Focused on patient care during a crisis

I believe this about nursing — that we’re truly changing the world, one patient at a time. During the COVID-19 crisis of the last several months, this sense of humanity and purpose is reflected in everything our nurses are doing at UC Davis Health, from courageously serving as frontline health care heroes to serving as compassionate and professional providers for health care patients on all fronts.

This issue of UC Davis Nurse spotlights some of the ways we’re changing the world starting here at UC Davis Health. You’ll read about how our medical-surgical COVID-19 unit mobilized for this pandemic and collaborated to address safety concerns; why the Tower 6 Medical-Surgical Unit won a PRISM award for their incredible work in acute care; and how PPE educators offered education and safety tips during COVID-19.

And, you’ll discover how, when the coronavirus pandemic began, our nurses were well-prepared

TOBY MARSH | CONTINUED ON PAGE 2
Toby Marsh | Continued from Page 1

for a potential surge in patients. To help with this, the UC Davis Health Labor Pool joined with the Center for Professional Practice of Nursing to offer an 8-hour training class plus a day of shadowing a medical-surgical nurse to help prepare staff. Other news during the last few months include launching a fellowship program for advanced practice providers, a new game changing treatment for tumors, and a fascinating story about how Schwartz Center Rounds are helping providers to connect and share thoughts, ideas and feelings about providing patient care.

There’s so much more in this issue, so please take your time and learn about our impact on the world, our patients, and our community. Throughout these pages, you’ll notice how our nurses are caring for everyone, including underserved populations, and truly making a difference in the lives of those who need help the most. As an academic medical center, we’re at the leading edge in delivering evidence-based care in a highly collaborative and purpose-driven environment, thanks to your efforts.

Someone once said that nursing is a career measured in moments. Especially during times like this, we each have wonderful moments that sustain us, lighten up a tense situation, and bond us to patients, our communities and each other. Our grace under pressure as a health system is manifested in all of your tremendous work and patient-focused care.

We have so much to look forward to at UC Davis Health, as this issue demonstrates. I think the most incredible and least recognized thing is, that despite all hardship, nurses are always there, no matter the challenge — our caring is evident to patients and to families. We are a bit like the rabbit in the famous battery commercial — we keep going, and going, and going. Thank you for your amazing dedication and selfless service. All of us in leadership stand with you.

Toby K. Marsh, RN, MSA, MSN, FACHE, NEA-BC
Chief Nursing and Patient Care Services Officer
UC Davis Medical Center

Needham elected to board of NATCO

Heart transplant NP coordinator Annette Needham was recently elected to the Board of Directors for The Organization for Donation and Transplant Professionals (NATCO). Needham has worked to promote the professional development of NATCO’s Transplant Coordinators and has created a partnership with UC Davis Health and NATCO to bring the CCTC Review Course to the West Coast.

“I am thrilled Annette will be representing the UC Davis Transplant Center on a national level,” said Melissa Bein, executive director of the UC Davis Health Transplant Center. “Annette will do a great job in this role — as she does in every role in which she serves.”

Needham’s two-year term as Councilor-at-Large began in August. In her role, she hopes to expand the organization’s education and certification programs and improve member recruitment.

“Over the years, I have seen the organization develop into the great community that it is today, and I look forward to being a part of that continued growth,” she said.
Stuepfert joins Integrative Oncology Scholars Program

Brian Stuepfert, MSN, RN, NP, CPON, has been accepted into the Integrative Oncology Scholars Program at the University of Michigan. The one-year NIH funded program teaches oncology health care providers how to evaluate the scientific evidence of the efficacy of complementary therapies, and integrate these modalities into their practice to help cancer survivors combat symptoms from cancer and its treatments to improve their quality of life.

Stuepfert is a nurse practitioner in the Division of Pediatric Hematology and Oncology and currently leads the UC Davis Integrative Medicine Working Group, a group that increases integrative medicine therapies across all settings at UC Davis Health.

“I hope to bring my love of complementary and integrative therapies into our patient care landscape. The IO Scholars Program at the University of Michigan will be a great vehicle to help that happen,” he said.

Experiences from Davis 14: Designated Medical-Surgical COVID-19 Unit

In March, the Davis 14 Ortho/Trauma Unit was designated as the medical-surgical COVID-19 unit. Many Davis 14 staff were nervous, anxious, afraid and had many questions and concerns. Senior leadership acknowledged and addressed these concerns, and swiftly allocated resources to meet the needs of the unit so they could successfully and safely care for COVID patients.
“As we learned more about the novel coronavirus and its challenges, all departments mobilized to respond to evolving needs and requests. New processes and workflows were created as feedback was channeled through the command center. Senior management was visible on the unit to answer questions and listen to our requests,” said nurse manager Dorine Fowler.

“Concerns were addressed swiftly, and updates were provided during daily safety huddles, the COVID-19 dashboard and management document. Davis 14 is grateful for the support and hard work from our colleagues throughout the organization from our physician partners, Infection Prevention, Respiratory Care, Food and Nutrition Services, Environmental Services, Supply Chain Management, Public Affairs and many others.”

The Davis 14 Unit experiences included:
- Daily briefings and updates on best practices for COVID care
- Having additional staff to meet the demands of patient care with higher acuity in isolation rooms
- Designating “runners” every shift to grab supplies and assist nurses with tasks
- Having available HUSC (unit secretary) coverage every shift. They were tremendously helpful answering call lights and ensuring the unit was stocked with appropriate supplies
- Working closely with our colleagues in bed control to make appropriate bed assignments
- Pulling equipment such as vital sign machines and emergency monitoring devices from other areas
- Making the airflow on the unit more negative to improve airflow exchange and decrease the spread of droplet organisms
- Environmental Services performing frequent cleaning of high touch surfaces in the unit
- Availability to optional green scrubs
- Collaborating closely with our Respiratory Therapist colleagues who rounded on our patients and checked in with the nurses providing up-to-date information
- Having the appropriate PPE to safely care for our patients and protect staff (thanks to Supply Chain Management!), and
- The Hospitalist Medicine Service designating specific teams to care for patients with COVID-19, while participating in multidisciplinary rounds involving the patient, nursing and respiratory staff.

“The hospital provided us with the resources necessary to ensure we were safe in our practice to deliver the best patient outcomes,” said Tina Tran, RN, BSN, CN II.

The unit also gives a big thank you to Food and Nutrition Services who served lunch and dinner for day and night shift staff.

“We are very thankful for the tremendous outpouring of support, encouragement and appreciation from our UC Davis Health colleagues, patients and families, and other individuals within the Sacramento and surrounding communities. Their kindness and generosity helped strengthen and lifted us up emotionally and mentally.

We had over 100 sponsors and donors and we continue to receive recognition to this day. As a team we continue to pave the way to effect change in our nursing practice, advance scientific knowledge, and improve health outcomes. With each other’s support, we can tackle anything,” said assistant nurse manager Ling V. Tieu.
PPE Educators provide essential education during COVID-19

The UC Davis Health PPE Educator role informally began on February 27, with the support of the Quality and Safety Nurse Champions providing inservicing on the new PAPRs. With continued collaboration from Environmental Health and Safety, the PPE Educator role was formalized on March 6 to provide 24/7 support to frontline staff. Educators included a wide variety of nursing experts, technicians from CPU and Environmental Health and Safety.

Their duties included:
- Providing inservicing on PAPR equipment
- Donning/doffing procedures for all types of PPE including but not limited to the PAPR hoods, N95 respirator masks, and elastomeric respirators
- Rounding on all inpatient units including the PACU, ED, and any ancillary department per request

In addition to PPE education, they were instrumental in providing appropriate signage for patient care areas; answering isolation questions; swabbing employees during the first two weeks of wellness checks; and providing leadership with frontline staff feedback for improvements related to COVID-19 processes.

Thank you to our PPE Educators

Brynne Kessler
Daniel Aquino
Felicidad Loomis
Tori Smith
Farrah Reynoso
Jan Shepard
Kiran Sidhu
Hannah Stevenson
Jaskaran Deol
Melissa Nalath
Anna Olszewski
Artak Galoyan
April Dougherty
Didra Pinckney
Aron King
Kathleen Mapes
Monica Forbes
Marlene Armstead
Jason Navarro
Sal Mislang
Stephenee Molson
Alvin Yang
Ebert Reyes
Greg Woods
Denise Ho
Timothy Obrien
Bethany Robles
Melissa Lampe
Sheila Shafiee
Jessica Rucker
Deola Armstead
Hilary Takahashi
Cheryl Hasemeier
Krista Greaves
Colin Bonham-Lovett
Peter Aglipa
Kirsten Talley
Josaph Wainaina
Jayme Taylor
Tommy Le
Shon Grimsley
Kristy Mach
Sylvia Paden
Randy Luu
Jamie Cho
Georgia McGlynn, RN, MSN-CNL, CPHQ
Quality Improvement Nurse Analyst, Quality & Safety

I volunteered to be a surge nurse so I could be prepared to lend a hand providing patient care if needed due to an influx of COVID-19 patients. I have been away from the bedside working in Quality & Safety at UC Davis Medical Center for over five years, so I was worried about whether my clinical skills would be up to the task.

The classroom training helped familiarize me with new Rover and Alaris workflows and PAPR donning and doffing so I felt prepared for my time on the floor.

I was placed on Davis 6 Cardiology for orientation, which was similar to the progressive telemetry unit I had previously worked on at Lodi Memorial. The nurses I worked with made me feel comfortable immediately, and I found that the basics of patient care were like riding a bike. Having been in a support role for a while, it felt good to be a part of the bedside team even if just for a day. I will be able to take that experience back to my job in Quality & Safety to help inform the decisions we make to support UC Davis Medical Center staff and provide better care to our patients.
Preparing to work on an inpatient floor in the middle of a crisis, when I have been in the outpatient setting for over 10 years is daunting. First it was a shock to think how long it had been since I was at the bedside. Once I got over that feeling I started wondering, what changes have occurred in 10 years? Being a nurse, to me, is like riding a bicycle, I can do it, I just need to remember how. That is where the training from CPPN and Davis 11 helped alleviate my fears.

UC Davis Health Labor Pool and CPPN put together a surge training schedule. I was in the first group with three of my staff members. We had a full day of classroom training followed by a day on a unit. During the classroom training, I learned what a rover was, how to scan, and the newest rules regarding patient restraints. Apparently you cannot use a sheet anymore.

The first day was a full eight hours of valuable insight to new techniques. We laughed as we learned, which to me is the most valuable lesson.

The second day was unit training. I was assigned to Davis 11 and had a fantastic and exhausting day. I forgot how much work it was to take care of patients, and these days it is harder because there are no family members to assist patients and no volunteers to help. Trisha Mannie was a great mentor. She showed me how to chart, use the pyxis and the rover and together we cared for patients. We laughed, and talked with other staff members about the crisis, the potential surge and how scared patients were. I think we all benefited from the training because we all felt supported.

Was I scared before the training? No, I am a nurse. Throughout my career I have had many experiences including other crisis situations, but the training helped me to feel more confident.

After the two days of training, I knew I could confidently work on a unit in a crisis and be productive. I am proud to say I work at UC Davis Health. I felt that I was prepared for any situation by participating in the Labor Pool Surge Training. I was able to report back to my staff that the surge training prepared us to support our inpatient colleagues.
Increasing advanced practice provider leadership with fellowship program

In an effort to target the unique skills of advanced practice providers, we developed an innovative Advanced Practice Provider Fellowship Program that offers in-depth learning and skill building to prepare fellows to function as independent providers in high-volume primary and specialty care practices, including trauma acute care surgery, neurological surgery and radiology.

Last December our first group of fellows graduated, leading two fellows to join UC Davis Health as advanced practice providers. A new HRSA funded primary care fellowship that will educate nurse practitioners on caring for patients in low resource and rural medicine will be launching soon.

New game changing treatment for liver tumors

A new unique treatment called hepatic artery infusion chemotherapy (HAI) is now offered at UC Davis Medical Center by surgeon and cancer researcher Sepideh Gholami. The treatment — pioneered at the Memorial Sloan Kettering Cancer Center in New York where Gholami and nurse Deborah Small spent time training — involves placing a small pump under the skin to deliver chemotherapy directly to the liver through a catheter, feeding the main artery to the liver. Currently, the treatment is used for bile duct cancers and patients with colorectal cancer that has spread to the liver.

In order to gain best practices for the treatment, our teams had the opportunity to meet and train with Dr. Nancy Kemeny, medical oncologist and Dr. Michael D’Angelica, lead director of the Hepatic Artery Program at Memorial Sloan Kettering Cancer Center, with Small being instrumental in the development of our own HAI policies and practices.

UC Davis Medical Center is one of the few hospitals on the West Coast, and the only one in Northern California, that offers the surgery.
Ventricular Assist Device coordinators: Improving patient care across the cardiology care continuum

Farid Dawar, RN, MSN, and Alan Rich, RN, MSN, CCRN, are highly specialized Ventricular Assist Device coordinators who work to optimize patient care and provide expert coordination along the trajectory of care for people living with heart conditions.

To ensure VAD patients receive the best care, Alan and Farid educate patients and their families about the device before and after surgery; ensure patients are knowledgeable of medication use and know the symptoms/problems that should be reported to their care teams; and answer any questions the patient may experience with the VAD.

Our coordinators also:
- Prep the patient and family prior to surgery
- Change the patient’s driveline dressing post VAD placement
- Accompany patients to the clinic post-discharge
- Educate and train hospital staff, and
- Write VAD training programs

Alan and Farid have both been with the VAD program for roughly four years and receive high praise from their patients and colleagues.

Certified Comprehensive Stroke Center

UC Davis Medical Center has been certified as a Comprehensive Stroke Center; the highest recognition possible from The Joint Commission. The certification recognizes that the medical center has a complete range of expertise and resources necessary for diagnosing, treating, managing and improving survival and outcomes for stroke patients.

To our staff, the designation means they have performed at an exceptional level to positively impact the care of stroke patients; they have an understanding of the latest stroke metrics; and continuously work on performance and quality improvement projects that improve future management of stroke patients.

L – R: Farid Dawar, RN, MSN, and Alan Rich, RN, MSN, CCRN
L – R bottom row: Dr. Allen Yee; Dr. Kwan Ng; and Dr. Kevin Keenan.
L – R middle row: Don Noel Jr.; Kellie Brendle; Deb Deatherage; and Brennan Garbutt.
L – R top row: Stacy McCarthy; Brenna Oakes; and Kimberly Brink.
Compassionate connections

Schwartz Center Rounds increases compassion and understanding

The Schwartz Center Rounds is an opportunity for health care providers to connect and share thoughts on the emotional impacts of providing patient care. The rounds are not meant to solve or reach any conclusions about issues discussed, but rather to share ideas, thoughts and feelings.

UC Davis Health adopted this practice five years ago and the results have strengthened bonds, increased an understanding among colleagues, and provided additional insight into each other’s roles and views.

During the rounds, colleagues from multiple disciplines focus on specific patient situations and discuss with audience members their perspectives and involvement of caring for the patient. Topics have included gratitude, family presence in codes, caring for transgender people, and dealing with challenging families.

“Schwartz Rounds is a place where I can listen to the experiences of other health care providers and what they feel. It allows people to open up and be vulnerable to those around you and have a shared experience. It helps me know that I am not alone in the stressful health care environment that we live in today and I walk away with increased compassion and strengthened bonds,” said nurse Ashley Viera.

About the Schwartz Center Rounds

The Schwartz Center Rounds were created by the late Ken Schwartz, an attorney who was diagnosed with advanced lung cancer at 40-years-old. During his cancer treatment, Ken came to realize that what mattered most to him were the human connections he made with his caregivers and how the smallest acts of kindness made the unbearable bearable.

At the end of his life, he founded The Schwartz Center for Compassionate Healthcare. The nonprofit organization is dedicated to promoting compassionate care in a way that provides hope to the patient, support to caregivers and sustenance to the healing process.

 Violence Mitigation Taskforce

Last October Sharon Demeter, RN, MSN, MA, NP, CNM, spearheaded the creation of the Violence Mitigation Taskforce, a team dedicated to decreasing Type II Violence (violence perpetrated by patients or visitors on staff) at UC Davis Health. The taskforce represents a broad interprofessional membership compromised of the Davis Police Department, Protective Security Officers, Lift Team, Mental Health Workers, Workplace Violence Unit, and nursing staff (inpatient, emergency department, and PACU/OR).

The group has completed several successful projects, including:

- Interprofessional distribution of a daily Violent Patient Census Report
- Stratification guidelines for violence risk with concomitant behavioral care prevention plans (Added to policy 4067: Management of a Violent Patient or Visitor)
- Guidelines for managing a planned, potentially violent encounter (Added to policy 4067)
- Weekly Violent Patient Huddle (where managers of the nursing units meet with the taskforce to create behavioral plans for violent patients)
- New restraints
- New dietary orders in Epic based on risk level
- Co-creation of a debrief tool
- Trainings/unit presentations

A hospital-wide roll out of the changes will take place alongside Restraints Training. Many projects are currently underway, including robust projects aimed at reducing Type II Violence from the Emergency Department’s Safety Shared Governance Committee, the Davis Police Department, and the Workplace Violence Unit.
In May, 20 ceremonies across 16 units were conducted as 44 students were pinned by 47 preceptors to honor and celebrate their transition from student to professional nurse.

“Each ceremony was unique, and both day shift and night shift were represented,” said Kelly.

As hospitals throughout California began shutting their doors, many students were displaced from previous preceptorships. However, UC Davis Health has led the way with the decision to allow nursing students to continue their education. Our program welcomed unprecedented numbers in Spring to ensure students would be able to complete their programs.

Thanks to our nursing leadership, long-range vision and collaborative work across units, all precepted students were able to complete their required hours and take their licensing exam to become registered nurses. Our students were incredibly grateful and felt lucky to not only complete their clinical requirements but that they were able to do so at UC Davis Health.

The East 8 Medical-Surgical Specialty Unit lined the hallway in a surprise honoring of their student. After the May 12 ceremony, her primary preceptor presented her with a special book: Notes on Nursing by Florence Nightingale the same day as Florence Nightingale’s 200th birthday.

Tower 8 Transplant Unit took on the most students, pinning ten over the course of three ceremonies.

Davis 7 Pediatrics pinned their six students in two ceremonies and facilitated Zoom calls so family members could watch remotely in real time.
Congratulations to our DAISY Award recipients!

You exemplify the nursing values of courage, compassion and integrity in every situation.

Karen Brand, DNP, RN, AC-PNP
Palliative Care

Karen was instrumental in providing education and support to the family as the patient started to decline. The family struggled with decisions to transition to comfort care or continue with aggressive treatments. There were family dynamics and conflicts that Karen navigated with integrity and compassion.

Michelle Linenberger, MSN Ed, RN-BC
UC Davis Children’s Hospital

Michelle acted as a passionate liaison with the PICU attending physicians for timely bedside rounding so that the nurses could learn and be proactive with care. In addition, Michelle would round at least once a day, sometimes twice a day to make sure he had the care he needed to get him home. Michelle even stayed after hours, so that she could touch base with the night shift nurses to review some education. The patient’s care became seamless and he was discharged home directly from MSICU Gold.

Christina Pontes, RN, BSN, CCRN
Tower 7 MSICU Gold

In the beginning, the patient was scared, very agitated and combative, requiring multiple nurses for multiple occurrences during each shift. Cina would coordinate with different teams and staff to ensure patient and staff safety as well as compassionate care and emotional support. Cina deeply empathized with the family. When she was not caring for the patient, she would sit and talk to the family. She would listen to the family’s grief, their pain, their worries, and their anxiety about his future.
Cecilia Phuong, RN, BSN, PCCN
*East 6 Cardiothoracic PCU*

Cecilia was really able to connect with this patient and get her to communicate when all others had failed. Cecilia was effective at getting this patient to participate in her own care and understand her own feelings about what had happened to her, and where she was headed. Cecilia wrote goals, celebrated successes, developed coping strategies, and even created a wonderful poster for all the staff to sign before the patient left for rehab.

Victor Castillo Garcia, RN, BSN
*Clinical Case Management*

Victor called all the SNFs that this patient was referred to in the Sacramento region rather than depending on continuing to send referrals through All Scripts. With Victor’s determination and efforts to keep the patient in the region where his family can continue to visit him, he was successful in getting a Sacramento SNF to accept the patient.

Natasha Palmer, RN, BSN, CCRN, CMC
*Tower 7 MSICU Blue*

Tasha built a strong rapport with the family of this patient. She spent time with his wife when she served as his nurse and even when she was not his nurse. When faced with the dilemma of a patient passing on his birthday, Tasha’s logical response, at the end of the preceding shift, was “Well, I guess we are having a birthday party tomorrow.” Unknown to anyone on Tower 7 MSICU Blue, Tasha left work that day and went shopping for the necessities of an extravagant birthday celebration.

When I think of an adult’s birthday I think of a reasonably subdued event. In contrast, our patient’s final birthday party included catering, a huge cake, party favors, and decorations for the twenty plus family members who spilled out of the room and into the hallway of our unit.

Roberto Francisco, MSN, RN-BC
*Davis 12 Surgical Specialties*

Roberto immediately noticed I was white as a sheet and about to collapse, and he did what he had to do to keep me from falling. It takes a lot of courage and skill to grab a falling woman and to do it without harm or accidental foul. He held me stable for at least two minutes until it was safe to return me to bed. What was most amazing about Roberto is how he treated me with ultimate compassion like he understood the humiliation I was feeling.
Michelle Jennings, RN, BSN, PHN
Patient Care Resources

Michelle sat and spoke to my daughter, explaining everything that she knew and yet was not afraid to tell her when she didn’t know something. But she would find it out. B would ask a question and Michelle would lean down next to her and gently tell her that she was in good hands and that she would be there to help take care of her. Michelle had to leave at 7 p.m. that night and made sure to come in to tell B that she would be back in the morning. Once again, she walked through the door with a vibrant smile and words of encouragement.

Sarah Naff, RN, BSN, CCRN
PACU

Sarah was driving home from work on Jackson Highway when she came upon a two-vehicle car accident. One car was engulfed in flames, with one passenger trapped inside. There were four occupants in the other vehicle, all needing attention. Sarah first called 911 and then negotiated bystanders to help move three victims already out of the vehicle away from the burning car. She also managed to get help to extricate a pregnant female.

Marianne Maclachlan, RN, BSN, CCRN, WCC
Burn Unit

During the conference the palliative care team seemed to push for at home hospice. Marianne let them know how much of a burden this would be for me and my family. In the end, we decided to do hospital hospice. I cannot explain what it means to me and my family that we were able to use her knowledge as a nurse to help with these decisions.

Carlos Acevedo, RN, BSN, RN-BC
Tower 4 ENT/Internal Medicine

Carlos agreed that this behavior was out of the normal for the patient and felt that the patient should stay on their unit. They have an invested relationship of caring for her. Carlos spent much time during the shift chatting with her. During these conversations he found out that her husband told her that day that he no longer loved her. Carlos spent time with her to see her as a person, to wonder and to hold her.

Allison Ryan, RN, BSN, CMSRN
East 8 Medical/Surgical Specialty

She constantly talked to my sister even when she could no longer respond, keeping her updated as well as the family by showing her amazing communication skills. Overall she was a hardworking, quick thinker with the physical and mental endurance of a hero.

Michelle Jennings, RN, BSN, PHN
Patient Care Resources

Michelle sat and spoke to my daughter, explaining everything that she knew and yet was not afraid to tell her when she didn’t know something. But she would find it out. B would ask a question and Michelle would lean down next to her and gently tell her that she was in good hands and that she would be there to help take care of her. Michelle had to leave at 7 p.m. that night and made sure to come in to tell B that she would be back in the morning. Once again, she walked through the door with a vibrant smile and words of encouragement.
Kimiko McCulloch, RN, MSN, NPD-BC, CIC
Center for Professional Practice of Nursing

Kimiko administered CPR while this gentleman’s family watched for almost half an hour; all the while with grace and professionalism. Ultimately, first responders arrived and took over. While this gentleman did not eventually make it, his family can rest knowing that Kimiko — with all her knowledge and professionalism — did her due diligence.

Michelle Duncan, RN, BSN, RNC-OB
Davis 3 University Birthing Suites

We do skin-to-skin in the operating room for patients, but Michelle went out of her way to hold my son on the breast for over an hour. She literally stood by and helped him with the latch and position because I was not in a position that I could do it. She held him on the entire procedure and then helped me in the PACU.

ABOUT THE DAISY AWARD

The nonprofit DAISY Foundation established the national award program in memory of J. Patrick Barnes, who died at age 33 of the autoimmune disease Idiopathic thrombocytopenic purpura. Awestruck by the clinical skills and compassion of Patrick’s nurses, the Barnes family created the award to thank nurses across the nation. Recipients at participating hospitals are nominated by peers, physicians, patients and families, staff and administrators.

To nominate a nurse for the DAISY Award, visit health.ucdavis.edu/nurse/daisy.
Welcoming our new nurses!

The New Graduate Nurse Residency Program (NGNRP) was created to increase the expertise of the nursing workforce and to positively influence patient outcomes. Since its start in 2012, 756 nurse residents have participated in the program, representing a wide variety of specialties, inpatient care, ambulatory care, perioperative, and emergency medicine.

One of the primary outcomes for the NGNRP is retention of our highly educated teams. Currently, our program has a 94.7% retention rate at one year of employment, compared to Vizient/AACN Nurse Residency Program’s average retention rate of 91.5%. This speaks volumes to how well we embrace our nurse residents. We invest time and effort into ensuring our nurse residents are successful in their nursing practice and professional growth.

The Nurse Residency Program is currently pursuing national accreditation through ANCC’s Practice Transition Accreditation Program (PTAP), which will confirm our dedication and recognize our amazing program on a national level.

New Graduate Nurse Residency Group Cohort 31

Vicki Baratta
Michelle Chang
Hoa Diep
Irene Cisneros
Fong
Amanda Forbes
Emerald Francisco
Serena Garza
Jamie Golden
Timothy Guerrero
Rebekah
Humphrey
Aman Jagait
Mona Keramati
Cynthia
Karling Leo
Tova Lichman
Angelina Litvinov
Andrea Montalvo
Abraham
Musailam
Michelle Pak
Rebekah Pantega
Jamie Pet
Michelle Pham
Lauren Reay
Kathryn Reinhart
Yusuf Rizam
Karissa Rubi
Tess Soper
Taelor Tallman
Esraa Tresh
Maria Lozano
Vazquez
Danielle
Villacarlos
Elvis Vo
Vivianne Vo
Timothy
Weisenforth
Jaime Willis
Jessica Wong

New Graduate Nurse Residency Group Cohort 32

Kristin Apicella
Ralph Aragon
Daniel Ayala
Amanda Blanc
Lara Butler
Lourdes Cueva
Kevin Deniz
Arielle Fields
Krista Hodges
Maggie Huang
Kimberly Jew
Jung Ae Kim
Samuel Lockhart
Kirstynn Macias
Kennedy Morgan
Ryann O’Connor
Taylor Rath
Darienne Sawhill
Sarah Seus
Lauren Sharp
Jody Smith
Kimberly
Tornincasa
Evelina Vintu
Elena Walterman
Heather Zoucha
New “Always Nurse” Program: Recognizing world-class care

The “Always Nurse” is a new program that uses inpatient survey data and EPIC to recognize the excellent patient care our nurses provide. To qualify, the patient must answer “always” on the RN communications questions.

Survey questions include:

- How often did nurses treat you with courtesy/respect?
- How often did nurses listen carefully to you?
- How often did nurses explain things in a way you could understand?

Survey data will be compiled quarterly, and nurses will be recognized for their world-class patient care.

Members of a patient’s treatment team include all nurses associated through the patient’s entire stay not just the discharging unit.

Congratulations to our Always Nurses:
The following nurses qualified as “Always Nurses” during the quarter of 10/1/2019-12/31/2019.

<table>
<thead>
<tr>
<th>Alma Amene</th>
<th>Anabelle Dasalla</th>
<th>Kristin Hoelscher</th>
<th>Sarah Sokol</th>
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<tr>
<td>Disa Barnes</td>
<td>Beth Esch</td>
<td>Emily Inman</td>
<td>Farrah Stern</td>
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<tr>
<td>Sarah Brown</td>
<td>Aaron Gardner</td>
<td>Kristi Kunce</td>
<td>Andrew Thompson</td>
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<td>Jennifer Casas</td>
<td>Raney Godfrey</td>
<td>Michelle Kuykendall</td>
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<td>Ernalyn Castillo</td>
<td>Joy Gungl</td>
<td>Erin Rhinehart</td>
<td>Samantha Yared</td>
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<td>Sharon Cohen</td>
<td>Kier Harris</td>
<td>Michelle Denise Sander</td>
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Newly Recognized Clinical Nurse III

4Q 2019
Aida Benitez
Jacqueline Burgard
Minji Kim
Erica Miller (Meier)
Natasha Palmer
Susanna Shkrabak

1Q 2020
Alicia Adams
Sarah Caporale
Dinah Ipong Ginete
Kimmi Gutierrez
Brenda Inman
Christina Keller
Monica Miller
Amber Ross
Daneva Eve Tabingo
Wing Watson

Critical Care Registered Nurse (CCRN-Adult)
Sara Brown
Allison Carrillo
Haley Gascon
Kathleen Irwin
Alexander Kolivayko
Jeannie Kopecky
Jason Mendez
Kaoru Namura
Oanh Nguyen
Deanna Ochoa
Christopher Porter
Joseph Reguindin
Kathryn Salas
Joshua Spangler
Mary Taylor
Korinn Wiest

Critical Care Registered Nurse (CCRN-Peds)
Heather Sims

Family Nurse Practitioner (FNP-BC)
Cassandra Chin
Samona MacDonald
Anna Romero
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Andie Martinez Watrous

Inpatient Obstetric Nursing (RNC-OB)
Ezinne Umunna

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Rosalinda Alunzo

Medical Surgical Nursing (RN-BC)
Danni Aquino
Annise Kismundo
Blanche Mose
Alicia Phillips

Neonatal Intensive Care Nurse (RNC-NIC)
Evan Giusto
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Valeria Martinez
Alicia McHatton
Wendy Mui
Kayla Prior
Jonathon Yoppini

Neonatal Nurse Practitioner (NNP)
Nora Geraghty
Nathan Kostiv
Maeley Peterson

Nursing Professional Development (NPD-BC)
Ashley Vieira

Oncology Certified Nurse (OCN)
Claudia Davis

Progressive Care Certified Nurse (PCCN)
Jasmine Heidari
Sheryl Parades
Cecilia Phuong
Kristopher Soguilon
Sharon Starace

Vascular Access (VA-BC)
Erin O’Hara

Newly Specialty-Certified Nurses

Acute Care Nurse Practitioner (ACNP-BC)
Vilija Abrute
Martha Roberts

Advanced Certified Hospice and Palliative Nurse (ACHPN)
Tammy Myers

Adult Gerontology Acute Care Nurse Practitioner (AGACNP-BC)
Melanie Catangay

Certified Clinical Research Professional (CCRP)
Dawn Warner

Certified Diabetes Educator (CDE)
Diana Arellano

Certified Emergency Nurse (CEN)
Eleanor Sanders-Estes
Logan Hanley
Justin Winger

Certified Medical Surgical Registered Nurse (CMSRN)
Aaron Grace
Marichel Ioapo
Sheila Luy
Anna Vue

Certified Nurse Operating Room (CNOR)
Olga Sokolov
Molly Sword

Certified Pediatric Nurse (CPN)
Laurie Brown
Brenda Hernandez
Ana Navas-Stahl
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Certified Professional in Healthcare Quality (CPHQ)
Brynne Kessler

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