

## **UC San Diego**

**Spring 2015 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing**

### **Title**

UC San Diego Nurses in the Spotlight

### **Permalink**

<https://escholarship.org/uc/item/9kx2473r>

### **Journal**

UC San Diego Health Journal of Nursing, 8(1)

### **Authors**

Morris, Beverly A, MBA, RN, CNP

Aguilar, Sherlita, BSN, RN

Johnson, Lori, MSN, RN

et al.

### **Publication Date**

2015-04-01

Peer reviewed

# UC San Diego Nurses in the Spotlight

by Beverly A. Morris, Sherlita Aguilar, Lori Johnson and Catie Madani

## Shaping Evidence-Based Practice Around the World

By Beverly A. Morris RN, CNP, MBA

With the increased speed of new knowledge and the introduction of technology, keeping current is critical. Ongoing high quality education supported with evidence based practice is the most effective and sustainable strategy to improve professional nursing practice and assure that our patients experience the most current available care. A great deal of important and effective work to improve quality and safety of care are performed in hospitals with little of that work reported in the literature. (BMJ 2009; 338:a3152) "Improvement is an applied science rather than an academic discipline; its immediate purpose is to change human performance rather than generate new, generalizable knowledge." Providing other professionals with the depth and detail of change projects, through publications and continuing nursing education, can help nurses strengthen their professional skills and improve patient outcomes. To this end,

the specialty of orthopaedic nursing advances practice with an eye on the international healthcare marketplace as a venue to both learn and share best practices.

In 2010 nurses from the University of California, San Diego Health System published our results of a joint replacement project in an international orthopaedic nursing journal. The article is a step-by-step approach in the development of a collaborative clinical practice guideline which subsequently became adopted as a best practice model by the Queen Elizabeth Hospital in Adelaide Australia (Morris, Beverly A, Benetti, Maureen, Marro, Hanna, Rosenthal, Cynthia (2010) Clinical Practice Guideline for Early Mobilization Hours After Surgery; Orthopaedic Nursing, Vol 29, Issue 5). An anesthesiologist from the Queen Elizabeth Hospital was searching for U.S. models that demonstrated improvements in the care of the joint

replacement population, and discovered the UC San Diego functional report in a literature search. Just as the United States has government involvement in healthcare (Affordable Care Act), the South Australia government directed their hospitals to improve the quality of care and length of stay, in a cost effective manner, for the joint replacement population.

In 2011, the senior author, Beverly Morris, was invited to develop an education program with the Queen Elizabeth Hospital interdisciplinary team, in order to work toward replication of the published joint replacement clinical practice guideline.

In 2013 at the Australian – New Zealand international orthopaedic nursing conference, Racing to the Challenge, both Ms. Morris and her counterpart from Queen Elizabeth Hospital, Lesley Thomas, Orthopaedic Nurse Practitioner, presented joint replacement clinical practice guideline outcomes.

## Journey to the Finish Line: Fast Track Joint Replacements in the Queen Elizabeth Hospital

By Lesley Thomas, Orthopaedic Nurse Practitioner, The Queen Elizabeth Hospital, South Australia

The Queen Elizabeth Hospital performs between 300-350 joint replacement procedures per year. Health round table data indicated average length of stay (LOS) to be between 7 and 8 days, with best practice benchmarks being 5 days. Our objective was to reduce average LOS to between 4 and 5 days. We developed clinical guidelines tailored to our hospital based on proven fast track programs. The guidelines spanned the entire patient journey from pre-op through surgery and the post-operative periods. Education on the guidelines was delivered to everyone involved in the patient journey, including the patients, so as to provide a clear and consistent pathway everyone could follow. Lean thinking methodology provided a basis for this multidisciplinary project to be successful, by ensuring everyone worked together to get to the finish line.



Shift change report is called 'Handover' at the Queen Elizabeth Hospital in Adelaide, Australia and is performed by every RN from both shifts. Each patient is assigned a primary nurse. However, their practice model is that every nurse per shift should be familiar with every patient. Rounds are performed at the bedside with review of the patient's care plan.



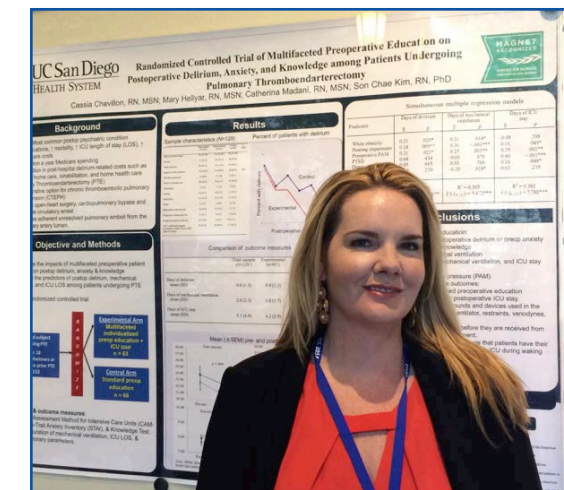
## Presenting in Paris and NTI

By Catie Madani, PhD, RN, CHPN

This past June, I was fortunate enough to represent UC San Diego Nurses at The International Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Association's annual meeting in Paris, France. I was proud to represent the stellar work I did with Cassia Chevillon (Yi), Mary Hellyar, Sherry Carreau and Mobe Montesa.

UC San Diego is the world leader in managing CTEPH. Experts from across the globe were referred to UC San Diego for our expert opinion and large database on different topics in CTEPH disease management. UC San Diego had a total of 8 posters from nurses and physicians. I had the pleasure to meet clinicians from Europe to Japan. Sharing the impact of our CTEPH program on an international level, made this springtime trip to Paris memorable on so many levels.

Presenting your work on an international arena sounds more daunting than it actually is. Look for the submission guidelines of international societies in your area of practice and go for it!



# A Wonderful Journey

By Sherlita Aguilar, BSN, RN, ONC

Presenting at a national conference is not something that I have always wanted to accomplish, but looking back, it is one of the most rewarding and amazing experiences of my nursing career. My journey began when I spearheaded the Apheresis unit's Performance Improvement (PI) project to decrease the rate of Central Line-Associated Bloodstream Infections (CLABSI).

The Apheresis unit developed CLABSI preventive strategies in collaboration with the hospital Infection Prevention and Clinical Epidemiology (IPCE) department and the following team members:

- Aran Tavakoli RN MSN, Oncology Clinical Nurse Specialist
- David M. Ward MD, Apheresis Medical Director
- Amber P. Sanchez MD, Associate Medical Director
- Majella Vaughn MPH, Administrative Assistant
- Edita Petil BSN, Apheresis Clinical Nurse
- Odette Ada BSN, Nurse Manager.

This intra-professional team was supportive and provided valuable insight and guidance. Unit-specific improvements were based on hospital policies and best practice guidelines from well recognized organizations. The Apheresis CLABSI

preventive strategies included:

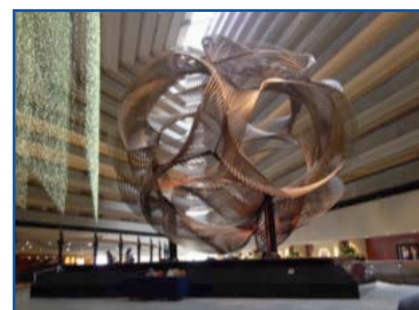
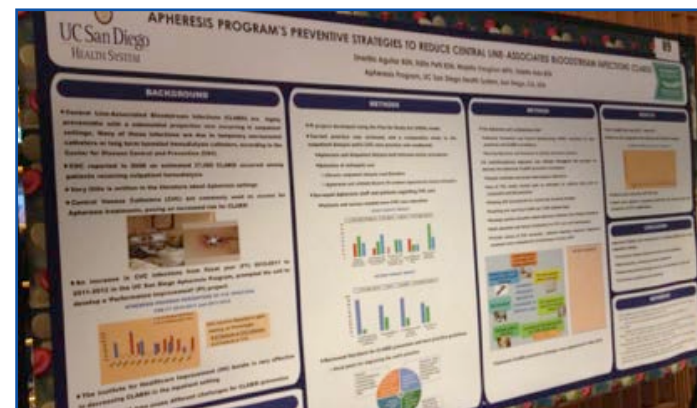
- adherence to proper hand hygiene and aseptic technique
- sterile alcohol pads as antiseptic for catheter hubs
- utilizing central venous catheter (CVC) kits for central line dressing changes
- patient education
- staff training and education
- periodic review of central line necessity.

The unit started reporting CLABSI as central line days, in compliance with Centers for Disease Control and Prevention (CDC) guidelines. Involvement and cooperation from both Apheresis staff and patients made a huge impact on the success of the project. Within three months of implementing the Apheresis CLABSI preventive strategies, a significant decrease in CLABSI infection rates were observed from a unit specific rate of 4.11% for fiscal year 2011 – 2012 to zero central line days. The UC San Diego Apheresis Program maintained a zero central line rate of CLABSI infections for twenty three months.

The project was presented at the 1st Annual UC San Diego Essentials and Advances in Apheresis Therapies conference held in San Diego, California, March 7th to 9th, 2013. This conference was a multidisciplinary

event, attended by allied health professionals, nurses and physicians, and the presentation was very well received. I thought this would be the culmination of my journey, but it was just the beginning. This speaking engagement further motivated me to share this project and our positive outcomes with other disciplines. In April 2014, I presented this project at the American Society for Apheresis (ASFA) and World Apheresis Association (WAA) joint conference held in San Francisco, California. The conference was attended by over 500 physician, nurses and allied health professionals from 36 different countries. This conference allowed me to present the UC San Diego Health System Apheresis Program's Preventive Strategies to Reduce CLABSI not only to the nation, but also to the world.

As a member of the UC San Diego Nursing Research and Evidence-Based Practice Council, I gained valuable knowledge and words of encouragement, which greatly assisted me in preparing for the presentation, in particular from Judy Davidson RN, DNP. Certainly, it was a wonderful nursing journey, and I am grateful to be a part of a team that is able to improve patient care and safety while simultaneously sharing the outcomes with my colleagues.



# Improving oncology nursing practice in Hong Kong: An international educational collaborative

By Lori Johnson, RN, MSN, OCN

Nursing practice has historically evolved through trial and error, with nurses the world over 'reinventing the wheel' whenever they sought to improve the quality of patient care. More recently, the ever-growing body of nursing literature makes practice advances readily available, which allows nurses everywhere to learn from each other through published outcomes. Hospital Authority, the government-run health care entity that oversees the seven hospital systems in Hong Kong, takes a different approach. Each year Hospital Authority sends a contingency of advanced practice nurse leaders to an international site for four weeks of intensive training, from which they extract identified best practices that promise to improve patient care in Hong Kong. In March 2013, a group of five oncology advanced practice nurse leaders visited UC San Diego Health System.

During these four weeks, they were to examine our hematology-oncology nursing practice, with a focus on bone marrow and stem cell transplant.

A curriculum was developed and tailored to meet the specific outcomes identified by the visiting scholars. The curriculum consisted of the following:

- Oncology classes that are offered annually at UC San Diego
- Expert speakers who provided private lectures on topics ranging from total body irradiation to stem cell processing
- Time spent observing nursing practice in action in both inpatient and outpatient clinical areas

To round out the month-long visit, cultural excursions to Balboa Park and the San Diego Zoo provided bonding time for hosts and guests.

Throughout the month we were engaged in lively conversations as we compared the challenges we share,

along with our sometimes very different solutions to these challenges. A weekly debriefing allowed for exchange of ideas and for adaptation of the curriculum to ensure that goals were being addressed. At the end of the month a formal survey was administered to evaluate the curriculum. The visiting scholars were asked to identify best practices that they intended to bring back to Hospital Authority.

In addition to the measurable outcomes, there were wonderful outcomes for UC San Diego Nursing Services. Our visitors validated the outstanding work we are doing, and gave us the opportunity to see ourselves from the perspective of expert nurses who are anxious to work in an environment that supports nursing excellence and fosters professional nursing- an environment like UC San Diego!

UCSDHS Best Practices Recommended for Adoption by Hong Kong Nurses	Hong Kong Authority's Response to Recommendations
<b>TECHNOLOGY</b>	
Electronic Medical Record	Implement in the near future
Web-Based Resources	Immediate Implementation
Barcode Scanning	Implement As Soon As Feasible
<b>SAFETY</b>	
Standardized central line dressing kit	Near Future
Independant double verification for chemotherapy	Implement As Soon As Feasible
Up-to-date weight for each chemotherapy infusion	Declined Implementation
Pre-filled syringes	Implement As Soon As Feasible
<b>STAFF DEVELOPMENT</b>	
Standardized training continuing education	Immediate Implementation
Standardized nursing guidelines	Immediate Implementation
<b>COST SAVING</b>	
Mixing chemotherapy only after confirm laboratory values	Immediate Implementation
On-line medication information	Future Consideration

