Santa Clara Medical Center

Message from Chief Nurse Executive
Stacy Alves, DNP, MS, RN, NEA-BC

Looking back at 2023, I feel immense pride in our remarkable accomplishments. Our nurses have been instrumental in countless successes, and their tireless efforts continue to significantly impact the lives of patients and the communities we serve.

Kaiser Permanente Santa Clara Medical Center has received numerous accolades for its exceptional health care services in 2023. We have been recognized as one of Healthgrades America's 50 Best Hospitals in 2023, 2022, and 2021, and America's 50 Best Cardiac Surgery, #1 In California, in 2024 we have also been recognized as one of America's 100 Best Cardiac Care in 2023 and received the Surgical Care Excellence Award in 2023 and 2022.

We were also honored with The Leapfrog Group Top Teaching Hospitals award in 2023, an elite and highly competitive recognition for hospitals. Only 132 hospitals nationwide, or just 6%, receive this honor.

Additionally, we have received eleven consecutive Leapfrog Safety Grade A ratings, a testament to the commitment of our team members to providing safe and high-quality health care services.

Our next step is to achieve Magnet Designation, which acknowledges the teamwork, integrity, commitment, professionalism, and extraordinary nursing care Santa Clara nurses and interprofessional colleagues provide to every patient, every time.

I am proud of our accomplishments and look forward to our continued success in 2024.

Transformational Leadership

Reading to Our Tiniest Members

Santa Clara neonatal intensive care unit (NICU) nurses have taken their extraordinary nursing care above and beyond by reading to babies under their care to help benefit brain growth and development.

Santa Clara Chief Nurse Executive Stacy Alves, DNP, RN, NEA-BC, describes the NICU team as shining examples of what makes Kaiser Permanente so great. "They have taken the empirical evidence around developmental needs of pre-term babies in the intensive care setting, integrated that with our nursing theory of Caring Science to create a reading program that meets the holistic needs of our babies and their families."

Reading to the babies has received praise from parents with one of a baby born at 23-weeks sharing, "I loved the reading program. It was great for bonding, and it was a great tool to build familiarity of my voice for my daughter. We continue to read to her."

KP Santa Clara team member reading to a NICU baby.

The year-round reading initiative also inspired the Santa Clara NICU team to participate in, and win, the annual Babies with Books read-a-thon, a friendly competition among 190 NICUs from around the world. During the 7 days of competition, Santa Clara NICU nurses, leaders, and parents recorded 1,151 reading sessions which was the equivalent of each baby in the NICU being read to 12 to 13 times per day.

"Reading promotes wellness for the neonates, the parents, and the nurses themselves," added Alves. "Our professional registered nurses provide the extraordinary care on a daily basis, and the read-a-thon helps bring awareness to the highly specialized needs of this patient population and a celebration of the harrowing journeys of these babies and families."

The Santa Clara team presented their reading program at the National Association of Neonatal Nurse conference to spread this best practice beyond the walls of our organization, and their participation in the read-a-thon has been featured on the local news.

"I could not be prouder of this team, and how they are advancing the care delivery for this vulnerable and precious patient population," added Alves.

Publications/Presentations/Awards

- Stanford Healthcare Con Viewers' Choice Award for Poster Presentation: Supporting brain development of NICU babies through reading. Rachel Paminiano, BSN, RN, RNC-NC, Salvacion Romero BSN, RN, SN IV, Ying Chun Chen, MSN, RN, RNC-NIC SN IV, Susan McKenna DNP, RN, CPNPm CCRC-NIC

- Cox, B., Ricossa, K. A., & Vergara, J. G. (2023). The Ethical Concerns and Dilemma in Caring for the Aging Loved Ones. Clinical Nurse Specialist, 37(4), 156-159. Access Article

- What you need to know: Creating a healthy workforce by supporting self-care for nurse managers. Poster Presentation Association of California Nurse Leaders Annual Conference. Presented by Dr Katherine Ricossa PhD, RN February 2024.

Structural Empowerment

Kaiser Permanente Santa Clara Medical Center Awarded Lotus Recognition

Santa Clara Medical Center's Caritas in Action Council became the world's third, and Kaiser Permanente's first ever recipient of the Lotus Recognition™ awarded by the Watson Caring Science Institute (WCSI) in May 2023. The Lotus Recognition program honors organizations that embody the values and philosophy of Watson's human caring theory and demonstrate a caring-healing culture for patients, team members, and communities.

The Santa Clara Caritas in Action Council has been active for over 10 years. This dedicated team of nurses aims to promote Caring Science in the different nursing units by providing opportunities for clinical nurses to engage in self-care and caring acts for others. They utilize the 10 Caritas Processes® as a framework for their projects and activities.

One of the activities highlighted in the council's application was the annual Elf on The Shelf holiday challenge. In this challenge participating departments submit photos of holiday elves carrying out the Caritas Processes in the day-to-day activities. "It was inspiring to see how each department highlighted the Caritas Processes from their personal interpretation, experiences, and practices. This activity unveiled new opportunities to implement the Caritas Processes in daily patient care and reminded staff about the sanctity of their service to patients," said Eric Williams, Senior Vice President, and Area Manager for Kaiser Permanente Santa Clara.

KAISER PERMANENTE SANTA CLARA MEDICAL CENTER
Percentages of Nurses with BSN+ Degrees and Certifications

43% BSN prepared
as of Dec. 2023

13% ANCC certified
as of Dec. 2023

DAISY Award Recipients

Amardeep Sohal, RN
Intensive Care Unit

Bichthuy Nguyen, RN
Acute Care Obstetrics

Gina "Genesis" Daoara, RN
Pre-Post Anesthesia Recovery Unit

Candace Zobenica, RN
Cardiovascular Intensive Care Unit

Kaiser Permanente Nurse Scholars Academy / UCSF Leadership Institute Program Participants

Academy for Interdisciplinary Leadership
Shelly Reynolds

Foundations of Evidence-Based Practice Workshop
Liberty Hilario

Drazenka Hayes

Yvette Dobson

Julianna Kim

Aiping Ji

Azra Kelecija

Jennifer Leigh Mora (Padilla)

Tai-Dan Tong

Middle Management Institute – Assistant Nurse Managers
Bonnie Perez

Ana Clarissa McInerney

Chloe Young

Leslie Bigler

Tiffany Cardona

Middle Management Institute – Nurse Managers
Shermyn Thein

Yvonne Agupugo

Sarah Sarvi

Jennifer Leigh Mora (Padilla)

Exemplary Professional Practice

Nurse-Led Team Leverages A3 Methodology to Reduce Hospital-Acquired C-Diff Infections

Hospital-acquired clostridium-difficile infections (CDIs) are usually preventable and impact the patient care experience, quality of care, and cost, and lead to negative quality outcomes. The estimated cost of C-diff is $4,157–$32,394 (AHRQ, 2017). In performance year 2022, SCL had 43 hospital-acquired clostridium-difficile infections (CDI), a 38% increase from the prior year. To decrease the rate of hospital acquired CDI in 2023 and reach the performance goal of 0.68 SIR, the facility would need to have 38 or fewer cases. To reduce the infection rates, an interprofessional team led by a nurse manager and a quality nurse consultant was commissioned to establish an A3 for CDI reduction.

The CDI Reduction team consisted of bedside nurses, physician champions, and ancillary staff who regularly participate in the facility's Quality Improvement for Clinical Excellence (QICE) committee. The team conducted Gemba walks, stakeholder interviews, and data review and found that 54% of CDIs were due to inappropriate testing practices resulting in overdiagnosis and 46% of CDIs were true infections with likely environmental transmission.

The inappropriate laboratory tests were due to variations in: ordering practice, interpretation of stool characteristics, and specimen testing technique. To reduce these variations, the team developed a C-diff testing kit with a C-diff checklist that included the Bristol stool chart with illustrations to ensure our frontline RNs were only sending samples with the correct stool characteristics. The team also created a delineation cleaning list for high use equipment based on stakeholder feedback that there was variation in cleaning of shared equipment. The interventions were piloted in the two departments with the highest rates of hospital acquired CDI, the Intensive Care Units (ICU) and the Cardiovascular Intensive Care Unit (CVICU) and then spread across all inpatient departments. In performance year 2023, the facility decreased hospital onset CDI from 43 to 31, 30% decrease and outperformed the performance goal for the year.

Cardiothoracic Telemetry Dept 220 Outperforms National Benchmarks for Care Experience.

Delivering high quality care is an integral part of nursing. The goal is to create an environment of trust which allows for open communication and care plan adherence; thereby preventing complications and promoting wellness. A patient's perspective of care, in contrast, is centered around their experiences interacting with the care team rather than on their clinical progress.

Evidence shows a positive correlation between patient's reported experience and patient safety as well as clinical quality (Doyle et al., 2013). Knowing the impact of care team interactions and its effect on the patient satisfaction drove multiple initiatives on department 220a Cardiothoracic Tele department. Some of the key initiatives that department 220 has incorporated are: Nurse Knowledge Exchange plus (NKE+), My Hospital Stay Booklet, Quiet at Night Kits, Care Boards, Discharge Pathway Boards, Multidisciplinary rounds, leveraging technology in the form of admission and discharge videos, and focus on communication.

After initiating these measures, 220 soon outperformed national benchmarks in patient Experience. The department achieved scores the 88th percentile in NRC scores for Likely to Recommend hospital from our discharged patient surveys.

The measures the department implemented to excel in Care Experience are:

NKE+

Nurse Knowledge Exchange, promotes patient involvement, establishes rapport and reduces a patient's anxiety over who is providing care for them (Baldwin et al., 2019). On 220, the practice extends to ensuring that the patient's feel involved in the handoff process.

MY HOSPITAL VISIT FOLDER

This welcome folder is especially helpful for our multiple members and families who travel long distance to visit our medical center. The folder provides helpful resources i.e. nearby hotels, restaurants, a map of the campus and frequently asked information at the members fingertips.

QUIET AT NIGHT KITS

A package that includes ear plugs, eye masks for sleep, Sudoku kit, and a "quiet, do not disturb" door hanger. This packet was to promote restful sleep which would aide in healing.

CARE BOARDS

Specific care boards to create an environment of individualized care. This includes information on "getting to know "the patient i.e., more information to humanize them. Other care board data included items related to the stay: nurse name, doctor name, and other care related items.

PATIENT CENTRIC DISCHARGE PATHWAY BOARDS

The unit provides a vast array of cardiothoracic services. As each population has specific requirements, the department nurses created discharge specific boards. These boards help patients understand their pathway to discharge and what milestones need to be reached prior. These boards ensure consistency in care as it is a road map from admission to discharge.

COMMUNICATION

Staff were trained to focus on cultural sensitivity and patient preferences. Narrating the Care (bedside handoff from nurses from both shifts and patients), AIDET (acknowledge, introduce, duration, explanation and thank you), this facilitates communication. Practice using Key words at Key Times and Teach Back with a focus on Medication Side Effects. A commonly used medications form was created and posted in the rooms and included with the My Hospital Stay booklet discharge tab for their reference and education.

MULTI-DISCIPLINARY ROUNDS

Patients and family are encouraged to participate in daily multi-disciplinary rounds which include the primary nurse, pharmacist, physical therapist, cardiac surgeon(s), cardiac service hospitalist, patient care coordinator, and the social worker. Rounds provide everyone involved in the patient's care with updated and accurate information which allows for seamless transitions.

New Knowledge, Innovation, and Improvements

What you need to know: supporting self-care for nurse managers

PURPOSE

The purpose of this research study was to engage Nurse Managers to participate in a quantitative study that has been psychometrically evaluated to determine if a relationship exists between self-care and the practice of loving kindness.

BACKGROUND

Nurses may not be prepared to move into the role of Nurse Manager: due to not understanding the full scope of the work, nurse incivility, and hierarchal relations not developed which leads to job dissatisfaction and turnover.

SIGNIFICANCE

There continues to be a gap in the literature. No studies were available on self-care behaviors for Nurse Managers. This study may inform nurse managers and senior leaders how to better support and provide self-care. Explicit self-care practices that can impact turnover and improve job satisfaction.

METHODS

Research Design: Descriptive and Quantitative.

Sample: This convenience sample consisted of 23 Nurse Managers who are members from a large Nurse Leader Organization in 2021.

Instruments: Collection of Demographic Personal and Professional Information (10 items), and Watson's Caritas Self-Rating Score (5 items) and Watson Caritas Leader Score (5 items). Twenty items were surveyed.

Data Collection Procedures: IRB approval was obtained. Recruitment was performed using the databases from the Nurse Leader Organization. Willing volunteer participants responded with giving informed consent and responded to the questionnaire via survey monkey.

Analytic Approach: Data was analyzed using the statistical measurement called Linear Regression. There will be a comparison between demographics to both surveys. Statistical Package for the Social Sciences version 24 (SPSS; IBM, Armonk, NY) and Healthcare Environment Data and Survey Software (HENDSS) was used. Statistical analysis was performed with data being securely stored and subjects were not exposed. Data was stored on this student researcher' computer and was backed up on an external drive which is password protected.

Conclusions and Implications for Practice

Conclusion: This study was considered a pilot due to the small sample size. Findings indicated that advanced degrees in nursing (masters' or doctorate) remained the most single predictor of caring for self throughout the study. A supervisor (caring leader) was correlated to the Nurse Managers ability for caring for self.

Implications for Practice: The Implications for Practice support the importance of providing opportunities

for nurses to advance their education either providing time for the Nurse Manager to go back to school or providing full or partial. Advance education may provide different opportunities of employment which promotes greater opportunity for self-care. The most important variable of providing self-care comes in the form of a caring Nurse Leader or Supervisor. If the Caring Nurse Leader demonstrates care for their Nurse Managers, nurse Managers will follow suite and care for self. Other benefits of supporting Nurse Managers' self-care may include improving emotional well-being and creating a positive work environment which could lead to resilience and improved retention.


Leveraging artificial intelligence (AI) to optimize discharge planning workflow

BACKGROUND

Hospital leadership recognized that our care teams lack visibility into barriers to patient throughput in an easy access format. Clinicians and leaders were spending precious time combing through individual medical records to coordinate each patient's care needs to progress to the next level of care. Escalation to any barriers was person-dependent and there was variation in practice. To improve the effectiveness of discharge planning the medical center has implemented Qventus AI technology. Qventus provides a machine-learning based solution that leverages electronic health record (EHR) data, behavioral and data science to inform and automate effective discharge planning - thus increasing patient throughput and flow while balancing quality, patient satisfaction, and readmissions to reduce Length of Stay (LOS), create bed capacity and increase patient access.

Qventus AI models help establish a discharge plan early in the patient's stay by assessing hundreds of unique features to predict patient specific EDDs (Estimated Date Of Discharge) and Discharge Dispositions. Qventus algorithms proactively identify

and auto-populate potential barriers to discharge and, automatically orchestrate barrier resolution by prioritizing ancillary services across the house and prompting care team members to initiate early action on logistical barriers.
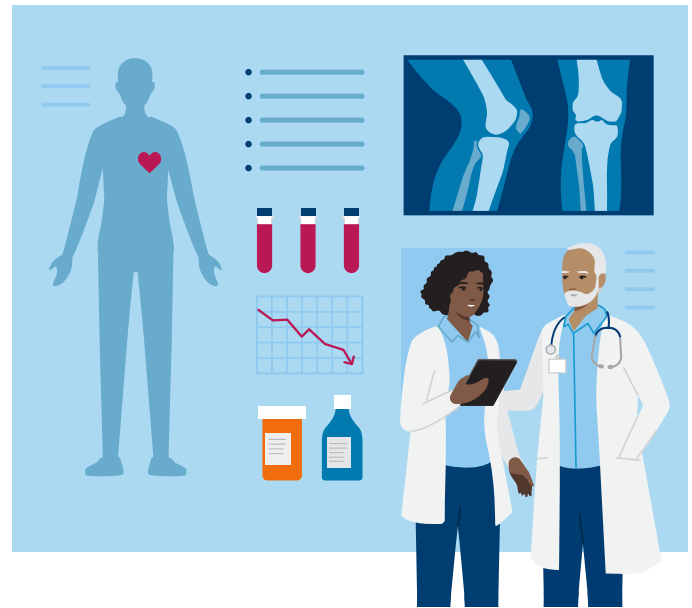
DEPLOYMENT

The solution went live in April 2023 after several months of preparation which included current state assessments, multiple design sessions and training for all stakeholders. Multidisciplinary Rounds (MDR) were redesigned to incorporate Qventus as part of daily rounds – performed by PCCs and Hospitalists with nursing engaged on imminent discharges. Qventus dashboards and tools are also utilized in hospital throughput and capacity meetings, as well as recurring Utilization Management Meetings. Multidisciplinary Leadership at the local and regional levels provided ongoing support, guidance and adjustments as needed.

The goal for the proof-of-concept trial period was to reduce LOS and Excess Days for eligible patients. LOS and Average Excess Days were reduced from a baseline of 5.72 and 1.51 respectively in March 2023 down to an LOS 5.36 and Average Excess Days of 1.17 for September 2023.

IMPLICATION FOR PRACTICE

Integrating the Qventus system has the potential to improve team communication, enhance the discharge planning process, and smooth throughput across the organization. There is ongoing work to increase user acceptance and further embed the resources available into daily standard work for our teams.