

Accomplishments for 2020

Nursing Report





“We can change the world and make it a better place.
It is in our hands to make a difference.”

~ Nelson Mandela

Welcome

What an astonishing coincidence that we faced our greatest challenge during a time that happened to be called the “Year of the Nurse.” The coronavirus pandemic required us to use significant energy, creativity and expertise, while being incredibly nimble and responsive to a constantly changing environment.

This past year we also celebrated the 200th anniversary of Florence Nightingale’s birth. I found this connection particularly poignant because so much of today’s professional nursing practice is built upon the foundations that Florence established so many years ago. Our work and contributions join a long continuum of effort by nurses to continually improve and enhance patient care.

I believe you will find this report incredibly uplifting. The stories within demonstrate the significant impact you have on patients and the important and influential role nurses play as members of the health care team. I hope you will take a moment to reflect on why this work remains so important.

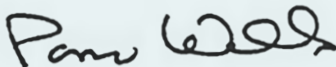
This year required us to elevate our problem-solving skills as well as our caring strengths. I see many similarities to the challenges faced by Florence Nightingale over her long and productive nursing career.

Florence enrolled as a nursing student in 1844, despite her parent’s objections. She faced her first major challenge in 1854 when she was asked to organize a corps of nurses to tend to the sick and fallen soldiers from the Crimean War. Much of what she learned is reflected in our nursing and health care practices today — especially as we continue to respond to COVID-19. Her attention to improving hygiene practices and obtaining critical supplies — and her commitment to the principle that every patient deserves a great nurse — remains much of our focus today.

In this report, we intentionally organize our celebrations and stories around the Magnet components. As you read about each component, I hope you remember Florence Nightingale. Increasing awareness of our nursing history will help us better prepare for the future.

The Magnet journey outlines a blueprint for us follow. It helps us exemplify nursing practice and build upon our knowledge, skill and creativity to provide the best patient-centered care. The stories within this report reveal the many, many talents we have in our organization. It gives us the confidence to handle whatever future challenges we may face.

To our nurses, thank you for the work you do every day. We are living in challenging times, and I hope that reflecting on our past work gives you energy to move forward.



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



“I alone can’t change the world, but I can cast a stone
across the waters to create many ripples.”

~ Mother Teresa

Transformational Leadership

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

Nurses Make a Difference through Transformational Leadership

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

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

SMH Command Center Responds to the COVID-19 Pandemic

In February 2020, Sharp Memorial Hospital (SMH) established a Command Center to meet the unprecedented logistical and operational challenges of the COVID-19 pandemic. The Command Center was initially staffed with an Incident Commander, Infection Prevention Specialist, and Safety Officer. It operated in a limited capacity and focused primarily on infection prevention and staff safety. As the pandemic worsened, the Command Center expanded to include operational planning, with limited coverage during the night. By mid-March, the Command Center grew to a fully staffed resource with 24/7 coverage.

In early operational phases, the Command Center oversaw several important processes:

- Logistics and security to ensure patient and staff safety
- Creation of a Family Resource Center to serve as a liaison between patients and their loved ones, who were not able to visit
- Initiation and deployment of telemedicine services
- Optimizing available personal protective equipment (PPE)
- Integration of unit-based leadership into Command Center roles to manage the newly formed COVID labor pool
- Early inclusion of clinical nurse specialists (CNS) to educate and direct staff on important processes like PPE usage and patient testing
- Procurement of supplies and equipment
- Development of communication strategies (daily, then weekly email updates from organizational leadership)
- Integration of educators, and ancillary and nursing staff leaders in decision-making

Photo: Laura McDougall, MSN, APRN, ACCNS-AG, PCCN, Clinical Nurse Specialist – 4 West Trauma/Neuro PCU, Transformational Leadership, Nurse Leader, Nurse of the Year (see page 2).

Outcome

With its ability to evolve and adapt, the Command Center was a major contributor to the hospital's success in responding to COVID-19. During the winter surge, the Command Center provided planning and operational oversight that enabled SMH to:

- Increase ICU capacity from 58 to 78 beds
- Increase the number of COVID nursing units from two to seven
- Expand overflow inpatient units to areas such as the observation units, Post Anesthesia Care Unit, and Sharp Mary Birch Hospital for Women & Newborns
- Deploy personnel for more than 750 shifts during the pandemic peak in November and December

Clinical Nurse Specialists Guide the Care of COVID-19 Patients

SMH initiated its disaster response to COVID-19 on March 12, 2020. CNSs were integral in efforts to develop, disseminate, and enculturate COVID-19 patient care guidelines for SMH and, ultimately, for the entire Sharp HealthCare system.

Guidelines provided one standard of care for all patient care providers. Consensus was achieved through collaboration with interprofessional stakeholders, including physicians, infection prevention, pulmonary, pharmacy, laboratory, engineering, environmental services, patient safety, and administration. CNSs developed a one-stop intranet resource for all things related to COVID-19 and updated the site frequently with new and evolving information. CNSs educated staff on updates and revisions to maintain current practice and to promote confidence and competence in caring for patients with COVID-19 or who were suspected of having the disease.

Outcome

COVID-19 patient care guidelines helped SMH monitor patient and staff safety, as well as improve patient care. The intranet site received almost 10,000 views in March alone and views remained steady throughout the pandemic, demonstrating the value of having one reliable reference available 24/7 to all of Sharp. On the annual employee engagement survey conducted in July 2020, SMH's culture of safety improved in every dimension and scored 76% favorable on COVID-19 communication.

Expanding Critical Care for the COVID-19 Surge

Anticipating a surge in intensive care COVID-19 admissions, the Surgical Intensive Care Unit (SICU) at SMH implemented strategies during the winter months to increase bed capacity and train progressive care nurses to assist ICU staff. The Post Anesthesia Care Unit (PACU) temporarily converted into a 14-bed overflow area for non-COVID patients needing intensive care. In addition, a temporary six-bed intermediate critical care (IMCC) unit was established on the progressive care unit 7 West for patients who were ventilated and hemodynamically stable (on low-dose sedation or vasopressors) in order to provide additional ICU capacity for the sickest patients.

To support these temporary patient care units, interprofessional collaboration was required to alleviate stress on the ICU teams and other units caring for higher acuity patients. For example, the trauma services physician and a nurse practitioner oversaw IMCC medical care, while the rapid response team, respiratory care practitioners, and emergency room nurses supported nursing care. All nursing staff received necessary education related to medication and respiratory management.

Outcome

SMH bed capacity for critically ill COVID-19 and non-COVID-19 patients increased from 58 beds to 78 beds with the PACU and IMCC overflow units. Further, this expansion facilitated the safe care of patients who were becoming unstable. Progressive care nurses enhanced their skills by caring for patients with higher acuities and needs.

Dedicated Team Impacts the Discharge Process

With hospitalization of COVID-19 patients surging during the winter, there was a need to increase capacity and discharge patients quickly to facilitate throughput. To accomplish this objective, nursing leadership established a “Turbo Discharge Team” comprised of up to two registered nurses and a nursing assistant who would continuously round on inpatient acute and progressive care units to identify pending and confirmed discharges. The team assisted with:

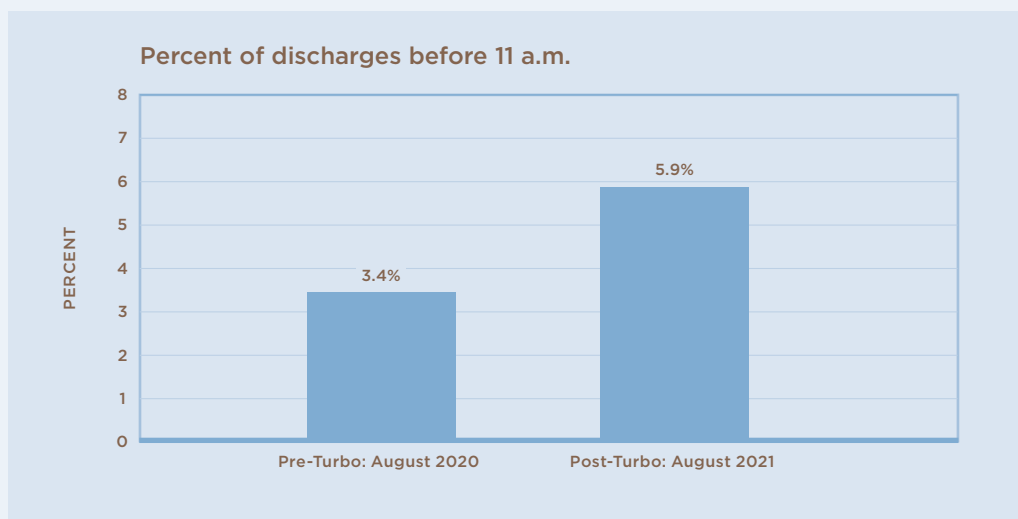
- Completing depart paperwork
- Retrieving home medications stored in the pharmacy and belongings stored in the security safe
- Obtaining physical therapy, transportation, and equipment needs
- Completing discharge education
- Communicating with health care providers regarding diagnostic tests
- Facilitating transfer to lower levels of care
- Collaborating with the lab to expedite COVID-19 testing for patients pending transfer to skilled nursing facilities
- Removing other barriers to a timely discharge

Outcome

The Turbo Discharge Team created standard work to effectively and efficiently discharge patients in a timely manner. Prior attempts to improve discharging of patients before 11 a.m. had been unsuccessful. This team met the challenge and improved the percentage of discharges before 11 a.m. from 3.4% to 5.9%.

Figure 1

Percent of discharges occurring before 11 a.m. improved following the implementation of the Turbo Discharge Team



Emergency Department on the Frontlines of COVID-19

As one of first hospitals in San Diego County to receive COVID-19 patients, the Emergency Department (ED) stood on the frontlines of Sharp Memorial's COVID-19 pandemic response. The ED quickly adopted new and innovative ways to screen and triage patients, resulting in safer practices. The department took the following actions:

- Established new COVID-19 donning and doffing competency validation for PPE
- Created competency validation for powered air purifying respirator (PAPR) use
- Built an outside triage tent, screener area, treatment tent, and influenza-like illness waiting room
- Designed a COVID “Hot Zone” treatment area in Pod B of the ED
- Developed a new patient flow process for triage, treatment, and discharge of patients suspected of having COVID-19
- Scheduled daily leadership meetings to stay up to date with changing guidelines
- Held frequent all-team huddles called the “ED Cuddle” to provide ongoing updates and check-ins with staff regarding their emotional well-being

Outcome

Despite the high-stress environment and unprecedented challenges, ED staff rated the statement, “We are actively doing things to improve patient safety,” above the 92nd percentile in the SMH 2020 culture of safety survey, the same score as the prior year. ED staff also rated “Hospital management provides a work climate that promotes patient safety,” above the 90th percentile in both the 2019 and 2020 survey.



Photo: (from left) Miriah Boettcher, RN, Sergio Morquecho, MSN, RN, CEN, MICN, and Sarah Williams, BSN, RN, helped implement innovative ways to screen and triage patients during the pandemic (see page 6).



“What you do makes a difference, and you have to decide what kind of difference you want to make.”

~ Jane Goodall

Structural Empowerment

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

Nurses Make a Difference through Structural Empowerment

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

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

Recognizing Our Scholarship Recipients

Name	Scholarship Type	Education Level
Ann Lawani	Caster	PhD
Arielle Ferber	Reil	MSN
Christina Seiler	Caster	BSN
Elizabeth Song	Reil	MSN
Eric Turrubiarres	Caster	MSN
Katrina Gozun	Jim & Mary Jane Wiesler	Entry to Practice
Maninder Maan	Jim & Mary Jane Wiesler	Entry to Practice
Molly McAmis	Caster	PhD
Patty Magdaluyo	Caster	PhD
Susan Crooks	Caster	MSN
Tina Domondon	Jim & Mary Jane Wiesler	Entry to Practice
Yessenia Soto-Rosselle	Caster	MSN

Photo: Tammy Wright, BSN, RN, CCTC, Transplant Specialist, Kidney Transplant, Structural Empowerment, Clinical Nurse, Nurse of the Year (see page 7).



Photo: Samantha Reed, BSN, RN, SICU, Sharp Memorial Overall Nurse of the Year.

Family Resource Center Maintains Person-Centered Care

Meaningful partnerships with patients, their families, and the health care team are central to person-centered care. To ensure Sharp Memorial Hospital (SMH) maintained patient-centered care during the pandemic public health order restricting hospital visitation, executive leaders conceptualized a Family Resource Center (FRC). The FRC launched at the onset of the pandemic as a tent structure adjacent to the hospital's primary entrance, and it was equipped with necessary technology and staffing.

FRC services included:

- Communication among family members, patients, and staff through traditional and virtual platforms
- Coordination of patient care conferences with family members, health care providers, and other members of the interprofessional team
- Discharge coordination, including discharge instructions with family members, pick-up timing and processes, and arrangement of transportation needs
- Facilitation of approved visitors, including verification of support persons, screening, and escorts to patient care units
- End-of-life support through coordination of family presence, ensuring support from spiritual care and social work, and facilitation of cultural practices and appropriate services
- Managing patient belongings from drop-off by family members to delivery on units
- Acceptance of community donations and equitable distribution to all hospital staff

Outcome

The FRC was an innovative initiative that impacted patients, family, staff, and the organization by preserving the hospital's person-centered care culture. The FRC played a significant role in improving the discharge process and maintaining high patient satisfaction, despite the unprecedented impact of COVID-19 on hospital visitation. The FRC is now a permanent service with a cost center and dedicated staff.

Figure 2

HCAHPS survey items related to the patient experience during hospital discharge were sustained through the pandemic.

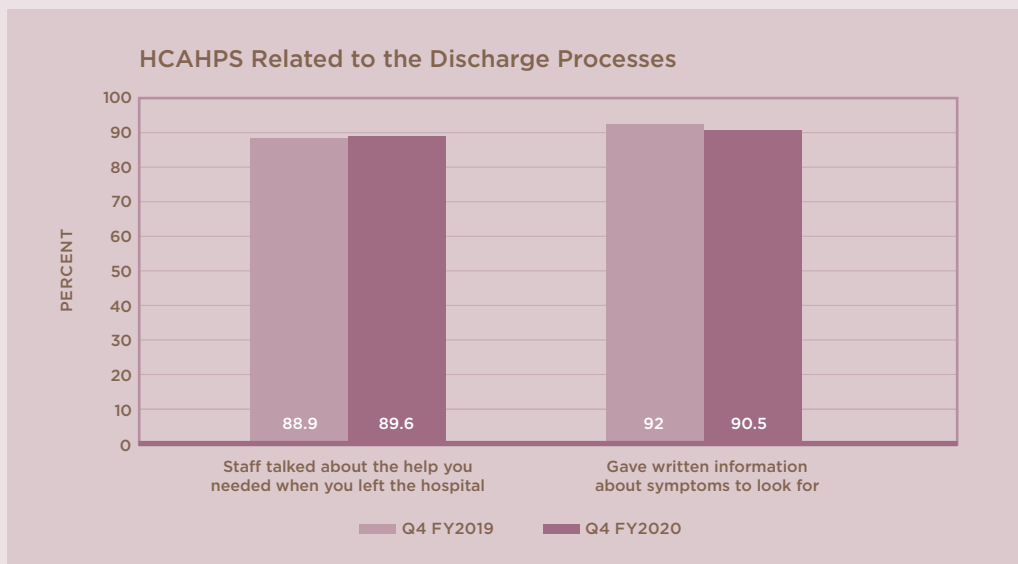
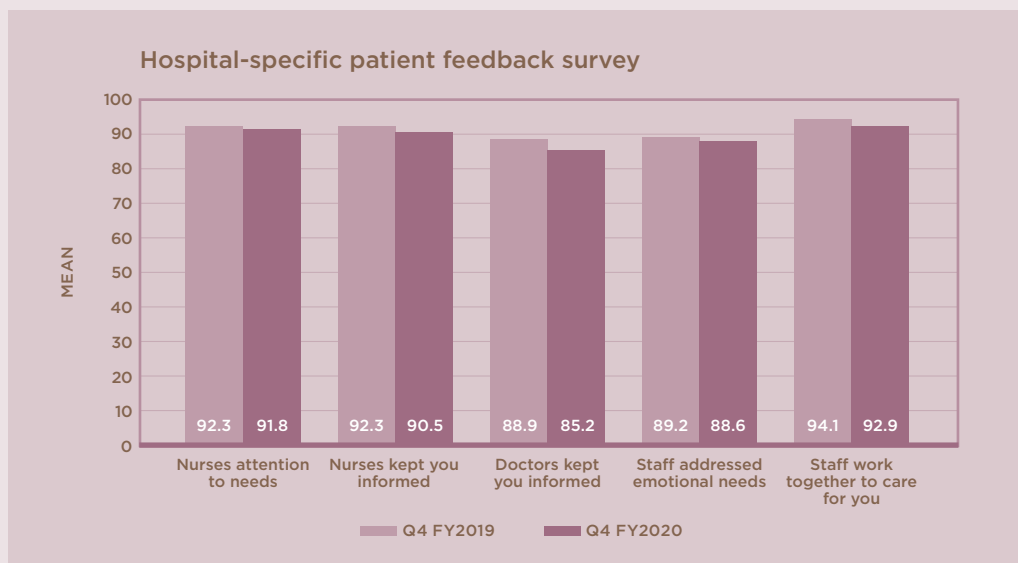


Figure 3

HCAHPS survey items related to the overall hospital patient experience remained high throughout the pandemic.



Promoting Sleep at Night Decreases Length of Stay

Patient feedback suggested that lack of sleep in the hospital affected a patient's ability to participate in key aspects of their care. Studies indicate that lack of sleep can negatively impact length of stay. To address patient concerns, an interdisciplinary team piloted an Inpatient Sleep Protocol on 5 North from August 2020 through December 2020. Seventy-one patients participated in the study, which focused on minimizing interruptions and reducing length of stay. To limit disturbances between 10 p.m. and 6 a.m., the following strategies were implemented:

- No vital signs taken
- Retiming overnight medications
- Changing heart monitor batteries at 9 p.m.
- Nightly melatonin (sleep hormone)
- Morning labs ordered at 6 a.m. instead of 5 a.m.
- Daily physical therapy sessions

Outcome

During the study period, patients enrolled in the sleep program remained in the hospital for 4.5 days, a decrease from the unit average of 5.3 days. The average number of nighttime interruptions decreased from 9.3 to 5.7 among this group.



Photo: (from left) Kalpana Chalasani, MD, and Alice Collette, MSN, RN, CMSRN, helped pilot an Inpatient Sleep Protocol on 5 North to promote better sleep for patients (see page 11).

6 West Cultivates a Quiet Environment

Declining Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores related to patient dissatisfaction with nighttime noise led the 6 West Unit Practice Council to implement a Quiet at Night Project beginning in May 2020. Recognizing the importance of healing rest at night, the project aimed to decrease nighttime noise near patient rooms and improve unit HCAHPS scores from the 57th percentile rank to the 75th to 89th percentile rank by November 2020.

The unit implemented the following noise-reduction initiatives:

- Proactive Do Not Disturb nighttime orders obtained by the dayshift nurse
- Reducing the volume on staff phones and charging all patient care machines before midnight
- Assigning a designated staff member to monitor staff noise levels (using the Yacker Tracker device) to remind staff to lower noise levels throughout the shift
- Designating quiet hours in the afternoon and night
- A “sleep menu” provided upon admission that offered comfort options such as earplugs and aromatherapy for healing rest

Outcome

Following implementation of the evidence-based interventions, the unit increased its HCAHPS scores related to nighttime noise to the 95th percentile rank. Unit scores have sustained the high percentile rank.

Using Telemedicine to Enhance Safe Patient Care

Social distancing during the coronavirus pandemic reduced unnecessary exposure to staff, health care providers, and visitors. To ensure continuation of care, telemedicine was identified as a method to safely assess patients while preserving personal protective equipment (PPE). An SMH interprofessional team pioneered a telemedicine program for the entire medical campus by building upon an existing process used by the psychiatric evaluation team (PET). The expansion revealed numerous obstacles. The team had to troubleshoot virtual software, tackle technical hurdles with the hardware and network, and promote the service to providers. Subsequently, providers were able to use telemedicine to virtually contact and interact with patients. The program also provided an avenue for patients and families to see each other virtually in real time.

Outcome

The telemedicine program facilitated 1,748 visits from March 2020 through the end of December 2020, 88% of which were conducted by physicians. Remaining visits involved spiritual care, advanced illness management, and family conference discussions. The program conserved PPE and minimized the risk of COVID-19 exposure to health care personnel. Thirty-four percent of telemedicine visits were conducted with patients suspected of having COVID-19. Enhancing the telemedicine program highlighted the need to further integrate this technology into future care delivery.

SMH Launches COVID-19 Vaccination Program

In mid-December 2020, after nearly a year of caring for COVID-19 patients, Sharp HealthCare received unexpected but welcome news: the first shipment of Pfizer-BioNTech COVID-19 vaccines would soon be arriving. With limited time to prepare, a team led by SMH and the Highly Infectious Disease (HID) Advisory committee began the planning process for vaccinating staff.

With assistance from employee occupational health and pharmacy, the team:

- Identified spaces for on-site clinics
- Established structures and processes to schedule employee vaccines
- Trained vaccinators in proper handling and storage of the vaccine
- Developed a prioritization grid to categorize staff risk for vaccine distribution
- Recognized staff from ED, ICU, and COVID-19 units as “highest risk” based on duration and frequency of exposure to patients with COVID-19
- Recruited employees not involved in the winter surge response or care of COVID-19 patients to become vaccinators

Outcome

On December 18, an on-site clinic for SMH opened at the Sharp Knollwood building, adjacent to the hospital. About 60 vaccines were scheduled and administered each day for the highest-risk employees. Once the high-risk group was vaccinated, the clinic offered vaccines to all SMH health care workers. The vaccine provided employees and physicians a sense of relief as they continued to face the winter surge.



“There is no greater joy, nor greater reward than to
make a fundamental difference in someone’s life.”

~ Mary Rose McGeady

Exemplary Professional Practice

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

Nurses Make a Difference through Exemplary Professional Practice

With a comprehensive understanding of the role of the nurse within the interprofessional team, nurses make a difference by applying their professional role to achieve desired patient care outcomes.

Delivering exemplary professional practice includes the following essential components:

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

Collaboration Leads to Creative and Effective Surge Staffing

In response to the coronavirus pandemic, Sharp HealthCare expanded its nursing resources to accommodate the anticipated and actual surge of patients with COVID-19. The Surge Staffing and Training Task Force — comprised of clinical nurse specialists and educators from each entity, and co-led by the SMH director of Professional Practice and the Sharp system vice president of the Institute for Nursing Excellence — collaborated weekly with the chief nursing officers on real-time decisions regarding staffing needs. Focus areas included identifying workforce staffing resources and a care delivery model, defining role and responsibilities, and providing orientation and training.

The task force formulated a surge-staffing model, which introduced the roles of an RN extender and surge tech. Nurses considered primary resources for surge staffing included:

- Registered nurses from clinical service lines that had slowed or stopped non-essential or elective surgeries
- Newly hired registered nurses still in the orientation process
- Travel nurses, community nurses, and licensed graduate nurses
- Senior-level nursing students who had completed coursework but were not yet licensed

Transitioning to a team-based care delivery model using the new roles ensured the continued deployment of safe, person-centered care. Roles and responsibilities defined the boundaries and expectations for nurses and staff functioning in these new roles and within the team-based model.

Photo: Ofelia DeCastro, BSN, RN, PCCN, Advanced Clinician, 7 West, Exemplary Professional Practice, Clinical Nurse, Nurse of the Year (see page 14).

Task force members developed, implemented, and evaluated the structured orientation and training programs for these new roles. For the RN extender role, nurses were either trained in new skills or reskilled depending on their previous work experience, level of expertise, and area of interest. For the surge tech role, nursing students were provided with orientation to defined competencies and skills. With rapidly changing information and practices, task force members needed to adapt orientation, education, and training plans to fit evolving needs. Subsequent surges required more rapid orientation and training of surge staff.

Outcome

The task force used various methods to evaluate the effectiveness of priority focus areas, which enabled iterative improvements to the program. Within three weeks of the initial surge training, task force members educated more than 350 nurses using 4,100 training hours. A survey captured surge staff perceptions and satisfaction with their orientation, training, and role experience:

- RN extender: Highest scoring items for both the RN extenders and RN team leaders reflected elements of the team-based approach: delegation, communication, and teamwork.
- Surge tech: Highest scoring items were related to being a valuable team member and satisfaction with the role. Surge techs felt the role increased their confidence at the bedside as well as their knowledge and skills for future careers as registered nurses. Nurses who worked with surge techs believed the role contributed to efficient patient care.

Decreasing Code Blue Events on 7 West

The progressive care unit 7 West identified a need to decrease code blue events. During fiscal year 2019, 11 code blue events occurred on the unit. Subsequently, 7 West nurses partnered with the rapid response team (RRT) to develop a proactive approach for identifying and intervening when a patient deteriorated. The goal of the partnership was to decrease code blue events to two per quarter for fiscal year 2020. The collaboration involved the following initiatives:

- RRT nurses performed just-in-time education and training for 7W nurses
- 7W nurses attended the “Early Recognition of Patient Deterioration” class taught by RRT nurses

Outcome

Nurses on 7 West perceived more confidence and competence in early recognition of patient deterioration. The unit experienced two code blue events in fiscal year 2020.

Surgical Services Maintains On-Time Starts

Delays in on-time starts for surgical procedures cause patient and staff dissatisfaction and result in a negative financial impact. To reduce start-time delays, especially for the first procedures of the day, surgical services undertook a Lean Six Sigma project. The goal for calendar year 2020 was to increase on-time starts from 40% to 80%.

A multidisciplinary audit tool was created and utilized by front-line staff. Data were reviewed daily by unit leadership, with defects escalated to an assigned team member who addressed the delay. Physicians and staff were recognized if they achieved an on-time start.

More importantly, the department achieved momentum and identified trends. Barriers were immediately addressed and solutions were put into place, including:

- The Surgical Procedure Area created standard work and added a resource nurse
- The resource nurse resolved or escalated issues and workflow obstacles
- Surgeons were rewarded for consistently arriving early to complete the physician verification process, including:
 - Listing all the surgeons and recognizing early starts on the surgeon board
 - Celebration treats (food, snacks)
 - “Surgeon of the Month” recognition
 - Recognition at team meetings and huddles

Outcome

Surgical services’ quest for high reliability related to on-time starts was achieved and sustained. The 80% benchmark was met six months ahead of schedule.



Photo: (from left) Jennifer Egemo French, BSN, RN, CNOR, Robin Adduono, RN, and Rosa Retana, RN, helped reduce surgical start-time delays (see page 16).

Acute Rehabilitation Adapts Patient Discharge Education

The acute inpatient rehabilitation unit provides complex discharge education to patients and their support persons beginning upon admission. During the COVID-19 pandemic, the ability to provide this education was impacted by visitation limitations. Discharge education was initially scheduled closer to patient discharge, which limited the opportunity to reinforce the education throughout the patient's hospital stay.

To overcome this barrier, the following strategies were implemented:

- Scheduling multiple hands-on practice sessions with patients and their support persons to reinforce education and address barriers
- Dedication of an inpatient room for education and hands-on training
- Providing proper PPE to support persons and patients during meetings
- Maintaining social distancing for all education events
- Limiting education sessions to the patient, support persons, and an education specialist

Outcome

Even with constraints on visitation, this project demonstrated that individualized patient education could still be done safely. Support persons felt more prepared to function at home. The interdisciplinary rehabilitation team expressed increased satisfaction in providing hands-on education in a safe and effective manner.

Sharp Home Health Keeps Staff Informed and Safe

To reduce staff confusion regarding the various changes and guidance related to the evolving COVID-19 pandemic, Sharp Home Health (HH) developed an online communication guide. The weekly guide, sent to Sharp Home Health staff via email, includes department communication and relevant system-wide information. Early in the pandemic, the email served as an educational tool with links to online videos developed by HH advanced clinicians related to donning and doffing PPE. Additionally, videos included guidance for setting up work areas to decrease contamination during home visits. The team also formulated a PPE decision tree that assisted staff in making the right PPE choice based on patient condition and type of care required.

Outcome

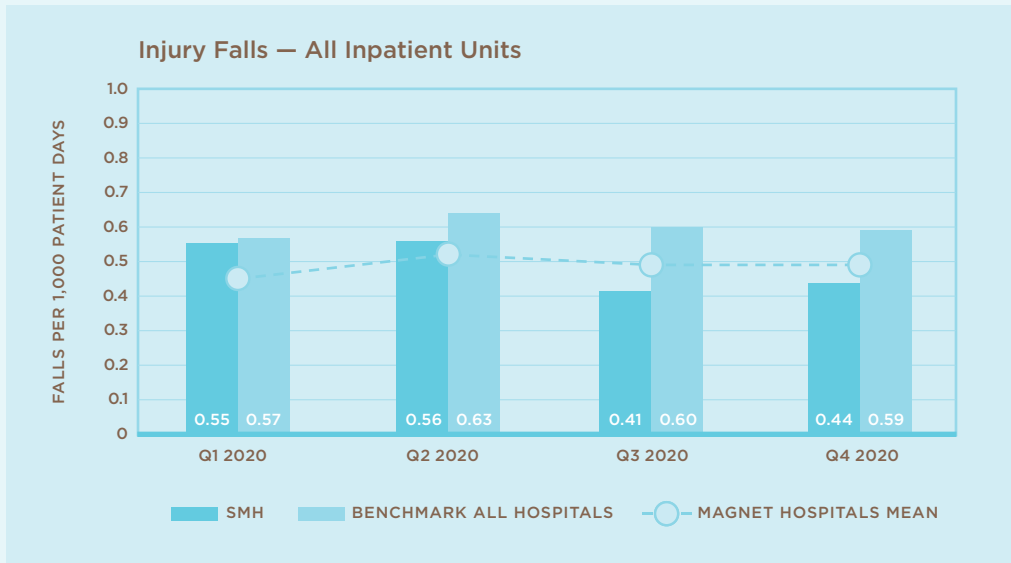
This simple communication tool provided a centralized method to relay constantly changing information to all HH staff. COVID prevention information disseminated through the guide ensured a low infection rate (1.9%) of HH staff. The email increased awareness among staff about practice updates and standardized patient care, and served as an essential reference for staff returning to work from a leave of absence. This communication strategy remains in effect today.

Tracking What Matters: The Big Three – Clinical Indicators, Nursing Satisfaction, and Patient Satisfaction

Clinical Indicator: Injury Falls – All Inpatient Units

Figure 4

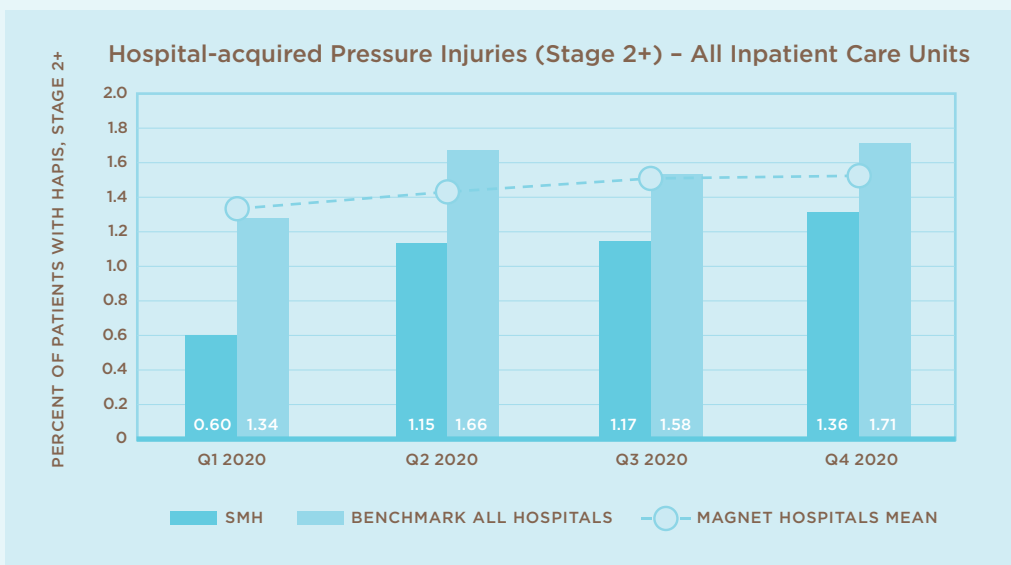
For injury falls, Sharp Memorial outperformed the “all hospital” benchmark for all four quarters.



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

Figure 5

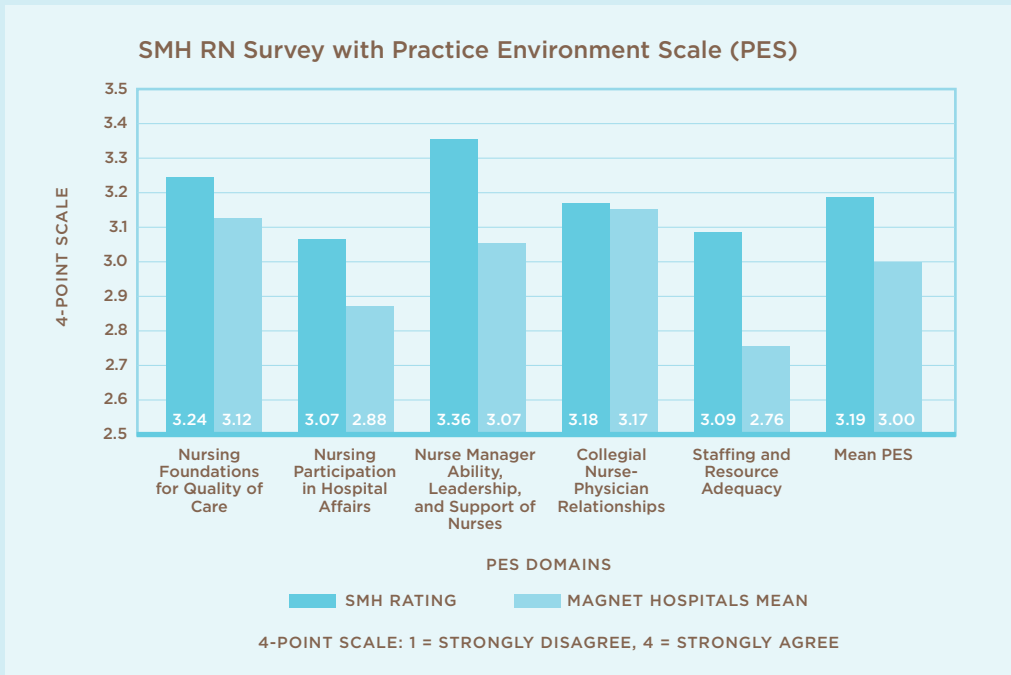
For HAPI stage 2 and above, Sharp Memorial outperformed the “all hospital” and “Magnet hospitals” benchmarks for all four quarters.



Nursing Satisfaction – All Nursing Units

Figure 6

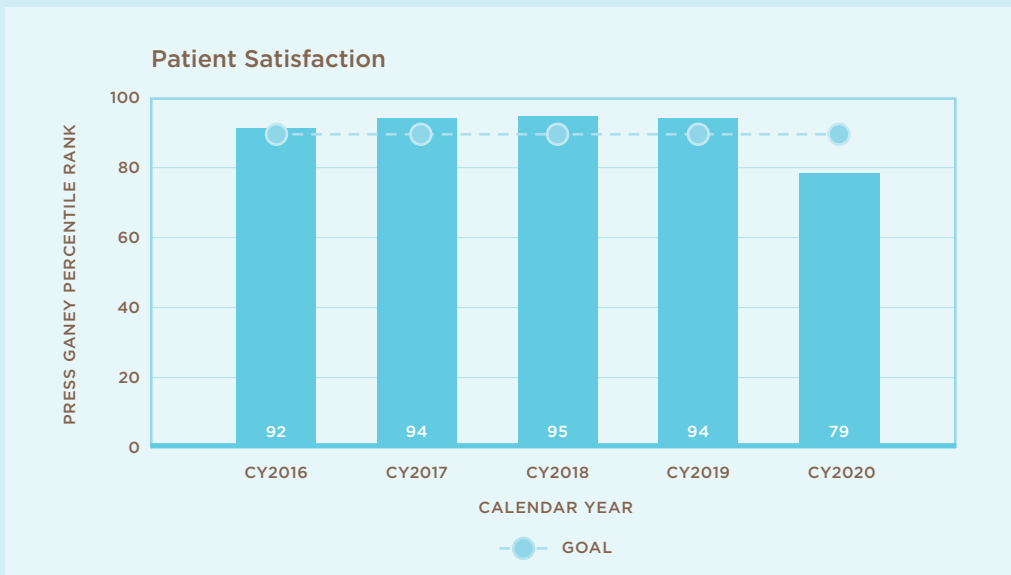
The average nurse satisfaction scores for all nursing units outperformed the national mean in all six categories.



Patient Satisfaction – All Inpatient Units

Figure 7

Sharp Memorial consistently strives to remain in the top 10th percentile for patient satisfaction compared with all large hospitals. CY 2020 was a challenge due to the pandemic.





“ If you want to make a difference, think different.”

~ Palle Oswald

New Knowledge, Innovations and Improvements

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

Nurses Make a Difference through New Knowledge, Innovations and Improvements

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

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

Featured Study: Conducting Research to Understand Frailty and its Impact on Older Hip Fracture Patients

Introduction

In older adults, hip fractures lead to functional decline, inferior quality of life, and increased post-hospitalization mortality rates. These patients also have a higher prevalence for frailty, which results in more post-operative complications and longer hospital stays. To examine the relationship between frailty and post-operative outcomes in adult hip fracture patients, a mixed-methods research study was conducted at Sharp Memorial Hospital (SMH).

Methods

The study focused on hip fracture patients, 50 years and older, who were admitted to an acute care unit for surgery. Study data were obtained from the electronic health records (EHR) of 302 patients. Frailty screening and a frailty pathway were included in the plan of care for 146 patients, admitted from February 2019 to July 2019. Historical EHR data of 156 patients admitted from February 2018 to July 2018, who did not receive the frailty screening or pathway, were used for outcome comparison.

Photo: Suzan Lerum, MSN, RN, CCRN, Advanced Clinician, Mechanical Circulatory Support, New Knowledge, Innovations, and Improvements, Clinical Nurse, Nurse of the Year (see page 21).



Photo: Kieu Thuy Tran, MSN, RN, CNS, CMSRN, Clinical Nurse Specialist , 5 North, New Knowledge, Innovations, and Improvements, Nurse Leader, Nurse of the Year.

Results

Patient comorbidities were related to post-operative outcomes. Those with a higher surgical risk score and history of cardiac disease had longer lengths of stay. There was a significant relationship between age and the patient's functional ability, discharge location, and frailty.

- Ambulation distance on post-operative day one declined considerably among those 89 years old and older (14.28 feet) as compared to those 69 years old and younger (109.96 feet).
- The home discharge rate for patients 50 to 69 years old was 46%, while the rate declined to 20% among patients 70 years old and older.
- In the post-pathway group, non-frail patients (59 cases) were significantly younger and had higher home discharge rates (44 %) compared to the older frail group (86 cases), who had a 7% home discharge rate.
- The readmission rate was higher for the frail group (19%) compared to non-frail patients (3%).

Discussion

This study increases understanding about frailty and its impact on postoperative outcomes in older hip fracture patients. Study findings will lead to the development of interventions tailored to improve patient outcomes, mitigate risks, and develop patient resources. They will guide health care providers to consider and assess for frailty so that appropriate interventions and resources can be utilized to benefit this patient population.

Establishing a Multi-treatment Dialysis Room Enhanced Care Efficiency

The increased patient census, concerns about delays in treatment, and a decrease in dialysis nursing staff during the COVID-19 surge prompted creation of two inpatient dialysis multi-treatment rooms (MTR). Each room was converted to accommodate two patients receiving dialysis at a time. Further, selected rooms were located on the patient care floor with the highest number of dialysis patients. Coordination of nursing care is a collaborative effort between 5 West and 5 North nursing leaders, direct care nurses, and the contracted dialysis service.

Outcome

The MTR was essential as outpatient dialysis “seats” became increasingly unavailable. Critical hemodialysis treatments were completed in a timely manner, expediting the discharge of patients receiving hemodialysis treatments and decreasing their length of stay. Additionally, the workflow of dialysis nurses was optimized to minimize their movement around the hospital. The success of this innovation prompted a change in the design of SMH’s future expansion to include a multi-treatment room.



Photo: (from left) Erica Granados, MSN, RN, CNS-BC, CCRN, Laurie Ecoff, PhD, RN, NEA-BC, CNL, and Verna Sitzler, PhD, RN, CNS, worked to expand nursing resources to accommodate the surge of patients with COVID-19 (see page 15).

Departure Plaza Improves Patient and Family Wait Times

To improve the patient-family experience and increase on-site safety as patients leave the hospital, the north entrance to SMH was repurposed into a Departure Plaza. This innovative approach to improving the work environment, workflow, and patient discharge pick-up occurred during the increase in hospitalizations of COVID-19 patients. At the beginning the pandemic, drop-off and pick-up of patients occurred at the east entrance of the hospital, where a one-way, U-shaped driveway often caused a bottleneck traffic jam, especially with emergency vehicles trying to access the Emergency Department. Family Resource Center (FRC) staff would need to facilitate traffic flow instead of assisting family members.

The new Departure Plaza redirected much of the traffic volume to the north hospital entrance, with its own cul-de-sac. Patients wait for their loved ones at a special indoor area near the Plaza, under the supervision of FRC staff. FRC staff greet family members in their cars, inform them of wait times, and offer them water while waiting.

Outcome

The Departure Plaza remains open between 9 a.m. and 7:30 p.m., seven days a week. Wait times for patients and family have improved. In addition, the new discharge process decreases the time that non-FRC staff members must wait with patients until they are picked up, enabling them to return to their frontline duties more quickly.

Figure 8

SMH repurposed the north entrance into a Departure Plaza to reduce patient and family wait times.

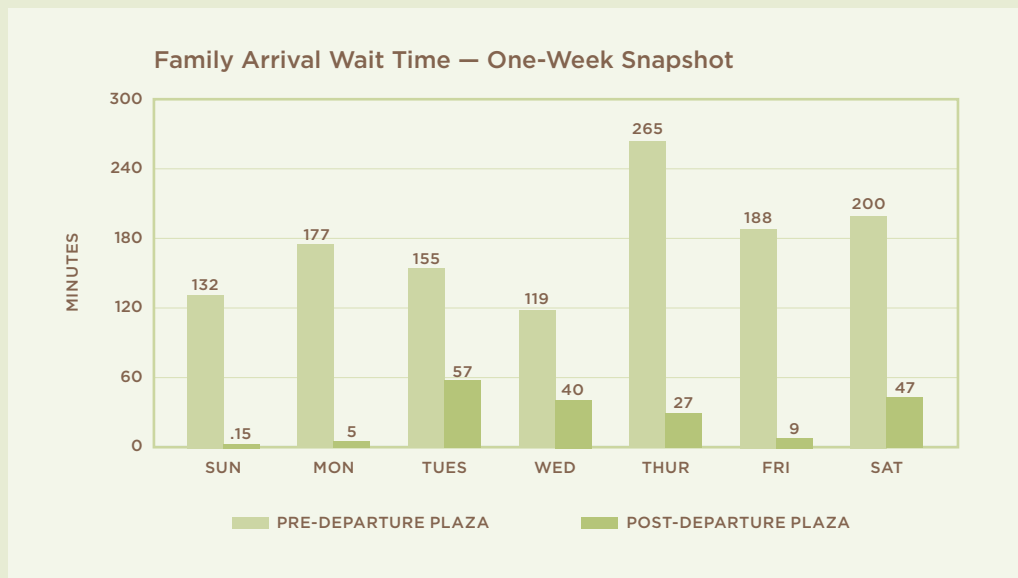




Photo: (from left) Heather Vogelhuber, BSN, RN, Jeanne Palomo, BSN, RN, and Andrea Ramos, BSN, RN, helped test pre-surgical and procedural patients for COVID-19 (see page 26).

Pre-Anesthesia Evaluation Services Implements Pre-Surgical and Pre-Procedural COVID Testing

Asymptomatic positive COVID-19 patients demonstrate worse post-surgical outcomes. To reduce the risk of poor patient outcomes and unintentional transmission of COVID-19, the Pre-Anesthesia Evaluation Services (PAES) began testing all pre-surgical and procedural patients in order to resume services, which were cancelled or postponed at the start of the pandemic. PAES nurses developed competencies, workflow processes, and a standardized procedure, which were adopted system-wide. Testing occurred outside of the PAES office four days prior to surgery. Physicians were notified of positive results.

Outcome

In 2020, PAES tested more than 18,000 asymptomatic patients, of which 0.4% (about 720 patients) were positive for COVID-19. Proactive testing and screening allowed:

- Swift resumption of surgical services
- Reduced treatment delays
- Prevention of negative post-surgical outcomes
- Safeguarding of front-line staff and patients
- Effective utilization of personal protective equipment

Partnerships Enhance Staff Wellness

Comprehensive resources were needed to support employee wellness during the COVID-19 pandemic. Through a partnership with the Cushman Wellness Center, Integrative Healing, Spiritual Care, Sharp Best Health, and CAREforYou programs, strategies were identified to promote self-care and resilience.

The groups implemented the following actions:

- Addition of spiritual care staff and resident chaplains on night shifts to provide 24/7 care, presence, and comfort measures
- Rounding on individual health care workers to offer mini-massages and energy healing techniques, as well as aromatherapy, music, and art projects
- Purchase of massage chairs in quiet locations throughout the hospital
- Creation of tranquility rooms to facilitate rest, relaxation, and reflection
- Promoting a rotating wellness week on each floor's lounge area, which includes reiki, music therapy, aromatherapy, and art activities
- Providing a “micro mart” with essential supplies often missing in grocery stores, including paper towels, toilet paper, fresh produce, eggs and “meals to go”
- Facilitating access to Sharp HealthCare wellness resources through enhancement of the organization's intranet

Outcome

As a Planetree-certified hospital, SMH recognizes the importance of stress mitigation and employee wellness, especially during unprecedented times. The wellness domain in the annual employee engagement survey favorability was sustained at the 80th percentile or higher, despite the impact of the COVID-19 pandemic. Members of the health care team appreciated the comprehensive strategies, many of which continue today.



Photo: (from left) Dan Marinelli, BSN, RN, CMSRN, ONC, Mica Togami, MDIV, MSED, and Megan Spurling, MS, helped develop resources to support employee wellness during the COVID-19 pandemic (see page 27).

Dissemination And Degrees

*Names in **bold** indicate Sharp Memorial nurses.

Internal Presentations — Poster

Caldwell, S., & Nilsen, S. *This is a Project We Can Get Behind: Four Eyes Assessing Your Skin*, 6th Annual Interprofessional Research & Innovations Conference, San Diego, CA, Sept. 25, 2020.

Kelly, P., & Raymond, T. *The Down and Dirty of COVID-19*, Road Show for SMH Inpatient Units, Sharp Memorial Hospital, San Diego, CA, March 2020.

Nilsen, S., Tran, K., & Caldwell, S. *Discharge Standard Work Decreases Time to Discharge*, 6th Annual Interprofessional Research & Innovations Conference, San Diego, CA, Sept. 25, 2020.

Washington, L. *Improving Perioperative Pain in Bariatric Surgery Patients with Use of Transversus Abdominis Plane (TAP) Blocks*, 6th Annual Interprofessional Research & Innovations Conference, San Diego, CA, Sept. 25, 2020.

Yager, M. *The Relationship between Frailty and Post-Operative Outcomes in Adult Hip Fracture Patients*, 6th Annual Interprofessional Research & Innovations Conference, San Diego, CA, Sept. 25, 2020.

Internal Presentations – Podium

Georgas, A. *Age-Friendly Post-Discharge Phone Call Intervention Program*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, Nov. 18, 2020.

Harper, R. *Patient Care Summary*, Patient and Family Advisory Council, Sharp Memorial Hospital, San Diego, CA, Feb. 27, 2020.



Photo: (from left) **Melissa Yager, PhD, RN, CNS, ONC**, 3 North and **Leslie Washington, PhD, RN, CMSRN, CAPA, CNS-BC**, 5 North, both received their doctorate degree.

Holsworth, C. *Care of the Bariatric Surgery Patient*, National University Student Presentation, Sharp Memorial Hospital, San Diego, CA, Feb. 18, 2020.

Humphries, D. *That Was Close: Improving Reports in Patient Safety Events and/or Near Misses*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, Aug. 12, 2020.

Hull, S. *Implementing the Use of an Advanced Pressure Visualization System to Reduce the Incidence of Hospital-Acquired Pressure Injuries in the ICU*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, Nov. 18, 2020.

Ness, K. *Trauma-Informed Care Training - A Pilot Project*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, Feb. 10, 2020.

Salehi, T. *A Technology-Based Mindfulness Intervention & its Effects on Burnout & Resilience Among Nurses Working in High-Intensity Settings*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, April 29, 2020.

Soto-Rosselle, Y. *Care Partner Program*, Patient and Family Advisory Council, Sharp Memorial Hospital, San Diego, CA, Feb. 27, 2020.

Stahovich, M. *ECMO Basics*, Surgical Intensive Care Unit, Sharp Memorial, San Diego, CA, Sept. 28, 2020.

Stahovich, M. *ECMO/ECLS Hands-on Skills Day*, Surgical Intensive Care Unit, Sharp Memorial, San Diego, CA, Oct. 5, 16, and 19, 2020.

Stahovich, M. *Advanced Hemodynamics*, SICU CV Boot Camp, Sharp Memorial, San Diego, CA, Nov. 20, 2020.

Thompson, C. *Identifying and Measuring Progression of Frailty Among Elderly in an Outpatient Setting*, New Knowledge and Innovations Council Subgroup, Sharp Memorial Hospital, San Diego, CA, Dec. 17, 2020.

Internal Presentations - Webinar or Other

Newman, G. *Influenza Season 2020-2021: Do I Need to Worry about Flu Too? Flu Facts and How to Protect Yourself and Others During Influenza Season 2020-2021*, SHC Virtual Benefits Fair, San Diego, CA, Oct. 28, 2020.

Stahovich, M. *Providing Care for Patients on ECMO*, Webinar, Sharp Grossmont Hospital, San Diego, CA, Oct. 26, 2020.

Wells, P. *Understanding the Leadership Practices Inventory*, Virtual Presentation to Sharp Memorial Hospital Directors, Sharp Memorial Hospital, San Diego, CA, Jan. 15, 2020.

External Presentations - Poster

Healy, M. *Trauma Case Review: Field Care Conference*, Lakeside Fire Department Station 2, Lakeside, CA, March 6, 2020.

Tran, K., & Timmerman, J. *Managing Challenging Patients and Family Using the REBELS Method*, Academy of Medical-Surgical Nurses' 29th Annual Medical-Surgical Convention (Virtual), Oct. 22, 2020.

Wintz, D., & Hites, J. *GAMMA Trauma - Geriatric Focused Trauma Triage Algorithm*, Emergency Nurses Association Conference (Virtual), Sept. 11, 2020.

Zu, K., Greenwood, K., LaMori, J., Smith, B., Smith, T., & Lee, A. *Impact of Social Determinants of Health on Unplanned Acute Care Utilization for Patients with Hematologic Malignancies*, National Comprehensive Cancer Network Conference, Orlando, FL, March 19, 2020.

External Presentations – Podium

Eng, J. *Regulatory Aspects of Nursing and Nursing Management*, San Diego State University School of Nursing, San Diego, CA, Nov. 12, 2020.

Sitzer, V. *Process Improvement Using the A3*, University of San Diego Hahn School of Nursing and Health Science, San Diego, CA, Oct. 14, 2020.

Wells, P. *Nursing Organization and Management*, San Diego State University School of Nursing, San Diego, CA, April 8, 2020.

Yager, M. *Frailty and Post-Operative Outcomes in the Adult Hip Fracture Patient*, Dissertation Defense, University of San Diego, San Diego, CA, March 5, 2020.

External Presentations – Webinar or Other

Holsworth, C. *Taking Care of Patients with Obesity, Practical Approaches*, Webinar, Saxe Communications, June 16, 2020.

Le Danseur, M. *The Devil is in the Detail*, Webinar, Academy of Spinal Cord Injury Professionals, Inc., Nov. 18, 2020.

Stahovich, M. *ER to Destination of Care in the Covid-19 Crisis*, Webinar, Corona Preparedness Summit & Workshop, June 19, 2020.

Publications

Timmerman, J., Sitzer, V., Eusebio, R., Reavis, K., & Marder, L. (2020). *Nursing handover: A content analysis of nurses' handwritten notes*. *Western Journal of Nursing Research*, online ahead of print. doi:10.1177/0193945920972620



Photo: (from left) **Stacy Nilsen, MSN, RN, ACNS-BC**, and **Christine Prewitt, MSN, RN**, helped manage logistical and operational challenges of the COVID-19 pandemic in the SMH Command Center (see page 3).

Earned/Advanced Nursing Degrees in 2020

Anh Bui-Lock, MSN, University of San Diego, May 2020

Erin Stiefel, MSN, FNP, Azusa Pacific University, January 2020

Jennifer Hinson, MSN, Point Loma Nazarene University, May 2020

Kellie Allen, BSN, Azusa Pacific University, August 2020

Kristine Cavan, MSN, NP, Azusa Pacific University, August 2020

Leslie Washington, PhD, University of San Diego, May 2020

Melissa Yager, PhD, University of San Diego, May 2020

Michelle Bills, MSN, FNP, Azusa Pacific University, May 2020

Robin Enloe, MSN, Grand Canyon University, March 2020

Timothy Sartori, MSN, FNP, Azusa Pacific University, May 2020

Yuri Stein, BSN, Point Loma Nazarene University, May 2020

Special Thanks

The Sharp Memorial Hospital Nursing Report was made possible by following team members:

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