



HARRIS HEALTH SYSTEM  
NURSING SERVICES  
**2017 ANNUAL REPORT**

**PERFECTION HAS  
TO DO WITH THE  
END PRODUCT, BUT  
EXCELLENCE HAS TO DO  
WITH THE PROCESS**

- Jerry Morgan

# Intro.....

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# CNE MESSAGE



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Harris Health nurses are lighting the way in improving patient outcomes, increasing access, coordinating care, and reducing health costs

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THANK YOU FOR

## ANOTHER YEAR OF EXCELLENCE

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It is my pleasure and privilege to share Harris Health System's annual nursing report with you. 2017 ushered in many challenges, opportunities, accomplishments, and rewards for our nursing department. I am so proud to lead such an extraordinary team of professional nurses. No matter where you encounter a Harris Health nurse—in one of our three hospitals, at one of our community practice sites, at our Ambulatory Surgical Center, or in a patient's home—you'll find nurses passionate about their practice and unwavering in their commitment to making a difference in the lives of the patients and families they serve.

Using the framework of our Nursing Professional Practice Model, the report highlights the journey we have been on to reach the high bar of nursing excellence we have set for ourselves in accordance with Magnet standards. We showcase our nursing team's key accomplishments and celebrate the contributions they make in response to our organizational vision to "become the premier public academic healthcare system in the

nation." Our nurses are leaders who demonstrate interprofessional partnerships to influence the quality of care for our patients and the overall organizational performance as a healthcare system. Harris Health nurses are lighting the way in improving patient outcomes, increasing access, coordinating care, and reducing health costs. They continuously look for innovative ways to enhance patient care delivery for the benefit of the community we serve, as well as enrich the professional environment for our own nursing staff. To our nurses – thank you for all you do every day to make our community healthier and provide such outstanding care to the patients we serve!



**Maureen S. Padilla, DNP, RN, NEA-BC**  
*Chief Nurse Executive & Senior Vice President*



“When we strive to become better than we are, everything around us becomes better too

- Paulo Coelho, The Alchemist

#### AMBULATORY CARE SERVICES

## CHIEF NURSING OFFICER

After closing out the year 2017, I want to take a moment to express my sincere gratitude for the staff's extraordinary energy, efforts, and dedication. We have achieved many milestones in Ambulatory Care Services (ACS) that are to be commended.

- 17 nurses received ambulatory specialty certification
- 9 posters presented during Quality Week
- 3 posters accepted for presentation at the 2018 AACN Conference
- 3 nurses received the Houston Chronicle's Salute to Nurses Award
- 11 nurses received the Good Samaritan Bronze Award
- 1 nurse received the Good Samaritan Gold Award
- 95% participation rate for the NDNQI RN satisfaction Survey



I am honored to serve as the Chief Nursing Officer for the ACS platform. I salute you and the many accomplishments achieved in 2017 and look forward to many more in 2018. Thank you for everything that you do to make our nursing team the best!

**Donna McKee, MHA, BSN, RN, NEA-BC**

HARRISHEALTH  
SYSTEM

2525A Holly Hall







## BEN TAUB &amp; QUENTIN MEASE HOSPITALS

# CHIEF NURSING OFFICER

2017 has officially wrapped up and the exciting changes that occurred at Ben Taub and Quentin Mease hospitals continue well into 2018 as noted below.

- Our strategic goals of emboldening our strong focus and commitment to Nursing Excellence, high quality outcomes, and support of a professional and healthy practice environment have been highly successful.
- We met our goals for quality, national program recognitions, nurse satisfaction, patient experience, finance, nursing certification, and BSN rates.
- Our nurse engagement continues to be outstanding as demonstrated by our 2017 NDNQI RN Satisfaction Survey participation rates and results. Ben Taub and Quentin Mease nurses continue to tell us that the quality of care we provide and our practice environments in which they work cannot be matched elsewhere. We have some of the strongest scores in the country!
- Our nurses' voices are ever-present in our nursing culture. Our shared governance infrastructure is a shining example of nurses having a voice and partnering with leaders in decision making. Nurse clinicians are leading the way to clinical excellence and developing to be the next generation of nursing leaders. Thank you to all the CoP members who engage in shared governance and make a difference in our professional practice environment.
- Ben Taub continues to lead the way with our bedside nurse scholars with a thirst for improving care through evidence-based practice and nursing research being a catalyst for new knowledge discovery.
- Our Nurse Clinicians continue to advance their professional development, knowledge, and expertise. Ben Taub promoted 25 nurse clinicians to NC III and one to NC IV.
- Ben Taub's journey to Magnet designation and Pathway to Excellence recognition continues on a strong trajectory for success. Our Magnet application has been accepted by ANCC with a confirmed document submission date of February 2019. Thank you to all our Magnet Champions who are working hard to get us to the finish line.

As the CNO for Ben Taub and Quentin Mease, I reflect on the importance of the work our nurses at all levels of practice provide every day for our patients and community. I am awed with the knowledge that our nurses excel to be the "best in class" although we deal with some of the most challenging and complex issues on a daily basis. I believe we truly make a difference in the lives of others and I am so proud to be in the role that allows me to support the truly exceptional group of nursing professionals.

**Matthew Schlueter, MSN, MBA, RN, NEA-BC**











“ I appreciate your committed focus on respect, trust, commitment, consistency, and empathy for our fellow co-workers and our patient population

LYNDON B. JOHNSON HOSPITAL

## CHIEF NURSING OFFICER

Thank you for your commitment to excellence and your consistency in putting Service First, promoting a safety first environment, and providing high-quality care to our patients! You are truly setting the standard for other community-centric healthcare organizations across the nation.

As we begin this year, let's reflect on our LBJ nursing philosophy: *We have a shared purpose and shared values that focus on continual improvement in serving and supporting great employees who, in turn, provide exceptional care and service to our customers. Our goals remain consistent: to exceed expectations, be the best community-owned hospital in the nation and recognized as one of the best places to work in Houston.*

Each day, your can-do optimism inspires all of us to make a difference. I appreciate your committed focus on respect, trust, commitment, consistency, and empathy for our fellow co-workers and our patient population.

This past year, we have made great strides in building relationships with our physician partners, support services, and patients as we move closer to completing the conversion of all acute care service units to intermediate care and cohort structures. We are following best practices in patient-centered health care by infusing interprofessional care teams into each unit to coordinate and develop the patient's plan of care with the patient and their family. Our desire is to enhance teamwork and collaboration, resulting in increased patient, physician, and employee satisfaction.

I look forward to an outstanding new hospital year as we continue to share best practices across the organization and seek to obtain and maintain the best outcomes for our patients. We will remain aligned with Harris Health System's strategic goals as we shape a brighter future for LBJ Hospital.

Derek Curtis, DNP, MA, RN, NEA-BC







# Harris Health System Nurse Executive Council



**Back row (left to right):** Lourie Moore, MSN, RN, NEA-BC, Administrative Director, Nursing Knowledge Management, Harris Health System; Jerry Johnson, MSN, RN, CPHQ, Director, Nursing Strategic Initiatives, Lyndon B. Johnson Hospital; Pamela Russell, MHA, BSN, RN, NEA-BC, Associate Administrator, Nursing Operations, Harris Health System; Wendi Froedge, MSN, RN-BC, CCRN-K, Director, Nursing Strategic Initiatives, Ben Taub and Quentin Mease Hospitals

**Front row (left to right):** Matthew Reeder, MSN, RN, CNOR, Administrator, Ambulatory Surgical Center; Matthew Schlueter, MSN, MBA, RN, NEA-BC, Chief Nursing Officer, Ben Taub & Quentin Mease Hospitals; Maureen Padilla, DNP, RN, NEA-BC, Chief Nurse Executive/Senior Vice President, Harris Health System; Jennifer LaHue, MBA, BSN, RN, Director, Nursing Strategic Initiatives and Clinical Informatics, Ambulatory Care Services; Donna McKee, MHA, BSN, RN, NEA-BC, Chief Nursing Officer, Ambulatory Care Services; Anne Liong, PhD, MBA, RN, Administrative Director, Nursing Standards and Policies, Harris Health System; Anthony Hoang, MBA, Director, Nursing Business Operations, Harris Health System; Derek Curtis, DNP, MA, RN, NEA-BC, Chief Nursing Officer, Lyndon B. Johnson Hospital



“ I think one’s  
feelings  
waste  
themselves in  
words, they  
ought all to be  
distilled into  
actions and into  
actions which  
bring results

– Florence Nightingale

The System Nurse Executive Council (SNEC) serves to set the strategic direction for Harris Health System Nursing; develop, implement, and evaluate nursing strategic plans; and facilitate accomplishment of Harris Health System’s organizational strategic goals. The SNEC is responsible for developing and facilitating the mission, vision, and values of Harris Health System Nursing. Designed as a matrix structure, it allows executive nursing leaders across pavilions to share information, make decisions, and ensure standardization of structures and processes.

Meeting weekly three times a month, members of the SNEC consist of executive and senior nursing leaders from each pavilion and departments of Nursing Operations and the Executive Nursing Practice Group. Typical meeting topics include review and approval of policies and procedures, forms, job descriptions, information technology updates, a monthly consent agenda, and a wide variety of nursing initiatives and issues related to practice, competency, professional development, education, and rewards/recognition.



## Outpatient Visits:

1,764,181

## Emergency Visits:

161,542

**Clinic Visits:** 1,115,586

**Births:** 5,369

**Surgical Cases:** 22,872

**Cases Occupying**

**Patient Beds:** 44,014

# HARRISHEALTH SYSTEM

## Statistical Highlights – FY 2017

## Ambulatory Care Services



- 18 community health centers
- 6 same day clinics
- 5 school-based clinics
- 2 multi-specialty clinics
- 10 homeless shelter clinics
- 22 dialysis stations
- 1 free-standing HIV/AIDS treatment center
- 1 geriatric assessment center
- 1 free-standing dental center
- mobile health units

## Ben Taub Hospital



- 444 licensed beds
- Level I Trauma Center
- Comprehensive Stroke Center
- Designated Chest Pain Center

## Lyndon B. Johnson Hospital



- 207 licensed beds
- Level III Trauma Center
- Regional Center for Neonatal Intensive Care

## Quentin Mease Hospital



- 49 licensed beds
- Geriatric Skilled Nursing Unit
- Physical Medicine and Rehabilitation Unit





**3,350+**  
people receive care through primary or specialty clinics



**450**  
people are treated  
in our emergency  
centers

# A TYPICAL DAY...



**130**  
patients are newly admitted  
to the hospital



**16**  
babies  
are born



**115**  
patients call  
nurse triage

# NURSING PROFESSIONAL PRACTICE MODEL

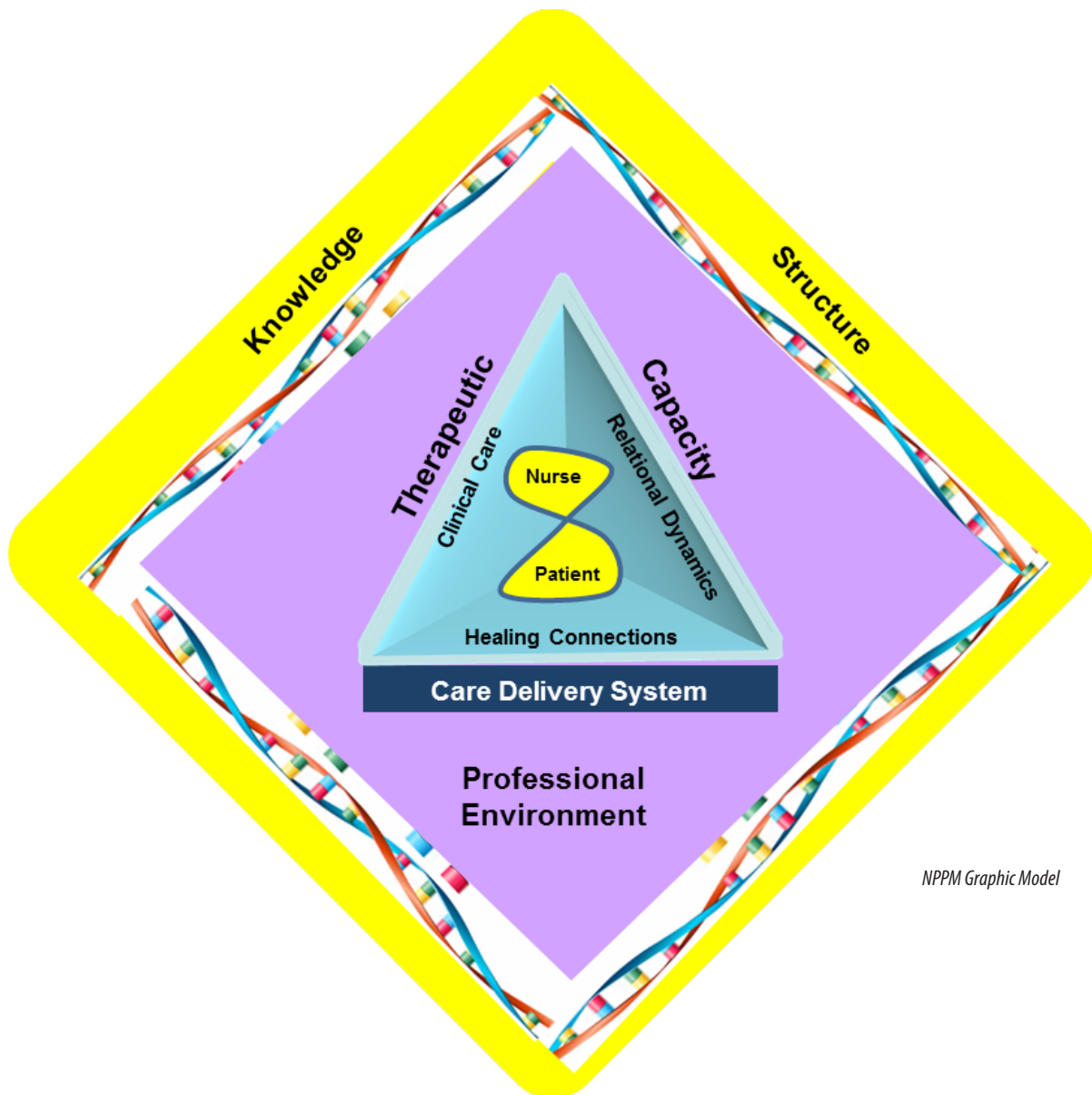
## “ EXEMPLARY NURSING PRACTICE REQUIRES A PROFESSIONAL PRACTICE MODEL

The Harris Health System Nursing Professional Practice Model (NPPM) is a schematic that provides nurses with structures and processes that support registered nurses in controlling their practice. It describes nurses' values, theories, and contributions to delivering exemplary nursing practice and optimal patient care within a professional environment.

American Association of Colleges of Nursing (2002) states:

- Nurses working in a culture and environment of professional practice place patients first in nursing care.
- Nurses working in organizations that have established a professional practice environment typically work within the framework of a professional practice model.
- Professional practice models inherently promote nursing excellence as nurses advocate and focus on patients while striving for high-quality patient outcomes.





NPPM Graphic Model

There are three domains in the NPPM:

### KNOWLEDGE ENVIRONMENT

- Mission, Vision, Values
- Theoretical Framework
- Research and Evidence-based Practice

### PROFESSIONAL ENVIRONMENT

- Shared Governance
- Differentiated Practice
- Professional Development
- Professional Enculturation

### CARE DELIVERY SYSTEM

- Nursing Care Delivery Structure
- Patient Information Management and Decision Support Systems
- Quality and Outcomes Management

## DOMAIN I

# KNOWLEDGE ENVIRONMENT

### REVISED NURSING MISSION, VISION, AND VALUES

The System Nurse Executive Council, various nurse executive leaders, and Pavilion Nurse Clinician Council (PNCC) chairs met to review and revalidate Nursing's Mission, Vision, Values, and Philosophy. The Mission, Vision, and Values were refreshed and better aligned with the newly revised Harris Health statements. The Philosophy was sunsetted since much of the content was already integrated into the Mission, Vision, and Values.

Our nurses' practice align with these statements and ensure patients receive caring and high-quality healing services each day.



### NRG SHELTER CLINIC FOR HURRICANE HARVEY

In the wake of historic Hurricane Harvey, numerous departments at Harris Health System collaborated to establish a mini primary care clinic at NRG Center, which also functioned as a shelter for area residents displaced due to flooding. From Friday, August 31 to Saturday September 23, 2018, physicians, pharmacy, and over 25 nurses from various Ambulatory Care Services clinics staffed the NRG clinic around the clock. During the 24 days the clinic was in operation, the staff managed over 2,050 patient encounters.

Although trapped in her car for three days, one nurse volunteered to serve at the NRG Clinic, noting it was a blessing to be there. In fact, all the NRG Clinic nurses volunteered their services out of the goodness of their hearts. During this stressful time of serving the community, employees who typically work in various clinics spread throughout Harris County bonded together.

"It was great," said **Sara Miranda, LVN**, Sunset Heights Clinic. "We were mostly same day clinic nurses, but we didn't really know each other well because we only speak on the phone and never get to meet. It was nice to see everyone come together." **Bridgette Estes, MSN, RN**, nurse manager, Ambulatory Care Services, stated she was grateful for the opportunity to work with such a great group of nurses. "Our team went above and beyond to provide the support and care we needed for patients."

Under the leadership of chief nursing officer, **Donna McKee, MHA, BSN, RN, NEA-BC** and **Lydia Rogers, MSN, RN**, administrative director of nursing for the same day clinics, Lydia noted, "The NRG Clinic was truly a collaborative effort with all departments (IT, Pharmacy, Nursing, etc.). Everyone's teamwork — particularly the nurses — contributed to making this effort such a success."



## Mission

Harris Health Nursing optimizes health and provides healing services to our patients and community through quality care delivery, coordination of care, and education.

## Vision

Harris Health Nursing will be recognized globally for excellence in professional practice, patient-centered care, innovation, and scholarship.

## Values

Compassionate Care, Dignity, and Respect

Diversity and Inclusion

Integrity and Accountability

Advocacy

Innovation

Partnerships

# NURSING AWARDS & RECOGNITION



Harris Health nurses have been recognized both locally and nationally for their compassionate care and excellent practice.

Harris Health System Nursing has much to celebrate! Our Luminary Award program was selected as the winner of the 2017 DNV GL Innovation of the Year Award. **Maureen Padilla, DNP, RN, NEA-BC**, received the award on October 11th at the DNV's sixth annual healthcare symposium in San Antonio, Texas. Dr. Padilla along with three originators of the program, **Jerry Johnson, MSN, RN, CPHQ**, **Lourie Moore, MSN, RN, NEA-BC**, and **Yolonda Wall, MSN, RN, CPHQ**, provided a slide presentation.

Debuting in 2016, the Luminary Award for Excellence in Nursing recognizes the achievements of nursing teams. Awarding and recognizing people for their accomplishments motivates and sustains excellent work performance, improves retention, and encourages team work. The process of award and recognition meets criteria established by the American Nurses Credentialing Center's Magnet Recognition Program standards for structural empowerment. Innovation, partnership, and evidence-based practice are values that Nursing Services embrace.



## GOOD SAMARITAN AWARD

### GOLD LEVEL

Alice Kohler (BT)  
Ingrid Hansen (ACS)

### BRONZE LEVEL

Amibola Awosola (LBJ)  
AnDrea Armstead (LBJ)  
Anne Liong (Harris Health System)  
Anny Abraham (ACS)  
Beena Koshy (LBJ)  
Biju Ittan (LBJ)  
Elenita Gumtang (LBJ)  
Elvira Ticzon (LBJ)  
Hannah Crement (LBJ)  
Hermione Sullivan (LBJ)  
Jennifer Jones (LBJ)  
Jessica Adams (LBJ)  
Jessica Gonzales (LBJ)  
Jesus Chagolla (BT)  
Joseph Adekola (LBJ)  
Katrina Bryant (ACS)  
Kim-Chi Pham (ACS)  
LaShonda Crain (ACS)

Maureen Sain (LBJ)  
Monica Herrera (BT)  
Monica Mendoza-Moore (ACS)  
Myishea Gilliam (LBJ)  
Natasha Abney (ACS)  
Noemi Serna (ACS)  
Patricia Guevara (LBJ)  
Renee Russell (LBJ)  
Rosario Vega (LBJ)  
Sandra Trott (LBJ)  
Sharron Mitchell (LBJ)  
Shilpa Patel (ACS)  
Sonja Eckford (ACS)  
Tamika Brown (LBJ)  
Tammie Bryant (ACS)  
Virginia Wilbanks (ACS)

**"I ATTRIBUTE MY SUCCESS TO THIS - I NEVER GAVE OR TOOK ANY EXCUSE."**

- Florence Nightingale

## SALUTE NURSES

HOUSTON★CHRONICLE

### TOP 150 OUTSTANDING NURSES

Alan Vierling (LBJ)  
Alice Kohler (BT)  
Ath Meassar (BT)  
Beena Koshy (LBJ)  
Derek Curtis (LBJ)  
Maria D'Souza (LBJ)  
Marisol Martinez (BT)

Pamela Davis (Harris Health)  
Rhona Earley (BT)  
Rosa Tenorio (ACS)  
Tandiwe Kone (ACS)  
Thy Bui (LBJ)  
Yolanda Farias-Ruiz (LBJ)  
Yolanda Vigil (ACS)



### DISTRICT 9: TOP 20 OUTSTANDING NURSES



**LOURIE MOORE, MSN, RN, NEA-BC**

Administrative Director, Nursing Knowledge Mgmt  
Executive Nursing Practice Group



**SHELA ECOBIZA, MSN, RN, CMSN**

Nurse Clinician II, 5E Cardiac Intermediate Unit  
Ben Taub Hospital

## HARRIS HEALTH LUMINARY AWARD

### DIAMOND

BT 5A Med/Surg/Telemetry  
LBJ 4B Med/Surg/Telemetry

### SAPPHIRE

ACS Casa de Amigos CHC  
BT 4A Med/Surg  
BT 4C Neuro ICU  
BT 4E TSICU  
BT 5C/5B Med/Surg/Psych  
BT 5E Cardiac IMU  
BT 6A Oncology  
BT 6B Med/Surg/Telemetry  
BT 6E MICU  
BT Family Birth Center  
BT NICU Level II/III  
LBJ 3C IMU  
LBJ Emergency Center  
LBJ NICU Level II/III

### EMERALD

ACS Baytown CHC  
BT 4D Surgical IMU  
BT 5G Med/Surg/Neuro/Stroke  
BT 6D Medical IMU  
BT GI Lab  
BT Preop Holding/PACU  
BT 6F Coronary Care  
LBJ 3D MSICU  
LBJ 4C Med/Surg/Tele/Oncology  
LBJ periOperative Services  
QM Physical Medicine Rehabilitation





## extraordinary practice & patient care DAISY Award

The DAISY Award (Diseases Attacking the Immune System) is an international program locally facilitated in 20 countries that recognizes excellence in nursing. Patients, family members of patients, and staff nominate nurses for going above and beyond for providing high-quality care to their patients. Touched by the care Patrick Barnes received from his nurses, his family started the DAISY Foundation in memory of him. At age 33, Patrick died from complications of idiopathic thrombocytopenic purpura. When he was ill, the Barnes family admired his nurses' skill, care, and compassion. They created the DAISY Award to say thank you to nurses around the world.

Nurses provide excellent, compassionate care and practice for their patients and families every day. But some nurses demonstrate extraordinary care. The definition of extraordinary is "exceptional in character, amount, extent, or degree; noteworthy, and remarkable." Extraordinary nurses advocate and focus on patients—they place them in the best position to heal. Extraordinary nurses are empowered as "persons of influence" as they collaboratively engage in professional activities to strengthen their practice environment. Extraordinary nurses deserve to be recognized for their work and service. Harris Health strives to recognize nurses in a meaningful way. The DAISY Award is just one way to recognize the extraordinary care Harris Health Nurses provide to our community!

Beginning May 2017, Harris Health System Nursing partnered with the DAISY Foundation to present the DAISY Award for extraordinary nurses. All Harris Health nursing staff are eligible for the DAISY Award, including registered and licensed vocational nurses in direct care and leadership positions, as well as patient care assistants and technicians. Nominees should demonstrate the attributes noted in the acronym, PETALS:

- P – Passion/Compassion for nursing and the care provided
- E – Empathy in the situation
- T – Trust and teamwork of families, patient, and peers
- A – Admirable attributes possessed
- L – Love for the patient and the nursing profession
- S – Selflessness

Nominations may be submitted by staff or patients by completing the form and placing in the designated DAISY Nomination Box. Nursing staff are given the opportunity to review the nominees' stories and vote via Survey Monkey for the winners across all pavilions. Honorees are presented with their individual award during a special monthly ceremony at each pavilion (Ben Taub/Quentin Mease Hospitals, LBJ Hospital/Ambulatory Surgical Center, and Ambulatory Care Services). It is attended by the honoree's peer nursing staff, manager, pavilion CNO, and presented by our chief nurse executive and executive sponsor of the DAISY Award Committee, Maureen Padilla, DNP, RN, NEA-BC.

*Dr. Padilla states, "Nurses are the heart and soul of health care. We continue to be the most trusted professionals in public opinion polls according to the Gallup annual survey. This is because we are the ones who spend the most time with patients – those who are vulnerable, sick, and dependent on us. We care not only for the patients, but for the patients' families. The stories of compassion and care that our nurses give every day overwhelm me. I am very proud of our nursing staff and am honored and excited to be able to recognize the extraordinary nurses at Harris Health with the DAISY Award."*

“ YOU TREAT  
A DISEASE,  
YOU WIN,  
YOU LOSE.  
YOU TREAT A  
PERSON,  
I GUARANTEE  
YOU, YOU’LL  
WIN, NO  
MATTER WHAT  
THE OUTCOME

- Paulo Coelho, The Alchemist

## 2017 DAISY AWARD RECIPIENTS

### May

Alice Kohler, MSN, RN, CCRN,  
CPAN, NE-BC, Director  
(BT periOp)

Deandria Winchester, RN,  
PCCN, NC II (BT 3A IMU)

Monique Green, MPH, BSN, RN,  
FNP, Nurse Practitioner  
(ACS Thomas Street)

### June

Danilo Lindog, BSN, RN,  
CPAN, CAPA, NCM (BT PACU)

Elvira Ticzon, BSN, RN,  
NC II (LBJ 3A IMU)

Shawankia Wesley, LVN  
(ACS Settegast CHC)

### July

Christine Jean-Lu, BSN, RN,  
NC II (BT 4B Surgical IMU)

Lea Taylor, BSN, RNC-MNN,  
NCM (LBJ OB/GYN Unit)

Tamie Bell, PCA  
(ACS General Surgery/Ortho/  
Urology Clinic)







# Therapeutic Capacity

Our nurses exemplify the key characteristics of the practice framework called Therapeutic Capacity, which is embedded in the NPPM. Nurses who effectively apply the dimensions of clinical care provision, relational dynamics, and healing connections offer their patients exemplary nursing care leading to the best possible healthcare outcomes.

*Excerpts taken from Service First Hero submissions by patients, families, and staff members.*

“

**A SUPER ANGEL;  
WAS EXCELLENT,  
ATTENTIVE, AND  
HAD AMAZING TIME  
MANAGEMENT SKILLS,  
A COMPLIMENTARY  
PERSONALITY; HER  
KNOWLEDGE AND  
CUSTOMER SERVICE  
SKILLS SHOULD NOT  
GO UNNOTICED**

re: Dawn Purvis, BSN, RN, PCCN, NC III, LBJ 3A

“

**SUCH AN  
EXTRAORDINARY  
WOMAN! SHE ALWAYS  
GIVES ME A DOSE  
OF WISDOM FOR  
EVERYDAY LIFE**

re: Peace Egbulefu, MSN, RN, FNP-BC,  
Healthcare for the Homeless Program

“

**HAS BROUGHT  
POSITIVE FEELINGS  
AND COMPASSION AND  
A SENSE OF PASSION  
AND PROFESSIONALISM;  
AN ASSET TO THE  
PROFESSION**

re: Sallena Driver, BSN, RN, NC II, BT 5D

“

**A SWEET LVN,  
ALWAYS FRIENDLY,  
SMILING,  
PROFESSIONAL,  
KIND, AND LOVING.  
YOU CAN'T FIND  
PEOPLE LIKE ROSA  
THESE DAYS**

re: Rosa Garcia, LVN, Baytown CHC

“

**HELPED MY WIFE  
PHYSICALLY AND  
MENTALLY GET  
THROUGH LABOR;  
VERY GOOD AT WHAT  
SHE DOES AND IS VERY  
KNOWLEDGEABLE IN  
ALL ASPECTS**

re: Sosamma Varughese, BSN, RNC-MNN, NC II,  
BT Newborn Nursery

“

**EXCELLENT CARING  
NURSE, HAS BEEN VERY  
ATTENTIVE; HELPS  
MAKE THE PATIENT  
FEEL LIKE EVERYTHING  
WILL BE ALRIGHT**

re: Rose Jean-Gilles, BSN, RN, NC II, LBJ 3C

# nurse-driven SCHOLARSHIP

## RESEARCH

Chacko, M., Barriault, D., Bautista, L., Chagolla, J., Kirksey, K., Lincoln, M., & Suico, R. (2017). *Delphi Study to Determine Nursing Research Priorities. Delphi technique*. Dissemination activities in process.

Pickney, E. (2017). *Servant leadership and registered nurse job satisfaction in acute and non-acute health care settings*. Correlational design. Dissemination activities in process.

Waters, P., George, S., Kirksey, K., Liong, A., Lundeen, S., & Moore, L. (2017). *Registered nurses' perceptions of using a shared decision model to make practice and professional role decisions*. Descriptive, qualitative design. Dissemination activities in process.

Williams, M., Stangeland, P., et al. (2017). *Texas Medical Center Institutional Falls Prevention Study. Multi-group, repeated measures design*. Dissemination activities in process.

## PODIUM PRESENTATIONS

Adams, B., Nibert, A., & Padilla, M. (2017). *Bridging the Chasm: Academia, Practice, Scholarship*. INSPIRE Nursing Symposium. Houston, TX.

Kirksey, K., Indefenso Bautista, L., Laly Chacko, M., Lincoln, M., & Suico, R. (2017). *Workforce Development to Integrate Nurse-Driven Clinical Inquiry*. Sigma Theta Tau International. Indianapolis, IN.

Land, S. (2017). *The Time is Now: The Move to Transformational Leadership*. AORN of Greater Houston Leadership Symposium. Houston, TX.

Lundeen, S., Eppes, C., Bland, M., Darden, L., Rhodes, M., Preston, D., & Smith-Bivens, L. (2017). *Answering the Call for Improved Maternal Safety*. Sigma Theta Tau International. Indianapolis, IN.

Lundeen, S., Rhodes, M., Sperber, A., & DeJuan, M. (2017). *Calling all Nurses! Engage to Improve Maternal Outcomes*. Kaleidoscope Conference. Galveston, TX.

Lynch, B. (2017). *Is Your Work Environment Healthy? Multi-generational and Multi-cultural Perspectives*. INSPIRE Nursing Symposium. Houston, TX.

Sperber, A., Bochus-Gawronska, A., & Lundeen, S. (2017). *Influencing Clinical Outcomes: Inspiring and Exposing Nurses to the Indispensable World of Evidence-based Practice*. INSPIRE Nursing Symposium. Houston, TX.

## POSTER PRESENTATIONS

Corless, I., Hoyt, A., Tyer-Viola, L., Sefcik, E., Kemppainen, J., Holzemer, W.,... Kirksey, K., et al. (2017). *Promoting adherence to antiretroviral therapies (ART): A challenge for clinicians*. International AIDS Conference. Durban, South Africa.

Curtis, D. (2017). *Job Satisfaction and its Relationship to Retention among Nurses Practitioners in Texas*. American Sentinel University.

Daniel, S., Suico, R., Gomes, C., & Joseph, S. (2017). *Patient-centered Care: Implementation of the Discharge Readiness Transition Pathway*. American Case Management Association National Conference. Washington, DC.

Daniel, S., Suico, R., Gomes, C., & Joseph, S. (2017). *Patient-centered Care: Implementation of the Discharge Readiness Transition Pathway*. INSPIRE Nursing Symposium. Houston, TX.

D'Souza, M., & Carter, T. (2017). *Interprofessional Collaboration to Enhance a Hospital-based Breastfeeding Program*. EMPOWER Learning Collaborative Meeting. Atlanta, GA.

Earley, R., Butler, C., & Martelino, V. (2017). *The Four Cs of Code Integration: Clinical Simulation, Communication, Confidence, Cohesion*. Preventive Cardiovascular Nurses Association. Denver, CO.

Earley, R., Butler, C., & Martelino, V. (2017). *The Four Cs of Code Integration: Clinical Simulation, Communication, Confidence, Cohesion*. INSPIRE Nursing Symposium. Houston, TX.

George, S., Ramos, J., & Rahmatinick, S. (2017). *Commit to Sit to Improve Nurse Communication*. National Teaching Institute and Critical Care Exposition. American Association of Critical Care Nurses. Houston, TX.

Hall, G., Mora, S., Garza, R., Hixson, L., Roszak, A., Mejia, Y., Marshall, D., Smith, T., Bautista, E., Alabbasi, Z., & Todd, S.J. (2017). *Validation of Crude Trauma Complication Rates in Preparation for TQIP Participation*. ACS Trauma Quality Improvement Program.

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## inaugural Nursing Symposium

INSPIRE is an acronym for “Innovations in Nursing Scholarship, Performance Improvement, Research, and Evidence-based practice.” Harris Health Nursing presented the inaugural INSPIRE Nursing Symposium on April 28, 2017 at the United Way Center. Titled “Translating Evidence to Transform Lives,” the symposium’s objectives focused on

- 1) identifying strategies to facilitate the engagement of professional nurses in a culture of inquiry;
- 2) describing innovations, nurse-driven scholarship, and experiential learning that have been successfully translated into practice; and
- 3) exploring traditional and cutting edge methods for acquiring, appraising, translating, and evaluating evidence.

Donna Cardillo (known nationally as “The Inspiration Nurse,” “Dear Donna” columnist at Nurse.com, expert blogger at DoctorOz.com, and author of five books) served as our superb keynote speaker. She spoke about “Nursing: The Future is Ours” and “Passionate Leadership: Soaring to New Heights.” Twenty-one other speakers (with expertise in education, leadership, nursing science, and practice) presented during 13 concurrent breakout sessions throughout the day to approximately 150 participants.

## DOMAIN II

## PROFESSIONAL ENVIRONMENT



## SHARED GOVERNANCE PROVIDES NURSES A VOICE IN MAKING DECISIONS ABOUT THEIR PRACTICE AND PROFESSIONAL DEVELOPMENT

Based on the principles of partnership, equity, accountability, and ownership, shared governance provides Harris Health nurses a voice in making decisions about their practice and professional development. Since nurses are accountable for their practice, they must be empowered to make decisions relative to clinical practice, their professional environment, and patient care delivery. Shared governance is critical for the Nursing organization to achieve its strategic goal of nursing excellence.

Annually, clinical leaders representing their respective community of practice (CoP) boards and Pavilion Nurse Clinician Council members meet during the System Nurse Clinician Congress (SNCC). Harris Health nursing celebrated its 6th annual SNCC. Ninety participants gathered to learn and develop their toolkit regarding establishing healthy work environments, avoiding communication breakdowns, and improving RN to RN communication. Attendees enhanced their communication skills using a fun and interactive Mr. Potato Head group activity!

### PAVILION CLINICAL LEADERS

PAVILION	PNCC CHAIR	PNCC CO-CHAIR	DIRECTOR OF NURSING STRATEGIC INITIATIVES
Ambulatory Care Services	Katie Kerbow, BSN, RN	Sonja Eckford, MSN, RN, CPN	Jennifer LaHue, MBA, BSN, RN
Ben Taub & Quentin Mease	Parita Patel, BSN, RN, OCN, CMSRN	Jasmine Arterberry, BSN, RN, CEN	Wendi Froedge, MSN, RN-BC, CCRN-K
Lyndon B. Johnson	Maria Quintero, BSN, RN	Lorena Montilla, RN	Jerry Johnson, MSN, RN, CPHQ

# PNCC ACHIEVEMENTS

## ACS

- Built structural foundation with four service lines representing 40 CoPs
  - Primary Care Service Line – standardized processes across clinics
  - Pediatric and Obstetric Specialty Service Lines - standardized and aligned vaccine processes according to CDC guidelines and city of Houston regulations regarding the Vaccine for Children Program
  - Head and Neck Service Line - improved patient satisfaction scores and are currently in top 9 of all ACS clinics
- Received HCHD Foundation grant funding for hosting AACN Nurse Certification Review Course with 71 participants; goal met increasing certification rate from 26.5 to 33.8%
- HEDIS improvements exceeded goals for colorectal cancer screening, controlling high blood pressure, and diabetes eye exams
- Improved patient satisfaction
- Participated in Book Club – shared and learned about crucial conversations with presentations at the CoP level
- Participated in Healthcare Quality Week with 9 Quality Improvement Posters
- Participated in the ACS Annual Pumpkin Decorating Contest
- Involved in Informatics Decision Making with the ACS Nursing Informatics Committee
- Participated in volunteer community activities (Field Day/AIDS Walk/March of Dimes/ TMC Run/Wellness activities)
- Participated in NRG Shelter Clinic during Hurricane Harvey

## BT/QM

- Unit-based Case Management
- Preceptor Feedback
- RN-RN Communication (Nurse-assisted Communication)
- Transfer Project
- Hourly Care Rounding
- Preferred Pharmacy
- Adoption of Decision Tree
- Collaboration with Nutrition Services
- Food Preference and Evening Food Tray
- Housekeeping Collaboration and improved patient room cleanliness
- Epic/IT Feedback

## LBJ

- Patient Satisfaction – Improving Communication
- Pathway to Excellence Redesignation
- Trauma Survey
- Clinical Dietetics Quality Metrics
- 2017 RN Satisfaction Survey
- IT Nursing Collaboration
- Feedback on Discharge Transition and Ticket to Ride
- No Fly Zone Initiative
- TOC Pharmacist Workflow

## EVERY STEP MOVES YOU CLOSER TO YOUR PROFESSIONAL PRACTICE GOAL

### Nurse Clinician IV

#### Branch Out *Advanced Specialty Clinician*

A certified clinical leader with minimum BSN; proficient in managing specialty populations due to a vast body of knowledge and experience; a clinical leader in evidence-based practice.



### Nurse Clinician III

#### Flourish *Competent Specialist*

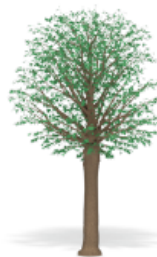
A certified clinical leader with a sense of mastery in the specialty area; proactively develops patient-centered plans within a multi-disciplinary team and promotes efficiency in practice.



### Nurse Clinician II

#### Grow *Competent Generalist*

Nurses who meet professional practice standards manage patients with common or well-defined problems while recognizing when appropriate assistance or resources are needed.



### Nurse Clinician I

#### Nurture *Novice/Generalist/GN*

Entry-level graduate nurses build knowledge and skills through routine assignments in predictable situations under the supervision of experienced preceptors.

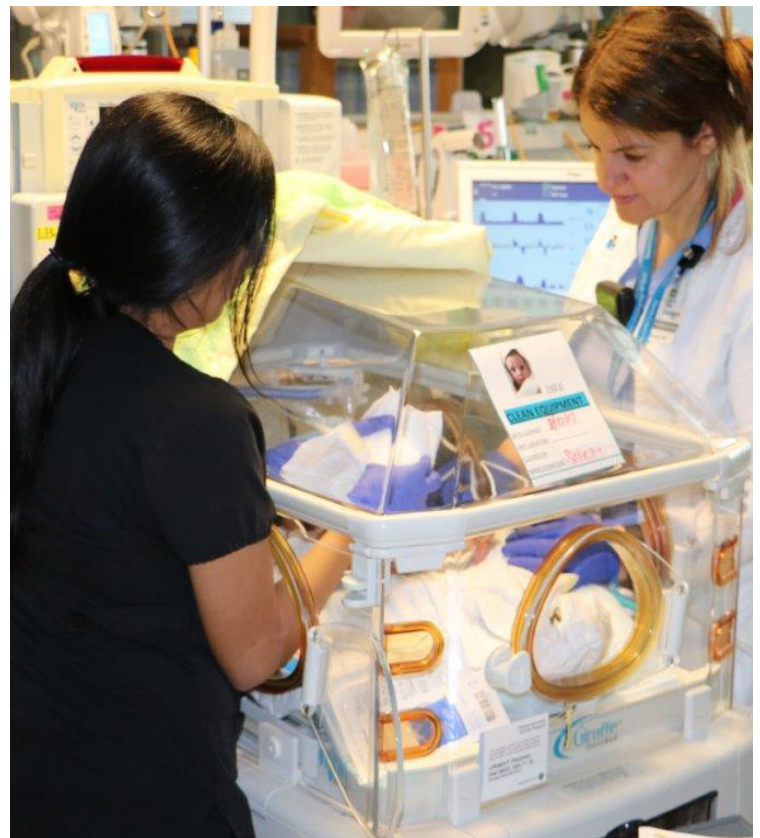


## evidence-based practice Advances Clinical Care

Working in a major research and education institution, the nursing leadership team at Harris Health System believes that expert nurse clinicians at the bedside can do just as much to advance patient care as administrative leaders.

The Harris Health Nursing Professional Practice Model combines the best of Benner's Theory of Nursing Expertise Model with the American Association of Critical Care Nurses Synergy Model's eight nurse competencies to differentiate practice that maximizes both individual professional development and improvement in patient outcomes.

The Nursing Clinical Advancement Program provides the framework for developing, evaluating, promoting, and rewarding direct care RNs whose performance, knowledge, and skills meet the competency criteria at each of the four designated levels of practice.







## 2017 NCAP Promotees

### **NURSE CLINICIAN IV:**

Parita Patel, BT 6A

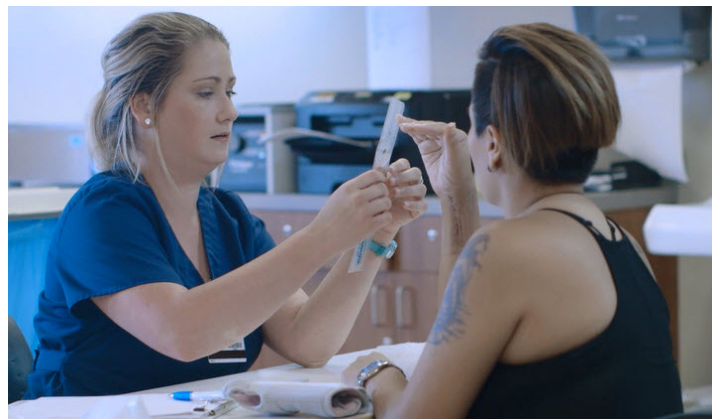
### **NURSE CLINICIAN III:**

Alozie Amayaka, LBJ 3C  
 Andrea Garcia, BT 5B  
 Brittany Wade, BT LDR  
 Carol Eke, BT 6E  
 Candelaria Frankoff, BT 6D  
 Dawn Purvis, LBJ 3A  
 Deepa Paul, BT PSC  
 Edwin Miranda, BT 6D  
 Emily Townsend, BT 4C  
 Geetha Thottumkai, BT 6E  
 Javieon Stewart, BT 4C  
 Jessen Abraham, BT 6E  
 Jolly Varghese, BT NICU III  
 Katherine Evertsz, BT  
 Cardiology  
 Latrice Lara, BT GI Lab  
 Lynelle Witt, BT 6E  
 Maria Chapa, Baytown CHC

Maya Muralee, BT NICU III  
 Megan Dooman, BT periOp  
 Michael Loflin, BT 6F  
 Prince Balason, BT TSICU  
 Reba Carethers, BT 6E  
 Reichelle Araula, BT 6E  
 Sandra Salgar, LBJ LDR  
 Sarah Evans, BT 3AB  
 Sergio Isas, LBJ 2C  
 Sini Mathew, BT 6D  
 Suja Shajimon, BT 6D  
 Susan Mathew, LBJ 2C  
 Susanna Estaville, ASC OR  
 Temika Wharton, BT 6E  
 Thuan Vo, BT 5C  
 Tushara Thomas, BT 6F

“TREAT PEOPLE  
 AS IF THEY  
 WERE WHAT THEY  
 OUGHT TO BE, AND YOU  
 HELP THEM BECOME  
 WHAT THEY ARE  
 CAPABLE OF BEING

- Johann Wolfgang von Goethe





“OUR CLINICIANS  
DEMONSTRATE  
CLINICAL EXPERTISE  
THROUGH ADVANCED  
CLINICAL JUDGEMENT,  
CLINICAL INQUIRY,  
FACILITATION OF LEARNING,  
COLLABORATION,  
ADVOCACY AND MORAL  
AGENCY, DIVERSITY, AND  
SYSTEMS THINKING

## NCAP contributions Putting It Into Practice

**Parita Patel, BSN, RN, CMSRN, OCN, NC IV, BT 6A Oncology** is one of three NC IVs providing clinical leadership at Harris Health System. Parita led a pavilion initiative to ensure consistent completion of rapid, safe, and assisted unit transfers within the hospital, which led to decreased delays in inpatient transfers and increased RN-RN communication. Parita shared her findings as a poster presentation at the Harris Health Nursing INSPIRE Symposium. The poster was entitled, “Intra-professional Collaboration to Facilitate Safe, Nurse-Assisted Patient Transfers.”

**Primrose Pari-An, BSN, RNC-OB, NC IV**, leads the Family Birth Center (FBC) CoP as the Board Chair, as well as the PNCC representative. As the chairperson, she develops the monthly meeting agendas that focus on nursing professional practice and leads the CoP in developing common solutions and implementing action items for opportunities identified by the nurses. As a bedside leader, she functions as a Charge Nurse where she collaborates with members of the healthcare team to promote optimal and realistic patient goals and ensure all resources are optimized.

Primrose leads and participates in unit-based quality initiatives, such as Triage of the Pregnant Patient and Hypertension in Pregnancy bundle. She was a resource and subject matter expert for arterial lines, including serving as an Epic Superuser for general and STORK-specific upgrades. She presented an in-service on Nicardipine for the nursing team and validates staff's annual competencies for

point-of-care testing. Primrose is an active member of Baylor OB/GYN Peer Review Committee, FBC Nurse Clinician III/ IV Committee, and the FBC Nursing Quality Committee. She participated on the Nurse Clinician Job Description Addendum Task Force and authored a narrative for the Ben Taub Pathway to Excellence application.

**Katherine Evertsz, MSN, RN, CRNI, VA-BC, NC III, BT** Cardiology Services, demonstrated clinical leadership in an EBP initiative to diminish the incidence of unnecessary peripheral IV site rotations. Her work contributed to improving patient satisfaction. Katherine also collaborated with Interventional Radiology (IR) nurses and the clinical resource nurse on a practice initiative so IR nurses may remove PICC lines without having to wait on a PICC nurse to arrive to perform the action. Through Katherine's expert education and competency validation with return demonstration, IR nurses extended their practice knowledge and skills on PICC line care. Most importantly, they were able to decrease the patients' length of stay and clinic wait times.

**Thy Bui, BSN, RN-BC, NC III, LBJ 4B** leads from the bedside through active engagement on several teams: the Staffing Advisory Committee, PNCC, Nursing Job Description Addendum Task Force, and other pavilion-led quality initiatives.

# expert nurses

# EXCEPTIONAL OUTCOMES



“ **LIFELONG  
LEARNING  
ENHANCES  
PROFESSIONAL  
PRACTICE AND  
OPTIMIZES  
OUTCOMES**

Participation in learning activities enhances nursing practice and improves the quality of care. As nurses grow their knowledge, skills, attitudes, and experiences, they can better meet the needs of patients and families.

Nursing's professional development includes staff development and continuing education. Our nurses grow their knowledge by means of both formal learning (i.e., academia, continuing education, research, etc.) and informal learning (i.e., staff development, professional reading, in-services, etc.).



## 775

TOTAL PARTICIPANTS

### ORIENTATION

Nursing orientation sessions are offered for newly hired nurses and current nurses transferring to a new position. Attendees included 398 new hires, 167 transfers, and 210 non-licensed staff.



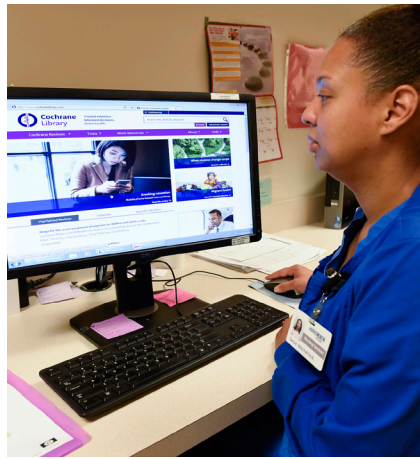
## 134

TOTAL PARTICIPANTS

### RESIDENCY PROGRAM

The Nurse Residency Program hired 134 new graduate nurses. Each participated in one of 3 cohorts (spring, summer, fall) for a year-long residency program which provides them a firm foundation as a new nurse.





**\$5,952.92**  
REIMBURSED TO NURSES

## BOOKS & FEES

Nurses who meet specific criteria and have completed coursework toward an advanced degree can apply for reimbursement of associated fees. Almost \$6000 was reimbursed to 12 participants; 2 of which were RN to BSN graduates.



**5514**  
TOTAL PARTICIPANTS

## NEW PRODUCTS & SUPPLIES TRAINING

Clinical resource nurses and nursing instructors conducted training for more than 5500 nursing staff on the use of 15 different products and/or supplies.



**197**  
TOTAL PARTICIPANTS

## LEADERSHIP TRAINING

The Leading Edge: Developing Charge Nurse Excellence Class: 97 participants

Nurse Leader Orientation: 40 participants (21 new leaders, 19 transfers)

Nursing Leadership Academy: Inaugural class of 60 participants began March 2017

# by the numbers Nursing Services

Total Number of  
Registered Nurses

# 2204

Average Years  
of Experience

## 13.41

Clinicians (RNs)

## 21.34

Nursing  
Leaders/Managers

## 85%



RNs with Bachelor's  
degree or higher

Education  
Level

Doctorate  
**14**

Master's  
**197**

Bachelor's  
**1664**

Associate  
**313**

Diploma  
**16**



Staff

Admin Support: **182**

LVN: **225**

Non-RN Professional: **13**

Unlicensed: **1030**

RN: **2204**



## 22

Academic  
affiliations



## 34

CNE Programs  
(123.14 unit hrs;  
2112 participants)



## 723

Nurses certified  
in their specialty

# staff development

## Confronting Incivility & Bullying

**NEEDS ASSESSMENT:** National governing bodies, such as the Joint Commission (2008) and American Nurses Association (ANA) (2015), have strongly encouraged healthcare organizations to address the presence of incivility in the workplace. ANA states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p. 4). Disregarding the prevalence of this phenomenon in our workplace, culture will continue to drain financial resources, perpetuate a toxic work environment, and may adversely affect the safety and quality of patient care.

**CURRENT STATE:** Harris Health System has policies to protect employees from workplace incivility (Policy 6.27 – Workplace Violence and Policy 6.39 – Conflict Resolution). Despite these policies, the current RN turnover rate is 31.06% and the RN vacancy rate is 14.10% (June 2017). Research demonstrated that workplace incivility directly impacts productivity and retention and contributes to nurses leaving the profession; however, measuring the direct financial impact of uncivil behavior is difficult.

While incivility, bullying, and lateral/violence are not directly measured, the NDNQI nurse engagement survey has an indirect measurement as noted by the question: “In my job, I am treated with dignity and respect by everyone.” In 2016, Ben Taub/Quentin Mease and Lyndon B. Johnson Hospitals scored between the 50th and 75th percentile on this question and Ambulatory Care Services scored below the 50th percentile.

**GOAL:** Develop an internal nursing incivility program to facilitate a culture of respect that is free of incivility, bullying, and workplace violence.

**LEARNING OBJECTIVES:**

- Define incivility and bullying
- Describe the effects of incivility and bullying on patient outcomes, human capital, and productivity in health care
- Utilize the “DESC” communication technique
- Identify conflict resolution resources for incivility and bullying in our workplace

**TRAINING:** Taskforce members offered 12 interactive, 90-minute in-services to nursing leaders from July through August. In addition, an e-based course was made available for all nursing staff via the learning management system. In total, 233 Harris Health employees attended in-person and over 2800 Harris Health nursing employees completed the online training.

**ONGOING WORK:** Sustainment of incivility training occurs during nurse onboarding and as an annual training requirement. The Incivility Taskforce worked with Human Resources to offer robust suggestions to revise both policies on workplace violence and conflict resolution. Additionally, the taskforce initiated an IRB-approved nurse-led research study to investigate the prevalence of nurse-specific workplace incivility at Harris Health with projected completion in early 2018.

<p><b>TASKFORCE MEMBERSHIP:</b> Donna McKee, MHA, BSN, RN, NEA-BC – Executive Sponsor</p> <p>Angela Wright, PhD, MSN, RN, NEA-BC – Co-Chair</p> <p>Suzanne Lundeen, PhD, MSN, RNC-OB, NEA-BC, C-EFM – Co-Chair</p> <p>Elizabeth Pickney, PhD, MSN, RN, CMSN</p>	<p>Deven Barriault, MSN, RN-BC</p> <p>Doreth HoSang, MSN, RN</p> <p>Katie Kerbow, BSN, RN</p> <p>Carolyn Gafford, MA, BSN, RN, NE-BC</p> <p>Tashiana Roberts-Jackson, MSN, RN, CMSRN</p> <p>Tamika Brown, MSN, RN, CCRN</p>	<p>Monica Marshall – HR Representative</p> <p>Kimberly Brown, MEd, LSSGB – Instructional Design Specialist</p>
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“ ONE OF THE MOST DECISIVE FUNCTIONS OF LEADERSHIP IS THE CREATION, MANAGEMENT, AND WHEN NECESSARY, THE DESTRUCTION AND REBUILDING OF CULTURE

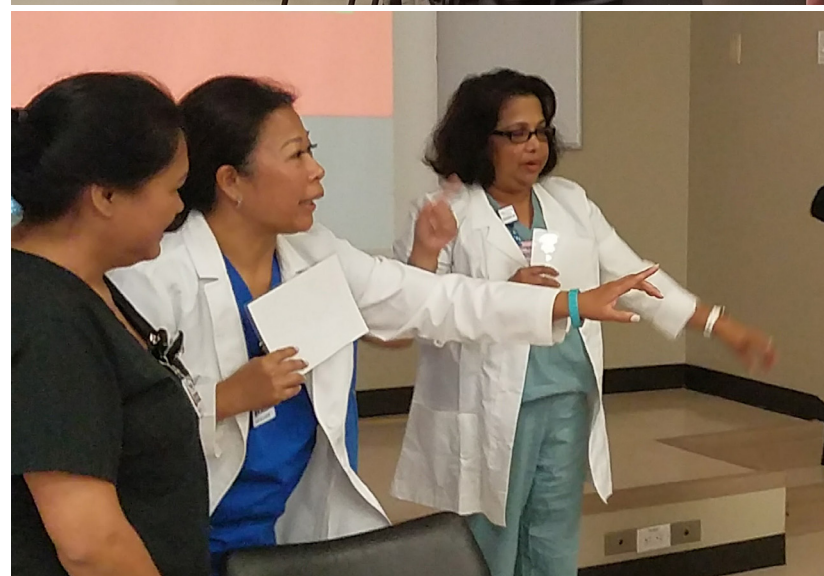
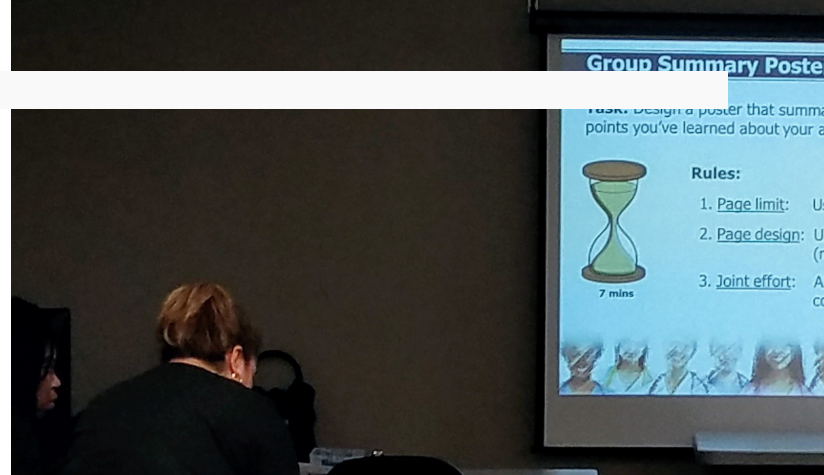
- Edgar Schein

## role formation From New Graduate to Professional Nurse

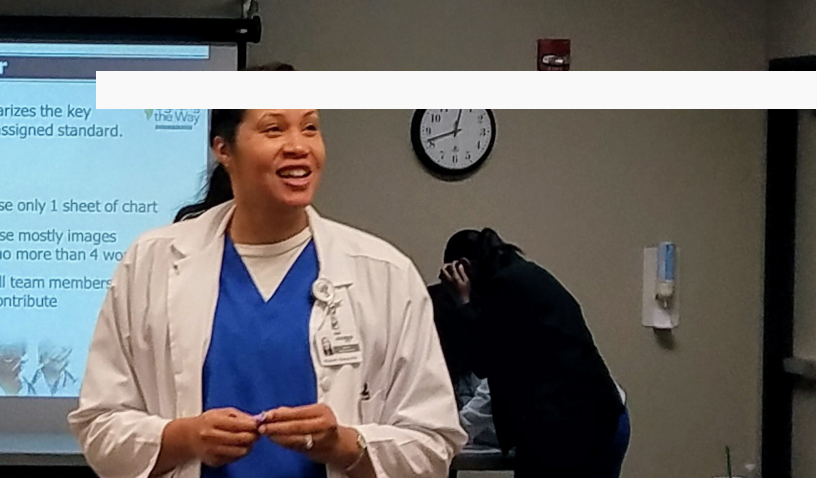
The Harris Health System Nurse Residency Program is an evidence-based, transition-to-practice program for nurse graduates desiring to practice in direct care roles in the hospital and ambulatory care settings. While this program falls under the NPPM component of Professional Development, it also relates to Professional Enculturation as newly licensed graduates learn to socialize and form their professional role and identity as a nurse while enculturating themselves to the healthcare organization's culture and assigned unit's environment. The program serves as a transition from the educational environment to practicing within the real-world healthcare environment.

During the 12-month program, residents complete two phases with a “bridge” advancing them from the Clinical Practice Phase to the Professional Practice Phase. Nurses learn from five content areas (Patient-centered Care, Communication and Teamwork, Evidence-based Practice, Quality Improvement, and Informatics) using a series of didactic learning, experiential work experiences, and simulated situations.

By the end of the Residency Program, the graduate RN advances from Nurse Clinician I to Nurse Clinician II with advanced beginner clinical skills and independent accountability in providing safe patient care. The nurse demonstrates essential critical thinking and decision-making skills, incorporating evidence-based practice at the unit level and a commitment to ongoing professional development.







## role formation

# Nursing Leadership Academy

Harris Health Nursing offers three formal courses for developing nurses in their leadership capacity:

- (1) **Charge Nurse Program:** The Leading Edge Developing Charge Nurse Excellence
- (2) **Preceptor Program:** Clinicians Leading and Inspiring Clinicians
- (3) Nursing Leadership Academy

According to the American Nurses Credentialing Center (2019) Magnet standards on transformational leaders, chief nursing officers communicate expectations and develop leaders. Knowledgeable, competent nurse leaders may effectively lead change, achieve strategic priorities, and transform the organization into a high-performing workforce.

First suggested by chief nurse executive, Maureen Padilla, DNP, RN, NEA-BC, the inaugural Nursing Leadership Academy began March of 2017 with a cohort of 60 nurses. The academy's target audience is nursing clinical managers, nurse managers, and charge nurses. The yearlong program is designed to prepare emerging nurse leaders to meet specific leadership competencies in their current role or prepare to advance to the next level of nursing leadership.

The competencies include self-mastery, interpersonal effectiveness, human resource management, financial management, systems thinking, and caring for staff, patients, and self. Monthly presentations provided by nursing leaders throughout the pavilions are offered three times a month. Topics relate to leadership styles, healthy work environment, effective communication, mentorship, just culture, conflict management, performance management, quality, transition, finance, and teambuilding.

The American Association of Critical Care Nurses (2016) noted frontline leaders are instrumental in retaining a competent and satisfied staff because staff remains employed in their job due to their leaders. Thus, to ensure success for our frontline leaders, we've invested resources to ensure they are educated, prepared, coached, and mentored in skills, such as communication, team building, change management, and collaboration.

# 2017 DEGREES

## BACHELOR OF SCIENCE IN NURSING

**Aura Auguste-Garcia, BSN, RN**, Trauma Coordinator, LBJ Trauma - Lamar University

**Patricia Buzombo, BSN, RN, NC II**, LBJ 2B - University of Texas at Arlington

**Brittany Elliott, BSN, RN**, NCM, LBJ PACU - University of Texas at Arlington

**Riza Guillen, BSN, RN, NC II**, BT Cath Lab - University of Texas at Arlington

**Mayla Leblanc, BSN, RN**, Employee Health Coordinator, Occupational Health - University of Texas at Arlington

**Kaysie Marshall, BSN, RN, NC II**, LBJ EC - University of Houston-Clear Lake

**Shinimole Mathew, BSN, RN, NC II**, BT TSICU - University of Texas at Arlington



## MASTER OF SCIENCE IN NURSING

**Ana Aguillon, MSN, RN**, Quality Management Coordinator, Harris Health System - Western Governors University

**Crystal Butler, MSN, RN, CCRN**, NCM, BT 6F & 5E - Western Governors University

**Stephanie de Jongh, MSN, RN, CEN, TCRN, SANE-A, SANE-P**, Forensic Nurse Examiner, Harris Health System - Duquesne University

**Tiffani Dusang, MSN, RN**, Administrative Director, Risk Management & Patient Safety, Harris Health System - University of Texas at Arlington

**Rhona Earley, MSN, RN, CCRN, CCRN-CMC**, CRN II, BT Cardiology - Western Governors University

**Jessica Gonzales, MSN, RN, PCCN**, NC II, LBJ 3B - Texas Woman's University

**Tynnika Houston, MSN, RN, CNOR**, CRN II, BT periOp - Walden University

**Sonia Paul, MSN, RN**, CNCM, ACS Specialty Case Management - Grand Canyon University

**Maureen Ramos, MSN, RN**, NCM, BT EC - University of Texas at Arlington

**Renee Russell, MSN, RN, CNOR**, DON, LBJ periOp - University of Texas at Tyler

**Swapna Thomas, MSN, RN, RNC-NIC**, NC II, BT NICU III - Texas Woman's University

**Brett Vrana, MSN, RN, NC II**, BT EC - University of Texas at Arlington

## MASTER OF BUSINESS ADMINISTRATION

**Lori Timmons, MBA, MEd, RN**, Director, Ambulatory Nursing - University of Houston-Downtown

## DOCTOR OF NURSING PRACTICE

**Derek Curtis, DNP, MA, BSN, RN, NEA-BC**, CNO, LBJ - American Sentinel University

**Mini Daniel, DNP, MSN, RN-BC, CCM**, Director, Clinical Case Management, LBJ - Chamberlain College of Nursing





## PNCC INITIATIVE: INCREASE ACS CERTIFICATIONS

Attainment of specialty nursing certification is a mark of excellence that provides recognition and validation of one's mastery of skills, expertise, and knowledge (American Association of Critical Care Nurses, 2015; American Nurses Credentialing Center, 2010). The ACS PNCC established the goal to increase their nurses' certification rate by at least 5 percentage points, starting with a baseline of 26.5%.

After submitting an application to the Harris County Hospital District Foundation for small grant funding, they received \$5,000 to support offering the American Academy of Ambulatory Care Nurses Certification Review Course for all ACS RNs interested in becoming certified. The review course was held in April 2017, followed by weekly 2-hour group study sessions to allow nurses to prepare for the content by practicing review questions.

The PNCC was successful in meeting its goal. 18 nurses participated in the program, contributing to increasing the certification rate by 7.3% to overall 33.8% by October 1, 2017.

Thank you to the champions who led this initiative, **Katie Kerbow, BSN, RN** and **Monica Mendoza-Moore, RN**.

# 2017 CERTIFICATIONS

## ADMINISTRATION

Ana Reyes, BSN, RN, NE-BC, Hospital Supvr (BT)  
Barbara Manning, BSN, RN, NE-BC, NPM (BT)  
Mark Fanning, MSN, RN, NE-BC, ADON, Med-Surg (BT)  
Merry Philip, MSN, RN, NE-BC, ADON, Emergency (LBJ)  
Tim Kraeter, MSN, RN, NE-BC, Hospital Supvr (BT)

## ADVANCED PRACTICE

Joy Ekwueme, BSN, RN, FNP, NC II (BT)  
Tammie Bryant, BSN, RN, NP-C, NC II (ACS)

## AMBULATORY NURSING

Amanda Andrus, BSN, RN-BC, NC II (ACS)  
Angela Pickens, BSN, RN-BC, NC II (ACS)  
Bernardita Moselina, BSN, RN-BC, NC II (ACS)  
Celestine Jones Lyon, MHA, BSN, RN-BC, ACNM (ACS)  
Daniel Martinez, RN-BC, NIC II (ACS)  
David Riley, BSN, RN-BC, NC II (ACS)  
Elizabeth Appleton, RN-BC, NC II (ACS)  
Esther Castillo, BSN, RN-BC, NC II (ACS)  
Joan Mutai, RN-BC, NC II (ACS)  
Karen Smiley, MBA, BS, AAS, RN-BC, NC II (ACS)  
Karina Palacios, BSN, RN-BC, NC II (ACS)  
Ladonna Burley, RN-BC, NC II (ACS)  
Lorena Veliz, BSN, RN-BC, NC II (ACS)  
Maria Chapa, BSN, RN-BC, NC III (ACS)  
Mariam Alan, BSN, RN-BC, NC II (ACS)  
Maricel Fontenot, BSN, RN-BC, ACNM (ACS)  
Renita Chambers, RN-BC, NC II (ACS)  
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Arlene Cabugao, BSN, RN, CCRN, NC II (LBJ)  
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Cecilia Wamwiri, BSN, RN, PCCN, NC III (LBJ)  
Christine Le, BSN, RN, CCRN, NC II (BT)  
Claudia Castillo, BSN, RN, CCRN, NC II (BT)  
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## 2017 CERTIFICATIONS

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 William David, MHA, BSN, RN, CEN, ADON (BT)

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 Yolonda Wall, MSN, RN, CPHQ, Dir, Quality and Pt Safety (LBJ)

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 AnhThu Bui, BSN, RNC-MNN, NC II (LBJ)  
 Asheia Randolph, BSN, RN, IBCLC, Lactation Consltn (LBJ)  
 Bea Gillamac, BSN, RNC-MNN, NC II (LBJ)  
 Cherrylane Pangilinan, BSN, RNC-MNN, NC II (BT)  
 Connie Gaskamp, BSN, RN, RNC-LRN, Lactation Consltn (BT)  
 Elva Lopez, BSN, RNC-OB, NC II (BT)  
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## inaugural nursing Gala & Awards Ceremony

Annually, Harris Health celebrates National Nurses Week by taking time to honor the immeasurable daily contributions and tireless commitment of our nurses. In late 2015, the Nurses Week Planning Committee surveyed nurses regarding suggestions for celebrating Nurses Week. While there are activities planned every day of Nurses Week, the survey indicated a large number of nurses preferred to celebrate “one day in a big way” ... thus, the Nursing Gala and Awards Ceremony was born.

The inaugural black-tie extravaganza was held Saturday, May 6, 2017 at the newly opened Marriott Marquis Hotel located in downtown Houston. The event was an overwhelming success and was attended by 1,200 people (nurses including their guests). A stark contrast to scrubs and business wear, nurses were glamorous in their formal evening wear as they walked the red carpet and posed for pictures.

Attendees enjoyed pre-ceremony cocktails and hors d'oeuvres while taking the time to view and bid on a plethora of themed baskets which ranged from “A Night of Romance” to “Take Me Out to the Ball Game.” Proceeds from the Silent Auction contributed to the Nursing Leadership Fund.

While the delicious mouth-watering dinner was served, the Luminary Award ceremony commenced. The ceremony mirrored Oscars night as groups of outstanding nurses from ACS, BT/QM, and LBJ proudly donned the stage to accept our highest internal nursing excellence award which recognizes consistently high-quality outcomes. Winners rushed to the stage to accept their awards and take photos, while the audience applauded and congratulated their achievements.

**Pamela Russell, MHA, BSN, RN, NEA-BC**, associate administrator of nursing operations, led the planning committee in accomplishing even more than nurses expected. Units have already begun to prepare for next year's event; Luminary award applications have been submitted and plans are being made to attend the largest, most glamorous event our organization sponsors in honor of nurses.

The Nursing Gala is just another way Harris Health provides meaningful recognition for nurses' contributions to delivering excellent patient care day in and day out.



## DOMAIN III

## CARE DELIVERY SYSTEM

**“ CARE THAT IS  
RESPECTFUL OF  
AND RESPONSIVE  
TO INDIVIDUAL PATIENT  
PREFERENCES, NEEDS,  
AND VALUES AND ENSURES  
THAT PATIENT VALUES  
GUIDE ALL CLINICAL  
DECISIONS**

-Institute of Medicine (2001). Crossing the Quality Chasm. p 40

Harris Health's nursing care delivery structure is patient-centered and relationship-based. Dimensions of patient-centered care involve:

- Respect for patients' values, preferences, and expressed needs
- Coordination and integration of care through collaboration and teamwork
- Accessibility and free flow of information, communication, and education



- Physical comfort
- Sensitivity to non-medical and the spiritual dimension of care; emotional support
- Involvement of family and friends

# effective staffing decisions

## Acuity Scoring Program

Workload acuity scoring systems help nurses make more informed, effective staffing decisions based on existing data in the electronic health record (EHR). Workload acuity scores indicate how much care and effort a nurse provides based on patient needs and characteristics during a shift. The score accounts for work completed in previous shifts, such as medication administrations and assessments, in addition to EHR data projecting new orders and pending discharges. With the application of accurate and real-time documentation, charge nurses and nurse leaders can use the workload acuity scores to identify patients who require extra nursing care and make patient assignments to distribute work appropriately among the nurses. This system also contributes to safe patient care and increased nurse satisfaction.

Every year, nurse clinician members in the Staffing Advisory Committee (SAC) evaluate the Nurse Staffing Plan. The most frequent request was for an acuity system which will provide transparency in nurses' workload. Beginning in January 2017, a team consisting of information technology (IT) Epic business analysts, operational clinical informatics, nursing integration, and select SAC members collaborated on reviewing the existing EHR Foundation on the Nursing Workload Acuity System. The IT Shared Governance group approved the acuity project with the SAC taking the lead.

The Nursing Workload Acuity Project's scope included all adult inpatient medical-surgical and IMU units. Starting June 26, 2017, the following units helped pilot the Nursing Workload Acuity: BTH 5E, 5G, and 4B; LBJ 3A and 4A; and QM GPCU. During the pilot, nursing units viewed their patients' acuity scores and tested out all rules available in the acuity system. Nurses used an audit tool to communicate functionality issues, which was reviewed and adjusted on a regular basis. Nurses received in-person, webinar, and e-based training. The Nursing Workload Acuity system (pictured below) successfully went live on December 18, 2017.

The screenshot displays the Nursing Workload Acuity System interface. At the top, a pop-up window titled '3A MED/SURG 3 Patients' shows a list of patients with their acuity scores highlighted in colored circles: 21 (green), 17 (green), and 57 (yellow). The main interface shows a list of patients with columns for Disch, Room/Bed, MRN, Patient Name, Age/Sex, Admit Date, Service, and Workload Acuity Main Score. A legend on the right explains the color coding for acuity scores: 0-40 (Low Acuity, Green), 41-80 (Mid Acuity, Yellow), and 81+ (High Acuity, Red). The main table shows scores of 81 (red), 80.5 (red), 72.5 (yellow), and 70.75 (yellow).

Disch	Room/Bed	MRN	Patient Name	Age/Sex	Admit Date	Service	Workload Acuity Main Score
—	3AM02/01			41y.o. / F	10/11/17	BT Medicine A	21
—	3AM99/02			41y.o. / F	10/11/17	BT Medicine A	17
—	3AM99/01			41y.o. / F	10/11/17	BT Medicine A	57

Workload Acuity Main Score	Unit	Name	Age/Sex	Problem	Flag	Order	Notes	Chief Complaint	Primary Prob
81	BT 5B MED/SUR								
80.5	BT 5B MED/SUR								
72.5	BT 5E CARDIAC IMU								
70.75	BT 5E CARDIAC IMU								

**View the Workload Acuity Main Score.**

- 0-40 - Low Acuity (Green)
- 41-80 - Mid Acuity (Yellow)
- 81+ - High Acuity (Red)

The next steps for the project will be continuous evaluation of trends and feedback in an effort to ensure the patient's correct status is captured and the acuity system is meaningful and provides value to frontline staff. Additionally, future enhancements relating to rules to capture specific interventions for nursing specialties will be added.

# optimized systems

## Improved Nursing Practice



### NURSING INFORMATICS

The Nursing Information Systems Integration Committee (NISIC) continues to be a very well-participated and engaged committee comprised of nurse clinicians, leaders, and other administrative staff. The purpose of NISIC is to facilitate appropriate use and integration of information systems (EHR and patient care-related systems) into nursing practice. Within the past year, the committee deployed 36 separate nursing and system-wide technology initiatives and enhancements to improve staff efficiency and workflow, and ultimately better serve our patients.



### 2017 TECHNOLOGY ENHANCEMENTS

**36**  
DEPLOYED

some enhancements are described herein

1. Beaker Lab Module\* (integrates lab, cytology, and blood bank)
2. Business Epic STARS (utilizes Epic's latest functionality for streamlined workflows, care coordination, decision support, and best practices)
3. EC Dashboards (monitors throughput and nurse productivity)
4. Epic 2017 Upgrade (some features include: At-a-glance, prioritized manager dashboards to monitor quality indicators in real-time, throughput measures and patient safety indicators; EC Narrator shows required nurse assessments to complete during an encounter; Goal Expected End Dates window in which nurses can quickly update/add expected end dates to care plan goals; adds patient education to the medication administration record to help ensure timely and complete education for the first dose of medications; enhances discharge tool to help patients better understand what to do next with an updated discharge After Visit Summary that includes bold, intuitive icons and a clear list of follow-ups, etc.)
5. Epic Quarterly Release Cycle enhancements (updates nurses on unacknowledged orders; provides patient intake and output calculation updated to last two weeks for inpatients; provides more intuitive patient living status documentation, etc.)
6. Case Management Module (assists case managers with integrated streamlined workflows for monitoring patient clinical progress coupled with payer integration)
7. Infection Control Module\* (prevents infections across the organization; enhances workflows, collects individual infection case data, notifies new and high-risk infections, analyzes and reports on infection case data; maintains a strong antimicrobial stewardship program, etc.)
8. Nurse Manager Dashboard (monitors throughput, quality measures, and nursing documentation metrics)
9. Nurse Sitter Project\* (centralizes patient monitoring to observe patients at risk for falls; engages with the patient; mobilizes care team)
10. Nurse Workload Acuity\* (scoring system assists with ensuring efficient staffing; scores indicate patient work effort)
11. Rover Mobile Device\* (reviews and completes EHR documentation, carries out key workflows on-the-go via an iPhone)
12. Sedation Narrator (EC pilot, keeps nurses in the same workspace when providing patient sedation, which improves documentation workflow efficiency)

\* denotes implementation still in progress



# NISIC MEMBERSHIP

	Pavilion	Job Title/Department	Name of Representatives
Executive Sponsor	System	Chief Nurse Executive & Sr. Vice President, Nursing Services	Maureen Padilla, DNP, RN, NEA-BC
Co-Chairs	System	Program Director, Operational Clinical Informatics	Cecelia Currier, MBA, BSN, RN
		Program Manager, Nursing Integration	Miko Cacanindin, MSN, RN-BC, CNN
	BT/QM	Director of Nursing	Ana Davis, MSN, RN, CCRN, CVRN
		Administrative Director of Nursing	Mary Kurian, MHA, BSN, RN, CCRN, CNRN, NEA-BC
	LBJ	Nursing Program Manager	Frank Baldwin, MHA, BSN, RN
		Director of Nursing	Carolyn Gafford, MA, BSN, RN, NE-BC
Members	BT/QM	Sr. Hospital Supervisor	Hayate Ali, BSN, RN, CMSRN
		Clinical Resource Nurse II	Loretha Maxey Darden, BSN, RNC-MNN
		Nursing Clinical Manager	Monica Herrera, MSN, RN-BC
		Nurse Clinician II	Soudamini Nair, BSN, RN
		Director of Nursing	Manikandan Padmanabhan, MSN, RN, CNS, CCRN
		Administrative Director of Nursing	Elizabeth Pickney, DHA, MSN, RN, CMSN
		Clinical Resource Nurse II	Theresa Sampson, MSN, RN, NE-BC
		Nursing Program Manager	Margaret Williams, MSN, RN, CRRN
	LBJ	Nursing Clinical Manager	Rosario Vega, BSN, RN, PCCN
		Nursing Clinician II	Janet Aguila-Greenberg, RN, CNN
		Nursing Clinician II	Carlo Iglupas, BSN, RN
		Periop IS Coordinator	Enola Cushenberry, MBA, BS
		Nursing Clinician II	Tammy Simon, BSN, RN
		Nursing Clinical Manager	Tammy Straps, BSN, RN, CMSN
	ACS	Nurse Manager	LaToya Woods, BSN, RN
		Program Coordinator, Nursing Integration	Katie Kerbow, BSN, RN
		Nurse Manager	Scott Gambrell, MBA, BSN, RN
		Director of Nursing	Micheline Hamilton, MSN, RN
		Clinical Resource Nurse I	Cherise Ramirez, BSN, RN
	System	Program Manager, Performance Improvement (Physician Services)	Becky Zwahr, BSN, RN
		Program Manager, Performance Improvement (System Quality)	Donna Ikpeme, MSN, RN-BC
		Nurse Program Manager, Clinical Resources & Support	Tondra Robinson, MBA, BSN, RN
		Program Director, Nursing Strategic Operations	Fallon Wiley, MSN, RN, NE-BC
		Administrative Director, Nursing Standards & Practice	Anne Liong, PhD, MBA, RN
		Administrative Director, Nursing Knowledge Management	Lourie Moore, MSN, RN, NEA-BC
Resources	System	Administrative Support	Priti Patel, AS
Collaborators	IT	Director, Inpatient EMR	David Burnett, MSN, RN-BC
		Director, EMR Support	Justin Cox, MBA, BS, PMP
		Epic Clinical System Analyst III	Olivia Smith, BBA
		IT Education	JoBeth Rullman, BA

## patient empowerment “YES” Marks the Spot

The Interventional Radiology (IR) team at LBJ experienced an adverse event that inspired them to think differently--a wrong site procedure was performed. Led by nurses, the IR team brainstormed how to improve practice and avoid this “never event.”

The medical providers are asked to mark the patient procedure site prior to the procedure being performed; however, they were reluctant to do so because this was not typical practice. **Jennifer Gieudonne, RN** realized that nurses traditionally talk to the patients before the providers, but found that her patients didn’t ask questions and rarely commented. She thought about how she could empower patients to take personal charge of their care, as well as improve compliance for marking sites.



One day while she was performing her assessment, Jennifer gave the marker to her patient and told the patient to ask the doctor to write “YES” on the site where the procedure will be performed. Jennifer wanted to see if the providers would respond and further engage the patient. When the process appeared to be working, she approached her leadership and together, they engaged Dr. Anil Pillai, chief of interventional radiology, for additional support.

The entire IR team adopted this new practice with much success. Onsite markings went from zero to 100% compliance. Patients are more involved and taking the initiative to ask more questions regarding their care. More importantly, this process reduces the risk for another serious patient safety event.

The IR team submitted this initiative as an entry to the Harris Health Innovation Network, winning first place for LBJ Hospital. This innovation offers a more positive work and patient experience, as well as improved processes. The team involved all members of IR with support by nursing program manager, **LaToya Howell, MSN, RN**.

Informed and empowered patient asks physician to mark the spot



Onsite markings at 100% compliance



2017 Harris Health System Center for Innovation LBJ Innovation of the Year



# quality & outcomes

## Outstanding CoP

Each year, Harris Health Nursing administers the National Database for Nursing Quality Indicators (NDNQI) RN Satisfaction Survey to all eligible RNs. In Ben Taub Hospital, one nursing unit stands out in its phenomenal performance as a collective community of practice. The Coronary Care Unit (CCU) 6F in Cardiology Services scored in the 90th percentile for most Magnet indicators in 2016 and 2017 and was the only unit to score in the 90th percentile for communication between RNs in 2016. CCU stands as an exemplary role model from which other CoPs may learn. Below is a summary of unit actions and activities per RN survey indicator demonstrating how the team is able to sustain their stellar performance.

### AUTONOMY

RNs practice self-scheduling.

RNs work within the CoP to facilitate changing practices and using evidence-based information.

### PROFESSIONAL DEVELOPMENT RESOURCES

Nurses are encouraged to demonstrate clinical expertise and knowledge by pursuing specialty certifications and continuing education (38% of nurses possess a professional certification).

Unit offers preparatory book/material for staff studying to sit for the CCRN certification exam.

Leadership works well to develop staff through coaching/mentoring. (One third of their nurses have completed the Nursing Clinical Advancement Program and were promoted to NC III.)

### LEADERSHIP ACCESS/RESPONSIVENESS

Nursing leaders are always open and readily available to staff.

The NCM is available for consultation and assistance via cell phone after normal business hours and responds quickly when called.

Leaders are described as “great and supportive.”

### INTERPROFESSIONAL RELATIONSHIPS

RNs are courteous and maintain good working relationships with one another.

RNs work hand-over-fist with each other. For example, the unit follows team admissions/each shift wherein staff pick up where the previous left off without being disgruntled about the incomplete work.

The chief cardiologist is supportive of nursing and welcomes evidence-based suggestions regarding patient care and unit workflow.

### FUNDAMENTALS OF QUALITY

Nurse clinician IIIs take the lead and spearhead quality improvement projects whenever NDNQI quality indicators fall short of set goals.

The NCMs are transparent and involves the staff in QI processes to ensure team buy in.

### ADEQUACY OF RESOURCES

Every unit member works as a team in restocking cart supplies in patient rooms as needed.

There are good working relationships with registry and float staff assisting on the unit.

Nurse clinician IIIs function as clinical leaders by bringing great ideas to the CoP to assist in meeting staff’s developmental and patient care needs.

### RN-RN

Every RN assists in turning ventilator patients during shift change, which promotes easier transition into/out of each shift.

Teamwork is amazing!

The CCU team supports each other by celebrating personal and professional accomplishments (e.g., birthdays, baby showers, graduations, and getting together “just because”).

The CoP develops close relationships and friendships and has become a tightknit family.

# quality & outcomes

## ACS Quality Week

In celebration of National Healthcare Quality Week, Ambulatory Care Services (ACS) Quality Management Systems hosted its 2nd Annual Quality Week event from October 15 - 21, 2017. The primary aim of the event was to provide an avenue for ACS clinics to showcase healthcare quality in action.

Clinics were presented with an opportunity to highlight their specific performance improvement accomplishments with respect to known metrics by participating in a poster competition. Example metrics included HEDIS criteria, root cause analysis, and continuous process improvement initiatives.



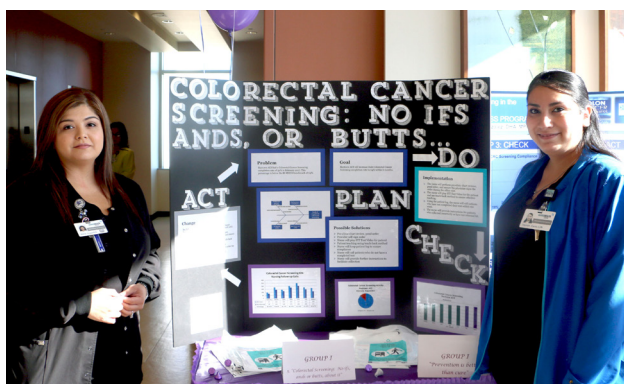
**First place:** What Can Brown Do for You? (Improving Colorectal Screening Compliance) – Casa De Amigos CHC



**Second place:** HOME – Medical Home CHC



**Third place:** Putting Your Best Foot Forward (Diabetic Foot Exams and Patient Education) – Northwest CHC



**Selected for AACN poster presentation:** Colorectal Cancer Screening: No Ifs, Ands, or Butts about It – Baytown CHC



### POSTER COMPETITION

ACS quality and clinical resource nurses partnered to host the competition, which was designed to encourage innovation and apply the Plan, Do, Check, Act (PDCA) quality methodology. Nine out of the twelve poster submissions competed in the three categories: (a) prevention is better than cure, (b) improving patient outcomes, and (c) achieving excellence in patient care.



### JUDGING

Nursing leaders served as judges, using an innovative electronic ballot system via tablets. One winning poster in each category was selected and awarded a trophy. The winning teams were invited to the monthly ACS Quality Review Council Meeting and formally recognized by leadership for their outstanding work.

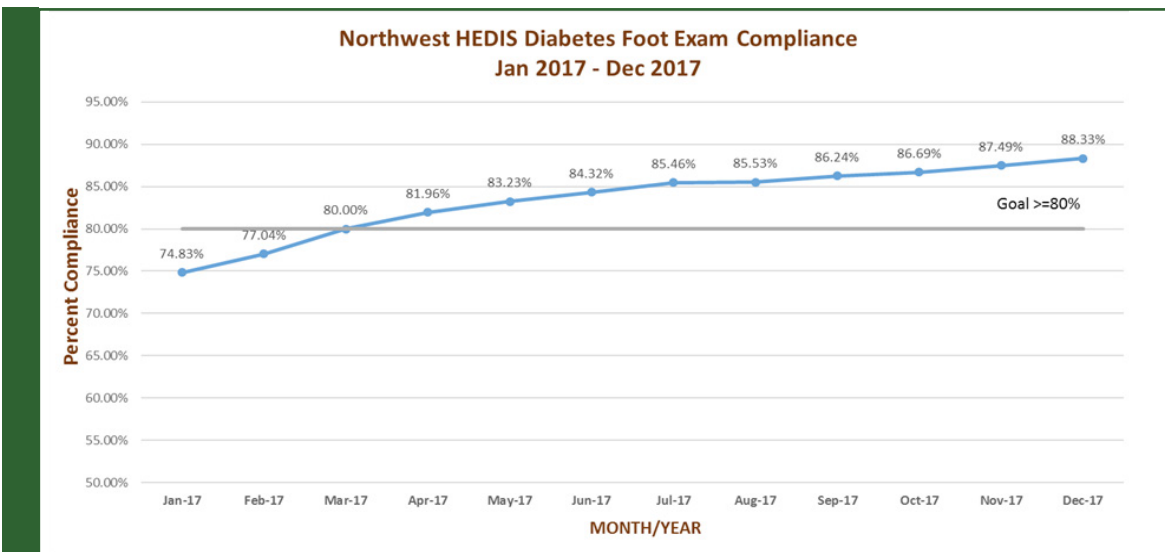
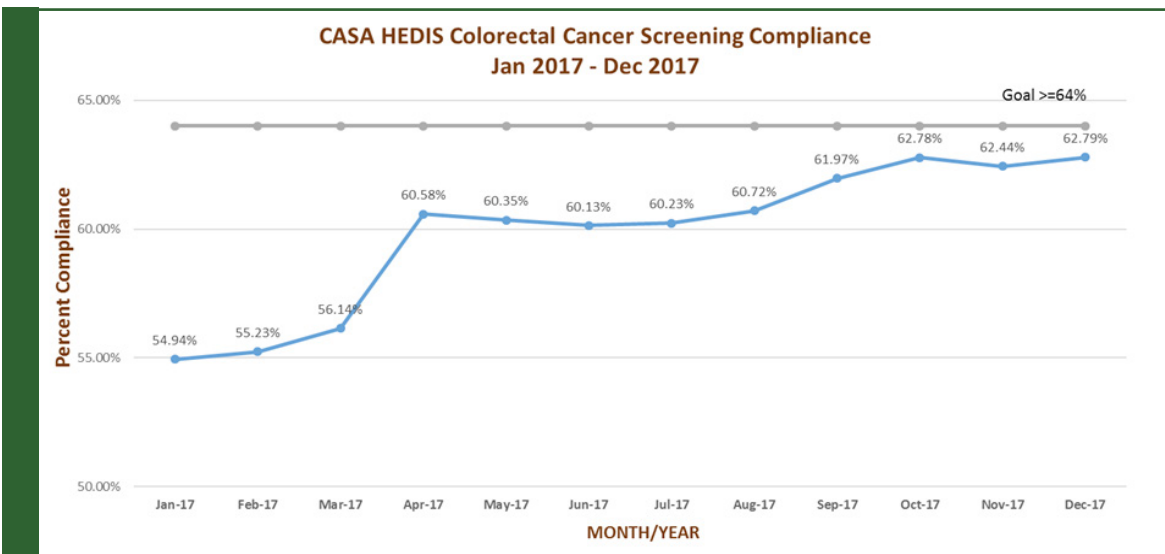
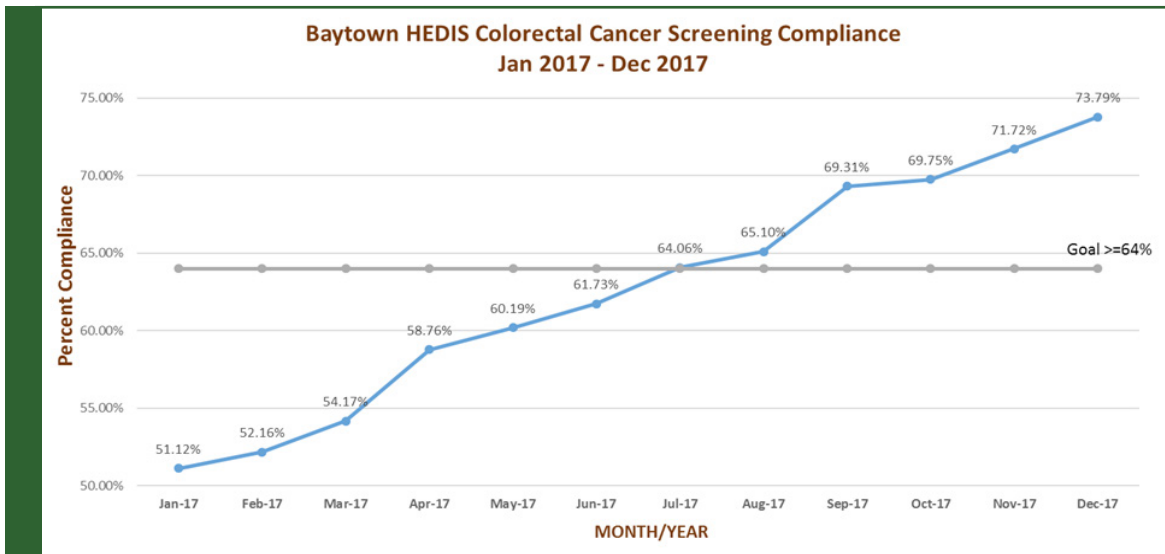


### POST QUALITY WEEK OUTCOMES

Based on feedback received from the judges, the three CHC nursing teams (picture above) submitted poster abstracts and were invited to present at the 2018 AACN National Conference in Buena Vista, Florida.



## PERFORMANCE IMPROVEMENT





## NDNQI Quality Benchmarking

Harris Health System along with 2,000+ other hospitals contributes to improving nursing quality by participating in the National Database for Nursing Quality Indicators (NDNQI) program. Program data, which focus on nurse-sensitive indicators, provide the opportunity to strengthen clinical quality and patient outcomes, but also the professional work environment and nurse satisfaction. Nurse-sensitive indicators are those metrics that nurses have direct influence on its outcomes based on the quality or quantity of nursing care. They are aspects of nursing care in terms of structure, process, and outcomes. Nurse-sensitive indicators include hospital-acquired pressure injuries, falls with injury, and central line blood infections.

Annually, Harris Health administers the NDNQI RN Satisfaction survey during the month of May, beginning during Nurses Week. The RN survey measures the nurse's satisfaction with his/her job and evaluates the environment in which nurses practice. Results of these Magnet-compliant RN surveys help hospitals identify nurses' needs to improve practice and the environment, which enhances recruitment and ultimately, retention.

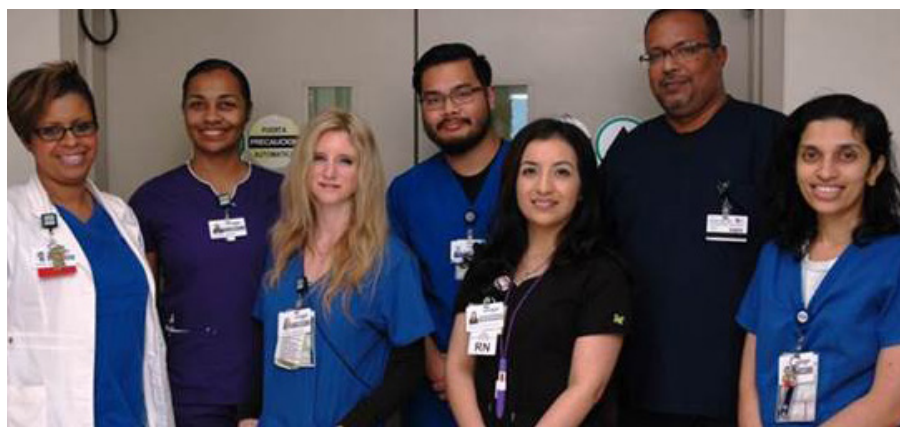
Reports are provided at the unit-level, allowing organizations to target action plans at the local level. Organizations who are Magnet recognized demonstrate high performance and nursing excellence through their NDNQI outcome indicators.





# “ NURSES: ONE OF THE FEW BLESSINGS OF BEING ILL

- Sara Moss-Wolfe





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