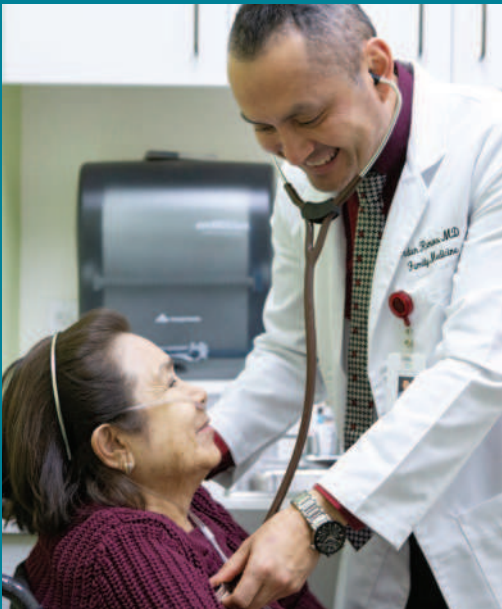




Let's Get Started

New Patient

Guide



MLK Community
Healthcare

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Same-Day Appointments

In person or by telephone

Comprehensive, Coordinated Care

Quality physical and
mental healthcare from a
team ready to support you

For Your Whole Family

The experts and services
you want for everyone in
your family



Welcome to MLK Community Healthcare

At MLK Community Healthcare we are here to help you with your care. In the clinic, at home, in the hospital, and in the community we are your partners in health.



“ *The first time I went to the clinic I fell in love with Dr. Romero. I liked how he talked to me, how he explained everything so I could understand it. He really cares.* ”

What We Offer You:

- A model of coordinated care that addresses mental health and physical health
- A team that specializes in treating issues you may have been trying to manage for years, such as diabetes, high blood pressure, and heart disease
- The support and education you need to make the best decisions about your care

Whether it's care for you, your parents, or your children, we're the best at what we do.

At MLK Community Healthcare you get the care you need, when you need it.

Hours

East Compton: M-F 8am-5pm

Rosecrans: M-F 7am-7pm

Wilmington: M-F 8am-5pm

Locations

East Compton Clinic

135 E. Compton Blvd., Suite 131
Compton, CA 90220

Rosecrans Clinic

2251 W. Rosecrans Ave., Suite 18-21
Compton, CA 90222

Wilmington Clinic

12021 Wilmington Ave., Building 11, Suite 1000
Los Angeles, CA 90059

Your Team

Our doctors are experts who are here for one reason – you. We are bilingual and sensitive to your cultural background, adapting our approach to provide care that respects each individual’s culture and belief system.



When you come to us for care, you get more than great doctors. You get an entire team that puts you at the center of your care. Your team includes:

A Social Services Specialist – Helps you handle everyday life problems. Connects you and your family to community services, including food, housing, transportation, and other resources.

A Care Manager – Evaluates your needs and then works with you, your family, and your care team to customize your care plan, services, and resources to meet your specific needs—both short-term and long-term.

A Patient Navigator – Helps you communicate with your care team so that you can make the best decisions about your healthcare.

“ Millions of Americans struggle with mental illness and addiction. This is not something to be ashamed of. I am humbled and inspired by how my work as a psychiatrist helps people live happier and more connected lives. ”



P.K. Fonsworth, MD, MBA
Addiction Psychiatrist

The Importance of Having a Primary Care Doctor

We recommend that you have a primary care doctor to help you manage chronic conditions, manage your overall healthcare costs, and increase your sense of well-being. Here are a few other reasons:

A Healthy Relationship for Better Health

Having one doctor who sees you for everything from a stomachache to blood-pressure control means you have one person who really knows your history. When you come for your appointment, you don't need to explain to the doctor that you have heart disease in your family

or list all of your medications because he or she already has all that information. And it's easier to talk about sensitive issues with someone you know, so your doctor visit is less stressful.

A Partner in Prevention

Your primary care doctor helps you avoid health problems. Based on your exam and your medical history, your doctor can determine if you're at increased risk for conditions such as high blood pressure, diabetes, heart disease, and cancer. Together you can take steps to prevent getting them. When you see your doctor regularly, it's more likely that any health issues will be detected early, when they're most treatable. Your primary care doctor can also help you find the right specialist if you need one.



Log on to
www.mlkch.org/find-doctor
to meet our doctors

Primary care providers use standard guidelines for prevention services, diagnosis and treatment. Specifically, we use the US Preventive Services Task Force guidelines for screening, along with relevant Society guidelines, including but not limited to the American Cancer Society, the American Academy of Family Physician, the American Academy of Pediatrics, the American Academy of Internal Medicine and others. For treatment, we also use standard guidelines including but not limited to the American Heart Association, AAFP, and the CDC. For vaccines, we use guidance from the CDC and the Advisory Committee on Immunization Practices. Finally, we have the peer-reviewed source, UpToDate hyperlinked within our EMR for easy access.

Our Services

We offer the kind of quality primary and specialty care, disease management, and preventive services that will keep you as healthy as you can be in body and mind.



Primary care:

- For adults and children

Specialty care:

- Diabetes (Endocrinology)
- Heart Disease (Cardiology)
- Lung Disease (Pulmonology)
- Urology
- Mental and Behavioral Health (Psychiatry/Social Work)
- Foot Care (Podiatry)
- Infectious Disease
- Surgery
- Addiction Medicine

Even after you leave our office, we help keep you on track by:



Giving you a care plan that's designed just for you. We also give you coaching and advice to help you meet your goals.



Reviewing all your medications with you so you know how much and how often to take your medicine.



Making sure you have transportation to get to your next appointment. We also help make sure you can find healthful food to keep you feeling great.

High-Tech Care

Our team works in a state-of-the-art office equipped with the latest medical technology, including our MyCare Patient Portal. With MyCare, you can email your doctor, schedule appointments, view your lab results, and much more. With our system, everyone on your care team has your most recent information—saving you time and helping you get the best care.



Classes

We partner with you to create a wellness plan that fits your health needs and lifestyle. Some of our programs include:



Healthy Living: Skills to help people who are living with chronic conditions



Diabetes Self-Management: Supporting people with Type 2 diabetes, helping them control their blood sugar and manage symptoms



Chronic Pain Self-Management: New ways to manage pain

Log on to
www.mlkch.org/classes-events
to register for a free class

“What I like best about my job is having the opportunity to build life-long relationships and partnerships with my patients. Watching families and communities take ownership of their health is one of the most rewarding aspects of my job.”



Yulsi Lili Fernandez Montero, MD, MPH
Family Medicine

Telephone Appointments

You can save time by talking with a doctor on the phone. If you are a current patient and are over 18 years old, we are available to talk with you about many common health issues.



Some examples are:

- | | |
|--------------------|---------------------|
| Allergies | Flu |
| Asthma | Insect Bites |
| Chronic Joint Pain | Sinus Pain/Pressure |
| Colds and Coughs | Sore Throat |
| Diarrhea | Vomiting |

Call us at 424-529-6755 to schedule your phone appointment.

Getting Started

Preparing for Your Visit

We will send you an appointment reminder by phone call or text message. When you come to see us, remember to:



Write down your questions and notes before you come.



Bring your driver's license or identification card.



Bring your health insurance card, if you have one.

Allow enough time to check in.

Consider asking a friend or family member to come with you. This person may help you ask questions or remember answers.

Forms to Complete Before You Come In

By completing these forms and bringing them to your first visit, you can shorten your wait time. If you cannot fill them out at home, please be sure to arrive early for your appointment.

Log on to
www.mlkch.org/forms-to-complete
to download these forms

Patient History

This important form tells the doctor about:

- Your medical history
- Your family's medical history
- Medications you are taking
- Allergies

New Patient Registration

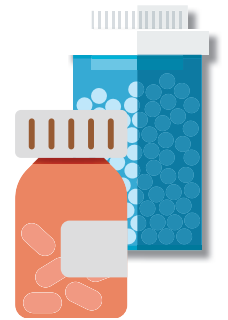
This short form tells us these:

- Your contact information
- Your insurance information

At Your Appointment

Bring all the medications (bottles) you're currently taking, including:

- ✓ Prescription medication
- ✓ Over-the-counter medications, such as aspirin or ibuprofen
- ✓ Vitamins
- ✓ Herbal supplements



Ask questions and share your concerns. If you don't understand the doctor's answers, ask for more information.



Before you leave, be sure you know:

- ✓ Which medications to take and how often
- ✓ When you have to take tests or have a follow-up appointment
- ✓ When and how you should expect your test results and what the results mean

If you think you might be late, please call us at 424-529-6755. We will do everything we can to make sure you see a doctor.

If you need help getting to your appointment, please call us at 424-529-6755.



Get Care with MyCare Patient Portal

When you use MyCare Patient Portal you can do the following:

- Request a prescription renewal
- Request an appointment
- Fill out your registration forms before your appointment
- Send a secure message to your doctor
- View your lab and test results
- Update your information

Register During Your First Visit

When you come for your first appointment, we will help you with the registration process. It takes five minutes. You can also call us and ask for assistance.



Step 1: When you are at MLK Community Healthcare for your first visit, provide your email address to the receptionist. The staff will assign you a security Challenge Question so that you will log on safely your first time. This will generally be your zip code.



When You Get Home

Step 2: You will receive an invitation at the email address you gave us. You should expect the email immediately after you register.



Step 3: Click on the **Accept Invitation to MyMLKCH link.**

Step 4: Once you are connected, you will see the logo for Martin Luther King, Jr. Community Hospital. This is the same portal we use at MLK Community Healthcare. You are on the correct site.



Step 5: Next enter your date of birth and answer your “challenge” question. Your answer will be the answer we assigned you when you registered. This will generally be your zip code.



Step 6: Verify your email address and create a username and a password, and choose your new personal security question and answer.



Step 7: Review and agree to the Terms of Use and Privacy Policy and click **Create Account.**

Please remember your username and password. You will need them every time you log in.

To log on after you complete your enrollment, go to:
www.yourmlkch.iqhealth.com

Congratulations, you now have access to the MyCare Patient Portal!

Basic Health Coverage Information

Health coverage pays for doctor services, medications, hospital care, and special equipment when you're sick. It is also important when you're *not* sick.



Most coverage includes immunizations for children and adults, annual visits for women and seniors, obesity screening, and counseling for people of all ages. Many of these services may be free with your paid-up insurance. Keep your coverage by paying your monthly premiums (if you have them).

Insurance plans can differ by the doctors you see and how much you have to pay. Medicaid and the Children's Health Insurance Program (CHIP) also vary from state to state. Check with your insurance company or state Medicaid or CHIP program to make sure you understand what services and doctors your plan will pay for and how much each visit or medicine will cost.

Ask for a Summary of Benefits and Coverage document that summarizes your plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

Important Health Insurance Words

A Network is the facilities, doctors, and suppliers your health insurer has contracted with to provide healthcare services.

- Contact your insurance company to find out which doctors are "in-network." These doctors may also be called "preferred providers" or "participating providers."
- If a doctor is "out-of-network," it will cost you more to see her.
- Network can change. Check with your doctor each time you make an appointment so you know how much you will have to pay.





A Deductible is the amount you owe for covered services before your health plan begins to pay.

For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered healthcare services that are part of the deductible. The deductible may not apply to all services.

Co-insurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductible you owe.

For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.



A Co-payment, or co-pay, is an amount you may be required to pay as your share of the cost for a medical service or supply, such as a doctor's visit, hospital outpatient visit, or prescription drug. A co-payment is usually a set amount, rather than a percentage.

For example, you might pay \$10 or \$20 for a doctor's visit, lab work, or prescription. Co-payments are usually between \$0 and \$50 depending on your insurance plan and the type of visit or service.



Basic Health Coverage Information

A Premium is the amount that you must pay for your health insurance. You and/or your employer usually pay it monthly, quarterly, or yearly. It is not included in your deductible, your co-payment, or your co-insurance. Caution: If you don't pay your premium, you could lose your coverage.



An Out-of-Pocket Maximum is the most you pay during a policy period (usually one year) before your health plan starts to pay 100% for covered essential, or necessary, health benefits. This limit includes deductibles, co-insurance, co-payments, or similar charges and other costs for a qualified medical expense. This limit does not have to include premiums or spending for non-essential health benefits.

An Explanation of Benefits (or EOB) is a summary of health care charges that your health plan sends you after you see a doctor or get a service. It is not a bill. It is a record of the healthcare you or individuals covered on your policy got and how much your doctor is charging your health plan and how much you owe.

Some Coverage Questions

The questions below can help you better understand your coverage and what you will pay when you get healthcare. If you don't know the answers to these questions, contact your insurance plan or state Medicaid or CHIP agency.

- How much will I have to pay for a primary care visit? A specialty visit? A mental/behavioral health visit?
- Would I have to pay a different amount if I see an "in-network" or "out-of-network" doctor?
- How much do I have to pay for prescription medicine?
- Are there limits on the number of visits to a doctor such as a behavioral/mental health doctor or physical therapist?
- How much will it cost me to go to the emergency room if it's not an emergency?
- What is my deductible?
- Do I need a referral to see a specialist?
- What services are not covered by my plan?



Community Resources

Our commitment to coordinating your care includes connecting you to the support and encouragement provided by many community resources near where you work or live.

Log on to
www.mlkch.org/community-resources
for local contacts that support
each of the following areas.

Department of Social Services Resources

The Department of Social Services is a California state agency that is responsible for many social safety net programs, including applications for food stamps, cash aid, general relief (GR), Medi-Cal, and in-home support services.

Domestic Violence Resources

These are services for domestic violence victims and their families, including advocacy (support), crisis intervention, legal assistance, case management, assistance with shelter placement, and referrals to counseling.



Eating Disorder Resources

These resources are intended for people suffering from various eating disorders, such as anorexia (fear of eating to avoid weight gain), binge eating, bulimia (eating a great deal and then vomiting to avoid weight gain), compulsive eating, or overeating.



Community Resources



Employment Resources

These resources can help with job listings, job skills, interview skills, job-search techniques, unemployment benefits, and placement assistance.

Family-Based Resources

Family-based resources offer educational, family, child, and youth services that may include counseling, recreation, after-school activities, classes, and ESL (English as a second language) classes.



Food Resources

These resources include food banks, food pantries, and hot meals within your local community. Call selected food distribution centers because dates, times, and locations frequently change.

Homeless Resources

Homeless resources are walk-in overnight emergency shelters. Some shelters offer support services, case management, meals, showers and housing referrals.

Immigration and Refugee Resources

These resources provide essential services to immigrants and newcomers to this country. These include legal services that deal with immigration and refugee policies that protect family unity and allow an opportunity to contribute and participate more fully in our communities.



Legal Resources

Legal resources may include assistance in preparing legal forms and guidance on a variety of civil matters, including evictions, child custody, divorces, domestic violence, paternity actions, and civil harassment (violence or threats of violence from someone you don't have a close relationship with).

Medical Resources

Medical resources include community healthcare clinics, public health centers, women's health services, dental services, and vision services.



Mental Health Resources

These resources provide mental health services to Los Angeles County, including crisis helplines, crisis response teams, urgent care centers, and mental health centers.

Sexual Assault Resources

These resources serve people who have witnessed or been the victim of a sexual crime. They include hotlines, outpatient services, and support groups.

Social Security Resources

The United States Social Security Administration administers Social Security and social insurance programs, including retirement, disability, and survivors' benefits.



Subsidized Transportation Resources

These resources provide transportation assistance programs that offer lower cost for seniors, people with disabilities, and students.



Substance Abuse Resources

These resources include community assessment service centers, medical detoxification treatment centers, methadone programs, residential drug and alcohol programs, treatment programs for pregnant women and women with children, outpatient treatment programs, tobacco cessation (stopping smoking or chewing tobacco) programs, sober-living programs, and sober living for parents with children.

Contact our Social Services Specialist if you have questions about what you need. We're here to help.



**MLK Community
Healthcare**

424-529-6755

www.mlkch.org

East Compton Clinic

135 E. Compton Blvd., Suite 131
Compton, CA 90222

Rosecrans Clinic

2251 W. Rosecrans Ave., Suite 18-21
Compton, CA 90222

Wilmington Clinic

12021 Wilmington Ave., Building 11, Suite 1000
Los Angeles, CA 90059



MLK Community
Healthcare

MLKCH
NURSING

Year In
Review



Letter from the CNO

Here's what happened to nurses at MLK Community Healthcare in 2022: Our patient volume soared, our staff were strained, and we raged and wrestled with the structural and social inequities that cause so many in our community to fall ill.

Here's what also happened to MLKCH nurses in 2022: Our hospital achieved a CMS 5-Star rating. The Joint Commission Survey recognized us as an inpatient diabetes Center of Excellence. We had the most successful Joint Commission review in our history.

In short, in the midst of a maelstrom of negative social, economic and political pressures, we not only rose up to meet the challenges, we achieved amazing things. That is what makes nursing at MLKCH so special. This is not a clock-in, clock-out kind of place. This is place where every day is vital, unpredictable and life-changing—for our patients, for ourselves.

This—our first-ever Nursing Annual Report—is designed to capture some of that excitement. Here, for me, is what stands out:

- **We got it done.** I witnessed our nurses create solutions and innovate to meet the tremendous surge of patients we saw in 2022. We used every nook and cranny in our physical space to take care of our community while simultaneously hitting it out of the park on Joint Commission. Amazing!

- **When others staffed low, we staffed high.**

High volume put stress on hospital staffing everywhere. Whereas other hospitals removed beds to avoid hiring travelers, our hospital made sure we had beds and staff to meet the demand. The reasons have everything to do with the mission of MLKCH and the unique circumstances of our community. All of us know that MLKCH is often our patients' only source of care. We had to be there for them. This was a brave and principled decision and I salute our health system's leadership for doing what is right rather than what is economical. Yet even as we filled the gap, we also hired aggressively. As of this writing, we have almost all of our permanent nursing positions staffed.

- **We moved on Magnet.** We now have a strategic plan and a governance structure in place as we move forward on the exciting multi-year journey to Nursing Magnet Designation. A highlight of the year was the practice excellence workshops led by nursing superstar Dr. Maria O'Rourke. You can learn more about Magnet in this report and through my one-on-one conversation with Maria about how this process will transform the care we provide.

Even the challenges we faced in 2022 have an upside. If anything, the high patient volume we saw is an indicator of our success. It tells us that we are doing superlative work and our community knows it. The excellence of our nursing staff is a big part of why MLKCH is now a destination of choice as well as necessity.

That's exciting. And it's predictive of where we can and will go next. It won't be easy. But we are mighty and we will succeed.



Tanya Osborne-McKenzie,
DNP, MBA/MSN, RN, NEA-BC, CPPS



MLKCH BY THE NUMBERS

1

CMS 5-star
hospital

3

(and growing)
Outpatient care
centers

7

Nursing specialty
areas (Emergency
Department, ICU,
PACU, Labor &
Delivery, Care
Management,
Outpatient care,
Street Medicine)

4

Nurse residencies
and fellowships

1

Award-winning
Wound Healing
& Hyperbaric
Therapy Center

5

Nurse-involved
community health
education and
screening programs

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**INVESTING
IN YOU**

ON A MISSION

**It takes compassion, courage,
and commitment to a higher
mission to be a nurse at MLKCH.
And it takes a big heart.**

Many of our nurses, like Bethany Jenkins, MSN, RN, faced hardships themselves. They understand firsthand the vulnerability that leads many nurses to want to work here. Some, like Anahiz Correa, BSN, RN, are eager to grow their careers and know a community hospital like MLKCH will offer a faster track to leadership. Others are leaving jobs at big systems because they are drawn to MLKCH's inspiring mission.

"Since I've been with MLKCH, I learned I have an affinity toward community hospitals, and it makes me feel good to know I'm making a difference," says Clare Francisco, BSN, RN. "With all the disparities that are now being pushed into the light, for me to be able to chip that down is rewarding."

You will meet these nursing superstars, and others, in this first-ever MLKCH Nursing Year in Review. You'll learn about the award-winning programs that put nursing at MLKCH in a class of its own—programs like the RN Residency

Program, which launches recent grads on a path to success; or sponsorship in national Fellowships for experienced nurses, which open doors to new fields of expertise and leadership training.

MLKCH challenges its nurses to do big things. In turn, they are rewarded with competitive pay and benefits, employee wellness programs, and opportunities to participate in shared governance for practice. They attend conferences, serve on committees, and innovate cutting-edge solutions to serious problems like soaring diabetes rates and caring for unhoused individuals.

We invite you to learn more about nursing at MLKCH. Explore for yourself the exceptional work nurses are doing at this state-of-the-art hospital and health system in South L.A.



A WHIRLWIND YEAR

Commitment to excellence helped MLKCH nurses rise to the challenges and exceed the mark in 2022.

JANUARY

COMPASSION: ICU nurses decorate a dying patient's room and bring in her family so that she can witness her daughter getting married.



SUPERSTAR: MLKCH's nurse-midwife-led maternity program wins 2022 "Superstar" as well as "Quality and Sustainability" Awards from California Maternal Quality Care Collaborative.

DIABETES CENTER OF EXCELLENCE: MLKCH becomes an "Advanced Disease Specific Certified Inpatient Diabetes Care Hospital" —one of only 70 hospitals across the country who have this advanced certification.

BABY FRIENDLY: MLKCH receives the international Baby-Friendly designation.

MARCH

CHAMPIONS: MLKCH nursing plays an important role in our health system making the 2022 list of CDC Tuberculosis Elimination Champs.

APRIL

GOLD STANDARD: MLKCH passes Joint Commission with flying colors.

MAY

ROCKIN' IT: MLKCH honors Daisy Award-winning nurses and hosts a week of festivities during Nurses Week.



STREET MEDICINE: MLKCH launches an innovative Street Medicine Program team, including two nurse practitioners, to ensure the most vulnerable get the follow-up care they need.



JUNE

5-STAR: MLKCH achieved a 5-star CMS rating, a testament in large part to the skill and dedication of our nursing staff, who maintained the highest quality standards even as they faced down wave after wave of COVID-19 surges.



MAGNET: Nursing rock star Dr. Maria O'Rourke partners with MLKCH on our journey to Magnet status, speaking at a number of on-site trainings.



JULY

LIFTING MANUP: MLKCH nurses lent their talents to a number of community-based health events, including flu and COVID vaccine clinics, Taste of Soul health screenings, and—starting in July—ManUp!—our free barbershop men's health program.

AUGUST

GENEROSITY: One in four MLKCH nurses put their money where their heart is by donating to MLKCH Gives, our annual staff giving campaign (which was led in part by four nurses!).

OCTOBER

EXCELLENCE: Tammi Boiko, Director of the MLKCH Diabetes Program, received the ACDES Kim Higgins Award for Excellence in Diabetes Care and Education, which recognizes a diabetes expert who has made outstanding contributions.



DECEMBER

LEADERS: Three MLKCH nurse-leaders are selected to participate in the prestigious American Organization for Nursing Leadership (AONL) fellowships.

A Diabetes Center of Excellence rises in South LA



One in 10 Americans has diabetes. In South LA, the number is even higher.

"I always say, if you want to succeed as a nurse, you need to understand this disease," says Tammi Boiko, MSN, RN, CDCES, FADCES, Director of Nursing Administration for Inpatient Diabetes and Wound Care Programs at MLK Community Healthcare. "It's where the problem is but also where there is huge opportunity for skill-building and innovation."

In the diabetes epicenter that is South LA, Boiko and her nursing team have harnessed that opportunity. In just three years, MLKCH built a world-class diabetes program from the ground up, earning the prestigious Certificate of Distinction for Advanced Certification in Inpatient Diabetes from The Joint Commission (TJC) in 2022. There are only 70 hospitals across the country who have this advanced certification.

“HERE, WE DON'T SAY ‘OH THAT'S TOO HARD’ OR ‘THAT'S TOO BIG OF A VISION.’ HERE, WE GO FOR IT.”

—Tammi Boiko, MSN, RN, CDCES, FADCES, Director of Nursing Administration for Inpatient Diabetes and Wound Care Programs

In the outpatient setting, MLKCH enrolled 484 patients in a Diabetes Center of Excellence Intense Disease Management Program. The program dramatically reduced hospitalization rates for uncontrolled diabetes (see box) in 2022. Patients benefit from individual coaching with diabetes educators, peer support groups, management of comorbidities and (for the food insecure) access to healthy foods through MLKCH's Recipe for Health Program.

To date, nearly 20 patients have "graduated," meaning they have met the goals of the program, have stable housing and have shown they can manage their care independently. The teamwork, determination and vision it took to do all this is nothing short of remarkable.

"But that's MLKCH," says Boiko. "Here, we don't say 'oh that's too hard' or 'that's too big of a vision.' Here, we go for it."

Here's how MLKCH is changing the trajectory of diabetes in South LA:

Catching it early, and often. MLKCH screens for diabetes regardless of diagnosis. "That means if you come in presenting for a cold and flu, you're still going to get your blood sugar tested," says Boiko. "The point is to catch diabetes before it advances to a severe state or, at the very least, compromises the patient's recovery from whatever they are presenting for."

Integrated care. MLKCH offers a multispecialty integrated care team to help a patient both during their hospital stay and after they leave. That team includes endocrinologists, vascular surgeons, podiatrists and nephrologists but also case managers, diabetes educators, social workers, pharmacists, community health workers and more.

Train, train, train. To earn the Certified Diabetes Care and Education Specialist credential, health professionals are required to complete 1,000 clinical hours, the last 400 with a certified diabetes educator in a center that has American Diabetes Association or Joint Commission certification. Along with Boiko, the diabetes nurse educator team includes Sandra Casas, RN, CDCES, and Nanelle Petriock, RN, CDCES. The team has a combined 48 years as RNs and 36 years in diabetes care and education. "The fact we have three diabetes nurse educators is amazing because you don't have that in many hospitals, especially with a 131-bed facility. It shows you how much leadership understands the prevalence of diabetes in our community," Boiko says.

Process improvement. Tackling diabetes in the context of whole-person care meant systemically re-examining the way care is delivered. That includes:

- An interdisciplinary Diabetes Care Committee that meets monthly to review diabetes trends, policies and procedures and TJC certification requirements;
- A Diabetes Nurse Champions program that holds unit-based monthly meetings to review diabetes care, charting and RN adherence to TJC requirements;
- Designing an English/Spanish Diabetes Education Guide to help patients manage their diabetes at home.

Nurses are central to these innovative efforts, which benefit, in turn, from a collaborative, team-based culture that welcomes new ideas.

“South LA may be the front line of diabetes in America but MLKCH is the cutting-edge in terms of innovation and solutions to the crisis,” says Boiko. “Working at MLKCH you really have the opportunity to pilot new and exciting ways to improve outcomes for our patients.”



Advanced tools in the fight against diabetic wounds

With diabetes comes an epidemic of difficult-to-heal diabetic wounds—and the need for advanced therapies to treat them. That’s why MLK Community Healthcare operates South L.A.’s only Wound Healing and Hyperbaric Therapy Center, a specialized, state-of-the-art outpatient treatment center providing therapies more typically reserved for the wealthy and star athletes.

Notably, the center features state-of-the-art hyperbaric oxygen (HOB) therapy, a treatment that enables patients to breathe 100% pure oxygen while inside a pressurized chamber. The pressure—about two times greater than the pressure in the atmosphere—helps push healing oxygen through the body to repair injured tissue and heal wounds. In 2022, MLKCH won awards for its high wound healing rate (90% of patients improved through treatment) and even higher patient satisfaction (96%).

DIABETES CARE BY THE NUMBERS IN SOUTH LA

18,000

Number of patients with diabetes that MLKCH treated in 2022.

3,158

Number of people living with diabetes who have been referred for follow-up care at the MLKCH outpatient care centers.

484

Patients enrolled in the MLKCH Diabetes Center of Excellence Intense Disease Management Program.

5%

Percent of patients enrolled in the MLKCH Diabetes Center of Excellence Intense Disease Management Program who required hospitalization. By contrast, 508 hospitalizations occurred (19%) among the 2,702 patients living with diabetes but not under intense management.

1,202

Health screenings (including blood glucose screenings) conducted by MLKCH’s mobile, community-based “Know Your Basics” team.



From “number” to a nurse-manager —and more

Anahiz Correa wants to be an innovator, not a number.

Her nursing career began in a big health system where she often felt like a cog in an enormous wheel, with little voice in the decision-making.

A heart for the most vulnerable brought her to MLK Community Healthcare. She expected high need. She was surprised by the high degree of encouragement she got to innovate and advocate. Today she is MLKCH’s Senior Director of Critical Care Services and a soon-to-be MPH graduate of UC Berkeley, with a concentration in health policy and management.

“Working at a small, nimble organization was a slingshot to career growth,” she says. “You can get things done at MLKCH that just take longer elsewhere.”

Innovators like Correa thrive at MLKCH. The new hospital (MLKCH opened in 2015) and health system has an entrepreneurial culture that rewards those who yearn to do things different—and better—for safety-net communities.

“YOU CAN GET THINGS DONE AT MLKCH THAT JUST TAKE LONGER ELSEWHERE.”

—Anahiz Correa, Senior Director, Critical Care Services

Case in point: Correa collaborated in the creation of a post-ICU clinic for patients who need extra support recovering from the trauma of a serious illness. Not only does the clinic help patients (who frequently lack access to follow-up care) it gives frontline nurses the opportunity to visit their former charges.

“Discharging a patient who has no access to follow-up care is terrible for the patients and stressful for their hospital caretakers,” says Correa. “The post-discharge clinic changed that. It is a huge relief for everybody involved.”

Correa has also been effective in handling her ED’s enormous caseload. MLK Community Hospital routinely cares for more patients than hospitals 3-4 times bigger, yet has one of the shortest time-to-encounter rates in LA County. Correa and her team created innovative triage techniques to move patients with less serious complaints in and out quickly. They’ve also maximized the hospital’s small footprint in order to treat more patients. “We have challenges that other hospitals don’t have, particularly space,” she says. “We’ve had to be innovative.”

Correa credits MLKCH’s strong support of her career trajectory from the beginning, when she was first assigned a nurse-leader mentor. “I was given a lot of opportunity to grow through different challenges and projects, leading presentations, attending conferences and taking courses,” she says. In 2022, MLKCH sponsored Correa’s successful application to the American Organization of Nursing Leader’s prestigious yearlong fellowship program.

“MLK is a place that if you have an idea, they’ll give you room to grow it,” says Correa. “That’s pretty rare.”

JOURNEY TO MAGNET

With a defined governance structure in place, MLKCH is on the path to Magnet designation. But what is Magnet and what does it mean for how we care for our patients, each other and our community?

Read on →



WHAT'S THIS THING CALLED MAGNET?

Envision a hospital that values nurses' opinions and experience. A hospital where nurses pioneer new and better ways to improve outcomes. A hospital where nurses conduct research and disseminate their knowledge in national forums.

In short: a hospital and health system where nursing really matters.

That, in a nutshell, is the aim of the national Magnet Recognition Program[®], an evidence-based pathway designed by the American Nursing Credentialing Center to achieve a standard that is considered the pinnacle of nursing excellence. The program grew out of an American Academy of Nursing study of hospitals that attracted highly qualified nurses who practiced exemplary, compassionate, and patient-centered care. (To understand the program's name, picture the forces of a magnet attracting nurses at every level.)

Nurses want to work in Magnet settings because they enjoy increased autonomy at the bedside, a voice in decision-making and opportunities to reach their full professional

potential. Magnet hospitals have more training classes, workshops and conferences, and more opportunities for nurses to join unit-based committees that make their voice heard.

Over the years, evidence has demonstrated that when hospitals participate in the Magnet Journey, it benefits both patients and nurses, says Gena Welch, MSN, RN, PHN, CPN, CEN, MLKCH's Senior Director of Nursing Administration, who is leading MLKCH's own journey to Magnet.

Magnet-recognized hospitals demonstrate higher nursing retention, fewer travel nurses and lower turnover. Magnet hospitals also have lower incidences of hospital-acquired pressure injuries, decreased patient falls and lower mortality rates—a win for patients, of course, but also a win for the organization, as it reduces financial impacts. At the organizational level, Magnet recognition results in improved efficiency at the unit level, stronger bond ratings, competitive advantage in regional markets, and the ability to attract highly-qualified, highly-educated RNs.



- **Empirical outcomes:** Nurses use evidence-based methodologies to chart a path forward.
- **Structural empowerment:** Nurses are empowered to speak up and take the initiative at every level through “shared governance.”
- **Exemplary professional practice:** Nurses understand and embody the concept of “professional practice” (*Read more about what this means in our one-on-one interview with Dr. Maria O’Rourke, pg. 28*)
- **New knowledge, innovations and improvements:** Nurses conduct research and disseminate new knowledge.
- **Transformational leadership:** Hospitals invest in, and develop, leaders who foster a culture of excellence.

Comparing Magnet vs. non-Magnet hospitals:

MAGNET HOSPITALS BENEFITS TO NURSING

- Nurses were less likely to be dissatisfied with their job
- Nurses were less likely to report high levels of burnout
 - Lower nurse attrition
 - Lower nurse turnover

MAGNET HOSPITALS BENEFITS TO PATIENTS

- Higher patient satisfaction
- Lower mortality rate
- Lower odds of failure to rescue
- Lower average patient fall rate
- Lower nosocomial infections
- Lower HAPI rates
- Lower CLABSI rates

FINANCIAL IMPACT

- Decreased mortality rates
- Shorter hospital stays
- Lower RN turnover
- Greater bond ratings

References: Journal of Nursing Administration and American Journal of Nursing



The journey begins

Although MLK Community Healthcare is at the beginning of its journey toward Magnet designation we have already begun to implement strategies and initiatives to achieve this gold-standard recognition.

Among our achievements to date:

- Professional Practice training for nurse leaders;
- A3 Methodology training for problem-solving;
- Education and professional development for all nurses, with classes that have included Just Culture, Lean Methodology, Beta Support and CNO Academy;
- A shared governance structure (see illustration) that will help take us to the next milestone: defining our unique MLKCH Professional Practice model.

Nurses have also attended and presented research at the Association for California Nursing Leaders annual meeting and at the Association of Nursing Leaders and American Nursing Credentialing Center.

Exceeding benchmarks

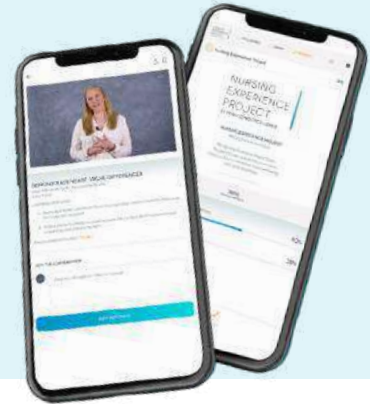
This foundation-laying is paying off. To achieve Magnet recognition, health care systems must exceed the national benchmark in three areas: 1) Patient Experience; 2) Nursing-Sensitive Indicators, and: 3) RN Satisfaction. MLKCH currently is outperforming the benchmark for Patient Experience and Nursing Sensitive Indicators (see our metrics on page 27). We're committed to RN satisfaction as well despite a year of unprecedented challenges to health systems and staffing everywhere.

This is only the beginning

The journey to Magnet and nursing excellence will take time and be built upon the work that's already being done in all roles of nursing. The road we're on should be viewed as a marathon, not a sprint—and MLKCH is ready to go.

PRACTICE IN YOUR POCKET

MLKCH offers all nurses "The Nursing Experience"—a mobile app that provides on-demand coaching and professional development.



IMPROVING OUTCOMES

To prevent falls, the nursing leadership group paired with clinical bedside nurses to implement a best practice bundle to prevent hospital-acquired pressure injuries (HAPI). This work resulted in a dramatic drop in these events.



TOP 10%

Only 30 nurse leaders are admitted each year into the prestigious American Organization for Nurse Leaders (AONL) Nurse Leader Fellowship—and this year three of those 30 are from MLKCH! Two manager fellows, Anahiz Correa and Sandra Temple (pictured left and right), and one director fellow, Gena Welch (center), were accepted in 2022 and started the yearlong fellowships in 2023.



Steps to Magnet Designation

1

TIMELINE BEGINS: The structural foundation for the Magnet journey is laid and documentation of the work Nursing is doing begins. This could include such things as improvements in staffing and scheduling or in nursing-sensitive indicators such as falls or catheter-associated urinary infections (CAUTIs). Examples of documentation include metrics, graphs, email communications, meeting minutes and other written evidence that qualifies the work that has been done.

2

NSI DATA CYCLE BEGINS: Patient outcomes must be demonstrated. To achieve Magnet designation, hospitals must outperform the national benchmark for falls, pressure ulcers, UTIs, central line-associated bloodstream infections and other nursing-sensitive indicators. ANCC requires two years of outcomes.

3

APPLICATION SUBMISSION: MLKCH gives notice they are going to supply documents.

4

DOCUMENT SUBMISSION: MLKCH submits documents. Once a final review of the documents is made, MLKCH will be notified they have passed and will progress to a site visit.

5

SITE VISIT: A panel from ANCC makes a three-day on-site visit. They tour the hospital, speak with nurses and review policies.

6

MAGNET DESIGNATION DECISION NOTIFICATION: The applicant is generally notified of the decision to grant Magnet status about three months after the site visit.

Shared governance empowers nurses, yields better patient outcomes

Our nurses say one of the many reasons they love working at MLK Community Healthcare is because they feel their knowledge and skills are valued. As professionals, they appreciate the autonomy they are given to make decisions about the patients they care for. At MLKCH, fostering a collaborative climate in which nurses feel empowered to share in decision-making is purposeful and by design—it's called shared governance for practice. We sat down with Gena Welch, MS, RN, PHN, CPN, CEN, Senior Director of Nursing Administration to find out what it's all about.

Can you explain what shared governance for practice is—and what it is not?

Shared governance is a model that ensures that the people working at the point of care are helping make decisions for solutions. It's very important to a profession. It says that the voices and experiences of every nurse can and should be heard and valued. When there is a healthy professional governance council, it empowers nurses in all roles. And it definitely results in improved outcomes for patients.

Shared governance does not replace formal leaders. It is not self-governance. It is governance over nursing practice, not over all things with regard to the policies and procedures in other areas of the hospital. It doesn't make leaders less responsible for their duties. We are not passing off duties; rather we are empowering people.

Why is it important to have a professional governance model?

As professionals in nursing, as in any field, we have a duty to govern our own practice. When we relinquish that ability to govern our own practice, that's when others come in and dictate our practice, and we lose our professionalism,

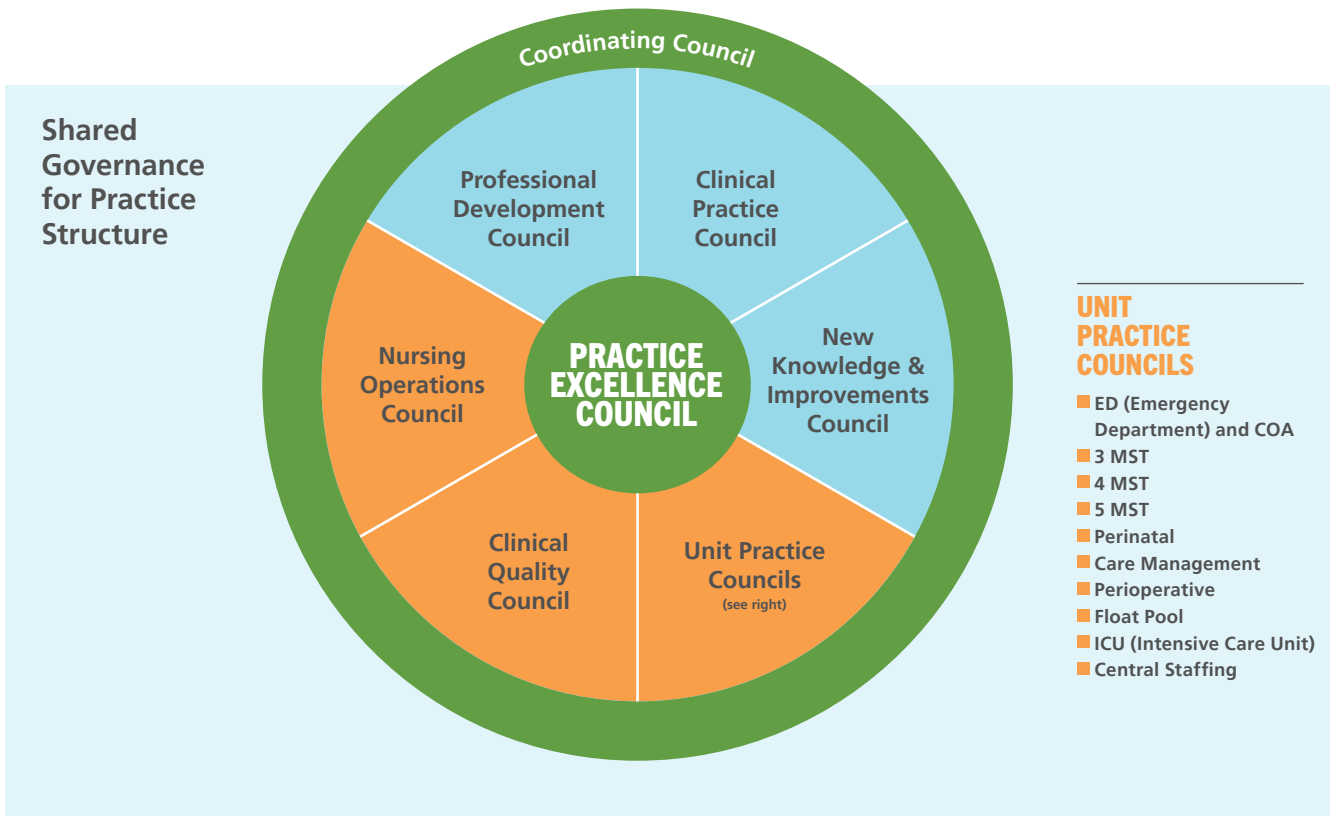
and we lose our autonomy. That comes directly from the body of work authored by Maria O'Rourke, who wrote the California Nursing Practice Act in 1976. Her premise was if we don't create a Nursing Practice Act that clearly empowers us then we will lose the ability to govern our own practice.

How does shared governance differ from participatory management?

In participatory management, the leaders still make the final decisions—they do not have to take the input of staff. This is a hierarchy, and it's very centralized. The foundation of shared governance is decentralized decision-making. At MLKCH, we want to be able to give nurses the framework with which to solve challenges they have identified, prioritize them and collaborate among themselves to identify evidence-based solutions.

What is the value of shared decision-making?

No one knows the patient better than the nurse who is treating them. So, when we are talking about our patients and providing excellent care



and outcomes, the best location for decisions to be made are at the unit level. We believe people at the bedside are best equipped to make decisions about the people they care for. Now we want that expertise to penetrate up from the bedside, informing the whole nursing practice.

Describe the shared governance for practice model at MLKCH.

Currently, we are working toward a model that has at its center a Practice Excellence Council to provide a forum for all levels of nursing to participate in shared governance for practice. All other nursing councils report to this council, and communication flows in a multidirectional, equitable fashion. Not only is it the means for the unit practice councils to speak to the CNO and say ‘this is what we’re doing, and this is the support we may need’ but it’s also their ability to directly hear the message of the CNO so it’s not filtered through many different layers of leadership. That’s the connection with the bedside.

Three councils are currently active: Nursing Operations Council (NOC), Clinical Quality Council (CQC) and Unit Leadership Practice Councils (UPC). From there, we have performance improvement councils and unit practice councils up and running with several more in the works. We plan to add four additional councils: Professional Development Council, New Knowledge & Improvements Council and Clinical Practice Council, as well as a Coordinating Council, consisting of the CNO, the co-chair from the Practice Excellence Council and myself. This council will meet twice yearly to evaluate whether the governance structure is working.

We believe this model of shared governance for practice will continue to propel our organization toward achieving nursing excellence and Magnet designation while empowering our nurses in all roles.

PASSION AND PRACTICE:

A conversation with
Dr. Maria O'Rourke

Roundtable: Raising the standards of nursing

For over 40 years, nationally acclaimed author, educator and consultant Maria Williams O'Rourke, PhD, RN, FAAN, has guided organizations toward nursing excellence through the "O'Rourke Model of the Professional Role and Role-Driven Practice." We sat down with Dr. O'Rourke and MLK Healthcare's CNO, Dr. Tanya Osborne-McKenzie, DNP, MBA/MSN, RN, NEA-BC, CPPS, to discuss Dr. O'Rourke's models and how they support MLKCH's practice excellence journey.

What is the point of Magnet?

MARIA: Magnet is a journey. Ultimately, it's about nursing excellence and how we get there. What systems and processes must we put in place to fulfill our role as professional nurses? What are the core beliefs driving those systems?

Can you explain the professional practice model?

MARIA: A professional practice model is simply a structure that defines how we deliver nursing practice excellence. When I talk about structure, it's not necessarily brick and mortar, it's the structural thought process. It's how you think about your role and identity that frames your practice. It's your value system, it's your core. It's the way you want the world of healthcare to be a better place. We will put the systems and processes in place to do so.

TANYA: Of course, you then must build brick and mortar and a team around it. At MLKCH we value the professional role of the nurse. It means you are committed to your professional nursing role as a decision-maker and a leader who is science-driven and committed to interprofessional collaboration and communication in your practice.



What is role-driven practice?

MARIA: It's a practice approach based on ownership of your professional role obligations and your scope of practice—what you are fully capable of doing as a professional nurse. Too often our vision of ourselves is limited. We all have the same role obligations and scope of practice, but we may not be actualizing it to the extent we could. I often get a confused reaction when I describe the professional role of the nurse as a decision maker. Nurses aren't used to seeing themselves as decision-makers who have independent authority to lead their practice decisions and actions. For a nurse the challenge is: "I have to change my idea of my role identity and direct how that role plays out so as to 'Do No Harm'."

TANYA: If I'm watching a medical show on TV, I'll often see the nurses waiting for the doctor to tell them what to do and the nurses blindly doing it. That's the task-based nurse. That's not at all what nursing is. We are skilled professionals, and we have an obligation to observe, to determine and to act. When Dr. O'Rourke talks about role-driven nurses, this is what she's talking about, nurses act through leadership of their practice.

MARIA: If you don't want to be a decision maker you can't be a professional. If you don't want to own the professional role, you can't be a nurse because nurses are professionals. You just can't be one or the other. You must be both.

How do nurses react when they understand and lean into their leadership role?

MARIA: My experience is that nurses when they become clearer about their professional role obligation to lead their practice so as to "Do No Harm", they are inspired, committed, and amazed that they were not as clear before. It increases their excitement and energy and desire to be fully engaged as a professional RN. It makes them more engaged and more likely to look at things from a solution perspective.

MAGNET IS A JOURNEY. ULTIMATELY, IT'S ABOUT NURSING EXCELLENCE AND HOW WE GET THERE."

—Dr. Maria Williams O'Rourke

But you can't impose that revelation on people. They must come to it on their own. That's what the Magnet journey is about—helping our nurses understand that through their professional practice—through their efforts to improve their clinical excellence, they have power and agency. They are not just passive actors taking orders from others. They can be active, empowered, and respected agents in their patient's recovery.

TANYA: I think of it as going on a diet to fit in a dress for a wedding versus making a lifestyle change to be healthy. You've got to do things for the right reasons. If you go on that diet for the wedding, you may fit in that dress but the likelihood you're gonna go back to where you were is pretty sure. As opposed to a lifestyle change where you build a foundation for lifelong change by going to a dietician, getting a personal trainer, and sticking with it.

That's why I don't say we're on a Magnet journey; I say we are on a journey to Nursing Excellence. That's what Maria is doing for us now. She's helping us—all of us—build the foundation so we can make this long journey and sustain it.

MARIA: The point is to define your values, adopt a professional role identity, understand your role obligations, and then practice your profession in a really empowered, big-picture way. To put in place the structures and processes that can help raise everybody's standard of practice and produce excellence. And if we understand why we are doing it and have the structures to help us do it well, we will ultimately change the face of patient care and honor our professional role obligation to "Do No Harm" and work in the best interest of others.

Grit, determination and the desire to give back led her to MLKCH

For many nurses at MLK Community Healthcare, the passion to help others is rooted in a first-hand experience with vulnerability. It's what propelled Bethany Jenkins, MSN, RN, from Section 8 housing to nursing school to MLKCH, where she rose through the ranks to become a MedSurg/Telemetry charge nurse and Daisy Award-winner.

It's been an amazing journey for this single mom who grew up wanting to emulate her mother, a nurse, but fell upon hard times. At one point, Jenkins lived in a group home with other low-income women and worked odd jobs to put herself through nursing school.

Today her life has come full circle.

"I think when people see themselves—people who look like them, somebody they can relate to—they're more eager to listen," she says. "That's what drew me to the hospital and to want to work with this community. These patients are my own people, and if I can be the difference in one person's life, it's really special to me."

Jenkins began her career at MLKCH in 2015, working on the team to get the hospital licensed. She was then hired as a staff nurse, ultimately becoming a charge nurse. It's a job she loves because it gives her input into what happens in the units. Her compassionate and innovative approach to patient care earned her a Daisy Award in 2019.

"There's always room for growth here," Jenkins says. "They have transition programs where you can learn to work in other units. Some people have gone into management. There's a lot of opportunity."

Jenkins has served on MLKCH's Congestive Heart Committee and Resuscitation Committee, as well as serving as unit-based council chair. She appreciates management's willingness to listen to suggestions on how to make the hospital better, she says. She credits MLKCH for being the catalyst for her return to college to earn her bachelor's and master's degrees.

"They're very encouraging of employees furthering their education," she says, including offering flexible schedules and a tuition-reimbursement program.

Next up for Jenkins: bringing first-year BSN students to the hospital to gain clinical experience. For Jenkins, it's a way to ensure that other young nurses get the same opportunity to rise.

"I really, really enjoy teaching," she says, a smile lighting her face. "If I can explain something or show you another way of doing something, that's fulfilling to me."



“THESE PATIENTS ARE MY OWN PEOPLE, AND IF I CAN BE THE DIFFERENCE IN ONE PERSON’S LIFE, IT’S REALLY SPECIAL TO ME.”

—Bethany Jenkins, charge nurse in Med-Surg/Telemetry

BUILDING HEALTHIER COMMUNITIES

MLKCH's Population Health programs offer nurses a chance to work outside the hospital's walls

MLKCH's Population Health programs offer nurses unique opportunities to get out in the community, talk to people, and experience nursing from a different perspective. Nurses can participate in a wide variety of education, screenings and medical care to underserved populations throughout South Los Angeles. For community members, it's often the first touchpoint on the road to meaningful care. For nurses, it's a chance to deepen their understanding of the social determinants that affect their patient's health.

WHERE THERE IS NO DOCTOR

South LA has some of the worst health indicators in California and much of that has to do with a severe lack of access to outpatient care. In this majority-Medi-Cal (California's Medicaid program) community, rock-bottom provider reimbursement rates make it hard for primary and specialty care physicians to make ends meet. The result is a 1,500 doctor shortage (relative to average areas) and dire results. Life expectancy in South LA is ten years lower than the state's and death from diabetes-related factors is three times the state average. In this "healthcare desert," community-based health programs take on heightened significance and nurses play a critical role in delivering care outside the hospital walls.



"It's a win-win," says Lauren Espy, MLKCH's director of community programs. "South LA residents get the care they need. Nurses get to hear the stories and deepen their understanding of the community they serve. It makes all of us better and more empathetic caregivers."

Here are some ways nurses can get involved:

Know Your Basics

This community health screening and education program holds events year-round throughout South LA in shopping centers, churches, farmers markets and schools. Nurses take community member's blood pressure, measure blood sugar, check body mass index and provide education on diabetes, heart disease, obesity and more.

"It's often the first step in a broader conversation about taking care of themselves," says Kris Ordonez-Maldonado, senior community benefits coordinator at MLKCH. "These are folks who may be too scared or busy to see a doctor but they'll take five minutes at 'Taste of Soul' (a popular South LA festival) to get their blood pressure checked."

Want to volunteer?

Contact Kris Ordonez-Maldonado at kordonez@mlkch.org.

ManUp! barbershop events

When it comes to a yearly check-up with their doctor, men have a certain reputation for (ahem) reluctance. MLKCH's ManUp! program exists to overcome that hesitancy through health education and screenings in a place men feel comfortable: the barber's chair. Nurses perform screenings at local barbershops while MLKCH-trained barbers chat up their clients about their health concerns. These fun, fluid events get conversations started that can lead to better health.

Street medicine

In August 2022, MLKCH launched a new street medicine department, charged with bringing medical services and resources to individuals experiencing homelessness throughout South L.A. It's part of an innovative effort to help

improve outcomes for the most vulnerable while also reducing volume to the hospital's busy Emergency Department.

Mobile street medicine teams offer the same medical services patients would get at a hospital or clinic—from STD testing and wound care to screenings and health education. The teams roll out daily, targeting 26 zip codes from Culver City to Paramount. The team includes nurses Elsa Zecena, NP, and Bethany Duncan, RN, (see Duncan's feature on page 19) along with Juan Washington, a community outreach coordinator, and Dr. Sarat Varghese, MD, the team's medical director.

The program helps individuals safely practice risk behaviors by providing condoms, education about sexually transmitted infections, needle exchanges, clean pipes and Narcan. If the patient is admitted to the hospital, the team follows up after discharge, ensuring prescriptions are filled and appointments are met. They also connect community members to social services and direct them to where they can shower and get a hot meal.



**MAN UP!
IN 2022**

215 Health screenings

27 Events

8 Participating barbershops



**STREET
MEDICINE
IN 2022**

10 Patient encounters a day

75 High-frequency ED
user patients under care

300 Total patients reached

Caring for the unhoused rekindles her spark for nursing

After 17 years as a trauma nurse, Bethany Duncan, RN, felt burned out. She didn't want to stay and didn't believe she could be happy in any other aspect of nursing. Then she was introduced to street medicine, and it rekindled her passion for her profession.

Duncan and the street medicine team from MLK Community Healthcare dispense medical care and resources to unhoused populations in an area encompassing 26 zip codes, from Culver City to Paramount. Their work is part of an innovative effort to ensure that the unhoused get help both during and after their hospital visit. By following patients—especially those that return repeatedly to the ED—back to their encampments to ensure they take their medications and adhere to a plan of care, MLKCH hopes to improve outcomes for these most vulnerable patients—and reduce pressure on the hospital's busy ED.

The team—consisting of nurse practitioners, social workers and outreach coordinators—typically treats up to 10 people each day, providing everything from prescription refills to wound care. For Duncan, who was on the verge of leaving her profession, the shift in focus has been profound. “We did intensive training with University of Southern California's Keck Street Medicine team and to see how amazing they were on the street, how engaging they were with patients, how much of a difference they

were making, I fell in love with nursing again. And here I am, and I've never been happier in my life.”

Duncan notes that the work is rewarding but also demanding, not just of your skills but also of your heart.

“The biggest driving factor is you have to love what you do and you have to love people,” she says. “You literally go out and try to make people change their daily habits. You empower them to want to get off the streets. That has to come from a place of love.”

Duncan describes a recent experience with a patient who once studied political science at Cal State Long Beach but then got addicted and ended up on the streets. When she found him he was living under a tarp surrounded by trash. The team saw him three times before he vanished. Several months later, Duncan saw his name on a chart. There was a phone number listed, so she called him to ask where he'd been. It turned out the man had gone to sober living and had been clean for 110 days.

“He attributed that to us getting him off the street and showing we cared about him,” Duncan says. “I actually cried like a baby that day. I'm glad to be part of a team that doesn't dismiss these people.”

**“I'VE NEVER BEEN
HAPPIER IN MY LIFE”**

—Bethany Duncan, RN Coordinator for Street Medicine



RECOGNIZING EXCELLENCE

Daisy Awards

Peer, patient or family-nominated awards for nursing excellence.

- Yvette Garcia
- Flor Estrada
- Rudolfo Garcia
- Akiko Gordon
- Susanna Liu
- Judith Martinez
- Ebdonna Naval
- Megan O'Brien





Great Catch Awards

Nurses who made outstanding contributions to patient safety at MLKCH.

- Maya Cox
- Sharon Harris
- Nedra Gayles
- Cesar Saenz
- Beverley Roy
- Mirian Romero
- Akilah Hill
- Annie Rickabaugh
- Christopher Fernandez

Focus on wellbeing creates happier, healthier nurses

MLKCH is proud of its innovative Employee Wellbeing program, which provides resources, tips (and cute therapy dogs!) to help our nurses and other healthcare workers keep calm and compassionately carry on. Some notable highlights from 2022 include:



Week of Wellness

Nurses received free haircuts and hand massages during our Week of Wellness, Employee Wellbeing's signature event. The week of activities aimed at improving mental and physical health included sound baths and fresh fruit giveaways, thoughtful expert talks on mindfulness techniques, and more.

HEALTH CARE IS GO, GO, GO. BUT IT'S OK TO TAKE A BREAK, AND IT'S OK TO TAKE CARE OF YOURSELF FIRST SO YOU CAN TAKE CARE OF OTHERS. HAVING THAT MINDSET HERE AT MLKCH IS REALLY IMPORTANT."

—JBecca Jozsa, MLKCH employee wellbeing specialist



Pet therapy

MLKCH brought therapy dogs, rabbits—even a parrot—into the clinical setting for our staff to cuddle. Research shows therapy animals can reduce stress and redirect negative thoughts.

HELP AND HEALING: MLKCH'S EMPLOYEE WELLBEING PROGRAM

- On-site social worker for crisis counseling and emotional support
- An employee assistance program that provides three free visits to a counseling center, 24/7 crisis support, resources and information on receiving financial support, child care services, senior care, and more
- Lunch and Learn events on topics ranging from healthy eating to work/life balance
- A monthly newsletter, "Tools to Thrive," focusing on mental, physical and emotional health
- "Valentine Grams" and "Notes of Gratitude," in which staff write and mail notes of appreciation to their colleagues
- "Coffee with the Reverend," a regular event featuring free gourmet coffees and an (optional) blessing or chat with our wonderful Chaplain
- And more!



Virtual yoga

On-demand as well as twice-weekly live virtual classes.



Massage chairs

A "Relaxation Room" on the hospital's third floor provides a quiet place for nurses and other healthcare workers to rest, color and use one of our two heavenly massage chairs.

OUT OF THE PARK

Despite the inherent challenges of being a safety-net hospital and serving a historically marginalized and underserved population, MLKCH nursing is outperforming national benchmarks for patient outcomes.

HOSPITAL ACQUIRED CONDITIONS & INFECTIONS (NURSING SENSITIVE INDICATORS)

OUTPERFORMING THE NATIONAL BENCHMARK FOR:

- Falls with Injury
- HAPI 2+
- CAUTI
- CLABSI

PATIENT EXPERIENCE

OUTPERFORMING THE NATIONAL BENCHMARK FOR:

- Patient Centered Care
- Care Coordination
- Service Recovery
- Courtesy & Respect
- Responsiveness
- Patient Education
- Careful Listening

EMERGENCY DEPARTMENT

OUTPERFORMING THE NATIONAL BENCHMARK FOR:

- Early Management Bundle for Sepsis by 15%
- Median Time to Transfer for Acute Coronary Interviews by 20 minutes

DIABETES CARE AND EDUCATION DEPARTMENT

AWARDED FOR:

- Received The Joint Commission Advanced Certification in inpatient diabetes care

PERINATAL

OUTPERFORMING THE NATIONAL BENCHMARK FOR:

- Vaginal Birth after C-Section (VBAC) by 23.3%
- C-section rates by 15.2%
- Nulliparous Term, Singleton, Vertex (NSTV) by 10%

AWARDED AND HONORED FOR:

- Maternity Care Honor Roll for 2022
- MDC Super Star Award 2022
- Quality and Sustainability Award 2022

- Collaborating with CMQCC on birth equity taskforce
- Joined the Premiere Perinatal Improvement Collaborative
- Maintained Baby Friendly Designation

PERIOPERATIVE

MET QUALITY GOALS IN ALL OF THE BELOW AREAS:

- Zero incidence wrong site, wrong procedure, wrong patient surgery
- 100% compliance with time out and site marking

MED SURG TELEMETRY

OUTPERFORMING THE NATIONAL BENCHMARKS FOR:

- Eight of eight quarters for Central Line Associated- Bloodstream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI)

OTHER ACHIEVEMENTS:

- Expanded 35 beds to 58 beds on all three floors

INTENSIVE CARE UNIT

OUTPERFORMING THE NATIONAL BENCHMARKS FOR:

- Eight of eight quarters for Central Line Associated- Bloodstream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI)

OTHER ACHIEVEMENTS:

- Met quality target for unplanned extubations
- Developed New Graduate RN Mentorship Program

WOUND CARE

ACHIEVEMENTS:

- Developed best practice bundle for pressure injury prevention

CENTRAL STAFFING/ FLOAT POOL

ACHIEVEMENTS:

- House Supervisors responded to 548 codes
- Float Pool supported timely discharges by hosting over 2,000 patients in the discharge lounge

NURSE SPOTLIGHTS



Intelligence, innovation and a cool head under pressure moved this nurse up the ranks

What does it take to move 400 patients through an emergency department built for 150—and still have some of the shortest wait times in LA County? Intelligence, creativity and the ability to think on your feet—traits that Jesse Lynwood, RN, MSN, PHN, assistant manager in the MLKCH Emergency Department, possesses in abundance.

Lynwood developed ways to handle high patient volume in an ED that treats more patients than hospitals three or four times larger.

MORE THAN AN ED

More than 112,000 patients passed through MLKCH's 29-bed ED in 2022. The high volume is in large part the result of a stark lack of access to care. More than 70% of MLKCH patients rely on Medi-Cal (California's Medicaid program) which reimburses providers at far lower rates than commercial insurance. Inadequate payment has led to a physician shortage, making MLKCH's emergency room a de facto source of primary care for many South LA residents.

His solutions include converting an old waiting room into 16 treatment spaces (capacity: 120 patients a day); repurposing the ICU waiting room (30–40 more patients) and adding a triage tent (96 patients).

His love of systems and adrenaline—he worked as an operations manager and then set his sights on becoming a firefighter—drew him to healthcare. While on the job as an EMT, he encountered an ED nurse who, unknowingly, changed the trajectory of his life. "There was a lot of chaos, and she was like the calm in the storm," Lynwood recalls. "I said, 'That's me!' When everything is going wild, I'm the person that can stay calm. And that was my direction from then on."

“WHEN EVERYTHING IS GOING WILD, I’M THE PERSON THAT CAN STAY CALM IN THE MIDST OF THAT”

—Jesse Lynwood, assistant nurse manager, emergency department

Lynwood's career is a case study in seizing opportunity. He joined the hospital through MLKCH's New RN Residency Program. After two years working MedSurg/Telemetry, he took advantage of MLKCH's Career Transition Fellowship, which trains nurses in new specialty areas, to become an ED nurse. He then used the MLKCH tuition reimbursement program to earn bachelor's and master's degrees.

"I owe my career to MLKCH," he says. In the fast-paced world of emergency nursing, Lynwood is a natural (having five kids may have prepared him for handling complex logistics!). Within two years he was promoted to assistant nurse manager.

In the ED, Lynwood is everywhere—solving problems, patting backs and pitching in with patient care. His supportive manner and compassionate approach to patient care earned him a Daisy Award in 2019.

For Lynwood, the job is personal. He has family members in South LA—"I understand what they're going through, where they come from, and some of the challenges they may have just to get to the hospital," he says, noting that some patients walk up to 20 blocks to catch a bus.

"We have to remember that we're treating a community that needs us. We take pride in being able to help fill that gap," he says.

Building connections helps labor and delivery nurse provide award-winning care

A baby's cry during the first moments of birth reminds Clare Francisco, BSN, RN, why she chose a career in nursing. It's even more rewarding when you work for a five-star Labor and Delivery Department rated as one of the best in the nation by Cal/Hospital Compare and Newsweek.

Nurses like Francisco—part of an innovative birthing model that has produced some of the lowest C-section rates in the state and the nation—are redefining how quality care can be delivered, especially to mothers of color, who, studies report, are two to three times more likely to have worse birth outcomes than white women.

MLK Community Healthcare's nurse-midwife model is leading the charge to change those statistics for the better, offering the gentle, supportive birth experience of a midwife paired with state-of-the-art technology, obstetricians and pain management doctors.

"Patients tell me that by having midwives deliver their baby, they have a bit more say in their care," Francisco says.

Francisco knew she wanted to be in healthcare since witnessing her grandmother's illness as a child. "I realized I wanted to make personal connections with patients, and I saw that I needed to be a nurse to do that," Francisco says. "I like to be able to build relationships with my patients and get to know their stories."

At MLKCH, she gets plenty of opportunities to do that—on average, 65 babies are delivered every month and each birth is a new opportunity for joy.

"You only get one birth story, and it's going to be impactful. I want to make sure my part in it makes it a beautiful one," she says.

Francisco's career demonstrates the range of options available to nurses at MLKCH. She began as a Med-Surg/Telemetry nurse in 2018. Her leadership potential was obvious from the start—within six months she was promoted to charge nurse. She then cross-trained for the ICU and helped in that department during the pandemic. When she heard about the opening in Labor and Delivery, she was one of 20 internal applicants for the job. Now that she's seen the nurse-midwife model in action, she's considering a master's degree in midwifery.

"I can honestly say that getting this position reignited my passion for nursing," she says, beaming. "I am so thankful for the opportunities MLKCH has given me."

2022 C-SECTION RATES (NTSV)

11.4%
MLKCH

23.9%
California

25.9%
Nation

Source: Hospital Quality Institute, 2022

I CAN HONESTLY SAY THAT GETTING THIS POSITION REIGNITED MY PASSION FOR NURSING."

—Clare Francisco, labor & delivery nurse



INVESTING IN YOU

MLKCH is betting big on its internal talent through three (and growing) training programs:

MLK Community Healthcare hires the best and the brightest and inspires its nurses to do big things—and they do! In return, they offer an unequalled benefits plan designed to nurture and enrich the person as a whole—in mind, body and spirit.

Overall:

- Generous vacation/paid time off
- Employee Wellness Program
- Employee Discount Program
- Medical, Dental, Vision
- Culture—Celebrations/Fun; Teamwork
- Flexible Spending Account
- 403b retirement plan
- 3% employer match at the end of the plan year (plan restrictions apply)
- Life insurance
- Free valet parking
- Pet insurance
- Tuition reimbursement

Specific to nurses:

- Loan forgiveness (HRSA) eligibility
- Favorable schedules
- Credit Union Eligibility
- Employer paid training and development
- Conferences/Workshops/Other
- Residency Programs
- ED
- ICU
- Med-Surg/Telemetry

73
RESIDENTS

New Nurse Graduate Residency

A comprehensive, paid residency for new graduates of nursing schools.

42
FELLOWS

Career Transitions Fellowship

Trains experienced RNS to move into new specialty areas.

3
FELLOWS

AONL Fellowship

A rigorous professional development program for MLKCH nurse managers, directors and executives.

Learn more: mlkch.org/nursing



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