

## **Professional Profile**

Registered Nurse for thirty-eight years. Thirteen years' experience as director of the corporate-level quality improvement and patient safety program for the Department of Health Services with corporate level responsibility for quality improvement, patient safety, risk management, regulatory compliance and life safety programs. Six years as Chief Quality Officer at Olive View-UCLA Medical Center and 2 years as Chief Quality Officer at LAC+USC Medical Center. Served one year as the interim Chief Nursing Officer at Martin Luther King/Drew Medical Center. Concurrent Adjunct faculty for Nursing Baccalaureate and Masters' level courses for twenty years.

## **Professional Experience**

LAC+USC Medical Center  
11/2014 to 03/2017; 3/2018 to present

### **Chief Quality Officer**

Responsible for all aspect of the Quality Program, including performance improvement, balanced scorecard, strategic quality goals and budget. Consultative capacity with risk management, patient safety and accreditation.

- Directed and implemented organization-wide balanced scorecard to align short term and long term strategic objectives across the organization
- Reorganized and redesigned existing quality program to increase performance improvement activity throughout the organization
- Obtained grants to train 6 staff as IHI improvement advisors
- Reorganized organizational committees to eliminate duplicative reporting and improve capacity of staff to act as Improvement Advisors.
- Directed and evaluated administrative staff in developing a comprehensive quality program
- Collaboratively established continuous readiness processes to ensure compliance with accreditation across the organization.
- Established a Quality Academy program to meet strategic goals related to capacity building for quality improvement initiatives.
- Worked collaboratively with administrative and management staff from other County departments in addressing corrective actions and providing training opportunities within the Quality Academy
- Faculty for Clinical Scholars program
- Faculty for Quality Academy
- Member of Executive Data Governance Committee
- Direct Supervision 9 Nursing Management staff; 2 support staff. Overall budget of approximately \$1.6M (staff)

LAC+USC Medical Center  
03/2017 to 3/2018

### **Interim Chief Operating Officer**

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Responsible for clinical and non-clinical operations of a 600 bed academic tertiary Level I Trauma Center, with emergency, medical/surgical, obstetrics, obstetrics and neonatal, pediatrics, burn, inpatient adult and adolescent psychiatric services. Includes responsibility for staffing and budget as well as strategic planning organization-wide. LAC+USC is one of the largest public hospitals in the country, affiliated with University of Southern California – Keck School of Medicine.

- Managing six senior level administrators who oversee specific clinical and non-clinical services
- Average monthly Emergency Department visits of 11,000 , average monthly surgical volume of 1200 cases, average monthly 67,000 outpatient primary and specialty care visits.
- Budgeted staff of 9,000 with additional 3,000 residents and fellows.
- Specialties include burn service, HIV clinic, Hansen's clinic, family violence center

University of Phoenix  
Adjunct Faculty  
1994-present

- Faculty in Department of Nursing and Department of Health Sciences
- Courses include nursing (BSN & MSN) and BHA, professional practice, research, healthcare administration, statistics, healthcare quality improvement, capstone courses, nursing theory and healthcare informatics

Olive View-UCLA Medical Center  
3/2009 to 11/2014  
**Chief Quality Officer**

Responsible for all aspects of the Quality Improvement Program, including performance improvement, patient safety, accreditation, risk management and infection control and budget.

- Implemented organization-wide balanced score card to align short and long term strategic objectives across the organization
- Implemented patient safety program
- Established continuous readiness processes to ensure compliance with accreditation across the organization
- Received over \$400,000 in grants to improve education of quality staff in methodologies related to QI
- Received grants to train two staff as IHI Improvement Advisors
- Staff of approximately 23, budget of approximately \$1M.

Department of Health Services (LADHS), Los Angeles, CA  
9/1995 – 3/2009

### **Director, Quality Improvement and Patient Safety Program**

#### Achievements:

- Established a corporate structure for quality improvement, risk management and patient safety to oversee these programs for 5 public hospitals (no program existed at the corporate level for these areas prior to this appointment).
  - Responsibility for the planning, organizing, staffing, budgeting, directing and controlling the accomplishments of short and long term objectives for the corporate-wide quality improvement, risk management and patient safety program with an overall operating
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budget of approximately \$10M.

- Established the first system-wide patient safety program. This program has sponsored a system-wide educational conference with over 150 attendees and nationally recognized speakers to provide patient safety information to DHS staff and to present awards to recognized leaders within each hospital's patient safety program since its inception.
- Established budgeted positions for patient safety officers in each of the hospitals and the ambulatory care network.
- Facilitated the dissemination of patient safety education throughout the organization, including development of a patient safety handbook.
- Standardized the risk management program for 5 public hospitals; oversees all of the medical malpractice, employment and general liability claims for 5 public hospitals; makes recommendations for claim adjudication and works with facility staff to promulgate corrective action plans to prevent future losses; implemented an online incident reporting system for 5 hospitals.
- Designed and developed a database program to track and monitor sentinel events across the system; uses individual and aggregate data to determine needs for best practices and clinical performance improvement activities.
- Established three best practices groups (ICU, ED, and Anesthesia) to work collaboratively with each of the 5 hospitals to establish clinical practice parameters and protocols to improve clinical outcomes.
- Established coordinated governance structure to oversee quality, risk, and safety initiatives at each of the 5 hospitals; makes recommendations for quality strategic directions (e.g. implementation of IHI 100K lives at each facility); makes recommendations for quality improvement activities as a member of the Governing Body Committees.
- Designed and conducted audits to ensure compliance with JCAHO and CMS regulations for each of the 5 hospitals.
- Established and received formal accreditation for a CME program to provide CME credits for Quality Improvement & Patient Safety program activities.
- Mentored and developed staff in patient safety and best practices; these staff have gone on to present their achievements at national conferences and designed studies to publish their improvement efforts and clinical outcomes
- Reduced malpractice expenditures from ~\$40M to ~\$20M over a period of 8 years.

#### Responsibilities:

- Directing and administering the Quality Improvement Program, including developing and implementing long term and short term goals and objectives for the oversight of performance improvement, risk management and safety programs for 5 public hospitals.
  - Review and analysis of all medical malpractice claims.
  - Policy development, participation in strategic planning for public hospital system.
  - Design and develop systems for tracking resident competency.
  - Best practices group initiation and development.
  - Oversees a CME program designed to focus on quality, patient safety and best practices activities.
  - Make presentations to elected officials and deputies as a representative of the Department of Health Services.
  - Staff for Governing Body Designee, attending facility governing body meetings, preparing follow up and assuring compliance with Joint Commission leadership
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standards, CMS standards and Title 22 standards for governance.

- Conduct routine (monthly and weekly) and ad hoc audits at hospitals and clinics to determine compliance with regulatory standards for CMS and Joint Commission
- Provide consultation to the Community Health Plan (CHP) LA County's managed care program as a member of the Governing Body for CHP.
- Responsible for an operating budget of approximately \$10M, directly supervise 25 nursing staff, indirectly responsible for oversight of the Enterprise-wide quality and patient safety program (6 hospitals, 15+ambulatory care clinics, 5 comprehensive health centers
- Regular coordination and collaboration with Board of Supervisors on corrective actions.
- Regular coordination and collaboration with County Counsel on combined goals and strategies for risk management program

Martin Luther King Jr. Medical Center  
December 2003- October, 2004 (concurrent role)  
**Interim Chief Nursing Officer**

Responsibilities

Responsible for direction of hospital based Nursing Department including direct supervision of 2 Clinical Nursing Directors, Nurse Managers and Administrative Nursing office staff.

Directed, planned, managed nursing department staffing, budget, operations during a period of re-organization

Worked collaboratively with contracted nursing leadership to direct the nursing department during part of this time

Indirect supervision of ~800 nursing staff/nursing management

Responsibility for evaluating performance of nursing staff, including hiring/firing nursing personnel

Interaction with labor, board of supervisors regularly

Olive View-UCLA Medical Center  
1987-1995

**Risk Manager**

Responsibilities:

Began as the perinatal outcome analyst reviewing perinatal events, conducting root cause analysis and developing corrective action plans. Transitioned into Risk Manager role, developed a risk management program that ensured evaluation of critical events, development of corrective action plans and remediation to prevent recurrences. Also served as the QI coordinator for Dept of OB/GYN ensuring compliance with Joint Commission and peer review activities.

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Kaiser Foundation Hospital, Panorama City and Fontana, CA  
1980-1987

**Staff Nurse**

Responsibilities:

- Medical-Surgical nursing, post critical care nursing, perinatal nursing, skilled nursing, pediatric nursing, post-anesthesia recovery nursing experience.

Planned Parenthood, Sherman Oaks, CA  
1979-1980

**Staff Nurse**

Responsibilities:

- Women's health, outpatient

Northridge Hospital Foundation, Northridge, CA  
1978-1979

**Staff Nurse**

Responsibilities:

- Medical-Surgical nursing, perinatal nursing.

## Education

California State University, Fullerton  
**Doctor of Nursing Practice**  
Expected May 2018

University of LaVerne, LaVerne, CA  
**M.B.A. Health Care Administration**  
2002

California State University, Dominguez Hills  
**M.S.N. Nursing Administration**  
1992

California State University, Dominguez Hills  
**B.S.N. Nursing**  
1988

Los Angeles Valley College, Van Nuys, CA  
**A.D.N. Nursing**  
1978

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## Certifications/Fellowships

- 2006 NAPH Fellows Program
- Certified Professional in Healthcare Quality (CPHQ)
- Nursing Executive, Advanced (NE,A)
- Team STEPPS, Master Trainer
- Six Sigma Green Belt

## Professional Memberships

- Sigma Theta Tau Omicron Delta & Upsilon Beta Chapters
- National Association of Healthcare Quality

## Publications

- **Sarff, L.** (1992) Nurses perceived knowledge and application of legal issues in practice. Masters' Thesis
- **Sarff, L.**, (1994) Career alternatives for the legal nurse consultant: Perinatal outcome analyst. *Network*, Jul5(3) 16.
- Stein, S.J. **Sarff, L.**, Tyler, R. (2004) Shorter Catheters – A Simple Solution to a Rare but Deadly Complication. *Joint Commission Journal on Quality and Safety* 30(4) 224-229.
- **Sarff, L.** (2004) Poster Presentation: Implementing a Near Miss Reporting System. University HealthSystems Consortium
- Wei, EK, **Sarff, L** Spellberg, B.(2016) Debunking the July effect myth. *Journal Patient Safety* (Sep 8).
- Abstract: SGIM 39<sup>th</sup> Annual Meeting-Generalists Engaged in Population Health (2016). Early Experiences of Implementing an Electronic Clinical Decision Support Tool to Reduce Low Value Imaging for Back Pain in a Large Safety Net Health System, John Mafi, Jennifer Sayles, Maitraya Patel, Deborah Kahaku, Carmen Carrillo, John Brunner, Anish Mahajan, **Laura Sarff**, Susan Ettner, Katherine Kahn, Catherine Sarkisian
- Coffey, C. E., Jr., Carter, V., Wei, E., Hutcheon, D., Gruen, J. P., Anonas-Ternate, A., Sandoval, R., Marquez, A, **Sarff, L.**, Spellberg, B. (2018). No More 'Code Black': Intervention to Improve Inpatient Flow at a Large Public Hospital. *American Journal of Medicine*, 131(4), 371-376. doi:10.1016/j.amjmed.2017.10.050
- Luu, A., Cheffers, M., Kearl, Y.L., Kim, H., **Sarff, L.**, Spellberg, B. (2016) LEAN in to get patients out: North project. *Annals of Emergency Medicine* (68(4):S21. doi: 10.1016/j.annemergmed.2016.08.057

## Presentations

- “Frequently Admitted Patients” Presentation to UHC Collaborative. October 1, 2014.
  - Quality Improvement Grand Rounds, Department of Psychiatry. September 15, 2015
  - Safe and Just Culture, Psychiatric Nursing Update. October 28, 2015
  - “Reducing low value pre-operative testing for cataract surgery among older adults in LA County: A Choosing Wisely Initiative. Godoy-Travieso, P., **Sarff, L.**, Carrillo, C., Berry, J., Amaya, R., Wong, B.,
-

Sayles, J., Mafi J, and Sarkisian,C. May, 2016 to UCLA Research Conference on Aging.

## **Committees**

- Co-Chair LAC+USC Quality Improvement Committee
- Member, Medical Executive Committee
- Member, Governing Body Committee
- Member, Operating Room Committee
- Member, Patient Safety Committee
- Member, DHS Executive Quality Committee
- Member, DHS Executive Data Governance Committee
- Member, DHS Clinical IT Steering Committee

## **References**

References are available upon request.



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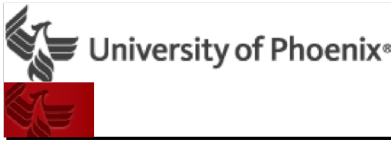


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Expires: June 30, 2010

*Certificate Awarded By*

Laura Sarff

*Laura Sarff*

In recognition of your achievement in attaining the Six Sigma Green Belt certification



June 15, 2010

School of Engineering

University of Southern California

USC





This Certifies That

Laura J Sarff

Having met the standards established by the Healthcare Quality  
Certification Commission and passed the written examination  
has attained the designation of  
00012883

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for the purpose of this certification, the American Nurses Credentialing Center (ANCC) certifies that the individual named herein is qualified to practice as a Nurse Executive, Advanced.

Michael A. Swann  
Nurse Executive, Advanced  
NAB AAN



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Nurse Executive, Advanced  
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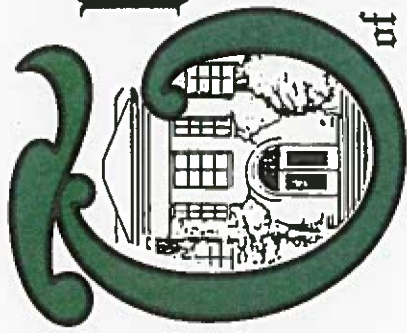
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The Trustees of  
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of the Faculty and by virtue of the authority vested in them  
have conferred upon

Laura Jean Sarff

the Degree of  
Master of Business Administration  
Concentration in Health Services Management

with all the Rights, Privileges and Honors thereto pertaining.  
Given at La Verne, California, Thirty-first day of January, two thousand and two.

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The Trustees of The California State University

on recommendation of the faculty of

The Consortium of The California State University

have conferred upon

Laura Jean Surfi

the degree of

Bachelor of Science

in

Nursing

with all the rights and privileges pertaining thereto

Given at California State University, Dominguez Hills at Carson  
on the thirtieth day of April, nineteen hundred and eighty-eight



*[Signature]*  
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President of the University





# California State University, Dominguez Hills

## The Trustees of The California State University

on recommendation of the faculty  
have conferred upon

Laura Jean Sarff

the degree of  
Master of Science  
Nursing

With All Rights and Privileges Pertaining Thereto.

Given at Carson, California, the twenty-second day of May, nineteen hundred and ninety-four



*P. J. Wilson*  
Governor of California and President of the Trustees

*William H. Campbell*  
Chair of the Board of Trustees

