



# Nursing Excellence





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# Right Place, Right Time, BEST Care

**Beverly Hayden-Pugh MOB, BSN, RN**

Senior Vice President Clinical Operations and Chief Nursing Officer

In this past year we have seen exciting change and growth in the care we provide. Several years ago, our Chief Executive Officer, Todd Suntrapak, shared a vision that no child would have to travel more than 30 minutes or 30 miles to reach a Valley Children's Healthcare service. Since then services have grown to include primary care pediatrics in Fresno and Bakersfield and subspecialty services in Bakersfield, Visalia, Modesto, Merced and Fresno. Collaboration with other healthcare institutions has included acute care and primary care organizations with the goal of collaborating for the best care for children. This includes enhanced coordinated care, improved quality, care close to home and increased patient/family satisfaction.

**... a vision that no child would have to travel more than 30 minutes or 30 miles to reach a Valley Children's Healthcare service ...**

The role of nurses in meeting this goal is reflected in leadership, staff and specialty roles working daily to ensure care is accessible and BEST quality. Each nurse contributes through exemplifying excellence each day. This has included providing education to the community or staff at partner organizations. Nurse leaders collaborate with the team and community to establish systems and processes improving access to care. Nurses impact patient throughput, ensuring patients are cared for in the right place at the right time. Nurses coordinate care for complex children, partnering with the family, interprofessional team, primary care provider and multiple subspecialty providers. Nurses facilitate access to durable medical equipment and care after discharge. Nurses provide care and educate patients and families in multiple settings promoting health and healing.

The Nursing Excellence Annual Report highlights our "best" goals reflecting the accomplishments of nursing and the interprofessional team.

#### **Goal: Best Access**

- Clinical Partnerships

#### **Goal: Best Quality**

- Error Prevention
- Pulse Check
- Awards – PICU Beacon Award, Pediatric Trauma Center Designation, U.S. News Best Hospitals - Neonatology
- ECLS – New Program

#### **Goal: Best People**

- The Leadership Challenge and Nursing
- Valley Children's Healthcare and the College of Health and Human Services at California State University, Fresno: An Interprofessional Collaborative
- Recognition of nursing excellence in Leadership, Education, Clinical Practice, Innovation in Professional Nursing, Team and Friend of Nursing

Being the best is seen in many aspects of the care provided by nurses and the interprofessional team. It is in the smiles and thank yous of our patients, families, and colleagues who share in recognizing the impact you make. Thank you for bringing your best each and every day to all interactions, improving access and quality of care. It's through your best that we are best at bringing quality care in the right place at the right time to children of the Central Valley.

# Transformational Leadership



## Hospital Profile

**358**  
Licensed Beds



**12,979**  
Inpatient Admissions

**205.8**  
Average Daily Census



**121,852**  
Emergency Room Visits



**13,648**  
Surgery Cases

**156,142**  
Physician Practice Visits



**1,298**  
Transports (Air and Ground)

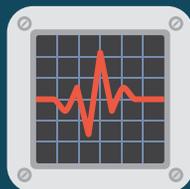


## Nursing Profile

**912.12**  
RN Number of FTEs



**5.18%**  
RN Vacancy Rate



**10.15**  
RN Average Length of Service (in years)

**7.33%**  
RN Voluntary Turnover Rate



## Nursing Council Engagement

### Valley Children's Healthcare – Fiscal Year 2016

Accomplishments achieved through nursing council engagement at Valley Children's demonstrate representation and collaboration at its BEST. Our Nursing Governance structure empowers nurses at all levels and from various settings to improve patient care through interprofessional partnerships.

Councils	RN Participants	Interdisciplinary Participants
Executive Nursing Council	22	1
Practice Council	25	2
Nurse Practitioner Council	43	0
Nursing Peer Review Committee	17	0
Restraint Subcommittee	7	6
PCD Leadership	10	1
Nursing Informatics Council	19	3
Professional Development Council	24	4

Committees	RN Participants	Interdisciplinary Participants
Patient Family-Centered Care Committee	21	9
Palliative Care Steering Committee	18	7
Cultural and Linguistic Subcommittee in Action	3	9
Patient Family Education Committee	7	9
Grievance Committee	2	2

When we give  
**OUR BEST...**

*I just want to give thanks for the effort to give good service because even though [some of] the nurses don't speak Spanish, they help you very well.*

### 2016 Accomplishments

#### Enhanced practice

- Simulation training for ECMO
  - EMRT
  - Palliative Care

#### Enhanced patient quality and safety through initiatives addressing:

- Catheter-associated urinary tract infection (CAUTI)
- Central line-associated bloodstream infection (CLABSI)
- Surgical site infection (SSI)
- Pressure Ulcers
- Error Reduction
- Whole system measure (WSM) codes

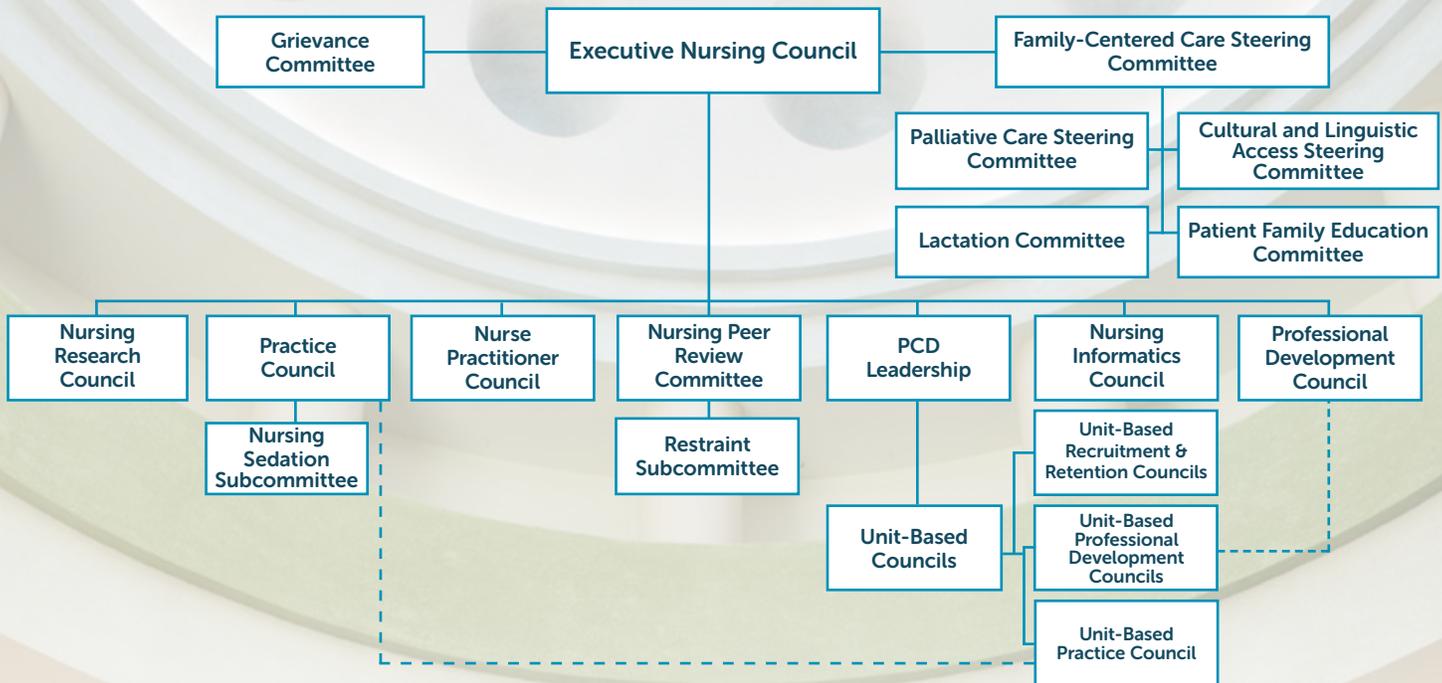
#### Improved systems and processes

- 5.67 Meditech Upgrade
- Enhanced Learning Management System (LMS)
- Supported rapid cycle change process
- Refreshed the Competency Program
- Extracorporeal Membrane Oxygenation (ECMO)

#### Introduction of new products including:

- Hand Mitts
- Safety IV Catheters
- ENfit conversion

# Nursing Governance Structure



## 2017 Governance Chairs

- Grievance Committee: Margi Dragomanovich, BSN, RN and Christine (LeAnn) Kozub, BHA, RN
- Executive Nursing Council: Rachel Hernandez BSN, RN, CPON
- Family-Centered Care: Mary-Ann Robson, MN, RN
- Palliative Care: Margi Dragomanovich and Stephanie Fisher, MSN, RN, CPNP
- Cultural and Linguistic: Deonna Villegas-Mcpeters, MSW, LCSW, ACM and Maria "Liz" Mejia, Supervisor Interpreter Services
- Patient Family Ed: Marlynn Santiago, BSN, RN
- Nursing Research: Katie Chan-Boeckh BSN, RN
- Practice Council: Emily Hunt, MSN, RN, CNS, ACCNS-P, CCRN-N
- Nurse Practitioner: Terea Giannetta, DNP, RN, CPNP, FAANP
- Nursing Peer Review: Jane Henning, ASN, RN and Natasha Reilly, BSN, RN
- PCD: Daniel Davis, MHA, BSN, RN, NE-BC
- Nursing Informatics: Allen Henning, BSN, RN, CPN
- Professional Dev: Christina Ledak, MSN, RN, CNL
- Nursing Sedation: Kimberly Sutters, PhD, RN, VA-BC
- Restraint: Carla Stanley, MBA-HC, BSN, RN, FACHE, HCM-BC, NEA-BC, NE-BC

Valley Children's Healthcare

# The Leadership Challenge and Nursing



According to authors<sup>1</sup> of *The Leadership Challenge*, a best-selling business book for three decades, leaders take people and organizations to places they have never been before. They get people moving – not only to accomplish a task, but also to achieve a vision.<sup>2</sup>

“There’s a difference between the responsibilities of a manager and of a leader,” said Ellen Bettenhausen, MAOL, Physician Leadership Development & Engagement Consultant at Valley Children’s Hospital. “Management focuses on getting results today. Leadership is also concerned with that, but leaders must also focus on growing an organization that can adapt and handle the challenges of tomorrow.”

Transformational Leadership is a major component in the Magnet Recognition Program<sup>®</sup> of the American Nurses Credentialing Center (ANCC). With this component, the ANCC sets a standard for nurse leaders to transform their organizations to meet the future. According to the ANCC, transformational nurse leaders must “enlighten the organization as to why change is necessary, and communicate each department’s part in achieving that change. They must listen, challenge, influence, and affirm as the organization makes its way into the future.”<sup>3</sup> These ANCC standards for Magnet<sup>®</sup> Recognition fall in line with the five practices of *The Leadership Challenge* – five consistent behaviors and

actions uncovered by researchers who asked leaders what they were doing when they were at their personal best as a leader.

Valley Children’s Healthcare implemented *The Leadership Challenge* in late 2014. Integration is an ongoing process to promote a universal leadership philosophy and provide a common language of leadership for the organization. The philosophy resonated because of the simplicity of *The Five Practices of Exemplary Leadership<sup>®</sup>*: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.<sup>4</sup>

“This philosophy speaks to each level of leadership, as well as to the breadth of leadership – from administration to bedside,” said Linda Miller, MOB, BSN, RN Director Of Engagement And Development, Valley Children’s. She also noted *The Five Practices of Exemplary Leadership<sup>®</sup>* provide a framework that both clinical and nonclinical leaders can easily identify with, regardless of how long they have served in leadership. “The five practices apply to all levels of leadership, from a clinical nurse who becomes a charge to our executive team,” said Linda.

Implementation of the new philosophy involved training nearly 300 leaders, including 30 medical

<sup>1</sup> James Kouzes, Dean’s Executive Fellow of Leadership, Leavey School of Business at Santa Clara University, and Barry Posner, Accolti Professor of Leadership and former Dean (1997-2009) of the Leavey School of Business, Santa Clara University. <sup>2</sup> Kouzes, J. and Posner, B. (2012), *The Leadership Challenge*, San Francisco, CA: Jossey-Bass. <sup>3</sup> <http://www.nursecredentialing.org/MagnetModel#TransformationalLeadership>. <sup>4</sup> Kouzes, *The Leadership Challenge*

directors and five medical staff officers. "All our leaders attended the two-day workshop where we introduced the model, provided an experience in each of the five practices, and considered how the behaviors apply in our environment," said Ellen.

During the early stages of implementation, each leader received feedback on their leadership style through a 360-degree assessment tool. "Credibility is the foundation of leadership," said Ellen. "In order to build credibility, leaders need to be grounded in who they are and consistent in 'walking the talk.'"

### **Credibility is the foundation of leadership, In order to build credibility, leaders need to be grounded in who they are and consistent in "walking the talk."**

Ellen Bettenhausen, MAOL, physician leadership development & engagement consultant, Valley Children's

The ANCC's description of Transformational Leadership states the following:

*It is relatively easy to lead people where they want to go; the transformational leader must lead people to where they need to be in order to meet the demands of the future. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice.<sup>5</sup>*

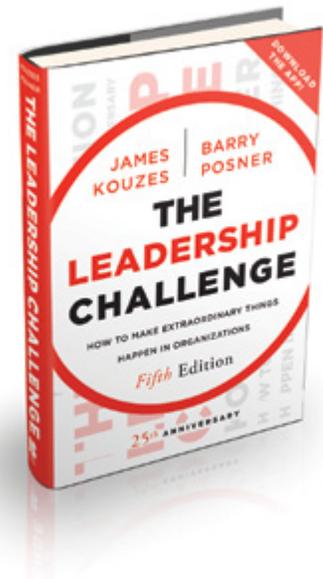
The Magnet Recognition Program® promotes the idea that exemplary leaders transform their organization's values, beliefs, and behaviors. The Leadership Challenge shows them how.



"Our first year was focused on rolling out this new leadership philosophy," said Ellen. "Now we're working on anchoring it into our culture, and how we help our leaders engage in these behaviors regularly."

"What has been such an incredible affirmation for me is when we hear others use the same phrases we've taught them," said Linda. "For example, in a meeting a leader will say something like, 'Does that really model the way?' or 'I can see how that will inspire a shared vision.' With the five practices of The Leadership Challenge, we now have a common approach to support our growth as a network."

Leadership will always be a challenge, but with this evidence-based philosophy practiced by transformational leaders throughout the organization, Valley Children's is well positioned to make its way into the future with vision and influence.



### **The Five Practices of Exemplary Leadership**

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

### **The Leadership Challenge Transforms:**

- Values into actions
- Visions into realities
- Obstacles into innovations
- Separateness into solidarity
- Risks into rewards

Source: Kouzes, The Leadership Challenge

<sup>5</sup> <http://www.nursecredentialing.org/MagnetModel#TransformationalLeadership>



# Structural Empowerment

## Professional Development

Percentage of nationally certified nurses

37.51%

RNs with bachelor's degree or higher in nursing

63.38%

RNs Enrolled in an Academic Program

9.86%

Valley Children's Healthcare  
Fiscal Year 2016

## A Broader Perspective

Valley Children's Healthcare and the College of Health and Human Services at California State University, Fresno: An Interprofessional Collaborative

How does the perspective from within a particular discipline affect a clinician's position on an ethical decision, influence the plan of care for a critical injury, or dictate attitudes toward error disclosure?

"When we learn in silos we tend to have a singular view," said Patricia (PT) Lindsey, MSN, RN, CNS, CPN, Manager Clinical Education, Valley Children's. "Learning interprofessionally changes our perspective and broadens our view."

Interprofessional education at Valley Children's with students from California State University, Fresno is cultivating a different way of thinking among our future workforce.

"We traditionally learn the specialty of our field in our silos and then enter a work environment where we're expected to work as a team," said PT. "Even as professionals in the workplace, we have traditionally done our education separately. The idea behind interprofessional education is that we should learn as a team since we perform as a team."

Initiating a formalized collaborative between Valley Children's and the university was a natural offshoot of a vibrant relationship between the organizations.

"The ongoing collaboration between the College of Health and

Human Services at California State University, Fresno and Valley Children's represents a critical partnership that allows students to learn with and from practicing professionals in the field," said Jody Hironaka-Juteau, Ed.D., Dean of the College of Health and Human Services at California State University, Fresno. "Together, we are able to further advance healthcare practice, while strengthening our shared commitment to better serve our Central California region."

"We have a long history together and have worked collaboratively for many decades," said Denise Vermeltfoort, MSN, RN, NE-BC, Director of Regulatory and Clinical Practice at Valley Children's. "This rich background led to discussions of what more we could do to improve the future of education and healthcare, and in December 2014 we had a visioning session that set the stage for what we're doing now."

Collaborative activities include implementing interprofessional educational workshops that feature presenters and facilitators from both organizations. Held biannually at the Hospital, the workshops breakdown traditional learning silos.

"The goal of the workshops is to pull the students and get them in the trenches with professional clinicians," said Jolie Limon, MD, FAAP, Chief of Pediatrics, Valley Children's Pediatric Residency Program. "I love working with nursing students. They often think that everything they know we also know. They don't realize that they have knowledge and a critical role to play, and that we depend so heavily on them. Nurses provide valuable input and we all need one another."

Students and clinicians in several disciplines attended the first workshop, which explored ethics in healthcare. Participants initially gathered solely with others in their field. These silos included:

- registered nurses,
- occupational therapists,
- physical therapists,
- respiratory therapists,
- social workers,
- speech language pathologists, and
- physicians.

After discussing a real-life ethics case, the students and clinicians moved to different tables, forming multidisciplinary discussion groups.

"They had made assumptions in their silos and saw that they had a broader perspective of the case after breaking up their group," said PT. "Some changed their opinion of how they would treat the patient and make recommendations to the family."

"My motto is that we work in teams so we should train in teams," said Dr. Limon. "The essence of the collaborative is learning from, with, and about one another. It's all about breaking down the traditional hierarchy of physician culture – which is physicians on top and everyone else below."

"The impact to the learners in the environment of collaboration cannot

## Purpose

To combine the clinical and academic expertise of both organizations to develop, implement, and sustain effective education and training programs that improve the quality of care and patient outcomes.

## Vision

To implement innovative interprofessional best practices that will positively impact the health of the communities we serve.

## Membership

Meets monthly to discuss upcoming workshops and ways to enhance educational opportunities through collaboration between the professionals at Valley Children's and the students and faculty at Fresno State.

Membership includes:

- 7 Valley Children's clinicians
- 15 Fresno State faculty members
- 2 Honors program students
- 2 Administrative support team members



Pictured left to right:  
Denise Vermeltfoort, MSN, RN, NE-BC; PT Lindsey, MSN, RN, CNS, CPN and Dr. Jolie Limon, MD, FAAP

be overstated,” said PT. “In this setting, students find out that a nurse can teach a physician and learn from a social worker. It takes away the previous stigma of thinking that the physician must know more than me.”



“I’ve had nursing students tell me they find out physicians are just people, too, with their own limitations,” said Dr. Limon. “Students have that ah-ha moment when they meet a physician who doesn’t put an IV in, and that’s when they realize they have different skill sets that augment each other.”

Results of this innovative learning exercise have become a topic of research. Stephen D. Roberts, Ph.d., MBA, CRC, CLCP, CCC-A, FAAA, Associate Professor, Department of Communicative Sciences and Deaf Studies at California State University, Fresno, is compiling data together with Valley Children’s to publish a research paper citing the impact of interprofessional education in the workshop setting.

“The interprofessional learning environment and the theme of collaboration – not just between California State University, Fresno and Valley Children’s, but also within the various disciplines – is one of the most important aspects of this program,” said PT. “Students appreciated the opportunity to collaborate and learn with professional clinicians and faculty. Clinicians enjoyed the multidisciplinary, interprofessional interaction as well. It broadened their point of view of the care of the child.”

This interprofessional collaborative demonstrates that perceptions of patient care can be enriched when various disciplines learn with and from each other. Valley Children’s is committed to increasing opportunities for this style of learning and collaboration to improve care delivery today and in the future.

**“Together, we are able to further advance healthcare practice, while strengthening our shared commitment to better serve our Central California region.”**

Jody Hironaka-Juteau, Ed.D., Dean of the College of Health and Human Services

## Interprofessional Educational Workshops

### November 2015

Topic:

Ethics for Interprofessional Practice

Participants:

27 licensed professionals

27 students

6 faculty

### April 2016

Topic:

Autism Spectrum Disorder

Participants:

47 licensed professionals

18 students

10 faculty

### October 2016

Topic:

Pediatric Head Injury

Participants:

26 licensed professionals

25 students

6 faculty

### March 2017

Topic:

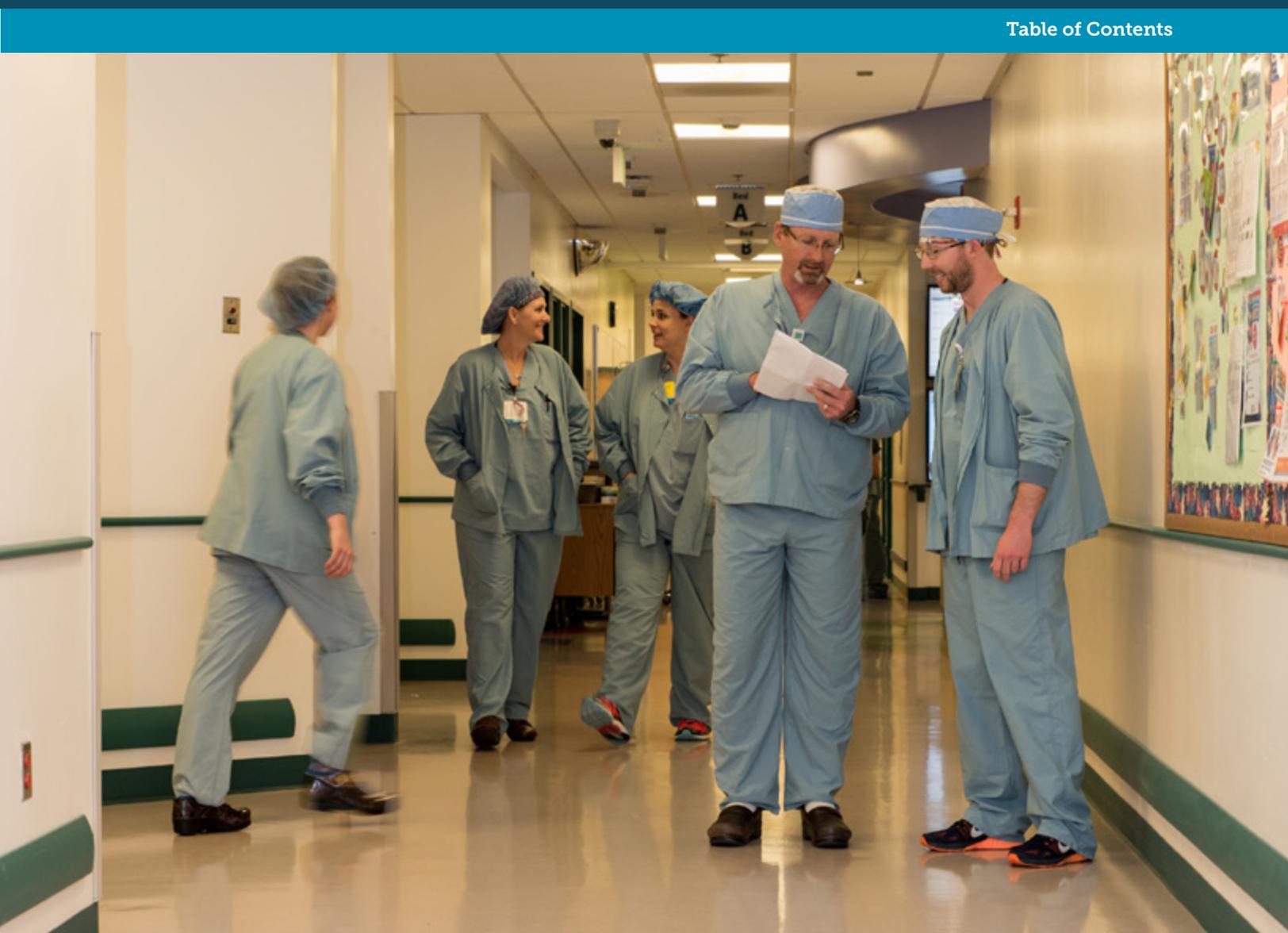
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Participants:

40 licensed professionals

41 students

12 faculty



# Recognition & Awards

## Honoring Nursing Excellence

Evidence of our commitment to providing the BEST care to children and their families in the right place, at the right time is demonstrated in awards received and accomplishments achieved by our nurses.

Valley Children's nurses have been recognized by the Magnet Recognition Program® of the American Nurses Credentialing Center for nursing excellence since 2004. And more recently, Valley Children's Hospital has received national recognition from prestigious organizations such as the American Association of Critical-Care Nurses and U.S. News & World Report – Best Hospitals.

The following pages highlight three impressive achievements of the past year, and profile our Nurse of the Year winners, who are recognized for their outstanding contributions to the profession of nursing and delivery of quality patient care.

Valley Children's is proud of the interprofessional and multidisciplinary collaboration evident in the achievements profiled in this section of Nursing Excellence.





## Valley Children's Healthcare

# Pediatric Intensive Care Unit

For the third consecutive time, the Pediatric Intensive Care Unit (PICU) at Valley Children's Hospital has earned the Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).

Upon measuring leadership, staffing, evidence-based practice, and outcomes against rigorous standards, the AACN awards the Beacon to honor a few select units demonstrating improvements in every facet of patient care.

"This award is not easily achieved and not many PICUs have received it," said Sandy Jensen, BSN, RN, CCRN, PICU Nursing Supervisor, Valley Children's. In fact, just four units in California have received the prestigious award. "As we're onboarding new hires, nurses mention it and how they look forward to being part of such an exemplary team," said Sandy.

According to the AACN, a Beacon Award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.<sup>1</sup>

"It is definitely a nursing excellence award, but we couldn't achieve it without our physicians and other team members," said Carole Cooper, MSN, MHA, RN, CNS, ACCNS-P, Clinical Nurse Specialist, Valley Children's. "They all helped us with this achievement."

AACN reviewers highlighted several strengths at Valley Children's, including the PICU's:

- strong focus on communication and collaboration between leadership and staff,
- robust collaborative governance structure that empowers staff participation in decision-making,
- solid team commitment to integrating patient and family perspectives into the plan of care for each patient, and
- clear use of evidence-based practice to guide care.

"We're reviewing the feedback we received, and are actively working to strive for even greater performance improvement," said PICU and Transport Director Denise



Johnson, BSN, RN. "We have great people, and as we grow and expand our program we're working to achieve and sustain stellar outcomes."

With this commitment to continuous improvement, Valley Children's sets the standard for excellence in every facet of pediatric intensive care.

**This award is not easily achieved and not many PICUs have received it.**

Sandy Jensen, BSN, RN, CCRN, PICU nursing supervisor, Valley Children's

*When we give*  
**OUR BEST...**

*We were all treated extremely well and with so much respect. I wouldn't take my child anywhere else. Best hospital ever!!!*

<sup>1</sup> <https://www.aacn.org/nursing-excellence/beacon-awards>

## Valley Children's Healthcare

# Level II Pediatric Trauma Center Designation

Valley Children's Hospital became a designated Level II Pediatric Trauma Center in 2016, authorizing the Hospital to immediately receive seriously injured children by ambulance and helicopter rather than by transfer from another trauma center.

"The significance of our trauma program for the children of the Valley is that it allows the pre-hospital system to bring patients directly to us – a place that focuses specifically on the treatment of children," said Dr. Michael Allshouse, DO, Medical Director, Pediatric Surgery and Pediatric Trauma Program, Valley Children's. "Studies have shown that for the 3 to 12 age group, outcomes are better for patients cared for at a pediatric hospital."



Achieving this designation is due in large part to the role nurses played in developing the needed skills and competencies to care for seriously injured children.

"Nurses are a critical part of the care of the trauma patient," said Dr. Allshouse. "Our nurses are crucial in emergency, surgery, critical care, and rehab."

"To receive trauma designation, a hospital needs highly trained providers on its nursing staff as well as its medical staff," said Carla Stanley, MBA-HC, BSN, RN, FACHE, HCM-BC, NEA-BC, NE-BC, Director Emergency and Trauma Services, Valley Children's. "Our nurses need to have the clinical training and education required for trauma care."

All nurses in our emergency department took the Trauma Nurse Core Course, and several went to the Advanced Trauma Course for Nurses. Valley Children's also developed the Pediatric Advanced Care for Trauma Educational System, which provides specific education and training on treatment of a multitude of pediatric injuries.

"Above and beyond all that education, nurse educators specific to our trauma department hold regular simulation training," said Carla.

"Nurses were a driving force in acquiring our designation," said Carlos Flores, RN, Trauma Coordinator, Trauma Administration, Valley Children's. "Developing, maintaining, and organizing systems and the clinical care that goes into having this designation would be impossible without nurses to make it happen."

### **"Nurses were a driving force in acquiring our designation."**

Carlos Flores, RN, Trauma Coordinator, Trauma Administration  
Valley Children's

Leadership added as many as 30 positions to the emergency department. Each was trained to work on a trauma team.

"We can activate a whole team to treat complex injuries as soon as the patient arrives in our emergency department," said Dr. Allshouse. "No other hospital in our region offers our depth and breadth of pediatric subspecialty care."

Processes now in place in our trauma program have reduced wait time for non-trauma patients and enhanced our performance improvement systems.

"While we do have physician champions like Dr. Allshouse, nursing has been instrumental in demonstrating that we have all the pieces in place for trauma designation," said Carlos. "Nurses play a vital role in our trauma program."



## Valley Children's Healthcare Neonatal Intensive Care Unit



Valley Children's Hospital has one of the largest neonatal intensive care units (NICU) in the state of California, ranking consistently in the top three in licensed beds, census days, and number of annual admissions. But even with the NICU's remarkable size, the high-performing unit had been overlooked on a national scale until recently.

"Coming to Valley Children's from Cleveland I didn't expect to find much here, and I was stunned by what I found," said Dr. Jeffrey Pietz, Chief of Newborn Medicine at Valley Children's since 2010. "I'd been at UC Irvine Medical Center and at John Hopkins, and nobody knew anything about Valley Children's – the fact that we have this incredible subspecialty depth and breadth."

Now the word is out. U.S. News & World Report's 2016-2017 Best Children's Hospitals rankings recently recognized Valley Children's as one of the best children's hospitals in the country in neonatology.

"We strive to provide patients with the highest-quality information on hospitals available," said Ben Harder, Chief of Health Analysis at U.S. News, whose Best Hospitals methodologies include objective measures such as patient survival, number of patients, infection, adequacy of nurse staffing and more.

**"The skill level of our NICU nurses is very high. When you look at what our nurses do compared to what goes on in the rest of the country, they do things other nurses would not be allowed to do – and they do it well."**

Dr. Jeffrey Pietz, Chief of Newborn Medicine, Valley Children's

"Valley Children's NICU had its light under a bushel," said Dr. Pietz. "It's not that this unit is significantly better than it was. Our NICU has put up some outstanding numbers in terms of survival for a number of years. It's about finally getting recognized."

U.S. News bases each hospital's score on various measures, and while 85 percent of it comes from data, 15 percent is weighted by nominations from pediatric specialists and subspecialists around the country.

"How do you measure prestige? I'll stack our outcomes against prestige any day of the week," said Dr. Pietz. "Our mortality rate was one-fourth the national average in 2015 and one-half the average in 2016. Our morbidity rate is in the top quartile."

"U.S. News is well known for its rankings in multiple categories as something to achieve," said Jennifer Norgaard, MSN, RNC-NIC CNS, ACCNS-P, Clinical Nurse Specialist, Valley Children's. "Ranking among the top 50 neonatology programs nationwide speaks to the quality of our services."

"The skill level of our NICU nurses is very high," said Dr. Pietz. "When you look at what our nurses do compared to what goes on in the rest of the country, they do things other nurses would not be allowed to do – and they do it well."

"The top 50 scorers receive the award, so you are constantly competing with other hospitals," said Jennifer. "If your scores stay the same and another hospital improves, you could lose your standing."

Remarkable scores for measurable data such as 30-day readmissions, incidence of infections and patient volume at Valley Children's NICU have led to national recognition. Now that the word is out, more pediatric specialists and subspecialists will learn what Dr. Pietz discovered upon joining our team. Valley Children's NICU is a light offering hope to families with critically ill newborns by delivering exemplary clinical care.



Valley Children's Healthcare

# Nurse of the Year 2017

## Excellence in Leadership

Vicky Tilton, MSN, RN

An accomplished, new leader can bring new perspectives and cause positive change in a department. Vicky Tilton, Director of Perioperative Services, is that leader to her staff. Vicky came to Valley Children's Hospital with many years of experience in leadership. In her short tenure at our Hospital, Vicky has managed to take 10 different departments and compose a team. According to one staff member, "Vicky's arrival brought enthusiasm, fresh eyes, energy, and a 'fighting for it' attitude that picked the units up and moved them forward."

Vicky took the time to meet with each individual department and the physician groups to discuss their concerns, needs, and where they saw themselves in the future. From this Vicky was able to identify process and workflow areas of focus for performance improvement.

One performance improvement area she helped uncover surrounded wait times for transfer out of the post-anesthesia care unit (PACU). As patients are coming out of the operating room, PACU becomes impacted until children can transfer to their rooms. This backup can prolong operating room case times as well as wait times for patients and families prior to surgery. Vicky worked with physician leaders in the Periop Department to begin a new standard of rounding on patients for discharge prior to starting operating room cases to help reduce the impact of wait time in the PACU, operating room, and pre-surgical holding area. This seemingly small process change in her department caused a ripple of positive effects throughout the organization.

Vicky's leadership does not stop with her own departments. As an empathetic leader, Vicky recognized the impact of surgical holds to the patient, family, and team in the Emergency Department (ED). Vicky was also instrumental in collaborating with the ED and her own team to address opportunities to enhance operations between ED and surgery, which has supported improved patient throughput. Identified surgical patients in the ED are now quickly moved to an area of support until they can undergo surgery. As part

of this transition, Vicky was instrumental in advocating for an in-house anesthesia team to support this and subsequently other patient populations.

Vicky is proud to see Periop nurses and team members serve as members on hospital committees. She views her obligation to recognize the strengths of staff and to utilize them. Vicky believes this not only benefits the department by bringing their best efforts forward, but also keeps staff performing at their best level, knowing they are enhancing the customer experience for our patients and families.

In addition to supporting the professional development of her staff, Vicky also challenges herself. To grow even stronger as a leader, she is pursuing her Master's Degree in Executive Nurse Leadership from Kaplan University. Vicky is also studying to obtain her national certification as a Certified Surgical Services Manager.

Outside of Valley Children's, Vicky is a new member of Children's Hospital Association (CHA), which comprises 220 children's hospitals nationwide. Through this membership, she participates in the Periop Directors Subgroup. Vicky has had the opportunity to help other organizations grow professionally while presenting for this subgroup on Strategic Planning for the Perioperative Setting. The presentation educates other Periop Leaders on the positive impact that Vicky and her team have had on add-on cases for surgery, as well as actual worked hours per operating room case hours.

**We honor Vicky Tilton for taking her team to the next level of Our Best, as well as ensuring the best possible care for our patients and families.**

**Congratulations on being the Valley Children's Nurse of the Year 2017 – Excellence in Leadership.**



Valley Children's Healthcare

# Nurse of the Year 2017

## Excellence in Education

**Candace Biberston, MSN, RN, CPN**

Candace's journey in education began prior to holding an official educator role. While in nursing school, she spent a month in Ecuador serving in rural clinics, teaching subjects like venereal diseases, asthma, and clean water. She also performed HIV testing and administered vaccinations. In Kenya, Candace participated in mission work teaching hygiene, first aid, and nutrition to village health workers. There she built curriculum for the healthcare workers, and performed screening and treatment for the villagers with a village physician.

An area of special interest to Candace is simulation. She is very proficient in the use of high-fidelity simulation in education. She is well trained in the writing of scenarios, mannequin operation, and debriefing. Along with colleagues, Candace introduced simulation as an education modality into various courses at the Hospital, engaging the learner in a safe and realistic experience. This team pioneered interprofessional education utilizing high-fidelity simulation in training medical residents, nursing students, and pharmacy residents together in clinical scenarios.

Candace assisted in the facilitation of two annual Sim Boot-Camps for UCSF Residency, providing the only pediatric clinical scenario experience at the event for nearly one hundred residents. With this group, Candace has co-presented poster presentations at a national level (Interprofessional Simulation in Focused Pediatric Resuscitation, Magic in Teaching, 2013), and an international level (Use of High Fidelity Simulation in an Interdisciplinary Preceptor Program, International Meeting for Simulation in Healthcare, 2014).

Not one to be stagnant in a changing environment, Candace chartered a course of new direction for the Professional Development Council, giving bedside staff a solidified purpose and voice in the oversight of the Preceptor Development, Certification Preparation, Scholarships, Academic Progression, and Clinical Advancement Program, while streamlining house-wide education requests. She continues to present innovative ideas for others by participating on the council as a support resource.

Other committees Candace has participated in include: Past President-Elect and President of Educators of Central California Health Organizations (ECCHO), Member of Association for Nursing Professional Development, Life Member of National Society of Collegiate Scholars, Past Director on the Board of Directors for the National Student Nurses Association, and Past Convention Director for the Board of Directors of the Utah Student Nurses' Association, coordinating the curriculum, speakers, and vendors for their annual convention in 2008, which included her own podium presentation on understanding policies.

As a co-coordinator, Candace helped lead an interactive preceptor course for nursing and ancillary staff members, as well as Acute Care Core. Just prior to moving into the Clinical Education Specialist role, Candace led a group to develop a new cache of resources on various equipment and procedures called "Just-In-Time" (JIT) teaching sheets. These sheets are available for staff to access online 24/7. The JIT sheets list quick, policy-based instructions along with visual content to serve a variety of learners.

Through all of this, Candace's work for the community we serve, and her passion for progressing in the profession has not stopped. Candace recently developed a monthly healthcare-based curriculum for Fresno First staff, women, and families in the CalWORKs project. This program is dedicated to helping women through the challenges of recovery from alcohol and drug addiction, as well as co-occurring mental health issues. Curriculum topics include childhood disease, infection prevention and dietary needs. Her passion for progressing in the profession of nursing has led her to embark in a Doctorate of Nursing Practice Program in April.

**We thank Candace Biberston for her outpouring of new ideas and innovations to further educate Hospital employees and the community.**

**Congratulations on being the Valley Children's Nurse of the Year 2017 – Excellence in Education.**



Valley Children's Healthcare

# Nurse of the Year 2017

## Excellence in Clinical Practice

Tiffany Tharp, RN, BSN, CPN, PHN

A colleague recently said of Tiffany, "she is the perfect example of someone who represents, carries out, and constantly delivers our core values." Over the course of nine months, Tiffany transitioned from working as a Cardiac Catheterization Laboratory (Cath Lab) RN to Charge Nurse overseeing both Cath Lab and Interventional Radiology (IR). As a new Charge Nurse for Cath Lab, Tiffany was tasked with helping develop the IR department, where she provided clinical nurse leadership with limited knowledge of the specialty. Now, colleagues in both Cath Lab and IR seek out Tiffany for her expertise.

Tiffany collaborated with Dr. Trevor Zollinger-Davis, Pediatric Interventional Radiologist, to develop the IR program. She worked diligently with Dr. Davis, other physicians, and perioperative leadership to assess immediate and long-term needs for both departments. Tiffany helped develop innovative case schedule plans, staffing models, and competency checklists for nurses in the new specialty area. She also updated and improved those existing for Cath Lab.

Tiffany has made many contributions to the professional development of nursing to support nursing practice and quality care delivery. She developed the IR RN training program, including an RN competency checklist. She revised the Cath Lab orientation/training binder. Tiffany also implemented monthly staff in-services on congenital heart defects to increase knowledge of our patient population. Through her ongoing collaboration with other pediatric institutions, she has arranged staff site visits to other Cath Labs and IR departments to learn best practices, review opportunities to standardize practices, improve processes, and influence team building and morale.

As much as Tiffany has poured into developing her staff and departments, she does not stop there. Tiffany welcomes educational, conference, and networking opportunities. She is open to taking on any challenge to broaden her experience and increase her knowledge. One example is her collaboration with key Valley stakeholders to start the first Central Valley Chapter for Interventional Radiology Nurses.

Tiffany's strive for excellence in clinical practice does not forget patients and families. She is known for ensuring parents and patients have all questions answered, even if it means pausing en route to a procedure to answer questions and ensure parents give hugs.

Tiffany participates on various committees throughout the organization, including Periop Parent/Family Education, Cardiac Cath Lab Radiation Safety and Monthly Research Meeting, Morbidity and Mortality for Cardiology, Interventional Radiology Planning Committee, Design Team for Customer Service Program, and the Culture of Safety and Error Prevention Trainer.

She also provides nursing support through volunteer efforts every Saturday during baseball season for the Liberty Ranchos Youth Baseball League. There, Tiffany helps run the first aid station for all children, families, and visitors spectating or playing the sport. Tiffany is also an active member of the Parent Club within her children's school district.

Dr. Carl Owada, MD, FACC, FSCAI, Director, Cardiac Catheterization Laboratory best described Tiffany's clinical excellence: "Tiffany transitioned from the PACU and entered the realm of cardiac catheterization as a staff nurse not knowing there was a perfect storm brewing. We had just lost the Cath Lab charge nurse, OR administrative leadership was in flux, new Cath Lab staff were on boarding, and there was this novel program called Interventional Radiology that needed to be created. Tiffany ignored the storm warnings and accepted the position of charge nurse over Cardiac Catheterization and Interventional Radiology. She literally headed into the storm armed only with passion, commitment and dedication to the mission of the hospital. Mind you, she had no content expertise taking on this challenge having never worked in a cardiac or interventional laboratory, two very disparate yet similar disciplines. She asked questions, read, and sought advice from others. She has quickly become the content expert; the go-to person. Under her leadership and example, the dark storm clouds have parted and the future forecast is predicting clear skies."

**We thank Tiffany Tharp for her invaluable contributions to staff, patients and families of Valley Children's including Cardiac Cath and Interventional Radiology, and also the community.**

**Congratulations on being the Valley Children's Nurse of the Year 2017 – Excellence in Clinical Practice.**



Valley Children's Healthcare

# Nurse of the Year 2017

## Innovation in Professional Nursing

Ruthrolen (Ruth) Martinez, BSN, RN

As our Hemophilia Nurse Coordinator, Ruthrolen (Ruth) Martinez has been instrumental in organizing well-attended events in support of the hemophilia community. By facilitating both patient and family educational events and professional education for school nurses throughout the Central Valley, Ruth provides vital information about this medical condition that impairs the body's ability to make blood clot.

Ruth provided extraordinary leadership for Hemophilia Genetic Testing Day held January 2016. Through her efforts, family members of patients with a bleeding disorder diagnosis were able to receive free genetic testing – a test that can cost more than \$1,000. To plan and carry out this innovative event, Ruth coordinated all logistics required of such an ambitious undertaking, including working with providers to obtain consent forms, arranging for the testing to take place, and securing the lab for special handling of the samples. Ruth also put together the front-end staff to schedule and register family members, and arranged for social workers to meet with families, address any questions posed by testing participants, and provide assistance for transportation to the event if needed. Ruth also submitted a grant to acquire funding to help with the expense of such an endeavor, especially in light of the extra costs involved with the overtime hours related to holding the event on a Sunday.

The implementation of Hemophilia Genetic Testing Day allows for new mutations to be identified in the genome of the hemophilia trait, which will expand the availability of knowledge and improve treatment for those who have the disease worldwide.

This event was so successful that it was accepted as a poster for excellence in clinical practice at the World Federation of Hemophilia World Congress that occurred in Orlando in June 2016, with more than 20,000 attendees. Ruth and several other staff attended and were present during the poster session.

Ruth's project attracted many questions from other Hemophilia Treatment Centers (HTCs), which then requested the logistics used so they could replicate the processes in their communities.

Valley Children's has the only federally funded HTC in the region recognized for providing comprehensive care to individuals with bleeding and clotting problems. Serving as a resource is a big part of the Hematology program goals, and Ruth has played a significant role in helping Valley Children's reach these goals.

Ruth developed and coordinated a nursing quality improvement project. Again with the use of a grant, Ruth organized a half-day educational session for school nurses throughout the Central Valley to learn about bleeding disorders and how to manage them at school. It was presented in August 2016 so the school nurses would have the information prior to the start of the new school year. Over 100 nurses attended from 12 school districts. The evaluations were incredibly positive, and many nurses requested another session with further education. Ruth is involved in the planning process for that event, coming August 2017.

Ruth is also the camp nurse for Camp Hemotion, the Hemophilia Camp located near Oakhurst. Camp Hemotion is a collaborative event that hosts children from all of Northern California. Ruth works with the nurses, doctors, and staff from multiple HTCs to provide a safe and fun summer experience for children with bleeding and clotting disorders. Her dedication provides nursing expertise at camp and a familiar face for children from our own HTC who attend the event.

**We salute Ruth Martinez for her inspiration and initiative in helping families, patients, and nurses treat the various hemophilia diseases in the world.**

**Congratulations on being the Valley Children's Nurse of the Year 2017 – Innovation in Professional Nursing.**

## Valley Children's Healthcare

# Team Excellence 2017



In 2015, Valley Children's began to develop an extracorporeal membrane oxygenation (ECMO) program. A core team of clinical experts from our neonatal and pediatric critical care nursing and respiratory teams were chosen to become ECMO Specialists, and began training to manage this lifesaving therapy. The team faced a highly daunting task: to leave their comfort zone as experts in their respective departments and develop new knowledge and skill.

As the team embarked on this journey, they knew it would take a great deal of effort and dedication to become the experts our patients and families deserve. To achieve this goal of growth and excellence, the disciplined team diligently upheld the L.E.G.A.C.Y. care delivery model.

The endeavor required strong leadership from Valley Children's ECMO coordinator, Deborah (Deb) Hernandez. ECMO was a new clinical area for Deb, yet she took on the challenge of building the program, relying on content experts and attending multiple conferences to grow her knowledge base. In times of doubt, frustration and challenges, Deb proved a true leader. She lifted up the team, encouraged each member, and imparted strength.

The Primer/Initiator group also demonstrated leadership. This team arose from our ECMO Specialists to attend additional training sessions that would allow them to become content experts. As champions of the program, they now function as mentors.

The ECMO team has gone above and beyond to provide excellent patient and family care, working over 2,400 hours bedside while learning from preceptors to

provide the best care possible. In addition to bedside training, this amazing group of individuals transcended regularly scheduled shifts to put in a combined 2,234 hours of education to ensure competency. These hours do not account for the endless independent study hours, group study nights in a member's home, or conferences attended.



Harry Kallas, MD,  
Pediatric Intensivist  
ECLS Medical Director

Although Valley Children's ECMO program is in its early stages, the team has grown tremendously and continues to work towards its goal of full autonomy from its preceptors. One ECMO Specialist says, "Our team has grown from the overwhelmed, unsure novices that we were, to the proficient, excited, and determined team we are today. Our goal is to grow and develop into experts, one day serving as leaders in the national ECMO community."

Recognizing that having a child on ECMO must be an overwhelming experience, the team does everything in their power to provide emotional support. They also provide valuable education on ECMO therapy to families, who are as integral to this program as the Specialists.

Participation requires an extremely high level of accountability. ECMO Specialists must make clinical judgments in collaboration with the surgical and medical teams to improve patient outcomes. They must be experts in hemodynamics, advanced lab value analysis, physics, and specialty equipment.

Team members came from different backgrounds, specialties, and training to form one cohesive team. They quickly learned that mutual respect, collaboration, and encouragement were essential to develop, and that each individual brings special knowledge to the team to strengthen them as a whole.



ECMO is still a relatively new therapy with no internationally accepted standards to best perform it. Without clear standards, it can be challenging to define your professional practice. However, over the last year, this multidisciplinary team has worked tirelessly to define best practice. They sought ECMO content experts and equipment specialists, and performed countless literature searches to ensure Valley Children's is providing the best, safest care possible to our patients.

Throughout program development, the team has had to handle frustration caused by ambiguity, sadness when a patient passes, and challenges that arose when a concept seemed too complex. In these difficult moments, when teamwork is crucial, the group encouraged and inspired one another, showing resiliency, determination and compassion. They entered into the unknown and created a program to be truly proud of.

The ECMO team is currently working to be recognized at the international level as an Extracorporeal Life Support Organization (ELSO) Center of Excellence. ELSO is a consortium of physicians, respiratory therapists, nurses, perfusionists, ECMO Specialists, and other healthcare practitioners dedicated to the development and promotion of ECMO as a lifesaving therapy. Valley Children's ECMO team aligns with the organization's mission to promote innovation, expertise, clinical support, and community.

A portion of the team will be travelling to Baltimore in September for the Annual ELSO Conference, where they hope to present the team's work creating a high-fidelity ECMO Simulation Camp in which participants went through 8-hour intensives simulating ECMO initiation, ECMO emergencies and troubleshooting, and patient transport.

The greatest testament to this team comes from the little ones they care for. The lives of 15 children have been saved because of their efforts. What better evidence to Team Excellence than that?

The team expresses gratitude to their wonderful preceptors and colleagues from ECMO Advantage, especially Randy Bartilson, RN/RRT, President of ECMO Advantage; Laurie Fenton, RN, Director of Clinical Operations; Cheryl Poliquin, RN, ES; Shanna Seigal, RRT, EAEC Coordinator, ES; and Tony Weber, RRT, ES. "We could not have built this program without you and we are so grateful for your guidance and patience!"

**We salute the ECMO Team for their commitment to evidence-based medicine, and their dedication to their patients, profession, and to our hospital.**

**Congratulations on being Valley Children's Team Excellence 2017 award winners.**



# Valley Children's Healthcare Friend of Nursing 2017

Jody West, Pharmacist, Perioperative



Often times as nurses, the greatest tool we can have in our bag is not a stethoscope or even a pen, but a pharmacist who can help ensure patients are getting medications in a timely manner. Jody West, RPh, has gone above and beyond that call to help nurses within Valley Children's Healthcare ensure their patients' needs are met in some of their most vulnerable moments.

Jody has served as the lead chempack pharmacist, and provides training on operations to all new staff in our pharmacy. She demonstrates great care when managing our Transport Team bags and emergency equipment, and has been a valued representative for our satellites and offsite clinics.

Jody has helped the Operating Room (OR)/Day Surgery team meet and sustain their goal for first-start cases starting on time. A vital team member, she has offered to come in early on scheduled days and even on her days off to verify orders and order sheets, as well as verify and deliver medications. Jody will also spend time for longer OR cases to anticipate the needs of our physicians and perfusionists, and coordinate with circulating nurses.

Jody coordinated the Malignant Hyperthermia Cart set up and training that included team members from the pediatric intensive care unit (PICU), OR, MRI, and Sedation services.

Jody's help for nurses reaches outside the doors of the Valley Children's Hospital to the whole of our group as a healthcare network. Many times, she has come in on weekends or even late at night to provide assistance to our neonatal intensive care unit (NICU) satellites and the subspecialty clinic in Merced, where she manages and inspects all medications in the office. She also ensures staff access to the most up-to-date medication books and reference materials.

Jody has proven herself a friend of nurses no matter their location or the day and time. Once at the Merced NICU, a drawer in the pyxis failed on a Sunday night, and Jody was the only one who could help. Pharmacy staff called and asked if she would be willing to make the drive. Jody followed through with a grateful heart.

The Valley Children's Transport Teams transfer more than 1,300 patients annually over more than 11 counties. Jody plays an instrumental role ensuring the medication bags for both the Pediatric and Neonatal Transport Teams are fully stocked at all times. She provides crucial support to nurses and respiratory therapists who depend on her to provide the right medication at the right time in potentially the scariest time for a child or parent. When medications are identified as an alternative to the Transport Team's bag, Jody balances the safety of having the medication in the bag, determines if room is available, and processes all policy updates as needed.

Director of Pharmacy Melissa Chase, PharmD, says of Jody, "She will do whatever it takes for the care of our kids any time of day."

**We thank Jody West for her exceptional efforts in pharmacy safety at Valley Children's and her tireless support of our nurses.**

**Congratulations on being the Valley Children's Friend of Nursing 2017.**



When we give  
**OUR BEST...**

*Doctors and nurses recognized us in the hallways and asked how we were doing. You have a great team. Keep up the great work!!*

# Exemplary Professional Practice



**Nursing Professional Practice Model**

As shown above, the Valley Children's Hospital Nursing Professional Practice Model (NPPM) demonstrates "the integrated, interrelated relationship of the 12 components of the model, which weave around the patient and family. The Patient/Family is core. The components are reflected on a contiguous ribbon with no beginning and no end. Each component is equally weighted, flexible and adaptable. All components must be present to maintain balance in the structure."<sup>1</sup>

<sup>1</sup> Adapted from a research study by Vermeltoort, D., Dragomanovich, M., and Mountcastle, K. Common Components of Current Nursing Professional Practice Models in the Hospital Setting in the United States of America – A Qualitative Study.

## Error Prevention A Mindset & A Practice

In January 2016, Valley Children's Hospital embarked on a culture transformation journey with Children's Hospitals' Solutions for Patient Safety (SPS) to become a High-Reliability Organization as a Wave 5 hospital. Leadership implemented a hospital-wide strategy toward zero harm that called for a shift in attitudes and behaviors related to patient safety.

"Error prevention is a mindset not just a practice," said Karen Dahl, MD, Vice President, Quality and Safety, Valley Children's "Hand washing is a practice. How we take care of a surgical site to prevent infection is a practice. Error prevention is about changing the way you think and communicate."

The yearlong safety culture implementation with SPS leverages collaboration within the national network of children's hospitals to ensure safe care for all children.

"One component of becoming a High-Reliability Organization is speaking about the magnitude and importance of medical errors," said Dr. Dahl. "How is quality and patient safety not the most important thing we do? It starts with recognizing that preventable harm is still occurring in healthcare."



Krickett Pal, ASN, RN, CIC, Manager, Infection Prevention and Control, is pictured facilitating a Zero Hero Huddle in Craycroft. The Infection Prevention Team adheres to guidelines established through Certification with the Board of Infection Control and Epidemiology, Inc. with the Association for Professionals in Infection Control and Epidemiology.

A core safety team of physicians and nurses in leadership committed to participate in all SPS Wave 5 training events, both in person and via webinar. The training began with learning how to define a safety event.

“One of the things that is really exciting for me about the culture change around error prevention is how we define preventable harm,” said Mary-Ann Robson, MN, RN, Valley Children’s. “It used to be outcome based, but there can be a poor outcome even when the team is doing everything right.”

“Preventable harm results from doing something we shouldn’t have done or not doing something we should have done,” said Dr. Dahl. “It’s about taking concrete steps to prevent errors, not just being more careful.”

“Harm can occur despite the fact that you gave the most excellent care possible,” said Mary-Ann. “If we provided all of the latest evidence-based care, then it’s no longer looked at as an error. This change makes error prevention real because we’re focused on what we can do to prevent harm and not beating ourselves

Error Prevention & Leadership Methods	
Everyone makes a personal commitment to safety. “We do the right thing.”	<ol style="list-style-type: none"> <li>1. Name Game</li> <li>2. CUS (Concerned, Uncomfortable, Safety)</li> <li>3. STAR (Stop, Think, Act, Review)</li> </ol>
Everyone is accountable for clear and complete communication. “We are one team.”	<ol style="list-style-type: none"> <li>1. Use SBAR to communicate</li> <li>2. 3-way communication</li> <li>3. Standardized hand-off (I-PASS)</li> </ol>
Everyone supports a questioning attitude. “We get results.”	<ol style="list-style-type: none"> <li>1. QVV (Qualify, Validate, Verify)</li> <li>2. Stop and Resolve, don’t proceed in the face of uncertainty</li> </ol>

up over adverse outcomes we cannot prevent.” People are prone to making errors because of the way the human brain works. Error prevention at Valley Children’s supports a questioning attitude. It calls for moving from a culture of intimidation to one of transparency.

“We’re making a shift from a culture of blame to a culture of learning,” said Mary-Ann. “This shift is geared toward supporting performance improvement in our movement toward excellence.”

“The intimidation of admitting that I don’t know what I’m doing can lead to errors, so the mindset of being afraid to ask for help must change,” said Raed Khoury, MA, MPH, CIC, CLS (ASCP), ARM, CPHQ, CHSP, CJCP, CSSBB, FAPIC, Director Quality and Patient Safety, Valley Children’s. “We have established what our behavior expectations are for a safe culture here, and we are teaching several tools to support those behavior expectations.”

These tools are welcomed in Zero Hero Huddles, which help identify gaps and deviations from the standard of care.

Huddles bring together an interdisciplinary team of individuals from infection prevention, environmental services, patient safety, nursing, respiratory care, and medical staff. Members of our invasive line team or a wound specialist may also participate.



"The care team gets together within 48 hours after an incident to identify any gaps," said Mary-Ann. "In Zero Hero Huddles, it's not about an individual problem but a system problem. We look at how to make sure this doesn't happen again. Is it education, processes or equipment that's needed? Can we think of anything that may have contributed to this occurrence? Once identified, the team works to address it. If nothing is identified, it is not considered an error. Most of the time, it could've been prevented."

"We're creating a culture of safety, where people are encouraged to report errors and near misses," said Raed. "If something doesn't make sense, it's about having freedom in the atmosphere to question. In this culture of safety, we're obligated to help each other and catch an error before it reaches the patient."

"As we've been doing Zero Hero Huddles, we can see the improvements from actions taken because of previous huddles," said Mary-Ann. "We're no longer seeing the gaps we identified in previous huddles. We are closing the gaps and seeing a reduction in errors."

From Zero Hero Huddles to boards posted around the hospital displaying safety events, measures to promote open communication and transparency are identifying and reducing preventable harm at Valley Children's.

One of the expectations of participating in the SPS culture transformation journey is reporting safety event

data each month. Since beginning this program, Valley Children's has reported two months with zero harm events.

"The staff is more aware than they used to be," said Dr. Dahl. "They are definitely very proud of their successes."

"We're doing great things, and part of that greatness is humility," said Raed. "There's always a way to better yourself with learning and growing. When we rest on our laurels we're not hungry any more. We always have to be looking at ways to improve."

"We're all here for the patients and families," said Mary-Ann. "So when it comes to error prevention and safety you're already preaching to the choir. We really are committed to being the best, and this error prevention program is helping us get there. We won't rest until we do."



**"We're making a shift from a culture of blame to a culture of learning. This shift is geared toward supporting performance improvement in our movement toward excellence."**

Mary-Ann Robson, MN, RN, Valley Children's



## Refreshing Our Culture Giving Our Best

Every interaction provides an opportunity to demonstrate exceptional service.

"We've always had unspoken expectations for customer service, but had never clearly defined them for everyone," said Linda Miller, MOB, BSN, RN, Director Workforce Engagement and Development at Valley Children's Hospital "We wanted a formalized program to define who we are as a culture."

A multidisciplinary project team of 12, including five nurse leaders, was formed with Linda's leadership for that purpose. Nurses on the project team were instrumental in assessing potential service excellence program vendors for how their program would impact patient care units and if their philosophy aligned with family-centered care and the scope of nursing practice.

**Project Lead:**

Linda Miller, MOB, BSN, RN, Director Workforce Engagement and Development

**Nurse Leaders on Multidisciplinary Project Team:**

Kristine Aubry, MSA, BSN, RN, NE-BC, Executive Director of Ambulatory Services

Cynthia Cervantes, RN, Director PICU

Jennifer Reyes, MSN, RNC-NIC, Director Acute Care

LuAnn Joy, RN, Director Perioperative Services

Denise Vermeltfoort, MSN, RN, NE-BC, Director of Regulatory and Clinical Practice

**Nurse Leaders on Implementation Team:**

Beverly Hayden-Pugh, MOB, BSN, RN, Senior VP Clinical Operations and CNO

Kristine Aubry, MSA, BSN, RN, NE-BC, Executive Director of Ambulatory Services

Jennifer Reyes, MSN, RNC-NIC, Director Acute Care

Denise Russo, BSN, RN, Director Home Care

Denise Vermeltfoort, MSN, RN, NE-BC, Director of Regulatory and Clinical Practice

**Nurse Leaders on Training Team:**

Kristine Aubry, MSA, BSN, RN, NE-BC, Executive Director of Ambulatory Services

Denise Russo, BSN, RN, Director Home Care

Stacey Venkatesan, MSN, RNC-NIC, CNS, Manager NICU St. Agnes

Patricia (PT) Lindsey, MSN, RN, CNS, CPN, Manager Clinical Education

Danny Davis, MHA, BSN, RN, NE-BC, VP Clinical Operations

The project team chose a consultant to assist with adopting our new service excellence program. An implementation team of 19 leaders from across the organization, including four nurse leaders and the Chief Nursing Officer, began the process. To align with the Strategic Goals of the organization, the program was named "Our Best."

When we give  
**OUR BEST...**

*He could not forget the nurses and doctors that took care of him. You are all his super heroes!*

**Credo**

Valley Children's Healthcare is the trusted champion for all children.

We commit to excellence in everything we do.

We create a family-centered experience with compassionate care that comes from our heart.

**Motto**

We bring our best knowing children are counting on us

**Steps of Service****Connect Genuinely**

- Be friendly, warm and present
- Greet, listen and engage
- Introduce and use your name
- Be aware of surroundings

**Own the Experience**

- Inform and establish expectations
- Actively listen, empathize and seek to understand
- Respond to needs
- Recognize your impact
- Seek opportunities for service

**Close Sincerely**

- Is there anything else that I can do for you?
- Express gratitude
- Provide a heartfelt goodbye
- Exceed expectations
- What other questions or concerns do you have?

“Having input from nursing leadership was crucial from the onset to ensure we addressed patient and staff needs in patient care settings,” said Linda. “Nurses can appreciate from a training and implementation perspective the impact that launching these types of initiatives can have on the 24/7 environment.”



The implementation team sought peer feedback and deliberated at length to draft the language for four important elements that define the culture at Valley Children’s and guide our behaviors with every interaction. (See sidebar.)

### Elements that Guide Our Behaviors and Define Our Best

1. Our Credo reflects beliefs that drive our thoughts, decisions and behaviors. It is short, impactful, and easy to remember.
2. Our Motto communicates expectations of how we behave. It shows patients and their families that we will care for them as if they were our own.
3. Steps of Service guide our interactions, everywhere, every time. They give every interaction a consistent beginning, middle and end.
4. Our Values align with our organizational culture. They define our commitments and the actions that support them.

**“Our Best has refreshed our culture. You can see it and feel it more than ever. Our new standards and expectations typify who we aspire to be to each other, our patients and families.”**

Linda Miller, MOB, BSN, RN, Director Workforce Engagement and Development at Valley Children’s

## Values

### Integrity

- I am honest and ethical.
- I demonstrate high standards of personal conduct, keep my word and take responsibility for my actions.

### Innovation

- I always look for ways to learn and make things better
- I am a problem solver

### Collaboration

- I contribute to, support and respect decisions that are made by my team and the organization
- I build and promote positive working relationships and teamwork

### Stewardship

- I am accountable for effectively managing my time and the organization’s resources
- I share resources to achieve the best outcome

### Compassionate Care

- I am present in every interaction
- I respond to others with warmth and kindness

### Excellence

- I am dedicated, disciplined and demonstrate high standards as we strive to be the best
- I take ownership and empower myself and others to deliver an exceptional experience, every interaction, every time

The implementation team developed training with in-house resources for approximately 4,000 individuals. More than 20 training sessions were provided over a three-week period. Upon training all incumbents, orientation training began for future employees, physicians and volunteers, with the first two hours attributed to Our Best.

Valley Children's also introduced new methods of conducting annual performance reviews and daily internal communications:

- Reviews happen for all staff at the same time each year, and job accountabilities now include 50 percent weighting on Our Best behaviors.
- An adopted best practice from the consultant, daily gatherings with coworkers ensure Our Best remains a permanent part of our culture.

Known as Pulse Check, these daily gatherings are focused on a story delivered electronically at 4 a.m. and presented in various locations organization-wide.

**“Pulse Check is the centering that tees up the day and prepares us to give our best. It reminds us we are also here to respect each other. It helps morale and gives everybody a purpose and a common vision.”**

Kris Aubry, MSA, BSN, RN, NE-BC, Executive Director of Ambulatory Services, Valley Children's

Traditionally, two of the lowest scoring areas in workforce engagement have been communication and recognition. Our Best and Pulse Check have changed that dramatically.

The daily gatherings not only share information, but also recognize exemplary behaviors and actions in line with our culture of service excellence.

“Pulse Check is the centering that tees up the day and prepares us to give our best,” said Kris Aubry, RN, Executive Director of Ambulatory Services at Valley Children's. “It reminds us we are also here to respect each other. It helps morale and gives everybody a purpose and a common vision.”

“Pulse Check has been more successful than I thought it would be,” said Anthony Witrado, Internal Communications Specialist at Valley Children's. Anthony receives as many as 90 stories per month that demonstrate Our Best

behaviors. “At first some units weren't doing Pulse Check, but they were told it wasn't optional. Now it's become such a normal part of our culture that it resonates as if your friend is telling you something rather than hearing an announcement at a meeting.”

Pulse Check has become the most popular method of internal communication. “There are over 160 opportunities each day to attend a Pulse Check,” said Kris. “If you miss the one in your area, you can attend one somewhere else at a different time.”



When we give  
**OUR BEST...**

*Thank you for all the services, especially to the nurses who treated my baby with a lot of love. God bless you.*



Those who present Pulse Check must attend a training session to learn how to deliver the stories in a motivating, inspiring way.

"The stories are often emotional, and always demonstrate that you can make your service memorable," said Linda.

"We have seen improvements in patient satisfaction feedback since introducing Our Best," said Kris. "The number of families who say they would recommend us is greater."

Since launching our new service excellence program, the culture at Valley Children's has changed. "At its core, Our Best is about being nice to each other," said Anthony. "There is a noticeable difference. If people see someone who is lost, even if they don't deal with patients, they will stop and help them find their way. We've heard about Our Best so much that it has

## When we give **OUR BEST...**

*The staff was always kind and caring towards my son. He had a great team of nurses who spoiled him. They were able to keep us calm during the stressful times and we could tell that their caring ways were genuine!*

become the norm to be customer-service oriented."

"Our Best has refreshed our culture," said Linda. "You can see it and feel it more than ever. Our new standards and expectations typify who we aspire to be to each other, our patients and families."

"Valley Children's has a good reputation for a reason," said Anthony. "The stories we're hearing in Pulse Check have always happened here. Now, we're just putting our arms around them."

**"We have seen improvements in patient satisfaction feedback since introducing Our Best. The number of families who say they would recommend us is greater."**

Kris Aubry, MSA, BSN, RN, NE-BC Executive Director of Ambulatory Services, Valley Children's

### Sample Pulse Check Stories

- An environmental services technician spearheads book donations for the Literacy Program.
- An infectious disease RN at the cardiologist with her husband saves a baby's life with CPR.
- An audiology assistant plays with three children (two with special needs) so their mother can attend to the appointment of another one of her children with special needs.
- An interpreter, who resembles a patient's grandfather, consistently responds to the patient's reaching arms by scooping him up like family.



## When we give **OUR BEST...**

*Unfortunately, my daughter's birthday plans were ruined and she had to spend it in the hospital. BUT, some of the nurses and staff helped in making her stay the best one, considering the circumstance. She was even given a special invite to a "prom" that was held in the Hospital. I appreciated all the effort and warmth shown to my daughter. She smiled. I smiled!*



# New Knowledge Improvements & Innovations

## Clinical Partnerships

### Improving Access, Improving Care

Valley Children's Healthcare established our Clinical Partnership program with a mission to improve care for pediatric patients and to keep patients and families receiving that care closer to home. Since forming our first partnership in December 2014 with Sierra View Medical Center in Porterville, our program has grown quickly and exponentially, as we add partners from healthcare facilities throughout Central California.

"In keeping with our objectives, we've been very strategic in where we form these partnerships," said Randy Guerrero, MSA, BSN, RN, Director of Clinical Partnerships at Valley Children's. "Many families in these communities don't have the means to travel back and forth to Valley Children's Hospital, so if we can help keep their child's care closer to home, we are supporting better care for the whole family."

The structure of each unique partnership begins to take shape when leaders from a healthcare institution within our region interact with our leaders and agree that collaborating to improve pediatric care would add value.

"We then form a steering committee with key stakeholders from both organizations," said Randy. "We identify areas of focus and form workgroups around each priority area. These groups establish specific objectives to improve pediatric care and then perform a gap analysis specific to standards of care and practice, clinical education and quality. They then develop an action plan to address any identified gaps, and provide updates and plans to the steering committee on a routine basis."

#### Clinical Partnership Objectives:

- Improve neonatal and pediatric care in partnering healthcare facilities
- Keep children closer to home for their healthcare

#### Goals:

- Prevent children from being transferred unnecessarily
- Identify children who require higher levels of care sooner
- Improve communication and care coordination with our partners
- Expand access to pediatric subspecialty expertise
- Increase confidence of providers in caring for children
- Enhance healthcare experience for patients and their families

Clinical Partnerships are typically focused on enhancing neonatal and pediatric care in partnering facilities by supporting the emergency department, neonatal intensive care unit, acute pediatric care and other ancillary support areas (e.g. respiratory care, pharmacy, etc.).

Nurses, including nurse leaders, clinical nurses and clinical nurse educators, as well as physicians and other ancillary support clinicians from Valley Children's, invest in this program and in our clinical partners by providing education, sharing policies and procedures, and helping our partners to implement evidence-based care and best practices.

"Nurses have a leading role in clinical partnerships in ensuring nursing practice and standards are consistent across the continuum," said Beverly Hayden-Pugh MOB, BSN, RN, Valley Children's Senior Vice President Clinical Operations and Chief Nursing Officer.



Sierra View Medical Center in Porterville entered into our Clinical Partnership program in December 2014. Valley Children's assisted with education, policies and protocols in Sierra View's neonatal intensive care unit, and later expanded our partnership to include their emergency department and inpatient pediatric acute care.

### Sharing knowledge, sharing expertise

"There isn't a predetermined inventory of tools and resources with our clinical partners," said John Kinnison, MD, Pediatric Hospitalist and Medical Director of Clinical Partnerships and Regional Hospitalists at Valley Children's. "We present a menu of services and offer a wide range of customized tools to support a variety of improvement opportunities, which may include quality metrics, and even protocols for certain diagnoses like diabetes or jaundice."

Valley Children's conducts an analysis of each partnering facility's specific patient population and conditions, and then offers tools and resources to support managing those patients.

"Clinical Partnerships are built on the pillars of collaboration, quality improvement and clinical support," said Dr. Kinnison. "We like to say that we have a playbook, but we're not providing a prescription."

"We average approximately 350 hours per year in supporting each partnership, which is quite an investment," said Randy. "Our partners are committing that time and resource as well, all as part of our collaboration to improve care for kids."

## Pillars of Clinical Partnership

### Collaboration

- Reach consensus regarding structure and process
- Establish specific objectives
- Generate synergy
- Identify areas of focus and opportunity
- Share clinical tools and expertise

### Quality Improvement

- Support assessment of patient population and clinical data
- Review case studies and patient transfers
- Identify quality and performance improvement metrics
- Monitor outcome measures

### Clinical education and support

- Provide onsite training and observation
- Offer Valley Children's courses and training modules
- Support educational needs assessment
- Develop and implement education plans
- Compare and share policies, procedures, protocols, guidelines and best practices

"We also are working to ensure that the levels of pediatric patient acuity that partnering hospitals can manage actually stay in their communities," said Dr. Kinnison. "With our guidance and support, partnering facilities will no longer refer patients they have the ability to care for. In addition, we help them recognize what should trigger a referral to a higher level of care. They learn, for example, when to refer an asthmatic to a pediatric pulmonologist or a child with diarrhea to a pediatric gastroenterologist."

### "We rely on nurses to help get this work done."

John Kinnison, MD, Pediatric Hospitalist and Medical Director of Clinical Partnerships and Regional Hospitalists, Valley Children's

"Our clinical partners have become acutely aware of how specialized we are as a tertiary care hospital for children," said Randy. "Transfers have shown that they are keeping more of the patients they can manage and sending us the kids who need us the most."

Valley Children's currently has seven partnerships with others on the horizon. Not only has the number of partnerships increased, but the level of engagement with existing partners has expanded as well.

"Sierra View, as an example, was initially focused on their neonatal intensive care unit, and we helped them with education, policies and protocols," said Randy. "After a year, we agreed to expand our partnership to include the emergency department and inpatient pediatric acute care."

This program has depended largely upon the involvement of nurses at Valley Children's. "Nurses participating in the initiative have included directors and managers in the inpatient acute care, neonatal and pediatric units, and also from clinical education and the emergency department," said Dr. Kinnison. "In addition, the neonatal outreach coordinator, pre-hospital liaison nurse and clinical education nurses have provided support. We rely on nurses to help get this work done."

Our nurses' willingness to share their knowledge and expertise ensures continued focus on the mission of Clinical Partnerships to improve quality of care and keep kids in their communities.



#### Current Clinical Partnerships:

- Sierra View Medical Center
- Emanuel Medical Center
- Bakersfield Memorial Hospital
- Delano Regional Medical Center
- Adventist Health (Adventist Medical Centers – Hanford, Selma, Reedley)
- Kaweah Delta Healthcare District
- Marian Regional Medical Center
- Golden Valley Health Centers

When we give  
**OUR BEST...**

*My husband and I were amazed at how organized and competent this facility is. We felt completely confident in the physicians and nurses, and really felt they treated our son the way they would treat their own child.*

Valley Children's Healthcare

# Life Support is Saving Lives

Valley Children's expands ECMO program



For 15 consecutive years, nurses have topped the Gallup poll as the most trusted profession. This high level of integrity matters to parents making decisions about placing their children on life support.

Valley Children's Hospital recently expanded use and capacity of extracorporeal life support (ECLS) to our critical care service line. Families facing life and death decisions about their children can now turn to a new team of critical care specialists for lifesaving extracorporeal membrane oxygenation (ECMO) therapy.

"Decisions to use ECLS are not made lightly," said Harry Kallas, MD, a pediatric intensivist and the ECLS Medical Director at Valley Children's. "These are really sick kids and babies. ECMO is deployed in patients with a potentially reversible disease process to keep the patient alive until the other therapies start working. If you use ECMO the way it's intended, you can save some patients that otherwise would've been lost."

Indicated when conventional support for cardiac and/or pulmonary failure is no longer effective, ECMO therapy involves draining the patient's blood, passing it through an artificial lung that oxygenates the blood and removes carbon dioxide, and then returning it to the patient's major arteries or veins. The ECMO machine can take over the responsibilities of the heart and/or lungs so these vital organs can rest and heal.

"ECMO doesn't specifically make the patient's disease get better," said Dr. Kallas. "It doesn't make your cancer better, your heart failure better, or your pneumonia better. But in select patients with a high risk of death, ECMO can decrease that risk by resting the heart and lungs giving them an opportunity to recover. Patients with greater than 80 percent mortality rate can have that risk brought down to about 50 percent."

With Dr. Kallas serving as a catalyst, the newly expanded ECMO program at Valley Children's officially started April 4, 2016.

"We've had a lot of really great saves," said Valley Children's ECLS Coordinator Deborah (Deb) Hernandez, BSN, RN. "Twenty-four desperately ill children have been placed on ECMO since the program launched and 15 survived. All would've almost certainly died without ECMO."

The newly expanded ECMO program has allowed the care of infants and children that wasn't possible in the region previously, such as babies with congenital diaphragmatic hernia or children who fail conventional respiratory support modalities.

Furthermore, the ECMO program has enhanced the exemplary pediatric cardiac surgery program already in place at Valley Children's. Patients recovering from delicate open-heart procedures sometimes require ECMO post-operatively to allow their hearts time to recover.

"One of our most amazing stories was in The Fresno Bee," said Deb. "A little girl who had several complications in her cardiac surgery was on ECMO for

two days with 100 percent support. While on ECMO, we took her back to surgery and fixed the heart valve, allowing us to successfully wean her off ECMO support post-operatively. She recovered and that would never have happened without ECMO."

A team of 27 of neonatal and pediatric critical care nurses and two respiratory therapists agreed to be part of the ECMO Specialist training. The extensive hands-on learning lasted over a year, and continues with ongoing simulation training and testing.



**"There are ECMO Specialists who train for years to get where our nurses are today. The knowledge they have had to gain in such a short period of time is amazing."**

Denise Johnson, BSN, RN, Director PICU and Transport, Valley Children's

"The core team trains monthly for at least two hours and twice a year at boot camps," said Deb. "It's been a huge undertaking. The dedication is by far the thing I've been blown away by at all levels – from our administration supporting the program, to Dr. Kallas and the ECMO Specialists with their commitment to completing all their hours of training."

"We have been involved in one of the most collaborative efforts I've seen throughout an organization," said Denise Johnson, BSN, RN, Director PICU and Transport. "The work

that had to be done with so many different disciplines has impacted a lot of departments. I've got to give kudos to this organization for helping us develop this program."

"ECMO touches almost every aspect of what the hospital does," said Dr. Kallas. "Our lab, bioengineering, social work, blood bank and other departments all had to make a big investment of resources to make this happen." He also acknowledged the invaluable role played by the ECMO team. "The ECLS Specialists have



to be able to recognize and respond to emergencies," said Dr. Kallas. "There may not be time for a physician to get there during an immediate life-threatening situation. Being a part of this team is something you can't take lightly. It is too overwhelming."

"Very few organizations have been able to take on something like this project with no seasoned specialists on staff to teach us," said Denise. "There are ECMO Specialists who train for years to get where our nurses are today. The knowledge they have had to gain in such

a short period of time is amazing."

"We have such a big area that we serve and there's so much need for this type of care," said Dr. Kallas. "We're projecting 25 to 30 cases per year right now, and that number may grow because as soon as you build this type of program, it allows other types of programs to develop. For instance, now that we have expanded our ECMO program, we can potentially do surgeries on the lungs or airways that were not previously possible here."

None of this would have been possible without the dedication and expertise of our ECMO Specialists, who were recognized for their hard work with the 2017 Team Excellence Award (see article on page 20).

According to Gallup, 84 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high." If the same survey were conducted about the ECMO Specialists at Valley Children's, chances are very good that the percentage would be even higher.

**"It's been a huge undertaking. The dedication is by far the thing I've been blown away by at all levels."**

Deb Hernandez, BSN, RN, ECLS Coordinator, Valley Children's



# RESEARCH, PUBLICATIONS, PRESENTATIONS & POSTERS

## Research

**HSC902 – Childhood Cancer Survivorship Program** – PI – John Gates, MD; Sub-investigators – Vinod Balasa, MD; Vonda Crouse, MD; Karen Fernandez, MD; J. Daniel Ozeran, MD, PhD; Latha Rao, MD; Faisal Razzaqi, MD; David Samuel, MD; Wendy Tcheng, MD; Ruetima Titapiwatanakun, MD; Therese Hinz, NP

**HSC923 – Common Components of Current Nursing Professional Practice Models in the hospital setting in the United States of America (Exempt)** – PI Denise Vermeltfoort, MSN, RN, NE-BC; Sub-investigator Margarita Dragmonanovich, BSN, RN, NE-BC

**HSC939 – Pediatric Early Warning System** – PI Mary-Ann Robson, BSN, RN,; Sub-investigators Carole Cooper, MHA, BSN, RN, CNS, CPN; Lori Medicus, MN, RN, CNS, CPNP; and, Mary Jo Quintero, RN, CCRN, CPN, MICN

**HSC963 – Development and testing of an instrument to measure Nursing Perception of Components of Professional Practice** – PI Denise Vermeltfoort, MSN, RN, NE-BC; Sub-investigator Margarita Dragomanovich, BSN, RN, NE-BC

**HSC973 – HEADS UP Program Questionnaire** – PI Mary Jo Quintero, RN, CCRN, CPN, MICN; Sub-investigators Carole Cooper, MHA, BSN, RN, CNS, CPN; Mary-Ann Robson, BSN, RN,; and, Lori Medicus, MN, RN, CNS, CPNP

**HSC1091 – Use of High-Fidelity Simulation in an Interdisciplinary Preceptor Program (Exempt)** – PI Candice Biberston, BSN, RN

**HSC1103 – PICU Brochure (Exempt)** – PI Erin T Fay, RN, MSN, CCRN, PNP  
– Completed November 2016

**HSC1111 – A Retrospective Study Comparing Bowel Regimen versus Anticholinergic Therapy in Resolving Daytime Incontinence and Lower Urinary Tract Dysfunction** – PI Tracy Chin, MSN, DNPc, CPNP

**HSC1127 – My Life Our Future: A Hemophilia Genotyping Initiative Data and Sample Research Repository** – PI – Vinod Balasa, MD; Sub-investigators Faisal Razzaqi, MD; J. Daniel Ozeran, MD, PhD; Wendy Tcheng, MD; Latha Rao, MD; Terea Giannetta, CPNP; Kelly Folmer, CPNP

**HSC1138 – The Electronic Medical Record from the Nurse Perspective (Exempt)** – PI Candice Biberston, BSN, RN

**HSC1171 – Retrospective Case Review Pre-Post PICU Patient Centered Sedation Guideline** – PI Carole Cooper, MHA, MSN, RN, ACCNS-P; Sub-Investigators Lori Medicus, MN, RN, CPNP; Stacie Licon, MSN, RN, CNS; Sheena Keding, MSN, CNS

**HSC1173 – Evaluating the Effectiveness of an Evidence-Based Basic Gastrointestinal Curriculum in Pediatric Registered Nurses** – PI Sandra Huizar, RN, BSN, PHN; Sub-investigator Candace Biberston, RN, BSN – Completed October 2016

**HSC1177 – AAML1522, A Phase 2, Multicenter, Single-arm, Open-label Study to Evaluate the Activity, Safety and Pharmacokinetics of Lenalidomide (Revlimid®) in Pediatric Subjects from 1 to <18 Years of Age with Relapsed or Refractory Acute Myeloid Leukemia** – Local PI – J. Daniel Ozeran, MD, PhD; Sub-Investigators – Vinod Balasa, MD; Vonda Crouse, MD; Karen Fernandez, MD; John Gates, MD; Latha Rao, MD; Faisal Razzaqi, MD; David Samuel, MD; Wendy Tcheng, MD; Ruetima Titapiwatanakun, MD; Katherine Baker, CPNP; Malynda Gonzales, CFNP

**HSC1182 – A Phase II Study of Pazopanib (GW786034, NSC# 737754) in Children, Adolescents and Young Adults with Refractory Solid Tumors** – Local PI – Ruetima Titapiwatanakun, MD; Sub-Investigators – Vinod Balasa, MD; Vonda Crouse, MD; Karen Fernandez, MD; John Gates, MD; J. Daniel Ozeran, MD, PhD; Latha Rao, MD; Faisal Razzaqi, MD; David Samuel, MD; Wendy Tcheng, MD; Katherine Baker, RN, CPNP; Malynda Gonzales, RN, MSN, NP-C

**HSC2006 – ADVL1621, A Phase I/II Study of Pembrolizumab (MK-3475) in Children with advanced melanoma or a PD-L1 positive advanced, relapsed or refractory solid tumor or lymphoma (KEYNOTE-051)** – Local PI – Ruetima Titapiwatanakun, MD; Sub-Investigators – Vinod Balasa, MD; Vonda Crouse, MD; Karen Fernandez, MD; John Gates, MD; J. Daniel Ozeran, MD, PhD; Latha Rao, MD; Faisal Razzaqi, MD; David Samuel, MD; Wendy Tcheng, MD; Katherine Claire Baker, RN, CPNP; Malynda Gay Gonzales, RN, MSN, NP-C

**HSC2012 – INCB 18424-269 (COGAALL1521), A Phase 2 Study of the JAK1/JAK2 Inhibitor Ruxolitinib With Chemotherapy in Children with De Novo High-Risk CRLF2-Rearranged and/or JAK Pathway-Mutant Acute Lymphoblastic Leukemia** – Local PI – J. Daniel Ozeran, MD, PhD; Sub-Investigators – Vinod Balasa, MD; Vonda Crouse, MD; Karen Fernandez, MD; John Gates, MD; Latha Rao, MD; Faisal Razzaqi, MD; David Samuel, MD; Wendy Tcheng, MD; Ruetima Titapiwatanakun, MD; Katherine Baker, RN, CPNP; Malynda Gonzales, RN, MSN, NP-C

**HSC2015 – A Pilot Study of a Child’s Perspective of Living with a Home Ventilator** – Mary Hunsader, RN, MSN, CNS, AE-C

**HSC2028 – The Implementation, User Testing and Validation of the Web-based Application for the Population Pharmacokinetic Service** – Local PI – Vinod Balasa, MD; Sub-Investigators Latha Rao, MD; Terea Giannetta, CPNP; Kelly Folmer, CPNP (Opened November 2016)

**HSC2030 – The Impact of Concurrent Care for Medically Fragile Children** – Sean Hunt, BSN, RN, CPN

**HSC2033 – Extracorporeal Membrane Oxygenation (ECMO) Simulation** – PI – Tara Lemoine, DO; Sub-Investigators – Harry Kallas, MD; Emily Geller, RN; Leslie Catron, RN; Deborah Hernandez, RN

**HSC2045 – Assessing Students’ and Healthcare Professionals’ Interprofessional Care Competency Learning from an Inter-agency Collaborative-sponsored Interprofessional Educational Workshop using the IPEC Questionnaire** – PI – Patricia Lindsey, MSN, RN, CNS, CNP; Sub-investigators Jolie Limon, MD; Stephen D. Roberts, PhD, MBA, CRC, CLCP, CCC-A, FAAA



## Publications

### **Giannetta, Terea, DNP, RN, CPNP**

Richardson. Pediatric Primary Care: Practice Guidelines for Nurses, 3rd Ed., Chapter 33: Hematologic Disorders, 2016

Burns, Brady, Starr, & Blosser. Pediatric Primary Care, 6th Ed., Chapter 27: Hematologic Disorders, 2016

### **Paliughi, Barbara, BSN, RN**

Family Centered Care Improves Outcomes, Daily News, November 10, 2015,  
<http://www.acrdailynewslive.org/family-centered-care-improves-outcomes/>

## Presentations and Posters

### **Vorakoumane, Joy, BSN, RN**

Podium Presentation:

"Valley Children's Healthcare Improve Care Now", Improve Care Now Conference, Chicago, IL (September 2016)

### **Quintero, Mary Jo, AD, RN**

Podium Presentation:

"Child in Status Epilepticus", EMRT M&M Co-Presenter, (December 2015)

"Transport of a Pediatric Trauma Patient", EMRT M&M Co-Presenter, (March 2016)

"Adult Codes in a Children's Hospital", EMRT M&M Co-Presenter, (May 2016)

"Code Blue in Trached Patients", EMRT M&M Co-Presenter, (October 2016)

### **Castellanos, Jessika, MSN, RN**

Podium Presentation:

"Post-operative nursing management of the patient on ventilator support  
 Critical Thinking of the pediatric nurse"

"Nursing interventions in the patient with meningocele and myelomeningocele"

"Nursing interventions in the patient with anorectal malformation", Curso Internacional de Enfermeria  
 Pediatrica, Mexico City, Mexico (July 2016)

### **Catron, Leslie, MSN, RN**

Podium Presentation:

"Writing Bootcamp: Expert Review of your Manuscript in Progress", International Nursing Association for Clinical  
 Simulation & Learning Conference, Grapevine, TX (June 2016)

"SIMCamp Training – Trauma: A Case for Rapid Simulation" Nursing Quality & Patient Forum, Madera, CA  
 (December 2015)

"How to Make it Work When it Doesn't Work", California Simulation Alliance Conference, San Francisco, CA  
 (November 2015)

Poster Presentation:

"Interprofessional Education Using In-Situ Simulation to Assess Staff and Institution Preparedness for a New  
 Trauma Designation in a Pediatric Hospital" 8th International Pediatric Simulation Symposium and Workshops,  
 Glasgow, Scotland, (May 2016)

**Giannetta, Terea, DNP, RN, CPNP**

Podium Presentation:

"Blood Dyscrasias in Pediatrics", National Association of Pediatric Nurse Practitioners (NAPNAP) National Conference, Atlanta, GA, (March 2016)

"Blood Dyscrasias", California School Nurse Association State Conference, Fresno, CA (February 2016)

**Hunt, Emily, MSN, RN, CNS**

Podium Presentation:

"Care of the Post Operative Cardiac Infant in NICU", Central California Association of Neonatal Nurses (CCANN), Madera, CA, (October 2015)

**Martinez, Ruth, BSN, RN**

Poster Presentation:

"My Life Our Future: 'A Genotyping Day' to Facilitate Efficient Enrollment", American Thrombosis and Hemostasis Network (ATHN) Data Summit, Chicago, IL (October 2015)

"A 'Genotyping Day' to Facilitate Efficient Enrollment for a National Project", World Federation of Hemophilia 2016 World Congress, Orlando, FL, (July 2016)

Podium Presentation:

"Nursing Across the Life Span", Bleeding Disorders Education Day for School Nurses Conference, Madera, CA (August 2016)

**LaBronte, Kimberly, PhD, RN, NNP**

Podium Presentation:

"Cardiac Embryology and Congenital Defects" (October 2016)

"Adrenal Insufficiency" (April 2016), NICU CE Series, Phoenix, AZ

**Paliughi, Barbara, BSN, RN**

Podium Presentation:

"Empowerment through Family Centered Care", American College of Rheumatology Scientific Meeting, San Francisco, CA (November 2015)

**Menges, Kathryn, AD, RN**

Podium Presentation

"Retrospective Case Review Per – Post PICU Sedation Centered Sedation", The Virtual Pediatric Intensive Care System Annual Conference, San Diego, CA (September 2016)

**Reyes, Shelly, BSN, RN**

Podium Presentation

"Autism Spectrum Disorder: A Family Centered Approach to Serving Children with ASD in Healthcare Settings", Hot Topics for California Speech and Language Hearing Association, Madera, CA (October 2016)

**Solano, Jenny, MSN, RN, NNP**

Podium Presentation

"Coordinating the Chaos", National Association of Neonatal Nurses (NANN), Dallas, TX (October 2015)

**Franco Davis, Alicia, BSN, RN, CPN**

Podium Presentation

"Post-operative nursing interventions in the patient with hydrocephalus"

"Post-operative nursing interventions in the patient after appendectomy"

"Nursing interventions in the patient with esophageal atresia and tracheoesophageal fistula"

"Nursing interventions in the patient with congenital diaphragmatic hernia", Curso Internacional de Enfermeria Pediatrica, Mexico City, Mexico (July 2016)

**Vamja, Joyce, BSN, RN**

Podium Presentation

"Pediatric Trauma"

"Pediatric Respiratory Assessment", EMS-A-Palooza, Roseville, CA (December 2015)

**Biberston, Candace, MSN, RN**

Podium Presentation

"Error Communication: Discovery Barriers, Share Best Practices, and Lead Change with Simulation", International Meeting for Simulation in Healthcare, San Diego, CA (January 2016)



When we give  
**OUR BEST...**

*My child just turned 3 and I was worried she'd be scared. The nurse did a great job of making her feel very comfortable. Thank you!*



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