The Power of the Professional Nurse
Five Magnet Components

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

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

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

The surfboard is a theme familiar to Southern Californians, evoking freedom and gliding through nature. The anesthetist’s gloved hands (providing a jaw thrust recognizable to healthcare providers) gently cradle the peacefully anesthetized patient. The hands morph into angelic wings as they transport the patient into a transcendent dream state. It is a visual representation of the patient, literally, in good hands.
It is with great pride that I present the nursing journal for 2021. This issue will focus on how we transformed ideas into practices and how we continue to grow as a high performing organization. As I reflect on our Magnet Journey, I can proclaim that when nurses share a common vision and desire, dreams do come true. This past year was named “Year of the Nurse” in honor of the 200th anniversary of Florence Nightingale’s birth and to Advanced Practice Nurses’ contribution in transforming health care. 2020 was also the year nurses faced many challenges with the COVID pandemic, and the world got an inside look at what it is like to be a nurse.

Achieving Magnet Recognition is the gold standard for Nursing, something all of us can be very proud of at UC San Diego Health. In 2011, we became one of 391 proud of at UC San Diego Health. We now have two Magnet Designation and our moment in history is the opportunity to serve such extraordinary outcomes. This past year we were faced with so many challenges but we pushed through the barriers and the obstacles along the way. As we move forward, we must acknowledge that “Excellence has No Finish Line” and that if we continue to listen to the concerns, hopes and dreams of our patients, nurses, physicians and team members, we will form new partnerships for collaboration that will lead to new discoveries, innovations and exceptional outcomes.

With Gratitude,
MARGARET BAGGOTT, MSN, RN
CHIEF CLINICAL OFFICER

Message from the
The Chief Clinical Officer

Transformational Leadership

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

The Chief Clinical Officer

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Development of the UCSDH Nurse’s Guiding Principles

By: Kristina James MSN, RN, CNL, PCCN

At the beginning of 2014, the Clinical Practice Council decided it was time nursing practice at UC San Diego Health was centered around a theoretical model. The council took nominations for theorists from the nursing workforce, and then analyzed the nominated nursing theoretical models for alignment to their own values as nurses. The collective sentiment was to stay focused on a model strongly centered on ‘caring’. Given the feedback from the nurses, the committee rewrote the existing Nursing PPM to ensure it reflected the nurses’ values as nurses. The collective sentiment was to select a model in: Patricia Graham’s Code Lavender: Cultivating Intentional Acts of Kindness in Response to Stressful human emotion of feeling cared for in families? Applied Nursing Research.


Developing a Leadership Team for Advanced Practice Providers

By: Lisa Erickson DNP, RN, ACNP-BC

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

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

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

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

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

Given that the APPs within UCSDH are spread across all parts of the health system, I have set up quarterly open forums (currently via zoom) to provide opportunities for me to update staff and allow for bi-directional communication of issues. I have an open door policy and stress to all APPs to reach out to me either by email, phone, or simply stop by my office. My motto is: “I cannot help if I do not know there are issues”. The other project I am working on is to create a page on PULSE for the APPs. This site will have links to educational opportunities, committee work, national and state regulatory updates, and eventually a newsletter that will highlight individual APPs. I am also going out to the practices overtime to meet the APPs and work with them and their leadership to ensure that the APPs are being utilized effectively. I will also be working clinically as a nurse practitioner with the trauma service in the coming months.

3. How will you use input from APPs to influence change in the organization?

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

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

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

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

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

The Bridges of Nursing Excellence Program provides nurses the opportunity to apply for positions outside of their current specialty or acuity. Nurse Managers post new available positions as “New to…” positions on the UCSDH job board. These “New to…” positions are opened when a Manager identifies their ability to provide extra resources to train “up” a new hire in an area the candidate may not have comprehensive experience.

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

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

We now have an opportunity to coach and mentor our excellent nurses here at UC San Diego Health, to be able to meet their own career goals.”

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

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

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

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

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

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

Invest time in your cover letter! A cover letter should explain the story of where you’ve been and where you want to go in your practice. It shows hiring managers a bit of your personality and passion. Keep it up! UC San Diego Health is an incredible place to work! The high volume of top quality candidates applying for open positions is a testament to that. If you don’t get the first or second position you apply for, don’t give up! Tenacity is the name of the game. A great resume, cover letter, and interview style are just as important as a great connection and timing!
Development of a Certification Preparation Course

By: Steffanie Bartholome, BSN, RN, PCCN and Melissa “Missy” Meehan, MSN, RN, ACNS-BC

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

As a clinical nurse for two years with four years in Hillcrest’s Progressive Care Unit (PCU), 10E, I was ready to professionally advance but unsure how to go about this. I had heard from others that “getting certified” was a good next step yet was unaware of available resources to help nurses prepare for the Progressive Care Certified Nurse (PCCN) exam. Navigating my way through the certification process on my own, I often found myself frustrated, overwhelmed, and not prepared for the exam with my own self-study. After two attempts, I achieved my PCCN in July of 2016, but knew there had to be a better way! I also knew that I could not be the only nurse feeling lost and confused on their certification journey. After conversations with my manager about these feelings, he enthusiastically supported my idea to create a PCCN prep class. From there, the journey to obtain my Clinical Nurse III (CNIII) began as I started my project “Creating a Culture of Certification Through Education and Acknowledgment.”

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

The evidence-based curriculum I created included a curriculum built within over 500 PowerPoint slides to support the RN’s learning. To further support the RN’s learning I coordinated with multiple internal content experts to validate and teach portions of the curriculum. During prep course planning, there were numerous challenges related to building the didactic, coordinating with content experts and scheduling the courses. Establishing the prep course as formal nursing education associated with continuing education contact hours (CEUs) included work I had not previously managed. Developing this program pushed me to a new level, learning many new skills along the way.

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

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

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

This year with the pandemic, Amy and our content experts adapted the course to virtual option with the addition of two additional Zoom sessions in June and September. Adaptations included converting over 200 review questions to app on their smart phones and seeing results on Zoom slides and confirm comprehension, as well as simulate test question experience. Conference room sessions were converted to slides with voice over to be reviewed by participant ahead of time with the ‘whole village’ to innovate and persevere and help reduce ‘Zoom fatigue’. It ‘takes a village’ to innovate and persevere with dissemination of knowledge in a pandemic! Obtaining your certification has also become more difficult through the pandemic as learning requires strict rules or shorter hours as well as individuals being more strapped financially to afford the upfront cost of the exam. Either way, many for the 2020 virtual classes were a success and nurses continue to be interested in expanding their nursing knowledge. Due to popularity and demand, we have three sessions scheduled for 2021 beginning in March.

Article Continues on page 67

Steffanie Bartholome, BSN, RN, PCCN

has been a nurse for 13 years graduating from the University of Illinois Champaign-Urbana campus in May 2011. She worked as a nurse in Illinois for 2 years before moving across country to San Diego. She has worked in a variety of units including med/surg, PCU telemetry, and now in the Critical Care Unit (CCU) at UCSD Hillcrest Campus. She has a passion for lifelong learning and career advancement. Outside of work, Steffanie enjoys running, snow skiing, and spending time with her niece and nephew.

Melissa “Missy” Meehan, MSN, RN, ACNS-BC

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

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

According to the 2021 Gallup poll, nurses have been rated the most honest and trusted professionals in America, marking the 19th year in a row that they have held this top honor. Those who work with or receive care from a nurse understand the rationale for this long-standing designation. As the COVID-19 pandemic rages on, nurses throughout UC San Diego Health (UCSDH) have upheld the nursing code of ethics by working day after day, selflessly putting concerns for their own health and that of their families aside. In the absence of hospital visitation, nurses have stepped in not only as care providers, but also as replacement friends/family to patients. During this time, I have never been more proud to be a nurse leader. I learned that there is no limit to what nurses are willing to take on when it comes to the health and wellbeing of their community.

At the beginning of the COVID-19 pandemic, Dr. Jess Mandel, Chief of Pulmonary Critical Care Medicine, began coordinating with medical professionals in San Diego County to engage with their medical counterparts in Tijuana, Mexico. The group collaborated with Tijuana Hospital General (TGH) regarding the COVID-19 pandemic response to share best practices for care and treatment of affected patients. Kelly O’Connor, RN, 3GH, ICU, was the first nurse to participate in the collaboration with TGH. In May of 2020, I traveled to TGH accompanied by fellow nurses, Danisha Jenkins, MSN, RN and Christina Kelley, DNP, CNS to present the TGH nurse leaders with didactic education on Acute Respiratory Distress Syndrome (ARDS) and prone therapy. The education concluded with hands on training in prone techniques with the TGH nursing staff. Despite the burnout and exhaustion, they were feeling from the pandemic, nurses and physicians traveled to TGH Monday through Friday.

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

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

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

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

The community engagement experience had an empowering effect on the nursing teams in San Diego, Tijuana and Mexicali. Patient outcomes improved and nurses reinvigorated their goals of optimizing care and processes to improve survival for patients with COVID-19. Using the Magnet values of community inclusion through structural empowerment, relationship between San Diego hospital systems strengthened and international relationships were forged. As the pandemic continues, so does the international collaboration between Tijuana and Mexicali Hospital General, UCSDH and the San Diego community. This collaboration brings new meaning to the word “community” and allows nurses to connect in meaningful and rewarding ways.
Our Shared Governance Journey

By Ellen Nyheim, MSN, RN

In 2005, UC San Diego Health had a nursing council called the Nursing Clinical Action Network (NCAN). This was a committee of direct care nurses from all units that had led the efforts to represent the professional practice of nursing for years. NCAN recognized the need for broader representation of direct care nurses in decision making and embraced the Magnet Model as a method to achieve nursing excellence. In 2006, with the new Chief Nursing Officer (CNO) Margarita Baggett, NCAN representatives and managers met to talk about a strategy. At that time, the 2005 Magnet Accreditation Manual required we address the 14 Forces of Magnetism. Originally conceived in 1983,[3] the 14 forces of magnetism establish the essential elements or building blocks of excellence in nursing and the provision of high quality care. The Magnet® program grew out of 41 hospitals selected as “Magnets” by the American Academy of Nursing during the nursing shortage in the 1980s.

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

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

1. Quality of nursing leadership
2. Organizational structure: The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. The Chief Nursing Officer typically reports directly to the Chief Executive Officer and serves at the executive level of the organization. The nursing organization has a functioning and productive system of shared decision-making/governance.
3. Management Style: Nurse leaders use a participative management style, empowering nurses at all levels of the organization. Feedback is encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.
4. Personnel policies and programs: Personnel policies and programs, created with the involvement of nurses at every level, support professional nursing practice, work/life balance, career development, and the delivery of quality care.
5. Professional models of care: A professional practice model describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organizations (patients, families, and community).
6. Quality of care
7. Quality improvement
8. Consultation and resources
9. Autonomy
10. Community and the hospital
11. Nurses as teachers
12. Image of nursing
13. Interdisciplinary relationships
14. Professional development

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

Shortly after, a graduate student doing a leadership practicum, assisted in developing our model graphically. It was used to introduce the Nursing Philosophy to the organization. It demonstrates the intersection of the 14 forces within the Councils created.
We have found the real heart and soul of shared decision making is done at the unit-based practice council level. The guiding principles of accountability, equity, partnership, and ownership have created a culture where outcomes are created at the point of care! Our next steps are inviting other disciplines to partner with us formally in these councils.

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

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

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

Lilian Canamo

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

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

Lilian was nominated to the Co-Chair role of the Clinical Practice Council in May 2018. As the Co-Chair, I assisted with organizing monthly interdisciplinary meetings with the Chair and conducted the meetings when the Chair could not attend. I collaborated with the Chair and the interdisciplinary teams, transcribed meeting minutes, facilitated group communication, and assisted with dissemination. I also assisted with writing and revising the UC San Diego Health Nursing, Mission, Vision, and Motto. As a result of my passion for excellent outcomes and my organizational skills, I was nominated to serve as the Clinical Practice Council Chair in June 2019. As the Chair, I organize monthly agendas, conduct interdisciplinary meetings, facilitate communication, and the review minutes transcribed by the Co-Chair. I was instrumental in the Informatics Committee’s re-integration to create the “Clinical Practice and Informatics Council.”

With the assimilation of nursing informatics support, the council can identify and solve problems at a much more efficient pace. As the Chair, I collaborated with nurse educators to update, revise, and edit the Pam Clinical Practice Guidelines. I also edited the Ultrasound-Guided Peripheral Insertion Guideline and Ultrasound-Guided Peripheral Insertion Competency Based Orientation for clinical nurse staff. I identified the need for increased accountability and safety during online meetings, which were essential during COVID-19 precautions. With the Clinical Practice and Informatics Council’s support, we created the “Zoom Etiquette” guidelines and worked towards system-wide dissemination.

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

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

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

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

What are your next steps (for example, dissemination, leadership advancements, project sustainment)? The next step we plan on achieving is expanding and engaging more nursing membership from various departments and making processes more comfortable to allow nurses to utilize the council as a presentation practice platform and consulting service to sustain projects.

Why would you recommend the program to others? I would recommend this program to others. I have some but somewhat limited exposure to the evidence-based practice and quality improvement process during my bachelor’s degree. It was great to see that this council places a lot of effort into assisting others in the process and putting together an annual conference in showcasing both the art and science of nursing. The program puts into a full circle and pushes the nursing practice barrier in all settings and the true philosophy of nursing.
Certified Nurses Day is an annual day of recognition for and by healthcare leaders dedicated to nursing professionalism, excellence, recognition, and service. Every March 19, the Image of Nursing committee honors nurses who contribute to better patient outcomes through national board certification in his or her specialty. Each certified nurse is invited to the special event where delicious pastries and healthy treats are provided.

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

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

We are able to share nursing achievements through our Website/ Social Media subcommittee. This team works continuously to ensure that our external UCSDH nursing website contains up-to-date information regarding multiple professional development programs offered by the organization such as the accredited New Graduate Program and the internal transition to practice program. Bridges to Nursing Excellence. The site contains information related to the UCSDH Nursing mission, our Magnet journey and opportunities to support nursing. A new, exciting component to this subcommittee is the partnership that it has formed with the UCSDH Marketing and Communications Department. By teaming up, we are now able to recognize nurses on UCSDH social media sites (Facebook, Instagram), allowing nursing accomplishments to be publicized to a larger audience within our community. This outward facing image is quite important as it is where many nurses look to determine whether or not they would like to work at UCSDH.

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

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

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

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

THE IMAGE OF NURSING COUNCIL

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

OUR MISSION IS TO:

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

WE ARE COMPRISED OF EIGHT SUBCOMMITTEES:

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

UC San Diego Health Image of Nursing

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

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

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

We are comprised of eight subcommittees:

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

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

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

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

I became the co-chair of the subcommittee Community Involvement in March of 2020. My participation enables me to stay socially connected with my peers, network with our local agencies, support essential projects, and motivate others to give back to our community. Being part of this subcommittee provides me with the opportunity to exercise my leadership skills in order to become an effective communicator, coordinator, and collaborator with various constituents. It is truly rewarding to provide servant leadership by placing the needs of others first. Being an active member broadened my perspective as a transition nurse specialist when we work together and volunteer. Most importantly, volunteering provides great satisfaction and enjoyment. To quote a very famous scholar, Mahatma Gandhi, “The best way to find yourself is losing yourself in the service of others.” We welcome all those who wish to participate in improving our community initiatives.”

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

Certified Nurses Day

2020 Nurses Week
The DAISY Award was created in 1999 by the family of Patrick J. Barnes with the intention to honor the legacy of the nurses who cared for Mr. Barnes in his final days. The Barnes Family chose to create a unique award program that specifically recognizes nurses who demonstrate the art of nursing through compassionate patient care.

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

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

- Exceptional compassionate care
- Providing clear communication
- Listening with one’s ears and heart
- Making a significant difference in a patient’s life
- Focusing on the goals of the patient and family
- Working outside of one’s comfort zone in critical situations

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

Laura Rossi, DAISY Committee Chair and Coordinator (2018-present), had this to say: “Being the UC San Diego Health’s Nurse Engagement and Retention Specialist, with a Bachelors from the School of Communication at Michigan State University, Laura has worked for the Nursing Education, Development and Research Department since 2017. Laura refers to herself as a ‘Nurse Concierge’, taking great pride in providing multi-level support, resources and recognition to all nurses at UC San Diego Health. Feel free to reach out to her with questions lrossi@health.ucsd.edu.

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

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

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

Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization’s general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi’s specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.
The course of his stay made an enormous impact on the final days of this patient’s life. Video games and connecting with a young patient in the Cardiovascular ICU, during CVC ICU nurse, Eric Schauer RN, was recognized for staying after his shifts to play Healing Touch Sculpture: This sculpture is specially carved for the DAISY Foundation by a group of African sculptors from the Shona Tribe of Zimbabwe, who particularly high respect their traditional healers. Sculpture proceeds supports the Shona community. Cinnamon Rolls: Patrick hadn’t been eating for a number of days until one morning when his dad came in with a cinnamon roll and Patrick gobbled it right up! The treats are now provided and shared with the team as a symbol of small victories and ever present hope. A DAISY banner: The six foot long banner hangs in the unit-for 3-4 months, to be a daily reminder to celebrate the value of exceptional patient care. Do you wish to recognize a nursing colleague? Submit a DAISY Aware nomination by emailing your story to DAISYaward@health.ucsd.edu or scan the QR code with your smartphone. Patrick gobbled it right up! Cinnamon Rolls: Patrick hadn’t been eating for a number of days until one morning when his dad came in with a cinnamon roll and Patrick gobbled it right up! The treats are now provided and shared with the team as a symbol of small victories and ever present hope. A DAISY banner: The six foot long banner hangs in the unit-for 3-4 months, to be a daily reminder to celebrate the value of exceptional patient care. Do you wish to recognize a nursing colleague? Submit a DAISY Aware nomination by emailing your story to DAISYaward@health.ucsd.edu or scan the QR code with your smartphone. 

DAISY WINNERS RECEIVE: 

DAISY Pin: Patrick’s family noticed nurses often honor achievements and milestones visually through badge pins. 
DAISY Award Certificate: Certificates in a plush presentation folder is presented by the DAISY Award Committee Chair. 
Healing Touch Sculpture: This sculpture is specially carved for the DAISY Foundation by a group of African sculptors from the Shona Tribe of Zimbabwe, who particularly high respect their traditional healers. 
Cinnamon Rolls: Patrick hadn’t been eating for a number of days until one morning when his dad came in with a cinnamon roll and Patrick gobbled it right up! The treats are now provided and shared with the team as a symbol of small victories and ever present hope. A DAISY banner: The six foot long banner hangs in the unit-for 3-4 months, to be a daily reminder to celebrate the value of exceptional patient care. Do you wish to recognize a nursing colleague? Submit a DAISY Aware nomination by emailing your story to DAISYaward@health.ucsd.edu or scan the QR code with your smartphone. 

Structural Empowerment: 

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

By: Linda Lobbestael and Jeanna Vazquez

The 2011 report, The Future of Nursing by the National Academy of Medicine, formerly called the Institute of Medicine (IOM), called for actions to transform nursing education to meet the needs of our complex and changing healthcare system.1 The recommendations to achieve that goal included calling for nurses to achieve higher levels of education and for organizations to implement educational programs at the time of entry into the profession post-licensure. To help to move this position forward, the American Nurses Credentialing Center (ANCC) included in their 2019 re-designation process, an expectation of Magnet hospitals to submit evidence of national accreditation of their transition to practice programs. UC San Diego Health (UCSDH) opted to seek accreditation for their New Graduate Nurse Transition to Practice Program through ANCC called Practice Transition Accreditation Program (PTAP). PTAP sets a standard for programs and ensures evaluation of program outcomes.2 Research shows that transition to practice programs have better outcomes in terms of competence, errors, work stress, job satisfaction and retention when they are at least 6 months in length, include content related to patient safety, clinical reasoning, communication and teamwork, patient-centered care, evidence-based practice, quality improvement and informatics.3 In addition, having customized curriculums to address specialty areas were important to achieve those end points. UCSDH has had a successful New Graduate Nurse Transition to Practice Program for over 11 years and received PTAP accreditation with distinction in 2019. We received accreditation with distinction for the following elements of our program:

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

The program is for newly graduated Registered Nurses entering into the profession. The program applies an evidenced-based curriculum, is 6 months in length, has 6 specialty tracks and is implemented by an interdisciplinary team of Nurse Educators, Clinical Nurse Specialists, Respiratory Therapists, Wound & Ostomy Nurses, Diabetes Educators and other experts in palliative care, patient safety, quality and infection prevention. Our program outcomes are measured by retention, satisfaction, professional development, and clinical decision-making ability. Retention of new graduate nurses measured at 1 year, 2 years and 3 years were substantial at 87%, 84%, and 80%. 

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

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

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

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

Linda Lobbestael MSN, RN, NP-D, NC works in the Department of Nursing Education Development and Research for UC San Diego Health System. She joined UCSDH system in 2005. She has 12 years of experience as a clinical RN and 12 years in her role as an educator. She is a recent Nurse Practitioner graduate with specialty certification in mental health in nursing as it relates to health, medicine and family. "Caring Relationships - caring for patients and family". "Caring Relationships for members of our health care team" is also a part of this central concept and supporting care team "is a part of our culture. They demonstrate the core of our Professional Practice Model, "Caring Mindfulness is invested in teaching mindfulness skills to new graduate nurses in the program to help them develop resiliency in the healthcare environment that they likely never imagined they would find themselves in. Our Magnet designation is something we are proud of as it represents nursing excellence. New Graduate Nurses and their work hold a significant piece of our Magnet story and we are thankful to each of them for that. They demonstrate a passion and commitment to caring for our community. Their case study presentations that they do as a part of the transition to practice program demonstrate their critical thinking and also show us their high level of empathy for the patients they care for.

Through this, we can see how they demonstrate the core of our Professional Practice Model, “Caring for members of our health care team” is also a part of this central concept and supporting new graduates in their transition to practice is the way of caring for them.

UCSDH Marketing and Communications and the public information officer (PIO) team works with faculty physicians, nursing staff, researchers and administrators in coordinating media outreach, news releases and interviews with print, radio, television and online reporters. The role of the PIO or media relations team is to help promote the clinical, education and research missions of the University, especially as it relates to health, medicine and science.

Registered nurses Daniel Ambler and Rose Deocampo graduated from the New Graduate Nurse Transition to Practice Program during the COVID-19 pandemic. When a nurse is asked why he or she chose to enter the profession, the common answer often revolves around the desire to make a difference. Nurses restore health and mend broken bones, welcome new life and provide support when life is lost. Now, they are on the frontlines of a pandemic.

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and as nurses we’re still facing it every day. We have come so far to mitigate the spread of this virus, even if we have to work together.

Deocampo: We’re now entering flu season in the middle of a pandemic and it’s uncharted waters. It’s important to continue to support each other and remind those who are resistant to our efforts that it’s not to our detriment. We need to be proactive and open to asking for help when we need it.

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

Deocampo: We were the first program in the UC San Diego Center for Nursing Credentialing to receive accreditation from the ANCC, demonstrating that our organization is elevating the practice of nursing by adhering to national standards of care,” said Heather Warlan, director of the New Graduate Transition to Practice Program at UC San Diego Health.

“Our curriculum is driven by the best recommended practices for new nurses transitioning to practice. Each new nurse at UC San Diego Health goes through this comprehensive education and training, which means we all have an opportunity to provide the best care, in this specific case by well-trained nurses.”

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

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

“Through my work with them, I believe in the future of our nursing workforce as we navigate these unprecedented times together.”

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

Ambler: There’s a personal cost for health care providers to go and care for people. It’s not only about the physical aspect of the pandemic but also the emotional impact. We have to be proactive and open to asking for help when we need it.

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

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

Ambler: I believe in the future of our nursing workforce as we navigate these unprecedented times together. It’s important to continue to support each other and remind those who are resistant to our efforts that it’s not to our detriment. We need to be proactive and open to asking for help when we need it.

Q: What is the New Graduate Nurse Transition to Practice Program?

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

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

“We were the first program in San Diego to receive accreditation from the ANCC, demonstrating that our organization is elevating the practice of nursing by adhering to national standards of care,” said Heather Warlan, director of the New Graduate Transition to Practice Program at UC San Diego Health.

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“Through my work with them, I believe in the future of our nursing workforce as we navigate these unprecedented times together.”
I have been involved in the California Nurse Midwives Association (CNMA) since its inception in 1993. In 1994 Senator Lucy Killea agreed to run a bill in support of nurse midwives to try and eliminate the requirement for physician supervision of Certified Nurse Midwives (CNM) in California. This was our first attempt at physician supervision removal and even though it failed, it was an exciting time. We learned a lot from that effort and when the then State Attorney General made it illegal for CNMs to perform episiotomies, we responded by getting a bill passed. This bill allowed CNMs in the state of California to perform and repair episiotomies. The California Medical Association (CMA) said that because of CNMs by obstetrical physicians, we were able to work with a new lobbying group. This allowed us to obtain the full support of many stakeholders including the California Nurse’s Association (CNA). We worked tirelessly with CMA to have them remain neutral and we started in the State Senate this time, instead of the Assembly. Assemblywoman Autumn Burke had sponsored three previous bills and this time we used Senator Bill Dodd with Ms. Burke as a co-sponsor. During this session, we had multiple letter-writing campaigns and many individuals called in to support at all the committee hearings and we did it! The President of CNMA, Kathleen Belzer, and Holly Smith, the Chair of the Health Policy Committee were AMAZING. The CNMA Board and the Health Policy Committee often had weekly meetings when things were busy. Another key to success this time is that CNMA met weekly with CMA; it was not just our lobbyists. There were times when CMA gave us bill language at the last moment and we had to work hard to rewrite it so it accurately reflected our goals. Thankfully, with this bill, we also did NOT have to deal with the bar on the Corporate Practice of Medicine. In previous attempts this had alienated the nurse practitioner groups and had prevented our bills from being successful.

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

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

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

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

Workplace violence is one of the safety issues of highest priorities for healthcare workers (American Nurses Association, 2017). According to the National Institute for Occupational Safety and Health (NIOSH), the rate of severe workplace violence occurrences (those requiring days off from work due to a worker injury) between 2002 until 2008 was four times greater in healthcare than in any other work sector. Furthermore, the healthcare arena accounts for nearly as many reported, serious violent injuries as all other industries combined. Assaults and threats are under-reported which is associated with many risks. Workplace violence in healthcare is costly and burdensome to the organization, negatively impacts patient care and the staff experiencing the trauma (American Nurses Association, 2017). S-West a Trauma Progressive Care Unit (PCU), step-down unit, cares for a diverse patient population. Medical diagnoses commonly seen in the unit include traumatic brain injuries, psychiatric disorders, delirium and acute polynsulphate withdrawals. Many of our patients in the trauma PCU experience violence such as gunshot wounds, stab wounds, and assaults. In my work, I identified that staff injuries were high and employees were dissatisfied with this aspect of their work. Since 2017, many staff experienced workplace-related injuries and a reduction in productive work hours resulting in avoidable costs to the staff member and organization.

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

Staff education and training addressing workplace violence is a known evidence-based best practice. This workplace violence project improvement included collaboration with our security department. We established a training program for all staff and use of environmental alarms guided by a SAFE algorithm for all staff to alert others of impending patient threat escalation. The project also supported standardized rounding of our security personnel to proactively respond to potentially dangerous situations. Since the launch of the project, 94% of SW staff are trained in safety techniques with no staff-reported injuries (Figure 1), fewer reported non-productive work hours and increased staff satisfaction regarding perceived work place safety. Emergency calls placed for Security assistance decreased from 281 to 164/ year (Figure 2) and use of the panic button decreased from 90–10/year

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

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

REFERENCES:


The Advisory Board no longer operates the Frontline program. There is a team creating a project mentorship program to support bedside leaders who mentor improvement projects. Additionally, the organization offers Lean training via the Transformational Healthcare Department.
Emotional First Aid: HEAR and Peer Support Programs

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

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

Earlier this year, in response to the emergence of the pandemic, The Healer Education Assessment Referral (HEAR) Program members Drs. Judy Davidson, Sidney Zisook and Clinical Nurse Specialist, Jim Kane launched a Peer Support, Emotional First Aid Program at UCSDH. The goal of the We CARE (Compassion, Acceptance, Resilience and Empathy) Peer Supporter Program, was to rapidly educate volunteer staff to provide one-on-one peer support to address the stress and emotions associated with the pandemic. The Peer Support program, was modeled after an emotional first- aider program created at the University of Missouri1, replicated widely across the United States, and previously piloted at UCSD.3 The HEAR team collaborated with consultant Dr. Timothy McDonald to create a 13 hour program, one hour a week for 13 weeks. Guest faculty were recruited who were specialists in topics such as grief, depression, resiliency, mindfulness, emotional first aid, empathic communication, and recognizing colleagues who would benefit from referral to therapy. Dr. McDonald recruited actors who were out of work during the pandemic to create a series of simulations to be used as springboards for discussion during the interactive workshops. Each 6 – 7 minute video portrayed Peer Supporters in action with a variety of situations. Break out rooms were used for intimate discussions between participants about the case, communication, and skills used to navigate the situation. Program participants included a range of healthcare professionals including experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.

Excellent evaluations and will be repeated in the early spring.

Emotional first aid is not new, and has been used for many years to treat the emotional and psychological impact of traumatic events. Use of emotional first aid for healthcare workers during a pandemic is essential as pandemics are known to increase anxiety, depression and suicidal thoughts in essential workers.2,3 Emotional or psychological first aid (PFA) is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and connect individuals to help and resources. The purpose of the PFA provided by the Peer Support Program is to assess the immediate concerns, needs of an individual during or following times of trauma and provide connection to prevent risks associated with loneliness.

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

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

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

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

Jodi Traver, PhD, NE-BC has worked with UC San Diego Health for two years, as a Nurse Educator in the Nursing Education department. Jodi earned her Ph.D. from the University of San Diego in 2016, during that time, led multiple community engagement projects for underserved community members. Currently at UCSDH, she co-facilitates the organization’s general nursing orientation, has managed the system-wide, Frontline Impact quality improvement program, develops continuing education for UCSDH staff and co-creates equity, diversity and inclusion (EDI) initiatives. Jodi’s specializes in mentoring new and experienced nurses, collaborating with others to implement innovative quality improvement solutions and instructional design.
preferences submitted were honored. The five peer supporters were assigned eight peers including the three managers of the department. Forty-two interactions were logged as of November with 24 submitted by three peer supporters. Most of the interactions were simple connections to start the program, followed by other categories of support including addressing bullying, and support for home issues. One connection resulted in a referral to a higher level of support. Time spent in peer support encounters ranged from 1-60 minutes with a mean of 16 minutes. This pilot, if successful, may be expanded across the system as the many benefits are still being explored.

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

ROLE OF THE WE CARE PEER SUPPORTER

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

REFERENCES:
UC San Diego Health’s nurse-driven protocol for the removal of indwelling urinary catheters gives nurses the authority and freedom to make decisions regarding urinary management within the full scope of their nursing practice. The use of the protocol is in accordance with the ANA Scope of Nursing Practice, which includes as one of its tenets: Registered nurses use the nursing process to plan and provide individualized care for healthcare consumers.

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


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

In following the evidence-based protocol, nurses assess if their patient with an indwelling urinary catheter continues to have indications for the catheter. If, per nursing assessment, a patient has no indications, the nurse will remove the catheter and then continue to evaluate the patient’s response through monitoring of urine output and assessment for signs and symptoms of urinary retention. The protocol prevents unnecessary risk for catheter associated urinary tract infection (CAUTI) by leaving in catheters that are not necessary or beneficial to the patient. Using the protocol can therefore prevent patient harm and improve the outcomes of care. Furthermore, the protocol states that if following it does not meet the patient’s needs or if the nurse has concerns about the plan of care, they may contact the provider to discuss alternatives. In this way, the nurse has the freedom to provide care that is individualized to the patient.

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

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

CALL TO ACTION
Nursing driven protocols promote autonomous decision-making.
Nursing autonomy can decrease hospital-acquired infections, including CAUTI.
Although workplace violence has been pervasive in the healthcare industry for over 20 years, it was usually brushed off by nurses as “part of the job.” With injuries related to violence on the rise, UC San Diego Health decided to take a more proactive approach to improve workplace safety. In 2013, it established the Threat Assessment and Management Committee (TAMC), which is an inter-departmental committee made up of leaders from Security, Safety, Nursing, Emergency Management, University Police and two standing executive members, the Chief Clinical Officer and Chief Administrative Officer over the Facilities Support Division.

The purpose of the committee is to recognize and prevent violence in the workplace. The TAMC includes a sub-committee made up of direct care nurses and staff, who review policies and make recommendations on workplace violence mitigation strategies from their perspective as direct care providers.

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

During several root causes analyses, it was determined that there were multiple cases where a single patient assaulted multiple staff members from different departments due to the lack of consistent information transfer. UCSDH, in collaboration with EPIC, developed the Staff Safety Alert. When applied to a patient’s chart, the alert pops-up when a staff member logs into their chart. This alert will include the following information: Situation, Background, Assessment, and Recommendation (SBAR).

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

The WVPP Manager position is tasked with the ongoing evaluation of the violent incidents to determine necessary follow up strategies, which includes the review of a patient’s chart for historical information to determine whether a safety plan needs to be developed to ensure nurses and faculty safety during patient care. This evaluation, which is conducted in consultation with Risk Management, may include the recommendation for dismissal based on the egregious nature of a single incident or frequency of incidents that may/could have caused harm to the other patients, nurses and staff.

The implementation of weapon screening for all patients/visitors entering the Emergency Department delayed due to COVID but expect to go live by the middle of the year (2021). All of these strategies are evaluated and endorsed by the Threat Assessment and Management Committee.

Elizabeth S. Billberry has been with UC San Diego Health for over 15 years serving as the Director of Security Services and Parking Transportation. She is also the Facilities Services Administrative Officer over the UCSDH Services Division, which includes the Food and Nutrition Department, Environmental Services, Emergency Management, Telecom and Safety Department. She holds a Bachelors in Business Management and Masters in Advanced Studies in Leadership in Healthcare Organization. She is also a Certified Protection Professional (CPP) through ASIS International. With over 25 years in Healthcare Security, she has implemented multiple initiatives geared towards reducing workplace violence. Elizabeth developed the UCSDH Threat Assessment and Management Committee, which includes leaders from multiple departments. When she isn’t working, she enjoys working on multiple home projects and going on vacation with her two kids and husband.
Clinical Nurses’ Experiences Conducting Nursing Research

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

C onducting a qualitative research study was very different than the fast-paced technologically-laden environment I thrive in. However, the glaring lack of advance care planning, that often critical care nurses feel the brunt of, sparked my desire to do something about this issue. I had access to thousands of post-it notes describing what gives people meaning in life received from volunteer passers-by of billboards placed in the hospitals and clinics. The availability of this data coupled with the desire to understand the human psyche in relation to life, priorities, and values, provided an opportunity for research that was too valuable to forego. Prior to the start of the research, I took a search strategies class. This class provided an overview of nursing research, how to set up and search for articles, and other relevant information such as Boolean terms and search filters. After meeting with our librarian to help put these skills to work, I met with our nurse scientist and discussed strategies, what the research process might look like, considerations relevant to the plan and next steps. I also completed a required investigator training program online which outlined details about conducting ethical research. Conducting research is a dynamic process, which requires the clinical nurse to be flexible but also steadfast. Much like taking online courses, remaining self-disciplined to complete next steps in a timely manner will help mitigate the unavoidable and unforeseen setbacks and delays that are inherent in the research process. Going through the process can also present mental disappointments that will require you to reach out to mentors that will reassure you these ups and downs are normal during the journey. Make sure to find a balance between that you are doing and the frustrations that will be felt. In conducting research, you must also get to know research. Immersing yourself in articles that critique, explain and delineate the types, approaches and methods similar to what you are doing will help you understand how to apply the knowledge you are gathering and present the data in a way that respects the discipline of research. Conducting the research helped me step outside the linear applications of my background in critical care, where I usually flex with my left brain to infuse the imagination and art of my right brain usually reserved for leisure. It was liberating to use so much creativity during the research process; seeing the patterns form in the data and piecing them together, discussing the relationships, and folding it all back into theoretical paradigms. It was enlightening work, but still work. Our coding sessions lasted three hours each with a series of seven sessions prior to completing the analysis. Recruiting help with data analysis from nursing students and mingling with me and my mentors provided a rich diversity of backgrounds, cultures, generations, and personalities that allowed the qualitative coding to go further than I could have imagined. After naming themes/categories in the first round of analysis with only three researchers, the data proved to be much deeper and more diverse through the inspection of a larger pool of researchers. Many memes, phrases, and social phenomena were revealed by having dissimilar researchers reviewing the data. In addition, this allowed us to cross-reference and ask one another if we were on track in order to ensure the quality of the analysis. The number of topics related to what participants shared as bringing their life meaning was expansive. Reading the responses was often uplifting, sometimes thought provoking and heart wrenching, while all together a uniquely beautiful experience to share amongst us researchers.

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

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

Shervin Esfahani, BSN, RN Clinical Nurse 3GH ICU is a CN II on JMC 3GH ICU and Code Blue RN for JMC. After graduating from the ADN program at Riverside City College, he started his nursing career as a new graduate RN in Thornton ICU in 2012. He earned UCSD Rookie of the Year honors in 2015 and his Bachelor’s from University of Texas, Arlington. Shervin, Cassia Yi and Dr. Kyle Edmonds began the Advance Care Planning taskforce, which later became the Advance Care Planning Committee. He has presented his clinical ladder project surrounding Goals of Care Conversations at the 2016 NICHE Conference and published his work in Critical Care Nurses in August of 2020. You can honor his work by contemplating what a good death looks like to you, sharing your end of life wishes with your loved ones, completing your own advance directive and helping your patients complete their own advance care planning.
Laura has lived in San Diego for over 30 years and raised 4 boys to men. She loves her (CCRN), Cardiac Medicine Certificate (CMC) and Cardiac Surgery Certificate (CSC). She has practiced as a Critical Care nurse her entire nursing career and received her certification for CCRN. During her career Tamara has provided primary nursing care to cardiovascular patients, nursing assessments, planning of care, interdisciplinary rounds and specific nursing interventions. She is an ECMO Specialist and is often the charge nurse of a twenty-four-bed unit as well as participates on the Code/Rapid Response Team. Tamara has helped develop and lead one of the ICU diary teams and co-authored an ICU diary family manuscript. Tamara has had the opportunity to speak at multiple conferences about ICU diaries and post intensive care syndrome. Tamara is passionate about her work as a critical nurse and future research related to ICU diaries and post intensive care syndrome.

Tamara Norton, RN, BSN, CCRN
Tamara grew up in San Diego, California. She was influenced to pursue her nursing degree after working as a registered respiratory therapist at UC San Diego Health for 10 years. Tamara graduated with Honors from University of Phoenix in 2007. She was inducted into Sigma Theta Tau Honor’s Society. She has practiced as a Critical Care nurse her entire nursing career and received her certification for CCRN. During her career Tamara has provided primary nursing care to cardiovascular patients, nursing assessments, planning of care, interdisciplinary rounds and specific nursing interventions. She is an ECMO Specialist and is often the charge nurse of a twenty-four-bed unit as well as participates on the Code/Rapid Response Team. Tamara has helped develop and lead one of the ICU diary teams and co-authored an ICU diary family manuscript. Tamara has had the opportunity to speak at multiple conferences about ICU diaries and post intensive care syndrome. Tamara grew up in San Diego, California. She was influenced to pursue her nursing degree after working as a registered respiratory therapist at UC San Diego Health for 10 years. Tamara graduated with Honors from University of Phoenix in 2007. She was inducted into Sigma Theta Tau Honor’s Society. She has practiced as a Critical Care nurse her entire nursing career and received her certification for CCRN. During her career Tamara has provided primary nursing care to cardiovascular patients, nursing assessments, planning of care, interdisciplinary rounds and specific nursing interventions. She is an ECMO Specialist and is often the charge nurse of a twenty-four-bed unit as well as participates on the Code/Rapid Response Team. Tamara has helped develop and lead one of the ICU diary teams and co-authored an ICU diary family manuscript. Tamara has had the opportunity to speak at multiple conferences about ICU diaries and post intensive care syndrome. Tamara is passionate about her work as a critical nurse and future research related to ICU diaries and post intensive care syndrome.

Laura Martin, BSN, RN, CCRN, TNCC, CMC, CSC
Laura graduated from The Ohio State University with a BSN in Nursing. She has worked intensive care nursing for 36 years, her areas of specialization include: Cardiovascular Intensive Care - Heart/Lung Transplant and Cardiac Surgery, including Pulmonary Arterial Thrombectomy. She works full time at UC San Diego Medical Center where she is trained as an ECMO Specialist (VA and VV ECMO). She also works in Trauma ICU and has a certification as a Trauma Nurse Critical Care (TNCC). She belongs to AACN and has certifications as Critical Care Registered Nurse (CCRN), Cardiac Medicine Certificate (CMC) and Cardiac Surgery Certificate (CSC). Laura has lived in San Diego for over 30 years and raised 4 boys to men. She loves her career at UCSDH and her wonderful team!

I am a seasoned nurse working in the cardiovascular ICU with over a 36 years of critical care nursing experience, including managing patients receiving ECMO. This is my first research project, and in the beginning I had feelings of insecurity and hindrance with myself. I wasn’t sure that I was able to do such a project or undertaking. It felt overwhelming and difficult. With the assistance of the nurse scientist, I was offered guidance and mentorship on a level that helped this new chapter in my nursing career blossom. I started to build a journey of expanding knowledge with growth on a personal and professional level. In my study I am exploring how nurse ECMO specialists, physicians and perfusionists come to their decision about which patients are good candidates for ECMO and compare that to prediction tools. I wonder whether we may capture early deterioration and early notification with possible cannulation by allowing the ECMO nurse specialists to have a voice in patient selection. I am hoping through this research that we may gain an understanding of each other’s perspectives building teamwork and respect.

CONCLUSION
These reflections provide clear testimony to the challenges and pride associated with conducting research for the first time. It takes courage to push past preconceived notions of career-limits to conduct research. Once completed, the success generates pride and a feeling of empowerment. Resources are necessary and available to support nurses in conducting their first studies at UCSDH. Nurses at UCSDH have proven themselves ready and willing to address the gaps in evidence by conducting research to advance practice.

Heather Abraham, MSN, MPA, RN, CCRN
is a critical care nurse on JMC Sh - Neuro Progressive Care Unit. She earned her BSN from the University of Wisconsin- Oshkosh; her MSN from the University of Mobile, Mobile, AL; and her MPA from Troy State University, Troy, AL. Heather began her nursing career as a Navy Nurse Corps officer then transitioned to civilian nursing where she’s held a variety of nursing leadership and clinical nurse positions. Heather has completed her first year of the PhD program at University of California Irvine. Her areas of research interest are human-animal interaction, adolescent mental health, and obesity. To: Her areas of research interest are human-animal interaction, Post-COVID Syndrome (PCS), and adolescent mental health.

REFERENCES:
The Use of Technology in the Ambulatory Setting: Nurse Triage

By: Ryan, BSN, RN

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

PROBLEM
Clinical nurses in UC San Diego Health’s centralized call center, the Care Navigation Hub, work alongside call center agents to manage incoming calls from established primary care patients. Calls to the Care Navigation Hub were answered by a non-clinical agent. In the original workflow, the call center agents were able to schedule appointments directly. Other low acuity symptoms were routed to the cold line to indicate that the symptoms were less urgent. Higher acuity, or red flag symptoms were transferred to the warm line and the call center agent would remain on the line with the patient and provide a warm handoff to the triage nurse.

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

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

The group developed a Call Escalation Matrix that defined processes for call center agents to use with symptomatic patients. If a patient indicated they had specific low acuity symptoms, the call center agents were able to schedule appointments directly. Other low acuity symptoms were routed to the cold line to indicate that the symptoms were less urgent. Higher acuity, or red flag symptoms were transferred to the warm line and the call center agent would remain on the line with the patient and provide a warm handoff to the triage nurse.

Outcome
In the month prior to implementation, all calls averaged a speed to answer of 2 minutes, 26 seconds, with an abandonment rate of 2.9%. On June 16th, the one line was switched into two lines. In the four months after implementation of this technological solution, the average speed to answer “red flag” calls was reduced by 58%, and the red flag call abandonment rate dropped by 37% as a result of the ability to separate out the phone lines.
Nurses Empowered to Redesign Their Workflow to Decrease Hospital Readmissions: GENIE RNs

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

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

West Health is a San Diego–based nonprofit organization dedicated to lowering healthcare costs and enabling seniors to successfully age in place with high-quality, affordable health services that preserve dignity, quality of life, and independence. The West family approached nurse and physician leaders at UCSDH about developing a specially-trained team to deliver enhanced emergency services to ED patients over 65.

The focus was to be on geriatric medicine, acute care screening, urgent care, case management, and social and psychiatric care.

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

The goal of this project was to decrease the rate of hospital admissions for patients who received a Geriatric Emergency Nurse Initiative Expert (GENIE) consult in admission for patients who received to decrease the rate of hospital screening tools. geriatric content and how to use the program. The program design volunteered to be the nurse lead in the ED. The Identification of Seniors at Risk (ISAR) screening tool consists of asking six yes/no questions by the triage nurse. If the ISAR score is 0-6 or 2 or greater, an automatic referral to the GENIE is generated in the electronic medical record and a gold GENIE lamp will appear next to the patient’s name.

3. Patient is assigned an Emergency Severity Index score by the triage nurse.
4. The Patient is taken to a room in the Senior Emergency Care Unit (SECU).
5. The SECU care team consisting of the ED Physician or Nurse Practitioner or Physician’s Assistant and the ED Primary Nurse come to the bedside. The primary nurse performs an initial assessment and the Get Up and Go (GUG) test (risk of fall).
6. A positive score on the GUG can also generate a GENIE referral through the electronic medical record. A positive score on either screen results in an automatic referral to the GENIE through the electronic medical record.
7. The GENIE performs additional screens (see table below).

After screening a patient, the GENIE will make appropriate referrals for inpatient consultation, or for follow-up once the patient is discharged home. Patients may be admitted as an inpatient, held in the ED for observation, discharged home, or discharged with arrangements for home health services. If the patient is to receive care at home, the GENIE will coordinate the transition of care with the home health agency. In every instance, the GENIE makes an effort to inform the patient’s primary care provider of the ED visit. A GENIE will follow up with the patient by telephone within 24 to 48 hours after discharge to ensure all discharge instructions are clear and address any additional healthcare needs. This new workflow was fully implemented by April 2016.

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

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<tr>
<th>Instrument</th>
<th>Screen for</th>
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<tr>
<td>Ultra Brief 2 and CAM-ICU</td>
<td>Delirium</td>
<td>ER Physician &amp; Primary RN</td>
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<td>Depression</td>
<td>Psychiatry consult (major depression or suicide) or Senior Behavioral Health Outpatient Program (moderate depression or patient request)</td>
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<td>UCSDD Memory, Aging and Resilience Clinic or UCSD Alzheimer’s Disease Research Center</td>
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<td>Caregiver strain</td>
<td>UCSDH Social Work / Care Management</td>
</tr>
</tbody>
</table>

Tom Crisman, BSN, RN, our pioneer GENIE, graduated from University of Hawaii, Manoa Campus. He came to UCSDH in 1989. Why become a GENIE? Geriatric population of focus is growing rapidly and is a specialty not routinely addressed in the Emergency Department. 65 and older patients represent 13.5% of the US population and is projected to increase 25% by 2050.

Tom received extensive education and training through UCSDH Division of Geriatric, UCSDH Division or Emergency Medicine, and NICHE. He currently serves as a faculty member of the Geriatric Emergency Department and is a member of the American Geriatric Society (AGS).

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

The GENIE Team at UC San Diego Health ED (left to right): Dave Flores, Rita Buha; Tom Crisman, Jennifer Clay, Anne Stephenson, Carl Jonas
the Geriatric Emergency Nursing Education course offered by the Emergency Nurses Association. Throughout the development of the program, Tom has presented on the GENIE initiative at many gatherings of geriatric and emergency healthcare professionals. In February of 2019, he was invited to join the American Geriatrics Society as a faculty member and now does training on geriatric screening for that organization across the country.

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

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

### OUTCOME

**NKTEOb**

**Decreased Hospital Admissions for Patients Receiving a GENIE Consult**

**La Jolla Emergency Department**

<table>
<thead>
<tr>
<th>Period</th>
<th>Percentage of Patients Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Intervention</td>
<td>55.9%</td>
</tr>
<tr>
<td>Intervention Jan-Mar 2017</td>
<td>52.3%</td>
</tr>
<tr>
<td>Post-Intervention</td>
<td>55.9%</td>
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</tbody>
</table>

#### PARTICIPANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Csanany</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Eddie Castillo</td>
<td>Public Health</td>
<td>Analyst</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Ted Chan</td>
<td>Medicine</td>
<td>Physician</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Jim Killeen</td>
<td>Medicine</td>
<td>Physician</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Alyson Kreshak</td>
<td>Medicine</td>
<td>Physician</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Beverly Kress</td>
<td>Nursing</td>
<td>Director, Emergency &amp; Psychiatric Services</td>
<td>Nursing Administration</td>
</tr>
<tr>
<td>Kellie Meade</td>
<td>Nursing</td>
<td>Assistant Nurse Manager (ANM)</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Samantha Meyerhoff</td>
<td>Nursing</td>
<td>Clinical Nurse Manager</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Robert Powell</td>
<td>Information Technology</td>
<td>Analyst</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Vaasal Tolia</td>
<td>Medicine</td>
<td>Physician</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Gary Yilke</td>
<td>Medicine</td>
<td>Physician</td>
<td>Emergency Medicine</td>
</tr>
</tbody>
</table>

### NEW KNOWLEDGE INNOVATIONS & IMPROVEMENTS

**Evidence Based Practice Institute: The Power of Professional Development**

By: Judy E. Davidson DNP RN MCCM FAAN

#### OUR BEGINNINGS

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

#### OUR MAIN INITIATIVE

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

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

#### OUTCOME

Judy E. Davidson DNP RN MCCM FAAN serves as a nurse scientist for the Division of Nursing and a research scientist for the Department of Psychiatry School of Medicine, UC San Diego. In this role, she supports nurses and others with project development, presentation and publication skills. Her own research centers around research wellness and clinician suicide.
ANALYZING
Evaluate project outcomes
• Compare results pre- and post-change to the evidence
• Explore unintended consequences, lessons learned

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

APPLYING
Outline the practice to be changed
• Define desired outcomes
• Consider costs, resources, risks, benefits, population perspective, ethical oversight of the project
• Develop implementation plan
• Create tools for data collection

ACQUIRING
Search the evidence using PICO(T)
Consult a librarian
• Create a search strategy using keywords and MeSH terms
• Search CINAHL, PubMed, Google Scholar
• Create alerts to continually receive new citations
• Sort results by level of evidence
• Create search flow diagram

REQUESTING
Develop a focused question
• P = Population
• I = Intervention / Interest Area
• C = Comparison Intervention
• O = Outcome
• T = Time (optional)

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

OBSERVING
Implement change in practice
• Communicate plan
• Implement plan
• Collect post data

RESEARCHING
Create baseline data
• Develop plan
• Communicate plan

EVALUATING
Evaluate effectiveness
• Consistent or conflicting?
• Applicable to the population?
• Reliable and valid?
• Consistent or conflicting?

Assessing
Applying
Analyzing
8A’s Evidence-Based Practice Model

The Catalyst
What problem, issue or concern prompted this project?

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

Our Conversion from Loose-Ends to Non-Profit
We started in 2006 as a loosely knit group interested in improving practice and evolved over time to convert into a Non-Profit service to the community. Currently I am the President and CEO. My role as President, includes overseeing curriculums development, providing instruction as faculty, and participating as a faculty liaison troubleshooting obstacles that our participants might have along the way. Our founder Laurie Ecoff PhD RN is the Chairman of the Board. Each of the faculty from participating organizations has a role on the board and/or with instruction. Our own librarian Korey Brunetti MLIS is the program librarian. We are very grateful for Margarita Baggett MS RN CCO's firm and lasting support for the program. UCSDH pays education hours for participants to attend workshops and project time is negotiated with the unit manager. UCSDH was one of the founding organizations sending dyads each year since 2006. Program applications are usually due in January; for a start date in March. Mentors receive specialized training in February. This year, due to the pandemic, the project elsewhere. Think about how heady that must be to look at the assessment prompts in the computer, and know that you made that change, and how far that change spread. The next year, she became a mentor in the program. One of her fellows Marcon Nicdao RN is updating guidelines to standardize pin site care. The work of upgrading a guideline is quite intense, and usually performed by educators or clinical nurse specialists. It involves evaluating all of the available literature, performing a community survey to see how others in the community handle this clinical care, and working through both nursing and medical committees to obtain approval for the change. Participants also monitor the impact of the change. Through EBPI several clinical nurses at UCSDH have learned this complex skill of applying evidence into practice to make changes that affect nursing and patient care throughout the organization. Stephanie Chmielowski RN far surpassed updating a guideline and instead developed one where none existed before to provide standardized care of spinal cord injury patients. Stephanie has the honor of knowing that every nurse who cares for a spinal cord injury patient into the future will benefit from the organization manner in which shecollated the evidence to provide the best of care. EBPI prepares nurses to practice with autonomy at the top of their scope, implementing change that stems from observations made at the front line of care.

Our Research
We have conducted several research projects over the years to 10 to demonstrate that this institute for education delivered in this manner improves:
• Team cohesiveness
• Job satisfaction
• Engagement in EBP activities
• Skills in conducting change projects
• Engagement in scholarly activities such as presentation and publication
• Attitudes regarding EBP

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Dissemination Grants/Exemplars
In 2019 I developed a program for redistributing funds back to the community through a system of dissemination grants. The goal of the grant program is to incentivize participants in carrying on the hard, yet important work of disseminating their project outcomes following graduation. The awardees inspire new cohorts with descriptions of their successful project outcomes. Award-winners are selected by a group of non-biased faculty to receive a monetary award. Please see Lilian Canamo RN's short video regarding her successful project dissemination and excellent EBPI project. https://youtu.be/-K-wBp7rQty

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

I conducted an extensive literature search and received additional librarian support, and I felt quite defeated in the process. The articles were dated, and new information was not readily available. Working through what seemed setback after setback, my resilience and desire to improve SCI care surpassed each hurdle I encountered. I partnered with my Trauma Nurse Practitioner colleague, Sara Couch, and we strategized a timeline for education, guideline creation, and system-wide dissemination. With the encouragement and assistance of my SCI stakeholders, including, but not limited to, my mentor; Trisha Weers, nurse manager at project inception; Danisha Jenkins, nurse scientist Dr. Judy Davidson, surgical nurse educator; Jen Garrison, and Trauma Surgical Director, Dr. Todd Costantini, we made a positive impact for SCI patients today and for years to come. Through EBPI, I was provided the tools to make change possible and sustainable. It is important to note that making change is difficult, and resistance is part of the process. With the collaboration of my “SCI Team” and many interdisciplinary team members hospital-wide, we created the “Trauma Spinal Cord Injury Guidelines” and the supportive “Trauma Spinal Cord Injury Tip Sheet.” The full guideline highlights the best care of each body system and vital collaborators essential to best outcomes. Both documents are available on Pulse and serve to improve the care of SCI patients system-wide. I want to highlight that SCI care is highly individualized, focused on a systems approach, and interdisciplinary team collaboration is essential.

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

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

**REFERENCES:**


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

**“Attending EBPI was an invaluable program as I worked through the process improvement project that ultimately led to my clinical advancement. Launching an evidence-based-project from the frontline was poised to be a challenging task, but EBPI provided a structured and stepwise approach that helped make sure my project continually progressed and was eventually successfully completed. Moreover, the collaboration of my “SCI Team” and many interdisciplinary team members hospital-wide, we created the ‘Trauma Spinal Cord Injury Guidelines’ and the supportive ‘Trauma Spinal Cord Injury Tip Sheet.’ The full guideline highlights the best care of each body system and vital collaborators essential to best exposure to other local nurses pursuing their own projects helped to make me feel supported by a cohort that was experiencing the same challenges I was facing. I encourage all nurses interested in developing their own research and leadership skills by attacking a process problem to attend EBPI.”

-Ryan Johnson, MSN RN CEN
The Magnet Application and Appraisal Process

By: Heather Warlan, PhD, RN, CPHQ

HISTORY OF MAGNET

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

THE MAGNET® MODEL

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

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

In 2007, with input from a broad representation of stakeholders, the Commission on Magnet Recognition developed a model for Magnet that reflected current research on organizational behavior (2019 Magnet® Application Manual, 2017, page 115). A fundamental shift occurred with the 2008 introduction of the Magnet Model to incorporate outcomes (ANCC, 2008). Previous Magnet application manuals emphasized structure and process. Although structure and process create the infrastructure for excellence, the outcomes of that infrastructure are essential to a culture of excellence and innovation. (2019 Magnet® Application Manual, 2017, page 116). The Magnet® Model is a graphic representation of the standards that reflect a work environment that supports excellence in nursing.

The standards are grouped into 4 categories: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations & Improvements. Empirical Outcomes are the result of the enculturation of the standards to benefit patients, the nursing workforce and the organization.

CALL TO ACTION

CREATE A MAGNET BOARD ON YOUR UNIT AND INCLUDE:
- Blank spot with header, “We are Magnet Because…” ask RNs to fill out ideas
- Quality improvement projects
- Certification rate for your unit

POST UNIT GOALS TO YOUR DES ALIGNMENT BOARD

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

We proudly recognize...

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

FRONTLINE LEADERSHIP IMPACT PROJECTS 2019 & 2020
Improving communication through patient mobility signage
Andrea Heyse, BSN, RN, Hillcrest, 8th floor
Transitioning Burn Patients from Resuscitation Floors to Continuous Renal Replacement Therapy (CRRT)
Amanda Kamar, BSN, RN, Burn ICU

Improving the Education of New Graduates
Amy Ogata, BSN, RN, CCRN, Subplojo, PTU

Save Our Skin (S.O.S.)—Increasing Charting Compliance with New or Ongoing Pressure Injuries
Andie Reed, MSN, RN, CNL, Jacob’s Medical Center, Surgical Oncology PCU

Structured Inpatient Bedside Roundings in the ICU
Amada Vargas, BSN, RN, CCRN, Hillcrest, 10th Floor

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

Improving Compliance Rates in Advanced Care Planning by Oncology Nurses
Christine Koralban, BSN, RN, OCN, Perman Oncology

PureWick: External Female Urinary Device
Carl Romero, BSN, RN, Hillcrest, 8th Floor
Mitigating Nurse Workplace Violence: A Quadruple Aim Approach
Cherry Sloson, BSN, RN, PCCN, 5 West

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

RN Presence at Family Meetings
Geraldine Cadapan, BSN, RN, SFG

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

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

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

Reducing Patient Falls Using the BMAT Tool
Patience Ahog, MSN, RN, Hillcrest, 11th Floor PCU

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

EBPI PROJECTS 2019 AND 2020
Sexual Violence & Intimate Partner Violence: Capture, Manage, Manage
Sophie Ou, BSN, RN, OCN, MS, Infusion Center

Breanna Champion-Ybarra, MSN, RN, SFG

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

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

VBFT Utilization with an Electronic Calculator vs. Nurse-Driven Paper Reference Graphs
Anita Heredia, BSN, RN, SH

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

Geline Tamayo


Vellirn Montalba, BSN, RN, PCCN, 5 West

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

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

Kaa‘PIN It Clean: An Evidence-Based Practice On PIV Site Care
Marcon Nicdao, BSN, RN, PCCN, 5 West

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

NEWS (2) Bundle: Enhancing the Identification of PatientDOI’s for Transplant
Grace Nasi, BSN, RN, PCCN, 5 West

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

Defining Post-Operative Volumes
Jennifer Sims, MSN, RN, OCN, 6 FGH

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

VBFT Utilization with an Electronic Calculator vs. Nurse-Driven Paper Reference Graphs
Anita Heredia, BSN, RN, SH

Suffering a Stroke: PSD Screening among Patient Presentations

Stephanie Chmielewski, BSN, RN, PCCN, 5 West

Liver Transplant
Nicole Champagne, BSN, RN, Liver Transplant

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

The Use of the Modified Vasalva Maneuver (REVERT) in Treating Patients Presenting to the ED with Supraventricular Tachycardia (SVT).
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Meant to be My Mentor
Kathleen Alberto, BSN, RN, CSMRS, 6 West

Deflon, E., Hobier, M., Georgopoulos, A., Gogjin, J., Chau, E., Hampstead, S., Faro, A. ... Kavalieratos, D. Palliative Care Needs of Individuals with Cystic Fibrosis: A National Survey of Patients, Caregivers, and Cystic Fibrosis Care Team Members.

Dellon, E., Hobier, M., Georgopoulos, A., Chau, E., Gogjin, J., Hampstead, S., Faro, A. ... Kavalieratos, D. Palliative Care Needs of Individuals with Cystic Fibrosis: A National Survey of Patients, Caregivers, and Cystic Fibrosis Care Team Members.

Genesis Bojorquez


Angela Klinkhamer

Photography, in Caring for the Caregivers. San Diego Magazine, October 2020

Shannon Cotton and Shawn LeBlanc


Shevin Esfahani


Pais, Sarah


Mary Eno

Eno FR, Loomis D, and John F. Doing the Impossible: Technology to Popularize the Caregiver. San Diego Magazine, October 2020

Marcel Salinas

Salinas M, Salinas N, Duffe MJ, Davidson J. Do caregivers in the quality care model promote the human emotion of feeling cared for in hospitalized stroke patients and their families?

Michael Nies and Brittany Serones


Charles Wainaina


Heather Abraham


Ten (Perilla) Mendoza


“Forgive us if we left off any clinical nurse projects or presentations, it was not intentional.”
### CNIII & CNIV Advancements

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>Project Title</th>
<th>CNIII or CNIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Smith</td>
<td>Heart Transplant/VAO Program</td>
<td>Reducing Complications Following Left Ventricular Assist Device Implantation With Initiation of VADWatch</td>
<td>CNIII</td>
</tr>
<tr>
<td>Rafael Paola Aquino</td>
<td>8th floor</td>
<td>Palasero Opioid-induced Sedation Scale and Pain Score Reassessment Documentation Compliance</td>
<td>CNIII</td>
</tr>
<tr>
<td>Elizabeth Hde</td>
<td>CVC ICU</td>
<td>Mind the Lines</td>
<td>CNIII</td>
</tr>
<tr>
<td>Esther Dill</td>
<td>7/9 West</td>
<td>Reducing Central line associated bloodstream infection (CLABSI) through increase awareness and adherence to central line maintenance care</td>
<td>CNIII</td>
</tr>
<tr>
<td>Genesis Bojorquez</td>
<td>11th floor</td>
<td>The Integration of Music Therapy on a Surgical Progressive Care Unit</td>
<td>CNIII</td>
</tr>
<tr>
<td>Amanda Sadler</td>
<td>CCU</td>
<td>Creating Confidence and Autonomy in the CCU with Ultrasound Guided Peripheral Intraoperative Catheter Placement Implementation</td>
<td>CNIII</td>
</tr>
<tr>
<td>Braeanne Burney</td>
<td>3F Neuro ICU</td>
<td>Improving Communication and Nurse Empowerment through Nurse Collaborative Rounds in the ICU</td>
<td>CNIII</td>
</tr>
<tr>
<td>Jennifer Nemeth</td>
<td>Cardiac Rehab and Wellness</td>
<td>Exploring gender-related differences in UC San Diego’s Step Family Foundation Cardiovascular Rehabilitation and Wellness Center</td>
<td>CNIII</td>
</tr>
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### Development of a Certification Preparation Course

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

If you are considering taking the next professional step or looking to advance to CNIII, connect with others for support on preparing for the specialty certification for your area. There may be an in-house prep course or support for obtaining preparation outside of UCSDH. Look at the Nursing Resource Hub for more information. You won't regret it! ([https://health.ucsd.edu/medinfo/nursing/professional-development/Pages/calendar.aspx](https://health.ucsd.edu/medinfo/nursing/professional-development/Pages/calendar.aspx)).

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**Rebecca Garrett-Brown, CNM MS**

Rebecca is known for being thorough and for attention to detail. It is no surprise that she works on the Quality Assurance team for our practice. She has been integral in getting a chart review system in place to improve midwifery care and documentation. She also functions as the lead midwife at one of our prenatal offices. She participates in operations meetings and provides a CNM perspective. Rebecca is active in the California Nurse-Midwives Association (CNMA). In 2016, she was elected President, and worked tirelessly to promote legislation for independent practice. As immediate past president, she has been an active member of the CNMA Health Policy committee which this year successfully got a bill passed, now signed into law, removing physician supervision for Nurse-Midwives in California.

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

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

- JMC Neuro ICU Patient

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

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

- JMC Neuro ICU Patient

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

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

- J- Moores Cancer Center Radiology Oncology Patient

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