

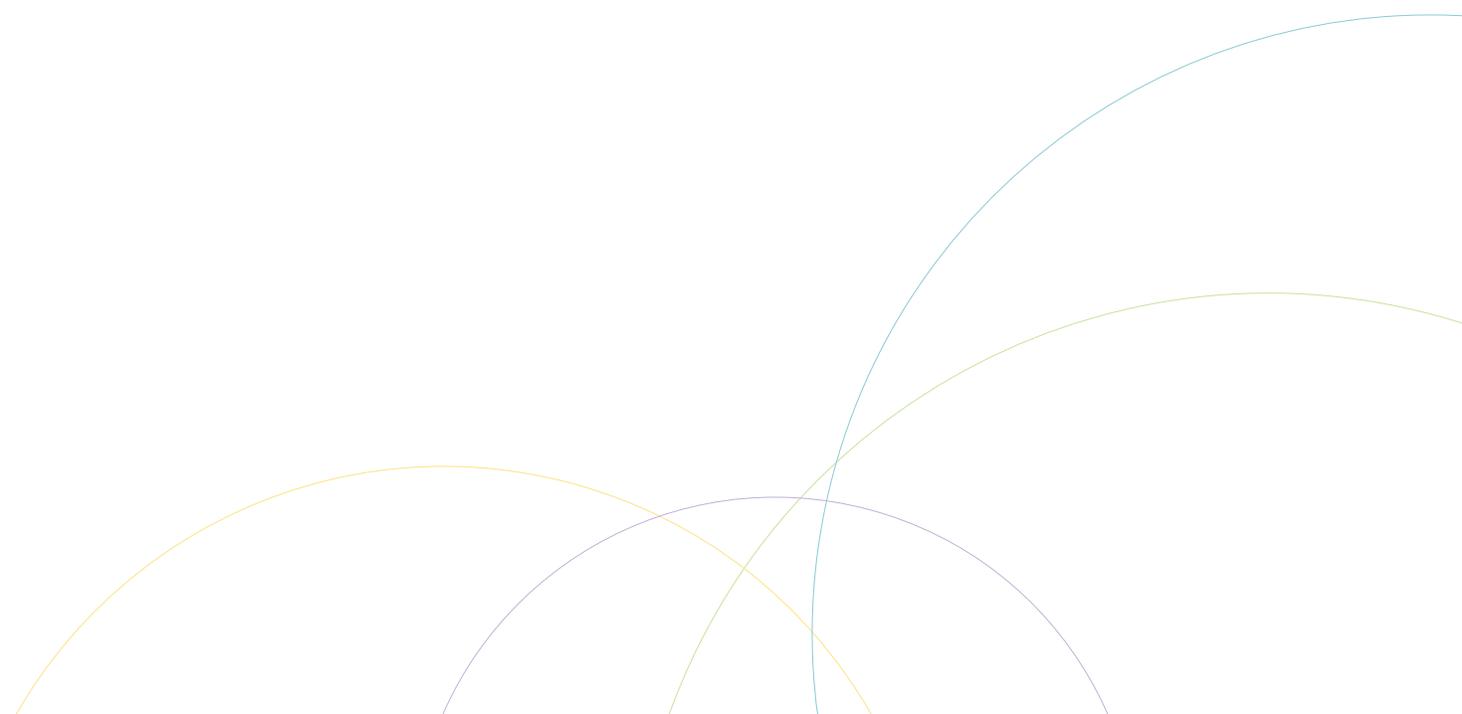


Nursing Annual Report 2020-2021

Year of the nurse and midwife



2020-2021
Nursing Annual Report
Year of the nurse and midwife



Celebrating Our Heroes



NO SOLICITING

STOP

Table of Contents

- Reflections from Nursing Leadership 1**

- Who We Are 2**
 - Vision, Mission, Values, Philosophy 2
 - Watson Caring Science Institute 3
 - Our Professional Practice Model..... 4
 - Professional Practice Model Explained & Examined 5
 - Nursing Strategic Plan 6
 - Goals & Accomplishments 7
 - Nursing Strategic Plan Grid / Detail 8

- Magnet Recognition – Significance of 6th Designation 11**

- Transformational Leadership 13**
 - Nursing in Action - COVID Response 13
 - Transformational Leaders in Action 15

- Structural Empowerment 20**
 - Nursing in Action - COVID Response 20
 - Structural Empowerment in Action 21
 - Education: Academic Advancement 26
 - Nursing Specialty Certifications 26
 - Awards & Recognition 28
 - Daisy Awards 28
 - ANCC Practice Transition Accreditation Program 31

- Exemplary Professional Practice 33**
 - Nursing in Action - COVID Response 33
 - Exemplary Professionals in Action 35
 - Clinical Outcome Improvement: HAPI 36
 - Clinical Outcome Improvement: CLABSI 37
 - Patient Experience Improvement Story 38

- New Knowledge, Innovations & Improvements 41**
 - Nursing in Action - COVID Response 41
 - New Knowledge, Innovations and Improvements in Action 43



Registered
Nurse

DAR

Reflections from Nursing Leadership



Amid the grief and difficulties of the pandemic, 2020-2021 also reminded us that we are surrounded by colleagues with incredible resilience, optimism and skill. We accomplished so much over the last two years. The Watson Caring Science Institute welcomed Cedars-Sinai as a National Affiliate System, recognizing our commitment to our vision: Excellence in Human Caring. This achievement was another reminder of how hard nurses work to help Cedars-Sinai fulfill its mission, which is founded on caring for the community.

It's also partly why Cedars-Sinai Nursing has the longest-running Magnet Designation in California. The distinction is granted by the Magnet Recognition Program, which identifies healthcare entities that truly value nurses, to the benefit of the whole organization. We are preparing for our sixth Magnet designation in 2022. You'll learn more about this exciting milestone in this report, and about the clinical outcomes and other areas that give Cedars-Sinai Nursing its outstanding reputation. I am proud to be a Cedars-Sinai nurse.



David Marshall, JD, DNP, RN, FAAN, FAONL
Senior Vice President
Chief Nursing Executive



From the start of the pandemic, nurses have played an immense role in every aspect of the pandemic response, leading with grace and compassion in unprecedented times of need. In this report, you will read about the ways Cedars-Sinai Nursing evolved in 2021, both as a result of and despite the pandemic. You'll meet some of our nurses and learn how they responded to COVID-19, from caring for their patients to caring for one another.

We elevated the voice of nursing through the transformation of Shared Governance to the new Shared Leadership Council. We expanded opportunities for professional growth, with the launch of the new BEST Mentorship Program. These opportunities ensure nurses can enjoy long and rewarding careers in an inclusive environment where everyone is valued. From the bedside to the boardroom, Cedars-Sinai nurses conducted original research, presented at conferences, and were recognized for their achievements to the profession of Nursing. Most of all, they made a difference.



Anita S. Girard, DNP, RN, CPHQ, NEA-BC
Vice President
Chief Nursing Officer

Who We Are

Vision, Mission, Values, Philosophy

Our Vision

Excellence in Human Caring

Our Mission

Cedars-Sinai Nursing is committed to leadership and excellence in delivering quality, compassionate, value-added, person-centered care. We are committed to continuous education and science as the foundation for improving our practice and enhancing our work environment.



Our Values

Our values are the guiding principles for all that we do, shaping our interactions with those whom we are privileged to serve.

Advocacy — Assuring that the voice of each patient and team member is heard and respected. Standing up for right thinking, right action, and right practice for our patients and families, for each other and our institution.

Global Awareness — Viewing healthcare from both a macro and micro perspective, while incorporating different values, origins, and cultures into our care delivery.

Courage — Boldly acting on the strength of our convictions, advocating for our patients, our colleagues and ourselves, especially in difficult circumstances.

Inclusion — Valuing each patient and each member of our team as individuals with different origins and perspectives, who share common goals of doing the right thing.

Additional Cedars-Sinai Values: — Integrity - Stewardship - Compassion - Teamwork & - Innovation Collaboration - Excellence - Respect & Diversity

Our Theoretical Framework

The theoretical framework for the Cedars-Sinai nursing philosophy is inspired by Jean Watson's Theory of Human Caring, aligned with our organizations Vision of "Excellence in Human Caring." Caring Science guides nursing practice as both a discipline and a profession, integrating the act of caring with science.

Our Philosophy

Nursing is committed to, and accountable for, safe, interprofessional practice as evidenced by consistent utilization of the nursing process, collaboration with our colleagues, and achievement of quality outcomes. We are advocates for people by promoting the delivery of the right care at the right time.

We practice human caring. We listen to our patients and their loved ones, and we place them at the center of all planning and decision-making. We meet each person where they are in the moment. We connect with each person by valuing their unique needs, spiritual beliefs, and personal choices. We always seek to earn each person's trust.

“ Maybe this one moment, with this one person, is the very reason we're here on Earth at this time. ”

— Jean Watson, PhD, RN, AHN-BC, FAAN

10 CARITAS PROCESSES

1. Practice **loving kindness** for self and others
2. Be **authentically present** with self and others
3. **Nurture yourself** and **nurture others**
4. Develop and sustain **trusting relationships**
5. **Authentically listen** to self and others at all times
6. **Integrate caring principles** that address barriers to wellness
7. Engage in **holistic teaching and coaching** for wellness
8. Create a **healing environment** that respects human dignity
9. Regard **nursing as a sacred act**
10. Be open to **miracles and possibilities**

We pursue and apply new knowledge, evidence-driven practice, and models of care as a means of providing services that exceed expectations. We utilize research as the basis for our practice. We engage in continuous quality improvement.

We embrace new technologies to promote the delivery of care. We are cognizant of the cost of care and engage in initiatives to enhance value. We partner together to improve the health of our community.

Watson Caring Science Institute

In February 2021, nurses at Cedars-Sinai voted to officially adopt and integrate the Theory of

Human Caring, also known as Caring Science, as the theoretical framework to help guide professional nursing practice at CSMC. Inspired by the work of Jean Watson, PhD, RN, AHN-BC, FAAN, the Theory of Human Caring aligns with CSMC's Vision of "Excellence in Human Caring." Dr. Watson's theory seeks to deepen our practice of universal, ethical, and person-centered caring for ourselves, others, and systems.

CSMC has established a Caring Science Advisory Committee led by nurses from across the organization, including Shared Leadership Council (SLC) Members and Clinical Nurses. One initiative will focus on the intentional integration of Caritas Coaches® into all clinical practice settings and across strategic areas of focus throughout the organization. Caritas Coaches play an essential role in shifting the organizational culture: leading by example, inspiring others to foster caring-healing environments, and reinforcing helping-trusting relationships between fellow nurses and interprofessional colleagues, as well as with patients and families. CSMC will sponsor 20 Caritas Coaches over the upcoming fiscal year.

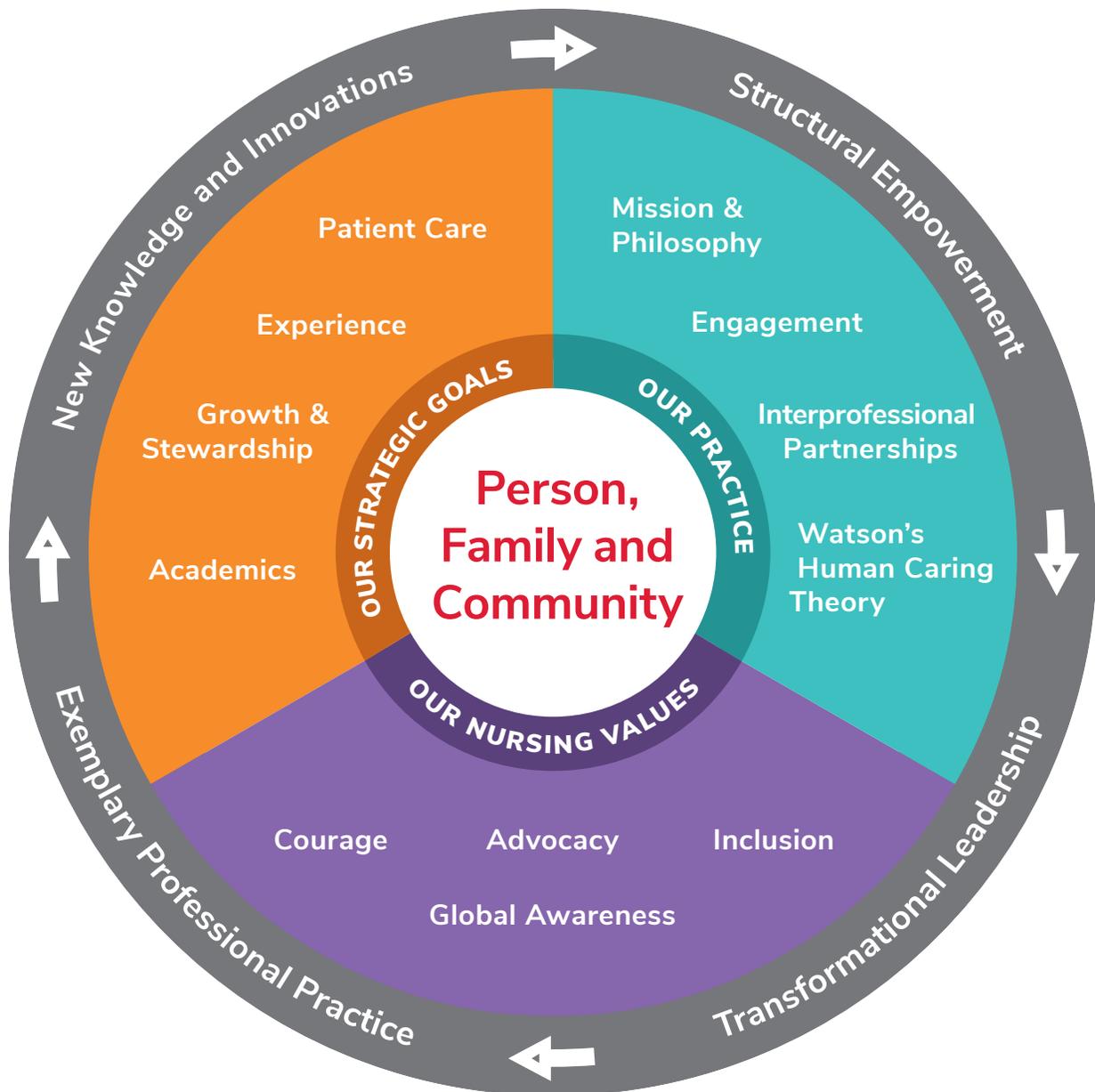
In December 2021, the Watson Caring Science Institute (WCSI) and Dr. Jean Watson announced Cedars-Sinai Medical Center as a National Caring Science Affiliate System of WCSI. This designation recognized Cedar-Sinai's exemplary integration of Human Caring Theory, and leadership commitment to offer informed Caring Science practices, to their patients, their families, and their system. To become a National Caring Science Affiliate System, Cedars-Sinai has demonstrated an authentic, deep-rooted and sustainable commitment to integrating Caring Science to transform and broaden whole-person health and healing for its staff, patients, families and the surrounding community.

Our Professional Practice Model

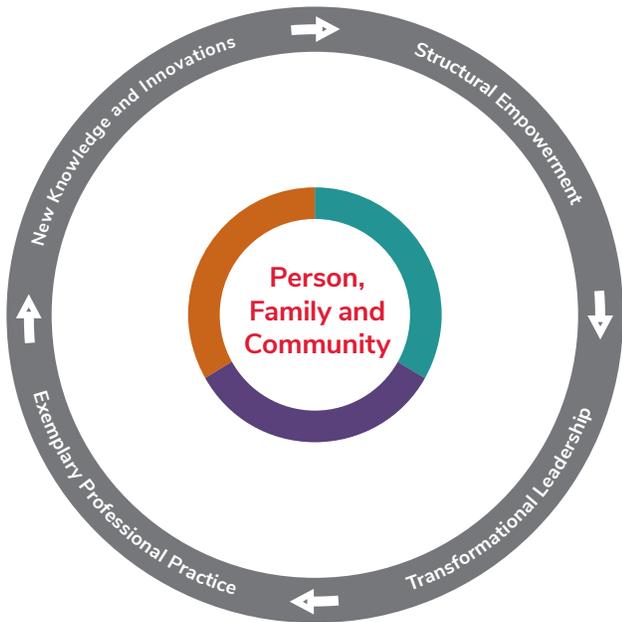
The Cedars-Sinai Nursing Professional Practice Model dynamically integrates our Nursing Practice, Strategic Goals and Values surrounded by the tenets of Magnet and our Vision. The Person, Family and Community are at the center of all that we do, which emphasizes our commitment to Excellence in Human Caring with every person, every time. Our PPM was updated in 2020 and approved in February

2021 to include our newest strategic priorities and the addition of Dr. Watson’s Theory of Human Caring.

It is important to note that the “person” is always at the heart of what we do, and that the Person, Family and Community do not just represent the patients that we care for but also represent our own selves, colleagues, families, and communities. Care and respect yourself and one another!



Professional Practice Model Explained and Examined



The Magnet Model Components

Best Environment for Nursing = Best Care for Patients

Inspire us to deliver the best care for our patients in the best environment for nursing!



Our Nursing Values

Drive us Forward

These are our guiding principles for all that we do!



Our Practice

The Makings of a Cedars-Sinai Nurse

As engaged professionals, we harness our strong interprofessional partnerships with all members of the healthcare team to create caring, healing environments for ourselves, our patients and the community that we serve.

Excellence in Human Caring

Reach for Our Vision

Our desire to achieve Excellence in Human Caring with every person, every time!



Our Strategic Goals

Gives Us Purpose

They help us to achieve our quadruple aim of exceptional outcomes, exceptional staff and patient experiences, at the best value!

Nursing Strategic Plan

CEDARS-SINAI

NURSING STRATEGIC PLAN

Quadruple aim of achieving exceptional **OUTCOMES**, exceptional **STAFF** and **PATIENT EXPERIENCES**, at the best **VALUE**



Goals & Accomplishments

| GOALS | FY21 ACCOMPLISHMENTS | FY22 STRATEGIES |
|---|--|--|
| <p>1 Decrease Nursing Sensitive Indicators \leq NDNQI benchmark:</p> <ul style="list-style-type: none"> • Falls with Injury • CAUTI • CLABSI • HAPI \leq Stage 2 | <ul style="list-style-type: none"> • 62% reduction in reportable HAPI from FY20 to FY21 • 40% reduction in CLABSI rate from Q2CY2020 to Q4CY2021 | Implementing new technologies and innovations that prevent skin deterioration and HAIs. Utilizing Donna Wright's Competency Model in addressing gaps in nurses' knowledge, skill and ability to improve overall NSI rates. |
| <p>2 Address Social Determinants of Health of our patients</p> | Launched the Community Connect Program through our EMR to link our patients to resources so they can overcome health-related barriers that they face in their home or community | Continue to expand access to resources to increase the health of our community and reduce disparities in care |
| <p>3 Increase Patient Satisfaction \geq NRC Average benchmark</p> | CSMC Inpatient = highest performance in last 4-years with 0.7% increase over FY20 | Integration of Caring Science into Patient Experience strategies, Nurse Leader Rounding, PX Training Academy, and focus on key drivers: <ul style="list-style-type: none"> • Consistency of information • Had enough input/say in the care |
| <p>4 Increase Nurse Engagement \geq Glint benchmark</p> | Nursing exceeded the Glint benchmark in all seven categories, and 85% of eligible units/depts outperformed the benchmark in 3 of the 4 selected categories – exceeding Magnet standards. | Continue to leverage our strong partnerships to increase staffing, resources and collaboration, and work through SLC to increase nursing autonomy and teamwork |
| <p>5 Increase Recruitment and Retention</p> | Established CSHS Connects – our Mentorship Platform for New Grads, New Leaders and those going Back to School | Continue to encourage Nurses to Mentor and be Mentored to grow professionally in their practice and careers |
| <p>6 Achieve National Accreditation and Distinction as a center for Nursing Excellence</p> | CSMC earned: Practice Transition Accreditation Program (PTAP), Nurses Improving Care for Healthsystem Elders (NICHE) in Inpatient and ED, and Comprehensive Stroke Center designation | Submit our 6th Magnet document for redesignation |
| <p>7 RN participation and engagement in Shared Governance to improve the nursing work environment and practice outcomes</p> | Established our new Shared Leadership Council (SLC) with 180 clinical nurses representing all areas of CSMC | Encourage strong shared decision-making and accountability between clinical nurses and nurse leaders to achieve desired goals and outcomes |
| <p>8 Increase Special Pathogen and Surge Planning Knowledge</p> | Nurses from across the medical center were cross-trained to assist in the COVID-19 surge under a Team-based nursing model | Continue to expand cross-training opportunities to encourage adaptability in preparation for any future events |

PATIENT CARE

Decrease NSIs \leq NDNQI BM:

- Falls with injury per 1000 pt days
- CAUTI per 1000 catheter days
- CLABSI per 1000 central-line days
- HAPI Stage 2 and above

**Additional Quality Initiatives below*

Increase Clinical Efficiency and care of our patients in the appropriate area by utilizing Capacity Management:

- Mean Discharge Time < 1400
- TOTI < 45 mins
- Decrease LOSI:
 - ≤ 0.797 for pts ALOS < 2 wks
 - ≤ 0.968 for pts ALOS > 2 wks

Increased role in addressing Mental Health:

- Abuse/ neglect screening
- Depression/ suicide screening
- Assess and address delirium and post-ICU syndrome

Social Determinants of Health:

- Assess, address, and refer patients to resources to improve health outcomes
- Medication knowledge assessment and education for 80+ year old patients

**Additional Unit Specific Patient Care Quality Initiatives:*

Code Brain: Door to Needle Time \leq 60 mins; Code White: Door to Balloon Time \leq 90 mins; Exclusive Breastfeeding to 85%; Surgical Site Infections < NHSNBM; Increase RRT Activation 3 RRTs/1000 pt days; Code Sepsis: ID at-risk patients, Lactic Acid Testin < 3 hrs, Antibiotic Admin < 3 hrs

EXPERIENCE

Increase Pt Satisfaction \geq NRC Average BM:

- Pain: actively alleviate discomfort
- Courtesy & Respect: treat with compassion
- Patient Education: utilize Teach-Back
- Safety: exude confidence/trust in your care
- Careful Listening: listen with intent
- Patient Centered Care: urge patient input

Implement ACCN's Healthy Work Environment to decrease healthcare provide burnout:

1. Skilled Communication
2. True Collaboration
3. Effective Decision Making
4. Appropriate Staffing*
5. Meaningful Recognition*
6. Authentic Leadership

**Priorities for FY2021*

Increase Nurse Engagement \geq Glint BM:

1. Leadership Access and Responsiveness
2. Adequacy of Resources and Staffing
3. Fundamentals of Quality Nursing Care
4. Professional Development
5. Autonomy
6. RN to RN Teamwork
7. Interprofessional Relationships

Launch Employee Belonging Initiative to deliver equitable healthcare and promote a culture of diversity, inclusion and belonging:

- Decrease incidence in horizontal violence
- Address health equity through community service

Increased Emphasis **in addressing staff's experience**

Specialty Certification $\geq 80\%$ on all units

GROWTH & STEWARDSHIP

Increase Recruitment and Retention:

- Decrease RN Vacancy < NDNQI BM
- Decrease RN Voluntary Turnover \leq NDNQI BM
- Establish Mentorship Program
- RN Transition to Practice and Fellowship Retention rate $\geq 95\%$ at 1-year

Annual RN Professional Development plan:

- Specialty certification $\geq 80\%$ on all units
- Establish Succession Plan (\geq CN IV)
- Establish an Interprofessional innovation Leadership Institute
- Standardize onboarding at all levels
- Establish APN Transition to Practice Program and Clinical Ladder

Achieve National accreditation and distinction as a center for Nursing Excellence:

- Magnet, Practice Transition Accreditation Program (PTAP), Beacon, Baby Friendly, Lantern, Nurses Improving Care for Healthsystem Elders (NICHE), Comprehensive Stroke Center

Decrease Excessive Costs:

- Decrease Overtime Hours by 25%
- Decrease Agency Expenses by 30%
- Explore new cost-effective staffing models and roles
- Explore new revenue streams

ACADEMICS

RN participation and engagement in Shared Governance to improve the nursing work environment and practice outcomes:

- Increase interprofessional and patient and family involvement and knowledge dissemination

RN participation in Nursing Research to improve outcomes and dissemination of new nursing knowledge:

- Support PhD/DNP scholar
- Increase nursing publications
- Increase RN patents

Active RN participation on Professional Nursing Organizations:

- Bring evidence-driven practice interventions to CSMC
- Influence nursing practice at the local, state or national level

Increase Special Pathogen and Surge Planning Knowledge:

- Cross-training and adaptability using team based nursing
- Isolation and PPE Principles



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Ramir De Castro, RPh

patagonia



Magnet Recognition— Significance of 6th Designation



The Magnet Recognition Program® is the highest national honor given for nursing excellence and quality patient care in the United States by the

world's largest and most prestigious nurse credentialing organization, the American Nurses Credentialing Center (ANCC). It is a tremendous honor for Cedars-Sinai Medical Center (CSMC) to be among the 8.9% of all registered hospitals to achieve ANCC Magnet Recognition and “represent the highest standards in the nation and internationally.”

As of January 2022, there are 579 Magnet hospitals worldwide and 46 Magnet organizations in California. As the first Southern California hospital to earn Magnet® designation

in 2000, Cedars-Sinai was re-granted Magnet designation in 2004, 2008, 2014, and 2018, and is the longest continuously designated hospital in California. CSMC is one of 33 organizations that has obtained five Magnet designations, placing CSMC among an exclusive cohort of <1% of hospitals that have achieved this level of Nursing Excellence worldwide. CSMC is applying for a sixth designation in August 2022. Upon submitting documentation and evidence of excellence to the ANCC, the Appraisers will read and score the document and a 4-day Site Visit will be scheduled in four to nine months. If the Site Visit is successful, the Magnet Commission will designate Cedars-Sinai Medical Center for its sixth Magnet designation for another four years.



Transformational Leadership

Transformational Leadership:

- 1.** Vision, influence, clinical knowledge and strong expertise relating to nursing practice
- 2.** Motivates and leads other to higher levels of achievement
- 3.** Listens, challenges, influences and affirms the transformation necessary to achieve the vision
- 4.** Creates the systems and environment to achieve the vision by involving key stakeholders to create innovative solutions

Nursing in Action - COVID Response

As we close in on two years of experience with the COVID-19 pandemic, Cedars-Sinai nurses have leveraged Magnet principles in the areas of leadership, empowerment, professionalism, and innovation to achieve positive patient outcomes and professional resilience.

Transformational leadership (TL) is an important component of the Magnet Model®. The principles of transformational leadership were put to the test throughout the course of the COVID-19 pandemic, as nurses and nursing teams faced both anticipated and unanticipated challenges, as well as increased demands. Throughout all levels of practice, nurses rose to the challenge and provided strong

leadership in strategic and operational planning, communication, education, and clinical practice.

CNE & CNO Pandemic Leadership

Dr. David Marshall, Senior Vice President, Chief Nursing Executive, and Dr. Anita Girard, Vice President, Chief Nursing Officer, are responsible for leading, and advocating, for the single largest clinical discipline and division, as well as the largest operational workforce, at Cedars-Sinai. In their respective positions, Dr. Marshall and Dr. Girard ensured that CSMC nursing teams were well equipped, prepared, and agile in their handling of dynamic, organization-wide changes.

Advocacy and Influence

As the pandemic began, the US health system at large struggled with a great deal of uncertainty and chaos. Teams across the Cedars network began responding, working, and collaborating to solve problems in real time. Very quickly, a robust infrastructure of task forces was developed, leading to the Cedars-Sinai Health System's COVID-19 Task Force structure. Dr. Marshall advocated and represented the voice of nursing at the highest decision-making tables across the organization, ensuring nursing leadership and participation was present across all areas of the response.

Communication

Dr. Marshall and Dr. Girard also recognized the need for improved communication structures for better real-time and up-to-date information. Dr. Marshall began sending out a weekly email newsletter called the CNE Weekly COVID/Nursing Update - the purpose of this communication was to help keep nurses and nursing teams aware of important updates. Dr. Girard joined CSMC in April 2020, as the pandemic began. Together, Dr. Marshall and Dr. Girard participated in frequent Leadership Town



The transformational leader must lead people to where they need to be in order to meet the demands of the future. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice. It also acknowledges that transformation may create turbulence and involve atypical approaches to solutions.



— The Magnet Model

Halls for additional communication and visibility during this time.

Visibility, Presence & Support

Rounding on clinical units and demonstrating support for frontline nurses also became an important priority for all formal nurse leaders across the organization during this time. Whether CNE/CNO, Director, Manager, Unit Educator, or CNS, formal nurse leaders were present 24/7 for the first several months of the pandemic. During that time, leaders were able to help solve problems in real time or escalate issues that needed additional guidance and/or support. As the pandemic continued into the second COVID wave, rounding efforts focused on the staff's need for emotional support - providing encouragement, a listening ear, as well as other additional resources available to support staff members.

24/7 Rounding

COVID Leadership: Clinical Nurses on the Frontlines of Patient Care

A Window into Improving Care – At Cedars-Sinai, transformational leadership is displayed among nurses at all levels of the organization. One example of this leadership came from Wilfredo “CJ” Cailao Jr., a frontline clinical nurse on the COVID-19, unit 5 North. In April 2020, CJ emailed Dr. Marshall with an innovative idea. CJ articulated that he would often need to quickly check on a patient, which would require him to open the patient's door. CJ suggested the idea of installing windows into each door – this would allow him, as well as other nursing staff, to check on the status of a patient while also limiting exposure to COVID-19.

Dr. Marshall agreed this could be a great improvement for both patients and staff members, so he approved the request. Nursing worked with Facilities to identify a vendor and install the windows into each door on 5 North.

As care for COVID-19 patients expanded to additional units throughout the medical center, this improvement was made to the other COVID

units as well. Thanks to the leadership of CJ, CSMC staff have improved the visibility of their patients, while limiting risks to both patients and care providers.

COVID Leadership: Nurse Educators Leading on the Frontlines

Lori Sheffield MSN, RN, CCRN, was the Education Program Coordinator for Critical Care at CSMC. Early in the pandemic, it became a best practice to prone ICU patients suffering from COVID-related acute respiratory distress syndrome (ARDS). Lori and her team identified the need for critical care nurses across CSMC to have a better understanding of the proper techniques for proning patients with COVID respiratory distress. In order to make sure the ICU nurses felt confident in implementing proning procedures, Lori and her team developed a video entitled, “Pronation Training for ICU Nurses.” Lori also reached out to the American Association of Critical-Care Nurses (AACN) to see if they might be able to use this video in their training repository. The association was delighted to receive this resource and it now serves a much wider audience in the AACN’s Clinical Resources toolkit for COVID-19 training. Lori’s leadership was critical to ICU

Resources provided to staff:

- Pay Protection Program
- Employee Resource Bank
- Hotel accommodation free of charge for any nurse working on a COVID unit that did not feel safe going home
- Screening and PPE for staff under Safer at Work Program
- Self-Care Webinars

nurses gaining a stronger understanding of the evidence-based treatment of COVID-19 patients.

Transformational Leaders in Action

Succession Planning

Succession Planning is a critical component of the Cedars-Sinai strategic plan, as it is essential to securing transformational leaders at all levels of nursing practice across the organization. The Future of Nursing 2020-2030 Report recommends that “nurses at every level and in every setting are wired to be leaders—of teams, of communities, of systems...”

The table on page 16 describes succession planning activities, including identification, development, and evaluation cycles, recommended for various roles and levels of practice across the CSMC organization. In addition to the activities listed below, there are many exciting professional growth opportunities that are currently in development. The Human Resources Talent Management and Organizational Development teams are working on developing tailored pathways that will help individuals maximize personal abilities within their current role, while also improving candidacy for potential future roles. At Cedars-Sinai, our goal is to continually offer opportunities for nurses to grow professionally and personally, as well as expand their skills in leadership and clinical practice.

Succession Planning for all Levels of Nursing Practice

| Leadership Level | Identification & Calibration | Education & Professional Development Opportunities | Evaluation |
|---|---|---|---|
| CN I | Acceptance into New Graduate Residency Program | New Graduate Residency Program | Ongoing Evaluation Program Graduation Learning Needs Assessment |
| CN II | Clinical Ladder Application | Preceptor Course* Charge Nurse Course* Clinical Quality Course* | Annual Evaluation Advancing through Clinical Ladder Program Learning Needs Assessment |
| CN III | Clinical Ladder Application Specialty Certification* | Rising Star Program | |
| CN IV | Clinical Ladder Application DiSC Assessment** | Crucial Conversations** Emotional Intelligence** | |
| Assistant Manager | Acceptance into Role | Emerging Leaders Program LinkedIn Learning Modules | |
| Advanced Practice / NPD Practitioner | Acceptance into Role | Masters Academic Preparation LinkedIn Learning Modules | |
| Associate Director | 9-Box | LinkedIn Learning Modules Masters Academic Preparation AONL Leadership Course | Annual Evaluation Annual 9-Box Learning Needs Assessment |
| Executive Director | 9-Box | LinkedIn Learning Modules AONL Leadership Course | |
| Executive CNO | 9-Box | LinkedIn Learning Modules Executive Coaching | |

*Recommended for CN II and CN III

**Recommended for CN IV level and above; however, can be taken at any level if identified need

Rising Stars Program

The Rising Star Leadership Program is a succession-planning program for clinical nurses. The program is sponsored by the Geri and Richard Brawerman Nursing Institute. The program provides nurses with professional growth and development opportunities that strengthen leadership skills and position these nurse leaders for internal promotions across the Cedars-Sinai organization.

Over the last ten years, over 200 Clinical Nurse (CN) III's have completed the Rising Stars Program to increase intrapersonal skills and expand departments' quality improvement

72% Promotion Rate

efforts. Many of our current nurse leaders/managers have been graduates of this program. The promotion rate following graduation from the program has been 72% overall! This is an excellent opportunity for the professional growth and development of Clinical Nurse III's.

Despite the challenges of the COVID-19 pandemic, the Rising Stars Program has continued to support nurse leaders, making improvements and adapting the program to enable virtual/hybrid learning activities. The program also set up a pre-post competency assessment, as well as a method for tracking program outcomes measures.

Of the FY2021 nurse participants, ten have already been promoted! We also look forward to welcoming the 13 future Rising Stars into the CY2022 cohort that will begin in April 2022.

| Rising Stars FY 2021 Cohort | |
|-----------------------------|--------------------|
| Name | Unit |
| Chang, Michelle | GI Lab |
| Cress, Samantha | Heart Operations |
| Gann, Amy | ED |
| Kositzke, Daniel | Labor & Delivery |
| Lark, Terrance | GI Lab |
| Nowels, Jasmine | 7 SCCT |
| Paulson, Caitlin | 3 North Short Stay |
| Quintana, Jessica | 3 SCCT |
| Villegas, Candy | 4 OR |
| Chung, Regina | 8 South |
| Gomez, Arthur | Career Float |
| Hagan, Stephanie | 8 SCCT |
| Harris, Caitlin | 4 SCCT |
| Jimenez, Karen | 3 North Short Stay |
| Kish, Desiree | Liver Transplant |
| Kissoyan, Hera | 6 NW |
| Palermo, Megan | Labor & Delivery |
| Phillips, Siobhan | 7 North |
| Sutay, Christina | ED |

| Rising Stars FY 2022 Cohort | |
|-----------------------------|---------------------|
| Name | Unit |
| Aliaga, Kenneth | 5 SCCT |
| Araya, Valerie | 7 North |
| Blakeley, Charlie | 5 SCCT |
| Degree, Helen | 8 North |
| Imazu, Ari | ACU |
| Jackson-Britt, Kat | 8 SCCT |
| Mahotz, Mariah | Cancer Center |
| Martinez, Olga | 7 SCCT |
| Njoroge, Nancy | Imaging |
| Osinovsky, Olivia | 5 AHSP OR |
| Romulo, Justin | GI Lab |
| Salinas, Nancy | 7 SCCT |
| Smith, Billy | CVIC - Cardiac Cath |

The BEST Mentorship Program

The BEST program deepens CSMC's commitment to nurse mentorship by providing a formal platform for staff to monitor and track their professional growth and goals. Formal mentoring, like the BEST program, increases staff satisfaction, supports retention efforts, promotes professional development and the growth of future leaders, builds trust, and allows for goals to be more easily tied to the Nursing Strategic Plan. The Mentorship Program provides Mentors to individuals that otherwise may not have the connections or knowledge to find a Mentor.

In 2021, Cedars-Sinai launched the new BEST Mentorship Program. BEST stands for "Beacon. Empower. Strive. Thrive." CSMC's BEST program is digital and includes four online platforms:

- **On-Boarding & Role Transition** – Mentorship for nurses transitioning to new roles or units.
- **New Graduate RN Residency** – Designed to support new graduate RNs in the New Grad RN Residency Program.
- **Back to School** – Designed to support those staff members interested in returning to school to pursue nursing or a higher nursing degree.
- **Nurse Leader** - Designed to support nurses new to the leadership role or those nurses moving up the clinical ladder, including SLC Advisors, Mentors, Members, & Elects.

Now that the BEST Mentorship Program is digital, signing up is easy. Nurses can visit: <https://www.cshsconnects.org/>, register, and complete a profile.

The BEST Mentorship Program

A Beacon to Empower to Strive and Thrive

"A mentor empowers a person to see a possible future and believe it can be obtained."

— Shawn Hitchcock

Become a Mentor: Give Back and Make a Difference

Whether a new nurse or a nurse with several years of experience, a mentoring relationship can shape one's career. Every nurse's experience is different, and every nurse has valuable insights they can share. Sharing experiences with a new nurse or a nurse who is in a new role can make all the difference to their career and help create a new generation of confident, positive, and well-prepared nurses.

Once a nurse signs up, mentees are then paired with Mentors. Depending on the platform, the Mentee will either be paired with a Mentor or choose their own Mentor.



Registered
Nurse


CEDARS-SINAI

Structural Empowerment

Structural Empowerment:

1. Provide opportunities and formal structures to engage & empower nurses to grow academically and professionally
2. Ensure that Nurses are active decision-makers in the advancement of nursing practice and patient care

Nursing in Action - COVID Response

In early 2020, as we began the epic battle with COVID-19, new data and information emerged by the day – and sometimes by the hour. As our strategies evolved, it required quick pivots and flexibility across our teams here at Cedars-Sinai – especially for our nursing teams delivering care on the frontlines. Creating safe and empowering workplace infrastructure for these frontline nurses had never become so critical. Rapidly, a support system of nurse leaders, clinical nurse development (NPD) practitioners were put in place to provide information, education, care, guidance, and support for those frontline nurses. This united front enabled CSMC nurses to implement new strategies and therapies, better advocate quickly and safely for their patients, and ultimately provide safe patient care and improve outcomes.

COVID Collaborative Committee

In March of 2020, as the COVID-19 pandemic began, the COVID Collaborative Committee

taskforce was established. What feels routine today was, at that time, an ever-shifting landscape. Day by day, sometimes hour by hour, new knowledge surfaced, understanding of the disease and strategies evolved, and the associated best practices would often shift or completely change altogether. This team was an interdisciplinary, cross-departmental convening of CNSs, NPDs, Epidemiology, Medical Affairs, and Enterprise Information Systems (EIS). This group was responsible for real-time monitoring of the latest data, evidence, and best practices associated with COVID strategies and tactics, and then translating this information into helpful job aids and training for frontline clinicians. The committee was also responsible for the creation of the COVID-19 Resources Intranet site, which houses all guidelines and job aides, including up-to-date information on the disease, proper use of personal protective equipment (PPE) and testing protocols. Initially, the committee met daily throughout the first several months of the pandemic. At this time, the committee meets monthly and on an as-needed basis to respond and ensure smooth coordination of these activities across their respective departments.

Nursing Professional Development Practitioners & Clinical Nurse Specialists

Education Efforts —The role of the NPDs was vitally important in translating evidence, guidelines, and protocols from the COVID Collaborative Committee to the frontline nurses and clinicians. The NPDs provided institution-wide, in-unit rounding seven days per week. Rounding efforts focused on practice changes, including appropriate isolation precautions, donning and doffing of personal protective equipment (PPE), testing requirements, effective management of COVID-19 patients, and new cleaning and sanitizing workflows. These efforts were bolstered by on-unit NPDs and CNSs.

Redeployment Efforts — The group also became critically important in redeployment efforts as staffing optimization took center stage – these efforts helped CSMC prepare for the surge of COVID-19 cases, as well as avoided staff furloughs. The Nurse Educators/CNS teams created virtual education and hands-on training to redeploy nurses from the perioperative and ambulatory setting into medical-surgical, monitored, and ICU inpatient areas. Through the month of April 2020, 116 nurses were trained and redeployed in the team-based role, with 64 attending medical-surgical training (performed by centralized nurse educators) and 52 attending critical care training (performed by unit-based nurse educators). The redeployment resource pool doubled in the winter of 2021.

Recognition During Unprecedented Times

Throughout the pandemic, Cedars-Sinai frontline nurses and nursing teams faced challenges like no other time in history. Nurses and their colleagues found new ways to do their jobs, shifted priorities to meet the needs of the moment, and dug deep to support and care for

one another, as well as those they are here to care for. As a small token of appreciation, CSMC sought new ways to recognize, encourage, and say thank you to nurses and other frontline staff members. Below are some of the highlights of this special recognition.

Structural Empowerment in Action

Shared Leadership

Shared governance (SG) has been an important part of Cedars-Sinai organizational history for more than two decades. In 2020 Cedars-Sinai conducted an organizational assessment of the current SG model. The assessment revealed strong and productive unit-based councils; however, council involvement among frontline clinical nurses at the divisional and organizational levels had dwindled over time. As a result of these findings, in mid-2020 CSMC nurses embarked on the important task of transforming the SG structure, building upon the strengths of the organization's unit-based councils and leveraging industry best practices to guide the transformation.



Nurses throughout the organization are involved in shared-governance, decision-making structure and processes that establish standards of practice and address opportunities for improvement....Nursing contributions...are acknowledged by Magnet-designated organizations in substantive ways that enhance and support the value and image of nursing within the organization and the community at large.

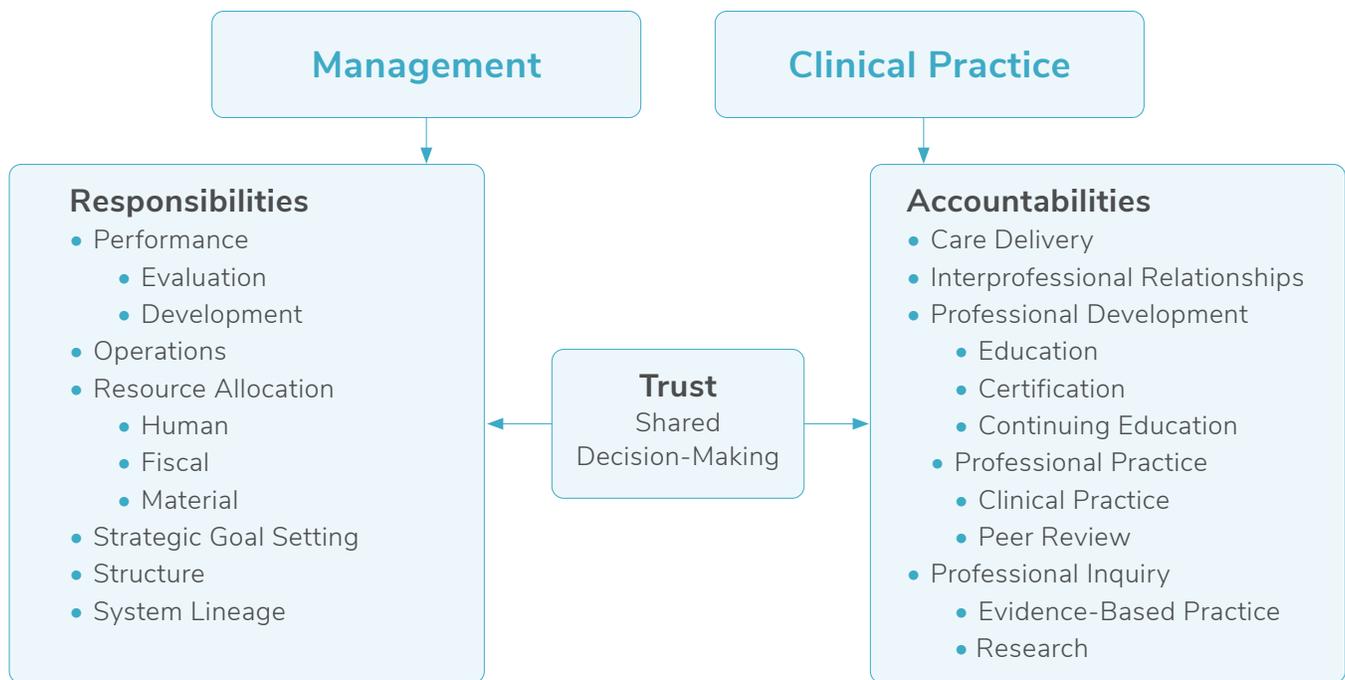


— The Magnet Model



Reginald
Alvarez
CUMS-SHAL.

CUMS-SHAL.



A Transformation to Shared Leadership

Shared governance is a critical organizational structure that enables nurses at all levels of practice, and across all practice settings, to engage in shared decision-making as it relates to the key practice accountabilities of their role. As passionate nurses across various roles and responsibilities come together to solve problems, and improve clinical practice and the practice setting, it is vital that individuals understand their role and corresponding decision-making accountability to minimize chaos and conflict. With the proper structure, representation, and role clarity, frontline clinical nurses and formal nurse manager/leaders can strategically partner on important decisions. Together, they can lead the organization toward better patient and employee outcomes. Hence, the name CSMC Shared Governance was changed to CSMC Shared Leadership Council (SLC) to represent the aim and objectives of the structure more adequately.

Shared Leadership Transformation Process

Workgroups and a steering committee were developed in October 2020 to provide oversight during the restructuring process. These groups pulled together nurses from various levels and setting of practice, as well as representatives from a variety of disciplines outside of nursing, including human resources, patient experience and quality specialists, epidemiology, safety, regulatory, research, EIS and COOL Team members, and patient and family advisors from the community. The SLC workgroups aligned the new structure and councils with the organization's vision, mission, nursing strategic plan, and Magnet Recognition Program® Model. The workgroups also designed the new SLC bylaws, reorganized the workflow of the councils, developed a communication structure, and defined how SLC success would be monitored. The goal was to discover how to achieve demonstrable outcomes based on the Magnet-defined indicators of nursing satisfaction, patient satisfaction, and patient outcomes.

Shared Leadership Meeting Structure

Monthly SG meetings were restructured from multiple 1-hour council meetings conducted on various days and times during the month, to a single 8-hour SLC Day. The new structure incorporated clinical nurses, nursing leaders and interdisciplinary support members, representing all areas across the medical center. The goal of this new all-day meeting model was to eliminate waste, decrease silos, and reduce the duplication of work, thereby improving staff satisfaction, patient satisfaction, and patient outcomes.

Council Action Request for Excellence (CARE) Forms

Council Action Request for Excellence (CARE) Forms were developed as the mechanism for identifying, tracking, and resolving the day-to-day frontline clinical and operational issues impacting patient and staff clinical and environmental needs. CARE Forms are submitted by staff across the organization to voice concerns, escalate issues, and make recommended solutions to daily clinical practice or work environment issues. Through these CARE requests, frontline clinical nurses and interprofessional colleagues are able to partner with their formal nurse leaders to tackle day-to-day concerns.

Upon CARE Form submission at the unit level, the unit SLC chair, along with the unit SLC Advisor/leader, initially reviews the request for prioritization. The CARE Forms that have clinical accountability are then discussed at the unit SLC meeting for action planning. CARE Forms that have management accountability are addressed by the unit leader or escalated to the appropriate house-wide or external interdisciplinary group. If the CARE Form is unresolved at the unit level, the form is escalated to the appropriate house-wide SLC for

36 Unit Based Councils

6 House-wide Councils

review and discussion. The SLC Coordinator reviews all new CARE requests to determine the decision-making category and distribute requests to the appropriate house-wide council/committee/external interdisciplinary group. CARE Forms are prioritized to ensure that council meeting agendas are outcomes driven with full participation in shared decision-making.

Launching Shared Leadership

The organization-wide restructuring of the CSMC SG model established six new house-wide councils, including the: Nursing Executive Council, Interprofessional Coordinating Council, Staff Experience and Professional Development Council, Practice and Work Environment Council, Patient Experience and Quality Outcomes Council, and Education and Informatics Council, and 36 unit-based councils representing nurses from across all practice areas at Cedars-Sinai. Approval of the workgroup recommendations took place in February 2021. Application and voting for the new SLC members launched in March and April 2021. Training took place in May 2021 for Chairs, Members, Mentors and Advisors.

In June 2021, CSMC nurses and inter-professional colleagues launched the inaugural SLC Kick-off Day, with 180 SLC Chairs and Members attending virtually through the SLC Microsoft Teams site. During this first meeting, each council set goals for the year, approved SLC's Bylaws, reviewed the CARE Request process, voted on policies and procedures, and approved the communications plan.

SLC has continued to meet each month since June 2021. As a part of each council day, SLC provides Leadership Development Sessions to all SLC members. Utilizing Marie O'Rourke's Tenets of Professional Practice, members have the opportunity to increase knowledge and skills related to the roles of the Practitioner, Scientist, Leader, and Transferor of Knowledge. In addition, SLC members are offered Drop-in Self-Learning Sessions during each SLC Day, as well as any time members want to access them in the future through the SLC Teams site.

Outcomes of Shared Leadership

The new structure has improved cross-council communication and interprofessional involvement. After only 6 months of the new council structure, over 377 issues have been brought forward from the clinical bedside with 118 of these issues achieving resolution. The remaining 259 have been referred to the appropriate party and are in process toward resolution.

The Interprofessional Coordinating Council (ICC) will monitor and provide medical center-level oversight of SLC outcomes and CARE form process with the use of SLC issue trackers so that forms and requests can be reviewed monthly. SLC members are utilizing the Plan, Do, Study, Act cycle and "A3 Thinking" to continuously drive improvements and encourage the use of small "tests of change" that can be quickly observed and put into practice. As the new SLC model matures overtime, CSMC will continue to prioritize the importance of streamlined communication structures, timely decision making and decreased silos and redundancy to realize improved outcomes for both our patients and our staff/community.

Nursing Characteristics – How Cedars-Sinai Nurses compares to Magnet organizations

| Nursing Characteristics | Magnet Organizations 2021 | Cedars-Sinai 2021 |
|---|---------------------------|-------------------|
| RN Turnover | 12% | 12% |
| Average # years employment | 11 years | 9 years |
| % Leaders with graduate degrees | 55% | 100% |
| % Direct care nurse with ADN | 26% | 7% |
| % Direct care nurses with BSN | 65% | 74% |
| % Direct care nurses with MSN | 4.5% | 19% |
| % Leaders with certification | 62% | 98% |
| % Direct care nurses with certification | 38% | 79% |

*Source Average Magnet Organizations Characteristics, ANCC website: <https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/characteristics-of-magnet/>, taken November 2021



Education: Academic Advancement

Today's health care environment requires a new way of thinking, being, and providing care. Cedars-Sinai nurses are empowered to think outside the box and drive transformational change. As a result, Cedars-Sinai remains strong and well-positioned for the future.

The Institute of Medicine *Future of Nursing Report (2011)*, called for 80% of registered nurses (RN) to hold bachelor's degree in nursing (BSN) by 2020, noting the need for higher education in RNs to care of the higher complexity patients in the healthcare system.

Cedars-Sinai nurses surpassed the national goal and in 2020, 90% of all Clinical Nurses held a BSN or higher degree in nursing – 73% of all nurses had obtained a BSN and 17% had achieved a graduate degree in nursing (MSN, PhD, DNP). In 2021, this number rose even higher to 93% - 74% with a BSN, and 19% with a graduate degree or higher in nursing.



Nursing Specialty Certifications

It has become an expectation at Cedars-Sinai that when you are eligible, you obtain specialty certification. In 2021, 82% of eligible nurses at Cedars-Sinai had obtained specialty certification in their area of expertise, far exceeding the national average of 38%.

Certified Nurses Day™ is an international celebration and annual day of recognition

for nurses who have gone above and beyond, earning specialty certification in their area of expertise. Every March 19th, CSMC hosts a fun event dedicated to celebrating certified nurses, as well as encouraging certification for nurses yet to earn specialty certification.

Below are pictures from the 2021 Certified Nurses Day held on the Taper patio at CSMC. There were awards and prizes – everyone marveled at the creative and clever posters and booths. Thank you to the members of the Nursing Professional Development Committee who organized this fun event.



2021 Certified Nurses Day Celebration held on the Taper patio at CSMC



Cedars
Sinai

FRIENDS OF NURSING
AWARD

Marina Del Rey Hospital

Betty Takeyasu-Ramos

2021

Awards & Recognition

The richness of nursing care is difficult to capture from rating scales and patient satisfaction surveys. Through meaningful recognition, we are better able to describe the value and impact of nursing and how nurses inspire, encourage, and comfort patients and families, as well as alleviate fear and suffering. Recognition of nurses at all levels is a key component to sustaining and improving upon the culture of excellence here at Cedars-Sinai. Recognition promotes empowerment, involvement, and continuous improvement.



DAISY Awards

Celebrating Nurses who provide extraordinary, compassionate, and skillful care every day...

The DAISY Award for Extraordinary Nurses is an international program that rewards and celebrates nurses' extraordinary clinical skill and compassionate care. The awards are given out to nurses who exhibit compassionate bedside care, courage, integrity, and excellent nursing skill to their patients and families. Daily, Cedars-Sinai nurses provide extraordinary care that some nurses view as "just part of the job," so CSMC honors these brilliant nurses for the difference they have made in their patients' lives. The 2020 and 2021 DAISY Awardees are listed below.

The DAISY Foundation was established in 1999 by the Barnes family in memory of their son, J. Patrick Barnes, who died from complications

of Idiopathic Thrombocytopenic Purpura (ITP) at the age of 33. It is dedicated to funding research to help fight diseases of the immune system and supporting ITP patients and their families. Having been touched by the remarkable care, clinical skills, and compassion demonstrated by nurses during Patrick's illness, the Barnes family made it their mission to recognize exceptional nurses around the country. Cedars-Sinai is proud that the Barnes family calls CSMC their personal home hospital.

DAISY Award Expanded in 2021

In 2021, CSMC DAISY Award program continued to expand compared to previous years – the awarding periods were increased from just one time per year to every month for clinical nurses. Additional awards were also added, including a DAISY Leader award, a DAISY Team Award, and a BEE Award is given to clinical support staff. These additional awards are granted on a quarterly basis.

| 2020 Daisy Awards |
|---|
| Sylvia Gonzalez, BSN, RN, MICN |
| Maria Angelica, Claveria, MSN, RN, CPAN |
| Lilibeth Agustin BSN, RN, SCR N |
| Nicole Wolber, MSN, RN, SCR N |
| Amie Scott RN, BSN, RN |
| Beatrice Ngo Biscombi, RN |
| Elena Torres, BSN, CMSRN |
| Jessica Sanchez, BSN, PCCN |
| Adriana Gonzalez, RN, CCRN |
| Diane Gean-Gomez, BSN, RN, CMSRN |
| Karla Vasquez, BSN, RN, BMTCN |
| Alyssa Maskell, BSN, RN |
| Angie Kapogiannis, BSN, RN-BC |
| Janet White, RN-BC, WCC |
| Hellen Yoo, BSN, CMSRN |
| Jon Manacmul, BSN, RN-BC |
| Jocelyn Velicaria, BSN, RN-BC |
| Jocelyn UY, BSN, RN, CMSRN |
| Anabelle Sargento, BSN, RN-BC |

NEW Daisy Award 2021 Winners

| DAISY Awards – Individual |
|--|
| Hannah Jaruszewski, BSN, RN, CEN |
| Jasper Tadiaman, BSN, RN, CMSRN |
| Karla Lopez, RN, CPN |
| Nili Steiner, MSN, RN, SCRN |
| Lester (Lazer) Klein, RN, CCRN |
| Valarie Araya, MSN, RN, ONC |
| Kanittha Rattanakaew, BSN, RN |
| Gregg Sannes, MSN, RN |
| Chelsie (Claire) Willsea, BSN, RNC-NIC |
| Nicole Cataldi, BSN, RN, CCRN |
| Veronica Pastushenko, RN |
| Ana Hemedes, BSN, RN, CMSRN |
| Analisa Traba, BSN, RN, CEN |
| John Sarmiento, RN |
| Edwin (Greg) DeGuzman, MSN, RN, CCRN |
| DAISY Bee Award |
| Hannah Trinidad (Sr Medical Assistant) |
| Michelle McClean (Medical Assistant) |
| DAISY Leader Award |
| Carol Mention, MSN, RN, CCRN-K |
| Charina Emerson, MSN, RN, NEA-BC, CCRN |
| Mary Reyes-Gonzales, MSN, RN-BC |
| Katherine Poulin, MSN, RN, CMSRN |
| DAISY Team Award |
| 7 SCCT MICU/RICU Team |
| 8 SCCT Neuro ICU Team |
| ACU Team |
| 4 NE Pediatrics Team |

National Nurses Week

National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. During National Nurses Week, Cedars-Sinai recognizes all nurses who have significantly contributed to advancing the patient experience, as well as the profession of nursing. It is the nurses' commitment to providing the highest level of quality care to our patients that makes a difference every day.

Like many things, celebrating Nurses Week in 2020 and 2021 looked different than it had in years past. Historically hundreds of nurses and colleagues from across the Cedars-Sinai Medical Center would gather in the Harvey Morse Auditorium for a formal recognition and celebration event. With COVID restrictions activities were shifted to observe a more socially distanced and responsible approach. Due to these restrictions, CSMC hosted several smaller, on-unit celebrations; and in many ways, the recognition felt more personal and individualized. To the delight of many, one tradition that was maintained through the pandemic was the Haagen Dazs ice-cream rounds.

The next page features many of the awards that were given out in both 2020 and 2021. Below are some highlights of the 2020-2021 Nurse Week celebrations, including an outpouring of recognition from the community. This included one thousand flowers that were donated from Armstrong Nursery with delivery to the nursing staff from leadership at all levels.

Friends of Nursing Awards

| 2020 Winner | 2021 Winner |
|---------------------------------|---|
| Nghi Trink, MRI Technologist | Fantu Engeda |
| Nancy Colchado, MA/Surgery | Isabel Pedraza, MD |
| Angela Lee, Senior Admin. Asst. | Yvonne Zandi, Physical Therapist |
| Gabrielle Clay Social Worker | Janeth Arellano |
| Dr. Edward Seferian | Terry Crayton |
| Maria Esparza | Sanam Shahrokhinia, Dietician |
| | Antoinette Anderson, Research Coordinator |
| | Yoonah Lee, PA |

2021 ABIM/NICHE Awards

| |
|--|
| Kathleen Breda NP, MSN, BBA, AGACNP-BC, GRN, ONP-C |
| Belen C. Malayang, DHA, MSN, RN |
| Olena Svetlov, MSN, RN, CNS/AGNP, CCRN, PHN |
| Anupa Roshan, MSN, RN, CCRN-K, NPD-BC |
| Millie De Jesus, PhD, RN-BC, NPD-BC |
| Margo B. Minissian, PhD, ACNP, FNLA, FAHA |
| Iris Hernandez, MSN, RN, PCCN |

Cedars-Sinai Nursing Awards 2020 - 2021

| Endowed Nursing Awards | 2020 Winner | 2021 Winner |
|---|--|--|
| Zifkin Family Nurse of the Year Award | Kimberly Alva MSN, ACNP | Heather Johnson, MSN, RN, PCCN |
| Ralph Parsons Nursing Excellence Award | Rosemarie Labayos BSN, RNC-NIC | Janet Q Toledo, BSN, RN, PCCN |
| Sue and Al Dorskind Oncology Nursing Excellence Award | Sandra Rome MS, AOCN, CNS | Seda Gharapetian, MSN, RN, FNP-BC |
| Dorskind Family Women's Health Award | Ashley Willets BSN, RNC-OB | Diane Dimayuga, BSN, RNC-OB |
| Learning Tree Endowment Award | Lillian Cruz RNC-NIC | N/A |
| Donna Fletcher Nursing Informatics Excellence Award | Donna Reyes AS, RN-BC | Jeanlee King-Baettig, MSN, RNC-NIC |
| Jean C. Mayer Family Foundation Award for Advanced Heart Disease Nursing Excellence (Ambulatory Care) | Stephanie Farrant, BSN, RN | Alina Abrahamian, BSN, RN, PCCN, CHFNP |
| Jean C. Mayer Family Foundation Award for Advanced Heart Disease Nursing Excellence (Acute Care) | Alice Chan, MSN, RN, CNS, CCRN | Eliza Granflor, MSN, RN, ACNP |
| Ambulatory Care Nursing Excellence Award | Carmen Saunders, MSN, RN, FNP Jamie Dahbura, BSN, RN-BC | Jennifer Estrada, BSN, RN-BC |
| Magnet Awards | 2020 Winner | 2021 Winner |
| Transformational Leadership | Ilesha King MSN-FNP, CMSRN | Leo Ver Taroma, BSN, RN, CCRN |
| Structural Empowerment | Sarah Spiegel MSN, RNC-NIC | Ho Jae Shin, BSN, RN-BC |
| Exemplary Professional Practice | Shelley Sterrett BSN, RNC-NIC, IBCU | Chona Pedraja, MSN, ACNP-BC |
| New Knowledge, Innovation, and Improvements | Aileen Espiritu, MSN, RN-BC | Eunice Santos, MSN, RN, PCCN |
| Empirical Outcomes | Naomi Tashman BSN, RN, ONC, WOCN | Golda Morales, MSN, RN-BC |
| Physician Excellence in Nursing Awards | 2020 Winner | 2021 Winner |
| Lillian Klapper RN Orthopedic Nursing Award | Kelsey Troth BSN, RN, CMSRN | Terrie Hughes, BSN, RN, ONC |
| Keith Black MD Neurosurgical Nursing Award | Alisha Cabrera, BSN, RN-BC | Marianne Ferrer, MSN, RN, SCRNP |
| Tower Urology Nursing Excellence Award | Mary Nhieu, BSN, RN, CMSRN | Scott Mondejar, BSN, RN, MSCRN |
| Elliott E. Blinderman MD Neurosurgical Nursing Scholarship | Katrina Galang, BSN, RN | Stephanie Hagan, BSN, RN, SCRNP |
| More Nursing Awards | 2020 Winner | 2021 Winner |
| Dorskind Family Community Nursing Excellence | Lidia Covrig, MSN, RN, RNC-MNN | Astrid Reynosa, MSN, RN |
| Zifkin Family Nursing Education Scholarship | Amanda Williams MSN, RNC-NIC | Mary King, BSN, RN, CMSRN |
| ISP in Nursing Excellence Award | Domenico Altomare, BSN, RN, CMSRN | Sharareh Malekzadeh, MSN, RN, CMSRN |
| Maggie Stempson Award | Vicky Lees-Kim, RN-BC | Adelaida Ang, BSN, RN, CEN, MICN |
| Susan Mooney BSN, RN, CEN, CPEN | | |
| Helping Hands Perinatal Nursing Excellence | Yoko Uno, RNC-NIC | N/A |
| Brigitte Failner, RN Orthopaedic Nursing Award | Rae Margaret Tan Go, BSN, RN, CMSRN | Rebecca Baird, BSN, RN, CMSRN, ONC |

ANCC Practice Transition Accreditation Program

In January 2021, the New Graduate RN Residency Program at Cedars Sinai was recognized, with Distinction, by the ANCC Practice Transition Accreditation Program® (PTAP) – the highest recognition awarded by the program. PTAP is recognized as the gold standard internationally for residency and fellowship programs that transition nurses into new practice settings. The Geri and Richard Brawerman Nursing Institute at Cedars-Sinai developed New Graduate RN Residency Program as part of its commitment to ensuring the successful transition of new graduate nurses into the practice environment.

Transition to Practice Advisory Committee



Since PTAP recognition in January 2021, the leaders of the New Graduate RN Residency Program at Cedars Sinai have been busy continuously improving and expanding the program. The

program leads have established a Transition to Practice Advisory Committee which includes former New Graduate nurses, Nursing Professional Development (NPDs) Practitioners, Nurse Leaders, and Human Resources. Together, this committee is aligning both the New Graduate and Fellowship Programs with PTAP standards, tracking quarterly goals and quality outcomes, and exploring continuous improvement ideas based on program needs.

Expansion: New Graduate RN Residency Program

New Graduate RN Residency Program also expanded from 120 to 200 new graduates, annually. This expansion is an investment in nursing. Not only is it helping CSMC meet current nurse staffing needs, but it is also investing in the future of nursing and building capacity for the organization. In addition, they are also now training and orienting new graduate nurses in new areas, such as Labor and Delivery, Ambulatory clinics and Alternative Care Units.

Training: New Graduate RN Residency Program

The New Graduate RN Residency Program has also established new and innovative training offerings. The new COVID-19 RRT Simulation was developed to build new graduate confidence and skill in caring for COVID-19 patients. They also established a self-schedule, after-hours IV Skills Station in the Simulation Center for individuals to practice and perfect IV skills.

Mentorship: New Graduate RN Residency Program

New graduate nurses also have the opportunity to participate in the Mentorship Program for New Graduate RNs (<https://cshsconnects.org/>). New Graduate nurses are paired with a Mentor for 6-months after they complete their clinical precepted shifts. The Mentorship Programs provides New Graduate nurses with a professional resource and added support, as they navigate their first year as a New Graduate nurse at Cedars-Sinai.



Registered
Nurse

CS CEDARS-SINAI

CS CEDARS-SINAI
Clinical Nurse IV
Emergency Dept.
Phillip Booth, RN, MSN
2021-22

RN Board

Exemplary Professional Practice

Exemplary Professional Practice:

1. A comprehensive understanding of the role of nursing
2. The application of that role to patients, families, the community and the interdisciplinary team

Application of new knowledge and evidence to continuously drive practice forward

Nursing in Action - COVID Response

The ANCC considers Exemplary Professional Practice the “true essence of a Magnet Organization”.

In January 2020, the World Health Organization reported the first case of COVID-19 in the United States. By March, states had issued “stay at home” orders, travel was banned, and entertainment venues went dark. And yet, even in the face of a global pandemic, the nurses at Cedar-Sinai rose to the challenge with bravery and grace – they have continued on this journey for over two years, providing solid science-based and innovative care with extraordinary compassion. Thank you to the brave nurses and teams that have served throughout this pandemic.

WOCNs care for staff and patient's skin

The COVID-19 Pandemic has affected all aspects of nursing care, including wound care. In light of new challenges maintaining skin integrity with different aspects of the pandemic, the Cedar-Sinai Wound, Ostomy, and Continence Nurses (WOCN) have provided leadership, advanced knowledge and expertise, as well as guidance and consultation in wound care and skin conditions. Below are some examples of how they provided exemplary care during this time.

Preventing Pressure Injuries in Prone Positioning

Patients with COVID-19, with accompanying acute respiratory distress syndrome (ARDS), are often placed in prone positioning to improve ventilation. Patients who are placed in the prone position for prolonged periods of time are at a particular high risk for the development of healthcare-associated pressure injuries (HAPI). Prone-associated HAPI's are most common on the face, cheekbones, thorax, and over bony prominences.

With new emphasis on prone positioning, the WOCNs realized that education was urgently needed on how to prevent pressure injury or other forms of skin damage in these high-risk patients. They created visual job aides for the nurses and provided additional education, particularly in the ICU regions, regarding prone-position pressure injury prevention strategies. The WOCNs also contributed to national guidelines and made recommendations to prevent skin injury in prone-positioned patients.

Maintaining Skin Integrity of Healthcare Workers

The CSMC WOCN team also led efforts to decrease skin irritation and breakdown, as well as general discomfort from prolonged use of

“ Exemplary professional practice in Magnet designated organization is evidenced by effective and efficient care services, interprofessional collaboration, and high-quality patient outcomes. Magnet nurses’ partner with patients, families, support systems, and interprofessional teams to positively impact patient care and outcomes ...is grounded in a culture of safety, quality monitoring, and quality improvement. ”

— The Magnet Model

personal protective equipment (PPE), specifically N95 masks. Early on in the pandemic, prolonged use was resulting in skin damage among healthcare workers (HCWs), especially on the nasal bridge and cheeks. Thus, the WOCN team led a quality improvement project aimed at creating safe and effective guidelines for the reduction of facial skin breakdown from PPE.

The CSMC WOCN evaluated six topical products applied to skin in contact N95 respirators. Based on the team’s observations and experiences, they recommended the application of an alcohol-free liquid acrylate film to areas where friction injury from N95 respirator mask is likely to occur. This has drastically reduced skin issues for many staff members across CSMC. The team also published this work in the November/December 2020 Journal of Wound, Ostomy and Continence Nursing and presented the work at a national conference – this has added to the body of knowledge and to the practice of nursing both nationally and internationally.

Utilizing LUCAS Mechanical CPR Device & Reduced Teams:

As the pandemic hit, healthcare organizations were trying to balance many urgent issues, two being: providing exemplary, high-quality care, while also protecting employees to the largest extent possible. As part of this balance, many guidelines and protocols needed to be amended or changed, altogether.

Resuscitation efforts during a Rapid Response (RRT) and/or Code Blue can be high-risk situations in which transmission of disease, including COVID-19, can occur. During CPR, there can be a number of aerosol-generating procedures initiated, including chest compressions, providing positive-pressure ventilation, and establishing an advanced airway through intubation. Resuscitation efforts also require providers to work in close proximity to one another, as well as the patient. Lastly, the urgency to resuscitate a patient can often result in lapses in infection-control protocols.

To continue bringing patients life-saving treatments and CPR in an emergency, the RRT and Code Blue procedures were reviewed and amended to maximize the safety of the code team, as well. The guidelines:

- Included guidance on donning personal protective equipment (PPE) to guard against contact with both airborne and droplet particles before entering a patient room.
- Limited the size of the code team to only essential personnel, which reduced risk of infectious disease transmission. In addition, team members are instructed to leave the leave if no longer needed.
- Included the application and use of the LUCAS mechanical CPR device.

The new and improved RRT/Code Blue guidelines have clarified roles and responsibilities during emergency life-saving situations, while also minimizing risk to the staff and patients. Initially, these new guidelines only applied to COVID-19 or PUI patients. Now, all patients use the LUCAS device regardless of COVID-19 status.

Developing Best Practices

As the pandemic hit the organization by storm, teams across Cedars-Sinai mobilized quickly to meet pandemic needs. The emergency department (ED) team members swiftly activated a large tent outside the ED area. This tent was designated for patients with potential COVID-19 symptoms to be treated and triaged quickly.

Employee Health nurses and ambulatory staff rallied together to also create a drive-through testing site in the Thaliens parking lot. Rapidly, the drive-through testing site began serving approximately 800 residents of LA County each day. This was one of many aggressive measures that the health system introduced to safeguard

patients, staff, and the community against the COVID-19 outbreak. As vaccinations became available, the drive-through testing site began offering vaccinations, in addition to testing.

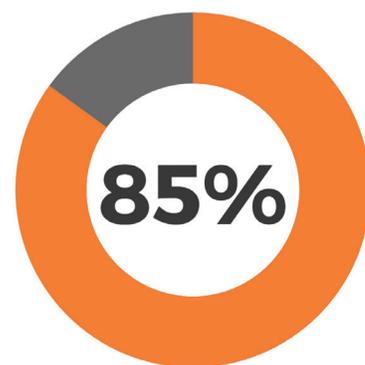
Thank you to the brave people and teams featured in these powerful stories of innovation and service.

Exemplary Professionals in Action

2020 Magnet Nurse Engagement Survey at Cedars-Sinai Medical Center

As the largest sector of the healthcare workforce, working on the front lines of patient care, we know that excellence in patient and organizational outcomes is only possible when we create the conditions where professional nurses can flourish. Cedars-Sinai Medical Center pride ourselves on maintaining high levels of nurse satisfaction and engagement.

The ANCC Magnet Recognition Program evaluates nursing satisfaction across seven categories to assess the health of the practice environment for nursing within an organization.



Eighty-five percent of our nursing units/departments outperformed the benchmark

The survey results shown on this page include responses for 2071 out of 3348 (62%) eligible nursing respondents at Cedars-Sinai Medical Center from the 2020 Magnet Nurse Engagement Survey completed in December 2020 by Glint.

At Cedars-Sinai Medical Center, 44 of 52 units eligible units outperformed the benchmark in three out of the four categories, equating to 85% of our nursing units/departments outperforming the benchmark. Not only did we meet the standard requirement set by Magnet, we exceeded it by over 30%. This result is evidence of the strong Magnet culture we have developed over our 20-years as the longest continuously designated Magnet hospital in California.

Overall, CSMC nurse satisfaction responses outperformed the benchmark in all seven categories.



Clinical Outcome Improvement: HAPI

HAPI Prevention Taskforce

Team: Wound, Ostomy, and Continence Nurses (WOCN) Team & Nursing Administrative Leadership

Background and Significance

Patients with pressure ulcers have a significantly longer length of stay, higher in-hospital mortality rates, and higher total hospital charges than patients without a pressure ulcer.

In fiscal year (FY) 2020, the Wound, Ostomy, and Continence Nurses (WOCN) team recognized an unfavorable trend in the incidence of Hospital-Acquired Pressure Injury (HAPI) Stage II and above across the organization - prevalence rates of these pressure injuries were benchmarked higher at CSMC than other similar organizations in the national database.

The WOCN team looked to the evidence-based literature and conducted a learning needs assessment on pressure injury prevention (PIP) to better understand how to approach this problem.

Goal:

The goal of the WOCN Team was to reduce HAPI Stage II and above by 20% across inpatient units by the end of the fiscal year (FY) 2021.

Intervention:

The WOCN team focused on three main interventions to reduce the incidence of HAPI Stage II and above – education, MD-RN Collaboration, and incorporating innovative technologies.

Education: The WOCN team began a multipronged educational program. In September 2020, they hosted a special skills

day for the PUP Stars and Charge RNs. Pre-Post program Learning Evaluation showed an increase in knowledge. They also hosted an additional HAPI Prevention RN Skills Day in May 2021. Lastly, all RNs received general education on HAPI staging and documentation.

MD-RN Collaboration: In August 2020, the WOCN team also collaborated with physician colleagues to better capture PI diagnosis in the progress note, using Acute Skin Failure (ASF) (L 98.9). *Note, this code changed to L 98.8 per AHA in May 2021.

Innovative technologies and Enterprise Information Systems (EIS) integration: The WOCN also trialed two new innovations to help decrease skin injury across the organization and partnered with EIS to integrate these new therapies/technologies into the Electronic Medical Record. They trialed the Dabir Surgical System support surface in the Operating Room for pressure redistribution. The workflow process was trialed on Units 6 OR and 8 OR. The Dabir Surgical System provides a low-profile surface that provides tissue offloading and reduces skin-shear effects due to immersion and alternating inflation.

The WOCN team partnered with Physical Therapy to begin using the UltraMIST® System/ Non-contact, low-frequency ultrasound (NLFU) for the treatment of Deep Tissue Injury. The NLFU delivers low-energy ultrasound-generated mist to promote wound healing through wound cleansing and maintenance debridement.

Lastly, the WOCN team partnered with Nursing Research to develop a weekly HAPI report that Nurse Leaders were able to use for reconciliation of pressure injury documentation. This intervention, in combination with nursing education described above, had the greatest impact on reducing the incidence of HAPI at CSMC.



Results:

As a result of these interventions, the WOCN team witnessed a dramatic decrease in HAPI, organization-wide. Thank you to the leadership of the WOCNs across the CSMC organization, as well as the

nurses and nurse leaders that have partnered with this team to bring positive outcomes in skin integrity to our patients.

Clinical Outcome Improvement: CLABSI

CLABSI Improvement Project

Team: Epidemiology, Nursing, Dialysis

Background and Significance

Historically, CSMC has had low CLABSI rates that consistently outperform the national benchmark, as compared with other like organizations. In fiscal year (FY) 2020, the organization experienced an increase in CLABSI rates. Nurses across the organization in Epidemiology, Dialysis, as well as frontline nurses and nurse leaders worked together to address this issue.

Goal:

Cedars-Sinai set a goal to decrease the CLABSI rate by 30% across all inpatient areas.

Baseline CLABSI Rate was 1.5 CLABSI per 1000 catheter days in quarter two (Q2) 2020.

Intervention:

Resuming CLABSI Reduction Standard Work Processes: During the COVID-19 pandemic response, certain CLABSI prevention measures were suspended to reduce exposure to nurses. Once sufficient safety measures were in place

and COVID operations stabilized, the priority was to resume all CLABSI reduction standard work. These activities include real-time case reviews for any incidence of CLABSI, unit-based line maintenance rounds by frontline clinical nurses, and process measure audits by Epidemiology nurses.

Data and Communication: To improve data transparency, two reports were created and distributed to frontline nursing leadership. The daily CLABSI prevention non-compliance report is distributed so that frontline nurse leaders can quickly and routinely follow up and address any issues with CLABSI bundle non-compliance. A monthly unit-specific Hospital Acquired Infections (HAI) report card is distributed, which provides a summary of all CLABSI activity, including tracking and monitoring of any CLABSI incidence. These reports are used to close the loop with unit-based nursing leadership and drive additional strategies for future CLABSI quality improvement efforts. Data has also been shared with physician leadership to increase physician engagement in the CLABSI reduction efforts.

New CLABSI Reduction Standard Work Implemented: Unit 7 SCCT has established unit-based CLABSI champions called the ACE team. ACE stands for Anti-CLABSI Enforcers. The ACE team leads CLABSI reduction efforts with fellow frontline team members, sharing knowledge and evidence-based strategies. This practice has been recognized as a best practice across the medical center. Now, each unit has implemented a unit-based CLABSI champion team, as well as a standardized CLABSI rounding model.

In the future, as CLABSI prevention strategies continue, Nursing Education and Epidemiology will partner to develop and standardize education and protocols for preventing CLABSIs across the hospital.



Results:

In calendar year (CY) 2020, our CLABSI rate spiked up to 1.5, but by the end of the calendar year 2021, our CLABSI rate had dropped to 0.9, which was a 40% reduction.

Patient Experience Improvement Story

Background and Significance

For the last five years, the Cedars-Sinai Ambulatory Clinics have been on an intentional journey to improve Patient Experience (PX) scores across all licensed ambulatory sites. As a leader in the industry, CSMC Ambulatory Clinics felt an obligation to address the important feedback from patients and improve their overall health.

The first few years of this journey focused on laying the foundations for success: establishing strategy and getting tactics in place, gaining alignment across key stakeholder groups, and establishing better data systems for feedback and use among stakeholders and teams. After great work had been accomplished with getting physicians and formal leadership on board, as well as engaging the Patient Family Advisory programs, it was time to shift to frontline team members.

Goal:

The Ambulatory Clinics set a goal to improve Patient Satisfaction scores across all licensed Ambulatory Clinics to the 80th percentile, among like organizations.

Intervention:

In 2020, Ambulatory and PX leadership began focusing on the engagement of frontline nurses and other staff members. The Employee Design Collaborative was a brainstorming forum that was hosted with over 80 people in attendance from all disciplines – they were able to meet in person just before COVID hit the US. This session was used to raise awareness for Patient Experience initiatives and goals, as well as used to problem-solve with frontline clinicians for real-life issues that were impacting patients each day.

Ambulatory clinics also launched a PX Recognition Program, with quarterly recognition of the highest performing units/departments. In addition, frontline formal leaders across Ambulatory clinics were given a PX performance evaluation tool and invited to participate in a special “Leading in PX” session, where team members discussed how to engage and generate buy-in for PX initiatives.

Lastly, the Patient Service Representative (PSR) Patient Experience Academy was launched in 2020, as a 14-week program focused on helping to build engagement and skill among first-impression team members, such as clinic schedulers and front desk personnel. These team members are incredibly important to the PX journey, especially with first impressions.

After the success of the PSR PX Academy, several clinics requested a “Back to Basics” PX course. In 2021, the PX 101 course was launched to help all employees across ambulatory come together and learn about the importance of PX, as well as understand data, priorities and efforts associated with PX initiatives.

Despite COVID-related logistical issues, there has been a great deal of momentum with regard to PX improvements across ambulatory clinics.

88th in overall
percentile **patient satisfaction**

Results:

From the continued strong work in fiscal year (FY)2020 and 2021, the Ambulatory Licensed clinics continued to show improvements in their overall provider rating, increasing from 91.6% in FY2020 to 92.7% in FY2021. The goal of the Ambulatory teams was to improve Patient Satisfaction scores to the 80th percentile, among like organizations. The teams exceeded this goal, hitting the 88th percentile in FY2021.

Congratulations to the Licensed Ambulatory Clinics on a job well done. Beyond that, thank you for treating our CSMC patients and community with care and compassion.



Cedars Smidt Health Institute

Registered Nurse



New Knowledge, Innovations & Improvements

New Knowledge, Innovations, & Improvements:

1. Conscientiously integrates evidence-based practice and research into clinical and operational processes
2. Encourages nurses to design and implement clinical projects that improve nurse-sensitive and patient outcome indicators

Nursing in Action - COVID Response

In early 2020, as we battled a novel coronavirus, many solutions were not readily available. Nurses were creative – we innovated and adapted. When resources were scarce, nurses found solutions to steward supplies and conserve PPE. As new therapies, tests, and vaccines were developed and authorized, nurses helped launch testing sites and vaccination clinics. The last two years drove an environment of continuous change and transformation – the nurses at CSMC were bold, innovative, and never wavered.

Upcycled Innovation – Sewing hair covers to protect against the spread of COVID-19

Rose Pada-Ochotorena is a clinical nurse who works in the COVID-19 ICU - 7SCCT. In the early days of the pandemic, Rose observed that she and her colleagues would often need to move hair out of their faces while caring for patients; however, it was vital for them to limit touching their face and hair due to potential COVID-19 transmission.

Rose had a brilliant idea - she thought a hair cover could solve this problem. Rose had some experience sewing, so she broke out her old sewing machine and began making hair covers. She wanted the hair covers to look professional, so she used old nurse's scrub uniforms and incorporated the Cedars-Sinai logo. Rose gave her first finished product to her daughter, also a Cedars-Sinai nurse.

"My daughter wore it to work and her coworkers loved it," she said. "They started donating their old scrubs to her to be upcycled." This encouraged Rose to make more scrub caps for her colleagues in the MICU. Rose said that the hair covers, also washable and reusable, have been a massive hit with her coworkers. Rose added, "It is a way to help protect my coworkers while also lifting their spirits."

Colleagues on 7 South – also a COVID-19 care unit – followed suit. Yudis Cruz, a clinical partner on 7 South, sewed more than 100 of these hats in eye-catching patterns. She made them for both the day and night shift and even gifted one to a patient. The bright, colorful bouffant hats have lifted the spirits of both the patients and the staff.

“Magnet-designated organization conscientiously integrate evidence-based practice and nursing research into clinical and operational processes....Innovation in patient care, nursing, and the practice environment is the hallmark of Magnet-designated organizations.”

— The Magnet Model

COVID-ID Project in the Emergency Department

Clinical nurse, Ashley Samaniego, in the Emergency Department witnessed fear and anxiety in patients as ED staff needed to don PPE from head to toe. “Patients on isolation already feel alone, scared, and isolated,” said Ashley. “The PPE that we don, only adds to this anxiety and fear.”

As she considered how she might be able to help alleviate this situation, she had an idea. Ashley started the COVID-ID project. She encouraged ED staff to send in a friendly photo that would be added to a 5x7 washable ID badge. The COVID-ID project helped ease fear and anxiety by having the staff member’s full friendly face picture, first name, and role on a cleanable 5x7 ID badge that could be placed on the outside of PPE. Awesome work Ashley and team!

COVID-19 IV Pump Placement Protocol

Nurses in the ICU innovated a new way to limit staff exposure to COVID-19 and reduce PPE usage, while also maintaining patient safety. The nurses created a new IV Pump Placement Protocol that is helpful for managing and titrating medications on IV Pumps outside of the patient’s room.

The nurses utilize two IV Poles (one for the IV medications, one for tube feeding, A-line and/or other hemodynamic monitoring). They also use special IV tubing extension sets as opposed to the standard IV tubing. Foley stat locks secure the tubing in multiple places. Two RNs are needed for the initiation of any new IV medication or with any line changes – one nurse prepares and primes the tubing, while the other nurse dons PPE to enter the room and attach the line to the patient.

This innovative new protocol has limited nurse exposure to COVID-19, while also doing everything possible to maintain safe patient care. Bravo!

New Knowledge, Innovations and Improvements in Action

Nurses in Action: Publishing and Presenting

Nurses across Cedars-Sinai innovated, published and presented their work throughout the pandemic. These nurses are actively advancing the practice of nursing, globally.

CSMC Nursing Research Conferences 2020-2021

2020 CSMC Nursing Research Conference

Theme: Celebrating the Impact of Nursing Innovations that Promote Patient Safety

- 37 Abstracts accepted
- 7 Podium and 30 Poster Presentations

2021 CSMC Nursing Research Conference

Theme: Adaptive Resilience: Delivering Excellence in Care During Uncertain Time

- 65 Abstracts accepted
- 13 Podium and 52 Poster Presentations

2020-2021 Recognition of Professional Nursing Organizations

Cedars-Sinai nurses recognized by professional nursing organizations for their extraordinary contributions.

2020 Professional Nursing Organization Awards

Theresa Slazinski, MN, RN, CCNS, CCRN, CNRN, SCRN

2020 ACNL Excellence in Clinical Practice

2021 Professional Nursing Organization Awards

Todd Griner, DNP, RN, NEA-BC

2021 AACN Circle of Excellence

Carol Mention, MSN, RN, CCRN-K

2021 ACNL Contributions as a Humanitarian

Eliza Granflor, MSN, RN, CNS, ACNP-BC, CCRN, CSC

2021 ACNL Excellence in Clinical Practice

5.4M **Grant Funds**
awarded in 2021-2022 to support Nursing Practice at CSMC

31 **Publications**
Printed in professional Nursing Journals

29 **Presentations**
Podiums & Posters presented locally, nationally & internationally

12 **Poster Presentations**

17 **Podium Presentations**



**2021
HONORARY
FELLOWS**



**HARRIET UDIN
ARONOW
PhD**

**American Academy of Nursing
Recognized Harriet Udin Aronow, PhD
as an Honorary Fellow**

On October 9th, 2021, the American Academy of Nursing officially named Harriet Udin Aronow, PhD as an Honorary Fellow for her extraordinary and lasting contributions to nursing.

Dr. Aronow is an accomplished researcher, steadfast supporter of her colleagues, and generous mentor whose interprofessional expertise have advanced the nursing profession and patient outcomes. As a Research Scientist IV at Cedars- Sinai, Dr. Aronow led the Collaborative Alliance for Nursing Outcomes (CALNOC), applying its database to improve care.

Partnering with nurse scientists, Dr. Aronow created a Nursing Research Council at Cedars-Sinai where she cultivated and supported over 600 projects, contributing to each of the medical center’s consecutive Magnet Designations, as well as the Inspiring Writing in Nursing (IWIN) program to engage clinicians and support them in getting published.

Dr. Aronow’s research also focuses on improving the quality of life for older adults with complex health and social needs. She designed the interprofessional protocol “Systems Addressing Frail Elder (SAFE) Care” and will begin a study on “Elders Preserving

Independence in the Community (EPIC)” in Fall 2021. Her pioneering leadership, collaborations, and research have particularly emphasized the needs of vulnerable groups.

Cedars-Sinai Endowed Chairs: Nursing

In 2020 and 2021, Cedars-Sinai announced Endowed Chairs in Nursing. In May 2020, **Margo B. Minissian, PhD, ACNP, FAHA**



was announced as the inaugural holder of the Simms/Mann Family Foundation Endowed Chair in Nurse Education, Innovation and Research. The gift from the Simms/Mann Family Foundation supports the development of critical nursing leadership programs and initiatives. The goal is to develop a pipeline of nurse leaders to face today’s greatest healthcare challenges, lead change and improve the health of our community around the globe.



In August 2021, the James R. Klinenberg, MD, and Lynn Klinenberg Linkin Chair in Nursing in honor of Linda Burnes Bolton was transferred to **David Marshall, JD, DNP, RN, FAAN, Senior Vice President, Chief Nursing Executive.** Endowed

chairs enable Cedars-Sinai to attract and retain highly distinguished scholars, researchers, and physicians. These chairs generate sustainable resources to support research and teaching efforts at Cedars-Sinai, thanks to generous philanthropic support.



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