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Oncology Nursing at UC San Diego Health

TRANSFORMING CARE AND IMPROVING
OUTCOMES ACROSS THE CONTINUUM



INNOVATE, INVOLVE, INSPIRE

Inside

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UCSD Image of Nursing Council

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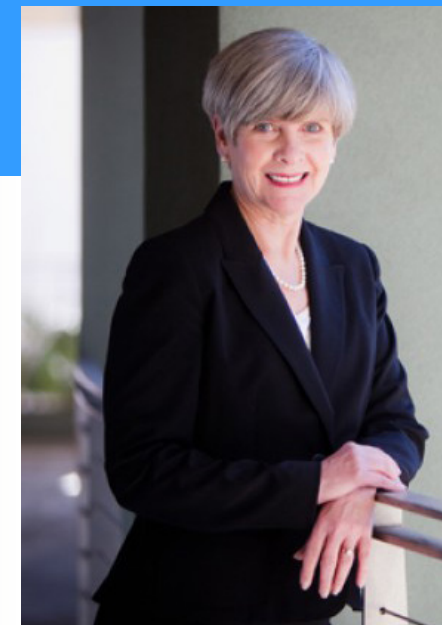
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2	Message from the Chief Clinical Officer <i>Margarita Baggett, MSN, RN</i>
	AN INTRODUCTION TO ONCOLOGY NURSING AT UC SAN DIEGO HEALTH
4	An Overview of Oncology Nursing at UC San Diego Health <i>Paige Burtson MSN, RN, NEA-BC and Vicki Bradford, BSN, RN, MBA</i>
6	Oncology Nursing Profiles <i>Compiled By: Ellen Carr, MSN, RN, AOCN® and Matt Redila, MSN, RN, CCRN, CNL</i>
	STAFF AND PATIENT EXPERIENCE
10	Strategies to Promote Staff Wellbeing and Prevent Burnout in Inpatient Oncology Units <i>Karen Armenion, MSN, RN and Andrea Bogardus, BSN, RN, CHPN</i>
12	An Extraordinary Outcome Due to Family Presence in an Intensive Care Unit <i>Steffanie Strathdee and Matt Redila, MSN, RN, CCRN, CNL</i>
14	Nurses and Radiation Therapists as Superheroes: A Unique Approach to Caring for Kids in Radiation Oncology <i>Sofia Olivares, RN</i>
	CONTINUOUS QUALITY IMPROVEMENT
16	The Implementation of an ICU Diary Program to Prevent Post-Intensive Care Syndrome <i>Truong-Giang Huynh, BSN, RN, CCRN</i>
20	Implementing Proactive Code Nurse Rounds to Decrease Delay in Rapid Response Activation <i>Mary Hellyar, MSN, RN, CNS</i>
	INNOVATIONS IN ONCOLOGY CARE
22	The Comprehensive Breast Health Center at the Koman Family Outpatient Pavilion <i>Cecilia Kasperick, MSN, RN, CNL</i>
24	CAR-T Therapy: A Novel Treatment for Patients with Relapsed Lymphoma or Leukemia <i>Aran Tavakoli, MSN, RN, CNS</i>
26	The Development of an Inpatient Palliative Care Unit <i>Karen Armenion, MSN, RN</i>
28	Changing the Care Delivery Model using Clinical Nurse Leaders (CNL) and Licensed Vocation Nurses (LVN) in the Oncology Setting <i>Melissa Callahan, BSN, RN OCN, Jessica Hanson MSN, RN, CNL, CCRN & Laura Vento, MSN, RN, CNL</i>

Five Magnet Componets

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

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSD. For more information go to our nursing website at [http:// medinfo.ucsd.edu/ nursing/ committees/](http://medinfo.ucsd.edu/nursing/committees/) to learn about committee membership opportunities.



Message from the Chief Clinical Officer

Welcome to the 15th issue of the UC San Diego Health Nursing Journal. This issue will focus on Oncology Nursing: Transforming Care and Improving Outcomes across the Continuum. Did you know that there are over 600 nurses working in Oncology services? RN's, LVN's, and Advanced Practice Providers practice in various settings including the Moores Cancer Center, the Ambulatory Clinics, the Jacobs Medical Center, the Hillcrest Medical Center, and the Outpatient Pavillion. And, over 50% of the APP's and RN's have earned their advanced certifications! These nurses are providing exceptional care to our patients in both the inpatient and outpatient settings.

With the addition of the recently opened Koman Outpatient Pavilion (KOP), UC San Diego Health can now offer a “one stop shop” for patients diagnosed with Breast Cancer in our new Comprehensive Breast Health Center (CBHC). This truly enables our nurses to embrace the essence of our Nursing Professional Practice Model, where “our focus on developing caring relationships with patients, families, each other and ourselves allows us to create an environment where feeling cared for is an everyday experience”.

I was so pleased to see the themes of patient and family centered care along with having an interprofessional approach being reflected and valued by our teams. In the article “An Extraordinary Outcome due to Family Presence in an ICU,” we learn about a gentleman in Thornton ICU that rapidly decline due to a superbug. It was a family member who suggested trying a type of therapy which the nurses, doctors, and therapists from the Pulmonary, Critical Care and Infectious Disease departments agreed would be worth pursuing. It was the first application in the United States of this type of therapy (bacteriophage) and was credited to saving his life along with the staff from Thornton ICU. What a wonderful outcome showing a truly collaborative environment! You can read even more articles about teamwork in both, “Changing the Care Delivery Model using Clinical Nurse Leaders and Licensed Vocational Nurses in the Oncology Setting” and “Nurses and Radiation Therapists as Superheroes”.

Innovation is another theme that is prevalent in many articles. “Implementing Proactive Code RN Unit Rounds to Decrease Mortality and Provide Peer support for Nursing Staff”, “the Implementation of an ICU Dairy Program to Prevent Post-Intensive Care Syndrome”, and “CAR-T Therapy: A Novel Treatment for Patients with Relapsed Lymphoma or Leukemia” are great examples of our nurses creating new processes and using cutting-edge therapies to help our patients achieve better outcomes. I applaud all of you for being so creative in finding new and improved ways to care for our patients.

Nurses Week is a wonderful time to celebrate the dedication and commitment of our entire nursing team and to recognize how hard these team members work each day. Reading “Strategies Promote Staff Wellbeing and Prevent Burnout in Inpatient Oncology Units” I am reminded how important it is to take the time to care for ourselves as well as our patients. I encourage all of you to take some time and enjoy the activities we have planned during the week of May 7-10 to celebrate Nurses Week! Activities include Gourmet Food Truck events with free chair massages and a photo booth, Gratitude Table, Nursing Podcast, Bannister House Fiesta, and the MAGNET focused 2018 Nursing Excellence Awards

Wishing you a wonderful Nurses Week.

In Gratitude,

MARGARITA BAGGETT, MSN, RN
CHIEF CLINICAL OFFICER

An Overview of Oncology Nursing at UC San Diego Health

By: Paige Burtson MSN, RN, NEA-BC and Vicki Bradford, BSN, RN, MBA

Nurses with interest in specializing in oncology nursing have an amazing array of opportunities at UC San Diego Health. Established in 1978, Moore's Cancer Center is ranked among the top 50 oncology programs in the nation and is the San Diego region's only National Cancer Institute-designated Comprehensive Cancer Center. This designation is reserved for centers with the highest achievements in cancer research, clinical care, education and community contributions. The Moore's Cancer Center's (MCC) unique blend of cancer research and patient care is transforming cancer prevention, detection and treatment.

In November 2017, the Jacobs Medical Center (JMC) opened at the La Jolla campus featuring the Foster Pavilion, 108 all-private, beds focused on surgical oncology, medical oncology, blood and marrow transplant, neuro-oncology and palliative care. All beds outside of the ICU are progressive care beds where staff bring the necessary equipment and training to the patient versus moving the patient from floor to floor. In addition, there are 36 intensive care beds in Jacobs Medical Center that serve critically ill patients with both Oncology and non-Oncology medical, surgical and neurological diagnoses.

Both outpatient and inpatient care settings provide oncology nurses the opportunity to collaborate across disciplines. Because every cancer – and every patient – is different, nurses are an integral part of each multi-disciplinary team, involving specialists in medical, surgical and radiation oncology, pathology, diagnostic radiology, nuclear medicine, social work, palliative care,



Paige Burtson MSN, RN, NEA-BC is the Director of Nursing for Inpatient Oncology Services at UC San Diego Health, Jacob's Medical Center. In this role, Paige is responsible for operational, clinical and regulatory oversight over a blood and marrow transplant unit, a surgical oncology unit, a medical/surgical ICU, and a medical oncology/palliative care unit.



Vicki Bradford, BSN, RN, MBA is the MCC Asst. Director of Nursing. In collaboration with MCC nurse leaders, Vicki is responsible for clinical and regulatory oversight for clinic, procedure and infusion services.



and genetic counseling. There are approximately 600 nurses working in Oncology services at MCC and JMC. Over 250 RNs, LVNs and Advanced Practice Providers (NPs and PAs) work at MCC and satellite locations located in Hillcrest, Encinitas and Vista. Over 350 RNs and LVNs work in the Oncology service line in the inpatient setting. Oncology nurses ensure appropriate care coordination, provide education and resources to facilitate informed decision making, and timely access to quality health and psychosocial care throughout all phases of their care.

Moore's Cancer Center includes:

Infusion Center: Open 363 days a year, Infusion Center RNs and APPs oversee cancer and non-cancer-related infusions and other treatments. Each Infusion Center RN must have Oncology Nursing Society (ONS) Chemotherapy/Biotherapy certification

Multi-Specialty Clinic: As essential members of more than 14 Specialty Care Teams, nurses ensure care coordination, management of patient toxicities, and ongoing patient and family education.

Blood and Marrow Transplant: The Blood and Marrow Transplant Program performed its first autologous transplant in 1989. Since

then, we have performed over 1800 autologous and 980 allogeneic (related, unrelated and cord blood) transplants. Our multidisciplinary team consists of attending physicians, advanced practice providers, transplant coordinators, clinic nurse case managers, social workers, quality nurse, data management and financial teams. We also work closely with Apheresis, Stem Cell Processing Laboratory, Infusion Center, Radiation Oncology, Procedure Suite, Operating Room, inpatient nursing, pharmacy and infectious disease.

Radiation Oncology: Utilizing their knowledge of radiobiology in the treatment of various forms of cancer, nurses provide care coordination, recognize the risk factors and implement nursing interventions for the common side effects of treatment.

Jacobs Medical Center includes:

JMC 3GH Medical Surgical Intensive Care Unit: a 24-bed ICU caring for medical/surgical, oncology, obstetrics, and abdominal transplant patients. They also service as the code team and rapid response team for all JMC units.

JMC 4th floor Surgical Oncology Unit: a 36-bed progressive care unit serving a variety of surgical services: Surgical Oncology, Colorectal

Surgery, Gynecology Oncology, Urology, Head and Neck Surgery, and Solid Organ Transplant.

JMC 5FG Medical Oncology/Palliative Care Unit: a 24-bed progressive care unit focused on medical oncology, and palliative care. The unit features a 12-bed pod that is co-managed by the Hospital Medicine and Palliative Care Teams.

JMC 6th floor Blood and Marrow Transplant (BMT) Unit: a 36-bed progressive care unit that is all positive pressure allowing patients who are immunocompromised to move throughout the unit. This unit also features a patient gym to optimize wellness among the BMT patients who frequently have long inpatient stays.

In addition to providing extraordinary care, several MCC and JMC RNs and APPs have been selected for poster and panel presentations at ONS Congress and other national oncology associations. Over 50% of APPs and RNs have earned advanced certification (OCN, AOCNP, AOCNS and so forth). Shared governance councils are robust and engaged in the Oncology service line, providing opportunities for professional, clinical and leadership growth in amplifying Magnet principles. We are proud to be oncology nurses!

UCSD NURSING JOURNAL PICTORIAL 2018

What motivates you to provide excellent oncology care?



Victoria Vu, BSN, RN, OCN®
Interim Assistant Nurse Manager
Moore's Cancer Center: Infusion Services

Having cancer is not something a person signs up for, so providing them excellent compassionate care is something I feel blessed to have the opportunity to do. I chose oncology for many reasons; foremost is that we develop a long lasting relationship with patient and family members. I feel like I'm giving them hope by providing them with education to help with side effects, listening to them, offering a word of encouragement, and a friendly smile in this difficult journey.



Susan Stalter, BSN, RN, OCN®
Nurse Case Manager
Moore's Cancer Center: Blood & Marrow Transplant (BMT)

Knowing that I make a difference! I strive to provide the best nursing care possible for our patients & they always know our dedicated BMT team can be reached for questions, concerns or reassurance 24/7. We guide our patients through a long & complicated journey. Sometimes just a warm smile or hug gives support & encouragement.



Polly D. Nobienksy, BSN, RN, OCN®
Nurse Case Manager
Moore's Cancer Center: Radiology Oncology

As a nurse in Radiation Oncology, I am motivated by my nursing colleagues. They all respect and seek my years of experience to build their own practices. Dr. Sandhu and our physician team allow me to have autonomy with our patients and practice. Most of all, I am motivated by our patients. Everyone has their own cancer story and I hope to help guide them through the toughest time of their lives.



Ellen Carr, MSN, RN, AOCN®
currently is the Clinical Educator for the UC San Diego Moore's Cancer Center Multispecialty Clinic. Before becoming the Clinic's Educator, she was a Nurse Case Manager for 14 years for the Cancer Center's surgical head/neck oncology practices. In addition, Ellen is the Editor of the Clinical Journal of Oncology

Nursing (CJON), a peer-reviewed journal of the Oncology Nursing Society (ONS). CJON advances excellence in clinical practice for nurses specializing in the care of patients with an actual or potential diagnosis of cancer.



Matt Redila, MSN, RN, CCRN, CNL
is the Nurse Manager for the 3GH ICU, formerly Thornton ICU. He started his nursing career with Thornton ICU as a new-graduate nurse. Although 3GH ICU is a medical-surgical oncology ICU, the 3GH ICU nurses are also trained to care for

the obstetric, abdominal transplant, cardiac, and neurology patient populations.



April Morgan, RN, Reiki Master
Infusion Nurse
UC San Diego Health Cancer Services - Vista & Encinitas

The great medicine we provide is only a portion of the healing we provide. A smile or a hug breaks down barriers and lets the patients know they matter. We are on this journey together. I want them to know I will care for them the same way I would a family member.



Celine Palmiter, BSN, RN, OCN®
Nurse Case Manager
Moore's Cancer Center: Multispecialty Clinic

My care and compassion for my patients is my motivation. My toughest days can never compare to anything that my patients are going through. To be able to help and be there for them during the extent of their cancer journey can be demanding and challenging, but is so rewarding.

My care and compassion for my patients is my motivation.

UCSD NURSING JOURNAL PICTORIAL 2018

CONTINUED

What motivates you to provide excellent oncology care?



Tania Miller, BSN, RN, CMSRN®
Clinical Nurse
6 East Hillcrest
UC San Diego Health

What motivates me to provide excellent patient care is the inspiration that I draw from the 6 East Nursing Team. These nurses have shown me the true meaning of teamwork, camaraderie and patience. Working with a caring team motivates me to take care of people who come to us at a low point in their lives and work towards making them whole again.



Shirley Cruz, BSN, RN, OCN
3GH Intensive Care Unit, Jacobs Medical Center

Working in an Oncology ICU opens your eyes to how a disease like cancer can turn a fully-functioning, independent individual, into someone fighting for their life. As a nurse, it is our responsibility to make sure our patients and their loved ones are cared for both physically and emotionally. We truly have an amazing opportunity to make a difference in someone's life while they are going through what could be the most vulnerable they have ever been. Few things are more rewarding than when a patient comes back to visit us after they leave the hospital, and to see how they are back to doing the things that they love!

I believe it is a calling to be an oncology nurse.

Knowing that I make a difference!

I want to provide the best care for my patients



Chelsea Dean-Robles, BSN, RN
5FG Medical/Oncology/Palliative Care, Jacobs Medical Center

It's an honor to be an oncology RN. Here at UCSD, we partner with our patients to create a plan that is tailored to each patient's individual needs. Through this collaboration, our patients find a strength in themselves that is truly awe-inspiring. I'm honored to be their healthcare advocate, their educator, and their teammate in their life's journey.



April Parker, BSN, RN, OCN
6 Bone Marrow Transplant (BMT), Jacobs Medical Center

I believe it is a calling to be an oncology nurse. Yes, it's a profession of ups and downs but what a gift to be able to provide a little slice of normalcy for a patient and their family. We can often overlook the little things in life, like feeling the sunshine on our skin, but perspective is always brought to life with the gift of oncology nursing.



Marisa Del Rio, BSN, RN
4FGH Surgical Oncology, Jacobs Medical Center

I want to provide the best care for my patients because that person could be my family. They are going through a very difficult time with unfortunate circumstances and I want to make sure they receive the best care possible.

Strategies for Promoting Staff Wellbeing and Preventing Burnout in Inpatient Oncology Units

By: Karen Armenion, MSN, RN and Andrea Bogardus, BSN, RN, CHPN

Working with patients with cancer is rewarding, but can also lead to staff burnout. Staff members frequently help patients and families cope with death and dying. Cancer treatment can be lengthy and has negative side effects that challenge the coping skills of most patients and families. Nursing staff members are a caring presence through it all, assisting patients and families as they confront what is frequently the biggest challenge of their lives. The members of the staff, in turn, need a support structure to help them care for themselves and to enable them to be a loving presence for their patients. Following are two examples of support structures in place at UC San Diego Health that promote staff well-being: 1) Remembrance Rock Rounds – an inter-professional effort to help staff cope with the death of a patient, 2) The Workplace Bliss Committee – a staff-led effort focused on members helping each other through recognition and social support.

Remembrance Rock Rounds

Jacobs Medical Center 5FG is a palliative care and medical oncology unit on which the nursing staff often witnesses the dying process. Nurses are challenged to address the physical, emotional, psychological and spiritual aspects of care every day. Nurses in the medical oncology and palliative care unit go back and forth between actively treating one patient while helping another patient cope with death. This process takes a toll on the nursing staff.

5FG staff members recognize the need to help each other replenish compassion at the bedside. A few days after a patient dies, the Palliative



Andrea Bogardus, BSN, RN, CHPN is a Registered Nurse on the Blood and Marrow Transplant unit at Jacobs Medical Center. Andrea has been a Registered Nurse for 6 years. She started her career on an Acute Leukemia Telemetry unit at the University of Michigan, Ann Arbor. She has worked at UCSD on the BMT unit for the last 4 years. She earned her bachelor's degree from Eastern Michigan University. Andrea is the Shared Governance Chair for the BMT unit and is the Co-Chair of the Workplace Bliss Committee. Andrea is an active preceptor on her unit for nursing students, new grads, and experienced nurses. Andrea is also a Certified Hospice and Palliative Nurse.



Karen Lubanga Armenion, MSN, RN graduated with a Bachelor of Science in Nursing from Cebu Normal University in the Philippines. She ranked 16th overall in the Philippine National Licensure Examination for Registered Nurses in 1999. Since then, she has worked in several organizations as a registered nurse in the acute care setting. She joined UC San Diego Health in 2003 as a clinical nurse II in the HIV/Infectious Disease Unit. She pursued her Master's Degree in Nursing and graduated in 2009 from the University of Phoenix. Karen has 12 years of administrative nursing leadership experience; 7 years as an acute care nurse manager. She has been successful in improving operations, work processes, nurse-sensitive outcomes and patient experience at the unit, divisional and organizational levels. Karen has been a mentor for nursing staff in their leadership and clinical advancement. She promotes transformational leadership in her daily interactions with staff and patients. She provided leadership in the opening of Jacobs Medical Center 5FG, the Medical Oncology and Palliative Care Unit. Karen is the recipient of the 2014 Nurse Manager of the Year for Empirical Outcomes.

Patient Satisfaction Nursing Scores CAHPS

Year	Communication	Courtesy	Listen	Explain
2013	86	92.6	82.6	82.6
2014	84	89.9	80.4	81.8
2015	86.3	90.8	84.2	83.9
2016	86.4	90.4	83.3	85.4
2017	88.7	95.5	87.5	83

Care Team and/or the nursing staff gathers together to remember the patient. A small rock is passed on from one staff person to another as each speaks about his or her memory of the patient. The rocks are placed inside a glass vase on the unit to serve as a reminders of the lives that we have cared for.

Remembrance Rock Rounds allow the staff members to speak about the patient as they remember him or her. It provides them an opportunity to value the patient as a person that they cared for. It is a way for the staff to create closure in caring for the patient and their families. The process has emerged organically from the staff as a way to come together after a patient's death. The unit is now in the process of investigating ways to measure the effectiveness of remembrance rock rounds in assisting the staff to cope with death and dying.

The Workplace Bliss Committee

Jacobs Medical Center 6FGH is a blood and marrow transplant (BMT) unit where a Workplace Bliss Committee (WBC) was created by the staff. The WBC focuses on improving staff morale, encouraging staff recognition, increasing workplace satisfaction, and creating an atmosphere of fun in which all staff members, including members of the interdisciplinary team, work together and help each other.

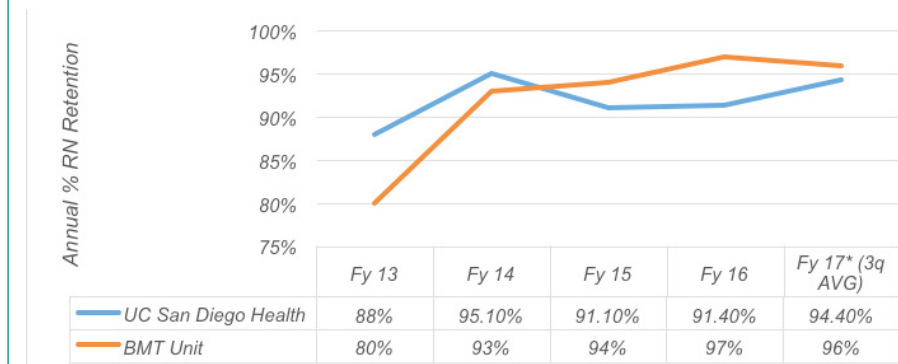
Supporting the well-being of the staff is vital to improving patients' quality of care. Two areas that influence work satisfaction are relationships with co-workers



Be The Match Drive (September 20, 2017)

7 staff members volunteered for the day. Pictured here: April Parker, Andrea Bogardus, Sandy Morin, Alyson McDonough

Nursing Retention for BMT Unit and UCSD 2013 - 2017



and acknowledgement of work performed. Social support from co-workers enhances the effects of work engagement and nurses' satisfaction. Promoting a fun work environment is important for employee morale and productivity. Outside work activities and celebrations involving food are most favored by employees for providing a sense of fun. To determine the effectiveness of the WBC, pre and post surveys were analyzed as well as Press Ganey Patient and Employee Satisfaction scores (Table 4) and retention data (Figure 1). Over 60% of the staff participated in outside work

activities. Survey results demonstrated an increase in staff morale and in feelings of recognition in all categories of the Press Ganey. Nurse retention scores steadily increased after the initiation of the WBC exceeding the retention rates for UCSD Health. Patient satisfaction, measured through the HCAHPS, also increased.

Remembrance Rock Rounds and the Workplace Bliss Committee are evidence that frontline staff members can be successful in initiating structures and processes that promote caring both for themselves and others.

An Extraordinary Outcome Due to Family Presence in an Intensive Care Unit

By: Steffanie Strathdee and Matt Redila, MSN, RN, CCRN, CNL

Nurse-led inter-professional bedside rounds that include the patient and family was adopted as a daily practice for Oncology and non-Oncology diagnoses in the intensive care unit (ICU) at UC San Diego Health in the Thornton ICU and now in the Jacobs Medical Center ICU. Since patients in the ICU are frequently seriously ill and oftentimes intubated, family members become key members of the inter-professional team. This case study involves a non-Oncology patient, but demonstrates the impact that family presence can have in achieving extraordinary patient outcomes.



Steffanie Strathdee Dr. Strathdee is an infectious disease epidemiologist. She is Associate Dean of Global Health Sciences and Harold Simon Professor of Medicine at the University of California San Diego where she directs the campus-wide Global Health Institute. She is married to Thomas L. Patterson, Professor of Psychiatry at UC San Diego.

CASE STUDY

In 2015, Tom Patterson and his wife Steffanie Strathdee, vacationed in Egypt. After falling ill, Tom was medevacked to UC San Diego Health, Thornton Intensive Care Unit (TICU) where he was diagnosed with a multi-drug resistant bacterial infection, *Acinetobacter baumannii*, which the World Health Organization (WHO) considers to be one of the deadliest superbugs. After several months of care in the TICU and multiple rounds of ineffective antibiotic therapy, Tom's clinical status declined; he became comatose and was on life support. Steffanie continued to pursue treatment options, which included an



Matt Redila, MSN, RN, CCRN, CNL is the Nurse Manager for the 3GH ICU, formerly Thornton ICU. He started his nursing career with Thornton ICU as a new-graduate nurse. Although 3GH ICU is a medical-surgical oncology ICU, the 3GH ICU nurses are also trained to care for the obstetric, abdominal transplant, cardiac, and neurology patient populations.

experimental treatment, bacteriophage therapy. This therapy consists of naturally-evolved viruses that attack bacteria. In the TICU, the inter-professional team, the patient, and the family participate daily in nurse-led rounds. It was during rounds that Steffanie presented the possibility of bacteriophage therapy, and the Infection Disease, Pulmonary, and Critical Care teams embraced the idea. Dr. Chip Schooley agreed to manage the treatment protocol.

Bacteriophages exist anywhere bacteria exist. The virus takes over the bacteria and turns it into a phage manufacturing plant, each bacterial cell death yielding hundreds of progeny phages. Human cells are not harmed by phages; the phages are



Patient and his wife.

excreted once the bacteria are gone. However, each bacteria has to be matched to a specific phage; not just any phage will do.

An international 'phage hunt' ensued. Multiple departments at Thornton and UC San Diego Health Sciences cut through the red tape to allow Tom to receive IV phage therapy under an Emergency Investigational New Drug (EIND) from the US Food and Drug Administration (FDA), the first application in the US. After just a few days of phage therapy, Tom woke up from his coma and began his long recovery.

He and Steffanie credit bacteriophage therapy and the TICU care team with saving his life. Beyond the applications of medicine, nursing, physical therapy, occupational therapy and speech pathology, the humanity of the care team made the difference in Tom's recovery. When it looked like Tom was going to die, his nurse offered Steffanie a hug. When he

began to get better and yet hadn't had a shower in 5 months, another nurse coordinated the approvals from his hospitalist and Infection Control to make this happen. When Tom suffered ICU psychosis and couldn't sleep because of being turned every 2 hours, the charge nurse noted that since he had no pressure wounds, she put a sign over his bed saying "GOAL: A GOOD NIGHT SLEEP! TURN EVERY 4 HRS." He and Steffanie contend that it made all the difference.

Under the outstanding care of the TICU team, Tom beat all odds, fought off this superbug, and was discharged home in August 2016. He, Chip and Steffanie and the Infectious Disease, Pulmonary & Critical Care teams have helped several other patients receive bacteriophage therapy since his illness. Tom's case has been covered extensively in the press.

READ MORE AT:
<https://health.ucsd.edu/news/topics/phage-therapy/Pages/default.aspx>

WATCH THEIR TEDX:
[youtube.com/watch?v=AbAZU8FqzX4&feature=youtu.be](https://www.youtube.com/watch?v=AbAZU8FqzX4&feature=youtu.be)

Nurses and Radiation Therapists as Superheroes: A UNIQUE APPROACH TO CARING FOR KIDS IN RADIATION ONCOLOGY

By: Sofia Olivares, RN

“Hi! My name is Robert, I’m five and I have cancer in my brain!”

This was my first encounter with a pediatric patient in radiation oncology. I had just shifted from pediatrics to pediatric radiation oncology and had some reservations about whether or not I could weather the change. Could I handle it emotionally? Would I be a strong enough nurse for my patients and families? Seeing Robert’s contagious smile and sweet demeanor assured me I was in the right place.

Radiation oncology nursing requires collaboration with the oncology teams from outside facilities (Radys Children’s Hospital, Kaiser Permanente, and Balboa Medical Center just to name a few), the UCSD radiation oncology team and UCSD pediatric anesthesia team. The nurse coordinates central line placement, chemotherapy schedules, assist with transportation, manage side-effects, and provides guidance

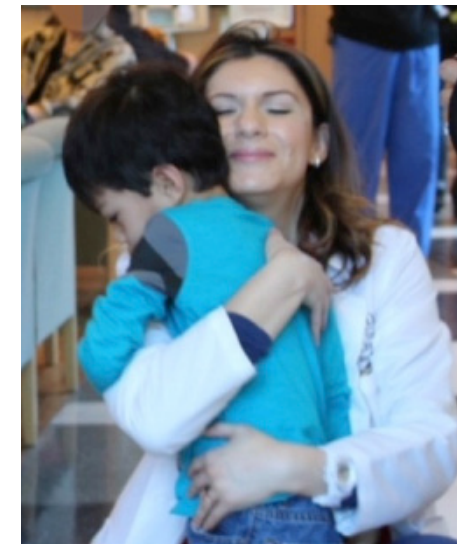
and support. The pediatric radiation nurse utilizes critical thinking skills along with knowledge of princesses, super heroes, popular cartoons, music, movies and fashion.

UCSD pediatric radiation oncology embraces family-centered care. In family-centered care the patient, family and clinicians work together to plan, educate and provide patient care. Clinicians involve parents, grandparents, siblings and friends in the patient’s experience. We encourage the family members to be involved in the child’s care. We ask the families to come along with the patient to the treatment room, to observe what is involved in the treatment setup, and most importantly to provide support to their child. In certain cases, we have the parents speak to their child over the microphone as the child undergoes treatment. We strive to create a safe, calm and trusting environment for both the patient and their parents. The staff also understand if the patients do not want to have family present, this is especially true for teenage and young adult patients who want to maintain a sense of control and independence. In addition, we allow parents to accompany their child to the treatment room if the child requires anesthesia for treatment. This allows for an extra layer of comfort and reassurance for the child. We advise the parents, grandparents and siblings that it is ok to hold their child’s/sibling’s hand and tell them you love

Maycie Whelan, RTT (left)
Chelsea Klika, RTT (right)



Sofia Olivares, RN is a Pediatric Radiation Oncology Nurse at the UCSD Moore’s Cancer Center and has been a pediatric nurse for over 12 years. She began her nursing career at UCLA Mattel Children’s Hospital and went on to become a circulating and scrub nurse at Children’s Hospital Los Angeles. After a year of working in the OR, she became a pediatric radiation nurse at CHLA and was awarded the Daisy Award. She moved to San Diego in 2010 and returned to UCSD as the pediatric nurse in radiation oncology. Sofia is a Certified Pediatric Hematology Oncology Nurse and is a member of the Association of Pediatric Hematology Oncology Nurses.



Sofia sharing a special moment with her patient

them as they fall asleep.

Being a pediatric radiation oncology clinician requires that one understand where the patient is in the course of the disease process. Is the patient newly diagnosed? Has the child been undergoing chemo therapy or other treatment prior to radiation? Or perhaps, the patient is under treatment for end-of-life care? Each of these stages requires a different approach to patient care. Tailoring care to the time cycle of the disease provides individualized meaningful and compassionate care.

We meet many children that are newly diagnosed with cancer. Typically, these patients and families have had minimal exposure to the hospital setting and staff. Many of them have endured multiple MRIs, CTs, surgeries, blood transfusions, chemotherapy within a short amount of time prior to arriving at radiation oncology. What they thought was a routine examination for a stomach ‘bug’ or sinus infection resulted in a devastating diagnosis of cancer. They are in shock and we must be prepared to handle and address their needs. The staff understand that the family and child may be overwhelmed and frightened. As the nurse, I coordinate with our social worker to meet with the family to assess their social, emotional and spiritual needs. I collaborate with the radiation therapists to coordinate appointment times that work best with the patients and families. In

addition, I keep in communication with the referring team and provide continuous updates on the patient’s treatment plan and response to treatment.

Unfortunately, like in the adult setting, we encounter many pediatric patients who are at the end-of-life and require radiation for palliation. Many times, these are patients who have undergone radiation in the past and return for additional treatment because of disease progression and the need for pain relief. The care team allows extra time for these appointments. Extra time is used to assist with positioning, for addressing medication needs, and sometimes, to be a shoulder to cry on. The nurse

serves as the advocate for the child as well as their parents.

I am honored to work with the UCSD radiation oncology team as a pediatric nurse. Our pediatric radiation oncologist, radiation therapist, anesthesiologists, administrative staff and social worker are invested in providing the best care possible to the pediatric population and families. The thought of becoming a pediatric radiation oncology nurse never crossed my mind in nursing school. Gratefully, my five-year-old patient Robert sparked a fire in my heart that will never fade and now I cannot imagine being anything other than a pediatric oncology nurse.

Pictured left to right:
Mario Moreno, Radiation Therapy Technologist (RTT), Asim Billoo, RTT, Sarah Galbraith, RTT, Katie Newton, RTT



The Implementation of an ICU Diary Program to Prevent Post-Intensive Care Syndrome

By: Truong-Giang Huynh, BSN, RN, CCRN

Hospitals throughout the US are often pressured to focus their time and energy on measures that provide immediate outcomes such as discharge timeliness or infection control practices. Although they are very important, strategies are rarely aimed at improving long-term outcomes for patients admitted to an intensive care unit (ICU), including oncology patients. Nurses in the Jacobs ICU at UC San Diego Health are on the cutting edge in addressing this problem through the implementation of the ICU diary program.

Numerous studies have explored the long-term lasting effects an ICU stay has on patient survivors. Similar studies have also been conducted on the lasting effects ICU patient family members' experience. Both patients and families have shown to be at great risk for developing new or worsened physical, cognitive, or mental illness

after surviving an ICU stay.¹

The term post-intensive care syndrome (PICS) and post-intensive care syndrome-family (PICS-F) were coined to describe the symptoms patients and families experience after their ICU stay. Many European countries have been writing ICU diaries for over 20 years to thwart some of the symptoms associated with PICS/PICS-F. Symptoms of PICS/PICS-F include but are not limited to post-traumatic stress disorder, anxiety, ICU-acquired weakness, and cognitive dysfunction.^{2,3}

Compared to European countries, ICU diaries are relatively new in the United States. Their use with oncology patients is rare. The impetus to implement diaries for patients and their family members was to fill in potential gaps in their memory with clinician and family input⁴. Ultimately the patient after leaving



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Far left: ICU nurses in the ICU diary class practice writing diary entries.



Left: The ICU diary and pen provided to patients and family members, created by the Jacobs/Thornton ICU diary team.



ICU staff practicing writing diary entries.

the ICU can reconstruct their illness narrative with day-to-day accounts from both the nurses as well as their family and friends' accounts.

After being introduced to PICS/PICS-F, and learning how ICU diaries could mitigate PICS/PICS-F, the Jacobs ICU team members (previously Thornton ICU) decided that caring for the patient in the immediate ICU environment was not enough. A team of four nurses (Giang, Alice, Sam, and Miranda) decided implementation of an ICU diary program in their ICU was imperative to help offset the long-lasting effects of an ICU stay. The team applied and was accepted into the American Association of Critical Care Nurses Clinical Scene Investigation Program, where evidence-based practice tools and strategies were taught and applied.

The development of the ICU Diary Program required a multi-stage process. The cover and theme of the ICU diary was "your stay, your story." This captivating slogan was branded all over notebooks, pens, mousepads, t-shirts throughout the unit to stimulate interest and ultimately create buy-in.

Several variables had to be addressed within the ICU diary group prior to project education and

implementation. The first was understanding how hospitals often cite having a difficult time implementing change unless they can identify something that sticks with the audience.⁵ The second was that nurses as a group tend to be more conservative and avoid change compared to teachers, information specialists, and scientists.⁶ Armed with this knowledge, the team developed an all-inclusive 4-hour in-person class on ICU diaries.

The team established a mandatory

ICU nurse Allison Riley writing an ICU diary journal entry for her patient.





ICU nurses in the ICU diary class practicing a diary entry.

ICU nurse managers practicing writing a diary entry.



class. The class included these components: PICS/PICS-F introduction, the history of ICU diaries, what to include and exclude from the ICU diary, how patients are screened and debriefed for PICS in the post-ICU recovery clinic, measurement of the project's outcomes data.

The team established a mandatory class. The class included these components: PICS/PICS-F introduction, the history of ICU diaries, what to include and exclude from the ICU diary, how patients are screened and debriefed for PICS in the post-ICU recovery clinic, measurement of the project's outcomes data. As part of the class, the team empaneled four previous ICU patients admitted to the ICU and their family members, who shared recollections from their ICU stay. These stories included having many false memories, anxiety over memory losses and gaps, posttraumatic stress, and lengthy physical recoveries still existent years later. Each panel member endorsed implementation of the ICU Diary Project since they confirmed they wished they had some type of support during their ICU stay.

The interactions between the patient and family member panel with nurses was very emotional. There were very few dry eyes, which directly corresponded with responses from many course evaluations. Many nurses responded that the class renewed their sense of caring and empathy. After all ICU frontline staff completed the ICU Diary Program class, the first ICU diary was implemented in June, 2016.

The expectation was that the staff nurses would initiate an ICU diary on any patient expected to stay in the ICU for more than 2 days and had the potential for a memory gap. Memory gaps included scoring positive on delirium assessments, being intubated and/or sedated, or having procedures requiring moderate sedation.

Staff members were instructed to write at least one handwritten entry per day. Family members were also encouraged to write to the patient in

the diary as often as they wished. While staff wrote messages of caring, families were encouraged to write similar messages that would help reconstruct the timeline of events meaningful to the patient. These events could have included entries such as a political elections, football game outcomes, or missed birthdays. Entries describing their agitation and required restraint usage could help clarify any false memories or thoughts patients might have experienced.

In addition to providing families with a diary and pen, an instant camera was made available in case family members wanted to capture their environment or care team with their permission. When patients were transferred or discharged out of the ICU, the ICU diary was given to them for their keeping. The ICU Diary Program Team kept track of each ICU diary patient and referred them all to the post-ICU recovery clinic. A physician from the clinic would call to set an appointment to follow up with the patient, typically 30 days after their hospital discharge to debrief their stay. This included a physical, mental, and cognitive follow-up as well as reviewing the ICU diary with the patient.

The team measured two outcomes with the project, rates of post-ICU recovery clinic referrals as well as family satisfaction with care and decision-making scores in their ICU. Referrals more than doubled with the implementation of the ICU diary program and family satisfaction scores marginally increased. Though there was not a significant increase in family satisfaction scores, this could be attributed to either a high baseline benchmarking score in the high 90th percentile compared to similar units in the world, or simply choosing the wrong measured outcome.⁴

The ICU Diary Program had many successful secondary outcomes. The ICU Diary Project was well received by patients and families. Front-line staff were instructed how to connect to patients on a more human level rather than a standard provider-to-patient connection, helping to mitigate the effects of

post-intensive care syndrome for both patients and families. UC San Diego was so supportive of the pilot program in the Jacobs/Thornton ICU that all other ICUs within the organization are adopting the practice in the summer of 2018. The ICU Diary Program also falls in line with the latest recommendation from the 2017 Family-Centered Care Guidelines published by the Society of Critical Care Medicine as a means to improve patient and family outcomes.

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ICU Nurse Aaron Poindexter writing a diary entry for his patient



Implementing Proactive Code Nurse Rounds to Decrease Delay in Rapid Response Activation

By: Mary Hellyar, MSN, RN, CNS

ORIGIN

Late in 2015, three events occurred, signifying the Thornton ICU (TICU) code team's need to initiate proactive rounding. First, there was a joint reflective practice meeting between the nurses on 2East and Thornton ICU, in which nurses from both units expressed a desire for the code nurses to consult with the unit charge nurses to identify patients that would benefit from early intervention by the code nurses. Second, there was a mock Code Blue called while the TICU code team was engaged in another rapid response. Due to competing priorities, the back-up team's response time was delayed. Third, the code blue team noted an increase with "delay in rapid response activations" throughout the hospital.

In response to the three factors listed above, the code nurse was relieved of all other responsibilities in order to focus on offering assistance, education and providing peer review to other units. They began rounding once per shift and had informal discussions with unit charge nurses

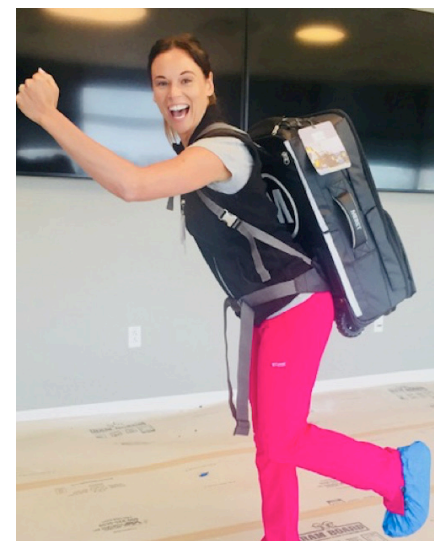
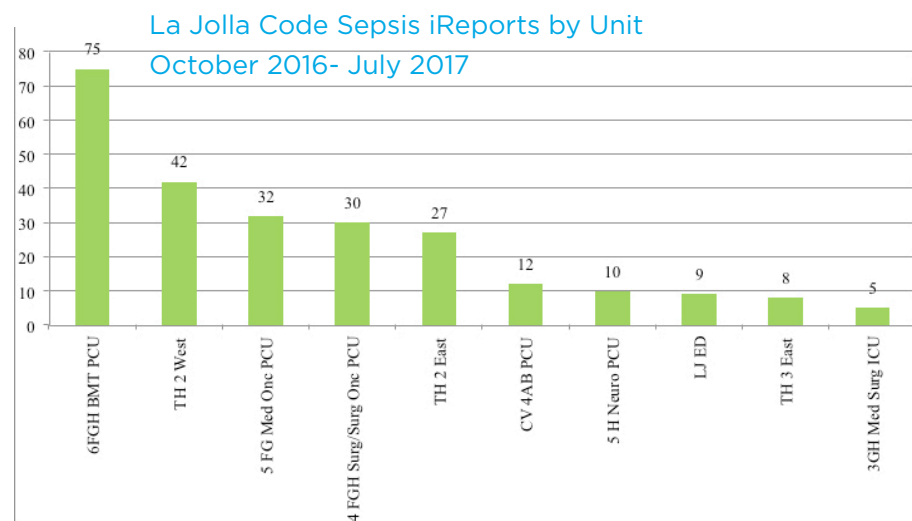
to identify patients at a high risk for deterioration. Once identified, the code nurse and the charge nurse or bedside nurse would evaluate the patient together. This proactive rounding fostered collaboration and real time peer review and education. If the patient met criteria for a rapid response, it was called. This was done to ensure the formal rapid response process remained intact and to allow tracking through the I-report system. Any process issues were resolved through collaborative reflective practice.

Proactive rounding continued when the code team unit expanded to the new Jacobs Medical Center (JMC) and now includes the women and infants units. Additionally, proactive rounding is completed twice per shift with more focused rounding on patients who have been recently transferred from the Intensive Care Unit (ICU), high-risk obstetrical patients, and a new population of oncology patients receiving Chimeric Antigen Receptor T-Cell (CAR-T) therapy. With the success of proactive



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BMT is the biggest utilizer of Code Sepsis. Between October 2016 until July 2017, the unit called 75 Code Sepsis and of those, only 2 patients did not survive until discharge. Due to the collaboration



Code nurse in action.

rounding by the initial TICU code nurse, it has been established as an expectation for the Sulpizio Cardiovascular Center and Hillcrest Medical Center code teams.

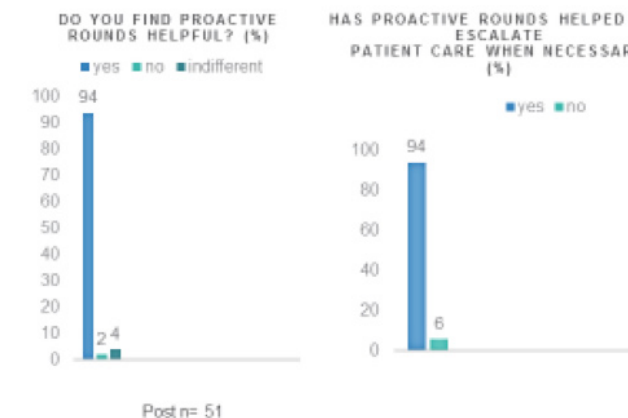
OUTCOMES

Early identification of sepsis symptoms is critical with oncology and blood marrow transplants (BMT) patients due to their immunocompromised state. These patients can decompensate rapidly, thus prompt identification and utilization of Code Sepsis is crucial. BMT nurses are trained to identify and initiate Code Sepsis when the patient meets Severe Sepsis Criteria.

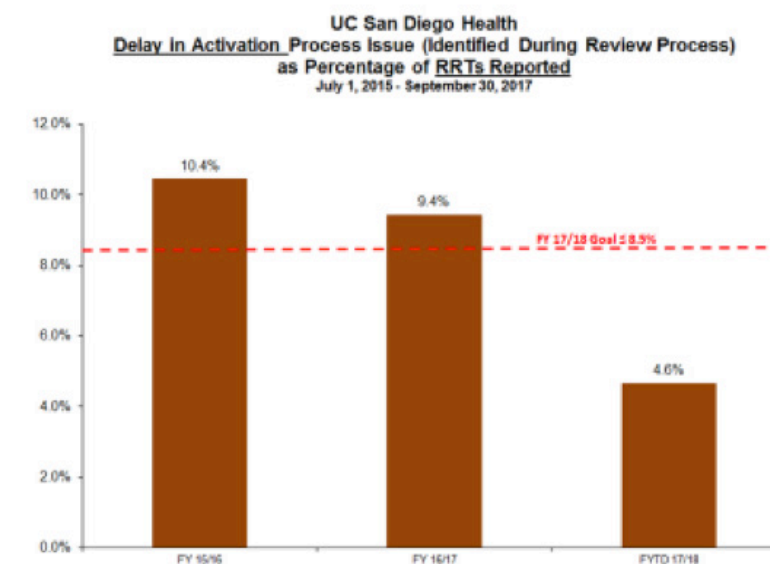
BMT is the biggest utilizer of Code Sepsis. Between October 2016 until July 2017, the unit called 75 Code Sepsis and of those, only 2 patients did not survive until discharge. Due to the collaboration between Code Nurse and BMT nurse through proactive rounding, the sepsis mortality rate has continually decreased since implementation in early 2017.

Post Survey Confidence Results

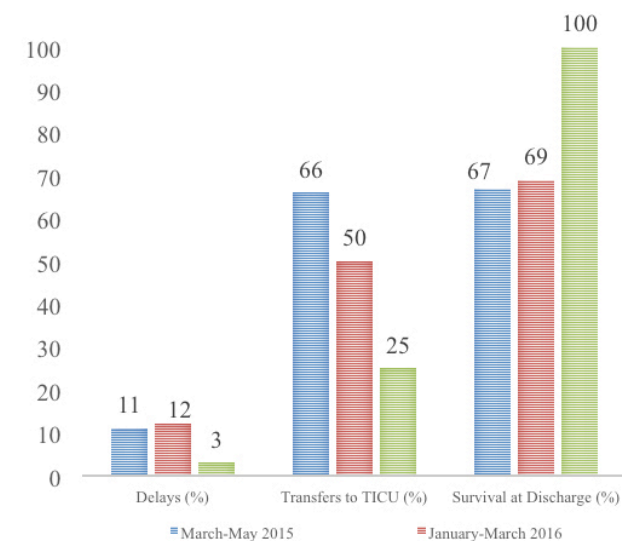
The data clearly shows that nurses on the units find proactive rounds helpful and that it has helped them escalate care when indicated.



Finally, proactive rounding has been correlated with a reduction in delayed rapid response activation and an increase in the percent of patients that survive a Rapid Response Team (RRT) or code through discharge.



Delay in Activation Data



The Comprehensive Breast Health Center at the Koman Family Outpatient Pavilion

By: Cecilia Kasperick MSN, RN, CNL

For many years oncology nurses have collaborated on patient care at Moores Cancer Center, but for the first time, nurses who specialize in Breast Health will be housed under one roof. The third floor of the Koman Family Outpatient Pavilion (KFOP) has casually been referred to as “a one stop shop” for patients diagnosed with breast cancer, or experiencing breast health issues. The new Comprehensive Breast Health Center (CBHC) will provide services for all dimensions of breast health, including: breast radiology (mammograms, ultrasounds, MRIs, nuclear medicine & breast biopsies), medical and surgical oncology clinics, a dedicated infusion center, same-day surgery operating suites, an in-house pharmacy, and ancillary services, such as social work, genetic counseling, pain management and physical/occupational therapy. Truly, this is a COMPREHENSIVE Breast Health Center.

“(They) are truly amazing - so professional, knowledgeable, terrific bedside manner and topnotch in every way. Could there ever be a better team? Not on my book and I’m glad they’re leading the way on this new journey in my life!”

For the past 3 years, representatives from the cancer center Department of Nursing have been involved with planning this facility; and nurses are excited to play a significant role in this expansion. “Warm,” “beautiful” and “cutting edge” are words they have used to describe the environment. Floor to ceiling windows allow

for natural light and the “open concept” floor plan allows patients to easily transition between treatment areas. The overall feel of the space is inviting, and reflects the care, integrity and professionalism characteristic of oncology nursing.

Most of the nurses working in the Comprehensive Breast Health Center are Oncology Certified and complete annual continuing education. For many years, breast team medical/surgical RN’s have excelled in patient education. They continually create resources to ensure new knowledge and innovations are incorporated, and they teach complex subject matter in a way that is easy for patients to understand. Our Infusion Center nurses have a long history of conducting research, creating process improvement projects, and presenting their results at national conferences. As our work spaces merge, and we interact on a daily basis, we hope to collaborate more, sharing our strengths and

initiating joint projects. Infusion center and clinic staff will share a break room, so undoubtedly new friendships and professional collaborations will emerge.

Nurses in the Outpatient Pavilion

(OP) also have the opportunity to participate in interdisciplinary breast conferences. Once a week, physicians, advanced practice providers, nurses, clinical trial coordinators, genetic counselors and social workers meet to discuss each new patient. National Comprehensive Cancer Network (NCCN) guidelines are reviewed, best practices and “cutting



Cecilia Kasperick MSN, RN, CNL is the Breast Cancer Nurse Navigator at UC San Diego Moores Cancer Center. She received her master’s degree in nursing from the University of San Diego, and has worked at UCSD since 2007. Cecilia has spent the majority of her career working with oncology patients, and is passionate about preventive care, early detection and balanced living throughout treatment.

edge” treatments are discussed, and individual treatment plans emerge. Collaborative care and “personalized medicine” are deeply embedded in the culture of the CBHC. Sharing space on the third floor will enhance this practice and support cohesive patient care.

Each department affiliated with breast healthcare hold national accreditations. We are recognized as a “center of excellence” by the National Cancer Institute (NCI) and the National Accreditation Program for Breast Centers (NAPBC). We treat not only patient’s physical bodies, but strive to provide holistic care, encompassing the physical,



UCSD CBHC ACS Walk Team

mental and emotional needs of our patients. Patient testimonies, and letters submitted to “We Listen,” assure us we are on the right track. As a matter of fact, every department affiliated with breast care has received compliments, and we strongly believe our move to the OP will enhance patient experience and satisfaction.

Recent patient feedback has included statements such as:

“I just cannot say enough good things about the breast cancer team. The professionalism, thoroughness, kindness, warmth, and friendliness, not to mention the “make things happen” attitude of (this team), has been absolutely remarkable. I can only imagine what good things are ahead!”

“I always expect to feel scared or sad when I come here, but the opposite always happens. I feel hopeful and really lucky that I get to receive my care at UCSD.”

“(They) are truly amazing - so professional, knowledgeable, terrific bedside manner and topnotch in every way. Could there ever be a better team? Not on my book and I’m glad they’re leading the way on this new journey in my life!”

“Kudos and hats off to all who have already touched the hearts of both my husband and I - certainly all of which reflects the compassion, care, and skills of this incredible UCSD group. Thank you for partnering with me on this next chapter of my life’s journey!”

Survivorship care and community outreach are also long standing traditions for the breast team. Annually our interdisciplinary team, along with patient “survivors” & their families, fundraise and participate in the “American Cancer Society walk: Making Strides Against Breast Cancer” and “Padres Pedal the Cause.” Both of these organizations fund breast cancer research and patient services. In 2018, as we “rub elbows” in our new space, we look forward to growing these teams and increasing our CBHC presence in the community.

Nurses who work in the OP breast center where given the opportunity to share thoughts about our move. This is what they said:

“The OP is an ideal environment to collaborate and provide exceptional patient care.” “We are excited to be a part of something bigger than ourselves.” “I look forward to collaborating more closely with other breast oncology nurses;” and “This is a great opportunity to enhance our patient’s experience.”

In summary, opening the Koman Family Outpatient Pavilion- Comprehensive Breast Health Center, enables nurses to embrace the essence of our Nursing Professional Practice Model, where “our focus on developing caring relationships with patients, families, each other and ourselves allows us to create an environment where feeling cared for is an everyday experience.”

2017 UCSD Padres Pedal the Cause CBHC Team



CAR-T Therapy: A Novel Treatment for Patients with Relapsed Lymphoma or Leukemia

By: Aran Tavakoli, MSN, RN, CNS

Patients with relapsed or refractory-to-treatment Leukemia or Lymphoma face dire mortality rates and rarely achieve disease free outcomes. The majority of adults with acute lymphoblastic leukemia (ALL) will relapse at some point and up to 25% have resistance to treatment and will die of their disease (Up to Date, ALL 2017). Less than 10% of patients with relapsed diffuse large B cell lymphoma (DLBCL) will experience prolonged disease-free survival with second-line treatments. Though, over time, advancements have been made in the treatment of this disease, the majority of patients are not cured (Up to Date, Lymphoma 2017).

A new therapy called Chimeric Antigen Receptor T-Cells (CAR T) could improve the survival of patients with these diseases as well as other hematologic malignancies (e.g.: multiple myeloma). CAR-T belongs to a group of therapies called Immunotherapy that uses the help of a patient's own immune system to destroy cancer cells. The responses so far to this therapy, used after all other treatments have stopped working, have been remarkable for both adults and children. (NCI, 2017).

Initial CAR-T outcomes are promising. It has been reported in the literature that there is 40-50% complete response (CR). In the study that was open here at UCSD, phase 2 ZUMA-1 for patients that have DLBCL, the primary analysis of 101 patients showed an overall response rate of 82%, including a complete response (no evidence of disease) of 54% at greater than 6 months of follow-up (Locke FL,

Neelapu SS, Bartlett NL, et al, 2017). In adult and pediatric heavily pretreated relapsed refractory ALL, high remission rates of 67-93% have been reported (Frey, 2017). These are outcomes that have not been seen for these diseases, ever.

CAR-T uses advanced cell transfer, where the patient's own immune system cells are collected via apheresis and shipped to a drug company. The drug company then isolates the T-Cells and exposes them to a virus that has been reprogrammed with different content that is no longer infectious. The viral vector delivers a message to the T-cells to attack leukemia and lymphoma cells. These reprogrammed T-cells are grown in culture, frozen and shipped back to UCSD (Frey, 2017).

After receiving conditioning chemotherapy, the patient's cells are defrosted at the bedside and infused through a central line. This is all very anti-climactic. What is climactic, are the acute side effects patients can get from this treatment. Patients can have severe cytokine release syndrome and neurotoxicity that require care in the Intensive Care Unit (ICU) including vasopressors and mechanical ventilation.

Cytokine release syndrome can include the following symptoms: Elevated temperatures, chills and rigors, tachycardia, hypotension, hypoxia, generalized body edema from capillary leak syndrome, headache, rash, nausea, weakness and increased C-reactive protein (Brudno Kochenderfer, 2016). The patient's temperatures can also rise to greater than 103.0o F. If the patient requires vasopressors to maintain perfusion, or



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assistance with ventilation they are transferred to the Intensive Care Unit.

Neuro-toxicities can present as mild to life threatening. Mild toxicities can include somnolence, confusion, encephalopathy that can progress from mild, where it is not limiting activities of daily living, to severe disorientation, obtundation or stupor, combative delirium, seizures, and/or fatal brain swelling. Neuro-toxicities may mimic signs and symptoms of a stroke including dysphagia and acute change in level of consciousness. (Brudno Kochenderfer, 2016). All patients have a neurology consult and examination so that a baseline is established, before needing neurology's services for an acute change.

Because of the severity of the side effects and unique patient management, a close relationship between the BMT unit and the ICU has developed. Prior to admission, the ICU is notified of these patients and the patient management guide is sent to nursing and the intensivist. RRT nurses proactively round on the patient while they are on the BMT unit. Then, when a patient is transferred to the ICU, BMT nursing staff does reverse proactive rounds. The BMT resource nurse will check on the ICU nurse each shift, see the patient, and answer questions about oncology-specific care or treatments.

When patients have life threatening complications it is critical that the medical teams are communicating with each other. Patients may need to be started on high doses of methylprednisolone, but only at the correct stage of toxicity. Because patients can progress quickly to system failure, the BMT team needs to be continuously updated on the patient's condition if it worsens to provide treatment recommendations.

Though these agents have been used at UCSD on clinical trials, recently 2 drug companies have received approval for their product through the Federal Drug Administration (FDA). The first CAR-T therapy approved by the FDA on August 30, 2017 was Kymriah (tisagenlecleucel) that is



BMT Team

indicated for certain pediatric and young adult patients (up to age 25) with a specific form of acute lymphoblastic leukemia (ALL). On October 18, 2017, Yescarta (axicabtagene ciloleucel) by Kite Pharma Inc., the CAR-T therapy being trialed at UCSD, was approved to treat adult patients with certain types of large B-cell lymphoma who have not responded to or who have relapsed after at least two other courses of treatment.

In summary, CAR-T therapy has significant life threatening side-effects, but once these side effects resolve, patients recover and have a higher chance at long term disease-free survival than in the past. These new immunotherapy treatments are improving the odds and the longevity of responses to these treatments will continue to be monitored as more patients are treated.

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The Development of an Inpatient Palliative Care Unit

By: Karen Armenion, MSN, RN

Palliative care is often confused with end-of-life care. The Journal of Palliative Care and Medicine defines palliative care as a holistic approach to maximizing the quality of life, offering comfort using expert symptom management and empathetic caring. Palliative care looks at the entire patient and focuses on the care of the physical, emotional, mental, spiritual and social domains.

The Oncology Division at UC San Diego Health, in Jacobs Medical Center hosts the first inpatient palliative care unit in the organization. The goal of this unit is to improve the quality of life for our oncology patients, their families and our staff through treatment of complex symptoms (pain, depression, nausea, delirium), the development of unit-wide expertise in addressing complex psychosocial /family dynamic issues, the co-ordination

of integrative services/volunteers (massage, acupuncture, music therapy, aromatherapy, volunteers), and multidisciplinary process meetings for difficult case debriefings.

The Palliative Care pod officially opened on August 28, 2017 at Jacobs Medical Center 5G. The Palliative Care pod is part of the 5FG Medical Oncology/Palliative Care unit. 12-beds are dedicated to palliative care with the additional resource of a palliative care attending, a social worker, a psychiatrist and a chaplain. A co-management model is used where the Palliative Care Team proactively manages patients on admission alongside Hospitalists. Palliative care is a necessary supplement to the oncology division as patients and families go through the continuum of care.

The development of the unit started with the staff attending palliative specific training provided by the Palliative Care Team. The nurse practitioners utilized the concepts from the End-of-Life Nursing Education (ELNEC). The goal of the 2-day 4 hour training course was to equip the staff in 5FG with the tools for self-care and management of complex symptoms in the complex oncology patient population.

Each day, the Palliative Care team collaborates with the charge nurse, nurse manager, assistant nurse manager, nursing supervisor, care coordination and the nursing staff to review care goals and plan appropriate disposition for each patient in 5G. Patients are cohorted appropriately through constant communication with the other Palliative Care consult services in La Jolla and the admitting Hospital Medicine providers. The daily communication and review ensures



Karen Armenion, MSN, RN graduated with a Bachelor of Science in Nursing from Cebu Normal University in the Philippines. She ranked 16th overall in the Philippine National Licensure Examination for Registered Nurses in 1999. Since then, she has worked in several organizations as a registered nurse in the acute care setting. She joined UC San Diego Health in 2003 as a clinical nurse II in the HIV/Infectious Disease Unit. She pursued her Master's Degree in Nursing and graduated in 2009 from the University of Phoenix. Karen has 12 years of administrative nursing leadership experience; 7 years as an acute care nurse manager. She has been successful in improving operations, work processes, nurse-sensitive outcomes and patient experience at the unit, divisional and organizational levels. Karen has been a mentor for nursing staff in their leadership and clinical advancement. She promotes transformational leadership in her daily interactions with staff and patients. She provided leadership in the opening of Jacobs Medical Center 5FG, the Medical Oncology and Palliative Care Unit. Karen is the recipient of the 2014 Nurse Manager of the Year for Empirical Outcomes.



that patients are receiving the support and expertise of the Palliative Care team and the nursing staff. Focused Interdisciplinary Rounds are done at the bedside with patient and families. Rounds include Medicine Hospitalists, care coordination, pharmacy and physical therapy every day during the week to review the treatment and disposition plan.

Since opening, patients discharged from the 5G Palliative Care Pod have rated their experience at the top 1 percentile for Likelihood to Recommend, top 2 percentile for Nursing Communication, and top 22nd percentile for Pain Management compared to the national Press Ganey database. A sampling of patient's comments include: "all of your staff in hospitality are 5 star and I have been in the industry for 38 years – I know!", "Michelle was patient and kind, a great listener", "Angela must be a wonderful mother – treats patients like her own children", "Leilani has a fabulous personality and is kind, efficient, and thorough", and "Jenera gave me the best sponge bath I have ever received as a patient anywhere".

The unit staff are continuously looking for ways to improve care

in the Palliative Care Pod and hospital-wide. A few projects that are currently being deployed include: (1) Leora Chen, RN, MSN and DNP student is partnering with Hospital Medicine to develop MD/RN collaborative triggers for Palliative Care Consult on other acute care units, (2) Melody Akhonzedah, RN, MSN, CNL is implementing turn teams to decrease Hospital Acquired Pressure Injuries, and (3) Jason Gable, RN, MSN is collaborating with Palliative Care Fellow Ali Mendelson to study the impact of encouraging inpatients on Th 2E, JMC 3GH, and JMC 5G to bring in a photograph that represents how they want to be seen by clinicians as a way to bring dignity to patient and bring meaning to staff's work. It is clear that the staff on the Palliative Care Unit will have an impact on the patients they care for and on care throughout UC San Diego Health.



Changing the Care Delivery Model using Clinical Nurse Leaders (CNL) and Licensed Vocational Nurses (LVN) in the Oncology Setting

By: Melissa Callahan, BSN, RN, OCN, Jessica Hanson, MSN, RN, CNL, CCRN & Laura Vento, MSN, RN, CNL

TRENDING: UC San Diego Health has a new care delivery model that utilizes clinical nurse leaders and licensed vocational nurses practicing at their maximum scope. Innovation and inquiry are the foundation of performance improvement and UC San Diego Health is a quality-focused institution. The integration of the clinical nurse leader (CNL) and licensed vocational nurse (LVN) into the patient care delivery model have driven excellent patient outcomes as evidenced by nursing sensitive indicator results as well as influencing efficiency (length of stay and discharge metrics) and staff and patient experience.

In 2003 and 2007, the American Association of Colleges of Nursing developed white papers on the CNL role as a model for master's level clinical nursing leadership at the microsystem level (targeting nursing units from 10-15 beds). Secondary to the large physical footprint of the Jacobs Medical Center, having a resourceful, knowledgeable, and consistent leader in each pod is of paramount importance. Those in the CNL role echo the magnet components by operationalizing transformational leadership and

Oncology, at Jacobs Medical Center have implemented the CNL model. There are five CNLs in total each covering a 12-bed pod with each working Monday-Friday 8 hours a day. This model allows the CNLs to act as patient advocates, quality outcome managers, collaborative discharge planners, risk anticipators, and inter-professional team facilitators.

The CNL leads hospital wide quality initiatives such as Wound Wednesday and Foley Friday. Their direct support of staff and

bedside care drives down catheter-associated urinary tract infections (CAUTI) and hospital acquired pressure ulcers (HAPU). Furthermore, the regularity of their presence is conducive to implementing

performance improvement projects. The CNL's of 5FG have initiated a turn team to reduce HAPU rates. The 4FGH team has focused on reducing central line associated bloodstream infections (CLABSI) through a "Crushin' CLABSI Campaign".

Organizationally, patient flow and discharge metrics are key focus areas.

The CNLs and LVNs in Jacobs Medical Center are the pioneers of the new care delivery model.

ensuring empirical outcomes. They are able to give real time feedback and stimulate meaningful, constructive conversation. Furthermore, the CNL functions as a transit to disseminate information to their bedside nursing teams, as they are content experts.

Currently, both 5FG, Medical Oncology, and 4FGH, Surgical



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The CNLs and LVNs are an integral part of balancing patient satisfaction and meeting discharge goals. At this time, there are two CNL driven initiatives focusing on patient flow.

- A urology clinical pathway for cystectomy patients' targets shortening their length of stay by streamlining processes through the standardization of inpatient care.

- An abdominal transplant discharge project focused on early and efficient patient teaching.

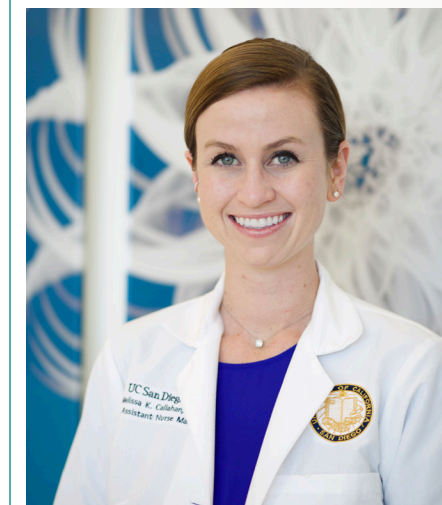
The CNLs and LVNs work collaboratively alongside bedside nurses to facilitate meeting patients' needs and help with timely discharges. For example an LVN can insert/remove IVs and hang IV fluids without additives. They can also pass medications, assist in nursing care, and provide break coverage for RN's. This results in more staff readily available to focus on optimizing key

patient outcomes.

The CNLs and LVNs in Jacobs Medical Center are the pioneers of the new care delivery model. They emulate the mission and vision of UCSD Health and are an advanced part of the collaborative team that delivers next level patient care.



Laura Vento, MSN, RN, CNL is Nurse Manager of the Surgical Oncology Progressive Care Unit at UC San Diego Health Jacobs Medical Center. She earned her BS from James Madison University and her MSN from the University of Virginia. Prior to working at UCSD, she served as a Peace Corps rural health extension volunteer in East Timor. Laura has certification as a Clinical Nurse Leader (CNL) and is a member of the Association of California Nurse Leaders (ACNL).



Melissa Callahan, BSN, RN, OCN is an assistant nurse manager on the Surgical Oncology Progressive Care Unit at UC San Diego Health Jacobs Medical Center. She earned her BSN and BA in Spanish at California State University San Marcos. She is currently enrolled in a MSN program at the University of Alabama with a concentration in nursing administration. She has been with UC San Diego Health since graduating with her BSN in 2012. Her experience ranges from orthopedics, bone marrow transplant, to surgical oncology. She is a member of the Association of California Nurses Leaders (ACNL), the National Collegiate Honor Society, Sigma Delta Pi, and is an oncology certified nurse (OCN).

MOORES CANCER CENTER

2018

ONS Congress 2018 Poster Presenters

Zinah Heisel, BSN, RN

Establishing a Foundation for a Gynecological Cancer Survivorship Program

Patty Kormanik, MSN, RN, NP-C, AOCNP®

Impact of California's Aid in Dying Legislation on Clinical Staff in an NCI Designated Cancer Center 1 Year Following the Law's Implementation

Pamela Johanson, BSN, RN, OCN®

Co-authors: **Leticia Marquez; Bernice Chan, Carmen, Lujan**

Establishing a Comprehensive Standardized Oral Chemotherapy Workflow Package for GI Medical Oncology Nurse Case Managers

Diana Leos, RN, OCN®

Establishing a Communications Platform to Coordinate Multimodality Cancer Treatments

Celine Palmiter, BSN, RN, OCN®

Establishing an Education Package for Non-Specialty Oncology Nurses to Improve Patient Care

ONS Congress 2018 Podium Presenter

Geline Tamayo, MSN, RN, ACNS-BC, OCN®, TTS

Lung Cancer Screening: An Opportunity and a Challenge

2017

ONS Congress 2017 Podium Presentation (Infusion)

Monette Santos-Moss, MSN, RN, OCN®; Aileen Ewin, MSN, RN, OCN®

Establishing a New Fast Track Department to Decrease Patient Wait Times

ONS Congress 2017 Poster Presentations (Infusion)

Aileen Ewin, MSN, RN, OCN®

Establishing a Nursing Review Process to Identify Open Patient Visit Encounters as a results of Missing Documentation

Aileen Ewin, MSN, RN, OCN®, Monette Santos-Moss, MSN, RN, OCN®

Establishing Infusion Center Scheduling Guidelines to Accommodate Increased Growth

Kristen Mensen, BSN, RN; Monette Santos-Moss, MSN, RN, OCN®, Daniel MacManus, MSN, RN, MBA, OCN®, CCRC; Chandra Lovejoy, BSN, RN

Establishing a Nurse-Managed Call-Back Program After Patients' First Chemotherapy Treatment

Victoria Vu, BSN, RN, OCN®

Preventing Patient Falls in the Infusion Center by Creating a Department Policy to Include Ambulation Trial

Dan MacManus, MSN, RN, MBA, OCN®, CCRC

Changing Practice of an Academic Institution by Establishing Use of 24 Gauge Catheters for Blood Transfusion

ONS Congress 2017 Poster Presentations (Multispecialty Clinic)

Oral Cancer Treatment Documentation Project Team Nurses:

Sue Margolis, BSN, RN; Pamela Johanson, BSN, RN, OCN®; Meghan Wickman, MSN, RN, OCN®; Ellen Carr, MSN, RN, AOCNP®; Sarah Eder, BSN, RN, OCN®; Luke Tran, BSN, RN

Establishing a Clinical Educational Action Plan to Address California's Physician Aid in Dying Legislation

Patricia Kormanik, MSN, RN, NP-C, AOCNP®; Michelle Russell, BSN, RN, OCN®

Caregiver Awareness of Supportive Resources for Caregivers at UC San Diego Comprehensive Breast Care Center

Eva G. Bariuan, MPH, RN-BC, OCN®; Debbie Noell, BSN, RN; Caroline Sanchez, MSN, RN, CBCN; Dr. Anne Wallace, MD; and Dr. Sarah Blair, MD

Establishing Foundational Tools for Clinic Nurse Case Managers to Cover Specialty Oncology Practices

Ellen Carr, MSN, RN, AOCNP®; Vicki Bradford, BSN, RN, MBA

Presentation

Creating a Process to Deliver Survivorship Care Plans.

Cecilia Kasperick, MSN, RN, CNL, CN-BN. Podium presentation, UCSD Frontline Leadership Academy, San Diego, CA. November 9, 2017.

Miscellaneous 2017-2018

Ellen Carr, MSN, RN, AOCNP®

Editor, Clinical Journal of Oncology Nursing

2017 Editorials:

First, Second and Always Responders Who We Are

2018 Editorials:

Focus on Communities Annual Rite of Spring

Carr, E. (2018). The Personal experience of lesbian, gay, bisexual, and transgender (LGBT) patients with cancer, Seminars in Oncology Nursing, 34(1):72-79.

Carr, E. (2018). Head and neck malignancies. In C. Yarbro, M. D. Wujcik, & B. Gobel (Eds.), Cancer Nursing: Principles and Practice (8th ed., pp. 139-152). Sudbury, MA: Jones & Bartlett.

JACOBS MEDICAL CENTER

2017

Publications

Truong-Giang Huynh, BSN, RN, CRRN; Miranda Covalesky, BSN, RN, CCRN; Alice Chen, BSN, RN, CCRN; Samantha Sinclair, BSN, RN, CCRN; Tamara Norton, BSN, RN, CCRN; Heather Gunter MSN, MBA/HCM, RN, CCRN; Cassia (Chevillon) Yi, APRN, MSN, CNS, CCRN Huynh TG, Covalesky M, Chen A, Sinclair S, Norton T, Gunter H, Yi C. Measuring outcomes from an intensive care unit family diary program. Advanced Critical Care. 2017; 28 (2).

Truong-Giang Huynh, BSN, RN, CRRN Owens R, Huynh TG, Netzer G. Sleep in the ICU in a model of family-centered care. Advanced Critical Care. 2017; 28 (2).

Presentations

Halley Yarvitz, MSN, RN, CCRN

Implementing a formal nurse mentorship program in the intensive care unit. Poster presentation, Evidence Based Practice Institute, San Diego, CA, November 7, 2017.

Carie Montesa, MSN, RN, AGACNP-BC, CCRN; Mary C. Hellyar MSN, RN, ACNS-BC, CCRN

Improving outcomes through nurse-led rounds. Poster presentation, UC San Diego 10th Annual Nursing Inquiry and Innovations Conference, San Diego, CA. May 31, 2017.

Truong-Giang Huynh, BSN, RN, CRRN; Miranda Covalesky, BSN, RN, CCRN

Measuring outcomes of an interprofessional intensive care unit family diary program. Poster presentation, OCHSNER EBP/Research Conference, New Orleans, LA, September 18, 2017.

Truong-Giang Huynh, BSN, RN, CRRN; Tamara Norton, BSN, RN, CCRN; Heather Gunter MSN, MBA/HCM, RN, CCRN

Measuring outcomes from an intensive care unit family diary program. Podium Presentation, Association of California Nurse Leaders Conference, Liberty Station, San Diego, CA, March 24, 2017.

Measuring outcomes from an intensive care unit family diary program. Poster presentation, National Teaching Institute (NTI) Houston, TX, May 22-26, 2017.

Truong-Giang Huynh, BSN, RN, CRRN; Tamara Norton, BSN, RN, CCRN; Heather Gunter MSN, MBA/HCM, RN, CCRN; Alice Chen, BSN, CCRN, RN; Miranda Covalesky, BSN, CCRN, RN; Samantha Sinclair, BSN, CCRN, RN Measuring outcomes from an intensive care unit family diary program. Podium presentation, UC San Diego 10th Annual Nursing Inquiry and Innovations conference, San Diego, CA, May 31, 2017.

Jennifer Rolley, MSNc, RN, PCCN

Ask 3 Teach 3. Presentation, 11th Annual Nursing Inquiry and Innovations Conference. San Diego, CA. May 31, 2018.

Marianne Delos Santos, MSN, RN; Noel Viray, BSN, RN-BC; Karen Armenion, MSN, RN, CMSRN

FIT rounds. Poster Presentation, ACNL conference San Diego, CA. March 23, 2018.

Andrea Bogardus, BSN, RN, CHPN

WBC: Workforce Bliss Committee. Podium Presentation, ACNL conference San Diego, CA. March 23, 2018

2018

Publications

Judy Davidson, DNP, RN, FCCM, FAAN; Janet Mendis, MSN, RNC-NIC, CNS; Truong-Giang Huynh, BSN, RN, CRRN; Samantha Gambles Farr, MSN, NP-C, CCRN, RNFA, DNP/AG-ACNP-student; Suzette Jernigan, MSN, MBA, RN Davidson J, Mendis J, Huynh TG, Farr S, Jernigan S, Strathdee S, Patterson T. "Family-Centered Care Interventions to Minimize Family Intensive Care Unit Syndrome and Post-Intensive Care Syndrome-Family" Management of Family ICU Syndrome: Improving Outcomes in the ICU. Springer; 2018, in press.

Presentations

Mary C. Hellyar MSN, RN, ACNS-BC, CCRN; Sarah Yeaman, BSN, RN, CCRN; Kelly O'Connor, BSN, RN, CCRN Case Study Investigations in the ICU. Podium presentation, ACNL conference San Diego, CA. March 23, 2018.

Truong-Giang Huynh, BSN, RN, CRRN Family Sleep in the ICU.

Poster presentation, 11th Annual Nursing Inquiry and Innovations Conference. San Diego, CA. May 31, 2018.

Truong-Giang Huynh, BSN, RN, CRRN

Risk and legal implications of ICU diaries. Podium presentation, 7th Annual Johns Hopkins Critical Care Rehabilitation Conference, Baltimore, Maryland, November 1-3, 2018.

Truong-Giang Huynh, BSN, RN, CRRN

Overnight ICU family presence in a model of family-centered care. Podium presentation, Society of Critical Care Medicine 2018 Congress, San Antonio, TX, February 25-28, 2018.

UCSD MEDICAL CENTER, HILLCREST

PRESENTATION

Nursing Strong Positive Actions (SPA): A Resiliency Program for Nurses. T.V.

Miller, and M. Meehan. Podium Presentation, Evidence Based Practice Institute, San Diego, CA. November 7, 2017.



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