



**CLINICAL
NURSE
SPECIALIST**

**ANNUAL
REPORT
FY18**

INTRODUCTION

A Clinical Nurse Specialist (CNS) is an advanced practice nurse who holds a graduate nursing degree and has expertise in a specialized area of nursing practice, like population (e.g., pediatrics), setting (e.g., intensive care unit), or disease (e.g., diabetes). This report describes the accomplishments of CNSs at Keck Medical Center in this past year.

CNSs are a crucial part of the health care team. Keck Medical Center employs five CNSs who work in various departments with several populations.

The CNS group:

- Assesses and evaluates healthcare interventions to improve healthcare delivery and outcomes
- Drives evidence-based practice changes throughout the organization
- Provides expertise to nurses caring for patients at the bedside
- Leads nursing quality and safety rounds
- Serves as a consultant for complex patient issues

CNS REVIEW

MISSION

To improve patient outcomes through process improvement, evidence-based practice, and research by serving as nursing clinical practice experts.

VISION

To influence the future of health care at every decision point involving the patient, family, nurse, and organizational system.

GOALS

- Establish the CNS role
- Promote nursing scope of practice through CNS rounds
- Establish a mentorship program to promote implementation of evidence-based practices

MAGNET EXEMPLARS

CNSs are nursing clinical practice experts who improve patient outcomes through evidence-based practice, research, and process improvement.

Activities throughout the year have shown this clinical expertise in practice. Here are some exemplars, aligning with the Magnet Recognition Program:

1. **Transformational Leadership (TL9EO)**
Clinical nurses were interested in identifying the best practices toward family visitation in the hospital and were mentored through use of the Johns Hopkins Nursing Evidence-based Practice Model by Natalie de Haas-Rowland to address this clinical question. Through this mentorship, staff were able to update the organization's visitation policy to be patient- and family-centered by opening visitation as recommended by the best available evidence.
2. **Structural Empowerment (SE4EO)**
Nurses were encouraged to participate in the Institute of Clinical Inquiry and Evidence-based Practice, a 20-week EBP mentorship program offered by the CNS group. Lectures are offered on the topics of nursing leadership and professional development with the purpose of influencing nursing practice and improving patient outcomes. Nurses from several units and in various positions participated in the program and mentored through an evidence-based practice change.
3. **Exemplary Professional Practice (EP8EO)**
Patient Care Technicians (PCTs) and nurses collaborated to improve the practice of performing oral care for non-vented patient. This was mainly achieved by identifying PCT and nurse champions from all units and sharing with them the latest research on reducing the incidence of hospital-acquired pneumonia among non-vented patients. Through interactive working meetings, these unit champions evaluated current practices, decided processes for the implementation of the new practice, and advocated for patients during implementation.

INSTITUTE OF CLINICAL INQUIRY AND EVIDENCE-BASED PRACTICE

PURPOSE

The Institute of Clinical Inquiry and Evidence-based Practice (ICIE) will integrate research and evidence-based practices (EBP) into clinical operations by mentoring nurses to systematically influence health care decisions and improve the quality of the care environment. The Institute will promote clinical inquiry and advance evidence-based practices in response to a dynamic and ever-changing health care climate.

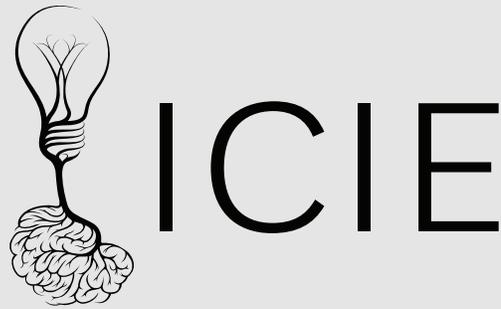
PAST PARTICIPANTS AND THEIR EBP TOPIC

Mindy Chin	7W RN	Mentoring and Nurse Turnover
Riviane Jardim	Wound Educator	Best Practices for Pressure Injury Prevention
Rebecca Daniels	7EW Manager	Using Skin Care Bundles to Reduce Pressure Injuries
Maribel Nieva	7E Nurse Lead	Use of ICU Diary to Decrease Post-ICU Syndrome
Joanna Kim Ocol	Norris RN	Using Technology to Involve Family in Plan of Care
Nikesha Raymond	7W RN	Animal Assisted Therapy in the ICU to Improve Quality of Life
Linda Dankwa	7s Nurse Lead	Best Practices for Monitoring Intake and Output During CRRT
Catherine Cerda	7W RN	Best Practices for Reducing Nurse Burnout
Rochelle Vasco	5N RN	Best Practices for Cardiac Monitoring
William Gallegos	5N RN	Best Practices to Reduce Heart Failure Readmissions
Sharon Ali	IR RN	Best Practices for Biliary Drain Exchanges



CNS OUTCOMES FY18

Kerk Pillar	Nsg Goal	CNS Activity	Measure	Patient Outcome (PO)	FY17 PO	FY18 PO	FY18 PO 6/15/18	FY18 PO Goal	Process Outcome	Process % for FY18Q1	Process % for FY18Q2	Process % for FY18Q3	Process % for FY18Q4	Process % for FY18	Process Trend	Desired Trend
Quality Power of Zero and 5-Star Outcomes	CNS Rounds	CNS Activity	Pain Management	HCAHPS: Pain Mgmt	72.7	73.3	73.7		% appropriate pain instrument reported	94.6	75	82.3	83.3	83.8	↓	↑
				Pain days	UTD	UTD	UTD		% interventions for CPOT >2 or NRS >3	85.70	100	87.5	100	93.3	↑	↑
									% education on pain goals (CPOT <2; NRS <3)	95	86	100	100	95.25	N/A	N/A
			Breathing Coordination	VAP rate	1.73	1.42	1.56		% education on SAT	100	80	100	100	95	N/A	N/A
				Vent days	8658	9126	7792									
			Sedation Assessment	ICU LOS	5.4	5.6	4.86		% appropriate RASS assessment	94.6	100	75	100	92.4	↔	↑
									% RASS is as ordered when patient sedated	55.6	33.3	100	50	59.73	↑	↑
									% education on "light" sedation goals (RASS 0 to -1)	85.7	100	100	100	96.43	N/A	N/A
			Delirium Management	ICU LOS	5.4	5.6	4.86		% appropriate delirium assessment	66.7	50	58.8	63.6	59.78	↔	↑
				Delirium Prevalence					% positive delirium captured	ND	ND	ND	ND	ND	N/A	↑
				Mortality	0.99		<0.99		% delirium interventions implemented for + screen	83.3	50	50	66.67	62.49	↓	↑
			Mobility	ICU LOS	5.4	5.6	4.86		% appropriate mobility level reported	68.6	75	66.7	66.67	69.24	↓	↑
				Hosp LOS	6.7	6.7	6.03									
				Vent days	8658	9126	7792									
			Ethics						% CNS nursing note completed for ethical issue	0	0	ND	16.67	5.557	↑	↑
									# collaboration with social worker when appropriate	1	ND	ND	1	1	↔	↑
			Skin Care	HAPI rate					% education on pressure injury prevention	78.3	100	100	100	94.58	N/A	N/A
			Central Line	CLABSI rate	1.09	1.29	0.98		% inappropriate indication	8.3	0	16.67	16.67	10.41	↑	↓
				CLABSI util	0.35	0.34	0.31									
			Urinary Catheter	CAUTI rate	0.85	1.94	0.77		% inappropriate indication	14.3	0	20	20	13.58	↑	↓
				CAUTI util	0.29	0.24	0.26		% strict I/O chosen w/o trying alternate measurement	75	100	100	0	68.75	↓	↓
									% catheter reinserted within 24hr of removal	ND	ND	ND	ND	ND	N/A	↓
			Ventilator	VAP rate	1.73	1.42	1.56		% hi-lo on suction	66.7	33.3	100	75	68.75	↑	↑
				Vent days	8658	9126	7792		% HOB greater than 30 degrees	50	0.6	77.8	80	52.1	↑	↑
			VTE Prophylaxis	DVT Rate					% SCD compliance	69.4	100	70.1	50	72.38	↓	↑
			Alarm Management						% alarms on	91.43	100	94.1	90.91	94.11	↓	↑
									% HR parameters per policy (20% above/below)	40	42.9	62.5	9.09	38.62	↓	↑
									% BP parameters per policy (20% above/below)	43.3	80	64.3	11.11	49.68	↓	↑
Symptom Management	Mucositis incidence, Days max	UTD	UTD	UTD		Nausea - % time patient had breakthrough N/V	25	0	75	0	25	↔	↓			
	grade mucositis	UTD	UTD	UTD		Nausea - % time PRN antiemetic(s) given	100	N/A	100	N/A	100	↔	↑			
	NW/AP cases	326	363	295		Nausea - % time efficacy of PRN antiemetic(s)	100	N/A	66.7	N/A	83.35	↓	↑			
						Oral care - % education on oral care practices	72.2	100	100	77.78	87.5	N/A	N/A			
						Oral care - % oral care regimen followed as prophylaxis	81.3	100	64.29	88.89	83.62	↔	↑			
Patient Education	HCAHPS: Discharge Info	89.4	89.7	90.4		# discussions re: education topics for shift	14	2	2	4	5.5	N/A	N/A			
	HCAHPS: Med Communication	62.8	62.4	63.8		% education on documentation of pt education	ND	100	66.7	100	88.9	N/A	N/A			



INSTITUTE OF CLINICAL INQUIRY AND
EVIDENCE BASED PRACTICE

Keck Medicine of USC

RECRUITING ALL NURSES

Are you interested in leading an evidence based practice change here at Keck? Join us!

The 5-month program starts in January and August of every year. You receive 1:1 mentorship as you review current evidence, plan, and lead implementation of a new practice. Come with an idea already in mind or let us help you select a topic.

- Free CEUs are offered on topics of nursing leadership and professional development
- Earn clinical ladder points

Please ensure you will be available to attend the 10 meetings - discuss your interest with your manager, assistant nurse manager, and/or CNS!

Join Us

>100

CNS ROUNDS

Over 100 nurses participated in one-on-one CNS rounds addressing independent nursing functions that improve the care provided to their patients

**QUALITY
IMPROVEMENT**

NURSING QUALITY INDICATORS

Refocusing attention on the nursing standardized procedure for urinary catheter removal assisted with reducing urinary catheter utilization for the hospital



Meet the CNS TEAM

KIMBERLY SANCHEZ

NATALIE DEHAAS-ROWLAND

ALDEN EGAN

NANCY OHANIAN

KATHRINE WINNIE

GINA KUCHEREPA

CNS Spotlight: Kimberly Sanchez

Kimberly is the CNS for the surgical and medical intensive care units as well as the stepdown unit. She has 9 years of experience in critical care. She received her Master of Science in Nursing from the University of San Diego and her Bachelor of Science in Nursing from Mount St. Mary's College in Los Angeles. Kimberly is currently a doctoral candidate at the University of San Diego and the focus of her dissertation is acute pain among Hispanic adults. She is certified by the American Association of Critical-Care Nurses as a CCRN-K and as an ACCNS-AG. As an adult-gerontology CNS focused on care of the critically ill patient, Kimberly has assisted in developing and implementing initiatives, identified as evidence-based practices, to decrease the incidence of hospital-acquired infections and improve patient outcomes.



CNS Spotlight: Natalie de Haas-Rowland

Natalie is the CNS for the cardiac critical care and telemetry units. She has 12 years of experience, including critical care and cardiothoracic surgery. She received her Associate Degree and Bachelor of Science in Nursing from Golden West College and California State University, Fullerton and her Master of Science in Nursing from Liberty University. Natalie is certified by the American Association of Critical-Care Nurses as a Critical Care CNS, CCRN, CSC, and CMC. She is Co-Chair of the Nursing Hospital Acquired Infection Committee, Co-Chair of the Code Blue Committee and Chair of the Alarms Management Task Force. Natalie is currently working on evidence-based practice initiatives related to family visitation, alcohol withdrawal, and alarms management.



CNS Spotlight: Alden Egan

Alden is the outpatient CNS for Norris Cancer Hospital. She received her Master of Science in Nursing from UCLA and is certified as an Advanced Oncology and Adult Gerontology CNS as well as an Acute Care Nurse Practitioner. She aims to promote high quality patient care through nursing best practices with a focus on initiatives to promote patient safety, education and empowerment during cancer treatment. Her poster “Nurse Driven Chemotherapy Education Plan Improves Patient Safety and Satisfaction” received honorable mention at the 2017 UCLA Research and EBP Conference. She is an active member of the Medication Error Reduction Team, Subcommittee of Infection Prevention and Nursing Research and EBP Council and co-chairs the Falls Committee and Advanced Practice Nurses Council.



CNS Spotlight: Nancy Ohanian

Nancy is the inpatient CNS at Norris. She has 20 years of experience, including BMT and pediatric oncology. She received her Master in Nursing from UCLA. As the CNS at Cohen Children’s Medical Center of NY, she improved safety during chemotherapy prescribing by creating standardized order templates for Children’s Oncology Group protocols and teaching oncology fellows how to write chemotherapy orders. Nancy was a poster abstract co-author of “Successful implementation of a modified methotrexate desensitization protocol in a patient with osteosarcoma”, presented at the ASPHO Annual Meeting. She was a writer for CCMC’s Magnet document and Co-Chair of the Nursing Research Committee. Nancy was the Assistant Editor for JOPON. She implemented the patient-focused CNS role at Norris.



CNS Spotlight: Kathrine Winnie



Kathrine is the CNS in the Surgical Intensive Care Unit, abdominal Transplant Unit, and the Abdominal Transplant General Care Unit. She received her Doctor of Nursing Practice Degree from California State University, Fresno and her Bachelor and Master of Science in Nursing from Mount Saint Mary's College in Los Angeles. In her current role, Kathrine works with interprofessional team members to implement various evidence-based initiatives such as sepsis, ICU liberation, alarm management, and delirium screening. She works with her nursing colleagues to elevate nursing practice, through providing preceptor education, developing a nursing-focused CRRT quality program, and mentoring nurses as they develop their own evidence-based practice projects or prepare to apply to the Clinical Ladder Program.

CNS Spotlight: Gina Kucherepa

Gina is a Nursing Director at the Keck Hospital of USC. She has 19 years of nursing experience and started as a clinical nurse specialist at Keck in 2006, later transitioning into her current role in 2009. Gina received her Master of Science in Nursing from UCLA and her Bachelor of Science in Nursing from USC in Los Angeles. She is certified by the American Association of Critical-Care Nurses as a CCRN-K. In her current role, Gina provides leadership in clinical expertise, nursing practice, and systems innovation. She continually works to drive practice changes throughout the organization and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.



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