

# Nursing Excellence

ANNUAL REPORT MAY 2023



## Transformative Empowered Exemplary Innovative

Nurses demonstrate strength and resilience through an unprecedented time of need.

**2022-2023  
PEDIATRIC  
Patient Surge**

**Addressing Critical Goals  
Managing Statewide Disaster**

# *Futures Worth Fighting For.*

## Table of Contents

### **EDITORIALS**

- 3 Vicky Tilton, DNP, MSN, RN
- 5 Beverly Hayden-Pugh, MOB, BSN, BHSc, RN

### **TRANSFORMATIONAL LEADERSHIP**

- 7 Nurse of the Year 2023 Tiffany Tharp, MSN, RN, CPN
- 8 Valley Children's Healthcare Profiles
- 9 Decreasing Patient Declines, Increasing Capacity and Improving Nursing Engagement: Addressing Critical Goals During the Pediatric Patient Surge

### **STRUCTURAL EMPOWERMENT**

- 13 Nurse of the Year 2023 Deborah A. Hernandez, BSN, RN
- 14 Professional Development Statistics
- 16 Valley Children's Healthcare Nursing Governance
- 18 Holding Firm During an Unprecedented Patient Surge: How HICS Managed a Statewide Disaster

### **EXEMPLARY PROFESSIONAL PRACTICE**

- 22 Nurse of the Year 2023 Mary Jo Quintero, RN, CPN, PCCRN
- 23 Nursing Professional Practice Model: Nursing Excellence in Action
- 24 When No Practice Becomes a Best Practice: Pioneering Nurses at Valley Children's Implement Apheresis
- 27 Creativity and K-cards  
Auditing Compliance with a Nurse-Driven Initiative Presented at CAN
- 30 2023 Friend of Nursing
- 31 Team Excellence 2023

### **NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS**

- 33 Nurse of the Year 2023 Ines Hodzic, BSN, RN
- 34 The Vascular Access Team's Research Journey  
By Kim Sutters, PhD, RN, VA-BC
- 37 Scholarly and Community Activities



# Achieving Something Bigger Than Imagined

Vicky Tilton, DNP, MSN, RN

Vice President, Patient Care Services and Chief Nursing Officer

**A**fter several years of challenges, unexpected events and ongoing obstacles, I know one thing for sure about the team I have the privilege to work alongside. They have an unwavering commitment to delivering excellent patient care and a focus on the patient/family experience that drives me to achieve. I acknowledge our team's continued success and anticipate moving forward with hope and excitement as we lead our profession into the future. The time has come for trust, kindness, consistency, connections, recognition and strategy to revitalize the nursing profession.

As we forge ahead on our Magnet® re-designation journey, we must take note of the many examples of nursing excellence demonstrated by our team, who consistently contribute to exemplary professional practice through achieving high-quality outcomes, driving innovative strategies and taking opportunities to challenge the process. Our team is the driving force in our pursuit of excellence.

We can achieve something bigger than we have ever imagined as we commit to our goals and embrace a positive culture. We must support nursing professional practice and enhance our impact on future health strategy, decision-making and care outcomes. We must trust, acknowledge and promote others, and invest in education and professional development. Investing time and effort into teaching, practicing, simulation, leadership development, coaching, clinical skills and mentoring are critical to our ongoing success and structure. We must think as an enterprise, driven by the organization's mission and vision.

Our environment has changed, presenting nurses with an extremely challenging time to be in healthcare. Society and media have ignited a charged atmosphere. Individuals are experiencing life-changing events that significantly disrupt their lives. We cannot fathom the impact of these disruptions, but we can highlight the joy that exists within our environment at Valley Children's Healthcare.

As we work collaboratively with new and tenured teammates, we must choose to be authentic to our practices. As we partner with Fresno State and other programs to support the next generation of nurses who come to us to learn and grow, we must lead with empathy, ingenuity, passion, grace, advanced knowledge and expertise. As we learn from mistakes and remain diligent in taking care of our patients, families, each other and ourselves, we must support our mission to deliver our best to all who depend on us. Our choices will influence the next generation and lead to excellence in patient outcomes and experience.

Valley Children's provides tools to support innovation, enhance efficiency and promote productivity. Let us create action by leveraging technology, incorporating robots and implementing virtual care models. Our team cared for an unprecedented number of high acuity patients during the winter respiratory virus patient surge. Interprofessional collaboration and partnerships helped support continuity of care and achieve high-quality outcomes for our patients, even as significant turnover in our nursing workforce necessitated considerable focus on rebuilding our team, onboarding and retention.

The recent celebration of the Hospital's 70th anniversary fostered encouragement and excitement in anticipation of the next 70 years. I have high expectations for our team to maintain momentum in setting the bar high. May we always support each other, invest in each other and listen to each other. We must agree to disagree at times. Let us commit to caring for others with the same passion and drive that led us to our career path, NURSING.

***Having a dream... Courage.***

***Visualizing your dream... Persistence.***

***Physically moving towards your dream... Guts.***

***Letting go of the "cursed hows"... Wisdom.<sup>1</sup>***

Be the change, the influencer, the achiever, the dreamer and the practitioner who generates optimism and leads healthcare excellence. How do we as nursing professionals work together to create the impossible and achieve outstanding success in care delivery and practice? Achieving excellence requires visualizing it, investing in it and each other, and uniting to maintain a positive cultural environment—an environment inclusive of our patients and families, our team and our colleagues. We can create the impossible by believing in each other and leading with positivity as well as hope! The future of healthcare depends on each of us.

I am so very proud of our team and the difference we make every day. We must continue this journey together. Our accomplishments will directly demonstrate our resilience, our dedication and our faith in nursing. As your nursing leader, I am dedicated to advocating for our team, our patients, our profession and our organization. Thank you for the opportunity you have provided me. It is with gratitude and extreme pride that I lead our team into the future. We will work hard together, struggle together, celebrate together and continue this journey together!

Warmest Regards,

*Vicky*

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<sup>1</sup>Author unknown



# Wrap It Up with Love

By Beverly Hayden-Pugh, MOB, BSN, BHSc, RN  
Senior Vice President and Advisor to the Chief Executive Officer

**T**wenty years ago, I was selected to serve as the chief nursing officer (CNO) of Valley Children's Hospital. I was pretty excited and very much a novice executive. I remember my first CNO meeting with Bill Haug, our chief executive officer (CEO) at the time. I came with goals and objectives that I was determined to accomplish within my first year. Bill patiently listened and then gave me sage advice.

"Beverly, it's a marathon not a footrace. It takes a lot to move an organization forward."

Bill was right. I didn't accomplish any of those lofty goals that first year. However, I did learn the importance of who I surrounded myself with as a leader to my professional success and the success of the organization.

During my two-decade marathon as your CNO, I have been blessed with an extraordinary team of nurses, nurse leaders and healthcare professionals. Together as a team we have been able to accomplish much in the mission of caring for our kids. From our first Magnet® designation in 2004 to the eve of our fifth in 2023, we have worked together to continually enhance outcomes for the patients and families we serve.

As nursing professionals, we have received consistent support for advancing our professional practice from Todd Suntrapak, our CEO, and the CEOs who preceded him. This support has helped us transform our practice and will continue to enable our nursing team to do so into the future. We are fortunate to be part of an organization that values and recognizes the key contributions of nurses at the bedside and beyond.

What I've learned about making a difference as a professional can be captured in a few words:

***It's first and always about the kids.***

***Be open to other ideas. It will lead to a better outcome.***

***Be kind.***

***Be humble.***

***Have fun.***

As I step away from the CNO role, I remain humbled and grateful for the team that I've been privileged to lead in this marathon. I will serve in an advisory role to Todd, Vicky and the organization through the end of 2023, and then... I'll wrap it up with love.

*Beverly*



# Transformational Leadership

## RN of the Year 2023 Excellence in Transformational Leadership

Tiffany Tharp, MSN, RN, CPN, Manager Cardiac Catheterization Lab, Interventional Radiology Nursing and Imaging Nursing

Tiffany Tharp is a beacon of leadership and support who influences others through her actions, hard work and consistency. She models the way for staff to achieve ongoing exemplary practice and innovative practice.

The Fall 2022 patient surge placed significant pressure on inpatient teams, which led to an organizational-level modification on perioperative services volumes. Aware of the challenges presented by inpatient staffing shortages, Tiffany encouraged her team to support inpatient units in a variety of ways. She asked her teams to transport patients from their home unit to interventional radiology (IR), cardiac catheterization lab (Cath Lab) and imaging as indicated. Tiffany's team provided an extra set of hands, offered breaks and served as a valuable resource to assist inpatient teams in caring for patients. Her direct reports supported admissions/discharges and helped coordinate other assigned duties with unit leadership. Tiffany often jumped in herself, taking on full assignments and helping in any way without a moment's hesitation.

Tiffany stays current with trends, technology and care delivery expectations. She provides expertise and resources regarding regulations and requirements for her team and keeps her staff engaged in education and committed to best practices. She supports team members seeking certification in their various specialties and advocates for their attendance at conferences held by professional nursing organizations in her areas of oversight. Also focused on her own education and

pursuit of knowledge, Tiffany is a certified pediatric nurse who recently earned her Master of Science in Nursing.

Tiffany collaborates with peers, providers and colleagues to ensure practice standards are implemented into daily activities. She eagerly takes the time to encourage and empower staff to excel in all aspects of the care they provide. During an overnight Extracorporeal Membrane Oxygenation cannulation procedure, Tiffany disregarded the time of day and came forward to offer a product review of the catheter being placed and provided education to the entire team in real time. It's no wonder her team looks up to her and values her leadership.

Tiffany played an integral role in restructuring Cath Lab, IR and imaging nursing, bringing all three units together into one collaborative unit at Valley Children's Healthcare. She also guided the planning of the remodeled Cath Lab and the implementation of the electrophysiology program. Tiffany gained expertise in electrophysiology while working closely with colleagues at Stanford. With this new knowledge, she helped develop the electrophysiology program at Valley Children's based on well-established protocols and the requirements necessary for any accredited lab. She has been working diligently to seek Intersocietal Accreditation Commission for the Cath Lab and is passionate about this significant undertaking.

A teacher by nature, Tiffany serves as a content expert for community partners and peers, and regularly offers insight to adult facilities regarding Cath Lab and IR products and procedures.

An exceptional clinician and emphatic patient advocate, Tiffany is energized by the opportunity to expand care opportunities for patients at Valley Children's. She truly sees the patients we care for as occupying the most important part of her day.



**We congratulate  
Tiffany Tharp,  
Valley Children's Nurse  
of the Year 2023  
Excellence in  
Transformational  
Leadership.**

# Valley Children's Healthcare Profiles

Fiscal Year 2022

## Nursing Statistics

- 54 NPs
- 1,085 RNs
- 35 LVNs
- **1,174 Total Nursing Workforce**

Includes Case Manager, Clinical Nurse, CNO, CNS, Infection Control Nurse, Informatics Nurse, LVN, NP, Nurse Coordinators, Nurse Educator, Nurse Leader, Nurse Manager, Occupational Health Nurses, Quality/Risk Manager, Vascular Access Specialist and Wound and Ostomy

## Organizational Statistics

- **Licensed Beds: 358**
- **Inpatient Discharges: 10,482**
- **Average Daily Census: 180.7**
- **ED Encounters: 86,895**
- **Transports: 1,180** (Air & Ground)
- **Day Surgery Encounters: 8,867**
- **Specialty Care Visits: 214,236**
- **Primary Care and Charlie's Clinic Encounters: 66,573**



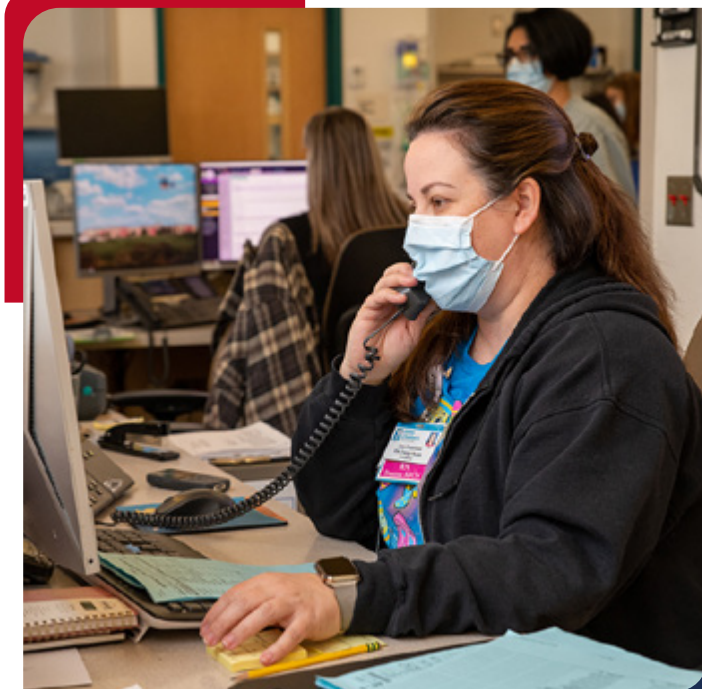


# Decreasing Patient Declines, Increasing Capacity and Improving Nursing Engagement:

## Addressing Critical Goals During the Pediatric Patient Surge



Fall 2022 arrived with an early surge in winter respiratory viruses. The significant increase in pediatric patient census followed on the heels of the COVID-19 pandemic's continued impact on recruitment and retention of nurses. Nursing vacancies and the patient surge intersected to create obstacles for healthcare organizations throughout the state of California. Valley Children's Healthcare met these challenges with fortitude and flexibility.



The organization's mission, vision and culture of "best" provided the foundation for rebuilding, strengthening and initiating a number of strategies to support high-quality, comprehensive healthcare to the children of Central California.

## Strategies to ensure excellent patient/family care during this challenging season included:

- Increasing clinical orientation to twice a month to support onboarding of newly hired nurses into clinical practice
- Sponsoring special virtual and onsite recruitment events
- Enhancing care delivery models to include use of LVNs in the emergency department (ED) and select inpatient areas
- Recruiting additional support staff to assist nurses with care provision at the bedside
- Revitalizing and expanding the Pediatric Nurse Extern program to support development of future nurses
- Immediately training House Resource Pool nurses in critical care versus waiting for one year of employment
- Temporarily modifying patient volumes to strategically ensure availability of nurses to provide care
- Expanding use of traveler nurses
- Activating the surge plan
- Implementing creative incentive shift programs without mandating extra shifts
- Utilizing Labor Pool to oversee the COVID-19 Vaccine Clinic, Workforce Testing and Entry Screening, which allowed RNs to return to bedside and ED
- Leveraging changes to elective surgery cases and schedules to utilize available Perioperative Services staff to support inpatient care
- Engaging with several specialty nursing roles to assist with patient care by working scheduled clinical shifts
- Canceling all non-urgent committee/council meetings for two months, while continuing critical work virtually outside of committee
- Implementing HICS structure to support timely decision-making and minimize impact to patient care
- Implementing Kids First program



Valley Children's extends a special thank you to the Incident Commanders for leading the HICS teams: Stacie Venkatesan, MSN, RN, CNS, RNC-NIC, director of NICU, and Cauryn Updegraff, MSN, RN, CNML, director of emergency, trauma program and emergency management, and back-up Incident Commander: Lori Grassmyer, MBA, RCP, RRT-NPS, director of respiratory care services

Many staff members and providers participated in the HICS structure, all of them going above and beyond their normal duties to support the organization's priorities and mission.

## Kids First Program

Created to apply innovative solutions to manage the pediatric surge, the Kids First program helped decrease patient declines, increase bed capacity and ensure the correct complement of staff to support admissions.



Beverly Hayden-Pugh, MOB, BSN, BHSc, RN, senior vice president, advisor to the chief executive officer, and Vicky Tilton, DNP, MSN, RN, vice president, patient care services and chief nursing officer, encouraged staff with these words:

**“We return time and again to our mission—to provide high-quality, comprehensive healthcare services to children, regardless of their ability to pay, and to continuously improve the health and well-being of children—to guide our decisions.”**

The limited number of available staff to provide care at the bedside impacted the organization’s ability to uphold its mission, and yet its extraordinary team rose to the challenge. Just as this team of Magnet® nurses had navigated turbulent waters in the past, they once again worked together to overcome challenges associated with the pediatric patient surge.

The Kids First pay practice was developed to include special compensation strategies to encourage continued commitment to the patients. Each RN and RCP was asked to be part of the solution.

Communication was a key component of the Kids First program. Transparency with information throughout the surge enhanced the team’s awareness of ongoing needs. Nurses were empowered to plan and create a good work/life balance. The program regularly updated the entire team with the current status of the surge, which helped them work together to close the staffing gap. Information updates also helped the team

understand the broad impact on the organization’s ability to care for kids and, at times, supply the resources. Staff gained a clear understanding of needs in their home units as well as needs throughout the inpatient and ED areas. By sharing the number of declines, Valley Children’s continually demonstrated the need for the Kids First program.

Hayden-Pugh and Tipton shared these words to recognize staff’s efforts:

**“We know that every day you make a choice to be a part of Valley Children’s and to make a difference in kids’ lives—and for that you have our ongoing gratitude.”**



### Outcome of Kids First Program

- More than 225 employees stepped up to cover an additional 300 shifts.
- Declines related to “no staffed beds” dramatically reduced from 5 to 10 in a 24-hour period to zero.
- Service lines increased volumes.
- Staff in the PICU, NICU and ED managed increased volumes by working collaboratively to cover care needs as indicated.

Challenging situations require innovative, collaborative solutions. Achieving goals calls for utilizing a variety of methods and strong organizational support. Valley Children’s Healthcare and its Kids First program helped assess and meet the critical goals of decreasing patient declines, increasing capacity and improving nursing engagement during the challenging winter respiratory virus season. The positive results are clearly seen in the dedication to patients, families and colleagues by an amazing team marked by excellence.



# Structural Empowerment

## RN of the Year 2023 Excellence in Structural Empowerment (Education)

Deborah A. Hernandez, BSN, RN, ECMO Coordinator, PICU

**D**eb Hernandez started her career as a staff nurse in 1987 and currently serves in the pediatric intensive care unit (PICU) at Valley Children's Hospital. Since the beginning of the organization's extracorporeal membrane oxygenation (ECMO) program in 2016, Deb has been involved in every one of its 104 extracorporeal life support cases. Through more than 35,000 hours of extracorporeal support, she has been caring for some of the Hospital's sickest patients while also teaching and coaching the ECMO team.

Deb's nursing education journey began with teaching about the cardiac patient population. Although never formally in the role of "educator," as a staff nurse, charge nurse and now ECMO coordinator, she has spent her career sharing her knowledge of nursing and life support.

Along with her daily work providing leadership, education, feedback and excellent care delivery, Deb provides structured guidance to ensure the ECMO program meets all criteria outlined by the Extracorporeal Life Support Organization (ELSO). Her guidance through innumerable patient safety and quality improvement initiatives positioned the ECMO team to win ELSO's coveted Platinum-level Award for Excellence in Life Support.

Deb oversees the participatory governance structure within the ECMO program, facilitating six different councils. She is a fierce advocate for professional development and has provided or facilitated more than 3,000 hours of education to the ECMO team, including extensive didactic education, high-fidelity simulation and supervised clinical hours, all of which are planned,

executed, evaluated and tracked by Deb according to rigorous ELSO standards. Along with ECMO team training, Deb also provides ongoing educational support for all clinical staff who care for patients before, during or after ECMO.

A dynamic speaker, Deb uses humor and storytelling in her lectures on topics such as the care of infants and children with congenital heart defects, shock, drowning and extracorporeal life support.

Outside the realm of ECMO, Deb is an instructor for Cardiac Rhythm Assessment and Therapy, as well as several PICU-specific courses taught multiple times per year. Deb designed the curriculum and is the primary instructor for the advanced PICU course for the care of postoperative congenital heart disease patients. Along with formal teaching and consultation, Deb has presented posters at multiple ECMO conferences.

Deb's professional development has centered on mastering clinical content to position her as a knowledgeable resource. She has managed programs, designed curriculum, taught classes and taken countless middle-of-the-night phone calls from clinicians, including physicians, seeking expert advice on best practices in caring for the most fragile patients. Deb is frequently sought out by other pediatric organizations to share her expertise, tools and insight, and she consults them without hesitation.

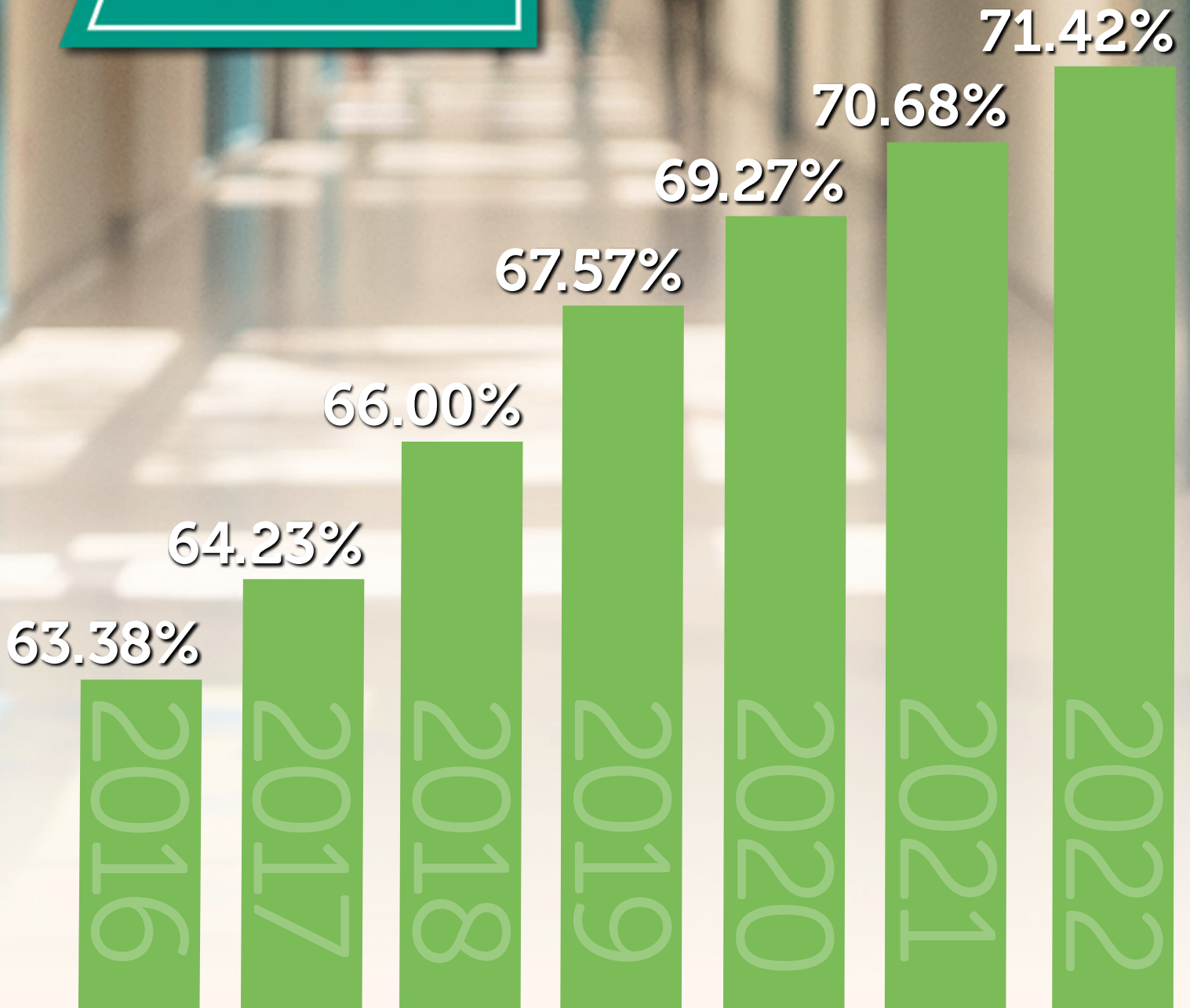
Deb possesses a passion for understanding, which motivates her to seek and share new knowledge, engage others and bring the entire team to a place of distinction. She has inspired generations of nurses by providing encouragement and guidance as they grow as clinicians and future leaders. Her commitment to excellence continues to play an integral part in the high-quality care provided by Valley Children's Healthcare.



**We congratulate  
Deborah A. Hernandez,  
Valley Children's Nurse  
of the Year 2023  
Excellence in  
Structural Empowerment  
(Education).**

# Professional Development

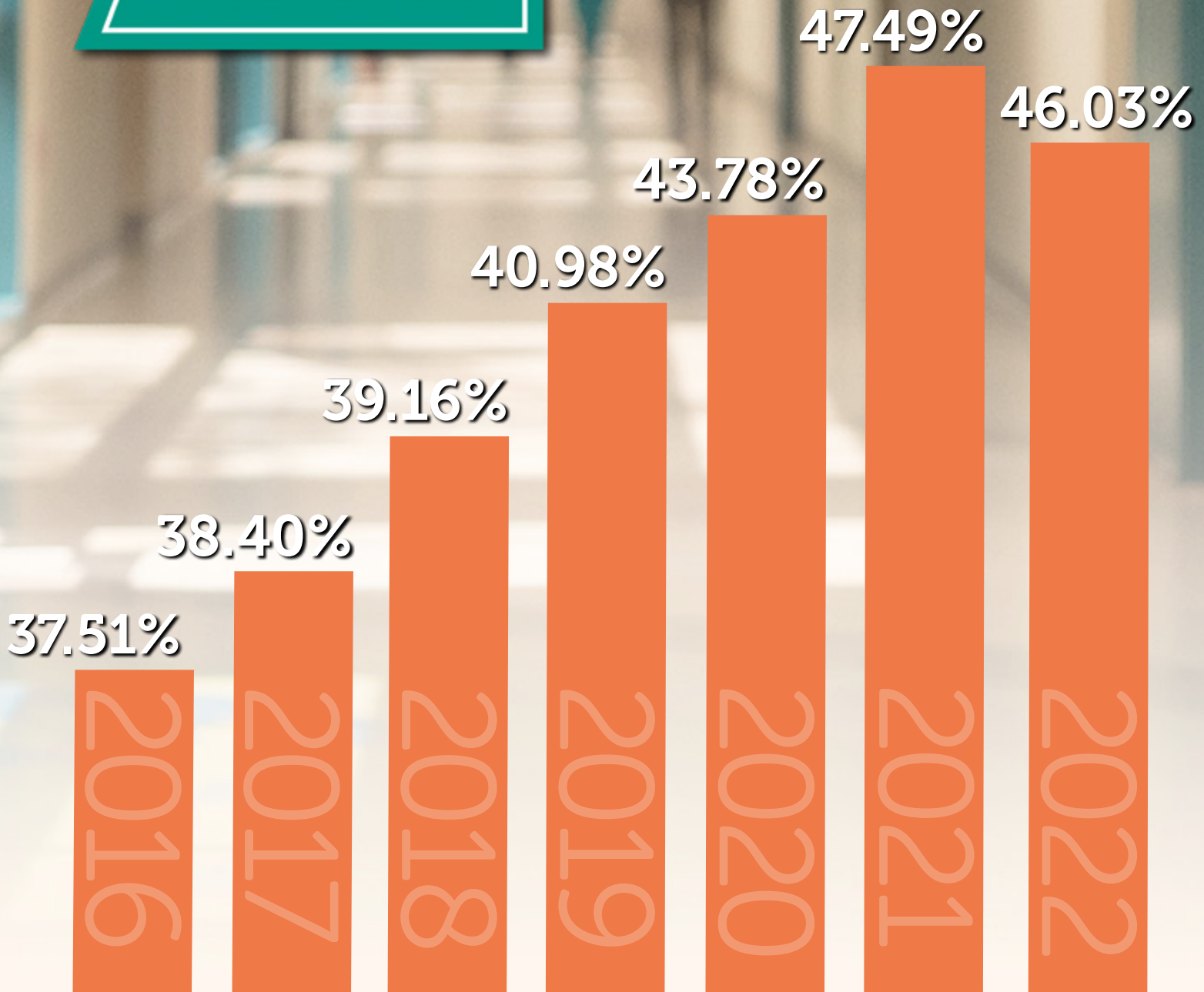
Organizational BSN Data Trend  
Percent BSN or Higher in Nursing



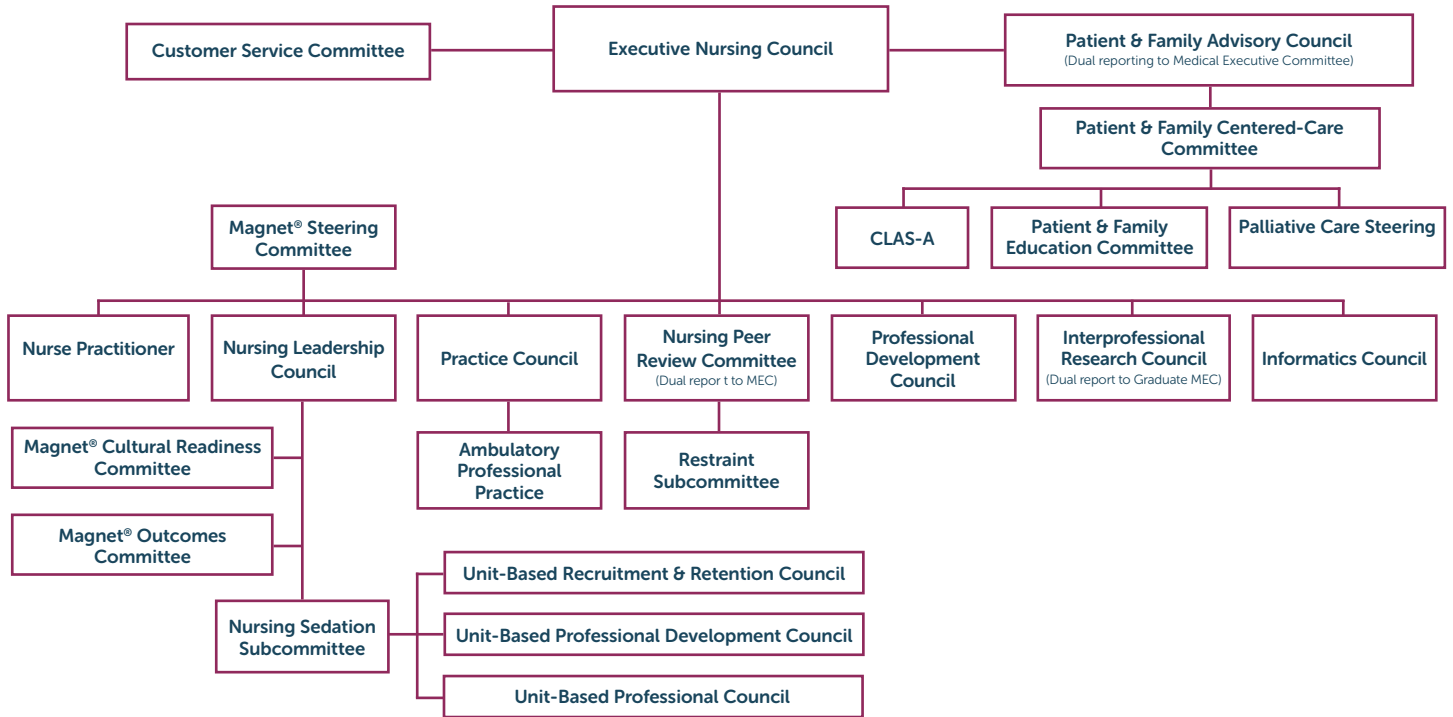
# Professional Development

Organizational National Certification Trend

Percent National Certification



# Valley Children's Healthcare Nursing Governance



## Examples of Nursing Governance Councils & Committees

### FISCAL YEAR 2022 ACCOMPLISHMENTS

#### Professional Development Council

##### Chair

Jessica Moody, MSN, RN, PED-RN

##### Objective

Promote national certification and ongoing academic progression for nurses.

##### Accomplishments

- Created a continuing education toolkit
- Enhanced processes for recognition of accomplishments
- Supported expanding the implementation of Welcome Day for onboarding new hires to acute care departments
- Achieved 46.03% for the number of organizational certified nurses
- Exceeded goal by reaching 71.42% for the number of organizational nurses with BSN or greater in nursing

Valley Children's Nursing Governance provides the structure and processes to support the professional practice of nursing in providing safe, quality, patient/family-centered care.

Participatory governance is a cornerstone promoting a professional practice climate through engaging and empowering nurses at all levels in decision-making.





## Nursing Peer Review Committee

### Co-Chairs

Jane Henning, A.S.N., RN  
Natasha Reilly, BSN, RN

### Objective

Promote the quality of nursing care by identifying and recommending opportunities for improvement.

### Accomplishments

- Identified an opportunity to modify the electronic medical record resulting in enhanced documentation of daily weights and dosing weight for medication

## Patient and Family Advisory Council

### Co-Chairs

James Bergen, M.Div., CPXP  
Renee' Mora, Parent Advisor

### Objective:

Provide consultative support in enculturation of the patient and family as partners in care through an interprofessional advisory council with parent advisors.

### Accomplishments

- Obtained feedback from parent advisors to:
- Enhance the emergency department experience
  - Discern marketing preferences
  - Understand thoughts and preferences on research
  - Evaluate staff dress and grooming standards
  - Promote badge buddies

## Practice Council

### Chair

Eleana Martinez, BSN, RN

### Objective:

Guide the ongoing development of nursing care at Valley Children's Healthcare.

### Accomplishments

- Reviewed and approved 118 policies
- Continued to promote nursing evidence-based practice
- Implemented discussion of nursing governance during the Transition to Practice program

## Informatics Council

### Chair

Scott Swift, CLS

### Objective:

Guide enhancements to the electronic medical record to improve patient care and promote patient safety by optimizing information management and communication.

### Accomplishments

- Increased the disciplines represented on the Council to include respiratory care, social work and PT/OT
- Presented and explored more than 100 tasks to enhance the documentation and communication of patient care between the interprofessional care team

# Holding Firm During an Unprecedented PATIENT SURGE



## HICS Activities Highlights

- Held daily meetings with HICS team members
- Placed weekly calls to clinical partners and referring facilities
- Provided real-time education to providers at adult facilities
- Created weaning protocol for adult facilities using high-flow nasal cannulas
- Worked with EMS to transport kids on high-flow oxygen
- Worked with HR to recruit FTEs and bring in travel nurses
- Worked with current staff to expand hours
- Decreased elective surgeries
- Converted NICU beds to PICU beds
- Expedited acquisition of supplies and equipment
- Brought food to clinical staff who couldn't leave the unit
- Connected with staff through regular rounding on the units

## How HICS Managed a Statewide Disaster

The Hospital Incident Command System (HICS) exists at all healthcare facilities to provide a go-to structure in the event of a disaster. But what if the disaster lasts multiple weeks—or even months? Will that structure hold?

November 2022 marked the beginning of a statewide disaster that lasted well into January 2023. With ingenuity, proficiency and perseverance, nurses at Valley Children's Healthcare activated and maintained the HICS structure to manage the surge of pediatric patients requiring hospitalization for winter respiratory viruses, including RSV and influenza.

"We've never before used our disaster structure for a patient surge in this way," said Stacie Venkatesan, MSN, RN, CNS, RNC-NIC, director of NICU at Valley Children's. "But we proactively activated our HICS to access all the resources required to respond. We created a meeting cadence to support our objectives and ensure that the staff had necessary personnel, equipment and supplies to provide the best care, and that's how we were able to get more patients into treatment."

Used for internal or external disasters, HICS can always be activated when needed. HICS was activated at Valley Children's Hospital on November 9, 2022, and all operational decisions regarding the surge response were made through the HICS team from that moment forward.

A second HICS team took over on November 28 to maintain HICS activation 24/7 for multiple consecutive weeks.



"HICS chiefs and those in supporting roles worked 14 days straight," said Venkatesan. "Every 14 days the teams would rotate. Our nursing staff worked normal shifts, but all of the things done behind the curtains had to continue nonstop."

Medical centers and healthcare facilities staffed and equipped for adult patients were calling children's hospitals statewide for transfer, but there were no pediatric beds available. Every children's hospital in the state of California was at capacity for weeks. Tiny patients requiring pediatric intensive care were turned away.

"At one point during our operational period, we were getting calls in clumps of 10 to 12 per day from adult facilities as far away as Redding saying they had kids who needed to be transferred," said Venkatesan. "With so many calls coming in every day, we knew we were not only going to have to do some aggressive maneuvers to provide beds, but also to provide education for our referring facilities who were going to have to provide care for these kids."

Venkatesan served as incident commander of one of the two HICS teams formed to handle the patient surge. The other team was led by Cauryn Updegraff, MSN, RN, CNML, director of emergency, trauma program and emergency management.

"It was an honor to lead the command center during surge," said Updegraff. "I worked with many talented folks that pulled away from their traditional roles to put a significant amount of focus on how to best support our teams—and in turn our patients—through a very challenging time."

#### Executive Sponsors for HICS Structure

- Vicky Tilton, DNP, MSN, RN, Vice President, Patient Care Services and Chief Nursing Officer
- John Kinnison, MD, President Specialty Medical Group

#### Team led by Incident Commander Stacie Venkatesan, MSN, RN, CNS, RNC-NIC

- Operations: Steve Odom, MSN, RN, CCRN, CPHQ
- Planning: Tina Costello, M.Ed.,PMP
- Planning: Alyssa Webber, BS
- Logistics: Laura Janigian, BS
- Labor Pool: Trisha Cathy, BSN, RN, PHN, ACM, CCM
- Labor Pool: Nichole Hackbarth, MSN, RN, CPN

#### Team led by Incident Commander Cauryn Updegraff, MSN, RN, CNML

- Operations: Randy Guerrero, MSA, BSN, RN
- Planning: Tina Costello, M.Ed.,PMP
- Planning: Alyssa Webber, BS
- Logistics: Deonna Villegas-McPeters, LCSW, ACM
- Labor Pool: Trisha Cathy, BSN, RN, PHN, ACM, CCM
- Labor Pool: Laura Janigian, BS
- Labor Pool: Nichole Hackbarth, MSN, RN, CPN

#### Back-up Incident Commander Lori Grassmyer, MBA, RCP, RRT-NPS

Winter respiratory viruses are often transmitted from school-age children to their younger siblings. Since efforts to mitigate the spread of COVID-19 included school closures and business lockdowns, infants and toddlers who may have contracted RSV or the flu from older siblings or shopping trips avoided exposure for about two years. All of a sudden, not only newborns and toddlers, but also two- and three-year-olds were being exposed to these viruses for the first time. The volume of pediatric patients during the 2022-2023 winter respiratory virus season included patients who might have been exposed and sought treatment during the previous two seasons.

"We needed staff to recognize the 'why' behind our work," said Updegraff. "We needed staff to understand with 100% transparency the criticality of the situation and bring it back to our mission. I've learned over the years that we make a lot of assumptions about what we think people understand. Making it real and making it highly transparent is essential to get teams rallied together in support."

Open lines of communication provided vital access to the latest information. The HICS team met daily and held weekly calls with clinical partners in Central California and with healthcare facilities in Northern California. Human Resources rounded the units on a regular basis to make sure the bedside nurses felt supported and appreciated. Connections made during unit rounding also helped keep the units stocked with the equipment and supplies nurses needed to do their jobs.

"My goal was to ensure I had the talent to move quickly and they had the structure to be actionable," said Updegraff. "HICS is a structure that by design is meant to be very nimble and action focused. That's why it's so important to have the right players involved."



"We had a robust team taking care of patients—even charge nurses were bedside," said Venkatesan. "We were very busy and the acuity was high. We brought food to our lounges so staff could eat without going to the cafeteria. Lunch and dinner were provided every Friday, Saturday and Sunday for our clinical teams for several weekends during the surge."

**"...it's so important to have the right players involved."**

— Cauryn Updegraff, MSN, RN, CNML

Under the leadership of the two incident commanders, the HICS teams steadily addressed issues as they surfaced and remained focused on completing all objectives.

"We were able to do a lot of productive work to successfully manage the surge's impact," said Venkatesan. "We were committed to ensuring that our patients and their families received the best quality care and that our staff and providers had the support they needed in the safest environment possible."

"I'm terribly proud to serve in an organization where so many people responded to the call for help," said Updegraff. "It was very humbling and I, as always, am honored to work with such an amazing and dedicated team."

The HICS teams' tireless efforts prove that even if a disaster lasts for months, the structure will hold firm when it's built upon and held together by the nurses at Valley Children's.



# Exemplary Professional Practice

## RN of the Year 2023 Excellence in Exemplary Professional Practice

Mary Jo Quintero, RN, CPN, PCCRN,  
Prehospital Liaison Nurse, Emergency

Mary Jo Quintero's history with Valley Children's dates back to 1981 when she joined the team as a pediatric intensive care unit (PICU) staff nurse. Within two years, she became a PICU transport nurse and a PICU charge nurse.

Mary Jo served as the Hospital's transport coordinator from 2000 to 2005, and then landed the role she has held for nearly 20 years. Perfectly suited to her current position as prehospital liaison nurse, emergency, Mary Jo constantly demonstrates her passion for improving the care and safety of children.

Mary Jo spearheaded the Epic Pediatric Deterioration Index (PDI) pilot at Valley Children's. Her work to collect and monitor results comparing PDI to Pediatric Early Warning Signs (PEWS) helped determine the best system for identifying patients who may be decompensating. She tracked true and false positives with predictability and captured findings with both tools.

To improve documentation of code blues, Mary Jo participated in Epic webinars with peer organizations to gather information on best practices regarding the build for the Epic Code Narrator®. She then worked with information technology (IT) on the build and collaborated with the IT desktop team to identify optimal solutions to take codes throughout the Hospital. She also helped coordinate education and conduct audits on documenting code start, end, outcome and medications/fluids.

Mary Jo led an effort to improve the practice of documenting code blues. She worked to shift clinicians from writing and scanning records to the

practice of direct documentation into the electronic medical record (EMR). Direct documentation ensures a complete medical record, including medications administered during the code. Mary Jo's practice improvement was an important component to Valley Children's Healthcare achieving the Healthcare Information and Management Systems Society 7 Award.

Mary Jo participates in the emergency department (ED) Professional Development Committee and attends ED leadership meetings to support collaboration in education of code blue documentation. She provides education to our nursing team by hosting tape reviews, Emergency Nursing Pediatric Course (ENPC) and Trauma Nursing Core Course (TNCC). She also teaches staff how to use the LUCAS® device for CPR in the ED. Mary Jo is continually learning and has multiple certifications demonstrating her knowledge of pediatric critical care and emergency nursing. She sits on four state councils as a subject matter expert for children's safety. She is also a member of several nursing professional organizations and a faculty member for nursing curriculum development for pediatric and trauma nursing training.

Mary Jo is always striving to have the best processes, systems and hardware for clinicians to provide optimal pediatric care. She is compassionate toward her colleagues without wavering in her mission to continually improve clinical care. She is solutions driven and eagerly takes on massive projects that extend beyond her traditional role.

Mary Jo reaches far into the community with incredible diplomacy and collaboration. She has received numerous accolades for her commitment to child safety and has already created a legacy with her water safety programs and May Day events.



**We congratulate  
Mary Jo Quintero,  
Valley Children's Nurse  
of the Year 2023  
Exemplary Professional  
Practice.**

# Nursing Professional Practice Model

## Nursing Excellence in Action

### Operations

Operational leaders used the Hospital Incident Command System (HICS) structure to mount a multidisciplinary response to an early surge in winter respiratory illnesses.

### Professional Development

Professional development through succession planning and mentorship provided for a smooth transition of two nurse practitioners into the co-chief pediatric nurse practitioner role.

### Research/EBP

Nurses contributed new knowledge. Six research studies with RNs serving as principle or co-principal investigator were approved by the IRB in FY22.



### Collaborative Relationships

Winter surge called for weekly multi-facility (system) collaboration to support pediatric care throughout the state of California. In the statewide absence of pediatric beds, Valley Children's provided a vast amount of education to support adult facilities' care for children.

### Outcomes

Valley Children's Hospital received the California Council for Excellence Eureka Silver-Level Award, which captures nearly every facet of highly performing businesses across industries statewide.

# WHEN NO PRACTICE BECOMES A BEST PRACTICE

## Pioneering Nurses at Valley Children's Implement Apheresis

When a pediatric subspecialist introduces a novel treatment, nurses at Valley Children's embrace the opportunity to enhance the patient experience. When that novel treatment involves learning to operate unfamiliar equipment, our nursing leaders develop the necessary training and policies to implement that procedure. And when implementing an entirely new procedure proves challenging, our nurses press on, proving themselves worthy of Magnet® designation.



### Apheresis Procedures Since Program Inception

2021: 27  
2022: 41  
2023: 9\*

\* as of April 15



**B**indu Sathi, MD, Hematology/Oncology, joined Valley Children's in 2018. Within her first year, she proposed bringing an apheresis program to the Hospital. Also known as automated red cell exchange, apheresis works like kidney dialysis but with blood. Red cell exchange transfusion removes abnormal red blood cells and replaces them with normal red cells while returning the patient's own plasma and white blood cells. For sickle cell disease patients with stroke or at high risk for developing stroke, apheresis means less pain, less breathing problems and less hospital admissions.

Bringing an apheresis program to Valley Children's involved much work before the first patient could be seen—from data collection in order to purchase the best machine for the organization's patient population to policy writing and education to equip the nursing team with an entirely new skillset. The process that began in 2019 culminated on July 6, 2021, with the first patient visit to our newly launched apheresis program.

"We built this program from the ground up," said Rougeh Awad, MSN, RN, FNP-BC, director ambulatory clinical practice at Valley Children's.

While the apheresis machine isn't new technology, its use in the Central Valley's pediatric population is fairly new. Valley Children's purchased an ideal machine that utilized the latest technology. However, best practices had not yet been established for treating children with the complex apheresis system in the Central Valley.

"We didn't know what we didn't know." Awad reached out to healthcare professionals in Canada and in England, and discovered they followed different protocols. "Canada was doing two IVs and England was using Mediports," said Awad. "Many other centers were using a central line and a peripheral line for their apheresis procedures."

Valley Children's experimented with single-needle transfusions and several patients continue to receive apheresis through a single needle.

**"We built this program from the ground up."**

— Rougeh Awad, MSN, RN, FNP-BC

"We took our time developing our program and trialing it to ensure the best policies and procedures were in place," said Awad. "We started by using PIVs, which took as long as 10 hours, but now we use a PowerFlow™ port<sup>1</sup>. We've narrowed the entire patient visit down to about three hours for everything—including bringing the patient in, taking vitals and completing the procedure."

Valley Children's experimented with single-needle transfusions and several patients continue to receive apheresis through a single needle.

Valley Children's contracted with a consultant to provide five days of education and training at the hospital. The team of nurses selected for the new apheresis program spent three days in the classroom learning theory and two days in the outpatient setting trialing it. The second day of the trial involved treating a patient with the consultant onsite.

"The machine is quite intimidating for many of our nurses," said Awad. "It has complex screen settings, many alarms and is very expensive. The one-use discs are also quite expensive and if placed incorrectly must be discarded and replaced with a new disc."

Nurses had to quickly overcome apprehensions as they acquired the assessment skills necessary

<sup>1</sup>PowerFlow™ is an implantable apheresis IV port that provides a reliable access point for long-term apheresis treatment.



to identify whether the patient was tolerating the procedure or would require a higher level of care through inpatient admission or transfer to the emergency department.



"It took us some time to overcome their legitimate concerns," said Awad.

Valley Children's contracted with the same consultant who offered the initial training to provide multiple in-person education sessions. "The consultant was supposed to come once a month for three to four consecutive days for a period of six months, but we ended up not needing that many."

Awad worked with Jennifer Bustillos, RN, BSN, charge nurse, Hematology to create a lengthy policy manual with step-by-step operation processes so that the nursing team would have all the necessary resources at their fingertips. Awad and the Hematology apheresis nurses also created a series of videos to highlight the functionality of the machine and to demonstrate proper operation.

"The procedure requires 1:1 focused attention while operating the machine to ensure the patient tolerates the procedure," said Awad. "Post monitoring can impact the patient's ability to go home."

The team spent a good number of months troubleshooting unexpected scenarios and gaining confidence. Their efforts have brought about significant practice enhancements at the third largest sickle cell disease program in California. Patients and their families often travel from as far as Modesto and Bakersfield for treatment. They not only save time and expenses with apheresis, but they also experience better outcomes.

One patient who received treatment for sickle cell disease at Valley Children's for 21 years before transitioning to adult care recently shared their experience. Before starting apheresis, the patient required monthly admissions for pain management. After the apheresis program was implemented, the patient went six months without being admitted for chronic pain management. The patient is less tired and pain episodes are almost nonexistent.

Improved osteonecrosis and increased blood supply to a patient's vertebra and multiple areas of the pelvis and femurs as a result of apheresis are helping to reduce admissions for sickle cell patients. Stroke incidents due to a patient's sickle cell complications have also decreased.

"Historically, patients would come to the emergency department in a sickle cell crisis," said Awad. "Now with this new machine, we're seeing patients every four to six weeks. We hope to eliminate inpatient stays completely."

Pioneering nurses at Valley Children's overcame apprehensions about operating intimidating medical equipment to improve care by implementing the novel apheresis program. Their dedication to acquiring new skills and mastering new technology has done away with the old routine for sickle cell patients. Rather than enduring hours on end of painful blood transfusions, patients now undergo apheresis in a fraction of the time, experience fewer inpatient stays and enjoy greater quality of life.



**Nurses Involved in Pioneering Apheresis at Valley Children's:**  
Jennifer Bustillos, RN, BSN, Morgan Riordan, RN, BSN,  
Brooke Song, RN, BSN, Mayra Albor, RN, BSN

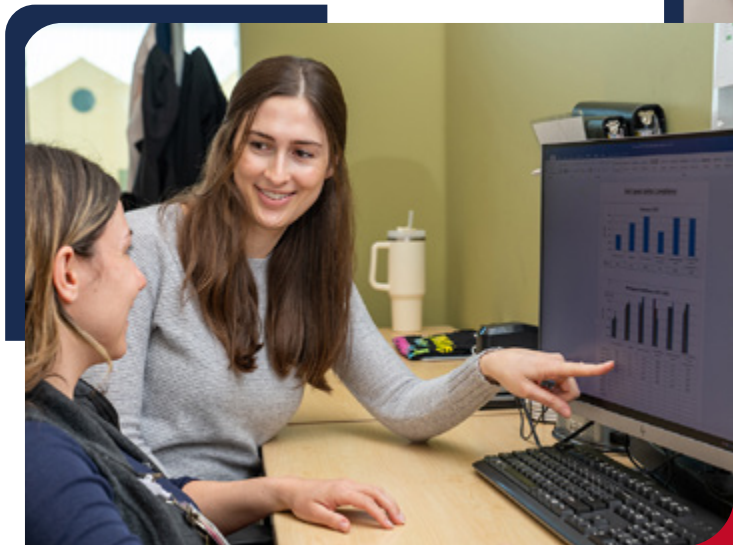
# Creativity and K-cards

## Auditing compliance with a nurse-driven initiative presented at CAN

In an era of scarce resources and multiple priorities competing for attention, lean systems must be designed and implemented. Nurses in the neonatal intensive care unit (NICU) at Valley Children's Hospital have implemented a system of auditing compliance with quality and patient safety measures that has resulted in significantly improved outcomes. The pioneering NICU nurses submitted an abstract and received an invitation from the California Association of Neonatology (CAN) to present a poster at their annual conference in March 2023.

"We have a quality-focused team of nurses who took initiative in doing something innovative," said Jennifer Norgaard, MSN, RNC-NIC, ACCNS-P, CNS NICU. "Since presenting at CAN, we have seen interest from other hospitals and can share our methodology and staff-driven focus with others."

Halliday and Holden embraced the K-card concept and adapted the practice to track real-time audits in the NICU. They created several safety-focused cards that summarize and promote proper processes to ensure quality and safety outcomes. Each card is designed to have the audit components on one side and the policy-driven education components on the other. K-cards empower NICU nurses to see that their work is improving care by providing them with a highly effective tool to educate on practice and assess compliance rates.



Jenna Halliday, BSN, and Shelbie Holden, BSN, RNC-NIC, introduced a visual form of real-time auditing and education at the bedside using Kamishibai cards, also known as K-cards.

The use of K-cards was initially adopted as part of Lean methodology in manufacturing and more recently has evolved into healthcare. K-cards introduced the concept as a way to visually guide practice and ensure compliance apart from the standard way of auditing.

Popularized by the Toyota Production System to audit manufacturing processes, K-cards provide an easy-to-read visual to track the status of various activities.



"This entire project was nurse driven," said Norgaard. "Nobody asked them to do this. They knew there was a problem that needed to be addressed and created the elements needed to implement the K-cards."

"It all started with the Quality, Patient Safety and Clinical Effectiveness Committee," said Halliday. "Deciding what K-cards to have in the NICU came from identified needs that arose in the unit. As an area of improvement presented itself, we created a K-card to address that need."

**"This entire project was nurse driven. Nobody asked them to do this."**

—Jennifer Norgaard, MSN, RNC-NIC, ACCNS-P, CNS NICU



“PSA is our way for staff to report safety concerns,” said Holden of the patient safety alerts. “PSA brings awareness to areas of improvement or process gaps. Last year, we were tracking trends and seeing gaps in safe movement of patients, so we added a K-card for bed space safety.”

Nurses in the NICU initially used K-cards to track central-line associated bloodstream infections (CLABSI). The efficacy of the practice led to creating K-cards for other areas in need of audit and improvement. K-cards were introduced for hand hygiene, pressure injuries and unplanned extubation. Increased patient safety alerts in 2022 led to implementing K-cards for safe to sleep and bed space safety compliance.

“It’s a very easy process for staff engagement and follow up education,” said Halliday. “Staff can use the teaching element in the K-cards to help nurses through the process into compliance.”

**“It’s a very easy process for staff engagement and follow up education.”**

– Jenna Halliday, BSN

“It’s hard to get better at something you’re already doing well,” said Norgaard. “K-cards help drive the true cause analysis to know what needs to change to bring about improvements. It’s not always education that’s needed. Sometimes it’s a process that needs to be changed.”

The NICU has created an environment that embraces necessary change. “Patient safety is so important,” said Holden. “The K-card audit is a moment to promote best practice. You can continue to have a high number of audits with abysmal results if you don’t educate the person you are auditing. The peer-to-peer feedback is designed so that you see a change in real time.”

Playing an active role in improving patient safety and quality is part of the clinical ladder for advancement, and participating in K-card audits is an easy and effective way for NICU nurses to get involved. Healthcare teams utilize K-cards in daily rounding to assess care practices based on bundles that, when performed collectively and reliably, have shown improvement in patient outcomes.

### Benefits of K-cards

- Improves patient outcomes
- Sets positive learning environment
- Engages staff in problem solving
- Encourages direct peer-to-peer feedback
- Promotes patient safety
- Facilitates family education

### Quality/safety measures with K-cards

- Unplanned extubation
- Safe to sleep
- Bed space safety
- CLABSI
- Pressure injury
- Hand hygiene

### Outcomes since introducing K-cards

- Unplanned extubation: rate reduction from 0.63 to 0.23
- Safe to sleep: improved from 39% to 82%
- Bed space safety: improved from 80% to 87%
- CLABSI: improved from 82% to 91%

### Staff Involvement

- 67 nurses conducting audits
- 335 audits completed per month
- More than 4,000 audits completed in calendar year 2022



Each nurse and/or respiratory therapist completes a minimum of five K-cards per month, performing K-card audits during their shift to capture real-time data. If they notice a lapse in bundle compliance, they offer immediate feedback and education on best practices and policies.

Data collection is reported weekly and compliance rates are posted on a quality and patient safety bulletin board located in the unit. The board includes progress graphs, areas of improvement and total compliance rates.

"Staff can see a visual that they own," said Halliday. "They can see how we're doing and which areas we need to focus on."

"If we see a problem with ID bands on patients, we can say, 'Make sure you are checking ID bands are on your patients,'" said Holden. "With more than 600 K-cards in circulation at once, it's a good way to aggregate data in real time."

"During the pandemic, hospitals across the nation saw their outcomes get worse," said Norgaard, "We didn't see that. We didn't have more infections. K-cards helped keep us focused on things that were hard to maintain during the pandemic."

**"With more than 600 K-cards in circulation at once, it's a good way to aggregate data in real time."**

— Shelbie Holden, BSN, RNC-NIC

K-cards encourage interactions between all members of the healthcare team and offer the opportunity to provide direct feedback and ongoing display of critical measures of success in evidenced based care. With creativity and K-cards, NICU nurses at Valley Children's stepped forward to ensure quality care for vulnerable infants and their families.





## Friend of Nursing Award

**Deonna Villegas-McPeters, LCSW, ACM**

**D**eonna Villegas-McPeters embodies empathy. Director of social work, interpreter services, child life and spiritual support is more than her job title. The role Deonna fills at Valley Children's is her calling.

Deonna extends herself and her team to support every facet of the organization. Naturally nursing, the largest discipline at Valley Children's, benefits from her kindness, which she displays in everything she does. Deonna's contributions to the provision of patient care have significantly enhanced the professional work environment of nursing.

Deonna is widely appreciated and sought after for her ability to engage diplomatically and graciously. She served as logistics chief in the Hospital Incident Command Center during the recent patient surge. Fully committed to this role, she drove remarkable results in a noticeably abbreviated timeframe. Her efforts to develop a process to operationalize the organization's labor pool greatly improved nursing's ability to manage the influx of critically ill patients throughout the surge.

Deonna participated in a Hospital-wide suicide screening and referral process that touched nearly every care area in the network. She provided expertise as an advisor for the development and roll out of the organization's Disruptive Patient Behavior policy, designed to promote proactive navigation of challenging behaviors irrespective of the root cause.

Deonna's actions exemplify the strong bonds of her partnership with nursing. She carefully seeks opportunities to debrief when impactful scenarios are in play. She rounded on the units with a treat cart during the challenging times of the patient surge. She steadily demonstrates her deep commitment to the health and well-being of the nursing team.

Deonna and her team maintain a tight relationship with the emergency department in support of caring for socially complex patients and families. As Deonna would say about the department, "it has a lot of action." She understands its operational workflow and integrates masterfully.

Deonna is a gift to everyone she graces. She wraps herself around individuals and teams, adding a soft, genuine touch and often tugging at the "why" of nursing. Featured in the organization's "call to service during crisis" video, Deonna connected with staff to help them understand the significance of their contributions to the overall mission of the organization.

Those who know Deonna know of her passion for pets, especially dogs. This passion led to yet another pursuit of hers that came to fruition last year. Deonna invited local animal shelters to bring animals for staff to visit on breaks and—if they so choose—to adopt. This unique form of encouragement has given hardworking nurses a much-appreciated carve-out that adds a bright spot to an otherwise average day.

Deonna is a "salt of the Earth" soul and a true friend of nursing. Valley Children's is fortunate to have someone grounded in serving others, someone grounded in truth and kindness, someone like Deonna.

**We congratulate  
Deonna Villegas-  
McPeters,  
Valley Children's 2023  
Friend of Nursing  
Award.**

# Team Excellence Award

## Susan Willoughby Palliative Care Team



The Susan Willoughby Palliative Care Team at Valley Children’s Healthcare focuses on improving the quality of life for every child with a terminal or life-limiting illness. As the only pediatric palliative care service in the Central Valley, the team’s scope of service reaches from Bakersfield to Modesto to support both inpatient and ambulatory clinic patients.

Named to honor the memory of the first nurse at Valley Children’s to spearhead a program to calm stormy situations and meet deep needs, the Susan Willoughby Palliative Care Team not only supports patients and their families, but also focuses on the well-being of the healthcare team, helping them manage the emotions and difficulties of caring for a child with a life-limiting disease.

The palliative care team partners with physicians, pharmacy, nursing, social services, case management, child life and pastoral care services in taking a multi-disciplinary approach to this tender type of care provision. The team exemplifies the popular expression “it takes a village” as they assist in developing a plan of care that enhances the patient’s quality of life, reduces patient suffering and supports families in difficult decision making. Their pivotal role helps patients and their families gain a sense of normalcy and balance in the midst of a painful medical diagnosis.

The palliative care team participates in the Patient and Family Advisory Council and regularly attends family care conferences to support care coordination. Their wise counsel helps patients, their families and healthcare providers navigate the appropriate plan of care. Additionally, the team partners with five area hospices as true allies in the ongoing care of the palliative care patient outside the Hospital’s four walls. They collaborate with

the national Make-A-Wish Foundation to provide resources to children with life-limiting illnesses and help to make one of their wishes come true.

The palliative care team provides training opportunities to residents, University of California, San Francisco fellows, nursing students, pharmacy students and attending physicians interested in learning more about the pediatric palliative care specialty. They also provide ongoing training and education through biannual Palliative Care Core Classes and offer continuing education units to nursing and allied healthcare professionals.

Susan Willoughby would be proud of the palliative care providers bearing her name, who continue her legacy and carry the flame to bring hope and light to what otherwise might be a dark diagnosis.

### We congratulate Team Susan Willoughby Palliative Care on Valley Children’s 2023 Team Excellence Award.

#### Palliative Care Team Members:

Sean Hunt, MSN, APRN, CPNP, Nurse Practitioner, Palliative Care\*

Luke Neuburg, MSN, APRN, CPNP, Nurse Practitioner, Palliative Care

Lynette Zimmerman, RN, CHPPN, Palliative Care Program Coordination RN, Palliative Care

Nikki Brockel-Gandsey, MSW, LCSW, Licensed Clinical Social Work, Patient & Family Services

David Sine, MD, BScN, AAP, AAHPM, Physician, Palliative Care, CMA Make-A-Wish California and NMAC National Medical Advisory for Make-A-Wish

Mara SantaMaria, MD, Board Certified in Palliative Care and Family Medicine

\* Sean Hunt received two consecutive Great Catch awards for identifying patient safety issues regarding the accuracy of fluid administration and identifying Epic documentation opportunities.



# **New Knowledge,** Innovations and Improvements



## RN of the Year 2023 New Knowledge, Innovations & Improvements

Ines Hodzic, BSN, RN, Charge Nurse  
Ambulatory Treatment Center

Ines Hodzic joined the team at Valley Children's Healthcare in early May 2022. She brings more than seven years' experience in a variety of nursing roles to her current position as charge nurse in the Ambulatory Treatment Center (ATC). With acute focus on quality and process improvements, Ines guides clinical practice in the ambulatory setting with dedication and expertise.

Motivated by her passion to promote safe and efficient nursing practice, Ines has introduced a number of practice improvements to the ATC. Through initiative and innovation, she recently updated most of the ATC's therapy plans. She also created a monthly newsletter for distribution among all ATC staff to inform them of changes impacting the center's treatment of patients. She provides ongoing education for her team, sharing her knowledge about the different diagnoses managed and the various treatments offered in the ATC.

Ines often provides educational opportunities to elevate nursing practice and leadership. She implemented a biweekly meeting between the nursing informatics team and ATC staff to evaluate current and future therapy plans. She also coordinates weekly meetings with the gastroenterology department to discuss patient/family needs and improve interdepartmental collaboration. Multidisciplinary meetings provide opportunities to discuss complex patients, their therapy plans and coordination of care. Her efforts have helped increase patient access and expedited the prior authorization process.

Ines is a member of the Society of Pediatric Nursing. She regularly participates in several different committees to share best practices in the ambulatory setting. Currently serving as co-chair of the Ambulatory Professional Practice Counsel (APPC), Ines prepares the monthly meeting agenda and leads the meetings with clear guidance to keep APPC members focused on the tasks at hand.

In support of improvements in clinical documentation, Ines transitioned the remaining paper charting into the Electronic Medical Record (EMR). She initiated utilizing the care coordination note in the EMR to relay information that helps staff tailor care provision to each patient's individual preferences and needs.

She has improved communication between the vascular access team, respiratory care practitioners (RCPs) and child life to assist with complex patient care and improve throughput. She also created a "living" document to help pharmacy with nonformulary medications.

Ines designed a unit-specific staff board that hangs in the breakroom for posting unit concerns and successes. She also began utilizing Pulse Check, a daily staff huddle, to discuss care plans for each patient scheduled that day and to inform her team of upcoming special occasions (i.e., birthdays or anniversaries) and any family-related concerns.

Committed to the professional development and recognition of her colleagues, Ines recently joined the Valley Children's Healthcare Professional Development Council (PDC). She has been involved in Certified Nurses Day, which recognizes nurses within the organization who have obtained professional nursing certification. Her participation included writing recognition cards and promoting certification to Valley Children's nurses.

A strong leader committed to our mission and vision, Ines embodies the organization's values by bringing excellence, compassionate care, integrity, innovation, collaboration and stewardship to everything she does.



**We  
congratulate  
Ines Hodzic,  
Valley Children's Nurse  
of the Year 2023  
Excellence in New  
Knowledge, Innovations  
& Improvements.**



# The Vascular Access Team's Research Journey

The scope of care provided by a vascular access team includes activities that comprise more than clinical care provision. According to Infusion Nursing Standards (INS), this specialized team performs a variety of tasks related to the safe insertion, delivery and maintenance of all infusion and vascular access therapies. But that's not all. The team also conducts product evaluation, serves as an education resource and collects meaningful data (Gorski, et al., 2016).

The Valley Children's Vascular Access Team has not only been providing expert clinical care, but has also used data to report quality metrics for nearly two decades. In early 2022, the team identified an opportunity to use this data to evaluate a different aspect of their practice—and potentially engage in an innovative research project.

Several years ago, Valley Children's adopted the practice of obtaining a follow-up X-ray as a safety measure. Anecdotal evidence from clinical practice noted that peripherally inserted central catheters (PICC lines) intermittently moved inward after placement. The vascular access team's accountability included a review of these X-rays and follow-up with the provider if intervention was indicated to address catheter malposition. Findings revealed that follow-up X-ray after the PICC had been in place for 24-48 hours could be used to reconfirm proper catheter tip position.

Discussion with colleagues at other children's hospitals demonstrated that obtaining a follow-up X-ray after PICC placement is not a universal practice. This spurred conversation among team members that generated enthusiasm and interest in submitting an abstract for a poster presentation at the national Association for Vascular Access (AVA) Annual Scientific Meeting.

By Kim Sutters, PhD, RN, VA-BC  
Clinical Nurse Specialist  
Principle Investigator  
(pictured above right)

#### Other Study Personnel:

Michael Volkov, ADN, RN, VA-BC, CNPI  
Gabby Daza, BSN, RN  
Aurelia Olivera, BSN, RN, CCRN  
Sandra Ross, ASN, RN  
Erica Guzman, BSN, RN  
Kathryn Miller, ADN, RN  
Katie Jackson, BSN, RN  
Millie Kim, BSN, RN  
Sabrina Daughtry, BSN, RN VA-BC

**Every field of study has its own opportunities to seek answers to intriguing questions.**

The question then arose...

## Is this project considered research?



Team members drafted a summary of the proposed project and submitted it to the Scholarly Work Team at Valley Children's, who determined the project was indeed considered research. Kim Sutters, PhD, RN, VA-BC, CNS, prepared the protocol submission as the principal investigator (PI) with the help of Isaura Macias, clinical research coordinator. The submission was forwarded to the Institutional Review Board (IRB) for review. Shortly thereafter, the IRB approval letter was received. The research was considered minimal risk and a HIPAA waiver was approved by Sylvia Coyle, director of corporate compliance.

For most of the vascular access team, this was their first exposure to the research process. All team members were listed as study personnel and were required to complete the Collaborative Institutional Training Initiative (CITI) program before any work on the research project could proceed. CITI increases awareness and understanding of policies and procedures for maintaining security and confidentiality and other essential procedures for research conduct. Each team member submitted their CITI training certificate and curriculum vitae.

With IRB approval in place, a retrospective chart review was conducted to analyze catheter tip positions on initial and follow-up X-rays of 895 patients who underwent PICC placement from January 2021 to February 2022. Team members worked diligently to complete data abstraction.

Study results showed that nearly 20% of post-insertion radiographs demonstrated a change in catheter tip position, suggesting that factors other than extremity position contribute to early catheter migration. Catheter migration occurred more often in infants compared to older children, and more often in upper extremity infant PICCs compared to lower extremity infant PICCs. Repeat imaging within 48 hours post-insertion was found to be useful in facilitating timely initiation of appropriate measures to correct catheter malposition (i.e., line adjustment or replacement).

Team members came up with a fun and creative title for the poster abstract,

## "PICC a Boo... Where are You?"

The abstract was submitted in May and was accepted the following month for virtual display at the 2022 AVA Annual Scientific Meeting. The research department provided the template for the poster presentation, and Zara Arboleda, director of communications and public relations, reviewed the final draft to verify proper branding. The poster was then uploaded to the E-Poster site, with a request to be considered for an in-person scientific poster presentation.

**Purpose**

- To confirm appropriate catheter tip position for patients who had recently undergone peripherally inserted central catheter (PICC) placement.

**Background**

- Repeat imaging was performed to evaluate catheter tip position 24-48 hours after PICC placement. This was based on anecdotal evidence from our clinical practice that PICCs were noted to move inward after placement and concern for migration into the right atrium.
- Body positioning was standardized to include arm adduction for chest x-rays to evaluate upper extremity PICC position and neutral leg adduction & hip flexion for chest/abdomen x-rays to evaluate lower extremity PICC position.

**Methods**

- A retrospective chart review was conducted to analyze catheter tip positions on initial and follow-up x-rays of 545 infants (<1 year) and 350 children (1-18 years) who underwent PICC placement from January 2021 to February 2022 at a 358-bed regional tertiary care center that serves more than 1.3 million children in Central California.
- 790 patients with final catheter tip position in the SVC or IVC met standardized body position requirements for both initial & follow-up x-rays and are included in the analysis.
- Catheter tip position on follow-up imaging was classified into 4 groups: no change, deeper, shorter, and other.
- A chi-square test of independence was performed to examine the relation between age and catheter migration and between catheter migration and upper vs. lower extremity PICC placement.

**Results**

- Catheter tip position on follow-up x-ray was consistent with initial post-insertion catheter tip position for the majority of patients. However, nearly 20% of post-insertion radiographs demonstrated a change in catheter tip position, most commonly with catheter migration towards the heart. Examples are shown below.

**Final post-insertion x-ray**      **X-ray after 24 hours**

**Results**

- Catheter migration was more likely to occur in infants compared to older children ( $\chi^2 (3, 790) = 9.08, p < .028$ ), and more likely to occur in upper extremity PICCs compared to lower extremity PICCs in infants ( $\chi^2 (3, 458) = 35.08, p < .001$ ), but not in older children ( $\chi^2 (3, 350) = 3.78, p = .19$ ).
- Sixty-four percent of patients with catheter migration noted on follow-up x-ray required line adjustment or replacement.
- Intervention to correct catheters that migrated away from the heart occurred in only 10% of infants, and no action was taken for older children.

**Conclusions**

- Factors other than extremity position contribute to catheter migration at 24-48 hours post-insertion. The mechanism of PICC migration is poorly understood, although a number of potential influences have been suggested (e.g., lengthening due to warmth, resolution of venous spasm, body habitus, body position, changes in intrathoracic or abdominal pressures, high-pressure infusion, and high-frequency ventilation).
- Early catheter migration occurs with both upper and lower extremity PICC insertions.
- Repeat imaging within 24-48 hours post-insertion is useful in identifying early catheter migration in infants and children and facilitating timely initiation of appropriate measures to correct malposition.

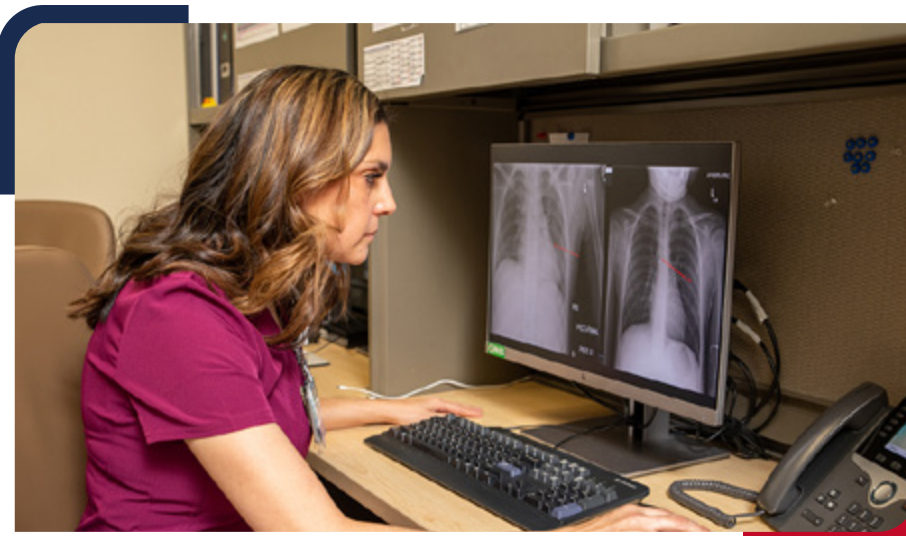
Marcia Frye, MS, BSN, RN, manager of patient care support, shared with Denise Vermeltfoort, MSN, RN, NE-BC, director of clinical practice, the good news of the team's poster acceptance at the national AVA Scientific Meeting and the prospect of an in-person presentation. Frye inquired about support for conference attendance. Travel and training request forms were prepared to send the study PI to the conference as well as virtual attendance for three team members. The request was supported and approved by Vicky Tilton, DNP, MSN, RN, vice president, patient

# The Research Journey Will Continue

care services and chief nursing officer, and the executive team who oversees travel and training. Granting travel support demonstrates the value the organization places on research.



Trish Regonini, IRB coordinator, invited the team to present the study to the Interprofessional Research Council (IRC). As part of their educational efforts, the IRC frequently invites staff who have successfully conducted research studies to present their projects. The IRC showed interest in how the team chose its topic, what resources were needed, if challenges were encountered and how any challenges were addressed. They also wanted to hear the results.



The IRC represents a brain trust of members skilled in reviewing research projects and their feedback prior to presenting at the national meeting proved beneficial. Their goal is to inspire interprofessional staff to conduct research or quality improvement projects and to further the goals of our the Organization Magnet® program.

Although the poster was not selected for an in-person presentation, the vascular access team was excited to have their research recognized by AVA as contributing to new knowledge.

Another high point came following the conference when the team was contacted for permission to include their poster in an upcoming issue of *The Journal of the Association for Vascular Access (JAVA)*.

The research journey afforded team members an opportunity to gain hands-on experience completing a research project, connect with each other in an area of interest, hone leadership and teamwork skills and gain a deeper understanding of the scientific process. Their journey brought

awareness of the existing infrastructure at the Hospital to support research through various stages of their project—from preparing the IRB proposal to disseminating results at the national conference.

Every field of study has its own opportunities to seek answers to intriguing questions. Research invites participants to consider the practicalities of access to sources of data, leverage what they

have and set the bar to an achievable goal. Given the amount of time that must be dedicated to research, sharing the workload with other team members helped the process move at a quicker pace while building camaraderie with everyone focused on achieving project success.

The research journey shaped the vascular access team's goals

and sparked interest in ongoing research participation. In fact, they are already planning their next research project.

**The journey shaped team goals and sparked ongoing interest.**

## Reference

Gorski, L. A., Hadaway, L., Hagle, M. E., Broadhurst, D., Clare, S., Kleidon, T., Meyer, B. M., Nickel, B., Rowley, S., Sharpe, E., & Alexander, M. (2016). Infusion therapy standards of practice. *Journal of Infusion Nursing, 39*(1S), S1-S159.



# Scholarly and Community Activities

**20**

External Poster or Podium Presentations

**3**

Published in External Professional Literature

**90**

Nurses Providing Community Service

**88**

Nurses Enrolled in an Academic Program (8.3%)

**21**

Nurse Adjunct Faculty or Clinical Instructors

**291**

Nurses Involved in Professional Nursing Organizations



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