



# PROFESSIONAL NURSING PRACTICE UC DAVIS MEDICAL CENTER **2014 ANNUAL REPORT**



*Extraordinary Compassion, Courage, Integrity,  
in every situation!*



# 2014 NURSING ANNUAL REPORT

## *Table of Contents*

- 2** Letter from Carol Robinson, Chief Patient Care Services Officer
- 3** Examples of Excellence
  - Ebola Virus Disease • STOP C. difficile Project • Home Care • Increasing the Number of Certified Operating Room Nurses*
- 6** Leaders in Professional Nursing Organizations
  - For the Advancement of Nursing, Jonathan Lee • Updates in Neuroscience Nursing, Christi DeLemos*
- 8** Representing UC Davis at National and International Conferences
  - ANCC Magnet Conference • Sigma Theta Tau 25th International Nursing Research Congress • International Neonatology Association Conference, Helsinki, Finland • Pediatric Nursing Conference, National Harbor, Maryland*
- 11** Compassion
  - Care of Psychiatric Patients in the Emergency Department • The Power of the Frozen Pillowcase*
- 13** Performance Improvement
  - Hospital Acquired Pressure Ulcers • Falls • CAUTI • CLABSI*
- 16** Collaboration
  - Collaboration to Reduce Pressure Related Patient Injuries • UC Davis Cancer Care Network • Newly Graduated Nurse Residents*
- 19** Improving Patient Outcomes
  - Stroke Education • Pediatric Transition of Care • Interventional Radiology Nurse Coordinator*
- 21** Professional Development
  - Rising Nurse Leaders • Nursing Specialty Certification Programs • Enhancing Ambulatory Nursing Practice*
- 26** National and International Presentations
- 30** Nurse Publications
- 31** Nurses by Numbers
- 32** Administrative Organization Chart
- 33** Acknowledgements



## *Letter from the Chief Patient Care Services Officer*

Dear Colleagues,

This has been a wonderfully successful year. We started off with a celebration of our Magnet Designation on February 4, 2014. The hospital-wide celebration recognized the importance of interdisciplinary and inter-professional collaboration in achieving better patient outcomes and of course we also celebrated having the best nurses in the world!

The rest of the year was not spent resting on our laurels. I believe that we lead the nation in developing protocols and response to workplace violence. Our staff training has been extensive and with the help of many we have been able to provide more safe locations for managing the violent, disruptive patient.

Our early mobility program is achieving measurable success in reducing length of stay, preventing pneumonia and speeding the overall recovery of many of our sickest patients. We have our lift team to thank for helping us to safely mobilize our patients and avoid workplace injury. All of our nurse sensitive indicators continue to show improvement with the ultimate goal of exceeding the national average.

One of our most impressive initiatives has been a physician/nurse-led project to reduce *C. difficile* in the hospital setting. Preliminary information from our physician lead, Dr. Chris Polage, indicates that we reduced the inpatient mortality rate/10,000 admissions for all adult patients by 51%. This initiative has required exceptional coordination and compliance by nurses in all areas and I am very proud of your concerted efforts.

I would like to conclude by thanking all of you for your courage and dedication to the tenets of your profession. When the Ebola outbreak was finally recognized and identified as a threat to this nation, you stepped up to the challenge with great courage and used the power of your voice to direct and guide us. Staff safety was achieved by your collective efforts to identify personal protective equipment and your attention to strict isolation precautions. You are empowered professionals and I encourage you to reflect on your status and be proud.

Warmest regard,

A handwritten signature in black ink that reads "Carol Robinson RN". The signature is fluid and cursive.

Carol Robinson, RN, MPA, NEA-BC, FAAN  
Chief Patient Care Services Officer



# EBOLA VIRUS DISEASE

Ebola is a disease of humans and primates that first presents with fever, headaches and myalgia. As the disease progresses, patients experience vomiting, diarrhea, rash and hemorrhagic fever. Ebola is spread through contact with infected blood and body fluids. Large amounts of the virus are found in body fluids of patients with Ebola, making personal protective equipment (PPE) the most important step in preventing the spread of infection.

Following isolation precautions and wearing PPE are nothing new to nurses working here. The stakes felt much higher in the fall of 2014, however, as an Ebola epidemic spread throughout West Africa. In September, a patient traveling from Liberia was diagnosed with Ebola Virus Disease (EVD) in Texas. Two nurses caring for him also developed the disease, causing concern regarding the preparedness for U.S. hospitals to handle highly infectious diseases such as Ebola.

UC Davis Medical Center was designated as an Ebola Treatment Center in December of 2014. The training to prepare staff began months prior. Based on policies and protocols developed by Hospital Epidemiology and Infection Prevention (HEIP) Department, educators from the emergency department, critical care, nursing champions and the Center for Professional Practice of Nursing joined forces to train front line staff on the detailed process of donning and doffing PPE.

In October, UC Davis staff members from nursing, medicine, environmental services, respiratory care and laboratory services were trained on the correct process of donning and doffing PPE.

## EBOLA PERSONAL PROTECTIVE EQUIPMENT (PPE)



*Nurses from the Infection Prevention department demonstrate donning and doffing of PPE to UC Davis nurses, and administrators Carol Robinson and Betty Clark for feedback*

Each training session lasted two hours, with members of the three person team rotating thru all roles. Over the ensuing months these dedicated staff members returned multiple times for training to maintain competency resulting from revisions and feedback from frontline staff and team members. 453 dedicated members from the volunteer team and frontline staff completed a combined total of over 900 hours of training from October 2014 to December 31, 2014.

EVD training is currently in phase two. An identified core group of 53 nurses and physicians remain on the volunteer team with the remaining frontline, emergency room and clinic staff continuing with just-in-time training in their departments. In this phase of training the EVD care team members are required to attend two four hour training sessions per month. Facilitated by educators from the initial training, these sessions consist of PPE practice, drills and simulation. In addition to the EVD care team frontline staff from nursing, medicine, laboratory, environmental services, lift team and administration are included in drills and simulation. The goal of ongoing training is to maintain competency, wellbeing and safety to ensure all staff are ready to function as a highly skilled team. In the 21st century, our role as nurses is as important as it has ever been.



*Nurse educator Karrin Dunbar practices with members of the volunteer team donning and doffing PPE for Ebola patient care*

# STOP C. DIFFICILE PROJECT

The STOP *C. difficile* Project, sponsored by the Gordon and Betty Moore Foundation, was created to decrease hospital acquired *C. difficile* infections by screening asymptomatic adult patients for *C. difficile* and implementing appropriate isolation, hand hygiene and environmental cleaning for patients who test positive. This approach, in conjunction with the Antimicrobial Stewardship program already under way, had a dramatic effect on UC Davis Medical Center *C. difficile* rates. 30-80% of *C. difficile* infections come from asymptomatic *C. difficile* patients, and the use of antimicrobials is a known risk factor for the acquisition of *C. difficile*.



- » 10% reduction in the number of antibiotic days of therapy per 1,000 patient days at UC Davis Medical Center (from 2012 baseline) by June 30, 2015.

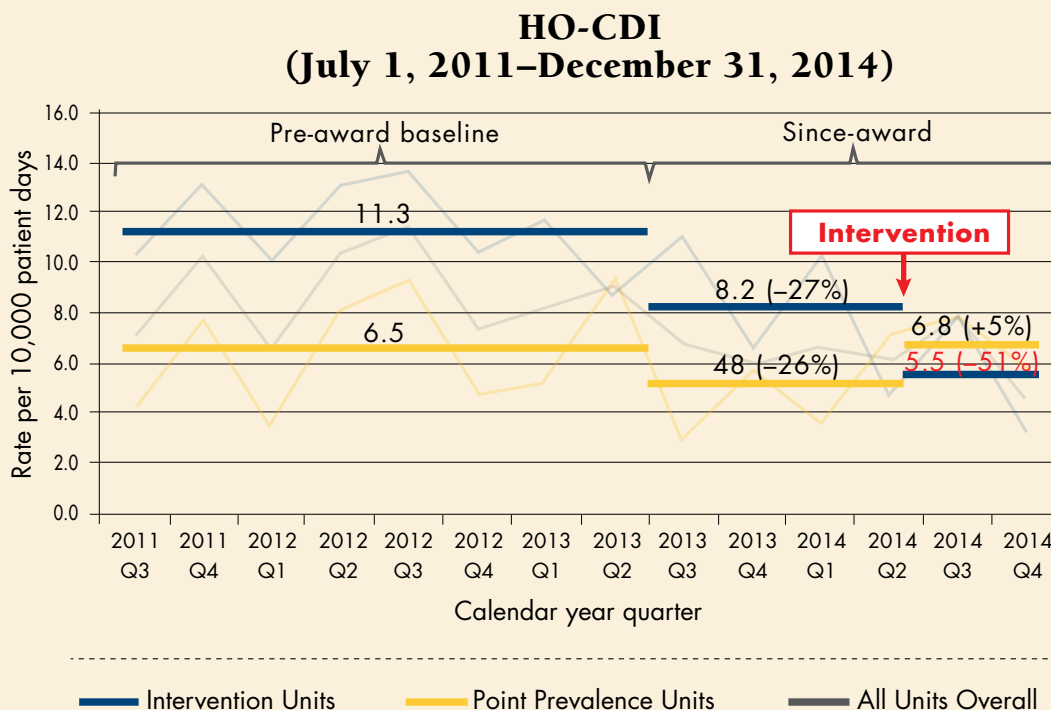
In March 2014, the project kicked off with an adult house-wide point prevalence survey, followed by surveillance testing, in 18 units, at admission, transfer between units, and again at discharge. In June, a second point prevalence survey occurred followed by activation of the first intervention units for positive patients. A staged roll-out of intervention units occurred with each point prevalence. Currently this project is fully implemented on ten units. Using the provided informational hand-out, nurses educated patient/family, began Resistant Organism precautions, enhanced hand hygiene, and activated the enhanced environmental cleaning process.

Extensive work was done to create EMR modifications to facilitate sample collection, initiation and documentation of isolation, and more. Thorough education of the nursing staff, environmental services and physicians occurred.

The specific goals of this project are:

- » 10% reduction of in-hospital mortality for patients  $\geq 65$  years old who develop hospital-onset *C. difficile* infection (HO-CDI)
- » 20% reduction in the incidence of adult hospital-onset *C. difficile* cases
- » 20% reduction in the number of hospital days attributable to adult hospital onset *C. difficile* cases

The following graph represents the overall decrease in HO-CDI for all units.



## HOME CARE

Home Care (Home Health and Hospice) provided 18,536 home visits by interdisciplinary team members to 1,326 patients and their families last year. The department which consists of; nurses, social workers, physical therapists, and a chaplain is relatively small with just over 30 clinical FTE.

The commitment to education is evident with approximately 186 rotations through the department in 2014 including; third year medical students, interns/residents, pharmacy interns, chaplain residents, social workers and nursing students.

## HOSPICE

All hospice staff participate in educating the health system and community about end of life care. Hospice staff assist with the development and ongoing coordination of Adult and Pediatric End-of-Life Training for Health-Care Providers (ELNEC). 80% of the RN and physician staff is certified in hospice and palliative care.

Since 2011, UC Davis Hospice is in partnership with the nationally recognized We Honor Veterans Program. This past year they provided three veteran centered staff presentations, participated in community outreach at community health and job fairs, and became members of the Sacramento Valley Collaborative for veterans which promotes the exchange of information and resources for the care of military veterans and their families. They also continue to partner with the Veteran's Administration (VA) home based program to provide hospice care for veterans. Every veteran enrolled in hospice had the opportunity to be interviewed and be awarded a pinning ceremony, inviting their family to observe, as an acknowledgment and to express gratitude for their time served. Thirty veterans agreed and participated in pinning ceremonies and certificates of appreciation in 2014.

In the fall of 2014, a grateful patient donated \$100,000 to hospice. Although a small department, hospice was successful in their 2014 philanthropic efforts. Thanksgiving was a pleasant day for 33 hospice patients and their families thanks to the generous work of the hospice volunteers. For the past 18 years, hospice has provided Thanksgiving dinners to patients and their families averaging 40 dinners per year. 2014 ended with an annual toy drive sponsored by Contractors Caring for Kids and spearheaded by Michele Zumwalt, now in its 19th year. They provided new toys for children of all ages in both hospice and home health. The hospice volunteer elves work very hard to meet the Christmas wish list of all the children served by home care whether a patient or a family of a patient. Additionally, Contractors Caring for Kids donates approximately \$3,000 annually.

## HOME HEALTH

Home Evaluation Assessment Program (HEAP): Home health continues to support the health system by offering social work visits to patients identified as needing extra support at home. In 2014, 36 visits were performed with 16 patients seeing their physicians within 14 days of the HEAP visit. January through June 2014 demonstrated a 60% reduction in emergency room (ER) usage after HEAP visits were performed. Additionally, 11 patients were provided assistance with transportation in an effort to promote wellness and use of primary care.

Palliative Care Update: To help empower patients to make decisions about how they wish to manage their disease processes while focusing on autonomy and individual choice, five palliative care visits were completed in the 3rd quarter of 2014 with one patient receiving two visits. That patient demonstrated a significant decrease in symptoms as per Edmonton Scale results.



Home Health nurses left to right, Sophia Giusti, RN, BSN and Marianne Ciavarella, RN, MSN



Pediatric Home Health and Hospice nurses, left to right, Karen Curtis, RN, BSN, Anne Jones, RN, BSN and Wendi Johns, RN, BSN



Home Health Administrative nurses, Sandra Leitch, RN, Stacy Magee, RN, BSN, and Audra Flynn, RN, MS



Left to right: Hospice Volunteer, Don Clark, next to patient's caregiver, along with Becky Long, MSW, and Laurie Aloisio, RN pose with patient as part of the We Honor Veterans Pinning Ceremony, after he was presented with his pin and certificate of appreciation for his time serving his country.



# INCREASING THE NUMBER OF CERTIFIED OPERATING ROOM NURSES

By Rosemarie Varner, RN, BSN, CNOR

The journey to increase the number of certified operating room nurses at UC Davis began innocently one day when I was surfing the Competency and Credentialing Institute (CCI) Certified Nurse, Operating Room (CNOR) website and stumbled upon the "Take 2 Program". The program allows nurses to take the CNOR exam twice while only paying for it one time and at a discounted price if the facility joins the program. Coming from prior Magnet Hospitals, I knew that acquiring more certified nurses was essential for recognition of competency in our specialty. Therefore, I presented the program to our management team and volunteered to take on the program as the CNOR Facility Administrator. We started the one year contract in October 2014.



My goal is to double our current number of certified RNs. We have a pool of 132 RNs, 37 of which were certified prior to the launch of this program. I advertised the program to our operating room (OR) staff via email, put up some "Take 2 program" fliers, advertised upcoming CCI sponsored prep and review courses in our area as well as the virtual ones, as they come up. I schedule and host monthly on-site study groups on Saturday mornings and provide study materials that the nurses can borrow. I have helped the nurses through the application process, verify completeness and submit completed applications. After successful submission, I help them schedule their tests. I am basically the UC Davis CNOR concierge!

This process has worked very well, and the outcome has been amazing. We began with only three nurses, and now I have successfully recruited 19 applicants only four months into the program, with more and more taking advantage of the program on a monthly basis. On average, I submit anywhere from two to four additional applications per month. At this rate we can possibly double the number of certified nurses in our unit by the end of the contract. As of February 2015, seven out of seven nurses who have taken the exam have successfully passed it, with more to come! I am currently working on applying for a CCI \$3,000 Grant for UC Davis to help fund this program and perhaps help create a more formalized program for the operating room.



Rosemarie Varner,  
RN, BSN, CNOR

# FOR THE ADVANCEMENT OF NURSING

By Jonathan Lee, RN, BSN, CCRN

Clinical Nurse II, Tower 8, Transplant/Metabolic Secretary, American Assembly for Men in Nursing

In the 21st century, our role as nurses is as important as it has ever been, if not more so. Yet on a regular basis, we encounter language and imagery that belies and subtly invalidates our importance and the importance of our profession. These words and images negatively influence the world's perception of nurses and nursing, undermining our mission to better health and health care. In my role as secretary of the American Assembly for Men in Nursing (AAMN), I have focused on advancing how we envision the nursing profession to realize its full potential in creating a healthier future.

# UPDATES IN NEUROSCIENCE NURSING

Christi DeLemos, MS, RN, ACNP-c

Nurse Practitioner, Department of Neurological Surgery President, World Federation of Neuroscience Nurses



Christi DeLemos, MS, RN, ACNP-c

The diagnosis and management of many neurologic diseases still rely primarily on neurologic examination.

UC Davis Nurse Practitioner, Christi DeLemos, is leading the way to teach good neuro assessment skills internationally. As President

of the World Federation of Neuroscience Nurses (WFNN), she is working with neurosurgery faculty to develop a teaching video with translation into numerous languages. "It is our hope that this project will result in better care for neurological patients across the



Throughout recorded history and around the world, nurses and their forerunners have played a crucial role in saving lives and promoting health. On the Transplant/Metabolic unit at UC Davis Medical Center, where I work, the importance of the nurse's knowledge, compassion, critical thinking, and clinical judgment remains apparent in the care of our transplant patients. For the first 24 hours after surgery, the patient's physiologic condition is complex and precarious. Electrolyte imbalances and fluid shifts place transplant patients at high risk for dangerous and potentially deadly cardiac arrhythmias as well as damage to their newly transplanted organs. The combination of surgery, immunosuppression to protect a transplanted organ, and the biological hazards of medical equipment and the hospital environment carries the risk of devastating consequences should a patient develop an infection. These are just a few of the elements a nurse must manage

while also mobilizing the patient to reduce complications and improve healing as well as conducting life-changing patient education with the patient and their support structure to optimize the patient's recovery and health after discharge. The same skill and composure under pressure are practiced every day by nurses in every setting around the world.

While the importance and competence of the modern nurse is apparent, we have all experienced the ubiquity of subtly, and sometimes not so subtly, derogatory remarks or imagery about us and our profession. We have all heard the comment that someone is "just" a nurse or perhaps the purportedly complimentary "You're too smart to be a nurse"; as if being a nurse were a trifling matter or did not require exceptional intelligence. Gender-specific language when referring to nurses

assumes that professionalism is somehow gender-specific, a concept that has long since been systematically proven false in virtually every other profession. Many icons that supposedly indicate nursing still use a hat with long, flowing hair; a curiously obsolete icon for a modern health profession. Male and female nurses are sexualized and disparaged in everything from stock photos to television shows and movies; a questionable expectation for the population to have of the professionals responsible for the care, safety, and education of patients. Together, these words and images enforce the fiction that nursing is a lesser profession or not even a profession at all. Given nursing's



“There is tremendous opportunity to engage nurses across the world and to help develop bedside skills that will affect patient care long after my presidency ends.

*said DeLemos*

world.” said DeLemos. The video project was completed with input from member nations of the WFNN and through collaboration with the University of Utah. It was slated for release in May of 2015.

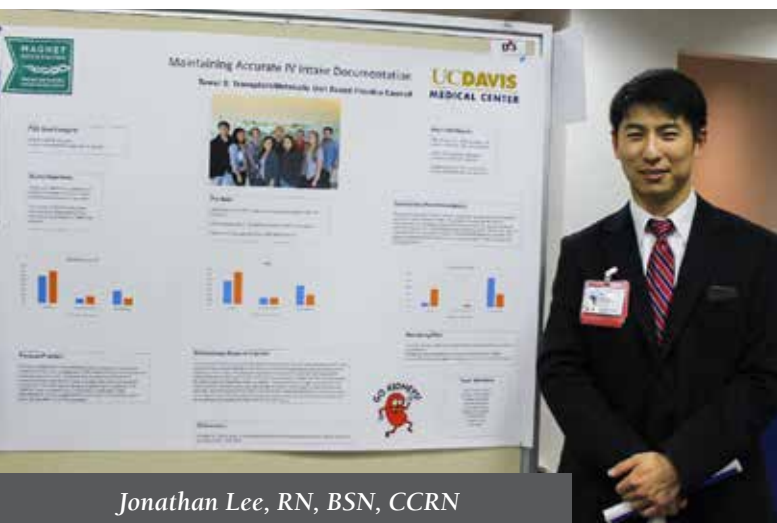
The WFNN is an 8,000 member non-profit international nursing organization dedicated to the promotion of the specialty of neuroscience nursing. DeLemos is working towards taking the WFNN to the next level using mobile technology. “The mobile learning environment represents a real opportunity to increase organizational visibility and engage our membership through online and mobile learning opportunities.” In 2008, more than a million students enrolled in courses through an on-line learning environment and the number enrolled grew by 65% in the two years between 2003 and 2005.

Under DeLemos's leadership, the WFNN has launched a mobile phone application and revised their website to more closely embrace the idea of an open on-line learning environment. The mobile app “Neuroscience Nurse” provides quick reference to important topics such as traumatic brain injury, stroke, seizure disorders, pediatrics and more. The free app is available for download on the app store and google play. Updates to the WFNN website offer improved access to online learning with plans for video based learning and webinars in 2016.

Another strategic goal for 2015 is to connect nursing leaders globally through educational offerings. UC Davis Department of Neurological Surgery will partner with the WFNN to host the first International Neuroscience Nurses Symposium that will connect nursing leaders from the United States, Canada, Australia and Europe to educate nurses from across the world and foster collaborative working relationships. The two-day conference scheduled on September 25th and 26th at UC Davis, will cover important nursing education topics such as neuro-anatomy, neuro-assessment, introduction to neuro imaging, neuro-monitoring and a variety of disease based topics.



immeasurable value and influence and the critical role it has in health care, failure to elevate its image subverts its ability to forge a healthier future.



*Jonathan Lee, RN, BSN, CCRN*

Just as some words and images can harm nursing professionals and the profession as a whole, different words and images can heal. At AAMN, nurses are never described as “just” nurses. Being a nurse has never been easy, and in modern times, it carries all the dedication, responsibility, education, expertise, and compassion it takes to be a nurse. One of our objectives is to show the public that the nursing profession needs critical thinkers, leaders, visionaries, and the best the world has to offer. With increasingly complex care in increasingly austere environments, nursing needs the best and brightest to adapt to and overcome the challenges

posed by modern health care. In writing, we are also careful at AAMN to use gender-neutral language. Anyone can have the empathy, aptitude, perseverance, and courage to be a nurse, and something as simple as using the right pronouns can go a long way to changing everyone’s preconceived notions of nurses. When screening images, archaic icons like the hat are prohibited. A stethoscope or syringe is acceptable and is much more useful as part of a nurse’s toolkit. Photos are selected for their representation of nurses of diverse gender and ethnic identities and for professional depictions of nursing.

Changing the perception of nursing is a fundamental aspect of AAMN’s 20x20: Choose Nursing recruitment initiative. Our objective is to increase male enrollment in nursing programs to 20% by the year 2020. Like any change, it is a process. To increase male enrollment, we need to show not only men, but their friends, families, and mentors that nursing is a valid and respectable profession for anyone. With more balanced enrollment, the gender gap in nursing narrows, bringing us closer to the gender parity that is necessary in any profession. This elevates nursing and facilitates its role in helping people live healthier lives. In the past few years, AAMN has undergone a restructuring, and as secretary, I am responsible for revamping our communications strategy to broaden the impact of healing words and imagery. Fighting against centuries of established misconceptions is difficult, and our impact has yet to be felt widely. But with every patient who is reassured by the unshakeable professionalism of a nurse, every student who sees an inclusive image of nurses and can see themselves in the nurses’ shoes, and every person who is jarred to thoughtfulness by words and images that deny the false perceptions of our profession, nursing has taken a step forward in building a healthier future.

## AMERICAN NURSE CREDENTIALING CENTER (ANCC) MAGNET CONFERENCE

### DALLAS, TEXAS

More than 7,000 nurses including frontline nurses, nurse managers and nurse executives from top hospitals across the nation and around the world gathered at the annual American Nurse Credentialing Center (ANCC) Magnet Conference held October 8-10, 2014 in Dallas, Texas. This is the official annual conference of the prestigious Magnet Recognition Program®, serving as both a celebration of accomplishment for newly designated Magnet® organizations and a showcase of best nursing practices for

the Magnet community. Only about 7% of hospitals across the United States achieve Magnet® designation.

UC Davis Medical Center was recognized amongst other newly designated and redesignated Magnet® hospitals at an exciting and energizing evening celebration. The annual Magnet® conference is an opportunity to network with and learn from other Magnet® nurses and organizations. While our nurses were able to hear many

new best practice initiatives and the newest advances in nursing quality improvements from the world’s best hospitals, UC Davis nurses validated that we are leaders in best practices as many practices were currently already occurring here.

Ambulatory nurses Nancy Badaracco, RN, MSN, NEA-BC, Becca Billing, RN-BC, BSN, Marianne Ciavarella, RN, BSN, CRNI, COS-C, Katy Suggett, RN, BSN, CHFN and Christine Fonseca, RN, BSN, OCN

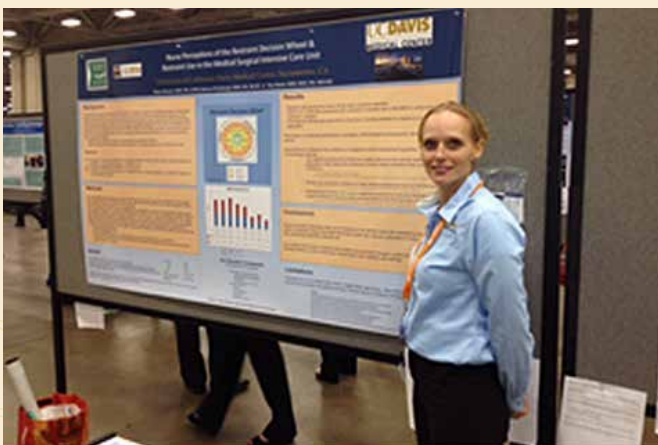
were invited to deliver a podium presentation titled, *Creating a Dynamic Ambulatory Nursing Governance Council: Conceptual Framework to Culture Change*, that highlighted the implementation of professional governance in the ambulatory areas at UC Davis, along with lessons learned and future plans. The presentation was well attended and enthusiastically received. Many organizations shared the difficulties they had implementing in their ambulatory area and our outstanding ambulatory nurses were able to provide very helpful solutions.



Ambulatory nurses left to right: Nancy Badaracco, Becca Billing, Marianne Ciavarella, Katy Suggett, and Christine Fonseca

### Three poster presentations were accepted from UC Davis:

Stacy Hevener, RN, MSN, CCRN poster titled, *Nurse Perceptions of the Restraint Decision Wheel and Restraint Use in the Medical/Surgical Intensive Care Unit*, shared how nurses, with the assistance of a decision support tool, are able to decrease their use of restraints while still maintaining the safety of the patient.



Ellen Kissinger, RN-BC, MSN, NE-BC poster titled, *A Structure that Empowers Unit-Based Practice Councils to Breakdown Silos and Share Best Practices*, focused on the Nurse Practice Council All Here Day. Having a forum where all unit based practice councils can network and collaborate, breaks down silos, shares best practices and provides opportunities for staff growth and development.



Barbara Rickabaugh, RN, MSN, NE-BC, poster titled *Sharing Best Practices: Professional Governance Celebration*, shared how to plan and provide an annual Professional Governance Celebration where the innovations and work of each unit-based practice council is showcased through poster presentations.



## Sigma Theta Tau 25th International Nursing Research Congress

Hong Kong, China



Ron Ordon, RN, MSN, Patient Care Resources

Ron Ordon, RN, MSN of the Patient Care Resources (PCR) department was an attendee at Nursing in a Global Perspective: Sigma Theta Tau 25th International Nursing Research Congress, Hong Kong, China, July 24-28, 2014. Ron was immediately impressed with keynote speaker Stephanie Ferguson, PhD, RN, FAAN, Director of the International Council of Nurses who stated “developing countries face issues that include nearly insurmountable conditions, migration of nurses to developed countries, and lack of resources. Developed countries, on the other hand, face cuts in health care from

budget trimming cuts that especially affect nurses and midwives.” The reality of global economics and the contrast of medical care is still remarkable.

Ordon has an interest in elderly care and attended presentations on the care and safety of older patients. He found that all across the world, communities continue to address the challenges of caregiving for the older adult as the number of aging citizens increase. Many delegates from all over the world expressed their views that they face the same quagmire related to the aging population. It appears that falls in the elderly are challenges faced by both the east and the west and there are no quick fix answers.

Ordon presented a poster titled, Self-Governance Increases Staff Morale. The content of the poster “self-governance” drew attention from many delegates including Beijing, China. Conference attendees who reviewed the poster expressed interest in learning more approaches to maintaining or increasing morale and retention among their own constituents. Ordon also moderated four sessions: *Nursing Burnout*, *Healthcare Education for the Older Adult*, *Best Practices in Long Term Care Facilities* (presented by Nurse Researchers from Thailand, the United Kingdom and Australia) and the special session on *The Geriatric Nursing Leadership Academy: Outcomes Across the Care Continuum*.

There were 800 attendees from all over the world and 300 posters were presented. The thoughtful attention the posters received from attendees was in itself evidence of the importance of evidence-based nursing practice. It was an east-meets-west gathering of nursing scholars and researchers with each end of the globe presenting its own challenges and research in regards to the nursing work force. The research congress ended with the take away message: in the face of poverty, chronic disease and aging populations there are expanding roles for nurses, midwives, health care providers, and policymakers. To prepare for these roles nurses are expected to 1) maintain excellence 2) advocate for good health, equality, and justice 3) stay at the forefront of research 4) expand nursing education and 5) assume leadership roles.



International Neonatology Association Conference Helsinki, Finland

## The Different Faces of Pertussis

By Kimberly Mason, RN, BSN

Nurses are regarded as experts by their patients and it is challenging to be an expert in every aspect of health care. I remember the day that I had a small child admitted to the Pediatric Intensive Care Unit with the diagnosis of pertussis. This child fought for his life struggling with extracorporeal life support (ECMO), ventilators and multiple central lines. I kept thinking to myself, how could this happen, I know there is a vaccine for pertussis and this is a preventable disease. My focus became to educate as many people as feasible. I submitted an abstract and was subsequently invited to present in Spain, Finland and Arizona. The reemergence of pertussis is hindering our advancements in medicine. Preventing pain, suffering, increased morbidity and mortality is critical. There have been over 48,000 cases of pertussis reported in the United States in 2012, which is the most reported since 1955. This year there have been over 10,000 cases reported just in the state of California. There is strong motivation and initiation to save our children and to encourage parents and individuals providing care to children to get their vaccine and educate as many people as possible. Through presenting in Finland I have been accepted to publish an article on pertussis in the United Kingdom. I have high expectations that nurses will continue to recommend the TDAP vaccine to parents prior to going home with their infants. As a nation and world leaders we can stop the progression that pertussis has made. I have been invited to do an oral presentation in San Diego through the American Association of Critical Care Nurses at the National Teaching Institute in 2015. I hope to see everyone there. With your help I know that together we can fight this battle and win the war to eradicate pertussis. So please recommend that your parents and patients who are old enough get the vaccine, and save the life of an infant.



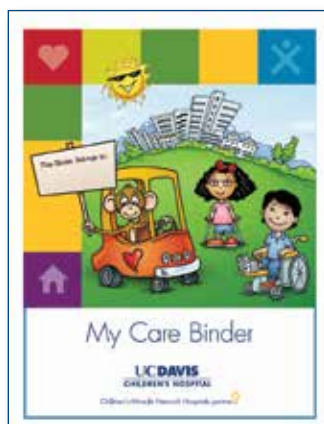
# PEDIATRIC NURSING CONFERENCE

## National Harbor, Maryland

Clinical Resource Nurse Stacey Salvato, RN, BSN who works on Davis 7 Pediatrics, received third place for her clinical care poster at last year's 30th annual Pediatric Nursing Conference held in National Harbor, Maryland in August.

Her award winning poster focused on the development and implementation of a family care binder. A "care binder" is available to families with chronically ill, medically fragile children with complex healthcare needs, developmental and/or behavioral conditions requiring healthcare services. Families utilize the binders to track vital information, including progress of their condition, medications, feeding schedules, appointments and procedures. "Care binders" are a three ring notebook with pre-printed pages to provide a tool for families to organize and access pertinent information.

The unit-based project initially began with a vision to provide a tool for families to organize and access pertinent information that they had acquired during their child's hospitalization, and to facilitate continuity of their child's care when navigating healthcare services after hospital discharge. This project met the health system goal to provide family-centered care and strengthen communication between patients and providers.



The "care binder" project started through donations of binders, and printing of existing templates published on the web. Providing binders to families became an expected practice, and when the supply of binders was exhausted, a sustainable system was developed. A Children's Miracle Network grant was awarded for this project which included the design of specialized templates and an initial supply of binders and dividers. The templates were designed to be applicable in all areas of the children's hospital.

To allow families access to additional pages, the UC Davis Children's Hospital website has additional preprinted pages available to download.



Stacey Salvato stands with her award winning poster at the 30th annual Pediatric Nursing Conference in National Harbor, Maryland.

## CARE OF PSYCHIATRIC PATIENTS IN THE EMERGENCY DEPARTMENT

In October 2009, mental health services available through Sacramento County were cut dramatically. As a result, patients who would have received treatment in those locations began presenting to emergency departments. In the twelve months following cuts to services offered by Sacramento County, the number of daily psychiatry consults in the emergency department (ED) more than doubled compared to the previous twelve months. The average ED length of stay for these patients increased by more than 5 hours (5 hours 18 minutes).

Caring for this vulnerable population in the ED requires innovative solutions to ensure safety of these patients until they can be transferred to appropriate inpatient mental health facilities. The UC Davis Department of Emergency Medicine implemented a "Care of the Mental Health Patient" program in an effort to provide appropriate medical care as well as harm reduction strategies for these patients while they board in the ED. These strategies have resulted in improved patient and staff safety, a reduction of patient elopements, and improved quality of medical care for these patients.

### ACTIONS:

- » All patients are assessed for suicide risk upon arrival to the ED. If they are determined to be at risk, a Psychiatric Emergency Services (PES) consult is immediately requested and the patient is kept in close proximity and visible to the triage nurse until a treatment room is available.
- » All ED psych patients are triaged as "orange" (urgent) in an effort to have them seen by the ED MD as soon as possible.
- » A sitter request for all ED 5150 patients was implemented.
- » 5150 patients in treatment rooms are kept visible at all times (i.e. curtain open, doors open).

- » Treatment rooms for all suicidal patients are stripped of all medical equipment for their safety.
- » A visual cue indicating that a patient is being evaluated for psychiatric illness is placed outside each 5150 room notifying all staff to check this patient for safety concerns.
- » Alternate colored patient gowns are worn by patients who are identified as being at risk for suicide.
- » Psychiatric technicians from an outside agency are being used to provide appropriate psychiatric care for these patients.
- » A “Code Elopement” process was developed and implemented.
- » ED staff education was provided for all nursing staff focusing on patients with borderline personality disorders.
- » An EMR “FYI” notification was developed to make all staff aware of potentially suicidal or volatile patients.

## THE POWER OF THE FROZEN PILLOWCASE

By Michelle Kim RN, BSN, CCRN, ANII, PACU and CSC

### *Preparing and calming a young patient for surgery*



A young girl walks into the Children's Surgery Center (CSC) very scared. She was in a car accident and had facial deformities making her very subconscious of her appearance. She was resistant to care until she walked into the preoperative area and saw what was on her gurney. Waiting for her, chosen by the CSC nurse's prior to her arrival, was a Frozen pillowcase with a matching blanket. Her demeanor immediately changed. Her fears disappeared and she was ready for her surgery. Even though this was the middle of summer and the CSC area can get very warm, she insisted on keeping the blanket on her in the postoperative area.

I started making pillowcases about 2 years ago. It was meant to be a short term community service project that has now evolved into a long term commitment for the children's comfort. To date, we have made over 3,400 pillowcases, enough for every child who comes to the CSC to receive the special gift. I have recruited sewers, such as my friend Marilyn who is retired and looks at me with tears in her eyes saying making pillowcases gives her a purpose in life again. Because she is living on retirement income, I provide the fabric for her and this year alone she has made 500 pillowcases. PACU staff now routinely give me fabric (it only takes one yard to make a pillowcase) to help with this project. I hit all the sales and sometimes find remnants of fleece to make matching blankets. I have emailed corporations looking for donations and found a quilting website that has a one million pillowcase challenge, counting donations of pillowcases for many different charities. I provided my pillowcase total and was able to add our hospital to the donation list. They published my story on their website and since then I have received completed pillowcases from all over the United States, even some from New York City! I coordinate sewing times at my local Joann's fabric store, which usually produces 100 pillowcases in 3 hours.

Every day there are looks of disbelief when the child and the parent are told they get to keep their pillow. Many of the families who come in for surgery do not have much. Receiving the pillow and sometimes a matching blanket is a wonderful gift that can make them feel at home. There are countless stories of children receiving their pillowcases; especially the popular Frozen ones, never letting them leave their side and carrying it with them everywhere even after leaving the hospital. Children who are scared to walk into the surgery center, even to let the nurses take their temperature, will open up and allow care to be given just by seeing the pillowcase on their gurney.

A young boy who had been adopted from China had a condition that required frequent outpatient surgeries. He had received a pillowcase with his first surgery and insisted on bringing it in with him for all of his subsequent surgeries. He was offered another pillowcase but really liked his first one and did not want to take any away from other children. When he came in for his final surgery, he was scared because while this one would be the final fix, he had to spend the night in the hospital and it wasn't what he was used to. For his final surgery, the nurses had a special gift waiting for him. He had an Olaf pillowcase with a matching blanket. He was so happy and all of his fears of staying the night went away.

The pillowcase is a powerful thing. Giving something so simple can take away so many fears and provide such happiness. A simple community service project has blossomed into something that changes lives of children and the lives of those of us who make them.



# PERFORMANCE IMPROVEMENT

## HOSPITAL ACQUIRED PRESSURE ULCERS

A decrease in the rate of hospital acquired pressure ulcers (HAPU) has earned a Performance Excellence Award from the Collaborative Alliance for Nursing Outcomes (CALNOC). The University Healthsystem Consortium (UHC) has designated a level of lower than 1.1% as a rate that's within the top quartile of all hospitals.

This has been accomplished through the use of a multidisciplinary team to promote prevention, and changes in hospital policy. The Skin Wound Assessment-Treatment (SWA-T) team consists of physicians, nurse practitioners, wound certified RNs, physical therapists, and a dietician. The initial goal of the team was to reduce the incidence of HAPU to 2% or less through improved communication/documentation, education, and continuity of care. This goal was achieved in 2011 and has been maintained for 2014 YTD.

The SWA-T team is now focusing on decreasing the number of HAPU that must be reported to the state of California, i.e. Stage III, Stage IV, and unstageable pressure ulcers. It has also identified opportunities for improvement in early pressure ulcer prevention in the perioperative areas. In order to continue to maintain our very low rates of HAPU, the following strategies have been implemented:

- » Incorporated a feedback process between the SWA-T Team and the Perioperative Performance Safety and Quality Improvement Team that enables tracking of operating room (OR) acquired pressure ulcers. All surgical patients who have developed HAPUs have had a root cause analysis performed and results were shared with the Perioperative Performance Safety and Quality Improvement Team for shared learning.
- » Collaboration in a research project with perioperative services where data was collected on 50 subjects mapping pressure redistribution on 4 different OR surfaces, with an aim of finding the best OR surface to redistribute pressure during prolonged OR procedures.

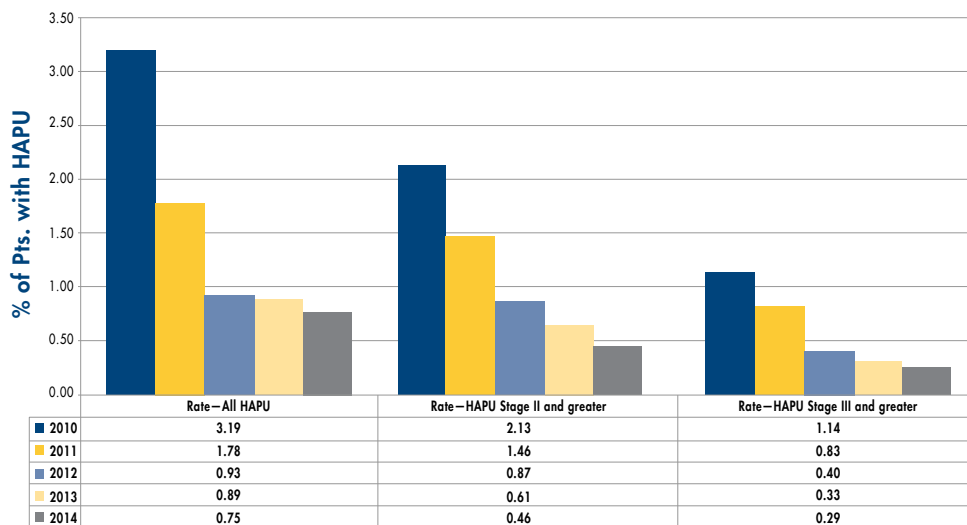


**MEMBERS OF THE WOUND CARE TEAM** Left to right standing: Patrick Batad, Brett Baker, Holly Kirkland Walsh, Bo Vang-Yang, Oleg Teleten, Veronica Marquez, Kelly Barry, Ilona Pogany, Jameel Hall, Jonathon Reinaldo and Kim Wong. Left to right kneeling: Nate Rawnsley, Dusti Stewart and Marcus Christian.

- » The SWA-T team received two grants from the Children's Miracle Network. The first grant received was used to purchase a Dolphin mattress to be used in prolonged OR procedures. This mattress simulates fluid immersion, reducing pressure related injuries. The second grant received will be used to rent an Ultrasonic Mist device to treat Deep Tissue Injuries with the aim of preventing further skin necrosis.

As you can see in the graph below, there continues to be less than 2% of patients at UC Davis with HAPUs.

### HOSPITAL ACQUIRED PRESSURE ULCERS





# FALLS REDUCTION

The Joint Commission and other regulatory agencies require fall prevention programs, including assessment of falls, interventions to reduce falls and an evaluation of fall reduction activities. Inpatient falls can also cause injury contributing to extended length of stay and increased treatment costs. Despite previous fall initiatives, not all inpatient units have outperformed or are below the National Database of Nursing Quality Indicators (NDNQI) benchmark. The Falls Reduction Committee, consisting of representatives from patient care services, pharmacy, nurse managers, clinical nurses, staffing, physical and occupational therapy, lift team, nursing research and the magnet

coordinator strive to reach a fall rate that outperforms the NDNQI mean to decrease the overall fall number and severity of falls.

One of many strategies implemented is the Fall Prevention Volunteer program. This was initially started in Davis 12, East 6, and Tower 4. The trained volunteers visit the rooms of high risk patients, talk with them regarding fall prevention and safety, provide the Falls Brochure and video and ensure that the protocols and interventions are being followed. In collaboration with Volunteer Services, by the end of 2014 all 3 units have been staffed with volunteers that round a minimum of three days per week,

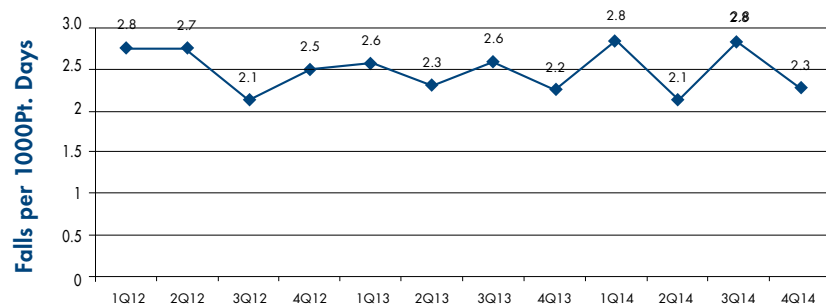
four hours per day.

## OTHER FALL PREVENTION STRATEGIES INCLUDE:

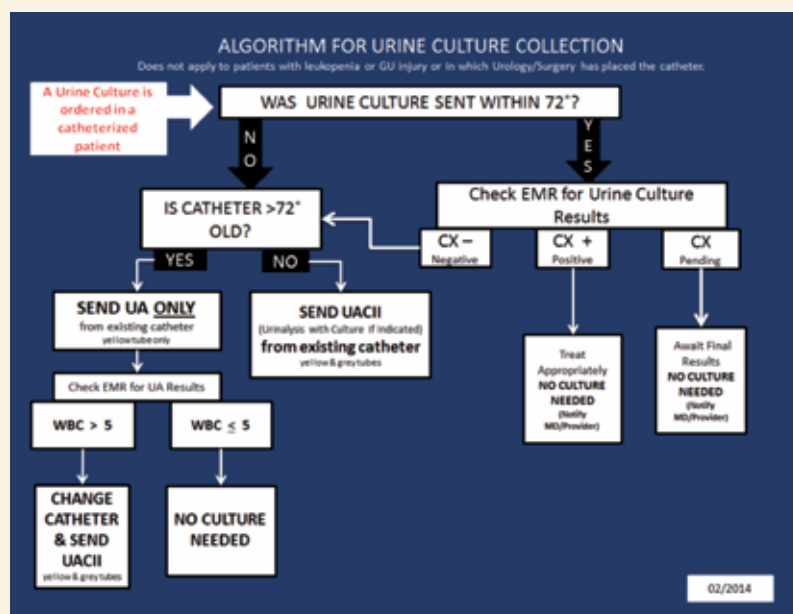
- » Intentional rounding to perform audits with results that demonstrated a decrease in the fall rate. It was noted that the majority of falls took place between 0400 and 0800, with peaks at other times.
- » The Center for Professional Practice of Nursing has created the class, "Falls-Keeping Your Patient Safe".
- » Pharmacy continues to review Incident Reports to determine if correlation exists between falls and medication effects.
- » Presentations of fall rates occur monthly in Patient Care Services (PCS) Council to increase awareness.
- » Unit Based Practice Councils continue to focus on falls as a clinical indicator to improve if their unit is not outperforming the associated benchmark.

Maintaining or decreasing our rate of falls has been challenging. With the implementation of our Fall Prevention Volunteer program, we hope to have an improvement in our overall fall rate for 2015.

**UCDMC INPATIENT FALL RATE BY QUARTER (INCLUDING PEDS)**



# PREVENTION OF CATHETER ASSOCIATED URINARY TRACT INFECTIONS



In 2014, the Catheter Associated Urinary Tract Infections (CAUTI) committee redoubled its efforts to prevent CAUTI in patients by reviewing and integrating newly released guidelines from The Society for Healthcare Epidemiology of America (SHEA) and Infectious Disease of America for Strategies (IDSA) to prevent CAUTI. The goals for this committee are to outperform the mean of a nationally established benchmark as evidenced by greater than 51% of the reporting units outperforming at least 5 of the previous 8 calendar year quarters for CAUTI.

In order to accomplish this goal, the urine culture algorithm, which has been in practice in the ICUs since 2013, was piloted in D11. Also, nursing collaborated with laboratory staff to align processes with the urinalysis WBC values. The Quality and Safety Nurse Champions continue to provide daily monitoring for CAUTI bundle compliance.



# PREVENTION OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS

The IV Resource Committee, for several years, has been dedicated to preventing central line infections. In 2014, the committee has been aggressively pursuing the prevention of this type of infection by decreasing device days, promoting better maintenance practices and early catheter removal.

The IV Resource Committee's goal for 2014 was to decrease central line associated blood stream infections (CLABSI) rates by 5% in the acute care and ICU areas and ultimately to have CLABSI rates outperform the mean of a nationally established benchmark as evidenced by greater than 51% of the reporting units outperforming at least 5 of the previous 8 calendar year quarters. This is to be reached by:

- » Continued use of alcohol impregnated caps (Swabcaps)
- » Quarterly audits
- » "Walk the Line" UC Learning module completed by all nursing bedside staff
- » Quarterly point prevalence survey by Biopatch representatives for peripheral IVs and central lines

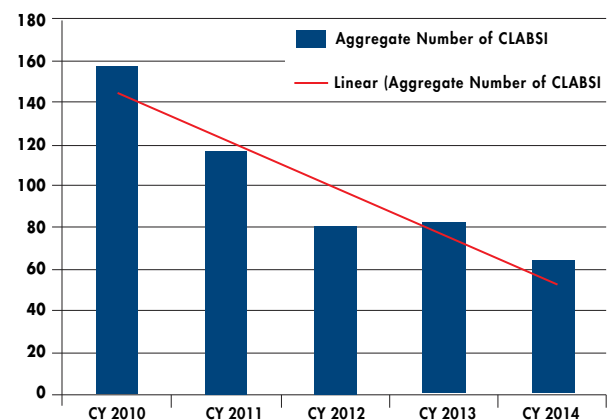
The IV Resource Committee also performs monthly audits for maintenance of venous access catheters which include:

- » Labeling of IV tubing sets and solutions

- » Condition of catheter sites
- » Management of disconnected tubing
- » Use of Swabcaps for the tubing injection ports

For 2014, we have had our lowest total number of CLABSIs, and we hope to maintain this progress through the efforts of the IV Resource Committee.

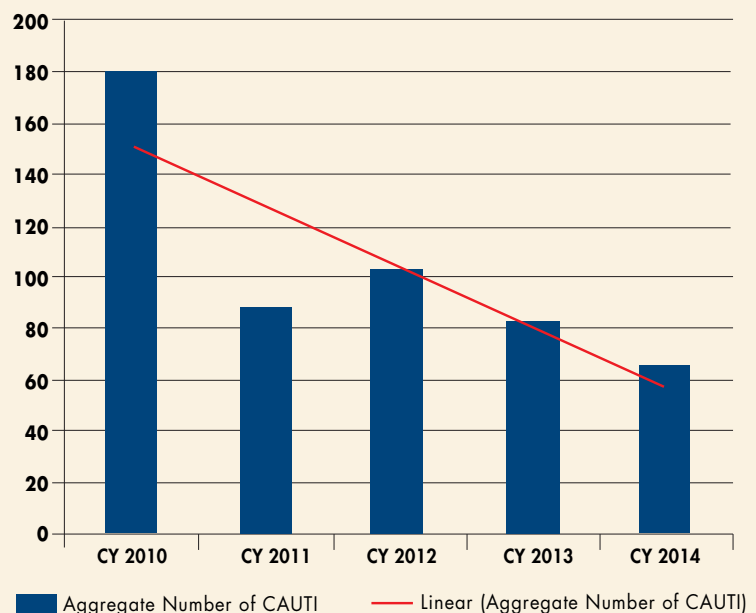
## AGGREGATE NUMBER OF CLABSI



## AGGREGATE NUMBER OF CAUTI

Plans for 2015 include revising the policy and procedures, providing comprehensive education to both nurses and physicians, rolling out the urine culture algorithm to the acute care units, development of order sets, and improvement in documentation that will allow for in-depth root cause analysis for infections.

As seen on the right, UC Davis has had an overall decrease in CAUTI.



# COLLABORATING TO REDUCE PRESSURE RELATED PATIENT INJURIES AT UC DAVIS MEDICAL CENTER

In the winter of 2011, the wound care team identified a common thread in their reportable pressure ulcer patients, all but one of them had made at least one trip to the operating room (OR). Sensing an opportunity to improve patient outcomes, the wound care team approached perioperative leadership to inquire about pressure ulcer prevention measures in the OR. Like many ORs across the country, the OR staff had not considered the role they may play in pressure ulcer development, considering pressure ulcers more of a long term care concern. In addition, the damage resulting from pressure injuries is cumulative and may not present itself for several days, long after patients had left the OR. Since the OR had previously not received feedback when pressure ulcers did develop, the OR staff were unaware of the role they could be playing. Through education and collaboration with the wound care nurses, OR staff awareness of this problem was increased. They were given access to new tools to help reduce pressure injuries and they were reminded of the importance of documenting patient's skin assessments, pressure ulcer risk, and nursing interventions.

News of the good work being done at UC Davis has spread to other campuses. The OR has shared their best practices for preventing pressure related injuries with other hospitals. Several UCSF OR nurses and wound care team members came to visit and see the efforts first-hand. The OR unit-based practice council reported their progress in a poster at the Professional Governance Day celebration.

In addition, the collaboration between UC

Davis wound care and perioperative nurses was highlighted in a presentation at the Association of Operating Room Nurses (AORN) Surgical Conference and Expo in Denver in March 2015. A pressure mapping study of OR mattresses used at UC Davis, that was conducted by the wound care team

with the participation of perioperative staff, has been accepted for publication by the AORN Journal and will be available later in 2015.




**WAFFLE® Seat Cushions**

- Pre-inflated for easy use.
- Weight Capacity: 218 - 300lbs. 240 - 700lbs.
- Multiple uses and applications.
- Easy cleaning with soap and water or your facility's germicidal.
- 100% Antimicrobial and Latex Free
- Cushion can go home with the patient.












**EHOB®** 250 N. Belmont Ave. • Indianapolis, IN 46222 • 800.965.3482 • [www.ehob.com](http://www.ehob.com)

*A poster was made to showcase OR nurses and the innovative ways they use Waffle Cushions in the operating rooms to protect their patients from pressure related injuries.*

# UC DAVIS CANCER CARE NETWORK

## UC DAVIS ONCOLOGY NURSES MENTOR COLLEAGUES IN CANCER CARE NETWORK

The UC Davis Cancer Care Network mission is to share knowledge with the staff in cancer centers that affiliate with UC Davis. This year knowledge sharing occurred through several mentoring experiences with nurses traveling from sites such as Merced, Truckee, Bakersfield, and Marysville to spend time at the UC Davis Comprehensive Cancer Center and learn best practices from experienced oncology nurses.

**Mentoring in Role Development:** Patsy Curneil, an experienced inpatient nurse at Rideout Medical Center transitioned to a new role as radiation nurse in the cancer center. With a limited oncology background Patsy spent three days in the UC Davis Department of Radiation Oncology learning the role of the radiation nurse under the mentorship of certified radiation nurses Susan Lentz, RN, Jean Courquin, RN, BSN and Esther Vazquez, RN, BSN. The mentoring continues with phone calls and communication in developing the role, learning best practices, and support when questions and issues arise. Patients benefit when the nurses coordinate care for mutual radiation patients.

**Mentoring in Leadership:** Rose Miranda was new to her role as lead nurse in the Mercy UC Davis Cancer Center in Merced and wanted mentoring in becoming a leader for her team. Rose spent a few days with Devon Trower, RN, BSN, ONC, ANII, Cancer Center Clinics and Christine Fonseca, RN, BSN, ONC, ANII, Adult Infusion Center learning about scheduling, process flow, and acuity.



Left to right: Devon Trower and Christine Fonseca mentor Rose Miranda, Mercy UC Davis Cancer Center, Merced, in the lead nurse role in oncology.

## VASCULAR ACCESS CLASS HEADS TO MERCED

With a trunk full of mannequin arms and port-a-cath models, Christine Fonseca, RN, BSN, OCN, ANII, Adult Infusion Center and Terri Wolf, RN, MS, OCN, Nursing and Quality Coordinator for the Cancer Care Network headed to Merced in November to provide a 4-hour course on Vascular Access for inpatient nurses and oncology nurses in the Mercy UC Davis Cancer Center. The course included

instruction on the types of vascular access devices used in cancer patients as well as management, complications, and dressing changes.

## CONNECTING OVER VIDEO CONFERENCE

UC Davis and Cancer Care Network nurses advanced their oncology education with quarterly video conferences in 2014. A committee of network nurses planned the sessions which were “broadcast” from the UC Davis Comprehensive Cancer Center breakout room. The topics for 2014 included: Peripheral Neuropathy Related to Chemotherapy (presentation by Patricia Palmer, AOCNS, Clinical Nurse Educator, Davis 8), ONS 2014 Annual Congress Update, and Nutrition in Oncology (presented by Kathy Newman, RD, CSO, UC Davis Certified Oncology Dietitian).



On the left, Patsy Curneil, Rideout Cancer Center, Marysville reviews a radiation treatment for breast cancer with UC Davis Radiation Oncology nurse Susan Lentz as part of a three-day One-on-One Mentoring Program from the UC Davis Cancer Care Network.



Left to right front row: UC Davis Adult Infusion nurses Mylene Colendres, RN, BSN, and Raisa Umanets, RN, work with Jane Finn, Tahoe Forest Cancer Center, Truckee (center back) and Aries Santos, AIS Cancer Center Bakersfield (back right) on a chemotherapy emergency simulation in the Center for Virtual Care during a UC Davis Adult Infusion and Cancer Care Network collaborative event.



Christine Fonseca demonstrates port placement during a Vascular Access class at Mercy UC Davis Cancer Center in Merced. The course was designed to increase the knowledge of caring for oncology patients in the inpatient and outpatient setting.



# NEWLY GRADUATED NURSE RESIDENTS HIRED INTO THE FLOAT POOL

Back in winter of 2013 and through the 2014 year, the Patient Care Resources (PCR) department implemented a new staffing program with nurse residents working in a float pool capacity. Over this time frame 18 nurse residents were hired and started their careers in the PCR department. The program was established with the goals of supporting Patient Care Services (PCS) division by supplying an additional pool of nurse residents available to hire into vacant positions in between new graduate cohorts and also to provide short term staffing support. PCR identified subsets of units within the acute care and the critical care float pools where nurse residents could be orientated and then float and work once orientation was completed. The critical care units that participated were the Medical ICU and the Medical Surgical ICU. The acute care units that participated were Davis 11, Davis 12, Davis 14, East 4, East 8, and Tower 4. Five of the nurses were hired into the critical care float pool and 12 were hired into the acute care float pool. The success of these nurses is contributed to; the preceptors, the nurse coordinator from PCR department, Heather Jones, RN, BSN, the supervisors from all departments that participated and the commitment from the nurse residents themselves.

These nurse residents have demonstrated that a new graduate nurse can be successful in a float pool position and that through

this challenge they have been supported and continued their growth as new nurses. In January 2015, 6 of the 14 remain within the PCR department floating and caring for independent patient assignments. These nurses have successfully completed orientation and moved to independent nursing care of patients. They support PCS division daily with short staffing needs and also have provided long term staffing needs by taking a short assignment on units to help with medical leaves. These nurses continue to flourish expanding their floating abilities to additional units.

Eight of the nurses were hired within PCS division. The following units have recruited and hired PCR nurse residents: East 8 (1), Davis 12 (2), MICU (2), MSICU (1), CTICU (1) and Tower 4 (1). These nurses identified that a positive aspect of their position was being able to explore the different clinical specialties of nursing and the nursing culture on units before selecting a home unit. There has been a cost savings identified with the onboarding process of PCR nurse residents into vacated positions on units based off the ability to move these nurses into these positions within a few days of being hired and eliminating overtime, training and orientating costs.



TOP PHOTO: Left to right, cohort 8 nurse residents: Eric Williams RN, BSN, Aidelaide Sit RN, BSN, Kristina Rodriguez RN, BSN, Emily Francke RN, BSN, and Michael Riggs, RN, BSN

LOWER LEFT PHOTO: Left to right, cohort 9 nurse residents: Marie Harvey, RN, BSN, Michael Bragonje, RN, BSN, and Ayan Jamal, RN, BSN

LOWER RIGHT PHOTO: Left to right, cohort 10 nurse residents: Rosa Stevens, RN, BSN, Harpreet Sihota, RN, BSN, and Kara Bock, RN, BSN





# STROKE EDUCATION

Stroke is the fourth leading cause of death in the United States with high percentages of patients experiencing recurrent strokes within the first 5 years of the initial event. It is, therefore, understandable that the Centers for Medicare and Medicaid Services (CMS) and Joint Commission have set new education documentation guidelines with aims to promote prevention. Not only is educating our stroke patient population an important aspect of nursing care, it is imperative for hospital reimbursement and accreditation by our governing agencies. Failure to document proper stroke education may cost the Health System up to 2% of all CMS reimbursement, approximately 6-8 million dollars annually, and also threatening our Stroke Center designation from the Joint Commission.

There is no doubt that nursing is doing an outstanding job educating our patients on stroke and prevention, however, it is time to take credit for it. Remember the adage; if it wasn't charted it wasn't done.

The NSICU Unit Based Practice Council (UBPC) saw it fit to educate our nurses on why, what and where to document our excellent care. The goal of our 2014 UBPC Stroke Project was to standardize stroke education documentation and improve charting compliance of stroke education to meet the CMS and Joint Commission requirements.

It is imperative that all patients with potential of being coded with an ICD-9 have STROKE added to their care plan. The NSICU UBPC has developed six dot phrases (with the prefix of .CVA) to assist our staff in completing stroke education documentation. This dot phrase is meant to be tailored to specific patient requirements. Furthermore, 2014 Joint Commission guidelines added a requirement for interactive stroke education. So NSICU developed a form on cardstock with stroke education specific to the patient. It is transferred with them and goes home with them.

## Joint Commission eight mandated education areas

1. Stroke signs and symptoms
2. 911 activation
3. Stroke risk factors-personalized to the patient
4. New medications related to stroke
5. Diagnostic tests related to stroke
6. Stroke resources
7. Discharge medications
8. Discharge physician follow up

## CMS eight required core measures

1. DVT prophylaxis
2. Tissue Plasminogen Activator (TPA)—if eligible to receive therapy
3. ASA by day 2 of treatment – ischemic stroke

4. Antiplatelet, ASA prescribed and started before discharge
5. Anticoagulant prescribed before discharge – if patient has atrial fibrillation
6. Statin prescribed before discharge
7. Patient education
  - » Must be provided in written format
  - » Ongoing throughout hospitalization
  - » Must be available in multiple languages
8. Rehabilitation assessment

Although it is a physician's responsibility to prescribe the appropriate medications during hospitalization and at discharge, Nursing must be familiar with core measures to ensure compliance and documentation standards are met.

The Stoke Project will be continuing throughout the 2015 UBPC year as it is a large undertaking and will have some faults to be worked out during the introductory phase. All nursing staff providing inpatient stroke care is encouraged to utilize the NSICU UBPC stroke education tools.

LEFT: East 5 Neuroscience nurses left to right: Rosa Asad, RN, Anita Garvey, RN, PhD., Mary Kohatsu, RN, BSN, Kellie Gallero, RN, BSN, and Cristina Robinson, RN, BSN

RIGHT: NSICU nurses, left to right: Samantha Benton, RN, BSN, Fe Manipula, RN, BSN, and Susan Luz, RN



# TOWER 8 NURSE RESIDENTS EVIDENCE-BASED PRACTICE PROJECT: PEDIATRIC TRANSITION OF CARE

Pediatric kidney transplantation is the preferred treatment for children with end stage renal disease. The most common indications for transplantation in children is focal segmental glomerular sclerosis, obstructive uropathy and renal developmental abnormalities. The most common post-transplant complications include: delayed graft function, acute rejection, vascular thrombosis, urologic complications, infectious complications, malignancy, and non-compliance. Addressing these potential complications immediately after transplantation can improve transplant outcomes and also enhance the quality of life for these patients. It is important to educate patients and their families in order to better outcomes when transitioning from the hospital to home.

In 2014, Tower 8 Transplant Unit Nurse Residents wanted to develop a patient centered pediatric discharge transition of care plan. An initial survey was administered to a multidisciplinary group of physicians, coordinators, nurse practitioners, and registered nurses assessing baseline knowledge regarding the care of pediatric kidney transplant patients. The results of the survey indicated inconsistent knowledge regarding pediatric transition of care among all practitioners. One hundred percent of practitioners believed additional teaching material was needed for pediatric transplant patients

Cheryl Patzer, RN, MSN AN II stands with T8 Nurse Resident graduates, Daryl Salinda, RN, BSN, Claudia Bustamante, RN, BSN, and Amara Altman RN, MSN, PHN

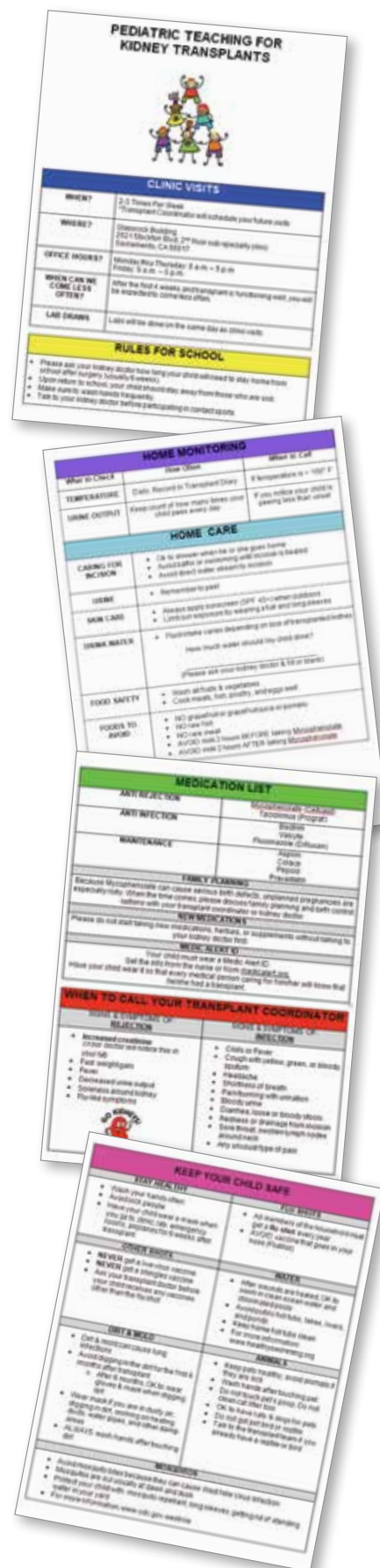


Amara Altman shares Pediatric Transition of Care project at Professional Governance celebration 2014

and their families. Feedback was received from practitioners throughout the care continuum. The nurse residents worked closely with the pediatric nephrologists and outpatient RN coordinator to establish an evidence-based educational tool to address gaps in practitioner knowledge and assist with education in the hospital setting prior to discharge. This laminated teaching handout, which is standardized and in low literacy format was distributed to Tower 8 and PICU, in November 2014, for nurses to give to all pediatric kidney transplant patients and their families. Education is now standardized and continuously reinforced by staff.

## Pediatric Teaching Tool for Kidney Transplants includes:

- » Clinic and Laboratory Information
- » Rules for School after Transplantation
- » Home Monitoring and Care
- » Food Safety and Hydration
- » Medications and Family Planning
- » Importance of Medic Alert ID
- » When to Call Transplant Coordinator
- » Signs and Symptoms of Rejection
- » General Health and Wellbeing





## SHERRI THOMAS, RN, INTERVENTIONAL RADIOLOGY NURSE COORDINATOR

Sherri Thomas has been an RN for over 24 years and for the past 13 years has worked in the radiology department at UC Davis. Sherri brings a wealth of radiology nursing knowledge and experience. She has shown initiative in advancing the role of radiology nurses within the hospital and has been successful in developing collaborative working relationships with other departments such as the PICC team, inpatient nursing units and the cancer center.

Three years ago the department identified a gap in coordination of care for interventional radiology (IR) patients and in looking at other system's roles a new position was created. In her new role as Interventional Radiology Nurse Coordinator, Sherri is responsible to provide patient education and nursing and physician staff education regarding IR procedures.

Before the IR nurse coordinator position was created, many patients would show up in the emergency room (ED) for drain and tube management and other non-emergent issues. Sherri is now a resource for those patients and since the creation of her new role, the rate of IR patients going to the ED for drain management has significantly dropped. Sherri also serves as an educational resource for all members of the medical center. She helps coordinate care between other teams and acts as a clinical resource for everyone from the scheduling department to physicians looking to manage patient care.

Sherri also maintains a data base of patients and ensures that follow up care is scheduled and carried out. She attends daily rounds with the IR team and provides complex patients with education and discharge instructions. Sherri helps bring forth new evidence-based findings and is presently working on a research project regarding sedation satisfaction in IR. Through research she is also helping to standardize care throughout radiology. Her responsibilities also include coordinating education sessions for radiology nurses and technicians.



## RISING NURSE LEADERS

### Developing Nurses to Lead Transformation at the Point of Care

The Rising Nurse Leader (RNL) programs vision is to sustain positive change at the point of care and build the next generation of nurse leaders. The program aims to provide clinical nurses with the skills, network and guidance they need to effectively lead and shape the future of nursing at UC Davis Health System. This group includes 47 clinical nurses from across the health system, selected for their leadership potential and dedication to the nursing profession. The ANII, CNIII, and CNIIIs work in the following clinical areas:

- » Acute Care (10)
- » Ambulatory (12)
- » Case Management (1)
- » Emergency Department (3)
- » Home Health (2)
- » ICU (13)
- » Perioperative (3)
- » Women's/Children (3)

During this two year program, participants engage in interactive and instructive activities focused on decision making, change management, leadership skills, and communication techniques. The program elements include:

#### In-Person Seminars

- » Eight dynamic, core seminars taught by professionally recognized teachers and facilitators.
- » Monthly seminars utilizing small-group learning, role plays, and case studies to foster immediate application of new skills and tools in leadership behaviors.

#### Mentorship

- » Each RNL participant is paired with a nurse mentor who exemplifies nursing leadership and can provide knowledge, support and guidance to the RNLs in navigating the complex and demanding roles in clinical and managerial leadership.

#### Executive Coaching

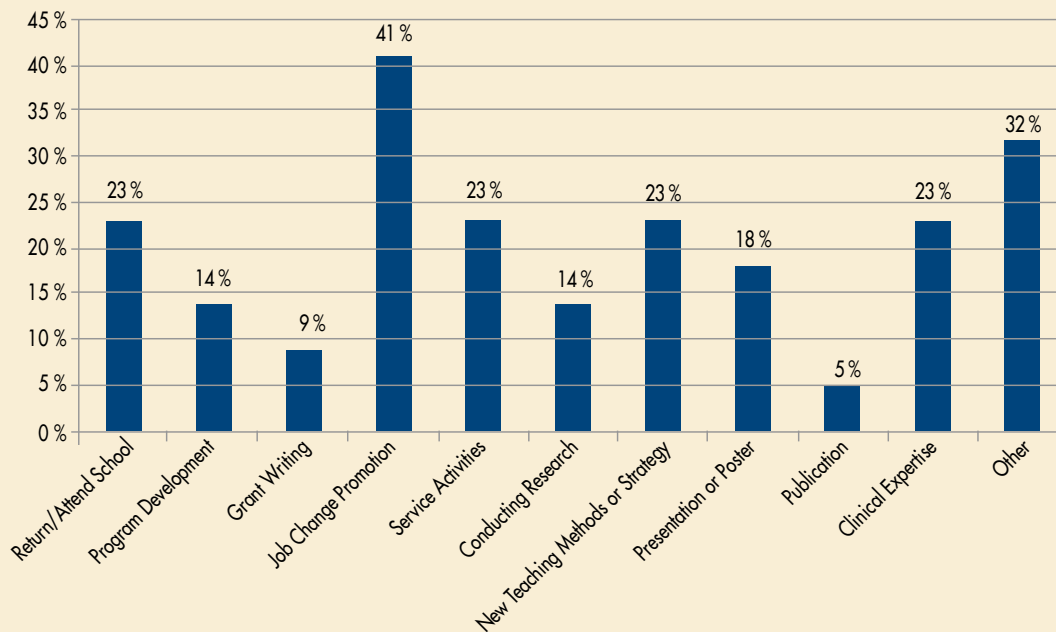
- » Participants receive professional development coaching which includes discussion of personal assessments and individual goal setting.

#### Leadership Project

- » Participants complete an organizationally aligned Evidenced-Based Project, from development through implementation and evaluation.

## RISING NURSE LEADER OUTCOMES

January 2012–July 2014



Outcomes were measured using the Mentorship Profile Questionnaire and the Mentorship Effectiveness Scale developed and validated by the John Hopkins School of Nursing.

N=22

1. Ten of the 22 mentees accepted new leadership opportunities within the organization during the first 18 months of the program.
2. Mentees increased participation in professional development activities such as:
  - » Returning to school
  - » Developing a departmental program
  - » Writing a grant
  - » Volunteering in the community, and
  - » Presenting a poster/presentation in a professional conference
3. Participants and mentors reported
  - » Enhanced communication skills
  - » Breaking organizational silos
  - » Confidence in professional practice
  - » Building succession planning
  - » Developing mutually beneficial relationships between mentor/mentee

Equipping nurses with the knowledge and skills needed to effect change at the point of care is what Carol Robinson, Chief Patient Care Services Officer, set out to accomplish when implementing the Rising Nurse Leaders Institute. The Rising Nurse Leaders Institute allows experienced nurses to identify career development opportunities, build professional skills, and enhance leadership impact. At the inaugural graduation ceremony held in the MIND Institute Auditorium on Dec 3, 2014, twenty highly accomplished nurses were honored for completing the two-year part time program.

“Each of you can help us improve outcomes and build stronger clinical care teams,” said Robinson at the graduation ceremony.

The graduation event showcased the professional development/patient-related improvement projects of the Rising Nurse Leaders. “The goal of our program is to develop the next generation of nursing leaders,” said Kathleen Guiney, who serves as the program’s coordinator. “We want to encourage leadership and change management skills, which are required in order to effect and sustain positive change at the point of care.” According to Guiney, the impact of the Rising Nurse Leaders Institute can be measured by the accomplishments of its graduates. Program participants have reported increased participation in professional development activities as a result of the program. A number of the Rising Nurse Leaders are impacting our system through service activities, nursing research, education and training, evidence based practice projects, professional publications and conference presentations.

**Standing left to right:** Joleen Lonigan, Mary Heallie, Jolanda Jackson, Kelly Perez, Marjorie Trogon Shock, Leana Aston, Jodi Coltes Warfield, Shannon Romero, Kerri Stuart, Christine Fonseca, Calene Roseman, Catherine Runne, Dawn Love, Kristine Ahlberg, Romi Perry-Ali, **Seated left to right:** Kathleen Guiney, Carol Robinson, Kelly Colburn, Kimberly Mason. **Not shown:** Carolyn Rhoads, Marissa Charles, Kimiko McCulloch







**Mary Heatlie, RN, BSN, COS-C, WCC**  
*Home Health Nurse III*

The Rising Nurse Leaders Program has guided and inspired me to move forward in my nursing career and education. My strengths and passions are engaging patients and their families in managing their health and proactively making decisions about their care. Home Health gives me the opportunity to have one-on-one, in-depth conversations with patients to empower them with self-management skills. Our goals are to ensure a positive patient experience. Continuity and coordination of care requires team work and information sharing throughout our health care system. At UC Davis, we are dedicated and committed to helping our patients become more involved in their health care, which leads to improved health care outcomes and patient satisfaction.

My project for Rising Nurse Leaders was to assess the home health nurses' perspective of COPD programs/education in our health care system. Pre and post surveys were conducted. I collaborated with respiratory rehabilitation, the respiratory COPD management team, and health management and education to learn about the education they provide for patients. I used the information to share during an in-service with the home health nurses. Several literature articles with studies on patient adherence and patient education were reviewed and discussed. Projects such as this one required planning, commitment, and determination. In preparation of this project, the Rising Nurse Leaders Program provided speakers, classes on research, strategies for finding solutions to problems, and encouraging nurses to step out of their comfort zone. I have learned the value of communication skills, problem solving, collaboration in leadership, and most of all I am committed to making our health system the best it can be.

**Shannon Romero, RN-BC**  
*Nurse Manager, Pain Clinic*

I was honored to be accepted into the first class of the Rising Nurse Leaders program. I remember the first day looking around the room at all the nurses I had never met, wondering how we would each change through this experience. Kathleen Guiney has been our leader; she provided us with opportunities to attend expert speaker lectures and classes to strengthen our leadership skills. We were paired with amazing nurse mentors. Their experience and knowledge was shared with us which was invaluable to our growth. Through the mentorship we have gained priceless professional resources. The salons gave us an opportunity to discuss topics regarding our professional practice with our cohorts under the direction of Marjorie Shock and Joleen Lonigan. Our communication skills were improved through interactive activities and lectures. We were exposed to the possibilities of involvement in research, poster presentations, conference presentations and writing professional articles.

Professionally I was able to identify my goals. I set my expectations higher than I ever would have without this program. Through the encouragement of my cohorts I have had the courage to successfully achieve my goals. Two years later; I am a more confident, thoughtful and expressive leader. I have seen the development and growth of my cohorts; this experience has changed us personally and professionally. I encourage all nurses who have the desire to enrich their leadership skills and inspire their nursing practice to be a member of the Rising Nurse Leaders program.



## Nursing Specialty Certification Programs

To help increase specialty certification of professional nurses, the Professional Development Council (PDC) and the Center for Professional Practice of Nursing (CPPN) sponsored several programs in 2014.

The first was a program designed to decrease financial risk for nurses taking the exam. CPPN, partnering with the Medical-Surgical Nursing Certification Board (MSNCB) FailSafe Certification Program™, offered nursing staff an opportunity to sit for the certification exam with the security of knowing they will have another chance at passing the exam if needed. Using this program, the nurse is provided a unique facility ID Code through CPPN. This is used when registering for the exam allowing a risk free attempt. If a nurse fails the first time, one retest is available at no additional cost. If a nurse fails the retest, they are still not required to pay. This opportunity allows for testing to take place with less stress and financial risk.

In 2014, 25 staff members registered with CPPN to use the FailSafe Program™, 56% (13) have taken and passed the exam and are now Certified Medical-Surgical Registered Nurses (CMSRN). Of note, eight of those that have passed are from East 8 Medical/Surgical Specialty Unit.

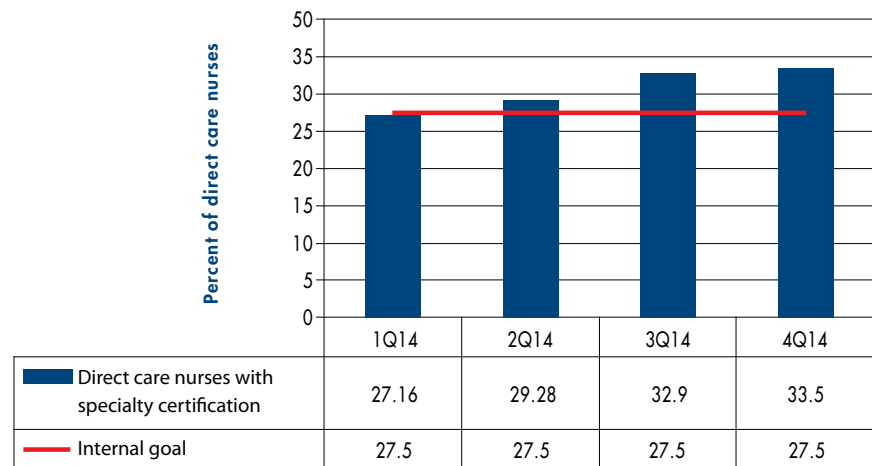
CPPN and the PDC collaborated on several specialty certification review programs offered in 2013/14, including:

- » American Academy of Ambulatory Care Nursing (AAACN) – Ambulatory Care Nursing Certification Review Course
- » Academy of Medical-Surgical Nursing – Medical-Surgical Nursing Certification Review Course
- » Certified Nurse Operating Room (CNOR) – CNOR Exam Prep and Review Course
- » Nurse Professional Development (NPD) Review Study Group
- » Certified Neuroscience Registered Nurse (CNRN) Review Course

» Certified Critical Care Registered Nurse (CCRN) Study Group

Building on the success of these programs, CPPN will offer the American Nurse Credentialing Center (ANCC) based program, Success Pays™ in 2015. This program is similar to the FailSafe™ Program but covers ANCC based exams. This includes certification by exam, certification through portfolio, and certification renewal. As with the MSNCB FailSafe Certification Program™, nurses are given two opportunities to achieve certification and only pay upon passing the exam. There are several certifications offered by ANCC to our staff including, Ambulatory Care Nursing, Adult Nurse Practitioner, Certified Nurse Executive, Informatics Nurse, Medical-Surgical Nursing, Nursing Professional Development, Pediatric Nurse, and Perinatal Nurse.

## DIRECT CARE NURSES WITH SPECIALTY CERTIFICATION



NUMBER OF NURSES PER NURSING SPECIALTY CERTIFICATION					
CCRN	188	CHPN	10	PMHCNSE	2
CMSRN	53	VA-BC	10	PNP-BC	2
OCN	53	ACNP-BC	11	RN-C	3
CNOR	45	CCM	8	WHNP-BC	2
CNRN	35	CORLN	8	CCNS	1
ONC	34	NE-BC	8	AOCNP	1
RNC-OB	31	ANP-BC	7	AOCNS	1
FNP-BC	28	CAPA	5	APRN	1
RNC-NIC	27	CDE	4	CBC	1
WCC	26	CHFN	4	CBN	1
RN-BC	24	IBCLC	4	C-EFM	1
CEN	23	CCRP	3	CFRN	1
CRNA	23	CPHON	3	CNS-BC	1
PCCN	24	CPHQ	3	CPNP	1
CPN	21	NP-BC	3	CPON	1
CRRN	21	CCTC	2	CWCN	1
CPAN	19	CIC	2	CWON	1
CNN	14	CRN	2	INCC	1
CGRN	12	CRNI	2	MSCN	1
NEA-BC	13	NNP-BC	2		

# ENHANCING AMBULATORY NURSING PRACTICE

The Ambulatory Governance Council organized their first mini conference held November 8, 2014 with support from the Center for Professional Practice of Nursing (CPPN) and Clinical Operations. The purpose of the conference was to provide current information and resources on topics that impact outpatient care in today's health care environment while providing an opportunity for networking amongst a very diverse ambulatory division, and to offer free continuing education hours.

## Conference presenters and topics included:

- » Audra Flynn, RN, MS, BSN, PHN, COS-C. Audra's presentation titled *Empower your Patient: The Art of Motivational Interviewing* explained the principles for developing and understanding the motivational interviewing process in clinical practice, along with the principles and components on how to collaborate with patients to initiate change.
- » Barb Rickabaugh, RN, MSN, NE-BC. Barbara's presentation titled *Evidence Based Nursing Practice and the Ambulatory Nurse* described the IOWA model, DMAIC model, and clarified the difference between research and evidence based practice, and identified resources available to all UC Davis nurses.
- » Christine Fonseca, RN, BSN, OCN, Katy Suggett, RN, CNIII, CHFNP, Kimberly Franz, RN, BSN, Kristen Armstrong, RN, BSN, and Sharon Meyers, RN, MA, CHFNP presentation was titled *Showcasing Ambulatory Nursing: Developing Posters,*



## Ambulatory Governance Council Members 2014

Standing left to right: Nancy Badaracco, Marianne Ciavarella, Katy Suggett, Christine Fonseca, Anne Fekete, Jennifer Sweeny, Holly Vieira

Seated left to right: Tina Schmidt, Stephanie Baroni, Yolanda Schjoneman

*Abstracts, and Publications.* These ambulatory nurses spoke about their experience along with the process for writing and being accepted for publication; writing an abstract and presenting at the Magnet Conference, and preparing a poster presentation which was presented at the American Academy of Ambulatory Care Nursing (AAACN) national conference.

- » Julie Gross, Physical Therapist, held an interactive session with relaxation techniques, guided imagery, and ended her presentation, *Sit, Stand, and Move* with a very fun and active Zumba session.

The mini conference was a success with 28 attendees from several different outpatient areas including; pain clinic, cancer center, internal medicine, transplant clinic, Rocklin clinic, vascular clinic, ENT clinic, and pediatrics clinics.

## AMBULATORY NURSING GOVERNANCE MODEL





## PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE	CONFERENCE	CONFERENCE LOCATION
Karrin Dunbar, RN, MSN	CPPN	Podium: Integrating Simulation & EMR in Clinical Education Poster: Patient Assessment Nose to Toes EBP simulation to assist new graduate nurses	The Society for Simulation in Healthcare, January 25–29	San Francisco, CA
Christine Williams, RN, MS, CNS	Trauma Program	Podium: Trauma Quality Improvement Program Overview	North Regional Trauma Coordinating Committee Conference, January 28	Sacramento, CA
Kathleen Behan, RN, MS	Heart & Vascular Center	Podium: Transitions of Care: Improving the Hospital Discharge Process through integration of care	UC Davis 8th Annual Vascular Care 2014, February 27–March 2	Olympic Valley, CA
Joleen Lonigan, RN, MSN, NE-BC	Patient Care Resources	Poster: The Process & Impact of Leadership Rounding	American Organization of Nurse Executives, March 12–15	Orlando, FL
Kathleen Behan, RN, MS & Andrea Rosato, RN, BS	Heart Center	Poster: A Multidisciplinary Approach to Improving the Quality of Data for Myocardial Perfusion Study Results for Reporting to the National Cardiovascular Data Registry (NCDR)	UC Davis Health System's Annual Integrating Quality Symposium, March 18	Sacramento, CA
Wilson Yen, RN, MSN, NE-BC, Jan Shepard, RN, BSN, Lauri Brunton, RN, OCN, Patricia Palmer, RN, MS, AOCNS, Nicole Mahr, RN, BSN, OCN, Megan Kuehner, RN, BSN, OCN, & Ayako Suwyn, RN, BSN	Davis 8 Oncology, PCS Quality & Safety, & Infection Prevention	Poster: Redefining Blood Stream Infections in Oncology Patients When Reporting Central Line Associated Blood Stream Infections	UC Davis Health System's Annual Integrating Quality Symposium, March 18	Sacramento, CA
Ruth Pina, RN, BSN, OCN, & Denise Fleming RN, BSN, OCN	Adult Infusion, Cancer Center	Poster: Does a pretreatment phone call increase satisfaction for the new chemotherapy patient?	UC Davis Health System's Annual Integrating Quality Symposium, March 18	Sacramento, CA
Christine Williams, RN, MS, CNS	Trauma Program	Podium: Trauma and Acute Care Surgery Hand Hygiene Quality Project	UC Davis Health System's Annual Integrating Quality Symposium, March 18	Sacramento, CA
Terri Wolf, RN, MS, OCN, Dana Little, BA, CCRP, Scott Christensen, MD, Medical Director, UC Davis Cancer Care Network, Kristen Connor MS-C, RN, CEN, UC Davis Betty Irene Moore School of Nursing graduate student, Natasha Perkins, San Francisco State University School of Nursing graduate student	Cancer Care Network	Poster: Tumor Measurement Consistency in CT Scans—a Pilot Study	UC Davis Health System's Annual Integrating Quality Symposium, March 18	Sacramento, CA

PRESENTER	DEPARTMENT	TITLE	CONFERENCE	CONFERENCE LOCATION
Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN, Jenny Solano, RN, NNP-BC & Sandra Ellingson, DNP, NNP, CPNP, CNS	Neonatal Intensive Care Unit	Podium: 1.25 hour teaching presentations: 1) How Cool is Cool: Evidence-based practice for whole body hypothermia in neonates suffering from Hypoxic Ischemic Events 2) Actualizing the IOM Report The Future of Nursing, 2014: 3) A Professional Nursing Practice providing consistent care from Delivery to Discharge 4) The Crisis of PAN Resistant Bacteria: How to know what to prescribe	37th Annual Educational Conference California Association for Nurse Practitioners (CANP), March 19–23.	Newport Beach, CA
Elvira Balinsat, RN, BSN, CRNI, Jessica Dalziel, RN, BSN, MICN, & James Hill, MSN, RN-BC	Women's Pavilion	Poster: Reducing Blood Culture Contamination Rate in the Emergency Department	37th Annual Educational Conference California Association for Nurse Practitioners (CANP), March 19–23.	Las Vegas, NV
Elvira Balinsat, RN, BSN, CRNI, Sherrie Reese, RN, BSN, CIC, & James Hill, MSN, RN-BC	Women's Pavilion	Poster: Care to Culture Correctly	Nursing 2014 Symposium, March 27-29	Las Vegas, NV
Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN & Jenny Solano, RN, NNP-BC & Sandra Ellingson, DNP, NNP, CPNP, CNS	NICU	Podium: Life Threatening Signs and Treatment Interventions of Critical Congenital Heart Defects in Newborns E-Poster: The crisis of PAN resistant organisms: how to know what to prescribe E-Poster: How Cool is Cool! Evidence based practice for whole body hypothermia in neonates	The International Neonatology Association Conference, April 3–5	Valencia, Spain
Vincent Paracuelles, RN, BSN, CNN, Margaret Hodge, RN, MSN, EdD, Mabelle Wilson, PhD., Kathy Ingram, RN, MSN, NEA-BC, Maureen Craig, RN, MSN, CNN, CNS, Burl Don, MD, FASN	Inpatient Renal Services	Poster: Dialysis in the Hospital Setting: Kt/V Estimation from Ionic Dialysance versus Single Pool Urea Kinetics	American Nephrology Nurses Association 45th National Symposium, April 13–16	Anaheim, CA
Jacqueline Stocking, RN, MSN, NEA-BC, & Amy Doroy, RN, MS, NEA-BC	PCS Quality & Safety	Workshop: Delivery to Discharge (3 hours)	Western Institute of Nursing, April 9–14	Seattle, WA
Sandra Ellingson, DNP, NNP, CPNP, CNS, Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN & Jenny Solano, RN, NNP-BC	Neonatal Intensive Care Unit	Podium: 1.25 hour teaching presentations: 1) Life threatening signs and treatment interventions of critical congenital heart defects in newborns 2) How cool is cool! Evidence based practice for whole body hypothermia in neonates	11th National APN Conference, April 23–26	Honolulu, HI

## PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE	CONFERENCE	CONFERENCE LOCATION
Wilson Yen, RN, MSN, NE-BC	Davis 8	Podium: Redefining blood stream infections in Oncology Patients when reporting central line associated infections	Oncology Nursing Society 39th Annual Congress, May 1–4	Anaheim, CA
Denise Fleming, BSN, ONS & Ruth Pina, BSN, ONS	Adult Infusion Center, Cancer Center	Podium: Pre-Chemotherapy Treatment Phone Call: Making the Happening Easier	Oncology Nursing Society 39th Annual Congress, May 1–4	Anaheim, CA
Lauri Brunton, RN, OCN, Jan Shepard, RN, BSN, CCRN, Megan Kuehner, RN, BSN, OCN, Nicole Mahr, RN, BSN, OCN, Wilson Yen, RN, MSN, NE-BC, & Ayako Suwyn, RN, BSN	Davis 8 Oncology/BMT	Poster: Decreasing Central Line Infections in Neutropenic Patients on an Oncology Inpatient Unit	Oncology Nursing Society 39th Annual Congress, May 1–4	Anaheim, CA
Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN, Jenny Solano, RN, NNP-BC & Sandra Ellingson, DNP, NNP, CPNP, CNS	Neonatal Intensive Care Unit	Podium: Understanding Pharmacodynamics of Antibiotics and Kids: How to know what to prescribe Podium: How Cool is Cool! Evidence based practice for whole body hypothermia in neonates	National Teaching Institute and Critical Care Exposition, May 19–22	Denver, CO
Jennifer Mattice, RN, BSN, MS	Quality & Safety	Poster: Talk to the hand: Reducing Distractions During Medication Administration	Quality and Safety Education for Nurses National Forum: Creating a Safe harbor for Patients and Families, May 27–29.	Baltimore, MD
Kelly Colburn, RN, MSN	East 6	Poster: Evaluation of a mentorship program for nursing leaders at the point of care	Association for Nursing Professional Development, July 16–19	Orlando, FL
Kathleen Guiney, RN, MN, MS	CPPN	Podium: Informatics Competencies: Transitioning from the Classroom to the Bedside	Association for Nursing Professional Development, July 16–19	Orlando, FL
Ron Ordon, RN, MSN, FNP	Patient Care Resources	Poster: Self-governance increases staff morale	Sigma Theta Tau International Nursing Research Congress, 2014, July 24–28	Wanchai, Hong Kong, China
Kathy Tong, MD, Sharon Myers, RN, MA, Patricia Poole, PharmD, Jennifer Nguyen, PharmD, Erin Griffin, PhD, and Bridget Levich, RN, MSN	Heart Center	Poster: A Multidisciplinary Approach at the Primary Care Level Improves Heart Failure Care	Heart Failure and Stroke Association, September 22	Orlando, FL



PRESENTER	DEPARTMENT	TITLE	CONFERENCE	CONFERENCE LOCATION
Stacey Salvato, RN, BSN	Davis 7 Pediatrics	Poster: Family Care Binders	30th Annual Pediatric Nursing Conference, July 31~August 2	National Harbor, MD
Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN, Jenny Solano, RN, NNP-BC, Sandra Ellingson, DNP, NNP, CPNP, CNS, & Kimberly Mason, RN, BSN	Neonatal Intensive Care Unit	Podium: The Future of Nursing: A well-coordinated nursing team actualizing the goals of the Institute of Medicine (IOM) Poster: Life Threatening Signs and Treatment Interventions of Critical Congenital Heart Defects in Newborns	ICN International Nurse Practitioner/APNN Conference in Helsinki, Finland, August 18-20	Helsinki, Finland
Mary Wyckoff, RN, PhD, MSN, NNP-BC, ACNP-BC, FNP-BC, FAANP, CCNS, CCRN, Jenny Solano, RN, NNP-BC & Sandra Ellingson, DNP, NNP, CPNP, CNS	Neonatal Intensive Care Unit	Podium: Life Threatening Signs and Treatment Interventions of Critical Congenital Heart Defects in Newborns Podium: The crisis of PAN resistant organisms: how to know what to prescribe Poster: How Cool is Cool! Evidence based practice for whole body hypothermia in neonates Poster: The Future of Nursing: A well coordinated nursing team actualizing the goals of the Institute of Medicine (IOM)	National Association of Neonatal Nurses/Nurse Practitioners 30th Annual Conference, September 10-13	Phoenix, AZ
Bonnie McCracken, MSN, FNP, NEA-BC, Dr. Klineberg, Dr. Wisner and Dr. Pickard	Trauma Program	Poster: Utilization of Flexion Extension for Cervical Clearance in Trauma Patients	1st International Emergency Nurses & Trauma Conference, September 18-21	Dublin, Ireland
Ellen Kissinger, MSN, RN-BC, NE-BC	Patient Care Services	Poster: A Structure That Empowers Unit-Based Practice Councils to Breakdown Silos & Share Best Practices	ANCC National Magnet Conference, October 8-10	Dallas, TX
Stacy Hevener, MSN, RN, CCRN, Barbara Rickabaugh, MSN, RN, NE-BC, Toby Marsh, MSN, RN, MSA, NEA-BC	Quality & Safety Program	Poster: Nurse Perceptions of the Restraint Decision Wheel & Restraint Use in the Medical Surgical Intensive Care Unit	ANCC National Magnet Conference, October 8-10	Dallas, TX
Barbara Rickabaugh, MSN, RN, NE-BC, Ellen Kissinger, MSN, RN-BC, NE-BC, Kathleen Guiney, MN, MS, RN, Nicole Mahr, BSN, RN, OCN	Center for Nursing Research, Magnet Coordinator, CPPN, Infection Prevention	Poster: Sharing Best Practices: Professional Governance Celebration	ANCC National Magnet Conference, October 8-10	Dallas, TX
Nancy Badaracco, MSN, RN, NEA-BC, Rebecca Billing, BSN, RN-BC, Marianne Ciavarella, MPA, BSN, RN, CRNI, Christine Fonseca, BSN, RN, OCN, Katherine Suggett, BSN, RN, CHFN	Ambulatory	Podium Panel Presentation: Creating a Dynamic Ambulatory Nursing Governance Council: Conceptual Framework to Culture Change	ANCC National Magnet Conference, October 8-10	Dallas, TX

## PRESENTATIONS

PRESENTER	DEPARTMENT	TITLE	CONFERENCE	CONFERENCE LOCATION
Jan Shepard, RN, BSN, CCRN	Quality & Safety	Poster: Reducing CLABSI events in the Nursing Unit	2014 CALNOC Annual Conference —San Diego Reliability & Resilience: Dynamic Organizations for Dynamic Times, October 27 & 28	San Diego, CA
Holly Kirkland-Walsh, PhD(c), FNP-C, GNP-C, MSN & Oleg Teleton, MS, RN, WCNC	Wound Care Nurse Practitioner	Poster: Prevention of Pressure Ulcers in the Pediatric and Neonatal Populations	2014 CALNOC Annual Conference —San Diego Reliability & Resilience: Dynamic Organizations for Dynamic Times, October 27 & 28	San Diego, CA
Holly Kirkland-Walsh, PhD(c), FNP-C, GNP-C, MSN, Oleg Teleton, MS, RN, WCN-C & Suzanne Beshore, MS, RN	Wound Care Nurse Practitioner Perioperative Resource Nurse	Webinar Panel Presentation : Pressure Ulcer Prevention in the Peri-operative Area: A Lean Six Sigma Approach	Molnlycke Health Care (website): November 22	Website: <a href="http://www.molnlycke.com">www.molnlycke.com</a>
Barbara Goebel, RN, MSN, CNS, & Amy Lorente, RN, MSN, CNS	PCICU	Poster: Care of the Adult Congenital Heart Disease Patient in the PCICU	The Pediatric Cardiac Intensive Care Society, 10th International Conference, December 11-14	Miami Beach, FL

## 2014 NURSE PUBLICATIONS

Adams, C., Drake, C., Dang, M., LeHinds N. (2014). Optimization of Injury Prevention Outreach for Helmet Safety. *Journal of Trauma Nursing*, May/June;21(3):133-8.

Afshar, A. & Afshar, N. (2014). The Hand in Art: Hand Gestures in Bharata Natyam. *Journal of Hand Surgery*, 39(10):2060-2061.

Afshar, A. & Afshar, N. (2014). Art in Science: The Artist's View of Orthopedic Surgeries. *Clinical Orthopedics and Related Research*, 472(9): 2590-2594.

Afshar, A. & Afshar, N. (2014). The Hand in Art: Barbara Hepworth-The Hospital Drawings. *Journal of Hand Surgery*, Vol 39 (7):1396-1398.

Afshar, A. & Afshar, N. (2014). Hands on Stamps: The hand, the second eye. *Journal of Hand Surgery*, Vol 39(2): 344.

Chen, C. H., & Raingruber, B. (2014). Educational Needs of Inpatient Oncology Nurses in Providing Psychosocial Care. *Clinical Journal of Oncology Nursing*, Feb;18(1):E1-5.

Holmes, J.F., Adams, C., Rogers, P. & Vu, P. (2014). Successful Conviction of Intoxicated Drivers at a Level 1 Trauma Center. *Western Journal of Emergency Medicine*, Jul;15(4):480-5.

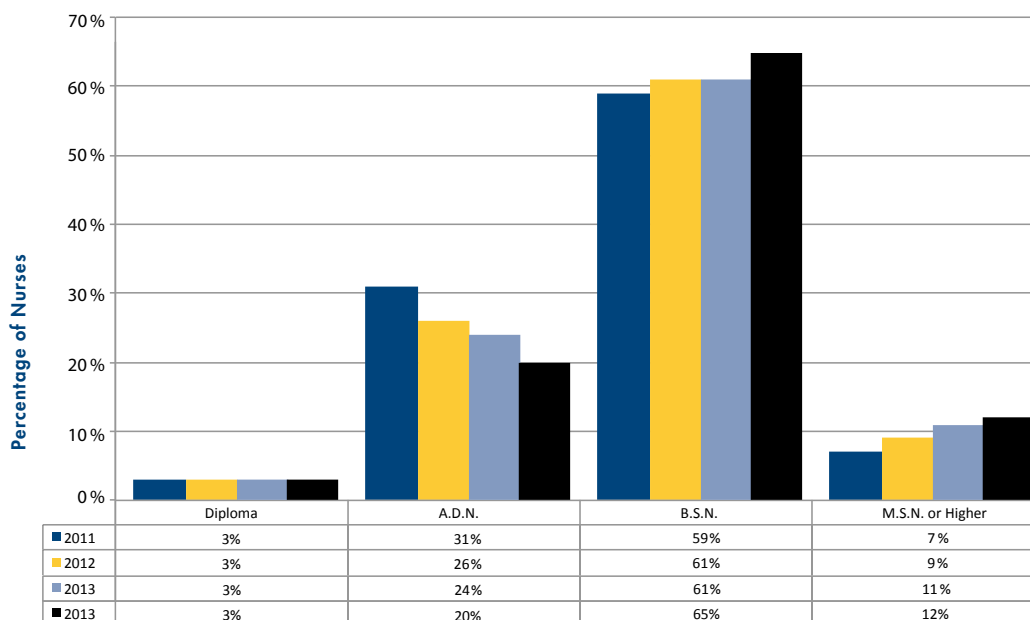
Maguina, P., Kirkland-Walsh, H. (2014). Hospital-Acquired Pressure Ulcer Prevention: A Burn Surgeon's Team Approach. *Journal of Burn Care Research*, 35:e287-e293.

Molassiotis, A., Uytendinck, W., Hollen, P., Sarna, L., Palmer, P., & Krishnasamy, M. (2014). Supportive care in lung cancer: Milestones over the past 40 years. *Journal of Thoracic Oncology: International Association of the Study of Lung Cancer (IASLC), 40th Anniversary Special Article*.

# NURSES BY NUMBERS

## Overall RN Degrees

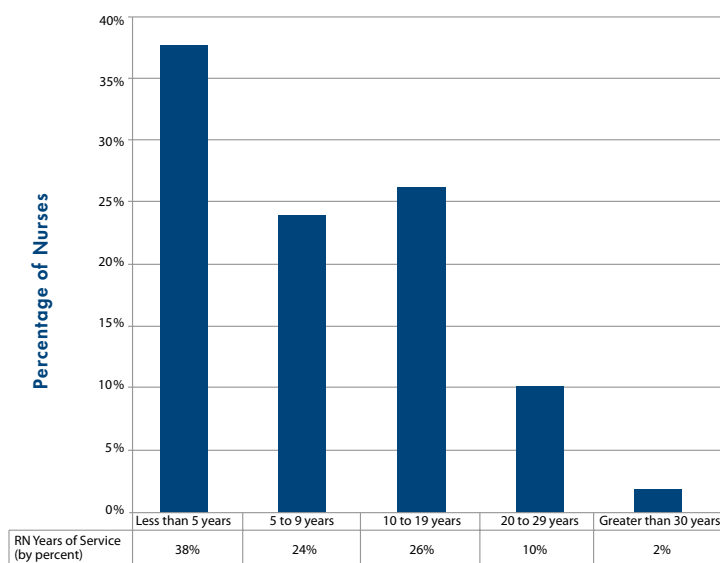
UC DAVIS HIGHEST NURSING DEGREE BY PERCENTAGE



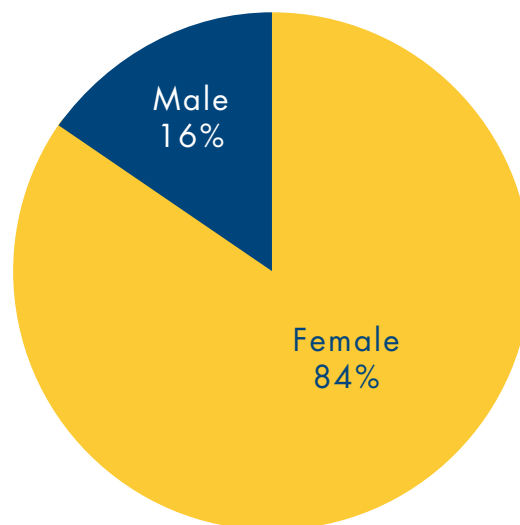
**43** Average Age of UC Davis Nurse

## RN Years of Service

UC DAVIS RN YEARS OF SERVICE BY PERCENTAGE

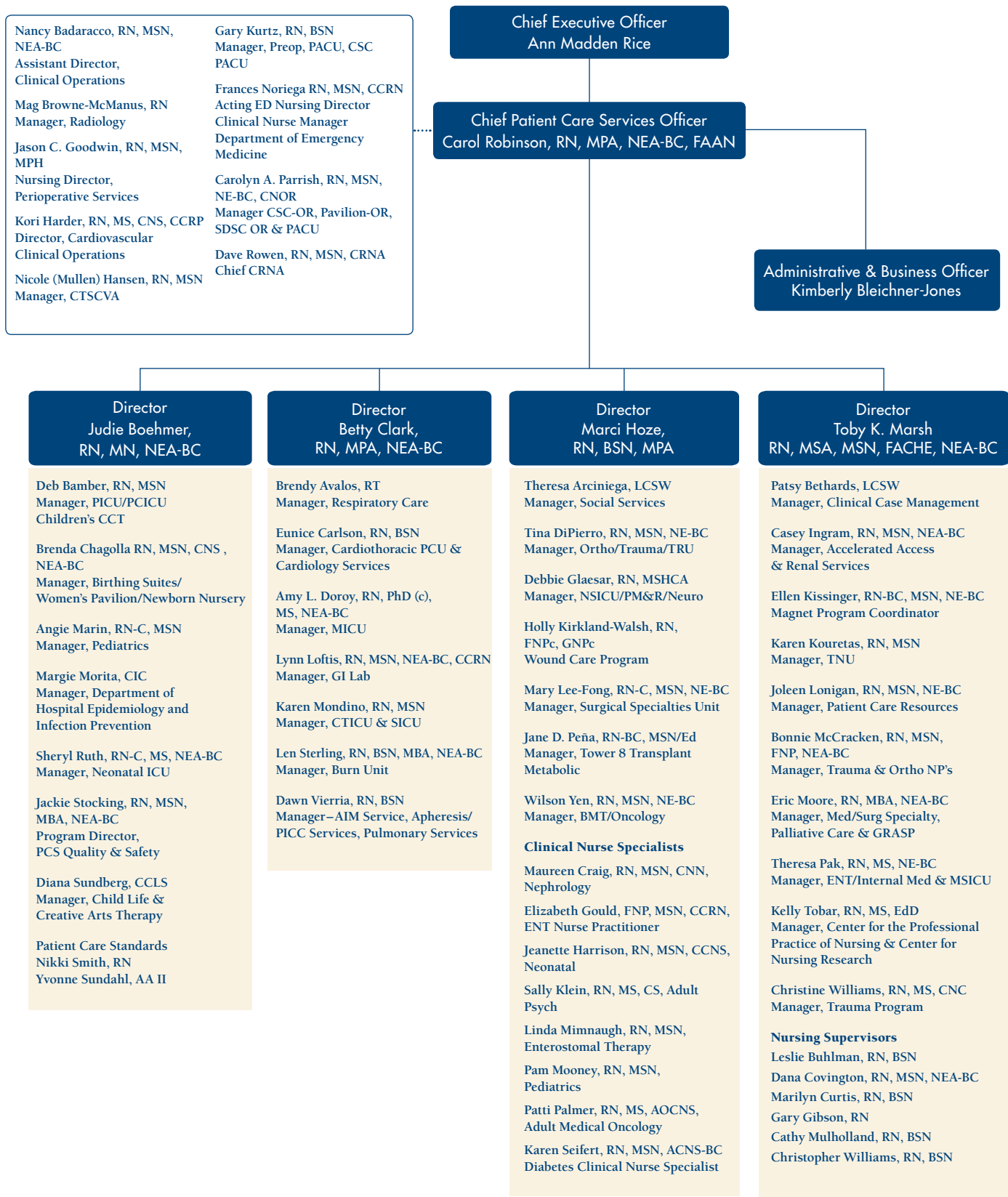


## UC Davis Health System Nurses Gender





# Patient Care Services Administrative Organization Chart



### Front Cover (Left to right)

Annie Ragasa Sta-Maria, RN, BSN, PHN and Nikki Mahr, RN, MS, OCN

### Back Cover (Top row, left to right)

#### Emergency Department

Danica Garon, RN, BSN, Annie Clark, RN, BSN, Yvonne Hansen, RN, BSN

#### Same Day Surgery Center

Nancy Dean, RN, BSN, Pauline Soar, RN, Juliet Paradise, RN, BSN, CAPA, Lupe Padilla, RN, BSN

#### Davis 12

Edna Rebosurra, RN, BSN and Jeannine Stewart, RN, BSN

(Bottom row, left to right)

#### Adult Infusion Center

Dale Johnson, RN, BSN, OCN, Gail Peters, RN, BSN, OCN, Kristian Proshak, RN, BSN, OCN, Yohan Kim, RN, MSN

#### Davis 11

Brianne Harris, RN, Anna Bartalis, RN, BSN, Sherena Edinboro, RN, BSN, Monica Wright, RN, BSN

#### Vascular Center

Kristen Armstrong, RN, BSN, Shirley Daffin, RN, BSN

## PROJECT LEAD

Ellen Kissinger, RN-BC, MSN, NE-BC

## CONTRIBUTORS

Amara Michella Altman, RN, MSN

Natoshia Benvenuti

Suzanne M. Beshore, RN, MS

Mag Browne-McManus, RN

Tish Campbell, RN-BC, BSN

Christi DeLemos, MS, ACNP-c

Karrin Dunbar, RN, BSN, MSC

Debbie Glaeser, RN, MSHCA

Bill Gregory, SPHR, SHRM-SCP

Kathleen Guiney, RN, MN, MS

Mary Heatlie, RN, BSN, COS-C, WCC

Stacy Hevener, RN, MSN, CCRN

Micky Kammerer, RN, MSN-c, CNRN

Germaine Kennix

Michelle Kim, RN, BSN

Holly Kirkland-Walsh, PhD-c, FNP-c, GNP-c

Jonathan Lee, RN, BSN

Joleen Lonigan, RN, MSN, NE-BC

Stacey Magee, RN, BSN

Nicole Mahr, RN, MS, OCN

Toby Marsh, RN, MSA, MSN, FACHE, NEA-BC

Kimberly Mason, RN, BSN

Ron Ordon, RN, MSN, FNP

Jane D. Peña, RN-BC, MSN/Ed

Barbara Rickabaugh, RN, MSN, NE-BC

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

Shannon Romero, RN-BC

Stacey Salvato, RN, BSN

Denise Selleck, RN, MSN

Yolanda Garza-Schjoneman, RN, BSN

Beverly Smiley, BSN, RN, CPHQ

Rosemarie Varner, RN, BSN, CORN

Terri Wolf, RN, MS, OCN

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



**UCDAVIS**  
**MEDICAL CENTER**

[healthsystem.ucdavis.edu/nurse](https://healthsystem.ucdavis.edu/nurse)