

Celebrating teamwork, communication, achievement and excellence



**Improving care through relationship-based culture**

I would like to congratulate every single

nurse here for a successful survey in March by The Joint Commission. The surveyors reported being impressed with our proactive approach to problem solving, error reduction, and safety — with much of it being led by nurses.

During their time with us, they identified a number of nation-leading practices, which included: our peer support program to help second victims; our real-time root cause analysis for suspected infections; algorithms developed for caring for patients at risk for suicide; anti-microbial and opioid stewardship; our program to identify and assist victims of human trafficking; and our safe sleep initiative for infants.

Through each day of the survey, they also took notice of the key to our success, including our relationship-based culture, and the care team approach to our patient care services here.

As nurses at UC Davis Medical Center, we have long held the belief that everything in health care

**CGM Legislation**

**Advocating for underserved California patients**

**By Berit Bagley RN, BSN, CDE**

Inpatient Endocrinology/Glycemic Quality Team



Berit Bagley, supporting legislation to cover continuous glucose monitors.

Over the last year and a half, I've had the privilege to advocate to the California legislature on my personal time as a member of a coalition of the American Association of Diabetes Educators, the American Association of Clinical Endocrinologists, the ADA and the AMA. This coalition continues to educate and encourage legislatures to cover continuous glucose monitors (CGM) for the underinsured.

As a nurse, I remember sitting in my residency program listening to a lecture about diabetes. At first I wasn't very informed about the subject, but by the end I left with a basic understanding of the disease and what people live with every day. I didn't know at the time that this was information I would soon put into practice every hour of my life. Only months after residency ended, I was diagnosed with Type 1 diabetes.

Although I was devastated at first, I quickly realized I was not alone. In fact, around one in seven adults have diabetes, and California has the nation's highest level of new cases annually. Diabetes is a chronic condition, so meticulous monitoring and management of blood-sugar levels is the key to avoiding complications. In the first year after my diagnosis, it was hard to get my levels just right. The night shift at the hospital where I worked as a nurse made managing diabetes difficult, and my glucose was all over the place, mostly low.

# From the Chief Nursing Officer



## TOBY MARSH | CONTINUED FROM PAGE 1

works better when relationships are healthy. All of the technical aspects of health care occur in the context of human relationships, which means all of the technical tasks underlying the provision of care work better when we tend to our relationships with each other. Healthy relationships are formed through our attunement to one another and when we wonder with and about one another, follow the cues provided by one another, and show one another the respect and dignity everyone deserves.

We advance our relationship-based culture through the application of these relational and therapeutic practices to all levels and in all disciplines, in order to improve every relationship in the organization. This is what the surveyors experienced during their observations and interactions with our staff.

We are committed to, and now becoming known for, our relationship-based culture. In this edition of our newsletter, we're going to explore this concept as a component of our professional practice model.

We are continuing to listen on how we can continue to make UC Davis Health the best place to work. In April, we're again participating in the Press Ganey engagement survey. Our goal this year is to have 90 percent of staff complete the survey. Your opinion truly matters, and what you and your peers say will impact the decisions made here, the programs undertaken, and the kinds of training and initiatives we launch in the future.

Every day, UC Davis nurses offer care, comfort, and small miracles. This constant giving can take a toll if you aren't also taking some

time for yourself — to recharge, to learn, to be fulfilled by things outside of the care environment. I'd like to make sure you know that we encourage you to take as good care of yourself as you do for your patients. You play a vital role in patient care and we all need you to be healthy. Just as importantly, you deserve to be healthy — and we hope you will make sure to take some time to get outside, enjoy the springtime sun, and look after your needs, too.

And finally, I want to express my gratitude for the kindness that you continue to show year-round. From the underserved groups in our region, to the people who come through our doors every day — when each patient comes here, it's on one of the most stressful days of their life. For us, we can't allow this to become “just a job” — and the survey team from The Joint Commission saw that when they came to visit.

Patients come in the door here knowing they can depend on your skills, your humanity and your extraordinary level of care delivery, at a time when they need us most. You are a huge reason we have the highest-rated care delivery in our region, and I am proud to be a part of what you do.

**Toby K. Marsh, RN, MSA, MSN, FACHE, NEA-BC**

Chief Nursing and Patient Care Services Officer, UC Davis Medical Center

## New Children's Surgery Center

Young surgery patients throughout the region can now benefit from our new and improved UC Davis Children's Surgery Center, opened in fall 2018. The new 20,000-square-foot, state-of-the-art pediatric facility includes seven larger and more effectively designed operating rooms, a technologically advanced fleet of surgical equipment, and 24 pre- and post-op bays.

"We're so proud of this new space," said Wendy Willson, executive director of perioperative services



at UC Davis Health. "It provides unparalleled technology and state-of-the-art surgical equipment, so

we can serve even more children in our region and continue to support optimal patient outcomes."

### ADVOCATING | CONTINUED FROM PAGE 1

That's when I turned to a continuous glucose monitoring (CGM) system, which constantly monitors interstitial glucose levels and uses alarms and alerts to inform users when blood glucose reaches a life-threatening level. The small device displays levels in real-time, and helps guide disease-management decisions such as insulin dosage adjustments or dietary changes. For patients with hypoglycemia unawareness, the alarm function may serve as the only warning of emerging hypoglycemia.

Although the number of people with diabetes in our state has increased by 32 percent over the last decade, tens of thousands of Californians cannot access

lifesaving CGMs because they are enrolled in Medi-Cal. While CGMs are covered by commercial insurance, they aren't covered by Medi-Cal. That means low-income individuals in California do not have access to one of the most effective diabetes management devices available. However, Assembly Bill 447 would require Medi-Cal to cover continuous glucose monitors for the management and treatment of diabetes.

The cost of providing health care to people with diabetes is 2.3 times higher than for those without, and a UCLA study found that 75 percent of the cost of hospitalizing patients with diabetes is paid by taxpayers. Patients without access to CGMs are more likely to experience

diabetes-related complications such as stroke, kidney disease, amputations and blindness. If AB 447 becomes law, the long-term savings from improved diabetes management and reduced hospitalizations among Medi-Cal enrollees would dwarf the short-term costs of providing CGM systems.

As a diabetes nurse educator and a person who faces the challenges of managing diabetes every day, I can tell you firsthand that CGMs can change lives and improve the health of tens of thousands of low-income Californians who are most at-risk for diabetes complications.

The views expressed in this article are those of the author. The University of California has not taken a position on this piece of legislation at this time.

## Second PRISM Award for excellence

This March, the Davis 12 Surgical Specialties Unit received the PRISM Award — short for Premier Recognition in the Specialty of Medical-Surgery.

The prestigious award from the Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification



Board (MSNCB) is granted to acute-care units that show exemplary work in the areas of: leadership; recruitment and retention; evidence-based practice; patient outcomes; healthy practice

environment; and lifelong learning for unit staff.

The Rising Nurse Leaders Program, the Bridges of Excellence program and many more were highlighted among areas of excellence.



## DAISY Awards

Congratulations to our DAISY Award recipients! You exemplify the nursing values of courage, compassion and integrity in every situation.



### Team Award: East 8 Sunshine Team

L — R: Valerie Esty, RN, MSN; Gary Gibson, RN, BSN, MPH; Sarah Soon, RN, BSN; Stephanie Thornton, RN, BSN, CMSRN; Paige Ver Steeg RN, MSN (not pictured)

The smiles from Mary and Bob as they cuddled under the sun were priceless. The patient and her fiancé were so grateful for this time together. Bob expressed his gratitude to the nurses and staff for helping him give this gift to his fiancé.



### Jillian Evans, RN, BSN Davis 5 NICU

He lights up when he sees her. She consistently goes above and beyond, conferencing in to medical team care meetings on days off and attending developmental care team rounds to heighten the care this infant receives. Her consistent love and

attention have allowed him to reach milestones he couldn't have without her consistent presence.

### Maureen Craig, RN, MSN, CNN Clinical Nurse Specialist Nephrology

I went from having no hope, to giving up on life, to remembering my purpose and realizing I needed to fight. Maureen had this ability to change my outlook about such a negative experience, and find the light at the end of the tunnel. She helped make my 21 days in the hospital that much sweeter. She was hands down the sole reason why I was able to choose to keep fighting for my life. I call her my angel.



### Jennifer McGrath, MSN, RN, AACNP Trauma Nurse Practitioner

Jennifer strives for excellence in her patient care and personal knowledge of medicine. She goes the extra mile for patients who have fallen victim to marginalization within the larger health care system.

The UC Davis community is very fortunate to have her be a part of our team.

# 2019 Beacon Award for Excellence

The Pediatric and Cardiac Intensive Care Unit (PICU/PCICU) received the Silver-Level Beacon Award for Excellence from the American Association of Critical Care Nurses (AACN).

This significant milestone showcases units that have met AACN's rigorous certification process,



designed to ensure a commitment to nursing excellence, building strong relationships between patients, and improving outcomes and overall patient care satisfaction.

Each unit has shown dedication to teamwork and leadership, effective communication, knowledge management, learning and development, and high morale in the work place.



**Michelle Oddi, Ph.D., RN, CCRN, CFRN, C-NPT**

*Children's Hospital Critical Care Transport Team*

Michelle traveled to Mercy Redding in the aircraft through the smoke and fires, displaying great courage. Upon arrival, she assumed care of a critically ill NICU

infant born at just 25 weeks gestation. No family was present, so Michelle showed her compassion by ensuring the baby was safe and secure during the transport. She continued to provide ICU-level care during the trip back to UC Davis.



**Raul Rivera, RN, BSN**

*Tower 8 Transplant/ Metabolic Unit*

Raul offered to groom the patient and give him a "fresh look." The patient stated he would appreciate it. He didn't know that when Raul does something, he goes all out! Raul trimmed about five inches of hair that hadn't been touched for five years. He also groomed his mustache and his eyebrows. Raul

still had to break other nurses that day, but made it a priority to display compassion to this patient.

**Cheryl Patzer, RN, MSN**

*Tower 8 Transplant/ Metabolic Unit*

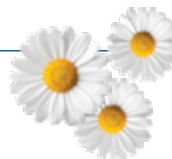
It had been five years since the patient last showered due to homelessness and other circumstances. Everyone knows Cheryl is one of the most thoughtful and kindhearted nurses, and always makes the impossible possible! Since the patient couldn't fit in the showers on our unit, Cheryl made arrangements with the East 5 Neuro team.



**Tonya Van de Meer, RN, MSN**

*Tower 7 MSICU Blue*

Tonya advocated for him, was his voice when he couldn't talk, provided him comfort and the best nursing care when depression had taken his motivation to recover. She sat by his side, comforting him, consoling him. She was there for him and his family on the days that she was not working; talking to his son, educating, advocating, pushing for the best care — all on her own time.



To nominate a nurse for the DAISY Award, visit [health.ucdavis.edu/nurse/daisy](http://health.ucdavis.edu/nurse/daisy).

## Advancing our vision of relationship-based culture



Nurses at UC Davis Medical Center believe everything in health care will work better when relationships are healthy. All the technical aspects of health care occur in the context of human relationships, which means all the technical tasks underlying the provision of care work better when we tend to relationships.

Healthy relationships are formed through our attunement to one another and when we wonder with and about one another, follow the cues provided by one another, and hold one another with respect and dignity. We advance our relationship-based culture through the application of these relational and therapeutic practices — at all levels and in all disciplines — to improve every relationship in the organization.

### Relational and therapeutic practices

**Attuning** — The practice of being present in the moment and tuning in to an individual or situation.

**Wondering** — The practice of being genuinely interested in a person. It requires an open-hearted curiosity about what can be learned about this unique individual, while intentionally suspending assumptions and judgement.

**Following** — The practice of listening to and focusing on what an individual is teaching us about what matters most to her or him and allowing that information to guide our interactions. It requires consciously suspending our own agenda.

**Holding** — The practice of intentionally creating a safe haven to protect the safety and dignity of an individual.

### Relationship-based care

The relationship-based care model (Koloroutis, 2004) is the philosophy, way of being, and operational blueprint which shapes our caring behaviors. The model's six principles guide the transformation of infrastructure, processes, systems, and practices to support caregivers in all disciplines in creating therapeutic relationships with patients and families.

Relationship-based care identifies three key relationships for the provision of humane and compassionate health care. These relationships are the nurse's relationship with self, team members, and patients and families. We use this order not to signal priority, but to acknowledge certain relationships depend on others.

- Healthy, trusting relationships depend on how the individuals involved relate to themselves.
- Healthy patient and family relationships depend on the relationship's individuals have both with themselves and with their teams.

## Principles of relationship-based care

**Healing culture** — Our healing culture holds all people with respect and dignity. All are supported in reaching their full potential and are valued for their contribution to the health and healing of patients. Therapeutic relationships and a calming physical environment are core components of our healing culture.

**Loving leadership** — Our leadership is one of service. Our servant leaders share power, put the needs of others first, and help people develop and perform as competently as possible. A loving leadership is a key ingredient for leaders aspiring to advance a more positive healing culture. Inspired leaders who love what they do and the people with whom they do it, inspire others to greatness. Loving leadership is marked by deep affection and caring for those with whom we work and lead. Love in leadership means truly caring about each person, celebrating successes, as well as having empathy in times of struggle. It includes releasing judgment, forgiving past difficulties, and being fully present in our interactions.

**Teamwork** — We embrace a shared purpose and work together with trust and mutual respect across all disciplines and departments to achieve best patient outcomes. This requires consistent and coordinated care of a patient through a unified plan, and information sharing amongst health care team members.

**Interprofessional practice** — Our clinical professionals are respected and valued for their unique expertise and full scope of practice. Clinical practice is grounded in research, professional standards, and ethics. “Clinical competence” is the combination of both technical and relational competences. We accept that different perspectives of people in multiple disciplines are essential to effective collaboration and optimal patient care and outcomes. We allow for all practitioners to bring their best wisdom to the interdisciplinary group.

We follow the formula of **responsibility + authority + accountability** to facilitate greater personal ownership and alignment with and among teams.

**Care delivery** — We facilitate the ability of each caregiver to know the patient as a person and to provide care based on what is most important to the patient and family. We hold three rules:

- Hold the patient and family at the center of our care
- Make the best way the easiest way
- Support all relationships

We believe that designing the delivery system around these simple rules actively promotes the conditions for care that are:

- Safe ■ Effective ■ Patient-centered
- Timely ■ Efficient ■ Equitable

**System design** — We are continuously improving our structures, processes and relationships to bring quality, safety, effectiveness



and efficiency to patient care and the work environment. We are improving our systems to allow clinicians to focus on what is most important, safe, and efficient. We approach any change with rigorous methodology and a humble and curious attitude. Our “just culture” framework and the four relational practices of attunement, wondering, following and holding are in place to support a system that is both relationally and technically proficient.

**Evidence** — We have outcomes that show evidence of success, such as Magnet® recognition and the Beacon and Prism awards that are sources of inspiration. Our achievements of actualizing our vision and mission are evident in our nursing practice. We express clear expectations, are recognized and recognize others for the value each brings to the organization and celebrate successes that continually build commitment and unity.

**CULTURE | CONTINUED ON PAGE 8**



LEO (L–R): Yolanda Schjoneman, Darrell Desmond and Lisa Eller. (Not pictured: Amy Doroy)



RSC (L–R) top row: Nicole Vance, Cynthia Vasquez, Monica Miller and Erin Cornelius  
Bottom row: Cheyanne Van Dyke, Melissa Tayarani and Tracy Iyamu-Sanusi



SMAAP (L–R): Sandie Dial, Jerry Bambao, Kristen Trask, Michael Dion, Andrea Vega Torres, and Colleen Fields

### Leading an Empowered Organization (LEO)

Darrell Desmond, RN, MSN, NE-BC  
*East 4/Renal Services*

Lisa Eller, RN, MSN, CCRN  
*East 5 Neuro/Rehab*

Amy Doroy, Ph.D., RN, NEA-BC, RN-BC  
*MICU*

Yolanda Schjoneman, RN, BSN  
*Pediatric Ambulatory Services*

#### LEO class schedule

May 21-23, June 25-27, Aug. 27-29, Oct. 15-17, Dec. 17-19

### Reigniting the Spirit of Caring (RSC)

Erin Cornelius, RN, BSN, CCRN, CN III  
*D10 PICU/PCICU*

Tracy Iyamu-Sanusi, RN, FNP, MSN, CN II  
*East 4*

Monica Miller, RN, MS, CCRN, CN II  
*MICU*

Cheyenne Van Dyke, RN, BSN, CN II  
*PCR*

Nicole Vance, RN, BSN, CCRN, CN II  
*PICU/PCICU*

Cynthia Vasquez, RN, MSN, ANII  
*Patient Care Resources*

#### RSC class schedule

May 28-30, June 18-20, Aug. 20-22, Sept. 24-26, Oct. 22-24, Nov. 12-14, Dec. 10-12

### See Me as a Person (SMAAP)

Jerry Bambao, RN-BC, BSN, MS, AN II  
*Tower 4*

Sandie Dial, RN, BSN, CCRN, AN II  
*PICU/PCICU*

Michael Dion, RN, CN II  
*MICU*

Colleen Fields, RN, CN III  
*NICU*

Kristen Trask, RN, MS, BSN, OCN, RN, AN II  
*Davis 8*

Andrea Vega Torres, RN, MS, BSN, CN II  
*MICU*

#### SMAAP workshop and class schedule

May 16-17, June 5-6, July 17-18, Aug. 8-9, Sept. 4-5 and 11-12, Nov. 19-20 and 26-27, Dec. 4-5



### Meet our relationship-based organization facilitators

(L–R): Theresa Pak, RN, MS, NE-BC and Melissa Tayarani, RN, BSN

*Facilitators for all relationship-based organizations (LEO, RSC and SMAAP)*



## Heart failure team: A driving force behind healthier lives

To help combat heart disease, the UC Davis Heart Center has a team dedicated to raising awareness and managing patients living with heart failure. Their valuable expertise helps to ensure that patients receive the best chance at a high quality of life.

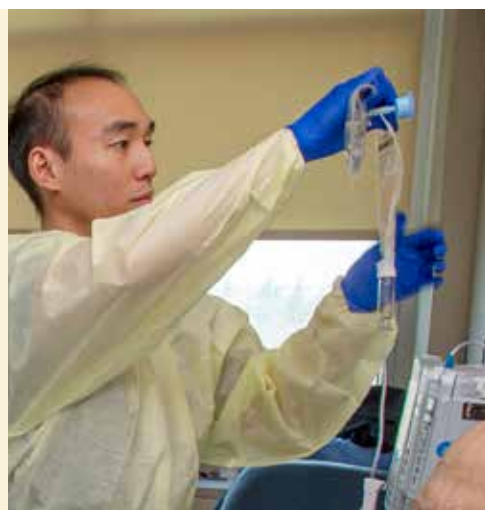
The heart team consists of physician assistant Felicia Corbett and heart failure nurse coordinators Zorana Petrovich and Sharon Myers. Each team member works closely as a patient advocate by coordinating care and educating families (and even nurses) about heart failure. Meet the team:

- **Felicia Corbett** helps manage the care of inpatients with heart failure; provides advanced heart failure consults; and assists any inpatient service in managing their care.
- **Zorana Petrovich** works closely with bedside nurses to provide direct care to inpatients with heart failure. Felicia and Zorana also partner together to facilitate patients transition of care. They address barriers surrounding discharge and patients' understanding of the disease and treatments; provide tools and education; and assist with the transition home.
- **Sharon Myers** coordinates care for outpatients living with heart failure. She meets with patients at their PCN clinics to evaluate their management of heart failure symptoms; provides recommendations for their physicians; and assesses patients' knowledge on heart failure. As a patient advocate, Myers leads a class called "Do More with Heart Failure," an educational opportunity that teaches self-care and includes topics such as overcoming fears, symptom management, medications, nutrition, and more.

The team is currently developing a comprehensive heart failure teaching program aimed to expand patients' understanding of the disease and reduce hospitalizations.



Sharon Myers, RN, Felicia Corbett, PA and Zorana Petrovich, RN, educating others during Heart Failure Awareness Week.



## First-in-region cancer treatment

Davis 8 nurse Michael Chan was by the side of the first patient at UC Davis Medical Center to receive a revolutionary new kind of treatment for lymphoma — CAR T therapy. This new one-time approach is an option for patients who have failed on chemotherapy and can't have a stem cell transplant. UC Davis Health is currently the region's only system to offer this hopeful option.



Evidence-based practice fellows, (L–R): Jennifer Perisho, Justin Massaro, Sherri Twardzik

## Meet our **Evidence-Based Practice** and **Research Fellows**

UC Davis Health supports a culture of clinical inquiry and discovery, and the Center for Nursing Science has developed innovative fellowship programs to help us lead change through research and evidence-based practice.

In the six-month **Evidence-Based Practice (EBP)** Fellowship, clinical nurses develop their leadership, problem-solving, and research utilization skills. Fellows identify a practice issue that may be addressed or improved by applying the latest evidence, and participate in classes on research, levels of evidence, the change process, and project evaluation. Fellows are mentored by a clinical nurse scientist and a clinician.

In the one-year **Research Fellowship**, clinical nurses work on knowledge and skills related to the development, implementation and evaluation of research studies. Each research fellow learns content about clinical research, formulates a researchable question, designs and implements the research project, and disseminates results. The aim of this program is to increase the accessibility of research to the direct-care bedside nurse and to support continued clinical inquiry.

### Fellows and their projects

**Justin Massaro, CN II, Surgical Intensive Care Unit/ED**

*Project: Evidence-based sedation and analgesia to newly intubated ED patients*

**Jennifer Perisho, CN III, CTICU**

*Project: Decreasing extubation times post cardiac surgery*

**Sherri Twardzik, CN III, CTICU**

*Project: Improving interdisciplinary communication in the ICU*

## **Ketamine therapy is a regional first**

Through a collaboration involving the Pain Management Clinic and the Comprehensive Cancer Center Adult Infusion room, we created a thorough outpatient policy with defined treatment parameters for sub-anesthetic ketamine infusions. This is a first for the Sacramento region to offer evidence-based, protocol-driven, ketamine therapy for the treatment of chronic pain.

There are a variety of pain conditions where ketamine has proven useful, from complex regional pain syndrome, to chemotherapy-induced neuropathy, and there is growing evidence to support ketamine therapy in the setting of chronic pain. Many pain syndromes are not particularly responsive to standard analgesic medications such as opioids, non-steroidal anti-inflammatories, and acetaminophen.

The challenges to offering such a therapy reside with the availability of skilled professionals to administer the medication safely, coupled with the appropriate site of service and suitable physician coverage. Patients will receive the therapy in the Cancer Center Infusion room. The low-dose ketamine infusion is a cycle of four weekly infusions, with each infusion given over four hours.



(L–R): Anthony Quam, Jennifer Sweeney, Namhee Lee, Debbie Small and Shannon Romero

## Advancing care for patients with renal injury



(L–R): Rowell Dacuag, Jocelyn Relacion, and Robert Dizon standing with new technology that will help patients during renal therapy.

UC Davis Health has provided state-of-the-art continuous renal replacement therapy (CRRT) and slow extended dialysis (SLED) to renal injury patients for over 20 years. To support quality improvement and the continuum of care for patients, nurses recently took on the monumental task of revamping these programs due to software changes.

With teamwork and support from leadership, over 300 ICU and Nephrology nurses were retrained on CRRT/SLED upgrades and each program received new state-of-the-art systems and modules. Successful changes of this proportion have millions of details that require continuous communication.

## Newly specialty-certified nurses

### Ambulatory Care Nurse (RN-BC)

Mary Lexie Jane Ignas

### Cardiac-Vascular Registered Nurse (RN-BC); Certified Diabetes Educator (CDE)

Gabrielle Burt

### Certified Emergency Nurse (CEN)

Ailyn Grace Chinanglas  
Christina Nichols

### Certified Hospice and Palliative Care (CHPN)

Liza Colvin

### Certified Medical Surgical Registered Nurse (CMSRN)

Kirsten Absalon Talley  
Ann Benson  
Rebecca Dutra  
Xinyin Han  
Cora Lampru  
Sarah Law  
Sarah O'Malley  
Halie White

### Certified Pediatric Hematology Oncology Nurse (CPHON)

Shawna McMillan

### Critical Care Registered Nurse (CCRN-Adult)

Stefan Kuhawa  
Jamie Lee  
Shelly Lee  
Jennifer Suhd-Brondstatter  
Jeorgie Thompson  
Toti Tuscano

### Critical Care Registered Nurse (CCRN-Pediatric)

Shannon Adamo  
Katerina Henry  
Carter Todd

### Family Nurse Practitioner (FNP-BC)

Ross Manashil

### Neonatal Intensive Care Nurse (RNC-NIC)

Rachel Robertson

### Oncology Certified Nurse (OCN)

Gilda Gatbonton

### Pain Management Nurse (RN-BC)

Michelle Zarrin

### Vascular Access (VA-BC)

Stacey Armstrong  
Lisette Maliwat  
Somphong Sayabeth



## Professional Governance Council

### Research Council

- The UC Davis Nursing Science and Professional Governance Conference will take place May 7, 2019 at Betty Irene Moore Hall at the School of Nursing. Registration details will be available soon. Attendees will have the opportunity to listen to keynote speakers; engage in open discussion with research and evidence implementation experts; present their own research projects; and network with other nurses from the Sacramento region. Abstracts for podium, poster or IGNITE! sessions are currently being reviewed.

### Professional Development Council

- The New Graduate Residency program is being revised in anticipation for the American Nurse Credentialing Center (ANCC) accreditation.
- We are reviewing new software for submitting RN competencies, and multiple RN competency tracking programs.
- Celebrated Certified Nurses Day.
- We hosted a successful Preceptor Conference on Dec. 12, 2018. The council is currently planning another one at the end of this year.

### Clinical Practice Council

- We created a patient hand-off module, with a 93 percent completion rate. Certificates were sent out to units with a 100 percent completion rate.
- This year we're focusing on providing a holistic patient experience with complementary therapies, including aromatherapy, music therapy and pet therapy.

### Quality and Safety Council

- Developing patient safety awareness plan.
- New A3 tool posted online.
- The Hero award will now be recognized on perspective units.

### Advanced Practice Providers Council

- We invited a patient to our council meeting. A mother of a child with congenital heart defect discussed her trials after giving birth and the many interactions she had with providers. Her child underwent surgery here and is thriving today.
- We are actively seeking a speaker to discuss legal issues that surround advanced practice.
- Developing a relationship with Elizabeth Rice, Ph.D., RN, PMHNP-BC, director of the family nurse practitioner program and associate dean for student and faculty success at the Betty Irene Moore School of Nursing, who is now a member of the council.
- Finalizing NP3 career ladder document.

### Patient Care EMR Inpatient and Outpatient Council

- Completed roll out of October Epic and CPM upgrades.
- Beginning in May all rover devices will be swapped out for new iPhone 8 devices. Medication scanning workflow will be switched to scanning the patient and medication at the bedside.
- Clarifying treatment team role definitions for future functionality.
- Completed Q1 Epic Refuel go-live.

### Credits

UC Davis Nurse is published regularly to recognize achievements, promote communication and celebrate excellence among nurses across UC Davis Health.

### Call for articles

We're always seeking interesting, informative articles from nurses that work at UC Davis Health!

- In order to print as many articles as possible, our desired length limit is approximately 600 words.
- Photographs, graphs and charts that enhance the article are welcome, and add interest to the publication. Photos should be submitted in the largest (pixel dimensions) and highest-resolution format (dpi) possible.
- The editorial staff may make editorial changes, or request that authors make revisions, on an as-needed basis.

### Help us review

Nurses can also assist by identifying stories to be submitted, or reviewing articles for publication.

If you're interested, please call Ellen Kissinger at **916-734-7819**.

You can also email questions and comments to **HS-UC Davis Nurse**.

*UC Davis Nurse* Editor

- Ellen Kissinger  
elkissing@ucdavis.edu