Nursing Report

Sharp Metropolitan Medical Campus

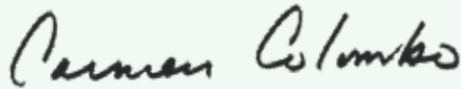Accomplishments for 2024

SHARP

Welcome

It is our honor to present the Annual Nursing Report, which highlights the incredible impact our nurses have made on patients and the San Diego community. This report is a testament to your unwavering commitment, compassion and dedication to making a difference every day.

Throughout the year, you have demonstrated resilience and adaptability by embracing challenges and turning them into opportunities for growth and improvement. Your efforts have not only enhanced patient care but also contributed significantly to our mission of setting community standards and exceeding patients' expectations.

We are proud of the innovative initiatives and collaborative projects that have been implemented, showcasing the power of teamwork and the positive outcomes that can be achieved when we work together. Your contributions have set a benchmark for excellence and inspired others to strive for the same.

As we look forward to the coming year, let us continue to build on this momentum, supporting each other and fostering an environment where every nurse feels valued and empowered to make a difference. Thank you for your dedication and for being the heart of Sharp HealthCare.

Warm regards,

Carmen Colombo, PhD, MBA, RN, NEA-BC
Chief Nursing Officer, Specialty Hospitals
Sharp Mary Birch Hospital for Women & Newborns
Sharp Mesa Vista Hospital and Sharp McDonald Center

Lindsey Ryan, PhD, RN, ACNS-BC, NEA-BC, FACHE
Vice President of Patient Care Services and Chief Nursing Officer
Sharp Memorial Hospital

Cover photo: (from left) Jackie Hiner, MSN/Ed, APRN, CNS, RNC-OB, C-EFM, Perinatal Clinical Nurse Specialist, Sharp Mary Birch Hospital for Women & Newborns, Labor & Delivery/Triage, Nursing Excellence Award Winner; Taylor Wynn, MSN, RN, Clinical Nurse, Sharp Memorial Hospital, 6 West, Nursing Excellence Award Winner

"Transformational leadership is the ability to inspire yourself and others to make changes that help team members reach their potential and the organization reach its goals."

— Jeff Davis

Transformational Leadership

Visionary leadership that inspires others to achieve extraordinary outcomes.

Implementing Virtual Nursing at Sharp Memorial Hospital

In April 2024, Sharp became the first health system in San Diego County to offer a virtual nursing program. Virtual nursing is an innovative way for remote nurses to assist clinical nurses at the bedside. The program helps support nursing workflow and retention, decrease burnout, enhance patient care and improve outcomes. The Sharp HealthCare Virtual Nursing Program launched as a pilot on select units at Sharp Memorial Hospital and has since expanded to all inpatient units at the hospital. Patient and family advisors provided insights as the program was developed at the Brown Simulation Center at the Sharp Prebys Innovation and Education Center.

Photo: (page 2 from left) Hannah Scott, BSN, RN, Nurse Navigator, Sharp Memorial Hospital, Advanced Digestive Health Clinic, Nursing Excellence Award Winner; Dulce Mariano, BSN, RN, Clinical Lead, Sharp Mesa Vista Hospital, Psych SBU, Nursing Excellence Award Winner (page 3 from left) Sarah Kennedy, BSN, RN, Clinical Nurse, Sharp Memorial Hospital, 4 West; Rachel Harper, BSN, RN, RN-BC, Clinical Lead, Sharp Memorial Hospital, 6 North; Lauren Anaya, MSN, RN, PHN, Clinical Nurse, Sharp HealthCare, Clinical Nursing

Outcome:

From August to October 2024, 938 patients were discharged from Sharp Memorial through the virtual nursing program, accounting for 12% of all discharged patients. An additional 767 patients were assisted with virtual discharge instructions, which helped to increase room turnover rates.

Patients who interacted with a virtual nurse rated their hospital discharge experience as better than those who did not participate in the program:
- Communication with nurses: 91% compared to 76%
- Communication about medications: 82% compared to 34%
- Discharge information: 99% compared to 91%
- Care transitions: 97% compared to 89%

Bedside nurses who interacted with virtual nursing also rated their experience highly.
- 100% felt their feedback was heard
- 81% said the virtual nursing program saved time for other important care tasks
- 76% believed patients were prepared for discharge
- 75% indicated that the program added to nurses' overall sense of accomplishment and role satisfaction

Figure 1: The Sharp HealthCare Virtual Nursing Program increased patient discharge to home compared to traditional discharge process.
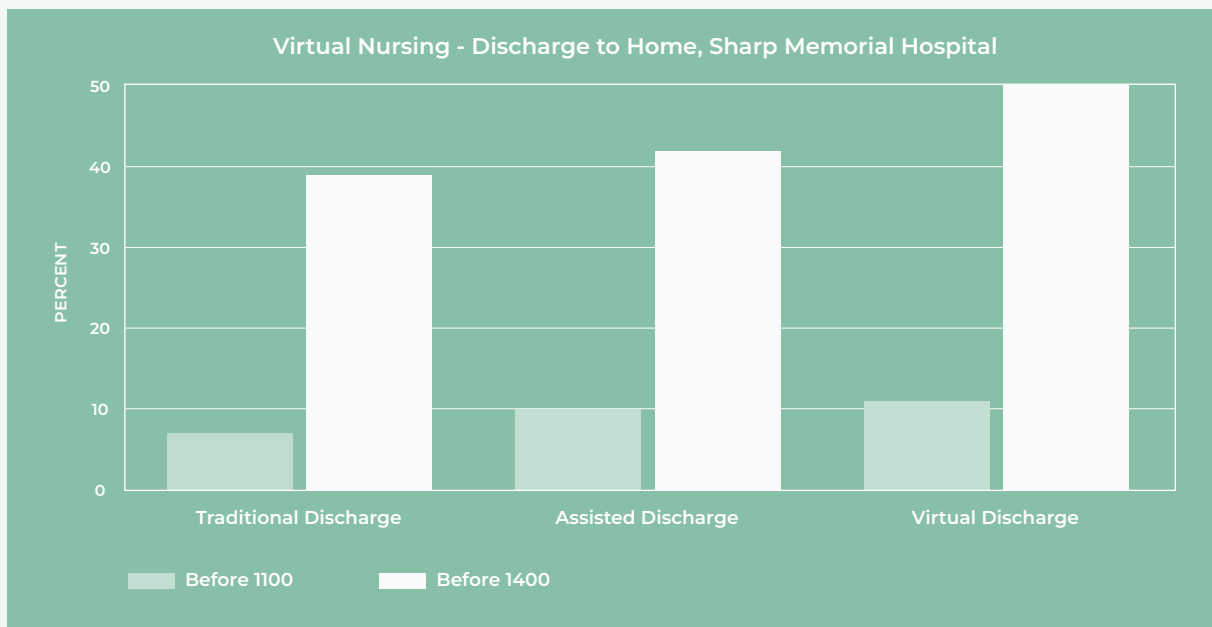
Engaging Patients With the Bedside Application

When Sharp transitioned to the Epic electronic health records platform, the organization procured the Bedside app, which provides hospitalized patients with easy access to their medical information as well as tools to manage care during their stay. An interprofessional team worked to ensure a comprehensive approach to patient care and technology integration. Use of the app aimed to enhance patient engagement, provide education, and foster connections with the care team, ultimately supporting a technologically advanced, patient-centered hospital environment.

Accessible via a Sharp-issued iPad or personal smartphone, the Bedside app offers real-time access to vital signs, lab results, medications, and clinical notes. The app includes educational materials about conditions, treatments and medications, promoting informed decision-making. Patients can also view treatment team biographies and place non-urgent requests for comfort items. Additionally, the Bedside app facilitates discharge planning by providing follow-up care instructions, and it is a critical component of virtual nursing.

Outcome:

By the end of calendar year 2024, the Bedside app was in use on all inpatient units. Utilization rate met an established goal of 50%, placing Sharp Memorial in the top 10 percent of Epic customers.

Photo: (from left) Lauren Richardson, BSN, RN, CCRN, Advanced Clinician, Sharp Memorial Hospital, MICU; Devan Humphries, MSN, RN, PCCN Advanced Clinician, Sharp Memorial Hospital, SICU; Erica Pablo, BSN, RN, CCRN, PCCN, Nurse Educator, Sharp Memorial Hospital, SICU

Initiating Continuous Renal Replacement Therapy

Continuous Renal Replacement Therapy (CRRT) is a critical form of dialysis used for hemodynamically unstable patients requiring fluid, electrolyte or acid/base regulation. Historically, a contracted agency provided CRRT services, necessitating off-site staff to start therapy or resume it after interruptions. These services were often impacted by staffing or other requests, leading to delays in treatment. Because the benefits of CRRT are best realized when therapy is initiated timely, the Intensive Care Unit leadership team worked with hospital administration to create an in-house process to initiate and maintain CRRT by staff nurses. After an analysis of therapy delays, cost of initiation, daily checks, supply usage, and patient outcomes, a decision was made to purchase CRRT machines and educate unit nurses on how to initiate and maintain CRRT.

Outcome:
The average time from order received to initiation of CRRT has decreased from 4.8 hours to 3.3 hours since the implementation of nurse-initiated CRRT at Sharp Memorial. Additionally, the hospital saved approximately $675,000 by avoiding outside agency fees.

Debriefing After Critical Events

The Perinatal Special Care Unit (PSCU) at Sharp Mary Birch Hospital for Women & Newborns lacked a formal and standardized debriefing process after critical events that affected a supportive nurse practice environment. PSCU nurses play a crucial role in providing care to high-risk antepartum patients. Caring for this high-risk patient population requires a collaborative and high-functioning nurse practice environment. Debriefing after critical events is essential as it enhances learning, provides emotional support, fosters team cohesion, strengthens leadership support, and promotes safety and risk management in the nursing practice environment. The PSCU Unit Practice Council (UPC) developed a formal debrief process with standardized unit resources based on pre-survey responses. UPC members provided debriefing education and a reference binder containing the forms needed to facilitate a debrief and complete the necessary documentation.

Outcome:
The PSCU UPC clinical nurses improved the nurse practice environment by increasing the percentage of nurses who responded, "I feel comfortable in requesting/initiating a debrief at any time," from 50% in the second calendar year (CY) quarter of 2023 to 86% in the second CY quarter of 2024.

Reducing Workplace Violence

The Sharp Mesa Vista and Sharp McDonald Center Violence Prevention Steering Committee assesses data and recommends and promotes practices to prevent violence in the workplace. This interprofessional team supported the implementation of several practices, including the Violence-Risk 10, an evidence-based, 10-item instrument to assess risk for violence, into inpatient nursing admission workflows. The team also advocated for and received placement of an amnesty box at the entrance to Sharp Mesa Vista. An amnesty box allows visitors to dispose of contraband items without question. Moreover, the team implemented a review process for a new Safety Workplace dashboard to monitor workplace violence or assault events. Based on the data, appropriate opportunities for improvement and an action plan are addressed with the team.

Outcome:

Sharp Mesa Vista and Sharp McDonald Center saw a decrease in the overall number of workplace violence events from 17 in fiscal year (FY) 2023 to 13 in FY 2024, and a decrease in the major incident frequency of workplace violence events from 73.0 in FY 2023 to 52.3 in FY 2024.

Photo: (from left) Steve Molina, BSN, RN, Nursing Supervisor, Sharp Mesa Vista Hospital, Psych ICU; Carrisa Francis, BSN, RN, PMH-BC, Clinical Lead, Sharp Mesa Vista Hospital, Psych Adult

Decreasing Length of Stay for Infants with Neonatal Abstinence Syndrome

The Neonatal Intensive Care Unit (NICU) at Sharp Mary Birch faces a growing number of Neonatal Abstinence Syndrome (NAS) cases due to the opioid crisis. While pharmaceutical interventions are commonly employed to alleviate withdrawal, they can result in negative side effects and extended hospitalizations. To improve NAS care, NICU nurses implemented a change in assessment tools from the Finnegan Neonatal Abstinence Scoring Tool (FNAST) to the Eat, Sleep, Console (ESC) Tool. The FNAST directs pharmacologic treatment for NAS, and the ESC Tool focuses on infant function and comfort to direct non-pharmacological treatments, and it further promotes standardization of nurse-driven non-pharmacological interventions.

Outcome:
After implementation of the ESC assessment tool, the average length of stay for NAS babies decreased from 22 days in January 2024 to five days in August 2024.

Photo: Breann Adelman, BSN, RN, RNC-NIC, Advanced Clinician, Sharp Mary Birch Hospital for Women & Newborns, NICU

"An empowered organization is one in which individuals have the knowledge, skill, desire, and opportunity to personally succeed in a way that leads to collective organizational success."

— Stephen Covey

Structural Empowerment

Developing strong partnerships to improve patient outcomes and the health of the communities we serve.

Centralizing Training for Safe Patient Handling and Mobilization

The California Code of Regulations mandates that hospitals adopt a comprehensive safe patient handling and mobilization (SPHM) program to eliminate preventable events related to patient falls and worker injuries. Prior to April 2024, Sharp Memorial Hospital lacked a comprehensive program, and patient falls and worker injury rates were consistently above benchmarks. The centralized SPHM Program was established for employees assigned to inpatient, outpatient and ancillary departments to receive standardized training and competence validation in a central location. This clinical nurse specialist-led program was designed in collaboration with an interprofessional team of clinical nurses, nurse leaders, and occupational therapists. Competence validation requires completion of online learning modules, a one-hour lecture, and return demonstration in applying optimal body mechanic strategies when using designated safety equipment. Module and class content enhances staff knowledge of fall risk and mobility assessment tools, preventative interventions, communication expectations, and mobilization strategies.

Outcome:
With the implementation of a centralized SPHM training program, Sharp Memorial patient falls and worker injury rates have decreased.

Figure 2: Sharp Memorial rates for total falls and falls with injury have decreased since implementation of the centralized SPHM training program.
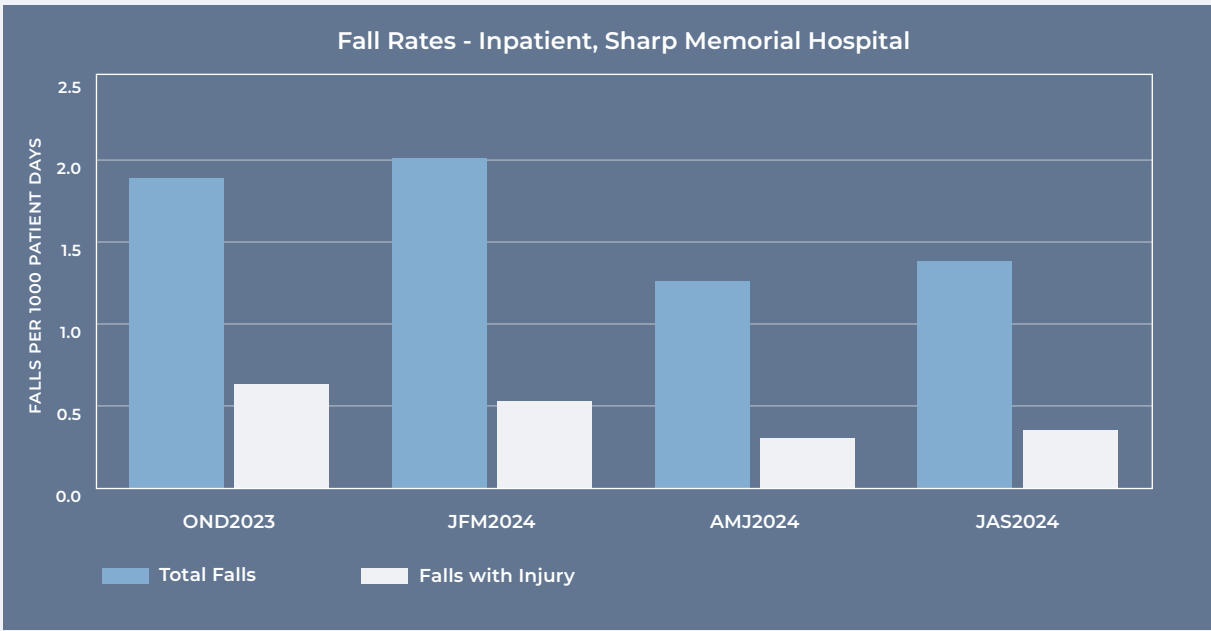

Fall Rates - Inpatient, Sharp Memorial Hospital

Photo: (page 9) Amy Nunemaker, BSN, RN, CCRN, Clinical Lead, Sharp Memorial Hospital, Telemetry, Nursing Excellence Award Winner

Figure 3: The number of worker injuries related to patient handling and mobilization have decreased since implementation of the centralized SPHM program.
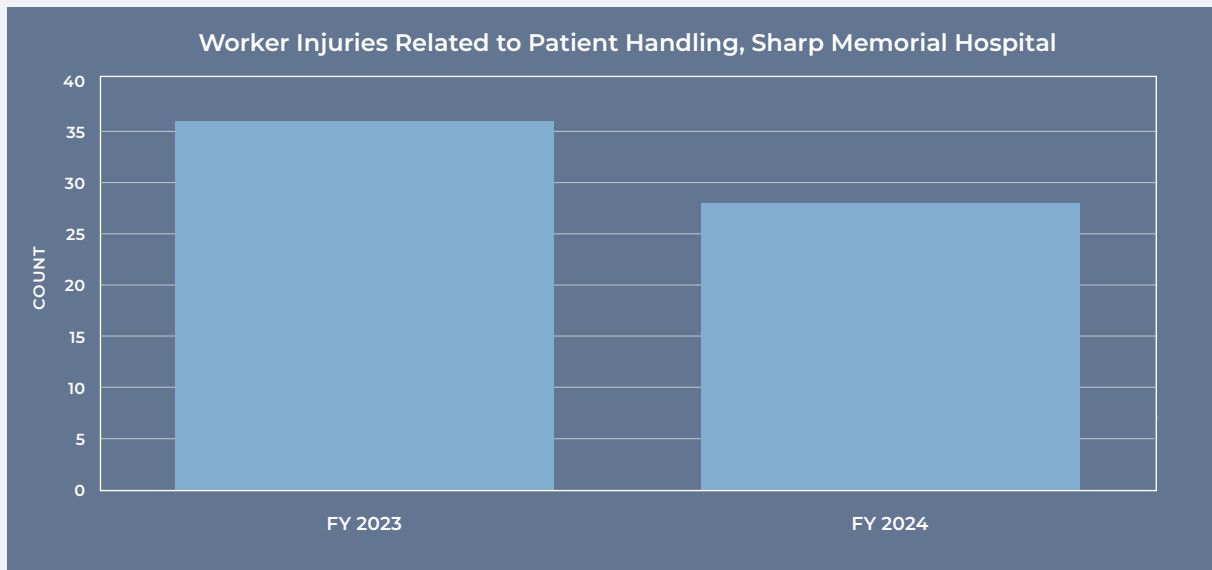

Photo: (from left) Jillian Bakke, MSN, RN, Gero-BC, CHPN, Clinical Lead, Sharp Memorial Hospital, Generational Health and Advanced Illness Management; Arielle Ferber, MSN, RN, AGPCNP-BC, PCCN, Nurse Practitioner, Sharp Memorial Hospital, Generational Health and Advanced Illness Management; Debbie Monaghan, APRN, AGACNP-BC, Nurse Practitioner, Sharp Memorial Hospital, Generational Health and Advanced Illness Management

Optimizing Geriatric Surgery

Older adults are at a higher risk of having age-related vulnerabilities that can impact their recovery. Preoperative identification and care planning for high-risk patients can limit the burden of recovery and prevent loss of functional independence. The Geriatric Surgery Program ensures older adult patients undergoing elective or emergent surgery or cardiac procedures receive the highest quality of care with an age-friendly focus. Care plans are aligned with the patient's individual goals with consideration of comorbid disease on recovery. Generational Health nurse practitioners and specially trained Advanced Illness Management navigators conduct vulnerability assessments and advance care planning discussion with surgical patients older than 75. This team works collaboratively with the primary surgeon to ensure the plan aligns with the patient's goals. Patients are engaged in discussions about their personalized recovery process. High-risk patients are presented at a weekly interdisciplinary planning meeting to create a comprehensive geriatric care plan.

Outcome:

After implementing the geriatric surgery optimization process, intensive care utilization greater than three days decreased from 12% to 5% and post-operative delirium decreased from 6% to 0.6%. Length of stay decreased by one day resulting in an average direct cost savings of over $12,000 per case. Proactively identifying older adult vulnerabilities and creating individualized pre- and post-surgical care plans improved outcomes and health equity in older adult surgical patients.

Improving Screening for Lung Cancer

Early detection of lung cancer can lead to better prognosis when discovered at an early stage. The five-year survival rate drops significantly once cancer has spread from an early localized stage. Despite clinical guidelines and known benefit of early detection, fewer than 15% of eligible patients are screened for tobacco use nationally. To improve screening rates, a physician in the Physician Leadership Academy collaborated with nursing to improve screening processes and achieve an identified goal. Previously, nursing units had poor compliance with screening patients for tobacco use history on admission to the hospital. If tobacco screening is completed, patients can be referred for low-dose CT lung cancer screening, if eligible. The goal of the project was to pilot standard work for tobacco screening upon admission beginning with Sharp Rees-Stealy (SRS) inpatients at Sharp Memorial on two pilot units, 6 North and 6 West. In collaboration with the Virtual Nursing team, the pilot units created nursing education on how to complete the tobacco screening for patients on admission. The charge nurse pulled a daily report from the EMR daily to ensure all eligible SRS patients were screened.

Outcome:

Pilot units achieved 97% compliance with completed tobacco use screenings for SRS inpatients. Of those patients, 12 were eligible for lung cancer screenings and all were referred for low-dose CT. The goal is to spread this process across other units and patient populations.

Decreasing Adverse Drug Events at Sharp Mary Birch Hospital

Preventing harm is a tenet of High Reliability Organizations. Clinical nurses from Sharp Mary Birch Hospital's Women's Safe Medication Practice (SMP) Committee collaborated with two departments to decrease adverse drug events (ADEs).

In the Perinatal Special Care Unit (PSCU), intravenous (IV) iron sucrose is used to treat severe iron deficiency anemia in pregnancy and is classified as an irritant medication that could cause complications and decrease patient satisfaction when phlebitis or extravasation occurs. The SMP committee along with PSCU nurses developed an action plan that included developing education and strategies to mitigate ADEs and preserve their primary IV site, including recommended IV site choice, catheter gauge, and use of a new IV line designated for IV sucrose only.

In the Labor & Delivery (L&D) unit, terbutaline, a medication commonly used to manage preterm labor or fetal heart decelerations, can be associated with a range of adverse effects when not administered correctly. L&D nursing leadership, nurses and the SMP committee provided education and training on closed-loop communication, the correct use of barcoding systems, and the Pyxis medication dispensing system with an emphasis on verifying medication doses and enhancing the system to include warnings when a vial contains more than one dose.

Outcome:
ADEs in the PSCU related to administration of IV sucrose decreased from 33.33% in April 2023 to 18.18% in December 2024.

ADEs in L&D related to administration of incorrect doses of terbutaline decreased from 2.17% in January 2024 to 0% in July 2024.

Helping Hands Helping the Community

The Helping Hands committee was initiated by a clinical nurse at Sharp Mesa Vista Hospital to engage other clinical nurses in providing community outreach. These outreach activities were supported by fundraisers held at the hospital. In 2024, the committee aided several organizations, including Generate Hope, Urban Street Angels, Father Joe's Villages, the San Diego Rescue Mission and Helen Woodward Animal Center. Additionally, members of the committee volunteered their time to provide monthly educational and therapeutic groups at the San Diego Rescue Mission, focusing on gratitude journaling and goal setting.

Outcome:
- Generate Hope received 12 new mattresses for women who've experienced human trafficking
- Urban Street Angels received 40 gift cards to support homeless youth.
- Father Joe's Villages benefited from the gift of time and service, with Helping Hands members volunteering in their kitchen.
- Helen Woodward Animal Center and Father Joe's Villages received gift bags for pets without homes. These gift bags contained handmade knitted sweaters, and dog food and treats assembled by Helping Hands members.

Advancing Nursing Professional Practice Through Nursing Education and Specialty Board Certification

Translating expert knowledge to clinical practice and advanced nursing degrees contributes to improvements in patient outcomes and the nurse practice environment. Achievement of board certification provides validation of expert knowledge in one's nursing specialty. Sharp supports nurses seeking advanced degrees and board certification with financial reimbursement for education and specialty certification or renewal of certification. Other strategies to increase the number and percentage of BSN or higher nursing degrees and board certifications include promotion of scholarships through the Caster Nursing Institute, hiring of candidates with a BSN or higher, and sponsorship of certification preparation courses.

Figure 4: In 2024, In 2024, Sharp Memorial and Sharp Mary Birch maintained the benchmark goal and Sharp Mesa Vista is working toward meeting the benchmark of 80% of nurses with BSN or higher degree in nursing.
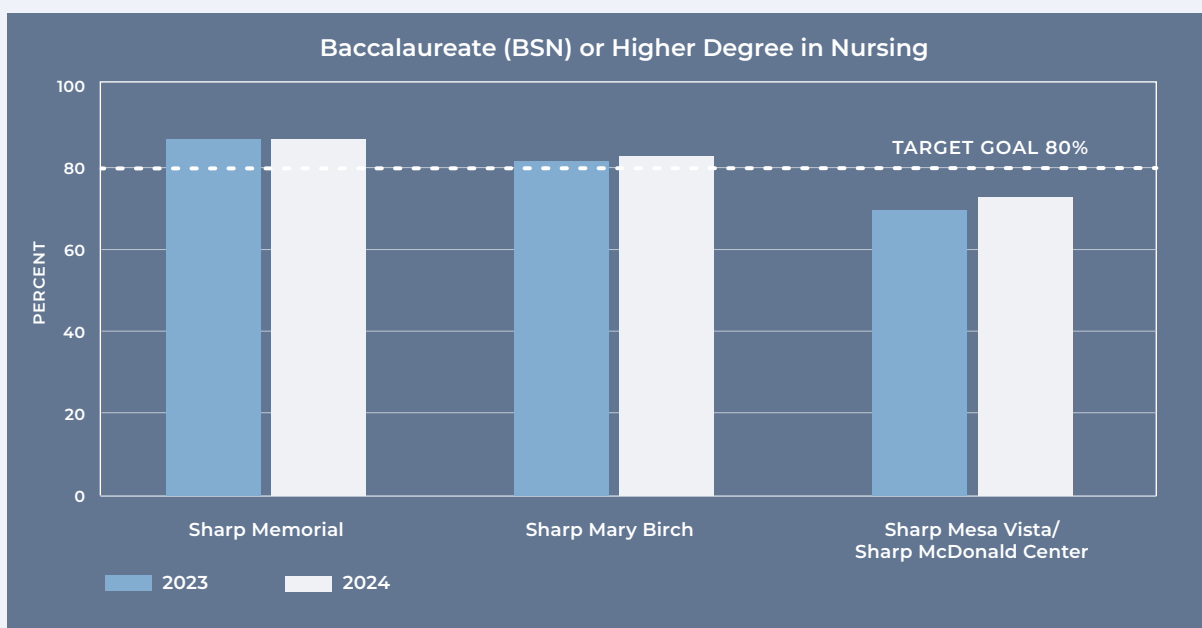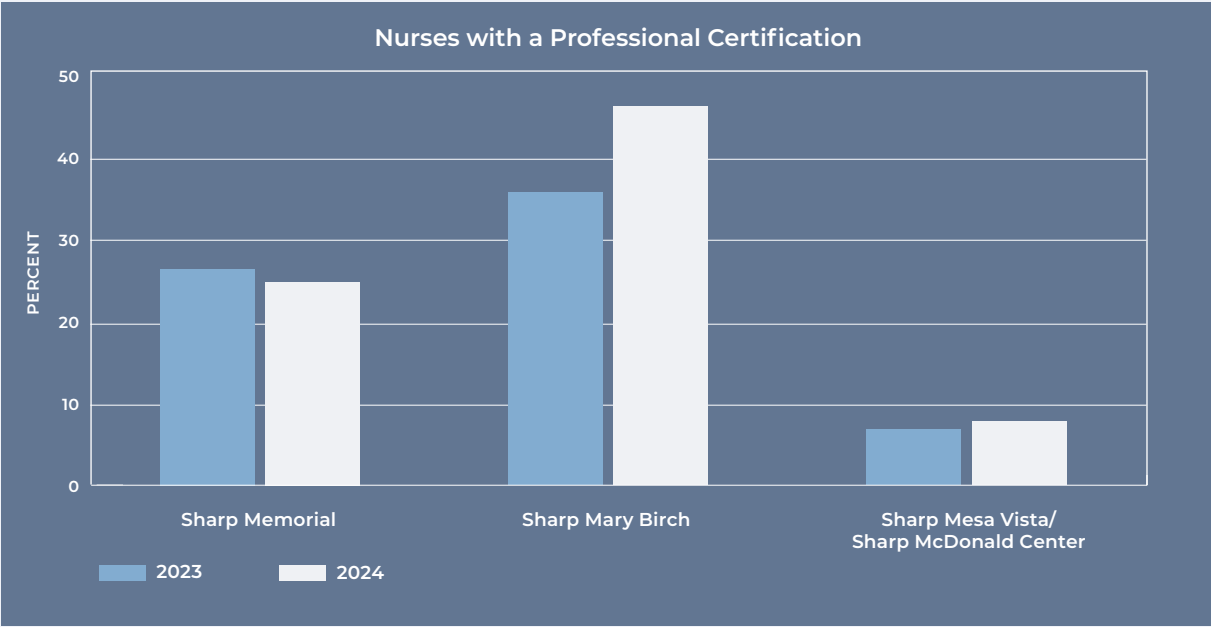
Figure 5: In 2024, all three hospitals continue to focus on increasing the percentage of nurses who received a professional certification in at least one specialty.

Nurses with a Professional Certification

Legend: 2023, 2024

Congratulating Scholarship Recipients

Name	Entity	Education Level	Scholarship Type
Nicole Carpenteri	Sharp Memorial	MSN	Terrence & Barbara Caster
JP Conly	Sharp Mesa Vista	MSN	Terrence & Barbara Caster, Virginia Reil
Tarah Garcia	Sharp Memorial	MSN	Terrence & Barbara Caster
Kristina Lopez	Sharp Mary Birch	Doctoral	Marion J. Hubbard
Charlie Scheck	Sharp Mesa Vista	Doctoral	Terrence & Barbara Caster
Taylor Wynn	Sharp Memorial	Doctoral	Terrence & Barbara Caster

Entry to Practice (ETP)		
Audrianna Alonso	Sharp Memorial	Jim & Mary Jane Wiesler
Karlee Baggs	Sharp Memorial	Jim & Mary Jane Wiesler
Jordan Duggie	Sharp Memorial	Jim & Mary Jane Wiesler
Katie Menzies	Sharp Memorial	Jim & Mary Jane Wiesler
Jessica Mount	Sharp Mesa Vista	Jim & Mary Jane Wiesler
Heather Nagey	Sharp Memorial	Jim & Mary Jane Wiesler
Jura Nukuto	Sharp Memorial	Jim & Mary Jane Wiesler
Robert Rabago	Sharp Memorial	Jim & Mary Jane Wiesler
Austin Vuong	Sharp Memorial	Jim & Mary Jane Wiesler Susan Stone Patient Centered Care Education, Research & Grand Endowment

Recognizing 2024 Nursing Excellence Honorees

	Nurse	**Entity**	**Category**
Clinical Nurse of the Year	**Alyson Connors** **Vanessa Paul Christian** **Christian Malaluan**	Sharp Memorial Sharp Mary Birch Sharp Mesa Vista	Clinical Nurse Clinical Nurse Clinical Nurse
Transformational Leadership	**Hannah Scott** **Dulce Mariano**	Sharp Memorial Sharp Mesa Vista	Clinical Nurse Nurse Leader
Structural Empowerment	**Meghan Scott** **Amy Nunemaker**	Sharp Mary Birch Sharp Memorial	Clinical Nurse Nurse Leader
Exemplary Professional Practice	**Taylor Wynn** **Jackie Hiner**	Sharp Memorial Sharp Mary Birch	Clinical Nurse Nurse Leader
New Knowledge, Innovations and Improvements	**Emily Sepulveda** **Stacy Nilsen**	Sharp Memorial Sharp Memorial	Clinical Nurse Nurse Leader
LPT of the Year	**Cheryl Okuboye**	Sharp Mesa Vista	Licensed Psychiatric Technician

> "We were created for meaningful work, and one of life's greatest pleasures is the satisfaction of a job well done."
>
> — John C. Maxwell

Exemplary Professional Practice

Collaborative, comprehensive, accountable patient care delivery by nurses who are dedicated to achieving their professional best.

Launching a Mobility Promotion Program

Enhanced mobility programs have shown to reduce hospital length-of-stay, delirium incidents, pressure injuries, and employee injuries, and eliminate unnecessary physical therapy consults. To address a gap in nursing practice related to mobility planning, an interprofessional taskforce at Sharp Memorial Hospital advocated for a comprehensive, evidence-based Johns Hopkins Activity and Mobility Promotion Program. This program promotes a collaborative and goal-oriented approach to improving assessment and planning of inpatient mobilization. Sharp HealthCare adopted two new instruments— Activity Measure for Post Acute Care (AMPAC) and Johns Hopkins Highest Level of Mobility Goal Calculator (JH-HLM) — to assess a patient's capacity for mobilization and to set progressive goals respectively. These instruments measure and track a patient's functional changes. Interprofessional teams now set daily goals and have improved communication and optimized patient mobility. This approach also helps staff understand barriers, prioritize resources, and promote safety for both patients and staff.

Outcome:

The interprofessional taskforce laid a foundation to change the culture of mobility, most recently launching a new mobility advocate nurse role to champion daily mobility planning, resource utilization and team collaboration.

Expanding Sharp Memorial Acute Care Services

Due to high patient volumes, Sharp Memorial faced throughput issues in early 2024. The existing overflow unit, 4 Center, was consistently full, prompting the need for additional space. A 14-bed unit, 2 North, at Sharp Mary Birch Hospital was repurposed as an acute care overflow unit and opened in February 2024. The nursing leadership team played a crucial role in addressing this challenge. They led the careful planning and resource allocation, which included assessing capacity, planning for patient and staffing needs, allocating necessary equipment, and training staff on protocols. Their interdisciplinary collaborative efforts ensured appropriate conversion of a women's specialty care space into a medical-surgical care area that was safe and effective for both patients and staff.

Outcome:

The new unit has significantly contributed to alleviating throughput challenges by adding 14 acute care beds to Sharp Memorial. The 2 North unit remained full and was converted to a standalone unit in September 2024. It was renamed Sharp Memorial 2 North at Sharp Mary Birch Hospital for Women & Newborns.

Photo: (page 17 from left) Laura McDougall, APRN, MSN, ACCNS-AG, PCCN, Clinical Nurse Specialist, Sharp Memorial Hospital, Operational Excellence; Zane Brandt, DPT, PT, Lead Rehabilitation Therapist, Sharp Memorial Hospital, Rehab; Wendy Baggs, MSN, RN, PCCN, Clinical Nurse Manager, Sharp Memorial Hospital, 6 West

Reducing Unexpected Newborn Complications

Sharp Mary Birch Hospital for Women & Newborns has historically experienced higher rates of moderate Unexpected Newborn Complications (UNC), compared to the overall rates at Sharp HealthCare systemwide. An in-depth analysis of maternal and neonatal risk factors revealed that respiratory complications were the primary area needing improvement. The Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) and the World Health Organization (WHO) recommend delaying newborn baths for at least the first six hours of life to reduce respiratory complications associated with cardiorespiratory instability immediately after birth. In response to this recommendation, the Maternal Infant Services unit began implementing in June 2024 a delay in the timing of the newborn's first bath.

Outcome:
Since implementing delayed bathing, Sharp Mary Birch has observed a gradual decline in moderate UNC rates. The rate decreased from 27.6 per 1,000 births in May 2024 to 21.7 per 1,000 births in October 2024, aligning more closely with Sharp HealthCare's overall rates.

Photo: (from left) Mary Odenwalder, MSN, RN, RNC-MNN, IBCLC, Advanced Clinician, Sharp Mary Birch Hospital for Women & Newborns, MIS; Desiree Kerr, MSN, RN, Senior Specialist, Sharp Metropolitan Medical Campus, Quality and Patient Safety

Reducing Patient Harm at Sharp Mesa Vista and Sharp McDonald Center

The Suicide Prevention Task Force chaired by Sharp Mesa Vista nursing leadership conducts post-event review of all suicide attempts. This comprehensive review includes identification of opportunities for improvement in the care of patients with suicidal ideation. This interprofessional team identified a need to re-educate staff on the Columbia-Suicide Severity Rating Scale (C-SSRS). Re-education focused on initial and ongoing assessments and documentation within the new electronic medical record.

Outcome:
In calendar year (CY) 2024, the number of suicide attempts was reduced by more than half, beginning in June when the intervention began.

Figure 6: In CY 2024, there was a reduction in suicide attempts.
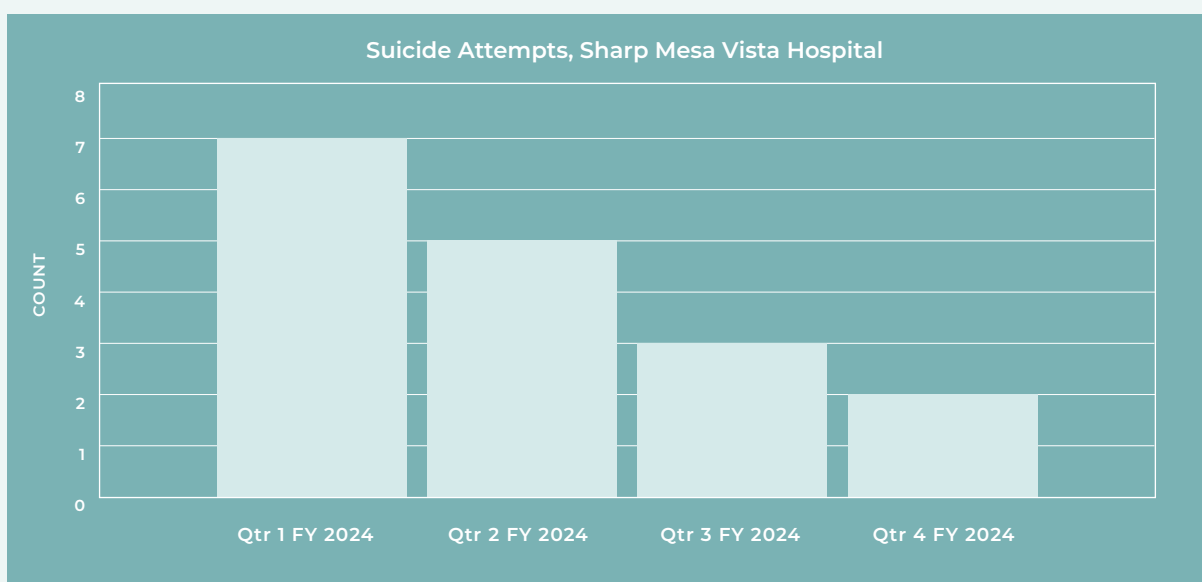
Reducing Physical Restraint and Seclusion

The use of physical restraint and seclusion in psychiatric hospitals are two Hospital-Based Inpatient Psychiatric Services (HBIPS) measures. De-escalating techniques used by staff may reduce the use of physical restraint and seclusion. Clinical nurses and their interprofessional colleagues at Sharp Mesa Vista Hospital are uniquely trained in therapeutic de-escalation interventions to minimize the use of physical restraint and seclusion. In 2024, these de-escalation techniques along with assault risk assessment and the debrief process have contributed to exceptionally low seclusion and restraint hours when compared to the national goal.

Outcome:
The use of physical restraint and seclusion at Sharp Mesa Vista remains far below the national average for both seclusion and restraint.

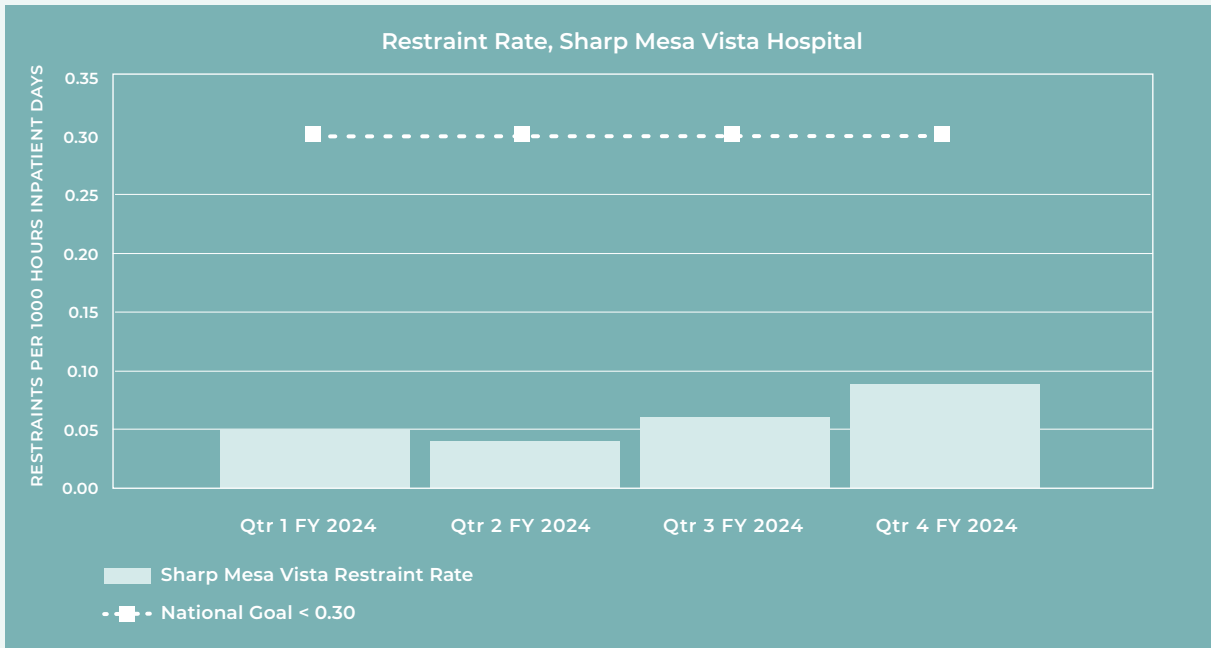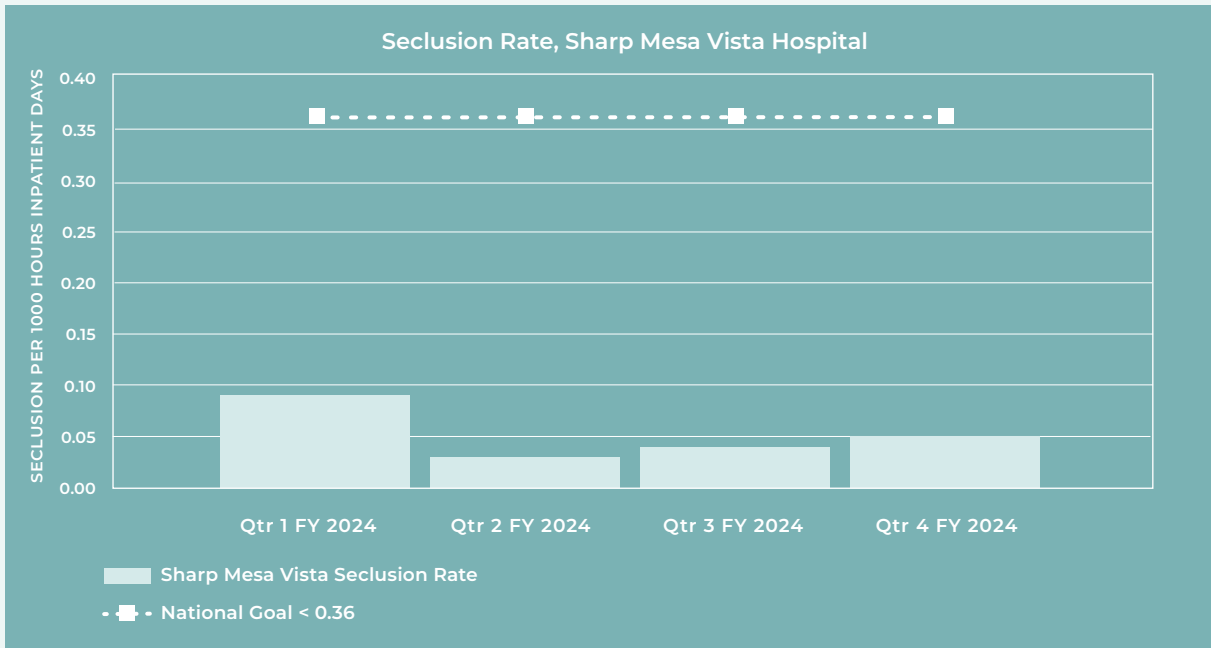*Figure 7: Use of physical restraints at Sharp Vista Hospital continues to be below the national average.*

Restraint Rate, Sharp Mesa Vista Hospital

RESTRAINTS PER 1000 HOURS INPATIENT DAYS

	Qtr 1 FY 2024	Qtr 2 FY 2024	Qtr 3 FY 2024	Qtr 4 FY 2024
Restraint Rate	0.05	0.04	0.06	0.09

National Goal < 0.30 (0.30)

Sharp Mesa Vista Restraint Rate

National Goal < 0.30

Figure 8: Use of seclusion at Sharp Mesa Vista continues to be below the national average.

Seclusion Rate, Sharp Mesa Vista Hospital

SECLUSION PER 1000 HOURS INPATIENT DAYS

	Qtr 1 FY 2024	Qtr 2 FY 2024	Qtr 3 FY 2024	Qtr 4 FY 2024
Seclusion Rate	0.09	0.03	0.04	0.05

National Goal < 0.36 (0.36)

Sharp Mesa Vista Seclusion Rate

National Goal < 0.36

Tracking What Matters

Clinical Indicator: Falls With Injury – Sharp Memorial Inpatient Units

Figure 9: Sharp Memorial Hospital outperformed the benchmark for three of the four quarters.

Inpatient Falls with Injury Rate, Sharp Memorial Hospital

Legend:
- Sharp Memorial Falls w Injury
- Benchmark
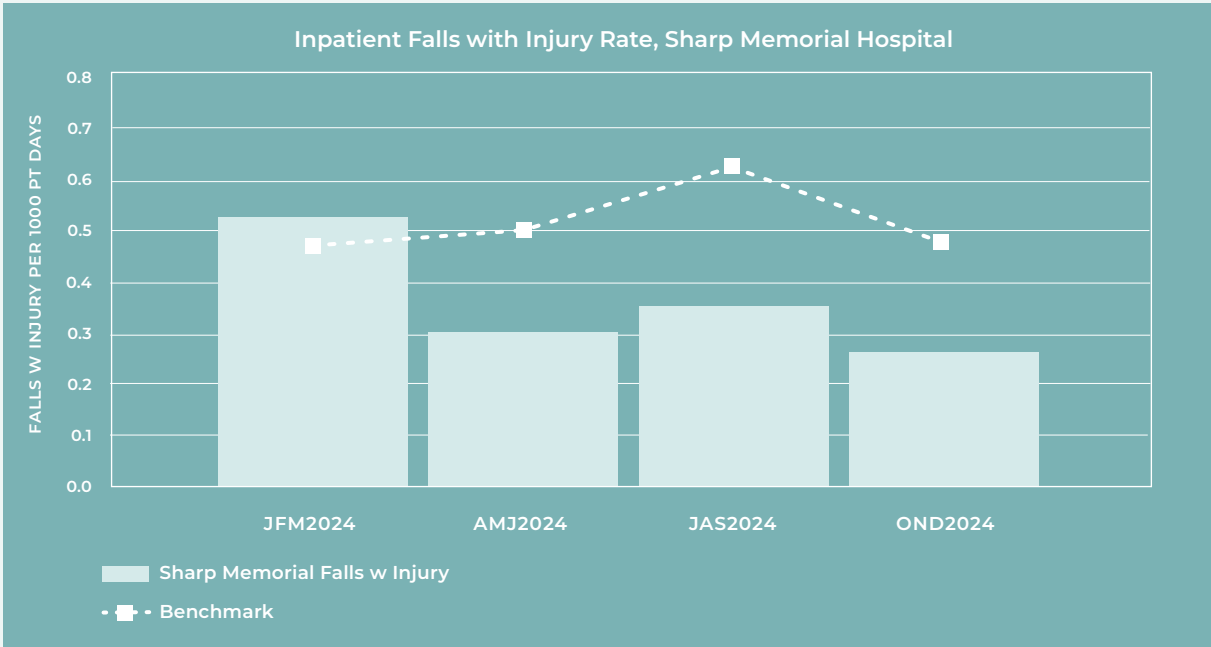
Clinical Indicator: Sharp Memorial Hospital-Acquired Pressure Injuries, Stage 2 and Above – Inpatient Units

Figure 10: Sharp Memorial Hospital outperformed the benchmarks for all four quarters.

Inpatient Hospital-Acquired Pressure Injuries Stage 2 and Above, Sharp Memorial Hospital
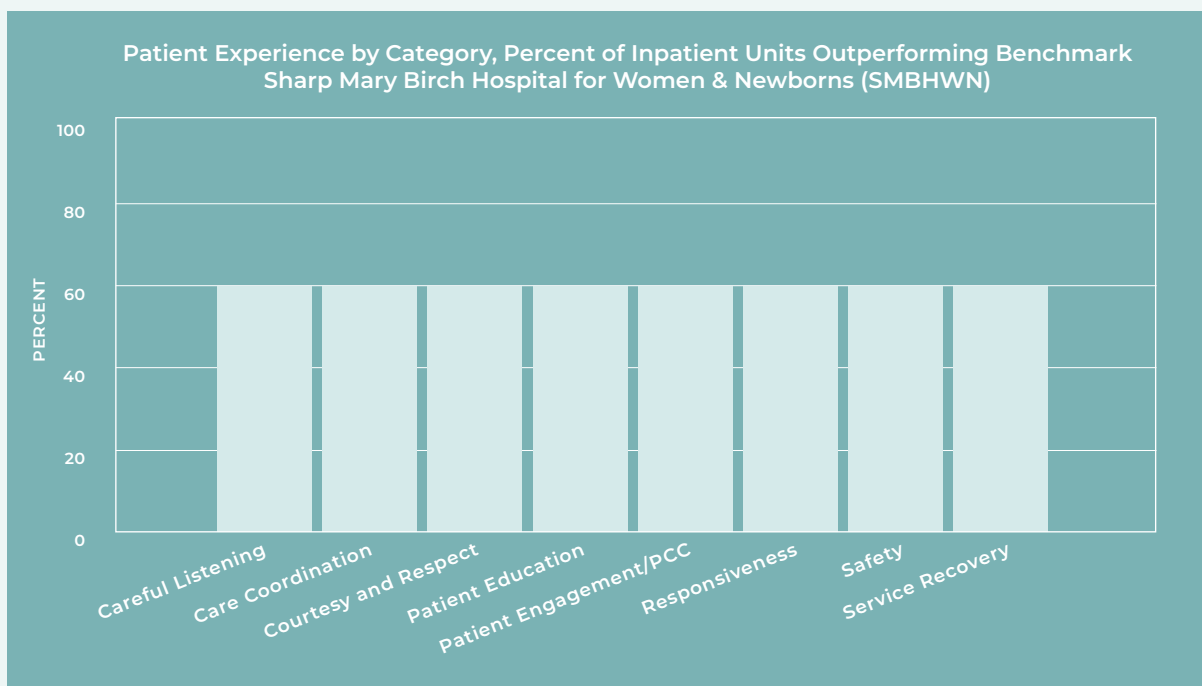
Legend:
- SMH HAPI2+
- Benchmark
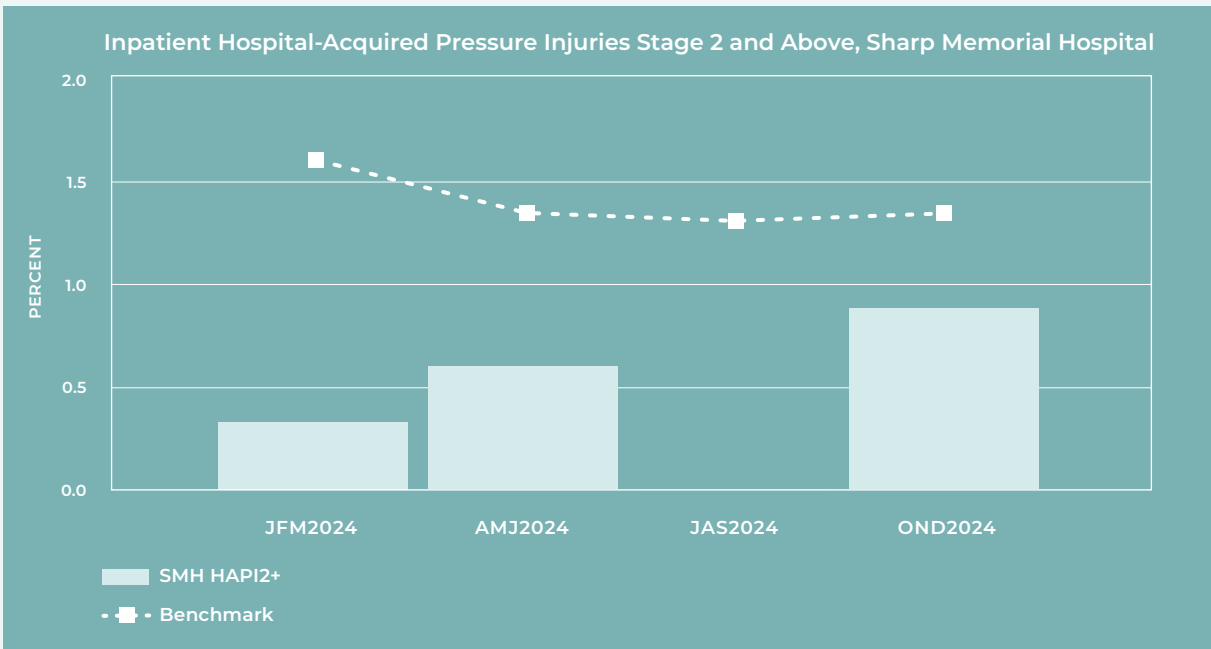
Patient Satisfaction – Sharp Memorial Inpatient Units

Figure 11: A majority of Sharp Memorial inpatient units continue to outperform the benchmark comparison group for 2024.

Patient Experience by Category, Percent of Inpatient Units Outperforming Benchmark
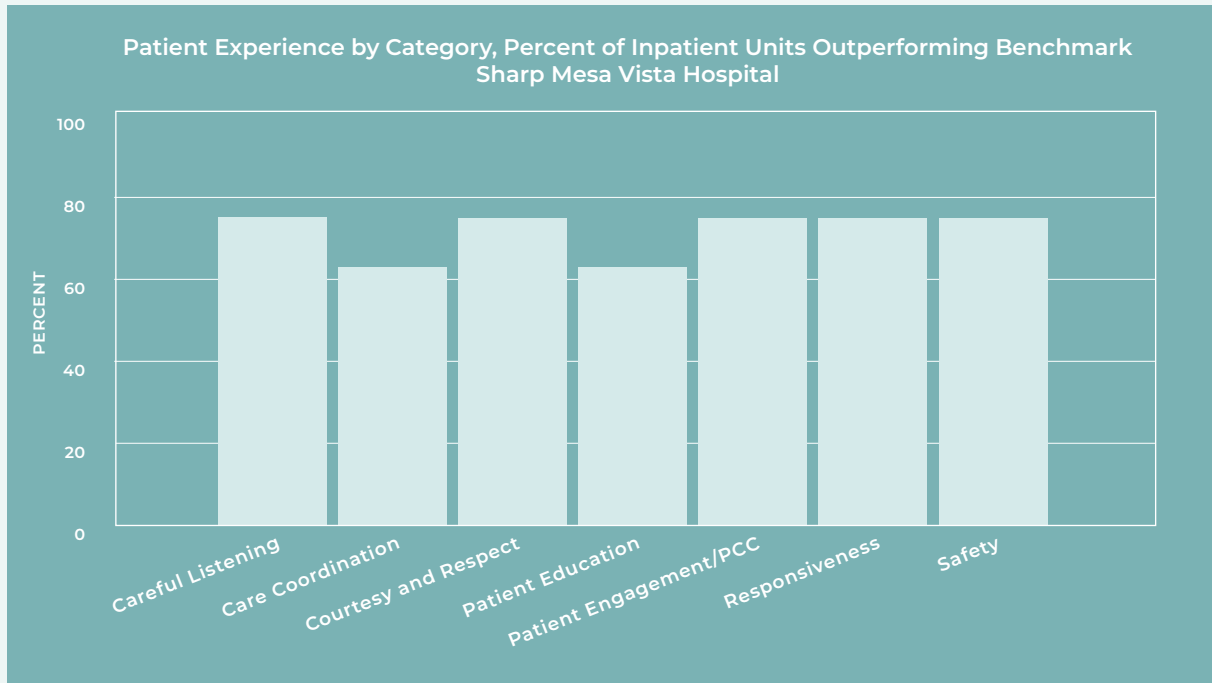**Sharp Memorial Hospital (SMH)**
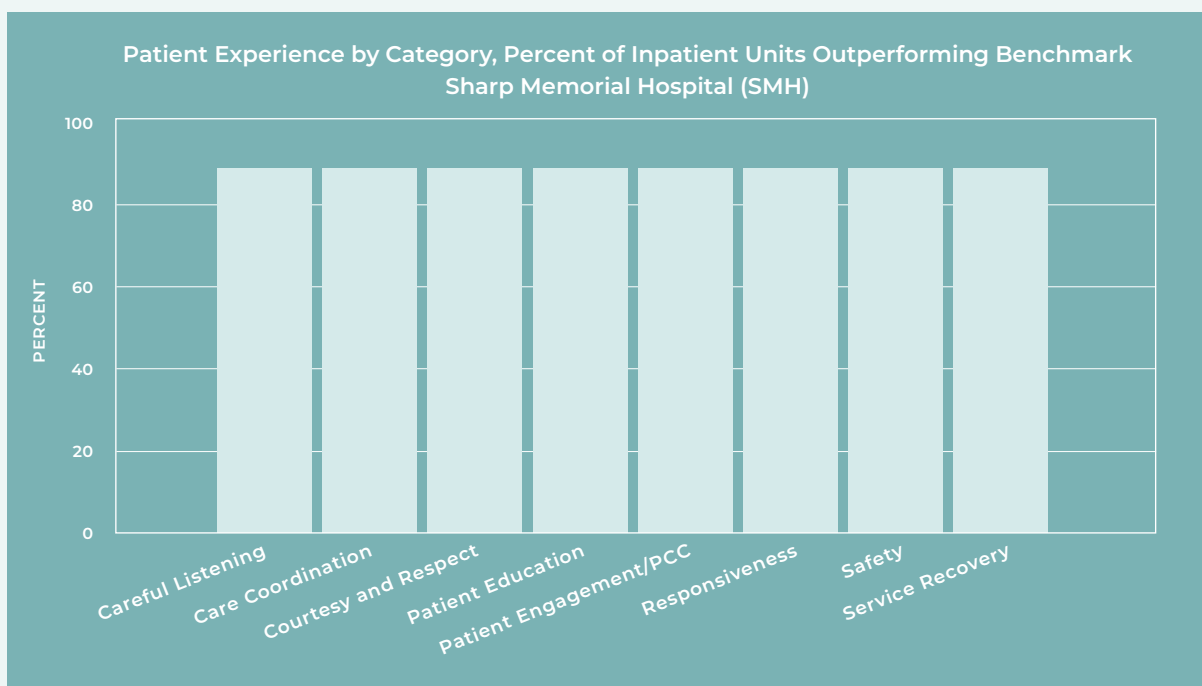
Patient Satisfaction – Sharp Mary Birch Inpatient Units

Figure 12: A majority of Sharp Mary Birch inpatient units continue to outperform the benchmark comparison group for 2024.

Patient Experience by Category, Percent of Inpatient Units Outperforming Benchmark
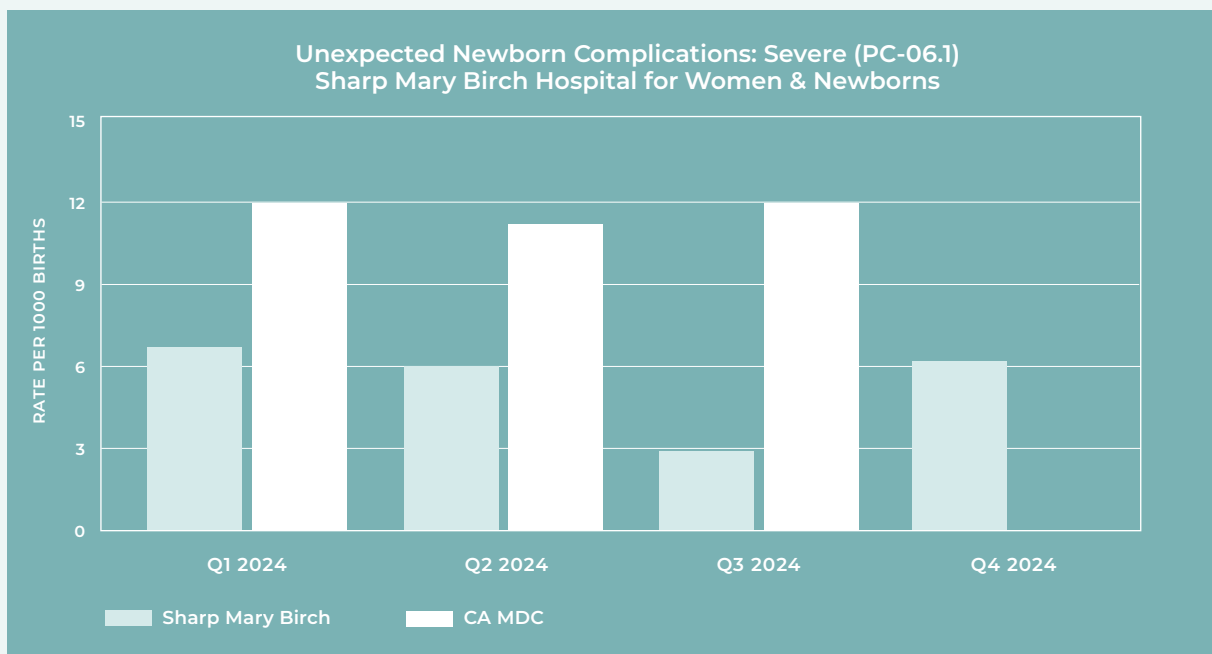**Sharp Mary Birch Hospital for Women & Newborns (SMBHWN)**

Patient Satisfaction – Sharp Mesa Vista Inpatient Units

Figure 13: A majority of Sharp Mesa Vista inpatient units continued to outperform the benchmark comparison group in 2024.

Patient Experience by Category, Percent of Inpatient Units Outperforming Benchmark
Sharp Mesa Vista Hospital

Categories (PERCENT): Careful Listening, Care Coordination, Courtesy and Respect, Patient Education, Patient Engagement/PCC, Responsiveness, Safety

Unexpected Newborn Complications

Figure 14: Sharp Mary Birch's Unexpected Newborn Complications Severe (PC06.1) rate was below the California Maternal Data Center (CA MDC) rate for 2024.

Unexpected Newborn Complications: Severe (PC-06.1)
Sharp Mary Birch Hospital for Women & Newborns

RATE PER 1000 BIRTHS — Q1 2024, Q2 2024, Q3 2024, Q4 2024

Legend: Sharp Mary Birch | CA MDC

Maternal Morbidity

Figure 15: Sharp Mary Birch's Severe Maternal Morbidity rate was below the California Maternal Data Center (CA MDC) rate for 2024.

Severe Maternal Morbidity (SMM)
Excluding Transfusion-Only Cases Among Hemorrhage Cases
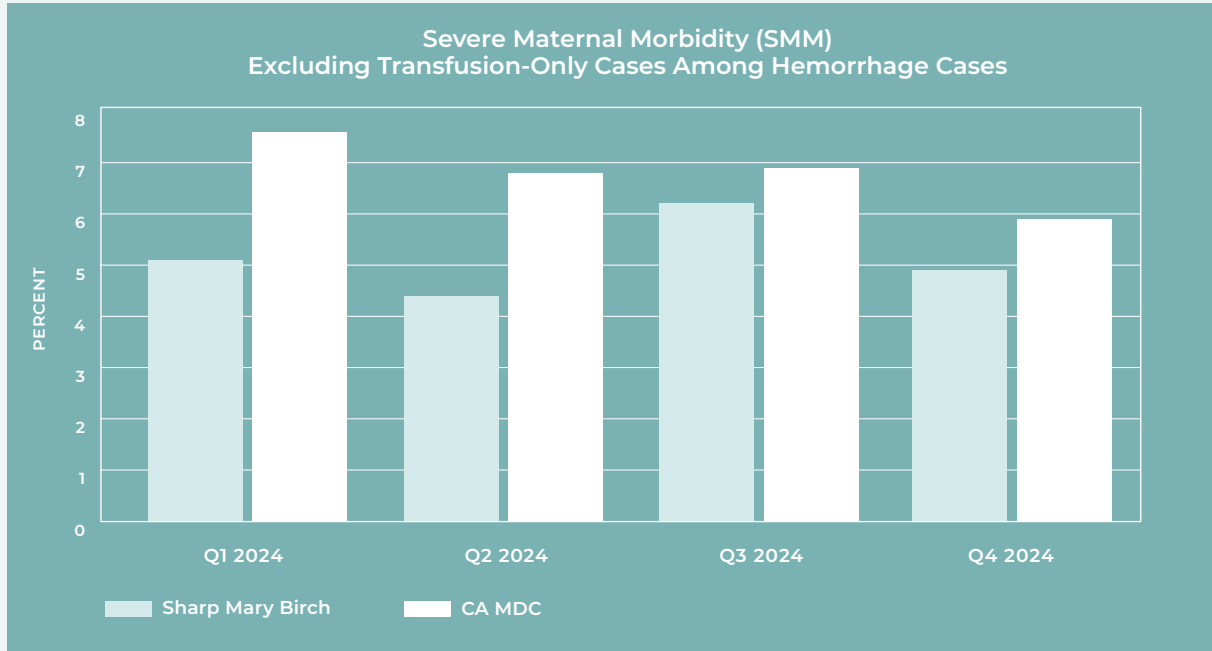
> **"Creativity is thinking up new things. Innovation is doing new things."**
>
> — Theodore Levitt

New Knowledge, Innovations and Improvements

Integrating evidence-based practice and research into clinical and operational processes.

Identifying Research Priorities Through a Delphi Study

Nursing research is frequently led by academics and nursing leaders and do not address real-time concerns of frontline nurses. By querying frontline nurses, researchers can prioritize topics that matter most to those providing direct patient care. This Delphi study aimed to discover which research topics are most important to nurses providing direct patient care. A Delphi study is an iterative, multi-round process to generate, collate and categorize input, and identify topics of need or interest. Using the Delphi process, frontline nurses were asked to identify patient care or clinical issues needing further research. Through Rounds 1 to 3, a hierarchical list of issues was created for participant selection:

- Round 1: 174 participants listed 333 issues
- Round 2: 213 participants rated their top 10 issues from these topics
- Round 3: 224 participants chose their top five research priorities from the 10 issues offered

Outcome:

Most participants were under 40 years of age, female, clinical nurses with one to five years of experience, working in acute or progressive care, holding a BSN degree and not certified. The final analysis identified two main research topics: mental health and burnout in staff, and managing difficult patient and family interactions. The weighted tally was based on participant ranking with higher-ranking topics receiving greater weight than lower-ranking topics.

Topic	Weighted Tally
Mental health and burnout in staff (n=163)	561
Addressing and managing difficult patient and family interactions (n =153)	505
Cumbersome documentation impacting care (n=145)	442
Nurse satisfaction in the workplace (n=131)	381
Use of Golden Hour to increase patient safety and outcomes (n=107)	363
Safe staffing ratios (n=111)	337
Physician-to-RN communication (n=101)	308
Staff safety (n=83)	118
Alcohol withdrawal specialty unit (n=70)	179
Phones/phone call and paging workflow (n=67)	168

Photo: (page 17) Emily Sepulveda, BSN, RN, MICN, Clinical Lead, Sharp Memorial Hospital, Emergency Department, Nursing Excellence Award Winner; Stacy Nilsen, PhD, RN, CNS, ACNS-BC, Clinical Nurse Specialist, Sharp Memorial Hospital, Generational Health, Nursing Excellence Award Winner

Facilitating Code Status Change

Hospitalized patients present at medical inflection points where resuscitation status must be addressed or re-affirmed. Comprehensive serious illness, goals of care, advance care planning, and resuscitation status conversations are time-consuming and require a compassionate, experienced clinician to facilitate. The purpose of this study at Sharp Memorial Hospital was to describe relationships between Advanced Illness Management (AIM) consultations and code status. AIM nurses, who are specially trained nursing navigators, can facilitate code status, goals of care and other serious illness discussions, offloading the burden of these conversations from physicians and aligning care plans with individual patient goals. This retrospective, population-based observational cohort study included all adult patients admitted to inpatient or observation between October 2022 and January 2024 with an AIM consult.

Outcome:

AIM completed 3,967 consults or follow-ups on 3,342 admission events. Patients ranged in age from 18 to 106 years, with 88% being older than 65. Of the older adult patients, 60% arrived with a full code status. After consultation with AIM, 749 (36%) older adults de-escalated to a more limited code status. Early AIM consultation in the Emergency Department compared to consultation at any other point in the hospitalization was associated with a significantly shorter length of stay (3.5 days versus 7.5 days).

Photo: (from left) Arlene Ferrer, BSN, RN, OCN, Supervisor, Sharp Memorial Hospital, Outpatient Infusion Center;
Cory Kraft, BSN, RN, Advanced Clinician, Sharp Memorial Hospital, Outpatient Infusion Center;
Kiecel Tungul, BSN, RN, Clinical Nurse, Sharp Memorial Hospital, Outpatient Infusion Center

Expanding Services at the Kevin H. Cook Infusion Center at Sharp Memorial Hospital

The team at the Kevin H. Cook Infusion Center at Sharp Memorial Hospital adjusted operations to meet community needs by increasing scope of services and hours of operation (now open seven days a week and beyond traditional business hours) to ensure cancer care is available in the appropriate care setting with convenient and flexible options for patients. This two-year phased expansion enabled patients to seek treatment sooner with as little disruption to their lives as possible, ultimately supporting optimal treatment outcomes. The restructure decreased the amount of time patients needed to spend in the inpatient setting by providing more opportunity for care in the outpatient setting. Other benefits included cost avoidance from bed delays, serving a larger patient volume with the current space and team, and decreasing complication rates and Emergency Department visits as well as overall morbidity and mortality.

Outcome:

Since the expansion, the infusion center has seen a year-over-year increase in infusion center volume, greater utilization of the cancer navigation program, and other benefits.

Outcome	CY 2023	CY 2024
Increase in infusion center patient volume	14,867	16,472
Reduction in ED visits within 30 days post-outpatient chemotherapy related to symptom management and/or anemia	12.5%	5.3%
Decrease in inpatient admissions, leading to 168 saved inpatient bed days and cost savings.	—	$504,000
Number of patients treated on weekends	—	992
Report Card Engagement Index favorability	88%	96%

Improving Patient Education Using Technology

In early 2024, the Sharp Mary Birch Hospital Maternal Infant Services (MIS) Unit Practice Council (UPC) improved patient medication education by leveraging the use of tablets with Epic's Bedside app. Nurses collaborated with clinical informaticists to integrate this technology into patient education. They provided education at monthly staff meetings to increase patient engagement and understanding of medications. Education included details about the Epic Bedside app, tip sheets for tablet deployment, and FAQs for clinicians and patients. Processes were established to monitor progress, such as reviewing tablet utilization reports and patient engagement scores, and posting patient satisfaction scores on the units.

Outcome:

As a result of the MIS UPC clinical nurses' involvement in adopting the Epic Bedside app, patient satisfaction scores regarding patients' understanding of their medications increased from 60% in the second quarter of 2024 to 74.39% in the fourth quarter of 2024.

Preventing Potential Lab Errors With a New Workflow

Sharp Mary Birch Hospital Labor & Delivery (L&D) unit leadership along with clinical nurses redesigned the physical environment and workflow of the L&D unit through the introduction of lab printers in each L&D room to address ongoing lab labeling errors that posed potential life-threatening risks. Errors persisted despite various mitigation strategies such as educating nurses to label samples in front of the patient, verifying label accuracy before placement, and having a co-signer double check. The new workflow enables nurses to verify patient identity via barcode scanning and instantly collect labs in Epic, printing labels for each specimen in real time. This step ensures accurate labeling and minimizes manual entry errors.

Outcome:
Since implementation of the new lab printers in October 2024, L&D has achieved a remarkable milestone: zero lab labeling errors. Lab printers have become an essential tool in maintaining a safer and more efficient L&D environment.

Photo: Hayley Kellas, BSN, RN, Clinical Nurse, Sharp Mary Birch Hospital for Women & Newborns, MIS

Implementing an Evidence-Based Program for Patients With Stimulant Use Disorder

An advanced clinician at Sharp Mesa Vista (SMV) participated in the San Diego Evidence-Based Practice Institute with the goal of improving care for patients with stimulant use disorders. The advanced clinician focused on implementing the Matrix Model in inpatient settings. The Model, which was already in use in outpatient settings, is an evidence-based program that includes cognitive behavioral therapy education and skills, contingency management applications, relapse prevention education and skills, and the use of motivational interviewing.

The Matrix Model increases patients' knowledge about depression and co-occurring stimulant use disorders and provides them with the resources to maintain sobriety. Thirty-one inpatients with depression and concurrent stimulant use disorder were enrolled in a pilot study. Knowledge, motivation and readmission rates for these patients were measured.

Outcome:
Analysis of pre- and post-intervention data among 31 participants demonstrated a significant improvement in their knowledge about the disease and motivation, and a decrease in readmission at one month and three months.

Photo: JP Conley, BSN, RN, Advanced Clinician, Sharp Mesa Vista Hospital, Psych Acute

Internal And External Dissemination Of New Knowledge, Innovation & Improvements

*Names in **bold** indicate Sharp Metropolitan Medical Campus nurses.

Internal Presentations – Poster

Baggs, W., Brandt, Z., Cooper, J., **Cunningham, A.**, Del Rosario, A., **McDougall, L.**, **Nasshan, S.**, **Nilsen, S.**, & **Wright, K**. Improving Patient Mobilization, One Cycle of Improvement at a Time, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Bongiovanni, H., **Champagne, K.**, & **McDougall, L.** Sharp Memorial Hospital Pneumatic Tube System Improvement, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Crawford, M., & **Lhamu, T.** New Algorithm Improves Post-Operative Pain Management in the Post-Anesthesia Care Unit (PACU), Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Graham, J., **Maldoon, L.**, & **Durant, J.** Limitations of High Flow Nasal Cannula at End of Life, Sharp HealthCare Research & Innovations Conference, September 27, 2024.

Hiner, J. Controlling Postpartum Hemorrhage in Minutes—Implementation of the Jada System Leads to Improved Outcomes, Sharp Mary Birch Hospital for Women & Newborns Research and Innovations Poster Day, September 3, 2024.

Photo: Alyson Connors, BSN, RN, OCN, Advanced Clinician, Nurse of the Year, Sharp Memorial Hospital, 1 West

Lopez, K. Enhanced Recovery After Surgery: A Concept Analysis from the Healthcare Worker Perspective, Sharp HealthCare Research & Innovations Conference, September 27, 2024.

Marinelli, D., **Toole, B.**, **Granados, E.**, **Johnson, H.**, **Lam, J.**, **Nasshan, S.**, & **Thomason, T.** Frontline Nurse Identification of Research Priorities: A Delphi Study, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Nguyen, M., **Hartwig, E.**, **Scheble, M.**, & **Thomas, T.** Preoperative Screening of Missing Surgical Documents Prior to Day of Surgery Reduces Surgery Delay, Sharp Memorial Hospital EBP-Open House, October 29, 2024.

Nilsen, S. The Registered Nurse Experience Delivering Care to a Difficult Patient, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Stevenson, K. Mindfulness-Based Care for the High-Risk Perinatal Patient: An EBP Project, Sharp Mary Birch Hospital for Women & Newborn's Research and Innovations Poster Day, September 13,2024.

Thomason, T., Dye, J., & Etland, C. RN Mental Health Improves Over Time: A Comparative Study of Anxiety, Depression and Resilience During Covid-19, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Wynn, T. Identifying and Assessing Pressure Injuries in People with Dark Skin Tones, Sharp Memorial Hospital EBP-R Open House, October 29, 2024.

Internal Presentations – Podium

Carr, T., **Le Danseur, M.**, **Sitzer, V.**, & **Thomason, T.** Council Leadership Development Workshop, July 29, 2024.

Carr, T., **Le Danseur, M.**, & **Turney, J.** Council Leadership Development Workshop, October 28, 2024.

Colombo, C. Wholeness and Self-Care, Sharp HealthCare Nursing Leadership Academy, October 15, 2024.

Conly, J. P. The Implementation of Components of the Matrix Model on Patients with Depression with Co-Occurring Stimulant Use Disorder, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Crawford, M., & **Lhamu, T.** New Algorithm Improves Post-Operative Pain Management in the Post-Anesthesia Care Unit (PACU), Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Durrant, J. Addressing Challenges in Surrogate Involvement for Critically Ill Incarcerated Patients in Hospital Settings, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Ferrer, A. Optimizing Oncology Care: Successful Implementation of Outpatient Desensitization Protocols for Hypersensitivity to Chemotherapy and Biotherapy, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Kursten, A. Trauma-Informed Assessment of Patients Experiencing Traumatic Birth, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Le Danseur, M. Rehabilitation Nursing Concepts Class, New Hire Nursing Staff for Rehab, April 12 & 26, and May 17, 2024.

Le Danseur, M. How to Chair a Meeting and Creating Agenda and Minutes, Rehab Leadership Academy for Rehab Therapy Leads, September 12, 2024.

Nilsen, S., **McDougall, L.**, & Brandt, Z. Clinician Attitudes and Beliefs Towards In-hospital Patient Mobilization, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Coughlin, K. & **Sey, R.** POKES: Why do They Matter & How Can We Reduce Them? Sharp Mary Birch Hospital for Women & Newborns Neonatology Conference, January 2024.

Sitzer, V., & **Wells, P.** Shared Decision Making: Organizational Culture, Climate, and Impact on Outcomes, Sharp HealthCare Nursing Leadership Academy, February 20, 2024.

Sitzer, V., & **Thomason, T.** Leading Change: Using Outcome Measurement and Improvement Methods, Sharp HealthCare Nursing Leadership Academy, April 16, 2024.

Sitzer, V. Professional Practice Model for Nurse Leaders, Sharp HealthCare Nursing Leadership Academy, October 15, 2024.

Wintz, D., **Wright, K.**, & **Nilsen, S.** Advance Care Planning Impact on Surgical Decision Making, Sharp HealthCare Interprofessional Research and Innovations Conference, September 27, 2024.

Wynn, T. Identifying and Assessing Pressure Injuries in People with Dark Skin Tones, Sharp HealthCare Interprofessional Research & Innovations Conference, September 27, 2024.

Internal Presentations - Webinar or Other

Wintz, D., **Wright, K.**, **Nilsen, S.** & **Monaghan, D.** Generational Health Introduction, Model, Implementation, and Metrics, Healthcare Provider Wellness: Care Models and Practices to Keep Us Safe, Sharp HealthCare CME Event, April 11, 2024.

Wintz, D., **Nilsen, S.**, & **Wright, K.** Building a Generational Health Program, Sharp HealthCare, June 2024.

External Presentations – Poster

Adelman, B. Positive Oral Experience with Milk Drops to Support Oral Feeding Readiness, Southern California Association of Neonatal Nursing Annual Conference, November 2024.

Sepulveda, E. Improving Dysphagia Screening Compliance, International Stroke Conference, Phoenix, AZ, February 7-9, 2024.

Coughlin, K., Kaegi, D., Katheria, A., Waldrop, A., & **R. Sey.** Optimizing Respiratory Management to Reduce Bronchopulmonary Dysplasia in Preterm Infants: A Quality Improvement Initiative, Pediatric Academic Society, May 2024.

External Presentations – Podium

Champayne, K. From Stress to Success: Enhancing a Healthy Work Environment in the SICU Setting, Evidence-Based Practice Institute San Diego Consortium for Excellence in Nursing and Allied Health, November 12, 2024.

Crawford, M. No Pain, No Gain: New Algorithm Improves Pain Management Post Anesthesia Care Unit, American College of Surgeons Quality and Safety Conference, Denver, CO, July 18-21, 2024.

Maldoon, L. Caring with Confidence, Evidence-Based Practice Institute San Diego Consortium for Excellence in Nursing and Allied Health, November 12, 2024.

Nguygen, M., **Hartwig. E. Scheble, M.**, **& Thomas, T.** Pre-Operative Screening of Missing Surgical Documents Prior to Day of Surgery Reduces Surgery Delay Times, American Society of Peri Anesthesia Nurses National Conference, Orlando, FL, April 14-17, 2024.

Nilsen, S., **Wright, K.**, & Wintz, D. Generational Health: An Innovative Program Realigning Hospital Care with Older Adult Goals, American Society on Aging, San Francisco, CA, March 2024.

Nilsen, S., **Wright, K.**, & Wintz, D. Generational Health: An Innovative Program Realigning Hospital Care with Older Adult Goals, University College Dublin 2nd International Research Conference, Dublin, Ireland, August 2024.

Sey, R. Building a Neuro-NICU Team: Empowering Excellence & Optimizing Outcomes, Academy of Neonatal Nursing Advanced Practice Nursing Conference, San Diego, CA, March 2024.

Sey, R. Small Baby NICU Review, UC Irvine Medical Center Certification Review Course, April 2024.

Sey, R. Implementation of Early Skin-to-Skin to Improve Patient Outcomes and Parent Engagement, Small Baby Nursing Quality Care Collaborative, June 2024.

Sey, R. In Situ Simulation and Debriefing Cultivate Teamwork & Communication, Sharp Respiratory Conference, San Diego, November 2024.

Sey, R. Family-Centered Care in the NICU, Small Baby Nursing Quality Care Collaborative, December 2024.

Sitzer, V. Performance Improvement Using the A3, University of San Diego, School of Nursing, San Diego, CA, September 23, 2024.

Stout, E. Parent Panel Facilitator, SCANN Conference; San Diego, November 2024.

Thomason, T., & Dye, J. The Mental Health and Resilience of Registered Nurses During the Covid-19 Pandemic: A Comparative Study of Anxiety, Depression, and Resilience, Sigma Theta Tau Odyssey Conference, San Diego, CA, October 4, 2024.

Wintz, D., **Nilsen, S.**, & **Wright, K.** Sharp HealthCare: Generational Health, Sharp HealthCare Women's Health Conference, June 2024.

Wintz, D., **Wright, K.**, & **Nilsen, S.** Supporting Older Adults with Person-Centered care, Questex Fierce Diversity, Equity, and Inclusion Forum, November 2024.

Wintz, D. & **Wright, K.** Generational Health: A Paradigm Shift in Care Delivery for Older Adults, Institute for Healthcare Improvement Forum 2024, December 2024.

Wright, K., **Nilsen, S.**, & Wintz, D. Nursing Driven Goals of Care Conversations, American Geriatric Society 2024 Virtual Annual Scientific Meeting, April 2024.

Wright, K. A Journey Through Life with Dementia, City of Hope Interdisciplinary End of Life Symposium, Las Vegas, NV, May 2024.

Wright, K. Navigating a Request for Medical Aid in Dying, City of Hope Interdisciplinary End of Life Symposium, Las Vegas, NV, May 2024.

Wright, K., Wintz, D., & **Nilsen, S.**, Schaffer, K. Do Patient Wishes Influence Surgical Consent? American College of Surgeons Quality and Safety Conference 2024, Denver, CO, July 2024.

External Presentations - Webinar or Other

Le Danseur, M. Modification of Local Coverage L88803 Urological Supplies - Advocating for Patients with Medicare to Get Appropriate Urinary Catheters Following SCI, CMS MAC (Medicare Administrative Contractors), February 29, 2024.

Wright, K. Geriatric Emergency Department Quality Improvement: Screening for Frail Elders, Improving Process, Improving Care, Geriatric Emergency Department Webinar, August 2024.

Wright, K., Wintz, D., Patel, B., Harrison, G., **Wagner, E.** Ghandi, D., **Wacker, S.**, Breding, J., **Bakke, J.**, & **Nilsen, S.** Caring for an Aging Loved One and Building a Family Legacy, Sharp HealthCare Community Event, October 2024.

Publications

Culver, D., **Sitzer, V.**, & Bickford, C. J. Diffusion and Adoption of the ANA Nursing Scope and Standards of Practice: Part 2 Findings of the National Survey, OJIN: The Online Journal of Issues in Nursing. Accepted for Publication October 2024.

Sey, R., & Coughlin, K. A Quality Improvement Initiative to Increase Skin-to-Skin Care and Positive Parent Touch, Neonatal Network. Accepted for publication November 2024.

Wintz, D., Schaffer, K.B., **Wright, K.** & **Nilsen, S.** (2024). Empowering End-of-Life Conversations: The Role of Specialized Nursing Teams in Facilitating Code Status Changes at Discharge. Journal of Palliative Care. September 2024. Online.

Wintz, D., **Wright, K.**, & **Nilsen, S.** (2024). Generational Health: Patient-Centered Care for Older Adults. Toolkit for Generational Health. In collaboration with West Health Institute.

Special Thanks

Sharp Memorial Hospital
7901 Frost St.
San Diego, CA 92123
858-939-3400
sharp.com/memorial

Sharp Mary Birch Hospital for Women & Newborns
3003 Health Center Drive
San Diego, CA 92123
858-939-3400
sharp.com/marybirch

Sharp Mesa Vista Hospital
7850 Vista Hill Ave
San Diego, CA 92123
858-836-8434
sharp.com/mesavista

SHARP
San Diego's Health Care Leader

M05613 ©2025 SHC