



**THE QUEEN'S
HEALTH SYSTEMS**

2021 THE QUEEN'S NURSE ANNUAL REPORT



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A faded, sepia-toned portrait of Queen Emma, the second monarch of the Kingdom of Hawaii. She is shown from the chest up, wearing a dark, high-collared dress with a necklace and earrings. Her hair is styled in an updo.

Our Mission

To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

Our Philosophy of Care

LOKOMAIKA'I

We believe that all people will be cared for with dignity and respect in an environment which is sensitive to each person's own beliefs, values and culture.

Each team member, patient and family is committed to a collaborative approach in providing an environment that will promote healing of mind, body and spirit.

Our philosophy is extended in a place of harmony, as guided by the vision and ideals of our founders.

Overview of Queen's Facilities

The four hospitals of The Queen's Health Systems are dedicated to improving the health of Native Hawaiians and all of the people of Hawai'i. We're working to fulfill the mission of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services.



**THE QUEEN'S
HEALTH SYSTEMS**



THE QUEEN'S MEDICAL CENTER, PUNCHBOWL CAMPUS

1301 Punchbowl Street,
Honolulu, Hawaii 96813

THE QUEEN'S MEDICAL CENTER, WEST O'AHU CAMPUS

91-2141 Fort Weaver Road,
Ewa Beach, Hawaii 96706

QUEEN'S NORTH HAWAI'I COMMUNITY HOSPITAL

67-1125 Mamalahoa Highway,
Kamuela, Hawaii 96743

MOLOKAI GENERAL HOSPITAL

280 Home Olu Place,
Kaunakakai, Hawaii 96748

Queen's Nursing PROFESSIONAL PRACTICE MODEL

NURSING VISION

Nursing at QHS is a center of excellence for professional nursing practice. It is known for distinction in a clinical nursing practice, innovative strategies in nursing education, and collaborative research which extends the bounds of knowledge.

SHARED VALUES

C.A.R.E

- **C**ompassion
- **A**loha
- **R**espect
- **E**xcellence

PHILOSOPHY OF CARE: LOKOMAIKA'I

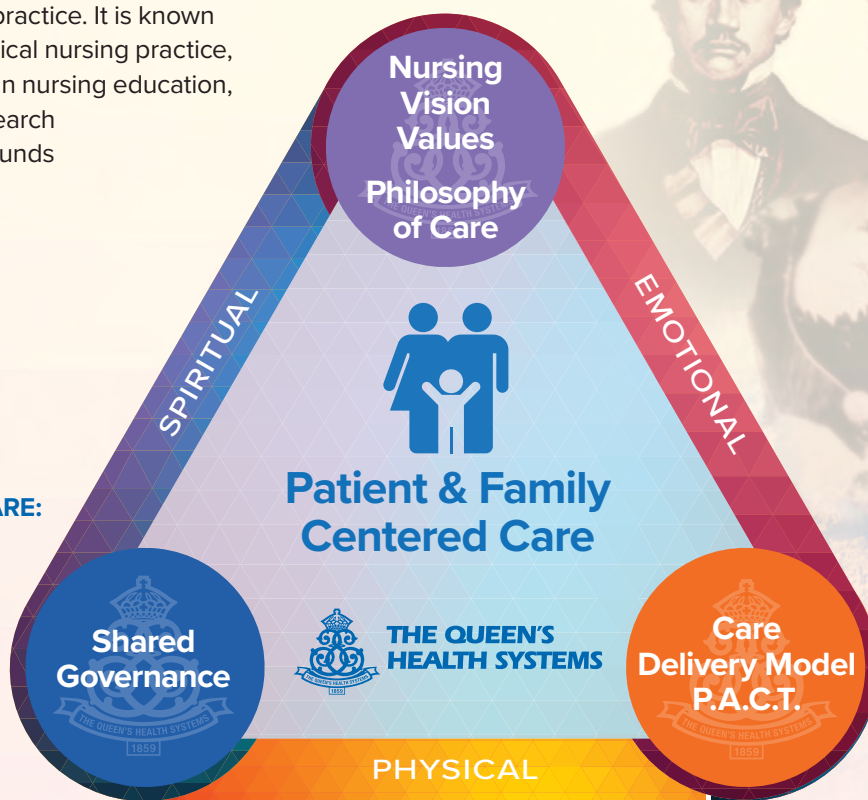
Physical, Emotional, and Spiritual Care

GUIDING PRINCIPLES

- Patient and Family Centered Care
- Cultural Sensitivity
- Collaboration
- Education

SHARED GOVERNANCE COUNCILS

- Informatics Council
- Leadership Council
- Management Council
- Practice Council
- Professional Development Council
- Research Council
- Unit Councils



Professional Practice Standards & Queen Emma Nursing Institute

PROFESSIONAL PRACTICE STANDARDS

- Hawaii Nurse Practice Act
- ANA Standards of Care and Professional Performance

QUEEN EMMA NURSING INSTITUTE

- Research
- Evidence-Based Practice
- Education
- Workforce Development

CARE DELIVERY MODEL: P.A.C.T.

- **Professional** and personal accountability is expected
- **All** patients will have an accountable RN to care 24x7
- **Communication** is a driver for excellent care
- **Therapeutic** relationships with patients and families is the goal

QHS and Hospitals Nursing Leadership Team



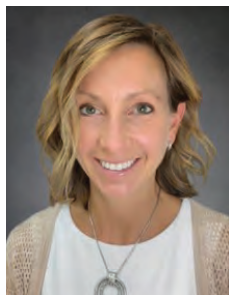
KELLY M. JOHNSON, PHD, RN, NEA-BC

Chief Nursing Officer, The Queen’s Medical Center
Chief Nurse Executive & Senior Vice President,
The Queen’s Health Systems

Dr. Kelly Johnson has been a hospital executive and chief nursing officer for 28 years. She has clinical experience in many roles including family nurse practitioner and clinical nurse specialist. Her clinical focus was in neurosciences, specifically working with individuals and families with traumatic spinal cord injury.

KRISTINA CLARK, MSN, RN

Senior Director & Associate Chief Nursing Officer,
Nursing Practice and Quality,
The Queen’s Health Systems



Kris has more than 20 years of experience working in health care systems leading education teams and driving clinical outcomes through innovative learning solutions. She is committed to patient centric care and is passionate about the nursing profession.

ROBIN KALOHELANI, MSN/ED, RN, CCM, FACHE

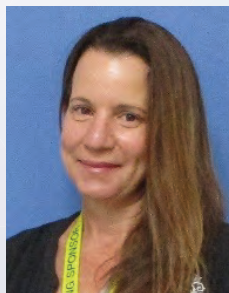
Administrator, Patient Care,
Associate Chief Nursing Officer,
The Queen’s Medical Center – West O’ahu



Robin has served The Queen’s Medical Center – West O’ahu in case management, project leadership, care transition and clinical services and leadership roles in health administration. She is passionate about providing care at the right time to our patients in underserved and under-resourced populations.

TONI A. KALAULI, BSN, RN

Director of Nursing,
Queen’s North Hawai’i Community Hospital



For over 17 years, Toni demonstrated commitment to nursing excellence through her roles at the Queen’s North Hawai’i Community Hospital as a registered nurse, nursing management, and health administration. Her underlying goal is to instill the vision and mission of The Queen’s Health Systems.

MICHAEL MULLEN, MSN, RN

Director of Nursing,
Molokai General Hospital



Michael has held numerous roles at The Queen’s Medical Center Punchbowl and West O’ahu campuses, and Molokai General Hospital. He proudly serves in the US Army Reserves and is passionate about serving his community.

Building a Foundation for C.A.R.E. Strategic Plan Supports Nursing Excellence and Professional Development



“ Well-educated, well-trained nurses—and more of them—are critical to The Queen’s Health Systems ability to achieve its mission of meeting and improving the health needs of native Hawaiians and all people of Hawai‘i. ”

This has never been clearer than during the pandemic when Queens’ nursing teams demonstrated repeatedly their commitment and contributions to patient care.

“We are a critical profession,” says Kelly Johnson, PhD, RN, NEA-BC, The Queen’s Medical Center Senior Vice President and System Chief Nurse Executive. “We must interest younger people to come into the nursing profession and ensure our training and education programs are preparing them to meet our patient needs as healthcare evolves.”

Kelly outlined a vision for nursing at Queen’s where nurses receive additional career planning and professional development with a focus on developing the nurse leaders of the future. Special emphasis will be placed on collaborating with academic partners to prepare nurses for new and emerging roles in preventative health and primary care.

“Most nurses are prepared to be in acute care areas,” she says. “But we have to anticipate changes in how healthcare will be delivered and prepare our nurses to excel in their new roles.”

Queen’s nursing strategic plan will help focus resources not only on nurse development, but on supporting nurse well-being and on evolving the foundational structures of nursing excellence critical to patient experience and better patient outcomes. The goal is to be the strongest nursing team in Hawai‘i and be nationally known for innovation and excellence. The plan includes the following imperatives:

- **Imperative #1:** Develop and support the best and brightest nurses and nurse leaders of the future.
- **Imperative #2:** Create innovative models of care to align and support Kina’ole and Lokomaika’i.
- **Imperative #3:** Lead Queen’s to a state of high reliability to ensure high quality/safe patient care.
- **Imperative #4:** Re-ignite an environment that promotes healing of mind, body and spirit extended in a place of harmony, as guided by the vision and ideals of our founders.
- **Imperative #5:** Support and nurture the innovative, curious, and pioneering nature of nurses.

Building a Foundation for C.A.R.E. (continued)

Nursing is dedicated to preserving the culture and legacy of Queen’s founders by delivering the best patient C.A.R.E with Compassion, Aloha, Respect and Excellence, Kelly says.

“We want to maintain and strengthen the culture that our founders established,” Kelly says. “One way we’ll do that is through our Professional Practice Model (PPM), which has its foundation in the culture and heritage of Hawai’i and is based on Watson’s Caring Sciences.”

Efforts are already underway to further empower nurses throughout Queen’s to embed the PPM into their clinical work. Queen’s is rejuvenating its shared decision-making model to ensure that clinical nurses have a strong voice in the decisions that impact their practice.

Capturing the input of clinical nurses will be critical to achieve another strategic plan goal: nurture the innovative nature of nurses, Kelly says. “One of our goals is research the creation of a nursing innovation center. We want to leverage the knowledge and skills of our nurses to make our practice better, to makes our supplies and equipment better, and to really understand and meet the needs of patients.”

“What we really want is to provide the very best work environment for our nurses,” Kelly says. “We want to improve quality outcomes and nurse engagement. We want to be a place where nurses love their work and where Queen’s is the only place they want to practice.”



Priorities for Professional Nursing	Workforce Planning and Development	Work Environment	Acuity, Precision Medicine, Research and Technology	Resource Stewardship
Micro	Recruit and develop the best and brightest nurses and nursing leaders	Create an environment where each individual nurse will be satisfied with their work and Queen’s is the only place they want to practice	Develop robust transition to practice and training programs for nurses regarding the changing landscape of medicine and technology	Involve nurses in decision that impact their practice to encourage front line problem solving around use of resources
Meso	Recruit and retain nurses that can work on and lead teams to provide the highest quality patient and family care	Build the work environment around transformational leadership, structural empowerment, exemplary professional practice and new knowledge and innovation	Continuously examine the need for new roles, staffing models, and scope of practice evaluation	Develop standard practice processes and build a culture of high reliability
Macro	Develop roles for nurses and the nursing workforce of the future	Create and study national models of evidence informed, ethically sound, psychologically safe, compassionate practice environments	Partner with Schools of Nursing on innovation in clinical and academic nursing	Advocate for and develop nursing roles in health and wellness models that improve outcomes more effectively and efficiently

Nurse Board Positions

Queen's nurses serve on boards to improve the health of communities and the nation.

Sherwin Alop	American Association of Critical-Care Nurses (Hawaii chapter), Board Membership Chair
Nicolle Chun	American Association of Critical-Care Nurses (Hawaii chapter), Board Liaison UH Manoa
Mandi Benton Cummings	University of Hawaii, Manoa DNP Committee, Community Expert American College of Cardiology, Region 1, Cardiovascular Team Director
Alex Dzierba	Hawaii State Center for Nursing, Hawaii Nurse Residency Programs, Board Chairperson Hawaii State Center for Nursing One for Centralized Clinical Placement System, Board Member
Rose Hata	Hawaii State Center for Nursing, Advisory Board Member American Association of Critical-Care Nurses (national level), Board Treasurer & Director
Edmund Helekahi	American Association of Critical-Care Nurses (Hawaii chapter), Board Member
Eileen Helekahi	American Association of Critical-Care Nurses (Hawaii chapter), Board Member
Ma Judy Ilano	American Association of Critical-Care Nurses (Hawaii chapter), Board Member
Tina Truncellito Laupola	American Psychiatric Nurses Association (Hawaii chapter), Board Member
Sherry Lewis	American Association of Critical-Care Nurses (Hawaii chapter), Board Nurse Planner
Michelle Moy	American Association of Critical-Care Nurses (Hawaii chapter), Board Treasurer-elect
Katherine Kemp	Hawaii - American Nurses Association, President Hawaii Young Healthcare Professionals, Professional Development Committee Member
Christy Passion	American Association of Critical-Care Nurses (Hawaii chapter), Board Member
Catherine Ross	American Association of Critical-Care Nurses (Hawaii chapter), Board Treasurer
Garla Souza-Roy	American Association of Critical-Care Nurses (Hawaii chapter), Board Liaison Chaminade
Kathryn Stiner	American Association of Critical-Care Nurses (Hawaii chapter), Board Member
Jessica Tomas	American Association of Critical-Care Nurses (Hawaii chapter), Board Secretary
Eileen Wong	American Association of Critical-Care Nurses (Hawaii chapter), Board President

Building a Foundation for C.A.R.E. Team Feedback Drives Engagement at West 4 Telemetry

How do you increase nurse engagement at the unit level? For West 4 Telemetry, the answer was obvious. Just ask the nurses in the unit.

“So many decisions can be made without asking the opinions of the people who would be most affected,” says Chelita Muratsuka, RN, nurse manager for West 4 Telemetry. “Asking the team for their feedback shows that we value their opinions. It not only enables us to get to the core of issues and identify great ideas, but just the act of asking helps bridge gaps.”

One tactic that worked particularly well to gather feedback was an honesty box. Nurses submitted ideas, suggestions, needs and opportunities for improvement into the honesty box. Submissions are then discussed during shift huddles and staff meetings.

“We are providing them with the tools to not only identify issues, but address their concerns,” Chelita says.

Chelita says asking for team feedback is part of the culture being developed in the unit. Managers regularly show appreciation for the unit nurses, and are transparent, visible and available to address needs. Beyond involving unit nurses in continuous improvement, the unit managers also focus on creating a workplace where the contributions of each nurse are recognized and valued.

“We encourage recognition of their peers and have created a ‘Mahalo Board’ to enable nurses to publicly recognize one another for acts of kindness, thoughtfulness and accomplishments,” Chelita says.

It is no surprise that the work in West 4 Telemetry has been a team effort, involving Clinical Operations Manager Melody Domingo, charge nurses, clinical nurses, nurse aides, unit secretaries, unit-based council champions and “just about everyone on the team,” according to Chelita.

Patients are noticing the positive environment in West 4 Telemetry. Patient experience in the unit has increased and patients often remark on the caring nature of the nurses and the deep love they seem to have for their work.



**Joy as our June Mahalo Box Recipient and
Corazon for 5 Years of Service**

West 4 Tele increased their unit's RN engagement scores (continued)

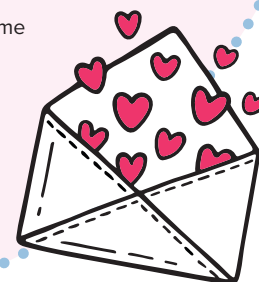


You all are doing AMAZING!
 Our call light response time for the week of 06/20 is 91%.
 Our goal is that 90% of our call lights be answered within 3 minutes.



West 4 Tele's July Mahalo Box

- Thank you Razel and Rosa and all the staff who helped to take care of my grandma while she was here at Queen's West. Your work is VERY APPRECIATED! Aloha, Michelle
- Thanks Razel for my IV
- Thanks Joy for helping w/my post op and hanging my IV abx 😊 You are a very good charge
- Thank you Isabel for being so awesome all day. Everyday!
- Mahalo to Holly for helping to transfer pt bed
- A huge MAHALO to our new unit secretary Miss Joyce Julia. For 7 years Shannon and I have been doing the phone tags for the TN's cisco phones manually. Joyce knows how to do excel formulas which she upgrade our excel phone template in 20 minutes! I made a video to show Shan & Rhea on what Joyce has done 😊 It was amazing...!YKYK 😊 P.S. In 2 days this girl made senior unit secs life much easier
- Mahalo so much for all your help w/423. Elisa Lyka, Kamri, Franciska, Karin, Teresa, Theresa, Evelyn, Kate, Gary. Your help guys are very much appreciated 😊
- Thanks Rhea Joy + Chelita for helping me keep my pt from falling. Thanks Nat for helping me move her to a diff room 😊
- Thank you for your help Geri + Kalina with 411-1 & 405-1
- Thank you Elisa for reassigning admit and Elsie for willingly taking the admit when I was busy with 401-1 and pt spouse. Greatly appreciated
- Chelsea should be the next EMPLOYEE OF THE QUARTER! She works really hard on our unit!
- I want to recognize our Clinical ops: Melody D. She's been really on it w/our staffing an everything else...I cannot list it down bc its to many. Thank you for everything Mel
- Rhea Joy was the charge on 7/25, I have to applaud her for the hard worker she is. She never sits down and complains about things UNLESS it's something not in her control. I asked her to be Day Charge, she nearly had a heart attack...!o! I would love to see her come and stay as day charge!
- Thank you Razel for ALWAYS doing more than the next guy! Picking up extra shifts, switching c ppl and being super awesome when your my charge!
- Thank you Joy for always helping
- Thanks Kat S for your help
- Thank you Chloe for passing my meds
- Thank you Geri
- Thanks Marissa for helping me this morning, great example of a team player
- Thanks Cyra for helping my RRT and doing my admission
- Thank you Lyka for passing my 0600 meds. Mahalo Nui!
- Thank you Theresa D for printing my strips. Mahalo much!
- Thank you Sharen for helping me with my admit and making me laugh
- Thank you Rachel for answering all the call lights
- Thank you Joyce for doing all the little things that are so time consuming
- Thank Lyka for RRT help
- Thank you Hannah for taking initiative to help with passing my meds
- Thank you Geri for helping me with my RRT and being a calm charge nurse
- Thanks Glaiza and Kat S for helping me w/404 and Kate and Darvin for assisting as well! –Lyka 😊
- Thank you Roberto for your help in restless 401-1. Appreciated greatly!
- Thank you Aline for always helping me do central line dressing changes
- Thank you Jenn D for helping me with my admit



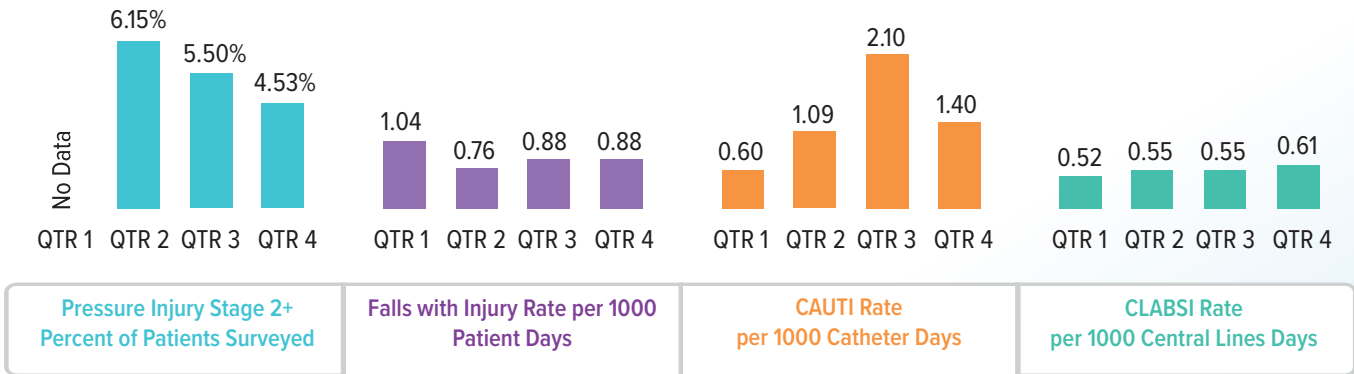
Snapshots of QHS Points of Pride



ROW 1: Erika Tanimoto, RN, QET 8 'Ewa Nurse Manager demonstrates iRound, EveryBODY Moves Plus for patients at 1 year; **ROW 2:** Melissa Derry, RN, in the ED, Mary Jane Peterson, RN, and Natalie Holomalia, RN, of the QMC Emergency Dept., Evalani Kim, RN of Neuroscience ICU, Pay-It-Forward on Pauahi 6; **ROW 3:** Celeste Barstis, RN, Jeremy Agno, RN, Aileen Galario-Chin, RN, Matt Layug, RN, and Tyler Millar with T-shirts given to thank COVID-19 Vaccination Clinic staff across QHS, Facility dogs bring comfort to staff, Turner Martin, RN, and Cece Currier, RN, of Queen's North Hawai'i Med-Surg with their iPads; **ROW 4:** Kate Chamberlain, RN, (and puppy) with Kelly Moore, RN, Lehua Lorenzo, RN, on QET 9 'Ewa while QET 9 DH was being renovated, Caregivers on the Front Line

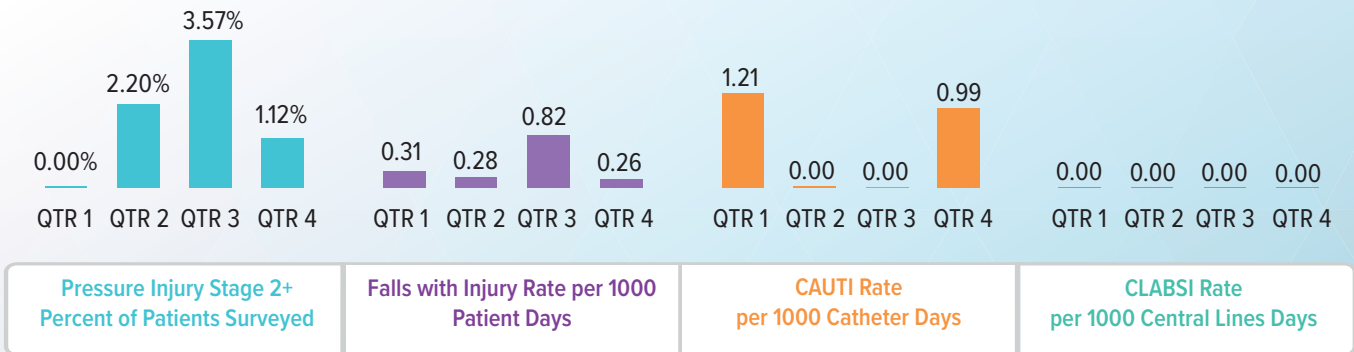
Nurse-Sensitive Clinical Quality Indicators

THE QUEEN'S MEDICAL CENTER, PUNCHBOWL FY21



Source: The QHS Quality Scorecard
*Note: Data is in-patient

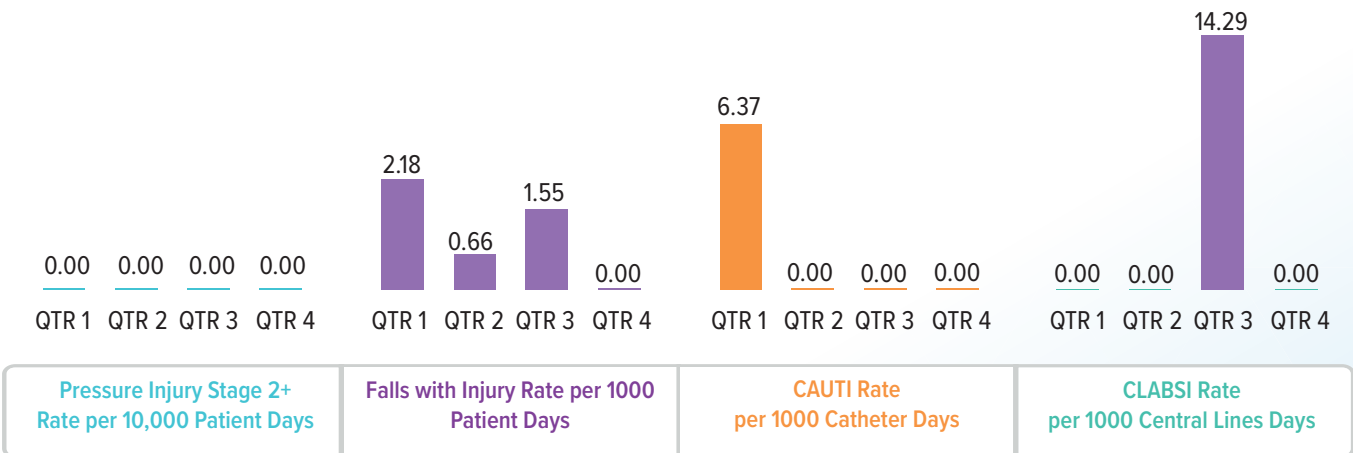
THE QUEEN'S MEDICAL CENTER, WEST O'AHU FY21



Source: The QHS Quality Scorecard
*Note: Data is in-patient

Nurse-Sensitive Indicators (continued)

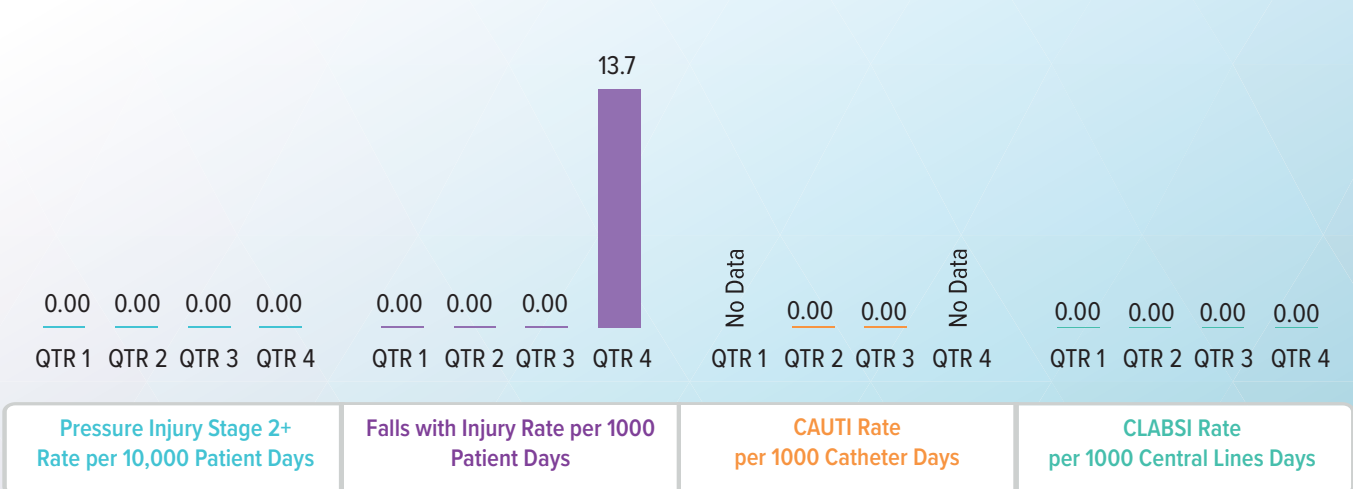
QUEEN'S NORTH HAWAI'I COMMUNITY HOSPITAL FY21



Source: The QHS Quality Scorecard
*Note: Data is in-patient

CAUTI: Catheter Associated Urinary Tract Infection
CLABSI: Central Line Associated Blood Stream Infection

MOLOKAI GENERAL HOSPITAL FY21



Source: The QHS Quality Scorecard
*Note: Data is in-patient

CAUTI: Catheter Associated Urinary Tract Infection
CLABSI: Central Line Associated Blood Stream Infection

COVID-19 Nurse Stories

TINA TRUNCELLITO LAUPOLA, Employee Health

While working at the Employee Health COVID-19 Hotline, Tina was able to assist employees in The Queen's Health Systems with all COVID-19 updates, quarantine requirements, testing, and return to work clearance. Throughout the multiple surges, employees were able to return to work safely and prevent COVID-19 exposures. The Employee Health COVID-19 Hotline has been a resource for all employees. After they speak to the hotline, the employee feels relieved, less stress, and a peace of mind. Employees know that they can count on contacting the hotline to receive information they need while working throughout the pandemic.

LEA AGPAOA, QET 4 MICU

The pandemic has been frustrating for Lea because patients die so quickly when they have COVID. "Prior to COVID, dying patients were surrounded by all of us, the family, and their loved ones. Now, the patients die without their loved ones due to the strict isolations and it is difficult for loved ones to say goodbye. As a nurse, it is a privilege to be there, present with the patients so that they will not be alone."

SHAUNA NISHIMURA, QET 4 MICU

Shauna says it was a scary time in the beginning since the virus was so new and we were all learning. "The teamwork in the MICU is amazing. We all got each other's back, including all the physicians, respiratory therapists, and all who work on the unit." Shauna is a Clinical Ladder 3 nurse and is involved with multiple hospital committees to improve patient care.

LAUREEN THOM, QET 9 DH

"It has been a 'crazy' year. It has been heart-breaking and stressful to see patients deteriorate so quickly, isolated and alone." T9DH is Lauren's work family and she is thankful that they have each other to lean on through these challenging times.



SHANE HERNANDEZ, QET 9 DH

The past year has been a challenging year especially through many things that were out of Shane's control. Patients are sicker and the patients require intubation at an alarming rate. Yet, he has been hopeful because he appreciates the great teamwork and rallying to help each other. "We're all in this together."

CHARLENE PANG, QET 9 DH

She loves delivering direct patient care as she stated that nursing is a gift of making a difference in other people's lives in the most difficult times in their lives. Charlene is a charge nurse who is actively involved in shaping best practices and is an active participant of multiple councils. Our nurses who take care of COVID-19 patients not only respond to the call of nursing duty at work, but do so with caution so that their families will also be safe. She was a key contributor to the recent re-design of the unit so that both the patients and staff will be kept safe while caring for COVID-19 patients.

ROXANNE GARMA, QET 9 DH

Roxanne started as a new graduate nurse on T9DH - Advanced Respiratory Unit at Queen's about 1 ½ years ago. COVID-19 is new to all of us and also to the scientific community. In the past year, it was scary to manage the unknown and the evolving management of COVID-19, but what Roxanne appreciates the most is the great team support of her peers. She is surrounded by resourceful nurses who always provide helpful hands.

Nurse Publications and Presentations

Katie Azama, APRN-Rx, FNP-c

PUBLICATION: Harrison, G.M. & **Azama, K.** (2020). Survey research methods: Preparing a validity argument. *Education in the Health Professions*, 3(3), 87-92.

Rose Hata, DNP, MBA, RN, APRN, CCRN-K, CCNS, NEA-BC

PRESENTATION: “Implementing Evidence Based Practice”, International Congress for Korean Society of Acute Care Surgery and Symposium of Korean Association of Trauma Nurses, April 2021, virtual.

Kelly Johnson, PhD, RN, NEA-BC

PUBLICATION: Butterworth, L., Nasr, A., Pyke-Grimm, K. A., Swisher, D., & **Johnson, K.** (2021). The Impact of volunteering at a family camp for children and adolescents with cancer: The experience of pediatric intensive care nurses. *JONA: The Journal of Nursing Administration*, 51(10), 526-531.

Bradley Kuo, DNP, M.Ed., RN, APRN, FNP-BC, PMHNP-BC, CARN-AP

PUBLICATION: **Kracher SL, Currivan A,** Guerrero M, Goebert D, Agapoff JR, **Kuo B,** Hishinuma E, Wong C, Fuimaono-Poe M. A Multidisciplinary Consultation-Liaison Team Approach to Reduce Enhanced Observer Usage. *Psychosomatics*. 2020 Nov-Dec; 61(6):707-712. doi: 10.1016/j.psych.2020.04.014. Epub 2020 Apr 29. PMID: 32680691.

PRESENTATION: “Pharmacological and Non-Pharmacological Interventions for Behavioral Health in Acute Care”, National Teaching Institute & Critical Care Exposition, May 2021, virtual conference.

Jake Moore, MSN, MBA, RN, APRN, ANP - BC

PRESENTATION: “Geriatrics and How to Prepare for the Provider Visit,” Association of Residential Care Administrators, June 2021, Honolulu, HI, United Caregivers of Hawaii, September 2021, Honolulu, HI, virtual.

Karen Ng, ADN, RN

PUBLICATION: Martin CS, Lu N, Inouye DS, Nakagawa K, **Ng K,** Yu M, Hayashi MS. 2020 Delayed Respiratory Failure After Blunt Chest Trauma. *Am Surg*, Am Surg. 2021 Sep;87(9):1468-1473. [Epub 2020 Dec 27]

Scala VA, Hayashi MS, Kaneshige J, Haut ER, **Ng K,** Furuta S. 2020 Shark-related injuries in Hawai'i treated at a level 1 trauma center. *Trauma Surg Acute Care Open*. 2020 Oct 20;5(1):e000567.

PRESENTATION: “Three Cookiecutter Shark-Related Injuries on Swimmers Crossing the Ka'iwi Channel: A Case Series”, Hawaii Chapter, American College of Surgeons Resident Paper Competition, February 2020.

POSTER: “Shark-related injuries in Hawai'i treated at a Level 1 trauma center”, The 79th AAST & Clinical Congress of Acute Care Surgery Conference, September 2020, virtual.

Alexandra Wroe, MBA, BSN, ACM-RN

PUBLICATION: **Wroe, A.** & Shearer, A. (2021). Creating Acute Care Capacity During a COVID-19 Surge. *Collaborative Case Management*, 79, 13-18.

PRESENTATION: Innovative Care Management Program Avoids Nearly \$16M in Costs and Transforms Lives of Super-Utilizers, Health Catalyst Healthcare Analytics Summit, September 2021, Honolulu, HI.

Community Initiatives

Family Treatment Center Initiatives Strengthen Bond with Patients and the Community



The Family Treatment Center (FTC) is an acute inpatient unit at The Queen's Medical Center that provides individualized treatment for children and adolescents with emotional and behavioral disorders. Throughout 2020 and 2021, FTC was actively involved with several initiatives focused on building strong partnerships with community organizations, as well as improving care to the patient population served by Queen's.

The organizations FTC partnered with include:

- The Lavender Clinic
- Institute for Human Services (IHS)
- National Alliance on Mental Illness Hawaii (NAMI Hawaii)
- Ho'ola Na Pua

In May 2021, FTC was awarded the very first Community Impact Award at the annual Queen's Nursing Excellence Awards, which recognizes a unit for their volunteerism and impact to the health of our community.

Overview of The Lavender Clinic Initiatives and Achievements

This initiative originated from a performance improvement (PI) project that focused on implementing LGBTQ culturally competent care at FTC. This project included the development of inclusive patient- and family-centered care practices and guidelines, staff education and creating a welcoming environment for LGBTQ patients and their families.

Since this is an extensive topic, the PI project was completed in two parts. Part one of the PI project focused on creating and implementing staff education

on LGBTQ cultural competency. Part two focused on creating a welcoming and inclusive environment for LGBTQ patients. Clinical ladder nurses reached out to The Lavender Clinic, a local non-profit community health organization that specializes in serving the LGBTQ community. The Lavender Clinic leadership provided input on FTC's new gender identity screening tool for all patients and also provided all FTC staff training (both in person and virtually).

The Lavender Clinic in-service was vital to this PI project. Dr. Renee Pedersen-Rumler, clinical director from The Lavender Clinic, spoke with FTC staff on system-based harms to gender diverse individuals seeking medical care and strategies to reduce them. She educated the FTC staff on the negative experiences gender diverse individuals experience when seeking medical care and what healthcare providers can do to minimize these negative experiences. She also informed staff about The Lavender Clinic and its services.

Nurse Involvement with The Lavender Clinic Initiative

- KC Gardner-Bougard, MSN, RN, PMHCNS-BC
- Carolyn Hanakahi, CNIV, BSN, RN-BC
- Christine Loui, MS, APRN, ACNS-BC
- Nicole Yokotake, BSN, RN-BC

Overview of the Institute for Human Services (IHS) Initiatives and Achievements

The Behavioral Health Practice Council (BHPC) is a subcommittee of the larger Queen's Nursing Practice Council. BHPC is represented by members from the four main departments of Queen's Behavioral Health: Queen's Counseling Services, Queen's Day Treatment, Kekela and the FTC.

Family Treatment Center (continued)

At the beginning of each fiscal year, BHPC creates their council goals to align with the Queen's Ka 'Ike Pono hospital-wide goals. For FY21, one of the Ka 'Ike Pono goals is "Malama Community – Significantly Impact Unmet Health Care Needs in Our Community." The BHPC created the goal "Improve Community Partnerships" and committed to host two events per year to benefit partner community agencies that impact the shared client population.

For these events, the BHPC chose to hold donation drives: a holiday drive and a hygiene drive, both benefitting the Institute for Human Services (IHS). IHS is the oldest, largest, and most comprehensive human services agency focused exclusively on ending and preventing homelessness in Hawai'i.

Both donation drives were a huge success. The holiday drive welcomed multiple cars packed full of donations just in time for the holidays. The hygiene drive in May brought in toothbrushes, toothpaste, soaps and other personal hygiene items. At the end of the drive, staff from the FTC delivered the items to IHS, where they were distributed to those families and individuals in most need at their shelters.

Nurse Involvement with the Institute for Human Services (IHS) Initiative

- Tanya Isaacs, CNIII, BSN, RN
- Mark Jones, CNIII, BSN, RN
- Katie Pimentel, CNIII, BSN, RN
- Marco Caibigan, BSN, RN
- Matthew Layug, BSN, RN-BC
- KC Gardner-Bougard, MSN, RN, PMHCNS-BC
- Jennifer Siatafu, DNP, RN, PMH-BC, NEA-BC

Overview of the National Alliance on Mental Illness Hawaii (NAMI Hawaii) Initiatives and Achievements

One of the largest grassroots mental health organizations in the state, NAMI Hawaii is dedicated to improving the quality of life of individuals and families affected by mental illness through support, education, advocacy and awareness. Behavioral health unit patients often face stigma associated with their mental illness, and NAMI works tirelessly to decrease that stigma.

Over the last several years, Carolyn Hanakahi worked hard, along with partners in Day Treatment, Queen's Counseling and Kekela, to significantly increase staff participation and donations towards the annual NAMIWalks Hawaii, which is one of the organization's biggest fundraising events. The Queen's team promoted

and participated in NAMIWalks Hawaii and provided information to patients, families and staff members. In the Spring of 2021, NAMI launched "Frontline Wellness" a nation-wide initiative to help promote wellness among frontline healthcare workers. Based on FTC's hard work, dedication, and continued support, NAMI Hawaii chose to recognize FTC staff as some of the local recipients of this initiative.

Nurse Involvement with the National Alliance on Mental Illness Hawaii (NAMI Hawaii) Initiative

- Carolyn Hanakahi, CNIV, BSN, RN-BC
- Cindy Murphy, Kekela Unit Secretary

Overview of the Ho'ola Na Pua Initiatives and Achievements

Ho'ola Na Pua is a local non-profit organization committed to preventing sex trafficking and providing care for exploited children. Given the hidden nature of child sex trafficking, victims are often misidentified and left untreated, despite the severity of the crime. As in many other states, there is a sex trafficking crisis in Hawai'i.

FTC began working with Ho'ola Na Pua on several initiatives to both support the organization as well as utilize them as an expert partner to develop staff training and a screening tool to identify any patients who are suspected of being trafficked. This project and partnership enabled the behavioral health inpatient units to better identify patients at high risk or already victims of trafficking and ensure they have the appropriate interventions and support in place.

All staff on FTC and Kekela received general sex trafficking awareness training. In addition, nurses were trained to use a trafficking risk identification tool that was developed and added to Carelink. If patients are flagged as high risk/suspected/or confirmed as being trafficked upon admission by nursing, an FTC or Kekela social worker completes the Commercial Sexual Exploitation Identification Tool (CSE-IT). All the FTC and Kekela social workers received the CSE-IT training in partnership with Ho'ola Na Pua.

Nurse Involvement with the Ho'ola Na Pua Initiative

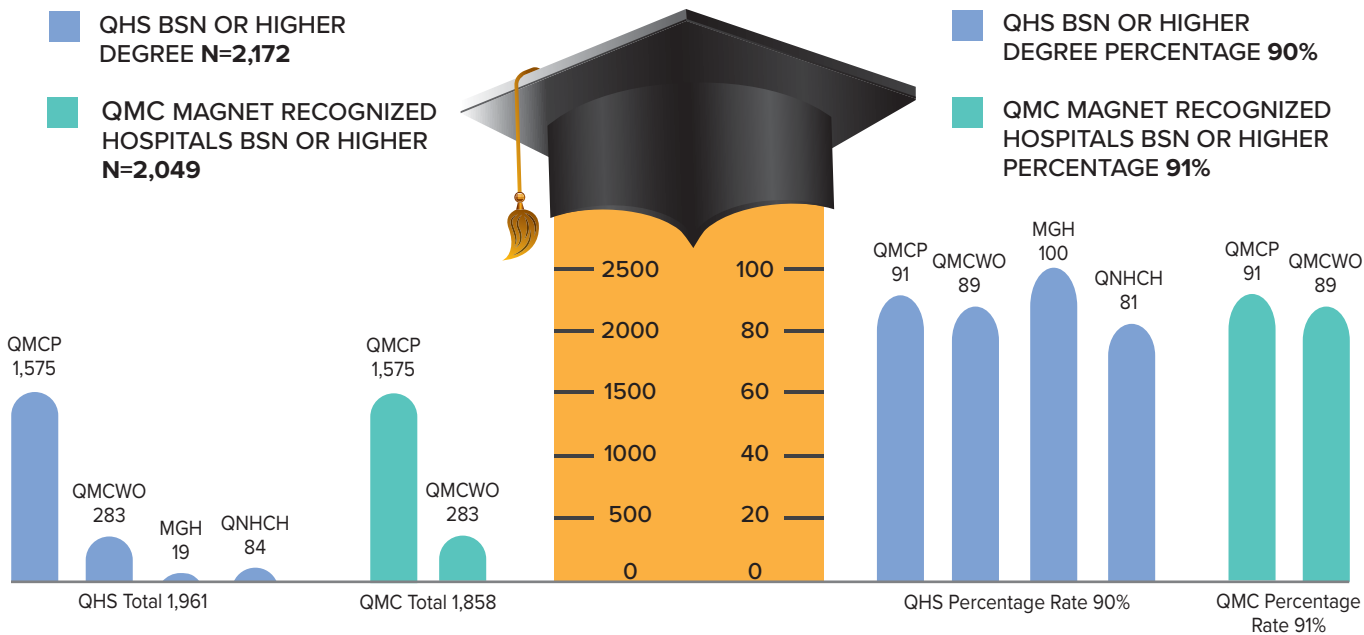
- KC Gardner-Bougard, RN, MSN, PMHCNS-BC
- Jennifer Siatafu, DNP, RN, PMH-BC, NEA-BC
- Carol Hanakahi, CNIV, BSN, RN-BC

BSN and National Certification Rates

BSN OR HIGHER DEGREE As of Sept 2021

The Registered Nurses (RN) have demonstrated professional development by achieving degrees in higher education. Some degrees include but are not limited, to BSN, MSN, DNP and PhD. The Queen’s Health Systems (QHS) current BSN or higher degree rate stands at 90%.

The Queen’s Medical Center at Punchbowl and West O’ahu (QMC) is Magnet recognized and identified RNs with a BSN or higher degree rate at 91%.



QHS NATIONAL CERTIFICATION RATE As of Sept 2021

*Certification data is self-reported. Includes full-time, part-time nurses

QHS NATIONAL CERTIFIED RN RATES 31%, N=2,172

The RNs continue to improve in professional development by achieving National Certification in their specialty. The National Certification Rate for RNs at The Queen’s Health Systems is identified at 31%.

Hospital	Certified RNs	Rate %
Molokai	3	16%
North Hawaii	14	14%
Punchbowl	567	33%
West Oahu	83	26%
Total (2,172)	667	31%

PUNCHBOWL & WEST OAHU NATIONAL CERTIFIED RN RATES 32%, N=2,049

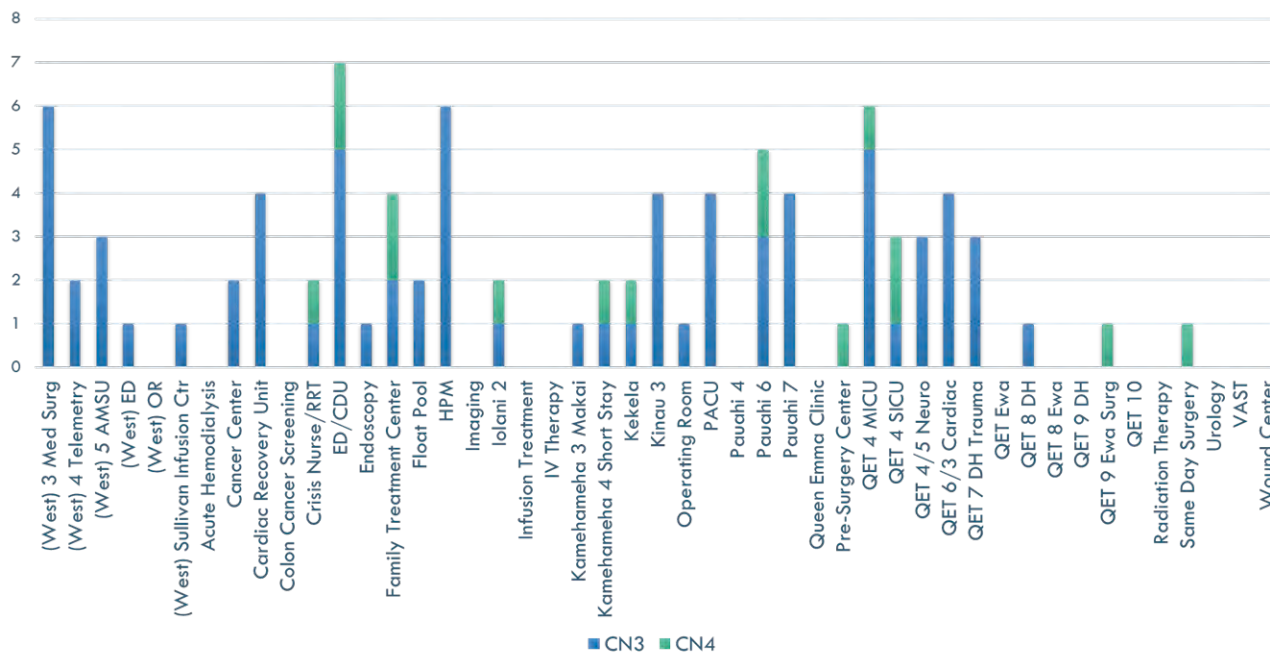
The Queen’s Medical Center at Punchbowl and West O’ahu is Magnet recognized and report National Certified RNs at 32%.

Hospital	Certified RNs	Rate %
Punchbowl	567	33%
West Oahu	83	26%
Total (2,049)	650	32%

Clinical Ladder Nurses and Projects

As of July 2021

July 2021 Clinical Ladder Nurse Level by Unit, n=89



Name	Performance Improvement, EBP, Research, Emerging Nurse Leader Projects & Manuscripts
Lozano Derber, Tiffany Faith	ED Team (CUSP) (PI Internship) Decreasing ED length of stay (ED LOS) by implementing role of a SWAT nurse to facilitate and coordinate movement of patients from the Emergency Department to inpatient units and improve patient throughput and satisfaction
Ho, Stephanie	Iolani 2 CUSP Team (CUSP) – Decreasing falls: “No One Walks Alone” campaign
Arce, Chandler & Isaacs, Tanya	Inpatient psychiatric adolescent restraints prevention (EBP)
Advincula, Roland	Inpatient psychiatric falls prevention (EBP)
Carlson, Mary	Emerging Nurse Leadership Program (ENLP) – Bedside Handoff report
Yamada, Evan	Emerging Nurse Leadership Program (ENLP) – Falls prevention
Schweikert, Collin	Effectiveness of routine disinfection in hospital sink drains (Manuscript)
Adena, Pamela & Ige, Gisele	Oncology patients with potential febrile neutropenia ED wait times (Manuscript)
Visperas, Shirley & Wong, Eileen	Predictors for the development of pressure injury in the surgical-trauma intensive care population (Manuscript)
Bordonada, Kelsie & Davo-Otomo, Sharon	Utilization of CAPA Tool on surgical post-operative patients (Manuscript)
Picanco, Jo Ann	Combating nurse burnout (PI Internship)
Pinsoy, Bebelita	Decreasing falls by implementing protected meal times (PI Internship)

Clinical Ladder Nurses and Projects (continued)

As of July 01, 2021

Name	Performance Improvement, EBP, Research, Emerging Nurse Leader Projects & Manuscripts
Kam (Rivera), Roxanne	Decreasing falls with early mobility for patients with cardiovascular disease on Pauahi 6 (PI Internship)
Nakatani-Cuyno, Janice	Decreasing falls with trauma population on QET 7 DH implementing nurse aide bedside handoff report (PI Internship)
Bautista, Michael	Decreasing staff burnout by improving teamwork (PI Internship)
Clute III, Ivan 'Kapena	Disaster Preparedness - On The S.P.O.T. (Situational Procedures and Operational Training) - Competency Validation (PI Internship)
Inn, Holly	Disaster Preparedness - On The S.P.O.T. (Situational Procedures and Operational Training) - Simulation training (PI Internship)
Matsunaga, Kimberly	Improve patient satisfaction and thru-put by completion of standardized ED Pre-Op checklist preventing care delays (PI Internship)
Hazam, Yuka	Improving Assessment and Documentation to Prevent HAPI/Pressure Skin Injury (PI Internship)
Rombaoa, Aileen	Increasing In-patient readiness for OR to avoid delays in the OR schedule (PI Internship)
Quiambao, Carla Libatique	Increasing nutritional intake by implementing protected meal times (PI Internship)
Mikuni, Mildred	Infection control guidelines for multi-dose medication storage, handling, and administration for contact/droplet patients (PI Internship)
Siu, Reynalyn	Standardize skin assessment on transfer w/in 4hrs. Capture POA wounds on transfer (PI Internship)
Lee, Madeline	Standardize skin assessment on transfer w/in 4hrs. Capture POA wounds on transfer (PI Internship)
Cabianca, Nancy	Standardizing the Daily OR Huddle (PI Internship)
Jacob, Natalie	Establishing a meaningful recognition program on an acute care unit (PI)
Silva, Erika	Exploring unplanned extubations in the Covid-19 intensive care unit (PI)
Hanakahi, Carolyn	Implementation of protocol and guidelines to provide patient centered and culturally competent care for LGBTQ population (PI)
Yokotake, Nicole	Implementing LGBTQ culturally competent care on the Family Treatment Center (PI)
Ferguson, Michele	Improving inpatient readiness for endoscopy procedures: A process improvement project (PI)
Bayette, Lorrie	Use of Clinical Opioid Withdrawal Scale (COWS) for patients with positive opioid drug screens (PI)
Terada, Kara	Pain management for the blunt trauma patient during the initial resuscitation in the Emergency Department (Research-Year 2)
Yiu Lowe, Sui Fan (Florence)	RN Stress during the COVID pandemic (Research-Year 1)

New Nursing Graduates and APRN Fellowship

New Nursing Graduates

Nurse Residency Program (NRP) Cohorts 18 through 23, a total of 99 nurse residents, finished in Fiscal Year 2021. Three nurse residents were from QMC West O’ahu, while the remaining 96 were from QMC Punchbowl. Almost 60% of nurse residents from the 2021 cohorts work in a Med/Surg specialty.

Looking to the near future, The Queen’s Health Systems will expand the program to include residents from more departments at QMC West O’ahu and will begin taking residents from Queen’s North Hawaii Community Hospital. Queen’s has had specialty training courses for the ED, Telemetry, Perinatal, OR and ICU specialties. We are now developing a new specialty track for Med/Surg and Behavioral Health. Looking out farther ahead, we will be developing a specialty track for Ambulatory nurse residents.

In addition to a seminar topic and time to work on an EBP project, each monthly NRP meeting starts with a Safety Story and Clinical Reflections where nurse residents from across multiple areas share in discussion to learn from each other.

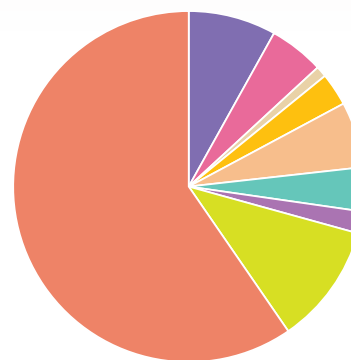
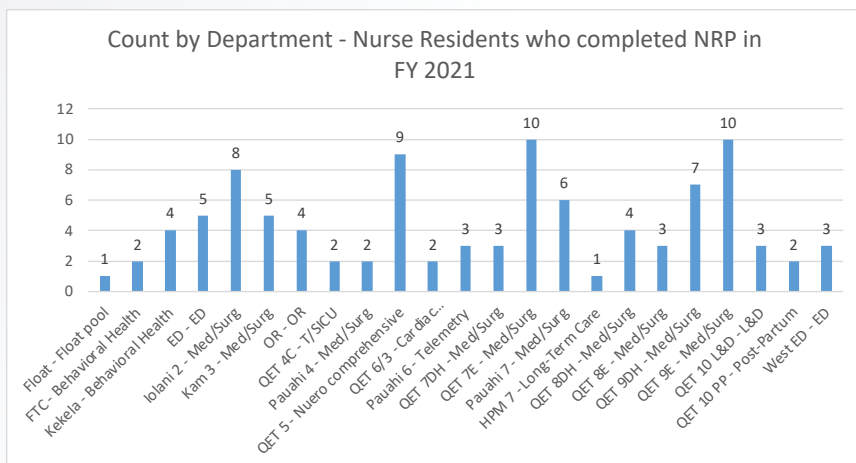
“The most important lesson that I have learned and will continue to carry out through my nursing practice is to share your experiences with others. My fellow nurse resident colleagues have shared stories that I still keep in mind during my own practice. Also, the people you see around you now are your colleagues. Be kind to each other because we are all doing the same work. Nursing care is the safest when we all work together.” – Jade Domanguera, Hale Pulama Mau, NRP graduate

APRN Fellowship

The QMC APRN Fellowship is a 12-month contracted position that is designed to transition new to practice APRNs to become clinically competent providers in their specialty area. The APRN Fellowship leadership team is comprised of Mandi Cummings, Director of Advanced Practice Providers, Katie Azama, Manager of the APRN Fellowship and Primary Care NP Fellowship Program, and Bradley Kuo, PMHNP Fellowship Coordinator.

QMC started the APRN Fellowship with one Psychiatric-Mental Health Nurse Practitioner (PMHNP) Fellow in July 2020 and added a second PMHNP Fellow in January 2021. In July 2021, two Primary Care NP Fellows started their program. The PMHNP and Primary Care NP programs include three components: continuity and specialty clinic rotations, didactic education, and an evidence-based practice (EBP) or a quality improvement (QI) project. In their clinical rotations, the Fellows are guided by expert clinical preceptors. Clinical practice is also complemented with didactic education. Lastly, the EBP/QI project involves the fellow implementing a practice change that improves patient care at one of their clinical sites. The APRN Fellowship program aims to recruit, train, and retain new to practice APRNs to increase access to quality health care and improve the well-being of the people of Hawai‘i.

Count by Department - Nurse Residents who completed NRP in FY 2021



Nurse Residents completing program in 2021 - Breakdown by specialty

- Med/Surg, 59
- Behavioral Health, 6
- ED, 8
- OR, 4
- Perinatal, 5
- ICU, 2
- Long Term Care, 1
- Comprehensive, 11
- Telemetry, 3

Care that Extends Beyond Patients

Fiscal Year 2021

The DAISY Award for Extraordinary Nurses



The DAISY Foundation was founded in 2000 in memory of J. Patrick Barnes by his family. He had an immune

disorder that required cutting-edge care during the last eight weeks of his young life. Pat's family wanted a way to honor and keep his memory alive while recognizing the exemplary clinical skills and heartwarming compassionate care each of his nurses provided. Little did his family realize that this idea would spark the foundation that has reached national and international recognition of outstanding nursing care.

D.A.I.S.Y. is an acronym for diseases affecting the immune system.

As The Queen's Medical Center continues its Magnet Journey toward excellence, we are providing exciting ways of recognizing the C.A.R.E. behaviors our nurses demonstrate every day. Executive Leadership, Nursing Administration and the Nurse Retention Committee are happy to announce Queen's journey along with hundreds of other hospitals around the world in presenting the DAISY Award.

The DAISY Award at Queen's

Nurses recognized for their contribution to the patient and family experience as they weather through these times is the purpose of this award. These everyday moments managed in the aggregate can have a positive effect on the organization, enhance their work environments, increase job satisfaction, and result in improved patient outcomes and increased patient satisfaction. The DAISY Award provides an ongoing recognition of exceptional nursing skill and compassion throughout the year culminating in a QMC nurse awarded every month.

THE QUEEN'S MEDICAL CENTER, PUNCHBOWL

FALL 2020 AWARDEES



Stephanie Higa
QET 7 DH



Jody Dajay
Pauahi 2 CDU



Kathleen Miyashiro
QET 9 DH



Mimi Harris
CNO, VP

JUNE 2021 AWARDEES



Hana Suiso
QET 9 Ewa



Tori Yatogo
QET 3/6



Adrienne Harvey
Queen's Heart Institute

SPRING 2021 AWARDEES



Vanessa Tonini
Kamehameha 3



Holly Ramiro
Pauahi 7



Noe Ane
QET 7 DH



QHS Awards of Excellence

Fiscal Year 2021

Structural Empowerment

THE QHS AWARDS OF EXCELLENCE FOR MANAGERS AND DIRECTORS

THE QHS AWARDS of Excellence for managers and directors were given out recently in acknowledgment of accomplishments over the past several months. The awards are selected by the System Leadership Council from candidates nominated by their peers. The standards of the awards are “Quality & Performance; Creativity & Innovation or Organizational or Departmental Accomplishments; and Positive Returns & Demonstration of Outstanding Customer Service” and are intended to recognize managers and directors systemwide for their outstanding contributions.



Willa Shimomura
Nurse Manager,
Cancer Center, QMC-PB



Kamaile Aluli-Martinez
Nurse Manager, Pauahi 7,
QMC-PB



Kevin Abee
Nurse Manager,
ED, QMC-PB

APRN OF THE YEAR AWARDS



Nafanua "Nua" Braginsky
GI Services
QMC-WO



Bradley J. Kuo
Multi Consult Liaison Team,
QMC-PB



Jackie L. Meister
Women's Health Center,
NHCH

NURSING EXCELLENCE AWARDS



Molokai Nurse of the Year Nicolette "Kala" Montizor
Internal Medicine, MGH



Exemplary Professional Practice Tanya Isaacs
Family Treatment Center,
QMC-PB



Mentorship & Professional Development Yuka Colescott
Neuro Intermediate Care
QMC-PB



New Knowledge, Innovations & Improvements Sandra "Sandie" Talavera
QET 4D Neuro Surgical ICU
QMC-PB



Nurse Consultant of the Year Melissa Dieter
Clinical Educator,
QMC-PB



Queen Emma Nursing Leadership Award Kelly Yamamoto
Manager, Nursing
Informatics, QMC-PB

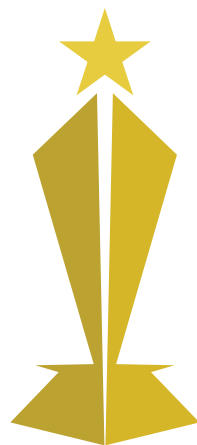


Rising Star Kristen Dau
Pauahi 7 / QET 7 'Ewa
QMC-PB



Transformational Leadership Jane Yee
QET 4 MICU, QMC-PB

Nursing Excellence Awards (continued)



Community Impact Award
Family Treatment Center, QMC-PB



United in Excellence Award (Ku'ikahi i ka Po'okela)
QET 4M MICU, QMC-PB



Exemplary Professional Practice
Dara Luangphinit
ICU
QMC-WO



Queen Emma Nursing Leadership
Rozanne "Roze" Schirmer
QMC-WO



Transformational Leadership
Edel Guillen-Cabo
ICU
QMC-WO



Mentorship & Professional Development
Elizabeth "Liz" Gallagher
ICU
QNHCH



Chuck Dawson & Greg Pronesti accepted the award on behalf of Surgical Services.

Community Impact Award
Surgical Services, QMC-WO



Dianna Motley
Nurse Manager, QMC-WO



Tatiana Weaver
DLS Manager, QMC-WO

United in Excellence Award (Ku'ikahi i ka Po'okela)
Emergency Dept. & DLS Lab

QHS Nurse Involvement in Community

TEAM	PROJECT TITLE
ED nurses, QMC-PB	Aloha Harvest, Organizers for food drive donations
Family Treatment Center and Kekela Nurses, QMC-PB	National Alliance on Mental Illness, Participants in fundraising walk Ho'ōla Nā Pua, Volunteers
QET 6/3 Nurses, QMC-PB	Community schools, Organizers for school supply drive Community women's shelters, Organizers for donations drive
Wound Center Nurses, QMC-PB	Skilled nursing facilities & homeless shelters, Community caregivers
Tina Truncellito Laupola, RN	Community food drive, Coordinator
Lourdes Tupper, RN	Hawaii Meals on Wheels, Volunteer Driver Lanakila Meals on Wheels, Volunteer Driver Hawaii Food Bank Food Pantry, Volunteer



First graduating class of The Queen's Hospital Training School for Nurses est. 1916

Research Project – SICU Pressure Injuries

SICU Initiative Targets Reduction in Pressure Injuries

Hospitals around the country continually focus on reducing and preventing hospital-acquired pressure injuries. When faced with pressure injury rates above the Magnet® benchmark, nurses at The Queen's Health Systems began to research ways to reduce the injury rate through peer education and implementing prevention initiatives.

For the Surgical Intensive Care Unit (SICU) at QMC-Punchbowl, there was an ongoing effort to minimize pressure injuries. The SICU would have injury rates up to 21% when the acceptable Magnet® performance and quality benchmarks measured at 5.6%. Eileen D. U. Wong, BSN, RN, CCRN, CN 4, Shirley Visperas, BSN, RN, CCRN, CN 4, of QET 4 SICU, and Mahealani Suapaia, PhD, RN, of Quality & Patient Safety, made it their focus to identify tactics to reduce these rates.

The first formal project on pressure injury prevention started in 2015 with education on preventing the development of these injuries with prone patients. Since 2015, there has been on-going education for peers, and a focus on creating greater awareness around documentation and skin assessment.

“Over the years, we have made minor improvements through many different approaches, including prone, micro-shifting and research,” Eileen explained. “Though despite our best efforts, unfortunately our reduction rates were not sustained.”

Shirley and Eileen became members of the Pressure Injury Prevention Committee and completed the National Database of Nursing Quality Indicators (NDNQI) pressure injury training modules, focused on pressure injury recognition and prevention.

In addition, the pair felt it was important to build awareness and understanding through reviewing internal preventive initiatives, participating in hospital-wide surveillance days and starting a journal club to further understand literature focused on pressure injuries.

Their research work also involved a nursing-focused collaboration with QMC's Queen Emma Nursing Institute and the University of Hawai'i at Mānoa School of Nursing & Dental Hygiene.

“There was an opportunity for growth, so we wanted to use all available means to implement procedures that would ensure consistent reductions and prevention of pressure injuries,” Shirley said. “This meaningful research collaboration provided us with the knowledge, insight and guidance to address this problem.”

From their continued research, Eileen and Shirley found that patients with low perfusion conditions are at high risk of pressure injury development and that interventions need to continually be used.

“After the first project on pressure injury prevention for prone patients, the continuing lateral rotation therapy bed (Rotorest) was discontinued by the vendor at our hospital. This prompted manual prone of patients to treat acute respiratory distress syndrome (ARDS),” Eileen said. With their research findings in-hand, Queen's provides continued prone education and developed a nursing prone checklist that is a part of the respiratory ARDS protocol.

“There is now a standardized process to approach prone patients to ensure we reduce and minimize pressure injuries here at Queen's,” Shirley said.

While there have been moderate improvements in pressure injury rates, Queen's continues to work toward further reductions through continuing education and employing best practices to further reduce those numbers.

Evidence-based Practice Project – CAPA Pain Scale

CAPA Tool Pilot Focuses on Achieving Patient Pain Goals



With a focus on helping patients safely and effectively reach their pain goals, The Queen’s Medical Center introduced the Clinically Aligned Pain Assessment (CAPA) measure in an effort to better assess and approach pain management.

As part of an evidence-based practice project spearheaded by Sharon Davo-Otomo, BSN, RN-BC, CN IV, Kelsie Bordonada, BSN, RN-BC, PCCN, CN IV, Mary Bedell, MSN, RN, APRN, ACNS-BC, and Revelina Bagay, BSN, RN, the team was tasked with exploring the implementation of other pain scales to use within the organization. Discussion around other scales stemmed from conversations with a multidisciplinary leadership team at QMC looking into the safety of opioid use and medicating patients using the commonly used numeric pain scale.

“The numeric scale does not take into account the functional ability of the patient. It is also documented that nurses have safety concerns about possibly under- and over-medicating patients using the numerical rating scale (NRS),” Kelsie explained.

“The nurses needed an assessment tool that would incorporate the patient’s functional ability, as well as a process of determining which medication to administer first,” Sharon added. “CAPA is a tool that allows nurses to use their clinical judgement by incorporating the patient’s functional ability to collaboratively determine treatment plans with patients and providers.”

Unlike the 0-10 pain evaluation employed by NRS, the CAPA tool does not focus solely on patient pain intensity; rather, it is a functional assessment that empowers patients and nurses to have a conversation about pain and how best to manage it by setting goals. Additionally, the CAPA tool meets regulatory requirements for pain assessment.

The tool includes five questions centered on:

- Comfort
- Change in pain
- Pain control
- Physical functioning
- Sleep

QMC implemented a pilot on two surgical units — Iolani 2 and QET9E — in March 2020, which was the very beginning of the COVID-19 pandemic. That trial concluded in March 2021. From the pilot, Sharon and Kelsie found there to be increased communications of pain goals among patients and nurses.

“Nurses on the two pilot units reported to be more comfortable with their pain assessments by having conversations with both patients and providers about how to manage pain,” Sharon said. “Components of the CAPA tool have also been employed elsewhere in Queen’s, including determining what medication to use first and when to use a second-line medication.”

From the pilot, QMC found increases in patient satisfaction in using the CAPA tool for pain management, as well as decreases in opioid reversal events.

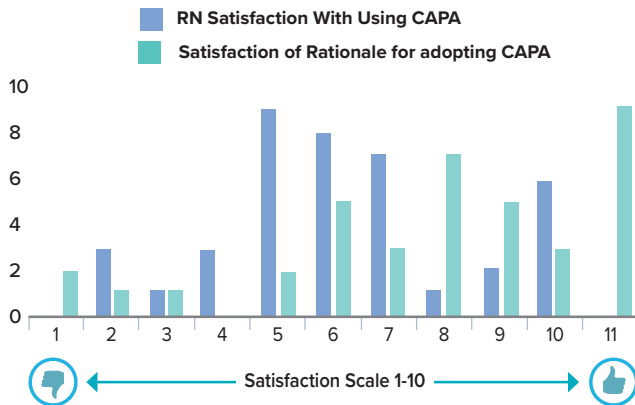
Currently, data from the pilot is being assessed and disseminated. The results will determine next steps with the CAPA tool. Findings have been presented to leadership with recommendations to possibly incorporate components, such as the use of sedation scales and assessment prior to administering medications. These steps could have the potential to increase patient safety.

For Sharon and Kelsie, they are grateful for the widespread support of their evidence-based practice project focused on supporting both patients and nurses.

“The amount of support from leadership and how they recognize nurses’ concerns and patient safety is really phenomenal. It shows why so many people say that Queen’s is the employer of choice, as well as the healthcare provider of choice for our patients,” Sharon said.

CAPA Tool Pilot Focuses on Achieving Patient Pain Goals (continued)

Question 1. How satisfied are you with using CAPA?
Question 2. How satisfied are you with the rationale for adopting CAPA?

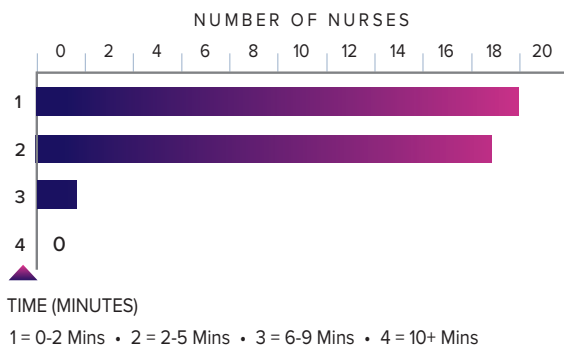


Question 4. Do you feel that the communication with patients improved with CAPA?



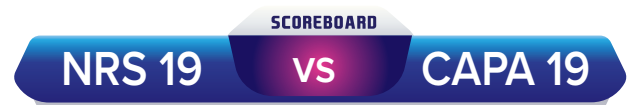
60% of the nurses felt patient and nurse communication improved with CAPA

Question 3. How long does it take for you to assess a patient's pain level (in minutes)?



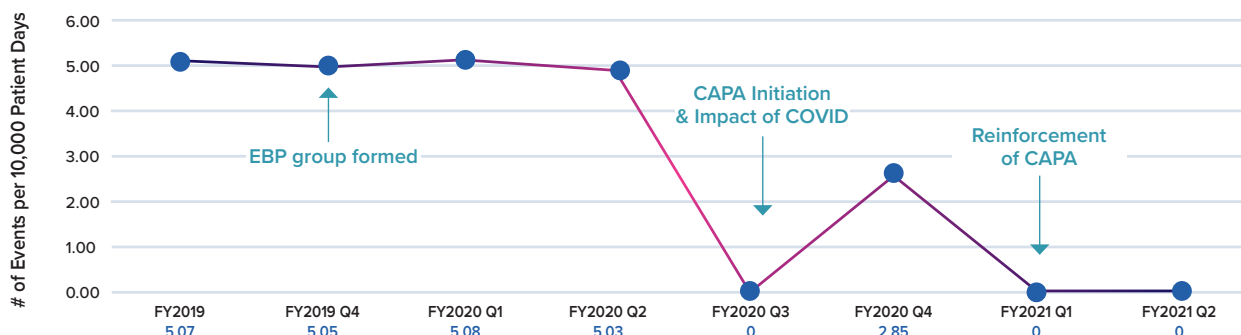
93% of nurses reported minimal time (0 to 5 mins) for integrating CAPA tool, indicating that use of the new tool did not have an impact on the nursing workflow.

Question 5. Which tool is optimal in assessing and managing the patient's pain?



Nurse often commented that they want to integrate both tools.

OPIOID REVERSAL EVENT RATES (T9E & IOLANI 2)



Nursing Research Fellowship

Nursing Research Fellowship research teams launched in January 2021, to fulfill the goal to generate new knowledge on priority areas at Queen's. Teams of nurses collaborate on conceptual development and implementation of nursing research projects, and are responsible for protocol submission to institutional Review Board (IRB), data analysis, presentation of results and manuscripts.

Created jointly by QMC's Queen Emma Nursing Institute (QENI), and University of Hawai'i School of Nursing & Dental Hygiene (UH), the Fellowship requires an 18-month commitment, including 6 months participation in monthly research proposal development sessions and 12 monthly sessions focused on project implementation. Representatives from both QMC and UH provide project oversight, education, fiscal management, and facilitation to ensure successful completion of the research projects. Mentoring bedside nurses and training them to do research builds their professional practice. Nurses are able to take what they have learned from research and

figure out how it impacts their professional perspective. Nurses become better equipped to develop new and better ways to do things. It helps build autonomy rooted in evidence based practice.

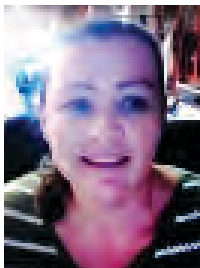
NURSE RESEARCHERS & ASSOCIATED PROJECTS:

- Florence Yiu Lowe, RN, Same Day Surgery
Project: Perceived occupational stress by frontline nurses in a trauma hospital in Hawai'i during COVID-19
- Anna Weigand, RN, QET 10
Janet Colton, RN, QET 10
Julie Kathman, RN, QET 10
Project: The Obstetric Fall Risk Assessment versus the Morse Fall Risk Assessment as a predictor of falls in obstetric patients: a retrospective, nested case-control study

NURSE RESEARCH FACULTY:

Katherine Finn Davis-University of Hawaii
Rose Hata-Queen Emma Nursing Institute
Gwen Isherwood-Queen Emma Nursing Institute
Carrie Olivera-University of Hawaii

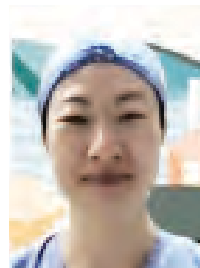
Nurse Researchers



Janet Colton
Nurse Research Fellow
QET 10



Julie Kathman
Nurse Research Fellow
QET 10



Florence Yiu Lowe
Nurse Research Fellow
Same Day Surgery



Anna Weigand
Nurse Research Fellow
QET 10

Nurse Research Faculty



Katherine Finn Davis
Faculty Mentor
University of Hawaii



Carrie Olivera
Faculty Mentor
University of Hawaii



Rose Hata
Faculty Mentor
Queen Emma Nursing
Institute



Gwen Isherwood
Faculty Mentor
Queen Emma Nursing
Institute

Evidence-Based Practice Workshop and Internship

The Hawai'i State Center for Nursing (HSCN) Evidence-Based Practice Workshop and Internship is a 2-day intensive workshop followed by a 12-month internship that leads participants through the evidence-based practice process. This program is designed for nurse clinicians with support from managers and administration. Teams begin with a clinical topic, are guided by expert faculty through the EBP process, and emerge with the implementation of a practice change.

QMC NURSES/PARTNERS

EBP PROJECT QUESTION

Advincula, Roland, RN
Layug, Matthew, RN
Loui, Christine, APRN
Oyama, Nadia, RN

Clinical Question: What is the best evidence-based practice to reduce falls on an inpatient acute psychiatric unit?

Arce, Chandler, RN
Gardner-Bougard, Katherine, RN
Isaacs, Tanya, RN
Miller, Cheryl, RN

Clinical Question: What is the best evidence-based practice to eliminate the use of restraints in an adolescent inpatient psychiatric unit?

Ana, Brendalee, RN
Hamasaki, Jennifer, RN
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Clinical Question: What is best practice in behavioral management of patients with TBI to decrease length of stay (LOS) and restraints in the acute care setting compared to current practice?



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