Magnet site visit

Nurses from all levels across the organization shared their professional practice with American Nurse Credentialing Center (ANCC) Magnet appraisers during their site visit Aug. 13-16.

The purpose of the visit was to validate, verify and amplify the contents of UC Davis Medical Center’s Magnet application.

Site visit leaders included clinical nurses Becca Billing, Janeen Chang, Nancy Chiang, Delia Christian, Melody Hillstrom, Ashley Huizar, Anna Olszewski, Annie Tat and Red East Tumang.

Over four days, Magnet appraisers:
- Held more than 50 meetings
- Visited 68 units, departments and clinics
- Interviewed approximately 1,150 UC Davis Health staff, community stakeholders, and affiliates of the Betty Irene Moore School of Nursing at UC Davis
“At every level of the organization, UC Davis nurses are transforming health care and delivering integrated, seamless, and patient-centered quality care across the continuum.”

bringing a real human response to our medical interventions.

The Magnet surveyors said they found our staff is engaged in a true interdisciplinary practice of medicine, with nurses heavily engaged in decision-making, and very engaged in patient outcomes and indicators of quality care delivery.

I also want to thank you for participating in our Employee Engagement Survey, and make sure you know we’ve heard you and we appreciate your thoughtful feedback. In the coming months, you’ll see several developments coming directly out of your feedback. We’re already making changes to our management processes based upon your suggestions, and more are coming.

Looking forward, we’re going to continue advancing a relationship-based culture of humane and compassionate health care. As you know, that means everything we do to help patients works better when we tend to all our relationships involved in the patient’s care.

“...You traffic in miracles every day, but it can take a toll. We want to be sure we show gratitude for everything you do for patients and hope you offer gratitude to your patient care team members – and take time to take care of yourself.”

For nurses, those are your relationships with your patients and their families, with each other, with other members of the care team, and, often overlooked, your relationship with yourself.

You traffic in miracles every day, but it can take a toll. We want to be sure we show gratitude for everything you do for patients and hope you offer gratitude to your patient care team members – and take time to take care of yourself.

As we head into fall and the holidays, and continue to provide outstanding care for patients, I encourage you to take equally good care of yourself. Your role in patient care is crucial. Your role in keeping everyone healthy, including yourself, is just as crucial, and we thank you for all you do every day for our patients.

Toby K. Marsh, RN, MSA, MSN, FACHE, NEA-BC
Chief Nursing and Patient Care Services Officer, UC Davis Medical Center
MAGNET SITE VISIT CONTINUED FROM PAGE 1

The appraisal team submits a written report to the Commission on Magnet Recognition that determines if UC Davis Health meets the threshold for excellence.

Sharing: Escorting Magnet surveyors

“Being a Magnet escort gave me the opportunity to see UC Davis nurses in a new light. I always knew that we have amazing nurses who strive for excellence. However, by actually visiting other inpatient and outpatient areas, I was able to see and hear the innovative and patient-centered interventions our nurses practice every day. It gives me a new sense of pride in our practice and organization.”

– Annie Tat, RN-BC, MS, BSN, PHN

“Being an escort for the Magnet site surveyors was inspiring. I was able to visit other units throughout the institution and hear about great patient care and how proud the nurses are to be making a difference in the lives of their patients. I’m extremely proud to be working at UC Davis and proud of all the hard work and exceptional care we give, from the outpatient clinics to the inpatient units in the hospital. After meeting the nurses throughout UC Davis, I want to strive to be better and to grow professionally.”

– Melody Hillstrom, RN, BSN, CCRN

“I had the privilege of visiting with multiple units and clinics, and was awed and empowered by the extraordinary work by nurses. I’m so proud to be a part of the wonderful UC Davis nursing staff. Thank you!”

– Delia Christian, RN, BSN

Sharing: What Magnet nursing means to me

“Being a Magnet nurse means that I have the MAGNETude to succeed in what I do every day. I gain self-satisfaction knowing that I’ve made the effort to become the very best that I’m capable of for the lives that I touch. It means delivering not only elements of the science of nursing – which achieves great outcomes – but also elements of the art of nursing: caring, courage, integrity, dignity and compassion to my colleagues, patients and their families. Magnetizing the art and science of nursing elevates and moves the nursing profession forward.”

– Red East D. Tumang, RN, BSN

New infusion pumps and IV poles improve patient care and experience

In June, more than 2,500 UC Davis Health clinicians were trained to use 2,500 new Alaris infusion pumps and 800 new high-end IV poles to improve patient care and experience.

The user-friendly, intuitive equipment was designed to reduce medication errors, improve infusion management, and make documentation easier and more reliable.

Additional benefits include trays for phones or small personal items, a direct link to EMR, and the ability to attach and detach channels based on patient need without using additional pumps.
Shannon Charles, RN, BSN
Obstetric Clinic

Patients have told me countless times they want to meet the nurse who spent so much time assisting them and explaining why they might be shifted from fetal testing to Labor and Delivery for monitoring – all without increasing their anxiety levels. Patients from a wide variety of backgrounds feel comfortable with Shannon. She’s able to effectively communicate and elicit all pertinent medical information, and uses it in a concise manner that’s efficient for patients, physicians and nurses alike. My patients who have been assessed by Shannon shared that they never felt judged, and that they had an advocate by their side.

2018 DAISY Awards

Congratulations to the following 2018 DAISY Award recipients who exemplify the nursing values of extraordinary compassion, courage and integrity in every situation.

The following individuals were nominated by patients and peers for consistently demonstrating excellence in the delivery of patient care and the promotion of their professional nursing practice. Nomination snapshots:

Claudio Alvarado, RN, BSN, CEN
Emergency Dept.

Claudio got the IV in with one try – and did so while looking right into my son’s eyes, talking him through it and calming him down.

Iris Barnaja, RN, BSN
Tower 7 MSICU Blue

Iris coordinated the physicians, social workers, palliative care team, lift team and child life so that the care was seamless. She succeeded in creating a flawless experience so the patient’s family could forget they were in an ICU. Iris provided more than a calm and peaceful space – she created a lasting, loving memory of a wife and mother, and allowed the family members to spend their last precious moments together.

Mary Heatlie, RN, BSN, CWON
Home Health and Hospice

There have been many times that I just want to give up, but Mary continues to give me hope. Because of her, I now feel confident to take over my own care and no longer feel hopeless.

Natalie Dew, RN, BSN
Davis 8 Oncology/BMTU

Because of Natalie’s care, I began to turn the corner physically and emotionally, and decided that chemo was the best course for me. She stayed by my side all along the way, and never made me feel that I was asking too much.

Rebecca Muha, RN
Davis 14 Ortho/Trauma Unit

Rebecca developed a positive nurse-patient rapport with one particular patient and always requested to take care of him when she was on duty. She occasionally came in on her days off to visit with him and take him outside in his wheelchair for fresh air. Rebecca encouraged him to increase his nutrition intake for healing, and sometimes even brought him his favorite food while on her way to work. She listened to him when he expressed interest in getting a degree, and even brought him GED books and helped him research college scholarships.
Viacheslav Popov, RN, BSN
Patient Care Resources

Viacheslav wanted to help not only the patient, but our entire family. We were glad to meet him. He left a positive impression of himself and of everyone working in the hospital. Thank you so much for employing skillful and compassionate workers like Viacheslav.

Jessamyn Phillips, RN, BSN, MPH, PCCN
East 6 Cardiothoracic PCU

There may be nurses who shy away from investing such compassion and time into their work, but Jessamyn is not one of them. Her actions as this patient’s primary nurse embody the values and philosophy of UC Davis Health, and her courage to dive right into caring for this patient is what makes her deserving of the DAISY award.

Angela Zhang, RN, BSN
Electrophysiology

Angela placed the patient and the family first before anything else. Though we both haven’t taken a break, and it’s getting close to going home — and there are still multiple tasks for completion of documentation — she chose to be with the family and comfort them.

Constancia Maria Sanchez, RN, BSN
Tower 4 ENT/Internal Medicine

As months passed, Maria was the one steadfast influence in (this patient’s) recovery. She was a big part of the patient’s remarkable progress.

Nicole Walton, RN, BSN
East 8 Med/Surgical Specialty Unit

Nicole established a good rapport with a particular individual over the past several months. He has grown to trust her and seems calmer and easier to redirect under her care. When he grows paranoid or agitated, Nicole knows how to reorient him and get him back to bed peacefully.

To nominate a nurse for the DAISY Award, visit: health.ucdavis.edu/nurse/daisy
Research Council

- The UC Davis Nursing Research and Shared Governance Conference will take place May 6-7, 2019 at Betty Irene Moore Hall at the School of Nursing. This event will highlight research, evidence-based practice and quality improvement initiatives across the region, with a range of speakers, discussions and networking opportunities for nurses. The Research Council will review all abstracts submitted before the conference and share more information about poster presentation and podium presentation submissions soon. To volunteer on the event planning committee, assist with day-of needs, or for general questions about the event, email Nikki Smith, nlsmith@ucdavis.edu.

- To align with UC Davis Health’s culture of clinical inquiry, an Evidence-Based Practice (EBP) Fellowship launched in 2017 and a Research Fellowship began in 2018. The council provides peer review of all applications and selects individuals for fellowships. The next cohort of EBP Fellowship applications will be selected in late 2018, with the fellowship starting in the first quarter of 2019. Research Fellowship applications are due in spring 2019, with a start date in summer 2019. For more information, visit the Center for Nursing Science website at udcnc.ucdavis.edu/cnr.

- The council is reviewing nurse-initiated research submissions to increase awareness of nursing research that occurs at UC Davis Health. If you’re interested in joining the council or have questions, email hs-research_council@ou.ad3.ucdavis.edu.

Professional Development Council

- The Professional Development Council (PDC) oversees and promotes learning that enhances knowledge, skills and attitudes and transforms the professional practice of nursing at UC Davis Health.

- The PDC is made up of Center for the Professional Practice of Nursing educators, unit educators, managers, and direct-care nurses. Members make recommendations for hospital-wide educational initiatives, identify learning needs, and provide input on training newly hired nurses.

- The PDC collaborates with medical center administrative staff to promote professional development by celebrating Certified Nurses Week every March. A subcommittee is currently standardizing training and guidelines to better support unit preceptors.

Clinical Practice Council

- Developed a new dot phrase to standardize patient hand-off reports, and created an e-learning module to accompany it.

- Supported nurses in updating their unit charter.

- A new relationship-based care subcommittee reports to the council.

Quality and Safety Council

- Provided guidance and support for our new hospital-wide problem-solving strategy, called the A3.

- With a focus on a culture of safety, the council is reviewing the ownership accountability model by Dona Wright with an emphasis on “just culture.”

- In April councilmembers attended a conference at Stanford University and presented their visual management poster.

Advanced Practice Provider Council

- This year, the council created standardized procedures for all advanced practice nurse providers.

- In September, the council hosted a symposium, including outside community members, with keynote speakers and a focus on compassion fatigue.

Patient Care EMR Inpatient and Outpatient Council

- With EMR upgrade scheduled to go live Oct. 16, the council created classes to help nurses with this transition.

- EMR upgrade preparation required the review and evaluation of 14,000 lines.
National Black Nurses Association honors two UC Davis nurses and graduate students

Sherena Edinboro and Carter Todd, graduate students at the Betty Irene Moore School of Nursing at UC Davis, received 45 and Under Awards from the National Black Nurses Association (NBNA) at the organization’s 46th annual conference this summer.

The awards honor and celebrate NBNA members 40 and under who show strong leadership and demonstrate excellence and innovation in their practice settings, their NBNA chapters and in the communities they serve.

Sherena serves as a clinical nurse in the UC Davis Medical Center emergency department, and Carter is a pediatric intensive care nurse at UC Davis Children’s Hospital. Both are in the second-and-final year of the School of Nursing’s full-time, professional degree program that prepares graduates for health care leadership roles in a variety of organizations and as nurse faculty at the community-college level.

In addition to leading and participating in a variety of community and professional activities, Carter and Sherena also teamed up as co-founders of the Sacramento region’s first nationally affiliated chapter of NBNA.

“When I began my journey as a nurse, I never dreamed I could contribute past the bedside. Now, I’m a nurse, a mentor and a leader in my community,” Sherena said. “I hope to leverage this honor by illustrating to younger African-Americans they should choose nursing as a career. I hope to mentor and guide them in seeing what health care has to offer.”

“Coming from a background like mine gives legitimacy to the younger African-American men that I mentor that being able to refocus energy into serving others will ultimately take you wherever you want to go,” Carter said. “The award does a lot to signify how critical the role of nurse is in not just the clinical setting, but also within the communities with which we serve.”

Sherena volunteers to establish the Sacramento County Commission on the Status of Women and Girls, where she works to make the region a CEDAW city: The Convention on the Elimination of All Forms of Discrimination Against Women. Carter currently conducts research in Sacramento barbershops with the aim of increasing African-American men in nursing.

“When I began my journey as a nurse, I never dreamed I could contribute past the bedside. Now, I’m a nurse, a mentor and a leader in my community.”

– Sherena Edinboro

“Coming from a background like mine gives legitimacy to the younger African-American men that I mentor that being able to refocus energy into serving others will ultimately take you wherever you want to go.”

– Carter Todd
Certifications

Newly specialty certified nurses

Adult Gerontology Acute Care Nurse Practitioner (AG-ACNP)
Christine Picinich

Cardiac Vascular Nurse (RN-BC)
Lauren Gerety
Janet Wells

Certified Emergency Nurse (CEN)
Lindsay Barrett
Kathleen Boden
Michael Diaz
Carolyn Lea
Megan Sammarco
Travis Scrivner
Erika Teply

Certified Gastroenterology Registered Nurse (CGRN)
Julie Miller

Certified Hospice and Palliative Nurse (CHPN)
Lauren Aloisio

Certified Medical Surgical Registered Nurse (CMSRN)
Monroe Abelarde
Fe Bumanglag
Alejandro Joseph Desierto
Courtney Ducey-Hardos
Dinah Ginete
Jersie Guzman

Alesksandra Kireyev
Stephanie Kraft
Thanh Nguyen
Roslyn Taigeron
Benjamin Villarreal
Norabel Zafra

Certified Nurse Operating Room (CNOR)
Nicole Douglas

Certified Pediatric Nurse (CPN)
Jennifer Hemus

Certified Radiology Nurse (CRN)
Colleen Tenbrink

Critical Care Registered Nurse (CCRN)
Maritess Joy Asumen
Alexandra Baddley
Michael Bragonje
Benson Cobbold
Andrea Crader
Melissa Davis
Gina Finical
Artak Galoyan
Galoyan Hamamoto
Giselle Huybrecht
Tristan Kable
Jerry Kerekes
Irina Khoklan
Andrew Koroma
Christina Matson
Jenifer Murphy
Karlo Openiano
Kristina Rodriguez
Julie Schimpf
Jennifer Stein
Michael Tan
Michelle Tom
Jamie Yang
Renato Zafra

Family Nurse Practitioner (FNP-BC)
Claire Basco

Inpatient Obstetric Nursing (RNC-OB)
Laura O’Neill

Medical Surgical Registered Nurse (RN-BC)
Colin Bonham-Lovett
Gilbert Mendoza
Annie Tat

Neonatal Critical Care Registered Nurse (CCRN)
Kristine Frederickson

Neonatal Intensive Care Nursing (RNC-NIC)
Erika Milton
Alyssa Soto
Nursing Professional Development (RN-BC)
Michelle Linenberger

Pediatric Critical Care Registered Nurse (CCRN)
Janeen Anderson
Melissa Barbato
Shelli Beck
Sharon Benjamin
Courtney Bhardwaj

Primary Care Certified Pediatric Nurse Practitioner (CPNP-PC)
Barbara Goebel

Progressive Care Certified Nurse (PCCN)
Sandra Burlardo
Shoharab Chaudhary
Crystal Lee
Michelle Youman

Vascular Access Board Certified (VA-BC)
Denise Eisele

Barbara Fleming
Michelle Foster
Laura Frazier
Nicole Goodrich
Jennifer Grzybowski
Sarah Hernandez
David Kellner
Deborah Meyers
Carlye Miller
Holly-Anne Olmsted
Nicole Vance
Virginia Wood
No matter what unit you work in as a nurse, at some point you encounter the death of a patient. Feelings of helplessness are normal – not only for grieving families, but for staff as well.

As caregivers, we’re used to being able to “fix” many things, or at least make them a little better. But at the end of a patient’s life, it’s important for us to remember that an inability to cure does not mean an inability to care.

When a child in the pediatric ICU (PICU) at UC Davis Children’s Hospital dies and the family chooses to donate their organs, a ceremony called the Honor Guard is performed. The practice was inspired by a photo of physicians in China, who bowed before the bed of a child whose parents had decided to donate their organs.

Designed and implemented by the PICU peer support team in October 2016, and recently adopted by the adult ICU, the Honor Guard is performed when the late patient is wheeled from their hospital room to the OR for donation. A page notifies everyone in the unit, and all available staff (such as housekeepers, nurses, doctors, pharmacists and social workers) line the hallways and stand in silence.

The practice came about as another way to show compassion and gratitude, and to honor the families and parents of children. An unexpected result was also increased feelings of empowerment and increased camaraderie among staff. The Honor Guard was the highest-rated resource from the end-of-life toolkit in a survey among PICU nurses at UC Davis Health this year. It only takes a moment, and it allows staff to recognize the patient and their family.

Established in 2017, the discharge team focuses on improving patient flow and successful transition of care. Thanks to this team of nurses, patients leaving the hospital are greeted by a welcoming area in the pavilion lobby where they can wait safely until their discharge needs are met.

The team supports all inpatient units and bedside nurses, and encourages partnership among staff to improve patient experience. Through collaboration with inpatient units, outpatient pharmacy, discharge planning and other medical staff, UC Davis Health improved the discharge-by-noon rate from 13.7 percent in March 2017 (439 patients) to 17.4 percent in June 2018 (508 patients).

Nurses on the discharge team work diligently to develop trusting relationships with stakeholders and to provide continuous improvements to the discharge process. They have excelled in patient experience and patient safety, and take great pride in being a part of the journey to excellence.
Clinical Practice Model Project: October 2018 upgrade

At UC Davis Health we use the Clinical Practice Model (CPM) from Elsevier’s Care Planning content for our nursing documentation. In October, along with our Epic version upgrade, we will upgrade our clinical content to the CPM 2017 version. The goal is to focus on the nurse’s ability to efficiently document care and to create individualized patient stories with the latest evidence-based practice CPM content.

Elsevier Care Planning in Epic is a comprehensive documentation system designed to support evidence-based, patient-centered care, interprofessional integration, and care coordination. It includes documentation for six interprofessional processes of care:

- Capturing the patient story
- Planning individualized care
- Providing care and education
- Evaluating progress toward goals
- Providing professional exchange of patient information

The patient story informs the Plan of Care, which drives the interprofessional processes of care, integrating evidence and best practice into the workflow in a way that is both standardized and individualized to patient needs.

This evidence-based professional interprofessional practice model is designed to support care providers in clinical decision making (inquiry, reasoning and judgment) and in applying best practice. Elsevier Care Planning has more than 300 clinical practice guidelines designed to be used by clinicians at the point of care.

To prepare for this update and new expectations, all inpatient and PACU nurses are attending classroom courses, and HSD and ED nurses completing training modules. Nurses will also complete one prerequisite e-learning module on care planning fundamentals, as well as a post-class e-learning module by the “go-live” date in October to view workflow changes in their specific areas of practice.

Some highlights to look forward to include:

- A new avatar
- Changes in pain documentation
- A revamped restraint documentation flowsheet
- A refreshed view of patient profiles to help build a patient’s story
- Upgrades to lines and drains

SPOTLIGHT:
Collaborative sepsis care nurses

A retrospective study at UC Davis Medical Center demonstrated that sepsis-related screenings by registered nurses are associated with a decrease in mortality.

To help ongoing efforts to address sepsis as an important patient safety issue, the Sepsis Improvement Collaborative Committee created the sepsis nurse role and initiated it in December 2017.

The goal of a sepsis nurse is to provide support, education and empowerment to bedside nurses in identifying and treating septic patients, including early identification. They also act as co-leads on the Sepsis Steering Committee and serve as active members of the Sepsis Improvement Collaborative Committee. Through collaboration with providers, sepsis nurses help facilitate bundle compliance for CMS Sep-1 Core Measure for sepsis and septic shock.

Sepsis nurses are available most days from 11 a.m. to 11 p.m. and are reachable via Vocera as “sepsis nurse.”
First PRISM award for a California hospital unit
Tower 4 ENT/Internal Medicine Unit

This August the Tower 4 nursing staff received the first PRISM Award – short for Premier Recognition in the Specialty of Med-Surg – given to a hospital unit in California.

The prestigious award from the Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) is granted to acute-care units that show exemplary work in the areas of: leadership; recruitment and retention; evidence-based practice; patient outcomes; healthy practice environment; and lifelong learning for unit staff.

The rigorous application took more than a year to finish and included submissions from unit-based practice council members, nursing staff and leadership.

Professional Practice Model competition

The Clinical Practice Council would like to announce the winners of the Professional Practice Model (PPM) competition. Unit-based practice councils submitted stories about how the PPM guides nursing practice in their work areas. Congratulations to the winners!

- Best Overall Story: CTICU
- Best Professional Governance Example: Davis 10 Pediatric ICU/Pediatric Cardiac ICU Unit
- Best Professional Relationships and Teamwork Example: Apheresis/PICC Services Department
- Best Nursing Care Delivery Example: Davis 8 Oncology/Bone Marrow Transplant Unit
- Best Exemplary Professional Practice Example: Tower 4 ENT/Internal Medicine/Adolescent Unit

CREDITS

UC Davis Nurse is published regularly to recognize achievements, promote communication and celebrate excellence among nurses across UC Davis Health.

Call for articles

We’re always seeking interesting, informative articles from nurses that currently work at UC Davis Health!

- In order to print as many articles as possible, our desired length limit is approximately 600 words.
- Photographs, graphs and charts that enhance the article are welcome, and add interest to the publication. Photos should be submitted in the largest (pixel dimensions) and highest-resolution format (dpi) possible.
- The editorial staff may make editorial changes, or request that authors make revisions, on an as-needed basis.

Help us review

Nurses can also assist by identifying stories to be submitted, or reviewing articles for publication. If you’re interested, please call Ellen Kissinger at 916-734-7819. You can also email questions and comments to “HS-UC Davis Nurse.”

UC Davis Nurse Editor

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