Kaiser Permanente Panorama City Medical Center

2021 ANNUAL NURSING YEAR IN REVIEW

KAISER PERMANENTE®

MESSAGE FROM OUR CHIEF NURSE EXECUTIVE

2021 Kaiser Permanente Panorama City Medical Center Nursing
Extraordinary nursing care. Every patient. Every time

I am grateful to be part of the extraordinary nursing team at Kaiser Permanente Panorama City Medical Center. The year 2021 started with a COVID-19 pandemic surge that exceeded our staffing and space capacity and our nurses showed up. The first two months of 2021 tested every ounce of our being and our nurses showed up. The year 2021 brought more waves of pandemic surges and new challenges as patients opted out of vaccinations and still, our nurses showed up. Kaiser Permanente Panorama City Medical Center nurses continually demonstrate strength, resilience, compassion, empathy, skill, and expertise and they never let anything stop them from providing excellent patient outcomes.

Sandra Hernandez
BSN, MHA, NE-BA
Chief Nurse Executive
Kaiser Permanente Panorama City Medical Center
Southern California Region

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Story of Kaiser Permanente Panorama City Medical Center

- 1954 KP opens a small medical center with four physicians on Hamlin St. in North Hollywood
- 1957 Land is purchased in Panorama City for what will be KP's 12th hospital
- 1960 Hospital construction begins in Panorama City
- 1962 The hospital opens with 220,000 sq ft finished and 146 beds
- 1967-76 The upper three floors are opened bringing capacity to 270 beds. In 1976, outpatient surgery and emergency department : completed
- 1981-2009 Medical Offices opens in South 1, North 2, North 3, Santa Clarita, Canyon County, and Mission Hills
- 2008 March 25, the new hospital opens, built to the latest seismic standards and features state-of-the-art technology

Kaiser Permanente Panorama City Medical Center Demographics

633 RNs

24 Intensive care beds
10 Operating rooms
15 Pre-operative beds
17 Phase 1 beds
17 Phase 2 beds
16 Definitive observation beds
32 Telemetry beds
16 Short stay beds
32 Medical beds
16 Surgical beds

Surgeries
2,212 Inpatient
8,048 Outpatient

340 Hospital-based physicians
503 Ambulatory physicians **434** Shared/part-time physicians
12,187 Hospital discharges **49** Emergency department beds

63,204 Emergency department visits

748 C-section cases
2,493 Total births **8** Antepartum beds **21** Postpartum beds

13 Labor, delivery, recovery and postpartum beds
24 Neonatal intensive care beds

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HIGHLIGHTS & ACCOLADES

Hospital Highlights

- 218 hospital beds
- 98% private rooms
- Urgent Care (Open 24/7)
- 24-Hour Pharmacy
- Pediatric Urgent Care
- Teen Health Center
- 5 Medical Offices

Population Served

- 273,954 Members
- 8.78% Asian
- 3.73% African American
- 51.47% Hispanic/Latino
- 0.17% Native American
- 0.13% Pacific Islander/Hawaiian
- 2.26% Multiple race
- 33.19% White

Six Medical Offices

- North Hollywood
- Mission Hills
- Santa Clarita MO1
- Santa Clarita MO2
- Sylmar (Behavioral Health)
- Canyon Country

Socioeconomic

- 16.36% Living in poverty
- 22.78% Children living in poverty
- 4.1% Unemployment
- 16.03% Uninsured population
- 22.30% Adults with no high School diploma

More than 25 specialty care services including:

- Cardiology
- Dermatology
- Gastroenterology
- Nephrology
- Neurology
- Nuclear medicine
- Orthopedics/Podiatry
- Rheumatology Surgery
- Urology

HIGH PERFORMING HOSPITALS
U.S.News & WORLD REPORT

U.S. News & World Report:

- High Performing in 5 procedures and conditions
- Uncomplicated Pregnancy Medicare Advantage

FORTUNE

Two years in a row, Fortune magazine recognizes Kaiser Permanente on its "Best Big Companies to Work" For list.

THE LEAPFROG GROUP

THE JOINT COMMISSION
NATIONAL QUALITY APPROVAL

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
Five-Star Quality Rated

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NURSING PROFESSIONAL PRACTICE MODEL

Nursing Vision

As leaders, clinicians, researchers, innovators and scientists, Kaiser Permanente nurses are advancing the delivery of excellent, compassionate care for our members across the continuum, and boldly transforming care to improve the health of our communities and nation.

Kaiser Permanente's Mission

Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Nursing Values

- Professionalism
- Excellence
- Patient & Family Centric
- Teamwork
- Integrity
- Compassions

Nursing Strategy & Priorities

Service
Exceptional patient & family care experience

Quality
Improving quality & safety outcomes

Membership growth
Transforming care delivery

Affordability
Contain cost by effective use of resources

High culture engagement
Nurse satisfaction & professional development

Community
Promoting health & nurse advocacy

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

KATHERINE BOWMAN
MSN, RNC-INC, NTM

Transcutaneous Bilirubin Measurement

Measurement of the transcutaneous bilirubin (TcB) level is a safe, non-invasive, and cost-effective method for screening term infant with hyperbilirubinemia, but there is limited data on TcB values in extremely preterm (EP) infants. The primary objective of the prospective study was to determine the relationship between the TcB levels compared to the total serum (TSB) in EP infants. Approval for the research study was received from the Institute Review Board (IRB) on April 16, 2019. NICU Clinical Nurse Specialist, Elena Ornelas-Pelaez, MSN, RN, APRN, PNP, CNS, RNC-NIC, NTMNC, IBCLC, served as the co-principal investigator.

TcB measurements were performed within 30-60 minutes of TSB measurement during the first 3 weeks of life of EP infant between 23-30 weeks of gestation in the NICU. Trained NICU clinical nurses measured TcB levels. There were 755 paired samples from 140 infants. Differences between TcB and TSB values were compared to gestational age, maternal race/ethnicity and chronological age. Descriptive statistics were generated for the entire group using IBM SPSS statistical software version 27 and the multivariate linear regression analysis was performed for significant factors. The study was completed in October 2020. The findings via the regression analysis revealed birth weight, chronological weight, and phototherapy to be significant.

Advancing the nursing practice can only be done when research outcome is shared for change to be initiated. Through dissemination, nurses can lead this remarkable path to better patient care and improved outcomes.

On July 6, 2021, the manager of the NICU at Valley Presbyterian Hospital invited **Katherine Bowman** to present her findings to 10 registered nurses. Dissemination of the information was done via PowerPoint and poster presentation.

Nurses Perception of Professional Peer-to-Peer Feedback: Relationship to Nurse Autonomy and Patient Quality

Emma Aquino-Maneja, DNP, RN, Med, CCRN; Peggy Kalowes, PHd, RN, CNS, FAHA; June Rondinelli, PHd Regina Valdez, MA; Maria Bernaldez-Ngugi, MSN, RN, CNS, GNP-BC;
Johanna Tavitian, BSN, RN

INTRODUCTION

Background

- Peer-to-peer feedback assists nurses to evaluate the quality, safety, and effectiveness of nursing care amongst peers
- Poor communication skills during this process, is recognized as a barrier, and one of the most prevalent reasons for errors/adverse outcomes in patient care.

Objectives

- Explore how clinical nurses perceive peer-to-peer feedback
- Examine the extent they report comfort in participating in peer feedback, autonomous practice, and perceptions of quality and patient safety
- Discover the association of experience, education, and certification to peer-to-peer feedback

METHODS

The Process:

- Inpatient clinical nurses at a Southern California acute care hospital (n=138)
- Cross-sectional, descriptive study
- Web-based survey from April to June 2021
- Peer Review Survey employed to measure nurses' perception of Peer-to-peer feedback, nurse autonomy, and just culture/patient safety
- The survey utilized a seven-point Likert scale—1) strongly disagree to 7) strongly agree for measurement, and answers were recategorized to disagree, neutral, and agree for percentages
- To correlate peer feedback to safety/quality of care, we included a sub-set of 10-questions from National Database of Nursing Quality Indicators Survey with Practice Environment Scale on quality care
- Descriptive, parametric, and non-parametric statistics were used

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Nurses Perception of Professional Peer-to-Peer Feedback: Relationship to Nurse Autonomy and Patient Quality

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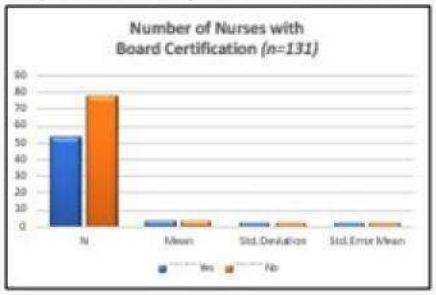
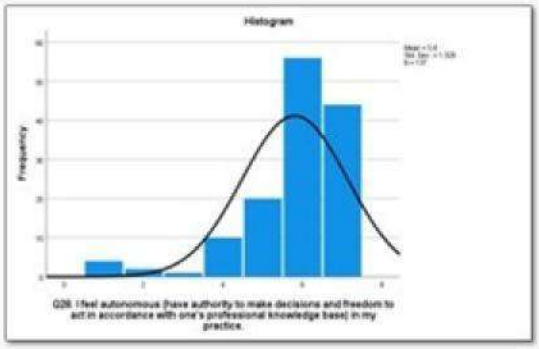
Regina Valdez, MA; Maria Bernaldez-Ngugi, MSN, Johanna Tavitian, BSN, RN

RESULTS or CONCLUSION

- Most nurses worked at the hospital >15 years (27.5%), had BSN (65.9%)
- 55% of nurses had provided peer feedback to a co-worker



- 75% described the experience as positive
- 89% 'agreed' (*M*=5.59, SD 1.53) and felt they can address a clinical error without retribution
- 83% felt supported to learn/grow from the error (M=5.42, SD 1.75) without being punished
- 75.4% reported being satisfied (M=4.47, 1.17 SD) on the quality of peer feedback received
- 71% reported they were comfortable giving clinical performance feedback to peers (M=4.306, SD 1.37)
- Nurses with masters/doctoral degrees reported less autonomy and lower quality scores than nurses with other degrees
- Associate Degree Nurses were significantly higher on giving feedback scores



- Nurses with board certification reported lower quality scores than those without

IMPLICATIONS FOR PRACTICE

- Peer-to-peer feedback revealed favorable results
- Explore barriers to peer feedback related to nurse certification and higher education
- Maintain culture of feedback through consistent training/education of peer-to-peer feedback principles
- Additional research is needed to investigate association between education, certification, and perception of quality to transform nursing knowledge through professional peer feedback

REFERENCES

1. Korkis L, Ternavan, K, Ladak, A, Maines, M, Ribeiro, D, Hickey, S. 2019. Mentoring Clinical Nurses Toward a Just Culture: Successful Implementation of Nursing Peer Case Review. *J Nurs Adm* 49:384-8.

2. LeClair-Smith C, Branum, L, Cornell, B, Martinez, H, Nash, E, Phillips, L. 2016. Peer-to-peer feedback: A novel approach to nursing quality, collaboration, and peer review. *The Journal of Nursing Administration* 46:321-8

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NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Diabetes Ketoacidosis (DKA) Two-Bag System Protocol and Management Worksheet

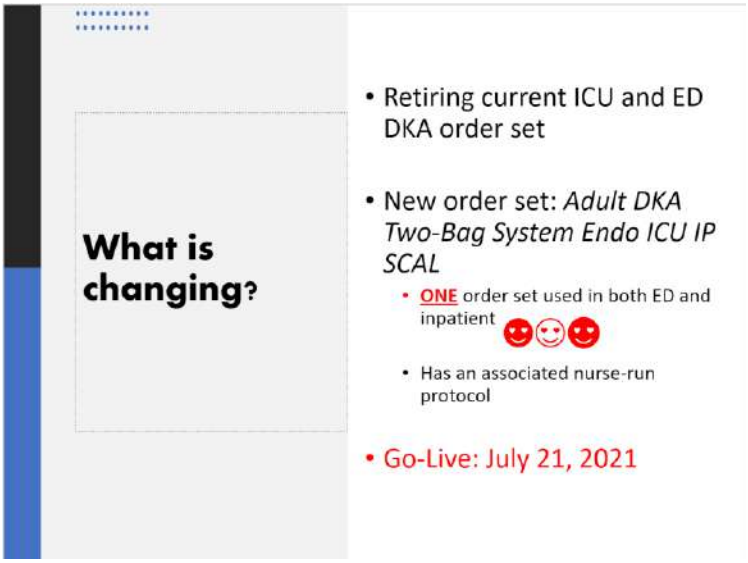
Amelia Younes, BSN, RN, CCRN: ICU Charge Nurse
Ariel Alon, BSN, RN, PCCN: DOU Charge Nurse
Donah Cue, BSN, RN: Emergency Department
Maria Ngugi, MSN, RN, CNS

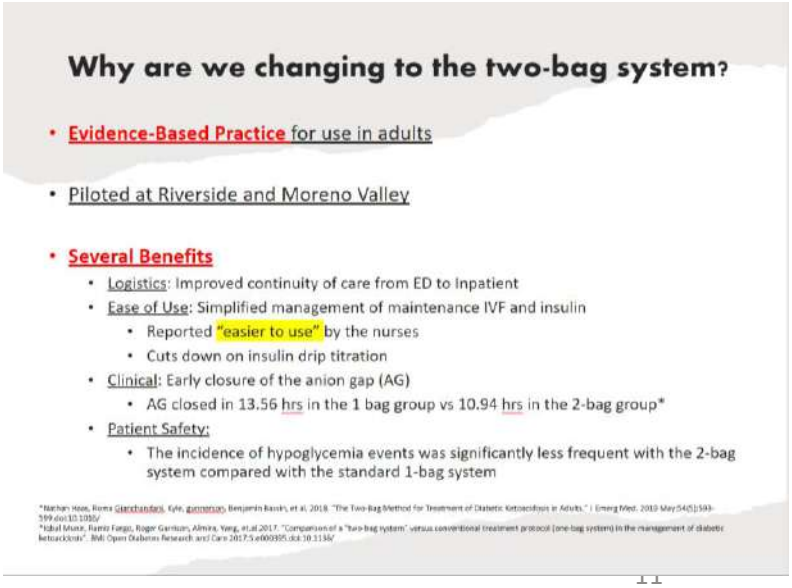
The medical center adopted an evidence-based practice (EBP) protocol to manage diabetic ketoacidosis (DKA) patients. This adaptation of a new protocol is considered a major practice change influencing nursing management of a high-risk condition, which affected nursing practice in Emergency Department (ED), Intensive Care Unit (ICU), and Definitive Observation Unit (DOU).

Several issues were identified with the adoption of this new protocol:

- Management of DKA demands balance and surveillance on fluid needs, electrolytes, and insulin. Due to the complexity of the protocol, it opened an opportunity for medication errors.
- A clinical nurse's chance of managing a DKA patient might be low—they might be unfamiliar with the protocol.
- A need arose for a better way to transition care between ED and ICU/DOU staff.

Amelia Younes, BSN, RN, CCRN, ICU Charge Nurse, and Maria Ngugi, MSN, RN, CNS Inpatient Diabetes Management Committee Nursing Champion, studied this new practice and recommended a tool to streamline the DKA protocol. A DKA core group from the Inpatient Diabetes Management Committee created a simplified worksheet and then trained clinical nurses from ED, ICU, and DOU.





Exemplary Professional Practice

Rapid Medical Evaluation (RME)

Emergency Department

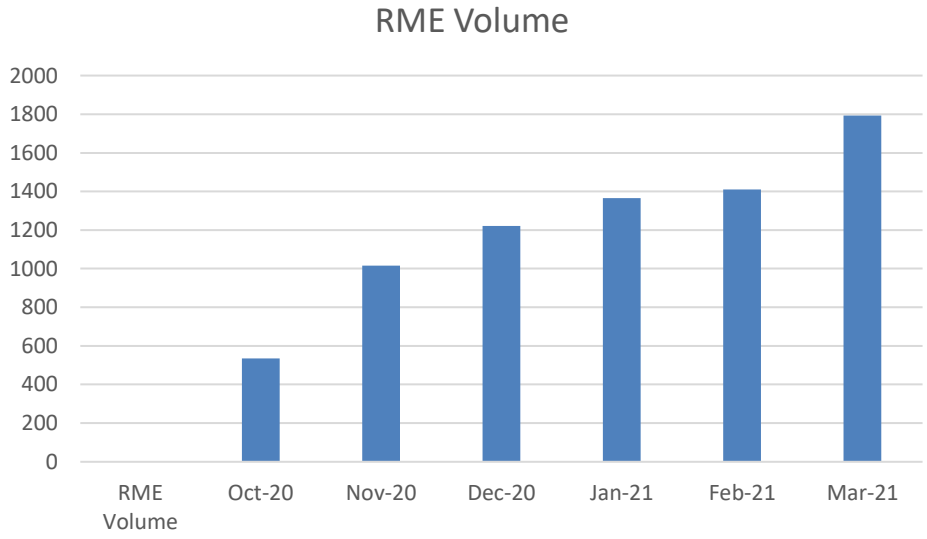
Due to limited physical capacity in the Emergency Department (ED) for the most acutely ill patients, the ED needed a plan to improve throughput.

Goals: Increase the number of patients treated in the "RME" area of the department so that monitored patient rooms in the ED were available for ill patients. Decrease the length of stay (LOS) for those patients. Implement a split flow process to treat less acutely ill patients in a vertical, more efficient manner that will allow for increased physical capacity and to timely room the more acutely ill patients.

The ED Throughput Committee met weekly initially and then transitioned to every two weeks to review the Plan-Do-Study-Act (PDSA) cycle. Some changes implemented were more impactful than others. The most notable test of change shifted more resources to the RME area to focus on the arrival of the patient and to determine the most appropriate treatment for the 'right patient in the right place'.

In October 2020, patients were treated and were discharged from the RME area. These patients never went past the lower acuity area of the department, thus maintaining capacity for patients needing additional treatments.

The length of stay for the discharged patients in the RME area is currently at or under 120 minutes. There is also an increased number of patients seen in the RME area to 67 pts per 24-hour period on average (approximately 40% of the overall ED volume).



Exemplary Professional Practice
Extraordinary Patient Care Provided thru Interprofessional Collaboration

An admission to the Intensive Care Unit (ICU) can be psychologically and emotionally traumatizing in addition to the physical crisis that prompted the admission. The mortality rate for intubated patients related to COVID-19 during the surge was high. This can be magnified in patients with special needs. The below story follows a special needs patient, who required critical care during the COVID-19 surge.

Our patient had a history of down syndrome and required significant collaborative care in order to meet the needs of the patient and that of the family. Our goal was to provide holistic care for special needs patients by collaborating with multiple disciplines and the family in order to provide safe, considerate care that was productive and individualized for a better outcome. The ICU had to adhere to strict guidelines for procedures and for visitation in order to standardize, organize and provide better patient outcomes.

During the latest surge, this included following visitation regulations that restricted families and visitors to enter the hospital or COVID-19 rooms. For our patient, this was devastating to be surrounded by unfamiliar faces and enduring painful procedures without the comfort of his family. The nursing staff coordinated with patient services, nursing administration, and spiritual care to advocate for our patient to receive safe family visits so that he could be provided with comfort and for treatments to become more effective. Education was provided to his family to ensure safe visiting guidelines for this special circumstance. His room was decorated with recognizable objects from home, which provided familiarity and promoted comfort. The charge nurses coordinated on nursing assignments to provide continuity of care for the patient which allowed him to be with more familiar faces or voices. This was also communicated through huddles to the rest of the nursing staff to ensure all staff participated and supported the family and the assignment plan.

Extraordinary Patient Care Provided thru Interprofessional Collaboration (cont.)

Collaboration with nursing and medical staff was crucial in the complex care for this patient. For example, the respiratory therapists were included in daily care rounding and care planning because the patient required multiple respiratory care procedures and treatments. When the patient was appropriate for movement and exercise, the physical therapists were integrated into the care planning and rounding.

Collaboration occurred through daily rounding with each discipline. The primary nurse worked with the physician to establish goals of daily care, then coordinated with all other disciplines to ensure appropriate timing of treatments, advocating for familiarity, support and not overwhelming the patient. Often, the timing was not right even with careful planning of the day. The nursing staff monitored the patients' emotional needs and prioritized as necessary in order to provide individualized care.

Every patient who comes to Kaiser Permanente Panorama City Medical Center requires holistic care. Patients with special needs are at even a higher risk for negative outcomes, especially in a pandemic scenario. The nursing team collaboration with all other disciplines promoted the best possible outcomes for this patient. He is a COVID-19 survivor and was able to walk out of the hospital and return home again. The family sent the unit a thank you card and a beautiful photo of the patient after he returned home

Exemplary Professional Practice

Reducing Falls on 4E

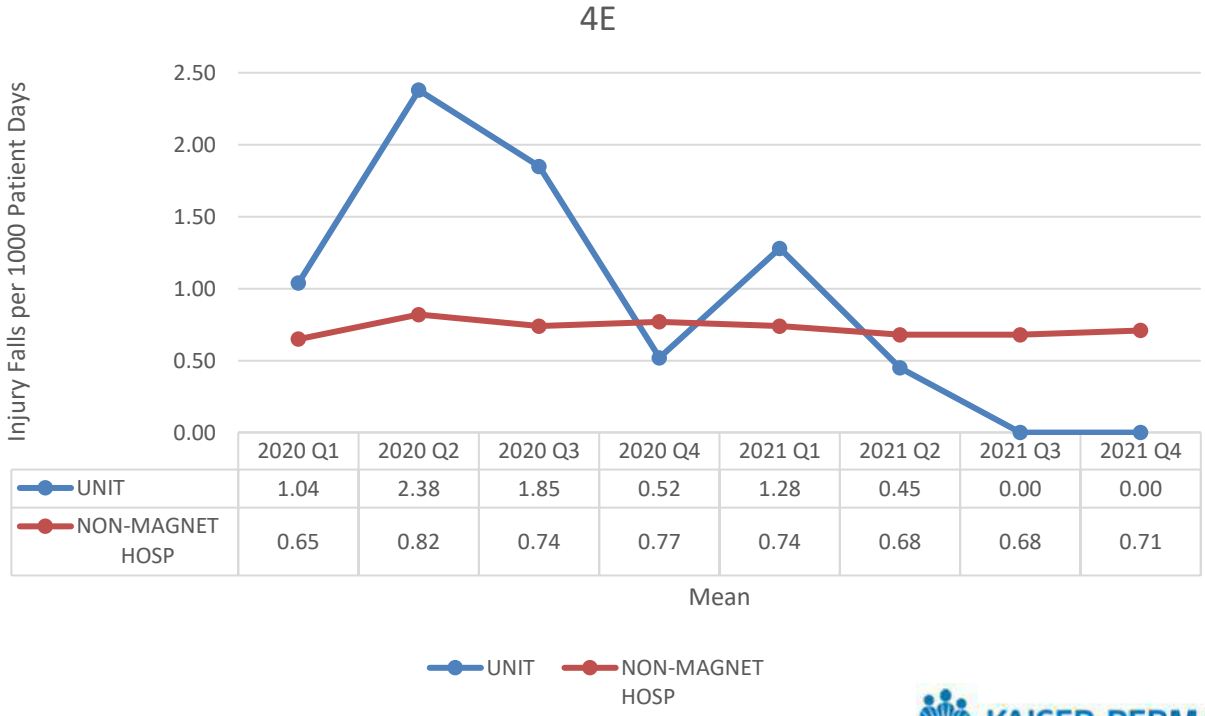
Johanna Tavitian, BSN, RN
Kittrell Elliot, MHA, BSN, RN
Shirley Adriano, MSN, RN

Between 2018 and 2019, the Hester Davis (HD) Fall Prevention Program was rolled-out to all SCAL Kaiser Permanente Medical Centers. The HD Nursing's Comprehensive Fall Prevention Program provided a complete care pathway to help the nursing team apply the right interventions to the right patient at the right time. It provided us with guidelines to predict for a potential fall, prevent falls through evidenced-based interventions, and sustain our improvements through the HD Falls Toolkit which included over 100 tools designed to support our fall program, education, and success.

The year 2020 was a devastating year for 4E regarding patient falls. Every quarter a patient fell, which resulted in minor to severe injuries. In the words of Department Administrator, Kittrell Elliot, "enough is enough". The nursing leadership team collaborated with their units and deep-dived their fall issues. The following factors were identified.

- During the Hester Davis roll-out, only nurses were educated on the new practice.
- KP Learn was not the best method of teaching the staff.
- Floor mats were not purchased for all beds.
- Inconsistent practices with hand-off shift to shift.
- Inconsistency with hourly rounding.

A team of clinical staff, nursing leadership, and physical therapists' relaunched training for HD and included the recommendations provided by staff. They also developed a curriculum to train and educate the certified nursing assistants. Interventions were started and completed quarter 1 of 2021. Quarter 2, 3, and 4 of 2021 showed improvement and outperformance of the national benchmark.



	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
UNIT	1.04	2.38	1.85	0.52	1.28	0.45	0.00	0.00
NON-MAGNET HOSP	0.65	0.82	0.74	0.77	0.74	0.68	0.68	0.71

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Transformational Leadership

Improving Medication Side Effects in Maternal Child Health

Leticia Garcia, MSN, MHA, RN

The Maternal Child Health (MCH) team wanted to improve their department's Hospital Consumer Assessment Healthcare Providers and Systems (HCAHPS) rating in the composite of Communication on Medications, specifically to the question, “How often did the hospital staff explain the side effects in a way that the patient could understand?”

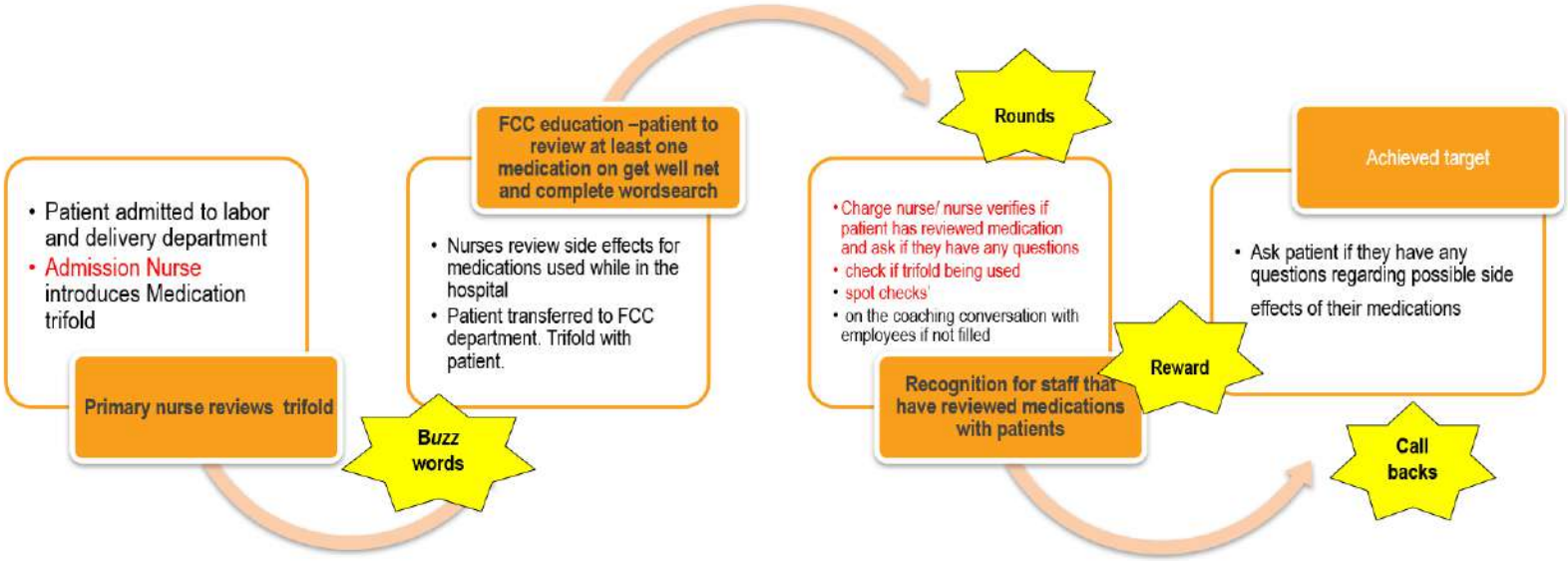
HCAHPS is the first national, standardized, publicly-reported survey of patients' perspectives of hospital care. The HCAHPS Survey (pronounced “H-caps”) is a 29-item instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. HCAHPS allows valid comparisons to be made across hospitals -- locally, regionally, and nationally. The HCAHPS Survey captures the patient’s experience of communication with doctors and nurses, responsiveness of hospital staff, communication about medicines, cleanliness, and quietness of the hospital, discharge information, transition to post-hospital care and overall rating of the hospital.

A group of Labor & Delivery (L&D) and Family Centered Care (FCC) Unit Based Team (UBT) members met and identified that there was no standard process to verify if medication side effect education was completed through the patient’s hospitalization and that there were inconsistent teaching practices amongst the staff.

The team developed a variety of interventions which led to improved outcomes, and increased ratings from 73.3 (2 stars) to 85.7 (4 stars).

Interventions:

- Medication side effect call backs (no more than 5 attempts/day.)
- Medication side effect word search and tri-fold created.
- Daily huddle reminders
- Standing item in monthly staff meetings



Transformational Leadership

4 West Comfort Room

Creating a home-like environment for our end-of-life patients and their families

Emily Annan, MSN, RN

The environment in which an experience occurs can profoundly impact the quality of that experience for everyone present. A Comfort Room can be any such place that, when filled with calm, care, and love, becomes a sacred space for keeping vigil with the dying.

To create a home-like environment for those patients transitioning from a hospital acute care to a dignified end of life with loved ones by their side, the 4 West unit designated two rooms to be Comfort Rooms. These rooms were thoughtfully curated to create a tranquil environment and included displaying scenic artwork, soft lighting, a dedicated space for personal pictures or home comforts, a sleeper bed for overnight guests, and healthy snacks for visiting loved ones.

To ensure this project was completed timely, Emily Annan, department administrator, collaborated with Engineering, Environmental Services, house supervisors, and unit staff. All parties involved played a big role in making sure our patients who were at the end of life received the peace and comforts of home.

Physical Environment	Tranquil	Personalize	Family
• Scenic artwork • Soft lighting • Paint refreshed	• Use GWN to play soothing or favorite music	• Dedicated space for their personal pictures or home comforts	• Sleeper bed for overnight guest • Snacks provided

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Structural Empowerment

Shared Governance through the Kaiser Permanente Panorama City Medical Center Board of Nursing

With all great organizations, it starts with a solid foundation and deep roots to hold everything up and together. Kaiser Permanente Panorama City Medical Center registered nurses wanted to understand the concept of shared governance and invited Vicki George, PhD, RN, FAAN, in Quarter 4 of 2020 to discuss the concept.

Shared governance is a structure and process for partnership, equity, accountability, and ownership. It puts the responsibility, authority, and accountability for practice-related decisions into the hands of the individuals who will operationalize the decision.

All involved in shared governance must have clarity that there are structures, processes, and outcomes that leadership will continue to have responsibility for, such as regulatory requirements, immediate safety concerns, performance management, and operational decisions such as hiring, salary, staffing, etc. Decisions related to practice are the ones that should be decided in a shared decision-making model.

The tree represents the foundation of the Kaiser Permanente Panorama City Nursing Shared Governance group, also known as the Board of Nursing. The roots dig deep within the practice of nursing (professionalism, compassion, teamwork, patient family centric, excellence, and integrity) and embraces the Nursing Strategic Plan (quality, service, affordability, community, growth, and engagement) and components of the Magnet Model (structural empowerment, exemplary professional practice, new knowledge & innovation, and transformational leadership).

Through trial and error, many lessons have been learned. The nurses on the Board represent the voice of Panorama City registered nurses, and they are ready to promote a nursing practice culture of excellence that attracts and retains exceptional nurses, enhances the patient/family experience, and improves the quality and safety of care.

Structural Empowerment

Welcoming New Graduate Registered Nurse Jessica Wooding to the Telemetry Unit

Transitioning from the new nurse graduate role into practice as a licensed nurse is widely reported as a challenging and stressful time (Goode, Glassman, Ponte, Krugman, & Peterman, 2018). New graduate nurses can benefit from education and support around delegation, prioritization, interdisciplinary collaboration, conflict resolution, critical thinking, and clinical judgement skills (Cochran, 2017). Structured transition to practice (TTP) programs can enhance clinical practice, increase job satisfaction, decrease stress, and lead to improved patient care outcomes (Goode, Glassman, Ponte, Krugman, & Peterman, 2018). The ANCC Practice Transition Accreditation Program (PTAP) revolves around evidence-based standards for new graduate residency programs. Kaiser Permanente Southern California leaders have embraced the PTAP model as the underlying foundation for the design, implementation, and evaluation of a system-wide New Graduate Transition into Practice (TTP) Program.

Jessica transitioned from being a licensed vocational nurse to a registered nurse. She was hired as a new graduate for the Telemetry unit on October 18, 2021. As she transitions from novice to expert, Jessica will be enculturated to the organization's quality and business strategic goals and support its mission, vision, and values. She will be immersed in low and high- fidelity simulations to understand and experience calm and emergent situations. Throughout the program, Jessica will be guided by her preceptors through all the components of the Kaiser Permanente nursing values and how it correlates with the science of nursing and the art of caring.

Honoring our 2021 Graduates

Samuel Bernal
BSN, RN

Stella Cordero
BSN, RN

Roque Curammeng Garvida Jr.
DNP©, RN-BC

Jeffrey Esqueria
MSN, FNP, RN

Laura Garcia
BSN, RN

Sini Issac
MSN, RN

Maria Samantha Layson
MSN, FNP-BC, RN-BC

Semanu Mawugbe
BSN, RN

Daisy Paniagua
BSN, RN

Lourdes Pareseghian
MSN, RN

Laura Perez
BSN, RN

Nora Sharp
MSN, RN

Shannon Spence
MSN, RN-BC

Ilene Yoson
MSN, RN

Not Pictured:

Ice Dube, BSN, RN
Stephanie Payne, BSN, RN Angela Ceron, BSN, RN Joanne Luz, BSN, RN

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Professional Development

As an organization, Kaiser Permanente Panorama City Medical Center believes in professional development and enhancing the careers of our nurses. Here are a few ways we support their growth.

Certifications

ANCC

ANA AMERICAN NURSES ASSOCIATION

CEdirect

Educational Assistance

Post UNIVERSITY EST.1890

GRAND CANYON UNIVERSITY ARIZONA 1949

CAPELLA UNIVERSITY

Tuition Reimbursement

BEN HUDNALL MEMORIAL TRUST

(L+M)P The Power of Partnership

Family Benefits

Financial Assistance

The DAISY Award®

FOR EXTRAORDINARY NURSES

HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

DAISY Nomination: Semanu Mawugbe July 13, 2021

"In an age of impersonal, uncaring attitude by so many, I was delighted to discover that the Telemetry staff at Kaiser Permanente Panorama City was exceptionally cordial and helpful during my stay on the unit.

"My hospitalization at Kaiser Permanente happened so suddenly due to a sepsis emergency and I must admit I was really scared and unsure about what was going to happen. I thought that a note of appreciate should be written to express to your staff that their words were soothing, encouraging and optimistic, helping me realize that I needed to think about the steps it would take to recover quickly and what my recovery at home would look like. They listened to my concerns, explained the process to recovery, and ensured me that I would be back to my family soon.

"Cleanliness of the hospital, which was done regularly by a gentleman named David, was always done with respect and he was mindful of me and my space. All the staff in their unique uniforms made it easy to identify each of them, especially the personnel wearing the tuxedo vests- that was really a special addition. The bright cheerful paintings on the wall, the TV with education and movies, and the ability to get rest when I needed it, all made my stay there very enjoyable and comfortable.

"While each person I interacted with was cheerful, smiling, and pleasant, there was one who stood out amongst the rest, and I am not just talking about his height. As a former Pharmacy Services Manager for Kaiser Permanente, and someone who truly believes Panorama City is the best place to receive care, Semanu Mawugbe is beyond a treasure on that unit. He should be the model for not only every nurse, but every employee. Even with his mask on, I could tell he had a big smile on his face, his eyes twinkled when he spoke about how much he loved his work, and I could feel how passionate he was about the care his patients received.

While I knew it was busy on his unit, he never made me feel like I was taking too much time away. He spent the time to connect with me about what was important to me, he treated me like family, and we laughed about our experiences with Kaiser Permanente. He even called me on his day off to ensure that I was comfortable and how I was doing. Thank you Semanu for being a phenomenal care giver, a true model of leadership, and someone I can call my friend.

"Thank you again for taking such good care of me."

PK, Kaiser Permanente patient

KAISER PERMANENTE®

The DAISY Award®

FOR EXTRAORDINARY NURSES

HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

Respiratory Therapy Team

"To the entire Panorama City Medical Center ICU team, thank you for the time, work, and tremendous skill you put into helping others during this unprecedented year and a half. Thank you for your bravery, your sacrifices, and your unwavering compassion. Even during the darkest days, you have all been a ray of hope for so many families going through the difficulties of COVID-19 among other illnesses. Many may not have been able to fully comprehend the sacrifices you made both personally and professionally but know that your efforts have not gone unnoticed, and you are so appreciated. We would not have been able to get through this time without you and you are an inspiration to us all. With our deepest heartfelt sincerity, thank you."
"The Daisy Award was established to honor extraordinary nurses and nursing care but, in this case, the entire ICU team is deserving of our sincere gratitude. To recognize such examples of teamwork and collaboration in support of excellence in patient care, the Daisy Foundation has created United in Caring dedication pins. These will be distributed to all the non-nurse members of the ICU team. We are so incredibly grateful for all of you."

“Dear Team Kathryn,
From the bottom of our hearts, thank you so much for all you have done for our Kathryn. Words alone cannot fully express our immense gratitude. You give your time, you give your hands, but most of all you give your heart. All of your time and effort doesn’t go unnoticed; it’s made all the difference in her survival. We appreciate you and everything you’ve done.”
-ICU Patient Family

ICU Team

In Memory of Eric Zambrano, RN

Kaiser Permanente Panorama City Medical Center
Nursing Supervisor
1980-2021

Eric's life as a nurse is not remembered by his years as a nurse, but by the difference he made stepping into people's lives, in each special moment.

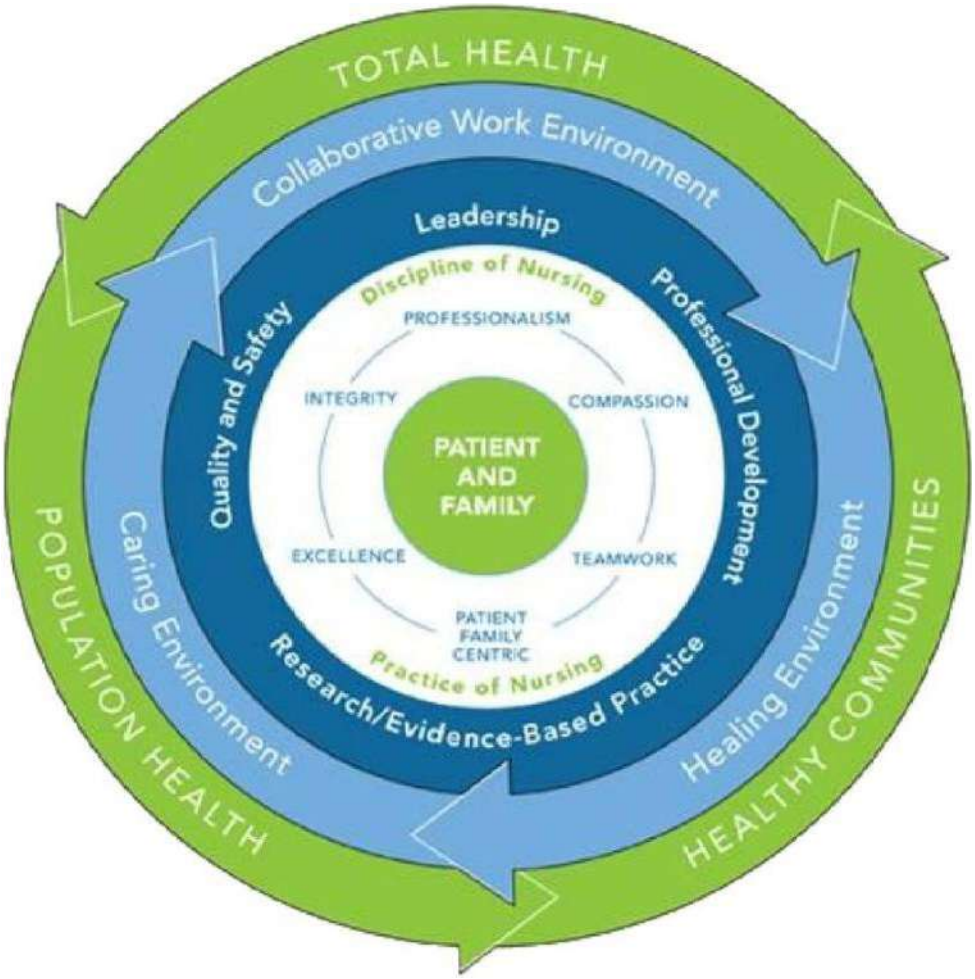
He Was There

When a calming, quiet presence was all that was needed, he was there.
In the excitement and miracle of birth or in the mystery and loss of life, he was there.
When a silent glance could uplift a patient, family member or friend, he was there.
At those times when the unexplainable needed to be explained, he was there.
When the situation demanded a swift foot and sharp mind, he was there.
When a gentle touch, a firm push, or an encouraging word was needed, he was there.
In choosing the best one from a family's "Thank You" box of chocolates, he was there,
To witness humanity – its beauty, in good times and bad, without judgment, he was there.
To embrace the woes of the world, willingly, and offer hope, he was there.
And now that it is time to be at the Greater One's side, he is there.

by Duane Jaeger MSN, RN

Kaiser Permanente Panorama City Medical Center

Extraordinary Nursing Care.
Every Patient.
Every time



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2021 Annual Nursing Report