Extraordinary Love, Compassion, Courage, and Integrity in Every Situation
A REFLECTION ON THE EXTRAORDINARILY LOVE, COMPASSION, COURAGE AND INTEGRITY IN 2020

In 2020, our nurses exemplified grace under pressure as they delivered extraordinary care on the frontlines of the COVID-19 pandemic. They showed up each day, adjusted to rapid changes, adapted to new ways of delivering quality care to our patients, and their compassion, kindness, and selflessness never wavered. Their dedication and courage deserve our deepest gratitude and admiration. Every day, I continue to be inspired by our UC Davis Health nurses.

Our 2020 Annual Report highlights key achievements throughout the year and shares incredible stories of our award-winning nurses making a difference for our patients and in our community. From the conjoined, now separated twins, to our Gratitude Heals Campaign raising more than $124,000, our newly formed Diversity, Equity, and Inclusion Council, our nurses create positive patient experiences.

By collaborating with our physicians and staff, our nurses guided more than 200,000 patients through their health care journeys this past year. Their skills and professionalism ensure patients received science-based, technologically precise, and compassionately delivered care.

Lastly, I would like to thank our nurses and advanced practice providers for all that they do, especially in the past year during the most difficult of circumstances. We are tremendously proud of our UC Davis Health nurses—and, our patients, institution, and community greatly benefit from their extraordinary love, compassion, courage, and integrity. So, please take a few minutes to read about—and celebrate—our achievements in this annual report.

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
Nursing Excellence

Christmas came a little early for the Bachinskiy family: formerly conjoined twins Abigail and Micaela were discharged from UC Davis Children’s Hospital and spent their first Christmas together at home.

The 11-month-old craniopagus conjoined twins, born connected at the head, were separated in a 24-hour separation surgery that spanned October 24-25, 2020. They spent nearly two months recovering at UC Davis Children’s Hospital.

Hospital staff members waved and clapped as the girls traveled via wagon through the hallways on their way out, and several accompanied them all the way outside to say goodbye.

It was just one milestone in a year packed full of milestones. Parents Liliya and Anatoliy have dubbed them “miracles:” the birth of their girls, taking them home for the first time via the UC Davis Children’s Hospital ambulance, a tissue expander surgery to create enough scalp skin for their separation, their successful separation surgery and seeing each other for the first time.
Nursing Excellence (Continued)

44 NURSING STUDENTS PINNED

Last May, 20 ceremonies across 16 units were conducted as 44 students were pinned by 47 preceptors to honor and celebrate their transition from student to professional nurse.

“Each ceremony was unique, and both day shift and night shift were represented,” said Kelly MacPherson, RN, MS, EdD, NEA-BC,NPD-BC, Manager, Center for PPA.

As hospitals throughout California began shutting their doors, many students were displaced from previous preceptorships. However, UC Davis Medical Center has led the way with the decision to allow nursing students to continue their education. Our program welcomed unprecedented numbers in spring to ensure students would be able to complete their programs. Thanks to our nursing leadership, long-range vision and collaborative work across units, all precepted students were able to complete their required hours and take their licensing exam to become registered nurses.
EXPERIENCES FROM DAVIS 14: DESIGNATED MEDICAL-SURGICAL COVID-19 UNIT

In March, the Davis 14 Ortho/Trauma Unit was designated as the medical-surgical COVID-19 unit. Many Davis 14 staff were nervous, anxious, afraid, and had many questions and concerns. Senior leadership acknowledged and addressed these concerns, and swiftly allocated resources to meet the needs of the unit so they could successfully and safely care for COVID-19 patients.

“As we learned more about the novel coronavirus and its challenges, all departments mobilized to respond to evolving needs and requests. New processes and workflows were created as feedback was channeled through the command center. Senior management was visible on the unit to answer questions and listen to our requests.”

— Dorine Fowler, Nurse Manager

“Concerns were addressed swiftly, and updates were provided during daily safety huddles, the COVID-19 dashboard, and management document. Davis 14 is grateful for the support and hard work from our colleagues throughout the organization from our physician partners, Infection Prevention, Respiratory Care, Food and Nutrition Services, Environmental Services, Supply Chain Management, Public Affairs, and many others.”
2020 DAISY COVID Team Awards

The emergency department, three units and four ICUs were recognized with the DAISY COVID Team award for the caring, courageous and compassionate care provided to patients during the COVID-19 pandemic.
EMPLOYEE HEALTH SERVICES VACCINATIONS

The novel Coronavirus required quick planning and action to vaccinate and protect UC Davis’s frontline health care workers. UC Davis was among the first health care systems in the nation to receive the initial allotment of the Pfizer vaccine. The North Addition auditorium was converted into a vaccine clinic with up to nine vaccine stations at any given time. The Employee Health team was fortunate to draw from the experience and expertise of Mary Rose, RN, pharmacy, supply chain, and the many other staff to operationalize the COVID-19 vaccine clinic, which opened December 15, 2020. By mid-March 2021, Employee Health Services had administered over 26,000 Pfizer, Moderna, and J&J vaccines (first and second doses). Employee Health Services continues to provide COVID-19 vaccines to staff and new hires.
Empirical Quality Results

The Quality and Safety Council continues to inspire and support units in meeting their Performance Excellence Commitments: Best People, Best Practice, Best Quality, and Best Financial Stewardship. They inspire us with their continued partnership with patient care areas to monitor and support quality improvement initiatives using Lean Six Sigma concepts and standardized problem solving methodology.

Projects Led by Lean Six Sigma Green Belt Certified Nurses

**5S: AN INPATIENT PATIENT CARE INITIATIVE TO REMOVE CLUTTER AND REORGANIZE THE WORK ENVIRONMENT.**

**Project Lead:** Stacy Hevener, MSN, RN, ASQ CSSGB, CPHQ

**Unit Leads:** Jan Shepard, MSN, RN, ASQ CSSGB, CCRN-k, Hannah Stevenson, BSN, RN, ASQ CSSGB, Viacheslav Popov, RN, MMS, CSSGB, Kiran Sidhu, MSN, RN, ASQ CSSGB, CMSRN, Farrah Reynoso, BSN, RN, ASQ CSSGB, CNRN, Greg Woods, MSN, RN, PHN, BA, ASQ CSSGB, Felicidad Loomis, MSN, RN, Jeanne Ings, MSN, RN, RNC-OB, C-EFM, Victoria Smith, MSN, RN, CNL, CCRN, CPHQ, Brynne Kessler, MSN, RN, RN-BC, CSSBG, CPH.

**REDUCING BLOOD CULTURE CONTAMINATION RATE IN THE EMERGENCY DEPARTMENT**

**Project Lead:** Jan Shepard, MSN, RN, ASQ CSSGB, CCRN-k.

**REACHING ZERO HARM THROUGH INNOVATION AND EXEMPLARY PRACTICE**

The Quality and Safety Council’s 365 Days of Patient Safety Awards recognizes patient care areas with 12, 24, 36, or more consecutive months of no preventable harm or for implementation of a new innovative initiative to improve patient safety. The following patient care areas have been recognized:

**CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI) FREE**

- **12 months:** Davis 11, Davis 12, Davis 6, East 5 Rehab, CTICU,
- **24 months:** Davis 7, East 4, East 6, Tower 3 Women’s Pavilion, Tower 6 Medical Surgical Unit
- **36 months:** Tower 6 Pediatrics

**CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) FREE**

- **12 months:** Davis 11, Davis 5 NICU, East 5 Rehab, East 6, Burn ICU,
- **24 months:** East 4, Tower 6 Medical Surgical Unit
- **36 months:** Tower 6 Pediatrics

**VENTILATORY-ASSOCIATED PNEUMONIA (VAP) FREE**

- **12 months:** CTICU, NSICU, Tower 7 MSICU Gold
- **24 months:** Davis 5 NICU

**PATIENT SAFETY INNOVATION**

Zulresso Treatment for Postpartum Depression by Davis 3 Labor and Delivery
Perioperative Diabetes Management by PACU
Surgical Team Handoff to PACU RN by PACU
Implementation of Lutathera Program by Radiology

Prescription of Required Discharge Medications by Heart and Vascular Center
New Dialysis Therapy Workflow by Renal Services
Streamway Collecting System by Paracentesis Clinic+
Non-Sedated Lumbar Punctures by Pediatric Cancer Center
Transformational Leadership

NEEDEM ERECTED TO BOARD OF NATCO

Heart transplant NP coordinator Annette Needham, DNP, NP-C, CCTC was elected to the Board of Directors for The Organization for Donation and Transplant Professionals (NATCO). Needham has worked to promote the professional development of NATCO’s Transplant Coordinators and has created a partnership with UC Davis Health and NATCO to bring the CCTC Review Course to the West Coast. “I am thrilled Annette will be representing the UC Davis Transplant Center on a national level,” said Melissa Bein, Executive Director of the UC Davis Health Transplant Center. “Annette will do a great job in this role—as she does in every role in which she serves.” Needham’s two-year term as Councilor-at-Large began in August. In her role, she hopes to expand the organization’s education and certification programs and improve member recruitment.

STUEPFERT JOINS INTEGRATIVE ONCOLOGY SCHOLARS PROGRAM

Brian Stuepfert, MSN, RN, NP, CPON, was accepted into the Integrative Oncology Scholars Program at the University of Michigan. The one-year Natural Institute of Health (NIH) funded program teaches oncology health care providers how to evaluate the scientific evidence of the efficacy of complementary therapies, and integrate these modalities into their practice to help cancer survivors combat symptoms from cancer and its treatments to improve their quality of life. Stuepfert is a nurse practitioner in the Division of Pediatric Hematology and Oncology and currently leads the UC Davis Integrative Medicine Working Group, a group that increases integrative medicine therapies across all settings at UC Davis Health.

“I hope to bring my love of complementary and integrative therapies into our patient care landscape. The IO Scholars Program at the University of Michigan will be a great vehicle to help that happen,” Stuepfert said.
2020 Sacramento Sierra Nurse Leader Awards

The Sacramento Sierra Nurse Leaders Recognition Awards Program recognizes excellence in nursing and leaders in the following areas: leadership, professional education, clinical practice, innovation, and technology in professional nursing, recruitment, retention and outreach, and excellence in nursing research.

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

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

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

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

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

Retention and Outreach Award
Theresa Pak, MS, RN, NEA-BC
Nurse Manager
PERSONAL PROTECTIVE EQUIPMENT (PPE) EDUCATORS PROVIDE ESSENTIAL EDUCATION DURING COVID-19

The UC Davis Health PPE Educator role informally began in February 2020, with the support of the Quality and Safety Nurse Champions providing inservicing on the new PAPRs. With collaboration from Environmental Health and Safety, the PPE Educator role was formalized in March 2020 to provide 24/7 support to frontline staff. Educators included a wide variety of nursing experts and technicians from CPU and Environmental Health and Safety.

PPE Educators’ duties include:
- Providing inservicing on PAPR equipment
- Donning/doffing procedures for all types of PPE including but not limited to the PAPR hoods, N95 respirator masks, and elastomeric respirators
- Rounding on all inpatient units including the PACU, ED, and any ancillary department per request

In addition to PPE education, they were instrumental in providing appropriate signage for patient care areas; answering isolation questions; swabbing employees during the first two weeks of wellness checks; and providing leadership with frontline staff feedback for improvements related to COVID-19 processes.

Thank you to our PPE Educators

Brynne Kessler
Greg Woods
Daniel Aquino
Denise Ho
Felicia Loomis
Timothy Obrien
Tori Smith
Bethany Robles
Farrah Reynoso
Melissa Lampe
Jan Shepard
Sheila Shafiee
Kiran Sidhu
Jessica Rucker
Hannah Stevenson
Deola Armstead
Jaskaran Deol
Hilary Takahashi
Melissa Nalath
Cheryl Hasemeier
Anna Olszewski
Krista Greaves
Artak Galoyan
Colin Bonham-Lovett
April Dougherty
Peter Aglipa
Didra Pinckney
Kirsten Talley
Aron King
Josaphat Wainaina
Kathleen Mapes
Jayme Taylor
Monica Forbes
Tommy Le
Marlene Armstead
Shon Grimsley
Jason Navarro
Kristy Mach
Sal Misiang
Sylvia Paden
Stephenee Molson
Randy Luu
Alvin Yang
Jamie Cho
Ebert Reyes
VIOLENCE MITIGATION TASKFORCE

Last October Sharon Demeter, RN, MSN, MA, NP, CNM, spearheaded the creation of the Violence Mitigation Taskforce, a team dedicated to decreasing Type II Violence (violence perpetrated by patients or visitors on staff) at UC Davis Health. The taskforce represents a broad interprofessional membership comprised of the Davis Police Department, Protective Security Officers, Lift Team, Mental Health Workers, Workplace Violence Unit, and nursing staff (inpatient, emergency department, and PACU/OR).

A hospital-wide roll out of the changes took place alongside Restraints Training. Many projects are currently underway, including robust projects aimed at reducing Type II Violence from the Emergency Department’s Safety Shared Governance Committee, the Davis Police Department, and the Workplace Violence Unit.

NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)

The National Association of Hispanic Nurses (NAHN) was founded in 1975 and is celebrating 45 years! NAHN’s purpose is to pave the way for advanced health in Hispanic communities. The mission and focus are to address issues that impact Hispanic communities in the US. As policy makers, NAHN and its members provide expertise and perspective on the social and structural determinants of health impacting our patients and community. Some of the policies and advocacy of NAHN include statements against family separation, statements for increasing nursing workforce diversity, support for DACA students, and the Alzheimer’s Caregiver Support Act. NAHN has over 2000 members in 24 states and is growing their current 47 chapters.

OUR INFECTION PREVENTION TEAM

The infection prevention team played a critical role in staff and patient safety by partnering with many inpatient, outpatient, and ambulatory departments to address the COVID pandemic. Educating in a continually changing environment was challenging with many areas of focus such as personal protective equipment (PPE) selection and use, the aerosol transmissible disease standard, the healthcare worker and patient COVID-19 plan. Infection Preventionist completed many department workflow risk assessments and provided consultations to ensure patient and staff safety. Great strides were made in leveraging EMR and other technology to identify and communicate the addition or removal of isolation, patient exposures, and healthcare worker contact tracing. While the pandemic taught the team many things, it is most grateful for the relationships that were solidified within the health system and also externally with its public health partners.
Structural Empowerment

GRATITUDE HEALS

The Gratitude Heals campaign is a UC Davis Health philanthropic effort focusing on four distinct Medical Center funds. Throughout 2020, the Health Sciences Development team worked side-by-side with Patient Care Services nurses, managers and directors to celebrate gratitude, building a collaborative campaign through our promise to improve and transform lives. The generous support of our staff, community, and patients far exceeded our expectations during a very challenging year. A few highlights to share are:

<table>
<thead>
<tr>
<th>FUND</th>
<th>NUMBER OF GIFTS (CALENDAR YEAR)</th>
<th>TOTAL $ (CALENDAR YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CARE Project</td>
<td>23</td>
<td>$5,157.38</td>
</tr>
<tr>
<td>Patient Assistance Support Fund</td>
<td>27</td>
<td>$4,017.38</td>
</tr>
<tr>
<td>Re-Igniting the Spirit of Caring</td>
<td>391</td>
<td>$17,128.83</td>
</tr>
<tr>
<td>Child Life Program</td>
<td>555</td>
<td>$100,871.67</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>996</strong></td>
<td><strong>$124,175.26</strong></td>
</tr>
</tbody>
</table>

GERIATRIC CLINICAL NURSE SPECIALIST

Anna Satake RN, MSN, GCNS

Anna Satake was hired in August of 2020 as a Geriatric Clinical Nurse Specialist (GCNS). Anna is an advanced practice nurse who is trained in understanding the complex care of the older adult population and serves as a resource and consultant to nurses and healthcare professionals. As a GCNS, Anna participates in direct care and leader in the health system through patient consultations, mentoring nurses, and helping to implement evidenced based practices to improve care of the older adult. Anna is also the coordinator for the Nurses Improving Care for Health System Elders (NICHE) program. For 2021, Anna’s main goals include preparing the hospital to submit for NICHE designation by implementing practices that improve clinical outcomes for the older adult and training the first cohort of Geriatric Resource Nurses (GRN) on Davis 14 through a 12-week program where they complete geriatric specific modules, didactic and simulation training, and geriatric clinical competencies through patient experiences.
The Sepsis Nurse Practitioner (NP) role was implemented in November 2019 to reduce sepsis mortality with timely identification, and management of suspected patients. The Sepsis NP role entails auto-consults on patients meeting specific criteria, and real time education to providers, and nurses. In the summer of 2020, the NPs were realigned with the Department of Infectious Diseases and began performing consultations under the supervision of the Attending on duty.

In January 2021, the program was further enhanced by the launch of the new Predictive Sepsis Analytic Model (SAM) score. The outcome measures have demonstrated a decrease in severe sepsis mortality and highlights opportunities that are consistent with any new initiatives. The Sepsis NPs are extremely proud to be part of UC Davis Medical Center and are honored to play an important role in impacting the lives of our patients.
Certified Nurses Day 2020

Certified Nurses Day, an annual event dedicated to celebrating and promoting continuing excellence in the nursing profession, was celebrated on March 19, 2020. March 19, 2020 was chosen for this recognition because it is the birthday of the late Margretta “Greta” Madden Styles, an international pioneer of nursing certification who designed the first comprehensive study of nurse credentialing.

Dr. Lubarsky and Chief Nursing and Patient Care Services Officer Toby Marsh visited units and clinics throughout the organization thanking nurses who have obtained specialty certification, a formal recognition of specialized nursing knowledge, skills, experience, and competence in a specialty area based on pre-determined standards set forth by the professional organization granting the recognition. Certification requires validation through specific educational coursework, relevant experience, and formal testing.

UC Davis Health is grateful for the certified nurses among our health care staff who deliver the best patient care in the region.
The Diversity, Equity and Inclusion Council was added to the Professional Governance structure in 2020. The council Chair and Co-chair respectively, Carter Todd, MS, RN, CCRN, PICU and Kywaita Keys, BSN, RN, Davis 14 Orthopedic/Trauma Unit. The purpose of the DEI council is to incorporate diversity and inclusion into the professional practice model (PPM) while providing evidence-based structure to:

1. Advance a culture of diversity that integrates patient care, education, research, and community partnerships as key stakeholders.
2. Facilitate leadership of the anti-racist work of diversity and inclusion education by aligning with UC Davis’ Betty Irene School of Nursing, Office of Health Equity, Diversity and Inclusion, and other UC Davis academic communities.
3. Explore the relationship between our diverse workplace and the outcomes of patient care.
4. Examine and document effective methods to understand the intersectionality of a diverse nursing staff and healthcare outcomes.
5. Embody a culture of curiosity, cultural humility, caring and compassion for diversity, equity and inclusion within Patient Care Services (PCS) Department.

BEST TEAM

Providing care for someone who is experiencing an escalated emotional state can challenge our skills. People receiving care in a medical setting may experience an acute behavioral crisis at any point, due to a variety of clinical, situational, or environmental factors. The Behavioral Escalation Support Team (BEST) trial is a Nurse Practitioner/Clinical Nurse Specialist led pilot project that began in mid-November 2020 and will end in May 2021. The “BEST” Team is a de-escalation crisis response team composed of specially trained Behavioral Health Nurse Practitioners, Mental Health Workers, and Lift Team staff who are skilled in assessing and stabilizing behavioral crises.

BEST TEAM MEMBERS:

Jessica Vetter
Sharon Demeter
Marcus Christian
Johnny Vera
Jameel Hall
Sean Barney
Shawn Allen
Jonathan Reinaldo
Patrick Batad
James Rice
Antoine Simmons
Emmanuel Kemokai
Desmond Omoregie
Kevin Murray

DEI Council members setting up a flu event in the Oak Park community December 5, 2020.

ANTI-RACISM AND CULTURAL HUMILITY TRAINING

UC Davis Health is tackling racism by giving nurses new tools to address discrimination. The effort includes a culture focused on relationships as well as anti-racism and cultural humility training at the Betty Irene Moore School of Nursing.

The training focuses on protecting and promoting inclusive strategies in practice settings and policy, helping empower UC Davis Health’s nursing community and the people they serve.

“The key goal of this partnership is to advance efforts that address nursing diversity, inclusiveness, health equity and anti-racism using evidence-based, data-drive strategies,” said Jann Murray-García, associate professor at the School of Nursing, Director of Social Justice and Immersive learning at UC Davis Health’s Office of Health Equity, Diversity and Inclusion, and one of the facilitators for the training. She is also the co-founder of Cultural Humility, an internationally recognized approach to equitable and culturally respectful patient care.

Joining Murry-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.

BOLD, NEW INITIATIVE HELPS ADDRESS STATE’S SHORT OF MENTAL HEALTH PROVIDERS

The Betty Irene Moore School of Nursing at UC Davis, in partnership with the UCSF and UCLA Schools of Nursing, launched in January. The UC Multi-Campus Psychiatric Mental Health Nurse Practitioner Post-Master’s Certificate Program has a goal to address the state’s urgent and growing shortage of mental health professionals.

The remote-learning Post-Master’s Certificate Program will train 300 nurse practitioners to become psychiatric mental health specialists within the next five years. The first class, which started coursework in January, includes UC Davis Health nurse practitioners.

“The downturn in the number of care providers and the growth of mental health concerns is contributing to urgent workforce needs,” explained Stephen Cavanagh, Dean of the Betty Irene Moore School of Nursing. “This curriculum was designed to prepare these advanced practice providers to address their patients’ mental health needs, while meeting a California health priority.”

Applications for the UC Multi-Campus Psychiatric Mental Health Nurse Practitioner Post-Master’s Certificate far exceeded the number of available seats in the program’s first year, reflecting the demand for programs of this kind.

A more inclusive health care environment is the goal of a clinical nursing and academic collaboration launched in fall 2020 by UC Davis Health nursing leadership and the Betty Irene Moore School of Nursing at UC Davis.
SCHOOL OF NURSING ANNOUNCES DOCTOR OF NURSING PROGRAM

The Betty Irene Moore School of Nursing at UC Davis plans to offer a post-baccalaureate Doctor of Nursing Practice–Family Nurse Practitioner (DNP–FNP) degree program to prepare new family nurse practitioners.

A three-year hybrid program that combines distanced-based education with three on-campus immersions, the DNP–FNP program prepares advanced practice providers to engage in patient- and family-centered, evidence-based primary care. Through reflective practice and interprofessional collaboration, graduates are prepared to be leaders who effect bold system change and promote health care innovation by informing and advancing health policy and health equity locally, nationally, and globally. The program is expected to open in the next two years as it awaits University of California and Western Association of Schools and Colleges Senior College and University Commission (WSCUC) approval.

UC DAVIS MEDICAL CENTER NURSING LEADERS STEP UP TO ENSURE ROTATIONS FOR NURSING STUDENTS

Lourdes Cueva, Clinical Nurse in MICU, a 2019 alumna of the Master’s Entry Program in Nursing, is one of at least 38 graduates of the entry-level nursing program at the School of Nursing who are now UC Davis Health nurses.

When COVID-19 hit, it threatened to derail students in the Master’s Entry Program in Nursing from graduating on time as many partner sites halted student clinical rotations during the pandemic. UC Davis Medical Center nursing leaders ensured that students on the cusp of graduation were provided rotations at the hospital to complete their educational requirements.

More than 47 students from the entry-level nursing program found places alongside managers and staff of 13 different units, on three different shifts, even when other health systems turned them away.

More than 100 nurses have now graduated from the Master’s Entry Program in Nursing since it opened in 2016. Many of these new nurses are now part of the UC Davis Medical Center Patient Care Services team with at least 38 alumni now in resident or nurse positions throughout UC Davis Health.
Congratulations 2020 Career Ladder CNIIIs

1Q 2020
Alicia Adams – Neurosurgery Clinic
Sarah Caporale - Davis 3 University Birthing Suites
Dinah Ipong Ginete – North 1
Kimmi Gutierrez - Davis 3 University Birthing Suites
Brenda Inman – Davis 3 University Birthing Suites
Christina Keller – NSICU
Nadine Kerr - Davis 3 University Birthing Suites
Monica Miller – MICU
Amber Ross – Home Care/Hospice
Daneva Eve Tabingo – East 8 – Med/Surg Specialty Unit
Wing Watson – Davis 7 Pediatrics

2Q 2020
Tracy Adams – Infection Prevention
Michelle Barrett – Pediatric Hematology / Oncology Clinic
Laurie Brown – Davis 7 Pediatrics
Alexandra Capossele (Felten) – Davis 3 University Birthing Suites
Elizabeth Anne Clifton – Emergency Medicine
Rachelle Cook – East 6 Cardiothoracic PCU
Maria Erespe – Davis 14 Orthopedics
Jessica Goodner (Bence) – PCS Quality & Safety
Kelly Hamilton – Tower 5 MICU
Sarah Minyo – Davis 14 Orthopedics
Barbara Nicholas – Infection Prevention
Erin O’Hara – PICC
Kristina Rodriguez – Burn ICU
Jessica Angelone Shanley – Tower 6 Acute Care Pediatrics
Maribel Vera – Davis 5 NICU
Kiki Wong-Yee – Pediatric Cancer Center

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
Feyseng Saechou - Tower4 – ENT/Internal Medicine
Rosalyn Taijeron - East 8 – Med/Surg Specialty Unit

4Q 2020
Joanna Mello - PACU
Shann Issel Bunggay - CTICU
Justin Winger - Emergency Department
Jennifer Commins - Davis 3 University Birthing Suites/ Tower 3 Women’s Pavilion
Amber Dawn Williams - Pain Clinic
Victoria Smith - PCS Quality & Safety
Our Newest Nurses

The New Graduate Nurse Residency Program (NGNRP) is a one-year program designed to help new graduate nurses transition into their clinical roles and instill confidence by supporting nurse residents’ specialized needs. The NGNRP utilizes Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program™ curriculum, which includes carefully designed classes and teaching methods to support clinical skill development, improve critical thinking, enhance professional growth, and promote evidence-based practice. Through this series of learning and working experiences, the NGNRP aids new graduates in successfully transitioning from student to confident professional in their chosen nursing career path.

**COHORTS 31,32,33 AND 34 BEGAN IN 2020**

Cohort 31 began February 24, 2020

Cohort 32 began April 20, 2020

Cohort 33 began August 17, 2020

Cohort 34 began October 5, 2020
DAISY Awards

Kendall Mendenhall  
BSN, RN, CCRN  
Tower 2 SICU

Karen Brand  
DNP RN, AC-PNP  
Pediatric Palliative Care

Michelle Linenberger  
MSN Ed, CCRN-K, NPD-BC  
Children’s Hospital

Victor Castillo Garcia  
BSN, RN  
Clinical Case Management

Cecilia Phuong  
BSN, RN, PCCN  
East 6 Cardiothoracic PCU

Michelle Duncan  
BSN, RN, RNC-OB  
Davis 3 University Birthing Suites

Natasha Palmer  
BSN, RN, CCRN, CMC  
Tower 7 MSICU Blue

Allison Ryan  
BSN, RN, CMSRN  
East 8 Medical/Surgical Specialty

Christina Pontes  
BSN, RN, CCRN  
Tower 7 MSICU Gold

Roberto Francisco  
MSN, RN-BC  
Davis 12 Surgical Specialties Unit

Sarah Naff  
BSN, RN, CCRN  
PACU

Marianne Maclachlan  
BSN, MHL, RN, CCRN, WCC  
Burn ICU

Carlos Acevedo  
BSN, RN, RN-BC  
Tower 4 ENT/Internal Medicine

Michelle Jennings  
BSN, RN, PHN  
Patient Care Resources

Kimiko McCulloch  
MSN, RN, NPD-BC, CIC  
Center for Professional Practice of Nursing

Julie Petray  
MSN, RN  
Nurse Leader Award: Ambulatory Nursing Practice
DAISY Awards Continued

Olivia Johl  
BSN, RN  
Pediatric Specialty Clinic

Deborah Watson  
BSN, RN  
Hospice

Doug Wright  
BSN, RN, CCRN  
PCS Radiology

Delia Christian  
BSN, RN, CNRN  
NSICU

Marygrace Cabcabin  
BSN, RN  
PCS Radiology

Abigail Inkster  
RN, FNP  
Orthopedics Clinic

Gertrudes Erfe-Fastidio  
BSN, RN, CMSRM  
East 8 Med/Surg Specialty Unit

Melissa Johnson Camacho  
MS, BSN, RN, OCN  
Davis 8 Oncology/BMTU

Vincent Singh  
BSN, RN  
CTICU

Ella Gusev  
BSN, RN  
PACU

Toby Marsh  
MSA, MSN, RN, NEA-BC, FACHE  
Chief Nursing and Patient Care Services Officer  
Nurse Leader Award

TEAM AWARDS

Burn ICU  
2020 DAISY Team Award

Center for Professional Practice of Nursing  
2020 DAISY Team Award
INCREASING ADVANCED PRACTICE PROVIDER LEADERSHIP WITH FELLOWSHIP PROGRAM

In an effort to target the unique skills of advanced practice providers, UC Davis Medical Center developed an innovative Advanced Practice Provider Fellowship Program that offers in-depth learning and skill building to prepare fellows to function as independent providers in high-volume primary and specialty care practices, including trauma acute care surgery, neurological surgery and radiology. Last December, the first group of fellows graduated, leading two fellows to join UC Davis Health as advanced practice providers. A new HRSA funded primary care fellowship that will educate nurse practitioners on caring for patients in low resource and rural medicine will be launching soon.

HOSPITAL-WIDE INPATIENT 5S INITIATIVE

In May of 2020, Patient Care Services, launched an initiative to improve appearances of all inpatient care areas. 5S is a technique of Lean Methodology for removing waste from your work environment. A key aspect of 5S is organized space. In a nutshell: organize, clean, repeat. 5S includes the following steps:

- **Sort** – Separating clutter from needed items
- **Set in Order** – Removing redundancy and arranging for ease of use.
- **Shine** – Keeping the work area clean and in working order for health and safety.
- **Standardize** – Outcome of 1st three steps.
- **Sustain** – Keeping the changes going.

This initiative was led by our Quality and Safety RN Champions, who recently completed Six Sigma Greenbelt certification. In addition, multiple other departments collaborated to quickly conduct a staged roll out. Due to this initiative, we:

- Improved overall appearance of patient care areas by decluttering spaces and shared work areas.
- Identified effective strategies to further expand the Red Bag Waste Initiative and consolidated supplies.
- Removed of unnecessary items and/or fixed equipment from patient rooms.
- Collaborated with IT to re-imagine workspaces, conduct performance maintenances on all WOWs, and arranged equipment and respective cables for aesthetics and ability to clean spaces.
- Engaged both night and day shifts.
Josie King Hero Award for Nurses in 2020

The Josie King Foundation was founded by Sorrel King who, in February of 2001, lost her eighteen-month old daughter Josie to a preventable medical error at another medical facility. The foundation’s mission is to prevent others from being harmed by medical errors. By uniting health care providers and consumers, they hope to create a culture of patient safety together.

This award is for those who inspire positive change and act as an example to others every day.
Exemplary Professional Practice

NURSES’ EMPLOYEE ENGAGEMENT

To ensure we provide a culture that reflects our values of extraordinary love, compassion, courage, and integrity, we asked all our registered nurses to participate in a Press Ganey Employee Engagement survey in late 2020. The survey helps us identify areas where we are doing well and also areas of opportunity where we could improve.

Thank you to the 2,475 registered nurses who completed the survey. We outperformed the Press Ganey January 2021 COVID National Average benchmark in the five below categories:

1. Interprofessional relationships
   - Different work units work well together at this hospital.
   - Communication between physicians, nurses, and other medical personnel is good in this organization.
   - We effectively use cross functional (interprofessional) teams in this organization.
   - There is good collaboration between nursing and the different ancillary services, e.g. pharmacy, lab, radiology, nutrition, behavioral health, etc.

2. Fundamentals in nursing care
   - Nursing leadership develops a strong vision and well-articulated philosophy that supports and promotes high standards for nursing practice.
   - Nurses are clinically competent.
   - Nurses incorporate evidence-based findings and standards into the delivery of patient care.
   - Nurses partner with patients and families to diagnose, plan, and deliver individualized patient-centered care.
   - A culture of safety is promoted in the nurse work environment.
   - Nurses participate in the surveillance, reporting, and evaluation of continuous quality improvement.

3. Professional development
   - This organization provides career development opportunities.
   - I get the training I need to do a good job.
   - I have opportunities to learn and grow at this organization.
   - The person I report to uses the performance process to coach me on my professional development.

4. Adequacy of resources and staffing
   - I have sufficient time to provide the best care/service for our patients.
   - My work is adequacy staffed.
   - I get the tools and resources I need to prove the best care/service for our patients.

5. Autonomy
   - Clinical autonomy – when appropriate, I can act on my own without asking for approval.
   - Organizational autonomy – I am involved in decisions that affect my work.
   - I have the opportunity to influence nursing practice at this organization.

This information will help us identify needed improvements to ensure our nurses are highly engaged. Also, we will use this data to submit for the Magnet Recognition Program next year. It is important our nurses remain engaged, so we can continue providing science-based, technologically precise, high quality patient care.

FOOT AND NAIL CARE PROGRAM

Ericka Rooney  BSN, CWOCN, RN

The foot and nail care program was designed around providing Quality of life, dignity and a sense of well-being to the patients at UC Davis. Servicing not only the in-patients but AIMS clinic and hospice patients as well, Ericka Rooney, BSN, CWOCN, RN provides a multitude of foot and nail care to patients in need.
SUPPORT U PEER RESPONDER PROGRAM
Creating a network of support for all health care providers and employees at UC Davis Health, the Support U Peer Responder Program is a team-based approach for health care workers and hospital staff who experience stressful patient-related events to receive psychological first aid from trained peers. With more than 370 trained Peer Responders across the health system, the Support U Peer Responder Program represents an organizational shift focusing on a healing and supportive community. A project that started with nursing in the Pediatric ICU in 2010 has grown to a hospital-wide program that is part of the Wellness Program and has 38 teams in 18 different disciplines/departments. Program awareness and visibility increased in October 2020 with the Peer Responder ID badges worn by all trained staff to help identify an individual who is safe to talk to and connect with for resources. In December 2020, Peer Responders also distributed KIND bar bags with a cafeteria voucher and a Support U card with resources to help promote resilience and wellness during the pandemic.

TRANSITIONS OF CARE
In 2018, UC Davis Health embarked on a journey to enhance the experience of a patient’s clinical outcomes by ensuring seamless patient flow as they are discharged from the hospital and connect to their post-discharge clinical and community resources. Fast forward to 2021, and the Transitions of Care Department (TOC) has grown to include 23 full-time staff led by manager Kelly Forman. The vision for the program is to continue to help reduce readmissions and more robustly serve the entire health system with patient-centeredness supporting programs. TOC helps improve care delivery, increase patient and provider satisfaction, reduce health care cost, and build stronger care collaboration internally and beyond the walls of our hospital.

SURGICAL ICU HONORED WITH SILVER BEACON AWARD FOR EXCELLENCE
The Surgical ICU was honored with the Silver-Level Beacon Award for Excellence from the American Association of Critical Care Nurses (AACN). Recognized units met AACN’s rigorous certification process that ensures a commitment to nursing excellence, building strong relationships between patients, and improving outcomes and overall patient care satisfaction. The unit has shown hard work, dedication to teamwork, and supportive environments of professionalism among colleagues and leaders.
This past December, the Cardiothoracic Progressive Care Unit (CTPCU) and Cardiothoracic Intensive Care Unit (CTICU) nursing had the honor of participating in a virtual site visit from American College of Surgeons/Society of Thoracic Surgeons General Thoracic Surgery Verification Program with UC Davis Medical Center Thoracic Surgeons, Drs. Brown, Cooke and Godoy. Dr. Lisa Brown contributed to the development of this program nationally and UC Davis Medical Center was the first program to undergo a site visit.

A two-day virtual interview was conducted with all team members, including a separate session with the CTPCU and CTICU Nurse Managers. The managers were asked specific questions regarding thoracic surgery and other disciplines, including professional integration and collaboration. The nursing units consistently strive toward care-driven protocols by utilizing orders, guidelines, and pathways, as well as developing and maintaining a multidisciplinary approach. Also, the nursing and medical staffs outstanding relationship sets the stage for collaborative and productive teamwork. The reviewers were impressed with the providers’ consistent visibility, their willingness to openly share their expertise, and the respect they advocated with the nursing staff. Through all the contributions of those highlighted here, the accreditors were impressed with our collegiality, mutual respect and teamwork rooted in the tenants of our Relationship Based Culture.

UC Davis Medical Center proudly achieved the highly prestigious international Baby-Friendly designation. After a rigorous review process, Baby-Friendly USA bestowed this certification to the Sacramento region’s nationally ranked medical center.

This distinguished honor demonstrates that UC Davis Medical Center adheres to the highest standards of care for breastfeeding mothers and their babies. These standards are built on the Ten Steps to Successful Breastfeeding, a set of evidence-based practices recommended by the World Health Organization (WHO) and the United Nations International Children’s Emergency Fund (UNICEF) for optimal infant feeding support in the precious first days of a newborn’s life.

A new PICC services was created in September 2019. The team is focused on gaining vascular access while simultaneously preserving vessels for our UC Davis patient population. It specializes in pediatrics and all other challenging patient populations and the service provides PIVs, extended dwell PIVs, midlines, and PICCs.
NEW GAME CHANGING TREATMENT FOR LIVER TUMORS

A new unique treatment called hepatic artery infusion chemotherapy (HAI) is now offered at UC Davis Medical Center by surgeon and cancer researcher Sepideh Gholami. The treatment—pioneered at the Memorial Sloan Kettering Cancer Center in New York where Gholami and nurse Deborah Small spent time training—involves placing a small pump under the skin to deliver chemotherapy directly to the liver through a catheter, feeding the main artery to the liver. Currently, the treatment is used for bile duct cancers and patients with colorectal cancer that has spread to the liver. In order to gain best practices for the treatment, the teams met and trained with Dr. Nancy Kemeny, medical oncologist and Dr. Michael D’Angelica, lead director of the Hepatic Artery Program at Memorial Sloan Kettering Cancer Center, with Small being instrumental in the development of HAI policies and practices. UC Davis Medical Center, one of the few hospitals on the West Coast, and the only one in Northern California, that offers the surgery.

VENTRICULAR ASSIST DEVICE COORDINATORS: IMPROVING PATIENT CARE ACROSS THE CARDIOLOGY CARE CONTINUUM

Farid Dawar, RN, MSN, and Alan Rich, RN, MSN, CCRN, are highly specialized Ventricular Assist Device (VAD) coordinators who work to optimize patient care and provide expert coordination along the trajectory of care for people living with heart conditions. To ensure VAD patients receive the best care, Dawar and Rich educate patients and their families about the device before and after surgery; ensure patients are knowledgeable of medication use and know the symptoms/problems that should be reported to their care teams; and answer any questions the patient may experience with the VAD.

Dawar and Rich have both been with the VAD program for roughly four years and receive high praise from their patients and colleagues.
CERTIFIED COMPREHENSIVE STROKE CENTER

UC Davis Medical Center has been certified as a Comprehensive Stroke Center, the highest recognition possible from The Joint Commission. The certification recognizes the medical center has a complete range of expertise and resources necessary for diagnosing, treating, managing and improving survival and outcomes for stroke patients. For the staff, the designation means they have performed at an exceptional level to positively impact the care of stroke patients; they have an understanding of the latest stroke metrics; and continuously work on performance and quality improvement projects that improve future management of stroke patients.

BURN NURSING

The American Nurses Association has officially recognized burn nursing as a nursing specialty. Burn ICU nurses are led by Sarah Bernardy and Marianne MacLachlan, assistant nurse managers for the medical center's Firefighters Burn Institute Regional Burn Center and members of the American Burn Association's Professional Certification Committee. “This recognition is a defining moment,” said MacLachlan. “An editorial group will now expand upon it by developing the core curriculum for burn nursing. That way we can create the burn nursing specialty certification.”

Len Sterling, manager of the burn unit, said the expertise needed for clinical care excellence are all reflected in one of nursing's most challenging and integrated specialty clinical areas. “The most important are the generalized critical care and the burn's pathophysiology. That generally involves an immediate cascade of systemic cellular reactions which, if not carefully assessed, monitored and treated, can severely complicate our ability to stabilize a patient.”

Bernardy and MacLachlan have been producing the upcoming scope and standards practice that will soon be available at www.ameriburn.org.
New Knowledge, Innovations, and Improvements

**TELEHEALTH PATIENT VISITS**

COVID-19 has required our Ambulatory Care nursing staff to look beyond the clinic visit to provide care for our patients. During this pandemic, some felt it is safer to stay home and not attend their medical appointments. Therefore, nurses incorporated the use of video visits to engage patients in follow up care and education. Nurse case managers within the subspecialties partnered with the clinician during the video visits for patient education and coordination of care.

The Ambulatory Care nursing team was creative in finding ways to reach our patients during this unsettling time. The patients appreciated the option to continue care and the ability to stay connected to their health care team. Telehealth will remain long past COVID-19 as another way to connect with our patients.

**NURSING SCIENCE AND PROFESSIONAL GOVERNANCE DAY**

The 2020 Nursing Science and Professional Governance Conference began with a brief welcome from Clinical Nurse Scientist, Lori Madden and comments from both Toby Marsh, Chief Nursing and Patient Care Services Officer and Stephen Cavanagh, Dean of the Betty Irene Moore School of Nursing. As has become tradition, the Evidence Based Practice Fellows presented their work during podium presentations. These were followed by a mix of five-minute Ignite! sessions and 20-minute podium presentations from a variety of speakers. The day concluded with a session featuring the top scoring abstracts in each “Best” category. These 20-minute presentations highlighted the great work accomplished by the best of the best. All oral presentations were published on the Center for Nursing Science website. UC Davis nurses can “attend” sessions at any time and evaluate those presentations via links on the website. CEs are offered according to the amount of time reflected in the sessions evaluated. Over 90 nurses participated in the live event with overwhelmingly positive responses from those who commented.
PATIENT GETS LIFE-ENHANCING IV TREATMENT AT UC DAVIS MEDICAL CENTER

The birth of her son should have been a happy time for this new mother. But Bari battled with postpartum depression for the first three months after she delivered her baby boy.

“I couldn’t see the light at the end of the tunnel. I was super anxious and rarely left the house,” said Bari, adding that she lost the will to eat and 30 pounds in a short amount of time.

Her depression and generalized anxiety disorder, of which she had a history, also plummeted to new depths of despair postpartum.

When Bari learned about Zulresso, the first intravenous drug for the treatment of postpartum depression to be approved by the Food and Drug Administration (FDA), she and her doctor began researching where she could go to get treatment in Southern California, where she lives. Several locations offered the drug, but none was a hospital.

“I didn’t feel comfortable about getting this treatment outside of a hospital. They told me that UC Davis Medical Center offered Zulresso. I thought that was a good option,” Bari said.

Within a couple of weeks, she had a telehealth appointment with Shannon Clark from the UC Davis Maternal-Fetal Medicine Division, who assessed her and approved her for the treatment.

“The nurses were incredible and Dr. Clark was amazing,” Bari said. “Dr. Clark has a background and familiarity with postpartum depression. It wasn’t just any doctor giving me the medicine. She understood and made me feel comfortable.”

The 60-hour treatment, coupled with Bari’s existing anti-depression medication, provided the results she hoped for. Within a couple of days, she went to her first exercise class in months.

“It was the first time I had the motivation to go out and do something like that for myself,” Bari said.

“I’m in love with my son. I’m in such a good place.”
— Bari

Zulresso brings mother back from postpartum depression

Not long after her treatment, the coronavirus pandemic hit and shelter-in-place took effect, an emotional time for so many. Bari admits she’s had some down days, but despite these challenges, she can tell that the treatment worked.

Bari’s son Max is 8 months old and she connects with him like never before and appreciates these precious days as a mother.
2020 NURSING INFORMATICS AND INNOVATION CHANGES

Considering the increased use of automation, artificial intelligence, and big data in health care, we must reconceptualize the roles of both nurses and informaticians to ensure that the nursing profession is ready to operate within future digitalized health care ecosystems. In this ever-changing health care environment, nurses employ technologies and information systems to accomplish the intentions of the practice of nursing. Information technology (IT) supports the basic and advanced nursing practices in all settings.

Innovation and creativity are part of everyday life for nursing clinicians who adapt to a changing environment to meet each patient’s unique needs. Innovation is “a continuous state of reimagining what is possible.” The International Council of Nurses reports that nurses are “critically positioned to provide creative and innovative solutions that make a real difference to the day-to-day lives of our patients, organizations, communities, and profession.”

2020 included a collection of nursing upgrades to highlight Epic’s functionality and automation to support and advance organizational goals through many exciting IT and EMR projects and upgrades:

- Epic Quarterly Upgrades focused on efficiency and use of automation.
- Elsevier Clinical Practice Model (CPM) content was upgraded, including Care Plan, Patient Education, and Flowsheet documentation upgrades.
- Transitioned to the Epic Storyboard platform.
- Nursing Navigators were updated and modified including More Activities streamlined with Storyboard.
- Rover was updated to allow for more mobile documentation and transparency inclusive of:
  - PIN functionality enabled for faster login
  - Released capability for blood and specimen orders
  - Nurse Brain visibility
  - Streamlined Wound Image Capture for photos and wound documentation at the bedside.
  - Additional associated flowsheet rows for BCMA, Lab, and blood scanning workflows.
  - The Discharge Checklist was modified to bring in documentation specific to the care of our homeless patients.

- Narcotic Dispensing workflow was developed in Rover for Pharmacy Technicians and RN to track narcotic arrivals the unit.
- Point of Care Order workflows were updated for integration efficiency and accuracy.
- Pain Management Project update included Pain Management Order Set changes, medication peak time reassessment tasks, new required documentation for pain assessments, redesign of pain flowsheet documentation, opioid video for patient education.
- Flowsheet Preference lists were created for increased efficiency and less clicking.
- My Chart activation tools created and AHS information added for patient account creation.
- EMR workflow developed for Home Medication workflows.
- Epic Patient Flow discharge tool developed and optimized: EDD, Discharge Milestones, Discharge Delays.
- Surge Department Creation and Workflows for PACU, CSC, Dialysis, AIM, and CSU.
- Discharge Documentation for the Discharge Reception Area (DRA) workflows created to assist with eligibility criteria and care received in DRA.
- Epic Telehealth Inpatient Care and Family Link functionality.
- Zero Contact Check-In with Hello Patient.
- Sepsis Analytical Model (SAM) activation and BPAs.
- Wound, Negative Pressure Wound Therapy, Intentionally Retained Foreign Object LDA’s updated across perioperative and inpatient care areas.
- Patient Flow Telemetry functionality added to Unit Managers.
- Continuous Bladder Irrigation LDA and clinical workflows re-vamped.
- LDA’s transitioned to Epic Model for best practice.
- Ventilator documentation flowsheet row changes aligned with Ventilator Integration go-live.
- Capacity Command Center Dashboards modified for operational use and outcome monitoring.
- New order developed for acute care COVID-19 units for High Flow O2.
EVIDENCE-BASED PRACTICE (EBP) FELLOWSHIP

The Evidence-Based Practice (EBP) Fellowship is a six-month, mentorship program in which clinical nurses develop their leadership, problem-solving, and research utilization skills. Applications for this competitive fellowship opportunity are reviewed and scored by the Evidence-Based Practice and Research Council. Clinical nurses identify a practice issue that may be addressed/improved by applying the latest evidence into practice. The program blends clinical nurses’ knowledge and expertise with classes on research and other levels of evidence, the change process, and project evaluation. The Fellows are mentored in the development, implementation and evaluation of EBP projects by Clinical Nurse Scientists, a librarian and a clinician (clinical nurse specialist, educator, or resource with expertise in the Fellow’s area of practice). Now in its fourth year, the EBP Fellowship has expanded to a group of six fellows in the 2021 cohort. The EBP Fellow presentations at the annual Nursing Science and Professional Governance Conference have become a highlight, showcasing the progress attained by fellows in their areas of practice. Many fellows have followed their fellowship with professional advances in their careers, return to school for advanced degrees and leadership in professional governance roles.

The following 2020 EBP Fellows will present their work at the May 2021 Conference:

- **Stacey Camposagrado**, Cardiothoracic Intensive Care Unit: Thirst in the critically ill NPO patient
- **Breanna Carlson**, Cardiothoracic Intensive Care Unit: Evidence-based eye assessment and care in the ICU
- **Corbin Curtis**, Neurosurgical Intensive Care Unit: Pupillometry in neurocritical care

RADIOLOGY THERAGNOSTIC PROGRAM: A TREATMENT OF HOPE

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 typically are 8 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.

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.
Presentations

SHERRY ALLEN (2020, NOVEMBER)
Facing Anger, Fear and Protest: One Nurse’s Journey to Understanding Implicit Bias
Oral presentation at the American Association of Critical-Care Nurses’ Virtual National Teaching Institute, Virtual.

EMMA BLACKMON & HOLLY KIRKLAND-KYHN (2020)
Skin in the time of COVID-19
Oral presentation at the CHPSO Safe Table Forum, Virtual.

DEAN BLUMBERG, HERMAN HEDRIANA, LAURA KAIR, SATYAN LARKSHMINRUSIMHA, ANGELIQUE SILVA & MARK UNDERWOOD (APRIL 2020)
Preparing your Perinatal Units to Respond to COVID-19: Transitions of Care and Neonatal Nutrition
Oral presentation for the California Maternal Quality Care Collaborative.

JUDIE BOEHMER (2020, FEBRUARY)
Implementing Zulresso – Treatment for Postpartum Depression
Oral presentation at the Association of Women’s Health Obstetric & Neonatal Nursing California Section Annual Conference, Long Beach, CA.

JUDIE BOEHMER (2020, MARCH)
Implementing Zulresso – Treatment for Postpartum Depression
Oral presentation for the Chief Nursing Officer’s Forum - Children’s Hospital Association Conference, Virtual.

CHERRIE DEMAYO (2020, JUNE)
Burden of Millennial Family Caregivers: A Secondary Analysis of the 2015 AARP Caregiving in the U.S. Survey
Oral presentation at the Betty Irene Moore School of Nursing Academic Symposium 2020, Sacramento, CA.

MICHELLE DUNCAN & ANGELIQUE SILVA, (2020, FEBRUARY)
Conjoined Twins: Creating a Multidisciplinary Palliative Plan of Care
Poster presentation at Association of Women’s Health Obstetric & Neonatal Nursing California Section Annual Conference, Long Beach, CA.

ERIC ERNST (2020, JUNE)
Implementing Safety Culture at the Frontline of Healthcare: A Toolkit for Frontline Leadership
Oral presentation at the Betty Irene Moore School of Nursing Academic Symposium 2020, Sacramento, CA.

SARINA FAZIO, IRENE CORTES-PUCH, AMY DOROY, HUGH BLACK & JASON ADAMS (2020, MARCH)
Development of an EHR-based algorithm to quantify out-of-bed ICU early mobility events
Poster presentation at the UC Davis Health Quality Forum, Sacramento, CA.

SARINA FAZIO, IRENE CORTES-PUCH, GREGORY RHEM, SKYLER PERASON & JASON ADAMS (2020, AUGUST)
Analytical framework for analysis of patient-ventilator interactions during early mobility interventions, patient care and family interactions
Poster presentation at ATS Scientific Abstract, Virtual.

SARINA FAZIO, IRENE CORTES-PUCH, SANDRA TAYLOR, ANNA LIU, HUGH BLACK & JASON ADAMS (2020, AUGUST)
Development and results of an EHR-based algorithm to quantify out-of-bed ICU early mobility events over 3-years at an academic medical center
Poster presentation at ATS Scientific Abstract, Virtual.

BETH GALL (2020, OCTOBER)
A Retrospective Review of Process Improvements Made in a Hospital Treadmill Stress Test Unit
Poster presentation at the National Conference for Nurse Practitioners, Virtual.

HERMAN HEDRIANA & ANGELIQUE SILVA (2020, JULY)
Maternal Sepsis
Oral presentation at the 2020 Safety Series: A Focus on Organizational Risk, Virtual.
Presentations (Continued)

JIA XIN HUANG, ANDREW PADOVANI, JASON ADAMS, ANNA LIU, SARINA FAZIO, SATYAN LAKSHMINRUSIMHA, RORY KAMERMAN-KRETZMER, SHARON MYERS & HEATHER SIEFKES (2020, OCTOBER)
Standardized HFNC Protocol for Bronchiolitis with Lower Targeted SpO2 Goal (90-95%) Decreases Hospital and ICU Length of Stay
Oral presentation at the AAP Virtual Conference.

BRENDA INMAN & JULIE JANKE (2020, FEBRUARY)
The Successful Impact of Brexanolone Therapy on One Woman’s Fight Against Postpartum Depression
Poster presentation at Association of Women’s Health Obstetric & Neonatal Nursing California Section Annual Conference, Long Beach, CA.

TIA KADIU (2020, FEBRUARY)
Lifting the Caregiving Burden through eHealth Interventions: an integrated review.
Oral presentation at UC Davis Grad Slam, Davis, CA.

KARLEY KINSEY (2020, AUGUST)
Outpatient Case Management- An Evolution Towards Value-Based Care
Oral presentation at the Oncology Nursing Society Conference. Virtual.

MICHELLE LINENBERGER (2020, APRIL-MAY)
Promoting Resilience through Pediatric End of Life Simulation Education
Poster presentation at the Association for Nursing Professional Development National Conference, Chicago, IL.

MICHELLE LINENBERGER (2020, JULY)
Support U Peer Responder
Oral presentation at the Clinician Health and Wellbeing Fellowship Conference, Sacramento, CA.

MICHELLE LINENBERGER & ASHLEY TRASK (2020, OCTOBER)
Lean on Me: Developing a Pharmacy Peer Responder
Oral presentation at the Vizient Pharmacy Annual Network Conference, Virtual.

LORI MADDEN (2020, AUGUST)
First STEP - Stroke Team Evidence-Based Practice: Next Stop – Research
Oral presentation at the 4th Annual International Neuroscience Nursing Research Symposium, Virtual.

LORI MADDEN (2020, SEPTEMBER)
The Art and Science of Guidelines
Oral presentation at the 18th Annual Neurocritical Care Society Meeting, Virtual.

SYDNEY MULLINS, SARAH BERNARDY & MAUREEN EVANS (2020, MARCH)
Implementation of an Evidence-Based Wound Care Process at a Regional Burn Center Reduces Hospital Acquired Infections
Poster presentation at the American Burn Association, Orlando, FL.

SHARON MYERS (2020, JUNE)
A Qualitative Study Exploring the Perceptions and Motivations of Patients with Heart Failure who Transitioned from Non-Adherence to Adherence
Oral presentation at the American Association of Heart Failure Nurses Conference, Boston, MA.

MARY ANNE RUIZ (2020, JUNE)
A Systematic Review of Cannabidiol as an Adjunct Treatment for Pediatric Drug Resistant Epilepsy
Poster presentation at the Sigma Theta Tau International Conference, Virtual.

BRADLEY SANVILLE, ANNA LIU, SARINA FAZIO, IRENE CORTES-PUCH, SHARON MEYERS, JASON ADAMS & CHRISTIAN SEBAT (2020, AUGUST)
High fidelity cardiac arrest registry for assessment of targeted temperature management adherence
Poster presentation at ATS Scientific Abstract, Virtual.
KAREN SEMKIW (2020, JULY)
Reducing Safety Incidents when Transferring ICU Patients to and from the OR. Seems Simple Right?
Oral presentation at the ACS Quality and Safety Conference, Virtual.

ANGELIQUE SILVA (2020, JUNE)
Raising the Fog on Postpartum Depression with Brexanolone: A Treatment Option for the Inpatient setting
Oral presentation at the AWHONN National Conference 2020, Virtual.

ANGELIQUE SILVA & MELANEY STRICKLIN (2020, FEBRUARY)
Obstetrical Sepsis Management Pathway: Enhancing Perinatal Outcomes with Multidisciplinary Collaboration
Poster presentation at Association of Women's Health Obstetric & Neonatal Nursing California Section Annual Conference, Long Beach, CA.

OLEG TELETEN & HOLLY KIRKLAND-KYHN (2020, JUNE)
Using Technology to Enhance Identification and Documentation of Pressure Ulcers/Injuries (PU/I): Present on Admission (POA) Project
Poster presentation at Wound Ostomy and Continence Nurses Society WOCNext, Virtual.

ADAMS, C.M., STRACK ARABIAN, S., EDWARDS, C., TINKOFF, G. (2020)
Hospital-based Injury and Violence Prevention: Defining the Role of Injury Prevention Professionals at Trauma Centers in the United States

Associations between home injury falls and prior hospitalizations in community dwelling older adults: A population case-crossover study

BAGLEY, B., ZUIDEMA, D., CROSSEN, S. & LOOMBA, L. (2020, OCTOBER)
Inpatient Stroke Management in an Adolescent with Type 1 Diabetes and Home Insulin Pump. PSNet: Patient Safety Network

Investigation of Nosocomial SARS-CoV-2 Transmission from Two Patients to Health Care Workers Identifies Close Contact but not Airborne Transmission Events
Infection Control & Hospital Epidemiology, 1-22. doi:10.1017/ice.2020.321

CABRI, A., BAGLEY, B., & BROWN, K. (2020)
Use of Computer Vision to Identify the Frequency and Magnitude of Insulin Syringe Preparation Errors

Protecting Breastfeeding during the COVID-19 Pandemic

MUNSCH, J. & DOROY, A. (2020, JUNE)
When the Indications for Drug Administration Blur. PSNet: Patient Safety Network

Standardisation, multi-measure, data quality and trending: A qualitative study on multidisciplinary perspectives to improve intensive care early mobility monitoring
Publications (Continued)

Quantifying Mobility in the ICU: Comparison of Electronic Health Record Documentation and Accelerometer-Based Sensors to Clinician-Annotated Video
Crit Care Explor, 2(4), e0091. doi:10.1097/cce.000000000000091

FAZIO, S. & FIRESTONE, R. (2020)
Fatal Patient-Controlled Analgesia (PCA) Opioid-Induced Respiratory Depression

How much do hospitalized adults move? A systematic review and meta-analysis
Ginet, D. (2020, September)
State of Pandemic: Coping with Daily Change. My American Nurse

The Future of Neurocritical Care Research: Proceedings and Recommendations from the Fifth Neurocritical Care Research Network Conference Neurocrit Care, 32(1), 311-316. doi:10.1007/st2028-019-00767-8

MADDEN, L.K. & BAUMANN, J.J. (2020)
American Association of Neuroscience Nurses Planning for the Future

MASON, K. (2020)
Connecting with Olivia: Reflections on a premature infant’s successful outcome
Nursing, 50(3), 46-47. doi:10.1097/01.NURSE.0000654044.32045.9d

MCBETH, C.M. (2020)
Scrub the Hub: CLABSI Prevention Through Nurse Leader, Staff Engagement

MCKINNEY, S., & AGUILAR, M. (2020)
Implementing a Comprehensive Preceptor Development Program Through Professional Governance
J Nurs Prof Dev, 36(2), 111-113. doi:10.1097/nnd.0000000000000613

NATALE, J. E., BOEHMER, J., BLUMBERG, D. A., DIMITRIADES, C., HIROSE, S., KAIR, L. R., . . .
LAKSHMINRUSIMHA, S. (2020)
Interprofessional/interdisciplinary teamwork during the early COVID-19 pandemic: experience from a children’s hospital within an academic health center

Continuous Electroencephalographic Training for Neuroscience Intensive Care Unit Nurses: A Feasibility Study.

National Metrics Improved Timeliness of Antibiotic Administration for Open Extremity Fractures

Meaningful Engagement of Patient Advisors in Research: Towards Mutually Beneficial Relationships
Nurses by Numbers

SEXUAL ORIENTATION
- Heterosexual or Straight 78.9%
- Not Listed 1.4%
- Unknown 17.1%
- Gay or Lesbian 1.9%

DISABILITY STATUS
- No, I don’t have a Disability 89.4%
- Unknown 6.7%
- Employees with a Disability 6.8%

RACE / ETHNICITY
- White 50.3%
- Asian 34.1%
- Hispanic / Latinx 7.7%
- Black / African American 5.0%
- American Indian / Alaskan 1.8%
- Native Hawaiian / Other 0.7%
- Unknown 0.5%

VETERAN STATUS
- Not a Veteran
- Veteran 26.9%
- Unknown 3.2%
- Veteran 3.2%