Nursing Annual Report
Nursing’s Mission
Torrance Memorial Nursing consistently provides compassionate care, through exemplary practice, in partnership with patients, families, physicians and the entire healthcare team; optimizing outcomes and providing each patient with a positive, dignified, and memorable experience while supporting our community across the continuum of care.

Nursing’s Vision
The Vision of the Nursing Team at Torrance Memorial Medical Center is to be a beacon in our Southern California Community. We will continue our journey of excellence by:

- Providing a safe environment
- Incorporating collaborative evidence based care
- Exceeding patients’ and families’ expectations
- Promoting professional growth

Torrance Memorial Medical Center’s Vision
To be first among Southern California hospitals in quality care, patient service, community support and employee pride.
It is my pleasure to welcome you to the first Annual Report on Nursing at Torrance Memorial Medical Center.

Although this report focuses on recent accomplishments, many of them are the culmination of years of planning and strategizing. Some can even be traced back to the vision of our early nursing leadership.

So this first report is dedicated to all Torrance Memorial nurses—past, present and future: to past CNO Carlene Reuscher RN, MSN who helped lay the foundation for nursing services at Torrance Memorial, and who was a personal mentor, encouraging me to step into the role of Chief Nursing Officer; and to past CNO Marge Byrnes RN, MSN who continued to support the advancement of the nursing profession; and to every nurse at Torrance Memorial today. Many of them can take special pride in the excellence they have fostered in Versant graduates, and many can look forward to the incalculable return on time and effort invested in students from local schools as they make clinical rounds.

Nursing at Torrance Memorial is well positioned to meet the needs of our community and the challenges of healthcare reform. We continue to attract and retain the best nurses to provide the highest quality of compassionate care and services to patients, their families and our community.

For the important role you have played in achieving these accomplishments, thank you.

Sincerely,

Peggy Berwald RN, MSN
Senior Vice President of Patient Care Services and Chief Nursing Officer
A Benchmark Year

A benchmark year for Torrance Memorial nursing, 2010 saw significant progress along the “journey to excellence.” Of course, our nurses were on that journey in 1925 when the hospital opened, and that journey never truly ends. Now, however, the path and destination are charted in terms of evidence-based practices, and progress is made through questions asked, answered and addressed by those at the bedside.

In 2006, our journey to excellence turned in the direction of empowerment of all nurses through formalization of the forces of Magnet-ism. Among those forces is autonomy—the freedom to identify practices which may need changing, and to be involved in investigating, planning and implementing those changes. To establish this autonomy, patient-care decision making needed to shift from the traditional top-down model to a model where decisions would be agreed upon collaboratively. The management perspective would still be included in decision making; however, instigation and implementation would come from bedside nurses, creating commitment, ownership, accountability and responsibility for processes and outcomes.

As Torrance Memorial’s nursing leadership prepared to implement a shared-decision-making structure, they realized that the impact would be greatest if decision making were shared with every discipline in the medical center. So nursing’s journey to excellence took a significant detour to implement shared-decision making organization wide—involving virtually every department and every staff member (see Figure 1).

The base of the organization-wide shared decision-making structure is made up of approximately 50 Department Operations Councils. Councils for virtually every clinical and support department are included here. Each of these councils sends representatives to the four councils toward the top of the figure.

Still looking at Figure 1, between the Department Operation Councils and the Interdisciplinary Patient Care Council oval, the rectangle represents the Clinical Discipline Practice Councils—including practice councils for pharmacy, social work, therapy... and nursing.
The nursing council structure was designed in the spirit of shared decision making. Under the leadership of Chief Nursing Officer Peggy Berwald, Clinical Directors and Nurse Managers identified staff nurses who were seen as nurse leaders by their peers. On behalf of all nursing staff, they created the Nursing Shared Decision Making Structure (see Figure 2).

At the center of the Nursing Shared Decision Making structure are four councils: The Nursing Practice Council, Nursing Leadership Council, Nursing Professional Development Council and Nursing Executive Council.

Beginning at the outside of the structure, each clinical unit nominates representatives bi-annually to serve on their respective Department Operations Council.

Each Department Operations Council sends one member to the house-wide Nursing Practice Council and one to the house-wide Nursing Professional Development Council. Staff chairs of each of these house-wide councils also serve as members of the Executive Council, chaired by CNO Peggy Berwald, where they report on projects. In turn, the CNO takes proposed changes to the Operations Committee, chaired by CEO Craig Leach, for consideration and approval.

Figure 2: Nursing shared decision making structure.

Nursing Executive Council

Chair: Peggy Berwald RN, MSN
Carol Ecklund RN, MSN, OCN
Elizabeth Osborne RN, BSN, CEN
Barbara LeQuire RN, MSN, PNP,CNS
Edward Nazareth RN, BSN, PCCN
Theresa Ferry RN, BS, MBA,CCM
Robert Vos RN, BSN, MS, NEA-BC
Maricarmen Luhrsen RN, BSN
Gale Gould RN, BSN

CNO
Practice Council Management Sponsor
Practice Council Staff Chair
Professional Development Council Management Sponsor
Professional Development Council Staff Chair
Leadership Council Management Sponsor
Leadership Council Manager Chair
Magnet Recognition Program/Shared Decision Making Manager
Director Clinical Informatics
How it Works

Communications up and down the shared decision making structure are ongoing, empowering staff nurses to be transformational leaders and providing them with greater pride in accomplishment.

The Sincerest Praise

The shared decision making structure you helped to create has been recognized as a Best Practice by the American Nurses Credentialing Center (ANCC)—the organization that developed and oversees the Magnet Journey. In fact, ANCC has included some of Torrance Memorial's templates in their Guide for Establishing Shared Governance: A Starter's Toolkit.
OUTCOMES OF SHARED DECISION MAKING

Nursing’s Department Operations Councils have created a number of rapid action teams—work groups and committees to concentrate on specific projects to meet priority goals.

Central Line Associated Bloodstream Infections

An Infection Prevention Workgroup was formed to decrease nosocomial infections. Their Central Line Infection (CLI) Prevention Team focused on decreasing and eventually eliminating related bloodstream infections. After researching best practices and developing procedures for Torrance Memorial, they increased awareness with poster presentations. They also developed an online video demonstrating sterile/aseptic dressing and cap changes to eliminate shortcuts and emphasize standardized best practice. The video and a PowerPoint introduction were placed on the intranet for easy access by all staff.

Figures 3 and 4 show the empirical outcomes. As of October 2010, ICU had been 848 days free of central line infections.

This workgroup continues to meet with Unit Champions bi-monthly to review collected data, identify any problem areas and devise solutions. Their outstanding work has been recognized with a VHA Patient Safety Excellence Award.

Exclusive Breast Feeding

The Breastfeeding Task Force is dedicated to increasing the percentage of mothers who plan to nourish their newborns exclusively with breast feeding. The task force researched evidence-based practices endorsed by the Birth and Beyond California (BBC) Project to support and promote breastfeeding. They also found that The American Academy of Pediatrics recommends that all procedures for the newborn should either be performed while the baby is skin-to-skin with its mother or held until after the first breastfeeding is complete.

When a mother gives birth at Torrance Memorial, in compliance with State requirements, she is asked a series of questions regarding her feeding plans for her newborn. The data from those interviews, shown in Figure 5, demonstrates the success of this task force’s efforts. Torrance Memorial has consistently outperformed the California average for 2008 (2008 is the only California benchmark available at the time of this writing).

To practice in a model of shared decision-making, one must believe in the expertise and brilliance that are innate in the staff.

Tim Porter O’Grady
One of the first tasks of the Nurse Practice Council (NPC) was to research different models of care and to identify one that was not limited to nursing. They determined that the model had to be applicable for all Torrance Memorial employees because it takes the entire team to deliver excellent care and outcomes for patients and families.

After much comparison and discussion of several models, the NPC chose the Quality Caring Model. It encompasses Torrance Memorial’s values and approach to patient care, including shared decision making among colleagues, patients and families. It focuses on the underlying processes of caring relationships, with the ultimate goal of achieving quality outcomes, and the ultimate outcome of the patient feeling cared for.

The Quality Caring Model, illustrated below, breaks out the “hidden” work of caring—allows consideration and enhancement of each component that contributes to the power of caring relationships.

Each side of the Quality Caring Model (Figure 6) represents facets of successful caring relationships which enhance the lives of those represented in its center: nurses, the healthcare team, the patients and their families. Each of the outer facets—Mutual Problem Solving, Attentive Reassurance, Human Respect, etc.—was featured in an issue of Clinically Speaking during 2010.

**Figure 6**

**Nursing Practice Council**

- **Chair**: Betsy Osborne RN, BSN CEN
- **Co-Chair**: Jason Frank RN, PCCN
- **Grace Lines RN, BSN, MSNc**: Lisa Palm RN, BSN
- **Patricia Hughes RN, BSN**: Valorie Hart RN
- **Kristine Portugal RN, BSN**: Marissa Rama-Farol RN, BSN, CCRN
- **Peter Laudenslager RN**: Lianna Anstyan RN, MSN, CNS
- **Eliza Oliveros RN**: Judy Lebrillo RN, BC
- **Quyen To, RN**: Yvette Ben-Amor RN
- **Candace Millek RN, MSN, GNP, CWOCN**: Carol Ecklund RN, MSN, ONS
- **Management Sponsor**: Carol Ecklund RN, MSN, ONS

**Outcomes:**
- Patient Satisfaction
- Quality Indicators
- LOS, Costs

**Structure:**
- Providers
- Patient/Family Systems

**Process:**
- Mutual Problem Solving
- Attentive Reassurance
- Human Respect
- etc.

**Immediate Outcome:**
- Patient feels “cared for”
Shared Decision Making Meets the Quality Caring Model

The Service Excellence Council has been working on Answering Basic Human Needs and providing a Healing Environment by working to reduce the noise on inpatient units, making them more conducive to rest and sleep. In mid-November 2010, they launched the “Shhh Campaign.” The campaign had two components: to increase awareness and to develop behavioral strategies for each unit. “Shhhhh” signs were posted at the entry of every inpatient unit and in the elevator corridors. Screensavers on medical center computers advertised the benefits of a quiet environment, and every member of staff was given a “Shhhh” button to wear.

The council also developed behavioral strategies for inpatient units: keeping patient-room and nurse-lounge doors closed, implementing change-of-shift reporting at the bedside to avoid congregating at the nurses’ station, and use of the nurse-call-light system to reduce the use of “all pages.” Ear plugs and magnetic “Please Do Not Disturb” signs are offered to patients as needed.

In the spirit of the Quality Caring Model, nurses assess the patient’s environment each shift for possible barriers to rest and sleep. In line with the precision of evidence-based practice, the Service Excellence Council is monitoring their effectiveness by tracking HCAHPS scores. The goal is to raise them to greater than the California 90th percentile benchmark.

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Service Excellence Council

Chair
Marcella Boyd
Staff RN, Pediatrics

Co-Chair
Mary Matson
Director, Volunteer Services

Facilitator
Nancy Hottenroth
House Supervisor

Exec. Sponsor
Peggy Berwald
CNO/Senior VP Patient Services

Exec. Sponsor
Mike Thomas
Vice President, Ancillary Services

Exec. Sponsor
Linda Dobie
Administrator, Risk Management

Lianna Ansryan
CNS, PCU

Katie Bannerman, MD
Family Practice

Lance Bommelje
Staff, Nuclear Medicine

Mary Espinoza
Social Worker, Case Management

Gail Ferguson
Patient Advocate, Risk Management

Roy Fu, MD
Medicine

Veronica Gobrick
Coordinator, Clinical Quality

Araceli Gomez
Secretary, Engineering

Julee Justice
Staff, Business Office

Irma Lopez
Clinical Dietitian, Nutrition Services

Maria Ulloa
Manager, Environmental Services

Karen William
Unit Secretary, Medical Surgical

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Behavioral strategies include:
- Keep patient doors closed when possible
- Bedside shift report
- Avoid using “all pages”
- Offer ear plugs
- Unit Champions
- “Do Not Disturb” signs on doors

Shhh... Quiet Zone
For Our Patients’ Rest and Comfort

Noise Reduction Awareness Campaign
Service Excellence Council
Nursing Research Evidence Based Practice Program

Torrance Memorial’s Nursing Research Evidence-Based Practice Fellowship program was launched in May 2010. The program was designed to support nurses in developing nursing research and evidence-based practice projects focused on a topic identified within their work environment.

The first group of nursing research fellows (see page 8) began the program in June 2010. A celebration was held to honor their completion of Phase I (the first six months) of the fellowship program which culminated in completion of all classroom instruction, development of a written nursing research proposal or evidence-based practice guideline, and creation of a slide presentation describing their project plan.

The Iowa Model of EBP

Torrance Memorial has chosen the Iowa Model of Evidence Based Practice (EBP) to guide assessment, implementation and evaluation. The Iowa Model was developed by Marita G. Titler, PhD, RN, FAAN, Director Nursing Research, Quality and Outcomes Management, Department of Nursing Services and Patient Care, University of Iowa Hospitals and Clinics, and her colleagues. It provides a standardized, step-assessment process for evaluation of current practices compared to best-practice evidence, resulting in identification of any gaps that need to be addressed to improve outcomes.

At Torrance Memorial, the Iowa Model is being used in the Nursing Research Fellowship Program where a direct care nurse works with a CNS mentor and a nurse researcher to evaluate a current practice and identify any gaps to be addressed based on evidence.

Fellowship

For information regarding the next fellowship cycle and for other fellowship matters, please contact Linda Lillington at extension 5728 or by email at llillington@tmmc.com. The application process requires a letter of support from an APN Mentor and copies of two published articles related to the topic of interest. Letters of support from nursing peers are optional. Interviews may be scheduled as part of the application process. All applications will undergo a competitive review process.

Fellows are asked to identify a clinical practice issue requiring a nursing-research or evidence-based-practice solution and to obtain support/approval from an APN Mentor and Unit Manager/Director. Fellows must attend all classroom sessions and regular meetings and will be asked to disseminate project results/progress to colleagues at Torrance Memorial. At the close of the project, Fellows are encouraged to submit an abstract for presentation at a local and/or national professional nursing conference or develop a manuscript for publication.
Our First Cohort of Nursing Research Evidence-Based Practice Fellows

Kathleen King, RN (Mother/Baby)
Exploring ways to improve “Late Preterm Infant Care and Outcomes”
Mentors: Mary Hersh, RN, PhD(c), CHPN, FPCN and Jennifer Stewart, RNC, MSN, CNS

Grace Lines, RN (Mother/Baby)
Examining “Implications for Nursing Care Related to Maternal Obesity and Gestational Diabetes”
Mentor: Donna Yukihiro, RNC, MSN, CNS

Edward Nazareth, RN (6 PCU)
Improving “Vascular Access in Patients in the PCU”
Mentor: Lianna Ansryan, RN, MSN, CNS

Rianna Ramos, RN (NICU)
Exploring ways to “Decrease Neonatal Nosocomial Sepsis in the NICU”
Mentor: Jennifer Stewart, RNC, MSN, CNS

Sheryl Seki, RN (Imaging)
“Applying AORN Standards in the Interventional Radiology Suite”
Mentor: Lisa Refuerzo, RN, MSN, CNS

Maki Jerden, RN, MSN, NP, CWOCN (Wound Care)
“Identifying the Role of Nurse Practitioner in Wound, Ostomy, Continence Care in Acute Care Settings”
Mentors: Alfie Ignacio, RN, MSN, FNP, CEN, CNS and Linda Lillington, RN, DNSc
More Nursing Research Opportunities

Many Torrance Memorial nurses have accepted invitations to contribute to nursing research from another angle: by answering surveys and/or participating in health studies. In 2010, 66 nurses participated in the anonymous survey to determine awareness of hospital acquired pressure ulcers and to evaluate an online educational segment. Their input contributed to development of Torrance Memorial’s comprehensive HAPU Prevention training program.

In August 2010, selected RNs and LVNs were invited to be part of a new cohort for a national Nurses’ Health Studies (NHS) study of nurses’ health. This study will follow over 100,000 women nurses in their 20s, 30s and 40s over many years to learn how their lifestyles influence their health later in life. Funded by the National Institutes of Health and conducted by researchers at Harvard University, this study will be conducted entirely over the internet, via online questionnaires.
Using Research Results

The impact of nursing research can be staggering. For example, a high priority of Torrance Memorial’s Neonatal Intensive Care Unit (NICU) was to reduce the number of hypothermic newborns on admission to the NICU.

Newborns lose heat by evaporation of amniotic fluid, contact with cold cloths and objects, and exposure to cool air. Smaller, pre-term infants are more susceptible to heat loss; however, uncontrolled heat loss is dangerous for any newborn. The California Perinatal Quality Care Collaborative (CPQCC)—formed to document perinatal and neonatal outcomes and information, leading to data-driven performance improvement and benchmarking throughout the state—has established a 10-percent benchmark for the incidence of hypothermia in newborns.

With the goal of meeting that benchmark, Torrance Memorial’s NICU team searched and critiques literature documenting evidence-based practices to minimize heat loss in newborns. The results were reviewed with NICU staff, and compared to current practices to identify appropriate changes. A new policy and procedure was developed, revised to reflect feedback from NICU staff, and reviewed and approved by the Policy and Procedure Committee.

Practice changes were explained in a NICU nursing educational program, either at a staff meeting or one-on-one with a project team member. Each nurse received the CPQCC hypothermic newborn statistics, the rationale for the practice change, and a copy of the policy and procedure.

Monitoring of the impact of the new procedures began in March 2010, using data collected monthly by Torrance Memorial’s Clinical Quality Department for reporting to CPQCC, and for comparison to their benchmark. Further, if a newborn was admitted with a temperature below target, the admitting NICU staff members were asked for feedback regarding the practice changes and any suggestions for improvement.

The resulting decrease in the incidence of hypothermic newborns is evident in Figure 7.

All nursing staff in the NICU participated in this practice change project; the project team staff identified below were instrumental in developing and moving the project forward.

**Olivia Arcala RN**  
**Facilitator**  
**Agnes Lech**  
Staff RN, NICU

**Michelle Golden RN**  
**Recorder**  
**Olivia Arcala**  
Staff RN, NICU

**Stacey Kimura RN-NIC, BSN**  
**Executive Sponsor**  
**Elizabeth Lowerison**  
Manager, NICU

**Jennifer Stewart RNC-NIC, MSN, CNS**  
**Co Chair**  
**Elizabeth Ferris**  
Staff RN, NICU

**NICU Operations Council:**

- **Co Chair**: **Michelle Golden**  
  Staff RN, NICU

- **Co Chair**: **Julie Snakenborg**  
  Staff RN, NCU

**Lanise McCracken**  
Unit Secretary, NICU

**Riashiella Simon**  
Staff RN, NICU

**Glenda Moore**  
Staff RN, NICU
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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Lianna Ansryan, RN, MSN, CNS</td>
<td>The Jewels of Precepting: Pearls of a Successful Preceptorship Program</td>
<td>Organization of Healthcare Educators “Successful Preceptor Programs” Poster - Evidence Based Practice</td>
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<td>Naiwei Chang, RN</td>
<td>Control of Methicillin-Resistant Staphylococcus Aureus in a Burn Center</td>
<td>Western Regional Burn Conference Oral Presentation - Evidence Based Practice</td>
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<td>Cynthia Edgelow, MSN, RN, CGRN</td>
<td>The Role of the Registered Nurse in Relation to Future Advancements in Endoscopy: What’s New?</td>
<td>Symposium on Interventional Endoscopy Oral Presentation Harbor-UCLA Medical Course</td>
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<td>Cynthia Edgelow, MSN, RN, CGRN</td>
<td>A Retrospective Chart Review Investigating the Potential Relationship Between Moderate Sedation Required During Endoscopic Procedures and Patient’s Reported Current Use of Prescribed Narcotics</td>
<td>Manuscript Submitted for publication Research</td>
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<td>Mary Hersh, RN, PhD(c), FPCN, CHPN</td>
<td>Pain Management in Advancing Illness</td>
<td>UCLA School of Nursing Oral Presentation - Evidence Based Practice</td>
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<td>Mary Hersh, RN, PhD(c), FPCN, CHPN</td>
<td>The Nurse’s Role in POLST</td>
<td>UCLA Medical Center (Sponsored by Coalition for Compassionate Care California) Oral Presentation - Evidence Based Practice</td>
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<td>Mary Hersh, RN, PhD(c), MSN, CHPN, and Meital Amir Nazarian, RN, CNS</td>
<td>Palliative Care Can Help Reduce the Incidence of Never Events for Dementia Patients</td>
<td>Journal of Hospice and Palliative Nursing Publication - Evidence Based Practice</td>
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<td>Mary Hersh, RN, PhD(c), FPCN, CHPN</td>
<td>Health Care Reform: Impact on Palliative Care and Hospice</td>
<td>Meeting of local chapter of Los Angeles Hospice and Palliative Care Nurses Association Invited Speaker Professional Practice Update</td>
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<tr>
<td>Mary Hersh, RN, PhD(c), FPCN, CHPN</td>
<td>Existential Advocacy at End of Life: The Nurse’s Role</td>
<td>UCLA School of Nursing Oral Presentation - Evidence Based Practice</td>
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<td>Coalition for Compassionate Care California Oral Presentation - Evidence Based Practice</td>
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Nursing Recruitment and Retention

Torrance Memorial’s Nursing Recruitment and Retention Committee meets monthly to stay ahead of the staffing curve. They consider staffing needs for new programs, projects and initiatives; reach decisions; and approve recruitment and retention projects and programs.

Recruitment

Nurse recruiter Virginia Mulligan RN leads Torrance Memorial’s external recruitment efforts, attending national conferences and exhibits and local career fairs for community Nursing Programs including Mount Saint Mary’s College, El Camino Community College, and Los Angeles Harbor College. She also meets with the nursing students who do their clinical rotations at Torrance Memorial Medical Center from UCLA, CSULB, and others, giving them information about our student nurse worker positions and our Versant Residency program. “We have a very positive image in our local community and the nursing community, which attracts applicants to our organization without the need to do mass advertising,” says Mulligan.

In July 2010—without mass advertising—Torrance Memorial received more than 830 applications for 40 openings for the Versant RN Resident Program. This large response demonstrates the medical center's reputation in the community and with local schools. That standing is enhanced by the responsiveness of Torrance Memorial Nurse Managers, who make themselves readily available to interview candidates and to take them on unit tours. These managers share their pride in the medical center, and applicants experience the welcoming environment.

It is this combination of excellence and openness that attracts the best and brightest nurses to Torrance Memorial. So, despite the fact that the medical center added 58.6 FTEs between August and October 2010, the RN vacancy rate in early 2011 was only 7.76 percent.

Retention

Overall, Torrance Memorial’s RN retention rates are extraordinary, as illustrated in Figure 8.

However, only a few years ago, national statistics showed a staggering, costly turnover rate for new-hire nurses—up to 60 percent within the first 12 months of employment. Torrance Memorial was not immune to this trend. In 2000, the medical center’s one-year retention rate for new-grad nurses was 51-percent.

Fortunately, studies prove that turnover during the first two years of nursing practice is strongly associated with the length and quality of orientation. So the Recruitment and Retention Committee encouraged development of strategies to retain nurses. Among those is Torrance Memorial’s Versant RN Residency Program.
Versant: In a Nutshell

Versant is a comprehensive RN residency program of intensive on-the-job precepted experience that transitions newly graduated registered nurses to competent professional clinicians. This evidence-based and outcomes-driven program was developed by Children’s Hospital Los Angeles (CHLA) in 1998 in response to the shortage of experienced nurses. In 2004, CHLA formed a nonprofit public benefit corporation, Versant, to share their RN residency program with other hospitals. In 2006, Torrance Memorial integrated the Versant program into its existing RN graduate training program, adding important clinical modules and employee-information segments.

Licensed new graduates apply for the Versant program at Torrance Memorial, competing for the limited number of open spaces in the upcoming cohort. Those who make the cut are hired to work on a specific unit; they become Torrance Memorial employees and RN residents. Their badges have an unofficial green stripe on one edge.

During the 18-week Versant program, established medical center nurses serve as classroom instructors, mentors, debriefers, and one-on-one preceptors. As preceptors, they provide residents with one-on-one instruction, sharing clinical knowledge and helping with development of clinical decision making skills.

Each Versant resident also “loops” to and becomes familiar with other units and areas related to the “home” unit for which s/he was hired. During looping, each resident has an assigned preceptor who covers specific learning objectives relevant to that specific area.

Each cohort participates in a festive graduation luncheon, ending with the ceremonial removal of the green stripe. This year, Cohort 9’s ceremony marked the 268th nurse to complete the Versant program at Torrance Memorial.
Versant Cohorts 9 and 10

Torrance Memorial has welcomed two more Versant Cohorts—39 newly-graduated RNs in July 2010 and another 23 in March 2011—to 2 North, 3 Tower, 4 North, 5 North, 5 Tower, the Emergency Department and the Intensive, Progressive and Transitional Care Units.

Each of these cohorts received eighteen weeks of intensive on-the-job precepted experience, debriefing/mentoring sessions, and classes—all designed to safely transition them from new grad nurses to professional working RNs.

Cohort members often develop strong friendships. Cohort 9 had an especially strong sense of community, banding together shortly after starting their residency to donate approximately 20 units of blood. Three months later, they joined forces again to raise $400 for the American Heart Association’s annual heart walk. At this point, they became known as CoHEART 9! Their energy and sense of fun and camaraderie also led to several delicious and huge potlucks on Versant core-class days.

Completion of each of these residencies was marked with a celebration luncheon to thank everyone connected with the program. One highlight of Cohort Nine’s luncheon was a vocal performance by talented 4 North resident Alfred Perdito, and nurse manager Bob Vos sang two songs at the luncheon for Cohort Ten.

All of Torrance Memorial’s newest nurses have confidently stepped into challenging patient situations and are providing compassionate and competent care. Their talents will positively influence Torrance Memorial Medical Center’s practice of nursing in the years ahead.

Left to right/Bottom to Top
Row 1: Didi Kabuya; Brian Belen; Mark Mendoza
Row 2: Alfred Perdito; Christina Treller; Shanna Darling; Carole Pollard
Row 3: Michelle Lequire; Katrina DeSocio; Amanda Prateepsin
Row 4: Sayuri Ohara; Kristen Kray; Joanna Millian; Tricia Medina
Row 5: Grace Tiongson; Briana Kavanaugh; Sarah Scoins; Claire Brisbin
Row 6: Ghazal Noory; Claire Shanahan; Jessica Rodriguez; Suzanne Tatkian
Row 7: Margarita Blanco; Eileen Walsh-Peterson; Marianne Mijares; Breanna Ramos
Row 8: Maryrose Barlin; Dominique DelVecchio; Sarah Tahajian-Graver
Row 9: Michelle Anasco; Kathleen Tabalon; Patty Ma; Esther Ushijima; Christina Ram
Row 10: Jessica Cantu; Nicole Darbin; Anne Andal
Row 11: Christina Beck; Tia Smith

Reflections

In September 2010, Cohort 9’s PCU-6 RN Christina Treller won Versant’s national essay competition in the category of Professional Development. In her essay she speaks glowingly of her RN residency at Torrance Memorial—of expectations fulfilled, of “professionalism” taught and exhibited by mentors,” of lessons of “practicality” and “morality which cannot be addressed adequately in nursing school”, and of a sense of inclusion—of “being part of an important whole and an active member in the timeless continuity that claims its very provenance from the spirit of Florence Nightingale.” In closing, Treller expresses her gratitude for every aspect of her residency, “From classes that sharpen our minds, mentor groups that provide guidance, looping that allows us to learn the necessity of multidisciplinary collaboration, to debriefing that allows us to feel validated... As we tend to our patients holistically, Versant in turn tends to the new graduate RN holistically. Nothing is left out.”
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<th>Row 1</th>
<th>Jerrod Carter; Cameron Wild; Stacey Tomkiewicz</th>
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<td>Melanie Schmitz; Marina Coelho; Bianca Soriano; Jasmine Bean</td>
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<td>Lea Flowers; Ony Nnadi; Paul Weeks; Daniel Kawayoshi</td>
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<td>Row 6</td>
<td>Patty Wangsuwana; Jessica Kapetanic; Belle Cajulis; Kera Nakasone</td>
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**MVPs**

Preceptors are the heart, soul and strength of Torrance Memorial’s RN residency program. To recognize their key role, a “Most Valuable Preceptor” (MVP) award was added in 2010. Because so many deserving nominations were received from the residents of Cohorts 9 and 10, not one but four preceptor awards were given. Cohort 9 MVPs—Sahlee Balajadia RN, 5 Tower; Nina Pham RN, PCU-6; Reiko Ota RN, PCU-7; and Maria Cisneros RN, 5 North—plus Cohort 10 MVPs—Ed Nazareth RN, PCU-6; Josh Daniels RN, ICU-2; Richard Tejada RN, 4 North; and Diane Sutton RN, PCU-7—were acknowledged with praise and gift baskets.
Retention and Nurse Satisfaction

In the following graph you can see that Torrance Memorial has outperformed the NDNQI National Database Non-Magnet Facilities Mean in three of five dimensions in both 2010 and 2011 surveys. These scores are a result of combined efforts: the advocacy of our nursing leadership team for additional resources and the action plans created and implemented by unit-based councils to address areas of primary concern.

### Nursing Leadership Council

**Chair:**
- Robert Vos RN, BSN, MS, NEA-BC
- Ronald Carpio RN, MSN, MHA
- Elizabeth Lowerison RN
- Sean Yokoe RN, MA
- Makesha Lofton RN, BSN
- Lolita De La Merced RN, BSN
- Gale Gauld RN, BSN
- Diane Cota RN
- Diane Galati RN, BSN, MBA
- Berwald RN, MSN

**Manager – 2 North Sponsor:**
- Manager – 5 Tower
- Manager – Pediatrics and NICU
- Manager – PCU 6
- House Supervisor
- House Supervisor
- Director Clinical Informatics
- Director – Employee Support
- Director – Maternal/Child Services
- CNO, Senior Vice President of Patient Services
Advancement
Torrance Memorial has long supported personal and professional growth and development of staff. The Medical Center’s goals reflect knowledge and excellence as focuses and provide many opportunities for staff to enhance their formal education and take advantage of degree granting opportunities. All mandatory education, including annual Skills Fair attendance, in-services, staff meetings, CALS, BLS, PALS and NRP classes are supported and paid for by the hospital. Elective education is encouraged through a range of financial assistance programs.

National Certification
The Nursing Professional Development Council (NPDC) has given high priority to increasing the number of nurses with national certification within their specialties. Each of them polled their peers on their respective units, and identified the two biggest obstacles to pursuit of national certification: finding available time for review classes and paying for classes and exams.

The NPDC responded by facilitating the addition of on-site and on-line specialty review classes and a new financial option for the Medical Staff Grant program. Their 2010 goal was 21 percent. With the Medical Staff’s Pay-It-Forward Initiative, and encouragement from the Clinical Education Council, 23.49 percent of Torrance Memorial RNs achieved national certification in 2010. The goal for 2011 is 25 percent.

On-Site and On-Line Classes
Torrance Memorial has provided on-campus classes for M/S, CNOR, perioperative services, NICU, multiple CNA options, critical care and PPCN nurses. The medical center has also expanded the CE Direct program to include the Pearls Review module. Through CE Direct Pearls Review, Torrance Memorial nurses can access on-line review classes for 53 different certifications, a total of 76 review courses emphasizing critical information needed to pass certification exams. And all of these classes are completely free to Torrance Memorial staff.

Pay it Forward
Because upfront payment for conferences or national certification exams is sometimes too much of a strain on personal pocketbooks, the Pay-It-Forward Initiative was launched in 2010. Now, thanks to the Medical Staff who provide these grants, funds may be requested prior to the conference or national exam by submitting an application and conference or testing brochure, with manager approval, to the Clinical Education Department. (See Policy 628.1 and Procedure 628.4)
### Torrance Memorial RNs Achieving National Certification in 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification</th>
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<tbody>
<tr>
<td>Susan Abelson, C-ANP</td>
<td>Adult Nurse Practitioner</td>
</tr>
<tr>
<td>Gita Ahadi, RN-BC</td>
<td>Certified Medical Surgical Nurse</td>
</tr>
<tr>
<td>Ann Aikens, C-CCM</td>
<td>Certified Case Manager</td>
</tr>
<tr>
<td>Sahlee Balajadia</td>
<td>Certified Medical Surgical Nurse</td>
</tr>
<tr>
<td>Kelly Belshe, CEN</td>
<td>Certified Emergency Nurse</td>
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<tr>
<td>Princemol Biju, RNC-NIC</td>
<td>Certified Neonatal Intensive Care Nurse</td>
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<tr>
<td>Ronald Carpio, RN-BC</td>
<td>Certified Medical Surgical Nurse</td>
</tr>
<tr>
<td>Isidro Casas, CEN</td>
<td>Certified Emergency Nurse</td>
</tr>
<tr>
<td>Sarah Ceja, RNC-OB</td>
<td>Certified Inpatient Obstetric Nursing</td>
</tr>
<tr>
<td>Changron Cheng, CCRN</td>
<td>Certified Adult Critical Care Nursing</td>
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<tr>
<td>Nina Clapp, CBCN</td>
<td>Certified Breast Care Nurse</td>
</tr>
<tr>
<td>Clare Crump, RN-BC</td>
<td>Certified Medical Surgical Nurse</td>
</tr>
<tr>
<td>Mina Dastghib, RNC-MNN</td>
<td>Certified Maternal Newborn Nursing</td>
</tr>
<tr>
<td>Maggy De Guia, COS-C</td>
<td>Certified OASIS Specialist</td>
</tr>
<tr>
<td>Mary Ann Denni, C-CAPA</td>
<td>Certified Neonatal Intensive Care Nurse</td>
</tr>
<tr>
<td>Joyce Ann Elizes, RN-BC</td>
<td>Certified Neonatal Intensive Care Nurse</td>
</tr>
<tr>
<td>Melissa Everett, COS-C</td>
<td>Certified in Gerontological Nursing</td>
</tr>
<tr>
<td>Elizabeth Ferris, RNC-NIC</td>
<td>Certified Inpatient Obstetric Nursing</td>
</tr>
<tr>
<td>Nancy Garcia, RNC-NIC</td>
<td>Certified Adult Critical Care Nursing</td>
</tr>
<tr>
<td>Sheeba George, RN-BCG</td>
<td>Certified Pediatric Nurse</td>
</tr>
<tr>
<td>Diane Haenny, RNC-OB</td>
<td>Progressive Care Certified Nurse</td>
</tr>
<tr>
<td>Gehan Henien, CCRN</td>
<td>Wound Care Certified</td>
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<tr>
<td>Helsa Heramia, CPN</td>
<td>Certified Clinical Research Professional</td>
</tr>
<tr>
<td>Corrine Hidalgo, PCCN</td>
<td>Certified Medical Surgical Nurse</td>
</tr>
<tr>
<td>Arjuna Hillman, WCC</td>
<td>Certified Post Anesthesia Nurse</td>
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<tr>
<td>Suellen Hosino, CCRP</td>
<td>Certified Emergency Nurse</td>
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<tr>
<td>Darinette Hul, RN-BC</td>
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<tr>
<td>Onnig Karkouzian, CPAN</td>
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<tr>
<td>Alicia Kikkert, CEN</td>
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### Nursing Professional Development Council

**Chair:** Edward Nazareth RN, BSN, PCCN  
**Co-Chair:** Mary Espinoza RN, BSN, CCM  
**Manager Sponsor:** Barbara LeQuire RN-BC, MSN, PNP, CNS

<table>
<thead>
<tr>
<th>Staff Nurse – Progressive Care Unit</th>
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<tbody>
<tr>
<td>Clinical Education – Professional Development Coordinator</td>
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<tr>
<td>Staff Nurse – Case Management</td>
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<tr>
<td>Clinical Education – Neonatal ICU</td>
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<td>Staff Nurse – Burn Center</td>
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<td>Staff Nurse – Endoscopy Center</td>
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<tr>
<td>Staff Nurse – Medical Surgical</td>
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<td>Staff Nurse – Operating Room</td>
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<td>Staff Nurse – Transitional Care Unit</td>
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<td>Staff Nurse – Labor and Delivery</td>
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<tr>
<td>APN – Clinical Education</td>
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<tr>
<td>Director Clinical Education</td>
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### Clinical Education Council

**Chair:** Pat Brienzo RN-BC, BSN, MS  
**Manager Sponsor:** Barbara LeQuire RN-BC, MSN, PNP, CNS

<table>
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<tr>
<th>Clinical Education</th>
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<tr>
<td>Clinical Education</td>
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<tr>
<td>Clinical Education/PCU</td>
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<tr>
<td>Clinical Education/NICU-PEDS</td>
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<tr>
<td>Clinical Education/ED</td>
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<tr>
<td>Clinical Education/Wound Care</td>
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</tbody>
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**Manager Sponsor:** Barbara LeQuire RN-BC, MSN, PNP, CNS
Torrance Memorial Nurses with Degrees Received in 2010

It’s worth noting that although all APNs have an MSN, not all MSNs are NPs or CNS. Further, some nurses are NPs or CNSs and do not work in those fields. Nonetheless, their degrees represent a passion for advancing nursing.

Anne Andal  BSN  Esther Gravis  MSN  Malinda Meas  BSN
Allisha Aquino  BSN  Brendalee Hall-Thayer  MSN  Nancy Mukai  MSN
Beverly Berlin  MSN  Helsa Heramia  BSN  Kalyan Oreyemi  MSN
Carmella Blanchard  MSN  Rhonda Hornack  MSN  Rianna Ramos  BSN
Eliza Cambay  MSN, Nurse Practitioner  Carolyn Ito  MSN  Heather Shay  MBA/HCM
Aileen Castro  BSN  Sharole Kabiling  BSN  Esther Ushijima  BSN
Dariya Chhim  BSN  Cheryl Keel  MSN  Linda Vo  BSN
Clare Crump  BSN  Judith Landino  BSN
Megan Day  BSN  Michelle Martires  BSN
Maura Doyle  MSN  Kasia McGoldrick  MSN

From 2009 to 2011, the number of Torrance Memorial RNs pursuing BSN and MSN degrees has been impressive, meeting our goal of a one percent increase over two years for MSN education and exceeding the same goal for BSN education.

![Torrance Memorial Medical Center Support for formal education (DCP) Average of all units in hospital (NDNQI RN Survey)](image)

Note: Increase from 40% in 2010 to 49% in 2011 was caused by:

- RNs returning to school in 2010 finished in 2011
- RNs with BSNs hired in 2010 were not eligible for the NDNQI survey, but became eligible in 2011 (April)
- Versant Residents hired in June 2010 were now eligible for the 2011 survey
Advanced Practice Nurses

Ideally, every nurse advances his/her practice every day; certainly a nurse with decades of accumulated skills and wisdom, national certifications, and the admiration of colleagues, patients and families, has advanced significantly since graduation. The California Board of Registered Nursing, however, has very specific criteria for what they term an Advanced Practice Nurse (APN). They recognize four APNs: Clinical Nurse Specialist (CNS), Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse-Midwife (CNM). Two of these can be found at Torrance Memorial Medical Center: NPs and CNSs.

To be certified by the State Board, each of these requires completion of a Master’s Degree in a Clinical Field of Nursing and specific clinical experience. In a nutshell, NPs draw on their education to provide their patients with highly specialized care, and in some cases are credentialed to diagnose illnesses, analyze test results, create treatment plans, and write orders. CNSs serve as experts for staff nurses seeking counsel in their area of specialization and they teach and do research to effect organizational change through implementation of evidence based practices to enhance patient outcomes.

Nurse Practitioners

Torrance Memorial’s Nurse Practitioners serve as internal experts in cardiovascular surgery; wound, ostomy and continence care; and occupational health through Employee Health Services.

Lynda Stoodley RN, MSN, NP, CCRN, PCCN  
Cardio Thoracic Aortic Surgery

Christine Shiosaki RN, MSN, NP  
Occupational Health (not pictured)

Candace Millek RN, MSN, NP, CWOCN  
Wound Care

Susan Abelson RN, MSN, NP  
Occupational Health (not pictured)

Maki Jerden RN, MSN, NP, CWOCN  
Wound Care

Clinical Nurse Specialists

Torrance Memorial’s Clinical Nurse Specialists work with direct care nurses, obtaining and sharing information on the latest evidence in their specialty areas, evaluating levels of evidence and quality of new research, and comparing current practice with recommended evidence-based best practice to identify areas for enhancement.

Julie Semper RN, MSN, CNS  
Diabetes

Lianna Ansryan RN, MSN, CNS  
Progressive Care

Lisa Refuerzo RN, MSN, CNS  
Medical-Surgical

Donna Yukihiro RN, MSN, CNS  
Labor & Delivery Mother/Baby

Alfie Jay Ignacio RN, MSN, BC, CEN, CCRN, CFRN, PHN, CNS, FNP/BC, DNS(c)  
Emergency Department

Jennifer Stewart RN-C, MSN, CNS  
Patient Safety Manager (not pictured)

The APN Committee

Torrance Memorial’s APN Committee was formed to advance the role of the APN and to advance nursing practice at the medical center. This committee works closely with Clinical Quality to evaluate areas of nursing practice in need of improvement that affect more than one unit or specialty. In late 2010, the APN Committee addressed medication errors. In December 2010, Pharmacist Wendy Waldman presented data from incident reports hospital wide. Subsequently, the APN Committee is exploring medication errors by unit, and doing a literature search to identify interventions used to reduce them.
Hospital Heroes

As a member of the Hospital Association of Southern California (HASC), Torrance Memorial nominates one Hospital Hero each year—someone who has profoundly impacted patients directly, performing above and beyond the call of duty. In 2008, Stacey Shames RN, Burn ICU was selected for her work with Alisa Ann Ruch Burn Foundation at Camp Champ, a summer camp for burn survivors. In 2009, Candace Millek RN, MSN, GNP, CWOCN, Wound Care Program Manager, was selected for her work to reduce the number of hospital acquired pressure ulcers.

In 2010, Evelyn Calip RN, Perioperative Services/Cancer Resource Center was recognized for her work with cancer survivors, specifically for her creation of a group that brings together women with breast cancer.

Evelyn Calip was diagnosed with breast cancer in October 2007, had three successful breast reconstruction surgeries and has been cancer-free for two years. But while she was on her “cancer journey,” she felt that no matter how supportive her friends and family were, they simply could not relate to what she was going through. “When you go through breast cancer—especially breast reconstruction—you feel, I want to use the word ugly, inside and out,” Evelyn says. When she was cancer free, she came to work as a registered nurse at Torrance Memorial. As a perioperative nurse, she met women who were being diagnosed with breast cancer, and realized that they felt the same way she had.

Evelyn’s BFF (Best Friends Forever) began in August 2009 with eight members. Today, there are more than 50 survivors from across the South Bay, Long Beach and inland areas. Calip calls them all survivors, though many are not yet cancer-free. The group meets monthly and the goal is to get their minds off their treatments and have some fun with women to whom they can relate. Her long-term goal is to gain nonprofit status for the group, so she can raise money for women who cannot afford breast reconstruction or other surgeries that insurance does not cover for breast cancer patients.

Association of California Nurse Leaders (ACNL)

Each year, Torrance Memorial’s Nursing Professional Development Council sends out a call for nominations to all nursing discipline councils and the nursing leadership group. In 2010, there were several nominations.

Best Practice in Clinical Nursing:
- Candace Millek RN, MSN, GNP, CWOCN – Manager, Wound Care Program
- Lynda Stoodley RN, MSN, NP-C, CCRN, PCCN, CNML – Cardiovascular Surgery NP

Best Practice Administration:
- Theresa Ferry RN, BS, MBA, CCM – Director, Home Health and Hospice
- Heather Shay, RN, BSN, MBA, CPHQ – Administrator Clinical Quality and Accreditation

All of them received letters of recognition from ACNL, and one of them, Candace Millek, was selected by the ACNL Recognition Committee from among all ACNL nominees across the state for her demonstration of Best Practice in Clinical Nursing.

In collaboration with the DAISY Foundation and co-sponsor Ginny Olney, volunteer, hospital patron and retired RN, the Nursing Professional Development Council coordinates the monthly selection of a DAISY Award winner. Nominations come from patients, family, staff... anyone who submits a completed form. (Forms are available in displays on every floor.)

The DAISY Foundation was established in 2000 by the family of J. Patrick Barnes who died of complications of the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP) at the age of 33. (DAISY is an acronym for Diseases Attacking the Immune SYstem.) During Patrick’s eight week hospitalization, his family was awestruck by the care and compassion his nurses provided, not only to him, but to everyone in the family. So one of the goals they set in creating the Foundation in his memory was to recognize extraordinary nurses everywhere who make an enormous difference in the lives of so many people by the super-human work they do every day.

At Torrance Memorial, monthly DAISY Award recipients are surprised by NPDC members, the CNO, their nurse manager, and director, as well as DAISY Sponsor Ginny Olney.
2010 Daisy Award Recipients

Stacy Shames  
BICU  
January

Lori Bailey  
Progressive Care Unit 7  
February

Rhonda Mohler  
Cardio Vascular  
March

Cassandra Krutsinger  
Labor &Delivery  
April

Liz Ferris  
NICU  
May

Analisa Lorenzo  
Endoscopy  
June

Linda Currie  
Intensive Care Unit 2  
July

Edward Nazareth  
Progressive Care Unit 6  
August

Nenette Ynion  
Short Stay  
September

Evelyn Calip  
Pre-op  
October

Laura Dugas  
Emergency Department  
November

Sue Koch  
Home Health  
December
Nurses Inside and Out

Each year, our nurses reach beyond medical center walls to touch countless lives. They walk and run in the American Cancer Society’s Relay for Life, the American Heart Association’s Heart Walk, and the Revlon Run Walk; and they cycle in the American Diabetes Association’s Tour de Cure. Some spend weeks at summer camps for chronically ill kids or on mission trips to underserved areas; some lead scouts and other groups; and some volunteer at local schools, churches and civic organizations. And some reach out in especially unusual, unanticipated ways.

In 2010, thanks to the vision of nurse Maria Koegel, as hundreds of new beds were rolled into Torrance Memorial rooms, the beds they replaced were rolled out to waiting trucks—a first step on their journey to quake-ravaged Chili.

Drawn by the victims of Haiti’s giant quake, CNS Lianna Ansryan and a friend journeyed to a medical tent in Port Au Prince where they nursed patients on bare cots and worked in unfamiliar units with a minimum of equipment and supplies.

Driven by their compassion for Los Angeles’s underserved men, women and children, many Torrance Memorial nurses donated their personal time and skills at the L.A. Sports Arena for RAMLA (Remote Area Medical – Los Angeles). Our nurses contributed passionately to this effort which provided more than 7,000 people with long-needed medical, vision and dental care.

At the bedside or out in the community—Torrance Memorial nurses are caring nurses, inside and out.