

UC San Diego

Spring 2023 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

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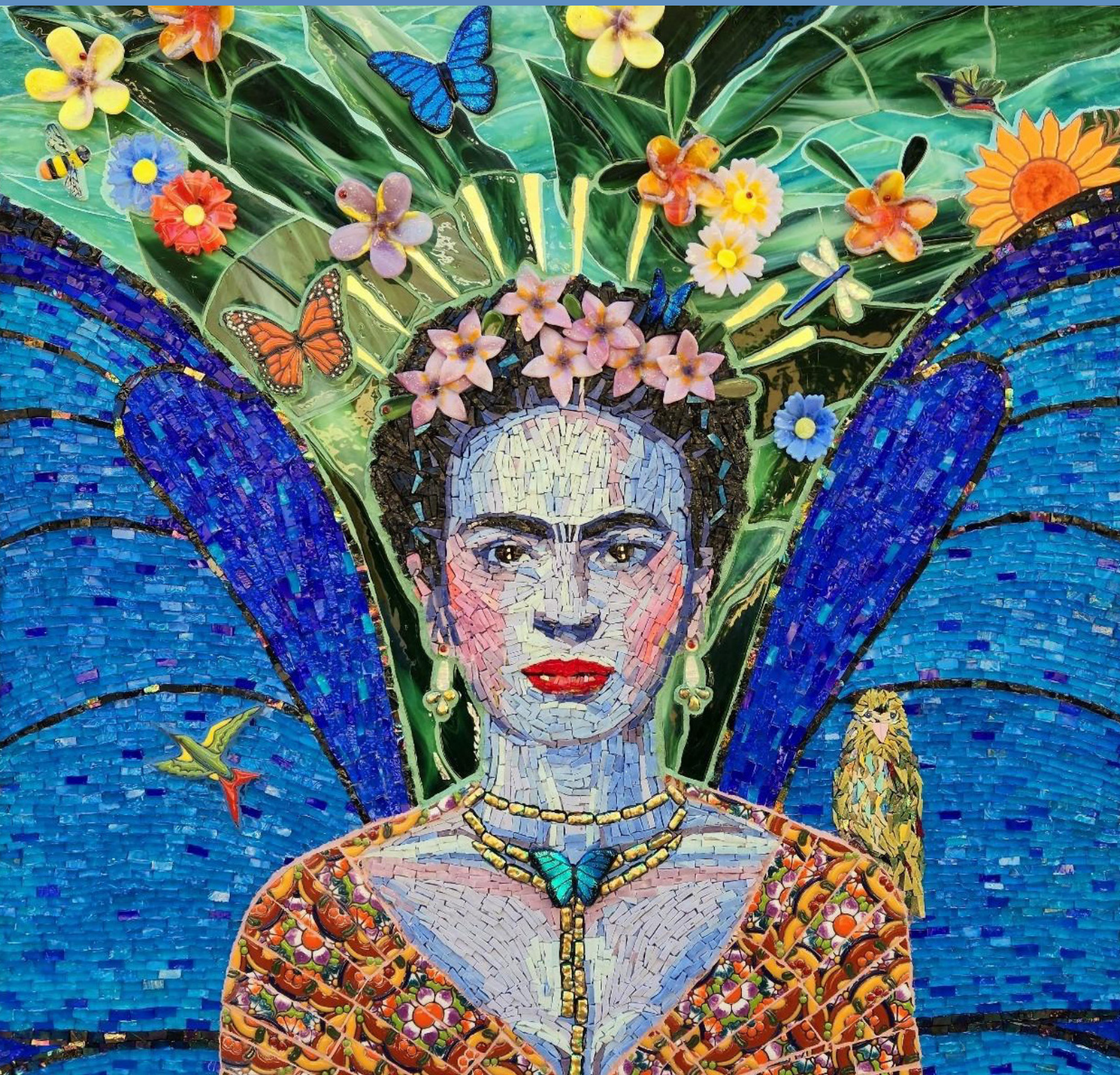
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UC San Diego Health

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SPRING 2023

UNIVERSITY OF CALIFORNIA, SAN DIEGO



The Unique Power of Nursing

SPRING 2023

JOURNAL OF NURSING

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Five Magnet Components

Transformational Leadership

Structural Empowerment

Exemplary Professional Practice

New Knowledge and Innovation

Empirical Outcomes

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSDH. For more information go to our nursing website at <https://health.ucsd.edu/for-health-care-professionals/nursing/about-us/Pages/shared-governance.aspx>



On the front cover:

Rebecca Sauer, RN, CPAN is a nurse in the Perioperative Department at Jacobs Medical Center. She began creating mosaics over 20 years ago, and is largely self-taught. Her latest work, "When I Have Wings to Fly" is a depiction of Frida Kahlo, who endured unimaginable pain in her life. She survived polio, and near-fatal injuries in a bus crash during her teens. These events left her with life-long suffering, which she depicted famously throughout her paintings. Despite these and other obstacles, she led a spectacular and flamboyant life. When faced with having to eventually amputate her leg, Frida retorted, "Feet, what do I need you

for, when I have wings to fly?" Here is Frida, in death, finally showing her wings. Wings are present throughout the mosaic, in butterflies, birds, ladybugs, a dragonfly, and a bee. From her left hand, she lets go of the nails (depicted in her work, "The Broken Column") that impaled her in life. In death, she is finally free.

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Message from the The Chief Clinical Officer

We Care. We Excel. We Celebrate the Uniqueness that is UC San Diego Health

In February of 2023, we were visited by The Joint Commission (TJC) surveyors who appraised our outcomes and care practices for maintenance of accreditation standards. We excelled in our evaluation and exceeded their expectations in almost every aspect of our care. One surveyor even remarked that he planned to retire in San Diego and would surely come to UC San Diego for his personal care given what he had witnessed during the survey. The corrective actions we were tasked with to follow their visit were minimal, in fact the least I have witnessed in all of my years in nursing. In 2022, we were visited by the American Nurse Credentialing Center Magnet surveyors to assess our standing as a center for excellence in nursing, and similar to what was found during the TJC visit, we excelled in many areas, again exceeding their expectations, not just at basic care but at the higher standard expected of Magnet-designated organizations. While other hospitals in the country have stepped back and renounced their Magnet designation because standards were difficult to achieve given the aftermath of the pandemic and the ‘Great Exodus’ of nurses from brick and mortar positions, UC San Diego Health nurses have held their ground. Nurses continue to conduct projects to advance practice and

shared governance continues to thrive. During the preparation for our Practice Transition Accreditation Program (PTAP) accreditation, it was noted that our turnover rates were far lower than the pandemic and post-pandemic national average. Our superb new graduate retention rates are attributable to the collective work of the Education Development and Research department onboarding and preceptor support, managerial process in hiring and stellar preceptorship of our preceptors. Team unity: all nurses welcoming and supporting new graduates during their transition further solidifies the excellent experience of our new graduate nurses. You can read in this issue about the role of our nurse retention specialist, and the work she does to further improve upon increasing retention and reducing turnover. Additional efforts to improve your experience with employment at UC San Diego are featured in the article about our new social justice digital platform created to connect employees who are interested in cultivating a culture of equitable treatment of employees and patients. And, recognizing that burnout is a risk among nurses, we offer one example ripe for replication on how to use personal patient stories to bolster the morale of nurses while reducing burnout.

In this issue of the UC San Diego Nursing Journal, we have collected examples of unique programs. These are just a few of the programs that demonstrate how we rise above the norm to live our tripartite mission of excellence in care, education and research. For instance, we are the only health system in San Diego that provides free professional development opportunities for nurses to obtain skills not only in performance improvement and EBP change but also to build skills in conducting research. Our thriving EBP/Research Shared Governance Council annual conference has co-presented an art exhibit to facilitate learning in a way that no other organization in the country has done. Our nurse leaders provide an example of creative adaptation by developing a one-of-a-kind two-tiered recovery service to improve the safety and outcomes of high acuity patients recovering from surgery. The intensive care unit nurses who voluntarily cross trained to this new area of practice are to be applauded for their flexibility to meet the needs of these vulnerable patients. In this issue, you will read about unique services with electroconvulsive therapy, cystic fibrosis, oncofertility, population health, and pancreatic cancer.

Though we are not perfect, and there is always room for improvement, we have a lot to be proud of at UC San Diego. Our stellar outcomes are because of all of you; directly attributable to your daily contributions to our success. Given that nurses constitute more than 60% of the workforce, you are the backbone to the organization. The way you deliver caring as an intervention, the pride you take in your work, your commitment to deliver cutting edge evidence-based practice is what makes our health system an exceptional place to practice and work.

MARGARITA BAGGETT, MSN, RN
CHIEF CLINICAL OFFICER

UC San Diego Health's Unique Identity

A Different Degree of Care

Authors: Kathryn Hamelin LMFT, RPT-S,
CCLS and Megan Zynkian MSL, BSN, RN,
CCRN

Welcome to the Burn Unit! We are a verified Level 1 Pediatric and Adult Burn Center by the American College of Surgeons and American Burn Association. The unit consists of 8 Intensive Care Unit (ICU) beds, 10 Med/Surg beds and an outpatient clinic. We can provide care that operates 24/7, since burns (like many hospitalizations) happen beyond business hours. The unit is equipped with a hydrotherapy tank room (photo 1) specifically for wound care, a playroom (photo 2), and a pediatric sedation room.

The UC San Diego Health Burn Center is the one and only burn center in San Diego and Imperial County. Our unit routinely admits pediatric patients, who surprisingly are not always admitted for burn injuries. FunFF fact, some of these non-burn admissions are for digit injuries requiring re-implantation and leech therapy. Our unit is the only inpatient unit in which you might encounter caring for an infant and 90-year-old on the same shift.

The American Burn Association recognizes the importance of additional psychosocial support. This support is provided by our multidisciplinary team of psychologists, psychiatrists, social workers, and child life specialists. It is a team effort in caring for these patients, and we are appreciative of the expertise and individualized care each discipline brings to them.

Being in the unique position of caring for pediatric patients in a largely adult centered health system called for the creation of the Child Life Program. This team of four Certified Child Life Specialists at the Burn Center are

graduate level, trauma informed, child development specialists. The program was developed and implemented in 2009 when the Burn Center became verified by the American Burn Association. Since then, we have grown to support our pediatric burn patients and the children of the adult burn patients. Child Life Specialists assist in all aspects of care including accompanying children to dressing changes and procedures in both inpatient and outpatient settings, providing emotional support at the bedside, preparing children for surgery, supporting families through bereavements, and accompanying young burn survivors as they return to school. Additionally, the Burn Center is home to the pediatric playroom which provides our patients with a safe space and the opportunity to be a kid without any worry that medications or procedures will interrupt their play. Allowing children this safe, protected time and space is critical for continued healthy development. *

Whenever people hear that we work in the Burn Center, the reaction

is always the same. Face of utter revulsion, mouth agape and some sort of comment about how unbearably hard the job must be. And they're partly right. Our jobs require us to have an inhumane detachment in one breath while being able to fully support in a calming tone in the next.

We routinely complete abnormal tasks to bring back normalcy to someone's life. We often cause pain to promote healing. I wish I could tell you that hearing patients scream in pain gets easier over time, but it doesn't. Or that seeing a child in pain becomes normal, but it doesn't. Your soul (thankfully) doesn't magically get callused as the years pass. You learn to be a breathing coach and help patients through these agonizing dressing changes. You learn that "fixing" isn't always what these patients need, but just someone to listen and hear them. And you learn that not everyone fiercely protects children the way they should be.

So why do so many of us stay for so long? Easy. It's that 95% burn kid that no one else thought would make it but



Katie Hamelin LMFT, RPT-S, CCLS

started the child life program at Burn Center in 2009. Her background includes a bachelor's degree in social work, master's degree in psychology and she is currently working to complete her Ph.D. in Counseling with an emphasis on trauma and crisis work. She is a Certified Child Life Specialist, Licensed Marriage and Family Therapist, and Registered Play Therapist Supervisor. She has a passion for trauma prevention, grief support, and training child life graduate students at the burn center.



Megan Zynkian MSL, BSN, RN, CCRN

started as a new graduate RN in the Burn ICU in 2011. She has a passion for caring for the unit's pediatric population, which created a quick bond between her and the child life team. She has gone on to become the unit educator and loves teaching others about burns.

you knew in the back of your mind he was a fighter and when he comes back to visit the unit, he practically tackles you to the ground with a giant bear hug. It's the patient who was so afraid of what their scars would look like, who now wears tank tops and proudly shares her story with others. It's the small moments. Taking a patient outside to feel fresh air on their skin for the first time in months. Sitting on the lawn blowing bubbles with a 4-year-old whose mom cannot be with him while he heals because she has an infant at home. It's the relationships you build with these patients, who become family. And it's the coworkers that laugh with you, cry with you and know without question will always have your back. I love the community that comes with building up these patients whose lives were turned upside down in an instant.

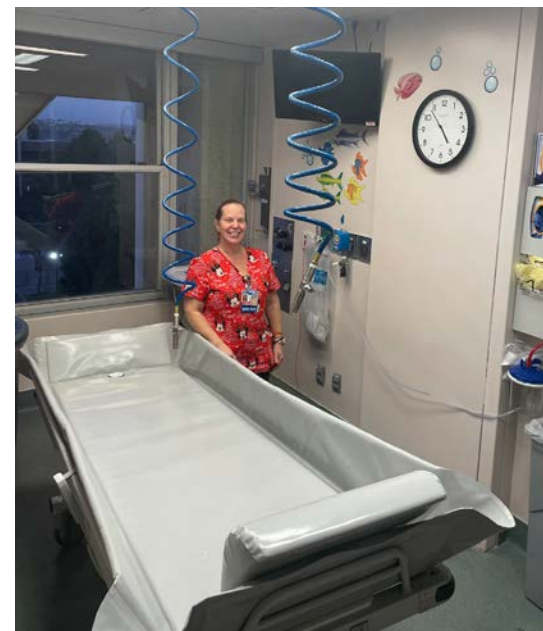


Photo 1: The tank room is where our patients are taken to receive what we call hydrotherapy which is administered by our hydrotherapy technician Michelle Quinones (Pictured below). Hydrotherapy is important to help thoroughly clean wounds and help aid in the healing process.

Photo 2: The playroom on the burn unit is run by our Child life team. This space is more than just a room, it is a safe space for kids to act like kids, participate in medical play before an upcoming procedure and bring some normalcy to their hospitalization. The playroom is staffed daily, allowing for children to visit regularly.



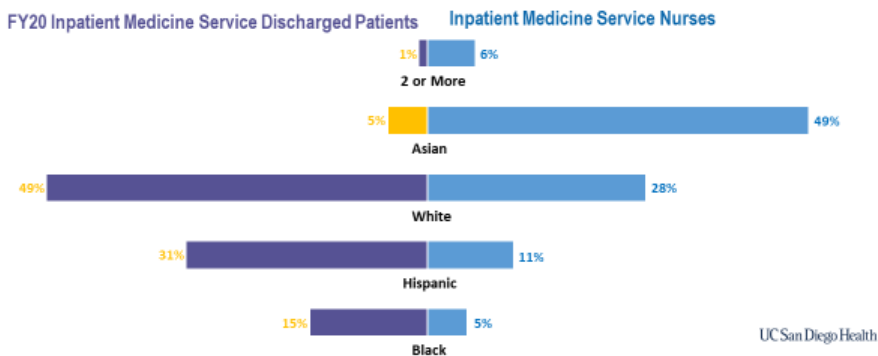
The Unique Diversity, Retention, Equity, Aspire Mentor (DREAM) Student Nurse Externship Program

Authors: Gerard Phillips DNP, MBA, RN, Gwendolyn McPherson MPA, MSN, RN, CNS, Bea Lizarraga MSN, RN-BC, NE-BC, Genesis Bojorquez, Genesis Bojorquez PhD, RN, NE-BC, PCCN

The Future of Nursing Report 2020-2030 by the National Academy of Medicine indicates that the nursing workforce does not reflect the US population. Literature demonstrates repeatedly when patients can see themselves in their healthcare providers, connections are formed that optimize health outcomes (Bonini & Matias, 2021; Gomez & Bernet, 2019) UC San Diego Health (UCSDH), mirrors these conditions with a lack of nursing racial concordance to Hispanic and African- American patients.

Figure 1:

UC San Diego Health does not have adequate representation of Hispanic and Black nurses to meet the needs of our patient population.



Diversity among caregivers is needed to achieve equity and stellar outcomes for all patients.



Gerard Phillips DNP, MBA, RN is the Senior Nursing Director for UCSDH Hillcrest Inpatient Medicine and Surgical Services. Gerard has over 20 years of experience in nursing and healthcare leadership including oversight of nursing, patient flow/capacity management, case management, social work, transfer center, central staffing, lift team, guest relations, interpreter services, transitional telephonic nursing, and transitions of care. He received his Doctor of Nursing Practice in Health Systems and Organizational Leadership from Oregon Health & Science University; Master's in Business Administration from University of Louisiana at Lafayette; and Bachelor of Science in Nursing from Louisiana State University - New Orleans.



Cabiria (Bea) Lizarraga, MSN, RN-BC, NE-BC, nurse manager at UCSDH since 2016. Passionate about service to the community, patient outcomes, and mentoring of staff members. She has been a nurse since 1989 and spent almost half of those years as a nurse leader working in emergency room, outpatient and inpatient units. She is currently a nurse manager for a 45-bed medical surgical/ telemetry unit at UCSDH Hillcrest.

Genesis R. Bojorquez PhD, RN, NE-BC, PCCN is a PhD prepared nurse and Dean's Research Scholar from the University of San Diego Hahn School of Nursing. She received her bachelor's degree, magna cum laude, from San Diego State University School of Nursing, where she was awarded a Centers for Disease Control fellowship and named a CDC Undergraduate Public Health Scholar. As part of her PhD curriculum, she received her master's degree in nursing with an emphasis in executive nurse leadership. Her clinical experience spans multiple health care settings, including acute care facilities, rehabilitation centers, home health agencies, and school-based clinics. In addition to her practice roles in these diverse settings, she is involved in local community health initiatives.



Gwendolyn McPherson MPA, MSN, RN, CNS is the Assistant Nurse Manager for 10 ICUs, one of UC San Diego Health Hillcrest Inpatient Medicine and Surgical Services divisions. Gwen has over 35 years in healthcare, including 20 years as a respiratory therapist and 16 years in nursing, with the past five in nursing leadership. She currently assists with the management of 100 employees, including telemetry technicians. Gwen organized and helped to create virtual education for staff. She is a graduate of the Frontline Leadership Impact. She and her teammates developed the DREAM extern program at UCSDH, which created a pathway for associate degree nurses to join a magnet system. Gwendolyn has a master's in public administration from San Diego State University and a master's with a clinical nurse specialist from Point Loma Nazarene University.

Dr. Gerard Phillips, Senior Director of Nursing at Hillcrest Inpatient Medicine Services (HIMS) challenged his leadership team to review the ASPIRE program at Cleveland Clinic and consider creating a similar pipeline program. Bea Lizarraga, Gwendolyn McPherson, and Dr. Genesis Bojorquez took up the gauntlet and developed a program affording Associate Degree in Nursing (ADN) nurses and students with diverse backgrounds an opportunity to become nurses at UCSDH. After six months working and partnering with local community colleges and universities, the Diversity Retention Equity Aspire Mentor (DREAM) curriculum was developed to address socioeconomic and other barriers faced by students from under-represented groups. ADN programs

have historically acted as a vital pathway for underrepresented groups to enter nursing (National Educations Progression in Nursing Collaborative 2020; Starr, 2010). Candidates are selected after considering students' grade point average, academics, and a written submission that elicits more subjective details about themselves, their ambitions, passions, and experiences. DREAM externs are provided a didactic curriculum, including a clinical nursing preceptorship and classroom instruction of relationship-based care, research, evidence-based practice, and simulation healthcare. Externs are paired with UCSDH nurse mentors, who walk alongside and support them throughout the DREAM experience and likely beyond. These mentors provide guidance, advise, and can be a safe sounding board when needed. They are frontline nurses and nurse leader volunteers currently working throughout UCSDH who have been trained. They are provided with a template to assist mentees in to engage regularly as well as partnering with them in setting and progressing toward their goals.

The first DREAM Program cohort July 2021 was comprised of ten student nurses from Southwestern Community College in the third semester of their ADN program place on HIMS Med/ Surg, PCU, and ICU units in Hillcrest. All ten of these DREAM externs have since enrolled in BSN bridge programs with the majority expected to graduate in 2023. All ten have also successfully passed their NCLEX exam, and nine are working as registered nurses at UCSDH. Currently, DREAM is in its second cohort of eleven nurse externs. Extern opportunities have expanded from Hillcrest to additional units and subspecialties across the organization including Jacob's Medical Center, Trauma, and Surgical Intensive Care.

UC San Diego Health was recently awarded a 2.2 million dollar 5-year grant (<https://indiaeducationdiary.in/uc-san-diego-new-student-program-to-help-address-diversity-gap-in-health-care-industry/>) from the Department of Health Care Access and Information through the state of California to develop health professional pathways for

Inclusion criteria for the DREAM extern program are:

Externs must also meet 2 of the following three criteria:

- U.S. Citizen, non-citizen national, or legal permanent resident
- Underrepresented population in Nursing
- Demonstrate financial need.
- Enrolled in the 3rd semester of Nursing School during the 2022/2023 academic year
- Cumulative GPA of 3.0 or better on a 4.0 scale (as demonstrated by an official transcript)\
- Ability to attend all didactic classroom sessions
- First generation in their family to graduate from an accredited college or university
- Education/Preparation: GPA of 3.0 or higher in associate nursing degree program, and / or enrollment in BSN bridge program. Nurse Aide certification by the state of California. BART or BLS/CPR certification. Demonstrates commitment to lifelong learning.
- Communication in writing is clear, confident and concise. Written communication (as evidenced by questionnaire, cover letter, resume) has minimal grammar/punctuation errors. Resume is presented professionally (no changes in font, poor formatting) and lacks repetitive or unnecessary information and includes relevant experience for a clinical nurse role.
- Clinical Exposure: minimum completion of 3rd semester in nursing program. Experience and exposure in one or more clinical specialty areas, to include diagnoses, treatments, standards of practice and patient/family educational consulting and resources.
- Professional Activities: Applicant participates in activities aligned with nursing professional development and associated with enhancing professional practice

our community. This grant will allow UCSDH to expand the DREAM program to include students from high school up through and including graduate students. The DREAM externship program partners with local high schools, community colleges, state universities, and community faith-based and social organizations to increase exposure and recruitment of underrepresented groups to all the allied health professions. Program will also liaison with existing wrap around service providers to allocate assistance for food and housing insecurities or other barriers to success are addressed.

As acknowledgement that diversity in nursing leads to improved outcomes grows, by optimizing diversity of the workforce through the DREAM program, UCSDH is uniquely positioned in San Diego to address healthcare disparities and

workforce issues, while meeting the demands of our patient population. The DREAM program provides a solid structure for UC San Diego Health to actively increase opportunities for underrepresented nursing students, further showcasing commitment to developing diverse and expertly trained nurses in our region. UCSDH is committed to breaking down barriers, improving healthcare equity, and creating a more diverse nursing workforce.

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Canopy Cancer Collective Initiative

Author: Debbie Soldano MSN, FNP-BC, OCN



Debbie Soldano, MSN, FNP-BC, OCN started her nursing career in 1994 after receiving her Associate Degree in Nursing from Cincinnati State College. She worked in the Mercy Health System in Cincinnati until 1996 when she started working at the University of Cincinnati Barrett Cancer Center with Dr. Lowy. While working with Dr. Lowy, she received her Oncology Nursing Certification (OCN) and her Bachelor of Science in Nursing at University of Cincinnati. She started working at UC San Diego Health in 2007, where she and Dr. Lowy established and grew the GI Surgical Oncology practice at the Moores Cancer Center. In 2013, she obtained her Master's in Science of Nursing at Georgetown University and became a certified Nurse Practitioner.

In 2021, an opportunity presented itself, to our pancreatic cancer team, to apply for a grant from the 1440 Foundation to join the “Canopy Cancer Collective”. This is a 3-year award that supports participation in a learning network of 14 NCI (National Cancer Institute) designated cancer centers across the country with the focus being on improving the care of patients with pancreatic cancer. Canopy’s mission is to “empower pancreatic cancer patients with new hope, treatments and options. People, not simply their cancer, are at the core of our care”. As their mission aligns with our commitment to provide the highest quality care for pancreatic cancer patients at UC San Diego Health (UCSDH), Dr Lowy and I applied for the grant and were chosen to participate.

As way of background, I started working with Dr. Lowy in 1996. Our practice is primarily focused on GI cancers with specialization in the surgical management of pancreatic cancer and rare malignancies of the appendix. Dr. Lowy has dedicated his practice and his research to improve care and treatment for this population of patients. I have also dedicated my time and efforts in taking care of our pancreatic and appendiceal cancer patients for the past 25 years. Tragically in 2015, my little sister, Tammy, was diagnosed with pancreatic cancer. She was not treated here at UCSDH as she lived in the Midwest. The contrast in the quality of care she received outside of our institution was striking to me. I witnessed firsthand the difference that quality, multidisciplinary cancer care makes in a patient’s health journey. And while our experts here at UCSDH (thank you Dr. Lowy, Dr. Murphy and Dr. Bazhenova!) helped

me immensely by providing advice on different treatment options and presenting my sister’s case at our tumor board, she was ultimately under someone else’s care as she went through treatment. I truly know what outstanding comprehensive care means to the patient and their families. I bring a unique perspective to our population of patients through my personal and professional experiences. I understand what it is like to have the wind knocked out of you by this devastating diagnosis. It feels immediately catastrophic, and your world is turned upside down and you feel as though you are spiraling out of control. In my current role as patient care coordinator for our Canopy initiative, I support our patients and their families by providing a listening, empathetic ear, along with valuable



Debbie and her sister, Tammy



Dr. Andrew Lowy and Debbie Soldano, NP

knowledge and expertise to guide them through the initial steps after diagnosis. I feel that the services that I am able to assist them with are invaluable. When a patient calls the cancer center, their information is shared with me. After reviewing their records and any testing they have had, I reach out to the patient regarding their referral to the cancer center. I direct them to the correct physicians for their diagnosis, which may include surgical oncology, medical oncology, radiation oncology, or any combination of these. If the patient is referred for a pancreatic mass without a confirmed diagnosis, I can order various tests that they may need to make a diagnosis prior to seeing the physician. This facilitates the process by making their first appointment more informative as the physician will have all the information that they need to provide informed recommendations. It saves time and can help decrease anxiety for the patient while they are waiting to be seen. It also helps them to get started on therapy sooner. If the patient has a diagnosis of pancreas cancer, I get a history of their symptoms that led up to their diagnosis and can also help address some of those symptoms. We discuss supportive care programs available to them such as nutrition, palliative care and social

work. I can arrange for them to have any further diagnostic testing that may be needed, such as additional imaging or tumor markers. I then discuss how we approach pancreatic cancer care and the treatment options and algorithms we typically use to address their disease. This gives them an idea of what to anticipate at their first appointment. I also discuss what they can expect to experience in these first few weeks as they begin their journey.

Here at UCSDH, we are so fortunate to be supported by administrative leadership that believes in and supports this important initiative. We have created a pancreatic specific tumor board to discuss our new pancreatic cancer cases. Our GI Advanced Procedures department has been phenomenal in getting these patients seen quickly to get a diagnosis and/or to help palliate the jaundice that is often associated with this disease. Dr. Savides, Dr. Chang, Dr. Fehmi, Dr. Kwong and their entire staff have all been champions for these patients. They often can obtain a tissue diagnosis when other facilities have not been able to. We have worked closely with our nutrition services here at the cancer center, facilitated by Traci Roberts who has actively participated in Canopy. We have now achieved 100% access to

nutrition services within a week of the order being placed for our patients. Dr. Kira Skavinski, Associate Director of the Doris Howell Palliative Care Service along with Dr. Kyle Edmonds, have worked with our team to facilitate palliative care appointment slots for this highly complex patient population. Interventional Radiology leadership headed by Dr. Jeet Minocha have worked with our team to prioritize pancreatic cancer patients to obtain port-a-cath placements in a timely manner so patients can start treatment sooner. Our project coordinator and data manager, Shirley Sarno works with me to track and maintain the data on all our UCSDH Canopy Collective initiatives. She is invaluable to this ongoing initiative.

As you can see, many people are involved in one patient's care. Our cancer center is on the cutting edge of technology and maintains a personalized approach that is tailored to our pancreatic cancer patients. As one of our patients who has experienced our care, Jennifer Camacho said, "One phone call to the Moores Cancer Center completely changed the course of my treatment. After speaking with Debbie, she advised that I start my planned chemotherapy treatment and see Dr Lowy after a

couple of months of treatment. Debbie consulted with Dr Lowy as I have Lynch Syndrome. Dr Lowy agreed with the treatment plan but suggested that an immune checkpoint inhibitor be added to my chemotherapy regimen because of my history of Lynch Syndrome. My treating facility did not agree and would not add the medication. I eventually switched my care to UCSDH and was able to see Dr Patel who did add pembrolizumab (Keytruda) to my treatment. Dr Lowy recently performed my pancreas surgery and my pathology report showed a complete response to treatment, all my cancer was gone! I am still in shock! During my treatment, I felt a sense of trust that my care was in the hands of leading experts who truly personalized my medical care and were willing to use the best medicine to save my life."

This is what another pt had to say regarding her experience with UCSDH and the canopy program: "When life delivers a heavy blow a human anchor can make all the difference in maintaining equanimity and giving fortitude for the journey forward. This was my experience with miraculously contacting Debbie Soldano. From the moment I spoke with her, she lifted my spirit and gave me hope.

Through her I got connected to Dr Botta, a most wonderful caring clinical trial oncologist, and learned about the amazing surgeon Dr Lowy, who performs the Whipple procedure. Debbie helped guide me over seeming hurdles, and even advised in numerous questions I had about relocating myself to San Diego to receive the care I was seeking. Through all the emotional rollercoaster rides I experienced in getting to UCSDH to receive world class care, it felt like Debbie was holding my hand. I drew courage from her and felt that I had an amazing ally on a scary journey. I cannot thank Debbie enough for being the wind in my sails, and illuminating a nebulous path with light, love, hope, and good cheer. You are my hero Debbie!"

A diagnosis of pancreas cancer is a frightening time for patients. Arming them with support and information assists them in making decisions regarding their care. It also helps them feel more confident about the difficult path ahead. Our team is always here to support them in their journey toward improved health and we are proud that our patients put their trust in us. We help ensure that no patient ever has to walk that road alone.



Our Core Canopy Team: (Pictured Left to Right) Shirley Sarno, Dr. Andrew Lowy, Dr. Gregory Botta, Debbie Soldano, NP, Dr. Kathryn Gold, Dr. James Murphy

The Novel UC San Diego Research Immersion Certificate Program

Author : Judy E. Davidson DNP
RN MCCM FAAN



Judy E. Davidson DNP RN MCCM

FAAN serves as nurse scientist for the University of California San Diego Health. In this role she supports nurses with project development, research protocol development, presentation and publication skills.

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Background

It all started in 1984, working nights at a community hospital across town. There was a nine-year waiting list to get off the night shift but I was ready for a change. Giving report after having been up all night was a challenge, and the drive home in the morning was becoming dangerous. I found myself frequently falling asleep at stop lights, awakening to the horn of an impatient driver behind me. The only way off nights sooner was to become a manager or an educator. Education seemed like the best option. There was, however, a fly in the ointment. At that time, these positions required a master's degree, which in turn required a research thesis. I had serious doubts about whether I could or wanted to conduct research, it seemed boring and unattainable. I was a clinician, an intensive care nurse, a doer. I didn't mind studying and reading, but the requirement of a research project at the end of an expensive two years of college seemed like a recipe for disaster. If I failed, it would be a waste of both time and money. So, as my first step into my future career path without even realizing it, I decided to test out the whole concept of going back to school by conducting a study.

One of the first nurse scientists in San Diego, Barbara Riegel PhD RN, worked at the same institution at that time. She held the philosophy that anyone could conduct a research project with the right mentorship. The trick was to surround yourself with people who had the skills and knowledge that you lacked, and lean on them for support. I also learned from her that a PhD is not required to conduct research, and with Dr. Riegel's guidance I completed my first experiment. The objective was to assess whether a special technique of feeding

tube insertion could successfully result in migrating the tube past the pylorus without the need of fleuroscopy, the current standard at the time. I had so much fun doing that study that I soon began another to examine whether pulsatile compression stockings generated enough pressure to increase intracranial pressure. The thought had crossed my mind because of the way military antishock trousers (MAST suits) were used to return blood flow to the core of the body. With those two studies under my belt, I had the confidence to go back to school,

enrolled in the San Diego State Intensive Care Clinical Nurse Specialist program and obtained a master's degree. The once dreaded thesis topic was a study to see if the patient could be saved from venipuncture by drawing aPTT samples after angioplasty from arterial or venous sheaths cleared from heparin contamination with seven times the deadspace volume from sampling port to catheter tip.

Following the thesis, I've conducted a steady stream of small [largely unfunded] projects with colleagues, now considered friends, publishing nearly every one. All of these studies were based on clinical or leadership questions generated from practice.

Now, nearly 40 years later, I serve in the nurse scientist role and find myself in the same position as my mentor was back then, carrying the legacy of her philosophy that no specific degree is necessary to conduct research. In 2021, though, despite active and ongoing mentorship I was challenged by Heather Warlan PhD RN to create a formal program for research. Her cogent undeniable argument was that we had the Evidence-Based Practice Institute to teach nurses how to conduct EBP change projects, and the Transformational Health series to teach nurses how to conduct performance improvement projects, but no formal program for how to conduct research. After some serious thought and introspection, the UCSDH Research Immersion Certificate Program was born. The program is intended to teach basic concepts to healthcare professionals conducting their first research studies. Though focusing on the novice, experts often join in the fun to serve as content experts or to learn a different form of research than they have done in the past.

The Method

Have you ever noticed how busy clinicians attend classes that they fit into their crowded schedules, often half-asleep or double tasking through the program (to the dismay of the instructor) and then fall short of applying what they learn later? An example, I once tried to hold a publication workshop. People signed up, and the class was quite full. They dutifully attended the series where all of the best techniques and processes for

publishing a paper were taught. They appeared to enjoy the class and scored the evaluations highly, but not a single participant published an article as planned. I was crushed, but learned a lesson. From there I created a training program for how to write test questions, noticing that tests used in the clinical setting often violate test-writing standards. Poor test question development cannot be relied upon to measure knowledge. The curriculum contains content delivered in what is hoped to be an engaging format either live or by video. At the end, participants are asked to write one test question using the evidence-based test-writing standards they just learned. The question is emailed to me to assess the student's understanding and application of the information taught. The biggest takeaway from this course? People who complete the program are not able to apply the standards taught when writing their own test questions. They need to be precepted with the skill. Further, in the 15 years serving as faculty in the Evidence-Based Practice Institute, I've witnessed what participants really need and want: proctored guidance at each step of the process in the moment when the skill is being used. Habits are hard to change if direct, continuous feedback and support are not provided. Translating the skill into practice requires active (not passive) mentorship.

With these lessons in mind, the new [UC San Diego Research Immersion](#)

[Certificate Program](#) is grounded in [Knowles Learning Theory](#); people learn best by doing. With that, there are no didactic classes; no classes and no pre-requisites. All are welcome.

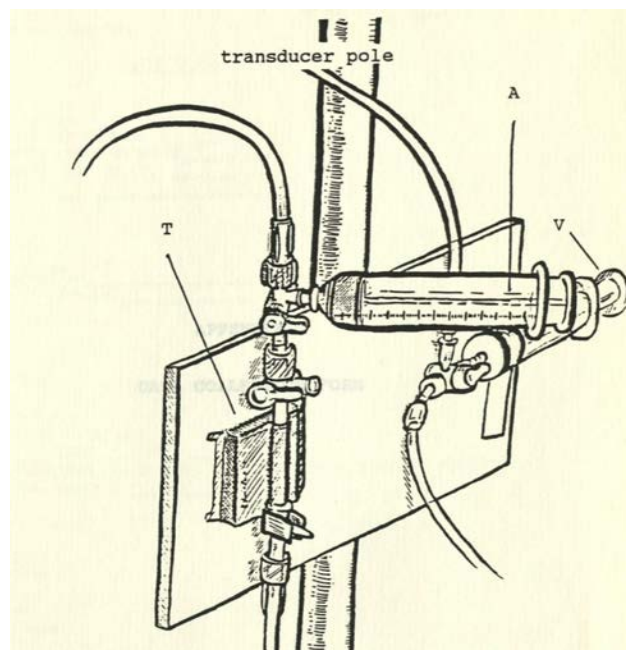
Formula for Success

The formula for success has been honed by many years experience. Enrollment into the Immersion Certificate Program is 'rolling', with no set start date. At any time that a team is formed they may begin the process. For further flexibility, the meetings are held virtually using Zoom. The team answers a research question they are personally interested in. Participants can bring the topic to the program and have support recruiting a team, participate with a team already assembled, or join a sub-study of a previously approved research project that is open to more team members. Students or clinicians of nursing, medicine, pharmacy or chaplaincy may be blended together to construct a team, enriching the experience and learning from the diversity of perspectives. Content experts are recruited as needed, whether within or outside of the organization. Content experts receive a certificate of honor for their mentorship activities. Participants with statistical expertise often volunteer their time in return for authorship as a part of the research team.

Once the team is formed, meetings are held weekly at a mutually agreed upon time and location. After the first

Figure 1:
Blood withdrawal assembly

Figure legend: Drawing of blood withdrawal assembly used in one of the first studies conducted in 1990 to test whether clean coagulation samples could be drawn from indwelling catheters containing heparin. T = transducer. A = arterial catheter. V = venous catheter. Drawing by Diane Moore RN.



meeting, a team leader is recruited. This point person will then meet with the program director to help set the group agenda, as well to provide the foundation of support and guidance throughout the process. It is the leader's responsibility to organize the meetings, make sure documents are easily accessible, and monitor progress to ensure milestones are achieved on-time. The team leader also edits the final paper to ensure a cohesive voice throughout. Many hands do make light work. In return for their hard work, the team leader receives a special certificate of honor for leadership and is designated first author on the manuscript.

A word is necessary about research and the intent of publication. Some people want to complete the project but are less enthusiastic about writing or publishing a paper. Those who were studied, interviewed or involved in experimentation deserve to have their time honored through attempted publication. Also, even if results of a study do not support the original or hoped for outcomes, it is equally important to report a technique tested that was not successful so that it can be improved upon or avoided in future studies. Participants gain the benefit of learning both sets of skills; how to conduct a research project and how to write a manuscript for publication. Given this, the certificate of completion for the Research Immersion Certificate Program is generated at the time the manuscript is submitted for publication. Since there are generally four to six people on a team, writing one section of a 10-15 page manuscript is definitely doable. The words on the paper become knowledge when published. Through participating in the program you will generate new knowledge.

Life Cycle and Time Commitment

The life cycle of the project varies depending on study complexity, usually three to six months from inception to submission of publication. Weekly meetings pause while the manuscript undergoes peer review. During this time social media blurbs are prepared in preparation for publication and the team organizes an approach to submitting abstracts for internal, local

and national conferences. Mentorship is also provided in presentation skills as abstracts are accepted. The project team will touch base as needed through the publication process. Two rounds of manuscript review and revision are anticipated with publication approximately one year to 18 months following the start of the process. By the end of this process where strangers once met to conduct a research project, lasting relationships have formed with like-minded colleagues.

Outcomes

Between 2021 and 2022, 18 projects were conducted by 52 participants; 11 completed with manuscripts submitted with 8 publications to date, 6 projects in progress. Ten participants repeated the program, expanding their role from team member to leader. When surveyed, all respondents would recommend the program to others, felt welcome, and reported feeling that their input was valued. Sense of belonging to the organization, a social justice measurement of inclusion, increased significantly (scale 0-10, mean pre 5.9, post 8.4, $p < 0.05$). Comments reflect that though novices may at first feel intimidated, the support through the process eased their fears. Blending disciplines created a sense of teamwork and comradery. Just as happened to me many years ago, I've witnessed those conducting their first studies build the confidence needed to further their education often at the doctoral level.

[Click here to hear an example of the report of a completed project.](#)



This project was conducted by Marcus Richardson RN, now a UC San Diego new graduate nurse, who led the project during his time assigned on rotation to UC San Diego for an externship. After conclusion of his first study he is now involved in a second study on another team.

Conclusion

The UCSDH Research Immersion Certificate Program is a novel concept designed successfully to cultivate nursing engagement in research and publication. Though created for nurses, the program is valued by participants of a variety of disciplines.

Contact jdavidson@health.ucsd.edu for more information

Project lifecycle:

- Identify: team, project leader, concept of study, study design, division of duties, meeting schedule, shared site for documents
- Conduct literature review, select target journal, write introduction
- Create manuscript outline and write introduction
- Write the research protocol, submit for approval
- Acquire data, analyze data, draft manuscript, submit for publication, revise
- Dissemination of findings through presentations
- Publication and social media marketing to announce the arrival of new evidence

Art as a Way of Knowing: The UC San Diego Art Program

Authors: Judy E. Davidson DNP RN MCCM FAAN, Nurse Scientist, UC San Diego Health and Jaclyn Russe BSN, RN, CCRN, CPTC, Organ Procurement Coordinator, Lifesharing

Art Co-Director, UC San Diego Health EBP/ Research Shared Governance Council

Though not an artist myself, I have always had an appreciation for art. Specifically, I've admired the power that art has to aide in communication, create emotional energy and heal¹. Many years ago, at another organization, I instituted a poetry program. The purpose was to offer praise, recognition, and raise awareness for exemplary caring practices. The volunteer poets utilized a process of poetic transcription to create poetry using content from interviews conducted with nurse of the year nominees and their colleagues. There were approximately 20 nominees each year. At the annual luncheon to celebrate their achievements, each nurse's poem was read by an executive in front of an audience of their friends and family while the nurse's picture was shown on the screen. The collection of poetry also served as a living legacy of the real-world execution of Sister Simone Roach's caring model in practice². The entire experience was very powerful. It was so loved that it that carried on for many years after my departure and transition to UC San Diego Health.

During orientation to UCSDH



Judy E. Davidson DNP RN MCCM FAAN serves as nurse scientist for the University of California San Diego Health. In this role she supports nurses with project development, research protocol development, presentation and publication skills.



Jaclyn Russe BSN, RN, CCRN, CPTC is a registered nurse and organ procurement coordinator with Lifesharing San Diego. She has been a critical care nurse for over a decade with time spent in the ICU, PACU, trauma, flight, and the US Navy. Her love of art started at a young age watching her grandmother paint. She is so happy to now get to share that love with fellow nurses and watch it convey emotions that may be otherwise hard to express.



Figure 1:
"A Tribute to our Past"

in 2013, I noticed an absolutely stunning collage in the office of a new colleague. The artwork was of a nurse in traditional white attire entitled "A Tribute to our Past" [Figure 1].

I was incredibly moved by the piece; transformed by its beauty. I couldn't take my eyes off of it for quite some time and eventually struck up a conversation with the nurse who occupied the office, Linda Lobbestael, RN. Linda serves UCSDH as a professional development specialist, but she is also an artist and had created



Figure 2:
See Me
Melissa (Missy) Meehan RN

the piece herself. We talked about the artwork, and her passion for using art as a way of knowing. At that moment it occurred to me that it might be possible to create a program at UCSDH similar to my previous poetry project. However, instead of focusing purely on poetry, the program could be expanded to a more well-rounded display of artwork that encompassed a variety of mediums. Together, we brainstormed and finally landed on using art as a way of knowing, with intention, at the annual Evidence-Based Practice/Research Council-sponsored Inquiry and Innovation Conference.

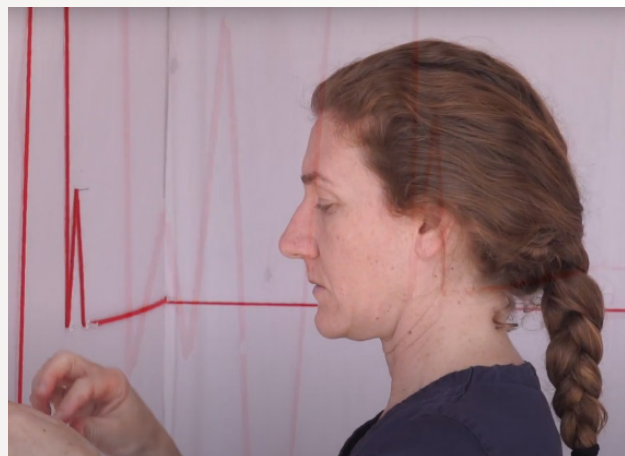
The structure for the art program was designed by Linda and it has endured the test of time. Since 2013 a call for art abstracts is solicited each January. Artists can be of any background. They write an abstract similar to the abstracts that are submitted for projects. The meaning behind their work is referenced/cited and is educational in nature. During in-person conferences, an art exhibit is created in the lobby and foyer of the event hall. Several artists also provide podium presentations. It is nearly impossible to narrow down the selection to insert in this article, and we apologize in advance for not being

able to show them all. The larger than life set of three paintings by Melissa (Missy) Meehan RN, “See Me” reminds all of us that the daily tasks we perform as healthcare workers are not the whole extent of our caring practice. Instead, to truly “see” a patient is to form a caring relationship that allows them to feel seen and connected with another human. [Figure 2]

Another unforgettable piece, made even more memorable by its unique viewing booth, was a [video](#) created by Laurel Prince MSN, RN [Figure

3]. The emotional video illustrated the burden that nurses bear in the workplace with work compression. The video was shown in a dark booth that the participant walked into and watched on a screen. Dramatic images of a nurse struggling to keep up with her work were depicted, culminating in a poignant call to focus on self-care as a matter of self-preservation. Later, the American Nurses Association published the link to the video in their electronic journal, *American Nurse Today*.³ Laurel has moved on

Figure 3:
Laurel Prince RN in video regarding self care.



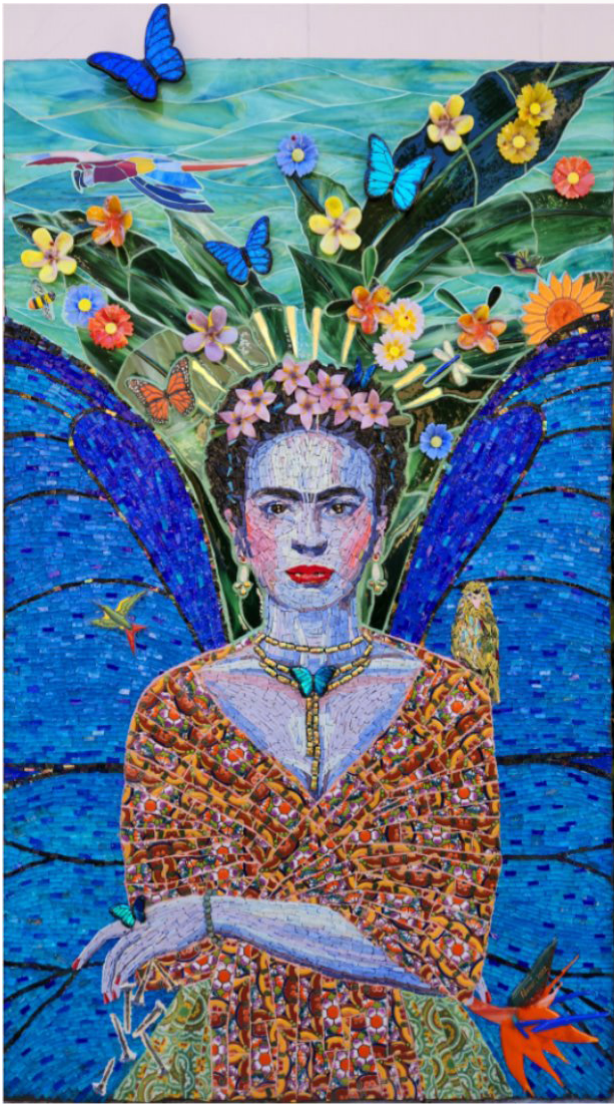


Figure 4. You can hear Rebecca's presentation of this award-winning artwork here: <https://www.youtube.com/watch?v=fsCzWLtYj2c>

from UCSDH and is now a nurse in Washington state. Prior to her departure, she served on the Clinical Practice Council and was the originator of the STARFISH mnemonic, the framework of our professional practice model for many years. [Figure 3]

Each year, one piece of art is awarded the People's Choice Award by a vote of the conference participants. Rebecca Sauer RN has been awarded this honor multiple times. Her large mosaic pieces take nearly a year to make, are sold in art galleries and can be seen in her online [site](#). One of Rebecca's most poignant winning pieces was a large mosaic of the famed Frida Kahlo [Figure 4]. The piece represents Frida's transition from a painful life of suffering to an alternative life full of joy and freedom. Rebecca used Frida's inspirational story to personally

help her move through the pain of experiencing the COVID-19 pandemic and back into the world of creating art. [Figure 4]

In addition to artists who sell their artwork, many of our artists have also published their work in professional peer-reviewed journals. Linda Lobbestael, who originally co-developed the UCSDH art program, had her artwork featured on the cover of *American Nurse Today*, where it was awarded "People's Choice Award" [Figure 5].

American Nurse Today [[https://](#)

Figure 5



www.myamericannurse.com/suicide-among-nurses-might-hurt-us/) included the story behind the artwork, developed to portray a nurse suffering from depression, in an issue dedicated to nurse suicide and suicide prevention⁴] Sara Pai RN NP also had her acrylic painting featured on the cover of American Nurse Today in another issue featuring information on nurse suicide.⁵ [Figure 6]

Carrie Hudson Curcio Administrative Assistant' "Matters of the Heart" [https://www.carriannahudson.com/] pays homage to the classical anatomical depiction of the heart while utilizing caring words to describe each area of the heart, the piece was published in Critical Care Nursing Clinics.⁶ [Figure 7]

Jeremy Passion RN's 'Portrait of a COVID nurse' [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7457917/] shows a nurse whose face is marred by long-term masking. The piece was published in an editorial written about the research conference and art exhibit⁷ [Figure 8]

With virtual conferences, the



Figure 6

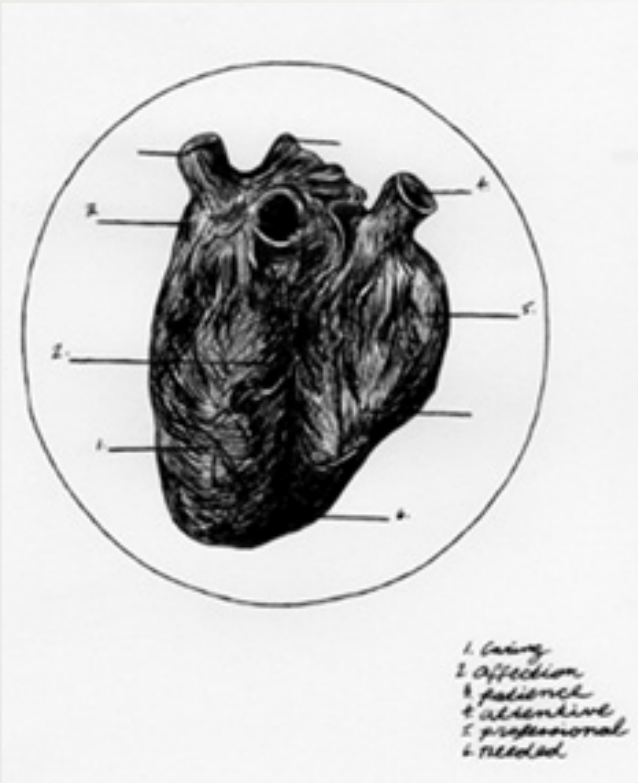


Figure 7



Figure 8

artwork is displayed both in picture format in the syllabus and during oral presentations given by the artist while they describe their work. Though an in-person up close and personal experience with art is preferred, the videotaped presentations about the art can be quite moving. After listening to Scott Deleuw's presentation about his multimedia collage "The Shell" (Click to listen) a conference participant commented, "I feel like I just had soothing therapy".

Combining art with research, evidence-based practice, and performance improvement presentations has been a great success. Each year, nearly 100% of those in attendance would recommend the program to others. Often participants comment that the most important lesson they learned during the conference was derived from an artist's presentation of their work. We believe we are the only team of nurses in any organization using art as a way of knowing in this manner.

Exceptional Advances In Nursing Practice

Labor and Delivery: The Happiest Unit On Earth?

Author: Brooke Sanchez, MSN, CNL, CPLC, RNC-OB

The Labor and Delivery (L&D) units at Jacobs Medical Center and Hillcrest delivered 4,362 newborns in 2021 and have seen an approximate 10-15% increase in delivery volume annually over the past five years. The units are on par to deliver more than 4,500 by year's end. The nurses and physicians work hard to support parents through labor and birth, sometimes lasting days, not always going as planned, but always with the goal of helping families make lifelong memories of one of the best days of a parent's life. A lesser known experience, occurring an average of 30 times annually, on the L&D and NICU units is when parents do not get to bring their newborns or infants home with them. There are a multitude of reasons this could happen, ranging from preterm delivery, life-limiting diagnoses preventing survivability beyond birth or the short period following, unknown causes resulting in stillbirth, or for very personal and difficult decisions made by parents, to name only a few.



Brooke Sanchez, MSN, CNL, CPLC, RNC-OB, one of the Labor and Delivery/ Postpartum Nurse Managers at Jacobs Medical Center, began her career at UC San Diego Health as a new graduate nurse in Labor and Delivery in 2014. Supporting patients through the vulnerable and beautiful journey of labor to achieve their desired birth experience is what motivated her to the field of nursing. She also found a special place in her heart supporting patients through the difficult journey of navigating excruciating loss, ensuring they feel safe, supported, unjudged and educated through their experiences. Now as a leader on the unit, she hopes to impart this passion to others through education and training and ongoing process improvement opportunities.

Patient Experience/Case Presentation

Stephanie, a 32-year-old at 29 weeks and 2 days pregnant, woke up in the middle of the night following a busy day at work and realized she wasn't feeling her baby move and really hadn't felt him move all day. She called the L&D unit and was advised to come to triage right away for evaluation. Stephanie and her husband arrived and were quickly escorted to a room. The experience and intuition of the triage nurse helped her recognize the need for quick evaluation. Normally external fetal monitors are used to assess the fetal heart rate. In this instance, the triage nurse alerted the OB provider prior to their arrival and had an ultrasound machine ready at the bedside. The ultrasound allows

for both audible confirmation and quick visualization of the flutter of the fetal heartbeat rather than searching for it externally without a visual cue.

The silence heard in that moment was absolutely heartbreaking - not only to the parents but to the entire care team in the room as well.

Shock and disbelief their baby died were consuming. Ample time to process and ask questions was given to the grieving couple and eventually a plan to induce labor began. The nurses spent the next two shifts trying to prepare the couple for what to expect at delivery, answering as many questions about what their baby might look like, if there were cultural or religious practices to consider,

When people think of Labor and Delivery, they typically associate it with working in one of the happiest units in the hospital, and for the most part, this is wholly accurate. People come to our unit to celebrate life and welcome new members into their family. Some people even come to deliver newborns they have carried for months allowing others to become parents following a journey of infertility or other pathway to parenthood. Lately at UC San Diego Health, the Brahms' lullaby seems to be chiming non-stop. The patients are actually the ones who get to push the button when they are leaving L&D to transfer to the Postpartum unit or are discharged home from the Birth Center.

One of my favorite Brahms' memories is allowing a long-term antepartum patient at Hillcrest, who spent weeks on our unit - admitted for preterm labor, trying to remain pregnant following her last chance at in vitro fertilization - to finally push the Brahms' button when she went to visit her twins for the first time in the NICU. She shared with me she spent weeks in her hospital bed listening to that lullaby, signifying new life, and hoping



encouraging them to hold their baby, make memories with him, dress him, take photos of and with him, bathe him. They provided the couple with grief resources, books, online forums (many of which are recommended by other parents active in the NICU & L&D Bereavement Committee).

After fourteen hours of labor, Stephanie delivered her son and was too afraid to look at or hold him. To help reassure the couple, the nurse asked if they had chosen a name and Stephanie quietly replied, Jacob. She assured the couple Jacob was beautiful and had her nose, which helped ease the sense of fear present in the room. Stephanie reached for her son and held him on her chest. Her husband leaned down to kiss his wife's head and the nurse captured the moment with a camera. Many other

memories were captured, and their nurse also took beautiful footprints and handprints of Jacob. These precious mementos were placed in a flowered keepsake box along with a satin blue ribbon measuring the length of his body, the hat and blanket he was swaddled in, and several printed black and white photos of Jacob and his family.

The nurse brought in a small cart (Comfort Cart) along with a beautiful letter written by a former NICU family whose daughter spent time there before the difficult decision was made to withdraw care due to her life-limiting diagnosis. The letter shares how meaningful and important this time can be for grieving and healing as experienced by fellow grieving families. Inside the cart were many items for the family to make their own memories with Jacob - story books,

hats and swaddles, handprint molds, and more. The nurse also offered them the Cuddle Cot - a cooling blanket to help slow tissue breakdown - to wrap Jacob in so they could hold him a little longer. The nurse left them with assurance she was there if they needed her, but they had as much time with Jacob as they liked. After several hours, the couple was ready to say goodbye to their son and their nurse thoughtfully swaddled Jacob and took him from the room.

Stephanie was still a postpartum patient; however, remaining on a postpartum unit, with crying newborns can be a triggering experience and efforts were made to transfer her to a quiet room. She was discharged as soon as she was medically stable, less than 24 hours following her delivery.



MEMORY BOX CONTENTS:

- *Photos*
 - *Blanket/Swaddle*
 - *Hat*
 - *Handprints/Footprints*
 - *Wristband*
 - *Measurement Ribbon*
 - *Signed Card from Care Team*
-



nothing to say, but doesn't want to be alone are skills above and beyond what could ever be taught in a classroom. It takes special people to do this special work and we are incredibly fortunate to have so many of them working as part of our team. One of the many things they are exceptional in doing is helping these families make lasting memories with their babies to help remember them forever, which is integral to their grieving and healing journey. It truly is an honor to recognize the work they do.

At UC San Diego Health, the NICU and L&D units take great pride in working together to ensure we maintain a robust bereavement committee consisting of physician, nursing, social work, lactation and former patients working collaboratively to provide up to date resources, training, policies, support and so much more. Never have I seen patients who have experienced such loss be so involved in giving back to help others, by donating their time, resources, experiences, and stories to try to make another's journey a little less painful. They add to the depth of compassion and experience of our interdisciplinary team who seek out their own opportunities to remain educated in best practices to ensure quality patient care. This team continually goes above and beyond to support and care for our increasingly complex and growing number of families in need of their expertise.

*All names have been changed to protect privacy and approval for the use of photographs has been obtained.

she would have the opportunity to push it herself one day. It was truly an honor to watch her push the button...twice. It also reminds me of how fragile life is and how many parents do not get the opportunity to do so. It breaks my heart every time we experience a loss on our units - but what restores me are the amazing nurses who work here, caring for and supporting these families during their initial stages of grief, doing so with compassion and grace, capable of setting aside their own emotions to help these moms and dads navigate through a delivery they never imagined they would face. Their ability to explain and answer questions about what to expect, dispel fears of the unknown, offer emotional support and sometimes just hold space with a patient who has

Population Health: A Team-Based Model of Care

Authors: Eileen Haley, MSN, RN, CNS, CCM, Samantha Madonis, MSN, RN, Holly Smith, MSN, RN, CNE, Lindsey Pierce, MSN, RN with contributions by Population Health team

For the past 5 years, UC San Diego Health (UCSDH) Population Health Services Organization (PHSO) has been working to expand care coordination resources to primary care providers (PCP) and our patients. The catalyst for this expansion was the result of the changing reimbursement landscape from a fee-for-service structure to a value-based care model. This payment model shifts the expectations of primary care providers to an outcomes-based model, with emphasis on total cost of care. Value based care focuses on reducing avoidable and unnecessary events through comprehensive care planning, improving access, and close patient follow-up, measuring patient outcomes, and meeting national HEDIS quality metrics outlined by the National Accreditation Quality Assurance (NCQA). As Margaret O’Kane, President, NCQA, states, “Population health is a model of care that strives to address patients’ health needs at all points along the care continuum, including the community setting, by increasing patient participation and engagement, and targeting interventions.” Knowing that providers cannot do it all, a team-based approach was employed in order to augment the provider’s capacity and help their patients get the right care, in the right place, at the right time.



Eileen Haley, MSN, RN, CNS, CCM is the Director for Population Health team. Over the past six year she has worked on building the Population Health team and is honored to be on this team helping to create innovative approaches to improve health care for all. She has many years of nursing and case management experience and enjoys mentoring future nurses and leaders.



Samantha Madonis, MSN, RN has been with UCSDH Population Health Digital Health since we started the program. She has been an asset to the program and has helped grow our patient engagement in digital health tools, specifically with patient show have Hypertension.



Holly Smith, MSN-Ed, RN is the Population Health Clinical Nurse Educator. She joined the Population Health efforts two years ago with 24 years of broad patient care and clinical operations expertise to expand nursing student experiential learning opportunities, meeting the new core competencies of professional nurse education while driving positive outcomes for UCSDH patients. She enjoys using innovative teaching strategies to build effective programs for staff education and incorporating principles of lean healthcare.



Lindsey Pierce, MSN, RN, CCM is the Assistant Director of UC San Diego Health's Population Health Complex Case Management and UCSDH at Home Programs. Lindsey is an experienced leader, skilled in the use of functional evidenced base care, Accountable Care Organizations (ACO's), Value Based Care, applied lean Six-Sigma techniques and the use of innovative technology. Lindsey has led payer and provider based programs aimed at improving quality, reducing cost of care, and improving the patient and provider experience. She is certified in Case Management through the Commission for Case Management and holds a Master's degree in Nursing Administration. Lindsey is a San Diego native and has a passion for bee keeping, animal rescue and open ocean swimming.

The Population Health Team Provides a Menu of Resources

Housed within PHSO is the Population Health team, consisting of nurses, social workers, advanced practice providers (APPs), physicians, medical assistants, care navigators, and digital health coaches. The team supports patients and providers in a myriad of ways under six (6) key programs which include; quality team for care gap closures and performance tracking with targeted campaigns, student nurses for clinical rotations, utilization management for HMO contracts and member authorizations, post discharge team for support from hospital and skilled nursing facility to home, disease management team for digital health monitoring and coaching, and telephonic and in-home provider visits for high risk seniors. For each program, providers refer to nurses and they are the first touch point for patients who are offered a menu of resources based on the patient's needs and goals. This menu may consist of simple reminders for lab and cancer screenings to providing outreach and tools to help with blood pressure, hypertension and mild depression to offering complex care management services. Other resources include patient outreach post discharge to reinforce discharge instructions and medication education and secure



UCSD at Home: Janet Davis, NP 2021. [Home visit.](#)

community resources. In addition, specially designed for our more complex vulnerable patients, we offer our UCSDH at Home services. UCSDH at Home uses an interdisciplinary approach and consists of a small team of APPs and physicians who perform in home visits throughout San Diego with the support of nurse case managers, social workers, and medical assistants. This interdisciplinary team works with primary care providers, palliative care, behavioral health and community partnerships to coordinate the patients care across the continuum. The UCSDH at Home team focuses on our highest-risk senior patients and provides in home vaccines, medication management and comprehensive care planning to help meet patient's medical, physical and social needs. UCSDH at Home are the eyes and ears for primary care providers helping to keep their most vulnerable senior patients safe in their home. In addition, and in some ways a benefit of the COVID 19 pandemic, student nurses who had to find alternative clinical assignments from the hospital setting found a home within our Population Health teams. Population Health provides a robust training ground for students, offering nursing student cohorts daily engagement in a variety of population health initiatives with core learning modules for training and direct patient outreach, with oversight.



Population Health leadership team. Left to Right: Ken Bychak, RN, Victoria Harris, MPH, Eileen Haley, RN, Melissa Gellman, RN, Nancy Renshaw, RN, Melinda Perias, RN, Holly Smith, RN, Allison Kretchman, RN student, Anna Mekhed, RN, Parag Agnihotri, MD (missing Lindsey Pierce, RN)

A Snapshot of the Impact of Population Health

Despite being a relatively newer program, Population Health has demonstrated considerable success already and continues to adapt and grow based on the needs of its patients. Samantha Madonis, a Digital Health RN Care Manager, shared this snapshot of a patient's journey to illustrate the menu of services and the impact of Population Health programs:

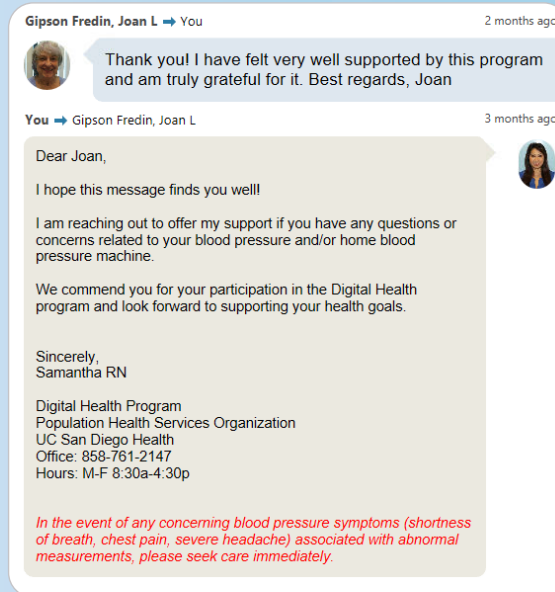
Joan is a 74 year-old female living with osteoarthritis of both hips, for which she was planning hip replacement surgery for the spring of 2021. Unfortunately, in April 2021 Joan suffered from a stroke before she could have the surgery. Not only did she have residual weakness after the stroke, she had chronic conditions specifically poorly controlled hypertension, excluding her as a candidate for the surgery she needed. At the time when Joan enrolled in the Digital Health and UCSDH at Home programs after her stroke she was being followed by 3 specialists, considered high risk with multiple comorbidities, and had 3 hospital admissions over 2 months. Joan opted to enroll in our Population Health programs in August 2021 where she received ongoing follow-up and care coordination. A nurse-led team worked closely to achieve blood pressure control, pharmacy was included to

optimize her medications, and a nurse practitioner performed intermittent at-home visits in collaboration with the PCP and initiated home physical therapy with the goal to mitigate potentially avoidable events and help her progress safely at home.

Through dedicated engagement, the next 6 months proved that team-based care leads to successful, measurable, and achievable outcomes. Joan was able to regain her strength, improve her mental well-being with the additional supports from the team. The Digital Health team provided her with an at-home blood pressure cuff that transmitted directly

to Joan's Electronic Health Record which demonstrated her progressive blood pressure improvement from 160's/100's to below 130/80. This allowed Joan to schedule her hip surgery in October 2022. She no longer needs all the services that she was receiving from UCSDH Population Health but continues to take and transmit her blood pressure readings and knows that the team is a phone call away.

Joan is very appreciative of the care she received. Below is one example of the type of communication and follow up between her and our RN Care Manager:



Commercial HMO achievement at or above the 90th percentile in the Clinical Quality Domain



Medicare Advantage providers earning an overall star rating of 5 or 4.5 stars against national benchmarks established by CMS

One of the nursing student rotations from Azusa Pacific University with Holly Smith, Population Health Nurse Educator



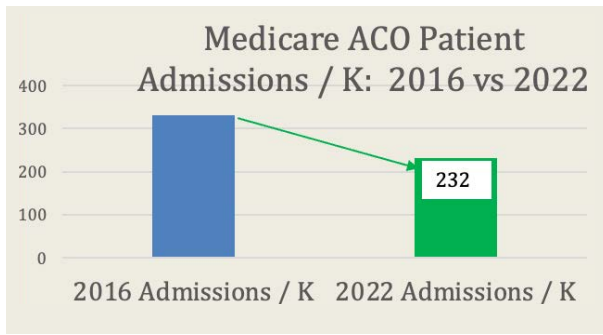


Figure 1

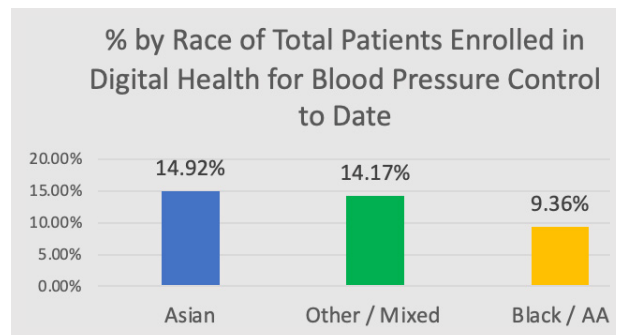


Figure 2

In summary, over the past five years, our Population Health nurse-led team has developed innovative programs to support providers and patients by offering a menu of services to support the right care, at the right time with the right patients. Population Health's North Star is the Quintuple Aim which includes improving population health, enhancing the patient care experience, reducing costs, improving quality, all with a focus on health equity. Building this infrastructure to complement existing teams and build value based care is a work in progress. Thanks to this partnership with UCSDH providers and clinics, we have seen improvements in many areas, most notably reducing unplanned admissions for senior patients (Figure 1), and improved blood pressure control from 64% to 72% (Figure 2) and diabetes bundle control from 29% to 43% (Figure 3). Moreover, we have achieved a 5 STAR quality rating for our Medicare patients and have been in the top 10% for quality in California for our commercial patients (Figure 4). We owe a special thank you to our CMO, Dr. Parag Agnihotri, whose support of nursing practice and the vision for Population Health, grounded in evidence, is helping many UCSDH patients have healthier days at home. Using a data driven approach we continue to grow nurse-led initiatives to improve care to all our patients in their homes in partnership with leadership, providers, clinics, pharmacists and our amazing analytics and EPIC team.

Figure 4

Be There San Diego: DM HbA1c Control by Group and Race/Ethnicity

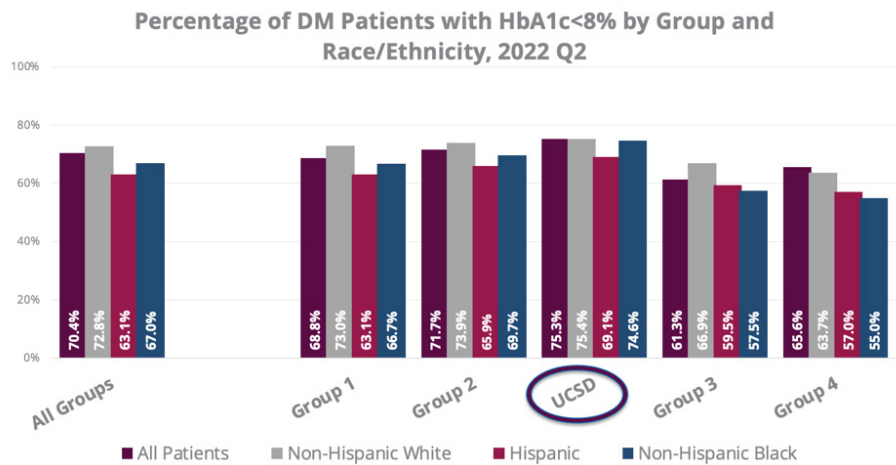


Figure 3

UC San Diego Health
POPULATION HEALTH SERVICES ORGANIZATION (PHSO)

Population Health Top 10 Measures

END-OF-YEAR OUTCOMES FOR CY2022

Top 10% in Clinical Ambulatory Quality in California among 180 Medical Groups

Cervical and Colon Cancer Screenings

7,000 additional screenings across our primary care population

Depression Screening

82% of patients were screened

Advanced Care Planning

7,000 more patients have a current care directive filed with UC San Diego Health

Days at Homes

Seniors spent **more days** than expected at the hospital **rather than in their own homes**

Avoidable ED Visits

Reduced emergency department utilization by patients receiving cancer care

Influenza Immunization

5,000 more immunized individuals across our population

Diabetes Bundle

15% improvement affecting **1,200 additional patients**

Achieving this measure means patients meet targets for A1c, Eye Exam, Nephropathy AND Blood Pressure Control

Fertility, Oncofertility, and Endometriosis: Nursing in a Women's Health Sub-Specialty

Authors: Amanda Arnold BSN, RN and
Brooke Stavang BSN, RN

The Department of Reproductive Endocrinology and Fertility (REF) is a subdivision of the Department of OB/GYN and Reproductive Medicine at UC San Diego Health (UCSDH). The clinic provides a variety of care for reproductive aged women facing issues with Infertility, Polycystic Ovary Syndrome (PCOS), Endometriosis, Fibroids, and a variety of reproductive disorders. In partnerships, Reproductive Endocrinologists work with a team of nurses to provide comprehensive care coordination and treatment within this highly specialized field.

Unique to Reproductive Endocrinology, UCSDH provides immediate medical options for patients with recent cancer diagnoses. Dr. Irene Su leads this program by providing extensive education on potential impacts on future short term and long-term fertility following radiation, surgery, and chemotherapy. In partnership with Reproductive Partners San Diego, patients can receive egg/embryo freezing options to preserve fertility prior to treatment. Our team ensures referrals are made to facilities equipped to support patients facing financial burden while undergoing this process. The clinic also provides non or low hormonal contraceptive options when cancer treatment is determined to be the immediate priority. Patients with a history of pediatric cancers are also seen when they reach adolescence to treat and manage early stage menopause

or menstrual cycle irregularities. Our nursing staff plays a key role in ensuring patients receive a seamless experience navigating the clinic and broader health care system: patients receive immediate appointments (48-72 hours timeframe), schedules are coordinated around surgical and oncology appointments, information is reviewed during appointments in a clear and detailed manner, and assistance is provided helping patients maintain follow up with outgoing referrals. Looking forward, we have current research projects established to continue to build our Oncofertility program by accepting referrals from Rady Childrens Hospital, Eisenhower Health, Scripps Health, and expanding our own internal referral program within UCSDH.

UC San Diego Health also houses our Center for Endometriosis Research



Amanda Arnold BSN, RN is a native San Diegan who received her Bachelors in Nursing (BSN) degree from San Diego State University in 2010. She has worked with infertility patients since 2011, working in private practice before joining UC San Diego Health as the Clinical Nurse Supervisor in 2016. In 2021, Amanda was a co-author of a research study on Endometriosis published in BMC Womens Health. She is a resident of Carlsbad and a mom of three.



Brooke Stavang, BSN, RN received her Bachelors in Nursing (BSN) degree from Azusa Pacific University in 2014. Brooke has worked with patients in the fertility field since 2015 starting as an IVF clinical coordinator in private practice. She has always had a passion for fertility, as she is an IVF baby herself. Brooke values relationship building and compassion needed for patients in the fertility field as well as the continual growth reproductive endocrinology has here at UCSDH. Brooke is a commuter from Dana Point, CA where she lives with her new husband and puppy. She has been happily working at USCDH since 2021.

Program—a subspecialty that brings patients from around the country to treat women suffering from pelvic pain. Pelvic pain is a disease that can frequently go undiagnosed or misdiagnosed for long periods of time. Leading the Endometriosis team, Dr. Sanjay Agarwal and Dr. Antoni Duleba along with the nursing team provide multidisciplinary referrals to treat patients medically and holistically. Patients are connected with dietary, psychology, pain management and physical therapy to treat the disease's inflammatory effects. It is a priority to provide our patients with medicinal and therapeutic options prior to surgery, as surgery may lead to additional scar tissue and longer recovery times. Dr. Duleba shares his expertise in this field by providing on site pain management therapy to desensitize specific trigger points for these patients. Our nursing team is highly trained in securing prior authorization requests for high cost medications that have been found to be highly successful in treating pelvic pain in a safe and minimally invasive way. This population is burdened by long-term pain and stress responses, and the REF team is diligent in providing

frequent follow up. We have a specific goal of maintaining quality of life for these patients. Research on diagnosing and studying long term effects of endometriosis are ongoing, and patients within our clinic are frequently recruited to participate in hopes of finding a more effective cure for this debilitating disease.

In collaboration with UC San Diego Health's Gender Health Coordinators, our health system is able to provide information and treatment for transgender patients seeking reproductive medicine therapies. Some of the treatments that we offer include: 1. Fertility preservation options (egg and embryo freezing) and education prior to starting gender affirming hormone therapy 2. Menstrual suppression and 3. Hormonal replacement or suppression therapy. We partner with other clinics within the institution to provide gender affirmation surgery, electrolysis, and mental health support. Our team is proud of the equitable and inclusive care we deliver to all patients.

Reproductive Endocrinology and Fertility is located at 9333 Genesee Avenue Suite 340. Our clinic is shared with UCSDH Men's Health to treat our infertile male population. Our location is staffed with 3 bachelor degree prepared RNs and 1 LVN with extensive backgrounds in women's health and reproductive medicine. As a team, we strive to provide nursing excellence and are committed to a culture that is caring and inspiring.



Rapid Recovery Unit

Author: Michele Carson, MSN, CNL, CNS

In response to limited inpatient beds and the bottleneck of flow from the operating room to nursing units, the Perioperative team innovated a process that has never been done before within the post-anesthesia care unit (PACU) setting. PACU care was divided into two levels, with the first being traditional PACU care and the second being focused on care for patients who would be transferred to ICU/IMU after surgical recovery. The unit created to provide this high level of surgical recovery is called the Rapid Recovery Unit (RRU). The RRU accelerates patient flow while providing safe recovery for post-surgical patients with a higher level of care for a short period of time. The RRU officially opened March of 2020 as a response to hospital bed capacity. This space is part of PreOp and PACU, and currently is licensed under the COVID hospital space waver. Since opening, the RRU has helped offload volume directly recovering and caring for patients who are ICU and IMU level of care right after surgery. This frees up a bed for other patients needing a longer ICU or IMU stay.

The nurses who work in the RRU are Intensive Care Unit (ICU) nurses cross-trained to post-surgical recovery. The staff care for a wide variety of surgical specialties including Ortho-Spine, Ortho-Oncology, Surgical Oncology, Urology, IR/IP/Neuro, Gyn/Gyn-Oncology, Plastics, Colorectal, ENT, and Vascular. Since the RRU is part of PACU, the ratio remains 1:1 or 1:2,

which means it is perfect for patients requiring hemodynamic monitoring, q1 hour neuro monitoring, and invasive and noninvasive ventilation, as well as any necessary drip titration.

With the highly skilled nursing care, and an Anesthesia Critical Care Provider on 24 hours day, the RRU can provide a unique place for patients to heal after surgery. The creation and growth of this unit has also improved safety and efficiency for surgical patients by reducing PACU to room holds and delaying ICU/IMU care. In November of 2022, the RRU grew from a 6-bed unit to a 12-bed unit. By doing this, the RRU saved 720 hours of time where patients waited in the PACU for an ICU/IMU bed. Holding patients in PACU also causes delays in the OR schedule due to PACU bed availability. Finally, in January the RRU had 99% of patients discharged by 12:30!

As the RRU settles into an operational business standard instead of a temporary solution to a bed shortage, the team looks forward to: expanding our full-time nursing and CCP staff; utilizing a new orientation process, including specialized education for nurses by the providers; and encouraging RRU members complete their CNIII.



Michele Carson, MSN, CNL, CNS

has been the Manager of Perioperative Services at JMC for 1 year, but part of UCSDH for 18 years. She received her MSN as a Clinical Nurse Leader from USD and Clinical Nurse Specialist from Point Loma. She has 10 years of leadership experience and 2 years of regulatory experience. Outside of work, Michele enjoys reading, art, and skiing or hiking with her family.



Night Shift RRU team: Back row, left to right: Rod RN, Nina RN, Ria RN, Cory RN, Cassie RN, Rebecca RN, Justin RN
Front row, left to right front row: Kim RN, Alina RN, Skylar RN



Day Shift RRU team: left to right: Niecel NP, Grace RN, Ruby RN, Haley RN, Chelsea RN, and Angela RN



Rapid Recovery Unit

Patient Stories

Author: Amber Zimmermann, MSN, RN, CCRN

Project by Stacy Street, Jacobs Medical Center 3GH ICU

Being a nurse is not an easy task, regardless of a nurse's specialty or unit. Jacobs Medical Center 3GH Intensive Care Unit (ICU) admitted their first COVID-19 patient in March of 2020 and immediately felt the immense impact of caring for these complex patients. In addition to their standard ICU patients (medical, surgical, and oncology), they became the COVID-19 ICU for the La Jolla UC San Diego Health (UCSDH) campus. The fear of this novel pandemic permeated the floor, amplifying the already high stress environment for all ICU staff.

One of their bedside nurses, Stacy Street, noticed a perpetual disappointment each time she returned to work to find a former patient was no longer in their room. Based on their unit's typical patient population, empty rooms typically signified that the patient passed or transitioned to a different level of care.

From this experience, Stacy was

inspired to connect patient stories with their former care team by Dr. Amy Bellinghausen, a Pulmonary Critical Care Attending Physician, who works in the UCSDH Post ICU Recovery Clinic. This clinic helps post ICU patients transition back to their lives by providing additional support and continuity of care for their critical illness. Working with



Amber Zimmermann, MSN, RN, CCRN is an Assistant Nurse Manager for 3GH ICU at UC San Diego Health. She obtained her Bachelor's Degree in Microbiology from California Polytechnic State University, San Luis Obispo in 2011 and her Master's Degree in Nursing Leadership from University of San Diego in 2013. She joined UC San Diego Health in 2018 and has been working in 3GH ICU since—a medical/ surgical critical care unit. In January of 2020, Amber advanced to the Assistant Nurse Manager role.



Figure 1

Dr. Bellinghausen, Stacy identified this clinic as the best access point to connect with former patients.

Through Stacy's work with the Evidenced-Based Practice Fellowship with the San Diego Consortium for Excellence in Nursing and Allied Health, she studied the impact of burnout on ICU nurses and the influence patient's stories could have on nurse well-being. During her research, she found that the use of patient stories to reduce burnout was a relatively new concept.

Her project focused on identifying, compiling and sharing patient experiences and their continued journey after their ICU discharge. Stacy connected with patients via email and received their consent to post updates, including pictures of their life post ICU on the employee-facing project bulletin board [Figures 1 and 2]. The bulletin board was placed in a central location where staff receive their shift assignments, ensuring maximum exposure.

Additionally, some patients agreed to attend the virtual Unit Based Practice Council (UBPC) meetings [Figure 3]. UBPC meetings are typically attended by about one-third of the unit's staff and it provided a platform where Stacy interviewed patients, and often their family members, to discuss their post ICU life. The impact felt by staff during these interviews was immeasurable. The patients' reflections of their time in the ICU, their favorite memories after the ICU, or simply just seeing how far they have progressed outside of their ICU bed—was truly a remarkable experience. While Stacy's project was focused on bringing wellness to her colleagues within the ICU, she found that it also provided patients a meaningful experience to



Figure 2

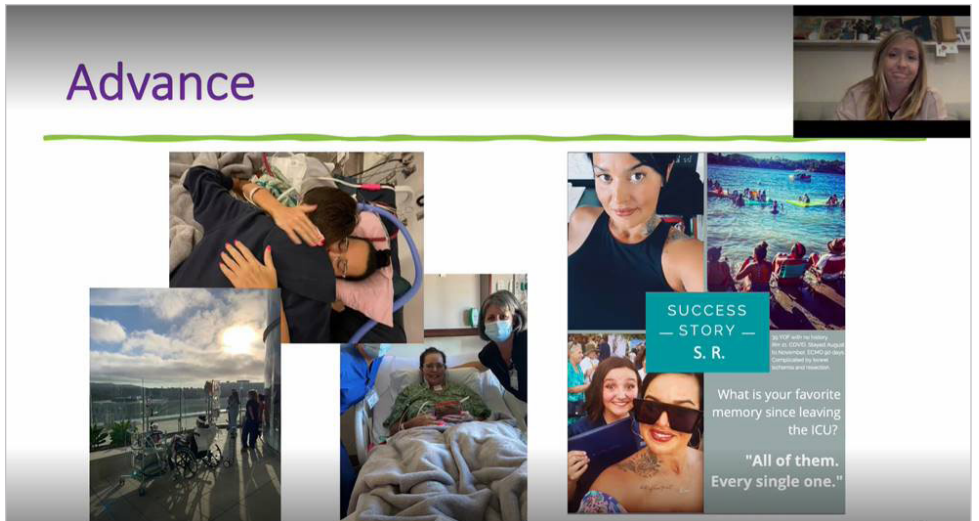


Figure 3



Figure 4

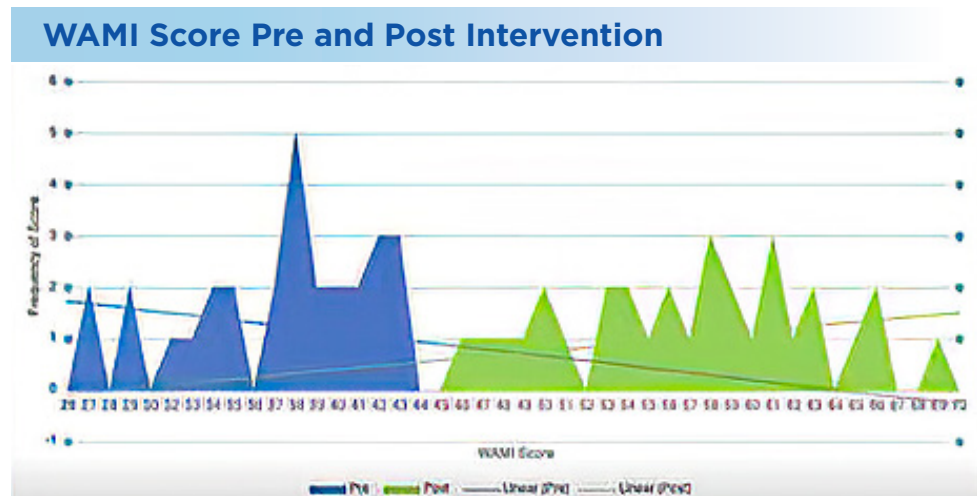


Figure 5

connect with their former caregivers as well [Figure 4].

Stacy measured the impact of her project, by surveying the nurses with general qualitative questions from two validated scales: Maslach Burnout Inventory (MBI) and the Work and Meaning Inventory (WAMI) [Figure 5]. All survey respondents indicated that they benefited from this project. Her data showed an improvement with burnout scores and demonstrated a significant increase in the nurses' work and meaning index. Additionally, qualitative themes noted throughout the survey were "redefining value of work," "counteract feeling of futility," and "perspective taking."

While this concept is relatively new in the nursing profession, the project's profound impact may be the key to improving nurses' meaning in their work and ultimately, their overall wellness. Hearing patients' stories helps nurses connect to their purpose and provides us insight from the patient and their families on ways to provide better care. Although this project focused on the impact on nurses, all healthcare workers could benefit from this unique experience.

One Of A Kind Service To Nursing And The Community

What is a Nurse Engagement & Retention Program Manager?

Author: Laura Rossi, BA

The Nurse Engagement & Retention Program Manager role is unique to UC San Diego Health (UCSDH) and is responsible for creating and maintaining initiatives to improve and sustain the engagement and retention of our nursing staff. Rather than reporting to Human Resources like other engagement roles might, this position reports to the Nursing Education, Development and Research (EDR) Department.

The EDR Department is home to the UC San Diego Health Magnet Program which supports initiatives designed to empower, educate, recognize and, ultimately, retain our nursing staff.

The role often serves as a liaison between nursing staff and leadership, and other inter-organization departments such as Human Resources, Learning & Organization Effectiveness, The Office of Experience, The Healer Education Assessment and Referral (HEAR) Program and others committed to successfully achieving goals of the UC San Diego Health Strategic Framework and the Nursing Strategic Plan (2021-2025). Both plans include goals to increase engagement, investment in our culture and a reduction of turn-over.

The Nursing Strategic Plan and Magnet Mission are reinforced by the work of this role through the promotion and facilitation of programs, resources and activities designed to

elevate our nurses' overall commitment and connection to UC San Diego Health.

Engagement and recognition programs are created and improved based on feedback and data obtained from nurses and nurse leaders from one on one interviews, Shared Governance committee participation, focus groups and employee surveys.

An important aspect of the role is that it provides a safe, confidential environment for nurses who may seek to discuss sensitive topics regarding their role, team, leadership and surroundings. As the Nurse Engagement & Retention Program Manager, I provide a listening ear to our nurses and, when suitable, can offer advice on how to approach an uncomfortable situation through different communication techniques. If appropriate, I provide necessary resources to a nurse to help escalate their concerns as needed, however usually all that is required is a supportive conversation.

Nurses often reach out for my assistance when seeking information regarding the plethora of resources, programs, perks and benefits available at UC San Diego Health. One of my top responsibilities is promoting the professional development opportunities provide to our nurses, such as the Nurses in Transition Mentoring program, Bridges to Nursing



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



2022 Nurse's Day Celebration



2022 Nurse's Night at Petco Park

Excellence, and the UCSD Professional Track Series program.

My goal is to continuously improve UCSDH nurses' experience- which can mean something different to each of our nurses. I am a resource for non-clinical questions or issues related to topics such as: basic orientation, inter-professional relationship concerns, career development interests, or to simply offer direction on where to find resources within the UC San Diego Health websites and services.

A big (and very rewarding!) part of my role is nurse recognition! I am lucky enough to be a part of the Image of Nursing Committee, a nurse-led Shared Governance committee designed to elevate recognition of the nursing profession through award programs and appreciation events.

These events and awards honor our incredible UC San Diego Health nurses for their dedication, outstanding performance and commitment to quality patient care and nursing excellence. A few examples include:

- 6-month Milestone Magnet lapel pins and handwritten notecards sent out to welcome and celebrate the completion of the mandatory probation period.
- Rookie of the Year Awards, presented to ten new hires a year. We celebrate by bringing "Rookie Cookies" to the

unit along with a certificate signed by our Chief Nursing Officer, Margarita Baggett and a gift card.

- *The DAISY Award is a national award which honors twelve nurses per year, who have demonstrated exemplary acts of compassion to a patient and their family.*
- *Certified Nurses Day Celebration is a morning event held in March to show appreciation to our exceptional Certified Nurses dedicated to advanced education through specialty certification. We provide sweet treats and personal gratitude by way of posters and verbal connection.*
- *Nurse Appreciation Week is recognized annually, May 6-12, and is filled with fun events and gifts designed to celebrate and appreciate the incredible work our nurses accomplish every day!*
- *The Excellence of Nursing Awards recognize the inspiring, innovative and world class care demonstrated by the UC San Diego Health Nursing Department.*

I am grateful UC San Diego Health has invested in this unique program devoted to nurse engagement, recognition and retention. The Nurse Engagement and Retention Program Manager role would not be a success

without the active support and partnership of nursing leadership and all of the interprofessional colleagues, in multiple departments, who provide the opportunity to positively impact our nurses' experience by caring for them the way they care for their patients, our community and one another.

Electroconvulsive Therapy

Authors: Lindsay Holt PhD, RN, CPAN and
Cresilda Newsom DNP, MSN, RN, CPAN

Electroconvulsive (ECT) involves the delivery of electrical stimulation via pulses that induces a seizure within the brain. Studies report remission rates of major depressive disorders as high as 50-70% of patients after completing their ECT therapies (Daskalakis et al., 2021). ECT therapy courses typically involve 6 - 12 procedures scheduled two to three times weekly, with studies to support evidence of over 80% of patients having some positive responses to treatment (Hashimoto, K. (2020). This article will be presented through testimony of staff/faculty who have cared for patients who experience ECT.

“People aren’t aware how far ECT has come – you’re not awake in a chair with a bowl over your head. It’s a sedated procedure where everyone is involved – anesthesia, nursing, doctors, it’s amazing.” (W. Scibilia RN, personal communication, June 23, 2021)

Misconception is a common theme when asking someone about his or her understanding of Electroconvulsive Therapy (ECT). Team members of UC San Diego Health (UCSDH) have a very different perspective. Nurses can attest to the incredible impact as their patients enter treatment catatonic, unable to communicate or interact, to what staff and families describe as nothing short of a miracle. A “return” of their loved one: talking, smiling, and participating in the world around them. Stigma surrounding the use of ECT as a treatment option for depression has dissipated as staff have been exposed

to the dramatic outcomes patients experience. The team’s support for patients and families, collaboration, education, human respect and individualized care has been an incredible journey for all involved.

“I was skeptical when we began treating patients with ECT; I even asked my manager if ECT really works. They shrugged with a maybe or “I hope so”. Since then I’ve seen remarkable changes from their demeanor and affect, and give credit to ECT for the improvements. As I got more involved with the ECT Program and expansion, I’m inspired by the success rate of ECT. It made me think that with education, we can take the stigma away and people will not view ECT as such a controversial treatment anymore” (S. Roberto RN Nurse Manager, personal communication, June 21, 2021.)

“Pts come in catatonic – we don’t know who they were as a person.



Lindsay Holt, PhD, RN, CPAN, graduated with her BSN from Georgetown University and joined UC San Diego Health as a new graduate nurse in the SICU. For the last 12 years she has worked in Perianesthesia within multiple roles, currently as a PeriAnesthesia Educator. She received her MSN and PhD from the University of San Diego and enjoys using research to improve best practices, with publications in multiple journals and textbooks.

After six treatments, you start to see transition, progression. By 12 treatments they are a new person – you see them, you talk to them, and it is a miracle. There are many cultural barriers, stigmas. There is a lot of education provided by the nurses and the doctors. We include the family, we respect their opinions, and sometimes the choice to try ECT takes time. It is understandable how hard it is to make the decision to have an ECT – I would be scared too. We are advocates, but we occasional doubt the process the same as everyone else. (W.Scibilia RN, personal communication, June 23, 2021).

In San Diego County, UC San Diego Health System and Kaiser Permanente are two of the few hospitals that offer ECT as a treatment option for depression in Southern California, working collaboratively to care for all of their patients here at UCSDH. As more space and workforce has been required to meet the needs of the county, these two health systems joined forces to provide collaborative care to patients. They have learned from each other, and grown together to ensure best practice with the support of psychiatric departments, doctors, anesthesia providers, and nurses. This relationship answers a call from the community looking for ECT as an answer to their chronic depression that has otherwise been left unanswered.

“I can remember my first patient. She was catatonic. She would not move, would not make eye contact. She had a lot of family support and her mother was a big advocate. Over the course of her treatment, I watched her go from complete catatonia to interacting with me. Much of what I felt was being blown away by severity of the patient’s illnesses. People do not understand how prevalent mental illness is. If your arm is missing, it is something you can see. Mental illness you cannot – especially those on the outside. I have built a lot of relationships with these patients, and developed personal connections with regulars which allows me to have comfortable conversations about sometimes uncomfortable topics with those new to the program which I have felt has helped improve the experience across the board. It also enables me to support families more” (R. Dunlay RN, personal communication, June 10, 2021).

When asked about the team he works with and his perception of their feelings toward ECT, psychiatrist Dr. Sewell says the best way to describe it is gratifying. He has seen the evolution of nurses’ response to the procedure from hesitant to reassuring. He is very proud to hear when nurses tell their patients, especially before their first procedure, “Don’t be afraid, I’ve seen what it can do and it works.” There is no better outcome he could hope for than to see nurses comforting the patient and advocating for the therapy, with the conviction that they will soon feel better. Dr. Sewell compares it to a pebble in a pond, encouraging conversation where each person will be able to walk away and share his or her positive experience with others, in hope to decrease the stigma that surrounds ECT. Staff cherish the relationships developed through these treatments, their positive energy and confidence an indescribable support to patients and their families.

“I have seen patients transition from a catatonic state to where they will have an engaged conversation with you. I like to show the procedure to everyone who is interested. Nursing students will shadow the staff during the procedure, and are always grateful for the opportunity. I’m an advocate for ECT, and want people to see how great it is” (C. Villaluna Assistant Nurse Manager, personal communication, June 10, 2021).

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Cresilda Newsom DNP, MSN, RN started her nursing career in ICU as a new grad in 1997 and moved to Perianesthesia nursing in 2004. She has an MSN with a focus in nursing education and earned her Doctor in Nursing Practice (DNP) from Samuel Merritt University in 2014. She started working for UC San Diego Health as bedside clinician in PACU in 2011. She has since transitioned to other UC San Diego Health leadership roles. She currently works as a Perianesthesia Nurse educator for both La Jolla and Hillcrest campus.

Cystic Fibrosis

Author: Christine Decker-Hughes, BSN, RN,
IBCLC

Cystic Fibrosis (CF) is an autosomal, recessive genetic disorder that affects approximately 40,000 children and adults in the United States and about 105,000 people worldwide (Cystic Fibrosis Foundation, n.d.). In people with CF, there is a defect in the CF transmembrane conductance regulator (CFTR) gene. There are many different mutations that a person can have, but the most common is Delta F508. CF affects the movement of chloride, a component of salt, to the cell surface causing the mucus to be thick and sticky. The thick mucus production can make people with CF more prone to lung infections since this mucus cannot be cleared as efficiently. It also often affects the pancreas, liver and gastrointestinal function, which can result in diabetes, liver disease, and malnutrition, leading to poor growth. CF also impacts the reproductive system, such as an absence of the vas deferens in men and infertility problems in women. Even though infection control concerns call for people with CF to distance themselves from one another, the CF community truly bands together for the greater good, helping all affected by CF. One of the ways they accomplish this is through the Cystic Fibrosis Foundation (CFF), a nonprofit organization founded in 1955 by a group of parents of children with CF. Since their founding, the CFF has partnered with the CF community to change the trajectory of CF and has contributed to

many advancements made in CF over the years (Cystic Fibrosis Foundation, n.d.). People with CF are often well informed regarding their disease. The CF Foundation partners with patients and their families, further encouraging those with CF to be actively involved in their care.

Cystic fibrosis used to be considered a childhood disease because many people with CF did not live to adulthood. However, due to medical advances and the recent development of CFTR modulator therapies such as Kalydeco® and Trikafta®, life expectancy for people with CF has increased significantly over the past decade. In 1955, children with CF were not expected to live long enough to attend elementary school. Through the dedicated efforts of the Cystic Fibrosis Foundation and people with CF and their families, new treatments and medications have been developed. CF is now a chronic disease, with people over 18 comprising more than half of those with CF in the United States (Cystic Fibrosis Foundation, n.d.). The median predicted life expectancy in 2020 for someone with CF born in 2017 was 46.2 years of age. About 75% of people with CF are diagnosed before age 2 and as more genes associated with CF are identified, some diagnoses occur well into adulthood (Cystic Fibrosis Foundation, n.d.). CF is a complex disease that affects most bodily systems and care in CF requires specialized knowledge. CF Foundation-accredited care centers offer the best care,



Christine Decker-Hughes, BSN, RN, IBCLC has been a nurse coordinator for the adult cystic fibrosis program at UC San Diego Health for the past four years. She is involved with the Cystic Fibrosis Foundation (CFF) as one of the program coordinators and as the XoC Champion (CFF patient and family experience of care initiative). She holds a bachelor's degree in nursing from Point Loma Nazarene University. Along with her colleagues, she participates in educational and community events related to CF. She is also involved in multiple councils at UC San Diego Health and is in the process of forming a Patient and Family Advisory Council for Cystic Fibrosis.



UC San Diego Health Cystic Fibrosis Team

treatments, and support for those with CF.

UC San Diego Health Adult Cystic Fibrosis Program is one of the few CF Foundation accredited adult care centers in the region. Accreditation requires adherence to strict guidelines established by the Cystic Fibrosis Foundation (CFF). Accreditation of CF centers promotes standardization of care across centers and helps to build a comprehensive network dedicated to common goals—improving the lives of people with CF, development of new treatments, and ultimately, a cure for CF. The Cystic Fibrosis Foundation provides funding and accreditation to 130+ care centers across the US (Cystic Fibrosis Foundation, n.d.). The UCSDH program was established in 1996 by our current medical director, Dr. Douglas Conrad. At that time, there was also a part-time social worker and nurse working with the program. Our former program manager, Jessica Goggin, PhD, RN, MSN was also integral to the growth and development of the CF program. What started out as a small patient population (<50) and one MD/RN/SW team has developed over the years into a diverse, multidisciplinary team caring for approximately 270 people with CF and their families. UC

San Diego Health partners with Rady Children's Hospital San Diego to form a comprehensive cystic fibrosis center. While most patients who receive specialized CF care at UC San Diego reside in the San Diego region, many travel from farther away, including Riverside County, Mexico, and Hawaii. In addition to adults with CF, the team provides clinical expertise and care coordination to people with other lung conditions such as complex bronchiectasis, primary ciliary dyskinesia, nontuberculous mycobacteria infections, and those with lung complications undergoing bone marrow transplant.

To provide the complex medical care needed by adult CF patients at UCSDH, the multidisciplinary team includes pulmonologists, nurse coordinators and LVN, social workers, a respiratory therapist, pharmacist, and registered dietitian. The program manager, scheduling and authorization coordinators, and research coordinators provide additional layer of support. Each member has developed expertise in the care and treatment of people with CF. The team ensures that patients' needs are addressed taking the whole person into consideration. We aim to provide comprehensive care that

supports patients to achieve a high quality of life based on their individual goals and priorities. Through a multidisciplinary approach to care, patients can see several specialists in one visit. Some patients need IV antibiotic therapy frequently but may not need hospitalization. Our team of nurse coordinators and pharmacist help to ensure that patients' care experiences in the home environment are comparable to the high-quality monitoring and treatment available in the hospital setting. They work diligently to deliver care in an efficient, timely, and safe manner by coordinating with home infusion pharmacies and home health nursing. The CF Team has developed a well-organized monitoring program and other clinicians and departments seek out their expertise. We also collaborate with other specialists within the organization such as the inpatient team, pulmonary function testing staff, audiologists, endocrinologists, gastroenterologists, otolaryngologists, and the lung transplant team.

UCSDH Adult CF Program conducts cutting edge research, a part of which is its participation in the CF Therapeutics Development Network (TDN). An integral component of this

network is the CF Foundation Patient Registry, established in 1966 which collects information on health status and outcomes of those with CF who have consented to participate (Cystic Fibrosis Foundation, n.d.). Collecting and analyzing information from the patient registry has made significant contributions in the development of clinical care guidelines, informing future research directions and driving quality improvement initiatives. One of the biggest challenges in the treatment of CF is antibiotic resistance. UC San Diego Health is helping to address this issue by actively participating and recruiting for research studies and offering other treatments for infection such as phage therapy. While the concept of phage therapy is not new, UCSDH is one of the few institutions in the US equipped to provide this treatment. “As a premier academic medical center, UC San Diego Health provides specialized education in cystic fibrosis through our medical school, allied health training programs, and our Pulmonary and Critical Care Medicine Fellowship Program” (UC San Diego Health, n.d.).

People with CF are a special group. It is with great privilege that our team is involved in taking care of this unique patient population. Many have required multiple hospitalizations for pulmonary exacerbations and other ailments over the years. Living with CF is not easy, in addition to physical and emotional symptoms, treatment is time consuming. Treatment burden for people with CF is high, with some taking upwards of 50 pills per day, multiple respiratory treatments to help thin their mucus and open their airways, as well as inhaled antibiotic therapy to suppress the growth of bacteria in their lungs. People with CF also use airway clearance devices to help mobilize secretions so that they can expel the thick mucus from their lungs. In total, people with CF spend about 4-6 hours daily taking care of their CF needs, which can increase to 8+ hours if they are experiencing an exacerbation. That is equivalent to a full-time job! What is most amazing about this population is that despite

this high treatment burden, people with CF are achieving great things. I will never forget one of our patients, recalling how when she was a child, she never considered having children of her own someday, going to college, or living into adulthood because of her CF. But now, those things are possible! It is so rewarding to watch them attain a goal or milestone that they may have thought at one time was impossible.

As mentioned earlier, the CF Community exhibits a level of solidarity that is not always apparent in other chronic disease populations. Many people with CF and their families are very active in giving back to the CF community whether it is through their professional work, fundraising efforts, volunteering with the foundation, educating the public, or participation in research. We have witnessed firsthand how selfless people with CF can be, for example, participating in a study that may not benefit them directly, knowing that this may help improve the quality of life and future care for others with CF. They remain a close-knit community that seeks out ways to come together and provide support for one another. In 2020, the CFF embarked on a journey, “Path to a Cure”, which targets the underlying causes of CF and aims to further the development of treatments for all people with CF. As their motto states, “Make CF Stand for Cure Found”. If the past 50 years are any indication of success, together, the CF community and the CF Foundation will make this a reality. The UC San Diego Health Adult Cystic Fibrosis team are honored to provide care to the people with CF and their families in our community.

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- To learn more about Cystic Fibrosis, please visit the Cystic Fibrosis Foundation website at www.cff.org

Digital Social Justice Forum

Author: Jodi Traver, PhD, RN, NE-BC

DID YOU KNOW?

UC San Diego (UCSD) is currently piloting a fully digital Social Justice Forum? No, we're not talking about the live, quarterly social justice forums led by Jodi Traver and Ayelet Ruppin Pham. We are talking about our NEW community of learning and way to socialize justice, equity, diversity and inclusion (JEDI) developments across the health system and campus.

SITUATION

This new digital platform which has been likened to other social platforms such as Facebook or LinkedIn, is unique in that it is centered on enhancing individual journeys in JEDI and helping to meet organizational JEDI goals. The new Social Justice Forum aptly named after the live forums, is powered by the MentorLead software. The cloud-based platform offers ways for UCSD users, both health system and campus, to have individual social profiles, to connect with others having similar JEDI activities/interests and to access JEDI-related education, professional development and research information. (Figure 1)

BACKGROUND

Improvements in JEDI, whether it be tackling staff or patient inequities, creating JEDI policy or improving individual JEDI proficiency, none of this happens in a vacuum. The work of changing organizational culture and processes is hard. A shared vision and large community is needed in order to truly embrace JEDI. Connecting 16,000 employees over such a vast geographic area required a digital solution.

ASSESSMENT

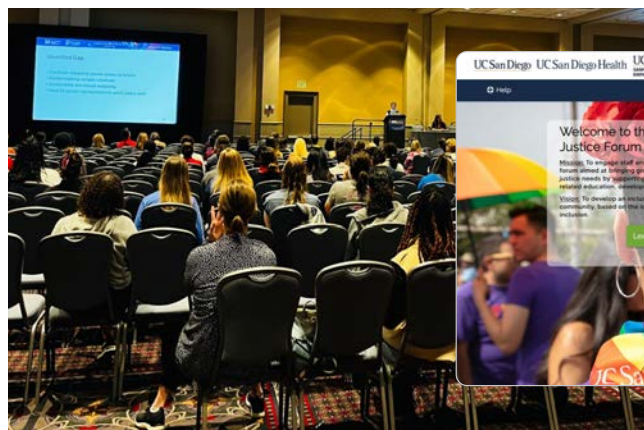
The MentorLead platform modified to be used specifically to create a JEDI community and resources was praised by the American Nurses Association as a key innovation (American Nurse, October Issue, 2021). The platform creators, Jodi and Ayelet, were invited to share with the national nursing community, at the prestigious Magnet Conference in October in October 2022. During the event nurses from around the globe voiced interest in replicating the process in their own organizations. (Figure 2)

RECOMMENDATIONS/NEXT STEPS

All are welcome to engage with the JEDI social platform. Not sure if the digital space is for you? Not sure what your role is in all this? Come on in and we can learn together. How do you join the platform? Interested staff can learn more at upcoming live, forums, publicized on the Nursing Resource hub and on the nursing Calendar of Events. Alternatively, individuals can reach out to Jodi Traver jtraver@health.ucsd.edu.



Jodi Traver, PhD, RN, NE-BC Nurse innovator and educator (she/her) specializes in Nursing professional development for UC San Diego Health. With twenty years of nursing experience, she helps to uphold onboarding standards for all newly-hired UCSDH nurses and develops Magnet-aligned initiatives and programs to support nurses' access to professional development resources including mentoring and similar offerings. Jodi's expertise and interest in leading justice, equity, diversity and inclusion initiatives derives from former fellowship experience with the UCSDH's Leaders for Equity Advancement and Diversity program and thirteen years of academic teaching experience. Jodi earned her Bachelor's degree in Nursing from the University of Rochester and masters-PhD from the University of San Diego."



UCSDH Nurse Authorship January 2022-January 2023

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CN III Promotions

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*Keep It Clean: Increasing Daily Chlorhexidine
Gluconate (CHG) Compliance for J4 Patients*

The Professional Development Council (PDC) recently changed its name to the Clinical Nurse Advancement Council (CNAC). The name change reflects the council's greater purpose which is to facilitate advancement in the clinical ladder program and support nurses through project development and reclassification maintenance criteria. In the past year, CNAC endorsed 19 portfolios for advancement. CNAC is a shared governance council and continuously evaluates and updates the Standards for CNII-CNIII Reclassification and CNIII/CNIV maintenance criteria based on feedback from clinical nurses.

One opportunity that CNAC identified for Process Improvement was to reduce the number of portfolios returned to the CNIII candidate for rework. The council created two "self-help" opportunities to support nurses working on CNIII advancement projects:

1.) CNIII Advancement "Trip Planner"- This planner is an online tool that contains a "road map" with tips, resources, and how-to videos to help the CNIII candidate stay on track with their project. The planner is accessible via desktop or mobile device.

2.) CNAC Office Hours- the CNIII candidate and mentor can schedule a virtual appointment during CNAC office hours. Candidates bring questions about their project plan or discuss project ideas with members of the council for project guidance. CNAC Office Hours are scheduled via Bookings, an online scheduling platform.

In addition to these new offerings, CNAC continues to present the CNIII Workshop to help nurses learn more about the process of project and portfolio development.

Interested in getting your CNIII? Learn more by checking out the CNAC Pulse page on the Nursing Resource Hub: Clinical Nurse Advancement Council. For any questions, contact a CNAC leader at CNACLeaders@health.ucsd.edu.

CN IV Promotion

Shervin Esfahani

Cresilda (Chris) Newsom DNP, MSN, RN learned how to sew when she was only 11 years old using her mother's treadle sewing machine back in the Philippines. She discovered the art of quilting here in the US about 10 years ago while watching a quilting show on her local public television (KPBS).

She believes that, "the simple act of working with own hands absorbs emotions, allows one to sort out feelings, and provides a focus outside the self. Physically touching and working on a quilt project makes one feel both accomplished and happy. Quilting does not only help creatively, but emotionally, mentally, and socially as well.

This quilt called 'Love and Peace' using colors representing the flag of Ukraine was made in support of the people of Ukraine. While the Russian invasion of Ukraine has forced thousands of Ukrainian families to flee their homes with nothing but the clothes on their backs, this quilt represents love, stability, safety and security and has been donated to the people of Ukraine (quiltsforukraine.com).



Embrace the vision. Join UC San Diego Health.

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