



MAY 2015

Nursing Excellence

ANNUAL REPORT



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because...

They don't make you feel sick.

7-year-old boy





Valley Legacy

Beverly Hayden-Pugh MOB, BSN, RN

Senior Vice President Clinical Operations and Chief Nursing Officer

In August I will celebrate my 32nd year at Valley Children's Hospital. I started my career as an RN on North Wing at the Hospital's original site on Millbrook. Over the years, many things have changed and yet the foundation that was laid in the 1950s remains the same.

Five visionary young women saw the need for a dedicated pediatric hospital in the Central Valley in the late 1940s. In the fall of 1951 construction began, and one year later Valley Children's Hospital received its first patient. Innovative techniques and services have been established over time, built on a cornerstone of quality and excellence.

On August 31, 1998 the move to the new location in Madera began. With the new hospital, came a new name, "Children's Hospital Central California." Although the name and location changed, the focus on quality, safety and excellence remained.

Excellence reached new heights with the achievement of Magnet Recognition® in 2004 and redesignation in 2008 and 2014. We were the first children's hospital west of the Rockies to receive this prestigious recognition. The Pediatric Intensive Care Unit (PICU) received the Beacon Award for Critical Care Excellence in 2009 and Gold Level in 2013.

This year we returned to our original name, Valley Children's Hospital, reflecting who we have always been: an organization committed to the children and families of the Central Valley. In support of our commitment, Valley Children's Healthcare was established comprising Valley Children's Hospital, Valley Children's Medical Group and Valley Children's Foundation. This new structure supports our ability to develop partnerships

and enhance access to care throughout our region, with the goal of no child having to travel more than 30 minutes to reach a Valley Children's Healthcare service.

We continue to create our legacy by providing quality patient care, introducing innovative programs and systems, establishing new partnerships within the community, expanding services and achieving outcomes that have positioned us at the forefront of pediatric nursing care.

The Nursing Excellence Annual Report provides an opportunity to reflect on our accomplishments this past year. Nursing Governance continues to drive the practice of nursing through participatory governance: enhancing family-centered care, promoting patient/family engagement and improving nursing-sensitive outcomes. Exemplary nursing practice was recognized through our RN of the Year awardees in the area of Clinical Practice, Education, Advanced Practice and Administration/Leadership. New roles support the provision of patient care, such as the RN Navigator and an innovative program, George's Pass, to improve care for children with autism spectrum disorder.

Nursing staff at Valley Children's, with their clinical partners, are committed to making a difference in the lives of our patients and families. Hundreds of thousands of children and families lives have been touched since the opening of Valley Children's Hospital. Our future legacy will be built upon our vision to "become the nation's best children's hospital" through achievement of our seven "best" goals: Best Quality, Best Customer Experience, Best Access, Best Efficiency, Best People, Best Philanthropic Cause and Best Advocacy.

“ We continue to create our legacy by providing quality patient care... and achieving outcomes that have positioned us at the forefront of pediatric nursing care. ”

Transformational Leadership

Hospital Profile

356
Licensed Beds

142,303
Physician Practice Visits



12,688
Inpatient Admissions



210.2
Average Daily Census

99,908
Emergency Room Visits



12,265
Surgery Cases



1,443
Transport (Air and Ground)

Transformational Leadership

Nursing Profile



10.7

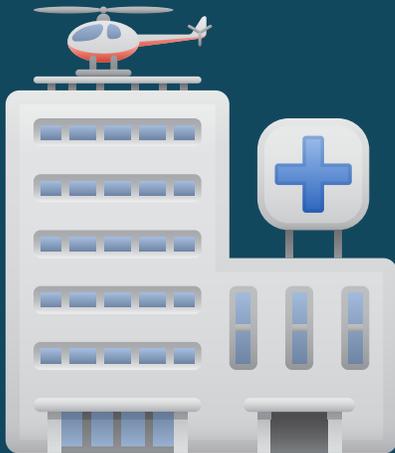
RN Average Length of Service (in years)

6.29%

RN Voluntary Turnover Rate

685.43

RN Number of FTEs



210.2

Average Daily Census

1.76%

RN Vacancy Rate



Statewide Champion for Best Advocacy CNO Serves on the Board of Registered Nursing

Beverly Hayden-Pugh's appointment to the Board of Registered Nursing (BRN) by Governor Jerry Brown just happened to coincide with the rollout of seven critical success factors for 2013-2023 introduced by Todd Suntrapak, president and chief executive officer at Valley Children's Healthcare.

The seven measurable goals for Valley Children's to reach over the next 10 years include:

- **Best Quality**
Be in the top 10% in clinical quality
- **Best Access**
Partner to ensure access to pediatric care
- **Best Efficiency**
Be the most efficient provider of pediatric services
- **Best Customer Experience**
Provide services that make it easy for the customer
- **Best Philanthropic Cause**
Be the recipient of philanthropic support in the Central Valley
- **Best People**
Be the place where everyone can be their best
- **Best Advocacy**
Be the voice for children's health



In her position on the BRN, Hayden-Pugh, senior vice president clinical operations and chief nursing officer at Valley Children's, takes every opportunity to advocate for children's health. As a champion for Best Advocacy on a statewide level, Hayden-Pugh draws attention to the growing demands of our patient population and the needs of our nurses. In return she has seen firsthand the variety of challenges facing nursing practice in California.

"The challenges are many and great," she said. "I've learned to focus my expectations on areas where I can make a difference."

Hayden-Pugh's 32-year career at Valley Children's offers a fresh perspective to the BRN and their scope of work. The BRN seats five RNs and four public members, and gathers monthly for board meetings and special committee meetings. Hayden-Pugh holds the nurse administrator seat. The remaining RN seats are held by two direct care nurses, one advanced practice nurse and one clinical educator.

In addition to meetings with the full board, Hayden-Pugh also participates in special committee meetings.

"One of the committees I sit on is the Nurse Education Committee," she said. "We review and grant privileges for programs to become certified." Three new certified programs have been introduced during her tenure. "It's a wonderful opportunity to prepare the nursing workforce."



Hayden-Pugh's role on the BRN also has an impact on state laws concerning healthcare.

"The Legislative Committee reviews all proposed and pending legislation that impacts the health and wellbeing of the state's citizens," she said. Her knowledge of the various viewpoints surrounding legislation affecting Valley Children's can help with forming more effective grassroots advocacy efforts on behalf of our patients.

"The main focus of the Board is to protect the public," said Hayden-Pugh. "We spend time each month reviewing individual cases of nurses receiving disciplinary action, and considering reasons why they may have their licenses revoked."

At the start of Hayden-Pugh's term, the BRN met every other month, but with 100 to 150 disciplinary cases to review every month, they began assembling monthly.

"It's been a tremendous time commitment," said Hayden-Pugh. "But I've especially enjoyed being a part of providing an environment where growth and change can happen for nurses receiving disciplinary action."

The BRN sets high expectations for offending nurses during the standard probationary period of three years.

"The BRN does the best job of any of the boards under

the Board of Consumer Affairs because we are stringent about the disciplinary process," said Hayden-Pugh. "Young nurses don't realize what a single DUI will do to their careers."

Always hopeful, Hayden-Pugh chooses to focus on the nurses who make positive changes in their lives and careers. "With some of the cases we review, the nurses follow the requirements of their probation, present their case and prove worthy," she said. "The intent is to rehabilitate and it's rewarding when these nurses follow through with acting on the counsel they have sought." To help nurses receive the support they need before carrying out actions that lead to discipline, Hayden-Pugh welcomes programs like Schwartz Rounds. Recently introduced at Valley Children's, Schwartz Rounds offers healthcare providers a regularly scheduled opportunity in a supportive environment to discuss the social and emotional issues they face while caring for patients and families.

"I'm glad we have the program here," she said. "It helps solve the question of how do we emotionally support nurses."

Hayden-Pugh's tenure with the BRN ends in June. Her years of service have had a positive impact on nursing practice not just at the state capitol, but right here in our community.



***Thank you, Beverly.
You are a true champion
for Best Advocacy.***

Brighter Tomorrows Through Mentoring

Nurses Lead From the ENC

Nurses at Valley Children’s dedicate their lives to bringing brighter tomorrows – not just by helping the children they serve get well, but also by mentoring the newer nurses on their teams. When Valley Children’s earned a third, consecutive designation from the Magnet Recognition Program®, the appraisers commended our nursing leaders for how well they guided, planned and implemented the redesign of our nursing governance structure, including their exemplary practice of mentoring council and committee chairs and chair-elects. These positive changes originated in the Executive Nursing Council (ENC).

Executive Nursing Council at Valley Children’s provides:

- leadership and oversight of nursing governance
- strategic direction for nursing services

“It’s a large and powerful group that meets once a month,” says Stacie Licon, past chair of ENC. “We have great attendance with busy directors and chairs of councils and committees from throughout the organization, and we wanted to create an opportunity for discussion and decision making. So we began asking, ‘How do we engage more?’”



Stacie Licon, RN
ENC Past Chair



Jennifer Norgaard, RN
ENC Chair

Expanding membership from the chief nursing officer and chairs of ENC subcommittees to include patient care directors, other governance leaders, unit-based leaders and bedside nursing staff brought more perspectives to the table but did not guarantee engagement.

“It can be intimidating to be in that environment,” says Jennifer Norgaard, ENC chair. “And we were concerned that the voice of nursing wasn’t being heard. Nurses coming on to the Council weren’t getting oriented to the ENC’s functions, but Stacie was instrumental in putting together a formalized orientation so new members learn that they have a voice.”

Over the last year, ENC has become an avenue where decisions that affect nursing practice across the organization can be made through consensus.

The Ultimate Responsibility of ENC – Clinical Quality and Patient Safety

“ENC is the central hub on behalf of nursing to make a decision or recommendation,” says Denise Zeitler, director of clinical informatics. “I’ve been involved with clinical situations bigger than any one patient care area, and ENC has all the right stakeholders at the table to make sure we consider all the different perspectives.”

Zeitler presented to the ENC how to better leverage functionality within our electronic medical record (EMR) system to improve quality. “Other hospitals have been using the nursing status board functionality for surveillance related to key care activities. Using this functionality enables the nurses to view elements of documentation of care, which allows the nurse to be more proactive in meeting patient needs. We presented the functionality to ENC and recommended we initiate one surveillance board at the time of our Meditech upgrade go-live. They authorized it and we incorporated their decision into the broader project plan.”

Zeitler also sought the Council's endorsement when working on a project involving clinical device integration that would impact equipment standardization and device purchasing, and help optimize nursing workflow. "We presented best practices to support an accurate clinical record to ENC and they endorsed those recommendations to help improve the quality of the information in the EMR," she says.



A popular channel for seeking input to implement process improvements that affect nursing practice, ENC revised meeting schedules and agendas to streamline processes in order to accommodate more discussion and decision making.

"We've been identified as a good clearinghouse for sharing new information and getting endorsements," says Norgaard. "We bring together a broad representation of nursing practice, and then we channel projects based on the specific need."

The authority given to ENC by nature of the nursing governance structure at Valley Children's has resulted in the implementation of a number of action plans that support professional nursing practice and promote nursing excellence.

Valley Children's nurses leave a legacy with their healing touches and their transformational leadership.



because...

They get me breakfast in the morning

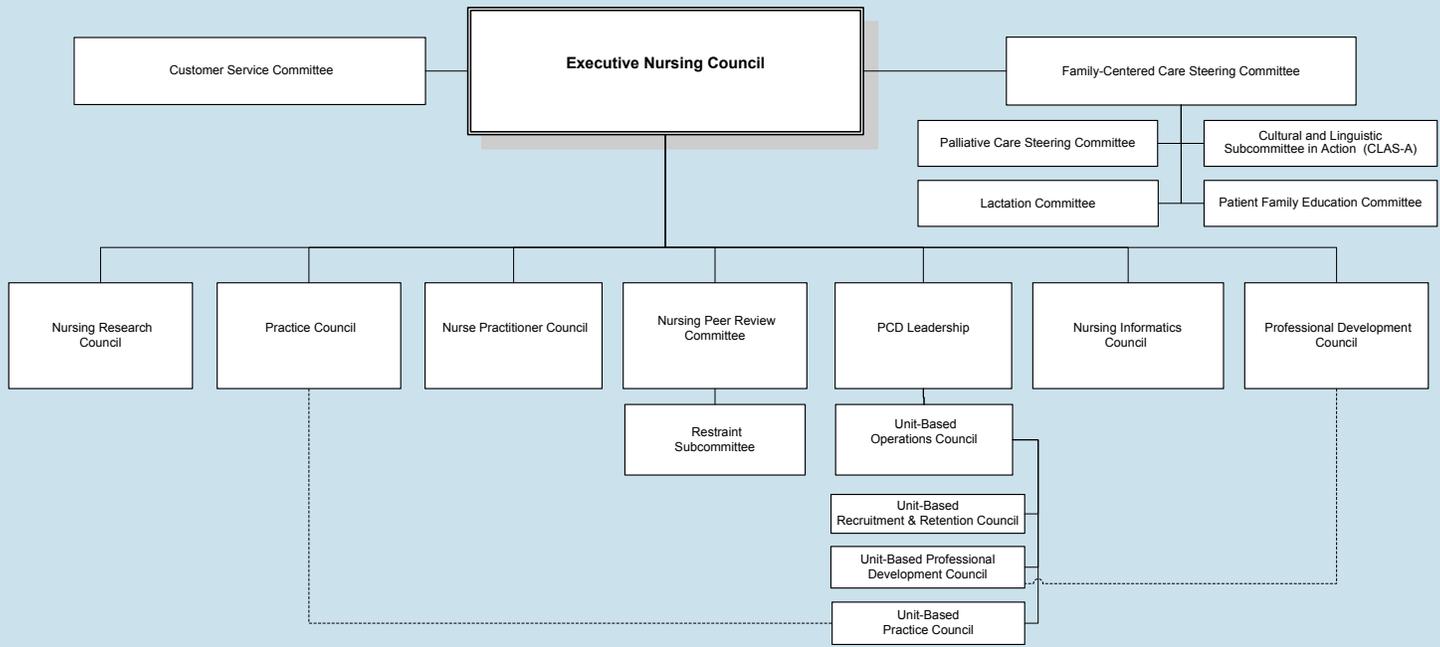
7-year-old boy

ENC Duties and Responsibilities:

- Develop, revise and evaluate the Patient Care Strategic Plan.
- Develop and review the Plan for the Provision of Nursing Care.
- Assess, review and respond to problems, concerns and issues identified by nursing.
- Ensure the delivery of nursing care through the coordination and oversight of the Nursing Governance Structure.
- Evaluate, monitor and trend Nursing Sensitive Indicators, NDNQI, Nursing Quality and Performance Improvement initiatives that reflect nursing practice.
- Review and revise Nursing Bylaws.
- Coordinate activities to recognize nursing excellence to include Nurses Week, Nurse of the Year and other recognition activities.
- Legislative advocacy for nursing and patient care

Participatory Governance

Nursing Governance Structure



Established over a decade ago, the nursing governance structure at Valley Children's continues to support the provision of care and the professional practice of nursing. The concept of participatory governance forms the cornerstone to successfully govern nursing practice and promote interdepartmental and interdisciplinary collaboration.

Nursing governance at Valley Children's promotes the engagement of RNs at all levels and often includes interdisciplinary team members. In addition to the organizational-level councils and committees depicted in the chart above, several departments have established governance structures to support unit-based activities and linkages to the organizational councils.

Participatory governance is an accountability-based approach to relationships and expectations for teams governing their professional practice and influencing the delivery of patient care across the continuum of care. This process seeks to create an environment that promotes collaboration, shared decision making, and accountability. This model empowers practicing professionals to influence systems and processes that support patient care and enhance professional practice. Participatory governance creates an environment that supports professional practice and interdisciplinary collaboration to ensure exceptional patient care outcomes.¹



¹ Valley Children's Hospital (2014). Bylaws Nursing.

Nursing Council Engagement

Valley Children's Healthcare – Fiscal Year 2014

The accomplishments listed here demonstrate how our nursing governance structure impacts the provision of patient care and empowers nurses at all levels to establish and evaluate the professional practice of nursing.

| Councils | RN Participants | Interdisciplinary Participants |
|----------------------------------|-----------------|--------------------------------|
| Executive Nursing Council | 25 | 0 |
| Nursing Research Council | 10 | 3 |
| Practice Council | 24 | 1 |
| Nurse Practitioner Council | 47 | 0 |
| Nursing Peer Review Committee | 14 | 0 |
| Restraint Subcommittee | 8 | 6 |
| PCD Leadership | 11 | 2 |
| Nursing Informatics Council | 20 | 5 |
| Professional Development Council | 25 | 2 |

| Committees | RN Participants | Interdisciplinary Participants |
|--|-----------------|--------------------------------|
| Family-Centered Care Steering Committee | 18 | 7 |
| Palliative Care Steering Committee | 15 | 6 |
| Lactation Committee | 13 | 3 |
| Cultural and Linguistic Subcommittee in Action | 6 | 10 |
| Patient Family Education Committee | 8 | 8 |
| Customer Service Committee | 2 | 3 |



because...

She calls volunteers when I want her to. She talks to me when I'm mad, and she helps me when my stomach's hurting.

13-year-old girl

2014 Accomplishments

Enhanced family-centered care including:

- Patient/family education
- Patient/family satisfaction
- Access to care
- Interdisciplinary collaboration in lactation program
- Network with hospice organizations
- Interdisciplinary and patient/family communication
- Patient/family engagement

Enhanced governance coordination

- Practice Council, Professional Development Council and Nursing Informatics Council promoted coordination of practice changes

Greater professional engagement

- Fifteen Nurse Practitioner Council members were active in professional organization committees or boards

Improved documentation

- Optimization of the visual flow sheet
- Introduction of new products including
- wound vac
 - vein viewer
 - Nonin EtCO₂
 - ACTICOAT surgical dressing

Patient safety activities supported prevention measures

- Ventilator-Associated Pneumonia (VAP)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Surgical Site Infection (SSI)
- Pressure Ulcers
- Whole System Measure (WSM) Codes

Education for new products was analyzed, designed, developed, implemented and evaluated

Structural Empowerment

Professional Development

Percentage of nationally certified nurses

37.1%

RNs with bachelor's degree or higher in nursing

59.4%

RNs Enrolled in an Academic Program

9.2%

Valley Children's Hospital
Fiscal Year 2014

Honoring Nursing Excellence

The Nurse of the Year Award is given annually to nurses at Valley Children's who exhibit our core values of Excellence, Compassionate Care, Integrity, Innovation, Collaboration and Stewardship.

Recognized for their leadership at the unit, organizational and community level, Nurse of the Year winners are involved in activities that support nursing practice such as performance improvement projects, research studies and patient safety initiatives.

Honorees have made outstanding contributions to the profession of nursing and the delivery of quality patient care. They influence evidence-based practice changes through their research, publications and presentations. They participate in nursing governance and professional nursing organizations, and empower others to advance the profession of nursing.

Recipients of the Nurse of the Year Award demonstrate their commitment to professional development for themselves and others, and serve as role models here at Valley Children's and beyond.



because...

They're very down to earth and respectful

mom of 4-year-old boy



Valley Children's Healthcare

Nurse of the Year 2015

Clinical Practice

Shelly Reyes, BSN, RN, CPN

Do you believe one person can be a catalyst for positive change in the lives of many children and their families? Shelly Reyes does. When confronted with a challenge, she doesn't sit around waiting for someone else to come up with a solution. Shelly gets to work and makes a difference.

Shelly has worked in day surgery's perioperative area at Valley Children's Hospital for almost as long as she's raised her 9-year-old son, Jalen. Both jobs have been challenging and rewarding. When she learned of Jalen's autism spectrum disorder (ASD) diagnosis, Shelly became an expert on providing the best care for her son, and applied the lessons she learned to improve the surgery experience for other families navigating the challenges of ASD.

Shelly developed a process to assess the individualized needs of each patient diagnosed with ASD. She also implemented a customized "Intake Form" to record vital information about how to interact effectively – based on the child's diagnosis and medical history – and initiated a process by which caregivers would receive and understand the information.

Knowing her innovative program would benefit from multidisciplinary involvement, Shelly reached out to other medical professionals at Valley Children's for input. Together, they developed intervention strategies for patients with ASD and assembled a toolbox of effective distraction devices.

Shelly's creative teaching style fits beautifully in a pediatric healthcare environment. She created "Super George," a hero modeled after the Hospital's beloved mascot that teaches parents to watch out for choking dangers. Super George flies over a town and calls attention to coins from the bank, screws and bolts from the hardware store, and crunchy nuts in the kitchen.

In addition to educating families, Shelly also provides education to healthcare professionals. She was invited to speak at the 35th Annual Meeting and Seminar for PeriAnesthesia Nurses Association of California (PANAC)

in Ontario, California in October 2014. In December of that year, she presented to nursing leaders at the Valley Children's Hospital Annual Nursing Quality and Patient Safety Forum. Then in February 2015, she lectured at a provider "Lunch and Learn" event attended by more than 60 providers and also at the Society of Pediatric Nurses. Physicians and nurses at these events gained greater insight to the special needs patient population, and learned about available programs to provide their patients with the best care.

Passionate about enhancing the customer experience for families with special needs children and raising awareness among medical professionals challenged with treating them, Shelly is driven to provide training and tools to improve patient care. She leads with encouraging words and practical support. Her calm, steady approach combined with her positive, can-do attitude motivates others confronted with difficulties. Shelly also leads by example. Her gentle tenacity helps coworkers focus on the business of caring for kids even on the worst days. Accustomed to running half marathons on behalf of Autism Speaks, Shelly models how to press on, never give up and keep the goal in sight.

Congratulations Shelly Reyes for earning the admiration families and staff at Valley Children's, and being named the Nurse of the Year 2015 – Clinical Practice.



because...

They pay attention to me

11-year-old girl



Valley Children's Healthcare

Nurse of the Year 2015

Education

Dana Ferris, MSN, RN, CPON

Each of us is given a seven-day week and 24-hour day. So how does someone like Dana manage to accomplish more than most of us can find the time to do? And how does someone who began working at Valley Children's as a public broadcast exchange (PBX) operator win the Nurse of the Year Award for Education? Determination and passion fuel the drive within Dana to live a life beyond ordinary.

After working as a PBX operator, Dana served as a health unit coordinator while attending school to become a registered nurse. Next, she obtained her Bachelor of Science in Nursing and later earned a master's degree as a clinical nurse specialist and educator. Dana received her degrees while providing the sole financial support for her family. She and her husband homeschool the oldest two of their five children (ages 2, 8, 10, 12 and 14), including one with special needs.

Dana teaches a number of courses at Valley Children's, and excels as an educator. She especially enjoys using simulation in education, and became instrumental in coordinating pediatric, high-fidelity simulation in the Hospital's Focused Pediatric Resuscitation Course. Dana also helped facilitate the Simulation Boot Camp for UCSF, Fresno, running countless simulation scenarios for teams of residents during a daylong event.

Time away from Valley Children's does not mean a break from teaching for Dana. Dedicated to the development of nurses, she works as a clinical instructor for Fresno City College and San Joaquin Valley College, where she will teach a pediatric didactic course this summer. Also this summer, she and her colleagues will present a 60-minute session, "Avoid the What-Happens-in-Vegas-Stays-in-Vegas Approach to Error Disclosure," at the annual American Nurses in Professional Development (ANPD) convention.

An influential change agent, Dana researched the benefits of closed-system chemotherapy delivery tubing long before it was required. A commitment to pursue opportunities that contribute new knowledge to nursing practice motivates Dana to spend a portion of her

time providing direct patient care. She flexes her hours to perform bedside care when needed on nights or weekends. These opportunities enable her to maintain extended practice certification on all the standardized procedures.

At times Dana will come to Valley Children's apart from her regular schedule not to provide patient care, but to spend her time off checking on the educational needs of staff in her areas of accountability. She leads by example and effectively encourages oncology nurses she works with to become certified pediatric hematology/oncology nurses (CPHON).

Dana also finds time to volunteer. She is active in New Covenant Community Church, where she leads a children's Bible study for second graders and helped serve at a conference hosted by her church on Christian Apologetics. Dana also supports several charities.

Valley Children's congratulates Dana Ferris for achieving the well-deserved honor of Nurse of the Year 2015 – Education.



because...

They are very, very polite and helpful. I got lost once and they helped me find my way.

grandfather of 4-year-old girl



Valley Children's Healthcare

Nurse of the Year 2015

Advanced Practice

Terea A. Giannetta, DNP, RN, CPNP

The word "research" makes most high school students squirm. But Terea Giannetta lights up at the thought. In her role as chief pediatric nurse practitioner at Valley Children's Hospital, Terea works with many patients whose health improved as a result of clinical trials – like the patient who experienced increasing feelings of isolation and depression due to illness but after enrolling in a trial was able to return to school and even play sports.

Terea pioneered the nursing research council at Valley Children's at a time when research was the purview of physicians. Her efforts to establish the council helped support designation from the Magnet Recognition Program® for nursing excellence.

Engaged in multiple research studies, Terea helps advance the care of pediatric patients locally, nationally and internationally. She identified a gap in education for women and girls in the management of their hematologic disorder, and began speaking at family conferences and with primary care providers about helping patients manage menstruation. She also established outreach activities for related community organizations.

Terea's leadership in directing nurses to practice the latest evidence-based care supports continuous performance improvement within the hematology/ oncology department and throughout the hospital. She reviews and approves all standardized procedures within the organization, enabling nurses to provide the highest quality care through safely practicing at the uppermost level of the nursing scope of practice. The impact of her clinical care can be measured by the number of patients who ask for her when she is on vacation and schedule appointments when they know she will be present.

Terea's greatest gift to the profession of nursing is her coaching and mentorship. One of four coaches providing assistance with computerized provider order entry at Valley Children's, Terea gives at-the-elbow instruction to midlevel providers and physicians alike. As a super user during the launch of our new electronic

medical records, she ensured the safe transition of patients across the continuum of care and helped leverage the medical record to provide up-to-the-minute data for clinical decision-making to enhance the quality of care. Terea also worked with the build team to ensure the records meet the unique documentation needs of advanced practice nurses and comprehensively reflect the care they provide.

Through casting vision, leading the way and believing in nurses who may not always believe in themselves, Terea has inspired generations of nurses to achieve more than they thought possible. Hundreds of nurses at Valley Children's and throughout Central California have been touched by her influence. The majority of master's prepared nurses at Valley Children's were taught by Terea. They frequently acknowledge her ability to inspire, challenge and link theory to practice.

Terea became the first nurse at Valley Children's to earn a Doctor of Nursing Practice Degree. Her decision to return to school after almost 30 years offers one more example of Terea's appetite for new knowledge. To support other nurses in attaining their doctorate, Terea worked with leadership at Valley Children's to add DNP to the organization's educational reimbursement benefits package.

Valley Children's congratulates Terea Giannetta and recognizes the outstanding achievement of becoming the Nurse of the Year 2015 – Advanced Practice.



because...

They take care of me

12-year-old girl



Valley Children's Healthcare

Nurse of the Year 2015

Administration/Leadership

Jennifer Reyes, MSN, BSN, RN, RNC-NICCPNP

Jennifer Reyes firmly believes that patients at Valley Children's Hospital receive a higher level of clinical quality and patient safety when their parents and close family members partner with the healthcare team. As director of acute care inpatient services, she interacts frequently with nursing staff on units caring for childhood cancer patients and children with other serious illnesses, and recognizes the deep understanding families have of their child's state of health.

Convinced of the value in listening to a family's perspective, Jennifer led the development and implementation of Condition HELP, a program empowering a patient's family to call a rapid response when they feel their child's condition is deteriorating. Available 24/7, the Condition HELP Response Team reports to a child's room within 10 minutes of receiving a phone call from the concerned family.

Condition HELP serves as a tool to identify when a hospitalized child's health is rapidly declining, and provides an additional channel to supplement communication between the family and healthcare team. Introducing this successful program provides just one example of Jennifer's commitment to enhancing family-centered care and empowering families to take an active role in their child's care.

Jennifer played a leadership role in another successful nurse-driven program designed to promote patient safety. Ongoing discussions with nursing staff regarding how to improve a process and how a process change affects workflow and/or patient care, led to the adoption of a "back to basics" program. Recently implemented hospital-wide, the program effectively reduces the rate of hospital-acquired infections (HAIs).

Jennifer's strong administration skills and leadership abilities not only led to a reduction of central line-associated bloodstream infections (CLABSI) on the oncology unit, but also made an impact throughout our organization. Each year, California Department of Public Health (CDPH) tracks HAIs to monitor quality and patient

safety at hospitals throughout our state. On March 13, 2015, CDPH published a new report on hospital-specific HAI incidence data from 2013 that showed Valley Children's Hospital significantly reduced CLABSI incidence by 51 percent from 2012 to 2013.

These successful outcomes demonstrate Jennifer's ability to not only watch for opportunities to improve processes, but also introduce initiatives to enhance care. Her commitment to establish a professional practice environment within her areas of accountability helped support the Hospital in obtaining a third designation from the Magnet Recognition Program®.

The best leaders empower and support others in the implementation of their ideas and projects. Jennifer collaborated with one of the families served by Valley Children's to open the "Sweet Eats Kitchen," which provides food for families on the oncology unit.

Unafraid of taking risks, Jennifer shaved her head to raise money in support of lifesaving research funded by the Saint Baldrick's Foundation to find a cure for childhood cancer. Other volunteer fundraising efforts include serving as a team leader for the March of Dimes Walk for Babies annual event.

Congratulations to Jennifer Reyes for leading by example and becoming the Valley Children's Nurse of the Year 2015 – Administration/Leadership.



because...

They worry about me
11-year-old girl

Friend of Nursing 2015

Congratulations Anita "Kay" Keefer and Janice Helmstetter



Foundations are rarely seen, but a sturdy building must have a strong one. Just as the foundation of nursing governance supports our nursing structure, Anita "Kay" Keefer, nursing administration specialist, provides foundational support to maintain the inner workings of our nursing structure at Valley Children's.

In the spring of 2006 following a successful career in healthcare administration, Kay began offering her strong administrative support and supervisory leadership skills to Valley Children's. Kay supports nursing leaders across the organization in encouraging their nursing staffs to grow and excel. She offers helpful feedback and shares best practices to ensure business is managed in a timely and professional manner. In the Professional Development Council, Kay played a key role developing an online method of SBAR communication for time-sensitive practice issues, enhancing quality of care and patient safety. With her expert follow-through and proficient communications, Kay helps set action plans in place. She continuously evaluates and modifies processes for greater efficiency and productivity as she works with the Restraint Subcommittee and Nursing Peer Review Committee.

Kay is a consummate professional as she coordinates the Clinical Leadership Workshops, and is a strong member of the Command Center to help Valley Children's be "survey ready." Kay's tireless assistance preparing applications to the Magnet Recognition Program® and her work equipping staff for the reviewers' onsite visits supported Valley Children's through two redesignations. Kay respects nurses and appreciates the quality services they offer. As nurses may not necessarily receive training in administrative duties, Kay lends her assistance and lessens their administrative tasks by preparing the tools they need to function in areas where they shine, such as the Wound Care Nurse Program and the PICC programs.

Kay has demonstrated "the best" in areas of mentoring, orientation and teambuilding, and is a loyal friend and confidante. Her strong administrative skills play an essential role in supporting our nursing councils and committees so nurses can focus on what they do best – care for kids.

"I love working at Valley Children's," says Kay. "The people are the best, the mission is the best, and I am truly honored to be a friend of nursing."



The key to a successful outcome is often perfectly timed words of wisdom. Janice ("Jan") Helmstetter has perfect timing. Jan serves as a nursing administrative specialist at Valley Children's, where nurses and other colleagues enjoy her sense of humor, appreciate her gentle advice, and benefit from her timely remarks.

With supervisory experience from her previous employment at a national healthcare-related organization, Jan brings strong administrative, leadership and technical skills to her position at Valley Children's. Jan managed the process to offer provider contact hours through the house-wide journal club and literature search classes. She helped create iCare, our clinical nursing intranet portal, and assists with its ongoing management. Most recently, she took a lead role in moving documentation from our nursing governance councils to SharePoint, the organization's content management system.

Jan embraces all the challenges of nursing governance, and works closely with Practice Council, Nurse Practitioner Council, Research Council and Nursing Informatics Council. In support of these councils, Jan developed standardized administrative tools. She also co-created an online training module to provide organization-wide orientation for nursing governance members.

Jan consistently demonstrates her ability to create and manage complex processes, analyze and interpret data for quality reports, and provide wise counsel as she mentors council members and leaders. She is a tremendous support for leadership, at times acting as chair or facilitator as needed. Jan played a crucial role in the formation of the Accreditation & Regulatory Department Command Center, a resource designed to prepare and equip staff for surveys by various regulatory agencies. Her diligence helped keep our nurses "magnetically charged" during onsite visits from representatives of The Magnet Recognition Program® and "survey ready" for The Joint Commission and others.

Jan effectively interfaces with physicians, senior leadership, nurses, ancillary professionals and support staff. Her feedback can diffuse a tense situation and facilitate productive discussion. Her keen insight can erase confusion and provide clear guidance. Most of all, Jan's well-timed support endears her to coworkers and makes her a true friend of nursing.



Nursing Professional Practice Model

Exemplary Professional Practice

The Valley Children's Hospital Nursing Professional Practice Model demonstrates the integrated, inter-related 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.¹

The 12 Components of the Model

Professional Values

Foundational beliefs of the organization and nursing services¹

Theoretical Framework

Conceptual foundation that provides structure for nursing practice¹

Professional Practice

Structures, standards, and regulations that govern the practice of nursing¹

Governance

Organizational structure for the oversight of nursing practice¹

Collaborative Relationships

Partnerships between nursing and the patient/family, peers, the organization, academia and the community¹

Care Delivery

The application of the nursing process to the provision of patient care within a defined model of care¹

Outcomes

The achievement of measurable organizational, patient, workforce and community outcomes through quality, safety and performance improvement processes.¹

Research/Evidence-based Practice

A culture of clinical inquiry that drives nursing research and results in evidence-based practice and sharing of new knowledge¹

Professional Development

Programs that support professional advancement, ongoing education, national certification, succession planning and mentorship/precepting¹

Reward and Recognition

Mechanisms to provide recognition of accomplishments and performance that support nursing practice¹

Communication

Processes and methods that support the sharing, receiving and exchanging of ideas and information¹

Operations

Management and leadership of programs and resources that support the provision of patient care and a professional practice environment¹

¹Adapted from 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.

A Commitment to Excellence



The Annual Nursing Quality and Patient Safety Forum highlights performance improvement activities. Presentations focus on collaboration, communication, prevention of healthcare-acquired conditions and patient satisfaction.

George's Pass: Improving Care for Children with Autism Spectrum Disorder (ASD)

Shelly Reyes, BSN, RN

Improving Long-Term Outcomes: Implementation of the IVH Toolkit

Stacie Venkatesan, MSN, RNC-NIC, CNS

PICU Infection Prevention: CLABSI, VAP, CAUTI

Sandy Jensen, BSN, RN, CCRN

Debbie Deimerly, BSN, RN

Pressure Ulcers

Stacie Licon, MSN, RN, CPN, ACCNS-P

Marie Gilbert, MSN, RN

Rachel Caro, BSN, RN, CWOCN, CCRN

Janet Del Real, BSN, RN, PHN

Oncology Care in Sedation Services

Katie Bergen, BSN, RN

Working Together to Improve Cardiac Patient Care

Emily Hunt, MSN, RN, CNS, ACCNSP

Easing the Customer Experience

RN Navigators Promote Continuity of Care

Nurses Week always concludes May 12, Florence Nightingale's birthday. Born 195 years ago, the founder of modern nursing was called "The Lady with the Lamp" for making nighttime rounds of wounded soldiers. In today's world of high-tech medicine, Nightingale would probably carry a tablet instead of a lamp, and would embrace the increasing popularity of the registered nurse (RN) navigator role.

"I took this job because the electronic age of nursing has pulled us away from a lot of the one-on-one contact," said Kimberly Ling, RN. "I love being a nurse navigator because I can be there with the families to talk with them and laugh with them and cry with them."

Ling works with neuro-oncology patients and their families in the pediatric oncology department at Valley Children's. "We usually meet our families right at diagnosis," she says. "Most of the time when the doctor is going over test results with a family with a new diagnosis, the RN navigator goes in with the doctor to meet the family. A social worker is often there at that time, too."

RN navigators become the family's main point of contact from that point forward. "We're here to help them navigate through the forest that is healthcare and make sure everything makes sense," says Ling.



because...

They're really patient and understanding when she's crying and doesn't want to lie down.

mom of 4-year-old girl

No wrong questions

With an RN navigator in place, the family knows they can get in touch with someone whenever they have a question or concern.

"The family can call me directly, which they really appreciate," says Ling. "Parents sometimes worry about asking too many questions or silly questions. But I always say, 'If it's bugging you then it's not silly.'"

RN navigators make themselves available to families at their time and place of need.

"When my kiddos are in clinic I'll check in with them, and when they're admitted I'll check in with them on the floor," says Ling. "I worked with a family recently and the mom would call and ask me to check in on her son when he was admitted, and I always did."

At no additional charge to patients, RN navigators:

- assist with setting up multiple appointments, scans and tests
- fill a critical gap as liaisons between patients/families and their doctors
- help patients/families make informed medical decisions
- keep patients on track with their treatment plans
- offer emotional support and coping tips
- provide guidance with insurance issues
- serve as a bridge to services and resources

Success as an RN navigator requires:

- broad clinical experience
- strong communication skills
- organizational proficiency
- ability to collaborate and broker relationships
- aptitude for conducting research

Continuity of Care

Navigational assistance not only increases the likelihood of families scheduling appointments when needed and keeping them, but also decreases wait times when going from a blood draw to a scan to a consultation with the pediatric oncologist or other specialist.

"I think the biggest benefit of this role is continuity of care," says Ling. "It's so helpful having someone that's going to help you get through something that could be so confusing and devastating to any family. They know I'm making sure they're going to get everything they need for their child when they need it."

Patient satisfaction has improved as a result of the enhanced customer experience assured with the RN navigator role.

"Our patient population sees so many disciplines that it can get overwhelming for a clinic nurse to try and help with scheduling all the appointments the child needs," says Ling. "It often falls on the family to not forget to schedule appointments. But we stay on top of things for them. For example, if a family is referred to another practice, like imaging or neurology, we follow up with that clinic to make sure the appointments are scheduled. Simply by preventing kids from falling through the cracks we can help prevent things like an undiagnosed recurrence. By staying in touch, those things are detected and taken care of."

Improved Outcomes

Past president of the American Cancer Society, Dr. Harold Freeman, first drew attention to the benefits of RN navigators in 1990. In an effort to improve outcomes in New York City, where a disproportionate number of low-income families were dying from cancer, Freeman introduced the concept of helping patients navigate the system with the Harlem Cancer Education and Demonstration Project. Word of improved outcomes spread throughout the healthcare community, and by 2006 many cancer treatment programs began offering navigational assistance.

Valley Children's introduced RN navigators in 2012 with our solid tumor program by adding Maria Padilla, RN and Sia Vang, RN to the staff. Ling joined the neuro-oncology team as a navigator mid-2013, and the role came to our Maternal Fetal Center later that year when Sharon Beck, RN joined the team. Valley Children's is planning to add RN navigators to more practices in the near future.

"It's a really important role to have, and we would like to see it expand into different areas," said Maria Padilla, RN. "Working here since adding the RN navigator role, I can see what a difference it makes for the families." Padilla's assessment is shared by Ling, Vang and Beck, who also want to see more RN navigators working at Valley Children's.

Pursuing our vision for Valley Children's includes focusing on several critical success factors. These measurable goals include, but are not limited to, becoming the best in quality, efficiency and customer experience. The role of the RN navigator is bringing us closer to achieving our vision to become the nation's best children's hospital.

Valley Children's RN navigators include:

- Kimberly Ling, RN, BSN, Neuro-Oncology
- Maria Padilla, RN, BSN, Solid Tumors
- Sia Vang, RN, BSN, Solid Tumors
- Sharon Beck, RN, BSN, Maternal-Fetal Center

The RN navigator role at Valley Children's:

- Improves patient satisfaction
- Enhances clinical quality
- Increases patient safety

Typical duties of an RN navigator include:

- Tracking current and recurrent patients
- Providing patient/family education
- Coordinating patient care services
- Conducting research
- Making rounds

A young boy with dark hair, wearing a blue hospital gown with a colorful pattern, is sitting in a hospital bed. He is smiling and blowing bubbles. The background shows a hospital room with a white bed frame and a yellow wall.

New Knowledge Improvements & Innovations

George's Pass

Grassroots Effort Benefits Autistic Children

When a grassroots effort catches fire, the idea often sparks from someone with both knowledge and passion – someone like Shelly Reyes.

A registered nurse in the day surgery unit at Valley Children's Hospital, Shelly invested her heart and mind to develop a program for children like her 9-year-old son, Jalen, who was diagnosed with autism spectrum disorder (ASD).

Undergoing a surgical procedure normally unsettles children, but for patients like Jalen, the ordeal can overwhelm. Bright lights, beeping alarms, disinfectant smells, a snug blood pressure cuff and other stimuli can overload his senses.

"Even the click of a metal door or a baby's cry can seem magnified to a child with ASD," said Shelly, whose perspective offers a deeper understanding. "I saw things that would improve the surgical and hospital experience for the child as well as the family and caregivers." Her vision became "George's Pass," a program designed especially for pediatric patients with ASD.

"Valley Children's treats more than 300 kids a year with ASD," said Shelly. The number of American children with ASD has soared approximately 30 percent since 2012, according to the Centers for Disease Control and Prevention. The fastest growing developmental disability today, ASD has surpassed prevalence rates of childhood

cancer, Down syndrome and spina bifida. Data reveals an estimated one in 42 boys and one in 189 girls have the disorder.

Shelly formed a multidisciplinary team to develop a systematic process to evaluate and address a child's individualized needs.

Team members include the following registered nurses from Valley Children's:

- Shelly Reyes, BSN, RN, CPN
- Kelley Shannon, BSN, RN, CAPA
- Ashkhen Krioghlian, BSNH, RN, CPN
- Bernice Algots, BSNH, RN-BC
- Denise DeFendis, BSN, RN, CAPA
- Kris Scaffidi, BSN, RN, CNOR
- Nila Empis, BSN, RN, CCRN
and like Shelly – mother of a child with ASD

Additional participants from Valley Children's involved with launching George's Pass include:

- Newton Seiden, MD, pediatric anesthesiologist
- Christine Netzley-Morales, BSB, RN
- Rose Luna, Child Life specialist

Hayley Heitzig, a board certified behavioral analyst from Holdsambeck and Associates, also assisted with the launch.



"This is the only program of its kind in the Central Valley," said LuAnn Joy, director, perioperative services, Valley Children's Hospital. "There are only a few of these programs in the country and ours is by far the most comprehensive I've seen."

Program highlights include:

- A George's Pass icon to identify patients in their charts and on their Hospital room doors
- Reduced exposure to the busy emergency department waiting room
- Individualized tours, education and hands-on activities with iPads and interactive toys
- Private post-op recovery rooms (with a door and windows covered by dark curtains) where parents are welcome even prior to their child awakening from anesthesia

Each surgical patient in the program receives a book called a "Social Story." Composed largely of illustrations, the book guides the child step-by-step through the hospital experience. Parents are encouraged to review the book with

their child in the comfort and privacy of their own home. The family may then reinforce what they learned by taking a personal tour of the Hospital.

"Social Story" teaches children and their families:

- How to prepare for surgery the night before
- What each area of the Hospital looks like and where they will be
- How to recognize staff they may meet in the Hospital
- What procedures to expect, including what a blood pressure cuff looks like

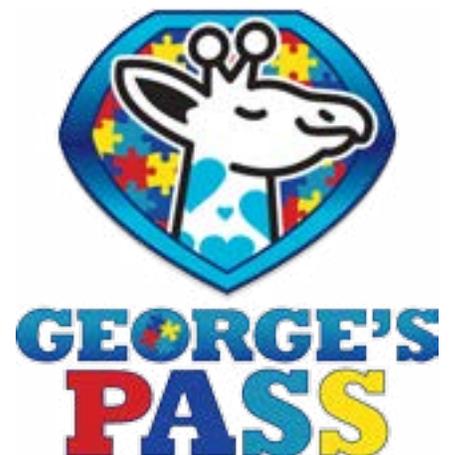
"The program has been well received, with a lot of positive feedback from parents," said Shelly, who also noted the benefits of the new program for staff and physicians. "They feel better prepared to provide individualized care to meet each child's and family's needs."

Because of its success, George's Pass is also available for patients with high anxiety and behavioral issues.

"This is an incredible example

of what began as a completely grassroots effort driven by a mom and nurse to do the right thing for kids," said Beverly Hayden-Pugh, senior vice president clinical operations and chief nursing officer, Valley Children's. "Our staff saw a problem and came up with a solution."

With the implementation of George's Pass, hundreds of young patients coming to Valley Children's Hospital each year will benefit from the vision of one nurse who sparked positive change.



RESEARCH, PUBLICATIONS & PRESENTATIONS

Research

Institutional Review Board (IRB) Approved Research Studies FY 14

HSC902 – Childhood Cancer Survivorship Program – Principle Investigator (PI) John Gates, MD; Subinvestigators Vonda Crouse, MD; J. Daniel Ozeran, MD, PhD; Wendy Tcheng, MD; Ruetima Titapiwatanakun, MD; Malynda Gonzales, FNP; Katie Baker, PNP; Jocelyn Alsdorf, RN

HSC923 – Common Components of Current Nursing Professional Practice Models in the hospital setting in the United States of America (Exempt) – PI Denise Vermeltoort, MSN, RN, NE-BC; Subinvestigator Margarita Dragmonanovich, BSN, RN, NE-BC; Subinvestigator Keitha Mountcastle, NNP, EdD, RN, CNS

HSC939 – Pediatric Early Warning System – PI Mary-Ann Robson, BSN, RN, CCRN,; Subinvestigators 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 Vermeltoort, MSN, RN, NE-BC; Subinvestigators Margarita Dragomanovich, BSN, RN, NE-BC; and, Keitha Mountcastle, NNP, EdD, RN, CNS

HSC972 – Epidemiology and evaluation of referral for abnormal coagulation screening tests to pediatric hematology service at Children’s Hospital Central California – PI Terea Giannetta, DNP, RN, CPNP

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

HSC1014 – Pilot Study to Assess the Use of the Pediatric Early Warning System Score as Part of the Transfer Process From the Pediatric Intensive Care Unit (PICU) to the Acute Care Areas – PI Mary-Ann Robson, BSN, RN, CCRN

HSC1024 – Identifying Barriers to Successful Interventions for Pediatric Shock Patients Found in Non-Pediatric Emergency Departments (Exempt) – PI Lisa Radesi, RN, CNS, CEN, CPEN

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

HSC1105 – Incidence of Type 1 Diabetes in the Central Valley: 1992-2012 – PI Betsy Muller, PhD, RN; Holly Miller, BSN, RN

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

HSC1114 – Simulation in Oncologic Sepsis – PI Dana Ferris, BSN, RN, CPHON

HSC1125 – What are the Common Obstacles in Medication Non-Adherence in Children with Juvenile Arthritis? – PI Edsel Arce-Hernandez, MD; Co-PI Susan Senzaki, RN, MSN, DNP; Subinvestigators Linda Miranda, BSN, RN; and Terea Giannetta, DNP, RN, CPNP

HSC1127 – My Life Our Future: A Hemophilia Genotyping Initiative Data and Sample Research Repository – PI Vinod Balasa, MD; Subinvestigator Terea Giannetta, DNP, RN, CPNP

HSC1129 – A comparison of pedagogical approaches to error communication training. A pilot study – PI Marie Gilbert, MA, RN, CHSE; Subinvestigator Terea Giannetta, DNP, RN, CPNP

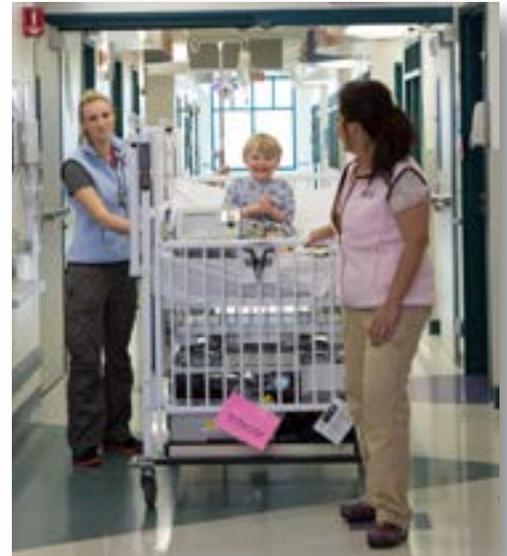
HSC1138 – The Electronic Medical Record from the Nurse Perspective (Exempt) – PI Candice Biberston, BSN, RN



because...

When I hurt they give me medicine to help me.

8-year-old boy



Publications

DeFendis, Denise, BSN, RN, CAPA

George's Pass...A new concept in the care of pediatric patients with autism. Pulseline (Pediatric Pearls Section of Newsletter). Summer 2014, Vol 32, No. 2, page 6.

Pediatric Pearls: The social story. Pulseline (Pediatric Pearls Section of Newsletter). Fall 2014, Vol 32, No. 3, Page 5.

Edwardsen, Beverly, RN, BSNH, CPN

Obama Care: The impact on your practice? Pulseline. Spring 2014, Vol. 34 No. 1.

Obama Care: The impact on your practice? The rest of the story. Pulseline. Fall 2014, Vol 34 #3, Page 5.

Giannetta, Terea, DNP, RN, CPNP

Burns, Dunn, Brady, Starr & Blosser. Pediatric Primary Care, 6th Ed. Chapter 27: Hematology. Due for release 2015.

Reynon, Nelfa, BSN, RN

Rewarding Membership Recruitment Year-2014. NANN-Central California Chapter. Vol 2, Issue 2, Summer 2014.

Robson, Mary-Ann, MN, RN, CCRN

Robson, MA1; Cooper CL, Medicus LA, Quintero MJ, Zuniga SA
Comparison of three acute care pediatric early warning scoring tools. Journal of Pediatric Nursing. 2013 Nov-Dec; 28(6):e33-41. doi: 10.1016/j.pedn.2012.12.002. Epub 2012 Dec 28.

Somera, Jirah, BSN, RN

Publisher/Editor as Communications Director for California Nursing Students' Association (CNSA), the Range of Motion Newsletter, Vol 8, Issue 1, Dec 2013; Issue 2, Mar 2014; and Issue 3, May 2014.

Sutters, Kimberly, PhD, RN, VA-BC

Sutters, K.A., & Isaacson, G. (2014). Prevention and management of post-tonsillectomy pain in children. American Journal of Nursing. 114(2), 26-42.

Wycoff, Mary M., PHD, NNP-BC, ACNP, BC, FNP-BC, CCNS, CCRN, FAANP

Korniewicz, D. Nursing Leadership and Management the Advanced Practice Role. Published two chapters; Chapter 5, Understanding Leadership and the Role of Nurse Practitioners in Critical Care Settings and Chapter 9, Understanding the Role of Leadership and Critical Thinking Principles to Improve Patient Outcomes. Destech Publications, Lancaster, Pa, April 2015.



because...

I love how they treat me

11-year-old girl

Presentations and Posters

Biberston, Candace, MSN, RN

Poster Presentations:

"Interprofessional Simulation in Focused Pediatric Resuscitation"
Magic in Teaching, Irvine, CA (November 2013)

"Use of High Fidelity Simulation in an Interdisciplinary Preceptor Program"
International Meeting for Simulation in Healthcare 2014, San Francisco, CA, (January 2014)

Chin, Tracy, MSN, DNPc, CPNP

Podium Presentation:

"What to do When Your Patient Wets"
San Joaquin Valley Chapter of NAPNAP (May 2014)

Giannetta, Terea, DNP, RN, CPNP

Podium Presentations:

"Thrombophilia: Kids at Risk for Blood Clots"
"The Preceptor Dilemma"

National Association of Pediatric Nurse Practitioners (NAPNAP) Annual Conference, Boston, MA
(March 2014)

Joy, Luann, BSN, MBA, RN, NE-BC

Podium Presentation:

"Just Culture and Aging Workforce"
ANA Staffing Conference, Washington, DC, (November 2013)

Kuipers, Jenna, MSN, BSN, RN, PPCNP-BC

Poster Presentations:

"Resources for Healthcare Providers to Promote Fever Management to Parents of Various Ethnicities"
Research Conference for California State University, Fresno, CA (May 2014)
Research Conference at Saint Agnes Medical Center, Fresno, CA (May 2014)

Le, Jennifer, NP-C, CDE

Podium Presentation:

"Integrating Principles of Psychosocial and Neurobiologic Development to Assess Diabetes Self-Management Readiness in Youth"
CV-AADE, Fresno, CA (October 2014)

Loo, Pamela, MSN, RNC-NIC, FNP-BC, NNP-BC

Podium Presentation:

"Case Presentation of Hypothermia and NEC, a Developmental Perspective"
CCANN Neonatal Medley Conference, Valley Children's Hospital, Madera, CA (April 2014)

Orth, Lisa, MSN, RN, PPCNP-BC

Poster Presentation:

"Managing your Child's Eczema"
Saint Agnes Research Conference, Fresno, CA (April 2014)

Pawig, Maria (Irene), BSN, RN

Podium Presentation:

"Cultural Philippines"
A multi-cultural program for students and parents, Freedom Elementary School, Clovis, CA (October 2014)

Reyes, Shelly, BSN, RN, CPN

Podium Presentation:

"Autism Spectrum Disorder: Improving Care"
CME Lunch & Learn, Society of Pediatric Nurses Meeting PANAC Conference, Ontario, CA (October 2014)

Solano, Jenny, NNP, MS

Podium Presentation:

"How Cool is Cool? Evidenced-based practice for whole body hypothermia in neonates suffering from HIE"
CANP Conference, Newport Beach, CA (March 2014)

Poster Presentations:

"How Cool is Cool? Evidenced-based practice for whole body hypothermia in neonates suffering from HIE"
INAC conference, Valencia, Spain (April 2014)

"How Cool is Cool? Evidenced-based practice for whole body hypothermia in neonates suffering from HIE"
AACN--NTI, National Teaching Institute Conference, Denver, CO (May 2014)

"Critical Congenital Heart Disease"
ICN INP/APNN Conference, Helsinki, Finland (August 2014)

"How Cool is Cool? Evidenced-based practice for whole body hypothermia in neonates suffering from HIE"
NANN Conference, Phoenix, AZ (September 2014)

Somera, Jireh, BSN, RN

Poster Presentation:

"Student Success"
National Student Nurses Association Annual Convention, Nashville, Tennessee (April 2014)

Tripp, Heather, BSN, RN

Podium Presentations:

"Pediatric Patient Safety"

"Evidence-Based Practice in Cystic Fibrosis Care"

"Pediatric Asthma"

International Conference for Pediatric Nurses, Mexico City, Mexico (July 2014)

Wyckoff, Mary, PhD, NNP-BC, ACNP, BC, FNP-BC, CCNS, CCRN, FAANP

Podium Presentations

"Utilizing Stewardship and Understanding pharmacodynamics and antibiotics: How to know what to prescribe"

"Peripherally inserted central catheters, understanding the dynamics and utilizing ultrasound technology"

National Association for Neonatal Nurses (NANN), Phoenix, Arizona (September 2014)

Poster Presentations

"Actualizing the IOM Report The Future of Nursing, 2014: A Professional Nursing Practice providing consistent care from Delivery to Discharge"

"The Different Faces of Pertussis"

"Life threatening signs and treatment interventions of critical congenital heart defects in newborns"

National Association for Neonatal Nurses (NANN), Phoenix, Arizona (September 2014)

Podium Presentation

"Actualizing the IOM Report The Future of Nursing, 2014: A Professional Nursing Practice providing consistent care from Delivery to Discharge"

Faculty: 8th International Council of Nurses (ICN) International Nurse Practitioner (IPN) Advance Practice Nurse (APNN) ICN, Helsinki, Finland (August 2014)

Poster Presentations

"Life-threatening signs and treatment interventions of critical congenital heart defects in newborns"

"The Crisis of pan resistant bacteria: How to know what to prescribe"

"The Different Faces of Pertussis"

Faculty: 8th International Council of Nurses (ICN) International Nurse Practitioner (IPN) Advance Practice Nurse (APNN) ICN, Helsinki, Finland (August 2014)

Podium presentations

"How Cool is Cool! Evidence-based practice for whole body hypothermia in neonates" "Understanding Pharmacodynamics of antibiotics and Kids: How to know what to prescribe"

"Autoimmune disorders: What are we missing looking at nutrition and gluten intolerance"

"Understanding pharmacodynamics and antibiotics in adults: How to know what to prescribe"

Advanced Practice Sessions, Accepted Faculty: American Association of Critical Care Nurses, National Teaching Institute and Critical Care Exposition: (NTI, API), Denver, CO (May 2014)

Poster Presentations

"Actualizing the IOM Report The Future of Nursing, 2014: A Professional Nursing Practice providing consistent care from Delivery to Discharge"

"The Different Faces of Pertussis"

Accepted Faculty: American Association of Critical Care Nurses, National Teaching Institute and Critical Care Exposition: (NTI, API), Denver, CO (May 2014)

Podium presentations

"Life-threatening signs and treatment interventions of critical congenital heart defects in newborns"

"How Cool is Cool! Evidence-based practice for whole body hypothermia in neonates"

Accepted Faculty: 11th National Advanced Practice Neonatal Nurses Conference (ANN)

Honolulu, Hawaii (April 2014)

Podium Presentations

"Life-threatening signs and treatment interventions of critical congenital heart defects in newborns"

"The Crisis of pan resistant bacteria: How to know what to prescribe"

Accepted Faculty: International Neonatology Association Conference INAC, Valencia Spain (April 2014)

Poster Presentation

"The Different Faces of Pertussis"

"How Cool is Cool! Evidence-based practice for whole body hypothermia in neonates"

International Neonatology Association Conference (INAC), Valencia Spain (April 2014)

Podium Presentations

"The Crisis of pan resistant bacteria: How to know what to prescribe"

"How Cool is Cool! Evidence-based practice for whole body hypothermia in neonates"

"Actualizing the IOM Report The Future of Nursing, 2014: A Professional Nursing Practice providing consistent care from Delivery to Discharge"

Accepted Faculty: California Association for Nurse Practitioners Newport Beach (March, 2014)

VanWoudenberg, Christine, BSN, RNC-NIC, NNP-BC

Podium Presentation:

"CLABSIs in the NICU"

Creighton University School of Nursing (May 2014)



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