

Celebrating teamwork, communication, achievement, and excellence



**A Message from
Christine Williams**
Chief Nursing Executive and
Chief Nursing Informatics Officer

Welcome to the Winter 2025 edition of UC Davis Nurse.

As we begin a new year, I am filled with gratitude for the passion, innovation, and resilience UC Davis Health nurses demonstrate every day. Their unwavering commitment to excellence ensures that we continue to provide the best possible care to our patients and community.

This edition of UC Davis Nurse highlights incredible accomplishments across our nursing teams. From groundbreaking surgical procedures and national recognitions to our impactful participation in global conferences, these stories reflect the exceptional work being done across the health system. It also celebrates our DAISY Award honorees and additional achievements that remind us of the profound difference nurses make in the lives of our patients.

Together, we are shaping the future of nursing—leading with compassion, advancing through innovation, and striving for inclusivity in all that we do. Thank you for being an essential part of this journey and for the extraordinary care you provide.

With thanks,

Christine Williams, MS, RN, CNS
Chief Nursing Executive
Chief Nursing Informatics Officer
UC Davis Health

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Nursing Excellence Spotlight: 3 Wishes Project

UC Davis nurses demonstrate their commitment to excellence every day through their practice of providing high-quality care to patients, supporting colleagues and influencing change in their work environments. This Nursing Excellence Spotlight offers an in-depth look at how one nurse led change in her unit during/after the COVID-19 pandemic.

How long have you been a nurse at UC Davis? In what roles?

I've been a nurse for about 8 years. My entire nursing career has been at UC Davis! I completed the new grad residency program on East 8 and then transitioned to the ICU after a couple of years. I currently work on T7 MSICU Gold as a CNIII and serve as the program lead for the 3 Wishes Project.



Oanh Nguyen, RN T7
MSICU GOLD

Tell me about the 3 Wishes Project at UC Davis.

The 3 Wishes Project (3WP) is an end-of-life initiative in the ICU that aims to restore dignity and to help individualize what may otherwise be a very dehumanizing and alienating experience for our patients and their families. We do this by granting wishes to our dying patients and their families. Often, the wishes are simple but have profound impact for those who participate. Wishes include finding ways to humanize a patient's ICU room (providing non-hospital blankets, hanging pictures on the wall, dressing a patient in clothes brought in from home), providing memorabilia for loved ones (fingerprints, locks of hair, EKG heart rhythm strips), or simply making space and time for loved ones to visit before starting comfort measures (allowing a brother and sister to watch the wrestling channel one last time together before

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Dr. Hugh Black, Oanh Nguyen and Jason Yee – 3WP Team members

starting the morphine drip). The possibilities are endless! 3WP was started by Dr. Deborah Cooke at St. Joseph's Healthcare in Canada in 2013 and I had the privilege of leading the pilot program on T7 MSICU Gold in 2021.

Why do you think the 3 Wishes Project was started here?

T7 MSICU Gold is unique in that we care for both critically ill adult and pediatric patients, which meant our staff kept very busy not only during the 2020 COVID-19 pandemic but also during the RSV epidemic that followed. I think the grief and moral distress of having to navigate the [at the time] foreign back-to-back pandemic/epidemic while bearing witness to a lot of truly isolating deaths broke a lot of our nurses. Many of my colleagues felt burnt out, hopeless, and helpless. Our unit had a record number of staff turnover. I remember feeling devastated by the way our patients were leaving this world - alone in an ICU room surrounded by machines with their loved ones watching on an iPad.

The 3WP was started on T7 MSICU Gold to help restore the dignity and honor that our patients deserve at end-of-life. 3WP was a means to empower our nurses during those times when we felt like we may have failed our patients by not being able to save their lives. This initiative ultimately felt like the right thing to do after seeing such tragic ways that our patients were dying and how painful the experience was for their loved ones and for our staff.

What has been your experience with the 3 Wishes Project?

3WP has not only changed my nursing practice but it's interestingly leaked out into my own personal life, too. I've had so many conversations with patients and families in the ICU where they say things like "I've always wanted to do this, but "x,y, and z" happened" or "I should have done this, or I should have done that, but now it's too late." 3WP really opens the doors to meaningful conversations and truly emphasizes how precious life can be. As a result, my family and I checked off so many things on our bucket lists this year!

How did implementing the 3 Wishes Project make you feel?

As passionate as I was about piloting this project on my unit, I was equally as nervous about all the buried emotions that I knew I was going to have to resurface in order to show up authentically. I'm an inherently reserved and introverted person, and a lot of the logistics and overall value surrounding 3WP implementation involved a lot more communications and vulnerability than I'm generally comfortable with. I am so grateful for an amazing leadership team that helped nudge me forward when I doubted myself. I spent a lot of time during 3WP implementation processing my "why," figuring out how to continue to show up to work in meaningful ways, and how I can elevate my colleagues who may have been struggling with some of the same burnout I was experiencing. It was empowering to feel like I was spearheading an initiative that could help so many of our patients and families through some of the worst moments of their lives.

Did you notice any broader changes? With your colleagues? In your unit?

I have to say that I am so thankful and impressed with the nurses on my unit who are equally as skilled at critical care nursing as they are compassionate during end-of-life care. Finding creative ways to grant wishes to patients and their families became a unit bonding experience not only for the nurses but for our HUSCs and nurse externs as well. I felt this transformative reframing effect surrounding death in the ICU after 3WP was implemented. End-of-life in the ICU no longer needed to constitute failure, but rather it represented an opportunity to honor our patients and help foster positive memories for their families during a difficult time. Rather than compartmentalizing a lot of the tragic things we see in the ICU, many of us process and grieve in real time with our patients and families through story-telling and legacy building.

How did the patients/families respond? How do you feel it affected your relationship with them?

They are always so appreciative and, in many instances, shocked, that an entire unit of ICU clinicians have come together to build and gift a bereavement box full of individualized mementos. There have been so many shared tears of joy, of sadness, and of appreciation for the experiences shared within the walls of the ICU. I have developed some really meaningful connections with my patients and their families as a result of the 3WP because there is so much to share and talk about when you're celebrating someone's life. These are the feel-good little ICU moments that make everything that could be draining about nursing just absolutely worth it.

What do you see in the future for the 3 Wishes Project? Specifically for nursing practice?

I have been absolutely overwhelmed at the positive feedback and support that I've received from patients and ICU clinicians that have participated in 3WP or wish that they had 3WP on their unit to offer to their patients. My hope is that one day all of the adult ICUs at UC Davis have the resources to offer the 3WP to their patients. 3WP is wonderful because it provides a structured framework from which to pull from, but each ICU can make it their own based on what their patient population needs. ■

Gratitude Heals

For those who may not be familiar, can you shed some light on what the CARE Project is and what it accomplishes in the hospital?

The CARE Project offers holistic, patient-centered care for adult patients, focusing on promoting healing and wellness for the mind, body, and spirit. Supported by volunteers and interns, we provide Art Therapy, Reiki, Touch Therapy,



Katie Lorain MPS, ART-BC, Reiki III

and Pet Therapy at no cost to adults admitted to UC Davis Medical Center. Through Art Therapy, patients can express their emotions and document their healing journey. Reiki and Touch Therapy are available to foster relaxation and mindfulness, helping our patient attune to their body and cope with pain and stress. And probably our most popular program, Canine CARE features therapy dogs who visit with patients at the bedside, bringing joy, a sense of normalcy, and precious snuggles.

You have been a proactive champion for philanthropy – crowdfunding, CARE Companions, and grateful patient and family referrals, to name a few things. What drives you to take such an active role?

I am so proud and passionate about the great work The CARE Project is accomplishing at UC Davis Health and I love sharing about the beautiful connections we have made with patients and their families. Every day, remarkable things unfold at UC Davis Medical Center, and I feel privileged to play a small role in conveying these experiences to our community. When I recount moments like a heartwarming dog visit that brought someone to tears of joy or when a handprint of a grandmother became a treasured keepsake for her grandchildren and children, it resonates with people. They feel a connection to our mission and are inspired to get involved. Many choose to volunteer their time, skills, or resources. The support from our community is what enables our small but impactful project to continue providing these essential services.

How has philanthropy benefited The CARE Project?

The CARE Project operates without a dedicated hospital budget, all of the resources and interventions rely on the generous support of donors. With donor funds, we can stock CARE Carts around the hospital, filled with supplies for patients to use, such as art materials, weighted blankets, Bluetooth speakers, board games, cell phone chargers, and more. Thanks to donations, we offer legacy-building intervention to patients and their families, creating three-dimensional hand molds and fingerprint necklaces for loved ones. Donations also support our special events, like delivering flowers to patients on Mother's Day or marigolds and tea lights on Dia de los Muertos. Additionally, much of the support comes from volunteers donating their time and talents. Our volunteers offer Reiki, Touch Therapy, Pet Therapy, music, and even haircuts to patients throughout the year. Through the generous gift of time from our volunteers and monetary

donations from staff and community members, The CARE Project can expand its services and make a greater impact year after year.

You also became an employee donor in recent years. Thank you for taking that step! Why do you choose to give financially in addition to your time and energy?

The ice-cream social and the swag! Just kidding – sort of. I am so very proud to work at UC Davis Health and I truly believe in the many initiatives we are trying to accomplish not only within our hospital, but also in the Sacramento and northern California communities. As an employee donor, I can stay connected to everything UC Davis, which informs my practice as a therapist and strengthens my awareness of the entire health system.

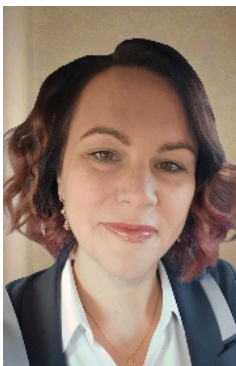
If you could tell your colleagues one thing about philanthropy at UC Davis, what would it be?

I believe that people want to help others. Some find the opportunity to “give back” through their work or their role in their community. Others are inspired to do so but sometimes hit a barrier when exploring how they can make an impact. By sharing with the community ways to be philanthropically engaged, people can participate in and feel empowered by the great work we are accomplishing together.

At the end of a hard day, what do you do to take care of yourself?

At the end of a difficult day, I look forward to being in nature and out of the hospital air-conditioning. I enjoy cooking (or sometimes ordering takeout if it’s an especially hard day), spending time with my two daughters, aged 5 and 3, as they bring an unbelievable amount of joy and lightness to my life and receiving support from my husband who helps me stay grounded and maintain perspective. ■

Dissemination Corner



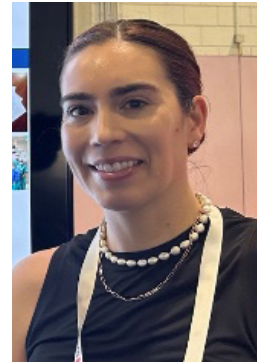
Misty Cahoon – Shaping Inclusive Healthcare: The NPD Practitioner’s Role in Gender-Affirming Care

As nursing professional development specialists, we are empowered to address challenges experienced by transgender and gender-diverse patients by providing tools and education that enable nurses to deliver respectful, evidence-based,

and affirming care. My goal is to shed light on these critical issues, emphasize the importance of gender-affirming care, and outline actionable steps for improving practice. My co-author and I hope to promote reflection, inspire change, and create a more inclusive environment where all patients feel acknowledged, respected, and valued. By focusing on education, mentorship, and advocacy, we aspire to help healthcare professionals build trust and provide care that genuinely supports the diverse needs of every patient. ■

Lisa Peterson – European Wound Management Association (EWMA) Conference in London, May 2024

Lisa Peterson, a Clinical Nurse III in Children’s Surgery Center (CSC), presented her Evidence-Based Fellowship Project on Pediatric Intraoperative Pressure Injury Prevention at the European Wound Management Association and the Society of Tissue Viability in London, UK, in May 2024.



This presentation showcased the power of using literature to guide clinical practice. Education was a key factor in preventing pressure injuries, so information was disseminated to Children’s Surgery Center (CSC) staff through two in-services. The first in-service focused on the evidence, and the second focused on past intraoperative pressure injuries dating back to 2016. Focusing on the literature review, there was little change in staff confidence levels in pediatric pressure injury prevention, and just over a third could apply what was presented to their practice. After the second presentation, which focused on past pressure injuries, there was a significant shift in both confidence levels of evidence-based practice and the applicability of information.

Ultimately, applying the education piece with local data of past pressure injuries created tangible evidence. The results of the surveys showed the importance of using local information in conjunction with evidence-based practice. ■



Lisa presented her Evidence Based Practice Fellowship Project on Pediatric Intraoperative Pressure Injury Prevention.

Emergency Department nurses present at the Emergency Nurse’s Association Conference

The ED Education Team had the opportunity to present at ENA’s Emergency Nursing 2024 (EN24) conference in Las Vegas this past September! The team discussed the inception and evolution of the ED Training Program (EDTP) in the presentation "Solving a Staffing Crisis and Supporting Clinical Readiness" with an ED Training Program. The design, implementation, and data collected (including retention rates) for this program piqued the interest of the ENA Novice Nurse Education Programs Team and we were excited to share with our emergency nurse colleagues across the nation. The Education Team shared the EDTP roadmap, insights into evidence-based program and curriculum development, lessons learned, and program feedback highlighted in the Journey Map experience design process. ■



Alyssa Johnson MSN, RN, CNL, CEN, MICN. Alex DePew MSN, RN, CEN, TCRN, MICN, and Julia Tak MSN, RN, CPEN. Merrilee Catanzaro MSN, RN, CEN, MICN.

Preferred Language Project

UC Davis Health Patient Care Services (PCS), Diversity, Equity, and Inclusion (DEI) Council presents: “Standardized Documentation of Certified Interpreter Utilization To Address Health Disparities” at the National Association of Hispanic Nurses (NAHN) Annual Conference in Atlanta, Georgia.

PCS DEI Council Chair Misara Bambao and valued council member Cina Malone disseminated their work “Standardized Documentation of Certified Medical Interpreter Utilization to Address Health Disparities” at the NAHN Annual Conference that took place in Atlanta, Georgia. The NAHN is a nonprofit organization devoted to ensuring high-quality health care delivery to Hispanic communities and promoting professional excellence among bilingual and bicultural nurses. Since 1975, NAHN has been the nation’s leading professional society for Latino nurses. With more than 40 chapters and over 1900 members, NAHN brings together nurses, health care professionals, administrators, students, and academic leaders from across the US and beyond.

UC Davis Health serves a diverse patient population and has identified health inequities in patients with a preferred language other than English (PLOE). Language barriers limit access to healthcare and hinder therapeutic relationships between patients and healthcare providers (HCP). When HCPs utilize English-speaking family members in lieu of certified medical interpreters (CMI), they place an undue burden on those family members and violate patient privacy and confidentiality. Unwavering in its commitment to addressing disparities and promoting health equity, the program aims to increase utilization of CMIs for patients with PLOE.



Misara Bambao MSN, RN, BSN, OCN

Utilization of Certified Medical Interpreters (CMI) improves satisfaction and outcomes among patients with a Preferred Language Other than English. Prior to this project, there was no standardized institutional process for documenting CMI use, making it difficult to obtain baseline data or track improvements. Education to increase awareness of language-related health disparities



Misara Bambao MSN, RN, BSN, OCN and Cina Malone MPH, BSN, RN, CCRN, VA-BC

and documentation tools embedded in the Electronic Health Record (EHR) have been shown to improve clinical decision-making at the bedside. Therefore, an upgrade was implemented to the EHR that would standardize documentation of CMI. A microlearning video was created for staff education, as this method of electronic learning is more accessible to staff at the bedside and has a more concise structure. These interventions will help to increase the utilization of CMIs but also improve awareness of the link between mitigating language barriers and advancing health equity at our institution.

To access the microlearning video UC Davis Health Nurses can visit <http://bit.ly/47KwgNM> or scan the QR code.



CPPN receives 2024 NCPD Premier Award

On October 29, the American Nurses Credentialing Center (ANCC) Nursing Continuing Professional Development (NCPD) Accreditation Program team announced the recipients of the 2024 NCPD Premier Award. The award recognizes accredited organizations that excel in providing high-quality NCPD activities. NCPD Premier Award recipients are organizations that stand out, excel, and function at a higher level above and beyond their peers.

This award features exceptional organizations that use NCPD programs to support their strategic goals, demonstrating measurable outcomes and a return on investment. UC Davis Health's CPPN was recognized for

its 20-year history as an accredited NCPD provider and its commitment to advancing nursing practice. Notably, this was the first time CPPN applied for the award, which ANCC introduced only a few years ago, and receiving it on the initial application underscores the team's dedication to nursing education and clinical excellence.

The award submission highlighted CPPN's alignment with UC Davis Health's strategic priorities, including its commitment to diversity, equity and inclusion:

- Advancing a culture of DEI: CPPN has developed DEI-focused educational content for nurses at all career stages. This includes evidence-based training on DEI concepts and implicit bias for new and experienced RNs, aligning with regulatory requirement and promoting practice-enhancing learning.

"I am proud of CPPN's incredible work and contributions that were recognized by this award," said Sabrina McKinney, director of Nursing Professional Development and the Center for the Professional Practice of Nursing. "This award is a testament to the dedication and innovation of our team and the continued extraordinary impact they have on nursing practice and patient care." ■



2024 NCPD Premier Award recipients: Amie Ragasa-Sta Maria, Sabrina McKinney, Denise Prudencio and Sandy Phan

Philippine Nurses Association of America awards

During the 45th Annual Philippine Nurses Association of America (PNAA) National Convention, held from July 17 to 21, 2024, in Long Beach, California, three outstanding colleagues were honored for their remarkable contributions. This event, which brought together nursing professionals from across the nation, celebrated excellence in the field of nursing, fostering a spirit of collaboration and recognition among Filipino-American nurses. ■



Denise Angelo Prudencio, DNP, RN, NEA-BC, NPD-BC, PCCN, CPPN Clinical Nurse Educator, was celebrated and recognized with the 2024 Nurse Educator Award.



Jojo Melendres, RN, CCM, Emergency Room Case Manager, was voted the President of the PNAA Western Region and the Circle of President's Regional Representative (COPRR).



Ma Milani "Jet" Zabala, MN, RN, IBCLC, CCM, UR-Case Manager, was honored with the Exemplary Leadership and Service Award.

Evan Giusto Awarded Prestigious AAP/NRP Grant for Excellence in Neonatal Care



Evan Giusto, MSN, APRN, NNP-BC, a neonatal nurse practitioner in the NICU at UC Davis Children's Hospital, was awarded the Jeanette Zaichkin Nursing Grant Award from the American Academy of Pediatrics' (AAP) Neonatal Resuscitation Program (NRP). Ms. Jeanette Zaichkin, RN MN, NNP-BC,

is an associate editor of the Textbook of Neonatal Resuscitation and has played a critical role in educating thousands of providers in NRP. This grant was established two years ago to support excellence and innovation in NRP education by a nurse or a nurse practitioner. Mr. Evan Giusto is a classic example of such an educator and innovator.

Evan will use the funds to study the impact of rotating chest compressors during the resuscitation of newborn lambs. He presented a secondary analysis at the UC Davis Nursing Science and Professional Governance conference, as well as the Pediatric Academic Societies, that demonstrated a decrease in chest compression efficacy of newborn lambs resuscitated with a single compressor as per the NRP algorithm, a distinct difference between the NRP and Pediatric Advanced Life Support (PALS) guidelines.

Evan has spent the last eight years serving on the neonatal transport team. In this role, he has overseen the transport of both newborns with neonatal disease processes and older infants with pediatric disease processes in collaboration with UC Davis Children's Hospital Critical Care Transport Team. After using both NRP and PALS in the resource-limited environment of aeromedical transport, Evan began to investigate a direct comparison between the algorithms in lambs of varying ages after being awarded an extramural grant from the ZOLL Foundation in 2023. This served as the impetus to look at not just a comparison between programs, but to study the impact of incorporating practices of other programs into NRP. Evan has presented his work at national and international conferences and has received accolades for his innovation. He is supported by the nursing leadership, the NICU at the UC Davis Children's Hospital, and the Department of Pediatrics at UC Davis School of Medicine. ■

Denise Prudencio receives the Luther Christman Award



This year, at the 49th Annual American Association for Men in Nursing Conference, Denise Angelo Prudencio, a Nursing Professional Development Specialist at UC Davis Health Center for Professional Practice of Nursing, was honored with the Luther Christman Award.

“Receiving the Luther Christman Award is a tremendous honor and a reminder of the importance of mentorship, advocacy, and equity in nursing,” said Prudencio. “This recognition reflects my lifelong commitment to advancing men in nursing, leadership development, and fostering diversity within our profession. I am inspired to continue building on Christman’s vision, ensuring the next generation of nurses is equipped to lead with excellence and inclusivity.” ■



Swapna Peter Named 2024 ENA Foundation’s ENDVR Fellow

Meet Swapna Peter, MSN, RN, CCRN, a seasoned nurse passionate about emergency care and dedicated to enhancing patient outcomes. With an impressive 25-year nursing career, including a decade in the fast-paced environment of the emergency department at the University of California Davis Medical Center, Peter has been selected as the recipient of the prestigious ENA Foundation’s 2024 Emergency Nursing Diverse Voices Research Fellowship.

Driven by her commitment to advancing emergency nursing practice, Peter will use this grant to delve into the measurement of compassionate care provided by emergency nurses and explore interventions to combat compassion fatigue.

Amy Boren, ENA Foundation Chairperson, expressed, “Swapna’s passion for emergency nursing and dedication to improving patient outcomes perfectly align with the values of the ENDVR program, focusing on diversity and inclusivity within the field.”

As part of the fellowship, Peter will attend Emergency Nursing 2024 in Las Vegas, engaging in research activities while benefiting from mentorship opportunities with esteemed Emergency Nursing Research Advisory Council members. She will develop and execute a research project locally, participate in advisory council meetings, and present her findings at Emergency Nursing 2025. The fellowship may be extended to two years to support her research endeavors.

The ENDVR Fellowship program was launched in 2022 to promote diversity in nursing research and provide guidance to emerging researchers from underrepresented groups. Chris Dellinger, the President of ENA, emphasized the importance of diverse perspectives in research. He stressed the need for nurses’ and patients’ voices to be heard and considered to improve emergency care.

Peter’s journey as an ENA Foundation Fellow highlights the significance of inclusivity and innovation in advancing the field of emergency nursing. Her commitment to compassionate care and dedication to research will undoubtedly inspire positive change within the emergency nursing community. ■



Panda Cares Opening

Hospitalization can be an overwhelming experience for children. The unfamiliar environment, medical procedures, and separation from their daily lives often leave them with feelings of uncertainty. The Panda Cares Center of Hope provides a transformative space where young patients can find a sense of normalcy, safety, and comfort amid these challenges.

Thoughtfully designed, the center allows children to freely express their emotions, embrace their individuality, and find moments of joy during difficult times. It serves as a cornerstone for the Child Life and Creative Arts Therapy Department, offering opportunities for children to connect, celebrate their differences, and build a sense of community while undergoing medical treatment.

The Panda Cares Foundation, created by Panda Restaurant Group, is committed to inspiring better lives through its spirit of giving. Guided by the Four Pillars of Hope—Physical, Emotional, Mental, and Spiritual—the foundation empowers underserved youth and their families. Through a partnership with the hospital’s Children’s Miracle Network team, the foundation’s generous gift of the Panda Cares Center of Hope will create lasting opportunities for healing and joy at UC Davis Children’s Hospital.

The center’s design prioritizes versatility, featuring space for school with the technology to help children continue their education while hospitalized. The group space enables children to participate in art and music therapy, fostering creativity, self-expression, and emotional growth. These sessions offer therapeutic benefits that complement medical care. The large space of the center will allow for special events and the opportunity to bring the children, families and the community together. These activities, coupled with a supportive staff, allow young minds to step away from the weight of their illness and prepare for life beyond the hospital.

The Panda Cares Center of Hope goes beyond being a physical space—it represents a haven where children can heal not just physically but emotionally. With every smile it fosters, the center fulfills its mission to bring hope and joy to those who need it most. ■



Sustainability Corner

The burden of medical waste is a rising clinical imperative that has the attention of healthcare and nursing. Hospitals are a major contributor to landfill waste in our country, and clinical nurses witness the insurmountable waste that accumulates at the patient bedside. This waste can be attributed to clinical practice changes, which now include single-use items, plastic-made products, bundled products with additional packaging, and single-use PPE. These changes aimed to improve clinical efficiency, patient experience, or infection prevention; however, we are now faced with how to alleviate the damaging environmental impact. The formation of a nurse-driven committee, designated as the Clinical Practice Clinical Sustainability Subcommittee (CPCSSC), has championed nurse leaders to reduce medical waste and promote sustainability stewardship across the healthcare system.

Strategies to achieve this reduction include reducing and reusing. In FY 24, the CPCSSC engaged in a reduce campaign with the Admit & Comfort kits removing these items from inventory and converting to single-use items. The Admit Kit reduced 1000 pounds a month and the Comfort Kit 1180 pounds, which was determined by looking at prior and current use of items. Nursing has established a FY 25 goal to reduce reprocessing (reuse) transfer mats to 35% or greater. Multiple clinical units have adopted goals to reduce the use of clinical items by 3%.

The clinical nurses are at the point of care and best situated to have knowledge about clinical workflow and product waste. The CPCSSC has an electronic Suggestion Box that clinical teams can suggest opportunities in workflows or products. The council is currently working on multiple received suggestions, such as, nutritional waste on meal trays, reusable patient isolation gowns, plastic medication cups and patient use medical equipment workflows during patient units’ transfers. The CPCSSC recognizes the commitment from nurses in these initiatives. Together we can make the difference!

Direct questions to HS-CPC Sustainability Subcommittee at: hs-cpcsustainsubcom@ou.ad3.ucdavis.edu or by scanning the QR code. ■



UC Davis Nursing Staff leads EBP Immersion

The Center for Nursing Science hosted the 7th cohort of Evidence-Based Practice (EBP) Immersive Training at UC Davis Health. The event was the first program led entirely by UC Davis Health nurses. Tailored specifically for our staff, this 4-day program offered a redesigned format to equip participants with skills and resources to transform clinical questions into evidence-based recommendations utilizing the Advancing Research and Clinical Practice through Close Collaboration (ARCC) EBP Model.

Program redesign included reducing the program length by 1-day, focusing on the ARCC Model EBP Methodology Steps 0-4, and adding a hybrid option on day 3. While earlier cohorts included a fifth day with brief content on Steps 5-6 (implementation and dissemination), the new format provides more time and focus on the fundamental steps that lead to making an evidence-based recommendation. The hybrid option allowed

participants to dive into literature appraisal and synthesis in their preferred environment, which aimed to promote productivity and engagement.

Cohort 7 of the EBP Immersive Training included 23 participants from nursing, social services, and orthopedic surgery. Participants tackled various clinical questions to improve patient outcomes and enhance clinician well-being throughout the health system. Participants will continue to receive formal mentorship and training to advance their clinical inquiries from the Center for Nursing Science for one year following the program. Together, we're transforming care and improving outcomes through EBP. Stay tuned for updates on these fantastic initiatives!

Visit the EBP Immersive Programming page on the Center for Nursing Science website for more details about the program and contact the Center for Nursing Science at hs-nursescience@ucdavis.edu for more information on EBP training opportunities and EBP mentorship needs. ■



EBP Immersive Training Participants



Program Facilitators: Lynn Kysh, Lori Kennedy, Janeen Anderson, Jessica Miles, Hillary Tucker, Sarina Fazio, Sherry Allen, and Caitlyn Auernig-Roan

UC Davis Ambulatory Mobile Skills Fair: Bringing Education to Our Clinics

At UC Davis Health, the Ambulatory Clinics span across the entire Sacramento region, with over 70 clinics dedicated to providing top-tier patient care. However, this vast reach presents a unique challenge: how can it be ensured that every team member receives timely and comprehensive skills training without disrupting their busy schedules or requiring long trips to the main campus?

The answer: the Ambulatory Mobile Skills Fair—a dynamic, on-the-go training model designed by the

Ambulatory Leadership Team to bring education directly to the staff in their own clinics.

Why the Mobile Skills Fair?

With clinics scattered throughout the region and staff constantly focused on patient care, it can be difficult to find the time or resources to attend training at a central location. To address this challenge, a solution was needed to ensure that staff, whether in remote locations or central areas, receive regular skills validation and professional development.

The Nurse Educators and Executive Leadership worked together to design a program that would be as convenient and effective as possible. By surveying clinical leadership, they identified the key skills that applied to

most clinics and the areas where staff needed a refresher. This thoughtful approach allowed leaders to create a framework that delivered essential training and met each clinic's specific needs.

How It Works: Mobile Learning, Minimal Disruption

Rather than requiring staff to travel across the Greater Sacramento Area, the Mobile Skills Fair brings education to them. Educators work closely with clinic leaders to schedule visits, set up training stations, and validate skills on-site. This approach allows staff to complete their training in one hour or less, minimizing disruption to their patient care duties.

For the ambulatory care clinics that are further away from the Sacramento Campus, the program was tailored to ensure easy access, setting up mobile sessions directly at their locations or nearby. For areas with a higher concentration of clinics, such as Main Campus and Midtown, centralized locations were utilized—like the Marriott Courtyard's ballroom, where nearly 300 staff members gathered for a week of learning and skills validation.

Prepping for Success

To ensure everyone was prepared and ready to learn, a training module was distributed in advance. This gave staff the chance to review key topics and arrive ready to engage in evidence-based learning. During the Mobile Skills Fair, our skilled Educators and Subject Matter Expert Registered Nurses validated these skills hands-on, providing real-time feedback and remediation where needed.

A Hands-On Approach: Real Skills for Real Care

This year's focus was on key skills that are critical to patient care. Some of the topics covered included:

- Intramuscular medication administration
- ECG lead placement
- Simple wound care and room turnover

An especially important and challenging skill was ventrogluteal site identification—a muscle site that is often misidentified but provides a much safer location for intramuscular injections. With the help of a manikin, our Educators offered hands-on guidance, ensuring that staff felt confident in using this safer, evidence-based technique.

Teamwork in Action

At the larger clinics, RN volunteers were invited to assist with various skill stations. These volunteers brought their own knowledge and expertise to the table, working

alongside Educators to provide even more individualized instruction. In return, they were able to earn clinical ladder points—an added benefit that recognizes their commitment to learning and professional growth.

Looking Ahead

Looking to the future, it is clear that the Mobile Skills Fair model is here to stay. By meeting the staff where they work, the training is more accessible, efficient, and impactful. This innovative approach ensures that the Ambulatory Care team remains at the forefront of best practices and is empowered with the most up-to-date knowledge to continue delivering exceptional patient care.

Ambulatory Leadership is excited to continue utilizing this framework to equip our staff with the necessary skills—all at a time and place that works best for them.

The organization is not just keeping up with the demands of healthcare—it is staying ahead of the curve, enabling staff members to effectively deliver tomorrow's health care today. ■



From Mountains to Milestones: 50 years of Hmong Nurses in the U.S.

The Hmong Nurses Association (HNA) held its second National Conference at Sacramento State University. This event was made possible through the generous support of presenting sponsors, Sacramento State University Student Affairs Project Hmong and Sierra Health Foundation, with UC Davis Health sponsoring continuing education hours for attendees.

The conference theme, *From Mountains to Milestones: 50 Years of Hmong in the U.S.*, was chosen to honor our journey as Hmong people. Although the official 50th anniversary will be celebrated next year, HNA chose to commemorate this milestone early to align with their biennial conference.

The conference celebrated the rich heritage of Shamanism and traditional healing practices. It explored the extensive research on Hmong history and the extraordinary pioneer nurses of the Secret War from 1962 to 1975.

The first day concluded with a heartfelt tribute to the Hmong Secret War Nurses through *The Origin Story Exhibition*, which featured nine biography boards detailing the extraordinary journeys of the first nurses stationed in Sam Thong, Laos, during the Secret War. In addition, a dedicated wall was created to honor the other nurses who served during the war.

A particularly touching moment was the recognition of Mai Lee, a UC Davis Health nurse and co-founder of HNA, with the establishment of an HNA scholarship fund in her name, honoring her unwavering dedication and passion that have driven HNA.

The successful organization of this conference was a collective effort by the HNA leadership team across the nation. Special recognition goes to the HNA Sacramento Chapter, as well as to the dedicated leaders from both the local area and the Midwest who played a crucial role in planning and executing the event. Our heartfelt thanks extend to several of our UC Davis Health nurses: Diane Mua (CPPN, HNA National VP, Planning Committee Chair), Mang Vang (CRNA, HNA Sacramento Chapter VP, Planning Committee), Jamie Yang (T5 MICU ANII, HNA National Treasurer, Planning Committee), Penny Cha (AA, HNA Member, Planning Committee), Mai Lee (ED, HNA Board, Planning Committee), and Ka Chue Yang (PCR, Conference Speaker), who presented on patient

advocacy and her journey. Many other Hmong nurses from UC Davis Health also attended, contributing to the event's success. We also deeply appreciate the support of family members and the broader community, whose involvement and encouragement were invaluable.



Hosting such a meaningful and memorable event in Sacramento was an honor, marking 50 years since our people migrated from Laos and Thailand to the United States as refugees after the Secret War. In collaboration with Sacramento State's School of Nursing, chaired by Tanya Altmann, the conference also introduced the Youth Summit Mentorship Program, engaging 20 local youths in a nursing simulation classroom, introducing them to the world of nursing, and pairing them with nurse mentors.

The conference was a heartfelt gathering, leaving many attendees with a profound sense of pride in their Hmong heritage and a newfound appreciation for the pioneering nurses whose stories were shared—many of which were heard for the first time.

The City of Sacramento further recognized the significance of this occasion by proclaiming October 8th as Hmong Nurses Day. ■



Operation Backpack 2024

Not all children have the backpacks and other supplies they need as they head back to school. To help change that, UC Davis Health employees take part in the annual Operation Backpack Drive organized by Volunteers of America.

Each year, the effort provides preschool through high school children thousands of backpacks, supplies, and support to children who are unhoused, at-risk, or living in foster care in the Sacramento and Reno areas.

This year, UC Davis Health staff donated more than 900 backpacks – a big jump from last year’s 560. “It takes a village,” said inpatient unit director Marlene Armstead Ambler, co-organizer of the drive at UC Davis Health. She noted that some of her neighbors also saw the many deliveries to her home and offered to help next year. “I love when people come together for a good cause.”



ED Leadership: Paul Smola, Nicki Manivong and Frances Noriega

Armstead and her co-organizer, Lisa Eller, nurse manager, cherish the annual tradition. They enjoy shopping for school supplies with donations and also host parties to pack the backpacks with the supplies for the students. “I hope everyone who supported us throughout the experience knows how much we appreciate them and that none of this would be possible without their generosity. It’s such a beautiful and heartwarming UC Davis Health community effort,” Eller said. ■

6th Annual Flu Clinic

UC Davis Health collaboration with the Office for Health Equity, Diversity, and Inclusion (HEDI), Patient Care Services (PCS) and Ambulatory Nursing, Pharmacy, Occupational Health, Child Life, Department of Pediatrics, Heart Center/Project ADAM and the Children’s Miracle Network to embark on the 6th Annual Flu Clinic in Oak Park. Our community relationship with Stephanie Thompson at City Church has provided an opportunity to be present in the community, align with our DEI organizational goals, and increase the number of both adult and pediatric flu vaccines delivered each year. ■



UC Davis Completes its first EXIT Procedure: A milestone in multidisciplinary care

More than 30 team members from the Children’s Surgery Center (CSC) Fetal Team, Ear, Nose, and Throat, Obstetrics and Gynecology, and Pediatric Anesthesia, and NICU collaborated to successfully complete the first Ex-utero Intrapartum Treatment (EXIT) procedure at UC Davis Health. This groundbreaking surgical intervention underscores the exceptional teamwork and dedication of our multidisciplinary teams.

EXIT procedures are highly specialized surgeries performed during delivery to address critical airway concerns in newborns. Unlike a typical cesarean section, an EXIT procedure involves delivering the baby partially through an incision in the uterus while ensuring the placenta continues to provide oxygen and blood to the baby. This approach allows surgeons to secure the baby’s airway before clamping and cutting the umbilical cord, a vital step when airway obstruction is anticipated.



In this case, the baby was diagnosed in utero with a large mass involving the face, neck, and torso. Prenatal imaging raised concerns about potential airway involvement, necessitating the EXIT procedure.

The successful outcome was made possible by weeks of meticulous planning. Teams worked together to develop contingency plans, anticipate challenges, and ensure all necessary supplies and instruments were prepared. A “dry run” of the procedure, conducted a week prior, allowed the team to refine their approach and address potential issues.

This accomplishment represents a significant advancement in fetal and neonatal care at UC Davis. It

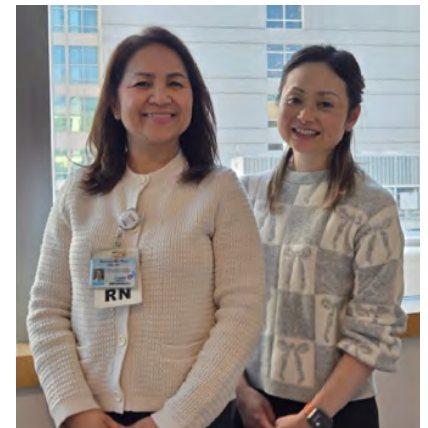
highlights the power of collaboration, innovation, and commitment to delivering the best possible outcomes for both mothers and babies. Congratulations to all involved in this historic achievement! ■

Connecting Care: How the TOC team improves patient outcomes

The Transitions of Care (TOC) Department is a relatively new department established in early 2019 to improve the continuity of care as patients transition from the hospital to the community. In July 2024, the department was realigned under Patient Care Services, with leadership from Eddie Eabisa, MBA, CSSGB (Manager), Vanessa McElroy, MSN, RN (Director), and Joleen Lonigan, DNP, RN (Executive Director) and encompasses three domains: Care Transition, Care Coordination & Navigation and The Post Discharge Clinic. In this edition of UC Davis Nurse, we will get to know the nurses of the Care Transition Domain, which include Multi-Visit Patient (MVP) Nurses and the Nurse Call Team.

MVP Program

Meet Susan Ly and Mariezel Aguilar De Vera, the MVP nurses who focus on reducing unnecessary rehospitalizations by implementing nursing-led, comprehensive care transition programs.



Tell us about the MVP Program: The MVP program is led by nurses who specialize in identifying, assessing, and implementing individualized care plans (ICPs) for patients with frequent hospital visits or readmissions. MVP RNs take a multidisciplinary, collaborative approach, working closely with other healthcare professionals to address the specific needs of this population. The program targets high utilizers, defined as patients with four or more inpatient admissions within the past 12 months or four or more ED visits with the last 90 days. For these eligible patients, the MVP team creates comprehensive, individualized care plans aimed at improving patient care and experience, reducing unnecessary hospital readmissions, decreasing length of stay, and minimizing inefficiencies and healthcare costs.

Please describe a typical day: MVP RNs review daily readmission reports to identify high-risk and multi-visit patients. They share findings during daily huddles, recommend interventions and address escalated referrals. Their responsibilities include meeting patients at the bedside to understand the causes of hospitalization or readmission, drafting individualized care plans for monthly stakeholder meetings, and coordinating care conferences to ensure consistency in care, foster patient engagement and improve outcomes. MVP RNs perform thorough chart reviews, bedside assessments, and collaborate with area champions to draft ICPs, which are reviewed and approved with physicians, social workers, and case managers before being implemented into the patient's chart.

Nurse Call Team

Meet the Nurse Call Team: Lexie Ignas, Romy Perry-Ali, Anna Volosenko and Becky Riedling, the nurses who focus on improving post-discharge care outcomes and reduce unnecessary hospital utilization.

Tell us about the Nurse Call Team: The Nurse call team reaches out to patient discharged from inpatient units, OBGYN, D3 prenatal checks, CSC, IR, SDSC, EP lab, PPSURG/OR/UTSS and the ED who meet criteria via the automated survey call. If the patient responds to the survey requesting assistance, the Nurse Call Team calls the patient back to provide the requested assistance.

Please describe a typical day: When the Nurse Call Team arrives, they review the queue from the previous night, prioritizing patients with symptom questions/issues, then move on to medication, discharge, equipment, follow-up issues, then move to patients who are just requesting a call back from an RN. During the calls, the team assesses a patient's symptoms and provides the patient education. This includes use of equipment, expected symptoms, medication indications, wound care, activity restrictions and much more. When reviewing this education, the team relies on the information provided in the After hospital/visit summary, chart review, Clear Triage Protocols and Elsevier Patient Education Tools. Additionally, the Nurse Call Team works closely with the Linkage Integration and Navigation of Community Resources (LINC) team to help patients who need follow up care or establishing a PCP. On average, the Nurse Call Team reaches out to between 60-90 patients per day.

The Transitions of Care (TOC) Department is committed

to supporting patients as they transition from the hospital to their homes. Understanding that each patient's needs are unique, the TOC team ensures that individuals have the necessary resources and support for a smooth and safe return to their communities. The TOC team actively collaborates with care providers through daily multidisciplinary huddles, bedside visits, and proactive care planning to address any potential barriers to discharge. Whether it's connecting patients with a PCP, arranging follow-up appointments, or linking them to community resources, the TOC team is dedicated to facilitating a seamless and comprehensive transition. By partnering with internal and external stakeholders, the TOC team works to identify and eliminate barriers to care transitions, aiming to reduce unnecessary readmissions and enhance patient outcomes. ■



Congratulations to our DAISY Award recipients!

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

The DAISY Award is a nationwide program that recognizes nursing excellence. In memory of 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.

Nurse Leader Awards



Wendell Villacarlos, BSN, RN
Radiology Department

Wendell fosters a sense of pride in our department; he is a leader role model, who is smart, thorough and diligent, and is also competent as a bedside nurse. He is efficient and highly skilled in patient care and excellent in a crisis. He shows compassion, understanding and equality of care to all our patients (and to his staff). He will jump in and help anyone and everyone. He is extremely approachable and will listen without prejudice and never shows impatience. Wendell is fair and makes everyone in our department feel appreciated daily. He thanks us for our hard work and takes the time to ask how we are doing and is genuinely interested in staff feedback. He is quick with a smile and humor to brighten each day. He makes us all enjoy coming to work.

Individual Awards



Megan Brown, BSN, RN
Pediatric Specialty Clinic

Megan has been instrumental in the care provided to our son as a primary nurse, liaison, and advocate. She is full of compassion and empathy while interacting with our child and us. She listens and offers great advice. At the

same time, she is considerate of challenges that arise. Megan is a great communicator, always available through phone calls or texts, and provides timely feedback. With Megan, you never miss an appointment because she takes her time to call and provide reminders. Megan has made our journey easy to bear because she takes the time and has the patience to listen, act, show love, and anticipate needs pertaining to our child’s care.



Paul Breshears, BSN, RN
Davis 14 Orthopedics/Trauma Unit

Paul took care of my father on Davis 14. He was very knowledgeable and up to date on all the complications between the surgery team, medical team, and anesthesia in preparing for surgery on a very high-risk patient. Our whole family

was extremely stressed, and Paul was an advocate for pushing along results, scheduling MRI with the pacer rep, bedside echocardiograms, and carotid US, and keeping us

informed with solid explanations and information. No matter how many times I called, he was compassionate, patient, and informative, clearly understanding the bigger picture and our need for assurance that everything was being done for my father. He was consistent and caring about my father’s care. He is a huge asset to UC Davis Health and should be recognized for his highly professional and compassionate nursing care.



Tara Barragan, BSN, RN
CEN Emergency Department

Tara went above and beyond. She really helped a patient and his wife in C pod. The patient is 90 years old and was getting admitted but does all the bills for the couple. The patient’s wife was totally overwhelmed and didn’t know

how to access their accounts to pay their cell phone bill. She was worried that she would be stranded at home with no phone service while her husband was in the hospital. Tara sat down with them (both are slightly demented), and while they weren’t always able to provide clear answers, through kindness and patience, she was able to help them access their accounts and pay their cell phone bill, ensuring the patient’s wife would have a continued critical cell phone service. This is not the first time I’ve seen Tara quietly do things like this. This is why I’m proud to call her an Emergency Department colleague and one of my role models.

Individual Awards (Continued)



Janice Au, MSN, RN, RNC-OB
Davis 3 University Birthing Suites

Janice has now personally provided me with exceptional care at UC Davis Medical Center, not once, but twice. The first time was nearly two years ago when I was pregnant for the first time with my daughter. It was discovered my baby was breech at 36 weeks. I had an attempted ECV attempt at Labor & Delivery to turn her from breech to proper presentation for delivery. Unfortunately, being my wonderful but determined daughter, she was quite set on staying breech and would not turn. Janice took my hands and held them through the whole procedure. I will never forget how comforting this act was. Her compassion has stuck with me to this day. The second time I met Janice was during my second pregnancy, when I was 37 weeks pregnant with my son. She was assigned as my nurse for the delivery, a TOLAC. Seeing Janice again put me at ease, as I'd never forgotten how she helped me through the procedure with my first pregnancy. From her compassionate guidance, I felt strong, capable, and prepared. We also succeeded in the TOLAC and delivered the baby vaginally rather than going through another c-section. I will always be grateful to Janice, her knowledge, and her compassion.



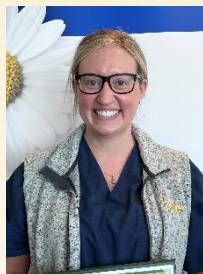
Michael Calvan, BSN RN
East 6 PCU

My father chose to come to UC Davis with complications from a diagnosis he hoped could be managed and resolved. He was 91 years old and was not quite ready to retire from this life. Unfortunately, he was too ill to combat without suffering, he was placed on inpatient hospice and passed away peacefully. Michael care for our father and always ended his shift leaning over our father's bed, speaking closely into his ear, praying for peace and comfort. Michael is a wonderful nurse, with the heart of an angel. We were privileged to have him be one of the many wonderful caregivers during this time.



Dhivya Valluvan, MSN, RN
East 3 Adult Acute Care

My brother has been here for 30 days now. Throughout his time here, many nurses have been assigned to his care. Out of all of the nurses that he has had, Divya has by far been the best! She is an exemplary role model for other nurses. She has consistently demonstrated a confident skill set which has made my brother calm and comfortable. Beyond her excellent skill set, is her genuine compassion, kindness and angelic bed side manor. Not only has she consistently raised my brother's spirit, but she has also been a shining light to the family! It has been comforting to us to have such an outstanding nurse like Divya- we have made her family!



Morgan Whitmore, MSN, CMSRN
Davis 12

Our team on Davis 12 would like to nominate Morgan for a Daisy award. She exemplified the value of Primary nursing, by emphasizing continuity of care, responsibility, acceptance, care coordination, and relationship/rapport building. A patient was admitted to Davis 12 Surgical Specialties unit and into Morgan's care. This young man had a complex social/emotional history leading to medical and surgical conditions and was admitted to our floor for a psychiatric crisis. She was instrumental in progressing the patient's care as well as getting the patient to participate in the progressive efforts. Morgan's relentless dedication as this patient's primary nurse was inspiring and touching. Morgan went above and beyond the call of duty to restore this patient's independence and dignity. Morgan deserves a Daisy for the actions she took to compassionately care for a young man that many were afraid of and felt had no purpose.

Full nominations can be found on health.ucdavis.edu/nurse/celebratingnurses/index.html



New Graduate Nurse Residency

COHORT 50

Cameron Gordon, D-11 Trauma Nursing Unit
Chris Newman, Adult Annex Unit
Irina Moskalenko, D-14 Orthopedics
Karina Yakimtsev, D-5 Neonatal Units
Kyra Heimann, D-5 Neonatal Units
Lelin Zhen, D-11, Trauma Nursing Unit
Lina Bui, D-12 Surgical Specialties Unit
Melody Quezon, Adult Annex Unit
Sarah Lewis, D-11 Trauma Nursing Unit
Sophia Laxar, Emergency Medicine
Vanessa Soltani, D-12 Surgical Specialties Unit
Whitney Boughton, Emergency Medicine



COHORT 51

Caroline Wong, Ambulatory Nursing Operations
Tonja Copeland, Ambulatory Nursing Operations
Deepa Shrestha, Critical Care Float Pool
Layla Sanchez, Critical Care Float Pool
Quenton “Q” Pham, Critical Care Float Pool
Thao Huynh, Critical Care Float Pool
Tracy Nguyen, Critical Care Float Pool
Esfir Usmonova, D-11 Trauma Nursing Unit
Denise Arendain, D-12 Surgical Specialties Unit
Lauren Polio, D-12 Surgical Specialties Unit
Brisa Barriga Guzman, D-3 University Birthing Center
Haylie Mertz, D-3 University Birthing Center
Jelena Djordjevic, D-3 University Birthing Center
Dasha Pankov, D-5 Neonatal Units
Kristine Galvante, D-5 Neonatal Units
Bryanna Payden, E-4 Accelerated Access Unit
Claudine Lacar, E-4 Accelerated Access Unit
Kayla Ta, E-4 Accelerated Access Unit
Keylla Vargas, E-4 Accelerated Access Unit

Aaron Pannu, E-6 Cardiothoracic PCU
Casara Ortiz Lactaon, E-6 Cardiothoracic PCU
Danielle Osagie, E-7 Neuroscience Specialty Unit
Melissa “Mel” Calderaz Amos, E-7 Neuroscience Specialty Unit
Michael Perez, E-7 Neuroscience Specialty Unit
Kristin Bayer, Emergency Medicine
Zhanna Cherniienko, Emergency Medicine
Andrea Covarelli, Operating Room
Carrie Gerton, Operating Room
Isaiah Sorrell, Operating Room
Iuliia Litovchenko, Operating Room
LaRae Haddix, Operating Room
Lauren Werner, Operating Room
Myles LeMoin-Ramirez, Operating Room
Suzane Choi, Operating Room
Tatiana Brackett, Operating Room
Adrianna Guerrero-Tapia, Patient Care Resources (med/surg)
Emily “Em” Kui, Patient Care Resources (med/surg)
Evelyn Sandoval, Patient Care Resources (med/surg)
Jimmy Kim, Patient Care Resources (med/surg)
Kassandra Cauckwell, Patient Care Resources (med/surg)



Newly Recognized Clinical Nurse IIIs

QII 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, Neonatal ICU
Deanna L. Chavez, Pediatric Cancer Center
Kyle Reinan Irwin, Children's Transport
Kimberly N. Ucan, P-3 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 Grasel, 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

QIII 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, Davis 5 Neonatal Units

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



IGNITE YOUR NURSING CAREER

Do you aspire for a specialty certification but are unsure how to start? UC Davis Health has various resources to support you! Scan the QR Code to explore the resources and start your journey toward specialty certification today!





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