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Enhancing Wellness through De-Implementation Science: Message from the Chief Clinical Officer

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Message from the Chief Clinical Operating Officer

Enhancing Workplace Wellness Through De-Implementation Science

M This year's journal focuses on workplace wellness, an essential element of sustaining a healthy and productive workforce. While activities such as stress-reducing events and the Healer Education Assessment and Referral (HEAR) program play a critical role in supporting employee well-being, these efforts often address symptoms rather than root causes of workplace stress. To foster a truly resilient work environment, we must shift our focus to prevention—specifically through the application of de-implementation science.

To create a healthier and more efficient work environment, we must embrace de-implementation science—a process of systematically identifying and discontinuing ineffective or outdated practices. While our nursing workforce has demonstrated excellence in evidence-based practice and performance improvement—conducting over 100 projects annually—de-implementation represents a new frontier. It challenges us to critically evaluate longstanding practices and eliminate those that no longer add value or may even detract from patient care and staff efficiency.

Two UCSDH nurses have already demonstrated the impact of de-

implementation science through innovative projects that streamlined care and improved resource utilization. Jay Castillo, RN, BSN, CNN, CNIII works in Nephrology with patients receiving CRRT therapy. When the equipment was updated and the nursing practices were being keenly evaluated, it was identified that UCSD nurses were spending time routinely flushing the lines in an effort to keep the filter pressures low. This extra work was not evidence-based or endorsed by the vendor. Jay conducted a project to evaluate filter pressures before and after discontinuing the flushing protocol. His findings demonstrated no difference in pressure levels, confirming that the practice was unnecessary. This project not only saved nursing time but also conserved valuable saline during a period of shortage.

Erin Giovannetti, RN, MSN, FNP-C, is a board-certified Family Nurse Practitioner at Altman Clinical and Translational Research Institute (ACTRI), specializing in diabetes research and inpatient glycemic management. With 18 years as an ICU, Trauma, and Emergency Medicine Nurse Practitioner, she understands the challenges of glucose control in hospitalized critically ill patients. Standard practice for insulin infusion is

hourly point-of-care testing (POCT) finger-sticks or blood draw which is invasive and labor-intensive. This experience led to a quality improvement project by the inpatient diabetes team, aiming to enhance glycemic control, efficiency, safety, and nursing workflow in the ICU using continuous glucose monitoring (CGM) technology. Compared to POC, which took an average of 4 minutes and 59 seconds, CGMs provided real-time data in just 3 seconds with customizable alerts. The results demonstrate high accuracy, enhanced safety, reduced glucose excursions, and decreased nursing workload.

We can all do our part for workplace wellness. Embracing de-implementation science, we can eliminate wasteful practices, reduce unnecessary workload, and create a more efficient and supportive work environment. This not only enhances our well-being but also ensures that our resources are used where they are most needed.

I call on every nurse, council, and leader at UC San Diego Health to champion de-implementation science. Let us commit to identifying and discontinuing outdated and non-evidence-based practices, recognizing and rewarding those who lead these

efforts. By embracing this approach, we will reduce workload, enhance patient care, and create a more supportive and resilient work environment. Together, we can set a new standard for excellence in healthcare.

Margarita Baggett MSN, RN Chief
Clinical Operating Officer

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