Nursing Report

Sharp Memorial Hospital
Accomplishments for 2023
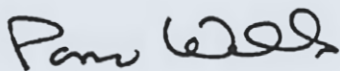

SHARP

Welcome

Sharp HealthCare's transformational journey accelerated with the recent transition to Epic. The electronic medical records platform will allow us to increase understanding of our patients' current conditions and improve our ability to communicate their individual goals and care plans. We are still in the early stages of this transition and the challenge of learning something new can sometimes overshadow the current and future benefits. Yet our nurses are rising to the challenge, embracing the new platform and discovering its potential as a tool to provide optimal care. I've been impressed with how our nurses have adapted to the change, and I continue to see evidence of them using the platform to increase efficiencies and improve outcomes.

Nurses have always been leaders in embracing change and building highly effective collaborative teams. We are problem solvers for individual patients and for systems and processes not meeting the needs of patients or teams. This nursing report highlights many examples of teams coming together to analyze, understand and improve care and workflows.

As you read this report, I hope you will appreciate the magnitude and impact of the changes revealed in these stories. This report demonstrates how nurses are building systems for supporting each other, identifying gaps in performance and systematically closing them, as well as designing and implementing new and creative approaches to providing care.

I love the commitment and dedication of Sharp Memorial Hospital nurses. And I'm proud that we've created a culture where individual nurses feel empowered to address specific issues and concerns. Their passion and hard work are to be applauded as they help us understand, appreciate, and embrace individual patient characteristics.

This report is a sample of the many groups and individual projects that have contributed to Sharp HealthCare's ability to sustain The Sharp Experience. I hope they inspire and encourage you to embrace a culture of continuous improvement.

Pam Wells, MSN, MSA, RN, NEA-BC
Chief Nursing Officer
Vice President, Patient Care Services
Sharp Memorial Hospital

Cover photo: (from left) Jennifer Hites, MSN, RN, TCRN, CEN, Trauma Services. Calvin Clark, APRN, MSN, ACNP-BC, Trauma Services.

"You cannot get through a single day without
having an impact on the world around you.
What you do makes a difference, and you have to
decide what kind of difference you want to make."

— Jane Goodall

Transformational Leadership

identifies and communicates vision and values and asks the involvement of the work group to achieve that vision.

Nurses Make a Difference Through Transformational Leadership

Nursing leaders at all levels must transform the values, beliefs, and behaviors in their various practice environments to make a difference in meeting current and future demands. Transformational leadership involves:

- Strategic planning with relevant goals aligned with the organization's mission
- Advocacy for resources that support these goals, including mentoring and succession planning
- Visibility, accessibility, and communication among nurses at all levels to improve patient care and the practice environment

Photo: (page 2) Amanda Doud, Advanced Clinician, BSN, RN, 5 West, Transformational Leadership, Nurse Leader, Nurse of the Year; (page 3 from left) Stacy Nilsen, PhD, RN, CNS, ACNS-BC, Generational Health. Diane Wintz, MD, FACS, Trauma Services. Kelly Wright, MSN, MBA, RN, OCN, CHPN, AIM/Generational Health.

Generational Health: Aligning Health Care With Older Adult Goals

The number of patients over age 65 is growing, and health care must be redesigned to meet this population's unique and evolving needs. Generational Health is an innovative, age-friendly program for older adults that advocates for independence, aligns care with individual goals, engages support systems, and acknowledges changing life circumstances. In 2023, the Healthy Aging Team expanded to all hospital units, and over 2,500 patients participated. A frailty assessment conducted upon admission helped identify patients who would benefit from Generational Health-focused interventions to maintain function and cognition. Generational Health standardized preoperative vulnerability screenings for this older adult population and introduced interdisciplinary high-risk surgical conferences to improve individual recovery and overall postoperative outcomes. Prehabilitation was developed for surgical patients to optimize their functional reserve and assess physical readiness for planned surgery. Advanced Illness Management collaborated with the patient and health care team to align medical decision-making with individual wishes.

Outcome:

Patients participating in Generational Health initiatives have shorter length of stay, decreased delirium, and an increased likelihood of discharging home. This program has been presented as a pioneering model for older adult care in interactive workshops at the 2023 Institute for Healthcare Improvement conference and the 2024 American Society for Aging conference.

Figure 1: Length of stay consistently decreased in fiscal year (FY) 2023 with patients participating in the Healthy Aging Program compared to similar patients who did not participate in the program.
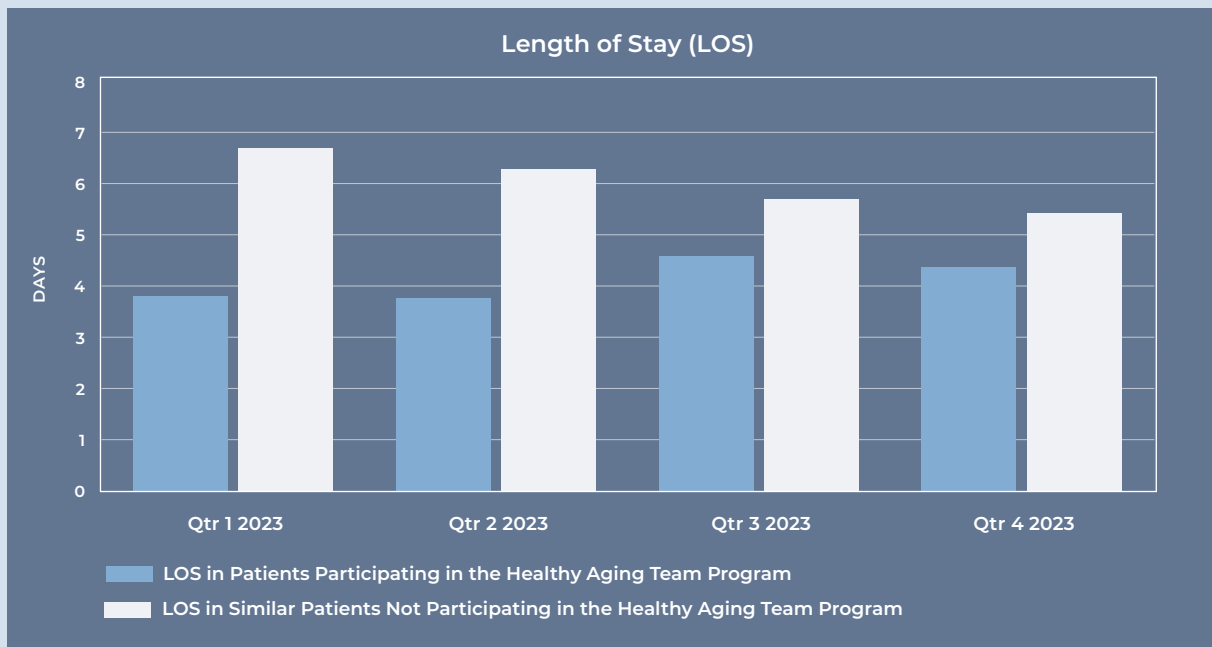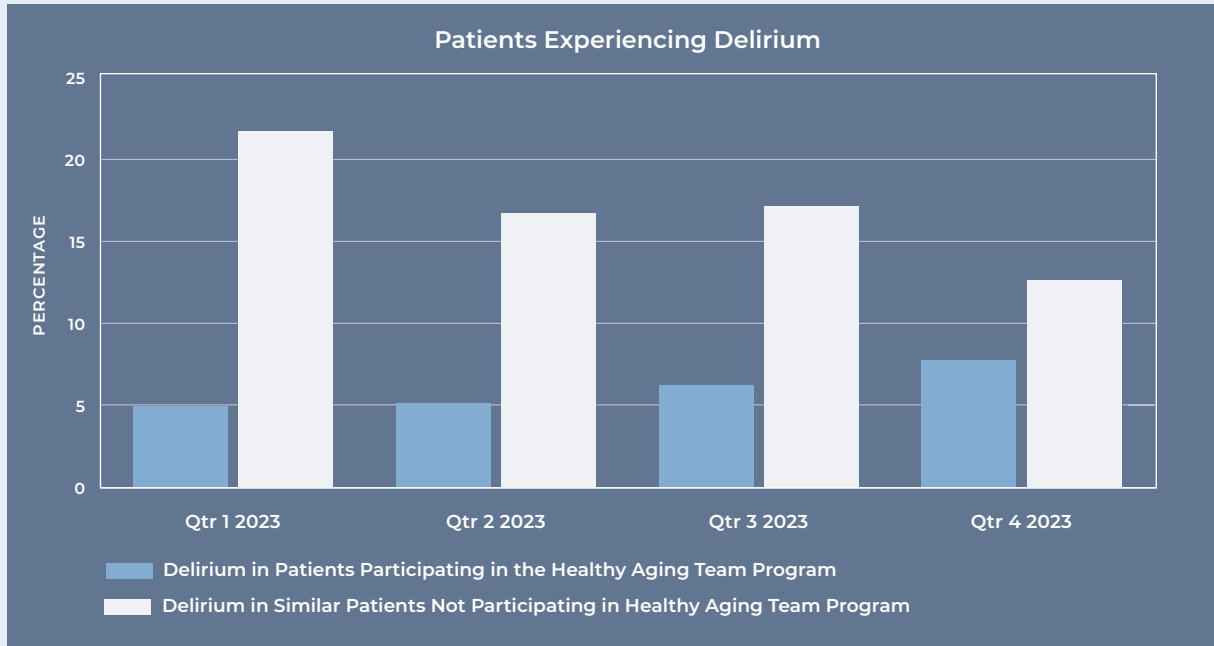

Length of Stay (LOS)

Legend:
- LOS in Patients Participating in the Healthy Aging Team Program
- LOS in Similar Patients Not Participating in the Healthy Aging Team Program

Patients Experiencing Delirium

Legend:
- Delirium in Patients Participating in the Healthy Aging Team Program
- Delirium in Similar Patients Not Participating in Healthy Aging Team Program

Nurse Mentor Program

Sharp Memorial's robust mentor program, established in 2009, continues to be a successful model, as evidenced by the hospital's one-year retention rate of nurse residents. Research shows a correlation between formal mentoring and increased retention among new graduate nurses. The goal of the program is to provide a framework for:

1. Successful role transition, including for new nurses and those new to their specialty or unit
2. Enculturation to the unit and organization
3. Promotion of professional development and lifelong learning

Following completion of unit orientation, dyads of mentors and mentees meet once a quarter, for up to one year, outside of the workplace setting to develop their relationship and decrease the mentee's work stress, while promoting professional development and continued transition to the RN role. To celebrate completion of the mentor program, two graduations are held each year. A memorable aspect of the graduation is the pinning ceremony, in which the mentor pins the mentee, symbolizing completion of the formal mentoring relationship.

Outcome:
In 2023, 94 dyads completed the program. The 2023 nurse resident one-year retention rate was 95.5%, exceeding the goal of 89%.

Tube System Improvement Project

In June 2023, a new graduate nurse at the frontline identified a shortage of carriers used in Sharp Memorial's pneumatic tube system. This system is used to expedite and coordinate patient care between departments – such as the laboratory, pharmacy and central supply – and nursing units. The shortage caused a waste of time spent per shift searching for a carrier. A collaborative interprofessional team from the inpatient units, including the Engineering Department, worked to improve the process, resulting in:

- Purchasing an additional 130 carriers for distribution to the units
- Developing standard work on utilization of the tube system and reporting broken carriers
- Partnering with the pneumatic tube system vendor to provide education and training to clinical and engineering staff

Outcome

With the addition of the new carriers, there was an 85% decrease in the amount of time spent looking for empty pneumatic carriers.

Figure 3: Pre-intervention data for average time spent per day, per nurse, in searching for carriers was 27 minutes, and post-intervention was 4 minutes.
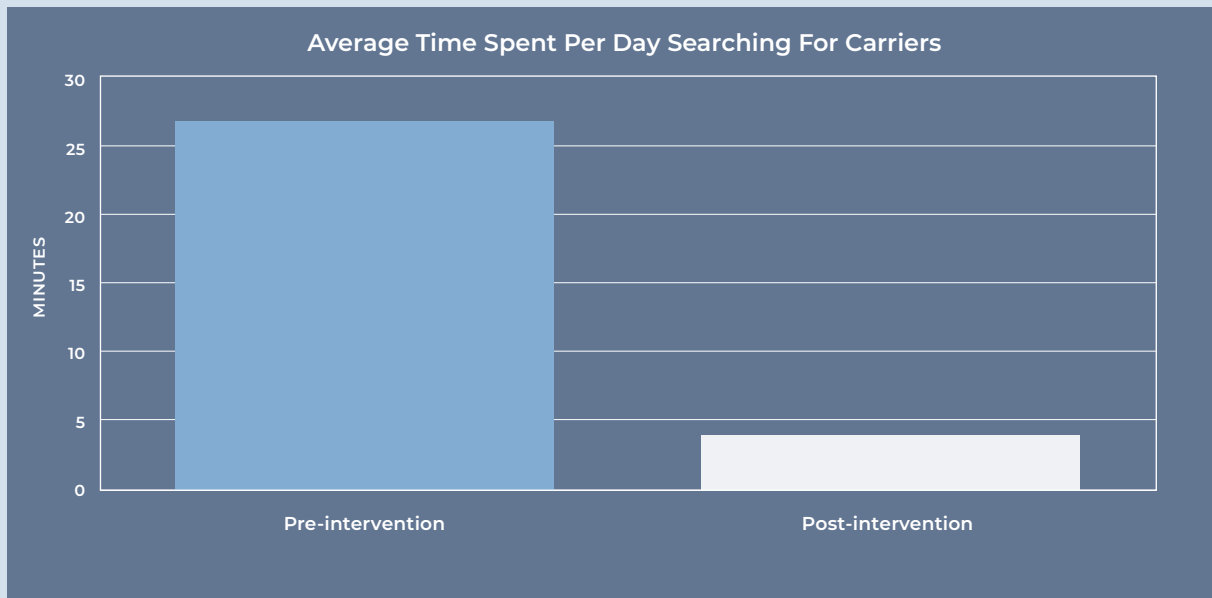
Sharp Memorial's Epic Leap

Sharp Memorial's comprehensive and intensive preparation for the transition to Epic, an electronic health record platform, included opportunities for enhanced interoperability, streamlined workflows, improved patient care, enhanced collaboration, reporting and analytics. Departmental "super users" played a crucial role in championing change, learning workflows and preparing for the go-live.

Collaborative, weekly involvement of nurses in decision groups influenced the content and workflows across specialties like acute nursing, case management, emergency, cancer care, endoscopy, obstetrics and gynecology, patient flow, and interventional radiology. The start of end-user clinician training in November 2023, with both in-person and asynchronous courses, showed a commitment to ensuring all staff were comfortable and proficient with the new system. Leaders aligned training schedules with departmental needs to minimize disruptions to patient care.

Outcome:
Nursing continues to adjust to the new system and workflows. The planned implementation for Epic will be March 1, 2024.

Photo: (from left) Gabrielle Velasquez, BSN, RN, Surgical Services. Ma Krezenzia Corinne Fuerte, BSN, RN, Surgical Services. Robyn Wuerstle, MSN, RN, CNOR, Surgical Services.

Leadership in Robotic Surgery

Sharp Memorial's robotic surgery program began in 2013 with the acquisition of the hospital's first robotic-assisted surgical platform. Today, the hospital's main operating room (OR) boasts seven da Vinci robots utilized by multiple service lines.

Sharp Memorial's extensive experience with robotic-assisted minimally invasive techniques has positioned the hospital as a regional leader in providing excellent surgical patient care. Since 2013, more than 12,500 robotic procedures have been performed in the hospital's main OR.

The goal of the robotics program is to provide the highest level of care for patients. Robotic-assisted procedures lead to a reductions in infection risk, blood loss, pain, scarring and length of stay.

Team leaders have developed thorough onboarding programs for surgery staff to ensure proficiency with the technology.

Outcome:

Sharp HealthCare has been named a Network of Excellence in Robotic Surgery by Surgical Review Corporation (SRC), making Sharp the first Network of Excellence on the West Coast. This recognition was given to our five Centers of Excellence in Robotic Surgery, and includes all Sharp entities, nine different specialties and 30 Surgeon of Excellence candidates.

Figure 4: The percentage of clinical key performance indicators with use of a da Vinci robot decreased in all four categories: ICU Admits, Blood Transfusions, Converted to Open and Surgical Site Infections from 2014 to 2023.
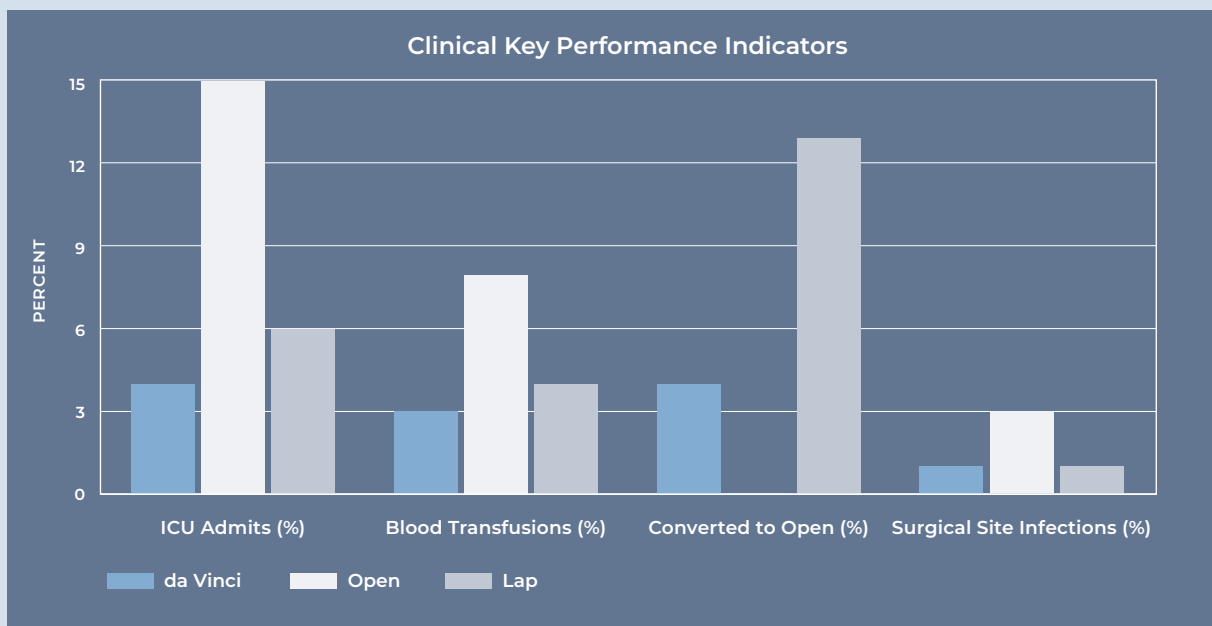
Code ECMO

A formal activation alert was needed for life-saving extracorporeal membrane oxygenation (ECMO) at Sharp Memorial. In 2023, a Code ECMO was developed to initiate emergency care for cardiac arrest in the ER, ICU, cardiac catheterization lab and other patient areas.

A new process defined the members and procedures for the Code ECMO team. Individual responsibilities were outlined in the event any person in the hospital met inclusion criteria for ECMO. Team members may include an ED physician, intensivist, ECMO specialist, cardiac surgeon, and cardiologist. Code ECMO activation is decided by a physician responding to a Code Blue event.

Code ECMO activation includes:
- Overhead announcement of Code ECMO with facility, floor, and room location
- Code ECMO team members respond to code location to assess and assist with cannulation
- Discussion among the team occurs regarding inclusion and exclusion criteria for ECMO cannulation
- Team proceeds with ECMO cannulation
- Patient is transferred to Surgical Intensive Care Unit or cardiac catheterization lab

Outcome:
Since the initiation of Code ECMO, there have been 59 code activations, with 29 patients started on venous arterial ECMO. Ten patients survived, a rate of 34%. Nationally, the cardiac arrest in-hospital survival rate is 17% and the out-of-hospital cardiac arrest survival rate is less than 10%.

Reducing Door-to-Needle Time for Stroke Patients

The American Heart Association (AHA) Guidelines of Care for door-to-needle times define the goals for timely stroke treatment. As a Primary Stroke Center, Sharp Memorial strives to meet the guidelines and treat stroke patients in a timely manner to prevent disability and mortality.

An interdisciplinary team was formed in the ED with the goal of meeting the benchmarks for door-to-needle times: less than 60 minutes at 85% of the time, less than 45 minutes at 75% of the time, and less than 30 minutes at 50% of the time. The following interventions were implemented:

- A stroke binder containing defined roles and responsibilities, stroke resources and checklists with education
- Education to increase staff knowledge of thrombolytic complications
- Transition in practice from the use of tPA to TNKase, improving time of administration due to ease of giving the dose via IV push
- A more active role for ED pharmacists during stroke codes, including assisting with verification of anticoagulant use, initiation of blood pressure management and their presence with TNKase at the CT scanner
- Reward, recognition and follow-up of patient outcomes within a week of a stroke code to increase staff enthusiasm and understanding of the positive impact of their contributions

Outcome:

Post-intervention outcomes for the Sharp Memorial ED include:

- Met and exceeded every AHA door-to-needle goal
- Earned Sharp Memorial the AHA Get With The Guidelines® Gold Plus Stroke status
- Invited to present results at the International Stroke Conference
- Re-certified as a Primary Stroke Center by The Joint Commission

Figure 5: Post-intervention data in 2023 indicates success in meeting or exceeding every AHA door-to-needle goal.

Sharp Memorial ED Door-to-Needle Times
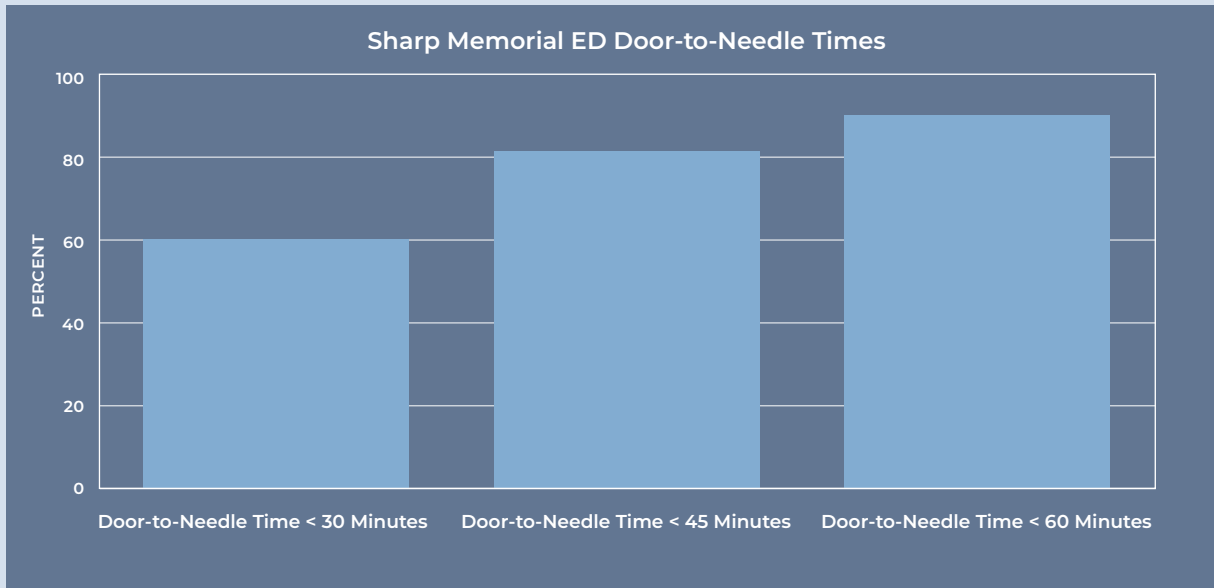
"We can change the world and make it a better place. It is in our hands to make a difference."

— Nelson Mandela

Structural Empowerment
develops strong partnerships to improve patient outcomes
and the health of the communities we serve.

Nurses Make a Difference Through Structural Empowerment

Structures and programs support nurses at all levels to make a difference and improve outcomes through professional development and partnerships. Structural empowerment includes:

- Involvement with organizational level interprofessional decision-making groups and affiliation with or participation in professional organizations
- Professional development through advancing education and specialty certification
- Teaching and role development, including professional development activities and transition-to-practice programs
- Commitment to community involvement at local, regional, and global levels to provide culturally and socially sensitive care
- Recognition of nurses, especially those addressing organizational strategic priorities and care of patients

Pneumonia Mortality Improvement Project

In FY 2023, Sharp Memorial had an observed-to-expected (O/E) ratio for pneumonia mortality of 0.97 in our CMS reporting quality and patient safety performance targets. The O/E ratio is defined as the number of in-hospital deaths divided by the total number of discharges. Sharp HealthCare's goal is to have an in-hospital mortality O/E ratio of less than or equal to 0.60. An interdisciplinary rapid action team, consisting of nurses and physicians, used Lean Six Sigma principles to target specific interventions which have led to significant improvement in pneumonia mortality outcomes.

Interventions included:

- Implementation of the physician advisor role to provide one-on-one coaching for real-time documentation enhancement that leads to appropriate severity of illness and risk of mortality reporting
- Creation of the Mortality Improvement Plan, an admission decision tree used between the Emergency Department and hospitalists to ensure patients are placed in the appropriate level of care
- Early intervention for palliative care and Advanced Illness Management to denote patients for general inpatient hospice care
- Targeted physician rounding for documentation improvement

Outcome:
After implementation of these interventions, the O/E ratio decreased to 0.71 in quarters one and two of FY 2024. Outcome data continues to be monitored for sustained improvement.

Photo: Tarah Garcia, BSN, RN, 4 West. Structural Empowerment, Nurse Leader, Nurse of the Year.

Figure 6: Post intervention O/E ratio decreased from the beginning of FY23.

O/E Ratios by Cohort							
	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
P	**0.87**	**0.00**	**1.72**	**0.53**	**1.88**	**0.73**	**1.04**
N	3/3.45	0/2.05	6/3.49	1/1.90	4/2.13	2/2.76	4/3.84

O/E Ratios by Cohort						
	May 23	Jun 23	Jul 23	Aug 23	Sep 23	
P	**0.58**	**1.15**	**0.74**	**1.56**	**0.50**	
N	2/3.46	6/5.23	2/2.70	3/1.92	1/1.99	

Trauma and Community Outreach

Sharp Memorial's Trauma Community Outreach and Injury Prevention Program experienced revitalization and significant growth in 2023. The trauma program manager and nurse practitioner—in collaboration with Sharp HealthCare physicians, advanced practice providers, clinical staff, and community partners from local churches and activist groups—established a robust presence in central and eastern San Diego.

This dedicated team of specialists offered monthly educational opportunities at no cost to the community. Programs such as the California Highway Patrol's "Every 15 Minutes," American College of Surgeons' "STOP THE BLEED" training, the emERge Youth Medical Conference, and multiple fall and injury prevention fairs were instrumental in educating, empowering, and inspiring over 3,000 San Diegans to focus on health and wellness promotion.

Outcome:
The Community Outreach and Injury Prevention programs collectively provided education to 3,131 people within our community.

Figure 7: Community Outreach and Injury Prevention programs provided in 2023.

Community Outreach and Injury Prevention	# of participants	% of total
Every 15 Min	2,000	63%
STOP THE BLEED	325	10%
Tijuana Healthcare Provider Education	300	9%
Fall Prevention Fair	150	5%
SDSU Wellness Coordinator Institute	150	5%
emERge Youth Camp	101	3%
Love Your Heart Community Fair	75	2%
Bike Safety Education Night	30	1%
Total	**3,131**	

Older Adult Guidelines

Sharp Memorial's Emergency Department (ED) identified a need to establish age-specific guidelines for optimal care of the growing population of older adults aged 65 and older. The Generational Health team designed "Older Adult Emergency Department Guidelines" to standardize implementation of evidence-based practice and ensure every patient receives quality health care while in our facility.

Within these guidelines, care processes were established to increase utilization of the FRAIL assessment for early identification of patient needs and acceleration of consultation for specialty services and transition of care resources. Attention focused on optimizing access to appropriate resources in a timely manner. The age-specific guidelines also promoted standard work for reduction of unnecessary practices, such as placement of a urinary catheter or physical restraint. The guidelines continue to serve as an excellent resource for individualizing care and have aligned with our commitment to provide person-centered care.

Outcome:

The FRAIL assessment was moved upstream in priority, which allowed patients to be stratified immediately into appropriate services for support. Pre-intervention data revealed 60% of patients admitted through the ED had a FRAIL assessment completed. After intervention, 90% of patients had a completed FRAIL assessment in the ED, thereby prompting early exposure to key specialty services and safety protocols.

Figure 8: Post-intervention data revealed 90% of patients ages 65 and older admitted through the ED had a FRAIL assessment completed.
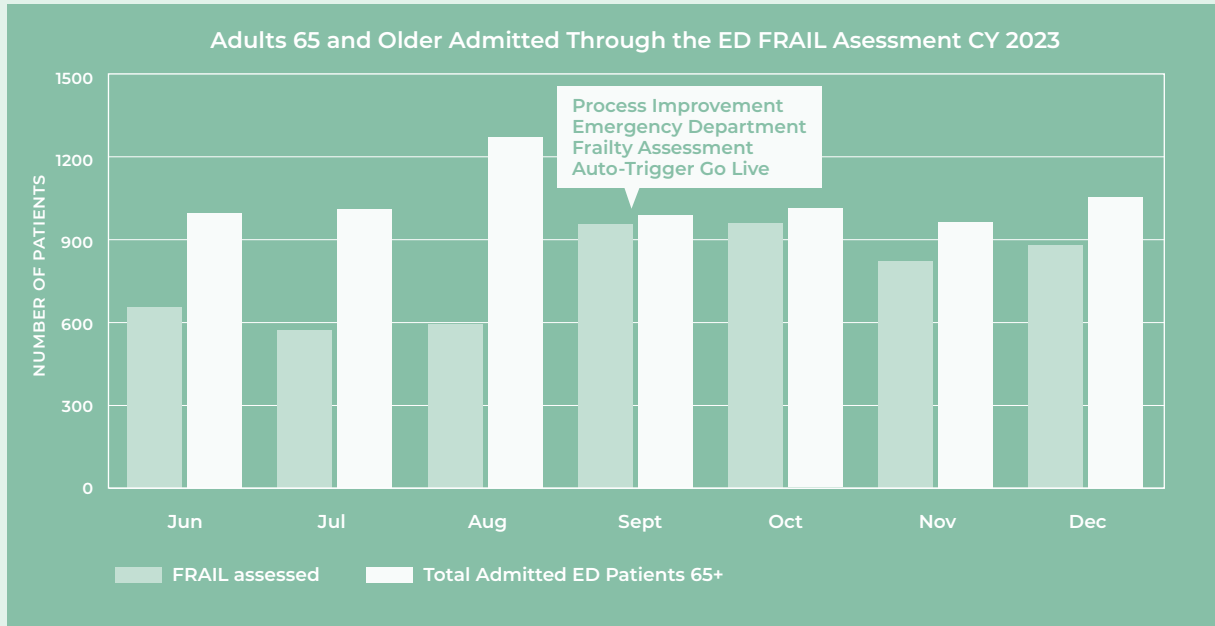

Adults 65 and Older Admitted Through the ED FRAIL Asessment CY 2023

Process Improvement
Emergency Department
Frailty Assessment
Auto-Trigger Go Live

NUMBER OF PATIENTS

Legend: FRAIL assessed | Total Admitted ED Patients 65+

Months: Jun, Jul, Aug, Sept, Oct, Nov, Dec

Photo: (from left) Patty Magdaluyo, MSN, RN, AGCNS-BC, AOCNS, 1 West. Jonathan Gurrola, MSN, RN, PHN, 4 West. Lea Novak, MSN, RN, CNS, PCCN, SCRN, 5 West.

Advancing Health Equity in Patient Care

Sharp Memorial participates in the national Healthcare Equality Index (HEI) survey, which helps hospitals align with best practices outlined by The Joint Commission and other sources. In 2023, an advanced clinician on 4 West (Trauma) founded the Clinical Health Equity Council (CHEC). CHEC is a collaborative, interprofessional team comprised of physicians, nurses, leaders and other clinical staff focused on applying a health equity lens to care. CHEC is a patient-focused group dedicated to addressing clinical factors contributing to health inequities or disparities and aligning with Sharp's commitment to being the best place to receive care. CHEC's contributions to date include developing a strategy for reducing health disparities specifically among LGBTQ+ patients and offering staff education to address disparities and inequities in patient care.

Outcome:

Sharp HealthCare hospitals achieved a top score of 100 in the Human Rights Campaign's Healthcare Equality Index (HEI) 2022, earning the prestigious designation as a "Leader in LGBTQ+ Healthcare Equality". Achieving perfect scores in the categories of Non-Discrimination and Staff Training, Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement underscores Sharp's commitment to inclusive and equitable health care.

Congratulating Scholarship Recipients

Name	Education Level	Scholarship Type
Devan Humphries	MSN	Terrence & Barbara Caster
Kirstin Poliska	BSN	Terrence & Barbara Caster
Melanie Knight	MSN	Terrence & Barbara Caster
Paul Dagdag	MSN	Terrence & Barbara Caster
Tarah Garcia	MSN	Terrence & Barbara Caster
Entry to Practice (ETP)		
Austin Vuong	ETP	Jim & Mary J. Wiesler
Jasmyn Huynh	ETP	Jim & Mary J. Wiesler
Katie Menzies	ETP	Jim & Mary J. Wiesler
Michael Berberick	ETP	Jim & Mary J. Wiesler
Natasha Parra	ETP	Jim & Mary J. Wiesler
Vian Hanko	ETP	Jim & Mary J. Wiesler

Recognizing 2023 Nursing Excellence Honorees

	Nurse	Category
SMH Clinical Nurse of the Year	Kaila Wondergem	Clinical Nurse
Transformational Leadership	Amanda Doud	Clinical Nurse
Transformational Leadership	Tarah Garcia	Nurse Leader
New Knowledge, Innovations and Improvements	Thuji Lhamu	Nurse Leader

"Great leaders don't set out to be a leader,
they set out to make a difference.
It's never about the role, always about the goal."

— Jeremy Bravo

Exemplary Professional Practice

is an overarching conceptual framework for continuous, consistent, efficient and accountable patient care delivery.

Nurses Make a Difference Through Exemplary Professional Practice

With a comprehensive understanding of the role of the nurse within the interprofessional team, nurses make a difference by applying their professional role to achieve desired patient care outcomes. Delivering exemplary professional practice includes the following essential components:

- Professional practice model
- Care delivery system(s)
- Interprofessional care
- Staffing, scheduling and budgeting processes
- Accountability, competence and autonomy
- Ethics, privacy, security and confidentiality
- Culture of safety
- Quality-care monitoring and improvement

Photo: (page 18) Kaila Wondergem, BSN, RN, Emergency Department. Exemplary Professional Practice, Clinical Nurse, Nurse of the Year. (page 19 from left) Jonathan Gove, BSN, RN, 6 West. Dan Marinelli, MSN, RN, AGCNS, ONC, PMGT-BC, 4 North.

Workplace Incivility Training for New-Graduate Residents

Lateral violence among the nursing workforce is a well-documented issue. Ongoing exposure to uncivil behaviors has been correlated with increased absences and burnout, and decreased quality of patient care. It is especially detrimental to those newest to the nursing workforce.

A clinical nurse specialist at Sharp Memorial created an interactive workplace incivility training based on evidence-based practice. The goal was to improve a new nurse's ability to effectively respond to uncivil encounters through the rehearsal of scripting in simulated scenarios.

Evidence-based educational content was created and a small workgroup facilitated the simulated scenarios. In February 2023, this workgroup implemented the first workplace incivility training session for new graduate nurse residents.

Outcome:

A self-efficacy scale was used to measure nurse confidence in responding to Disruptive Nurse Behaviors pre-, 3- and 6-months post-program implementation. Improvement was seen from 7.0 to 8.72 out of 10 at 6 months. Based on feedback from the nurses who participated, the class has been permanently incorporated into the Sharp Memorial Nurse Residency Program curriculum.

Figure 9: Outcome data for Self-Efficacy to Responding to Disruptive Nurse Behaviors (SERDB) Scale mean results improved from 7.0 pre-intervention to 8.72 at 6 months post-intervention.
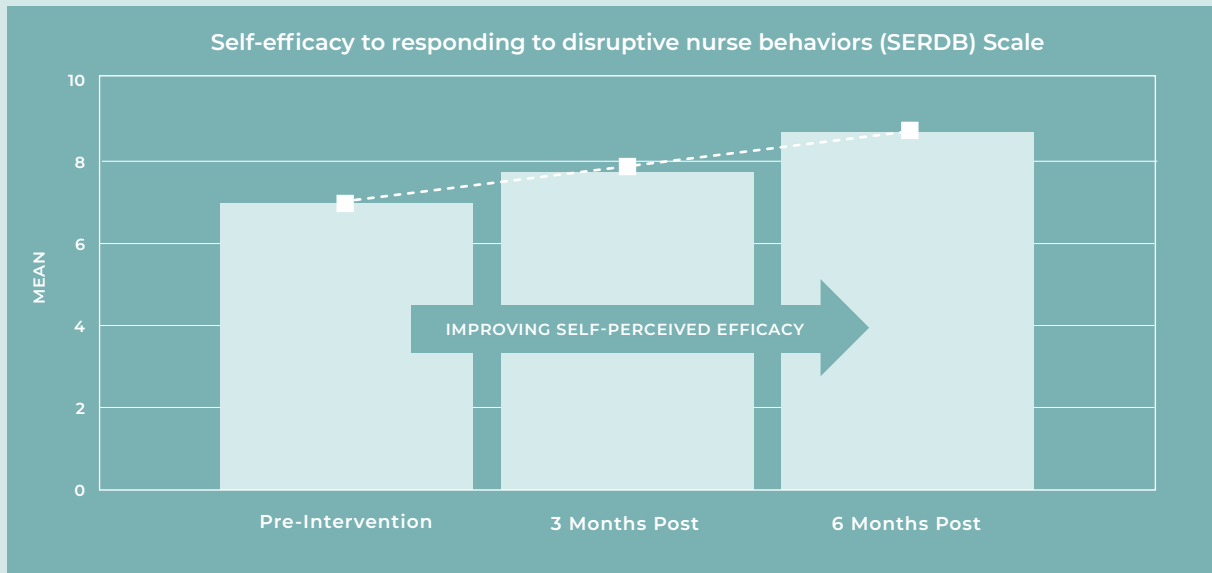
## Reducing Workers' Compensation Injuries Related to Patient Handling

Staff injuries related to patient handling were a major concern at Sharp Memorial. To identify causes and provide solutions, a Green Belt pilot project was implemented on 1 West and 4 West. Data analysis indicated that these patient care units had the highest increase in workers' compensation injuries related to patient handling. Preventing a patient fall and repositioning patients in bed were the highest causes of staff injuries.

Following stakeholder meetings with unit practice councils, advanced clinicians and unit leadership, the following contributors to staff injuries were identified:

· Lack of safe patient mobilization equipment and staff resources
· Inadequate patient education materials that provided rationale for fall prevention measures
· Ineffectiveness of current stop sign as a tool used to communicate patient fall risk and mobility needs to care team

Based on frontline staff feedback from the units, the team redesigned the stop sign. The new sign was relocated to an area that was more accessible for staff to complete and visualize. In addition, a patient education flier was developed. The flier addressed fall prevention strategies and their importance for the patient. It also provided a rationale for the staff's use of special mobility equipment. A patient perspective video on fall prevention was developed and shared with 1 West and 4 West staff.

Figure 10: Injuries on 1 West and 4 West decreased from 47 to 7, a decline of 85% with none of the injuries being OSHA reportable, incurring zero financial costs.
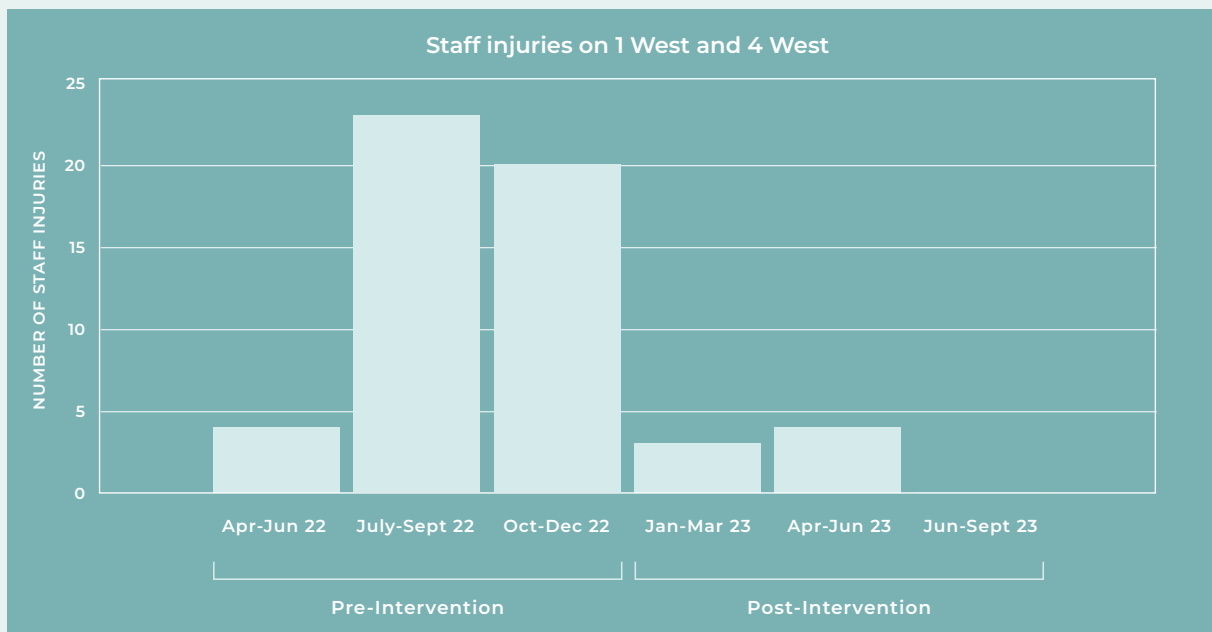
Outcome:

The goal was to decrease injuries related to patient handling by 10% in the first quarter of the project. The project exceeded its goal by 75%. There were 20 staff injuries reported pre-intervention. Of those injuries, 11 were reportable to the Occupational Safety & Health Administration (OSHA). Each OSHA reportable injury is estimated to cost $69,000, resulting in an estimated total incurred cost of $759,000. Injuries decreased from 47 to 7, a decline of 85% with none of the injuries being OSHA reportable, incurring zero financial costs.

Skin Tone Assessment

According to current literature, patients with darker skin tones are more likely to develop higher stages of pressure injuries regardless of any health care setting. The research shows that the proportion of stage 1 pressure injuries and deep tissue injuries tends to be lower in people with dark skin tones and can be attributed to failure in accurately identifying pressure damage early. As a result, we tend to see higher stages of pressure injuries (stage 3 and 4) with this population.
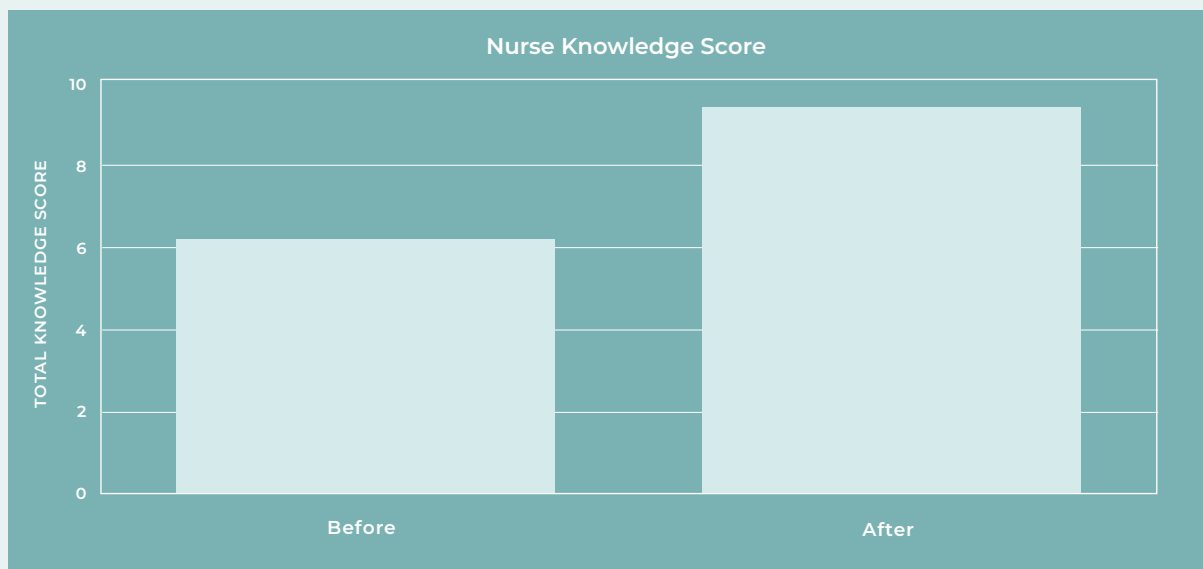
After an extensive literature review and in collaboration with the lead wound nurse at Sharp Memorial, a 6 West clinical nurse developed an educational program to improve nurse knowledge and confidence in skin assessments for patients with darker skin tones.

A 30-minute educational session was held, emphasizing basic assessment strategies such as improved lighting, moistening the skin with water, and palpating for heat and tenderness. This assessment was first

Photo: (from left) Jess Schroeder, BSN, RN, CWOCN, Wound Healing. Taylor Wynn, MSN, RN, 6 West.

Nurse Knowledge Score

presented to the 6 West staff and is now being disseminated to a variety of entity and system groups, including the Sharp Equality Alliance, Caster Nursing Institute and patient safety groups.

Outcome:
There was a 51.4% knowledge increase after the initial education. As a result of this project, guidelines for Sharp wound, ostomy and incontinence nurses have been updated to specifically include darker skin tone assessment.

6 West and Stroke Care

6 West cares primarily for patients requiring cardiac medical, procedural, and surgical interventions. Due to their pre-existing comorbidities, these patients are at higher risk for cardioembolic strokes. The 6 West staff identified an opportunity for improvement in recognizing stroke symptoms.

A 6 West clinical nurse specialist, advanced clinicians and stroke program manager collaborated to increase nurses' proficiency in recognizing stroke symptoms. They crafted a process that empowered the nursing team to activate a Stroke Code in a timely manner. A Stroke Code checklist was implemented as well as unit-wide cardioembolic stroke education.

The Stroke Code checklist aimed to do the following:

1. Increase nurse knowledge about stroke symptoms
2. Identify clear roles and responsibilities during a Stroke Code
3. Aid staff in gathering appropriate and relevant information before the Rapid Response Team's arrival

Outcome:
6 West decreased average Stroke Code call time by 66% and decreased the stroke mortality rate by 16%.

6 West Average Stroke Code Call Time
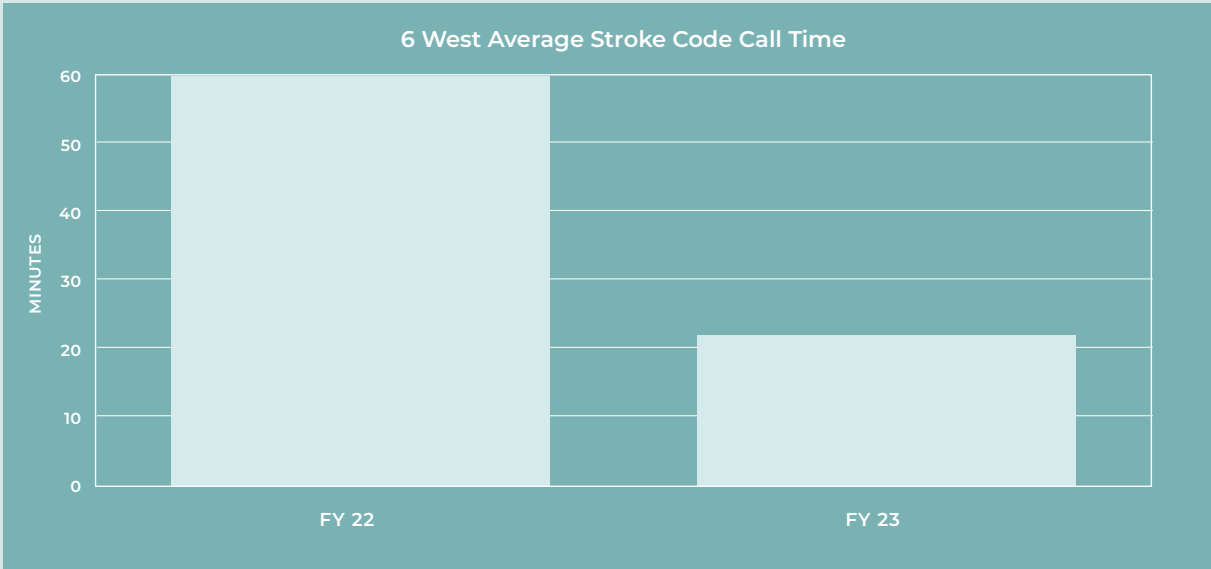
Resource Nurse Role in Reducing Clinical Indicators

Hospital-acquired conditions (HAC) such as CLABSI, CAUTI and patient falls, affect patient safety, interfere with functional and emotional recovery, increase complications and prolong hospital stays. To reduce HACs on 7 West, resource nurses were empowered to proactively identify inconsistent adherence with evidence-based CLABSI, CAUTI, and fall prevention guidelines. The resource nurses conducted daily audits and promoted peer-to-peer accountability in resolving discrepancies in real time. The nurses also collaborated with representatives from infection prevention to improve clinical outcomes through one-on-one mentorship, ongoing education, and staff engagement which helped identify opportunities for improvement.

Outcome:

After implementation of these interventions, 7 West successfully reduced CLABSI standard infection rate (SIR) from 2.15 to zero, CAUTI SIR from 1.31 to zero, and total falls by 40%, from 25 to 15. This resulted in a $115,172 financial savings for the organization.

Figure 13: Post-intervention data for CLABSI and CAUTI SIR decreased in FY 2023 to zero.

HAC	FY 2022 SIR	FY 2023 SIR	Financial Savings
CLABSI	2.15	0.00	$96,000
CAUTI	1.31	0.00	$55,172

Figure 14: Post-intervention data for total number of falls decreased by 40%, from 25 to 15.

7 West PCU Total Patient Falls

FY 2022   FY 2023
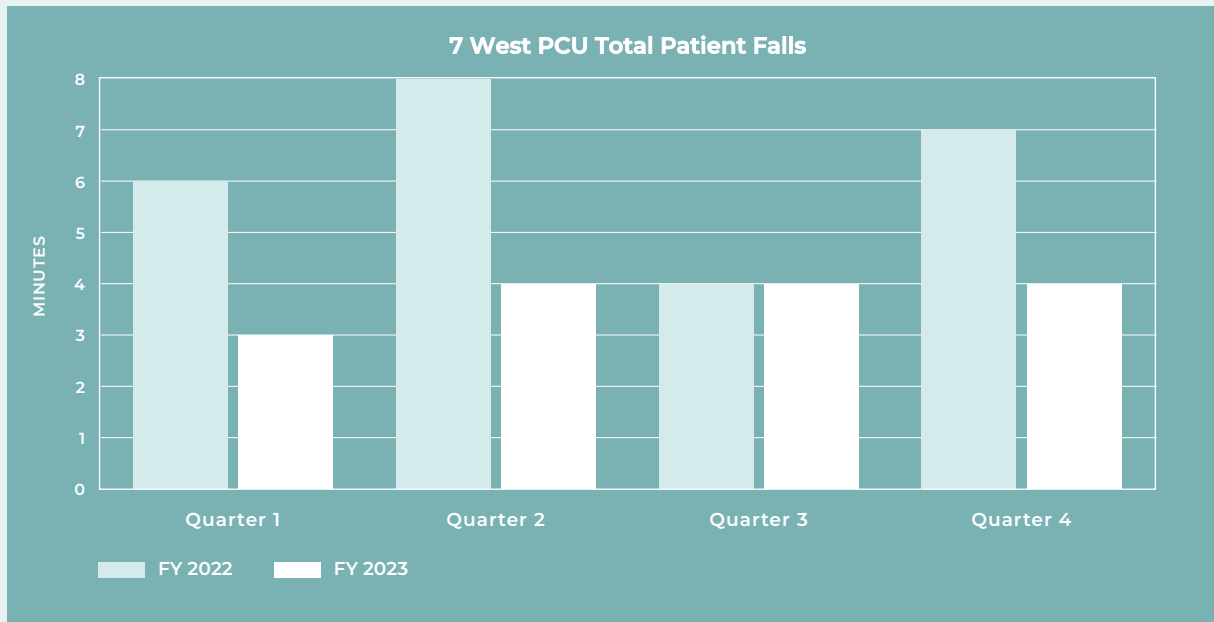
## Tracking What Matters: Clinical Indicators, Nursing Satisfaction and Patient Satisfaction

Clinical Indicator: Injury Falls – All Inpatient Units

Figure 15: For falls with injury, Sharp Memorial outperformed the "all hospital" benchmark for three of the four quarters.

Falls with Injury - All Inpatient Care Units
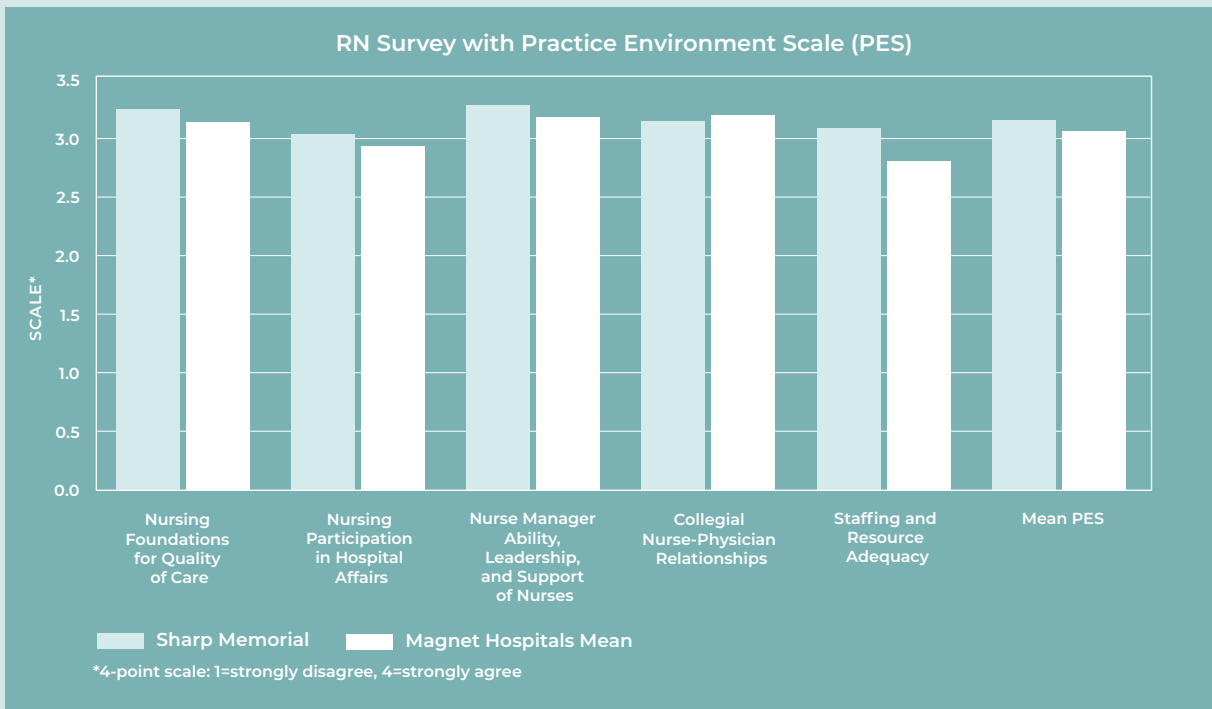

Sharp Memorial

All Hospitals - Mean
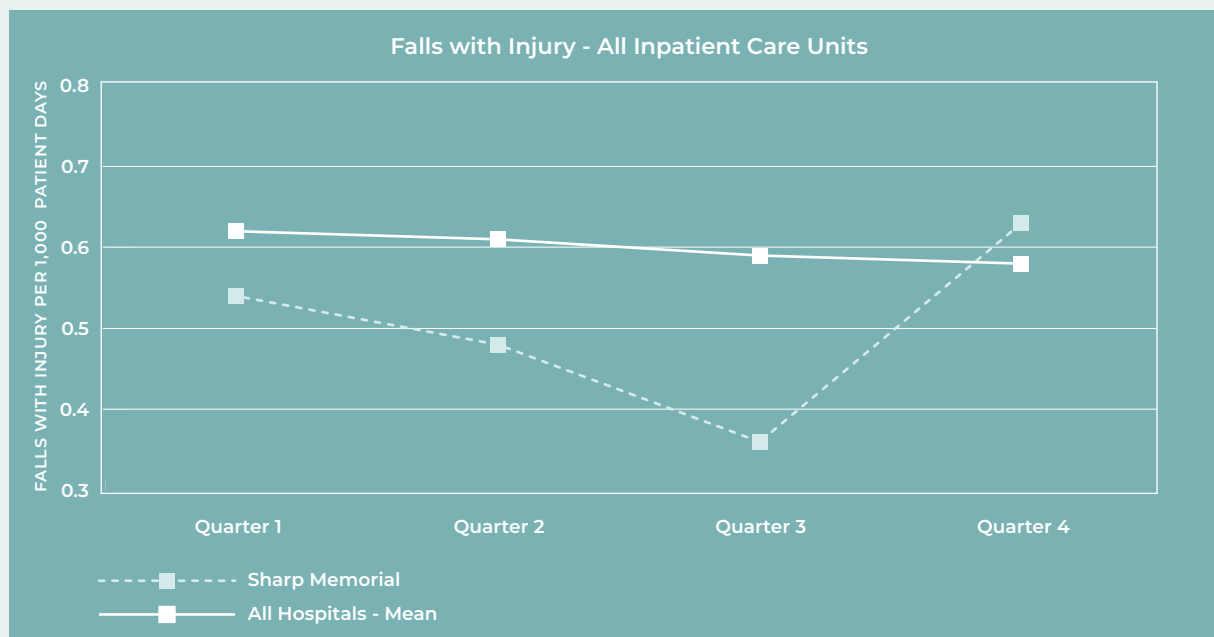
Clinical Indicator: Hospital-Acquired Pressure Injuries, Stage 2 and Above – All Inpatient Units

Figure 16: For HAPI stage 2 and above, Sharp Memorial outperformed the Magnet Hospitals benchmarks for all four quarters.


Percent of Patients with HAPIs, Stage 2+

- - - ■ - - - Sharp Memorial   ——■—— Magnet Hospitals Mean
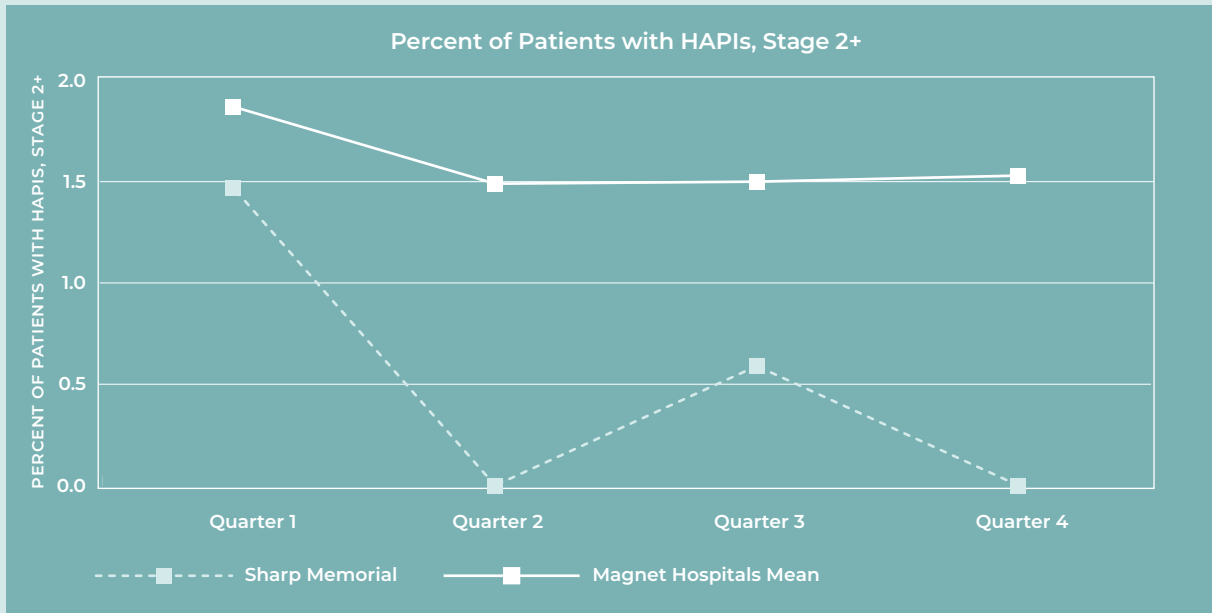
Nursing Satisfaction – All Nursing Units

Figure 17: Average nurse satisfaction scores for all nursing units outperformed the national mean in five categories.

RN Survey with Practice Environment Scale (PES)

▨ Sharp Memorial   ▨ Magnet Hospitals Mean

*4-point scale: 1=strongly disagree, 4=strongly agree

Patient Satisfaction – All Inpatient Units

Figure 18: A majority of Sharp Memorial eligible units continue to outperform the mean of the comparison group.
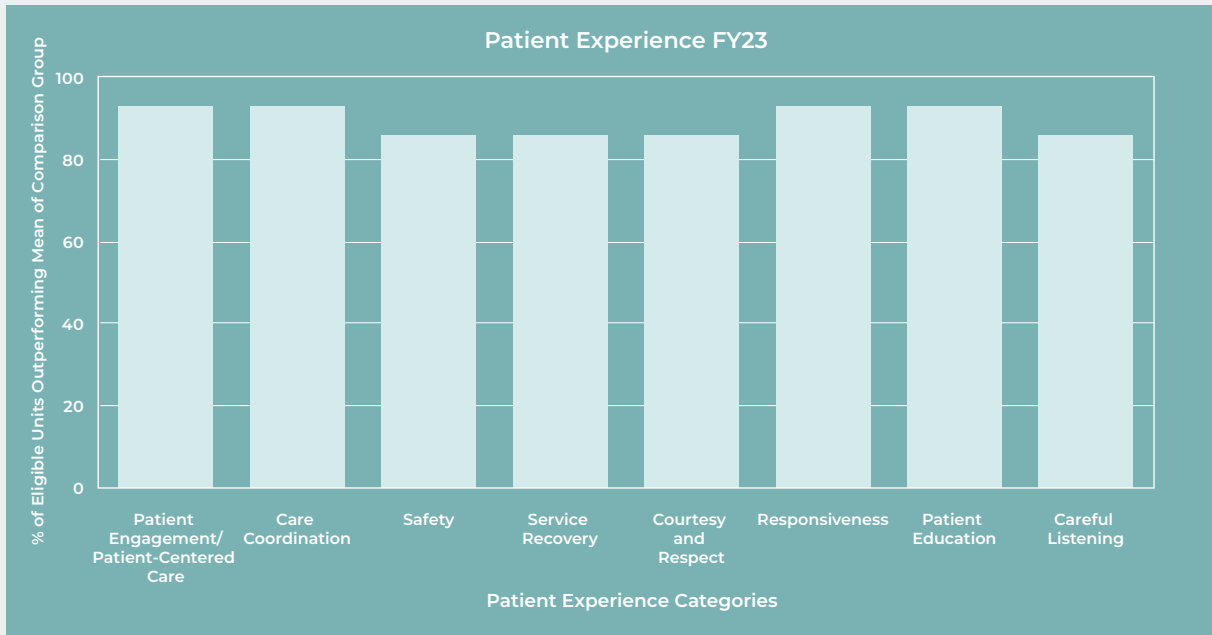
{ Knowledge will bring you the
opportunity to make a difference.
— Jeremy Bravo }

New Knowledge, Innovations and Improvements

are the integration of evidence-based practice and research into clinical and operational processes.

Nurses Make a Difference through New Knowledge, Innovations and Improvements

It is a professional responsibility for nurses to make a difference by contributing and applying the latest evidence to improve patient, workforce, and organizational outcomes. New knowledge, innovations, and improvements are accomplished through:

- Research studies and dissemination of findings
- Evidence-based practice to introduce or revise practices
- Innovation, including adoption of technology and design/redesign of workflows or environment

Clinician Attitudes and Beliefs Toward In-Hospital Patient Mobilization

A comprehensive, interdisciplinary mobility program is necessary to help patients maintain physical independence and reduce complications like falls and pressure injuries. Identifying differences in perceived barriers to effective patient mobilization among health care teams helps to create a shared need for practice change.

Aim: To assess the similarities or differences in perception of role responsibility and barriers to patient mobilization among hospital interdisciplinary clinical team members.

Methods: A cross-sectional, convenience sample of Sharp HealthCare registered nurses, rehabilitation (physical and occupational therapists) and providers (physicians and advanced practice registered nurses) using the Patient Mobilization Attitudes and Beliefs Instrument.

Results: Participants (n=144) included registered nurses (75), rehabilitation (55), and providers (14). Years of clinical experience ranged from entry to professional practice (0) to 43 years, with a median of 10 years. There was a statistically significant difference between clinician groups in barrier scores in Knowledge (55.2), Attitudes (32.7) and Behaviors (21.2) (H(2) = 55.2, p<0.001). Higher scores indicate higher perceived barriers. Pairwise comparison by clinical role were run to achieve the study aims. When compared to rehabilitation mobilization knowledge (40.4), nursing (91.9) (p<0.001) and providers (94.8) (p<0.001) had greater perceived barriers. Nursing attitudes towards patient mobilization (91.3) were a statistically significantly greater barrier than rehabilitation attitudes (49.6) (p<0.001) and providers attitudes (62) (p=0.048). No difference in attitudes were noted between providers and rehab. There was a statistically significant difference in behaviors supporting patient mobilization with nursing (85.6) noting greater barriers compared to rehabilitation (52.2) (p<0.001). No other statistically significant relationships were noted in behaviors.

Photo: Thuji Lhamu, DNP, APRN, AGCNS-BC, CMSRN. New Knowledge, Innovation & Improvements. Nurse Leader, Nurse of the Year.

Conclusions and Implications for Practice: Nursing and providers perceived higher barriers toward in-hospital patient mobilization than rehabilitation. Knowledge differences align with the level of clinical expertise. By targeting interventions toward nursing and providers to address factors believed to hinder successful mobilization, we can potentially influence proactive mobilization practices.

Improving Pain Management in Post-Operative Patients

Post-operative pain management in Sharp Memorial's Post Anesthesia Care Unit (PACU) is a delicate balance between adequately treating pain and preventing opioid-induced adverse events. Nursing knowledge and experience are essential in assessing and adequately treating post-operative pain. The majority of PACU nurses had less than three years of experience. An advanced clinician in the PACU implemented an evidence-based project to improve nursing pain management knowledge and reduce the length of stay for patients with pain levels greater than seven. Interventions included the development of a pain management algorithm and pharmacology education for the PACU staff.

Outcome:

Since October 2023, there have been zero Code Blue events in the PACU related to opioid-induced oversedation and respiratory distress. In addition, the median length of stay for patients with severe pain levels greater than seven decreased by 8%. Pain management nursing knowledge related to the pain algorithm and pharmacology of frequently used opioids in the PACU also improved by 25%.

Photo: Megan Crawford, BSN, RN, Post-Anesthesia Care Unit.

Figure 19: Post-intervention data for median length of stay in the PACU for patients with severe pain level greater than or equal to 7 decreased by 8%.
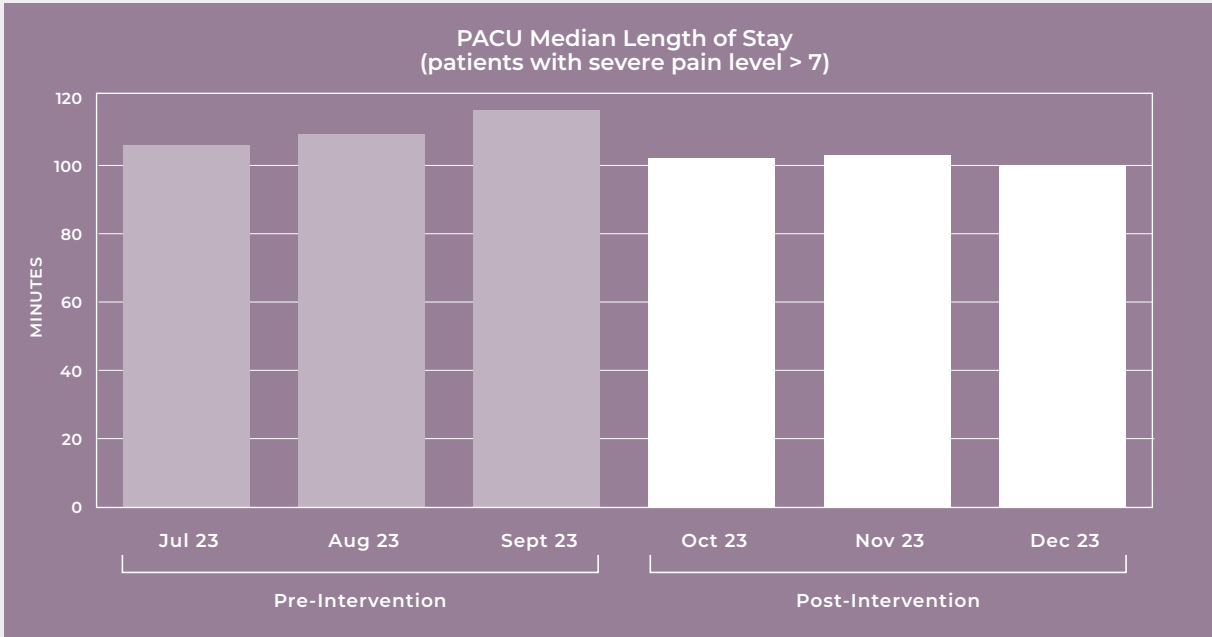

PACU Median Length of Stay
(patients with severe pain level > 7)

Pre-Intervention: Jul 23, Aug 23, Sept 23
Post-Intervention: Oct 23, Nov 23, Dec 23

Y-axis: MINUTES (0, 20, 40, 60, 80, 100, 120)

Photo: (from lefrt) Robert Geluz, Team Mobility Coach, 5 North/5 West. Wendy Baggs, MSN, RN, PCCN, 6 West. Sandy Nasshan, MSN, RN, CNS, PCCN, 7 West.

Team Mobility Coaches and Safe Patient Mobilization

Sharp Memorial staff were underutilizing the Lift Team to prevent patient falls and workers' compensation injuries. To re-educate staff, the Lift Team was transformed into a group of Team Mobility Coaches (TMCs) who deployed to units to provide coaching and real-time assistance to the nursing staff. Led by a nurse manager, nursing lead and clinical nurse specialist, a workgroup of front-line staff was brought together to develop training and a workflow for this new role.

TMCs were trained to be safe patient mobilization experts. Role playing helped TMCs feel more comfortable with coaching the staff. Hands-on training of mobilization equipment with repeat demonstration and proper body mechanics was emphasized. Team members were assigned to specific units to assist staff and ambulate patients.

Outcome:
Following implementation in September 2023, the number of reportable injuries to staff related to Safe Patient Mobilization showed a 28.5% decline in just one quarter. Further, a 37.5% decline in hospital-acquired pressure injuries has occurred.

Systemwide Product Conversion to Point of Care Medication Preparation

Recent revisions to USP 797 IV compounding standards prompted Sharp HealthCare to review options for implementing a "point-of-care" admixture system. The change from the compounded products, supplied by Sharp Centralized Hospital Pharmacy, to a point-of-care medication preparation product would shorten expiration dates, thereby resulting in eliminating excessive waste.

The goal was to follow Sharp Memorial's example and convert all Sharp entities to a point-of-care medication preparation product. Sharp Memorial had already converted to the point-of-care admixture system several years earlier. However, accomplishing this goal necessitated a conversion to a standard diluent container with an integrated drug vial adapter.

A team of Sharp Memorial clinical nurse specialists ensured that each nurse received education and training for the product conversion and provided support for other Sharp entities.

This project and product conversion was successful through a multidisciplinary partnership with Pharmacy, Central Supply, Informatics and Nursing.

Outcome:
This change saved Sharp Memorial over $885,00 and Sharp HealthCare over $2.5 million

Figure 20: This change resulted in savings of $885,365.66 for Sharp Memorial compared to if the conversion had not occurred.

Entity	Spend Savings
Sharp Chula Vista Medical Center	$480,470.31
Sharp Coronado Hospital	$135,766.54
Sharp Memorial Hospital	$885,365.66
Sharp HealthCare	$92,590.92
Sharp Mary Birch Hospital for Women & Newborns	$21,174.69
Sharp Home Infusion Services	$88,040.82
Sharp Grossmont Hospital	$695,334.00
Sharp Central Hospital Pharmacy	$113,835.32
Total	**$2,512,578.26**

Implementation of Saline-Only Flush for Central Venous Access Devices

The Infusion Nurses' Society 2021 Standards indicate that the use of saline for flushing of central venous access devices (CVADs) is no better, or worse, than the use of heparin. Eliminating heparin saves nursing time, reduces cost of care and avoids exposing patients to the risk of heparin-induced thrombocytopenia (HIT), bleeding and medication incompatibilities.

An initial pilot project was implemented to determine the effectiveness of saline-only flushing in preventing line occlusions and maintaining line patency in CVADs. The practice was implemented hospital-wide in August 2023.

Education was provided to nurses by the Vascular Access Team, which instructed on the proper technique for flushing of CVADs and the safety of saline-only flushes. Unit super users observed nurses to validate competence. In CVAD line care order sets, saline-only flushes were selected for administration every eight hours.

Outcome:

The number of CVAD occlusions did not increase after the pilot with saline-only flushes, and an increase in consults with Vascular Access Team promoted proactive occlusion management. An added benefit was the financial savings for Sharp Memorial after reducing the use of heparin.

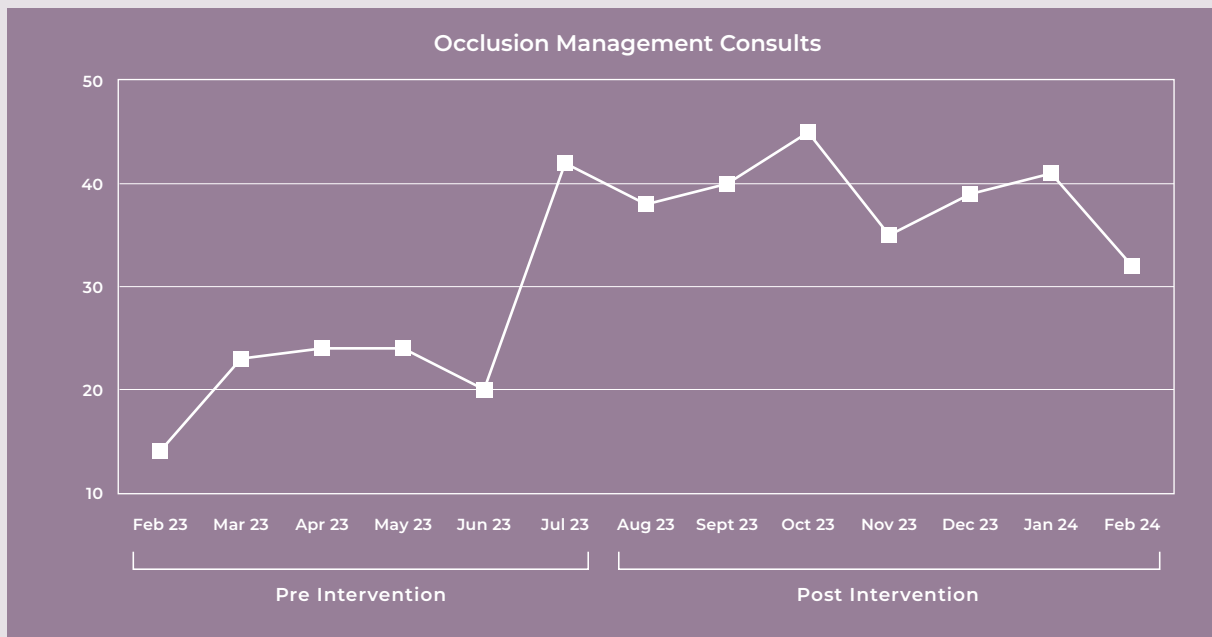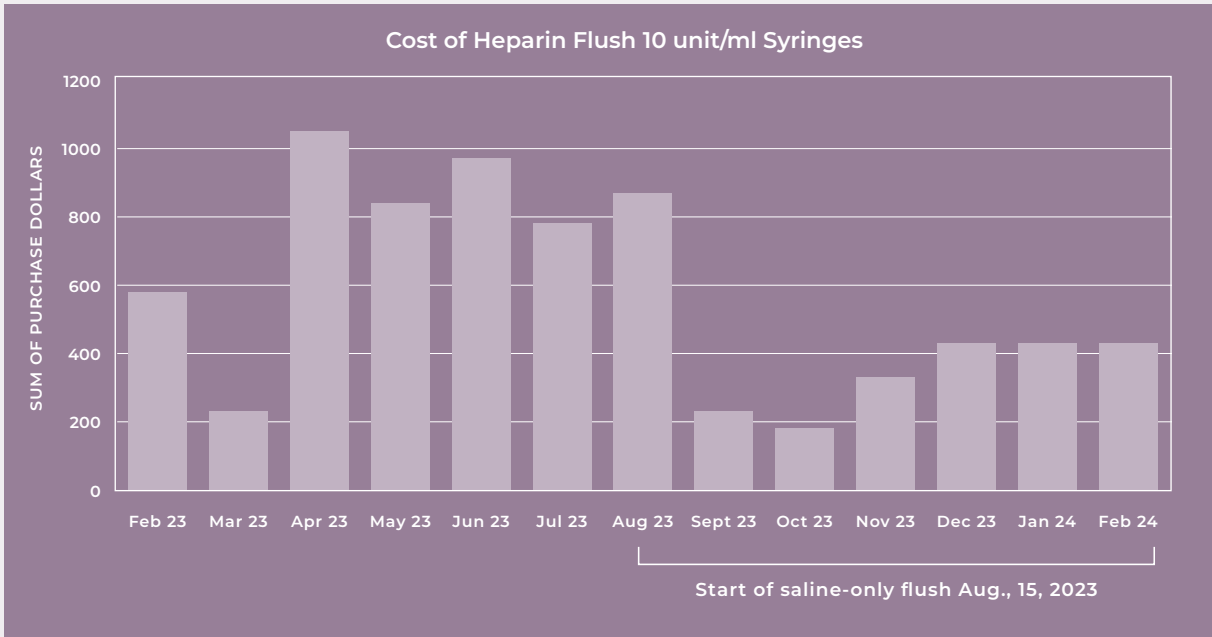*Figure 21: Post-intervention data indicates an increase in occlusion management consults to Vascular Access.*

Figure 22: Post-intervention outcomes show a reduced financial cost of a heparin flush.

Cost of Heparin Flush 10 unit/ml Syringes

Start of saline-only flush Aug., 15, 2023

Dissemination And Degrees

*Names in bold indicate Sharp Memorial Hospital nurses.

Internal Presentations – Podium

Care, T., Le Danseur, M., Moore, S., *and* **Sitzer, V.** *Council Leadership Development Workshop, March 29, 2023.*

Magdaluyo, P. *Commencement Speaker for Cohort 38 Nurse Residency Program, "What Drives You on the Road to Excellence in Nursing?," June 29, 2023.*

McCabe, J. *Commencement Speaker for Cohort 39 Nursing Residency Program, August 31, 2023.*

Moore, S., *and* **McJannet, C.** *Healing Touch Level 1 class for Sharp HealthCare employees, Sharp Coronado Hospital, February 18-19, 2023.*

Moore, S., *and* **McJannet, C.** *Healing Touch Level 2 class for Sharp HealthCare employees, Sharp Coronado Hospital, May 20-21, 2023.*

Moore, S., *and* **Golden, L.** *Healing Touch Level 1 class for Sharp HealthCare employees, Sharp Coronado Hospital, July 15-16, 2023.*

Moore, S., *and* **McJannet, C.** *Healing Touch Level 1 class for Sharp HealthCare employees, Sharp Coronado Hospital, October 14-15, 2023.*

Photo: Merari Morales, MSN, RN, AGNCS-BC, MEDSURG-BC, 5 North

Moore, S., *and* **Sikoru, C.** *Integrative Therapy for Healthcare Providers in a Planetree Hospital, Sharp Mesa Vista Hospital, Leadership and Managerial Staff, December 19, 2023.*

Nilsen, S., Carroll, E., Wright, K. *and Wintz, D. Healthy Aging Team Early Mobilization and Delirium Prevention Decreases Length of Stay and Maintains Functional Independence in Frail Older Adults. Sharp HealthCare Research and Innovations Conference, San Diego, CA, September 29, 2023.*

Nilsen, S. *The Registered Nurse Experience Delivering Care to a Difficult Patient. Sharp HealthCare Research and Innovations Conference, San Diego, CA, September 29, 2023.*

Nunemaker, A. *Commencement Speaker for Cohort 40 Nursing Residency Program, "The Values of Nursing," September 28, 2023.*

Sitzer, V. *Professional Practice Model for Nurse Leaders, Sharp HealthCare Nursing Leadership Academy, October 17, 2023.*

Wells, P., *and* **Sitzer, V.** *Leading Change: Using Outcome Measurement and Improvement Methods, Sharp HealthCare Nursing Leadership Academy, March 21, 2023.*

Wells, P., *and* **Sitzer, V.** *Shared Decision Making: Organizational Culture, Climate and Impact on Outcomes, Sharp HealthCare Nursing Leadership Academy, February 21, 2023.*

Wisdom, M. *Commencement Speaker for Cohort 37 Nurse Residency Program, March 23, 2023.*

External Presentations – Poster

Arevalos, A., Million, J., *and* **Parker, S.** *Better Sleep Equals Better Mobilization, NAON's 43rd Annual Congress, Pittsburgh, PA, May 6-9, 2023.*

Magdaluyo, P., *Social Identity of the Oncology Patient, Western Institute of Nursing Conference, Tuscon, AZ, April 19-22, 2023.*

Nilsen, S. *The Registered Nurse Experience Delivering Care to a Difficult Patient, Western Institute of Nursing 2023 Conference, Tucson, AZ, April 19-22,2023.*

Nilsen, S., Bongiovanni, H., *Harrell, J., Janssen, T., Mixsell, M., and* **Wisdom, M**. *Standardizing Obstructive Sleep Apnea Communication for Earlier Risk Detection and Intervention, National Association of Clinical Nurse Specialists 2023 Annual Conference, Portland, OR, March 8-11,2023*

External Presentations – Podium

Marinelli, D. *Psychosocial Distress in Orthopaedic Trauma Patients, National Association of Orthopedic Nurses (NAON), Annual Congress, Pittsburgh, PA, May 7, 2023.*

Marinelli, D. *Psychosocial Distress in Orthopaedic Trauma Patients, Bonafide Orthopedic Nurses Education Symposium (BONES), University of California San Diego, San Diego, CA, October 20, 2023.*

Wintz, D., **Nilsen, S.,** *and* **Wright, K.** *Implementing Generational Health for Health Care Improvement in the Acute Care Setting, Institute for Healthcare Improvement Forum 2023, Orlando, FL, December 11, 2023.*

Sitzer, V. *Performance Improvement Using the A3, University of San Diego, School of Nursing, San Diego, CA, September 27, 2023.*

External Presentations - Webinar or Other

Moore, S. *The Use of Nurse Coaching in Teaching Health Care Information to Learning-Challenged Adults, American Holistic Nurse Association Nurse Coaches Zoom Class. April 24, 2023.*

Wright, K. *Generational Health and the Geriatric Emergency Department, Veteran's Association, Geriatric Emergency Department Collaborative, September 26, 2023.*

Wintz, D., **Carroll, E., Monaghan, D., Nilsen, S.,** *and* **Wright, K.** *Code Status and Advance Directives, Geriatric Surgery Verification Podcasts. May 2023.*

Publications

Mortenson, D. S., Hedge, S. G., Perrin-Ninkovic, S. M., Bahmanyar, S., McCarrick, M., Harris, R., Hilgraf, R., Lee, B. G. S., McKie, J., Nadolny, L., Sapienza, J., **Collette, A.,** *et. al. (2023). Structure-based optimization of aminothiadiazole inhibitors of AKT. Medicinal Chemistry Research, 32:1426-1435. May 25,2023.*

Wintz, D., Schaffer, K. B., **Hites, J.** *Wybourn, C., Bui, E. H., Langness, S., Hamel, M.,* **Wright, K.,** *and Frey, J. R. (2023). GIFTS: Geriatric Intensive Functional Therapy Sessions - For the Older Trauma Patient. The Journal of Trauma and Acute Care Surgery, 10.1097/TA.0000000000004224. Advance online publication.*

Sitzer, V., *Culver, D., and Bickford, C.J., (September 25, 2023). Diffusion and Adoption of the ANA Nursing Scope and Standards of Practice Document: A National Survey. OJIN: The Online Journal of Issues in Nursing, Vol. 28, No. 3.*

Yager. M., *Clark, B., Gulley, N., Denny, D. (2023). Delirium Position Statement. Orthopaedic Nursing 42(3). p 147-150 DOI: 10.1097/NOR. 0000000000000940*

Yager, M., *Clark, B. R., Gulley, N., and Denny, D. L. (2023). Position Statement: Delirium Among Orthopedic or Rehabilitative Patients. Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses, 48(3), 87-90. https://doi.org/10.1097/RNJ.0000000000000413*

Earned/Advanced Nursing Degrees in 2023

Dan Marinelli, Master of Science in Nursing (MSN), Clinical Nurse Specialist Adult Gerontology, University of San Diego, May 2023.

Juan Montano, Master of Science in Nursing (MSN), Adult-Gerontology Clinical Nurse Specialist, Point Loma Nazarene University, August 2023.

Mary Wisdom, Master of Science (MSN), Executive Nursing Leadership, University of San Diego, May 2023.

Megan Weske, Master of Science in Nursing (MSN), Adult-Gerontology Clinical Nurse Specialist, Point Loma Nazarene University, August 2023.

Merari Morales, Master of Science in Nursing (MSN), Adult-Gerontology Clinical Nurse Specialist, Point Loma Nazarene University, August 2023.

Rebecca Sellner, Master of Science in Nursing (MSN), Adult-Gerontology Clinical Nurse Specialist, , Point Loma Nazarene University, August 2023.

Renee Larusso, Master of Science in Nursing (MSN), Nursing Leadership and Administration,

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