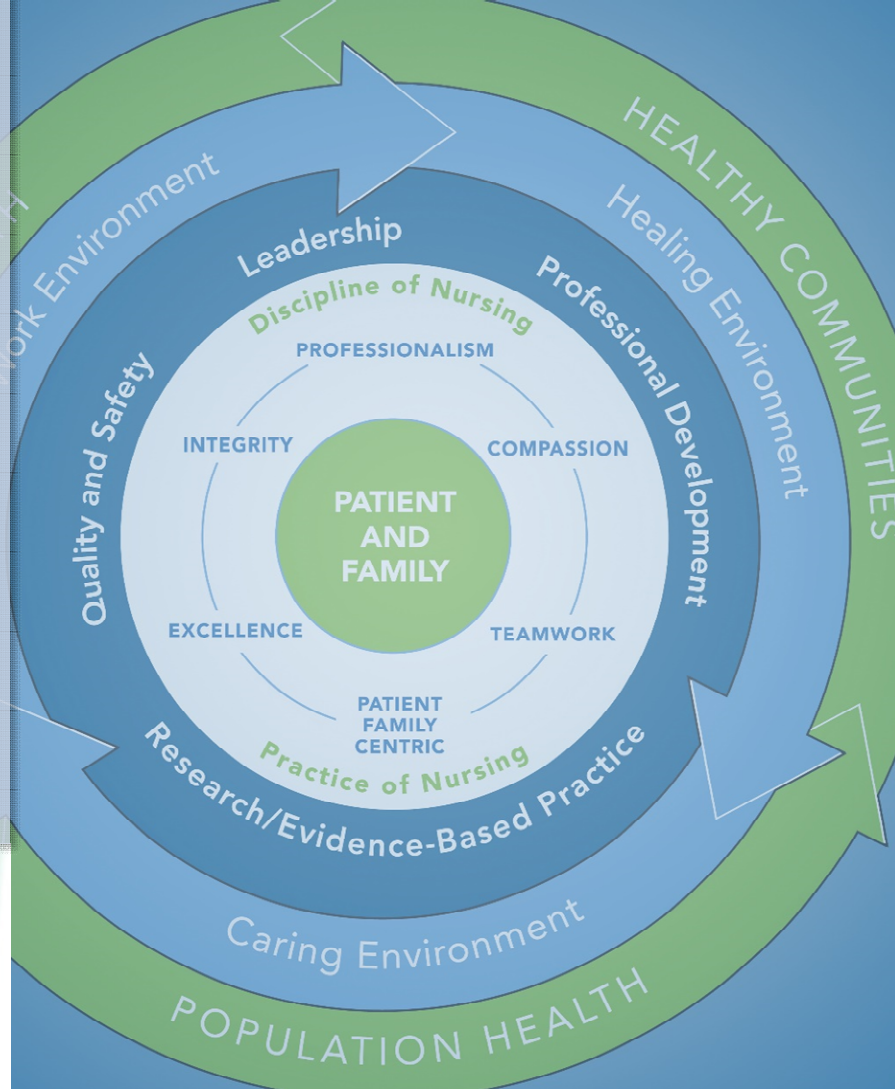


2021 NURSING YEAR IN REVIEW

Kaiser Permanente Vallejo Medical Center
Northern California Region



Extraordinary Nursing Care.
Every Patient.
Every Time.



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WELCOME



Juanita Jularbal-Walton,
DNP, MBA, RN, NEA-BC

Chief Nurse Executive
Kaiser Permanente
Vallejo Medical Center,
Northern California Region

Message from the Chief Nurse Executive

It has been my honor to serve as the Chief Nurse Executive at Kaiser Permanente Vallejo Medical Center since March 2019. Over this past year, nearly 40 Vallejo nursing leaders were inspired to pursue a BSN, MSN, or DNP. KP Nurse Scholars education cohorts encouraged the journey of these nursing leaders towards academic excellence. Degree program-related projects have been established and support a variety of initiatives to achieve excellence in nursing.

Strong facility performance in quality, safety, and care experience demonstrates that academic excellence drives outcomes. Examples of these outcomes include:

- Remarkable reductions in hospital-acquired infections such as catheter-acquired urinary tract infections (CAUTI), pneumonia (HAP), Clostridium difficile (C. diff), and surgical site infections (SSI).
- Patient flow initiatives supporting the right care in the right place at the right time include ED to bed within 60 minutes of an order to admit.
- With strong collaboration across multiple teams, Vallejo withstood the Covid 19 pandemic with minimal staff exposure.
- In addition, Vallejo's patient care experience scores have continued to rise. Summary Star performance has improved from 2.8 in 2018 to 3.3 year over year for 2019, 2020, and 2021.

We continue to improve care for our diverse population by encouraging professional nurse certification and nursing degree advancement. Nurses have demonstrated their professional growth through joining multi-disciplinary workgroups aimed at improving quality, care experience, efficiency, and stewardship. An example of certification includes our NICHE designation. Through a multidisciplinary implementation team, including front-line nurses, patient care technicians, and physicians led by a Geriatric Clinical Nurse Specialist (CNS), the team helped reduce restraint utilization and collaborates with the hospital Senior Surgical Care Program.

Despite challenges presented by the COVID-19 pandemic, it has been an amazing year leading this outstanding nursing team at Vallejo. It is exciting to have established the Shared Professional Governance with the Voice of Nursing committee which will lead us through the Vallejo Magnet journey. This committee now consists of over 50 nurses, with one Unit Council Leader per department as part of the Leadership Council and made up of, primarily, front-line nurses. In 2021, the team reinvigorated the peer feedback and professional self-assessment process. This committee leads projects and shares in decision-making to ensure exceptional performance in Nurse-Sensitive Indicators.

I am also proud of Kaiser Permanente's commitment to vaccinating the community in partnership with the Solano County Public Health Department, other local healthcare providers, and local educational institutions like Touro University. Together, we worked tirelessly to provide nearly 1 million doses of the COVID-19 vaccine.

Serving as the Kaiser Permanente Vallejo Medical Center Chief Nurse Executive is an honor. I look forward to our journey to excellence and the nurses receiving the well-deserved Magnet designation.

FOUNDATIONS OF KAISER PERMANENTE NURSING PRACTICE

Mission

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

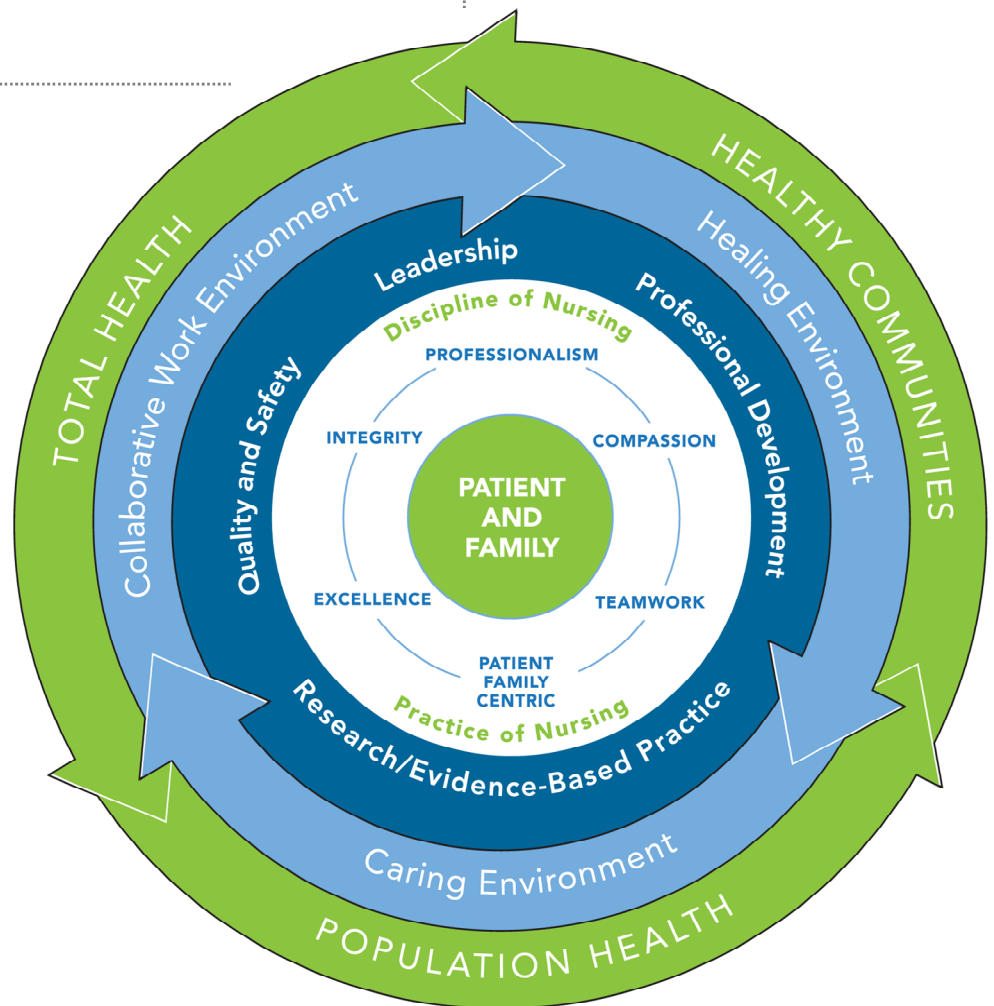
Nursing Vision

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.

Nursing Values

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

Nursing Professional Practice Model



Integration and Alignment at KP



20,994

Total number of
Northern California
Kaiser Permanente
nurses

1,074

Total number of
Vallejo Medical Center
nurses

8.4%

Vallejo Medical Center
Average nurse
turnover

Alignment

This report is published with great appreciation for our interprofessional colleagues and our collective efforts towards achieving the mission of providing high-quality, affordable health care services and improving the health of our members and the communities we serve. Through this dedication and commitment, we can achieve exemplary workplace and quality outcomes. Our diversity, innovative spirit, and ambition to revolutionize health care serve as key pillars toward our ongoing success.

Enhancing the Care Experience

Improved Patient Care Experience through Nursing Focus on Medication Side Effects

Authors: Charity Shelton, DNP, MSN, NE-BC; Menel Reyes, BSN, RN; Jica-Maren Navel, BSN, RN; and Lisa Giusto, BA, CPXP, Care Experience Leader

One example of an improved patient outcome associated with a goal in the *Kaiser Permanente Vallejo Nursing Strategic Plan* is the initiative to improve the delivery of education about medication side effects. The KP Vallejo Nursing Strategic Plan identifies the goal of quality and safety, a key component to achieving health.

This initiative took place with 5 West medical-surgical nurses. On 5 West, many of the patients admitted are older and have a chronic disease such as diabetes, hypertension, and heart failure, who manage their disease(s) with multiple medications. When patients do not understand new medications, it can lead to an increased risk of complications, medication and dosing errors, and hospital readmissions.

Effective communication about medications is a key component of quality care and is a fundamental patient right. Research shows that use of the teach-back method improves patient comprehension of health information and increases patient satisfaction.

Patients discharged from KP Vallejo report in our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that they are not receiving the information they need related to new medications and their associated side effects. In May 2021 patients reported in the HCAHPS survey that education on medication side effects was not consistently provided. The nurses on the 5 West Unit Council identified an opportunity for improvement. Specifically, opportunities existed in discussing what the medication is, why it is being prescribed, and the medication's side effects.

TRANSFORMATIONAL LEADERSHIP

Enhancing the Care Experience, continued

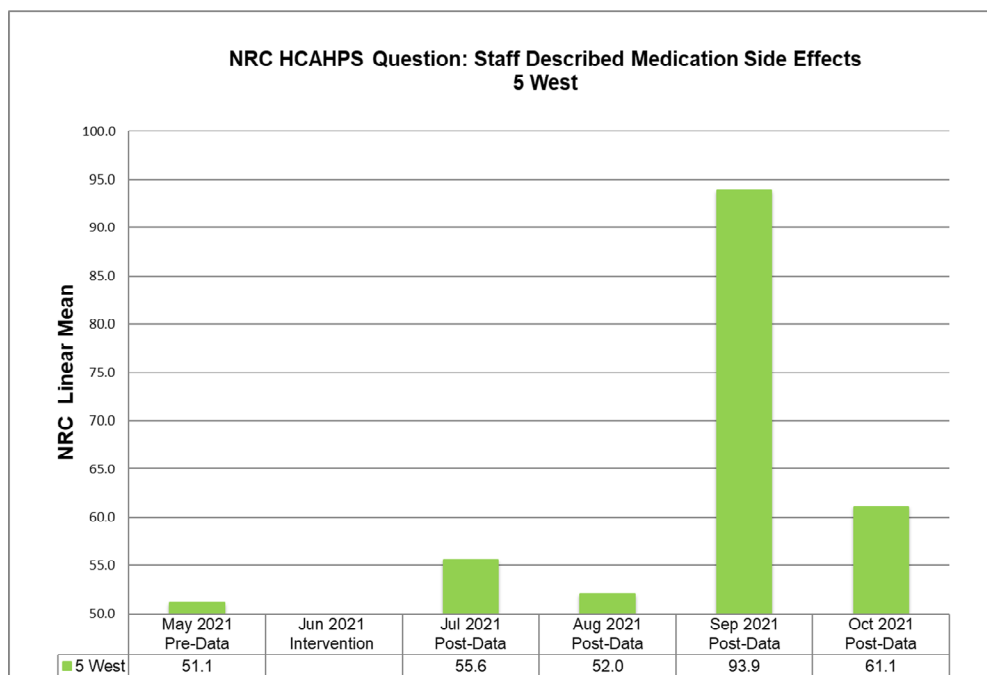
Improved Patient Care Experience through Nursing Focus on Medication Side Effects

Authors: Charity Shelton, DNP, MSN, NE-BC; Menel Reyes, BSN, RN; Jica-Maren Navel, BSN, RN; and Lisa Giusto, BA, CPXP, Care Experience Leader

The Interventions occurred as follows:

- Huddle daily for two weeks – 6/1/21 until 6/14/21
- Staff education
 - Use of keywords – consistent use of “medication side effects” every time new medication teaching is performed.
 - Use of **“Teach 3” process** for new medication administration. Every time new medication education is performed, the following three components are explained:
 - Why am I being prescribed this medication?
 - What is the name of the medication?
 - What are the possible side effects?
- Validate consistent medication communication tactics/practices are being conducted via Nurse Leader Rounding processes
- Recognize those who are executing the medication communication interventions/tactics well in consistent and excellent ways
- Ensure performance management processes are followed for those not meeting medication communication expectations
- Ensure medication side effect (MSE) sheets are readily available on the units

Results reveal that persistent use of the key words “medication side effects” every time new medication teaching is performed yields positive results/scores.



STRUCTURAL EMPOWERMENT

Organizational Plan for Registered Nurses' Progression to Professional Certification

Advancing to Professional Certification

Author: Michaela Davis, PhD, MSN, RN

Organizational Level Goal to Improve Professional Certifications at Kaiser Permanente Vallejo Medical Center

Problem

In 2020, baseline data of 15% of KP Vallejo nurses held national nursing certifications. After reviewing the data, the decision was made to encourage KP Vallejo nurses to seek to obtain national certification and a strategy was developed and put into action.

Goal Statement

Increase the number of KP nurses that hold a national nursing certification by 1% each year.

Participants

Professional Development Workgroup			
Name	Discipline	Title	Department
Gene Ventura, MSN, RN	Nursing	Staff Nurse, III	Medical-Surgical
Eileen Lang, BSN, RN	Nursing	Administrative Services Director	Nursing Administration
Charity Shelton, DNP, RN, NE-BC	Nursing	Clinical Adult Services Director	Nursing Administration
Anita Catlin, PhD, FNP, CNL, FAAN	Nursing	Research & Design, Clinical Consultant	Nursing Administration
Trevor Murray, DNP, RN, RN-BC (Informatics), NEA-BC	Nursing	Director, Clinical Education, Practice, and Informatics	Nursing Administration

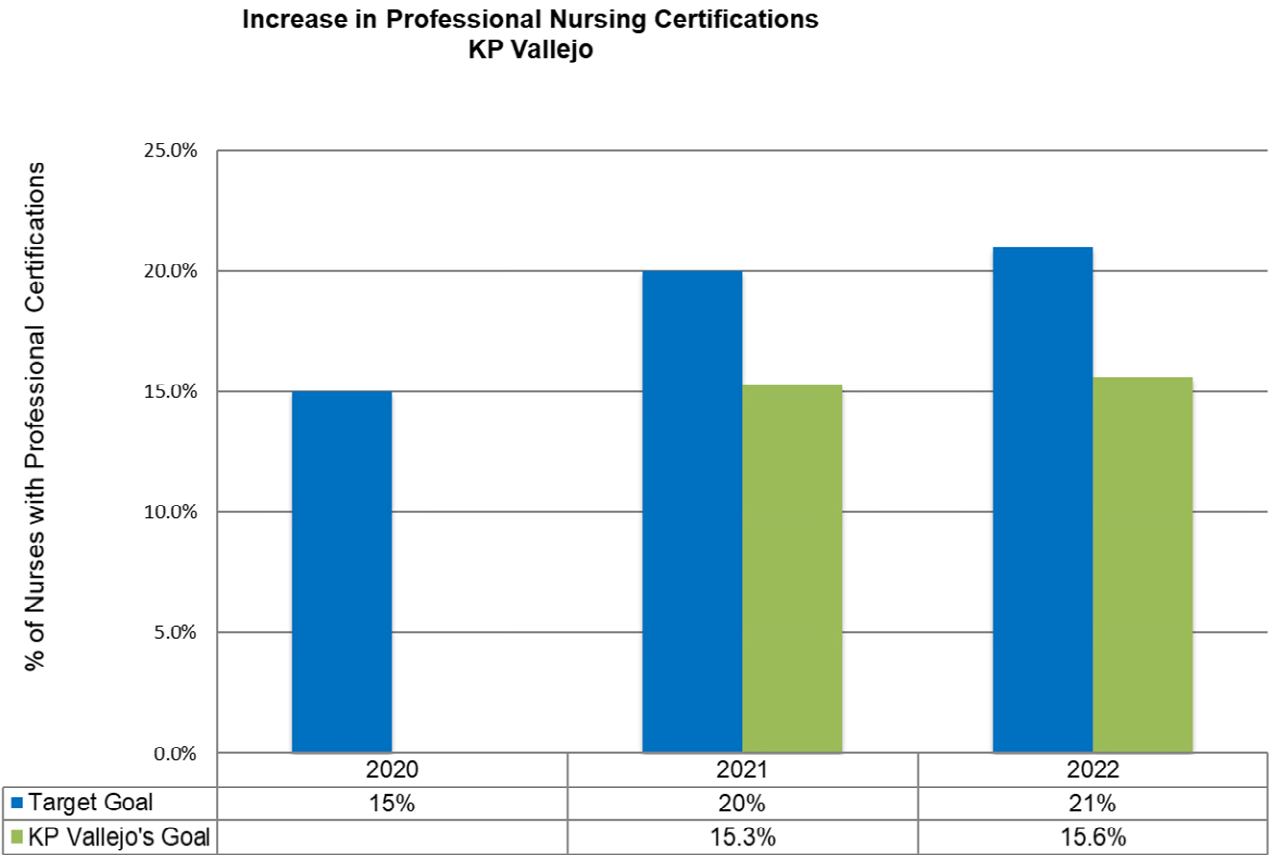
Description of Intervention

In 2020, a strategy was developed and implemented to increase the number of nationally certified nurses at KP Vallejo. Data was collected in the second quarter of each year to obtain the yearly number of certified nurses.

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STRUCTURAL EMPOWERMENT

Organizational Plan for Registered Nurses’ Progression to Professional Certification, continued



STRUCTURAL EMPOWERMENT

Recognizing our First-Time Professionally Certified RNs in 2021

Karoline Galea, RNC-MNN

Jessie Barber, CEN

Christina Dominguez, HIMSS

Jennifer Ellis, NE-BC

Linda Lightfoot, PCCN

Marie Manalang, CCM 2021

Hilda Njuguna,
Medical Surgical Nursing Certification

Gabriela Ibarra, CCM 2021

Michelle Morales, CCM

Loel Cocuera, CCM 2021

Hyacinth Noval, CCM

Ryan Benipayo, CCM 2021

Charity Shelton, NE-BC

Cortez Natalia, CCRN

Sandra Miano, CCM

Emily Velicaria, CNOR

Nicasia Manaluz, CCM

Benson Tran, NEA-BC

Carmina Gawiran, CNOR

Edison James, PCCN-K

Laura Ceja, CPLC
(Certified in Perinatal Loss Care)

Jenefer Ciriaco, CRRN

Harp Mindy, CPLC
(Certified in Perinatal Loss Care)

Carrie Robertshaw, CCM 2021, NEA-BC

Marisa Dinglasan, CCM 2021

Veronica Escobar, CNOR

Erwin Gabitan, CNOR

Samantha Avecilla, CRRN

Kelly Alexander, CCM

Rachelle Macaraig, CRRN

Estella Bravo, CCM

Christopher Long, CEN

Nhi Tran, CCM

Andrea Carter, CEN

Kelvin Yung, CCM

STRUCTURAL EMPOWERMENT

Nurse Participation in Interprofessional Practice to Ensure Coordination of Care Across the Healthcare Services

Code Blue Simulations with an Interprofessional Team

Authors: Marie Martin, BSN, RN; and Gail Sims, DNP, RN, CRRN, FARN



The implementation of code blue drills is an example of nurses participating in the inter-professional coordination of care across the spectrum of healthcare services. Actual code blue events can be stressful and anxiety-laden, and nurses have reported feelings of incompetence with resuscitation skills during these low-volume cardiac arrest situations. Simulations are excellent tools for hands-on training in a safe environment to provide learning opportunities and practice/reinforce basic resuscitation skills to improve patient outcomes.

Code blue simulations increase nurses' confidence and competence in responding to actual code blue situations and can be lifesaving. Kaiser Permanente Vallejo's 5 East Adult Medical-Surgical nurses conduct code blue simulations in collaboration with members of the inter-professional team (nurses, patient care technicians, physicians, respiratory therapists, and pharmacists) to gain greater confidence and competence during code blue events.

Furthermore, this promotes teamwork by giving team members a better understanding of the roles of each team member and the positive impact of cohesiveness on patient outcomes. These drills allow team members to coordinate across the continuum of care, i.e., a medical surgical patient is moved to intensive care, who may then be discharged or transitioned to palliative care. All parties involved in a rescue attempt will see the cooperation of stakeholders to assure the best care for the patient. The coordination of care nurses will be involved in patient transfer to a skilled nursing home or home with home health. If the code is a cardiac event, cardiac rehabilitation nurses will continue the care. Nurses at KP Vallejo participating in code blue drills discuss disposition, transfers, and family-centered care in the code debriefing.

Code blue is defined as "any patient with an unexpected cardiac or respiratory arrest requiring resuscitation and activation of a hospital alert." This means that the patient's heart or lungs stop working suddenly, requiring the hospital medical staff to act within minutes to bring them back to life.

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STRUCTURAL EMPOWERMENT

Nurse Participation in Interprofessional Practice to Ensure Coordination of Care Across the Healthcare Services, *continued*

Cardiopulmonary arrests in hospitals are associated with a high mortality rate. A patient's chance of survival after resuscitation is dependent on the competency of the code blue team. Kaiser Permanente Vallejo's 5 East Adult Medical-Surgical nurses see few cardiopulmonary arrest or code blue events; therefore, their confidence and comfort are limited. Due to the limited exposure, the nurses on this unit needed to develop and maintain their skills by participating in intermittent code blue drills. The skills and training required to perform lifesaving procedures such as Cardiopulmonary Resuscitation (CPR) and external defibrillation are taught based on the American Heart Association's guidelines for Basic Life Support (BLS).

The aim of this project was to increase self-reported clinical staff readiness, comfort, and competence in code blue situations by enhancing the response to cardiopulmonary arrest and timely initiation of interventions. This initiative bridged the practice and knowledge gap through periodic mock code in situ and allowed participants to demonstrate clinical competency during code blue scenarios. The simulated code blue provided participants a hands-on experience and improved clinical aptitude and competency in response to an actual code blue for improved patient outcomes. The project included a debrief after each simulation session where barriers were discussed and opportunities for improvements were explored. The project is ongoing for another six months to ensure success, as demonstrated by the participants' increased confidence in initiating code blue and achieving better patient outcomes, evidenced by the decreased mortality rate.

EXEMPLARY PROFESSIONAL PRACTICE

Improvement of a Clinical Unit's Nurse Turnover Rate Associated with Clinical Nurses' Participation

Mindful Safe Patient Handling (SPH) in the Acute Rehabilitation Unit

Author: Allan Salita, BSN, RN

Nurse injuries decrease the available workforce due to time off and turnover, adversely impacting staff morale. The purpose of this innovative program is to promote exemplary professional practice to decrease patient handling injuries, increase retention, and improve nurses' experience of work in the high-risk inpatient rehabilitation unit. We already implement current evidence-based practices and recognize an opportunity for further improvement.

This innovative program aims to promote exemplary professional practice to decrease patient handling injuries, increase retention, and improve nurses' experience of work in the high-risk inpatient rehabilitation unit.

Implementation strategies included:

1. Developed SPH Super Users on each shift who had additional training with PT.
2. Training/coaching nurses to practice mindfulness during patient handling activities.
3. In addition to education on use of safe patient handling equipment and techniques, new nurses were intentionally mentored by team members to reinforce a safe culture.
4. Developed educational videos in collaboration with physical therapists that were shared in Shift Huddle and available to the nursing staff. The HeartMath® mindfulness technique was taught to the nurses by certified trainers. Additionally, nurses were mentored to limit distractions during SPH activities, manage their workload, and prioritize patient mobility activities so these activities are not rushed, and the nurse could remain mindful during the entire patient mobility activity.

The HeartMath® mindfulness technique was taught to the nurses by certified trainers. Additionally, nurses were mentored to limit distractions during SPH activities, manage their workload, and prioritize patient mobility activities so these activities are not rushed, and the nurses could remain mindful during the entire patient mobility activity.

EXEMPLARY PROFESSIONAL PRACTICE

Improved Outcome Associated with an Evidence-Based Change Made by Clinical Nurses in Alignment with the Professional Practice Model

Sepsis Alerts and Triage

Authors: Daphne Morris, RN, FNP, MSN; and Sheila Neckel, AND, RN, CEN

The nurse-driven protocol for earlier implementation of a Triage Sepsis Alert is an example of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization's professional practice model. The *Kaiser Permanente Professional Practice Model* shapes our practice at KP Vallejo. Evidence-based practice is a key component of this model and is used to improve our practice in response to clinical outcome data. Clinical data shows that early interventions for sepsis save lives. The earlier lactate and blood cultures are collected, and sepsis is identified so that intravenous fluids and antibiotics can be administered, the better the outcome for the patient.

The emergency department nurses worked together to improve the recognition and treatment of sepsis through a process by which they expedited triage and treatment for patients who met systemic inflammatory response syndrome criteria. As a result, a new process was implemented for triage and the addition of a Triage Sepsis Alert. The clinical nurse initiates a Triage Sepsis Alert via overhead page, which triggers a rapid response from Lab and any available RN. Labs are drawn, and if the lactic result is elevated (defined as 2.0 or greater), an MD is assigned to the case, the patient is immediately roomed, and a second Sepsis Alert is called for a 2nd clinical nurse to start orders. As a result of this earlier intervention, mortality rates were reduced by 49.3% in the Emergency Department.

The goal of this project was to reduce patient mortality in the Emergency Department.

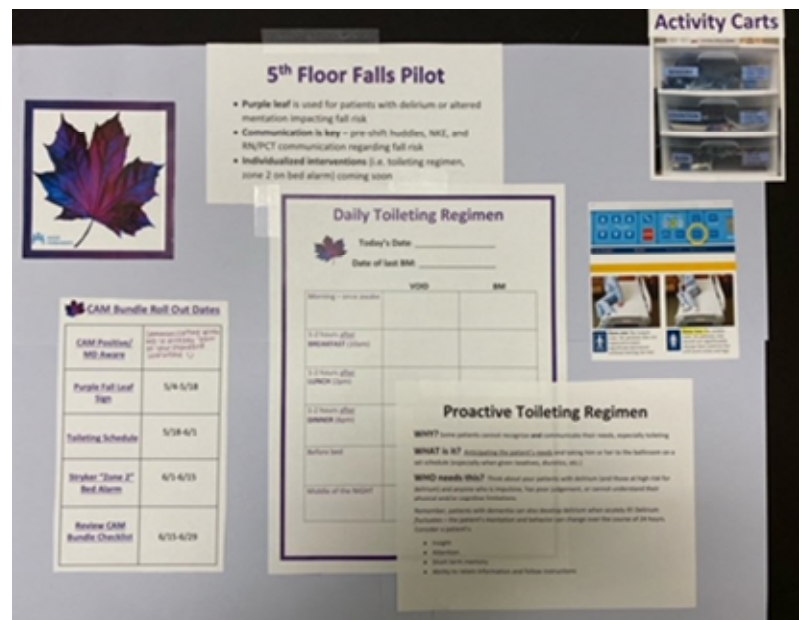
EXEMPLARY PROFESSIONAL PRACTICE

Improvement in a Defined Population

Fall Reduction in Patients with Delirium

Authors: Cheryl Dankiewicz, MS, RN, AGCNS-BC; Menel Reyes BSN, RN; and Jica Naval, BSN, RN

Fall-related injuries can have detrimental effects on an individual; serious adverse events can occur after a fall incident that can lead to injury, increased length of hospital stay, functional decline, and decreased quality of life. The risk for falls is much greater for patients with delirium in a hospital setting due to acute changes in mental status, being in an unfamiliar environment, polypharmacy, and acute/chronic illnesses which can impair judgment. A falls reduction pilot program was developed by the Geriatric Resource nurses (GRNs) to identify patients with altered mental status/delirium and implement appropriate interventions to decrease the number of falls in this patient population.



Patients with delirium have the potential for unpredictable behavior patterns due to physiological, environmental, and/or psychosocial factors. This patient population needs to be identified so targeted safety interventions and individualized treatments can be implemented to reduce the incidence of falls. In 2020, over 50% of our inpatient fall events were patients with delirium, altered mental status, or an ICD-10-related diagnosis.

The goal of this project was to decrease the number of falls on the 5th-floor medical-surgical units in patients with delirium by implementing the Purple Leaf Pilot. The pilot was developed in collaboration with physicians, physical therapists, patient care technicians, and the Geriatric Resource nurses through the Nurses Improving Care for Healthsystem Elders (NICHE) team. Initiated by the 5th floor medical-surgical nurses, the pilot focused on fall prevention among patients with delirium or any issues with cognition or behavior that impact their fall risk (i.e., impulsivity, restlessness, not using the call light). The Purple Leaf serves as a visual cue to enhance awareness of delirious/confused high fall-risk patients to all interprofessional team members.

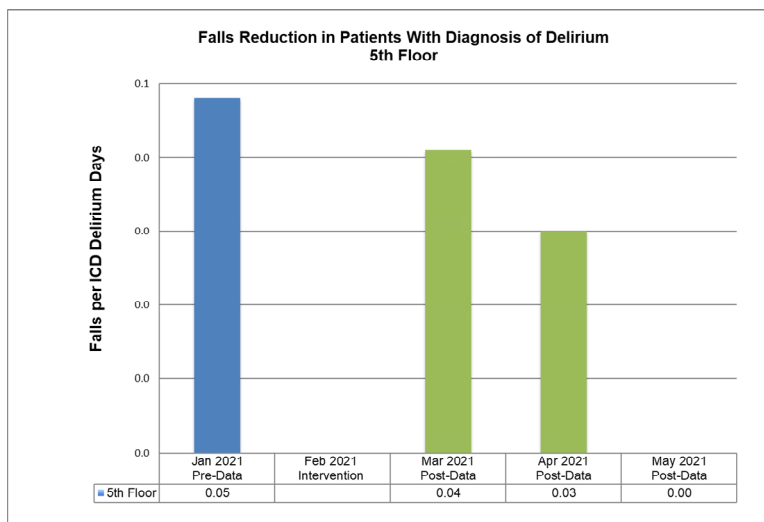
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EXEMPLARY PROFESSIONAL PRACTICE

Improvement in a Defined Population, *continued*

The initiative was piloted on the 5th floor medical-surgical units for one month prior to adoption in other hospital areas.

1. Identify delirious/confused patients who are at risk for falls – anyone with altered mental status/impaired judgment, impulsive behavior.
2. Place a **purple leaf** sign on the door frame. This identifies that the patient exhibits delirium and/or altered mental status and does not understand their physical or cognitive limitations, placing them at higher risk for falls.
3. When patients have a purple leaf, use “Zone 2” on the Stryker bed alarm. Zone 2 is a more sensitive alarm, which allows staff more time to get to the patient before the patient’s entire weight is lifted off the bed.
4. Identify delirious and/or confused patients by room number on the daily huddle board to increase awareness among all staff.
 - a) Patients on the Delirium Rounds shared list in the electronic health record and the Delirium Watch List will be listed on the Huddle Board under "Delirium," along with any patient according to nursing judgment.
 - b) The Huddle Board will be updated by the Assistant Nurse Manager, who will touch base with the break relief RN/primary RN about which patients to add to the Delirium section.
 - c) The Huddle Board will be reviewed/discussed by the Assistant Nurse Manager during shift huddle so all staff on the unit will be aware of high fall risk patients and any confused/impulsive patients.
5. Disseminate this information through daily staff huddles, skills/competency days, new employee orientation, nurse knowledge exchange (NKE), and staff meetings.



Implementing the Purple Leaf Pilot resulted in a decrease in the number of falls on the 5th floor in patients with delirium.

NEW KNOWLEDGE INNOVATION AND IMPROVEMENTS

Improved Nursing Practices

Aroma Therapy in Pre-Op

Authors: Adriana Torres, MSN, RN, CCRN-K, CNL; Raquel Amposta, RN; Marichu Soncuya, RN, BSN, CCRN; and Angelica Rincon, MSN, RN, CNOR

Perioperative Nurses at KP Vallejo have improved patient care by providing evidence-based practice to revise an existing practice within the organization.

Previously, there was no standardized format for comforting patients before and after surgery. Nurses used anti-anxiety drugs or post-op pain medication. By assessing the evidence on non-pharmacological anxiety and pain relievers, these perioperative clinical nurses were able to create a broad range of services that could be provided.

Kaiser Vallejo PACU (Post Anesthesia Care Unit) oversees the preparation of diversified, multigenerational patients for their surgical procedures, approximately 25-30 a day. Patients are of different ages, and different ethnicities, many of whom are quite anxious about scheduled surgeries. In October 2018 PACU nurses were informed that the Outpatient and Ambulatory Surgery Care Experience at Kaiser Vallejo scored only 78.9% which was below average within Kaiser facilities.

Perioperative nurses and managers worked together to develop measures to improve the patient care experience. They evaluated various evidence and decided to learn to incorporate more non-pharmacologic measures. They started small and offered adults aroma therapy in the preoperative area to relieve anxiety in December 2018. The aroma therapy was a big success, with positive feedback from patients and surgeons. In January 2019, they expanded the aroma therapy to relieve post-operative nausea, which was also well received. In June 2019, the entire comfort menu was rolled out, which is multi-generational offerings of coloring books, stuffed animals, and puzzles to children and adults preoperatively. Earplugs and eye shields were also made available.

The perioperative services nurses document the comfort aid provided in the Perioperative Handoff Tool. They also developed the Comfort Aid Audit form. This project was recognized by the Voice of Nursing as the Most Patient-Centered project in August 2019.

In December 2018, the satisfaction scores in the ASU were 74.6% at the start of the initiative. After a month of implementation, satisfaction scores rose to 81.7%, with the use of aroma therapy alone. A dip in scores in May 2019 led to the rolling out of the multi-generational comfort menu and resulted in immediate improvement of our scores.



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NEW KNOWLEDGE INNOVATION AND IMPROVEMENTS

Improved Nursing Practices, continued

To date, amidst the pandemic, the perioperative unit satisfaction scores for year-to-date (December 2021) performance is 92.1%.

Perioperative clinical nurses have improved patient care by providing new evidence-based practice within the organization.

Previously, there was no standardized protocol for comforting patients before and after surgery. The existing practice consisted of nurses utilizing physician-ordered anti-anxiety drugs or post-op pain medication to aid in the comfort of patients before and after surgery. By assessing the evidence on non-pharmacological anxiety and pain relievers, these perioperative clinical nurses could substantiate their recommendations for revising their current patient comfort measures and create a broad range of evidence-based services that nurses could provide.

Description of the Initiative

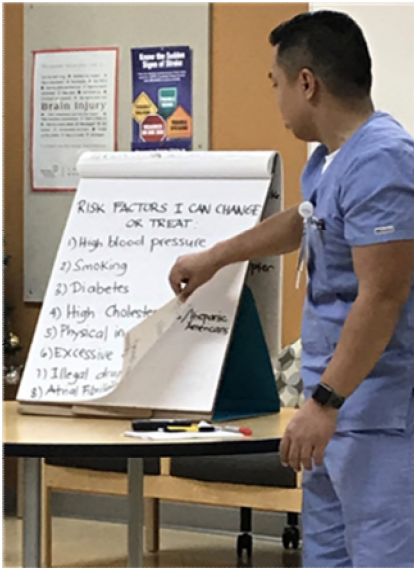
- Perioperative nurses Marichu Soncuya, RN, BSN, CCRN, and Raquel Amposta, RN, met with their manager, Keith Wilson, MSN, to develop measures to improve the patient care experience.
- Marichu and Raquel evaluated various evidence and decided to learn about and incorporate more non-pharmacologic measures. They started small and offered adults aromatherapy in the pre-operative area to relieve anxiety in December 2018. The aromatherapy was a big success, with positive feedback from patients and surgeons.
- In January 2019, they expanded the aromatherapy to relieve post-operative nausea, which was also well-received.
- June 2019, the entire Comfort Menu was rolled out, which includes multi-generational offerings of coloring books, stuffed animals and puzzles to children and adults pre-operatively. Earplugs and eye shields were made available.
- The perioperative services nurses document the comfort aid provided in the Perioperative Handoff Tool.
- They also developed the Comfort Aid Audit form.
- This project was recognized by the Voice of Nursing as the Most Patient Centered project in August 2019.
- In December 2018, at the start of the initiative the satisfaction scores (OAS-CAHPS rate facility) in the PACU were 78%. After a month of implementation, satisfaction scores rose to 81.9% with the use of aromatherapy alone.

EMPIRICAL OUTCOMES

Improving Stroke Care

Optimizing Discharge Education for Stroke Survivors and their Families

Authors: Michelle Camicia, PhD, MSN, RN, CRRN, CCM, NEA-BC, FAHA; and Carrie Maloney Robertshaw, MSN, RN, CRRN



Kaiser Permanente, Vallejo Rehabilitation facility, uses mindfulness and storytelling in a stroke recovery education program. This program was co-created with a stroke survivor. Founded on the Theory of Human Caring, this program is built upon the Caritas Process, inspiring faith, hope, and honor for others. Incorporating concepts of hope with patients and their families and creating a space to share everyday experiences is key in the stroke recovery journey.

Evidence-Based Facilitation of Learning

Many patients and families have similar needs and questions but don't always ask their care providers. Patients often struggle with adapting to their disability and the stroke's emotional, physical, and psychological impact. During the acute phase of rehabilitation, individuals need time dedicated to asking questions, learning, and processing the life-changing event they have experienced.

Patients and families who have participated in this class have identified having a better understanding of their event, their recovery, and how to reduce the risk of a future stroke. It is important to promote better coping as stroke survivors face their journey of recovery. Evidence shows that resilience and recovery are enhanced when stroke survivors can create meaning through sharing information and experiences.

The nurse facilitators promote greater resilience, learning, and empowerment through this interactive class. In addition, nurses find deeper meaning and purpose in their work as inpatient rehabilitation nurses.

Informal Class Setting

- 1-hour class held on the inpatient Rehabilitation unit are facilitated by front-line nurses who have received training on the principles of adult learning and have advanced expertise in stroke care and recovery.
- Stroke survivors and families are invited to participate upon admission and throughout their stay.
- Participants and the nurse facilitator sit in a semi-circle to promote sharing and an interactive process of learning.

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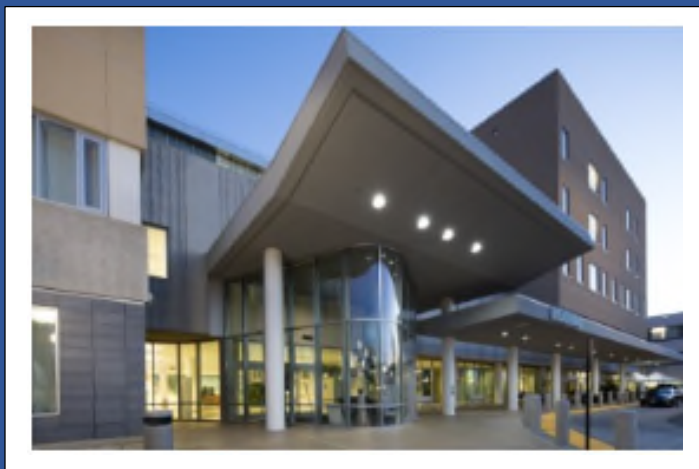
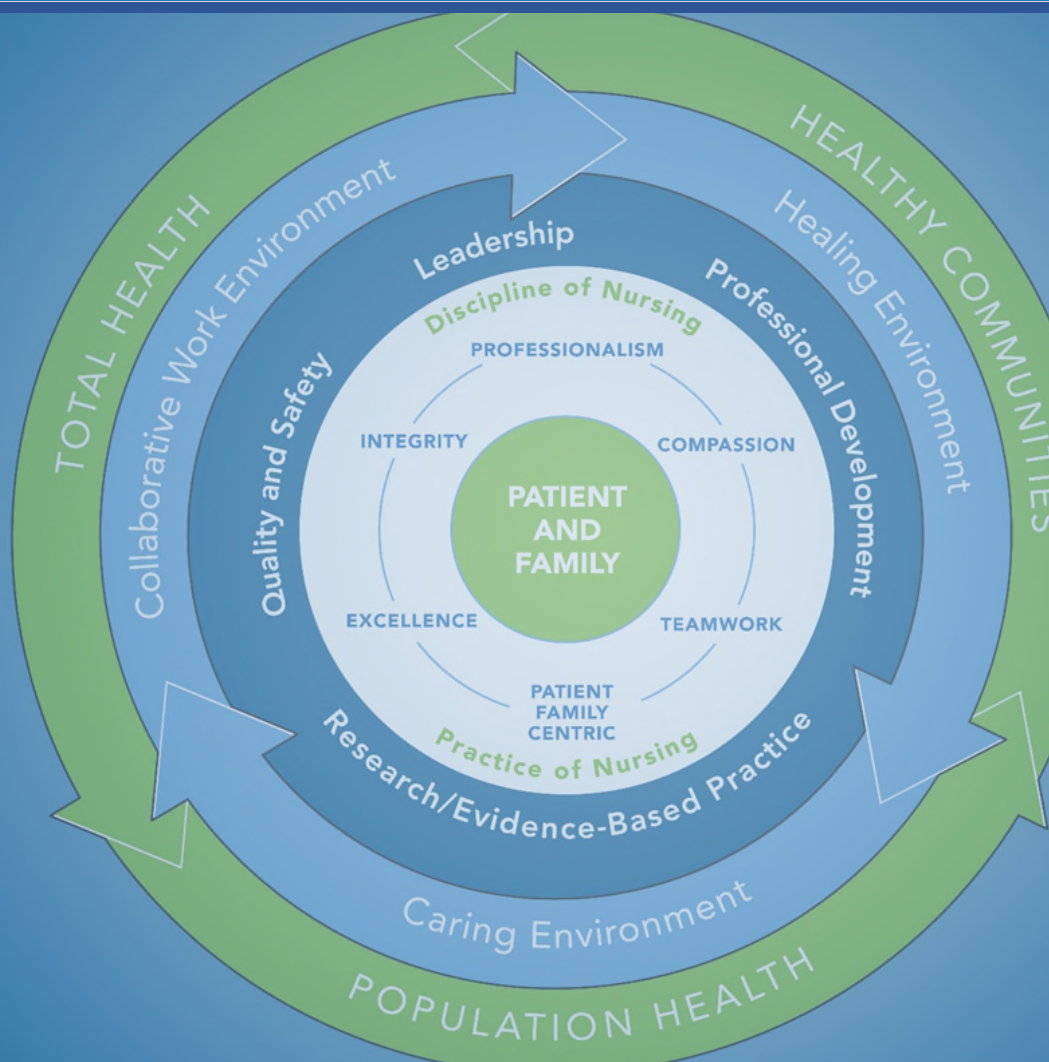
EMPIRICAL OUTCOMES

Improving Stroke Care, continued

- The facilitator models and teaches principles of authentic presence, self-compassion, and awareness.
- Nurses teach mindfulness and being present with patients' deficits from stroke.
- Patients and their caregivers are encouraged to participate in a dialog around their experience with stroke, strategies to reduce risk, and what stroke means for them in their life.
- The power of storytelling is used to promote healing.
- Patients learn from each other and what brings them joy and meaning in times of despair.

Evaluation

Kaiser Foundation Rehabilitation Center in Vallejo has had great success supporting patients and families having a greater understanding of the signs and symptoms of stroke, how to reduce their risk of another stroke and how to take charge of their recovery. Patients and families learn what to expect with recovery, reducing anxiety and stress. When facing a life-changing event such as a stroke, it is important to feel hope for the future and know that you're not alone. This class can serve as a model to be used in other settings to improve outcomes and support patients and families.



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