Center for Professional Practice of Nursing
When the COVID-19 crisis hit our community in March 2020, senior nursing students were supposed to be embarking on their final preceptorships throughout the Sacramento region, the culminating experience that begins their final transition to becoming a registered nurse. But the pandemic threatened to put that process—and their careers and livelihoods—on hold.

Then UC Davis Medical Center and the staff of the Center for Professional Practice of Nursing sprang into action. Through the early weeks of 2020, CPPN was able to more than double the number of senior students placed in our facility, ending the semester with 88 individual nursing students placed in preceptorships. And at the end of the semester, with formal pinning ceremonies canceled due to COVID, CPPN staff even planned and facilitated 20 special ceremonies for the student nurses, on 16 units throughout the organization.

Burn ICU
With California experiencing historically devastating wildfires the last few years, the Firefighters Burn Institute Regional Burn Center has seen the burn service census expand beyond the 12-bed ICU capacity. With more burn patients being cared for in off-unit areas, the burn unit nursing team developed processes to effectively collaborate with other units to deliver the specialized care those patients require.

In addition to going above and beyond to provide wound care, assess skin grafts and coverings, and serve as an invaluable resource for other areas of the hospital, the Burn ICU team has also held several education consortiums to train staff on how to manage patients through the transitions of care. In addition to the nurses, the team comprises hospital assistants, HUSCs, attending physicians, NPs and fellows.
our individual differences and our common ground. Through our Anti-Racism and Cultural Humility (ARC) training, our nursing workforce is committed to eliminating longstanding racial inequities in health status, health care delivery, and in the health care workforce.

We hope you enjoy learning more about the remarkable impact our nurses have on our patients, colleagues, and community. Their commitment to extraordinary love, compassion, courage, and integrity in every interaction is amazing to experience. We are extremely proud of our nurses and all they do to help improve lives and transform health care.

Yours in health,

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

Follow me on Twitter: @TobyMarshRN
Follow me on LinkedIn: www.linkedin.com/in/tobymarshrn/
Follow me on Instagram: @tobymarshrn

Acute Infectious Management (AIM)
WE “AIM” HIGH

The AIM unit opened approximately 14 years ago with a mission of reducing inpatient length of stay and eliminating unnecessary trips to the emergency department (ED) by offering antibiotic infusion therapy and wound care as an outpatient service. Since moving to UT1 in June 2020, the expansion of clinical space and COVID-19, has brought opportunity for increased services and new ways to deliver care in support of the changing needs of the organization and healthcare landscape post pandemic.

Under the leadership of Mag Browne McManus, MSN, RN, Nurse Manager, PCS Radiology, AIM & PICC Services, significant changes over the course of the past year have occurred with many other firsts in the works.

AIM operational hours and FTE were expanded to support new extended hours and additional services. FTE expansion in AIM includes three clinical nurses, a new ANII, and two Advanced Practice Providers (APPs), Karimeh Borghei MSN, FNP-BC, PA-C, PHN.
In the Life of an
OPERATING ROOM
REGISTERED NURSE

Left to right: Dr Kulubya, Dr Edwards, Dr Dhamrait, Mom, and Aida Benitez, RN

A once in a lifetime event occurred on October 24-25, 2020 when 10-month-old conjoined twins Abigail and Micaela Bachinskiy were successfully separated during a marathon 24-hour surgery in the Children’s Surgery Center.

The North Highlands twins were born connected at the head, a condition called craniopagus twins. Conjoined twins are already extremely rare, but craniopagus twins are even more so. Craniopagus twins occur in approximately one in every 2.5 million births.

All surgeries require preparation and planning. As an Operating Room Registered Nurse, their job is to make sure that you are prepared for not only the planned procedure but all the what if’s. Their key responsibility is to protect their patient/s which means being prepared for anything.

Aida M. Benitez, MBA, BSN, RN, CNOR is a member of the Children’s Surgery Center and took on the role of nursing team lead for the first separation of conjoined twins at UC Davis Medical Center.

The preparation for separating the twins began months prior to the surgery date. Aida put in tireless hours on and off the clock reaching out to the few individuals across the world that might be able to offer words of advice for such a rare procedure.

As part of Aida’s role, she coordinated personnel, supplies, and equipment. This coordination took on a life of its own and soon became interdisciplinary across the hospital with Aida as one of the leads. She kept an amazing spreadsheet to keep everyone on track, making sure that all possibilities had been thought of. Aida arranged for multiple interdisciplinary meetings, simulations, and scenarios that were practiced for months to prepare for numerous possible risks: compromised airways, collapsed lungs, bleeding, or IV Placement. Aida also enlisted the expertise of the Wound Care Team who performed pressure mapping on the twins while they remained under anesthesia.

Aida worked closely with a team of experts which included more than 30 people. With so many key players in one space, each with a distinct role to play, the team members were divided by color. Leaders Edwards, Wong, Dhamrait and Benitez donned black caps. Team Purple took care of Micaela, while Team Orange cared for Abigail. Surgical residents wore grey caps and could assist with either child. Purple and orange masking tape were used to label equipment for the respective teams in the operating room.

On December 23, 2020 all the work and planning came to fruition when the twins were discharged home after a visit from one of their favorite nurses, Aida Benitez.
The Sacramento Sierra Nurse Leaders Recognition Awards Program was established to recognize excellence in nursing leadership. The following UC Davis Medical Center leaders received Best Practice or awards for Support of Professional Nursing in 2020.

**Diversity and Inclusion Award**
Calene Roseman, MSN, RN
Nurse Manager

**Leadership Award**
Judie Boehmer, MN, RN, NEA-BC, FABC
Executive Director, Patient Care Services

**Retention and Outreach Award**
Theresa Pak, MS, RN, NEA-BC
Nurse Manager

**Emerging Nurse Leader Award**
Carter Todd, MS, RN, CCRN
Clinical Nurse II
Chair, Diversity, Equity & Inclusion (DEI) Council

**Clinical Practice Award**
Eric Moore, MBA, BSN, RN, NEA-BC
Nurse Manager

**Friend of Nursing Award**
Cathy M. Montes
Administrative Supervisor, Patient Care Services

**Leadership Award**
Judie Boehmer, MN, RN, NEA-BC, FABC
Executive Director, Patient Care Services

**Retention and Outreach Award**
Theresa Pak, MS, RN, NEA-BC
Nurse Manager

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Sacramento Sierra NURSE LEADERS
PATIENT FLOW MANAGEMENT

PCS has adopted a discharge by 2pm goal of 38.3% for fiscal year 2021. While several efforts on individual unit levels are in progress, the Patient Flow Management Center (PFMC) have adopted several new processes and workflow changes to help improve this metric as well.

In April of 2020, the PFMC integrated the Discharge Reception Area (DRA) into their department. A rapid cycle improvement plan was adopted including a GEMBA walk, and A3. During 3Q20, the DRA worked with Parking and Transportation to have high visibility flags displayed at the patient pick up entry way. Designated roles within the DRA team were established maintaining a central dispatcher role to improve communication between the DRA and inpatient units. In November of 2020, a new EPIC integration of the DRA eligibility and DRA RN documentation went live. Within the first six months of transition to the PFMC, the DRA patient volume average grew from 307 patients per month to over 429 patients per month.

Initiation of a House-wide DC Huddle Pilot. In September 2020, the PFMC proposed the initiation of an adult inpatient discharge huddle to review all projected discharges for the day, and potentially any barriers to facilitate patient flow. The pilot initially consisted of eight units: East 4, East 8, Tower 3, Tower 4, Tower 6 MSU, Davis 11, Davis 12, and Davis 14. Standing members of the interdisciplinary team were also recruited to join the huddle including: Case Management, Nursing Supervisor, Heart Center, Radiology, DRA ANII, PFMC ANII, Physician Advisor, and PT/OT Supervisor. The pilot has now transitioned to a standing huddle occurring daily (Monday-Friday) at 0930 and has recruited additional units (East 6 and Davis 6).

Some quick wins for this multidisciplinary DC huddle include:

- Ziopatch cardiac monitoring placement facilitation.
- Improving read time for radiological exam results pending discharge.
- Improving communication to PT/OT regarding discharge pending evaluations.
- Escalating potential AIMs clinic outpatient follow-up candidates.
- Identifying discharge barriers early on (0930 am) to help facilitate a timely discharge.
- Identification of appropriate DRA eligible patients.
- Escalate cases as needed to the Physician Advisor and Nursing Supervisor on duty.
GRATITUDE HEALS

Our clinicians give of themselves in many ways, including charitable giving. “Why I Give” offers a personal look at why one of our own gives to UC Davis Health.

Cheryl McBeth
MS, BSN, RN, CCRN-K, NEA-BC
Nurse Manager, Davis 8/BMTU

Cheryl McBeth, MS, BSN, RN, CCRN-K, NEA-BC is the nurse manager for the Oncology and Bone Marrow Transport Unit on Davis 8, and is the former manager of the Pediatric Intensive Care Unit/Pediatric Cardiac Intensive Care Unit (PICU/PCICU) on Davis 10.

Cheryl has been a longtime donor to a variety of UC Davis Health programs, including the Children’s Hospital, the Nursing & Leadership Scholarship Fund, School of Nursing Speaker Fund, and most recently, the new CARE Project to provide adult patients with care, compassion, and amenities in the hospital.

What makes someone like Cheryl invest in the future of nurses and patients? We asked Cheryl to share her story of philanthropy.

Why did you become a nurse?
I knew since I was six years old that I was going to be a nurse. Now after 31 years, I still love what I do. It is an honor to care for patients in their deepest hour of despair.

What has been the most memorable part of your career at UC Davis thus far?
UC Davis Health has been able to provide me an opportunity for growth whenever I needed it and has allowed me to have a thriving and meaningful career.

You’ve become very attuned to listening for gratitude from patients and families. How did you learn this skill?
Through training and knowing the importance of being present. Listening to the needs of patients and their families, I pick up on cues and then get the experts involved.

You also make the “philanthropy pivot” quite well, referring grateful patients to the hospital development team. Why do you contact development?
I truly believe that gratitude does heal, and I want our grateful patients and families to have an avenue to express their gratitude.

Why is giving back to UC Davis Health important to you?
I work for an amazing organization that has afforded me many opportunities. It is important for me to express my gratitude for those opportunities and the care my family and I have received by giving back.

The Gratitude Heals campaign is an ongoing effort by Patient Care Services to inspire and encourage the role—and impact—of philanthropy in the improved care of patients and self-care of clinicians and staff. The campaign is centered around four gift funds:
- The CARE Project
- Re-Igniting the Spirit of Caring Endowed Fund
- Patient Assistance Fund
- Child Life Support Fund

If you’re interested in learning more about the campaign, please scan the QR code or contact John Gorney at jgorney@ucdavis.edu
Why is the CARE Project the program you choose to support?
Much of my career has been in the Children’s Hospital. When I transitioned to the Adult Oncology/BMT unit and realized we did not have Child Life Specialists in the adult arena to assist with procedural preparation or provide opportunities to learn distraction techniques or avenues such as crafts/art to escape for just a little bit. There is a gap in the adult units. My vision is that the CARE Program is the adult version of Child Life and this will allow us to provide much needed services to our adult patients.

You have been a generous employee donor to various UC Davis funds for many years. What would you say to nurses thinking about giving through Employee Giving’s payroll deduction program?
I started small and it has grown from there. I want to be a part of the difference we make in our patients' lives not just by providing care or leading a team but importantly, by giving back.

At the end of a busy day, what makes you smile?
A collaborative team, my family, and sweet puppy, Willow
Extraordinary Love. Compassion. Courage. Integrity. These are the foundational Values that drive the Mission and Vision of UC Davis Nursing. From these values flow UC Davis Nursing’s commitment to eliminating longstanding racial inequities in health status, health care delivery, and in the health care workforce, both nationally and regionally.

One way UC Davis Nursing has operationalized this commitment is by investing in Anti-Racism and Cultural Humility (ARC) Training for UCDH’s nursing workforce. The yearlong effort represents a newly envisioned clinical nursing and academic collaboration supported by the chief nursing officer at UC Davis Medical Center, Toby Marsh, and the Dean of the School of Nursing, Stephen J. Cavanagh.

The combined effort complements a recent announcement by the American Nurses Association’s membership assembly, which specifically calls racism a “public health crisis.” The Code of Ethics for Nurses, “obligates nurses to be allies and to advocate and speak up against racism, discrimination and injustice.”

“We know that racism truly impacts mental, spiritual, and physical health,” said Theresa Pak, nurse manager and the relationship-based culture and wellness strategist at UC Davis Medical Center, and School of Nursing alumna. “Nurses have such an important role to play in advocating for social justice.”

Leading the design and implementation is a nationally recognized founder of the concept of Cultural Humility, Jann Murray-García. She also happens to be a UC Davis Associate Health Sciences Clinical Professor in the Betty Irene Moore School of Nursing and Director of Social Justice and Immersive Learning in the Office of Health Equity, Diversity, and Inclusion. “In the two decades of doing this work, I have yet to encounter a leader who not only wanted his entire frontline clinical staff trained, but deliberately started with leadership. Usually it’s students first, then faculty members on a volunteer, self-selected basis. The fact that Toby is requiring this of his upper management first and joined the Executive Nurse Leadership Team in the initial training cohort is simply extra-ordinary.”

Left front: Jann Murray-García stands next to Chief Nursing Officer Toby Marsh and surrounded by Senior Leadership from across the organization for the three day Anti-Racism and Cultural Humility (ARC) training
The overarching goal of ARC Training is to seed the institution with leaders equipped to build a professional Community of Dialogue that shares a clearly articulated vision, a common language, and a measurable commitment to evidence-based problem-solving. An extensive evaluation is documenting program outcomes at the intersection of health equity, excellent clinical care, transformative research, meaningful professional development, and system-level change.

With four cohorts of nurse leaders having completed the training in 2020, the training of all upper management nurses (10 cohorts, 130 total) should be completed by Summer 2021. Thus far, 49 participants report some unique aspects of the training: a deep exploration of aspects of identity; the history of U.S. race relations as a context to approach racial disparities in health; the practice of this often-awkward dialogue about racial inequality; and hope that individual and institutional change is possible.

Joining Murray-García in leading the Anti-Racism and Cultural Humility (ARC) training project are the School of Nursing’s Associate Dean of health equity, diversity and inclusion, Kupiri Ackerman-Barger, and Victoria Ngo, a postdoctoral scholar and alumna of the school. Other fellow alumni Lori Madden, Director of the Center for Nursing Science, and clinical nurse Andrea Vega Breaux round out support of the program team.

In addition to developing the ARC Training, UC Davis Nursing has also established a Diversity, Equity and Inclusion (DEI) Council, which is led by Carter Todd and Kywaita Keyes. The DEI Council is designed to implement and maintain nursing standards consistent with evidence-based practices that address issues of discrimination within the Patient Care Services department and nursing. It is aligned with the UC Davis Principles of Community and the university’s mission and vision, which are committed to advancing diversity, equity, and inclusion as integral to the well-being of staff, students and faculty, as well as patients and their families. The DEI Council will facilitate, extend, and deepen the success and sustainability of the ARC Training.

August 10, 2020, UC Davis Medical Center launched our first ventilator integration system, the Capsule Neuron 3. The hardware for this device has been installed in 34 patient rooms throughout three intensive care units (ICU’s) including Medical ICU (Tower 5), Medical Surgical ICU Blue and Medical Surgical ICU Gold (Tower 7). The core project team included Krystal Craddock and Michelle Young, Respiratory Care, Jane Bello, Clinical Applications, Chance Dolan, System Integration, George Wu, Application Operations, Christopher Nauta, Clinical Engineering, Ranjana Singhal, Clinical Engineering, Jennifer Matela, IT Education, and Jeremy Dasucuy, Technical Project Manager. Additional support and coordination for training and education of nursing staff was provided by Amy Doroy and Theresa Pak, Nurse Managers.

Ventilator integration offers many benefits including increased efficiency with end-user workflow through automation of patient data into EPIC, increased accuracy through electronic integration of standard documentation flowsheet, and transfer of mechanical ventilator data in near real-time using the Capsule Neuron middleware, improving the quality of patient care. Ventilator integration also provides the ability for Respiratory Therapy, Nurses and Physicians to remotely monitor patients, which is especially useful during the pandemic.
In December 2019, the Nuclear Medicine (NM) section in the department of Radiology started offering a cutting-edge theragnostic treatment called Lutetium Lu177 dotatate (Lutathera). Lutathera is an FDA approved radiolabeled somatostatin analog, for the treatment of adults with somatostatin receptor-positive GEP-NETs (gastroenteropancreatic neuroendocrine tumors) including foregut, midgut, and hindgut. The treatment consists of four infusions that are typically eight hours in length, at four week intervals.

The creation of this program was a collaborative effort with Radiology Nursing Leadership, Radiology Nurses, NM Technologists and NM faculty. Over a period of four months, the teams met to create workflows, standards operating procedures, patient education tools, roles and responsibilities of the team, and identifying frontline staff who would be the champions for this exciting new program. Prior to the program starting, radiology nursing completed a site visit to UCLA who have been providing this treatment and had been part of the Phase Two study prior to the FDA approval. During this visit, staff observed two treatments and met the Lutathera Nurse Coordinators. This visit was critical to the development of the nursing protocols and order sets. The nurses who had volunteered to be part of this exciting new program identified pharmacy equipment needs, pre and post treatment patient instructions, day-of infusion patient workflows, and finally, a mock run prior to the first treatment.

A critical component of this treatment is the placement of radiation safety protocols to protect against and prevent contamination from the Lu 177. Linda Kroger, Radiation Safety Office (RSO) from Health Physics and the team worked to create processes for the set-up and clean-up of the treatment areas. During the set-up and clean-up of the treatment staff follow specific guidelines prepared by the RSO to protect against and prevent contamination from 177-Lu in the patient care area environment and post-treatment, follow procedures for disposal of contaminated radioactive items and waste.

In December 2019, the first patient was treated and to date the department have completed 45 infusions. As the programs developed, staff continuously evaluate the processes and adapt as needed. In July 2020, the team received the Patient Innovation Safety Award for the program.

Theragnostic future is very bright in radiology, in the near future there will be a four-chair infusion room. that will support Lutathera and upcoming new treatments such as Lutetium-177 PSMA Radioligand Therapy of Metastatic Castration resistant Prostate Cancer.
In alignment with the 2020-2024 UC Davis Medical Center Nursing Strategic Plan, Nursing has partnered with a team consisting of key stakeholders from Sustainability Committee, Operational Waste Programs Administrator, Occupational Health and Safety, Environmental Services, and the Infection Prevention Department.

This team has successfully integrated supply waste strategies into workflow with respect to the Red Bag Waste (RBW) Reduction goal achieving a current reduction from our baseline of 3.82 LBS/APD to 2.82LBS/APD exceeding our 6% reduction goal. This goal was achieved through a collaborative effort with a shared vision serving as our inspiration. As the RBW receptacles were not being utilized properly due to regular trash being discarded in the red biohazard bag. The infrastructure empowered the aforementioned team members as we examined policy, CDPH waste requirements, and general EOC standards. After identifying stakeholders and end users the committee implemented process guidelines. The RBW pilot started in the E6 Cardiothoracic PCU. We educated stakeholders (EVS) and staff to the merits of sustainability. This improved the allocation of waste to the proper receptacles resulting in a more economical management of waste. In each patient’s room, the staff member obtains a red bag from the dispenser as needed, resulting in less indiscriminate use of red bins. The evidence showed a decrease in overall red bag waste volumes, minimizing unneeded energy use to treat properly segregated landfill waste as well as creating a more organized and presentable patient care area. Hence, this process has been successfully adopted in the Medical/Surgical acute care areas. The next steps are to adapt similar strategies for the ICU use.

Future Sustainability projects;
• 2nd breath
• RBW Reduction to Outpatient areas
• Blue wrap recycling (PeriOp Areas)
• Recycle re-launch
• Organic / Food Waste Composting
• Food Donation
• Medical Device Reprocessing
• Reduction of single use plastic

East 6 Cardiothoracic Progressive Care Unit Leelin Taboada, BSN, RN utilizing red bag dispenser for RBW contents
The Center for Professional Practice of Nursing (CPPN)
PILOTS FIRST
VIRTUAL CLASS

Amidst a pandemic, virtual education is key to successfully enable learning for healthcare providers. On October 2020 the Center for Professional Practice of Nursing (CPPN) hosted two virtual Introduction to Precepting courses. The courses were offered with both synchronous/asynchronous sessions using Microsoft Teams (MS Teams). The classes were offered similarly to the in-person Introduction to Precepting course in two day 6-hour sessions. The curriculum and learning objectives were consistent with the in-person course.

The virtual Introduction to Precepting course meets and fulfills the educational requirement for the Transition to Practice Preceptors and aligns with Practice Transition Accreditation Program (PTAP) requirements.

Preceptor program coordinators, Monica Aguilar MSN, RN, NPD-BC and Diane Mua-Xiong, MSN, RN, CCRN-K led the pilot by
• Drafting a pilot proposal
• Surveying registered participants to identify learner options
• Learning the Microsoft Teams platform
• Adapting the Introduction to Precepting course into a virtual format in Microsoft Teams
• Gathering learning data; learner engagement data; learner satisfaction data and the feasibility and functionality of Microsoft Teams

The pilot goals focused on testing the feasibility and functionality of Microsoft Teams for both synchronous and asynchronous education sessions, provide a safe environment for learners without the use of large room, determine if learning activities allowed for the fulfillment of learning objectives, identify learning engagement in
virtual sessions, gather learner satisfaction data, and determine the future direction of virtual classes.

The pre-class survey was completed by 84% of registered class participants. The results overwhelmingly favored the virtual format of the class. 74% of learners favored the virtual option of the class. The rationale behind the virtual option was to ensure learner safety and minimize exposure to others.

Microsoft Teams for Education is both a videoconferencing application and educational platform. Diane and Monica took on the challenge of learning about both the videoconferencing application and educational platform by

- Testing its features
- Viewing training videos
- Guidance from Information Technology (IT) support desk
- Reading the multiple resources provided by Microsoft

After learning about Microsoft Teams, the Introduction to Precepting course was adapted to a virtual format by formatting class presentations for both synchronous and asynchronous sessions. The synchronous adaptations included interactive lectures utilizing MS Teams videoconferencing chat, GIF’s, emojis, raise hand feature, break out room sessions and surveys.

The asynchronous adaptations included video presentations, self-guided slide presentations, quizzes and reflective assignments.
The pilot yielded outcomes from 48 learners. Data was gathered from a post-class evaluation, MS Teams Insights application and from course facilitator observations. Overall, 47 class participants completed the end of class evaluation. Forty-seven learners complete all course requirements.

Learner engagement data included the completion of all 21 assignments during the asynchronous sessions and learner engagement during the synchronous sessions. The chart below indicates the number of on-time assignments for learners who attended session 2 of the virtual Introduction to Precepting class. This report was generated using Insight’s, an analytics application tracking activity on MS Teams.

Class participants rated their satisfaction positively on the end of class evaluation. 60% of learners were overall extremely satisfied and 40 % were satisfied with the virtual class via Microsoft Teams.

77% of learners strongly agreed and 23 % agreed to attending a future virtual class with both synchronous and asynchronous sessions.

This course also yielded the “largest amount of free text positive comments in seven years of teaching curriculum at UC Davis” according to Monica.
Some comments include

“The content was amazing. The live sessions were great. The group work was great. I think that this was so well done, and I hope there are more courses like this. I thank you for providing a safe opportunity to complete this course. It really helped being at home and doing all the work”.

“This was by and far the most interactive online experience I’ve ever had. Despite it being virtual, it was wonderfully multi-modal and engaging. The instructors did a fantastic job of combining live surveys, break out groups for smaller debrief sessions, and independent written/reading assignments. I would very highly recommend this to anyone. If you can get past some of early, IT frustrations of a new environment (Microsoft Teams) it is very worth it. Much more comprehensive than a Zoom call. The instructors were clear with their directions for class engagement which benefitted the pace of class. I can’t recommend this class enough”.

“I LOVED the virtual format of this course. It was my first time using Microsoft Teams but it didn’t take too long to figure it out and Monica and Diane explained how to use it very well (computer stuff can be challenging for me and I was nervous but I told my husband after day 1 how pleasantly surprised I was!) I thought that Monica and Diane did a great job of moving the class along, nothing felt like it took too long or moved too quickly. I liked all the surveys, chats, group work because it kept it interesting and moved the day along. I enjoyed the self-led learning too because it’s nice to do things alone at my own pace too. And of course, I must mention the overall convenience of being able to learn from home and not deal with driving/parking/etc. Overall, bravo, well done!”

The pilot proposal goals were met. A safe environment was provided to learners without the use of a large room. A virtual session through Microsoft Teams for both synchronous and asynchronous sessions was feasible and functional for the Introduction to Precepting course. Learning took place and learning objectives were met. Learners were actively engaged. Overall learners were satisfied with a virtual class. The Virtual Introduction to Precepting Class is now open for registration.

Diane and Monica enjoyed taking on this virtual educational challenge.

“I learned so much about MS Teams and I had a fun time teaching the class with Monica. I also enjoyed seeing and talking to all of our preceptors.” - Diane

“I am happy and grateful to be given the green light to provide a unique and safe learning environment to our wonderful preceptors.” - Monica
Congratulations to our DAISY AWARD RECIPIENTS!

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

Vincent Singh, BSN, RN

Vincent combined kindness and compassion with terrific communication, he explained what we were doing as a team and "why". His positive demeanor was infectious and made a huge difference in my post-surgery recovery. He gave me confidence to move around the room and the unit, which has carried over to my post-discharge rehab (I am now walking five to six miles day). Vincent was a great care partner during my time at UC Davis Medical Center.

Ella Gusev, BSN, RN, PACU

Ella jumped in the water and swam to a young woman drowning. The women grabbed on to Ella. Ella looked the women in the eyes and stated, "If you grab me we will both drown" she told the women to kick her legs and she will pull her to safety. As they were making progress to the shore the women said she was with a man who was under the water. Ella alerted people on the shore and strangers swam out to find the missing swimmer.
Nurse Leader Award: Chief Nursing and Patient Care Services Officer
Toby Marsh, MSA, MSN, RN, NEA-BC, FACHE
An exceptionally compassionate leader in “normal times,” Chief Nursing and Patient Care Services Officer Toby Marsh went the extra mile in 2020. With COVID-19 adding immense stress and greater complexity to the work of everyone in the hospital and across the health system, Toby doubled his efforts to ensure all staff felt – and continue to feel – valued, heard and recognized in their roles.
Living and leading as an example of the medical center’s Relationship Based Culture, Toby was more visible and present than ever during the challenging year – checking in on staff, reminding everyone to be kind to themselves and to colleagues, and relentlessly striving to keep nurses safe. Meanwhile, Toby also continued to invest in and promote professional development opportunities, including trainings that emphasize caring for self, building connections and advancing a fundamental culture of care.

Abigail Inkster, MSN, RN, FNP-C, RNFA, Orthopedics Clinic
Abby has freely and lovingly guided my wife through the complex protocol required for diagnosis and treatment. She has been available in the off hours and shared her knowledge and compassion every step of the way.
One couldn’t have hoped for a more compassionate and knowledgeable support.

Annie Tat, MSN, RN, RN-BC
Tower 8 Transplant/Metabolic
A hero is someone who can recognize that saving a life is not the only measure of strength. It’s the intentional decision to actively listen to the needs of others, the love that is infused into even the simplest actions, and the humility that comes with loss. To Annie, nursing is not just a profession; it’s a daily decision to hold a stranger and to love them through the hardest of times. She gives all of herself to her patients, their families, her co-workers, and members in the community each and every day. Regardless if she is saving a life or navigating a loss, Annie radiates warmth, empathy, love, and openness: qualities that embody a true hero.

Marygrace Cabcabin, BSN, RN
Nuclear Medicine
Marygrace monitored me closely, speaking to me in a calm, compassionate manner which helped keep my anxiety and concern in check. I felt safe and knew even if an emergency occurred, I would be well cared for. As a healthcare worker these may be pretty routine tasks performed consistently and professionally but when the tables are turned and we become the patient, it’s comforting to have care that is individualized with careful attention to safety.
“Always Nurse” is a new program to recognize excellent nursing using inpatient survey data (HCAHPS) and EPIC to identify nurses as part of the treatment team where every single patient responded “always” to the 3 RN Communication questions. These nurses scored 100% of “always” responses to the questions: During this hospital stay, how often did nurses treat you with courtesy/respect? During this hospital stay, how often did nurses listen carefully to you? And During this hospital stay, how often did nurses explain things in a way you could understand? This data will be compiled quarterly and the below mentioned nurses are being recognized for surveys received between July-September 2020. Members of a patient’s treatment team will include all nurses associated with that patient through their entire stay.
CNO Toby Marsh celebrates Always Nurse Ellen Kim with East 8 staff members

*Kristina Baxley  
Tower 3 Women’s Pavilion

Antoniya Boyd  
Tower 8 Transplant/Metabolic

Valerie Brown  
Tower 8 Transplant/Metabolic

Michelle Bustamante  
Tower 3 Women’s Pavilion

Katherine Castro  
Tower 3 Women’s Pavilion

Kristofer Copero  
Tower 6 Med/Surg

Cinderella Coronel  
Patient Care Resources

Barbara Cutter  
Emergency Department

Abigail Dela-Garcia  
East 4 Accelerated Access

Juliet Delima  
East 8 Med/Surg Specialty

Kevin Deniz  
Patient Care Resources

Gemar Fantillo  
Davis 8 Oncology/BMTU

Justine Fortis  
Davis 8 Oncology/BMTU

Mary Fursov  
Patient Care Resources

Krista Furuta  
Davis 3 University Birthing Suites

Maria Granados  
Davis 12 Surgical Specialties

Jessilyn Erin Haines  
Emergency Department

Misty Harmon –  
Davis 3 University Birthing Suites

Denise Ho  
Patient Care Resources

Ryan Hular  
Emergency Department

Laura Juarez  
Adult Annex

Ellen Kim  
East 8 Med/Surg Specialty

*Jose Latog  
Davis 14 Ortho/Trauma

Angie Lau  
Tower 5 MICU

Eun Jeong Lee  
East 8 Med/Surg Specialty

Katrinia Rose Lemons  
Emergency Department

Lois Merkley  
Patient Care Resources

Lisa Mithun  
Tower 8 Transplant/Metabolic

*Joel Opinion  
Tower 4 Medical Surgical

Steven Patras  
Tower 7 MSICU Gold

Angela Prather  
NSICU

Chantal Rafael  
Tower 3 Women’s Pavilion

Raissa Robles  
NSICU

Marcos Rogue  
Davis 12 Surgical Specialties

Karris Scott  
Davis 14 Ortho/Trauma

Rosalyn Tauerbon  
East 8 Med/Surg Specialty

*Margaret Tremblay  
Davis 8 Oncology/BMTU

*Pamela Vele-Adair  
Davis 8 Oncology/BMTU

Mary Yee  
NSICU

* Multiple award recipient
Newly Recognized Clinical Nurse III
3Q 2020
Diana Arellano (Peds Ambulatory Services – Pediatric Endocrinology)
Marinell Catalan (Hospital Epidemiology & Infection Prevention)
Alexandra DePew (Chu (Emergency Department)
Namhee Lee (Adult Infusion Center)
Feysseng Saechou (Tower4 – ENT/Internal Medicine)
Rosalyin Tajieron (East 8 – Med/Surg Specialty Unit)

4Q 2020
Joanna Mello (PACU)
Shann Issel Bunggay (CTICU)
Justin Winger (Emergency Department)
Jennifer Commis (Davis 3 University Brthing Suites/Tower 3 Women’s Pavilion)
Amber Dawn Williams (Pain Clinic)
Victoria Smith (PCS Quality & Safety)

Newly Specialty-Certified Nurses
Acute Care Nurse Practitioner (ACNP-BC)
Tam Kilday Dana
Lars Gjerde

Blood and Marrow Transplant Certified Nurse (BMTCN)
Catherine Cook

Certified Emergency Nurse (CEN)
LaTasha Austin
Anika Kutschmar
Aleah McNabb
Eun-Hei Lee
Mai Yong Lee
Seth Mayoral
Maria Robertson
Rachel Scott
Jessica Sutton
Stacey Treadway
Michelle Waddell
Justin Winger

Certified Medical Surgical Registered Nurse (CMSRN)
Jacquelyn Baek
Maria Leonora Erespe
Valerie Esty
Sean Ketterling
Angelina Nochez
Tatyana Nikitchuk
Anna Patterson
Nga Robinson
Marissa Romeri
Joseph Yoga
Lukas Yoga
Jasmine Yumiaco

Certified Nephrology Nurse (CNN)
Marie Isabel Aguilar

Certified Nurse Operating Room (CNOR)
Michael Grills

Certified Pediatric Emergency Nurse (CPEN)
Julia Spangler
Kimberly Wheatley

Certified Pediatric Nurse (CPN)
Julia Grissinger
Crystal Mugno

Critical Care Registered Nurse (CCRN-Adult)
Julie Alvarado
Sarah Anderson
Pamela Crowell
John James
Anatoly Kukharets
Gina Le
Shannon Mara
Jason Mendez
Deanna Ochoa
Anna Olszewski
Joan Perez
Joseph Reguindin
Caitlin Riley
Alexandria Schrick
Andrew Stefan
Cynthia Walsh

Critical Care Registered Nurse (CCRN-Neonatal)
Lam Yan

Family Nurse Practitioner (FNP-BC)
Elizabeth Funke
Kathryn Gayhart
Zenaida Magtibay
Ashley Yuan

Inpatient Obstetric Nursing (RNC-OB)
Anna Saldonido

Neonatal Intensive Care Nurse (RNC-NIC)
Jennifer Brown
Ala Kostov
Valeria Martinez
Haley Nagle
Nicole Ruggiero
Maribel Vera

Neonatal Nurse Practitioner (NNP)
Nora Geraghty

Neonatal Pediatric Transport (C-NPT)
Yvetter Gonzales

Nursing Professional Development (NPD-BC)
Alicia Vasey

Oncology Certified Nurse (OCN)
Denai Balla
Stephanie Catala
Ellen Davis
Apinya Vorasaph
Sarah Zazoulin

Pediatric Nurse (RN-BC)
Kimberly Mason
Inna Plugovaya

Progressive Care Certified Nurse (PCCN)
Angelina Bozhko

Psychiatric & Mental Health Nursing
Mark Lopez

Trauma Certified Registered Nurse (TCRN)
Kayla Hallam
Peyton Remedios