2015 NURSING ANNUAL REPORT

THE MEMORIAL HERMANN MISCHER NEUROSCIENCE INSTITUTE AT THE TEXAS MEDICAL CENTER
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“Nursing care comes in many forms. Sometimes it is the ability to make someone feel physically comfortable. Other times it is the ability to improve the body’s capability to achieve or maintain health. But often it is an uncanny and well-honed knack to see beyond the obvious and address, in some way, the deeper needs of the human soul.”

– Donna Wilk Cardillo,
A Daybook for Beginning Nurses
It Takes All of Us

When nurses join the Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center, my greatest hope is that they will enjoy the experience of a well-integrated team working together – both within and across our six nursing units. All 300 of us work daily to improve quality and outcomes, to ensure a good experience for our patients, to create the best clinical environment for nurses and to advance evidence-based practice in our field.

If you’re a new graduate or new to neuroscience, we provide a solid support structure to help you navigate your first year and gain competency in neuroscience. If you’re an experienced neuroscience nurse, we’ll help you hone your practice by investing in ongoing education and professional development through the new Neuroscience Nursing Academy, Memorial Hermann-Texas Medical Center’s Nursing Leadership Development Academy and support for pursuing advanced degrees and advanced certifications in your specialty.

As you read this annual report, you’ll learn about our recent accomplishments as a nursing team. We’ve streamlined communication across the entire patient experience – from pre-surgical clinic visits to hospitalization to clinic follow-up – to better prepare patients and families for their hospital experience and reduce their anxiety. We’ve also invested in hospitality to improve the patient experience.

Our volumes continue to grow. To ensure that we can provide patients with the level of care they need quickly, nurses on two units at the Institute have expanded their knowledge and competency to accommodate higher-acuity patients. In the process, they’re developing their nursing practice in ways that open doors to career advancement.

In response to feedback from our nurses on the 2014 Employee Engagement Survey, we’ve created eight new clinical coordinator positions, an introductory leadership role that offers an opportunity to learn the art of leadership by working closely with a clinical manager. The new positions have generated interest among nurses who want to move up the career ladder at the Institute. They’ve also allowed us to create a management succession plan.

Nurses are valued members of the Mischer Neuroscience Institute team. We’ve set quality metrics for ourselves and met them, which has instilled a sense of professionalism among our team. Our culture here is to own the work you do and be proud of it. And it really does take all of us. As leaders we may have wonderful ideas, but it’s our bedside nurses who tell us whether they’ll really work.

If this is the kind of environment you’re looking for, I hope you’ll explore neuroscience nursing as a career. If you want to do exceptional work without interference and be applauded when you succeed, please join us!

With warm regards,

Nicole Harrison, RN, B.S.N., M.B.A.
ADMINISTRATIVE DIRECTOR
MEMORIAL HERMANN MISCHER NEUROSCIENCE INSTITUTE AT THE TEXAS MEDICAL CENTER
Clinic-Hospital Synergy Improves the Patient Experience

How do you make every patient’s encounter with the hospital a VIP experience? Leadership at the Memorial Hermann Mischer Neuroscience Institute is doing it by streamlining communication across the entire patient experience – from pre-surgical clinic visits to hospitalization to clinic follow-up. They’re also investing in hospitality.

“We started by doing something very simple: stepping out of our shoes and into the patient’s,” says Odun Atunrase, RN, B.S.N., clinical manager of the new Neuroscience Elective Unit at the Mischer Neuroscience Institute. “Those of us on the inpatient side began to realize that if we wanted to think of the entire healthcare experience from the patient’s perspective, we needed to understand what was happening during clinic visits before hospitalization. To operate seamlessly as a team, we had to speak one language to our patients from the clinic to the hospital and back to the clinic.”

In January 2015, a group of inpatient clinical directors, managers, patient navigators, marketing team members and outpatient clinic directors began meeting with the goal of streamlining the neuroscience experience for patients seen at Mischer Neuroscience Associates (MNA) clinics and admitted to the Mischer Neuroscience Institute. “By the second meeting, we’d created a flowchart of care and identified communication gaps on both the clinic and hospital sides,” says Atunrase. “Our goal was simplicity, clarity and consistency in our communications to patients.”

Atunrase’s Neuroscience Elective Unit was selected as the pilot project, and he began sending inpatient nurses to MNA clinics in four-hour orientation shifts. “The experience was eye-opening,” he says. “They came back enlightened, with a deeper understanding of the anxiety patients and families have before hospitalization for elective procedures. Once we understood the patient experience from A to Z throughout the continuum of care, we could focus on how to improve it.”

Patient navigators play a key role by examining every detail of the patient experience, from the parking lot to the physician visit at the clinic to hospitalization to discharge through follow-up. They help elective patients through the system, provide presurgical and postsurgical education and ensure that information is shared from the clinic to the hospital.

As complex care specialist for the neuroscience service line, Kim Vu helps bridge the gap between the inpatient and outpatient experience. “My job is about creating flow and setting expectations,” Vu says. “I explain what will happen during and after the hospital stay, get answers to any questions they have and follow the patient and family throughout the entire experience. Patients and their families get so much information while they’re here that it’s impossible to remember everything. Once they’re discharged, I help connect them with the services they’ll need during the rest of their recovery. My position allows me the freedom to create resources for patients to make it a more personal experience.”

Odun Atunrase’s vision for the Neuroscience Elective Unit includes an investment in hospitality. “We’ve also worked on how we present ourselves to our patients,” he says. “We’ve condensed patient education materials down to one or two pages about the procedure. Information packets are laminated and given to patients in a binder that includes everything from the menu in a hotel-like format to a list of all medications we prescribe to patients, their descriptions and possible side effects.”
"We started by doing something very simple: stepping out of our shoes and into the patient’s."

– Odun Atunrase, RN, B.S.N.
“We’ve set quality metrics for ourselves and met them, which has instilled a sense of professionalism among our team. Our culture here is to own the work you do and be proud of it. And it really does take all of us.”

– Nicole Harrison, RN, B.S.N, M.B.A
Towels are rolled as in a high-end spa, and a bamboo basket in the bathroom contains toiletries. Elegant silk flowers stand in vases at the nurses’ stations.

In the evenings, unit coordinators offer patients the use of a Kindle Fire programmed with magazines, newspapers and apps for relaxation. Soothing sound machines, sleep masks and earplugs are available to help with relaxation.

The response from patients and families has been good. “They tell us that feeling informed reduces their anxiety,” Vu says. “We’re getting thank you notes and comment cards from people who say this is the best hospital experience they’ve had.”

In the 2015 fiscal year rollup of HCAHPS patient satisfaction scores at Memorial Hermann-Texas Medical Center, the neuroscience service line led the hospital at the 76th percentile, more than 25 points higher than the previous year. “Our biggest improvements have been in communication from nurses, the responsiveness of hospital staff, pain management and getting patients the support they need,” says Nicole Harrison, RN, B.S.N., M.B.A., administrative director of Mischer Neuroscience Institute. “In the end, everything we do is about the patient. Many of our patients have scheduled surgeries, but for most a neuroscience stay is an unscheduled hospital visit, which is very frightening. They trust us with their lives and they deserve the very best care when they come to us.”
Nursing at Its Best: Increasing Knowledge and Competency to Care for Higher-acuity Patients

At 32 beds, the Neuroscience Intensive Care Unit (NSICU) at the Memorial Hermann Mischer Neuroscience Institute, Houston’s market leader, always has a high census. To ensure that patients get the level of care they need quickly as volumes continue to grow, nurses on two other units at the Institute are expanding their knowledge and competency to accommodate ICU-level patients. In the process, they’re developing their nursing practice in ways that open doors to career advancement.

“With 130 beds, the Institute is the largest neuroscience provider in Houston,” says Nicole Harrison, RN, B.S.N., M.B.A., administrative director. “We want to be able to keep our doors open to patients who come in through the emergency department and require neurosurgery and intensive care. In looking at our data, we recognized that we needed more ICU beds.”

Since mid-2015, the new 16-bed Neuroscience Elective Unit (NEU) has been providing care for elective spine and brain surgery patients, and flexing to accommodate overflow ICU patients when necessary. “It was a huge change for us to grow from the Spine Unit in 2014 to the Neuroscience Elective Unit in 2015, and then make the leap to caring for ICU patients,” says Odun Atunrase, RN, B.S.N., clinical manager of the NEU. “In 2014, our team led the hospital on the adult side in HCAHPS customer service scores. In adding the skills we needed to care for ICU-level patients, it was also important for us to maintain our high patient satisfaction scores. Dramatic change on a unit is usually associated with a temporary decline in patient satisfaction. We wanted to find ways to advance our capabilities without losing ground on HCAHPS.”

Atunrase collaborated with Colleen Zuckero, RN, B.S.N., CNRN, clinical manager of the Neuroscience ICU, and with Neuroscience ICU education specialists Simy Kandathil, RN, B.S.N., M.S.N., M.H.A., Kavitha Rajan, RN, M.S.N., and Heather Webster, B.S.N., RN, CCRN, CNRN, SCRN. “Every nurse on the NEU attended didactic lectures and underwent skills training on ICU equipment to help transition them from floor nurses to the higher-level skills required for ICU patient,” Atunrase says. “Today, we can transition each of our 16 beds from floor level to ICU level depending on need. The result is an increased capability to get our patients to the level of care they need in the quickest way possible. The new NEU does two things: it supports the Institute’s increase in volume of elective brain and spine cases and helps to decompress the ICU.”

Atunrase says the response from nurses on the NEU has been good. “When we began the pilot program, there was some anxiety,” he admits. “But we have ICU resource nurses available at all times and an ICU coach on the unit. Based on feedback from our nurses, we continuously revamp the ICU training to meet their needs and have also added monthly lectures and case studies to keep their knowledge current.”

Despite the change, the NEU finished fiscal year 2015 leading the hospital on the adult side in HCAHPS patient experience scores. “We doubled our staff, went through intensive ICU training and still maintained our No. 1 position,” he says. “We’re proud of that success and of our culture of putting patients first.”

Nurses in the Neuroscience Intermediate Care Unit (NIMU) have also increased their skills and are also providing care for ICU-level patients. Gesno Ulysse, M.S.N., RN, NIMU clinical nurse manager, set a goal of training 100 percent of his team to manage the...
care of stable ventilator patients, stable external ventricular drain patients and those who are on intravenous drips that don’t require frequent titration.

“Increasing the capability, knowledge and critical thinking skills of our NIMU staff has enabled us to accept these higher-acuity patients, which allows us to get patients coming in through the ER into the ICU faster,” Ulysse says. “It also gives our nurses options to use these skills to advance their careers.”

Training of the NIMU staff took place over several months, and required close collaboration between respiratory therapy, nursing and critical care physicians. Education was facilitated by Susan Nevada, M.S.N., RN, CNRN, SCRN, neuroscience clinical education specialist.

“The educational effort was done in three phases,” Nevada says. “Phase 1 was a didactic lecture explaining oxygenation, respiratory function and oxygenation dynamics. Phase 2 involved rounding in the ICU to review basic tracheostomy care with nurses and clarification of the roles of nurses and respiratory therapists in caring for patients on ventilators. Phase 3 was a work sheet on a random mix of six patients on ventilators related to settings, lung sounds, disease process, diagnostic lab results and repositioning of patients. We also partnered with inpatient pharmacists to identify a list of IV drips used with stable patients. Patients transferred to the NIMU have been carefully selected based on what the ICU attendant and respiratory therapy defines as a stable patient amenable to transfer. It has gone very smoothly.”
Empowering nurses at the bedside to implement quality initiatives has led to dramatic improvements in quality metrics across the Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center.

“The improvements in quality were not made by one or two people, but by collaborative work involving the entire staff,” says Enedra Allen-McBride, RN, M.S.N., clinical director of patient care. “Through education, we give our nurses the tools they need to implement positive change, and they run with it. That sense of engagement and empowerment has made a huge difference in the patient experience.” The initiatives below are just a few of many led by nurses at the Mischer Neuroscience Institute.

**BEST PRACTICES FOR FALLS REDUCTION**

From 700,000 to 1 million patients suffer a fall in American hospitals each year, and while falls are rarely fatal, at least 30 percent of inpatient falls result in moderate to severe injury. In July 2013, nurses on the Neuroscience Acute Care Unit implemented an action plan that reduced falls by 51 percent over 24 months.
“That’s tremendous work,” says Janelle Headley, B.S.N., RN, clinical nurse manager of the unit. “In fiscal year 2014, we reduced falls by 31 percent. In fiscal year 2015, which ended on June 30, we reported an additional 20 percent reduction. The key to our success is staff engagement and a focus on improving customer service.”

The success of the initiative led to an invitation to present the action plan and its results at the 2015 American Nurses Credentialing Center National Magnet Conference® held in October in Atlanta. An analysis of falls on the Neuroscience Acute Care Unit showed that males between the ages of 40 and 65 were at the highest risk of falling, and most were falling in attempts to use the restroom. The nurses began by targeting that at-risk population with purposeful hourly rounding.

“During rounding, we offer to help patients to the restroom instead of waiting until they call,” Headley says. “We also assess the location of the five Ts – TV, tray/table, telephone, tissues and trash – to make sure they’re accessible to the patient, check the entire environment and ask if the patient has any specific needs. We take that opportunity to evaluate whether the patient is appropriate for any of the other elements of the falls-reduction initiative, including a low-boy bed, fall mat, a room close to the nurses station or a telesitter.”

“Telesitters allow trained staff to view and talk with patients 24/7 from a central monitoring station linked to a bedside camera. When observers notice a problem or see a patient trying to get out of bed, the technology allows them to communicate with the patient and, if necessary, to call a nurse to the room.

With their initial success on the Neuroscience Acute Care Unit, nurses extended their focus to another population at high risk of falling – stroke patients. "As stroke patients progressively regain their strength, they overestimate their ability to move. When they try to get up, they fall," Headley says. “As part of the initiative, we placed all stroke patients in low-boy beds with protective floor mats and a telesitter.”

Nurses review progress made in the falls-reduction initiative in a Monday morning huddle. Any falls that occur are posted on the nursing dashboard to encourage staff accountability.

"The falls data is part of our nursing scorecard,” Headley says. “The huddle keeps everyone informed and improves staff engagement and accountability for keeping our patients safe. The key to success is purposeful hourly rounding and anticipating patient needs before they call us. Good customer service and a relentless focus on safety add up to a better patient experience.”

STROKE COORDINATOR SUPERHEROES

In 2013, the Memorial Hermann Mischer Neuroscience Institute received the highly coveted Comprehensive Stroke Center (CSC) certification from The Joint Commission and the American Heart Association/American Stroke Association. Less than a year later, the AHA recognized Memorial Hermann-Texas Medical Center with the Get With The Guidelines®—Stroke Gold Plus Achievement Award. The AHA recertified the hospital in 2015.
“Education is a big part of the service we provide. In addition to coordinating weekly sessions for inpatients and their families, we help other hospitals begin the process of Primary Stroke Center certification.”

– Isabel DeGuzman, M.S.N., RN-BC, CNL
In March 2015, neuroscience clinical education specialist Susan Nevada, M.S.N., RN, CNRN, SCRN, was one of five nurses from California, Florida, Kentucky, Texas and Utah who collaborated to present the results of recent stroke initiatives at the American Association of Neuroscience Nurses 47th Annual Educational Meeting held in Nashville, Tennessee. Entitled “Stroke Coordinator Superheroes,” the presentation provided direction to stroke coordinators who are new to their roles and offered advice on how Primary Stroke Centers can achieve advanced certification by The Joint Commission.

For her part of the presentation, Nevada analyzed five years of stroke data from the Get With The Guidelines stroke registry and compared data from Comprehensive Stroke Centers with numbers from Primary Stroke Centers and numbers from all hospitals. She also presented a literature review that identified gaps and variables in stroke care, noting that African Americans and middle-age adults are populations that arrive beyond tPA treatment windows.

“Variables that impact these populations in seeking treatment are their arrival modes to the hospital and their health beliefs,” Nevada says. “Another factor that may delay treatment is lack of knowledge of EMS dispatch and EMS providers, especially in rural areas. The literature suggests that educating EMS dispatchers to cue in on key stroke indicators will elevate EMS provider responsiveness, which is one of the important roles our stroke coordinators play.”
Beginning in January 2016, nurses at the Memorial Hermann Mischer Neuroscience Institute will have the opportunity to expand their knowledge of their specialty at the newly created Neuroscience Nursing Academy. Designed to give new nurses a comprehensive introduction to neuroscience, the academy is also open to experienced nurses who want to increase their knowledge of evidence-based practice.

“Neuroscience nursing is a relatively small specialty,” says Heather Webster, B.S.N., RN, CCRN, CNRN, SCRN, clinical education specialist, who is spearheading the development of the Neuroscience Nursing Academy curriculum. “Proficiency requires time and a commitment to developing the unique skill set that allows nurses to provide highly specialized care to our patients and families. In nursing school, students have minimal exposure to neuroscience. We’re creating a program that will give them a knowledge base that allows them to excel.”

The academy was created in response to the increasing number of new graduate nurses and nurses with limited knowledge and experience with the neuroscience patient population. A multidisciplinary team of nurses, physicians, residents, neurorehabilitation specialists and pharmacists provide instruction in four-hour sessions held once a week over a six- to eight-week
period. Each year, four groups of 25 nurses will go through the program, which is mandatory for nurses with less than a year of experience. “I’m excited about the program,” Webster says. “In addition to supporting nurses new to neuroscience, I believe it will revolutionize the way we provide nursing care and encourage nurses to engage in their specialty more deeply. We’ll do a pre- and post-academy survey of participants’ knowledge base and their perception of involvement with our multidisciplinary team.

Our annual employee survey scores are already high in the areas of engagement and staff development. We think giving nurses these new educational tools will further enhance their knowledge and engagement, which ultimately leads to improved outcomes, retention of staff and all-around satisfaction.”

HARDWIRING EVIDENCE-BASED PRACTICE AT THE COMPREHENSIVE STROKE CENTER

For more than a decade, nursing as a profession has promoted and advocated for evidence-based practice (EBP). Since the early 2000s, nurses have had at least some component of EBP integrated into their formal education.

“Evidence-based practice has rapidly become the standard by which clinical practice is formed and measured,” says Hope Moser, D.N.P., ANP BC, WHNP BC, SCRN, advanced practice nurse and program coordinator at the Memorial Hermann Comprehensive Stroke Center (CSC) at the Mischer Neuroscience Institute. “EBP closes the gap between research and clinical practice. It challenges nurses to ask the question ‘why’ when they implement old and new practices.”

Achieving and sustaining EBP requires an organizational commitment to strategic goals and a systematic process to reach desired outcomes. Memorial Hermann-Texas Medical Center has adopted the ACE Star Model of Knowledge Transformation, which is structured using components common to most EBP models: identification of a clinical problem, search for the best evidence, critical appraisal of the literature, implementation of practice change and evaluation of outcomes. Focus is placed on the bench-to-bedside approach – translating research into practice.

“Firm commitment on the part of our executive leadership enabled the Comprehensive Stroke Center team to meet The Joint Commission’s strict requirements for certification,” says Dr. Moser, who has presented widely on evidence-based practice. “The CSC was created under Clinical Practice Guidelines based on the most recent and best clinical evidence, and the Stroke Program team follows rigorous requirements for rapid identification of stroke, diagnostic testing capability, neurosurgical services and clinical performance measures. We’ve been fortunate to maintain a robust organizational infrastructure that continues to grow.”

Sustaining the CSC requires a dedicated and proactive team that collaborates among disciplines. Quality improvement initiatives are predominately driven by data derived from patient care, as well as metrics from clinical practice, including patient satisfaction, length of stay and elimination of hospital-acquired infections. The CSC team is headed by Sean Savitz, M.D., director of the Vascular Neurology Program at UTHealth Medical School, Nicole Harrison, RN, M.B.A., administrative director of the Mischer Neuroscience Institute, and Dr. Moser, who encourages nurses to embrace the concept of evidence-based practice.

“As nurses working in an academic medical institution where the staff has earned American Nurses Credentialing Center Magnet Recognition Program® distinction and multiple advanced disease-specific certifications through The Joint Commission, we live evidence-based practice on a daily basis,” she says. “While new nurses are familiar with the concept of EBP, more tenured nurses, myself included, may have engaged in evidence-based practice masquerading as research. Evidence-based practice requires research, and nurses who are interested in research have the opportunity to conduct it here.

“I encourage nurses who would like to play a more integral part in the process of change to reach out to their managers and unit quality leaders,” Dr. Moser says. “EBP drives quality improvement initiatives that ensure that we provide the best care to our patients and families and ultimately improve health care.”
Driving Improvements in Care

A NEW CLINICAL COORDINATOR ROLE PREPARES NURSES FOR LEADERSHIP

It’s not uncommon for nurse managers to be promoted from within after demonstrating exceptional bedside nursing and charge nurse skills. What is unusual is a systematic program to groom and mentor them before they take on full-time leadership roles. That’s exactly what the Memorial Hermann Mischer Neuroscience Institute’s new clinical coordinator role is designed to do.

“The clinical coordinator role is ideal for nurses who are interested in an introductory leadership role,” says Enedra Allen-McBride, M.S.N., RN, clinical director of patient care at the Institute. “It provides a glimpse into management and an opportunity to hone your skills without having to dive in head first. It also offers more responsibility and opportunities to get involved in leadership on a broader scale, and gives a great introduction to the fundamentals of management. Leadership scholars routinely ask whether leaders are born or made. Some people are innately wired to excel in leadership roles, but with a strong leadership development structure and the will to work hard, learn and gain experience, I believe that anyone with an interest can learn the art of leadership.”
The clinical coordinator role came about after an assessment of the Institute’s nursing leadership structure and span of control for two of its largest units: the Neuroscience Intensive Care Unit (NSICU) with 32 beds and 112 full-time equivalents and the Neuroscience Acute Care Unit (NACU), a 51-bed unit with 91 full-time equivalents. Both units are complex in the nature of care provided, and in both, a clinical nurse manager was responsible for all aspects of the unit including managing and supervising, coaching and mentoring, operations management and ensuring patient safety and quality. After reevaluating the structure, leadership at the Institute developed the clinical coordinator role, a new configuration that relieves managers of some of their responsibility and provides leadership coverage 24/7.

“Our managers and directors have taken really good care of us, putting us through classes in the Leadership Development Academy to get us ready for this role. When you feel supported, you know you can make a difference.”

– Rosanna de las Alas, RN, B.S.N, M.Ed.

“When our nurses completed the annual engagement survey in 2014, they gave us a lot of good feedback about the support they needed from their managers,” says Colleen Zuckero, RN, B.S.N., CNRN, clinical manager of the NSICU. “In response, we added four clinical coordinator positions – two for days and two for nights in both the NSICU and the Neuroscience Acute Care Unit. We wanted to have some clinical components to the position as well as administrative responsibilities, so we decided to put them in the charge nurse role for two days and the clinical coordinator role for the other two days. In the charge nurse role they have a keen eye to where we need support and process improvements. As part of the leadership team on the administrative side, they serve as assistant nurse managers. By being both clinical and administrative, they have the opportunity to see both sides.”

Rosanna de las Alas, RN, B.S.N, M.Ed., clinical coordinator for the NSICU, has seen a sea change in the unit during her 17 years of service at the Institute, including growth to 32 beds and a dramatic increase in volumes. “The clinical coordinator role gives me the best of two worlds,” she says. “By shadowing Colleen and serving as her assistant, I learn what a manager does. On the charge nurse side, we oversee the function of the unit and bed management. It’s great as a steppingstone to get your feet wet in management. Our managers and directors have taken really good care of us, putting us through classes in the Leadership Development Academy to get us ready for this role. When you feel supported, you know you can make a difference.”

Janelle Headley, B.S.N., RN, clinical nurse manager of the Neuroscience Acute Care Unit (NACU), also has four clinical coordinators who serve as an extra resource and support for both her and her staff. “In addition having the opportunity to attend leadership classes, they assist with overall clinical operations, staff management and coordination of patient care and customer service,” Headley says. “On the administrative side, they lead quite a few initiatives on the unit.”

Anna Patricia Traje, B.S.N., RN, clinical coordinator on the NACU, describes her role as bridging the gap between management and clinical staff. “On a
“Neuro PACT is strengthening the neuroscience service line by providing a safe environment to bring up issues that affect every unit. Staff members come and voice their concerns, and if someone sitting on the council has ideas about how to solve a problem, we ask them to run with it.”

– Allison Murphy, RN, B.S.N., CNRN

The Neuroscience ICU (NSICU) and the Neuroscience Acute Care Unit are the largest of the Memorial Hermann Mischer Neuroscience Institute’s six nursing units. Recognizing that these two units have similar challenges, quality coordinators Allison Murphy, RN, B.S.N., CNRN, and Gabrielle Edquilang, RN, thought, “Why don’t we get these nurses together and start working collectively on issues that cross unit lines?”

The result is the Neuroscience Professional Action Council Team (Neuro PACT), which brings together representatives from each of the six units to identify problems and solve them as a service line. Led by Murphy and Edquilang, Neuro PACT meets once a month and is open to all staff members with an interest in process improvement. Response has been good, with 25 to 30 staff members in attendance.

“Neuro PACT is strengthening the neuroscience service line by providing a safe environment to bring up issues that affect every unit,” Murphy says. “Staff members come and voice their concerns, and if someone sitting on the council has ideas about how to solve a problem, we ask them to run with it. If there’s already a committee working on a particular issue, we’ll turn it over to the committee. If it’s a new issue, we’ll find the right people to take care of it. Some of the issues that come up are quick fixes, and others are not. By working together, we are collectively creating change that will spread to all of our units.”

The team has undertaken two initiatives since its inception: smooth discharge of patients and bed flow. “These are issues that involve every unit in the service line,” Murphy says. “In addition to looking at the barriers to moving patients smoothly from the ICU
or the Stroke Unit to the NACU and then to discharge, we’re exploring what we can do collaboratively to reduce patient and family anxiety as they transfer from one unit to another. Neurological injuries can be life changing, and many families are unsure of what their loved ones want, so their anxiety level is very high. They become accustomed to a unit and their nurses, and then they learn that they’re going to be moved to another unit. We want to do whatever we can to decrease patient and family anxiety and assure them that they’re moving in the right direction.”

Most staff members who attend Neuro PACT meetings are bedside nurses. “It’s a place where they feel empowered to share their concerns,” Murphy says. “They come back the following month to see what progress we’ve made on the issues they’ve raised. In doing so, they’re involving themselves in our future as an Institute. By collaborating with each other across units, we’ll all improve.”

CELEBRATING ADVANCED CERTIFICATIONS

Leadership at the Memorial Hermann Mischer Neuroscience Institute helps nurses improve quality by supporting education and excellence. “We encourage and support nurses in getting certifications,” says Nicole Harrison, RN, B.S.N., M.B.A., administrative director of the Institute. “When nurses pass their certification test, they’re reimbursed for the costs they incurred during the process. Ultimately, certifications help them move up the career ladder and translate to salary increases when they reach that next level in their nursing career.”

As the healthcare market gets tighter, certifications differentiate nurses in the competition for jobs. Earning and maintaining an advanced credential shows employers, colleagues and patients that nurses take pride in their work and value personal achievement. The institution also benefits from employee and public recognition that it hires the most knowledgeable and skilled nurses available – those who have achieved a symbol of professional development and recognition.

The following nurses have attained advanced certifications in their areas of specialty.

Eileen Adair, RN, CCRN, SCRN
Ryan Anding, B.S.N., RN, CCRN
Arnold Balabanov, RN, M.B.A./M.S.N., PHN
Jennifer Cao, B.S.N., RN, CCRN
Robert Couchman, RN, B.S.N., SCRN
Maria Isabel DeGuzman, M.S., CNL, RN-BC
Jacqueline Denzler, B.S.N., RN, CCRN
Laura Dubose, B.S.N., RN, CCRN
Donna Escuetu, RN, SCRN
Mylene Gabo, B.S.N., RN, CCRN
Jean-François Gagne, A.D.N., RN-BC
Krista Gilbert, B.S.N., RN, CCRN
Christine Glendening, RN, SCRN
Ashley A. Harris, B.S.N., RN, CCRN
Frances Jaime, B.S.N., RN-BC
Nishea Johnson, B.S.N., RN, CCRN
Edgar Lechuga, A.D.N., RN, TNCC
Angela Lee, B.S.N., RN, CCRN
Robena Lewars, RN, B.S.N., SCRN, CNRN
Kimberly Looby, B.S.N., RN, CPN
Elizabeth Maxon, B.S.N., RN, SCRN
Chad Michalsky, B.S.N., RN, TNCC
Hope Moser, D.N.P., ANP BC, WHNP BC, SCRN
Allison Murphy, RN, B.S.N, RN, CNRN
Susan Nevada, M.S.N., RN, CNRN, SCRN
Melissa Nolot, B.S.N., RN, SCRN
Sheeja Mathew, B.S.N., CMSRN
Rachel Maxey, A.D.N., RN, OCN
Nicoles Rangel-Gutierrez, B.S.N., RN, TNCC
Yahaira Rocha, A.D.N., SCRN
Austin Schultea, B.S.N., RN, CCRN
Norma B. Shaltoni, B.S.N., RN, CCRN
Tenny Sulaiman, B.S.N., RN, CCRN
Gesno Ulysse, M.S.N., RN, TNCC
Jackeline Valdez, B.S.N., RN, CCRN
Kimberly R. Vitale, B.S.N., RN, CCRN
Heather Webster, RN, CCRN, CNRN, SCRN
Colleen Zuckero, RN, B.S.N., CNRN
As a child growing up in the Philippines, Daphny Peneza loved science and helping others, so she thought of becoming a nurse or a teacher. After helping care for her very ill grandparents at the age of 10, she knew she wanted to be a nurse.

Peneza excelled in high school in her hometown of Davao City, and was offered multiple scholarships for science, technology and engineering programs. She declined them in favor of nursing. In 2001, she enrolled in the inaugural nursing class at Ateneo de Davao University, a private teaching, service and research university run by the Society of Jesus in Davao City. She graduated cum laude in 2005 as a member of the university’s pioneer class of B.S.N. nurses. Her Jesuit education shaped her character and has remained a strong influence in her professional life.

“We were taught to seek knowledge in the service of humanity – to be men and women for others – and to build on the desire to always do and become more,” Peneza says. “That’s how I live, and I believe it’s especially important when you work in the nursing profession.”

Peneza began her career as a labor and delivery nurse in 2005 and transitioned to a labor, delivery and operating room nurse in 2006. At the age of 21, she was a college professor and clinical instructor at Notre Dame of Tacurong College in Tacurong City, Philippines, and from May 2008 to March 2011, she held the same position at her alma mater, Ateneo de Davao University.

Those years were marked by a series of accomplishments. In 2006, she became a registered nurse in the United States, and the following year she became a registered midwife in the Philippines. In 2009, she completed her master’s degree in nursing at Ateneo de Davao University.

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– Daphny Peneza, RN, B.S.N., M.S.N., CNOR
In 2011, she emigrated to Canada to work as a registered nurse. Two years later, Peneza met Nicole Harrison, RN, B.S.N., M.B.A., administrative director of the Memorial Hermann Mischer Neuroscience Institute, at a job fair in Toronto.

“I was not looking for a job in the U.S. I was there to explore other opportunities in Canada,” she says. “Nicole thought I’d be a good fit for neurosurgical nursing and introduced me to Vivian Kardow, the chief human resources officer. I was shocked and surprised when they offered me a job on the spot. I never planned to move to Houston, but in that one day my life changed.”

Peneza came to Memorial Hermann-Texas Medical Center as an international recruit in October 2013 and joined Mischer Neuroscience Institute in December of the same year. In May 2014, she became the first graduate of the Institute’s Neurosurgical Nursing Orientation Program, a unique 20-week program in which aspiring neurosurgical nurses are given in-depth training to learn to scrub and circulate for neurological surgery cases, enabling them to become hybrid, cross-trained nurses. That same year she represented the Vivian L. Smith Department of Neurosurgery
Daphny Peneza, RN, B.S.N., M.S.N., CNOR

Learning Through Sharing

at the American Association of Neuroscience Nurses 46th Annual Educational Meeting in Anaheim, California, and gave an in-service training entitled “Hot Topics in Neurosurgery.” In May 2014, she became a neurological preceptor for scrub technologists and registered nurses, the only hybrid preceptor in neurosurgery. Later that year, she was among those who represented the department of Neurosurgery at the 2014 Congress of Neurological Surgeons Annual Meeting in Boston, Massachusetts.

In March of 2015, Peneza was promoted to neurological practice specialist-education in the department of Neurosurgery. Two months later she accepted Memorial Hermann-TMC’s offer to stay as a permanent employee and received a Standing Ovation Award for going above and beyond in ensuring that new employees have optimal learning opportunities in the department.

“As a new immigrant in a new city at a new workplace, I never thought that I could handle a nursing subspecialty shift. I have a wonderful mentor in Dr. Arthur Day. As director of clinical education at Mischer Neuroscience Institute, he is responsible for the training of residents. He has patiently taught me how to be a good neurosurgical nurse and in doing so, he has also taught me how to become a better educator. I’m also grateful for the generosity of Dr. Roc Chen and Dr. Karl Schmitt in imparting their knowledge and inspiring me to give my very best to the surgical team and our patients.

“Neurosurgical nursing is not for everyone, but for those who accept the challenge, it’s a very rewarding career,” she says. “We stay on our toes all the time. When a patient is transported in by Memorial Hermann Life Flight®, we go to work in an instant. We are fast, efficient and very patient centered. It’s an empowering environment – each of us is empowered to deliver safe, quality and ethically responsible nursing care.”

Over the course of her career, Peneza has fulfilled both of her dreams: nursing and teaching. She believes that true learning comes through the sharing of knowledge. “The more you share your skills, the more you learn. While you’re building a solid foundation for your department, you’re also increasing your knowledge and developing yourself.

“I’m grateful to all my mentors in the nursing field and also to the other Filipino nurses in neurosurgery,” she says. “Through them – and with loads of prayers and dedication – I conquered my fears and have been able to realize my gifts for teaching and nursing. I’ve also learned to recognize blessings when they happen.”
Memorial Hermann-TMC has achieved American Nurses Credentialing Center (ANCC) Magnet® recognition.