

Annual Report 2024

# PROFESSIONAL NURSING PRACTICE



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# UC Davis Nursing Professional Practice Model



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

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## A Message from Christine Williams, Chief Nursing Executive and Chief Nursing Informatics Officer

It is with immense pride and heartfelt gratitude that I share this year's UC Davis Health Nursing Annual Report – a celebration of our shared journey, collective achievements, and unwavering dedication to our patients. This report not only highlights the impact of our work, but also reflects the spirit and strength of a profession that continues to evolve, inspire, and lead.

Throughout 2024, our nurses led with love, compassion, courage, and integrity – delivering exceptional care every day. Whether through innovative practices, new programs and processes, or the remarkable work of our award-winning units, we consistently advanced evidence-based care that elevated our patients' experiences and brought comfort, hope, and healing to each interaction.



We proudly welcomed 116 new graduate nurses through our residency program and celebrated the growth of our Clinical Nurse III team – each milestone a testament to our commitment to clinical excellence and professional development. Our teams were honored with multiple Beacon, PRISM, and DAISY Awards – a reflection not only of our skills, but of the kindness and humanity at the core of our practice.

Every unit, every shift, and every patient story spoke to our deep investment in fostering leadership, advancing clinical expertise, and creating a culture of trust, compassion, and empathy, where our patients are at the center of everything we do. These values are more than just words – they are the foundation of who we are and how we care.

This year's report tells a powerful and inspiring story: not just of milestones reached, but of a profession driven by purpose, possibility, and profound impact. To every member of our extraordinary nursing team – thank you. Your expertise, resilience, and brilliance, continue to set the standard for excellence in nursing.

With many thanks,

**Christine Williams, MS, RN, CNS**

Chief Nursing Executive  
Chief Nursing Informatics Officer  
UC Davis Health



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## CAREER AND RESEARCH SPOTLIGHT: CHRISTY ADAMS, PHD, MPH, RN

This feature highlights a UC Davis Health nurse's career and research contributions. The inaugural spotlight focuses on Christy Adams, PhD, MPH, RN, Trauma Prevention Coordinator. She joined UC Davis in 1993 and has worked as an RN in the ICU Float Pool (Adult, Pediatric and Neonatal ICU as well as ED), Action Team, LifeFlight and Trauma Prevention Program.



### What inspired you to pursue a career in nursing? Can you tell us a little about your career at UC Davis Health?

My grandmother, who was a nurse and officer in the Navy, was always an inspiration for me growing up. I also had the opportunity in high

school to volunteer as a candy stripper at a small rural hospital and remember appreciating how the bedside nurses managed their patient care.

I graduated from University of Arizona in 1990 and went directly into a Critical Care Internship at the affiliated University Medical Center. My internship was in the Med/Surg ICU where all high-acuity trauma patients were treated. I had the good fortune of being matched with a phenomenal preceptor who truly laid the foundation for my critical thinking and problem-solving skills during the three-month internship.

On a more personal note, a few weeks into my internship, my father became gravely ill with Granulomatosis with Polyangiitis and was admitted to my unit where he remained intubated, paralyzed, and sedated (standard practice at the time) for over a month. My preceptor did a fantastic job keeping me focused on my patient care and insulating me as much as possible from the various codes and procedures my father went through during my working shifts.

I was first inspired to become a flight nurse during my internship at UMC. I clearly remember watching the helicopter land during one of my shifts and deciding then I would make that my career goal, which informed most of my subsequent career decisions over the next eight years.

Following my internship, I worked as a travel nurse. A particular travel assignment to Homestead, FL, stands out in informing my career path. I worked in a very small rural hospital with a 10 bed ICU and had my first ER experience when the supervisor asked me to float to the ER one night (clearly, I didn't know any better). This was my first exposure to the unpredictable nature of emergency medicine, and it left a deep impression. The ER was not well staffed (1 physician and no pediatric or trauma care available). The two experiences that stood out to me were a young mother sitting in the waiting room holding her limp and cyanotic infant and a multiple GSW (gun shot wound) patient who was dropped off in the ambulance bay by friends. The ER staff were not trained or equipped to deal with either situation. I don't remember what happened with the infant, but I do know we called 911 for the helicopter from the trauma center in Miami and the flight crew was rude and dismissive of our untrained attempts to resuscitate the GSW patient (who survived at least to the OR in Miami).

During my time in FL, I also had the rich life experience of working through the landfall and aftermath of hurricane Andrew when it hit Homestead on August 24, 1992. The nursing supervisor called in all the traveling nurses so the hospital staff could evacuate the area prior to landfall (yes, I'm laughing as I'm typing this). The hospital, and Florida in general, was not prepared for the disaster. We ended up working for over 48 hours with no electricity, water, back up monitors, or O<sub>2</sub> during the last 24 hours and had to extubate 2 ICU patients and hoped for the best after we ran out of compressed gas. Good news is no one died, and I learned a lot about emergency preparedness.



All this is the backstory on why I made the decisions I did when starting my career at UC Davis. I came to UC Davis in January 1993 as a travel nurse to the MICU. After 6 months the hospital ended all travel contracts. I think there were about 10-12 of us at the time and most chose to stay on rather than taking assignments elsewhere. I joined the adult critical care float pool and often floated to ER as well. During this time I completed the Neonatal ICU cross training on my own time, followed shortly by the PICU cross training. I knew these skills and experience would make me a stronger flight nurse. I worked for the next 5.5 years floating to all the ICUs and ER until I was hired into LifeFlight.

I was in LifeFlight for 8 years until the program closed in 2004. It was a transformative experience. After the program closed, I moved to the Action Team for 3 years until I transitioned to the Trauma Prevention Program in 2007.

#### **How did you transition into trauma prevention and research?**

While I was working on the Action Team, I remember standing at the desk of the old Trauma Nursing Unit waiting for a patient to be ready for transport to MRI and watching the constant flow of trauma patients being admitted. It felt like an endless river that would never stop flowing, and I thought to myself, “we should create some type of dam upstream that slows down this flow”. Ironically, that is a fundamental public health principle of upstream intervention that I knew nothing about as an acute care nurse.

Shortly after that, I learned about our Trauma Prevention Program when the coordinator, Roxanne Woods, was looking for someone to replace her when she retired in a couple of years. She had created a 2-year grant funded nursing position with the car seat program specifically for the purpose of training her replacement (brilliant foresight on her part).

I accepted the position in 2007 and realized immediately that my acute care background did not

prepare me for the public health work of community-based injury prevention. Within the year, I enrolled in the hybrid MPH program at San Jose State University and can honestly say I was immediately applying everything I was learning.

Regarding research, my MPH training taught me the importance, and basic principles, of program evaluation. At the time I was working with CSUS nursing school as a Community Health site preceptor. I oversaw 10-15 students each semester and trained them to give classroom helmet safety presentations in elementary schools in district. I wanted to do a research study on the efficacy of nursing students providing the presentations using pre/posttests and helmet use observations as outcome measures. My knowledge of research methodology was basic at the time, so I met with our (then) nurse researchers asking for help with the project. However, they had no experience in community-based, non-clinical research. I essentially figured it out by trial and error and eventually published my first research article in the Journal of Trauma Nursing. Eventually, I enrolled in the BIMSON - Betty Irene Moore School Of Nursing PhD program with the intent of identifying and addressing the gaps in my research knowledge.

#### **What has been the primary focus of your research in trauma prevention, and what sparked your interest in this area?**

My research has always focused on injury prevention across the age continuum, but most of my effort has been in older adult fall prevention. My specific interest was the increased risk of injury falls for older adults who had recently been discharged home from the hospital. I remember having this discussion with one of the faculty who was teaching the weeklong epidemiology course for UC Davis health professionals. I made a comment about seniors falling once they get home, and he asked me how I know that is what happens – meaning is there any evidence or is this just anecdotal? After a brief literature search,

**CONTINUED ON PAGE 6**

I realized that no one had conducted any population level studies confirming this “common knowledge” and I quickly made this the focus of my research question when I enrolled in the PhD program.

**How has the field of trauma prevention evolved since you first began your research?**

Significantly. I, along with numerous colleagues at other trauma centers across the country, have spent the last 10 years advocating for the field of hospital-based injury prevention. Our efforts are probably best highlighted in the changes made by the American College of Surgeons in the 2022 Standards for trauma center verification that include a requirement for Injury Prevention Professionals to have some type of public health background or training, along with more robust guidelines for hospital Injury prevention programs to be evidence-based with clear outcome measures.

**Are there specific projects or studies that you feel have had the greatest impact on the field or patient outcomes?**

Probably the biggest impacts are the book that my colleagues and I wrote on how to develop a hospital-based injury prevention program; and the national workgroup I facilitated to establish new ICD-10-CM External Cause of Morbidity codes for e-scooters and e-bikes.

The book, *Hospital-based Injury and Violence Prevention Programs: The Trauma Center Guide for All Healthcare Professionals* (2023, Springer), established national consensus-based guidelines for best practices for these programs.

Similarly, prior to the new ICD-10-CM e-codes, it was impossible to conduct accurate national injury epidemiology for e-scooters and e-bikes due to the high variability of how trauma centers were coding these injuries.

**What role has interdisciplinary collaboration played in your research, and how has it shaped your findings?**

This has been an important part of my research,

particularly in our work with the implementation and evaluation of the Wraparound hospital-based violence intervention program. Our research team is comprised of research faculty from the UC Davis Violence Prevention Research Program (VPRP), trauma surgeons, mental health professionals, and our Wraparound front-line workers, Violence Prevention Professionals (VPP). Involving the VPP staff in the development of our data collection methods and instruments has been critical to facilitating the engagement of our Wraparound patients in the research study. The process is like community based participatory research, with our VPP staff facilitating the connection with our “community” of violently injured youth. Additionally, integrating the VPRP research faculty into our weekly Wraparound clinical debrief space has given them deeper insight into how our VPP interacts and supports patients. This, in turn, has greatly influenced the development of our mixed methods research methodology.



**How do you ensure your research translates into practical, real-world applications in healthcare settings?**

Our research with the Wraparound program has been an interactive process with ongoing adaptation of program workflow and protocol based on our research results. My research on older adult falls after acute care hospitalization is currently being cited in national efforts to develop best-practice guidelines for geriatric discharge protocols to identify and mitigate home fall risk.

**In your view, what are the most critical gaps in trauma prevention research that need attention in the future?**

Research in injury and violence prevention (trauma prevention) is inherently challenging due to the nature of trying to show an intervention was effective by measuring the absence of an outcome (i.e. fewer fall injuries after a senior fall prevention class). Few hospital-based injury prevention programs in the U.S. have the capacity to conduct robust research so they are typically limited to process and impact evaluations for community level-programs. Given the recent injury trends of firearm injuries outpacing the historical injury leader of motor vehicle collisions, it is critical that we focus future efforts on identifying ways to reduce community violence.

**What advice would you give to those interested in pursuing a career in trauma prevention?**

Invest the time to learn about the public health principles of injury prevention.

**You are an experienced and successful grant writer. What advice do you have for those interested in grant writing for programmatic building?**

Develop strong writing skills and habits. Successful grant writing is an iterative process so expect to write and re-write multiple drafts. Always ask several trusted peers to review your drafts and provide constructive feedback. Find a more experienced grant writer to mentor you.

For a full list of Christy Adams' education and publications, visit her UC Profiles Page at [profiles.ucdavis.edu/christy.adams](https://profiles.ucdavis.edu/christy.adams) or scan QR code. ♦



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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.



## MAGNET4EUROPE

Magnet4Europe is a four-year Horizon 2020 EU-funded project (Grant Agreement 848031) that aims to improve mental health and wellbeing among health professionals in Europe. The project officially started in January 2020 and has been taking place in six European countries.

European hospitals from Belgium, England, Germany, Ireland, and Sweden were twinned with an experienced Magnet-designated hospital in the United States to determine if a redesign of hospital work environments guided by Magnet principles as described in the American Nurse Credentialing Center (ANCC) manual is feasible, effective and sustainable in Europe to improve care quality and safety, patient satisfaction, and workforce outcomes.



Ellen listens to clinical nurses share their huddle board and unit improvement projects

UC Davis Health was invited to participate in this program, which kicked off in March 2020 at ANCC Headquarters in Silver Spring, Maryland. UC Davis was twinned with OLV Aalst Hospital in Aalst, Belgium. Ellen Kissinger, Magnet Program Director, and Lori Kennedy, Director of Center for Nursing Science, have been meeting virtually with Ann Van De Velde, Chief Nursing Officer, and Marion Boriau, Director of Mother and Child, since 2020. These productive bimonthly meetings included a gap analysis of OLV Aalst and strategizing to implement Magnet principles with their team across the organization.

In August 2022, Ann and Marion spent five days at UC Davis Health learning best practices, speaking with clinical staff and leaders about principles of Magnet and nursing excellence, and observing first-hand the interprofessional collaboration in a Magnet organization.

Due to the pandemic, travel plans to Belgium were delayed numerous times. This past November 2023, Ellen and Lori spent five days at OLV Aalst, hearing from clinical nurses about their professional practice and new structures and processes that they have implemented with interdisciplinary colleagues. They heard about unit projects as well as organization-wide initiatives. Clinical staff on the units were eager to share their huddle boards as well as their professional practice. Ellen and Lori provided general sessions on topics such as shared governance and relationship-based care. Michelle Linenberger, Children's Hospital Nursing Professional Development Specialist and UC Davis Health Support U Peer Responder Program Director, joined virtually to provide a general session on the Support U Program.

While the Magnet4Europe project concludes for the 67 US hospitals and 63 European hospitals at a conference on April 24-25 in Leuven, Belgium, the collaboration between UC Davis Health and OLV Aalst will continue. ♦



Lori facilitates knee to knee, eye to eye exercises during RBC general session

# PATIENT FLOW MANAGEMENT CENTER

The Patient Flow Management Center (PFMC) was created in 2020 with the goal of ‘Right Patient, Right Room, Right Time.’ Over the initial six months, this small team grew to incorporate the Discharge Reception Area (DRA) and was noted to help discharge times with patients seen in the DRA. A daily discharge huddle was implemented with adult inpatient units, which helps to identify, mitigate and assist with escalations to remove barriers that are delaying patient disposition. The goal was to create a discharge huddle that all identified units can attend daily, making it convenient and efficient for charge nurses daily duties, and recruit essential members of the interdisciplinary team to also be present during this call to facilitate escalations.

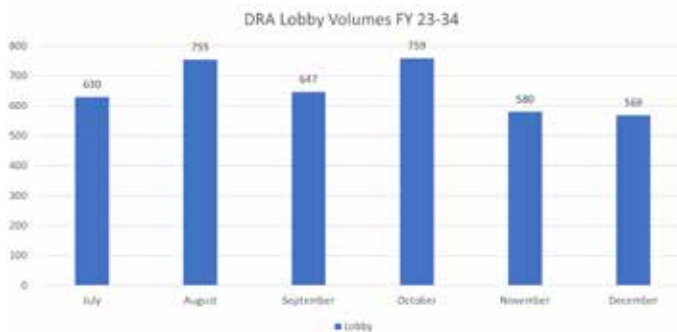
The PFMC identified several key stakeholders to be involved in the Discharge (DC) Huddle process as standing members, including MOD, Nursing Supervisors, DRA Charge Nurse, Patient Flow ANII, Case Management, PO/OT Supervisors, and Diagnostic Imaging Supervisors. They established a 9:30 a.m. start time with a goal to review all potential discharges on the med surg units within 30 minutes.

Early in the development of the DC Huddle, the PFMC team and the Patient Flow Program team determined that utilization of EMR functionality would help improve the efficiency of the report-out process, but by using foundation-based DC Milestones and Estimated Date of Discharge (EDD) functionality already live in the system. DC Huddle patient lists were designed with columns to showcase EDD, DC order, and DC Milestones.

To date, the DC Huddle reviews all potential discharges for all the adult inpatient units seven days per week. Real-time updating of the EDD is completed during this call with the PF ANIIs and Case Managers from provider team input. Escalations are followed up in real time via Secure Chat with our MODs and other members of the interdisciplinary team. For the

PFMC Bed Planning team, the streamlining of the EDD process allows the bed planning team to see an accurate representation of patients discharging for the day. This results in a more accurate depiction of how flow from the PACU, ED, Direct Admissions, and Transfer Center will progress through the day.

## Results:





## HOSPITAL BASED SERVICES

Lars Gjerde, AGACNP-BC, APP Supervisor for Hospital Based Services, presented a feature lecture at the first Norwegian National Nurse Practitioner (NP) conference in Oslo, Norway, with the title “The Modern Nurse Practitioner Role in the USA: The Development of a Diverse and Independent Profession.” Drawing on the near 60-year history of the American NP profession, the strategic work of the American Association of Nurse Practitioners and the California Association for Nurse Practitioners, as well as experiences from UC Davis, Lars presented historical and practical perspectives as inspiration for the national NP leaders in Norway. Lars had interviewed six NP pioneers, leaders, and champions in preparation for the lecture and included excerpts of conversations with Christi Delemos, Dr. Voltaire Sinigayan, and Danise Seaters from UC Davis, among others. The successful establishment of the Hospital Medicine APP Team at UC Davis during the pandemic, the UC Davis APP Fellowship program, as well as growth of several other APP teams in recent years served as areas of focus in the presentation.

The Norwegian NP profession is in its infancy, yet it is filled with excitement and opportunity. National leaders from the Norwegian Department of Health, the President of the Norwegian Nursing Association,

as well as the Chief Nursing Officer of Norway were in attendance, along with academic and clinical leaders of the nursing profession in Norway.

Fruitful discussion took place, envisioning what collaborative and organizational efforts, as well as laws and regulations, are needed to establish the NP profession in the country. A few hundred NPs have gone through formal training and are carving out roles for themselves in primary and acute care. Building personal relations with physicians and nursing leaders in various settings, they are earning trust and showing what NPs can contribute. National regulations regarding prescriptive and referral authority are high on the list of priorities. The NP leaders are looking to the U.S. for models and inspiration and will likely come to visit Sacramento! Lars is serving as an informal consultant to the Norwegian NP leadership group and is excited to see the growth of the profession in his native country. ♦



## RELATIONSHIP-BASED CARE DESIGNATION WITH DISTINCTION

The Relationship-Based Care Designation with Distinction (RBC-DWD) was established in 2023 and is a way for organizations to be recognized and validated for their accomplishments. The award focuses on an organization's commitment to creating and advancing their RBC culture through excellence in leadership, teamwork, professional practice, system design, and patient and family-centered care delivery. Enculturation of RBC principles and values are achieved through relationships, structures, and processes, which lead to excellence in care and sustained improvement in outcomes.



In January 2024, UC Davis Health's Relationship-Based Culture & Wellness achieved one of the first RBC-DWDs. The accomplishment validates the organization has enculturated the values and principles of RBC beyond nursing and patient care services and the organization supports the enculturation of RBC principles and values by offering formal Creative Health Care Management (CHCM) licensed programs facilitated by 30-multidisciplinary staff from varying units/departments (Re-Igniting the Spirit of Caring, Leading and Empowered Organization, and See Me as a Person). This four-year designation serves as a blueprint for organizational excellence and validates the organization's commitment to caring for self, colleagues, patients, and the community.

### The UC Davis Health Relationship-Based Culture Team:

**Theresa Pak**, RN, RBC&W Strategist  
**Jessica Micheletti**, MPH, RBC&W Manager  
**Jerry Bambao**, RN, Assistant Nurse Manager  
**Carina Bassin**, RN, Women's Health  
**Melissa Blevins**, RN, Executive Director Transplant  
**Makeda Byrd**, RN, MSICU Gold  
**Erin Cornelius**, RN, PICU  
**Darrell Desmond**, RN, Nurse Manager  
**Michael Dion**, RN, MICU  
**Ashley Dotger**, RN, Assistant Nurse Manager  
**Lisa Eller**, RN, Nurse Manager  
**Colleen Fields**, RN, NICU  
**Barbara Gumnor**, RN, Nurse Manager  
**Kelly Hamilton**, RN, PCS Quality & Safety  
**Brandon Harris**, MHA, Director of Ambulatory Operations  
**Randy Luu**, RN, Neuro  
**Monica Miller**, RN, MICU  
**Annette Needham**, RN, Transplant Quality Manager  
**Al Nutt**, RN, MICU  
**Mercedes Piedra**, MS, HEDI  
**Tracy Seward**, RN, Nurse Practice Manager  
**Stephanie Soto**, IT  
**Nicole Spangler**, RN, MSICU Gold  
**Daneva Tabingo**, RN, OR Pre-Op PACU  
**Kristine Thach**, RN, GI/Endo  
**Melody Thai**, RN, Assistant Nurse Manager, T4  
**Annie Tat**, RN, Assistant Nurse Manager, PCR  
**Kristen Trask**, RN, Assistant Nurse Manager, D8  
**Cheyenne Van Dyke**, RN, PCR

### Appraiser Summary

*"UC Davis Health is an example of an organization that embraces and embodies RBC and has successfully sustained the work for 20 years. The power of a relationship-based organization is evident through all the stories and examples provided. We could feel the commitment and dedication to this work, the staff and ultimately those in their care on each page of the document. Not only did the document paint the picture, but, as previously mentioned, we could feel RBC through the words and examples and the emotions and pride behind them. Without a doubt, this is a RBC with Distinction organization. They set a standard to inspire others. It was truly a pleasure to review this document."*



# PARTNERING WITH JIMMA UNIVERSITY HOSPITAL, ETWHIOPIA

Members of the Neurosurgery Department, Nurse Manager Ashley Thomas, RN, along with Daniel Ayana, NP, Orin Bloch, M.D., and Branden John Cord, M.D., partnered with Jimma University and their Neurosurgery Department to provide neurosurgical education and treatment to patients. The team was able to assist with three surgeries for complex tumor patients and also provide education to both the medical students and nurses of both the school and hospital. ♦



Left to right: Daniel Ayana, NP, Ashley Thomas, RN, Branden John Cord, M.D., and Orin Bloch, M.D.

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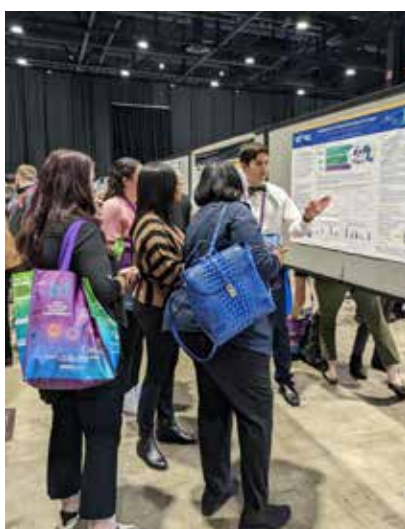
# Structural Empowerment

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

## MAGNET CONFERENCE POSTER WINNER

The poster titled Combating Burnout Through Interdisciplinary Peer Support by Ian Fong, MSN, RN, CNOR, and Trudee Murray, MS, BSN, RN, CCRN-Pediatrics, CPHQ, was selected as a winner in the Commission on Magnet Poster Competition.

The poster showcased the work of implementing a peer support program in the Children's Surgery Center. A multidisciplinary peer support network is an effective and reproducible means of promoting mental-emotional health and improving morale among unit staff. A monthly "Support U" council was formed with the Peer Responders and modeled off the initiatives of the hospital's Support U Program led by Michelle Linenberger, MSN Ed, RN, CCRN-K, NPD-BC, Children's Hospital Nursing Professional Development Specialist, and UC Davis Health Support U Peer Responder Program Director, with emphasis on proactive communication, vigilance of trigger events, distribution of support materials, and organization of morale boosting events. ♦



Ian Fong stands with his winning poster.

## TOWER 7 MSICU BLUE RECEIVES GOLD BEACON AWARD

The Beacon Award for Excellence was established in 2003 and is a way for units to showcase



and celebrate their accomplishments. The award focuses on reporting data on patient outcomes, work environment, and nursing workforce. MSICU Blue achieved the Gold level American Association of Critical-Care Nurses (AACN) Beacon Award. This accomplishment represents one of many significant milestones on the path to optimal outcomes and exceptional patient care. Additional UC Davis Medical Center units that received the Gold level Beacon are the Burn ICU, MICU, CTICU, MSICU Gold, and MSICU Blue. East 6 Cardiothoracic Progressive Care Unit and NICU were also awarded Gold Beacon, and PICU/PCICU was awarded a Silver Beacon award. ♦





## DAVIS 6 CARDIOLOGY RECEIVES PRISM AWARD



Davis 6 Cardiology Services received the Academy of Medical-Surgical Nurses (AMSN) PRISM Award®, a national award recognizing the

collective achievements and contributions of the nursing staff of the unit. PRISM stands for Premier Recognition In the Specialty of Med-surg and the award was created at the request of AMSN's members who wanted an award to recognize the exemplary practice of medical-surgical units. The AMSN PRISM Award provides special recognition to the exemplary practice of medical-surgical units. Davis 6 Cardiology joins Tower 4 ENT/Internal Medicine, Davis 12 Surgical Specialties Unit, East 5 Neuroscience Unit, Tower 8 Transplant/Metabolic Unit, Tower 6 Medical Surgical Unit, East 4 Accelerated Access Unit, and Davis 14 Ortho/Trauma Unit as PRISM awarded units. ♦



## COUNTY DEPARTMENT OF HEALTH SERVICES, INDEPENDENT LIVING PROGRAM



The Sacramento County Department of Health Services Independent Living Program is a federally funded program that assists current and former foster youth between the ages of 16 and 21 achieve self sufficiency prior to, and after, exiting the foster care system.

This program provides independent life skill classes, daily living skills, education resources, assistance with applications for student aid, help in getting a job, housing resources, money management, decision making, building self-esteem, and support and advocacy.



Every year, staff from across the organization pitch in and provide emancipation baskets for the former foster youth. This year, employees donated 127 baskets. A previous recipient shared:

"No one ever tells you what you need to do after getting an apartment. Only how to get one. Honestly, my apartment would be empty and sad if it wasn't for the emancipation basket. I had zero plans on buying things like pots and pans or even things for the bathroom. I want to thank you for the big help."



Thank you to the Emancipation Basket Committee Members who made magic happen for these youths:

Amy Doroy, Christine Williams, Harrison Owens III, Heather Stokes, Jane Pena, Megan Lunsford, Paul Fankhanel and everyone that donated and helped on the day of basket collection. ♦



## POST-ANESTHESIA CARE UNIT AND CHILDREN'S SURGERY CENTER PACUS AWARDED A SILVER BEACON AWARD FOR EXCELLENCE

The Post-Anesthesia Care Unit (PACU) and Children's Surgery Center PACUs were awarded a Silver Beacon Award for Excellence by the American Association of Critical-Care Nurses (AACN). The Beacon Award for Excellence commends hospital units that engage in evidence-based practices to improve patient and family outcomes. The award provides gold, silver, and bronze levels of recognition of hospital units that illustrate excellence in professional practice (recruitment, retention, education, training, and mentoring; research and evidence-based practice; patient outcomes; leadership, and organizational ethics; as well as the creation of a healthy work environment.

The recognition is for a three-year term, where award criteria measures systems, outcomes, and environments against evidence-based national criteria for excellence.

UC Davis Health PACU and Children's Surgery Center PACUs are now recognized in a group of only 13 PACUs awarded the Beacon Award for Excellence. UC Davis PACUs are currently the only Beacon recognized PACUs on the West Coast.

Reviewers highlighted several areas of strengths within the Post Anesthesia Care Unit and Children's Surgery Center PACU, specifically noting a systematic process in place to train and engage staff. Also noted was the staff's commitment to delivering high-quality, evidence-based patient care. Staff demonstrated this dedication through active involvement in committees both unit and facility wide, as well as engagement in clinical inquiry and translating evidence-based practice at the bedside. Other factors included nurse certification, low nurse turnover, average years of nursing experience on the units as well as evidence-based practice changes, staff recognition and retention.

Striving for Beacon Award for Excellence recognition was a unit goal, tirelessly worked on by a dedicated team of PACU RNs guided by Teri Nguyen, RN, with support from PACU Nurse Manager Camille Lugo, RN, Quality and Performance Improvement Manager Abbey DeGraffenreid and Executive Director for Perioperative Services Wendy Willson, RN.

The award was celebrated with a plaque unveiling with hospital and perioperative leadership, which recognized the phenomenal work the staff does every day. ♦





## DAVIS 8 ONCOLOGY/BONE MARROW TRANSPLANT UNIT EARNS BEACON AWARD

The American Association of Critical-Care Nurses (AACN) has awarded the Davis 8 Oncology/Bone Marrow Transplant Unit with a Silver Beacon Award for Excellence. This award signifies exceptional patient-centered care, a positive work environment, positive morale, and low turnover. A panel of expert reviewers trained in evaluating criteria responses developed a comprehensive report for the unit to identify strengths and opportunities for improvement identified during the review process.

The Oncology/Blood and Marrow Transplant (BMT) unit is a 35-bed unit specializing in the care of patients with cancer. Ninety nurses provide comprehensive care to patients undergoing treatment for cancer, including chemotherapy, radiation, stem cell transplant, and immune effector cell therapy. The Foundation for the Accreditation of Cellular Therapy (FACT) accredited BMT program serves nearly 200 blood and marrow transplant patients each year. As an NCI-designated Comprehensive Cancer Center, many of the patients on Davis 8 are also in clinical trials, requiring specialized knowledge and attention to detail. Nursing works closely with the interdisciplinary team to manage the complex regimens, physical symptoms, and psychosocial effects associated with cancer treatment.

The award represents a significant milestone on the path to optimal outcomes and exceptional patient care. The AACN will acknowledge the unit at the National Teaching Institute & Critical Care Exposition (NTI). ♦

## PEDIATRIC HEMATOPOIETIC STEM CELL TRANSPLANT

Pediatric Hematopoietic Stem Cell Transplant has a significant and compelling history at UC Davis Health. The original program chronicles back to the year 1993. At that time, Doug Taylor, M.D., a pediatric oncologist, worked closely with Carol Richman, M.D., and Director of UC Davis Adult Bone Marrow Division, to develop a combined Pediatric/Adult Program. In May 2008, the combined program was accredited for the full range of adult and pediatric transplant services by the Foundation for the Accreditation of Cellular Therapy (FACT). This milestone gave UC Davis Health patients access to a wider range of national transplant clinical trials and increased the number of insurance companies covering these lifesaving procedures.

By May of 2008, Taylor and Richman would oversee up to 60 transplants each year, both adult and pediatric, which either met or exceeded national averages for the era. Specifically, for the pediatric portion of the combined program, between 1994 and 2010, a total of 62 bone marrow transplants were performed on patients less than 18 years of age. Unfortunately, in 2010, the pediatric division of the program closed due to low volume.

Since the program's closure, the Division of Pediatric Hematology/Oncology has grown markedly. The program now sees approximately 110 new oncology and hundreds of hematology patients each year. The number of UC Davis pediatric hematology/oncology patients requiring a bone marrow/stem cell transplant, gene therapies, and CAR-T cell therapy has also grown. Until this month, all pediatric patients who needed these lifesaving therapies were either referred to UC San Francisco or Stanford. Having a pediatric transplant program allows patients to stay

locally during transplantation and for their outpatient infusions. Until now, UC Davis Health patients undergoing transplantation would often lodge for ninety or more days in the Bay Area, with many families having to choose which parent or guardian would remain with the transplanted patient.

UC Davis Health and the Pediatric Hematology/Oncology/BMT program, in an effort to truly assist the community, aims to become the Northern and Central California hub for Pediatric Stem Cell/Bone Marrow Transplant and Cellular Therapies. To achieve this vision as an accredited transplant program, the Pediatric Hem/Onc Division has been working in coordination with the Adult Stem Cell Transplant Program to form a Combined Transplant Team, led by Medical Director Joseph Toscano, M.D., and Pediatric Director Lisa Madden, M.D. UC Davis Health has the opportunity with the next FACT reaccreditation to apply as a combined Adult and Pediatric program.



Left to right: Kristen McCoy, RN, Dr. Arun Panigrahi, Dr. Lisa Madden, Kelly Yurkosky, RN and Nick Deuz, NP. Team members not pictured: Kenley Martin, RN, Amber Jewison, NP, Lisa Tsang, NP, and Dr. Marcio Malogolowkin

Many individuals have worked tirelessly to make the first pediatric transplant a reality. As a result of these efforts, the first patient was admitted to Davis 8 in late January of this year. Of course, Madden, who has brought years of pediatric transplant experience to the institution, was a pivotal member,

but many others have collaborated to make Marcio Malogolowkin's, M.D., years-long vision a success. Kelly Yurkosky, the first Pediatric Transplant Coordinator, brought a great deal of transplant talent, and coupled with great determination, took on the considerable task of preparing the families for this monumental journey. The creative training experience and collaboration between Davis 8 and Davis 7 nurses, led by two exemplary Clinical Nurse Specialists, Jessica Miles and Lisa Tsang, have ensured that our pediatric patients are in great care. With the first pediatric transplant occurring on Davis 8, adult oncology/transplant nurses are working in coordination with pediatric nurses from Davis 7, passing on their skills in real-time coaching, with the ultimate goal of having all of our pediatric transplants completed on Davis 7 Pediatrics. This type of support was possible due to the hard work from in-patient leadership: Carla Martin, Brenda Chagolla, Jasmine Yumiaco-Marsh, and Cheryl McBeth.

Additionally, there are many quality measures that had to be integrated into the Adult Program to meet the FACT requirements. These efforts were guided by the remarkable Quality Assurance Team of Kenley Martin, Richard Rodriguez, and Stacey Armstrong. Moreover, numerous pediatric Pharmacists, Social Workers, Child Life Specialists, Physical and Occupational Therapists, Nurse Practitioners, and Medical Providers, EPIC/EMR analyst, to name a few, have made this program launch possible.

With the second patient completing a successful transplant, the future is looking bright for families in the community that require these highly specialized treatments. The UC Davis Adult/Pediatric Transplant Program still has many challenges and a long road ahead to achieve full FACT accreditation, but they are feeling great about the opportunity. ♦





## DAISY AWARDS 2024

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 Nurses

### LIFETIME ACHIEVEMENT AWARD



Ellen Kissinger, MSN, RN, NE-BC  
Magnet Program Director

### TEAM AWARD



Bariatric Surgery Team

### NURSE LEADER AWARDS



Vincent Paracuelles BSN, RN  
Inpatient Renal Services



Capriel Fazzini BSN, RN  
Pediatric Infusion Center & Pediatric  
Hematology/Oncology Clinic



Marlene Armstead MSN, RN, FNP  
East 7 Neuro Specialties Unit



Wendell Villacarlos BSN, RN  
Radiology







## INDIVIDUAL AWARDS



**Jennifer Sutherland,**  
BSN, RN, CPN  
Davis 7 Pediatrics



**Alexis Pleman BSN, RN**  
Tower 4 ENT/Internal Medicine



**Heather Donaldson**  
MSN, FNP-C, CCRN, CMC  
Heart & Vascular Center



**Jacqueline Rodman**  
MSN, RN, PCCN  
East 6 Cardiothoracic PCU



**Erin Dame-Lewis**  
MSN, RN, CCRN  
Davis 10 PCIU/PCICU



**Megan Brown RN, BSN**  
Pediatric Specialty Clinic



**Paul Breshears RN, BSN**  
Davis 14 Ortho/Trauma



**Tara Barragan RN, BSN, CEN**  
Emergency Department



**Janice Au**  
MSN, RNC-OB, C-EFM  
Davis 3 University Birthing Suites



**Morgan Whitmore**  
MSN, RN, PHN, CMSRN  
Davis 12 Surgical Specialties Unit



**Michael Calvin BSN, RN**  
E6 Cardiothoracic PCU



**Dhivya Valluvan MSN, RN**  
East 3 Acute Care Unit

## 116 NEW GRAD NURSE RESIDENCY NURSES HIRED IN 2024



Cohort 48 – March 2024



Cohort 49 – May 2024



Cohort 50 – August 2024



Cohort 51 – October 2024

## NEWLY RECOGNIZED CLINICAL NURSE IIIs

### Q1 2024

Jennifer Limon—Operating Room  
Bradley James Waples—HCS/Inpatient Hospice  
Michelle N. Calarco—D3 University Birthing Suites  
Christina Cina Malone—AIM/PICC Services  
Kathleen A. Hunger—Operating Room  
Carlye M. Miller—D10 PICU/PCICU  
Mandeep K. Chahal—D10 PICU/PCICU  
Jennifer Del Rosario Vergara—Operating Room

Zorayda Garrovillas—E7 Neuro Specialty and EMU  
Erin E. Kozlowski—Pre-Op and PACU  
Haley M. Nagle—D5 NICU  
Vanessa Lluviya Ambriz—T7 MSICU Gold  
Jennifer L. Berkery—Rocklin Infusion  
Kathleen Mary Irwin—Stroke Program  
Christopher P. Massaglia—Emergency Department  
Jaylina Wagner—Burn ICU

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## NEWLY RECOGNIZED CLINICAL NURSE IIIs Continued

### Q2 2024

Jennifer B. Sturges—University Tower Surgical and Endoscopy Suites  
Jersie B. Guzman—UC Davis Midtown Neuroscience Clinic  
Mariah Suzanne Hierholzer—OB/Gyn  
Michael Andrew F. Diaz—PCS Radiology  
Frances Diggie Villote Francisco—Main OR  
Shannon M. Reimer—D5 NICU  
Deanna L. Chavez—Pediatric Cancer Center  
Kyle Reinan Irwin—Children's Transport  
Kimberly N. Ucan—P3 Neurosurgical ICU  
Elizabeth M. Seeger—E7 Neuro Specialty and EMU  
Rachel L. Kauffman—Peri-Operative Services  
Maryphine Saddul Tagufa—Operating Room  
Paul Breshears—D14 Ortho/Trauma  
Desiree Marie Maravilla Madrigal  
Chutuape—Emergency Department  
Rosalinda Alonzo—D3 Labor & Delivery  
Maxima Balais—PCS Radiology  
Brittney Watson—Pre-Op/PACU  
Juliann Ho—T6 Acute Care Pediatrics  
Ighoteguolo oghwedo Doghor—Adult Annex  
May Ann M. Compian—Emergency Department  
Jennifer A. Brown—D5 NICU  
Alicia L. Nelson—T2 SICU  
Agnieszka Grasela—D3 / T3  
Anthony Michael Bernal—Emergency Department  
Sarah Lynn Gordon—Pediatric Critical Care Transport  
Alisse M. Bath—D5 NICU  
Laura O'Neill—OB/Gyn Clinic

### Q3 2024

Vangeline T. Silva—Pain Management  
Rowell E. Dacuag—IP Renal Services  
Casey Baker—Operating Room  
Christina Tran—Davis 8 Oncology  
Al Levern Nutt—Tower 5 MICU  
Sarah A. St.Claire—Children's Surgery Center  
Cristina B. Thatcher (McCue)—Tower 7 MSICU Gold  
Mackenzie Brooke Ramirez—Operating Room  
Melinda Mojica—D5 NICU  
Ragde Trinidad Abelgas—Home Health  
Lynde L. Gregg—Peri-Operative Services  
Lenie Bernaga-Ensign—IP Renal Services  
Erica N. Delgado—Critical Care Transport  
Heather D. Houston—Cardiovascular Research Unit/Heart and Vascular Center  
Oanh K. Nguyen—Tower 7 MSICU Gold  
Jeffrey Torok—Tower 7 MSICU Gold  
Rita Marie Baker—ACC Cardiology

### Q4 2024

Jocelyn Spiwak—UTSES Endoscopy  
Blanche Iva M. Garcia—T6 Acute Care  
Guadalupe M. Zuniga—Pain Management Clinic  
Anyang Dai—PACU  
Mariam Jiddi—E5 Neuroscience  
Clementine Anneliese Cook—Emergency Department  
Teddy L. Pawloski—D8 Oncology  
Tracy Q. Lee—PCR  
Hannah M. Plunkett—Pain Management Clinic

# UC DAVIS HEALTH CELEBRATES THE 2024 STAR PRECEPTORS

Preceptors, also known as Transition to Practice (TTP) Preceptors at UC Davis Health, are highly skilled nurses, well-developed leaders, and exceptional role models. As defined by UC Davis Health, a TTP preceptor has achieved competence in their practice area and functions as an educator, facilitator, and protector in guiding, directing, and overseeing the transition in the practice of a preceptee. The TTP preceptee may be a new graduate nurse, an experienced nurse newly hired to the hospital, or a current staff nurse hired into a new work area.

The TTP Star Preceptor Award is a form of recognition for preceptors who precept nurses transitioning from setting, specialty, or shadow experiences and nursing students at the associate, bachelor or master entry level. The preceptee nominates exemplary and exceptional preceptors after completing the Star Preceptor Nomination form and submitting it to Monica Aguilar and Diane Mua-Xiong (Preceptor Program Coordinators). All nominations for the respective quarter are reviewed by members of the Professional Development Council, who reach a consensus based on the nominated categories and the narrative provided by the preceptee.

The 2024 quarterly TTP Star Preceptors are highlighted below:

## QUARTER 1



**Marichel Loapo**  
Tower 8



**Peter Fleck**  
PACU



**Ma Milani (Jet) Zabala**  
Utilization Review



**Cherry Yu Tumulak**  
Same Day Surgery Center

## QUARTER 2

## QUARTER 3



**Gabrielle Smith**  
Davis 5, NICU



**Brett Grisler**  
East 5, Neuroscience

## QUARTER 4



**Amanda Wilson**  
Emergency Department



**Anthony Bernal**  
Emergency Department





The Nurse Residency Program (NGNRP) Star Preceptor Award is a form of recognition for preceptors who precept New Graduate Nurses participating in the Nurse Residency Program. Each cohort of Nurse Residents nominates exemplary and exceptional preceptors by completing the Star Preceptor Nomination form.

The Star Preceptor is identified via group consensus after thoroughly reviewing all of the nominations by Preceptor Program Coordinators and members of the Professional Development Council. Nominations call for exemplary and exceptional preceptors capable of fulfilling the key roles of a facilitator, educator and protector during the preceptorship experience.

The top two nominees per cohort and per quarter are selected as the star preceptors. The star preceptors are notified of their recognition by email and presented with a star preceptor certificate, pin, starlight and gift on their unit or at the NGNRP end-of-program ceremony.

The 2024 NGNRP Star Preceptors are highlighted below:

#### COHORT 44



**Linda Lau**  
Davis 11, TNU



**Lisa Travassos**  
Infusion Center



**Amanda Chan**  
East 7 Neuro



**Maria Martinez**  
East 6 Cardiothoracic PCU

#### COHORT 45

#### COHORT 46



**Brian Della Maggiora**  
P-3, NSICU



**Mindy Burley**  
Davis 7, Pediatrics

#### COHORT 47



**Rachel Northrop**  
Davis 10, PICU



**Igbo Doghor-Pela**  
East 3

**Congratulations to our 2024 UC Davis STAR Preceptors!**

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# 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.

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## BURN NURSING SPECIALTY

In October 2023, the Certified Burn Registered Nurse (CBRN) exam opened to all nurses. This endeavor was the result of the dedication and commitment of burn nurses around the country, which included the expertise of UC Davis Burn ICU nurses.

Marianne MacLachlan, BSN, RN, MHL, CCRN, and Sarah Bernardy, BSN, RN, CCRN, led the charge in collaboration with burn nurses from other centers to establish burn nursing as a specialty by the American Nurses Association. After their success, they devoted their time to assisting the American Burn Association (ABA) in defining and publishing the Burn Nursing: Scope and Standards of Practice. Marianne and Sarah continued to support ABA in developing a partnership with the Board of Certification for Emergency Nurses (BCEN). This partnership produced the establishment of the burn nursing specialty certification program.

In September of 2022, the BCEN selected nurses from around the country, including Sarah Mattison, RN, MNL, CCRN, CBRN, and Sarah Bernardy to participate in a three-day item writer training workshop in Kansas. They, along with Kiera Earney, BSN, RN, CCRN, CBRN, a member of the Exam Construction Review Committee (ECRC), are exam item writers for the practice and CBRN exam. This involves writing and critiquing questions that correctly assess the criteria required to practice as a burn nurse. Their work continues as they have committed to a two-year term as BCEN CBRN practice exam and exam item writers. Deanna Ochoa, RN, MSN, CCRN, CBRN, also volunteered her time to participate in the committee responsible for setting the passing point study for the CBRN exam.

Who would be a part of the first group of nurses to beta test the CBRN exam? Jessica Bove, BSN, RN, Truc Cao, MSN, RN, CCRN, Amy Eseed, RN, BSN, CBRN, Erin Rhinehart, BSN, RN, CBRN, CSSGB, and Samuel Palmer, BSN, RN, CCRN, CBRN, all stepped up to the challenge. The Burn ICU is now home to some of the world's first specialty certified burn nurses. This was an accomplishment, considering the BCEN website crashed when the beta test was released due to the amount of burn nurses around the country who were excited to participate.

Through hard work and self-sacrifice, including time away from family, travel, and expenses, they exemplified the Best People and Practice tenant at UC Davis Medical Center by assisting in developing, defining, standardizing, and certifying the burn nursing specialty. This development allowed practicing burn nurses to legitimize their knowledge and expertise involved in the care they provide. Future goals of the ABA and BCEN include the certification of burn nurses around the world. ♦

## SPOTLIGHT ON THE WOUND AND OSTOMY CARE TEAM

More than 15 years ago, the UC Davis Wound Care Team was created by a group of enthusiastic and newly certified wound care nurses who set out on a new career and continuous learning adventure. It was the first team of certified wound care nurses in the history of the medical center. Wet to dry dressings were the standard of care at that time, so our tools were gauze, gauze, and gauze. Over the years, advanced wound care products were introduced and added to the distribution list. Under the leadership of wound care NP Holly Kirkland-Kyhn, the team completed and presented many research studies at national advanced wound care conferences, through podium and poster presentations.

Seven years ago, the team expanded and extended services to ostomy patients. The ostomy experts support and educate patients and staff in managing complex and challenging stomas and peristomal skin complications, as well as complex fistulas. In addition, they help new ostomy patients to navigate through their journey.

Currently, the Wound and Ostomy Team is a consulting team that aids with the management of chronic wounds, hospital-acquired wounds, atypical wounds, and complex wound vac changes. The team is 100% specialty certified, has over 120 years of combined nursing experience, and is a great resource for UC Davis Medical Center staff and patients. They love partnering with the bedside nurses in providing the best evidence-based care to the patients. Over the years, the team has received multiple awards for decreasing HAPI from National Database Nursing Quality Indicators (NDNQI) and the University of California.

Prevention of hospital-acquired pressure injuries has always been a big nursing concern. The pressure injury prevention pathway was created and successfully implemented by the team, leading to a significant decrease in the number of



Left to right: Stacy Hevener, Nurse Manager, Wound Care Team, Wound Care team nurses: Veronica Marquez, Larisa Kuzmenko, Bo Vang-Yang, Mary Gustafson, Jessica Goodner, Edma Valencia. Not pictured Oleg Teleten, Shaunda Crane, NP Wound Care Team, and Andrew Li, M.D., Attending Physician.

hospital-acquired pressure injuries. Through the years, the Wound and Ostomy Team has been leading quarterly NDNQI skin surveys. In these surveys, wound care nurses collaborate with new grad residency program nurses and unit-based skin champions in assessing all admitted patients for pressure injuries. Last year, the team piloted a new NDNQI program that supports hospital units and empowers primary nurses in identification and prevention of pressure injuries. The Wound and Ostomy Care Team also provides education to hospital units skills days and new grad residency program.

The team takes pride in attending national advanced wound and ostomy care conferences to share and incorporate new recommendations and to learn new evidence-based practices. Under the guidance of clinical experts and the Wound Care Medical Director Andrew Li, M.D., and Shaunda Crane, NP, the wound care team is moving to greater heights in the wound care field. ♦



## CHILDREN'S SURGERY VERIFICATION PROGRAM

UC Davis Children's Hospital was re-verified as a Level I Children's Surgery Center by the American College of Surgeons (ACS). UC Davis Children's Hospital received Level I designation in 2015 and was the first children's hospital on the West Coast with this distinction. Level I Children's Surgery Centers are equipped with highly specialized medical teams comprised of pediatric multi-specialty surgeons, anesthesiologists, nurses, dietitians, child life specialists, and other support staff who possess extensive training and experience in pediatric surgical care. Level I verified centers ensure the highest standards of safety and quality care are upheld throughout the children's hospital. The Children's Surgery Verification (CSV) program is wide-reaching: any area of the hospital where a pediatric surgical patient receives care has standards supplied by the ACS for optimal care.

Maintaining the Children's Surgery Program requires a team. The Children's Surgery Verification team consists of a nurse who serves as the Program Manager Karen Semkiw, Performance Improvement Nurse Trudee Murray, a nurse who fills the role of National Surgical Quality Improvement Project (NSQIP) Surgical Clinical Reviewer Jenni Prevatt, Medical Director of Children's Surgery Shin Hirose, M.D., Medical Director of Children's Anesthesiology Raj Dhamrait, M.D., and NSQIP-Pediatric Surgeon Champion Jonathan Kohler, M.D.

Karen plays a pivotal role in overseeing the day-to-day operations of the CSV, ensuring adherence to ACS guidelines and standards and facilitating collaboration among multidisciplinary teams. Karen serves as a vital link between administrative leadership, clinical staff, and support services, fostering a cohesive environment focused on enhancing patient outcomes and optimizing resources. Additionally, Karen, Trudee, and Jenni work together to spearhead quality improvement



From left to right: Jenni Prevatt, Raj Dhamrait, Karen Semkiw, Shin Hirose, Trudee Murray

initiatives, monitor performance metrics, and implement best practices to continually elevate the quality of care provided to pediatric patients. All three are Master's prepared nurses, are Certified Professional in Healthcare Quality (CPHQ), and have participated in the Evidence-Based Practice training course by the FULD Institute.

### Monthly data collection metrics include:

- Surgical volumes for any child under 18 years old
- Non-operating room anesthetic volumes for any child under 18 years old
- Safety events (i.e., CPR or unplanned extubation during surgery, medication errors within 48 hours of surgery, death within 30 days of an operation, and other possibly preventable outcomes)
- Start times for urgent case bookings
- Radiology delays
- Physician presence for specified surgical emergencies.

**Based on data collected for the program and input from staff across the children's hospital, the CSV team has initiated many quality improvement projects. Project examples include:**

- Creation and maintenance of a pediatric critical airway team (commonly known as PCAT)
- Centralization for check-in location prior to an anesthetic

CONTINUED ON PAGE 28

- Reduction of intra-procedure neonatal hypothermia
- Reduction of fasting times for inpatient pediatric patients in need of an anesthetic
- Discharge opioid stewardship for common childhood surgeries
- Perioperative antibiotic stewardship
- Surgical prep practice change for reduction of surgical site infection.

Since its first designation in 2015, the CSV Level I designation at UC Davis Children's Hospital has elevated the care of pediatric surgical patients. The CSV team upholds the standards set forth by the American College of Surgeons, engages in multidisciplinary collaboration, and facilitates continuous quality improvement initiatives to enhance patient outcomes and optimize care for our pediatric surgical patients. ♦

## VOLUNTEER DOULA PROGRAM

When pregnant patients go into active labor at UC Davis Medical Center, they can now receive support from a doula. A doula is a trained professional who provides continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth to help her achieve the healthiest most satisfying experience possible. Research has shown that doulas improve outcomes for both the mother and baby without identification of any adverse outcomes.

The hospital currently has a cohort of 19 volunteer doulas with plans to expand to up to 40 volunteer doulas by the end of 2024. The goal is to grow over the next several years to provide 24/7 coverage of doula support. Patients can request a doula upon admission, based on first come, first served availability. Doulas are currently available during the day and into the evening on certain days.

The team is so pleased to provide labor support to all patients at the hospital, regardless of their socioeconomic background. Currently, accessing

private doula care is very expensive. Having this program helps address the disparities in health care that many patients face.

The volunteer doula program is a free service to patients in labor and delivery. Each doula is dedicated to one laboring patient and provides 1:1 support. Doulas receive didactic training and tools needed to assist patients during labor and delivery. ♦



Cohort 1 Volunteer Doulas



Cohort 2 Volunteer Doulas

## SCHWARTZ ROUNDS

In November of 1994, Ken Schwartz was diagnosed with advanced lung cancer. His case was riddled with terrible ironies. He was only 40 and a non-smoker. He ate well and exercised regularly. He could have been any one of us. During his 10-month ordeal, Ken came to realize that what matters most during an illness is the human connection between patients and



Facilitators Nathan Fairman, M.D., and Monica Miller, RN with panelists Uma Anand, Ph.D., and Aurora Cazares, LPCC

their caregivers. He wrote movingly about his experience in an article for the Boston Globe Magazine titled A Patient's Story. In it, he reminds caregivers to stay in the moment with patients and how "the smallest acts of kindness" make "the unbearable bearable."

In today's fast-paced health care environment, crowded with competing priorities, the human connection is too easily overlooked, leaving caregivers burned out and patients and families fearful and suffering. Through innovative programs, education and advocacy, the Schwartz Center is working to support caregivers, health care leaders, and others and bring compassion to every health care experience.

Here at UC Davis Health, Schwartz Rounds focus on the human dimensions of caregiving. In a typical Rounds session, a multidisciplinary panel of clinicians presents a patient case that raises important social or emotional issues. Following the brief panel presentation, audience members share their own experiences with thoughts and feelings related to the session's topic. In contrast to traditional medical rounds, these sessions are not about clinical problem-solving, but rather about exploring and processing the emotions that come up for hospital staff in their work with patients.

"We Hear you: ASAP Perspectives on Workplace Distress," was the case topic for one Schwartz Rounds. Uma Anand, Ph.D., and Aurora Cazares, LPCC, were panelists who spoke on the distress individuals bring to them when they are going through a tough phase trying to process workplace stress while trying to have a balanced life at home/ in their personal lives. The session highlighted ways we can deal with detaching ourselves from work and techniques we can utilize to let go of the distress. During the open forum, attendees from all disciplines - physicians, nurse practitioners, nurses, social workers, chaplains, physical and occupational therapists, and executive leaders - were able to share their own experiences when it came to how they struggled to manage workplace distress and how they coped and dealt with situations themselves. Attendees left the room feeling heard and with fresh perspectives on ways they can focus on themselves and letting go of situations which they are not able to change. From one attendee:

*The Schwartz Rounds helped me appreciate how much the ASAP program supports us through the many difficult situations we encounter while working in the hospital. It also was helpful for me to hear how they care for themselves and guard against their own burnout while they hold space for our own burnout and distress.*

– Rev. Christine Haider-Winnett, MDiv, BCC Inpatient Hospice & Palliative Care Chaplain







# 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.

## DAVIS 12 INITIATES RESEARCH STUDY USING NEW ULTRASOUND BUTTERFLY IQ BLADDER SCANNER

Davis 12 Surgical Specialties Unit, which cares for six different surgical services, including Urology, was selected to pilot the Ultrasound Butterfly iQ bladder scanner. The Butterfly iQ bladder scanner is a handheld portable device designed to provide rapid and non-invasive bladder volume measurements utilizing advanced ultrasound technology. The Butterfly iQ bladder scanner probe connects to a tablet and allows the nurse to visualize the ultrasound bladder volume on the tablet screen. Davis 12 completes many bladder scans on post-surgical patients as part of standard clinical care and as a result, offered a great opportunity to pilot the new equipment.

In August 2022, Samantha Clark, Davis 12 ANII participated in the Fuld Institute UC Davis Health EBP Immersion Program. Samantha wondered about best practices to assess for urinary retention among hospitalized patients. Finding a limited amount of literature, she partnered with nursing leadership to initiate a research project evaluating the performance and accuracy of a new ultrasound bladder scanner compared to current bladder scanners.

### Work Begins for IRB Research Study Approval and Launch

Samantha Clark, BSN, RN, CMSRN, and Clinical Nurse Scientist Sarina Fazio, PhD, RN, began work as the co-principal investigators for this research study. The study team also consists of Michelle Johnson, MSN, RN, Fiona Madigan, MSN, RN and Lori Kennedy, PhD, ACNP-BC, RN. The purpose of the study is to compare the accuracy, clinical utility, and workflows of the Butterfly iQ bladder scanner to current bladder scanners utilized in adult patients to guide the future adoption of this ultrasound device.

IRB Approval was obtained for the study in May 2023. Davis 12 Nursing staff were provided hands-on training for proper usage of the bladder scanner by Butterfly

Network Inc, as well as documentation and study procedures by the UC Davis Health research team.

To begin data collection for the study, Davis 12 bedside nurses who received training identify eligible patients for enrollment

based on inclusion and exclusion criteria. Eligible patients include: adults over 18 years of age who require bladder scanner ultrasound and/or urinary catheterization as part of their standard care on Davis 12. Exclusion criteria include adults with known renal or bladder anomalies, ascites, open skin/wounds in the suprapubic area, those unable to cooperate with the ultrasound examination, pregnant women, and cognitively impaired adults. Patients who agree to participate in the study receive a second bladder scan using the Butterfly iQ equipment in addition to the scan being conducted as part of standard care. The urine volumes measured from each scan are entered into their own discrete field in the electronic health record for later analysis. The research team is working with the Research Data Fulfillment team from the Data Center of Excellence for data extraction and the Clinical and Translational Science Center for analysis.

### Research Study Initiated

Davis 12 nurses enrolled the first patient for the research study in June 2023 and has been approved to enroll up to 100 eligible patients. As of December 2023, Davis 12 had enrolled 54 patients and analyzed some of the preliminary data to review documentation workflow. The estimated timeline to complete the study and primary analyses is 12 months after the final patient is enrolled. Ongoing work is planned to conduct a similar study among pediatric patients in order to validate the technology in that unique patient population. ♦



Ultrasound Butterfly iQ Bladder Scanner



## EVIDENCE-BASED PRACTICE AT UC DAVIS HEALTH

UC Davis Health held its fourth five-day Evidence-based Practice (EBP) Immersion in collaboration with the Helene Fuld Institute for Evidence-based Practice (EBP) in Nursing and Healthcare at Ohio State University.

This 54-person cohort included Unit Based Practice Council leadership along with other interested clinicians. This was the first immersion specifically focused on supporting clinical nurses to utilize the EBP methodology in their unit-based practice council (UBPC) initiatives – with a goal to integrate the evidence into their practice and processes explicitly.

The immersion is a comprehensive training workshop that includes an overview of EBP, the ARCC Model, methodology for conducting EBP initiatives, EBP implementation and sustainability, and training for participants to mentor others in the methodology. Following the week-long program, quarterly follow-up and coaching by the Fuld Institute team together with the Center for Nursing Science supports participants in completing the

year-long journey to advance their initiative in the organization.

UC Davis Health is committed to prioritizing EBP. 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, aligned with our goal to provide science-based, technologically precise, compassionately delivered nursing care. The term “evidence-based practice” includes not only the use of the best available research evidence, but also considers patient and family values and preferences, and clinical expertise in care delivery. There are many opportunities to engage in EBP-related programming offered by the Center for Nursing Science. In addition to the 6-month EBP Fellowship, which is offered annually, EBP education is provided for new nursing hires and new graduate nurse residents during orientation, and Advanced Practice Provider fellows. EBP programming utilizes ARCC model methodology and new self-paced, online programming is being launched this fall to support a broader audience of clinical nurses. ♦





## 2024 ANPD CHAMPION FOR SCIENTIFIC INQUIRY AWARD

This national award recognizes a nursing professional development (NPD) practitioner who promotes the generation and dissemination of new knowledge and evidence to advance NPD practice, guide clinical practice, and improve patient care. Dr. Phan was selected for this award for exemplifying these skills in her NPD practice. This includes using the best available evidence to create the nurse residency mentorship program that was part of her work as a participant in the UC Davis Fuld Institute EBP Immersion coordinated by the Center for Nursing Science. The mentoring program supports the ANCC Practice to Transition Accreditation Program and is expanding to the Rising Nurse Leaders program.

Additionally, Dr. Phan fosters a culture of inquiry and serves as a mentor to create a supportive environment for EBP. She supports research activities that align with the ANPD strategic plan as an active ANPD Diversity, Equity, and Inclusion Committee member and contributes to interprofessional practice



Sandy Phan, DNP, RN, NPDA-BC® CRRN, is the recipient of the 2024 Association for Nursing Professional Development (ANPD) Champion for Scientific Inquiry Award.

as a PCS EBP/Research Council member. Dr. Phan disseminates findings by publishing and presenting at conferences and has previously conducted learning facilitation in two EBP nurse residency programs. The award was presented at the ANPD Aspire Convention in April 2024. ♦

## NURSING SCIENCE AND PROFESSIONAL GOVERNANCE CONFERENCE

The 6th annual Nursing Science and Professional Governance Conference was held on May 8, 2024, during Nurses Week. It was hosted by the EBP and Research Council and the Center



Keynote speaker: Rebecca Graystone, PhD, MBA, RN, NE-C, FAAN

for Nursing Science with 250 in person and virtual attendees! The event showcased more than 60 evidence-based practice, quality improvement, and research initiatives accomplished by nurses and interdisciplinary teams at UC Davis Health. The program featured a keynote address, podium presentations, Ignite! sessions, and poster presentations. Following lunch, attendees enjoyed a Zumba session led by Lorie Hobart, BSN, RN, Interventional Pulmonology.

This year's keynote address was delivered by Rebecca Graystone, PhD, MBA, RN, NE-C, FAAN, Senior Vice President of Accreditation and Organization Credentialing at the American Nurses Credentialing Center. Her presentation was titled "A Quest for Excellence: Passion, Perseverance...Priceless." Graystone shared her journey as a doctoral student, the findings of her research on credentialing, and the importance of setting and celebrating milestones along the way. ♦

# EVIDENCE-BASED PRACTICE FELLOWSHIP

The 6th cohort of Evidence-Based Practice (EBP) Fellowship began in February and includes five nurses, two clinicians from PM&R, and one social worker from UC Davis Health. The EBP Fellowship is a six-month program where participants are guided through the seven steps of EBP methodology for an initiative in their clinical area (see Figure 1). The program blends multi-modal education (one seminar per month) with self-study to assist participants in developing, implementing, and evaluating an EBP initiative. Participants are mentored in discovering the best practices through a strategic search, critical appraisal, and evidence synthesis. Evidence-based recommendations are implemented while incorporating the participant’s clinical expertise and patient preferences, values, and circumstances. This year’s EBP Fellows will present their work at the 2025 Nursing Science and Professional Governance Conference. Past EBP Fellows have experienced career advances and have obtained advanced practice degrees and leadership roles in professional governance.

## The 2024 EBP Fellows and their initiatives are included below:

**Sandy Hale, MSN, RN, PCCN, CN3**  
*Cardiothoracic PCU, East 6, with UC Davis Health for eight years*

Getting patients into the cardiac chair is difficult due to small rooms, large amounts of equipment, and patients having many lines and drains. Getting a patient moved

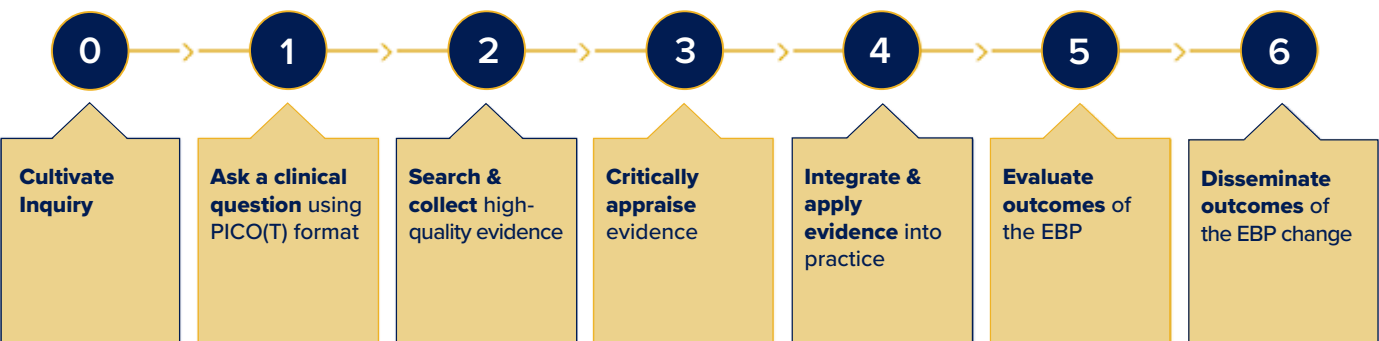
can take a significant amount of time for an RN, with assistance from the Lift Team. The chair position in bed may be underutilized and could be a good alternative. I am curious if there are any differences in outcomes between repositioning a dependent patient into the chair position in bed versus a cardiac chair.

**Brittany Barham, RN, BSN, CCRN**  
*Patient Care Resources, with UC Davis Health for five years*

The idea for my project came after completing cipher rounds on an autistic adult and their support person. The patient and family felt unsupported, and I also believed we could better provide the support they needed. I have an autistic sister and a neurodivergent child who is almost an “adult”. My curious nature and drive to provide equitable, high-quality care and love for my family motivated me for this project.

**Jonathan Fernandez, PT, DPT**  
*PM&R, Acute Care Physical Therapy, with UC Davis Health for one year*

I was initially interested in starting this project to understand why there is a hesitancy in consulting physical therapy for patients undergoing transcatheter aortic valve replacement procedures. This project aims to identify the benefits of physical therapy in this patient population and improve overall outcomes for disposition. Physical therapy has a role in an acute care hospital as we can reduce hospital stays and improve quality of life.



**Mieka Shelley, MOT, OTR/L, CBIS**

*PM&R, Acute Occupational Therapy, with UC Davis Health for two years*

If a patient has radial nerve palsy/impairment in the acute setting, the occupational therapy department receives orders to custom fabricate an orthosis for radial nerve palsy/impairment. Often, the order is unclear as to whether we should create a custom splint or provide a prefabricated one. Custom orthosis fabrication is time-consuming and requires advanced practice skills, whereas prefabricated orthoses may be effective and save time. I would like to know which brace provides the best care and outcomes to support or negate the development of a program for custom fabrication skills in the acute setting.

**Rachel White, CPO**

*Orthotics and Prosthetics PM&R, with UC Davis Health for seven and a half years*

I use scanning technology to make custom back braces for my scoliosis patients. Making a brace that is as comfortable as possible is essential to increase compliance. I am curious if capturing a person's corrected body image in a scan yields a more comfortable brace than digitally modifying a scan that reflects the patient's uncorrected trunk to make the brace. The industry standard is the latter. The first step is determining if and how many other clinicians have reported making a scoliosis brace from a corrected image of a patient's trunk.

**Jenna Liss Druce, BSN, RN, CHPN**

*Inpatient Hospice, with UC Davis Health for eight years*

Respiratory discomfort, or dyspnea, is a common symptom in patients at the end of life. There are validated tools to assess and document non-verbal evidence of pain to support medication administration. I wondered if a standardized tool to evaluate and document signs/symptoms of dyspnea would improve nurses' comfort level in managing this symptom.

**Daniel Benjamin, LCSW**

*PCICU Social worker, Department of Clinical Social Services, with UC Davis Health for two years*

A cardiac nurse practitioner approached me with the idea of doing a project on social determinants of health (SDOH). Soon after, a state mandate was issued that required hospitals to assess SDOH, and all in-patient social workers began using an assessment questionnaire for SDOH. I initially thought about conducting research in this area. While looking into research, I met with Sherry and decided to look into our current practice. I am curious if there is any evidence supporting a best practice when assessing for SDOH in pediatrics.

**Teddy Pawloski, RN, BSN, OCN**

*Davis 8, with UC Davis Health for eight years*

Current UC Davis Health practices to ensure sleep, such as the HUSH Initiative and the Restorative Sleep Standard order, respectively, do not adequately address the unique lab, blood product, and chemotherapy regimen standards of care for many, if not most, Davis 8 neutropenic/immunocompromised patients or patients receiving antineoplastic therapies. These patients not only report poorer sleep quality/satisfaction in the inpatient setting, but also note an adverse hospital environment on the post-admission HCAHPS survey. This project aims to identify, implement, and evaluate the best sleep practices that affect patient satisfaction compared with current practices. ♦



Left to right: Rachel White, Daniel Benjamin, Sandy Hale, Brittany Barham, Jenna Liss Druce, Jonathan Fernandez, Teddy Pawloski (not pictured: Mieke Shelley)



## NEONATAL AND PEDIATRIC RESUSCITATION RESEARCH

Clinical Nurse III Evan Giusto, MSN, RN, RNC-NIC, was recently awarded an extramural grant by the ZOLL Foundation to study and compare neonatal and pediatric resuscitation algorithms. Giusto is a neonatal transport nurse in the D-5 Neonatal Units who performs preclinical research in the UC Davis School of Medicine's Surgical Research Facility. In contrast to human subjects' research, which the Institutional Review Board reviews, Evan's research is reviewed by the Institutional Animal Care and Use Committee (IACUC) on campus.



Both the Neonatal Resuscitation Program (NRP) and Pediatric Advanced Life Support (PALS) are used to resuscitate young infants. However, the optimal cut-off age when one approach is better than the other is unknown. There has been growing interest in

identifying an appropriate transition point after a call to action by a joint statement between the American Heart Association Emergency Cardiovascular Care Committee and the American Academy of Pediatrics.

This study is the first randomized controlled study to evaluate the efficacy of the PALS and NRP algorithms by directly comparing them to assess the optimal method of resuscitation of infants of varying ages. The study uses an ovine (sheep) model of asphyxia-induced cardiac arrest in three different age groups (newly born, one to two days old, and 28 days old) to represent the expected transition to extrauterine life that all neonates go through. Humans (and sheep) are all born with fluid-filled lungs, open

ductus arteriosus, and elevated pulmonary vascular resistance, complicating resuscitative measures. These factors all change over the first hours to days of life; hence, there is a need to study multiple age groups during this transition as the ductus arteriosus closes and pulmonary vascular resistance drops. The primary outcome of this study is the success rate and time to return of spontaneous circulation. Secondary outcomes include gas exchange, hemodynamic parameters (blood pressure, carotid flow, cerebral oxygen delivery), and extent of brain injury on histology. Findings from this research may ultimately impact the resuscitation practices performed on infants throughout the medical center.

Giusto is the principal investigator under mentorship from Pediatrics Department Chair and Pediatrician-in-Chief, Satyan Lakshminrusimha, M.D. He looks forward to presenting preliminary results of the first age group at the Neonatal Resuscitation Symposium in Indianapolis this fall. Giusto recently graduated from the Neonatal Nurse Practitioner program at UCSF, and he will continue his research and begin working in a new role as a nurse practitioner at UC Davis Health. ♦

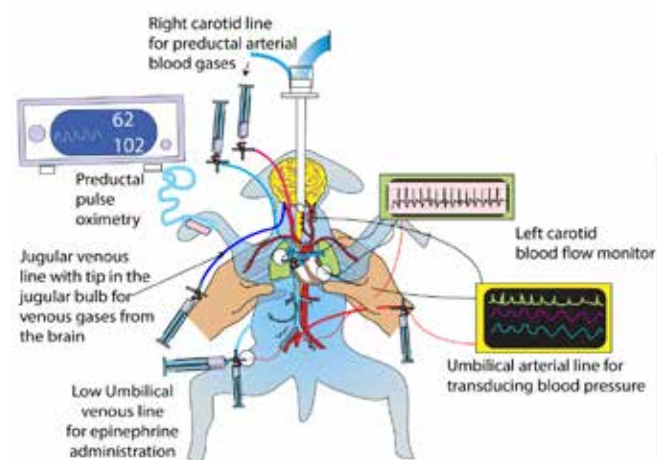


Figure representing research protocol-related monitoring.

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## PRESENTATIONS: PODIUM, POSTERS AND PANELS

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### JANUARY

**GIUSTO, EVAN; RILEY, ERIN; SANKARAN, DEEPIKA; LESNESKI, AMY; VALDEZ, REBECCA; HARDIE, MORGAN; HAMMITT, VICTORIA; LAKSHMINRUSIMHA, SATYAN; VALI, PAYAM. (PODIUM).**

[Continuous Chest Compressions with High Frequency Jet Ventilation Improves Gas Exchange in Asphyxiated Cardiac Arrested Preterm Lambs.](#)

Western Society for Pediatric Research (WSPR). Carmel, CA.

**GIUSTO, EVAN; SANKARAN, DEEPIKA; RILEY, ERIN; LESNESKI, AMY; VALDEZ, REBECCA; HARDIE, MORGAN; JOUDI, HOUSSAM; SHULMAN, KIRSTIE; HAMMITT, VICTORIA; VALI, PAYAM; LAKSHMINRUSIMHA, SATYAN. (PODIUM).**

[Timing and Fatigue Associated with 3:1 Compression-to-Ventilation Ratio During Neonatal Resuscitation.](#)

Western Society for Pediatric Research (WSPR). Carmel, CA.

**KUHN-RIORDON, KARA; CONNER, SHARON; MARCIN, JAMES; YANG, STEPHANIE; HTWAY, EMILY; SANDERS, APRIL & CLARK, SHANNON. (PODIUM).**

[Optimizing Pregnancy and Infant Outcomes In substance use Disorder \(OPIOID\) and Neonatal Abstinence Syndrome.](#)

Western Medical Research Conference. Carmel, CA.

### FEBRUARY

**MCKINNEY, SABRINA & PHAN, SANDY. (POSTER).**

[Charting the Way: Develop Leaders and Expand Professional Organization Membership.](#)

Association of California Nurse Leaders Annual Conference. Monterey, CA

### MARCH

**BATES, LAUREN. (POSTER).**

[Nursing education of a water-soluble contrast study to prevent recurrent surgery in pediatric surgical patients with adhesive small bowel obstruction.](#)

APSNA. Las Vegas, NV

**BENITEZ, AIDA & HUYNH, PHUNG. (POSTER).**

[Hypothermia in Neonates: Keeping our Tiniest Patients Safe in the Operating Room.](#)

AORN Global Surgical Conference and Expo, Nashville, TN

**BAMBAO, MISARA & MALONE, CHRISTINA. (POSTER).**

[Standardized Documentation of Certified Medical Interpreter Utilization to Address Health Disparities.](#)

National Coalition of Ethnic Minority Nurse Associations (NCEMNA) Health Policy Summit. Los Angeles, CA

**KING, ARON & WILLIAMS, TROY. (PODIUM).**

[Cut to the Chase. A Barbershop Initiative for Black Men's Mental Health.](#)

Pacific Sociological Association. Location, ST.

**LINENBERGER, MICHELLE. (PODIUM).**

[Building A Resilient Community with Peer Support.](#)

UC Irvine Wellness Conference. Irvine, CA.

**REIS, CARISSA & DECONTREAU, ROUMELIA. (POSTER).**

[Improving Acute Seizure Management With an Interdisciplinary Approach.](#)

American Association of Neuroscience Nurses. Salt Lake City, UT

**SEATERS, DANISE; THOMAS, JINA & GJERDE, LARS. (PODIUM).**

[Transition to Practice Programs: An Overview and National Trends.](#)

California Association of Nurse Practitioners, Anaheim, CA

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**PETERSON, LISA. (POSTER).**

[Pediatric Intraoperative Pressure Injury Prevention.](#)

AORN Global Surgical Conference and Expo, Nashville, TN

## APRIL

**NGUYEN, TERI & MADIGAN, FIONA. (POSTER).**

[The Pathway to Excellence: Overcoming Challenges to Achieve Recognition.](#)

American Society of Peri-Anesthesia Nurses (ASPAN) National Conference. Orlando, FL

**NGUYEN, TERI; MADIGAN, FIONA & HILLSTROM, MELODY. (PODIUM).**

[The Pathway to Excellence: Overcoming Challenges to Achieve Recognition.](#)

American Society of Peri-Anesthesia Nurses (ASPAN) National Conference. Orlando, FL

**PETERSON, LISA. (POSTER).**

[Pediatric Intraoperative Pressure Injury Prevention.](#)

European Wound Care. London, UK

**VIEIRA, ASHLEY. (POSTER).**

[Collaborative Partnerships in Organ Donation: Enhancing Outcomes Through Interprofessional Education.](#)

ANPD 2025 Aspire Conference. Las Vegas, NV

## MAY

**BATES, LAUREN. (POSTER).**

[Nursing Education of a Water-Soluble Contrast Study to Prevent Recurrent Surgery in Pediatric Surgical Patients with Adhesive Small Bowel Obstruction.](#)

APSNA. Las Vegas, NV.

**BLOUNT, JACOB; CORTES-PUCH, IRENE; LIU, ANNA; FAZIO, SARINA; MYERS, SHARON; SEBAT, CHRISTIAN & ADAMS, JASON. (POSTER).**

[ARDS Intervention Dashboard: Using Informatics to Track Evidence-based Metrics and Design Future QI Initiatives.](#)

American Thoracic Society (ATS) Annual Conference. San Diego, CA

**CORTES-PUCH, IRENE; LAGANA, MICHELLE; LIU, ANNA; ADAMS, JASON & PHAN, CHIN (POSTER).**

[Development of an automated interventional pulmonology procedural registry.](#)

American Thoracic Society (ATS) Annual Conference. San Diego, CA

**GIUSTO, EVAN; SANKARAN, DEEPIKA; RILEY, ERIN; LESNESKI, AMY; VALDEZ, REBECCA; HARDIE, MORGAN; JOUDI, HOUSSAM; SHULMAN, KIRSTIE; HAMMITT, VICTORIA; VALI, PAYAM; LAKSHMINRUSIMHA, SATYAN (PODIUM).**

[Timing and Fatigue Associated with Neonatal Chest Compressions.](#)

Pediatric Academic Societies (PAS). Toronto, Canada.

**GIUSTO, EVAN; RILEY, ERIN; SANKARAN, DEEPIKA; LESNESKI, AMY; VALDEZ, REBECCA; HARDIE, MORGAN; HAMMITT, VICTORIA; LAKSHMINRUSIMHA, SATYAN; VALI, PAYAM. (POSTER).**

[Continuous Chest Compressions with High Frequency Jet Ventilation Improves Gas Exchange in Asphyxiated Cardiac Arrested Preterm Lambs.](#)

Pediatric Academic Societies (PAS). Toronto, Canada

**GOULD, ELIZABETH & KUHN, MAGGIE. (PODIUM).**

[UC Davis Health Tracheostomy Clinic.](#)

Society of Otorhinolaryngology and Head-Neck Nurses (SOHN). Annual Spring Seminar. Virtual

**HELFRICH, JOSEPH; PARIKH, AMAN & MOFFAT, JESSICA. (PODIUM).**

[Discharge - Take Charge.](#)

Epic XGM. Verona, WI

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## PRESENTATIONS: PODIUM, POSTERS AND PANELS Continued

**OLAREWAJU, ADEBOLA; SKIRKO, JONATHON; EVANS, KELLY; ROTH, CHRISTINA; KACMARYNSKI, DEBORAH; WILSON, BRIAN; WILSON, TABITHA. (PODIUM).**

[Developing a patient centered research priority list for children with Pierre Robin sequence – A Delphi Ranking Study.](#)

American Cleft Palate Craniofacial Association Annual Meeting. Raleigh, NC

**OLAREWAJU, ADEBOLA; SKIRKO, JONATHON; EVANS, KELLY; ROTH, CHRISTINA; KACMARYNSKI, DEBORAH; WILSON, BRIAN; WILSON, TABITHA. (PODIUM).**

[Patient Centered Research in Robin Sequence – Experiences from the Stakeholder Alliance for children with RS \(StARS\) Project.](#)

American Cleft Palate Craniofacial Association Annual Meeting. Raleigh, NC

**QUON, SAMANTHA; CORTES-PUCH, IRENE; DOROY, AMY; LIU, ANNA; BLACK, HUGH; ADAMS, JASON & FAZIO, SARINA (POSTER).**

[ICU Mobilization Trends Before, During and After the COVID-19 Pandemic by Oxygen Delivery Device.](#)

American Thoracic Society (ATS) Annual Conference. San Diego, CA

**STROHBIN, KRISTINE. (PODIUM).**

[How Do I Know if My Work Environment is Healthy? HWEAT 2.0.](#)

AACN National Teaching Institute (NTI). Denver, CO

**STROHBIN, KRISTINE. (PODIUM).**

[AACN's Healthy Work Environments: Rising Together.](#)

AACN National Teaching Institute (NTI). Denver, CO

## JUNE

**DADDOW, SAMUEL. (PODIUM).**

[ECMO Systems Design: One Size Doesn't Fit All - High Volume Program.](#)

Specialist Education in Extracorporeal Membrane Oxygenation (SEECMO) & 2nd UCLA ECMO Symposium. Marina Del Rey, CA

**LEE, RACHAEL, BAGLEY, BERIT & SHUMEISTER, C. (POSTER).**

[MAR-based Insulin Calculator.](#)

American Diabetes Association. Orlando, FL

**STRICKLIN, MELANEY. (POSTER).**

[Implementing a Multidisciplinary PREVENT THE-OP STOP in Labor Dystocia.](#)

AWHONN Convention. Phoenix, AZ

**TRASK, JONATHAN, BAKERJIAN, DEBRA & NICHOLS, AMY. (POSTER).**

[Interprofessional Perspectives of the Barriers to Delirium Recognition and Assessment During the COVID-19 Pandemic: A Focus Group Study.](#)

American Delirium Society Conference 2024. Sacramento, CA

## JULY

**AGUILAR, MONICA & PRUDENCIO, DENISE. (POSTER).**

[Recognize, Respond and Rescue: The impact of a comprehensive training program.](#)

Philippine Nurses Association of America National Convention. Long Beach, CA.

**AQUINO, DANIEL & PRUDENCIO, DENISE. (POSTER).**

[Advancing Patient Safety Through Innovative Medication Administration Practices.](#)

Philippine Nurses Association of America National Convention. Long Beach, CA.

**CAHOON, MISTY. (PANEL).**

[Standard 9: Authentic Application to NPD Practice.](#)

Association for Nursing Professional Development. Virtual

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**FONG, IAN. (POSTER).**

[Synthesizing Waste Reduction Initiatives in the Operating Room.](#)

Sigma Nursing Research Conference. Singapore

**MURRAY, TRUDEE; SEMKIW, KAREN; PREVATT, JENNI; HIROSE, SHINJIRO; & DHAMRAIT, RAJVINDER. (PODIUM).**

[The dream team: A look at the cohesive Children's Surgery Verification team at UC Davis Children's Hospital.](#)

American College of Surgeons (ACS) Quality & Safety Conference. Denver, CO

**PHAN, SANDY & PRUDENCIO, DENISE. (POSTER).**

[Go Boldly: Innovating Educational Evaluation Methods Using Performance Focused Learner Surveys.](#)

Philippine Nurses Association of America National Convention. Long Beach, CA

**PREVATT, JENNI; SOLLINGER, CHRISTINA; BEDFORD-MU, CHRISTA & WIECK, MINNA (POSTER).**

[Best Practice for Neonatal Surgical Prep? Review the Literature!](#)

American College of Surgeons (ACS) Quality & Safety Conference. Denver, CO

**RAGASA-STA MARIA, AMIE & DESMOND, DARRELL. (POSTER).**

[Hybrid Learning to Enhance Sickle Cell Disease Care.](#)

Philippine Nurses Association of America National Convention. Long Beach, CA

**SEMKIW, KAREN; MURRAY, TRUDEE; FUNAMURA, JAMIE; & KRISS, SCOTT. (POSTER).**

[Growing and sustaining a pediatric emergency surgical airway program.](#)

American College of Surgeons (ACS) Quality & Safety Conference. Denver, CO

## AUGUST

**AGUILAR, MONICA; MARTINEZ, VALERIA; AND PORTILLO-MARZOCCA, REYNA. (POSTER).**

[Buscando Sonrisas \(searching for smiles\) by means of a community event.](#)

National Association of Hispanic Nurses Annual Conference. Hispanic Nurses Association. Atlanta, GA

**BAMBAO, MISARA & MALONE, CINA. (POSTER).**

[Standardized Documentation of Certified Medical Interpreter Utilization to Address Health Disparities.](#)

National Association of Hispanic Nurses. Atlanta, GA

**CALDERON, SANDRA. (POSTER).**

[Numbers Don't Lie: Hispanic Nurses in the US.](#)

National Association of Hispanic Nurses. Atlanta, GA

**MARCELINO, CHARLOTTE. (PODIUM).**

[Addressing Blood Culture Contamination through the Evidence-Based Practice Process.](#)

Sigma International Nursing Research Congress. Virtual

## SEPTEMBER

**BROWN, HEATHER. (POSTER).**

[Improving Quality of Care by Reducing Length of Stay and Enhancing Clinical Documentation.](#)

Advances in Quality & Outcomes: A Data Managers Meeting. Nashville, TN

**CAHOON, MISTY. (POSTER).**

[Transformative Collaborations: Enhancing Practice for Gender Diverse Patient Care.](#)

World Professional Association for Transgender Health. Lisbon, Portugal

**CHIANG, NANCY. (PODIUM).**

[New Graduate Nurse Transition-to-Practice Programs in the United States.](#)

China



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## PRESENTATIONS: PODIUM, POSTERS AND PANELS Continued

**DEPEW, ALEXANDRIA, JOHNSON, ALYSSA, TAK, JULIA, CATANZARO, MERILEE. (PODIUM).**

[Solving a Staffing Crisis and Supporting Clinical Readiness with an ED Training Program.](#)

Emergency Nurses Association. Las Vegas, NV.

**GIUSTO, EVAN; SANKARAN, DEEPIKA; RILEY, ERIN; LESNESKI, AMY; VALDEZ, REBECCA; VALI, PAYAM; LAKSHMINRUSIMHA, SATYAN. (POSTER).**

[Timing and Fatigue Associated with Neonatal Chest Compressions.](#)

National Neonatal Nurses Conference. New Orleans, LA.

**GIUSTO, EVAN. (PODIUM).**

[Comparison of Neonatal and Pediatric Resuscitation Algorithms in the Ovine Model.](#)

Neonatal Resuscitation Symposium. Indianapolis, IN

**KENNEDY, LORI. (PODIUM).**

[Academic Practice Partnerships – Supporting Inquiry.](#)

4th Annual Summer School: Leadership in Nursing Excellence. Ulm, Germany

**KENNEDY, LORI. (PODIUM).**

[Relationship Based Care at UC Davis Health.](#)

4th Annual Summer School: Leadership in Nursing Excellence. Ulm, Germany

**MCKINNEY, SABRINA, HIRSCH, REED, THURMAN, KAITLYNN. (PANEL).**

[Nursing Professional Development: Impacting Practice, Patients, and Organizations.](#)

Sacramento Sierra Nurse Leaders. Sacramento, CA

**PHAN, SANDY & DHARMASUKRIT, CHARLIE. (POSTER).**

[Developing Clinical Educators using DEI Competency-Based Education.](#)

NLN Education Summit. San Antonio, TX

**PHAN, SANDY & KING, ARON. (VIRTUAL PANEL).**

[Understanding Microaggressions for NPD Practice.](#)

Association for Nursing Professional Development. Virtual

## OCTOBER

**CONNER, SHARON. (POSTER).**

[Optimizing Pregnancy and Infant Outcomes in substance use Disorder and Neonatal Abstinence Syndrome – A novel curriculum to improve the care of dyads impacted by opioid use disorder in rural northern California.](#)

Summit on Revitalizing Primary Care to Recenter Relationships and Enhance Health. Davis, CA.

**DHARMASUKRIT, CHARLIE & PHAN, SANDY. (POSTER).**

[Developing Clinical Educators Using DEI Competency-Based Education.](#)

National League for Nursing Education Summit. San Antonio, TX

**GUPTA, RESHMA, MCELROY, VANESSA, MCGLYNN, GEORGIA. (PODIUM).**

[Bridging the Care Management Gap and Cutting Costs: A Systemwide Strategy.](#)

Vizient Summit, Las Vegas, NV.

**MAYNARD, GREGORY, MCELROY, VANESSA, EABISA, EDDIE & DE LOS SANTOS, VERONICA. (PODIUM).**

[Seamless Transitions: Enhancing Patient Outcomes, Reducing Readmissions, and Improving Care Delivery.](#)

Vizient Summit, Las Vegas, NV.

**NEWTON, CHRIS, VADLAPUTI, PRANJALI, JAFRI, MUBEEN, KOHLER, JONATHAN, SEMKIW, KAREN & MARCIN, JAMES. (PODIUM).**

[Pediatric Interfacility Transfer Requests, Denials, and Implications at a Regional Children's Hospital.](#)

American Academy of Pediatrics National Conference. Orlando, FL.

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**PHAN, SANDY & PRUDENCIO, DENISE. (PODIUM).**

[An Evidence-Based, Mentorship Program to Ground Transition Shock in New Graduate Nurses.](#)

ANCC Nursing Continuing Professional Development 2024 Summit. New Orleans, LA.

**PIGOTT, KELLY, SYJEJMANI, VALMIRA, BLACKBURN, ANNA, LONIGAN, JOLEEN, EABISA, EDDIE & MCELROY, VANESSA. (PODIUM).**

[Revolutionizing Care Transitions: How Strategic Partnerships Can Increase Capacity.](#)

Vizient Summit, Las Vegas, NV

**PRUDENCIO, DENISE & AQUINO, DANIEL. (POSTER).**

[Revolutionizing Medication Safety: A Nursing Practice Innovation.](#)

American Association of Men in Nursing Conference. St Louis, MO

**PRUDENCIO, DENISE. (PODIUM).**

[Best Practices in Engaging and Mentoring in Clinical Practice and Leadership.](#)

UST Nurses Alumni International Convention. Houston, TX

**RAGASA-STA MARIA, AMIE. (PODIUM).**

[Interprofessional Collaboration Approach to Enhance Sickle Cell Disease Care.](#)

ANCC Nursing Continuing Professional Development 2024 Summit. New Orleans, LA.

## NOVEMBER

**GRESHAM-RYDER, DAJANAE; CRINER, SHEREE; LUCIEN, DARREIS & TRAYNUM, MAKE'DA. (PODIUM).**

[Nursing Student Success Boot Camp.](#)

DNPs of Color Conference. Philadelphia, PA

**GOULD, ELIZABETH & KUHN, MAGGIE. (PODIUM).**

[Incidence of High Cuff Pressures and Early Tracheostomy Tube Changes for Standard Length Cuff Tracheostomy Tubes Compared to Barrel Shaped Tracheostomy Tubes in Acutely Ill Patients.](#)

Annual Spring Seminar. Virtual

**JIMENEZ, SAMANTHA; CROSSEN, STEPHANIE; SILVA, MIA; LAO, AMBER, WOODS, SARAH; LEE, RACHAEL; CHRISTENSEN, STEPHANIE; CHEN, SHELBY; GLASER, NICOLE; SCHULMEISTER, CAROLINE. (PODIUM).**

[Improving Depression Screening Rates among Adolescents with Type 1 Diabetes using Limited Clinical Resources.](#)

T1D Exchange Learning Session. Chicago, IL

**KENNEDY, LORI, ALBERT, NANCY & GOBEL, BARBARA. (PODIUM).**

[APRN Burnout in US Magnet Hospitals: Opportunities for Organizational Interventions.](#)

ANCC Magnet and Pathway to Excellence Conference. New Orleans, LA.

**STROHBIN, KRISTINE. (PODIUM).**

[Pediatric Brain Death Guidelines.](#)

Sacramento AACN Courage to Soar Pediatric Conference. Sacramento, CA

**STROHBIN, KRISTINE. (PODIUM).**

[Pediatric Delirium.](#)

Sacramento AACN Courage to Soar Pediatric Conference. Sacramento, CA

**YIMENG DU, LINA; CHAN, CONNIE; THOMAS, ELSAMMA; TRAN, THU; JADAUN, PUSHKAL; RAVI, SANJANA; NORMAN-HOLT, BRENYALE; SOBOL, TIM & ATREJA, SURABHI. (POSTER).**

[Feasibility and Initial Impact of Automated Digital Monitoring in Post-Angioplasty Care.](#)

American Medical Informatics Association Annual Symposium. San Francisco, CA

## DECEMBER

**PRUDENCIO, DENISE. (WEBINAR).**

[AONL Industry Insights Webinar: Mitigating Technology Bias in Patient Care.](#)

American Organization for Nursing Leadership. Virtual

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# Empirical Outcomes

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

## PATIENT OUTCOMES ANNUAL REPORT

In 2024, our nursing sensitive indicators (NSIs) were expanded to additional indicators and encompass all patient care areas where registered nurses are performing patient care. Inpatient NSIs now include Catheter-Associated Urinary Tract Infection (CAUTI), Central Line Associated Blood Stream Infection (CLABSI), Falls, Hospital Acquired Pressure Injuries (HAPI), Ventilator Associated Events (VAE)

in intensive care units and pediatric PIV Infiltration/ Extravasation (PIVIE).



### Nursing Excellence

- Inpatient NSIs
- Ambulatory NSIs
- Cancer Center NSIs
- Emergency Department NSIs
- Periop NSIs
- Procedural NSIs

Additional NSIs for non-inpatient patient care spaces now include Falls, Patient Burns, Surgical Errors, Unintended Retained Foreign Objects and

Unplanned Postprocedural Transfer/Admissions. As a result, additional Nursing Excellence dashboards on the Operational Analytics have been created for Practice Councils to monitor for patient outcomes and support quality improvement efforts.

In addition to enhanced reporting, a robust review of evidenced-based practices occurred, leading to updated policies and procedures. Specific examples include:

### Falls

A review of literature highlighted the importance of proactive patient care focused on the 4Ps: pain, potty, position, and personal space, to decrease risk for falls in high-risk patients. In addition, patient education conducted routinely and frequently using a multi-modal patient-centered approach is critical to prevention efforts

### Hospital-Acquired Pressure Injuries (HAPI)

The evidence demonstrates that preventing pressure injuries continues to require a bundled approach which includes routine assessments for risk, repositioning, offloading the areas of concern with use of pressure redistribution mattresses (i.e., waffle) and prophylactic dressings (i.e., mepilex) to prevent shearing.

## Catheter-Associated Urinary Tract Infection (CAUTI)

The CAUTI Workgroup continues to focus on best practices implemented in January 2024, which focused on both insertion and maintenance best practices. Several activities occurred including:

- Implementation of a new policy 11036: Chlorohexidine-Gluconate (CHG) Treatment, to clarify and strengthen daily bathing and CHG treatment practices.
- Updates to the Indwelling Urethral Catheter order clinical indications to support ensuring clinical necessity.
- Updates to insertion practice providing clear direction for two person insertions with all patients and focus on soap and water peri-care prior to insertion versus use of povidone-iodine in non-procedural patient care spaces.
- Enhanced point of care observation audits to include RN and patient/family interactions and just in time coaching.

## Central Line Associated Blood Stream Infection (CLABSI)

The CLABSI Workgroup also focused on best practices highlighted from a literature review and strategies for strengthening existing best practices.

Efforts from this workgroup included:

- Implementation of a new policy 11036: Chlorohexidine-Gluconate (CHG) Treatment, to clarify and strengthen daily bathing and CHG treatment practices for patients with central lines.
- Enhancements to policy 13026: IV Administration Set Changes to include important practices related to needless connectors and IV tubing guidelines, and policy 13001: 13001 Vascular Access and 7549: Hemodialysis/Apheresis Catheters to support use of a new power port apheresis catheter.
- Multiple product pilots.
- Continued point of care observation audits with focus on scrub the hub practices.



The Quality and Safety Council continues to recognize departments for their success in preventing hospital-acquired conditions for one year or more. In 2024, the following patient care areas were recognized:

Unit	Area of Success	Total Length of Time of Accomplishment	Date Presented to Unit
T8	No Fall with Injury > 365 days	1 year	1/10/2024
T3	No Fall with Injury > 365 days	2 years	1/31/2024
N3	No Fall with Injury > 365 days	1 year	2/16/2024
D14	No CAUTI > 365 days	1 year	2/22/2024
D10	No CAUTI > 365 days	1 year	4/9/2024
T6 Peds	No CAUTI > 365 days	6 years	4/12/2024
T6 Peds	No CAUTI > 365 days	6 years	4/12/2024
CTICU	No PVAP > 365 days	1 year	4/26/2024
T4	No CAUTI > 365 days	1 year	5/14/2024
T6 MSU	No CLABSI > 365 days	1 year	5/15/2024
D3	No Fall with Injury > 365 days	3 years	7/9/2024
T7 Gold	No Fall with Injury > 365 days	2 years	7/10/2024
T7 Gold	No CAUTI > 365 days	3 years	7/10/2024
T7 Blue	No PVAP > 365 days	1 year	7/16/2024
CTICU	No Fall with Injury > 365 days	3 years	7/17/2024
SICU	No Fall with Injury > 365 days	5 years	7/23/2024
NSICU	No CLABSI > 365 days	2 years	7/30/2024
T3	No CLABSI > 365 days	3 years	7/31/2024
D14	No CLABSI > 365 days	1 year	8/6/2024
D6	No CLABSI > 365 days	3 years	8/14/2024
T6 Peds	No Fall with Injury > 365 days	4 years	8/20/2024
E8	No CAUTI > 365 days	2 years	8/22/2024
MICU	No Fall with Injury > 365 days	1 year	8/29/2024
E3	No CLABSI > 365 days	1 year	9/10/2024
ED	Blood Culture Contamination Rate < 2.5 FY 2024	1 year	9/11/2024
D8	CLABSI SIR 0.50 FY 24	1 year	9/19/2024
E7	No CLABSI > 365 days	4 years	9/25/2024
T7 Gold	No CLABSI > 365 days	1 year	10/3/2024
E6	No CLABSI > 365 days	1 year	10/10/2024
T8	No CAUTI > 365 days	1 year	10/17/2024
T7 Blue	No Fall with Injury > 365 days	2 years	12/10/2024

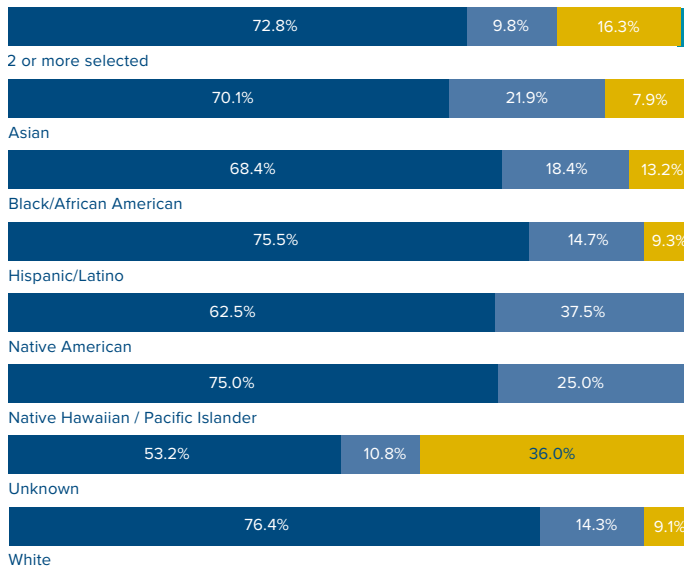
## NURSES BY NUMBERS

### GENDER

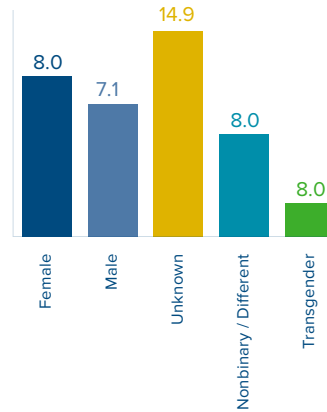
#### Overall



#### Gender by Race/Ethnicity

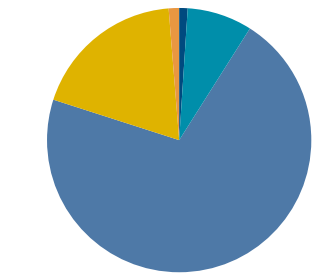


#### Tenure (Avg: 7.1)



**41**  
Average age of  
UC Davis Nurse

### EDUCATION

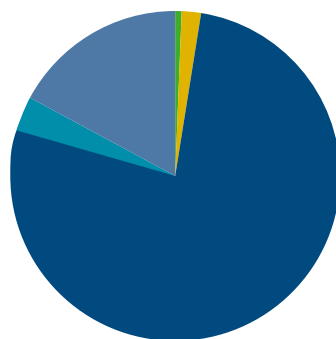


**58.59%**  
Of all nurses  
have a specialty  
certification

**TURNOVER RATE IS 5%**

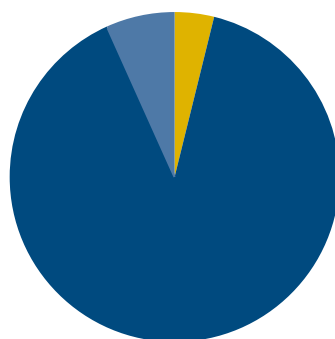
**RETENTION RATE IS 94%**

### SEXUAL ORIENTATION



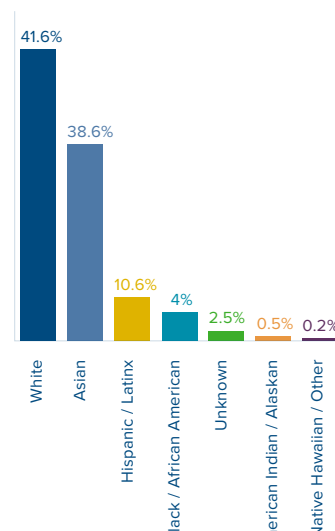
- Heterosexual or Straight 77.8%
- Not Listed 1.5%
- Unknown 17.2%
- Gay or Lesbian 1.8%

### DISABILITY STATUS

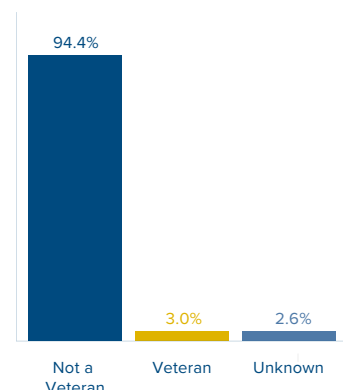


- No, I don't have a Disability 88.0%
- Unknown 7.1%
- Employees with a Disability 4.9%

### RACE / ETHNICITY



### VETERAN STATUS

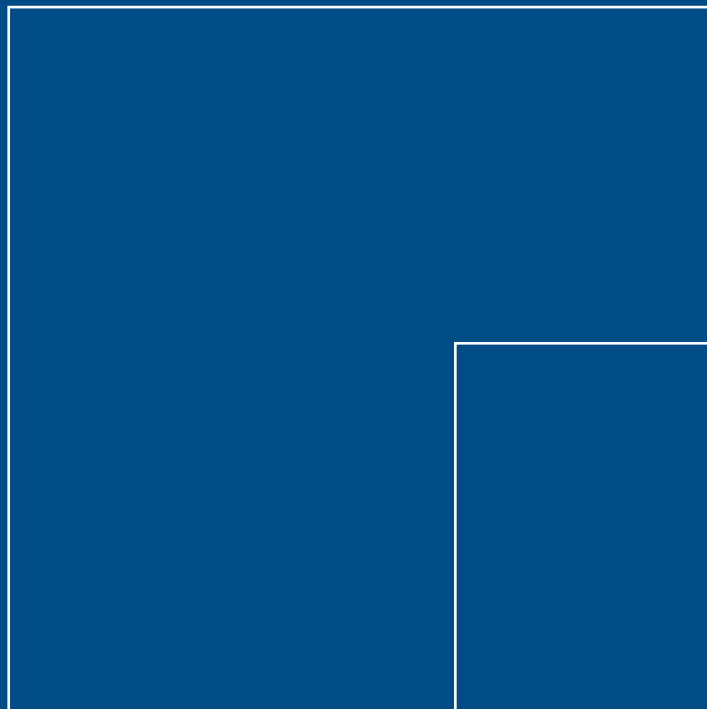
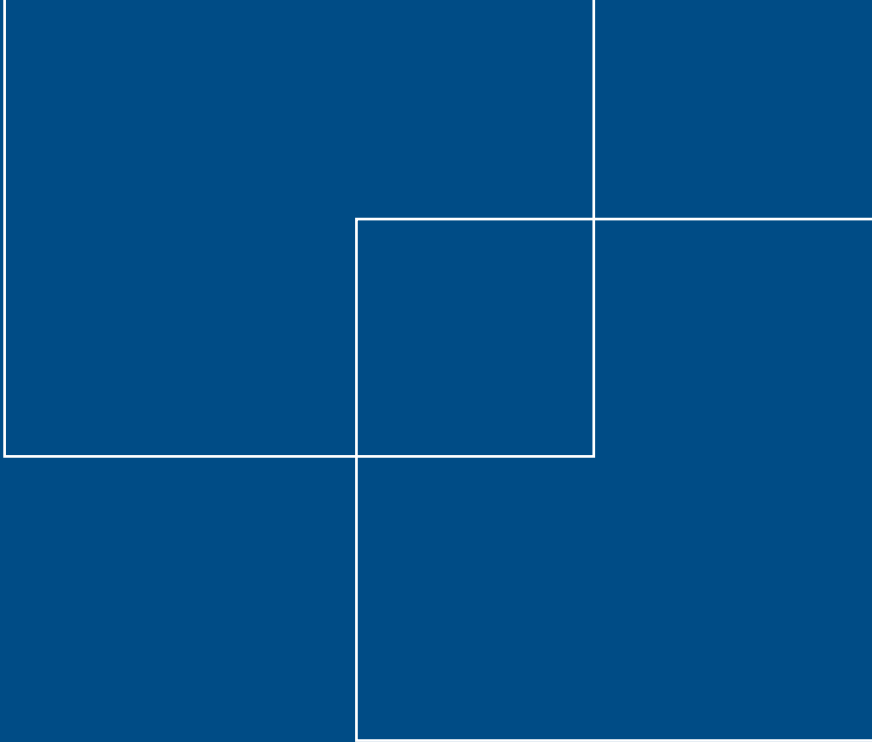


**Advance Practice Providers: 341**

**Nurse Practitioners (NP): 279**

**Certified Registered Nurse Anesthetists (CRNA): 49**

**Clinical Nurse Specialists (CNS): 13**



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