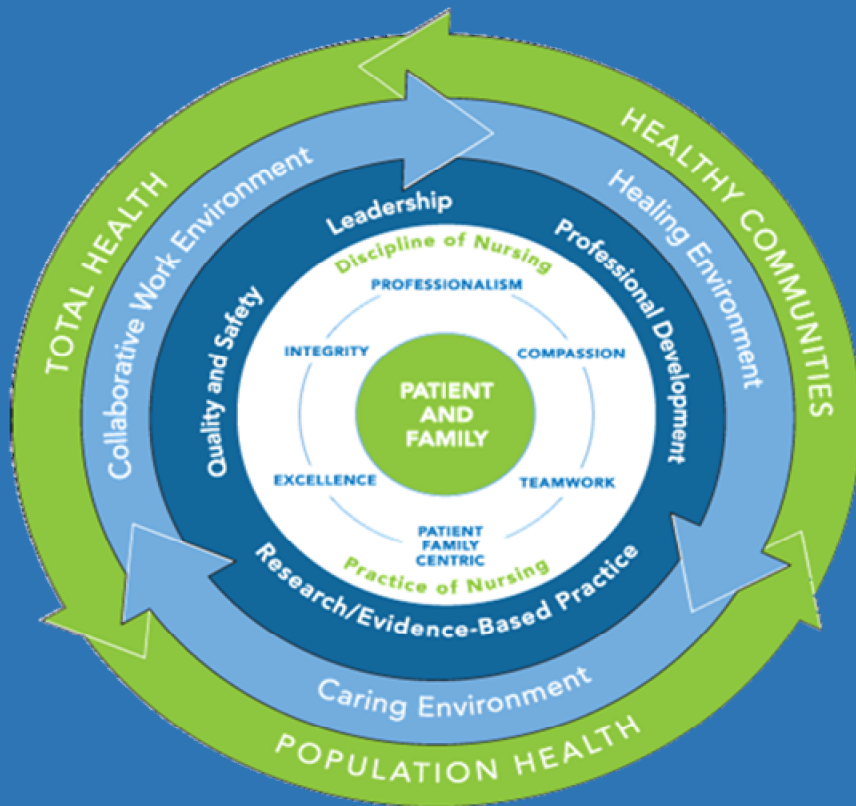


Kaiser Permanente Baldwin Park Medical Center



Nursing Year in Review
2020

Message from the Chief Nurse Executive

Our nursing annual report is traditionally based on Kaiser Permanente Baldwin Park nursing activities for a given fiscal or calendar year. Because our lives have been turned upside down by COVID-19 in 2020 it would seem remiss to focus on anything else.

The American Nurse Association and World Health Organization deemed 2020 “The Year of the Nurse.” One might think COVID-19 has overshadowed this theme, but I feel it has exemplified what we’ve always known to be true of our nurses, and something we’ve now shown the world: that nurses are the face of a global pandemic team. As you make your way through this publication, you’ll see the faces of our frontlines: nurses and care teams who provide care to COVID patients; nurses whose expertise helped prepare us for COVID; nurses performing exceptional care delivery through extraordinary bedside care, telehealth; and nurses spearheading important work to ensure that the care we provide is empathic and culturally congruent across the continuum. We also highlight some of the important improvement work associated with RN satisfaction, patient experience and our culture of safety.

We know that these exemplars merely scratch the surface of what our remarkable nursing force is doing every day. I would like to personally thank each one of you for everything they do. It is an honor to serve with you as part of team.

With Heartfelt Thanks for a Remarkable Year!

Carol



Carol Howland, MSN, RN NE BC CSPHA
Baldwin Park Medical Center
Southern California Region



REPORT CONTENTS:

1. Foundation of Nursing Practice
2. Strategic Alignment
3. Transformational Leadership
4. Exemplary Professional Practice
5. New Knowledge & Innovations
6. Structural Empowerment
7. Recognitions



FOUNDATION OF NURSING PRACTICE

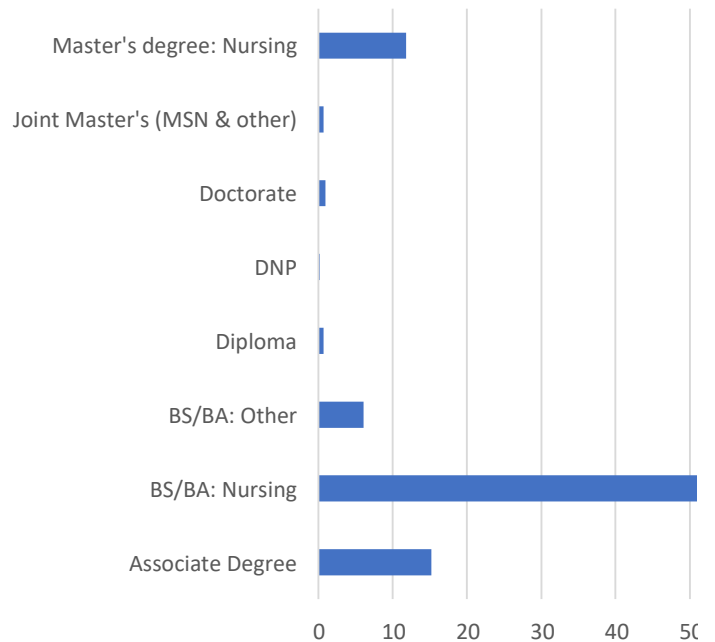
Years of Experience at KP



- 1 to 2 years
- 2 years to 5 years
- 5 years to 10 years
- 10 years to 15 years
- 15 years to 20 years

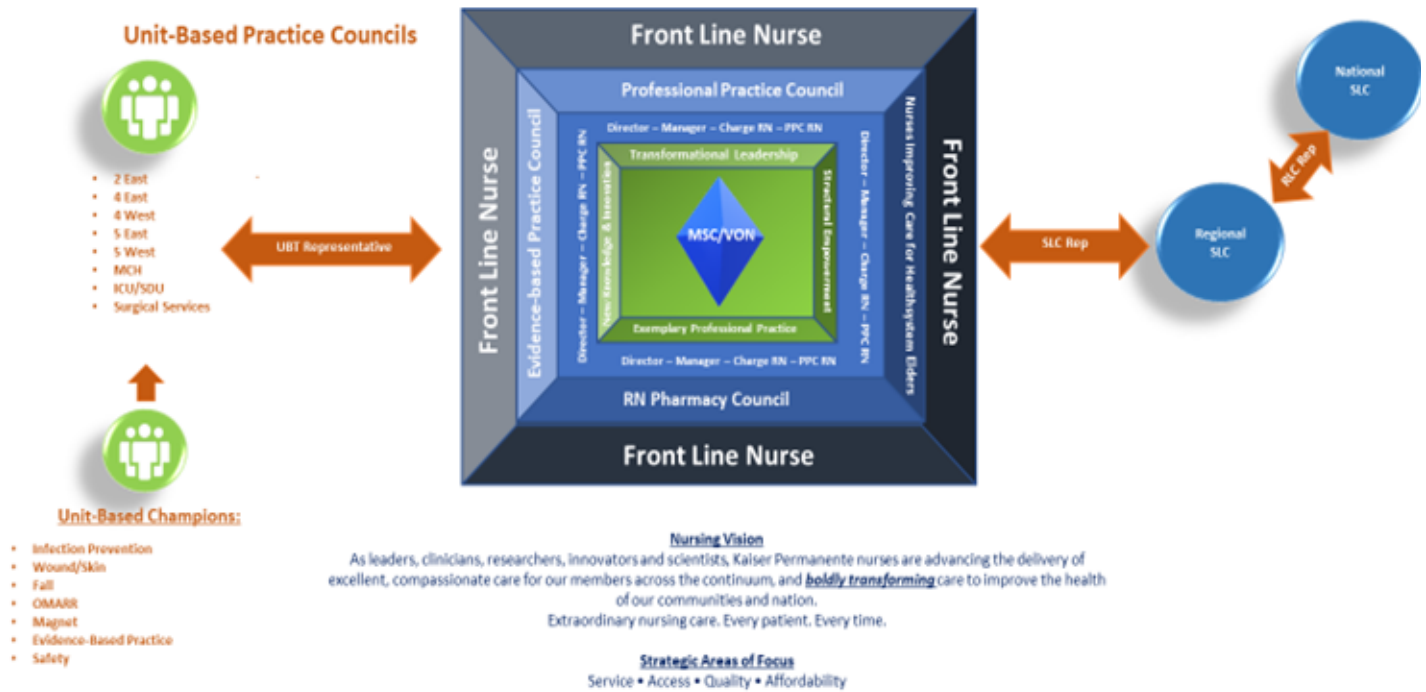
Our nurses' years of experience and academic preparation are channeled through a Shared Governance structure. Shared decisions between labor and management result and govern nursing practice at Baldwin Park. This professional structure leads to pride of ownership in practice and outcomes resulting in nursing excellence. Passion for excellence in nursing leads to superior outcomes.

Academic Preparation



FOUNDATION OF NURSING PRACTICE

Kaiser Permanente Baldwin Park Nursing Shared Leadership Council Structure



Nursing Professional Practice Model



Nursing Values

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

RN DEMOGRAPHICS

Kaiser Permanente Baldwin Park Campus



39%
PROFESSIONAL
ORGANIZATION
MEMBERSHIP

○

79.4%
BSN or
Greater!



29%
Hold National
Certifications



STRATEGIC ALIGNMENT

Integration and Alignment at Kaiser Permanente

Kaiser Permanente NATIONAL NURSING STRATEGY: *Create a Professional Practice nursing culture; Offer Professional Development to all nurses; Recognize and develop Leadership capacity across the nursing profession; Set Quality and Safety as the linchpin of nursing practice; Expand and strengthen nursing Research and Evidence-based practice; Develop and execute a nursing Workforce strategy capable of meeting needs; Add Technology and Informatics to nursing's contemporary toolkit*

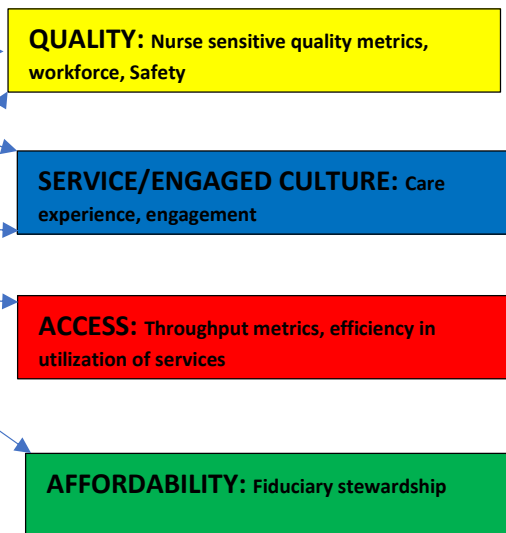
Kaiser Permanente
Southern California
Region

Kaiser Permanente
Baldwin Park
Medical Center

STRATEGY FOCUS AREAS



STRATEGY FOCUS AREAS



TRANSFORMATIONAL LEADERSHIP



Carol Howland
MSN, RN NE BC CSPHA
Chief Nurse Executive



Debra Santibanez
MSN, RN CENP
Certificate in Magnet
Director Professional
Development &
Education



Jeong Leon MSN,
MHA, RNC-OB,
EFM-C Director
Maternal Child
Health



Felipe Garcia MSN,
RN Director
Critical Care Services



Denise K. Goodwin
MSN, RN-BC
Director
Med-Surg/Telemetry



Joanne S. Csiszar,
MSN, RN, CNOR, CSSM
Director Inpatient &
Ambulatory
Surgical Services

Nursing Leadership Team

Visibility and
Communication

CNE Support of Shared
Decision-making and
Inclusion

Unit-based Council
Nursing Practice Projects

VISIBILITY AND COMMUNICATION

During the pinnacle of the COVID pandemic it was important that nurses felt heard and supported with the guidance of strong nursing leadership. The only constant thing in the COVID crisis was change. The insurmountable stress, ethical dilemmas and unknown territory faced by nurses, transporters, ward clerks and all disciplines working with nurses, was overwhelming. Townhalls were hosted by the chief nurse executive. Departmental ICU townhalls, Virtual Caritas, EAP Crisis team rounding was activated to proactively identify and respond to the needs of nurses and all those supporting this critically ill patient population.

SHARED DECISION-MAKING AND INCLUSION

Frontline nurses sit on all councils where decisions are made that impact their nursing practice. Leadership understands the importance and the need for subject matter representation at the point of decision making and provides finances and resources to reach beyond the work of the Shared Governance structure. The voice of front-line nurse is represented on:

- Professional Practice Council
- Evidence-based Practice/Nursing Research Council
- RN Pharmacy Council
- Nurses Influencing Care of Elders Council
- RN Committee
- Safety Committee
- Care Experience Committee

EXEMPLARY PROFESSIONAL PRACTICE



From left: **Bayu Aji**, RN, Critical Care Unit; **Arous Kalenderian**, RN, Nurse Manager, Critical Care Unit; **Yolanda Padilla**, Linguistic & Cultural Services; **Olufemi Adenuga**, MD, Pulmonary/Critical Care; and **Jennifer Corado**, LCSW, Medical Social Work.

POWER OF TEAMWORK

In the Critical Care Unit during the COVID-19 pandemic was an elderly deaf member. He had been communicating with staff through a virtual interpreter machine and videoconferencing with his son from his phone. Unfortunately, his condition deteriorated, and he was intubated.

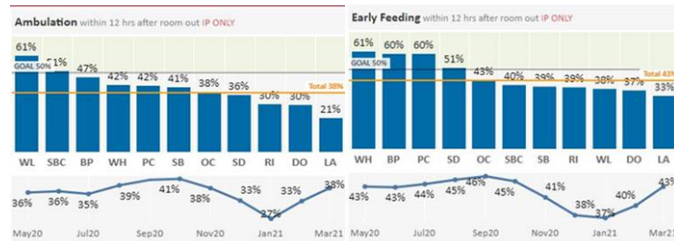
Despite the pandemic restrictions, the team arranged to have an in-person American Sign Language interpreter available daily including during his bedside exam. Sadly, the patient's condition declined. In the days prior to his passing, his family was able to see and speak with him thanks to the interpreter. When prompted by touch, the patient was able to sign limitedly. The last thing he communicated via sign (into the hands of the interpreter) was "I love you" most likely a message to his family. His family felt assured that every effort was made by his health care team to engage him and be his voice.

**Patient-
Centered Care**

EXEMPLARY PROFESSIONAL PRACTICE

OUTCOMES OF QUALITY CARE

After implementation of a GEMBA board to provide daily visual data-driven actions on the 5 East MST unit Baldwin Park is now in the top three medical centers in SCAL in provision of “Enhanced Surgical Recovery to patients.



Quality Improvement/Nurse Sensitive Indicators

Workplace Safety

Clinical Expertise in Patient-centered Care

Patient and Nurse Satisfaction and Engagement

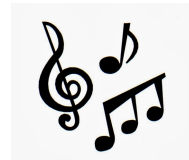
PATIENT-CENTERED CARE



Elizabeth Ramirez
LVN II

BOLDLY TRANSFORMING CARE...

“TAKIN’ IT TO THE STREETS”



SATISFACTION AND ENGAGEMENT

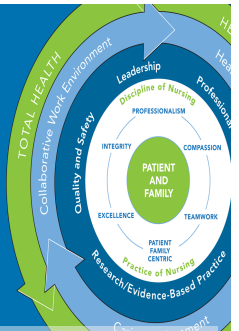
From the opening of the new Irwindale Ambulatory Surgical Center last year, care experience scores consistently stayed in the top 5 in the nation (out of 102) and number 1 in Southern California (out of 26) among Kaiser Permanente organizations. On a few occasions, Irwindale was ranked number one in care experience nationally. Irwindale scores remain strong and are currently rank at number 4 in Southern California.

EXEMPLARY PROFESSIONAL PRACTICE



STROKE Door-to-Needle Time Improvement

Kaiser Permanente Baldwin Park Medical Center



Prepared By: John Santos, MSN, RN, SCR.N, WCC
Emergency Department Educator: Martha Mullen, RN, MSN-Ed, PHS
(See Participant Table)

INTRODUCTION METHODS RESULTS IMPLICATIONS FOR PRACTICE

Time lost is brain function lost and the performance indicator measured for stroke patients qualified to receive thrombolytic therapy is the time from initial presentation to Alteplase bolus initiation, also known as door-to-needle time (DTN).
Throughout the years, Target: Stroke initiative has demonstrated that stroke patients have better outcomes by reducing DTN time for eligible ischemic stroke patients. The decrease in the DTN time was associated with lower in-hospital mortality and hemorrhagic conversion. This year, the AHA and ASA implemented stricter time targets for the timely administration of IV Alteplase under their initiative of Target: Stroke Phase III. Baldwin Park strategic initiatives align with the cutting-edge, evidence-based science behind shorter DTN time practices leading to improved patient outcomes. This is the story of our journey to excellence in DTN improvement.

OBJECTIVES

The project aims to streamline the care of stroke patients presenting in the triage area through early identification of stroke symptoms and efficient utilization of the stroke alert system.

METHODS

Literature Review of Best Practices

- Policy and organizational changes
- Streamlining a code stroke process - patient straight to CT
- Physician assessment in triage
- ED RN Stroke Champions Collaboration with ED Educators
- Brain writing to complete a workflow for stroke patients

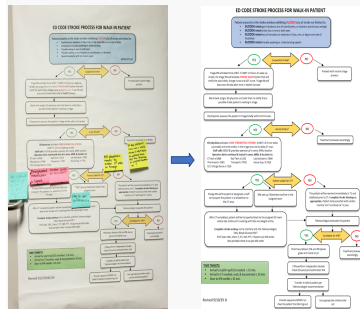
PARTICIPANT TABLE	
John Santos, MSN, RN, SCR.N, WCC	Quality & Certification Dept Stroke Coordinator
Martha Mullen, MSN-Ed, RN, PHS	Emergency Department Educator
Dr. Agnes Kim	Stroke Program Medical Director
Dr. Dicky Shah	Assistant Chief-ED
Don Estudillo BSN, RN	Clinical director Emergency Services
Jeremy Shur RN	Clinical RN Stroke Champion
Sarah Santillan RN	Clinical RN Stroke Champion
Tiffany Seniors RN	ED Charge Nurse
Jose M R-Hancock BSN, RN, PHN	House supervisor
Rischi Alindogan MSN, RN	Radiology Nursing Project Coordinator
Arnold Centeno	CT Technologist
Alexander Benipayo	Laboratory
Christopher Baek, PharmD, MBA	Inpatient pharmacy Supervisor

CONTACT INFORMATION

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John Lawrence R. Santos
Practice Specialist | Quality & Certification Department
Baldwin Park Kaiser Permanente
Telephone: 626 851 5639
Email: johnlawrence.santos@kp.org

Brain writing to Actual Workflow



Efficient Utilization of Stroke Alert System

1. RN retraining in BE FAST and initiation of Stroke Alert
2. ED physician do a rapid assessment in the Triage
3. Triage nurse sends patient directly to the CT
4. Rapid imaging to rule out bleed, mass or any other potential contraindication for Alteplase

Workflow Simulation/Team Training

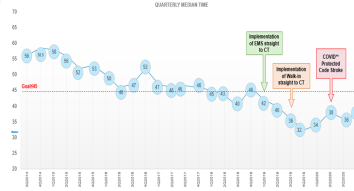
Human factors in the stroke team = rate-limiting factor in acute stroke. Simulation training "translational simulation", used for diagnosing system performance and delivering simulation-based interventions

Workflow - COVID-19 Pandemic



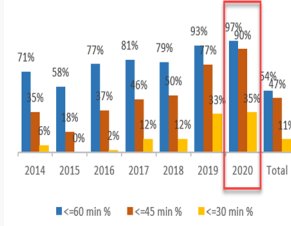
RESULTS

Median Door to Needle Time (min)

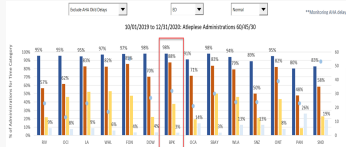


- Gradual decrease of quarterly median time post-implementation of straight to CT workflow

BPK



- Consistent improvement of percentage of cases <60 mins, <45 mins and <30mins despite the disruption of workflow due to COVID-19.



- Best in Region for cases <60 mins w/ approved AHA exclusion
- Best Region for cases <45 mins w/ approved AHA exclusion

Sustainability plan:

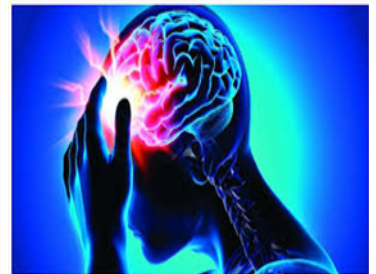
- Continual process improvement of the code stroke process with the involvement of the frontline nursing team.
- Continues monitoring of efficiency measures and deep dive of fallouts.
- Case reviews and sharing of successful cases.
- Annual refresher on ED skills fair and annual stroke education

Kaiser Baldwin Park Stroke Program Achievements



Through the application of performance improvement methodology, interdisciplinary collaboration, and RN champions involvement, it had demonstrated effective approach to reduce door-to-needle time and improve patient outcomes.

Kaiser Permanente Baldwin Park is a qualifier to receive the AHA 2021 Get With The Guidelines GOLD PLUS; Target: Stroke Honor Elite Plus; Target Type 2 Diabetes Honor Roll which is the highest award that a primary stroke center may receive.



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Cheng, N. T., & Kim, A. S. (2015). Intravenous thrombolysis for acute ischemic stroke: within 3 hours versus between 3 and 4.5 hours of symptom onset. *The Neurohospitalist*, 5(3), 101–109. doi: 10.1177/1948187415555116

Fearon, G. C., Zhao, Y., Smith, E. E., Saver, J. L., Reeves, M. J., Bhatt, D. L., ... Schwamm, L. H. (2014). Dose-to-needle times for tissue plasminogen activator administration and clinical outcomes in acute ischemic stroke before and after a quality improvement initiative. *Jama*, 311(16), 1632. doi: 10.1001/jama.2014.3203

American Heart Association. (2018, June 13). Target stroke honor roll. Retrieved from <https://www.heart.org/en/professionals/quality-improvement/target-stroke/target-stroke-honor-roll>

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

INNOVATION



Innovation in Nursing Practice/Processes

Evidence-based Practices

New/Re-imagined Technology Implementation

Workflow and Processes

Newsletters were created as an innovative communication pathway when social distancing prohibited gatherings and meeting rooms were converted to vaccination centers.

SCIENCE IN NURSING

Magnet standard of excellence in nursing practice EP12 asks for examples of clinical nurses having the authority and freedom to make nursing care decisions within the full scope of their nursing practice. In late 2020, Nurse practitioners exemplified realization of this standard in practice. Hospital beds were at capacity, yet IV infusions of medications to keep people from hospitalization, required hospitalization to administer.

Through interdisciplinary collaboration among professionals, an impromptu infusion clinic was established. Nurse generated protocols and workflows were put into action allowing for medications such as Remdesivir to be administered safely. This infusion clinic eliminated the need for over 900 infusions to be given in the inpatient setting during a time when beds were needed for more critically ill.

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS



SEPSIS: Early Recognition and Improvement Implementation Process Leveraging Technology

Prepared By: John Santos, MSN, RN, SCR.N, WCC
Emergency Department Educator: Martha Mullen, RN, MSN-Ed, PHS
(See Participant Table)

Kaiser Permanente Baldwin Park Medical Center



INTRODUCTION METHODS RESULTS IMPLICATIONS FOR PRACTICE

Every 2 minutes a person dies from Sepsis. In 2020, Sepsis was the number one cause of death and hospital readmissions in the United States. Studies show that 80% of Sepsis deaths could have been prevented with rapid diagnosis and treatment. For every hour treatment is delayed, the risk of death increases by as much as 8%. Early recognition of Sepsis and implementation of treatment saves lives. A bundle of interventions based on the scientifically solid, CMS Sepsis Core Measures (SEP-1 Bundle), was implemented in the Kaiser Permanente Baldwin Park Emergency Department. The implementation process provides an opportunity for content experts to implement just-in-time education and increase communication between providers and the nursing team through cultivating a culture of inquiry.

OBJECTIVES
The aim of this project is to ensure adherence to the SEP-1 Bundle scientific process which is designed with the goal of improved patient outcomes.

METHODS

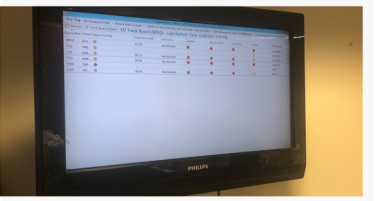
- Developed a tool to capture all the elements of the bundle
- Focused education to ED RNs on use of the tool
- Develop criteria to trigger an audit
- Rapid Cycle Improvement: Pilot-test
- Obtain feedback during pilot test period to identify gaps
- Leverage technology – sepsis track board to trigger audits
- Expand process and monitor outcomes

PARTICIPANT TABLE	
Michael Mathess, RN	ED Asst Clinical Director
Jeanette Garcia, RN	Labor Co-Lead/ ED RN
John Lawrence Santos, RN	Quality Lead
Dr. Dicky Shah	ED Assistant Chief
Iroema Villaseñor, RN	ED RN
Marco Balingit, RN	ED RN
Jonathan Uniza, RN	ED RN
Amy Knightstad, RN	ED RN
Sarah Santillan, RN	ED RN/UNAC Steward
James Yao, RN	ED RN
Katherine Dunn, RN	ED RN/Magnet Champion
Anne Harris, RN	ED RN (SBT Lead)
Charlene Calagany, RN	ED RN (ED Support Rep)
Elizabeth Castrejon, RN	ED RN/UBT Member
Catherine De La Victoria, RN	ED RN

CONTACT INFORMATION
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 Martha C. Mullen, RN, MSN-Ed, PHN
 Educator/Assistant Clinical Director – Emergency Services
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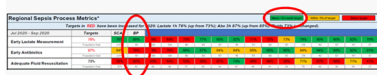


Electronic Sepsis Track Board



- Track board captures all patients with SIRS criteria as it gets documented into the medical record. It automatically pops up and displays on the board.
- The board is monitored by the Charge Nurses
- When a patient sepsis score button on the board turns orange a code sepsis is called and immediate response to elevated indicators begins.

Pre-intervention Bundle Compliance: Q3 2020



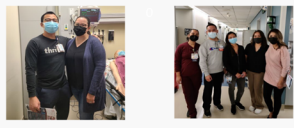
Post-intervention Bundle Compliance Q4 2020:



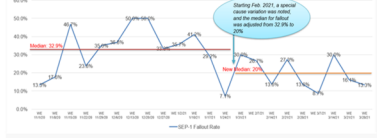
- Did not meet regional compliance goals Q3 2020
- Monthly upward trend of bundle compliance
- Exceeded all regional compliance goals Q4 2020

Additional Benefits

- Dramatic change in culture and engagement of frontline staff noted to identify sepsis cases right away and ensure that bundles are met



Weekly Fallout Drilldown



How Will We Know The Change is Effective:

Trend lines of compliance with the bundle and trend lines with improved patient outcomes will trend in parallel over the next 12 months.

- Targeted focused education for select nursing staff will empower nursing to advocate for best practice regarding Sepsis treatment.
- The development of a standardized tool will help increase standardization of care thereby decreasing risk and improving safety
- The greater compliance to the bundle, the greater the opportunity to improve patient outcomes and decrease mortality rates
- There is an opportunity for peer-to-peer feedback on responding to the track board with timely patient intervention
- There is an opportunity for improvement in the publicly reported CMS bundle data which in turn would improve the confidence of the public in the organization causing them to seek earlier medical treatment
- CMS SEP-1 Bundle compliance increases Medical center reimbursement, which in turn could provide availability for increased resources for additional public interventions
- Opportunity is provided for collaboration and feedback from front-line nurses who do the work and are crucial to effective implementation and sustainability.

Sustainability plan:

- Appointment of Sepsis Champions on all shifts to communicate and educate
- Electronic Track board incorporated into all shift change huddles
- Weekly data and trend line communication to all Providers and nurses
- Standing agenda item for data review and analysis at monthly Sepsis task force meeting
- Recognize and celebrate success



REFERENCES

Sepsis Alliance. (2019). What is Sepsis. Retrieved March 26, 2021, from <https://www.sepsis.org/healthcare/what-is-sepsis/>

STRUCTURAL EMPOWERMENT

In addition to COVID drive up COVID testing and vaccination sites:

COMMUNITY INVOLVEMENT

Lunar New Year Event

Kaiser Permanente Baldwin Park participated in the Monterey Park's Lunar New Year Festival held January 2020. The event is the largest outdoor Lunar New Year celebration in the United States, attracting nearly 250,000 participants according to the *World Journal*, the largest Chinese language newspaper outside of China, who hosted the event. We provided more than 480 free health screenings including blood pressure, body mass index, and diabetes through KP's Mobile Health Vehicle. Those stopping by our booth also had a chance to spin the Wheel of Health and win a prize (tote bag, travel chopsticks, or pill case).

Senior Pen Pal Program

Kaiser Permanente Baldwin Park has partnered with Atria, Regency Grand, and Country View, assisted living facilities in Covina and West Covina, to launch a Senior Pen Pal Program. Throughout the pandemic, seniors are having fewer social connections with family and friends. Thanks to 50 physicians and staff, senior residents have had their spirits lifted. For nearly four months, staff have been exchanging letters with seniors. Life enrichment coordinators at each of the facilities are grateful to see the excitement of the residents when they receive their letters.

Participants:

Terri Lo – Lunar New Year Festival
Lois Hopkins – Lunar New Year Festival
Abigail Turingan – Lunar New Year Festival
Lan Trinh – Lunar New Year Festival
Alma Araujo – Lunar New Year Festival
Karina Minaya – Lunar New Year Festival
Cathy Phung – Lunar New Year Festival
Lily Tapang – Lunar New Year Festival
Patty Ma – Lunar New Year Festival
Louru Mayson Young- Senior Pen Pal Program
Robin Romes - Senior Pen Pal Program
Mae Sarmiento - Senior Pen Pal Program
Janelle Plascencia - Senior Pen Pal Program
Elaine Valencia - Senior Pen Pal Program
Daindy Sedeno - Senior Pen Pal Program
Grace Festejo - Senior Pen Pal Program
Sarah Taing Wong - Senior Pen Pal Program



Contributed to Promoting
Health of our Community

RECOGNITIONS



HONORING NURSES INTERNATIONALLY IN MEMORY OF J. PATRICK BARNES

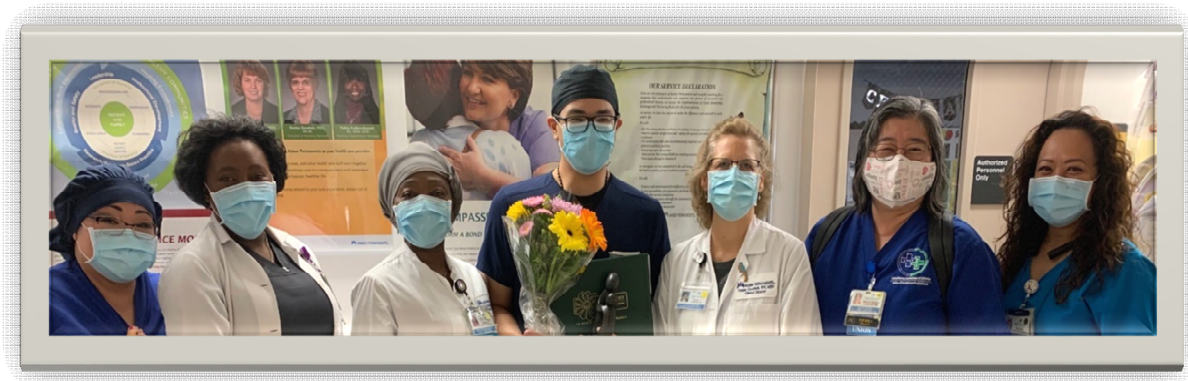
Nurses Recognized for
Excellence

Ambulatory Daisy Awards

Marta Reyes, RN
Suzanne Torres, RN
Regina Romero, RN
Galen Cheng, RN
Felicia Salazar, RN

Inpatient Daisy Awards

Terrence San Diego
RN, 4 West Unit
Janette Ruiz
RN, 4 East Unit
Michael Gatchalian
RN, 5 West Unit
Carlo Tinio
RN, PICC Department
Rosa Lopez
RN, 5 West Unit



Vuena Loyola, RN, Judith Okoth, RN Manager, Felicia Cudjoe-Appauh, RN Manager, Michael Gatchalian, RN, Denise Goodwin, MST Director, Wendy (Wen-chi Chang), RN, Shevonne Pedrozo, RN Manager

RECOGNITIONS



**HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES**



Felicia Cudjoe-Appauh RN and Rosa Lopez RN



Front Row: Carol Howland CNE, Janet Ruiz RN, Shevonne Pedrozo Manager and Staff

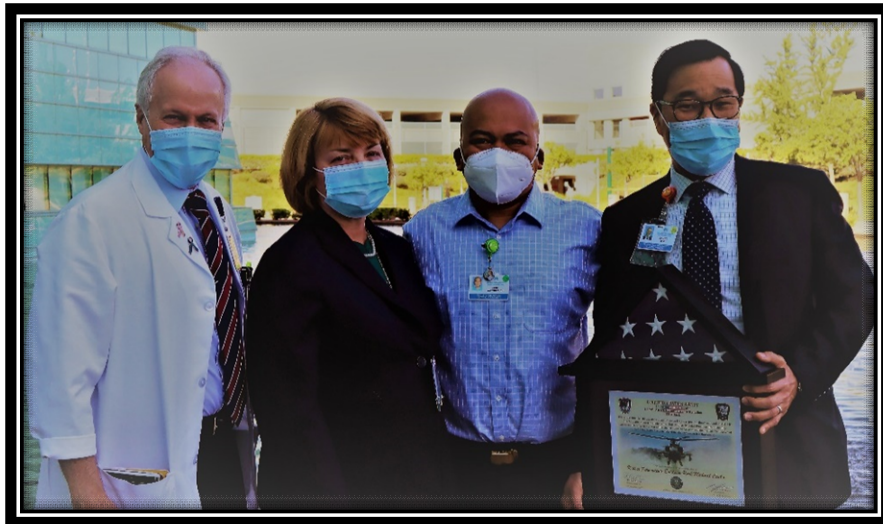
RECOGNITIONS

Courage to Care

Carlo Tinio, RN

Carlo Tinio, RN, PICC Team, received a DAISY Award for going above and beyond to help a patient. Carlo had already left for the day and was on his way home to help secure his home and family during the social unrest and protests that were occurring. His home is near a site of protest and there had been reports of looting close by. We had a patient in the ICU who had deteriorated and needed a central line. After he was certain of the safety of his family, Carlo returned to the medical center to place the PICC that the patient needed. This is but one example of the many times that Carlo has placed the needs of the patient before his own. His selfless devotion to patient care exemplifies what is great at this medical center and deserves to be celebrated.

Rene Aventura RN



Dr. John Bigley, Carol Howland CNE, Rene Aventura RN, Eugene Cho SVP

Rene Aventura, RN, Step Down Unit, is not only working on the frontline treating patients but he also serves as a platoon sergeant of a medical detachment in the U.S. Army. He has experienced five tours of duty helping to save lives in the combat zones of Iraq and Syria. During his last tour, he had some close calls and almost lost his life due to an airstrike. "I feel the same sense of pride working for Kaiser Permanente Baldwin Park Medical Center, where employees and members are treated with dignity and respect, as I do in the U.S. Armed Forces," explains Rene. "KP's mission to provide excel

Serving Community and Country



RECOGNITIONS

Rene, Cont'd.

respect, as I do in the U.S. Armed Forces,” explains Rene. “KP’s mission to provide excellent health care to its members is like the military taking care of its soldiers.”

Rene attributes his success at work to the nursing leaders and coworkers who mentored and trained him throughout his career at KP. He presented framed American flags as a salute to Kaiser Permanente Baldwin Park Medical Center, Critical Care Unit/Step Down Unit Nursing Team, and UNAC; and to Vincenza Sorrells, MD, AAMD, for supporting his military leave over the years. He wanted to recognize his colleagues in the CCU, SDU, and Wound, Ostomy, and Continence Nursing team for sending care packages to him and his fellow soldiers.

PRONE WORK = TEAMWORK!

ICU Heroes



**Critical Care nurse team relentless in the pursuit of keeping patients breathing
employing innovative 24/7 pronation turning techniques**

RECOGNITIONS

A Great Day for a Hero

How do you define a hero? Outstanding achievements? Noble Qualities? One who loves a stranger?

It was the beginning of the surge in early November when three “code blues” occurred in CCU with three patients, five minutes apart.

At 0850 a code blue was called in room 2319, within five minutes another code blue for both rooms 2316 and 2317 followed.

Every staff member in the unit, leader and labor, Felipe Garcia RN Director, Arous Kalendarian RN Manager, social worker Jennifer Corado, Chaplain Douglas Hatch, Intensivists Dr, Mobassery, Dr. Man, Anesthesiologists, CCU & SDU CNs, staff RNs, secretaries, lift techs, WOCNs, were working unremittingly together in each of the three rooms resuscitating patients simultaneously.

The intensivist attending to room 2316 had to run the code in room 2317 at the same time. It was a calamitous avalanche of events requiring the epidemic of expertise and finesse to maneuver. Staff were challenged and frustrated, yet amidst this calamity there was no room for anything other than skill, talent, and teamwork. All thought and efforts focused on saving lives.

Sadly, despite all of the valiant efforts of this skilled team of professionals, within 45 minutes two patients were lost. Shortly thereafter the third patient expired.

The social worker and chaplain’s work was now threefold. How do you give individualized compassion and care to three mourning families of three different patients at the same time? How do you sustain those nurses caring for the patients and families? You don’t do it alone. The work of the nurse and nurse leader and all great healthcare leaders continues beyond the boundaries of death.

RECOGNITIONS

On this day, some nurses resumed the work of the other critically ill patients in the unit with no pause to take in and process what just happened or to consider the result of all of their relentless skill and efforts. Some now continued that delicate piece of work that happens beyond the boundary of the death of a patient.

In the aftermath of this horrific turmoil, emerged the heart of a nurse's calling on display. In the room of one of the deceased patients Jennifer Sabado CCU RN was gently and compassionately wiping the face of her deceased patient. While removing the tubes and lines tenderly from her patient, it was clearly evident how emotionally connected she was to her patient. The family was present in the room and noted as Jennifer took great care and showed great compassion for their loved one. These peaceful, silent acts of love are natural to those who are called to be a nurse. They wear this badge of honor with humility and grace. In the midst of death and tragedy the love from this nurse began the healing and brought peace to a family in pain.

Healing for the nurses who so unyieldingly fought against the sting of death and lost their battle, was not forgotten by the Administration team either. Nursing and Hospital Administration, HR, EAP & Ombudsmen rallied to provide staff emotional support for their valiant efforts. This was a day of family, a day of sorrow conquered by acts of selfless love! This was a day that leadership transcended titles and transformed tragedy into healing and sorrow into astonishing expressions of compassion that will never be forgotten. This was one Great Day!

(Written by Debra Santibañez MSN, RN, CENP as told by Arous Kalendarian MSN, RN DA Critical Care)



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

