“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”

Socrates
Welcome

It is an honor to present Sharp Memorial Hospital’s 2017 Nursing Report. These stories reflect only a small selection of the amazing work accomplished over this past year, and they demonstrate the significant improvements that groups of like-minded people can achieve. Our successes not only impact patients and staff at Sharp Memorial, but they reveal learnings that can be shared with other hospitals within and outside of Sharp HealthCare.

In many cases, these projects began as one idea, from one individual. I am continually impressed by the number of times a Sharp Memorial nurse confronts a challenge and makes the conscious decision to work toward solving that problem for the betterment of our patients, staff and community.

Sharp HealthCare’s high-reliability journey relies upon sharing concerns and challenges. And it is best served by the active involvement of those closest to the issues. These stories demonstrate our commitment to this high-reliability mindset.

To our nurses, I hope this report makes you feel proud to work for an organization that values continual learning, problem solving and improvement. I encourage you to read each story and share the report with your peers and interprofessional colleagues. We are making a difference, and I’m grateful for the opportunity to share your accomplishments.

Finally, I hope these inspirational successes will prompt reflection and additional ideas to improve our practice environment and care.

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

COVER:
(From left) Tracie Neff, BSN, RN, Physical Acute Rehab, Jennifer Combellick, MSN, RN, CCRN, Medical Intensive Care Unit, and Flora Yang, BSN, RN, 5 West, were all nominees for Nurse of the Year in 2017.
“You have to be able to master something good before you can master something great.”

Katie King Rumford, Chef
À la carte: Lean Transformation

What is Lean Management? Why are some departments forming “Lean Transformation” teams? Lean Management describes an approach to performance improvement and a method for both sustaining gains from that improvement and continuing to drive further improvement. The origins of the term come from the principles and methodologies that were used in the production process at Toyota Motor Company.

As we continue on our high-reliability journey, we’ve discovered that new approaches are needed to solve challenges. “Lean” provides a structure and process for improving care by enhancing workflow processes. It helps us:

- Prioritize what issues and processes to improve
- Identify and study a current issue or improvement opportunity
- Utilize tools and techniques to improve care, decrease waste and increase employee and patient satisfaction

In the past, we have found that improvements are often not sustained. In some cases, we have talked about issues but have not had the benefit of a team trained in performance improvement to help us resolve them.

A Lean transformation team is trained in those tools and techniques and applies those methods to study and improve a problem. Subsequently, the team identifies additional issues and again applies the tools and techniques to address those issues. Through the process, the team shares learnings with the unit or department.

Where do we start? Every person in the organization can help identify issues. One approach is to start thinking about “waste.” In the Lean world, there are eight identified wastes:

1. Defects: Not doing something right the first time
2. Transportation: Unnecessary transport of documents, materials or patients
3. Searching: Looking for supplies, people or equipment
4. Inventory: More than is required for the task
5. Movement: Movement of people that does not add value
6. Excessive Processing: Activities that do not add value to the patient’s perspective
7. Waiting: Idle time created when people, information, equipment or material are not at hand
8. Confusion: Not knowing how to do the work; not knowing if the previous step is completed

Think of an example of waste that happens on your unit or shift. You’ve started the Lean journey!
Photo: (from left) Felicia Colon, RN, 4 North, and Judith Dobke, RN, Clinical Informatics, worked on the team that helped implement smart-pump programming to help make manual IV infusion safer.

Pump Up the Jam: Infusion Suite Implementation

Although patient safety increased in many ways following the launch of our barcoding medication administration (BCMA) process, risk of errors associated with manual IV pump programming remained. Wrong infusions, incorrect rates, lack of guardrail use, and order/medication mismatches could not be detected using traditional BCMA.

This project focused on integrating smart-pump programming into the existing BCMA process. Optimizing smart-pump technology makes IV infusion administration safer by reducing programming errors, incorporating infusions into the five rights of medication administration verification process, and increasing accuracy of documentation.

An interdisciplinary team drawn from Nursing, Informational Technology, Information Decision Support, Clinical Informatics, and Pharmacy participated in a failure mode effects analysis (FMEA) and a site visit to understand the impact of the technology. Frontline nurses representing all levels of care were key participants in the development and review of workflows and training materials. Project milestones included additional pump purchases, a pump software upgrade, website development, and super user training prior to six weeks of general staff education. The go-live was May 2, 2017.

Outcome

Compliance with pump scanning has increased since the program rollout. A new workgroup will convene to address identified barriers to further adoption.
Figure 1:
Compliance with pump scanning continues to improve with feedback and process improvements.

Photo: Deb Baehrens, MS, BA, RN, OCN, 1 West, was the lead high-reliability training coordinator for Sharp Memorial Hospital.
Apple of Our Eye: Launching Sharp’s High-Reliability Journey

Recognizing that the health care landscape is becoming increasingly complex, Sharp HealthCare conducted a review in 2014 of the organization’s performance metrics. Several of the organization’s quality scores were not in the top decile, comparative performance was slipping, and patient safety scores were stagnant.

Looking for a way to improve — with an aim toward “zero defects, zero harm” — Sharp HealthCare decided to focus on “high-reliability” skills, concepts, and behaviors to continue to improve The Sharp Experience. Healthcare Performance Improvement (HPI) was hired as a consultant to analyze data and guide the way for Sharp to become a High-Reliability Organization (HRO).

Realizing that reliability crosses all seven of Sharp’s Pillars of Excellence, the executive team supported high-reliability training for all Sharp staff, including 2,978 employees at Sharp Memorial Hospital, 256 at Sharp Memorial Outpatient Pavilion, and 193 at Home Health. High-reliability training workshops were conducted throughout 2017.

Two training coordinators and 35 instructors were selected and trained. Coordinators met routinely throughout the year to assign pairs of instructors to each workshop. Learning modules were loaded into the SharpNet Learning Center to be completed by each employee prior to the workshop. Five workshops were offered weekly. Additional workshops were made available to all managers who wanted staff to attend as a department. Evaluations were sent to each workshop participant within one week for real-time feedback.

Outcome

More than 250 high-reliability workshops were held in 2017, and 98 percent of Sharp Memorial’s staff were trained. Sharp HealthCare’s serious safety event rate has improved by 52 percent from the baseline. High-reliability concepts are embedded into meeting agendas and referenced in everyday work as both opportunities and great catches. High reliability is becoming “just the way we do things around here.” In 2018, workshops will be available for all new hires.

Bear Fruit: 6 North Improves HCAHPS Scores for Spine Patients

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures patients’ perspectives on the quality of care they received. Prior to the start of FY2017, 6 North scored a 3 on the overall survey results, which equated to “good.”

To move 6 North’s overall score from “good” to “great,” the leadership team critically analyzed HCAHPS data. The data revealed that spine patients were returning the most surveys and were the least satisfied with the quality of care provided.

With this revelation, the 6 North leadership team took an innovative approach by developing focused rounding interventions with this group of patients. This included leads on both shifts rounding on all spine patients to focus on patients’ pain, medication management, plan of care, and any issues with the care they received. After a few months, leads included the bedside nurse in these discussions. Staff also implemented follow-up phone calls to all discharged spine patients to address any questions they might have.
Outcome
6 North experienced an improvement in the unit’s overall HCAHPS survey scores and achieved a score of “4” following implementation of targeted interventions for the spine patient population.

Figure 2:
6 North achieved overall HCAHPS percentile rank at the 90th percentile, earning the unit a score of 4, following targeted interventions provided to the spine patient population.
“Recipes don’t work unless you use your heart.”

Dylan Jones, Chef
Collaborative governance emerged in the early 1980s as a form of shared governance — a system that facilitated shared decision making through staff empowerment. The word “collaborative” was chosen carefully to describe a relationship of equals. Sharp Memorial Hospital’s collaborative governance framework was introduced in 2003 with the vision to create a strong, values-driven, decision-making model that was responsive to the unique culture of the hospital and its various units and departments.

Sharp Memorial uses the “councilor model” of shared governance, which includes groups of caregivers at both the hospital-wide and unit or department levels. Hospital-wide councils are comprised of interprofessional members who represent their colleagues, and are led by co-leaders from different disciplines or services.

The current model includes five interprofessional house-wide councils — Clinical Practice Council, Night Shift Practice Council, Interprofessional Council for Education, Collaborative Leadership Council, and the New Knowledge and Innovation Council. Unit- or department-based councils are comprised of a subset of staff representing the voice of their colleagues. Designated representatives from these groups serve on the hospital-wide Clinical Practice Council. Each council has a defined charter describing its purpose, justification, scope, membership, accountability, goals and deliverables. Throughout the years, the hospital-wide councilor model has adapted to the needs of the patient, staff and organization.

Priorities and activities of the various councils are coordinated through the Collaborative Governance Steering Council. The effectiveness of collaborative governance is evaluated periodically through a survey of interprofessional staff and voice-of-customer retreats with council members and other stakeholders from across the hospital.

*Photo: Tanna Thomason, PhD, RN-BC, CNS, Nursing Administration, was recognized with a Nurse of the Year award in 2017.*
Photo: (from left) James Nebri, BSN, RN, CBN, CMSRN, 6 North, and Eunice Arenas, BSN, RN, 4 West, applied skills from the Sharp HealthCare Advisory Board Frontline Impact Program to improve nurse and patient utilization of GetWellNetwork.
Easy as Pie: Improving GetWellNetwork Utilization

The goal of GetWellNetwork (GWN) is to better involve patients in their care, primarily through patient education and engagement using health-related videos. Utilization has been low, as staff have not consistently used it when interacting with patients about their care.

Two nurses participating in the Sharp HealthCare Advisory Board Frontline Impact Program identified this challenge and, working together, applied the knowledge and skills gained through the program to improve nurse and patient utilization of GWN.

A review of the electronic medical record (EMR) on 4 West (n=28) and 6 North (n=32) revealed that zero patients had orders for GWN patient education videos. A baseline Likert-like survey was administered to nurses in these units to gauge their knowledge of and ability to navigate the GWN system. The greatest opportunities for improvement identified by this survey were based on the lowest-scoring items.

To improve GWN utilization, strategies were implemented on respective units.

4 West — Staff Orientation to GWN
- Created staff video on the value of GWN
- Shared video with staff during huddles
- Re-surveyed and shared results with staff

6 North — Integrating GWN Education Videos into Nursing Workflow
- Added GWN pain management video and aromatherapy orders to the Pain IPOC (Interdisciplinary Plan of Care)
- Educated staff on new order options via huddles
- Re-surveyed and shared results with staff

Outcome
Following the interventions, the follow-up survey showed a statistically significant increase in nurse agreement with knowing the purpose of GWN (U=1325.5, p<0.5) and how to instruct patients to watch health videos (U=1078.5, p<0.5), look-up medications (U=1033.5, p<0.001), and order integrative therapies (U=1066, p<0.001). Within a month, the number of GWN pain management videos ordered through Cerner on 6 North increased from zero to 35.
Souped Up: Improving Teamwork on 5 West

When nurses work on effective teams, they are more productive and less stressed, the quality of care they deliver is higher, there are fewer errors, and patients are more satisfied. In 2016, the 5 West Advanced Clinician team identified a lack of teamwork among staff.

They reviewed the 2015 Agency for Healthcare Research and Quality (AHRQ) Culture of Safety survey for 5 West in the “Teamwork within Units” domain and discovered their unit’s score was in the 82nd percentile. The team set the goal of improving this score to the 90th percentile.

In 2016, the advanced clinicians reviewed the literature on teamwork, asked staff “what does teamwork look like on 5 West PCU,” and created a teamwork-related “code of conduct.” A poster outlining this code of conduct was displayed on the unit, and all staff signed the poster to document their commitment to teamwork. Consequently, in 2017 the advanced clinician team incorporated the code of conduct into shift huddles so that staff could recognize each other’s teamwork and keep the code top of mind.

Outcome

Staff percentile ranking in the 2017 AHRQ Culture of Safety domain for “Teamwork within Units” increased to the 90th percentile.

Figure 4:
In 2017, 5 West’s percentile ranking in the “Teamwork within Units” domain hit the 90th percentile goal and outperformed the national comparative.
Cream of the Crop: ED CEN Certification

The Emergency Nursing Association (ENA) recognizes emergency departments for exceptional, innovative performance in core areas of leadership, practice, education, advocacy and research through the Lantern Award. As the ED prepared to submit its application for a second Lantern designation, there was a need to increase the number of certified emergency nurses (CENs) on staff.

In response, an ED certification drive was launched in January 2017 with the support of the ED Nurse Education/Certification Fund. The drive consisted of a voluntary two-day CEN review course designed to prepare ED nurses for the exam, taught by former ED CENs along with emergency physician colleagues. Free study materials were provided upon exam registration. Participants were reimbursed whether they passed or failed, creating a risk-free environment that encouraged nurses to seek certification.

Outcome
The percent of ED nurses with CEN certification increased from 19 percent in CY2016 to 32 percent in CY2017, meeting and exceeding the target goal of 30 percent.

Figure 5:
In 2017, ED met its goal for the percent of nurses attaining CEN.

![ED Certified Emergency Nurses](image-url)
“It’s not about perfection; it's about the joy of striving.”

Thomas Keller, Chef
Exemplary Professional Practice

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

À la carte: Professional Practice Model

A professional practice model (PPM) is a schematic description of a system that depicts how providers practice, collaborate and develop professionally to provide high quality patient care. Magnet-designated hospitals require nurses to provide ongoing development, implementation and evaluation of their PPM. Sharp Memorial Hospital nurses incorporated two frameworks — Donabedian and Hoffart and Woods — in the initial design of the PPM, which describes the structure or practice environment, process or care delivery system, and outcome or results of nursing care.

The PPM is integrated into various aspects of nursing practice at Sharp Memorial — from onboarding of newly hired nurses to developing professional growth plans and enhancing professional practice of nurse leaders. The PPM is regularly evaluated using existing staff surveys such as the RN Satisfaction Survey with Practice Environment Scale, Culture of Safety Survey, and Employee Engagement Survey. Plans are underway to develop a Sharp HealthCare system-wide professional practice model.

Figure 6:
Professional Practice Model — Sharp Memorial Hospital

Photo: Mike Froeberg, BSN, RN, CEN, Emergency Department, was recognized with a Nurse of the Year award in 2017.
Spice Things Up: Professional Practice Advisors

The role of the Professional Practice Advisor (PPA) is to focus on the development, implementation, enculturation and evaluation of the professional practice model at the unit level. Introduced in 2015, unit-based PPAs attend regularly scheduled meetings with other PPAs to learn, develop and grow in the role. Role-development topics are based on an initial needs assessment, which have included assessing their own strengths and weaknesses, providing feedback, dealing with difficult situations, and follow through.

Various exercises are included in meetings to provide PPAs the opportunity to share experiences and examples of implementation and evaluation of the professional practice model in daily practice. The PPAs work on — and provide input on — several organizational-wide projects to improve professional practice and the practice environment.

Outcome

Professional Practice Advisors have been instrumental in educating staff on the professional practice model, encouraging peers to complete the annual nursing satisfaction survey, and preparing their unit and the hospital for Magnet re-designation.
Just a Spoon Full of Sugar: Improving Medication Education and Patient Safety in the Home

Patient confusion about the importance of taking medications as prescribed leads to declines in overall health and is directly correlated to an increased risk of being re-hospitalized. Sharp Home Health found that incorrect medication management and inconsistent medication education in the home setting resulted in a worsening of congestive heart failure, hypo/hyperglycemia, hypertension and poorly controlled pain, leading to an increase in re-hospitalization for these four diagnosis groups.

The goal of Sharp Home Health is to provide effective medication education to 100 percent of homebound patients so they understand the importance of following a prescribed regimen, thereby improving compliance. However, in the first quarter of CY2016, Sharp Home Health provided medication education to only 90 percent of patients. This publicly reported data placed the agency at the lowest 1-star rating out of 5 stars within the Centers for Medicare & Medicaid Home Health Compare database.

A team of Home Health nurses, a nurse educator, a physical therapist, and nurse leaders was convened to examine this gap. They reviewed the literature, current data and national best practices related to in-home medication education and compliance. The team outlined the most effective practices, provided targeted clinician education, and set up an effective feedback process to ensure compliance.

Outcome
Effective medication education was provided to 100 percent of patients by the fourth quarter of CY2017, and that percentage has been sustained above 99 percent. Re-hospitalization rates remain low, with Sharp Home Health representing the top decile nationally.
Figure 7:
Home Health improved medication education compliance to 100% (rounded up).

Figure 8:
Percent of patients re-hospitalized within 30 days continues below the national benchmark.
Bread and Butter: Enhancing 5 North RN-MD Rounding

Interprofessional collaboration is key to providing safe patient care. On 5 North, no formal rounding process existed between nurses and physicians at the patient’s bedside. From a prior mixed-methods research study conducted at Sharp Memorial, quantitative results indicated nurses’ perception of collaboration was more negative than physicians. Qualitative themes revealed rounding, roles, respect and communication as strategies to improve collaboration.

From these findings, an evidence-based practice project was undertaken with the question, “Among nurses and physicians on an acute care unit on day shift, does a formal bedside rounding process, compared to no formal rounding process, result in increased daily rounding among physicians and nurses?”

From the prior study results, two interventions were selected for implementation: bedside rounding to include physician, nurse and patient; and a structured communication process between nurses and physicians with written updates to the plan of care provided for the patient.
Specific unit interventions included:

- Visual prompts at the front nursing station and dictation room to remind physicians to call the nurse to round
- A dedicated unit phone line established for physicians to call the nurse; nurses prioritized these phone calls when they saw the readout “MD Line”
- Badge cards for nurses designed with key communication elements for rounding, with an emphasis on updating the patient using written communication
- Education to nursing staff provided by email, in morning and afternoon safety huddles, and by peer-to-peer discussion
- Themed thank you cards posted in the dictation room to recognize physicians who rounded with nurses

Outcome

HCAHPS scores for the category “Nurses always communicated well” did not change from Q3 to Q4 2017, while HCAHPS scores for the category “Doctors always communicated well” increased from Q3 to Q4 2017.

Prior to this intervention, rounding among physicians and nurses was inconsistent and infrequent. After establishing the expectations for rounding and implementation of a daily management system to monitor daily rounding, the incidence of rounding among physicians and nurses increased to greater than 60 percent. To facilitate sustainability and further improve joint rounding, physician stakeholders remind their peers to continue daily rounding, unit nursing leadership attends the hospitalists’ monthly meetings, expectations are reinforced with nursing staff during unit huddles, and nurses continue to thank and recognize physicians who round with nurses.

Photo: (from left) Rennell Diaz, BSN, RN, PCCN, and Elizabeth Song, BSN, RN, PCCN, were among nurses on 6 West who worked to reduce C. diff infections on their unit.
Done to a T: Reduction of C. Diff Rates on 6 West

In 2016, 6 West experienced an increase in the number of Clostridium difficile (C. diff) infections: nine for the calendar year. Patients diagnosed with C. diff can face a multitude of other issues such as dehydration due to severe diarrhea, electrolyte imbalances, and an increased potential for skin breakdown. The unit set a goal to reduce the number of patients diagnosed with C. diff for the following year.

To reduce the number of C. diff infections, the staff (including nurses, nursing assistants and the clinical nurse specialist) worked closely with the Infectious Disease Department to formulate a plan, which included:

- Conducting biweekly bath audits to verify all patients were bathed every day
- Instructing nursing assistants to escalate to the nurse if a patient refused a bath; developing and using scripting for patients who refused a bath
- Educating staff on the correct procedure for testing a patient for C. diff.

Outcome
The number of C. diff infections on 6 West fell to zero by the first quarter of 2017 and have remained below 2016 levels.

Figure 9: C. diff infections on 6 West decreased following implementation of targeted interventions.
Grist for the Mill: Decreasing CLABSIs on 1 West

Central line-associated blood stream infections (CLABSIs) result in thousands of deaths each year across the U.S. and billions of dollars in added costs to the health care system, yet many of these infections may be preventable.

There was an increased number of CLABSIs in CY2017 on 1 West, the oncology unit at Sharp Memorial Hospital. The clinical nurse specialist (CNS) and infection preventionist assigned to the unit formed an interdisciplinary group to analyze the increase in CLABSIs and develop an action plan.

The group determined there were many factors contributing to the increase. Each member of the interdisciplinary group focused on an intervention within his or her scope. Despite multiple interventions, the unit did not see a decrease in CLABSIs.

Sharp HealthCare’s high-reliability training highlighted the utilization of cross-monitoring to decrease errors. From June to August 2017, the CNS met with all 1 West staff members. They were made aware of the increase in CLABSIs on the unit and asked for feedback on causes and possible solutions. In August 2017, 1 West implemented two strategies to address the increase: (1) resource nurse rounding and (2) a two-person system for each central line blood culture.

Daily resource nurse rounding included checking each central line at 10 a.m. and 10 p.m., and addressing defects in real-time with the bedside nurse. The blood culture system involved a two-person check for each blood draw, every time, to cross monitor on the correct technique and create time for dialogue between the caregivers.

Each person on the unit was encouraged to ask for help and raise safety concerns.

Outcome

The implementation of a formal process for cross-monitoring resulted in decreased CLABSIs on 1 West. This process also resulted in a decrease in other hospital-acquired infections and hospital-acquired pressure ulcers.

Figure 10: The CLABSI rate on 1 West decreased significantly post implementation of cross-monitoring interventions.
Icing on the Cake: Other Nursing-Sensitive Indicators

Figure 11:
Sharp Memorial outperformed the state benchmark for injury falls in six out of eight quarters.

![Injury Falls — All Inpatient Care Units](image)

Figure 12:
Sharp Memorial outperformed the state benchmark for hospital-acquired pressure ulcers (HAPU) in seven out of eight quarters.

![HAPU (Stage 2+) — All Inpatient Care Units](image)
Figure 13:
Sharp Memorial continues process improvement activities in the high-reliability quest to achieve zero CLASBI infections.

Figure 14:
Sharp Memorial continues process improvement activities in the high-reliability quest to achieve zero CAUTI infections.
Figure 15:
The average nurse satisfaction scores for all nursing units on the National Database of Nursing Quality Indicators (NDNQI) with Practice Environment Scale outperformed the national mean in three of five categories.

<table>
<thead>
<tr>
<th>Domain</th>
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<th>Magnet Hospitals Mean</th>
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<td>Nursing Participation in Hospital Affairs</td>
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<td>Staffing and Resource Adequacy</td>
<td>3.05</td>
<td>2.78</td>
<td>2.95</td>
</tr>
</tbody>
</table>

Figure 16:
Sharp Memorial consistently met its goal to be in the top 10th percentile for patient satisfaction compared with all large hospitals.
“Find something you’re passionate about and keep tremendously interested in it.”

Julia Child, Chef
À la carte: Differentiating Quality Improvement, Evidence-Based Practice and Research

Although projects may seem similar in terms of time and effort, their focuses can be very different. A quality improvement project is typically undertaken to address an issue or problem with a process of care or service. Sharp HealthCare uses the DMAIC (Define, Measure, Analyze, Improve, and Control) framework to guide process improvement.

When there is a new practice approach or a practice that needs to be updated because of strong evidence in the literature, an evidence-based project is carried out. Many frameworks exist for translating evidence into practice that generally involve the following steps:

- Asking the question in PICOT format (Population, Intervention, Comparison, Outcome, Time Period)
- Gathering, appraising and integrating the evidence (with expertise and patient preferences and values) into practice
- Evaluating outcomes of evidence-based practice change
- Disseminating results

A research study may be conducted when there is a lack of evidence and/or a desire to investigate or gain understanding about a relationship or a particular phenomenon of interest. To ensure the protection of human subjects involved in research, study proposals are vetted and approved through the Institutional Review Board prior to the start of any investigation. The research process has several steps that include identifying the question or aim, reviewing the literature, defining the methodology (including sample, instruments and data collection), analyzing the data, describing the results and disseminating findings.

All three types of projects play an important role in improving health care processes, practices and outcomes.
Figure 17: Performance Improvement, Evidence-Based Practice & Research Processes

- **Patient care processes need to improve?**
  - Critical to Quality
  - Define
  - Measure
  - Analyze
  - Improve
  - Control

- **Practice needs to change?**
  - PICO Question
  - Assess — to guide practice
  - Ask
  - Acquire
  - Appraise
  - Apply
  - Analyze
  - Adopt & Advance

- **New knowledge needed?**
  - Research Question
  - Review Literature/Evidence to Link Variables
  - Design
  - Approve — IRB
  - Conduct
  - Analyze
  - Conclude

- **Evidence Source?**
  - Best Practice Evidence

- **Evidence to Guide Practice?**
  - Strong
  - Weak/None

- **Disseminate Findings**

**CARE PROCESSES IMPROVED**

**PRACTICE CHANGED**

**NEW KNOWLEDGE GENERATED**
The Surgical Procedure Area (SPA) implemented new technology in 2017 called eCapture following two instances in which patients entered the operating room with unsigned surgical consents. The new technology allows the pre-op nurse to scan the patient’s armband for accurate identification prior to completing a surgical consent.

The technology validates that all necessary components are present. eCapture includes safeguards to ensure mandatory fields are completed. Consents are electronically signed with a copy immediately sent to the electronic medical record. Both the SPA and OR nurse are able to read the consent electronically. They now have the option to amend a consent instead of rewriting a consent if the physician changes the procedure. Having an electronic consent ensures the information is not lost or misplaced and eliminates previous difficulties in reading various handwriting.

**Outcome**

Sharp Memorial Hospital has successfully implemented eCapture technology to improve the surgical admission and registration processes. SPA nurses have seen less rework with the new electronic consent process. Electronic surgical consents are available in English, Spanish, Vietnamese, Arabic and Tagalog.
Slice of the Pie: 4 North Dissemination of New Knowledge Makes a National Impact

Part of being a Magnet organization is promoting professional development among nurses and leveraging that development to impact patient outcomes — not only within one’s own organization but externally through professional organizations.

4 North nurses are encouraged to disseminate the results of projects in which they are involved. To facilitate the various modes of dissemination, nurses are mentored by the unit-based clinical nurse specialist in all phases of dissemination, including completing the application process, writing an abstract (summary) of the project, creating a poster and/or presentation slides, practicing podium presentation skills and writing for publication.

By using multiple strategies to encourage dissemination, nurses feel empowered to make a difference on 4 North, and across Sharp and the country.

Outcome
Over the past two years, 4 North nurses have disseminated a number of best practices across the United States through professional organization education conferences and other avenues.

Figure 18:
4 North nurses continue to disseminate best practices through various avenues.
In a Nutshell: Featured Research Study

The Impact of an Electronically-Generated Standardized Hybrid Handover Tool on Nursing Satisfaction

Introduction

Miscommunication is a frequent root cause of safety errors, particularly during handovers (World Health Organization, 2007). Nurses play an essential role in the transfer of patient information among and between providers, especially at the change of shift. A standardized structure has been recommended to improve handover communication and patient safety (Agency for Healthcare Research and Quality, 2012). Electronic-only solutions (templates and summary screens) have not been shown to support nursing workflow (Staggers 2011). Nurses require portability and accessibility and prefer using handwritten notes. However, information technology such as electronic medical records can be leveraged to support safety of the handover process (Smeulers, Lucas, & Vermeulen, 2014; Staggers & Blaz, 2012).

Methods

This study was a quasi-experimental design using a convenience sample of bedside nurses working in identified intervention and control units. The intervention was a newly developed electronically generated handover tool. Development of this tool was based on content-analysis findings from a previous study of handover tools in use, conducted by the investigators. The handover tool was generated from the electronic medical record and included pre-populated patient information as well as blank space for customized handwritten documentation. Nurses on the intervention unit agreed to use the electronically generated handover tool during the study period. Satisfaction with the handover tool and process were measured pre and post implementation of the tool using an investigator-developed satisfaction survey. Additionally, feedback was obtained from nurses on the intervention unit regarding handover tool content and structure. Basic quantitative and qualitative methods were used to analyze the data.

Results

A convenience sample of 138 nurses assigned to either an intervention unit or a control unit participated in the study. The majority of participants were female (79 percent) clinical nurses (90 percent) with a BSN or higher nursing degree (90 percent), who worked either on the day (44 percent) or night (56 percent) shift. Participants were average age of 34.3 years, with 7.8 years of nursing experience and 4.7 years on their respective units.

Although perceptions improved for all nine items on the handover satisfaction survey, analysis using the Mann-Whitney U test showed there was no statistically significant difference in satisfaction within and between the intervention unit and control unit, pre (n=79) and post (n=59) implementation of the electronically-generated handover tool.

Content analysis of feedback obtained from nurses (n=28) in the intervention unit revealed themes related to content, structure and context. Nurses had positive comments on prepopulated information, including patient identification, allergies, provider names, reason for visit, vital signs, last bowel movement and labs. The ability to trend patient data such as vital signs and labs were recommended. Added sections for plan of care priorities and pre-identified tasks were not seen as useful. Numerous recommendations were provided for font size, flow and space allocation for certain sections and blank space.
Comments often referred to previous handover tool formats. Suggestions to add patient population-specific information, anatomical figures and a lab values diagram were also provided. All suggestions were considered but some were not feasible due to electronic format limitations. Nursing feedback was used to revise and finalize the design of the electronically generated handover tool.

**Discussion**

While analysis had insignificant findings in nurses’ satisfaction with the electronically generated handover tool and process, the average level of agreement with survey statements increased after using the tool, and actionable qualitative information was provided. Positive feedback on the electronically generated, printable, pre-populated handover tool and designated blank space supports previous research on the need for handover tools to be adaptable and contextual (Staggers & Blaz, 2012). In order to standardize the handover tool, it was important to determine what nurses wrote about (assumed to be important). The patterns were used to design a user-friendly handover tool that met nurses’ needs for accurate and up-to-date information, personalization and portability (Hardey, Payne, & Coleman, 2000).

**Food for Thought: Sharing Best Practices**

The following list includes the involvement of nurses in scholarly activities. **Bolded** author names are nurses at Sharp Memorial.

**Internal Presentations — Podium**

- **Ecoff, L.**, *Evidence-Based Practice Enriches Outcomes*, Sharp Memorial Hospital Share, Inspire, Transform Presentation Series, Feb. 27, 2017
- **Ecoff, L.**, *Measuring the Effect of a Nurse Residency Program on Person-Organizational Enculturation*, Sharp Memorial Hospital Share, Inspire, Transform Presentation Series, Sept. 25, 2017
- **Failla, K.R.**, *The Importance of Debriefing as a Supportive Component in Education*, Sharp Memorial Fuel Your Practice Presentation Series, Oct. 16, 2017
- **Healy, M.**, *Joint Base Hospital Field Care Audit*, Pre-Hospital Continuing Education, Nov. 8, 2017
- **Holsworth, C.**, *Care of the Critically Ill Bariatric Patient*, Sharp HealthCare Obesity Crisis Conference, May 12, 2017
- **Moore, S.**, *Using Aromatherapy for Pain Attenuation and Relaxation by the Bedside Care Provider*, Sharp HealthCare Integrative Healing Forum, Oct. 14, 2017
- **Nasshan, S.**, *Heart Failure Handoff Protocol Outcomes*, Sharp Memorial Hospital Share, Inspire, Transform Presentation Series, June 26, 2017
- **Timmerman, J.**, *Three Times a Day Decreases Length of Stay on an Acute Care Unit at Sharp Memorial Hospital*, Sharp HealthCare Frontline Impact Program, Oct. 27, 2017

Sitzer, V., Incorporating the Change Process into Educational Design, Sharp Memorial Hospital Fuel Your Practice Presentation Series, Aug. 21, 2017

Yager, M., Innovative Uses of Technology in Education, Sharp Memorial Hospital Fuel Your Practice Presentation Series, Sept. 18, 2017

Internal Presentation — Webinar or Other

Ecoff, L., Leading Innovations to Achieve Excellence, Keynote Podium Presentation, Sharp HealthCare 3rd Annual Interprofessional Research and Innovations Conference, June 2, 2017

External Presentations – Poster

Beltran, R., Bogart, B., Prewitt, C., and Tarbell, J., Teamwork Leads to Dreamwork, American Association of Critical-Care Nurses National Teaching Institute & Critical Care Exposition, Houston, TX, May 22-25, 2017


Bongiovanni, H., and Smith, C., Developing a Postoperative Spine Activity Pathway, Evidence-Based Practice Institute, San Diego, CA, Nov. 7, 2017


Labenske, J., Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurses’ Diabetes Knowledge, American Association of Diabetes Educators, Indianapolis, IN, Aug. 4-6, 2017

Le Danseur, M., Is the CABIC Clean Intermittent Catheterization Patient Education Effective?, Association of Rehabilitation Nursing, Seattle, WA, Nov. 8-11, 2017

Magdaluyo, P., Staff Engagement through Utilization of Virtual Staff Meetings, Planetree International Conference, Baltimore, MD, Oct. 17, 2017


Timmerman, J., Reavis, K., Eusebio, R., Sitzer, V., and Marder, L., Development of an Electronically Pre-populated Handover Tool Utilizing Research Design, American Nursing Informatics Association Conference, New Orleans, LA, March 30-April 1, 2017

Sitzer, V., Timmerman, J., Reavis, K., Eusebio, R., and Marder, L., A Frontline Approach to Investigating Nurses’ Handover: A Focus on Content and Structure, Sigma Theta Tau 28th International Nursing Research Congress, Dublin, Ireland, July 29, 2017

External Presentations — Podium


Collette, A., *Nurse-Physician Collaborative Rounding on an Acute Care Unit at Sharp Memorial Hospital*, San Diego Evidence-Based Practice Institute, San Diego, CA, Nov. 7, 2017

Ecoff, L., *The Advanced Practice Nurse Role in Healthcare Reform: Value-Based Purchasing*, Guest Lecture Presentation, Point Loma Nazarene University, San Diego, CA, Feb. 11, 2017


Fox, T., *Defeating C-difficile Through Team Accountability and Resiliency*, Association of California Nurse Leaders, Anaheim, CA, Feb. 5, 2017


Moore, S., *Integrative Therapies for the Bedside Care Provider*, Hispanic Nurses Association Meeting, San Diego, CA, Sept. 9, 2017


Rosenberg, L., *Advanced Trauma Symposium*, Rady Children’s Hospital, San Diego, CA, March 31, 2017

Sitzer, V., *Graphing Your Data Effectively*, San Diego Evidence-Based Practice Institute, San Diego, CA, Sept. 12, 2017


Stahovich, M., *Patient Selection for Advanced Therapies*, Corona Cardiology Inland Heart Doctors, Corona, CA, March 15, 2017


Stahovich, M., *Patient Selection and ER Training*, Yuma Regional Medical Center ER, Yuma, AZ, March 27, 2017

Stahovich, M., *SSI and Driveline Site Infection*, St. Jude Medical VAD Coordinators Conference, San Diego, CA, April 21, 2017

Stahovich, M., *Mission Hospital Shared Care Site*, Mission Hospital, Mission Viejo, CA, July 20, 2017

Stahovich, M., *VAD Technology in the Rehabilitation World*, Association of Rehabilitation Nursing Conference, Seattle, WA, Nov. 11, 2017

Stahovich, M., *Advanced Heart Failure Treatments*, Desert Hospital, Palm Springs, CA, Nov. 14, 2017

Toole, B. M., *Patient Care Technology: Where the Patient Meets the Nurse*, Sigma Theta Tau 28th International Nursing Research Congress, Dublin, Ireland, July 30, 2017

Thomason, T., *Acute Coronary Symptoms & 12 Lead ECG Interpretation*, Guest Lecture Presentation, University of San Diego, San Diego, CA, April 11, 2017

Thomason, T., *Legal Documentation*, Guest Lecture Presentation, Point Loma Nazarene University, San Diego, CA, Feb. 13, 2017


**External Presentations — Webinar**


Fox, T., *Defeating C-difficile Through Team Accountability and Resiliency*, Association of California Nurse Leaders Webinar, San Diego, CA, April 18, 2017

Publications


Earned/Advanced Degrees in 2017

Leah Baltazar, Masters of Science in Nursing, University of Phoenix, Tempe, AZ, July 2017

Tiffany Booth, Bachelors of Science in Nursing, Point Loma Nazarene University, San Diego, CA, September 2017

Chandelle Butterfield, Bachelors of Science in Nursing, California State University San Marcos, San Diego, CA, May 2017

Krista Dupont, Bachelors of Science in Nursing, Western Governors University, Salt Lake City, UT, September 2017

Jan Hodgson, Bachelors of Science in Nursing, University of Phoenix, San Diego, CA, May 2017

Erica Garcia, Masters of Science in Nursing, Adult-Gerontology Clinical Nurse Specialist, University of San Diego, San Diego, CA, May 2017

Armie Gorospe, Bachelors of Science in Nursing, Grand Canyon University, Phoenix, AZ, April 2017

Tanya Kroshchuk, Bachelors of Science in Nursing, Western Governors University, December 2017

Jada Mai, Bachelors of Science in Nursing, University of Phoenix, San Diego, CA, May 2017

Marlena Montgomery, Masters of Business Administration, Masters of Science in Nursing, Grand Canyon University, Phoenix, AZ, March 2017

Chelsea Stapa, Bachelors of Science in Nursing, Point Loma Nazarene University, San Diego, CA, September 2017

Jacqueline Utila, Bachelors of Science in Nursing, Sacred Heart University, Fairfield, CT, May 2017
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