

Sharp Chula Vista Medical Center
Accomplishments for 2024

Nursing Report





MAGNET
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AMERICAN NURSES
CREDENTIALING CENTER



Dear Colleagues,

As Sharp Chula Vista Medical Center's (SCV's) Annual Nursing Report is presented, I would like to take a moment to express my deep appreciation for the remarkable work each one of you engages in every day. Your unwavering dedication to providing exceptional care and promoting the well-being of SCV patients is truly commendable.

The Annual Nursing Report showcases the immense impact of your collective efforts, highlighting the importance of person-centered care, ethical decision making, and the power of collaboration within our health care community. Through your commitment to professional development, mentorship, and evidence-based practice, you continue to improve patient outcomes and maintain the highest standards of care.

Throughout the past year, your ability to embrace new programs, procedures, and technologies has enabled us to better meet the evolving needs of the SCV community. Your adaptability and resilience are invaluable assets to our organization, and we are grateful for your ongoing contributions.

The Annual Nursing Report stands as a testament to the power of shared decision making and the collective strength of interprofessional teams. As we move forward together, let us continue to learn from one another, support each other's growth, and remain dedicated to providing the highest level of compassionate care to those we serve.

Thank you for your continued dedication and instrumental contributions to SCV, our patients, and the community.

With heartfelt appreciation,

Gabriella Malagon-Maldonado, PhD, DNP, RN, NEA-BC
Chief Nursing Officer and Vice President of Patient Care Services
Sharp Chula Vista Medical Center



Transformational Leadership

Nurse Manager Supports Unit Goal to Advocate for Patient-Centered Communication Boards in Labor & Delivery

In May 2024, SCV clinical nurses on the Labor & Delivery (L&D) Unit Practice Council (UPC) identified a critical communication gap impacting person-centered care within the standardized patient communication boards used across the hospital. The communication boards lacked relevant components unique to the needs of women in labor, limiting the care teams' ability to effectively convey care plans, daily goals, and support meaningful person-centered engagement.

Women's Services Manager Jennifer Martinez engaged the L&D UPC members in establishing the unit goal of improving person-centered care by implementing customized communication boards in all L&D rooms.

Nurse Manager Advocates for Resources

From June 2024 to April 2025, Jennifer conducted the following activities to advocate for customized communication boards in L&D rooms to reach the unit goal of enhancing patients' understanding of their care and promote effective collaboration among care teams:

- Engaged the L&D UPC members, the Patient/Family Advisor Committee (PFAC), and interprofessional team members to identify the requirements for specialized communication boards tailored to the women's patient population.
- Researched potential communication board products while attending the 2024 Association of Women's Health, Obstetric, and Neonatal Nurses Conference in Phoenix, Arizona. The customizable communication boards offered by Chameleon Corporation met the unit's requirements, which included visual aids, and dual-language and labor-specific information, such as pain management options, dilation progress, and birth plan reminders.
- Drafted a proposal with L&D team member input to purchase the tailored communication boards from Chameleon Corporation for all L&D rooms, which was formally submitted to Chief Nursing Officer Gabriella Malagon-Maldonado and subsequently approved.
- Collaborated with Development Manager Beverly Codallos and Sharp HealthCare Foundation to secure funding from donations designated for L&D.
- Facilitated discussions with L&D UPC members and consulted with the Marketing & Communications Department and PFAC on the design of the boards including pertinent information to ensure improved communication for the women's patient population.
- Collaborated with Senior Project Manager Jennifer Bueckner and Campus Planner Melissa Denlinger for support and guidance on the communication boards installation activities and timeline.
- Worked with Supply Chain Services Manager Shawn Leo on the purchase order of the communications boards.

Resources Support Unit Goal

As a result of Jennifer's advocacy, the customized L&D communication board design was finalized and scheduled for installation in all SCV L&D rooms. The final design mock-up was shared at an L&D UPC meeting. Following installation, Jennifer conducted rounding to garner feedback from the staff and patients regarding the communication boards.



Sharp Chula Vista Center for Women & Newborns

Room:	Today's Date:	SUN MON TUE WED THU FRI SAT	Unit Phone: (619) 502-5990
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Preferred Name:
Support Person:
Preferred Language:

Checklist
<input type="checkbox"/> Bedside Tablet
<input type="checkbox"/> Height/Weight
<input type="checkbox"/> Patient Education
<input type="checkbox"/> Plan of Care
<input type="checkbox"/> Medication Side Effects
<input type="checkbox"/> Discharge Planning

Your Care Team	
Nurse:	#
Charge Nurse:	#
Resource Nurse:	#
OB Tech:	#
OB Provider:	

Pain Management
Medication: _____
Next Dose: _____ am pm

Plan of Care
G ____ P ____ Gestational Age ____ + ____
Cervical Exam: ____ / ____ / ____
Diet: _____
Activity: _____

Goals for Today
Antibiotics: <input type="checkbox"/> Yes <input type="checkbox"/> No
Next Dose: _____ am pm



Recognize a physician, nurse, or caregiver who made a difference through our Guardian Angel program by visiting sharp.com/guardianangel

Sharp Chula Vista Center for Women & Newborns Patient Communication Boards

Mentoring Program for Ambulatory Clinical Nurses

SCV supports clinical nurse mentoring through a formal post-orientation Nurse Mentor Program (NMP). The NMP goals are to offer clinical nurses a mentoring experience for successful role transition, social enculturation, and ongoing professional development. This program is open to all newly hired nurses (experienced and new graduates) and is mandatory for nurses completing the Nurse Residency Program. New graduate clinical nurse residents participate in a 12-month mentoring program, while those who are new to the organization or new to a skill participate in a mentoring program lasting six months.

The NMP overview is conducted through the following phases:

- Establishing the mentor-mentee relationship: Clinical nurses attend a system-sponsored 90-minute orientation class. The orientation program is designed to introduce the mentoring role for both new clinical nurse mentors and new clinical nurse mentees within Sharp HealthCare. After completing unit orientation requirements, clinical nurses (mentees) are matched with a trained mentor from the same unit or department in the hospital. Several variables are considered when matching individuals, including personal requests (e.g., a former preceptor, hobbies, geographic location).
- Defining the relationship objective: Mentee and mentor dyads are expected to meet for paid meetings away from the hospital for the specified timeframes of 6 or 12 months. Each clinical nurse establishes their own customized goal(s). Mentors guide the mentee in writing goals that are SMART (specific, measurable, attainable, relevant, time bound) and align with the overarching NMP goals. After each dyad meeting, mentees are expected to complete an online meeting log.
- Ensuring progress toward meeting objectives: Dyads meet regularly and assess progress toward meeting goals and objectives. Mentee records activities aimed at meeting goals and objectives. Mentoring relationships conclude when needs are met at the end of the timeframe.

Exemplar of an Ambulatory Clinical Nurse Participating in Mentor Program: Emily Chow-Tran

Establishing the Mentor-Mentee Relationship

In February 2024, Emily Chow-Tran, Emergency Department (ED) ambulatory clinical nurse resident, was matched as a mentee with Kimberly Grande, ED clinical nurse, as a mentor for a one-year mentorship after completing her formal ED clinical orientation. As an established nurse mentor in the ED and as required, Kimberly had attended the mandatory NMP orientation.

Defining the Relationship Objective

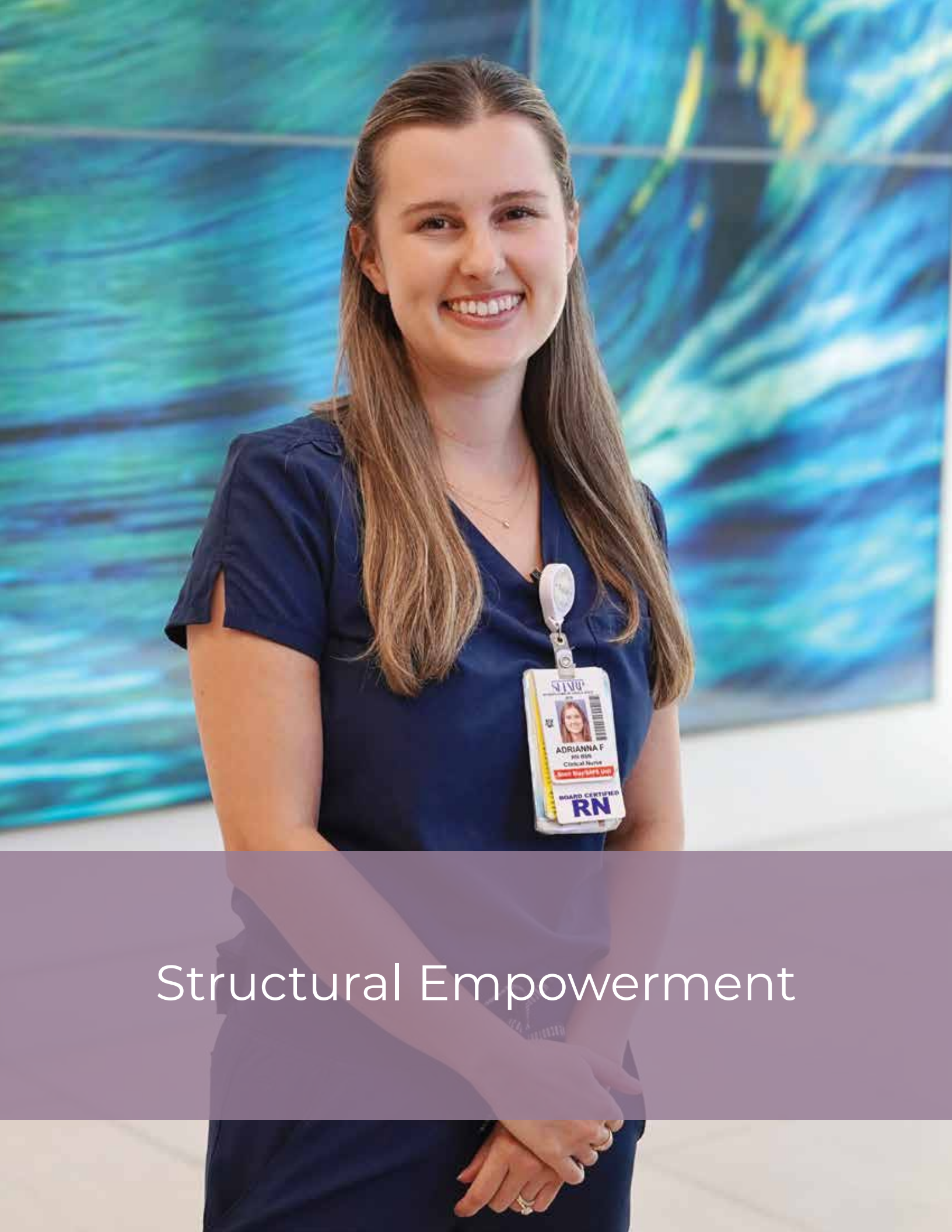
In April 2024, Emily and Kimberly met offsite to discuss Emily's desired short-term goal of improving her time management and identifying resources to facilitate time optimization. They also outlined how the NMP is assisting Emily with transitioning to the clinical nurse role, enhancing a sense of belonging and identifying two professional development activities.

Ensuring Progress Toward Meeting Objective

Throughout the year-long mentorship experience, Emily and Kimberly met three times offsite and in person for mentoring sessions. After each session, Emily documented their sessions and updated her progress toward her goal on the web-based log. They developed a bond that allowed Emily to openly express her experiences as a new graduate nurse. Kimberly's mentorship left a lasting impression. Based on Emily's and the NMP goals, Kimberly mentored Emily through the following activities:

- Role transition: Discussed developing confidence in nursing practice, developing work/life balance, focusing on self-care and adjusting to night shift lifestyle.
- Social enculturation: Discussed comfort with asking for help, identified professional development resources available, and how by actively using these resources, Emily could foster strong relationships and a successful transition into her new role – ultimately achieving a sense of belonging on the unit.
- Professional development opportunities: Discussed a plan for accomplishing future goals, such as learning about Highly Reliable Organizations (HROs), and how to embed HRO skills such as closed-loop communication, using the “I’m Concerned, I’m Uncomfortable, this is a Safety issue” (CUS) and the “Situation, Background, Assessment, Recommendation” (SBAR) communication skills.

In February 2025, Emily successfully completed the Sharp NMP and transitioned into her role as a new nurse in the ED. She is currently thriving and was able to pursue her professional development goal set during mentoring by attending a Sharp HRO course.



Structural Empowerment

Clinical Nurses Professional Participation Improved ICU Standards of Practice

Intensive Care Unit's (ICU) clinical nurse Angel Bahena and former ICU clinical nurse Dallas Campbell are active members of the American Association of Critical-Care Nurses (AACN). Their involvement with the AACN helps ensure that they stay up to date on the latest advancements and best practices in critical care. They regularly participate in the AACN's National Teaching Institute & Critical Care Exposition (NTI), a premier event for critical care education and networking. NTI engagement allows them to disseminate valuable insights and innovations to positively influence practice standards. Furthermore, the AACN Procedure Manual for Progressive and Critical Care serves as the foundational reference for the ICU's practice standards, policies, procedures, and guidelines of care at SCV. Utilization of the procedure manual is instrumental in assisting clinical nurses in maintaining high standards of practice and ensures that the ICU provides the most current evidence-based care.

In March 2024, SCV went live with a new electronic medical record (EMR) called Epic. During the ICU Unit Practice Council (UPC) meeting, clinical nurses reported that the mobility scoring tools available in Epic (e.g., AM-PAC 6 clicks, Johns Hopkins Mobility Scale) failed to identify the mobility needs of intubated patients in the ICU, contributing to an increase in the hospital-acquired pressure injury (HAPI) rate.

In March 2024, the rate of HAPI stage 2 and above per 1,000 ventilator days in ICU ventilated patients was 8.51.

Pre-intervention

March 2024

Angel and Dallas, along with ICU clinical nurse specialist Molly Quillin-McEwan, found an article published by the AACN, "Implementation of an Interdisciplinary Early Mobility Protocol." Inspired by the protocol, the group sought to incorporate evidence-based strategies to increase baseline mobility in intubated patients and physical/occupational therapy (PT/OT) utilization to decrease the rate of HAPIs stage 2 and above per 1,000 ventilator days in ICU ventilated patients.

Goal Statement: Decrease the rate of HAPIs stage 2 and above in ICU ventilated patients

Location of the Desired Improvement: SCV ICU

Intervention

April 2024

The ICU UPC members implemented the early mobility protocol in the ICUs with the ABCDEF (A2F) bundle components by applying the AACN Standard of Practice recommendation and evidence from AACN journal articles and guidelines. Clinical nurses performed the following activities to implement the change and decrease the rate of HAPIs stage 2 and above per 1,000 ventilator days in ICU ventilated patients:

- Discussed the current ICU HAPI rates to develop an action plan
- Evaluated existing mobility practices, the PT/OT consult order, and associated mobilization documentation sections in the EMR
- Partnered with ICU Manager Geline Buenconsejo to integrate early progressive mobility of mechanically ventilated patients as the unit quality goal
- Introduced an early mobilization protocol for mechanically ventilated ICU patients, adopted from the AACN A2F bundle, during staff meetings

Photo: (page 9) Adrianna Flajnik, RN, BLS, 2024 Structural Empowerment Clinical Nurse Honoree

- Partnered with Respiratory and Occupational Therapy/Physical Therapy (OT/PT) departments to develop staff education that identified role-specific interventions to promote early mobilization in mechanically ventilated ICU patients
- Developed an audit tool to evaluate early mobilization for mechanically ventilated ICU patients
- Worked with the clinical informatics team to update the order for OT/PT therapy consult orders in the EMR
- Educated staff on early mobilization protocol, the audit tool, EMR order updates, documentation requirements, and the previously updated ICU Multi-Disciplinary Rounding (MDR) form
- Conducted Daily Management System (DMS) rounds with nursing, OT/PT, Respiratory, and executive leadership to review outcomes associated with the practice change

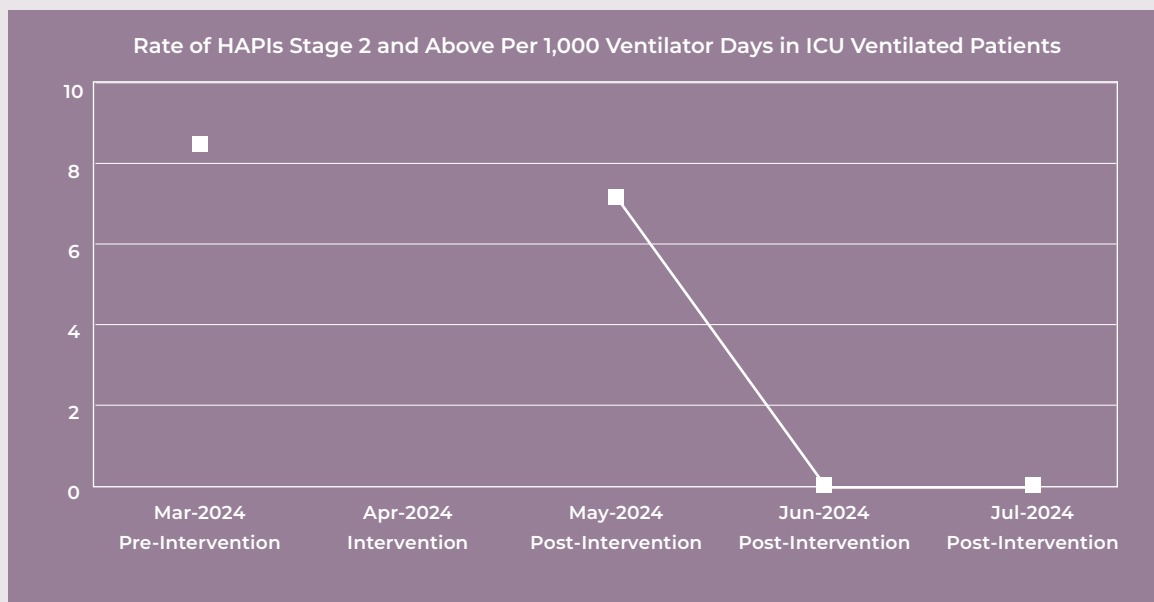
Interventions Impact to Outcome

As a result of active involvement by Angel and Dallas in the AACN's professional nursing organization and their application of practice standards, including evidence-based recommendations from journal articles and guidelines, early mobility protocols from the A2F bundle were successfully implemented. The strategic application of nursing practice standards led to a decrease in the rate of HAPI stage 2 and above per 1,000 ventilator days in ICU ventilated patients from 8.51 in March 2024 to 0.00 in July 2024.

Key References

1. Dirkes, S. M., & Kozlowski, C. (2019). Early Mobility in the Intensive Care Unit: Evidence, Barriers, and Future Directions. *Critical care nurse*, 39(3), 33–42. <https://doi.org/10.4037/ccn2019654>
2. Schallom, M., Tymkew, H., Vyders, K., Prentice, D., Sona, C., Norris, T., & Arroyo, C. (2020). Implementation of an Interdisciplinary AACN Early Mobility Protocol. *Critical care nurse*, 40(4), e7–e17. <https://doi.org/10.4037/ccn2020632>

Outcome



Nurse Knowledge Gained from Participating in a Professional Development Activity to Reduce Rates of Ventilator-Associated Events

Nurses' Participation in a Professional Development Activity

SCV leadership promotes participation in the Evidence Based Practice Institute (EBPI) offered by the San Diego Consortium for Excellence in Nursing and Allied Health. Clinical nurse specialist (CNS) Julie Graham participated in the 2024 cohort and mentored respiratory care practitioners (RCPs) Raymond Daniels and Anova Scott.

EBPI is an annual, nine-month program aimed at educating and mentoring health care professionals in evidence-based practice. The EBPI program uses the San Diego 8A's Evidence-Based Practice Model* (Catalyst, Assess, Ask, Acquire, Appraise, Apply, Analyze, Advance, Adopt) to aid in implementation of EBP project change.

Julie, Raymond, and Anova's EBPI project investigated the use of positive end expiratory pressure (PEEP) through the utilization of an esophageal balloon to optimize monitoring of counter pressure. This technique measures paO_2 and improves oxygenation for patients with a body mass index (BMI) greater than 30. Patients with a BMI greater than 30 are categorized as obese, and when mechanically ventilated, they are at increased risk for parenchymal lung stress from suboptimal PEEP, resulting in refractory hypoxemia, lung injury, and extended time on mechanical ventilation. The current tool for identifying optimal PEEP in all mechanically ventilated patients is the ARDSNet FIO₂/PEEP table, which does not account for external pressure from the chest wall and abdomen in the obese population. The interprofessional team's evaluation of the literature found that the use of transpulmonary pressure monitoring via an esophageal balloon to determine optimal PEEP settings improved oxygenation in the mechanically ventilated obese population, thereby reducing ventilator days and the incidence of ventilator-associated events.

In October 2024, members of the Critical Care Steering Committee (CCSC) inclusive of nursing, medicine, respiratory, and leadership, discussed the rate of ventilator-associated events (VAE) in the ICU and examined related factors. VAEs are complications or infections in patients receiving mechanical ventilation. CCSC found the rate of VAEs to be higher for obese patients. Julie, Raymond and Anova, CCSC members, presented their EBPI literature search results related to the safe use of esophageal pressure monitoring to improve oxygenation and reduce ventilator days and risk of VAEs. CCSC suggested that the interprofessional team develop an Optimal PEEP Protocol to improve care for mechanically ventilated obese ICU patients.

In October 2024, the rate of VAEs in ICU mechanically ventilated obese patients was 10.00.

**Created in 2007 by Carolyn Brown and Laurie Ecoff for the San Diego Consortium for Excellence in Nursing and Allied Health EBPI program, the 8A's model was adapted from an earlier EBP model formulated by Mary Ann Rossworm and June Larrabee.*

Pre-Intervention

October 2024

Julie, Raymond and Anova performed the following pre-intervention activities to decrease the rate of VAEs in mechanically ventilated obese patients in the ICU:

- Developed a feasibility pilot to assess the project's viability before full implementation.
Key steps included:
 - Defined objectives
 - Identified resources
 - Evaluated potential risks
 - Presented the feasibility pilot outcomes to the CCSC and gained approval to fully implement the project

Goal Statement: Decrease the rate of ventilator-associated events in mechanically ventilated obese patients in the Intensive Care Unit.

Outcome Measure: Rate of VAEs per 1,000 ventilator days in ICU mechanically ventilated obese patients

Location of the Desired Improvement: SCV ICU

Intervention

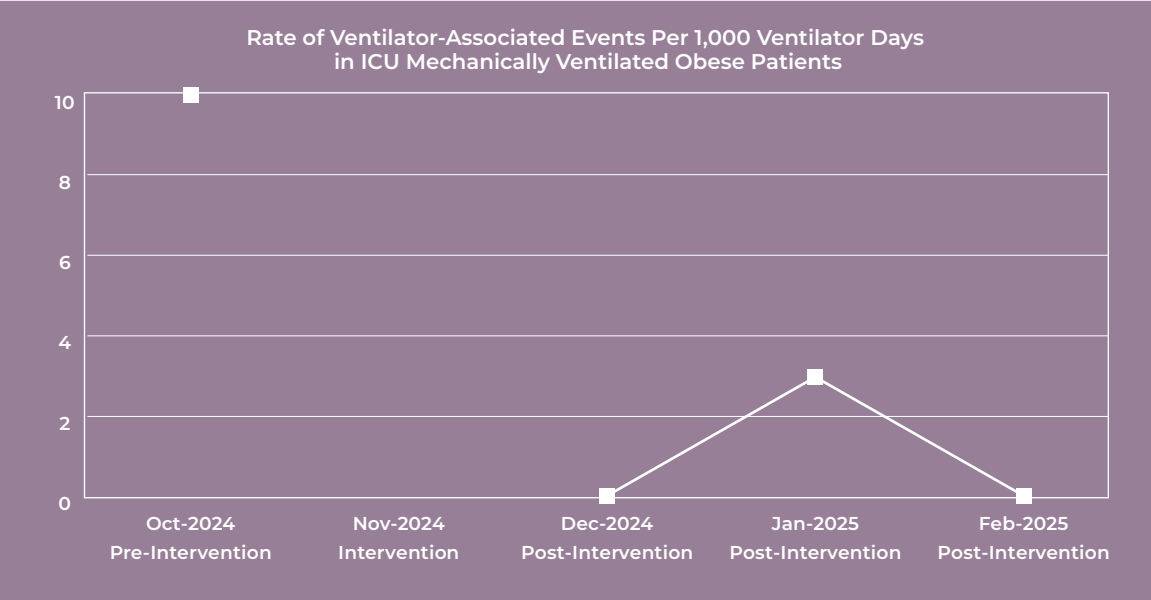
November 2024

Using the knowledge gained from participating in EBPI, Julie mentored Raymond and Anova to perform the following intervention activities to implement esophageal pressure monitoring in the ICU and decrease the rate of VAEs in ICU mechanically ventilated obese patients:

- Created an evidence-based screening tool to identify patients who may benefit from the esophageal balloon monitoring intervention
- Developed an Optimal PEEP Protocol to guide the esophageal balloon deployment and safe care of patients receiving the intervention
- Trained RCPs to safely utilize the esophageal balloon
- Developed and deployed an RCP shift handoff tool to track patients with the esophageal balloon
- Collected and evaluated data to assess trends, patterns, and outcomes to guide strategic planning and decision making for the project
- Completed esophageal balloon case reviews at the monthly CCSC meetings to monitor VAEs

Interventions Impact to Outcome

As a result of the knowledge gained from participation in EBPI, Julie guided Raymond and Anova toward implementing the Optimal PEEP Protocol and esophageal pressure monitoring in mechanically ventilated obese ICU patients, resulting in a decrease in the rate of VAEs from 10.00 in October 2024 to 0.00 in February 2025.



Key References

1. De Jong, A., Verzilli, D. & Jaber, S. (2019). ARDS in Obese Patients: Specificities and Management. Crit Care 23, 74. <https://doi.org/10.1186/s13054-019-2374-0>

2. Cheng, W., Jiang, J., Long, Y., Yuan, S., Sun, Y., Zhao, Z., & He, H. (2024). Phenotypes of esophageal pressure response to the change of positive end-expiratory pressure in patients with moderate acute respiratory distress syndrome. Journal of thoracic disease, 16(2), 979–988. <https://doi.org/10.21037/jtd-23-771>



Exemplary Professional Practice

Outpatient PACU Nurses Use Shared Decision Making to Change Practice Environment

SCV's collaborative governance provides a structure and process for clinical nurses to change the practice environment through shared decision making. The Surgical-Procedural UPC comprises members from the surgical procedural units. Although much of the council's work involves common surgical-procedural clinical practice topics, every month there is dedicated time for roundtable discussions to identify unit-specific needs.

In November 2024, clinical nurses Bethany Miranda and Melody DeGuzman spoke about their concern for staff and patient safety related to several broken pieces of equipment in the Outpatient Surgery Center PACU. This specific clinical practice area is shared by patients, family, and the outpatient surgery staff. The recommendation from the council was to have Bethany connect with Kathy Muth, workplace safety program manager, to request a department safety risk assessment.

In December 2024, Kathy conducted a safety risk assessment of the outpatient PACU and sent an email to the nursing leadership team and UPC members providing a summary of findings. The findings were extensive and included additional safety risk areas surrounding the PACU (intra-operative surgical suites, pre-op, staff workstations, and linen room) practice environment.

Clinical Nurses Use Shared Decision Making to Improve Patient and Staff Safety

After the risk assessment was completed, Bethany and Melodie met with Kathy and the Outpatient Surgery Center leadership team to develop a plan to change the nurse practice environment by addressing staff and patient safety risks, as well as ergonomic risks in the outpatient PACU. This interprofessional team created a dynamic partnership that allowed for collaboration, decision making, and accountability, with the overall goal of improving patient safety and nurses' practice environment. The team met over several months to implement the following nurse practice environment changes:

- Removed or fixed broken recliners for infection prevention and ergonomics issues.
- Tried and acquired patient care recliners to replace those removed
- Evaluated and replaced gurneys (age, condition, life expectancy)
- Installed ergonomic keyboard trays to prevent staff injury
- Removed unneeded CPU holders from under pre-op work surfaces to prevent staff injury.
- Moved overhead electrical outlets and equipment towers for easier staff access and to reduce safety risk
- Obtained official 'Reject' linen bags for staff to return damaged patient linen to the vendor

A Change in the Nurses' Practice Environment

As a result of the clinical nurses on the Surgical-Procedural UPC using shared decision making, patient comfort and safety of the nurses' practice environment improved by completing the top safety priorities in April 2025.

Photo: (page 15) Ruby Escalada-Lacson, MSN, RN, CCRN, 2024 Exemplary Professional Practice Nurse Leader Honoree

Nurses Collaborate With Nurse Director to Improve Admission Documentation Efficiencies

Operational Need Identification

After the introduction of a new EMR at Sharp in March 2024, clinical nurses raised concerns about the significant increase in the quantity and complexity of patient admission questions they needed to document within 24 hours. Although they acknowledged the necessity of thorough patient admission assessments, the nurses believed that certain specialized questions would benefit from the input of other interprofessional team members to guarantee accurate and comprehensive evaluations.

In June 2024, when the lead clinical nurses of the 4T Stroke Progressive Care Unit (4T PCU) at SCV conducted an audit using the Admission Required Nursing Documentation (ARND) Report in the EMR, they discovered that, on average, only 6% of patients had the necessary documentation completed. To address this issue, the 4T PCU lead clinical nurses initiated a Six Sigma A3 process in July 2024 to identify and define opportunities for improving compliance with ARND requirements.

At SCV, an established DMS rounding process occurs on all units with lead clinical nurses, nurse leaders, and executive team members. During the rounding process, the DMS boards serve as a central communication hub to facilitate collaboration and knowledge sharing related to process improvement and evidence-based practice projects. In August 2024, the 4T PCU lead clinical nurses identified the opportunity to enhance the ARND as a process improvement project (PIP) and developed an audit tool with a goal of increasing documentation compliance to 90%.

Nurses Collaborating With a Nurse Director to Evaluate Data

The lead clinical nurses began tracking the ARND PIP relevant metrics and milestones, identifying any areas requiring additional attention on their DMS board. During DMS rounds in September 2024, 4T PCU Lead Clinical Nurses Joyce Dela Pena, Krystal Santos, and John Usher evaluated the ARND compliance data and discussed the opportunities for improvement with Director of Acute Care Deanna White.

After the DMS rounds, Joyce sent Deanna a follow-up email in September 2024, comparing the admission required nursing documentation of the previous EMR to the new EMR. Of note, it was shared that the 12 social determinants of health (SDOH) screening questions were very lengthy, taking the nurses a long time to complete, and the questions were very specific to social workers' and case managers' assessments. Joyce requested the EMR committee to condense the SDOH screening questions specific to nursing and to meet the reporting requirements for the 24-hour required nursing documentation. Deanna then escalated Joyce's email to Sharp's Senior Vice President of Health System Operations and System Chief Nursing Executive Susan Stone with Joyce's feedback.

Operational Need Addressed

On January 15, 2025, Susan provided an update regarding the admission required nursing documentation stating that the SDOH question reduction was in production. The 12 questions were reduced to five key questions to reduce nursing documentation time and workload. Additionally, in April 2025, an EMR Education Alert was sent to all Sharp clinical teams highlighting the SDOH question reduction specific to nursing to meet the 24-hour reporting requirements. The five questions included an assessment of intimate partner violence, housing stability, transportation needs, food insecurity and utilities.

As a result of the collaboration between the lead clinical nurses and the director in evaluating and revising the admission required nursing documentation data, the admission screening requirements were reduced to from 12 SDOH questions to five nursing-specific questions, striking a balance between maintaining essential reporting information and minimizing the nursing workload. The ARNP PIP not only eased documentation requirements for nurses but also ensured that SCV and Sharp continue to meet the necessary SDOH reporting standards. Ultimately, the collaboration between nurses and the director resulted in a more efficient and effective process for addressing patients' SDOH within the clinical settings.

ICU Nurse Applies Resources to Ethically Meet the Needs of a Critically Ill Custody Patient

Resources Available to Address Ethical Issues Related to Clinical Practice

The American Nurses Association's (ANA) Code of Ethics for Nurses explicitly defines the nurse's role in respect for human dignity. This requires that nurses recognize that all patients have specific rights, including the right to self-determination. Critically ill custody patients who are unable to speak for themselves are a particularly vulnerable population due to their legal status.

Research has shown that custody patients frequently lack the capacity to make medical decisions, and law enforcement agents have often been inappropriately involved in surrogate decision making. Deferment of clinical decision making to law enforcement agents rather than to family or health care providers raises ethical concerns about infringement on patient autonomy and the right to privacy.

SCV provides resources to guide nurses when addressing ethical issues related to their clinical practice for patients in custody:

- Sharp Patient in the Custody of Law Enforcement Personnel Policy (30021.99): This policy states: "SHC recognizes and respects all patient rights. These rights are respected without regard to age, gender, race, ethnicity, sexual orientation, cultural, economic, education, religious background, or legal status. All patients are informed of their rights upon admission according to Policy #01805 – Patient Rights & Responsibilities."
- Surrogate Decision-maker (SDM) Involvement Among Critically-Ill Custody Patients Education and Resource Binder: Available to ICU nurses and stored in the ICU units for just-in-time access, these resources include custody patients' legal rights, the process for obtaining clearance to contact surrogate decision makers, guide for earlier involvement of the SDM, and best practice guidelines for the care of critically ill patients in custody in the ICU.

In 2024, Deena Drake, SCV's advanced illness management (AIM) team member and palliative care clinical nurse specialist, recognized that critically ill custody patients had a longer length of stay in the ICU due to the nurses' lack of knowledge on how to contact a SDM. To improve the ethical care for these patients, Deena developed a survey addressing who is responsible for notifying the SDM, how to contact law enforcement, and related legal procedures. The survey results revealed that most ICU nurses lacked confidence in their understanding of the legal rights of patients in custody. Deena developed and deployed comprehensive education on how to care for critically ill custody patients without decision-making capacity for the ICU nurses at two staff meetings. Additionally, the education was adopted as part of new nurses' orientation to the unit.

Ethical Issue Related to Clinical Practice

A 36-year-old male in the custody of a sheriff's deputy was admitted to the SCV ICU due to altered mental status secondary to suspected meningitis with acute communicating hydrocephalus. The patient's condition rapidly deteriorated, and he required intubation for airway protection early in the hospital stay. The day following intubation, a lumbar puncture was emergently consented by two physicians due to the lack of a surrogate decision maker (SDM).

Tess Thompson and Kourtney Shaw, ICU clinical nurses, recognized the urgent need for family involvement in the medical decision making of this patient. The nurses' ethical issue centered on their concern that providing further interventions without a SDM would infringe on the patient's autonomy and right to privacy.

Interprofessional Team (Inclusive of Nurse) Applying Available Resources

The ICU nurses used the available resources regarding the care of patients in custody and the step-by-step guide for contacting prison leadership to obtain authorization to notify next of kin.

During daily rounds, the patient's interprofessional care team, including nurses Tess and Kourtney, case manager nurse, nurse practitioner, critical care physicians, neurologist, and social worker, discussed the patient's poor neurological status despite aggressive treatment, as well as the nurses' efforts to contact the prison's commanding officer to obtain permission to contact the SDM.

The nurses' attempts to speak with the prison watch commander to obtain family contact information were initially hampered by the prison staff who were unfamiliar with their facilities' policy. Applying the SDM resources and feeling empowered by their new knowledge to resolve the ethical concern with the custody patient's legal rights, Tess and Kourtney persisted in speaking directly with the prison watch commander. The prison's commander finally contacted Anna Biederman, SCV case manager nurse, regarding the nurses' continued calls to the prison and efforts to contact the patient's family. From her involvement in the interprofessional daily rounds, Anna explained the situation and the need for the care team to protect the patient's autonomy and right to privacy.

The nurses obtained permission for in-person family visitation by the prison allowing for the family to participate in decision making during a goals of care interprofessional conference inclusive of ICU nurses.

A family conference was held, and the course of treatment events were explained to the family. During this conference, care goals and the family's questions were discussed. Shortly thereafter, the San Diego County Sheriff's office notified Kourtney and the patient's physician of the compassionate release of the patient from custody.

Interprofessional Team (Inclusive of Nurse) Addresses Ethical Issue

The patient's parents made the decision to withdraw life-sustaining interventions and transition to comfort care. The patient passed away shortly after compassionate extubation with his family at his bedside.

Key Reference

Batbold, S., Duke, J. D., Riggan, K. A., & DeMartino, E. S. (2024). Decision-Making for Hospitalized Incarcerated Patients Lacking Decisional Capacity. *JAMA internal medicine*, 184(1), 28–35.
<https://doi.org/10.1001/jamainternmed.2023.5794>



New Knowledge, Innovations and
Improvements

Clinical Nurses Adopt New Technique for Infusing Intravesical Chemotherapy Treatment for Patients With Bladder Cancer

The SCV Outpatient Infusion Center provides infusion therapy and other services to treat certain conditions, including cancer, Crohn's disease and osteoporosis. However, in 2024, patients with bladder cancer had to travel more than 25 miles to another Sharp hospital location to receive intravesical chemotherapy. Outpatient Infusion Center clinical nurses identified this gap as an opportunity to expand services to the community for patients diagnosed with bladder and increase revenue. For the second quarter (April, May, June) 2024, the Outpatient Infusion Center quarterly revenue exclusive of this new technical intravesical chemotherapy method was \$3,491,051.

Pre-intervention

Second Quarter (April, May, June) 2024

At their monthly staff meetings, Maria Teresa Hermosura, lead clinical nurse, Outpatient Infusion Center, and Jennice Tolentino, lead clinical nurse, 5T Oncology Progressive Care Unit (5T PCU), discussed adopting a new technical intravesical chemotherapy method infusing chemotherapy into the bladder to enable patients with bladder cancer to receive outpatient treatment closer to home. The clinical nurses, in collaboration with department leadership, agreed to set a goal of expanding services for patients diagnosed with bladder cancer requiring intravesical chemotherapy to enhance accessibility of services. thereby increasing quarterly revenue.

Goal Statement: Expand services for patients diagnosed with bladder cancer requiring intravesical chemotherapy to increase the Outpatient Infusion Center quarterly revenue.

Outcome Measure: Outpatient Infusion Center's Quarterly Revenue

Location of the Desired Improvement: SCV Outpatient Infusion Center

Intervention

Third Quarter (July, August, September) 2024

The Outpatient Infusion Center clinical nurses conducted the following activities to adopt the new technical chemotherapy infusion method to improve SCV patient repatriation and increase the Center's quarterly revenue:

- Conducted a sensing session at their department staff meeting to develop a SMART goal plan to increase intravesical chemotherapy volume and organization revenue. They also identified barriers or issues to meeting goals.
- Collaborated with the oncology clinical nurses at Sharp Memorial Hospital to receive an overview of the new technical method. The SMH team demonstrated the process of providing intravesical chemotherapy via a catheterization technique that could be done in the outpatient setting.
- Worked with the SCV Supply Chain Services Department to ensure that required supplies were available to begin offering the treatment via the newly adopted technical method.
- Engaged with SCV Finance Department to determine appropriate billing steps for the new technical method.
- Provided clinical nurse education during department huddles, staff meetings, and skills labs regarding adopting the new technical chemotherapy infusion method to increase patient volumes and organizational growth. Education included step-by-step demonstration and return demonstration to meet competency validation requirements.

Photo: (page 20) Jellica Mae Agustin, RN, BLS, 2024 New Knowledge, Innovations, and Improvements Clinical Nurse Honoree

- Solicited feedback from clinical nurses on using the new technical chemotherapy infusion method to enhance adherence and safety.

Intervention Impact to Outcome

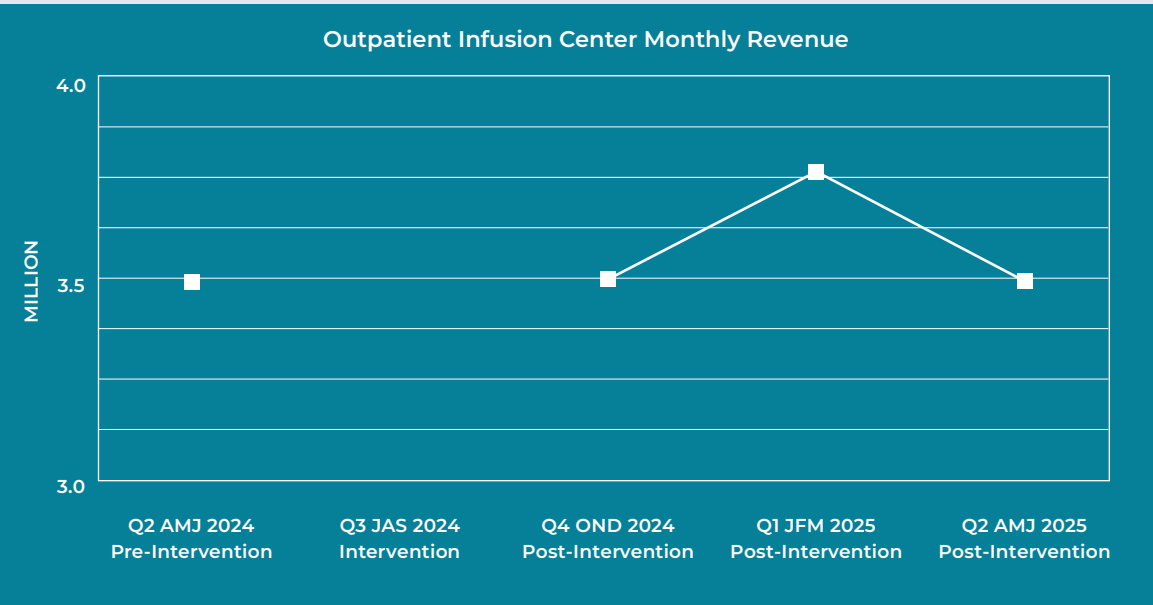
As a result of the SCV clinical nurses’ involvement in adopting the new technical intravesical chemotherapy method, the Outpatient Infusion Center expanded services to patients diagnosed with bladder cancer requiring intravesical chemotherapy, resulting in an increase of quarterly revenue by \$10,197 in the fourth quarter (October, November, December) 2024; \$59,465 in the first quarter (January, February, March) 2025; and \$5,097 in the second quarter (April, May, June) as of June 2, 2025 (Magnet document submission).

Key References

1. Laukhtina et al., (2022). Intravesical Therapy in Patients with Intermediate-risk Non–muscle-invasive Bladder Cancer: A Systematic Review and Network Meta-analysis of Disease Recurrence, European Urology Focus, Volume 8, Issue 2, 447-456 <https://doi.org/10.1016/j.euf.2021.03.016>.

2. Yanagisawa et al., (2021). Developing a Presimulation Protocol for Prostate Cancer Patients Undergoing Radiotherapy. European Urology Focus, Volume 9, Issue 3, 463-479. <https://doi.org/10.1016/j.euf.2022.12.003>.

Outcome



Nurses Design an Emergency Psychiatric Assessment Treatment and Healing (EmPATH) Unit Within the Emergency Department

Patients in San Diego's South Bay experiencing a behavioral health crisis have few choices for accessing crisis behavioral health services. Often these patients access care through the ED at SCV. However, the ED setting is not conducive to de-escalating a behavioral health crisis due to the excessive stimuli within the area. Research shows that quickly stabilizing behavioral health patients in a specially designed unit — with therapeutic interventions, early medication, and focused care — improves outcomes, reduces the need for inpatient hospitalization, and lowers the chance of repeat visits for similar issues.

In 2024, the SCV executive and ED leadership teams applied for and received a grant from California's Mental Health Oversight and Accountability Commission (MHOAC) to develop an Emergency Psychiatric Assessment Treatment and Healing (EmPATH) Unit within the ED. Creating this dedicated space for behavioral health patients allows for effective, community-based treatment that reduces the length of stay (LOS) in the ED.

In November 2024, the LOS for patients experiencing a behavioral health crisis in the SCV ED was 10.9 hours.

Pre-Intervention

November 2024

Critical Care Director Joey Smith became the project manager for the new EmPATH Unit. He assembled a workgroup that included nurses, security officers, regulatory nurses, physicians, social workers, and a patient/family advisor (PFA) to design and build the physical environment and care team for the new unit with the goal of reducing the LOS for patients experiencing a behavioral health crisis in the ED.

Goal Statement: Reduce the LOS for patients experiencing a behavioral health crisis in the ED

Outcome Measure: ED Behavioral Health LOS in Hours

Location of the Desired Improvement: SCV ED

Intervention

December 2024

The EmPATH Workgroup (including nurses) conducted the following activities to design the physical environment for the new EmPATH Unit and reduce the LOS for ED behavioral health patients:

- Engaged behavioral health nurse experts from Sharp for guidance on patient safety, legal, and regulatory standards in the new physical environment. The SCV EmPATH Workgroup visited Sharp Grossmont Hospital to tour the ED.
- Applied HRO principles to ensure the new unit met grant requirements and behavioral health regulations, and supported patient safety standards (e.g., ligature-proofing the new unit).
- Used the EmPATH model to define the new unit workflows and roles for triage, assessment, intervention, and discharge planning of patients experiencing a mental crisis in the ED.
- Designed the EmPATH space to prioritize patient well-being by creating a calming environment with soothing colors, soft lighting, and comfortable furnishings, thereby reducing anxiety and promoting healing. The EmPATH Unit incorporates therapeutic design elements, including circadian rhythm lighting, local nature murals, restful recliners, and a nutrition station.
- Partnered with a PFA to ensure the physical environment was therapeutic and trauma informed.

- Collaborated with information systems and the supply chain departments to obtain self-soothing tools (e.g., entertainment options, sensory-reducing headphones) to help patients regain control during times of crisis.
- Provided clinical nurse education during department huddles and staff meetings, regarding the design of the physical environment.
- Conducted environmental safety design walkthroughs with the PFA and staff to identify patient and staff risks.

On December 3, 2024, the EmPATH Unit officially opened and received its first patients shortly afterward. The workgroup met twice monthly post-opening to ensure full implementation of the EmPATH model and to hardwire consistent processes.

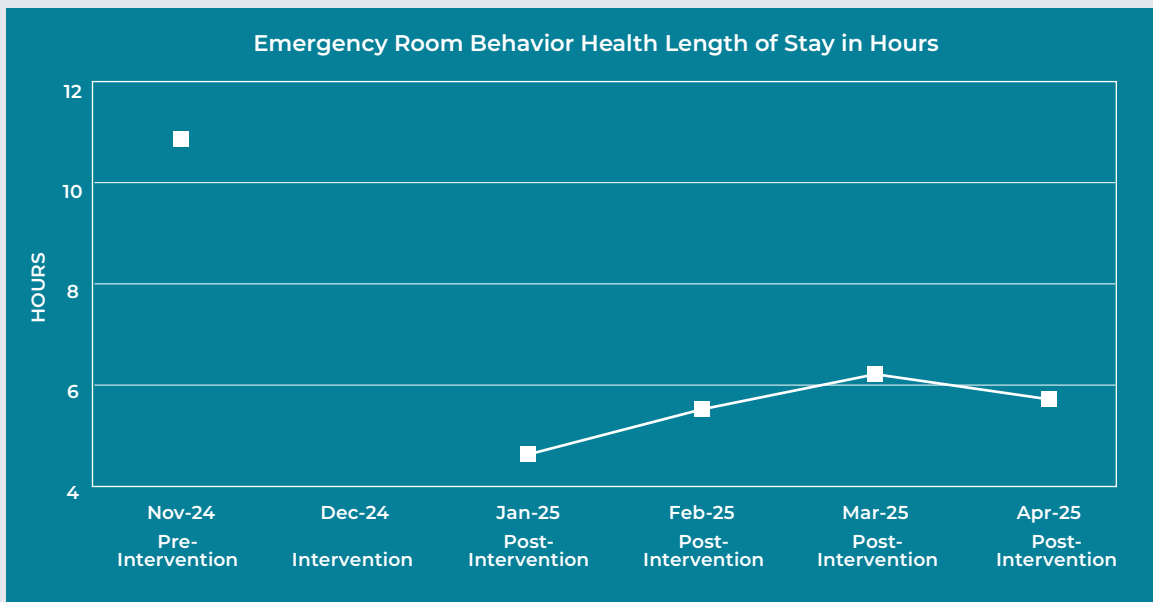
Intervention Impact to Outcome

As a result of the SCV EmPATH Workgroup's (inclusive of nurses) involvement with the design of the new EmPATH physical environment, the LOS for patients experiencing a behavioral health crisis in the ED decreased from 10.9 hours in November 2024 to 5.7 hours in April 2025.

Key References

1. Fleury MJ, Cao Z, Grenier G. Emergency Department Use among Patients with Mental Health Problems: Profiles, Correlates, and Outcomes. *Int J Environ Res Public Health*. (2024) Jun 30;21(7):864. doi: 10.3390/ijerph21070864.
2. Fleury MJ, Cao Z, Grenier G, Huynh C. Profiles of quality of outpatient care use, associated sociodemographic and clinical characteristics, and adverse outcomes among patients with substance-related disorders. *Substance Abuse Treat Prev Policy*. (2023) Jan 14;18(1):5. doi: 10.1186/s13011-022-00511-0.

Outcome



Clinical Nurses Redesign Workflow for Step-Down Unit

SCV patients meeting the “step-down” criteria for close monitoring and airway management were being cared for on different progressive care units (PCUs) within the hospital, requiring multiple modified assignments due to California’s nurse-to-patient ratio requirement for a step-down unit of one nurse for every three patients. Additionally, the increase in the number of patients requiring a step-down level of care with direct observation increased code blue events outside of the ICU, which prompted nursing leadership to designate a step-down unit (SDU) located within the ICU for improved patient outcomes to include a reduction in code blue events in the step-down patient population.

In August 2024, the rate of code blue events in the step-down patient population was 1.7% per 1,000 patient admissions.

Pre-Intervention

August 2024

An interprofessional taskforce was assembled to explore the possibility of expanding capacity for SDU patients in the ICU A-Pod. Clinical nurses on the respective ICU PCU UPCs redesigned critical care workflows for improved capacity and decreased Code Blue events in the step-down patient population.

SDU Pilot Interprofessional Taskforce members assessed the regulatory requirements; staffing needs; clinical admissions criteria; nursing, pulmonary, and pharmacy workflow redesign; education and training; and clinical documentation needs.

Goal Statement: Decrease code blue events in the step-down patient population

Outcome Measure: Code Blue Events in the Step-Down Patient Population per 1,000 Patient Admissions

Location of the Desired Improvement: SCV

Intervention

September 2024

The SDU Pilot Interprofessional Taskforce members — led by Geline Buenconsejo in collaboration with the PCU and ICU UPCs clinical nurses — conducted the following activities to redesign critical care workflows for improved capacity and decreased code blue events in the step-down patient population:

- Met approximately every two weeks to assess critical care workflows with opening an SDU in ICU A-Pod’s 6-bed unit.
- Evaluated the clinical admission criteria, guidelines, and documentation requirements for a SDU patient coming from the ED, PCU and ICU.
- Conducted workouts to map and streamline workflows for clinical admissions, transfers, and discharges.
- Developed SDU guidelines of care and a training action plan on the redesigned workflow.
- Designed the competency validated pathway and methods for SDU and PCU nurses.
- Engaged PCU, ICU and float pool nurses currently caring for step-down patients to determine their interest in caring for SDU patients as part of the redesigned workflow.
- Drafted a SBAR document that outlined the workflow redesign to share with the affected teams.
- Developed and deployed education sessions for SDU clinical nurses to include SDU admission criteria, early recognition of deterioration assessment techniques, and effective communication skills.

The SDU located within the ICU’s A-Pod officially opened and received its first patients. The workgroup met twice monthly post-opening to ensure full implementation of the SDU model and to hardwire consistent processes.

Intervention Impact to Outcome

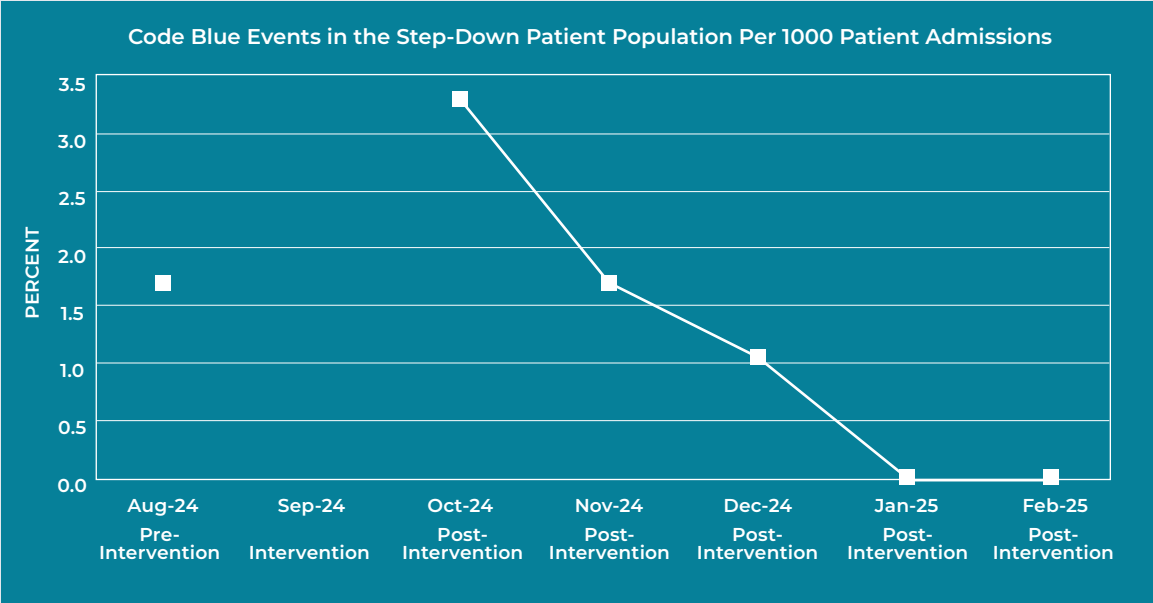
As a result of the SCV SDU Pilot Interprofessional Taskforce (inclusive of a clinical nurse) and the PCU and ICU UPCs involvement with the redesign of the critical care workflows, code blue events in the step-down patient population per 1,000 patient admissions decreased from 1.70% in August 2024 to 0.00% in February 2025.

Key References

1. Monteith M. Further reducing the rate of code blue calls through early warning systems and enabling technologies. Healthcare Manage Forum. (2020) Jan;33(1):30-33. doi: 10.1177/0840470419872770.

2. Doherty ZB, Faulkner PA, Fletcher JA, Fuzzard KL, Kippen RA, O’Sullivan BG. Preventing code blue false alarms through a simple design change: a case study. Crit Care Resus. (2020) Sep;22(3):287. doi: 10.1016/S1441-2772(23)00401-5.

Outcome



2024 Achievement Of Advanced Degrees

- Bianca Isabella Bennett, MSN
- Charlymane Maria Pedro, MSN
- Chelsey Kamei Luis Buyuan, MSN
- Cristy De Guzman Gonzales, MSN
- Hazelle Lama Baylosis, MSN
- Jeanine F Watrous, MSN
- Kyle Jacob Lennan, MSN
- Michelle Do, MSN

2024 National Board Certifications

National Nursing Board Certification is the formal recognition of a nurse's specialized knowledge, skills, and experience. While a nursing license provides legal authority to practice professional nursing, national board certification — which is voluntary — reflects a nurse's achievement of a standard beyond licensure.

SCV is proud to have many nurses who hold board certifications in specialty areas. The following nurses received national board certification in 2024:

- Maria Granados, Radiation Oncology – Oncology Certified Nurse, March 2024
- Elijah Suh, 5 East – Progressive Care Certified Nurse, August 2024
- Alison Puno, 5 East – Progressive Care Certified Nurse, August 2024
- Michelle Do, 4 West – Medical-Surgical Nursing Certification, September 2024
- Allison Puno, 5 East – Stroke Certified Registered Nurse, October 2024
- Deena Drake, Palliative Care – Adult Certified Nurse Practitioner, 2024
- Jennifer Hinson, Acute Care CNS – Progressive Care Certified Nurse, 2024

Honor Society Membership: Sigma Theta Tau

- **Gamma Gamma Chapter**
Julie Graham
- **Zeta Mu Chapter**
Christina Kelley
Gabriella Malagon-Maldonado

Faculty Affiliations

- Amy Flores, Instructor, Southwestern Community College
- Barbara De Guzman, Instructor, Southwestern Community College
- Christina Kelley, Associate Professor, Point Loma Nazarene University, Lecturer, San Diego State University
- Cynthia Paraguya, Adjunct Faculty, Southwestern Community College
- Dolce Pluma, Instructor, California State University San Marcos
- Gabriella Malagon-Maldonado, Lecturer, University of San Diego and Point Loma Nazarene University
- Jacqueline Labonte, Instructor, Azusa Pacific University
- Judy Ruliva, Instructor, San Diego City College
- Julie-Kathryn Graham, Associate Professor, San Diego State University
- Leilani Viray, Instructor, Southwestern Community College
- Ma daile Talosig, Instructor, Glendale Career College
- Megan LaValle, Lab Instructor, University of California San Diego
- Noel Gragasin, Instructor, Kaplan College
- Vi Truong, Instructor, Azusa Pacific University

Evidence Based Practice Institute (EBPI) Fellowships

At the conclusion of the 2024 Evidence Based Practice Institute (EBPI), the following interprofessional teams implemented their evidenced-based practice projects and disseminated their findings via a podium presentation at the November EBPI graduation and conference.

Sweet Savvy: Navigating Diabetic Transitional Care

A multidisciplinary approach to transitional care in the diabetic patient population to improve glycemic control, leading to long-term improved patient outcomes that included enhanced nursing knowledge, patient satisfaction, and organizational financial health by reducing readmission rates.

Jillian Benton, MSN, RN

EJ Kolnik, MSN, RN

Person-Centered Mechanical Ventilation Management With Esophageal Pressure Monitoring to Improve Oxygenation in the Obese Population.

The intervention of using esophageal pressure monitoring in the obese population made a difference with the improvements in the ability to deliver safer driving pressures yielding the outcomes of improved oxygenation while preventing barotrauma, reduced costs associated with salvage therapies, reduced ventilator days by 0.5 days, and reduced ICU length of stay.

Anova Westcott, BS, RCP, RRT-NPS

Ray Daniels, BS, RCP, RRT-NPS

Julie-Kathryn Graham, PhD, APRN, ACCNS-AG

The No Strain Campaign

The No Strain Campaign enhances safe patient handling through random safety audits, peer evaluations and real-time training. The intervention was vital in enhancing workplace safety, and as a result, there was a 63% reduction in patient mobilization workplace injuries between January 2024 and September 2024.

Karissa Ghitelman, BSN, RN, OCN

Kim Robinson, BSN, RN

Marcus Willingham, BSN, RN

Jennice Tolentino, DNP, RN, OCN, PCCN

Bye-Bye HAIs: Implementing Daily CHG Bathing and Invasive Line Rounding

The implementation of a daily CHG bathing schedule ensures consistent hygiene practices. That routine coupled with invasive line-rounding for patients with central lines and/or foleys led to real-time correction of missing bundle components and empowered nurses to play an active role in infection prevention. The outcomes included a reduction in HAIs leading to decreased morbidity, antibiotic use, length of stays, readmissions, and financial strain on the hospital.

Megan LaValle, MSN, RN

Sandra Gonzalez, BSN, RN, PCCN

Paige Taylor, BSN, RN, PCCN

Latino Representation in the ICU

Embracing patient diversity creates an inclusive, equitable environment. Culturally representative elements—such as food, art and language-preferred music—are incorporated to effectively serve Latino patients and

families, empowering patients to actively participate in their care and encouraging providers to deliver a more culturally sensitive patient care experience.

Krystle Guzman, RN, BSN

Julie-Kathryn Graham, PhD, APRN, ACCNS-AG

Educate Before You Medicate: Improving Patient Satisfaction Through Medication Communication

Deployment of a structured and consistent patient education program improved the quality of patient care and satisfaction scores. The project resulted in an increase in the HCAHPS Top Box score related to the question, “Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?” from 58.33 in April 2024 to 83.33 in August 2024.

Aimee Flores, BSN, RN

Angela Hermanns, BSN, RN

Cynthia Paraguya, MSN, RN, PCCN

Bed to Baseline: Mobility Improvement

The implementation of a mobility bundle reduced rates of functional decline and improved patient mobility scores by 26.7%. Additionally, there was also a marked improvement in the documentation of assessments and mobilization efforts by clinical team members.

Adrianna Flajnik, BSN, RN, PCCN

Christine Bagamano, BSN, RN

Help Us Support Healing: The HUSH Project

Implementing HUSH time created a more therapeutic environment that promoted rest and healing which led to better clinical outcomes, including shorter hospital stays and improved patient satisfaction. Following the implementation, there was a marked improvement in HCAHPS Quietness of Hospital Environment scores.

Charlene Del Rosario, BSN, RN

Melanie Sumner, BSN, RN,

Cynthia Paraguya MSN, RN, PCCN

Local, State And National Committee Appointments

- Christina Kelley, Director of Education, American Nurses Association of California and San Diego Association of California Nurse Leaders
- Deanna White, Executive Board Member, Health Science High and Middle College
- Julie-Kathryn Graham, Member, NACNS/OSU Implementation Science Taskforce
- Bernadette Balestrieri-Maritnez, NACNS Member and Abstract Reviewer

Presentations

- Bahena A, Bello D, Quillin-Mcewan M, Graham J. Twice Daily Awakening Trials to Improve Readiness to Wean Meeting of the American Thoracic Society, San Diego, May 2024
- Graham, J, Mann E, Westcott A. Monitoring of TcpCO2 to Improve Specificity in Sepsis Recognition Am J Meeting of the American Thoracic Society, San Diego, May 2024

Publications

- Graham, J. K., Jenkins, D., Iris, K., Knudsen, M., & Kelley, C. (2024). The Toxic Stress of Racism and Its Relationship to Frailty. *Clinical nursing research*, 10547738241233050. Advance online publication. <https://doi.org/10.1177/10547738241233050>
- Graham JK, Westcott A, Smith S, et al. Metabolic Profiles of Critical Care Patients to Confirm Sepsis and Further Understand the Metabolic Phenotype of Sepsis. *Crit Care Nurse Q*. 2025;48(1):8-14. doi:10.1097/CNQ.0000000000000540
- Graham J, Quillin-McEwan M, Kelley C (ND), Acute on Chronic Inflammation and Risk for Renal Injury *Critical Care Nursing Quarterly*.
- Failla KR, Hinson J, Daniels M, Brown L, Harrell D, Graham JK. An Electrocardiogram Taskforce to Lean System Competency in Rhythm Recognition in a High-Reliability Organization. *Clin Nurse Spec*. 2025;39(1):46-49. doi:10.1097/NUR.0000000000000874
- Westhoff K, Balestrieri-Martinez B, Graham JK, Kelley C. Safeguarding the Future: Ethical Artificial Intelligence in Healthcare Documentation. *Clin Nurse Spec*. 2025;39(1):3-6. doi:10.1097/NUR.0000000000000866
- Gomez, L, LeClair, K, Jenkins, D**Graham J RN Led Sepsis Team: Emergency Department. *Advanced Emergency Nursing Journal*.
- Graham JK, Colio PA. Dog Bites with Resultant Periorbital Cellulitis. *Adv Emerg Nurs J*. Published online November 28, 2024. doi:10.1097/TME.0000000000000548
- Graham, J., & Scruth, E. (2024). A Conceptual Model of Sepsis as a Dysregulated Host Response: Depicting Directionality of Immunologic and Metabolic Dysregulation. : The OO(H)NO! Model. *International Journal of Critical Care*, 18(3), 7–21. <https://doi.org/10.29173/ijcc78>
- Richardson L*, Graham JK., Embracing a New Paradigm of Sepsis. *Clinical Nurse Specialist*; 38(4):171-174
- Graham JK, Quillin-McEwan M, Kelley C. Acute-on-Chronic Inflammation and Patients' Risk for Renal Support in Critically Ill Patients. *Crit Care Nurs Q*. 2025;48(1):52-58. doi:10.1097/CNQ.0000000000000536

Presentation Awards

- Most Likely to be Adopted, Sharp Innovations conference, September 29, 2024. Person-Centered Mechanical Ventilator Management with Esophageal Pressure Monitoring.
- Most Impactful, Evidence Based Practice Institute; November 12, 2024. Person-Centered Mechanical Ventilator Management with Esophageal Pressure Monitoring to Improve Oxygenation in the Obese Population. Sharp Chula Vista Anova Westcott, BS, RCP, RRT-NPS Ray Daniels, BS, RCP, RRT-NPS Julie-Kathryn Graham PhD APRN ACCNS-AG

2024 Nursing Excellence Awards

- Angel Bahena, ICU, Nurse of the Year
- Melaine M Goodman, ED, LVN of the Year
- Adrianna Flajnik, Short Stay/SAFE Unit
- Gina Santos, ICU
- Jellica Mae Agustin, 5T
- Kristen Westhoff, Short Stay/SAFE UNIT
- Leslie Diaz, 5T
- Lorena Gonzalez, ICU
- Ruby Escalada-Lacson, ICU

2024 Center Of Recognized Excellence (C.O.R.E) And High Reliability Organization (HRO)

Quality Pillar

- Individual: Dr. Burhan Mohamedali
- Team: Guideline-Directed Medical Therapy for Heart Failure Team
- Department: Radiation Oncology

Safety Pillar

- Individual: Zyus Sabio, RN
- Team: 3T
- Department: Intensive Care Unit

Service Pillar

- Individual: Irma Nombrano, Office Coordinator
- Team: 4T Advanced Clinicians and Volunteers
- Department: Intensive Care Unit

People Pillar

- Individual: Hansel Gagan, RN
- Team: Sharp Chula Vista Chapter of the Sharp Equality Alliance
- Department: 5 East

Finance Pillar

- Individual: Jennifer Martinez, MSN, RN
- Team: Registry and Premium Reduction Team
- Department: Infection Prevention

Growth Pillar

- Individual: Minerva Connor, MSN, RN
- Team: Radiation Oncology
- Department: Surgery

Community Pillar

- Individual: Dr. David Hansen
- Team: ECPR Team
- Department: Intensive Care Unit

2024 Guardian Angel Awards

Aileen Jimenez, ICU
Andrea Arias, Telemetry 2
Audrey G. Arciaga, Telemetry 2
Brenna McClung, Emergency
Cassandra Simas, 4W/Med Surge/Tele
Conrado C. Espinosa, Jr., Emergency Department
Deena M. Drake, Inservice Education
Grieg R. Masters, PCU 4T
Jasmina H. Edwards, 4E Short Stay/4N SAFE Unit
Jennifer R. Balagot, Short Stay/SAFE Unit
Karissa M. Ghitelman, SCV - 5T PCU Oncology
Kristi O. Manion, PCU 5T
Lale McNally, Short Stay/SAFE Unit
Marcia A. Fox, Cardiac Rehab
Marcos M. Montgomery, Med/Surg
Maria C. Burigsay, 5E
Maria G. Openiano, Telemetry 2
Melissa Saliwan, PCU 5T
Myungshin Kim, Telemetry 2
Samantha Illustrisimo, Telemetry 2
Tanya L. Covert, Inservice Education
Victoria Petersen, PCU 5T

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