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

Our UC Davis Health nurses continue to provide exceptional care to our patients each and every day. I am filled with such admiration and gratitude as I see our nurses caring for our patients. They are making a difference and changing lives with their skills, compassion, and kindness.

In this issue of UC Davis Nurse, you will find highlights of some of the remarkable actions of our nurses. You will read about neonatal clinic nurse specialist Christa Bedford-Mu, who received the DAISY Foundation and Institution for Healthcare Improvement Safety Award and Children’s Hospital nurse educator Michelle Linenberger who received an Honorable Mention from the DAISY Foundation and Institution for Healthcare Improvement.

You will also read about our Principles of Community Week, where we celebrated our different backgrounds and experiences and recognized that to create an

TOBY MARSH | CONTINUED ON PAGE 18

DAISY/IHI SAFETY AWARDS
Christa Bedford-Mu and Michelle Linenbergen honored by DAISY/IHI

The DAISY Foundation and the Institute for Healthcare Improvement (IHI) announced neonatal clinic nurse specialist Christa Bedford-Mu was the winner of the DAISY/IHI Safety Award. For more than 20 years, The DAISY Foundation has recognized the compassion and skill direct care nurses bring to their patients and families every day.

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.”

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.
GRATITUDE HEALS

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

Jerry Bambao, BSN, MS, RN-BC, is the Assistant Nurse Manager for the Internal Medicine/ENT Unit on Tower 4.

Jerry has been a longtime donor to a variety of UC Davis Health programs, including the UC Davis Nurses’ Donors Scholarship Fund, the Betty Irene Moore Capital Support Fund, and of course, the Re-Igniting the Spirit of Caring Endowment.

We were curious about Jerry’s philanthropic investment for UC Davis Health and asked him to share his story of philanthropy.

Why did you become a nurse?
Multiple events happened in my life during that searching moment that led me to nursing. I found I would be more fulfilled by taking that path.

What has been the most memorable part of your career at UC Davis thus far?
Being able to say that I helped care for the second laryngeal transplant patient in the world and having our unit (Tower 4) be the first unit on the West Coast to win the PRISM award.

Why is giving back to UC Davis Health important to you?
The importance of education has been instilled in me since I was young, and I continue with that message to my children. I believe that I’m investing in the future.

Why is Re-Igniting the Spirit of Caring (RSC) a program you choose to support?
Being in the health care field has its ups and downs. Sometimes we (healthcare providers) forget to take care of ourselves and/or forget our “why.” RSC has many facilitators that help remind us how we can take care of ourselves and fill our cup to give again.

Can you tell us a little about how RSC has impacted your own experiences as a nurse?
The foundations of RSC have shown me how important it is to take care of myself. I look for activities that are soul-fulfilling such as ensuring I spend quality time with my wife and kids or exercising.

You have been a generous employee donor to various UC Davis funds for many years. What would you say to nurses thinking about giving through Employee Giving’s payroll deduction program?
I would advise looking at the various funds that exist and give to the one(s) that speak to your heart. When I started to give back, I donated around $10 a month, but each year I increased it.

At the end of a busy day, what makes you smile?
The “thank you” from patients, families, and co-workers especially when it was a chaotic day.

The Gratitude Heals campaign is an ongoing effort by Patient Care Services to inspire and encourage the role—and impact—of philanthropy in the improved care of patients and self-care of clinicians and staff. The campaign is centered around four gift funds:

- The CARE Project
- Re-Igniting the Spirit of Caring Endowed Fund
- Patient Assistance Fund
- Child Life Support Fund

If you’re interested in learning more about the campaign, please scan the QR code or contact David Van Hofwegen at dvanhof@ucdavis.edu.
GEMBA: THE REAL PLACE

Clinical Nurse Samantha Streepy discusses Tower 8 quality improvement projects with Executive Director Carla Martin.

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.

MEET DIANE WOODS

Diane Woods, MSN, RN
Executive Director
Ambulatory Nursing

Diane Woods, MSN, RN, has joined UC Davis Health’s Ambulatory Care team as the Executive Director for Ambulatory Nursing. Diane spent the past 15 years at Emory Healthcare in Atlanta, GA, initially in Cardiology followed by Administration as the leader for ambulatory clinical operations for 250+ physician practices and four million annual visits. Diane has two daughters, a math teacher and a screenwriter, and two adorable grandsons who live in Atlanta. She is eager to meet her new UC Davis peers and teams, so please reach out! cdwoods@ucdavis.edu
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 has been exploring 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 will provide 19 beds, and a total of 26 in the future. With the designation of East 3, East 4, East 8, and Tower 6, the available beds would support the services census as well as the patient care needs of telemetry, chronic vent management, and isolation needs.

The engagement of Dr. Molla and Dr. Sinigayan 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**

![Number of Cohorting Patients Graph](image-url)

**February 12, 2021: Start of Enhanced Cohorting Focus**
BMT Patients Managed in AIM Clinic

In March 2020, 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.

By July 2020, 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.

The teams searched the literature and found that patients can indeed be cared for safely post-transplant in the outpatient setting. The AIM clinic, which had just relocated to UT 1 in June, was the ideal location. AIM is open 365 days with access to advanced providers, RRT, and emergency personnel if needed.

The multidisciplinary teams from Davis 8, Cancer Center, BMT service, and AIM came together and quickly put together an “Early/Proactive Discharge Pathway” for AUTOLOGOUS Stem Cell Transplant patients and with the first patient discharged early to AIM on 8/18/2020. By October approximately nine patients had utilized the early discharge pathway resulting in approximately two to five days shorter LOS (45 hospital days saved) and the backlog was resolved.

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. ♦

Many teams and staff members collaborated to successfully launch this program:

Cancer Center
Kristen Mensonides
Lourdes Moldre, RN
Karsen Koehncke, RN
Nico Cacho Buan-Lagazo, RN
Dr. Richard Bold

Davis 8
Cheryl McBeth, RN
Jessica Miles, CNS

AIM Clinic
Mag Browne-McManus, RN
Jill Hernandez, RN
Shannon Reesem, RN
Santhamma Pothan, RN

Misara Bambao, RN
Tia Strong, RN

BMT Service
Dr. Toscano
Dr. Rosenberg

Progenitor Lab
Eva Lewalski
Richard D. Rodriguez

Pharmacy
Andrea Iannucci
Amy Tan
Julia Guglielmo

Dietary
Sky Baucom-Pro
Chef Santana Diaz
Jill Greer
Wendi Vela

Honorable mentions:
Epic team
Finance team
Executive leadership team
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. POC Week was a success and we look forward to next year’s events.

YOU’RE INVITED TO
The Annual Summit to Build Empathy, Compassion, and Love!

The Relationship-Based Culture and Wellness team is proud to announce a partnership with Creative Health Care Management to co-host a Summit to Build Empathy, Compassion, and Love on October 19 - 20, 2021.

The Summit’s themes are Cultural Humility and Resilience, which will be highlighted through dynamic speakers and integrated experiences. Get ready to think and feel and move—outside of the box. You will be taken on a journey to explore Radical Self-Care, Care for Colleagues, Resilience, and Cultural Humility.

We are proud to create space for connection and learning with these groundbreaking leaders:

- **Steve March, Founder of Aletheia Coaching** – Integral Unfoldment of Embodied Resilience
- **Dr. Jann Murray-Garcia, MD, MPH, UC Davis Betty Irene Moore School of Nursing Professor** – Cultural Humility & Relationship-Based Cultures
- **Kevin Kahaku’akea, John Fong, Founder & Principal, Elemental Partners** – The Gates of Hope: COVID, Resilience, and Healing

The Summit strives to be an experience that is rich, vibrant, and diverse. A space for innovative interactions and connecting with colleagues to process the societal experiences and toll of the last 18 months, while re-igniting our purpose for working in healthcare.

Due to COVID-19, space is limited to 100 participants. To learn more and to register, please visit [www.chcm.com/events](http://www.chcm.com/events). CEUs are available.
We have more than doubled our nurse anesthesia department! This is primarily in response to the ever-growing surgical and procedural need for our care. We now boast a full-time staff of 48 CRNAs and 10 per diem CRNAs. We will be hiring four more FTEs for a total of 62 CRNA providers! That is quite a footprint and an unprecedented number in the history of the Anesthesiology & Pain Medicine Department.

With all this acquisition, we have instituted a comprehensive, five-week CRNA Preceptorship. In our preceptorship program, we pair the newly hired CRNA with a different experienced staff CRNA member every day for five weeks. 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.

We have also started the first-ever Pediatrics CRNA team. Eleven CRNAs have volunteered and been chosen to provide pediatric anesthesia in the Children’s Surgery Center (CSC) alongside some of our most esteemed and skilled pediatric anesthesiologists. This program is in its infancy but has already garnered excitement, professional fulfillment, and camaraderie amongst the team. Kudos to Dr. Raj Dharmrait for his leadership and vision, to the CRNAs, and to the entire CSC staff that is working so diligently to ensure the team’s success.

The CRNAs have earned a strong reputation for their skill, professionalism, teamwork, and empathy. Our nursing background allows us to remain a patient advocate throughout the perioperative experience and our diversity lends a level of comfort for our patient population. Importantly, our extensive education and experience have prepared us to provide the highest level of anesthesia care throughout the medical center. We are now more accessible to all areas of the facility where our anesthesia care is needed.

We are very proud of our new recruits, some of which come from other states such as Colorado, Indiana, and Ohio.

As the CRNAs, we continue our roles in various other anesthesia-related activities such as the following:

- Paramedic training for the UC Davis Fire Department
- Clinical instruction of nurse anesthesia resident from Samuel Merritt University, the Army and the Air Force
- Didactic instruction at many of these educational sites
- A newly formed trauma rotation for the Air Force CRNAs
- The shadow program for nurse anesthesia
- Guest speaking at state anesthesia associations
- Anesthesia for overseas missions
- Seeking terminal doctoral degrees and other advanced education endeavors
- Involvement in professional association activities
MEET OUR
SPECIALTY TRACK ADVANCED PRACTICE FELLOWS!

UC Davis 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.

Mafe Barlaan is a recent graduate of the Family Nurse Practitioner Degree in Betty Irene Moore School of Nursing, UC Davis. Barlaan has been a registered nurse for 11 years with six years of experience in interventional radiology. Being in the radiology fellowship not only develops her knowledge and skills in her chosen specialty but also helped her adjust as she transitioned to a provider role. She considers herself blessed to be a part of this fellowship and highly recommends it for future advanced practice providers.

Jessica Kim is a Masters’s prepared Adult Gerontological Acute Care NP who recently moved from Chicago to train under the Acute Care and Trauma surgery NPs. Kim 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. She is grateful to start this new chapter in her career, as she is being trained and guided by so many experienced NPs and MDs. Kim hopes to continue pursuing a career in Trauma surgery.

Myleen Romarate has a Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology. She recently moved from Phoenix, AZ to train under the Neurosurgery team. Romarate has worked as a Neurosurgical ICU Nurse and Neuro-telemetry Nurse at Barrow Neurological Institute for 17 years. Her interests are in Neurosurgery, Neuro Critical Care, and Neurology and she will pursue a career in any of those areas. Romarate has completed her cranial pediatric and adult rotations in the hospital and clinic, and the Neurosurgery Fellowship at UC Davis Medical Center has provided her with structured training and confidence as a new graduate nurse practitioner.
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.

Shari Barela is a family nurse practitioner who graduated with a Master of Science in Nursing from Sonoma State University. Previously, she worked as a critical care nurse for eleven years caring for complex patients with medical, surgical, and neurological illnesses. Barela’s interests include critical care, interventional neurology, vascular neurology, and care of the acute stroke patient. She was the first NP selected for the neurology fellowship.

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. Wilson believes in an environment of trust and mutual respect is required to allow health professionals to adequately provide care and to collaborate with patients and their families to best honor their wishes and coordinate the care they deserve. He believes in empowering patients with education and discussing goals of care, to deliver safe and appropriate services that are best aligned with their wishes.

Kristina Hernandez is a board-certified family nurse practitioner and the first glycemic team fellowship NP. She graduated from Samuel Merritt University with a Master of Science in Nursing. Hernandez’s clinical research interests include diabetes care, health equity, and patient education.
Nurses Week
MAY 6 – 12, 2021

Nurses Week at UC Davis Health has always been a time to acknowledge and celebrate the amazing work of the nurses and friends of nursing within the health system. However, it was very apparent that the celebration for 2021 would have to be something wholly unique to previous years, to ensure the safety of staff and patients.

Celebration activities were held at each unit, while technology was utilized to share a broader message of gratitude both internally and throughout the community. A video with words of support from leaders and departments throughout the organization was shared with our nurses. There were also two special appearances in the video, Marie Manthey, creator of Primary Nursing, and members of the Sacramento Republic FC.

The week’s events were included on The Insider, a new banner was hung over Parking Structure #1 to greet employees, and the new SnapComms screen saver highlighted different activities throughout the week.

In the community, a digital billboard thanked UC Davis Health Nurses and our own Al Nutt, RN was interviewed on Fox 40’s Studio 40.

Units were given certificates and pins for the more than 1,800 nominations for Nursing Excellence and Friends of Nursing. Nurses Week is an opportunity to highlight the incredible work done here at UC Davis Health that happens all year long! ♦

FILIPINO HEALTHCARE HEROES

Congratulations to Lourdes Moldre, MSN, RN, ACNP-BC, Manuel Dizon, RCP, 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. ♦
UC Davis Health is committed to prioritizing Evidence-Based Practice (EBP). 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 health care team, used research to provide evidence-based care that promoted quality outcomes for individuals, families, and the community. The term “evidence-based practice” includes the use of best available research evidence, as well as considering internal evidence, patient preferences, resources, and clinical expertise in care delivery.
Beginning in 2021, evidence implementation at UC Davis Health follows the Advancing Research through Close Collaboration (ARCC) Model. The launch of the new EBP Model was in April 2021 with its conclusions in April 2022 with a post-implementation survey. This initiative is being led and conducted in collaboration between the EBP & Research Council, the Center for Nursing Science, and the Professional Governance Council. Learn more about evidence-based practice at UC Davis Health at bit.ly/UCDNurseScience.

Figure 1. ARCC Model: Culture, Systems, and Outcomes

Patient Safety Awareness Week

Patient Safety Awareness Week was celebrated March 14-20. Of course, 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.

We want to send a huge thank you to those who helped and remember to keep encouraging your patients and their family members to partner with providers and be involved in care! ♦

Did you know that almost 40% of the adult patients the UC Davis Medical Center cares for are 65 years old or older? To ensure we are prepared to care for our older adults, we have begun the journey to becoming a NICHE and Age-Friendly Health System.

As a requirement of NICHE, we started a Geriatric Resource Nurse Program which entails 12 weeks of modules, didactic, and clinical time.

Davis 14 was the first unit to start this program with 10 RNs. The next unit to participate in NICHE will be East 8 with a cohort beginning in September. All nursing staff is able to request access to the multiple NICHE Knowledge Center modules for free CEUs, through the CPPN Staff resources page or the NICHE Knowledge Center.

Another step we have made towards being more age-friendly is to make a hearing amplifier available to patients who are hard of hearing. By ensuring our patients can hear, we can improve patient safety, quality of life and decrease risk for delirium during hospitalization.

NICHE and Age-Friendly programs help us provide patient-centered care for the older adult that will improve outcomes by increasing knowledge and providing evidence-based practices. ♦
South 1 and East 3 recently 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.

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

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%. Due to its success, S&S was recently implemented in East 3 and South 1.

By sharing this initiative system-wide, all staff will have a consistent experience when practicing the S&S and we plan to embrace it as the care language of the nursing team at UC Davis Health. We hope that our Soup brings warmth, and our Salad promotes fresh hearty, and healthy patient encounters. ♦
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 are working 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 patient-centered environment.

We were also fortunate to have Karen Kouretas, RN and Iris Rumick, RN return from retirement to assist at the vaccination clinics. Kouretas, retired Nurse Manager, was considering returning to nursing and was evaluating her available options when she heard of the need for nurses at the clinics. She stated, “God answered my prayers with this opportunity. I have always felt a part of the UC Davis family.” Rumick, retired Nurse Manager, also made the decision to return to nursing to assist in the vaccine clinic. Rumick felt the pandemic had been difficult for so many people, and she could help by returning to nursing.

Reaching Out to Our Community

On January 12, Ambulatory Operations opened our first COVID vaccine clinic for our UC Davis patients 65 years+. On our first day, we saw 70 patients and today we see over 2,000 patients each day. As of May 2021, we have provided more than 121,000 vaccinations. This project’s success is due in part to the Ambulatory float pool and clinical staff who are willing to work on their off days.

Ambulatory Operations continues to morph our vaccine service to meet the needs of the community. We are grateful to all that have supported this endeavor and our vaccine clinics.
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 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.

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, 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. All presentations were recorded and are available on the Center for Nursing Science 2021 Conference Webpage (bit.ly/2021NSPG).
Davis 10 Nurses lead the charge!

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.

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.
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 in 2020, 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.

Back row, left to right: Barbara Gale, Rogelio “Jojie” Almario, Christopher Kain, Christine Teklehaimanote Front row, left to right: Josefina Wong, Stephanie Toliver, Joe Panelo

Toby Marsh | CONTINUED FROM PAGE 1

inclusive and intellectually vibrant community, we must understand and value both our individual differences and our common ground.

Please take a moment to read about our Operating Room Training Program, the advances we are making to become a NICHE and Age-Friendly Health System, our Specialty Track Advanced Practice Fellows, and much more.

We hope you enjoy learning more about our incredible UC Davis Health nurses and all that they do for our patients, each other, and our community. I am grateful for their commitment to providing extraordinary love, compassion, courage, and integrity in every situation.

With gratitude,

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
Congratulations to our DAISY AWARD RECIPIENTS!

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

Michele Koth, MSN, RN
Ambulatory Case Management
I’ve been able to watch the transformation of an individual who was alone, doing the best she could to someone who is excited to take life head-on with the support of her extended family. The patient would not be where she is today without the support from Michele throughout this process. Her compassion and care for the patient were second to none, and a role model for all.

Kelly Yurkosky, BSN, RN, OCN, BMTCN
Davis 8 Oncology/BMTU

Kelly was the patient’s nurse and she became a friend of the family. She brought an extraordinary level of relief and comfort and enthusiasm each time she visited the room.

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

Cindy listened to the patient’s story and the patient had told Cindy about her running. The patient told Cindy she can’t fathom going through the pain and sleepless nights after surgery again. Cindy listened, then thoughtfully told the patient that she was struggling to make a decision due to lack of sleep and severe pain. Cindy told her our minds give up before our bodies, like when you’re running. The patient understood instantly, have experienced hitting a mental wall in a half marathon where the mind says this is too hard, but she had always finished her races.
Alana Rothman, RN, FNP-C  
**Comprehensive Cancer Center**

Alana immediately put us at ease, listened carefully, and worked with us to resolve my husband’s discomfort. Since then, she has consistently shown us genuine compassion, gone above and beyond to communicate with us, and ensured that my husband receives excellent care. Most recently, my husband’s oncologist left UC Davis and he has not been formally reassigned to a new oncologist because he was about to start a clinical trial at UCSF. However, there were still several issues that needed to be addressed before he could join the clinical trial, and Alana communicated with us every step of the way.

Erik Leisten BSN, RN, CCRN  
**Patient Care Resources**

Erik explained all options and procedures and let the patient and their family know each step of what was happening as he died. Erik allowed the patient to be less frightened by guiding him every step. Erik was extremely compassionate and fills the role of a “perfect nurse.” He is knowledgeable, compassionate, graceful, experienced, kind, perceptive, skilled, and intelligent.

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

The patient was overwhelmed with the new diagnosis of a Hem/Onc nature and the impacts the treatment would have upon her, her education, her appearance, etc. Nicole was able to facilitate discussions in terms both the patient and her parents could understand and helped ease some of the burdens that this type of disease has upon families and coping.

Mandy Schesser, MS, AG-ACNP-BC  
**Paracentesis Clinic**

Mandy provides a welcoming, non-biased and non-threatening environment for her patients. She exchanges cooking recipes with them, listens to updates about their loved ones, offers sincere empathy to many who are expected to pass imminently. She provides an outlet for them to cry, laugh, express fears all while providing superior technical care.

Grayson Castro, BSN, RN  
**Emergency Department**

Grayson is one of the most caring and genuine individuals I’ve had the opportunity of working with. He is phenomenal at coordinating care among multiple consult services in the fast-paced environment of the emergency department. He consistently makes sure none of his patients fall through the cracks or receive anything besides excellent care. He also takes the time to individually connect with, and care about, each patient he is responsible for: doing so while managing acute emergencies.
Our Newest Nurses

NURSE RESIDENCY NEW GRADUATE PROGRAM

COHORT 35
Ashley Amor - Operating Room
Larisa Barsukova - East 6 Cardiothoracic PCU
Matthew (Matt) Benoit - Patient Care Resources
Emily Chua - Davis 14 Orthopedics
Candice Corda-Rodriguez - Burn ICU
Jona Del Rosario - Operating Room
Yuliya (Julie) Gotsulyak - Patient Care Resources
Dominique (Dom) Green - Adult Annex Unit
Allison Kehoe - Davis 11 Trauma Nursing Unit
Nicole Koning - Patient Care Resources
Jasmine Manabat - Operating Room
Isabella (Bella) Nguyen - Davis 11 Trauma Nursing Unit
Tyler Romero - East 8 Med Surg Specialty Unit
Simratpreet (Simi) Sidhu - Davis 11 Trauma Nursing Unit
Octavia Taylor - East 4 Accelerated Access Unit
Carol Vang - Operating Room

COHORT 36
Stephanie Acquah - Adult Annex Unit
Kim Adam - East 6 Cardiothoracic PCU
Sheilbie Allen - East 4 Accelerated Access Unit
Karina Anaya - Tower 4 ENT/Internal Medicine
Elizabeth Boyd - Tower 4 ENT/Internal Medicine
Brooke Damron - Davis 6 Cardiology
Hannah Davis - Davis 5 Neonatal Units
Amber-Danielle Webb - Adult Annex Unit
Roxanne Dosty - Adult Annex Unit
Elaine Edwards - Adult Annex Unit
Lauren Fast - Patient Care Resources
Jenna Fox - Patient Care Resources
Taylor Getz - Patient Care Resources
Marissa Gonzales - Patient Care Resources
Mary Gorodetskiy - Davis 10 PICU/PCICU
Mary Goulard - Davis 5 Neonatal Units
Laura Hernandez - Patient Care Resources
Christy Lam - ICU Patient Care Resources
Isaac Lee - Adult Annex Unit
Carla Luna - Davis 6 Cardiology
Caitlyn McCarthy - Davis 10 PICU/PCICU
Itzel Mendoza - Patient Care Resources
Lindsay Merseth - Davis 5 Neonatal Units
Dawn Middleton - Operating Room
Augustina Misin - East 8 Med Surg Specialty Unit
Huong Nguyen - Davis 12 Surgical Specialties Unit
Danielle Patterson - ICU Patient Care Resources
Lily Saephan - ICU Patient Care Resources
Dylan Scalzo - ICU Patient Care Resources
Natalie Schneider - Davis 5 Neonatal Units
Sydney Sohl - Davis 12 Surgical Specialties Unit
Emmali Todd - Davis 6 Cardiology
Angelique Turner - Operating Room
Ashley Villalon - ICU Patient Care Resources
Amanda Weaver - Davis 14 Orthopedics
“Always Nurse” is a program to recognize excellent nursing using inpatient survey data (HCAHPS) and EPIC to identify nurses as part of the treatment team where every single patient responded “always” to the 3 RN Communication questions. These nurses scored 100% of “always” responses to the questions: During this hospital stay, how often did nurses treat you with courtesy/respect? During this hospital stay, how often did nurses listen carefully to you? And during this hospital stay how often did nurses explain things in a way you could understand? This data will be compiled quarterly and the below—mentioned nurses are being recognized for surveys received between October 2020-September 2021. Members of a patient’s treatment team will include all nurses associated with that patient through their entire stay.
October 2020 - December 2020

Nicholas Berry
Emergency Department
Edward Burns
Davis 12 Surgical Specialties Unit
Ma Romela Cabacunga
Tower 7 MSICU Blue
Priscilla Catingub
Davis 8 Oncology/BMTU
Benson Cobbold
Tower 7 MSICU Gold
Marni Farr
Emergency Department
*Justine Fortis
Davis 8 Oncology/BMTU
*Canuto Gamulao
Davis 8 Oncology/BMTU

Lauren Gerety
CTICU
*Jennifer Lainez
Tower 3 Women’s Pavilion
Samuel Lockhart
MICU
Alexandra Mahle
NSICU
Abigail Manjeya
Tower 7 MSICU Gold
Kennedy Morgan
NSICU
Christina Philip
Heart Center
Melody Thai
Tower 4 ENT/Internal Medicine

Oliver Tremblay
Davis 12 Surgical Specialties Unit
Sunita Vadhva
CTICU
Elvis Vo
Davis 8 Oncology/BMTU
Vivianne Vo
Davis 12 Surgical Specialties Unit
Clementine Wamboye
Patient Care Resources

*Indicates previous award recipient

Our “Always” nurses provide exceptional care to our patients.
Newly Recognized Clinical Nurse III
Misara Bambao – AIM/CTU Clinic
Roxanne Basilio-Valdez – East 5 Neuro
Ka Y. Cheung – East 5-PM&R
Misty Harmon – Tower 3 Birthing Suites
Jasmine Heidari – Tower 8 Transplant/Metabolic
Kayla Horch-Johnson – South 3 GI Lab
Kristi Kunce – 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

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

Blood and Marrow Transplant Certified Nurse (BMTCN)
Catherine Cook

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

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

Certified Nephrology Nurse (CNN)
Maria Isabel Aguilar

Certified Nurse Operating Room (CNOR)
Michael Grills

Certified Pediatric Emergency Nurse (CPEN)
Julia Spangler
Kimberly Wheatley

Certified Pediatric Nurse (CPN)
Julia Grissinger
Crystal Mugno

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

Critical Care Registered Nurse (CCRN-Neonatal)
Lam Yan

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

Inpatient Obstetric Nursing (RNC-OB)
Anna Saldonido

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

Neonatal Nurse Practitioner (NNP)
Nora Geraghty

Neonatal Pediatric Transport (C-NPT)
Yvetter Gonzales

Nursing Professional Development (NPD-BC)
Alicia Vassey

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

Pediatric Nurse (RN-BC)
Kimberly Mason
Inna Plugovaya

Progressive Care Certified Nurse (PCCN)
Angelina Bozhko

Psychiatric & Mental Health Nursing
Mark Lopez

Trauma Certified Registered Nurse (TCRN)
Kaylah Hallam
Peyton Remedios

Contact
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