Message from the
The Chief Clinical Officer

This issue of the UC San Diego Health System nursing journal highlights how our nurses generate and disseminate new knowledge. We have a lot to be proud of in this regard as UC San Diego Health System Magnet nurses. I applaud our many nurses who are dedicated to life-long learning, and their contributions to nursing. We have recorded over 50 research projects since our Magnet designation, and over 200 publications and presentations. I strongly encourage nurses to participate in research and develop their own investigations to move our practice forward.

Reflecting back on how fortunate we are to work in an environment that supports this spirit of inquiry, I came to the conclusion that I should personally lead by example. This year, with the changes in our professional practice model, adoption of the Joanne Duffy Quality Caring Model, and emphasis on improving the patient experience, I have decided to become a UC San Diego Health System nurse researcher to help solidify these changes in our nursing practice. The new practice model focuses on self-care and the development of caring relationships. The Quality Caring Model informs us that feeling cared for is essential for health promotion. People are more likely to engage in self-care activities if they feel cared for by others.

It is clear that nurses are ready for this change. An unprecedented 86% of you engaged in the on-line learning about the changes in the practice model, and nearly 400 of you provided direct feedback and affirmation that the changes, with renewed attention to self-care and caring, will better meet your needs as nurses. I read each and every one of your comments submitted to me on the survey and also in the RN satisfaction survey. I understand and accept that we have room for improvement in developing caring practices at all levels in the organization; including at the leadership level. The practice model is beautiful on paper, but now we all have to do the hard work to make it come alive.

How is nursing research going to help to make this happen? We need to understand at a deeper level what it means and what is required to feel cared for by others. What contextual features promote caring behaviors that result in the feeling cared for emotion? What workplace conditions lead to the feeling cared for emotion? I have worked with Judy Davidson to build an interprofessional team, with a variety of skills, to explore this phenomenon: the human emotion of feeling cared for by others. Research is best performed in a team, building on the skills of others. Catie Madani has completed her PhD in nursing and is guiding us on the methodology for the study. We will be conducting a survey of patients, families, staff and physicians and then analyzing the data for the answer to our research questions. The very unique part of this project is that after data analysis, we will be soliciting a volunteer group of artists to transform the findings into a variety of art forms, which may include poems and visual art. Those art forms will be used for educational purposes to disseminate new knowledge. We have a lot to be proud of in this regard as UC San Diego Health System Magnet nurses. I applaud our many nurses who are dedicated to life-long learning, and their contributions to nursing.

I have joined the ranks of UC San Diego Health System nurse researchers with pride, and with hopes that this effort will shed new light on strategies to promote caring between each other, our healthcare team colleagues, and the patients and families we serve.

Sincerely,

MARGARITA BAGGETT, MSN, RN
CHIEF CLINICAL OFFICER
Nursing Research and Evidence-Based Practice Council

By Laura Dibsie, MSN, RN, CCRN, CNS

When Shared Governance was in its formative stages at UC San Diego, there were many people invited to participate in the process and contribute to the future of Nursing within the organization. Staff in the Nursing Education, Development and Research (EDR) Department felt strongly about bringing their experience, knowledge, and expertise to Shared Governance as well. EDR was asked to spearhead a Research Council and to take responsibility for facilitating the incorporation of evidence-based practice into the Department of Nursing.

The mission and activities of the Council were expected to align with the Department of Nursing. The mission of the interprofessional evidence-based practice, quality improvement, and research processes. Nursing Research and Evidence-Based Practice Council was to provide a forum for creative and innovative thinking, and to support evidence-based practice, quality improvement, research and innovation. The Council was originally given several important responsibilities:

- Promote concepts of evidence-based practice and ensure staff recognize the concept within their practice.
- Provide education to staff about evidence-based practice and nursing research.
- Review projects and mentor staff pursuing CNII advancement.
- Support nursing research within the Department of Nursing.

Just a few months ago, Council members reviewed, updated, and approved the bylaws which include the following mission statement and purpose. The bylaws were also submitted to the Nursing Cabinet. Since the beginning of the Council, and under the initial leadership of Dr. Caroline Brown, policies and nursing clinical practice guidelines have been closely linked to the latest nursing evidence. Under Dr. Brown’s leadership, UC San Diego collaborated with nursing leaders within the community and formed the San Diego Evidence-Based Practice Institute (EBPI). In this 9-month course, staff nurses fellows with their advanced practice mentors, learn about each stage of an EBP change project and receive education and resources needed to take an idea from ’asking a question’ through implementation, to adoption of the change. It is from this collaborative venture that the UC San Diego Nursing Evidence-Based Practice model – the 8 A’s was developed and is now utilized by the Department of Nursing as our model for EBP and change.

UC San Diego remains involved in the EBPI through our current Nursing Research and EBP Liaison, Dr. Judy Davidson, serving on the faculty. Additionally, several staff nurses and
Fact or Fiction: Evidence Surrounding Family Presence

By Judy Davidson, DNP, RN, FCCM

This year Mary Ekno, Kim Savidan, Nancy Newman, Dianne Warmuth, Annemarie Degen-De Cort and Judy Davidson conducted a review of the literature and wrote a manuscript that will be published in Critical Care Nursing Quarterly, reviewing the literature on the obstacles to implementation of a family-centered care model inclusive of family presence. Test yourself on these statements regarding family presence. Are they fact, fiction or partial fact? (See answers below)

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Open visiting practices</td>
<td>increase infection</td>
</tr>
<tr>
<td>2 Family presence during procedures</td>
<td>increases infection</td>
</tr>
<tr>
<td>3 Family presence in burn patients increases infection</td>
<td></td>
</tr>
<tr>
<td>4 Family presence in the NICU increases infection</td>
<td></td>
</tr>
<tr>
<td>5 Family presence on rounds is anxiety producing for families</td>
<td></td>
</tr>
<tr>
<td>6 Family presence on rounds will slow down rounds</td>
<td></td>
</tr>
<tr>
<td>7 Family presence on rounds will decrease the quality of teaching rounds</td>
<td></td>
</tr>
<tr>
<td>8 Family presence on rounds increases legal risk</td>
<td></td>
</tr>
</tbody>
</table>

For a list of references supporting these statements contact jdavidson@ucsd.edu

Judy Davidson, DNP, RN, FCCM is an experienced researcher, educator, lecturer and clinical nurse specialist. She is doctorally prepared with a specialization in Organizational Leadership from Case Western Reserve University. She is actively involved in the Society of Critical Care Medicine (SCCM) as chair of the Post Intensive Care Syndrome task force, chair of the SCCM Ethics Committee, co-author of the 2013 SCCM Pain Agitation and Delirium guidelines, and lead author of the SCCM guidelines for Patient and Family Centered Care. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma Gamma Chapter of Sigma Theta Tau and member of NaCNS and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a midrange theory entitled Facilitated Sensemaking which guides nurses in the care of the families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress.”

In order to fulfill the objective of education and dissemination, Council members coordinate the Annual Nursing Research and EBP Council Conference - Nursing Innovations and Inquiry. The conference has grown a great deal over the last 8 years and is recognized as a high quality and professional forum for the dissemination of the wonderful work being done by nurses at UC San Diego and from the San Diego area as a whole. Additional information about the conference, and details about this year’s event are located on page _______.

An innovative approach to connecting at least 55 nurses who have conducted research at UC San Diego is the “virtual interest network.” This network is considered a ‘task force’ of the Council. Nurses within this group may use the list for networking, consultation, or to celebrate in their successes as they advance the practice and science of nursing. Contact j davidson@ucsd.edu if you would like to be added to the list.

The Nursing Research and EBP Council welcomes new members. Meetings are located in Hillcrest in the EDR conference room located at 4235 Front Street, Room 130. A call in option is available, if you are unable to be present. No experience with nursing research is required, just a spirit of inquiry and desire to learn about and support nursing research and evidence-based practice within our organization.

PI, EBP or Research
Donubedian: Structure, Process & Outcome

<table>
<thead>
<tr>
<th>PI</th>
<th>EBP</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Review, Review &amp; change processes to achieve improved outcomes</td>
<td>Improve practices by using the latest, most appropriate evidence</td>
</tr>
<tr>
<td>Structure</td>
<td>Group/team</td>
<td>Individual or group</td>
</tr>
<tr>
<td>Process (all involvement measurement)</td>
<td>Methods: PSA, EBP methods: I&amp;I’s method, Ecdf/Brown</td>
<td>Research methods</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Improved procedures or processes</td>
<td>Practice changes, new protocols, standards</td>
</tr>
</tbody>
</table>

The 8 A’s Council has partnered with the Professional Development Council (CPC) to offer workshops to CNIII candidates. The goal of the CNIII workshops is to review advancement criteria, address frequently asked questions, review project types (Quality Improvement, EBP, and Nursing Research) to help candidates frame their work, and use examples of competed projects for small group discussion.

This forum allows many more candidates to directly hear CNIII information and encourages participants to provide peer review to other attendees, all while interacting with members of both Councils, in the hope of eliminating the mystery of the advancement process. Ultimately, the goal of the CNIII workshop is to facilitate the growth and advancement of as many staff nurses to CNIII as are interested in completing a project and promoting. Staff nurses interested in advancing to Clinical Nurse III are strongly encouraged to bring a project idea to the Council for support and feedback on their project ideas. The group will help to narrow the project scope, suggest steps for initiating the project, direct the nurse to resources, and help determine appropriate outcomes for monitoring success. In the last three years, the Nursing Research and EBP mentors participate and develop change projects every year. UC San Diego participants are selected each year by the Nursing Research and EBP Council and asked to share their work at our annual conference. The culmination of the EBP each Fall is a wonderful conference to highlight the participants’ work and graduation ceremony. This is an opportunity for any interested staff to learn more about the program and what is involved in the projects.

Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress.” Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma Gamma Chapter of Sigma Theta Tau and member of NaCNS and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a midrange theory entitled Facilitated Sensemaking which guides nurses in the care of the families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress.”

This year Mary Ekno, Kim Savidan, Nancy Newman, Dianne Warmuth, Annemarie Degen-De Cort and Judy Davidson conducted a review of the literature and wrote a manuscript that will be published in Critical Care Nursing Quarterly, reviewing the literature on the obstacles to implementation of a family-centered care model inclusive of family presence. Test yourself on these statements regarding family presence. Are they fact, fiction or partial fact? (See answers below)

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Open visiting practices</td>
<td>increase infection</td>
</tr>
<tr>
<td>2 Family presence during procedures</td>
<td>increases infection</td>
</tr>
<tr>
<td>3 Family presence in burn patients increases infection</td>
<td></td>
</tr>
<tr>
<td>4 Family presence in the NICU increases infection</td>
<td></td>
</tr>
<tr>
<td>5 Family presence on rounds is anxiety producing for families</td>
<td></td>
</tr>
<tr>
<td>6 Family presence on rounds will slow down rounds</td>
<td></td>
</tr>
<tr>
<td>7 Family presence on rounds will decrease the quality of teaching rounds</td>
<td></td>
</tr>
<tr>
<td>8 Family presence on rounds increases legal risk</td>
<td></td>
</tr>
</tbody>
</table>

For a list of references supporting these statements contact jdavidson@ucsd.edu

Judy Davidson, DNP, RN, FCCM is an experienced researcher, educator, lecturer and clinical nurse specialist. She is doctorally prepared with a specialization in Organizational Leadership from Case Western Reserve University. She is actively involved in the Society of Critical Care Medicine (SCCM) as chair of the Post Intensive Care Syndrome task force, chair of the SCCM Ethics Committee, co-author of the 2013 SCCM Pain Agitation and Delirium guidelines, and lead author of the SCCM guidelines for Patient and Family Centered Care. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma Gamma Chapter of Sigma Theta Tau and member of NaCNS and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a midrange theory entitled Facilitated Sensemaking which guides nurses in the care of the families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress.”
Evidence-Based Practice/QI/Research/Innovations

A comprehensive list of all the publications and presentations by UC San Diego nurses.

### Conference Information

<table>
<thead>
<tr>
<th>NAME</th>
<th>UNIT</th>
<th>PROJECT TYPE</th>
<th>PUBLICATION CITATION</th>
<th>TITLE OF TALK OR POSTER</th>
</tr>
</thead>
</table>

* See Pages 41-47 for the full list of Projects

---

**Annual Nursing Research and Evidence-Based Practice (EBP) Council Conference**

**Nursing Inquiry and Innovation**

By Laura Dibie, MSN, RN, CCRN, CNS

---

Many hours of work go into planning a large conference. The Nursing Research and EBP Council members that comprise the planning committee devote time above and beyond council meetings, to provide an exceptional education event for UC San Diego nurses. The 2014 conference was the 7th annual event and was attended by 160 nursing participants. All of the attendees were honored to hear Anne B. Hamric, PhD, RN, FAAN, a national leader in compassion fatigue research, share the work being done in that arena. The Human Resources Department was a generous sponsor for our keynote speaker, in recognition of the important work Dr. Hamric is doing for health and wellbeing of nursing and healthcare professionals. Over 50 other projects were presented as podium and poster presentations. (See Tables 1 and 2 for speaker lists and poster presenters)

Three poster presentations were recognized for their outstanding work and received free registration to the 2015 conference.
- Sherry Careau, RN, Sulpizio Cardiovascular Center ICU: Nursing Barriers to Effective Workflow Study
- Shar Moseley, RN, Thornton PCU: Implementation of a Comfort Care Order Set
- Lisa Ross, RN: The Use of iPads for the Non-pharmacological Management of Agitation in Individuals with Dementia

The day, overall, was a huge success.

Three poster presentations were recognized for their outstanding work and received free registration to the 2015 conference.

- Sherry Careau, RN, Sulpizio Cardiovascular Center ICU: Nursing Barriers to Effective Workflow Study
- Shar Moseley, RN, Thornton PCU: Implementation of a Comfort Care Order Set
- Lisa Ross, RN: The Use of iPads for the Non-pharmacological Management of Agitation in Individuals with Dementia

The day, overall, was a huge success.

June 2, 2015 will be the 8th Annual conference and will return to the Liberty Station Event Center in Point Loma. It is rewarding to see the Council’s conference emerging as one of the highest quality and professional nursing conferences in the area. The planning is in full swing and it is shaping up to be another stimulating and intriguing day! The keynote speaker this year is the author of the Quality Caring Model for Nursing, Joanne Duffy, which serves as the theoretical framework for UC San Diego Nursing’s new professional practice model.

Potential poster and podium presenters submitted over 50 abstracts. The projects include many of those completed by unit and organizational shared governance councils, research by nurses at UC San Diego, and completed throughout the UC System and San Diego area hospitals as well. This year we are proud to add an art exhibit to our conference, celebrating the manner in which art is used to help transfer knowledge into practice. To date, nearly 180 attendees have registered, but the venue can accommodate many more! Registration is available at health.ucsd.edu/edr.

The conference planning committee is proud to be the recipient of the 2015 UC San Diego Nursing Team Award, and is determined to provide everyone with another outstanding day! We hope you can join us and look forward to seeing you there!
## 2014 Nursing Research and Evidence-Based Practice Conference Speakers

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>SPEAKER</th>
<th>ADDITIONAL AUTHORS</th>
<th>HOSPITAL/UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring Distress caused by Blame for a Negative Patient Outcome</td>
<td>Judy Davidson, DNP RN, FCCM</td>
<td>Shannon Chodnicki RN, OCN</td>
<td>UCSD/EDR</td>
</tr>
<tr>
<td>QUALITY IMPROVEMENT PROJECTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose Environment and Technology Affect Nursing Productivity: A study in medication administration</td>
<td>Kim Sawbrid MSN, RN, EYN, PHN</td>
<td></td>
<td>UCSD Thomas/ 2 East</td>
</tr>
<tr>
<td>Improving Inpatient Hypoglycemia Management</td>
<td>Brittny Sowerscne MSN, RN, FNP-BC, BC-QM</td>
<td>Suzanne Leibson MD, RN, CDE; Diane Poinseth MPH, RN, CDE; Kristin Kulasa MD</td>
<td>UCSD/EDR</td>
</tr>
<tr>
<td>Inpatient’s Need for Comfort and Preferences for Integrative Medicine</td>
<td>Lee Montross PhD, Assistant Professor, Director</td>
<td>Gene (Rusty) Kaner-King MD; Lauray MacElhennie; Kim Reynolds; Dr Elan Back; Erin Rozak; Adriana Trigo; Ellen Nyhuis MSN, RN</td>
<td>UCSD Inpatient Integrative Medicine</td>
</tr>
<tr>
<td>Improving Patient Sleep Quality in the ICU</td>
<td>Russell Haight BSN, CORN, MCTP</td>
<td></td>
<td>Sharp Grossmont</td>
</tr>
<tr>
<td>INNOVATIVE PROJECTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An Innovative Approach to Skill Mix</td>
<td>Cristina Cazeau-Machado MSN, RN, BS</td>
<td></td>
<td>UCSD Hillcrest / IEast</td>
</tr>
<tr>
<td>Improving Onset Practices in Hong Kong: An international educational collaborative</td>
<td>Lori Johnson RN, MS, OCN</td>
<td></td>
<td>UCSD/EDR</td>
</tr>
<tr>
<td>NURSING RESEARCH STUDIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of PTSD Symptoms in Post-ICU Patients</td>
<td>Heather Marlan PhD, RN, CORN</td>
<td>Lois Howard PhD, MSN, RN; Ann Murphy DSN, RN, FAAN; Cynthia Cornely PhD, RN, FAAN</td>
<td>UCSD Hillcrest/CCU</td>
</tr>
<tr>
<td>Coronary Artery Study of Aneurysms: Characteristics with Discharge Locations</td>
<td>Estar Lee MBA, MPH RN</td>
<td>Julian Daughtry PhD, RN, CNL; Jeffrey Bernardi DNP, DPNP, CNP</td>
<td>UCSD Hillcrest/Pepi-Annesthesi</td>
</tr>
<tr>
<td>The Effectiveness of Non-steroidal Anti-inflammatory Drug Therapy on Pain Management and Rate of Respiratory Depression on Opioid-Suppressed Patients: A systematic review</td>
<td>Cynthia Postel, RN</td>
<td>Crystal Smith, RN; April S Cates, RN</td>
<td>UCSD NCU</td>
</tr>
<tr>
<td>EVIDENCE-BASED PRACTICE PROJECTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Developmental Approach to “Safe Sleep” in NICU Patients Preparing for Discharge</td>
<td>Cynthia Postel, RN</td>
<td>Crystal Smith, RN; April S Cates, RN; Emily Jacobi, RN</td>
<td>UCSD NCU</td>
</tr>
<tr>
<td>Implementation of an Evidence-based Preceptor Program</td>
<td>Jessica Brady BSN, RN, CORN</td>
<td>Laura Dixon MSN, RN; Patty Graham MSN, RN; From Travis MSN, RN; Melissa Miller RN</td>
<td>UCSD Thorensy/OCU</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease: Emphasis on pre-medications and vitamin deficiencies</td>
<td>Courtney Thompson RN, BAR PCOIN</td>
<td></td>
<td>UCSD/GI Proceeses</td>
</tr>
<tr>
<td>Bringing EBP to Inpatient Pain Assessment and Management</td>
<td>Cassia Yi MSN, RN, CORN, CNS</td>
<td>Bob Morris RN; CORP MBA</td>
<td>EDR</td>
</tr>
<tr>
<td>KEYNOTE ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moral Obstacles: From Research to Translation into Practice</td>
<td>An B. Harris, PhD, RN, FAAN</td>
<td></td>
<td>Virginia Commonwealth University</td>
</tr>
</tbody>
</table>

## 2014 Nursing Research and Evidence-Based Practice Conference Poster Presenters

<table>
<thead>
<tr>
<th>POSTER</th>
<th>PRESENTER</th>
<th>HOSPITAL/UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporating 3 clinical pathways into the Change of Shift Report</td>
<td>Lindsay Parnache RN, Faith Topinac MSN, RN</td>
<td>UCSD TMCC</td>
</tr>
<tr>
<td>Trauma Radiology Implementation and Pod Project: TRPP</td>
<td>Markina Montgomery RN, CORN; Bernadette Calo RN</td>
<td>UCSD ED</td>
</tr>
<tr>
<td>UC San Diego Thornton Hospital 2E Call Back Program</td>
<td>Jessica Beaudy BSN, RN, CORN</td>
<td>UCSD 2 East</td>
</tr>
<tr>
<td>Bridging Dissemination in In-Ray Exposure, Nursing Cost, and Readmission Days</td>
<td>Felipe Guiteres MD, CORS, FDN; Donna Calvi MD, RN, RN-BC, CNS</td>
<td>Scripps Mercy</td>
</tr>
<tr>
<td>Intensive Campaign and the Psychology of Compliance</td>
<td>Patty Graham MD, RN; Trish Beaudo RN, MSN; Nina Payton RN, MSN, Nancy Barker RN, Sharon Hall, RN, BSN</td>
<td>UCSD CCO</td>
</tr>
<tr>
<td>Developmental and Initial Testing of a Family Presence-Visit Tool</td>
<td>Patty Graham RRN</td>
<td>UCSD CCO</td>
</tr>
<tr>
<td>The role of staff education in CAUTI maintenance bundle compliance</td>
<td>Amanda Bacquetes SG, Megan Chevrun RN, Work Ethic RN, Katie Wold SDN, Alexis Wilis SN; Charline Wornish MD, RN; Ellen Nyhuis RN, RN; Judy Davidson DNP RN, FCCM</td>
<td>CSU San Marcos</td>
</tr>
<tr>
<td>Promoting RN certification in the Behavioral Health Unit</td>
<td>Santa Shaka MSN, RN-B</td>
<td>Scripps Mercy RN</td>
</tr>
<tr>
<td>Evaluation of the Huddle</td>
<td>Brianah Han MN</td>
<td>UCSD System Wide</td>
</tr>
<tr>
<td>Program: Regulatory readiness and knowledge</td>
<td>Ellen Nyhuis RN, RN; Judith Pfeiffer PhD, RN, NEA-BC, PMHNS-BC; Judy Davidson DNP RN, FCCM</td>
<td>UCSD ED</td>
</tr>
<tr>
<td>Improving Staff nurse compliance using the “teach-back” method</td>
<td>Laura Culp RN, MSN; Judith Pfeiffer PhD, RN; Laura Gavittaturo BS, RN; UCSD 6 East and 6 West</td>
<td>UCSD ED</td>
</tr>
<tr>
<td>Implementing Evidence-based Practice to Reduce Alarm Fatigue</td>
<td>Julie Zimmerman MD, RN; Mark Miller RN, MSN</td>
<td>UCSD 2 East</td>
</tr>
<tr>
<td>ED Community Placement Project: “right service-right venue”</td>
<td>Karen Elizabeth Mitchell, RN; Christan Tsimassoudis MD, MB; Catherine Madueno MD, MSN</td>
<td>UCSD ER</td>
</tr>
<tr>
<td>Implementation of GAUTI Maintenance Bundle in the PCU</td>
<td>Hsiao Jane Chern RN, Diane Wernth RN, MSN, Hannah Chinhat MD, RN, MSN</td>
<td>UCSD Hickoret PCU</td>
</tr>
<tr>
<td>Increased Observation Education</td>
<td>Lee Gournatts RN, BSN; Sherry Carriman RN, BSN</td>
<td>UCSD ED</td>
</tr>
<tr>
<td>Improving a Comfort Care Order Set: Improving patient comfort and nurse knowledge</td>
<td>Alan Mossby BSN, RN, CORN</td>
<td>UCSD 2 East</td>
</tr>
<tr>
<td>Improving a Central Line Dressing Team to Decrease CMBST</td>
<td>Arlene Fomer RN, BSN, OCN, Faye Donahue RN, Aran Tawaki RN, MSN, AGOCN</td>
<td>UCSD 3 W BMF/Onco</td>
</tr>
<tr>
<td>Perceptions of Progressive Care Nurses on the Value of Certification</td>
<td>Beth Aalisah RN</td>
<td>Sharp Memorial</td>
</tr>
<tr>
<td>Evaluating the Effectiveness of a Standardized Preceptor Program</td>
<td>Nicole Ward RN, CORN, Jessica Brady BSN, RN, Faith Topinac MSN, RN, BSN, Cindy Davidson DNP RN, CORN; Patty Graham MPN, RN, Lisa Olszewa RN, MSN</td>
<td>UCSD System-wide</td>
</tr>
<tr>
<td>Benefits of Formal Education in Mentoring</td>
<td>Arlene Christensen RN, BSN, Cake Madarani RN, MSN, Sabrina Rose RN, MSN</td>
<td>UCSD 10 East</td>
</tr>
<tr>
<td>Nursing Last Fellow on Phone Calls for Stroke Patients</td>
<td>Brenda McHale RN, BSN, FNP</td>
<td>UCSD 10 East</td>
</tr>
<tr>
<td>The Use of Multidisciplinary Interviewing in Inpatient Stroke Education</td>
<td>Monica Zorajek RN</td>
<td>UCSD 10 East</td>
</tr>
<tr>
<td>Recognizing and Addressing the Complexity of the Inpatient Stroke Patient</td>
<td>Monica Zorajek RN</td>
<td>UCSD 10 East</td>
</tr>
<tr>
<td>Video Monitoring: Improving Patient Safety and Effectiveness in Non-Medicated Hemorrhage Patients</td>
<td>Jay Estabro RN, Laura Vento MSN, RN, CNL, Paige Burston, MSN, RN</td>
<td>UCSD Acute Care</td>
</tr>
<tr>
<td>The Implementation of Bedside Shift Reporting Using ADEPT</td>
<td>James Lee Estabro RN, MSN, From Travis MSN, RN, MSN</td>
<td>FMC</td>
</tr>
<tr>
<td>Implementing a Monitoring Program on Labor &amp; Delivery</td>
<td>Wendy Ellipgen RN, Joyce Higley, RN, From Travis MSN, RN</td>
<td>UCSD L &amp; D</td>
</tr>
<tr>
<td>Nursing Barriers to Effective IV Start</td>
<td>Shari Moseley BSN, RN, CCRN</td>
<td>UCSD 3 W BMF/Onco</td>
</tr>
<tr>
<td>Induction-Based EOC Monitoring Reduces Inappropriate Utilization</td>
<td>Asia Goua MSN, RN</td>
<td>UCSD 10 East</td>
</tr>
<tr>
<td>Infusion Administration for the Reduction of Anxiety in Hospitalized Blood-Transfused Patients: Protocol Study</td>
<td>Julie Choce RN, Aran Tawaki RN, MSN, AGOCN</td>
<td>UCSD 3 W BMF/Onco</td>
</tr>
<tr>
<td>The use of iPods for the non-pharmacological management of agitation in individuals with dementia</td>
<td>Lisa Ross BSN, RN-C, Lust Veolia, MD, Sarah Ramirez MS, Cheng Yang, BS</td>
<td>UCSD 10 East</td>
</tr>
</tbody>
</table>
Lisa Ross, BSN, RN-C was awarded “Innovative Poster of the Year” at UC San Diego’s Nursing Research, EBP, and Innovations conference. Lisa began her career at UC San Diego Health System when she was hired as a CN II in the Senior Behavioral Health unit, a 14-bed acute care geriatric psychiatry unit located on 7 East at our Hillcrest location. She was an experienced hospice nurse as well as a psychiatric nurse. Lisa has advanced her practice by becoming ANCC certified in Adult Mental Health/Psychiatric nursing. In addition to sharing her work at the national NICHE conference in October, 2014, she was also selected to share her research at the national American Psychiatric Nurses conference in October, 2014. Lisa is actively expanding her ability to meet the varied needs of the senior population by being an active member of the Holistic Nurses Committee. See Insert hyperlink to poster pdf to view Lisa’s award winning poster on Tablet Devices (iPad) for Control of Behavioral Symptoms in Older Adults with Dementia.

Lisa Ross, BSN, RN-C was awarded “Innovative Poster of the Year” at UC San Diego’s Nursing Research, EBP, and Innovations conference. Lisa began her career at UC San Diego Health System when she was hired as a CN II in the Senior Behavioral Health unit, a 14-bed acute care geriatric psychiatry unit located on 7 East at our Hillcrest location. She was an experienced hospice nurse as well as a psychiatric nurse. Lisa has advanced her practice by becoming ANCC certified in Adult Mental Health/Psychiatric nursing. In addition to sharing her work at the national NICHE conference in October, 2014, she was also selected to share her research at the national American Psychiatric Nurses conference in October, 2014. Lisa is actively expanding her ability to meet the varied needs of the senior population by being an active member of the Holistic Nurses Committee. See Insert hyperlink to poster pdf to view Lisa’s award winning poster on Tablet Devices (iPad) for Control of Behavioral Symptoms in Older Adults with Dementia.

**Sherry Carreau, BSN, RN**

Results of a time and motion study in the ICU at Sulpizio Cardiovascular Center ICU sought to identify barriers to effective and efficient nursing care of postoperative open-heart surgery patients receiving 1:1 nursing care. The poster representing this study, and the outcomes, was presented by Sherry Carreau, BSN, RN and received recognition from the conference participants. No significant barriers to nursing workflow were identified, and the observers noted 40% of nursing time devoted to direct patient care activities. The study provided an initial understanding of ICU nursing workflow activities in the care of the immediate postoperative care of cardiac surgery patients.

Sherry Carreau attended Nursing school at Creighton University in Omaha, NE. She worked as an ICU nurse at Creighton Hospital for 2 years, then moved to San Diego where she worked as an ICU nurse in ICU and then CVC ICU. In 2012, Sherry became a Transitions Coach and is now a member of the Nursing Education Development and Research Department. She and her husband (a UC San Diego Resident) have 3 beautiful children (5 yrs, 2 yrs, and 4 months). Keeping track of, and taking care of her family fills her time away from work. She enjoys spending time with her kids, going to movies, and getting out to enjoy adult time with her husband and friends.

**Shar Moseley, BSN, RN, CCRN**

Shar Moseley, BSN, RN, CCRN was awarded EBP Poster of the year at the 2014 UC San Diego Nursing Research and EBP conference for her in-process project to develop a comfort care order set. Shar conducted a community survey to identify comfort care order sets from many other hospitals. She then analyzed them for commonalities and evidence-based practices. Additionally she surveyed nurses about issues related to caring for patients with comfort care status. Following her analysis, she constructed a draft UC San Diego order set, in collaboration with the pharmacy and Howell services. The order set has been approved and added to EPIC, and is available system-wide. She hopes that this inter-professional project will decrease delays in care, increase consistency in the approach to comfort care, decrease unnecessary laboratory tests and treatments, and improve symptom management. Shar is the mother of twin 3 year olds. She says, “They comprise one half of my heart each”. She is healing touch certified and donates 8 hours/month to patients at UC San Diego who can benefit from healing touch. She sits on the Infectious Disease Committee, the Nursing Quality Council, and her unit-based Shared Governance Committee. She is one of the 50 trained staff that will work in the Infectious Disease Care Unit (IDCU), if needed. Shar is grateful for all the help and support received throughout her career. She is returning to school to pursue doctoral studies and is anxious to correlate the post data from her project and publish her results.
THE LIFECYCLE OF A PROJECT

By Debbie Ashton, BSN, RN, CNN

What does the evidence say...?

I t all started with a question. The American Nephrology Nurses Association (ANNA) maintains a bulletin board on their website for nurses to post questions and answers on all subjects relating to Nephrology nursing. I was particularly interested in a thread related to blood product administration during hemodialysis, and noticed each of the 12 responses to the post were different. I decided to poll my colleagues on the same subject. Again, several different techniques were described.

This lack of standardization inspired my clinical question: What does the evidence say about management of intradialytic blood transfusions? 100% of UC San Diego Acute Dialysis respondents indicated they wanted an evidence-based procedure.

Laura Dibsie, Chair of the Nursing Research and EBP Council, helped me develop a PICO question, and I was off! I spent a great deal of time investigating this topic and ultimately developing a standardized procedure for the administration of blood during dialysis. I spent a great deal of time investigating this topic and ultimately developing a standardized procedure for administration of blood during dialysis.

My second presentation was my work displayed in poster format at the 2012 American Nephrology Nursing Association (ANNA) National Symposium. I had never created a poster before, but learned there are helpful templates on the UC San Diego Nursing Resource Hub (EDR website). More importantly, I learned that using a template and following the suggestions made the process painless! At that conference, two of the editors of our national journal, Nephrology Nursing Journal, asked if I would be interested in writing a manuscript and submitting it for publication. I agreed to do so and began writing my article. It took no less than a year, even with the tireless help of the journal’s column editor. The revisions seemed endless. With the help and support of our own Nursing Research & Evidence-Based Practice Council, and the journal Editor, my article was accepted and published in the 2014 July/August issue of the Nephrology Nursing Journal.

My third presentation was another poster presentation at the 2013 UC San Diego Nursing Research and Evidence-Based Conference. My fourth presentation was in October, 2014. I had the privilege and honor of being an invited speaker to present my work as a podium presentation at the ANNA Fall Symposium in Savannah, Georgia. The presentation was titled “Transfusion Confusion”.

Here is the most amazing and rewarding part of this ‘lifecycle’. I’ve been notified that my work will be cited in the latest edition of our professional organization’s Core Curriculum for Nephrology Nursing! Finally, I presented my work at the Professional Development Council for my CN III project.

As you can see, I’ve gotten a lot of ‘mileage’ out of one project! It has provided me with a great deal of personal and professional satisfaction. In addition, this process is an example of the Magnet components related to lifelong learning, utilizing evidence-based practice, and disseminating findings internally and externally.

However, the most significant part of this ‘journey’ is the contribution to the science of nursing practice, and insuring our patients receive care based on evidence.

If you have a burning clinical question, I urge you to consider taking these same steps. I can assure you, if you are curious about something, you will find others who feel the same. You can find help, encouragement, and nurturing from the members of the Nursing Research and EBP Council and from mentors within the Education, Development and Research department.

If you decide to take this journey, you will be contributing to the advancement of our professional practice, which will lead you to our ultimate purpose as Nursing professionals: to deliver state of the art, evidence-based care. Our patients deserve nothing less!

My name is Debbie Ashton. I am a CNIII in the Acute Hemodialysis unit. May the spirit of inquiry be with you!
Laura Vento MSN, RN, CNL, is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Laura Vento MSN, RN, CNL

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care”. She has been an active member of the Research Council and conference planning committee since 2012.

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council. Michael earned his bachelor’s degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.
“to theories that focus on relationship because of my own experience.”

While inspired by Watson’s theory she found it to be somewhat philosophical and difficult to apply to her research. She was searching for a tool to use as an intervention in a research project. This quandary left her at a crossroad, and difficult to apply to her research. This was a new perspective that Joanne found refreshing.

Joanne acknowledges the biggest model to questions within their practice. They need to notice a bedside need to believe they have a role in the environment that permits leadership. They have to provide the staff nurse. Her theory has been adopted in many hospitals across the country with stellar outcomes. As we begin to use the QCM as a nursing theory to help guide us at UC San Diego, she notes that its success will depend on three things:

• First, there needs to be complete commitment on the part of leadership. They have to provide the environment that permits inquisitiveness from the staff nurses.

• Second, the nurses at the bedside need to believe they have a role in the model. They need to notice a problem in the delivery of care, and turn the problem into a question that leads to better outcomes.

• Finally, be sure to know what you are hoping to achieve. When the goals are clearly defined, then the outcomes can be measured and publishable. The degree of success in any process, she believes, is the extent to which the stakeholders are transparent.

One can tell the passion that Joanne has for nursing as she tells the story of her journey. She believes that as quality of caring reemerges as a focal point in nursing, it will produce outcomes that will lead to new ways of thinking of nursing as an honorable profession.

“Nursing is not just my profession, it is my vocation . . . it colors everything in my life.”

Joanne Duffy, PhD, RN, FAAN will offer the keynote address at the 8th Annual UC San Diego Nursing Research and EBP Conference: Nursing Inquiry and Innovation, See page 9 for more information.

To “demystify” is to make a difficult or esoteric subject clear and easy to understand. This can be a tall order when attempting to explain how to get around the mystery of getting started on your first an evidence-based practice (EBP) project. Many of the barriers for nurses are simply in their perception of what it takes to get involved. If you talk to the average frontline clinical nurse about initiating an evidence-based change project, many of the responses will reveal that nurses are unclear how to get started. Some nurses lack the confidence or the belief that they are able to make a difference in a large academic organization.

According to Brown and Ecoff, there are organizational obstacles (lack of time and nursing autonomy) that top the list of perceived barriers for nurses in an academic medical center (Brown, Wickline, Ecoff, & Glaser, 2009). Then there is the perception that nursing research, or the implementation of evidence into practice, is an arduous process that uses rigorous guidelines and is steeped in frustration. Review of the literature reveals other common elements, that prevent nurses from getting involved in evidence-based projects, also include lack of peer support and limited knowledge or skills in the nursing research process (Rumoro, 2013).

In this article, I’d like to share with you my wonderful experience in a successful evidence-based change project, from the novice perspective. I hope to encourage those who may be interested in making a difference and improving practice through EBP, but are unsure. It has been my experience that every nurse can take an active role in improving healthcare outcomes at UC San Diego Health System, sometimes we just need to know how to begin. I believe that the most important skills that a nurse can bring to a project are heartfelt passion for your patient’s well-being, open-mindedness, and flexibility. The actual process of project development is acquired as you grow with your project. Self-confidence is garnered along the way with the support of the experts and leaders in your facility. As a novice, one of the biggest breaks you can give yourself is to follow your passion.

Years ago as an ED clinical nurse, I experienced firsthand the challenges in caring for homeless patients that suffer from substance abuse and co-occurring psychiatric disorders that frequent the ED. This can be a very challenging and yet rewarding job. My interest developed into a passion to improve care and quality in the ED, and advocate for disenfranchised patients that require links into resources that better meet their needs. A quote by Steven Jobs states, “You have to be burning with an idea, or a problem, or a wrong that you want to right. If you’re not passionate enough from the start, you’ll never stick it out!” I personally believe that it is important for nurses to be involved in projects for which they have a passion. In speaking with many nurse colleagues, I found others believe this to be true as well.

I was fortunate enough to become involved with a project that I felt passionate about and that also was interesting. As a nurse leader involved with a project that I felt passionate about and that also was
in alignment with UC San Diego Health’s commitment to serving our community. The “Structural Empowerment” component of Magnet states that nurse leaders develop strong partnerships with community organizations to improve patient outcomes and advance the health of the communities they serve (AACN, 2014). The “ED Community Placement Project (EDCPP)” is a collaborative partnership between UC San Diego Health System (UCSDHS) and the community. This is a nurse-led, multidisciplinary, innovative relationship between specialized community based organizations (CBO’s), through a contractual agreement, to provide services for our highest frequent ED users upon ED discharge. My interest in this project grew from my clinical experience in the ED, yet seeking Senior physician leadership for this project. The lion’s share of support was crucial to the success of this project. The Emergency Medicine Medical Director, Christian Tomaszewski, Department of Emergency Medicine Chair and physician leadership for this project. Each of these ventures was supported wholeheartedly by my Nursing Director and the organization. It took hard work and persistence on my part, but I could have never done it alone. Davidison, RN, DNP who joined UC San Diego over 1 year ago, as Nursing Research and Evidence-Based Practice Liaison (see bio page 7). I meet with Dr. Davidson frequently for feedback, guidance on projects, abstract, and publication. Collaboration with nurse researchers, for the first time nurse researcher, will save time and shine a guiding light on the potentially overwhelming process. The benefit this novice researcher gained from such mentorship is unparalleled. I suggest that reaching out to any of these resources as great place to start. Never underestimate how far a simple project can go when you stick with it and are surrounded by organizational support. I have had the opportunity to share our outcomes in various nursing conferences. ANA Quality Conference, ENA Annual Conference and the Association of California Nurse Leaders conference are just a few. The ultimate experience was presenting at the Sigma Theta Tau International Nursing Congress in Hong Kong. Each of these ventures was supported wholeheartedly by my Nursing Director and the organization. It took hard work and persistence on my part, but I could have never done it alone. We all agree that, to affect better patient outcomes, new knowledge must be transformed into clinically useful forms, effectively implemented across the entire care team within a systems context, and measured in terms of meaningful impact on performance and health outcomes (Stevens, 2013). Along the journey you will encounter moments of elation and frustration. They are all lessons to gain useful experience and wisdom, and will serve you well as you move your project forward. I can’t stress enough how important it is to harness your passion, seek leadership support, direction, and be persistent. Intraprofessional collaboration is key! The biggest take away is to embrace the Magnet model of shared governance and reach out to build those nurturing relationships to help guide you through this process. That is what I did and it has never failed me yet.

Knowledge and innovation require nurturing, beginning at the unit level (Gawlinski, 2011). Nursing experts in EBP suggest that support from nursing and organizational leadership is the first step toward success in quality improvement projects. Sound advice for the novice researcher, is to seek assistance and support from their immediate leadership early in the planning phases of a project, and to maintain open communication regarding the project goals. If you are uncertain what process improvement project to undertake, seek advice from your leadership can offer a wealth of information. Our ED Nursing Director, Beverly Kress, RN, BSN leads from a “Transformational Leadership” style. As my Capstone preceptor during my Masters of Nursing (MSN) program, Beverly empowered me to practice at the “top of my license” and advocated for my professional autonomy as I moved through the process. She set the bar high by suggesting that I do a project focusing on a unit specific issue that would yield measurable outcomes and improve patient quality in the ED.Exemplary professional practice is evidenced by inter-professional collaboration (AACN, 2014) as evidenced by the support received by physician leadership for this project. Drs. Theodore Chan, Department of Emergency Medicine Chair and Christina Tomaszewski, Department of Emergency Medicine Medical Director, paved the way to higher organizational stakeholder buy-in. Inter-organization cooperation from departments such as Care Coordination, Psychiatry and Pharmacy were crucial to the success of this project. The lion’s share of support is from the ED nursing staff and Social Workers who, on a daily basis continue to use the process to serve our patients. We belong to an organization that fosters nursing innovation and inquiry, and we have outstanding academic and leadership support to be successful. This support can be applied to all phases of project development and is readily available to all interested nurses. We have incomparable librarian support from Mary Wickline (bio on page X) that provides the foundation of searching for relevant literature. I encourage any nurse, experienced or not, to make an appointment with her. Mary’s expertise and skillful instruction saved me time and steered my searches to appropriate scholarly articles. The Nursing Research and Evidence-based Practice Council, meets every second Friday of the month. This Shared Governance Council oversees the structure and process supporting nursing research and innovative projects. Under the leadership of Judith Pfeiffer, PhD, RN, NEA-BC and Laura Dibise, MSN, RN, CCRN, Council Chair, I was coached and cared for in each step of study development, abstract writing, and Institutional Review Board (IRB) submission to the Human Subject Protections Program. This council was warm and nurturing and allied my fears and reservations about nursing research. There are many other mentors available within the organization eager to support nurses. My association with the Council introduced me to Caterina (Cate) Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy Madani, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model. Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy

References:

Test Yourself: Is this an Evidence based practice, performance improvement or research project?

By Judy Davidson, DNP, RN, FCCM

Project A: Pain Management
Cassia Yi and Bev Morris

The American Association of Operating Room Nurses publishes guidelines for surgical preparation. The guidelines
are not new. UC San Diego Health System has published practice standards to follow the guidelines. Sarah is working
on a team to help decrease surgical site infection rates. Sarah is doing a project to determine compliance with the
guidance of patients and analyze the different transitions a patient makes during the seizure, to better describe
the characteristics of the lifecycle of a seizure. Two of the questions she is trying to answer are, "What percent
of patients have a head turn to signal the start of a tonic clonic seizure?" and "How long are patients with tonic
clonic seizures apneic during a seizure?" Is this EBP, PI or Research?

Project B: Seizures
Rachelle Compton

Cassia Yi and Bev Morris

The guidelines advocated a newer tool for an up-to-date version.

Project C: Surgical Site Infections
Sarah Fesler

The guidelines advocated a newer tool for an up-to-date version.

By Judy Davidson, DNP, RN, FCCM

During the action to determine compliance with the policy
to determine compliance with the policy
The difference between Evidence-based practice, performance improvement is represented in the graphic.
Additional resources are available on the nursing resource hub under the Research and EBP tab.

PI, EBP OR RESEARCH DONABEDIAN: STRUCTURE, PROCESS & OUTCOME

<table>
<thead>
<tr>
<th>PI</th>
<th>EBP</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Review, Revise &amp; change processes to achieve improved outcomes</td>
<td>Improve practices by using the latest, most appropriate evidence</td>
</tr>
<tr>
<td>Structure</td>
<td>Group/team</td>
<td>Individual or Group</td>
</tr>
<tr>
<td>Process (all involvement measurement)</td>
<td>Process Improvement Methods: PDSA</td>
<td>EBP methods: BA’s method, Ecoff/Brown</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Improved procedures or processes</td>
<td>Improved procedures or processes</td>
</tr>
</tbody>
</table>

Nurse Scientist

In July of 2013, Judy Davidson, DNP, RN was hired to support nurses with project development, presentation, and publication. She is a consult service to all nurses who are working on projects to advance practice. Any nurse in any department may contact her for advice or support. Although her office is in La Jolla in the MCM Trailer (located East of Moores Cancer Center), she is available to come to any location, upon request, and spends approximately half of her time in Hillcrest. She has developed a variety of tools that are posted for public use on the nursing resource hub. There are over a dozen work tools to help nurses perform evidence-based practice, performance improvement, and research projects at the Nursing Research Council website: http://medcenter.ucsd.edu/edr/development/council/Pages/ CNII-CNII-resources.aspx

Additional tools are found at the CNII website: http://medcenter.ucsd.edu/edr/development/council/Pages/ CNII-CNII-resources.aspx

Although targeted for those advancing to the level of CNII, these project management tools might be helpful to any nurse considering a practice change. These include PICO and PDSA work sheets.

Medical Librarian

For many years, Mary Wickline has served UC San Diego Health System nurses as “the nurse’s librarian”. She has supported countless nurses create lists of meaningful search terms, learn how to search the literature, refine PICO or research questions, conduct literature reviews, and obtain full-text articles. Mary’s office is located in the Biomedical Library on the main campus in La Jolla. You can visit her there for personalized instruction. A trip to the library is easy using the UC San Diego free shuttle from either Hillcrest or La Jolla campuses. However, if you’d like to engage in evidence review from the comfort of your home or workplace, she is only a click away from any nurse who needs her advice or support: mawickline@ucsd.edu

This service to UC San Diego nurses exists because of our relationship with the School of Medicine. The UC San Diego Health System library access for nurses is the best in San Diego County. Mary goes above and beyond to keep our services a cut above. Once she knows your topic of interest, it is unusual for her to email you information about a new article or grant opportunity related to your work.

Mary also performs very high level professional volunteerism. Just as in nursing, librarians have projects of increasing complexity. Mary is currently working together with Judy Davidson and Patty Graham on an international project with the Society of Critical Care Medicine to update the SCCM/ACCM Guidelines for Family Centered Care. Mary is the guideline writing teams librarian leading a group of over 20 scientists from all over the world in a systematic review of the literature related to family centered care. This is one of the most challenging and rewarding experiences a librarian can engage in. She is the ‘keymaster’ to the data that is being reviewed to assure that documents are evidence-based. As Mary pointed out one day, “If one of the nurses or physicians does not know how to do their role on the project, they can learn from someone else. If a doctor or nurse makes an error in analysis of the evidence, there is a second person always assigned to assure accuracy as a quality control, but if the librarian is not accurate, it can be a real problem because there is only one librarian on the guideline writing panel”. Mary just...
interest list.
jdavidson@ucsd.edu to be placed on the
classes, please contact Judy Davidson
be notified of upcoming data analysis
analysis classes. If you would like to
meet more of the staff at our future data
nursing research and QI. She hopes to
that encourages staff involvement in
to be a part of a nursing department
of patients at our hospitals. It is great
questions that lead to improved care
with their interesting and important
thoroughly enjoys helping the staff
of their EBP and research projects. She
staff nurses on the statistical analysis
invitation, she has been working with
San Marcos. At Judy Davidson's
nursing at California State University
Park (La Jolla). Joann also teaches
Preoperative Care center at Chancellor
Currently, she is a per diem staff RN in
PeriAnesthesia Nursing, Hillcrest/Thronton/SCVC
Esther Lee, MBA, MNP , RN, Assistant Director,
Once, I always remember my mom as a kind, tolerant, forgiving, and generous person.
It was an honor to be by her side when she took her last breath.
As my sister and I watched my mother’s chest rise and fall with each slowing breath, we saw a single tear fall from her eyes as they lay close, it was then that we knew my mother’s time had come. My sister and I sat silently next to her. We both kissed her goodbye for the last time. I gently thanked her for the wonderful time we had together, and all the great opportunities she had afforded me.
When my mother was diagnosed with an end stage cancer, she had made a phone call from her home in Chiangrai, Thailand to discuss with me, her last wishes. She had made it clear during our conversation that she did not want heroic measures to save her life, like CPR and intubation. When she started to lose her mobility, I flew back to be with her during her end of life care. Soon after my arrival, she lost her ability to swallow, but she was still able to communicate. At this point, she did not want to have any treatment that prolonged her life. Despite her rapidly deteriorating condition, many decisions still need to be made other than her wishes not to have CPR and intubation. I knew that she needed a Living Will. The healthcare and legal team at Chiangrai Hospital and I had initiated the first draft of Living Will that allowed my mother to make her medical choices ahead of time. She became the first person to sign a Living Will in Chiangrai, Thailand. The Living Will had not only taken stress off our family decision, but also enhanced our meaningful conversation at a difficult time. Soon after the Living Will was signed, my mother started to lose her consciousness, and she could no longer make decisions for herself. However, the Living Will had extended her right to have comfort care when she needed it, and a peaceful passing at her end of life. — Jiraporn (Ann) Rouysaen, RN
It was an honor to be by her side when she took her last breath.
As my sister and I watched my mother’s chest rise and fall with each slowing breath, we saw a single tear fall from her eyes as they lay close, it was then that we knew my mother’s time had come. My sister and I sat silently next to her. We both kissed her goodbye for the last time. I gently thanked her for the wonderful time we had together, and all the great opportunities she had afforded me.
When my mother was diagnosed with an end stage cancer, she had made a phone call from her home in Chiangrai, Thailand to discuss with me, her last wishes. She had made it clear during our conversation that she did not want heroic measures to save her life, like CPR and intubation. When she started to lose her mobility, I flew back to be with her during her end of life care. Soon after my arrival, she lost her ability to swallow, but she was still able to communicate. At this point, she did not want to have any treatment that prolonged her life. Despite her rapidly deteriorating condition, many decisions still need to be made other than her wishes not to have CPR and intubation. I knew that she needed a Living Will. The healthcare and legal team at Chiangrai Hospital and I had initiated the first draft of Living Will that allowed my mother to make her medical choices ahead of time. She became the first person to sign a Living Will in Chiangrai, Thailand. The Living Will had not only taken stress off our family decision, but also enhanced our meaningful conversation at a difficult time. Soon after the Living Will was signed, my mother started to lose her consciousness, and she could no longer make decisions for herself. However, the Living Will had extended her right to have comfort care when she needed it, and a peaceful passing at her end of life. — Jiraporn (Ann) Rouysaen, RN

I always remember my mom as a kind, tolerant, forgiving, and generous person.
Jointly, my mom and dad's unconditional love have given me the strength and wisdom to overcome many of my life challenges. My mom's passing in 2013 has left me with much grief which motivated me to writing and completing my first scholarly work, “The Arduous and Challenging Journey of Improving Patient Safety and Quality of Care”, a project I started earlier and now dedicated to the memory of my mom. In the process of finishing this manuscript, I found strength and comfort which filled a void left by her departure. I feel most honored that this manuscript was published in the 2013 December issue of the Journal of PeriAnesthesia Nursing. I take pride in the fact that this article was also nominated and won the 2014 Mary Hanna Journalism Award presented to me in the 2014 National Conference of PeriAnesthesia Nursing.
This photograph of my mom and me is the last photograph of us taken together after lunch in a place famous for its chocolate dessert. It was never the intention to sit in front of the script on the wall behind us. The discovery of the narrative in the photograph after my mom's passing touches me with tenderness and makes it more poignant and meaningful whenever I look at this picture of us together. "I invite you to watch, smell, taste and feel my love story." — Esther Lee, MBA, MNP , RN, Assistant Director, PeriAnesthesia Nursing/ Hillcrest/Thronton SCVC
Fun Facts

Can nurses be the principal investigator (lead investigator) on a research project at UC San Diego Health System?

The overwhelming answer to that is YES! In fact we believe UC San Diego Health System has more active nursing research than anywhere else in San Diego. There are over 40 open research projects with nurses as investigator and in the majority of those studies the nurse is the principal investigator. Click here for the large list of current nursing research at UC San Diego Health System. (See Table C for examples)

What kinds of nurses conduct research at UC San Diego Health System?

Many are in school for their master’s or doctorate degree, but others just have a burning question that they want to answer. Some are moving towards clinical ladder advancement and choose a topic that is novel or new and needs to be conducted in a research format for the protection of human subjects.

If I wanted to conduct a study what would my first step be?

All researchers need to complete an online training program. The link can be found at: http://irb.ucsd.edu/training.shtml. You will do both the very short UC San Diego Health System specific training and the https://www.citiprogram.org/ program. When you register make sure to check University of California, San Diego as your affiliation. Complete the biomedical series of workshops. Additional resources for developing a protocol can be found at these links: http://irb.ucsd.edu/.

Should nurses put a physician on the project as principal investigator to get through the IRB easier?

No. There is no reason to do this. The applications are reviewed identically whether the project is submitted by a physician or a nurse. If a nurse needs a mentor, that person can be listed as a co-investigator on the forms. Mentors can be from any discipline.

What is the IRB?

The Investigational review board or IRB reviews research protocols and provides oversight for the protection of human subjects. There is so much research at UC San Diego Health System that there are 5 IRBs which each convene monthly. There are three nursing representatives to the IRB: Judy Davidson, Deborah Wayne and Judith Pfeiffer. In addition to reviewing protocols to make sure they contain the essential elements for approval, they also assure that protocols that affect nursing do not bear an undue burden on nurses in the workplace.
Journey to the Finish Line: Fast Track Joint Replacements in the Queen Elizabeth Hospital

By Lesley Thomas, Orthopaedic Nurse Practitioner, The Queen Elizabeth Hospital, South Australia

The Queen Elizabeth Hospital performs between 300-350 joint replacement procedures per year. Health round table data indicated average length of stay (LOS) to be between 7 and 8 days, with best practice benchmarks being 5 days. Our objective was to reduce average LOS to between 4 and 5 days. We developed clinical guidelines tailored to our hospital based on proven fast track programs. The guidelines spanned the entire patient journey from pre-op through surgery and the post-operative periods. Education on the guidelines was delivered to everyone involved in the patient journey, including the patients, so as to provide a clear and consistent pathway everyone could follow. Lean thinking methodology provided a basis for this multidisciplinary project to be successful, by ensuring everyone worked together to get to the finish line.

Shaping Evidence-Based Practice Around the World

By Beverly A. Morris RN, CNP, MBA

With the increased speed of new knowledge and the introduction of technology, keeping current is critical. Ongoing high quality education supported with evidence based practice is the most effective and sustainable strategy to improve professional nursing practice and assure that our patients experience the most current available care. A great deal of important and effective work to improve quality and safety of care are performed in hospitals with little of that work reported in the literature. (BMJ 2009; 338:a3152) “Improvement is an applied science rather than an academic discipline; its immediate purpose is to change human performance rather than generate new, generalizable knowledge.” Providing other professionals with the depth and detail of change projects, through publications and continuing nursing education, can help nurses strengthen their professional skills and improve patient outcomes. To this end, the specialty of orthopaedic nursing advances practice with an eye on the international healthcare marketplace as a venue to both learn and share best practices. In 2010 nurses from the University of California, San Diego Health System published our results of a joint replacement project in an international orthopaedic nursing journal. The article is a step-by-step approach in the development of a collaborative clinical practice guideline which subsequently became adopted as a best practice model by the Queen Elizabeth Hospital in Adelaide Australia (Morris, Beverly A, Benetti, Maureen, Marro, Hanna, Rosenthal, Cynthia (2010) Clinical Practice Guideline for Early Mobilization Hours After Surgery; Orthopaedic Nursing, Vol 29, Issue 5). An anesthesiologist from the Queen Elizabeth Hospital was searching for UC San Diego Nurses in the Spotlight

By Beverly A. Morris, Sherlita Aguilar, Lori Johnson and Catie Madami

UC San Diego Nurses in the Spotlight

By Beverly A. Morris RN, CNP MBA

the UC San Diego functional report in a literature search. Just as the United States has government involvement in healthcare (Affordable Care Act), the South Australia government directed their hospitals to improve the quality of care and length of stay, in a cost effective manner, for the joint replacement population.

In 2011, the senior author, Beverly Morris, was invited to develop an education program with the Queen Elizabeth Hospital interdisciplinary team, in order to work toward replication of the published joint replacement clinical practice guideline. In 2013 at the Australian – New Zealand international orthopaedic nurse conference, Racing to the Challenge, both Ms. Morris and her counterpart from Queen Elizabeth Hospital in Adelaide, Australia and is ‘Handover’ at the Queen Elizabeth Hospital in Adelaide, Australia and is performed by every RN from both shifts. Each patient is assigned a primary nurse. However, their practice model is that every nurse per shift should be familiar with every patient. Rounds are performed at the bedside with review of the patient’s care plan.

Presenting in Paris and NTI

By Catie Madani, PhD, RN, CHPN

This past June, I was fortunate enough to represent UC San Diego Nurses at The International Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Association’s annual meeting in Paris, France. I had the pleasure to meet clinicians from Europe to Japan. Sharing the impact of our CTEPH program on international level, made this springtime trip to Paris memorable on so many levels. Presenting your work on an international arena sounds more daunting than it actually is. Look for the submission guidelines of international societies in your area of practice and go for it!
A Wonderful Journey

By Sherlita Aguilar, BSN, RN, ONC

Presenting at a national conference is not something that I have always wanted to accomplish, but looking back, it is one of the most rewarding and amazing experiences of my nursing career. My journey began when I spearheaded the Apheresis unit’s Performance Improvement (PI) project to decrease the rate of Central Line-Associated Bloodstream Infections (CLABSI).

The Apheresis unit developed CLABSI preventive strategies in collaboration with the hospital Infection Prevention and Clinical Epidemiology (IPCE) department and the following team members:
- Aran Tavakoli RN MSN, Oncology Clinical Nurse Specialist
- David M. Ward MD, Apheresis Medical Director
- Amber P. Sanchez MD, Associate Medical Director
- Majella Vaughn MPH, Administrative Assistant
- Edita Petil BSN, Apheresis Administrative Assistant
- Odette Ada BSN, Nurse Manager.

This professional team was supportive and provided valuable insight and guidance. Unit-specific improvements were based on hospital policies and best practice guidelines from well recognized organizations. The Apheresis CLABSI preventive strategies included:
- Adherence to proper hand hygiene and aseptic technique
- Sterile alcohol pads as antiseptic for catheter hubs
- Utilizing central venous catheter (CVC) kits for central line dressing changes
- Patient education
- Staff training and education
- Periodic review of central line necessity.

The unit started reporting CLABSI as central line days, in compliance with Centers for Disease Control and Prevention (CDC) guidelines. Involvement and cooperation from both Apheresis staff and patients made a huge impact on the success of the project. Within three months of implementing the Apheresis CLABSI preventive strategies, a significant decrease in CLABSI infection rates were observed from a unit specific rate of 4.11% for fiscal year 2011 – 2012 to zero central line days. The UC San Diego Apheresis Program maintained a zero central line rate of CLABSI infections for twenty three months.

The project was presented at the 1st Annual UC San Diego Apheresis Therapies conference held in San Francisco, California. The conference was attended by over 300 physician, nurses and allied health professionals from 36 different countries. This conference allowed me to present the UC San Diego Health System Apheresis Program’s Preventive Strategies to Reduce CLABSI not only to the nation, but also to the world.

As a member of the UC San Diego Nursing Research and Evidence-Based Practice Council, I gained valuable knowledge and words of encouragement, which greatly assisted me in preparing for the presentation, in particular from Judy Davidson RN, DNP. Certainly, it was a wonderful nursing journey, and I am grateful to be a part of a team that is able to improve patient care and safety while simultaneously sharing the outcomes with my colleagues.

Improving oncology nursing practice in Hong Kong: An international educational collaborative

By Lori Johnson, RN, MSN, OCN

Oncology practice has historically evolved through trial and error, with nurses the world over ‘reinventing the wheel’ whenever they sought to improve the quality of patient care. More recently, the ever-growing body of nursing literature makes practice advances readily available, which allows nurses everywhere to learn from each other through published outcomes. The American Society for Apheresis (ASFA) and World Apheresis Association (WAA) joint conference held in San Francisco, California. The conference was attended by over 500 physician, nurses and allied health professionals at the American Society for Apheresis (ASFA) and World Apheresis Association (WAA) joint conference held in San Francisco, California. The conference was attended by over 500 physician, nurses and allied health professionals from each other through published outcomes.

Each year Hospital Authority sends a contingent of advanced practice nurse leaders to an international site for four weeks of intensive training, from which they extract identified best practices that promise to improve patient care in Hong Kong. In March 2013, a group of five oncology advanced practice nurse leaders visited UC San Diego Health System.

During these four weeks, they were to examine our hematology-oncology nursing practice, with a focus on bone marrow and stem cell transplant.

A curriculum was developed and tailored to meet the specific outcomes identified by the visiting scholars. The curriculum consisted of the following:
- Oncology classes that are offered annually at UC San Diego
- Expert speakers who provided private lectures on topics ranging from total body irradiation to stem cell processing
- Time spent observing nursing practice in action in both inpatient and outpatient clinical areas.

To round out the month-long visit, cultural excursions to Balboa Park and the San Diego Zoo provided bonding time for hosts and guests.

Throughout the month we were engaged in lively conversations as we compared the challenges we share, along with our sometimes very different solutions to these challenges. A weekly debriefing allowed for exchange of ideas and for adaptation of the curriculum to ensure that goals were being addressed.

At the end of the month a formal survey was administered to evaluate the curriculum. The visiting scholars were asked to identify best practices that they intended to bring back to Hospital Authority.

In addition to the measurable outcomes, there were wonderful outcomes for UC San Diego Nursing Services. Our visitors validated the outstanding work we are doing, and gave us the opportunity to see ourselves from the perspective of expert nurses who are anxious to work in an environment that supports nursing excellence and fosters professional nursing as an environment like UC San Diego!
As a Respiratory Therapist (RT), caring for patients at the end-of-life can be one of the most challenging and heartbreaking aspects of our job. We are trained to be compassionate and empathetic, but we have to be careful, because it can be very draining emotionally when we become attached to our patients. This is particularly true in the case of Cystic Fibrosis (CF) patients, where relationships are cultivated over many years due to the chronic nature of the disease.

Last year, I attended a palliative care class, with my co-workers in Respiratory Therapy. During the class, there was some discussion about compassionate extubation. One of my peers spoke up about the timing in which RT’s become aware of the extubation decision, despite the major role they play during this process. Her concern was that RTs are not given enough time to be emotionally prepared, and may feel left out of the decision process despite being integral to the patient’s care.

Shortly after the class, Caitie Madani, an RN who I’ve worked with in the Thornton ICU, had a conversation with me about this issue. She suggested that it would be interesting and important to investigate the emotional effects on RT’s of performing compassionate extubation. We decided to collaborate on an exploratory study here at UC San Diego. After researching the literature and finding very limited published data, we co-wrote the research plan, received IRB approval, and began interviewing therapists. We expect to complete the project before the end of the year.

Personally, this is a very important study to me. It was surprising how little literature was out there to help understand and support the RT’s role during compassionate extubation, despite the vital role we play. Respiratory Therapists are the health care providers who actually have the responsibility to physically withdraw advanced life support.

We hope our findings lead to a better understanding of the RT’s perspective, and how they cope during this challenging process. This may lead to theory development as well as encourage UC San Diego and other institutions to become more aware of the RT’s role and emotional response during compassionate extubation.

Limitations in the present process and ideas for improvement may also be discovered, and in turn, lead to improved RT education at the national level. Ultimately, this will provide better care for patients and their families during one of the most difficult time in their lives. I am honored to be a part of this study.

Karen Velvody, BSN, RN, COE, has been employed at UCSD since 1998, working the entire time with the Diabetes Prevention Program, a multi-center clinical trial sponsored by the National Institutes of Health (NIH). As a research nurse, she focuses on careful data collection while monitoring the safety and wellness of the study subjects. She is required to adhere to many local, state and federal regulations during the study protocol. Karen uses her skills as a Certified Diabetes Educator when she helps study participants team protocol-prescribed lifestyle and diabetes management behaviors. She completed the UCSD Extension Certificate Program in Clinical Trials Design and Management, and achieved national endorsement as a Certified Clinical Research Coordinator. Karen joined the Nursing Research and EBP Council for the opportunity to collaborate with nurses who love learning and enjoy the rewards of the research process. Research offers Karen an exciting opportunity to make a difference now and for the future. She is grateful that the Council welcomes all nurses, no matter their background or clinical role, and has learned about nursing research through her membership. Karen believes, “If you are new to the research process, want to strengthen your developing research skills, or are a seasoned research veteran, this is the place for you. It’s truly-energizing to be around such a dedicated, enthusiastic, professional group of nurses.” She encourages other nurses to join the Council and inquire about your practice through research and evidence-based practice techniques.

Karen Velvody, BSN, RN, COE

Eloisa Cutler

Holistic Nursing and Interprofessional Research at UC San Diego

By Eloisa Cutler
Mary A. Wickline, MLIS, M.Ed. graduated from UCLA with a Master’s in Library and Information Science. It was a mid-life career change to become a librarian, although she feels she is “a born librarian”. Many love searching for and finding information. Long before she returned to school to pursue librarianship, she was the person her friends asked to find information (pre-Google). She helped lawyers, journalists, and, simply, with newly-diagnosed relatives who wanted more information.

She applied for the position at UC San Diego because it was an Instruction & Outreach Librarian position. The thought of teaching with the resources available at UC San Diego was wonderful. She attributes a great deal of her success as a librarian to the Nursing Education Development and Research (EDR) department. She considers EDR nurses the ‘fingers’ throughout the organization. By partnering with EDR staff and attending departmental meetings, she was able to focus her work toward alignment with the goals of the organization. She considers the Nursing Research and EBP Council an excellent partner in council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care.” She has been an active member of the Research Council and conference planning committee since 2012.

Lori Herman, BSN, RN is one of the newest members of the Nursing Research and Evidence-Based Practice Council. Lori graduated with a BS in Communications from University of Hawaii and had her first career in cable programming and marketing. Although she grew up in Hawaii, she has called San Diego “home” since 1989. After completing the Geonment College Nursing Program in 1998, she joined UC San Diego in 1999 as a critical care and trauma nurse in the SICU/Trauma Unit at Hillcrest. Currently, she is a Nurse Registrar with Trauma Administration and is also a Trauma Nursing Core Course (TNCC) Instructor. Lori and her “supportive, loving” husband are avid SDSU basketball and Padres baseball fans. She has 4 children: a pharmacist, a marine, college coed, and the dog!!

Laura Vento RN, MSN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She graduated from UC San Diego in 2008 as a Master’s Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor’s degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year serve as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project “Implementing teach back during transitions of care.”

Laura G. Dibsie, MSN, RN, CCRN, CNS is currently the chair of the Nursing Research and Evidence-Based Practice Council. She graduated from USC with a BSN prior to starting her career in San Diego. During the first years of her career, she completed a training program for the surgical intensive care unit, ventured new staff, participated in shared governance, and met many wonderful patients, families, and colleagues. She was motivated to continue along the path of lifelong learning and obtained her Masters in Nursing degree (MSN) from University of San Diego Helen School of Nursing in 1996.

While advancing herself professionally, she also met and married her husband. They have made San Diego their permanent home and have 3 beautiful daughters. The choice to maintain work-life balance brought her to UC San Diego in 2001. The environment at UC San Diego and the changes made in the Department of Nursing have allowed her to publish, attend local and national conferences as a poster and podium presenter, collaborate with many well respected experts, and achieve personal and professional goals.

Laura is the Clinical Nurse Specialist for the Surgical Intensive Care/Trauma Unit (SICU/TU) at Hillcrest, outgoing Chair of the Nursing Skin Committee, and an active member of several other organization wide groups. She strongly encourages staff to participate in Shared Governance, seize the opportunity to meet and collaborate with peers from throughout the organization, and be inspired by the good work being done by UC San Diego nurses.

Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN started as a Clinical Nurse II in the Emergency Department in 2001 and became a Certified Managed Care Nurse in 2007. In 2012, she earned a Master’s Degree in Nursing (MSN) with an emphasis in Healthcare Organizational Leadership from Grand Canyon University. Karen entered her Doctoral Residency in March of 2015.

Karen is the UC San Diego Health System Department of Emergency Medicine’s Clinical Educator and Outreach Manager. This role blends nursing education, career counseling and community outreach. She is interested in the ‘compassion fatigue’ phenomenon experienced by ED nurses in urban settings.

Karen’s passion to improve healthcare conditions for “at-risk” homeless patients suffering with co-occurring, psychiatric mental disorders and substance abuse has been the mainstay of her research this year. She is the principal investigator on an IRB approved study “ED Community Placement Project,” a right service-right venue approach in the management of ED frequent users. She has presented her work locally and nationally, and internationally. In 2014, Karen was honored with UC San Diego Health System Nurse Consultant of the Year award for her work on the project.

Karen was introduced to the UC San Diego Nursing Research and EBP Council when she attended the graduation program for the San Diego Evidence Based Practice Institute Consortium for Nursing Excellence. Little did she know the invitation to join the council would make a significant impact on her career trajectory.

Karen also serves as a Diversion Evaluation Consultant on the California Board of Registered Nurses (BRN) Diversion Council.

Judy E. Davidson, DNP, RN, FCCM is instrumental in inspiring advancements in our caring profession. She is the Nursing Research and Evidence-Based Practice Liaison, an experienced researcher, educator, lecturer and clinical nurse specialist. She is doctorally prepared with a specialization in Organizational Leadership from Case Western Reserve University. She is actively involved in the Society of Critical Care Medicine (SCCM) as chair of the Post Intensive Care Syndrome Task force, chair of the SCCM Ethics Committee, co-author of the 2013 SCCM Pain Agitation and Delirium guidelines, and lead author of the SCCM guidelines for Patient and Family Centered Care.

Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”.

Judy E. Davidson, DNP, RN, FCCM is instrumental in inspiring advancements in our caring profession. She is the Nursing Research and Evidence-Based Practice Liaison, an experienced researcher, educator, lecturer and clinical nurse specialist. She is doctorally prepared with a specialization in Organizational Leadership from Case Western Reserve University. She is actively involved in the Society of Critical Care Medicine (SCCM) as chair of the Post Intensive Care Syndrome Task force, chair of the SCCM Ethics Committee, co-author of the 2013 SCCM Pain Agitation and Delirium guidelines, and lead author of the SCCM guidelines for Patient and Family Centered Care.

Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN started as a Clinical Nurse II in the Emergency Department in 2001 and became a Certified Managed Care Nurse in 2007. In 2012, she earned a Master’s Degree in Nursing (MSN) with an emphasis in Healthcare Organizational Leadership from Grand Canyon University. Karen entered her Doctoral Residency in March of 2015. Karen is the UC San Diego Health System Department of Emergency Medicine’s Clinical Educator and Outreach Manager. This role blends nursing education, career counseling and community outreach. She is interested in the ‘compassion fatigue’ phenomenon experienced by ED nurses in urban settings.

Karen’s passion to improve healthcare conditions for “at-risk” homeless patients suffering with co-occurring, psychiatric mental disorders and substance abuse has been the mainstay of her research this year. She is the principal investigator on an IRB approved study “ED Community Placement Project,” a right service-right venue approach in the management of ED frequent users. She has presented her work locally and nationally, and internationally. In 2014, Karen was honored with UC San Diego Health System Nurse Consultant of the Year award for her work on the project.

Karen was introduced to the UC San Diego Nursing Research and EBP Council when she attended the graduation program for the San Diego Evidence Based Practice Institute Consortium for Nursing Excellence. Little did she know the invitation to join the council would make a significant impact on her career trajectory.

Karen also serves as a Diversion Evaluation Consultant on the California Board of Registered Nurses (BRN) Diversion Council.

Judy E. Davidson, DNP, RN, FCCM is instrumental in inspiring advancements in our caring profession. She is the Nursing Research and Evidence-Based Practice Liaison, an experienced researcher, educator, lecturer and clinical nurse specialist. She is doctorally prepared with a specialization in Organizational Leadership from Case Western Reserve University. She is actively involved in the Society of Critical Care Medicine (SCCM) as chair of the Post Intensive Care Syndrome Task force, chair of the SCCM Ethics Committee, co-author of the 2013 SCCM Pain Agitation and Delirium guidelines, and lead author of the SCCM guidelines for Patient and Family Centered Care.

Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”. Dr. Davidson is also involved in the American Association of Critical Care Nurses, Research Chair for the Gamma-Gama Chapter of Sigma Theta Tau and member of NCSN and the ANA. She is adjunct faculty for SDSU and guest lecturer for PLNU. She is a nurse theorist and has published a middling theory entitled “Narrative Sensemaking” which guides nurses in the care of families of patients experiencing critical illness. Dr. Davidson has published over 50 peer-reviewed manuscripts in medical and nursing journals. She has also authored book chapters on “Measuring CNS Outcomes” and “Moral Distress”.
Heather Warlan PhD, RN, CCrn

Heather began her career in psychiatric research at the University of Wisconsin-Madison. After moving to San Diego in 2014, she began working at UC San Diego as the deputy program manager of the Neuropsychiatry and Behavioral Medicine Unit’s research group. In 2010, she graduated with a master’s in nursing and started a new journey in the CCU at Hillcrest. On the unit, Heather worked as a bedside nurse, code nurse, and preceptor. She taught pre-licensure and master’s level students at the University of San Diego (USD), Hahn School of Nursing and Health Science in the simulation lab using both mannequins and standardized patients. At the same time, she was also enrolled at USD earning a PhD in nursing. It was her experiences, both in psychiatric research and as a critical care nurse, that led to her research topic, ICU-induced PTSD. Recently, she transitioned into the Regulatory Affairs department at UC San Diego and is clinical faculty at USD. 

Upon completing her dissertation research, Dr. Warlan had her abstract submission accepted for a podium presentation at the 2014 UC San Diego Nursing Research and EBP Conference. This research has also been presented as a poster at the Western Institute of Nursing (WIN) and at USD’s Graduate Research and EBP Conference. Heather’s review of literature related to her topic will be published in June of this year (see citation below), with the research results currently under review for publication as well. 

Frann Teplick, MSN, RN-BC, CNS

Frann received her education and began her obstetric/critical perinatal nursing practice on the Northeast Coast. She graduated with a BSN from the University of Bridgeport (Connecticut) and an MSN from the University of Pennsylvania (Philadelphia) in the early 1980’s. Shortly after starting her advanced practice nursing career as a Critical Nurse Specialist (CNS), she received specialty certification as a High Risk Perinatal Nurse. Frann ventured to San Diego in 1990, and has been involved with perinatal healthcare in a variety of institutions. She returned to the academic environment in 1999 as the Perinatal CNS for OB services at UC San Diego Medical Center. Her love for the high risk obstetrical patient is evidenced by a few of her career highlights such as: developing a Maternal/Perinatal ICU in Philadelphia with a noted publication, contributions to the National Certification Corporation OB Critical Care Certification Task Force, collaboration with colleagues in San Diego county to develop the annual ARMCNN Perinatal Monitoring Courses, assisting with opening the first Perinatal Special Care Unit in San Diego, and educating nurses locally and nationally regarding best perinatal nursing practice. Frann has been an active member of the Nursing Research and EBP Council since its inception. Her involvement with the Council and its activities are many and varied. She assisted with the implementation of the “Digging for Dinosaurs” clinical inquiry program, provided staff in-services/classes regarding evidenced-based practice, assisted with project discussions in CNBI Workshops, reviewed and critiqued EBP projects, and was a Keynote speaker at the 2012 Perinatal Society of North America Conference where she spoke on “Critical Care of the Baby with NEC”.

Evelyn Pacio, MSN, RN

Evelyn graduated from Point Loma Nazarene University with a BSN in 2006, and from University of Phoenix with a MSN (Midwifery) in 2011. Since 2008, she has been an Assistant Nurse Manager in the Family Maternity Care Center and has worked previously in Postpartum, Labor and Delivery, and Ambulatory Surgery Center (Pre-op and PACU). Evelyn is a member of the Nursing Research and EBP Council, and also belongs to the FNCC/BQR Council. Other committees fortunate enough to have Evelyn’s membership are: POC/Education, OB Jacobi Medical Center, Perinatal Division, Patient Education, and others. Another Council member and colleague, Frann Teplick, invited her to attend the Nursing Research and EBP Council. She says, “The Council has encouraged me to put my thinking cap on, develop ideas, implement, and evaluate a project.” With our Magnet designation, it’s important to measure outcomes before, during, and after a performance improvement project. One of my goals is to complete a research based project by the end of 2015.” When not at the Medical Center, she enjoys relaxing with family and friends, watching the National Geographic show “Wicked Tuna,” and going to church.

Catherine (Catie) Madani, PhD, RN, CHPN

Catie’s professional focus is Palliative Care as well as care at End-of-Life. She is the current co-chair of UC San Diego’s interprofessional Palliative Care Committee. Her dissertation, entitled “Predictors of Symptom Burden in Pulmonary Arterial Hypertension,” reflects her passion. Catie is an active member of San Diego’s Sigma Theta Tau, Zeta Mu chapter, and Hospice and Palliative Nursing Association chapters. She is a PINPA Nationally Approved Educator. Catie has disseminated her work nationally and internationally. She joined the Nursing Research and EBP Council when she returned to school several years ago. She hopes to find mentors and collaborators for school projects and her work, in general. She found being a part of this group has been very helpful, and allowed her to make some wonderful friendships and professional relationships.

Dianne Warmuth, MSN, RN, CNS

Dianne received her BSN from CSU Fresno and an MSN as a Critical Care CNS from California State University Long Beach. She began her nursing career in a small community hospital in Fresno, and her first critical care job was in the Trauma Surgical ICU at Loma Linda Medical Center. She came to UC San Diego to work in the trauma unit and had several different roles over the years, which ultimately allowed her to return to graduate school. Dianne moved to Spain with her family for 5 years and worked for the Navy Marine Corps Relief Society as a Visiting Nurse. Her travels continued as she moved to Connecticut and was able to continue her clinical role, while also working as a critical care and ER Educator in a small community hospital. From the North, she made her way South and found treating patients at both campuses. She returned her home to San Diego where she worked at Sharp Hospital as a post kidney transplant coordinator and then took a position at UC San Diego as a Critical Care CNS for the PGY’s at Hillcrest. Dianne recently assumed the role of Advanced Practice Council Chair, was previously the Chair of Quality Council, is a member of the CAUTI task force, the Nursing Cabinet, and the Nursing Research and EBP Council.

Debbie Ashton, BSN, RN, CNN

Debbie graduated with a BSN from CSU Dominguez Hills. She has worked at UC San Diego for a total of 28 yrs. She works in the Nephrology Department and can be found treating patients at both campuses. She is specifically interested in the implementation of evidence-based practice as well as patient and family teaching. Debbie joined the Nursing Research and EBP Council because she desired to be a part of establishing evidence-based practice at UC San Diego. Through participation in the Council, she has worked with many UC San Diego experts in nursing research and EBP and has learned a great deal. She says the group “energizes and inspires” her. She is an invaluable part of this group having taken on the role of “communication manager” and secretary. When she is away from the Medical Center, Debbie enjoys spending time with friends, hiking, camping, gardening, sewing, quilting, and learning. She is a gifted artist.
Judith Pfeiffer PhD, RN, NEA-BC, PMHCNS-BC is Director of Nursing Education, Development & Research and Director of Psychiatric Services. She joined UC San Diego Health System in 1997 and became Director of EDR in 2011. At that time she also joined the Nursing Research and EBP Council as Administrative Liaison. Dr. Pfeiffer oversees the NICHE (Nurses Improving Care for Healthsystem Elders) program, advocates for Peer Review, and supports Magnet principles in all her work. She was appointed to the Institutional Review Board in 2002 and is an Assistant Professor, UCSD School of Medicine, Psychiatry department. Dr. Pfeiffer received her PhD in Leadership and Human Behavior and holds an MSN in Psychiatric Nursing/ Clinical Specialization. She is ANCC Board certified as a Psychiatric/Mental Health Clinical Nurse Specialist as well as Nurse Executive-Advanced. When not at work, Judith enjoys travelling.

Additional Authors

Lori Johnson, RN, MSN, OCN
Clinical Nurse Educator, Moores Cancer Center

Beverly A. Morris RN, CNP, MBA
Clinical Nurse Educator, Acute Care

“Aesthetic Knowing” is a fine art project created by the Nursing Research and Evidence Based Practice (EBP) Council in tribute to nursing as an ‘Art and a Science’. Aesthetic knowing was first described by Carper (1978) to acknowledge that using the artistic senses can create a deeper understanding of a concept. In this case, the concept of study was knowledge dissemination. We create knowledge through projects designed to advance the profession then disseminate this knowledge in the form of presentations and publications. This decoupage collage was created using printed materials that included recent presentations and publications of many UC San Diego nurses. Also included was a reference to the keynote address featured by guest speaker Dr. Ann B. Hamric at the 2014 EBP/Research Innovations Conference. Searching the array of inspiring research publications, podium presentations and other journal articles, the council members clipped key phrases and terms that together created a comprehensive view of the work of UC San Diego nurses. Look through the collage to find the tribute to our medical librarian, Mary Wickline, who tirelessly and graciously supports nurses in their efforts to disseminate new knowledge.

Florence Nightingale’s historical contribution to nursing is reflected here both as the council logo of the “Nursing Lamp of Knowledge” for her early work of data collection; and for her recognition of nursing as a fine art. The significance of the “Art of Nursing” has been linked to both the development of critical thinking and clinical judgment and as an inextricable component of professional nursing knowledge alongside scientific knowledge (AACN, 2008). “Art is also very therapeutic and beneficial to self-care congruent with our new professional practice model,” states Linda Lobbestael, UC San Diego Nurse and Artist that provided the charcoal sketch and taught the group the decoupage technique. Her work was displayed at the 2014 National Magnet conference, and will also be displayed, along with the work of other staff, at the Nursing Research and EBP Conference this year on June 2.

About the Cover

References:
For current opportunities, both internal and external, please log on to http://jobs.ucsd.edu.
For more information about nursing at UCSD, log on to our nursing website at http://medinfo.ucsd.edu/nursing.

Embrace the vision. Join us at UCSD.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Unit</th>
<th>Project Type</th>
<th>Title of Talk or Poster</th>
<th>Conference Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara</td>
<td>Anderson</td>
<td>La Jolla</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
<tr>
<td>Monica</td>
<td>Neslage</td>
<td>Hillcrest</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
<tr>
<td>Melissa</td>
<td>Anderson</td>
<td>La Jolla</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
<tr>
<td>Lara</td>
<td>Ensign CHF Clinic</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
<td></td>
</tr>
<tr>
<td>Laura</td>
<td>Ensign CHF Clinic</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
<td></td>
</tr>
<tr>
<td>Leah</td>
<td>Ensign CHF Clinic</td>
<td>Poster Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
<td></td>
</tr>
<tr>
<td>Frann</td>
<td>Fieberger</td>
<td>Hillcrest</td>
<td>Podium Presentation</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
<tr>
<td>Laura</td>
<td>Rutter</td>
<td>Hillcrest</td>
<td>Publication</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
<tr>
<td>Cindy</td>
<td>Rutter</td>
<td>Hillcrest</td>
<td>Publication</td>
<td>Evidence-Based Practice/QI/Research/Innovations Table (continued from page 8)</td>
<td>2015 ANCC, March 29th, Liberty Station Conference Center, San Diego</td>
</tr>
</tbody>
</table>

UCSD Journal of Nursing | Spring 2015
<table>
<thead>
<tr>
<th>First Author</th>
<th>Last Name</th>
<th>Unit</th>
<th>Project/Type</th>
<th>Publication Insights</th>
<th>Title of Talk or Poster</th>
<th>Conference Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**First Name Last Name**

**Unit**

**Project/Type**

**Publication Insights**

**Title of Talk or Poster**

**Conference Information**
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Unit</th>
<th>Project Type</th>
<th>Publication Information</th>
<th>Title of Talk or Poster</th>
<th>Conference Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn</td>
<td>Meyer, RN, CNP, MSN</td>
<td>Department of Nursing Education</td>
<td>Manuscript</td>
<td>In the Journal of Neuroscience Nursing and Practice: A Data-Driven Model for Staffing: A Data-Driven Model for Staffing</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Presented at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Heather</td>
<td>Warlan, PhD, RN</td>
<td>Staff Nurse, PI</td>
<td>Manuscript</td>
<td>&quot;Assessment of Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>&quot;Assessment of Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Judy</td>
<td>Davidson, DNP, RN</td>
<td>Director</td>
<td>Manuscript</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Jessica</td>
<td>Goggin, MAS</td>
<td>PI</td>
<td>Manuscript</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Julie</td>
<td>Zimmerman, MSN</td>
<td>PI, CNS</td>
<td>Manuscript</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>&quot;Influenza Inhibition in New TIA and Minor Symptoms in Post-ICU Patients&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Dawn</td>
<td>Meyer, RN, CNP, MSN</td>
<td>Department of Nursing Education</td>
<td>Manuscript</td>
<td>In the Journal of Neuroscience Nursing and Practice: A Data-Driven Model for Staffing: A Data-Driven Model for Staffing</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Presented at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Contance</td>
<td>Paine, RN</td>
<td>Nurse Practitioner, PI</td>
<td>Manuscript</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Judy</td>
<td>Davidson, DNP, RN</td>
<td>Director</td>
<td>Manuscript</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Gerard</td>
<td>Phillips, RN</td>
<td>Nurse Practitioner, PI</td>
<td>Manuscript</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Julie</td>
<td>Zimmerman, MSN</td>
<td>PI, CNS</td>
<td>Manuscript</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Julie</td>
<td>Zimmerman, MSN</td>
<td>PI, CNS</td>
<td>Manuscript</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;A Data-Driven Model for Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Laura</td>
<td>Paige, Margarita Burston, Vento, Baggett Hillcrest and Administration</td>
<td>Publication</td>
<td>Manuscript</td>
<td>&quot;First Name Last Name Unit ProjectType Publication Citation Title of Talk or Poster Conference Information Department of Nursing Education, Jennifer Storch BICU&quot;</td>
<td>&quot;First Name Last Name Unit ProjectType Publication Citation Title of Talk or Poster Conference Information Department of Nursing Education, Jennifer Storch BICU&quot;</td>
<td>Presented at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Margaret</td>
<td>Bell, PharmD, and Dan Chisholm</td>
<td>Pharmacology</td>
<td>Manuscript</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Karen</td>
<td>Perdion, MSN</td>
<td>Staff Nurse, PI</td>
<td>Manuscript</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Vanessa</td>
<td>Malcarne, PhD</td>
<td>Staff Nurse, PI</td>
<td>Manuscript</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>&quot;Comparing Methods to Secure Staffing: A Data-Driven Model for Staffing&quot;</td>
<td>Accepted for presentation at the 2014 AAN Congress.</td>
</tr>
<tr>
<td>Study Title</td>
<td>Date Approved by IRB</td>
<td>Study Status</td>
<td>Role(s) of organization(s) in the Study</td>
<td>Study Scope</td>
<td>Data Analysis or Other Use</td>
<td>Study Type</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------</td>
<td>--------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Epi-743 for Acute Ill Patients</td>
<td>11/19/14</td>
<td>Approved</td>
<td>Principal Investigator Name(s)</td>
<td>Study Types</td>
<td>Check all that apply</td>
<td>Nursing Liaison</td>
</tr>
<tr>
<td>Emotion of Feeling Cared For</td>
<td>11/22/13</td>
<td>Complete</td>
<td>Dibsie, Laura MS RN CNS PI</td>
<td>Independent Organizations Collaboratively</td>
<td>X X X X</td>
<td>Nurse(s) in the organization's role(s)</td>
</tr>
<tr>
<td>Sepsis Events</td>
<td>9/9/13</td>
<td>Approved</td>
<td>Dr. Dan Davis MD Approved Margarita Baggett RN 11/22/13</td>
<td>Clinical Nurse</td>
<td>Monitoring Study of ACRAD-11 on acute hospital rates Emotion of Feeling Cared For</td>
<td>Nurse(s) in the organization's role(s)</td>
</tr>
<tr>
<td>Effective Workflow Study</td>
<td>12/16/13</td>
<td>Complete</td>
<td>121147XX Intensive Care Consult</td>
<td>Independent Organizations Collaboratively</td>
<td>X X X X</td>
<td>Nurse(s) in the organization's role(s)</td>
</tr>
</tbody>
</table>