PROFESSIONAL NURSING PRACTICE
UC DAVIS HEALTH SYSTEM

2012 ANNUAL REPORT




UCDAVIS
HEALTH SYSTEM

2012 ANNUAL REPORT CONTENTS

Letter from the Chief Patient Care Services Officer

Dear Colleagues,

We have had quite a productive year. Our unit-based practice councils throughout the medical center are engaged in improving patient care and doing the important work of strengthening the professional practice of nursing. We saw amazing examples of your work at the poster session of the Professional Governance Day last fall.

Staff have demonstrated leadership by chairing or co-chairing important Professional Governance Councils and establishing our goals for the coming year. These goals address the continuous learning and professional development needed to sustain the clinical excellence of our staff. An exciting and challenging goal that staff put forward is the project to develop and update the existing career ladder over the next year.

Two important goals this past year have been to strengthen communication and interdisciplinary collaboration as we build the healthcare teams of the future and out-perform national benchmarks for patient safety. We are realizing great improvements in our patient care outcomes because we have partnered with our physician colleagues to reduce and prevent infections. Through these collaborations, we have successfully outperformed national benchmarks for our nurse sensitive indicators.

As we reflect on our accomplishments of 2012, it is also important for us to take a moment to reflect on our rich history of nursing excellence. UC Davis Medical Center was the 6th hospital in the nation to be designated as a Magnet hospital; a designation we held for 10 years. We have long held that nurses should be empowered to be leaders of healthcare at the bedside. Our nurses are positioned throughout the organization to make decisions to guide their professional practice and to ensure the highest quality care is being delivered to our patients. I am proud that in 2013 we are once again in the process of becoming designated as a Magnet hospital. A distinction symbolizing that the highest quality of nursing care is delivered here, by our nurses, who are simply the best!

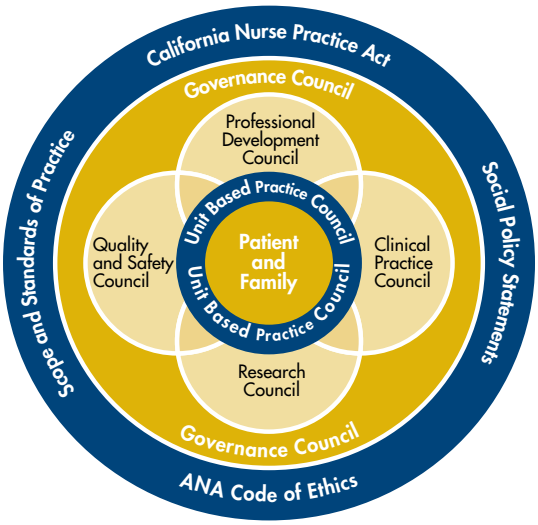
With warmest regards,

Carol Robinson RN

Carol A. Robinson, RN, MPA, NEA-BC, FAAN

Chief Patient Care Services Officer

PROFESSIONAL GOVERNANCE



This has been an exciting year for the professional practice of nursing at UC Davis. Professional Governance has provided a structure that empowers direct care nurses to contribute collaboratively as decision makers regarding the nursing practice environment. As a result, nurses have demonstrated how they analyzed and tracked their quality and safety outcomes as well as their patient satisfaction outcomes. Using this data, unit-based practice councils (UBPC) implemented projects that helped improve patient outcomes and the work environment.

Early on, nurse managers and nursing administration were impressed by the enthusiasm and empowerment nurses showed to their professional practice through projects implemented at the unit level and wanted a forum to recognize nurses and display their work. Professional Governance Day was an opportunity for direct care nurses to showcase their innovations and projects and to be recognized by peers and nursing leaders for their efforts through poster presentations.

Held in the PSSB building last fall from 7:00am to 4:00pm, each UBPC displayed a poster of their year accomplishments. Some UBPC's displayed additional posters of specific innovations or projects. The breadth of projects presented was impressive and included ambulatory care, procedural areas, acute care, critical care, peri-operative services, and the Emergency Department. The response was tremendous with over 70 posters on display and more than 300 nurses attending. UBPC members spent the afternoon answering questions from their colleagues about project implementation, interpretation of data and how the evidence shows positive practice changes. Nurses attending the event were also able to receive continuing education units (CEUs) through the Center for the Professional Practice of Nursing.

We would like to recognize the following nurses for their leadership in 2012 as chairperson and co-chairperson of their unit-based practice council. Councils are listed in alphabetical order with the chairperson listed first followed by the co-chairperson.

UNIT BASED PRACTICE COUNCILS

ADVANCED PRACTICE NURSES
Shelly Bergum, RN, MSN, ACNP
Steve Salvemini, CRNA, MS

AIM SERVICES
Alana Wyatt, RN, BSN
Marti Livinghouse, RN, BSN, WCC

AMBULATORY
Katy Suggett, RN, BSN, CHFN
Christine Fonseca, RN, BSN, OCN

APHERESIS/PICC
Patty Muldown, RN, BSN
Shiny Peter, RN, BSN

BURN ICU
Sarah Bernardy, RN, BSN, CCRN
Anna Olszewski, RN, BSN

CARDIOVASCULAR
Deborah Deatheragehand, RN, BSN, ONC
Mary Burns, RN, BSN

CICU
Liya Sinitsa, RN, BSN
Carrie Smith, RN, BSN

CTICU
Hilary Kemp, RN, BSN
Sharon Millan, RN, BSN, CCRN

DAVIS 5
Sharon Conner, RN, BSN
Merin Russell, RN, MSN

DAVIS 6
Kayla Horch, RN, BSN
Victoria Bettencourt, RN

DAVIS 7
Mary Foe, RN, BSN
Kriston Reneau, RN, BSN

DAVIS 8
Megan Kuehner, RN, BSN, OCN
Heidi Weiser, RN

DAVIS 11
Emily Cameron, RN, BSN, CMSRN
Siri Johnson, RN, BSN

DAVIS 12
Katelyn Nystrom, RN, BSN
Yuriy Vorobets, RN, BSN

DAVIS 14
Bonnie Terry, RN, MSN
Dorine Fowler, RN, ONC

EAST 4
Diana Kwong, RN, BSN
Ada Kwong, RN, BSN

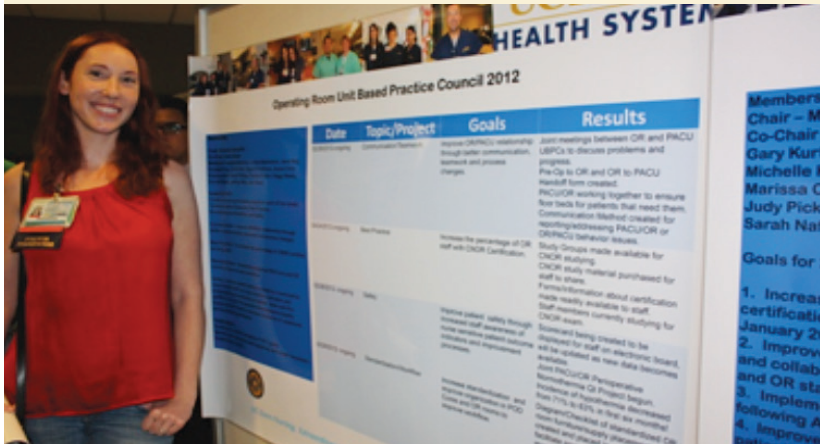
EAST 5 NEURO
Christina Robinson, RN, BSN
Rosalinda Flores, RN, BSN, CNRN

EAST 5 PM&R
Jerome Maida, RN, CRRN
Anna Marie Ebreo, RN, BSN, CRRN

EAST 6
Ming Li, RN, BSN
Shirley Lewis, RN-BC, BSN

EAST 8
Jessinie Ferreras, RN, BSN
Leah Delim, RN, BSN

Kimberly Schaeffer, RN, BSN, CNOR Operating Room



EMERGENCY DEPARTMENT
Danise Seaters, RN, MS
Chris Allen, RN, BSN, CEN

GI LAB
Lisa Leach, RN, BSN
Trudy Dennison, RN, BSN

HEART CENTER
Svetlana Ganaga, RN, WCC
Stephanie Newman, RN

MICU
Dawn Love, RN
Matthew Settle, RN, BSN

MSICU
Michelle Tom, RN, BSN
Irina Shchedrov, RN, BSN

NSICU
Brennan Garbutt, RN, BSN
Claire Basco, RN, BSN, CNRN

OPERATING ROOM
Kimberly Schaeffer, RN, BSN, CNOR
Ann Rutter, RN

PACU
Meghan Lujan, RNC
Dannika Schauer, RN, BSN

PCR – FLOAT POOL
Robyn Hudson, RN, BSN
Ron Ordona, RN-BC, MSN

PCR – ACTION NURSES
Heather Jones, RN, BSN
Agnes Pugh, RN, BSN

PICU/PCICU
Mary Cignarella, RN, BSN
Michelle Linenberger, RN

RADIOLOGY
Jill Taylor, RN, BSN, CRN
Diana Ahlbin, RN, BSN

RENAL SERVICES
Maria Aguilar, RN
Liza Garcia, RN, BSN

SAME DAY SURGERY CENTER
Cindi Pike, RNC
Sonia Gear, RN

SICU
Sherry Allen, RN, BSN
Linda Horvath, RN, BSN, CCRN

TOWER 3 WOMEN'S PAVILION
Kris Baxley, RN
Faye Bates, RN

TOWER 4
Jerry Bambao, RN-BC, BSN
Fey Saechao, RN, BSN

TOWER 8
Yvonne Phun, RN, BSN
Pamela Reynolds, RN, BSN

TRU
Krista Greaves, RN, BSN
Natasha Vasilopoulous, RN, MSN, CCRN

Kendall Butler, RN, BSN, MICU

Natalie Dew, RN, BSN and Tia Strong, RN, OCN Davis 8

System-wide councils exist to support and are a resource to the unit-based practice councils. Each council has worked extremely hard this past year on initiatives to improve the professional practice of nursing and to support the work environment of direct care nurses throughout the organization. We would like to recognize the 2012 system level council chairpersons and co-chairpersons below for their dedication this past year as well as some 2012 system council highlights.

CLINICAL PRACTICE COUNCIL

Stacy Hevener, RN, MSN, CCRN
Dorine Fowler, RN, ONC

- Developed a patient handoff tool specifically for patients from Ambulatory areas going to the Emergency Department
- Developed Professional Governance: Moving Forward class to support unit-based practice council members or interested staff on how to move forward with projects and plans
- Started a Patient Admit/Transfer Workgroup to address patient safety, patient satisfaction, and other issues surrounding the admission and transfer of patients during change of shift
- Improved dissemination of MRSA education
- Changed EMR documentation of correction insulin

QUALITY AND SAFETY COUNCIL

Jacqueline C. Stocking, RN, MSN, MBA, NEA-BC
Miguel Angel Medina, RN, BSN

- Standardized the council's reporting template for all project reports to utilize the DMAIC (Define, Measure, Analyze, Improve, Control) framework
- Planned, prepared, and implemented a redesigned Quality & Safety Council by increasing the membership of bedside nurses and encouraging participation in quality improvement projects
- Implemented the Joint Commission Hand Hygiene Campaign in all intensive care units with ongoing plans to implement the Hand Hygiene Campaign house wide

PROFESSIONAL GOVERNANCE

PROFESSIONAL DEVELOPMENT COUNCIL

Kelly Tobar RN, MS, EdD
Carrie Swan, RN

- Organized and facilitated 75 nursing salons with nurses from all levels and from across all settings of the organization
- Using input from the nursing salons, developed the professional practice model
- Educated staff and implemented the professional practice model
- Co-chaired Professional Governance Day

RESEARCH COUNCIL

Barbara Rickabaugh, RN, MSN, NE-BC
Amy Zausch, RN, MSN

- Developed a research council website for staff to obtain up to date information on nursing research studies and evidence based practice projects
- Developed and launched a virtual journal club
- Using a systematic method, selected the IOWA Model as the recommended evidence based practice model for staff
- Co-chaired Professional Governance Day

GOVERNANCE COUNCIL

Carol Robinson, RN, MPA, NEA-BC, FAAN
Brittney Caldera, RN, BSN, PCCN

- Provided support to professional governance structure by facilitating communication throughout the structure
- Coordinated presentations at Nurse Practice Council All Here Day of UBPC and system wide councils
- Established 2013 goals for Patient Care Services
- Improved recognition of nurses with specialty certification by changing the template of staff badges and placing nursing specialty recognition plaques on units

Christine Allen, RN, BSN and Danise Seaters, RN, MS, Emergency Department

DEVELOPMENT OF THE PROFESSIONAL PRACTICE MODEL

By now, most if not all UC Davis nurses are familiar with the Professional Practice Model (PPM), but do you know what an important role nurses played in developing the model? Between January and February, 2012 over 500 nurses from throughout the organization attended a "Nursing Salon" and helped to identify what professional nursing means to them. The idea of using the "Salon" format to generate conversations about nursing practice came from the work of Marie Manthey, MNA, FAAN, FRCN. Nurses are probably familiar with her work on Relationship Based Care or Reigniting the Spirit. Over the years, Marie has held a series of Nursing Salons in her home. She invites nurses from throughout the community to talk informally about nursing. Using a similar approach, Tower One was transformed into a comfortable gathering place with soft lighting, conversational seating, and light snacks. Every UC Davis nurse was invited to attend one of the 75 nursing salons which were held during the day and night. These salons were designed to generate conversations about the practice of nursing at UC Davis. During each of the salons, nurses were asked the same three questions:

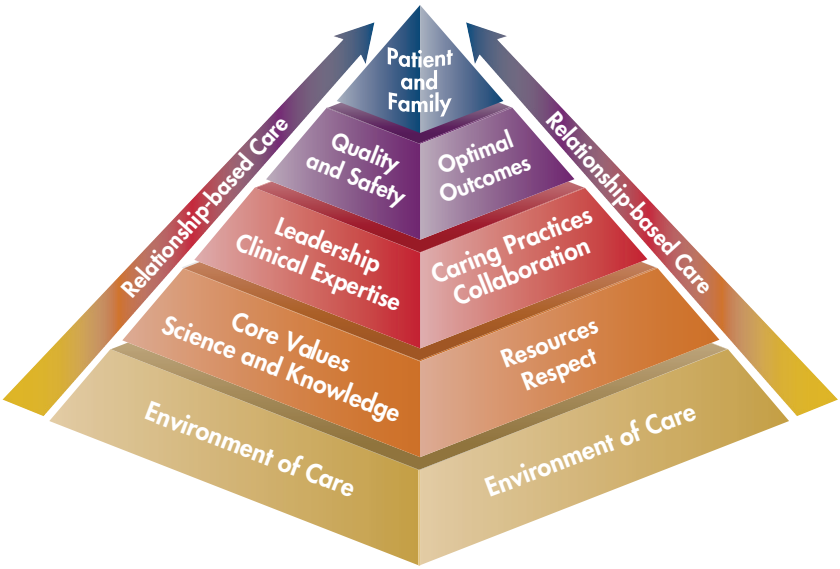
1. What are you most proud of when you care for your patients every day?
2. If you are the patient, what do you expect from the professional nurse caring for you?
3. What guides you or is the foundation for your practice as a professional nurse?

Their responses were tape recorded or written on flip charts. Based on the responses, stories, and discussions from the *Nursing Salons,* the Professional Development Council identified 11 themes representative of professional nursing. These themes were, a Caring Environment, Relationship Based Care, Core Values, Science and Knowledge, Resources, Respect, Clinical Expertise, Collaboration, and Leadership all of which lead to optimal outcomes for the patient and family.

THE FOLLOWING QUOTES, OBTAINED FROM NURSES WHO ATTENDED THE SALONS, ARE REPRESENTATIVE OF THESE THEMES

Patient & Family "…for me, the patient comes first. Put that before everything else, my question is always, what's best for the patient? That has made everything so much simpler, having that perspective what's best for that patient."

DEVELOPMENT OF THE PROFESSIONAL PRACTICE MODEL



Optimal Patient Outcomes "I always take into consideration, what will lead to the best outcome for the patient. I can't promise them they will go home and be the same. But I can promise to give them the best that I've got."

Caring Practices "Having the nurse go the extra mile, not just doing the basics. Even just giving a hug, smiles, a cheerful attitude, someone who knows what you are going through. It's more than having a competent nurse, but also someone who cares for the whole person, physical, spiritual, emotional. UCD nurses are good at that."

Clinical Expertise "Teaching parents how to care for their sick child. Really empowering the parents, knowing when they leave they are prepared."

Core Values "We can audit, have champions, check boxes, none of that matters. It's about who you are, your core values. Is this the right thing to do, not just book right, but right-right? Don't just check the box."

Relationship-Based Care "Trust, patients trust us to do the right thing so we have to honor that."

After the themes were identified, a graphic artist helped develop a model that would capture the interrelationships of these themes. The result was a pyramid with the Environment of Care and Relationship Based Care representing the foundations on which our professional practice is based. The tiers within the pyramid represent the structures, processes, and outcomes which comprise professional nursing practice at UC Davis.

Relationship Based Care - The therapeutic relationship between the nurse and patient/family is essential to the provision of safe, high quality care. Additionally, the relationships we build with our colleagues contribute to a healthy work environment and influence our success.

Environment of Care - A healthy work environment creates the context in which care is delivered. The Environment of Care at UC Davis is aligned with American Association of Critical Care Nurses standards for a healthy workplace. These standards are:

Skilled communication
True collaboration
Effective decision making
Appropriate staffing
Meaningful recognition
Authentic leadership

Structures of the Professional Practice Model – UC Davis nurses identified four broad concepts which provide the structure for our practice. First and foremost are our core values which include the ANA Code of Ethics, Organizational Values, and our own personal values. As part of an academic medical center, UC Davis nurses recognize the importance of a sound science and knowledge base and the resources which support optimal patient care. Finally, the concept of Respect was identified as critical to our practice. Respect for the cultural beliefs, values, and ideals of others.

Processes of the Professional Practice Model – Leadership, Clinical Expertise, Caring Practices, and Collaboration are the processes by which UC Davis nurses provide exceptional care. UC Davis nurses are transformational leaders at all levels and demonstrate that through professionalism, advocacy and professional governance. Clinical expertise and caring practices comprise the art and science of nursing. Having the skills and knowledge to provide exceptional nursing care is a key component of professional nursing, but it is through the caring practice of Presence that UC Davis nurses demonstrate their excellence.

Optimal Patient Outcomes – As UC Davis nurses our goal is to provide safe, high quality, individualized, holistic patient and family centered care. Safe, high quality care is provided through our involvement in performance improvement initiatives and evidence-based practice.

Although the Professional Practice Model was finalized less than one year ago, it has already been applied and integrated into many projects which were proudly displayed during Professional Governance Day.

PROFESSIONAL NURSING ORGANIZATIONS

Learning and developing are life-long processes. Professional nursing organizations provide an opportunity for professional nurses to develop a bigger picture of nursing and health care overall. Membership in a professional organization also gives nurses an opportunity to be in control of their professional development. Professional nursing organization membership can lead to an increased awareness of clinical practice issues and support for these issues among nurses. Organization members can explore trends and concerns facing their profession, and provide networking opportunities to connect them with peers, mentors, and nursing leaders. Membership in a professional nursing organization also provides nurses with opportunities to exchange ideas and collaborate on issues and projects as they face the challenges of providing quality health care.

The following table displays professional nursing organizations with the largest number of UC Davis nurses as members.

PROFESSIONAL NURSING ORGANIZATION	NUMBER OF UC DAVIS NURSING MEMBERS
American Association of Critical Care Nurses (AACN)	203
Sigma Theta Tau International (STTI)	112
Oncology Nursing Society (ONS)	67
American Nurses Association (ANA)	47
American Association of Neuroscience Nurses (AANN)	39
Association of Operating Room Nurses (AORN)	32
Emergency Nurses Association (ENA)	31
California Association for Nurse Practitioners (CANP)	18
Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN)	17
American Society of PeriAnesthesia Nurses (ASPAN)	14
National Association of Neonatal Nurses (NANN)	14
American Academy of Nurse Practitioners (AANP)	14

RECOGNIZING UC DAVIS NURSES IN PROFESSIONAL NURSING ORGANIZATIONS

LORI KENNEDY MADDEN, MS, RN, ACNP-BC, CCRN, CNRN, DEPARTMENT OF NEUROLOGICAL SURGERY NURSE PRACTITIONER

Lori Kennedy Madden, MS, RN, ACNP-BC, CCRN, CNRN has served as a trustee on the American Board of Neuroscience Nursing (ABNN) since 2010. During that time, she has served as secretary-treasurer and most recently completed a term as President of the organization.

During Ms. Madden's term as president of ABNN, Accreditation Board for Nursing Specialty Certification (ABNSC) accreditation of the Certified Neuroscience Registered Nurse (CNRN) certification program was successfully renewed. This is a vital process completed every 5 years to ensure that ABNN continues to demonstrate compliance with the highest standards available in the industry for certification. This peer-reviewed, voluntary, self-regulatory process is designed to protect the public interest by applying specific standards to the quality of specialty nursing certification programs, such as the CNRN program and acknowledges that the CNRN program meets the highest standards for test development and program administration.

In 2011, the ABNN trustees began exploring the potential for a new certification for nurses who work with stroke patients in any setting, including stroke units, emergency departments, critical care units, or rehabilitation units and facilities. During Ms. Madden's tenure as president of ABNN, the organization launched the new specialty certification in stroke nursing. The first Stroke Certified Registered Nurse (SCRN) certification exam will be administered in May 2013 – Stroke Awareness Month. Additionally, the number of new CNRN certificants has continually grown. There are currently over 4,200 CNRNs. Ms. Madden will continue to serve as an ABNN trustee as Past President until Spring 2014

Lori Kennedy Madden, MS, RN, ACNP-BC, CCRN, CNRN, Department of Neurological Surgery Nurse Practitioner

Kristen Connor, left, accepts her Rising Star Award from ENA President Gail Lenehan

KRISTEN CONNOR, RN, PHN, BSN, CEN, CN III EMERGENCY DEPARTMENT

Kristen Connor, RN, PHN, BSN, CEN, is a clinical resource nurse and a certified emergency nurse in the emergency department. She has assumed positions on national and state bodies of the Emergency Nurses Association (ENA).

Ms. Connor was appointed to the Membership and Component Relations Committee of the ENA. This committee addresses national issues relating to member recruitment and retention. It also moderates and facilitates collaboration among five network groups.

In 2012, Ms. Connor became treasurer of the board of directors for the California ENA. The board chose Connor to represent California emergency nurses at the Government Affairs Workshop and Lobby Day in Washington, D.C., in January 2012.

In addition, Ms. Connor is the proud recipient of the Rising Star Award from the Association. The award recognizes a new ENA member who has made significant contributions to the association, as exhibited by involvement at both the state and national levels, while working to enhance ENA as the professional organization of emergency nurses. Ms. Connor received the award last September at the ENA's annual convention in San Diego.

ENA is the only professional nursing association dedicated to defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership. Founded in 1970, ENA develops and disseminates education and practice standards and guidelines, and affords consultation to both private and public entities regarding emergency nurses and their practice.

PATTI PALMER, RN, MS, AOCNS, CLINICAL NURSE SPECIALIST ADULT MEDICAL ONCOLOGY

Patti Palmer RN MS AOCNS is a member of the nursing committee and the publication committee for the International Association for the Study of Lung Cancer (IASLC). As a member of the publication committee, Ms. Palmer represents the nursing point of view while reviewing a comprehensive text book that is being written about the diagnoses, treatment and support of the patient with lung cancer. This text book is scheduled to be published in early 2014 and is written for an international audience.

Patti Palmer RN MS AOCNS, Adult Medical Oncology Clinical Nurse Specialist

As a member of the nursing committee, Ms. Palmer represented nursing at national meetings to discuss the feasibility of creating Lung Cancer patient education materials that would be available in a tablet format, again for an international audience. As part of that committee, international members of IASLC have been surveyed about the patient education materials they currently use and what they would like the committee to develop. Ms. Palmer has been able to review patient education materials used internationally. The next step will be to develop materials that will be available to patients in a tablet or "app" format and readily available to practitioners from the largest centers to the individual physician offices.

In addition Ms. Palmer has participated on the abstract review committee for the World Lung Cancer Conference held in San Francisco and has presented at the last two World conferences on supportive care and oncology nursing.

LYNN LOFTIS, RN, MSN, NE-BC, CCRN, NURSE MANAGER GI AND ENDOSCOPY AREA

Lynn Loftis, RN, MSN, NE-BC, CCRN has been a member of the American Association of Critical Care Nurses (AACN) since 1994. She has always believed that belonging to your professional nursing organization was important as it broadens your vision of the profession and also provides an avenue to discuss issues affecting nursing practice and information on best practices.

Even though Ms. Loftis is the nurse manager for the GI endoscopy area, she is still an active board member of AACN as the event coordinator at UC Davis. UC Davis allows professional organizations to use UC Davis auditoriums and meeting rooms for educational meetings. This past year, the local AACN chapter held its spring seminar, a CCRN review course and a neuro update at UC Davis Medical Center. Putting on these kinds of educational classes for critical care nurses at a reasonable rate would not be possible without the support of UC Davis.

Since becoming a nurse manager in the endoscopy area, Ms. Loftis has also joined ANA (American Nurses Association), SGNA (Society of Gastrointestinal Nurses and Associates) NCSGNA (Northern California Society of Gastrointestinal Nurses and Associates) and ASGE (American Society for Gastrointestinal Endoscopy). Ms. Loftis believes that belonging to these organizations has helped her stay current on best practices for GI and endoscopy.

Lynn Loftis, RN, MSN, NE-BC, CCRN, Nurse Manager GI and Endoscopy Area

BONNIE RAINGRUBER, RN, PHD, CENTER FOR NURSING RESEARCH

Bonnie Raingruber, RN, PhD, Center for Nursing Research

Dr. Bonnie Raingruber just completed 2 years of service (2010-2012) as chair of the child, adolescent psychiatric and mental health content expert panel for the American Nurses Credentialing Center. She has been a member of the panel since September of 2005 and will be continuing on in that role. Prior to 2005, she was an item writer for this specialty exam.

Dr. Raingruber values the opportunity to interact with other experts in her clinical specialty which this involvement affords. Having the chance to dialogue about current practice issues, learn about regional differences in mental health care, and being in a position to encourage younger nurses to seek specialty certification is very gratifying to her. The content expert panel develops the content outline for nurse practitioner and clinical nurse specialist exams in child, adolescent mental health; reviews psychometric analysis for questions included on the exam; and ensures that exam questions are current and nationally relevant. Committee members also help develop a study guide and list of references for nurses who are planning to take the ANCC exam. As chair Dr. Raingruber made recommendations regarding new members joining the committee and conducted a separate review of the exam. Mental health care certification is increasingly difficult to obtain, funding has been cut, too few providers exist all the while mental illness, developmental disorders, and substance abuse are increasing. Ensuring that new nurses become certified is critically important.

Deann Hayes, RN and Zoe Hao, RN, CCRN, PACU

PAT ZRELAK RN, PHD, CNRN, NEA-BC CLINICAL NURSE V UCDMC STROKE PROGRAM.

Pat Zrelak RN, PhD, CNRN, NEA-BC, Stroke Program

Dr. Zrelak has always belonged to at least one professional nursing organization since receiving her initial RN degree. One of the organizations she is most currently active in and related to her stroke role is the American Association of Neuroscience Nurses (AANN).

One of the unexpected and not so well known benefits of belonging to a professional organization is recognition outside of the workplace. Dr. Zrelak recently received the 2013 AANN National Excellence in Clinical Practice Award. She was also honored in 2008 with the Melanie Minton Certified Neuroscience Registered Nurse (CNRN) of the Year for outstanding achievement. Dr. Zrelak however believes that reaping the full benefits of a professional organization isn't about recognition, but it is about service and active participation. In 2011, she was privileged to serve as the Greater Sacramento AANN Chapter President. Membership under her tenure tripled. This was due in part to a Neuroscience Nursing Foundation (NNF) (a sister organization) grant to support neuroscience nurses in preparing for the CNRN examination. Although already a CNRN herself, Dr. Zrelak applied and received grants to fund others in their journey in becoming a CNRN for the last three-years. Other funding from NNF includes a current $10,000 research grant to look at nurse-sensitive measures in the stroke population and a travel grant to attend the World Federation of Neuroscience Nurses 10th Quadrennial Congress.

Another benefit of professional organizational membership is professional growth. Dr. Zrelak states that by presenting at national meetings (both poster and podium presentations), having the opportunity to publish in their peer-reviewed journal, and participation in peer review activities (such as reviewing other articles and books for publication), she has grown professionally and has been provided with additional opportunities. One of the most notable is being a second term AANN Clinical Guidelines Editorial Board member. AANN has led the efforts in making nursing guidelines evidenced based and are one of the first (if not the first) nursing organizations to have their guidelines listed on the US Government Guidelines Clearinghouse website (http://guideline.gov). Dr. Zrelak is proud to be the co-author of the two leading and most used guidelines.

Dr. Zrelak states one undervalued benefit is the networking opportunities. Through AANN she has met nurses from all over the US as well as other nations. She is awe-inspired by her national peers and always comes home from national meetings recharged to tackle the most challenging of problems. She keeps in-touch with many through email and the AANN email listserve.

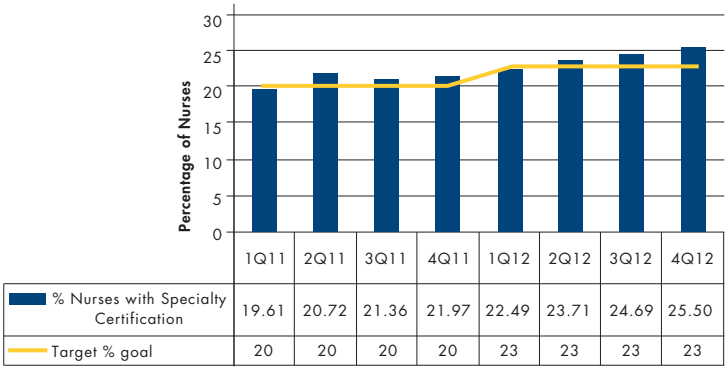
NURSING SPECIALTY CERTIFICATION

Obtaining nursing specialty certification is the formal process by which a certifying agency validates a nurse's specialized knowledge, skills, and abilities in a defined role and clinical area of practice, based on predetermined standards. Nurses achieve specialty certification credentials by obtaining specialized education, experience in a specialty area, and passing a board certified exam.

Specialty certification holds numerous benefits, not only for the nurse, but for the patients and their families as well. Patients and families expect knowledgeable nurses that provide care to them. Specialty certification offers reassurance that nurses are qualified and experienced, and have met rigorous requirements to achieve the additional credential of a specialty certification. Most importantly, certification contributes to better patient care.

UC Davis Health System encourages nurses to pursue obtaining specialty certification and rewards and recognizes nurses through certification pay. For the past two years, direct care nurses have met and exceeded the specialty certification goal set by Patient Care Services.

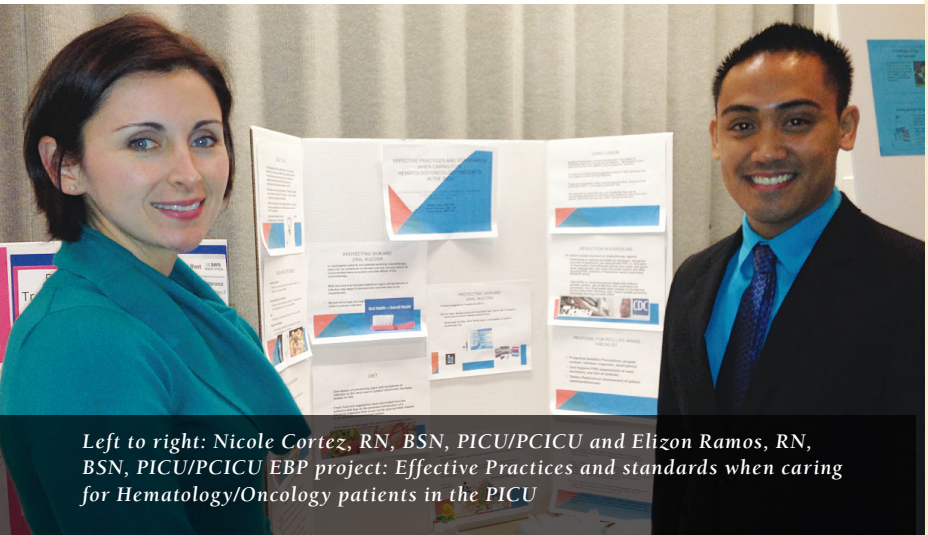
NURSES WITH SPECIALTY CERTIFICATION



	1Q11	2Q11	3Q11	4Q11	1Q12	2Q12	3Q12	4Q12
% Nurses with Specialty Certification	19.61	20.72	21.36	21.97	22.49	23.71	24.69	25.50
Target % goal	20	20	20	20	23	23	23	23

THE TEN MOST COMMON NURSING SPECIALTY CERTIFICATIONS OBTAINED AT UC DAVIS HEALTH SYSTEM:

Critical Care, CCRN
Oncology Nurse, OCN
Medical-Surgical Nurse, CMSRN
Perioperative Nurse, CNOR
Neonatal Intensive Care Nurse, RNC-NIC
Inpatient Obstetric Nurse, RNC-OB
Pediatric Nurse, CPN
Orthopedic Nurse, ONC
Family Nurse Practitioner, FNP-BC
Progressive Care Nurses, PCCN



Left to right: Nicole Cortez, RN, BSN, PICU/PCICU and Elizon Ramos, RN, BSN, PICU/PCICU EBP project: Effective Practices and standards when caring for Hematology/Oncology patients in the PICU

Nurse Residency

In January of 2012, UC Davis partnered with University Healthcare Consortium (UHC) to institute a post-baccalaureate new graduate nurse residency program. The 12 month program consists of a series of learning and work experiences that assist the new graduate to transition from school to professional practice. Research conducted by UHC demonstrates that due to the increased use of technology and high patient acuity, new graduates are often overwhelmed in the practice setting. This leads to concerns about quality and safety of practice, and high turnover rates in the new graduate population. The purpose of the program is to facilitate the new graduate nurse transition to practice.

Three cohorts of residents were hired in 2012. The first cohort consisted of 40 residents in both adult and pediatric intensive care units (ICU) and medical surgical floors. There were also residents in the operating room and emergency department.

In 2012, Katie Osborn, RN, MSN, EdD was the Residency Coordinator. She worked with the advisory committee, facilitators, and preceptors to support the residents during their transition. The preceptors are assigned to work with one specific resident throughout the residency program while each of the facilitators mentor a group of residents in similar practice settings. For example all medical ICU residents were mentored by the same facilitator.

The curriculum which was developed by UHC and the American Association of Colleges of Nursing (AACN) focuses on leadership, professional development and patient outcomes. One program requirement is that each resident participate in an Evidence-based Practice (EBP) project. The purpose of this project is to assist the resident to apply the concepts of evidence based practice to the clinical setting and identify its importance in the delivery of safe, quality patient care. The residents and facilitators take their EBP projects to the unit practice councils. The goal is to get buy-in from the council for the projects and to provide the resident with assistance for facilitating change.

Thirty-eight residents in the first cohort graduated on December 18, 2012. The residents presented their EBP projects to the class and invited guests and family. Carol Robinson was the key note speaker for the graduation ceremony followed by the conferring of certificates of completion and UHC Nurse Residency pins. The ceremony was followed by a reception where the EBP projects were displayed on posters.

Future plans are based on discussions with the facilitators and educators, as well as feedback from the residents. The curriculum has been revised and simulation is being added to each class. The class length is being changed from an eight hour class offered every other month, to a four hour class offered every month. The classes are based on the curricular components of leadership, patient care, professional development, and evidence-based practice.

RECOGNITION OF NURSING

DAISY AWARD

The DAISY Foundation regularly bestows The DAISY Award for Extraordinary Nurses, a nationwide program that recognizes nursing excellence. UC Davis Medical Center was among the first hospitals in the country to join the DAISY foundation. The DAISY foundation has grown to a membership of over 1,500 medical organizations worldwide. Since the establishment of the award in 2001, 109 nurses at the health system have received it.

A Recognition DAISY Tea was held on February 14, 2012 to honor nurses who have received the DAISY award at UC Davis. Over 80 Daisy awardees and nurse managers attended the tea provided by Carol Robinson, RN, MPA, NEA-BC, FAAN, Chief Patient Care Services Officer. Mark and Bonnie Barnes, the family of the gentleman whose death was the basis for the formation of the DAISY Foundation also attended the event. The agenda included presentations by the first UC Davis DAISY Award recipient Mary Tegan, RN, BSN, OCN, Davis 8, Barbara Rickabaugh, RN, MSN, NE-BC, DAISY Award Coordinator, Heather Young, PhD., RN, FAAN, Associate Vice Chancellor for Nursing and Dean and Professor, Betty Irene Moore School of Nursing and Mark and Bonnie Barnes, founders of the DAISY Foundation.

Following the DAISY Tea at the MIND Institute, there was a dedication of the DAISY signage in the Pavilion hallway overlooking the Koret Courtyard outdoor dining area. The display showcases the names of all UC Davis nurses who have received DAISY Awards.

The family of J. Patrick Barnes established the foundation in January 2000, following Barnes' death at age 33 of complications of idiopathic thrombocytopenic purpura. DAISY is an acronym for "Diseases Attacking the Immune System." When Patrick Barnes was ill, his family was impressed by the skill, care and compassion of his nurses, and created the DAISY Award to thank nurses around the country.

THE FOLLOWING NURSES WERE DAISY AWARD RECIPIENTS IN 2012:

Cheryl Wraa, RN, MSN, Trauma Program / Scarlet Hughes, RN, BSN, East 6 / Rosalinda Munoz, RNC, Tower 3 Women's Pavilion / Marla Deckard–Shorter, RN, BSN, Pediatric Ambulatory Services/ Kenneth Pitsenbarger, RN, CICU / Naniko Yip, RN, BSN, Davis 12 / Oliver Balcita, RN, BSN, Davis 12 / Deborah Rosencrance, RN, CCRN, PICU/PCICU

DAISY AWARD

Taking part in the DAISY display dedication were, from left, Ann Madden Rice, Mark Barnes, Bonnie Barnes, Aida Calpo, Carol Robinson and Barbara Rickabaugh. Before retiring three years ago, Aida Calpo was the DAISY coordinator at UC Davis Medical Center, a position now held by Barbara Rickabaugh.

GOOD CATCH AWARD

The Kathleen Mahackian Good Catch Award was started in memory of Kathy Mahackian, Pharm.D., founder of the Medication Safety Program at UCDMC. Dr. Mahackian worked tirelessly in the pursuit of safe medication therapy for all patients throughout the health system. She forged strong relationships with nursing and medical staff and was an advocate of the concept that medication safety is a shared responsibility and that by working together, errors could be eliminated.

Each quarter the Medication Error Reduction Committee recognizes staff members that demonstrate an exemplary commitment to medication safety. Individuals may be nominated for any of the following: preventing a medication error that may have caused serious patient harm; identifying a high-risk, error-prone behavior; involvement in innovative and creative medication safety projects, programs, or educational efforts at the medical center.

NURSING GOOD CATCH AWARD WINNERS FOR 2012:

January – March

Yvette Feldman, RN, PICU/PCICU
Michelle Linenberger, RN, PICU/PCICU
Julie Holt, RN, MSN, Nursing Instructor, Sacramento City College
Jerry Kerekes, RN, CTICU
Stacey Babcock, RN, BSN, PACU

April – June

Sarah Bajorek, RN, MICU
Janet Peterson, RN, BSN, CORLN, Tower 4
Charles Mogayzel, RN, Davis 8
Lisa Hersam, RN, MSN, CPNP, Davis 7
Matthew Settle, RN, BSN, MICU
Deena Stapleton, RN, BSN, Davis 12
John Santillano, RN, BSN, PICU/PCICU
Megan Curione, RN, BSN, PICU/PCICU

July – September

Kristin Dzugan, RNC, BSN, NICU
Aida Benitez, RN, BSN, MBA, CCRN, PACU
Monica Miller, RN, BSN, CCRN, MICU
Alina Toma, RN, Tower 4
Rebecca Preddy, RN, BSN, Emergency Department
Debby Switters, RN, BSN, CURN, COS-C, Home Health

October – December

Kristi Kunce, RN, MICN, Emergency Department
Brandon Rogers, RN, East 8

Silver Beacon Award for Excellence

Left to right standing: Gayle Endow, RN, BSN, CCRN, Janine Tunnell, RN, BSN, Mary Humphrey, RN, CCRN, Gina Mumper, RN, CCRN, Erin Colmar, RN, BSN, CCRN, Stacy Hevener, RN, MSN, CCRN, Darlene Simons, RN, CCRN, Robin Levine, RN, MSN, Priscilla Duarte, RN, MS, Toby Marsh, RN, MSN, MSA, NEA-BC. Left to right seated: Jolie Hamilton, RN, BSN, CCRN, Susan Murin, Medical Director, Theresa Pak, RN, BSN, NE-BC, Debra Cryder, RN, CCRN

SILVER BEACON AWARD FOR EXCELLENCE

Staff of the Medical Surgical Intensive Care Unit (MSICU) recently celebrated receiving the Silver Beacon Award for Excellence from the American Association for Critical Care Nurses (AACN), which was awarded on November 13, 2012. Currently, the MSICU is the only unit in the hospital to hold this award, which recognizes unit caregivers who successfully improve patient outcomes and align practices with the American Association for Critical Care Nurses' (AACN) six standards for a healthy work environment. Units that acheive this three-year, three-level award with gold, silver and bronze designations meet national criteria consistent with Magnet Recognition, the Malcolm Baldridge National Quality Award and the National Quality Healthcare Award.

The MSICU was recognized for many achievements and areas of strengths. The primary nursing model is clearly evident in practice and forms a solid foundation for the unit's approach to patient and family centered care. The unit culture is one of respect where staff are coached and supported by leaders in addressing issues that impact true collaboration. The unit has worked with internal experts to develop a comprehensive palliative and end-of-life program that supports patients, families and staff through the challenges faced during this difficult transition.

The MSICU was the pilot unit for the Barcoding Medication Administration Pilot Project. Using barcoding equipment, nurses and respiratory therapists scanned the barcode on all medications dispensed by hospital pharmacists and matched that data against the medication information contained in the patient's EMR, and on the patient's wristband. The MSICU was also instrumental in the medical center's hospital-wide rollout of the program in October 2012.

Their Unit Based Practice Council (UBPC) has demonstrated leadership in helping patients regain mobility. The UBPC created the "Mobil Me" program, an evidenced-based project that used a literature review and consultations with the Department of Physical Medicine and Rehabilitation to create a class to educate nurses on the importance of ICU patients gaining early mobility. The training helped MSICU nurses feel more comfortable and knowledgable about performing range-of-motion exercises with their patients and helping them improve their mobility. Currently, the MSICU is a participant in a mobility program sponsored by the Gordon and Betty Moore Foundation, which focuses on early mobilizion of intensive care patients.

AACN President Kathryn E. Roberts applauds the commitment of the caregivers in MSICU for working together to meet and exceed the high standards set forth by the Beacon Award for Excellence. Roberts said the MSICU's health-care professionals join other members of the exceptional community of nurses who set the standard for optimal patient care. "The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes," Roberts also stated "Units that receive this national recognition serve as a role model to others on their journey to excellent patient and family care." The silver-level award signifies continuous learning and effective systems to achieve optimal patient care. The MSICU earned its silver award by meeting the following evidence-based criteria:

- Leadership structures and systems
- Appropriate staffing and staff engagement
- Effective communication, knowledge management, learning and development, best practices
- Evidence-based practice and processes
- Patient outcomes

HIMSS STAGE 7 AND JOURNAL CLUBS

HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY

In 2012, UC Davis was recognized for its Electronic Medical Record (EMR) by earning national ranking of Stage 7 by the Healthcare Information and Management Systems Society (HIMSS). This is a designation that less than 2 percent of the nation's 5,318 hospitals have been able to achieve. The UC Davis EMR supports clinical quality and safety through clinical integration, security, and a stable technology infrastructure, with nurses playing a vital role in the EMR's complex array of electronic content and functionality.

UC Davis relies on a team approach for information technology (IT) governance, with nurse and physician champions actively involved in the process. UC Davis direct care nurses are involved as champions; participate on numerous workgroups as well as working as analysts in the Information Technology department. These nurses have specialized training and are resources to colleagues related to the EMR both for trouble shooting and providing feedback to the EMR Projects Team. They help with the evaluation of the EMR functionality and make decisions on building and defining workflows. They also help to provide feedback on issues and approval of enhancement requests. Having nurses play an integral role in the Electronic Medical Record contributes to its success.

Suzanne Beshore, RN, MS, Perioperative Services

JOURNAL CLUBS

As part of nurses' continued efforts to improve patient safety and quality, two new journal clubs were started last year.

OPERATING ROOM

Sandra Curtis RN, BSN presenting the OR Journal Club at the November NPC All Here Day

The Operating Room (OR) Journal Club was begun after Barbara Haag-Haitman, PhD, RN, a consultant who spent time with staff from the perioperative area asked what they were doing to improve nursing care. This caused Sandra Curtis, RN, BSN to question her practice which eventually led to the OR Journal Club which to date has 11 members. Their goal is to translate current best evidence into practice. After reviewing articles, the journal club members present the article, critique, and suggestions for practice changes at the Surgical Services Tuesday Morning Staff Meeting. A few examples of topics they have reviewed this past year are: reducing risks of retained surgery items, interruptions and miscommunications in surgery and concerns about operating room traffic. The OR Journal Club Nurses' believe that professional nurses have a responsibility to themselves, their peers and patients, to find out what is new, current and innovative and incorporate that information into practice.

RESEARCH COUNCIL

The System-wide Research Council launched an on-line Nursing Journal Club in November of 2012. The goal of the Journal Club is to encourage nurses at all levels to use research as a foundation for evidence-based practice. This on-line journal club is designed to engage nurses to read and incorporate professional publications into their practice, teach them to read and critique research articles and to encourage an ongoing dialog about nursing research and evidence-based practice. Because the Journal Club is on-line, all nurses can access the articles and participate in the discussion at a convenient time for them. There are over 80 nurses participating in the Journal Club, and the articles with discussion threads are on CAUTI, VAP, Suicide Screening, CLABSI, HAPU, Performance Improvement and EBP methodology. Nicole Mahr, RN, BSN, co-chairperson of the Research Council, stated that she expects increased participation as nurses become aware of the Nursing Journal Club. Articles are selected by the Research Council for posting and by suggestions from the nursing members. Each article is reviewed by a member of the committee, and discussion points are posted for nurse participation.

RESEARCH MENTORSHIP PROGRAM

The Research Mentorship program began in 2012 with 14 nurses submitting applications for research projects they were interested in conducting. The goal of the mentorship program is to provide nurses with the support and skills necessary to conduct a research study in their area of clinical interest and to improve patient care through the implementation of research and evidence based practice projects.

Each year, two nurses are selected to work with a nurse researcher from the Center for Nursing Research (CNR). The nurse researcher will help the nurse refine their idea, obtain approval from the Institutional Review Board (IRB), collect and analyze data and disseminate their results. Applications for the Research Mentorship program are available each spring. The applications are reviewed by a committee within the Center for Nursing Research and the two applications with the highest average scores are selected.

Last April, Oleg Teleten, RN, MS, WCC and Vincent Paracuelles, RN, BSN, CNN were selected to participate in this program. Oleg is completing a research study designed to evaluate surface pressures with a goal of decreasing hospital acquired pressure ulcers in the perioperative area. Vincent is completing a study of on-line clearance measurements used for evaluating the adequacy of dialysis treatments.

CHALLENGES FACED IN CONDUCTING RESEARCH

By Vincent C. Paracuelles, RN, BSN, CNN

Nursing can become so routine that sometimes we forget the essence of being a nurse. We come to work, get our patient assignments and go on as usual. We may have a rough day because the patient is unstable or we may have issues with a co-worker or technical difficulties with equipment. But even resolving these problems may not bring us true satisfaction as nurses.

Last year I felt like I brought meaning to our practice in the renal services department. It started as a quality improvement project but evolved into a research project. Maureen Craig, RN, MSN, CNS asked questions about dialysis benchmarking and we learned there really were no benchmarks for dialysis adequacy. We decided to do something about it. I conducted a literature search and shared the results with the unit based practice council (UBPC). As a result, Casey Ingram, MSN, RN, NEA-BC, our nurse manager suggested I apply for the Research Mentorship program. I submitted an application and was selected as one of the two projects to be funded.

As the principal investigator with the guidance of Peggy Hodge, EdD, RN, from CNR, I learned the basics of conducting research. I submitted my proposal to the IRB for approval, set up a "bulk account" to fund the lab tests needed, and developed a database through the Clinical and Translational Science Center (CTSC).

It took about a month to receive approval to begin the study. While waiting for approval, staff nurses were in-serviced on the research protocol and the study instructions were developed. On September 17, 2012, we recruited our first patient. Recruiting the first patient was a struggle, it took me almost half an hour to explain everything to the patient, but it did get easier. Another hurdle I faced was recruiting patients while still doing my regular duties. Despite the challenges faced in doing research it comes down to why you became a nurse. The confidence I gained and what it brought to the dialysis nurses makes me want to do more. This initial project led the UBPC to brainstorm ideas for the next research project. As dialysis nurses we are contributing to our profession and adding knowledge that will improve patient care. We expect to present our outcomes at a national symposium at the American Nephrology Nurses Association before the end of 2013.

A COMPARISON OF PRESSURE MAPPING OF THREE OPERATING ROOM SURFACES

By Oleg Teleten, RN, MS, WCC

In 2012, a root cause analysis was conducted looking at Hospital Acquired Pressure Ulcers (HAPU) and showed that 90% of HAPUs over the past two years were on the surgical service. Surgical patients are more susceptible to developing hospital-acquired pressure ulcers (HAPU) than general acute patients, due to the additional risk factors present in the intraoperative environment.

Insufficient research has been published which compares the pressure redistribution of OR surfaces. In collaboration with Dr. Bonnie Raingruber as the research mentor from CNR, the goal of this nurse led research project is to find the best OR pressure redistribution surface with a goal of decreasing the incidence of HAPU.

Fifty-one healthy volunteers were recruited for pressure mapping. Pressure mapping was conducted using the Xsensor pressure mapping device to collect measurement of pressure redistribution properties on several different OR surfaces. Data collection has been completed and with help from CTSC the data is being analyzed.

This data will be transcribed into a database and analyzed by the Clinical and Translational Science Center. Once the data is analyzed an article will be written for publication.

PATIENT SATISFACTION

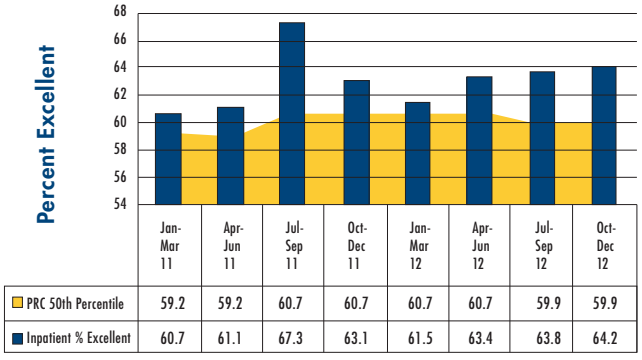
Excellent patient satisfaction is a priority not only for nursing but for all members of the healthcare team. Professional Research Consultants (PRC) is the vendor used to collect patient satisfaction data. PRC conducts patient satisfaction surveys approximately 10-14 days after the patient experience using the telephone methodology and has interviewers whom speak a variety of languages to survey the diversity of UC Davis patients. UC Davis scores are benchmarked against the PRC benchmark, which is the average percent excellent score from PRC's client database (other Hospitals and Health System also using PRC).

Randomly selected patients are asked survey questions that reflect their entire experience, whether it was a clinic appointment, hospitalization, emergency department visit or surgery. Several survey questions asked are nurse sensitive. UC Davis Nurses across all settings continue to demonstrate excellence in the care they provide to patients and their families by exceeding PRC national benchmark scores.

Below are examples of nurse sensitive questions asked across the different settings of the organization.

PRC inpatient units survey question: How would you rate the nurses' respect for you/ your family member privacy?

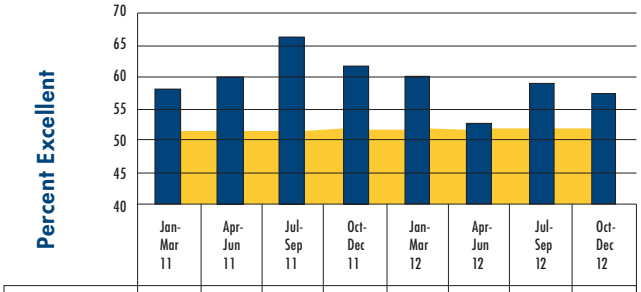
Inpatient Units Respect for Privacy



	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12
PRC 50th Percentile	59.2	59.2	60.7	60.7	60.7	60.7	59.9	59.9
Inpatient % Excellent	60.7	61.1	67.3	63.1	61.5	63.4	63.8	64.2

PRC emergency department survey question: How would you rate the nurses' understanding and caring?

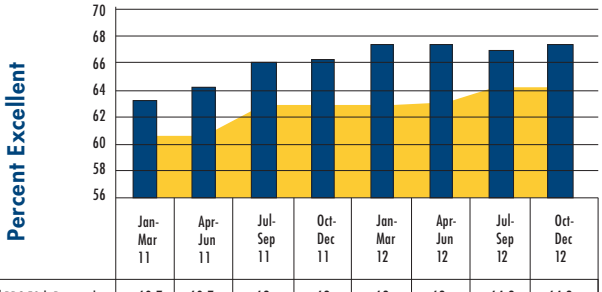
Emergency Department Understanding and Caring



	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12
PRC 50th Percentile	51.5	51.5	51.9	51.9	51.9	51.9	51.9	51.9
ED % Excellent	58.1	60.0	66.5	62.1	60.4	53.0	59.3	57.6

PRC ambulatory clinics survey question: How would you rate the nurses and medical assistants on being courteous and helpful?

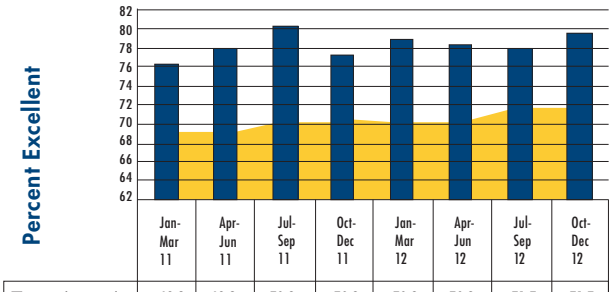
Ambulatory Clinics Courteous and Helpful



	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12
PRC 50th Percentile	60.7	60.7	63	63	63	63	64.3	64.3
Amb Clinic% Excellent	63.3	64.3	66	66.3	67.5	67.5	67	67.5

PRC outpatient surgery survey question: How would you rate the nurses' promptness in responding to you/your family member's requests for assistance?

Outpatient Surgery Promptness in Responding



	Jan-Mar 11	Apr-Jun 11	Jul-Sep 11	Oct-Dec 11	Jan-Mar 12	Apr-Jun 12	Jul-Sep 12	Oct-Dec 12
PRC 50th Percentile	69.2	69.2	70.3	70.3	70.3	70.3	71.7	71.7
Outpt Surg% Excellent	76.3	78.0	80.3	77.3	78.9	78.4	78.0	79.7

UC DAVIS HEALTH SYSTEM NURSES MAKE UP NEARLY HALF OF INAUGURAL NURSING SCHOOL GRADUATING CLASS

The first Betty Irene Moore School of Nursing at UC Davis graduation celebration in June 2012 of the Nursing Science and Health-Care Leadership Master of Science Class included 13 UC Davis Health System nurses, half the inaugural class. These 13 health system nurses are:

Ren Bee, RN, MS, SICU I

Kathleen Behan, RN, MS, Heart Center

Suzanne Beshore, RN, MS, Perioperative Services

Amy Doroy, RN, MS, MICU

Priscilla Duarte, RN, MS, MSICU

Charles Johnston, RN, MS, PCS Quality and Safety

Laura Jones, RN, MS, School of Medicine

Mary Manalato, RN, MS, PCS Quality and Safety

Sanaz Martin, RN, MS, East 6

Maureen Murphy, RN, MS, Trauma Program

Jennifer Mattice, RN, MS, PCS Quality and Safety

Oleg Teleten, RN, MS, Patient Care Resources

Terri Wolf, RN, MS, UC Davis Cancer Care Network

The Nursing Science and Health-Care Leadership Graduate Degree Programs, which include both a master's - and doctoral-degree program, is led by an interprofessional and interdisciplinary team of 42 UC Davis faculty including nursing, medicine, health informatics, public health, nutrition and statistics. The program prepares nurses for health - care leadership roles in a variety of settings and organizations. It also educates nurse faculty for community colleges and university levels.

The school - wide celebration included a presentation by the graduating students of nearly $5,000 to support a lecture series fund. The gift comes two years after an initial donation the students made with the inaugural doctoral class. Together, the inaugural classes have raised nearly $50,000 to support an endowed scholarship fund. Additionally, of the five students recognized by nursing faculty with awards of excellence highlighting the school's core attributes, three are UC Davis Health System nurses:

- Excellence in Leadership Development: Charles Johnston, RN, MS
- Excellence in Interprofessional Education: Ren Bee, RN, MS
- Excellence in Innovative Technology: Jennifer Mattice, RN, MS

"This is the beginning of the exponential impact on health you will make as the ripples from our school multiply – each in your own way," Heather M. Young, Associate Vice Chancellor for Nursing at UC Davis and founding dean of the School of Nursing, told the graduates. "You can now take your professional work to the next level as you start to influence the ripple that follows you – your colleagues, the people and programs you lead, the students you will teach." Young said the first graduates perfectly exemplify the school's vision to prepare leaders who advance health, improve quality of care and develop bold system change. Carol Robinson, Chief Patient Care Services Officer at UCDMC noticed the enthusiasm and innovative edge that the graduates and current students bring to the work place. "It is very apparent that these students approach every idea or project from an interdisciplinary perspective and they are responsible for leading the efforts to improve the quality of patient care" stated Carol Robinson.

From left to right: Charles Johnston, Ren Bee, Jody Johnson, Linda Luna, Jennifer Mattice and Heather Young

NURSE SATISFACTION AND GRASP

UC Davis Health System measures nurse satisfaction from the Employee Opinion Survey through Morehead Associates Inc., as the vendor. UC Davis scores are benchmarked against the National Registered Nurse Healthcare Average. Morehead Associates Inc., national benchmark is designed to be reflective of Registered Nurse populations from over 350 healthcare organizations.

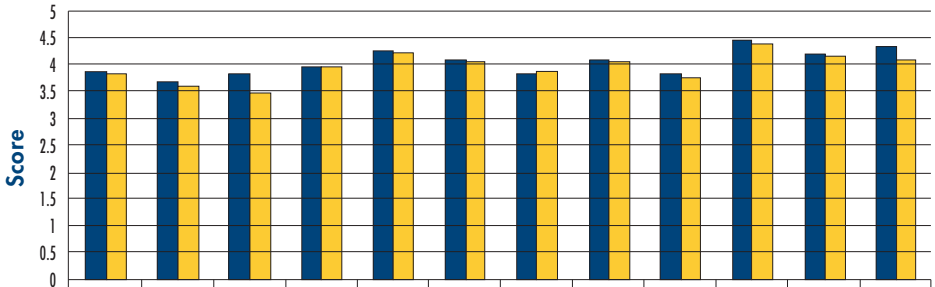
Nurses from throughout the organization were encouraged to complete the survey in April and May of 2012. As a result, RN's showed a 16% increase in survey participation in 2012 as compared with 2009. That percentage equates to four hundred sixty two more nurses completing the survey in 2012. Nurses were asked to respond to survey items using a five-point scale. A score of 5 (strong agreement) is the most positive score and a score of 1 (strong disagreement) is the most negative.

UC Davis nurses outperformed the national benchmark on 10 of 12 Morehead workforce themes. The two workforce themes that were not outperformed were not statistically different from the mean.

AREAS SIGNIFICANTLY ABOVE THE NATIONAL REGISTERED NURSE HEALTHCARE AVERAGE INCLUDE:

- RN Engagement
- Involvement in decision making and belief that information from this survey will be used to make improvements
- Career development opportunities
- Valuing diverse backgrounds
- UC Davis and individual work units delivering safe and error free care

Nurse Satisfaction 2012
UC Davis Nurses
Overall Data Source:
Morehead Assoc., Inc.



	Employee Respect	Work-Life Balance	Fair Compensation	Growth and Development	Quality/ Customer Service	Citizenship	Organizational Alignment	Leadership	Employee Involvement	Job-Person Match	Coworker Relations	Commitment Indicator
UC Davis Nurse Overall 2012	3.85	3.67	3.84	3.97	4.25	4.09	3.84	4.03	3.80	4.47	4.20	4.32
Nat'l RN Avg	3.83	3.59	3.48	3.96	4.24	4.07	3.85	4.07	3.77	4.41	4.17	4.10

GRASP Patient Classification Oversight Committee.

Direct care nurses' participation with staffing begins with their input into the patient classification system that is used to determine staffing levels on each unit and through the Patient Classification Oversight Committee.

The patient classification system is GRASP which is the Grace Reynolds Application Study PETO. The GRASP system measures both the volume and complexity of each patient's nursing care needs. GRASP is updated at a minimum twice daily for each patient by the direct care nurse. This information is used to assist in determining the staffing level for each unit on each shift. It is also trended over time to establish unit specific workload standards.

Direct care nurses have input into the GRASP system during the GRASP annual review and refinement process. During the GRASP annual review, the GRASP representative meets with the nursing staff from each nursing unit to ensure that their workload instrument is current and reflective of the practice on the unit. GRASP annual review gives an opportunity for all interested nursing staff to provide input and make suggestions for changes or modifications to the system. Based on the recommendations from the direct care nurses, the GRASP representative makes changes to each unit's workload instrument.

GRASP refinement takes place several months after the nursing staff have been working with and using the changes made to the workload instruments during the GRASP annual review. Prior to the GRASP representative returning to the institution for the refinement process, each nursing unit completes a 10 – 14 day staffing adequacy questionnaire that compares and contrasts required staffing, actual staffing and the direct care nurses perception of adequacy of staffing. When the GRASP representative returns, they meet with the direct care nurses from each nursing unit to discuss the outcome of the staffing adequacy questionnaire as well as the changes that were made to the workload instrument.

The Patient Classification Oversight Committee (PCOC) is appointed by the Chief Patient Care Services Officer with direct care nursing representation. The PCOC meets at least annually to determine if GRASP, is a reliable and valid instrument for measuring patient care needs. The PCOC reviews the results from the staffing adequacy questionnaires and looks at changes and adjustments made to the system during the GRASP annual review to determine if GRASP is a valid representation of the patient care needs within the institution.

Patient Classification Oversight Committee Members:

- Claire Basco, RN, BSN, CNRN – Neuro Surgical ICU
- Amee Patel, RN, MSN– Trauma Nursing Unit
- Sandra Stadelman, RN - Orthopedics
- Michelle Adams, RNC, BSN – Pediatrics
- Susan Vomund, RN, BSN – University Birthing Suites
- Toby Marsh, RN, MSN, MSA, NEA-BC – Director, Patient Care Services
- Eric Moore, RN, MBA, NEA-BC – Nurse Manager, GRASP, EAST 8, and Palliative Care
- Carol Robinson, RN, MPA, NEA-BC, FAAN – Chief Patient Care Services Officer

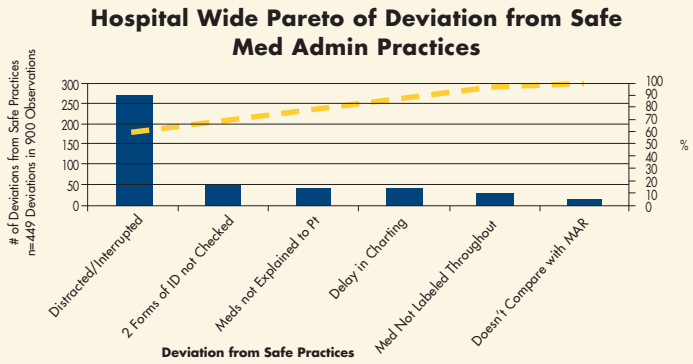
MEDICATION SAFETY

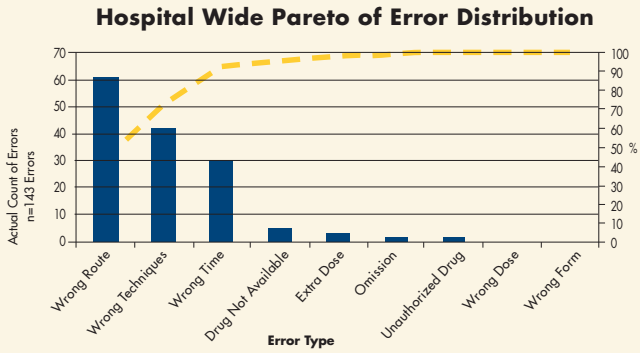
The safe and accurate administration of medications is critical to providing high quality nursing care. Through a two-part audit process which included direct observation and record review, six safe medication practices and ten types of medication errors were evaluated. Data were trended over time and compared to a national benchmark. In May 2012, the observational audit program included data collection on nine adult inpatient units. As a result of the findings, comprehensive education was implemented for nursing staff and a pilot study was initiated with the aim of reducing distractions during medication administration.

As most nurses probably recognize distractions were the most prevalent breach in deviations from safe medication practices. Distractions occurred in 30% of all medication passes and accounted for 60% of all breaches. The most prevalent errors were "wrong route" which accounted for 43% of medication errors, "wrong technique" which accounted for 29% of errors, and "wrong time", which accounted for 21% of errors. The majority of wrong route issues were due to electronic health record computerized order entry which prevents ordering a medication by multiple routes. Currently, the MD must either change the order for every medication when a patient changes to or from NPO status or the RN must engage in more than 12 steps to ensure the route ordered matches the patient's NPO status. The Medication Error Reduction and the EMR Committees are currently exploring EMR fixes to address this problem. Wrong technique errors were primarily due to multiple medications being crushed and administered simultaneously. The medication administration policy was clarified and extensive nursing education occurred, and continues through just-in-time coaching by the Quality & Safety Nurse Champions. Wrong time errors were addressed through clarification of the policy and education for nurses.

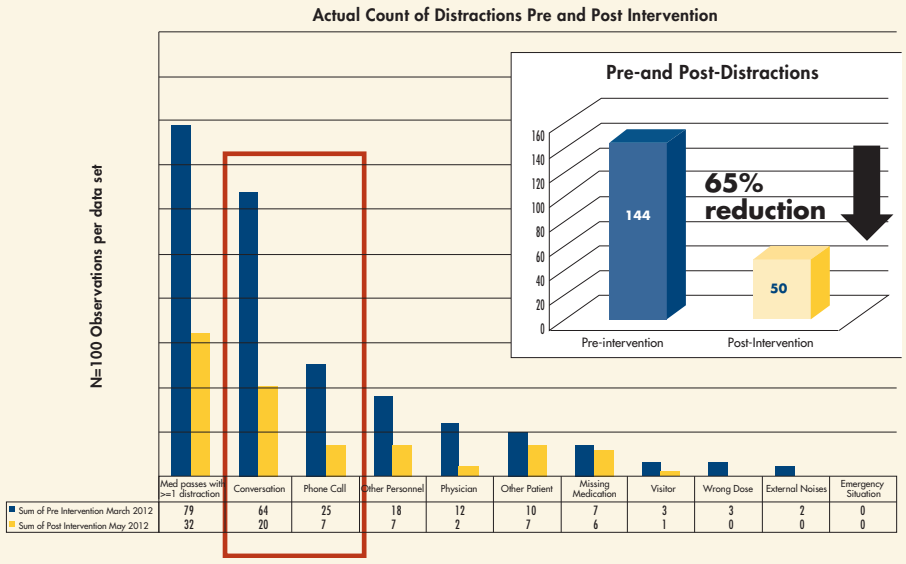
To address the issue of distractions, a Reducing Distractions Pilot Project on one Adult Inpatient Unit was implemented. The pilot project included education/awareness about distractions, "Do Not Disturb" signage above the Pyxis, use of "Quiet Zone" mats, a Medication Protocol checklist and "I'm Passing Meds" buttons. The combined interventions resulted in a 65% reduction in medication distractions. Staff surveys were conducted to determine which interventions the staff found effective in changing their practice. Education/awareness and the "Do Not Disturb" signage was rated as most effective. This project will be modified and rolled out house-wide and the medication safety program will be expanded to include all inpatient units.

MAY OBSERVATIONAL AUDITS FOR NINE INPATIENT UNITS:





REDUCING DISTRACTIONS PILOT PROJECT:



NURSES AS ARCHITECTS

The seed was first planted in 2004. Nurses from the UC Davis Outpatient Infusion Center toured the Infusion Center at Stanford Hospital and began compiling their own wish list for a new infusion center: a large, open and airy nurses' station; towers on walls allowing space for monitors, suction, and oxygen outlets, an abundance of restrooms for both patients and staff; and "pods," or patient care areas that were smaller, more intimate areas than what was the current design. In October of 2012, after more than eight years of planning, moving day had finally arrived. Spearheaded by acting Nurse Manager Anne Beatie, RN, BSN, OCN the transition of two separate infusion room departments into the new Cancer Center North building was completed in an organized and thoughtful process with minimal impact on the delivery of excellent patient care.

Anne credits the success of the move to great collaboration: Gina Dayton, the Operations Officer for the UC Davis Comprehensive Cancer Center, knew what was needed and/or missing almost before staff nurses were able to verbalize their thoughts. Jill Davis, the lead for Rudolph Schletten, made herself very available to staff for input regarding design and workflow. John Gambone, UC Davis Facilities Support, was exceptional in his endeavor to keep staff "in the loop" regarding planning and building updates. As Anne had been a part of four previous medical office building moves with UC Davis, her previous experiences helped to pave the way. "I learned that a take charge, vocal group (of nurses) certainly has a better chance of getting exactly what is needed in terms of workflow and use of space," stated Beatie.

Anne facilitated tours for staff through the new space, the first tour taking place four months before moving day. This process allowed nurses to have input regarding the work environment. She began packing for the move about two months ahead of schedule. Nonessential items were boxed up, stacked up and stored in whatever space was available in an attempt to make the move more manageable.

Prior to moving in to the new space, nurses identified potentially problematic and time consuming issues. Most pressing was how nursing and pharmacy would communicate with each other. Utilizing an existing tool in EMR to create a new workflow, Gilda Abria, RN, BSN, OCN, CNIII suggested using the dots to indicate a patient's medication was ready for pick up. Another challenge came with locating an alarming IV pump. With rooms running along both sides of the nursing station, Denise Flemming, RN, BSN, OCN, CN III suggested programming the smart pumps with two different beeps: long beeps for the pumps on the water tower side; short beeps for the pumps on the South side. Both solutions have been successful.

Anne encouraged staff involvement with the actual move for many reasons. Most importantly, she wanted all staff to have the opportunity to learn and enjoy the new space together, prior to patients coming for treatment. For several years the nurses had been split up and working in two separate locations - the Cancer Center Infusion Center and the Infusion Center at the Buckley Building. Anne developed a scavenger hunt to help everyone get acquainted with the new unit. Nurses also spent the weekend becoming familiar with the new monitors and equipment and to assure everything was working properly, prior to the arrival of the first patients.

The new Cancer Center Outpatient Infusion Center was designed with patient comfort in mind. The third-floor space is warm, open and airy, with hardwood floors and large windows that bring the outdoors in. Patient care areas consist of six "pods," each holding four reclining treatment chairs; two positive pressure rooms and two standard rooms - all similar to a hospital room with a hospital bed, television and bathroom in each; a "quick draw station," allowing for fast procedures such as central line dressing changes, lab draws, and port-a-cath access to be performed. When nursing staff realized they would be losing treatment space with the combining of two departments into the new space, a room slated to be used for consults was turned into two more spaces for patient care. The total number of treatment areas is 31.

Ask Anne what the very best thing is about the new space. Without any hesitation, her answer is sincere and from the heart. "Having all the nurses together, so they can support and learn from each other, has been wonderful and many years in the making." When asked to share her thoughts on change, having been in nursing for 40-plus years, her response was thoughtful. "In all situations, the more staff is allowed to have major input in workflow and design, the happier staff will be with the outcome".

Moving to the Cancer Center North Building

CANCER CENTER OUTPATIENT INFUSION CENTER

Empowering Our Community

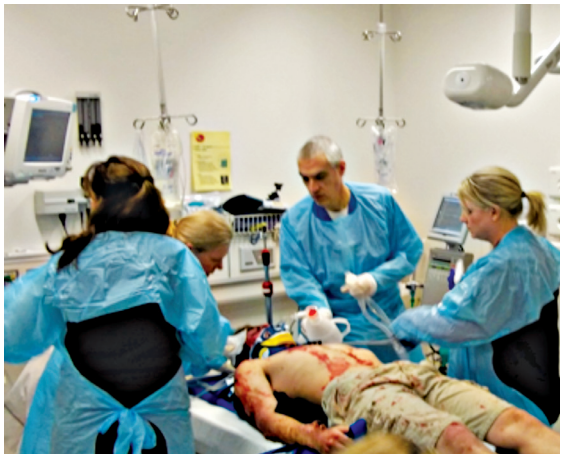
STEPPING ON

As of 2011, over 8,000 people will turn 65 every year for the next 18 years. To address this shift in our population, a health care emphasis on healthy aging is emerging and many seniors are now living long and productive lives as older adults. One of the critical factors in staying healthy as a senior is learning to avoid falls. Falls are the leading cause of injury and death among seniors and cost the US Health Care system over $30 billion each year. In 2012, UC Davis Medical Center treated 797 patients aged 65 and older for fall related injuries. Even if no injuries occur, a fall can often lead to a fear of falling again, resulting in a limitation of activities. The decrease in activity can result in reduced mobility and loss of physical conditioning; in turn becoming a risk factor for additional falls.

While our hospital has a robust in-patient fall prevention program, few fall prevention resources have been available in the community for our senior patients who are returning home. In November of 2012, Christy Adams RN, BSN, MPH, a nurse from the Trauma Prevention and Outreach program, in partnership with Physical Medicine and Rehabilitation, piloted the first *Stepping On* community based senior fall prevention workshop in California. *Stepping On* is a program that empowers older adults to carry out health behaviors that reduce the risks of falls. The program has been proven to reduce falls by 31% among participants completing the workshops. *(Journal of American Geriatrics Society, 2004).*

Stepping On workshops offer weekly sessions for seven weeks that cover a wide range of fall prevention topics including exercise, vision, medication and home modification. Using a model of interdisciplinary collaboration, Christy has brought additional UC Davis partners from Pharmacy and Ophthalmology to provide content expertise at workshops. The small-group setting follows an adult learning, peer led model that reinforces learning over the seven week period. Workshops are facilitated by two trained leaders, one being a professional who works with older adults, and one an older adult who meets the criteria for the class. The Trauma Prevention and Outreach program will continue to offer free 7-week *Stepping On* workshops for seniors age 65 and older throughout the year. Workshops are designed for older adults who live independently and are able to walk without assistance..

The *Stepping On* pilot project is a collaboration between UC Davis Health System and the California Department of Public Health (CDPH), Safe and Active Communities Branch. Once the pilot is completed in April of 2013, Christy Adams will become a *Stepping On* master trainer and continue working with CDPH to build fall prevention capacity in the Sacramento Region.



Nursing volunteers run an Every 15 Minute mock resuscitation.

EVERY 15 MINUTES

The good news is the number of high school students who drink and drive has decreased dramatically since 1991. The bad news is there were still nearly 1 million teens last year who chose to drive after drinking (Centers for Disease Control). Continuing to raise awareness with teen drivers of the consequences of drinking and driving is essential to preventing the needless tragedies of impaired driving collisions. As the only Level 1 pediatric and adult Trauma Center for northern inland California, UC Davis Medical Center plays a key role in providing injury prevention education to the public.

The Every 15 Minutes is a two-day program targeting high school juniors and seniors and focusing on the risks associated with underage drinking. The teens witness the consequences of a staged drunk driving crash and are challenged to think about drinking, driving, personal safety, and the impact their decisions have on family, friends and many others.

The trauma prevention program and the emergency department have been actively involved with Every 15 Minutes since 1997. In 2012, UC Davis participated with four area high schools. The hospital staff performs a mock resuscitation of the teens that are transported to our emergency department from the staged drunk driving crash. The life like images of injuries and death are filmed along with the staged crash scene and shown at the high school assembly the following day. These powerful assemblies encourage teens to consider the consequences of their choices.

Every 15 Minutes is funded by the Office of Traffic Safety through mini-grants from the California Highway Patrol to local high schools. UC Davis Medical Center provides in-kind support for the Every 15 Minute programs through volunteer nursing hours and participation from numerous hospital departments, including school of medicine, respiratory therapy, clinical pastoral services and radiology.

PROGRAM IMPROVEMENTS

GI Workflow Efficiency

Direct care nurses in the Gastrointestinal Laboratory (GI Lab) noted that patients were waiting too long to be admitted to the GI Lab. These long wait times were a source of frustration and dissatisfaction by some patients. In addition to long wait times, the nursing staff also identified that turnaround times between cases was not efficient. Room turnaround time was defined as the time measured from the conclusion of a given procedure to the start of the subsequent procedure. As a result of their concerns, direct care nurses from the GI lab worked together to identify a mechanism for decreasing patient wait times and turn-around time.

The following GI nurses participated with the GI workflow improvement project:

Joe Panelo, RN, CNII

Mason Barnes, RN, BSN, CNII

Lisa Leach, RN, BSN, CNII

Dorothy Moffett, RN, BSN, CNII

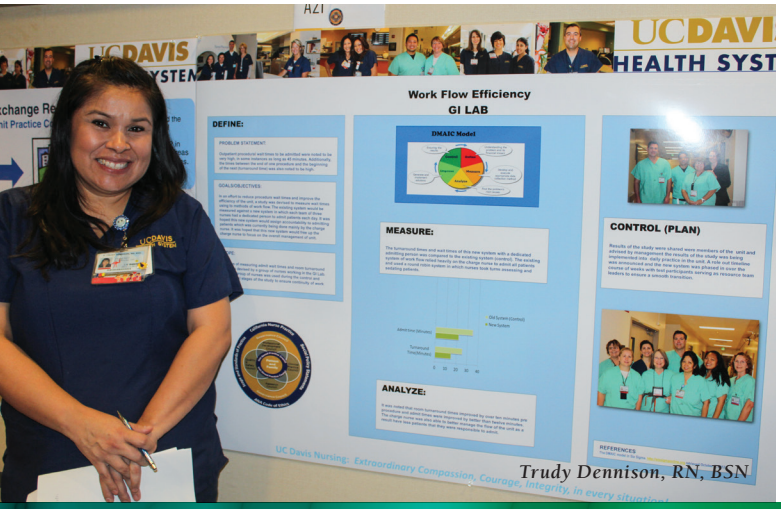
Hazel Callahan, RN, CNII

Lorinda Dollison, RN, CNII

Trudy Dennison, RN, BSN, CNII

Lynn Loftis, RN, MSN, NE-BC, CCRN, Nurse Manager

Direct care nurses and nurse manager Lynn Loftis developed a new workflow. The goal was to better define accountability for timely admissions and to improve efficiency. Increased unit efficiency and staff utilization was obtained by assigning accountability for specific tasks to a specific nurse.

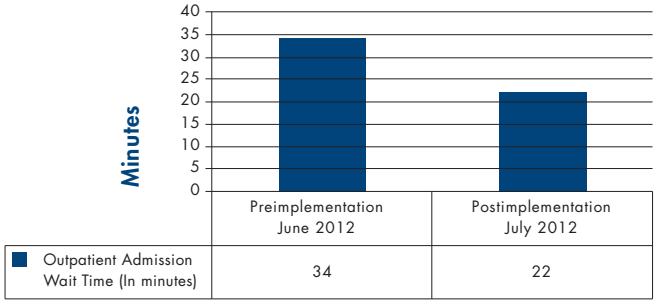


Trudy Dennison, RN, BSN

As a result of the new workflow, patient wait time was decreased by 35%, from 34 minutes to 22 minutes.

GI LAB

Outpatient Admission Wait Times
Pre and Post Implementation Work Flow Efficiency

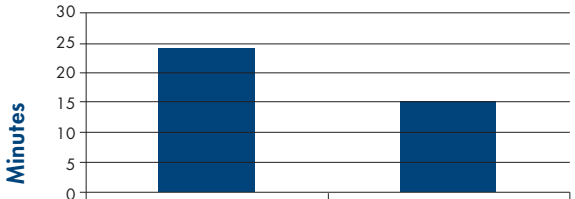


	Preimplementation June 2012	Postimplementation July 2012
Outpatient Admission Wait Time (In minutes)	34	22

In addition to patient wait times, the nurses monitored impacts to time required per outpatient procedure - average room turnaround time (staff time required to prepare room for each procedure) and average procedure time. With the implementation of workflow changes, turn-around times decreased by 9 minutes. With an average of 8 patients per team this translates to daily time saving of 2 hours.

GI LAB

Turnaround Times
Pre and Post Implementation Work Flow Efficiency



	Preimplementation June 2012	Postimplementation July 2012
Turnaround Time (In minutes)	24	15

Numerous e-mails were received from physicians indicating the new proposed system was much faster and more efficient. As a result of improved efficiencies in the GI lab, there exists the potential for admitting more patients, thus decreasing patient wait times for an appointment and improving patient satisfaction.

Early Mobility

The complications associated with an extended stay in the Intensive Care Unit (ICU) include increased morbidity, mortality, cognitive impairment, and length of stay. Studies have shown that the harm associated with an extended stay in the ICU can be reduced by introducing safe, early mobilization of patients. When combined with efforts to curtail over sedation and delirium, hospitals can significantly improve patient outcomes while reducing costs and length of stay (Schweickert et al., 2009).

In April 2012 Early Mobility was launched in 3 Adult ICU's: SICU, MICU and MSICU. Generous funding to support this initiative was made possible through the Gordon and Betty Moore Foundation. Planning began in the summer of 2011, with an interdisciplinary working group that represented various patient care disciplines and hospital departments that have direct or indirect responsibility for patient care in the three selected intensive care units. Committee members included:

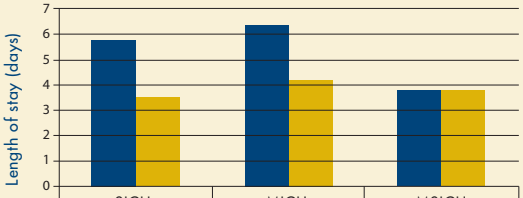
Chairperson:	Amy Doroy, RN, MS, Nurse Manager MICU
Administration:	Gail Easter, RN, MSN, NEA-BC, Director of Hospitals & Clinics
Direct Care Nurses:	Dawn Love, RN, Maureen Santiago, RN, BSN, Pricilla Duarte, RN, BSN and Kevin Floyd, RN, MSN (CTICU Educator)
Quality Improvement:	Jacqueline Stocking, RN, MSN, MBA, NEA-BC, Data collection and Data management
Nursing Research:	Barbara Rickabaugh, RN, MSN, NE-BC, Literature review
CPPN Educator:	Kathleen Guiney, RN, MS, Education
Lean Six Sigma:	Jared Quinton – Design process flow map
Lift Team:	Marcus Christian, Manager
Pharmacy:	Tricia Parker, Pharm D
Information Technology:	Lori Teach – Developed order sets for Electronic Medical Record
Physician champions:	Dr. Hugh Black and Dr. Hershan Johl
Respiratory Therapy:	Pat Brown, RT
Rehabilitation:	Donna MacDougall, Manager and Valerie Adame, Director

An ICU Awakening and Breathing Coordination, Delirium Monitoring, and Exercise/Early Mobility (ABCDE) evidenced based intervention was identified as one mechanism for decreasing the adverse outcomes described above. Incorporating the management of delirium, sleep, sedation, and mobility (ABCDE) bundle was determined to be a priority for improved patient care.

The Early Mobility protocol is evidenced based and aimed at getting patients up and moving early in their hospitalization to decrease the risk associated with immobility and to rebuild their mental and physical states. This nurse led evidenced based practice protocol is driven by the direct care nurse who determines the patient's clinical appropriateness for early mobility. ICU nurses initiate the ABCDE bundle with newly admitted critically ill patients via a decision support system in the electronic medical record. Using a dropdown menu, the RN may enroll the patient in the intervention program or if the patient's condition is too unstable, defer the decision for 12 hours. When possible, these patients are sedated less deeply, frequently assessed for pain and signs of delirium, as well as being started as early as possible in their physical rehabilitation.

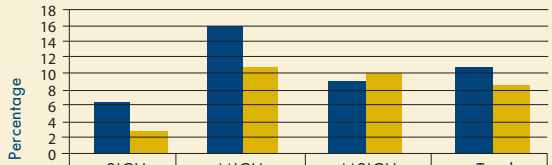
The following is data collected during the first four months of early mobility implementation, April 2012 – August 2012.

Length of Stay
Pre and Post Implementation of Early Mobility



	SICU	MICU	MSICU
Preimplementation Length of Stay(days)	5.8	6.4	3.8
Postimplementation Length of Stay(days)	3.5	4.2	3.8

Hospital Discharge Mortality
Pre and Post Implementation of Early Mobility



	SICU	MICU	MSICU	Total
Preimplementation Hospital Discharge Mortality	6.4	16	8.9	10.9
Postimplementation Hospital Discharge Mortality	2.7	11	9.9	8.5

Nurse Led Urine Culture Initiative in the Medical Surgical Intensive Care Unit

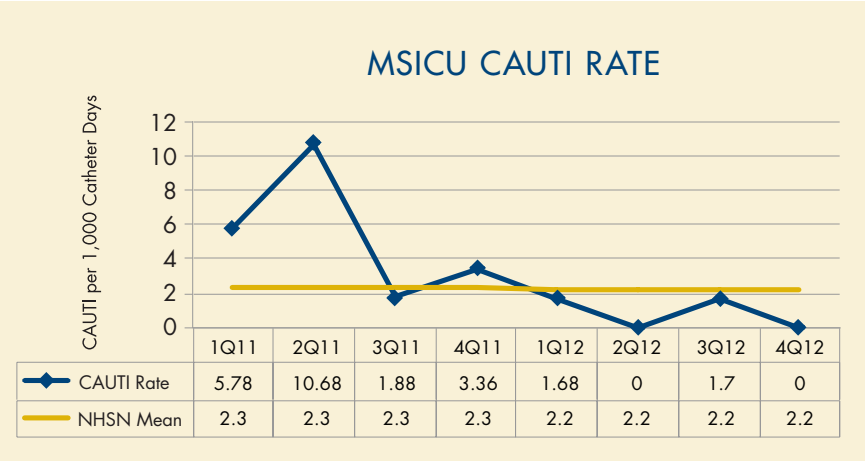
The Medical Surgical Intensive Care Unit (MSICU) was not performing consistently below the catheter associated urinary tract infection (CAUTI) national benchmark rates. Nurses in the MSICU felt they could make positive changes by improving their urine culture technique, which would provide more accurate infection results. A nurse led pilot project was implemented:

- Primary Aim: To assess the effect of a new best practice approach to catheter management on the incidence of CAUTI
- Secondary Aim: To reduce the number of urine cultures sent from the MSICU

Janine Tunnell-Buck, RN, BSN found in the review of the literature that the Association for Professionals in Infection Control and Epidemiology recommended if a CAUTI is suspected, the best practice is removal of the old urinary catheter before obtaining the specimen in order to eliminate the compounding factor of possible catheter biofilm. If an indication for urinary catheterization still exists in a patient suspected of having a CAUTI, the urine sample should be obtained after replacing the existing urinary catheter. Believing this to be best practice a pilot program was implemented of obtaining more accurate urine cultures when a urinary catheter is in place.

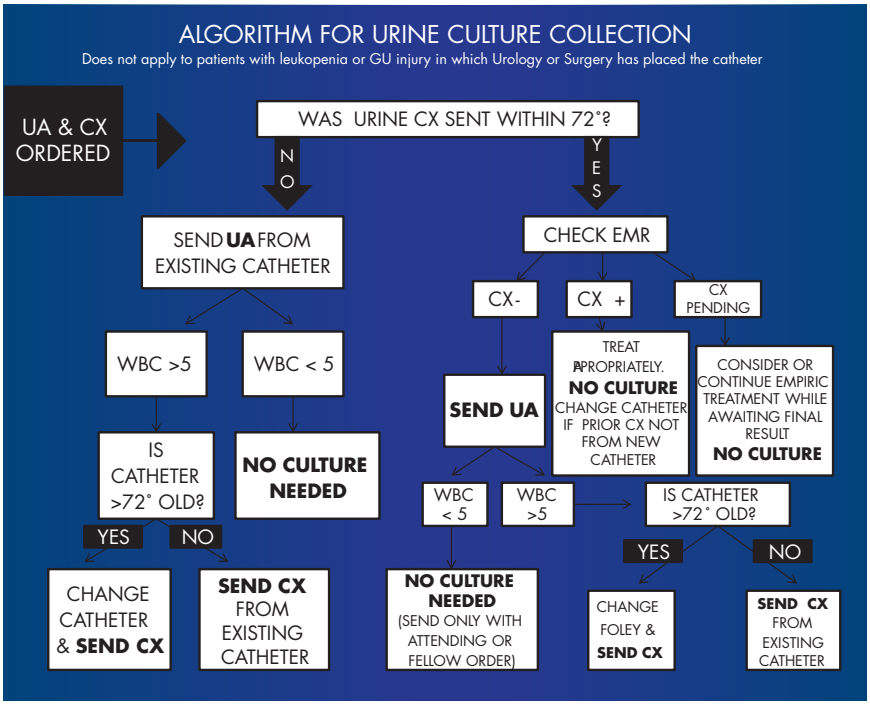
Using the IOWA model, Janine assisted with initiation and development of this pilot program. She led in the initiation of data collection and analysis, as well as development of an education plan for nurses. She worked closely with Dr. Susan Murin, MD, Medical Director of the MSICU who also assisted with initiation and development of this pilot. Data collection management was provided by Michael Fontenot, an analyst from the Department of Hospital Epidemiology and Infection Control.

A new algorithm outlined to change the urinary catheter prior to sending a urine culture if the catheter had been in place more than 72 hours or was placed in the Emergency Department. With this change in practice, there was a notable decrease in CAUTI incidence (despite an increase in device days). There was a slight change in the number of urine cultures sent and the new practice resulted in an average of 6 catheter changes per month.



	1Q11	2Q11	3Q11	4Q11	1Q12	2Q12	3Q12	4Q12
CAUTI Rate	5.78	10.68	1.88	3.36	1.68	0	1.7	0
NHSN Mean	2.3	2.3	2.3	2.3	2.2	2.2	2.2	2.2

As a result of the pilots success, the policy was revised and submitted for approval in 2012. There are plans to roll out the new revised algorithm and protocol to all ICUs once the new policy and procedure has been approved.



UC Davis Cancer Care Network Connects Nurses Caring for Oncoloogy Patients

With the development of the UC Davis Cancer Care Network, UC Davis has affiliated nurses in four community cancer centers in Truckee, Marysville, Merced, and Bakersfield. The Cancer Care Network is a national model for optimizing integrated and collaborative cancer care with community providers so patients can receive first-rate care close to home. High-quality oncology nursing is a core element of the network and nurses are actively involved in the principles of the network model including enhanced patient care, coordination of resources, education, and competencies, access to advanced treatment, clinical trials and supportive care, and facilitation of access to tertiary care.

Kay Harse, RN, MS, AOCN, network manager and Terri Wolf, RN, MS, OCN, nursing & quality coordinator, lead the collaboration with nurses at the affiliate sites. In addition to managing the administrative details of the network and the UC Davis-based staff, Kay provides oncology training (done in partnership with Davis 8 clinical nurse specialist, Patti Palmer, RN, MS, AOCNS) including chemotherapy/biotherapy certification oncology emergencies, and clinical trials training. Terri joined the staff in 2012 to develop additional programs to support the nursing staff in the community cancer centers. After initial assessments and understanding the unique needs of the community oncology nurse, the network staff created an Affiliate Oncology Nursing Excellence program based on four pillars identified by the Oncology Nursing Society—knowledge, quality, leadership, and technology. In developing the Affiliate Oncology Nursing Excellence program, they looked for alignment with strong existing strategic plans developed by the UC Davis Health System and the Oncology Nursing Society.

MULTIPLE PROGRAMS AVAILABLE TO COMMUNITY NURSES

The multi-dimensional program includes leadership development with weekly phone consultations, one-on-one coaching with nursing leadership, facilitation of a nursing committee for an inpatient unit and cancer center nurses, an inpatient mentoring program, biannual simulation and skills development event at the UC Davis Center for Health & Technology with the infusion center staff, all-network video conferencing, certification support, resource sharing, clinical experiences at UC Davis, and development of a robust web resource.

UC DAVIS NURSING COLLABORATORS

Many departments and UC Davis nurses have reached out to the community nurses and participated in the programs including UC Davis Comprehensive Cancer Center Radiation Oncology, Infusion Center, Pharmacy, Davis 8, Nursing Research, the Betty Irene Moore School of Nursing, and the Center for Health & Technology. These experiences have resulted in exchanging resources between UC Davis and the community cancer centers creating mentoring, learning, efficiencies, and safer, high-quality care through oncology nursing.

NETWORK SITES

AIS Cancer Center, Bakersfield

Mercy Cancer Center, Merced

Rideout Cancer Center, Marysville

Gene Upshaw Memorial Tahoe Forest Cancer Center, Truckee

Left to right: Kay Harse, RN, MS, AOCN and Terri Wolf, RN, MS, OCN

MERCY MEDICAL CENTER MERCED NURSES AND DAVIS 8 NURSES

Left to right: Prescilla DeGuzman, RN, BSN, Christina Grewe, RN, Wilson Yen, RN, MSN, NE-BC, Mimi Chen, RN, BSN, OCN and Kelsey Riggs, RN

EXTERNAL PUBLICATIONS AND PRESENTATIONS

PUBLICATIONS

NEDA AFSHAR, RN, MSN, CGRN

Afshar, A. & Afshar, N. (2012). The Hand in Art: Hands on Persepolis Stone Reliefs. Journal of Hand Surgery, Vol 37:2597-98.

KATIE OSBORN, MSN, EdD & CHERYL WRAA, RN, MSN

Osborn, K., Wraa, C., & Watson, A. (2012 revision for 2014). Medical-Surgical Nursing Preparation for Practice. Pearson, Boston, MA.

PATTI PALMER, RN, MS, AOCNS & MEGAN NOLAN, RN, MS

Palmer, P. & M. Nolan. New Onset Cortical Blindness in an Allogeneic Stem Cell Transplant Patient. (2012) The Journal of the Advanced Practitioner in Oncology, 3:415-416.

BONNIE RAINGRUBER, RN, PHD

Raingruber, B. (2012). A case study argument for nursing involvement in medical homes to improve quality of care. *Journal of Nursing Education and Practice,* 2(2), 127-132.

Raingruber, B. (2012). *Health promotion: The foundation of nursing practice.* Bonnie Raingruber (Ed. and author). Jones and Bartlett, Sudbury, MA.

DAVID ROWEN, CRNA, MSN & DAVID ROSE, CRNA, MSN, PHD

Lee, J.A., Rowen, D.W., & Rose, D.D. (2011). Bronchial thermoplasty: a novel treatment for severe asthma requiring monitored anesthesia care. American Association of Nurse Anesthetists Journal; 79(6):480-3.

PAT ZRELAK, RN, PHD, CNRN, NEA-BC

DeVon, H.A., Zrelak, P. (2012) Nurses trained in the use of the ROSIER tool can assess signs and symptoms of stroke with comparable accuracy to doctors performing standard neurological assessment. Evidence Based Nursing. Apr;15(2):64.

Sadeghi, B, Zrelak PA, Maynard G, Strater AL, Hensley L Cerese J, & White RH. (accepted 2012). Improved coding of postoperative deep vein thrombosis and pulmonary embolism in administrative data (AHRQ Patient Safety Indicator 12) after introduction of new ICD-9-CM diagnosis codes. Med Care.

Zrelak, PA. Surviving Stroke, Care Note Series, Abby Press, July 2012.

Zrelak PA, Utter GH, Sadeghi B, Cuny J, Baron R, Romano PS. (2012). Using the Agency for Healthcare Research and Quality patient safety indicators for targeting nursing quality improvement. Journal of Nursing Care Quality, Apr-Jun; 27(2): 99-108.

Calene Roseman, RN, BSN, Cancer Center Clinic

PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE AND AUTHORS	CONFERENCE	CONFERENCE LOCATION
Maureen Craig, RN, MSN, CNN	CNS	Podium: Preventing and Managinga Complications of Dialysis 2: Operation, Fluids, Electrolytes and Acid Base	17th Annual International Conference on Continuous Renal Replacement Therapies Feb 14-16, 2012	San Diego, CA
Maureen Craig, RN, MSN, CNN	CNS	Benchmarking for CRRT: Which Parameters Should We Use?	17th Annual International Conference on Continuous Renal Replacement Therapies Feb 14-16, 2012	San Diego, CA
Celia Buckley, RN, MS, CNS, Barbara Goebel, RN, MS, CNS, PNP Gary W. Raff, MD Mark D. Parrish, MD, MPH	PCICU	Poster: Methodical Development of a New Pediatric Cardiothoracic Surgery Program	The Children's Hospital of Philadelphia held its 16th Annual Postgraduate Course in Pediatric and Congenital Cardiac Disease (CHOP) February 22-26, 2012	Orlando, FL
Barbara Goebel, RN, MS, CNS, PNP, Celia Buckley RN, MS, CNS Jennifer Plant MD, MEd Mark Parrish MD, MPH	PCICU	Poster: Patient Data Presentation by Bedside Nurses at PCICU Multidisciplinary Rounds	The Children's Hospital of Philadelphia held its 16th Annual Postgraduate Course in Pediatric and Congenital Cardiac Disease (CHOP) February 22-26, 2012	Orlando, FL
Amy Lorente RN, BSN, MSNc, Barbara L. Goebel RN, MS, CNS, PNP Rajvinder S. Dhamrait B.M., F.R.C.A . Ming-Sing Si MD Mark D Parrish MD, MPH	PCICU	Poster: Transitioning post-operative patients to the Pediatric Cardiac Intensive Care Unit (PCICU) beginning in the operating room	The Children's Hospital of Philadelphia held its 16th Annual Postgraduate Course in Pediatric and Congenital Cardiac Disease (CHOP) February 22-26, 2012	Orlando, FL
Pat Zrelak PhD, RN, CNRN, NEA-BC	Health Policy Research	AHRQ Quality Indicators 101: Background and Introduction to the AHRQ QIs	Indiana Hospital Association, Indianapolis, sponsored by HRET, American Medical Association	Indianapolis, IN
A. Sievers, RN, MS, CNS	PCS ENT	Podium: Communication, Swallowing and Care of a Laryngeal Transplant Patient: A living Laboratory (A case study)	California Speech and Hearing Annual Meeting March 2012	San Jose, CA
Pat Zrelak PhD, RN, CNRN, NEA-BC	Center for Healthcare Policy and Research	How the AHRQ Patient Safety Indicators are used to Drive Quality Improvement in Hospitals?	Quality Initiatives Oversight Council (QIOC), UCDMC March 26, 2012	Sacramento, CA
Jennifer Mattice, RN, BSN and MS student at the Betty Irene Moore School of Nursing inaugural class of 2012	UCD Children's Hospital	Podium: Champions for Change: Addressing Medication Errors in a Just Culture	UC Davis Health System's Annual Integrating Quality Symposium March 16, 2012	Sacramento, CA

PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE AND AUTHORS	CONFERENCE	CONFERENCE LOCATION
Karen Maide, RN, ACM Judith Rogers, RN Kirstin Allen RN, MSN	Emergency Department Case Management	Collaborative Approach to Case Management: Psychiatric Patients in the Emergency Department	18th Annual NICM Case Management Conference & 12th Annual ACMA Meeting April 2012	Orlando, FL
Bonnie McCracken, RN, MSN, FNP, NEA-BC	Trauma Program	Poster & Invited Podium Presentation: Evaluation of flexion extension radiographs in awake and alert acute trauma patients.	Society for Trauma Nurses Convention April 11-13, 2012	Savannah, GA
Dawn Vierria, RN, BSN	Apheresis	Collection Efficiency and Post-Platelet Count Comparison Between Auto-PBSC and MNC Methods Using COBE Spectra	American Society for Apheresis (ASFA) April 2012	Atlanta, GA
Amy Doroy, RN, MS	MICU	Poster: Building Strong Teams: Effects of a Medical Student/Nurse Shadowing Experience	Western Institute of Nursing (WIN) April 18-21, 2012	Portland, OR
Megan Kuehner, RN BSN OCN, Patricia Palmer RN MS AOCNS, I Wilson Yen RN MSN, NE-BC	Oncology	A Multidisciplinary Team Huddle Approach in an Acute Care Oncology and Bone Marrow Transplant Setting	37th Annual Oncology Nursing Society Conference May 2012	New Orleans, LA
Pat Zrelak PhD, RN, CNRN, NEA-BC	Center for Healthcare Policy and Research	Working with the AHRQ Quality Indicators	South Carolina Hospital Association, Sponsored by Health Research and Educational Trust, American Hospital Association May 21, 2012	Columbia, SC
Patricia Palmer, RN, MS AOCNS, Wilson Yen RN, MSN, NE-BC Kay Harse RN MS AOCN	Oncology	Frontline Leadership and Lean Six Sigma Methods in Changing the Culture	37th Annual Oncology Nursing Society Conference in New Orleans May 2012	New Orleans, LA
Veronica Marquez, RN, WCC Bo Vang-Yang RN, WCC	PCS Wound Care Team	Two Posters: Prevention of occipital pressure ulcers in neonates and Quality Improvement project for the prevention of hospital acquired pressure ulcers (HAPU) and suspected Deep Tissue Injuries (sDTI)	Society of Advanced Wound Care (SAWC) May 2-7, 2012	Atlanta, GA
Pat Zrelak PhD, RN, CNRN, NEA-BC	Center for Healthcare Policy and Research	Activase in Acute Stroke	Mercy General Hospital. May 2012	Redding, CA
Jacqueline Stocking, RN, MSN, MBA	PCS Quality & Safety	Presentation: Lean six sigma to reduce ventilator associated pneumonia	American Society for Quality World Conference on Healthcare and Improvement, Quality Institute for Healthcare May 22, 2012	Anaheim, CA
Sandra L. Ellingson, DNP, NNP, CPNP, CNS	NICU	Poster: EBP Implementation: Neutral Thermal Environmental Stability and Electrolyte Homeostasis in VLBW Infants using a Hybrid Humidified Incubator	15th Annual Neonatal Advanced Practice Nursing Forum May 2012	Washington D.C.

PRESENTER	DEPARTMENT	TITLE AND AUTHORS	CONFERENCE	CONFERENCE LOCATION
Pat Zrelak PhD, RN, CNRN, Utter GH, Tancredi DJ, Zrelak PA, Geppert JJ Romano PS	Center for Healthcare Policy and Research	Podium: The Estimated Sensitivity of the AHRQ Patient Safety Indicators in a National Sample	Academy Health Annual Research Meeting June 25, 2012	Orlando, Fl
Gantuangco, Revena, RN, MSN	MICU	Factors Influencing Whether People Who Have Been Hospitalized for Alcoholic Related Issues are Able to Return Home and Manage to Avoid Drinking (qualitative)	Academy Health Behavioral Interest Group; Academy Health Annual Research Meeting June 23, 2012	Orlando, FL
Pat Zrelak PhD, RN, CNRN, NEA-BC	Center for Healthcare Policy and Research	Stroke Program Development	Reno Chapter of AACN July 19, 2012	Reno, NV
Stacey Salvato RNC, BSN	Pediatrics	Poster: Caring for the Hospitalized Child with Autism Spectrum Disorder	Pediatric Nursing 28th Annual Conference, July 19-21, 2012	Boston MA
Holly Kirkland-Walsh FNP-c. GNP-c	CNS	Podium: Preventing occipital pressure ulcers in neonates on ECMO	Sigma Theta Tau International (STTI), July-30-August 3rd	Brisbane, Australia
Charles Johnston, RN, MS & Debra Bakerjian, RN, PhD, FNP	Quality Safety Champion and the Betty Irene Moore School of Nursing	Community Based Advance Care Planning Education for Older Adults - Ensuring a Voice in Health Care Decisions	American Geriatrics Society Annual Conference	Seattle, WA
Oleg Teleton, RN, MS	Patient Care Services	Pressure Mapping	International Nursing Research Congress August 28, 2012	Brisbaine, Australia
Suzanne Beshore, RN, MS	Perioperative CQI	Unequal Childhoods: Factors that influence timely access to Orthodontic Care for Children Preparing for Alveolar	Society of Otorhinolaryngology and Head and Neck Nurses Annual Conference September, 2012	Washington, DC
Pat Zrelak PhD, RN, CNRN, NEA-BC	Center for Healthcare Policy and Research	AANN CNRN Review Course	Mercy General Hospital September 2012	Redding, CA
K. Cargill, RN, BSN Rebecca Ogden, RN Cathy Maloney, BSN, CPAN Beth Purcell, RN Juliet Paradise, RN Karen Lynch, RN, CAPA Shirley DaRosa, RN Julie Khashabi, RN	Perioperative	Poster Presentation: Accuracy of Post-Operative Temperatures with a Goal of Normothermia on Arrival to the Recovery Room in the Same Day Surgery Center at UC Davis Medical Center.	First International Conference of Peri-anesthesia Nurses October of 2012.	Toronto, Canada

EXTERNAL PUBLICATIONS AND PRESENTATIONS

PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE AND AUTHORS	CONFERENCE	CONFERENCE LOCATION
Ron Ordona, RN, MSN Robyn Hudson, RN, Helen Chester, RN, BSN, Elenor Salvatin, RN, BSN, Giselle Walters, RN, BSN Joleen Lonigan RN, MSN, NE-BC	Patient Care Services	PCR Pals: A float pool buddy system pilot project	2012 Academy of Medical-Surgical Nurses (AMSN) Convention October 3-7, 2012	Salt Lake City, UT
Mary Wyckoff, PhD, MSN, NNP, ACNP, BC, FNP-BC, CCNS, CCRN, FAANP	NICU	Podium Presentations: 1) Nurse Practitioner Practice Statistics and Program Initiation; 2) Nurse Practitioners in Intensive Care Settings Across the Continuum Neonatal to Geriatric, 3) Career ladders for Nurse Practitioners and Barriers to Practice	National Taipei University of Nursing and Health Sciences (NTUNHS)	Taipei, Taiwan
Karen Mondino, RN, MSN Sherri Reese, RN, BSN Mailie Mauer, RN Miquel Medina, RN, BSN	Nurse Manager, Infection Control, Quality & Safety	Hand Hygiene: Breaking Down Barriers to Compliance	2012 IQ Symposium at the School of Medicine UCDMC	Sacramento, CA
Catherine Adamson, RN, BSN, Miguel Medina, RN, BSN	Quality & Safety	Ventilator Associated Pneumonia: Journey to Zero	2012 IQ Symposium at the School of Medicine UCDMC	Sacramento, CA
Jacqueline Stocking, RN, MSN, MBA	PCS Quality & Safety	Presentation: Lean six sigma to reduce ventilator associated pneumonia: Enhancing the electronic health record	Greater Sacramento Moore Foundation Summit November 7, 2012	Sacramento, CA
Karrin Dunbar, RN, BSN, MSc	CPPN	Podium Presentation: Integrating Simulation into Hospital Nursing Orientation	International Nursing Simulation Learning Resource Center Conference 2012	San Antonio, TX
Karrin Dunbar, RN, BSN, MSc	CPPN	Podium Presentation: Advancing the Role of The Nurse with Interactive Education	Magic in Teaching 2012	San Francisco, CA
Karrin Dunbar, RN, BSN, MSc	CPPN	Poster: The Union of Quality & Safety Indicators and Simulation	Magic in Teaching 2012	San Francisco, CA
Karrin Dunbar, RN, BSN, MSc	CPPN	Clinical Education Utilizing Simulation & Electronic Medical Record Technology to Identify Patients at Risk for Sepsis	Western Institute of Nursing Research & Information Exchange Conference 2012	Portland, OR
Amy Doroy, RN, MS	MICU	Poster: Interprofessional Education: Medical Student/RN shadowing program	Association of American Medical Colleges (AAMC) Annual Conference, Research In Medical Education (2012 RIME Conference)	San Francisco, CA

Medical Missions

HELPING HAITI

Elise Garvey RN, BSN and Tracy Kwan RN, BSN, two nurses from Davis 12 Vascular and GI Surgery embarked on their first volunteer medical mission in Haiti. Along with the Project Medishare organization, Elise and Tracy worked seven 12 hour shifts at Bernard Mevs Hospital, the only trauma/critical care hospital in Haiti.

The hospital consisted of a makeshift triage, ER, NICU, PICU, Peds, ICU, Med-Surg, Prosthetic/ Orthotics rehab clinic, wound clinic, OR, pharmacy, and laboratory. Elise and Tracy were assigned to work in the triage unit, but also worked in the NICU/PICU and OR when needed.

Each day for them was filled with excitement, shock, stress, and new learning experiences. On a daily basis they performed basic nursing duties, but were also able to expand their skills by learning to suture lacerations and having the ability to write orders for medications and procedures. Due to the language barrier they worked closely with Haitian translators and emergency medical technicians (EMT) who spoke English. Most patients came in with dehydration, cholera, hypoglycemia, gunshot wounds, HIV complications, and trauma related injuries.

Elise and Tracy found the difference between the Haitian and American standards of care to be unbelievable. An example they describe is that in Haiti, morphine is federally regulated because it is so limited. Pain medication administration usually consists only of acetaminophen and ibuprofen. Basic supplies such as gloves, thermometers, saline flushes, towels, isolation gowns, oxygen tubing/ masks and individual urinals/or bedpans are scarce. All too often, medications and supplies at Bernard Mevs were found expired. The standard of care consisted of giving IV fluids, oral pain medication, and tetanus shots to those who had open wounds.

Elise Garvey, RN, BSN

Tracy Kwan, RN, BSN

MEDICAL MISSIONS

PRIMARY CARE IN RURAL NEPAL

A medical mission can be life changing. According to the World Health organization, (2010) 85% of Nepali health resources serve 15% of the population. This portion of the population lives in the major cities. That leaves 15% of health resources for the 85% of the population that live in rural Nepal. To fill the gap in health resources, many non-governmental agencies facilitate short term medical missions to rural Nepal. It takes most of a ten day trek to arrive into rural Nepal and return to the big city of Katmandu. That leaves two days to see patients. Imagine living a day's walk to the closest road or having a medical emergency when the closest medical facility is a day away. There are no cars, no bicycles, no running water and minimal electricity. There is one 5-watt hydro-generator for the whole village. It supplies one light bulb into 90 homes.

After landing on a dirt runway and hiking in for two days, Shelly Bloom, RN, MSN, a nurse from the PICU/PCICU and the medical mission team arrived at the health post where 132 villagers were seen. The most common diagnoses treated were: musculoskeletal pains, abdominal discomfort, and ophthalmic problems. Knowing the health needs of the community aids in the planning of the medical mission. Educating the community on hand washing was led by a public health nurse. Primary care is administered by physicians and nurse practitioners.

Villagers run the health post when non-governmental organization volunteers are not available. Accredited education is offered to the health post workers. The goal is for the village to become self-sustaining. As a registered nurse Shelly was most inspired by the health care dilemmas in rural Nepal.

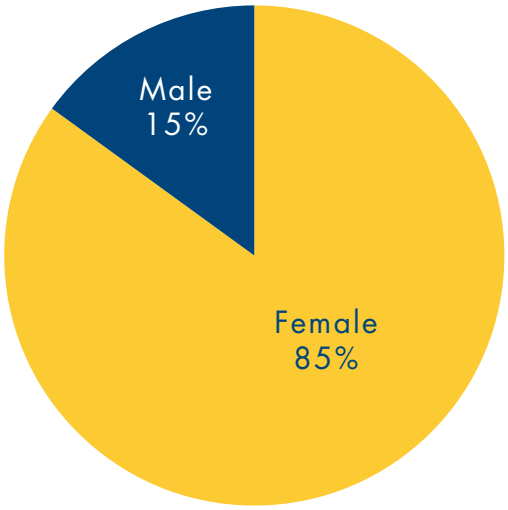
Shelly Bloom, RN, MSN

THE CLINIC

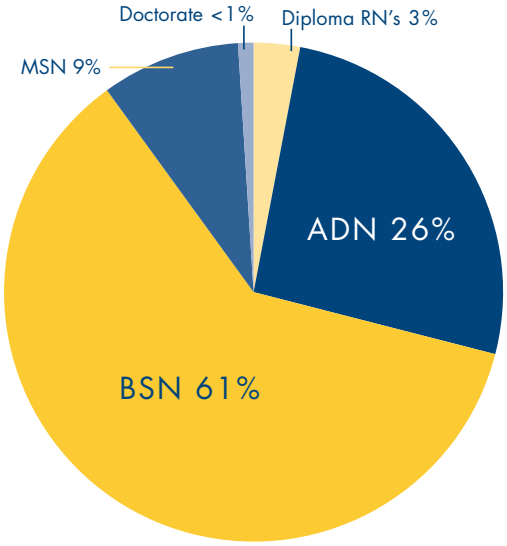
THE HEALTH POST IN NEPAL

NURSES BY NUMBERS

UC Davis Health System Nurses Gender

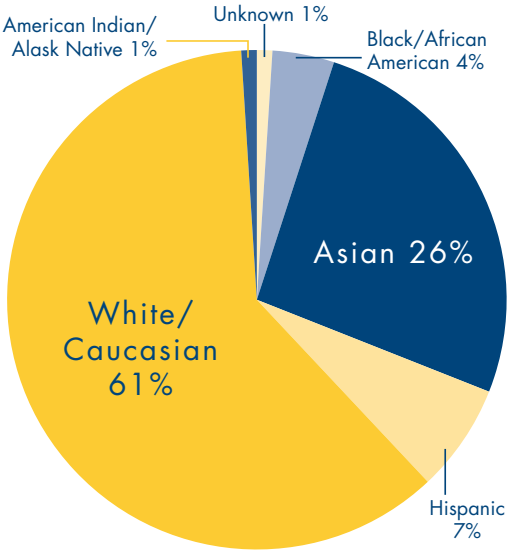


Overall RN Degrees

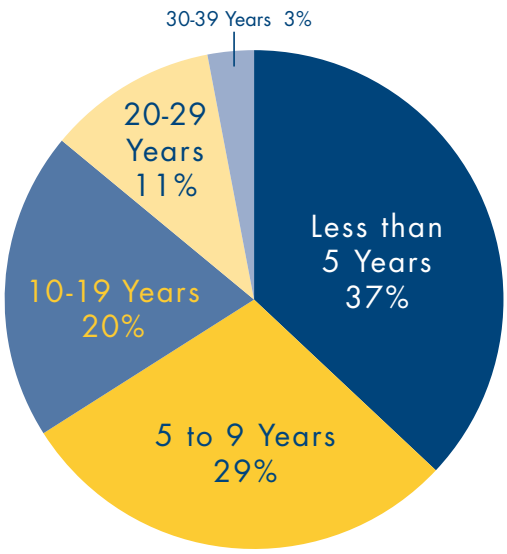


43 **Average Age of UC Davis Nurse**

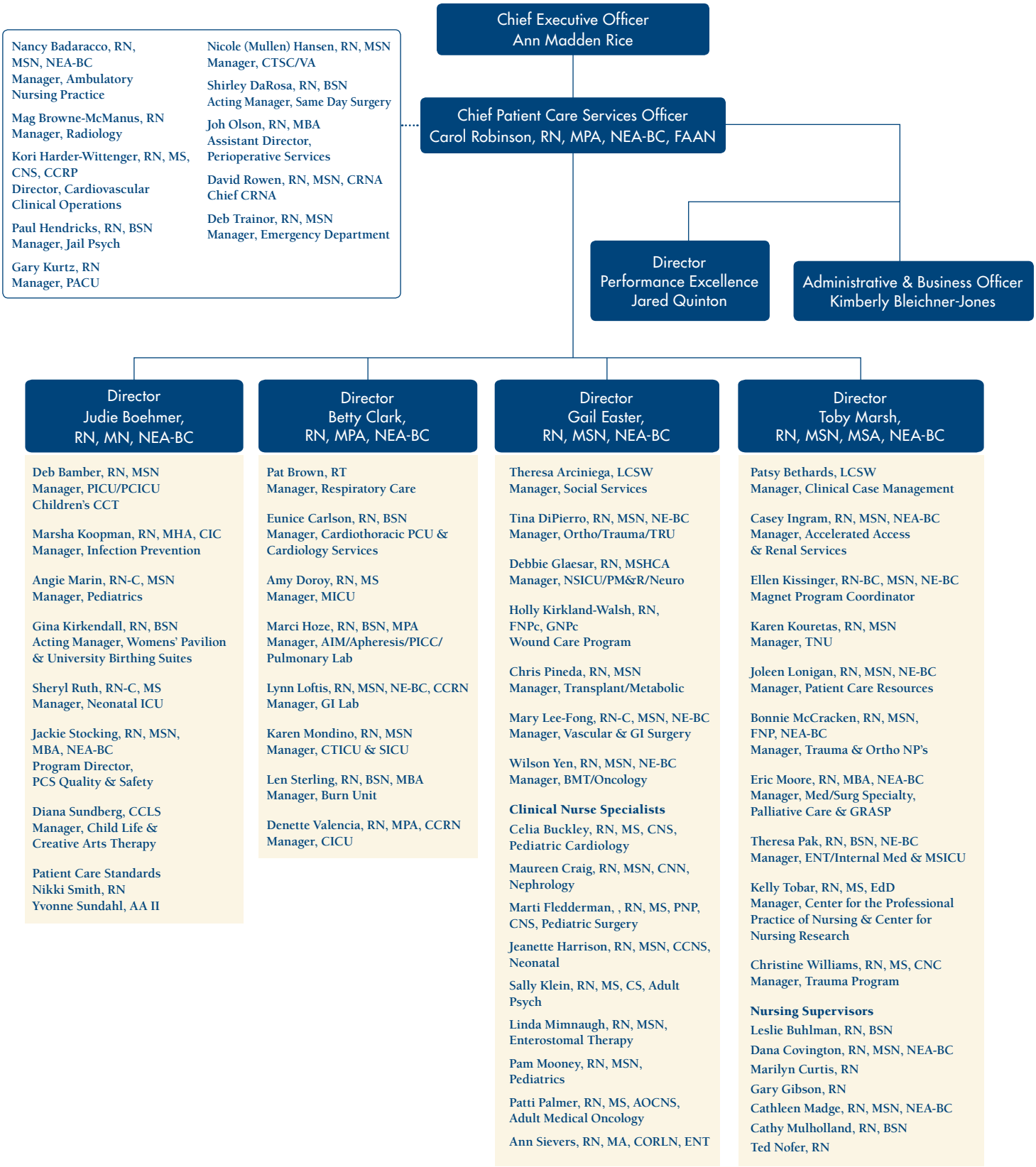
Nurse Ethnicity/Race



RN Years of Service



Patient Care Services Administrative Organization Chart



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A special thank you to all the extraordinary nurses who dedicate themselves everyday to the Professional Practice of Nursing at UC Davis

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