



NURSING
NORTHERN CALIFORNIA

VISIONS

2017 REPORT



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ONE NURSING

This report marks an important milestone for Kaiser Permanente Northern California Nursing, as it represents nurses from across the continuum of care. We have reached across traditional silos to work collaboratively as one nursing team. Regardless of where each nurse works, they play an invaluable role in the delivery of high-quality, affordable care to our members and patients.

We are proud of many accomplishments in the past year. The Nurse Scholars Academy celebrated its first 56 graduates, with 309 more scholars on their way to advancing their education. Our continuum team piloted the Readmission Risk Score, and was able to reduce inpatient readmissions by more than 25 percent. We also introduced more than 300 teenage students to careers in health care at our Youth Career Day.

As we look back on 2017, we look forward to the new year ahead, which will inevitably include transitions among our team. Mary Jo Williams, MBA, RN, managing director, Medical Group Support Services with The Permanente Medical Group, and Barbara Crawford, MS, RN, vice president Quality and Regulatory Services, Performance Improvement, and Behavioral Health, will be retiring. Please join me in celebrating their contributions to our organization and to the nursing profession.

Finally, the North Bay wildfires were an unprecedented event in the history of both my career and our organization. Our interdisciplinary teams came together to do whatever was necessary to keep our employees, patients, and members safe. It was truly one of the most humbling experiences I have had. I can say with certainty that the people of Kaiser Permanente are among the most professional and dedicated individuals in the country.

Thanks to the more than 22,000 dedicated and skilled Kaiser Permanente nurses in Northern California. Together as One Nursing, we deliver on our promise of extraordinary patient care, every patient, every time.



Theresa M. Brodrick, PhD, RN
*Regional Chief Nurse Executive
Vice President, Clinical Integration
Northern California*





EXEMPLARY PROFESSIONAL PRACTICE

Nursing for me is not just a profession. It is a calling and commitment to serve and heal unconditionally. Every day, I go to work knowing that I will be a part of a patient's journey. I will help transform their care experience with my compassion, and I may even save their life.

Milanelle (Lanie) Guiao-Tranchina, BSN, RN
Staff Nurse IV, Kaiser Permanente South Sacramento

Milanelle (Lanie) Guiao-Tranchina and Richard Kimbrel Named 2016 Winners

By Karen Eisenberg, senior communications consultant, National PR and Communications

Each year, the Kaiser Permanente national offices recognize outstanding nurses from Kaiser Permanente regions. Nurses are nominated by their regional nursing leaders and honored with their colleagues from around the country.

Milanelle (Lanie) Guiao-Tranchina, BSN, RN

2016 Kaiser Permanente Extraordinary Nurse Award winner Milanelle (Lanie) Guiao-Tranchina, BSN, RN, has a nursing practice equally informed by competence and compassion.

Milanelle Guiao-Tranchina works as a staff nurse IV on the Medical Surgical Telemetry Unit at Kaiser Permanente's South Sacramento Medical Center. Patients and staff are encouraged to share feedback about employees who demonstrate safety, compassion, integrity, excellence, and efficiency. Guiao-Tranchina's colleagues report receiving at least five submissions about her.

The list of Guiao-Tranchina's accomplishments is long: She's an active member of the department's Quality Council, serves on committees devoted to Caring Science and sepsis prevention, and leads community outreach projects. She mentors fellow nurses to achieve professional advancement and helps them reduce stress as a HeartMath trainer.

Guiao-Tranchina shared some reflections on her nursing journey:

What made you want to become a nurse?

I'm from the Philippines, where nurses are held in high regard. Every mother dreams of having her daughter become a nurse. Since I had been caring for family most of my life, it was a natural transition, and it's been my calling ever since.

What do you love about nursing?

I'm very sociable. I love talking with people and hearing their stories. Sometimes we have patients who are very sick, and we can't save them. But I do everything I can to help them have a happy ending to their story.

What's the most challenging part of your work?

Making the transition from being a nurse who is very efficient and takes care of her patients, to being a mother to my two kids and a wife to my husband. My adrenaline level is very high all day. At the end of my shift, I need to re-channel that energy to create my own healing environment.

What was one of your most memorable moments as a nurse?

I had an older patient who had been living on the streets and was doing very poorly. The doctor told him he had about a week to live. I asked him if he had any last wishes, and he said that he wanted to say good-bye to his son, with whom he had lost contact, and feel the sun on his face one last time.

My nursing assistant immediately started trying to locate his son. And I started making arrangements for him to be able to leave the unit. By 2 p.m., his son arrived. The father's face lit up, and I heard him apologize, and then he talked with his son for nearly an hour. Afterwards, the RN transport brought the patient outside. It was a beautiful day, with sunshine and a cool breeze. When he came back, he thanked me and said, "I think I am ready."

Can you describe a professional achievement that makes you proud?

I developed a program called the Enhanced Care Experience Project, which employs comfort measures like therapeutic touch and music therapy and aromatherapy. Nurses go room to room and spend some uninterrupted time with patients or family members, putting on soft music and offering a hand massage. People appreciate it so much and report a significant improvement in their care experience.

I was chosen to present the program at the 2016 Caritas Consortium, alongside nursing leaders like Dr. Jean Watson, the mother of Caring Science!

What advice do you have for nurses who are new to Kaiser Permanente?

Nursing is all about heart. If you get into nursing just for the paycheck, you will always be tired, dissatisfied, and unhappy. But if you bring your heart into this profession, you will find career opportunities and advancement.

What would people be surprised to learn about you?

I ride a Harley. People don't expect that because I keep my hair in a bun and wear high heels. But I married a guy who rides a Harley, and I vowed to stay with him in sickness and health.

Richard Kimbrel, MSN, RN

Throughout his career, 2016 Kaiser Permanente Extraordinary Nurse Award winner Richard Kimbrel, MSN, RN, has worked to help people in their most vulnerable moments.

"A medical emergency is one of the most vulnerable moments in anyone's life," said Richard Kimbrel. Throughout his career, he's worked to help people through those moments.

Kimbrel was drawn to health care early, becoming an EMT at 18. Now assistant director of the Emergency Department at Kaiser Permanente's Walnut Creek Medical Center, he leads a team of 200 in caring for more than 51,000 people each year.

Kimbrel shared some reflections on his nursing journey:

What made you want to become a nurse?

I worked as a flight paramedic for several years. One day the nurse partner I flew with said, "You're a great paramedic, but have you ever thought about expanding your impact by becoming a nurse?" That really resonated with me.

What do you love about nursing?

Being able to make a difference and touch people's lives with empathy and compassion. I have been in health care for more than 25 years, and I've never felt like it was a job. I pinch myself every so often and think, "Do I really get paid to do this?"

What's the most challenging part of your work?

Working with my team to develop the mindset that we are all creative problem-solvers has been incredibly challenging and rewarding. In the past, if we wanted to improve the way we moved patients from the Emergency Department to CT, some managers would go into a room, put their ideas on the wall with sticky notes, and write up new procedures. Then we'd give the procedures to our nursing staff, and the effort would fail.

But just last week we took on that problem using a very different approach. We brought together all the technologists, nurses, aides, and assistants who play a role. They described the current and desired states, identified barriers, and figured out how to remove them. Then they tested their ideas and created a set of best practices.



RICHARD KIMBREL, RN

What was one of your most memorable moments as a nurse?

A few months ago, a woman stopped me as I was headed home and said, "I want to thank you for what you did the other day. My father's heart had stopped, and things were chaotic. You came into the room, and you guided your team in a very calm manner. I believe that changed the outcome for my father." That was a wonderful affirmation that I'm doing the right thing.

Can you describe a professional achievement that makes you proud?

With stroke care, one of the things we are rated on is the amount of time from when a patient arrives at the hospital to when they receive a drug that stops brain damage. The American Heart Association recommends a goal of 60 minutes or less, but our region wanted to do even better. I was part of a multidisciplinary team that led that effort. We brought our "door-to-needle" time down to below 45 minutes on average, and now we're working toward the 30-minute mark. The workflow we developed is being used in all 21 Kaiser Permanente hospitals throughout the region.

What advice do you have for nurses who are new to Kaiser Permanente?

This organization offers so much opportunity. You can move laterally into different specialties. You can move vertically into leadership. You can work in an inpatient or outpatient setting, in prevention or research. Seize those opportunities, and be part of making Kaiser Permanente even better.

What would people be surprised to learn about you?

I still get nervous sometimes. Like everybody else, I am still learning, and there's a lot I don't know!

Elizabeth (Lizzie) A. Scruth, PhD, RN, Advancing Excellence in CNS Practice

By Linda Ackerman, MSN, RN, Northern California Caring Science Program director

This year, Elizabeth (Lizzie) A. Scruth, PhD, RN, Northern California clinical practice leader, was awarded CNS Preceptor of the Year by the National Association of Clinical Nurse Specialists (NACNS). Dr. Scruth is passionate about the important role of the Clinical Nurse Specialist in optimizing and supporting health care delivery.



Dr. Scruth received the award during the 2017 NACNS conference held in Atlanta.

"Dr. Scruth not only mentors and supports her students in clinical settings, but she instills a commitment to excellence in future generations of clinical nurse specialists," said Sharon Horner, RN, NACNS 2016 president.

A Commitment to Excellence

Dr. Scruth established a collaborative Bay Area Research group that meets regularly to promote nursing research and publication. She also serves as the section editor for the Legal and Ethical section for the journal *Clinical Nurse Specialist*, and encourages and supports CNS students as they co-author articles for the journal.

An Accomplished Educator

Invested in our community, Dr. Scruth is an assistant clinical professor for the Physiological Department of Nursing at the University of California San Francisco CNS program. She precepts Kaiser Permanente and international CNS students, providing opportunities for them to experience the many aspects and opportunities of the CNS role.

Dr. Scruth helps future clinical nurse specialists understand the impact the role has in advancing the nursing profession locally and globally.

Tracy G. Trail-Mahan, MS, RN, Named Expert in Nursing Practice

By Jim N. D'Alfonso, DNP, RN, executive director professional practice, leadership development, research, and Nurse Scholars Academy

Tracy G. Trail-Mahan, MS, RN, Regional clinical practice consultant, has been appointed to the American Nurses Credentialing Center (ANCC) as a “Standard Setter” for Pain Management Nursing.

Trail-Mahan joined the American Society for Pain Management Nursing in 2010 and became a certified Pain Management nurse (RN-BC) in 2011. The Pain Management certification exam is a partnership venture between the American Nurses Credentialing Center and ASPMN.

Her knowledge and passion for pain management led to an award-winning poster presentation (2010), two podium presentations (2012 and 2013), and publication in two nursing publications (2011 and 2016).

Recognized as an Expert

As a result of her many accomplishments, the ANCC reached out to Trail-Mahan in 2013 with an invitation to serve as an “item writer” for the Pain Management certification. In June 2017, she was invited to participate in the Pain Management Standard Setting Meeting in Silver Springs, MD, serving as vice-chair and Content Panel Expert in fall of 2017.

Trail-Mahan’s focus on nursing-centric interventions and complementary therapies were acknowledged as content assets in the future design, evaluation, and review of the pain management certification process.



Paving the Future of Surgical Recovery

As an Early Recovery After Surgery (ERAS) mentor in seven Kaiser Permanente medical centers, Tracy’s passion for best practices in pain management has been essential to ERAS success.

Trail-Mahan exemplifies how Kaiser Permanente nurses are standard setters in advancing care, modeling the value of professional certification, and influencing the future of nursing practice excellence within Kaiser Permanente and across the nation.



STRUCTURAL EMPOWERMENT

Kaiser Permanente is dedicated to the professional development of nurses. This journey begins during their time as students, and continues through a lifetime of learning as a KP nurse. It is essential that we support all nurses in enhancing their clinical expertise as well as their academic preparation.

Mary Jo Williams, MBA, RN

Managing Director, Medical Group Support Services, The Permanente Medical Group

Advancing Care Through Academic Progression and Leadership Development

By Lynn Mundell, managing editor, Northern California Communications, and Dolores Radding, senior communications consultant, Northern California Communications



Graduates to Date

Kaiser Permanente's Nurse Scholars Academy helps working nurses earn a bachelor's, master's, or doctoral degree in nursing. The Academy also prepares future nurse executives to lead care in complex health care systems. While only in its second year, more than 365 nurses have increased their knowledge, skills, and experience through this innovative Kaiser Permanente initiative.

It's been less than a year since Rachel Mathison, RN, went back to school for a bachelor's degree in nursing, but she can already see how her classes are changing her nursing practice and her life.

Mathison was a neonatal intensive care nurse at Kaiser Permanente Oakland when she became a nurse scholar. Having received an associate's degree in nursing nearly 20 years ago, she wanted to return to school and advance her education. This year, Mathison was promoted to an assistant nurse manager role.

The academy enables working nurses like Mathison to earn bachelor's, master's, and doctoral degrees in nursing. "I have a bigger picture now," Mathison explained. "My public health nursing class has helped me think more about where my patients go after they leave the hospital. I've always focused on helping the individual or family in front of me, but now I'm thinking about what I can do on a larger scale."

A Growing Success

The primary goal of the Nurse Scholars Academy, which launched in December 2015, is to increase the number of Kaiser Permanente nurses with bachelor's and advanced degrees in nursing. "The vision for the Nurse Scholars Academy is to support nurses in advancing their education and empowering them to innovate and transform the future of Kaiser Permanente caring-healing environments," said Jim N. D'Alfonso, DNP, RN, the program's executive director.

Research shows that hospitals that employ nurses with higher levels of education have better patient outcomes than hospitals that don't. Theresa Brodrick, PhD, RN, vice president, regional chief nurse executive and vice president clinical integration, said it's ultimately "all about the patients."

"Across the country, very few organizations make the kind of commitment to their nurses that we do. We've made this opportunity available to our nurses because we know it's going to have a direct impact on the care of our patients," Brodrick said.

The largest number of nurses are enrolled in the registered nurse (RN) to Bachelor of Science in Nursing (BSN) program. The program's curriculum was developed in partnership with Samuel Merritt University specifically for Kaiser Permanente nurses and includes a mindfulness-based stress-reduction course for self-care.

"In less than two years the program has had phenomenal results," said Brodrick. "As of December, 254 Kaiser Permanente nurses have enrolled in or received their BSN through this program. We're just getting started."



(Left to right) RN-to-BSN students Randy Williams, RN, Dani Rose, RN, Matthew Elliott, RN, Clinton Bailey, RN, and Shelly Kolb, RN, present their poster at the 2017 International Caritas Consortium.

Designed for Working Nurses

D'Alfonso said the program is designed to remove barriers so that Kaiser Permanente working nurses can learn the latest in science, technology, and nursing practice. "We know it can be expensive to go back to school, and it can be difficult to get to classes. We want to make going back to school easy."

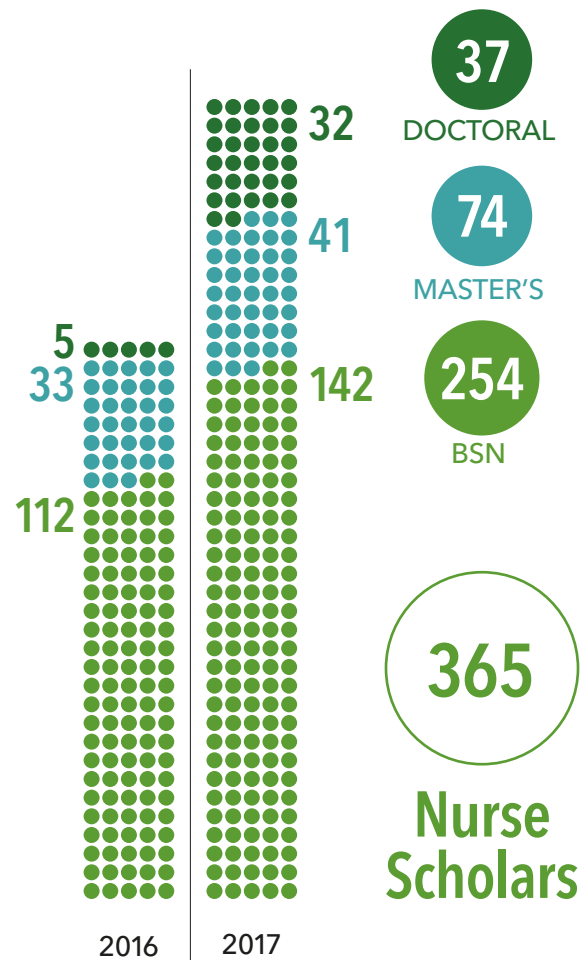
Mathew Elliott, RN, a Kaiser Permanente South Sacramento ICU nurse who graduated from the BSN program in December, said he's grateful for the opportunity. "It's enabled all of us to become better nurses, better leaders, and better people,"

he said. "It's definitely improved the quality of care we provide." To date, the RN-to-BSN students have completed 34 quality-improvement projects at their local medical centers.

Pursuing the Crown Jewel

Genevieve Wright, MSN, RN, just celebrated her 28-year anniversary as a nurse. But the clinical services director in Maternal & Child Health at Kaiser Permanente San Leandro is hardly slowing down. In fact, she's earning a Doctorate of Nursing Practice at the University of San Francisco.

"I had never considered getting another degree," said Wright, who earned both her bachelor's and master's degrees over the years while working full time. "But participating in the Nurse Scholars Academy turned on my educational juices."



Nurse Scholars Enrollment



Theresa M. Brodrick, RN, and Janet A. Liang (far left) join the inaugural RN-to-BSN graduates from the Oakland Samuel Merritt University Campus.

Wright graduated in July 2017 from the program's Nurse Executive Advanced Leadership Development Program and will receive her doctorate in December 2018. Her ultimate career goal is something she termed "the crown jewel of a nursing career": chief nurse executive.

"It's exciting to me that we are moving our nursing practice at Kaiser Permanente to a level of professionalism and opportunity that is the very best one could possibly offer," added Wright, who said that two assistant nurse managers in her department are enrolled in the BSN program.

"I've worked in seven facilities and I don't know how many jobs, and I'm here to tell you that there is an immense amount of opportunity at Kaiser Permanente," she said. "A nurse can achieve anything in his or her career at this organization that they put their mind to."

'A Labor of Love'

On July 26, 2017, Wright joined 30 employees in downtown Oakland as the programs celebrated the first graduates from the master's, doctoral, and Nurse Executive Advanced Leadership Development Program.

Northern California President Janet A. Liang, the program's executive sponsor, described her active role in creating the academy as "a labor of love."

She told the inaugural graduates, "My hope is that you will touch many lives through your leadership, including our patients and our staff. We are so proud of you and this accomplishment for the future of nursing at Kaiser Permanente."



Janet A. Liang (far right) and Jim N. D'Alfonso, RN, (far left) stand with the inaugural MSN and DNP graduates of the Nurse Scholars Academy.

Inspiring Youth to Pursue Health Care Careers

By Anna Fiddler, staff writer, Northern California Communications

More than 300 Bay Area students got a taste of life as a health care professional during a day of hands-on simulations at Kaiser Permanente’s Garfield Innovation Center.

Over a tray of surgical implements, a surgeon and nurse high five. They had just finished closing up a patient after a successful operation. “Good job,” said the surgeon, taking off his surgical mask, braces gleaming.

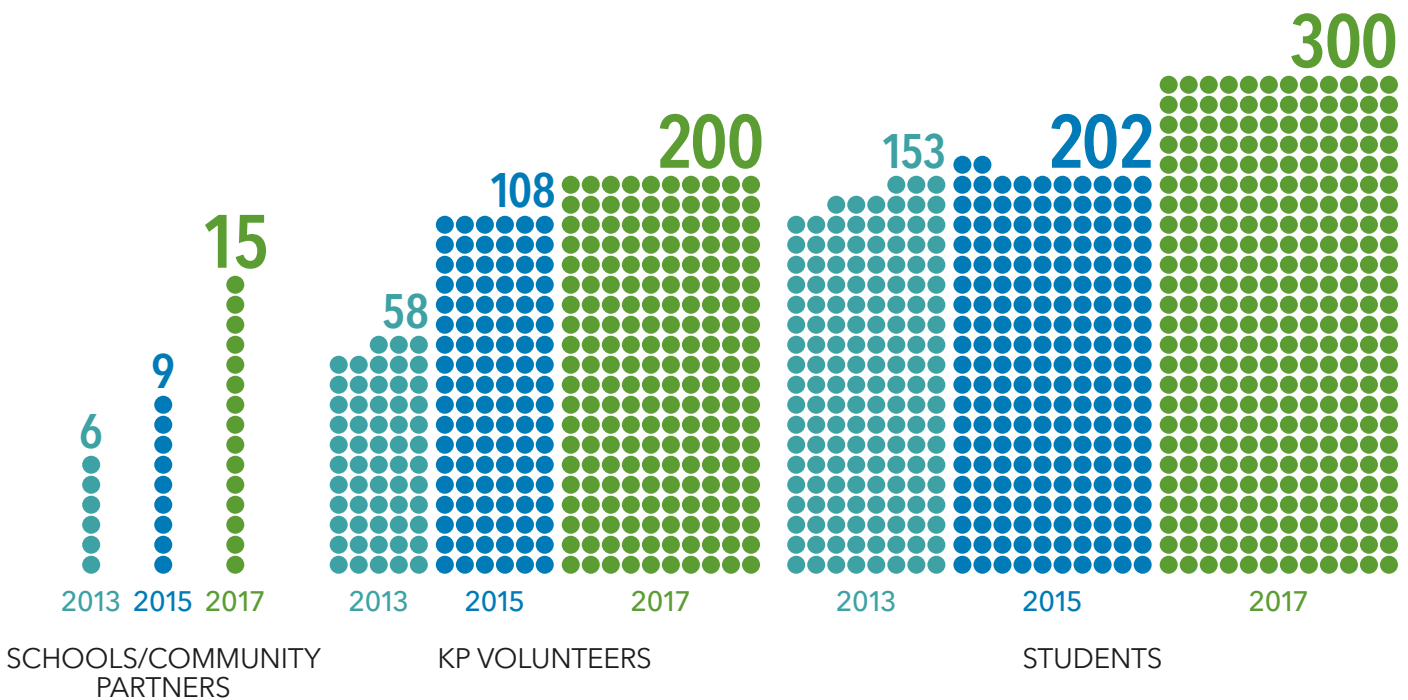
The two were among some 300 students who attended Youth Career Day at the Kaiser Permanente Garfield Innovation Center last spring. The annual event is sponsored by Kaiser Permanente Northern California Patient Care Services and Community Benefit.

Launched in 2013, Youth Career Day exposes underserved youth interested in pursuing health care careers to diverse opportunities through realistic, interactive scenarios and simulations.

“It’s a great opportunity to actually be hands-on and see how hospitals work,” said Winnie Zhang, a senior at George Washington High School in San Francisco, who volunteered to be a nurse in the operating room simulation.

Located in a warehouse district in San Leandro, the Garfield Innovation Center is the largest health care innovation center in the country.

Kaiser Permanente uses the space to test and study innovations through hands-on simulations, prototyping, and new technology being used in medical centers, clinics, and non-traditional settings across the country. It is an ideal setting for students to explore what inspires them in an ever-changing, multidisciplinary field.



Youth Career Day 2013-2017



Nikki B. West discusses healthy eating with Youth Career Day students in the simulated home at the Kaiser Permanente Garfield Innovation Center.

Experiential Learning

Led by Kaiser Permanente volunteers and nurses, the students had the opportunity to participate in a diverse range of health care scenarios – many beyond the typical hospital setting.

Students participated in a mock surgery in a recreated operating room and witnessed a birth via a simulation dummy. They also reflected upon the importance of a positive bedside manner in a new, tech-savvy Kaiser Permanente hospital room designed to engage patients and streamline workflows. Outside the simulated hospital, students took part in a scripted story tracking mental health services for adolescent depression, and explored healthy eating and living habits in a staged apartment.

“Students can envision themselves in actual settings that represent where health care is going,” said Nikki B. West, Health Care Education Management director at Kaiser Permanente Northern California and co-organizer of the event. “It also encourages young people to expand their notion of future fields of study.”

Inspiring the Next Wave of Health Care Professionals

Participants in Youth Career Day represented an array of ages and life experiences.

Purushotam Prasai, a PhD immunologist from Nepal, is currently a student at Diversity in Health Training Institute, a program that supports recent immigrants and refugees in the health care field to become credentialed providers in the United States.



Alongside their peers, two Youth Career Day students role play as patient (left) and doctor (right) during a diabetes simulation.



Jim N. D'Alfonso, RN, oversees an interactive operating room simulation for a group of Youth Career Day participants.

"It's a wonderful experience to learn at the Garfield Innovation Center and see first-hand how Kaiser Permanente advances medical technology and trains staff," Prasai said.

The event drew the attention of public officials, who came and observed the scenarios.

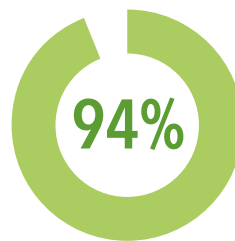
"A lot of times when our students think about STEM education, they think about programming or engineering. But there are so many opportunities in medicine at all levels to explore," said Mary Nicely, district director for Assemblymember Tony Thurmond.

Theresa M. Brodrick, vice president of Clinical Integration and regional chief nursing executive, agreed.

"We want to invest in our communities, provide a service to them, and hopefully they'll want to work in health care," she said. For educators, Youth Career Day brings together classroom material with real-world application.

"I've visited other career days at hospitals, and they're usually just walkthroughs," said Sue Anderson who teaches a medical careers class at Castro Valley High School.

Anderson added, "But what's so different about Youth Career Day at the Garfield Innovation Center is that the kids get to actually dive into health care practices and experience it for themselves. You can't get that anywhere else."



of Students Had a Better Understanding of Careers In Health Care

Developing the Next Generation of Nurses

By Dolores Radding, senior communication consultant, Northern California Communications

Kaiser Permanente Northern California's Nurse Residency and Fellowship Program trains new and experienced RNs to fill in-demand positions in nursing. This year alone, more than 131 nurses were supported through a 12-month transition program that prepared them for independent practice in a new clinical area.

As the daughter of two doctors, Marta Gillick, RN, grew up fascinated by her parents' anatomy books. Her father is a surgeon, and Gillick dreamed of becoming an operating room nurse. But when Gillick became a registered nurse in 2014, she said there weren't many opportunities to specialize.

What's Unique About Our Program

At Kaiser Permanente, we are taking an innovative approach to transitioning experienced nurses into a new specialty area. Much like new graduate nurses, experienced nurses who are entering a new specialty become a novice again on Patricia Benner's Novice-to-Expert competency spectrum. Kinghorn et al. (2017) identified that formalized Nurse Fellowships may be as important as Nurse Residencies in supporting nurses who are transitioning practice environments. Our 12-month practice transition program supports experienced nurses alongside new graduates in a combined Nurse Residency and Fellowship Program.



Tiffany M. Ward, RN, leads a small group discussion with residents and fellows as part of their professional development program.

Things changed for Gillick in 2016. She began working in a medical/surgical unit for the Kaiser Permanente Medical Center in Santa Clara and then applied for a training position in Perioperative Services. Now she's on her way to becoming an operating room nurse.

"When I got this opportunity, I thought it was like winning the lottery," Gillick said. "I know there are a lot of nurses out there who would like to move into the OR, so I just feel really blessed."

Meeting Current and Future Workforce Needs

Gillick is one of 131 Kaiser Permanente Northern California registered nurses who have completed or are currently participating in the organization's Nurse Residency and Fellowship Program offered through its Nurse Scholars Academy. Both programs train RNs to work in specialty departments such as Labor and Delivery or Perioperative Services at one of Kaiser Permanente's 21 regional medical centers.

"This program is designed to help our medical centers fill current and future nursing positions in specialty care areas," explained Ryan M. Fuller, BSN, RN, Nurse Residency and Fellowship Program director. "Nursing schools primarily train graduates to work in medical/surgical units, so there's an opportunity for us to provide formalized specialty training for our new and existing nurses."

The nurse residency is designed for newly licensed registered nurses as they transition to professional practice, while the nurse fellowship program supports experienced nurses who are interested in entering a specialty practice area.

"We want the best and the brightest practicing in our medical centers so they can provide extraordinary care for our members," said Theresa M. Brodrick, PhD, RN, Kaiser Permanente regional chief nurse executive and vice president of Clinical Integration. "This program helps us recruit and retain that nursing talent."

Training Competent and Caring Nurses

The Nurse Residency and Fellowship Program launched in fall 2016, and new training courses start each fall and spring. The program began with a 16-week course for labor and delivery nurses and a 6-month course for perioperative nurses. This fall, a



2017 Overall Retention Rate

third course was added for newly licensed medical/surgical nurses, and next spring, a fourth will begin for critical care nurses.

Training classes typically include a mix of newly licensed nurses and experienced RNs who spend three to four days a week in clinical training, working alongside an experienced nurse preceptor at the Kaiser Permanente Medical Center where they were hired.

"This gives our experienced nurses the chance to pass on their knowledge and help build the next generation of professional, competent, and caring nurses," Fuller said.

The courses also include classroom time led by Kaiser Permanente nurse educators at select locations around the region. Each course is built on curriculum from nationally recognized organizations such as the Association of Operating Room Nurses and includes online learning, lectures, simulations, skills labs, and presentations from experts in their field.



Jez B. Badoy, RN, stands proudly with the residents and fellows from the Spring 2017 cohort of the perioperative training program.



Ryan M. Fuller, RN, leads a discussion with more than 60 residents and fellows from the Fall 2017 cohort of the Nurse Residency and Fellowship Program.

Improving Patient Care

Clinical Perioperative Nursing Consultant Jenny Mendenhall, RN, developed the Kaiser Permanente Perioperative Services training and Regional Perinatal Nursing Consultant Tiffany Ward, RN, developed the training for the Labor and Delivery course. Both say the training programs are having an important impact, and not just on the nurse residents and fellows.

"We have nurses from different facilities across Northern California coming together to train through a standardized program and we are also training their nurse preceptors," explained Mendenhall. "This raises the bar and benefits everyone in those departments."

Ward added that when you start teaching residents and fellows the latest evidence-based practices, there's a ripple effect.

"The preceptors are learning the latest and so are our nurse educators and leaders. All of this is constantly improving patient care, and that's exciting," she said.

Preparing for a Dream Career

Nurse residents and fellows also attend a monthly, 12-month professional development program. The program focuses on leadership, quality outcomes, and the professional role of the RN. As part of the program, nurses complete an evidence-based practice project at their medical center.

After the residents and fellows complete their formal training, they continue to work with RN preceptors in their medical centers until they're ready to work on their own.

Marta Gillick said she's found her perioperative course challenging, but she feels the training is preparing her well for the career she's been dreaming of.

"I knew the learning curve was going to be steep, but having the theory, the evidence-based practice, and the hands-on experiences, all the tools we can now put into our professional box, has helped a lot. I'm just happy to be doing this," she said.

2017 Residents and Fellows by Specialty

Total Learners **131**

67

**MATERNAL
CHILD HEALTH**

21

**PERIOPERATIVE
SERVICES**

43

**CLINICAL
ADULT SERVICES**



NEW KNOWLEDGE, INNOVATIONS, & IMPROVEMENTS

Kaiser Permanente empowers nurses to think creatively and exercise their clinical expertise when developing strategies that enhance care delivery. We value the contribution of interdisciplinary team members across the continuum, and together we work to optimize care in Northern California.

Jodi B. Galli, MSN, RN
Chief Nurse Executive, Kaiser Permanente Redwood City

Increasing Access to Kaiser Permanente's High-Quality Affordable Health Care

By Ryan M. Fuller, BSN, RN, Nurse Residency and Fellowship Program director



40%
of New
Consults



6,000
Consults



9,000
Visits

The Greater Sacramento Head and Neck Surgery (HNS) physician group is leveraging the skills, knowledge, and experience of six Nurse Practitioners (NP) in both their inpatient and outpatient practice. Last year, these NPs provided more than 6,000 consultations and 9,000 visits for Kaiser Permanente patients and members in the Greater Sacramento area.

Terry McGarvey-Tanenbaum, RN, NP III, began working in the Kaiser Permanente Sacramento/Roseville HNS practice in January 2002.

Hired from the Diablo Service Area, she previously worked in Orthopedics supporting both the Walnut Creek and Antioch medical centers. She joined Sacramento/Roseville's HNS practice at a time when the physician group was hoping to increase access to appointments within the department. When she came on board, she started seeing patients and freeing up valuable time for the physicians. This was just the beginning.

Practice Continues to Grow

In 2005, a second NP was added to the group and worked in tandem with McGarvey-Tanenbaum. Together, they covered inpatient and outpatient practice for Roseville and Sacramento medical centers. Today, the group includes six NPs. Stephanie Bianchi, RN, NP, is primarily assigned to the HNS Oncologists. McGarvey-Tanenbaum and Bianchi also first assist in the operating room with the HNS surgeons.

In addition, three NPs work between general and specialty practices. Two NPs do general Ear Nose and Throat (ENT) across a wide range of health concerns. Individually and collectively, they play an important role in the life of our patients and members – they help increase access to care.

Improving Access to Care

Dennis Palmquist, RN, NP, is one of the NPs who was hired last year. "This is a fantastic opportunity to offer efficient high-quality health care to our patients," he said, adding that the NPs are able to "take our time to answer questions, listen to the patient, and formulate a plan that works for them."



Terry McGarvey-Tanenbaum, RN, NP, stands with medical assistant Pam Sellers as they prepare to start seeing today's patients.

However, it is not just the patients who benefit. Palmquist noted, "Providers can delegate the lower-acuity patients to the NPs, freeing their time for higher-acuity patients." His colleague Eunice Wong, RN, NP, agrees. "Our physicians see us as important members of the team," Wong said. Together, this team is helping reduce the workload of the physicians they support.

From Runny Nose to Rhinoscopy

Five of the NPs round in the hospital and see patients who are under the care of one of the HNS physicians. One solely cares for cancer cases, and the other four care for pediatric and/or adult HNS patients.

The NPs manage medications, perform wound care, order lab tests or imaging, facilitate trach care, remove drains, assist with transfers, and even discharge patients home.

"Our doctors rely on us not just for routine care, but also to identify and escalate subtle signs of more concerning problems," said McGarvey-Tanenbaum. She's seen that NPs help by "bringing the doctor's attention to a patient who needs to be seen, whether it's their inpatient in the hospital or an outpatient in the clinic." Collaboratively, the NPs help the doctors manage their practice so they can see patients who need them the most.

Managing Care Needs

In the clinic, NPs see approximately 40 percent of new patient consults and 14 key diagnoses. In fact, in the last 12 months they've collectively seen more than 6,000 patients. In an average day, that looks like 15 patients a day. NPs may clean an ear, pass a nasopharyngeal scope, excise an oral lesion, incise and drain an abscess, and manage many other problems that may come up.

They'll even ascertain if patients are appropriate for a variety of head and neck surgeries, and then complete case requests for surgery, order imaging, labs, and a variety of testing from other specialties. They can get the patients ready for the care they need from the surgeon, without having to wait to see the surgeon.

The HNS physicians are happy about this, and it's no wonder. The NPs help them free up time to see more complicated HNS patients, and it also helps the physicians be more available for surgery.

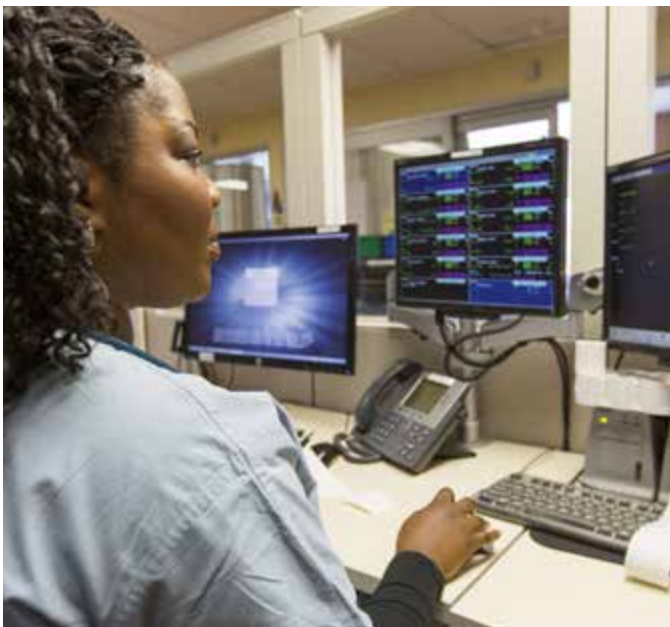
Alisa Dieterich, RN, NP, said she "really enjoys working in the clinic," and is able to "forge relationships with patients and incorporate their needs into a personalized plan of care."

Predictive Analytics in KP HealthConnect Transforming Care Outcomes

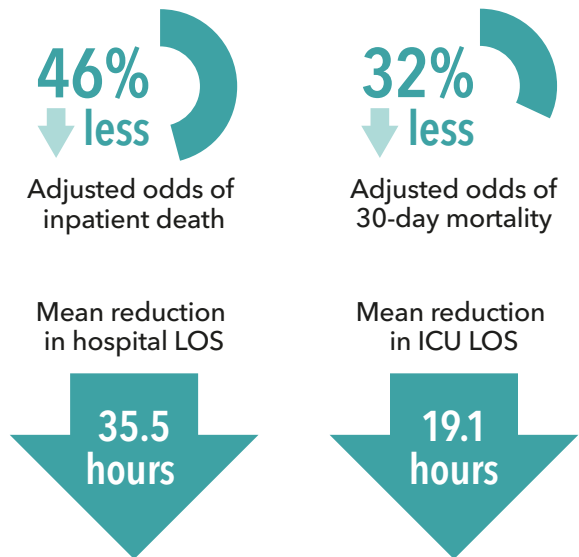
By Shirley S. Paulson, DNP, RN, regional director Clinical Adult Services

Predicting today who will be in the ICU tomorrow is the premise of the Advance Alert Monitor (AAM) program. AAM is a cutting-edge predictive model that gives caregivers a 12-hour lead time in identifying patients at risk for clinical deterioration.

Developed by the Kaiser Permanente Northern California Division of Research under the leadership of Gabriel Escobar, MD, Advance Alert Monitor (AAM) is now implemented at Kaiser Permanente medical centers in South San Francisco, Sacramento, Walnut Creek, Santa Clara, San Leandro, and Roseville. Initial evaluation has shown statistically significant reductions in inpatient mortality, 30-day mortality, hospital length of stay and ICU length of stay for patients with AAM in Walnut Creek vs. patients without AAM.



with Advance Alert Monitor



How Does AAM Work?

AAM enhances patient safety and outcomes by proactively identifying patients at risk for clinical deterioration. Using algorithms developed by Kaiser Permanente’s Division of Research, AAM pulls data from KP HealthConnect, the electronic medical record system.

This data is sent to a secure external website staffed by experienced eHospital Kaiser Permanente Registered Nurses. These eHospital nurses are highly trained master’s level or higher critical care RNs who scan the patient’s chart on an hourly basis for alerts that identify those patients at risk for deteriorating within 12 hours.

The eHospital nurse directly calls the local Rapid Response Team RN and communicates the alert and any pertinent clinical information.

The Rapid Response Team RN then works with the primary RN to assess the patient, obtain a new set of vital signs, and call the physician for needed orders to stabilize the patient. Because these interventions anticipate deterioration, rather than react to it, full Rapid Response and Code Blue calls may be avoided, and patient mortality is improved. Data has also shown that if an ICU transfer is needed, the overall ICU length of stay is shorter.

Key Roles of the eHospital RN and Rapid Response Team RN

"The most important component of the eHospital nurse is the clinical background and analytical inquiry attribute that they bring to the position," said Elizabeth (Lizzie) A. Scruth, PhD, RN, one of the eHospital nurses and a member of the Regional Clinical Effectiveness team.

"The nurse's ability to navigate the chart and see through the lens of the bedside nurse, Rapid Response Team nurse, and the provider makes the collaboration a success." Great communication skills are an absolute must as well, Scruth added.

Another eHospital nurse, Theresa Villoriente, MSN, RN, said, "The eHospital nurse closely reviews the alerts and prioritizes actionable interventions, so any collaboration with the front-line hospital staff is meaningful. We have the technological resources and the clinical nursing experience to recognize those subtle differences in vital signs and laboratory values, and so the Rapid Response Team RNs are able to deliver care that is personalized and efficient."

The Rapid Response Team RN is a critical element of the success of the Advance Alert Monitor program. Using standardized and tested AAM response workflows and rounding proactively on specific patients at risk, the Rapid Response Team RN's clinical expertise, communication, and collaboration skills saves lives.

Jocelyn Rosa, RN, on the Rapid Response Team at Kaiser Permanente Walnut Creek, said, "The collaboration between RRT and e-Hospital is fantastic. It gives us another set of eyes on our patients, which gives us a greater opportunity to save lives."

Her Rapid Response Team colleague from Walnut Creek, Linda Obi, RN, agrees with the value of the Advance Alert Monitor program, saying, "With the help of Advance Alert Monitor, Rapid Response Team RNs, physicians, and E-hospital, our ability to prevent a patient from decompensating has increased. We can get to the patient before that happens. We've seen it."

Advance Alert Monitor as an Extra Tool

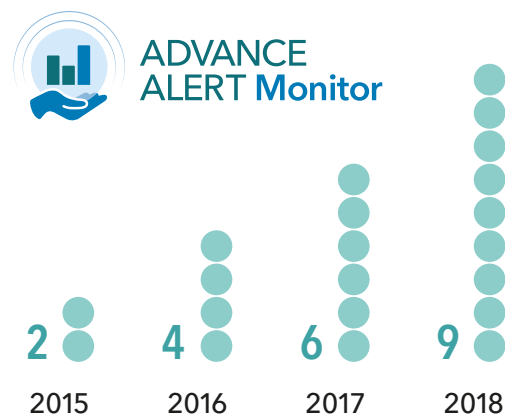
"Advance Alert Monitor has become an extra tool in the Rapid Response Team toolbox to help identify patients to follow up and check on, that may not have been identified otherwise," said Julie Suarez, BSN, RN, assistant nurse manager, Kaiser Permanente Roseville ICU.

She feels, "It's one more way that the Rapid Response Team can catch patient deterioration early and intervene for better patient outcomes, before it's too late."

Next Steps

There continues to be excitement about the value that the AAM program brings to patient care. The region is expanding the program to South Sacramento, Vacaville, and Vallejo.

As an organization committed to continuous learning, Kaiser Permanente will be working closely with these medical centers, analyzing their success with implementing the AAM program, and eventually look to implement the program in all Northern California medical centers.



AAM Expansion Through 21 Medical Centers

Researching Routine Screening Criteria for Sepsis in the Obstetric Population

By Holly Champagne, MSN, RN, Roseville Medical Center clinical nurse specialist and Lori Olvera, DNP, RN, South Sacramento Medical Center nurse educator

Two hospitals in Northern California have implemented a nurse-led sepsis screening process for hospitalized pregnant and women who have just delivered. This pilot project aims to provide data that can help reduce the risk of maternal sepsis across the country.

Screening for Sepsis

The arrival of a pregnant woman into the hospital is usually followed by an exit full of happiness, her arms filled with her newborn child. Unfortunately, some women develop a severe infection, called sepsis, which may lengthen their hospital stay and require treatment with antibiotics. A more severe form of sepsis, called septic shock, may require admission to the intensive care unit (ICU). According to Centers for Disease Control and Prevention statistics from 2011–2013, infection and sepsis are the third-leading cause of maternal death in the United States.

The new obstetric sepsis screening process helps RNs monitor for the presence of systemic inflammatory response syndrome (SIRS) criteria. SIRS criteria include specific vital signs, white blood cell count values, and altered mental status. The presence of SIRS criteria and a known potential source of infection, such as the uterus, indicates the body is reacting as a whole to an infection. This reaction can lead to complications, including a profound drop in blood pressure and shock.

Using the newly developed screening process, nurses evaluate for the presence of two or more SIRS values at the beginning of each shift, upon the



Matthew Garabedian, MD, Stephanie Beigh, RN, and Abies Aibudefe, RN, discuss sepsis management in labor and delivery.

admission of the patient to the hospital, at the time of transfer between units, and at any time the nurses develop concern about the patient's well-being.

Obstetric-Adjusted SIRS Criteria

What makes this process innovative is the use of obstetric-adjusted SIRS criteria. Pregnancy results in physiologic changes to the women's vital signs, including a higher resting heart rate, respiratory rate, and white blood cell count. Also, the unborn child may develop fetal heart rate tachycardia as a result of maternal infection.

This project uses obstetric-adjusted SIRS criteria, including fetal heart rate tachycardia, as the values that trigger a nurse to investigate for the potential for a maternal infection. These adjusted values represent an advance in sepsis screening in the maternal population that currently do not exist.

Nurse and Physician Collaboration

Lori Olvera, DNP, RN, Kaiser Permanente South Sacramento, is a clinical educator who spearheaded a similar project at Sutter Health and published her findings in *Nursing for Women’s Health*. Olvera and Holly Champagne, MSN, RN, CNS, Kaiser Permanente Roseville, collaborated with Thomas Russell, MD, the region’s sepsis lead, and Matthew Garabedian, MD, Maternal-Fetal Medicine specialist, to champion this initiative at Kaiser Permanente pilot sites in Roseville and South Sacramento.

Dr. Garabedian, a perinatologist, is proud of what the team has accomplished. “The obstetric screening project epitomized interdisciplinary care,” he said. “Obstetric sepsis is an under-recognized problem, and with this program nurses and physicians are better enabled to provide efficient, high-quality care.”

Spreading Enthusiasm

The nurses at Kaiser Permanente Roseville received two hours of education on the topic of sepsis, including how to use the new maternal sepsis screening pathway. Use of a visual job aid, such as the maternal sepsis pathway, allows the clinical staff to quickly determine if the patient meets SIRS criteria, and the next steps to take should the patient meet the criteria for sepsis. The nurses recognized the importance of screening for sepsis, and their significant role in early recognition of this potentially deadly condition.

“There is no doubt the nurses have positively impacted the care of our patients,” Champagne said.

Cristi Lanta, RN, Mother/Baby staff nurse at Kaiser Permanente Roseville, created a stand-up display that illustrated the key points in the sepsis screening pathway. “We are much more aware of the signs of sepsis since this project began,” said Roseville Mother/Baby Assistant Nurse Manager Kelly Dryer, RN.

VARIABLE	ADULT, NON-OBSTETRIC POPULATION*	ADJUSTED FOR OBSTETRIC POPULATION
ALTERED MENTAL STATUS	Present	Same
TEMPERATURE LOW HIGH	> 100.4° F (38° C) < 96.8° F (36° C)	Same Same
HEART RATE	> 90 bpm	> 110 bpm
RESPIRATORY RATE	> 20 per minute	> 24 per minute
WHITE BLOOD CELL COUNT LOW HIGH BANDS	< 4,000 > 12,000 > 10% bands	Same > 15,000 Same
FETAL HEART RATE	Not included	> 160 bpm for 10 minutes

Systemic Inflammatory Response Syndrome (SIRS) Criteria



Holly Champagne, RN, discusses sepsis prevention strategies with Christi Lanta, RN, during clinical rounds.

Researching Outcomes

Champagne and Olvera are collecting and analyzing data related to this process-improvement initiative at the pilot sites, and will report on their findings in early 2018 to the Kaiser Permanente Northern California Perinatal Patient Safety Committee.

Champagne recently received the region's institutional review board approval to research the outcomes of the mothers and their newborns who developed sepsis with Dr. Russell and Dr. Garabedian as co-investigators in this project.

"My goal is to advance our knowledge about this potentially deadly condition and to share that information with other clinicians in the United States," said Champagne. "Ideally, we will be able to reduce maternal mortality through early identification and treatment."

266

**RNs Trained on
OB Sepsis Prevention**

3,500+

**KP ROSEVILLE
Women screened during
their inpatient stay**

EMPIRICAL QUALITY OUTCOMES

Patient care continues well beyond our hospital doors. Kaiser Permanente's integrated care model helps members receive the right care at the right time in the right place. Nurses are instrumental in improving patient outcomes across the continuum.

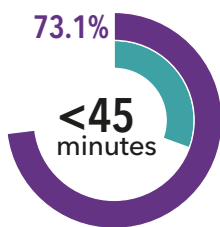
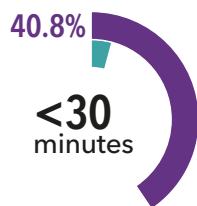
Carol A. Orlando, MBA, RN

Executive Director, Continuum Clinical Services, Kaiser Foundation Health Plan and Hospitals

Leveraging Technology and Clinical Teams to Improve Acute Stroke Outcomes

By Melissa M. Meighan, MS, RN, regional stroke coordinator

Door to Needle Time Pre and Post Stroke EXPRESS



Pre Post
Implementation

Kaiser Permanente Northern California redesigned the care process for acute stroke using technology and integrated clinical teams. This project resulted in a significant reduction in the time it took to diagnose and treat stroke patients across the region.

Two million brain cells die each minute during a stroke. For every 15 minutes of swifter time to treatment, fewer brain cells die and patients go home more independent at discharge.

The Centers for Disease Control and Prevention has reported stroke morbidity and mortality rates have stalled in three out of four states. It is difficult for lay people to detect a possible stroke because, unlike a broken leg, an evolving injury such as stroke may not be readily apparent.

Kaiser Permanente Redesigns Stroke Care

Rapid neurology assessment requires close collaboration with bedside and emergency room nurses to rule in a candidate for rapid treatment with therapy. One of the most common treatments for stroke is alteplase, an anticoagulant drug that dissolves the blood clot causing a stroke.

Between March and September 2015, a redesigned stroke program was developed, with the pilot implementation beginning in September 2015. The program was named EXpediting the PROcess of Evaluating and Stopping Stroke (EXPRESS).

EXPRESS relies on a broad base of leadership and nursing experts who redesigned workflows, creating a tele-neurology program called "Stroke FORCE" (Fast Operating Remote Cerebrovascular Experts) under the direction of Mai Nguyen-Huynh, MD, and Jeff Klingman, MD.

A tele-neurology physician group was established with stroke experts from multiple Kaiser Permanente Northern California medical centers, who hone their skills and share best practices through weekly learning forums.

Stroke Alert with Telehealth

Once a patient is identified as having a possible stroke, a stroke alert is called and the local team immediately contacts the on-call tele-neurologist who can help run the stroke alert via the use of a mobile cart with high-definition video capability.

Tele-neurologists assess the patient in close collaboration with the bedside or emergency room nurse, and work with the ED physician or hospitalist to determine the patient's eligibility for alteplase.

If a patient is eligible, the tele-neurologist explains to the patient and family the risks and benefits of IV alteplase and writes the preliminary order for Pharmacy to mix the alteplase. The tele-neurologist also helps the team determine if an ambulance needs to be ordered ahead of time for possible transfer to a center with endovascular capability.

The patient is then immediately brought to Radiology, where a non-contrast head CT is conducted to rule out a cerebral hemorrhage. The remote tele-neurologist "joins" the clinical team during the CT scan via remote conferencing, discusses the results of the CT scan with the radiologist, and authorizes the administration of IV alteplase by the RN.

In a vast majority of cases, a CT angiogram is required, and the tele-neurologist oversees this procedure as well. If the CT angiogram shows a large vessel occlusion, the tele-neurologist will arrange for transfer of that patient to a center with endovascular therapy capability as appropriate.

Getting to the Details

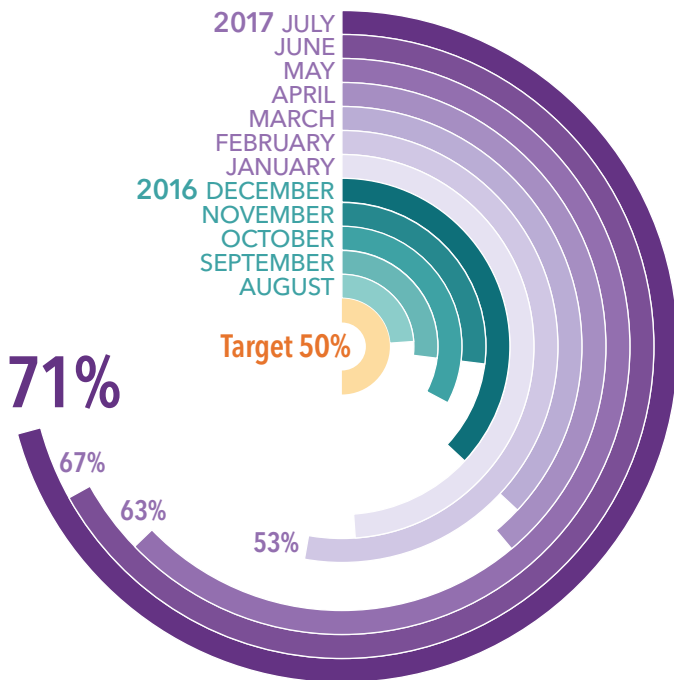
Standardizing each step of the ED and Inpatient workflows was crucial. The goal is to successfully administer IV alteplase consistently within 30 minutes of arriving at the ED and in the inpatient setting directly upon recognition. The new workflow and training materials were tested with multiple real-time improvements. Robust local leadership and implementation teams were designated for each of the 21 medical centers in northern California.

In partnership with our regional simulation team, each medical center completed a full-day simulation to learn and practice the new workflows. Prior to their designated go-live date, each medical center completed 10-15 shorter mock drills to refine their workflow.

Improved Outcomes

Prior to implementation of the EXPRESS program, door-to-needle time was less than 60 minutes about 60 percent of the time.

After implementing the new workflow, the median door-to-needle time was 29 minutes across Northern California. In addition, alteplase usage has doubled, and we have treated twice as many individuals with endovascular treatment. This project has made systematic, sustainable, and substantial changes to improving patient care for the stroke population.



Current Performance:
Alteplase Door to Needle \leq 30 Minutes

Transforming Surgical Care at Kaiser Permanente

By Tracy G. Trail-Mahan, MS, RN, Northern California ERAS mentor and Pearl Paras, MPH, RN, Northern California ERAS mentor

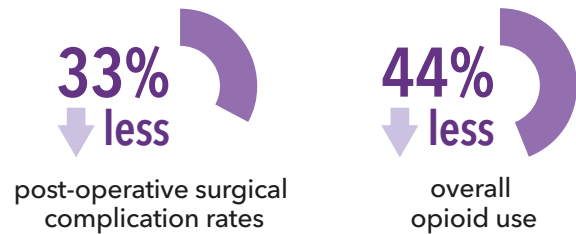
Enhanced Recovery After Surgery (ERAS) is a comprehensive evidence-based program. Our clinical teams employ the principles of ERAS to improve patient care outcomes across the continuum.

In 1914, Florence Nightingale said, "For us who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it, we are going back." These words were true more than 100 years ago, and remain true today.

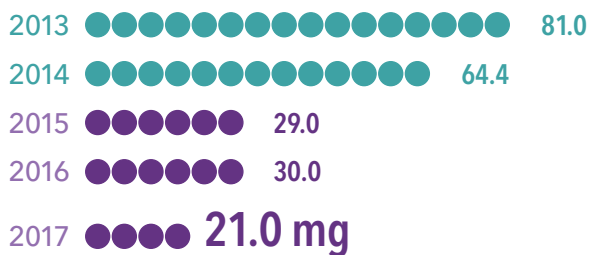
Implementation and Performance

The successful spread of ERAS across 21 hospitals in the past three years has improved care for more than 20,000 surgical patients. This has resulted in the reduction of post-operative surgical complication rates by 33 percent, and an overall decline in opioid use by 44 percent. For total hip surgery patients, we have reduced their length of stay from 2.6 days to only one day.

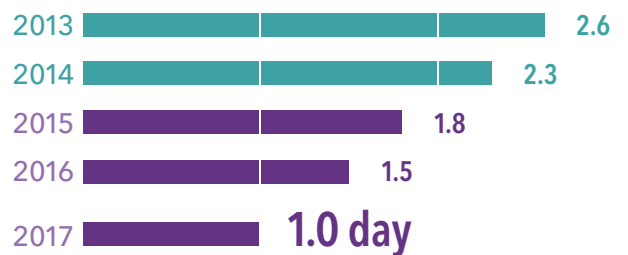
with ERAS



AVERAGE MORPHINE EQUIVALENTS (MG)



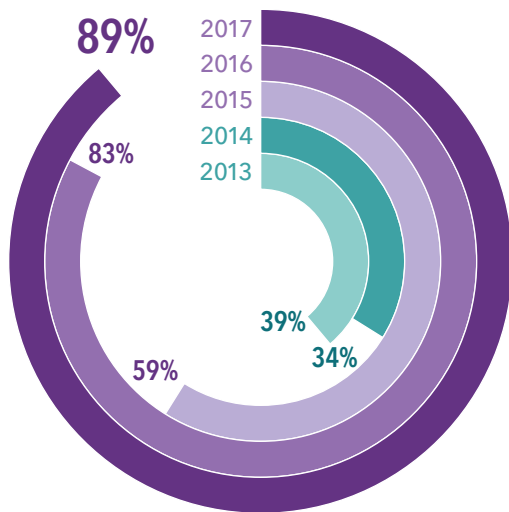
AVERAGE HOSPITAL LENGTH OF STAY (DAYS)



Improving Total Hip Surgery Outcomes with ERAS



LAST LIQUIDS BEFORE O.R. ENTRY

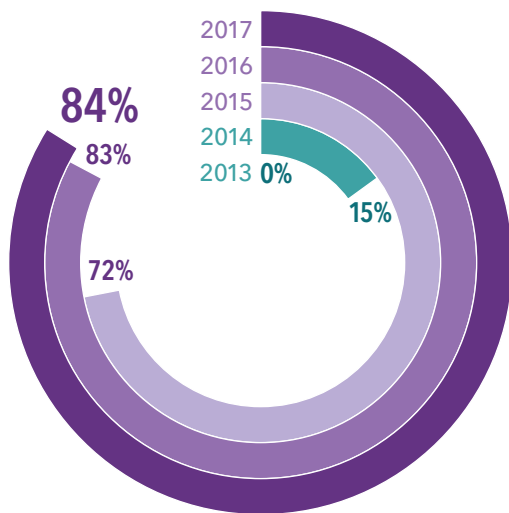


Although surgery-related opioid use only represents a fraction of the overall problem, more than 2 million individuals may transition to persistent opioid use following elective, ambulatory surgery each year. ERAS does its part to minimize opioid use through promotion of a multimodal analgesia approach, targeting optimal opioid-sparing pain relief.

An Interdisciplinary Effort

A true team effort, ERAS requires the collaboration of disciplines across the continuum of care. Instrumental in the development and advancement of ERAS, Derrick C. Lee, MD, has served as the clinical expert for many of the evidence-based practice innovations. Working together, our team of physicians and nurses has transformed surgical care.

FIRST AMBULATION IN 12 HOURS

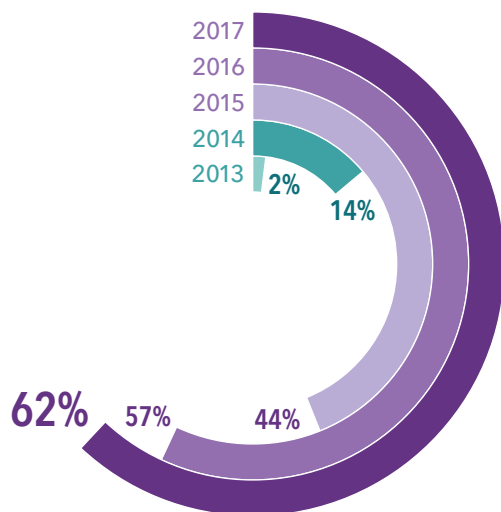


Northern California ERAS in JAMA

ERAS is receiving widespread media attention and has been featured on television, in newspapers and other publications, as well as at national health care conferences. Our remarkable results from the first two ERAS prototypes involving more than 5,000 hip fractures and 3,700 elective colorectal resection patients were highlighted in the May 2017 issue of the *Journal of the American Medical Association (JAMA)*.

The article, as one commentary noted, "represents an important contribution to population health. The investigators and their integrated system moved the bar of implementation science into real progress in the real world."

MULTIMODAL ANALGESIA GIVEN



The Common Pathway

The ERAS Common Pathway, the first in the world, is a novel approach to packaging the ERAS concepts into a bundle of standardized interventions that can be applied to nearly all surgical patients.

Kaiser Permanente's ERAS program is advancing to serve as the global pioneer in establishing a new paradigm for providing the highest quality and safest surgical care.

San Leandro Improving Outcomes with KP HealthConnect

By Dana Littlepage, MBA, RN, San Leandro Medical Center Clinical Adult Services director

Have you ever wondered what we could do real-time to improve our patient care outcomes as a team? By leveraging technology and good old-fashioned teamwork, we worked to reduce CAUTI rates in our adult patient population.

This year, Kaiser Permanente made a focused effort to reduce catheter associated urinary tract infections (CAUTIs). Our CAUTI Standardized Infection Ratio (SIR) for March 2017 was 1.59. Our processes were good, yet our data told us that we could be better.

Anticipating Care Needs

Leaders support nursing practice and monitor progress throughout a patient’s stay by monitoring HealthConnect data in a more strategic way. This approach also provides our team with new opportunities to celebrate excellent care, coach for positive care outcomes, and train care teams on best practices that prevent harm.

We have improved our team’s clinical oversight and effectiveness through the anticipation of patient care needs with health record data. This supports the delivery of real-time feedback to frontline staff on care interventions that may increase patient safety and better inform care transitions.

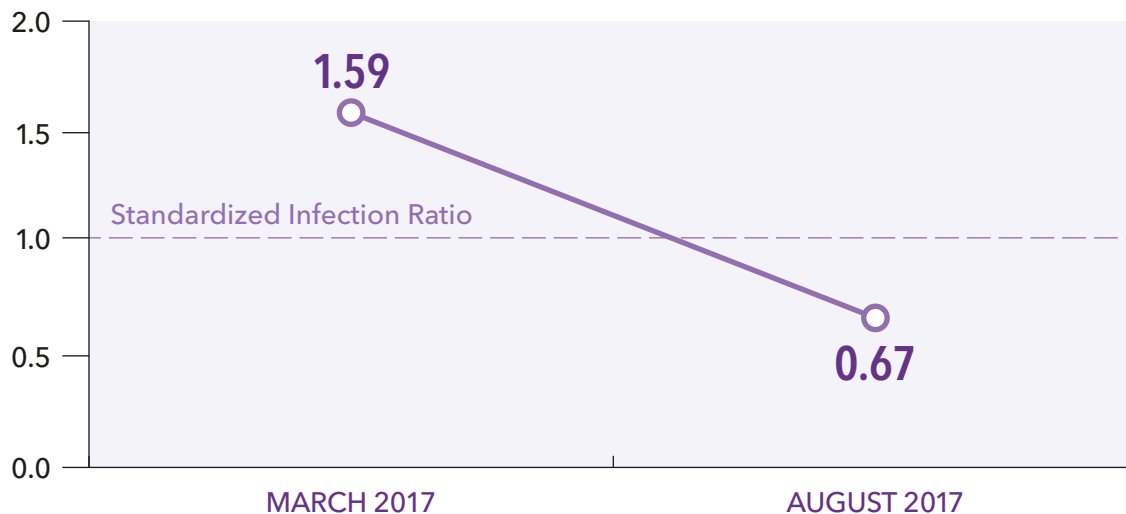
During each shift, nurse leaders also round on patients with urinary catheters and their direct care teams. CAUTI prevention interventions are evaluated during these rounds, and care suggestions are made when indicated.

A Positive Trend

The proof is in the results: Kaiser Permanente San Leandro was successful in preventing CAUTI. In August 2017, our CAUTI SIR rate was 0.67.

“By leveraging the daily safety briefing, the assistant nurse manager in each unit has helped lead a significant reduction in CAUTI rates,” said Amy Bearden, MSN, RN, San Leandro chief nurse executive. “Our success is a mixture of transparency and adherence to the standardized CAUTI bundle.”

REDUCTION IN CAUTI STANDARDIZED INFECTION RATIO



Helping Patients Successfully Recover After Hospital Discharge

By *Angela Wahleithner, MSN, RN, executive director Care Coordination*
and *Pamela Galley, MSN, RN, regional director Continuum Administrative Operations*

Kaiser Permanente's Northern California Division of Research collaborated with the Regional Care Coordination Department to evaluate a Readmission Risk Score (RRS) predictor. This study tested a standardized tiered intervention model for patients discharged to home identified at risk for rehospitalization.

When patients are discharged from Kaiser Permanente facilities, their hope is for recovery with a return to normal daily life. But this is not always possible. Complications may result in a patient returning to the hospital to receive further care. Through a collaboration with the Northern California Division of Research to develop a Readmission Risk Score (RSS), Northern California has seen a dramatic reduction in hospital readmissions.

Pilots Showed Promising Results

Piloted in 2016, the Readmission Risk Score is a multifactorial score that assesses the risk of a patient requiring readmission to the hospital after discharge. Starting at seven skilled nursing facilities, the score sought to leverage data to help support high-quality care in real time.

In January 2017, the initial data showed a 25 percent rehospitalization reduction with the patients for whom the Readmission Risk Score specified intervention.

Refined and Spread Across the Region

Refined in the Kaiser Permanente Napa-Solano Continuum Department, the tiered interventions were modeled after the interventions tested in the first pilot program for patients discharged to home. The RN Continuum Coordinator and skilled



nursing provider work collaboratively with the skilled nursing facility interdisciplinary team to support care coordination and quality oversight of our members. Bedside visits and interaction with members are conducted by the team throughout the patient's stay.

This led to the development of the Readmission Risk Score evaluation for patients discharged to skilled nursing facilities, in Kaiser Permanente's 21 Northern California hospitals, using a tiered intervention approach.

Collaboration with physician colleagues has been essential in the success of RSS. Stephen M. Parodi, MD, and Vivian M. Reyes, MD, have led the regional coordination and implementation of this project. They have worked collaboratively with physicians on the ground including Lawrence A. Lippmann, MD, and Russ D. Granich, MD.

The Readmission Risk Score in Action

In 2017, a patient was discharged to the Napa Valley Care Center skilled nursing facility. A clinically complex patient with diagnoses of diabetes, kidney transplant, congestive heart failure, and asthma, he had five admissions to the ED or hospital in the past year.

The patient was assigned a medium Readmission Risk Score. Next, the Continuum RN Coordinator worked with the care team to ensure that the appropriate precautions are taken due to the patient's score. By standardizing our proactive approach to care, we are able to help prevent a readmission to the hospital following discharge.



Data Informing New Standards of Practice

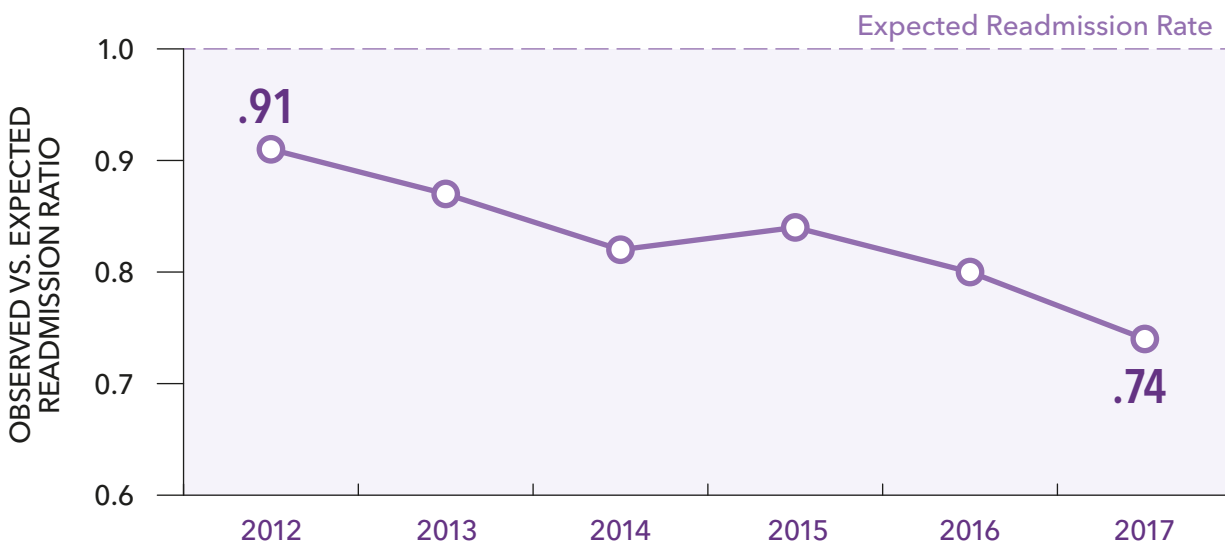
The provider immediately wrote orders in response to the patient’s condition. On the second rounds, the patient reported feeling feverish and coughing. The provider ordered a stat chest X-ray, which showed pneumonia, and oral antibiotics were immediately started.

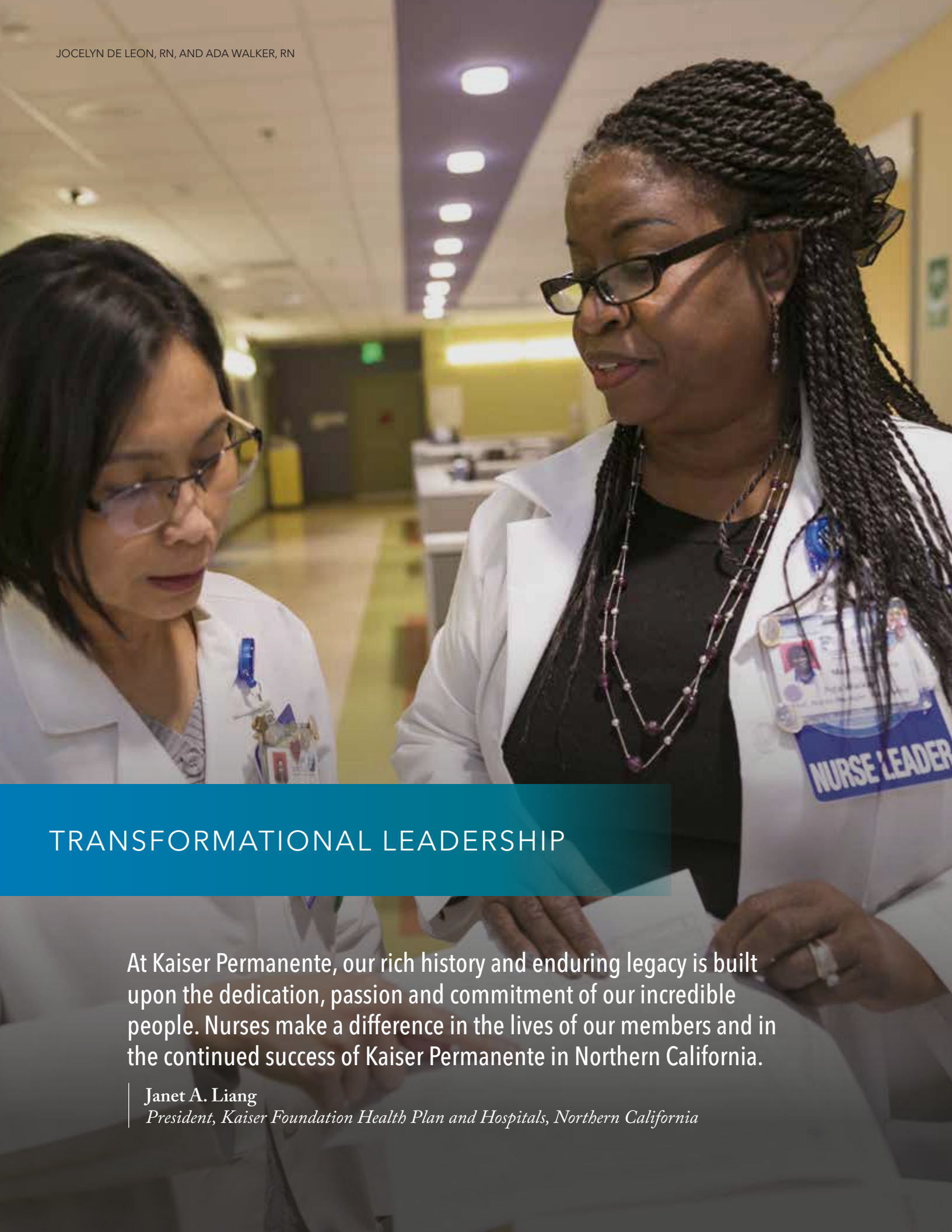
The next week, the team observed the patient with worsening cough, new chest pain, increasing temperature, and rapid pulse. Again, the provider quickly ordered medication, nebulizer treatments, labs, and EKG. The results returned with

no further needed action. Two days later, the patient was discharged with Home Health Services. The patient has not returned to the hospital since.

“Readmission Risk Score is an invaluable tool utilizing historical data to predict those at risk for readmission,” said Carol A. Orlando, MBA, RN, executive director continuum clinical services. “With our region’s large number of annual discharges, this easy-to-use system will help improve countless care outcomes.”

PATIENTS READMITTED (OBSERVED VS. EXPECTED)





TRANSFORMATIONAL LEADERSHIP

At Kaiser Permanente, our rich history and enduring legacy is built upon the dedication, passion and commitment of our incredible people. Nurses make a difference in the lives of our members and in the continued success of Kaiser Permanente in Northern California.

Janet A. Liang

President, Kaiser Foundation Health Plan and Hospitals, Northern California



At 3:30 a.m. on October 9, a fast-moving wildfire prompted leaders at the Kaiser Permanente Santa Rosa Medical Center to evacuate **122** patients.

We would like to recognize the extraordinary and heroic actions of our nurses, physicians, and the entire North Bay community.

Nearly **9,000** structures were destroyed in the North Bay fires. More than **200** Kaiser Permanente nurses, physicians, and staff lost their homes. Kaiser Permanente teams evacuated **148** patients from skilled nursing facilities. Home Health staff connected with area patients, **65** of whom had been evacuated.



That morning, most evacuated patients arrived at Kaiser Permanente San Rafael, driven by ambulance, city bus, and in the personal cars of Santa Rosa staff.

Kaiser Permanente donated **\$2.75** million for relief and recovery efforts in the community, and offered its affected employees and physicians temporary housing, counseling, and immediate financial help.



More than **1,700** Kaiser Permanente nurses, physicians, staff, and members of the community donated more than **\$400,000** to help those impacted by the fires.

Unparalleled Leadership During the Most Destructive Wildfires in California's History

By Lynn Mundell, managing editor, Northern California Communications

The North Bay fires forced the evacuation of the Santa Rosa Medical Center in October 2017. Kaiser Permanente leadership from across the region worked together during a time of unprecedented crisis to help ensure the communities we serve were safe.



Judy Coffey, RN, senior vice president and area manager, Kaiser Permanente Marin-Sonoma

It was 1:15 in the morning of October 9 when Judy Coffey, RN, Marin-Sonoma senior vice president and area manager, got the call at home that smoke was bothering patients and staff in the Kaiser Permanente Santa Rosa Hospital.

Coffey called Tom Hanenburg, senior vice president of Hospital & Health Plan Operations. They learned the smoke was worsening, and sent out an emergency notification, or Tier 1.

Next, Coffey noticed the smoke at her home in the Fountaingrove neighborhood of Santa Rosa, and called Joshua Weil, MD, assistant physician in chief for Hospital Operations, who was on duty in the Emergency Department.

"He said, 'I think my house just burned down,'" Coffey remembered. "At that point, we activated Tier 2: calling in everybody who could make it to help at the facility."



Joshua Weil, MD, assistant physician in chief for Hospital Operations, Kaiser Permanente Marin-Sonoma



Vicky Locey, RN, chief operating officer and chief nursing executive, Kaiser Permanente Marin-Sonoma

A Hasty but Successful Evacuation

By 2:30 a.m. the hospital command center was opened. A regional command center followed one hour later, and within minutes, Dr. Weil called the evacuation order.

Employees and physicians loaded more than 100 patients – including women in labor and ICU patients – into ambulances, city buses, and, in some cases, their own cars to get them safely to other hospitals, including Kaiser Permanente San Rafael.

Fanned by wind and fed by parched vegetation, the multiple North Bay blazes destroyed nearly 9,000 structures and scorched around 210,000 acres. To date, there are 43 confirmed deaths and many people injured.

With the Santa Rosa Medical Center closed, Kaiser Permanente hospitals throughout Northern California pitched in.

“We received tremendous support from local physicians, nurses, and staff as well as from our Northern California leaders and medical centers,” Coffey said. “Santa Rosa Memorial Hospital and our Kaiser Permanente sister facility in San Rafael opened their doors to receive and care for our patients.”

“The disaster proved that we can count on each other in a crisis,” said Dr. Weil. “And that’s what we think of as a real high point – just knowing how much people have your back.”

Vicky Locey, RN, chief operating officer and chief nursing executive, said her phone “blew up with messages” in the wee hours of Oct. 9.

Unable to go the hospital, the 28-year Kaiser Permanente employee set up shop in downtown Windsor, nine miles north of Santa Rosa, to manage her patient care responsibilities. She has referred to employees and physicians as family – and said that their closeness is now magnified.

Reopening After Disaster

On a late October visit to the Santa Rosa Medical Center, one would barely know the Kaiser Permanente community had faced the worst disaster in the organization’s history – and the deadliest week of wildfires on record in California.

Employees and physicians moved with purpose through the facility’s halls, which smelled of scrupulous cleaning, not smoke. Members received flu vaccinations in a lobby clinic and the parking lots were full.

But a closer look showed people hugging and talking urgently. After all, the medical center had just reopened on Oct. 25. And everyone had a story to tell.

On that first night of the fires, Judy Coffey lost her own home, driving her husband, who was recuperating from knee surgery, through falling, burning trees to safety. Dr. Weil listened in anguish on the phone as his terrified wife and daughter escaped through a wall of fire.



Camille Applin-Jones, RN, medical group administrator, Kaiser Permanente Marin-Sonoma

Approximately 200 employees and physicians lost homes in the disaster. Even supported by emergency monies, grants, and loans from the organization, including Kaiser Permanente's donation of \$250,000 to the Red Cross, it will take a long time to rebuild homes, and longer still to rebuild lives.

A Glimpse of Green

Camille Applin-Jones, RN, the medical group administrator, was evacuated from her Solano County home. Having served in the U.S. Army during Desert Storm, she likened the fear, uncertainty, and shock of the fires to war.

"I've seen a lot of pain and loss, but also a spirit of resilience like I've never seen before," she said. "A nurse from Pediatrics said that our landscape is changed, but just over the hill you see a glimpse of green. That is a beautiful way to see a new day on the horizon."

When the facility reopened, she recalled another happy sight: children skipping through the lobby on their way to the temporary daycare provided for staff left without child care.



Michael Shulman, MD, physician in chief, Kaiser Permanente Marin-Sonoma

Michael Shulman, MD, physician in chief for only eight days when disaster struck, returned to his evacuated home after a week, and felt "so proud and appreciative of KP's response in the crisis."

"All of the other medical centers came to our assistance; individuals, departments, and physicians reached out. It was a regionwide and even Programwide effort, in any and all ways. It was tremendous and it was inspiring."

"I see the amazing spirit, cooperation, support, kindness, and resilience of our community,"

—Judy Coffey, RN

Succession Planning for Northern California's Future Nurse Executives

By Priscilla S. Javed, DNP, RN, regional director nursing professional practice

Based on our commitment to develop future nurse leaders, two pathways have emerged to prepare high-potential candidates for Kaiser Permanente nurse executive roles. Participants identified through a talent management process are invited into one of the programs based on their preparedness for executive leadership.

Nurse Executive Accelerated Leadership Development Program (NEALDP)

The NEALDP 18-month program launched successfully in 2016. Ten participants from the first cohort celebrated program completion in July 2017. Kaiser Permanente mentors, program coaches, participants' supervisors, and regional leadership were on hand at a recognition event to hear the accomplishments of these future and present nurse

executives. Based upon the American Organization of Nurse Executives competencies, the program focuses on participants' promotional opportunity and retention. To date, six participants received promotions, including Debbie Reiter, MSN, RN, who was selected for a chief nurse executive role.

Nurse Executive Fellows

In 2017, we were fortunate to identify two stellar Nurse Executive Fellow candidates who immediately embraced this professional opportunity to enter a 12-month fellowship that prepares nurse leaders to enter an executive role.

Amy Young, MBA, RN Amy has been a registered nurse for 18 years, with 13 of those years embracing promotional nursing leadership opportunities. She held leadership positions within perioperative services for Kaiser Permanente along with other large health care systems in Texas. For three years, she served as a hospital nursing administrator. She is an experienced, outgoing, energetic nursing professional committed to ensuring high-quality health care, business leadership, and a healthy work environment.

Romoanetia "Ro" Lofton, DNP, RN Ro has been a registered nurse for 15 years working in diverse inpatient and outpatient settings. Nursing leadership positions account for 13 of those years within emergency care, infection prevention, nursing administration, telemetry care, adult inpatient service line, and surgical services. She is a well-rounded, dynamic leader whose ability positively influences quality and operational metrics, regulatory survey results, teamwork, and professional relationships.



Debbie Reiter, RN, (far left) at her NEALDP graduation, standing with the program's leadership Jim N. D'Alfonso, RN, and Priscilla S. Javed, RN.

A Message from Mary Jo Williams, MBA, RN: Thank You and Farewell

As I look toward retirement in early 2018, I have the opportunity to reflect back on my Kaiser Permanente career.

Looking Back as I Look Forward

I can still remember interviewing for my first unit manager position at Kaiser Permanente San Francisco Medical Center in 1989. I had some trepidation thinking about working for such a large organization, but quickly adapted and felt at home with the organization's mission and leadership. I remained at San Francisco for 11 years. It was a great learning opportunity for me, given that the department encompassed primary care, specialty care, tertiary care, physician residency, nursing student clinical teaching, hospital services, and surgical services. I learned so much from all the nurses, residents, support staff, and physicians.

Stepping into Administration

In 2000, I accepted a position as the Director of Nursing Practice and Assistant Medical Group Administrator at our Richmond campus. Again, the learning opportunities were tremendous. I had the opportunity to partner with The Permanente Medical Group (TPMG) and Kaiser Foundation Hospitals leaders to work together to improve services in our emergency department, surgical services, and inpatient areas.

After four years, I moved to the TPMG regional offices as the Assistant Regional Medical Group Administrator focusing on nursing practice. A couple of years later, I transitioned to my current role as the outpatient nursing leader for TPMG and Managing Director for Medical Group Support Services. I helped clarify the scope of practice of all



our outpatient staff, participated in labor relations, represented TPMG nursing in many arenas, and have worked hard to improve our overall quality of patient care.

It Takes a Village

To paraphrase Oprah, there are a couple of things I know for sure. Along this journey, I have been supported and challenged by the people with whom I've had the privilege to work. Everything I have done, or tried to do, has required the support of others to get to the desired result. I can't possibly name all the people I am grateful for, but I hope you recognize yourselves in these few sentences and know how much I appreciate you.

I am so proud of nursing's contribution to the mission of TPMG and Kaiser Permanente. I believe the future will provide additional opportunities for nursing to shape the way as we meet the needs of our patients and members. I can't wait to be delighted by what you do next!

Barbara Crawford, MS, RN: A Legacy of Supporting Quality Care Delivery

By Jim N. D'Alfonso, DNP, RN, executive director professional practice, leadership development, research, and Nurse Scholars Academy

In 2018, Barbara Crawford, MS, RN, vice president Quality and Regulatory Services, Performance Improvement, and Behavioral Health, will begin transitioning to retirement. Over the past 33 years, Crawford's passion for high-quality nursing care and innovation have been exemplary.

Transforming Care at the Bedside

Crawford earned her BSN at California State University, Fullerton, and her MS in nursing administration from UCSF. Early in her career, Crawford cared for the first AIDS patients, and worked with Dr. Norman Shumway, a pioneer in heart transplantation at Stanford as an ICU nurse. She served in progressive senior leadership positions in the Sacramento Valley for 14 years, and was chief operating officer at Kaiser Permanente Roseville. In Roseville, Crawford led a pilot that impacted the nursing world called, "Transforming Care at the Bedside." She championed the implementation of the enterprise-wide standard for patient- and family-centered communication known as the "whiteboard," as well as the concept for Rapid Response Teams. Crawford has authored numerous articles on clinical effectiveness, patient safety, and multifocal clinical performance improvement.

Crawford significantly contributed to the care described in a July 2016 article in *Healthcare Management Review* that identified "Kaiser's quality advantage is its nursing practice that has flowed historically from its commitment to patient-centered care."

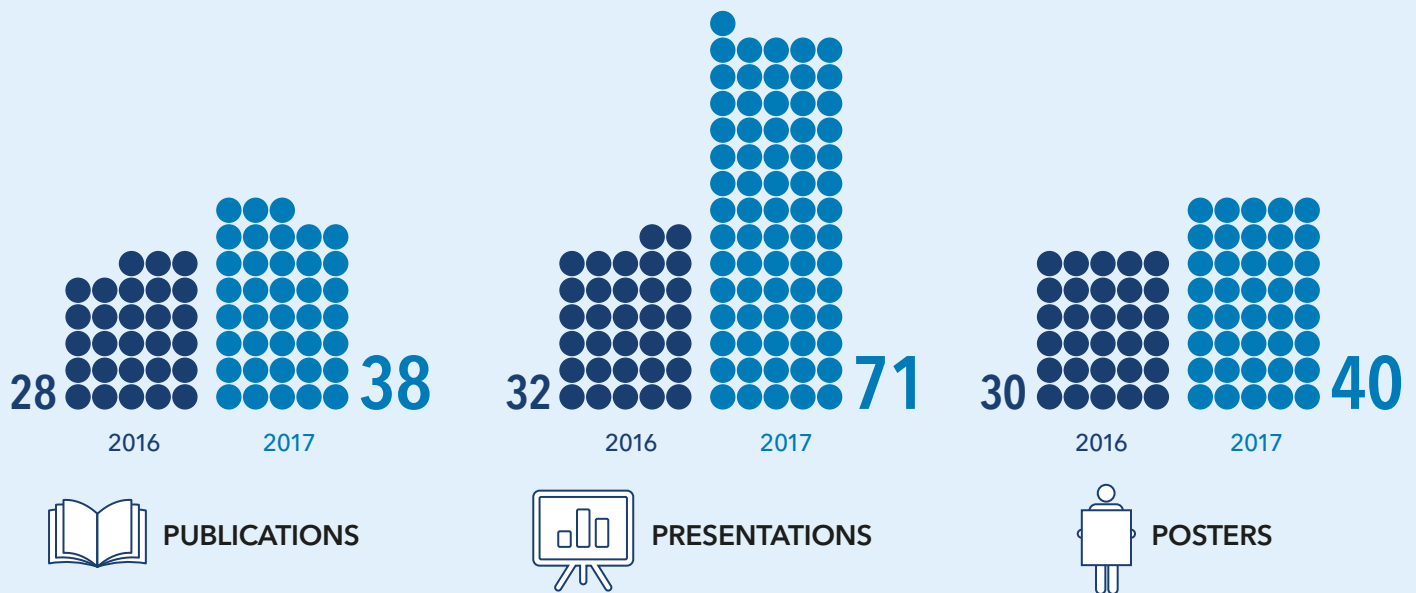


Thinking Globally

Social service and building better communities is something Crawford and her husband Doug have modeled for their family as well. There are two RNs, three physicians, and one biomedical engineer in their immediate family. Her daughter Marisa will be a chief pediatric resident in 2018 and daughter Leah is an ICU/ED RN. Retirement offers Crawford the opportunity to continue her work with her daughters' international medical missions, dispensing medications, providing wound care, breathing treatments, and teaching medical students core clinical competencies. In 2017 Crawford completed her fourth trip to Kenya and her first trip to Nepal.

A Fond Farewell

Please join with us in extending our heartfelt gratitude to Barbara Crawford for her many years of devoted service. We wish her well in all her future plans: to travel, to pursue more international missions, and to nurture her longstanding love of trail horseback riding.



2017 NURSING KNOWLEDGE DISSEMINATION

We sincerely thank the team who helped make the 2017 Nursing Report possible. Special thanks to ABC 7 News for use of their photograph on page 37.

Editorial Board

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Contributors

Linda Ackerman
Holly Champagne
Jim N. D'Alfonso
Karen Eisenberg
Anna Fiddler

Ryan M. Fuller
Pamela Galley
Priscilla S. Javed
Melissa Meighan
Lynn Mundell

Pearl Paras
Shirley S. Paulson
Dolores Radding
Tracy G. Trail-Mahan
Angela Wahleithner

Production Team

Gayle Chin
Kurt Krames

Kaiser Foundation Health Plan and Hospitals

Northern California Region

1950 Franklin Street

Oakland, CA 94612

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