

NURSEDECK

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

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SOTERA DELOS SANTOS DNP,
MSN-ADMIN, RN, CPHQ

AN EXCLUSIVE INTERVIEW: THE
NURSE LEADER PERSPECTIVE.
COVID-19 AND LEADING AHEAD OF
THE DATA

CHIEF NURSING OFFICER WITH A
PASSION FOR FULFILLING HER
LEADERSHIP ROLE

NURSEDECK



A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

Where nurses share stories, resources & guides to help inspire and motivate.

“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.” — Unknown

NEVILLE GUPTA

Founder/CEO

As a strong advocate for the union between humanity and technology, Neville's focus leans toward tech influence on creating highly desirable working environments encompassing altruism, autonomy, human dignity, integrity, honesty and social justice.

GABRIELLE DIDATO

Head of Influencer Marketing & Partnerships

LAKESHIA BATES

Community Engagement Manager

DESTINY GORDON

Brand Marketing Specialist

NURSEDECK PODCAST HOST OF THE WEEK



NURSE JEANNE CEO, AUTHOR, PODCAST HOST, RN

This week Nurse Jeanne helped NurseDeck share stories, resources & guides to help inspire and motivate.

JEANNE MOORE

Jeanne has been a Registered Nurse for 34 years. She is the podcast host for Middle-class Healthcare, teaching the American employees that they could actually get free healthcare benefits from their employers if they knew the right nurses.

<https://www.linkedin.com/in/jean-nemoorebsnmba/>

"I believe employees deserve the highest quality of care at affordable prices. I've mastered two of the most complex ecosystems in the United States today."



FEATURED STORY

SOTERA DELOS SANTOS DNP,
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AN EXCLUSIVE INTERVIEW: THE NURSE LEADER PERSPECTIVE. COVID-19 AND LEADING AHEAD OF THE DATA

By NurseDeck

Sotera Delos Santos is a dedicated nurse leader with over a decade of experience leading nursing operations in Southern California. She holds a doctorate in Nursing Practice and has been a leader for over a decade, delivering the highest quality care standards for patient care services. She is currently a Nurse Manager within Los Angeles County, transitioning to a Chief Nursing Officer.



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I worked in the emergency room myself during the rise of COVID because, you know, it was something that I would like to give back to.

JM: Let's talk about patient safety. how do you feel about the treatment of nurses in 2021 during the COVID 19 crisis? Where were we in the beginning, and where are we now?"



SDS: I think during the COVID 19, as it grows while I believe, the beginning of last year. It was difficult for everybody. Especially for leaders like myself, we treated nurses, and healthcare professionals were generally poor because we just weren't prepared. I did not know that tomorrow there's going to be a pandemic. So as a hospital system, healthcare system in general, we are unprepared, and the United States is already known to be an acute illness-focused system. Throw a pandemic on top of that, and we scrambled it into a poorly managed population. We have many burnout healthcare professionals. Physically, mentally, emotionally, it was all within that wrong recipe, and it was a recipe for disaster. So, it affected us very badly, and I think, moving forward to today, we have learned so much.

We are so more prepared, and we have all the equipment. We have vaccines, many studies, and research about COVID, which elevated the practice of adhering to and adapting to the current situation.

JM: Can you tell us what is the current situation is like in the Los Angeles area?

SDS: In the Los Angeles area within our population, we only have 60% of the population vaccinated. We are still having a rise in cases with COVID. A lot of the patients that we see currently are not as severely symptomatic. They still have the symptoms, but unlike before in the beginning, we are intubating left and right. I worked in the emergency room myself during the rise of COVID because, you know, it was something that I would like to give back to. We are seeing many intubated cases but now since we are more aware of the symptoms, we are better at managing those symptoms to make sure we can get them under control before we get to the worst part of our health.

JM: Would you say that we are treating the very early symptoms and managing the disease process much better now that we understand?

SDS: what we are experiencing today is tremendously different from what we experience at the very onset of the disease. The most important thing is that we are so diverse demographically, based on where we are in the United States, that the story is different.

JM: I noticed a question here at Sigma Theta Tau International Honor Society of Nursing. Can you tell us a little bit more insight direct about the organization?

SDS: Sigma Theta Tau International Honor Society of Nursing is actually by invitation only. Depending on how your grades look like and how your participation could mainly have been, they would invite you to be part of that team or that nursing society. You share ideas amongst each other. You share experiences, research, whether that's more experience or evidence-based knowledge, is more available to us. I think, in general, as nurses, it is essential to be part of an organization. That is just because it opens multiple platforms of networking possibilities. It gives you more knowledge, insight from other clinicians, and interdisciplinary perspectives in making decisions. Especially for me, as a leader, it's crucial to have those perspectives in making decisions, both from the most current, what we've learned, most recent information, and how the future upholds the nursing profession.



Compassion and caring for other humans are part of nursing.

JM: One of the things that I have experienced is nurses saying, "My perspective is." This is critical because we may be saying two opposite things, but that is our perspective on where we sit in this vast mechanism called healthcare. There is a divide, and I am hoping to eliminate that divide between nurses because we are the ones who protect the patient. It's who we are.



SDS: It's our responsibility and accountability.

JM: "It's our unwritten code. So I'm hoping and praying that we can share each other's experiences because, ultimately, it is all about protecting the patient. So I am relatively new to NurseDeck, and I am so excited about it.

SDS: NurseDeck, is the perfect platform for nurses, both novice and expert. So just like you and me right now, we are collaborating, sharing our experiences, our knowledge, we are not in the same place. NurseDeck made us closer, connected us. Having this platform opens up all the possibilities to engage the profession of nursing and to grow nursing more than just the four walls of a healthcare system.

I Currently, NurseDeck is building the profession more by interviewing nurses from anywhere around the US. Connecting us and just making us more networked to each other.

One of my biggest concerns right now is that we nurses tend not to take care of ourselves. We learned that very early on, and the concern for the amount of stress and potential suicide is tremendous. We need to let each other know that "You are not alone." This is a huge message that we are all in this together. Reach out if you're feeling the effects of that level of stress.

JM: I am a massive advocate for quality healthcare, and I would like all quality metrics to be transparent and put on billboards. Can you share your views on quality healthcare and patient care safety?

SDS: Quality healthcare and patient care safety mean a lot to me. I have a certification in inpatient health quality. Quality in healthcare inpatient care is the foundation of nursing today and tomorrow. We know that we are the most significant workforce in the healthcare system. We account for a 3rd of the operational clause within a healthcare system. So our contributions to the quality and patient safety are immense. We are basically the driver of the change, to advocate for our patient's quality. We need to own that as the foundation of our profession because we have the most decisive influence as nurses to make the change necessary to ensure the highest quality for patients. They are safe when we are taking care of them.

JM: What are some of the changes you would love to see in nursing today?

SDS: one of the things that I would like to see more of that has improved over the years is the increase in awareness that nursing is more prominent than we think it is. We have a lot of responsibility, a lot of influence other than bedside. There is our foundation, our experience, and knowledge, our aspiration. We can only change the country and the world."

They say the more power, the more responsibility you have as leaders in healthcare. We are the most significant workforce, and we will start influencing more and more as we go through today and tomorrow. So really, there has been an increase in awareness, but I think we can do more of that awareness—a voice.



There is a built resilience in us, knowing that we are stronger than we ought to be. So the more we become aware, the more evidence we have, the more we do our research and stick together and unite as nurses, the bigger we are going to become.

Because we are the one that's there 24/7, we have to be able to speak up and say "is this the right way to do things?". Because we are the ones that are there 24/7, we need to advocate for the operative safety of our patients. So we have the right, I think we have been given the right to do the questioning.

With the Delta Variant, we see an increase in the infection rate. Still, at the same time, we have more people, population-wise, that are vaccinated, so whether that variant had infected the vaccinated people, then their symptoms are more diminutive. Less hospitalization, less death, and that less mortality from the variant, which encourages everyone.



NurseDeck is putting us together. We all have the same intentions. We all have the same passion for our profession and compassion for our patients. So we all grow, and we build together. It is exciting.

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*NurseDeck, is
the perfect
platform for
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We are
collaborating.*

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