

2021 Annual Report

PROFESSIONAL NURSING PRACTICE

UC DAVIS HEALTH



UC Davis Nursing Professional Practice Model



Extraordinary Love, Compassion,
Courage, and Integrity in Every Situation

Message from Toby Marsh, Chief Nursing and Patient Care Services Officer

A REFLECTION ON 2021

Throughout 2021, the nurses of UC Davis Health showed their commitment to providing science-based, technologically precise, and compassionately delivered patient care. It was the second year of physical and emotional challenges due to the COVID-19 pandemic, and their relentless dedication to our patients and each other was remarkable to witness. Every day they came to work ready to give the highest quality of patient care with professionalism, kindness, and empathy.

Our 2021 Annual Report highlights key accomplishments throughout the year and shares stories of our nurses'



exceptional care. Whether improvements to patient flow management, the new patient cohorting on clinical units, new training programs in the Emergency Department and the Operating Room, or committing to anti-racism and cultural humility, our nurses put our patients at the center of everything they do. The care our nurses give each and every day helps make the medical center the #1 hospital in the Sacramento region.

Please take a few moments to read about and celebrate the extraordinary care given by our nurses throughout the last year. We want to share incredible stories of our nurses improving lives and transforming health care through the excellent care they provide our patients.

In closing, I want to express my sincere gratitude and appreciation to our nurses and advanced practice providers. I am honored and humbled to be part of such a committed, skilled group of nurses who continue to impact our patients' lives positively. Your extraordinary love, compassion, courage, and integrity in everything you do inspires me. You belong here.

With many thanks,

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



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Follow me on LinkedIn: www.linkedin.com/in/tobymarshr/



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Transformational Leadership

Nurses at all levels of the organization demonstrate advocacy and influence change to achieve extraordinary outcomes in an environment of mutual respect.

COMMITTING TO ANTI-RACISM AND CULTURAL HUMILITY

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 UC Davis Health 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."

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) was 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.

In addition to developing the ARC Training, UC Davis Nursing has also established a Diversity, Equity, and Inclusion (DEI) Council, which is led by Kywaita Keyes and Natasha Palmer. ♦



Kywaita Keyes



Natasha Palmer



MICHELLE LINENBERGER

Children’s Hospital Association: Pediatric Critical Care Advisory Committee Appointment

Michelle Linenberger, MSN Ed, RN, CCRN-K, NPD-BC, and Professional Development Nurse Specialist for the UC Davis Children’s Hospital, was appointed to the Children’s Hospital Association Pediatric Critical Care Advisory Committee. This committee provides oversight and recommendations for pediatric, critical care, education for the Children’s Hospital Association which is the national voice of more than two hundred and twenty children’s hospitals advancing child health through innovation in the quality, cost, and delivery of care. ♦

Appointed as chair of Association of Nursing Professional Development’s Recognition Committee

Lineneberger has also been appointed as the chair of the Association of Nursing Professional Development’s (ANPD) Recognition Committee.

The ANPD advances the specialty practice of nursing professional development for the enhancement of health care outcomes. Professional development as a specialty of nursing practice is defined by standards, based on research, and is critical to quality patient and organizational outcomes.

The Recognition Committee reviews submissions and selects recipients of awards and scholarships offered by ANPD, and the chair position is appointed by the ANPD National Board. ♦

MAI LEE, HMONG NURSES ASSOCIATION

Mai Lee, RN, BSN, CEN, has been an RN for 32 years with the last 13 years as a CNII in the Emergency Department. She is also the co-founder and currently the National President of the Hmong Nurses Association (HNA). Prior to the Hmong Nurses Association, there was no other organization or association of its kind that represented the Hmong nursing professionals. In an effort to bridge this gap, the Hmong Nurses Association was formed in 2018 as a nonprofit 501(c)(3) organization with a vision to empower Hmong nurses to strengthen their careers and reach their full potential in the nursing profession in solidarity with sharing knowledge to improve and sustain the health of its members and community.



HNA’s mission is to be a professional organization that unites and empowers Hmong nurses to strengthen nursing knowledge and clinical practice towards the highest standards, to passionately sustain the collegial interactions amongst nurses through networking and mentorship, promote awareness and education of culturally competent care, and to educate the Hmong community about wellness management. HNA provides a unique opportunity for Hmong nurses as well as the communities they serve because of its vision and mission.



TOBY MARSH SSNL PRESIDENT

Chief Nursing and Patient Care Services Officer Toby Marsh continues to serve as the president of the Sacramento/Sierra Chapter of the Association of California Nurse Leaders (ACNL). With more than 1,200 members across the state, ACNL is a professional nursing organization that develops nurse leaders, advances professional practice and influences health policy.

With the decrease in covid cases and the lifting of restrictions, the Sacramento/Sierra Chapter is eager to resume its in person gatherings and networking to further equip nurses to lead self, others, and health systems. ♦



SHANNON REESE RECEIVES AVA AWARD

Shannon Reese was the recipient of the 2021 Impact Award from the Association for Vascular Access (AVA). The Impact Award honors and recognizes an AVA member who has made significant contributions to the specialty practice of vascular access at a local level. Shannon is an expert in pediatric vascular access and has since co-founded a pediatric-specific PICC team after joining UC Davis Health.

Shannon has been a member of multiple research studies and projects, as well as a member of several committees, such as CLABSI and CLABSI Steering committee, which work collaboratively to decrease the infection rate of central lines in the hospital. She has also partnered with oncology services to implement strategies reducing CLABSIs in this patient population and ensuring correct vascular access devices are placed at the time of diagnosis. Shannon has begun teaching hospital-wide adult and pediatric ultrasound-guided PIV placement classes. She has introduced the use of MAGIC guidelines as well as implementing the DIVA score to determine if a patient is a difficult stick.

Shannon provides unparalleled devotion to members of her team and providers within the hospital. She has developed unmatched skills in her ability to obtain vascular access in the most challenging of patients. She is passionate about sharing her knowledge, skills, and inspiring members of her team to achieve excellence. She has personally mentored each member of the PICC team and her mentorship and unparalleled skill have garnered respect and attention from providers outside of our health system. Leaders from other hospitals within our community regularly consult with Shannon for her expertise, particularly in pediatric vascular access.

Shannon exemplifies the AVA mission to “lead healthcare by protecting patients and providers to improve lives.” She provides an unwavering commitment to her patients and those she works with to ensure patients’ vascular access needs are met by taking the whole person into consideration. Her tireless efforts promote patient healing and safety. ♦

Structural Empowerment

Nurses engage in shared decision-making to establish standards of practice and improve patient outcomes through professional development, collaboration and contributions within the community.

PRINCIPLES OF COMMUNITY WEEK

Principles of Community (POC) Week was celebrated across the UC Davis campus from February 22-26, beginning with a virtual opening ceremony delivered by Chancellor May, Vice-Chancellor Lubarsky, and additional leaders. The week of events celebrated diversity, promoted learning, and practiced humility. Galvanized by the unwavering support of hospital executive leaders Brad Simmons, Toby Marsh and Ekta Vargas, POC Week events were facilitated in collaboration with the Office for Health Equity, Diversity and Inclusion, Organizational Excellence, and the DEI council. The DEI Council facilitated a virtual mixer for clinicians. This year's theme of humility focused on ideas for expanding Diversity, Equity, Inclusion, and a culture of belonging at UC Davis Health. Dr. Jann Murray-Garcia, the keynote speaker, presented Cultural Humility: Attending to our Connections and Resisting Fear of Failure in Cross-Cultural Encounters. All events were well attended, very insightful, and highly interactive. ♦



CRNA CORNER

In response to the growth of surgical and procedural need, there are now have 48 full-time CRNAs and 10 per diem CRNAs. The goal is to hire up to 62 CRNA providers, the most in the history of the Anesthesiology & Pain Medicine Department.

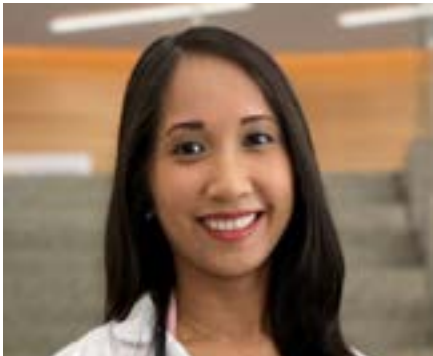
Due to the unprecedented growth, comprehensive, five-week CRNA Preceptorship, where a newly hired CRNA is paired with an experienced staff CRNA member each day, was launched. Assignments foster growth and expose the new CRNAs to as many procedures both in the main OR and the Non-Operating Room Anesthesia (NORA) sites as possible.

Eleven CRNAs have volunteered and been chosen to be the first-ever Pediatrics CRNA team, providing pediatric anesthesia in the Children's Surgery Center (CSC). The CRNAs have earned a strong reputation for their skill, professionalism, teamwork, and empathy. Their nursing background allows them to remain a patient advocate throughout the perioperative experience and the diversity lends a level of comfort for the patient population. Importantly, the CRNAs' extensive education and experience have prepared them to provide the highest level of anesthesia care throughout the medical center. It is now more accessible to all areas of the facility where anesthesia care is needed. ♦

NURSE PRACTITIONER SPECIALTY TRACK

UC Davis Health launched the advanced practice fellowship program in 2019 with three programs: Trauma Surgery, Radiology, and Neurological Surgery. Throughout the three years, the program has grown to include Neurology, Endocrinology-Glycemic Team, and Dermatology.

The School of Nursing has also received grant funding for ten primary care residents to support underserved communities and develop skills in addiction, telehealth, and chronic disease management. Next year, the specialty track programs will expand to include orthopedics and burn surgery. The 12-month program is designed to support new graduate nurse practitioners (NPs) and physician assistants (PAs) in the critical first year as they transition into practice.



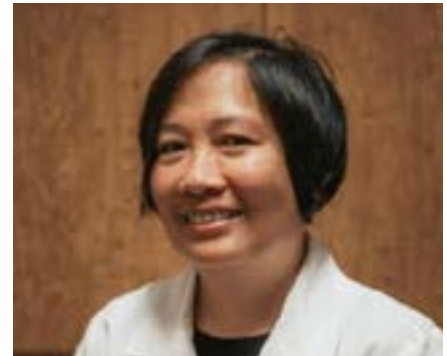
MAFE BARLAAN

Mafe Barlaan is a graduate of the Family Nurse Practitioner Degree in Betty Irene Moore School of Nursing at UC Davis. Barlaan has been a registered nurse for 11 years with six years of experience in interventional radiology.



JESSICA KIM

Jessica Kim is an Adult Gerontological Acute Care Nurse Practitioner. She has worked as a night shift trauma ER nurse for a total of nine years, during which she spent one year as a travel nurse and two years working in Trauma SICU.



MYLEEN ROMARATE

Myleen Romarate is an Acute Care Nurse Practitioner with an emphasis in Adult-Gerontology. Romarate has worked as a Neurosurgical ICU Nurse and Neuro-telemetry Nurse for 17 years.



DAVIS WILSON

Davis Wilson is a board-certified family nurse practitioner and advanced practice provider fellow in the trauma service at UC Davis Health. Wilson is currently engaged with a multi-disciplinary team in evidence-based practice and process improvement for pediatric cervical spine clearance in the trauma patient.



SHARI BARELA

Shari Barela is a family nurse practitioner who previously worked as a critical care nurse for eleven years caring for complex patients with medical, surgical, and neurological illnesses.



KRISTINA HERNANDEZ

Kristina Hernandez is a board-certified family nurse practitioner and the first glycemic team fellowship NP. Hernandez's clinical research interests include diabetes care, health equity, and patient education. ♦



FILIPINO HEALTHCARE HEROES

Congratulations to Lourdes Moldre, MSN, RN, ACNP-BC, Manuel Dizon, respiratory therapy, Lynda SooHoo, BSN, RN, CNN, and Maria Erespe, BSN, RN. These UC Davis Health employees were recognized by Senator Richard Pan, as Healthcare Heroes at the Filipino Fiesta of Sacramento 2021. They were honored for their service on the frontlines during the COVID-19 pandemic as a healthcare worker to the people of Sacramento and the State of California. Senator Pan acknowledged his gratefulness for their dedication, hard work, compassionate care, and personal sacrifices ♦

THE GERIATRIC RESOURCE NURSE ROLE

As part of our journey in becoming a NICHE (Nurses Improving Care for Healthsystem Elders) hospital, the Geriatric Resource Nurse (GRN) role was created. The GRN is a staff nurse who

has received training in geriatric syndromes and evidenced-based practices to provide personcentered care to improve patient outcomes. At UC Davis we created a thorough GRN program that includes fifteen modules on geriatric topics, eight hours of didactic training and twelve hours of clinical. The program is completed over twelve weeks. Additionally, nurses are trained to use the Fulmer SPICES tool to identify common syndromes of older adults which require further nursing interventions (SPICES = sleep disorders, problems eating or feeding, incontinence, confusion, evidence of falls, skin breakdown). The SPICES assessment was expanded to include polypharmacy and medications which increase the risk for falls or confusion, mobility limitations, and what matters most to the older person.

Davis 14 was the first unit to train staff for the GRN role. The first GRN cohort finished their twelve-week training and graduated on July 9th. Congratulations to the ten nurses on Davis 14: Sarah Minyo, Brett Fisher, Xin “Anna” Gao, Tatyana Nikitchuk, Caterina MartinezScott, Dinh Ta, Jersie Guzman, Catherine Boyd, Sushmil Datt, and Ling Tieu. The next GRN training started in September of 2021 and has been expanded to include Davis 14, East 8, East 4, East 3, Tower 4 and Tower 6. ♦



In one of the GRN classes, RNs and Geriatric Resource Nurses conduct a geriatric simulation. They are provided materials to experience changes in sensory that occur in old age as another nurse provides instructions on how to fill a medi-set.

OUR NEWEST NURSES

Nurse Residency New Graduate Program

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 35, 36, 37, 38, and 39 began in 2021 ♦



Cohort 35



Cohort 36



Cohort 37



Cohort 38



Cohort 39



UC DAVIS HEALTH CELEBRATES HMONG NEW YEAR AND HONORS HEALTHCARE WORKERS

On Friday, November 19, UC Davis Health, the Hmong Nurses Association and OCA Sacramento, which represents Asian Pacific American Advocates, celebrated the Hmong New Year and recognized Hmong healthcare workers for their work on the front lines during the pandemic.

The Hmong New Year celebrates the conclusion of the harvest season, marks the end of a year's hard work, and is a time to honor ancestors. At the event, nineteen employees were celebrated for their dedication, service, and commitment to providing excellent care to the patients and the community during the very challenging time of a pandemic and social injustice and unrest. In addition to fulfilling their full-time job duties, many volunteered at the COVID Vaccine Clinics and collaborated with community organizations to educate the underserved communities to dismiss misinformation on COVID-19. UC Davis Health is the first trailblazing health care system in the US to celebrate its Hmong staff. Chief Nursing and Patient Care Services Officer Toby Marsh, President of the Hmong Nurses Association Mai Lee, and Jinky Dolar from OCA Sacramento presented certificates from Sacramento Mayor Darrell Steinberg, California State Senator Richard Pan, and U.S. Congresswoman Doris Matsui. ♦



East 3/South 1 staff members

EAST 3/SOUTH 1 COMMUNITY INVOLVEMENT DAY

Each year, the East 3/South 1 Unit, led by its Unit-based Practice Council (UBPC), conducts community outreach as a team-building event and brings awareness to community needs. Thirteen staff volunteers helped Sacramento Food Bank & Family Services prepare 1,000 food packages which consisted of varied packed and canned foods like cereals, pasta, sauce, fruits, milk, soup, peanut butter, beans, honey, tuna, and chicken. Each package contained 17 lbs. of food and was distributed to San Juan United School District students. The food boxes were meant to last students one to two weeks. In addition to volunteering, the unit also generously donated \$525 to the food bank. Since the pandemic, Sacramento Food Bank & Family Services increased its service to 300,000 individuals in the region. This event was such a memorable experience for the nurses, especially with the pandemic and its challenges. They were able to get away from their unit as a team and serve the community while experiencing the impact of their service and generosity. ♦

NURSE RESIDENCY PROGRAM EARNS ANCC ACCREDITATION, WITH DISTINCTION

UC Davis Health's Nurse Residency Program has been accredited, with distinction, by the American Nurse Credentialing Center (ANCC). It is the first and only program in the Sacramento region to earn this status.

"Accreditation elevates our nurse residency program to another level," said Toby Marsh, chief nursing and patient care services officer. "It demonstrates what we've been pursuing for years: a residency program that sets the highest standards of excellence in training our new nurses and furthering our vision of providing the highest quality of patient care provided through the advancement of nursing practice."

The ANCC's accreditation program is designed to set the global standard for residency and fellowship programs that transition new RNs (registered nurses) into patient care settings.

The popular one-year program is designed to help new graduate nurses transition into their clinical roles. The program utilizes curriculum from the Vizient/American Association of Colleges of Nursing, 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 a series of learning and work experiences, the program enables new nurses to successfully transition from student to confident professional in their chosen nursing career path.

What is also unique about the ANCC Practice Transition Accreditation Program is that it's recognized by the U.S. Department of Labor as one that meets the standards for industry-recognized apprenticeship programs. This means that the residency participants receive a highly regarded curriculum and guidance from experienced nurse preceptors that helps them make the leap from nursing education to clinical practice. ♦

SUPPORT U PEER RESPONDER PROGRAM

Creating a Community and Culture of Support through effective peer response.

In 2021, the Support U Peer Responder Program grew to a community of more than 500 staff from all disciplines at UC Davis Health. These trained Peer Responders are identified with a badge buddy stating “Peer Responder” that signals they are a safe individual who is trained to listen attentively and deliver psychological first aid. This committed group of multidisciplinary staff is a key component of our community wellbeing and support for each other. This program was started and led by nursing over 12 years ago and now has grown into an incredible community of support for all health care providers and employees at UC Davis Health in both the inpatient and outpatient setting. The specialty group of trained volunteers provide confidential peer-based support from a variety of areas- Nursing, Lift Team, Pharmacy, Patient Transport, IT, Physicians, Residents, Respiratory Therapy, Professors, Advanced Practice Nurses, HUSCs, Physical and Occupational Therapy, Child Life, among others. These Peer Responders act as the foundation to access the multiple layers of wellness resources available at UC Davis Health. Over the last year the Support U Program distributed “Kindness Bags” throughout the hospital in an effort to “check-in” and offer connections to wellness resources. The simple gesture was an opportunity to have a conversation and share the bag that contained a KIND bar, café voucher and a wellness resource card with a QR code to access the Support U website and Academic Staff and Personnel Services.



Many hundreds of you have sat down with the Peer Responders, individually or in groups as you have processed work or personal traumas and difficulties over the past several years, but especially during the pandemic. Having the opportunity to be vulnerable in a safe environment is a true gift to help us cope with the traumatic events we witness and the stress that comes with it. With the continued growth of the Support U Peer Responder Program we have seen a shift in the organization as this program has shifted from nursing to all disciplines in the health system.

The Support U Peer Responder Program has created a supportive and healing community that promotes resilience and wellbeing for all employees at UC Davis Health. Celebrating the program growth in 2021 has helped to guide us in caring for our colleagues in demonstrating profound levels of kindness with our healthcare community at UC Davis Health. Support U Peer Responders have courageously led this program to help serve our colleagues and provide compassion and support to all that serve to deliver quality care to our patients and families. ♦

NEWLY RECOGNIZED CLINICAL NURSE IIIS

Quarter 1

Misara Bambao – AIM/CTU Clinic
Roxanne Basilio-Valdez – East 5 Neuro
Ka Y. Cheung – East 5-PM&R
Misty Harmon – University Birthing Suites/
Women’s Pavilion
Jasmine Heidari – Tower 8 Transplant/Metabolic
Kayla Horch-Johnson – South 3 GI Lab
Kristi Kuncce – Emergency Department
Jose Mari Metica-Rezonov – Emergency Department
Fidel Mejia – Pain Clinic
Teri Nguyen – Pre-Op/PACU/CSC
Christin Nichols – Emergency Department
Melody Thai – Tower 4 ENT/Internal Medicine
Christine Trainor – GI Lab
Rachael Viale – NSICU

Quarter 2

Tara Barragan – Emergency Department
Kristina Baxley – University Birthing Suites/
Women’s Pavilion
Janeen Chang – Pediatric Infusion Center
Shoharab Chaudhary – Davis 6 Cardiology Services
Lauren Coco – Davis 8 Oncology/BMTU
Cheryl Ditter – PACU
Lauren Hodge – University Birthing Suites/
Women’s Pavilion
Marsha Hoeft – Emergency Department
Elise Kennedy – Pediatric Infusion Center
Shawna Miller – Cancer Center/Pediatric Infusion
Neal Oppenheimer – PICU/PCICU
Melissa Paras – University Birthing Suites/
Women’s Pavilion
Rachel Robertson – Davis 5 Neonatal Unit

Quarter 3

Merrilee Catanzaro – Emergency Department
Kaylah Hallam – Emergency Department
Tatyana Nikitchuk – Davis 14 Ortho/Trauma
Angelina Nochez – University Birthing Suites/
Women’s Pavilion
Jason Yee – Tower 7 MSICU Gold

Quarter 4

Jeanne Rachel Appell – Health Management
and Education
Julie Chou – Main Operating Room
Leticia Dickinson – University Birthing Suites/
Women’s Pavilion
Cynthia Esplana – Davis 5 Neonatal Units
Lisa Hersam – Pediatric Cancer Center
Alyssa MacMurphey – Employee Health Services
Angela Mamangun – Tower 7 MSICU Gold
Nicole Nepstad Spangler – Tower 7 MSICU Gold
Melissa Sterling – Davis 7 Pediatrics
Kirti Patel – Davis 6 Cardiology



Teri Nguyen MSN, RN, CCRN
Staff Developer
Pavilion, Pre-op, PACU, CSC, UTSS, & SDSC

PREFERRED GENDER PRONOUNS PROJECT

As the annual goal for Best People and Practice Environment, the PICU/PCICU Unit-based Practice Council started a project to present an open and accepting environment for transgender and gender non-conforming patients and families. Stickers were created with preferred gender pronouns, and PICU RNs, physicians, and staff were invited to self-identify their preferred gender pronouns and display the sticker on their hospital badges.

As this population has a marked increase in suicidality compared to their peers, the goal is for these patients to see staff as allies and the PICU as a safe place to be who they are. The modest initial goal of 20% of staff choosing to self-identify was surpassed, with more than 60 staff members having asked for and received badge stickers. ♦



BETTY IRENE MOORE SCHOOL OF NURSING AT UC DAVIS

Betty Irene Moore School of Nursing breaks into top 25 in U.S. News & World Report ranking

The Betty Irene Moore School of Nursing at UC Davis ranks among the top 25 best master's-degree nursing programs, according to the U.S. News & World Report 2022 Best Graduate Schools. The publication ranks the UC Davis School of Nursing's Master's Entry Program in Nursing and master's-degree leadership program as 24th, up 16 spots from last year's rankings and tied with one other program.

The school's graduate-degree programs emphasize problem solving, independent thinking and individual accountability. They aim to empower students to fulfill their learning needs and prepare them as leaders in health care.

More than 900 alumni, including many who are UC Davis Health nurses, make an indelible impact on the clinics, classrooms and communities in which they serve. They embody and enact the vision of the school's founders from bedside care to individuals and families to bold changes in health care systems across California and the nation. ♦

NURSING SCHOOL HONORED FOR EXCELLENCE IN DIVERSITY

The Betty Irene Moore School of Nursing at UC Davis is a recipient of the 2021 Health Professions Higher Education Excellence in Diversity (HEED) Award. The School of Nursing is one of only 50 health professions colleges and universities in the nation identified as a HEED winner by *INSIGHT Into Diversity* magazine.

The award, the only one of its kind in the nation, honors institutions for being outstanding examples of colleges, universities or health profession schools that are committed to making diversity and inclusion a top priority across their campuses.

"We value cultural inclusiveness, new perspectives and nontraditional journeys and our student diversity advances that," said Dean Stephen Cavanagh. "We must embrace the diversity of our voices, identities and experiences if we are going to achieve our mission to transform health care through health education and research." ♦



NEW HYBRID DOCTOR OF NURSING PRACTICE DEGREE PROGRAM LAUNCHES



Kathryn Sexson with FNP students

Applications opened in October 2021 for a new degree program at the Betty Irene Moore School of Nursing at UC Davis. For the first time, the graduate-only school offers a Doctor of Nursing Practice — Family Nurse Practitioner (D.N.P.-F.N.P.) Degree delivered in a hybrid format, including online coursework and in-person experiences.

The D.N.P.-F.N.P. is a post-baccalaureate degree program that prepares new family nurse practitioners. The three-year hybrid program combines distanced-based education with four on-campus immersions and prepares advanced practice providers to engage in patient- and family-centered, evidence-based primary care.

According to Kathryn Sexson, D.N.P.-F.N.P. program director, the new program goes beyond clinical education. It offers courses that elevate future providers' abilities and convictions to become a new type of health care leader.

“Starting a new program in today’s environment allows us opportunities for innovative solutions that I don’t think we would have had at any other point in our history. The environment is ripe for doing what I hope everybody’s here to do, which is to improve the health and well-being of the nation that we serve,” Sexson said. ♦

FAMILY CAREGIVING INSTITUTE AT THE BETTY IRENE MOORE SCHOOL OF NURSING PROVIDES CAREGIVING SUPPORT AT NEW CLINIC



Terri Harvath providing consultation

The new Healthy Aging Clinic at UC Davis Health opened in January 2021 and provides a range of services for older adults, including caregiver consultations through the Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis.

This interdisciplinary clinic is part of the Healthy Aging Initiative, a UC Davis Health systemwide approach to create the healthiest and highest-functioning older adult population in Northern California due to the care, research and innovation at UC Davis Health. The goal is to provide an integrated age-friendly approach to older adults across their lifespan and throughout all care settings.

The clinic provides comprehensive services that preserve the functionality and independence of older-adult patients while also supporting their family caregivers.

“We offer consultation to support caregivers in their monumental role tending to an older adult. We also have training services, so we can teach them how to do complex tasks such as managing medications and caring for wounds,” said Terri Harvath, director for the Family Caregiving Institute. “The inclusion of services and attention to family caregivers sets UC Davis Health apart from other health systems.” ♦



DAISY AWARDS

The DAISY Award is an international program that recognizes nursing excellence. In memory of their son, Patrick, the Barnes family recalled the skillful and compassionate care Patrick received from his nurses during his eight-week hospitalization. They wanted to say “thank you” to nurses everywhere by establishing a recognition program – the DAISY Award For Extraordinary Nurses – to honor the super-human work nurses do every day at the bedside.

DAISY/INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) AWARD



CHRISTA BEDFORD-MU

Bedford-Mu’s nomination noted the programs she created for the NICU. She designed and implemented a new hire orientation program which resulted in a 99% new hire retention rate. During the University’s initial American College of Surgeon accreditation review, this orientation program was highlighted as, “One of the most comprehensive programs in the nation.”



MICHELLE LINENBERGER

Children’s Hospital nurse educator Michelle Linenberger also received an Honorable Mention from The DAISY Foundation and IHI. Linenberger received this special recognition for her commitment to a relationship-based culture, serving as an advocate for peer support, and her contributions to exceptional patient care in underserved communities.

TEAM AWARDS

CRANIOPAGUS SEPARATION TEAM

A DAISY Team Award was presented to the team behind the successful separation of conjoined craniopagus twins Abigail and Micaela Bachinskiy. “Cases like this remind us of why we went into health care. To be part of a highly skilled and dedicated team that, when necessary, can come together to witness a rare miracle like this,” Willson said.

The nine-month-old twins were separated in a marathon 24-hour surgery in the Children’s Surgery Center operating room. The event took more than 10 months of planning and involved an interdisciplinary team of more than 30 members. They included neurosurgeons, plastic surgeons, anesthesiologists, Children’s Surgery Center nurses and technicians/assistants. The group was led by neurosurgeon Michael Edwards; medical director of the Children’s Surgery Center and anesthesiologist Rajvinder Dhamrait; and operating room team leader nurse Aida Benitez.

Nursing Team

Aida Benitez, R.N. (Clinical Coordinator, Nursing Lead & Co-Captain)
Andrew Obrien, R.N.
Christine Evans, R.N.
Tatyana Kolpakchi, R.N.
Sandina Bega, R.N.
Frances Villote, R.N.
Lisa Peterson, R.N.
Olga Yakoubovsky, R.N.

Mathew Hipwell, R.N.
John Ortiz, R.N.

Neurosurgery Team

Michael S.B. Edwards, M.D. (Team Leader)
Kia Shahlaie, M.D.
Marike Zwieneberg, M.D.
Edwin Kulubya, M.D.
Joti Thind, M.D.

Plastic Surgery Team

Granger Wong, M.D. (Team Leader)
Joseph Firriolo, M.D.
Ping Song, M.D.
Sarah Chen, M.D.

Pediatric Anesthesiology Team

Rajvinder Dhamrait, M.D. (Team Leader & Co-Captain) Niroop Ravula, M.D.
Sarah Maclean, M.D.
Dua Anderson, M.D.
Mark Murphy, D.O.
Karl Kristiansen, M.D.
Richard Bertacini (anesthesia technician)
Cindy Lomperski (anesthesia technician)
Inna Misiruk (anesthesia technician)

Ancillary Support

Saul Gonzalez-Gudino (equipment specialist)
Bettina Ford (equipment specialist)
Rotell Wilkins (OR assistant)
Natalia Patosca (OR assistant)
Reshme Kumar (sterile processing technician)
Quinton Jackson (sterile processing technician)
KaMan Liu (Clinical Engineering)



TEAM AWARDS CONTINUED

RAPID RESPONSE TEAM

The Rapid Response/Action Team earned the DAISY Team Award for the care they provide patients and the emergent support they give to colleagues throughout the hospital. The Rapid Response Team touches every aspect of the medical center. The team assists staff members, patients, and patients' families from the Adult and Pediatric Acute Care Specialty Units, responding to urgent changes in a patient's condition. The team assesses and stabilizes the patient who is at risk of needing a higher level of care or experiencing cardiopulmonary arrest.

"The Rapid Response Team always communicates clearly and concisely with patients, technologists, physicians and other nurses, and prevents many problems before they even happen," said Chad Jones, an MRI technician at UC Davis Health. "I have witnessed several times the team respond to an emergency, instantly assess the situation and then calmly and confidently guide everyone through what needs to be done. It's an amazing thing to witness." They provide the calm, steady presence in a storm of clinical uncertainty. They are the listening, reassuring presence to the many nurses throughout the hospital."— Paul Fankhanel

Rapid Response Nursing Team Members

Bruce Gittings
Susan Gourley
Heather M. Jones
Alicia Kempenaar
Taufa M. Lee
Amy Logsdon
Christina Matson
Stacy McCarthy
Hassan J. Mofidi
Trevor Morton
Laura Mulcahy
Tony Perez
Sean O. Perkins
Malia Ryman
Stefanie J. Stewart ♦





INDIVIDUAL AWARDS



Jerry Bambao, BSN, MS, RN-BC
Tower 4 ENT/Internal Medicine



Grayson Castro, BSN, RN
Emergency Department



Osman Danice, BSN, RN
East 3 Adult Acute Care



Nichole Gingrich, BSN, RN, RN-BC
Davis 7 Pediatrics



Rebecca Hall, NP, MSN
Cardiac Cath Lab/ Electrophysiology



Ok-Ki Kim, MSN, RN
Operating Room



Michele Koth, MSN, RN
Health Management and Education



Carol Leija, MSN, RN, OCN
Comprehensive Cancer Center



Erik Leisten, BSN, RN, CCRN
Patient Care Resources



Richard Love, RN
MICU



Leanna Miller, BSN, RN, RNC-OB
Davis 3 University Birthing Suites



Cindy Nguyen, BSN, RN, PHN
Tower 3 Women's Pavilion

INDIVIDUAL AWARDS CONTINUED



Susana Noel, BSN, RN, CCRN
CTICU



Shannon Romero, BSN, RN-BC
Ambulatory Nursing Practice



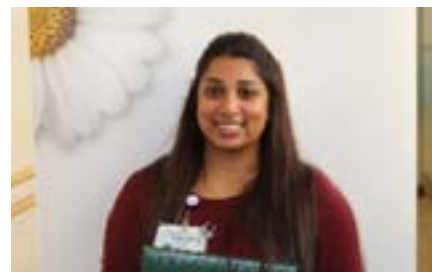
Alana Rothman, MSN, FNP-BC
Comprehensive Cancer Center



Kelly Yukosky, MSN, RN, OCN,
BMTCN
Davis 8 Oncology/BMTU



Mandy Schesser, MS, AG-ACNP-
BC
Radiology



Ashnita Singh, BSN, RN
South 1 Adult Annex



Jashnil Singh, BSN, RN
South 1 Adult Annex



Annie Tat, MS, BSN, RN, RN-BC
Tower 8 Transplant/Metabolic



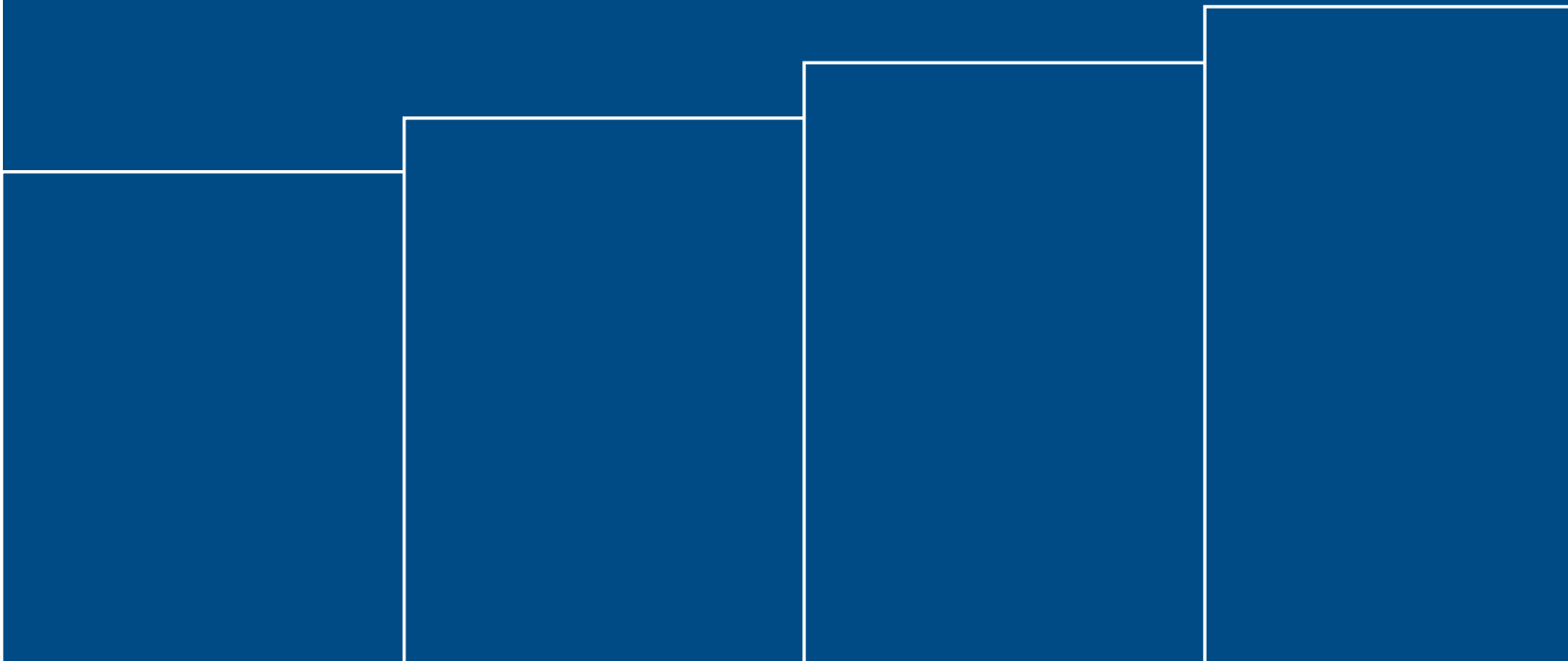
Hien Van, MSN, RN
Davis 6 Cardiology



Sheryl A. Ruth, MS, RN, NEA-BC
Nurse Leader Award: Neonatal Units

Exemplary Professional Practice

Nurses ensure high-quality patient outcomes and culture of safety through interprofessional collaboration and the integration of the professional practice model with delivery of the patient care.



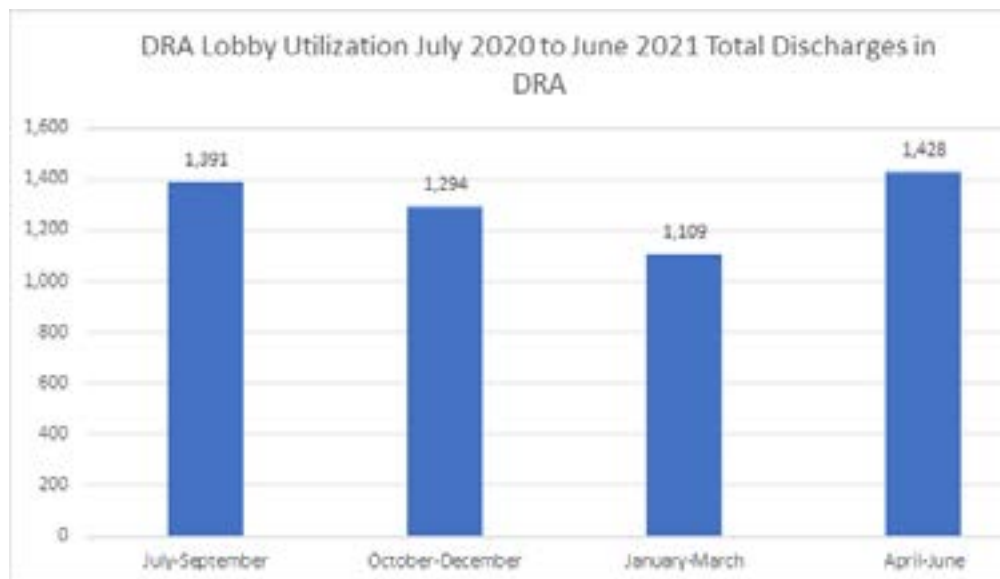
PATIENT FLOW MANAGEMENT

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.

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. 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.

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.
- Escalate cases as needed to the Physician Advisor and Nursing Supervisor on duty.
- Identification of appropriate DRA eligible patients. ♦



SUSTAINABILITY

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, 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 include::

- 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 ♦



GEMBA: THE REAL PLACE

Gemba is a Japanese-derived word used in Lean organizations to mean “the real or actual place.” Specifically, in Lean practices, the gemba refers to “the place where value is created.” This past year, the Quality and Safety Council supported and led the development of Gemba Rounds, by implementing leader standard work in quality improvement by partnering our executive administrative team with unit based leaders.

Twice a week, our executive team rounds on inpatient units to understand the work being conducted by the units, ask questions, and learn from those who do the work. It is an opportunity to collaborate, recognize accomplishments, identify new best practices, and discuss barriers in regard to unit projects and goals. By establishing this new process, we have been able to continue to work in advancing and elevating the processes that improve patient outcomes. ♦

PATIENT COHORTING ON CLINICAL UNITS

Right Patient, Right Location at the Right Time is the trifecta state in patient flow management and operational excellence in patient care delivery. A multidisciplinary team explored how to improve our patient cohorting on clinical units where nurses have the specialized training.

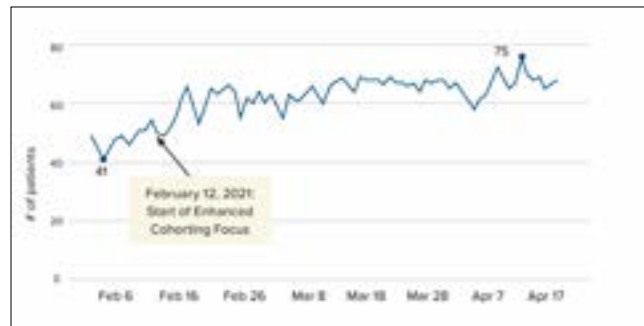
It was determined, if we could start improving the cohorting of the service with the largest patient census, we would then have impacts on all services. The data identified that the average census of the Hospital Medicine Service (pre-COVID) was 90 patients. East 3 provided 19 beds, and a total of 26 in the future. With patient cohorting on clinical units the designation of East 3, East 4, East 8, and Tower 6, the available beds support the services census as well as the patient care needs of telemetry, chronic vent management, and isolation needs.

The engagement of Mithu Molla, MD and Voltaire Sinigayan, MD with the Hospital Medicine Service to align the goals of cohorting and medical management was crucial in the change management of cohorting. It was important to understand the Hospital Medicine

Service workflow in service and team assignment out of the ED and ICU to support cohorting decisions. Additional benefits of cohorting are the alignment of medical management at the team level. This alignment supports the assigned hospitalist team caring for their patients in one primary location instead of multiple units allowing the building of multidisciplinary teams to care for patients. The alignment and building of the multidisciplinary teams support the highest excellence in the delivery of care as well as coordination of care management.

The nursing supervisors, patient flow ANIIs, and bed control staff received education and EPIC mapping to support decision making with cohorting prioritization of Hospital Medicine Service on the designated four units in February 2021. ♦

Number of Cohorting Patients



BONE MARROW TRANSPLANT (BMT) PATIENTS MANAGED IN AIM CLINIC

In the setting of a global pandemic, businesses, schools, and all non-essential functions even in health care systems were put on pause in an effort to “flatten the curve.” Unfortunately, somebody forgot to tell “cancer” about the global pandemic.

Patients needing to be collected for stem cell transplant or transplanted at UC Davis Health had reached maximum capacity due to the pandemic. Healthcare was reopening slowly but clinical experts for the Cancer Center needed to find a way to clear the backlog of patients. The question was posed; is there any part of the transplant process and patient care that could be performed safely in an outpatient setting? The answer was, YES.

Autologous Stem Cell Transplant patients were already successfully managed in the AIM Clinics. Based on the literature and practices at other UCs and renowned Cancer Centers, many cellular therapies are also being administered in the outpatient setting safely and efficiently. With leadership support, a plan was developed that would allow for stem cell transplants to be performed on select patients in the outpatient setting. The first outpatient stem cell transplant was performed in the newly created Cellular Therapy Unit in the AIM clinic on April 14, 2021. ♦



PATIENT SAFETY AWARENESS WEEK

Patient Safety Awareness Week was celebrated March 14-20. Every day is a patient safety day at UC Davis Health, but each year, the medical center devotes a special week to emphasizing the roles every employee has in keeping patients safe.

During this awareness week, staff joined members of UC Davis Health's Quality and Safety committee in several different activities. ♦



OPERATING ROOM TRAINING PROGRAM

The OR Training Program (ORTP) is designed to help new graduate nurses function as competent scrub and circulating nurses. This program is unlike most OR (operating room) training programs as nurses are trained to be adept in both circulating and scrubbing any of our technologically advanced robotic surgical cases or any of the many traumatic surgical cases that land our trauma room. In addition to the six-month program, nurses are concurrently enrolled in the New Graduate Nurse Residency Program.

The ORTP curriculum is based on six areas of perioperative nursing foundations: the foundations of the perioperative nursing role, surgical environment safety, surgical asepsis, surgical patient safety, foundations of surgery, and the perioperative nursing considerations of anesthesia.

Due to the immense growth of UC Davis Health and the Perioperative Department, clinical nurse educators work to create a perioperative nursing student continuum geared towards nursing students in area schools. The goal is to help provide nursing students experience within an OR, which is a technologically precise, innovative, and patientcentered environment. ♦

SOUTH 1 AND EAST 3 SERVING SIGNATURE SOUP & SALAD

South 1 and East 3 launched the Soup & Salad Initiative to improve RN communication scores and the overall patient experience. Two years ago, communication scores were below the institutional goal and benchmark. The Unit Based Practice Council created a task force to tackle this goal under our Best Patient Experience Initiative and developed the Patient Experience and Education Project (PEEP). The goal of PEEP is to create a clear, concise, and compassionate nurse-patient engagement guide to provide the best positive patient experience. That was the beginning of the Soup & Salad Initiative.

Inspired by Christina Dempsey's book "The Antidote to Suffering: The Compassionate Connected Caregiver" and under the leadership



of Calene Roseman, the Soup & Salad Initiative began. A unique acronym, SOUP & Salad (S&S) was created based on the concept of "56 Seconds Connection." The foundation of this communication is based on our Model of Relationship Based Care and concepts of Reigniting the Spirit of Caring and See Me As A Person.

HCAHPS score prior to S&S was 59.5%. Shortly after implementation, the score improved to 84.7%. ♦

EMERGENCY DEPARTMENT CRITICAL CARE TEAM TRAINING PROGRAM

The goal of the Emergency Department Critical Care Team Training Program is to decrease the variance and knowledge gaps between team members by providing enhanced education to both new and current team members with the ultimate goal of safe, effective, and reliable care. Nursing requirements are based on Emergency Department Critical Care Team Training Program, Level

1 or 2 Trauma ED experience, ED Trauma experience, and new graduate nurse. Nurses must be up-to-date on all UC Davis Medical Center ED required competencies. The onboarding process is simulation-based scenario following the Emergency Nurses Association Trauma Nurse Core Curriculum (TNCC). Nurses who successfully pass the onboarding assessment must attend all training days and classes during a training cohort and must complete the training period within the identified timeframe. ♦





COVID VACCINE AMBULATORY PROJECT

The FDA authorized the first COVID vaccine for use on December 10, 2020. As a result, Ambulatory Operations and Ambulatory Nursing began preparation to provide this vaccine to our patients. On January 12, Ambulatory Operations opened the MIND Institute and the Roseville site on February 3 to offer COVID vaccines to patients 65+. The schedule quickly climbed to hundreds of patients each day, seven days per week.

By June 2021, the demand for the original dose for 12+ year old was declining, so we began to transition the distribution of the COVID vaccine to ambulatory primary care sites.

UC Davis Health also partnered with community organizations, such as City Church, St. Paul Church and La Familia, to reach unserved areas. The mission of UC Davis Health was to provide the COVID vaccine to our community.

Ambulatory Operations also partnered with the MOVE IT UP project to increase the percentage of vaccinations among Latinx and African Americans. The Center for Reducing Health Disparities and UC Davis Health are also collaborating with various local organizations, including City Church, the Sacramento Black Media Coalition (SBMC), the Health Education Council, Lideres Campesinas, RISE,

Inc., and other local community-based organizations, to increase vaccine equity in these historically underserved populations. The project has a mobile vaccine and testing units available five days a week, including regular evening and weekend hours.

The MIND Institute partnered with Ambulatory Operations to open a COVID vaccine clinic to support their patients with neurodevelopmental disabilities, with support from the ambulatory float pool staff. The environment was developed to provide a calm space for the patients 5-year-old and above to receive the vaccine.

The ability to provide COVID vaccines to more than 100,000 patients came from the dedication of the UC Davis Health medical staff. The ambulatory float pool MOSC, MA, LVN and RNs, PCS medical staff volunteered their off days, and contract staff supported the operations of the COVID vaccines sites. Also, two UC Davis Health retired Nurse Managers, Iris Rumick and Karen Kouretas, returned to help with the COVID-19 vaccination efforts.

Ambulatory clinic sites continue to provide COVID vaccines and remain adaptive to the additional FDA approvals. The dedication, perseverance, and compassion needed to develop the COVID Vaccine clinical operations were evident each day in the team members of IT, HIM, Pharmacy, Ambulatory Nursing, Ambulatory Operations, Finance. ♦

PICU/PCICU SIMULATION TRAINING

A pediatric code blue can be a scary and chaotic event with all providers in earshot trying to help. For those nurses who care for some of the sickest infants and children in the region's PICU/PCICU, being prepared to respond effectively to a pediatric code blue event is part of the job.

Since 2018, the PICU/PCICU Mock Code Committee (MCC) lead by Davis 10 nurses has conducted regular multidisciplinary training sessions to prepare providers for the real events. Training sessions utilize multiple formats. Most of the training is in-situ, meaning that it occurs on Davis 10 with providers on their shifts. PICU Simulation Training Members of the MCC have created a variety of teaching materials based on best practices. The unannounced simulation sessions conducted by members of the MCC generally last a few minutes and are immediately followed by a debriefing, focusing on the specific educational goals, and the team's performance. Great efforts were made to minimize stressful impacts on existing patients and families, to reduce the stressful effect on participants, and not compromise care.

The program has provided multiple benefits since its implementation. "Due to the work of the PICU Mock Code Committee, we have seen a significant improvement in staff reported confidence during Staff Emergencies and Code Blues in both clinical and non-clinical skills. These skills are integral factors in our ability to perform effectively in cardiopulmonary resuscitation events, which leads to improved patient outcomes," shared Ashley Donkerbrook, RN, BSN, CCRN, Mock Code Committee Chair.

This program has been an invaluable addition to the units' practice and provides the hands-on experience needed to be truly proficient resuscitation providers. ♦

EMERGENCY DEPARTMENT SILENT CONVERSATION

In May of 2021, the Emergency Department (ED) implemented a "Silent Conversation" workflow. The goal of the workflow is to identify patients vulnerable to human trafficking. ED staff are trained to recognize warning signs for potential human trafficking victims and will follow the established workflow. With the integration of EMR, the ED staff can click the appropriate notification button to signal the treating provider.

The ED remains committed to supporting and ensuring the safety of the vulnerable population that the hospital serves. It recognizes that each patient encounter is an opportunity and maybe the only chance to reach those at risk. ♦



DIVERSITY, EQUITY AND INCLUSION COUNCIL

The DEI Council has worked with the Office for Health Equity, Diversity, and Inclusion (HEDI) to increase understanding and appropriately identifying sexual orientation and gender identification (SOGI), particularly with our pediatric patients. The goal is to increase patient-centered care by educating staff on how to properly document SOGI into EMR. The council also collaborated with the Clinical Ladder Committee to ensure implicit bias did not play a part in process of vetting candidates. Going forward, the Clinical Ladder Committee will ask all candidates to be blinded for gender, racial and ethnic identity. The council led the way for Principles of Community week this past year and also continued to hold Healing Circles for individuals as well as teams.

The DEI Council was excited to partner with the community for the second flu vaccine clinic in Oak Park. This volunteer opportunity is not only to provide vaccines but to develop a relationship with our neighbors. The council will also work with the Clinical Practice Council and Translational Services to serve ESL patients with cultural humility. It continues to work with HEDI to advance SO/GI education, while it expands the Healing Circles outside of PCS and to be inclusive because healing is universal.

Many members of the council have completed training to create a Beloved Community by the King Center. The King Center was established in 1968 by Mrs. Coretta Scott King. It was envisioned by its founder to be “no dead monument, but a living memorial filled with all the vitality that was his, a center of human endeavor, committed to the causes for which he lived and died.” That vision was carried out through educational and community programs. The council is committed to building a Beloved Community that is based on Love, Compassion, Courage and Integrity.

The DEI Council continues to align its goals with the Nursing Strategic Plan by valuing diversity, equity, and inclusion as integral to the care of our colleagues, patients, and their families. ♦

CLINICAL CASE MANAGEMENT DEPARTMENT MULTIDISCIPLINARY HUDDLE UPDATES

In 2021, the multidisciplinary huddle was created as a way to structure and standardize communication with team members. As the case manager facilitates the huddle, the discussions are focused on each patient’s clinical status, the logistics for readiness and follow-up actions that ensure an efficient and safe discharge. The huddle is a real-time sharing of information that promotes a proactive environment for discharge planning. The members of these huddles include the charge nurse, utilization review, PT/OT, pharmacy, patient navigator, social services, dietician, and the physician.

And of course, the all-important Expected Discharge Date (EDD) which the discharge planner ensures is established, reviewed, and updated daily and as needed. To improve communication to all staff, the discharge planner indicates the plan and any barriers in the EED comment box. The case managers have repeatedly voiced how the huddles with the multidisciplinary team has improved their daily workflow and they will continue to be a focus in 2022. ♦





CRNAs IN THE COMMUNITY: KEEPING THE LOVE IN THE UC FAMILY!

One of the hallmarks of nursing care is supporting the community. Recently, the Certified Registered Nurse Anesthetists (CRNAs) participated in an initiative to assist the UC Davis Fire Department. Even though they are involved with training all types of professionals and paraprofessionals in the operating arena, this endeavor hit home for CRNAs. Many of the CRNAs work and/or live in the area and being an integral part of training paramedics is not only rewarding but may one day save the lives of someone close to them. Plus, what better way to give back to the UC Davis Health brethren.

The Paramedic Program is an intense and comprehensive fifty-eight week commitment for licensed EMTs with a minimum of six months of clinical experience. It culminates in a capstone field internship, passing the Paramedic ERE final written examination, and successful completion of the required National Registry of EMT's paramedic skills examination. Scott Hatcher, EMS Captain and Pre-Hospital Care

Coordinator for the program, stated "what sets our program apart from others is our UC Davis Medical Center affiliation". The paramedic students not only rotate through the operating room and work with the CRNAs to learn advance airway management, but they also train in various areas of the hospital, including the emergency department, labor and delivery, and the burn unit. They also work with the lift teams and respiratory therapy. Scott says, "the goal is to create true clinicians".

In the program, the students complete over three hundred hours of clinical training that is concurrent with their didactic requirements. This translates into sixty units of college credits that are awarded by the UC School of Medicine through the UC Davis Division of Continuing and Professional Education.

CRNAs Leslie Rubin, Rebecca Orlino, and Kimberly Beres joined Scott and the paramedic students for



two days of hands-on advanced airway training at the Davis Firehouse. The CRNAs taught the students mask ventilation and intubation under direct visualization and with the use of a portable video laryngoscope that is now available. The students also learned laryngeal mask airway techniques as well as how to establish a patent airway using adjuncts. Finally, the students participated in mock emergency airway and life-saving clinical scenarios from the point of on-scene through transport. The goal is to create true clinicians.

The CRNAs looked forward to the paramedic students' arrival in the operating room. Each was assigned a CRNA in the main OR to learn advanced airway management for anesthetized patients. This type of live training hones airway skills, reinforces classroom training, and boosts clinical confidence to ensure a trainee's success. ♦



AMBULATORY DEPARTMENT'S NOTHING BY MOUTH WORKGROUP

A collaborative workgroup made up of RNs, physicians, representatives from orthopedics, anesthesia, preoperative calls, and pre operate and operative inpatients, was formed in an effort to eliminate nothing by mouth (NPO) errors for pediatric patients. The group created an interactive document for parents which integrated with our current dot phrase with the emphasis that the instructions would be available for the parent to “fill in the blanks”.

The group discovered when they involved the parent and child as part of the information sharing, the adherence to the instructions were more likely to be retained. The group has finalized the dot phrase, with the plan to roll out to all specialty areas as well as the adult population for all surgical areas and plan to have information available to patients in five languages. ♦



UC DAVIS INPATIENT HOSPICE PROGRAM: ELEVATING END-OF-LIFE CARE

With the support of the entire UC Davis Health Community, the Hospice Program has bloomed into an interprofessional consultative service that has reached patients in the Emergency Department through many units and now into the ICUs.

The team is interdisciplinary and includes RNs who offer robust experience and knowledge in providing end-of-life care, a hospice/home health aide who provides our patients with soothing baths, an expert social worker who provides emotional support, counseling, and resource linkage, and the chaplain who helps support the patient's and caregiver's comprehensive spiritual needs. The team approach offers fully holistic care to the patients and families through interdisciplinary practice. This small, effective team has positively influenced end-of-life care and reshaped the journey for families who are experiencing the emotions of losing a loved one. ♦



BEHAVIORAL ESCALATION SUPPORT TEAM (BEST)

The BEST team is a rapid response team for behavioral health emergencies, launched its three-month pilot program in November of 2020. The pilot team was available to a limited number of inpatient units weekdays for 8 hours per day. The all-clinical team was able to successfully de-escalate 109/110 calls without any security personnel, prevent 100% of staff and patient injuries, prevent 100% of elopements and unsafe AMAs, and facilitate 100% of on-time discharges for the calls they responded to.

Given the success of the program and the commitment of the pilot team members, it was decided to extend the trial until an official team could be put in place. Funding was granted in June of 2021 to expand staffing to enable the creation of a permanent team with availability 24/7. Hiring was complete in January of 2022 and the full team undertook an intensive three-day training. Response units will be expanded weekly and all inpatient units will be serviced by May 1, 2022. ♦



Left to right: Christina Schibler, Lars Gjerde, Verona Noel, Brandi Chapman, Smiley Verma, Karen Penano, Manpreet Dhillon.
Team members not shown: Amrita Kamboj, Avinesh Prakash.

SURGE CRISIS: NEW COLLABORATIONS IMPROVING RESOURCES IN PATIENT CARE

Covid-19 pushed hospital capacity to extreme limits. Leaders responded creatively and built team-based solutions between new partners. Out of such collaboration grew the new Hospital Medicine Advanced Practice Provider (APP) Team, which has established itself as a valuable member of the hospitalist service, forging new resource-effective solutions and providing care for some of the most vulnerable patients in the hospital.

The hospitalist service was among those far stretched by the pandemic. At their request, and under the leadership of Christi Delemos, Chief of Advanced Practice, nurse practitioners and physician assistants from various departments stepped up to help, quite independently caring for a panel of the more stable hospitalist

patients. Hospitalist attendings were freed up to take care of the very sick that were being admitted. The APPs demonstrated ability to provide safe and comprehensive care, especially excelling at finding solutions for patients with difficult dispositions and being able to dedicate time to intense collaboration with case management.

The new teamwork with the hospitalist attending partners was so successful that hospitalist leadership desired the ongoing presence of APPs. Hospital leaders authorized a new team of eight APPs to be recruited under the leadership of Lars Gjerde, an acute care nurse practitioner with the NP Float Team. NPs and PAs with strong experience in acute care were recruited and are now providing 24-hour care for up to 30 patients. The team also supports timely admissions to the hospitalist service from the emergency room, in collaboration with physician colleagues.

The use of backup call for the attendings has been significantly

reduced, and the APPs have forged new interdisciplinary relationships that have allowed some of the most difficult to place patients to be discharged to receive appropriate care in the community. Important partners in finding creative solutions include Anna Satake, Geriatric Clinical Nurse Specialist, the psychiatric NPs, unit nursing leadership, case management leadership, and social services. Unique patient needs have been met through collaboration with partners such as the TBI clinic and community NPs who specialize in care and placement for low-resource patients.

By working to their full scope of practice, APPs can allow physician colleagues to do the same, maximizing patient access to care. The Hospital Medicine APP Team is proud to partner with the hospitalist service in building a collaborative model of care that benefits both patients and the health system. Out of a crisis has grown a new and sustainable model for the future. ♦



New Knowledge, Innovations, and Improvements

Nurses achieve best practice for patients by integrating evidence-based practice into patient care and generating new knowledge through nursing research.



NURSING SCIENCE AND PROFESSIONAL GOVERNANCE CONFERENCE

The 3rd annual Nursing Science and Professional Governance Conference, hosted by the Center for Nursing Science and the EBP & Research Council, was held on May 12, 2021. The event showcased the numerous evidence-based practices, quality improvement initiatives, and research accomplished by nurses and interdisciplinary teams. The schedule featured a variety of presentations and activities, including a Keynote Address by Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN, Nursing Science and Professional Governance Conference who discussed implementing and sustaining evidence-based care.

The event also featured 11 Ignite! Sessions and more than 30 Poster Presentations. Awards for best abstract submissions and podium presentations were presented to Douglas Wright, RN Department of Radiology for “Best Quality;” Joanna Mello, RN & Kelly Greenberg, RN PACU for “Best Patient Experience;” Mia Wilson, RN Supportive Oncology for “Best People & Practice Environment;” and Julie Chou, RN and Terry Cote, RN Perioperative Services for “Best Financial Stewardship.” The People’s Choice for Top Poster Presentation went to the Surgical ICU Unit-Based Practice Council for their poster, “Trash or Biohazardous Waste? Reducing Red Bin Waste in the SICU.”

There were also three new Lunch and Learn Workshop Sessions that helped nurses prepare to publish their work, shared best practices for survey development; and guidance for collecting data from the EHR – all aimed to enhance knowledge related to research and project methodologies. ♦



CTSC CLINICAL RESEARCH CENTER (CCRC)

The UC Davis CTSC Clinical Research Center (CCRC) has been at the forefront of the COVID pandemic from the outset. When the world changed due to COVID, the CCRC began developing safe and effective treatments and vaccines.

Clinic manager Christopher Kain supervised a highly trained staff in human subjects’ protection, good clinical practices, protocol implementation, and compliance. The clinic team partners with research teams to provide a welcoming experience for patients and produces high-quality data to ensure research integrity.

Throughout the last year, the CCRC supported department research teams for 30 different COVID studies and served as the first location at UC Davis Health and Sacramento County to administer the Pfizer vaccine. In conjunction with the Novavax vaccine trial, the CCRC has vaccinated more than 500 study participants, administered more than 1,000 doses of vaccines, and conducted more than 1,600 study visits to date. The clinic staff also hosted 100 participants during 450 study visits for Gilead’s Remdesivir and Regeneron’s SARS-CoV-2 monoclonal antibody trials. In addition to the multiple COVID trials, the clinic supports more than 120 non-COVID studies across the lifespan (pediatric to geriatric) and multiple disciplines. “When the pandemic began, many departments within the health system saw lower censuses,” said Kain, “the CCRC schedule went in the opposite direction. We became busier than ever before.”

The CTSC receives funding from the National Center for Advancing Translational Sciences, National Institute of Health, through grant number UL1 TR001860. ♦



CANCER CENTER UPDATES

There have been many milestones at the Cancer Center throughout the last year. Radiation Oncology received two new Linac machines and the American College of Radiology (SCR) survey was successfully completed in May 2021. Also, the American College of Radiology (SCR) survey was successfully completed in May.

The Oncology Educational series that began in January is offered monthly as part of the Unit Based Practice Council Project, which was also presented at the Nursing Science and Professional Governance event during Nurses Week in May. This project was also highlighted during the podium presentation on “Building Highly Competent Oncology Nurse Workforce” at the Philippine Nurses Association National Conference in July. Cancer Center In partnership with Davis 8, the implementation of the Inpatient Admission/HAR process began in May 2021. It assists in the visibility of scheduled chemo patients in the hospital, to help improve patient flow.

Adult Infusion expanded to Saturdays to allow for more patients to receive care per day. South expansion to Saturdays is underway and plans to open by the end of Fall. In addition, a dedicated Sickle Cell Navigator to support various comprehensive sickle cell projects started in March 2021. The nurse sensitive indicator of sickle cell patients receiving opioids within the hour also increased to 86.6% with an average time of forty-five minutes. Access to “Infiltration and Extravasation Dashboard” went live, not only in Adult Infusion, but also in Pediatric Infusion, Rocklin Infusion and Davis 8.

The Financial Toxicity project, which was part of the Reimagine Initiative that began during the COVID-19 pandemic, continued to help patients. It includes a dedicated financial counselor at the Cancer Center to assist patients experiencing financial hardships due to Covid-19, financial training for caregivers, and financial webpage resources. ♦



ADVANCING RESEARCH THROUGH CLOSE COLLABORATION

In 2020, the Evidence-Based Practice (EBP) and Research Council reviewed seven different EBP Models to affirm the existing alignment with the Iowa Model or to adopt a new EBP model at UC Davis Health. The council found that the Advancing Research through Close Collaboration (ARCC) Model best aligned with UC Davis Health’s concept for EBP. Our commitment to EBP is visible in our mission to provide science-based, technologically precise, compassionately delivered nursing care, and to strengthen our practice

through a commitment to innovation, nursing research and ongoing learning. Launch of the new EBP Model commenced with a brief survey in April 2021 and keynote presentation at the May 2021 Nursing Science and Professional Governance Conference. The ARCC model consists of two components – one referring to the infrastructure necessary for EBP (figure 1) and the other referring to the EBP implementation process itself (Figure 2).

The ARCC Model was first conceptualized in 1999 to assist advanced practice nurses in implementing EBP. It has since been applied to a wide range of clinical staff. The Model

includes infrastructure, culture, and organizational systems as components central to facilitating and sustaining EBP throughout the organization (Figure 1).

- It incorporates an organizational assessment of the EBP culture to identify organization readiness, strengths, and potential barriers to EBP implementation.
- It features development and use of EBP mentors to assist clinicians at the point-of-care to recognize the value of EBP and enhance confidence in implementing evidence-based care.
- Implementation of this model can improve patient, staff, and hospital outcomes. ♦

ARCC Model: Culture, Systems and Outcomes

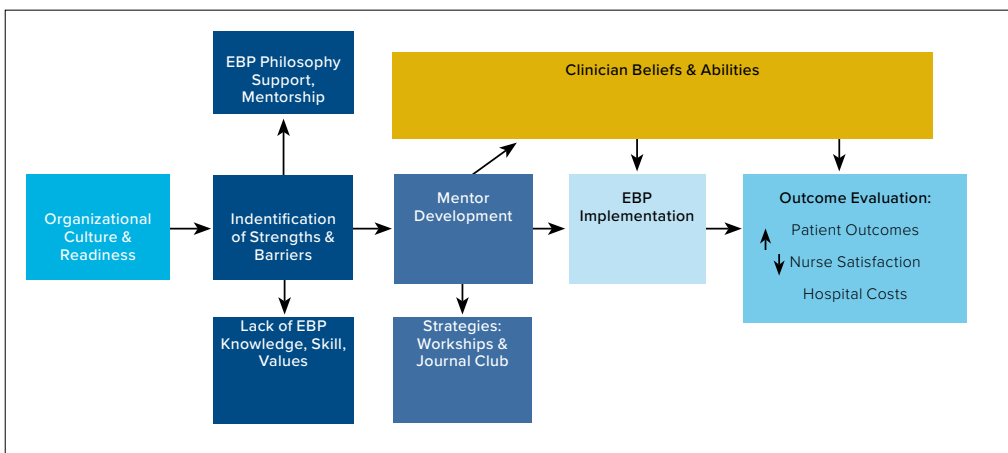


Figure 1

ARCC Model: 7 Step EBP Process

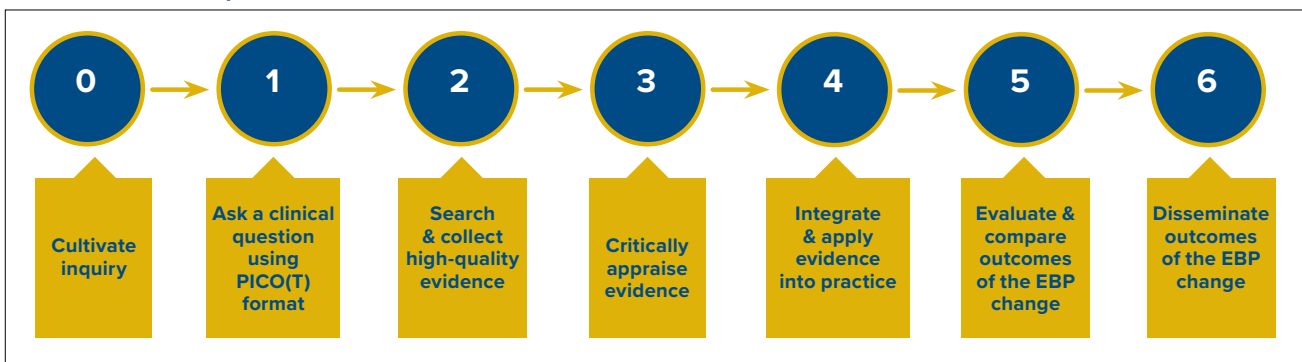


Figure 2. ARCC Model: 7 Step EBP Process



Table 4 discussion during the November 2021 Immersion.

EVIDENCE BASED PRACTICE IMMERSION TRAINING

UC Davis Health is committed to prioritizing Evidence-Based Practice. Our mission is to provide science-based, technologically precise, compassionately delivered nursing care, and to strengthen our practice through a commitment to innovation, nursing research and ongoing learning. Nurses, working as part of the interdisciplinary healthcare team, use research to provide evidence-based care that promotes quality outcomes for individuals, families, and our community. The term “evidence-based practice” includes not only the use of best available research evidence but also

includes patient and family values and preferences, and clinician expertise.

Since 2021, the Evidence Based Practice (EBP) model at UC Davis Health utilized Advancing Research Through Close Collaboration (ARCC). A key element of the ARCC model is the use of EBP Mentors. In support of this, we kicked off our EBP Mentor training November 15-19, 2021 with 40 participants from Patient Care Services, Cancer Center, Ambulatory, Perioperative Services, and the Emergency Department. This in-person five-day comprehensive in-depth education/training on EBP, with coaching and customization to the attendee’s specific project and setting was offered to 40 attendees.

EVIDENCE BASED PRACTICE IMMERSION TRAINING continued



Sherry Allen writing her PICO question.



Toby Marsh & Lynn Gallagher-Ford



Stacey Camposagrado reviews group discussion items during the November 2021 Immersion.



Dannika Schauer and Berit Bagley working on their initiative.

This first Immersion cohort included Clinical Nurse Specialists, Nurse Educators, and EBP & Research Council leads as well as personnel from the Cancer Center, Perioperative Services, Ambulatory, and the Emergency Department. The intent in offering this training was to provide a consistent approach to EBP across the organization and for those participating to not only perform evidence implementation but to also serve as mentors to others in doing so. Attendees working individually or in small teams to start work on an initiative during the week-long experience. At the end of the week, nurse leaders were invited to attend presentations from each of the participants to learn about the action plans participants developed

for implementing and sustaining EBP changes and transforming our organizational culture.

These newly minted EBP mentors are meeting quarterly over a one-year period with the Center for Nursing Science and the Fuld Institute team. These sessions offer an opportunity to check in on participant project progress and discuss barriers and issues. ♦

NURSING INFORMATICS AND INNOVATION CHANGES

There are many changes occurring each year in Information Technology. These changes support nursing practice and improve patient care. One of the major areas of focus this past year was communication improvement. UC Davis Health initiated several new technologies that improve communication among nurses, patients, and providers.

UC Davis MyBedside was fully implemented this past year. MyBedside is an application which assists patients in participating in their care while they are in the hospital. Patients can view their medications, vital signs, and scheduled procedures. MyBedside assists with patient education and allows patients to send messages to their care team. Patients can use hospital provided iPads or their own devices.

Secure Chat was implemented, after upgrading the Rover devices used by inpatient nurses. Secure Chat is a messaging system currently being utilized by inpatient and Emergency Department nurses, providers, and respiratory therapy. Secure Chat allows staff to messages to be sent and received via Rovers or Epic hyperspace. Messages can be attached to specific patients allowing for increased response time and decrease in errors. Other disciplines are currently reviewing how Secure Chat will be utilized in their areas. Telehealth is another large area of growth, we all now know we can schedule a visit with our providers via Telehealth, we can also provide a secure communication network for our patients while they are in the hospital. FamilyLink provides this secure communication option for our patients and families. This has been a useful way to provide visits with families during our difficult time of visitor restrictions. Providers are also able to schedule interpreters within Telehealth visits to ensure accurate communication for discharge instructions and new medications. There were many other upgrades and projects throughout the year which have improved communication, documentation, and efficiency.

Quarterly upgrades from Epic include:

- New Body System Report
- Significant Event Navigator, Fall event
- Improved BPA functionality, increased automation
- New arm bands for improved scanning
- Education History Report on Professional Exchange
- Child Life workflow including flow sheet rows
- Updated Vaccine workflows
- Video capture in Haiku and Canto
- Kardex Discharge orders
- Improved peripheral Nerve block and Epidural flow sheet rows
- Improved blood administration workflow including tasks and banners
- Traction LDA updates
- Nurse Brain showing in sidebar report
- New Sepsis model
- New delirium care plan
- External Ventricular drain order panel
- New anticoagulant reversal order set
- Downgrade suicide risk BPA's
- Complex pain care plan
- Adult Insulin Infusion order set update
- Elsevier policy links in flow sheet
- Icons for hearing/vision impairment on Storyboard
- Hypothermia flow sheet row update
- POC result entry update
- Video Visit patient instructions in multiple languages
- Improved eConsent workflows
- New Alcohol withdrawal order sets ♦

Empirical Outcomes

Nurses evaluate quality outcomes to demonstrate the positive contributions of patient care produced by strong nursing leadership and clinical practice.

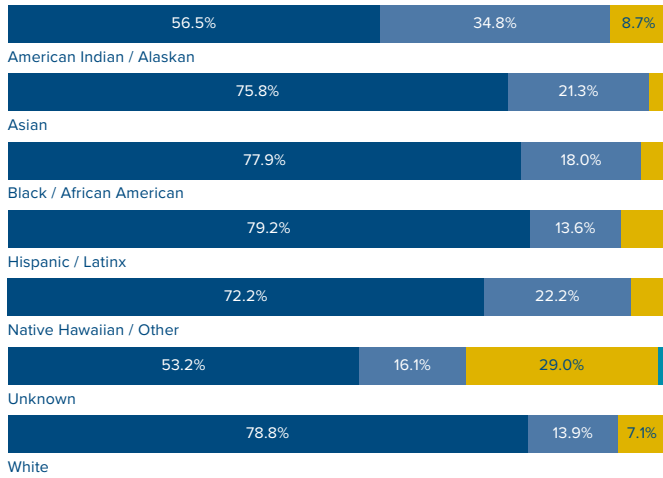
NURSES BY NUMBERS

GENDER

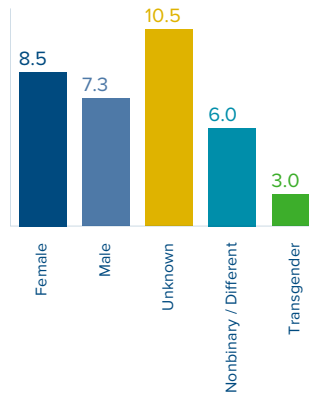
Gender by Race/Ethnicity



Gender by Race/Ethnicity

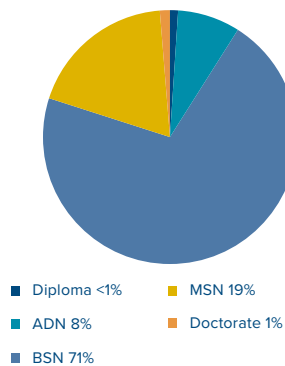


Tenure (Avg: 8.4)



42
Average age of UC Davis Nurse

EDUCATION

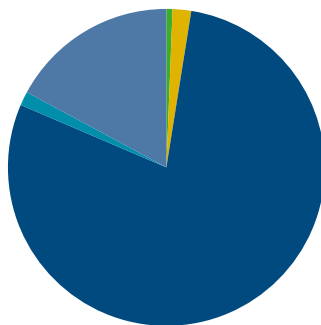


61.9%
Of all nurses have a specialty certification

RETENTION RATE IS 91.4%

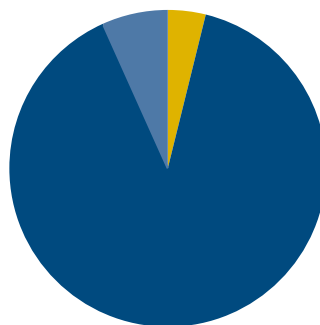
TURNOVER RATE IS 8%

SEXUAL ORIENTATION



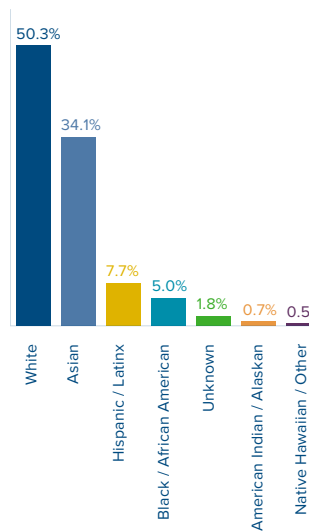
- Heterosexual or Straight 78.9%
- Not Listed 1.4%
- Unknown 17.1%
- Gay or Lesbian 1.9%

DISABILITY STATUS

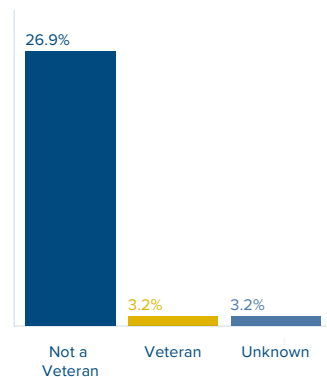


- No, I don't have a Disability 89.4%
- Unknown 6.7%
- Employees with a Disability 6.8%

RACE / ETHNICITY



VETERAN STATUS



PRESENTATIONS

MAY 2021

NEEDHAM, ANNETTE.

Pathway to Publishing (Podium Presentation). American Society of Transplantation
Virtual.

JUNE 2021

ADAMS, TRACY & DUNN, MARY JANE.

COVID-19 and Education on Resident Physician Hand Hygiene (Podium Presentation). APIC 2021 Annual Conference,
Virtual.

ADAMS, TRACY & DUNN, MARY JANE.

Escaping Boredom from Infection Prevention Orientation (Podium Presentation). APIC 2021 Annual Conference
Virtual.

AUGUST 2021

BENITEZ, AIDA, BEGA, SANDINA, VILLOTE, FRANCES & ST. CLAIRE, SARAH.

Sharing Experiential Knowledge: The Genesis, Evolution & Perpetuation of "The Collective Brain"
(Poster Presentation). AORN Global Surgical Conference. Orlando, FL

LINENBERGER, MICHELLE.

Promoting Resilience Through a Peer Responder Program (Podium Presentation).
Association for Nursing Professional Development National Conference, Chicago, IL.

LONIGAN, JOLEEN, MURRI, MITCH, SINIGAYAN, VOLTAIRE, PALADINI NICOLE.

Multidisciplinary Strategy to Reduce LOS & Optimize Capacity: Leveraging a Team's Intellectual Capacity
(Podium Presentation). 2021 What Right in Healthcare, Denver, CO.

MCCULLOCH, KIMIKO & GREAVES, KRISTA.

Restructuring Nursing Orientation to Build an Engaged Workforce.
(Poster Presentation). Association of Nursing Professional Development National Conference. Chicago, IL.

SEPTEMBER 2021

ADAMS, CHRISTY & BROWN, IAN.

HVIP Implementation Pitfalls: Live, Learn and Reimagine. The Health Alliance for Violence Intervention (HAVI) Conference
(Podium Presentation).
Virtual.

BEDFORD-MU, CHRISTA & RUTH, SHERYL.

Rarer than One in a Million: Preparing for the Birth of Craniopagus Conjoined Twins
(Poster Presentation). National Association of Neonatal Nurses. Virtual.

BEDFORD-MU, CHRISTA & RUTH, SHERYL.

Using Telemedicine in Transitioning Home from the NICU.
(Podium Presentation). National Association of Neonatal Nurses. Virtual.

STREOPY, SAMANTHA; PATZER, CHERYL & PENA, JANET.

Addressing Health Disparities in Kidney Transplantation through the Creation of Culturally Sensitive Education
(Poster Presentation). International Society of Transplant Nursing Society Meeting. Portland, OR.

PRESENTATIONS Continued

OCTOBER 2021

BEDFORD-MU, CHRISTA & RUTH, SHERYL.

[Rarer than One in a Million: Preparing for the Birth of Craniopagus Conjoined Twins](#)

(Poster Presentation). Association of Women's Health, Obstetrics, and Neonatal Nurses Annual Conference. Virtual.

BEDFORD-MU, CHRISTA & RUTH, SHERYL.

[Using Telemedicine in Transitioning Home from the NICU](#)

(Poster Presentation). Association of Women's Health, Obstetrics, and Neonatal Nurses Annual Conference. Virtual.

MADDEN, LORI K.

[Acute Ischemic Stroke in COVID-19](#)

(Podium Presentation). 19th Annual Neurocritical Care Society Meeting. Chicago, IL.

VUONG, LINDA & BIDWELL, JULIE.

[COVID-19 Vaccine Hesitancy and Intent in California Registered Nurses](#)

(Poster Presentation). 15th Vaccine Congress. Virtual.

NOVEMBER 2021

GROSS, ERIC, MCGLYNN, GEORGIA & LEE, TAUFA.

[Saving Lives and Resources with a Sepsis Predictive Model](#)

(Poster Presentation). Vizient Connection Summit. Las Vegas, NV.

HEVENER, STACY, MILLER, DEBORAH & GROSS, ERIC.

[Improving sepsis mortality with dedicated nurse practitioners](#)

(Podium Presentation). Vizient Connection Summit. Las Vegas, NV.

MADDEN, LORI K.

[Building Infrastructure for Curiosity](#)

(Podium Presentation). ANCC National Magnet & Pathway Conference. Atlanta, GA.

MCKINNEY, SABRINA.

[Support During the Pandemic: Impact of an Expanded Orientation on New Graduate Nurse Confidence](#)

(Podium Presentation). Nursing Continuing Professional Development Summit. Atlanta, GA.

DECEMBER 2021

MADDEN, LORI K.

[Evidence-Based Practice at UC Davis Health](#)

(Podium Presentation). Department of Nursing and Midwifery, University of Antwerp, Antwerp, BE. Virtual.

SAY, DAPHNEY, BROWN, MEGAN, LUPER, ANGELINA & MONTALVO, ANDREA.

[Enteral Tube Hypergranulation: A Review of Treatment Strategies](#)

(Poster Presentation). NASPGHAN. Virtual

PUBLICATIONS

Adams, C., Kuhls, D. A., Stephens-Stidham, S., Alonso, J., Williams, S., & Tinkoff, G. H. (2021). Consensus-based Standards and Indicators to strengthen trauma center injury and violence prevention programs. <https://tsaco.bmj.com/content/6/1/e000762.abstract>

Bays, D., Nguyen, M., Cohen, S., Waldman, S., Martin, C., Thompson, G., . . . Penn, B. (2021). Investigation of nosocomial SARS-CoV-2 transmission from two patients to healthcare workers identifies close contact but not airborne transmission events. *Infection Control & Hospital Epidemiology*, 42(9), 1046-1052. doi:10.1017/ice.2020.321

Cabri, A., Bagley, B., & Brown, K. (2021). Use of Computer Vision to Identify the Frequency and Magnitude of Insulin Syringe Preparation Errors. *Journal of diabetes science and technology*, 15(3), 672–675. <https://doi.org/10.1177/1932296820946099>

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Fazio, S. A., Doroy, A. L., Anderson, N. R., Adams, J. Y., & Young, H. M. (2021). Standardisation, multi-measure, data quality and trending: A qualitative study on multidisciplinary perspectives to improve intensive care early mobility monitoring. *Intensive & critical care nursing*, 63, 102949. <https://doi.org/10.1016/j.iccn.2020.102949>

Fazio, S., Blackmon, E., Doroy, A., Vu, A.N., & MacDowell, P. (2021, May). An inadvertent bolus of norepinephrine. Patient Safety Network: Web M&M. <https://psnet.ahrq.gov/web-mm/inadvertent-bolus-norepinephrine#>

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Madden, L. K., Rajajee, V., Human, T., Wainwright, M. S., Guanci, M., Mainali, S., Rowe, S., McLaughlin, D., Lunde, J., Lele, A., & Fried, H. (2022). Neurocritical Care Society Guidelines Update: Lessons from a Decade of GRADE Guidelines. *Neurocritical care*, 36(1), 1–10. <https://doi.org/10.1007/s12028-021-01375-1>

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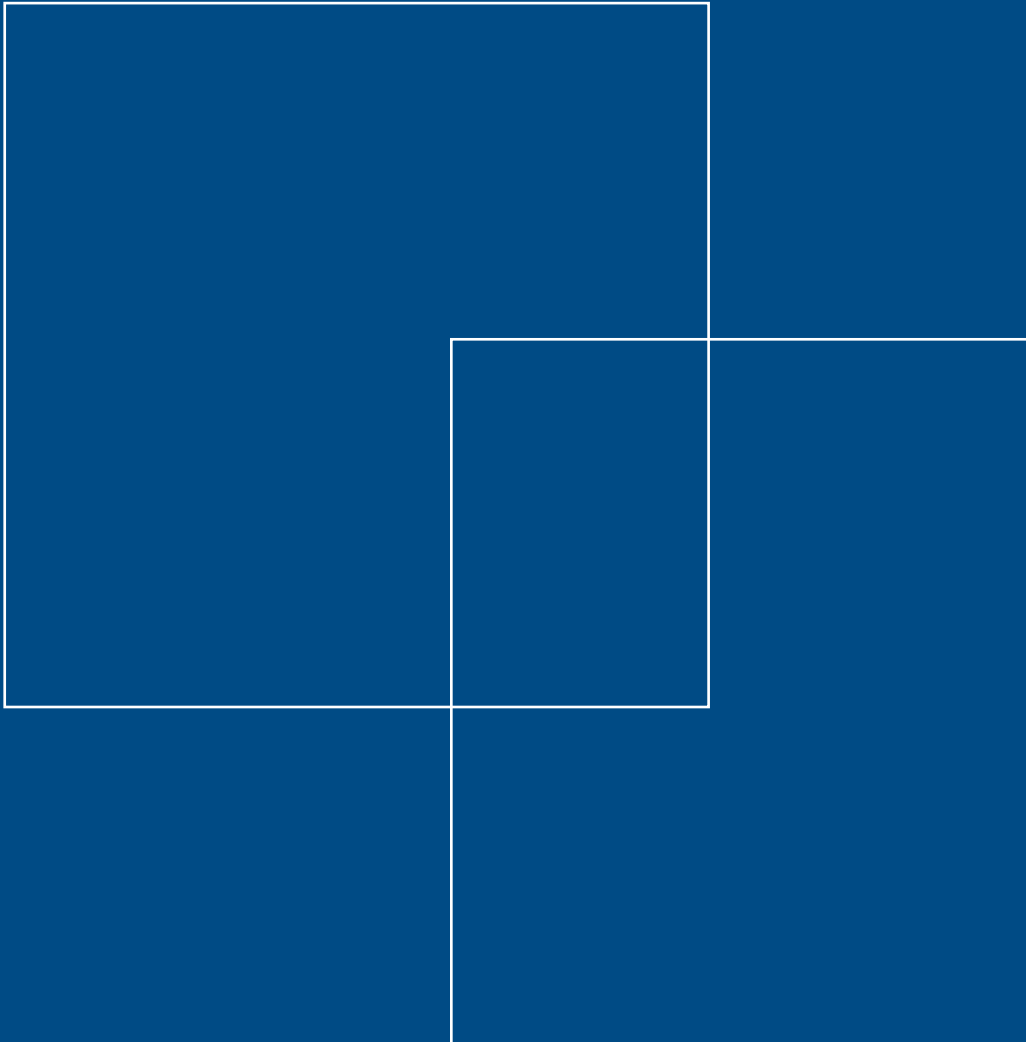
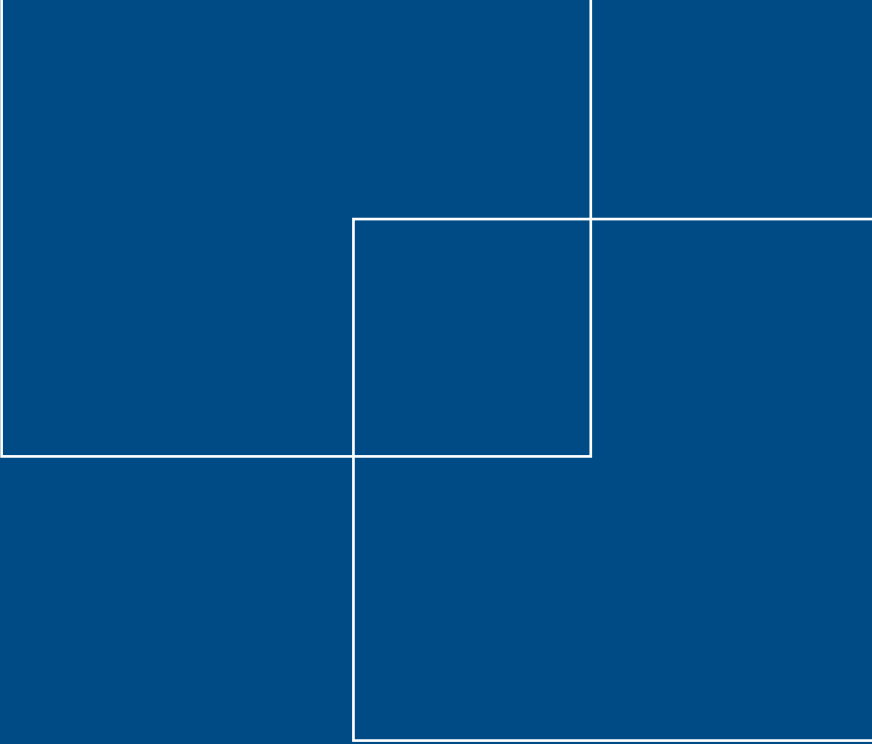
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Young, H. M., Miyamoto, S., Henderson, S., Dharmar, M., Hitchcock, M., Fazio, S., & Tang-Feldman, Y. (2021). Meaningful Engagement of Patient Advisors in Research: Towards Mutually Beneficial Relationships. *Western journal of nursing research*, 43(10), 905–914. <https://doi.org/10.1177/0193945920983332>



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