

Celebrating teamwork, communication, achievement, and excellence



**A Message from
Interim Chief
Nursing and
Patient Care
Services
Officer
Christine
Williams**

The nurses at UC Davis Health are dedicated to providing our patients with exceptional care. In this issue of UC Davis Nurse, you will read about East 5 Neuroscience, Tower 6 Med Surge and Davis 12 Surgical Specialties, which earned a PRISM Award recognizing exceptional nursing practice, leadership, and outcomes in hospital medical-surgical units. You will also learn about our Home Care Services, which earned a Guardians of Excellence Award from Press Ganey for being in the top 5% in the country in patient satisfaction. You will see our newest DAISY and Always Nurse awardees, as well as our newly certified nurses.

Please take a moment to read about the new endoscopy suite, the Interventional Pulmonology Program, and our Trauma Program, which just facilitated our UCDH reverification with the American College of Surgeons as an Adult and Pediatric level 1 Trauma Center. Read about our Gratitude Heals program and meet our Magnet Champions, who are preparing the organization for the upcoming Magnet site visit.

I am honored and incredibly grateful to highlight our nurses and these examples of science-based, technologically precise,

MESSAGE FROM CHRISTINE | CONTINUED ON PAGE 18

Hmong Nurses Association National Vice President

Each year, the selection committee of Project Hmong's Helping Mentor Our Next Generation from California State University, Sacramento (CSUS), reviews individual nominations for the annual Threading the Needle of Hope Award.



Diane Mua-Xiong MSN, RN, NPD-BC, CCRN-K
Center for Professional Practice of Nursing

For centuries, the Hmong have recorded their rich history of culture and problem-solving through storytelling and elaborately embroidered panels known as a story cloth. It is in that tradition that Project Hmong's Threading the Needle of Hope Award honors individuals who champion and advance the spirit of fostering community and student success and, in doing so, strengthen the fabric of the Hmong American communities.

Diane Mua-Xiong MSN, RN, NPD-BC, CCRN-K from the Center for Professional Practice of Nursing (CPPN) received the 2022 Threading the Needle of Hope Award from CSUS.

"I am deeply honored and proud to receive the Threading the Needle of Hope Award, along with amazing Hmong brothers and sisters from the community," said Mua-Xiong. "We are all serving one purpose, and that purpose is to strengthen and educate the elders and the future generation of the Hmong people. It is beautiful to see that each of us has our personal stories of struggles and strengths, and we give back in any way we can. The Hmong People came to the United States as refugees, and to see how far we have come warms my heart with joy and love."

UC Davis Heart & Vascular Center Welcomes a New Director

Haydee Garcia joined UC Davis Health as Director of Heart & Vascular Center in September 2022. Garcia comes to Sacramento from Mount Sinai Heart Hospital in



Haydee Garcia, MSN, ACNP-BC

New York, NY, where she worked as a Board-Certified Acute Care Nurse Practitioner. For the last nine years, she was the Director of Cardiovascular Services at Mount Sinai Heart Hospital and spearheaded efforts to open Mount Sinai's Cardiovascular Ambulatory and Imaging Center in

December 2014, a facility that now has a patient volume of more than 80,000 visits annually. She led the daily clinical and administrative operations of the Cardiac Cath Lab (Adult and Peds), EP Lab, and Structural Heart Program with over 22,000+ cases annually and managed over 200 Cardiac Advance Practice Providers.

In addition to patient care and leadership roles, Garcia served as Educator in her role as Clinical Instructor for New York University College of Nursing. Her passion for quality, education and evidence-based research is evident by her program outcomes. Garcia's most recent publication, "Deploying a novel custom mobile application for STEMI activation and transfer in a large healthcare system to improve cross-team workflow: STEMIcathAID app implementation project," was featured on American Heart Journal in September 2022.

Garcia implemented high-impact hospital initiatives on reducing length of stay and 30-day hospital readmission and spearheaded the STEMI program, which received the American Heart Association's Mission Lifeline "Gold Plus Award". She presented two posters at the American College of Cardiology Conference in April 2022 - "Accurate Clinical Documentation and AMI-Transition of Care Program Impacting Outcomes of AMI patients" and

"Reduction in Transcatheter Aortic Valve Replacement (TAVR) Average Length of Stay," wherein she received the 2nd and 3rd place awards.

Garcia is a transformative and collaborative leader, who believes in mentoring, empowering, and engaging the team, and bringing them together as key stakeholders of change and process improvement. "Haydee brings a relentless determination to deliver the highest quality care to patients," states Melissa Bein, Director of Transplant Center at UC Davis. "She's passionate about putting the patient first." Garcia believes the highest level of care begins with providing the best access to patients. Quality and safety care is given when we align and standardize care and services for the patients at UC Davis Health.

UC Davis Heart and Vascular Center

The UC Davis Health Heart and Vascular Center (HVC) is proud to serve more than 25,000 patients by providing the highest level of specialized cardiac and vascular care. The HVC provides invasive and non-invasive procedures, including echocardiograms, EKGs, stress tests and cardiac and vascular procedures. The Center delivers invasive procedures in the Cath and EP labs using some of the latest technology to treat patients with heart failure and structural heart disease. Using the UC Davis Health vision to deliver tomorrow's healthcare today as a guide, the heart and vascular team provides excellent



Heart and Vascular Center Leadership Team

specialized care to patients and are constantly innovating the next generation of cardiac and

vascular therapies – and often being the first in the nation to do so. Recently, the heart and vascular team, together with Gagan Singh, M.D., completed the first Transfemoral Transeptal Mitral Valve Replacement on the West Coast and the first leadless pacemaker for pediatric patients in the world, with Daniel Cortez, M.D.

The services provided by the Heart and Vascular Center span across the health system, making the coordination of care a top priority to best treat our patients during their stay. Through Garcia's leadership, the team has been able to leverage the expertise of Patient Care Services (PCS) units and create a multidisciplinary collaboration with clinical partners throughout the medical center. Currently, the team is working to improve the early discharge planning processes with the guidance of nurse leaders. To increase communication, a multidisciplinary daily huddle for procedural areas as well as for the RN coordinators and schedulers, was initiated to provide the latest information from PCS leadership to staff.



Heart and Vascular Center RN Coordinators and MOSC Team

With the growing number of heart and vascular patients being served, the team is strategizing new ways to care for patients most efficiently, such as expanding services to include a new heart transplant program this spring. As a part of strategic planning, they have implemented seven workstreams with a focus on quality improvement, operational alignment, patient experience and safety, and staff engagement. The team completed the FLIP Project, a new way to schedule patients that has led to the evolution of scheduling from a six-week turnaround time to a 24-hour turnaround time. The success of the FLIP Project has led to quicker care for patients, providing them with superior care at UC Davis Health.

Recently, Chancellor May visited the EP Lab to recognize 25+ years of their services and innovation. The Stroke Program also received the American Hospital Association's Get with the Guidelines Gold Plus Award



Cath Lab/Structural Heart Team

and became recognized as a Joint Commission Certified Comprehensive Stroke Center.

During February, the Heart and Vascular Center celebrated National Heart Month with educational heart health events for the entire Medical Center.

Interventional Pulmonology O.R. (IPOR)



Left to right: Chinh Phan DO, (Interventional Pulmonology Medical Director) Michelle Lagana RN, Nicholas Stollenwerk MD

The success of the ION robotic-assisted bronchoscopies is heavily influenced by the interactions of a small but highly dedicated team of RNs including Jill Steinbacher, Michelle Lagana, Romi Perry-Ali, Ben Cobbold, Sara Soliz and Nate Orman. These highly trained IP nurses work alongside providers to conduct minimally invasive techniques that diagnose and treat lung cancer, pleural diseases, and many types of complex airway and lung disorders. Playing a critical role in patient preparation, monitoring, and sedation of often critically ill patients, IPOR RNs provide technical support for advanced therapeutic technics. As rigid bronchoscopies have declined, new techniques such as EBUS, cryo-biopsy, and ION robotic-assisted bronchoscopy, have emerged.

The Interventional Pulmonology (IP) program has increased the volume of cases by more than 500% since the addition of the robotic bronchoscopy program in March 2022 by performing more than 100 ION robotic-assisted bronchoscopies. The IP team also successfully completed the first single anesthesia diagnosis to treatment of lung cancer

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using a fully robotic approach in the UC health system. With support of these RNs, physicians can provide minimally invasive techniques that have been proven to reduce pain, blood loss, recovery time, and length of

stay in the hospital, which can return patients to a higher level of daily activity sooner.

UC Davis Health is now capable of effectively detecting, diagnosing and curing lung cancer in patients within 24 hours, which previously would not have been possible.

New Endoscopy Suite

The University Tower Endoscopy Suite opened in July 2022 on the second floor of UC Davis Medical Center. Staffed by a team of nurses and patient care technicians, the suite caters to patients from gastroenterology, interventional pulmonology and colorectal surgery.

“This new suite is a step forward in the care that we deliver at UC Davis Health with the more spacious area



to accommodate the growing volume of endoscopy procedures,” said John Ortiz, nurse manager of the University Tower Endoscopy Suite. “The

advanced equipment and thoughtful layout offer our physicians, nurses, and technicians the ideal setting to provide the highest quality and most compassionate patient-centered care.”

The new suite gives physicians a dedicated endoscopy facility within the Division of Perioperative Services and it has eight procedure rooms, including rooms with HVAC air isolation, technology to provide complex interventional procedures, a recovery bay, and a state-of-the-art flexible scope processing room.

The team provides advanced care for gastroenterology and interventional pulmonology needs, including both complex and routine procedures, including:

- Colonoscopies
- Upper GI endoscopies to diagnose and treat problems in the esophagus, stomach, and small intestine
- Procedures to diagnose diseases of the gallbladders, biliary system, pancreas, and liver
- Minimally invasive pulmonary bronchoscopy procedures to diagnose and treat disorders of the lungs and airways

The endoscopy suite features state-of-the-art technology to

assist with endoscopy procedures. This includes interventional gastroenterology procedures visually aided with advanced integrated fluoroscopy suites, 3-D mobile C-arm system, and minimally invasive biopsy of the lungs utilizing the Ion Endoluminal Robotic-Assisted Platform by Intuitive.

3-Dimensional Mobile C-arm systems are used for diagnostic imaging and minimally invasive procedures. A 3-D mobile C-arm gives physicians enhanced visualization of anatomical structures, enable less-invasive approaches and resulting in shorter hospital stays.

The Ion Endoluminal Platform by Intuitive is a high-tech system that creates a 3D map of a patient’s lungs using a CT scan. One of the procedures that utilizes the Ion Endoluminal Platform is the robotic-assisted bronchoscopy procedure. Interventional pulmonology recently celebrated the completion of its 100th robotic-assisted bronchoscopy procedure in the endoscopy suite.



Some of the state-of-the-art technology includes advanced integrated fluoroscopy suites to support interventional gastroenterology procedures.

The new suite is equipped with the Sacramento region’s most advanced automated cleaning and storage system of



Automated cleaning washers sterilize endoscopes.

flexible endoscopes. This scope processing room leverages technology to help reduce human error and eliminate cross-contamination, while making patient-ready endoscopes safely available for every patient.

“Our scope processing system is at peak industry standards to ensure patients have highly disinfected and safe scopes for their procedures,” added Ortiz. “It is just another way we are able to secure the safety of and improve the experience of our patients during their procedures.”

Emergency Department

A multi-disciplinary team composed of nurses and providers in the Emergency Department (ED) came together to develop a more streamlined triage process for patients who have an emergency severity index (ESI) of 3.

Emergency Severity Index 3 patients compose a high majority (close to 40 %) of patients who are triaged. These patients are deemed as urgent however, many are not admitted. These patients, based on the current triage methodology, could either be so acute that they required ICU level of care, or non-acute and be discharged home. Previously, there was no way to stratify these patients in the current model to ensure these patients received timely care. As a result, historical patient data was reviewed and evaluated ESI methodology and a new subcategory, ESI 3.5, was created to stratify ESI 3. ESI 3.5 patients can flow to lower acuity areas in the ED and thus maintain the acute ED beds for patients for ESI 3. A learning module was created to educate triage nurses on the new methodology.

The new ESI subcategory resulted in a decrease in Length of Stay (LOS) for patients who were 3.5 by just over an hour and Decreased LOS for ESI 3+3.5 by 15 minutes.

ESI	1	2	3	3.5	4	5
Jan '21	4%	33%	46%	0%	16%	1%
Nov '21	4%	33%	39%	0%	21%	3%
Jan '22	3%	28%	27%	19%	19%	3%



The Emergency Department received a Patient Safety Innovation Award for this project.

Emergency Department TeamSTEPPS

In 2017, the Emergency Service Line embarked on a journey to embed the principles of High Reliability Organizations (HRO) into clinical operations. The goal was to build operational resiliency, hardwire a culture of safety, and forge an inclusive environment



Leigh Clary, BSN, RN, CEN

for all staff and patients. All ED staff—nurses, technicians, residents and attendings—obtained and continued to receive interprofessional TeamSTEPPS didactic and simulation training. TeamSTEPPS is a communication framework used to create highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for patients.

RNs Leigh Clary, Autumn Dennis, Elizabeth Johnson, and Liz Clifton partnered with David Barnes, M.D., to customize the TeamSTEPPS curriculum to meet the unique needs of the UC Davis Medical Center Emergency Department (ED).

Clary has facilitated TeamSTEPPS trainings for all new ED staff; created and administered “gamification” of TeamSTEPPS principles; implemented a novel “Team Player of the Month” program recognizing ED team members nominated by colleagues for excellent teamwork and communication; led other TeamSTEPPS Champions committed to exemplifying and modeling use of TeamSTEPPS principles on the unit; engaged all ED team members through a monthly TeamSTEPPS newsletter; presented a poster abstract at the 2021 UC Davis Health Quality Forum; submitted winning ideas to the Agency for Healthcare Research and Quality (AHRQ) challenge to update TeamSTEPPS training materials; coordinated production of videos used for TeamSTEPPS trainings at other institutions; and prepared a poster presentation to the 2023 Nursing Science and Professional Governance Conference.

UC Davis Home Health team receives Press Ganey National Award

UC Davis Home Care Services (HCS) gains more attention each year when patients experience shorter acute care stays and require skilled care to support a successful transition home. UC Davis Home Care Services offers Home Health, Home Based Palliative Care (HBPC), and Hospice programs. HCS provides nursing, medical social work, chaplains, physical, occupational and speech therapies, and aides to support patients experiencing acute and chronic illnesses, palliative and end-of-life care. A transition from hospital to home can be wrought with havoc when patients and caregivers are left to independently navigate the complex demands of caregiving in the home. While visiting patients throughout the greater Sacramento area, UC Davis Home Care clinicians look for creative solutions to address challenges presented by this unique environment of care. Thinking outside of the box is a motto with the goal of providing exemplary care for our patients and families.

Home Care Services is engaged in many collaborative efforts, both in the community and within the health system. The home hospice team collaborated with California State University, Sacramento to provide education about end-of-life care for the Gerontology students. The inpatient hospice program continues our expansion efforts providing end of life care to hospitalized patients. The inpatient team is working on numerous projects in the hospital such as collaborating with Sierra Donor Services to provide a special level of support for the patient and care team. The team is also providing end of life education for hospital nurses, physician teams, and hospital administration to better provide support to a very vulnerable population of patients. Additionally, the team continues to work with partners in discharge planning to coordinate discharges from the hospital to home hospice to make this process seamless for patients and families.

The HBPC program served 186 patients last year with the goal of increasing the number of patients served this year by 25%. The program remains one of the few home-based palliative programs in the Sacramento area. HBPC provides patients a bridge between home health and hospice, supporting patients staying out of the ED

and hospital. Home Health provides oversight for the Home Health Collaborative that was established to build relationships with community agencies to help reduce hospital readmission rates. In collaboration with the Congestive Heart Failure clinic, the Home Health team developed processes to provide IV diuretics in the home setting. The pediatric program is one of only a handful in Sacramento providing specialized care for children and infant patients, supporting families during overwhelming times. Home Health continually partners with the medical



Front row left to right: Misael Chavarin, Jennifer Rubin, Shanelle Patterson
Middle row left to right: Christy Adams prevention coordinator, Esmerelda Huerta, Nerisha Harris
Back row left to right: Justin Singh, Chevist Johnson

center to implement creative strategies to assist patients with complex needs transfer from the hospital to home. The amazing success of UC Davis Home Care services, comes from the work we do as an interdisciplinary team. Our highly trained team blends the expertise of our nurses with other disciplines to create a successful model of collaboration. Clinicians work together, collaborating on ways to help patients and families to set goals, make decisions and achieve their goals of care. We help the patients and their families navigate the multiple dimensions of living with a chronic illness, adjusting to an injury and adapting to the changes that these circumstances may bring. The success of our interdisciplinary team is further exemplified by our involvement in the patients' plan of care, which helps to decrease ED visits, hospitalizations and thus provides supportive quality care to patients and their families.

As a result of this amazing care delivered on wheels, the UC Davis Home Health team received the Guardians of

Excellence Award, a national award in the Patient Satisfaction category from Press Ganey. This award honors organizations that have achieved and sustained patient satisfaction in the top 5% of the country throughout the year and is the most prestigious award a home health agency can receive.

Trauma Program

UC Davis Health successfully completed its reverification with the American College of Surgeons as a level 1 Pediatric and level 1 Adult Trauma Center in 2022. Being a level 1 verified trauma center means that UC Davis Health is a tertiary care facility that can provide complete care to the injured patient. Level 1 trauma centers provide care across the spectrum, beginning with prevention through rehabilitation. Standards for reverification are set by the American College of Surgeons to ensure adequate resources and performance improvement review are available at the verified trauma center to provide optimal care and evaluation of that care to all injured patients.



Pictured: Joseph Galante, M.D., Trauma Medical Director, Kristina Zbylut, Christina Delgado, Ryan Rivers, Jen FitzGerald, Maureen Murphy, Gina Cates, Jacque Burgard, Lisa DeBartolo, Brynna Pink, Angelica Andrade, Tasha Broadway, and Christine Williams (Not pictured: Jonathan Kohler, M.D., Pediatric Trauma Medical Director)

UC Davis Health is the only level I pediatric and level 1 adult trauma center for the Sacramento area and inland Northern California. The Trauma Program at UC Davis Health treated 8,063 patients in 2022. Seven hundred forty-nine pediatric patients and 3,832 adult patients were admitted.

Verification as a level 1 trauma center requires commitment to providing optimal care to the injured patient. This is possible due to the close working relationship the trauma program has cultivated with multiple disciplines across the health system. The Trauma Program is comprised of two teams of specialists:

the performance improvement team and the trauma prevention team. Both teams report to the Trauma Program Manager who reports to the CNO of the hospital.

The performance improvement team is comprised of the Trauma Program Manager, Pediatric Trauma Coordinator, a team of Trauma Registrars, a team of Performance Improvement Nurses, the Trauma Medical Director, the Pediatric Trauma Medical Director, and the CNO. The performance improvement team is responsible for maintaining the standards of care as set by the American College of Surgeons. This includes maintaining a trauma registry with data captured on all patients that the trauma system identifies. This data is used to benchmark the hospital's performance against similar trauma centers across the country. The data is also used to identify trends in the care of the injured patient. This data is obtained from chart abstraction and thorough review of the care provided to the injured patients. The review of care allows for identification of hospital events and areas where there is room to optimize the care provided to these injured patients. These opportunities can occur at a division, department, or system level. The program collaborates closely with a multi-disciplinary team and hospital leadership to identify system-wide changes that will improve care overall and align with hospital strategy.

The trauma prevention team is comprised of the Trauma Prevention Coordinator, Violence Prevention Professionals, and Injury Prevention Specialists. The prevention team works both in the community and with hospitalized patients to prevent the leading causes of adult and pediatric injury treated at our trauma center. This team identifies injury patterns based on data abstracted by the performance improvement team and works with community partners to identify the specific risks and causes of injuries, then implement evidence-based programs that improve safety for all ages. These programs include child passenger safety, education, and provision of free car seats for underserved families in the community and hospital, the Matter of Balance senior fall prevention, helmet safety education and distribution of free helmets to local schools, Stop the Bleed courses, and the Wraparound hospital-based violence intervention program. The Wraparound program works to extend the care of violently injured children and young adults after their hospital discharge by providing a mentoring program, individualized case management and community referrals.

Davis 14 Cares for Free Flap Patients

The Orthopedic/Trauma Unit, also known as Davis 14, has expanded its practice, and is now caring for stable free flap patients coming directly from the PACU and bypassing the ICU.

Ara Salibian, M.D., and Michelle Zaldana-Flynn, M.D., are microsurgeons in the Division of Plastic Surgery who reached out to nursing leadership to build the Breast Microsurgery program at UC Davis Health. A goal of this collaboration was to allow medically stable free flap patients to avoid an ICU stay and be admitted directly to Davis 14 from the PACU. Studies show that postoperative ICU care is no longer the standard of care for free flap patients and that frequent flap monitoring can be managed on a specialty floor.



Davis 14 staff at their annual skills day

Davis 14 has historically been the primary unit for the Plastics Service and our staff has experience in caring for patients with flaps. The nurses are highly skilled and trained to monitor, recognize, and respond to potential



Davis 14 staff at their annual skills day

complications. On Davis 14, the patients with flaps also have access to experienced and dedicated physical and occupational therapists.

First, Salibian and Zaldana-Flynn presented their new Enhanced Recovery After Surgery (ERAS) protocols for breast free flaps (DIEP flap) and lower extremity free flaps. The next step was nursing education at staff meetings in November 2022, then the team reached out to the Orthotics Support Services department to purchase necessary supplies and ensured the team had the equipment for the care and monitoring of these patients. Virtual meetings were arranged with the Physical Medicine and Rehabilitation department to review activity orders while the Information Technology department was placing the final touches on the microsurgery order sets.

In December 2022, Davis 14 received their first lower extremity flap patient with Plastics Service bypassing ICU and anticipate their first breast DIEP flap in early 2023.

Gratitude Heals

In addition to being the Nurse Educator for UC Davis Children's Hospital, the coordinator for the Support U Responder Program, the two-term chair of the Association of Nursing Professional Development's National Recognition Committee and a longtime employee donor to UC Davis Health, Michelle Linenberger is a Philanthropy Champion who tirelessly volunteers for the Children's Miracle Network (CMN). She makes several annual visits to Costco, Walmart, Panda Express and other stores that raise money for the hospital, where she thanks these retail heroes and shares the impact of their giving.

She also presents at CMN campaign kickoffs and attends recognition events throughout the year to share her gratitude for donors who support the Children's Hospital.

Learn a little more about why giving back is important to Linenberger – and the patients she serves:

Why did you become a nurse?

Nursing allows for the connection with our patients and families and the opportunity to create and impact and change someone's life for the better. I was drawn to the variety of career paths that were available in nursing to allow me to continue to grow in my career.

What has been the most memorable part of your career at UC Davis thus far?

It is difficult to select a most memorable part of my career as I am so grateful for all of the opportunities that UC Davis Health/UC Davis Children's Hospital has given me. Each opportunity has allowed me to continue to grow and support our community as a nurse and a leader in each facet of my career.



Michelle Linenberger attending the Entravision Radio radiothon with Hector Millan, Entravision on-air talent.

My background of more than 26 years in the Pediatric ICU, Pediatric Cardiac ICU, Pediatrics, Pediatric ER and Pediatric Transport, all provided the foundation for my current role in nursing leadership in coordinating

Pediatric Nursing Professional Development/Education and Programs for all our areas caring for pediatric patients. As the founder and Program Director for our UC Davis Health Support U Peer Responder Program, I am able to help coordinate peer support for our entire community at UC Davis Health in all departments and disciplines, promoting wellness and resilience. It is an honor and a privilege to be a part of this program. Each facet of my career was made possible by the incredible experience that I gained along the way.

You've become very comfortable as a philanthropy advocate for Children's Miracle Network. How did you develop this skill?

I have been involved with philanthropy my entire career at UC Davis Children's Hospital. I see the impact that philanthropy has on the amazing care we provide to our patients and families. It is a privilege to share the amazing work we do with our community sponsors to help them understand the impact of their giving and how grateful we are for their support. It is so easy to be an advocate for CMN as I see the difference that this partnership makes on the incredible care that we provide. I love going out to speak in the community to share our work and thank the amazing partners at

Costco, Walmart, Panda Express and Ace Hardware. I also help to coordinate monthly donations from all of our nurses in the Children's Hospital to support the Sacramento Ronald McDonald House. It is an honor to partner with the CMN Team to share the gratitude for those who support UC Davis Children's Hospital. I also coordinate the Sacramento State men's soccer team's annual holiday visit to the Children's Hospital and the annual Hospital Oak Park Flu Vaccine Event. I love being a part of the CMN Executive Committee and the CMN Business Council. Judie Boehmer (Former Children's Hospital Executive Director) also was an amazing mentor in philanthropy for me and helped to guide me in my passion for philanthropy with CMN and the Children's Hospital.

What do you enjoy about visiting CMN partners, and how would other pediatric nurses benefit from doing so?

I absolutely love sharing the amazing work we do with our community. Showing gratitude for the incredible support from our donors brings joy to my day. I have also met several families of patients that I have cared for when out in the community advocating for CMN. It is an honor to represent our healthcare teams to share our mission and vision in the community.

You have been a generous donor to UC Davis Health for several years. What would you say to nurses thinking about giving through Employee Giving's auto-give program?

I am proud to be a part of the Employee Giving Program. It is important to support the amazing work we do at UC Davis Children's Hospital as we serve such a large community and provide cutting-edge healthcare.

Why is the Children's Hospital the area you choose to support?

I have worked in the Children's Hospital for more than 26 years and I believe in the amazing work that we do to provide the highest level of care to our patients and families. It is such an honor to work with so many amazing colleagues, and I will continue to support the incredible care we provide through the employee giving program.

At the end of a busy day, what makes you smile?

At the end of the day, it is the amazing teamwork and collaboration at UC Davis Health/UC Davis Children's Hospital that makes me smile.

Magnet Champions

Magnet Champions have been attending monthly meetings and preparing for our upcoming Magnet site visit. Conversations about the fundamentals of the Magnet® Recognition Program, such as professional development, nurse sensitive indicators, shared governance and patient satisfaction, were discussed. Many examples have been shared about best practices at UC Davis Medical Center and what sets it apart from other organizations.

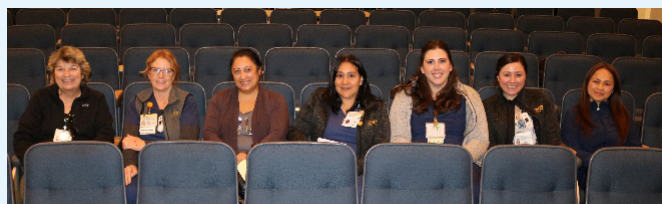
UC Davis Health's Magnet Champions

Johnfred Aglupos
Peter Aglipa
Maria Aguilar
Fatime Admadzai
Shelbie Raeann Allen
Melody Alon
Samantha Benton
Anthony Michael Bernal
Amanda Blanc
Kayla Boyles
Kim Brink
Cassie Brockmeyer
Michelle Bustamante
Misty Cahoon
Caitlin Carlson
Katrina Cass
Katherine Castro
Priscilla Catinub
Julie Chou
Delia Christian
Leah Delim

Lauren Dillon
Noelle Dunn
Rachelle Dyer
Bob Eernisse
Tami Emslie
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Ian Fong
Kelly Gallegos
Nicole Gordan
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Iulian Gutoiu
Jersie Guzman
Kelly Hamilton
Art Hernandez
Lisa Horst
Anna Ibarra
Shannon
James-Bowden
Karley Kinsey
Erin Kozlowski
Stefan Kujawa

Kelsi Loncarich
Angie Luper
Zaida Marie Magallon
Erin Manishin
Maria Martinez
Syndy Mateo
Katherine (Kat) McGee
Courtney McNamara
Jose "Jay"
Metica-Rezonov
Leanna Miller
Carolyn Mofidi
Amy Negus
Teri Nguyen
Lauren Nicholson
Amanda O'Leary
Joni Phillips
Jennifer Ramey
Carissa Reis
Ma Romela
Cabacungan

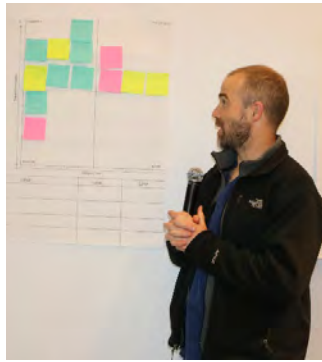
Diana Saelee
Katie Salas
Glenn Shapley
Jan Sheppard
Nathanial Signorotti
Darlene Simons
Kimberly Sommerhaug
Karen Stepp
Jeannine Stewart
Michael Suhd-Brondstatter
Tracy Tooley
Maribel Vera
Dawn Warner
Breanna Warnock
Melia Weir
Morgan Whitmore
Amber Williams
Christina Yanez
KiKi Wong Yee



NPC All Here Day

Quarterly, unit-based practice council (UBPC) members gather to learn about identified topics, network, and share best practices. After two years, the event has returned to in-person, which was well received on course evaluations.

In 2017, the A3 was formally adopted as our quality improvement (QI) model, and it has since become widely used across the organization. UBPC members, in particular, have become quite skilled with using the A3 as they work to achieve their goals. With members rotating in and out of UBPCs, A3 training must occur frequently to not only teach the quality improvement methodology but to help align unit-related activities with our organizational strategic goals. Virtual A3 training is far from ideal, but it has had to adapt over the past three years. With life slowly returning to normal, it was with great excitement



Burn Unit UBPC member Andy Fish, BSN, RN, CCRN shares details of his A3 activity.



UBPC council members working on their A3



UBPC council members working on their A3

that we were able to conduct the first in-person A3 training session for UBPC All Here Day in February! This session, though, was a bit different from past A3 training sessions. Since adopting the Advancing Research and Clinical practice through close Collaboration (ARCC) model of evidence-based practice (EBP) in 2021, there has been interest in integrating EBP into our QI model. By uniting EBP with QI, the aim is to achieve best practice delivered through the best process to achieve the best outcomes. For this A3 activity, UBPC members were guided through the inaugural hands-on EPB A3 learning activity by the Quality and Safety Champions and several EBP mentors.

The in-person training event was a hit by using a fun topic and providing a lot of support, and the group looks forward to continuing our EBP/QI roadshow.



UBPC council members working on their A3

Magnet4Europe

For the past two years, UC Davis Medical Center has participated in the Magnet4Europe project with OLV Aalst Hospital in Belgium. Magnet4Europe is a randomized trial to redesign hospital workplaces to improve mental health, well-being, and retention of nurses and physicians,



Left to right: Lori Kennedy, Ann Van de Velde, Ellen Kissinger and Marion Boriau

and improve patient safety and outcomes. The workplace intervention involves 1:1 twinning of a European hospital with an experienced Magnet® designated hospital. European hospitals were from five countries: Belgium, England, Germany, Ireland, and Sweden. The purpose of the project is to determine if redesign of hospital work environments guided by Magnet® principles as described in the ANCC Magnet® Manual and in collaboration with an experienced Magnet® designated hospital is feasible acceptable and sustainable in Europe in improving care quality and safety, patient satisfaction, and workforce outcomes.



Let to right: Kelly MacPherson, Sabrina McKinney and Ann Van de Velde, who enjoyed learning about daily safety huddles as well as all the opportunities at CPPN.

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Left to right: Marion Boriau, Samantha Streepy, Brynne Kessler and Kiran Sidhu. Boriau enjoyed learning about daily safety, quality and safety and observing Quality and Safety Council.

Program Director and Lori Kennedy, PhD, RN, ACNP-BC, CCRN-K, CNRN, FNCS, Director, Center for Nursing Science have met with Ann Van de Velde, Chief Nursing Officer and Marion Boriau, Director bi-monthly to perform a gap analysis of OLV Aalst Hospital and share best

practices related to Magnet® principles. Last August, Van de Velde and Boriau visited UC Davis Medical Center to see firsthand those best practices in action. They toured multiple units and spoke with many frontline staff, participated in professional governance meetings, and gathered information about innovative programs. The two gave very high praises of all they encountered. They felt the staff were very knowledgeable and professional, knew their outcomes and could speak easily about their professional practice.

PRISM

PRISM stands for Premier Recognition in the Specialty of Medical-surgical nursing. It is awarded to outstanding



East 5 Neuroscience

medical-surgical units that meet rigorous criteria set forth by the Academy of Medical-Surgical Nurses (AMSN). Wes Foster, President of the Medical-Surgical Certification Board (MSNCB), visited UC Davis Medical Center in January and presented three units PRISM awards, East 6 Neuroscience, Tower 6 Medical Surgical Unit and Davis 12 Surgical Specialties Unit. UC Davis Medical Center holds the second most PRISM awards nationally and internationally, with 13 awards across eight units!

medical-surgical units that meet rigorous criteria set forth by the Academy of Medical-Surgical

East 5 Neuroscience received its second PRISM award and Foster said, "I am not surprised to be here again to present this award to East 5. You all do great things. You all do wonderful work. The scoring starts at 520 points and goes up to 600 points. This unit's score was 572, which is in the top 10 scores for all applications we received, so that's another great kudos for all of you. And there are different statuses where you are proficient, expert and advanced. East 5 reached advanced status, the highest status on all six points of the application as well."

Tower 6 Medical Surgical Unit was also excited to celebrate its second PRISM award. Reviewers identified that leadership practices were strong, quality improvement initiatives were effective, and staff engagement was high. It was noted during the



Tower 6 Medical Surgical Unit

award presentation that the clinical staff were proactive in caring for their patients and leading change on the unit. The application scored the third-highest score ever achieved on a PRISM award.

Davis 12 Surgical Specialties Unit was also honored to have received its second PRISM award. Their commitment to providing excellent patient care grounded in evidence-based practice, their continued commitment to learning, and fostering of a healthy work environment

are of the highest caliber. Despite all the challenges faced over the past few years and being one of



Davis 12 Surgical Specialties Unit

the hospital's designated COVID units during a large portion of that time, Davis 12 nurses remained committed to providing the highest quality of care to our patients. The exemplars that were highlighted in the PRISM award application are a glimpse of the countless times Davis 12 nurses provided care with the utmost compassion.

AIM Clinic

The AIM Clinic now supports a range of outpatient infusion and treatment needs, including transitional care for bone marrow transplant, adult and pediatric antibiotic and TNF inhibitor infusions, blood component therapy, IVIG, monoclonal antibodies, hydration, cellular therapy and acute wound management. The clinic volumes have consistently increased throughout the years and now it sees nearly 700 patients per month in the two locations.



Left to right: Mariflor Dilao, BSN, RN, VA-BC and Beth Gall, FNP-BC

Board-certified Family Nurse Practitioner Beth Gall serves as the primary provider for the AIM clinic. She serves as a resource for new patient consults and provides

ongoing oversight of the AIM clinic patients. She works in a collaborative care model with the department of infectious disease and nursing staff to provide efficient medical care focused on transitioning patients safely to outpatient care and reducing the risk of readmission. "I enjoy the AIM NP role because it offers a great deal of variety and autonomy to care for patients with many different disease processes, specifically infectious diseases, as well as allows me to collaborate with the AIM RNs, whose work ethic and teamwork are admirable," said Gall.

With more than two decades of working as an NP, Gall's career has encompassed Internal Medicine, Family Practice, Psychopharmacology, Neuro-interventional Radiology, GI surgery, Hemophilia Treatment, and both nuclear and non-nuclear Cardiac Stress Testing. She is passionate about mentoring new NPs and Pas, and has been a guest lecturer for the UC Davis Health NP/PA program and served as a preceptor for Betty Irene Moore School of Nursing for multiple years.

Gall's care philosophy is grounded in treatment of the whole patient and advocating for patient transition of care and follow-up. She believes comprehensive health education can provide patients and families with the

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Trauma Prevention, Children's Surgery Center, and PM&R partner to provide spica cast patients with safe transport on their car ride home.

The Trauma Prevention Department leads a car seat education program for UC Davis Health patients and the wider community. They offer car seat installation lessons and provide car seats for families in need. But what happens when a child needs a spica cast and they no longer fit in a regular car seat due to leg abduction? A special



Jennifer Rubin (SafeKids Coordinator) and Layne Paul (ortho tech) with the spica casted doll used for training.

car seat may be needed! Through generous donations and grant funding, the Trauma Prevention program has purchased car seats that can accommodate casted patients, and loans them out to families to use until the cast is removed.

Trauma Prevention staff visit the bedside to determine which car seat will fit casted patients and to show their parents/caregivers how to adjust the car seat harness. As nationally certified Child Passenger Safety Technicians, they can also assist families with installing the seat in their car.

Trauma Prevention is pleased to partner with other departments to assist with spica cast discharges occurring outside of business hours. Pediatric OT/PT staff are trained to fit spica cast patients for car seats when they provide their spica cast consult including lifting and positioning, diapering, and more. RNs in Children's Surgery Center have recently joined the team to help fit and provide the loaner seats. Families are provided with links to car seat instructions as well as installation videos and contact information for Trauma Prevention to schedule an installation appointment.

Support the work of the Car Seat Program and help provide car seats to children in need by donating to the "Infant Car Seat Program" at <https://give.ucdavis.edu/MCMN/9000628>.

needed foundation to make informed health decisions to advocate for themselves.

Gall has been instrumental in developing the role of advanced practice in AIM, focusing on a cost avoidance model facilitating early hospital discharges for patients with acute intravenous therapy needs, including antimicrobials, blood products, iron, monoclonal antibodies, IVIG, solumedrol, and acute wound care.

“Perhaps what stands out the most for me about Beth is her ability to truly connect with her patients and how she continually goes above and beyond to ensure they get the care they need. Whether that means collaborating and coordinating with specialty services or ensuring the referrals the patients need are completed/ordered,” said NP Supervisor Mandy Schesser.

Rosemary Kombo becomes the 60th Hero Award Recipient

The Josie King Foundation was founded by Sorrel King, who, in February of 2001, lost her eighteen-month-old daughter Josie to a preventable medical error. The Foundation’s mission is to prevent others from being harmed by medical errors. By uniting healthcare providers and consumers, they aim to create a culture of patient safety together. The Hero award was created by the Josie King Foundation to be given to one or more caregivers who work hard to create a culture of patient safety by:

- Listening to the patient and family and encouraging them to speak up and ask questions
- Improving communication and/or improving teamwork
- Looking for the good catches (and near misses) and fixing them before they harm a patient
- Setting an example for others every day and inspiring positive change
- Encouraging colleagues to speak up for safety and by promoting psychological safety

The Hero award has been available at UC Davis since November 2018. Since then, over a hundred nominations have been received, and 59 individuals and teams have been presented with the Hero award.



Rosemary Kombo, RN, BSN, Interventional Radiology, and colleagues celebrate the Hero Award

This past September, Rosemary Kombo, an RN in Interventional Radiology became the 60th recipient of the Hero award. She was nominated by her colleagues for stepping up to prevent patient harm and to ensure her patient received exceptional care.

Emancipation Baskets

UC Davis Health donated 140 holiday baskets for recently emancipated foster youths. As youths age out of the foster care system, they may face financial challenges, which can cause emotional and physical stress. The youths have a range of needs to support their new lives as independent adults. In the



Christine Williams, Interim Chief Nursing and Patient Care Services Officer/Chief Nursing Informatics Officer

last 16 years, UC Davis Health employees have given more than 1,900 baskets to the Sacramento County Independent Living Program. “I just love this program so much,” said Angie Marin, pediatrics nurse manager at the UC Davis Medical Center and Children’s Hospital and the lead for the holiday basket program. “These kids

need a glimmer of hope in their lives, and these baskets let them know someone cares deeply about them and is hoping for their success in life.”



Left to right: Heather Stokes, Christine Williams, Angie Marin, Francisco Maxey, Harrison Owens III, Ryan MacLachlan

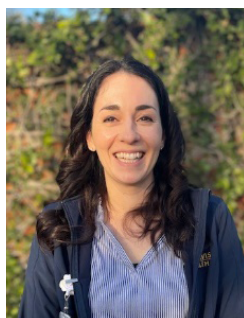
Ambulatory Care

Diabetes Educators

Jeanne Appell RN, MSN, BC-ADM, and Gabrielle (Gabby) Burt RN, BSN, CDCES, with support from their Health Management and Education (HME) Quality Improvement team, developed a targeted peer review process for their diabetes educator role. They hold unique positions in ambulatory by floating to different clinics to support primary care providers and their patients with complex diabetes needs. Appell and Burt see patients through individual diabetes consultations for general education, insulin and injectable starts and adjustments, monitoring strategies, risk reduction and more.



Jeanne Appell RN, MSN, BC-ADM



Gabrielle (Gabby) Burt RN, BSN, CDCES

“Our goal was to help keep each other accountable and up to date on Standards of Care and Motivational Interviewing concepts. We developed a tool that focuses on clinical practice concepts, attuning, wondering, holding, and following,” said Appell.

“This tool has really highlighted the importance of the peer review process,” said Burt. “We are able to see different styles and techniques, recognize motivational interviewing moments of success, reflect on our practice and identify potential areas of growth or opportunity for both RN professional practice and patient care.”

Appell and Burt will be presenting their peer review tool to their Quality Improvement team this month. Future goals include expanding this to different clinical practice chronic conditions and disciplines.

Pediatric Infectious Disease

Tami Emslie, BSN, RN

Pediatric Specialty Clinics

Tami Emslie, BSN, RN, started in the Pediatric Infectious Disease clinic in January 2015 and remembers



caring for three brothers who were refugees from Burma that were infected with HIV. The brothers are still patients of hers today. In recent years they have struggled with medication adherence, which resulted in high HIV viral loads and low CD4 counts. The eldest brother especially struggled and many different interventions would work temporarily but never a permanent fix. Finally, in December 2021, with the help of the entire Peds ID team, the eldest brother became the first patient at UC Davis Health to transition to the new HIV injectable antiretroviral. He now gets this injection every other month and has remained virally suppressed for a full year! This past November, the other two siblings have also transitioned to the injectable and thriving! We continue to work with all our current HIV infected pediatric patients and plan to have two to three more patients transition to this amazing new medication.

Home Infusion

Home Infusion has implemented an initiative to reduce venipuncture attempts for difficult IV access patients in the home setting. The department has obtained a portable ultrasound unit for use in the home/ambulatory setting. Nursing staff has received education on ultrasound-guided PIVs. They use a screening tool to determine whether use of ultrasound is warranted, and when to escalate IV access attempts to ultrasound and an expert. So far, all difficult IV access patients have their IVs placed successfully on the first attempt. This highlights the success of integrating education, technology, and best practices to enhance the care provided to our patients.

DAISY Nurses

Nurse Leader Awards



Kelly MacPherson, RN, MS, EdD, NEA-BC, NPD-BC
Center for Professional Practice of Nursing



Kelly is an incredibly strategic and visionary leader, able to foresee upcoming trends and plan for the future. As a transformational leader, she leads by example, with genuine caring, inspiring and motivating staff to perform at the highest level possible. She truly promotes a culture of empowerment and excellence in which staff is called to

service, developing them into leaders and exceptional NPD specialists. She supports the professional development of her own staff pursuing advanced degrees and certifications, as well as the entire staff of UC Davis Health in the work she leads. Kelly's leadership style has enabled staff to become creative, autonomous leaders in their own right.

Kelly is an engaged leader who listens closely and helps problem-solve when issues arise, facilitating a safe, trusting environment in which staff is comfortable bringing concerns. She operates with mutual respect and compassion, engaging staff in a kind, transparent way. She communicates priorities and direction clearly, ensures understanding and accountability, and promotes regular staff recognition. Kelly is exceedingly accessible, responsive, and nonjudgmental, always advocating for the best processes and outcomes for healthcare staff and patients.

Thurmann Pangilinan, MSN, RN
East 4 Accelerated Access Unit

Thurmann was our charge nurse that day. And I remember after all was said and decisions made, looking at him with tears welling up in so many of us. He had a concerned look too, but he managed to stay so calm, so rational, and so compassionate to this group in which he led. I often say that the charge nurse is the "fearless leader" of the day. And while he may not have been fearless, we would have never known. He took the time to listen to each and every one of us. He acknowledged each concern we shared. He took the time to do that for us. He offered solutions (if appropriate) and reassurance, reminding us that we will get through this and we will take things one thing at a time.



Thurmann took all of our concerns and escalated them as appropriate, advocating for the nurses under his leadership. As new information came through, Thurmann remained incredibly transparent and communicated with his team. I felt some solace in knowing that even though I was scared and none of us knew the future, we could rely on Thurmann to help us navigate through it. And we have come so far as a unit together. We have maneuvered through a pandemic together and the future seems a little less threatening. And I am confident that tense situations will arise in our unit again, but I know that having Thurmann there to help lead through it will be a little less daunting. He continuously has a positive impact as a nurse leader on our unit by how he role models extraordinary behavior and creates an environment of trust and compassion among colleagues which helps us pour that calmness back into our patients.

Team Award

PACU Staff Developer Team

Our staff developers manage education and training for 270 staff members, including RNs, ORAs, HUSCs and MOSCs and NPs for five different departments (UTSES, SDSC, CSC, PREP, Main Pavilion PACU). The team includes Fiona Madigan, MSN, RN, CPAN, NPD-BC, Melody Hillstrom MSN-Ed, RN, CCRN, and Teri Nguyen MSN, RN, CCRN.



PACU with various nursing experience. I often hear from senior staff about how happy they are with our new hires.

I have heard from new employees that they have never had such a complete, organized, and

supportive onboarding experience. This leads to employee retention. We are not hiring all this staff because we have a high turnover rate. We are hiring for our continued growth within the perioperative services department. UC Davis Health is growing, and we are prepared for this exciting growth! Having a training program keeps us ahead of the

What is the result of this team's collaboration and teamwork?

Well-educated and well-prepared staff who come to the

hiring curve, keeping our staffing numbers strong.

Opportunities for staff to be involved in the growth of the unit. Our staff developers lead the CN3 meetings, supporting projects for nurses' career ladder advancement. Preceptors are mentored and prepared for orienting new hires.

From a management perspective, this team's strength and independence make our job easier. They are considered leaders in our unit, and we can count on them to take a topic of concern and have it addressed and completed. They also help build relationships between the OR and PACU.

They are a resource to the unit and can be called upon to help at the bedside in critical situations, providing real-time training when needed. This gives our staff support and the security of knowing they are not alone in any situation.

Individual Awards

**Milani Wagner, MSN, RN,
CNRN, PHN**

East 5 Neuroscience

Milani was a very cheerful and caring nurse. She went out of her way to help me while I was in the hospital, especially the day after my surgery. She reminded me to get up to walk around and do my exercises. I couldn't eat anything except ice cream, so she called the kitchen to bring me some chicken-vegetable soup. She took time to care for a patient she did not know. I also witnessed her compassion and caring for another patient (my roommate).

Even though I was in so much pain and could barely move, Milani's compassion and encouragement motivated me to get out of bed to walk to the bathroom by myself (with Milani's supervision and support). I am a very self-disciplined person, but I feel blessed to have a nurse who encouraged and reminded me to continue working towards caring for myself. She gave me the confidence to achieve my recovery goals. In addition, before being discharged to go home, Milani encouraged me to go to the rehabilitation center to have physical therapy and exercise to strengthen my back. I still have a long road ahead in my recovery, but I began my journey with much success thanks to Milani's hard work and dedication.



Carrine Fung, MSN, RN

Davis 14 Ortho/Trauma Unit

I was emotional, frustrated, scared and homesick. Carrine had been my nurse that day, and little does she know, her empathy and compassion got me through the roughest part of my stay.

When she first came in she was extremely kind and immediately made me feel secure as I could tell she was very experienced and knowledgeable. She sat with me and went over all my concerns. She always listened and guided my care in a way I felt safe despite the setbacks I was experiencing. As a nurse, sometimes it's difficult to turn off our "nursing brain" and we find ourselves still being in nurse mode from our hospital bed. With Carrine caring for me, I felt comfortable enough to turn that part off and simply allow myself to receive: receive care, receive compassion, receive healing. There were times I felt so embarrassed by what was happening with my body, but she immediately comforted me and reassured me that I was in a safe space. She helped me maintain my dignity every step of the way. I knew she had a busy assignment but she never made me feel like I was bothering her, in fact I felt like her only patient. She took the time to get to know me, to care about my personal story.



Assad Ahmadi, BSN, RN

Emergency Department

Another time, I was walking past a room and saw Assad caring for a small, maybe 3-year-old child, who appeared to be chronically ill and very sick. The child was laying in the bed looking at Assad with panic in her eyes. The mother, sitting next to the child, was exuding fear that was palpable. Assad's interaction with the patient-the gentle way in which he was caring for her- nearly brought tears to my eyes. I had no idea what he was saying, it was merely his body language and tender demeanor that reminded me of what we as nurses are and should always strive to be.

Assad is patient, kind, humble, non-judgmental, hard-working, and above all, compassionate. The way he carries himself truly inspires me, and our fellow coworkers



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(I don't think anyone will deny this). He inspires us to take the time to go above and beyond for our patients, to be there for each other as colleagues, and really just to be better human beings. He represents what a DAISY nurse is- all day, every day!

Sultana Iden, BSN, RN, CDCES

Pediatric Endocrinology Clinic

She never gives up when a family appears unable to care for a child because of limited understanding or, unfortunately, lack of interest in the details of the care of the child. Her work is in the outpatient environment where we care for this chronic condition and where we lead the families in their journey over the years. I will point to one particular teenager who would not perform the daily blood sugar monitoring nor insulin injections for a long period of time. Her devoted mother was surprised when we found this out, but the teenager was not ready to perform the tasks that are required for optimal control. Nonetheless she cried when her lack of control was pointed out, indicating her wish to do better, but at that point in her life the inability to do so led to her frustration. Sultanna focused on the family and over a period of months brought them to the realization that good blood sugar control was within their reach. This teenager's blood sugar values decreased into the target range, and she became an exemplary patient with diabetes. This teenager graduated high school and ultimately went to college, demonstrating excellent control as she left for her dormitory. She aged out of Pediatrics at 21 years of age, but we still regularly receive grateful comments from the family pointing out the role that Nurse Iden played in this girl's life.



Always Nurse

An “Always” nurse received a 100% score on the HCAHPS or Targeted Patient Experience Survey for the following questions.

1. Nurses treated you with courtesy/respect
2. Nurses listened carefully to you
3. Nurses explained in a way you understand
4. Nurses' attitude toward your requests
5. Amount of attention paid to your special or personal needs
6. How well the nurses kept you informed

How do scores get assigned to individual nurses?

All scores are assigned to each nurse flagged in EPIC as a member of that patient's treatment team. And each individual nurse's Top Box score is based on all surveys received in that timeframe where they were part of the patient's treatment team.

Results based on:

918 surveys received with 2,072 nurses as part of the patient's treatment team.

Of the 2,072 nurses, 1,156 have a sample size of 5 or more on one of the surveys.

July 1 – September 30, 2022

Maelyn Arendain – Davis 12 Surgical Specialties Unit
Janet Balcita – Davis 12 Surgical Specialties Unit
Mark Berneking – East 8 Med/Surg Specialty Unit
Brenda Cheatum – Tower 4 ENT/Internal Medicine
Ma-Therese Dizon – Davis 12 Surgical Specialties Unit
Maria Dominguez – Davis 14 Ortho/Trauma Unit
Dustin Dry – East 4 Accelerated Access/Hospitalist Service
Ruth Freeman – East 8 Med/Surg Specialty Unit
Kennedy Gordon – Tower 3 Women's Pavilion
Jasmine Heidari – Tower 8 Transplant/Metabolic Unit
Linda Ho – Davis 12 Surgical Specialties Unit
Shiela Luy – East 8 Med/Surg Specialty Unit
Alexander Lyon – Davis 11 Trauma Nursing Unit
Kristen Marriott – East 8 Med/Surg Specialty Unit
Thomas McLaughlin – Tower 4 ENT/Internal Medicine
Itzel Mendoza – Davis 8 Oncology/BMTU
Evangeline Mondala – Davis 6 Cardiology Services
Asmia Monib – Davis 12 Surgical Specialties Unit
Sara Pahlke – Davis 12 Surgical Specialties Unit
Jonathan Pfanner – East 4 Accelerated Access/Hospitalist Service
Natalya Pokadko – East 5 Neuro
Michelle Rabanal – Davis 14 Ortho/Trauma Unit
Kathryn Scarborough – Davis 6 Cardiology Services
Hillary Takahashi – Davis 12 Surgical Specialties Unit
Rowena Tribiana – East 4 Accelerated Access/Hospitalist Service
Elaine Vang – Davis 14 Ortho/Trauma Unit
Cristina Yamat – Davis 6 Cardiology Services

MESSAGE FROM CHRISTINE | CONTINUED FROM PAGE 1

and compassionately delivered care. I hope you take a moment to read this edition of UC Davis Nurse, with highlights of more amazing stories of the extraordinary love, compassion, courage, and integrity our nurses model each and every day.

With many thanks,

Christine Williams

Interim Chief Nursing and Patient Care Services Officer
 Chief Nursing Informatics Officer (CNIO)

Newly Certified Nurses

Acute Care Nurse Practitioner (ACNP-BC)

Shelly Bergum

Adult Gerontology Acute Care Nurse Practitioner (AGACNP-BC)

Eberechukwu Olivia Aniche

Rhea De Mesa

Margo Sutton

Ambulatory Care Nursing (RN-BC)

Meredith Hansen

Liana Radu

Rachel Teixeira

Anna Volosenko

Certified Otorhinolaryngology Nurse (CORLN)

Nicole Heidelberg

Certified Emergency Nurse (CEN)

Ivana Carbajal

Certified Gastroenterology Registered Nurse (CGRN)

Kevin Bui

Certified Medical Surgical Registered Nurse (CMSRN)

Meliza Amaranto

Karl Ramoncito Fiesta

Susana Huerta

Chery Leslie

Certified Nurse Operating Room (CNOR)

Kathleen Hunger

Kelsey Kirkegaard

Dmitriy Leytman

Zaida Lu

Reena Rallanka

Elmer Ulpindo

Certified Pediatric Hematology Oncology Nurse (CPHON)

Anita Johnson

Tiffany Orias

Certified Pediatric Nurse (CPN)

Michelle Johnson

Critical Care Registered Nurse (CCRN)

Gina Alfaro

Sarah Breisacher

Jacob Chermak

Mark Spiegelman

Tommy Tieu

Critical Care Registered Nurse - Peds (CCRN)

Amanda Blanc

Christina Horan

Cortney Michalosky

Family Nurse Practitioner (FNP-BC)

Alisa Dieterich

Deborah Miller

Inpatient Obstetric Nursing (RNC-OB)

Ava Lim

Mary Penfold

Neonatal Intensive Care Nursing (RNC-NIC)

Celeste Crain

Oncology Certified Nurse (OCN)

James Davies

Cynthia Leo

Danielle Mangahas

Gregory Park

Primary Care Certified Pediatric Nurse Practitioner (CPNP-PC)

Anastasia Ness

Progressive Care Certified Nurse (PCCN)

Junghyun Cho

Stroke Certified Registered Nurse (SCRN)

Ermi Craddock

Congratulations CN IIIs

3Q 2022

Peter Charles Aglipa – North 3/South 3

Margarita Ayala-Mora – Tower 6 Pediatrics

Kristina Balneg – University Tower Surgical Endoscopy Suites

Megan Barker – Davis 7 Pediatrics

Lisa Marie Bisbocci – University Tower Surgical Endoscopy Suites

Shellyn Brown – Pediatric Infusion Center

Lara Danielle Butler – Burn ICU

Maria De Los Angeles Martinez – East 6 Cardiothoracic PCU

Yvette Ana Gonzalez – D5 Neonatal Units/Transport

Kenzie Grinsell – Tower 7 MSICU Gold

Valeria Martinez – Davis 5 NICU

Nicole Nguyen – Davis 7 Pediatrics

Verlyn Ongjoco – Radiology

Eleanor Sanders – PACU

Erin Shields – Tower 7 MSICU Gold

Andrew Tarquinio – Tower 7 MSICU Blue

4Q 2022

Kevin Kinh Bui – University Tower Endoscopy Surgical Suites

Mark Henry Brooks – Home Infusion

Mindy Burley – Davis 7 Pediatrics

Kayci Costa – Spine Center

Rachelle Dyer – Davis 8 Oncology/BMT

Erin K O'Hara – Home Infusion

Precy Hipol – Renal Services

Elizabeth Long – Davis 5 NICU

Christian Mercer – Davis 5 NICU/Neonatal Transport Team

Lupe Padilla – SDSC/PACU

Harjit Singh – Emergency Department

Courtney Sousa – Davis 8 Oncology/BMT

G Michael Sudh-Brondstatter – Home Care Services

Jennifer Ann Sutherland – Davis 7 Pediatrics

Erika Teply – Emergency Department

Eva Tan – Tower 7 MSICU Gold

Sarah Wade – Emergency Department



UC DAVIS HEALTH | Nurse

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