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MEDICAL/SURGICAL NURSING
commitment to lifelong learning,
professional development, and
their community





Five Magnet Components

Transformational Leadership

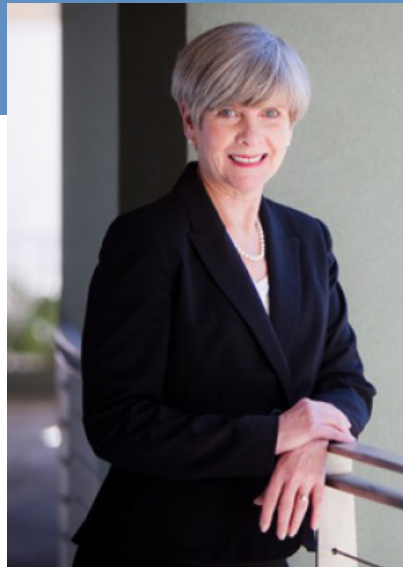
Structural Empowerment

Exemplary Professional Practice

New Knowledge and Innovation

Empirical Outcomes

Magnet 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/> to learn about committee membership opportunities.



Message from the The Chief Nursing Officer

Welcome to our 9th edition of the UC San Diego Journal of Nursing and Happy Holidays! This issue features our Medical Surgical units. Did you know that the number of beds in the Medical Surgical units make up for over 38% of the total beds in our hospitals? That is over 217 beds spread out over 9 units and includes over 380 Rn's. These units cover a variety of specialties and include a diverse group of devoted professional staff members. Med Surg nurses have the crucial role of being the central collaborator in facilitating the patient's transition to the different levels of care as well as transitioning for discharge from the hospital.

If you have ever wondered how the Affordable Health Care act of 2010 has impacted the nurse's role in the hospital then you will benefit from reading, "The Impact of the Med Surg nurse in the Era of Healthcare Reform". This article describes how these nurses in the acute care setting needs to be an effective communicator in every aspect of care to the patient and family. You will learn how the journey began in California with the Delivery System Reform Incentive Program (DSRIP) and how it affects hospitals that care for low income patients.

Many of us are aware of the community service that our own UC San Diego Nurses provide to the public through local agencies but there is a lot more going on outside of our community as well! Our Nurses are reaching around the globe to help others. As you will see on the map in this journal, our nurses have traveled to multiple countries in the past years and this list continues to grow. Countries that our nurses have recently traveled to include India, the Philippines, Honduras, Vietnam, South Korea, Indonesia, Australia, Canada and Mexico. On top of spreading help throughout different countries, our nurses have been great fundraisers for local charities! Last year the Medical Surgical units raised over \$72,000 for the American Heart Association and the Heart Walk. Nurses from our Bone Marrow Transplant (BMT) unit sponsored a Light the Night to benefit Leukemia and Lymphoma Society (LLS) and nurses from our HIV unit (6 East) continue to support the Annual AIDS walk and have raised over \$12,000 in one year for this important cause. Seeing everyone participate in these events makes me thankful to be a part of an organization that values giving back to the community! Thank you for being a vital part of the larger community.

When the Sulpizio Cardiovascular Center (SCVC) opened in 2011, many nurses on the units at Hillcrest and Thornton faced changes and uncertainty in regards to fellow employees leaving their home units for the new units and challenges to fill their empty spots and create a new family. In the article "The Journey of Rebuilding a Unit" you will learn about the trials that not only the management faced in order to rebuild the number of staff on their unit but the changes the nursing staff faced with losing the team members. Reading about how the existing staff emerge as leaders and mentors to new staff both career and travelers is a true testament to the character of these individuals.

I hope you enjoy reading about the Medical Surgical departments as much as I did. It is always fascinating to learn more about the special evidence based practice projects going on within our units. Realizing how each unit functions as an individual division as well as how each unit plays a vital role in the other parts of the hospital impresses me. These units are made up of very special people who have clearly been recognized for their achievements as seen in the multiple nominations for DAISY awards as well as having over 5 DAISY award winners among this staff.

With the holidays around the corner I hope that everyone has a safe and joyous holiday and that we all remember to be thankful for the wonderful people that make up our support system both at work and at home. I am thankful for all of you!

Sincerely,

Margarita Baggett, RN, MSN
CHIEF NURSING OFFICER

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On the front cover:

Med Surg Nurses of the Year 2012

Back Row (Hillcrest) Left to Right– Warren Toy (CIU), Fay Rivera (5W) Susan Hartnett (10E), Rachel Sibley (11W), Myran Evalle (8th), Anthony Velasco (6E), Not pictured Glyceria Castillo (6W)

Front Row (Thornton) Left to Right: Arlene Ferrer (3W), Phillip Koovadada (2W), Erin Shur (2E), Tamaray Mayer (3E)

2 **Message from the Chief Nursing Officer**

Margarita Baggett, RN, MSN

4 **Medical Surgical Nurses: Who We Are**

Cristina Cazares-Machado, RN BS & Michelle Duong, RN BSN OCN

8 **Competency Based Orientation**

Susie Thompson, RN, MSN

9 **Nuts and Bolts for Organizing a Professional Conference**

Chad Hutchison, RN, BSN

11 **Finding the “Right Fit”**

Philip Koovakada, RN, BSN

13 **Advancing Nursing Practice: Trauma Progressive Care Unit**

Kim Savidan, RN, BSN and Faye Rivera RN, BSN, PCCN

15 **The Impact of the Med-Surg Nurse in the Era of Healthcare Reform**

Karen Armenion, MSN CMSRN

19 **Medical Surgical Nursing Staff as Fundraisers**

Paige Burtson, RN

21 **Promoting the Image of Nurses in the Local Community and Internationally**

Paige Burtson, RN

23 **Supporting Evidence-Based Practice at the Bedside**

Kathleen Ryan, RN, MSN and Laura Vento, RN, MSN, CNL

25 **The Journey of Rebuilding a Unit**

Ala Wheelock, RN MSN

27 **Creating a Culture of Safety in the Medical Surgical Division**

Elvie Sevilla, BSN RN and Jennifer Mitch, MSN RN

MEDICAL SURGICAL NURSES: Who we are

By Cristina Cazares-Machado, RN BS & Michelle Duong, RN BSN OCN

The medical/surgical division spans both campuses of the UCSD Health System. It consists of 9 units with a total of 217 beds accounting for over 38% of UCSD's current total bed capacity. Its varying areas of specialty and diverse group of dedicated, professional staff committed to delivering the highest quality patient care help drive who we are collectively.

Individual unit areas of specialty range from bone marrow transplant/oncology, care of stroke patients, orthopedics, chronic diseases, solid organ transplant to infectious diseases with some having telemetry monitoring capabilities.

Our staff ranges from the novice practitioners to seasoned nurses. Their level of expertise at the bedside is best illustrated by their commitment to lifelong learning, professional development, and their community.

COMMITMENT TO PROFESSIONAL DEVELOPMENT

Unit	BSN	MSN	# RNs	%
5W (includes CNII supervisors)	26	0	46	57%
6E	30	0	36	83%
6W	32	1	36	92%
8th	26	1	37	73%
10E (includes CNII supervisors)	37	3	42	95%
11W	19	1	26	77%
2W	57	1	68	85%
3W	44	2	49	94%
3E	29	0	40	73%
Med Surg	300	9	380	81%



Michelle Duong, RN, BSN, graduated from Montana State University in 1998 with the BSN degree. She started working at UCSD in January of 2006 and currently is the nurse manager of the BMT/Oncology unit. Michelle loves being a nurse, a mentor and a teacher.



Cristina Cazares Machado, RN, BS, graduated from CSU, Chico in 2000 with a BS in Health Science. She then returned to school at Monterey Peninsula College and obtained her AS in Nursing in 2005. She began working at UCSD in February of 2010 and is currently the Nurse Manager of 6 East, a Medical/Surgical unit with a primary focus on infectious diseases.

We Salute

To highlight the unique experience of the medical/surgical nurse, three RNs from varying home departments have shared their personal stories about nursing and being a part of the UCSD team.

Lessons Learned In My First Year As A Nurse



By Anthony Velasco, BSN RN
PHN CMSRN (6 East)
2011 Co-Rookie of the Year

My learning as nurse did not stop after graduation. Every day, I am molded into the nurse that I want to be. After nearly three years since starting my career as a nurse, I continue to learn new things. I also realized that nursing is a life-long learning process and is not only contained in books. More importantly, I recognized that learning could root from a myriad of places.

BE A SPONGE.

Constantly, we are surrounded by seasoned nurses whose knowledge and experiences can only broaden a new grad nurse's mind. I learned to take the opportunity to absorb as much as I could each day I work alongside these nurses. They taught me things as simple as starting an IV to understanding life-long lessons such as "there are no dumb questions", "when you see a problem, be part of the solution", and "it doesn't get easier, you just get better in handling difficult situations".

BE YOUR PATIENTS' BEST ADVOCATE.

In my first year as a nurse, I learned

quickly the power of nursing and the effect we have on our patients. By empowering our patients through education, we are able to encourage them in participating in their own care and equip them with the proper tools they will need to succeed after discharge. Nurses being present at the bedside 24/7 give us a great vantage point to determine the barriers our patients face. We must seize every opportunity and use our influence in ensuring our patients' successes.

"There is no 'I' in Nursing... unless you are trying to win a spelling bee". Someone once told me that joke; and, as funny as that joke was, I realized that it brought home a simple truth: teamwork is essential in nursing.

During my first year of nursing, I realized the importance of teamwork. More importantly, the teamwork I learned went beyond the traditional definition of being able to depend on each other. The sense of teamwork I learned is teamwork in its purest sense: having a mutual respect, acknowledging differences, and working towards a common objective. Without teamwork, I wouldn't have succeeded in my growth as a nurse.

BE INVOLVED.

Through my volunteering experiences, I learned the core of the nursing

profession: caring. I learned that nursing and the care nurses provide can break down many barriers. It taught me to listen not only to the words spoken but also appreciate the connection between the caregiver and patient. My recent medical mission to Honduras not only brought me great experiences but also was a testament of how the nursing profession empowered me as a person and as an engaged citizen of the world.

BE SELF-REFLECTIVE.

Finally, I learned that in order to grow as a nurse, one must self-reflect on a regular basis. We must have the initiative to ask ourselves, "What can I do better?" By understanding where our limitations lie, we can work towards breaking those limitations and expand our horizons.

Despite the chronic fear of inflicting harm, the nagging anxiety of my new career, and the exhaustion of a long day's work, every day I acquire a handful more sense of purpose and satisfaction. Yes, my first year of nursing was terrifying, but being surrounded by supportive, caring, and an inspiring group of nurses made my transition from being a novice nurse to being a competent and professional one very satisfying. Never would I imagine starting as a new RN somewhere else other than on 6 East.

2 West





Elizabeth Brennan, RN
2012 Rookie of the Year (2 West)

I started my journey as a new graduate nurse at UC San Diego Health System in October of 2010. I was fortunate enough to be hired into the New Graduate Rotation Program (NGRP). This included the opportunity to rotate to three different units at Thornton Hospital, which included telemetry, medical-surgical, and oncology. Being a part of this rotation program as a novice nurse was both challenging and exciting. It involved hours of study both inside and outside of the hospital, and was physically and mentally demanding. However being chosen out of over 1,500 new graduate nurse candidates to be part of the UCSD team was not something I took lightly. I knew that I would have to excel if I wanted to uphold the standards of being a nurse at UCSD.

UCSD has the core values of quality, caring, integrity, creativity, and teamwork. I pride myself in the nursing care that I provide to my patients,



3 East

and work to uphold each one of these core values during my daily patient interactions. In the past 22 months at UCSD, I have become involved in the monthly staff meetings, as well as the Unit-Based Practice Council. I have taken an active role in mentoring new nurses and have precepted several nursing students and externs, including one that was just recently hired into the NGRP - Cohort III. I am the unit representative for the Diabetes Committee, and have also taken part in one of our unit's leadership roles as "Resource Nurse". During our journey to achieve Magnet recognition, I was our unit's Magnet Champion who helped lead our team to Magnet success. I enjoy playing an integral part in unit activities. This involvement contributes to cohesiveness on our floor as well as better patient outcomes and satisfaction.

In early 2012, I was invited to attend a commemorative gathering to celebrate those at UCSD who hit their 6-month, one-year, and two-year milestones as a UCSD employee. We had the chance to meet with

6 East

fellow "rookies" and hear about the many accomplishments that UCSD had made in recent news. Margarita Baggett, CNO, commented on the success of obtaining Magnet designation in December, 2011. She explained what it really means to be an employee at UCSD. I listened to accounts from managers about their staff who contribute to the daily patient success stories. At the end of the celebration, they nominated three "Rookies-of-the-Year", who stood as an example of stellar nursing care and commitment to the UCSD system. I had the privilege of being chosen for this prestigious award.

Being nominated as Rookie-of-the-Year was not only an ultimate honor and personal achievement, but it has helped me to push harder every day to provide the superior quality care that UCSD patients deserve. Using UC San Diego's Professional Practice Model to provide patient and family-centered care, I focus on professional values and professional relationships such as peer review and interdisciplinary collaboration. The Rookie-of-the-Year nomination has shown me that I am succeeding at upholding that standard of care as a UCSD nurse. I plan to continue my journey at UC San Diego Health System, and grow both personally and professionally.



An Interview



Martha Esser, RN OCN (3 West)

1. How long have you been an oncology/BMT nurse? And why Oncology Nursing?

I have been an oncology nurse for approximately 31 years. I have been a BMT nurse for 18 years. I was introduced to BMT when the program was moved from Hillcrest to Thornton. Nurses with oncology experience were encouraged to float to BMT as there was a need. I was very interested because, at the time, my brother-in-law had been diagnosed with leukemia and was going through a sibling-allogeneic transplant, my husband being the donor. I had a vested interest in learning everything so I could help my family through this process.

2. What draws you to this specialty?

I am drawn to this specialty for several reasons. First is the patients themselves. I get to take care of a very special group of people. Generally, patients diagnosed with cancer are kind, thoughtful, sweet, and very, very appreciative. Long term relationships are formed; true bonds are formed between patients, their families and friends, and their care givers. Secondly, working with cancer is very challenging, and I do like a challenge. Cancer is smart. There is no cure. One is learning each and every day. You are motivated

to learn new therapies, new protocols so you can take better care of your patient. Last but not least, I am drawn to this specialty because of the people I work with, the other health care professionals who share the same interest, motivation, and love of oncology and BMT.

3. What are some of the most memorable patient interactions that you still remember?

Please share them.

I have many memorable patient interactions. I have developed true friendships with the patients I have cared for. I know I have made a difference. Patients trust their nurses, and such, patients will ask their nurse those hard to answer questions. I remember once being called into a room by a patient and her husband; this patient was end of life. She knew it and her husband knew it, but the doctors were not forth coming. My patient told me she had to ask me a tough question and she wanted the absolute truth. She asked, "Am I dying?". After thoughtful consideration, I said yes; she thanked me; both her and her husband hugged me. This patient was discharged home that day and died a few days later. I am still in contact with her husband. I remember watching a patient at end of life, he was dying; his family was present. They were distraught and did not know what to do. I suggested moving the patient over in bed so his wife could lie down with him and hold him. Tearfully she asked me if this

would hurt her husband; I told her that it would not. She climbed in bed and held her husband as he died; and she thanked me for this. I have memories of many, many long conversations with patients and families; just talking about life, mine included. My patients have also helped me; encouraging me to talk; offering me advice and encouragement. BMT is a two way street, patients and nurses both helping each other.

4. What would you would like nurses from different departments at UCSD to know about nurses on 3 West?

3W is a very special unit to work on. We work as a family as we support, encourage, and depend on one another. The nurses truly help one another out. It is not uncommon to hear someone say "What can I do for you?," "How can I help?" or "I'll get that for you". Real friendships have been formed on the unit; loving caring friendships that extend beyond the work place. As a family, we support one another through marriage, birth of a child, divorce, and death of a loved one. We lean on one another not only at work, but from home. We cry collectively when we lose a patient and we rejoice when a patient is cancer free. We stand up for one another through the good and the bad. We encourage one another; whether it is to join ONS, or obtain OCN, a bachelor degree, or NP. We support each other as a family does; we laugh, fight, argue and love. And we are all committed to this very special group of patients.

3 West



COMPETENCY BASED ORIENTATION

By Susie Thompson, RN, MSN

Competency-based orientation (CBO) is the methodology used for new employee RNs entering into the medical-surgical division of nursing at UC San Diego Health System. Competency-Based Learning is a research-based approach that targets the critical behaviors necessary for optimal individual and organizational performance. Further explained, a competency is a set of relevant behaviors that influence job performance. Competency can be measured against standards; and can be improved through training and development. The CBO tool incorporates both hospital-wide and unit-specific competencies. The unit specific CBOs were recently introduced in the medical-surgical division of nursing in hopes to standardize competencies shared across units. In addition it allows for specialized competencies unique to specific units, patient populations, and clinical equipment. The competency-based approach is adult-learner focused, which promotes individualized and

relevant learning. This approach offers a multi-modal learning approach contingent on learner, content, and situational circumstances. The CBO guides the learner to supplemental educational resources to solidify learning. The CBO packets are distributed in new employee orientation with an explanation of orientee and preceptor role expectations and instructions for use.

As Registered Nurses (RNs), one fundamental oath is to accept accountability and responsibility for one's own practice, judgment, actions, professional growth, and maintenance of competence. In line with this concept, as RNs are oriented to a new work environment it is critical to promote culpability of the new employee's individual educational needs, learning preferences, and ultimately overall obtainment of knowledge. By promoting self-accountability, the new employee takes ownership of the degree of professional growth, thereby optimizing advancement of professional competence.



Susie Thompson, RN, MSN, began her career at UCSD in January of 2009 as a Clinical Nurse Educator and currently is the nurse manager of 2W, a medical-surgical/telemetry unit at La Jolla. Susie graduated from CSU, Dominguez Hills with the MSN degree specializing in Nursing Education.



RNs that have utilized the CBO to orient to UCSD and acute care units have collectively voiced that the CBO is very comprehensive. Heather Naylor, a 2 West RN, shared, "The CBO was good as it helped identify all the things that I needed to know as a new grad." Being a new graduate nurse or an experienced nurse new to a health system can be overwhelming and there is much uncertainty with what a nurse needs to know to provide safe and competent care. Elizabeth Brennan has had the opportunity to develop professionally at UCSD as she began her career in the New Graduate Rotation Program at the La Jolla campus two years ago and has expanded her role on the medical surgical unit as a preceptor. She has shared that the CBO is an invaluable tool. "As a preceptor, the CBO provides me with a structured approach to teaching the newly hired RNs. Often, when it is busy on the floor things can be missed, especially things that we do not do or see every day, such as restraints. The CBO keeps all the need to know stuff on the learning list. I also think that the goal setting portion of the CBO is incredibly helpful as it facilitates conversation between the preceptor and orientee to collaboratively set goals each shift."

Nuts and Bolts for Organizing a Professional Conference

By Chad Hutchison, RN, BSN

In 2005, staff nurses on the 8th floor came to their manager with a request for learning opportunities focused on orthopaedics. Those nurses formed a committee which planned and organized the first Bonafide Orthopaedic Nursing Education Symposium (BONES). Through dedication and effort this symposium is now in its 8th year. Attendance increased to 225 in 2011 and includes multiple disciplines, many UCSD staff, orthopaedic nurses from across the Southern California region and across the country. In 2009, the work of the committee earned the Advance for Nurses “Best Nursing Team” award. Here are our tips, tricks and lessons learned.

1. Teamwork! – To have a successful conference you must have a high-performing team. Ours is comprised of members from orthopaedic units at Hillcrest and Thornton Hospitals. As front-line staff they have a clear idea of trends in care and where training is needed. A core group of 12 committee members meet one to two times per month for one hour per meeting. Many hands make light work, so all tasks are divided evenly, and expectations of the team members are clear. Tasks include contacting speakers, confirming vendors, advertisement, venue decisions, etc.... In addition to the meetings, each member finds an hour or two per month to complete assigned tasks.

2. FUN! – We strive to keep the day full of energy and excitement. Our event is the last Friday in October (National Orthopaedic Nurse’s Day), so the committee dresses up in matching costumes. Last year we were witches,

a previous year we wore 50’s costumes to coincide with the theme of “Shake, Rattle, and Role.” We gather donations of gift cards to raffle throughout the day. Letting people know that after the break we’re giving away a Nordstrom’s gift card really helps get them back in the room! Our retirees contribute a large gift basket and we sell raffle tickets to help offset costs. Last year we raffled off an iPad and nearly doubled our money!

3. Plan Early – Just as soon as we wrap up one year we start discussing what worked and what didn’t. Venues need to be reserved a year in advance, the program outlined ten months early, and the all speakers secured five months in advance. This is a year-round committee, always with something to do! During the last 4-6 weeks before the event we meet weekly to expedite last-minute tasks and issues.

4. Listen – To receive continuing education units (CEUs) our attendees must turn in a feedback form. The committee reviews them and uses the input to develop the next conference. One year we had multiple requests for more information on pediatric orthopaedics so the following year we had a peds trauma surgeon discuss trends in that area.



Chad Hutchison, RN, BSN, graduated from Michigan State University with his BSN in 2005. He moved to San Diego to start his career at UCSD. He got his ONC in 2010, and became Manager of the 8th floor in February 2012. He is currently working toward his MSN.

Others suggested specific speakers be invited and they were placed on the schedule the next year.

5. Presenters – Nurses are well-represented as presenters. By keeping the ratio of RN presenters above 50%, we qualify for “Category A” CEUs through the National Association of Orthopaedic Nurses (NAON), which

Tips From the Penthouse

The team on 11W hosts an annual Transplant Conference. They are now in their fourth year and average 70 attendees. Nurse Manager Elvie Sevilla and CNS Dianne Warmuth place emphasis on keeping the cost for the event reasonable (\$20 for a half-day), and providing a convenient location (Hillcrest auditorium). Like BONES, they use feedback from each year to refine the next conference. One example of this was to reduce the conference from a full-day to a half-day and split off cardiac transplant to its own day. One key component is having patients as speakers. They also reinforce the day’s teaching with case presentations. While all transplant nurses want to attend, priority is given to new hires. This is seen as a way of expanding on their orientation experience. They caution those thinking about starting a conference to make sure all learning materials are gathered early, healthy food choices are available, and to not underestimate the amount of “behind the scenes” work that needs to be done on the day of the event.

Moving on and Taking the Lessons With You

We had two past committee members transfer to the apheresis unit at Hillcrest. Wouldn't you know, their staff decided they needed a conference too! Because of their experience with BONES, Manager Odette Ada appointed Sherlita Aguilar and Sheryl Alder Co-Chairs for the new conference. Their team has grown and solidified with the addition of administrative personnel. The first Apheresis Conference was held in January 2012. They partnered with key MDs to develop a full-day program for 90-plus RNs and MDs, including some who came from as far away as Seattle. It was so successful that the March 2013 conference is moving to a hotel and is billed as a west-coast national conference. Some learning moments from the first year were in the areas of organization, planning, teamwork, setting a registration deadline, and consistency in leadership. In 2013 they plan to improve their advertisement. They also want to increase involvement of the American Society for Apheresis.

are required for Orthopaedic Nursing Certificate (ONC) maintenance. In addition to the podium presentations we feature poster presentations developed by staff RNs. This is a great way to keep front-line staff involved in the event and give them a chance to learn and teach. This has also been used to fulfill Clinical Nurse III maintenance criteria.

Many of our keynote speakers have been former patients, so we gain valuable patient perspective and have someone with ties to UCSD Orthopaedics. We have been fortunate to have a number of prominent individuals kick-off our events, including a NASCAR driver, a silver-medal Olympian, an NBA superstar, and a former San Diego Charger. This year's keynote is a clinical psychologist specializing in personality who has selected contestants for Survivor, Big Brother, and other reality programs. They have each been generous enough to come speak to our group at no charge. This is an amazing gift and we are always grateful to them. Feedback from conference attendees has let us know

that it's important to have not simply a celebrity, but someone who can deliver a motivational speech and address the profession of nursing. Each presenter receives a token of our appreciation, typically a bottle of wine and whatever our promotional logo item of the year is.

6. Spread the word – we advertise through our local NAON chapter and distribute postcards at national conferences, mail save-the-date notices to our Nursing Education and Development Resources mailing list, email past attendees, and encourage our own staff to attend. We also keep our website updated so if someone does an Internet search they can find us and learn more.

7. Paying the bills – Conferences are expensive! In 2011 the bill for hotel ballroom rental, food and equipment was \$20,000. We try to keep the cost to attendees reasonable, but a majority of our funding comes from registration fees. A portion of our expenses are covered by vendors who come to promote their products. Last year we chose to go green (and save some

“green”) by not providing printed copies of every presentation. Instead, we posted the presentation content on our website for downloading and provided each attendee a notebook to take notes in. A new addition to our program funding is a generous grant from UCSD's Staff Equal Opportunity Enrichment Program. We are grateful to this program for helping us grow our conference.

8. Scholarships – We sponsor conference registration scholarships for eight nursing students. They are distributed evenly among several area nursing schools. This is a way to jump-start the professional development of the next generation of nurses and broaden our scope of attendees. We have other nursing students pay to attend, so we offer a reduced registration fee to keep their cost low.

There are many other things which are critical to a successful event. These include unrelenting enthusiasm, patience with each other, many helping hands on the day of the event, and of course attendees! It's no fun to throw a party if nobody comes, and the conference wouldn't work if people didn't keep coming back year after year.

Last year we presented awards to ten committee members who had been planning this conference since its first year. Of those ten, four of them had since retired! For former “family” members to continue to give of themselves to this event speaks volumes about those individuals and the importance of the conference as well.



Finding the “RIGHT FIT”

By Phillip Koovada RN, BSN

Searching for the perfect career is strenuous. Many attributes have to be accounted for: personality, skills, passion etcetera. It's relative to the children's story “Goldilocks and the Three Bears.” In the story after repeated trials, Goldilocks is able to find the ideal conditions that are just right for her, from which porridge to eat to the bed she felt was suitable for her. Similarly, professionals search for specific characteristics that fit their needs, such as a positive work climate or a specific psychosocial atmosphere that is just right. For me, the right fit needed to include a positive work climate, the gift of making a difference, and a good salary. These simple characteristics served as my guide while searching for my professional career path. After sometime I thought this mystical profession was impossible without compromise. I was one of those undergraduates that went from undeclared to almost every major in the course catalog. Finally, I found nursing to have the characteristic I so longed for. When I finally decided on nursing as my major, I had a one-track mind that was only focused on graduating and getting a job. I believed that when I got hired onto a unit, it would automatically possess those required characteristics; well that's not the truth.

Sadly in nursing school, we are only provided with a brief introduction into different units. New graduate nurses have better luck shooting darts in the dark when it comes to choosing the right unit for them. The journey to find the perfect unit can be comparable to finding someone with heterochromia iridis, daunting without the right tools and knowledge.

Many nurses choose a unit on a whim. Unfortunately, many find that what they pick isn't the ideal place where they can showcase their true abilities. It is found that nurses change specialties at least once a career. Some nurses enter a specialty only to find it's not a right fit for them. Some also switch to pursue a new interest, advance their career, move to a work schedule or environment that suits them better, or move to make more money. A study in the American Journal of Nursing, found that 13% of newly licensed RNs had changed principal jobs after one year, and 37% reported that they felt ready to change jobs (Kovner et al 2007).

A staff nurse introduced the concept of rotating new graduate nurses in 2009 for her CN3 project, a professional development project for UCSD's nursing career ladder. Through teaching in UCSD New Graduate Residency Program — a program facilitated to aid the transition for new graduates — the staff nurse learned that some of the new grads were experiencing anxiety regarding the type of unit they choose when they were first hired. The staff nurse then sent out surveys to nurses throughout the organization to gather data regarding the



Phillip Koovada RN, BSN, graduated from the University of St. Francis and was selected to start his career at UCSD in the New Graduate Rotation Program. He now works as a preceptor, resource and charge nurse within a telemetry unit. Phillip currently is pursuing his MSN/MSHCA to further his education and someday lead his peers.

topic that working in “the right place” according to our skills, personality and interests can help nurses feel more confident and satisfied with their jobs. After analysis of these surveys, they found that nurses wanted the chance to experience what it is really like working in different units before deciding to be hired in a specific unit. Therefore, two intentions developed: the first (root) intention of the NGRP was to allow nurses the ability to experience different units in order to identify a unit they felt was a “good fit” for them. The second intention allowed the intuition the ability to continue a pipeline of new nurses into the organization when turnover and vacancy rates were low. Ultimately, this program allowed managers to





hire new graduates into this program when positions were non-existent.

When I found that the University of San Diego Medical Center had an open position in the New Graduate Nurse Rotation Program, (NGRP) I immediately applied. I knew that I liked the Emergency Department, but I wasn't sure it was the right fit for me. This program seemed the best path for me to test the waters as a staff nurse and identify a unit that would be the best fit. I interviewed, and was offered a position. The first day of NGRP orientation was terrifying. Opening statement from one manager was "you are the cream of the crop, this program is not going to be easy (boy was she right), we had over 900 applicants and we only choose you 6, expectations are high. Just to let you know..." Instantly the room went dark. What did I get myself into? I thought to myself. Is this program for me? And as if nothing else existed I was looking at myself with complete and utter regret for not taking the at UCLA. Then like a 6 a.m. wake up call, a high pitched voiced in a far distance brought me back to reality,



"Philip are you still with us." I immediately began to focus my attention to the nurse educator who began to go through an overview of the program.

The program consisted of three units that participants would rotate between: a high turnover Medical/Surgical unit that's primary population was orthopedic patients, an Oncology/BMT unit

with patients receiving chemotherapy and stem cells and a Telemetry floor with a mixed population of cystic fibrosis, seizures and post op cardiac patients. We were provided with four months of orientation and after completion, we had the ability to apply for open positions or remain in the float pool rotating between the units.

On my first day on a the unit, I can still remember a multitude of mixed feelings: excitement of the unknown, the fear of making a mistake, and happiness that after all the school work and countless hours of studying, I no longer was a student, I was actually a Registered Nurse! The first couple of weeks I felt like a deer caught in the headlights, and right about the time I started to get the hang of everything, my rotation was over and I was on to the next unit. Back to square one. I thought to myself. Though the core nursing principals were the same, every unit had their own flow, personalities and protocols that were indigenous to each unit. Learning the ins and outs of each unit was tedious and tough. Nevertheless by the end of my third

rotation, I learned so much about myself, and started to feel more confident in my nursing capabilities. Sooner than later, I came to the revelation of what unit aligned with my core personality and shared values. I was no longer fearful of certain populations; I developed relationships

throughout the hospital and felt a true purpose when I came into work.

After completion of the 4-month orientation program, the other nurses in the program and I quickly realized that this program is definitely not for every new graduate. A specific candidate is needed to succeed in the program. Due to the intensity and amount of knowledge required from the new graduate nurses, the program demands the participant to come equipped with critical skills to adapt quickly. Connecting and discussing trials and tribulations with fellow participants helped us become stronger which in return helped us to persevere through the struggles of the program. We all knew the program was grueling compared to orientation to one unit. But after the storm had passed, we became well-rounded nurses, versatile and confident to handle any situation.

The NGRP allows nurses to experience different units in order to find the "best fit" for them, and also allows the organization to continue to hire new graduate nurses when vacancy and turnover rates are low. Through evaluation and analysis of surveys, the NGRP produces strong, confident, well-rounded nurses. It also continues to be an evolving process, assessing, implementing and evaluating outcomes. Ultimately UCSD wants to expand this program to all units, to provide all new nurses the opportunity to find their own heterochromia iridis or "the perfect fit", where the climate, population, skills and personalities of a specific unit are similar to their own. This harmonious relationship will provide UCSD with happy nurses that will continue to grow and strive for excellence in return.

I am constantly reminded of a quote I read in undergraduate school by Charles Darwin, "A man who dares waste one hour of time has not discovered the value of life." I am a product of this program and would not have changed my decision, and frankly, I didn't waste any time. I tested the waters, just like Goldilocks did, and selected a unit that aligns with my philosophy of nursing and posses the professional characteristics I so longed for.

ADVANCING NURSING PRACTICE: TRAUMA PROGRESSIVE CARE UNIT

By Kim Savidan, RN, BSN and Faye Rivera RN, BSN, PCCN

In 2009, 11 East staff members received notice that they would be moved to 5 West. The Unit Based Quality Counsel (UBQC) comprised of staff nurses Ruth Cardenas, Faye Rivera, Tara Wetmur, Nikki Adlaon and Rosemarie Dumayag and the nurse management team (Claire Jenkins and Kim Savidan), took this opportunity to create a new unit identity through staff education in trauma nursing care. Staff education included eight weeks of the Critical Care Intern Program, Advance Resuscitation Training, Moderate Sedation, and Trauma Nurse Casualty Care. On January 18, 2012 the staff formally celebrated the opening of the Trauma Progressive Care Unit and the successful completion of staff education on providing nursing care to trauma patients needing medical-surgical, telemetry, or intermediate level of care.

The following story told by Faye Rivera exemplifies the unit and staff's transformation: "I have always loved working with heart patients and had ten years of cardiac experience before joining UCSD in March of 2007... Two years later we received an announcement that we would be moving to 5 West and become a Surgical Trauma Progressive Care Unit (PCU)." 5 West is designed to take all levels of care (except for Intensive Care), and to cohort the trauma patients. The benefits of this model include decreasing transfers to different floors, providing specialized nursing care to trauma patients, improving RN/MD collaboration, and improving the continuity of care throughout the patient's hospitalization. Faye states, "I was saddened at first, then realized that the change would bring many



Opening Day Trauma PCU with Dr. Raul Coimbra Trauma Division chief with the Trauma Department and Nursing Unit Staff.



Upper Left/Lower right: Opening Day Trauma PCU and Ribbon Cutting.

Upper Right/Lower left: 5West Trauma PCU Nursing Unit Staff.



new challenges and opportunities. To prepare, each nurse received three months of specialized training. The training included attending a Critical Care Internship Program, didactic in nature, involving six weeks of intensive education covering every system of the body. The move opened up a new door for me. I pursued advanced training and education by becoming certified in Trauma Nurse Casualty Care allowing me to provide even better care to my patients. Other courses such as Moderate Sedation, Advanced Resuscitation Training (known as ART which is UCSD's version of the American Heart Association's Advanced Cardiac Life Support) were part of my ongoing training. I wasn't finished as my next goal was met when I became a certified Progressive Care RN. After much preparation, staff training, and

marketing, in January 2012 we had our ribbon cutting ceremony and marked this day as the opening day of the Trauma PCU. It is a very challenging environment which can be emotionally stressful yet very rewarding...To see a patient recover from a traumatic brain injury or be able to walk again after an extensive injury thanks to the care they received is the purest definition of joy. I am proud to have been a part of this journey that has been one of personal and professional growth. I work with a great group of nurses; there is a sense of belonging and camaraderie on both shifts. Respect for one another, teamwork and exemplary leadership make us a family and has made the transition much easier."



The Impact of the Med-Surg Nurse in the Era of Healthcare Reform

By Karen Armenion, MSN CMSRN

Healthcare Care Reform is also known as the Affordable Health Care Act of 2010. It is intended to increase the number of Americans covered by health insurance and decrease healthcare costs. The medical-surgical nurse in the acute care setting has the crucial role of being the central collaborator in facilitating the patient's transition to the different levels of care and impact healthcare reform in the process. The med-surg nurse needs to be an effective communicator in every aspect of care related to management of the disease process, changes in clinical status, loss of function, disposition, psychosocial and spiritual needs.

Providing and coordinating complex care with the patient, family, and health care team is a competency developed through experiential learning. Organizational structures and processes geared towards assisting the med-surg nurse in facilitating transitions of care are developed to contribute to outcomes in patient flow, patient satisfaction, regulatory compliance, and finally, finance. At UC San Diego Health System – Hillcrest, structures and processes involving the medical-surgical nurses include the Discharge Advocate Nurse Project on the 6th floor and Sulpizio Cardiovascular Center (SCVC), the Joint Clinical Pathway Guideline on the 8th floor, and the use of EMMI in patient teaching for patients with diabetes on 11West & 6West.

DISCHARGE ADVOCATE NURSE PROJECT

The Affordable Care Act of 2010 will be increasing regulations for healthcare organizations to improve efficiency while improving quality of care and the patient experience. In California, the journey started early through the Delivery System Reform Incentive Program (DSRIP). Under the program, California was granted a waiver to revise distribution of funds previously given by a predetermined ratio to hospitals that care for a large proportion of low income patients. In the new system,

hospitals must qualify for funds by improving care delivery. At UC San Diego Health System, part of our focus has been improving the transition of patients from hospital to home and avoiding preventable readmissions.

The discharge process is a critical component of patient care. UC San Diego Health System initiated efforts to focus on the discharge process in 2003 with the formation of the Transitions of Care Committee. This committee has become instrumental in the creating interventions to improve the process of discharge



Karen Armenion, RN, MSN, CMSRN, received her BSN from Cebu Normal University, Philippines in 1999 and her MSN from University of Phoenix in 2009. Karen has worked in several medical-surgical/telemetry areas. She started her journey with UCSD as a Clinical Nurse II on 6East in 2003. She then transitioned as Assistant Nurse Manager for the 6th floor in 2006 and is currently the Nurse Manager for 6West. Karen is also certified in medical-surgical nursing through the AMSN.

such as a standardizing the discharge template in the electronic medical record, implementing project BOOST, electronic medication reconciliation, and a discharge teach back project.

The discharge teach back project was an internal grant project in 2010 that allowed a 6East staff nurse to coach, model and evaluate the quality of discharge instructions given by RNs on 6th floor. The discharge nurse coach, Laura Vento, was able to identify gaps in the teaching process and in other aspects of the transition from hospital to home the help start



Discharge Nurse Advocate Dante Segundo, RN MSN (in blue) with the Multidisciplinary Rounds Team on 6East, case manager Parry Sharifi, social worker Felicia Gaines and clinical nurse II Vanessa Taneo (from left to right).

the journey toward improvements. Process outcomes included that on day of discharge teaching nurses improved in using teachback from 1% to 78% of the time. Patient's perception of readiness for discharge also improved. The overall readmission rate was not significantly reduced, indicating that gaps in the discharge process were complex and not solely influenced by RN teaching technique.

The discharge advocate nurse stemmed from the process outcomes of the discharge teach back project. Interventions this time involved identification of high risk for readmission patients through the use of the risk for readmission assessment tool, referrals to a community-based program that provided in-home visitation for patients with chronic conditions, improvements in discharge summary communication to outside providers, and the establishment of a baseline metric for medical surgical

patients assigned to a primary care provider at discharge. The 6th floor Discharge Advocate was Dante Segundo, RN MSN and at SCVC was Lyn Puhek, DNP, APRN, CNS. The 6th floor Discharge Advocate focused on patients at highest risk for readmission, while the SCVC nurse used a disease specific approach focused on heart failure and acute myocardial infarction.

Dante Segundo transitioned from a clinical nurse leader and staff RN on Thornton 3E to become the discharge nurse advocate on the 6th floor. The position allowed him to channel his passion to teach nurses and improve patient health. He stepped up to the challenge from a more structured way of doing the work at the bedside to a broader spectrum of assessments, interventions, teaching and evaluating the process of discharge.

Dante learned through the discharge advocate role that the process of discharging patients is where

improvements can be made to assist the patient as they transition from the hospital to home. Dante identified that the medical-surgical nurse is the last stop and best advocate to help patients navigate the complex process of healthcare. Dante goes on to say that discharge is a "critical moment for the patient and the nurse".

CLINICAL PRACTICE GUIDELINES

The Orthopedic Unit on the 8th floor in Hillcrest has developed a Clinical Practice Guideline (CPG) for early mobilization of surgical joint patients. The goal of the Joint CPG is to standardize the recovery process for patients who receive joint surgeries. CPG ensures that the patients transition through the different phases of care in a timely manner. The CPG is an interdisciplinary collaboration among the medical-surgical nurses, the physical therapists, the clinical educator, the orthopedic physicians and the patient and family.

The CPG prepares the patient and family prior to surgery. A thorough 90-minute pre-operative class is done by the interdisciplinary team. The class is focused on a standardized curriculum that addresses the treatment course, pain management, postoperative dangling on day of surgery, exercises both in the hospital and at home, use of a variety of medical equipment including urinary catheters, incentive spirometer, venodynes, walker, and a grabber. Nursing staff also provides education and demonstration for the patients to self-inject thrombolytics



8th Floor Team composed of Clinical Nurse Educator Beverly Morris, Clinical Nursing Staff, HUSC, Assistant Nurse Manager Eleanor Yoshisaki-Yusi (4th from left) and Nurse Manager Chad Hutchison (extreme right).

to prevent deep vein thrombosis postoperatively. The classes also provide an opportunity to network with other patients and families who are going through the same experiences.

Postoperatively, the CPG initiates dangling on the side of the bed on the same day of the surgery. Dangling is a nursing intervention to start activity by sitting the patient up on the edge of the bed. The process of dangling the patient on the same day of surgery allows the nurse to assess for the patient's tolerance to activity and increase appropriately.

Pain management in CPG is also addressed through the use of continuous infusion local anesthetic nerve block (CINB) with the exception of a loss of motor and/or sensory function in the affected extremity. Motor and sensory assessments are performed by the nurse every 4 hours in the guideline. This is to prevent any complications.

The CPG implementation produced outcomes primarily in patient satisfaction, patient flow, pain management and interdisciplinary collaboration. Patients who participated in the CPG process decreased their hospital length of stay from 4.3 to 2.8 days. The 35% reduction in length of

stay is attributed to the early initiation of ambulation through dangling on the same day as surgery. The CPG audits revealed that nursing staff started dangling within 6 hours postoperatively and physical therapy within 16 hours. Pain management became standardized and improved patient satisfaction scores on pain management from an average score of 3.2 to 4.5.

EMMI PATIENT EDUCATION ON DIABETES

Patient education is a vital process in facilitating patient transition from acute care to home care. Chronic conditions such as diabetes present a challenge in health management as the disease process itself is dramatically complex.

EMMI is a web-based tool that provides a standardized method of patient education. The process was piloted in 11West with the Liver Transplant patients in 2011 using the education care map (figure 1).

The EMMI Diabetes education program on 11West was a collaborative effort among the staff nurses, the certified diabetes educators, the endocrinologist, nursing management and the transplant team. Process

for implementation was through identification of the clinical nurse champion in Chau Nguyen, RN. Super users helped educate the other staff nurses through the care map and learning center modules.

Outcomes from the EMMI Implementation on diabetes education in 11West resulted in the following patient feedback and compliance (figure 2).

There were a total of 131 EMMI modules assigned to Transplant patients who had diabetes in a 12-month period. 85% of the modules were completed (figure 3).

The success of the program in the Transplant population on 11West expanded to the implementation of EMMI for the diabetes population on 6West starting in July 2012 with Maria Ruiz, RN as the project lead. The implementation process followed the basic methodology of identifying super users who assigned the diabetes patients the EMMI modules. The primary RN verified the patient understands of the 3 EMMI modules through teach back. Then, the patient's performance was documented in the patient education navigator in EPIC.

Clinical diabetes educators and Dr. Kristen Kulasa, work closely with the staff nurses and management team to identify opportunities for improving the process. The ultimate goal of EMMI is to ensure that the diabetic patient is able to manage the disease process as he transitions back to home.

The medical-surgical nurse has a crucial role in ensuring the best possible transition of the patient from hospital to home or other level of care. Organizational support for the medical-surgical nurse is valued to impact outcomes in patient satisfaction, patient flow, safety, finance and ultimately healthcare reform.

6West EMMI Project Leader Maria Ruiz, RN (in black) with Amanda Nasser, RN (standing) and Anjelica Pascual, RN assigning EMMI to DM patients.



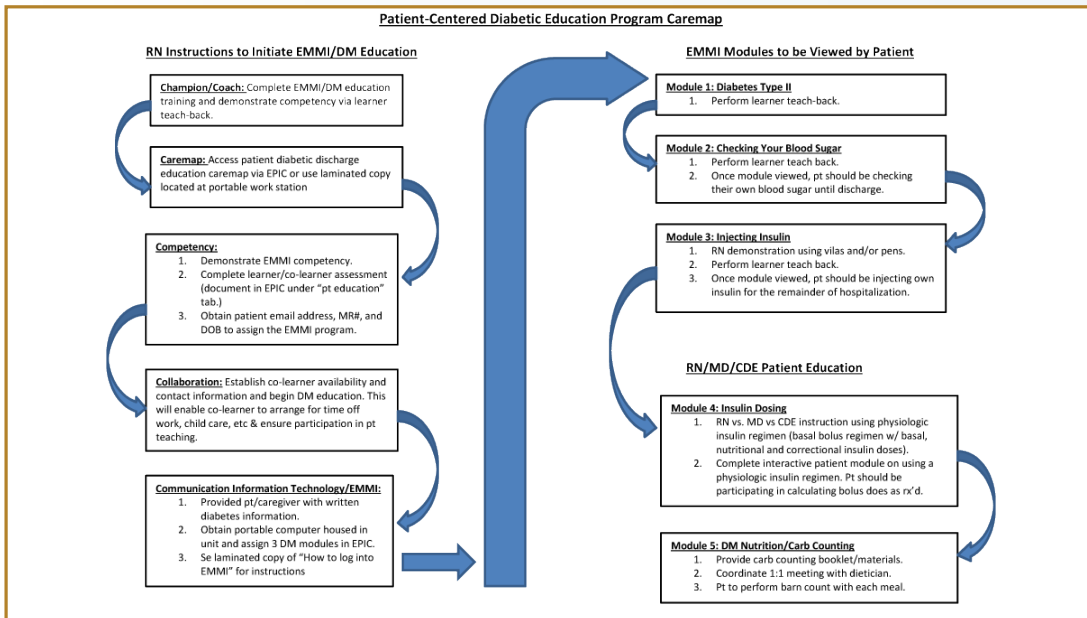


Figure1. EMMI Care Map

Survey Results

Survey Data Between 7/1/2011 and 12/1/2011

English Responses Only

Submit Date	Partition	Team	Emmi	Overall Response	Change the way you manage?
10/12/2011 2:09:44 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - TYPE 2	estabien todo.	PARA DIABETES. RINON CIRUGIA DOS ANOS
11/7/2011 3:54:21 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - CHECKING YOUR BLOOD SUGAR	to learn how to control my blood sugar and manage how to read my levels of sugar and use my touch	
11/15/2011 3:53:54 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - TYPE 2	good very good	muy buena
11/23/2011 6:45:39 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - TYPE 2	ck 10 minutes	
11/23/2011 8:18:09 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - INJECTING INSULIN		to explain what I learned

Figure2. EMMI Survey Results

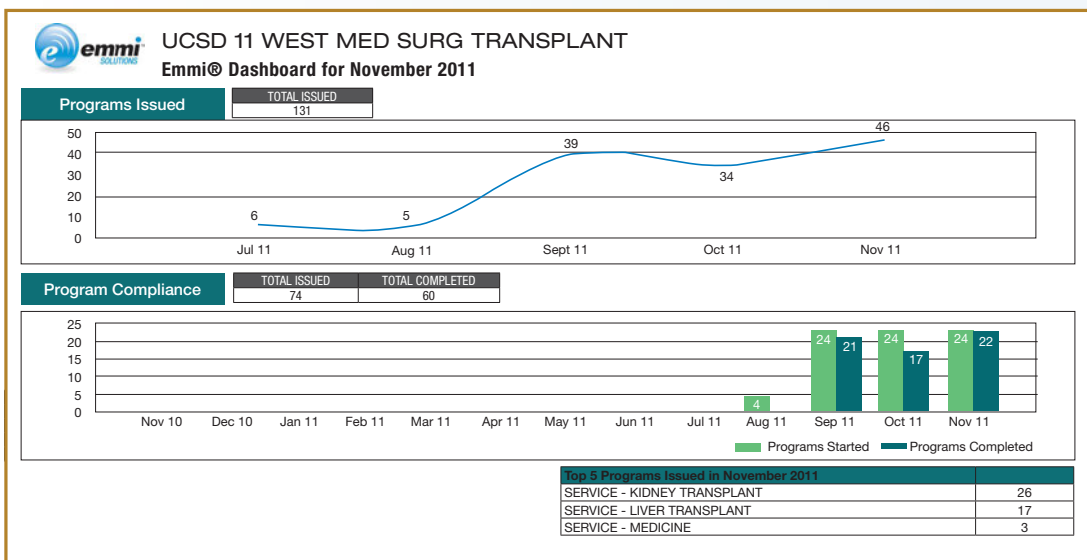


Figure3. 11West EMMI Dashboard November 2011

Medical Surgical Nursing Staff as Fundraisers

By Paige Burtson, RN, MSN, NEA-BC

Medical Surgical nurses and clinical care partners care for patients who are usually awake, alert and able to learn and develop relationships. In addition, families are frequently present and involved. This allows nurses to develop a unique, trusting relationship with many of their patients and families. This is particularly true for those who are frequently admitted or who experience a long-term stay. Ironically, even though the nursing team members are the caregivers, they often feel as if they receive more from the patients than they give.

A frequent way for nurses to give back is to participate in fundraising walks. Nurses are excellent fundraisers because they know intimately the lived experience of the patients they care for. Their stories influence their friends and families to care and give as a result.

HEART DISEASE

In 2011, 10East, 2West, 6th floor, and 8th floor nurses supported the American Heart Association (AHA) by joining the UC San Diego Health System, 400-walker strong team in the Heart Walk. The team surpassed their previous record and raised \$72K, earning them the recognition of the #3 fundraising company in San Diego. Money raised goes toward research grants to support cardiovascular innovations and patient education throughout the nation. In 2011, UC San Diego Health System was awarded \$5.6 million by the AHA to support cardiovascular research.

CANCER

Cancer is a cause that frequently motivates nurses across units to raise funds for a cure. 3West nurses on the

Bone Marrow and Transplant (BMT) unit sponsor a team for Light the Night to benefit the Leukemia and Lymphoma Society (LLS). This event is a leisurely walk where walkers carry illuminated balloons - white for survivors, red for supporters, and gold in memory of loved ones lost to cancer. Maria Tualla, CCP has been the captain of the team for the last 2-3 years, joined by 3 West nurses Maria Mercado, Vivian Azarcon, Marlo Garcia, Arlene Ferrer, and Marie Aquinde. The event is particularly special because it allows the nurses to walk alongside their patients who have survived their diagnosis. Event organizers share that this is a way to bring light into the dark world of cancer.

Mary Sullivan, RN 8th floor puts in 14 hours days during the Susan Komen Breast Cancer walk to staff the medical tent in tribute to her friend from nursing school that had breast cancer. Mary also runs half marathons to support LLS. Jen Pavone and Kara Sievers RN (3W) walked in the 3-day Susan Komen event. Leo Alcalá RN (6E), Consolacion Belleza RN (6E), and Radinka Yordonova, RN (8th) all participated in the Relay for Life to benefit the American Cancer Society.

HIV

6East Hillcrest nurses have been on the forefront of HIV care since the HIV epidemic began in the 1980's. In recent years, staff nurses, their families, and the nurse management team have joined UC San Diego campus for the Annual AIDS walk. The team has been one of the top 10 fundraisers – with their best year in 2010 when the team raised \$12,000 for services in the San Diego community that help patients living with HIV. In addition, Diane Wiskus, RN has coordinated a display of the



Paige Burtson, RN, MSN, NEA-BC, is currently the Associate Director of Medical Surgical Specialties at Hillcrest. Paige holds a BA in Ecology from UCSD and a BSN and MSN from SDSU. Paige's certification is in executive nursing leadership.

AIDS quilt in the cafeteria for World AIDS Day and coordinated medical volunteers (including UC San Diego staff) to provide basic first aid services for the Gay Pride Festival.

LIVER DISEASE

11 West nurses from the Transplant unit participate annually in the Liver Life Walk to support the mission of the American Liver Foundation. Money raised by Liver Life Walk participants provides critical funding for medical



3West staff at the Light the Night Walk to benefit the Leukemia and Lymphoma Society



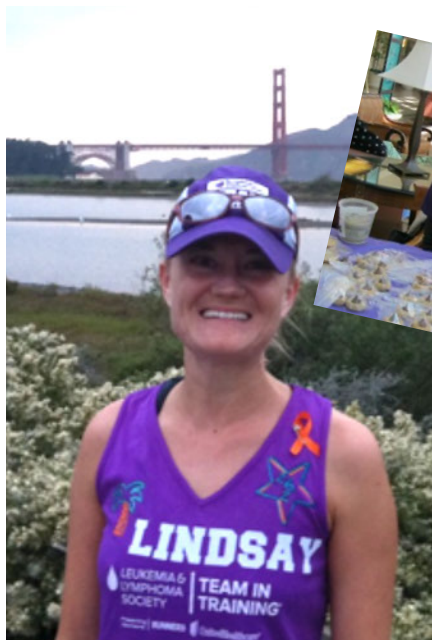
TOP: 6East staff at the AIDS Walk

ABOVE: 11West nurses from the Transplant unit participate annually in the Liver Life Walk to support the mission of the American Liver Foundation.

research, public education, patient support services, and advocacy. Patients that have received a liver transplant on 11West and their families frequently join the UC San Diego nursing team at this special event.

MULTIPLE SCLEROSIS

8th floor nurses have found their cause in a special relationship with a young 23 year old patient with Multiple Sclerosis (MS). The patient is from Central America and has few members of her family that live locally. As her medical condition has progressed, nursing staff have stepped in to fill the gaps by lending additional social support. Melanie Nelson, RN visits the patient on her days off making sure that she gets fresh air and sunshine. Quana Edwards, CCP captained a team (named after the patient) for the MS walk to raise money to fight the disease. Terri Traylor, CCP, and nursing staff (Odette Punsalang, Le Nguyen, Maricar Cabanes, and Arlene Panlaqui) all walked while many staff contributed donations. In the end, \$1000 was raised in honor of this special patient.



Lindsay Randall Bone Marrow Transplant (BMT) RN



Walking through the Thornton lobby

you might catch a glimpse of Lindsay Randall selling home-made baked goods. Lindsay has a unique way of supporting her favorite cause, the Leukemia and Lymphoma Society (LLS). She is a member of "Team in Training", a group that trains endurance athletes to participate in various endurance fundraising events including marathons and triathlons. Lindsay says that "this is a way to run with other people with similar goals". As a nurse on a BMT unit, running marathons allows her to "help in another way by raising money to find a cure." In order to participate, Lindsay has a high fundraising bar to meet for each event. Last year, she raised \$2335 for a single event. If you see her, please stop by and buy something sweet for a great cause.

Promoting the Image of Nurses in the Local Community and Internationally

By Paige Burtson, RN, MSN, NEA-BC

If you have ever contemplated using your medical skill, or just your willingness to serve to help others, you may find something that sparks your interest in the featured stories of a few exemplary medical surgical nurses who are giving back to the community and elevating the image of the profession both locally and abroad.

LOCAL/NATIONAL

Medical knowledge is a valuable commodity to those who do not have access to healthcare. Some nurses choose to give back by volunteering in community clinics doing health screening and preventative education. A few examples are Catherine Chung RN (6W) through *St. Leo's Mission Community Clinic* (Solana Beach), Monica Neslage RN (10E) through Remote Area Medical Los Angeles (RAMLA), and Jen Pavone RN (3W) through the *UCSD Student-Run Free Clinic Project*.

At work, nurses frequently confront the issue of homelessness. The lack of resources available can be heartbreaking. Finding ways to help address this outside of the hospital is empowering. Agnes Maestre RN (11W) frequently spends her holidays serving food through the *St. Rose of Lime Feeding Program* in Chula Vista. A group of nurses on 11west joined together as a group to serve food to the homeless at *St. Vincent De Paul*.

The 8th and 6th floors collect food and Ernesto Gervacio RN (11W) participates in food delivery to local patients with HIV through *Mama's Kitchen*.

Tania Miller RN (6E) gives back through the *Boy Scouts of America*, organizing two camps per year for 300 kids, serving as the camp nurse, and volunteering weekly. Tania states that, "I like the Boy Scouts and the life lessons they teach such as 'Do a Good Turn Daily'; remembering to do something nice without being asked to do so. I try and bring this to my job at UCSD."

Others have found their cause in helping the elderly. Kellen Vawter RN (6W) and Malyne Santos RN (11W) volunteer with *Rides and Smiles*,

helping older adults with rides and companionship to medical or personal appointments. Laura Giambattista (6W) volunteers with *Honor Flight*. She helps bring a dream to life for WWII Veterans by coordinating trips to see the Veterans Memorial in Washington DC created in their honor in 2005.

INTERNATIONAL

Philippines

Several UC Health System nurses have emigrated from the Philippines. When going home to visit, many find time to serve in medical missions. In 2010, Lorna Alvarado (6W) assisted with setting up a feeding program for children ages 1-6, checked vital signs, and educated mothers on illness prevention in Sorsogon. Adorable Laus (11W) served at the Sasmuan Club Medical Mission in Pampanga. He will tell you that volunteering to offer medical services to the poor and needy leaves him with a great sense of satisfaction that he has helped his fellow man; so much so that he plans to return annually.

India

Rebecca Johnson (6E) in 2010 participated in a medical mission in



Tania Miller, Boy Scouts

11West team, St. Vincent de Paul





Ador Laus, Philippines



Maribel Perez, Vietnam

India through Loveworks (a mission program at Point Loma Nazarene University). She led a team of 10-15 nursing students who updated standards of nursing practice in an acute care hospital and assisted with health screenings. Rebecca felt that she understood more about Indian culture and could bring that knowledge back to the United States. She also appreciated seeing how medicine is practiced in another part of the world. She recently completed her second trip to Ghana in 2012.

Honduras

Anthony Velasco (6E) in 2011 joined UC students in the Global Medical Brigade. Anthony shared that his medical knowledge was invaluable, as he was the only registered nurse participating. He helped train others in how to take vital signs, check blood sugars, and do other basic assessments. He was able to help triage those needing treatment. Anthony shares that he feels satisfaction in representing the nursing profession internationally. He realized the potential that nurses have to use their knowledge outside of the confines of the hospital.

Vietnam/Laos

Maribel Perez (11W) joined the Global Health Force on a medical mission to Vietnam in May 2012. Maribel shared that the trip increased her awareness of how many people in the world do not have access to health care. She felt that participating in the mission helped to reinvigorate her nursing practice by serving in another country and culture.

In October 2011, Ouane Cam, RN (10E) spent her vacation time volunteering in Vietnam and Laos

with Americans Helping Asian Children (AHAC). Ouane told of her experience helping fundraise for assistive devices (glasses, hearing aids), learning how to fit hearing aids, and being able to deliver life-altering devices to children in need. The San Diego AHAC volunteers recently raise \$200,000 for this worthy cause.

South Korea

Kim Wonsook (6W) participated in a medical mission in Seoul in 2009. She helped in health screenings for a population with little access to healthcare. Kim enjoyed being able to use her skill and knowledge to help others.

Mexico

Ali Moreira and Susan Hartnett (10E) are both involved in Thousand Smiles Foundation. They use their medical skill in nearby Ensenada to help children who suffer from maxilla-

facial deformities such as cleft palate

Dennis Gerrits (8th floor) has also volunteered in Mexico in 2011 helping to conduct physical assessments for children through a medical mission at the Pierre Faure Institute.

Indonesia/Australia/Canada

Courtney Marsh (8th floor) in 2012 participated with Project Hope, an organization that uses volunteer doctors and nurses to travel the globe on a floating hospital ship to provide medical care to those in need. Courtney has been to Indonesia, Australia and Canada and shared that her involvement has helped to advance her nursing skill and increased her cultural awareness.

You can see and hear the excitement of nurses when they speak of their community service. Take the time to ask and you will uncover a host of possibilities and exciting ways to serve.

Volunteering for the Palestine Children's Relief Fund



Amanda Nasser, RN, BSN

My medical mission took place last October 2011 for about 2 weeks. During that time we accomplished 46 successful surgeries. I went to a town called Hebron in the West Bank. It is known to have a large majority of children suffering from congenital anomalies that need surgical attention. I was humbled by the opportunity to not only give back, but to be physically there making an impact and touching these children's lives in a capacity that I had never experienced before. I knew that when these surgeries were completed, these children would be able to grow up without having to suffer as a result of congenital malformations. This experience confirmed to me why I love being a nurse. It was an opportunity to branch out of my comfort zone and experience a whole different area of nursing. My duties on this trip included being the first assist to the surgeon in OR, being circulating nurse, helping with pre-post op care, prepping the OR, and translating Arabic/English. I feel such medical missions are the key to giving these resilient and brave children the healthcare that all humans should have access to.

Supporting Evidence-Based Practice at the Bedside

By Kathleen Ryan RN, MSN and Laura Vento RN, MSN, CNL

The benefits of evidence-based practice (EBP), including better patient outcomes and a higher level of healthcare provider satisfaction, are well documented in the literature. Barriers to participating in EBP include not having enough time to read research or implement new ideas, nurses not feeling empowered to change practice, lack of awareness of research and the overwhelming amount of research (Brown et al., 2009.) To overcome perceived barriers and engage bedside nurses in operationalizing EBP, UC San Diego Health System has adopted various strategies including expert support, shared governance structures and processes, and collaborative workshops.

CLINICAL NURSE SPECIALISTS, EDUCATORS AND NURSE MANAGERS

EBP starts with a catalyst, a question or a challenge to current practice. Bedside nurses are well positioned to ask these questions as they are at the frontline of care delivery. A collaboration of the bedside nurse with Clinical Nurse Specialists (CNS), educators and managers is instrumental in developing a question into a successful EBP project as demonstrated in the "Protocol Based Lab Draws" project on Thornton 3 West,



Bone Marrow Transplant (BMT).

Shannon Brouman, RN, asked the question, is it safe to decrease the number of blood draws after electrolyte and platelet protocol administrations? Shannon reflects, "I questioned the protocols, because I realized we didn't know why we were drawing all these labs and whether it was beneficial to the patient".

Shannon presented her project at the 2012 Annual BMT Update, where physicians, nurses, and pharmacists shared best practices in the care of BMT patients. Her EBP project contained literature review and data collection with the outcome to decrease specimen collection thereby decreasing the risk for central line associated blood stream infection. There was a direct financial savings of \$14,952 annually, as the data demonstrated less lab draws for both potassium and platelets is safe, and met the standard of care upheld in other major transplant centers. Shannon's presentation was well received and physicians agreed to change the protocols.

Nurse Manager Michelle Duong, RN, BSN, OCN and Aran Levine, RN, MSN, CNS, OCN were instrumental in making the study a successful experience for Shannon. There were points of education along the way that created a shared vision that helped the nurses know how they fit into the larger scheme of BMT care. Shannon served as a role model to her peers by effectively demonstrating how a well-designed EBP project can improve nursing practice and patient outcomes.

SPIRIT OF INQUIRY

Fostering a spirit of inquiry among nurses creates an environment which fully engages nurses in EBP and affects change on their units. The Medical/Surgical division at Hillcrest

Shannon Brouman, RN



Laura Vento, RN, MSN, CNL, is the Assistant Nurse Manager of Medical Surgical Quality. Laura joined UC San Diego Health System with a MSN from University of Virginia, having a previous bachelor's degree in Health Sciences from James Madison University. She is certified as a Clinical Nurse Leader.

Kathleen Ryan RN, MSN opened the first Thornton IMU, now the PCU, and has been the manager on 2 East for the past 13 years. The IMU has seen many changes in its' patient population, and currently some of the major focus is in oncology, surgery and orthopedics. Kathy completed her MSN from San Diego State University with a focus in leadership in 2011.



collaborated with UCSD nursing research liaison and librarian to incorporate a structure and process in the division's 6 Unit Based Practice Councils (UBPC) to ignite the spirit of inquiry among nurses.

The division-wide shared governance EBP journey began with unit specific consultations by the UCSD nursing research librarian, Mary Wickline, who facilitated the groups' development of a PICO question and a literature review. Research liaison and creator of UCSD's EBP model, Dr. Caroline Brown, presented EBP basics and how to appraise nursing research. This expert support fostered nurses' confidence and engagement in their projects.

Council members nominated project managers, which promoted ownership of the project and served as a professional development opportunity. Management and educators facilitated coaching of the project managers when needed to address challenges and discuss outcome metrics. Empirical outcomes were captured in a project update structure adapted from Lean Six Sigma's A3 tool, a one page demonstration of metrics, description of innovation, and action item tracking.

The nurses' commitment to their UBPCs' projects contributed to the success of the overall project and achieving excellent outcomes. Laura Giambattista, RN and Maria Ruiz,

RN, project managers for 6 West EBP project, led implementation of purposeful hourly rounds, successfully decreasing falls per 1000 patient days by 50% from the previous year. 6 West celebrated a zero fall rate for 6 months of the year. Laura found garnering support from other nurses was a key to success. Laura reports, "recruiting hourly rounding unit champions to role model the process helped other nurses buy-in to the project."

The UBPC on the 8th floor, an orthopedic unit, designed a post discharge call-back program for joint replacement patients, led by Nancy Yan, RN, MSN, CNL. Nancy was initially challenged to encourage nurses' participation in calling patients and found story-telling and manager support helpful. Nancy states, "I created story boards of the call-backs, highlighting nurses patients complemented and issues discovered. I shared these at staff meetings. The managers were very hands on with the project, which helped nurses recognize the call-backs as a priority." After getting nurses on board with the project, patient satisfaction scores consistently improved. Nurses advocated for patient safety issues during calls, assisted with scheduling follow-up appointments, patient education about medications and concerning signs and symptoms to call their doctor. She reflects, "the

calls were beneficial to the nurses as well. I felt I was better prepared to teach patients how to take care of themselves when they get home."

FRONTLINE LEADERSHIP PROGRAM

UCSD's partnership with the Frontline Leadership Academy (FLA) program in conjunction with clinical ladder advancement criteria is another vehicle to promote EBP. Over the course of four off-site workshops, FLA provides nurses with knowledge and tools to cultivate leadership skills and question current practice. Nurses are partnered with a coach and mentor for guidance.

Eileen Virrey, RN, was inspired while attending a Magnet conference and developed a Positive Therapeutic Peer Review program for her FLA project. Eileen reflected, "I was determined to enculturate peer review on the unit because it is the foundation for professional nursing practice, and one of the four tenants of the UCSD Nursing Professional Practice Model."

Eileen developed a Positive Therapeutic Peer Review Workshop for 6 West nurses, "during the workshops friendships were made, and fears of difficult communication situations were tested. Crucial concerns about patient care were discussed. These discussions were shared amongst 6 West UBPC, and new strategies were implemented for best practice for safe patient handling and quality care."

The projects of Shannon, Laura, Maria, Nancy and Eileen are all shining examples of outstanding EBP collaborations. These exceptional outcomes further demonstrate that EBP is a useful tool in everyday nursing practice. For those seeking a formalized approach to learning more about EBP, UCSD has developed excellent pathways to support nurses on their journeys.

EBP and Research at UCSD, get to know your resources!

Mary Wickline

UCSD Liaison Librarian to Nurses & Allied Health
Email: mwickline@ucsd.edu

Caroline E Brown DEd, CNS

Evidence-Based Practice and Research Liaison
Email: c7brown@ucsd.edu

Research Council

The research council meets second Friday of every month. Contact council chair, Laura Dibsie, for more information. Laura Dibsie, MSN, RN, CCRN
Email: ldibsie@ucsd.edu

Nursing Research and EBP Council CNIII Workshop

Interested in CNIII advancement? Want to learn more about the clinical ladder process and discuss a project idea with experienced Research Council members? Attend a Nursing Research and EBP Council CNIII Workshop. You can register on the EDR website and earn 4 CEUs!

The Journey of Rebuilding a Unit

By Ala Wheelock, RN MSN

July 2011 began a year of uncertainty, change, challenges, and growth across the UCSD Health Care System. While many nurses transitioned to the new Sulpizio Cardiovascular Center and embarked on a new chapter of their professional lives, the staff that opted to stay began a journey of rebuilding their team and family.

Uncertainty was the first emotion that set in for many. Questions arose such as, Who is going to the CVC? , How will we staff our unit? , and When is the CVC going to open? Tess Elayda, 10 East, echoed the concern of many of her peers at Hillcrest and Thornton by wondering, “Who will our patients be?” and “Will we have to float?” Despite these unanswered questions, nurses and nurse leaders carried on and began to recruit permanent staff, and travel nurses. As potential candidates were screened by the unit managers through the HireOnline system, it became a scramble to be the first unit to recruit them. Many candidates were interviewed at different units and managers had to act swiftly

*Who will our patients be?
and Will we have to float?*

to recruit the best applicants for the open positions. Additionally, units that had never used travel nurses were suddenly overwhelmed with a host of new faces with new ideas from all over the country. Existing staff were faced with the challenge of sorting the new hires from the travel nurses.

Change set in as the unanticipated gaps created by the loss of staff became more apparent. Many of the experienced nurses transitioned to the CVC taking with them their wealth of knowledge and unit dedication. The gaps that emerged revolved around decreasing the number of Unit Based Practice Council members, Certified Nurse specialty rates, charge nurses, Clinical Nurse IIIs, and preceptors. Rachel Lazarte of 10 East stated, “This opened the door for many opportunities for the existing staff to join committees



Ala Wheelock, RN, MSN, graduated in 1998 with her BSN and completed her MSN in Nursing Administration in 2009 at UCLA. She transferred from UCLA to UCSD in 2011 and is now the manager of 5 West Trauma PCU and 10 East Telemetry units.



10 East

, to teach, learn, and grow.”

Units were effected to varying degrees: Thornton’s 2 West transferred 27 RNs and 6 CCPs to the SVCV and rehired 28 RNs and 10 CCPs. 10 East Telemetry transferred 16 RNs and 1 CCP and rehired 17 RNs. 5 West Trauma Progressive Care Unit lost 5 RNs and 6 East lost 4 RNs and 1 CCP to the SCVC. The re-stabilization of the units has taken nearly an entire year, and some units are still in a state of transition.

Leah Federe of 10 East stated, “Our biggest concern was what would our patient population would be.” 10 East was the receiving unit for all the post cardiac catheterization, heart failure, and electrophysiology patients who were transferred to the SCVC. Christanne Kurtz of 10 East stated, “We lost our identity.” It was predicted that 10 East would have a very low census but the unit remained extremely busy with a diverse patient population consisting of complicated, medical telemetry patients. 6 East saw a decline in their daily census as many of their patients were now admitted to 10 East.

The Challenge of losing so many staff members at once was at first daunting. At times, units were running out of preceptors to train all the new staff. 10 East and 5 West had to drastically reduce the number of student nurses from the local colleges because there was no one left to precept them . There were days when each nurse on duty was training a new hire. Balancing the schedule required a new approach as experience levels needed to be balanced between the shifts and the days of the week. If this dynamic was overlooked, Friday nights could easily be staffed solely by new graduates and travel nurses.

Growth was immediate as the units began to stabilize and the lines became blurred between the staff that were hired before CVC opening and those that came after. As Estee Bautista 10 East states, “At first we were saddened because we had lost so many great nurses but we turned it into a positive experience by welcoming new patients and new staff to our family.” Within one year, the new graduates that were



2 West



5 West

We have built a bridge between the SCVC and 10 East. Now when we transfer patients and call to give report, there are familiar friends on the other end.”

recruited in anticipation of the July opening concluded their first year of experience, Unit Based Practice Council added new members, new preceptors became proficient , managers became very adept at recruiting, hiring, and training, and some of the travelers were hired on as staff. Nurse leaders and managers gradually shifted their focus from recruiting to retention of staff. Committees were rebuilt, more staff embarked on the CNIII and professional certification path, and

preceptors fine-tuned their skills. New ideas, varied experience, and dynamism influenced the flow and teamwork of the unit. Friendships and ties remained strong with those who transitioned to the CVC, forming new partnerships and bonds. As one nurse states, “We have built a bridge between the SCVC and 10 East. Now when we transfer patients and call to give report, there are familiar friends on the other end.” All in all, units recovered slowly and rebuilt the cohesiveness that once existed.

CREATING A CULTURE OF SAFETY IN THE MED/SURG DIVISION

By Elvie Sevilla BSN RNC NE-BC and Jennifer Mitch MSN RN

Health care quality and safety threats were widely acknowledged in the famous 1999 Institute of Medicine report “To Err is Human”. The report estimated that up to 98,000 Americans die annually in hospitals due to errors. Despite of numerous quality improvement initiatives, hospitals still see significant variation in quality of care. UC San Diego Health System has structures and processes in place to address safety concerns. It is easy to blame someone when mistakes happen; however, we practice a just culture where unsafe clinical care is addressed with the aim of preventing future errors. Nurses are now engaged and they are in a great position to significantly impact the quality and safety of the care we provide to our patients.

How do we create a culture of safety in a fast-paced environment like Med/Surg with such a diverse and complex patient population?

Med/Surg. Structure to Create A Culture of Safety

- Collaborative practice: Partnership with interdisciplinary teams
- Staff engagement: Staff membership in falls, skin, safety and MERP committees
- Encouragement of innovative ideas: Frontline Leadership Academy (FLA) projects such as call before you fall and 3 o'clock wipe downs to decrease infection rates
- Quality Boards: Display nursing sensitive outcomes, keep track of days without nurse sensitive quality variance to instill a sense of unit pride in safety accomplishments
- Monthly Quality Report Outs: Med/Surg Leadership takes the time to track priority safety and quality indicators and report out on

division trends at Leaders and Unit Based Practice Council meetings

- Audits: Participation in Trifecta (monthly), Collaborative Alliance for Nursing Outcomes or CalNOC (quarterly), Wound Wednesday, Leadership Rounds
- eQVR Review: Implement review tools such as fishbone analysis (Championed by Laura Vento, RN, MSN, CNL assistant manager for quality)

Daily Processes for the Bedside Nurse:

- Bedside Report
- Hourly Rounds
- Assessment/ Reassessment
- Patient and Family Education
- Preventive and Proactive Approach to Safety
- Patient White Board Communication

OUTCOMES: FALL PREVENTION

11 West Success Story

A major dynamic to patient falls is patient reluctance to ask for help in trying to not inconvenience staff.

Many of our patients belong to a diverse specialty, ranging from transplant to hepatology with unpredictable changes in cognitive function. This risk factor was only one of many challenges that tested 11 West nurses' engagement and innovation when creating strategies for fall prevention. The “5 C” of caring behavior approach to fall prevention was implemented in FY 2011. The incorporation of connectedness, comfort, collaboration, communication, and cleanliness in all patient interactions to enhance patient safety and trust has yielded positive outcomes. See Figure 1.

For the last two years, 11 West has outperformed similar units achieving



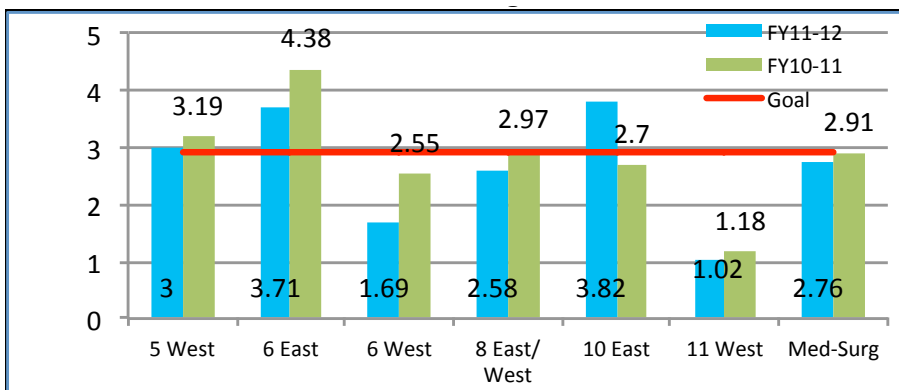
Elvie Sevilla BSN, RNC, NE-BC graduated with a degree in Nursing from the University of Santo Thomas, Philippines and the current nurse manager of the 11 West med/surg transplant unit. She is a member of the Leadership Oversight Committee and recently passed the nurse executive board certification.



Jennifer Mitch MSN RN has worked as a AN II for 11 west for almost 3 years. After her first job at 16 as a CNA, she obtained her LVN, ADN, BSN and Masters degree in nursing from the University of San Diego. Her experience includes oncology, NICU and hospice working in management and educator roles as well as nursing at the bedside. She is especially proud of her unit's excellent patient outcomes.

Hillcrest Med Surg Fall Data

Figure 1



1.18 falls per 1000 patient days compare to a 2.91 benchmark. 11 West Fall Project was presented as a poster at the Philippine Nurses Association of America Conference. "It takes vigilance and a team effort to be successful" per Fanny Villatoro RN 11 West fall committee representative.

Thornton 2 West is a unit to be reckoned with:

The 2 West Unit-Based Fall Committee also undertook a performance improvement project to reduce falls. Their outcomes was a reduction in fall rate from 3.6 falls per 1000 patient days to 2.4

The evidence based strategies they implemented included:

- Post Fall Huddle
- Patient Fall Education Flyer
- Mobilization in-service of post-op orthopedic patients

Opportunities identified as a result of the project:

1. Evaluate Current Fall Risk Tool – Since majority of the falls are moderate risks, the question is do we have a real time fall assessment

tool which can determine if a patient is at fall risk or no risk?

2. Oversensitivity to Bed Alarm - explore other types to include chair and potty alarms.

One of the challenges nurses often encounter is the difficulty to determine which patient had activated the bed alarm. Remember the old yellow and green light in every patient room? Before, the green light means the nurse is inside the room, the yellow light is for the nursing assistants. With the nurse innovative idea, now the yellow light on top of the patient room is a sign that the patient is a high risk for falls. With advances in technology, new strategies such as video monitoring with 2-way audio interaction is currently being piloted in the Med/Surg units to provide added safety to our high risks patients.

OUTCOMES: HOSPITAL ACQUIRED PRESSURE ULCER (HAPU) PREVENTION

The approach to skin breakdown prevention in Med/Surg has been to create a partnership between management and staff to identify those

who are at risk for skin breakdown. Every unit has a skin champion who attends monthly meetings and assists with data collection for outcomes. Nurses take a proactive approach to wound prevention. Some strategies include the use of specialty air mattress, placement of protective dressings on bony prominences and frequent monitoring of medical devices for the prevention of pressure related skin breakdown. A culture of wound prevention is not limited to nursing. Cecilia Manipon, CCP on 11 West, attended a skin class and is the unit's CCP skin champion. Her practice

11 West





6 West and 6 East



10 East



2 West

entails meticulous skin care for all of her patients and actively collaboration with her RN partner. She has shared this best practice with her fellow CCPs. Elena Wilson CCP, also from 11 West, has championed the patient skin hygiene practice on night shift.

By adhering to a mobility schedule that is recommended by physical therapy, patients are more apt to achieve improved strength and circulation, further contributing to HAPU prevention. Nurses track the progress of healing wounds and upload a weekly picture into EPIC for photographic documentation. Wound Wednesday is a day dedicated to management and staff collaboration to ensure all wounds are documented and prevention

strategies are in place for those at risk. We share findings and mentor staff to help improve care plan and patient education documentation.

For fiscal year 11-12 ending June 2012, we are proud to share that the med/surg. division in both Hillcrest and Thornton have outperformed the CalNoc benchmark in 4 out of 4 quarters in skin and 3 out of 4 quarters in falls. Despite of the challenges and pressures of daily work, nurses continue to demonstrate caring behaviors that contribute to quality and safe care to our patient and their families. Through staff engagement, commitment, collaboration, innovation and aspiration, the Med/ Surg. division will continue to be the leader in patient safety and quality outcomes in the years to come.

Recognizing Stellar Outcomes HAPU Prevention:

- 6 East- Achieved 3.6 years without HAPU (1318days)
- 10 East-890 days without HAPU
- 11 West-840 days without HAPU

Wilma Cabuang, 6 East RN and Skin Representative was asked how she has helped achieve stellar outcomes in HAPU Prevention? She stated, "It is a team effort, including the RN, CCP, and Charge Nurse. We make sure that patients with low Braden score have a prevention care plan."

Med/Surg nurses have taken the challenge of creating change within their own individual units. Without the commitment from these nurses, any initiative to promote a culture of safety will fail.

To be the leader in quality, we as nurse leaders must continue to motivate our nursing staff to D-R-E.A.M. and show our appreciation and gratitude for all their efforts and hard work.

- D- Define problems**
- R- Review current practice**
- E- Explore new ways of doing things**
- M-Measure success or outcomes**
- S- Share best practices.**

Embrace the vision. Join us at UCSD.



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