



**2024 NURSING  
ANNUAL REPORT**



# Happy Nurses Week!



Nurses take a moment to enjoy Nurses Week festivities at Ronald Reagan UCLA Medical Center. Photo by Reed Hutchinson/UCLA Health

# WE APPRECIATE



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# A MESSAGE FROM OUR PRESIDENT AND CEO

**By Johnese Spisso, MPA**

President, UCLA Health

CEO, UCLA Hospital System

Associate Vice Chancellor, UCLA Health Sciences



UCLA Health nurses exemplify our health system's values of compassion, respect, excellence, discovery, integrity and teamwork in everything they do. It's not surprising that in an annual Gallup poll, Americans continue to name nursing as one of the most trusted professions. This is a testament to the expertise and humanity that nurses demonstrate in every patient interaction.

Nurses' time spent with patients and the diversity in their roles makes their voices invaluable to the success of our organization in fulfilling our mission to deliver leading-edge patient care, research, and education. Our bedside nurses are present throughout the patient experience and serve as a consistent connection between patients, their families, and the broader health care team. Their time spent with patients often results in receiving informal information about the patient's health goals and concerns, making them great patient advocates. Nurses also serve in a variety of roles beyond patient care and advocacy, including as educators, administrators, researchers, and leaders throughout our organization. The patient proximity and various professional responsibilities put nurses in a unique position to identify innovative opportunities that can transform care for our community.

This past year, we continued to ensure our nurses – and all employees – know that their perspectives and contributions are vital to the ongoing quality of the work we do. It has been six years since we launched the Nursing Professional Practice Models (PPM), which outline how nurses practice, collaborate, communicate, and develop professionally to provide quality care. Importantly, the practice models led to the creation of councils that empower nurses to influence decisions and contribute collectively to improve the nursing environment. The infrastructure also led to a re-commitment to nursing wellness programs, which

provide our nurses with much-needed support and time to decompress.

Looking ahead, we will continue to invest in the professional development and wellness of our nurses with programs to recruit and retain top talent, protect the safety of our workforce under the Safer U initiative, continue our meaningful recognition programs, and enhance our governance structures and processes to strengthen nurse engagement, amplify their voices in clinical and professional decision-making, and foster meaning and joy in their practice.

I began my career as a registered nurse in critical care, emergency and trauma services, so it is an honor and privilege for me to recognize UCLA Health nurses and all that they do to care for our patients and families and support our mission.

Clinical nurse specialist Susan Polka (in a white coat) and nurses from 8 North commemorate their success in reducing central line-associated bloodstream infections with a group photo. Photo by Aude Guerrucci/UCLA Health





# THE YEAR IN REVIEW

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

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

As I write this letter, I am thinking about how far we've come in the past few years. It has been a difficult time, during which we have set ourselves, and UCLA Health, apart. We've achieved some wonderful milestones during this trying period, and now it is time to take a deep breath, reassess and move forward with intention, focused on our patients and the nurses who care for them. This will not be a recess or a rest period. It will be a time of rebuilding and revitalizing nursing at UCLA Health.

With this renewed focus, I am moving through the year with a heightened awareness and appreciation for where everyone is so that we can meaningfully assess the actions we need to take to be patient-centered and staff-centered in all we do. We need to turn our attention to detail, recognition and the exemplary work that our staff does every day, focusing on the positive and the change we can create. Ultimately, we want to wow our patients with an exceptional experience and the outstanding care that sets us apart.

That being said, maintaining high standards in everyday care delivery can be challenging. Ensuring every team member consistently excels in fundamental aspects of care, such as patient



communication and meticulous care practices, is crucial. While exceptional nursing care is our expectation, achieving it demands relentless coordination and a sustained effort from everyone involved.

Key priorities include hardwiring high-reliability efforts and safety programs that ensure zero harm to patients and staff. This work is already taking place in many areas. For example, our nurse-led Re-admissions Reduction Task Force has made great strides to assess our metrics against the social vulnerability index and social determinants of health to ensure that important care factors are not overlooked.

Additionally, our Unity in Diversity Council has been engaged in translating our policies, procedures and practices into unbiased, equitable language. This effort enhances our ability to meet the diverse needs of our community and support each other more effectively. Our commitment to excellence is also reflected in our participation with local and national nursing associations, where many of

our nurses have provided podium and poster presentations showcasing the fine work being done here. Not only are we helping ourselves, but we're also sharing these evidence-based best-practices across the country to further enhance care delivery and nursing practice.

We have also invested a great deal of time honoring relationships — both in how we deliver care to our patients and how we care for one another. By providing and encouraging participation in wellness resources such as our Reigniting the Spirit of Caring workshops, we're helping our nursing staff rejuvenate themselves, returning stronger and more engaged. It is this renewed energy that will continue to propel us forward.

This will be a philosophical year, but it will lay the foundation to help people realign themselves, become re-engaged and get ready to understand what's out there to help enhance what we do.

As we embrace this journey, we are also focusing on the role of technology in advancing our practices. From that perspective, we are exploring how virtual reality can be used for three-dimensional learning and competency-based training. Additionally, we are considering how AI can enhance our practices and how we can involve patients in these advancements.

Beyond technology, we are also committed to promoting nursing practices that alleviate suffering and expedite patient recovery. We aim to educate our community partners in skilled nursing, long-term care, and home-health facilities to better understand the patients we deliver to them for continued care. Furthermore, we are working on establishing a program that recognizes the remarkable contributions our staff make every day, not only to UCLA Health but also to our patients and the community at large.

An example of promoting nursing practice and engaging our colleagues and the community is

The Daisy Foundation, through which nurses are recognized for the extraordinary things they do in the course of an ordinary day. And one of our community partners has built a philanthropic effort to recognize nurses for excelling in nursing greatness. The benefit of that is that this friend of nursing is trying to find ways to promote the value of nursing to the community at large. To provide the answers and discoveries that will drive our nursing practice forward, we must remember that what we do here is cutting-edge. And while we may take this for granted, people travel from all around the world for an opportunity to receive our care. So, let's take that deep breath, let's focus on the basics and shore up our foundation for the delivery of care in such a way that anything we do builds on it in a positive way and results in premier outcomes, whether it's quality, clinical or experience for everyone.

Achieving this will require the collective efforts of every member of UCLA Health and UCLA Health Nursing. We each have team responsibilities and personal commitments, and we all share ownership of our mission. Our focus will be on rekindling our collaboration and putting into action what patient advocacy and coordination-of-care efforts should look like. If we do that successfully and consistently, the rest will come.

A heartfelt thank you to all of you for your contributions and sacrifices this year. Your compassion and commitment to our patients and to each other never fail to inspire me. Thank you for all you do.

# ENHANCING EQUITY, DIVERSITY AND INCLUSION THROUGH PATIENT SURVEYS AT UCLA HEALTH

With a patient population that is among the most diverse in the nation, it's no surprise that UCLA Health is at the forefront of taking concrete measures to provide equitable care. Thanks largely to the efforts of the Unity in Diversity Council (UID), equity, diversity and inclusion concepts are woven into the fabric of nursing at every level across campuses.

The Press Ganey Patient Experience Survey is one example.

## ASSESSING EDI PERFORMANCE

The survey has been a standardized set of 29 questions that assess a patient's experience during their hospital stay. Patients receive a digital survey (in English or Spanish) after discharge, providing them with an opportunity to articulate the quality of the care they received at UCLA Health, measured across nine service lines.

However, until recently, few of the survey questions touched on equity issues, says Kemi Reeves, DNP, MBA, GNP-BC, a gerontological nurse practitioner in the UCLA Health Alzheimer's and Dementia Care Program and Unity in Diversity Council chair. "There were questions that asked if the nurse explained things in a way the patient could understand, or if the patient was treated with courtesy or respect. But we found the survey did not get to some of the equity and diversity details we were looking for," Reeves says.

In late 2021, the council reached out to Press Ganey to ask if they had a bank of EDI-related questions from which they could draw. They did



Kemi Reeves is a gerontological nurse practitioner in the UCLA Health Alzheimer's and Dementia Care Program and is the Unity in Diversity Council Chair. Photo by Joshua Sudock/UCLA Health

not, Reeves says. "So, the council expressed that they had plenty of talent and decided, 'We can create our own.'"

That set the ball rolling.

## A TEAM EFFORT

The first task, Reeves says, was to identify stakeholders across the health system who would provide input into crafting the questions. They included service line directors, the Office of Health Equity, Diversity and Inclusion, Nursing Analytics, the Unity in Diversity Council and the Nursing Executive Council, among others.

With their input, questions were developed that would best capture an assessment of performance for a diverse patient population.

During phase two, language was optimized to ensure literacy level and readability of each question. That process involved the Center for Nursing Excellence, Office of Patient Experience and the director of Language and Hospitality Services.



“It went through a lot of hands to ensure we’d get a good assessment,” Reeves notes.

**At the end of the process, the UID Council settled on three questions:**

1. During your stay, how well did the staff respect your cultural, racial, ethnic, religious needs and preferences?
2. If you do not speak English at your home, how well did we communicate with you?
3. During your stay, how well did the staff respect your gender identity and sexual orientation?

## WORK STILL TO DO

After nearly a year of fine-tuning, the questions went live in 2022. Feedback has shown that UCLA Health does a good job of treating patients with respect but can improve communication and service delivery for those whose primary language is not English, Reeves says.

“There’s a lot of work being done to meet that need, including having bilingual staff undergo language-proficiency assessments and ensuring the availability of certified medical interpreters at the bedside,” Reeves says. In addition, work is ongoing to provide more services for hearing- and sight-impaired patients, she adds.

Youlanda Coleman, whose mother is in the Alzheimer’s and Dementia Care Program, says culturally sensitive care became important to her after her mother was diagnosed. It was then that she noticed a lack of diversity in reference materials.

“I read a lot of books about dementia, and they were all based upon predominantly white families living in the Midwest who had the resources and options to take care of their loved ones that aren’t available to everyone,” Coleman says.

She adds that people can feel excluded when the recommendations do not come from a diverse set of voices.

“I was glad to meet Kemi and learn that she was interested in this subject, because a lot of what I read is not going to work with my parents,” Coleman says.

## LEADING THE EFFORT

While being able to identify how UCLA Health is performing internally is crucial to improving the delivery of care, Reeves says the greater goal is to be able to benchmark the health care system’s performance with other institutions around the country.

“We’re not there yet,” Reeves notes. “The hope is that other institutions will adopt those questions. But the exciting part is we are leading this effort.”

Kemi Reeves provides educational materials to Youlanda Coleman, whose parents are enrolled in the UCLA Health Alzheimer’s and Dementia Care Program.  
Photo by Joshua Sudock/UCLA Health



# NURSES' FEEDBACK DRIVES EVOLUTION OF WORKLOAD ACUITY TOOL

**“We rely heavily on our clinical nurses’ judgment for this because we want it to reflect the work that they’re doing.”**

**Ida Anderson**

Director of adult critical care nursing

The workload acuity tool in CareConnect was rolled out in 2021 to reduce documentation and give nurses accurate and helpful information to determine the workload demands of a patient in real time. Since then, 15,000 nursing surveys have been received as part of the yearly validation process to assess the tool’s effectiveness. The most recent validation took place in early 2024. It included nurses from across the health system who completed digital surveys for each of their patients, documenting their perception of the score compared with the acuity score from the tool.

“We asked the nurses to rank their patients from most-to-least difficult that day,” says Stesha Selsky, DNP, RN-BC, a nursing informaticist who helped spearhead the project. “They also gave us the patients’ total workload acuity scores so we could see if the patients were trending in order.”

The scores for bedside RN-completed surveys were:

- ICU/NICU/PICU: 209 surveys; 29 mismatches for review; 87% without review
- MedSurg/Peds: 1,210 surveys; 140 mismatches for review; 88.5% without review
- Perinatal: 48 surveys; 5 mismatches for review; 89% without review

## LOOKING FOR GAPS

Each year, the workload acuity tool’s accuracy scores have exceeded UCLA Health Nursing’s internal benchmark of 80%. More important than accuracy, however, is identifying the mismatches, says Ida Anderson, MSN, RN, director of nursing in adult critical care at Ronald Reagan UCLA Medical Center.

“I want to identify the gaps so we can fix them,” Anderson says. “The whole point of the annual validation is to expose the cracks in the armor so that we can address them and enhance the tool to make it work better.”

For example, Anderson says, after the first year, results showed a 98% match, whereas this year they were just under 90%.





Ida Anderson (right), director of adult critical care nursing, and Stesha Selsky (second from left), a nursing informaticist, review the acuity tool with nurses on 7 North. Photo by John McCoy/UCLA Health

“That tells me that the nurses have thought about other things they need to document,” she says. “Nurses are smart; we can count on them noticing things. I think the beauty of this whole project is that our nurses have been so supportive in participating and giving us information, which we can then analyze. We rely heavily on our clinical nurses’ judgment for this because we want it to reflect the work that they’re doing.”

## ENLISTING VOLUNTEERS

For the first time, the Nursing Acuity Committee asked for volunteers to analyze the surveys and investigate the causes of mismatches. Twenty-six nurses from various units and departments participated. After a training session, mismatches were distributed among the nurses, who then thoroughly examined the patients’ charts. The committee sent 174 clinical nurse mismatches for review: 77 surveys were reviewed and returned by clinical nurses and 35 surveys were reviewed and returned by charge nurses. The findings for mismatches included late or missing documentation, completed medications or transfusions, absence of psychosocial and care-

management documentation and patients having been admitted, transferred or discharged.

## BALANCING ASSIGNMENTS

The goal of the acuity tool is to give an accurate picture of staffing needs, Anderson says, so the charge nurse can give out balanced assignments.

“One thing that we discovered in the process of this survey is that the charge nurses are doing a really good job at evening out the assignments. That was a little nugget, which we didn’t anticipate, that we got to prove objectively with this information,” Anderson says.

Mary Gay Dacquel, RN, an administrative charge nurse in 6W, a medical/surgical specialty unit, says the workload acuity tool has helped her distribute patient assignments more efficiently for current as well as future shifts.

She also appreciates that nurses get a chance to optimize the system and make periodic adjustments.

“For me, it’s a constant way of communicating and conversing on how to improve our patient care,” she says.



Clinical nurse specialists (from left to right) Maninder (Mandy) Jasdhaul, Mary Lawanson-Nichols, Grace Sund, and Susan Polka led efforts to reduce hospital-acquired infections. Photo by Aude Guerrucci/UCLA Health

# EDUCATION, TEAMWORK HELP REDUCE HOSPITAL-ACQUIRED INFECTIONS

Efforts to improve education, increase auditing, standardize procedures and adopt an interdisciplinary approach have led to improved outcomes for hospital-acquired infections (HAIs). Measurable progress has been made in reducing CAUTIs (catheter-associated urinary tract infections) and CLABSIs (central line-associated bloodstream infections). Both are among the leading causes of hospital-acquired infections.

## CAUTI OUTCOMES

The number of CAUTIs has steadily declined since 2021, during which there were 75 cases systemwide, says Maninder (Mandy) Jasdhaul, MSN, RN, ACNS-BC, a clinical nurse specialist at UCLA Santa Monica Medical Center and a mentor on the Evidence-Based Practice Council.

Jasdhaul, along with Geronimo (Gerry) Fulgentes, MSN, RN, CWOCN, a clinical nurse manager, facilitates a monthly Improving Patient Outcomes class, which nurses must attend once a year. She highlights some of the measures that have been effective in reducing CAUTIs:

- Introduced an interdisciplinary mini-root-cause analysis for CAUTI events that includes physicians. Currently, there is 78% involvement from physicians
- Built additional features into the system that require physicians to select the appropriate indications to ensure unnecessary catheters are not added to the patient; there is a 3%-to-7% increased risk of infection for each day a Foley catheter stays in place



	CAUTIs	CAUTI Rate	CAUTI Standardized Infection Ratio	% Improvement from previous year
<b>FY2021</b>	75	2.02	1.31	18%
<b>FY2022</b>	56	1.52	0.98	-25%
<b>FY2023</b>	53	1.50	.097	-2%
<b>FY2024</b>	42	1.15	.076	-23%

Source: Maninder (Mandy) Jasdhaul

- Improved hygiene to ensure patients with a catheter get perineal care and Foley care during every shift
- Increased the number of nurses inserting the Foley catheter to two
- Created a report to track the number of Foley catheters, Foley catheter days, and compliance with perineal and Foley care
- Worked with unit leadership on infection-prevention/quality-improvement projects
- Collaborated with IT, physicians and infectious disease experts to drive meaningful changes in catheter care
- Improved dialogue between nurses and physicians, empowering nurses to advocate for their patients

### CLABSI OUTCOMES

There has also been a reduction in CLABSI events, most notably in two units: 5 Merle Norman (5MN) Pavilion Intermediate Care Unit at UCLA Santa Monica Medical Center and 5 West, an acute pediatric medical/surgical unit within UCLA Mattel Children’s Hospital.

“It is a definite priority for our hospital to identify when there’s a CLABSI,” says Susan Polka, MSN, RN, CNS, CCRN, a clinical nurse specialist and subject-matter expert in preventing central line infections. “We work with our infection prevention department on each CLABSI event to address opportunities to prevent further infections, and to identify trends we’re seeing. We do this on both a systemwide and unit level.”

### EDUCATION AND MONITORING

After a year of no central line infections, 5MN saw an increase in 2022 and 2023. At the beginning of the 2023 fiscal year, efforts around education and monitoring were reinvigorated, led by Claire Daus, RN, a staff nurse on the unit, and Mary Lawanson-Nichols, MSN, RN, CNS, NP, CCRN, a clinical nurse specialist for the unit. Literature was reviewed and shared with colleagues through huddle messages and educational signage. Daus was also instrumental in a project called Stop the Bleeding Lines, which researched, trialed and implemented two products that would help control bleeding around catheter insertion sites.

“That’s important because bodily fluids found around the insertion site can increase infection,” Polka explains. “And some studies have shown that the

more times you change a dressing — the more you expose the site — the greater the risk of infection.”

“The product trial resulted in a decrease in the total number of dressing changes,” Polka says. After a successful trial, 5MN implemented two products for all patients with central line site bleeding. They are now being tested in other patient populations, with the potential for systemwide incorporation.

Additional work included:

- Daily rounding and visualizing central line sites
- Collaboration with physicians to assess the need to send blood cultures from peripheral lines rather than central lines
- Ensuring dialysis nurses are following proper protocols for dressing changes of dialysis catheters

5MN has now been CLABSI-free for more than a year.

## AUDITING HIGH-RISK PATIENTS

The 5 West unit at Mattel saw similar success with its CLABSI-reduction efforts. Patterned after processes started in the pediatric ICU and modified to fit criteria in 5West, the unit began ADM (active daily management) audits in winter 2022 — surveying the highest-risk patients for dressing changes and central line care.

**High-risk criteria included:**

- High stool, urine, emesis output; frequent dressing changes; immunocompromised patients requiring TPA; patients refusing care; patients with frequent readmissions; patients with a history of CLABSI; and behavioral risk factors

**For those patients, prevention measures included:**

- Hypervigilance with bundle compliance and automatic inclusion in ADM rounds
- Daily discussions of the need for the line highlighted in IDR rounds – MD involvement in discussion of need regarding removal and replacement
- A core group of RNs complete CVC line audits by assessing, visualizing and monitoring central line dressing status
- Consistently coach bedside RNs with dressing changes as needed and note gaps of care that indicate the need for further education or follow-up by the leadership team
- This core group also takes the lead in escalating to the MD team with discussions regarding line necessity or concerns
- CNMs track all high-risk patients three times a week

“We’ve worked with the entire interdisciplinary team, which includes physicians, infection-prevention specialists, respiratory therapists and environmental services, to ensure that we’re doing all the right things,” says Grace Sund, MSN, RN, CPNP, CPHON, CNS, a clinical nurse specialist in pediatrics.

The hard work paid off: 5West had seven consecutive CLABSI-free months. In May, unit leaders presented their work at the annual Solutions for Patient Safety Conference. “I think that it’s really good to get some national recognition for the hard work this unit’s been doing,” Sund says.

Polka agrees. “I think pediatrics has done an amazing job identifying the increase in central line infections, working with interdisciplinary teams, and doing focused interventions. Their experience shows that it can really make an impact on patient safety.”





On 5 West, two nurses perform central line care to reduce the risk of CLABSI, while the patient's father offers comfort. Photo by Aude Guerrucci/UCLA Health

# NURSING EXECUTIVE COUNCIL: ENHANCING COMMUNICATION, REDUCING REDUNDANCIES

**“A big goal for us this year is to improve communication between councils so that we can streamline the effectiveness of our work.”**

**Megan Weisbart**

Chair of the Nursing Executive Council

The Nursing Executive Council (NEC) is the backbone of nursing professional governance at UCLA Health. By design, the systemwide council provides equitable representation from leaders in every sector of nursing, while also providing oversight of system outcomes.

“Our goal is to ensure alignment of professional-governance activities while maintaining consideration for our organizational strategic priorities at the system and facility levels,” says Megan Weisbart, MSN, RNC-NIC, CNL, PHN, a

Members of the Nursing Executive Council meet at the Nursing Strategic Planning Retreat to enhance communication, streamline governance and reduce redundancies across the professional-governance structure. Photo by Mayra Soto Torres/UCLA Health.



nurse in the neonatal intensive care unit at UCLA Santa Monica Medical Center and chair of the NEC. “We are the main hub that ensures execution of professional-governance decisions that impact nursing and nursing excellence, promoting staff empowerment and patient outcomes.”

Through a bi-directional communication structure that flows from the Unit Practice Councils to the facility-level Transformational Leadership Council, the system-level Transformational Leadership Collaborative and the Nursing Executive Council, and back again, every nurse at UCLA Health can have a voice.

The NEC meets monthly, and also holds an annual multiday Nursing Strategic Planning Retreat in which leaders from the professional-governance councils meet with executive leadership and mentors to outline strategic goals for the coming fiscal year.

The NEC held its planning retreat in August 2023. Feedback was gathered from each council to better understand their concerns and needs, Weisbart explains. “From that, the goal was to combine those findings and observe opportunities for improvement within each council, and also the outcomes each council was interested in measuring,” she says. “We asked councils to brainstorm how, based on that feedback, they would like their councils to look. We also asked them to identify any stakeholders that would be key to turning their ideas into a success, and then to identify any metrics. Additionally, we wanted councils to outline their proposed scope.”



Weisbart says much of the NEC’s decision making this fiscal year has stemmed from feedback received in the strategic-planning meeting. “What we’ve been doing this whole first half of our fiscal year is honing in on the appropriate mentors for each council, identifying who their organizational partners should be and who will provide oversight for what outcomes,” she says.

One of the more eye-opening discoveries from the planning meeting was the amount of duplicative work being done, Weisbart says. “With any professional-governance structure, it can be easy to slip into working in silos within your own councils,” she notes. “A big goal for us this year is to improve communication between councils so that we can streamline the effectiveness of our work and reduce duplicative work. And all of those things are going to advance nursing excellence, promote staff empowerment and enhance patient-care outcomes, as well.”

Work of the Nursing Executive Council over the past year has also included:

- Developing an executive council subgroup to update the professional-governance bylaws



- Creating a single graphic that displays updated elements of UCLA Health Nursing’s professional-governance model
- Continuing to monitor nurse-sensitive indicators and quality performance

Weisbart shares that the strength of the NEC lies in its knowledgeable leaders, teamwork and diversity of ideas and perspectives. “We’ve made it a huge priority this year to bring the voices of our bedside nurses up through our professional-governance structure, and then up to the Nursing Executive Council. In this way, we can work on better communication, streamlining our work, reducing workloads and ensuring we can hear the voices of everyone,” Weisbart says

Professional governance councils, including the Evidence-Based Practice Council (pictured above) and the Unity in Diversity Council, convene to discuss strategies for enhancing communication and additional key priorities at the Nursing Strategic Planning Retreat. Photo by Mayra Soto Torres/UCLA Health.





# Meet Megan Weisbart

Megan Weisbart, MSN, RNC-NIC, CNL, PHN, is a board-certified administrative nurse in the neonatal intensive care unit at UCLA Santa Monica Medical Center, where she's worked since 2018.

Throughout her career at UCLA Health, Weisbart has held leadership positions on councils and committees across multiple levels, including the Transformational Leadership Council (TL), Evidence-Based Practice Council (EBPC) and Unit Practice Council (UPC). She is currently chair of the systemwide Nursing Executive Council, which oversees the execution of professional-governance decisions that impact nursing.

Weisbart's passion for leadership began during the COVID-19 pandemic, when she started to notice a high instance of nurse burnout. As UPC chair of her NICU unit, she oversaw a nurse-wellness-bundle project aimed at reducing exhaustion. That led to developing a nurse-wellness basket for her unit, with individually wrapped toiletries and wellness items.

All Unit Practice Council chairs attend a system-level council meeting once a month. There, Weisbart met other UPC chairs from across the system. "As I was moving through the professional-governance structure, I was able to see that systemwide perspective, and I realized it wasn't just our unit that was struggling with nurse wellness. I feel

like I've been able to look at nurse wellness through different lenses, and it's been a great passion of mine," she said.

Weisbart has presented team-based QI initiatives at multiple international and national conferences. These initiatives include improving the timeliness of NICU antibiotic administration, fighting NICU nurse burnout and formation of a TL-engagement bundle that provides education and mentorship for UPC chairs.

Her dedication and contributions have been widely recognized, earning her many accolades. She has been honored with the Professional Governance Award and the Rising Star Award. Additionally, she played a key role in achieving the Drivers of Change Team Award, the American Association of Critical-Care Nurses Gold-Level Beacon Award for Excellence and five Press Ganey Guardian of Excellence awards.

Weisbart earned a Bachelor of Science in psychobiology from UCLA in 2014 and a Master of Science in nursing from UCLA in 2018. Initially, she had planned to be a physician, but enrolling in a nursing class on elder abuse during her undergraduate studies sealed her career aspirations.

A 10-week preceptorship at the NICU at Ronald Reagan UCLA Medical Center solidified her desire to work with vulnerable populations. "My passion is being an advocate for those patient populations who don't have voices for themselves," Weisbart says. "That's been the common theme that got me interested in nursing."



Megan Weisbart is the chair of the Nursing Executive Council and a NICU nurse at UCLA Santa Monica Medical Center. Photo by John McCoy/UCLA Health

# FRONTLINE NURSE MANAGERS: THE UNSUNG HEROES OF HEALTH CARE

**“We have 24-hour accountability for the unit. Whatever it is, we’re the last line of defense.”**

**Grace Mayne**

Unit director

The role of the frontline manager — responsible for the everyday operation of the unit, scheduling staff, budgeting and ensuring nurses are trained in the latest procedures and that patients are safe — is often considered the most challenging in nursing. They have 24/7 responsibility for their unit, which means they frequently get called on weekends, and even in the middle of the night. Frontline managers are also innovative, creative, supportive, caring and compassionate problem-solvers who put the needs of the patients first. On top of working sometimes 50 or more hours a week, frontline managers must navigate the complex needs of their staff, which requires them to wear many hats, including leader, listener, coach, counselor, mentor and, often, mediator.

“I consider unit directors to be the unsung heroes of health care,” says Coleen Wilson, DNP, RN, NEA-BC, senior director of adult in-patient nursing. “During COVID-19, they were the ones who were coming up with ways for us to do things safely, as well as consistently sharing best-practices among students and staff. They focused on staffing and on the health and well-being of their teams, and they worked nonstop. And that wasn’t just through COVID; they’re doing that now.”

“Complex and complicated” is how Grace Mayne, DNP, RN, NE-BC, RN-BC, a unit director in 6N, a neurosurgical stroke and general neurology unit, describes her job. “We have 24-hour accountability for the unit,” she says. “Whatever it is, we’re the last line of defense for everything.”

## POST-COVID CHALLENGES

Jennifer Do, MSN, RN, NP, is unit director of the transplant/surgical ICU, where she’s worked since 2005. She says balancing the importance of keeping her staff happy while at the same time being operationally responsible and ensuring that patients receive the care they need, is her biggest challenge. “Since the pandemic, the perspective of what staff request versus what we think we can provide has really shifted,” she says. “And we have to think about ways to provide for them so they feel they have the well-being to be able to provide for patients, and also that they feel they have the work-life balance, where their cup is full, so they can share that cup with somebody else.”

Unit director Jennifer Do (center) engages with nurses in the Transplant/Surgical ICU to review vital information for patient care. Photo by Joshua Sudock/UCLA Health







Unit director Grace Mayne (center) remains accessible to her team, answering nurses' questions as she moves between duties. Photo by Joshua Sudock/UCLA Health

Do says that during the pandemic, she and other managers often neglected their own well-being for the sake of their units, which has had long-lasting emotional impacts. “We were go, go, go,” she says. “We focused on surviving and making sure to carry everybody through, and we didn’t reflect on those things or have any downtime for ourselves.”

Still, Do finds the rewards of the job outweigh the challenges. “When I see people who I mentored or helped to go beyond whatever they wanted to be, it makes me happy,” she says. “I feel that I achieved my goal of helping to make the best nurses to represent UCLA Health Nursing out in the world.”

## ASSESSING THE IMPACT

An Institutional Review Board-approved study is currently being developed to assess the impact of implementing four 10-hour days, versus the traditional five eight-hour days, on the health and well-being of frontline managers. Launching in Fall 2024, the study aims to quantify the workload of frontline managers, explore the potential benefits of a four-day workweek in reducing stress-induced

physiological issues and enhance work-life balance while maintaining quality patient care.

Two groups will be involved in the study: a control group working the current five-day-a-week schedules and an intervention group working four 10-hour days. “I think what will be very telling is how much work these unit directors actually do,” Dr. Wilson says. “If you were to ask them how many hours a week they work, I guarantee that it is well over 60. And some of them work even more than that.”

The study will measure physiological biomarkers such as sleep cycles and heart rates. It will also look at patient-outcome metrics, says Anthony Chan, MSN, RN, NE-BC, senior director of acute care nursing units. “We’re hoping this will be a potential recruitment piece because work-life balance is something that resonates throughout the whole field of nursing,” Chan says. “We know that lots of our managers are on the heavier workload side, so we’re hoping that this four-day workweek will help them to feel that they have that balance in life.”

# NURSE WELLNESS PROGRAMS FOSTER COLLABORATION AND SELF-RENEWAL

UCLA Health Nursing’s wellness program emphasizes self-care and collaboration among nurses, with initiatives, programs and events that allow nurses the opportunity to relax, reset and reinvigorate their passion for their work. Primary among the offerings is Reigniting the Spirit of Caring (RSC), a three-day virtual workshop designed to give participants insights into how to nurture the three relationships identified by Relationship-Based Care: themselves, their patients and families and their colleagues.

Facilitated by nurse educators and clinical nurses, RSC is open to nurses, clinical caregivers and other interdisciplinary colleagues. The program

is offered 14 times a year, including two sessions focused on guiding leaders on their journey to care for their staff, as well as themselves, to create a healthy work environment.

“Reigniting the Spirit of Caring is designed to create a safe space and dedicated time to allow us to reconnect with our purpose for being in health care, to experience the healing power of relationships, give us time to reflect and to connect with folks from throughout the system and to help us recognize and honor the value and meaning of the work we do,” says Kelley Anderson, MSN-Ed, RN, NPD-BC, a nursing professional development specialist.

Nursing professional development specialist Kelley Anderson (standing left) and clinical nurse Desiree Noel (standing right) create a calming environment for nurses to relax and reset. Photo by Aude Guerrucci/UCLA Health





Many participants report that after attending the workshop, they experienced a renewed sense of purpose for their work and a powerful bond with their colleagues.

“The most impactful thing for me was that feeling of being cared for,” says Liezl Meyer, BSN, RN, NC-BC. “In that space, you really feel like you get the time, the attention and the activities that are designed to get you to interact with your colleagues. Even though we don’t all work in the same department, we’re reminded that we’re not alone.”

Meyer, who now facilitates RSC workshops, says sharing with and learning from her colleagues has reinvigorated her passion for nursing. “We all have things that we know could improve our practice, but sometimes we don’t feel there’s anything we can do. But by the end of the workshop, you have your elevator pitch, a plan on how you’re going to bring it to the group. You’re on fire and excited to find people who will help you make it happen.”

Meyer adds the support from leadership is part of RSC’s success. “CNE Karen Grimley visits our workshops to share her support and to hear from our participants about their experience and ideas that have come up during our brainstorming. She is really invested in it, and the attendees really appreciate it,” she said.

## WELLNESS BY NURSES, FOR NURSES

In 2021, a research study was developed by a team of clinical co-investigators from the Professional Development Council’s Wellness Subcommittee and leaders from the Center for Nursing Excellence. Responses from more than 1,200 nurses guided several wellness interventions that continue to be rolled out across the health care system.



Clinical nurse Adrienne Bawa provides sound therapy to new nurses. Photo by Aude Guerrucci/UCLA Health

### Highlights include:

- Rounding with the recently revamped PaUse Cart, which features self-affirmation mantras, hydration, massage tools and essential oils
- A massage-therapy program across units and shifts
- Launch of “A Safer U” initiative focused on promoting a safer, healthier work environment

Additionally, the Relax and Reset event in partnership with the Integrative Therapy Department has been expanded to twice a year, during Nurses Week in May and again in November. At that event, nurses and care partners can take part in meditation and receive reiki, aromatherapy, massages and sound baths performed by other nurses.

“It’s only 20 minutes, but nurses go from stress to bliss,” Meyer says.

What’s most meaningful about these wellness interventions, she adds, is that they are offered by nurses for nurses. And they are making a difference.

“It’s really about shifting the culture,” Meyer says. “Nurses feel like they always have to be on, but we really need to take that pause for self-care, even if it’s just for a few minutes.”



# FOCUS ON WELLNESS AND MENTORSHIP ENHANCES NEW NURSE GRADUATES' EXPERIENCE

“We can't take great care of patients if we don't take care of ourselves.”

**Kelley Anderson**

Professional development specialist

Professional nursing practice has undergone dramatic changes in the past few years. As nurses recover emotionally from the impact of the pandemic, an increase in workplace violence and rising patient acuity make it more important than ever to ensure they have what they need to be successful. That work often begins with the UCLA Health Nurse Residency Program (NRP), which guides newly licensed nurses from novice to competent professional nurses in the clinical environment.

The yearlong residency focuses on leadership, patient outcomes, professionalism, and scholarship of nursing practice. Residents meet monthly to collaborate with subject matter experts from different specialties and professions and to support one another. Post-pandemic, the program emphasis has expanded to incorporate strategies to strengthen new nurses' emotional well-being, says Jessica Phillips, PhD, MSN, RN, NPD-BC, executive director of nursing practice, education and research for the UCLA Health Center for Nursing Excellence. “In the current nursing climate, we've identified opportunities to enhance the program areas around the management of stress, and also around wellness and resiliency,” Dr. Phillips says.



Jessica Phillips is the executive director of nursing practice, education and research for the UCLA Health Center for Nursing Excellence. Photo by Aude Guerrucci/UCLA Health

Their efforts have been successful. Using data collected from the Casey-Fink Graduate Nurse Experience Survey, it is now possible to measure residents' stress levels and perceived stressors at different periods of their residency. “We've been able to lower those stress levels and help nurses establish their wellness journeys,” Dr. Phillips says.

## A WELLNESS ROADMAP

Nursing professional development specialists Chia-Yen (Cathy) Li, EdD, MSN, RN, PHCNS-BC, CHSE, NPD-BC, EBP-C, and Kelley Anderson, MSN-Ed, RN, NPD-BC, have been key to those

efforts. Understanding that stress is a major reason nurses leave the profession, Li and Anderson expanded the wellness content from a single session in the second month of the program to four sessions during the yearlong curriculum. “Cathy and I looked to the literature, other programs and best practices, particularly related to transition-to-practice, which we know is a huge time of stress because there are lots of life changes,” Anderson says. “Student loans kick in, people are moving and there are a lot of other personal changes, in addition to how tough that first year can be.”

Li and Anderson also looked at the patient wellness bundle created by Chief Nursing Executive Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE, FAAN, reflecting on how they could frame nurse wellness within that bundle. They focused on skill-building and incorporating meaningful self-care practices nurses could easily apply in their lives. “I think that we fall into the trap that self-care has to be exercise and eating healthy and getting enough sleep,” Anderson says. “But part of self-care is honoring what you need in that moment and knowing a meaningful way to give yourself that.”

To supplement the in-person sessions, Anderson developed a digital tool that addresses a different element of self-care every month, with links to articles, videos and resources. “We all have our phones on us all of the time, so I think it’s really meaningful to give nurses a tool they can pull up at any time, not just in the months that I come and talk to them,” she says.

## MAKING A DIFFERENCE

Clarissa Cabil, RN, a clinical nurse II in the neonatal intensive care unit at Ronald Reagan UCLA Medical Center, says the Nurse Residency Program eased her transition from nursing student to registered bedside nurse. “The program provided me with unit-specific skills training,” says Cabil, who graduated from the

program in 2023. “In nursing school, I had very minimal NICU experience. So, I was grateful that I had support in my unit before I started caring for any of the patients. That prepared me before my first day and relieved my anxiety.”

She also appreciated the emphasis on wellness during a time when she and other new nurses were facing stressful transitions.

Anderson notes that self-care was not discussed when she was a new nurse, and it is a much-needed conversation. “We can’t take great care of patients if we don’t take care of ourselves,” she says.

## PASSING THE TORCH

Another critical component of the NRP is mentorship, in which residents are paired with recent graduates of the program.

Dr. Phillips calls mentorship “the cornerstone” of the residency program. “It helps them work through some of the concepts they’re learning and how that translates to their practice,” Dr. Phillips says. “It also helps them work through barriers and obstacles that they experience in clinical practice, as well.”

Mentors are given formal training to learn how to support a newly licensed nurse’s transition to practice. An evaluation of the experience by both the mentee and the mentor enhances the experience for both, Dr. Phillips says. “The data that we collect from that experience has always been very positive — probably one of the most positive aspects of the program for the newly licensed nurse,” she adds.

Cabil recommends all new nurses have a mentor. “Not only will mentorship open doors for you and provide you with more opportunities, but it’s also a form of stress reduction,” she says.

Today, Cabil serves as a mentor to new nurse residents. “Because of the strong mentorship I received, I’m passing along that torch,” she says.





Clarissa Cabil (right), a NICU nurse at UCLA Mattel Children's Hospital, provides care for a neonate alongside her mentor and a fellow nurse. Photo by John McCoy/UCLA Health



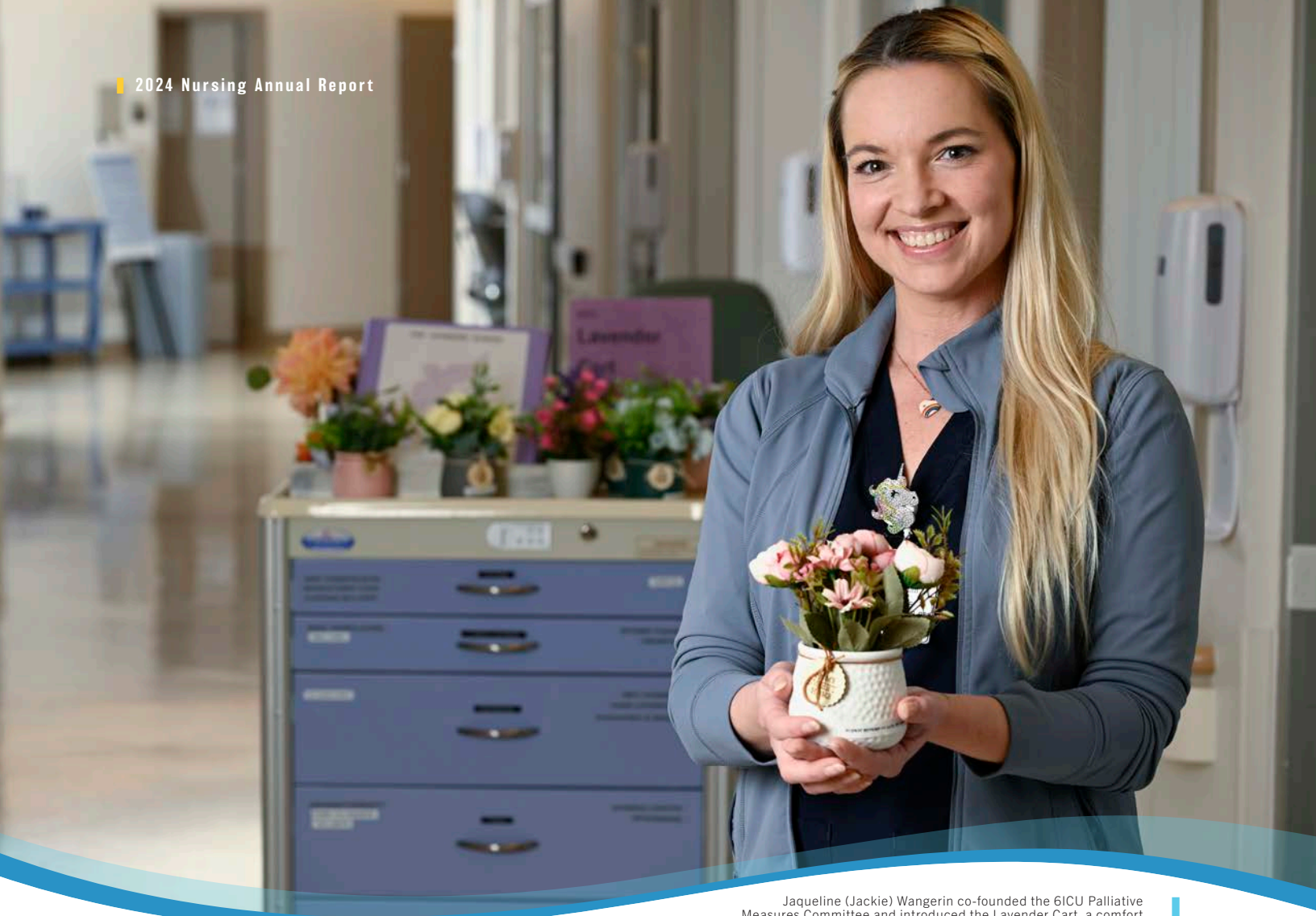
# Measure of Success

The wellness program of the UCLA Health Nurse Residency Program (NRP) was fully implemented for the Summer 2022 cohort. Nurse residents' stress levels (mean scores) were measured at months 1, 6 and 12, using the Casey-Fink Survey and Perceived Stress Scale survey. The stress levels collected on the Casey-Fink Graduate Nurse Experience Survey are compared with Vizient's benchmark.

<b>NRP Cohort</b>	<b>Stress Level - Month 1</b>		<b>Stress Level - Month 6</b>		<b>Stress Level - Month 12</b>	
<b>Summer 2022</b>	Casey-Fink Survey:	UCLA: 2.43	Casey-Fink Survey:	UCLA: 2.71	Casey-Fink Survey:	UCLA: 2.56
		Vizient: 2.53		Vizient: 2.59		Vizient: 2.56
	Perceived Stress Scale Survey: 15.47		Perceived Stress Scale Survey: 18.35		Perceived Stress Scale Survey: 15.40	
<b>Spring 2023</b>	Casey-Fink Survey:	UCLA: 2.76	Casey-Fink Survey:	UCLA: 2.88	Casey-Fink Survey:	UCLA: 2.72
		Vizient: 2.52		Vizient: 2.59		Vizient: 2.55
	Perceived Stress Scale Survey: 15.56		Perceived Stress Scale Survey: 18.60		Perceived Stress Scale Survey: 15.79	
<b>Summer 2023</b>	Casey-Fink Survey:	UCLA: 2.69	Casey-Fink Survey:	UCLA: 2.81	Casey-Fink Survey:	UCLA: TBD
		Vizient: 2.52		Vizient: 2.59		Vizient: 2.55
	Perceived Stress Scale Survey: 14.61		Perceived Stress Scale Survey: 18.68		Perceived Stress Scale Survey: TBD	

It is expected that the month 6 stress levels reach the highest mean scores because nurse residents are off orientation and work independently. Even though some stress levels are still above Vizient benchmarks, they are trending down on both surveys when compared with months 6 and 12.

Source: Chia-Yen (Cathy) Li, Center for Nursing Excellence



Jaqueline (Jackie) Wangerin co-founded the GICU Palliative Measures Committee and introduced the Lavender Cart, a comfort cart designed for palliative care patients and their families. Photo by John McCoy/UCLA Health

## WHAT DRIVES ME: JAQUELINE (JACKIE) WANGERIN

My name is Jackie, and I'm proud to say I've been a UCLA Health nurse for 17 years — my entire career. My first year was in the Hematology and Stem Cell Transplant Unit. I enjoyed my time there, but it wasn't long before I felt the call to critical care. I transferred to the Neuroscience Trauma Intensive Care Unit (GICU) at Ronald Reagan UCLA Medical Center, and I have been there ever since.

Although my time as an oncology nurse was brief, it was there that I developed a passion for palliative care. That passion has stayed with me ever since. I've always believed that every patient and their loved ones benefit from caring and comforting measures aimed at improving their quality of life, regardless of whether or not they have a palliative care consult.

In 2019, under the mentorship of our palliative care clinical nurse specialist, Jeannie Meyer, I helped create the 6ICU Palliative Measures Committee. I am proud that it was the first unit-based nursing palliative committee at UCLA Health. Today, thanks to Jeannie's efforts, there are several unit-based palliative committees throughout the hospital. The mission of the Palliative Measures Committee is to help improve the quality of life, not just for patients undergoing palliative care, but for all patients in 6ICU, as well as their loved ones and our colleagues.

Although our aim is broader than just addressing the needs of end-of-life patients, one of our greatest accomplishments was bringing the 3 Wishes Program, an end-of-life program, to 6ICU. When we implemented the program, we introduced the Lavender Cart — our comfort cart. It is filled with items to create keepsakes and memories that help bring comfort to dying patients and their loved ones. We brought the 3 Wishes Program to 6ICU in October 2020, just two months before the first COVID surge. This was one of the most difficult times many of us ever experienced. The 3 Wishes Program brought hope and comfort to our patients — and to our staff — when it was needed most. The Palliative Measures Committee also implemented the Comfort Box, which is a locker filled with donated arts and crafts and comfort items for all patients in 6ICU. Anyone can contribute to the Comfort Box, and anyone can use these items for their patients. Our current project is a comprehensive resource packet filled with helpful information for all patients in 6ICU, as well as a companion packet for nurses to use as a resource. Our overarching goal is to identify where there is a need for improvement in quality of life and to find a way to help fulfill that need.

The Palliative Measures Committee has been a blessing in my life. The work we have done has helped reduce the strain of caring for patients during some of the most tragic circumstances that a person and their loved ones can endure. However, nothing can lessen the weight of that experience completely, and, like many others in this post-pandemic era, I experienced burnout. In 2022, I took a leave of absence from work in order to heal. When I came back, I had a renewed sense of self and purpose, as well as a dedication to my own self-care. I will always promote a healthy balance of work life and home life. My committee work goes on, and I am supported by an incredible group of committee members, as well as our leadership team and Jeannie, our mentor. I know that I am able to maintain my optimistic attitude, for which I am known, because of the support that surrounds me. I now raise awareness for mental health by sending an email to my colleagues each May as a reminder that it is Mental Health Awareness Month. I let them know about resources available to them, such as employee counseling and, most importantly, that I am here for them if they need support. This year will be no different.

I am now more than halfway through my career, although it doesn't feel that way. Sometimes, I still feel brand new, in the best way possible. My optimism will never fade. My resilience has been tested and proven. I believe in the power of healing touch, as well as the power of cutting-edge medicine. I believe in myself, and I believe in UCLA Health Nursing.



# NURSING CHIEF EXECUTIVES LOOK TO THE FUTURE



**“Our ongoing work will position us to be prepared to not only continue to provide exemplary care to those we see today, but also to further invite and involve patients from around the community and the nation.”**

**Dr. Karen A. Grimley  
Chief Nursing Executive**

It is a dynamic and transformative period for UCLA Health Nursing. The newly opened UCLA West Valley Medical Center brings exciting opportunities for innovation and expands UCLA Health’s ability to serve more patients. Both Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center are in the process of renewing their Magnet designations, showcasing their continued commitment to nursing excellence. Additionally, UCLA Health is expanding its clinics into South Los Angeles to increase access to health care in underserved neighborhoods, and is gearing up to address a critical need with the development of a new, world-class psychiatric facility. Our four chief nursing officers are excited to share their plans and initiatives for the future, and the developments and improvements in nursing care that lie ahead.

**Karen A. Grimley, PhD, MBA, RN, NEA-BC, FACHE, FAAN, Chief Nursing Executive, UCLA Health; Chief Nursing Officer, Ronald Reagan UCLA Medical Center; Assistant Dean, UCLA School of Nursing**

UCLA Health is renowned for its exemplary nursing care, attracting patients from around the world. This excellence is further demonstrated by the multiple Magnet designations earned by its three hospitals. Currently, documents are being compiled for Ronald Reagan UCLA Medical Center’s fifth Magnet designation and UCLA Santa Monica Medical Center’s third designation. Recently, UCLA Resnick Neuropsychiatric Hospital proudly achieved its second designation.

“We are very busy capturing exemplary nursing care and nursing excellence on paper and in

graphs, in preparation for the Magnet committee’s site visits,” says Chief Nursing Executive Karen Grimley. “To have three organizations credentialed multiple times with a Magnet designation is very impressive. It essentially tells you that our commitment to providing nursing excellence and patient-centered care is our number one priority.”

For the immediate future, Dr. Grimley’s goal is to onboard nursing staff from the newly acquired UCLA West Valley Medical Center (formerly West Hills Hospital). “We know that West Valley is going to bring some wonderful ideas and opportunities for us, and we want to stand ready to incorporate those into who we are as UCLA Health Nursing,” she says.

**Further plans include:**

- Continued commitment to the safety and well-being of patients and staff through the A Safer U initiative; this nurse-led interprofessional effort has engaged nurses from the bedside and clinics to design programs and provide education and tools to reduce the incidences of workplace violence
- Launching the Certified Nurse Assistant Training Program, designed in collaboration with nursing staff and Santa Monica College, through which UCLA Health employees can gain the skills and knowledge to become certified nursing assistants and apply for administrative clinical care partner roles at UCLA Health
- Continued partnership with the UCLA School of Nursing, with nurses from UCLA Health on faculty and serving as instructors and preceptors in clinical environments across the system
- Establishing partnerships with other schools to enhance pipeline development while continuing to improve the ability to onboard and cross-train nurses anywhere within UCLA Health
- Investing in our workforce through programs such as Reigniting the Spirit of Caring, leadership fellowships for experienced nurses and the Nurse Residency Program for new graduates; creating new orientations for different specialties to enhance cross-training and provide a career home for nursing staff
- Exploring the use of virtual reality to help enhance patient outcomes
- Enhancing the patient wellness bundle by improving the protocols and practices around sleep, nutrition, activity, comfort and hygiene
- Implementing infrastructure improvements throughout the health care system, including renovating the fourth floor at Ronald Reagan UCLA Medicine Center and redesigning the nursing education simulation space

“Our ongoing work will position us to be prepared to not only continue to provide exemplary care to those we see today, but also to further invite and involve patients from around the community and the nation,” Dr. Grimley says. “We’re improving health. We’re alleviating suffering and delivering acts of kindness. If we do all that consistently, the rest will come.”



**David Bailey, PhD, MBA, RN, CCRN, NEA-BC, FACHE, FAAN, Chief Nursing Officer, UCLA Santa Monica Medical Center**



Chief Nursing Officer David Bailey is entering the fiscal year with enthusiasm as UCLA Santa Monica Medical Center continues to do the exemplary work it is known for with a safer, highly educated and more engaged workforce than ever before. He lists priority one as rebuilding the workforce to tackle turnover challenges.

“Even though we’re sitting in a sweet spot compared to the rest of the nation, for me the questions are, ‘How do we continually develop our staff through ongoing learning? And how do we keep them engaged and wanting to grow with us?’ I think we have some good pipelines, so how do we continue to build on that?”

**Dr. Bailey’s strategies include:**

- Developing staff through opportunities for ongoing learning, certifications and innovation projects
- Creating career tracks for nurses interested in leadership and education, and supporting them throughout their journey
- Creating alternative work schedules to provide opportunities for career advancement
- Introducing more research and innovation education through the Research and Innovation Council
- Continuing to evolve A Safer U by creating on-site teams to recognize potential workplace violence before it occurs; holding more active-shooter trainings and addressing the psychological aspects of safety in the workplace

In addition, Dr. Bailey will continue his virtual and in-person forums, “Dialogue with David” and “Dinner with David.”

“Nurses enjoy the open dialogue, as it allows them to share and learn from each other. So, I’m going to continue different programs like that to keep our nurses excited and engaged,” he says.

Dr. Bailey is also looking forward to involving

nurses in UCLA Santa Monica Medical Center’s application for its third Magnet designation. “Our nurse engagement scores are really strong, and we are positioned to do well.”

Finally, work continues to reposition programs throughout the health care system to relieve UCLA Health’s growing pains.

“This is going to be a very slow, methodical, systematic and strategic approach,” which will be bolstered by UCLA Health’s recent purchase of UCLA West Valley Medical Center, he says.

“I think the high volume of patients is a testament to the care that we deliver,” Dr. Bailey says. “And I think we tend to forget that people are passing other hospitals to get to us because they know they will receive excellent care.”



**Quanna Batiste-Brown, DNP, RN, NEA-BC, FAAN, Chief Nursing Officer, Ambulatory Care Nursing, UCLA Health**

Chief Nursing Officer Quanna Batiste-Brown’s vision for innovative ambulatory care in the upcoming year is twofold:

The first priority is to expand UCLA Health’s presence in South Los Angeles by opening clinics that will improve access to care in historically underserved areas.

“This is exciting because nursing care will be moving into addressing health disparities with an emphasis on patient education and

empowerment,” Dr. Batiste-Brown says. Part of that work will be to enhance patient engagement through innovative visual materials distributed to patients with their care plans.

Part two of her vision is the integration of advanced nursing professionals in many of the clinics, leveraging the skills and experience of nurse practitioners to manage patients. “We’re already piloting that program in some of our clinics, and it’s streamlining our care delivery,” she says.

**Additional plans include:**

- Quality improvement efforts based on staff input to improve delivery of care; this will be highlighted by the continued implementation of evidence-based practice guidelines and regular audits to ensure safe, optimal patient care
- Improved efforts around coordinated care; for example, a hypertension steering committee comprising physicians, pharmacists, nurses and other health care professionals looking at innovative ways to improve hypertension management for patients
- A focus on population health management and social determinants of health, which will include a team to look at patient records to determine who might need assistance and then provide resources to them in their homes

What should ambulatory nurses look forward to this coming year? Advancements in technology, the development of new standards for training, and a dedicated training space for the clinics, Dr. Batiste-Brown says.

“We’re redesigning what that training looks like so the initial orientation will be longer and stronger and with better tracking mechanisms for the competencies they require,” she says. “Training will move to an electronic format so they’re trackable and traceable and easily accessible by staff.”



**Patrick Loney, MBA, BSN, RN, NEA-BC, Chief Nursing Officer, UCLA Resnick Neuropsychiatric Hospital**

When Chief Nursing Officer Patrick Loney came to UCLA Health more than two years ago, his goal was to make Resnick Neuropsychiatric Hospital (RNPH) the top psychiatric hospital in the world. Today, many milestones later, Loney and his team are well on their way to making that dream a reality.

For example, RNPH is one of only a few separately licensed psychiatric hospitals in the world to have Magnet designation and recently earned its second this year. And, as a result of its stellar scores on its Culture of Safety Survey, RNPH recently received a Press-Ganey Guardian of Excellence Award for staff engagement.

This year, Loney is laser-focused on the 2026 opening of UCLA Health’s new, world-class psychiatric facility, which will add an outpatient unit and increase the number of beds from the current 74 to 199.

“The facility is being designed with extensive input from staff, behavioral health consultants and an architectural team to ensure the creation of spaces that promote healing,” Loney says. “They are going all out to make sure we have

thoughtful treatment spaces for patients, including state-of-the-art sensory rooms and group rooms, so it's a calming, healing environment."

Loney is working on budgeting for additional staff and developing clear workflows for the facility.

He is also focused on several other initiatives for the coming year, including:

**Recruitment and retention:**

- Develop and expand meaningful recognition systems for staff, which include leadership recognition as well as peer-to-peer recognition
- Develop and recruit an ideal workforce for the future
- Standardize and improve the interview process to provide a consistent, fair process that ensures candidates fit a relationship-based care model and CICARE standards
- Work to retain key staff and provide career development opportunities

**Improved utilization of clinical care metrics:**

- Continue to fine-tune an operational dashboard in CareConnect to monitor ED throughput, safety events, restraint and seclusion use, and other critical metrics
- Hold daily huddles with leadership and the clinical team to address safety, operational and patient-care issues
- Increase operational transparency through town halls, meetings, recognition events and making data accessible to staff

**Enhanced nurse well-being and professional development:**

- Support the physical and psychological needs of staff
- Improve workplace safety through initiatives such as de-escalation training and staff safety alert systems
- Provide education to learn nontraditional strategies to manage problem behaviors
- Continue efforts on a five-year plan to eliminate the use of restraints
- Strengthen professional governance participation to ensure nurses are involved in decision-making

Loney and his team are primed for the challenge.

"There's no doubt that mental health care in an inpatient setting is more challenging than ever," he says. "But I believe we are well-equipped to meet the challenge due to UCLA Health's commitment to growth and increasing access to care in our community, which is critical. And we'll continue to work with our teams to grow and improve in an environment that can be stressful. A tall order, but I think UCLA Health is up for it."







2024 Nursing Annual Report

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