A different kind of nursing report

In January 2020, the World Health Organization reported the first case of COVID-19 in the United States. By March, America had shuttered. States issued “stay at home” orders, travel was banned and sports arenas went dark. And yet, even when faced with a global pandemic, the nurses of UCLA Health rose to the challenge. Here, we’ve gathered their stories. Through the words of our nurses and patients, join us on a journey into the depths of 2020. You’ll get a first-hand glimpse of what life was like for nurses on the front lines. When our children and grandchildren ask, “What was life like during the pandemic?” you can tell them the answers are here. This is a story of strength. This is a story of grit. This is the story of UCLA Health nursing: where expert science meets extraordinary compassion.
Unwavering: Nurses Answer the Call

Nurses are the beacon of care and compassion for our patients at UCLA Health. They are present throughout the patient experience and serve as a constant connection between patients, their families, and the broader health care team.

2020 – the Year of the Nurse and the Midwife – put a spotlight on the importance of the nursing profession as our hospital system and the global community weathered the COVID-19 pandemic. At the same time, we were forced to confront longstanding systemic injustices.

Despite the many challenges 2020 presented, our nurses continued to heed the call and exemplified excellence in action, relying on their nursing knowledge, training, and preparation to continuously adjust to the changing circumstances. This past year, it has been an honor and a privilege to witness our nurses, with their unwavering dedication to delivering high-quality care and healing patients and the community; as they continue to support the work to address health inequities.

Our Magnet® designations, an abundance of patient experience awards and U.S. News & World Report rankings as the #1 health care system in California and #4 nationally, are additional testaments to the collective impact our nurses have on the patients and communities we serve.

I want to thank you for your invaluable contributions and your continued efforts to further our vision of healing humankind, one patient at a time, by improving health, alleviating suffering and delivering acts of kindness.

As I look in the rearview mirror at 2020, I see bright spots of nursing excellence. I see nurses, highly trusted and respected by our community, fulfilling their mission to provide skilled, compassionate care to meet unprecedented needs. I see nurses drawing on strong skill sets and science to tackle the challenges of patient care under rapidly changing conditions. I see nurses making human connections with patients and families to help cope with the separation. Seeing each patient as a person, meeting their individual needs, doing the big and little things that make a difference, all contributed to positive patient experiences.

I see a support network surrounding them. Nurse leaders, clinical nurse specialists, nursing professional development specialists and educators, and safety champions partnered to provide information, education, care, guidance and support.

The entire UCLA Health community rallied to meet the challenges of 2020. I am proud of the leadership I saw from nurses in their unfailing quest to be a part of healing humankind in the face of formidable foes such as COVID-19 and the social unrest activated by systemic racism. Nurses were there to care for patients, families and their colleagues throughout the system and beyond.

Through all of this, nursing excellence prevailed. Both Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center were re-designated as Magnet® hospitals, with recognition of multiple exemplary achievements.

We are excited to share a glimpse of extraordinary professional nursing at UCLA Health from this unforgettable year.
A YEAR IN REVIEW

Karen A. Grimley,
PhD, MBA, RN, NEA-BC, FACHE
Chief Nurse Executive,
UCLA Health
Vice Dean, UCLA School of Nursing

Never before have we, as nurses, faced anything like the challenges we experienced during 2020, the Year of the Nurse and the Midwife. It seemed like we were called upon to do all things, all at once, for everybody and at all times. This flurry of activity led to a lot of change. There have been silver linings and important learnings along the way. We were called upon to think on our feet and find new ways to provide care. We used our nursing knowledge and creativity and through partnerships with our medical and clinical colleagues, found interventions and processes that not only improved care, but enhanced teamwork and communication.

To keep our patients and each other safe, we accomplished years of work in only weeks. We stood up more than 200 policies, procedures and protocols, and we mobilized PPE supplies. There are a litany of practices we created, mobilized and changed.

Our successes and strength came because of an unyielding belief in our vision and our commitment to our professional practice model. Our UCLA Health vision – to heal humankind, one patient at a time, by improving health, alleviating suffering and delivering acts of kindness – truly aligns our organization, by keeping us patient-centered, empathetic and vigilant in our care and service. Our nursing philosophy builds upon this vision: delivering leading-edge patient care, research and education to support the professional nurse while nurturing his/her intellect, heart, soul and imagination.

Our approach to professional practice and our care delivery model create a foundation for success. The outcomes and accomplishments in 2020 were rooted in our commitment to nursing science and relationship-based care. First, we turned to science as our source of truth. Next, we learned that perfection can be the enemy of good, especially when rapid change was needed. The modification of our nursing leadership structure offered more support to our bedside nurses and staff. This facilitated frequent huddling and rounding – not only by nurse leaders, but by many of you – which resulted in new ideas and identified bedside ingenuity that kept us providing the best care possible.

Finally, as we neared what we thought would be the end of the pandemic, a new surge of cases began and we were ready. While we feverishly cared for the influx of COVID-19 patients, ANCC Magnet® called to schedule our virtual visit for Ronald Reagan UCLA Medical Center, only to be followed by the UCLA Santa Monica Medical Center visit 30 days later.

What does one say when faced with this scenario? That’s easy: “We got this!” And why, you might ask? That’s pretty easy, too: UCLA Health is nursing excellence in action. The same skills that were used to stand up our COVID-19 care are the skills and competencies used by our nurses every day. We rely on science, we live the UCLA Health vision and we are passionate about our relationships with our patients, their families and our colleagues. We rely on those relationships for ideas as well as for solace and support.

All of these elements made two Magnet® redesignations possible. I believe the primary silver lining of COVID-19 is knowing that UCLA Health Nursing is an exemplar of nursing excellence because of who we are and our passion for what we do. It is knowing that we truly set out each day to heal humankind one patient at a time and to authentically deliver care with the utmost respect, compassion, kindness and, yes, love for our patients and our profession.

A heartfelt thank you to each and every nurse at UCLA Health. Your commitment and compassionate care are what got us through this past year. COVID-19 has helped us appreciate who we are as nurses and how we practice. It also has shown us a glimpse of who we may become. Be proud of what you have done and how you have shaped the future of nursing and health care.

So, yes, for UCLA Health, 2020 was truly the Year of the Nurse and the Midwife.
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Nurses rise to meet unprecedented challenges
As sirens screamed through our streets, UCLA Health nurses were just getting started. They donned scrubs, draped themselves in PPE and clocked in to defend the community. As people leaned out windows to cheer on health care workers around the globe, a new type of hero emerged. From Beverly Hills to Boyle Heights, the pandemic was our great equalizer. With sports seasons sidelined, Lakers and Dodgers legends turned to UCLA Health to cheer on our dedication and sacrifice. Interest in batting averages and winning streaks gave way to oxygen blood levels and hospital bed availability. Suddenly, we were all glued to a new scoreboard. The stakes were life and death.
LEADERSHIP, LOUD AND CLEAR

The Power of Presence on the COVID-19 Front Lines

BY JENNIFER KARMAKAR

UCAL Health’s Chief Nurse Executive Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE, keeps a rock on her desk, brightly painted with rainbows and hearts, the word HOPE emblazoned across its face. For Dr. Grimley, the rock — given to her by the Medical Intensive Care Unit nurses caring for COVID-19 patients — symbolizes the unending optimism and resilience demonstrated by the 4,200 nurses and nursing leadership in 2020.

“I’m really proud of them all,” says Dr. Grimley, who also serves as vice dean of UCLAs School of Nursing. “I appreciate the way they honored each other and our nurses by showing up, by being the leaders they needed to be.”

Much of the leadership success in 2020 can be summed up in a single word: presence. For many nurse leaders that meant rounding mornings and nights, taking evening and weekend shifts, and being readily available to their teams seven days a week for months on end.

“The constant changes and the unknown created such chaotic times during the first surge that we spread our leadership team out around the clock,” says David Bailey, PhD, RN, MBA, CCRN-K, NEA-BC, FACHE, chief nursing officer at UCLA Santa Monica Medical Center. “We sat down and said this is a critical juncture and our teams need us — they’re worried about their families, they’re worried about catching COVID-19, they’re worried about dying. My team didn’t bat an eye; they said let’s do it. One or two of my leaders and one of our clinical nurse specialists or educators were here 24/7 for several months, and when we did that there was an added level of comfort in the building.

“To have that physical presence, to go out on rounds so our teams could see us, that we were here with them,” went a long way, Dr. Bailey says. “Nurses were scared, and how do you help them overcome that? You have to be with them to do that.”

“We had leadership coverage seven days a week on both shifts,” says Coleen Wilson, DNP, RN, NEA-BC, director of adult in-patient nursing at UCLA Santa Monica Medical Center. “I don’t know how many hospitals did something like that? You have to be with them, “ went a long way, Dr. Bailey says. “I was onsite every day with our leaders, our directors of nursing and our clinical nurse specialists to be able to troubleshoot and to alleviate the fears of the patients and also the staff. That was something really helpful in making sure everybody felt cared for.”

Leadership presence was essential at COVID-19 testing sites, too, where Quanna Batiste-Brown, DVP, MSHCM, RN, NEA-BC, FABC, chief nursing officer of ambulatory care at UCLA Health, oversaw the testing of more than 1,000 patients a day during the height of the pandemic. “Bringing nurses into a situation they had not been in before, it was essential to have leadership presence and visibility to let them know we were standing together and we were going to get through it together,” Dr. Batiste-Brown says.

In 2021, she was once again on the front lines, this time at UCLA Santa Monica Medical Center and chat with nurses as they changed shifts.

“For Dr. Grimley, presence often meant donning sneakers and scrubs to visit a COVID-19 unit, being present for critical meetings, facilitating informational Zoom calls with nurses or working with the leadership team to ensure nurses had a voice and a place at the table.

“It’s not only about showing up, it’s about representing.” Dr. Grimley says. “You have to represent that group that you lead, and you have to support that group you lead. You have to walk into COVID units and not be afraid to be out in front, or behind, or with that group whenever you’re needed. That was part of it, too; not only showing up, but showing up for nurses and as a nurse.”

But, as Dr. Grimley puts it, “Nobody wants to see the person you rarely see coming in on the white charger to save the day.”

She has worked to cultivate trust from her staff since coming to UCLA Health in 2015, when she’d set up a coffee pot and pastries on the patio in front of Ronald Reagan UCLA Medical Center and chat with nurses as they changed shifts.

Dr. Grimley says her visibility — rounding, being present to give out awards on the units, writing thank you notes — has made a difference in the nurses’ receptivity to change: “And I think it helped us through some tough spots during COVID,” she says.

“In my experience, you tend to reflect the leader you’re serving,” says Ida Anderson, MSN.
It was a very collaborative time for us; everybody was encouraged to share their point of view.

ELIZABETH MAISTER, MBA, BSN, RN, NE-BC
Senior Director of Nursing Business Systems

One of the early challenges of the pandemic was disseminating current, clear, actionable guidance to nurses and others on the frontlines. That effort was headed by Lee Galuska, PhD, RN, NE-BC, executive director of Nursing Practice, Education and Research, who quickly mobilized a team of educators to collaborate with infection prevention experts in the production of educational materials that could be distributed in a variety of modalities to some 15,000 employees across the health care system.

During the first few months, her team helped create and disseminate roughly 200 guidance documents related to patient care and treatment, emergency response, staff and patient safety, which included information about such things as testing, PPE screening processes, urgent supply changes, patient education and communication. A web-based repository was created to house the documents and links to the materials were provided on a newly created COVID-19 webpage.

“It was this mad flurry to communicate with staff to provide the necessary education they needed to keep themselves and their patients safe,” Dr. Galuska says. “We really leveraged all hands on deck and got it done.”

Dr. Galuska says her team learned a lot during that period. “One of the keys to our success was that we reached out for feedback — what’s working and what’s not, working the pace and clarity of communications — and then listened to the feedback to make modifications we needed to have it be more effective.”

Frequent communication from the pandemic Command Center team, headed by Dr. Grimley and Robert Cherry, MD, chief medical and quality officer at UCLA Health, was critical. “They were out and about all the time,” says Ellen Pollack, MSN, RN, chief nursing informatics officer at UCLA Health. “I was very cognizant they were connecting with frontline staff, sharing information, answering questions. It helped us to make sure there was a two-way communication. We needed to push information on what we were doing, but just as important, we needed to collect information and to know what their challenges were so we knew what to work on.

“We had this cascade of active, daily management meetings,” Pollack continues. “We started our day with management huddles and ended our day with management huddles so everyone knew where we were going every single day; seven days a week. I felt like in those early days we really nailed it for communication.”

The Command Center put out daily emails and facilitated frequent Zoom calls linking groups of nurses with a variety of people from physicians and infection-prevention experts to emergency preparedness experts and Human Resources representatives.

“We essentially set up real-time panel discussions with these audiences, not only to brief them but to put them at ease, which had a tremendous impact on our staff, and that goes back to presence,” Dr. Grimley says. “I think one of the things we had to do was create an environment that ensured that nurses and other members of the care team could actually be present with their patients and focused on caring for them, not worried about where their next mask was coming from.”

Debbie Suda, MN, RN, senior director of UCLA Mattel Children’s Hospital and Women’s Services, says she admired the ability of nurse leaders to stay centered, to look at the task at hand and to think outside the box to solve problems.

When the ICU was filling with COVID-19 patients, Suda’s team was able to consolidate space for adult beds in pediatrics and maternity to alleviate stress on the ICU staff.

“I was proud of the way the entire health care system banded together to take care of patients with COVID-19,” she says. “As UCLA Health began shutting down nonessential services as a safety measure, nurses were reemployed to work in other areas of the health care system, including the ICU. “That was over 100 nurses that we had to retrain, but everybody got on board with it,” says Elizabeth Master, MBA, BSN, RN, NE-BC, senior director of Nursing Business Systems. It was a very collaborative time for us; everybody was encouraged to share their point of view,” Master continues. “It was stressful, but we had the attention of every single person in the hospital, and that’s something we don’t always have. Everyone was driven and focused on what we had to do.”
Empathy was demonstrating the limitations of others and knowing how to tap into their strengths,” Dr. Galuska says.

”Especially as nurse leaders, we tend to want to just hold our heads high and forge ahead. Because we’re so patient-centered we forget about self-care and the care of our colleagues,” he says, “So, for me it’s about doing a check, and not just check-on – ‘How’s your unit running?’ Or, ‘How’s your staff satisfaction and how are your nursing sensitive indicators?’ But, ‘How are you doing? How can I help you? How can we help you?’ Understanding that this has been a particularly challenging year, outside of work and on the job.”

“Leading with empathy meant going room to room to gently tell family members they’d have to leave because visitors were restricted, or comforting a despondent nurse who couldn’t get her PPE on in time to be with a patient during his final minutes,” Anderson says.

Empathy was demonstrated at the bedside, too, where Anthony Chan’s team worked to unite COVID-positive spouses in a single room and provide technology that allowed dying patients to connect with their loved ones.

Chan, MSN, RN, NE-BC, director of medical surgical nursing at Ronald Reagan UCLA Medical Center, says taking the time to listen to team members was crucial. “A lot of them were not only coming into work and dealing with COVID-19, but dealing with it also outside work. I think just reassuring them that they’re not alone, that we’re all in this together, was important.”

Nurses supported other nurses, too, Chan says, “by collecting money to buy lunches for those working in the COVID units. It really highlights the example of teamwork. It was really great collaborative work among unit leaders and nurses themselves.”

Although the pandemic prevented holding in-person Nurses Week ceremonies, leadership held virtual recognition events to ensure front line staff felt appreciated and cared for. The surrounding community came through, as well, with an outpouring of food and supplies. “They wanted to provide anything they could to show appreciation for frontline workers, so we worked closely with them to bring in things we could provide staff to help them know people cared about them,” Dr. Galuska says.

**Silver Linings**

Many nurse leaders described 2020 as the most difficult year of their career. Still, most say the pandemic resulted in better efficiency, innovation and collaboration between leadership and nurses.

“I think the silver lining is that we all learned something new, we all have new skills and they’re not skills we ever thought we’d have,” says Meg Armbruster, MSN, RN, executive director of emergency and trauma services at UCLA Health. “We train for this, we talk about infectious diseases and we drill for them, but this was the real thing. We’ve been through a pandemic and survived it. Every day we learned and did something new and it’s important to reflect on that as we go into this post-COVID year.”

Dr. Grimley agrees. “I think we established a better rapport. I think we learned our strengths as a team, and I know where I need to focus this year on helping my team get stronger,” she says. “The pandemic has been a great teacher for me. It’s been a hard topic, but a great teacher.”

In August 2020, Ronald Reagan UCLA Medical Center (RRUCLA) received notification from the ANCC of a fourth Magnet® designation. A month later, UCLA Santa Monica Medical Center (SMUCLA) was notified that they were being considered for a second designation. Over the following weeks, nursing and IT collaborated to identify and address the resources needed to virtually host both site visits, each spanning three days. Nurse leaders and clinical staff from RRUCLA and SMUCLA stepped up to the challenge. Magnet® champions remained focused and dedicated in their role of preparing colleagues, creating excitement and opportunities to reflect on our achievements.

As ANCC appraisers paid virtual visits to both hospitals, they echoed what we at UCLA Health already knew: comments such as “phenomenal,” “fantastic,” “innovative,” “heartwarming” and “your staff are remarkable.” They recognized that our nurses are grounded in a culture of excellence in their daily practice and stand out as leaders in health care. More than 16 years ago, visionary leaders at UCLA Health began the Magnet® journey as an external recognition of extraordinary nursing care. Since that day, UCLA Health nursing has continued a tradition of visionary leaders who transform health care through outstanding, leading edge patient care. We are grateful for the opportunity to showcase nursing excellence at all of our UCLA Health hospitals and for Magnet® recognition.

Continuing a Tradition of Nursing Excellence: Our 2020 Magnet® Journey
Women’s Equalit y Day was celebrated Aug. 26, 2020. This day honors the 100th anniversary of the passage of the 19th Amendment to the U.S. Constitution, establishing women’s right to vote. To mark the date, 100 women of UCLA Health were honored for their achievement. Fifteen of these transformational leaders were nurses.

We also want to acknowledge that despite the passage of the 19th Amendment granting the rights of all people to vote, discriminatory practices did not protect that right for Black Americans and other people of color. It wasn’t until nearly a half-century later, with the signing into law of the Voting Rights Act of 1965, that everyone was able to exercise their right to vote.

The work ahead of us remains significant. But as the past has taught us, when we knock down walls, we open doors.

We know there are thousands of women at UCLA Health who are making an impact daily. Honoring the following trailblazers is just the beginning.

**Johnese Spisso**
MPA; president of UCLA Health, CEO of UCLA Hospital System and associate vice chancellor of UCLA Health Sciences

Spisso is a nationally recognized academic health care leader with more than 30 years of experience. She was named one of Modern Healthcare’s Top 25 Most Influential Women Leaders in 2019, LA Business Journal’s 500 Most Influential Leaders in Los Angeles in 2020 and Modern Healthcare’s Top 50 Clinical Leaders of 2020 in the U.S.

**Quanna Batiste-Brown**
DNP, MS, CHCM, BS, NEA-BC, FA-CN; chief nursing officer, Ambulatory Care, UCLA Health System; associate adjunct professor, UCLA School of Nursing; dean and founder of the UCLA Medical Assistant Program

Dr. Batiste-Brown is a nationally recognized nurse executive with more than 20 years of nursing experience overseeing ambulatory care clinical practice and policy, leading efforts in community outreach and system-wide improvements in clinical care. She was elected 2020 president-elect of the American Academy of Ambulatory Care Nursing.

She was president of the Association of California Nurse Leaders Los Angeles Chapter in 2018.

**Karen A. Grimley**
PhD, MBA, BS, NEA-BC, FACHE; chief nursing executive for UCLA Health and vice dean in the UCLA School of Nursing

With more than 30 years of experience as a nurse leader, Dr. Grimley is responsible for the overall delivery and management of nursing practice, education, professional development, research, administration and clinical services.

**Kristen Chin**
BSN, RN, CCTN; clinical nurse III in the Liver Transplant Service (8 North) Ronald Reagan UCLA Medical Center

Chin has served as chair of the 8 North Unit Practice Council, Sepsis Champion, chair of the UCLA Health Empirical Outcomes Council, and currently chair of the Ronald Reagan Transformational Leadership Council. She is among the first clinical nurse chairs of the new Professional Governance model that started in 2018 and has been integral in ensuring the right processes are in place, so nurses at the bedside can be transformative leaders on their units and significantly influence outcomes for patients and nursing practice.
Lee Galuska
PhD, RN, NE-BC, executive director, Nursing Practice, Education and Research, UCLA Health; adjunct assistant professor, UCLA School of Nursing

Dr. Galuska led the establishment of an evidence-based nursing leadership development program to assure that nurses are prepared to lead as well as partner in health care management, leadership and transformation.

Julie Sasinski
MSN, BCG-NIC, CNS; clinical nurse specialist, Neonatal Intensive Care Unit

Sasinski leads multiple evidence-based initiatives including advocacy for human milk feeding enhancements for vulnerable neonates to improve growth and development, reduce complications and reduce hospital length of stay.

Jeannie Meyer
MSN, RN, CCRN-K, CCNS, PCCN-K, ACHPN; clinical nurse specialist, Palliative Care

Meyer led innovative programs to facilitate advanced care planning and hospice care for homeless patients.

Kelly Rodebush
BSN, RN; clinical nurse II, UCLA Birthplace Santa Monica

Rodebush is a strong women’s advocate and excellent obstetric nurse who empowers women and families to overcome their fears and anxieties around becoming new parents. She provides a safe and supportive environment to boost their confidence through navigating spit-ups, calming their crying baby, learning swaddling skills, as well as overcoming breastfeeding challenges and additional challenges and stressors faced during the COVID-19 pandemic.

Janet Rimicci
MSN, RN; senior director UCLA Santa Monica Medical Center

Rimicci oversees the financial management, strategic planning, organizational development and coordination of all clinical and administrative operations at UCLA Santa Monica Medical Center. She has held a number of leadership positions in her more than 25 years at UCLA Health, including executive director of Quality and Patient Safety and director of Emergency and Trauma Services. Her commitment to UCLA runs deep: She received her undergraduate nursing degree and Masters of Science in Nursing Administration at the university.

Allison Krupa
BSN, RN; clinical nurse II, emerging infectious diseases champion, Medical Intensive Care Unit, Ronald Reagan UCLA Medical Center

Krupa volunteered to join the Emerging Infectious Diseases Team to care for infectious patients. When COVID-19 presented in early 2020, she volunteered as a champion to provide multiple departments with “just in time” education when they encountered their first positive patients.

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Jasmin Meyer
RN, ambulatory nursing practice coordinator

Suarez participates in regular medical missions to the Dominican Republic as part of the Global Health Force Organization, an international group she co-founded. She provided COVID-19 relief support by collecting and distributing masks.

Donna Smith
BSN, RN, PHN; clinical nurse II, Ronald Reagan UCLA Medical Center

Smith has stepped up in the COVID-19 crisis to support all those around her. For newer nurses fearful during this intense period, she has led by example. She was the first volunteer to suit up and care for COVID-19-positive patients, despite personal risks.

Michelle Santizo
DNP, RN, PHN; clinical nurse II

Santizo is a clinical nurse in the hematology/stem cell transplantation unit (6 East) at Ronald Reagan UCLA Medical Center. In addition to serving as a missionary nurse in Guatemala, Santizo has been instrumental in her role as a legislative liaison on Capitol Hill, advocating for the rights of terminally ill cancer patients.

Toyan Lawal
DNP, RN-CCCTM; director, Ambulatory Care Nursing

Lawal has worked with the United Nations to advance the status of women internationally and in the United States, focusing on high-risk single mothers and widows in low-income areas. She also is active in the global peace movement Women Empowerment for Peace.
As always, nurses rose to the occasion and showed all who watched why being a nurse is the most important job in the world.”

CONNOR MOORE, BSN, RN
NURSING ON THE COVID-19 FRONT LINES
A DAY IN THE LIFE

Time for my symptom tracker: Do I have a fever? Shortness of breath? Difficulty breathing? Should I call the COVID call center? When is a headache more than a headache?

Time to leave home. Don’t forget my mask! Masks are mandatory for everyone entering the hospital.

Time for huddle. What is new today? Hospital visitation: Due to the risk of community transmission, visitors are now restricted in the hospital. How do I tell my families that they need to leave? What about the elderly man in Room 14? He is dying… who will be there to hold his hand?

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Time to leave home. Don’t forget my mask! Masks are mandatory for everyone entering the hospital.

Time to groom up. What level PPE do I need? Do I use an N95 and a face shield, or can I use my safety glasses? What order do I put things on and take them off? I need to be careful. I don’t want to be exposed or expose others. I better check with my safety monitor.
• My patient is level 2 PPE.
• Perform hand hygiene.
• Don isolation gown.
• Don N95 and check fit.
• Don gloves.
• Safety check.
• Enter patient room.

Time to go home. They say the virus is transmitted through droplets and maybe aerosol. The information seems to change every day. Am I exposing my family at home?

Home. My spouse greets me from the other room. My kids are here, but they know by now, no hugs and kisses until I shower and change clothes. I put my scrubs in the wash, don my robe and head for the shower. As I shower, I reflect on the day, looking forward to the day when I don’t come home with the fear of unintentionally bringing the virus with me.

Time for lunch. The staff lounge is too small for physical distancing. I need to eat downstairs. I hope it is nice enough to eat outside.

Family time. My patient’s family wants to see him and talk to him on Zoom. I am so busy with his care, but this is important. He is so sick and can’t really talk to them, but he can hear their voices and see their faces. At the beginning, this was such a challenge. It is much easier now that the families are more familiar with Zoom, and we can connect them on the patient’s iPad.

Time for shift change. I hope my patient makes it through the night. I call his family, update them on the day and tell them I will be back again tomorrow.

Break time. I think I’ll go to the Respite Room today. It is nice to have a place to sit, relax and do some self-care. Maybe I can do a little meditation. Someone from the community donated bath balms, and the hospital volunteers are providing snacks and uplifting messages. Even 10 minutes helps to relieve the stress of the day.

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Time to gown up. What level PPE do I need? Do I use an N95 and a face shield, or can I use my safety glasses? What order do I put things on and take them off? I need to be careful. I don’t want to be exposed or expose others. I better check with my safety monitor.
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• Safety check.
• Enter patient room.

Time to prone my patient. It will take six people to do this safely. Current evidence shows that this makes a difference in patient outcomes.

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Going into the Year of the Nurse no one could have predicted that 2020 would have painted the best picture of nurses that it could through the most destructive of illustrations.

We saw the pandemic progressing before our very eyes. We saw families frantically coming to the realization that they wouldn’t be able to see their loved ones for the final moments of a losing battle.

We are teachers inside and outside of the hospital. We’re advocates for our patients as if they were our family, especially when their own families can’t be there. We handle adversity in an environment of ever-changing information and data with an adaptive nature that is absolutely essential to our job. We put our bodies on the line to fight battles that no one could ever understand.

Looking back on the year, I realize how much I’ve grown as a nurse. The attention of the world was focused on nurses, and, as always, nurses rose to the occasion and showed everyone watching why being a nurse is the most important job in the world.

Showing the world the strength of our nurses

By Connor Moore, BSN, RN

Grit is showing up every single day, no matter how hard it is, or how tired you are, or how scared you are. It is putting on PPE when the skin on your face is bruised and broken - when you can barely breathe, because you’ve been wearing the same mask, in the same patient room, for hours. It’s adding on an extra shift because we are desperately short on staffing. Not because you’re a martyr. Not because you think you’re invincible. You do it because your patient needs you. You are the only one who can be there for them, hold their hand and tell them everything is going to be OK (even if you’re not sure it will be). You do it because your colleagues need you. We are a team. We support each other, hold each other up.

Grit is holding your patient’s hand during their last breath, while their family desperately watches over Zoom. It’s holding back the tears and the fear and the fatigue to be strong for them: the family that just lost their loved one. It’s ignoring the fact that maybe you have a loved one in a similar situation. You can’t hold their hand. You can’t be there. They are alone, and so are you, in so many ways.

Grit is showing compassion when you have nothing left to give. It is smiling when it seems like there is nothing to smile about. It’s grit that brings you back every day, knowing that you can make a difference, even when you think it’s hopeless. Because all it takes is one smile, one genuine thank you through heart-wrenching sobs, that one patient that survives.

This past year has taught me how selfless we can be in the face of fear and uncertainty. The courage, passion and perseverance of our entire team of nurses, care partners, physicians, respiratory therapists and hospital support staff is second to none. The way our staff has pulled together to support each other and our patients is astounding.

Some may say that fear and adversity brings out the worst in people. But I have seen the opposite. The acts of kindness and selflessness that I have seen from my colleagues is what brings me hope, fuels my passion and yields my perseverance in this dark and uncertain time.

DEFINING GRIT

Facing fear and overcoming adversity

By Nicole Agee, MSN, RN, CCRN
THE YEAR OF THE NURSE

by KIM ROBINSON, BSN, RN, CCRN

and what a year it’s been
fear and uncertainty from the start
daily updates
hourly policy changes
so many questions
so many unknowns
fear and uncertainty weighed heavy from the start
sadness and grief
as the death toll rises
putting faces to the names
heartbreaking, heavy
doesn’t even do it justice
social and racial justice
lacking and essential
looking within and without to learn how i can
heal humankind, one person, one patient at a time
internalize and prioritize
starting with myself
making sure to rest when i can
putting mental, emotional, physical health first
knowing if i am unwell i am of no use
selfless and dynamic
while the work of a nurse is rewarding
the work of a nurse is tough
the work of a nurse takes patience,
strength, compassion, and smarts
especially during a pandemic
especially when dealing with covid
and each day
we came together
we worked together
we were in this together
management and committees cheered as we came to work
businesses paid for our lunches
7 o’clock bells and sirens rang in our honor

It’s nice to be recognized
It’s great to feel seen
then fear and uncertainty weigh heavy once more
and the policies keep changing
and the information keeps evolving
and the virus keeps mutating
this year has been an
eye opening
wild
scary
ride
and not just for nurses
for our families
for our friends
for our children
for lives lost
and each day
we came together
we worked together
we were in this together
this year
i felt grateful to be working at ucla
i felt cared for and thought of, supported and safe
i felt everyone was doing their best and striving to be better
that’s really all you can hope for in times like these
and now we wait
for the day
we can look back
and say
we did that
we got through that
together
Inventing creative & innovative solutions to improve patient outcomes
As we battled a novel coronavirus, our understanding changed by the day, sometimes by the hour. As critical new data emerged, the strategy evolved. Defeating COVID-19 would require quick pivots and flexibility. Patients flooded our emergency departments with never-before-seen symptoms. Nurses leveraged technology and looked to the global science community to guide their interventions. When solutions weren’t readily available, nurses innovated and adapted. When resources were scarce, nurses generated solutions to conserve PPE. As tests and vaccines were developed and approved, nurses opened testing sites and vaccination clinics. A year of redeploying, retraining and re-educating drove an environment of continuous change, and yet, nurses never wavered.

AGILITY, ADAPTATION & INNOVATION
In 2020, it quickly became apparent that COVID-19 preyed on those over the age of 65 and those with preexisting conditions. According to the Centers for Disease Control and Prevention, from Feb. 1 to Nov. 28, 80% of U.S. COVID-19 mortality occurred in people in this age group. Those 65 and older already account for more than 46% of UCLA Health hospitalized adults.

In March 2020, visitation restrictions were enacted in an effort to protect our elder and vulnerable populations. The balance between safety and quality of life amplified an existing problem for our elderly population: loneliness and isolation.

Approximately 25% of our senior citizens are affected by the epidemic of social isolation and loneliness. Lonely seniors have a 59% higher risk of physical and mental decline and a 45% higher risk of death as hospitals restricted family visitation. Nurses Improving Care for Healthsystem Elders (NICHE) championed intervention for non-COVID, non-isolation elderly patients. Through the clear mask, patients can see the face of their care provider, improving verbal and nonverbal communication.

Hospitalized elders often have complex medical conditions. To assist with identifying and communicating health care needs for this population, the NICHE team created a comprehensive geriatric screening tool that would automatically generate referrals for common conditions such as depression, nutrition, activities of daily living and hearing loss.

For one patient, this screening prompted an audiology referral. As the family gratefully noted: "Had it not been for the audiologist come and show us all the benefits of a pocket talker. As this patient transitioned to hospice care, the pocket talker enabled the family to have improved communication before the patient passed away.

The creation of the geriatric screening tool and other initiatives led by the NICHE team, Geriatric Clinical Nurse Specialists Anila Ladak, MSN, RN, CNS, GNP-BC, Fotine (Tina) Mamais, MSN, RN, CNS, GNP and Ansryan (Tina) Mamais, MSN, PHN, RN-GE, RO, Medicine clinical nurse specialist at Resnick Neuropsychiatric Hospital at UCLA, writes: "We were able to arrange for one healthy visitor to provide support for this vulnerable population. Patients smiled as they noticed a familiar face in unfamiliar surroundings. This allowed the team to provide patient-centered care and enabled further clinical care."

During COVID-19, a 112-year-old patient was admitted to RRUCLA. Mamais noted: "It was a magical moment spanning the generations. Many tears were shed during this unforgettable experience and connection that spanned the generations."

"The struggle to balance survival with all the things that make surviving worthwhile has never been so clear, with the COVID-19 pandemic forcing many to sacrifice social connections and therefore quality of life for life itself."

Julianne Holt-Lunstad, Health Affairs Blog, June 2020
Implementing the ENFit® Feeding System to Save Lives

Tube feedings are essential to maintain nutrition and promote healing for some hospitalized patients, but they can also present safety risks. As part of our commitment to patient safety, and in response to an international safety standard, UCLA Health transitioned to the ENFit® enteral connector system. This global safety initiative aligns with the UCLA Zero Harm culture by reducing the risk of medical device tubing misconnections.

Nurses leading the project included Laurie Reyen, MN, RN, CNOR, Michelle Tolentino, DNP, RN, CPN, NE-BC, and Kelsey Zwang, MSN, RN, CCRN-K. A multidisciplinary, system-wide team of key stakeholders was convened to help work through preparation and implementation steps of this change that affected the entire enteral feeding system. Key to the successful product transition was the coordination of education and training.

The Center for Nursing Excellence team was consulted to develop an education plan to support the initiative. Clinical Nurse Educators Shawn Aguirre, MSN, RN, CMSRN; Janine LeRoy, BSN, RN, CCRN; and Nursing Professional Development Specialist Kristine Traxler MSN-Ed, RN worked with Reyen to develop and deliver a comprehensive education plan.

An additional challenge during this time was the restriction of in-person classes due to COVID-19. The education team brainstormed to develop creative opportunities that encouraged active learning. A variety of educational strategies were implemented to meet the needs and learning styles of clinical nurses in a virtual environment.

Multiple super-user classes were taught via Zoom, including population-specific classes and one-on-one classes taught by the pediatric clinical nurse educator. The education team presented at venues such as unit staff meetings, Unit Practice Councils and the Evidence-Based Practice Council. These sessions gave clinical nurses the opportunity to ask questions and provide feedback.

Just-in-time education was provided through unit rounding by the team. Additionally, the education team collaborated with the Resource Team and trained 11 mobile super-users to support the transition and provide mobile awareness.

A “play station” was provided to allow demonstration of the new products and to engage participants in the learning activity. More than 797 nurses were educated.

To meet the needs of visual learners, UCLA Health also created a cleaning procedure video and a resource guide poster for the Department of Nursing website, in addition to other resources. This successful initiative illustrates the power of teamwork and collaboration among operational, clinical and educational leaders to assure quality and patient safety.
NEVER APART

How Bedside Tablets Brought Families Inside the Hospital

Connection, advocacy and engagement during the pandemic, these essential elements of patient care were jeopardized by visitation restriction, mandated masking and limited patient access. Restrictions on visitation and staff interactions caused feelings of extreme isolation, threatening patient outcomes and creating barriers for patient advocates. Nurses turned to technology to bridge the gap and reconnect patients, families and the health care team. As patient advocates, nurses connected loved ones virtually using tablets and smartphones enabling them to communicate and engage in decision-making. Through a partnership with IT, Zoom for bedside use was implemented as a secure, one-touch process on bedside tablets. Seemingly overnight, Zoom became the word of the day. It allowed patients to see the faces of their loved ones, increasing connections and reducing feelings of loneliness and isolation.

Units such as 6 NW at UCLA Santa Monica Medical Center invited patients and families to participate in interdisciplinary team rounds. This use of technology helped to alleviate fears, reduce exposure and maintain safety while improving communication, engagement and family connection.

The adoption of new technology also helped improve patient safety at Resnick Neuropsychiatric Hospital at UCLA (RNPH) where nursing staff perform rounds every 15 minutes to ensure patients are safe and that the environment is free from potentially hazardous conditions. RNPH implemented an Electronic Patient Rounding System (EPRS), operationalized on a tablet that communicates through a Bluetooth beacon worn by patients.

One benefit of electronic rounding is the ability to monitor compliance and consistency by generating reports. The team is able to identify staff who are performing exceptionally well and highlight their performance in weekly huddle messages. RNPH staff take great pride in keeping their rounding numbers and compliance rate high. Although a few studies outlined the use of a handheld device to perform patient rounds, there were no mechanisms to drive staff to the patient and no reporting capabilities. The RNPH New Knowledge and Innovation Council work group led by Bob Bencangey, MSN, RN, BC, CEN, clinical nurse educator III; Iris Mayoral, BSN, RN, BC, clinical nurse III; Alisa Monicayo, BSN, RN, BC, administrative nurse I; Chantal Hudak, BSN, RN, BC, clinical nurse III; and Isaac Pro, BSN, RN, clinical nurse II, drove the initiative to bring the EPRS to RNPH as a patient safety enhancement. Their poster presentation, “Feasibility of Implementing an Electronic Patient Rounding System (EPRS) in an Acute Inpatient Psychiatric Facility,” won first prize in the research category at the International Society of Psychiatric Nurses Conference in 2020, showcasing UCLA Health nurses’ ability to leverage technology for better patient experience.
When the pandemic started, we didn’t know where it was headed or how severe things would become. You learn about this in nursing school, but it’s hard to imagine actually experiencing a worldwide pandemic.

BARBARA PARENT, MSN, RN, CNL
GROWING A STRONGER PROFESSION THROUGH SHARED EVIDENCE-BASED PRACTICES

I there was one thing nurses could agree upon during the early stages of the pandemic, it was a feeling of fear. A virus that we still don’t completely understand had the ability to lurk silently in anyone we encountered. Who wouldn’t be afraid when their practice requires frequent and close contact with strangers?

Nurses, who feel most at home when among their patients, families and co-workers, were forced to change how they practice. We had to be innovative to maintain the unique connections that make us feel whole and that help heal our patients, and for some, the change was overwhelming. While new literature was published constantly, nurses were busy mastering new donning-and-doffing procedures and becoming Zoom experts. Patients without visitors transitioned from the exception to the norm, leaving nurses as the primary support systems for all of their patients.

We were fortunate not to be the very first to encounter this virus. Nurses all over the world already were doing what we do best – publishing findings and creating standards of practice for this new patient population. From individual case studies to multicenter trials, data was published and findings shared by the hour. The difficulties were in the interpretation and organization of these practice recommendations. Clinical nurse specialists, who focus on implementation of evidence-based practice, discussed how we could best provide this plethora of knowledge to the UCLA Health nurses. A small group consisting of Laurie Reynen, MN, RN, CNOC; Susan Polka, MSN, RN, CNS, CCRN-K; and Dana Wong, MSN, RN, ACCNS-AG, CCRN, CNRN, took on the task of reviewing the literature and creating practice recommendations to share with nurses across the system.

In some aspects of care, studies had yet to be reported and care around the globe was based on treatment of similar viral infections. For other practices, such as prone positioning, emerging evidence was demonstrating benefits to ward off intubation. Keeping up with the latest information meant last-minute updates to ensure accuracy.

On May 7, nurses collaborated with staff from the Center for Nursing Excellence to provide a live Zoom lecture titled “Nursing Management of the Patient with COVID-19 in the Acute Care Setting.” In some aspects of care, studies had yet to be reported and care around the globe was based on treatment of similar viral infections. For other practices, such as prone positioning, emerging evidence was demonstrating benefits to ward off intubation. Keeping up with the latest information meant last-minute updates to ensure accuracy.

Monica Pavon, BSN, RN, a clinical nurse on the NeuroTrauma ICU at Ronald Reagan UCLA Medical Center said: “We have come a long way since the early months of the pandemic. Through this trying process, we have grown closer as nurses, solidifying our roles as innovators, leaders and scientists.

Whenever possible, we root our practice in evidence. And when care is not yet clear, we grow our own roots through collaboration with experts that can be shared with nurses across the globe who join us in this battle against COVID-19.”

Having a collaboration of speakers with a variety of expertise in infection prevention allowed me to be more confident in my knowledge of COVID-19 and care for patients at the bedside. Knowing I have multiple resources for support is key to my overall nursing practice.”

MONICA PAVON, MSN, RN
Saving Sandy’s Smile

Leech therapy may not sound like ‘leading-edge’ care, but it has been proven to be very successful for postoperative patients who have venous congestion and vascular-impaired flaps. Leeches are often applied on digits, noses, ears and the scalp to increase blood flow in the area. The Medical Intensive Care Unit (MICU) had never encountered leech therapy until Sandy. Sandy, a young woman with no previous history of medical conditions, was admitted from another hospital in August with severe COVID-19 pneumonia. Her hospitalization was complicated with fever, high ventilator settings and requirements for extremely high doses of sedative and analgesic medications. During Sandy’s first month in the MICU, whenever the team attempted to wean down her sedation, her breathing became unsynchronized with the ventilator, requiring increased sedation to keep her stable. During those times, Sandy repeatedly bit her tongue and it became very swollen. After consulting with a head and neck surgeon, a bite block was placed and the endotracheal tube was repositioned frequently, but nothing seemed to ameliorate Sandy’s condition. Options such as a tracheostomy or the extraction of her teeth were considered, but neither plan was optimal. Eventually, the surgeons recommended an unexpected solution: treating Sandy’s swollen tongue with leeches to help relieve venous congestion.

After picking up two leeches from the hospital pharmacy the next day, two nurses, two respiratory therapists and multiple house staff gathered inside Sandy’s room. Nurses packed Sandy’s nostrils, ears and all the potential open areas in her mouth with gauze to prevent the leeches from migrating to unplanned places. It took a lot of efforts and a long time before the leeches – the team named Teddy and Lary John – latched on. The first session took about six hours, and after the initial treatment, Sandy’s tongue was less swollen and the color started to return. After six treatments, her tongue was close to normal size and there was no further discussion of extracting her teeth. The team was later able to complete a tracheostomy once Sandy’s lung function stabilized.

The use of leech therapy was such a rewarding experience for all the MICU staff. They were able to do something that helped their young patient, not only with her pneumonia, but also with the complications associated with her treatment. When they transferred Sandy back to her original hospital in the early fall, she was awake, alert and able to communicate with the team with a full set of teeth to complement her beautiful smile.

In response to the pandemic, the Stein Eye Institute (SEI) surgery schedule was reduced from approximately 30–40 cases per day to 1–5. The SEI overstaffed. I feel fortunate and thankful that UCLA Health offered us reassignment and that we had a choice in where we were deployed. No one from our department was furloughed or laid off. We were deployed throughout the system. SEI maintained a skeleton crew for the most urgent cases. A decision was made to combine our surgeries with the UCLA Ambulatory Surgery Center (ASC) to save on resources.

After two weeks at the ASC, I was assigned for redeployment. My first choice was to work on the infectious disease hotline, but also a few calls from my fellow colleagues, particularly because it was early on in the pandemic. This experience made me even more proud of being a nurse at UCLA Health and to be able to contribute to the pandemic effort in this way.
Nurse midwives play a critical role providing supportive care to women, from prenatals to labor/delivery and postpartum. They emphasize healthy practices during pregnancy and spend time getting to know their patients, their families and their hopes for labor and birth.

“We listen to their mental health stresses, we make sure they’re staying physically fit and we listen to any anxiety or fears about labor,” says Sacher. “We do a lot of hands-on things like counter-pressure for head or back pain during labor; we often hold their hand if they’re scared. We provide a lot more physical presence for them than our physician counterparts.”

Neela Hummel gave birth to her third baby, Tess, through the UCLA Nurse Midwives program in September. “I had a fantastic experience with every single one of them,” she says. “They’re all very kind, very straightforward, very knowledgeable and yet don’t speak down to you just because of what they know. They really let you feel like you’re in control of your pregnancy.”

“I look at the midwife as a gatekeeper,” says Dee Dee Dirks, MSN, CNM, a certified nurse midwife at UCLA Health. “We’re the ones there, trying to see what the birth hopefully will look like and providing the support that helps women feel protected to have a normal, healthy birth.”

“I like the fact that the midwives are still at the hospital, so if you do need something extra it’s readily available to you, and you don’t have to be transferred anywhere,” says Ashley Lloyd who was pregnant with her third child during the pandemic.

Shadman Habibi, MSN, CNM, a certified nurse midwife and supervisor of the UCLA Nurse Midwives Program, calls what the midwives do low-tech, high-touch. “We don’t do anything fancy — we’re just present,” she says. “And in labor we’re present talking, supporting, massaging, guiding and reassuring the mom that this is a normal process.”

Within two weeks of the stay-at-home order, clinic appointments had transitioned to telehealth, with in-person visits limited to one or two ultrasound labs. “Two of our full-time midwives started doing telehealth from home, almost immediately,” Habibi says.

Sacher, who headed the transition to telehealth, says in some ways it was a positive experience, as the nurse midwives were able to spend time with patients face-to-face, without a mask. “There’s something about being able to see facial expressions and being able to honestly and truthfully tell women what their ideal labor would look like and what’s reasonable to do during the pandemic.”

But with small successes came larger challenges. “Initially, as we all were trying to figure out what this looks like — I remember being on a call and wondering if COVID was seeping through the air system,” Dirks recalls. “We set up drills every 12 hours where we would practice what to do if someone came in symptomatic, what our PPE would look like.”

“Women were isolated in pregnancy, then isolated with a new baby,” she says. “Suddenly, no one can come to your home. We were sending home a baby with two people who were exhausted and saying, ‘Go manage it all by yourself!’”

Dirks says the supportive culture she’s experienced working at UCLA Health has been invaluable, personally and professionally. “I love working at UCLA, and the nurses we work with are such an extension of our care — it’s really the whole team,” Dirks says. “I’ve worked at several different hospitals and I really love the teamwork and the support that we can be to one another.”

Part of the midwifery model is trying to be sure we are touching base emotionally with people. We really carry our patients in our hearts.”

THE BIRTHPLACE OF COMPASSION

How UCLA Health Nurse Midwives adapted, sacrificed and renewed their commitment to supporting new moms

JENNIFER KARMARKAR

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THE BIRTHPLACE OF COMPASSION

How UCLA Health Nurse Midwives adapted, sacrificed and renewed their commitment to supporting new moms

BY JENNIFER KARMARKAR
Early one day in the spring of 2020, Mrs. J., a 52-year-old woman with a history of diabetes, was brought to the Emergency Department by her husband. She had developed fever, cough and chest pain, and was scared. She was placed on oxygen and soon received the news—she had COVID-19.

Mrs. J. was admitted to a medical-surgical unit and separated from her husband because of visitor restrictions. She was frightened as a nurse dressed in full PPE cared for her. The nurse eased her anxiety and reassured her that she was being closely monitored.

Suddenly, Mrs. J. developed chest pain and struggled for each breath. She was terrified, worried she might not survive. The nurse called the emergency response team, which immediately intervened and stabilized Mrs. J’s condition. Communicating calmly with her and the rest of the team members, the nurse transferred her to the ICU for a higher level of care.

Since the onset of the pandemic, nurses had to adopt new practices involving emergencies for COVID-19 patients. The tension and stress that normally accompany these infrequent events were now accentuated by the fear of infection, exposure and challenges in communication. After identifying the urgent need to amend the standard emergency response procedures, the goal was for team members to learn how to perform their specific roles to improve patient survival and reduce the risk of staff exposure during the emergency. Confidence and competency are results of preparation, training and analysis of patient care process steps enabling the team to deliver highly reliable care in any emergent scenario.

Nurse leaders collaborated with members of the interprofessional team of responders including critical care physicians and nurses, respiratory therapists, pharmacists, supervisors and the transport team. They revised the processes to ensure staff safety. Nurses practiced their roles using highly specialized equipment for simulation-based emergency response training and debriefing.

Members of the interprofessional team practiced together, making sure responders from all disciplines were competent and safe and that COVID-19 patients received the emergency care needed to maximize outcomes. The refined practices, carried out by a well-prepared team, made all the difference for Mrs. J. and those who cared for her.
Setting the stage for peak performance

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Sleepless nights. Endless reports. Daily changes. 24-hour coverage. As clinical nurses showed up for their patients, nursing leadership and UCLA Health leaders stood strong for nurses. UCLA Health leadership worked around the clock — and on the ground — to provide our nurses whatever was needed to continue the fight. Whether that meant championing safety measures, shifting schedules, modifying training and education or securing crucial supplies, leaders and nurses from all departments worked shoulder-to-shoulder, linking experience and expertise to protect our nurses and the community. This united front enabled our nurses to quickly implement promising new therapies, to advocate for their patients and to improve outcomes.
As new information about COVID-19 became available, nurse leaders partnered with experts to create and deliver education to our health care workforce to keep them safe while caring for patients infected with COVID-19.

The Command Center was in full swing when Chief Nurse Executive Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE called upon Lee Galuska, PhD, RN, NE-BC, executive director, Nursing Practice, Education and Research to partner with experts to meet the emerging staff education needs presented by the pandemic. Leadership needed to act quickly to ensure employee safety while delivering high-quality patient care.

Dr. Galuska mobilized Jessica Phillips, MSN, RN, NPD-BC, manager of Nursing Professional Development and the Center for Nursing Excellence team of nursing professional development specialists to design and deliver widespread online education on personal protective equipment and safety processes for staff taking care of patients with COVID-19.

Dr. Galuska and Phillips partnered with emerging infectious disease experts, clinical epidemiology and infection prevention specialists, and physician leaders to assure that the education met the needs of all health care workers and trainees in the system.

As the pandemic evolved so did the work of the agile, expert education team. They developed and implemented multiple Cornerstone educational modules on topics such as PPE Education, COVID-19 Vaccine Education, COVID-19 Vaccine Administration Education, COVID-19 Testing, and PPE Level 1 and 2 videos. Education was made available to more than 25,000 health care staff and trainees in English and Spanish.

Moreover, education modules were creatively converted to other platforms for external health care staff supporting the vaccine administration workforce, external participants and affiliates of UCLA Health and campus members who did not have access to the education through Cornerstone. Modifications of the education are continuing as the science, guidance, data and knowledge evolve.

The team also created visual guides for PPE, signage, FAQs and web-based information. Members of the Center for Nursing Excellence team, clinical nurse specialists and safety champions participated in rounds to provide just-in-time guidance and support. The education team’s nimble, skillful intervention enabled the UCLA Health workforce to safely fulfill its commitment to leading-edge care for the patients and communities we serve.
In this word cloud, we've featured common words expressed by our nurses in 2020 — words that encompassed worry and fear as well as hope and gratitude.
How Simulation-Based Education Prepares Teams for Real-World Emergencies

Simulation-based education allows health care workers to practice and experience high-risk, low-frequency scenarios and to learn the best practices for managing medical emergencies in a risk-free environment. With safety precautions in mind, the Center for Nursing Excellence (Center) team collaborated with clinical nurse specialists, clinical nurse educators, the Clinical Surveillance Team, unit leadership and other subject-matters experts in developing interprofessional simulation scenarios in different practice settings. Code blue in-situ simulations were conducted at the Ronald Reagan UCLA Medical Center and the Neuropsychiatric Hospital, as well as at inpatient and outpatient units with in-situ mock codes were used to provide high-quality simulation evaluations, participants reported that in-situ simulations increased their knowledge (100%), skills (97.4%) and self-confidence (95%); as well as helped to build critical-thinking skills (100%). In addition, 95% of participants enjoyed the simulation and will apply what they learned into daily practice. The Center remains committed to providing simulation-based education by offering in-situ and center-based simulation programs following the on-site training guidelines. The evidence supports this method for adult learning beyond emergency response preparation. It has become an integral component of our professional development programming, beginning with nursing orientation.

In alignment with our commitment to offering simulations at new hire orientations, while adhering to COVID-19 safety requirements, all scenarios were pre-recorded using iPads. Nurse preceptors and standardized patients acted as nurses, patients and family members in simulation. Scenarios were rehearsed to trigger behaviors and responses to elicit discussions to facilitate learning. Zoom meetings were used to allow standardization of patients to interact with learners in real time. To increase active engagement, debriefing sessions offered the opportunity for participants to practice essential clinical and communication skills relevant to the learning objectives. This creative approach enabled us to continue to use evidence-based best practices for learning throughout the pandemic.

In addition to the expansion and modification of simulation to promote learning, nursing educators innovated and adapted traditional approaches to continuing education for nurses and their colleagues. Throughout the COVID-19 pandemic, UCLA Health continued to provide high-quality continuing education courses. The Center program holds accreditation with distinction by the American Nurses Credentialing Center (ANCC) and has long-standing licensure by the California Board of Registered Nursing and the California Department of Public Health. A few notable 2020 highlights included:

- Conversion of education to online formats, including the 2020 Online Stroke Symposium - In the Stroke of Time, Oral Hazardous Drugs in the Non-Oncology Setting, and Improving Patient Outcomes
- Partnership with the emerging infectious diseases team and hospital leadership to develop mandatory COVID-19 education for all hospital employees, including COVID-19 PPE Education for health care workers and COVID-19 vaccine education
- Development of elective COVID-19 education, including Helping Our Patients to Survive COVID-19: Induced Sepsis, Nursing Management of the Patient with COVID-19, and Dying from COVID-19: Giving Meaning to the Loss
- Delivery of 715 instructor-led trainings, including 188 live sessions over Zoom
- Delivery of 820 education courses for Clinical Administrative Care Partners (CAPs) through behavioral health virtual training with a specialized vendor
- Access to hundreds of online learning courses through the Cornerstone Nursing Resources Page
- Continued commitment to specialty certification using virtual webinars. Notable highlights from 2020 include:
  - 142 UCLA Health nurses attended a certification review course
  - 119 nurses passed a certification exam
  - 56.19% of eligible nurses at UCLA Health hold a professional nursing specialty certification
  - ANCC Free Take program was launched to support oncology certifications
  - RNPH’s nursing education team (Bob Bencang, RN, RN-BC, clinical nurse educator III; Grace Freeze, MSN, RN, RN-BC, clinical nurse educator III; and Eleanor Tomas-Lagmay, Ed, PMHRN-BC, clinical nurse educator III and Dying from COVID-19: Giving Meaning to the Loss)

Participants reported that in-situ simulations increased their knowledge (100%), skills (97.4%) and self-confidence (95%).
In 2020, allaying fears and anxiety became a common thread in every human interaction. Being vulnerable to a higher risk of exposure to COVID-19 certainly created a new level of stress, but the staff showed up every day for others’ loved ones, our patients.”

SANDRA DEWAR, PHD, APRN, FAES
Re-Educating Nurses to Meet the Demands of Redeployment

In the spring of 2020, UCLA Health nurse leaders began proactively preparing for a potential COVID-19 surge in the fall or winter. It was important to ensure that we would have sufficient nurse staffing to meet the community’s need for critical care for patients with COVID-19.

One component of the contingency plan was to redeploy nurses from areas with reduced patient volumes to areas with greater staffing needs. This plan required orienting nurses with previous critical care experience to our Intensive Care Units.

Kathleen Feldman, MSN, RN, NPD-BC, to coordinate the re-education. One hundred and fifty nurses from the Cardiac Cath Lab, Interventional Radiology, and the PACU, with previous experience in critical care settings, participated in the program. The nurses completed online education on topics such as Care Connect documentation, intubation basics, ventilator management, proning of patients, arterial line basics, ICU pharmacology and ABG interpretation.

Orienting our nurses to the ICU without the added stress of an active surge enabled them to be fully engaged in the program. Preceptors graciously welcomed their colleagues into the ICU and took pride in supporting their orientation. Several preceptor-preceptor teams commented on how much they “enjoyed connecting with nurses from other departments and that it helped broaden their perspective of the entire health system.”

ADVANCING THE NEXT GENERATION OF NURSE LEADERS: THE CLINICAL NURSE MANAGER (CNM) FELLOWSHIP PROGRAM

The Clinical Nurse Manager (CNM) position was created to support UCLA Health nursing leadership and professional practice, with 15 CNMs hired in the phase one cohort. The CNMs share 24/7 management responsibility with unit directors and assist with daily operations, nursing unit clinical performance and staff compliance. The Center for Nursing Excellence team developed and launched a yearlong transition to practice CNM Fellowship Program in July 2020 to support the transition from Administrative Nurse II or experienced clinical nurse to a CNM role and to foster the development of nurse manager competencies.

The fellowship incorporates the American Organization for Nursing Leadership (AONL) Nurse Manager Competencies, the UCLA Professional Development Specialist Elizabeth Maister, MBA, RN, NE-BC, executive director, Nursing Practice, Education and Research, and Jessica Phillips, MSN, RN, NPD-BC, manager of Nursing Professional Development, for assistance with the orientation. Phillips appointed Kathleen Feldman, MSN, RN, NPD-BC, to coordinate the re-education.

Due to COVID-19 pandemic restrictions, the core content was delivered in 16 virtual afternoon sessions. Sessions were taught by subject matter experts and focused on essential leadership skills and managerial responsibilities.

To support the application of new leadership skills as they transitioned to a new role, the CNM Mentor Program was established to provide additional guidance and support for the CNMs. Chief nursing officers and senior unit directors were recruited to participate in the program as mentors. Each CNM was paired with a trained mentor from another service line to expose the CNM to different leadership perspectives. The mentor and mentee were encouraged to have a monthly 30-minute virtual meeting to discuss leadership practices. To connect session content to real life experiences, mentor program topic guides were provided to both mentors and CNMs to facilitate their discussion. The comments about the mentor program were collected from monthly mentor evaluations, with results showing that more than 60% of CNMs felt increased workplace satisfaction, decreased stress level and improved transition to practice by participating in the mentor program.

With continued efforts in hiring the CNMs, a second CNM cohort was scheduled for spring 2021. The CNM Fellowship Program continues to evolve to meet the organizational needs while providing support for CNMs to develop core competencies for effective performance.
EMPOWERING THROUGH SCIENCE

How Clinical Research Powered the Turning of the Tide

Conducting clinical trials is always challenging, but more so given the hurdles and uncertainties of caring for a patient population for which there is no clear treatment. At UCLA Health, several large-scale, robust scientific clinical trials investigating treatment efficacy and safety have been key in these gains. With collaboration among scientists, nurses, physicians, research coordinators, pharmacists and laboratory staff, clinical studies were activated in days and weeks compared to months. These trials included studies on pre- and post-exposure prophylaxis, drugs, diagnostic testing, risk assessment and surveillance, and vaccines. Hope rested on answering the most fundamental question: will this investigational drug work? Nascent COVID-19 treatments, such as remdesivir, lenitifinumab, tocilizumab, mavrilimumab, hydroxychloroquine, selenum and colchicine, were investigated in 20-plus clinical trials and expanded access studies with antiviral, immune and anti-inflammatory targets. Nurses assisted with this research while supporting high-quality direct patient care in inpatient and ambulatory settings. Research nurses worked alongside clinical teams and study personnel to coordinate clinical implementation of studies. Frontline nurses witnessed the informed consent process, administered investigational drugs and devices, collected biospecimens and monitored safety. Nurses also participated as subjects in observational studies focused on understanding COVID-19 incidence, clinical manifestations and risk factors among health care workers. Nurse-initiated studies explored the experiences, perceptions and resilience of nurses providing direct and psychological interventions to enhance coping and a sense of well-being.

The journey toward discovery continues to unfold. Concerted research efforts led to the approval of antiviral remdesivir as the first treatment for COVID-19, emergency use authorization of COVID-19 convalescent plasma, the launch of vaccines and evidence-based guidelines. Clinical and research nurse leaders continue to meet weekly to ensure that research is an integral part of COVID-19 inpatient care. UCLA Health developed clinical research infrastructure with nursing representation (e.g., the COVID-19 Scientific Feasibility and Prioritization Committee) to review and prioritize COVID-19 studies that involved UCLA Health patients, health care workers and resources.
COMMUNITY

Nurses and neighbors uniting to meet each other’s needs

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As COVID-19 raged through our hospitals, a wave of civil unrest swept our nation. It would have been easy to fear each other, to see the virus in the face of every stranger. Instead, nurses realized their role in protecting the community. To eliminate health barriers and create systemic solutions to social determinants of care, nurses formed an Equity, Diversity and Inclusion council. To address COVID-19 inequities, nurses ran testing centers in vulnerable areas to improve access to care. It was a way for an entire community to come together to say: “We’re all in this together, wherever we are — both inside the hospital clinics and outside on the streets of our neighborhoods.”
Dear Colleagues,

It is my privilege to serve as Chief Nursing Officer Ambulatory Care at UCLA Health. In today’s health care environment, most people receive care in ambulatory care clinics. The expansion of outpatient care services brings forth the growth of UCLA Health Ambulatory practices and makes the role of a nurse in ambulatory care even more important. Our nurses and medical assistants provide exceptional patient care and assist physicians in the clinics; they also guide our patients throughout their experience, ensuring they receive outstanding service in every location bearing the UCLA Health name.

2020 tested the strength of our skills and our will and our teams have grown stronger and closer. I am proud of the impact ambulatory nurses have had – from our efforts to provide COVID-19 testing to more than 1,000 patients per day to administering COVID-19 vaccines to our patients and the community.

As we journey toward ending the pandemic, the beacon of light provided by the nurses continues to guide us toward healing. As nurses, our commitment to protecting, promoting and improving health care for all is well recognized. Nurses in ambulatory care must possess strong clinical, education and advocacy skills and demonstrate the ability to manage care in complex organizational systems.

I want to issue personal thanks for all that you do to keep our patients safe. Through innovative approaches, you inspire all of us and positively influence the lives of patients we encounter every day.

Go Above and Beyond

Ambulatory Nurses

Go Above and Beyond

By Jennifer Karmarkar

As the county — and the nation — began a systematic shutdown on March 16, 2020, Ambulatory Care Nursing at UCLA Health was one step ahead, having opened its first testing site for COVID-19 a day earlier. That first site, at 2424 Wilshire Blvd., started out testing about 30 patients a day. Within weeks, that number grew to hundreds, and by June, at the peak of testing, more than 1,000 hospital-grade tests developed in UCLA Health laboratories were being administered daily.

From March to December, registered nurses at UCLA Health performed some 125,000 tests at four drive-thru sites, 65 primary-care and specialty-care offices and eight offices for pre-op patients. More than 150 nurses from across UCLA Health have worked to collect COVID-19 tests.

In early December 2020, new sites opened to provide monoclonal antibody infusions; later that month, a more hopeful phase of the pandemic began with the delivery of COVID-19 vaccines. Throughout the year, ambulatory care nurses put their own health concerns aside to serve their colleagues and their community.

“We’re in this together. We don’t have any patient-to-staff or staff-to-patient transmission of COVID-19, and I’m very proud of that,” says Quan Batiste-Brown, DNP, MS, CHCM, RN, NEA-BC, FABC, chief nursing officer of ambulatory care at UCLA Health. “The fact that all the nurses who are working under my direction are healthy, to me, is a great accomplishment.”

‘LOGISTICAL NIGHTMARE’

Imagine standing in the middle of an empty parking lot envisioning the workflow, traffic flow and temporary structures necessary to create a drive-thru operation that could safely test hundreds of patients a day for COVID-19.

That’s what Dr. Batiste-Brown and her team did during the early days of the pandemic. “It was a logistical nightmare,” she says. “We had to do something that had never been done.”

With lightning speed, the ambulatory care team pivoted to ramp up for COVID-19 testing. Daily drills were conducted to train nurses to don and doff personal protective equipment in a way that they would not contaminate themselves. Videos and training simulations were developed with the help of the infection prevention team, and daily huddles were conducted to review safety principles.

“Every step of the way we were focused on delivering care in the safest way possible, minimizing the time someone would come in contact with PUI — persons under investigation for COVID,” says Dr. Batiste-Brown.

As UCLA Health began shutting down nonessential services as a safety measure, nurses from across the system were redeployed to work at testing sites. Travel nurses were brought in from around the nation, contributing to the more than 250 registered nurses that had to be trained on how to safely perform COVID-19 tests.

Relationships were forged with real estate developers and building managers at testing locations where UCLA did not own the property. Fire marshals had to ensure fire lanes weren’t impeded. Infrastructure and technology needed to be built to do intake and document specimens before they were released to the lab.

“I had a limited amount of time on any one test. I was determined to get as many done as possible,” says Dr. Batiste-Brown.

In health care, change happens slowly,” Dr. Batiste-Brown says.
Our strength and the focus that we have to help our patients, keeps us going.”

TOYIN LAWAL, DNP, RN-CCTM
Director, Ambulatory Care Nursing

“What was unique with COVID testing and response was that decisions were having to be made and implemented on the spot. It forced us to be nimble, to manage stress, to be creative and to break down bureaucracy so we could rise to the challenge.”

Patients appreciated the testing effort, too, as evidenced in an email from a patient to his physician: “It was truly an A+ experience and made me proud to be affiliated with UCLA. The whole process and those nurses couldn’t have been more professional. You guys need to know you are doing a really great job.”

HIGH-STRESS ENVIRONMENT
“In the early days of the pandemic, information changed rapidly and misinformation was rampant, contributing to a heightened level of fear within the community. As word spread that UCLA Health had developed a proprietary COVID-19 test, it became highly coveted, which easily could have led to equity issues,” Dr. Batiste-Brown says. “These tests are important, and we’re using folks who have not worked together,” she says. “When you’re talking about team dynamics, bringing together people who work in different departments to move toward one goal in a short period of time is stressful in its own right.”

“To be able to create cohesion in an environment in which the patients were frightened they may have a life-threatening illness was enormously challenging,” she says. “We had to test whole families, children, parents, going through the process outside on a chair in the rain, because this was March, it was just really stressful.” Dr. Batiste-Brown says. Ambulatory care quickly transitioned from delivering care at in-person clinics to virtual visits online. Through telehealth, a physician could alleviate patients’ fears, talk to them about their symptoms and schedule a test. Within six hours, a patient could go from being symptomatic to having a video visit, showing up for a COVID-19 test and learning the results.

These were COVID-19-positive patients who were not sick enough to be hospitalized. Dr. Batiste-Brown explains, but had comorbidities or other conditions most likely to progress to an adverse outcome, nurses giving the infusions had to possess the skill set to monitor the patient for an anaphylactic reaction and to act quickly if the patient’s condition worsened.

And with limited doses, equity issues arose and a scoring sheet was used to determine which patients could receive the drug. “That was the theme in COVID,” Zanotti says. “How do we make the most ethical decisions with limited resources. It’s the first time in my 20-year career we were faced with those decisions, when you don’t have enough of something and multiple people need what you have.”

GOING ABOVE AND BEYOND
For the ambulatory care nurses, who often worked seven days a week for months on end, the demands have been relentless. “They’ve been going above and beyond, answering every call, every request for overtime, volunteering – even when I feel bad for asking them to work on the weekend, I don’t have to ask,” Dr. Batiste-Brown says. Dr. Batiste-Brown, who lost a family member to COVID-19, places great importance on having her team safely care for patients while also being mindful of taking care of themselves. “I rely on Jennifer and Toyin, the trust we have and the comfort to say, ‘I’ve had enough, or ‘I need a day off,’” she says. “If we’re not healthy and stable, no one else is. That’s what we do, because this is stressful, and this is a marathon, not a sprint.”

The delivery of vaccines in December marked a promising phase in the COVID-19 pandemic and ensuring they could put thousands of shots into arms quickly became the ambulatory care nurses’ new challenge.

Still, Dr. Batiste-Brown says, there is more work to be done. “We are moving as fast as we can to do what we can to make this pandemic go away.”

For Lawal, the ability to turn around a challenging situation and bring good outcomes has been her greatest reward this past year. “In my life I have a lot of challenges, but even with the pandemic, our strength and the focus that we have to help our community, to help our patients, keeps us going.”
In May, fueled by a growing awareness of systematic racism and the murder of George Floyd, people across the nation turned to protests and demonstrations against police brutality. As civil unrest spread across the nation and globally, nurses such as Michelle Santizo, MSN, RN, PHN, looked inward to identify the role of nursing in systematic racism and inequity.

As leaders in health care, Santizo and the nurses on the UCLA Health Professional Development Council strive to create structures that support a healthy work environment, eliminate barriers to care and improve population health. In June, Santizo and the council began a journey of self-assessment and action planning to identify and eliminate health care bias and disparity at UCLA Health.

Together with Erika Lorato, MSN, RN-BC; Adisa Cartwright, MSN, RN, RN-BC; Lora Johnston, MS, RN, NNP-BC; Kannitha Lor, BSN, RN; Jade Cruz, MSN-Ed, RN, RN-BC; Ai Jin Lee, MSN, AGCNS-BC, CCRN, RN; and Kemi Reeves, MSN, GNP-BC, Santizo presented a proposal to the Coordinating Council in September. The Coordinating Council unanimously agreed to support this change and the Equity, Diversity and Inclusion Council was formed.

As UCLA Health began system-level changes to address equity, Santizo advocated for a clinical nurse voice at the system level. She brought her concerns to Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE, chief nursing executive for UCLA Health, who connected her to Medell Brugg-Malonson, MD, MPH, chief of Health Equity, Diversity and Inclusion for the UCLA Hospital System. Through this collaboration, Santizo advocated for EDI clinical nurses to be included in the newly formed UCLA Hospital System Equity Council, and through this advocacy, nursing efforts are aligned with system efforts to strengthen and advance change within our health system.

Nurses are now positioned to serve our colleagues and our community by addressing issues of equity, diversity and inclusion in a structured, systematic manner. Nurses at UCLA Health will be at the forefront of change as we continue to advance the art as well as the science of nursing and provide exemplary nursing care regardless of race or gender, embracing our differences and supporting each other as a way to truly heal humankind, one patient at a time.
In 2018, nurses from the Structural Empowerment Council (SE) at UCLA Santa Monica Medical Center (SAMULAC) began hosting monthly education workshops at The People Concern, an organization that provides shelter and services to the homeless population. Recognizing the needs of this vulnerable population, nurses identified issues and developed workshops in collaboration with physical therapists and nutritionists on topics such as nutrition, skin care, hand hygiene, mobility, mental health, heart health and others. Unfortunately, the COVID-19 pandemic brought these workshops to an abrupt halt in March of 2020.

As lead of the Community Outreach subgroup in SE, Maria Straub, BSN, RN, CAPA, clinical nurse III, began brainstorming ways to continue the workshops while ensuring staff and patient safety during the pandemic. The workshops had been well-received since their inception, allowing nurses to build rapport with homeless patients. Straub did not want to lose momentum, especially during a time in which education on the pandemic would prove extremely important to the protection of the homeless population. Straub connected with her contact at The People Concern and discussed the idea of providing printed workshop content in folders and delivering them once a month. In June, Straub helped SE restart the educational workshops through the new printed format. The workshop that month provided information on the COVID-19 virus. The next few months consisted of lung health, decreasing stress and even a holiday celebration, complete with a special present from Straub: gift bags of adult coloring books, journals and UCLA-branded masks. The creativity of this effort illustrates the enduring commitment that UCLA Health nurses feel for the Santa Monica community.

Across the health system, nurses in the Professional Development Council (PDC) began a collaboration with The Giving Spirit, an organization dedicated to serving the homeless population on the streets of Los Angeles. Nurses from PDC and the SE council at each hospital began a letter-writing campaign for the homeless. Through this collaboration, nurses at UCLA Health provided letters of hope and encouragement that were placed in individual kits containing more than 70 items to be distributed to the homeless.

**HEALTH PROMOTION FOR THE HOMELESS**

COVID-19 has challenged the U.S. medical community and the public at large like few other crises in the history of our nation. Beyond the extraordinary death toll, the virus also has had a devastating effect on the mental health of children and adults. The Centers for Disease Control and Prevention reports that younger adults, racial/ethnic minorities, essential workers and unpaid adult caregivers experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation during the restrictions implemented by public health officials.

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**FIGHTING FOOD INSECURITY: CONFRONTING COVID-19 WITH CEREAL**

Food insecurity as defined by the U.S. Department of Agriculture is a lack of consistent access to enough food for an active, healthy life. According to the 2019 UCLA Health Community Needs Assessment, food insecurity is a concern for more than 30% of low-income adults within our service area. In 2020, this need was particularly concerning as the economy shut down and people lost jobs as a result of increasing rates of COVID-19. Since 2011, nurses from the Structural Empowerment Council at UCLA Santa Monica Medical Center have partnered with the Westside Food Bank to host an annual food drive. In 2019, the food drive became a systemwide effort to include nurses from Ronald Reagan UCLA Medical Center, Resnick Neuropsychiatric Hospital at UCLA and the ambulatory clinics. This partnership supports the local community by raising monetary and food donations to help those in need. With schools closed during the pandemic, many families who relied on school lunch programs were now reliant on the food bank. Cereal was soon identified as an urgent source of breakfast food for young children in the community. The Community Health and Outreach subgroup of the PDC consists of nurses from across the health system. In October, Maria Straub, BSN, RN, CAPA, clinical nurse III; Erika Loranzo, MSN, RN, BC, clinical specialist; Manny Machado, BSN, RN, BC, clinical nurse II; Stella Yu, BSN, RN, CCRN, clinical nurse II; Adina Cartwright, MSN, RN, BC, ambulatory practice coordinator, and Kelli Olavarie, administrative analyst from the Center for Nursing Excellence, collaborated to host the systemwide food drive with an emphasis on cereal boxes and cash donations. Obraz created a partnership with cereal manufacturer Post to secure a generous donation of nearly 1,000 boxes of cereal. The food drive ran from November to December, with members of the PDC constantly promoting the drive and raising awareness of what a small donation means to community members in need. Nurses from across the system surpassed their goal by collecting $3,500 in monetary donations and about 1,500 boxes of cereal, marking the food drive as a major success.

**NURSES PARTICIPATE IN MENTAL HEALTH AND MEDICINE GUEST SPEAKER PANEL**

COVID-19 has challenged the U.S. medical community and the public at large like few other crises in the history of our nation. Beyond the extraordinary death toll, the virus also has had a devastating effect on the mental health of children and adults. The Centers for Disease Control and Prevention reports that younger adults, racial/ethnic minorities, essential workers and unpaid adult caregivers experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation during the restrictions implemented by public health officials.

The CDC conducted surveys among adults age 18 and older across the United States from June 24–30, 2020. The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey was significantly higher among respondents age 18–24. Community-level interventions and prevention efforts, including health communication strategies, could help address mental health conditions associated with the COVID-19 pandemic. In an effort to continue to support the health and well-being of the local community, on Dec. 3, two Resnick Neuropsychiatric Hospital at UCLA nurses participated in a virtual Mental Health and Medicine panel hosted by Active Minds, a national nonprofit organization that supports mental health awareness and education for young adults.

Led by Ka Kit Hui, MD, director of the UCLA Center for East-West Medicine, the panel members included Sunnie Dishman, MSN, RN-BC and Kelly Castel, MSN, RN, PHN, along with Steven Jonas, MD, pediatric oncologist and Helena Vervaet, USC Keck School of Medicine student. The panelists offered their expertise regarding the state of mental health and medical care during the COVID-19 pandemic, in addition to personal anecdotes.

Despite the stress and anxiety many Americans experienced during the pandemic, the authors believe the experience of the pandemic was one of participation and a free exchange of thoughts and ideas, despite the limitations inherent in a virtual discussion. Dishman and Castel’s insights and experiences inform the discussion and served to highlight the crucial role nurses play in the health and well-being of their community. If the role of the psychiatric nurse is to educate, advocate and remove barriers to mental health care, this panel discussion served that role well.
Listening to my patient was part of the unwritten care plan. He thanked me that morning for having listened to him and for keeping him safe. He said it had been months since anyone had truly listened to him. Stories like these inspire me to show up to work, knowing I may encounter an opportunity to make a difference.”

SUSAN AQUINO COBAR, BSN, RN-BC
PATIENT ACCESS TO EDUCATION LEADS TO BETTER CHOICES

In health care, a knowledgeable patient or health care consumer is able to make informed decisions about their health and wellness. At the UCLA Health Center for Nursing Excellence (Center), we believe that empowerment begins with access to meaningful and timely health education and information. In our efforts to promote empowerment and equity, we strive to create and provide patient education content that is health literate and culturally competent, making it more accessible to members of the community.

As the Consumer Education Specialist for the Center, Jill Scherrey, MSN, RN, NPD works with clinical experts and a small team of education specialists to help provide patients and health care consumers the information they need for optimal health. Beginning in 2020, consumers the information they need to help provide patients and health care consumers is a testament to our resolve to inform and empower our community.

Other ongoing work includes health literacy editing and consultation for educational projects throughout UCLA Health, including the new Wellness Bundle Initiative for patients. The goal of the Consumer Education Development Team is to promote and facilitate the development and dissemination of world-class patient education throughout UCLA Health.

We see great potential in this area and are working with stakeholders to establish a robust patient education department at UCLA Health. In doing so, we will continue to strive toward greater health equity and empowerment for UCLA patients and our community as we help educate and facilitate informed decision making and healthy lifestyle choices.

The CEDT is currently working on the Cancer Care patient education project to develop new lymphoma and leukemia content for print and the web. This project includes a modular design and a storytelling library for patients to share their struggles and celebrations with others on a digital library. The library will be managed with help from UCLA Digital Marketing and housed on the web.

The year 2020 also gave us the unique opportunity and privilege to develop COVID-19 content for UCLA Health patients in the form of discharge instructions following a visit to a UCLA hospital, clinic, provider’s office or telehealth appointment. Patients in all areas were provided with information on how to prevent a COVID-19 infection and what to do if they or their loved ones got sick, including Frequently Asked Questions and other COVID-19 management scenarios. In addition, the Center was able to contribute to COVID-19 vaccine education efforts for all UCLA employees and patients throughout the UCLA Health community. Our ongoing effort to deliver rapidly evolving information about the pandemic and vaccines to our patients and health care consumers is a testament to our resolve to inform and empower our community.

Stories from the Front Lines as a Latinx Nurse

As a Latinx registered nurse working in one of the COVID units of UCLA Health, I have seen the names and faces of many of the victims and survivors. The “Garcias,” “Pedrozas,” “Martinezes” and the “Rodriguezes” form the majority of those for whom I have provided compassionate care. The types of occupations, the culture of economic responsibility, language barriers, health illiteracy, the separation or intermixing of generations under one roof, lack of access to quality health care, absence of an emergency fund, and the weight of stringent immigration rules are just a sample of the vulnerabilities of this treasured Angloeno community. One of my experiences involved taking care of an older Latinx gentleman who had been the caregiver of his wife of 55 years who suffers from dementia. My patient, whom I will call “Mr. Garcia,” was sitting on the edge of his bed, having had trouble sleeping. When I inquired, he began to describe his heartbreaking story.

Mr. Garcia had gone to the grocery store to get food. He became sick with COVID because of that outing. That night in the hospital one of his children had called him with a warning “If mom gets sick, I’m blaming you.” I made myself available to Mr. Garcia knowing I had appropriate personal protective equipment and tended to him the entire sleepless night.

As a nursing professional, I may not be able to change his family dynamic, but I know that listening to my patient was part of the unwritten care plan. He thanked me in the morning for having listened to him and for keeping him safe. He said he would pray for his wife to stay healthy, and that he would ask for help with groceries.

I had another experience with a middle-aged Latinx woman who was a housekeeper. She had been ill with shortness of breath, an incessant cough and was unable to complete sentences due to COVID-19 complications. She described her journey, moving from different clinics and emergency rooms, and now, she found herself not knowing if she would survive the infection. There was evidence of undertreatment as I spoke with her.

She told me her story of how she arrived in the United States. Her cough was much improved as observed by her ability to finish sentences without needing to catch her breath. Within the next two days, she was discharged. I was able to relate to her story because my mother was a housekeeper, and they are both from the country of Guatemala.

Stories like these inspire me to show up to work, knowing I may encounter an opportunity to make a difference.
Supporting the Next Generation of Nurses to Serve Our Communities

UCLA Health remains committed to the community as we collaborate in the development of the next generation of nurses. The Center for Nursing Excellence (Center) coordinates student clinical placement through strong academic-practice partnerships with schools of nursing locally and across the United States.

In the spring of 2020, the Center collaborated with the UCLA School of Nursing (SON) to ensure that UCLA nursing students could complete their clinical experiences in preparation for graduation or academic progression. SON Associate Dean Lynn Doering, PhD, FAAN, and Center Executive Director Lee Galuska, PhD, RN, NE-BC, convened members of their teams to explore options and formulate a plan for safe student experiences.

Nursing Professional Development Specialist Jade Cruz, MSN, RN, worked with UCLA Health nurse leaders and faculty colleagues to assign students to units not treating COVID-19 patients as well as to some nontraditional settings. To meet the clinical needs of the SON graduating MECN and BSN students the Center collaborated with the UCLA Health Care Coordination team. Students were assigned as care coordinators, assessing and meeting the needs of patients during care transitions and helping them navigate effectively through the health care system. One student from the collaboration said, “I appreciate the experience I had with the team. They are amazing!”

Through our academic-practice partnerships and affiliations, UCLA Health nurses have continued to support and advance the education of nursing students. We provided a total of 124,865 student hours in 2020. Our Johns Hopkins School of Nursing partner said, “Thank you for all of your hard work with placing our students in this challenging time.”

The Center team is immensely grateful for the support, patience and commitment of our nursing colleagues in providing a comprehensive learning experience for all students. We extend our heartfelt gratitude to all unit leaders and preceptors who willingly shared their time, talent and expertise to prepare students to attain their goals and transition into nursing practice in the future.
Leading with kindness for patients, families, colleagues & ourselves

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It was a scene that played out on a daily basis, all across the city: a UCLA Health nurse would kiss their partner’s head before leaving for work in order to take care of those people who couldn’t have their loved ones by their side. It’s strange to think of kindness as a weapon, but in the fight against COVID-19, the compassion of our nurses was perhaps their greatest asset. Sometimes it was nurses connecting patients with their families through Facetime. Sometimes, when the unavoidable happened, it was nurses comforting and supporting each other in respite rooms, offering shoulders to cry on until the tears ran dry. It meant cultivating compassion, even when their hearts seemed too exhausted to go on. Then they’d take a breath, adjust their scrubs and go back at it. Because there were more patients to save, more families in need of comfort, more colleagues to support.
When you’re living with severe, uncontrolled seizures, every day carries the potential for a worst-case scenario. This is only heightened during a pandemic. That’s why it was so important for the nurses of UCLA Health to attend to our patients and families affected by epilepsy.

Sandra Dewar, PhD, RN, FAES, is the clinical nurse specialist (CNS) for the Seizure Disorder Center at UCLA. Dr. Dewar manages the care of a population of adult patients with serious, chronic illness in addition to complex medical and psychosocial comorbidities. She plays an integral role in patient care and guides treatment decision making for patients undergoing surgical therapies.

The implications of COVID-19 for people with chronic epilepsy were unknown at the beginning of the pandemic. The stress of added uncertainty triggered worse seizures for many. In addition, precautions to avoid exposure to the virus disrupted patient care, leaving them to rely greatly on their close partnerships with the care team and, especially, the CNS.

A brief account of one young patient, “Tom,” illustrates the struggles of many living with epilepsy during COVID-19. Tom has a complex brain abnormality with drug-resistant seizures that impact his thinking and memory, and limit his social life. His needs for supportive care were high prior to COVID-19, but at the onset of the pandemic, he needed more comfort, validation and practical advice. He described increased seizures as “terrifying” and reported worsening of his obsessive-compulsive tendencies. The chronicity of his epilepsy frustrated his family, who live out of state and who he believes do not always understand his illness.

As COVID-19 rates increased, telemedicine became an asset to continuity of care, with the unanticipated benefit of seeing patients in their home setting. For Tom, however, deciding to undergo a complex brain procedure and trusting the surgeon to perform it based on a Zoom visit only heightened his feelings of anxiety.

What helped him, and so many others, feel more at ease was the source of strength and trust that they found in their relationship with Dr. Dewar. As a dependable, familiar partner in care, she provided explanations that lay the foundation for confidence in the surgeon, the team and the decision-making process. After a six-month delay due to COVID-19, Tom received his brain surgery. As fear and anxiety painted the landscape of 2020, specialized nurses such as Dr. Dewar remained constant, caring for the physical and emotional needs of patients and families with professionalism and compassion.
Jay had a loving family, but they could not be with him. His wife, adult son and grandchildren, also infected with the virus, were quarantined at home. They knew they couldn’t be with Jay as he was dying, which only increased their suffering. Even the Zoom link established in Jay’s room, a new process at that time, offered little comfort.

The 7 East (7E) nursing staff at Ronald Reagan UCLA Medical Center (RRUCLA) could relieve Jay’s physical pain and shortness of breath, but they wanted to do so much more. One night, his nurse and the charge nurse recognized that Jay’s journey was coming to an end. Jeannie Meyer, MSN, RN, CCRN, CCNS, PCCN, ACHPN, Palliative Care clinical nurse specialist, was rounding on the units, providing guidance and support to the nurses. Jay’s nurse reached out to ask if there was some memento they could offer to his family to ease their suffering.

Meyer was familiar with the 3 Wishes Program implemented at UCLA Health to help make the dying process dignified and individualized for patients and their families through the implementation of meaningful gestures, or wishes. Nurses recognize these small acts of kindness and compassion often have a profound effect on the patient, family and the staff.

Meyer went to the 4 Medical Intensive Care Unit (MICU) and spoke to the staff there, to seek help with the 3 Wishes process. She returned with fingerprint cards and pendants; a beautiful heart-shaped one for the patient’s wife and others for his son and grandchildren. Jay’s nurse went into the room and carefully took fingerprints. These mementos were mailed to Jay’s family along with a bereavement packet, which provided resources, support and comforting advice. When Jay’s family learned of this gift, they were tearful and grateful. Through the Zoom link, they were able to share in Jay’s final, peaceful moments. And they took with them a meaningful reminder of his life.

In addition to supporting staff on 7E, nurses in the MICU at RRUCLA continued their compassionate care for patients at the end of their life in their own unit. In April 2020, a homeless man was turned away from a local shelter for exhibiting COVID-19-like symptoms and, soon after, he experienced cardiac arrest on the side of the road by the shelter. He was brought to RRUCLA where he was admitted to the MICU. The MICU team worked tirelessly to stabilize the patient, but it was clear that his time was very limited.

The team started to search for the main next of kin and found out that his mother was in another shelter. With the help of a friend, she was transported to the hospital, but because the patient’s COVID-19 test results were still pending, she could not be allowed into his son’s room. It was a very difficult moment for the mother, and for the staff, who had to tell her that she couldn’t go inside to touch her son, to hold his hand.

After much discussion, the interdisciplinary team creatively facilitated the mother’s visit, but from outside the room. The glass door allowed her to see her son without the risk of exposure to the virus. She sat on a chair right outside his room, crying for the loss of her son. Nurses and physicians made sure she was not alone and often stood beside her in silence to offer support. The patient passed away and his mother was grateful to have had that time with him.

The MICU team was able to create a few keepsakes for this grieving mother through the 3 Wishes Program. This act of kindness provided a sense of closure for the staff, and they hoped it would do the same for her.

As the pandemic continued, the MICU staff unfortunately experienced more loss, but they continued to find ways to maintain human connection at the end of life. As the second surge of COVID-19 evolved, a father and son were both admitted to the hospital after being infected with the virus. The father recovered well and was able to be discharged after a few days. However, his son, “CZ,” had a history of lung transplants and other complications. He required care in the MICU.

Many of the nurses remember the day when CZ’s father called him on the phone to tell him that he was going home and that he would be there waiting for him to come home too. CZ started crying, begging his father to please take him home. It was a very emotional moment for everyone, and CZ required a lot of consoling and comforting from the nurses as he faced his continued hospitalization.

The MICU team was hopeful that CZ’s stay would be short and he would soon be home with his family. Unfortunately, CZ’s lung function deteriorated rapidly and despite all the treatment modalities, his condition continued to worsen. The day when CZ’s family decided to redirect his care to a comfort focus was a difficult one for both the family and the MICU team, as many of the nurses and doctors had grown close to him. CZ’s sister was able to be in his room as the end of his life approached. The nurses connected CZ’s father to the room via Zoom on a tablet so he could be a part of his son’s final moments. With his sister at his side and his father connected via technology, CZ passed away peacefully.

The MICU staff wanted to provide something tangible and meaningful for the grieving family. They focused on what brought joy to CZ and his family and found a way to celebrate his life. Having learned about CZ’s love for the Los Angeles Dodgers, the MICU staff created a word cloud with words describing him, such as “kind” and “loving,” in the shape of “LA” for his family to keep. This meaningful gesture helped them to find comfort in a time of great loss and tragedy.

As the pandemic continues, the compassion our nurses have for their patients brings light to the darkest days. The nurses of UCLA Health preserve hope and provide comfort by turning tragedies into touching memories for patients, families and each other.
2020 has been the biggest test to health care, especially in the acute care setting. I have witnessed nurses healing, creating and being so compassionate. We have risen up and provided care beyond our own expectations. Throughout the chaos and changes, we have supported and loved each other. I have never witnessed so much kindness. That is what the Year of the Nurse means to me."
WE’RE ALL IN THIS TOGETHER
Building Community through COVID Support Units

For the UCLA Health nurses on the designated COVID units, just going to work was an exercise in overcoming a daunting level of fear and anxiety. And yet, these nurses never wavered, finding comfort and strength in their solidarity.

The 4 Central Wing Intensive Care Unit (4CWICU) team along with the 5 Merle Norman Pavilion Intermediate Care Unit (5MN) team were among the first to care for COVID-19-positive patients at UCLA Santa Monica Medical Center. As preparation and surge planning evolved, the 4 North Wing Medical-Surgical Unit (4NW) was designated as the first official medical surgical COVID floor. Nurses from these three units had the monumental task of not only caring for their patients, but keeping up with policy updates to reduce the risk of infection for themselves, their families and their colleagues.

Complaining never crossed their minds. Instead, the nurses on 5MN made care packages for their sister COVID units, including snacks and notes filled with positive thoughts and wishes. They hand-delivered these tokens of appreciation to their colleagues on 4CWICU and 4NW, a small act of kindness to make one thing clear: we’re all in this together. That kind of solidarity, finding comfort and strength in their support to overcome the mental and physical exhaustion and provide world-class care to patients and families.

Finding Inspiration in the Bravery of Our Patients

Risking one’s life requires tremendous bravery and sacrifice. For a soldier or firefighter, it’s part of the job description. For a patient facing a serious illness, however, courage is part of the daily life description. To be brave in the face of COVID-19 means overcoming fear of the unknown, fear of pain and suffering, and fear of the potential loss of their life. In many cases, patients with COVID-19 were admitted to the hospital for weeks at a time. It meant an enormous amount of time to think and to worry, made worse by the extraordinary isolation from loved ones. These patients and their loved ones could only wonder when their symptoms would decrease, when their oxygen would increase, when their strength would return.

Unlike any other illness we’ve ever experienced, the devastating effects of COVID-19 were unpredictable and often stunning, rendering patients unrecognizable to their family, robbing them of their ability to walk, talk or live independently. Family members would ask, “When will my father get better? When will he not need oxygen?” Those were hard questions to answer because none of us knew how long the virus would persist for each patient.

In the face of such uncertainty, the bravery of COVID-19 patients battling for their lives continues to inspire me to be a better nurse and human. These patients are the true warriors on the front line of the pandemic and should all be applauded. It’s been my honor to be their nurse.
MAKING SPACE FOR WELLNESS

Converting Visitor Lounges into Respite Rooms

Over the past few years, organizations such as the American Nurses Association have placed great emphasis on nurses’ health and well-being. The regular day-to-day stress and demands a nurse undergoes can take a physical, emotional and mental toll, and may even lead to burnout and compassion fatigue. Promoting wellness in the workplace and providing resources to combat this fatigue was especially important in 2020, as the world battled against the COVID-19 pandemic.

For health care workers, the pandemic meant the added stress of not only having to worry about their patients but also their own friends and families. At the start of the pandemic, many nurses voiced fears of contracting the virus and unknowingly spreading it to their loved ones at home. More than ever before, nurses needed to feel supported.

UCLA Health recognized the importance of caring for the caregivers and began offering additional support. In April, Maria Madden, BSN, RN, NC-BC, UZT, began hosting Wellness Breaks in a boardroom at UCLA Santa Monica

Medical Center (SMUCLA). The conversion of this additional space into a respite room was more than necessary for staff. It created a safe space away from the unit to allow nurses and other members of the health care team an opportunity to decompress and reflect. Nurses could take time for themselves to heal and process whatever the shift had thrown their way that day. All staff were encouraged to use the respite room and all of its offerings, including guided meditations and essential oils for relaxation.

Simultaneously, at Ronald Reagan UCLA Medical Center (RRUCLA), nurses in two COVID units – 4 Medical Intensive Care Unit (MICU) and 7 East Medical Telemetry Unit (7E) – converted their unit’s visitor lounge into a respite room as well. Decorated with items such as inspirational quotes and nature pictures, the calm spaces allowed staff to practice self-care and recharge themselves. This dedicated wellness space was well-received by the unit staff.

Ida Anderson, MSN, RN, NE-BC, director of Adult Critical Care Nursing at RRUCLA, and Anthony Chan, MSN, RN, NE-BC, director of Medical Surgical nursing at RRUCLA wanted staff in all adult units to have access to respite rooms. They asked Kelsey Zwang, MSN, RN, CCRN-K, who was the assistant nurse manager of the 6 North Neuroscience and Stroke Unit, to support units with converting visitors’ lounges for each medical surgical and critical care unit into temporary respite rooms.

Zwang collaborated with Volunteer Services, the Spiritual Care department, Integrative Therapy and the Center for Nursing Excellence to collect donations for the respite rooms. Volunteer Services donated gift baskets consisting of positive quotes and snacks for each of the respite rooms. Zwang stocked the rooms with donated items such as prayer cards from the Spiritual Care department, essential oils from Integrative Therapy, LED candles, mantra cards and coloring supplies. The respite rooms were re-stocked weekly. Each unit personalized its space and staff were highly engaged in creating a meaningful, beautiful space for rest.

In June, Madden shared the respite room data and success to date at the monthly Professional Development Council meeting. Nurses from the Wellness subgroup made a new fiscal year goal to create permanent respite rooms across the health system so all staff could benefit from the wellness resource. To this day, passionate nurses continue to advocate for additional resources and collaborate with leadership to create an environment that promotes clinician well-being.
Celebrating and elevating our heroes

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Nurses don’t take the job for the kudos. For most nurses, their satisfaction derives not from winning awards, but from helping people. But when UCLA Health nurses do their job the only way they know how, the awards take care of themselves. And in 2020, the expertise and care shown by the UCLA Health nurses launched Ronald Reagan UCLA Medical Center into the top 2% of nursing practices, earning its fourth Magnet® designation, while UCLA Santa Monica Medical Center earned its second. When faced with a year unlike any in their careers, the nurses of UCLA Health exceeded the highest standards of care. No longer taking nurses for granted, neighbors gave smiles, head nods and expressions of gratitude.
Dear Colleagues,

Last year proved to be challenging on so many levels for us as individuals and as professionals on a global scale. Nurses faced some of the biggest challenges of their careers, and yet, you met these obstacles head on, in the face of adversity: THANK YOU! No wonder nursing maintains its rank as the most trusted profession.

Despite the pandemic, nursing at UCLA Santa Monica Medical Center excelled on many levels. We finalized our Magnet® application, participated in our first virtual site visit, and earned our second Magnet® designation. In addition, several of our departments earned prestigious awards. SMS emergency department earned the Emergency Nurses Association’s Lantern Award and 4MN Medicine received the American Association of Critical Care Nurses’ Facility Nursing Award. The NICU captured two major recognitions – their third time winning this award. The NICU also earned AACN’s Gold-level Beacon Award of Excellence. The NICU captured two major recognitions this year with Press Ganey’s Guardian of Excellence – their third time winning this award. The NICU also earned AACN’s Silver-level Beacon Award of Excellence. Joining the ranks of the 11 NICUs currently to hold this designation in the United States and becoming the only one in California, WOW! Congratulations to these departments that achieved these significant accomplishments.

Now that we have earned our second Magnet® designation, our focus remains on elevating nursing practice in our continual pursuit of excellence.

HONORING THE YEAR OF THE NURSE AND THE MIDWIFE

Florence Nightingale said, “It will take 150 years for the world to see the kind of nursing I envision.” Exactly 150 years later, in the midst of a pandemic, even she might have been astounded to learn just how prophetic she was.

UCLA Health nurses stepped up to the plate in countless and sellless ways throughout 2020. While the ability to celebrate and acknowledge their remarkable strength and service was curtailed by the necessity to social distance, it did not stop the STAR (Support Through Appreciation and Recognition) Team from finding new ways to honor UCLA Health nurses.

Some non-virtual events safely took place during traditional Nurses Week – May 6 through Florence Nightingale’s birthday on May 12. Thanks to the generosity of our donors, nurses throughout the system received treats, including specially designed cookies, tea and soft drinks in the cafeteria, and individual pizzas for night-shift pizza parties. Nurses were invited to fill up their cars with free gas during two Random Acts of Helpful-ness events at locations convenient to Westwood and Santa Monica.

Other events included flowers delivered to the units, gift bags of goodies delivered to Ambulatory nurses throughout the health system and ‘STAR Recognition Cards,’ which nurses printed and shared with their colleagues to express their personal appreciation. Our very own Florence Nightingale (who shares an amazing resemblance to Coleen Wilson, PhD, DPN RN, NEA-BC, director of Adult In-Patient Nursing at UCLA Santa Monica Medical Center) made special appearances throughout the week.

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As the World Health Organization designated 2020 as the Year of the Nurse and the Midwife, it was only fitting that some events took place both in May and again later in the year, including multiple ‘Stand Up for Health Care Heroes’ standing ovation events at both campuses. The May Nurses Week Blood Drive was so successful – with 72 nurse donations in one week – that it was repeated in August, bringing much needed supply during a critical time.

Though the awards ceremonies had to be delayed and virtual, they were no less moving. Honorees received flowers, certificates and more, and enjoyed videotaped unit celebrations, which were shared during the larger virtual ceremonies held in the fall. These included three facility Nursing Award ceremonies (RRUCLA, SMUCLA and RNPH), as well as the systemwide Daisy Award ceremony: Two new Daisy Award categories were added in 2020 – the Daisy Nurse Leader and Daisy Lifetime Achievement awards.

No doubt Florence Nightingale would be pleased to know that, in 2020, we celebrated the precise type of nurse she envisioned back in 1870.

The May Nurses Week Blood Drive was so successful – with 72 nurse donations in one week – that it was repeated in August.

K. David Bailey, PhD, RN, MBA, CCRN-K, NEA-BC, FACHE
Chief Nursing Officer, UCLA Santa Monica Medical Center
Zero Harm. This lofty goal is the gold ring of health care and one of UCLA Health’s strategic goals. Nursing excellence is a key component to achieving Zero Harm. It is the foundation for many aspects of the patient experience and patient outcomes. Despite numerous challenges in 2020, UCLA Health continued to outperform national benchmarks on key indicators of safety and quality. As we pursue the goal of Zero Harm, we celebrate the following accomplishments for 2020.

For the past two years, Ronald Reagan UCLA Medical Center (RRUCLA) units have outperformed national benchmarks for Hospital Acquired Pressure Injury (HAPI) Stage 2 and above, PIV infiltrations and timely response to the care of stroke patients. During RRUCLA’s recent Magnet® announcement, the ANCC Commission on Magnet® recognized these outcomes as exceptional examples of nursing excellence. Shortly after, the ANCC Commission on Magnet® recognized UCLA Santa Monica Medical Center (SMUCLA) for their exemplary practices related to patient outcomes and the patient experience. All of SMUCLA eligible units outperformed the national benchmark for HAPI Stage 2 and above for the majority of eight quarters. Those eligible units also outperformed the national benchmark for patient experience in three categories: Patient Engagement, Care Coordination, and Courtesy and Respect.

In addition to this validation of nursing excellence, the units listed here received Zero Harm awards, reflecting a full year of no central line bloodstream infections (CLABSI) or catheter-associated urinary tract infections (CAUTI).

**Zero Harm Awards**

- Ronald Reagan UCLA Medical Center
  - UCLA Santa Monica Medical Center

**CLABSI**

- 7ICU – Cardiothoracic ICU
- 6E – Surgical
- 7W – Cardiothoracic Telemetry
- 6W – Medical/Surgical
- 6N – Neurological
- 5NICU – Neonatal ICU
- 5PCTU – Peds Cardio/Thoracic
- 5EMS – Medical Telemetry
- 3NW – Orthopaedics
- 5NW – Geriatrics
- 6NW – Pediatrics
- NICU – Neonatal ICU
- 4ICU – Medical ICU

**CAUTI**

- 6N – Neurologic
- 7N – Cardiac
- 4NW – Medical/Surgical
- 5NW – Geriatrics
Recognizing Our Gracious Donors and Philanthropists

Now, more than ever, we need our nurses to have optimal opportunities and an environment to promote science, evidence-based practice and education. Philanthropy is a lifeline that enables us to achieve our goals and aspirations. From the beginning of the pandemic, the community has sought ways to express their support and appreciation for the dedication shown and sacrifices made by our nurses and clinical teams. The outpouring of gratitude included heartfelt letters and cards of support, as well as gifts of PPE, food and personal care items. The community also showed their support through monetary donations to UCLA Health Nursing. We are deeply grateful for their support, without which our mission’s important objectives would be unattainable.

Through our collaboration with UCLA Health Sciences Development, we began work on several new philanthropic programs. Development reached more than 3,000 donors during our end-of-year nursing philanthropy campaign.

Among these is our Give to UCLA Health Nursing webpage which provides easy and targeted access to donate to the UCLA Health Nursing Greatest Needs Fund. UCLA Health Sciences Development reached more than 3,000 donors during our end-of-year nursing philanthropy campaign and plans for future campaigns are underway.

In 2020, we were grateful for gifts large and small, including grants from the George Hoag Family Foundation and the Michael and Lori Milken Family Foundation. The generosity of these and all of our donors in support of Nursing’s greatest needs has provided the opportunity to develop an exciting program available soon to UCLA Health nurses. This program will be a funding resource in support of meaningful nurse projects and other programs in multiple areas that will benefit patients, staff and/or the community.

Funding could potentially support nurse-led initiatives and programs that promote health equity, diversity and inclusion; study and strengthen relationship-based care; and facilitate the adoption of evidence-based best practices for optimal care and outcomes.

We also are grateful for donors who have established scholarships and awards that recognize excellence and support educational advancement for nurses at all levels. Grateful patients, families and friends of nursing have expressed their appreciation by funding scholarships for those pursuing a career in nursing or seeking to advance their education and ability to serve our community. Others have established meaningful recognition for nurses who excel in practice, leadership, education or research.

Some have been unsure about the best way to express their appreciation and financially support nursing excellence. In the coming year, we plan to roll out our Thank You Grateful Patient Program. This program will simplify the process for patients and staff by providing guidance, written materials and contact information. Our Health Sciences Development team will assist grateful donors in expressing their appreciation in a way that is meaningful for them and the nurses at UCLA Health.

Current priorities on our philanthropic wish list include a state-of-the-art Center for Nursing Excellence learning space, ensuring that our nurses remain empowered with the training, experience and technology to bring forth new and meaningful evidence-based solutions. This new location would include cutting-edge simulation, computer and virtual reality labs, as well as the capacity for collaborative, convenient and timely training opportunities for real-world experience. Other priorities include enhanced scholarship opportunities, endowed chairs, nursing research and evidence-based practice programs, including best practices for health equity, diversity and inclusion. Patient and family education, research and engagement; local and international nursing partnerships; and enhanced recognition programs.

There are so many opportunities to support nurses in their pursuit of excellence in care and outcomes. UCLA Health nurses must be ready and willing to shape the future and challenge the status quo. It is imperative that we collaborate and create alliances to ensure that we remain at the forefront of leading-edge nursing practice, education and research as we care for our global community.

Your Gift to Nursing’s Greatest Needs Can Support

- [Named] Center for Nursing Excellence Learning Laboratory (with space for simulation, training, virtual reality, nursing innovation and more)
- Scholarship opportunities
- Endowed chair opportunities
- Nursing research and evidence-based practice programs
- Programs that promote and strengthen:
  - Health equity, diversity and inclusion
  - Relationship-based care
  - Community and international partnerships
  - Patient and family education and engagement
- Nurse recognition
- And more...

For more information about Nursing’s Greatest Needs or our Grateful Patient Program:

uclahealth.org/nursing/giving-to-ucla-health-department-of-nursing

Lori Gremel
Senior Director of Development
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I believe that this is our profession’s greatest moment. But the most important thing that I believe we, as nurses, can do for a frightened patient is to be present. I may not be able to provide the perfect words for a patient when they’re scared, but I can bear witness to their experience and extend a compassion and respect that goes beyond words. They know they are not alone.”

NATALIE WRAY, MSN, RN, CCRN
CELEBRATING A YEAR OF ACHIEVEMENTS

UCLA SANTA MONICA MEDICAL CENTER

February 2020
UCLA Health recognized on Forbes list of "Best Employers for Diversity" ranking #7 in CA and #21 in the nation.

May 2020
4MN - 2020 Silver-level AACN Beacon Award for Excellence.

June 2020
UCLA Mattel Children’s Hospital ranked nationally in 7 specialties in the annual Best Children's Hospitals assessment by U.S. News & World Report.

July 2020

UCLA Santa Monica Medical Center ED awarded Lantern Award by Emergency Nurses Association.

AHA Get with the Guidelines-Heart Failure Program Bronze Award.

2020 Practice Greenhealth Emerald Award.

2020 Practice Greenhealth Greening the OR Recognition.

August 2020
UCLA Health earned the highest medical technology designation available in the area of analytics, Stage 7, from the Healthcare Information and Management Systems Society (HIMSS).

Zero Harm Achievement from August 2019 - August 2020 (CAUTI-4NW & 5NW; CLABSI-3NW, 5NW, 6NW, NICU, 4CWICU).

September 2020

October 2020
UCLA Health earned 2020 College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired recognition in Level 9 for both Acute and Ambulatory categories.

UCLA Health ranked #7 among Top 100 Best Hospitals to Work For by Hospital Careers.

UCLA Health awarded Myra Bradwell Award by the Women’s Lawyers Association of Los Angeles.

November 2020
2020 NICHE and ABIM Foundation Choosing Wisely® Trailblazer award.

2021 Healthgrades Award - America’s 50 Best Hospitals.

January 2021
UCLA Santa Monica Medical Center awarded 2nd Magnet® designation.
4th ANCC Magnet® Designation for Nursing Excellence

Ronald Reagan UCLA Medical Center has been recognized a fourth time by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. This latest designation for nursing excellence moves the hospital into an elite group of health care organizations to have been Magnet-recognized four times. Fewer than 10% of health care organizations out of nearly 6,200 nationwide are Magnet-designated facilities, and fewer than 2% have received the honor four times.

Best Children's Hospitals

U.S. News & World Report 2020-2021

UCLA Mattel Children’s Hospital ranked among the best in the nation in seven pediatric specialties for 2020-2021.

Best Hospitals Honor Roll

US News & World Report 2020-2021: #1 in Los Angeles and California and #4 nationally - July 2020

For 31 consecutive years, UCLA Health has appeared on the national honor roll, a distinction reserved for only 20 hospitals that provide the highest quality care across an array of specialties, procedures, and conditions.

World’s Best Hospitals (top 100)

Newsweek 2020

UCLA Health was ranked #50 among the leading hospitals on Newsweek’s 2020 World’s Best Hospital list. The hospitals are ranked based on recommendations from medical experts, including physicians and other health care professionals; patient survey results and medical key performance indicators from a variety of public sources.

Healthcare Information and Management Systems Society (HIMSS) stage 7 designation for medical technology analytics - August 2020

UCLA Health has earned the highest medical technology designation available in the area of analytics, Stage 7, from the Healthcare Information and Management Systems Society (HIMSS) - August 2020. When combined with two previously achieved HIMSS Stage 7 awards - Electronic Medical Record Adoption Model (EMRAM) and Outpatient/Laboratory Electronic Medical Record Adoption Model (O-EMRAM) - UCLA Health becomes one of only five organizations worldwide to receive Stage 7 designations in those three areas.

2020 Vizient Quality and Accountability Scorecard

Ronald Reagan UCLA Medical Center was one of only 14 academic medical centers (from 100 academic medical centers across the country in the 2020 Vizient Quality and Accountability Scorecard) to achieve Best Performer Status and a five-star ranking. Ronald Reagan UCLA Medical Center was in the top 13 and UCLA Health Santa Monica Medical Center was in the top 20.

Top 100 Best Hospitals to Work For by HospitalCareers

UCLA Health ranked #1 among the Top 100 Best Hospitals to Work For by HospitalCareers. The hospital rankings are based on a combination of factors including number of nationally ranked specialties in U.S. News & World Report, Glassdoor ratings, Indeed employee ratings, Joint Commission's accredited program, certification, and advanced certification numbers, Leapfrog safety ratings, and organizational benefits provided for employees, including flex scheduling opportunities, medical and life insurance and number of retirement benefits.

Best Employers for Diversity, Forbes 2020 - UCLA Health

For the second consecutive year, UCLA Health made the Forbes list for “Best Employers for Diversity” - ranking #7 in California (up from #8 last year) and #21 in the nation (up from #25 last year) – across all industries.

Practice Greenhealth Top 25 Hospitals in the Country Award

2020 Women’s Choice Award for America’s 100 Best Hospitals for Patient Experience

Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center received the 2020 Women’s Choice Award for America’s 100 Best Hospitals for Patient Experience. Ronald Reagan UCLA Medical Center was awarded in obstetrics and stroke care. UCLA Santa Monica Medical Center was awarded in obstetrics and stroke care. The Women’s Choice Award for Best Hospitals is the only designation that takes solely into consideration the preferences of women.

2020 College of HealthCare Information Management Executives (CHIME) Digital Health Most Wired recognition

UCLA Health earned 2020 College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired recognition in Level 9 for both Acute and Ambulatory categories. The mission of the CHIME Digital Health Most Wired program is to elevate the health and health care of communities around the world through the optimal use of information technology. This is the eighth consecutive year UCLA Health has received these performance excellence awards.

Newsweek “World’s Best Specialized Hospitals”

Newsweek announced UCLA Health as one of the World’s Best Specialized Hospitals, earning accolades as best hospital in cardiology, oncology and endocrinology. The ranking features the top 200 hospitals in both oncology and cardiology and the top 100 in endocrinology.

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2021 ANNUAL NURSING REPORT

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Human Rights Campaign

UCLA Health earned “LGBTQ Health Care Equality Leader” designation from the Human Rights Campaign Foundation (HRC). The designation was awarded in the HRC’s annual Healthcare Equality Index (HEI), an LGBTQ benchmarking tool that evaluates health care facilities’ policies and practices related to equity and inclusion of LGBTQ patients, visitors and employees.

Forbes’ America’s Best-In-State Employers 2020

UCLA Health has been recognized as part of the Forbes’ annual list of America’s Best-In-State Employers 2020, which pinpoints organizations highly recommended by their employees in its second ever ranking of America’s best employers by state.

Los Angeles Magazine 2020 list of “top doctors”

More than 200 of our UCLA Health physicians were named to Los Angeles Magazine’s 2020 list of “top doctors,” a guide to outstanding physicians from every specialty based on a peer-to-peer survey of practicing physicians in Los Angeles County who identify the doctors they consider to be the best in their field of practice.

RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA

June 2020

Chantal Hudak, BSN, MA, RN-BC was selected as one of 30 students nationwide to receive the 2020 APNA Board of Directors Student Scholarship for her exceptional work as a nursing student.

Bob Bencanegy, MSN, RN-BC, CEN; Iris Mayoral, BSN, RN-BC; Alisa Monicayo, BSN, RN-BC; Chantal Hudak, RN, RN-BC; Isaac Pro, RN, presented the poster Feasibility of Implementing an Electronic Patient Rounding System (EPRS) in an Inpatient Psychiatric Facility at the 2020 UCLA SON Research Days Virtual Event.

Elijah Wells, MSN, RN completed his Evidence-Based Practice Residency Project on Improving Communication Using Visual Aids.

Maria Allyza Afable, BSN, RN completed her Evidence-Based Practice Residency Project on Human Attitude for Patients with Dementia.

October 2020

Jacob Merkel, MSN, RN-BC; Isaac Pro, BSN, RN; Leilanie Ayala, MSN, RN, PMHCNS-BC, PHN, presented Finding Serenity at Work poster at the 2020 APNA Annual Conference.

Iris Mayoral, RN, RN-BC; Eleanor Tomas-Lagmay, MSN, RN-BC presented their poster Integration of Proactive Toileting in Geri-Psychiatric Unit’s Fall Prevention Bundle at the 2020 APNA Annual Conference.

Erika Lozano, MSN, RN-BC, Manny Machado, BSN, RN-BC volunteered at the Food Bank with APLA Health to provide groceries to over 1200 clients who live on limited income.

November 2020

RNPH partnered with the Westside Food Bank Food Drive to collect over 120 boxes of cereal and additional monetary donations.

December 2020

Gloria Young, MSN, RN’s abstract on impact of CBT-I Related Techniques on Sleep Quality in Psychiatric Inpatients was accepted for a poster presentation at the 2021 National Evidence-Based Practice Conference.

Rupert Kelly Castel, MSN, RN, PHN; Sunnie Dishman, MSN, RN-BC were invited to participate on the UCLA Active Minds’ Mental Health and Medicine Panel for a Q&A with undergraduate students.

NEW FRONTIERS OF KNOWLEDGE

Our 2020 Presentations, Publications, Awards and Recognitions

SELECTED PRESENTATIONS

Lianna Z. Ansrany, MSN, CNS, PHN, RN-BC; Kathleen Vollman, MSN, RN, CCNS, FCN, FAAN; Elissa Brown, MSN, CNS, RN; Maricla Cornell, MSN, APRN, RN-BC, ACNS-BC, CEN, TCRN; Chantal Tuth, MSN, RN, ACCNS-AG, CCRN.


Ronald Reagan UCLA Medical Center

Leilanie Ayala, MSN, RN, PMHCNS-BC, PHN, presented the poster Feasibility of Implementing an Electronic Patient Rounding System (EPRS) in an Acute Inpatient Psychiatric Facility at the 2020 UCLA SON Research Days Virtual Event.

Anila Ladak, MSN, RN, CNS, GNP-BC; Valerie Yeo, MSN, RN, CNS, GNP-BC, NE-BC; Nadia Akram, MSW.


UCLA Santa Monica Medical Center

Meg Furukawa MN, RN-BC, CNS; Mari Akre PhD, RN, NEA-BC, CPHIMS.


UCLA Health System
**SELECTED PUBLICATIONS**

**Iris Mayoral, BSN, RN-BG; Eleanor Tomac-Lagnay, BSN, RN-BG; Leanne Lamb, BSN, RN-BG; Emma Rimalur BSN, RN-BG.**

Integration of Proactive Toileting in Geri-Psychiatric Unit’s Fall Prevention Bundle. American Psychiatric Nursing Conference. Lake Buena Vista, Fl. 9/30/2020-10/3/2020. (Poster)

Resnick Neuropsychiatric Hospital at UCLA

**Jeanette (Jeannie) Meyer, MSN, RN, CCRN-K, CCNS, PCN-K, ACHPN; Mary Lawson-Walker, MSN, RN, CNS, NP, CCRN.**


UCLA Health System and UCLA Santa Monica Medical Center

**Alex Monin, BSN, RN, PCCN; John Silverlake, BSN, RN, PCCN; Kimberly Bennett, MSN, RN; Mat Haslin, BSN, RN, PCCN; Nancy Tran, MSN, RN, PCCN; Sabrina Mone, BSN, RN, PCCN; Sara Kusumoto, BSN, RN, PCCN.**


Ronald Reagan UCLA Medical Center

**Jessica Pancio, BSN, RN-BG; OCN, GRN, UZIT; Heather Hahn, MA, ACCP, GPCL, UZIT.**


UCLA Santa Monica Medical Center

**Rae-Nicole Rios, BSN, RN; Sarah Stephens, BSN, RN; Megan Weisbart, MSN, RN, CNE, PHN.**


UCLA Santa Monica Medical Center

**Bryan Villarreal, BSN, RN, CCRN, SCRN; Kevin Brown, ARRT, CT; Kenny Harrell; Jeffrey L. Saver, MD; Mersedeh Bahr Hosseini, MD; Lucas Restrepo-Jimenez, MD; David S. Liebeskind, MD; Clayton Kazan, MD; Nicole Bosson, MD; Wonil Lee, MD, RN; Huubier Pieters, PhD, RN.**

Integration of Proactive Toileting in Geri-Psychiatric Unit’s Fall Prevention Bundle. Epilepsy and Behavior 2020; 109: 107099.

Ronald Reagan UCLA Medical Center

**Melissa Connor, MPH, BSN, RN, CEN; Kate Hurley, MSN, RN, CEN; Margaret Arm- bruster, MSN, RN.**


Ronald Reagan UCLA Medical Center

**Sandra Dewar, PhD, APRN, FAES; MarySue Heilmann, PhD, RN, FAAN; Engel J. J. MD, PhD; Ennico Lee, PhD, RN; Huubier Pieters, PhD, RN.**

Integration of Proactive Toileting in Geri-Psychiatric Unit’s Fall Prevention Bundle. Epilepsy and Behavior 2020; 109: 107099.

Ronald Reagan UCLA Medical Center

**Jennifer Ellingson, DNP, NNP-BC, CPNP; CNP; Jenny Solano, MSN NNP-BC; Mary Wyckoff, PhD, NNP-BC, CCNS, FAANP; Bonnie McCracken MSN NP-BC.**


Ronald Reagan UCLA Medical Center

**Meg Furukawa, MN, RN-BG; Lisa Harrison, BSN, RN-BG; Yvonne Mapford, MSN, RN-BG; Ellen Poltrack, MSN, RN-BG; Shesha Selsky, MSN, RN-BG; Donna Wellbaum, MSN, RN-BG.**


UCLA Health System

**Ajay K. Gupta, MD, MRCP, PhD; Han Jneid, MD; Daniel Addison, MD; Hossein Ardebali, MD, PhD; Amelia K. Boehme, PhD, MSPh; Sanket Borgaonkar, MD; Romain Boulestreau, MD; Kevin Clerkin, MD; Nicolas Delarche, MD; Holf A. DeVon, PhD, RN; Isabella M. Grumbach, MD, PhD; Jose Gutierrez, MD, MPH; Daniel A. Jones, MBBS, MRCP, PhD; Vikas Kapil, MBBS, PhD; Carmela Maniero, MD, PhD; Ampad Mentias, MD; Pamela S. Miller, PhD, RN, ACNP, CNS, PNP; Sher May Ng, MBBChe, MA, MRCP; Jai D. Parekh, MD; Reinaldo H. Sanchez, MD; Konrad Teodor Sawicki, MD; Anneline S. J. M. te Riele, MD, PhD; Carol Ann Remme, MD, PhD; Barry London, MD, PhD.**


UCLA Health System and UCLA School of Nursing
SELECTED AWARDS, RECOGNITIONS AND GRANTS

Lee Galuska, PhD, RN, NE-BC; Brenda Bursch, PhD.

UCLA Health System

Chai-Chih Huang, MSN, NE-BC; Vanessa Torres, MSN, RN; Eufemia Jacob, PhD, RN.
Challenges and Lessons Learned From Short-Term Medical Service Trips in Global Communities. The Journal for Nurse Practitioners. 2020; 16: 573-577.

Ronald Reagan UCLA Medical Center and UCLA School of Nursing

Stephanie Jackson, MSN, RN, ADCNS, BMTCN; Jocelyne Densig, MSN, RN, BMTCN; Lauren Fujiwara, MSN, RN.

Ronald Reagan UCLA Medical Center

Zachary C. Madison, MD; Sitarani Vanpala, MS; Grace Sund, MSN, RN, CNS, CPNP, CPION; James A. Lin, MD.

Ronald Reagan UCLA Medical Center

Mae de Vera Reyes, MSN, RN; Janeen Gaul, MSN, NNP-BC; Emily Rodriguez, ADN, RNC-NIC; Lindsay Calac, BSN, CCRN; Renee County, BSN, CCRN; Brittnie Hanks, BSN, CCRN; Silyung Kim, ADN, CCRN; Chandni Patel, BSN, CCRN; Lauren Muquerra, BSN, CCRN; Anahit Sarin-Gulian, MSN, RNC-NIC, NE-BC.

Ronald Reagan UCLA Medical Center

Coleen Wilson, DNP, RN, NEA-BC; Lee Galuska, PhD, RN, NEA-BC

UCLA Santa Monica Medical Center and UCLA Health System

Alyson Takeauka, HSc; Meredith Vanslone, PhD; Thanh H. Neville, MD, MHS; Sophia Goksoyr, MSN, KSN; Marilyn Swinton, HSc; France J. Clarke, RRT; Dria M. Smith, PhD, RN; Allana LeBlanc, MScN, RN; Denise Foster, RN; Yukian Kao, MSN, RN Xueqing Xu, MSN, RN, CCRN, GCNS-BC, NE-BC; Neala Hoad, RN; Feli Toledo, MDv; Deborah J. Cook, MD, MSc.

Ronald Reagan UCLA Medical Center

SELECTED  AWARDS, RECOGNITIONS AND GRANTS

Bob Bencaney, MSN, RN-BC, CEN; Iris Mayoral, BSN, RN-BC; Alissa Moncayo, BSN, RN-BC; Chantal Hudak, BSN, RN-BC; Isaac Pro, BSN, RN.

Resnick Neuropsychiatric Hospital at UCLA

Betty Lee, RN, N, RN, CNS, CMSRN; Kristian Del Rosario, RN, BC; Cecil J. Byron, RN, BC, DNP, MSN, NEA-BC.

UCLA Santa Monica Medical Center

Michele Maines, MSN, MSG, RN, CNL; Catherine Gabster, MSN, RN, CNL, CNS; Tara Goldberg, MSN, RN, CAPA, CPHQ; Ashlee Perresoli, BSN, RN, CNOR; Linsley Weigt, MSN, RN; Kimberly Tornamov, MSNBA, RN, CPHQ, NE-BC.

Ronald Reagan UCLA Medical Center and UCLA Health System
In their own words: Nurses share reflections inspired by their patients & each other
As we reflect on the year, on its challenges and tragedies, we recognize that the darkness is not permanent. The unbearable loss has given way to gratitude for life, for our colleagues and for the science that offers hope for a better tomorrow. Yes, we’re grateful to have flattened the curve, but more than that, we’re thankful for the strength and teamwork that helped us to endure and overcome incredible grief, from darkest night to the break of dawn, a return to normalcy and a brighter future.
As you read this report, I will have entered into retirement. As I reflect back on a 48-year career and the varied jobs I have held at some of the best hospitals in the world, it becomes apparent to me that it is not so much the accomplishments or failures I remember (and there have been both), but the people.

In every case, it is the people who advocated for patients and peers and for doing the right thing. These are the people who taught me that micromanaging kills creativity, and to trust that, if left to their own devices, the staff will surprise you with the things they achieve. They taught me that sometimes it is OK to buck the system if it needs to be bucked. They also taught me to give praise when praise was deserved. And they taught me that it was OK to make mistakes — that it was good to see the boss was human.

The staff here at Resnick Neuropsychiatric Hospital at UCLA have taught me what it means to be courageous. I thought I could not have been prouder of them after achieving Magnet® designation. Then the pandemic struck. Despite the risk of contracting a potentially fatal disease, the staff bravely and resolutely came to work each day. They cared for our patients and cared for each other. Some contracted the virus, recovered and came back to work.

So yes, I am even more proud of them now. I believe that the pandemic will soon be a bad memory and that everyone will resume the lives they have put on hold. It is a good time to retire and a good time for a fresh start for all of us.

It is a time of hope.

Pat Matos, DNP, RN, NEA-BC
Former Chief Nursing Officer
Resnick Neuropsychiatric Hospital at UCLA

A Note of Reflection

POEM
WE, NURSES
BY CHRISTOPHER M. LEE, BSN, RN

In the midst of adversity,
We, nurses, stayed strong.
With acts of caring and kindness, we shined bright during this year of darkness.
Exuding strength and confidence, our nurses have braved past fear and uncertainty.
And as we witnessed the arrival of unexpected changes,
We, nurses, remained adaptable.
Through the excellence of our practice and innate compassion,
We remained unwavering champions for our patients during their darkest moments.
Despite hardships,
We, nurses, were resilient.
—
Our commitment to heal and protect remains steadfast.
And with great determination, we will continue on
To ensure the health, safety, and future of our community.
As we reflect on this past year and look forward,
We, nurses, are strong.
We, nurses, are adaptable.
We, nurses, are resilient.
—
We, nurses, are hopeful.

POEM
DAILY LIGHT
BY A TE PATIENT, WRITTEN FOR THE STAFF

Nights can be long, lonely and scary... You provide light.
Uncertainty about the future, You provide the candle of hope.
The universe created nurses because They are so much more than their title. They are more powerful than Superheroes.
They can turn tears to joy, sorrow to love And loneliness to comfort simply with their presence.
2020 was the Year of the Nurse and the Midwife. As I reflect on my personal experience, I can definitely tell you 2020 was a year of gratitude for me.

As a medical intensive care unit (MICU), we had been dealing with Ebola and MERS outbreaks from 2014 to 2016. Luckily, we have a small team of trained Emerging Infectious Diseases (EID) Champions established in MICU from the ongoing training and exercises since 2014. We were dealing with COVID-19 rule-out cases long before it was officially declared a pandemic in March 2020. We owe an enormous debt to this group of brave and dedicated nurse champions because they were the ones who provided training and support to the other units as well as to our own staff in the MICU, as a majority of the staff didn’t have to be involved in caring for patients with highly infectious diseases before March 2020. Their positive ‘can-do’ attitude and clinical expertise helped them stay calm in the midst of the storm and remain adaptive and flexible throughout the year and beyond.

This is why we have more staff nurses who want to join the EID program, even since the pandemic started. After seeing the EID Champion role models, they wanted to learn more and do more for patients and staff. I can’t tell you how many times we walked into a unit that never took care of COVID-19 patients and the staff went from skeptical and anxious to calm, interested and then relieved by the time we left. I also have so much gratitude for all the physicians, nurses, care partners, lift team, EVS, materials management, laboratory, pharmacy, security, Office of Emergency Preparedness, case managers, social workers and chaplains, as well as the outpouring of community support. The list goes on and on and they all supported us in their unique ways. It’s the gratitude of having the supplies, PPEs and manpower so that we could provide the best possible care for patients both with and without this new and evolving infectious disease.

I am grateful that we have the best team on board. It will always be OK, no matter how challenging a shift we are facing, as long as we have each other’s backs. We laugh, we cry, we care and we continue. 2020 is a year I will never forget and will forever cherish because of the gratitude that filled our hearts as humanity was at its best, stepping up and helping out.
2020 has been a challenging year. I have seen fear, despair, anger, frustration, grief, exhaustion and burnout. Yet, as nurses, we have to maintain our composure and be ready to care for our patients and support one another. It was quite a fight, but we somehow managed to make it through. During the darkest of times, I have also seen compassion, empathy, cognizance, perseverance and resilience. These are the reasons I do what I do."

ELIZABETH BRILLO, BSN, RN-BC
WORDS OF APPRECIATION FROM OUR PATIENTS

― Thank you so much for taking such great care of my mom! We greatly appreciate the time you took to really listen and the patience you showed her. Thank you for the laughs, the warm smiles and the caring touch that each of you provided.‖
- The Medicine Hospitalist Group

― Thank you from the bottom of my heart! Thank you for being understanding with my patient and with me. Your care and attention has truly made a significant impact on my life. Your humble and kind acts will never go unnoticed.‖

― To the frontline heroes - Thank you so much for everything that you do! You are selfless, courageous, and go above and beyond to provide outstanding care to patients! Take a moment to relax and have some snacks, tea and hot chocolate. We will get through this and have some snacks, tea and hot chocolate. We will get through this.‖
- The Medicine Hospitalist Group

― Our family appreciates you allowing us to Zoom with him. It gave us comfort knowing he could hear us and knowing he wasn't alone.‖

― While she is finding it difficult to express herself, she wanted me to say, "My heart is filled with more gratitude than words can express!"\n
THANK YOU. I really appreciate all you are doing for our patients. Thank you for staying with your patient during their last hours.

THANK YOU for helping your patient video visit with their family.

THANK YOU for helping your colleagues tonight.

THANK YOU for caring and for making a difference in the lives of our patients and their families.

THANK YOU for finding six people to prone our patients several times each day.

THANK YOU for your continued engagement and great ideas for improving care.

THANK YOU for finding time to make three successful Beacon submissions.

THANK YOU for the wonderful job you did during our virtual Magnet appraisal visits.

MY immense gratitude could fill several volumes and then some. As a nurse leader, I have watched our nurses come to work every day and live our vision, "healing humankind, one patient at a time by improving health, alleviating suffering and delivering acts of kindness." Our nurses have continuously put their patients ahead of themselves. The work our nurses have done and continue to do is awe-inspiring. Even in normal times, accolades, praise, and donor recognition never felt like enough, let alone now as we wrangle with COVID-19.

"The phrase that keeps rattling around in my brain is 'I can't thank you enough!' but I continue to try. During this past year (which was ironically the Year of the Nurse and the Midwife), nurses stepped up and did the unimaginable. Time after time, they put themselves in harm's way for others—and not just for their colleagues, but for their patients, complete strangers."

"How many people do you know who would do that for you or me? This is nursing's best gift: living our social contract between our professional practice and the communities we serve. It's a higher calling, beyond the walls of the hospitals and the organization, as we meet the needs of the individuals we serve.

"I challenge all of us to take a moment to reflect. How can I, how can WE, show our gratitude for these humble professionals? The ones who keep showing up? The ones who alleviate suffering not only with life-saving technology but with compassion and kindness. The ones who support and love humankind enough to ensure our family members don't die alone."

"The enormity of the work each nurse does every day cannot be overstated. Each day nurses do extraordinary things as part of their normal assignment. Can all of us say that? (Who among us can make that statement?)"

"I am proud, humbled and forever inspired by the work our nurses do every day. To each of you, I am in awe of your presence, your authenticity and your compassionate care. Our patients, our colleagues and our communities are eternally grateful for you and all you have done to care for those in need, and so am I."

In the end, there are no words.
Where we go from here

2020 tested us. A virus threatened to remake our world, yet our training poised us to confront it. UCLA Health nurses strapped in for battle emboldened by courage and a potent belief: all human beings deserve the benefit of exceptional care. Through dedication, grit and ingenuity, our nurses advanced the delivery of care in the midst of a frightening pandemic. With our neighbors’ health at stake, we knotted our scrubs and snapped N95s around our ears. As we united as a team, our eyes spoke a single word: dedication.
Our dedication was never clearer than in 2020. The pandemic provided a unique and urgent opportunity to care for patients who needed us most. Amid the graveness of our lives, UCLA Health nurses evolved how we deliver compassion. Although 2020 tested us, it reminded us of our need to be present, even as we allow the pain of the past to inform our vision for a brighter future. At UCLA Health, our desire for precision inspires us to keep our focus on delivering compassionate, personalized care. Courage may lead us to the front lines, but science and empathy position us for success once we’re there. What exciting opportunities await us on the path ahead? The future invites us to honor, appreciate and celebrate how UCLA Health Nursing empowers our patients and practitioners to evolve the practice of nursing itself. I remain humbled and awed by the expert care displayed by our nurses in many of 2020’s darkest moments. Our nurses are simply extraordinary. It is a privilege to work with such esteemed professionals and a gift to serve our community. As we chart our path ahead, it’s imperative to clarify that our destination is not a place. Our destination is a process, where expert science meets extraordinary compassion.

Thank you.

Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE
Chief Nurse Executive, UCLA Health
Vice Dean, UCLA School of Nursing

Our destination is a process, where expert science meets extraordinary compassion.”
CELEBRATING OUR NURSES