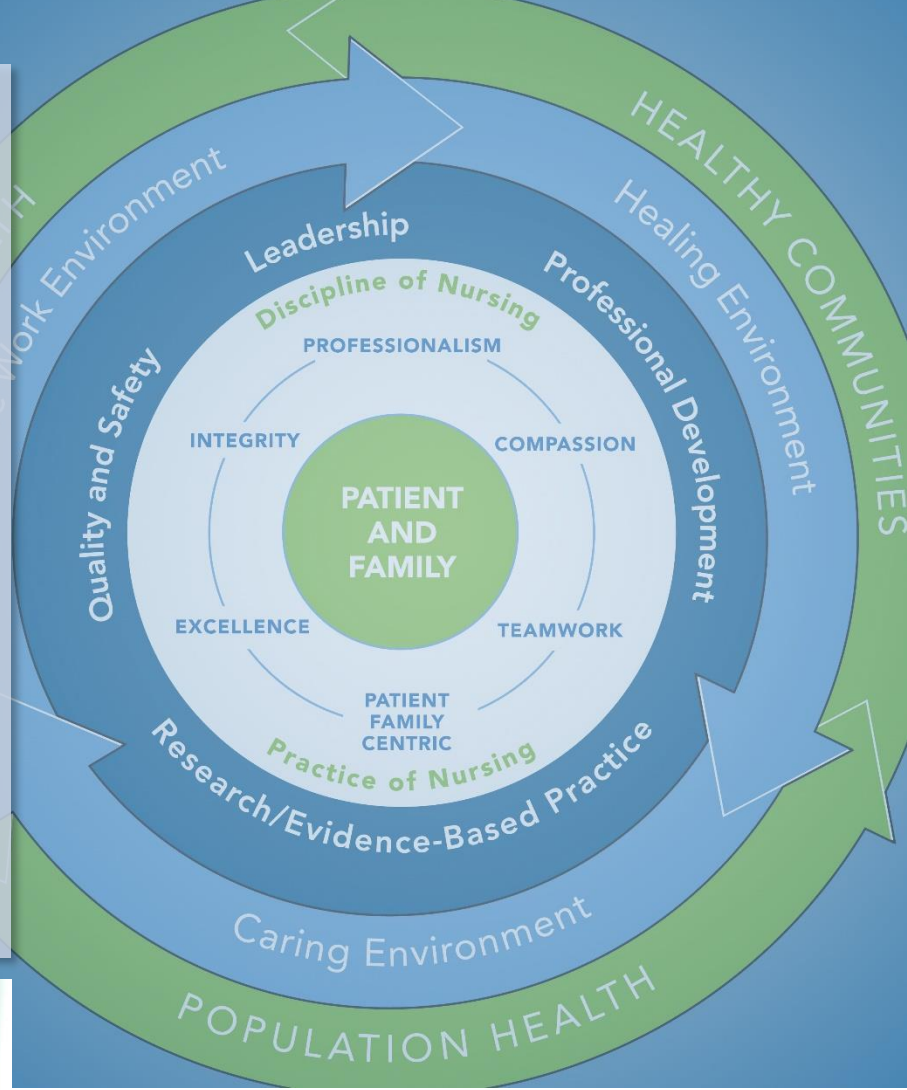


# 2019 NURSING YEAR IN REVIEW

*Southern California Region*



*Extraordinary Nursing Care.  
Every Patient.  
Every Time.*

***Kaiser Permanente  
Los Angeles Medical Center***

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Kaiser Permanente Los Angeles Medical Center (KP LAMC) is Kaiser Permanente's largest facility in Southern California and home to primary, specialty, and tertiary care programs that serve members from the entire region. When you walk through the doors of KP LAMC, you will find quality and specialization in many fields of medical care—including 40 designated Centers of Excellence and 44 areas of specialty providing advanced care. KP LAMC's doors first opened in 1953 with 224 beds and currently houses 528 licensed beds.

At KP LAMC, patients and the community have convenient access to a wide range of acute and specialty care services offered within our integrated healthcare system.

# *WELCOME TO* LOS ANGELES MEDICAL CENTER

## MESSAGE FROM THE *Chief Nurse Executive*

As your Chief Nurse Executive, I am pleased to present the 2019 Nursing Annual Report. Our Kaiser Permanente nursing vision states:

*“As leaders, clinicians, researchers, innovators and scientist, Kaiser Permanente nurses are advancing the delivery of excellent, compassionate care for our members across the continuum, and boldly transforming care to improve the health of our communities and nation.”*

Kaiser Permanente Los Angeles Medical Center (KP LAMC) nursing embodied our vision with many accomplishments throughout 2019.

Our nursing shared leadership structure facilitated nurses working together to continue improvements in quality and patient safety. The Kindness is Contagious campaign remained strong and had an impact resulting in an increase in our patient satisfaction scores and our employee satisfaction.

Our focus on nursing professional practice and development wielded 22% of our clinical RN's as specialty certified by their professional organizations; a 47% increase from 2018. Congratulations to everyone who obtained their nursing national specialty certifications as well as those who completed school and received higher degrees including baccalaureate, masters' and doctoral degrees! This is an incredible accomplishment and shows the dedication our nurses have to the profession of nursing, our patients and their families.

Clinical nurses were showcased at multiple professional seminars and conferences by presenting research and evidence-based practice projects and posters. Congratulations to all who continue to share our knowledge and using evidence to guide us to the next level of nursing practice.

We have continued on our Magnet journey and officially submitted our application for the designation on July 25, 2019. With our application, we know that we have met many milestones and have demonstrated that nurses at KP LAMC deserve the recognition for all their contributions.

I am so proud of our accomplishments throughout nursing which has taken leadership at all levels. The resilience and perseverance to do better is palpable at KP LAMC. Thank you all for what you do, every patient, every time. I am grateful to be part of the incredible team at KP LAMC.

2019 was a transformational year and I am sure that 2020 will continue that legacy. Please enjoy reading about our accomplishments and continue sharing our great work.



**Patricia J. Clausen, MBA, BSN, RN, CENP**  
Los Angeles Medical Center  
Chief Nurse Executive

*Patti Clausen RN, BSN, MBA, CENP*



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## KAISER PERMANENTE NURSING MISSION, VISION, & VALUES

### Our *Mission*

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

### Our *Vision*

As leaders, clinicians, researchers, innovators and scientists, Kaiser Permanente nurses are advancing the delivery of excellent, compassionate care for our members across the continuum, and boldly transforming care to improve the health of our communities and nation.

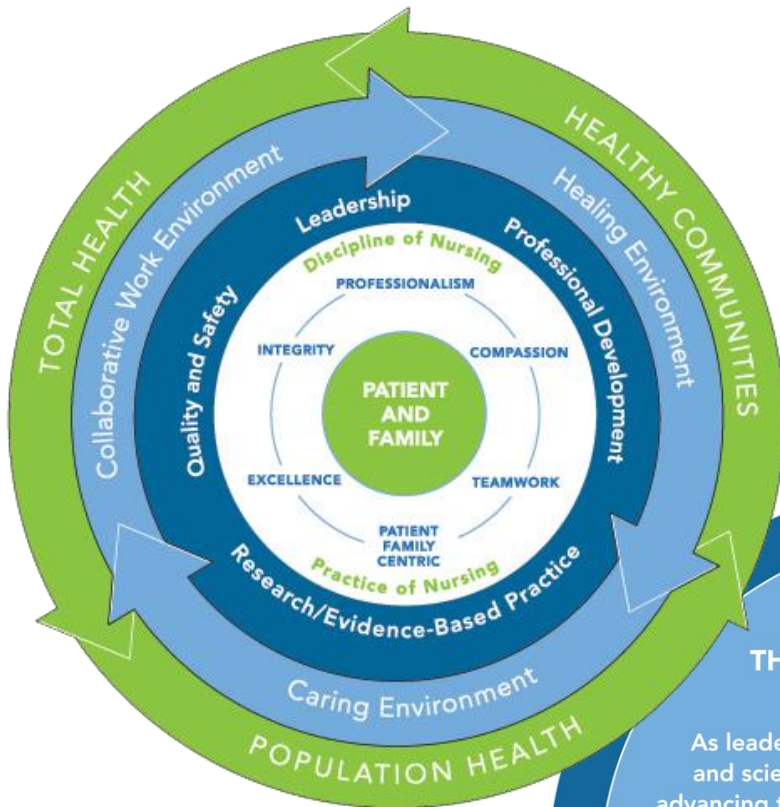
### Our *Values*

- Professionalism
- Excellence
- Patient- and Family-Centric
- Teamwork
- Integrity
- Compassion

# Nursing PROFESSIONAL PRACTICE MODEL

At the heart of the Kaiser Permanente Nursing Professional Practice Model (PPM) is the patient and family. The nurse-patient/family relationship is the cornerstone of nursing practice and leverages the powerful role human relationships play in creating caring and healing environments. It honors the unity of the whole human being – mind, body, spirit – and is the lens through which Kaiser Permanente nurses look to ensure that they meet the needs of patients and families.

Six nursing values are embedded in our nursing discipline/practice and help to demonstrate what it means to be a Kaiser Permanente nurse. The values that underpin our work are: Professionalism, Patient and Family Centric, Compassion, Teamwork, Excellence, and Integrity.



## THE KAISER PERMANENTE NURSING VISION

As leaders, clinicians, researchers, innovators and scientists, Kaiser Permanente nurses are advancing the delivery of excellent, compassionate care for our members across the continuum, and boldly transforming care to improve the health of our communities and nation.

**Extraordinary nursing care.  
Every patient.  
Every time.**



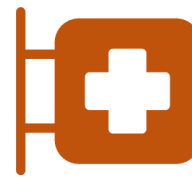
KAISER PERMANENTE®

# ABOUT US... *In Numbers*

## LOS ANGELES MEDICAL CENTER

Los Angeles Medical Center is Kaiser Permanente’s largest facility in Southern California and home to primary, specialty, and tertiary care programs that serve members from the entire region. When you walk through the doors of Los Angeles Medical Center, you’ll find quality and specialization in many fields of medical care—including 40 designated Centers of Excellence and 44 areas of specialty providing advanced care. As the region’s tertiary referral hospital, Los Angeles Medical Center offers:

- Comprehensive Stroke Center
- 23 Tertiary care programs
- 40 Centers of Excellence
- Level III Neonatal ICU



Academic Hospital



**233**

Physician Residents and Fellows



**2,209**

RNs and Nursing staff



**15**

New graduate RNs



**974**

Physicians



**528**

Licensed beds (includes 68 Mental Health Center beds)



**2,713**

Babies delivered



**33**

Poster/Podium Presentations/Article Publications



**2.8 mil**

Outpatient Visits



**35,082**

Inpatient Admissions

KP LAMC is more than a hospital, it is a medical learning institution attracting health care professionals from around the world. We are home to a robust Graduate Medical Education residency program with 20 residency and fellowship programs and course clinical rotations for medical students from USC and UCLA.

We also have specialty nursing programs including:

- New Graduate RN
- Perioperative
- Labor & Delivery
- Critical Care

*Our cause is health, our passion is service, we are here to make lives better.*



**411**

Average daily census



**25,635**

Surgical cases



## EMPIRICAL *OUTCOMES*

Kaiser Permanente Los Angeles Medical Center nurses are committed to the delivery of extraordinary nursing care. They treat the whole patient – mind, body, spirit – and their families. This transforms the care delivery experience ensuring exceptional outcomes related to satisfaction and quality that positively impacts patients, their families, and the organization across the continuum.



## EMPIRICAL OUTCOMES

### *5 West* - Neuro/ MedSurg/ Telemetry *Bowel Management*

**PROBLEM:** The Kaiser Permanente Los Angeles Medical Center (KP LAMC) 5 West (5W)/Neurosurgical Unit (NSU) Unit-Based Council (UBC) identified the need for a standardized bowel regimen. 5W/NSU UBC clinical nurses Madrelí “Patty” Huliganga, BSN, RN; Maraya Lankisch, BSN, RN; Jennifer Navarro, RN; and Karla Santillano, MSN, RN, FNP noticed a high prevalence in patient discharges being delayed due to post-operative constipation/no bowel movement documented. The patients were dissatisfied due to not being able to be discharged timely. The average length of stay (ALOS) in 5W/NSU during March 2019 was 5.4 days. The 5W/NSU UBC collaborated with the unit-based RN-MD collaboration team to define a new interprofessional quality team to discuss and quantify this observation in order to address the ALOS and patient satisfaction issues.

**GOAL STATEMENT:** The goal of this project was to reduce the ALOS in days for patients on 5W/NSU at KP LAMC.

**INTERVENTION:** During April 2019, the 5W/NSU UBC clinical nurses created a survey for nurses, physicians, and physician assistants (PA) to understand the current clinical practice. The survey was created to assess the providers’ post-op constipation medication orders and the nurses’ use of these orders in managing medications post-operatively. This was an anonymous survey to 100% of nurses and 82% of our clinical providers.

The 5W/NSU UBC partnered with the Informatics team and the RN-MD interprofessional collaboration unit-based committee to create an interprofessional team focus on this work. The clinical nurses shared the results of their literature search using multiple resources from the Kaiser Permanente clinical library.

The 5W/NSU UBC also shared the data from audits. The team demonstrated through audits that there was a delay in discharge due to non-administration of PRN stool management medication. They also demonstrated that there were no standardized order sets for bowel management postoperatively. The data and the EBP reviewed demonstrated a need for a standardized bowel management program.

**IMPACT:** This work raised awareness and intervention amongst the clinicians on the need for and use of PRN stool management medication, patient and family education, and documentation. It also allowed our patients to go home sooner to be with their families and have faster recoveries.



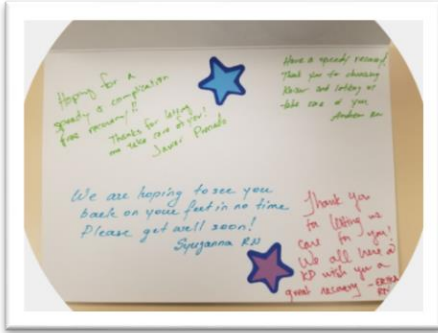
#### OUTCOMES:

	Date	Data
Pre-Data	March 2019	ALOS = 5.3 days
Intervention Start Date	April 2019	-
Interventions Completed	June 2019	-
Post Data Point 1	July 2019	ALOS = 5.0 days
Post Data Point 2	August 2019	ALOS = 5.1 days
Post Data Point 3	September 2019	ALOS = 4.3 days

## EXEMPLARY PROFESSIONAL PRACTICE

### Main Operating Room

### Inpatient Rounding

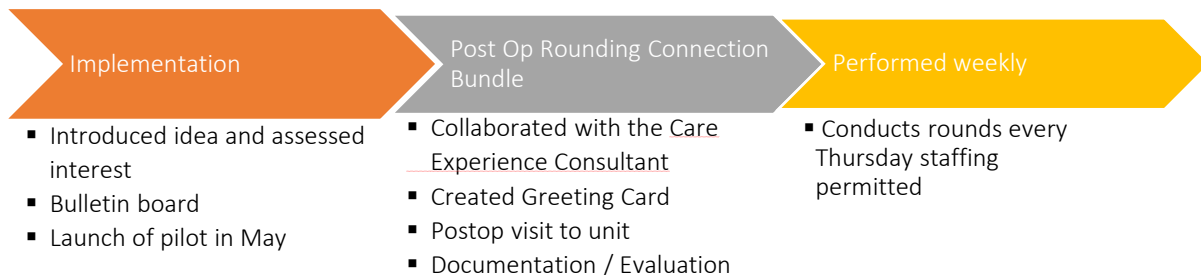


**PROBLEM:** Patients often never see the faces of the nurses behind their surgery masks. Utilizing the nursing Professional Practice Model (PPM) at Kaiser Permanente Los Angeles Medical Center (KP LAMC) the operating room nurses wanted to better define how to establish a relationship with these patients and families. The nurses felt that prioritizing pain control throughout the perioperative phases was an opportunity for improvement to instill an everlasting positive impression on our patients. The Main Operating Room (MOR) unit-based council (UBC) discussed their desire to impact the patients’ experience and improve pain management. Patient satisfaction data was

reviewed by the UBC and indicated a need for improvement in some categories. The MOR does not have its own data from patients that have been admitted so data from the inpatient 3 North unit, who accepts many of the surgical transfers, was shared with the staff. The mean score for the question: “During this hospital stay, how often did the hospital staff talk to you about how to treat your pain?” in April 2019 was comparatively low at 77.8.

**GOAL STATEMENT:** The goal of this project was to increase the mean score of the NRC patient satisfaction question “During this hospital stay, how often did the hospital staff talk to you about how to treat your pain?” on the 3 North (Orthopedics) Unit at KP LAMC.

#### METHODOLOGY:



**IMPACT:** The MOR instilled an everlasting positive impression on our patients and provided comfort and reassurance to our patients and their families during their perioperative and postoperative hospital experience. This allowed MOR staff to have autonomy and an ability to gain insight in how their care and empathy affects each patient.

#### OUTCOMES:

	Date	Data
Pre-Data	April 2019	77.8 Mean score
Intervention Start Date	May 2019	-
Interventions Completed	May 2019	-
Post Data Point 1	June 2019	80.5 Mean score
Post Data Point 2	July 2019	87.2 Mean score
Post Data Point 3	August 2019	80.8 Mean score
Post Data Point 4	September 2019	86.1 Mean score





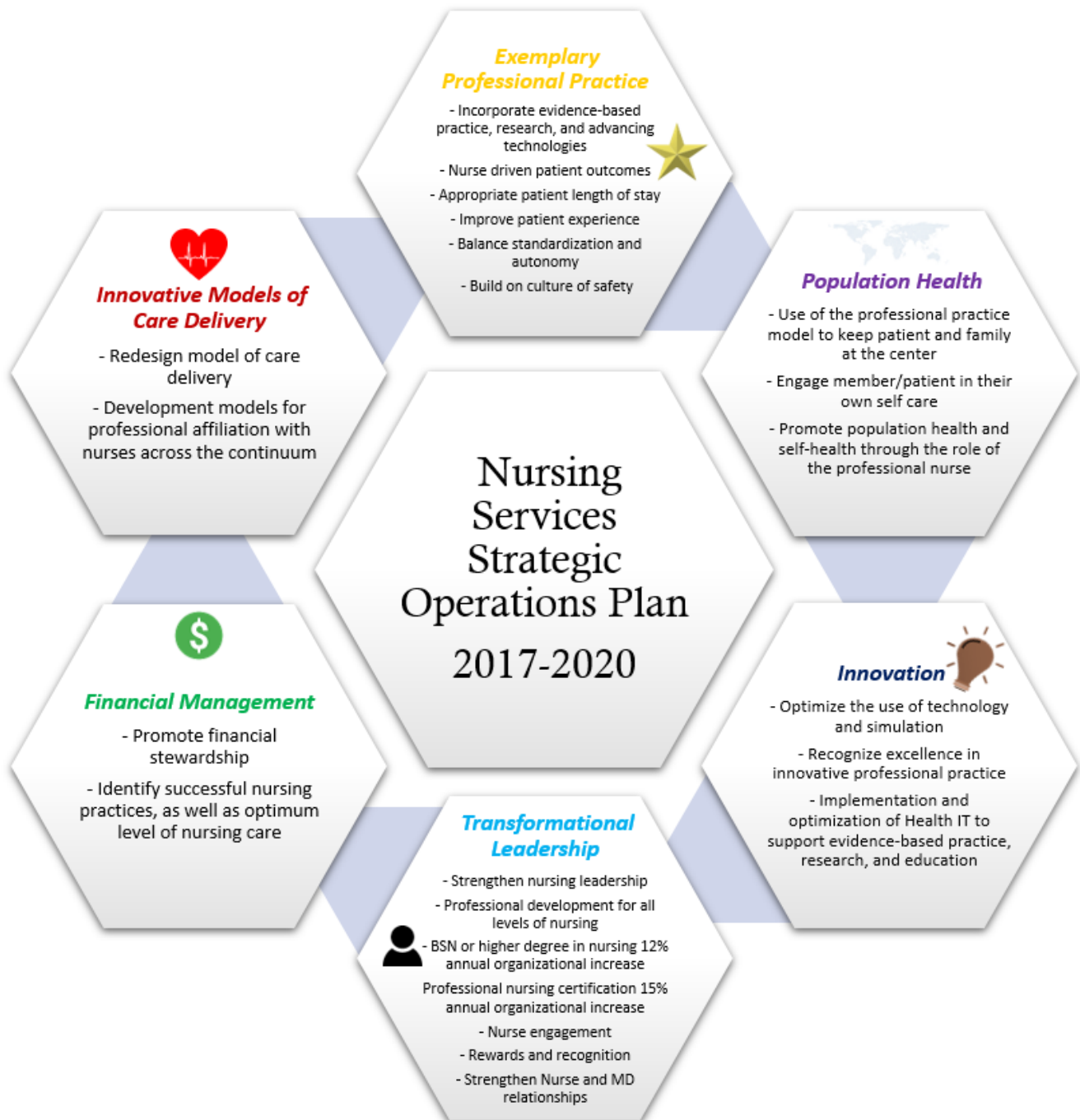
Kaiser Permanente nursing leadership is defined as the ability to inspire others to do the extraordinary. At Kaiser Permanente LAMC every nurse within the organization is recognized as a leader. Influenced by the transformational leadership of our Chief Nurse Executive nurses at all levels are empowered to be role models, innovators, and drivers of nursing excellence within the organization. This is propelled forward through our nursing shared leadership and a passion for influencing the delivery of high-quality patient care. Our nurses are transforming nursing practice from the bedside, to the communities we serve, and beyond.

## *TRANSFORMATIONAL* **LEADERSHIP**

## TRANSFORMATIONAL LEADERSHIP

# Nursing Services Strategic Operations Plan

KP LAMC's vision is to be the leader in delivering total health through clinical excellence and innovation, powered by our strengths in tertiary services, research & education. This vision is possible through our focused priorities for 2017-2020, which included transforming care delivery, people engagement, operational effectiveness, and innovation.



## TRANSFORMATIONAL LEADERSHIP

### BD Vascular Access Management *VAM* Assessment

#### *CLABSI Reduction*

**PROBLEM:** In the first 3 quarters of 2018, there was a steady increase in the amount of central line associated blood stream infections (CLABSI) occurring at Kaiser Permanente Los Angeles Medical Center (KP LAMC). CLABSIs are a preventable hospital acquired condition. The data indicated that this was an organization wide trend in the units that consistently had patients with central lines. KP LAMC has both the Nursing Quality Practice Council (NQPC) and the CLABSI Prevention Team. These two groups assess data pertaining to CLABSI rates demonstrated throughout the medical center at their monthly meetings. The clinical nurses use these councils to evaluate data, to monitor trends and identify system problems that they can refer to leadership representatives for action if needed.

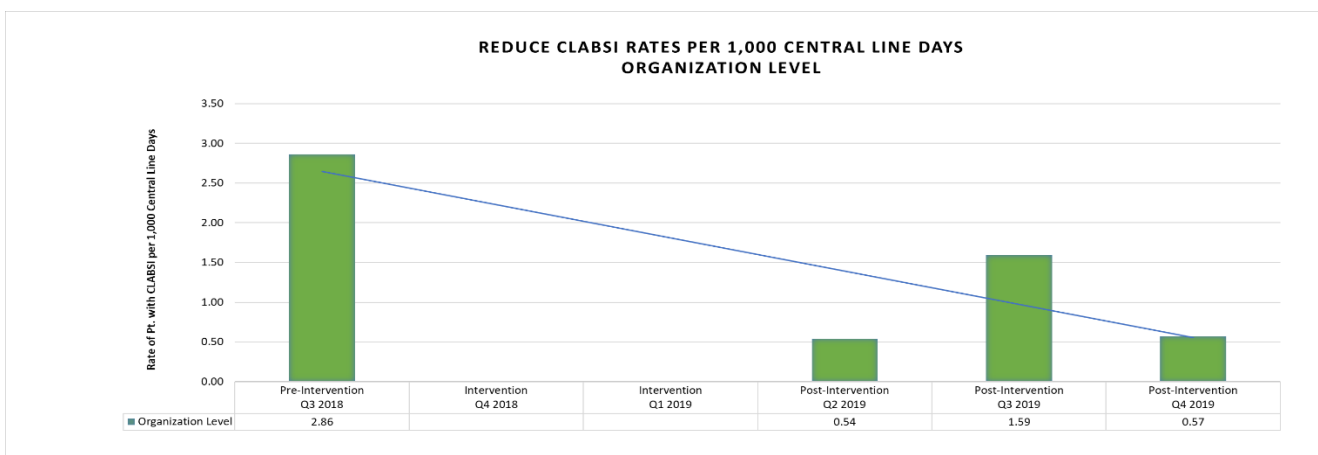
**GOAL STATEMENT:** The goal of this project was to reduce the CLABSI rate per 1,000 central line days for inpatient units with central lines at KP LAMC.

**INTERVENTION:** The NQPC and the CLABSI Prevention Teams both have groups of clinical RNs that are members. Communication occurs with nursing leadership at the meetings held by these councils/teams and as well as through email and text messages pre and post meetings. The clinical nurses identified that the CLABSI problem needed an organization wide, innovative approach to improve care.

The members of these councils encouraged creativity and “out of the box” thinking to determine interventions that would be engaging and could be spread to all areas within the organization. The CLABSI team recommended the BD Vascular Access Management (VAM) program. The BD VAM program allowed for a comprehensive assessment of the medical centers products and practices pertaining to vascular access. Leadership’s commitment to advocating for the resources for these various interventions exemplifies follow-up to the clinical nurses’ concerns. New resources for vascular access management were made available throughout the medical center. In addition, the NQPC created and produced the “VAM Disco” video (*QR Code adjacent*) which demonstrates the proper techniques for caring for central lines



**OUTCOMES:**





## STRUCTURAL *EMPOWERMENT*

Kaiser Permanente LAMC thrives on creating opportunities and pathways for our nurses to participate in decision-making and to have autonomy in their clinical practice. This is further supported and encouraged through our shared leadership structure and opportunities for professional development. We promote a culture that champions academic growth, specialty certification attainment, and participation in other professional organization events including conferences and continuing education courses. KP LAMC nurses' contribution and influence on patient care is highly valued and appreciated within the organization.

## STRUCTURAL EMPOWERMENT

### *Shared* Leadership

#### SHARED LEADERSHIP

shar·ed - lead·er·ship | \ˈsherd\ ˈlē-dər-, ship\

: A model of nursing practice designed to integrate the core values and beliefs that nursing professional practice embraces, as a means of achieving quality care by making decisions about clinical practice standards, quality improvement, staff and professional development, and research.

Our ANA Nursing Scope and Standards of Practice encourages nurses at all levels to be leaders, collaborate with the patient and interdisciplinary team, and participate in decision-making about professional nursing practice. KP LAMC supports this vision as well by providing a platform for nurses to participate in shared decision-making regarding nursing professional practice to improve nurses' work environment, satisfaction, retention, and improve patient outcomes.

#### **Unit Councils/Teams:**

Unit councils/teams bring 'Shared Leadership' concepts for daily decision-making processes to those individuals most involved/influenced by the work and provide a forum for an interdisciplinary team approach to meeting and solving identified unit or department goals.

#### **There are 6 medical center wide practice councils:**

1. **Nursing Quality & Professional Practice (NQPPC)**
  - To promote high-quality patient care and outcomes by evaluating and identify trends in data related to nurse-sensitive indicators. To support and make recommendations for changes in nursing professional practice.
2. **Research, Informatics, Technology, Education, & Evidence-Based Practice (RITEE)**
  - To create a culture of inquiry, excellence, and innovation through the promotion of EBP, nursing research, education, informatics, and technology at the point of care.
3. **Patient & Family Centered Care and Patient Education (PFCC)**
  - To evaluate and utilize patient satisfaction data in order to effectively direct evidenced-based nursing interventions to address the needs of our patients and their families.
4. **Staffing & Scheduling**
  - Utilize data and makes recommendations for the allocation of staffing resources.
5. **Wellness Practice**
  - To support an integrative approach to self and patient care, exploring new ways to promote self-care practices for clinicians and to impact our patients' experience.
6. **Stars Come Out at Night (SCOAN)**
  - To promote nursing professional practice, leadership, and consistent communication with nurses who work during the night shift hours.

## STRUCTURAL EMPOWERMENT

### Nursing Professional *Development*

#### *Certified Nurses in 2019*

KP LAMC recognizes the following 70 Registered Nurses who, in 2019, obtained their nursing specialty certifications to enhance their professional development. Obtaining national board certification affirms registered nurses have advanced knowledge, skills, and practices to contribute to better patient outcomes in their specialty area. Some RNs hold multiple professional certifications to esteem a commitment to excellence and professional practice standards.

Abdulqader, Basel, CCRN	Cordova, Helen, CCRN	Lee, Stephanie Marie, CCRN	Rojas, Brenda, SCRN
Akamine, Alicia, CCRN	Corral, Paola, CNOR	Lee, Yumi, CPAN	Ros-Cataluna, Rathana, PCCN
Amparo, Imelda, CLE	Co-Solana, Mary Diane, SCRN	Llanes, Grace, CCRN	Santos, Jocelyn, CCRN
Babakhanian, Armineh, PCCN	Coy, Linda, ACM-RN	Lopez, Janice, PCCN	Sapetto, Gabriela, CRNA
Belmonte, Jasmine, SCRN	De Leon, Joel Garcia, CCRN	LoVetere, Raquel Irene, NC-BC	Sarmiento, Maria, CNOR
Brewster, Kathleen, ACM-RN	Garcia, Mauricio, RN-BC	Madaryan, Lusine, RNC-OB	Shirvanyan, Liana, RNC-MNN
Brzozowski, Stephanie, CNOR	Hanson, Elizabeth Rose, RNC-NIC	Manalo, Chriselda, SCRN	Valentin, Ashley, RNC-OB
Burdick, Sharon, CCRN	Hanson, Tammy Faye, RN-BC	Min-Kim, Kristi, ACM-RN	Villamil, Josephine, PCCN
Byun, Christy, CPAN	Herrera, Jordanna Janelle, ONS	Nathan, Ukachi, PCCN-K	Villanueva, Maria, ACM-RN
Caballero, Isabel, CCRN	Hines, Qiana, ACM-RN	Ng, Christina Hyatt, CNOR	Wei Leon, Juan, CRNA
Calloway, Helena, CCRN	Huang, Chao-Hua, CCRN-K	Nguyen, Truc-Mai N, CCRN	Wibawa, Fibrina, SCRN
Cassou, Rebecca Ann, CNOR	Hunter, Molly, CNOR	Nold, Sonya, RNC-OB	Wiggins, Alexandra, NE-BC
Castanon, Marilen, CCRN	Ingan, Marygrac, SCRN	Ocampo, Michael, CCRN	Williams, Jasmine, SCRN
Castillo, Harlene, CLE	Jackson, Kalyse Danae, NP-C	Paredes, Christian, CNML	Wong, Sandra, CVRN-BC
Chai, Jennifer, OCN	Juarez, Eduardo, PCCN	Park, Eun Kyung, WOCN	Wu, Chung-Hao, CRNA
Cheung, Wai Man, ACM-RN	Kajohn, Kimberly, RNC-OB	Park, Hanna, FNP	Yeates, Michelle, CLE
Cho, Eunhee, NP	Keoshgerian, Taguhi, SCRN	Pichardo, Teresa Marie, CPAN	
Connor, Moura, SCRN	Lahti, Misty Dawn, CCRN	Ramirez, Necitas, ACM-RN	

### *Advanced Nursing Degrees*

KP LAMC recognizes the following 58 Registered Nurses who in 2019, advanced their nursing degrees:



Abbaszadeh, Aimee, MSN	Dowling, Renee Joy, BSN	Kruse, Justin Henry, BSN	Sanfillano, Karla, MSN
Anasco, Ma, MSN	Ellison, Justin, MSN	Lagman, Mika, BSN	Sapetto, Gabriela, MSN
Anderson, Glory, BSN	Eusebio, Daisy, BSN	Landicho, Ray, BSN	Starvish, Randi, BSN
Bergado, Christal, MSN	Foyabo, Judith, DNP	Lopez, Andrew, MSN	Tiglao, Kriska Aimee, MSN
Blancia, Arnel, BSN	Fulla, Aynalem, BSN	Mata, Christopher, BSN	Trejo, Joe Humberto, BSN
Brantley, Ashley, MSN	Gatewood, Denise, BSN	Morales, Jessica, BSN	Valente-Navales, Heidi, BSN
Buenrostro, Veronica, BSN	Gaxiola-Nuno, Yazmin, MSN	Neri III, Jayseph, BSN	Veit, Miho, BSN
Castillo, Mark, BSN	Ghimire, Sujata, MSN	Ortaliza, Jamina Carla, BSN	Veneracion, Genevieve, MSN
Chang, Grace Hong, BSN	Hinestrosa, John R, BSN	Panirselvam, Sharmila, MSN	Wei Leon, Juan, MSN
Connor, Moura, BSN	Huezo, Kenneth, MSN	Paras, Kevin, MSN	Wiggins, Alexandra, DNP
Cordeta, Charito, MSN	Hurboda, Richard, MSN	Park, Hanna, MSN	Williams, Marva, BSN
Cruz, Clarivil Aquino, BSN	Imedashvili, Irma, MSN	Perales, Adrienne, BSN	Wu, Chung-Hao, MSN
Cuenca, Regina, BSN	Isaacks, Matthew, MSN	Ramirez, Erika, BSN	Zubairu, Rakita, BSN
De Guzman, Juanito, BSN	Jackson, Eleanor S., BSN	Reyes, Jennifer, MSN	
Dickens, Tanisha K, MSN	Juarez, Eduardo, BSN	Salcedo, Rodrigo, BSN	



# STRUCTURAL EMPOWERMENT

## *Honoring* Excellence

### *Nurse of the Year Celebration, 2019*

Kaiser Permanente LAMC has many ways that we acknowledge our healthcare team. One of the most acclaimed recognitions for KP LAMC RNs is the annual Nurse of the Year celebration led by the Voice of Nursing Inspiration Team. In order to receive this award, the nurse needs to be nominated by another individual within the organization. Hundreds of nominations are received from nurses, physicians, leaders, and the interdisciplinary team who share stories that exemplify exceptional nursing practice. Nursing excellence is acknowledged based on the six KP nursing values that are core to our nursing professional practice model. Fourteen awards are given out each year; two for each of the core values and two recognizing a nurse who exemplifies all six values from the ambulatory and inpatient settings.

#### KAISER PERMANENTE NURSING VALUES

##### PROFESSIONALISM

We believe in the value of our profession and maintain standards of excellence when it comes to the delivery of care.

##### PATIENT & FAMILY-CENTERED CARE

Honoring the essential role of the patient and family in all aspects of care, we create memorable moments through extraordinary care.

##### COMPASSION

We realize the difference we make in the lives of our patients and their families when they are most vulnerable, and we focus on providing individualized care with a personal touch.

##### TEAMWORK

We respect the collective contributions of each member of the team and view our team members as our partners in success.

##### EXCELLENCE

We embrace the art and science of nursing by integrating the ANA's Scope and Standards of Practice and Code of Ethics with compassionate and evidence-based nursing practice.

##### INTEGRITY

We acknowledge the autonomy and dignity of the patient and promote the patient's right to choose and control their environment.

**2019 Nurse of the Year Recipients**

**2019 Nurse Core Value Recipients**  
Exemplary Practice of our Nursing Core Values

**Professionalism** Leadership  
**PATIENT AND FAMILY**  
**Patient & Family Centered Care**

**Compassion** Teamwork  
**Teamwork**

**Excellence** Integrity  
**Integrity**

**Excellence**

**2019 Nurse of the Year Recipients:**

- Claudine Perez, RN, 7 West
- Aaron Brillhart, RN, Emergency Department
- Ruby Acosta, RN, 7 West
- Sheryl Generoso, RN, Cancer Program
- Jason Ni, RN, NSU
- Brian Zeringue, RN, Electrophysiology Lab
- Irene Martina, RN, Palliative Care
- Nancy Elbaum, RN, Physical Medicine
- Jazzy Ogbac, RN, ICSU
- Celeste Kimura, RN, Pasadena - OB Clinic
- Marcos Sebastian, RN, CSU
- Enka Cook, RN, Cardiac Cath Lab
- Kacey Tanabe, RN, 6 West
- Allen Cruz, RN, Urgent Care

## STRUCTURAL EMPOWERMENT

### RN-MD *Collaboration*

#### *Improving Inpatient Care Experience by Closing the Gaps in Nurse-Physician Communication*



**BACKGROUND:** In 2018, KP LAMC embarked on a collective work to improve communication and collaboration between physicians and nurses. Sixteen inpatient units were selected to form triads in each unit. This structure was adopted from Georg Simmel's triadic closure model, which describes the inevitable attraction of human social relationships to seek homophily. Triads consisted of a physician partner, administrative partner and clinical nursing partner. The creation of the unit-based triad committee's sole purpose was to begin to reduce and remove barriers affecting professional communication and collaboration. Teams meet monthly with their respective partners to collectively support the ongoing work on each unit. To further support the teams, quarterly group sessions are held to share communication and leadership models with the teams to offer the tools for sustained improvements.



**METHODOLOGY:** We understand a noncollegial hierarchal structure between nursing and medicine has established a fundamental divide between the two professions based on several factors not limited to education, gender, and social norms (Schneider, 2012). These differences



can potentially create barriers to the effective transfer of vital patient information. Ineffective communication of health information can lead to severe delays in treatment plans causing undesirable adverse effects such as delays in treatment from miscommunication (Hughes & Fitzpatrick, 2010). According to Starmer et al. (2014), the Joint Commission reported in 2010, 80% of all sentinel events in the hospital setting are the result of ineffective communication between clinicians.



The key stakeholders of the triad developed, interacted, and comfortably discussed ideas, routines, and strategies through an educational journey for optimal learning. The triad model used in this project was patient & family focused with no one entity having a lead role. The members sought to achieve balance and equality within the triad to support communication, collaboration, creative problem solving, and critical thinking. The flattening of the hierarchy ensures unrestricted access to the triad to support idea sharing and establish recommendations for practice improvement. The primary aim of this project was to develop, implement, and evaluate a working model by June 2019 that is geared to enhancing team collaboration between two distinct professional groups (nurses and physicians) who work side by side to provide therapeutic care for the best healthcare outcomes and care experience for each patient during their hospital stay. The nurse and physician interacted as one unit to develop, modify, and evaluate best practice.



**OUTCOMES:** By December 2019, all 16 triads had successfully developed and implemented initiatives in their respective units to improve quality of care and nurse physician relationships. Some initiatives include daily nurse-physician rounds, nurse-physician partnership to communicate medication side effects and an improved process for direct admissions.

**CONCLUSION:** A collaborative Nurse-Physician relationship has significantly impacted the delivery of quality care and improved care experience, ensuring patient safety and fostering a healthy, joyful, and professional work environment.

## STRUCTURAL EMPOWERMENT

### Community Outreach

#### Silverlake Adult Day Care Center

Our organization's mission statement has a large emphasis on reaching out to the communities that we serve to promote health – mind, body, and spirit. Part of embodying that mission involves leaving the hospital setting and providing prevention education to the community. Additionally, the ANA Scope & Standards of Practice states that the nurse is responsible for planning and implementing strategies to promote health. On Wednesday, January 23, 2019, the clinicians of the 7 West Telemetry / Stroke Unit in collaboration with physical therapy,

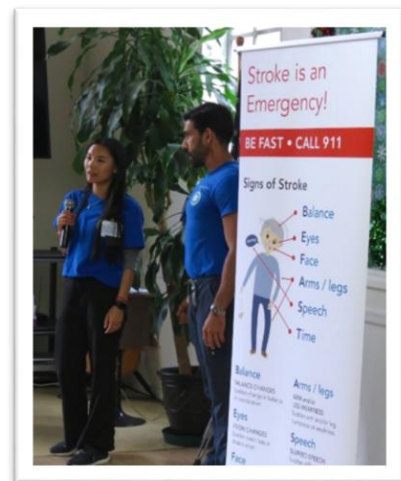
neurology, and the stroke team set out to do just that. The compassion for this effort began with an email to offer Los Angeles Medical Center's (KP LAMC) team and staff support via an on-campus Health Fair at the Silverlake Adult Day Care Center. The intended focus of the fair was stroke prevention, early identification of stroke symptoms, education on how to prevent stroke recurrence, and provision of support and resources. The idea was to make the environment one of adult learning and fun as well.

On March 21, 2019, the KP LAMC Team facilitated a 'Dancercise' Stroke Prevention Outreach Event at Silverlake Adult Day Care Center. The activity schedule was as follows:

- Introduction (Lorina Punsalang)
- How do I know someone is having a Stroke? (Dr. Zahra Ajani)
- Dancercise (Physical Medicine & Rehabilitation Dept.)
- Games of Strokes (Gary Iriza & Haiyi Guo)

#### KP LAMC TEAM:

*Sharon Fabellar-Sia*, MSN, RN, CENP, 7W Department Administrator  
*Lorina Punsalang*, MSN, AGCNS-BC, Stroke Program Manager  
*Alvina Mkrumyan*, MSN, RN, Assistant Stroke Coordinator  
*Dr. Zahra Ajani, MD*, Stroke Program Medical Director  
*Gary Iriza*, RN, 7W Clinical Nurse  
*Haiyi Guo*, BSN, RN, 7W Clinical Nurse  
*Nancy Adachi*, Clinical Supervisor PT/OT  
*Heather Field*, Physical Medicine Manager  
*Wileen Rungsiridacha*, Public Relations





At Kaiser Permanente LAMC we take pride in the nursing care we provide to the patients and families that come through our doors. Our Kaiser Permanente nursing professional practice model has placed the patient and family at its center to signify our commitment to focusing on providing high quality nursing care with every patient encounter. KP LAMC nurses embody our six core values – Professionalism, Compassion, Teamwork, Patient/Family Centric, Excellence, and Integrity – in their nursing practice. Our nurses are leaders, clinicians, researchers, innovators, and scientists that advance the art and science of nursing to create a healing, collaborative, and caring environment for patients, families, and the organization.

## *EXEMPLARY* PROFESSIONAL PRACTICE

## EXEMPLARY PROFESSIONAL PRACTICE

### Neonatal ICU

#### *Skin to Skin in the Neonatal Period*

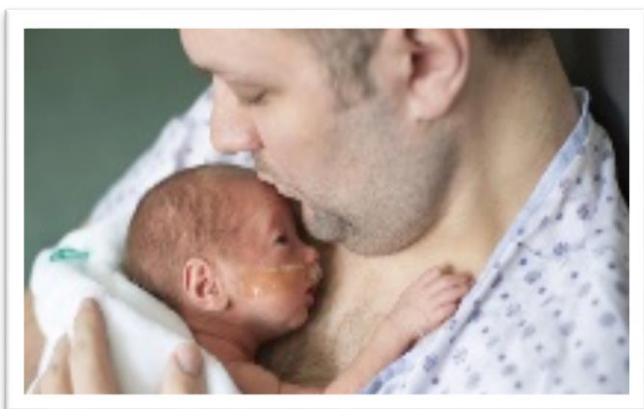
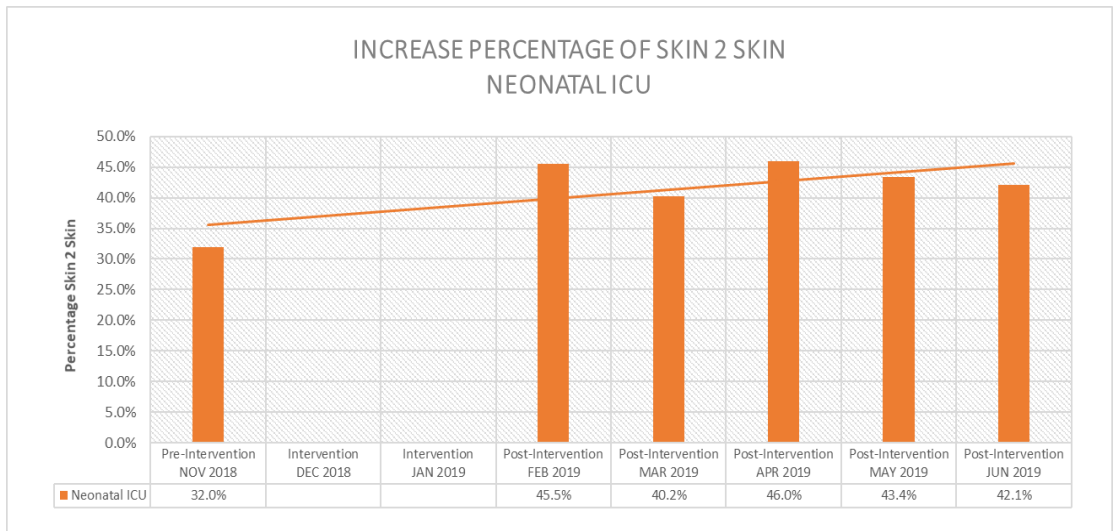
**BACKGROUND:** Sybil Yu, BSN, RN; Joanelly Salina, MSN, RNC-NIC; Ashley Brantley, MPH, BSN, RNC-NIC; Marshall H. Blue, Sr., DNP, RNC-NIC, CNL; and Dr. Aaron Reitman reviewed the NICU Skin to Skin (S2S) metrics and compared them to the KP SCAL regional goals and the national benchmark standards; following review a sense of urgency was raised to improve these scores to deliver the best quality of care possible. The development of a S2S protocol became the focus of our NICU nurse and physician partners.

**OBJECTIVE(S):** The purpose of the project was to develop an active a sustainable S2S protocol NICU staff could understand and embrace. Establishing this protocol provided greater opportunities for parents to participate in S2S activities when visiting their infants.

**METHODOLOGY:** Daily unit rounding was implemented by an interdisciplinary team. The team consisted of a nurse leader, a physician champion, and charge nurse. Criteria cards were developed and given to the clinical nurse to assist in the recognition of an infant’s readiness for S2S. The parents were educated on the benefits of S2S by the clinical nurse and reinforced during discharge classes.

**IMPACT:** This project aligns with the Magnet® Journey by fostering a collaborative culture, advancing nursing standards and practice, improving patient care, safety, satisfaction, and care experience. To achieve these attributes transformational leadership supported structural empowerment and exemplary professional practice.

**OUTCOMES:** Over the past 12 months the KP LAMC NICU S2S scores have risen above the regional benchmark of 40%, currently at 42.1% for June 2019, from 28% in June 2018. Surveys received from family members have also shown an overall improvement in patient satisfaction and care experience.



**CONCLUSION:** Nurse-physician collaboration has improved after implementation of the S2S protocols. Both professions understand the importance of interdisciplinary communication. The combined efforts to establish appropriate S2S protocols has increased the team’s knowledge base. The nurses have had an opportunity to develop communication skills and improve collaboration with their physician partners to advance the quality of patient care and the healthcare delivery system at large.

## EXEMPLARY PROFESSIONAL PRACTICE

### Emergency *Department*

#### *Decreased Left Without Being Seen Rates*

**PROBLEM:** The percent of patients Left Without Being Seen (LWBS) in the KP LAMC ED was already below the national mean at 1.6% in March 2019. It had been as low as 0.9% in January 2019 which was at the height of the ED volume. The nurses and ED technicians saw an opportunity to improve care and efficiency by redesigning their workspace and sustaining a low LWBS percentage to improve patient safety. The team reviewed the comments from staff that obtaining supplies was delaying treatment. There were three storerooms that nurses and techs needed to run to so that they were able to retrieve the necessary supplies for patient care.



**GOAL STATEMENT:** The goal of this project was to reduce the percentage of patients LWBS in the ED at KP LAMC. The nurses began to work to redesign the space for efficiency and effectiveness.

**INTERVENTION:** They started with Station E which is only opened when patients are boarding in the ED. They began stocking the nursing station and the individual patient rooms with supplies the clinical team felt was necessary in all rooms. They eliminated two nursing supply carts and opted for decentralizing those supplies to needed areas for quick access. The three storage rooms could then begin to be

converted to a new equipment room and one central storage area rather than three. The staff worked on identifying the changes to space that were needed and then collaborated with materials management and maintenance to help implement the new design. The changes were completed from April 2019 to June 2019.

#### OUTCOMES:

	Date	Data
Pre-Data	March 2019	1.6% patients LWBS
Intervention Start Date	April 2019	-
Interventions Completed	June 2019	-
Post Data Point 1	July 2019	0.8% patients LWBS
Post Data Point 2	August 2019	1.8 * the volume was high
Post Data Point 3	September 2019	1.4% patients LWBS
Post Data Point 4	October 2019	2.3 many boarders and volume of Flu increase
Post Data Point 5	November 2019	1.5% patients LWBS

## EXEMPLARY PROFESSIONAL PRACTICE

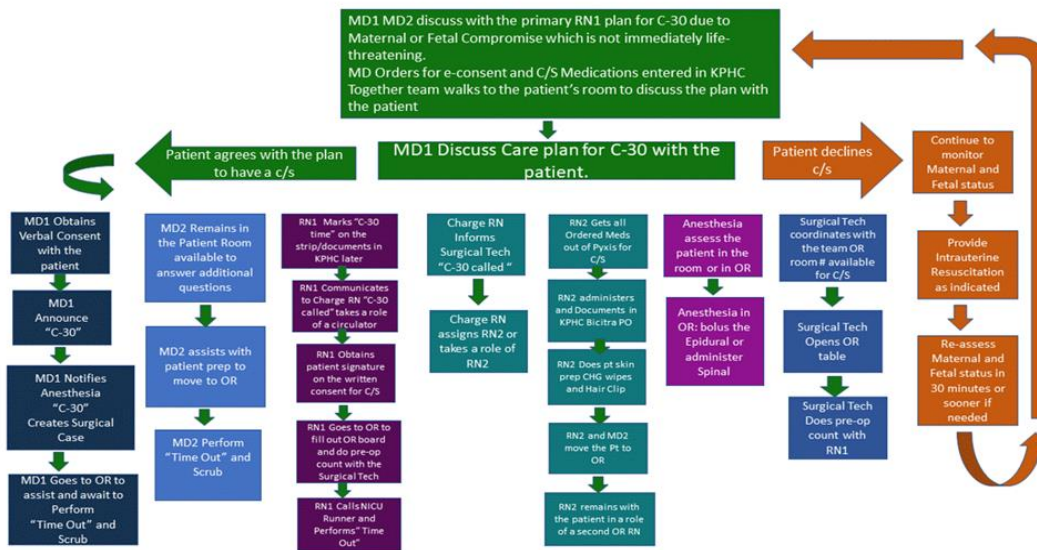
### Labor & Delivery

#### C-30 Urgent Cesarean Workflow

**BACKGROUND:** The Labor and Delivery unit had been experiencing a significant increase in the time it takes to perform an urgent operative delivery. There was a lack of standard language between all members of the perinatal team to understand there is an urgent concern for maternal or fetal well-being, therefore delaying patient care. It was determined that there are several resources that must be dedicated to meet the goal of 'Decision to Incision' time to ensure safe operative delivery.

**OBJECTIVE:** In order to successfully operationalize an urgent operative delivery in a timely manner, a significant number of staff resources must be allocated to perform all the required steps necessary to ensure a safe delivery. A multidisciplinary team approach was identified to meet the decision to incision timing goal of 30 minutes or less to ensure optimal maternal and fetal care delivery outcomes.

## C-30 URGENT CESAREAN WORKFLOW



**OUTCOMES:**

Urgent Cesarean Decision to Incision time reduced from an average of 48 minutes to an average of ≤30 minutes in the first 6 months of implementation.

**IMPACT:** The decision to incision time improved significantly. The average decision to incision time for a C-30 Urgent Cesarean delivery was 20 minutes. Data from the documentation of decision to incision time was measured from KP Health Connect. As we continue the C-30 Urgent Cesarean Workflow, processes, workflows, and roles may be revisited to continue improving patient outcomes.

**CONCLUSION:** This C-30 Urgent Cesarean Workflow has improved multidisciplinary perinatal team communication as well as expediting safe patient care for both mom and baby. The outcome data is shared at the local monthly Perinatal Patient Safety Project meeting. With the team approach, the patients feel they are receiving extraordinary care.

# EXEMPLARY PROFESSIONAL PRACTICE

## Nurses' ~~Week~~ Month

National Nurses Week each year is celebrated May 6<sup>th</sup> through May 12<sup>th</sup>; May 12<sup>th</sup> being the birthday of Florence Nightingale. For 2019, KP LAMC nursing shared leadership wanted to extend the gratitude and reward of our nurses throughout the month.

Each shared leadership practice council coordinated their own events including food and themes; which included many of the core Magnet components.

The following QR code provides video of some of the wonderful events captured during Nurses Month at KP LAMC:



**MAY 2019**

**Cinco de Mayo**  
Brought to you by the Nursing Executive Team  
Time: 8am - 9:30am & 11am - 2pm  
Location: 2 North Conference Room & Urgent Care

**Sweet Treats**  
Brought to you by the Nursing Leadership Team  
Time: 7:30am - 9:30am  
Location: MOBs, Hospital entrances, and departments

**RN Engagement**  
Brought to you by the Nursing Shared Leadership Practice Councils  
Time: 11am - 3pm  
Location: 4 North Healing Garden & MOBs

**RN Engagement**  
Brought to you by the SCOAN (Night Shift) Council  
Time: 11pm - 3am  
Location: 2 North Conference Room

**Tea for the Soul**  
Brought to you by the Tea for the Soul Committee  
Time: 3pm - 5pm  
Location: 4 North Healing Garden

**KP National Leadership Conference**  
Brought to you by KP National Patient Care Services  
Time: 8am - 5pm  
Location: Disneyland Hotel

**Self-Care**  
Brought to you by the Nursing Shared Leadership Practice Councils  
Time: 11am - 3pm  
Location: 4 North Healing Garden

**Self-Care**  
Brought to you by the SCOAN Council  
Time: 11pm - 3am  
Location: 2 North Conference Room

**Interprofessional Game Day**  
Brought to you by the Nursing Leadership Team  
Time: 11am - 3pm  
Location: 4 North Healing Garden & MOBs

**Exemplar Walk & Interprofessional Game Day**  
Brought to you by the Nursing Shared Leadership Practice Councils  
Time: 11am - 3pm & 11pm - 3am  
Location: 2 North Conference Room & MOBs

**EI Workshop**  
Brought to you by the Nursing Leadership Team  
Time: 1pm - 5pm  
Location: ED Conference Room

**Professional Practice Empowerment Workshop**  
Brought to you by the Nursing Leadership Team  
Time: 8am - 12pm  
Location: 1515 Conf. Center Rooms 6 & 7

**Professional Development**  
Brought to you by the Nursing Shared Leadership Practice Councils  
Time: 11am - 3pm  
Location: 2 North Conference

**Professional Development**  
Brought to you by the SCOAN Council  
Time: 11pm - 3am  
Location: 2 North Conference

**Nurse of the Year Celebration**  
Brought to you by the Inspiration Team  
Time: 2pm - 4pm  
Location: 2 North Conference Room

**TRAINING** **COMPETENCE** **PERFORMANCE** **GOALS** **DEVELOP**

**KAISER PERMANENTE**  
Los Angeles Medical Center





# NEW KNOWLEDGE, INNOVATIONS, & *IMPROVEMENTS*

Our Kaiser Permanente nursing vision embraces the role nurses play in advancing the delivery of healthcare within the organization. Kaiser Permanente LAMC supports our nurses in making this vision a reality. Evidence-based practice (EBP) is at the forefront for driving nursing practice and our nurses are encouraged to inquire and implement the latest best practices in their nursing care. We have a medical center wide nursing practice council dedicated to leading and supporting opportunities for nursing research, integration of EBP, and implementation of new technology to elevate nursing practice and advance knowledge within the profession. KP LAMC nurses promote a culture of inquiry and celebrate innovation that advances the profession of nursing.

## NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS

### *Technological Advancements*

#### *Sepsis Management: Cheetah/NICOM Implementation*

**PROBLEM:** For a patient diagnosed with Septic Shock, CMS SEP-1 Core Measures require fluid resuscitation with 30 mL/kg crystalloid fluid bolus after the initial incidence of documented hypotension. Traditionally, patients in septic shock with multiple comorbidities would end up with significant fluid overload after receiving potentially 4-5 liters (L) of fluid boluses. Currently, there are no suitable thresholds for fluids after appropriate resuscitation. However, if adequate fluid is not provided this could inhibit appropriate organ perfusion leading to organ failure.

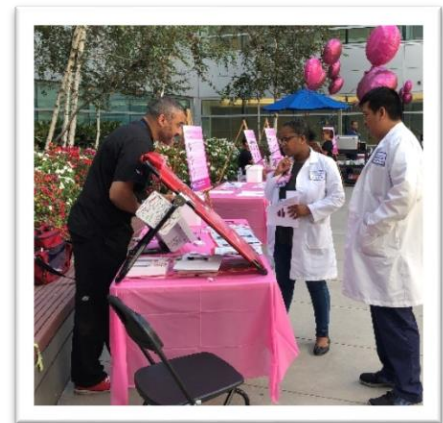
At the Kaiser Permanente Los Angeles Medical Center (KP LAMC) Emergency Department (ED), patients in Septic Shock were receiving multiple boluses of fluids (typically greater than 4 L) and would be in fluid overload before being transferred to the inpatient unit. This issue needed to be addressed in order to provide individualized best care practices for patients that have a higher potential for fluid overload due to their diagnosis of Septic Shock or previous medical history. The ED reviewed their mortality statistics that demonstrated a mortality rate of 26.1% for all cases of septic patients admitted to ED.



**GOAL STATEMENT:** The goal was to improve the mortality rate for all patients presenting to the ED with a sepsis diagnosis KP LAMC.

**INTERVENTION:** The nurses and physicians, Dr. Smith and Dr. Mighdoll, reviewed the research. The Starling™ SV from Cheetah Medical is a non-invasive cardiac output monitoring system that accurately and continuously monitors hemodynamic status and fluid responsiveness of patients. The data from the Cheetah helps guide the healthcare team in fluid

resuscitation management. The Starling™ SV supports individualized fluid therapy without requiring an invasive arterial or central line which allows for a broader range of use and potentially reducing the risk of hospital acquired infections and other complications from invasive procedures. This objective data information can then be utilized by the care management team to deliver sound, evidence-based information to further guide fluid resuscitation management in patients with a sepsis diagnosis.



**OUTCOMES:**

	Date	Data
Pre-Data	March 2019	26.1% Mortality Rate
Intervention Start Date	April 2019	-
Interventions Completed	August 2019	-
Post Data Point 1	September 2019	17.3% Mortality Rate
Post Data Point 2	October 2019	15.4% Mortality Rate
Post Data Point 3	November 2019	13.5% Mortality Rate
Post Data Point 4	December 2019	17.7% Mortality Rate



## NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS

### Mental Health *Center*

#### *Improving Patient & Staff Safety through the LOWLINE Model*



**BACKGROUND:** In the past decade, violent incidents have increased 110 percent among healthcare workers and are four times more likely to occur in healthcare than in any other private industry (OSHA, 2015). Although nurses are often called upon to handle stressful situations effectively, many nurses feel anxious and unequipped to safely de-escalate aggressive and hostile patients successfully. Therefore, they often resort to the use of seclusion and physical restraints as their primary choice of intervention to control aggressive behavior.

In response to increasing reports of patient injuries and deaths, studies have prompted nurses to give serious ethical consideration in the use of physical restraints (APNA, 2018). Because of this, Jonathan Llamas, DNP, RN-BC, PMHNP-BC, a clinical nurse at the KP LAMC Mental Health Center (MHC), wanted to apply a new evidence-based practice. He proposed the use of a new theoretical practice model, called the LOWLINE Model, that educates nurses and other healthcare professionals on how to safely manage and de-escalate hostile and aggressive patients in the clinical setting.

**OBJECTIVE(S):** The goal of this evidence-based quality improvement project was to evaluate the effects of educating the inpatient clinical nurses on the LOWLINE Model, and to determine if the utilization and frequency of restraints on emotionally dysregulated patients would decrease over a three-month span.

**METHODOLOGY:** Jonathan partnered with the MHC unit-based team (UBT) to provide intensive one-hour training sessions over two-days that accommodated all shifts (AM, PM and NOC). Class content included in-depth training on how to identify possible signs and tendencies in potentially aggressive patients, and how to safely de-escalate their behavior. This EBP QI project utilized a PDSA process to determine overall efficacy. Data from the organization's LOWLINE staff debriefing forms and unusual occurrence reporting (UOR) system informed the PDSA process.

#### LOWLINE stands for:

- L –“Listen”
- O –“Offer”
- W –“Wait”
- L –“Look”
- I –“Incline”
- N –“Nod”
- E –“Express”



**OUTCOMES:** After successfully completing the intensive staff education class, quantitative results indicated an increase in nursing knowledge of the LOWLINE Model among all participating staff that attended (14 nurses) with an average score of 95% on the posttest questionnaire. The amount of physical restraints utilized also decreased by 16% from 32 incidents to 27 incidents in Unit 1 over the course of a three-month span. Detailed analysis and evaluation of the LOWLINE staff debriefing forms revealed that 30 restraint episodes were prevented by nurses who utilized the de-escalation skills and techniques taught in the LOWLINE Model.

## NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS

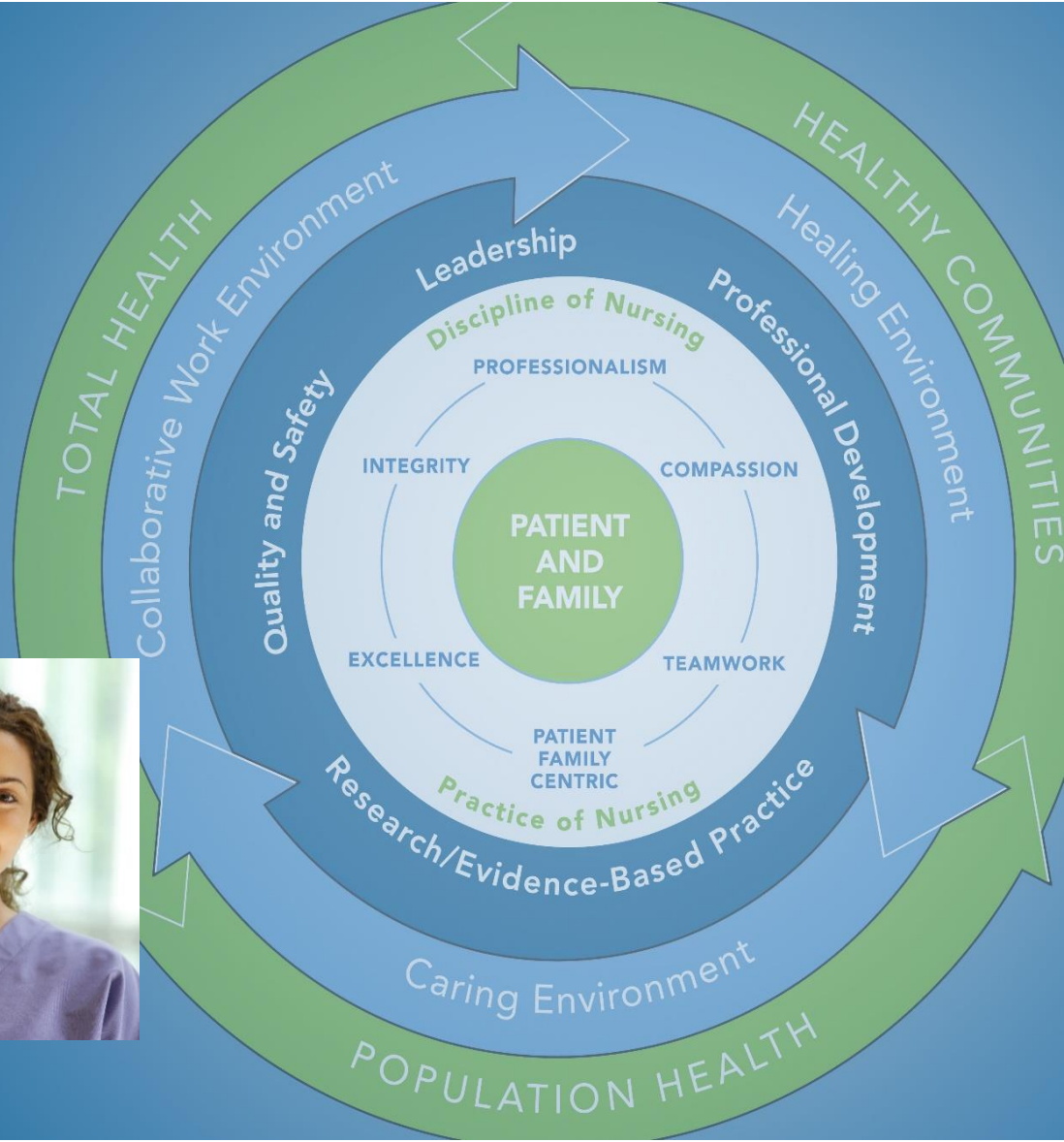
### *Research* & Evidence Based Practice

#### *Nursing Poster/Podium Presentations & Publications*

1. **Claudine Perez, BSN, RN (7 West); Sharon Fabellar-Sia, MSN, RN, CENP (Nursing Administration):** *"Integration of Text Paging Protocol and Vocera Wireless Communication Improves Patient Care Experience, Increases RN and MD Collaboration,"* EBP/Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, November 2019
2. **Claudine Perez, BSN, RN (7 West); Sharon Fabellar-Sia, MSN, RN, CENP (Nursing Administration):** *"RN Accountability Boosts Prevention Measures Resulting in Zero Hospital-Acquired Pressure Injuries (HAPI) in Stroke-Telemetry Unit,"* Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
3. **Anni Nazaryan, BSN, RN, PHN, PCCN (7 West); Sharon Fabellar-Sia, MSN, RN, CENP (Nursing Administration):** *"A.D.A.M Magnet: Effects on Readmission Reductions and HCHAPS,"* Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
4. **Bella Manalang, BSN, RN (4 North - Oncology); Florevic Cunada, BSN, RN (CSU - Cardiac Surgery); Vicky Baniqued, BSN, RN (Nursing Administration):** *"Team Approach in Preventing CLABSIs,"* Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
5. **Esther Bush, BSN, RN (ICSU); Kevin Paras, MSN, RN (ICSU):** *"The Use of Unit-Specific Guide Tool in Improving Autonomy, Teamwork and Communication for Traveler and Float Nurses,"* Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
6. **Caroline Baik-Chang, BSN, RN (Labor & Delivery); Tanisha Dickens, MSN, RNC-OB, CLME (Nursing Administration):** *"Labor and Delivery C-30 Urgent Cesarean Workflow,"* Quality/Patient Safety; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
7. **Stephanie Brzozowski, RN, CNOR (Main OR); Erika Reganyan, RN (Main OR):** *"Post-Op Inpatient Rounding,"* Patient Care Experience; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
8. **Vanessa Mata, BSN, RN (Pediatrics ICU); Carmen Urbayan, MSN, RN, CPN, PCNS-BC (Pediatrics ICU):** *"Nurse-Driven Sedation Protocol in the Pediatric Intensive Care Unit (PICU),"* Quality; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
9. **Tawnae Thorsen, BSN, RN (Emergency Room); Stacey Aggabao, MBA, MSN, RN, CEN, CTACC (Nursing Administration):** *"Improving Stroke Care in the Emergency Department,"* EBP; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, November 2019
10. **Maria Fina Reyes, BSN, RN (ICU); Teresa Orpilla, BSN, RN (ICU); Michelle Corder, MSN, RN (Nursing Administration):** *"Destination Zero HAIs in the ICU/Neuro ICU,"* Quality/Patient Safety; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
11. **Sybil Yu, BSN, RN (Neonatal ICU); Marshall H. Blue, Sr. DNP, MSN, RNC-NIC, CNL, PHN (Nursing Administration):** *"Skin to Skin in the Neonatal Period,"* Quality/Patient Care Experience; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019

12. **Antonio Gabriel, BSN, RN, CWON** (Patient Outcomes); **Maya Fergie Chong, BSN, RN, CCRN** (Patient Outcomes); **MIKA Lagman, RN, SCRn, CCRN** (ICU); **Elizabeth Carreon, BSN, RN** (6 East): *"Multidisciplinary Approach to Eliminating Tracheostomy Related Pressure Injuries,"* Quality/Patient Safety; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, November 2019; Wild on Wounds (WOW) Conference, Las Vegas, September 2019; Mideast Region (MER) WOCN® Annual Conference, Cincinnati, September 2019
13. **Amalie Yanagita, BSN, RN** (Postpartum); **Page Starvish BSN, RN, IBCLC** (Postpartum); **Alicia Priebe BSN, RN** (Postpartum); **Leniza Cruz PhD, BSN, RN, RNC-OB/MNN, CLE** (Nursing Administration): *"Reducing the Discharge Process Time to Create a Better Patient Care Experience,"* Patient Care Experience; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019
14. **Joyce Leido, MSN, RN, NEA-BC, CPHIMS** (Nursing Administration): *"Smart Communication: Using Technology for Content Delivery,"*; AONL Voice of Nursing Leadership Publication, November 2019
15. **Jesse-Julian Gonzalez, BSN, RN, PHN** (6 East); **Maya Chong, BSN, RN, PHN, CCRN** (Patient Outcomes); **Esperanza Arcena, BSN, RN, PCCN** (6 East): *"Skin Champions Take the Lead to Decrease Hospital Acquired Pressure Injuries (HAPI's) in an Intermediate Care Setting,"* 45<sup>th</sup> Biennial Sigma Convention, Washington D.C. November 2019
16. **MIKA Lagman, RN, SCRn, CCRN** (ICU); **Rhea Trinidad, BSN, RN** (ICU); **Justin Small BSN, RN, CCRN** (ICU); **Sarah Rivers, MSN, RN, ACNS-BC, CCRN** (Nursing Administration): *"Journey to Elevate Professionalism: Leveraging Staff Engagement to Design and Deliver Education,"* Quality; 45<sup>th</sup> Biennial Sigma Convention, Washington D.C. November 2019; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
17. **Dinah Hernandez, RN, PHN, CRN, MSN.Ed** (IR); **Edith Quezada, RN, BSN** (IR); **Sovia Qiong Wang, RN, BSN** (IR); **Jason Canete, RN, BSN** (IR); **Jeffrey Yamauchi, RT; Zahra Ajani, MD; Le Duy, MD; Alvina Mkrtumyan, RN, MSN** (Nursing Administration); **Lorina Punsalang, RN, MSN** (Nursing Administration); **Denise Gaffney-MSN, RN** (Nursing Administration); **Navdeep Sangha, MD: "Stroke Process in Improving Door to Perfusion Time for Mechanical Thrombectomy,"** Quality/EBP; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
18. **Alexandra Wiggins, DNP, RN, NE-BC** (Nursing Administration): *"An Assistant Nurse Manager Leadership Laboratory Program and Its Effect on Nursing Outcomes,"* Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
19. **Sandy Honig, BSN, RN, CPN** (Pediatrics); **Everett Equila, MBA, RN, CPN** (Pediatrics); **Joanne Ferrer, MSN, RN, CPN** (Pediatrics); **Velma Reyes, MSN, RN, CNML** (Nursing Administration); **Paul Han, MD: "Improving Inpatient Pediatric Care Experience by Closing the Gaps in Nurse -Physician Communication,"** Quality/Patient Care Experience; Kaiser Permanente SCAL Region Nursing Call to Excellence Magnet Forum, Pasadena, CA, November 2019; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
20. **Rebecca Cassou, BSN, RN** (Main OR); **John Dinglasan, BSN, RN** (Main OR); **Christina Ng, BSN, RN, CNOR, PHN** (Main OR); **Irina Tkachev, BSN, RN** (CVOR); **Karen Villanueva, MSN, RN** (CVOR); **Genovieve Martinez, BSN, RN, CNOR** (Main OR): *"Implementation of a Hemorrhage Protocol Checklist,"* Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
21. **Maya Fergie Chong, BSN, RN, CCRN** (Patient Outcomes); **Sarah Rivers, MSN, RN, ACNS-BC, CCRN** (Nursing Administration); **Debbie Paikos, MBA, RN, CNOR** (Nursing Administration): *"Flight to Zero: Mission to Eliminate Pressure Injuries,"* Quality/EBP; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019

22. **Alicia Akamine, BSN, C-NPT, CCRN** (NICU Transport); **Sharon Burdick, MSN, CCRN, PHN** (NICU Transport); **Deanna Clarke, RN, VA-BC** (NICU Transport); **Angel Gillissie, BSN, RNC-NIC** (NICU Transport); **Sahar Taghizadeh, BSN, C-NPT** (NICU Transport): *“Improving Response Times of the LAMC Regional Neonatal Transport Team,”* EBP/Quality; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
23. **Ariane Sta Maria, BSN, RN** (6 East); **Claudine Perez, BSN, RN** (7 West); **Christina McDaniels, BSN, RN** (6 West); **Alvina Mkrumyan, MSN, SCRN** (Nursing Administration); **Denise Gaffney, MSN, SCRN** (Nursing Administration); **Lorina Punsalang, MSN, APRN, AGCNS-BC, SCRN, RN-BC, PHN** (Nursing Administration); **Zahra Ajani, MD; Duy Le, MD; Navdeep Sangha, MD:** *“Inpatient Nursing Stroke Champions Improve Stroke Education Retention at 7 days and 9- days Post Discharge,”* Quality; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019; International Stroke Conference, Honolulu, February 2019
24. **Carmen Urbayan, MSN, RN, PCNS-BC** (Pediatrics ICU); **Aaron Akamine, BSN, RN, CCRN-K** (Neonatal ICU); **Brittany Ramirez, BSN, RN** (Pediatrics ICU); **Vanessa Mata, BSN, RN** (Pediatrics ICU); **Velma Reyes, MSN, RN, CNML** (Nursing Administration); **Steven Saldana, AS, RRT; Raymond Parungao, MD; Franklin Banzali, Jr., MD; Michael Favazza, MD; Julia Bruckner, MD:** *“Don’t Take My Breath Away: Preventing Unplanned Extubation in Pediatric Intensive Care Unit,”* Quality/EBP; Kaiser Permanente National Nursing Leadership Conference, Anaheim, May 2019
25. **Dinah Hernandez, RN, PHN, CRN, MSN.Ed** (IR); **Edith Quezada, RN, BSN** (IR); **Sovia Qiong Wang, RN, BSN** (IR): *“Fast Action Better Perfusion Multidisciplinary Approach in Improving Door to Groin Puncture Time to Achieve Early Cerebral Perfusion,”* Quality/EBP; Kaiser Permanente National Stroke Conference, Anaheim, April 2019
26. **Joyce Leido, MSN, RN, NEA-BC, CPHIMS** (Nursing Administration): *“Harnessing Technology to Lead Your Team,”* Informatics, Innovation, Technology, Workforce engagement; Annual AONE Meeting, San Diego, April 2019
27. **Jonathan V. Llamas, DNP, BSN, RN, RN-BC, PHN** (Mental Health); **Rebecca Rogers, DNP, APRN, FNP-BC** (Loma Linda University): *“Using the LOWLINE Model to Reduce Restraints in the Mental Health Setting,”* Western Institute of Nursing (WIN) Conference, San Diego, April 2019



*Extraordinary Nursing Care.  
Every Patient.  
Every Time.*