

LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL



NURSING
ANNUAL REPORT
2019

CONNECTED
BY EXCELLENCE



LOMA LINDA UNIVERSITY
CHILDREN'S HEALTH

HEALING.
HEALTHY.
HAPPY.

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Mission, Vision, Values and Acknowledgments

Message From the Chief Nursing Officer

Dear Friends,

In a few short words, I would like to share the theme of connected by excellence that has led the care that we provide at Loma Linda University Children's Hospital. This three-word phrase is evident to all who walk the halls of LLU Children's Hospital. Our commitment to excellence shines in our dedication to creating a healing, whole person care environment for our patients and their families.

As healthcare professionals, we are connected by excellence as we embrace our core values by providing the highest quality care through evidence-based practice and research. Our commitment to patient safety and quality has been recognized three consecutive years by the Leapfrog Group as being named a Top Children's Hospital for 2017, 2018 and 2019. In addition to this national recognition, we have also been awarded the Get With the Guidelines Resuscitation Award Gold Plus in the categories of Pediatrics, Newborn and Newly Born. These recognitions would not be possible without your drive to provide the best possible care for our tiniest of patients.

As we look to the future and anticipate the completion of our new Children's Hospital tower, I am humbled to be part of a team that is connected by excellence. We not only care for our patient's physical well-being but support the spiritual, emotional and psychosocial aspects of mothers and children. One of my favorite quotes from Nelson Mandela is, "There can be no keener revelation of a society than the way in which it treats its children." Thank you for your commitment to excellence as we work to keep the mothers and children of the Inland Empire **healing, healthy and happy.**

Sincerely,

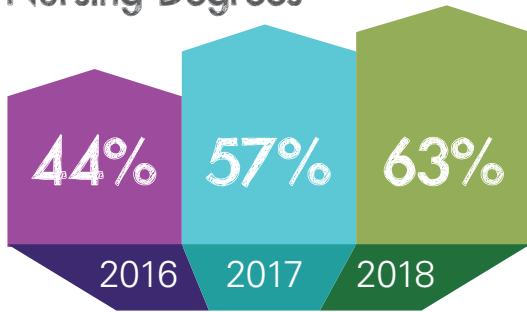
Sherry Nolfe

Sherry Nolfe
Chief Nursing Officer
Loma Linda University Children's Hospital



2019 Overview

Nursing Degrees



3,242 babies

born this year



232.6 Days

average daily census



National Certifications



925 babies

graduated from the NICU

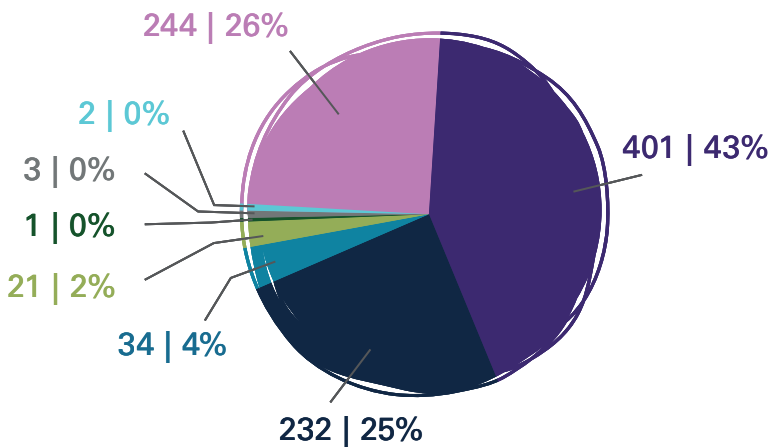


161

nurses hired



Nurse Diversity



Asian

Not Specified

Black

Pacific Islander

Hispanic

Two or More

Native American

White



799

number of
PICU transports



417

number of
NICU transports



GLOBAL HEALTH AND COMMUNITY OUTREACH

Pediatric Care in Mozambique

Whoever wants to serve me must follow me, so that my servant will be with me where I am. And my Father will honor anyone who serves me.

(John 12:26)

Reaching out to those who need healthcare is an important focus of Loma Linda University Health. This year a team travelled on a medical missionary trip to three areas in the country of Mozambique: Maputo, Matola in the south and Nampula in the north. Mozambique is one of the poorest countries in Africa. Staff and students from Loma Linda University Global Health Institute, Adventist Health International (AHI), Global Health, Loma Linda University Students for International Mission Service (SIMS) and Loma Linda University Health, were organized and sponsored under the leadership of Danjuma Daniel. Overall, this mission had three main goals: to advance the mission of Loma Linda University Health in the world, to provide care to the underserved people of Mozambique and to help the local population strengthen their healthcare infrastructure.

During the mission trip our team worked diligently with the doctors and nurses from the local clinics and hospitals. The team was very engaged and provided a variety of health services to pediatric patients, such as HIV testing, oncologic and corrective surgeries. Dr. Don Moores and the surgical team from

LLU Children's Hospital performed 16 surgeries in the Central Hospital of Maputo. In Nampula, Dr. Anish Sen from LLU Medical Center and the operating room team performed seven complex surgeries, which included a large tumor resection from a baby, with the help of the only local neurosurgeon. Through these experiences, we helped coordinate and carry out a wide array of procedures to meet the diverse medical needs for the pediatric population of Mozambique.

Delia Linch was a nursing research resident that was sent to Nampula as part of the mission team. During the trip she worked primarily in triage; her job was to screen patients and send them to the proper service, which included primary care, ophthalmology, dentistry, obstetrics, public health education and spiritual health. As part of the trip, Delia communicated with the clinic staff prior to the team's arrival, met the nurses from Nampula, as well as other nurses from a wide variety of countries that were participating in the trip. While many of the conditions she observed were similar to those seen in the U.S. such as gastritis, headache, cancer,

diabetes and HIV, she also saw patients with conditions that would be quite uncommon here in the United States. For instance, patients with multiple tumors on their necks and eyes due to HIV. As part of her triage duties, she was also able to provide preventative education to patients while they



awaited their turn to see a physician, teaching things such as hand hygiene and exercises to prevent back injuries.

Overall the team had a successful mission and were able to treat 3,982 adult patients and 531 pediatric patients.

Healing the Future

A community of multidisciplinary professionals works together to help at-risk, abused, neglected children in the Inland Empire and beyond.

In 2018, the Loma Linda University Health board of trustees announced a new institute for childhood adversity, which will facilitate student education and research while addressing community needs in the area of child abuse and adverse childhood experiences. The Resiliency Institute for Childhood Adversity (RICA) is an expansion of the current Children's Assessment Center in San Bernardino. Abused children previously referred to Child Protective Services often had to endure a number of interviews performed by multiple agencies involved in the investigation of the case. Many times, victimized children suffered unnecessary, additional trauma because of the extended, repeated process. The Children's Assessment Center of San Bernardino was established in 1996 as a public/private partnership between San Bernardino County and Loma Linda University Children's Hospital. Clare Sheridan-Matney, MD, a pediatrician at Loma Linda University Health, had particular

concern about these children and provided leadership for the Children's Assessment Center. When she retired recently, Amy Young-Snodgrass, MD, took up the mantle and now directs the new institute and provides clinical leadership at the Children's Assessment Center. Her particular interest, in addition to the children themselves, is to train more pediatricians in this emerging specialty area. Caring for abused children, including the long hours of preparation and testifying in court, is a tough professional role to carry, but the rewards come in the relieved faces of abused children as they try to remake their lives. One child dies each month from abuse injuries, and 80% of those deaths are among children ages five and under. The board's action of promoting RICA to the rank of an institute makes it Loma Linda University Health's 13th institute. RICA is a collaboration of local law enforcement, various funding agencies and legal systems, along with Loma Linda University Children's Hospital. RICA houses a variety of educational rotations for Loma Linda University students and residents, and will serve as a hub for Loma Linda University Health's three-year child-abuse pediatrics residency fellowship program — one of only several such fellowships in the nation.

The new institute is on track to treat more than 1,600 abused children this year — half of whom are under age 5. Approximately 60% of cases are for allegations of sexual abuse, and the remainder are allegations of physical abuse, failure to thrive or severe neglect.

This reputation extends internationally, as well. Since 2014, Mary Jo Vollmer-Sandholm, a forensic pediatric nurse practitioner consultant for Loma Linda University Children's Hospital, has organized visits to Loma Linda University Health for multidisciplinary teams in Oslo, Norway composed of senior members of law enforcement, government officials and medical and behavior healthcare professionals. Vollmer-Sandholm says the cooperative relationship between the two countries has laid the groundwork for information-sharing, policy creation and future child-trauma research. "By following Loma Linda University Health's resiliency model, we have learned how to be a more successful, cohesive multidisciplinary team," Vollmer-Sandholm says. "We seek to protect the children of Norway the best way possible and work hard to create a better future for them."





AWARDS AND RECOGNITION

Honoring Excellence

Transformational Leadership Award

At the core of transformational leadership is the ability to influence change beyond one's scope. Tamara (Tami) Hitchcock, BSN, RN, CPN4, exemplifies transformational leadership on a daily basis. As charge RN, Tami goes out of her way to ensure that everyone on the team is able to provide the best care they can. She can often be found physically getting involved in helping with patient flow,

even when it means personally transferring a patient from one room to the next.

Over the past 12 years, Tami has actively sought out ways to influence change within the organization and her chosen career. She obtained her certified pediatric nurse certification in 2011. Most recently, she has served as president of the Inland Empire

chapter of the Society of Pediatric Nurses.

Tami exemplifies transformational leadership in her ability to encourage, inspire and motivate others to practice at the top of their license. She has created change that will help grow and shape the future success of our Acute Care and Step-Down units.



Daisy Award Recipients

Kristen McLennan, RN

Children's Hospital | Unit 5800 Stepdown

Rita Patel, APRN

Children's Hospital | NICU

Bianca Freeman, RN

Children's Hospital | Unit 5800 Stepdown

Cristina Knutson, RN

Children's Hospital | Unit 5700

Walter Sosa, APRN

Children's Hospital | Peds Hematology

Hospital-wide Awards

Top Children's Hospital 2018

Highlighting its nationally recognized achievements in patient safety and quality, Loma Linda University Children's Hospital was named a Top Children's Hospital for the second year in a row by The Leapfrog Group, an independent hospital watchdog organization.



American Heart Association Get With The Guidelines

Loma Linda University Children's Hospital earned the 2019 Get With The Guidelines® - Resuscitation Gold Plus Quality Achievement Award for the Pediatric Population and the Neonate Population.

Working Alongside Excellence: A Tribute to the Beloved Dr. Leonard Bailey

Leonard Bailey, MD, the renowned Loma Linda University Health surgeon who garnered international media attention in 1984, died this year at the age of 76 following a battle with cancer. Dr. Bailey was the surgeon who transplanted the baboon's heart into a human infant known as "Baby Fae," and initiated the research from which spawned human-to-human infant heart transplants and other cardiac treatment breakthroughs.

In all, Dr. Bailey transplanted 376 hearts in infants and became a leading authority on congenital heart surgery and a consultant to physicians around the world.

His work also propelled Loma Linda University Health to become the world's leading pediatric heart transplant center and led to innovations that enable surgeons to repair certain complex congenital heart defects, reducing the need for patients having to undergo a transplant.

Dr. Bailey served as a distinguished professor of cardiovascular and thoracic surgery and of pediatrics at Loma Linda University School of Medicine and surgeon-in-chief at Loma Linda University Children's Hospital. He served at Loma Linda University Health for a total of 42 years. In both the operating room and the hospital children's units, he worked closely with nursing to ensure optimal care for these fragile children.

In remembering Dr. Bailey the nurses on the Loma Linda University Children's Cardiac Intensive Care Unit (CTICU) share what it was like to work with Dr. Bailey:

"The world lost a brilliant visionary. It was as if he had a direct line to God. There were times he would tell me to do something with a patient that I was worried about and I would say, "Dr. Bailey, are you sure?" He would smile and say, "Yes, Sabrina"... he was always right! So thankful to have had the privilege to work and grow up as a CTICU nurse under his guidance and extreme patience. He saved, blessed and impacted so many lives here and internationally."

- Sabrina Kroetz

The unit created shirts with his signature and personal motto.





"I had the privilege to start my nursing career here in the Pediatric Cardiac ICU. Being part of Dr. Bailey's team is something that I will cherish forever. Long before anyone was really measuring it, excellence was just an expectation that was set forth on the unit from day one. As a new nurse, it was really hard to learn everything you needed to know, but working side by side with people that were doing such miraculous work made me want to strive to be the best nurse I could be. In Dr. Bailey's absence I find myself searching for ways to keep the culture that he created in our hearts alive. I keep asking "How can we teach the 'Dr. Bailey way' to those that have never even met him?" What I know is that he fought really hard to give so many broken-hearted children a chance, he took on the impossible, he never lost hope even when it seemed like all hope was lost. He was never afraid to try new things. Sometimes us nurses would be a little surprised by his creative efforts but he never left you alone to implement his orders. He would be right there with you, often times tidying up the room or busying himself while he watched and waited to see how things were going. So even when you weren't 100% sure of something, it was ok because he was there too. He demanded excellence out of himself and it just made everyone on the team want to be better. He made everyone feel so valued. He didn't include nurses because someone told him he should but I truly believe he knew the value in having a team. Even though he was the one that was an amazing, skilled, world famous surgeon, you knew he was so proud of us too. Dr. Bailey, I hope we keep finding our way and that we can continue to make you proud."

- Kendra Fittante

e Unit



Jennifer Newcombe, an NP on the Cardiac team, shared an email that Dr. Bailey shared with the 5800 Peds Cardiac Team. This letter demonstrates his humility, love and appreciation for the nurses that worked alongside him.

"We surgeons do our best to rearrange their little hearts so that they begin to recover the very day of their operation. While quite vulnerable, most are on a straight, if narrow, pathway to wellness. You coach them, and you keep them from harm.

The desperately ill, partially repaired, or marginally palliated infants and children are another story. Their long and treacherous path to recovery (if at all) occurs only because of those of you who spend hours and hours, night and day at the bedside. "Angels at the Bedside." You know who you are. We all know who you are, and we're deeply grateful to be a part of your team. The (centuries ago) French surgeon Ambrose Par observed that: "We dress the wounds, God heals them." He may have meant that the OR team operates, but God through you, heals them! Thank God for each one of you."

**You are unequaled,
Leonard L. Bailey, MD**

There are too many testimonies of the wonderful Dr. Bailey to share in this story, but the profound impact Dr. Bailey had not just on the pediatric cardiac world, but also on nurses and nursing care, will never be forgotten.



STRUCTURAL EMPOWERMENT

NICU Making Communication a Top Priority

The neonatal intensive care unit (NICU) had several committees that met at different times and days without a central connected way to communicate the ideas, projects or the needs of our unit.

The pursuit of Magnet and the addition of our new NICU director and Magnet coordinator gave insight of how to restructure the past way of having meetings into a single and connected, uniform council and meeting, but the professional governance council was still looking for a way to communicate to the 300 plus NICU staff which process improvements the council was implementing. The professional governance council also was looking for feedback from the large unit on concerns that needed attention; there was engagement on how to improve and information on why the issue was happening through the concept of a "bubble idea."

The chair, co-chair and recorder of the council were educated by the NICU Director, Celina Afenir, on how to have a meeting where all professional governance council committees meet as one council and conduct a shared leadership-style approach in a professional business style meeting as a whole group.

As officers, the council met with the NICU director and the Magnet team to discuss meeting format, collaboration and how to change the past style of how meetings were conducted. The Council was also taught about the idea of a communication board and the useful tool it could be as a communication platform for the NICU unit to better connect the information from the council to the frontline staff and from the frontline staff back to the council and leadership team.

Subsequently, a new meeting structure was implemented resulting in a two-hour meeting as a whole council, then a two-hour breakout session, where the committees break into three smaller groups called people connection, quality and safety and neuroprotection. These

committees then work on the ideas, projects or needs of the unit in a focused and organized manner, with the NICU leadership serving as advisors when questions arise. Improved communication, collaboration, awareness of current/past projects and productivity in the committees have been a huge end result with the communication board seeking and displaying such information.

The ability to have someone believe in the professional governance council's voice of concern and frontline staff ideas, and put the energy and efforts to back this more organized and structured approach, empowered the group to make changes to help see the newly formed NICU Professional Governance Council through.



Driving Excellent Care in Children's Hospital Specialty Team Center: Pediatric Rheumatology Specialty Care Center Clinic

The Rheumatology Specialty Team Center Clinic is a multidisciplinary team comprised of a rheumatologist, nurse clinician, registered dietitian, nurse practitioner, social worker, physical therapist, occupational therapist and medical assistant. Our multidisciplinary team appointments were lasting up to three hours per patient because of the need for each child to be seen by a minimum of three multidisciplinary members.

The team examined their practice and found that with the high volume of patients, parent/caregivers and patients were

spending long periods of time in the clinic, yet many patients were not able to see all members of the multidisciplinary team each visit. This situation had created issues with efficiency, patient satisfaction and revenue. A change was needed.

The team met with a process improvement specialist from the Patient Safety and Reliability department. Time studies were initiated to examine the following items:

- Time that the patient got roomed.
- Time to being seen by the first team member.
- Time each team member was with the patient.
- Time in between the team members.
- Time to check out.

In addition, the team examined the flow of patients from check in to check out, how the order team members saw the patient

was documented and analyzed and how many of the patients saw a minimum of three team members. One key finding was that most team members were waiting for the MD to evaluate the patient first. As a result, both patients and multidisciplinary team members were waiting on the physician to see each patient.

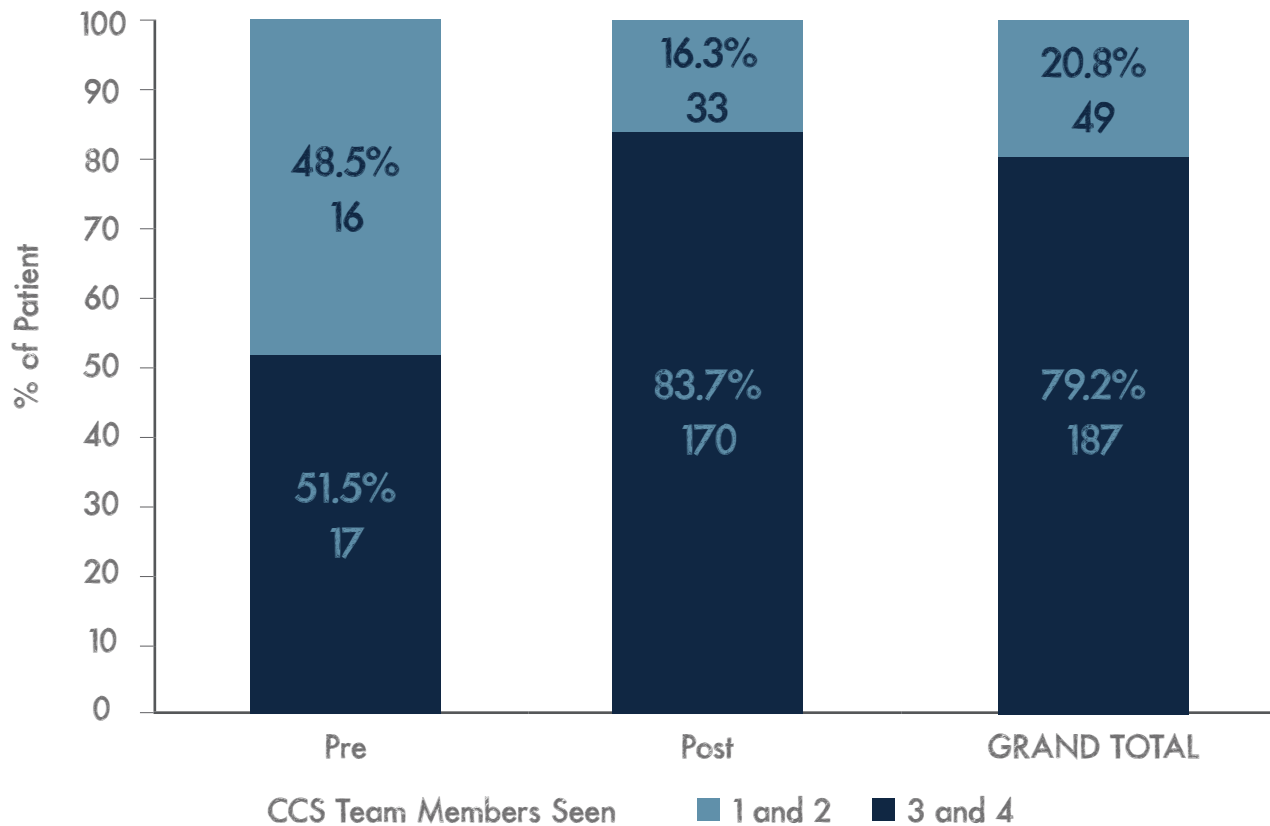
The multidisciplinary team members were engaged and involved in the process improvement. Team members felt comfortable communicating frustrations with flow. As a result, change was initiated and greatly increased teaming activity, decreased the time of each patient visit, improved communication and flow between team members and increased revenue. Today any team member is able to see a patient if available, decreasing patient wait times and improving both care and satisfaction. This is seen in:

- Increased efficiency in seeing high volumes of patients.
- Increased communication.
- Improved employee satisfaction, decreased complaints.
- Improved billing and revenue.
- Work spread out evenly amongst the multidisciplinary team.





Rheumatology Team Center Percent of Patients That Saw More Than Two CCS Team Members



EXCELLENCE FACT:

Of the 18 different specialties, the rheumatology team has the highest number of patient visits per year.

NICU Transport Team Bringing Excellence to the Community

The neonatal transport team at Loma Linda University Children's Hospital originated in 1973 with about 50 transports that year, growing to currently more than 400 transports per year. The team represents an integral part of the NICU and is one of the largest providers of the neonatal transport services in Southern California. The team serves San Bernardino, Riverside, Mono and Inyo counties, as well as occasionally traveling out of state. The NICU transport team spirit, dedication and commitment to the care of the smallest and sickest infants have made LLU Children's Hospital NICU transport team one of the finest in the country.

Loma Linda University Children's Hospital NICU was invited by Stanford University to participate in a study for cooling on transport versus standard practice (passive) in 2012. The study was completed in 2014 and published in 2015 in the Journal of Pediatrics. Loma Linda University Children's Hospital NICU was one of the nine NICUs in California who participated in this study. It was found that newborns cooled in transport using a servo-controlled cooling device had significantly improved temperature control when compared with newborns who were cooled by the current

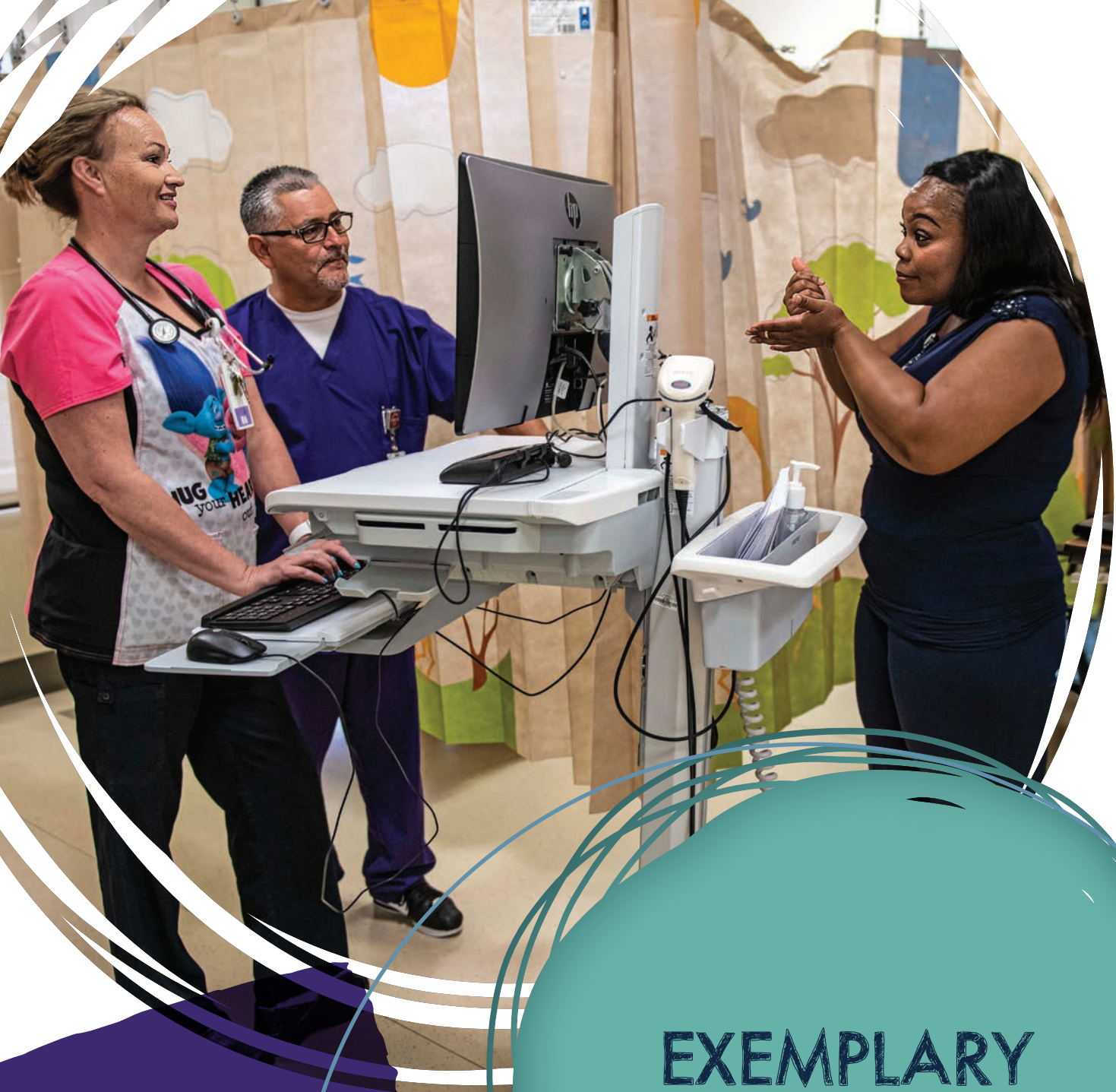
practice of passive cooling. Cooling on transport has now become the norm to improve survival and neurodevelopmental outcomes in term newborns with hypoxic ischemic encephalopathy (HIE). Being a part of this study empowered our team to see how evidenced-base practice can improve patient outcomes and opened the opportunity to explore other projects.

Currently, the NICU Transport team is working on a neonatal outreach simulation program project, which is based on relevant and current evidence. The team invited community nurses from all of the hospitals they transport from and gave

them an opportunity to suggest simulation scenarios based on their personal experience. There were barriers to reaching our referral community hospitals, so the team designed an in situ simulation lab. By providing this opportunity, nurses receive the same learning opportunities for improved outcomes of premature and vulnerable infants, but in their own familiar settings.

Simulation has shown to be an educational method to improve patient outcomes, with emphasis on patient-centered quality care, as the nurse improves in critical thinking skills and self-efficacy.





EXEMPLARY PRACTICE



Language Services Bridging the Communication Gap to Help Provide Excellent Care

Loma Linda University Children's Hospital Language Services Department provides services to limited English proficiency (LEP) patients in Spanish and American Sign Language. Our contribution allows patients and providers to bridge the communication gap by assisting in obtaining equal access to healthcare, and by working with all healthcare professionals to provide culturally sensitive and excellent patient care. Our duties include assisting with assessments, consents, plans of care, discharges, education, family conferences and admissions.

Myths About Interpreting

MYTH: Any bilingual speaker can be an interpreter.

FACT: Although the use of family members or untrained bilingual staff is common practice, it is strongly discouraged by our hospital policy and JCAHO standards primarily for assurance of patient safety and confidentiality. Medical interpreters possess formal training and complete rigorous testing in order to attain certification.

MYTH: Deaf patients read lips.

FACT: True, most deaf people can catch some words and phrases, yet they cannot understand intricacies and nuances essential to conveying the information accurately.

MYTH: Interpreters and translators are one in the same.

FACT: Despite the fact that the two terms are used interchangeably, interpreters facilitate verbal communication, whereas translators work in written content, each requiring a different set of skills and training.

MYTH: Google translates accurately.

FACT: Google cannot recognize context, chronology or cultural nuances and can only translate word for word. It is not a reliable tool when it comes to interpreting medical terminology in real time.

Testimonials From Our Interpreters

"In the midst of so many things that separate human beings ... our job brings them closer! Communication helps us to gain understanding, and this is especially true when a loved one is sick. As an interpreter, being able to connect a patient and a provider at times of a life-changing diagnosis, or working with a caring and compassionate nurse, is a sacred privilege. Living in this imperfect world and witnessing God's healing of the soul, at times when healing of the body cannot be accomplished, is a humbling experience, and I love being part of that."

– Katya, Spanish Interpreter

"Taking the extra step and time to help deaf and hard of hearing patients is a quality I truly appreciate from the nursing staff. The need for language services is often overlooked. I'm very grateful to the exceptional nurses who recognize the importance of providing accurate and sufficient communication for our patients. As an ASL interpreter, I've had the privilege to work with such nurses in the Pediatrics department."

– Shamica, ASL Interpreter

"Many pediatric nurses call us at the beginning of their shift to ensure patients are informed of the plan for the day and the continuity of care."

– Jesus, Spanish Interpreter

LLU Behavioral Medicine Center Child Inpatient Unit Leaving a Mark

The LLU Behavioral Medicine Center's child inpatient unit is known for the care they provide to the community's youth and young adults. When a child becomes overwhelmed and isn't able to use effective coping skills due to stress, traumatic events or family and school issues, they may "act out" intense feelings with aggressive, self-abusive or withdrawn behaviors that can no longer be safely managed at home. The staff on the child inpatient unit recognizes the needs of children and provides a consistent, structured environment to assist the child in learning new ways of coping, managing and communicating intense emotions.

One of the unit nurses, Eileen Webster who has worked on the unit for seven years recounts a profound experience that exemplifies the wonderful care the nurses, behavioral care assistants (BCAs), psychologist,

social workers, occupational therapist and psychiatrist do.

"There was a father living in Southern California who was married and had three children. The father traveled to Mexico and met a woman there. They started a relationship and during that relationship, the young lady told him that when she was younger, age five, her mother had her prostitute. The two had a daughter together. When his daughter turned five, he returned to Mexico, took the child away from the mother to live with his family, who were surprised that he had a daughter from another woman. Although he "saved" his daughter from being exposed to a life of prostitution, the child was witness to many other things by the hands of her father. She saw her older brother get whipped by their father, after which her older sister was forced to lick the blood off his back. The father passed away and the older siblings left and the young girl was left to live with her stepmother. At the age

of 12, it was discovered that she was cutting herself and said that she wanted to die. She was taken to the LLU Behavioral Medicine Center and became a patient.

She was hopelessly depressed and suicidal. I took care of her for several days during which she shared what I learned about her life. She was always very somber, did everything that was asked of her, participated if called on. She reported conflict with her stepmother so I arranged for them to visit and agreed to sit with them during the visit at the patient's request. I asked the stepmother not to bring up the cutting during the visit. The patient shared with me afterward that the visit went okay. On the last day I cared for the patient, I let her know that I wouldn't see her again. She never looked at me, she just nodded. When I returned to work there was a note that the patient had written before she left. I never guessed she would be so articulate. She expressed gratitude for all we had done for her. She said she learned so much. She said that although she could not promise she would never come back, she would try to do everything we taught her. I left the note in the nurse's station so all staff would see it but it disappeared before I could save it. It's experiences like this that remind me of why we do what we do and the help we provide our patients."



Excellence at Every Corner

A journey back to health: A story of Children's Hospital nursing care and support.



It was late on a fall evening when a child arrived by Mercy Air as a Level A trauma to the Pediatric Emergency Department (ED). The passenger was a young, teenage boy in desperate need of life sustaining medical treatment. He had been involved in a terrible motor vehicle accident and was clinging to life. The referring facility had called to give us a report on the patient's injuries so our multidisciplinary team was awaiting the arrival. Upon arrival to our hospital, a Level A trauma activation was initiated, which brought ED nursing as well as pediatric surgery, neurosurgery, orthopedics and vascular surgery to the designated trauma room to initiate care.

Shortly after arriving to LLU Children's Hospital, the complexity of this patient's needs were identified. First, he was taken emergently to the operating room for a repair of a major blood vessel. For seven hours in the OR our nurses, technicians, anesthesia and surgical teams worked to repair and stabilize the child and transition him to the pediatric intensive care unit (PICU) for continuous monitoring. During the long hours, the ED and OR nurses, social workers and chaplains provided emotional support and encouragement to his parents. Over the next week, he remained in extremely critical condition and was the patient in the most serious condition on the unit at that time. During the week, he was taken to the OR for five additional surgeries to stabilize his condition and repair injuries to his pelvis and both legs. As part of the course of this admission, in addition to the ongoing monitoring and support being provided to this child and his family, nursing was also focused on preventing complications.



Nurses play a major role in reducing hospital acquired infections by following their established guidelines for the care of urinary catheter and intravenous lines, especially in patients who are at risk because of the need for these devices and repeated surgeries.



After a long two weeks, the patient was able to breathe on his own and was following commands from the healthcare team. At this juncture more communication regarding his injury and admission history, his and his parent's concerns were communicated to additional team members as he was started on a regimen of physical, occupational and speech therapies. Teamwork, nursing encouragement and emotional support, balancing the management of his pain and the sheer determination of this young teenage boy were needed to enable him to walk again. He was confined to a wheelchair while his pelvis healed. Nursing and Child Life continue to monitor his physical and emotional health. Immobility and use of a wheelchair brought concerns regarding the development of pressure injuries. Frequent turning and skin assessments were needed to ensure he did not develop this complication. As he healed, it was time to move from the PICU to a different level of care. He was transferred to the 5800 Stepdown ICU and eventually to 4200 Acute Care Pediatric Unit, where they continued his treatment and support of him and his parents. Healing can be a difficulty journey and physical therapy was tough and painful. Throughout this journey, his parents, nurses and healthcare team members provided encouragement. As the patient healed and became stronger, his acute care nurses would bring him over to the PICU so he could proudly show his progress.

Communication and teamwork is very important in the care of children with complex health issues and the prevention of complications. Each and every transfer between PICU and the OR required a face-to-face sign out between the nursing staff and physician teams. During these discussions, the child's vital signs and hemodynamic stability, as well as the need for blood transfusions and pain management, were all key topics. Clinical expertise is one component, but compassion and care for the parents is also an essential part of pediatric nursing. The nursing staff checked in frequently with his parents to ensure that they had the emotional support they needed. Each time the nurses took the patient to the OR, they would wait with his parents until our team received word from the OR that he was ready to come back. On arrival, not only was the PICU staff updated, but the parents were as well. Our unit social worker and child life specialist were an integral part of this process.



Finally after three weeks this child was discharged. The success of this patient would have not been possible had it not been for the collaborative efforts of all of the various healthcare disciplines and nurses from all the units and services involved. Over the course of the next six months, the patient learned to walk again and he came back for a visit about nine months after his injury. He couldn't wait to tell us that he had just graduated high school and had been accepted into the University of his choice. This is one of the many stories that make me so proud to work at LLU Children's Hospital!

A Personal Testament of Excellence on TCBC



Jessamie Garvin has been a labor and delivery (L&D) Nurse at Loma Linda University Children's Hospital for five years. She is well versed on caring for high-risk mothers and babies and especially helping mothers deliver their little miracles.

Jessamie would soon find out that after five years of having difficulty getting pregnant she would finally conceive; just as her OB-GYN Dr. Courtney Martin, had promised her, "This [fertility treatments] will work for you and I promise I will hand you a baby one day."

Having experienced the loss of a baby during the first trimester in the past, they decided they would wait until the first trimester had passed with this pregnancy before announcing their pregnancy. In December, they had their first ultrasound and were surprised to find out that they were pregnant with twins. The first trimester progressed uneventfully, and they announced their pregnancy at 12 weeks gestation. Little did they know that their entire pregnancy would take a drastic turn just four days later!

On January 10, while at work on L&D, Jessamie began experiencing constant lower back pain. She remembers thinking, "It's probably because I'm pregnant and it's been really busy at work and I'm just tired." She completed her shift, went

home and went to bed. At about midnight she woke up with excruciating abdominal pain. Knowing that something wasn't right she called her husband at work and asked him to come home. She then called Unit 3200, explained her symptoms to the resident on that night and was told it could be gas pain or indigestion and was encouraged to take some medications. Jessamie took the recommended medications but was receiving no relief. The pain got increasingly worse over the next few hours. She knew that something was seriously wrong and had to get to the hospital immediately. Fearing the worst, they called 911. She was taken to the Loma Linda University Emergency Department and Dr. Martin was called in as well. In the Medical Center ED an ultrasound discovered that while they had spent the last six weeks knowing they were expecting twins, Jessamie was in fact pregnant with triplets. However, there was a very serious complication, the third baby had implanted on the outside of her fallopian tube and was growing inside her abdomen. As the baby grew, the pressure caused the fallopian tube to rupture and Jessamie was hemorrhaging. She was rushed into emergency surgery at the Loma Linda University Medical Center OR where she lost approximately 3,500 mL of

blood. Dr. Martin began the surgery laparoscopically, but once she got in and cleaned out all the blood, she found that the baby was in fact in her abdomen and was a 12-week fully developed fetus. Dr. Martin made the decision to convert the surgery to an open exploratory lap abdominal surgery. Jessamie recounts "I was so thankful for Dr. Martin and her understanding of my desires and who I was as a person and soon to be mother. Because of this knowledge of who I am, Dr. Martin took the best course of action and changed surgery techniques to be able to remove the baby safely intact."

The OB residents recounted Dr. Martin's meticulous protection over her uterus, that still carried Jessamie's twins, while performing this complex surgery to deliver baby number three. Dr. Martin was able to deliver the baby, who was alive upon removal of the abdomen. Dr. Martin immediately called the TCBC charge nurse Kim Davidson and told her what was going on. Kim came down to the OR and took the baby as soon as she was delivered and held Jessamie's baby girl until her final heartbeat. Kim also brought Jessamie's husband and mother

into the room to have time with the baby and say their goodbyes. Kim did all the wonderful cares the TCBC team does for mothers who experience demises. "Kim is one of my really good friends and it meant the world to me to have someone who I know and trust, care for my baby," Jessamie shares.

Jessamie was brought up to TCBC antepartum Unit 3100 for a week. She recounts of her experience, "Being a patient on my unit brought a whole other level of appreciation for where I work. The treatment I received was comforting and nice and allowed me to see my co-workers from a whole different light and experience first-hand the compassionate care they give." She said "The nurses on the unit didn't just focus on my medical needs." During her week on the unit Jessamie received multiple blood transfusions due to the blood loss and was very weak. She also developed peritonitis (abdominal infection) because of all the blood that had accumulated in her abdomen, which was contributing to a lot of pain. While the nurses did a wonderful job of

caring for her medically, what sticks out to Jessamie is the amazing emotional support she received. "If it wasn't for the nurses and the doctors I don't know that my family and I would have gotten through this major event in my life the way we did. Medically, mentally and emotionally they were just on it!" The team had a chaplain come and talk to her and they had a massage therapist come see her. While Jessamie works in TCBC she rarely works on the antepartum unit and had no idea those services were offered to patients.

Jessamie was thankfully able to carry the twins to 37 weeks uneventfully and had a scheduled C-section on July 5. Dr. Martin, who was on maternity leave herself at the time, surprised Jessamie by showing up the

morning of her surgery. Although she could not do her surgery, she had promised her that one day she would hand her a baby. Dr. Martin kept good on her word and handed Jessamie two healthy and beautiful twin girls.

Jessamie shared some deep sentiments about this whole experience and her time at Loma Linda University Health: "I truly believe that Dr. Martin saved my life and saved the life of my baby girls and we just can't thank her enough for that! This experience has been such a testimony to the care that we give at Loma Linda University Health. As a nurse on TCBC I know the level of care that we give and that we give exceptional care, taking care of women in one of their most vulnerable times in life. But it was a whole other eye-opening experience to go through this from a patient's point of view. It gave me a new appreciation for what we do on TCBC and for the level of expertise our team has, and I can't thank everyone enough for the amazing care and support we received."



Faces of Our Certified Nurses



Candace Cannon, Certified Pediatric Hematology/Oncology Nurse (CPHON)

I chose to get my certification to better care for my patients by increasing my knowledge base and increasing my credibility with patients and their families. I am more knowledgeable on hematology and oncology diagnoses and nursing care. Studying the psychosocial care of this patient population has greatly expanded the way I view and care for my patients.



Nikia Gray-Hutto, Certified Clinical Research Professional (CCRP)

I decided to get my certification because I fell in love with being a research nurse. I wanted to expand on my professional knowledge and gain the ability to practice excellence in the ethical conduct of clinical trials. Getting my certification has given me the knowledge needed to ensure that patients involved in research here at LLU Children's Hospital receive treatment and care that follows the guidelines that have been put in place to protect research subjects.



Kendra Fittante, Pediatric Certification in Acute and Critical Care (CCRN)

I feel like in a profession that has such a huge impact on patient outcomes and peoples' lives, we owe it to our patients to be the best. I felt like getting my CCRN was a way that I could challenge myself. It's important to keep learning and growing, for our patients and for ourselves.



Jean Hutabarat, Certified Pediatric Nurse (CPN), Certified Post Anesthesia Nurse (CPAN)

I decided to obtain my second nursing certification because I am one of the charge nurses in Children's Hospital Recovery Room and I want to encourage and help all my staff to do the same. The knowledge that I gained during my preparation for the exam and for maintaining my certification has helped me to understand and to enjoy what I am doing, which in turn, allows for better and safer care for our patients. In addition to patient care, my mentorship for my staff gives them more confidence and satisfaction with their work at our unit.



Nicole Jaquez, Certified Pediatric Nurse (CPN)

I was encouraged by my manager and educator to get certified. LLU Children's Hospital also provided the resources I needed to succeed in getting certified by offering a CPN course free of charge and participating in the No Pass, No Pay program. The knowledge that I gained during the certification process has helped me to gain better awareness of the pediatric population. As I was studying for the test, I realized there was still so much to learn about the population that I work with. It is an honor to hold the CPN certification and be recognized for the knowledge I have.



Stefanie Mecham, Certified Pediatric Hematology/Oncology Nurse (CPHON), Blood and Marrow Transplant certified nurse (BMTCN), American Academy of Nurse Practitioners (FNP).

I returned to bedside nursing about five years ago after working for several years as coordinator for the blood and marrow transplant team. I knew that obtaining certifications was something I wanted to do to help me focus on how I could improve my knowledge and practice. One of the things I love about healthcare is the need for continual education and how this aids us in providing the best and most up-to-date care to our patients and their families. The certification test was free, taking away all my excuses for pursuing my certification and I set my professional goals over the course of two years to obtain the two separate certifications that pertained to my role. My certification has aided in my goal to provide evidence-based practice to the patients that I serve. It has made me a better preceptor for new nurses and students.



Kylie Peery, Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)

I have always had obtaining my RNC as a goal, even before I graduated nursing school, simply because I knew it was a sign of competence. Since working in the NICU as a RN, it became a way for me to challenge my knowledge and work hard towards being competent. I feel that being certified helps parents and other co-workers see your dedication to the specialty and helps to instill trust. Additionally, I feel that having a badge that displays this achievement reminds me every day to strive for excellence in the care I deliver and to always keep learning ways to deliver better care.



Amelia Pennell, Certified Neonatal and Pediatric Transport (C-NPT), Certification in Acute and Critical Care (CCRN)

I chose to become certified to improve patient outcomes based on my level of clinical expertise. Being certified has given me a greater understanding and knowledge of the patient population I work with. It encourages me to uphold the standards of excellence and allows me to have a sense of pride in my work. This in turn, allows me to fulfill our motto of making man whole.



Jaime Perez, Certified Pediatric Nurse (CPN)

I decided to get my certification as a personal goal for professional development. With my certification, I show pride in my career and expertise as a pediatric nurse. Obtaining my certification has shown my patients and their families that I am committed to my profession as a pediatric nurse.



Guillermina Rodriguez, Certified Pediatric Emergency Nurse (CPEN) Mobile Intensive Care Nurse (MICN)

After working in emergency medicine for over 20 years, I chose this certification because I feel it represents my strength in nursing. I love working in our Pediatric Emergency Department and after achieving this certification I feel more confidence to collaborate with our pediatric ED physicians to provide the best care possible when a sick child comes to us for care.



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TRANSFORMATIONAL
LEADERSHIP

Stepping Out of Comfort Zone to Make a Difference - Shana Fujimoto

Shana had early exposure to the medical field as her father was a physician and her mother was a nurse. She started her nursing career in Loma Linda University Children's Hospital's new graduate residency program on the PICU in 2002. During her time in PICU, she was exposed to many areas and duties such as: relief charge, extracorporeal membrane oxygenation (ECHMO) and PICU transport. This gave her the room to grow in her skill set, and provide the confidence she needed to learn new things. This love for learning is what prompted her to obtain her CCRN, and pursue her bachelor's in nursing. Nursing leadership was never on her radar, mostly because of her introverted personality, but with the right encouragement, when the opportunity presented itself for her to become the unit manager, she went for it. Shana saw an opportunity to extend her care to her patients indirectly by caring for the nurses on the unit, "If I can help take care of more nurses they can help take care of more patients." She saw opportunities to provide support with improved communication on the unit, engaging the night shift staff with more than just emails, and assisting with improved

multi-disciplinary team communication. "There is this misnomer that in order to be a leader you need to be an extrovert. I have learned that I can't let my uncomfortableness of being shy and not liking the spotlight, take over what it is that I'm passionate about and the actual goals and missions I am trying to accomplish." This outlook on leadership caused her to constantly push herself out of her comfort zone. Her driving force was her belief that:

"If you are going to grow professionally and personally, you have to step out of that comfort zone regularly and push yourself to do other things."

Shana's motto early on was "always do the right thing." She was fortunate to have a mentor to help coach and guide her at the beginning of her nursing career, as well as her husband who supports and believes in her. She also attributes her leadership development to her continuous desire to better serve others

and enjoys learning new tools by reading and listening to leadership books and podcasts. Her peers say of her: "Shana is passionate about her work and this is evident in everything she does. She is consistently concerned with the needs of her team, as well as the organization, and works to ensure that those needs are met in alignment with our mission, vision and values. She rounds on all teams daily to ensure that she is able to facilitate removing any barriers that prevent us from providing the best care we can to our patients. Shana inspires us all to give our best each day. Shana excels as a mediator in crucial conversations and is able to help those at the table build and work towards a shared vision despite any varied interests they may have in the outcome of the conversation. In the time that I have known her, Shana has proven herself to be a gem to the organization and her ability to inspire positive change in those who she leads is positive proof of how amazing and transformational she is as a leader." - Tru Otiong

"Shana's passion for her team is palpable. I appreciate that she holds herself to a high standard and integrity is important to her. The staff

trusts Shana because she is willing to have open and honest communication with them. Shana wears many hats in Children's Hospital and makes it a point to learn as much as she can. She holds herself to the standard of excellence as well as the employees. She gives the staff the tools they need or finds them what they need in order to do their jobs to the highest standards." – Sherry Nolfe

She eventually became the director of Clinical Support Services, stepping out of her comfort zone of her familiarity of the PICU. "It was one thing to lead within a unit, but it is a whole other world to lead within multiple departments that go throughout the Children's Hospital with roles that I'm not as familiar with. One of the things she took on in this new role was the new graduate residency program that she had been a part of 14 years ago. It created a passion for supporting new graduate nurses and helping them find their niche. She is presently the executive director in Children's Hospital Patient Care Services where she has a great working relationship with an amazing team of executive directors. In this role she is over a broad spectrum of departments, not all of which are nursing related. She has invested in building relationships with people and learning and supporting the value that the other ancillary services bring to care. This role has given her the ability to be the bridge with

nursing, physicians and all the ancillary departments that fall under her.

Shana shared some major lessons she has learned in her years of leadership:

- I learned to become a better listener by being an active listener.
- I learned to be more conscious of the way in which I deliver messages so that what I am communicating is actually being heard.
- I had to learn to give constructive, but real feedback so that I could help meet employee's needs for growth so that they can in turn also help our organizational goals.
- I learned that there is so much I don't know. I was a strong nurse, clinically speaking as a CN-D, and being a PICU nurse for so many years. I felt confident at the bedside, but my first leadership role was very

eye-opening to the other parts of the hospital and how PICU and all my other departments along the way fit into Children's Hospital and its operations.

Shana's advice to nurses who are seeking to grow: "Go to school as soon as you are ready, be continuously self-reflective, learn how to highlight what you're good at. Continue to work on the things that you need to, look at great leaders inside and outside of nursing and find someone you can trust that can give you honest feedback."

Shana just finished her doctoral degree in nursing practice in pediatrics this past June, and while she will still remain on board as a leader at LLU Children's Hospital, she demonstrates that your education and your dreams can take you to uncharted territories, making you a trailblazer.





Neuroprotective, Family-Centered, Developmental Care

Our Mission

Neuroprotective Care is dedicated to recognizing each baby as a unique creation from God. By providing "whole-baby care" supported by evidence-based practices, our goal is to protect the rapidly developing brains of newborns during NICU hospitalizations for the purpose of optimizing the quality of life and ensuring the best possible future for babies and their families.

Our Vision:

- A NICU culture that is dedicated to evidence-based "whole-baby care" with the goal of improved long-term physical, mental and emotional outcomes.
- A commitment to providing ongoing education and support for NICU staff and families around evidence-based practices that support neuroprotection of babies.
- An understanding that families are the most important component in achieving better long-term outcomes for babies.
- An environment that supports parent-baby attachment through compassionate, clinically and culturally appropriate opportunities for parent-baby interactions.
- An atmosphere of mutual trust and collaboration between NICU staff and families.
- A recognition that every member of the neuroprotective team has something unique and important to bring to babies and their families.
- An acknowledgment that babies and their families will carry their NICU experience with them for the rest of their lives.
- An attitude of gratitude for the privilege of being allowed to play a role in the unfolding of a new life.



RESEARCH AND INNOVATION

Revolutionizing Breastfeeding Pathways

The NICU Breastfeeding Pathway: Helping Preterm Babies Breastfeed

Because the benefits of human milk feedings, especially for NICU babies, are universally acknowledged, most NICUs around the world have made efforts to improve the support given to mothers in providing breast milk for their premature and sick babies. However, very little, if any, improvement has been made in increasing rates of actually breastfeeding at time of NICU discharge.

It is well known that babies who learn to bottle-feed first will often refuse to breastfeed later.

The NICU breastfeeding pathway was designed to address these issues by introducing preterm babies to breastfeeding before introducing them to bottle-feeding when they are ready for oral feedings. It is a pilot program developed by a multidisciplinary group of NICU physicians, occupational therapists, nurses and lactation consultants, led by Raylene Phillips, MD, IBCLC, Dawn VanNatta, OTR-L, SWC, CLEC, Jenny Chu, OTR-L, SWC, CLEC, Pam Ruiz, RN, IBCLC, Diane Wooldridge, RN, IBCLC, and Tonya Oswald, RN, IBCLC. The program is based on a published study that demonstrated increased NICU breastfeeding rates when breastfeeding was introduced before bottles, and revealed that this practice

did not increase the time to full oral feedings and there was no increased length of hospital stay.

The NICU breastfeeding pathway is for preterm babies who are on full gavage feedings and are ready to begin oral feedings. Every effort is made for babies to have their first oral feeding at the breast if mother has been pumping breast milk and has an adequate supply. Babies whose mothers are able to be present at their baby's bedside for at least three feedings a day are given the first 72 hours of cue-based oral feedings only from mother's breast. After babies have taken all they can from breastfeeding, the remainder of the feeding is giving by gavage feeding tube. When mother is absent during those first 72 hours, the entire feeding is given by gavage feeding tube. Milk intake during breastfeeding is either measured by weighing the baby before and after breastfeeding or is estimated by the quality and duration of the feeding (using a table for standardization). This guides the baby's nurse in knowing how much of the feeding should be given through the feeding tube after the baby has taken all they can from the breast. After the first 72 hours of focusing only on breastfeeding practice,

babies are introduced to bottle feedings when mother is absent and continue to practice breastfeeding when mother is present. Gavage feeds are gradually decreased as oral feedings from breast and bottle increase.

Occupational therapists have noted that these babies are able to bottle feed readily and continue to breastfeed after their 72-hour exclusive breastfeeding period is over. This is important because breastfeeding babies who were born prematurely will need to take a few bottle feedings each day containing breast milk that is fortified with additional calories and nutrients to meet the unique nutritional requirements of babies born prematurely.

The goal of the NICU breastfeeding pathway is to help mothers and babies to get a good start in breastfeeding before going home from the NICU. In this way, we are supporting mothers in meeting their own breastfeeding goals and supporting babies in achieving optimal physical, cognitive and emotional development. The NICU breastfeeding pathway is a unique opportunity to provide whole-baby and whole-family care.

San Manuel Maternity Pavilion Helping to Pave the Future of Mothers and Babies

One of our earliest relationships in the community was with the San Manuel Band of Mission Indians, a federally recognized tribe of Serrano Indians who have called this valley home since time immemorial. Dr. Lyra George, an obstetrician, began the practice of going out by horseback to deliver babies of Serrano families in their homes. In February, the San Manuel Band of Mission Indians committed a gift of \$25 million to support the construction of the maternity/labor and delivery floor. To recognize this landmark gift, the entire fifth floor of the new Hospital will be named the San Manuel Maternity Pavilion.

The pavilion will house services including a well-baby nursery;

postpartum patient rooms; antepartum patient rooms; labor and delivery; exam rooms; cesarean operating rooms; and obstetric exam (triage). As part of the healthcare team that provides incredible maternity services to our community, this pavilion will enable nurses to expand the maternity services at Loma Linda University Health particularly for high-risk pregnancies and improve the health of women, children and families in the community.

The pavilion will improve women's access to LLU Children's Hospital clinics and maternity services beginning in 2021. Within the pavilion, the maternity services offered will include advanced obstetrical critical care infrastructure,

interprofessional development of new obstetrical critical care pathways (e.g. pre-eclampsia), enhanced LLU Children's Hospital research and provide the highest quality obstetrical and neonatal care that meets or exceeds National Standards Quality Measures. Additionally the pavilion will allow nurses to provide increased patient education and screening, especially in breastfeeding education and lactation support. As part of the safety program related to maternal care, the Edinburg Postpartum Depression Screening (EPDS) will identify those at risk, with the ability to connect those with elevated EPDS to resources prior to discharge.



Collaboration and Development of a Mobile Application

Dr. Jennifer Newcombe and Dr. Patti Radovich have partnered with Vanessa Ayers-Miller, a doctor of public health student, Flint Johnston, Loma Linda University Health electronic publications designer, Carl Ricketts,

director of chaplain services, and Dr. Anna Nelson and Dr. Ernest Medina, faculty in the School of Public Health, to develop a mobile application for caregivers of children diagnosed with a congenital heart defect. The goal of the project was to determine

how caregivers supported their knowledge needs through

the use of technology, and to then use this information to create an all-encompassing mobile application to improve caregiver coping after cardiac surgery. The development of this application was part of Vanessa's doctoral dissertation.

Caregivers for children with congenital heart disease struggle to care for their children with complex needs, in addition to sustaining activities of day-to-day living. Rather than provide reams of paper with discharge instructions, Dr. Newcombe and Vanessa identified the potential innovative solution of a smart phone application that met caregiver needs. Currently the team is assisting Vanessa as she conducts her randomized clinical trial of parents/caregivers using the prototype application. Once Vanessa completes her data collection and analyzes the findings, the team will begin looking at what revisions are needed in the program, as well as beginning the work on introducing it as part of standard care for these children and their families.



EBP Fellow from Loma Linda University Children's Hospital PICU

The 2nd annual evidence-based practice fellowship was awarded to Cara Gonzalez, BSN, MS, RN, a registered nurse in the pediatric intensive care unit. Cara has worked in the unit for six years and during that time advanced up the clinical ladder, moving from a clinical nurse B to a clinical nurse C. Cara has a passion for improving the quality of care for her pediatric patients. Out of this passion Cara became interested in how more could be done to reduce anxiety and the use of sedatives in pediatric patients being cared for in the pediatric intensive care unit.

Cara reviewed the literature and saw that there was a gap in knowledge related to non-pharmacologic methods for the reduction of anxiety. She noted however, that in children with autism, the use of weighted blankets appeared to help reduce the autistic child's anxiety. She wondered if this could be used in the children being treated in the pediatric intensive care unit. Over the next year Cara will be working on a research study exploring the use of weighted blankets and sedation in pediatric critically ill patients.



2019 Evidence Dissemination

Manuscripts

Accepted

Lopez, Merrick, Yana Vaks, Michele Wilson, Kenneth Mitchell, Christina Lee, Janeth Ejike, and Grace Oei et al. 2019. "Impacting Satisfaction, Learning, And Efficiency Through Structured Interdisciplinary Rounding In A Pediatric Intensive Care Unit". *Pediatric Quality And Safety*4 (3): e176. doi:10.1097/pq9.000000000000176.

Poster Presentations

Cabanting, Christal. 2019. "Development And Implementation Of A Pediatric PIV Maintenance Bundle". Presentation, STTI International Conference, Calgary, Alberta, Canada, 2019.

Cocjin, Invest. 2019. "Multidisciplinary Communication In Acute Care Pediatrics". Presentation, STTI International Conference, Calgary, Alberta, Canada, 2019.

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OUR VALUES

COMPASSION

Reflecting the love of God through caring, respect and empathy.

INTEGRITY

Ensuring our actions are consistent with our values.

EXCELLENCE

Providing care that is safe, reliable and patient centered.

TEAMWORK

Collaborating to achieve a shared purpose.

WHOLENESS

Embracing a balanced life that integrates mind, body and spirit.