



2022 ANNUAL NURSING REPORT

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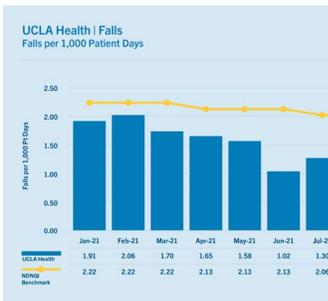


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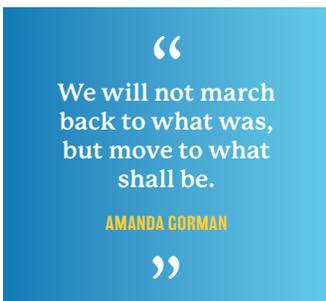
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A MESSAGE FROM OUR PRESIDENT AND CEO

By Johnese Spisso, MPA

President, UCLA Health

CEO, UCLA Hospital System

Associate Vice Chancellor, UCLA Health Sciences

Nurses embody the spirit, passion and devotion that reflects our values and commitment to excellence at UCLA Health. Your dedication and efforts allow UCLA Health to provide high-quality, safe and expert care throughout our health system.

Despite the many challenges of the COVID-19 pandemic, our nurses remained strong, determined and dedicated, not only persevering in 2021, but thriving, achieving great levels of teamwork and innovation.

You addressed the needs of our diverse populations, instituting valuable communication tools and earning accolades for service, achieving Magnet® designation, Beacon Awards and the highest recognition for geriatric nursing care.

Many of our nurses went out into the community, volunteering your time to important causes in our community engagement efforts and the medical care to migrant children in temporary housing at the Long Beach Convention Center.



The reach of our nurses went beyond local, too. A team of UCLA Health nurses joined others meeting with the Office of the Surgeon General to discuss their experiences during the pandemic and how nurses nationally could best be supported during such challenging times.

It has been a privilege to witness your admirable contributions and unwavering dedication, as you continued to address health inequities, while confronting longstanding systemic injustices amid a continuing pandemic.

We greatly appreciate your service and your passion for our patients' health each and every day. Your continued efforts give hope and support to achieve our mission of healing humankind, one patient at a time by improving health, alleviating suffering and delivering acts kindness to our patients. Thank you for all you do!!

A YEAR IN REVIEW

**By Karen A. Grimley, PhD, MBA, RN,
NEA-BC, FACHE**

Chief Nurse Executive, UCLA Health
Assistant Dean, UCLA School of Nursing



The World Health Organization extended the International Year of the Nurse and the Midwife from 2020 into 2021 because of the impact of the pandemic on nurses. Who would have dreamed that during the second year – when we thought we’d be able to celebrate nursing and recharge our batteries – we would be thrown back into another surge?

The horror of seeing people as ill as they were, knowing there was something out there to protect patients and the community with the advent of the vaccine, really shook our nurses to the core. It was probably more emotionally devastating the second time than it was the first time.

Yet it was awe-inspiring to see the nurses pick up right where they left off, giving 110% to make sure those patients and their families received the exemplary care for which UCLA Health is known.

To top it off, as we rounded the corner to 2022, we got sick. Between fatigue and Omicron, we suddenly fell prey to the virus we worked so hard to protect people against. Despite that, we kept showing up.

Not only did nurses rise to the challenge and pull extra shifts when their colleagues were sick, they actually outperformed against national benchmarks in many quality and experience metrics we use to measure our success.

UCLA Health rose in the rankings to No. 3 in the nation. We maintained our status as No. 1 in California and No. 1 in Los Angeles. Our ICUs and step-down units added numerous AACN Beacon Awards, recognizing excellence at the unit level. The Emergency Department at UCLA Santa Monica Medical Center was recognized with an ENA Lantern Award, and Resnick Neuropsychiatric Hospital at UCLA outperformed in seven out of seven national benchmarks in their 2021 nurse engagement survey.

Despite the challenges, we outperformed on every horizon. This speaks to the professionalism, the camaraderie and the commitment that UCLA



Health nurses have to one another and UCLA Health. We stayed focused on excellence, we stayed focused on each other and we stayed focused on making sure we provided people with exemplary care.

We also started to look at ourselves through a new lens, searching for equity, diversity and inclusion in all we do. Out of a national conference, Nurses Changing the Game, came a commitment to building an exceptional equity, diversity and inclusion initiative for UCLA Health. The new Professional Governance Unity and Diversity Council is focused on establishing an authentic environment of equity, diversity and inclusion for patients, trainees and staff across nursing.

I think 2021 showed what our focus allowed us to do. Our commitment to our professional practice and our care delivery models have laid a solid foundation for us. And it has allowed us to stay strong because it keeps us going back to the evidence to find solutions.

Patients and families duly challenged and stressed by COVID-19 saw nurses as easy targets for verbal abuse and short-tempered behavior. Yet, nurses stayed true to their professionalism and continued to treat people with kindness and compassion. We take pride in knowing that we are an exemplar of nursing excellence which is deeply rooted in our passion for our profession and for the compassionate patient-centered care we deliver.

We truly set out each day to live our vision of healing humankind, one patient at a time, and we set out to authentically deliver care with respect, compassion, kindness and love. And through that, we have continually promoted health, we alleviated suffering and we delivered acts of kindness.

I don't even know how to begin to say thank you for the contributions and sacrifices you made this year. Your commitment and compassion got us through 2020 and, again, got us through 2021. I think the silver lining with COVID-19 is that we came to know who we are, we came to know what we can do, and we now know nothing is impossible.

TRANSFORMATIONAL LEADERSHIP

By Quanna Batiste-Brown, DNP, RN, NEA-BC, FABC

Chief Nursing Officer, Ambulatory Care Nursing



Inspiring others to go forward and do great things is the hallmark of a good leader. In nursing, this type of leadership is known as Transformational Leadership, or TL. This leadership style is so vital to the stickiness of an organization, or the desire for nursing workforce to be retained and want to continue on this demanding journey, that it is a foundational pillar of the ANCC Magnet® designation. At UCLA Health, there are several shining examples of Transformational Leadership occurring both inside of the hospitals and outside in the community, where nurses practice in Ambulatory Care.

Here are direct quotes from a few UCLA Health nurse leaders that illustrate how Transformational Leadership affects the care that our nurses deliver:

“Transformational Leadership is having that ‘magic’ that gets people inspired. It’s a way of keeping them engaged and motivated to see things with a clear, but different lens than they are generally accustomed to, while inspiring them to perform to the best of their abilities in an effort to move towards the goal.”

Noelle Hunter-Le Blanc, MSN, RN, NE-BC

Nurse Manager, Pfleger Liver Clinic, Transplant Services & General Surgery

“ Transformational Leadership is a model that empowers each nurse to be a leader that directly impacts the health system through professional opportunities with colleagues. So happy and grateful to be part of this team! ”

Liza J. Hoffman, MSN, RN

Administrative Nurse Manager, Department of Urology

“ I show up every day with a smile on my face. I am grateful to work with those that I am smiling at. I am ready to hear how I can help make their day better. I come alongside them to try to ease their workload and to try to better understand what their experience is. This helps to inform my decision-making and I can make better decisions by getting their input. I am very proud of my team. I want to do all I can to help them feel inspired and empowered to be better and better every day. When I see my team interacting the same way with patients and their families, it brings joy to my heart. I want them to be the leaders I know they can be to influence the world around them. To me, this is Transformational Leadership. ”

Nancy Freeman, MSN, MBA, RN

Nurse Manager, Pediatric Infusion Center

In conclusion, there are many factors that drive nursing excellence. However, the nurse leader’s ability to inspire, stimulate forward thinking, activate teams beyond perceived barriers and influence change is essential to the health of the organization. Transformational Leadership is a vital component of clinical practice excellence at UCLA Health.

Collaboration between Nursing and Nursing Informatics yields epic results in tracking patient workload acuity

“This was all of our clinical and charge nurses contributing, and that’s why we’re so proud of it,” says Ida Anderson, a UCLA Health nursing director.

By Jennifer Karmarkar

In January, a new tool to measure workload acuity was rolled out reducing documentation and giving nurses accurate and useful information to determine the workload of a patient in real-time.

Three years in the making, the Workload Acuity Tool in CareConnect is the result of a partnership between nurse informaticists, clinical nurses and nursing leadership.

Spearheading the project were three nurse informaticists: Meg Furukawa, MN, RN-BC, CNS; Stesha Selsky, DNP, RN-BC; and Lynn Mayer, MSN, RN, PCCN. Together, they were responsible for mapping, building and testing the tool, reviewing charts and nursing documentation, working with nurses on each unit across the health system to validate the tool, and training them on its use.

“Our Nursing Informatics team were absolute rock stars,” says Ida Anderson, MSN, RN, NEA-BC, ONC, director of nursing in Adult Critical Care at Ronald Reagan UCLA Medical Center. “To have three informaticists on this project is just awesome.”

Furukawa says it required a great collaborative effort between Nursing and Informatics to make it happen.

Anderson describes the switch from Evalisys, the former tool, to the Workload Acuity Tool in CareConnect as a multilayered process that required mapping every piece of data documented by nurses in CareConnect, associating it with a point value, and then comparing that to the perception of the nurse. In order to validate the tool, nurses completed surveys, ranking their perceptions of the workload associated with each of their patients from highest to lowest. The nurses’ workload rankings were then compared with the scores that CareConnect produced to see if they ranked in the same order. Throughout this stage, the nurse informaticists read, analyzed and documented more than 7,000 responses from clinical nurses.

“Every comment nurses made was meaningful and contributed to the tool until we got it to where we needed it to be,” Anderson says. “This was not a team of 10 people; this was all of our clinical and charge nurses contributing, and that’s why we’re



so proud of it. It was really based on their expertise that allowed us to get a really meaningful tool.” At the end of the process, results showed an incredible 98% match for the perception of the nurse and what CareConnect produced, Anderson says.

“We were absolutely thrilled,” she says. “Now we had this information in real-time and we could look at the unit and see what the workload acuity is on the unit.”

Once the team knew they had a validated tool, they embarked on a data collection process in which the workload numbers were trended over time to develop unit averages and workload ranges.

Anderson notes that the Workload Acuity Tool can be individualized for every unit to objectively evaluate the resources and speak to what is needed.

“Nurses can utilize this information by clicking a button, which is fantastic,” she says.

The Epic project has been submitted to present at the 2022 ANCC National Magnet Conference® in Philadelphia.

Dr. Selsky predicts the system’s impact on Nursing will be huge.

“This will help us with a more accurate assessment of what is required for our patients and units and will also help improve the quality of patient assignments to make them more equitable,” she says.

She adds that obtaining the voices of clinical nurses was critical to the process. “I think we did a very good job involving them because this will impact their work,” she says.

“We were absolutely thrilled,” Anderson says. “Now we had this information in real-time and we could look at the unit and see what the workload acuity is on the unit.”

New Chief Nursing Officer at Resnick Neuropsychiatric Hospital at UCLA continues a legacy of health care excellence

“This is where I belong, and this is where I feel like I can help the most people,” says Patrick Loney.

By Jennifer Karmarkar

When Patrick Loney, BSN, MBA, RN, was welcomed into the UCLA Health family as chief nursing officer for Resnick Neuropsychiatric Hospital at UCLA (RNPH) in November, he hit the ground running.

He has not slowed down since.

That could be because, when he’s not working, Loney competes in Ironman triathlons and starts his days with a 6 am run or swim.

More likely, though, his accelerated pace is because he is laser-focused on his long-term goal to make RNPH “the best psych facility in the U.S., if not the world.”

“I think we have the underpinnings to do that,” he says.

Loney is primed for the challenge.

His career spans the continuum of psychiatric care, from child and adolescent to adult and geriatric care. He began in the U.S. Navy as an officer in the Nurse Corps, providing clinical care in medicine, emergency services and psychiatry. He has more than 15 years of leadership experience in emergent, acute and outpatient psychiatric care, including his most recent role as director of patient care services for the Pediatric Mental Health Institute at Children’s Hospital Colorado.

Loney has worked in emergency medicine, medical units and primary care with different age groups, a background that has prepared him to work across disciplines and systems.

“I like to think that I bring people together and empower people to make decisions,” he says.

CONTINUING EXCELLENCE

Loney’s No. 1 priority at RNPH is delivering safe, world-class care, he says. “I’m entering an organization that already does that right now, doing that in the context of a COVID surge, and making sure we’re providing maximal access to our patients as well and keeping staff safe and engaged during what is a very difficult time for them.”

As RNPH’s chief nurse, Loney provides guidance and oversight for nursing operations, which includes activities related to patient throughput, quality, safety and finance. He also keeps tabs on strategic initiatives including maintenance of RNPH’s ANCC Magnet® designation and other regulatory and accreditation standards.

While in Colorado, Loney was selected to participate in the Colorado Governor’s Fellowship, a program for private and nonprofit sector leaders who want to expand their impact through public

service. With that experience, he says, he gained an appreciation that he, “as a regular person who works in a hospital,” could have a voice to represent the needs of nurses and others “who aren’t often at the table.”

“It encouraged me to not just stand by and react when you don’t like something, but actually look for ways to get involved,” he says.

FINDING MEANING

Loney grew up in a small town in central Iowa. His mother worked as an ICU nurse, a nurse supervisor and, later, as a patient advocate.

“She liked to help out in the community. She delivered furniture to immigrants and, as I think about what got me into nursing, that was a factor. I have to find meaning in work, because we spend a lot of time at work,” he says.

Loney holds an MBA in health care administration from Regis University and a BSN from the University of Iowa.

It was during nursing school that he discovered his love for psychiatry — guided, he says, by an instructor who was a “passionate advocate” for mental health. Although he’s worked in several areas of nursing, Loney always found his way back to mental health, he says.

“That’s my passion. This is where I belong, and this is where I feel like I can help the most people.”

IMPROVING ACCESS

Loney says he plans to continue the track toward health care excellence already established at RNPH. His work in this area includes strengthening structural empowerment for Nursing, working toward RNPH’s second Magnet® designation and ensuring Nursing is working well as an interdisciplinary team across all settings.

While in Colorado, Loney served on a steering committee for a \$21 million expansion of the University of Colorado health care system’s inpatient and outpatient facilities — an experience he will call upon as he helps guide RNPH in designing and building a dedicated “world-class, state-of-the-art psych facility” in the near future.

“Through this process, we’re going to develop improved ways to meet the needs in the community for psychiatric care at all levels,” he says.

Challenges and opportunities abound, and Loney takes it all in stride. What’s more, he finds fulfillment in accomplishing those things he finds most difficult.

“I’m not a good runner; I suffer like a dog, but when I’m done, I’m like, ‘this is cool,’ ” he says. “I’m proud when I persevere.”



UCLA Health nurses advocate for change in sessions with the Office of the Surgeon General

“Something the health care system needs is change, and nurse-driven change should be at the forefront,” says Dahlia Maldonado, a UCLA Health nurse.

By Jennifer Karmarkar

TRANSFORMATIVE

That’s the word Dahlia Maldonado, BSN, RN-BC, used to sum up the pandemic during a listening tour conducted by the Office of the Surgeon General (OSG).

Maldonado, an administrative nurse in the medical surgical nursing unit at UCLA Santa Monica Medical Center, was among a group of frontline health care workers invited to speak about their experience providing care during the pandemic and to offer advice to the Surgeon General’s team about how to support their safety and well-being.

Nearly two dozen participants from across the country — including three nurses from UCLA Health — took part in the two sessions, held in October and November. Each was asked to respond to seven questions, which had been furnished to the participants in advance.

One of the questions asked was “What one word or phrase sums up the pandemic for you?”

“My word was ‘transformative’ because I think that with great challenges also comes the opportunity to change,” Maldonado explains. “Something the health care system needs is change, and nurse-driven change should be at the forefront.”



Other questions included: What programs or policies were put in place to support your well-being? How are things now versus the start of the pandemic? What is or was the hardest thing about working in the pandemic? Is there something you'd like to say to people outside of health care? As you look back over the past 20 months, what are you most grateful for?

SHARED EXPERIENCES

The discussions were part of a broader listening tour the Office of the Surgeon General organized that spans leaders, associations and front-line team members. The OSG's overall goal is to use the insight gleaned from the listening tours to build a series of initiatives to ensure health care will better support the safety and well-being of health care members.

Kannitha Lor, BSN, RN, CCRN, a clinical nurse in the 7 Coronary Care Unit at Ronald Reagan UCLA Medical Center (RRUCLA) said hearing other nurses share their experiences validated much of what she's been feeling over the past two years.

"There were people from different types of hospital systems throughout the country, and to be able to hear that everyone else is going through the same thing, whether in hospitals or long-term care facilities was eye-opening," Lor says.

William Eissler, MSN/MBA, RN, a clinical nurse in the Pediatric Intensive Care Unit at RRUCLA, agreed. "Everything that the other clinicians talked about, I identified with and have gone through myself," he says. "Everybody is just burned out and exhausted and praying for the pandemic to end."

Eissler, who is co-chair of Nursing's Structural Empowerment Council, says he appreciated the opportunity for nurses to give a unified message to "America's doctor."

"It was really a chance to speak up and come

together to continue strong," he says.

ADVOCATES FOR CHANGE

Participants in the listening sessions were asked for their ideas on how government leaders could better support them.

Responses included: combat misinformation; prove that science works; communicate the balance of personal freedom and safety; demystify the vaccine; and connect with respected community members to communicate key messages around vaccines and science.

That resonated with Eissler, who says he fights a daily battle with parents who don't understand why they need to get a test or get vaccinated to see their children.

"I don't know how to make it any clearer to them," he says. "The Office of the Surgeon General has been putting out information, but it seems like there has to be a better way to get the right information out there. That's something I hope the OSG could continue to address."

Eissler says his other ask was that the OSG pressures Congress and the Senate to pass health care reform "so we have a system that actually helps people who need it."

Lor, who serves as chair of the Professional Development Council, says she is hoping for a united government response and nationwide policy on staffing ratios, which California has but many states do not.

"It's unsafe for patients. You can't provide the best care. You're overwhelmed," she says, echoing the words of many of the session participants.

"Obviously, there is so much that is broken in the health care system," Lor continues. "But I think better ratios is one thing we can definitely try to achieve."

SUPPORTING FELLOW NURSES

Maldonado noted that in the listening session, there were many participants holding leadership roles in their organizations. She gives credit to UCLA Health for choosing bedside nurses to represent the face of health care.

“Being on the front line gives you a different perspective than being in a leadership position,” she says. “I think that showed great leadership from our hospital to make sure they are taking care of and supporting us.”

Maldonado’s biggest takeaway was the importance of advocating for one another during a time when the nursing shortage is greater than expected. She says she hopes action is taken as a result of the listening tours because the voices and needs of nurses must be heard.

“That’s something that we all expressed,” Maldonado says. “It’s been very hard to continue in this career. We’ve seen a lot of nurses leave.”

One bright spot during the past two years has been better teamwork, Lor says, which she noted during the listening session.

“I think everyone was able to come together and collaborate and focus on compassion and caring,” she says. “Even though there are lots of things that can be improved, I’m grateful to work with my coworkers.”

I’m Here for You

By Jenny Joby, MSN, RN

When you are feeling low,
And the time seems to go slow;
I just want to let you know,
That I’m here for you...
When your world turns upside down,
And it feels like you will drown;
I just want to let you know,
That I’m here for you...
When things don’t work out well,
And you feel your emotions swell;
I just want to let you know,
That I’m here for you...
When you are burdened in heart,
And not know where to start;
I just want to let you know,
That I’m here for you...
When you need a shoulder to cry,
Or need to let out a sigh;
I just want to let you know,
That I’m here for you...
When you think that you are lost,
And can’t renew at any cost;
I just want to let you know,
That I’m here for you...
When you are deliriously mad,
For the tragic loss you have had;
I just want to let you know,
That I’m here for you...
No matter what,
Let me tell you that,
I’m here to comfort and share,
And to let you know that I do care!

Partnership between UCLA Health and UCLA School of Nursing draws upon mutual strengths to transform health care

“We’re trying to create a seamlessness that hasn’t existed prior to this,” says Karen A. Grimley, Chief Nurse Executive, UCLA Health, Assistant Dean, UCLA School of Nursing.

By Jennifer Karmarkar

When UCLA School of Nursing was seeking a partner that would help establish the school as a global leader in nursing education, it had only to look down the road to UCLA Health.

With more than 600 nursing students, multiple degree programs and 36 full-time, doctorally prepared faculty, the school is a powerhouse in its own right. In 2021, its BSN program was ranked No. 10, its Master’s program was ranked No. 16 in the nation on the list of top Nursing Graduate Schools by *U.S. News and World Report*, and its NIH/NINR funding was ranked No. 20.

On top of that, the school had just hired a new dean and professor of UCLA School of Nursing, Lin Zhan, PhD, RN, FAAN, who was eager to sit down with UCLA Health Chief Nurse Executive Karen A. Grimley, PhD, MBA, RN, FACHE, NEA-BC, to identify opportunities to create a more enhanced partnership — one that creates a stronger voice for UCLA Nursing — academia and practice - that results in change in the profession at large.

“The overall strategy Dean Zhan and I talked about centers on how do we create entities that people identify as UCLA Nursing,” says Dr. Grimley, who

also is assistant dean of UCLA School of Nursing. “There will be contributions that the health system will make and contributions that the school will make, but at the same time, people will walk away going, ‘Wow, that’s UCLA.’ We’re trying to create a seamlessness that hasn’t existed prior to this.”

Their focus has centered on four primary areas: strengthening the relationship between academic and practice Nursing; identifying areas in which both entities are involved and building upon that; strengthening its research partnership; and building a more robust Doctor of Nursing Practice Program by increasing participation from nurse leaders.

One of the first areas they identified was their mutual work with the Hong Kong Sanatorium & Hospital. While the school was doing the didactic for the virtual nursing leadership program, the health system was providing clinical orientation and mentoring, Dr. Grimley says.

She notes the work now is being shared through a redesigned curriculum and a mentorship program. A clinical aspect is also in process to bring the nurses from Hong Kong to UCLA once the pandemic abates, Dr. Grimley says.

Another topic they've addressed is incorporating nursing students into UCLA Health, whether through opportunities for undergrads to serve at community clinics or for nurse leaders to serve as faculty at the school.

"For example, when Karen's team has a homeless mobile clinic, we need our students to be part of that," Dean Zhan says. "That should be part of their experience, understanding the homeless in L.A. and how nurses can play a leadership role in serving the underserved populations in the community."

Research was identified as another area of opportunity. Dean Zhan notes the school has top-notch researchers but grapples with how to best translate that into nursing practice.

"We have to collaborate and also have mentoring and partnership with nurses. They are very interested in the bedside and also in assisting in research to improve the safe quality of care that nurses provide," she says.

It is estimated that California will face a shortage of 45,000 nurses by 2030, and the

two leaders have brainstormed ways UCLA can meet the growing crisis.

"How can we work together to meet dire needs of the nursing workforce?" Dean Zhan says. "It's about time to invest in nursing." She notes that whereas UCLA's overall acceptance rate for incoming undergraduates is 14%, the School of Nursing's is just 1%.

Additional areas of focus include addressing nursing burnout, supporting evidenced-based practices, guiding new and returning nurses in practice readiness and ensuring UCLA Nursing has the curriculum and programs in place to meet rapidly changing health care demands.

Both leaders say the partnership is providing opportunities to challenge themselves and to look beyond the walls of UCLA for best practices.

"As we discover things we can do differently, I think it keeps the wonder and the passion in our profession," Dr. Grimley says. "When there's wonder and curiosity, there's excitement and engagement. And it's usually a wonderful product by the end of it."



Making progress against racism in nursing

By Jocelyn Apodaca Schlossberg

UCLA Health is part of a national effort by the American Nurses Association to eradicate racism in nursing and across health systems.

In 2021, Quanna Batiste-Brown, DNP, RN, NEA-BC, FABC, chief nursing officer, Ambulatory Care Nursing, was granted the Public Policy Award by the American Nurses Association (ANA) California Chapter for her contribution to the Racism in Nursing and Healthcare Workgroup toolkit.

The profession of nursing has a long history with racism, classism and institutional inequalities. Even today, various forms of racism and discrimination permeate the industry, studies show.

“We are still living through the structural racism that is embedded in America,” says Dr. Batiste-Brown. “I think addressing it in nursing is one of the things we can do to move forward.”

Since the workgroup launched in 2021, they have collected data and assessments to inform an action plan that will be used in strategic planning for nursing departments across the nation, including at UCLA Health.

The 10-member taskforce created the toolkit after nearly a year of research, data analysis, live dialogue forums and discussions where lived experiences could be shared.

Through that work they identified four barriers preventing nurses from making transformative change on racism and inequity in patient care:

- **Lack of sustainable conversations (the topic of racism too often devolves into ideological and semantic, rather than constructive, debates)**
- **Lack of accountability and confidence in reporting systems**
- **Lack of awareness and unified standards among decision-makers**
- **Lack of diversity among decision-makers**

To address these barriers, the toolkit begins with an individual assessment of the level of awareness and understanding a person has regarding racism in nursing and health care.

“We understand that individuals are at different points in their journey toward anti-racism and we want to meet everyone where they are,” Dr. Batiste-Brown says.

An action plan from ANA/California is then sent to the individual based on their score. It provides tangible steps to take in developing an anti-racist mindset, such as finding an accountability partner, and exercises that include crossword puzzles, videos and book recommendations.

Besides influencing individual action plans, the initial assessments will provide the organization with a baseline of what nurses know regarding racism in nursing and health care, and specific areas to improve.

Dr. Batiste-Brown also believes the toolkit should be adapted for academia to improve the education in nursing schools.

“We need to start with undergraduate programs to make social justice a part of the curriculum so that we equip nurses with the tools necessary to engage in conversations,” she says. “We learn how to care for patients who are white in nursing school, but we don’t learn a lot about Black people and people of color, or about what diseases look like on other skin tones, because it’s not published in textbooks.”

Though this toolkit is a step in the right direction, more institutions and states should move collectively to address racism in health care “so that it’s not flavor of the month,” Dr. Batiste-Brown says.

“This is something we’re really committed to moving forward,” she says. “There’s a lot that needs to be done and I think this is just scratching the surface.”





Retired nurses jump in to make COVID-19 vaccine clinics a success

“It was a very special time, and people were eager to be part of it,” says Sheri Monsein, a retired UCLA Health nurse.

By Jennifer Karmarkar

When Sheri Monsein, MN, RN, received the call from hospital leadership in early December 2020 to help staff and run COVID-19 vaccine clinics at Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center, she jumped at the opportunity.

The nation was entering a more hopeful phase in the pandemic, and the retired nurse wanted to be a part of that. And she had the background to do it.

Monsein, now a retired rehiree, had worked at UCLA Health since 1983 and retired as the assistant director of Nursing Talent Acquisition in June 2020. With a nationwide nursing shortage and the task of opening the vaccine clinics within two weeks, Monsein knew exactly what to do: She hired retired nurses.

“Many of them were my colleagues whom I worked with through the years,” says Monsein, who started building her team from a list of retired nurses she obtained from Human Resources. “We reached out to them, we hired them and onboarded them quickly. We were able to make it happen.”

In addition to hiring 26 retirees, Monsein staffed the clinics with modified duty nurses, float team LVNs, registry LVNs, faculty and student nurses from UCLA School of Nursing, and UCLA Health nurses working overtime from their patient units. During the height of dispensing the vaccines, the team included more than 60 nurses.



“It was a very special time, and people were eager to be part of it,” Monsein recalls. “I received numerous calls and emails asking me how they could be part of this historic event. We tried to involve as many people who wanted to give their time.”

RAMPING UP TO MEET DEMAND

Within two weeks of receiving the call, Monsein and her colleague, Lisa Bishop Smith, MSN, RN, an administrative nursing supervisor at UCLA Santa Monica Medical Center, had the clinics up and running. “There were so many people from

departments within the health system that came together to make it a success,” Monsein says. Examples include Emergency Preparedness, ISS, pharmacy, nutrition, materials management and environmental services.

At full capacity, the clinics ran 15 hours a day, seven days a week, with 10 booths at RRUCLA and four at SMUCLA, as well as designated ambulatory clinics. Monsein says they vaccinated 219,852 people — UCLA Health employees, patients, and, later, the general public — between December 2020 and June 2021, when the last clinics closed. Vaccine distribution was then transitioned to designated family practice group clinics.

Administering vaccines was just part of the work, however. Procedures had to be written and staff had to be educated on handling and administering the vaccine. Huddles were held twice daily to provide updates on the latest criteria from the state on who could be vaccinated.

Medication rooms were created in which specially trained nurses were in charge of drawing up the vaccines. The clinics opened with the Pfizer vaccine; once Moderna and Johnson & Johnson vaccines were available and added to the mix, staff created color-coded tables to ensure safe preparation of each vaccine.

“We had this down to a fine science,” Monsein says. “We knew the number of patient appointments that day and we knew the number of vaccines we had available. It was critical not to waste vaccines,” she says.

Nurses worked hard to ensure that every dose was given to a patient. Each dose could potentially save a life, Monsein notes. “In the beginning, we didn’t have enough, so every vaccine was like gold,” she says.

PATIENT-CENTERED CARE

Understanding the magnitude of what they were doing, nurses went out of their way to make patients feel comfortable, Monsein says. “We were fortunate to have bilingual nurses, and the clinics were equipped with translator machines that ‘spoke’ to the patients in whatever language they selected.”

Nurses often were called upon to vaccinate patients in the hospital or to make home visits to individuals who were bedridden. Special days were held to vaccinate underserved populations.

Monsein notes It was a stressful time for everyone; nurses understood that and always went above and beyond.

“We catered to the patients,” Monsein says, adding that for many elderly patients, it was the first time they’d had somebody to talk to in a long time. “Our nurses sat there and listened to them.”

Monsein recalls a situation when a mom came in to have her autistic son vaccinated. The boy could not wear a mask, so a nurse met the family in the parking lot to administer the vaccine.

She recounts another time when a woman came to the clinic crying because her husband had dementia and wouldn’t get out of the car. The nurse brought the vaccine to the couple’s car, vaccinated both of them, and stayed with them for 15 minutes afterward to ensure they didn’t have a reaction.

Patients appreciated the extra attention, Monsein says.

“They felt safe because we had RNs who were in charge,” she says. “And we felt reassured knowing there was a solid team there to support each other.”

She credits incredible teamwork for the success of the clinics.

“It was a very important time for us, and it was important for us to make sure we did it right,” Monsein says. “We all worked together and made it happen.”

“...for many elderly patients, it was the first time they’d had somebody to talk to in a long time.”

EXEMPLARY PROFESSIONAL PRACTICE

By Patrick Loney, BSN, MBA, RN

Chief Nursing Officer, Resnick Neuropsychiatric
Hospital at UCLA



At UCLA Health, our nursing professional practice is built around our commitment to exemplary, relationship-based nursing care. The evidence of this commitment can be seen every day, as nurses forge strong interdisciplinary relationships, teach patients and families, and work to improve the lives of our community members, one person at a time.

Nurses form meaningful therapeutic relationships with patients and families, which are crucial to the Recovery Model that we use in Resnick Neuropsychiatric Hospital at UCLA. These relationships allow nurses to be leaders and trusted advisers for our teams and communities.

In my short time at UCLA Health, I have had the pleasure of seeing nurses consistently ask, “How can we improve our practice?” Nurses have the intellectual curiosity and autonomy to make positive changes to nursing practice. Throughout the organization, nurses have led many evidence-based projects that directly improved patient safety, engagement in treatment and patient outcomes.

UCLA Health receives highest praise for geriatric care

“Older patients are a vulnerable group that often doesn’t get the attention they need, and UCLA Health has shown this is important and has elevated that level of care and has made them a priority,” says Tina Mamais, a UCLA Health clinical nurse specialist.

By Jennifer Karmarkar

Patients 65 and older represent 40% of hospitalized adults, yet their unique health care needs often are misunderstood or minimized.

NOT AT UCLA HEALTH.

In October 2021, UCLA Health was recognized by the Institute for Healthcare Improvement (IHI) with its highest designation for excellence in caring for older hospitalized patients: Age-Friendly Health System — Committed to Care Excellence.

UCLA Health’s commitment to providing exceptional care for geriatric patients, however, began years ago.

“This designation is formal recognition of the great work we’ve been doing caring for the geriatric population here,” says Grace Chen, MD, clinical chief of Geriatrics. UCLA Health has had a nationally renowned Geriatrics Division for decades and has been innovative and collaborative in various aspects of care delivery of older adults across the health system.

“The goal now at UCLA Health is to ensure that all older patients receive geriatric individualized care consistent with IHI designation, regardless of who is providing that care,” Dr. Chen says.

A NEED FOR SPECIALIZED CARE

Studies have shown that seniors are hospitalized three times as often as those ages 45 to 64, and they run a high risk for complications during hospitalization, including falls, delirium, adverse drug events, infection and death.

“Older patients are a vulnerable group that often doesn’t get the attention they need, and UCLA Health has shown this is important and has elevated that level of care and has made them a priority,” says Tina Mamais, MSN, RN, BC-GCNS, a geriatric clinical nurse specialist in the Center for Nursing Excellence at UCLA Health.

To receive IHI Age-Friendly designation, hospitals must demonstrate evidence-based excellence in serving older adults in four areas, referred to as the Four Ms:

WHAT MATTERS, MEDICATION, MENTATION AND MOBILITY.

Over a 90-day period, about 2,700 charts were reviewed across UCLA Santa Monica Medical Center (SMUCLA) and Ronald Reagan UCLA Center (RRUCLA). UCLA Health received an overall compliance score of 96% in the assessment of the 4Ms.

Mamais said she is not surprised UCLA Health scored so high.

“It’s that sustainability that nursing does. It’s embedded in their workflow,” she says, noting that nothing was added that the hospital system wasn’t already doing. “It’s just reframing our current state to have a more geriatric approach.”

She credits her counterparts Anila Ladak, DNP, RN, PHN, a geriatric clinical nurse specialist at SMUCLA, and Lianna Ansryan, MSN, RN, PHN, a clinical nurse specialist at Resnick Neuropsychiatric Hospital at UCLA, for leading the efforts in their hospitals.

WHAT MATTERS MOST

Until last spring, Teddi Edwards was the picture of health. At age 75, the Palm Springs resident hiked in the mountains two hours a day, golfed weekly and could run rings around some 25-year-olds.

Then in March 2021, Edwards started experiencing shortness of breath. By April, her symptoms included rattles on exhale. Her doctors in Palm Springs struggled to pinpoint her diagnosis. She was hospitalized in July with pneumonia, but when her symptoms didn’t abate, they were back to square one.

Edwards was admitted to RRUCLA in mid-November. By then, her oxygen level was dangerously low and she was coughing up fluid. Then she received a diagnosis: mucinous adenocarcinoma, a type of cancer found in the epithelial tissue, which lines the outer tissue of organs and blood vessels. The cancer is predominant in women and can be difficult to diagnose.

Until 2021, it had been 50 years since Edwards had been hospitalized, she says. What matters most to her is to be surrounded by a friendly, optimistic care team.

“I love to have fun, and so I have fun with all of my nurses, my doctors; to me, that’s the most important thing. Life is short, so I try and enjoy it,” she says.

Edwards says she appreciates the personalized attention she receives from her nurses at UCLA Health.

“They’re just right here when I need them. They’re very conscientious,” she says. “I love that they all work together — if one is busy someone else takes over.”

Edwards’ daughter Ginger Wheller, a registered nurse herself, sings the praises of UCLA Health. What’s most important to her and her sister, she says, is open communication: listening to the family, answering their questions and explaining the plan of care to their mother.

“They went to great lengths to explain things to my mom. She even has a drawing of her lungs that one of the medical team drew to show her what’s going on,” Wheller says.

COMPREHENSIVE APPROACH

UCLA Health’s geriatric focus is rooted in establishing evidence-based practices for older adults, protocols that were further elevated in 2016 when UCLA Health received NICHE (Nurses Improving Care for HealthSystem Elders) designation.

“We’re really mindful of providing care from a comprehensive, holistic approach rather than just the individual disease condition our older patients are presenting.”



The Frailty Project, a screening protocol to identify risk factors in older patients, was launched the same year.

In 2017, UCLA Health convened its first Health System Geriatric Committee meeting. The committee serves as a forum for discussions related to process and outcomes, sharing best practices, engaging in collaborative problem solving and exposure to clinical experts in the field of gerontology. Participants include bedside nurses, nursing unit directors, geriatric clinical nurse specialists, physicians, pharmacists and social workers.

In October 2019, UCLA Health launched its first International Day of Older Persons observance, in which volunteers from UCLA Health's People-

Animal Connection and their canines visited senior patients to offer physical and emotional well-being. UCLA Health now observes the day on Oct. 1 each year.

“We’re really mindful of providing care from a comprehensive, holistic approach rather than just the individual disease condition our older patients are presenting,” Dr. Chen says.

UCLA Health is in the process of applying for Level 1 geriatric emergency room accreditation, a systemwide initiative at all University of California health care systems. In alignment with accreditation, the Geriatrics Department has created Golden Beds, which stands for “geriatric opportunity linking diverse elderly to excellent nursing care.”

Golden Beds have windows that let in natural light, which helps decrease the risk of delirium, Mamais says.

Additionally, Golden Carts now in use in the Emergency Department contain equipment to make geriatric patients more comfortable, including denture glue, undergarments, body lotion, nonskid socks and hearing amplifiers.

ELDER SCREENINGS

All UCLA Health patients age 65 and older are screened for depression, mobility and function upon admission to any of the UCLA Health hospitals. If a patient scores positive for depression, a social worker follows up with additional testing. Referrals for physical therapy and/or occupational therapy are recommended as needed for mobility impairments and limitations in activities of daily living.

Additional initiatives include a delirium dashboard for all patients age 65 and older and a pharmacy initiative to ensure older patients are receiving appropriate medications.

For example, Mamais says, a pharmacy-led therapeutic exchange will substitute Cetirizine for itching or melatonin for sleep when an elderly patient is prescribed Benadryl, a first-generation antihistamine, which is identified in the 2015 Beers Criteria as a PIM (potentially inappropriate medication) to be avoided in patients age 65 and older.

Also underway is development of a report, called Gero Boost, that will allow a patient's clinic physician to view all geriatric screenings completed on the inpatient side.

"This will help with continuity across the spectrum," Mamais says.

"We're trying to make the care for older patients in the UCLA Health system as seamless and connected as possible," Dr. Chen adds.

Compassion

By Maria Esther Nicole S. King, SR LVN

UCLA Health Santa Monica Cancer Care

compassion.

compassion is.

looking out for each other, patients, our families and coworkers alike.

empathy for those whose pain and suffering are out of your sight.

each one of us has a light to offer.

so light up your torch, over and over.

so compassion and empathy are within their might.



New feeding protocol produces better outcomes for premature infants

“We were really pleased. The outcomes we had hoped to see, we’re seeing,” says Julie Sasinski, a UCLA Health clinical nurse specialist.

By Jennifer Karmarkar

An evidence-based practice initiative in the Neonatal Intensive Care Unit to measure the outcomes of using human milk fortifier instead of cows'-milk-based fortifier yielded promising results. It is now the standard feeding protocol for infants born extremely prematurely.

A team comprising UCLA Health nurses, dietitians and physicians launched the new feeding protocol in late 2020. The team evaluated outcomes of premature infants with a birth weight less than 1,250 grams (about 3 pounds) who were fed Prolacta, a fortified milk made from donor mothers' milk.

“There have been a lot of studies that have shown mothers' milk is what's best for premature babies, but previously the only way we could fortify it to provide the extra nutrients and calories these infants need, was with cows'-milk-based fortifier,” says Julie Sasinski, MS, RN, CNS, a clinical nurse specialist in the NICU.

Prolacta takes the best parts of donor milk and adds that to moms' milk to do the same thing cows'-milk-based fortifier does, Sasinski says.

They compared approximately 20 babies who received cows'-milk fortifier before the transition to 20 babies who received human milk-based fortification after the switch, Sasinski says.

The goal was to improve outcomes for these babies by decreasing the amount of time the infants were exposed to intravenous nutrition and decreasing the amount of time they had central IV lines, she says.

“For these babies, fewer IV nutrition days means better growth,” says Sasinski, the program's lead nurse mentor. “There's evidence of better neurodevelopment when they're exclusively on human milk, fewer complications and fewer central line IVs, which means less risk of infection.”

Comparing the cow-based fortifier to human milk-based fortifier, the infants receiving human milk-based fortifier received, on average, six fewer days of IV nutrition and seven fewer days with central lines, Sasinski says.

They received full nutrition with human milk-fortified moms' own milk eight days sooner than with cow-based fortification of moms' milk.

The switch to Prolacta is yielding cost savings, as well. Although the human milk fortifier costs more than cows-milk-based fortifier, six fewer total parenteral nutrition (TPN) days translates to a savings of \$500 per infant per day for the babies they examined, Sasinski says.

“We were really pleased,” she says. “The outcomes we had hoped to see, we’re seeing.”

Prolacta is now part of the NICU protocol until these smallest of babies are a corrected gestational age of 34 weeks, Sasinski says.

She credits the team — nurses Tayley Dunivant, BSN, RN, CCRN, Kayla Torok, BSN, RN, and Anahit Sarin-Gulian, MSN, RNC-NIC, NE-BC;

physicians Kalpashri Kesavan, MD, and Meena Garg, MD; and dieticians Cat Manalo, RD, and Arlene Johns, RD — for the program’s success.

“Not only did we work interprofessionally, we worked across the campuses,” Sasinski says.

“We had a team from Santa Monica and a team from Ronald Reagan. We all worked together.”



Research finds music delivered via wireless headphones can benefit patients on psychiatric unit

“They are definitely being utilized as a way to help patients relax and help with anxiety and agitation,” says Shoni Taylor, a UCLA Health nurse specialist.

By Jennifer Karmarkar

Studies have found exposure to relaxing music has positive results among people diagnosed with post-traumatic stress disorder, schizophrenia or mood disorders.

It was no surprise, then, when patients on an acute inpatient psychiatric unit at Resnick Neuropsychiatric Hospital at UCLA reported a reduction in anxiety, agitation and other psychiatric symptoms after listening to music on wireless headphones.

In September 2020, Shoni Taylor, MSN, PMHNP-BC, NE-BC, a nurse specialist in the adult psychiatric unit, and Adriene Creamer, RN, a clinical nurse II in the same unit, launched a project to measure the outcomes of providing such a service to their patients.

The nurses completed a literature review and submitted a project proposal to hospital leadership. Funds were allocated to purchase three wireless headphones and Spotify accounts. The headphones, and guidelines for their use, were placed on each unit for patients.

To measure outcomes, pre- and post-use questionnaires were completed by each patient who used the headphones. Anxiety, agitation

and self-identified symptom levels were tracked before and after headphone use.

Between September 2020 and February 2021, hundreds of surveys were completed, Taylor says. Preliminary findings suggested a significant positive association between listening to music and a decrease in self-reported levels of agitation, anxiety/distress and symptoms.

For example, in one unit the agitation mean on a scale of 1-5 was rated 3.73 pre-test and 1.55 post-test; the anxiety/distress mean was rated 3.82 pre-test and 1.55 post-test; and the level of symptoms was 3.73 pre-test and 1.55 post-test.

The project grew out of an experience with an agitated patient, Taylor says.

“He told us, ‘If I can listen to music, I’ll be fine,’” Taylor recounts. A nurse brought in a set of wireless headphones, and the patient used them to listen to music. It appeared to relax him, and he was discharged soon after, she says.

“We thought this might be something we want to continue,” Taylor says.

That proved to be a good decision.



In fact, the headphones have been so popular, three more sets have been purchased. Patients have found creative ways to use them, Taylor notes, including listening to podcasts and mindfulness programming.

In the months post-survey, staff continues to see positive outcomes from headphone use, she says. They have seen an overall decrease

in restraints and seclusions, and acute patients are rating lower on DASA (Dynamic Appraisal of Situational Aggression), a tool that predicts the risk of a patient having an aggressive event.

“We can’t credit it all to headphones, but they are definitely being utilized as a way to help patients relax and help with anxiety and agitation,” Taylor says.

ECMO-trained nurses give patients a chance to return to a normal life

“We’ve realized as we’ve worked together and grown and learned together in this new role, we can better treat these patients and give them a chance of getting home,” says Michelle Rodriguez, a UCLA Health clinical nurse manager.

By Jennifer Karmarkar

If 2020 was the year of reacting to the pandemic, 2021 was the year of implementing processes to better support nurses and their patients through surges of the COVID-19 virus.

Nowhere was that more evident than in UCLA Health’s Cardiac Intensive Care Unit, where nurses are being trained to manage the ECMO circuit as well as caring for critically ill patients, the majority of whom have life-threatening pulmonary or cardiac complications due to COVID-19.

The first class of advanced ECMO nurses completed training in September 2021, adding to the cohort of respiratory therapists, perfusionists and physicians trained in this technical and highly complex level of care.

To date, more than 50 UCLA Health nurses, alongside about a dozen respiratory therapists, have been trained in managing the ECMO circuit, says Ida Anderson, MSN, RN, NEA-BC, ONC, director of nursing in Adult Critical Care at UCLA Health.

“To push that many nurses through this intensive training in the midst of a pandemic is pretty amazing,” Anderson says. “Because of this ECMO program, we have been able to save an incredible number of people.”

IDENTIFYING A NEED

ECMO, or extracorporeal membrane oxygenation, is essentially a heart/lung bypass machine that takes over the work of the patient’s heart and lungs, giving the native organs time to heal.

Whereas in the past, ECMO was primarily used during open-heart surgery or as supportive therapy for patients awaiting transplants, the majority of patients now on ECMO are recovering from COVID-19, Anderson says.

With about 200 patients a year, UCLA Health is the largest ECMO center in the region in terms of volume. But with just 14 ECMO beds in the cardiothoracic ICU and a finite number of physicians and perfusionists trained in ECMO, it wasn’t enough to handle the influx of patients, says Patty Sheehan, MN, RN, CCRN-K, cardiac clinical nurse specialist at UCLA Health.

Complicating things further, there weren’t enough staff nurses trained to care for ECMO patients, Sheehan says. “Our nurses were becoming so fatigued because they were, many times, working overtime caring for these patients.”

The hospital had begun exploring developing an advanced ECMO RN/RT training program

two years before COVID-19 began. Sheehan had reached out to other ECMO centers and had arranged for a visit to another UC campus to meet with their team members. That visit in conjunction with literature review and conversations with other programs across the U.S. set the stage for developing UCLA Health's program.

An ECMO coordinator, WeiTing Chen, BSN, RN, a former CTICU RN, was hired to help coordinate the development of the curriculum and team. Chen and Saba Riazati, MS, CCP, lead perfusionist, together developed a superb weeklong educational program and ongoing wet labs. These ongoing wet labs help the newly trained advanced ECMO RNs/RTs to maintain their competency.

One of the challenges in educating a group from two different health care disciplines was to consider the knowledge and expertise of each cohort.

"We had to make sure not to make assumptions because we're nurses," Sheehan says. "There are components, like caring for patients, that we know; but on the flip side, the respiratory therapists are familiar with components of ventilation, that nurses aren't. We had to make sure it worked together."

WIN-WIN PROGRAM

The first three-day training session launched in September. Another followed soon after. Except for a holiday break, sessions have continued monthly and include lectures as well as hands-on training in ECMO basics.

Following the classes, nurses and respiratory therapists are required to complete three clinical orientation shifts before they are independent in the role.

For many, the new role has been refreshing.

"It's a good change," says Michele Rodriguez, BSN, RN, CCRN, a clinical nurse manager in her 20th year with UCLA Health. "It's always good to learn something new and different to help our patients. It's nice to be able to support that."

Katrine Murray, MSN, RN, CCRN, a unit director in the cardiothoracic ICU, says the program is helping to retain nurses, many of whom have experienced clinical burnout over the course of the pandemic.

She notes the newly minted advanced ECMO nurses are a smart and curious group. "They're high achievers, and they've done such a great job. We're really happy about that."

Patients are benefitting, as well, Rodriguez says.

"We are very aggressive with how much we ambulate and rehab our patients," she says. "We get them out of bed, walk them in the hallways. These ECMO-trained staff can get patients more active and mobilized so they can recover quicker."

CONTINUING STRONG

Amid the challenges of launching a new program came overwhelming successes.

Angeli Gonzalez, MSN, RN, a clinical nurse manager in the cardiothoracic ICU, recalls a young COVID-19 patient who was put on ECMO until she could receive a heart transplant.

"It's always good to learn something new and different to help our patients. It's nice to be able to support that."



“She was with us six months. Her course was rough, her code status changed frequently, and we thought she wasn’t going to make it,” Gonzalez recounts. She did, and Gonzalez and the staff celebrated her with pom-poms the day she got out of ICU.

The unit also had several pregnant women recovering from COVID-19 on ECMO. Staff was able to stabilize them until their babies were delivered, Rodriguez says.

Murray credits the success of the program to “amazing teamwork.”

“Everyone is supporting each other, helping each other. Each patient is everyone’s patient, and they all make extra effort to look out for each other,” she says.

Rodriguez agrees.

“We’ve realized as we’ve worked together and grown and learned together in this new role, we can better treat these patients and give them a chance of getting home, or holding their baby, or returning to normal life, which a lot of other centers can’t give them,” she says. “I think if we keep pushing, we have the chance to give that to more people.”

A Commitment to Zero Harm: What's the Secret?

What is “zero harm?” Is “zero harm” even achievable?

By Matthew Rieck, BSN, RN-BC

Some may argue that falls, CAUTI and CLABSI are inevitable in older adults. However, on the 5NW Geriatric unit at UCLA Santa Monica Medical Center, we continue to push the boundaries of possibility even during a global pandemic.

5NW celebrated 12 consecutive months of zero CAUTIs, CLABSIs and HAIs. Additionally, 5NW did not have a fall with injury for 12 consecutive months. The numbers look great, but what's the secret?

While consistency in the delivery of quality care is extremely important, teamwork is the cornerstone of achieving high reliability, zero harm and patient safety. The “all hands on deck” mentality is frequently preached by unit leadership and is a core philosophy on 5NW. Whether it be running to bed alarms, frequent purposeful rounding, questioning the need for lines and devices, active daily

management, educating patient families on infection, or fall prevention, 5NW has a built-in culture of support and excellence and every staff member is committed to providing excellent patient care.

Furthermore, 5NW staff are resilient in the face of adversity. One may think in a pandemic our teamwork would wane or break, however, in the challenging time of the COVID-19 pandemic, we banded together and grew even stronger.

While 2021 may have been a difficult year for nursing, 5NW's commitment to not only patient safety, but each other's well-being has tremendously strengthened our ability to care for our patients.

From care partners, to nurses, to leadership, 5NW continues to support one another in breaking barriers to provide excellent care for our vulnerable geriatric population.

EMPIRICAL OUTCOMES

UCLA Health Nurse Sensitive Quality Indicators

UCLA Health nurses make significant contributions to patient and organizational outcomes. In their roles as leaders and partners in improvement initiatives, nurses use the latest evidence-based, best practices to guide their decision-making. They challenge themselves to assess the impact of their practice on their patients, colleagues, the profession and the organization. As Magnet®-designated organizations, we strive for excellence in quality, safety and patient satisfaction.

We monitor our impact on nurse-sensitive indicators such as infections, patient falls and hospital-acquired pressure injuries, and benchmark our performance against our peer organizations across the country. The following graphs reflect our performance on some of these indicators.

Central line-associated bloodstream infection (CLABSI) infection prevention continues to improve year over year and outperformed national benchmark for 10 of 12 months

UCLA Health | CLABSI

CLABSI Rate per 1,000 Central Line Days

Jan - Dec 2021



Hospital-acquired pressure injuries (HAPI) Stage 2 and above continued below benchmark

UCLA Health | HAPI Stage 2+ % of Patients with HAPI Stage 2+

Mar - Dec 2021*



*No data collected in Jan & Feb 2021

Patient falls outperformed national benchmark for 11 of 12 months

UCLA Health | Falls Falls per 1,000 Patient Days

Jan - Dec 2021



Standardization, retraining and sustained focus dramatically reduce CLABSI and CAUTI cases at UCLA Mattel Children’s Hospital

“The idea that you could have nurses in all areas doing the exact same thing when caring for that central line was the end goal,” says Grace Sund, a UCLA Health clinical nurse specialist.

By Jennifer Karmarkar

Work to standardize evidence-based practices across units in UCLA Mattel Children’s Hospital (MCH) has resulted in significant reductions in incidences of CLABSI (catheter-associated bloodstream infections) and CAUTI (catheter-associated urinary tract infections).

The efforts were spearheaded by three clinical nurse specialists: Grace Sund, MSN, RN, CPNP; Theresa Kirkpatrick, MSN, RN, CCRN; and RJ Soliven, MSN, RN, ACCNS-P. The three are members of MCH’s pediatric infection prevention group, Bug Busters.

“Standardizing our practices was probably our biggest, most labor-intensive thing we did to reduce CLABSI and CAUTI,” says Sund, the CNS lead for Bug Busters. “We also did a lot of one-on-one training with every staff nurse within MCH. We trained close to 500 nurses on our standardized practices for these things.”



CLABSI OUTCOMES

Sund says reducing CLABSI became a priority after 2020, which saw 18 CLABSIs across MCH units.

“The idea that you could have nurses in all areas doing the exact same thing when caring for that central line was the end goal,” Sund says. “Making sure everybody knew and treated that line as a lifeline, creating a culture of knowing we’re going to do the safest thing that we’re supposed to do every time.”

Between fiscal years 2020 and 2021, CLABSIs were reduced by nearly half, from 18 to 10, Sund says. Cases have declined even further during the current fiscal year. This was made possible by the frontline nurses caring for these lines daily in collaboration with a multidisciplinary team including physicians, quality improvement and infection prevention specialists and many other ancillary partners in care.

She notes that the Neonatal Intensive Care Units at UCLA Santa Monica Medical Center and Ronald Reagan UCLA Medical Center have consistently stayed at zero CLABSI and the Pediatrics unit at SMUCLA is heading into its fourth year of no CLABSI. Both are directly related to the focus on reducing incidents.

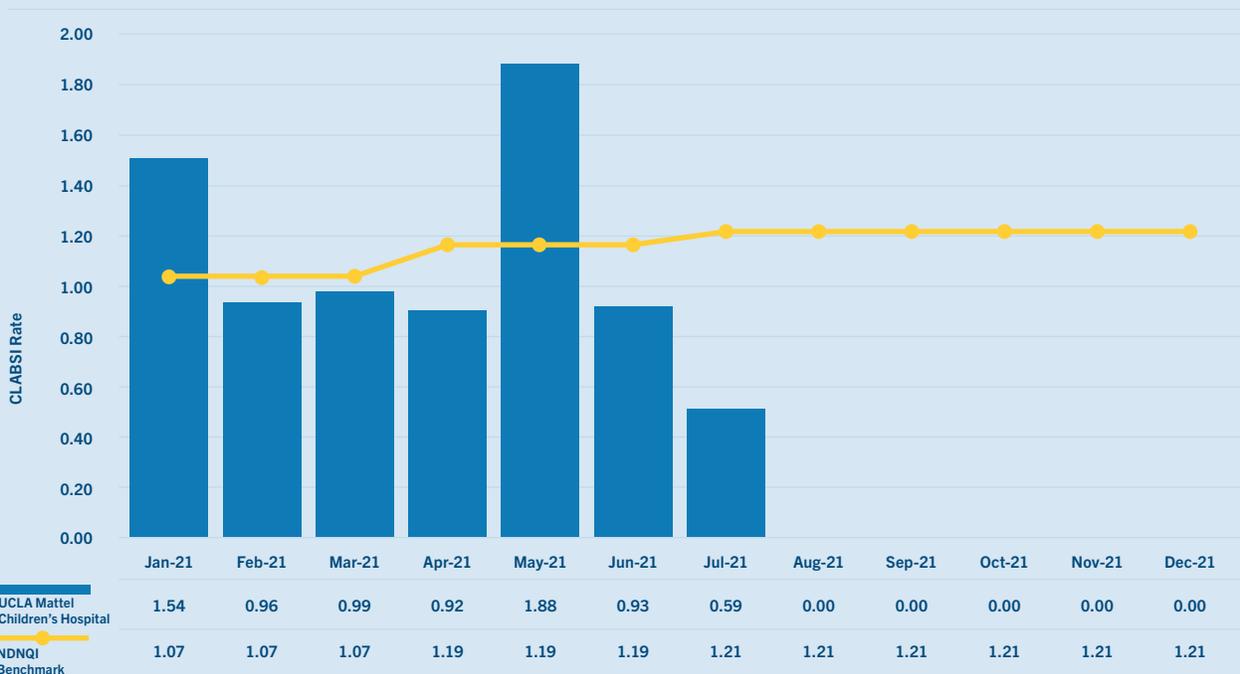
Additionally, MCH had five months in which seven units had zero CLABSI.

The reduction in catheter-related infections also is saving money, Sund notes. A cost avoidance analysis showed a savings of greater than \$1 million over the last two fiscal years. Agency for Health Care Research and Quality (AHRQ) estimates that each CLABSI costs the health system about \$70,000.

Central line-associated bloodstream infection (CLABSI) prevention showed remarkable improvement at UCLA Mattel Children’s Hospital

UCLA Mattel Children’s Hospital | CLABSI
CLABSI Rate per 1,000 Central Line Days

Jan - Dec 2021



CAUTI OUTCOMES

The number of CAUTIs has declined throughout MCH, as well. After four were reported during fiscal year 2020 and eight in early 2021, there have been no CAUTIs during the current fiscal year.

Kirkpatrick, the lead mentor for the CAUTI project, attributes the decline to a heightened emphasis on improving performance as well as implementing a risk stratification tool that ranks patients with a score based on how long the catheter has been in.

“During rounds, the nurse will say that risk score aloud to prompt the attending physician we need to take the Foley (catheter) out,” Kirkpatrick says.

Nurses also have created visual cues to hang on a patient’s bed to remind the care team to keep the

Foley bag below the bladder. A second sign, placed on the bed or infant warmer before the technician brings a child up from the Operating Room or PICU, reminds the team to put the bag below the bladder so urine doesn’t back up into the bladder and potentially cause an infection.

Sund noted the period of highest risk is pre- and post-surgery because of the maintenance of the catheter.

Kirkpatrick also has looked to other institutions for best practices. MCH recently started using a Foley bag hook used by Boston Children’s Hospital when patients go for a CT scan.

She also has added a physician to co-lead the project to address concerns about catheter removal from a medical viewpoint.

Catheter-associated urinary tract infection (CAUTI) rate per 1,000 Foley catheter days

UCLA Mattel Children’s Hospital | CAUTI
CAUTI Rate per 1,000 Foley Catheter Days

Jan - Dec 2021



STAYING FOCUSED

Efforts to reduce CLABSI and CAUTI are being noticed outside the department, too. In February 2021, 5 PCTU was recognized with UCLA Health's Zero Harm Achievement Award, given to departments that have demonstrated 12 consecutive months of zero CLABSI or CAUTI incidents.

Kirkpatrick says she is proud of MCH's nurses for doing their best every day to improve care delivery for their patients.

"It's been all of us taking time every single day to keep our eyes on it and not ignore it," she says. "And that's hard to do through staffing crises, or COVID crises, or sick kids. It's continued, no matter what."

Soliven also praises the nursing team.

"These nurses, some of whom have been here 30 or 40 years, are amazingly receptive. We tell them the problem, they make the necessary changes, and here we are with the outcomes we projected," he says.



NEW KNOWLEDGE AND INNOVATION

By K. David Bailey, PhD, MBA, MSN, RN, CCRN-K, NEA-BC, FACHE

Chief Nursing Officer, UCLA Santa Monica Medical Center
Executive Mentor, Research Innovation Council

Advancing research and innovation to improve patient care



Nurses on the hospital-based New Knowledge, Innovations and Improvements Councils (NKI) and the system-level Research Innovation Council (RIC) continue to explore diverse ways to enhance technology use and extend nursing research efforts, with the ultimate goal of improving patient care.

Five events in 2021 deserve special attention, including a presentation on Design Thinking and Nursing Innovation and re-initiating Nursing Grand Rounds with the first panel speakers focusing on biodesign and nursing informatics. Next, RIC council members Christine Trebonik, BSN, RN, CMSRN and Kelsey Reyes, BSN, RN, CMSRN served as co-principal investigators for a national research study to explore frontline nurses' experiences during the COVID-19 pandemic. Furthermore, RIC co-sponsored a Research and Innovation Seminar series and launched a newly redesigned Research, EBP and Innovation website.

In collaboration with the nurse informaticists, the combined energies created through the NKI and RIC councils continue to propel the expansion of evidence-based practice, nursing research, innovation and technological enhancements across UCLA Health.

Advancing nursing research: comparison of neonatal length measurements using tape measure vs. length board

By Pamela Miller, PhD, RN, ACNP

For neonates requiring intensive care, growth is an expression of overall health, nutritional status and well-being. Neonatal length is a primary gauge of neonatal nutrition and forms the basis for important treatment decisions.

However, the process of measuring an infant's length is subject to inaccuracies. In many institutions, the tape measure is used to evaluate infant length as a standard of practice. Length boards have been purported to be a more reliable method of measuring an infant's length. Yet, existing evidence demonstrates inaccuracies in neonate length measurements between tape measure and length board at one time point.

Denise Ribeiro, MSN, MA, RN; Juliet Sasinski, MSN, RN, RNC-NIC; Heather Hackett, MSN, RN, NEA-BC; and Catherine Manalo, RD, CNSC from UCLA Santa Monica Medical Center and Jaehee Choi, RDMS and Pamela Miller, PhD, RN, ACNP from UCLA Health Center for Nursing Excellence conducted a study to compare the accuracy and reliability of neonatal length measurements using a tape measure and length board in the neonatal intensive care unit (NICU). Using a single group, quasi-experimental, repeated measures design, 108 neonates admitted to the NICU were prospectively enrolled. Clinical nurses measured neonates weekly per unit-based protocol using tape measures, while the study team measured length using length boards. The primary outcome was neonatal length.

Findings revealed a significant difference in the level of agreement between length board and tape measure over time. The predicted neonate length was significantly lower for length board when compared to tape measure.

Approximately three-quarters of neonates were matched in the same Fenton standard growth percentile categories using length values derived from length board and tape measurements, whereas one-quarter of neonates shifted to a new percentile category based on both measurements. Taken together, this is the first study to compare longitudinally the level of agreement between length board and tape measure among neonates.

Length board measurements may be reliable for accurate classification of a neonate's growth curve. Future research should replicate and extend these findings using a longitudinal design and investigate the impact of any observed differences in measurement methods on diagnosis and plan of care over time.

The study was presented at the Academy of Neonatal Nursing Fall Conference. The publication is forthcoming.



2021 UCLA Health Nursing WOW Achievements

PRESENTATIONS

Sandra Almoquira-Manalo, MSN, RN; Maryann Sullivan-Ruda, BSN, RN; Hai Lee, MSN, RN, AGACNP; Rosalina Bolosan, BSN, RN; Miriam Gonzalez-Lopez, MSN, RN, NEA-BC, DCL.

Proactive Model of Discharge Lounge Impacts Throughput and Patient Safety during COVID-19. *Academy of Medical-Surgical Nurses Annual Convention*. Virtual. 9/30/2021-10/3/2021. (Poster) RRUCLA

Lisette Espana, MAN, PMHRN-BC; Eleanor Tomas-Lagmay, RN, MSN-Ed, PMHN-BC; Leilanie Ayala, RN, MSN, PMHCNS-BC, PMHNP-BC.

Doll Therapy as a Therapeutic Management of Agitation in an Acute Geriatric Psychiatry Unit. *American Psychiatric Nurses Association (APNA) 35th Annual Conference*. Virtual. 10/13/2021-10/16/2021. (Poster) RNPH

Grace Florentin, MSN-Ed, PMHRN-BC; Robert Bencangey, MSN, PMHRN-BC, CEN. Empowering Inpatient Psychiatric Staff to Maintain Patient Safety During a Pandemic. *World Mental Health Congress*. Virtual. 6/21/2021. (Poster) RNPH

Dallas Lawry, BSN, RN, OCN; Rayna McParlane, BSN, RN, OCN. Addressing Oncology Nurses' Competence and Confidence in Chemotherapy Desensitization. *Oncology Nursing Society Congress*. Virtual. 4/20/2021. (Poster) UCLASM

Erika Lozano, MSN, RN-BC; Maria Dalesandro BSN, RN. Holistic Renovation: Creating a Multi-Purpose Room to Promote Safety in an Inpatient Psychiatric Setting. *American Psychiatric Nurses Association 35th Annual Conference*. Louisville, Ky. 10/2021. (Poster) RNPH

Elisa Lynn, BSN, RN, CCRN; Carclea Fontelo, BSN, RN, MA, CPHQ; Kimberly Ternavan, RN, MS/MBA, CPHQ, NE-BC; Jeannette Meyer, RN, MSN, CCRN-K, CCNS, PCCN-K, ACHPN. An Exercise in Discovery: Comprehensively Evaluating a Designated End of Life Unit to Justify Global Expansion. *Nurses Improving Care for Healthsystem Elders (NICHE) Conference*. Virtual. 4/13/2021-4/15/2021. (Poster) RRUCLA

Dahlia Maldonado, BSN, RN-BC. An Integrated U: Improving Pain Management through an Integrative Therapy Algorithm. *28th National Evidence-Based Practice Conference*. Virtual. 4/14/2021. (Podium) UCLASM

Monica Mikhael, MSN, RN; Lisa Yanuaria, BSN, RN. Evidence-Based CLABSI Prevention Starts with U. *28th National Evidence-Based Practice Conference*. Virtual. 4/14/2021. (Poster) RRUCLA

Marshall Tad Morgan Jr., MSN, RN; Nina Park, MSN, RN, CNL. Don't Wait to Palliate: A Neuropalliative Care Trigger Tool Improves Patient/Family Satisfaction in Neuroscience Populations. *28th National Evidence-Based Practice Conference*. Virtual. 4/14/2021. (Podium) RRUCLA

Valentina Obreja, DNP, AG/AC NP/BC, CCRN, CMC, CSC, PHN, EBP-CH; Taline Marcarian, PhD, RN, CCRN, CSC; Katrine Murray, MSN, RN, CCRN, NE-BC; Wei Ting Chen, RN, BSN, CCRN, CSC; Vadim Gudzenko, MD. Early Mobility and Ambulation of Frail COVID-19 Adult Extracorporeal Membrane Oxygenation Patients Decrease Mortality Risk. *Asia-Pacific Extracorporeal Life Support Organization 2021 Conference (APELSO 2021)*. Hybrid. 10/29/2021-10/31/2021. (Poster) RRUCLA

Kemi Iyabo Reeves, RN, MSN, GNP-BC; Jade Cruz, MSN-ED, RN; Adisa Cartwright, MSN, RN-BC; Michelle Santizo, MSN, PHN, RN; Karen Grimley, PhD, MBA, RN, NEA-BC, FACHE. Nurses Changing the Game: Building an Exceptional Equity, Diversity, and Inclusion Initiative for an Academic Health Care System. *Association for Leadership Science in Nursing*. Chapel Hill, NC. 10/17/2021. (Podium) UCLA Health

Shoni K. Taylor, MSN, PMHNP-BC, NE-BC; Adrienne Creamer, BSN, RN-BC; Elizabeth Brillo, BSN, RN-BC. “Unplugged”: Exploring the benefits of providing wireless headphones and music streaming services on an acute inpatient psychiatric unit. *APNA 35th Annual Conference*. Louisville, Ky. 10/13/2021-10/16/2021. (Poster) RNPH

Tia Wheatley, DNP, RN, AOCNS, BMTCN; Stephanie Jackson, MSN, RN, AOCNS, BMTCN. Standardizing Busulfan Administration & Pharmacokinetic Testing to Reduce Adverse Events in HSCT Patients. *Oncology Nursing Society Congress*. Virtual. 4/20/2021. (Podium) RRUCLA

One Day

By Sanjeevan Atwal-Khanna
MSN, RN

One day...

I woke up to a
bad dream.

Newspaper headlines
made me scream.

Pandemic is here ...

I look out the
window, sun is

just as bright,
sky is blue

But Corona has taken
over the world.

Yes, I can do it
my inner voice told me

I came to fight off Corona,
Help those who need me the most
One day, a shivering voice told me,
Thank you for being there for me.

I look out the window again,
flowers are blooming,
birds are chirping

Corona is settling into our lives

I look into a mirror,
I see true meaning of my life.

I will never be afraid again

One day...

PUBLICATIONS

Sandra Dewar, PhD, APRN, FAES, FAAN; Huibrie Pieters Phil, PhD, RN; Itzhak Fried, MD, PhD. Surgical Decision-Making for Temporal Lobe Epilepsy: Patient Experiences of the Informed Consent. *Frontiers in Neurology*. 2021; 12, 780306. RRUCLA

Leslie Chang Evertson, DNP, RN, GNP-BC; David B. Reuben, MD; Kassandra E. Zaila; Nadia Akram, MSW; Tahmineh Romero, MS; Zaldy S. Tan, MD, MPH. Caregiver Outcomes of a Dementia Care Program. *Geriatric Nursing*. 2021; 42(2), 447-459. UCLA Health

Anila Ladak, DNP, RN, CNS, GNP-BC; Betty Lee, MN, RN, CNS, CMSRN; Juliet Sasinski, MSN, RN, CNS, RNC-NIC. Clinical Nurse Specialist Expands to Crisis Management Role During COVID-19 Pandemic. *Clinical Nurse Specialist*. 2021; 35(6), 291-299. UCLASM

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Jessica M. Phillips, MSN, RN, NPD-BC; Kathleen Feldman, MSN, RN, NPD-BC; Pamela S. Miller, PhD, RN, ACNP, CNS; Lee Galuska, PhD, RN, NE-BC. The Impact of Boost Methodology on Nurse Knowledge Retention: A Longitudinal, Quasi-Experimental Sepsis Simulation Pilot Study. *Journal for Nurses in Professional Development*. 2021; 37(1), 3–11. UCLA Health

Kristin E. Schwab, MD; Wendy Simon, MD; Myrtle Yamamoto, RN; Anna Dermenchyan, MSN, RN, CCRN-K; Xueqing Xu, MSN, RN; Yuhan Kao, MSN, RN; Alexander Zider, MD; Faisal Shaikh, MD; Bryan Garber, MD, MS; Elinor Lee, MD; Zafiah Anklesaria, MD; G. Sofia Nelson, MD; Allison Ramsey, MD; Thanh H. Neville, MD, MSHS. Rapid Mortality Review in the Intensive Care Unit: An In-Person, Multidisciplinary Improvement Initiative. *American Journal of Critical Care*. 2021; 30(2), e32-e39. RRUCLA

Alissa Ulanday, MSN, BSN, AGACNP-BC, ACHPN; Lindsay Minter, MSW, LCSW. Collateral Damage of the COVID-19 Pandemic: Isolation, Rapid Decision Making and Multifaceted Distress as Observed by an Inpatient Palliative Care Service. *Journal of Social Work in End-of-Life & Palliative Care*. 2021; 17(2-3), 164–172. RRUCLA

Yesenia Valle, MSN, RN, NEA-BC, OCN; M. Kateri Tobias, MSN, RN, CCRN; Lee Galuska, PhD, RN, NE-BC; K. David Bailey, PhD, MBA, RN, CCRN-K, NEA-BC, FACHE. (In Press). Three Threads for Weaving Nursing Excellence Into the Fabric of an Organization. *Nurse Leader*. 10.1016/j.mnl.2021.08.007. Advanced Online Publication. UCLASM, RRUCLA & UCLA Health



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GRANTS

Neonatal Intensive Care Unit. NICU Lactation Grant. *Association of Women’s Health, Obstetrical, and Neonatal Nurses*. {\$1,000} RRUCLA

Dallas Lawry, BSN, RN, OCN. Graduate Scholarship in Cancer Nursing Practice. *American Cancer Society*. {\$20,000} UCLASM

Valentina Obreja, DNP, AG/AC NP/BC, CCRN, CMC, CSC, PHN, EBP (CH). Evidence Based Practice Grant. Adult Ambulation Protocol for Extracorporeal Membrane Oxygenation Patients. *Sigma Gamma Tau at-Large Chapter* {\$1,000} RRUCLA

VidaTalk™ underscores patient-centered care

The iPad app facilitates communication for non-verbal patients.

By Jocelyn Apodaca Schlossberg

“It’s been a game-changer,” says Rose Healy, MS, RN, CNS, inpatient diabetes nurse educator, of the VidaTalk™ iPad application that rolled out in 2021. The app is an easy-to-use tool designed to help patients communicate with health care professionals.

Healy says patients who are non-verbal have gone from a once frustrating experience of having to write requests or questions down on paper to communicating with their medical team easily through the app.

A trial phase of the application was launched in the fall of 2020 by the Speech Pathology, Respiratory and Nursing departments as a way to better communicate with patients when they are most vulnerable – unable to communicate, whether due to their condition, surgery or language barrier.

Nurses have long played a key role in helping patients communicate their needs, wants, questions and frustrations.

“Nurses are with patients 24/7, so we thought to ourselves, how can we then optimize and use this tool to the fullest and make sure that we’re identifying the right patients for it,” Healy says.

Patients must have visual and cognitive acuity to use the icons on the iPad, as well as adequate dexterity and eye-hand coordination.

“The foundation of nursing is the relationship with the patient,” Healy says. “Everything that we do should support that relationship. I feel

fortunate that I’ve worked in a place where people are always thinking outside of the box and looking for opportunities to really build up towards that innovation.”

UNIQUE EXPERTISE

Healy’s ability to connect with patients and their families, along with her expertise in multiple departments, put her in position to distribute the VidaTalk™ app and train staff on its use.

As a diabetes clinical nurse specialist, she says, the bulk of her practice is working with patients and families and teaching them about diabetes and related topics.

“Because I’ve been around a long time, I’ve developed relationships with lots of teams and feel that because of those relationships, people feel comfortable pulling me in when they have an idea,” she says.

IT TAKES A TEAM

Healy is also enlisting Patient Engagement Champions to use the app and train other nurses on it. Patient Engagement Champions also identify which patients on their unit would benefit from VidaTalk™.

“That’s the first thing that we should be grabbing when we go in the room,” Healy says of the iPads loaded with the VidaTalk™ app. “It’s going to be able to give us a real sense of what’s going on with that patient at that time.”

Healy says through the app, the patients will be able to better communicate what their concerns are, what they need from their health care team, and what is going to improve their experience.

“It illustrates that caring for patients is a team sport and it takes all of us. That, to me, is the spirit of UCLA Health,” she says.

As more nurses have used the VidaTalk™ app, Healy says she’s seen patient health improve, better overall communication and increased patient satisfaction.



Nurse informaticists work behind the scenes to connect the dots from clinical care to the electronic health record

“The goal of Project TIME is to give valuable time back to our nurses, which, in turn, will enhance patient experience and improve clinician well-being” says Janar Baurijan, a UCLA Health nurse.

By Jennifer Karmarkar

Many consider the nurse informaticists at UCLA Health the unsung heroes of the pandemic.

When the world began shutting down in 2020, nurse informaticists shifted into high gear. They updated workflows to provide immediate access to a patient’s infection status; created dynamic chart banners that provided guidance on the patient’s COVID-19 testing status; and developed systems that made it easier for families to connect virtually.

Over the past year, the informaticists’ focus has shifted to streamlining electronic documentation so nurses can spend more one-on-one time with their patients.

“I learned that they do a lot of behind-the-scenes advocacy for nurses,” says Dahlia Maldonado, BSN, RN-BC, an administrative nurse in the medical-surgical nursing unit at UCLA Santa Monica Medical Center. “They are really the brains behind these innovative ideas, and that really showed during COVID.”

Maldonado was selected to participate in UCLA Health’s Nursing Informatics Fellowship, a one-year program that allows nurses to explore nursing

informatics through classes, practical experience and mentoring by a Nursing informaticist.

The current group of fellows also includes Stacy Meyer, MSN, RN, PCCN; Janar Baurijan, MSN, RN-BC, CNRN; Janice Im, BSN, RN, CCRN-A, Linda Bui, BSN, RN, CNOR; Aira Dungca, BSN, RN; and Iris Mayoral, BSN, RN-BC.



REDUCING DOCUMENTATION

Incoming fellows choose a project that interests them, aligns with their clinical expertise and the organization's goals, and can be completed within one year. Four fellows currently are working on reducing documentation.

Meyer, a clinical nurse in the medicine/telemetry unit at Ronald Reagan UCLA Medical Center, notes there is a nationwide initiative to decrease electronic documentation by 75% by 2025. Data have shown that during a typical shift, ICU nurses spend 84 minutes charting and non-ICU nurses spend 67 minutes.

“Ultimately, the goal of Project TIME (Together Implementing Meaningful Essential documentation) is to give valuable time back to our nurses which, in turn, will enhance patient experience and improve clinician well-being,” says Baurjan, a clinical nurse in the neuroscience stroke unit and a New Knowledge and Innovation Council facilitator. “By eliminating areas of documentation that are outdated and duplicative, we can help alleviate burnout and increase both nursing and patient satisfaction.”

Areas of the fellows' focus include care, safety and physical assessment charting, and flow sheets for invasive devices and central lines.

Maldonado says she has acquired skills she can apply throughout her career.

“Because of the knowledge I gained, I look at solutions from the informaticists' perspective,” she says. “It's helped me as a nurse because I think more clearly and I realize there are a lot of different ways we can approach a project.”

DISASTER CHARTING

In response to an increased nursing workload during the pandemic, Nursing informaticists in 2021 created and implemented disaster

documentation tools in the electronic medical record to reduce the documentation burden and increase bedside care accessibility.

Designed to be used in any disaster situation, the policy was developed for all inpatient care areas, but was piloted on adult medical, surgical and ICUs for one week. It's an area that's gaining traction across the nation, says Yvonne Mugford, MSN, RN-BC, a nurse informaticist for UCLA Health.

“I've had the opportunity to talk to nursing leaders across the U.S., and everyone was very aligned,” says Mugford, the project lead. “Hospitals were all taking the same strategy.”

In spring 2020, Mugford brought together a group of UCLA Health Nursing leaders and subject-matter experts to develop the tools. The team considered inclusion and exclusion criteria based on rationale found in the literature, she says.

They piloted the disaster documentation tools for one week on adult medical, surgical and ICU units in May of 2020. During that period, documentation was reduced 11%, from an average of 142 minutes per nurse per shift to 128 minutes, Mugford says.

“That equated to a nurse having 20 minutes more per patient per day,” she says. In a post-pilot survey, 88% of the nurses said they felt they had what they needed to capture the clinical picture.

As of December 2021, with another surge of COVID-19 patients, the disaster documentation tools were implemented in all areas of the hospital with the exception of the perioperative and procedural areas.

FOR NURSES AND THEIR PATIENTS, IT'S A WIN-WIN.

“It's easy to pick and choose what to chart, but the truth of the matter is you can care for the patient or the medical record, but not both,” she says. “It comes down to what really has to be charted.”

STRUCTURAL EMPOWERMENT

By Lee Galuska, PhD, RN, NE-BC

Executive Director, Nursing Practice, Education and Research
Adjunct Assistant Professor, UCLA School of Nursing

Empowered Nurses Deliver Excellence



One of the hallmarks of a Magnet® organization is structural empowerment. That is, the organizational structures and processes empower nurses to exercise their educational preparation, their passion for helping others and their voices in advocacy for patients, communities, better health and health care. Our commitment to the empowerment of nurses through education, development and engagement in professional governance has enabled our Magnet®-recognized hospitals to continue to achieve high levels of nursing excellence. Nurses are engaged as active partners in decision-making at UCLA Health and beyond. Their voices are valued and respected for the expertise they contribute to nursing practice and outstanding patient care. At UCLA Health, we assure that nurses have opportunities to learn, grow and contribute in ways that are meaningful to them, to the community and to those we serve.

In 2021, UCLA Health nurses leveraged professional governance councils and collaborated with colleagues in the Center for Nursing Excellence to rise to the challenges of another year of pandemic. We innovated to meet organizational staffing needs, onboarding nearly 1,000 new nursing colleagues to care for patients in our hospitals and clinics. Nurses also engaged in volunteerism and community activities both locally and regionally. They kept their focus on health equity and a desire to serve our community members challenged with food insecurity, homelessness and a disproportionate burden of disease.

We are proud of the nurses who stepped up, gave generously of their time and contributed to making our communities healthier places to live. While they were focused on patients, families and communities, our nurses were also focused on the well-being of their peers. The nurses of the Professional Development Council took a systematic approach to assessing the current state of well-being in our nursing teams and are committed to driving change guided by the feedback of their colleagues.

There is no limit to what nurses can do when supported by the structures, processes and organizational commitment to empower and engage them in achieving their full potential.

Combating burnout and promoting nurse well-being

“The gifts of hope, confidence and safety that health care should offer patients and families can only come from a workforce that feels hopeful, confident and safe. Joy in work is an essential resource for the enterprise of healing,” said Don Berwick (2017).

By Lee Galuska, PhD, RN, NE-BC and Kelley Anderson, BSN, RN, OCN

Nurses and other health care providers have been under unprecedented stress over the last two years, creating a threat to health care as we know it. Clinician well-being has been a well-established concern described by experts across the nation with a call for a transformed system that cares for those who provide care for patients, enabling them to find joy in their work.

In July 2021, nurses on the Wellness Subcommittee of the Professional Development Council (PDC) shared concerns about their colleagues who were struggling with physical, emotional and psychological stress and exhaustion related to the pandemic. They wanted to take action but knew they needed to understand what nurses were experiencing and plan interventions based on their feedback. They discussed sending out a survey to gather data directly from nurses.

Lee Galuska, PhD, RN, NE-BC, executive director of the UCLA Health Center for Nursing Excellence and the team’s executive sponsor, suggested a systematic approach to assess the current state of nurse well-being and to hear the voices of nurses about what would help them. Subcommittee members were encouraged to explore validated tools intended to measure this kind of stress and to include some open-ended questions to gather actionable information from the nurses. Ana Liezl

Meyer, BSN, RN, who joined the group, shared, “The survey is also what I was going to suggest to get a pulse for what our nurses need at this time. We have a ton of resources at UCLA Health, but I don’t think the nurses are aware of it. I’m eager to find ways to bridge the gap between this knowledge deficit and empowering nurses to pick from the abundant resources available to them.”

The PDC nurses seized the opportunity to study the current state and use the data to drive change to promote nurse well-being. They completed their training to become co-investigators in the IRB-approved study. Kelley Anderson, BSN, RN, OCN, nursing professional development generalist, led the group in reviewing the literature and obtaining expert advice on the instruments to use. The team decided to include the Pro-QOL 5, which assesses compassion satisfaction, and compassion fatigue, including burnout and trauma-induced stress. This tool enabled respondents to see their scores in each category to give them insight into their current state. The team also chose to include the Meaning and Joy in Work Questionnaire. Open-ended questions included nurse perceptions of their greatest sources of workplace stress, and what the organization could do to support their work-related stress and foster healthier practice environments. The survey included a link to digital resources to aid respondents in managing their stress.

The clinical nurse co-investigators from the three hospitals, Kama Newbry, BSN, RN, PHN; Dahlia Maldonado, BSN, RN-BC; Ana Liezl Meyer, BSN, RN; Anastasia Berbano, BSN, RN, OCN; Kannitha Lor, BSN, RN, CCRN; and Susan Mahnovski, MS, RN-BC, CNL, created a mobile cart and visited nurses in their units and departments to encourage their participation in the survey. The electronic survey was conducted from Nov. 28-Dec. 18, 2021. More than 1,200 nurses participated, and nearly 1,000 recommendations were provided!

With the support of Pamela Miller, PhD, RN, ACNP; Jessica Phillips, MSN, RN, NPD-BC; and Dr. Galuska, the research team is analyzing

the quantitative results from the validated instruments and the qualitative comments from the nurses. They have set a goal to implement at least three interventions in 2022 based on the feedback from nurses across UCLA Health. This systematic approach will inform our actions to make the most meaningful impact on nurse well-being, enabling them to continue to do the work that brings them meaning and joy while making a difference in the lives of patients, their families and our communities.





Open Letter to My Fellow Nurse

By Paulette Madley, MSN, RN-BC

Dear Mom (Registered Nurse 1969-2017),

I don't know how you did it. All my life, you inspired me to be a better version of myself. Oftentimes, I lay in bed at night thinking about you. You are my anchor, cheerleader and mentor.

The last two years, I have been challenged on how I can keep my passion to serve and desire to care. The unthinkable COVID-19 first appeared in 2020. A phone call to you would ease many of my insecurities on how to care for these patients when I know nothing about their disease. You would remind me how I cannot go wrong by doing the right thing, and that I should listen to my heart armed with compassion and love for others.

Many days I am exhausted and fear going home to my family that I might get them sick. I have to show my brave self for I chose this rarely boring profession – I do this because that's what you would tell me to do.

One night I was sitting in my living room reminiscing about our conversation as to why you became a nurse. You shared how inspiring it is to be a nurse and have such a huge impact on someone's life during their most momentous events. COVID-19 is one of these events that changed many of our lives, including mine. As my cheerleader, you would tell me how this (the pandemic) is the ultimate reason why I became a nurse – to care for those who are unable to care for themselves and that I am doing a phenomenal job by giving hope to those who can't. You would concur with my husband's statement: "This is your Super Bowl of all Super Bowls."

A COVID-19 patient once thanked me during my visit in her room for holding her hand while we talked about the TV show she was watching. Mom, thank you for instilling in me the importance a simple gesture has for our most vulnerable patients.

Here we are, year 2022, and I am not sure where we are heading. It has been a difficult start of the year. My entire family succumbed to this virus and work itself did not get easier. My constant worry for my family and staff sometimes gets the best of me. But the thought of you, your gracefulness as a nurse and a kind human being is what drives me back closer to my heart's desire, my WHY.

I was browsing through Facebook today and a memory feed of the 2015 Annual Report came up. Your comment to my post was "you are my mahogany (it's a rare wood, with reddish brown color, symbolizes

strength), I am proud of you.” When I read this, I was trying to hold my tears back. I am forever thankful for you, who taught me to care when no one cares, to be kind to the unkind and to love all who hate.

The last time I saw you was in my dream. You were in your white uniform in a hospital hallway. You whispered “you are my child and you will touch many lives. I am happy where I am,” as you faded away. Mom, I cannot thank you enough. Even in spirit (almost like speaking through my patients) you continue to guide me and renew my love for nursing. I am who I am today because of you. You will always be my inspiration to achieve what seemed to be impossible.

I know you always enjoyed the moments when we read letters from our patients out loud to each other.

I am sharing yet another beautiful letter from our patients:

Feb, 2022

Paulette,

I can't begin to thank you for your kindness to me this past week. You really jumped in when I needed someone I could trust and that gave me great comfort. I get how far you went out of your way + I just wanted to be sure you knew how much it meant!

Looking forward to connecting again soon.

Enjoy dancing and singing in heaven!

Love,

Your Nurse Daughter

2/22

To the amazing nursing staff on 4th floor north who took care of me: You really make a difference, know how much your work matters-not because of the importance of it, but the way you do it. Each of you with unique touches, you all stood apart as the genuine nurturers on an otherwise challenging journey. You have no idea how much your special touches mattered to me + gave me great comfort. Thanks doesn't say enough!

Nursing Professional Development team shifts onboarding into high gear to meet staffing needs

“We’ve adjusted delivery modalities without losing the integrity of the nursing orientation and preceptor education, and that’s pretty phenomenal,” says Jessica Phillips, a UCLA Health nursing manager.

By Jennifer Karmarkar

Taking more than 100 newly hired nurses through nursing orientation in a day and a half during a pandemic may seem like a daunting, if not impossible, undertaking.

But not for UCLA Health’s small but mighty Nursing Professional Development team.

During a hiring surge last fall, the team was able to pivot on a dime, onboarding 101 nurses in what is normally a three-day program for just 25 nurses. The orientation included 8½ hours of clinical content, delivered virtually, and 5½ hours of in-person training at UCLA’s Luskin Conference Center.

To meet the staffing needs of the hospital system, the team also used a similar design to rapidly bring on another 69 nurses over three sessions at the Michigan Operations Center in December 2021.

In those two months, the team onboarded an incredible 25% of its annual total of 969 nurses and ancillary staff.

Numbers, however, don’t tell the whole story.

“In the state of the pandemic, which has been this entire fiscal year, we’ve adjusted delivery modalities without losing the integrity of nursing

orientation and preceptor education, and that’s pretty phenomenal,” says Jessica Phillips, MSN, RN, NPD-BC, manager of Nursing Professional Development, which is part of the Center for Nursing Excellence at UCLA Health.

Phillips praises the talents of UCLA Health’s growing education team, which works in tandem with the Human Resources and Talent Acquisition teams in the onboarding process.

Kristine Traxler, MSN-ED, RN, a nursing professional development specialist at UCLA Health, notes there was close collaboration with clinical nurse specialists and clinical nurse educators to approve the revised orientation program and with clinical nurses, who tested scenarios and scripts for the clinical stations.

The team also worked closely with the clinical preceptors who facilitate in the nursing orientation program, as well as with clinical experts, the professional development specialist team, and materials management, which procured the materials and transported equipment to the training centers, she says.

“Our events went very smoothly because of the preparation that happened before,” Traxler says.

MEETING STAFFING NEEDS

Pre-pandemic, the typical three-day nursing orientation for experienced nurses was designed for up to 30 participants, Traxler says. Sessions at MOC included simulations with high-fidelity sim manikins and standardized patients, skills reviews, segments addressing quality and safety, nurse-sensitive outcomes and best practices, among others.

When the pandemic hit, classes moved to a hybrid format of virtual and in-person instruction and limited participation to 18. In September 2021, that number was increased to 25.

But with a surge in COVID-19 cases, new hires surged as well, and orientations were being pushed back up to two months, Traxler says. That led to the need to develop a rapid orientation program.

“Instead of a two-month delay, we got them in,” Traxler says. “That’s where the onboarding coordination of this mass hiring event needed to happen for it all to align on that date selected.”

The team has resumed three-day orientations, in a hybrid format, but regularly consults with the Human Resources Department and the Talent Acquisition Department to assess the health system needs.

“We’ve been able to flex to offer several different programs,” Traxler says.

HIGHER RETENTION

One of the challenges has been how to best deliver virtual content for the nursing orientation and preceptor development courses.

“It takes considerable planning to be interactive in an online format,” notes Jade Cruz, MSN-ED, RN, a nursing professional development specialist at UCLA Health.

Cruz says they aim to make the online sessions

engaging, incorporating a variety of activities and allowing participants to ask questions and converse with presenters “like a live, in-person platform.”

Nurses have praised the orientation sessions. According to evaluation data from the October orientation, 92% rated the quality of the event “excellent.”

Comments included “Best program I’ve encountered for new hires” and “All presentations were relevant, concise and engaging.”

That’s good news for UCLA Health Nursing.

“Empirical evidence shows when learners are motivated and engaged, they will translate that to practice,” Phillips says. “We look at higher-level outcomes and retention, and we’ve seen some great numbers in terms of retaining the new hires we are training.”



Nurses make healthier and better communities here and around the world

“One of the things that sets UCLA Health apart is their commitment to helping the nurses experience some of that professional and personal growth that I haven’t seen elsewhere,” says Bob Bencangey, a UCLA Health nurse educator.

By Jennifer Karmarkar and Sandy Cohen

UCLA Health’s commitment to serving the local and global community is consistently demonstrated through its programs that bring world-class health care to those who need it most. And its nurses are leading that charge. Through the health system’s Professional Development and Structural Empowerment Councils, nurses are offered opportunities to volunteer in ways that are meaningful to them and to their communities.

At UCLA Health, nurses are encouraged to do big things.

DRIVING FOOD COLLECTION

For Maria Straub, BSN, RN, CAPA, the most rewarding part of volunteering is seeing the joy others get from giving back. Straub, a clinical nurse at the Outpatient Surgery Center in Santa Monica, has headed Nursing’s annual food drive, sponsored by nurses from Ronald Reagan UCLA Medical Center (RRUCLA) and UCLA Santa Monica Medical Center (SMUCLA) in a partnership with Westside Food Bank.

In 2021, SMUCLA collected 704 pounds of food along with \$1,471 in monetary donations. RRUCLA received 1,150 pounds of food and collected \$1,521.

COVID-19 shifted the focus in 2021 to collecting cereal boxes, says Straub. Bins were placed on all the nursing units and in front of hospital entrances.

“People love to donate, and I couldn’t even keep up with what was going on, which was great,” she says.



Straub notes that people appreciate when you give them opportunities to give back. She recalls a man who brought his wife in for treatment and saw the decorated donation bin out front.

“He left while his wife was getting treatment and came back and filled up our whole bin with peanut butter and canned goods and juice boxes,” she recalls. “It’s super touching when you’re creating this and you get others inspired.”

Straub also volunteers at The People Concern, where her committee provides monthly health workshops for individuals in transitional living.

She appreciates that UCLA Health gives nurses the time and resources to participate in volunteerism.

“They definitely encourage us,” she says. “It’s good for them, and it’s good for us. I think it’s a two-way street.”

FROM FOOD DRIVES TO HEALTH CARE OVERSEAS

While some people like to hike or read a good book when away from their job, Michelle Santizo, MSN, RN, PHN, prefers to spend her free time helping others.

“Everyone picks their hobbies, and volunteering is just one of my hobbies,” says Santizo, who works in the hematology/oncology bone marrow transplant unit at RRUCLA. “This is something I love, and I always make time for it.”

Her list of causes is extensive: She’s been on multiple medical missions, volunteered at a monastery checking in migrants coming to the U.S., and provided assistance after Hurricane Michael. She’s served on a free medical brigade in Honduras and traveled to Mexico to care for children after cleft palate surgeries.

She’s helped with food drives, book drives and prom drives, and is a regular at L.A.’s Skid Row, providing health care to those affected by homelessness and connecting them with social service agencies.

At UCLA Health, Santizo sits on the Ronald Reagan Structural Empowerment Council, where she helps organize events tailored to serve marginalized populations in the West L.A. area. Santizo is one of the founders of an equity, diversity and inclusion council, formed after the murder of George Floyd.

“After his death, a lot of nurses started asking me, ‘What is UCLA Health doing to address equity, diversity and inclusion?’” Santizo recounts. Not having the answers, she started asking nurses what they thought could be improved. She took their feedback to the Professional Development Council and the Nursing Executive Council, which gave approval for the formation of the new council, now formally named Unity in Diversity (UID).

Growing up as the child of immigrant parents, Santizo knows firsthand what it means to lack health care and basic necessities.

“I promised myself to always give back to the community and give someone else the opportunity of hope the way someone provided it to me,” she says.

PASSION FOR CAREGIVING

Kannitha Lor, BSN, RN, PCCN, jumped into volunteering almost from day one on her job at UCLA Health, more than four years ago. She soon became chair of the Professional Development Council and community outreach lead on the Structural Empowerment Council.

Lor facilitates collaboration between volunteer organizations and UCLA Health, organizes food drives, provides hygiene kits for homeless shelters and serves at wellness events, including Dodgers RBI, a youth development program. She views her commitment to volunteerism as an extension of her passion for caregiving — one she inherited from her parents, who are both nurses.



“It’s just another way that we get to express that part of ourselves,” says Lor, a clinical nurse in the coronary care unit at RRUCLA.

For the 2021 food drive, RRUCLA collaborated with the Westside Food Bank and Los Angeles LGBT Center. The center provides health care, social services and housing, and several other supportive programs for LGBT individuals and families. “It’s always fun,” Lor says. “People like to give and we’re giving them that avenue to do that.”

As a freshman at UCLA, she took part in UCLA’s Volunteer Day, a day set aside for the UCLA community as a whole to give back. When she became a nurse, she wanted to find a way to continue participating in the event. Through the Structural Empowerment council, she was able to expand the program to include UCLA Health and even organized a friendly hospital-wide competition to see which unit could engage the most volunteers.

“The events ranged from planting trees at a park, painting murals at schools, going to food banks, to doing beach cleanups,” Lor says. “We had a big response from the hospital.”

She applauds UCLA Health for its commitment to equipping nurses with the resources to volunteer. “Whenever we ask for it, they’ll give us the support and give us the people who can help us out.”

HUMANITARIAN MISSIONS

Fifteen years ago, Chai-Chih Huang, MSN, RN, NE-BC, began spending her vacation time volunteering with humanitarian medical missions across the globe. She’s been to Nepal, China, Haiti, the Democratic Republic of Congo and Ecuador.

Huang, UCLA Health’s director of pediatric nursing, loves the international work so much she intends to dedicate herself to it full time when she retires.

The COVID-19 pandemic put a halt to trips abroad in 2020. And then came 2021 – and in a surprise

development, Huang found herself working full time on an international humanitarian mission right here at home.

In April, the U.S. Department of Health and Human Services tapped UCLA Health to provide medical care for unaccompanied migrant children from Central America at a temporary federal shelter at the Long Beach Convention Center. In less than 24 hours, UCLA Health workers set up an urgent care clinic, pharmacy, medical exam rooms and a COVID-19 isolation unit inside the empty convention center, along with a secure computer network to establish and track health records for every child.

Huang oversaw nursing efforts at the emergency-intake site, caring for the more than 1,700 children who passed through the center.

“I truly believe there should be no suffering in children, just around the world,” she says. “The children in Syria, the children in those countries where there are wars, for me, it’s so heartbreaking. I think that’s why I’m so committed to being a pediatric nurse and really to help children around the world. That has been my wish and my aspiration.”

Fluent in Spanish after so many years living in Ecuador, Huang was able to connect deeply with the children at the Long Beach Convention Center emergency-intake site, some as young as 4 and many of whom were homesick and scared.

Huang makes a personal connection with the children she cares for and the nurses she inspires.

On one of her missions to Congo, she learned about the plight of children in Zambia, where those born HIV-positive are often abandoned. Huang dreams of opening an orphanage there.

“When I retire, the first country I’ll go to is Zambia,” she says, adding that she’ll seek help from her UCLA Health colleagues to make her dream come true.

“I’m planting the seeds,” Huang says. “Like, we’re going to open an orphanage, we’re going to open a clinic, and the clinic is going to say UCLA Health. That’s going to be the first clinic in Africa with the UCLA brand name.”

Even with all Huang does for children, she says they actually do more for her.

“I’ve gained so much from doing all this,” she says. “Children show me their resilience, so I can be resilient. They show me their tenacity, so I can be like them. More than I’m something to them, they mean so much to me. It’s just so hard to describe, but I think they really are the ones who are my teacher.”

NAMI WELLNESS WEEKEND

Although much has been said regarding the physical health ramifications of the COVID-19 pandemic, less has been said regarding its effects on community and individual mental health.

The mental health and well-being of whole societies have been severely affected by the pandemic. Millions of people are facing economic turmoil; barriers to care that were prevalent before the pandemic have been made even worse; frequent misinformation about the virus and available vaccines, mutating versions of the virus, and deep uncertainty about the future are common sources of distress.

“I promised myself to always give back to the community and give someone else the opportunity of hope the way someone provided it to me.”

To help alleviate this distress, nurses from Resnick Neuropsychiatric Hospital at UCLA (RNPH) continued their long partnership with the National Alliance on Mental Illness by supporting and participating in the NAMI Westside’s 2021 Wellness Weekend. Conducted on the Third Street Promenade in Santa Monica, this event was equal parts fundraiser and wellness fair conducted as a way to publicly celebrate life and mental health and to raise funds to help NAMI continue its mission of removing the stigma of a mental health diagnosis.

Prior to the event, participants were asked to record videos that highlighted how they each cope with stressors brought on by the COVID-19 pandemic. RNPH nurses and mental health practitioners Sunnie Dishman, MSN, PMHRN-BC; RNPH’s Structural Empowerment Chair Emmanuel Machado, BSN, PMHRN-BC; Grace Florentine, MSN-Ed, PMHRN-BC; Jacob Merkel, MSN, PMHRN-BC; Scott Abcarian, BSN, PMHRN-BC; and Jamie Chazen, BS, MHP, recorded videos that were made public in an effort to share positive coping strategies and to spread positivity.

RNPH also continued its decade plus of fundraising support for NAMI. Dubbed Team Hope, staff and family members of patients raised more than \$1,600 to reduce and to remove the stigma that can accompany a mental illness diagnosis.

Wellness Weekend included a number of mental health positive activities, including yoga classes, wellness activities led by mental health advocates, NAMI West LA Ambassadors, and a mindfulness coach. Mental Health staff from local organizations discussed resource availability and treatment approaches. Crisis counselors were also on site to help members of the public process their grief for family and friends they lost during the pandemic. A live music set from singer-songwriter and mental health advocate X.Ari ended the day on a positive note.

Sunnie Dishman was honored with NAMI’s Frontline Service Award 2021.



2021 AWARDS AND RECOGNITIONS

Organizational-Level Awards

HOSPITAL AWARDS

UCLA Health #1 in California, #3 in the nation
U.S. News & World Report

RNPH was ranked #5 in the nation for Psychiatry
U.S. News & World Report

One of America's best employers for diversity in 2021 (#4 in health care and #26 in the nation)
Forbes

Top 2% of America's 100 Best Hospitals in 2021 for the 3rd year in a row
Healthgrades

SMUCLA and RRUCLA "Outstanding Patient Experience Award" - top 10% in the nation for patient experience for the 4th year in a row
Healthgrades

Highest number of solid organ transplants in the U.S. for 2020-2021

BEACON AWARDS

SMUCLA NICU
Gold level

RRUCLA 7West Cardiothoracic Surgical Unit
Gold level



Zero Harm Awards

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, 12 MONTHS

Ronald Reagan UCLA Medical Center
RR 6E | RR 7E | RR 7W

UCLA Santa Monica Medical Center
SM AMN

CENTRAL LINE BLOODSTREAM INFECTION, 12 MONTHS

Ronald Reagan UCLA Medical Center
RR 6ICU | RR 5/7 EMS

UCLA Santa Monica Medical Center
SM 4NW

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, 24 MONTHS

Ronald Reagan UCLA Medical Center
RR 7N

UCLA Santa Monica Medical Center
SM 6NW

CENTRAL LINE BLOODSTREAM INFECTION, 24 MONTHS

Ronald Reagan UCLA Medical Center
RR 6W | RR 5NICU | RR 8E

UCLA Santa Monica Medical Center
SM 3NW | SM 6NW | SM NICU





Daisy Awards

DAISY AWARD

Maria Allyza Afable, BSN, RN, PMH-BC
RNPH | 3 years of service

Devon Ballentine, BSN, RN
SMUCLA | 3 years of service

Julie Hittleman, LVN
Ambulatory | DGSOM

Dahlia Maldonado, BSN, RN-BC
SMUCLA | 7 years of service

David Organista Barajas, BSN, RN
RRUCLA | 5 years of service

Vanessa Patino, RN
RRUCLA | 5 years of service

Desiree Annemarie J. Quebral, BSN, RN
RRUCLA | 4 years of service

MeiLani Renger, BSN, RN, CCRN
RRUCLA | 27 years of service

DAISY TEAM AWARD

UCLA Health 4ICU
RRUCLA

DAISY LEADERSHIP AWARD

Miriam Gonzalez-Lopez, MSN, RN, NEA-BC
RRUCLA | 15 years of service

Sharon Gold, MSN, RN
Ambulatory Care Nursing | FPG

Lisa Bishop-Smith, MSN, RN, NE-BC
SMUCLA | 24 years of service

Yuhan Kao, MSN, RN, CNS, CCRN
RRUCLA | 11 years of service

Cherie A. Neil, MSN, RN, PCCN-K, NEA-BC
RRUCLA | 26 years of service

Vanessa Patino, RN
RRUCLA | 5 years of service

Valerie Yeo, MSN, RN-BC, GNP-BC, NE-BC
SMUCLA | 28 years of service

Sheila Richardson, MSN, RN, CNML
RRUCLA | 25 years of service

DAISY LIFETIME ACHIEVEMENT AWARD

Pattie Jakel, RN, MN, AOCN
SMUCLA | 33 years of service

Laurie Reyen, RN, MN, CNS
RRUCLA | 40 years of service

Nishi Jumna
SMUCLA | Posthumous



MeiLani Renger, BSN, RN, CCRN Ronald Reagan UCLA Medical Center

Daisy Award winner and UCLA Health nurse since 1995, MeiLani Renger exemplifies the best of Nursing, combining the highest level of medical skills with compassion, humanity and commitment to her patients and their families. She goes above and beyond to make sure all are treated with the utmost care. As one patient says: MeiLanie has become “a friend for life.”

Nominations from patient families recognizing MeiLani

“The UCLA ICU nurse who cared for my husband for much of the nine weeks he spent dodging death on the 6th floor neuro has become a friend for life. My husband was admitted to UCLA ER in the midst of an unprecedented global pandemic. We were unable to visit, hug or support him. It was unbearable. He became vent dependent, had a trach, feeding tube, and was 100% paralyzed. Our favorite nurse changed the course of our (collective) stay. We dropped off family photos and she smattered them all over his room. She made sure his favorite music was available. MeiLani was compassionate, capable, kind, and funny. She worked tirelessly to read his lips. She fully supported my two young adult children when they each visited him one time when we thought he might die. She assured them their Dad was doing everything possible to live. She provided timely updates throughout her shift even when Zoom technology failed us. She ensured I was apprised of morning rounds so I could be available each and every morning for 63 days! She followed his progress after he was discharged. She fed him homemade lemon bars. She arranged for a manicure at California Rehab Institute three months after he departed UCLA. Our entire community of family and friends appreciates and understands our gratitude. We are forever indebted for the outstanding humanness and kindness and care she provided her patient. ”

“My husband, a kidney transplant patient, contracted a virus that wreaked havoc on his body. He was eventually admitted to UCLA, but died after a three-month stay. Throughout his last awful month when he went into a coma, all of the nurses in the unit made a huge difference in the care and treatment of our beloved J. He fought so many issues, but could not fight anymore. Throughout this time, all of his nurses were warriors, on their feet 24/7 doing everything they could with care and compassion. MeiLani in particular went above and beyond during J’s last days. When he entered hospice care, she was exceptionally compassionate and understanding of my daughter and me. She decorated his room with construction paper hearts the day that we removed the ventilator, which surrounded him with love and beauty, and she was truly there for us every step of the way. She even swapped shifts with another nurse so that she could be there with us on his final day when originally she had that day off. We are so grateful for the outstanding care that my husband and our family received in the unit and although we are of course heartbroken by the outcome, having had the support of this team made this difficult time a little easier to bear. ”

Good Catch Awards

AMBULATORY NURSING

Nadine Bixler, RN

ETC Santa Clarita | January 2021

Sarah Pate, BSN, RN, CNOR

Ambulatory Surgery Center
Perioperative PTU | February 2021

Alyssa Estrada, MA

HemOnc - Santa Monica | March 2021

Grace Thompson, RN, CNOR

Jules Stein Perioperative
Operating Room | April 2021

Luz Lepe, Implant Coordinator

Samantha Antonio, BSN, RN, CNOR

Jules Stein Perioperative
Operating Room | June 2021

Danielle Clay, RN

HemOnc - Encino | July 2021

Laura Davey, RN

Bower Oncology (200 MP) | August 2021

Gal Kotlov, RN

HemOnc - Santa Monica | September 2021

Joanne Gomez, BSN, RN, CNOR

Jules Stein Perioperative
Operating Room | October 2021

Katelyn Williams

Radiology | November 2021

RNPH

Richard Passmore, MSN, RN-BC

4 North | January 2021

Sara Vaghar, BSN, RN-BC

4 West | February 2021

Christopher Yuvienco, BSN, RN

4 West | March 2021

Chantal Hudak, BSN, RN-BC

4 North | April 2021

Jay Roel Gomez

ISS | May 2021

Philip Florendo, BSN, RN-BC

4 West | June 2021

Jaroslava Pohankova, MSN, RN-BC

4 West | July 2021

Adrienne Creamer, BSN, RN

4 East | August 2021

Juspreet Kang, RN

Mary Sperling, BSN, RN

4 East | September 2021

Megan Puyau, BSN, RN-BC

4 East | October 2021

Antonio Hardnett

EVS | November 2021

Rod Adnitt, RT

Adolescent PHP | December 2021

Good Catch Awards

RRUCLA

Bobbie Gerry, BSN, RN, CCRN
PICU | January 2021

Angela Calvert, RN, CCRN
Critical Care Transport | February 2021

Stacia Cullors, BSN, RN
Triage RN | March 2021

Mary Culata
ED tech | April 2021

Komal Patel
Pharmacist | May 2021

Emily Pascual
Starkesia Butler, RN
ETT/ RN | June 2021

Korrina Noblett, BSN, RN
OR | July 2021

Kathleen Good, BSN, RN
3F Pediatrics | August 2021

Tunde Gaal, RN, CNOR
OR | September 2021

Kaleah Gomez, BSN, RN
6ICU | November 2021

Kevin Consuegra, BSN, RN, CEN
ED RN | December 2021

SMUCLA

Tammy Hsu
Pharmacy | January 2021

Melanie Lam
Pharmacy | February 2021

Cristianna Vallera
Anesthesiology | March 2021

Emily Peterson
Family Medicine Resident | April 2021

Diana Ramos, RN
IR | May 2021

Sapna Satyanarayan-Victor
Anesthesiology | June 2021

Robert Kay
Surgery | July 2021

Rae Rios
2 SW - NICU | August 2021

Wing Tsang
Pharmacy | September 2021

Diep Phan
Pharmacy | October 2021

Joanna Abogadie, BSN, RN
2 SW - NICU | November 2021

Mary Ann Noto, BSN, RN, RNC-NIC
2 SW - NICU | December 2021





**Michelle Rodriguez, BSN, RN, CCRN, CSC, NE-BC,
Clinical Nurse Manager 7 ICU, Ronald Reagan UCLA
Medical Center**

Michelle Rodriguez, a UCLA Health nurse since 2002, is a dedicated leader and the ideal recipient of the Cathy Rodgers Ward Nursing Leadership Scholarship Award. As Erica Djen, RN, says, “Michelle’s approachability and openness allows the staff to be comfortable coming to her with a variety of issues and suggestions to improve patient care.” Michelle always looks for training opportunities for her team. That includes creating an orientation program for new graduate nurses and developing educational programs for the CTICU staff.

I am pleased to offer this letter of recommendation for Michelle Rodriguez.

I have known Michelle since 2011 when I started as a new graduate nurse in the Cardiothoracic Intensive Care Unit (CTICU). Since then, she has always been an exceptional mentor, not just to me, but to all staff members on the unit as our Assistant Unit Director and Clinical Educator. We now also work together on the unit’s Education Committee, of which Michelle is currently chair. I have been able to see firsthand how Michelle can inspire new nurses in their professional growth and development.

Michelle is a wonderful and highly valued leader of our CTICU team. Michelle always goes above and beyond to ensure that she fulfills the clinical and educational needs of the staff. She is the creator and current leader of the unit’s New Graduate RN residency unit program. She has written many of the lectures utilized in the program, which have been adopted to all critical care areas at UCLA. She is extremely knowledgeable and passionate when she teaches and is able to make content easy to understand for all levels of nurses. Her commitment has allowed her to create nursing guidelines, protocols, and order sets that are used throughout the UCLA health system.

What really sets Michelle apart as a nurse leader is her highly effective communication skills. She has a kind and compassionate attitude that is much appreciated by both patients and staff members. Her approachability and openness allows the staff to be comfortable coming to her with a variety of issues and suggestions to improve patient care. She consistently takes feedback from staff and translates it into best practice.

I have no hesitation in giving Michelle my strongest recommendation. She is already a phenomenal leader and furthering her education can only be a benefit to UCLA.

Sincerely,

Erica Djen

Erica Djen, RN, BSN, CCRN
Clinical Nurse III
RRUCLA Cardiothoracic ICU

Nursing Awards

National Nurses Week Awards: Congratulations to our 2021 Donor & Nursing award winners!

DONOR AWARDS

Brenda Limas

6ICU RRUCLA
Lester and Devra Breslow Care
Partner Scholarship

Dorcas Olayemi

8E RRUCLA
Lester and Devra Breslow Care
Partner Scholarship

Vanessa Patino, BSN, RN, CCRN

6ICU RRUCLA
Muriel D. Casselman Humanism Award

Valentina Obreja, MSN, RN, AG/AC NP-BC, CCRN, PHN

7ICU RRUCLA
Joann Conflenti Scholarship Fund

Eunmi Park, BSN, RN, CCRN

7ICU RRUCLA
Francis Virginia Sandbrook Staff
Appreciation Award

Mark Ramos, BSN, RN, CCRN

4ICU RRUCLA
Francis Virginia Sandbrook Staff
Appreciation Award

Desiree Quebral, BSN, RN

4ICU SMUCLA
Mary Erbeznik Scholarship

Michelle Rodriguez, BSN, RN, CCRN, CSC, NE-BC

7ICU RRUCLA
Cathy Rodgers Ward Nursing
Leadership Scholarship

Amy Goldberg, MSN, RN, CPNP, NE-BC, CPN

Pediatrics
Heidi Crooks Visionary of the Year Award

Bianca Ghermezian, BSN, RN, CCRN

6N/6ICU RRUCLA
Pamela Jane Nye Operation Scrubs (OPI) Working
Neuroscience Nurse Scholarship

Desiree Quebral, BSN, RN

4ICU SMUCLA
Mary Erbeznik Scholarship

NURSING AWARDS-RNPH

Chelsi Diaz, BSN, RN-BC

4 North
Transformational Leadership Nurse

Iris Mayoral, BSN, RN-BC

4 North
EBP Champion

Patricia Masterson, BSN, RN-BC

4 West
RNPH Recovery & PPM Nurse

Gloria Young, MSN, RN

4 East
Rookie of the Year

Sara Vaghar, BSN, RN-BC

4 West
EPP Nurse

Erika Lozano, MSN, RN-BC

4 West
Educator of the Year

Jamie Chazen, MHP

4 East
Teammate of the Year

Sensory Garden Expansion

4 East
Innovation of the Year

Mary Samson

EVS
Community

Gloria Young, MSN, RN

4 East
Nurse Residency Graduates





Nursing Awards

NURSING AWARDS-RRUCLA

Tara Marie O'Connor, BSN, RN, CCRN
Clinical Leader

Luis Sandoval, MSN, RN
Clinical Practitioner

Erica De La Merced, BSN, RN
Clinical Transferer of Knowledge

Yongyus John Dejsatha RRT, RCP
Interprofessional Colleague in Care

Maria Morales
LVN RBC

Kimberly Bennett, MSN, RN
Nurse Scientist

Charles Mintz
Partner in Care RBC

Divya Manilal, RN
Rising Star

Danielle Roques, BSN, RN, CCRN
Professional Governance

4ICU MICU COVID Unit
Drivers of Change 1

6W Staff
Drivers of Change 2

7ICU-Safety Champions
Drivers of Change 3

NURSING AWARDS-SMUCLA

Roda Aquino, BSN, RN-BC
5NW
Clinical Leader

Hannah Marshall, BSN, RN, CPN
6NW
Clinical Practitioner

Rubina Davtyan, AMB-PC
Clinical Transferer of Knowledge

Rucha Gadgil, MD
4CW ICU
Interprofessional Colleague in Care

Janice Camacho
Hem Onc Beverly Hills
LVN RBC

Matthew Rieck, BSN, RN-BC
5NW
Nurse Scientist

Hilda Pacheco-Dearmas
5MN
Partner in Care RBC

Megan Weisbart, MSN, RN, RNC-NIC
NICU
Rising Star

Dahlia Maldonado, BSN, RN-BC
4NW
Professional Governance

Clinical Nurse Specialist Team
Drivers of Change 1

Nursing Awards

11TH ANNUAL UCLA SANTA MONICA BOARD OF ADVISORS EMPLOYEE RECOGNITION AWARDS

Isaac Montoya, BSN, RN
5MNP
Exemplary Service Award

Krizia Torres, BSN, RN-BC
6NW
Innovation Award

Sarah Wierszalowski
PTU/PACU
Innovation Award

Francis St. Clair, MSN, RN, CNL
5MNP
Leadership Excellence Award

Kate Mills, BSN, RN, CNOR
OR
Leadership Excellence Award

Krystle Britton, BSN, RN, CPN
6NW
Mentor Award

**Maureen Schulte, BSN, RN,
CCRN**
NICU
Mentor Award

Lisa Thomas, BSN, RN
Interventional Services
Mentor Award

Meghan Hebert, BSN, RN, OCN
4SW
Patient Safety Award

Ammerie Joves, BSN, RN, CNOR
OR
Patient Safety Award

Rey Singson, BSN, RN
4NW
Patient Safety Award

Adam Fronczek, DNP, RN, ANP-BC
Resource Team
Resourceful Award

Courtney Frisch
Interventional Services
Shining Star Award

6NW Pediatrics
6NW
Team Safety Award

4CW Intensive Care Unit
ICU
Team Spirit Award

Coleen Wilson, DNP, RN, NEA-BC
Administration
Unsung Hero Award

COVID-19 | By Florentino Saavedra Jr. BSN, RN-BC

Containing you from the onset would have stopped your spread
Outbreak here, there, and everywhere - the entire world a picture of full doom and gloom
Vaccine formulation of what resembled you was science's mighty feat
Immunizing us against you is making us get back on our feet
Depart from the face of the earth - you are slowly losing your footing, barring variants unforeseen
19 coronavirus disease of twenty 19



PHILANTHROPIC SUPPORT IN 2021

By Karyn Greenstone

Donor support makes a difference for nurses

The philosophy of UCLA Health Nursing is to support the professional nurse, while nurturing his/her intellect, heart, soul and imagination. A nurse who feels supported is more likely to go the extra mile to ensure the well-being of their patients and community. This is evident in the exceptional care UCLA Health nurses provide to their patients, as well as the extraordinary number of educational and community programs and research projects in which our nurses participate.

Like the prior year, 2021 was a challenging one for our nursing staff. However, our nurses rose to this challenge, putting the community first through numerous professional, educational and humanitarian activities. This included participation in more than 160,000 learning opportunities, 28 poster and podium presentations and 27 publications.

They also continued to go above and beyond, taking part in humanitarian initiatives, including the massive effort to care for the physical and emotional needs of more than 1,700 unaccompanied migrant children at the Long Beach Convention Center in the spring.

Still, burnout is a real concern as we dig ourselves out of the pandemic – and it really does take a village to maintain the level of engagement and excellence expected of the UCLA Health nurse. Providing nurses with meaningful tools to engage and inspire is more important than ever. Your support with these programs means we can provide additional opportunities and programs that meaningfully resonate with our nursing staff.



The ability to participate in advanced degree programs, nursing conferences and scholarships, as well as collaboration opportunities, not only encourages engagement, but ensures nursing staff remain at the top of their field and connected to the latest in research and best practice.

Thanks to the generosity of our donors we are initiating our new Wellness initiative in UCLA Health Nursing, which will provide access to numerous emotional and physical support programs, including on-site massage, wellness space and mindfulness opportunities.

A generous grant from the Resnick Foundation in 2021 will support the professional development of cardiac nurses at UCLA Health, including state-of-the-art training equipment, educational materials, conference scholarships, and the establishment of the inaugural Cardiovascular Nursing Symposium planned for the fall of 2022.

Unprecedented support for our Nurses Week activities from our generous donors meant we could expand Nurses Week programming in 2021, with plans for even more wellness and appreciation programs in 2022.

This coming year, our dream of a state-of-the-art Center for Nursing Excellence learning space remains a priority. This space would include cutting-edge simulation, computer and virtual reality labs, and space for collaboration and real-world training. Additionally, our continued focus on collaboration opportunities, both close to home with the School of Nursing as well as abroad, ensures we remain at the forefront of science and innovation. Other support opportunities include our Health Equity and Diversity Initiative, Research and Evidence-based Practice program, and scholarship funding for nurses working toward an advanced degree, as well as for conference and symposium attendance.

Our work in 2021 included preparation for the roll-out of our Grateful Patient initiative, which will assist grateful donors in expressing their appreciation in a manner targeted to be most meaningful for them, as well as for the nurses they wish to honor.

In a changing world, we pledge to remain focused on our patients, knowledgeable about the latest in research and care, and resilient through any challenge. We thank you for making this possible through your support of UCLA Health Nursing.

Ode to Nurses | By Lilit Malintsyan BSN, RN, CEN

In sympathy
the silent plea, a norm now
when eyes of hope are simply dark
we stand...
as willows do, with shadowed trunks
we still our hearts against the wind
and loop the last of tight heart-loops
into the sacred night
we fight...
and who will win?
when scales are worn and footsteps torn
no temple will admit us
we wait...
we belong to no one and to everyone

and single out the troubled waves
drop by drop
we drown...
yet we, the drowned must save ourselves
and cannot linger too long
submit ourselves to no pity
perform no prayers, hold no marches
we must...
go on, our tapestry is abstract
it holds us all
and it holds none
we are alone
we are together
we are one



Health System
PTU
3500 Bed 11
EMERGENCY
Interpreter Services
Pain Scale
Partner
Nurse
Comments / Questions
Scheduled Surgery Time:

UCLA Health
C. K. Kim

3M
Blue Huggies

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COMPLIANCE

FUTURE DIRECTION

By Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE

Chief Nurse Executive, UCLA Health
Assistant Dean, UCLA School of Nursing

As we reflect on 2021, another year of great challenge but also of great opportunity, we envision what lies ahead. As 2021 Poet Laureate Amanda Gorman wrote in her poem *New Day's Lyric*,

“Even if we never get back to normal, someday we can venture beyond it, to leave the known and take the first steps. So let us not return to what was normal, but reach toward what is next.”

ADVOCATES FOR CHANGE

The consensus study report on the Future of Nursing 2020-2030, *Charting a Path to Achieve Health Equity*, calls upon nurses to embrace our roles as change agents, trusted community members, leaders and advocates who will act to meet the challenges of today and tomorrow.

It lays out groundwork to address systemic inequity and persistent health disparities – including confronting a national health system that can do better to meet the needs of an aging population, those with limited access to care and those with mental and behavioral health challenges.

In 2021, we integrated a Unity and Diversity Council into our professional governance model to address disparities in health care and health, and to ensure the care we deliver is culturally appropriate. This next year, we will maintain our focus on health equity, diversity and inclusion. We want to be sure we're continually living that mission by understanding who we are and who we care for, and learning cultural humility to ensure that we always do.

There is no going back to what was.

While we lost a lot, we have learned much.

We are tired, but stronger than we ever knew.

We saw harsh realities never imagined.

We have remained courageous and compassionate despite moments of helplessness.

Together, patients and nurses challenged the status quo.

We turn the page, excited for the next chapter.

The future is full of possibilities.

Inspirational words
from Karen A. Grimley

A PATH TO WELLNESS

2022 will be a year of discovery. It will be a time when we learn to look at new ways, because the old ways won't work.

We will continue to implement evidence-based strategies to assure safe staffing based on patient need and acuity of illness. We will strengthen leadership support with enhanced education, structures and processes. We will collaborate with our interprofessional colleagues to create a safer environment with focused interventions to prevent

workplace violence, promote early recognition and response to disruptive behaviors, and respond quickly and effectively to crises.

The decade ahead will demand the promotion of health and well-being, not only for the communities of patients we care for but for nurses, as well. And for that reason, this year we are committed to putting processes and structures in place that lay the foundation to actively support staff wellness, nurse wellness and most importantly, well-being. Efforts will center on activities, programs and changes in nursing that streamline work and introduce respite time.

The physical and emotional demands of these past two years have left a wound that will take years to heal. Our commitment is to ensure that healing begins in 2022. It will take all of us to find the path to wellness. The compassion and dedication of UCLA Health nurses and their commitment to our patients and the nurses who care for them have kept us focused on what's important in health care. That laser focus has kept us strong, and that strength will be the foundation for our healing.

LEADING WITH COURAGE

As described by Gorman, “We will not march back to what was but move to what shall be.”

Through partnership and collaboration, we will continue to make our biggest impacts. Nurses are leading the way, modeling a holistic approach to healthy practices to promote well-being and to enable human flourishing in the work of health care. The work of the next year will require focus, courage and trust.

I remain humbled and awed by the expert and compassionate care displayed by each of you in many of 2021's darkest moments. 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. 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.

“For while we have our eyes on the future, history has its eyes on us.” -Amanda Gorman



