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The Power of the Professional Nurse

Publisher

UC San Diego Image of Nursing Council

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Five Magnet Components

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge and Innovation
- Empirical Outcomes

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSD. For more information go to our nursing website at <https://health.ucsd.edu/medinfo/nursing/Pages/nursing-committee-opportunities.aspx>



On the front cover:
Anesthesia: "I Had the Most Beautiful Dream"
2018
Stained glass, fused glass, smalti
By: Rebecca Sauer, RN, CPAN

The surfboard is a theme familiar to Southern Californians, evoking freedom and gliding through nature. The anesthetist's gloved hands (providing a jaw thrust recognizable to healthcare providers) gently cradle the peacefully anesthetized patient. The hands morph into angelic wings as they transport the patient into a transcendent dream state. It is a visual representation of the patient, literally, in good hands.

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Message from the The Chief Clinical Officer

It is with great pride that I present the nursing journal for 2021. This issue will focus on how we transformed ideas into practices and how we continue to grow as a high performing organization. As I reflect on our Magnet Journey, I can proclaim that when nurses share a common vision and desire, dreams do come true. This past year was named “Year of the Nurse” in honor of the 200th anniversary of Florence Nightingale’s birth and to Advanced Practice Nurses’ contribution in transforming health care. 2020 was also the year nurses faced many challenges with the COVID pandemic, and the world got an inside look at what it is like to be a nurse.

Achieving Magnet Recognition is the gold standard for Nursing, something all of us can be very proud of at UC San Diego Health. In 2011, we became one of 391 hospitals world-wide to receive the prestigious Magnet Recognition Award for Nursing Excellence from the American Nurses Credentialing Center (ANCC). Magnet designation means that our organization has created a practice environment that supports nursing practice and focuses on professional autonomy, decision making at the bedside, professional education, career development and nursing leadership.

The Magnet Model is a graphic representation of the

standards that reflect a work environment that supports excellence in nursing. The standards are grouped into 4 categories: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations & Improvements. Empirical Outcomes are the result of the enculturation of the standards to benefit patients, the nursing workforce and the organization. In this journal, you will read stories about nurses’ personal experiences, and the evaluation of our shared governance model.

You will hear how we recognize our nurse’s hard work and contributions. Our Image of Nursing council will discuss how they support our efforts in recognizing our nurses. Their goal is to empower UC San Diego Health nurses to deliver high quality patient care by promoting a culture of wellness and professional fulfillment. The council also supports empowerment through recognition and appreciation of nurses. Another way we recognize our nurse’s work is the Daisy award, which recognizes stellar nurses. This award is dedicated to honoring the art of nursing through compassionate patient care. You will read more about our Daisy award program and the various recipients.

A common theme throughout the journal is the opportunity to advance the role of the professional nurse. One article discusses the development of the role of the Senior Director for Advanced Practice Nurses. This is a significant milestone in the journey to recognize, elevate and lead advanced

practice providers. Our nurse leaders strive to retain our highly skilled and exceptionally compassionate nursing staff. You will read how an innovative and inclusive pathway was created to support advancement at all levels. We also support new graduate nurses through our transition to practice program. 5 West conducted a quality improvement project to address the issue of workplace violence in their unit. Our ED department highlights elder care with the development of a Geriatric Emergency Nurse Initiative Expert (GENIE) consult in the La Jolla Emergency Department. Another way we support growth is through certification. You will read an innovative story about one of our units which transitioned from medical-surgical telemetry unit to a PCU with approximately 50 nurses. 10 East increased their certified nurses from 9 to 20, with an overall certification rate of 40%. This is above the national average of 38%.

We have so many wonderful stories to share and I’ve only highlighted a few. As you continue to read our stories, you will be astonished to see all the great initiatives and projects we have accomplished. I will always remember the excitement and pride that rang throughout our auditoriums and buildings on December 12th 2011, as we learned from the Magnet Commission that we had achieved our first Magnet designation and our moment in nursing history had arrived. I am so grateful to have been given the opportunity to serve such an extraordinary team of nurses who share my vision for nursing

practice. We are living our dream. We continue on the “Magnet Journey” and together have created a culture and practice environment that supports meaningful work, innovation, collaboration, teamwork, collegial relationships, accountability and a laser focus on achieving quality outcomes.

I want to acknowledge and thank each and every nurse at UC San Diego Health for their participation and contributions in achieving Magnet Recognition. We are in the process of applying for our third re-designation and have so many stories and exemplars to boast about and share with our Magnet Appraisers when they come for their site visit in the fall of 2021. I also want to thank our Nurse Leaders, Clinical Nurse Specialists, Educators and Advance Practice Nurses for their hard work, dedication and perseverance in leading our teams to such extraordinary outcomes.

This past year we were faced with so many challenges but we pushed through the barriers and the obstacles along the way. As we move forward, we must acknowledge that “Excellence has No Finish Line” and that if we continue to listen to the concerns, hopes and dreams of our patients, nurses, physicians and team members, we will form new partnerships for collaboration that will lead to new discoveries, innovations and exceptional outcomes.

With Gratitude,

MARGARITA BAGGETT, MSN, RN
CHIEF CLINICAL OFFICER

Transformational Leadership

Transformational leaders stimulate and inspire nurses to achieve extraordinary outcomes. Leaders share a vision for how nursing can contribute to the organization and then empower nurses to move toward that vision. In the process, nurses develop their own leadership capacity.

Development of the UCSDH Nurse's Guiding Principles

By: Kristina James MSN, RN, CNL, PCCN

Each Magnet® organization is required to have a Professional Practice Model (PPM), but why is that so important? PPMs are associated with quality care, nurse satisfaction, and engagement (<https://www.myamericannurse.com/adapting-professional-practice-model/>). This connection is likely due to the fact that PPMs are created by autonomous and highly engaged nurses within an organization, through the shared governance structure. In creating the PPM, nurses within the organization look to the organization's mission, vision, and values and define for themselves how these values will influence and define their practice. Kristina James explains below UCSDH's journey in developing a nursing PPM, mission, vision, and motto.

At the beginning of 2014, the Clinical Practice Council decided it was time nursing practice at UC San Diego Health was centered around a theoretical model. The council took nominations for theorists from the nursing workforce, and then analyzed the nominated nursing theoretical models for alignment to their own values as nurses. The collective sentiment was to select a model strongly centered on 'caring'. Given the feedback from the nurses, the committee rewrote the existing Nursing PPM to ensure it reflected current nursing practice at UC San Diego Health. The majority of nurses chose Joanne Duffy's Quality Caring Model. It took one and a half years of work for the development and implementation of our PPM. During

the process, the starfish symbol was proposed by one of the nurses on the committee, Laurel Prince. It was decided that the starfish mnemonic would help spell out our values. The Clinical Practice Council brainstormed the values associated with each letter of the word starfish (Figure 1). Nursing staff were then surveyed about the potential changes to the Nursing PPM and the response was highly positive. Edits were considered and the final model was approved by Clinical Practice Council and Nursing Cabinet members. In the fall of 2014, the Nursing Executive Council was informed of the finalized model. By the spring of 2015, education and training materials were created to help launch the new PPM. Clinical nurse Sara Barton had recently



Figure 1. Professional Practice Model

completed a literature review on the impact of education on change in practice, and felt strongly that the evidence supported in-person versus online education for a program as important as this one. She presented a proposal to Nurse Executive Council resulting in a paid two-hour training that was held for all nursing staff. Those in attendance received PPM swag including a badge pull, pen, and a badge buddy (Figure 2) with the PPM starfish and our slogan, We Care, printed on it. Throughout the rest of 2015, the new PPM was incorporated into all aspects of nursing. The Nursing Education, Development, and Research Department reviewed all guidelines for updates. The Advanced Resuscitation Training/Basic Resuscitation Training (ART/BART) was edited to include reference to the PPM and to

endorse debriefs as a form of self-care. A requirement was added for all abstracts submitted to the Research Council and Professional Development Council to include alignment to the PPM. All clinical advancement projects must now include a description of how the work aligns to the model. Templates were created for podium and poster presentations to include the image of the PPM. In addition to the changes we made within the health system, Joanne Duffy was invited as the keynote speaker for the UC San Diego Health Research



Kristina James MSN, RN, CNL, PCCN is a Registered Nurse on Jacobs Medical Center 4FGH Surgical Oncology PCU. She earned her MSN from the University of San Diego. She has worked at UC San Diego Health since 2013. She received Rookie of the Year in 2014 and Nurse of the Year for her unit in 2019 and 2020. She has served as the Chair/Co-Chair for Clinical Practice & Informatics Council, Nursing Cabinet, and UC Irvine Health/UC San Diego Health Shared Nursing Governance Council. Through these roles she was able to facilitate the development and dissemination of the Nursing PPM and Mission, Vision, and Motto. In her free time, she enjoys keeping active with barre classes, spending time outdoors, and traveling to new places.

Conference in June 2015.

Many articles were published about our updated PPM and how our nurses incorporated it into daily practice. Most notably, Joanne Duffy included our work as an exemplar in her text: "Professional Practice Models in Nursing".¹ Nurses conducting research used the model as their theoretical framework as seen in: Patricia Graham's Code Lavender Program² and test of a caregiver support team³ as well as Margarita Baggett's feeling cared for during hospitalization⁴ and feeling cared for in the workplace.⁵ Maricel Salinas and her daughter, Niecel, also conducted research with Dr. Duffy to test whether sentiments expressed by patients in Margarita's study aligned to the Quality Caring Model's caring factors.⁶

In 2017, UC San Diego Health

Figure 2. Badge Buddy



was asked to create a mission, vision, and motto specific to nursing. The Clinical Practice Council once again took the lead in developing these principles with the nurses. Surveys were sent out seeking input. To ensure nurses were able to speak to the content of the Nursing Mission, Vision, and Motto, it was built using the same tenets of the Nursing PPM. The Clinical Practice Council used the feedback from the first survey to create the final version which was sent out for approval from nursing staff. The results of the second survey were overwhelmingly positive. With the support of Clinical Practice Council, the Nursing Mission, Vision, and Motto was brought to the Nursing Executive Council for final endorsement in April 2018. After this endorsement, a structured process to enculturate the Nursing Mission, Vision, and Motto at the bedside was created. The implementation bundle was trialed on Jacobs 4FGH and disseminated at Clinical Practice Council, Nursing Cabinet, and the Professional Development Council. The implementation bundle was created to assist staff with identifying the PPM and Nursing Mission, Vision, and Motto in our everyday practice. In addition, processes were built to help nursing staff feel cared for using a healing environment. New badge buddies were created with the PPM on one side and the Nursing Mission, Vision, and Motto on the other. As a small token to unify our staff while social distancing during the global pandemic, these badge buddies were gifted to nursing staff during Nurses Week 2020. The PPM and Nursing Mission, Vision, and Motto are an integral part of nursing and shared governance

throughout UC San Diego Health. The success of these foundational documents in enduring the test of time can be attributed to the fact that our nurses created them by starting with the values they held most true to their hearts and selecting the theoretical framework that was the best fit to these values.

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Developing a Leadership Team for Advanced Practice Providers

By: Lisa Erickson DNP, RN, ACNP-BC

The rapid growth of Advanced Practice Providers within UC San Diego Health (UCSDH) has resulted in variations in utilization, scope of services and departmental policies. The development of the Senior Director of Advanced Practice role marks a significant milestone in the journey to recognize, elevate and lead advanced practice providers.

In this role, Lisa will be responsible for organizing, supporting and leading Advanced Practice Providers (APPs)—nurse practitioners (NPs), physician assistants (PAs), nurse anesthetists (CRNAs), and nurse midwives (CNMs)—across the UCSDH System. In partnership with our physician leaders, administrators and APPs, Lisa is responsible for ensuring the most appropriate and effective utilization of our 325+ APPs according to their education, licensure, training, and scope of practice. Lisa will work to develop and implement necessary APP policies, guidelines and practices to ensure consistency and standardization across all of our clinical specialties. Lisa is also responsible for developing the programmatic infrastructures supporting advanced practice staff and serving as the institution's subject matter expert on advanced practice.

Here, Lisa discusses her transformational approach to leadership.

1. How will you support ongoing leadership development for all APPs?

APP's have traditionally not had many opportunities for leadership development. My goal over the coming months/year is to build on the current APP leadership structure and add APP supervisors into select departments. This will ultimately become the APP leadership team that will meet with me on a monthly basis to work on larger system wide projects. As new supervisors are brought on board, I will be providing them with additional leadership training sessions to aid in their development.

2. What methods will you use to communicate, be visible, and be accessible to APP's throughout the organization?

Given that the APP's within UCSDH are spread across all parts of the health system, I have set quarterly open forums (currently via zoom) to provide opportunities for me to update staff and allow for bi directional communication of issues. I have an open door policy



Lisa Erickson DNP, RN, ACNP-BC joined UCSDH on June 22, 2020 as the inaugural Senior Director of Advanced Practice. Prior to this, she was the director of advanced practice for Baystate Health in Massachusetts.

and stress to all app's to reach out to me either by email, phone, or simply stop by my office. My motto is: "I cannot help if I do not know there are issues". The other project I am working on is to create a page on PULSE for the APP's. This site will have links to educational opportunities, committee work, national and state regulatory updates, and eventually a newsletter that will highlight individual APP's.

I am also going out to the practices overtime to meet the APP's and work with them and their leadership to ensure that the APP's are being utilized effectively. I will also be working clinically as a nurse practitioner with the trauma service in the coming months.

3. How you will use input from APP's to influence change in the organization?

In order to provide additional leadership opportunities, I have been redesigning the shared governance structure of several committee. The advanced practice council will have dual function as an advisory board to other committees and myself along with working on items such as competency based orientation, engagement and onboarding. We will also have two additional committee that will report up to the advanced practice council. These are the clinical ladder committee and the education committee. The clinical ladder committee is responsible for designing a clinical ladder structure and all associated processes to ensure this program sustainable. The education committee is tasked with developing continuing educational programs that highlight APP's as content experts along with an annual conference.

Structural Empowerment

The conditions under which nursing care is provided at UCSD, including leadership, availability of resources, human resources practices and the professional practice model support lifelong learning and professional collaboration. Nurses engage in shared decision-making at all levels. Nursing is valued within the organization and in the community at large.

Bridges of Nursing Excellence Program

By: Jodi Traver PhD, RN, NE-BC and Laura Rossi, BA

Like most hospital systems, UC San Diego Health strives to retain our highly skilled and exceptionally compassionate nursing staff. Despite efforts to ensure inclusive pathways for advancement at all levels, mobility between service lines or specialties has not traditionally been prioritized.

In 2016, Nurse Leaders identified an opportunity to enhance nurse engagement and reduce turnover by creating a pathway for nurses seeking to transition across service lines and levels of acuity. *The Bridges to Nursing Excellence Program* was created in collaboration with Paige Burtson, Nursing Director of Inpatient Oncology Services, Nurse Managers from a number of areas, the Human Resources Talent Acquisition team and Nurse Engagement and Retention Specialists.

The group identified that nurses leaving UCSDH for “new to specialty” opportunities at competing hospitals created an immense negative impact. Not only is it a financial loss, but, arguably, more important, it means losing a team member who was hired not only for their exceptional clinical skillset, but also for their shared belief in UCSDH’s core values of quality, caring, integrity, creativity and teamwork.

The Bridges of Nursing Excellence Program provides nurses the opportunity to apply for positions outside of their current specialty or acuity. Nurse Managers post new available positions as “New to...” positions on the UCSDH job board. These “New to...” positions are opened when a Manager

identifies their ability to provide extra resources to train “up” a new hire in an area the candidate may not have comprehensive experience.

For example, an ICU Nurse Manager could post an open position called “New to ICU”. Nurses who sign up for the program and are looking for an ICU position without having prior ICU experience, would be notified by HR that a “New to ICU” position was open. This “New to...” status gives UCSDH nurses a heads up that the hiring manager is open to candidates who do not have the specific specialty experience.

April Wateska, Nurse Manager of 10 ICU in Hillcrest is one of the founding creators of the program and feels the Bridges program isn’t only a benefit for our nurses, but also for the hiring units. She says, *“Before the Bridges to Nursing Excellence program was created, we unfortunately lost a number of nurses to other organizations who had a program in place for continued growth and development. Since implementing this program, our team hired 12 new to ICU RNs. The 10 ICU nursing team, and I, take pride and joy watching these nurses gain confidence in themselves, expanding their level of critical thinking, and gaining a new set of skills. We now have an opportunity to coach and mentor our excellent nurses here at UC San Diego Health, to be able*



Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization’s general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi’s specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.



Laura Rossi, BA is the UC San Diego Health’s Nurse Engagement and Retention Specialist. With a Bachelors from the School of Communication at Michigan State University, Laura has worked for the Nursing Education, Development and Research Department since 2017. Laura refers to herself as a “Nurse Concierge”, taking great pride in providing multi-level support, resources and recognition to all nurses at UC San Diego Health. Feel free to reach out to her with questions lnrossi@health.ucsd.edu.

to meet their own career goals.”

Many of the nurses who have participated in the Bridges program have had the opportunity to meet or exceed their own professional development goals, Jaclyn Mattson an ICU nurse from Sulpizio Cardiovascular Center shared her experience. *“I initially learned about the Bridges to Nursing Excellence program upon being hired at UCSDH in 2017. After working on a Progressive Care Unit for some time, I started to feel stagnant. I reached out to Laura (Rossi, Nursing Engagement and Retention Specialist), and told her my interest to broaden my knowledge and further my critical thinking skills. Laura and the Bridges program helped find my ideal unit in CVICU. I was given many useful resources, career development advice and was directed toward the unit’s management. Ultimately, I had landed an interview for ‘New to ICU’ and was offered a position. I am beyond grateful for the opportunity to have been hired*

and to be given the resources and tools to succeed!”

The program has been, and continues to be, successful by multiple measures. Since the program’s inception in 2018, sixty-three nurses have successfully transferred into participating units. Prior to the program, these nurses may have sought employment elsewhere. The Bridges pilot focused on ICU positions the first year. As the program’s success was made evident, other unit managers jumped at the opportunity to tap into our interested UCSDH talent pool to fill their openings. Currently, there are 33 units participating units in the program with leaders posting “New to...” positions as resources allow.

The program is maintained with ongoing successful outcomes and is promoted as part of onboarding professional development that is located in the Nursing Resource Hub.

Nurses who participate in the program are encouraged to take all appropriate step to make themselves a top quality candidate in preparation for a possible interview. Often, nurses reach out to the Nurse Engagement and Retention Specialist, Laura Rossi, for support and guidance. Suggestions provided to nurses interested in transitioning are often circumstantial, but most commonly include:

Communicate your goals to transition. Discuss your career objectives with your current Manager, Assistant Manager or Nurse Educator. Your leadership team understands the desire to evolve and it is the leader’s responsibility to help support that growth.

Do your research! When you know the area you’d like to transition to, learn what steps you can take in your current role to support your end goal. Research what classes and certifications are required and sign up. Research other colleagues in the areas of which you are interested and send an email asking for advice or tips on how to prepare for a possible opening.

Treat each job application uniquely. Resumes should be up to date, well written and grammatically accurate. Don’t skip on updating your resume just because you’ve been with UCSDH for a while.

Invest time in your cover letter! A cover letter should explain the story of where you’ve been and where you want to go in your practice. It shows hiring managers a bit of your personality and passion.

Keep it up! UC San Diego Health is an incredible place to work! The high volume of top quality candidates applying for open positions is a testament to that. If you don’t get the first or second position you apply for, don’t give up! Tenacity is the name of the game. A great resume, cover letter, and interview style are just as important as a great connection and timing!

Development of a Certification Preparation Course

By: Steffanie Bartholme, BSN, RN, PCCN and Melissa "Missy" Meehan, MSN, RN, ACNS-BC

According to the American Nurses Credentialing Center, specialty certification, while not required by hospitals, is encouraged as a standard excellence in practice. Certification can be defined as the criterion standard of professional practice, distinguishing excellence in nursing care, mastery of knowledge, skills, and abilities beyond the scope of professional licensure. Certification supports an individual nurse's qualifications for practice in a defined area (Fleischman, Meyer, & Watson, 2011). Obtaining your specialty certification is supported by our Nursing Strategic Plan, the UCSDH Certification differential compensation, the Patrons of Nursing Scholarship, CNA Union Contract Article 6, and Certified Nurses Day. Professional development guidance is available on Pulse (<https://pulse.ucsd.edu>) and the Education Development and Research center hub (<https://pulse.ucsd.edu/departments/EDR/Development/Pages/default.aspx>).

As a clinical nurse of six years with four years in Hillcrest's Progressive Care Unit (PCU), 10E, I was ready to professionally advance but unsure how to go about this. I had heard from others that "getting certified" was a good next step yet was unaware of available resources to help nurses prepare for the Progressive Care Certified Nurse (PCCN) exam. Navigating my way through the certification process on my own, I often found myself frustrated, overwhelmed, and not prepared for the exam with my

own self-study. After two attempts, I achieved my PCCN in July of 2016, but knew there had to be a better way! I also knew that I could not be the only nurse feeling lost and confused on their certification journey. After conversations with my manager about these feelings, he enthusiastically supported my idea to create a PCCN prep class. From there, the journey to obtain my Clinical Nurse III (CNIII) began as I started my project "Creating a Culture of Certification Through Education and Acknowledgment."

In 2016, 10 East, a 26-bed medical-surgical telemetry unit transitioning to a PCU with approximately 50 nurses, needed to meet nursing education needs to care for patients with PCU-level of acuity. In order to address this, nurses needed to increase their competency, with PCU didactic and direct clinical training on a PCU. With Jacobs Medical center opening and the need for greater numbers of PCU-skilled nurses across the system the prep course was timely. The purpose of this project was to create a culture of certification by increasing nurse awareness of PCCN certification benefits and increase the percentage of certified nurses on 10 East. Content was developed for two 8-hour course days with curriculum to support PCU RNs seeking to successfully pass the national PCCN exam, the PCCN certification criteria.

The evidence-based curriculum I created included a curriculum built within over 500 PowerPoint slides to support the RN's learning. To



Steffanie Bartholme, BSN, RN, PCCN

has been a nurse for 10 years graduating from the University of Illinois Champaign-Urbana campus in May 2011. She worked as a nurse in Illinois for 2 years before moving across country to San Diego. She has worked in a variety of units including med/surg, PCU telemetry, and now in the Critical Care Unit (CCU) at UCSD Hillcrest Campus. She has a passion for lifelong learning and career advancement. Outside of work, Steffanie enjoys running, snow skiing, and spending time with her nieces and nephew.



Melissa "Missy" Meehan, MSN, RN, ACNS-BC is the Quality and Professional Development Liaison for Hillcrest Inpatient Med/Surg Service (HIMS). She graduated from Cerritos College with an AA degree in Nursing and later from Point Loma Nazarene University's bridge program (RN to MSN). I have 34 years of acute hospital, ambulatory, home health nursing, and academic research experience. Twenty plus years experience in liver disease, transplantation, hepatobiliary surgery and pediatric infectious disease have all involved a high degree of project management and program development in high risk/vulnerable patient populations. Additionally, I am a National Board certified Adult Clinical Nurse Specialist. My current position at UC San Diego Medical Center as Quality and Professional Development Liaison, affords me the opportunity to support and engage RN staff as an entire division, at a specific unit level, or one on one individual to meet their professional development and educational needs to elevate our nursing practice. Mentoring, educating, role modeling and life-long learning are integral elements of both my personal and professional life. Beyond my current staff responsibilities, I have participated in additional activities representing our division and the role within UC San Diego Health (UCSDH), and to the greater local and national professional community. I am an adjunct professor at for several University Nursing programs. I am a single mother to a very vivacious and inquisitive 14-year-old daughter who has been keeping me on my toes ever since we adopted each other. I enjoy many creative endeavors of the textile nature to fine art oil painting. I garden, bake, quilt, knit, and sew. I have enjoyed much world travel and served on 3 medical missions to Haiti and Guatemala.

further support the RN's learning I coordinated with multiple internal content experts to validate and teach portions of the curriculum. During prep course planning, there were numerous challenges related to building the didactic, coordinating with content experts and scheduling the courses. Establishing the prep course as formal nursing education associated with continuing education contact hours (CEUs) included work I had not previously managed. Developing this program pushed me to a new level, learning many new skills along the way.

Since the launch of the PCCN prep course in May 2017, 10 East has seen an increase in PCCN-certified nurses from 9 to 20, with an overall certification rate of 40%. This is above the national average of 38%. In July 2018, 10 East officially transitioned to a PCU unit. After success on 10 East, I wanted to extend my PCCN prep course across Hillcrest Inpatient Medicine division. I held a second round on classes in summer 2018 with 18 total nurses attending from four units. I presented my project for my CNIII reclassification and at the Nursing Inquiry and Innovations Conference in 2018 via poster.

In 2018, with the help of our educator, Amy Kalinowski and my mentor, Missy Meehan, the prep course expanded to a house-wide program. Content experts generously continued to volunteer their time teaching sessions. Prep course content was further aligned with the PCCN exam and amended to be inclusive of learners seeking to obtain their med/surg certification exam (CMSRN) as well. In 2019, four two-day sessions were offered free of charge to all UCSDH nurses between August and November. Over 200 nurses registered and 154 attended, each receiving 16 CEUs. Identifying those who successfully passed the exam was challenging and even more so with the pandemic emerging.

PCCN certification rates will be included with our Magnet redesignation application as part of all RN professional certifications. With the support of many, it has been an honor to turn what was my personal struggle to become PCCN certified, into a valued resource and for not just my unit or division, but also for any nurse across UCSDH wishing to become PCCN or CMSRN certified. Each session's evaluations, filled with RN thank yous and notes of gratitude, was also validation of work to create change.

This year, amid the pandemic, Amy and our content experts adapted the course to virtual option with the addition of two additional Zoom sessions in June and September. Adaptations included converting over 200 review questions to PollEverywhere to enhance participant engagement (answering questions through app on their smart phones and seeing results on Zoom slides) and confirm comprehension, as well as simulate sample test question experience. Conference rooms were reserved for some speakers to teach virtually with support of educator, with some speakers teaching from their remote location and Amy or Missy managing the Polling and chat room questions for each session. Where possible, content was converted to slides with voice over to be reviewed by participant ahead of class at their own pace—in an effort to help reduce 'Zoom fatigue'. It 'takes a whole village' to innovate and persevere with dissemination of knowledge in a pandemic! Obtaining your certification has also become more difficult through the pandemic with testing centers having stricter rules or shorter hours as well as individuals being more strapped financially to afford the upfront cost of the exam. Either way, turnout for the 2020 virtual classes were a success and nurses continue to be interested in expanding their nursing knowledge. Due to popularity and demand, we have three sessions scheduled for 2021 beginning in March.

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International Collaboration During a Global Pandemic

By: Laura Chechel, MSN, RN, CNS, CCRN-CSC-CMC

According to the 2021 Gallup poll, nurses have been rated the most honest and trusted professionals in America, marking the 19th year in a row that they have held this top honor. Those who work with or receive care from a nurse understand the rationale for this long-standing designation. As the COVID-19 pandemic rages on, nurses throughout UC San Diego Health (UCSDH) have upheld the nursing code of ethics by working day after day, selflessly putting concerns for their own health and that of their families aside. In the absence of hospital visitation, nurses have stepped in not only as care

providers, but also as replacement friends/family to patients. During this time, I have never been more proud to be a nurse leader. I learned that there is no limit to what nurses are willing to take on when it comes to the health and wellbeing of their community.

At the beginning of the COVID-19 pandemic, Dr. Jess Mandel, Chief of Pulmonary Critical Care Medicine, began coordinating with medical professionals in San Diego County to engage with their medical counterparts in Tijuana, Mexico. The group collaborated with Tijuana Hospital General (TGH) regarding the COVID-19

pandemic response to share best practices for care and treatment of affected patients. Kelly O'Connor, RN, 3GH, ICU, was the first nurse to participate in the collaboration with TGH. In May of 2020, I traveled to TGH accompanied by fellow nurses, Danisha Jenkins, MSN, RN and Christina Kelley, DNP, CNS to present the TGH nurse leaders with didactic education on Acute Respiratory Distress Syndrome (ARDS) and prone therapy. The education concluded with hands on training in prone techniques with the TGH nursing staff. Despite the burnout and exhaustion

they were feeling from the pandemic, nurses and physicians traveled to TGH Monday through Friday.



Laura Chechel, MSN, RN, CNS, CCRN is Nurse Manager of the Cardiovascular Intensive Care Unit at UCSDH. She has worked in the ICU setting since 2004 and joined the UCSDH team in 2012. She is currently chair of the Leadership Oversight Committee and participates in the Professional Development Council. She is also an active member of several professional organization including the American Nurses Association-California (ANA\C) and The Association of California Nurse Leaders (ACNL). She sits on the legislative committee with the ANA\C and is a Membership Assembly Representative. She is also co-chair of the ACNL Subcommittee on Racism & Social Injustice in Healthcare.



PPE for MGH and TGH included a full suit with double masks and double eye protection

Nurse volunteers from UCSDH 3GH/CVICU and Sharp Chula Vista Medical Center (SCVMC) provided reinforcements of the education and training with TGH staff over the next 4 weeks. In total, over 40 nurses joined the cross-border collaboration to help TGH nurses care for patients and improve outcomes.

At TGH, much like San Diego, staffing challenges were evident. In spite of these and other pandemic-related challenges, the TGH nurses maintained an overwhelmingly positive outlook about their work and an eagerness to learn. They were exhausted and overworked, but still committed to learning all they could. The experience was powerful and humbling for many of the volunteers, including myself, as exposure to a health system and cultural milieu other than our own was an opportunity for both teams to develop a deeper understanding of alternative nursing care delivery models.

After hearing about the collaboration between TGH and

the San Diego teams', Mexicali Hospital General (MGH) inquired about collaborative efforts with their facility. In a matter of weeks, nurse and physician volunteers began sharing best practices with MGH. Nurse education expanded beyond prone therapy to include nurse driven sedation/analgesia titration practices. A weekly debrief with the UCSDH Healer Education and Assessment Referral Program (HEAR) team allowed the volunteers to process the experience. HEAR team members supported volunteers through discussion on the effects of the COVID-19 pandemic, the alternative care environment, and the overall collaboration.

The community engagement experience had an empowering effect on the nursing teams in San Diego, Tijuana and Mexicali. Patient outcomes improved and nurses reinvigorated their goals of optimizing care and processes to improve survival for patients with COVID-19. Using the Magnet values of community inclusion

through structural empowerment, relationship between San Diego hospital systems strengthened and international relationships were forged. As the pandemic continues, so does the international collaboration between Tijuana and Mexicali Hospital General, UCSDH and the San Diego community. This collaboration brings new meaning to the word "community" and allows nurses to connect in meaningful and rewarding ways.



Laura Chechel, Christina Kelley, and Danisha Jenkins outside of TGH hospital and walking across the US/Mexico Border



Our Shared Governance Journey

By: Ellen Nyheim, MSN, RN

In 2005, UC San Diego Health had a nursing council called the Nursing Clinical Action Network (NCAN). This was a committee of direct care nurses from all units that had led the efforts to represent the professional practice of nursing for years. NCAN recognized the need for broader representation of direct care nurses in decision making and embraced the Magnet Model as a method to achieve nursing excellence.

In 2006, with the new Chief Nursing Officer (CNO) Margarita Baggett, NCAN representatives and managers met to talk about a strategy. At that time, the 2005 Magnet Accreditation Manual required we address the 14 Forces of Magnetism.

Originally conceived in 1983,^[1] the 14 forces of magnetism establish the essential elements or building blocks of excellence in nursing and the provision of high quality care. The Magnet™ program grew out of 41 hospitals selected as “Magnets” by the American Academy of Nursing during the nursing shortage in the 1980s.

A quick review demonstrated we needed to initiate a shared decision-making model to address Force #2 specifically, but to meet the other Forces as well.

The 14 *Forces of Magnetism* are summarized below with details on shared governance highlighted:

1. Quality of nursing leadership

2. Organizational structure: The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. The Chief Nursing Officer typically reports directly to the Chief Executive Officer and serves at the executive level of the organization. The nursing organization has a functioning and productive system of shared decision-making/governance.

3. Management Style: Nurse leaders use a participative management style, empowering nurses at all levels of the organization. Feedback is encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

4. Personnel policies and programs: Personnel policies and programs, created with the involvement of nurses at every level, support professional nursing practice, work/life balance, career development, and the delivery of quality care.

5. Professional models of care: A professional practice model describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organizations (patients, families, and community).

6. Quality of care

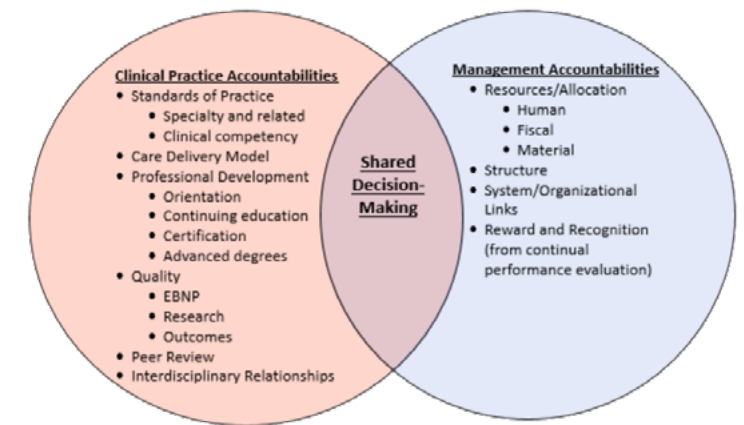


Ellen Nyheim, MSN, RN
I have been a nurse for over 40 years. I started as an ADN and returned to school twice! My clinical days were spent in the ICU as both a staff nurse and manager. I received my CCRN in 1978! Since coming to UCSD 25 years ago, my focus has been in quality improvement and partnering with all nurses on the Magnet Journey. I am happy to say we are poised to be re-designated for the 3rd time! I am proud to be part of an organization committed to improving the professional nurse and patient outcomes.

- 7. Quality improvement**
- 8. Consultation and resources**
- 9. Autonomy**
- 10. Community and the hospital**
- 11. Nurses as teachers**
- 12. Image of nursing**
- 13. Interdisciplinary relationships**
- 14. Professional development**

In January 2007, our Shared Governance model was discussed, councils defined, and initial definitions of shared decision making were discussed using the framework designed by Tim Porter-O’Grady, DM, EdD, ScD(h), FAAN, the leading expert on Shared Governance. Figure 1 is how we defined decision making in our model.

ACCOUNTABILITIES FOR SHARED DECISION-MAKING

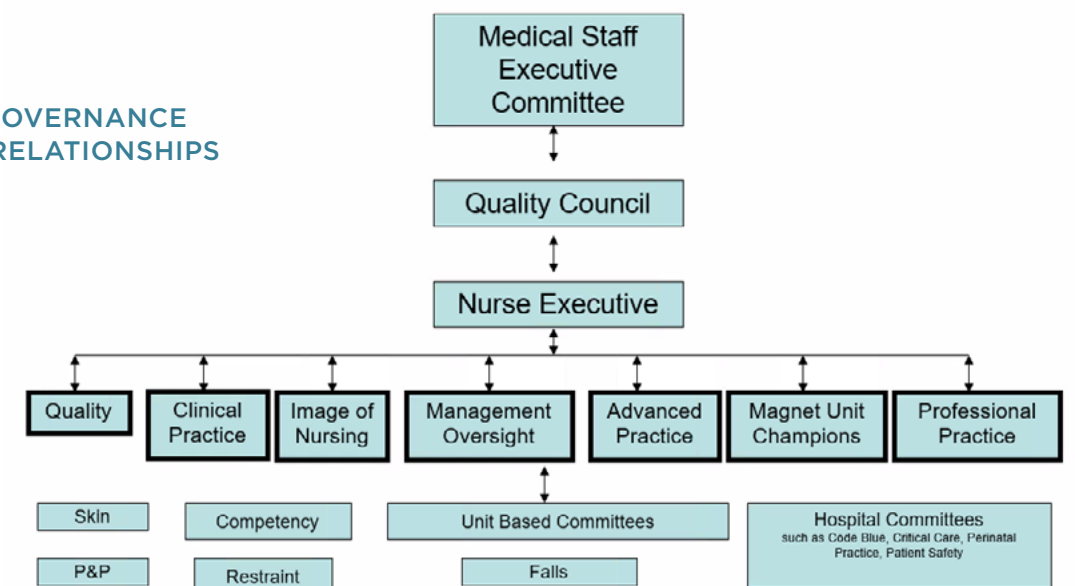


Shortly after, a graduate student doing a leadership practicum, assisted in developing our model graphically. It was used to introduce the Nursing Philosophy to the organization. It demonstrates the intersection of the 14 forces within the Councils created.

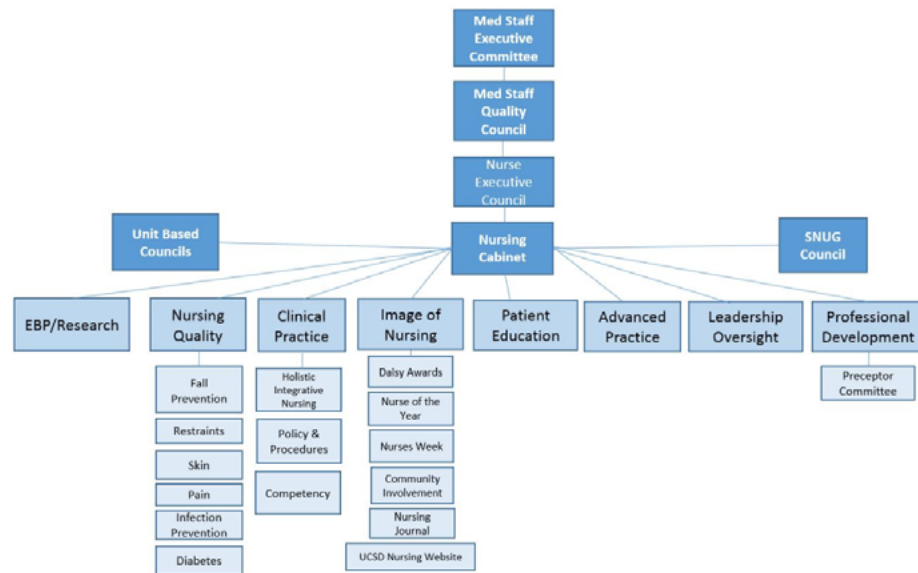
14 FORCES OF MAGNETISM



SHARED GOVERNANCE REPORTING RELATIONSHIPS



2021 SHARED GOVERNANCE ORGANIZATIONAL STRUCTURE



We have found the real heart and soul of shared decision making is done at the unit-based practice council level. The guiding principles of accountability, equity, partnership, and ownership have created a culture where outcomes are created at the point of care! Our next steps are inviting other disciplines to partner with us formally in these councils.

Our Shared Governance model has been refined several times over the years. A Cabinet was formed to integrate the work of all the unit-based councils. Most recently, the Cabinet has been active in improving the engagement of nurses and celebrating innovation and excellence through “What’s New in the U” conferences.

Adapted from the 2005 Magnet Application Manual. American Nurses Credentialing Center, (2004). The Magnet Recognition Program, Application Manual 2005. Silver Spring, MD



Stephanie Chmielewski, BSN, RN, PCCN, HNB-BC has been working as a Registered Nurse on the Trauma Progressive Care Unit at Hillcrest Medical Center since 2014. Before working at UC San Diego Health, she worked as a Registered Nurse at the Cleveland Clinic in Cleveland, Ohio. She earned her Bachelor of Science in Nursing degree from Xavier University in Cincinnati, Ohio. Stephanie’s team voted her as “Nurse of the Quarter” in 2016 and 2020. She was recognized as the 2020 UC San Diego Health “Clinical Nurse of the Year,” and she also received the Exemplary Professional Practice award. Stephanie is a dual graduate degree student at Xavier University

pursuing her Master of Science in Nursing and Master of Science in Criminal Justice. She enjoys the San Diego sunshine and spending quality time with her family, friends, and dog Leela. Stephanie is passionate about traveling and has visited six continents. She rescheduled her 2020 expedition to Antarctica due to the COVID-19 pandemic. Stephanie is looking forward to exploring again when the world has healed.

My nursing journey has been a personal and professional experience in serving the health of others. This work began with my first nursing job at the Cleveland Clinic in Cleveland, Ohio, and continued when I relocated to San Diego, California. I started working at UC California San Diego Health in May 2014 on the Trauma Progressive Care Unit. My colleagues encouraged me to join the Unit Based Quality Council (UBQC), and I attended my first meeting in December 2014. I was seen diligently taking notes, as I experienced a genuine interest in the topics and tried to stay awake after working the night shift. With my enthusiasm for improved quality and evidence-based knowledge, I was eventually nominated to the Chair role, which I served from September 2016 until April 2018.

Unit-based participation is so vital because nurses can advocate for change processes at the bedside. Problems are identified, plans are created, implementation occurs, and patients and staff benefit as a result. Unit-based collaboration with various interdisciplinary teams is paramount to increasing education and safety initiatives. Unit-based improvement projects contribute to stellar outcomes that benefit the whole hospital system at-large.

A unique requirement of the UBQC Chair is to attend monthly Nursing Shared Governance Council (Nursing Cabinet) meetings. Chairs from hospital-wide units and departments attend, facilitating communication at all levels of nursing. The Nursing Cabinet enhances decision-making at the clinical nurse level. Through a report-out, I learned about the Clinical Practice Council (CPC), and I was excited to branch into greater hospital-wide participation. I began attending the Clinical Practice Council meetings in September 2017. The CPC addresses clinical practice changes within the organization through interdisciplinary partnerships to implement system-wide process improvements. The council also discusses and supports updates to nursing clinical practice guidelines



Kristina James MSN, RN, CNL, PCCN is a Registered Nurse on Jacobs Medical Center 4FGH Surgical Oncology PCU. She earned her MSN from the University of San Diego. She has worked at UC San Diego Health since 2013. She received Rookie of the Year in 2014 and Nurse of the Year for her unit in 2019 and 2020. She has served as the Chair/Co-Chair for Clinical Practice & Informatics Council, Nursing Cabinet, and UC Irvine Health/UC San Diego Health Shared Nursing Governance Council. Through these roles she was able to facilitate the development and dissemination of the Nursing PPM and Mission, Vision, and Motto. In her free time, she enjoys keeping active with barre classes, spending time outdoors, and traveling to new places.

I began my shared governance journey like many of my colleagues by joining my Unit-Based Practice Council (UBPC) as a New Graduate nurse upon the encouragement of my assistant manager. At UBPC, staff representatives share updates from hospital-wide committees, new education is rolled out, and unit-level issues are discussed.

After six months participating in

UBPC meetings, the opportunity to attend the Falls Prevention Committee arose. I quickly fell in love with the group and the way we were able to positively impact patient outcomes with our fall-prevention strategies.

Eager to learn more about how hospital-wide decisions were made, I joined the Clinical Practice Council in February 2015. I was impressed by the amount of knowledge the group

possessed and how we were able to make a difference in nursing practice. At first it was intimidating being surrounded by such experience, but I quickly realized we were all there for the same reason, our passion for nursing. I was able to find my voice on Clinical Practice Council and I felt proud to be able to represent my colleagues when making decisions that affected us. After a year and a half with Clinical Practice Council, I was elected Co-Chair. This was a great opportunity to learn more about how nurses are connected throughout our health system and helped me identify our subject-matter experts. In March 2019, I was elected as the Clinical Practice Council Chair. As Chair, I was responsible for facilitating discussions about best practices and updates to Nursing Clinical Practice Guidelines. One of my responsibilities as Clinical Practice Council Co-Chair and Chair was to attend Nursing Cabinet and report out on the updates from Clinical Practice Council.

While I was Clinical Practice Council Chair, I was invited to help create the first inter-facility shared

governance council with UC Irvine Health (UCI). Since both facilities utilize the same EPIC charting system, the UCI/UCSDH Shared Nursing Governance Council was established to set up a forum for both campuses to come together and make consensus-based changes.

Due to my passion for shared governance, in January 2019 I was elected Nursing Cabinet Co-Chair. As Co-Chair, I was able to transition our UBPC Chair Report Outs from monthly Nursing Cabinet meetings to a more global environment. Nursing Cabinet now hosts a twice-annual event for all staff to attend. This transition has allowed units to showcase their Performance Improvement and Evidence-Based Practice projects for a larger audience. It has also allowed more time for shared decision-making to occur at Nursing Cabinet meetings.

The work each of the hospital-wide shared governance groups does has been pivotal in creating the open culture within our nursing staff. Having representatives from inpatient units and outpatient settings has allowed us to address issues that

arise at the unit-level and come up with a collaborative solution. Some great examples of this collaboration are seen with the changes we have been able to implement in EPIC to streamline charting, as well as improvement in discussions and dissemination of best practices and changes to our Nursing Clinical Practice Guidelines. Most recently, due to our strong collaborative efforts we were more quickly and easily able to create open dialogue with leadership and frontline staff during the COVID pandemic. The goal of each group is to have a representative from every unit to ensure adequate representation. Unit representatives serve as a bridge between their colleagues and the rest of our health system. They serve as a two-way vessel for information flow. It is so easy to get involved! Ask your UBPC Chair and Co-Chair how you can participate at the unit-level or go to the Nursing Resource Hub and reach out to the Chair of a hospital-wide group that interests you. It is incredibly rewarding to be able to shape the nursing experience here at UC San Diego Health!

and educates staff on new equipment and services. The Clinical Practice Council includes three sub-committees, the Policies and Procedures Committee, the Palliative Care Committee, and the Holistic Integrative Nursing Committee. Each committee is imperative to serving the ever-changing and growing needs of UC San Diego Health patients, families, and hospital staff.

I was nominated to the Co-Chair role of the Clinical Practice Council in May 2018. As the Co-Chair, I assisted with organizing monthly interdisciplinary meetings with the Chair and conducted the meetings when the Chair could not attend. I collaborated with the Chair and the interdisciplinary teams, transcribed meeting minutes, facilitated group communication, and assisted with dissemination. I also assisted with writing and revising the UC San Diego Health Nursing, Mission, Vision, and Motto.

As a result of my passion for excellent outcomes and my organizational skills, I was nominated to serve as the Clinical Practice Council Chair in June 2019. As the Chair, I organize monthly agendas, conduct interdisciplinary meetings, facilitate communication, and the review minutes transcribed by the Co-Chair. I was instrumental in the Informatics Committee's re-integration to create the "Clinical Practice and Informatics Council." With the assimilation of nursing informatics support, the council can identify and solve problems at a much more efficient pace. As the Chair, I collaborated with nurse educators to update, revise, and edit the Pain Clinical Practice Guidelines. I also edited the Ultrasound-Guided

Peripheral Insertion Guideline and Ultrasound-Guided Peripheral Insertion Competency Based Orientation for clinical nurse staff. I identified the need for increased accountability and safety during online meetings, which were essential during COVID-19 precautions. With the Clinical Practice and Informatics Council's support, we created the "Zoom Etiquette" guidelines and worked towards system-wide dissemination.

Serving in leadership roles at UC San Diego Health has given me the opportunity and the confidence to improve my nursing practice and my communication skills. Through my hospital-wide involvements, I have networked and created professional relationships with nurses and interdisciplinary team members across the system. Collaboration and teamwork are at the helm of nursing, and they are essential to creating positive change and results. I feel comfortable asking for assistance when the need arises, either at the unit or hospital-wide level. I also feel supported and connected to other hospital system leaders, from management to the Chief Clinical Officer, Margarita Baggett. My advice to nurses who are thinking about getting involved at the unit or system-wide level is - please take the leap of faith. You will not regret it!



Lilian Canamo

Lilian graduated from the University of Central Florida with an undergraduate degree in Nursing. She continued her education at Johns Hopkins University, graduating with a Master of Science in Health Systems Management. She is currently pursuing her Doctor of Nursing Practice at the University of San Diego, concentrating on Data Science and Nursing Informatics.

Lilian began her career at UC San Diego Health in 2017 and has spent the majority of her frontline nursing experience caring for the trauma step-down population. Lilian seeks to teach and lead others, apply innovative frameworks, and find solutions to shape the nursing profession. She is the Chair of the UCSD Nursing Research and Evidence-Based Practice Council and orchestrated the 2020 UCSD Annual Nursing Conference. She has also presented at several national platforms, including the Sigma Theta Tau International.

I became interested in the Nursing Research and Evidence-Based Practice Council (NREBP) after witnessing my colleagues achieve their clinical nurse three status. I wanted to expose myself to other projects and research to grasp how to better appraise literature, stay in the loop with organizational hot topics, and create a networking bond with other nurse leaders who are strong in quality improvement and evidence-based practice as a future resource.

When I joined the NREBP council, my personal goal was to start an evidence-based practice project at my home unit. The NREBP council also serves as an avenue to our San Diego Evidence-Based Practice Institute; thus, a perfect structure to join a program to learn the processes the NREBP speaks to and applying it at the bedside. I wanted to gain knowledge at a macrosystem level as to what factors affect healthcare programs or interventions to launch at the bedside.

The main components of the NREBP program are:

- Showcase nursing art and completed research, quality improvement, and evidence-based practice projects at the annual conference
 - Hold (2) journal clubs on nursing hot topics with keynote speakers and open to all of UCSDH members
 - Guide nurses interested or currently implementing nursing projects in all settings
 - Select candidates to participate in the San Diego Frontline Line Leaders Academy and Evidence-Based Practice Institute
 - Celebrate article publications by UCSDH nursing staff members
- As part of the council, I held the Chair-Elect position from 2019-2020 and currently the Chair for 2020-2021.

What did you find challenging about it?

The most considerable challenge of this committee was not only ensuring it continues to run virtually during the pandemic but ultimately ensuring the growth of this committee continues to expand to more frontline nurses at a variety of departments.

What did you learn from the program?

From the NREBP Council, I learned how to appraise and critique abstracts, posters, and presentations. This program guided me on what an excellent nursing product looks like and how to teach others to improve writing or presentation skills.

How has your participation in the program impacted you?

This program has truly exposed me to different nursing clinical problems that I would not commonly see at my home unit. This program has given me a larger perspective of the nursing practice in general and a better appreciation of the work it takes to make any difference in patient outcomes. This group gave me a better insight into the difficulties of making a change, the factors that affect a program to initiate at a multi-system and interdisciplinary level, and a strong sensitivity to how nursing changes to improving patient outcomes.

How has your participation in the program impacted your nursing practice?

By joining this group, I learned about the evidence-based practice process, programs, and structures out there in San Diego to guide learning, apply the framework, and ultimately what it truly means to change and improve patient care. My nursing practice now takes into consideration that any gaps identified should be followed through with strong evidence-based solutions. Nursing practice is more than just what was taught in nursing school but the adaption of what other healthcare systems have found to be not only successful but safe.

What are your next steps (for example, dissemination, leadership advancements, project sustainment)?

The next step we plan on achieving is expanding and engaging more nursing membership from various departments and making processes more comfortable to allow nurses to utilize the council as a presentation practice platform and consulting service to sustain projects.

Why would you recommend the program to others?

I would recommend this program to others. I had some but somewhat limited exposure to the evidence-based practice and quality improvement process during my bachelor's degree. It was great to see that this council places a lot of effort into assisting others in the process and putting together an annual conference in showcasing both the art and science of nursing. The program puts into a full circle and pushes the nursing practice barrier in all settings and the true philosophy of nursing.

CALL TO ACTION

If you're just getting started, join your Unit-Based Practice Council

If you're looking to become more involved at the organization-wide level look into joining one of the councils mentioned above that fits your interest

UC San Diego Health Image of Nursing

By: JoAnn Calingay and Celine Palmiter, BSN, RN, OCN

The Image of Nursing Council was established in 2007 with the purpose of empowering UC San Diego Health nurses to deliver high quality patient care by promoting a culture of wellness and professional fulfillment. This council supports structural empowerment through recognition and appreciation of nurses whose commitment to caring is demonstrated by exemplary family-centered nursing practice, resulting in improved healthcare outcomes. We promote the image of nursing within the San Diego community through engagement with community organizations and participation in events that help improve patient outcomes and health of our local community.

OUR MISSION IS TO:

- Ensure positive change and professional nurse image at UCSDH and to the surrounding community
- Provide an opportunity to showcase positive accomplishments for our nursing staff via the nursing journal, website, and professional recognition events and through community involvement
- Continue to elevate the recognition status of the professionally accomplished and engaged UCSDH nurses

WE ARE COMPRISED OF EIGHT SUBCOMMITTEES:

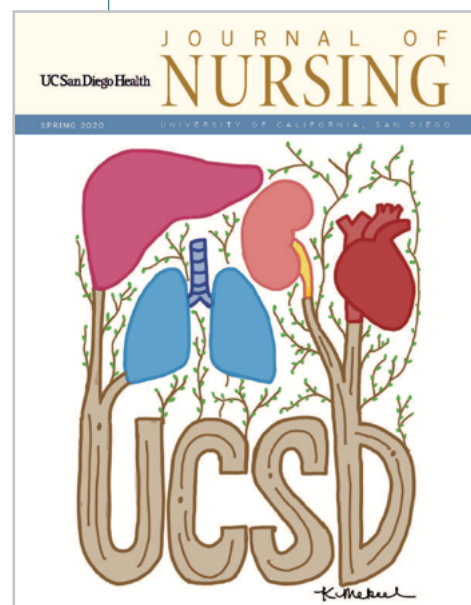
- Certified Nurses Day
- Community Involvement
- Daisy Award
- Nursing Journal
- Nursing Excellence Awards
- Future of Nursing
- Nursing Website/Social Media
- Nursing Historical Archive



JoAnn Calingay has worked in both the Hillcrest and La Jolla Campus for the past 14 years. She is currently saving lives in the Neuro ICU at JMC. When she is not working at the hospital, you can find her at the beach reading or hanging out with her 5lb Maltese, Chloe. JoAnn is on a never-ending search for the best mac and cheese.



Celine Palmiter, BSN, RN, OCN is a clinical nurse at Moores Cancer Center, specializing in GI Medical Oncology. She earned her BSN from San Diego State University in 2009 and joined UCSDH in 2014. She is Co-Chair for UCSDH Image of Nursing Council, Principal Managing Editor for the UCSDH Nursing Journal and serves as Treasurer for San Diego Oncology Nursing Society.



Certified Nurses Day is an annual day of recognition for and by healthcare leaders dedicated to nursing professionalism, excellence, recognition, and service. Every March 19, the Image of Nursing committee honors nurses who contribute to better patient outcomes through national board certification in his or her specialty. Each certified nurse is invited to the special event where delicious pastries and healthy treats are provided.

The DAISY Award® is presented to a nurse that provides extraordinary compassionate care to patients. This award is special because nurses are nominated by patients, family members, nurses, physicians, and/or other staff. We present DAISY awards to 12 nurses per year. Our past winners have spanned a wide variety of specialties within the inpatient and outpatient setting, which is a true testament to the consistency of compassionate and excellent nursing care provided across our system.

Besides recognizing the outstanding work of our nurses, the council has played an invaluable role in promoting the image of nursing at UCSDH locally through community involvement. This subcommittee further enhances our professional nursing image through participation in UCSDH based community functions/health fairs and with local community groups, such as the San Diego Food Bank. There is a yearly 'Community Service Council Challenge' to provide further incentive for nurses to participate in community events. In 2019, Jacobs 3GH won with an incredible 609 volunteer hours.

We are able to share nursing achievements through our Website/Social Media subcommittee. This team works continuously to ensure that our external UCSDH nursing website contains up-to-date information regarding multiple professional development programs offered by the organization such as the accredited New Graduate Program and the internal transition to practice program, Bridges to Nursing Excellence. The site contains information related to the UCSDH Nursing mission, our

Magnet journey and opportunities to support nursing. A new, exciting component to this subcommittee is the partnership that it has formed with the UCSDH Marketing and Communications Department. By teaming up, we are now able to recognize nurses on UCSDH social media sites (Facebook, Instagram), allowing nursing accomplishments to be publicized to a larger audience within our community. This outward facing image is quite important as it is where many nurses look to determine whether or not they would like to work at UCSDH.

During Nurses Week in May, the Image of Nursing selects and recognizes the exceptional nurses who make UCSDH one of the world's foremost authorities in patient safety and quality outcomes, evidenced by performance measures. The Excellence in Nursing Awards was established as a peer nominated accolade that recognizes clinicians who exemplify excellence in nursing via contributions to mentorship, professional and patient education, or excellence in research or writing. There are four role categories and within each role there are five Nursing Excellence classifications:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements
- Empirical Outcomes

The role categories include; clinical nurses, nurse consultants and nurse leaders. In 2021, an opportunity for more award winners was established when the committee voted to restructure the nomination role categories and divided the Clinical Nurse role into two categories recognizing Clinical In-patient and Clinical Ambulatory nurses individually.

Additionally, one Nursing Team award is recognized annually. This award honors a unit, committee or special project team that is led by nurses in partnership with inter-professional members. All of the award criteria focuses on the key values found within our professional practice model, strategically honoring nurses who live the model

“The Image of Nursing Council consists of a core group of dynamic, hardworking, and engaged individuals. I was drawn to be part of this team because of its mission and vision. Additionally, this committee highlights the nursing profession by providing reward/recognition, nursing support, and service to the community.

I became the co-chair of the subcommittee Community Involvement in March of 2020. My participation enables me to stay socially connected with my peers, network with our local agencies, support essential projects, and motivate others to give back to our community. Being part of this subcommittee provides me with the opportunity to

exercise my leadership skills in order to become an effective communicator, coordinator, and collaborator with various constituents. It is truly rewarding to provide servant leadership by placing the needs of others first. Being an active member broadened my perspective as a transition nurse specialist when we work together and volunteer. Most importantly, volunteering provides great satisfaction and enjoyment. To quote a very famous scholar, Mahatma Gandhi, “The best way to find yourself is losing yourself in the service of others.” We welcome all those who wish to participate in improving our community initiatives.”

-MJ David, MSN, RN, PCCN, RN-BC



Certified Nurses Day



UCSDH Perianesthesia department volunteering at the San Diego Food Bank



2020 Nurses Week

in everyday practice.

Every year for Nurse’s Week, we publish our annual UCSDH Nursing Journal. This journal started in 2008 and has had 15 editions, each with a different theme; past topics include Solid Organ Transplant Nursing, Progressive Care Unit transition and Oncology Nursing. The journal gives the opportunity to highlight nursing knowledge and experience within specific specialties, nursing achievements and new nursing

innovations/research specific to UCSDH.

The purpose of the Nursing Historical Archive subcommittee is to foster the importance of history as relevant to understanding the past, defining the present, and influencing the future of nursing. The main focus is the collection, preservation, and use of materials of historical importance to nursing. UCSDH has a rich nursing history, and the committee has reached out to senior

nurses to share their experience as a nurse and how nursing has changed throughout the years.

Nurse Recognition: The DAISY Award Program

By: Jodi Traver, PhD, NE-BC and Laura Rossi

The DAISY Award was created in 1999 by the family of Patrick J. Barnes with the intention to honor the legacy of the nurses who cared for Mr. Barnes in his final days. The Barnes Family chose to create a unique award program that specifically recognizes nurses who demonstrate the art of nursing through compassionate patient care.

What makes the DAISY Award (Diseases Attacking the Immune System), particularly special is that the nominations are story-based and submitted by patients, family members and nursing team members. This nomination-based award format allows individual and teams of nurses to be recognized for empathic care provided at the frontlines.

Since partnering with the DAISY Foundation in 2010, UC San Diego Health receives rolling submissions for nominations and currently selects twelve winners annually. Winners are selected by the DAISY Award Committee, a sub-committee of the Image of Nursing Committee. When reviewing nominations, the DAISY Committee members refer to UCSDH created criteria before making a selection. UCSDH criteria includes:

- Exceptional compassionate care
- Providing clear communication
- Listening with one's ears and heart
- Making a significant difference in a patient's life

- Focusing on the goals of the patient and family
- Working outside of one's comfort zone in critical situations

Between July 2019 and July 2020, 550 nominations were submitted. Many of these submissions were simple notes of appreciation for the care our nurses provided, while others included extensive, beautifully detailed stories of how our UCSDH nurses positively impacted our patient and their families' lives.

Laura Rossi, DAISY Committee Chair and Coordinator (2018-present), had this to say:

"Being the UC San Diego Health DAISY Award Coordinator and Committee Chair is quite possibly the most rewarding part of my position as the UCSDH Nursing Engagement and Retention Specialist. I have the honor of facilitating our DAISY award celebrations once the committee has selected its winners. The selection process itself is inspiring, heartwarming and very challenging!"



Laura Rossi, BA is the UC San Diego Health's Nurse Engagement and Retention Specialist. With a Bachelors from the School of Communication at Michigan State University, Laura has worked for the Nursing Education, Development and Research Department since 2017. Laura refers to herself as a "Nurse Concierge", taking great pride in providing multi-level support, resources and recognition to all nurses at UC San Diego Health. Feel free to reach out to her with questions Inrossi@health.ucsd.edu.



Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization's general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi's specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.

The inspirational stories received through the DAISY nomination process go on and on! The magic of the DAISY Award is that when one nurse wins a DAISY, it's like the entire TEAM wins a DAISY! As anyone knows, nursing is a team sport. All of the amazing, super human acts of service and compassion that one nurse is able to provide to a patient is a direct result of the support their team provides to them.

Examples of UCSDH nurses who have been selected DAISY winners in 2019-2020:



Adam Kistler RN, a Critical Care nurse from Hillcrest 10 CCU, was acknowledged for his act to honor a young veteran entering hospice care during the holidays. Adam presented the patient and his family with a small flag folding ceremony to honor the patient's military service.



Lorna Asana RN, from Pharmacy Infusion Home Care, was recognized for her unseen acts of compassionate care. She takes initiative to spend extra time with patients during home health visits. She is known for offering care outside of the expected, including providing pedicures to a senior residing alone and for cradling a baby so the new mom could take a quick shower during a visit.



Surgical Oncology nurse Jackie Imus RN from JMC 4FGH, was selected for her incredibly innovative and patient sensitive CNIII project. The project objective was to provide patients with ostomy cover packets and resources to help normalize their care needs and reduce the stigma associated with ostomies. Additionally, her project was so impactful it was adopted across multiple departments including the NICU!



CVC ICU nurse, Eric Schauer RN, was recognized for staying after his shifts to play video games and connecting with a young patient in the Cardiovascular ICU, during Covid-19-related visitor restrictions. Eric's effort to befriend the patient over the course of his stay made an enormous impact on the final days of this patient's life.

DAISY WINNERS RECEIVE:

DAISY Pin: Patrick's family noticed nurses often honor achievements and milestones visually through badge pins.

DAISY Award Certificate: Certificates in a plush presentation folder is presented by the DAISY Award Committee Chair

Healing Touch Sculpture: This sculpture is specially carved for the DAISY Foundation by a group of African sculptors from the Shona Tribe of Zimbabwe, who particularly high respect their traditional healers. Sculpture proceeds supports the Shona community.

Cinnamon Rolls: Patrick hadn't been eating for a number of days until one morning when his dad came in with a cinnamon roll and Patrick gobbled it right up! The treats are now provided and shared with the team as a symbol of small victories and ever present hope.

A DAISY banner: The six foot long banner hangs in the unit—for 3-4 months, to be a daily reminder to celebrate the value of exceptional patient care.

Do you wish to recognize a nursing colleague? Submit a DAISY Aware nomination by emailing your story to DAISYaward@health.ucsd.edu or scan the QR code with your smartphone



Related Links:

[UCSDH DAISY Award webpage](#)

[DAISY Award flyer](#)

[DAISY Award nomination form](#)

STRUCTURAL EMPOWERMENT

Supporting our New Graduate Nurses Through UC San Diego Health's Accredited Transition to Practice Program

By: Linda Lobbetael and Jeanna Vazquez

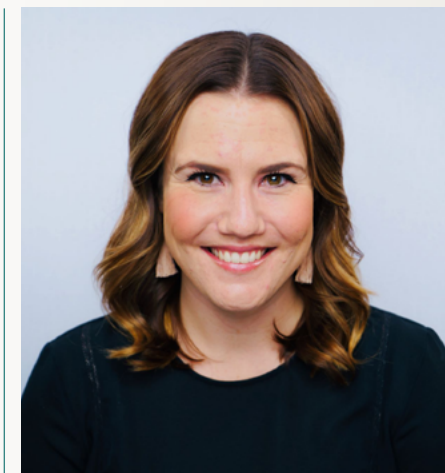
The 2011 report, *The Future of Nursing* by the National Academy of Medicine, formerly called the Institute of Medicine (IOM), called for actions to transform nursing education to meet the needs of our complex and changing healthcare system.¹ The recommendations to achieve that goal included calling for nurses to achieve higher levels of education and for organizations to implement educational programs at the time of entry into the profession post-licensure. To help to move this position forward, the American Nurses Credentialing Center (ANCC) included in their 2019 re-designation process, an expectation of Magnet hospitals to submit evidence of national accreditation of their transition to practice programs. UC San Diego Health (UCSDH) opted to seek accreditation for their New Graduate Nurse Transition to Practice Program through ANCC called Practice Transition Accreditation Program (PTAP). PTAP sets a standard for programs and ensures evaluation of program outcomes.² Research shows that transition to practice programs have better outcomes in terms of competence, errors, work stress, job satisfaction and retention when they are at least 6 months in length, include content related to patient safety, clinical reasoning, communication and teamwork, patient-centered care, evidence-based practice, quality improvement and informatics.³ In addition, having customized curriculums to address

specialty areas were important to achieve those end points.

UCSDH has had a successful New Graduate Nurse Transition to Practice Program for over 11 years and received PTAP accreditation with distinction in 2019. We received accreditation with distinction for the following elements of our program:

- Comprehensive preceptor training, dedicated preceptor committee, and dedicated educator (Jessica Corley MSN, RN, CNS, AGCNS-BC)
- Weekly orientation form, which tracks progress over time
- Specialty boot camps and classes with curriculum based on national guidelines
- The new grads! They were impressed with their confidence and ability and autonomy to act as change agents within their units and the organization

The program is for newly graduated Registered Nurses entering into the profession. The program applies an evidenced-based curriculum, is 6 months in length, has 6 specialty tracks and is implemented by an interdisciplinary team of Nurse Educators, Clinical Nurse Specialists, Respiratory Therapists, Wound & Ostomy Nurses, Diabetes Educators and other experts in palliative care, patient safety, quality and infection prevention. Our program outcomes are measured by retention, satisfaction, professional development, and clinical decision-making ability. Retention of new graduate nurses measured at 1 year, 2 years and 3



Jeanna Vazquez is an experienced public relations professional with a demonstrated history of working in nonprofit, consumer and health care industries. As a Communications and Media Relations Manager for UC San Diego Health, she manages strategic communication campaigns for the health system, with focus in emergency medicine, cardiovascular services, pulmonology and critical care. Jeanna received her Bachelor of Arts in Journalism & Media Studies with an emphasis in public relations and a minor in rhetoric from San Diego State University, where she graduated cum laude.

Linda Lobbestael MSN, RN, NP-D-BC, NP-C

works in the Department of Nursing Education Development and Research for UC San Diego Health System. She joined UCSDH system in 2005. She has 12 years of experience as a clinical RN and 12 years in her role as an educator. She is a recent Nurse Practitioner graduate with specialty certification in primary care and holds a master's of science in nursing with certification in professional development. She currently teaches and leads education for new graduate registered nurses and mentors nurses in professional advancement.

years meets national benchmarks and overall satisfaction is rated as is high. The program is mandatory for all new graduate RN hires and provides a solid foundation for the delivery of safe and effective care that builds on the fundamentals of nursing. Nurses are still graduating as generalists and need the opportunity to practice skills in a supportive environment and in the context of patient care. Patients have complex needs, the technology requires new skills, and nurses have a high level of responsibility. The program has several branches including instructor led classes, on-line learning modules and preceptor-led on the unit pairing and education. Prior to COVID-19, the instructor led classes gave new graduate nurses across the organization an opportunity to connect and share transition experiences in the classroom and build a network of support during a highly stressful period of professional growth. With transition to more Zoom hosted education, the relationships are established differently. It will be interesting to determine if this change, impacts overall outcomes. Support in transition to practice goes beyond the need to learn knowledge and skills and enters into the psychosocial domains such as needing to feel safe, navigating the terrain of difficulties and things one does not know and feeling accepted as a trusted team member. The first year of practice is critical and foundational to build their future from. At UCSDH, leaders are committed to their success and hope that many of them build their future careers here for years to come. Investing in their success from the beginning is something known to show great benefit to the individual and the organization.

With the Pandemic, new nurses are navigating a significant amount of change and unpredictability. The concern of retaining new graduates has never included these additional stressors. These novel concerns have the potential to add additional strain to the physical, mental demands, burnout and

psychological exhaustion of new nurses. The new curriculum that was implemented starting in October 2020 cohort now has self-care as a core element. UCSDH's Center for Mindfulness is invested in teaching mindfulness skills to new graduate nurses in the program to help them develop resiliency in the health care environment that they likely never imagined they would find themselves in.

Our Magnet designation is something we are proud of as it represents nursing excellence. New Graduate Nurses and their work hold a significant piece of our Magnet story and we are thankful to each of them for that. They demonstrate a passion and commitment to caring for our community. Their case study presentations that they do as a part of the transition to practice program demonstrate their critical thinking and also show us their high level of empathy for the patients they care for. Through this, we can see how they demonstrate the core of our Professional Practice Model, "Caring Relationships - caring for patients and family". "Caring Relationships - caring for members of our health care team" is also a part of this central concept and supporting new graduates in their transition to practice is our way of caring for them.

UCSDH Marketing and Communications and the public information officer (PIO) team works with faculty physicians, nursing staff, researchers and administrators in coordinating media outreach, news releases and interviews with print, radio, television and online reporters.

The role of the PIO or media relations team is to help promote the clinical, education and research missions of the University, especially as it relates to health, medicine and science.

Becoming a Nurse in the Era of COVID-19



Registered nurses Daniel Ambler and Rose Deocampo graduated from the New Graduate Nurse Transition to Practice Program during the COVID-19 pandemic.

When a nurse is asked why he or she chose to enter the profession, the common answer often revolves around the desire to make a difference. Nurses restore health and mend broken bones, welcome new life and provide support when life is lost. Now, they are on the frontlines of a pandemic.

These are challenging times for most nurses, but especially so for nurses at the beginning of their careers. Since 2008, UC San Diego Health has prioritized additional education for new nurses through a program that provides supported clinical learning, peer-to-peer engagement and an introduction to professional development resources. It's called the New Graduate Nurse Transition to Practice Program.

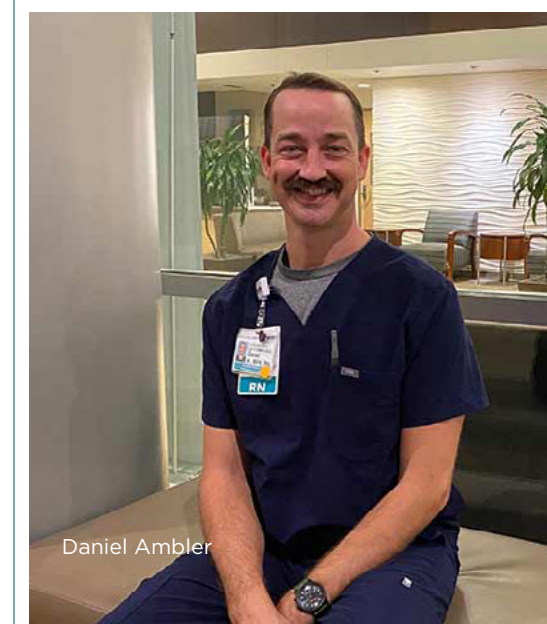
Registered nurses Daniel Ambler and Rose Deocampo graduated from the program during the COVID-19 pandemic. We asked them how the training helped prepare them.

Q: What has it been like being a new registered nurse during the pandemic?

Ambler: It's interesting because as a new grad this is all we know, and there isn't a perfect process in trying to navigate this time. As a nurse in the emergency department, our work is especially challenging, but I know my team will always be there for me. Caring for patients with COVID-19 is a great responsibility. I had the opportunity to care for an elderly woman infected with the virus during her last moments of life. We were the ones there to hold her hand and offer her compassion and love. It is difficult sometimes to find balance in our nursing priorities, especially during this pandemic, but I believe in my team and I know the work we are doing matters.

Deocampo: The unit I am a part of, 2-East, was given the tremendous responsibility of caring for patients with COVID-19 beginning in March. I was grateful for my past experience as a certified nursing assistant (CNA) and licensed vocational nurse (LVN)

because it helped build my confidence in taking care of patients with a virus that none of us have treated before. Now, we have guidelines in place, our precautions are working and we know we'll get through this together. I was recently at the store in my scrubs after work and a stranger said 'thank you' to me, which was amazing. It's a great time to be a nurse and I truly feel like I'm making a difference during such a historical moment in our lives.



Daniel Ambler



Rose Deocampo

Q: What's one thing you wish people knew about COVID-19?

Ambler: *There's a personal cost for health care providers to go and care for people at this time. I'm a single dad to two daughters whom my elderly parents help watch for me so I can go to work and provide for them. We've accepted this risk, but it's disheartening to see others who do not have a full understanding of the issue, or aren't willing to make certain personal sacrifices for the overall good of us all. At the end of the day, we're all in this together.*

Deocampo: *We're now entering flu season in the middle of a pandemic and it's uncharted territory for us. Please be safe, wear a mask, wash your hands and socially distance. We have come so far to mitigate the spread of this virus, and as nurses we're still facing it every day.*

Q: How did the transition-to-practice program help you?

Deocampo: *I appreciated the peer-to-peer support where we could talk with other nurses and learn about their experiences in different units. We all worried about the pandemic and bringing SARS-CoV-2 home to our loved ones, but the program gave us the opportunity to not only learn clinical concepts, but also gave us the opportunity to talk through our concerns while staying safe at home via virtual classes. Moreover, my preceptors and the rest of the 2-East team have been supportive of us throughout the program and even after we graduated that support continued. To work side-by-side with such excellent nurses in my unit, to see them in action and learn from them has been a highlight of my last 10 months as a new-grad RN.*

Ambler: *Nothing can prepare us for a pandemic, but having this program has made all the difference. It's built into the culture here that it's okay to ask questions and speak up when you need support, and that's credit to our leaders at UC San Diego Health. I'm part of a work family that is committed to making a difference in people's lives, and that's the reason why I come back to work every single day, even during a pandemic. I'm so grateful for my team and I'm so grateful to be a nurse.*

WHAT IS THE NEW GRADUATE NURSE TRANSITION TO PRACTICE PROGRAM?

The New Graduate Nurse Transition to Practice Program launched in 2008 and accredited with distinction by the American Nursing Credentialing Center (ANCC) in 2019.

Goals of the program include supporting new graduate nurses' life-long learning and professional development, ensuring new graduate satisfaction, validating critical thinking and clinical decision-making skills, and keeping new graduate nurse turnover rate below the national benchmark.

"We were the first program in San Diego to receive accreditation from the ANCC, demonstrating that our organization is elevating the practice of nursing by adhering to national standards of care," said Heather Warlan, director of the New Graduate Transition to Practice Program at UC San Diego Health. "Our curriculum is driven by the best recommended practices for new grads transitioning to practice. Each new nurse at UC San Diego Health goes through this comprehensive education and training, which means all of our patients will receive the best care, in this specific case by well-trained nurses."

The six-month program is held three times a year, with each cohort including approximately 25 new nurses. Over the course of the training, participants benefit from classroom and virtual synchronous learning, hands-on training and mentorship opportunities. Nurses are able to voice their experiences openly in a nonjudgmental environment that facilitates peer support, leadership guidance and opportunities to develop evidence-based best practices and responses for navigating future issues.

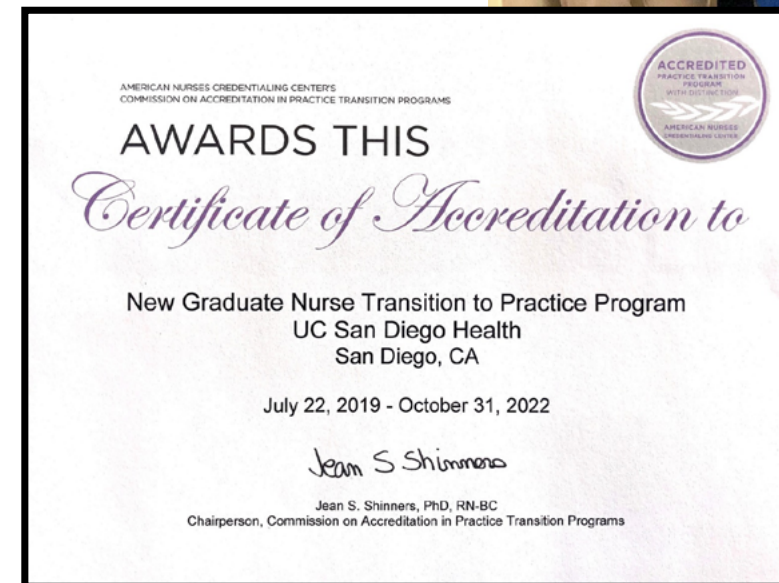
In response to the pandemic, leaders of the program have recently modified the curriculum to include self-care and mindfulness skills as a core element, in partnership with the UC San Diego Center for

Mindfulness.

"The program is approached holistically and is led by a multidisciplinary team of leaders that value the vital need for care provided by accomplished and well-educated nurses," said Linda Lobbstael, program lead in nursing education, development and research at UC San Diego Health. "The nurses we're working with are amazing. They're incredibly smart, highly motivated and resilient, with a desire to provide compassionate care for patients. Through my work with them, I believe in the future of our nursing workforce as we navigate these unprecedented times together."



Jacquiline Njagi-Brown, RN from T2West and her peers supporting her in her graduation from the New Graduate Nurse Transition to Practice Program



Certificate of Accreditation with Distinction from the American Nurses Credentialing Center

CALL TO ACTION

Support and influence the next generation of nurses? Become a preceptor!

Let your manager know and register for the monthly Precepting with Pride, class here: <https://health.ucsd.edu/medinfo/nursing/professional-development/Pages/calendar.aspx>

Develop your communication and feedback skills, register for instructor-led classes through Human Resources

or watch videos on SkillSoft <https://blink.ucsd.edu/HR/training/resources/web/skillsoft.html>

Watch the giving and receiving feedback e-course on the UC Learning Center Here is a quick link to the course= Giving and Receiving Feedback .

Nurses Influencing Practice at the National Level Through Participation in Professional Organizations; One NP's personal experience making large-scale changes

By: Rebecca Garrett-Brown, CNM MS

I have been involved in the California Nurse Midwives Association (CNMA) since its inception in 1993. In 1994 Senator Lucy Kilea agreed to run a bill in support of nurse midwives to try and eliminate the requirement for physician supervision of Certified Nurse Midwives (CNM) in California. This was our first attempt at physician supervision removal and even though it failed, it was an exciting time. We learned a lot from that effort and when the then State Attorney General made it illegal for CNMs to perform episiotomies, we responded by getting a bill passed. This bill allowed CNMs in the state of California to perform and repair episiotomies. The California Medical Association (CMA) said that because we were creating an incision of the perineum, we were performing surgery, which was illegal for CNMs to do.

The licensed Midwives, Certified Professional Midwives (CPMs) were able to remove the supervision requirement in 2013, as they couldn't obtain physician supervision for home births.

Our team proposed three more bills before being successful in 2020. We worked with the CMA, American College of Obstetricians and Gynecologists (ACOG), and lobbyists (we went through 3 or 4 different lobbyists). At one point, we thought our bill would make

it out of the assembly but then a physician gave a personal testimonial supporting the importance of physician involvement for birth. Needless to say, the bill did not make it out of the Assembly that night.

In 2020, the timing was right. Even though we were in the second year of a two-year bill cycle, we decided to go for it. By drawing attention to access issues, disparities in health care between different races, and stressing that there were only four states that still had supervision of CNMs by obstetrical physicians, we were able to work with a new lobbying group. This allowed us to obtain the full support of many stakeholders including the California Nurse's Association (CNA). We worked tirelessly with CMA to have them remain neutral and we started in the State Senate this time, instead of the Assembly. Assemblywoman Autumn Burke had sponsored three previous bills and this time we used Senator Bill Dodd with Ms. Burke as a co-sponsor. During this session, we had multiple letter-writing campaigns and many individuals called in to support at all the committee hearings and we did it! The President of CNMA, Kathleen Belzer, and Holly Smith, the Chair of the Health Policy Committee were AMAZING. The CNMA Board and the Health Policy Committee often had weekly meetings when things were really busy. Another key to

success this time is that CNMA met directly with CMA; it was not just our lobbyists. There were times when CMA gave us bill language at the last moment and we had to work hard to rewrite it so it accurately reflected our goals. Thankfully, with this bill, we also did NOT have to deal with the bar on the Corporate Practice of Medicine. In previous attempts this had alienated the nurse practitioner groups and had prevented our bills from being successful.

UCSDH has been very supportive in this work. UCSDH obstetrical residents and staff physicians signed letters of support. Physicians agreed to testify at committee hearings, which was a sure sign of progress. The Staff UCSDH CNMs were incredibly supportive of me as I met with CMA, traveled to Committee hearings and strategized with our lobbyists. The California Advanced Practice RN Organizations were also very supportive.

The next step is to implement the law by changing our privileging and policies and protocols to reflect the new independent practice of CNMs and the integrated team based care we will offer to our moderate risk patients. Our Director, Karen Perdion, CNM has been meeting with CNMA leadership to facilitate implementing of the new law and she will continue to do this work in the coming year.



Rebecca Garrett-Brown, CNM MS

Rebecca has been a nurse for over 30 years, and a Certified Nurse-Midwife since 1991 with a degree from UC San Francisco.

Rebecca began her career at Balboa Naval Medical Center, where she not only provided prenatal care and attended births, but also was a preceptor for Nurse-Midwifery and Nurse Practitioner students. She became an instructor for the Advanced Life Support Obstetrics (ALSO) course which she taught to OB providers and residents for 8 years. In 2011, Rebecca joined the UC San Diego Nurse-Midwifery service. She has continued to demonstrate her commitment to education of both APPs and medical trainees. Each rotation of medical students spends a morning with Rebecca learning prenatal and postpartum care, as well as an introduction to the Nurse-Midwifery model and a tour of our unique in-hospital Birth Center. During Covid, she has seamlessly transitioned to providing this education via zoom. Nurse-Midwifery student clinical education is coordinated by Rebecca for our practice, including orientation to UC San Diego Medical Center and working with the Nursing EDR department to ensure policies are followed. She also precepts Nurse-Midwifery students, as well as Nurse Practitioner students, and receives glowing feedback for her teaching. In 2014, she was recognized as the Preceptor of the Year by the American College of Nurse-Midwives for her work with students from San Diego State University.

Bio Continues on page 67

Exemplary Professional Practice

UCSD nurses partner with patients, families and interprofessional teams to positively impact patient care. Nurses have the knowledge, skills and resources needed to practice autonomously and effectively. Nurses manage data to gauge their performance and work across disciplines to make improvements.

Frontline Leadership Academy: Empowering Nurses to Lead Change

By: Jodi Traver, PhD, NE-BC and Cherry Sioson, BSN, RN, PCCN,

Workplace violence is one of the safety issues of highest priorities for healthcare workers (American Nurses Association, 2017). According to the National Institute for Occupational Safety and Health (NIOSH), the rate of severe workplace violence occurrences (those requiring days off from work due to a worker injury) between 2002 until 2008 was four times greater in healthcare than in any other work sector. Furthermore, the healthcare arena accounts for nearly as many reported, serious violent injuries as all other industries combined. Assaults and threats are under-reported which is associated with many risks. Workplace violence in healthcare is costly and burdensome to the organization, negatively impacts patient care and the staff experiencing the trauma (American Nurses Association, 2017).

5-West a Trauma Progressive Care Unit (PCU), step-down unit, cares for a diverse patient population. Medical diagnoses commonly seen in the unit include traumatic brain injuries, psychiatric disorders, delirium and acute polysubstance withdrawals. Many of our patients in the trauma PCU experience violence such as gunshot wounds, stab wounds, and assaults. In my work, I identified that staff injuries were high and employees were dissatisfied with this aspect of their work. Since 2017, many staff experienced workplace-related injuries and a reduction in productive work hours resulting in avoidable costs to the staff member and organization.

In 2018, I applied for and was accepted into the Advisory Board's, Frontline Impact Leadership Program. In 2019, I conducted a quality improvement project to address the issue of workplace violence in the unit. The initiative is widely supported by nursing leadership with the aim to address work place violence and improve workplace safety. This project included conducting a root-case analysis and a review of existing policies, procedures, and work environment. We had an opportunity to significantly improve the safety of work conditions for our staff and patients. With no evident standards to educate staff about workplace safety including de-escalation techniques and protective measures against workplace violence, I helped to develop and implement a plan to do just that.

Staff education and training addressing workplace violence is a known evidence-based best practice. This workplace violence project improvement included collaboration with our security department. We established a training program for all staff and use of environmental alarms guided by a SAFE algorithm for all staff to alert others of impending patient threat escalation. The project also supported standardized rounding of our security personnel to proactively respond to potentially dangerous situations.

Since the launch of the project, 94% of 5W staff are trained in safety techniques with no staff-reported injuries (Figure 1), fewer reported non-productive work



Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization's general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi's specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.

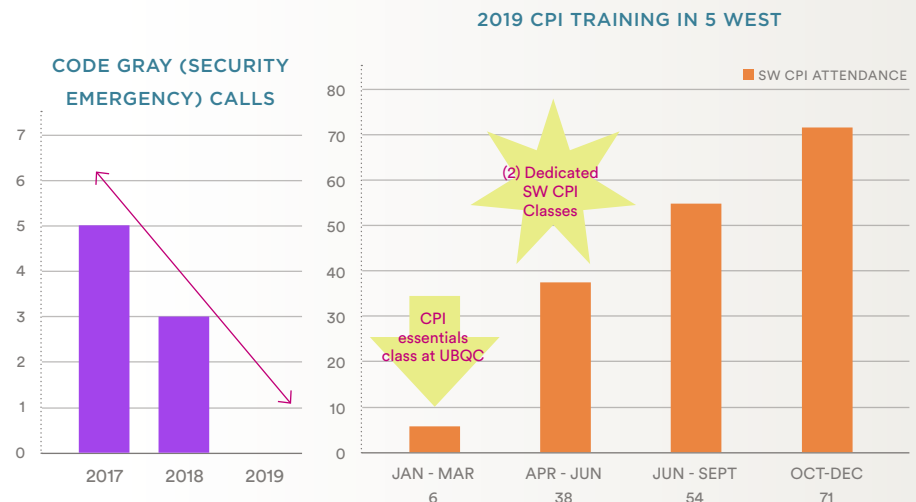
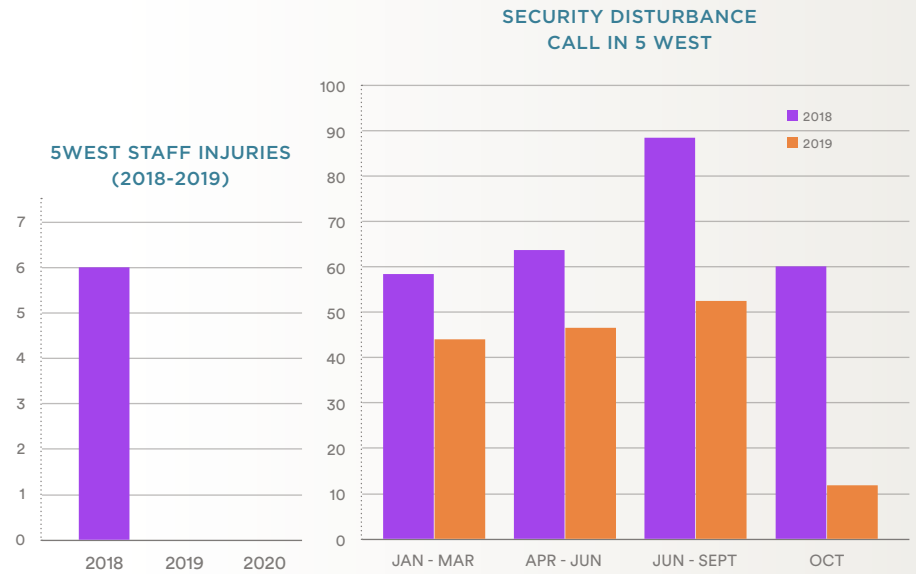
hours and increased staff satisfaction regarding perceived work place safety. Emergency calls placed for Security assistance decreased from 281 to 164/year (Figure 2) and use of the panic button decreased from 90-10/year



Cherry Sioson, BSN, RN, PCCN, is a Clinical Nurse III who has been with UC San Diego Health since 2006. She has been a nurse 28 years. She is currently serving as a charge/resource nurse on her unit and her passion has always been the implementation of a safe workplace environment for her colleagues and our patients.

(Figure 3). These outcome measures support training standards and staff education with Crisis Prevention Institute (CPI) training classes. The CPI training certification rate following the quality improvement project was 90% in 5W (Figure 4). This project and results were with 5W staff and presented at the UC San Diego Health PCU conference, Nursing Research and Evidence-Based conference and was accepted as a poster presentation SDACNL 2020 conference.

The implications of workplace violence are significant. If you've identified similar threats to your workplace safety placing either staff, patients or anyone in the environment at risk for injury, there is evidence to support improvements. Consider consulting your specialty standards for workplace safety and evidence-based strategies including basic education and training to equip staff with the tools they need to protect themselves and patients from undue harm. We spend a significant amount of time in our respective work environments, which are modifiable to meet the safety needs of everyone in them.



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The Advisory Board no longer operates the Frontline program. There is a team creating a project mentorship program to support bedside leaders who mentor improvement projects. Additionally, the organization offers Lean training via the Transformational Healthcare Department.

Emotional First Aid: HEAR and Peer Support Programs

By: Judy E. Davidson DNP RN MCCM FAAN, Jim Kane, MN, RN, CNS, NEA-BC and Jodi Traver, PhD, NE-BC

The pandemic has exacerbated workplace stress felt by everyone involved either directly or indirectly with health care delivery.

Earlier this year, in response to the emergence of the pandemic, The Healer Education Assessment Referral (HEAR) Program members Drs. Judy Davidson, Sidney Zisook and Clinical Nurse Specialist, Jim Kane launched a Peer Support, Emotional First Aid Program at UCSDH. The goal of the We CARE (Compassion, Acceptance, Resilience and Empathy) Peer Supporter Program was to rapidly educate volunteer staff to provide one-on-one peer support to address the stress and emotions associated with the pandemic. The Peer Support program, was modelled after an emotional first-aider program created at the University of Missouri¹⁻³, replicated widely across the United States, and previously piloted at UCSD.⁴ The HEAR team collaborated with consultant Dr. Timothy McDonald to create a 13 hour program, one

hour a week for 13 weeks. Guest faculty were recruited who were specialists in topics such as grief, depression, resiliency, mindfulness, emotional first aid, empathic communication, and recognizing colleagues who would benefit from referral to therapy. Dr. McDonald recruited actors who were out of work during the pandemic to create a series of simulations to be used as springboards for discussion during the interactive workshops. Each 6 -7 minute video portrayed Peer Supporters in action with a variety of situations. Break out rooms were used for intimate discussions between participants about the case, communication, and skills used to navigate the situation. Program participants included a range of healthcare professionals including administrative support staff, chaplains, social workers, nurses, therapists and physicians. The program received



Judy E. Davidson DNP RN MCCM FAAN serves as a nurse scientist for the Division of Nursing and a research scientist for the Department of Psychiatry School of Medicine, UC San Diego. In this role, she supports nurses and others with project development, presentation and publication skills. Her own research centers around research wellness and clinician suicide.



Jim Kane is a Clinical Nurse Specialist with extensive expertise in Critical Care, Emergency Medicine, Administration and General Hospital Psychiatry. He earned his Master's in Nursing from UCLA as a Psych CNS specializing in Consultation Liaison Psych Nursing and OD. He is a board certified Nursing Administrator Advanced. He has studied written and spoken widely on staff resilience and stress management. He currently is facilitating several groups in support of frontline staff in response to COVID.



Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization's general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi's specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.

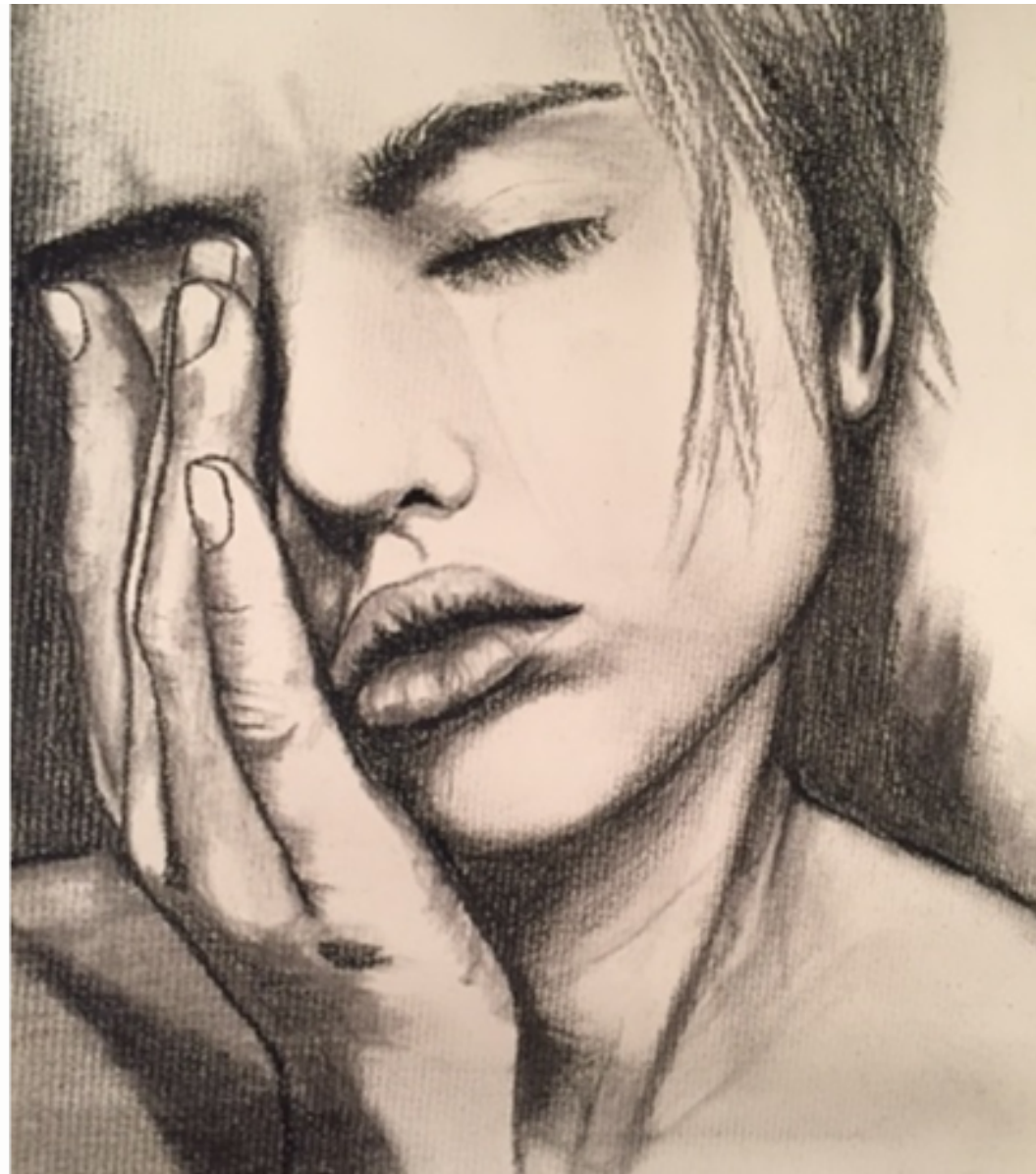
excellent evaluations and will be repeated in the early spring.

Emotional first aid is not new, and has been used for many years to treat the emotional and psychological impact of traumatic events. Use of emotional first aid for healthcare workers during a pandemic is essential as pandemics are known to increase anxiety, depression and suicidal thoughts in essential workers.⁵⁻⁸ Emotional or psychological first aid (PFA) is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and

connect individuals to help and resources. The purpose of the PFA provided by the Peer Support Program is to assess the immediate concerns, needs of an individual during or following times of trauma and provide connection to prevent risks associated with loneliness.

Similar to how the American Red Cross Psychological First Aid Program aids in building resiliency for support of family, friends and coworkers through crisis, the Peer Support Program offers training to staff to identify, address and manage work-related stress in the moment as it occurs. A secondary goal is to assure that Peer Supporters can recognize those in need of professional help and offer them the information regarding referrals. Since the inception of the program, 258 individuals have attended Peer Support classes. 36 have attended 6 or more classes and will undergo a certification process in January 2021.

In September 2020, a pilot was launched in the Nursing Research and Education Department. An intervention log tied to a QR code was created to support timely documentation of the peer support connections. The intervention log was approved for use by the Risk Management team and deemed appropriate for this pilot. Five Peer Supporters who attended at least six hours of training were included in the pilot. Departmental peers were asked if they had a preference for peer supporter, and the few



preferences submitted were honored. The five peer supporters were assigned eight peers including the three managers of the department. Forty-two interactions were logged as of November with 24 submitted by three peer supporters. Most of the interactions were simple connections to start the program, followed by other categories of support including addressing bullying, and support for home issues. One connection resulted in a referral to a higher level of support. Time spent in peer support encounters ranged from

1-60 minutes with a mean of 16 minutes. This pilot, if successful, may be expanded across the system as the many benefits are still being explored.

Artwork used with permission by
Linda Lobbstaal RN
Charcoal

ROLE OF THE WE CARE PEER SUPPORTER

- The Peer Supporter is NOT a therapist
- Notice colleagues who are stressed
- Offer a moment to vent or chat
- Guide colleagues through in the moment stress reduction techniques
- Offer support and connection to reduce the risks associated with loneliness
- Recognize when the stress is more than a friend can help with
- Provide information about referral to counselors who can help

Want to learn more? Now more than ever we're challenged to connect in spite of our differences, the pandemic-related burdens and a need for a more compassionate work environment. For those seeking to become a Peer Supporter, or just learn more, contact Judy Davidson, DNP RN, Nurse Scientist jdavidson@health.ucsd.edu

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Promoting Nurse Autonomy: The Nurse-Driven Foley Removal Protocol

By: Jennifer Garner, MSN, RN, CCRN

UC San Diego Health’s nurse-driven protocol for the removal of indwelling urinary catheters gives nurses the authority and freedom to make decisions regarding urinary management within the full scope of their nursing practice.

The use of the protocol is in accordance with the ANA Scope of Nursing Practice, which includes as one of its tenets:

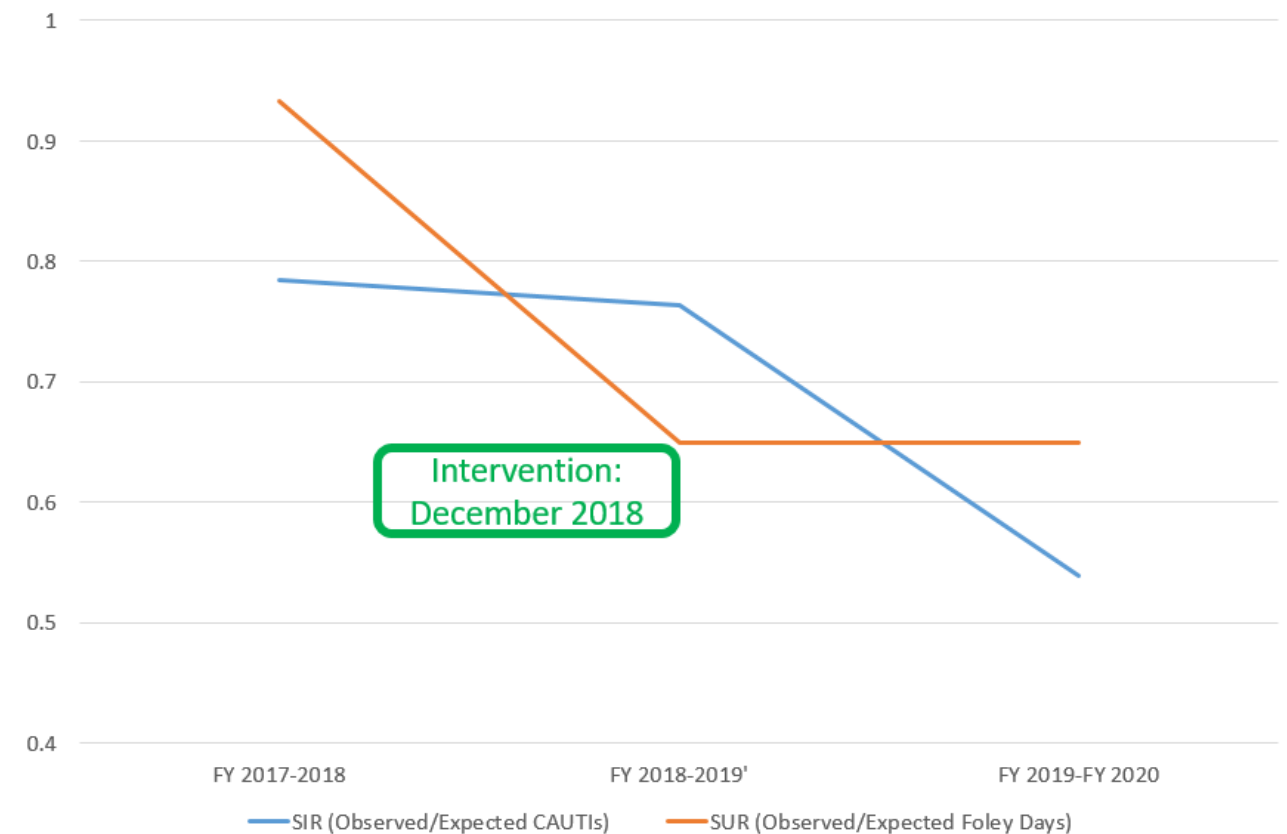
Registered nurses use the nursing process to plan and provide individualized care for healthcare consumers.

“The nursing process is cyclical and dynamic, interpersonal and collaborative, and universally applicable. Nurses use theoretical and evidence-based knowledge of human experiences and responses to collaborate with healthcare consumers to assess, diagnose, identify outcomes, plan, implement, and evaluate care that has been individualized to achieve the best outcomes. Nursing actions are intended to produce beneficial effects, contribute to quality outcomes, and above all, “do no harm.” Nurses evaluate the effectiveness of care in relation to identified outcomes and use evidence-based practice to improve care. Critical thinking underlies each step of the nursing process, problem-solving, and decision-making.”

Source: Nursing: Scope and Standards of Practice (3rd Edition). (2015). Silver Spring, Maryland: American Nurses Association.



Jennifer Garner, MSN, RN, CCRN received her BSN from Villanova University and spent the majority of her bedside career caring for trauma patients in Washington, D.C., and San Diego. In 2003, Jennifer joined the UC San Diego Health Surgical ICU team in Hillcrest, where she went on to serve as the Clinical Nurse Educator and receive her MSN from Walden University. Jennifer has been a Clinical Nurse Educator in the Nursing EDR Department since 2016, serving staff and patients in the Intensive Care Unit. In January 2021, Jennifer is transitioning within the EDR department to Magnet and Nursing Quality.



In following the evidence-based protocol, nurses assess if their patient with an indwelling urinary catheter continues to have indications for the catheter. If, per nursing assessment, a patient has no indications, the nurse will remove the catheter and then continue to evaluate the patient’s response through monitoring of urine output and assessment for signs and symptoms of urinary retention.

The protocol prevents unnecessary risk for catheter associated urinary tract infection (CAUTI) by leaving in catheters that are not necessary or beneficial to the patient. Using the protocol can therefore prevent patient harm and improve the outcomes of care.

Furthermore, the protocol states that if following it does not meet the patient’s needs or if the nurse has concerns about the plan of care, they may contact the provider to discuss alternatives. In this way, the nurse has the freedom to provide care that is individualized to the patient.

After the removal of the catheter, the nurse will follow the protocol

by continuing to assess the patient for urinary retention. Nurses are empowered to think critically through each patient’s individual case, taking into account things such as time in the operating room, fluid intake and normal voiding habits, in order to complete this assessment. Nurses have the autonomy to manage the patient’s urine output with bladder scanning to identify urinary retention and perform intermittent catheterization if indicated.

The nurse-driven urinary catheter removal protocol affords nurses the autonomy to evaluate care and take action to contribute to positive outcomes. Since implementation, in December 2018, the CAUTI rate and catheter days have both decreased.

CALL TO ACTION

Nursing driven protocols promote autonomous decision-making.

Nursing autonomy can decrease hospital-acquired infections, including CAUTI.

Keeping Staff Safe: The Threat Assessment and Management Committee

By: Elizabeth S. Billberry

Although workplace violence has been pervasive in the healthcare industry for over 20 years, it was usually brushed off by nurses as “part of the job.” With injuries related to violence on the rise, UC San Diego Health decided to take a more proactive approach to improve workplace safety. In 2015, it established the Threat Assessment and Management Committee (TAMC), which is an inter-departmental committee made up of leaders from Security, Safety, Nursing, Emergency Management, University Police and two standing executive members, the Chief Clinical Officer and Chief Administrative Officer over the Facilities Support Division. The purpose of the committee is to recognize and prevent violence in the workplace. The TAMC includes a sub-committee made up of direct care nurses and staff, who review policies and make recommendations on workplace violence mitigation strategies from their perspective as direct care providers.

In a dynamic environment like a medical center, it can be extremely difficult to create a one-size fit all violence mitigation approach due to a variety of issues; such as acuity level, underlying psychiatric concerns, and drug use. Patients are often transferred from one department to another and the continuity of information regarding a patient’s violent behavior is often left out in the long list of information shared from one nurse to another during shift change.

During several root causes analyses, it was determined that there were multiple cases where a single patient assaulted multiple staff members from different departments due to the lack of consistent information transfer. UCSDH, in collaboration with EPIC, developed the first of its kind, Staff Safety Alert. When applied to a patient’s chart, the alert pops-up when a staff member logs into their chart. This alert will include the following information: Situation, Background, Assessment, and Recommendation (SBAR). The alert must be acknowledged by the staff member in order to access the patient’s chart. This ensures the continuity of information regarding a patient’s propensity for violence and strategies for nursing staff keep themselves safe.

The Staff Safety Alert is one of the many strategies that UCSDH has implemented to minimize or mitigate workplace violence. Other strategies include signage and policies affirming that violence towards staff will not be tolerated, option for staff to have security present at the bedside when interacting with patients with a history of violence, two dedicated security personnel in the Emergency Department 24/7, the hiring of a dedicated Workplace Violence Prevention Program Manager (WVPP Manager) and many more not listed here. The WVPP Manager position is tasked with the ongoing evaluation of the violent incidents to determine necessary follow up strategies, which



Elizabeth S. Billberry

has been with UC San Diego Health for over 13 years serving as the Director of Security Services and Parking Transportation. She is also the Facilities Services Administrative Officer over the UCSDH Services Division, which includes the Food and Nutrition Department, Environmental Services, Emergency Management, Telecom and Safety Department. She holds a Bachelors in Business Management and Masters in Advanced Studies in Leadership in Healthcare Organization. She is also a Certified Protection Professional (CPP) through ASIS International. With over 25 years in Healthcare Security, she has implemented multiple initiatives geared towards reducing workplace violence. Elizabeth developed the UCSDH Threat Assessment and Management Committee, which includes leaders from multiple departments. When she isn’t working, she enjoys working on multiple home projects and going on vacation with her two kids and husband.

includes the review of a patient’s chart for historical information to determine whether a safety plan needs to be developed to ensure nurses and faculty safety during patient care. This evaluation, which is conducted in consultation with Risk Management, may include the recommendation for dismissal based on the egregious nature of a single incident or frequency of incidents that may/could have caused harm to the other patients, nurses and staff. The implementation of weapons screening for all patients/visitors entering the Emergency Department delayed due to COVID but expect to go live by the middle of the year (2021). All of these strategies are evaluated and endorsed by the Threat Assessment and Management Committee.

New Knowledge, Innovations & Improvements

UCSD nurses integrate evidence into clinical practice. There are programs and resources in place that enable nurses to explore safest and best practices for their patients and practice environment. UCSD nurses contribute to the body of nursing knowledge and shape nursing practice through research and dissemination of knowledge.

Clinical Nurses' Experiences Conducting Nursing Research

By: Judy E. Davidson, DNP, RN Nurse Scientist; Shervin Esfahani, BSN, RN Clinical Nurse 3GH ICU; Tamara Norton, BSN, RN Clinical Nurse CVC ICU; Laura Martin, BSN, RN, CCRN, TNCC, CMC, CSC; Clinical Nurse CVC ICU; Heather Abraham, MSN, RN Clinical Nurse JMC 5H

As a Magnet®-designated organization we are duty-bound to support nursing research. However, it is not because of this obligation that UCSDH nurses engage in research. The Professional Practice Model designed by our own clinical nurses includes research as a core value.¹ The structural support provided by UCSDH includes the Evidence-Based Practice/Research Council, a full-time nurse scientist, a medical librarian dedicated to nursing and allied health, immediate access to evidence through the medical library, and a virtual network of over 200 nurses interested in conducting research and scholarly activities. Nurses may conduct research as a project for advancement through the clinical ladder resulting in a raise and promotion. For each of our last two Magnet designations, we have been assessed as an exemplar in supporting nurses with research. We can be proud of the fact that UCSDH nurses conduct as much research and publish as many manuscripts as organizations directly affiliated with a school of nursing. In this article three clinical nurses reflect on their experience conducting research for the first time, abstracted from an article they recently published in *Applied Nursing Research*.² Heather Abraham provides a video testimony of her experiences conducting research as a clinical nurse.



Judy E. Davidson DNP RN MCCM FAAN serves as a nurse scientist for the Division of Nursing and a research scientist for the Department of Psychiatry School of Medicine, UC San Diego. In this role, she supports nurses and others with project development, presentation and publication skills. Her own research centers around research wellness and clinician suicide.



Shervin Esfahani, BSN, RN Clinical Nurse 3GH ICU

is a CN II on JMC 3GH ICU and Code Blue RN for JMC. After graduating from the ADN program at Riverside City College, he started his nursing career as a new graduate RN in Thornton ICU in 2012. He earned UCSD Rookie of the Year honors in 2013 and his Bachelor's from University of Texas, Arlington. Shervin, Cassia Yi and Dr. Kyle Edmonds began the Advance Care Planning taskforce, which later became the Advance Care Planning Committee. He has presented his clinical ladder project surrounding Goals of Care Conversations at the 2016 NICHE

Conference and published his work in *Critical Care Nurse* in August of 2020. You can honor his work by contemplating what a good death looks like to you, sharing your end of life wishes with your loved ones, completing your own advance directive and helping your patients complete their own advance care planning.

Conducting a qualitative research study was very different than the fast-paced technologically-laden environment I thrive in. However, the glaring lack of advance care planning, that often critical care nurses feel the brunt of, sparked my desire to do something about this issue. I had access to thousands of post-it notes describing what gives people meaning in life received from volunteer passers-by of billboards placed in the hospitals and clinics. The availability of this data coupled with the desire to understand the human psyche in relation to life, priorities, and values, provided an opportunity for research that was too valuable to forego.

Prior to the start of the research, I took a search strategies class. This class provided an overview of nursing research, how to set up and search for articles, and other relevant information such as Boolean terms and search filters. After meeting with our librarian to help put these skills to work, I met with our nurse scientist and discussed strategies, what the research process might look like, considerations relevant to the plan and next steps. I also completed a required investigator training program online which outlined details about conducting ethical research.

Conducting research is a dynamic process, which requires the clinical nurse to be flexible but also

steadfast. Much like taking online courses, remaining self-disciplined to complete next steps in a timely manner will help mitigate the unavoidable and unforeseen setbacks and delays that are inherent in the research process. Going through the process can also present mental disappointments that will require you to reach out to mentors that will reassure you these ups and downs are normal during the journey. Make sure to find a balance between your bedside role, days devoted to the research, and days that feed your soul so you can persevere during the frustrations that will be felt. In conducting research, you must also get to know research. Immersing yourself in articles that critique, explain and delineate the types, approaches and methods similar to what you are doing will help you understand how to apply the knowledge you are gathering and present the data in a way that respects the discipline of research.

Conducting the research helped me step outside the linear applications of my background in critical care, where I usually flex with my left brain to infuse the imagination and art of my right brain usually reserved for leisure. It was liberating to use so much creativity during the research process; seeing the patterns form in the data and piecing them together, discussing the relationships, and folding it all back

into theoretical paradigms. It was enlightening work, but still work. Our coding sessions lasted three hours each with a series of seven sessions prior to completing the analysis.

Recruiting help with data analysis from nursing students and mingling them with my mentors provided a rich diversity of backgrounds, cultures, generations, and personalities that allowed the qualitative coding to go further than I could have imagined. After naming themes/categories in the first round of analysis with only three researchers, the data proved to be much deeper and more diverse through the inspection of a larger pool of researchers. Many memes, phrases, and social phenomena were revealed by having dissimilar researchers reviewing the data. In addition, this allowed us to cross-reference and ask one another if we were on track in order to ensure the quality of the analysis. The number of topics related to what participants shared as bringing their life meaning was expansive. Reading the responses was often uplifting, sometimes thought provoking and heart wrenching, while all together a uniquely beautiful experience to share amongst us researchers.



Tamara Norton, BSN, RN

is a CN II on JMC 3GH ICU and Code Blue RN for JMC. After graduating from the ADN program at Riverside City College, he started his nursing career as a new graduate RN in Thornton ICU in 2012. He earned UCSD Rookie of the Year honors in 2013 and his Bachelor's from University of Texas, Arlington. Shervin, Cassia Yi and Dr. Kyle Edmonds began the Advance Care Planning taskforce, which later became the Advance Care Planning Committee. He has presented his clinical ladder project surrounding Goals of Care Conversations at the 2016 NICHE Conference and published his work in

Critical Care Nurse in August of 2020. You can honor his work by contemplating what a good death looks like to you, sharing your end of life wishes with your loved ones, completing your own advance directive and helping your patients complete their own advance care planning.

If you asked five years ago what I would be doing as a clinical nurse, I would have never said, "I'll be conducting research". My involvement in research was stimulated by doing a practice change project through the American Association of Critical Care Nurses.³ I read a great deal of research about ICU diaries for that project. We published an article about our change project and once complete, I

had truly caught the research bug!

I found a topic that had never been studied: the nurses' experience with writing in a patient diary. The research design and methods would be a descriptive phenomenological qualitative study using semi-structured interviews.⁴ I performed interviews with semi-structured leading questions that were audiotaped, downloaded and transcribed. After only a few interviews I learned more

about how to improve the diary project than I could have imagined. The knowledge learned through conducting this study was immediately applicable to practice.

I never imagined I would be conducting research as a clinical nurse. The research has opened up doors I did not think I would ever walk through. Conducting research has built self-confidence and a sense of pride that, with mentorship, I am able to go further than I never dreamed in my career. As a novice researcher my advice to clinical nurses learning to perform research is to find yourself a mentor. For myself, I was fortunate to work at an institution who employed a full time nurse scientist. She was able to work with me and guide me in the research process. I would also suggest a librarian. The medical librarian will help to set up alerts to receive articles related to your research which helps keep the literature review current. Attempting to perform research can, at first, be intimidating, however, with the support of a few individuals the research will become straightforward even to a novice clinical nurse.



Laura Martin, BSN, RN, CCRN, TNCC, CMC, CSC

graduated from The Ohio State University with a BSN in Nursing. She has worked intensive care nursing for 36 years, her areas of specialization include: Cardiovascular Intensive Care - Heart/Lung Transplant and Cardiac Surgery, including Pulmonary Arterial Thrombectomy. She works full time at UC San Diego Medical Center where she is trained as an ECMO Specialist (VA and VV ECMO). She also works in Trauma ICU and has a certification as a Trauma Nurse Critical Care (TNCC). She belongs to AACN and has certifications as Critical Care Registered Nurse

(CCRN), Cardiac Medicine Certificate (CMC) and Cardiac Surgery Certificate (CSC). Laura has lived in San Diego for over 30 years and raised 4 boys to men. She loves her career at UCSDH and her wonderful team!

I am a seasoned nurse working in the cardiovascular ICU with over 36 years of critical care nursing experience, including managing patients receiving ECMO. This is my first research project, and in the

beginning I had feelings of insecurity and hindrance with myself. I wasn't sure that I was able to do such a project or undertaking. It felt overwhelming and difficult.

With the assistance of the nurse

scientist, I was offered guidance and mentorship on a level that helped this new chapter in my nursing career blossom. I started to build a journey of expanding knowledge with growth on a personal and professional level. In my study I am exploring how nurse ECMO specialists, physicians and perfusionists come to their decision about which patients are good candidates for ECMO and compare that to prediction tools. I wonder whether we may capture early deterioration and early notification with possible cannulation by allowing the ECMO nurse specialists to have a voice in patient selection. I'm hoping through this research that we may gain an understanding of each other's perspectives building teamwork and respect.



Heather Abraham, MSN, MPA, RN, CCRN

is a clinical nurse on JMC 5H - Neuro Progressive Care Unit. She earned her BSN from the University of Wisconsin-Oshkosh; her MSN from the University of Mobile, Mobile, AL; and her MPA from Troy State University, Troy, AL. Heather began her nursing career as a Navy Nurse Corps officer then transitioned to civilian nursing where she's held a variety of nursing leadership and clinical nurse positions. Heather has completed her first year of the PhD program at University of California Irvine. Her areas of research interest are human-animal interaction, adolescent mental health,

and obesity. To: Her areas of research interest are human-animal interaction, Post-COVID Syndrome (PCS), and adolescent mental health.



Click to listen to Heather's reflection about her research on patient's own pet visitation.

Or visit:

<https://uci.zoom.us/rec/play/JpiQW2UUqgXFdUQr0EzL7wTvgUSoEi2o-rPbMG8xVk05hhAOxlSo5ofwmDyd44sbET7T741sXNh332eX.UpJ6kVPD1vzpn5cY>

CONCLUSION

These reflections provide clear testimony to the challenges and pride associated with conducting research for the first time. It takes courage to push past preconceived notions of career-limits to conduct research. Once completed, the success generates pride and a feeling of empowerment. Resources are necessary⁵ and available to support nurses in conducting their first

studies at UCSDH. Nurses at UCSDH have proven themselves ready and willing to address the gaps in evidence by conducting research to advance practice.

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The Use of Technology in the Ambulatory Setting: Nurse Triage

By: Ryan, BSN, RN

SUMMARY

Clinical nurses in the centralized ambulatory call center **adopted changes to the telephone technology** used to process patient calls. This resulted in decreased hold times for patients with serious or life-threatening conditions while **decreasing the abandonment call rate**.

PROBLEM

Clinical nurses in UC San Diego Health's centralized call center, the Care Navigation Hub, work alongside call center agents to manage incoming calls from established primary care patients.

Calls to the Care Navigation Hub were answered by a non-clinical agent. In the original workflow, the call center agent referred to a pre-defined list of red flag symptoms to determine if the patient was high risk and needed to be handed off to a registered nurse for further assessment and care. The telephone system used by the team had no method to delineate which patients in the call queue were high risk, or

red flag patients. All patients went to the end of the queue, where they waited on hold, in the order of which the call was received, until a triage nurse answered.

From chart review, physician discussion, and patient complaints it was determined that patients with potentially life-threatening symptoms such as chest pain, shortness of breath, or suicidal ideation could be waiting on hold for long periods of time, leading to delayed assessment and care.

In addition, patients who were placed on hold for an extended period of time were more likely to abandon the call before having their needs met. Although the Care Navigation Hub's call abandonment rate was far below the national benchmark for call centers, team members recognized that improving hold time might further improve this metric. Baseline call abandonment rate was 2.9%.

GOAL STATEMENT

The goal for this project was to prioritize and route red flag calls to nurses quickly. Success was measured by a reduction in the red flag call abandonment rate.



Heather Hansen, BSN, RN

has been a Registered Nurse for eleven years and has worked at UC San Diego Health most of her nursing career. She is the Nurse Manger for the Centralized team of Registered Nurses for Primary Care and Pediatrics at UC San Diego Health. She obtained her Bachelors of Nursing degree at Grand Canyon University and is currently pursuing her Masters of Nursing in Health Informatics. She is a member of the American Academy of Ambulatory Nursing and takes an active role in Telehealth. She has always been passionate about ambulatory care and telephone triage. As a telephone triage nurse for eight years improving the experience for the patients and improving patient outcomes has always been a top priority.

PARTICIPANTS

Name	Discipline	Title	Department
Heather Hansen	Nursing	Clinical Nurse	Care Navigation Hub
Alexandra Goda-Kessler	Nursing	Nursing Supervisor	Care Navigation Hub
Cassandra Morn	Medicine	Physician, Chief of Clinical Services	Division of Family Medicine
Lori Brown	Medicine	Physician, Chief of Clinical Services	Division of General Internal Medicine
Kris Henderson	Nursing	Senior Director of Nursing	Ambulatory Care
Diana Trujillo	Call Center	Call Center Supervisor	Primary Care Call Center

DESCRIPTION OF THE INTERVENTION

The Care Navigation Hub Nurse Triage subgroup takes recommendations from triage nurses and call center agents to implement practice changes. Clinical nurse Heather Hansen and supervisor Dianna Trujillo discussed the issues around transferring of red flag calls with the group. Nurses recommended that a separate call line be developed so that call center agents could transfer red flag calls to a different, expedited queue. The group collaborated with Information Services to create an additional call line.

The group developed a Call Escalation Matrix that defined processes for call center agents to use with symptomatic patients. If a patient indicated they had specific low acuity symptoms, the call center agents were able to schedule

appointments directly. Other low acuity symptoms were routed to the cold line to indicate that the symptoms were less urgent. Higher acuity, or red flag symptoms were transferred to the warm line and the call center agent would remain on the line with the patient and provide a warm handoff to the triage nurse. The process step of remaining on the line during red flag transfers was implemented to reduce the chances the patient would hang up the phone.

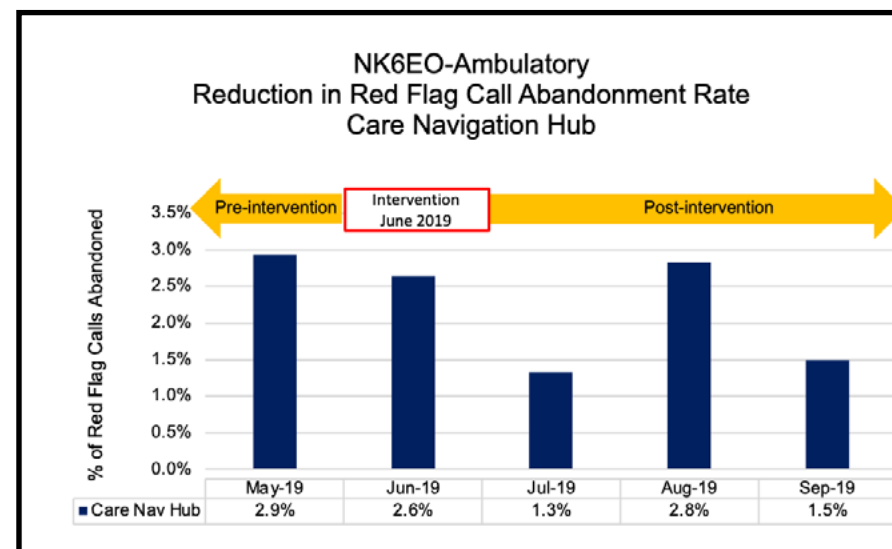
During implementation, Heather assisted Care Navigation Hub Manager Alex Goda-Kessler in determining the staffing of two separate lines to adjust for volumes. Staffing was adjusted for a high influx of red flag calls and to ensure that all red flags were handled expeditiously.

The additional line and new workflows were launched on June

16, 2019. The phone system user interface used by call center agents and triage nurses shows the status of available operators. This allows the call center agents to manage patient's expectations regarding hold time.

OUTCOME

In the month prior to implementation, all calls averaged a speed to answer of 2 minutes, 26 seconds, with an abandonment rate of 2.9%. On June 16th, the one line was switched into two lines. In the four months after implementation of this technological solution, the average speed to answer "red flag" calls was reduced by 58%, and the red flag call abandonment rate dropped by 37% as a result of the ability to separate out the phone lines.



Nurses Empowered to Redesign Their Workflow to Decrease Hospital Readmissions: GENIE RNs

By: Tom Crisman, BSN, RN and Jennifer Clay, BSN, RN

Adults over the age of 65 may be more complex to care for due to chronic conditions, co-morbidities, debility, impaired sensory perception, and psycho-social needs. UCSDH partnered with a community organization to address the specific health needs of older patients.

West Health is a San Diego-based nonprofit organization dedicated to lowering healthcare costs and enabling seniors to successfully age in place with high-quality, affordable health services that preserve dignity, quality of life, and independence. The West family approached nurse and physician leaders at UCSDH about developing a specially-trained team to deliver enhanced emergency services to ED patients over 65. The focus was to be on geriatric medicine, acute care screening, urgent care, case management, and social and psychiatric care.

Tom Crisman, a clinical ED nurse with a passion for elder care volunteered to be the nurse lead in the development of a permanent program. The program design included determining a screening process that would be used with seniors, developing the workflow for nurses, and training ED nurses in geriatric content and how to use the screening tools.

The goal of this project was to decrease the rate of hospital admissions for patients who received a Geriatric Emergency Nurse Initiative Expert (GENIE) consult in the La Jolla Emergency Department.

Tom began collaborating with

physician colleagues to review the evidence on various screening tools and to determine which tools to use in the protocol. Next, Tom developed the following workflow for the nursing assessment and care of senior patients in the ED:

1. Patient age 65 or greater arrives in the ED.

2. The Identification of Seniors at Risk (ISAR) screening tool consists of asking six yes/no questions by the triage nurse. If the ISAR score 0-6 is 2 or greater, an automatic referral to the GENIE is generated in the electronic medical record and a gold GENIE lamp will appear next to the patient's name.

3. Patient is assigned an Emergency Severity Index score by the triage nurse.

4. The Patient is taken to a room in the Senior Emergency Care Unit (SECU).

5. The SECU care team consisting of the ED Physician or Nurse Practitioner or Physician's Assistant and the ED Primary Nurse come to the bedside. The primary nurse performs an initial assessment and the Get Up and Go (GUG) test (risk of fall).

A positive score on the GUG can also generate a GENIE referral through the electronic medical record. A positive score on either screen results in an automatic referral to the GENIE through the electronic medical record.

6. The GENIE performs additional screens (see table below.)



Tom Crisman, BSN, RN, our pioneer GENIE, graduated from University of Hawaii, Manoa Campus. He came to UCSDH in 1989. Why become a GENIE? Geriatric population of focus is growing rapidly and is a specialty not routinely address in the Emergency Department. 65 and older patients represent 13.5% of the US population and is projected to increase 25% by 2050. Tom received extensive education and training through to UCSDH Division of Geriatric, UCSDH Division of Emergency Medicine, and NICHE. He currently serves as a faculty member of the Geriatric Emergency Department Collaborative for the American Geriatric Society (AGS). Tom has since retired as of June 2020.

Instrument	Screens for	Referral to
Ultra Brief 2 and CAM-ICU	Delirium	ER Physician & Primary RN
Patient Health Quotient 9	Depression	Psychiatry consult (major depression or suicidal) or Senior Behavioral Health Outpatient Program (moderate depression or patient request)
Abbreviated Mental Test and Brief Alzheimer Screen	Dementia	UCSDH Memory, Aging and Resilience Clinic or UCSD Alzheimer's Disease Research Center
UCSDH Abbreviated BEERS Criteria	Medication safety and polypharmacy	SECU Pharmacist
KATZ Index	Independence in activities of daily living	Physical Therapy or Occupational Therapy
Mini Nutritional Assessment	Nutritional status; swallow problems	UCSDH Social Work / Nutrition; Speech Therapy
Elder abuse Suspicion Index	Abuse, neglect, abandonment or coercion	UCSDH Social Work / Care Management
Modified Caregiver Strain Index	Caregiver strain	UCSDH Social Work / Care Management



Jennifer Clay, BSN, RN graduated with a Bachelor of Arts in Psychology from Guelph University in 1990 and a Bachelor of Science in Nursing from McMaster University in 1995 in Ontario Canada. She moved to San Diego and started her career with UC San Diego Health in 1998. She worked in oncology, transplant, orthopedics and critical care before coming to the Emergency Department in 2005. She served as the chair for the patient and staff satisfaction committee and obtained her Clinical Nurse III promotion. She was invited to join the GENIE team during the development of the geriatric emergency department in 2017. She feels it is a privilege to care for such a unique population, all Seniors have a story to share and they just need someone to listen. Jennifer is now the Lead GENIE and takes pride in being a part of an exceptional team.

After screening a patient, the GENIE will make appropriate referrals for inpatient consultation, or for follow-up once the patient is discharged home. Patients may be admitted as an inpatient, held in the ED for observation, discharged home, or discharged with arrangements for home health services. If the patient is to receive care at home, the GENIE will coordinate the transition of care with the home health agency. In every instance, the GENIE makes an effort to inform the patient's primary care provider of the ED visit. A GENIE will follow up with

the patient by telephone within 24 to 48 hours after discharge to ensure all discharge instructions are clear and address any additional healthcare needs. This new workflow was fully implemented by April 2016.

Since launching the program, UCSDH has expanded the expertise in caring for seniors in the ED. All ED nurses, ED Techs, ED unit secretaries must complete geriatric resource nurse certification provided by Nurses Improving Care for Healthsystem Elders (NICHE). In addition, all nurses have the opportunity to complete



The GENIE Team at UC San Diego Health ED (left to right): Dave Flores, Rita Burke, Tom Crisman, Jennifer Clay, Anne Stephenson, Cari Jones

the Geriatric Emergency Nursing Education course offered by the Emergency Nurses Association.

Throughout the development of the program, Tom has presented on the GENIE initiative at many gatherings of geriatric and emergency healthcare professionals. In February of 2019, he was invited to join the American Geriatrics Society as a faculty member and now does training on geriatric screening for that organization across the country.

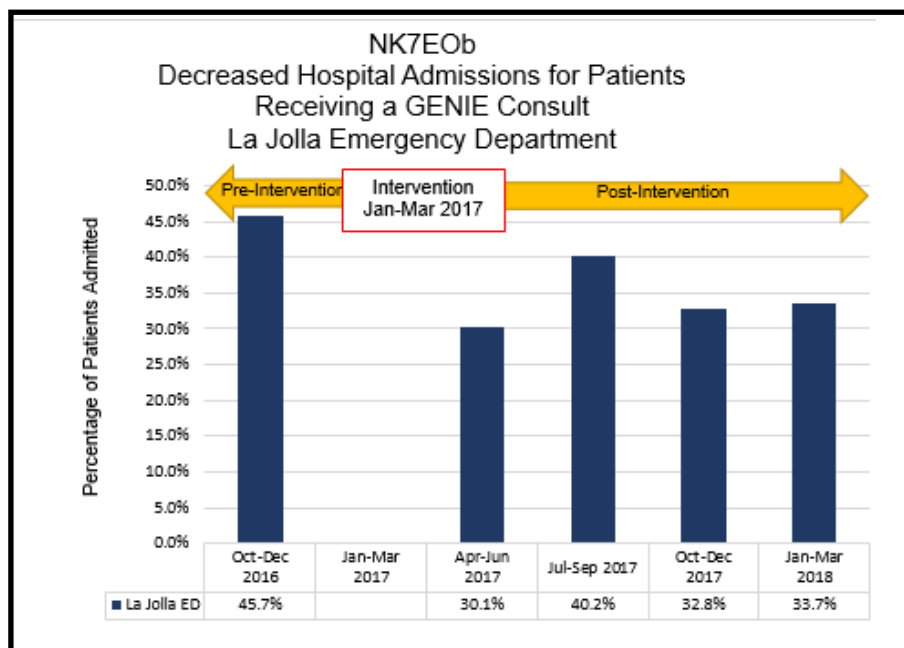
In addition to designing the assessment workflow, Tom was involved in the design of the Senior Emergency Care Unit, dedicated space within the ED that is customized for seniors and their caregivers. This 16-bed unit is designed with carefully calibrated lighting and improved acoustics, safety and comfort to address the common complications seniors face.

As a result of this specialized care, the UCSDH ED received a Level 1 Gold accreditation in May 2018, the highest and most comprehensive level given to a geriatric emergency department by the American College of Emergency Physicians. It was the first emergency department west of the Mississippi to receive this level of accreditation as part of an effort to improve the quality and standards of emergency care provided to the nation's elderly patients.

PARTICIPANTS

Name	Discipline	Title	Department
Tom Crisman	Nursing	Clinical Nurse	Emergency Department
Eddie Castillo	Public Health	Analyst	Emergency Medicine
Ted Chan	Medicine	Physician	Emergency Medicine
Jim Killeen	Medicine	Physician	Emergency Medicine
Alyson Kreshak	Medicine	Physician	Emergency Medicine
Beverly Kress	Nursing	Director, Emergency & Psychiatric Services	Nursing Administration
Kellie Meade	Nursing	Assistant Nurse Manager (ANII)	Emergency Department
Samantha Meyerhoff	Nursing	Clinical Nurse Manager	Emergency Department
Robert Powell	Information Technology	Analyst	Information Technology
Vaishal Tolia	Medicine	Physician	Emergency Medicine
Gary Vilke	Medicine	Physician	Emergency Medicine

OUTCOME



Evidence Based Practice Institute: The Power of Professional Development

By: Judy E. Davidson DNP RN MCCM FAAN

OUR BEGINNINGS

The Consortium for Nursing Excellence, San Diego in March 2006. Unified by a shared vision to improve healthcare, this group of clinicians, educators and academicians serve together to improve evidence-based practice throughout San Diego. The partnership represents a novel approach to pool creative, intellectual, and capital resources to strengthen healthcare practices. Faculty are provided (in-kind) from five healthcare organizations and three schools of nursing to minimize the cost to participants. Best practices and resources are shared between normally competing agencies to speed the rate of dissemination. To this end, all of the materials used to teach EBP can be found on the EDR hub under the professional development tab. <https://pulse.ucsd.edu/departments/EDR/Development/Pages/Evidence-based-Practice-Institute.aspx>

OUR MAIN INITIATIVE

Now renamed The San Diego Consortium for Excellence in Nursing and Allied Health, the main initiative of our group is to provide the Evidence-Based Practice Institute (EBPI). The EBPI uses an innovative mentorship model to empower clinicians to participate in advancing practice through evidence-based practice (EBP) change. Mentor and fellow dyads attend EBPI over 9 months to implement a change project in their practice environment. One project example involved using end-tidal CO2 monitoring during resuscitation which resulted in improved survival. {Insert Ryan's head shot and paragraph in a text box} In another example, gum chewing was implemented preoperatively to speed return of bowel function post-operatively. The end result of gum chewing was earlier discharge.

The EBPI curriculum is designed using participant-centered, practice-based learning approaches to knowledge transfer. Six workshops culminate in a graduation and conference where participants present their work to an audience of their peers. A faculty liaison is appointed from each participating institution to provide guidance with the project development, execution, evaluation and dissemination of the results as well as to facilitate workshops. Though largely attended by nurses, participants have also included respiratory therapists and dietitians.



Judy E. Davidson DNP RN MCCM FAAN serves as a nurse scientist for the Division of Nursing and a research scientist for the Department of Psychiatry School of Medicine, UC San Diego. In this role, she supports nurses and others with project development, presentation and publication skills. Her own research centers around research wellness and clinician suicide.

8A's Evidence-Based Practice Model

Advancing and Adopting

Disseminate project and results

- Consider adopting new practice beyond the initial population
- Present and publish results internally and externally

Analyzing

Evaluate project outcomes

- Compare results pre- and post-change to the evidence
- Explore unintended consequences, lessons learned

Applying

Outline the practice to be changed

- Define desired outcomes
- Consider costs, resources, risks, benefits, population perspective, ethical oversight of the project
- Develop implementation plan
- Create tools for data collection

Implement change in practice

- Collect baseline data
- Communicate plan
- Implement plan
- Collect post data

Appraising

Evaluate the evidence quality

Are the results:

- Reliable and valid?
- Applicable to the population?
- Consistent or conflicting?

Is there enough evidence to change practice?

The Catalyst

What problem, issue or concern prompted this project?

Assessing

Describe the problem

- How do others perceive the issue?
- Who may help solve the problem?
- Are there regulatory requirements?
- What are the national and local standards?
- Does baseline data exist?

Asking

Develop a focused question

- **P** = Population
- **I** = Intervention / Interest Area
- **C** = Comparison Intervention
- **O** = Outcome
- **(T)** = Time (optional)

In P, does I or C effect O (over/within T)?

Acquiring

Search the evidence using PICO(T)

Consult a librarian

- **Create** a search strategy using keywords and MeSH terms
- **Search** CINAHL, Pubmed, Google scholar
- **Create** alerts to continually receive new citations
- **Sort** results by level of evidence
- **Create** search flow diagram

Revised 2018 version of Evidence-Based Practice Institute Model ©2007 Caroline E. Brown and Laurie Ecoff

OUR MODEL

My predecessor Caroline Brown EdD worked with Laurie Ecoff PhD from Sharp Memorial to create the model used by the consortium to teach EBP change.¹ It was derived from Hawyard's² evidence-based information cycle and Rosswurm and Larrabee's EBP model for change.³ In 2018, I worked with Laurie Ecoff to update the model which was recently published in Applied Nursing Research in a special issue devoted to increasing research capacity in Magnet-designated organizations.⁴ This model is now used throughout the county.

OUR RESEARCH

We have conducted several research projects over the years⁵⁻¹⁰ to demonstrate that this institute for education delivered in this manner improves:

- Team cohesiveness
- Job satisfaction
- Engagement in EBP activities
- Skills in conducting change projects
- Engagement in scholarly activities such as presentation and publication
- Attitudes regarding EBP

OUR CONVERSION FROM LOOSE-ENDS TO NON-PROFIT

We started in 2006 as a loosely knit group interested in improving practice and evolved over time to convert into a Non-Profit service to the community. Currently I am the President and CEO. My role as President, includes overseeing curriculum development, providing instruction as faculty, and participating as a faculty liaison troubleshooting obstacles that our participants might have along the way. Our founder Laurie Ecoff PhD RN is the Chairman of the Board. Each of the faculty from participating organizations has a role on the board and/or with instruction. Our own librarian Korey Brunetti MLIS is the program librarian. We are very grateful for Margarita Baggett MS RN CCO's firm and lasting support for the program. UCSDH pays education hours for participants to attend workshops and project time is negotiated with the unit manager. UCSDH was one of the founding organizations sending dyads each year since 2006. Program applications are usually due in January, for a start date in March. Mentors receive specialized training in February. This year, due to the pandemic, the program will start a month later.

DISSEMINATION GRANTS/EXEMPLARS

In 2019 I developed a program for redistributing funds back to the community through a system of dissemination grants. The goal of the grant program is to incentivize participants in carrying on the hard, yet important work of disseminating their project outcomes following graduation. The awardees inspire new cohorts with descriptions of their successful project outcomes. Award-winners are selected by a group of non-biased faculty to receive a monetary award. Please see Lilian Canamo RN's short video regarding her successful project dissemination and excellent EBPI project. <https://youtu.be/-K4wBptQrtg>

Lilian's project through EBPI is a fine example of how the program supports nurses to be empowered to change practice. Lilian began as a fellow. Her project centered around implementing a screening process for opioid withdrawal using a new assessment tool. She was able to demonstrate that the assessment changed the treatment plan for patients who screen positive, preventing them from having to go through the suffering of withdrawal and agitation that can lead to violence. Her project started in one department. However, to include the assessment into the electronic health record the project needed to be adopted not only house-wide, but also at UC Irvine. Lilian Canamo changed practice at both organizations systemwide. She presented the project locally, nationally, and also published an article about the process. Now she fields queries from other organizations about how to replicate the project elsewhere. Think about

how heady that must be to look at the assessment prompts in the computer, and know that you made that change, and how far that change spread. The next year, she became a mentor in the program. One of her fellows Marcon Nicdao RN is updating guidelines to standardize pin site care. The work of updating a guideline is quite intense, and usually performed by educators or clinical nurse specialists. It involves evaluating all of the available literature, performing a community survey to see how others in the community handle this clinical care, and working through both nursing and medical committees to obtain approval for the change. Participants also monitor the impact of the change. Through EBPI several clinical nurses at UCSDH have learned this complex skill of applying evidence into practice to make changes that affect nursing and patient care throughout the organization. Stephanie Chmielewski RN far surpassed updating a guideline and instead developed one where none existed before to provide standardized care of spinal cord injury patients. Stephanie has the honor of knowing that every nurse who cares for a spinal cord injury patient into the future will benefit from the organized manner in which she collated the evidence to provide the best of care. EBPI prepares nurses to practice with autonomy at the top of their scope, implementing change that stems from observations made at the front line of care.



Stephanie Chmielewski, BSN, RN, PCCN, HNB-BC

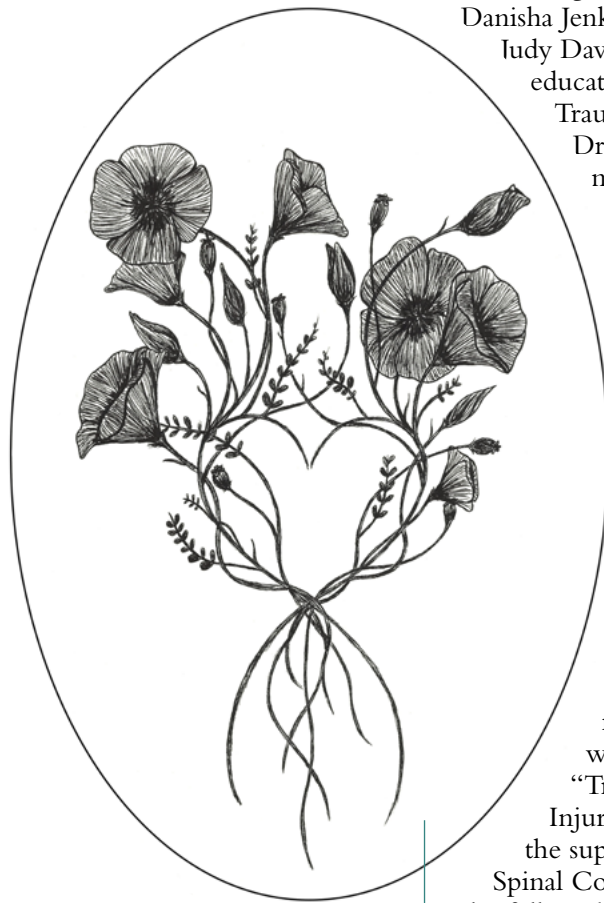
has been working as a Registered Nurse on the Trauma Progressive Care Unit at Hillcrest Medical Center since 2014. Before working at UC San Diego Health, she worked as a Registered Nurse at the Cleveland Clinic in Cleveland, Ohio. She earned her Bachelor of Science in Nursing degree from Xavier University in Cincinnati, Ohio. Stephanie's team voted her as "Nurse of the Quarter" in 2016 and 2020. She was recognized as the 2020 UC San Diego Health "Clinical Nurse of the Year," and she also received the Exemplary Professional Practice award. Stephanie is a dual graduate degree student at Xavier University

pursuing her Master of Science in Nursing and Master of Science in Criminal Justice. She enjoys the San Diego sunshine and spending quality time with her family, friends, and dog Leela. Stephanie is passionate about traveling and has visited six continents. She rescheduled her 2020 expedition to Antarctica due to the COVID-19 pandemic. Stephanie is looking forward to exploring again when the world has healed.

"I participated in the 12th Annual Evidence-Based Practice Institute (EBPI) as a fellow, and it was a meaningful professional and personal growth experience. I intended to create evidence-based guidelines for spinal cord injury patients and received so much more in return. I was given the opportunity to learn from the best San Diego nursing educators, professors, and representatives from local hospitals and universities. The structure of EBPI was intended to keep both fellows and mentors engaged, accountable, and motivated to make changes. Even when I had a scheduled vacation in June 2019, I did not allow being in Saint Petersburg, Russia, or the costly internet charges keep me from missing the fourth session!

Over the course of nine months, there were periods of stress, feeling overwhelmed, and questioning the process as a whole. My project was a serious undertaking. UC San Diego Health did not have standardized protocols for spinal cord injury (SCI) care in the Medical Center Policies, Nursing Clinical Practice Guidelines, or Trauma Handbook utilized by prescribing providers. Providers

Artwork used with permission by Carrie Hudson



ordered SCI care inconsistently, and therefore nurses provided inconsistent care. The SCI population is vulnerable, and vigilant nursing care is needed to prevent inpatient setting complications.

I conducted an extensive literature search and received additional librarian support, and I felt quite defeated in the process. The articles were dated, and new information was not readily available. Working through what seemed setback after setback, my resilience and desire to improve SCI care surpassed each hurdle I encountered. I partnered with my Trauma Nurse Practitioner colleague, Sara Couch, and we strategized a timeline for education, guideline creation, and system-wide dissemination. With the encouragement and assistance of my SCI stakeholders, including, but not limited to, my mentor, Trisha Weers, nurse manager at project inception, Danisha Jenkins, nurse scientist Dr. Judy Davidson, surgical nurse educator, Jen Garner, and Trauma Surgical Director, Dr. Todd Costantini, we made a positive impact for SCI patients today and for years to come.

Through EBPI, I was provided the tools to make change possible and sustainable. It is important to note that making change is difficult, and resistance is part of the process. With the collaboration of my "SCI Team" and many interdisciplinary team members hospital-wide, we created the "Trauma Spinal Cord Injury Guidelines" and the supportive "Trauma Spinal Cord Injury Tip Sheet."

The full guideline highlights the best care of each body system and vital collaborators essential to best

outcomes. Both documents are available on Pulse and serve to improve the care of SCI patients system-wide. I want to highlight that SCI care is highly individualized, focused on a systems approach, and interdisciplinary team collaboration is essential.

The whole EBPI process guided my path to clinical advancement as a Clinical Nurse III. I presented as a podium presenter at UC San Diego Health's 13th Annual Nursing Inquiry and Innovations Conference in July 2020 and as a poster presenter at the American Academy of Physical Medicine and Rehabilitation (AAPMR) Annual Assembly in November 2020 with Dr. Joel Castellanos. I was excited to be awarded the Dean Barb Taylor Spirit of Inquiry and Dissemination Grant from the Consortium for Excellence in Nursing in November 2020. I am also on the journey to publication.



-Ryan Johnson, MSN RN CEN

exposure to other local nurses pursuing their own projects helped to make me feel supported by a cohort that was experiencing the same challenges I was facing. I encourage all nurses interested in developing their own research and leadership skills by attacking a process problem to attend EBPI!"

Through my SCI project and various hospital-wide initiatives, I was awarded the 2020 Overall Clinical Nurse of the Year for UC San Diego Health. EBPI was a vital experience that I am most grateful for. I encourage novice and experienced nurses and interdisciplinary team members to participate in the enriching experience and create positive changes!"

For more information about EBPI contact jdavidson@health.ucsd.edu

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1. Brown CE, Ecoff L. A systematic approach to the inclusion of evidence in healthcare design. *Herd.* 2011;4(2):7-16.
2. Hayward R. Evidence-based information cycle. 2012; <http://www.cche.net/info.asp>. Accessed 10/27, 2017.
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9. Brown CE, Ecoff L, Kim SC, et al. Multi-institutional study of barriers to research utilisation and evidence-based practice among hospital nurses. *J Clin Nurs.* 2010;19(13-14):1944-1951.
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The Magnet Application and Appraisal Process

By: Heather Warlan, PhD, RN, CPHQ

HISTORY OF MAGNET

In 1983, the American Academy of Nursing commissioned the Taskforce on Nursing Practice in Hospitals to identify and replicate “magnet” hospitals: organizations with success in recruiting and retaining nurses. The resulting study, Magnet Hospitals: Attraction and Retention of Professional Nurses, was published and became the impetus for the ANCC Magnet Recognition Program® (2019 Magnet® Application Manual, 2017, page 115).

THE MAGNET® MODEL

The Forces of Magnetism that were identified more than thirty years ago have remained remarkably stable—a testament to their enduring value. The Magnet Recognition Program® evolved over time in response to changes in the healthcare environment (2019 Magnet® Application Manual, 2017, page 1).

MODEL COMPONENTS	FORCES OF MAGNETISM
Transformational Leadership	>> Quality of Nursing Leadership Force #1 >> Management Style Force #3
Structural Empowerment	>> Organizational Structure Force #2 >> Personnel Policies and Programs Force #4 >> Community and the Healthcare Organization Force #10 >> Image of Nursing Force #12 >> Professional Development Force #14
Exemplary Professional Practice	>> Professional Models of Care Force #5 >> Consultation and Resources Force #8 >> Autonomy Force #9 >> Nurses as Teachers Force #11 >> Interdisciplinary Relationships Force #13
New Knowledge, Innovations, and Improvements	>> Quality Improvement Force #7
Empirical Quality Outcomes	>> Quality of Care Force #6



Heather Warlan, PhD, RN, CPHQ
(certified professional in healthcare quality)

Heather Warlan is currently the Assistant Director of Magnet & Nursing Quality where she oversees both of those programs as well as several others related to nursing professional development, orientation, and students. Prior to this role Heather worked in Regulatory Affairs where she supported the organization through CDPH and Joint Commission investigations and surveys. Heather’s clinical background is in critical care nursing, she worked in the CCU where she also served as a code nurse and precepted new graduate nurses and students. Heather received her masters of nursing and PhD in nursing from the University of San Diego, Hahn School of Nursing and Health Science, where is also adjunct faculty.

In 2007, with input from a broad representation of stakeholders, the Commission on Magnet Recognition developed a model for Magnet that reflected current research on organizational behavior (2019 Magnet® Application Manual, 2017, page 115).

A fundamental shift occurred with the 2008 introduction of the Magnet Model to incorporate outcomes (ANCC, 2008). Previous Magnet application manuals emphasized structure and process. Although structure and process create the infrastructure for excellence, the outcomes of that infrastructure are essential to a culture of excellence and innovation. (2019 Magnet® Application Manual, 2017, page 116).

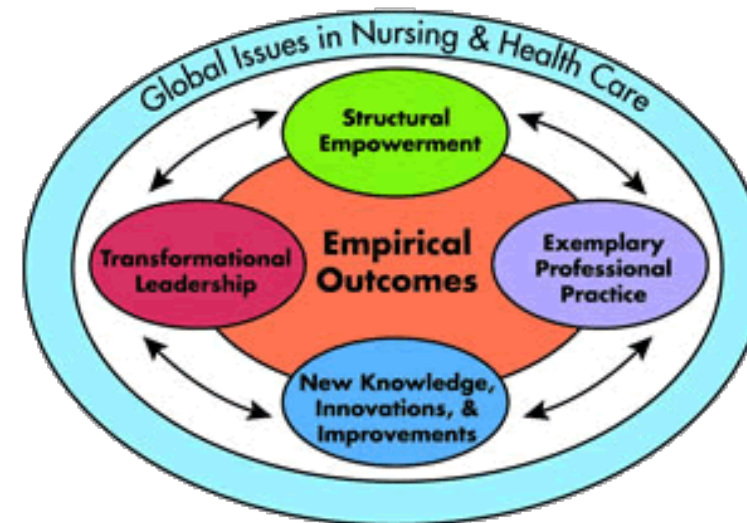
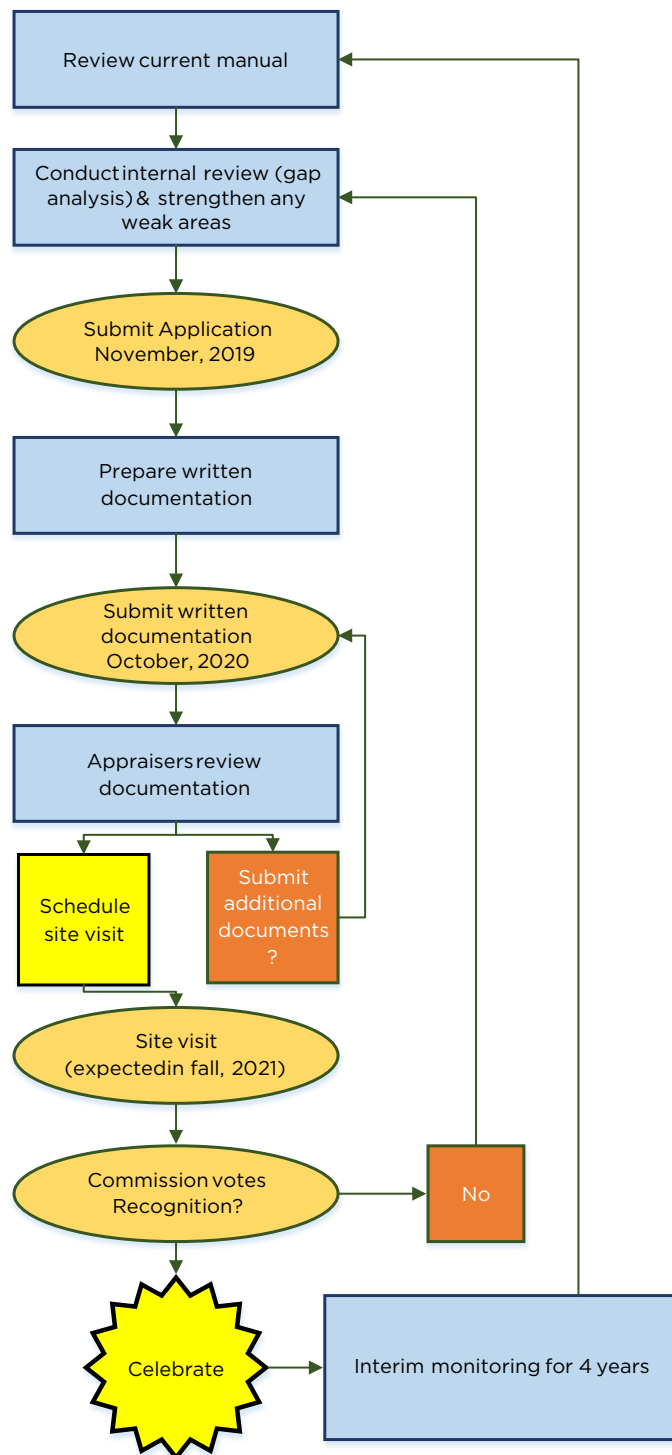
The Magnet® Model is a graphic representation of the standards that reflect a work environment that supports excellence in nursing. The standards are grouped into 4 categories: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations & Improvements. Empirical Outcomes are the result of the enculturation of the standards to benefit patients, the nursing workforce and the organization.

Structure is defined as the characteristics of the organization and the healthcare system, including leadership, availability of resources, and professional practice models.

Process is defined as the actions involving the delivery of nursing and healthcare services to patients, including practices that are safe and ethical, autonomous, and evidence-based, with efforts focused on quality improvement.

Outcomes are defined as quantitative and qualitative evidence related to the impact of structure and process on the patient, the nursing workforce, the organization, and the consumer. These outcomes are dynamic and measurable and may be reported at an individual or organizational level.

(2019 Magnet® Application Manual, 2017, page 116).



CALL TO ACTION

CREATE A MAGNET BOARD ON YOUR UNIT AND INCLUDE:

- Blank spot with header, “We are Magnet Because...” ask RNs to fill out ideas
- Quality improvement projects
- Certification rate for your unit

POST UNIT GOALS TO YOUR DES ALIGNMENT BOARD

ROUND ON UNIT, ASK THE FOLLOWING QUESTIONS:

- Tell me about an improvement project on your unit.
- What are you (your unit) working on for patient satisfaction?
- Let’s walk to your quality board - what are you doing to reduce falls?
- Tell me about one of your unit or hospital nursing councils.

Nurse innovators at UC San Diego Health establish new ways of achieving high-quality, effective, and efficient care through individual and inter-disciplinary projects, art, research, and publications. We would like to celebrate and thank our professional nurses who went above and beyond in demonstrating their commitment to advance patient care and our practice environment!

FRONTLINE LEADERSHIP IMPACT PROGRAM PROJECTS 2019 & 2020

Improving communication through patient mobility signage
Andrea Heyse, BSN, RN, Hillcrest, 8th floor

Transitioning Burn Patients from Resuscitation Fluids to Continuous Renal Replacement Therapy (CRRT)
Amanda Kumar, BSN, RN, Burn ICU

Improving the Education Process in the PTU
Amy Ogata, BSN, RN, CCRN, Sulpizio, PTU

Save Our Skin (S.O.S.)- Increasing Charting Compliance with New or Present on Admission Pressure Injuries
Andie Reed, MSN, RN, CNL, Jacob's Medical Center, Surgical Oncology PCU

Structured Inpatient Bedside Rounding in the CCU
Amanda Vargas, BSN, RN, CCRN, Hillcrest, 10th Floor

Goals of Care Trigger Tool
Caitlin Hurley, BSN, RN, Jacobs Medical Center, 6 PCU

Improving Compliance Rates in Advance Care Planning by Oncology Nurses
Christine Koraiban, BSN, RN, OCN, Perlman Oncology

PureWick: External Female Urinary Device
Cari Romero, BSN, RN, Hillcrest, 8th Floor

Mitigating Nurse Workplace Violence: A Quadruple Aim Approach
Cherry Sioson, BSN, RN, PCCN, 5 West

PSD Screening among Patient Suffering a Stroke
Diane Munoz, MSN, RN, PHN, FNP-C, 5 West

RN Presence at Family Meetings
Geraldine Cadapan, BSN, RN, 5FG

The Lead Position in Burn Special Care is Unclear
Gemma Sumacot-Modina, BSN, RN, Burn Center

Improving Post-Operative Patient Mobility on a Surgical PCU
Heather Davis, MSN, RN, PCCN, Hillcrest, 11 PCU

Identifying and developing the Role of Nurse Mentor
Joy Marie Calunsag, DNP, RN, RN-BC, 7 W/9 PCU

Standardized Discharge Planning: A Little Time Well Spent
Lauren Quezada, BSN, RN, TNCC, CEN Care Management

Improving Infusion Center Efficiency with Infusion Time Reduction
Sophie Ou, BSN, RN, OCN, MSM, Infusion Center

Hillcrest ED Fall Prevention
Amanda Verdoia, BSN, RN, CEN, MICN, HC ED

Improving Epic Flow
Joshua De Jesus, BSN, RN, Hillcrest 8th floor

Lifesharing Preceptorship
Darryl Nethercot, BSN, CCRN, CNRN, Lifesharing

Improving Nurse Confidence in Performing COVID-19 Nasal Swabs
Ellen Bradley, BSN, RN, 5FG

Improving Onboarding for Staff into the Center for Transplant
Eunice Ong Manzano, MSN, FNP-BC, Center for Transplant

Eliminating Discharge Barriers in the Trauma Progressive Care Unit
Vernon Horcasitas, BSN RN PCCN, 5 West

Reducing Patient Falls Using the BMAT Tool
Patience Agoh, MSN RN, Hillcrest, 11th floor PCU

Fall Prevention
Lynda (Thien) Quach, BSN, RN, 6 East

EBPI PROJECTS 2019 AND 2020

Sexual Violence & Intimate Partner Violence: Capture and Management
Breanna Champion-Ybarra, MSN, RN, 5 West

Gumption for Bowel Function: Implementing Chewing Gum on Post-Operative Patients
Jennifer Sims, MSN, RN, OCN, 6 FGH

O-Log Assessment Tool (5 West)
Melissa Wilson, BSN, RN, ONC, 5 West

Immunizing Prior to Transplant - The Disparity Between Practice and Guideline
Nicole Champagne, BSN, RN, Liver Transplant

Spinal Cord Injury Clinical Practice Guidelines
Stephanie Chmielewski, BSN, RN, PCCN, 5 West

The Use of the Modified Vasalva Maneuver (REVERT) in Treating Patients Presenting to the ED with Supraventricular Tachycardia (SVT)
Scott Sniffin, BSN, RN, CEN, MICN, PHN, Hillcrest ED

Decreasing Temperatures to Improve Prognosis
Kathryn Sheehy, MSN, RN, MICN, Hillcrest ED

Kee"PIN" It Clean: An Evidence-Based Practice On Pin Site Care
Marcon Nicdao, BSN, RN PCCN, 5 West

Meant to be My Mentor
Kathleen Alberto, BSN, RN, CMSRN, 6 West

NEWS (2) Bundle: Enhancing the Identification of Patient Decline in Trauma PCU
Grace Nasi, BSN, RN, PCCN, 5 West

Chemotherapy in the ICU, A Journey of Nursing Competence and Increased Confidence
Rachael Stokes, BSN, RN, CCRN, OCN, 3 GH

VBTF Utilization with an Electronic Calculator vs. Nurse-Driven Paper Reference Graphs
Anita Heredia, BSN, RN, 5H

CLINICAL NURSES AND NURSE PRACTITIONERS WHO PUBLISHED ARTICLES (2019-2020)

Geline Tamayo
Sacco AG, Coffey CS, Sanghvi P, Rubio GP, Califano J, Athas J, Tamayo GJ, Linnemeyer K, Barnachea LC, Orosco RK, Brumund KT. Development of Care Pathways to Standardize and Optimally.

Cardenas V, Abbott Y, Hirst JM, Mausbach BT, Agarwal S, Collier G, Tran L, Tamayo G, Downey A, Herring M, Irwin SA. Development, implementation, and initial results of the UC San Diego Health Moores Cancer Center Wellbeing Screening Tool. Palliative & supportive care.

Chapter 6. Caregiver Burden. ONS Core Curriculum

Jessica Goggin
Allgood, S., Potts, D. E., Kapnadak, S., Goggin, J., Lechtzin, N., Use of opioids for pain management in individuals with cystic fibrosis.

Dellon, E., Hobler, M., Georgiopoulos, A., Goggin, J., Chen, E., Hempstead, S., Faro, A., ... Kavalieratos, D. Palliative Care Needs of Individuals with Cystic Fibrosis: A National Survey of Patients, Caregivers, and Cystic Fibrosis Care Team Members

Dellon, E., Hobler, M., Georgiopoulos, A., Chen, E., Goggin, J., Hempstead, S., Faro, A., ... Kavalieratos, D. Barriers to Palliative Care in Cystic Fibrosis

Genesis Bojorquez
Bojorquez, G. R., Jackson, K. E., Andrews, A.K. The Integration of Music Therapy on an Inpatient Surgical Unit: Improving Pain and Anxiety Management.

Bojorquez GR, Fry-Bowers EK. Beyond eligibility: access to federal public benefit programs for immigrant families in the United States.

Lilian Canamo and Nicole Tronco
Canamo LJ, Tronco NB. Clinical Opioid Withdrawal Scale (COWS): implementation and outcomes.

Shervin Esfahani
Esfahani S, Yi C, Madani CA, Davidson JE, Edmonds KP, Wynn S. Exploiting Technology to Popularize Goals-of-Care Conversations and Advance Care Planning.

Shervin Esfahani, Yelena Ignatyeva, Mary Ekno, Maricel Salinas, Niecele Salinas, Tamara Norton, Laura Martin
Esfahani S, Ignatyeva Y, Ekno M, Salinas M, Salinas N, Chechel L, Norton T, Martin L. Use of the clinical ladder to improve capacity for nursing research.

Dawn Meyer
Meyer D, Meyer BC, Rapp KS, Modir R, Agrawal K, Hailey L, Mortin M, Lane R, Ranasinghe T, Sorace B, von Kleist TD. A Stroke Care Model at an Academic, Comprehensive Stroke Center During the 2020 COVID-19 Pandemic.

Cresilda Newsom
Newsom C. Using Glucocorticoids to Treat Croup in Children.

Monica Smith
Smith M, El-Said H, Pretorius V, Mendenhall M, Thomas T, Reeves RR, Silva Enciso J, Alshawabkeh L, Nigro J, Adler ED, Urey MA. Significance of Aortopulmonary Collaterals in a Single-Ventricle Patient Supported With a HeartMate 3.

Angela Klinkhamer
Photography, in Caring for the Caregiver. San Diego Magazine, October 2020

Shannon Cotton and Shannon LeBlanc
Cotton S, Zawaydeh Q, LeBlanc S, Husain A, Malhotra A. Prone during covid-19: Challenges and solutions.

Sarah Pai
Pai, Sarah: Despair: Acrylic on Canvas, in Davidson JE, Amanda Choflet DN, Earley MM, Clark P, Sattaria Dilks DN, Linda Morrow DN, Trisha Mims MS. Nurse suicide prevention starts with crisis intervention.

Mary Ekno
Franck LS, Cormier DM, Hutchison J, Moore D, Bisgaard R, Gay C, Ngo S, Kriz RM, Lin C, Ekno M, Ribero D. A Multisite Survey of NICU Healthcare Professionals' Perceptions About Family-Centered Care.

Maricel Salinas
Salinas M, Salinas N, Duffy JR, Davidson J. Do caring behaviors in the quality caring model promote the human emotion of feeling cared for in hospitalized stroke patients and their families?

Michael Nies and Brittany Serences
Kulasa K, Serences B, Nies M, El-Kareh R, Kurashige K, Box K. Insulin Infusion Computer Calculator Programmed Directly Into Electronic Health Record Medication Administration Record.

Charles Wainaina
Prakash K, Wainana C, Trageser J, Hahn A, Lay C, Pretorius V, Adler E, Aslam S. Local and regional variability in utilization and allocation of hepatitis C virus-infected hearts for transplantation.

Wainaina C, Trageser J, Hahn A, Lay C, Pretorius V, Aslam S. Disparities in Utilization of Hepatitis C Virus Positive Hearts for Transplantation.

Heather Abraham
Barchas D, Melaragni M, Abraham H, Barchas E. The Best Medicine: Personal Pets and Therapy Animals in the Hospital Setting.

Ten (Perlita) Mendoza
Mendoza Ten, Stop and Listen in Davidson JE, Amanda Choflet DN, Earley MM, Clark P, Sattaria Dilks DN, Linda Morrow DN, Trisha Mims MS. Nurse suicide prevention starts with crisis intervention.

*Forgive us if we left off any clinical nurse projects or presentations, it was not intentional.

CNIII & CNIV Advancements

Name	Unit	Project Title	CNIII or CNIV
Monica Smith	Heart Transplant/VAD Program	Reducing Complications Following Left Ventricular Assist Device Implantation With Initiation of VADWatch	CNIII
Rafael Paola Aquino	8th floor	Pasero Opioid-induced Sedation Scale and Pain Score Reassessment Documentation Compliance	CNIII
Elizabeth Ihde	CVC ICU	Mind the Lines	CNIII
Esther Dill	7/9 West	Reducing Central line associated bloodstream infection (CLABSI) through increase awareness and adherence to central line maintenance care	CNIII
Genesis Bojorquez	11th floor	The Integration of Music Therapy on a Surgical Progressive Care Unit	CNIII
Amanda Sadler	CCU	Creating Confidence and Autonomy in the CCU with Ultrasound Guided Peripheral Intravenous Catheter Placement Implementation	CNIII
Braeanne Burney	3F Neuro ICU	Improving Communication and Nurse Empowerment through Nurse Collaborative Rounds in the ICU	CNIII
Jennifer Nememth	Cardiac Rehab and Wellness	Exploring gender-related differences in UC San Diego's Step Family Foundation Cardiovascular Rehabilitation and Wellness Center	CNIII
Odette Punsalang	11th floor	Best Practices in the Nursing Care of Gender Non-conforming Patients	CNIII
Jacqueline Imus	JMC 4FGH	The Ostomistic Journey: Promoting Positive Body Image	CNIII
Emily Beckworth	BICU	Enhancing Care Providers' CAUTI Knowledge, Skills and Attitudes in the Burn ICU and Burn Special Care Environments	CNIII
Kara Magnusen	ED	The Implementation of CIWA-Ar in the Emergency Department	CNIII
Heather Amargo	Abdominal Transplant Clinic	Improving Medication List Accuracy in the Outpatient Setting	CNIII
Kristina James	JMC 4FGH	Feeling Cared For: Enculturation of the Nursing Mission, Vision, and Motto	CNIII
Celine Palmiter	Moore's Cancer Center	Establishing an Education Package for Non-Specialty Oncology Nurses to Improve Patient Outcomes	CNIII
Lisa Vineyard	JMC 4FGH	Transplant 103: Improving Kidney Transplant Recipient Inpatient Education	CNIII
Sarah Spencer (Williamson)	La Jolla ED	Increasing Awareness of Human Trafficking at UC San Diego health	CNIII
Stephanie Ta	JMC Renal Transplant	Improving Staff Education in the Transplant Population	CNIII
Helen Pereira Lobo	T2West	Increase Peer Review and prevent CLABSI: Performance Improvement (PI) Project	CNIII
Jessica Bejar	T2West	Preventing CAUTI through Peer Review	CNIII
Jennifer Schoonard	BICU	Burn Resuscitation Critical Reflective Practice	CNIII
Oliver Erece	6 East	Getting FIT with CHG: Fight Infection Today	CNIII
Darryl Nethercot	Lifesharing	Increasing the Number of Pancreata Placed into Research	CNIII
Anh-Thu Huynh	T3West	Developing Preoperative Education for Spine Surgery Patients	CNIII

Brooke Sanchez	L&D	Revision of Bereavement Paperwork and Workflow	CNIII
Manju Mathew	T3West	Developing Education for Preoperative Spine Surgery Patients	CNIII
Amy Tolli (Oster)	JMC 3GH	No Skin off My Nose BIPAP Mask Rotation Therapy	CNIII
Travis Wallace	Gastroenterology	Performance Improvement Project to Reduce GI Specimen Errors	CNIII
Paula Aragon	JMC 5FG	Injury Reducation with Hovermatt Implementation	CNIII
Stephanie Chmielewski	5 West	Trauma Spinal Cord Injury Clinical Practice Guidelines	CNIII
Marisa Del Rio	Jacobs 3GH	Decreasing the Rate of Failed Peripheral Intravenous (PIV) Access using Ultrasound-Guided Intravenous (USGPIV) Technology on a Progressive Care Unit	CNIII
Sierra Basegio	CVC ICU	Effects of Ambulation Devices on Post-Operative Cardiothoracic Surgery Patients' Recovery in the ICU.	CNIII
Teal Good	JMC 6BMT	Obtaining Proactive Orthostatic Vital Signs to Reduce Fall Rates in Blood and Marrow Patients on 6BMT	CNIII
Daniel Brown	BICU	Updating the Nurse Driven Burn Resuscitation Pathway to Decrease 24-hour Fluid Volumes	CNIII
Jennifer Sims	JMC 4FGH	Gumption for Bowel Function: Implementing Chewing Gum for Postoperative Surgical Oncology Patients	CNIII
Cari Jones	Hillcrest ED	Hillcrest Geriatric Emergency Department Initiative: Creating an Age-Friendly Health System	CNIII
Jennifer Clay	La Jolla ED	Reducing Hemolyzed Blood Specimens in UC San Diego Health, La Jolla Emergency Department (ED) "Be Careful Because RN's Yearn to Give Pt's Great Care"	CNIII
Monica Paredes	JMC 6BMT	CHG and PICC Line Covers to Reduce CLABSI rates	CNIII
Cherry Sioson	5West	Mitigating Workplace Violence: An Evidence-Based Approach	CNIII
Daniel Muilenberg	CVC ICU	ECMO Dressings: What to do when there is No Perfect Option	CNIII
Katherine Sheehy	Hillcrest ED	Targeted Temperature Management Post CPR: Decreasing Temperature to Improve Prognosis	CNIII
Caitlin Hurley	JMC 6BMT	Increasing Goals of Care (GOC) Conversations on a Blood and Marrow Transplant Unit	CNIII
Joseph Magnino	Encinitas Cancer Center	Best Practice for the Management and Care of Central Lines in the Outpatient Oncology Setting to Improve Patient Care and Safety	CNIII
Susan Bryne	CVC 4AB	Improving PICC Line Care Practice on CVC 4AB	CNIII
Andie Reed	JMC 4FGH	Save Our Skin (S.O.S)	CNIII
Priscilla Kovacs	JMC 4FGH	Save Our Skin (S.O.S): Reducing HAPI through the use of a skin algorithm	CNIII
Brittany Rower	JMC 4FGH	Surgical Oncology, Interdisciplinary Nurse Led Rounds	CNIII
Laura Elston	Hillcrest PACU	Improving Nurse Knowledge and Utilization of ExSpiron Minute Ventilation Monitoring in the Post Anesthesia Care Unit for Outpatients with Confirmed or Suspected Obstructive Sleep Apnea	CNIII

We proudly recognize...

Erin Prudoff	Hillcrest PACU	Improving Inpatient Throughput in Preop Holding: A Pilot Project to Reduce Operating Room Delays and Increase Preop Checklist Compliance	CNIII
Sandy Jellen	Moore's Cancer Center	Implementation of a Patient Acuity Tool to Develop an Efficient Infusion Center Nursing Assignment Tool	CNIII
Brittney Sullivan	JMC 6BMT	BMT Specific Trigger Tool to Increase Advance Care Planning and Goals of Care Conversations in Critically Ill Cancer Patients	CNIII
Yvette Greffrath	5 West	Addressing Barriers to Performing Oral Care (Making Oral Care Mindful on a Progressive Care Unit)	CNIII
Michael Hammer	JMC 4FGH	CSI: Reflective Practice by Case Study Investigation	CNIII
Laurena Downing	L&D	Improvement of Nurse to Provider Communication and Patient Treatment Times for Obstetrical Patients Experiencing Hypertensive Emergencies	CNIII
Heather Davis	11th floor	Improving Progressive Mobility in Post Operative Intermediate Care Unit Patients Through the Implementation of a Standardized Communication Tool	CNIII
Breanna Champion-Ybarra	5 West	Abuse Assessment Screen (AAS) Implementation: Improving Domestic Violence and Sexual Assault Management	CNIII
Dennis Gerrits	8th floor	Decreasing HgbA1c: Apply ICE—Improving Confidence through Emmi	CNIII
Shannon Cotton	CCU	Pronation Therapy and Paralytic Medication in Covid-19 ARDS: A Retrospective Study	CNIII
Megan Yap	JMC 4FGH	New Grad Launch Pad: Preparing for Take Off!	CNIII
Megan Fung	JMC 4FGH	Onboarding Mentorship Program to Increase Retention Rates on PCU	CNIII
Scott Sniffin	Hillcrest ED	The Modified Valsalva Maneuver (REVERT): Treating Patients Presenting to the ED with Stable Ventricular Tachycardia	CNIII
Jillian Sherman	JMC NICU	Utilizing Bedside Tablets to Improve Parent Education, Confidence, Satisfaction	CNIII
Kelly Wagner	Cardiology	Kansas City Cardiomyopathy Questionnaire (KCCQ) and 5 Meter Walk (5MW) Performance Improvement	CNIII
Elise Groves	CVC ICU	The Ventilation Liberation Protocol	CNIII
Zohra Cincotta	JMC NICU	Improving the Lives of Babies by Empowering Nurses to Initiate and Provide Efficient Neonatal Resuscitation	CNIII
Michaela Rojas	JMC Kidney Transplant	Implementation of a new Kidney Transplant waitlist protocol, thereby increasing the number of transplants and decreasing 801 and 812 codes for donor offers in UNET	CNIII
Marcon Nicdao	5 West	Keep "PIN" it Clean: An Evidence-Based Practice on Pin Site Care	CNIII
Grace Nasi	5 West	National Early Warning Score 2 (NEWS2) Bundle: Enhancing the Identification of Patient Decline in Trauma PCU	CNIII
Paen Smith	L&D	Phase 2: Hand Scrub	CNIII
Mary Ekno	NICU	Use of mobile technology to improve breastfeeding rates among preterm infants: A non-randomized interventional pilot study	CNIV



Development of a Certification Preparation Course

Continued from page Page 13

Through this process of creating a class and obtaining my CNIII, I learned that meeting staff education needs is important for patient outcomes and specialty certification has value. I learned that if something doesn't exist in your organization, you can create it while collaborating with others.

If you are considering taking the next professional step or looking to advance to CNIII, connect with others for support on preparing for the specialty certification for your

area. There may be an in-house prep course or support for obtaining preparation outside of UCSDH. Look at the Nursing Resource Hub for more information. You won't regret it! (<https://health.ucsd.edu/medinfo/nursing/professional-development/Pages/calendar.aspx>).

Rebecca Garrett-Brown, CNM MS

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Rebecca is known for being thorough and for attention to detail. It is no surprise that she works on the Quality Assurance team for our practice. She has been integral in getting a chart review system in place to improve midwifery care and documentation. She also functions as the lead midwife at one of our prenatal offices. She participates in operations meetings and provides a CNM perspective.

Rebecca is active in the California Nurse-Midwives Association (CNMA). In 2016, she was elected President, and worked tirelessly to promote legislation for independent practice. As immediate past president, she has been an active member of the CNMA Health Policy committee which this year successfully got a bill passed, now signed into law, removing physician supervision for Nurse-Midwives in California.



Magnet Nursing

I have never been hospitalized before and I was scared and doubtful of the care I was going to receive in times of a pandemic. My nurse, and the team, put me at ease and made me feel at home. I trusted my nurses' care and that of the department staff, due to their communication and compassion. Thank you, a million times to my nurses! You are the reason why I trust UCSDH.

-Hillcrest Burn Center Patient

Embrace the vision.



My UCSD nurse treated me like family not just a patient. I can't imagine going through my procedures and treatments without her. She explained what was normal and what to expect during recovery. She explained how keeping up with my medication properly will make me better. She assured me that walking would get easier each time I tried. All of this was so true.

I chose to have surgery during the pandemic knowing my family would not be allowed to see me. I did not miss my family like I thought I would because of the UCSD nursing staff. They were there to talk with me and reassure me each step of the way. I wanted to share this with you because I have worked in healthcare for 18 years and know first hand my experience was superb!

-JMC Neuro ICU Patient



The second our nurse entered our labor and delivery room, my husband and I felt this sense of peace and reassurance. Just minutes before finding out it was "go-time" I discovered that my father tested positive for Covid. I tearfully shared this news with my nurse and she responded swiftly with such reassurance and compassion, "You are still going to have the most beautiful birthing experience. Don't you worry about a thing!" And she was right.

As I pushed through tears, she was by my side coaching me, cheering me on and sharing in our joy when our baby boy was born. I felt all the love and support in the world. I joke that my L&D nurse was not only my nurse that day, she was also my friend, my coach, my doula and even my husband for a period of time! I'll never forget how cared for I felt that day. She assured me that it was an honor to care for me, and I knew she meant it from the bottom of her heart.

-JMC Neuro ICU Patient

My nurse made a huge difference in my radiation treatments at UCSD. I was going through radiation for the second time within 15 years. My nurse answered all my questions and even set me up with a counselor on site when I shared my concerns of anxiety and being overwhelmed. She heard me and made me feel as if my fears were real and she helped me get over them. I am so thankful my nurse was at my appointments and she was there to make a difference in the way I faced my treatments.

I am the mother of six and right after treatment I was able to attend one of my sons' weddings as well as meet my first grandbaby from another son. I get to be a Grandma for the first time, and that is such an honor and privilege.

-J- Moores Cancer Center Radiology Oncology Patient

UC San Diego Health



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For more information about nursing at UC San Diego Health visit <https://health.ucsd.edu/medinfo/nursing/pages/default.aspx>