, OCN
 Martir, Sandy I, OCN
 Mohan, Visesh, OCN
 Morales, Maria D, PCCN
 Ng, Ma Lourdes T, PCCN
 Norman, Amber K, PCCN, OCN
 Palmes, Ace D, PCCN
 Sanchez, Michelle M, PCCN
 Sewell, Jamie L, OCN
 Son, Eunice E, PCCN
 Torres, Richard M, PCCN
 Vazquez, Maria A, PCCN

Utilization Care Management

Bartels, Christine S, ACM, RN-BC
 Bongard, Mary J, CCM
 Carrillo, Zenaida T, ACM
 Goocho, Theresa Clare , ACM
 Hsieh, Flora Y, ACM, PHN
 Meek, Toni-Lynn K, RNC-OB
 Osuna, Karen A, PHN
 Schonbachler, Muriel I, CHFN
 Sia, Diana P, CCM
 Um, Juni, ACM
 Williams, Cecilia D, PCCN, CWCN

Women & Children Health

Kooiman, Bonnie, RNC-OB

NICU

Asistores, Genevieve , RNC-NIC
 Bischoff, Loreli, RNC-NIC
 Brands, Pamela K, CCRN, RNC-NICU
 Davis, Shauna M, RNC-NIC
 Deverman, Valerie A, RNC-NIC
 Engo, Pamela Z, RNC-NIC
 Fox, Terri S, RNC-NIC
 Kiely, Madonna A, RNC-NIC
 Lindner, Jane L, RNC-NIC
 Loftis, Trisha, RNC-NIC
 Massimo, Jennifer L, RNC-NIC
 Noda, Miho L, RNC-NIC
 Panich, Nicha, RNC-NIC
 Uratsu, Allison M, RNC-NIC
 Walker, Julie A, RNC-NIC
 Yauchzee-Gac, Lisa D, NE-BC

Post Partum

Davison, Debra J, RNC-MNN
 Goldbach, Victoria F, IBCLC
 Meyers, Ari, CNL
 Morones, April D, IBCLC
 Mosieur, Tori S, IBCLC
 Radinsky, Mary M, RNC-MNN, IBCLC
 Rossberg, Margaret , RNC-MNN
 Stephenson, Lilia I, RNC-MNN
 Weber, Nicole M, RNC-MNN, CLE
 White, Tiffany, RNC-MNN
 Young, Jennifer D, IBCLC

4th MedCard

Bobbitt, Lillian June , SCRN
 Casillas, Cynthia J, SCRN
 Enriquez, Edith L, SCRN
 Laccay, Kriszel Ross , SCRN
 Mcgee, Dina J, SCRN
 Stanton, Carissa N, PCCN

Pre Admitting

Gault, Leslie J, CMSRN
 Hebert, Susan, RN-C
 Wassenberg, Cathleen , RN-C

Quality Administration

Rolandelli, Margaret , CPHQ, HACCP

Progressive Care

Balyan, Courtney T, SCRN, RN-BC
 Barraza, Marisol, PHN
 Burton, Jerlon, PHN
 Cabahug Jr, Eric V, PCCN
 Fojas, Lorraine D, PHN
 O'donnell, Nicole J, PCCN
 Shelburne-Vargas, Isabel, PCCN
 Slafter, Mindi C, PCCN
 Baumann, Amanda, PCCN
 Knutson, Morgan L, PCCN

Recovery Room

Jenkins, Nancy L, CPAN
 Olszewski, Mary E, CPAN
 Peshl-Amaro, Jeanna , CPAN
 Werner, Rosely E, PCCN

Transition into Practice (TIP) Resident and Fellow programs

Providence Little Company of Mary Torrance is committed to creating and maintaining an environment in which new clinical nurses entering the nursing workforce (resident) and/or transitioning to a new area of practice (fellows) are able to realize their maximum potential and contribute to the practice care environment.

The TIP Nurse Residency and Fellowship programs provide a structured orientation experience that emphasizes interprofessional, collaborative, patient-centered care designed to strengthen assessment, critical thinking, communication, teamwork, and technical skills in a safe learning environment. **The Transition into Practice program provides:**

- » A standardized curriculum and simulation across the system
- » 8 sessions over a 12 month period with a focus on professional development
- » Specific Core Curriculum blended learning both online and in classroom settings for the following specialties:
 - › Med Surg/Telemetry
 - › Critical Care
 - › Women and Children's Health
 - › Perioperative
 - › Emergency
 - › Hospice
- » Formal, standardized learning for preceptors of residents and fellows



Congratulations to the 2018 Residents and Fellows who successfully completed the TIP program.

Emergency Department (ED)

Pamela Amigable
Diane Bruner
Alberto Dela Concha
Dianne David
Joseph Gavranich
Jane Han
Masayuki Kitago
Jessica Leatherman
Marc Llamzon
Kimberly Mahr
Claire McKernan
Nadine Meimban
Diane Ongarato
Rocky Rojsirivat
Justin Ronda
Leona Roberts
Cesar Saenz
Kristen Takemura
Karen Wan

Float Pool

Taylor Bowen
Yoko Brown
Karla Castro
Jamie Garica
Paulette Sanchez

Yvonne Serna

Julie Takigawa
Ryan Thomas
Hannah Vorndran

Intensive Care Unit (ICU)

Charlene Akapatangkul
Erik Baez
Una Batsaikhan
Vanessa Matarrese
Gena Oppenheim
Shannon Satterfield
Ross Tamayo

Labor & Delivery

Elizabeth Hernandez-Ball
Kandice Morrison
Riley O'Connell

Medical/Surgical (1st Surgical)

Laura Bulatao
Amy Ternes
Emily Wintroub

Perioperative (Surgery)

Fabiola Guterrez
Beverly Sanchez
Roberta Van Dyke

Benjamin Venegas

PostPartum

Hanna Spano

Telemetry (CDOU)

Aressa Manalang
Ashley Holton
Melina Natividad
Breana Waddell
Jennifer Woolwine

Telemetry (Medical Cardiology)

Camila Baez-Smith
Kirby Cabrera
Czarina De Guia
Ann Luc
Jillian Marquez

Telemetry Oncology

Janette Aceituno
Amy Bustos
Joy Caritos
Brandon Hoang
Kendall Hornicek
Vanessa Garcia Negrete
Ashley Holmes
Urvi Jariwala

Martin Kane

Sandra Pool
Erica Sanchez
Sweta Tariq
Veronica Vizcaino
Nasiim Ali
Dimpy Van Winkle

Telemetry (PCU)

Jerwin Balon
Joseph Fitzgerald
Andrea Gerber
Gianna Gonzalez
Juan Guerrero
Gina Johnson
Caitlin O'Rourke
Grace Rillorta
Ronald Rosales
Emily Yu

Transitional Care (TCU, TCC)

Ryan Albano
Asli Asilun
Patrice Dennis
Minh Villacruz

Academic Nursing Partnerships

Providence Little Company of Mary Medical Center Torrance continues to maintain strong affiliate partnerships with both undergraduate nursing programs. During 2018, our ministry supported clinical and leadership preceptor experiences.

One of our nurse leaders, Lori Nolan, is adjunct faculty for University of Providence, which provides significantly reduced costs for nurses looking to obtain their BSN degree while working full time. Additionally, several of our nurses are faculty at the various schools looking to provide the best clinical experience possible for those entering the nursing profession. We are committed to the success of future registered nurses as they complete their final requirements prior to entering the nursing workforce.

Below is the list of schools that Providence Little Company of Mary Medical Center Torrance partnered with.

- » Cal State University Los Angeles
- » El Camino College
- » Cal State University Dominguez Hills
- » Los Angeles Harbor College
- » Mount Saint Mary's College
- » St. Mary's Academy (High School students in a Health Career Options Course)
26 freshman and 24 sophomore students
- » J Serra (High School students in a Health Career Options Course) - 19 students
- » Walden University
- » Western Governor's University
- » Cal State University Long Beach
- » University of California Los Angeles
- » American University of Health Science
- » Kaplan University
- » West Coast University
- » Charles Drew University
- » Grand Canyon University
- » Cal State University Long Beach
- » UCLA
- » American University of Health Science

30th Annual Celebration of Professional Excellence in Nursing



Providence Little Company of Mary Medical Center Torrance, Division of Nursing, is committed to providing an environment in which evidence-based practice, innovation, collaboration, and clinical practice thrives.

Guided by this mission, our Nurse Excellence Celebration committee took us on a magical journey of “Once Upon a Time” to recognize excellence in nursing practice. The theme attire reflected a wide variety of Fairy Tale characters and everyone had an enchanted evening.

Nurse Excellence Categories:

- » Progressive, Critical Care & Emergency
- » Women’s & Children’s Health
- » Peri-Operative
- » Medical Surgical
- » Ambulatory Care/Distinct Subspecialty
- » Nurse Leader



Friends & Colleagues of Nursing

- » Linda Nardini, Administrative Assistant, TCC
- » Barbara Pasterino, Volunteer, PACU
- » Rebecca Merana, Volunteer, ICU
- » Joseph Solis, Endoscopy technician, GI Lab
- » Maura Murillo, EVS technician, NICU
- » Dr. Quynh Vo, Physician Partner – Maternal Fetal Medicine, L&D
- » Patty Nugent, Administrative Assistant, Women & Children’s Health
- » Jesus Wences Acevedo, Nursing Assistant, PCU
- » My Le, Director of Finance, South Bay
- » Beatris Garica, EVS technician, L&D
- » Paula Hesketh, Patient Services Technician, CDOU





Nurse Excellence Winners

PROGRESSIVE, CRITICAL CARE & EMERGENCY

Eric Reminder, ICU

WOMEN AND CHILDREN'S HEALTH

Billie Houghtaling, Pediatrics

PERI-OPERATIVE NURSING

Younseon (Sandra) Bae, OR

MEDICAL SURGICAL NURSING

Stephanie Loew, 1st Surgical

AMBULATORY CARE OR DISTINCT SUBSPECIALTY

Claudette Dorsey, OR Perioperative Clinical Educator

ASSISTANT NURSE MANAGER OR CLINICAL SUPERVISOR

Beth Franco, TCC

NURSE LEADER

Dina McGee, 4MC, CDOU, Central Telemetry

Category Nominees:

Progressive, Critical Care & Emergency

Eric Reminder, ICU
Isabel Shelburne-Vargas, PCU

Women and Children's Health

Billie Houghtaling, Pediatrics
Kimberly White, NICU

Peri-Operative Nursing

Younseon (Sandra) Bae, OR
Christine Disario, PACU

Medical Surgical Nursing

Stephanie Loew, 1st Surgical
Gladys Caragan, 4MC
Kim Dimaunahan, Telemetry/Oncology
Rommel Luzadas, TCU
Madonna Malixi, TCC

Ambulatory Care or Distinct Subspecialty

Claudette Dorsey, OR Perioperative Clinical Educator
Ok Hee Kim, Home Health
Patricia Camacho, TCU/TCC

Nurse Leader: Assistant Nurse Manager or Clinical Supervisor

Beth Franco, TCC
Stacy DeCario, L&D
Buffy Grate, MBU
Jillian Nichols, ICU

Nurse Leader: Manager

Dina McGee, 4MC, CDOU, Central Telemetry
Lisa Yauchzee, NICU/Pediatrics

Rookies:

Karen Allen, 1st Surgical
Eric Cabahug, PCU
Eileen Cabrera, OR
Jessical Lance, Telemetry Oncology
Tiffany LaForest, L&D
Paige Martin, Emergency
Ari Meyers, MBU
Janet Akiko Tome, ICU
Daniel Wintroub, 4MC
Giyun Won, CDOU

A Special thanks to the Planning and Selection Committee. This event would not happen without the dedication, creativity, planning, and support of these individuals.

PLANNING COMMITTEE

Sameena Adamjee
Eleanor Bley
Christine Canceran
Eilleen Carpo
Rebecca Clarkson
Cindy Fisher Wishon
Jennifer Frisina
Edgar Flemate

Joan Gahan
Geri Harmon
Tom Harney
Sheli Hicks
Jennifer Massimo
Gem Oca
Mary Radinsky
Sue Revero

Trisha Saul
Nick Scott
Kirsten So
Lilia Stephenson

SELECTION COMMITTEE

Cecile Chantrapornlert
Sheryl Herron
Jennifer Massimo

Fe Mendez
Amber Norman
Mary Radinsky
Sue Revero
Lilia Stephenson

Community Outreach

Our nurses and caregivers continue to participate in various community outreach activities throughout the year.

Disaster Drill

In April, our caregivers participated in a large scale disaster drill simulating exposure to a dangerous chemical.



Heart Walk

Multiple teams, including those from our Progressive Care Unit (PCU), 4th Medical Cardiology, Transitional Care (TCC/TCU), TeleOncology, Clinical Decision Observation Unit (CDOU), and Angio/Cath Lab, participated in the Heart Walk in October to raise funds and awareness of Heart Disease. Our TCC/TCU team was the top fund raiser for this event.

Relay for Life

Providence Little Company of Mary is a proud sponsor of the American Cancer Society's Relay for Life, which celebrates cancer survivors and remember loves ones lost. In 2018, the "Healers" team was the #1 fundraising team for our area!



American Foundation for Suicide Prevention Walk

Led by Kathy Welch, ICU RN, this team raised awareness and money for the AFSP. The team walked in memory of Kathy's son, David Sliff.



March of Dimes Walk

Our NICU team raised money to support March of Dimes in the fight against prematurity. Many caregivers and physicians walked with their families and one another for the cause.

be a Stroke Hero
YOUR SUPERPOWER IS SPOTTING A STROKE

BEFAST

KNOW the warning signs of STROKE.

B	E	F	A	S	T
BALANCE	EYES	FACE	ARMS	SPEECH	TIME
Loss of balance or dizziness.	Blurred or loss of vision.	One side of the face is drooping.	One arm weak or numb.	Speech difficulty.	Call 911 immediately!

CALL 911 IMMEDIATELY AT ANY SIGN OF STROKE!

PROVIDENCE Health & Services

Stroke Education

Stroke is the leading cause of serious, long-term disability in the United States. Each year, approximately 795,000 people suffer a stroke. Getting the word out, educating the public about signs and symptoms of Stroke, and providing Blood Pressure screenings continues to be a focus. Led by Catrice Nakamura, RN, our Stroke Champion, many events were held in 2018. From Brownie and Girl Scout Troops, to area businesses, Milestone Mallwalkers, community discussions, and the YMCA, we have been educating our community to ensure all are prepared should a stroke occur.

Mission Trips

The TCC/TCU team sponsored one of their own to provide Health Education and Awareness to the indigenous tribe in one of the islands of Philippines, including teaching them CPR.

SkinSational Team

The SkinSational Team members are of great resource to their specific units. In 2018 they began auditing charts with identified wound or pressure injuries to ensure orders, pictures, and documentation was thoroughly completed.

They created a checklist, which is now part of the RN New Hire Orientation booklet, to serve as a guide for standard work and expectations. Each new hire is expected to orient with a SkinSational team member to complete the checklist and understand each component. The SkinSational team members also participate in conducting the quarterly CalNoc Prevalence Study.

Nursing Professional Practice Model

Our **PROFESSIONAL PRACTICE MODEL (PPM)** is grounded in two complementary nursing theories, “Jean Watson’s Philosophy of Nursing,” based on her theory of human caring, and Patricia Benner’s novice-to-expert theory. The PPM depicts how nurses grow into nursing practice and how they communicate and relate to patients, families, communities and the interdisciplinary team.



The Five Components of Our Professional Practice Model

Shared Leadership and Empowerment

We see leadership as a shared endeavor between our leadership teams and clinical nurses. It is designed to maximize professionalism in nursing practice.

Quality, Safety and Excellence in Nursing Care

Nurses promote quality and safety in nursing care. They take accountability for high-quality outcomes.

Professional Development Advancement

We promote opportunities for nurses to grow into the professional nursing role with collaboration and competence. We encourage and reward their participation in academic progression, national certification and ongoing continuing education programs.

Interprofessional Collaboration

Within this context, collaboration is a necessary component to professional growth. Team members bring valuable expert resources to the care of patients and families.

Evidence-Based Practice

By using the systematic study of actions and phenomenon relative to the practice of nursing, we can greatly enhance nursing practice and patient care outcomes.

Patient- and Family-Centered Care

The Institute for Patient- and Family-Centered Care defines this type of care as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families” (n.d.). At Providence, we recognize that when we care for a patient, our care extends to and must be sensitive to the patient’s family.

Journey to Becoming a High Reliability Organization

Our Patient Safety Good Catch Award Program continues to help us move towards becoming a **HIGH RELIABILITY ORGANIZATION**. As evidenced by the number of Good Catch nursing recipients in 2018, we continue to reinforce the importance of speaking up for safety and using all the tools available to ensure we prevent errors or patient harm – and our caregivers are not afraid to share! By speaking up for safety and sharing these stories, we help others prevent errors as well.

2018 Good Catch Nursing Recipients:

- » Angelie Loza, RN – Emergency Department
- » Kelly Okawa, RN – Telemetry/Oncology
- » Sharon Aaron, RN – Telemetry/Oncology
- » Mailene Erdmann, RN – Telemetry/Oncology
- » Jacqueline Jankaew, RN – 1st Surgical Orthopedics
- » Carla Vielman, RN – Telemetry/Oncology
- » Nicole Jordan, RN – PCU
- » Kim Dimaunahan, RN – Telemetry/Oncology
- » Bianca Guardado, RN – CDOU
- » Courtney Herron, RN – 4th Medical Cardiology
- » Diana Higashi, RN – 4th Medical Cardiology
- » Grace Sewak, RN – Mother/Baby
- » Chelsea Panopio, RN – ICU
- » Grace Golez, RN – GI Lab
- » Juliette Peirce, RN – GI Lab
- » LaRhonda Criner, RN – GI Lab
- » Laura Bulatao, RN – 1st Surgical Orthopedics
- » Lorena Espinoza, RN – 4th Medical Cardiology
- » Mary Jane Dacanay, RN – 1st Surgical Orthopedics
- » Alyssa Mooney, RN – PCU
- » Sandy Martir, RN – Telemetry/Oncology
- » Martha Didio, RN – Pediatrics
- » Billie Houghtaling, RN – Pediatrics
- » Jessica Bessette, RN – Telemetry/Oncology
- » Karla Castro, RN – PCU
- » Shadae Johnson, RN – Surgery
- » Mary Radinsky, RN – Mother/Baby
- » Ayako Samuels, RN – Telemetry/Oncology
- » Maria Vasquez, RN – Telemetry/Oncology
- » Madonna Keilty, RN – NICU
- » Roseann Devlin, RN – Telemetry/Oncology
- » Kendall Hornicek, RN – Telemetry/Oncology
- » Visesh Mohan, RN – Telemetry/Oncology
- » Maria Morales, RN – Telemetry/Oncology
- » Stenislava Benesovsky, RN – 1st Surgical Orthopedics
- » Nkiru Chukwudi, RN – TCC/TCU
- » Richard Torres, RN – Telemetry/Oncology
- » Amy Murray, RN – Telemetry/Oncology
- » Jessica Lance, RN – Telemetry/Oncology
- » Maritess Dignadice, RN – ICU



2018 Speak Up For Safety Advocate (Nursing):

Recognition for those who speak up for safety using the event reporting tool

- » Amber Norman, RN (Telemetry/Oncology)
- » Telemetry/Oncology Department

2018 Good Catch All-Stars (Nursing):

Recognizing those that celebrate others that have prevented harm through our Good Catch program

- » Telemetry/Oncology Department

2018 Good Catch MVP (Nursing):

In recognition for receiving good catch awards for ongoing work to reduce errors & harm

- » Mailene Erdmann, RN (Telemetry/Oncology)

2018 DAISY Award for Extraordinary Nurses Honorees



The DAISY Foundation, was established in 1999 by members of the family of Patrick Barnes.

He was 33 years old and died of complications of the auto-immune disease ITP. Like many families that suffer a horrific loss, the Barnes family wanted to do something positive to honor the very special man Patrick was. They came up with DAISY – an acronym for Diseases Attacking the Immune System. As they brainstormed what The DAISY

Foundation would actually do, they kept coming back to the one positive thing they held on to during Pat's 8-week illness: the extraordinary care he and they received from Pat's nurses. The family was very impressed by compassionate and sensitive nursing care, so they developed the DAISY Award® for Extraordinary Nurses. The Daisy recognition program is embraced by healthcare organizations around the world. We are very proud to partner with DAISY to honor extraordinary nurses here at Providence Little Company of Mary Medical Center Torrance.

The Daisy Award honors highly valued qualities and attributes such as:

- » Goes above and beyond
- » Provides a vision of hope
- » Provides compassionate care
- » Has significantly "made a difference" in the life of a patient
- » Makes a special connection with the patient and family
- » Does an excellent job educating patients and families
- » Provides consistent focus on meeting patient and family goals and needs

Daisy Honorees are recognized in a public ceremony on his/her unit and receive:

- » Leather bound Certificate
- » DAISY Award Pin
- » Healer's Touch Sculpture: representing the nurse and patient bond, hand-carved by artists in Zimbabwe
- » Daisy banner hung on their unit with the honoree photo
- » American Nurses Credentialing Center (ANCC) provides special certification and re-certification rates
- » Colleges of Nursing offer reduced tuition for advancing nursing education
- » Plus more benefits detailed on DAISYfoundation.org.



Providence 2018 Daisy Winners include:

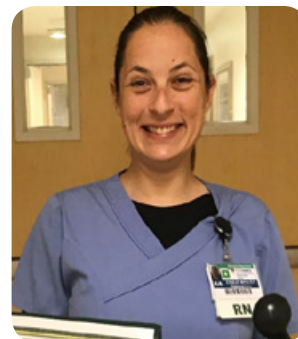


JANUARY: Susan Muennichow, RN- Neonatal Intensive Care Unit

Our son had a somewhat rough start coming into the world and was admitted to the NICU for a little while. While all of the NICU nurses were wonderful, Susan really stood out to us. We couldn't always stay with our son in the NICU, so it was always reassuring to us to see Susan was there. We were able to set our minds at ease while we were away. Susan always seemed to go above and beyond for our family and was a blessing to us. We feel nurses like Susan should be recognized for their compassionate service to others. Thank you for all your kindness, Susan!

FEBRUARY: Emilie Schiff, RN – Emergency Department

Emilie has a heart of gold and is often seen displaying compassionate care with both her gentle nature, as well as her kind words. Additionally, Emilie donates her time caring for people outside our department (ED). The first Saturday of every month she sets up at a local Laundromat "La Familia" in Lomita, and does laundry for those in need. She offers coffee, hot food, fluff, fold and prayer as needed though what she calls "Laundry Love, Loving people one load at a time.



MAY: Karen Allen, RN

Karen made a commitment to caring for me that exceeded by expectations and set the tone for the rest of my stay on the hospital. She took the time to talk to me and I knew someone was going to make sure that I was okay!! Karen was incredible and I was fortunate enough to have her two days in a row.

AUGUST: Ashley Hardin, RN & Nicole Jordan, RN – Progressive Care Unit



The patient was ambulating with a walker when Nicole and Ashley stopped to follow up with the patient and noticed her (the patient's) slippers. They mentioned that her slippers were "cute" although they appeared very worn out. The patient stated she has had these slippers for 20 years because she couldn't afford to buy new

ones. Nicole and Ashley went down to the gift shop and bought her a new pair of slippers. They were gift wrapped and brought to the patient's bedside. Upon opening the gift, the patient was in tears and so thankful that "someone" got her a gift. It was such a special moment that made a difference for the patient.



Patient Experience - Inpatient

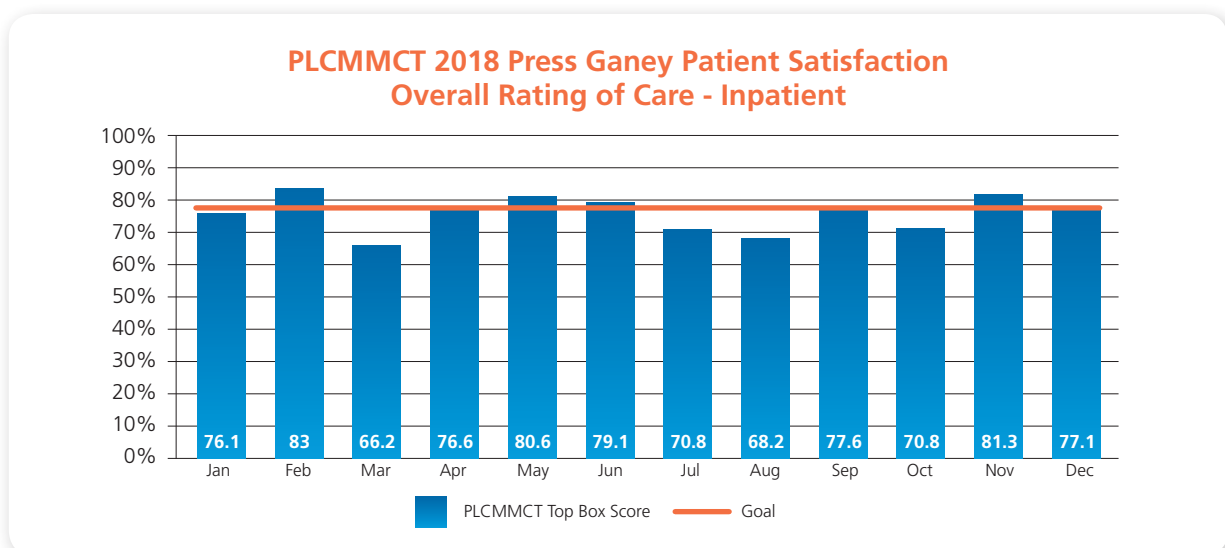
Providence Little Company of Mary Medical Center Torrance is proud of the ongoing progress in Patient Experience initiatives as we strive for consistency and reliability in delivering a compassionate and quality care experience for our patients and families.

In 2018, the Patient Experience team collaborated with the Patient Experience Subcommittee of the Board, Press Ganey representatives and CipherHealth representatives to utilize trended data to develop a plan that drives a lasting and positive patient experience. The plan focused on compassion, privacy, and real-time patient/family rounding. Departments (inpatient and emergency) emphasized and measured compassion in their interactions with those we served, as well as identified behaviors and actions to employ to maintain our patients' privacy and dignity while receiving care in our ministry. Patient and family rounding by nurse leaders continued to be a focal point for enhancing the care experience for our patients and families. Expectations were established for Charge Nurses, Assistant Nurse Managers, Managers and Directors to increase the number of patients and families rounded on and to close the loop with patients and families on their opportunities for the care team while still in our care.

On the inpatient units, additional flags, alerts and reports were created to optimize the interdepartmental communication that allowed for timelier follow up on opportunities. In summary, our nursing leaders rounded on 22,000 patients and family members during their stay in 2018. 90% of patients were rounded on once per day during their inpatient hospital stay. Rounding has demonstrated a 4% improvement in HCAHPS Overall Rating of Care for patients who were rounded on. This approach is making a difference in the lives of our patients as seen below in inpatient comments and Patient satisfaction scores.

Patient comments:

- » There was a nurse close by all the time. My personal nurse made sure I was comfortable and offered help or advice if I needed it.
- » Call button not used. Nurses checked on me regularly without need to call for assistance.
- » Very personalized care. Nurses did so very much to make sure I was warm and comfortable. I had quick & compassionate care while coming out of the anesthesia, in particular.
- » From the time I was admitted to the time of my release all the staff was great, especially the nurses they were attentive, courteous and good sense of humor, nurses *Mary and *Megan.
- » My stay at Little Company of Mary was wonderful. Doctors and nurses were very kind and very assisting. I can't wait to deliver my son here at this hospital where I know him and I will be well taken care of. Thank you for everything!
- » *Sarah was the most amazing nurse. She answered all questions in a way I could understand, was super friendly, and was very accessible.



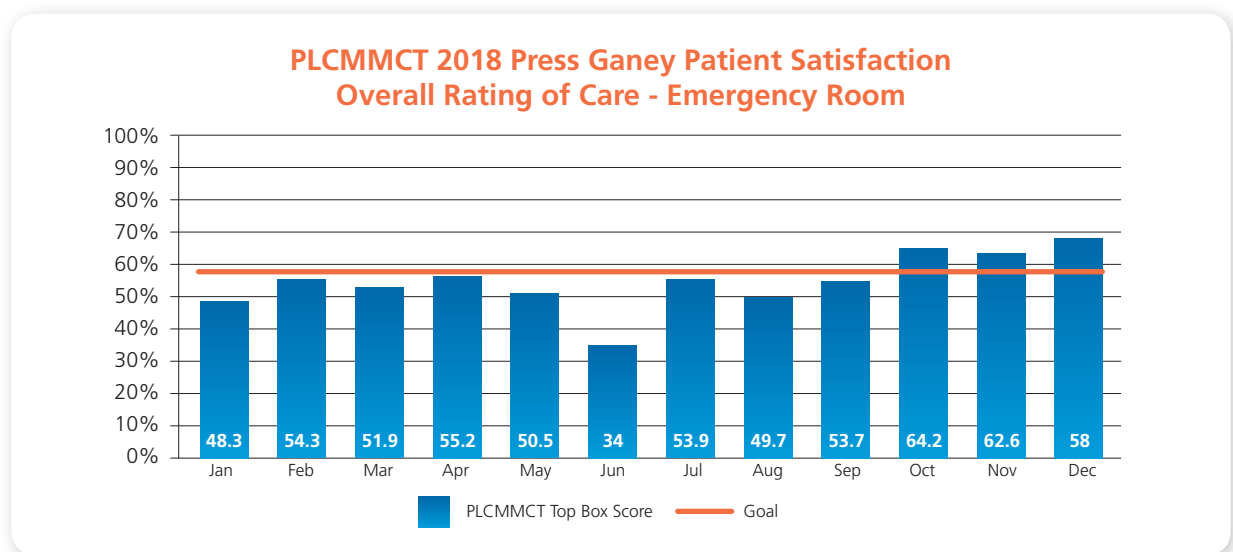
Patient Experience – Emergency Department

In the emergency department, physicians maintained focus on exceeding discharge phone call expectations to ensure optimal transition in care for the patients and their family members.

In 2018, the Emergency department rounded on 7,013 patients and family members. This approach is making a difference in the lives of our patients as seen below in patient comments and Patient satisfaction scores.

Patient comments:

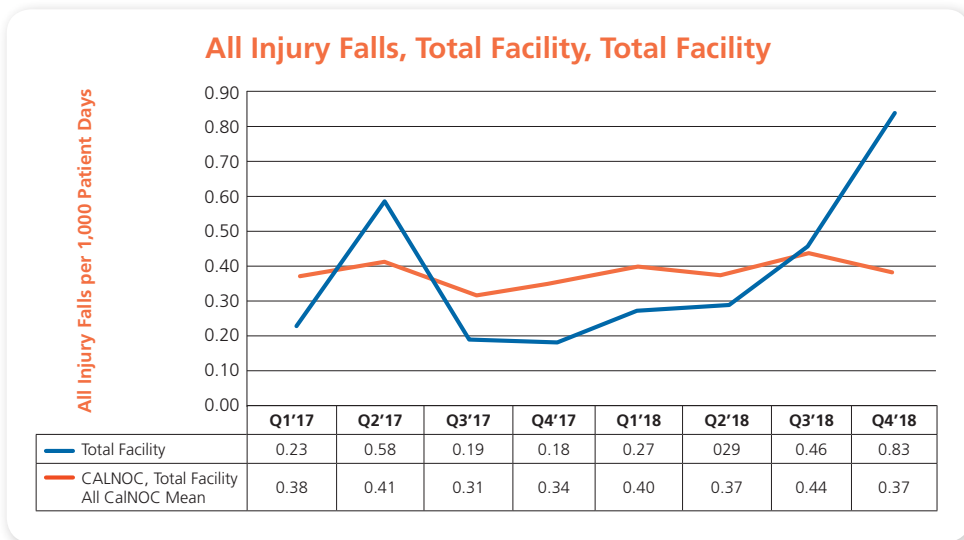
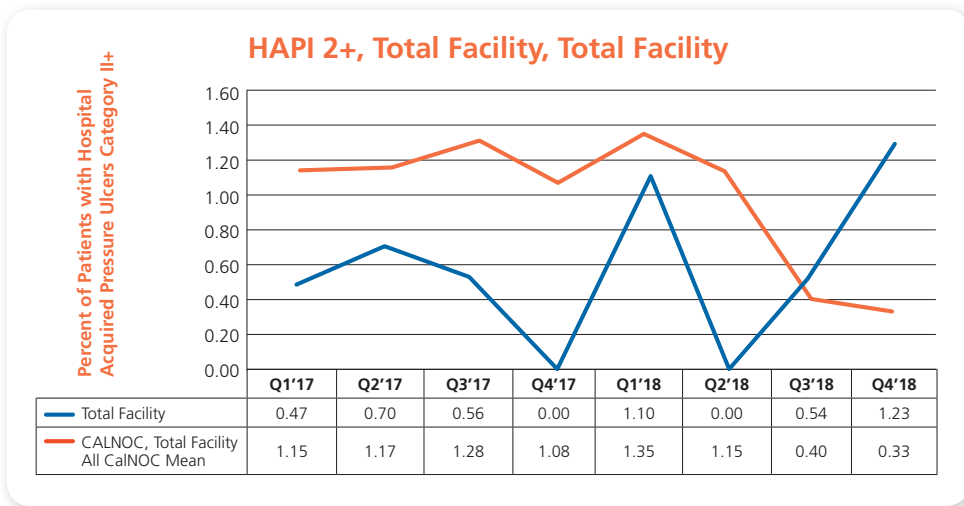
- » There was good attention given to me at all times as the mother of my child who was in the emergency room. I was well notified.
- » There were no delays; the attention and information given was very well described and the following up with my doctor was for further care.
- » Doctor was awesome! Spoke so that I could understand, answered my questions, took the time to communicate and clarify info with an ophthalmologist on-call to secure an immediate appointment, and called me twice to follow-up.
- » All the staff, nurses & doctors were friendly helpful & informative.
- » Everyone is doing a fantastic job. Love the attentiveness and compassion that is shown, along with the positive attitudes.
- » The nurses were very professional but very caring. They kept myself and my wife updated on when I would see the doctor and tests that we're going to be done. Always gave us a time frame when things would occur.



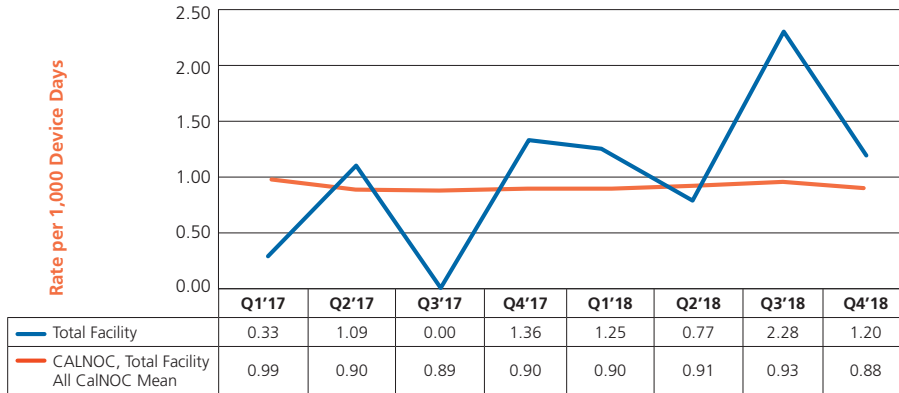
Quality Outcomes

meet Magnet® Standards requires reporting 8 consecutive quarters of unit- or clinical-level nurse sensitive clinical indicators of data to demonstrate outperformance of the mean, median, or central tendency (benchmark provided by the vendor's national database).

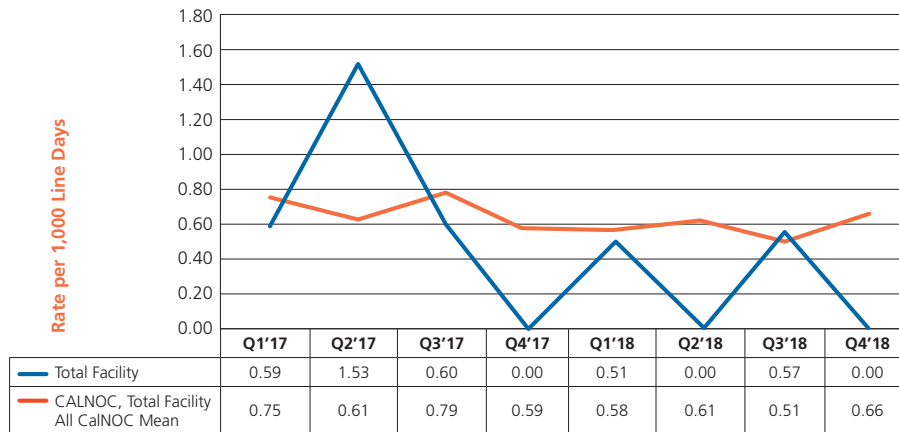
Required patient indicators for all inpatient care organizations include falls with injury, hospital-acquired pressure injuries stage 2 and above and two others from a provided list. For purposes of the annual report we are reporting at the organizational level) Magnet requires reporting at each unit level under these guidelines with the majority of units outperforming the national benchmarks the majority of quarters. New ambulatory measures are added for the 2019 Magnet® Manual.



CAUTI, Total Facility, Total Facility



CLABSI, Total Facility, Total Facility



Research & Evidence Based Practice

Providence Little Company of Mary Medical Center Torrance (PLCMMCT) utilizes and develops the knowledge, skills, and gifts of each nurse.

Nurses at all levels pursue knowledge and evaluate specialty guidelines enabling them to review, or implement improvements that enhance the delivery of care and patient care environment. Furthermore, the innovative research and evidence-based practices discovered at PLCMMCT are disseminated across the organization and nation to advance nursing and healthcare.

The following nurses attended national and state conferences.

Unit	Name	Conference
1st Surgical	Sandi Look	AONE
1st Surgical	Jenny Frisina	Association of California Nurse Leaders
Angio-Recovery Unit	Patricia Strange	California Society for Cardiac Rehabilitation Annual State Conference
CDOU	Veronica Silva	American Association of Critical Care Nurses National Teaching Institute & Critical Care Exposition
CDOU	Arlene Kidakarn	NTI
CDOU	Giyun Won	45th annual National Teaching Institute
ED	Carmel Nicholls	Emergency Nurses Association
ED	Rhodora Tumamak	Emergency Nurses Association
ED	Anthony Quarles	Emergency Nurses Association
ED	Arika Witzerman	Emergency Nurses Association
Education Professional Practice	Geri Harmon	ANCC Magnet Conference 2018
Education Professional Practice	Trisha Saul	Nursing Research Conference with Huntington Hospital Western Institute of Nursing Research UCI Nursing Research Day ANCC Magnet Conference Association of California Nurse Leaders
ICU	Carmel Nicholls	AONE
ICU	Julie Baker	NTI
ICU	Natalie Kitago	AACN 2018 Acute Care Spring Symposium

Unit	Name	Conference
ICU	Mila L. Glodoveza	NTI Advance Critical Care Contemporary Forum
ICU	Kathy Welch	Critical Care and Emergency Department Nursing conference
Med Card	Julie Smith	AACN UCLA chapter Leadership Symposium Cardiac Symposium
Med Card	Courtney Herron	Nursing Research Conference with Huntington Hospital
NICU	Pamela Engo	National Association of Neonatal Nurses
NICU	Miho Noda	National Association of Neonatal Nurses
NICU	Shauna Davis	National Association of Neonatal Nurses
NICU	Lisa Yauchzee-Gac	Hospital Quality Institute Conference-Focus on Maternal Fetal Medicine
PCU	Myra Sepulveda	Pri-Med West 2018
PCU	Julie Porras	American Nurses Association/California RN Day at the Capitol 2018.
Quality Admin	Eilleen Carpo	Institute for Healthcare Improvement/National Patient Safety Foundation Patient Safety Congress Collaborative Alliance for Nursing Outcomes
Risk Management	Jenni Crook	Southern California Association of Healthcare Risk Management Annual Education Conference
Surgery	Mary Jane Neri	AORN
Surgery	Seung Hee Ha	AORN
Surgery	Eileen Cabrera	AORN
Surgery	Yongseon Bae	da Vinci Robotics Conference
TCC	Nkiru Chukwudi	Nursing Research Conference with Huntington Hospital PSJH Nursing research and Evidence Based Practice Day
TCC/TCU	Patricia Rafaela V. Camacho	Nurses Improving Care for Health System Elders Collaborative Alliance for Nursing Outcome
Tele Oncology	Sandy Martir	Nursing Research Conference with Huntington Hospital Western Institute of Nursing Research PSJH Nursing research and Evidence Based Practice Day
Tele Oncology	Christine Canceran	GLA ONS
Tele Oncology	Janine Bozeman	GLA ONS
Tele Oncology	Amber Norman	GLA ONS Oncology Nurses Society Congress PSJH Nursing research and Evidence Based Practice Day
Tele Oncology	Kim Dimaunahan	PSJH Nursing research and Evidence Based Practice Day
Tele Oncology	Mailene Erdmann	GLA ONS
Tele Oncology	Eleanore Bley	GLA ONS
Tele Oncology	Sepi Hadian	Oncology Nurses Society Conference
Tele Oncology	Judelyn Rosetes	7th Annual New Therapeutics in Oncology
Tele Oncology	Sameena Adamjee	Nurses Improving Care for Health system Elders

Research & Evidence Based Practice *continued*

Unit	Name	Conference
WHS	Joan Gahan	CA Region AWHONN Providence St Joseph Health Nursing Clinical Scholarship Symposium Series
WHS	Mary Radinsky	California Breastfeeding Coalition Nursing Research Conference with Huntington Hospital Crucial Conversations
WHS	Marilyn Steinberg	Nursing Research Conference with Huntington Hospital AWHONN PHS California Region Evidence-Based Practice and Research Day
WHS	Lilia Stephenson	Nursing Research Conference with Huntington Hospital
WHS	Karla Gomez	Society of Maternal Fetal Medicine's Critical Care in Obstetrics
WHS	Amanda Krieger	CA Region AWHONN



Legacy Work:

Easing the Way of our Patients and Families



Legacy work is a form of meaning-based coping which:

- » Occurs when people can find meaning and purpose during a stressful event
- » Develops awareness of the beauty, value and significance in the moment
- » Allows people to shift focus to positive emotions and priorities that have deeper meaning

When a grandparent was dying, the Palliative Care team and ICU RNs came up with a unique way to create a special memory. This painting of the grandchildren's fingers and handprints are over the patients handprints and was presented to the family.

Memory Stones

Memory Stones are another unique gift the team creates to help ease the way of the family when a loved one is dying or critically ill. ICU RNs invite family members to select a stone with an image that is meaningful to them. They then take a finger or thumb print of the patient. The team offers to play music and encourages the family to share their favorite stories of their loved one during legacy work.

When given to the family, they are told:

"These are called memory stones or prayer stones or good vibe stones. They are whatever you want them to be. Just as their fingerprint is unique to them, we know how special and unique they are to you. We can place your loved ones fingerprint on one side so that you can have it with you and feel connected to them, even when you cannot be here. You can hold it and pray for them or send them your love and support."



Stroke Center of Excellence

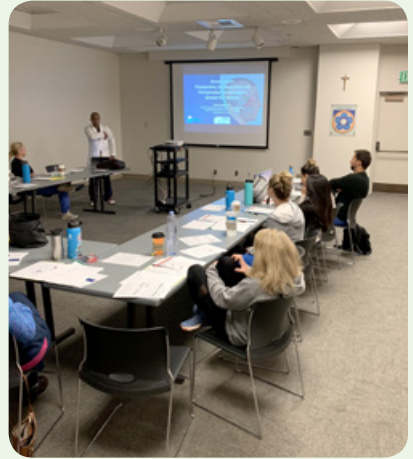
To become a Joint Commission Certified Stroke Center of Excellence disciplines from across the organization came together to identify gaps, develop processes, and structure a formal program for stroke management.

One process identified was how to improve and manage the expected inflow of patients from our surrounding community hospitals that are not equipped to handle complex or interventional strokes. The hospital created a Critical Care Transport (CCT) program. Championed by an ED nurse, Eve Stover, a cohort of 14 ED RNs went to our sister facility, Providence St. Joseph's in Burbank, for a 2-day training course. This team learned the curriculum and other elements of running a CCT team, and were able to then teach a 2nd cohort of nurses. Due to the success and growth of this program, a 3rd cohort is planned in 2019.

Additionally, the ED assessed the patient care environment to determine how to manage these patients differently once they arrived. Without a dedicated patient care space the team found the Code Stroke process was challenging to manage. There was little privacy and patients were being seen in the ambulance bay. They formed an interprofessional team, led by a nurse, to review evidence and determine the best patient care delivery approach for their environment and space. They selected the use of the "trauma model", where everything is readily available. The ED Unit Based Council (UBC) researched what was needed, emptied a room, used the 5S Lean process with the facilitation of a Lean Leader internal expert to organize it, added a telestroke cart, external ventriculostomy drain (EVD) cart, and a white board to ensure all the necessary information about the patient was visible to any patient care team member that entered the room.

As they worked through some of the challenges, they partnered with paramedics to simulate transferring patients to determine the best bed layout. The team found arranging the bed at an angle versus a traditional position of perpendicular to the head of the wall improved access for team members. Once this process was fully implemented, the door to needle time, for necessary medications, improved to 12 minutes.





Growing a Service Line

The Women & Children’s Service Line was tasked with growing their delivery volumes. Told to be innovative, the team proposed the creation of an OB care coordinator (OCC) – a liaison between the community and our facility.

The OCC initiated a Facebook page to begin a dialogue with the community. She participates in several blogs and facilitated several “Connecting when you are Expecting” events allowing those that are pregnant, or interested in becoming pregnant, to meet our care team including nurses, physicians, neonatologists, respiratory therapists, and community doulas. An on-line birth plan was created to ensure communication between the physician, patient, and care team was clearly articulated. The OCC also updated our tub room, used for laboring patients, that is now often requested. The end result? A 10% increase in delivery volumes in 2018.

Nurses also co-chaired our Power of Pink, Women’s Wellness Event, where the Main Speaker was Joan Lunden. This event raises money for our Foundation.





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