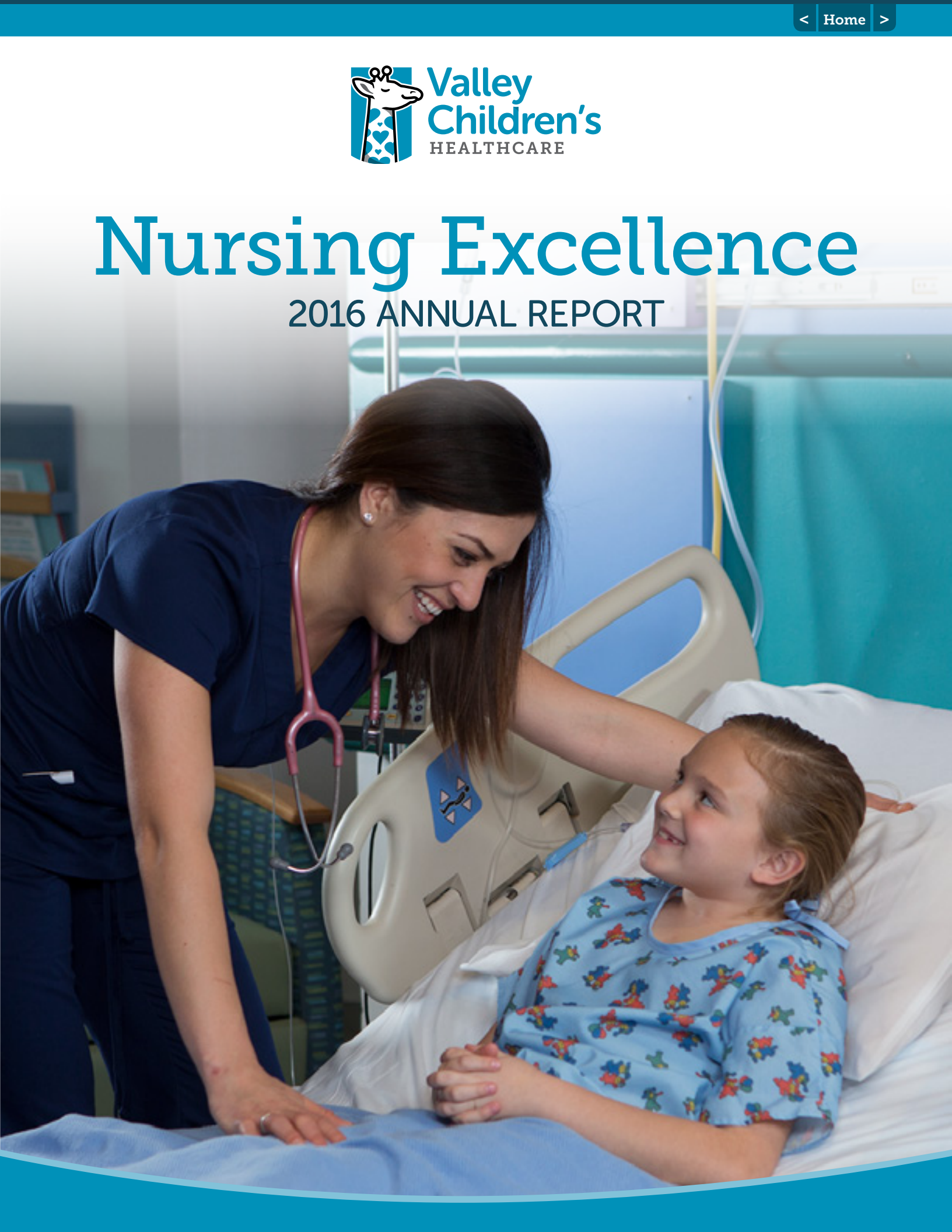
Valley Children's HEALTHCARE

# Nursing Excellence

## 2016 ANNUAL REPORT



# Table of Contents

Valley Children's HEALTHCARE



MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

AACN BEACON AWARD FOR EXCELLENCE

# Interprofessional Best Practice

**Beverly Hayden-Pugh, MOB, BSN, RN**
Senior Vice President, Clinical Operations and Chief Nursing Officer

May is one of my favorite months as we take the time to formally celebrate our profession during National Nurses Week. It is a great time to reflect upon the difference we make in delivering quality patient care at Valley Children's, both as individuals and as part of an interprofessional team. Together, with children and their families, we partner to provide our best care.

Best care requires interprofessional practice. According to the World Health Organization (WHO), "Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care."[1] At Valley Children's, nurses, physicians, respiratory therapists, allied health professionals, unlicensed assistive personnel, support staff, volunteers and leaders collaborate in creating an environment that promotes our vision, mission and core values.

The Nursing Excellence Annual Report highlights accomplishments of our nursing profession and reflects the many efforts supporting interprofessional practice. This year, we acknowledge nurses for excellence in clinical practice, education, leadership and innovation. We initiated a new award, Team Excellence, in recognition that it really does take a village to deliver care in today's environment. The Friend of Nursing award acknowledges an individual who significantly impacts nursing. These individuals reflect our best. It is my honor to recognize our nominees and awardees and to say "thank you" for their contributions to the profession and our patients and families.

Nurses are making a difference in the hospital, subspecialty clinics, home care and primary care settings. Our nurses are impacting the community through leadership on professional and community boards. Nurses provide a unique perspective, collaborating with others to address regional and state needs. The stories highlighted in the annual report of board involvement reflect a few examples of the impact our nurses are making.

Interprofessional practice activities are highlighted through structures and activities such as TeamHOPES, TeamSTEPPS, SIMCamp and Governance. Solutions such as the support provided through the TeamHOPES program, the communication strategies provided in TeamSTEPPS, and the learning opportunities provided through our interprofessional education efforts ensure our healthcare team is prepared to provide excellence in what we each do in contributing to care at Valley Children's.

On May 9, 2016, we will celebrate Nurses Week and interprofessional practice with the first "Heart of Healthcare" recognition week. More than 4,000 staff, physicians and volunteers will celebrate.

Our ultimate goal each and every day is to bring our best to ensure that the best quality, customer experience, access, efficiency, people, philanthropic cause and advocacy are provided to our patients and families. Thank you for making a difference and thank you for being part of our past, present and future vision for Valley Children's Healthcare.

**"At Valley Children's, nurses, physicians, respiratory therapists, allied health professionals, unlicensed assistive personnel, support staff, volunteers and leaders collaborate in creating an environment that promotes our vision, mission and core values."**

[1] World Health Organization (WHO). (2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: Work Health Organization. Retrieved March 10, 2016

# Transformational Leadership

## Hospital Profile

**358**
Licensed Beds

**154,857**
Physician Practice and Regional Visits

**13,692**
Inpatient Admissions

**208.1**
Average Daily Census

**118,298**
Emergency Room Visits

**12,348**
Surgery Cases

**1,337**
Transport (Air and Ground)

# Transformational Leadership

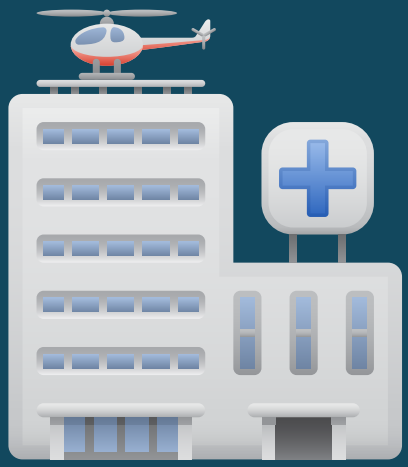
## Nursing Profile

**9.74**

RN Average Length of Service (in years)

**655.96**

RN Number of FTEs



**8.40%**

RN Voluntary Turnover Rate

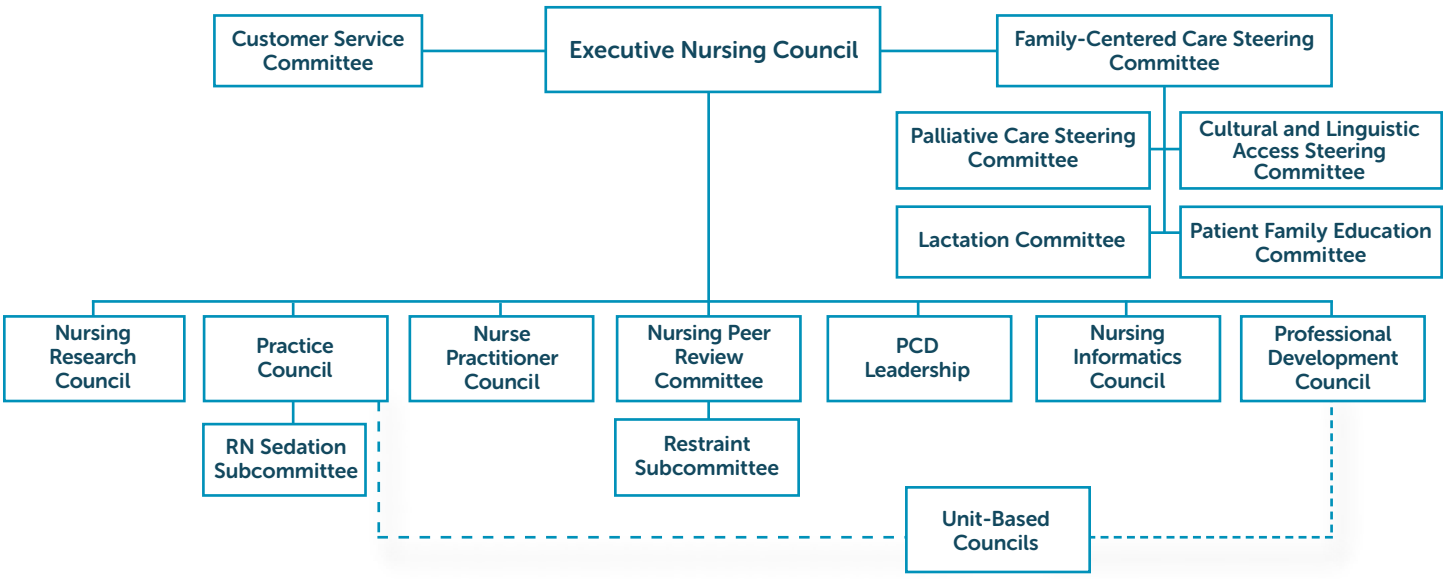
**3.17%**

RN Vacancy Rate

# Transformational Leadership

## Nursing Professional Practice Model and Governance

Governance is defined in the Nursing Professional Practice Model as the "organizational structure for the oversight of nursing practice."[1] At Valley Children's, nursing governance is structured in a way that fosters an especially collaborative environment. Councils and committees guide the leadership, quality, education, systems and processes that support the delivery of patient care.




As shown below, 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."[1]

Nursing Professional Practice Model

Governance is one of the 12 components of the NPPM. Councils and committees support the various components of the NPPM. These include professional values, theoretical framework, professional practice, governance, collaborative relationships, care delivery, outcomes, research/evidence-based practice, professional development, reward and recognition, communication, and operations. Highlighted application of the NPPM and governance include Executive Nursing Council, Practice Council, Nursing Informatics Council, Professional Development Council, PCD Leadership and Family Centered-Care Steering Committee.

The Executive Nursing Council (ENC) provides oversight of patient care through monitoring and by addressing outcomes, defined as "the achievement of measurable organizational, patient, workforce and community outcomes through quality, safety and performance improvement processes."[1] For ENC Chair Jennifer Norgaard, MSN, RNC-NIC, ACCNS-P, the involvement of

nurses on the ENC is critical. "The representation of the council includes staff to executives who come together to talk about nursing," Norgaard says. "This is important as we are able to discuss successes and concerns from multiple perspectives which ultimately encourages change."

The NPPM "Reward and Recognition" component is exemplified by the Nurse of the Year, Team Excellence, and Friend of Nursing awards.

The Practice Council supports the various aspects of professional practice. These include the "structures, standards, and regulations that govern the practice of nursing."[1] As Practice Council Chair Emily Hunt, CNS, MSN, RN, CCRN-N, ACCNS-P, explains, "Practice Council makes a difference in that we own and help drive evidence-based change. We ultimately are responsible for moving nursing practices forward. We want to be the best, so aligning with national standards is important and starts at the bedside."

The Nursing Informatics Council focuses on optimizing and developing documentation solutions. An important aspect of this work is communication, defined as the "processes and methods that support the sharing, receiving and exchanging of ideas and information."[1] It is also accountable to the nursing and interdisciplinary councils and committees that comprise the Nursing Governance Structure at Valley Children's Hospital.

The Professional Development Council (PDC) manages "programs that support professional advancement, ongoing education, national certification, succession planning and mentorship/precepting."[1] Council Chair Candace Biberston, MSN, RN, CPN, explains, "What we do in PDC is take all the hard work that has been done – new products, technology, practice changes, and the passion of the staff for quality improvement – and transform that work into educational materials to teach staff, giving them tools that they can utilize. We work closely with other councils to ensure we put their thoughts and words into the education."

PCD Leadership is accountable for operations, overseeing the "management and leadership of programs and resources that support the provision of patient care and a professional practice environment."[1]

"Collaborative Relationships - Partnerships between nursing and the patient/family, peers, the organization, academia and the community"[1] are demonstrated through the activities of the Family-Centered Care Steering Committee (FCCSC) and associated subcommittees. According to past Chair Denise Johnson, BSN, RN, "FCCSC is a great opportunity for collaboration between units, both inpatient and ambulatory. We are able to identify similar issues, come up with solutions and share examples from each other's experiences. It was eye opening for our many members as we focused on our goals. They learned best practices and shared them with their units, affecting patient and family engagement and involvement in care."

[1] Adapted from a research study by Vermeltfoort, 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.

# Nursing Council Engagement

## Valley Children's Healthcare – Fiscal Year 2015

The Nursing Governance councils and committees are composed of RNs from various settings, at all levels of the organization. The structure also incorporates interprofessional practice through representation and collaboration with interdisciplinary team members.

| Councils | Nursing Participants | Interdisciplinary Participants |
|---|---|---|
| Executive Nursing Council | 21 | 1 |
| Practice Council | 25 | 2 |
| Nurse Practitioner Council | 53 | 0 |
| Nursing Peer Review Committee | 15 | 1 |
| Restraint Subcommittee | 8 | 5 |
| RN Sedation Subcommittee | 8 | 1 |
| PCD Leadership | 10 | 1 |
| Nursing Informatics Council | 20 | 3 |
| Professional Development Council | 25 | 3 |

| Committees | Nursing Participants | Interdisciplinary Participants |
|---|---|---|
| Family-Centered Care Steering Committee | 20 | 7 |
| Palliative Care Steering Committee | 19 | 7 |
| Lactation Committee | 11 | 3 |
| Cultural and Linguistic Subcommittee in Action | 8 | 7 |
| Patient Family Education Committee | 10 | 6 |
| Customer Service Committee | 2 | 3 |

## Outcomes Achieved

Nursing Governance activities, combined with our initiatives focused on quality and safety, supported and enhanced patient care outcomes during 2015.

These outcomes included:

- Serious harm events (CLABSI, VAP, CAUTI, SSI, ADE, patient falls, and pressure ulcers) decreased by 30%, including a 20% decrease for CLABSI and 67% decrease for CAUTI.
- Supported ongoing excellence in the Magnet® Recognition Program. Nursing sensitive indicators (Pediatric falls, healthcare-acquired pressure ulcers, CLABSI, CAUTI, and children's asthma care) outperformed the benchmark mean the majority of the time from October 2013 through September 2015.
- Leapfrog hospital ratings demonstrate that Valley Children's Hospital fully meets standards for preventing medication errors, appropriate ICU staffing, steps to avoid harm, and managing serious errors.

## Nursing Governance Activities

Enhanced family-centered care including:

- Piloted family-centered care rounds on Starship Apollo and Starship Discovery Units
- Implemented new mobility course
- Implemented 24/7 visiting policy for the neonatal intensive care unit
- Networked with hospice organizations
- Developed "Child's Bill of Rights" activity booklet to educate children on their rights as patients in a child-friendly and interactive manner

Enhanced practice

- Initiated SIMCamp for trauma training

Improved systems and processes

- Enhanced pathway/order sets for nursing, providers and pharmacy
- Established tools to aid in restraint management
- Supported rapid cycle change process

Introduction of new products including:

- Crash carts
- Safe patient handling devices
- Sundance Solutions products
- Learning Management System (LMS)
- APEX Systems
- Vein viewer
- AquaGuard
- Electronic pacemakers
- Philips monitors

Enhanced patient quality and safety through initiatives addressing:

- Clinical alarm safety
- Peripheral IV infiltrate (PIV)
- Ventilator-associated pneumonia (VAP)
- Re-admission of home ventilator patients
- Catheter-associated urinary tract infection (CAUTI)
- Central line-associated bloodstream infection (CLABSI)
- Surgical site infection (SSI)
- Pressure ulcers
- Whole system measure (WSM) codes

# TeamHOPES

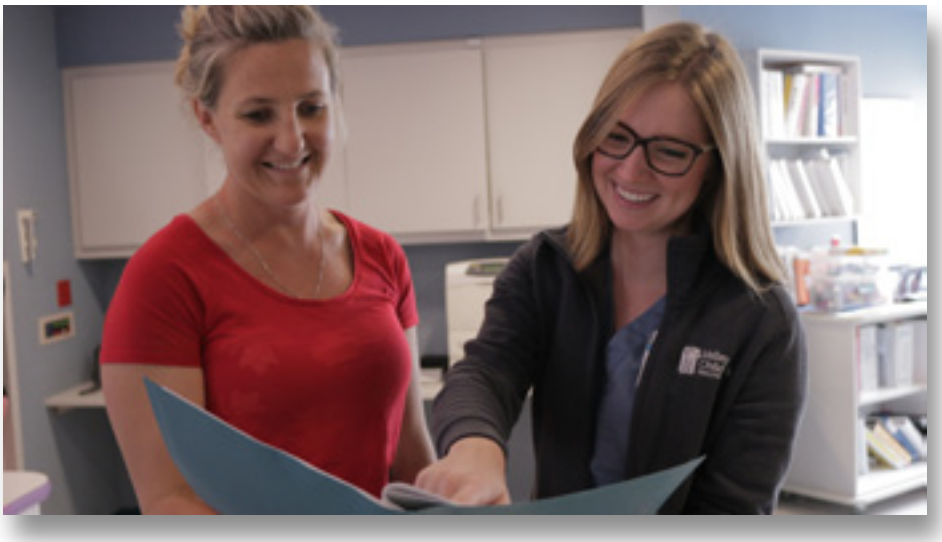
## A Support System by and for Hospital Employees

"I don't know how you do it."

These are words many nurses have heard before. After all, it's not easy dealing with the emotional impact of caring for severely ill or critically injured patients, some of whom may not survive.

Libby Geller, BA, BSN, RN, is a former pediatric intensive care unit (PICU) nurse now serving as that department's clinical educator. Looking back on her own training, Geller recalls an earlier time in an East Coast hospital ICU. "We started with a group of six or seven nurses. At the end of one year, all but two of us had quit. The reason we stayed was because we had really strong preceptors who were there for us. They were friends; they would talk to us and tell us what we were feeling was normal. The others just didn't have that support system."

With a physician father and a mother who is a nurse, Geller was able to turn to her family for comfort and understanding. Many healthcare workers are not so lucky. Valley Children's created TeamHOPES for them. As Geller describes it, "The whole point of TeamHOPES is to build in that support so that nobody falls through the cracks. In recent years, hospitals across the nation have



initiated "Second Victim" programs to support healthcare providers who have been traumatized as a result of their involvement in an adverse patient event, medical error, loss or poor outcome. It was one such event that inspired the creation of Valley Children's TeamHOPES program. A physician was finding it hard to move on after being involved in a medical event. As Geller describes it, "You feel very lonely, you feel very lost. You start to question your skills and your ability to do your job." The doctor went to leadership for help.

To gain some perspective on the problem, they looked to the results of a national satisfaction survey of hospital workers. The numbers were startling. What might the numbers be if a similar survey were conducted at Valley Children's, where we care for some of the tiniest, most vulnerable and most endearing patients? A group was formed to survey hospital workers at Valley Children's to find out.

**National Survey of Healthcare Providers Involved in an Adverse Event**[1]

- 30% had experienced anxiety, depression and concerns about their ability to perform their job
- 15% had considered leaving their profession
- 6% had contemplated suicide

1 Scott, S.D., et al. Caring for our own: deploying a systemwide second victim rapid response team. Joint Commission Journal on Quality and Patient Safety. 2010: 36(5) 233-40

**Survey of Healthcare Providers at Valley Children's Involved in an Adverse Event**[2]

- 32% have experienced anxiety, depression, insomnia, anger, or concern that they were unable to adequately perform their job.
- 16% contemplated leaving Valley Children's.
- 8% contemplated leaving their profession.
- 5.4% had to take unscheduled time off.

2 Survey results as of November 2015

**Survey Team Members at Valley Children's**

- Kris Aubry, RN, director of the Neonatal ICU (NICU)
- Caitlin Clegg, critical care administrative support for the NICU
- Jan Edwards, RN, patient safety
- Dr. Linda Keele, pediatric intensivists
- Dr. Sam Lehman, medical director of the PICU
- Karlene Meador, RN, clinical education specialist for critical care

The group first surveyed the departments where they anticipated the greatest need: the NICU and PICU. Then, they moved on to the Starship Craycroft Unit (an acute care oncology, diabetes, and nephrology unit), the Starship Apollo Unit (an acute care respiratory unit), the Emergency Department, and other departments. Survey results are still coming in from additional departments.

The internal hospital team conducting the surveys wanted to develop a program to better support our staff in times of crisis. In March 2015, they asked Geller to join them in this effort. She was the perfect addition to the team. Not only did she have a wealth of experience in the PICU, but she was ready for a change and had recently transitioned into the role of clinical educator for the PICU.

"I went through a summer where I cared for many severely ill patients who might not survive," Geller explains. "I felt sad all the time, and it was really affecting my personal life. I needed to step away from the bedside. I think that's why I am so passionate about this program." As the PICU clinical educator, Geller feels an extra responsibility to the new hires and students in the unit. "I run their orientation, and I serve as a mentor for those first few months," she explains. "I want everybody walking through this door to know that they are immediately part of this family and they don't have to struggle on their own."

**Tailoring TeamHOPES to Fit our Hospital**

The team met monthly to develop TeamHOPES. They began by exploring existing employee support programs around the country, sending three team members to train in the most promising ones. One especially effective program was the Second Victim Program at Nationwide Pediatric Hospital in Columbus, Ohio. It needed a little tweaking to fit Valley Children's goals as it was specifically tailored to health workers who had been involved in medical errors and adverse events. Valley Children's had a more ambitious goal. As Geller explains, "A big part of Valley Children's is what we call a "Just Culture." We recognize that errors do not happen on purpose, but when errors do occur, we want to identify them, fix them, and make sure they don't happen again. TeamHOPES is a natural extension of this philosophy. We wanted our program to go beyond just medical mistakes. It had to be for anything that could cause emotional trauma."

Using Second Victim as a base, the team spent the next few months developing and refining the new support program. Along the way, they came up with the program name: TeamHOPES, for Healing Our Professionals through Empathy and Support.

TeamHOPES is available to all employees, whether they are directly involved in healthcare or not. When an employee needs support, help is not hard to find. Persons trained in the program are called advocates. Advocates wear badges to make them easily identifiable, and the goal is to train 10 percent or more of the staff so that an advocate is available in every department, during every shift. The program has a hotline and an email address, but most often, advocates are approached in person, either by the employee in need of help or by a concerned co-worker. Then, the employee and advocate meet privately.

Geller describes what happens next as debriefing together. "You get the facts, ask open-ended questions, get the person to open up. Let them feel their emotions and be as empathetic as you can." The conversation ends with making a plan. Sometimes a little time off is needed. "If the nurse has been struggling with emotionally challenging situations, which are frequently part of the ICU setting, he or she may need a break and go be the nurse to a sweet, snuggly little baby that's going home tomorrow." Geller says. "So I'll go to the charge nurse, and without breeching confidentiality see if the nurse can get a break." Following that initial conversation, the advocate will check

in several times. If the employee is still having trouble, he or she may get a referral for more in-depth counseling with the CONCERN Employee Assistance Program.

Taking part in TeamHOPES is its own reward: there is no payment or extra credit to be an advocate. Unit directors and charge nurses help with recruitment, recommending people in their unit who are especially trustworthy, sensitive to the needs of others and have a genuine desire to help their peers. While many of the advocates are nurses, the team also includes administrative assistants, health technicians, pharmacists, chaplains and other Valley Children's employees.

Training begins on an uplifting note. Everyone gets a card on which they are asked to write down their three favorite people, three favorite activities and three favorite places in California. After they have completed training, advocates also provide these cards to the people they support. The idea is to keep the card in one's wallet and use it as a personal reset device in times of stress. As Geller puts it, "The card is your own little reminder that you have a life outside of work and things to be happy about."

Aspiring advocates go through a four-hour training session. The first 45 minutes consist of a program overview. The participants are then asked if they want to continue with the training. Those that decide to continue must sign a confidentiality agreement promising to protect the privacy of the people they will counsel. (In a legal situation, the advocate cannot be compelled to testify, and employee confidentiality is protected.) Once the agreements are collected, TeamHOPES trainers present simulations of difficult scenarios. The trainees respond to the simulations, and the trainers provide feedback. Monthly touch-base meetings offer an opportunity for TeamHOPES members to debrief, evaluate other second victim programs and further refine their skills.

**Building Stronger Teams, One Employee at a Time**

TeamHOPES went live in July 2015, starting with the NICU and PICU, and is being deployed gradually, one department at a time. Advocate training is ongoing and offered on a monthly basis. The program is being implemented throughout the entire Hospital. TeamHOPES is still collecting surveys and training advocates, so it's too early to fully evaluate the program's effect. "A lot of our evidence so far is experiential – things we've heard," says Geller. Several people have approached her to share that before reaching out for support, they were considering leaving the Hospital. Instead, they were able to regain their perspective – and their confidence.

As TeamHOPES nears its target of training 10 percent of hospital employees as advocates, there has been a noticeable change in the staff. "We've all become a lot closer in the last few months." Geller remarks. "It's a stronger team dynamic, and that's great to see."

# Structural Empowerment

## Professional Development

Percentage of nationally certified nurses

35.5%

RNs with bachelor's degree or higher in nursing

61.4%

RNs enrolled in an academic program

7.6%

Valley Children's Hospital
Fiscal Year 2015

## Nurses on Boards

### Leaders Making a Difference

In 2010, the Institute of Medicine published the landmark report, "The Future of Nursing: Leading Change, Advancing Health." Recognizing the tremendous impact nurses have on American healthcare, the report called for nurses to increase their involvement in healthcare-related boards, panels, commissions and other entities. Since the report first came out, nurses across the country have been answering the call, and the nurses at Valley Children's are no exception.

Nurses are uniquely suited to serve on boards. They represent the largest segment of the healthcare workforce. They're on the frontlines every day, in our nation's hospitals, schools, medical practices, health centers, and long-term care facilities. Nurses are natural team players and consensus builders. Their experience provides them with a powerful perspective on healthcare issues, at both the macro and micro level. In the boardroom, nurse leaders can draw upon an impressive and varied set of skills, including:

- Budgeting and cost reduction
- Communication
- Quality control and process improvement
- Human resources
- Strategic planning and management
- Patient services
- Patient safety and error reduction
- Healthcare education

What's more, in a 2015 Gallop Poll entitled Honesty/Ethics in Professions, nursing is ranked as "the most trustworthy of all professions." Since the poll began including nurses in 1999, they have claimed the top spot every year except 2001. Nurses develop talents and insights that make their presence exceptionally valuable at decision-making tables.

Denise Vermeltfoort, MSN, RN, NE-BC

**Denise Vermeltfoort**, MSN, RN, NE-BC, and a 30-year veteran at Valley Children's, is a strong proponent of nurses in the boardroom. "As board members," she explains, "nurses bring their leadership, expertise, and advocacy to strategically address community needs." No stranger to leadership, Vermeltfoort is Valley Children's director of regulatory, clinical practice and clinical education, as well as the Magnet® program director. These responsibilities have not stopped her from serving on boards. She has been president of the Nursing Leadership Coalition of the Central San Joaquin Valley and was a member of the board of directors for Ronald McDonald House Charities. Leadership is also at the core of Vermeltfoort's current boardroom involvement; she represents the Central Valley as an elected board member of the Association of California Nurse Leaders (ACNL). The association's official mission is to "position nurse leaders to create and influence the future of healthcare by building their leadership skills, advancing professional practice, influencing health policy, and promoting quality and patient safety."

"ACNL is active in each of these areas," explains Vermeltfoort, "making an impact on the profession of nursing through research and evidence-based practice, influencing its future through advocacy efforts and education of its members, legislators, and the community on many important issues, and supporting quality patient care through sharing of best practices." She is especially enthusiastic about her role as a liaison to the Nursing Leadership Development Committee. ACNL currently offers Foundation for Leadership Excellence, a high quality five-day intensive training academy to help nurses develop and refine their leadership skills. Expanding educational offerings currently provided by ACNL, such as webinars and the annual conference, the Nursing Leadership Development Committee is currently developing an extensive executive nurse leader academy to prepare nurses for executive roles in healthcare.

> **"As board members, nurses bring their leadership, expertise, and advocacy to strategically address community needs."**
>
> **Denise Vermeltfoort, MSN, RN, NE-BC**
> **Director of Regulatory, Clinical Practice and Clinical Education**

Carole Cooper, Janet Williams, and Mary Ann Imbing are three Valley Children's RNs who have already found their voices as leaders. All three women serve on boards that enable them to be advocates for their clinical areas of expertise.

Carole Cooper, MHA,MSN, RN, CNS, ACCNS-P

**Carole Cooper**, MHA, MSN, RN, CNS, ACCNS-P, has been with Valley Children's for 28 years and works in the pediatric intensive care unit as a clinical nurse specialist. She is president of the San Joaquin Chapter of the American Association of Critical Care Nurses (AACN). The Chapter aligns its efforts with AACN, the world's largest specialty nursing organization. The ACCN's goal, as stated on their website, is "...providing our members with the knowledge and resources necessary to provide optimal care to critically ill patients." Cooper sees AACN's contribution to the nursing community first-hand. "Monthly chapter events are an opportunity for learning and networking," says Cooper. "And our chapter provides certification review courses every two to three years, which are attended by 75 to 100 critical care RNs from within the community." This past year, the board has been developing a series of educational seminars promoting evidence-based practice. The board also initiated the use of the Kirkwood Merit System to award educational scholarship funds for chapter members to attend nursing conferences and other educational events.


**Janet Williams**, RN, MICN, has been at Valley Children's for a decade and works in the emergency department. She is president of both the California State Emergency Nurses Association (ENA) and its local mid-valley chapter. "The first time I attended an ENA meeting at the state level," Williams recounts, " I realized the impact that we as emergency nurses have in the hospital, and in the community." ENA's mission is to advocate for patient safety and excellence in emergency nursing practice. Over 40,000 members strong, ENA strives to be a force in the worldwide emergency nursing community. The association has developed the Trauma Nursing Core Course (TNCC) and Emergency Nurse Pediatric Course (ENPC), which have become the gold standard in continued education classes for trauma and pediatric trauma nurses. Williams speaks proudly of ENA's high profile and proven efficacy. "Each year, we go to Sacramento to advocate for the safe care of patients and safe working conditions for emergency nurses. We visit the state capital and meet with legislators. At the national level, our members have testified at governmental committees to increase awareness about the problems that emergency rooms are facing with psychiatric patients."

**Mary Ann Imbing**, BSN, RN, has been with Valley Children's as a NICU charge nurse since 2000. She is chapter president of the Central California Chapter of the National Association of Neonatal Nurses (CCANN). Kamela Loo, CFNP, NNP-BC, a Valley Children's charge nurse and neonatal nurse practitioner, founded this chapter in 2008 and served as the organization's first president. CCANN's goal, as stated on their website, is to serve our community and bridge the gap between the various hospitals' nursing professionals in our Valley. CCANN is also committed to serving the community by supporting worthy local charities through financial aid and donations of goods in kind. Education is an essential part of CCANN's mission, as Imbing notes. "We offer neonatal nurses convenient and inexpensive continuing education units (CEUs). Well-known speakers from all over the Valley share their knowledge and expertise in the most current topics in neonatology. On top of mini conferences throughout the year, CCANN offers two major conferences annually." Over the past year, Imbing has worked with CCANN to raise its profile through a revamped website, intensive use of social media, and a multimedia member recruitment campaign. The initiative is paying off. Says Imbing, "CCANN boasts over 200 members from all over the Valley and is still growing in number! And we have been consistently earning awards since 2009, including the national National Association of Neonatal Nurses Chapter of the Year 2015 award."

Leanne Kozub and Yvonne Wood are two Valley Children's nurses who have chosen to serve on boards that focus on public service issues dear to their hearts.

C. Leanne Kozub, BHCA, RN

**C. Leanne Kozub**, BHCA, RN, helps women recover from rape and sexual violence, and promoting child safety. In the past, Kozub served on the Advisory Board for the United Way Women's Initiative, and was president of the Madera County Child Abuse Prevention Council. She now sits on the Executive Committee for Safe Kids Central California. A regional collaboration of local agencies working on child safety issues, Safe Kids Central California falls under the auspices of Safe Kids Worldwide, a global organization dedicated to preventing injuries in children. Kozub also serves as secretary for Fresno County Rape Crisis Services (RCS), a nonprofit organization dedicated to stopping rape and sexual violence, empowering survivors, and supporting safe, consensual relationships. Kozub notes that RCS has made a difference for young women in the Fresno areas. "We were able to launch the No More Campaign and integrate sexual violence prevention on the California State University, Fresno campus." Kozub also helped raise funds to ensure RCS' financial solvency. "Nurses can engage in their community and become part of a bigger movement when they are on boards," Kozub says. " Many community boards have a direct effect on the health status of our patients. I also feel that nurses here at Valley Children's have a regional knowledge of community needs that can be tapped into."

**Yvonne Wood**, BSN, RN and patient throughput manager, has been with Valley Children's for 25 years. Wood's volunteer and board activities with Camp Sunshine Dreams are her way of giving back. This summer camp for young cancer patients and their siblings hosts approximately 110 campers, from ages 8 to 15, per session. "We are proud to have one of the few pediatric oncology camps in the country that has patients and siblings together for the week," Wood says. "Most camps separate patients and siblings. Our belief is that they spend so much time apart during diagnosis and treatment, and it is important to have a week that is theirs to bond, make memories, and remember how much they love each other. It is also an opportunity, through meeting other kids, to see life with cancer through another lens." Camp is free to the youngsters and their families. Camp staff are all volunteers. In fact, every board member has volunteered at the camp for at least a week. Wood's own involvement began back in 1997, as a camp nurse, and she remains as committed as ever. "Camp Sunshine Dreams lets a kid be a kid, not a kid with cancer," Wood declares. "In fact, we don't share with our staff who is a patient and who is a sibling. We feel that if the camper wants their story told, it is theirs to tell."

Whether working for the good of their specialty, their community, or healthcare in general, Valley Children's nurses are a powerful, positive influence in the boardroom. We salute their efforts, and hope they will inspire others to deploy their leadership skills in making a difference at the community, state and national levels.

# Excellence Recognized

**The Nurse of the Year Award** is given annually to recognize excellence in nursing. Individuals are nominated by staff and physicians of Valley Children's Healthcare. Representatives of the Executive Nursing Council meet and carefully consider all nominees. Consideration is given to their practice, outcomes, innovation, and contributions to the organization, community and professional practice of nursing. Award categories are in alignment with the Nursing Leadership Coalition of the Central San Joaquin Valley (NLC). Awardees are nominated for the NLC Nurse of the Year awards.

This year, the categories include:

- Excellence in Leadership
- Excellence in Education
- Excellence in Clinical Practice
- Innovation in Professional Nursing

A new award was introduced this year to recognize the importance of teamwork: Team Excellence. The Team Excellence Award recognizes a team of nurses who have made a significant contribution in addressing the strategic priorities of the organization. This year's awardees reflect nursing and interprofessional collaboration.

Recipients of the Friend of Nursing award demonstrate a significant contribution to or support of nursing. In addition, these individuals collaborate within nursing in the provision of patient care or development of processes to enhance the professional work environment for nursing. Since 2003, various individuals have been recognized from settings and roles across the organization, reflecting that many others support nursing.

Valley Children's Healthcare

# Nurse of the Year 2016

## Excellence in Leadership

## Andrée Soares, BSN, RN, NE-BC

It is a rare leader who leads by inspiration and understanding. Andrée Soares, NICU satellite manager at Valley Children's, is such a leader. According to one of her staff members, "Andrée leads with a calm and steady grace and is so knowledgeable about human nature, which enables her staff to work and learn in a very comfortable environment." Indeed, there is no better indicator of Soares' leadership skills than the exceptional retention and length of service of her core staff.

In her 28 years at Valley Children's, Soares has repeatedly demonstrated her talent for taking charge. She was the Valley Children's lead in the 2011 California Perinatal Quality Care Collaborative (CPQCC) - Delivery Room Management Quality Improvement Collaborative. This improvement effort laid the groundwork for Phase 2, in 2015, which refined best practices in delivery room standardization. This included meeting all four performance improvement aims: checklist utilization, temperature management, pulse oximetry application, and utilization of a T-Piece resuscitator for all infants needing ventilator support in the delivery room. Soares has also made her mark as an educator, serving as one of the early lead S.T.A.B.L.E. instructors to educate healthcare workers on the principles of infant stabilization prior to transport.

As NICU Satellite Manager, Soares led the Hospital's effort to expand neonatal care access across the Central Valley, making it possible for fragile infants to receive life-sustaining care in the communities where they are born. In 1996, she developed Mercy Medical Center Merced's Level II neonatal intensive care unit and led the transition of our Saint Agnes, Merced, and Hanford satellite units to new facilities. She successfully implemented Computerized Physician Order Entry (CPOE) at all three satellite locations. Soares works collaboratively with the medical directors, community-based hospitals and interprofessionals to ensure that all three satellite locations provide evidence-based neonatal care of the highest quality. Her inclusive, supportive management style ensures that the staff in the NICU satellite units know and feel that they are an integral part of the Valley Children's care community.

As a negotiator, Soares is a natural. Before the launch of each new NICU satellite unit, Soares had to lay the groundwork, convincing community-based facilities to host new and improved NICU facilities in their centers. In the early years of the Merced Neonatal Unit, she successfully negotiated a contract enabling the transition of host hospital employees to full-time Valley Children's employees. To do this, she found and created ways to align the interests of the Hospital and the other stakeholders in the agreement.

Soares' leadership activities extend far beyond Valley Children's and our satellite NICUs. She spent six years on the NICU Leadership Forum, a national group of nurse leaders working to improve outcomes in the perinatal, neonatal and pediatric patient population. She has been an elected member of the Los Banos Unified School District Board of Trustees since 1998, twice serving as board president. She is also involved with organizations that benefit local youth, including 4-H, the Los Banos Future Farmers of America Agriculture Boosters, and the Los Banos High School Athletic Boosters.

**We honor Andrée Soares for taking her leadership skills beyond the walls of this hospital to ensure the best possible care for our region's most fragile newborns. Congratulations on being the Valley Children's Nurse of the Year 2016 – Excellence in Leadership.**

Valley Children's Healthcare

# Nurse of the Year 2016

## Excellence in Education

## Kristina Pasma, BSN, RN, MICN, CEN, CPEN, CPST

In February 2016, the Central California Emergency Medical Services Agency designated Valley Children's Hospital as a Level II Pediatric Trauma Center, the only pediatric trauma center in Central California. Trauma Nurse Liaison Kristina Pasma, a key participant in the Hospital's Emergency Department Leadership Council, led much of the behind-the-scenes preparation needed to earn this distinction. As a highly respected nurse-educator, Pasma was a natural choice to help draft and conduct presentations about the Hospital's efforts toward obtaining the Level II trauma designation. Pasma is also involved in the Emergency Department Practice Council, which promotes evidence-based practice in the review and development of standards of care.

Pasma is known for her teaching and communication skills, both inside and outside the Hospital. At Valley Children's, Pasma provides education around trauma care and injury prevention to multiple disciplines, including nursing. She works closely with emergency department staff to develop skills and knowledge around injury prevention and trauma, and continues to mentor new charge nurses to the department.

Child safety is a cause dear to Pasma's heart. At Valley Children's, she is responsible for coordinating all hospital-based injury prevention events. As a certified Child Passenger Safety Technician, she created and developed a Child Passenger Safety Inspection Station at Valley Children's Hospital, which provides expert inspection and car seat installation instruction to patient families, as well as to the many moms and dads who work at Valley Children's. Beyond the Hospital walls, Pasma and her team have conducted 34 car seat inspection events in the community, reaching nearly 2,000 families. Pasma also worked with the Valley Children's Healthcare Foundation and various grants to provide car seats at no cost to families in need. She has received written and verbal recognition at the state level by the California Highway Patrol for her efforts to promote car seat safety.

Pasma serves as Valley Children's ambassador to various Hospital partners, including law enforcement agencies, schools and other health institutions. One such partner is the Safe Kids Coalition. In 2006, Valley Children's Hospital became the lead agency of the Coalition, which includes over 30 member agencies. As coalition coordinator, Pasma works with professionals from a wide range of disciplines, including law enforcement, fire, healthcare and education. She is responsible for coordinating the Coalition's injury prevention efforts throughout Fresno, Kings, Madera and Tulare counties. In 2015 alone, she coordinated or helped support more than 90 community-based projects, which provided safety education to over 40,300 children and families. Each year, Pasma devotes hundreds of hours to coordinating the Safe Kids Coalition's annual May Day event, which reaches thousands of local first- and second-grade students to provide injury prevention teaching and awareness. She also writes grants to raise funds for the coalition and for Valley Children's Trauma Services Program.

Even when Pasma is not working at, or representing, Valley Children's, she enjoys working on safety-related issues. She uses media events to educate the public on injury prevention and has appeared on several local news channels. Pasma plans and coordinates health and safety fairs for area schools and gives presentations on the nursing profession at high school career events. She also works with the California Highway Patrol on its Every Fifteen Minutes program to teach attendees the role of a nurse in treating the victims of drunk driving accidents. In addition, Pasma currently consults for Fresno City College to educate foster parents about infant sleep safety and abusive head trauma.

**We thank Kristina Pasma for her powerful and productive efforts to educate our hospital and our community about child safety. Congratulations on being the Valley Children's Nurse of the Year 2016 – Excellence in Education.**

Valley Children's Healthcare

# Nurse of the Year 2016

## Excellence in Clinical Practice

## Brandi Hale, BSN, RN, CPN

A co-worker describes Brandi Hale as "the clinical heart and soul" of the bowel management clinic. Another refers to Hale as "the gastrostomy guru" of Valley Children's. The American Pediatric Surgical Association recently recognized Hale as a "top performing hospital caregiver." As a clinical nurse specialist, a leader and an educator, Brandi Hale is clearly exceptional.

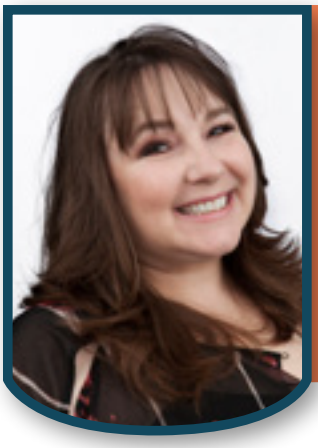
Hale goes above and beyond for her patients and their families. One of her specialties is bowel management for children with congenital conditions and diseases that make it hard for them to control their bowels. These children have frequent "accidents." They are usually still wearing pull-up diapers at age 4-5 years. They are often teased or bullied. Hale developed an innovative program to help her little patients develop a daily bowel regimen. She collaborated closely with school nurses and school districts to ensure the kids have proper accommodations at school. She also sought and obtained funding support for cushioned potty chairs. An estimated 60 of these chairs have been distributed. Hale's hope is that these children can make a successful transition from diapers to normal underpants and stay clean at school. She personally follows up with each and every patient.

Between the clinic and the hospital, Hale has plenty to keep her busy. Her responsibilities include gastrostomy changes, ostomy teaching, bowel management for patients with anorectal malformations, wound care, and answering and triaging home calls. She helped design an ambulatory clinic telephone triage policy to help unlicensed assistive personnel effectively collect information and criteria before notifying medical staff. Patients and their families count on Hale to answer their questions and explain medical conditions and procedures clearly and with as much detail as they require. She has developed educational resources for the families of young patients on a bowel management program or gastrostomy tube. Not one to shy away from new initiatives, Hale also participated on the Ambulatory Electronic Medical Record Build Team as a Super User resource.

As a nurse-influencer, Hale plays a leadership role in the governance of nursing at Valley Children's Hospital. She has chaired and co-chaired the Ambulatory Nursing Council, a committee responsible for developing evidence-based ambulatory standards of nursing care, for four years. She has also served two years as a member of the Gastrostomy Tube Task Force, which is responsible for establishing standards and coordinating discharge planning for patients with gastrostomy tubes. Hale's infection prevention efforts and the education and care she provides have been instrumental in Valley Children's ranking in the nation's top five hospitals for quality outcomes in gastrostomy, based on Pediatric Health Information System (PHIS) data for these patients. PHIS measures wound-related problems, readmission and other variables.

Hale's passion for healthcare extends into her private life. She coordinates Lyme disease awareness walks and fundraising activities to raise awareness of this disease, which has affected her son. Her influence extends to the next generation; two of her children are contemplating careers in healthcare: a daughter in nursing school, and a son who is considering becoming an emergency medical technician.

**We thank Brandi Hale for her invaluable contributions to our bowel management clinic and surgical program, and for the generosity with which she shares her talents and expertise. Congratulations on being the Valley Children's Nurse of the Year 2016 – Excellence in Clinical Practice.**



Valley Children's Healthcare

# Nurse of the Year 2016

## Innovation in Professional Nursing

## Christan Rousey, BSN, RN

When it comes to leading by example, Christan Rousey is the best role model a nurse could have. As a primary preceptor for new nurses at our Starship Craycroft Unit, Rousey teaches her charges how to deliver complex medical care with diligence, attention to detail, and a healthy dose of compassion. The staff members she trains learn some of their most valuable lessons just by watching her interact with patients, families and fellow team members.

Rousey is deeply committed to ensuring that Valley Children's processes and policies reflect evidence-based best practices. She is disciplined, methodical and creative in her ceaseless efforts to elevate patient care and enhance patient safety. Her passion for performance improvement led to her participating in a retroactive research study of sepsis in the pediatric oncology population. The study's goal was to identify patients vulnerable to becoming septic and initiate a sepsis resuscitation pathway to improve patient outcomes. Rousey rose to the challenge as a unit champion, educating and advocating for the developed pathway, which calls for early intervention in the septic shock process to prevent circulatory collapse and decompensation.

As a front-line registered nurse, Rousey is always looking for innovative ways to refine daily practice. One example is the treatment of diabetic ketoacidosis (DKA). Resolving DKA in medically complex pediatric patients requires many interventions, including blood sugar checks, timed labs, insulin and fluid titration, and emergency interventions. Rousey noticed colleagues struggling with the length and complexity of the diabetic ketoacidosis order set, so she took it upon herself to develop a "DKA Pathway Help Sheet" to streamline the process and ensure the efficiency and completion of all interventions. Her worksheet has been adopted as a routine tool for nurses who work with DKA patients.

As an educator, Rousey believes one should never stop learning. If she does not understand why an intervention is ordered or is unfamiliar with a disease process or medication, she takes the time to do the research. Her diligence in continually educating herself and her peers helps ensure that patients are receiving the best possible evidence-based care. In reading about Acute Chest Syndrome, Rousey recognized that because this emergent condition is so rare, its warning signs could be easily missed. This inspired her to develop an educational handout about the syndrome, which was distributed throughout the unit.

When working with her preceptees, Rousey emphasizes – and embodies – the importance of continuous learning, questioning and critical thinking. These qualities led to her participation in the unit-based Central Line-Associated Bloodstream Infection (CLABSI) Committee, where she has made significant recommendations for changes in practice to help prevent central line infections. She researches identified CLABSI cases on the unit, identifies the learning opportunities in each case, and uses her findings to educate staff on compliance to central line care.

Rousey's well-earned reputation as a stellar role model is rooted in her passion for patient care. If there is a barrier, she'll identify and overcome it. If there is a better way, she'll find it and refine it. For Rousey, helping her peers means helping our patients. Her commitment, compassion and creativity have helped promote positive experiences and positive outcomes for patients at Valley Children's.

**We salute Christan Rousey for her inspiration and initiative in creating tools to help our nurses do their best work. Congratulations on being the Valley Children's Nurse of the Year 2016 – Innovation in Professional Nursing.**

Valley Children's Healthcare

# Team Excellence 2016

## Starship Craycroft Unit and Cancer and Blood Diseases Center Nursing Team

In 2012, a dedicated team of nurses formed a unit-based Central Line-Associated Bloodstream Infection (CLABSI) Committee. The purpose of the committee was to obtain baseline data on hospital-acquired CLABSIs in the Starship Craycroft Unit patient population. After weekly auditing and case reviews for each CLABSI event, the Craycroft nursing team soon concluded that in order to reduce CLABSIs in the children in their care, they would need to assess the entire continuum of care. On any given day, a Craycroft patient might need to go to sedation services, the operating room, imaging, the classroom, or elsewhere in the hospital. Also, even under appropriate infection prevention precautions, numerous hospital employees had an indirect impact on patients by performing activities such as cleaning patient rooms, maintaining HEPA filters and ventilation returns, or doing construction work. A multidisciplinary team including plant services, facilities, environmental services, infection prevention, nursing and medical providers was formed to create standards for how to improve and sustain a healthy environment in the Craycroft unit.

A group of oncology team members came together to ensure consistent central line care for Craycroft patients, across the care continuum. The nursing care team was led by the Craycroft leadership team, along with Deana Nicklason, RN, chair of Craycroft's CLABSI Committee, and Joan Dimino, RN, a charge nurse in the Cancer and Blood Diseases Center. Dr. Faisal Razzaqi and Dr. Vinod Balasa represented the physicians. Everyone worked diligently to ensure consistent central line care using evidence-based CLABSI prevention bundles, regardless of where the patient was being cared for. In an effort to educate parents and patients, the team created a Back to Basics Campaign consisting of a child-friendly booklet on hand washing and basic hygiene, supplemented by a welcome kit with toiletry items, a reward chart and the booklet. The team also did an informal trial of Curos caps and the BIOPATCH, both of which are now in standard use at Valley Children's.

Almost as important as these preventive measures was a change in culture. The old mindset was that these are high-risk patients at significant risk for infection. A proactive, empowering approach of doing everything humanly possible to prevent infection was established in its place.

With these interventions in place, the number of CLABSI events began to decline. In 2013, we saw a 41% reduction in CLABSIs, including five months without a single incident. In fiscal year 2015, the number of CLABSIs rose slightly. However, according to the Centers for Disease Control and Prevention (CDC), traditional CLABSI prevention bundles were not effective in preventing these infections in patients with a mucosal barrier injury (MBI) and an absolute neutrophil

count of less than 500. Cancer patients can sometimes fall into this category, and the majority of incidents of CLABSIs in 2015 were ultimately classified as MBI-related. Today, the Cancer and Blood Diseases Center and Starship Craycroft Unit are continuing their efforts to achieve zero CLABSI events as they search for a prevention bundle that might address the risk of MBI CLABSIs.

Efforts to decrease CLABSIs have recently been supplemented with an initiative to provide early intervention for sepsis. The Craycroft nursing team worked closely with oncologists and intensivists to examine, develop and implement a septic shock pathway for the febrile and neutropenic patient. After hours, it was standard practice to admit a febrile and neutropenic patient directly from home to Craycroft. Once started on antibiotics, these patients often developed signs of septic shock. They would require numerous resources, often including fluid resuscitation. Unplanned transfers to the Pediatric Intensive Care Unit (PICU) or a Rapid Response Team (RRT), or a code situation were common in these cases. As a result of our new approach, these patients are now routed through the emergency department after hours.

This has the following advantages:

- Eliminating delays in obtaining orders for fluid resuscitation
- Standardizing care of the patient in the early stages of septic shock and reducing care variations
- Empowering the nursing team to intervene and take action in order to prevent serious decompensation in the patient

The Craycroft team recognized that the nursing, physician, and ED teams, as well as patients and their families, would have to adjust to the notion of routing febrile and neutropenic patients through the ED. They worked to educate the ED team to familiarize them with this unique patient population. The ED team in turn made special accommodations for such patients to be seen quickly and not exposed to additional risks. Perhaps the most challenging part of the project was convincing families that the new process was in their child's best interest. The Cancer and Blood Diseases Center and Craycroft teams worked together to reinforce this with each clinic visit and again when the patient was admitted. As a result of these efforts, treatment for high-risk oncology patients can now be initiated at the same time that they are being assessed prior to transferring to Craycroft or the PICU.

The Starship Craycroft Unit and Cancer and Blood Diseases Center team has shown the determination, motivation and drive to improve care for oncology patients. Throughout the Hospital, they have become an educational resource for accessing mediports, administering chemo, performing peritoneal dialysis, and more. Their unit-based teams work tirelessly to improve patient safety through NPSG audits, implementation of SPS falls prevention bundles, and hand hygiene. The Craycroft inpatient and clinic team's dedication and attention to detail have influenced all of Valley Children's, and they have helped to make us an even better hospital.

**We salute the Team Starship Craycroft Unit and Cancer and Blood Diseases Center Nursing Team for their commitment to patient safety and evidence-based medicine, and their dedication to their patients, and to our hospital. Congratulations on being Valley Children's Team Excellence 2016.**

Valley Children's Healthcare

# Friend of Nursing 2016

## Congratulations Stephanie Chaney

As a coordinator for clinical education programs, Stephanie Chaney could teach most of us about organizational skills, commitment and attention to detail. Chaney coordinates a variety of clinical education programs related to nursing, including Focused Pediatric Resuscitation (FPR), Palliative Care, Powerful Precepting, and Emergency Medical Response. Her attention to detail and preparation impacts nurses, creating an environment that supports learning. To Valley Children's nursing staff, she is probably best known and appreciated for her role as the program coordinator for life support.

When it comes to being helpful, Chaney is a role model. She makes every effort to go that extra mile and ease the process for nurses. Chaney works closely with the critical care clinical education specialists to ensure enough courses are available for all participants. If classes are full and a waitlist develops, she will stay late at the simulation lab to make sure no one is turned way. Chaney even got certified in Basic Life Support (BLS) herself. She is the leading facilitator for the HeartCode® BLS sessions and served as sole facilitator for 99 employees in January. Chaney had developed such a great reputation for troubleshooting and hands-on assistance that nurses routinely ask whether she will be facilitating their training. Her actions have significantly supported their success. She quickly learned Cornerstone, our Learning Management System, in order to assist nursing staff in its navigation. Under Chaney's guidance, BLS staff injuries at Valley Children's have remained at zero for over a year.

Chaney also coordinates the Valley Children's Clinical Student Program. She places students from a variety of disciplines, from nurses and surgery technicians to interpreters, social workers, and physical and occupational therapists. Of the 1,200 students who complete a clinical experience at Valley Children's each year, roughly 900 are future nurses. Chaney verifies that each student meets the proper requirements for immunizations, background checks, security clearances and orientation. She represents Valley Children's in the community by partnering with universities and colleges to facilitate access to learning experiences.

Chaney has proven herself to be a true friend of nurses, at every stage of their careers!

**We thank Stephanie Chaney for her exceptional efforts in facilitating education at Valley Children's and her tireless support of our nurses. Congratulations on being the Valley Children's Friend of Nursing 2016.**

# Exemplary
## Professional Practice

# A Commitment to Excellence

The Annual Nursing Quality and Patient Safety Forum celebrates performance improvement activities. Nursing and interprofessional leaders gather together to learn and celebrate new programs and outcomes. Presentations focus on practice enhancements, communication, team support and training.

**Septic Shock – Emergency Department**
Kimberly Bilskey, BSN, RN
Cauryn Updegraff, MSN, RN

**TeamHOPES – Second Victim Program**
Emily (Libby) Geller, BSN, BS, RN

**Reduction of PIV Infiltrates and Extravasations (PIVIEs)**
Amy Slater, BSN, RN, RNC-NIC

**A Case for Rapid Simulation SIMCamp Training – Trauma**
Leslie Catron, M.A.ED, BSN, RN, FAHCEP, CHSE
Kimberly Bilskey, BSN, RN, MICN

**Implementation of Team Strategies to Enhance Performance and Patient Safety (TeamSTEPPS)**
Karen Dahl, MD
Kristine Aubry, MSA, BSN, RN, NE-BC

# TeamSTEPPS
## A Giant Step for Patient Safety

In recent years, healthcare has increasingly focused on enhancing quality and patient safety in the hospital setting. For Dr. Karen Dahl, vice president of quality and patient safety at Valley Children's, quality and patient safety are two sides of the same coin. "I think you can't separate safety from quality," Dr. Dahl says. "You must have safe practices for good quality outcomes." As healthcare professionals, we all strive for quality and patient safety, but these are high-level,abstract concepts. How do we promote them in our daily work as healthcare providers here at Valley Children's?

The first step is to improve communication. The Joint Commission identified ineffective communication as a root cause in nearly 66% of all reported sentinel events from 1995 through 2005. Despite this recognition and many interventions, ineffective communication continued to be among the top three root causes from 2010-2012.[2] For Quality and Patient Safety at Valley Children's, addressing communication issues is a top priority. As Dr. Dahl puts it, "We wanted to give our teams a common language to help them communicate, especially in difficult conversations."

Many programs have been developed to help hospitals enhance safety by fostering a culture of communication and collaboration. Valley Children's chose TeamSTEPPS, short for Team Strategies and Tools to Enhance Performance and Patient Safety. Recommended by The Joint Commission, this evidence-based teamwork system was developed by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ). To help Quality and Patient Safety implement TeamSTEPPS at Valley Children's, leaders such as Neonatal ICU Director Kristine Aubry, MSA, BSN, RN, NE-BC, served a dual role in implementing TeamSTEPPS. Aubry was involved globally and strategically at a high level, and she provided training as a unit leader.

> **"When people are brave enough, and feel empowered enough to speak up, we really want to recognize that behavior."**
>
> **Karen Dahl, MD**
> **Vice President of Quality and Patient Safety**

TeamSTEPPS launched at Valley Children's in December 2014, with a two-day workshop conducted by a representative from the California Hospital Association. Four key departments – the ED, Neonatal ICU, Perioperative, and Pediatric ICU – each sent five representatives. Once they familiarized themselves with the program, these representatives were charged with training their staffs in the TeamSTEPPS tools and techniques. Training included lectures, role-playing, video segments and games. Beyond teaching the actual program, workshop materials focused on change management, coaching and implementation. After this initial training, the unit directors regrouped. "We looked at how we would roll out," Aubry explains. "There were 22 different tools and strategies to improve team performance, communication, collaboration and teamwork. We handpicked the strategies that would have the most impact in our areas."

Dr. Dahl notes that implementing TeamSTEPPS requires both cultural and behavioral changes. "We want to rethink what our team boundaries are because we are a team all together. No matter which unit you work in, patients cross unit boundaries for their care. We're trying to build a real continuum across our organization where we're not siloed. We're all on the same team." The team system approach is a paradigm shift that allows for more open communication. "Flattening

the hierarchy," as Dr. Dahl describes it, is essential because human error can happen at any level. The physician may be the final decision maker, but he or she is part of an interdisciplinary team where everyone has an area of expertise and a unique contribution to make. If a potential error is about to occur, anyone present should feel empowered to speak up and not be deterred by the status of other team members.

TeamSTEPPS provides simple communication tools to codify and depersonalize the process of catching errors. One of these is CUS, which provides language for flagging a potential error clearly and without confrontation. CUS offers three levels of urgency:

- I am Concerned.
- I am Uncomfortable.
- This is a Safety issue.

This language becomes a kind of shorthand that makes everyone stop and listen. According to Aubry, "Communication in critical situations is often difficult. This program helps simplify it by adding an easy mechanism to stop the line – like an assembly line – so that everyone can reconnect and make sure we are doing the right thing. By giving us an acronym to remember, CUS, we make it safe for a nurse to use the words 'I'm uncomfortable' or 'I'm concerned.'" As Dr. Dahl points out, CUS can – and should – be used by any member of the team. "No matter where you are in the hierarchy, if you see something you are questioning, speak up. These are the tools to help you do that."

Over the past 18 months, more than 500 staff members have learned to use the TeamSTEPPS tools, and the training is now part of new employee orientation. The culture shift toward open communication and a team approach to healthcare is beginning to happen. To reinforce this, the Hospital's Joint Performance Improvement Committee has begun recognizing employees who catch an error or communication breakdown and speak up for safety. As Dr. Dahl explains, "When people are brave enough, and feel empowered enough to speak up, we really want to recognize that behavior." Reporting of safety events has improved, which helps Quality and Patient Safety identify system problems that could

> **"Communication in critical situations is often difficult. This program helps simplify it."**
>
> **Kristine Aubry, MSA, BSN, RN, NE-BC**
> **Neonatal ICU Director**

potentially lead to errors. Positive change is also reflected in our annual staff and physician satisfaction surveys. According to Aubry, "Just in the NICU alone, we showed improvement in trust, patient safety and communication."

Thanks to TeamSTEPPS, Valley Children's is really stepping up. We're learning from events and catching potential errors before they occur. We are working, and thinking, and growing as a team, and it's making us an even better hospital.

# New Knowledge
## Improvements & Innovations

## Trauma SIMCamp
### Simulated Trauma, Real Learning

In May 2015, the Emergency Department (ED) at Valley Children's began preparing for an exciting and much needed change: Level II Pediatric Trauma designation. This designation would allow the Hospital to receive seriously injured and ill children directly from the field by ambulance and helicopter instead of having to await transfers from other hospitals. As a prerequisite for Level II certification, the Hospital needed to be surveyed by both the American College of Surgeons (ACS) and regional Emergency Medical Services (EMS). The Level II designation requires that a hospital have teams and procedures in place to handle incoming emergencies. Staff training was needed to care for these children. The ED had been conducting early morning trauma drills once a month, but at that rate they would not be ready in time for the surveys, which were scheduled for the fall.

An interprofessional team was established to conduct a brainstorming session and create a program to train more people, more rapidly. The meeting included the following Valley Children's staff members:

- Michael Allshouse, DO, medical director, pediatric surgery and pediatric trauma program
- Kimberly Bilskey, RN, emergency department clinical educator
- Leslie Catron, RN, clinical education specialist and simulation coordinator
- Carlos Flores, RN, trauma coordinator
- Tara Lemoine, DO, pediatric intensivist and medical director for the simulation program at Valley Children's
- James Pierce, MD, trauma surgeon
- Cauryn Updegraff, RN, emergency department nurse manager

By the time the group adjourned, they had a plan: They would develop a Trauma "SIMCamp" with hands-on training using high-fidelity simulation mannequins. The goal would be to put trauma teams through a series of simulations, ranging from simple to complex, in a short amount of time.

Lemoine, Catron and Bilskey were the logical choices to lead this effort. Dr. Lemoine did her residency and fellowship training at the University of Utah Primary

Children's Medical Center, where high-fidelity simulation mannequins were an integral part of her education. While at the University of Utah, she facilitated simulation training and debriefing. She then underwent additional training with the Society for Simulation in Healthcare. Catron, a former neonatal nurse, was recently recruited by Valley Children's to build an interprofessional simulation program. She taught simulation training for six years at a community college, where she established a simulation program. She is a faculty member with the California Simulation Alliance and serves on the editorial board of the International Nursing Association for Clinical Simulation and Learning. Catron is certified in healthcare simulation education through the International Society for Simulation in Healthcare. Through her position as ED clinical educator, Bilskey has gained a wealth of experience in creating and conducting classes for the ED and trauma staffs.

All three women were passionate about Valley Children's earning the Level II Pediatric Trauma designation. "What this changes is our ability to take a trauma straight from the field in our surrounding area," Lemoine explains. "It will have a tremendous impact on kids and families in the Central Valley." As Catron points out, many patient families don't have transportation and use the bus system to get around. "Getting to their child can be challenging," Catron says. "Being able to have us in their backyard, so they can get to their child and be with that child, I can't even begin to give you the benefits of that."

**Trauma SIMCamp Begins**

With both Emergency Medical Services (EMS) and the American College of Surgeons (ACS) trauma surveys coming up in a matter of weeks, training needed to proceed swiftly and efficiently. The simulation team conducted eight two-hour sessions over two days, training a total of 56 people in groups of seven. The overall objective was to promote team development and communication, clarify individual roles, and embed the trauma resuscitation process into practice. By the end of each session, participants had mastered the following:

- Implementing the Trauma Resuscitation Checklist in a pediatric trauma situation
- Identifying and internalizing the individual trauma team roles and responsibilities during a pediatric trauma
- Setting up the critical care trauma bay with the correct equipment before the arrival of an incoming trauma patient
- Donning personal protective equipment prior to the patient's arrival
- Taking a team timeout to focus on the EMS report upon the patient's arrival
- Establishing and maintaining clear team communication using the TeamSTEPPS communication tools

RNs at level II and higher participated in the Trauma SIMCamp. RN I's, who wouldn't normally be working in the trauma

bay, attended upon request. Bilskey sees the training as a worthwhile learning experience for entry-level nurses. "My hope is to do this twice a year for all staff members, regardless of RN level, because I think the training will build. Although the RN I's won't be at the bedside, the more they are exposed to simulated trauma training, the better the learning will be."

Training took place in a real setting, the emergency department. "We did this in the resuscitation room. That was key for us," Bilskey explains. "It had to be in their environment, and they needed to get the supplies from where they live in real life." The first step was getting to know the patients, a simulated 6-year-old boy and a simulated 2-month-old baby. Participants were shown a brief video prepared by Catron to introduce them to the mannequins. "When you interface with a mannequin," Lemoine explains, "there are things it simply can't do to replicate real life. People have to suspend disbelief and interact with the mannequin as though it is real." Participants were encouraged to touch the mannequins, feel for a pulse, and listen to their heartbeat and breathing. Catron made a point of reassuring the nervous. "I reminded them that simulation can be fun. This is a learning simulation. Nobody dies in simulation – not your patient, and not you!"
Some people worried about confidentiality and were concerned about being judged. Catron put them at ease.

"I told them this is not punitive or evaluative or even individual. There's no checklist, no supervisor present, no evaluation. Mistakes are expected, and then we learn."

Once everyone had familiarized themselves with the mannequins, it was time for the first simulation. The trainees each wore a tag identifying their function on the trauma team: A right and left nurse, an additional nurse, an RN team leader, an emergency support technician, a respiratory therapist and an ED physician. Everyone in the trauma bay had to have a hands-on role. If an RN I had signed up, he or she might be there with a preceptor, or serve as a runner, taking vitals.

No outsiders were allowed to observe simulation training, and nothing was recorded or filmed. One observer from the training team served as a recorder, taking notes that were used as reference during the debriefing. Rather than look for individual mistakes, the observer studied the process and team dynamics and identified gaps to be addressed. "We chose not to videotape so we wouldn't stress the team," Catron says. "We wanted a strictly learning environment with a focus on team communication and team management, and learning opportunities for individual roles."

Lemoine, Catron, and Bilskey structured the training so that participants would get the most out their two-hour session. The simulation team set up three increasingly challenging scenarios. "We wanted to set into motion the things we would see most often, like vehicle crashes, shaken baby, things that could happen very easily," Bilskey explains. Lemoine observed the simulations and acted as the ED physician when needed. Between simulations, Bilskey and Catron set up the next simulation in the trauma bay next door while Lemoine debriefed the trauma team. This was where the real learning occurred. Ideally, the goal was a 15-20 minute simulation session, followed by a 5-10 minute debriefing. "One of the key aspects of debriefing is silence," Catron says. "People are anxious when they come out of the trauma bay. They feel that it didn't go well. It was chaotic, someone didn't hear what they needed to hear. If you allow the clock to tick, someone will eventually talk to unwind these emotions. You have to establish a safe psychological environment first, which only takes a few minutes. Then, we can address the objectives behind the patient simulations, evaluate the processes and identify the learning opportunities. It's all about using and enhancing our critical thinking and problem-solving skills."

Coming out of a simulation, participants tended to focus on any mistakes they might have made. As in real life, a variety of errors could potentially occur, involving knowledge, omission, communication, or a misunderstanding of team roles. Lemoine and Catron would immediately put the emphasis back on the group dynamics. No one was singled out, corrected or criticized. Instead, we kept the focus on enhancing collaboration,

communication and critical thinking. Some participants had to be reminded to use TeamSTEPPS communication tools, especially SBAR, close the loop and the two-challenge rule. Often, people simply needed to speak up louder: A trauma situation involves a lot of voices, and it's important to make oneself heard. If something went wrong during the simulation, the group discussed what they would do differently next time. Time allowing, they even ran the same simulation over again. Regardless of whether there was time for a redo, each trauma team made obvious progress over the course of the training session. As Bilskey describes it, "The most phenomenal thing was to watch the growth from the first scenario to the third, more difficult patient simulation. Even if it's a different scenario, the team dynamics grew profoundly from one scenario to the next. It was an amazing thing to watch."

By the end of the session, participants had shed their self-consciousness and were openly enthusiastic about the training. "The participants loved it," Bilskey says. "They wanted more and thought it should be mandatory. We actually had an ED physician come back the second day to participate again." Catron agrees. "Most people asked, 'When is our next one? What are we going to do next? What day?'" While the staff enthusiasm was encouraging, discretion is important so that future trainees can have a fresh experience and train without any preconceptions. Participants signed a confidentiality agreement to help ensure this.

**Simulation Training Takes Off Across the Hospital**

On February 3, 2016, Valley Children's became a designated Level II Pediatric Trauma Center, the only one of its kind between San Francisco and Los Angeles. Central California Emergency Medical Services provided the designation, and the Fresno County Board of Supervisors unanimously approved it. But for the simulation team, this was just the beginning. Lemoine is getting requests for simulation training from every corner of the Hospital, and she is delighted with the results. "We always see improvement after we do a simulation," she notes. "Out of each one, someone learns and grows more confident in their skillset and measure of preparedness." Lemoine and Catron look forward to presenting their work as a poster at an international pediatric simulation conference in Scotland in May 2016. It seems Junior and Baby, our high-fidelity simulation mannequins, have found full-time employment at Valley Children's.


Valley Children's was honored to receive a proclamation from the Madera County Board of Supervisors, recognizing our designation as the only Pediatric Trauma Center in Central California.

Pictured (left to right): Supervisors Max Rodriguez, Brett Frazier and David Rogers; Valley Children's Pediatric Surgeon Dr. Doug Tamura, RNs Mary Jo Quintero and Kristina Pasma and Director of Community & Gov't Affairs Tim Curley; Supervisors Rick Farinelli and Tom Wheeler

# NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS
## Research

**Institutional Review Board (IRB) Approved Research Studies, Fiscal Year 2015**

HSC902 – Childhood Cancer Survivorship Program – PI John Gates, MD; Sub-Investigators Vonda Crouse, MD; J. Daniel Ozeran, MD, PhD; Wendy Tcheng, MD; Ruetima Titapiwatanakun, MD; Malynda Gonzales, FNP; Katie Baker, PNP; Jocelyn Alsdorf, RN; Lisa Orth, PPCNP-BC

HSC922 – Retrospective Case Matched Study to Identify Variables Associated with Hospitalized Children at Risk for Falling at Children's Hospital Central California (now Valley Children's Hospital) – PI Carole Cooper, MHA, BSN, RN, CNS, CPN (Closed February 2015)

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-Investigators Margarita Dragomanovich, BSN, RN, NE-BC; Keitha Mountcastle, NNP, EdD, RN, CNS

HSC939 – Pediatric Early Warning System – PI Mary-Ann Robson, BSN, RN, CCRN; Sub-Investigators Carole Cooper, MHA, BSN, RN, CNS, CPN; Lori Medicus, MN, RN, CNS, CPNP; 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-Investigators Margarita Dragomanovich, BSN, RN, NE-BC; Keitha Mountcastle, NNP, EdD, RN, CNS

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, CCRN; 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 (Retired May 2015)

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 Candace Biberston, BSN, RN

HSC1103 – PICU Brochure (Exempt) – PI Erin 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 (Retired December 2014)

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 (Retired March 2015)

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; Sub-Investigators Linda Miranda, BSN, RN; Terea Giannetta, DNP, RN, CPNP (Retired September 2015)

HSC1127 – My Life, Our Future: A Hemophilia Genotyping Initiative Data and Sample Research Repository – PI Vinod Balasa, MD; Sub-Investigators Terea Giannetta, DNP, RN, CPNP; Kelly Folmer, RN, MSN, CPNP (Added as Sub-Investigator – September 2014)

HSC1129 – A Comparison of Pedagogical Approaches to Error Communication Training: A Pilot Study – PI Marie Gilbert, MA, RN, CHSE; Sub-Investigator Terea Giannetta, DNP, RN, CPNP (Retired May 2015)

HSC1138 – The Electronic Medical Record from the Nurse Perspective (Exempt) – PI Candace 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 (Opened July 2015)

# Publications

**DeFendis, Denise, BSN, RN, CAPA**
Locks of Love. Pulseline. Spring 2015, Vol. 35, Issue 1, Page 3.

Pediatric Pearls, Ouch! Pulseline. Spring 2015, Vol. 35, Issue 1, Page 6.

Pediatric Pearls, Know the Score! Pulseline. Winter 2014, Vol. 34, Issue 4, Page 5.

**Giannetta, Terea, DNP, RN, CPNP, FAANP**
Joyce, BA & Giannetta, TA. (2016). Chapter 33: Hematologic Disorders, in Richardson, B. Pediatric Primary Care: Practice Guidelines for Nurses, Third Edition. Jones and Bartlett.

Giannetta, TA & Kane, V. (submitted and accepted for publication May 6, 2016). Chapter 27: Hematologic Disorders, in Burns, C, Dunn, A, Brady, M, Starr, N & Blosser, C. Pediatric Primary Care. Sixth Edition. Elsevier.

**Imbing, Mary Ann, BSN, RN**
A Year in Review. CCANN Newsletter Winter 2015. Special Edition.

**Morgan, Susan, MSN, BSN, RN, CPNP**
S.D. Gates, (2015, January) From Cornflakes to Eternity: a Ghost's Story (a fictional book that highlights pediatric trauma); CreateSpace Independent Publishing Platform; First edition.

# Presentations and Posters

**Biberston, Candace, MSN, RN, CPN**
Podium Presentations:
"Education Influencing Practice: Reports from Graduate & Doctoral Studies"
Educators of Central California Health Organizations Conference. Three Rivers, CA
(March 2015)

"Avoid the What-Happens-in-Vegas-Stays-in-Vegas Approach to Error Disclosure"
Association of Nursing Professional Development Conference. Las Vegas, NV
(July 2015)

**Catron, Leslie, MAED, BSN, RN, FAHCEP, CHSE**
Podium Presentations:
"Simulation Technology, Scenario Writing, Running a Simulation"
Simulation Intensive, California Simulation Alliance
San Jose State University, San Jose, CA
(November 2015)
"How to Make it Work When it Doesn't Work"
California Simulation Alliance Conference, University of San Francisco, San Francisco, CA
(November 2015)

"The 12-Hour Clinical Day: Significant Learning"
International Nursing Association for Clinical Simulation and Learning (INACSL) Conference, Atlanta,GA
(June 2015)

"Student Simulation Assistants: Sim Squad"
International Nursing Association for Clinical Simulation and Learning (INACSL) Conference, Atlanta, GA
(June 2015)

**Del Real, Janet, MSN, RN**
Podium Presentation:
"Compassion Fatigue Education for Nursing Students"
Fresno Research Conference, California State University, Fresno, CA
(May 2015)

**Fishback, Tawne, MSN, RN, NNP-BC**
Podium Presentation:
"Test your IQ"
Central California Association of Neonatal Nurses (CCANN) Conference
(October 2015)

**Flores, Carlos, ASN, RN**
Podium Presentation:
"The Wellness of Hope"
Roman Catholic Diocese of Fresno Congress, Fresno, CA
(October 2014)

**Gatz, Dawn, ASN, RN**
Podium Presentation:
"Valley Children's Adaptive Sports"
Health Occupations Students of America (HOSA), Dinuba High School, Dinuba, CA
(October 2015)

**Giannetta, Terea, DNP, RN, CPNP, FAANP**
Poster Presentation:
"Thrombophilia: Kids at Risk for Clots"
The American Association of Nurse Practitioners (AANP) National Conference,
New Orleans, LA
(June 2015)

**Hunt, Emily, MSN, CNS, ACCNS-P, CCRN-N**
Podium Presentations:
"Care of the Post-Operative Cardiac Infant in NICU"
Central California Association of Neonatal Nurses (CCANN) Conference
Valley Children's Hospital, Madera, CA
(October 2015)

"Newborn Emergencies"
Advance Care of the Pediatric Patient Conference,
Valley Children's Hospital, Madera, CA
(March 2015)

**Keding, Sheena, MSN, RN, CNS, ACCNS-P**
Poster Presentation:
"Examining the Relationship between Circadian Rhythms and Discontinuation of Mechanical Ventilation"
The 7th Annual Graduate Research and Creative Activities Symposium,
California State University, Fresno, CA
(May 2015)

**Lingenfelter, Deborah, ASN, RN, RNC-NIC**
Poster and Booth Presentation:
"Children's Summit"
First Five of Merced County, Merced, CA
(April 2015)

**Loo, Kamela, MSN, RNC-NIC, FNP-BC, NNP-BC**
Podium Presentation:
"Name the Disease"
Central California Association of Neonatal Nurses (CCANN) Fall Conference,
Valley Children's Hospital, Madera, CA
(October 2015)

**Lozano, Kathleen, MSN, RN**
Podium Presentation
"Patient Safety in the Pre-op Setting"
Community Regional Medical Center, Fresno, CA
(September 2015)

**Miranda, Linda, BSN, RN, CPN**
Podium Co-Presentation:
"Empowerment through Family-Centered Care Approach"
The International Scientific Meeting for the American College of Rheumatology
Moscone Center, San Francisco, CA
(November 2015)

**Nicklason, Deana, ASN, RN**
Podium Presentation:
"Hand Hygiene/CLABSI"
2015 Quality and Safety Conference, San Francisco, CA
(March 2015)

**Norgaard, Jennifer, MSN, RNC-NIC, ACCNS-P**
Podium Presentation:
"Striving for Zero"
Patient Safety First Conference, Fresno, CA
(May 2015)

**Paliughi, Barbara, BSN, RN**
Podium Co-Presentation:
"Empowerment through Family-Centered Care Approach"
The International Scientific Meeting for the American College of Rheumatology
Moscone Center, San Francisco, CA
(November 2015)

**Perry, Lauren, MSN, RN, CPN, CPNP**
Podium Presentation:
"Adolescent Acne"
Saint Agnes Medical Center Nursing Conference, Fresno, CA
(May 2015)

**Phillips, Jennifer, MSN, RN**
Poster Presentation:
"Sepsis Treatment in Pediatric Oncology Patients"
The Nursing Research Conference, Saint Agnes Medical Center, Fresno, CA
(May 2015)

**Quintero, Mary Jo, RN, CCRN**
Podium Presentations:
"CCEMSA Collaborative Tape Reviews"
At area hospitals in Fresno, Hanford, Porterville and Visalia (9 presentations, 2015)
"Drowning in the Pediatric Patient"
Gurnick Medical Academy, Fresno, CA
(May 2015)

"CCEMSA MICN Class/Pediatrics"
Program Coordinator for a six-day Central Valley regional course.
Saint Agnes Medical Center, Fresno, CA
(April 2015)

"Fresno County Paramedic Class/Pediatrics"
Fire Academy, Fresno, CA
(June 2015)

"Water Safety for Safe Kids Central California"
Valley Children's Hospital, Madera, CA
(July 2015)

"CCEMSA MICN Class/Pediatrics"
and Program Director for a six-day Central Valley regional course
Adventist Medical Center, Hanford, CA
(September 2015)

"Fresno County Paramedic Class/Pediatrics"
EMS Training Center, Fresno
(December 2015)

**Reyes, Shelly, BSN, RN, CPN**
Podium Presentation:
"Improving Care for the Patient with Autism Spectrum Disorder"
PeriAnesthesia Nurses Association of Central California (PANAC) Seminar, Ontario, CA
(October 2014)

**Solano, Jenny, MSN, RN, NNP**
Podium Presentation:
"When One Trauma Patient Becomes Two,"
National Association of Neonatal Nurses (NANN) Annual Conference, Dallas, TX
(October 2015)

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