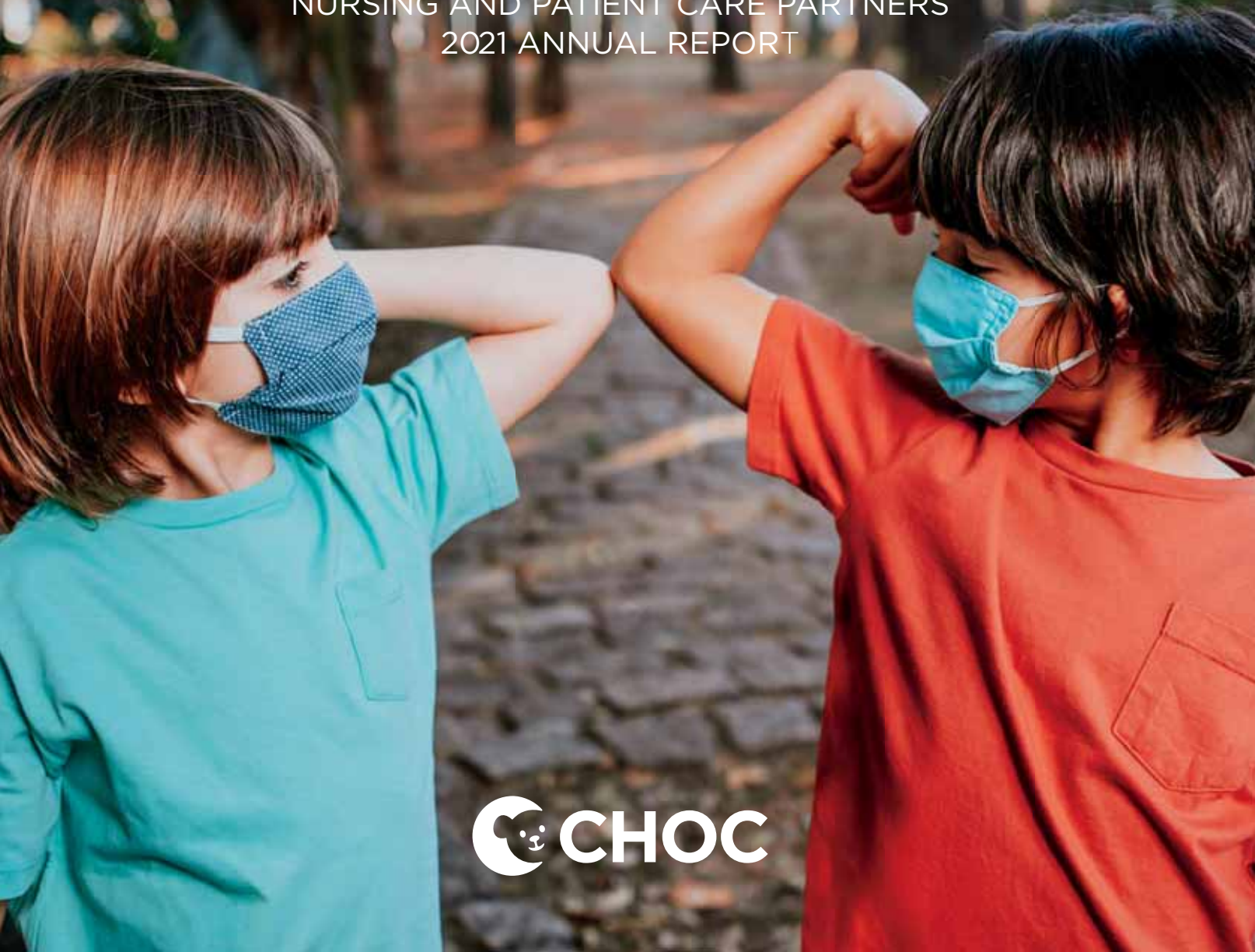


# STRONG TOGETHER

NURSING AND PATIENT CARE PARTNERS  
2021 ANNUAL REPORT



**HELLO.**



# CONTENTS

<b>FRIENDS-</b>	<b>1</b>
<b>LEADING CHANGE</b>	<b>3</b>
In-House Interventional Radiology Reduces Patient Costs	3
Case Management Brings Observation Admits to National Average	3
Moving Towards Recovery in the CVICU	4
Telehealth Facilitates Increase in Access to Care	6
Choc Receives Disease Specific Certification in Pediatric Asthma from Joint Commission	7
<b>ADVANCING PROFESSIONAL PRACTICE</b>	<b>9</b>
Neurology Clinic Answers the Call	9
New Therapeutic Drug Monitoring (TDM) Guideline Lessens Vancomycin Exposure	10
Leading the Way: CLABSI Rates in the Outpatient Setting	11
<b>BETTER, SAFER CARE</b>	<b>15</b>
CF Care Team Organizes Multidisciplinary Telehealth Visits	15
ETS Accelerates PICU Response Times	16
Medical Unit Comes Together to Reduce Falls	17
Creating a Trauma-Free Culture in the MHIC	18
Improving Hygiene as Easy as 1-2-3	19
Intervention Successfully Reduces Pressure Injuries in PICU	20
Delayed Discharges	20
Crown Cradle Aids Cranial Correction in NICU	21
Prevention Program Reduces Perioperative Pressure Injuries	23
<b>PATIENT &amp; FAMILY-CENTERED CARE</b>	<b>25</b>
A Wedding for Iris	25
Improving Patient Experience in ED	26
Commitment to Service Excellence Improves Patient Experience	27
From Saudi Arabia to Seacrest Studios—A Success Story from CHOC Feeding Team	29
<b>MAKING A MARK</b>	<b>31</b>
CHOC Hospital Earns National Recognition for Excellence in Respiratory Care	31
What is Performance Excellence	31
Nurse Engagement in Research and Innovation	34
Nursing Innovation Spotlight: CHOC Nurses “Hack” Problems Related to COVID-19	37
Nursing Innovation Spotlight: Partnering to Re-Imagine How We Care for Patients and Families	38
Examples of Nurse-Led Studies at CHOC this Fiscal Year	38
Agnes Zaby / Kathy Carter Nursing Scholarships/Jean Fox Foundation Scholarships	42
WCU Scholarships	43
The DAISY Award	44
Hero with Heart Award	45
CHOC Supports Medical Mission for Migrant Children	45

# CONTENTS

**FISCAL YEAR 2021 ACHIEVEMENTS ..... 47**

Community Service..... 47

Awards ..... 49

Advanced Training..... 50

Certifications ..... 50

Degrees..... 52

Leadership In Professional Organizations..... 52

Podium ..... 53

Poster Presentations ..... 53

Publications..... 54



# FRIENDS-



Last year's annual report was titled "Stronger Together." At this time last year, we thought that the worst of the pandemic was behind us. We were confident in the successes we won together. We thought we knew everything there was to know about COVID-19 and how to care for COVID patients. Indeed, we were stronger together. Little did we know, however, that not only were some dark pandemic days ahead, but also deep-rooted beliefs and biases would rock the world, including our world at CHOC. We have done amazing things at CHOC over the years, many of you will read about in the following pages, but the proudest moment of my leadership career came this past year as our CHOC staff embraced our own who were hurting in silence over national events riddled with inequality. It was a deliberate decision to make the theme of this annual report Stronger Together — again.

While 2020 will go down as the year that tested us all, standing together made us stronger for this year and the years ahead as well. Sometimes the only inspiration needed to build a stronger team is to look around and realize that you did something awesome together. The number of "somethings" our team did in the past 12 months of a world-wide pandemic is remarkable. In celebrating these amazing accomplishments, this Patient Care Services Annual Report demonstrates the strengths, passion and drive of CHOC associates who make CHOC both a great place to work and a great place to receive care. In the midst of difficulties, hardships, sadness and loneliness, we have learned a lot — a lot more empathy, a lot more humility, and a lot more perspective. To successfully move into year two of a pandemic, we can decide to do something with all our new knowledge. We are truly STRONGER TOGETHER when we nurture an environment of honesty, trust and compassion.

As CHOC pursues our vision to be THE destination for children's health, each one of us can drive the success of the whole when we bring empathy and perspective to our daily lens. Let's agree to admire and celebrate the friends and coworkers around us every day and embrace one another through the good and bad, always thinking about what we each can learn from one another. Only then, when we leverage the things we have learned in the past and lean back on our own humanity to survive and strive, will we prove that we are truly STRONGER TOGETHER.

With great pride to work side by side with all of you,



Melanie

**Melanie Patterson, MHA, DNP, RN**

Vice President of Patient Care Services and Chief Nursing Officer



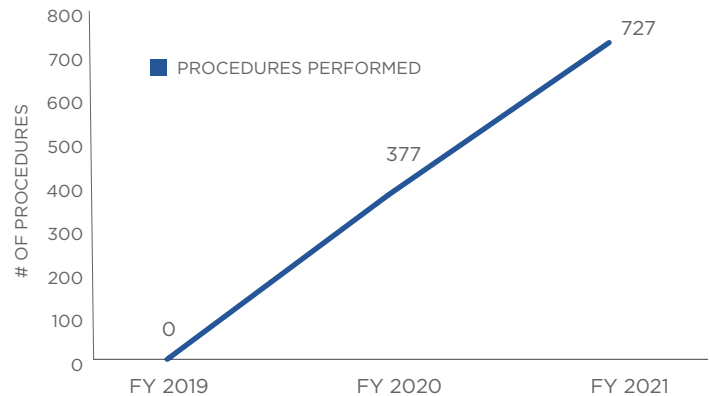
# LEADING CHANGE

## IN-HOUSE INTERVENTIONAL RADIOLOGY REDUCES PATIENT COSTS

Interventional Radiology (IR) is a new program, implemented October 1, 2019, to provide services to CHOC patients. Prior to the program's launch at CHOC, inpatients needing IR were referred to St. Joseph Hospital, a neighboring facility, and would incur additional costs for post-anesthesia recovery care. Claims data identified a large need for pediatric IR services within Orange County as well as across county lines—Orange County facilities alone provided 2,792 pediatric IR procedures in 2017.

By allowing patients to be completely cared for within our facility, CHOC's IR program is saving families the burden of being transferred or referred outside of CHOC. The program is a significant contribution to CHOC's goal of providing excellent care and serving all pediatric patients for all their healthcare needs.

CHOC IR # OF PROCEDURES PERFORMED



## CASE MANAGEMENT BRINGS OBSERVATION ADMITS TO NATIONAL AVERAGE

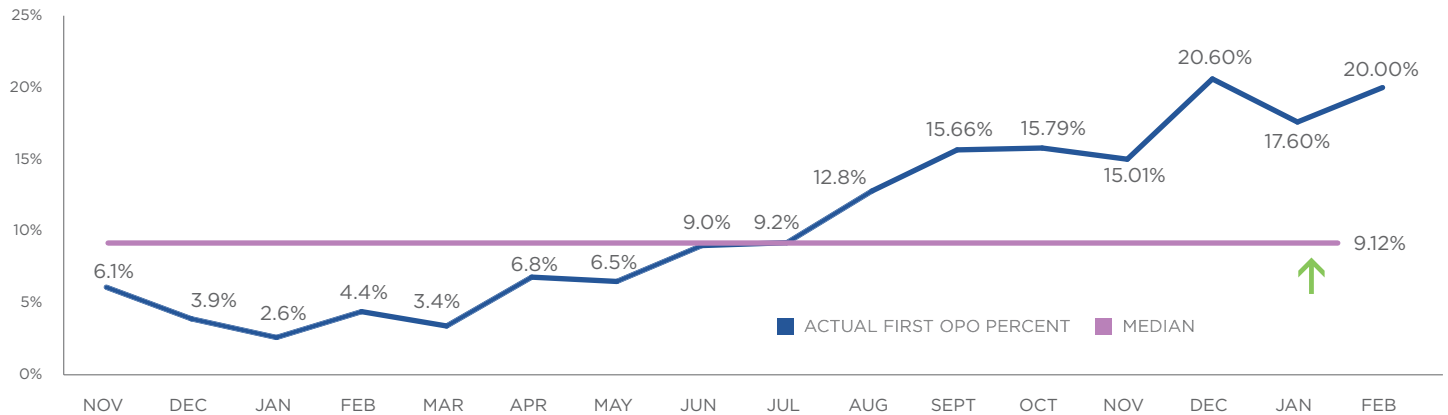
Before October 2019, only 5% of patients were admitted from CHOC Emergency Department in Outpatient Observation (OPO) status at the time of the admit. National data, however, shows hospital observation admits closer to 10-15% on average. Case Management set a goal to increase observation admit orders at the time of admission from 5% to 7% from FY 2020 to FY 2021.

To facilitate this, designated case managers from 0800-0000 started reviewing CHOC ED admits in real time. The case manager who starts at 0800 reviews all



## LEADING CHANGE

% OF FIRST ADMIT TO ORDER AS OPO



admits from 0000-0800, while all other admits from 0800-2359 are reviewed within 20 minutes of the ED physicians placing the ED bed request order. After the case manager makes their recommendation, they chart on a power form, which automatically updates the ED bed request order with the recommended status (OPO or admitted). The case manager also pings the

admitting attending and resident with each observation recommendation, and all data is compiled in REDCap. As a result of these changes, Case Management interventions increased observation admit orders at the time of admission from 5% in Fiscal Year 2020 to 18% as of February in Fiscal Year 2021.

## MOVING TOWARDS RECOVERY IN THE CVICU

The CHOC Padrinos Cardiovascular Intensive Care Unit (CVICU) is working towards reducing the length of stay for traditional open-heart surgery patients. Post-operative care for traditional open-heart surgery patients in the CVICU is complex and multifactorial. Immobility, mechanical ventilation and chemical sedation following surgery put patients at risk of delirium and increased length of stay.

Upon noticing that some patients walked and got moving quicker than others, Filma Villamor, BSN, RN, CCRN, identified a need for a standardized

implementation of early mobility in this patient population. Physical and occupational therapy (PT/OT) were not always placed for surgical patients, and some nurses were more comfortable moving kids than others. Filma observed that patients who got out of bed and moving more quickly also had their tubes and lines taken out faster, experienced less ICU delirium and were discharged sooner. To see if her observations were accurate, Filma performed a literature review and presented a PICO question to the CHOC Evidence-Based Scholars Program.

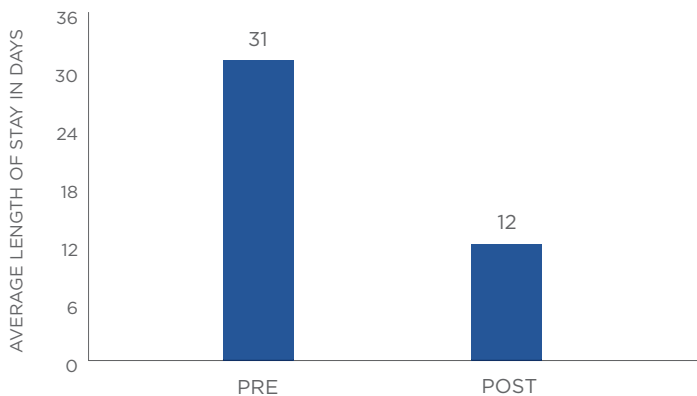


After gathering data from other institutes researching the same issue, Filma collaborated with CVICU medical director Dr. Robert Kelly and surgeon Dr. Joanne Star to develop an early mobility protocol. This new protocol added PT/OT orders to the standardized post-operative order already set in place, established criteria for which patients would be included and excluded, and standardized documentation of ambulation and mobility related cares. By standardizing post-operative extubation within four hours and early mobility in hemodynamically stable patients, the CVICU aims to decrease length of stay following traditional open-heart surgery.

To help with early ambulation, the CVICU trialed “Mobi Carts,” power-assisted walkers that incorporate an IV pole and stable surface to hold chest tubes and other equipment. Utilization of these carts decreased the number of nurses and physical therapists needed to ambulate a patient safely. While trialing these mobility carts in the CVICU, a patient who has had multiple open-heart surgeries and multiple heart catheterization procedures was able to be one of the first to implement



DECREASE IN CVICU AVERAGE LENGTH OF STAY



the early mobility protocol. After this patient’s short length of stay and their family’s observation of the benefits of this project, they donated three mobility carts to help drive the CVICU early mobility protocol forward.

The CVICU is tracking the correlation between early mobility post-op and reduced length of stay to understand the impact of expedient extubations and early mobility, which includes early out of bed and early ambulation.

## LEADING CHANGE

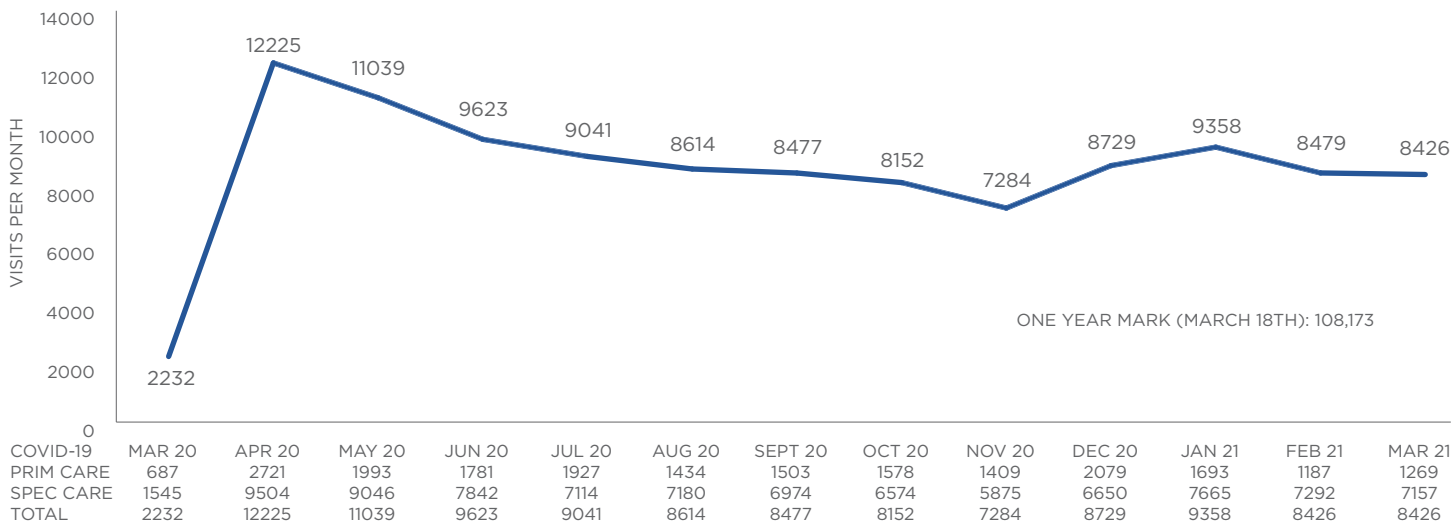
### TELEHEALTH FACILITATES INCREASE IN ACCESS TO CARE

Due to the global COVID-19 pandemic, the CHOC Orange Health Center identified an urgent need for virtual visits to ensure that our patients and families could continue to receive healthcare services. Utilizing telehealth technology for patient appointments has effectively minimized exposure, promoted social distancing in the clinic environment and enabled patients and families to connect with their specialists while on California’s stay-at-home public health order. This process has aligned with CHOC’s strategic goal to deliver high-quality, safe care and exceptional experience.

Our specialty nurse leaders and physician and nurse informatics worked tirelessly to establish this successful platform. Nurses in Specialty Clinics collaborated with

the telehealth team to develop a telehealth process workflow map that makes the virtual visit process seamless and facilitates continued access to patients needing routine care and chronic disease management. Our team’s successful adoption and refinement of this new process is reflected in the increase in clinic appointments during the pandemic. According to our ambulatory care census, our visit numbers have shown a positive rise. During these extraordinary times, the CHOC specialty team has demonstrated resilience and flexibility to ensure that the patients and families we serve have the means to continue to receive care despite the stay-at-home order. As an organization, we look forward to having telehealth visits play a significant role in our practice even after we overcome the COVID-19 crisis.

COVID-19 MONTHLY TELEHEALTH VISIT VOLUME



## CHOC RECEIVES DISEASE SPECIFIC CERTIFICATION IN PEDIATRIC ASTHMA FROM JOINT COMMISSION

CHOC Hospital has received the Disease Specific Certification in Pediatric Asthma from The Joint Commission, following a successful virtual site review that drew high praise from the surveyor.

During the March 5 survey, conducted virtually due to COVID-19 precautions, CHOC's multidisciplinary asthma team demonstrated to the Joint Commission reviewer its compliance with national disease-specific care standards and requirements specific to pediatric asthma. The reviewer also assessed CHOC's clinical practice guidelines and performance measurements.

The successful virtual survey was the result of a comprehensive team effort, including the day's presentations as well as months of preparation work by the CHOC's asthma program steering committee – led by Dr. Sunil Kamath, pediatric pulmonologist, and Jeff Majdali, director of cardiopulmonary.

Among other positive feedback, the surveyor specifically remarked that the program's performance improvement plan was "fantastic," that program leadership was comprehensive and committed, and that the Breathmobile's outreach was "very cool."

CHOC's interdisciplinary asthma team covers a range of areas that collaborate to care for inpatients, outpatients, and children with acute and chronic conditions living in the community.

The care team at CHOC includes primary care, specialty care, inpatient units, the emergency department, respiratory care and the Breathmobile team. Supporting

areas include population health, clinical education, pharmacy, case management, ISD, regulatory, quality and performance measurement.



Altogether, the team partners with patients and families to achieve a handful of goals and objectives:

- Improve the care of children with asthma
- Reduce morbidity
- Improve quality of life
- Meet community need
- Enhance patient experience
- Promote self-management and gain asthma control
- The certification is the highest honor for quality and excellence in patient care for children with asthma.

The Joint Commission is an independent, not-for-profit organization that offers an unbiased assessment of quality achievement in patient care and safety.



# ADVANCING PROFESSIONAL PRACTICE

## NEUROLOGY CLINIC ANSWERS THE CALL

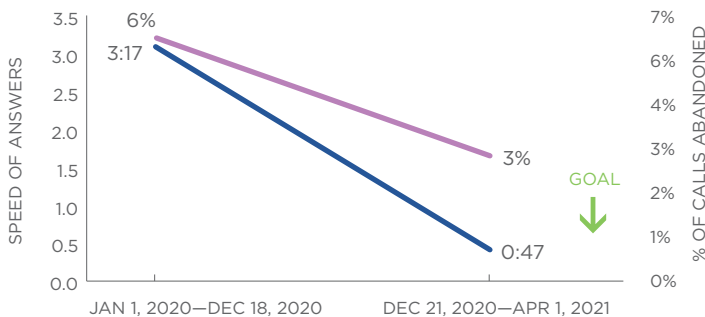
The CHOC neurology clinic previously required a nurse to answer all incoming calls. While this protocol assured patients and families access to comprehensive information when they would call, it also resulted in significant wait time to get through to a live person. Dr. Mary Zupanc, Dr. Lily Tran and Dr. Sharief Taraman advised frontline leadership that parents were frustrated.

Frontline leadership and nursing collaborated on ways to shorten phone call wait times and improve overall patient and staff satisfaction. Nursing kept a running total of calls received for two weeks and discovered that only a small percent (~30%) of the received calls were actually nursing related. Frontline leadership reviewed prior data—including calls that were answered in less than 50 seconds (GOS), average speed of answer (ASA) and abandoned rate—to see how this related to the verbal complaints the MDs were receiving

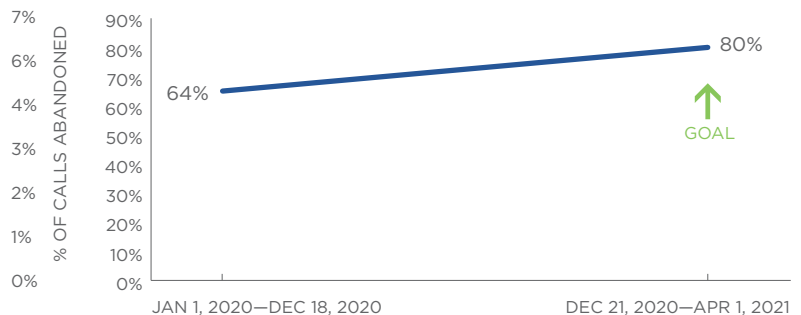
from patients during their appointment times. Once data were collected, reviewed and analyzed, the phone call process was redesigned. The redesign included streamlining options available to our families (i.e. some options were removed/redirected), increasing the number of MAs and RNs to the frontline and removing RNs from the initial triage to avoid erroneous calls and unnecessary time spent on the phone by nurses.

These changes had a positive impact on our phone metrics and reduced “voiced concerns” by families. Since implementation in December, the abandoned call rate, GOS and ASA have all improved, and frontline leadership and providers have not received any complaints from families related to the phones.

NEUROLOGY CLINIC CALL CENTER



% OF CALLS ANSWERED <50 SECONDS



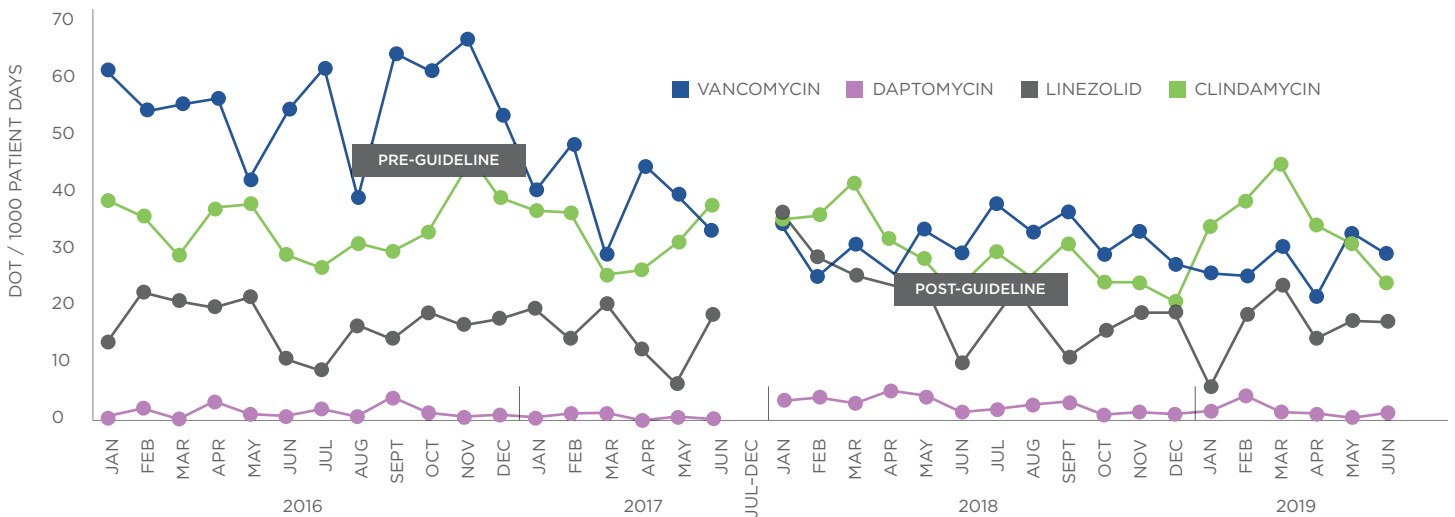
## ADVANCING PROFESSIONAL PRACTICE

### NEW THERAPEUTIC DRUG MONITORING (TDM) GUIDELINE LESSENS VANCOMYCIN EXPOSURE

Beginning in 2018, a new clinical guideline for vancomycin therapeutic drug monitoring (TDM) was implemented at CHOC. The new guideline emphasized monitoring vancomycin daily exposure to improve efficacy and decrease the risk of nephrotoxicity, respectively. A CHOC IRB-approved study was initiated in the summer of 2020 to assess outcome differences between pre- and post-guideline implementation. Compared to pre-guideline, implementation of the new guideline resulted in significantly less daily vancomycin exposure (647 vs. 469 mg\*h/L,  $p < 0.001$ ), less nephrotoxicity (4 [or 11.4%] vs. 0 [ $p = 0.03$ ]), fewer days of therapy per 1,000 patient days (48.8 vs. 29.1) and a net savings of \$100,150 in direct vancomycin purchasing.



### ANTI-MRSA AGENTS UTILIZATION PRE AND POST GUIDELINE IMPLEMENTATION

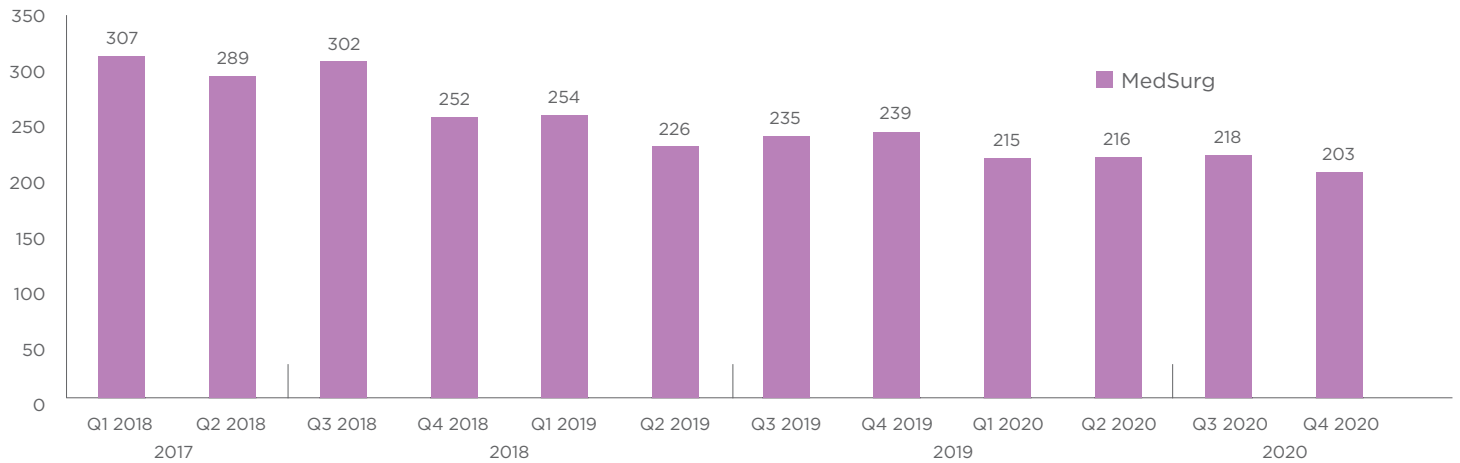


**Antimicrobial Stewardship in Med-Surg**

The mission of CHOC’s Antimicrobial Stewardship Program (ASP) is to optimize antimicrobial use to effectively treat infections, minimize resistance and protect patients from harm caused by unnecessary antibiotic use. A core element of ASP, according to the CDC, is antibiotic time-out at 48-72 hours, which prompts clinicians to re-evaluate antibiotic indication and is an opportunity for de-escalation of dose, frequency, duration and route optimization. To

support clinicians with antibiotic time-out, CHOC ASP implemented in FY18 an eMR alert for prescribers to review antibiotic orders after 48 hours of treatment and engage pediatric hospitalists in stewardship efforts and education. ASP also added pharmacist rounding to prospectively review and support antibiotic stewardship. As a result of these efforts, antibiotic utilization in Med-Surg areas decreased 26%, from 288 in FY18 to 213 in FY20.

ANTIBIOTIC UTILIZATION TRENDS – DAYS OF TREATMENT/100 PATIENT DAYS



**LEADING THE WAY: CLABSI RATES IN THE OUTPATIENT SETTING**

Children and adolescents with certain underlying conditions require care and management using central venous lines. With this population, Central Line Associated Blood Stream Infections (CLABSI) are a major concern, which is why many hospitals keep a close eye on CLABSI rates while inpatient. Once the patient is discharged, however, there is minimal accountability. To our knowledge, there is no

national standardized guideline to track CLABSI rates in the outpatient setting, even though identifying and monitoring CLABSI rates and developing standardized maintenance of central lines can reduce infection rates among the high-risk pediatric population.

While a patient’s central line can be accessed by both CHOC outpatient setting procedure nurses and home

## ADVANCING PROFESSIONAL PRACTICE

health nurses outside of our organization, procedure nurses in CHOC outpatient setting alone access central lines an average of 1,869 times a month without knowing CLABSI rates. This can potentially impact quality of care and place a burden on our healthcare system.



At CHOC Children's Specialty Clinics, a multidisciplinary team was established to track CLABSI rates in the outpatient areas. Led by Laurie Gauthier, one of the specialty RNs, this team included nurses in the Specialty Clinics, Cancer Clinic, OPI, Infection Prevention nurses, a

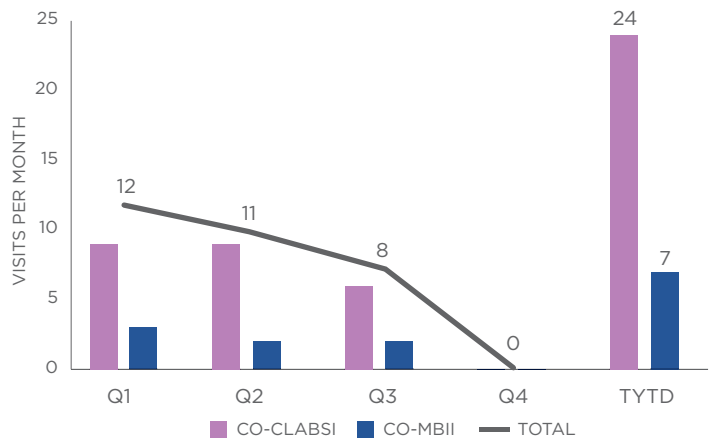
Case Management representative and a nurse from the quality department.

The project goals included establishing a process to track ambulatory CLABSI rates. The outpatient CLABSI team has created the process for surveillance, attribution, data management and interdisciplinary review of positive CLABSIs. We are particularly excited that we have been able to establish a process for the infection prevention nurses to notify the nurse champions of new CLABSIs in a timely manner and to review cases.

The next steps include working to develop processes for the nurse to complete chart reviews and/or patient and family interviews to identify gaps and opportunities for improvement in CLABSI prevention. The team is also working towards identifying denominator data to identify the CLABSI rates in the ambulatory setting.

We look forward to reporting our outpatient CLABSI rates in the near future and identifying opportunities to both reduce CLABSI rates within our outpatient setting and to provide education and mentorship with our home health partners.

SPECIALTY CLINICS CLABSIs









# BETTER, SAFER CARE

## CF CARE TEAM ORGANIZES MULTIDISCIPLINARY TELEHEALTH VISITS

The cystic fibrosis (CF) care team was one of many teams inspired to innovate in response to the COVID-19 pandemic. To safely provide medical care to our high-risk patients, we turned to the Zoom platform and successfully co-produced synchronous, multidisciplinary telehealth visits with up to 10 different CF care team providers. One week prior to the clinic appointment, our department assistant contacts the family to provide telehealth appointment information and complete a pre-visit questionnaire with the patient and/or family member. During the appointment, we use the breakout rooms function on Zoom to replicate individual patient rooms, provider conference rooms and extra consult rooms. Using a clinic excel spreadsheet dashboard, we keep track of where team members are during a virtual telehealth clinic session and upload this information on the Microsoft Teams application to optimize communication and collaboration between our team members.

Successful telehealth visits are defined as interdisciplinary visits that meet the goals of CF quarterly team visits and are co-produced with patients and family. Our smart aim was to increase the percent of successful telehealth visits from 0 to 95 percent by May 31, 2020—a goal we were able to exceed! From March 31 to June 24, 2020, we completed 104 multidisciplinary telehealth visits and increased the percent of successful telehealth visits from 0 to 100%. Average successful collaborative pre-visit planning encounters also increased from a baseline of 59.1% to 94% after the initiation of telehealth visits.

The rapidly changing conditions of the COVID-19 pandemic continue to push care teams to innovate and remain flexible to change. When it became apparent that telehealth visits would likely continue for the foreseeable future, we realized it was important to find ways to reasonably meet CF care guidelines and provide the highest quality of care possible while minimizing exposure for patients, family members and care team members. When it was safe to do so, we shifted to a hybrid telehealth visit model.

With this hybrid model, patients are seen both physically in the clinic and virtually via telehealth during the same visit encounter. We adapted the CF care guideline goal to two in-person visits, two telehealth visits, two respiratory cultures and two pulmonary function tests (PFTs) per year (if age appropriate). This hybrid process allows us to meet our goals in providing high quality CF care during this strained time. We aim to alternate between telehealth and in-person visits, as clinically appropriate

With our hybrid clinic process in place, we have shifted gears back to our pulmonary lung function quality improvement initiative. We are currently utilizing a new measure called the symptom indicated exacerbation signal (SIES) to better identify pulmonary exacerbations in the absence of a PFT.

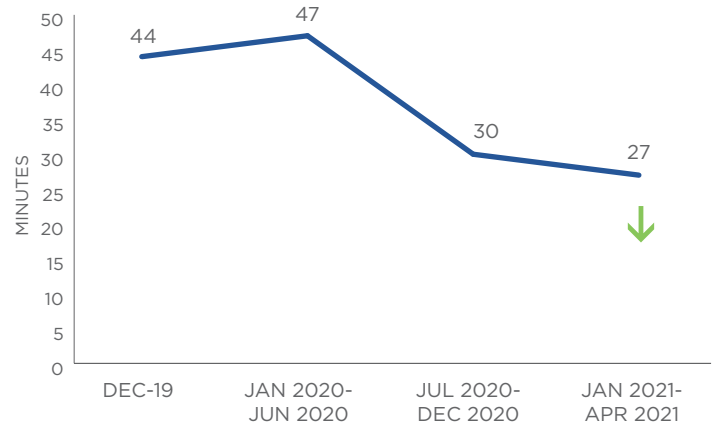
## BETTER, SAFER CARE

### ETS ACCELERATES PICU RESPONSE TIMES

CHOC's emergency transport team (ETS) consists of RNs and RCPs who are highly skilled and experienced, with extensive training in caring for critically ill patients and advanced scope of practice. From ultrasound PIV placement, intubation and needle decompression to umbilical line insertion, transport RNs perform life-saving procedures inside the ambulance/helicopter or at referring hospitals. In these scenarios, ETS response time is critical.

In December 2019, ETS identified prolonged PICU out the door times—an average of 44 minutes. With an eye towards our previous NICU out the door times, we created a “20 minute out the door” goal for our

ETS AVERAGE OUT THE DOOR TIME FOR PICU PATIENTS



PICU population. This goal connects with our efforts to achieve accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS), which includes a review of out the door times as part of the data collection requirement for the Ground and Air Medical Quality in Transport (GAMUT) database.

As we steadily progress towards our “20 minute out the door” goal, improved response times for PICU patients at outside hospitals have helped us initiate a higher level of care sooner, improve patient outcomes and establish our role as the pediatric leader of choice throughout the region.

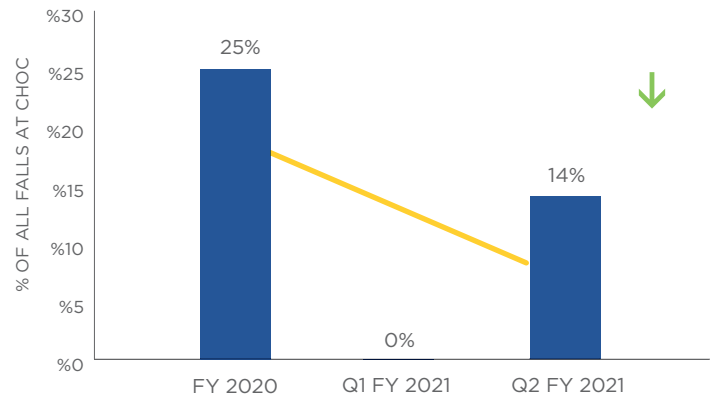
## MEDICAL UNIT COMES TOGETHER TO REDUCE FALLS

In fiscal year 2020, approximately 25% (six of twenty-four) of all patient falls at CHOC occurred on the medical unit. This percentage prompted the medical unit Clinical Practice Council (CPC) to focus on the reduction of patient falls in FY 2021.

Through collaboration with the leadership team, the medical unit CPC created a goal to have less than 25% of reportable falls. This goal was communicated to staff via CPC Cornerstone updates and staff safety huddles. CPC members began reviewing the literature for nursing interventions that could potentially reduce the number of patient falls on the unit. Based on the findings, CPC members revised and approved patient/family education handouts. The staff was encouraged to give the handouts to all families upon admission, as well as model fall prevention interventions to families (i.e. ensure patients are wearing non-slip socks when ambulating, beds/cribs are locked, beds remain in a low position, side rails remain up, etc.). Additionally, the creation of new whiteboards helped to highlight the education surrounding fall prevention and acted as a reminder to staff to provide education to both patients and families.

In the first quarter of FY 2021, the medical unit did not have any patient falls. During quarter two, the medical unit had one fall—placing the unit fall rate at 14%. This lower fall rate illustrates the positive impact of education and implementations for our patients and families.

MEDICAL UNIT % OF ALL FALLS AT CHOC



## BETTER, SAFER CARE

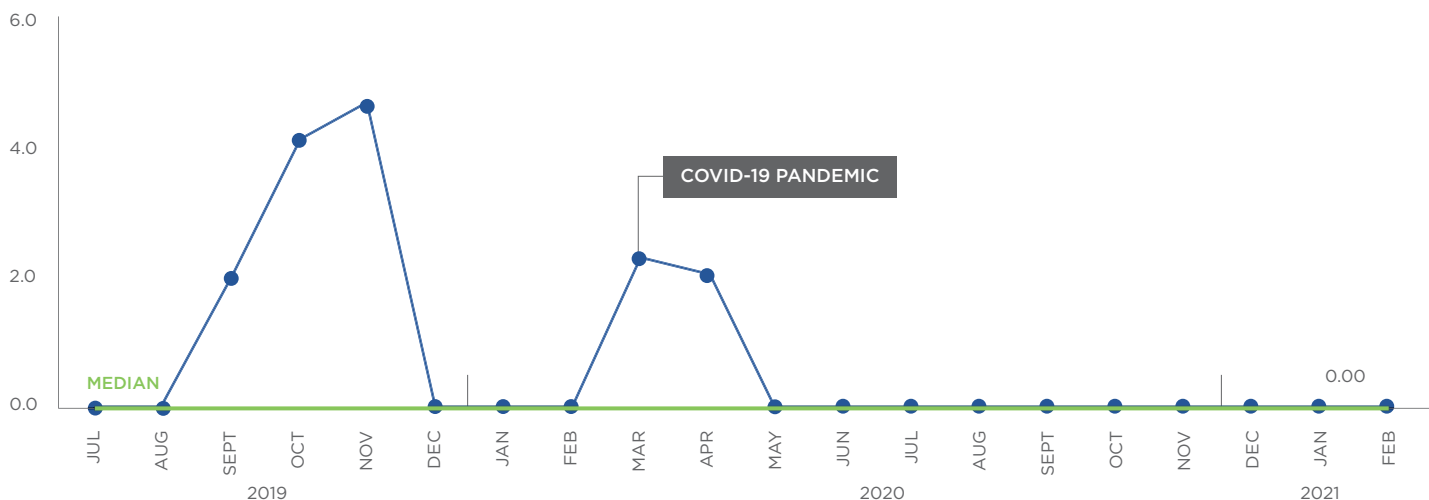
### CREATING A TRAUMA-FREE CULTURE IN THE MHIC

The Mental Health Inpatient Center (MHIC) focuses on improving care provided to children during a mental health crisis and promoting an environment free from mechanical restraint. Mental health crisis episodes can be unpredictable and rapidly escalate if not addressed immediately and appropriately. Crisis interventions for these episodes may include mechanical restraints as a safety measure in worst-case scenarios. However, the potential for mechanical restraints to traumatize or re-traumatize pediatric patients is a major concern.

Since the initiation of the MHIC in 2018, the least restrictive intervention and the promotion of a trauma-free culture has been implemented in response to all crisis episodes. The MHIC utilizes a seclusion and restraint committee to oversee and develop plans for the use of restrictive methods. To improve the care

provided, data and events are consistently monitored, communicated and immediately addressed. The MHIC utilizes annual Comprehensive Crisis Management (CCM) training with trauma-informed care, including the use of verbal de-escalation techniques; offering options and distractions to promote effective coping skills; identifying patient-specific triggers upon admission and during nursing assessments; promptly addressing patient needs; identifying crisis in its early stages; and promoting family participation and engagement during treatment. All newly hired staff are educated to maintain the culture of our approach to teamwork and continual improvements are discussed during debriefings and reviews after a crisis episode. Due to ongoing monitoring and process improvement, the MHIC has successfully decreased mechanical restraint use from a rate of 2% to 0% for a consistent year.

RESTRAINT RATE PER 1,000 PATIENT DAYS - JUL 2019—FEB 2021



## IMPROVING HYGIENE AS EASY AS 1-2-3

Since opening in July 2019, the Multispecialty Unit has implemented the 1-2-3 hygiene program with all patients receiving care on our unit. The 1-2-3 program strives to provide empirical outcomes by decreasing the rate of central line-associated bloodstream infections (CLABSIs) through daily baths, oral care, and walking. In the calendar year 2020, MSU reported two CLABSIs. During audits, oral care stood out as a particular area for improvement, with only 46% documented compliance in September 2020.

In January 2021, we made a push to increase oral care compliance and documentation. We now provide



### Your Daily 1-2-3s

Su diario 1-2-3s

Help us keep your child safe by decreasing their risk for infection!  
(¡Ayúdenos a mantener a su niño seguro al disminuir su riesgo de infección!)

Date (Fecha): \_\_\_\_\_

<b>1</b>	Bath / Shower (Baño / Ducha)	<input type="checkbox"/>
	Linen Change (Cambiar ropa de cama)	<input type="checkbox"/>
	Clothing Change (Cambiar ropa)	<input type="checkbox"/>
<b>2</b>	Brush Teeth (Cepillar los dientes)	<input type="checkbox"/>
	Apply Lip Balm (Aplicar bálsamo labial)	<input type="checkbox"/>
<b>3</b>	Walking / Activity (Caminar / Actividad)	<input type="checkbox"/>
	Oral Rinse (Enjuague bucal)	<input type="checkbox"/>

Parents and Patients: You can help mark off your accomplishments!  
(Padres y Pacientes: ¡Pueden ayudar marcando sus logros!)

daily education to nurses and CNAs through our unit's Visibility Board and utilize the Quality Dashboard on the 5P Handoff page for handoff between shifts. Patients and families are also educated on this initiative through the use of their room's whiteboard and a posted 1-2-3 checklist on each bathroom door. Compliance rose to 76% in February 2021 and 78% in March 2021. As of April 2021, there are no CLABSIs recorded this year for MSU.

## BETTER, SAFER CARE

### INTERVENTION SUCCESSFULLY REDUCES PRESSURE INJURIES IN PICU

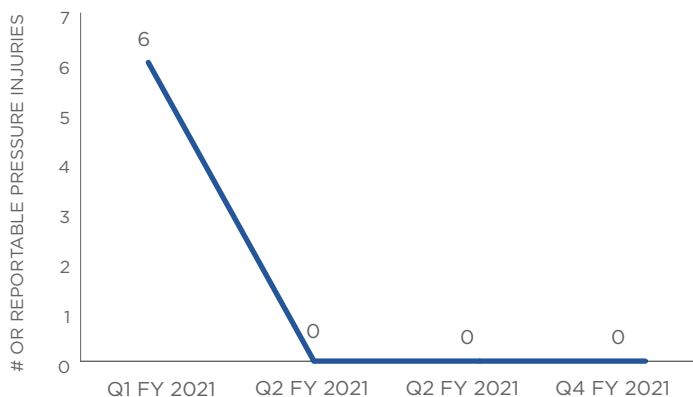
During the first quarter of FY 2021, the Pediatric Intensive Care Unit struggled with skin issues. We had six reportable pressure injuries (stage 3, 4, or unstageable) in the first quarter alone. This high number was unsettling, and we knew we needed to do better for our patients. We set a goal to decrease the number of reportable pressure injuries among PICU patients and began collecting data on reportable pressure injuries for the entire PICU population in the first quarter.

After exploring all recurring causative factors for these pressure injuries, we implemented practice changes. We increased SWOT involvement, including high-risk skin rounds conducted by SWOT, as well as SWOT rounds on patients with newly placed tracheostomies. In October 2020, we implemented weekly skin rounds on all patients on 3 PICU, where many of our highest risk patients are located, to identify potential skin problems and intervene early. We have increased our usage of Mepilex borders for padding on bony prominences and areas of concern, such as under medical devices, under

BIPAP straps, and under trach ties on the back of the neck. We also improved implementation of specialty mattresses early in a patient's stay.

These interventions proved immediately successful in decreasing reportable pressure injuries in PICU. Since October 2020, we have had zero reportable pressure injuries.

#### 3 PICU REPORTABLE PRESSURE INJURIES



### DELAYED DISCHARGES

PICU shows sustained improvement year over year & is well below the benchmark on discharge (DC) delays.

#### WHAT'S WORKING?

##### Team:

Recommitment to routine Multidisciplinary DC rounds

##### Physicians:

Commitment to daily 4:30 huddle with charge nurses to identify potential transfers/discharges

##### Charge Nurses:

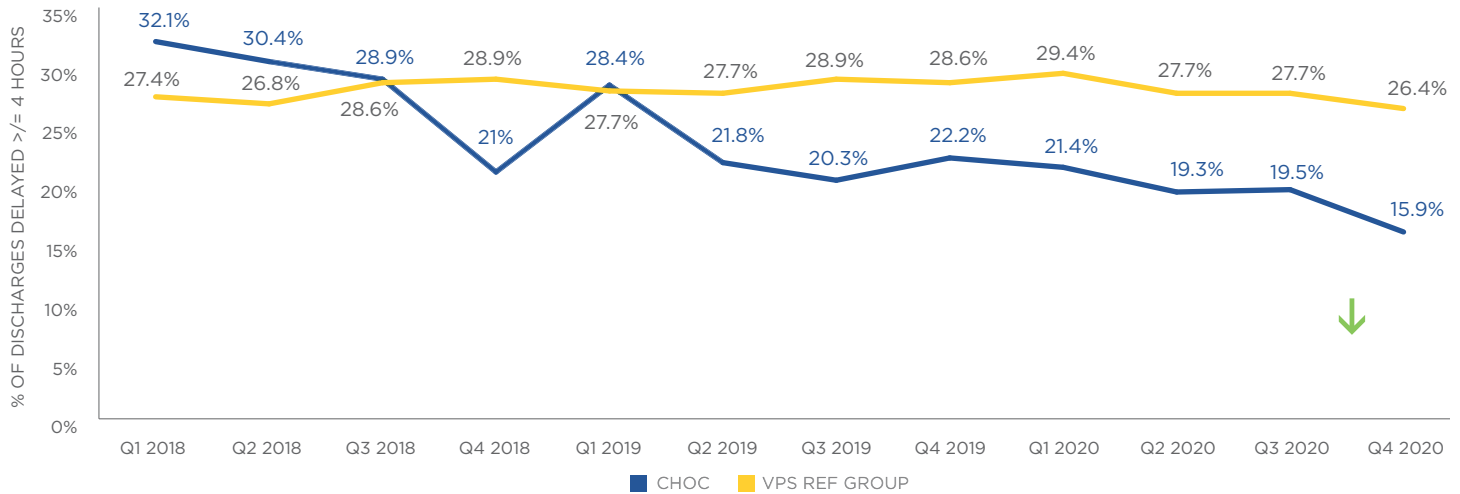
Visibility Boards/huddle discussion about throughput and DC readiness

##### Staff:

Utilizing whiteboards and DC checklists. Started DC conversation on the first day of admission



% OF PICU DISCHARGES DELAYED 4 HOURS OR MORE  
CALENDAR YEAR 2018–2020 BY QUARTER



Patient Satisfaction Driver #1 average score will be $\geq 78.5$ at Q4 end <b>Driver #1:</b> Included in Discharge Plan	79.2	$\geq 78.5$	95.6	95.2	100 YTD=91.3
Patient Satisfaction Driver #2 average score will be $\geq 79.2$ at Q4 end <b>Driver #2:</b> Nurses Listened	82.5	$\geq 79.2$	93	90.9	100 YTD=95.5

## CROWN CRADLE AIDS CRANIAL CORRECTION IN NICU

Deformational plagiocephaly (DP) is a flat spot on a baby’s head due to sleeping in the same position or poor neck strength. If left untreated, DP is associated with poor developmental outcomes, including visual and auditory impairments, gross and fine motor delay, cognitive and language impairments, altered brain development, and persistent abnormal head shapes. Preterm babies are at significant risk for DP due to

long-term stays in the neonatal intensive care unit (NICU), medical instability, limited postural control, and minimal tolerance for position changes.

While babies in the CHOC NICU received standard nursing care — repositioning infants every three hours, or per nursing care guidelines to help prevent DP — the developmental team began receiving anecdotal

## BETTER, SAFER CARE

reports of babies with head deformity. CHOC’s physical therapists on the developmental team in our NICU set out to solve this problem with evidence-based research.

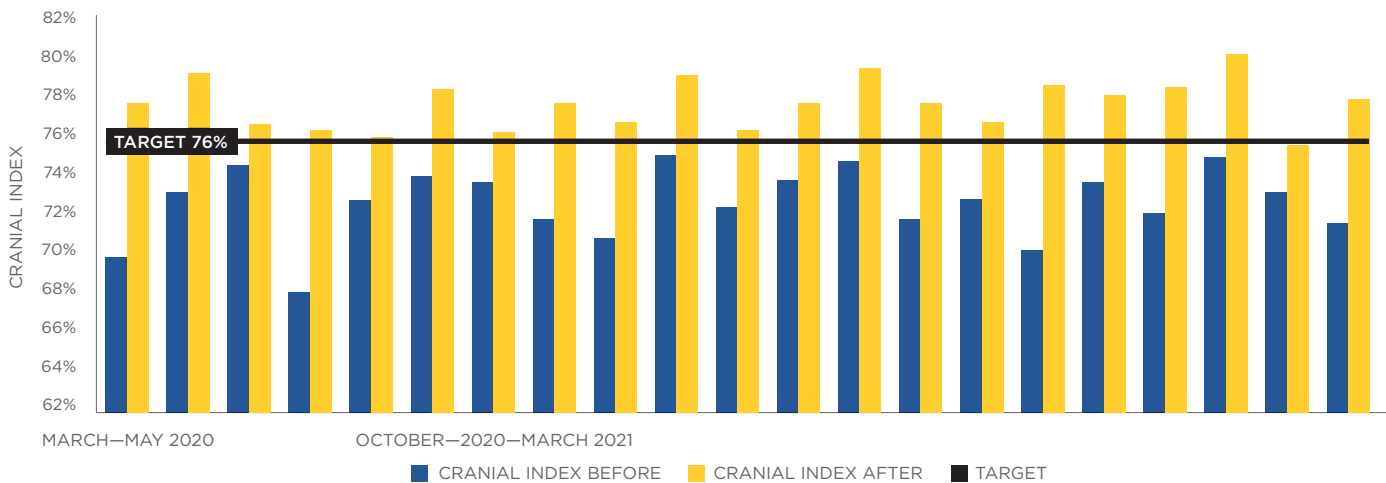
Sleep surfaces, such as the cranial cup, have been successfully used to prevent and correct DP in this vulnerable patient population. In our literature review, we noted that in the studies, babies were placed on these mattresses throughout their length of stay in the NICU — requiring a large number of mattresses to be purchased. In our attempt to minimize hospital costs, we conducted a trial to determine if we could achieve the same DP correction with less time on the mattress.

We started by using objective measurements to identify those babies with true DP. Babies would only be placed on the mattress if their cranial index was outside normal limits (less than 76%). After identifying six babies with suspected DP, we did serial measurements at designated times to monitor the cranial index and remove the baby once cranial correction was achieved

(cranial index greater than 76%). 100% of the six babies included in the trial achieved cranial correction, with an average of 11.34 days on the mattress.



CRANIAL INDEX % OF NICU PATIENTS



After the trial, CHOC purchased five cranial cup (Crown Cradle) mattresses, and we worked with Dan Bercha, Director of Performance Excellence at CHOC, to formulate a multidisciplinary process plan to initiate use of the Crown Cradle in our NICU. Since the process plan

was implemented in October 2020, Dan has continued to help track our ongoing use of the Crown Cradle, and each patient placed on the Crown Cradle has had a successful head shape correction before they were discharged home.

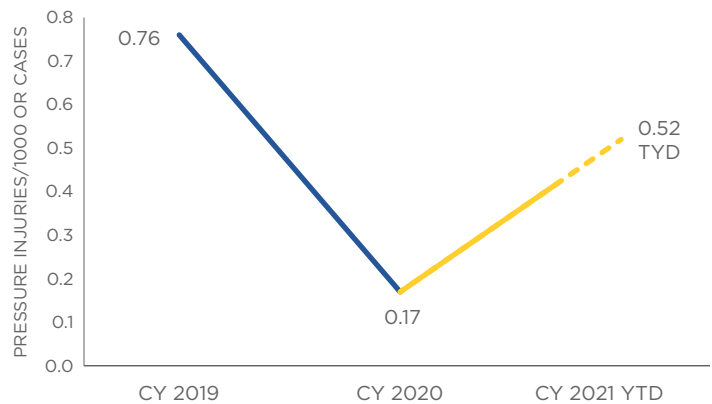
## PREVENTION PROGRAM REDUCES PERIOPERATIVE PRESSURE INJURIES

Over the last several years, Perioperative Services has collaborated with the SWOT team to reduce pressure injuries that occur in the Perioperative Period. As a result of this collaborative work group, the Perioperative Pressure Injury Prevention Program (PPIPP) was implemented. The purpose of this program was to reduce the incidence of perioperative-acquired pressure injuries in pediatric patients undergoing surgery at CHOC. The initial goal was to reduce the annual incidence by  $\geq 75\%$  (from a rate of 0.76 PI/1000 OR Cases in 2019 to a rate of  $\leq 0.19$  PI/1000 OR cases in 2020).

PPIPP was based on patient risk factors, length of time for operative case, patient positioning during the surgical procedure, and the use of preventative dressings. Preventative dressing guides were created in two weight-based sizes (<30 kg or >30 kg) for four different operative positions (lithotomy, lateral, supine, and prone), resulting in eight options of pressure injury preventative dressing guides. Each guide was placed into a bag with the appropriate dressings to create a comprehensive packet of prevention designed to meet the patient's individual needs.

Preoperative nurses identified eligible patients for PPIPP, selected the appropriate guide based on patient weight and surgical positioning, and placed the packet with the patient's physical chart to be taken

CHOC OR PRESSURE INJURY RATE



into the operating room. Once the patient was on the operating room table, the operating room nurse would place dressings in the appropriate locations as they positioned the patient for surgery.

After implementation of PPIPP, we achieved a  $\geq 75\%$  decrease in pressure injuries acquired during surgical procedures from calendar years 2019 to 2020. In 2019, five pressure injuries occurred in 6,579 Main OR cases (0.76/1000 cases). In 2020, only one pressure injury occurred in 5,703 Main OR cases (0.17/1000 cases).



# PATIENT & FAMILY-CENTERED CARE

## A WEDDING FOR IRIS

With a genetic predisposition syndrome called Li-Fraumeni, Iris was at risk for developing cancer at an early age. Iris's mother died from breast cancer, and her older sister, Francis, who was also a CHOC patient, died in 2018 from Osteosarcoma. A few months after Francis passed, Iris was diagnosed with ovarian cancer. The diagnosis came a week after her boyfriend Nate had proposed. When they found out she may not have much time left, they went to the courthouse and got married.

Fast forward to February 2021, Iris, now twenty-six, was inpatient at CHOC, and she knew this would most likely be her last admission as her illness was progressing. She shared that if she could go back in time and

do anything over, she wished she would have had a wedding with her family and friends there. Kelsey, the AYA child life specialist, asked Iris what she would want if she was able to have a wedding. Iris immediately whipped out a list of her dream wedding details, right down to the type of flowers, dress style, and cake flavor.

In true Child Life and CHOC fashion, we set out to make a wedding happen! Dr. Torno directed us to pull it off by the next day, because she did not think Iris would live much longer. Many people had to approve for a COVID-safe event in less than 24 hours, and everyone got to work. It was a true team effort by the command center, nursing, respiratory therapy, her physicians, infection prevention, and the CHOC Foundation.



## PATIENT & FAMILY-CENTERED CARE

When it was time for the wedding to begin, Rebekah Martin, music therapist, sang a song she learned twenty minutes prior because Nate had requested the song be sung live while Iris came down the aisle. The song was beautiful, and Iris was ready. Their closest family and friends witnessed them wed and Iris's expressions

of joy throughout the ceremony were priceless. It was a magical moment in time that will last forever. Iris passed away fourteen hours later. Her last wish came true thanks to all the efforts of so many compassionate and thoughtful people working as a team to provide family-centered, holistic care.

## IMPROVING PATIENT EXPERIENCE IN ED

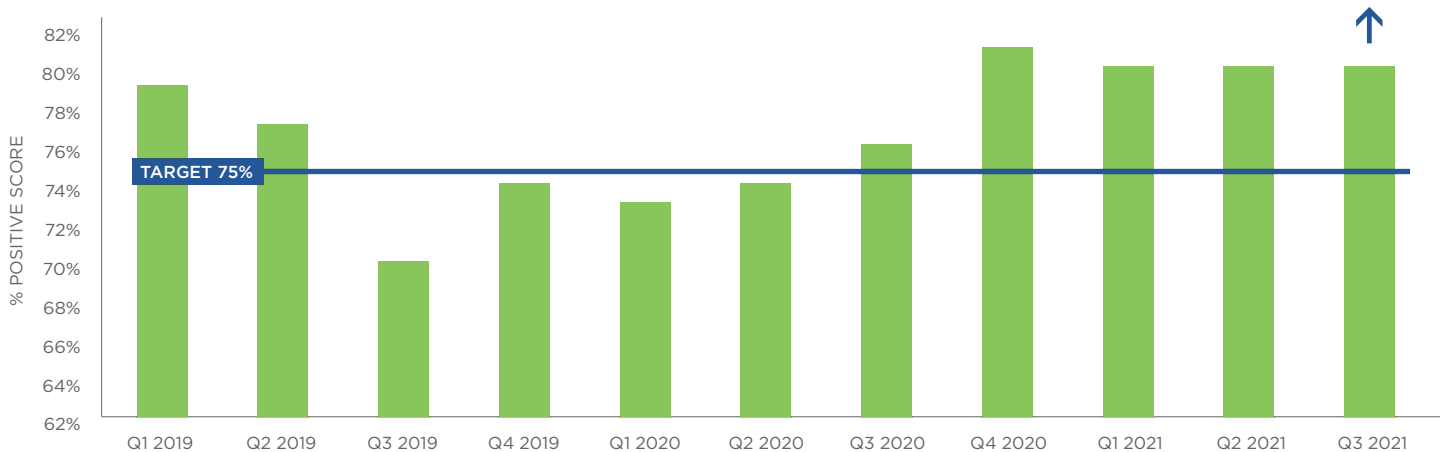
Emergency Department (ED) patient experience scores have been fluctuating since calendar year 2019. ED leadership noticed a pattern of high volumes, patients leaving without being seen by a physician, and strained associate interactions. To improve patient experience, ED leadership set a goal to meet or exceed a patient experience score of 75.5%.

In October 2019, associates were provided internal, personal education about interpersonal communications and incivility. Developed in collaboration with ED leadership, the education covered

iCare principles, definitions and examples of lateral violence, understanding the organization's mission and vision, and development of the associate's "why" they work at CHOC, as well as an explanation of how patient experience drives volume.

Shortly after this associate education was provided, the COVID-19 pandemic reduced volume in the ED, allowing patients to see a provider more quickly and receive more interpersonal time. With associate education and reduced volume, patient experience scores began to improve and continued to rise, exceeding the goal of 75.5%.

### CHOC ED PATIENT EXPERIENCE POSITIVE SCORE



Since the rollout of the Culture of Caring program, associates continue to be engaged in changing the

culture in the ED between CHOC associates, patients and families.

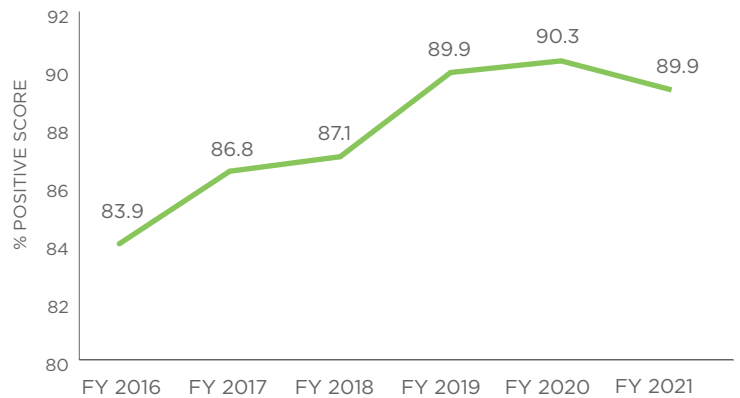
## COMMITMENT TO SERVICE EXCELLENCE IMPROVES PATIENT EXPERIENCE

As pediatric care systems have sought to improve clinical outcomes, they have shifted to family-centered care that ensures patients and families experience a meaningful clinical encounter. Research illustrates that providing a welcoming, friendly and pleasant environment supports higher overall patient/family satisfaction. Evidence-based literature also indicates that patient engagement scores directly impact patient’s compliance with the treatment plan as well as the organization’s national reputation.

Two years ago, CHOC Specialty Care Clinic’s nursing department partnered with a consultant to create and implement mandatory Service Excellence Training for all ambulatory care associates. As a result, our patient experience scores sky-rocketed and sustained from 87.1% to 90.3%. One of our challenges this year—with the increased level of uncertainty during the COVID-19

pandemic—was to continue to work creatively together to ensure our service excellence stays alive!

OVERALL PATIENT/FAMILY ENGAGEMENT



## PATIENT & FAMILY-CENTERED CARE

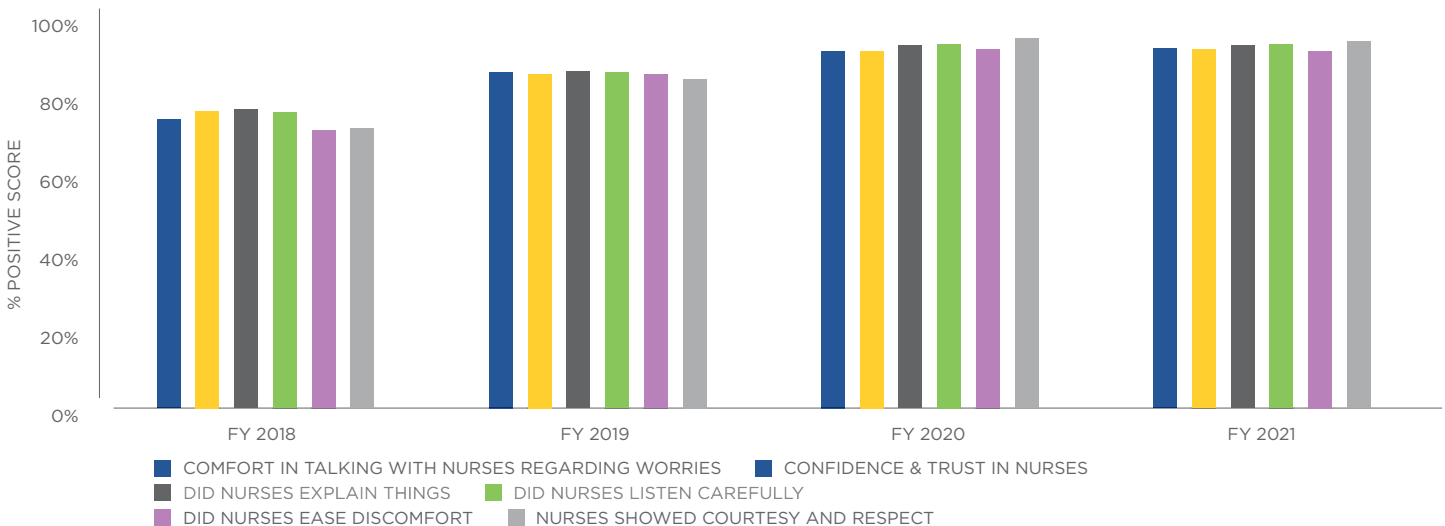
To help ensure our patients and families experience a safe and friendly environment, we developed scripting for our associates to communicate a warm and welcoming message that notified families of screenings at our entrances, informed them about COVID-19 test requirements for tests or procedures, and encouraged in-person or telehealth appointments as directed by providers. We also provided supportive scripting for masking, social distancing, and enabling families to FaceTime with providers when only one parent was allowed in.

To help recognize, cultivate, and inspire continued development of the service excellence practices of our frontline staff, the nursing leadership team continued with appreciative coaching strategies and activities to promote and recognize associates for adherence

to service excellence principles. Tactics used by the nursing leadership team included purposeful rounding throughout the clinics to publicly recognize a specific action in a celebratory method. In collaboration with the professional governance structure and patient experience committee, we also developed the Welcome Exam Paper Drawing Contest among associates to ensure a warm and welcoming environment for our patients and families.

Patient experience scores in specialty clinics continue to hold strong well above the national benchmark, sustaining our high standards and goals of service excellence. We look forward to continuing and enhancing our service excellence in the specialty clinic setting.

### NURSING PATIENT EXPERIENCE RESULTS





## FROM SAUDI ARABIA TO SEACREST STUDIOS—A SUCCESS STORY FROM CHOC FEEDING TEAM

With no access to feeding therapies where they lived in Saudi Arabia, Krista and her son, Korbin, traveled over 8,000 miles to participate in our Feeding Program. At age 6, Korbin was only eating 33% of his estimated needs by mouth, and the remainder was through his G-tube. Even with masks and extra COVID-19 safety protocols, Korbin thrived at CHOC. Over the course of his 19-day program, Korbin successfully weaned off all his G-tube feedings, taking all calories by mouth. He was also a star at Seacrest Studios, CHOC's in-house radio station pictured to the right, performing live on Zoom with country music star Ben Fuller and singing Johnny Cash's "Ring of Fire." Krista learned the strategies needed for a successful transition to the home environment. Back at home, meals, which had been so stressful before, have become positive experiences with no need for any G-tube supplementation. The whole family is anticipating the removal of Korbin's G-tube.





# MAKING A MARK

## CHOC HOSPITAL EARNS NATIONAL RECOGNITION FOR EXCELLENCE IN RESPIRATORY CARE

CHOC Hospital is the only children's hospital on the West Coast — and one of just three children's hospitals in the nation — to be recognized by the American Association for Respiratory Care (AARC) with the 2021-22 Apex Recognition Award, which honors respiratory care departments for best practices and high-quality care.

“Respiratory care departments everywhere are coming off a hard year,” said AARC President Sheri Tooley, BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC. “Their skills and stamina have been tested like never before. As a vital component to a patient’s care team, respiratory therapists work hard each day to deliver quality patient care. These teams reach high standards and bring specialized skills, unique to respiratory care departments. We are thrilled to honor these organizations as Apex Recognition Award recipients.”

Dedicated to supporting the respiratory care profession, the AARC’s board of directors developed the Apex Recognition Award in 2017. The award program distinguishes facilities for their commitment



to excellence in professional development, evidence-based care, patient safety, patient satisfaction, and quality improvement. It includes five categories for recognition: acute care hospitals, long-term care facilities, home medical equipment (HME) companies, educational programs and dedicated transport teams. This year, just 26 organizations from throughout the U.S. were recognized with the Apex Recognition Award.

“CHOC is thrilled to once again receive the Apex Recognition Award,” said Melanie Patterson, DNP, MHA, RN, vice president, patient care services and chief nursing officer, CHOC. “Our mighty brigade of respiratory care therapists is an essential component of the high-quality patient care we are committed to providing to every patient, every day, and their expertise and resilience has been on full display over the past year. Their skills and bedside manner are invaluable assets to a patient’s outcomes and to our environment of care.”

## WHAT IS PERFORMANCE EXCELLENCE

Performance Improvement is the art and science of improving outcomes by reducing process variability, waste and workarounds. CHOC’s approach is to mentor colleagues in applying Lean Six Sigma methodologies

to fix the problems that stand in the way of exceptional clinical/operational outcomes and patient, family, associate and physician experience.

## MAKING A MARK

The Performance Excellence Program (PEP) Coach certification is the first of a three-tiered program designed for CHOC associates who want to engage in performance improvement activities and contribute to a culture of continuous improvement. This interactive, six-week dynamic course teaches processes from the Institute for Healthcare Improvement and Lean Six Sigma. Coaching from the Performance Excellence department is provided throughout the program and features biweekly meetings with a designated performance excellence coach. Performance excellence tools taught in this program include problem and AIM statements, identifying key stakeholders, project scoping, Gemba walk, developing a process map, spaghetti diagram, and data analysis. The graphic to the right describes certification levels in the PEP.

### PERFORMANCE EXCELLENCE TEAM



**Sharon Wilson**  
MSQA, BSN, RN, CLSSBB  
Executive Director



**Dan Bercha**  
Director



**Delia Tuleja**  
Administrative Assistant



**Gary Barden, LVN**  
Project Manager



**Jennie Combs, MPH**  
Project Manager



**Michela Walker**  
Project Analyst



### FOCUS AREAS

#### Certifications

- PEP Artist
- PEP Partner
- PEP Coach

#### Support for High Performing Teams

- Kaizen standard work
- Consults
- Current State assessments

**Shared Knowledge and Resources**

- Mini modules
- Templates

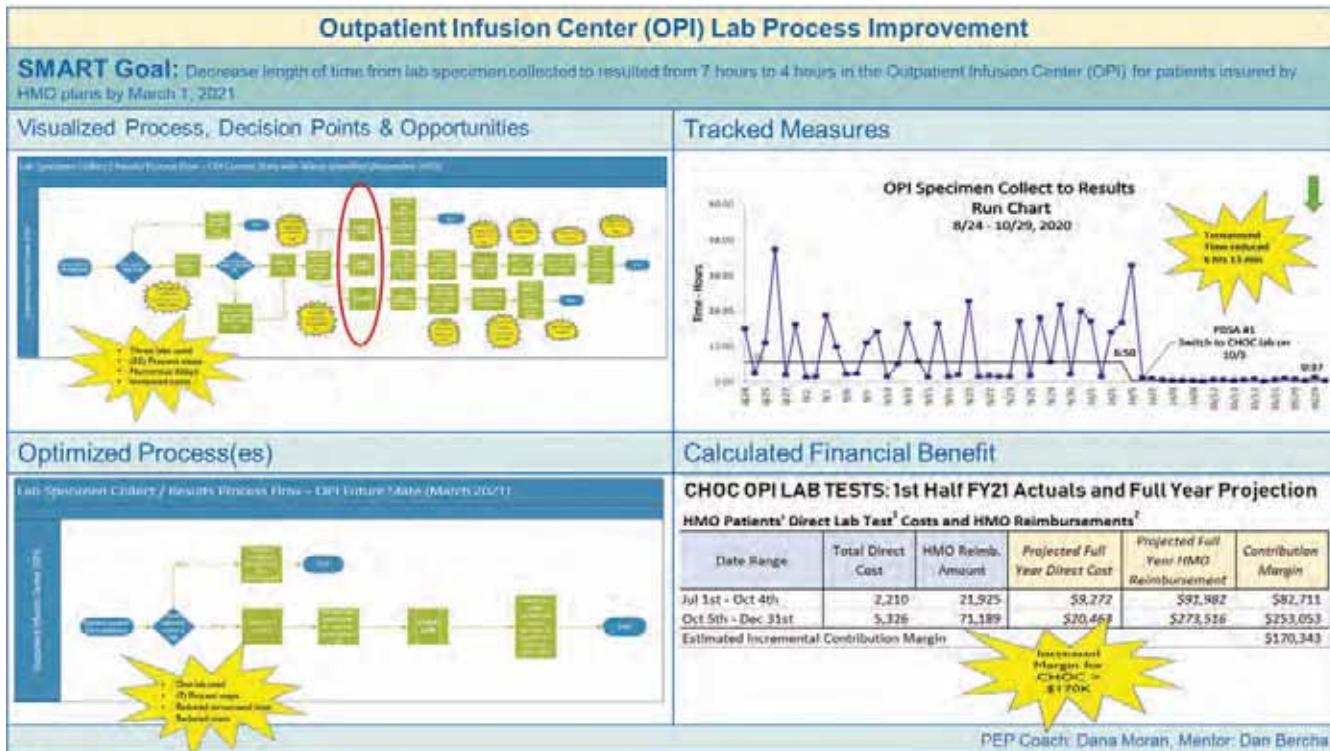
**Accelerated Implementation Methodology (AIM)**

- EMP
- Certification for project managers
- Sponsorship training for leaders

**CURRENT PROJECTS**

- Point of Care (POC) Testing
- Improve Throughput for Bronchopulmonary Dysplasia (BPD) Clinic Patients
- Improve OPI Clinic Lab Processing
- Improve the Golden Hour

- Improve EBP
- Newborn Screening
- Clinical Alarms
- Stroke Program
- Trauma Charting
- Onboarding - Clinical
- NICU Service Project
- Multidisciplinary Care Team Standardization Initiative
- CVICU Discharge Education Process Optimization
- Oncology CLABSI Reduction (Outpatient)
- Improve Admission Process for Patients with Suicidal Ideation CHECK
- Improve NICU Code Response and Participation
- Improve TKO Fluid rates in Central Lines (PICU)



## MAKING A MARK

### NURSE ENGAGEMENT IN RESEARCH AND INNOVATION

Nurses are natural innovators. Often faced with circumstances that require day-to-day problem solving, nurses are experts at creative solutions. These solutions, whether large or small, have value because they impact the lives of patients and families, improve clinical programs, and contribute to the profession. Nurses are also ideally positioned to implement evidence-based practice (EBP) and to design, develop and conduct research on patient and family experience

as well as clinical interventions and protocols. When nurses are empowered to seek new knowledge and deliver best practice, patient quality and safety outcomes improve, yet there are numerous substantive barriers to enculturating these processes into practice. Over the past 16 years, CHOC has purposefully engaged in strategies to address these barriers and integrate research, EBP and innovation into professional nursing practice and advance the science of nursing.



## THE CHOC EBP SCHOLARS PROGRAM

CHOC's excellence in nursing is due in part to its long-standing commitment to clinical inquiry through such avenues as our EBP Scholars program. Over a seven-month period, participants are mentored by an expert faculty member from a local university. EBP Scholars receive education about the EBP process and guidance in developing their own project with the goal to validate current practice or propose and implement an evidence-based change in practice. Since the inception in 2007, 116 associates have participated and 97 have completed all requirements and successfully graduated from the program. Twenty-eight posters, 11 podiums and 7 publications have been disseminated as a direct result of the program. An additional 45 posters, 41 podiums, and 14 publications are attributed to graduates' subsequent scientific contributions. The program has resulted in an estimated 36 policy changes, 30 advanced degrees and 13 national awards. Almost every unit, including the Cherese Mari Lauthere Mental Health Inpatient Center, as well as the Julia & George Argyros Emergency Department, ambulatory clinics and CHOC at Mission Hospital, has actively participated. Of note, the EBP Scholars program has also had six non-nurse participants representing the child life, social work and rehab services departments.

### 2020 EBP Scholars

Even amidst the COVID-19 health crisis, CHOC has remained committed to advancing the professional growth of nurses and transitioned the 2020 EBP Scholars program to real-time, interactive and remote learning, using the Zoom platform. In November 2020, seven new EBP Scholars graduated, including a non-nurse clinician and a nurse from CHOC Mission. The clinical questions/projects included are:

#### **Lisa Catanese, BSN, RN, CPHON (OPI)**

For pediatric hematology/oncology patients, what are best practices for physical activity/exercise education and implementation to decrease treatment complications?

#### **Makenzie Ferguson, BSN, RN, CPEN (ED/Trauma)**

For EMS providers caring for pediatric patients, what is the best evidence-based tool to detect suspected child abuse in order to initiate timely and effective evaluation and child abuse reporting?

#### **Lisa Murdock, MSN, RN, CNE (CCHM, Med/Surg)**

In the pediatric hospital setting, what are best practices in the implementation of human trafficking screening to increase the identification of pediatric human trafficking victims?

#### **Vivian Anaya, BSN, RN (NICU) & Sarah Lauridson, MS, CCC-SLP, CNT, NTMTC, CLEC (Rehab)**

In infants in the NICU who are not medically appropriate for a flat, supine sleep position, what are best practice recommendations for an alternate safe sleep position at time of NICU discharge?

#### **Andrea Kutcher, BSN, RN, CCRN (CVICU) & Vanessa Trice, BSN, RN, PHN, CCRN (CVICU)**

In post-operative pediatric cardiac surgery patients, what are the best practices in education and discharge readiness to increase patient and family satisfaction and decrease the number of unplanned readmissions related to potentially preventable complications?

**The following is an excerpt from an unsolicited thank-you letter from participant Lisa Murdock regarding her experience in the program:**

*"I have been a pediatric acute care nurse for the past 20 years. I have had many roles throughout my*

## MAKING A MARK

*career, including 12 years as a travel nurse working across the nation in top children's hospitals. I can say without a doubt the EBP Scholar Program has been a career highlight, instrumental in my growth not only as a nurse but as a community member.... As an EBP Scholar, I have translated my passion for human trafficking advocacy and policy implementation into practice. My project has led to the organization of a human trafficking steering committee, anti-trafficking protocols, the implementation of an inpatient evidence-based screening tool, patient response algorithm, and app development linking identified youth to outpatient resources...there are no words for the appreciation I have for providing me the opportunity to grow and work at the highest level possible".*

Lisa Murdock also received a 2021 DAISY Foundation Health Equity research grant for a subsequent qualitative study on OC Youth Human Trafficking Survivor Perspectives. Despite the prevalence of human trafficking among minors in Orange County, there is a lack of knowledge surrounding their personal healthcare experiences. This study will describe youth perspectives on healthcare and human trafficking to ensure the hospital-based human trafficking protocol is survivor-driven.

### 2021 EBP SCHOLARS

In April 2021, 10 new EBP Scholars from across the organization began the program:

#### **Kayleigh Fujisaki, BSN, RN (MSU)**

What are the best practices for multispecialty care coordination in pediatric patients with 3 or more consulting specialties and its effect on patient satisfaction and parent support in plan of care?

#### **Christine Le, BSN, RN, CPN, MBA (NSU)**

Among pediatric stroke centers, what are best practices in nursing neurologic assessment and documentation across the continuum of care?

#### **Ella Walsh, BSN, RN (NICU)**

What are the best practices to identify and address postpartum depression in mothers in the neonatal intensive care unit to improve family centered care and promote mother-baby bonding?

#### **Gary Barden, BCHS, LVN (Performance Excellence)**

In pediatric patients requiring medical stabilization after a mental health crisis, what are best practices to ensure patient safety and to provide holistic care?





**Hannah Gutierrez, BSN, RN and Roxana Perez, BSN, RN, CPHON (Hem/ONC)**

In the inpatient pediatric oncology setting, what is the effect of nursing education and operational guidelines on moral injury and pain-related patient outcomes (i.e. HCAPHS scores, narcotic administrations, patient readmissions attributed to pain)?

**Monique Palma, MSN, RN, CCRN (CEPD) and Morgan Reneau, MSN, RN, CCRN, PHN (CEPD)**

What are the best practices for developing a standardized training program for preceptors of new grad nurses?

**Ani Simonoff, BSN, RN, CPN, IBCLC (Medical) and Leigh Volker, MSW, LCSW (Social Services)**

What are the best practices for assessing and managing burnout of parents/caregivers of pediatric patients during a hospital admission?

## NURSING INNOVATION SPOTLIGHT: CHOC NURSES “HACK” PROBLEMS RELATED TO COVID-19

On August 3, 2020, NRIC partnered with The Sharon Disney Lund Medical Intelligence and Innovation Institute (MI3) at CHOC and UC Irvine to host CHOC-ZOT-ZOOM. This all-day virtual event brought together clinicians, engineers, data scientists, entrepreneurs and industry leaders. Seventy participants formed 13 interdisciplinary teams. The teams spent the day collaborating to hack solutions to problems related to COVID-19 such as school reintegration, pediatric mental health, telemedicine and remote care, ensuring families feel safe to seek care, and ensuring healthcare workers feel safe to provide care. Almost every team included at least one CHOC nurse. Nurses received six CEUS for the day. Teams developed prototypes and pitched solutions to a diverse panel of judges. The quality of work that these teams accomplished in a short time was amazing. After the event, a few of the projects were selected and pitched as UCI Capstone projects. CHOC clinicians have continued to collaborate with UCI Bioengine and Information and Computer Science students to further develop their solutions into tangible, working prototypes. The event was a fun way to encourage and empower nurse engagement in innovation.

**August 3, 2020 from 8am-8pm**  
**CHOC-ZOT!-ZOOM**  
**A COVID-19 Mini-Hack Virtual Event**

Learn how to apply design thinking concepts to solve real life issues. Interact with innovation leaders and mentors. Practice pitching your ideas. Potential opportunities for commercialization and profit-sharing.

Engage with diverse, multidisciplinary teams and hack hot topics related to the pandemic:

- School Reintegration
- Work Reintegration/Remote Work
- Pediatric Mental Health
- Telenursing/Telemedicine/Remote Care
- Ensuring Families Feel Safe to Seek Care
- Ensuring Healthcare Workers Feel Safe to Provide Care

For more information or to register, please visit: [www.choczotzoom.com](http://www.choczotzoom.com)

## MAKING A MARK

### NURSING INNOVATION SPOTLIGHT: PARTNERING TO RE-IMAGINE HOW WE CARE FOR PATIENTS AND FAMILIES

Nurses from the medical unit submitted an idea to the Bright Ideas portal for reinventing the way we treat hyperbilirubinemia. The idea was to create a bili light swaddle to optimize surface area coverage while promoting breastfeeding and bonding. After submitting their idea through the Bright Ideas portal, the Innovation Lab explored the concept. ILab found a startup company with a prototype of the same solution in development. Discussions with the company and CHOC quickly led to a research partnership. Nursing Research and Innovation collaborated with the company to submit a NIH Small Business Technology Transfer (STTR) grant to fund a clinical trial at CHOC. This study will be the first to investigate the effectiveness of this novel device compared to conventional intensive phototherapy when treating hyperbilirubinemia in hospitalized neonates. The study will also explore the device's impact on parental

bonding. Regardless of the outcome of the STTR grant, the company has committed to sponsor a multidisciplinary nurse-led study here at CHOC. As we await a funding decision, the company has continued to develop their innovation. On March 22-23, 2021, CHOC clinicians had the opportunity to meet (virtually) with our industry partner and their engineers to preview the latest prototype which was shipped to the hospital in Orange for the staff and providers to touch and feel in person. A total of 50 CHOC clinicians attended these 20-minute pop-up sessions facilitated by the study's principal investigator, Drea Correia, in collaboration with NRIC. This is a great example of how CHOC clinicians can partner with others to innovate, provide valuable feedback, and test the development of a novel product to transform the way that we deliver care.

### EXAMPLES OF NURSE-LED STUDIES AT CHOC THIS FISCAL YEAR

#### **Midline Catheters for Therapeutic and Donor Apheresis in Children and Adults**

*Project Lead: Colleen Casacchia and Maria Lozano*  
Evaluate the use of midline catheters for apheresis in the pediatric setting. A prospective observational study will evaluate the use of midline catheters in pediatric patients who undergo apheresis at our pediatric hospital.

#### **Evaluation of a Nurse-Administered Screening Tool to Identify Victims of Child Trafficking in Patients with High-Risk Chief Complaints in a Pediatric Emergency Department**

*Project Lead: Lisa Murdock and Sheryl Riccardi*  
Describe the prevalence of child trafficking and at-risk behavior among patients seeking care in the emergency department at CHOC and measure the performance of a nurse-administered screening tool to identify victims of child sex and labor trafficking.

### **Database of Automated Pupillometry in Children (DAP-C)**

*Project Lead: Jennifer Hayakawa*

Describe the practical use of pupillometry in children, including what types of patients we are using it on, and how it informs clinical practice.

### **Use of Automated Pupillometry in the Detection of Pediatric Hydrocephalus and/or Ventricular Shunt Malfunction**

*Project Lead: Jennifer Hayakawa*

Explore the clinical utility of pupillometers as a prognostic indicator of shunt malfunction with the goal of providing an accurate and noninvasive nursing assessment as an alternative to the costly work-up and hospitalization associated with current standard shunt function screening techniques.

### **Study on the Novel Use of a Garment to Lower Bilirubin & Increase Bonding**

*Project Lead: Drea Correia and Jennifer Hayakawa*

Investigate the effectiveness of SnugLit compared to conventional (triple) intensive phototherapy to treat hyperbilirubinemia in hospitalized neonates and explore its impact on parental bonding..

### **NADA to it: Moving the Needle on Burnout and Compassion Fatigue**

*Project Lead: Julia Afrasiabi and Ruth McCarty*

Explore whether the use of auricular acupuncture and/or acupressure can reduce anxiety in healthcare workers and enhance their ability to develop caring relationships with patients and families.

### **Nurse-Delivered Aromatherapy: A Pilot Program**

*Project Lead: Erica Crawford and Breanne Norberg*

Create a safe and effective nurse-delivered aromatherapy pilot program through partnership,

education, and research in the Outpatient Infusion Center (OPI) and Post Anesthesia Care Unit (PACU).

### **Safety Education for Prevention of Window Falls**

*Project Lead: Sarah Flores and Makenzie Ferguson*

Improve anticipatory guidance related to window fall safety, provide direct to consumer education, and build coalitions to increase awareness and community resources to support window safety.

### **East Meets West: Use of Traditional Chinese Medicine to Increase Milk Supply in NICU Mothers**

*Project Lead: Cindy Baker-Fox, Michelle Hart, and Ruth McCarty*

Evaluate the efficacy of TCM to enhance milk production in mothers of NICU babies and to examine its effect on maternal self-reported quality of life.

### **PS-You're not alone: Impact of a Peer/Parent Mentor Program for Patients Undergoing Pectus and Spinal Fusion Surgeries**

*Project Lead: Lisa Turni, Allyson Wilhite, and Amanda Sanchez*

Examine the impact of peer to peer and parent to parent mentoring for spinal fusion patients and pectus excavatum repair patients related to pain levels and length of stay.

### **Overcoming Compassion Fatigue and Burnout in Pediatric Oncology Implementation of a Staff Well-being Program**

*Project Lead: Angie Blackwell*

Implement and evaluate a pediatric oncology nurse well being program, which includes Code Lavender and formalized, structured debriefings, to enhance professional quality of life.

## MAKING A MARK

### **Delivery Room Management Quality Improvement (DRMQI) Project**

*Project Lead: Pernilla Fridolfsson*

Develop a single center retrospective database to document and evaluate outcomes related to the above quality improvement interventions for neonates in the delivery room setting.

### **Barriers to Implementation of Safe Sleep: A Survey of NICU Nurses**

*Project Lead: Beverly Walti*

Examine the barriers to NICU RN's experience when implementing Safe Sleep practices in the preterm infant.

### **Quality of Pediatric Resuscitation in a Multicenter Collaborative: An Observational Study (pediRES-Q)**

*Project Lead: Jennifer Hayes*

Characterize the quality of CPR and post-cardiac arrest care delivered to children across a broad spectrum of hospitals. Determine the association between quantitative CPR quality measures (depth, rate, compression release, flow fraction) and survival to hospital discharge. Determine the association of survival with site-specific post-cardiac arrest care (PCAC).

### **Telemedicine Following a Multidisciplinary Feeding Program**

*Project Lead: Jazmine Bustos and Robyn Robinson*

Examine the efficacy of telemedicine appointments in pediatric patients following a multidisciplinary intensive feeding program.

### **Novel Use of a Non-Invasive Respiratory Monitor to Guide High Flow Nasal Cannula Therapy**

*Project Lead: Jeff Majdali and Andrea Correia*

Explore the use of a high-flow nasal cannula therapy

weaning protocol guided by assessment with the ExSpiron™ monitor to enhance the delivery of care, reduce the cost of care, and improve health outcomes in pediatric patients.

### **Financial Education Intervention and the Social Determinants of Health: A Pilot Study**

*Project Lead: Jennifer Hayakawa, Jennifer Barrows, Michelle Lubahn*

In partnership with CSUF and US Bank, examine if financial education can improve the financial wellbeing of CHOC parents.

## COVID-19 NURSING RESEARCH

Burnout and compassion fatigue are experienced by healthcare providers as a consequence of caregiving and may result in emotional exhaustion, diminished performance and higher absenteeism and turnover rates. Burnout has become a significant problem within caregiving professions and is linked to poorer-quality patient care, including increased medical errors. Risk for burnout is enhanced during crisis. Prior to the COVID-19 pandemic, two separate nurse-led studies were already underway at CHOC to evaluate the impact of specific interventions on stress, anxiety and burnout in the healthcare team.

### **The Last Maestro™: The Impact of an Innovative, Immersive, Virtual Reality (VR) Experience on Healthcare Provider Stress and Anxiety**

This study involved the use of an innovative approach to care that engages the mind, body and spirit., Led by Jennifer Hayakawa and Susan See, this study sought to evaluate the utility of The Last Maestro™ an immersive VR classical music experience as a strategy for reducing healthcare worker burnout and anxiety at CHOC. Results demonstrated a statistically significant impact on nurses' self-reported burnout and secondary

traumatic stress. With preliminary evidence that Last Maestro experience may be a useful tool to reduce burnout and post-traumatic stress, the CHOC MHIC is looking to build upon this research and conduct a randomized control study in their mental healthcare workers.

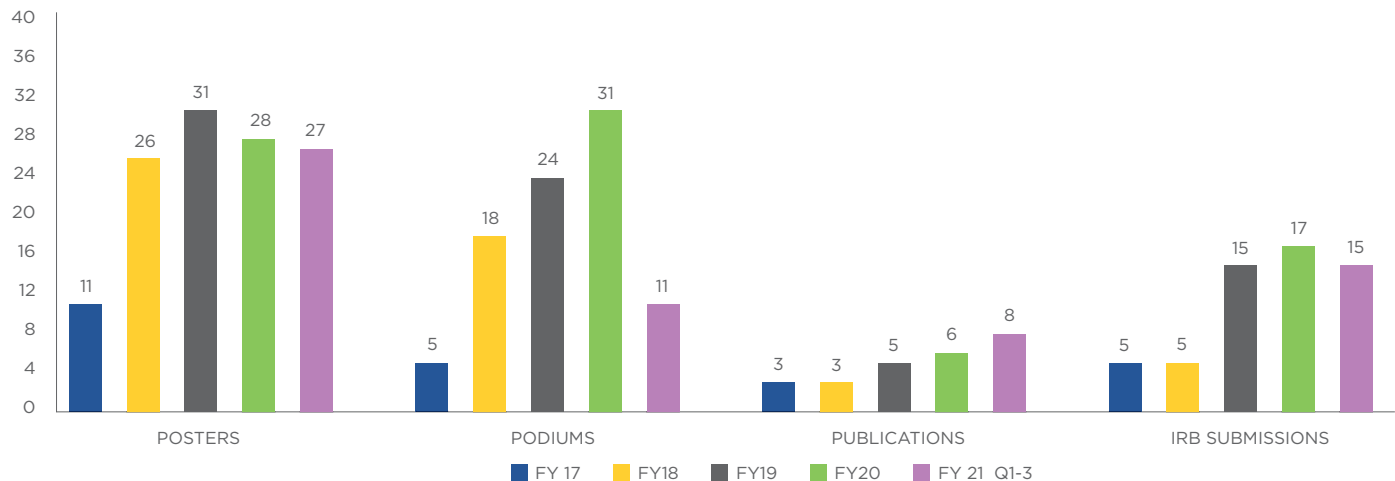
**NADA to it: Moving the Needle on Burnout and Compassion Fatigue in a Trauma Center**

The National Acupuncture Detoxification Association (NADA) protocol is one of the most used forms of acupuncture treatment in the United States and involves bilateral needle insertion along the ear. This study, led by Julia Afrasiabi in partnership with Dr. Ruth McCarty, examines the use of auricular acupuncture, acupressure, and massage to reduce stress in healthcare workers. This study was awarded a 2019 CHOC Foundation One Wish grant in the amount of \$31,272.

**NURSE SCHOLARSHIP**

With the support of a comprehensive program, including a small team of nurse scientists and a biostatistician, nurse involvement in research and innovation at CHOC has continued to grow. This past year, nurses at CHOC have written 26 grants totaling \$1 million to support nurse-led projects. Nurses are currently lead investigators on more than 20 Institutional Review Board (IRB)-approved quality improvement or research studies across the organization. Prior to IRB review, nurse-led projects are directed through our professional governance structure so that the Nursing Research and Innovation Council (NRIC) can ensure that nurse investigators receive formal mentorship and guidance on study design, data collection/statistical support and dissemination. As a result, CHOC nurses have published eight peer-reviewed manuscripts in FY21 and have been accepted to present 27 posters and 11 podiums during the first three quarters of FY21.

**NURSE SCHOLARSHIP**



## MAKING A MARK

Thanks to the unwavering support of our executive nurse leaders, our incredible internal partnerships with performance excellence and the Research Institute and the generous support of the Walden W. and Jean Young Shaw Foundation and West Coast University, nurses at CHOC continue to have access to the experts

and the resources needed to lead a culture of inquiry. Together, we are advancing professional practice and improving the health of patients and families at CHOC and beyond.

## AGNES ZABY / KATHY CARTER NURSING SCHOLARSHIPS JEAN FOX FOUNDATION SCHOLARSHIPS

The Agnes Zaby/Kathy Carter Scholarship was created to support CHOC staff in advancing their education in nursing. Agnes and Kathy both modeled the mission, vision and values of CHOC through their care and compassion, collaboration with all members of the team, and personal excellence. Through

their commitment to being “Simply the Best,” they worked to improve the quality of care provided to CHOC’s patients and families. To pay tribute to their accomplishments, CHOC established the Agnes Zaby/Kathy Carter Scholarship in 2005.

The Jean Fox Scholarship is an endowment to clinical education from Jean Fox, whose father was a physician and whose mother, stepmother and half-sister were nurses. Jean worked for the telephone company and served in the women’s units of the U.S. Navy.



### **JEAN FOX/AGNES ZABY/CATHY CARTER SCHOLARSHIP**

**Jason Walsh (LVN, Primary Care Clinic)**  
**Jamie Haggerty, RN (PICU)**  
**Kaylee Anderson, BSN, RN, CCRN (CVICU)**  
**Paighton King, BSN, RN, CPN (MSU)**

## WCU SCHOLARSHIPS

West Coast University is in the seventh year of its generous donation of two nursing scholarships to further the education of CHOC associates. Each year, scholarships for bachelor's and master's degrees in nursing are awarded. The recipients are announced annually at the Nurses' Week celebration in May.

Requirements for the scholarship include being a CHOC associate for two years and completing the application. Applications include an essay, transcripts, a copy of the applicant's last performance evaluation, and letters of recommendation from a supervisor and a colleague. Panels from CHOC and West Coast University perform a blind review of the applications to choose one recipient for each scholarship.

With common commitments to excellence in education and patient care, CHOC looks forward to a long-lasting relationship with West Coast University

### WEST COAST UNIVERSITY SCHOLARSHIP

**Amanda Wardlow, RN, CPN** (Medical Unit) - *Bachelor of Science in Nursing (BSN)*

**Melinda Pascual, BSN, RN, CPN** (Clinical Education and Professional Development) - *Master of Science in Nursing (MSN)*



## MAKING A MARK

### THE DAISY AWARD

The DAISY Award is part of the DAISY Foundation's program to recognize the super-human efforts nurses perform every day. The not-for-profit DAISY Foundation was established by J. Mark Barnes and his family in memory of his son J. Patrick Barnes who died at the age of 33 in 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), a little known but not uncommon auto-immune disease. The care Patrick and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

#### DAISY NURSE LEADER AWARD

Over the years of the DAISY Foundation's growth, it became evident that the environment created by nurse leaders is a strong factor in how nurses take care of patients. These leaders are often not eligible for the DAISY Award in their organizations. However, they create a workplace where compassionate care thrives — and nurses deliver the quality of care that DAISY celebrates. The DAISY Foundation introduced the DAISY Nurse Leader Award to recognize and honor these special leaders. We are excited to participate in this program.

To nominate a nurse, nurse leader or nurse-led team for the DAISY Award, search DAISY on PAWS and fill out the nomination form.





## HERO WITH HEART AWARD

The Trauma Intervention Program (TIP) of Orange County sponsors the annual Heroes with Heart Awards Gala to recognize police, sheriffs, officers, firefighters and hospital personnel who went above and beyond the call of duty during the year to provide compassionate support to citizens in crisis. This year, PICU RN Tony Frens received the Hero with Heart Award for his overwhelming compassion and heart. Tony spent hours on his shift holding and singing to an end-of-life baby boy who had no family involvement.

To assure this child's last days would not be spent alone, even for a minute, Tony pulled in the TIP team to help arrange around-the-clock love. His extraordinary care for this child reflects the tremendous compassion that CHOC staff have for their patients and brilliantly displays the unsung heroism that the TIP team created the Heroes with Heart Awards Gala to honor.

## CHOC SUPPORTS MEDICAL MISSION FOR MIGRANT CHILDREN

Our mission to nurture, advance and protect the health and well-being of children extends beyond our own hospitals and clinic locations. More than 110 CHOC associates and providers supported efforts at the Long Beach Convention Center to support unaccompanied migrant children until they could be reunited with family. Working in partnership with UCI and UCLA, the CHOC team includes physicians, nurses, physician assistants, nurse practitioners, techs, child life specialists and various other support staff. This incredible team, was led by Jennie Sierra, DNP, MBA, RN, nursing director of the neonatal intensive care unit.





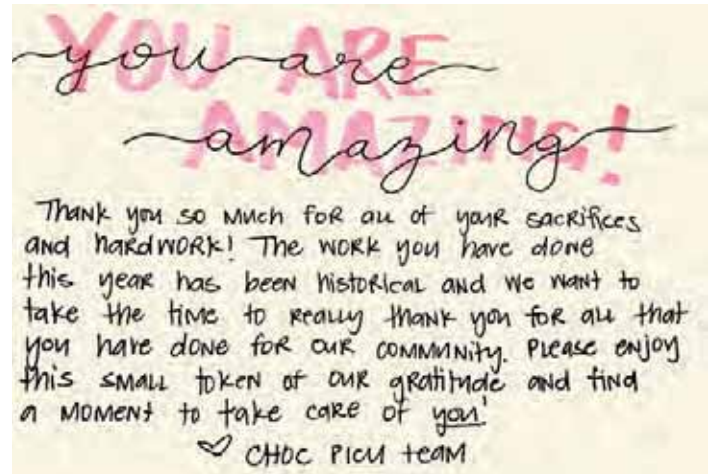
# FISCAL YEAR 2021 ACHIEVEMENTS

## COMMUNITY SERVICE

### PICU TO ST. JOSEPH HOSPITAL ICU GIFTS

This winter, the PICU at CHOC Orange cared for adult COVID-19 surge patients. This impacted pediatric nurses in a new way, allowing us to reset and further realize how lucky we were to be pediatric practitioners. We also gained new insight into what the ICU nurses across the street at St. Joseph Hospital were experiencing during the pandemic. Our PICU team decided to let them know how much we think of them and appreciate what they are doing and facing every day. So, the CHOC PICU provided lunch and individual gift bags for our ICU counterparts at St. Joseph. Each bag had chocolate, a designer vanilla sprinkle sandwich cookie, Keurig cups, taxi calming tea, healing hand cream and a moisturizing face mask – all individually wrapped. Each bag also contained a “thinking of you” card from a PICU RN. The PICU manager also sent St. Joseph’s ICU manager a bag and our chief nursing officer sent a gift to her counterpart. Dr. Jason Knight donated the money to buy lunch for staff working the

day shift and dinner for those working nights. Dr. Kathy Andreeff donated the designer cookies.



One of the notes written by the CHOC PICU to St. Joseph’s ICU staff.

### PICU BACKPACK DONATIONS

Community service is a big focus of this team and has helped balance the day-to-day stress of working in the ICU during COVID-19. The Spirit team added one mission-driven community service goal this year to attempt to bring back some feeling of control and joy to our team. The team partnered with a foundation tied to our local children’s home and delivered 150 individual gift bags to young adults transitioning into independent living situations. This was just what our team needed, and we committed to

add annual community commitment goals to our team. They recently completed a project for Backpacks for Change. These backpacks were put together by the PICU nurses with donations from all over the hospital. Each backpack contains basic items including T-shirts, socks, shampoo, blankets and water bottles. These backpacks are donated to our local police to have readily available to give to children of all ages impacted by trafficking or any other social crisis or situation. We donated 60 full backpacks.

## FISCAL YEAR 2021 ACHIEVEMENTS



**Ancheta, Allison, BSN,  
RN, CCRN**

(2021) Ronald McDonald dinner drop-off coordinator at Orange, California Ronald McDonald House

**Bennett, Katherine, RD,  
MPH, CLEC**

(2021) Pediatric Obesity, Upper Division Nutrition & Dietetics, State University Long Beach, CA (virtual)

**Brown, Jessica, RD, CSP,  
CLEC**

(2020) Nutrition 132: Introductory Nutrition, "An RDs Perspective on Ketogenic Diets." California State University Long Beach, CA (virtual)

**Brown, Shonda, RD, CSP,  
CEDRD**

(2021) Nutrition 132: Introductory Nutrition, "Upper Division Nutrition & Dietetics." California State University Long Beach, CA (virtual)

**Cheng, Kristin, RD**

(2021) "A Career in Nutrition as a Registered Dietitian" Presentation, California State University Fullerton and University California Riverside's Flying Samaritans Club, Orange, CA (virtual)  
(2021) University California Berkeley Dietetic Student Coffee Chats, University California Berkeley's Student Nutrition Advocacy Club (SNAC) - equivalent of "Student Dietetic Association" Berkeley, CA (virtual)

**Dusterhoft, Drake**

(2021) Volunteer Command Pilot, Angel Flight West

**Emergency Department**

(2020) Orange County Vaccine Clinics. Coordinated and facilitated COVID-19 Vaccine administration to the community.

**Gonzalez, Brittnee, DTR,  
CLEC**

(2021) Orange Coast College Dietetic Technician Advisory Panel, Orange Coast College Dietetic Technician Program, Orange, CA

**Hanighen, Patty, MN,  
CNS, RNC-NIC, NE-BC**

(July 2020-June 2021) Volunteers 3-4 days/week overseeing the socialization and adoption of felines at Inland Valley Humane Society



Disney Vaccine Clinic.

**Kutcher, Andrea, MSN,  
RN, CCRN**

**Trice, Vanessa, BSN, RN,  
CCRN**

(2021) Virtual Congenital Heart Walk, Southern California Chapter

**Lehmann, Crystal, BSN,  
RN**

(2021) The Hospitality Ministry assists at Sunday services with social distancing and sanitation. St. Juliana Church Hospitality Ministry. The Health and Safety Board created the school's COVID reopening plan. St. Juliana Elementary School Health and Safety Board

**Pascual, Melinda, BSN,  
RN, CPN**

(2021) Mother Daughter Tea for 5th Grade Girls to discuss adolescent development, Myford Elementary School, Irvine, CA

**PICU**

(April 2021) Top "Virtual Donate Life Walk" Team. One Legacy

**Saheb-Nasab, Camilla,  
BSN, RN, CPN**

(November 2020), Exploring Pediatric Nursing, California State University of Fullerton

**Sanchez, Janelle, RD,  
CSPCC, CLEC**

(2020) Pediatric Nutrition Assessment, California State University, Long Beach, CA (virtual)

**Sapikowski, Cyndie, BSN,  
RN, CCRN, CPAN**

(2021) Calvary Chapel East Anaheim Medical Response Team Volunteer

**Sapikowski, Cyndie, BSN,  
RN, CCRN, CPAN**

(2021) One Legacy Donate Life "CHOC Children's Superhero's" virtual walk

**AWARDS**

**Bigani, Donna, MSN, RN,  
CPN**

(January 2021) Academic Education Scholarship Award, Society of Pediatric Nurses

**Bode, Christy, RCP  
Lopez, Carmen, BS**

2020/2021 CHOC President's Award

## FISCAL YEAR 2021 ACHIEVEMENTS



2021 Award Winners.

### **Buelna, Chris, RCP**

2020 South Coast Region Respiratory Care Practitioner of the Year. California Society of Respiratory Care

### **Ramirez, Roy, BS, RRT-NPS, RPFT**

2020 Mercury Award, Clinical Partner of the Year 2020. California Society for Respiratory Therapy

### **ADVANCED TRAINING**

**Chambers, Lisa, MSN, RN, CPEN, TCRN**

**Fishel, Suzanne, BSN,**

**RN, TCRN**

**Gorospe, Jainah, BSN,**

**RN, CPEN, TCRN**

**McCallum, Michael, BSN,**

**RN, TCRN**

**Plouffe, Nicole, MSN, RN, CEN, TCRN**

**Waunch, Amy, MSN, RN, CEN, TCRN**

**Zaky, Kim, MSN, RN,**

**TCRN**

Trauma Certified Registered Nurse (TCRN)

**Clapper, Laura, RD, CDCES**

ServSafe Certification

Food Protection Manager

**Gran, Melissa, MA, CCC-SLP**

**Keller, Erin, MA, CCC-SLP**

**Kuo, Betty, PT**

**Lauridson, Sarah, MA, CCC-SLP**

**Mitchell, Karin, MA, CCC-SLP**

**Novak, Sara, MS OTR/L**

**Vu, Vicky, MA, OT/L**

Neonatal Touch and Massage Certification

**Frauzem, Monika, DTR II, CLEC**

**Long, Jenna, RD, CLEC**

**Wu, Qinyi, DTR, CLEC**

Certificate of training in obesity for pediatrics (CLEC)

**Morejon, Rihana BSN, RN**  
Certified Resource Parent

### **CERTIFICATIONS**

**Babb, Shayna, BSN, RN, CPN**

**Buller, Shelby, BSN, RN, CPN**

**Choi, Rosa, BSN, RN, CPN**

**Hernandez, Yadira, BSN, RN, CPN**

**Nawabi, Feroza, BSN, RN, CPN**

**Reininger, Renae, BSN, RN, CPN**

**Rivera, Cesar, BSN, RN, CPN**

**Sciarra, Alexandra BSN, RN, CPN**

**Srutowski, Brad, BSN, RN, CPN**

Certified Pediatric Nurse (CPN)

**Banks, Marley, BSN, RN, CCRN**

**Galvan, Marissa, BSN, RN, CCRN**

**Hayley, Shay, BSN, RN, CCRN**

**Kenny, Scott, BSN, RN, CCRN**

**Madrigal, Mitzi, BSN, RN, CCRN**

**Molina, Crystal, BSN, RN, CCRN**

**Murphy Kenna, MSN, RN, CCRN**

**Randle, Bryn, BSN, RN, CCRN**

**Sakovitz, Emily, BSN, RN, CCRN**

Critical Care Registered Nurse Certification (CCRN)

**Bame, Kara, MSN, RN, CNS, CCRN, ACCNS-P**  
Pediatric Clinical Nurse Specialist Certification (ACCNS-P)



PICU Certified RNs.

**Bowman, Emily, BSN, RNC-NIC**  
 Certification for Neonatal Intensive Care Nursing (RNC-NIC)

**Braga, Ronald, BSN, RN, PHN, CPEN**  
**Hernandez, Cynthia, BSN, RN, CPEN**  
**Philpott, Megan, BSN, RN, CPEN**  
 Certified Pediatric Emergency Nurse (CPEN)

**Campbell, Courtney, MSN, RN, IBCLC**  
**Deming, Crystal, RNC-Nic, BA, IBCLC**  
**Ficke, Jennifer, BSN, RN, IBCLC**

**McKinney, Cassie, BSN, RN, IBCLC**  
**Mize, Laura, BSN, RN, IBCLC**  
**Silva, Haley, BSN, RN, IBCLC**  
**Wilcox, Theresa, BSN, RN, IBCLC**  
 International Board-Certified Lactation Consultant (IBCLC)

**Catron, Kaitlyn BSN, RN, RNC-NIC**  
**Dempsey, Lauren, BSN, RN, RNC-NIC**  
**Garcia, Kimberly, BSN, RN, RNC-NIC**  
**Kandalauft, Rima, MS, RD, CSP**

**Kincaid, Kelly, BSN, RN, RNC-NIC**  
**Ladd, Laura, BSN, RN, RNC-NIC**  
**Palaiyan, Megan, BSN, RN, RNC-NIC**  
**Regan, Amanda, RD, CSP, CLEC**  
**Rito, Kara, BSN, RN, RNC-NIC**  
**Rogers, Elisabeth, BSN, RN, RNC-NIC**  
 Certifications for Neonatal Intensive Care Nursing (RNC-NIC)

**Hendry, Leah, BSN, RN, CPN, CPHON**  
 Certified Pediatric Hematology Oncology Nurse (1/10/21)

**Le, Vivian-Thao BSN, RN, C-ELBW**  
**De La O, Serena, BSN, RN, C-ELBW**  
**Tucker, Katie, BSN, RN, C-ELBW**  
 Care of the Extremely Low Birth Weight Neonate (C-ELBW)

**Levy, Gillian, BSN, RN, RNC-NICU, CWON**  
 Wound and Ostomy Certification (CWON)

**Leyva, Katie, MSN, RN, NE-BC**  
 Nursing Executive Board Certified Certification (NE-BC)

**Lind, Emma, MSN, RN, CPN, CPNP-PC**  
 Certified Pediatric Nurse Practitioner - Primary Care (CPNP-PC)

**Mayo, Megan, MS, CCLS**  
**Schultz, Shaylin, BS, CCLS**  
 Certified Child Life Specialist (CCLS)

**Mulrennan, Kaitlin, BSN, RN, CEN**  
 Certified Emergency Nurse (CEN)

**Nino, Arlene, BSN, RN, TCRN, C-NPT**  
 Certified Neonatal Pediatric Transport (C-NPT)

**Novak, Sara, MS, OTR/L, CNT**  
**Ramirez, Melina, OTP, CNT**  
 Certified Neonatal Therapist (CNT)

## FISCAL YEAR 2021 ACHIEVEMENTS

**O'Brien, Paige, BSN, CCRN, VA-BC**  
Vascular Access Board  
Certified (VA-BC)

**O'Toole, Gina, RD, MPH, CLEC, CSPCC**  
**Sanchez, Janelle, RD, CSPCC, CLEC**  
**Temming, Joyelle, RD, CLEC, CSPCC**  
Certified Specialist in  
Pediatric Critical Care  
(CSPCC)

**Rusch, Adriana, MOT, OTR/L, IBCLC**  
**Skaar, Jan, RD, CSP, CNSC, CLE**  
**Truty, Caitlyn, RD, CSP, CLEC**  
**Trupkin, Colleen, MPH, RD, CSP**  
Board Certified Specialist  
in Pediatric Nutrition

**Rusch, Adriana, MOT, OTR/L, IBLCE**  
Specialty Certification  
in Feeding, Eating, and  
Swallowing

**Salazar, Tiffany, BSN, RN, C-NNIC**  
Neonatal Neuro-Intensive  
Care (C-NNIC)

### DEGREES

**Bhaigora, Tasneem, BSN, RNC-NIC, IBCLC**  
**Buller, Shelby, BSN, RN, CPN**  
**Calderon, Lydia, BSN, RN**  
**Fritchen, Ashley BSN, RN**  
**Murphy, Anita, BSN, RN**  
**Ramos, Teresa, BSN, RN**  
**Valenti, Shannon BSN, RN**  
**Vigil, Quentin, BSN, RN**  
Bachelor of Science in  
Nursing (BSN)

**Bor, Gaby, MSN, RN**  
**Calderwood, Jamie, MSN, RN, CPN**  
**Francis, Najla, MSN, RN**  
**Murphy, Kenna, MSN, RN, CCRN**  
**Rito, Kara, MSN, RN**  
**Somera, Gabrielle, MSN, RN, CCRN**  
**Timbol, Elma, MSN, RN, CCRN**  
Master of Science in  
Nursing (MSN)

**Davis, Daniel, LVN**  
Licensed Vocational  
Nurse

**Francisco, Rebekah, BS**  
Bachelor of Science  
Child and Adolescent  
Development. California  
State Fullerton

**Grant, Cameron, MSN, RN**  
Master's Degree in Public  
Health, University of San  
Francisco, CA

**Loper, Clare, MS, CCLS**  
Master of Science,  
Child Life, Azusa Pacific  
University

**Marino, Julia, BA**  
Associate Degree in  
Nursing, Santa Monica  
College

**Mayo, Megan, MS, CCLS**  
Master of Science,  
Child Life, Azusa Pacific  
University

**Pishchanetskiy, Valentine BS, RRT**  
Bachelor of Science  
Respiratory

**Sanchez, Sophia, AS**  
Associate of Science in  
Business Administration

**Silva, Daniel**  
Respiratory Care  
Program, Concorde  
Career College

### LEADERSHIP IN PROFESSIONAL ORGANIZATIONS

**Bigani, Donna, MSN, RN, CPN**  
Certified Pediatric  
Nurse Member at Large  
& Executive Board  
Secretary. Pediatric  
Nursing Certification  
Board (PNCB).

**Bigani, Donna, MSN, RN, CPN**  
Institutional Review  
Board Member. University  
of San Diego

**Blackwell, Angie MSN, RN, CNS, CPON**  
Treasurer. Southern  
California Association of  
Pediatric Oncology Nurses

**Brown, Jessica, RD, CSP, CLEC**  
Director at Large, Board  
of Directors, second term.  
International Association  
for Pediatric Feeding and  
Swallowing

**Budd, Kevin, MM, MT-BC**  
Executive Board  
Treasurer. Western Region  
of American Music  
Therapy Association



**Frevert, Melissa, BSN, RN, CWOCN**  
**Grovas, Lesa, MN, CPNP, CWON**

Clinical Preceptor. WEB WOC (Wound Ostomy Continence Education)

**Frevert, Melissa, BSN, RN, CWOCN**  
 Pediatric ostomy content expert volunteer. United Ostomy Associations of America pediatric website development team.

**Mucker, Danielle MSN, RN, CPHON, BMTCN**  
 Community Service Chair, Southern California Association of Pediatric Oncology Nurses

**Ortiz, Brianne, MS, CCLS**  
 Patient and Family Experience Committee, Chair-Elect, Association of Child Life Professionals

**Simonoff, Ani, BSN, RN, CPN, IBCLC**  
 Vice President. Orange County Society of Pediatric Nurses

**PODIUM**

**Anderson, Brittney, DNP, CPNP**

(August 2020) Electronic Medical Record Optimization — Got Governance? American Nursing Informatics Association (ANIA) Conference (Virtual)

**Anderson, Brittney DNP, CPNP**

(October 2020) The CANDLE Collaborative: Standardizing Pediatric Discharge Care Across Multiple Hospitals Putting Care at the Center 2020 (Virtual)

**Brown, Alisa, BSN, RN, CCRN**

**Fowler, Tammy, BSN, RN, CCRN**

(September 2020) The Positive Impact of Authentic Transformational Nurse Managers, American Organization for Nurse Leaders (Virtual)

**Walti, Beverly, RNC-NIC, MSN, CPNP, CNS**

(May, 2021) Hypoxic Ischemic Encephalopathy and Neuro Complication for the RNC Review

Collaboration with University of California Irvine, Kaiser and Miller Children’s Hospital (Virtual)

**POSTER PRESENTATIONS**

**Bame, Kara, MSN, RN, ACCNS-P, CCRN, Kelly, Robert, M.D.**

**Kim, Julia, MSN, RN, CCRN**

**Mohler, Leigh, MSN, PCNS-BC, CCRN**

(May 2021) Implementation of Nurse-Led Multidisciplinary Rounds in the Pediatric ICU American Association of Critical-Care Nurses National Teaching Institute. San Diego, CA (Virtual)

**Blackwell, Angie, MSN, RN, CNS, CPON**

(April 2021) Intensive Peer Audits to Increase Bundle Reliability and Decrease CLABSIs on a Hematology/Oncology Unit. Azusa Pacific University Research Day. Azusa, CA

**Blackwell, Angie, MSN, RN, CNS, CPON**

(April 2021) Day of Healing and

Remembrance for Oncology Families Who Have Lost a Child. Azusa Pacific University Research Day. Azusa, CA

**Brown, Jessica, RD, CSP, CNSC, CLEC**

(November 2020) Nutrient Intake Among Children with Pediatric Feeding Disorders Referred to a Multidisciplinary Feeding Program. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. San Diego, CA

**Bustos, Jazmine, CPNP, MSN, RN**

**Katz, Mitchell, M.D.**

**Ornelas, Elisa**

**Robinson, Robyn, CPNP, MSN, RN**

**Ward, Danielle, CCC-SLP Sun An, Mi, OTR/L**

(November 2020). The Effects of Post Discharge Telehealth Sessions Following Treatment in an Intensive Inpatient Multidisciplinary Feeding Program. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. San Diego, CA

## FISCAL YEAR 2021 ACHIEVEMENTS

**Desai, Hema, CCC-SLP  
Katz, Mitchell, M.D.  
Lauridson, Sarah, CCC-SLP  
Nguyen, Michelle, CCC-SLP  
Ornelas, Elisa**  
(November 2020). Integrating Multicomponent Feeding Strategies for Multidimensional Therapeutic and Parent Success. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. San Diego, CA

**Kim, Julia, MSN, RN, CCRN**  
(May 2021) Implementation of Nurse-Led Multidisciplinary Rounds in the Pediatric ICU. National Teaching Institute (Virtual)

**Lozano, Maria, BSN, RNC-NIC, VA-BC**  
(October 2020) Novel Use of Midline Catheters for Red Cell Exchange via Apheresis in Pediatric and Young Adult Patients with Sickle Cell Disease. Advancing Transfusion and Cellular Therapies

Worldwide. American Association of Blood Banks. Savannah, GA

**Lozano, Maria, BSN, RNC-NIC, VA-BC**  
(October 2020) Novel Use of Midline Catheters for Red Cell Exchange via Apheresis in Pediatric and Young Adult Patients with Sickle Cell Disease, 62<sup>nd</sup> Annual Meeting and Exposition

**Overpeck, Shannon, BSN, RN, CCRN, IBCLC**  
(2020, November) Breastfeeding Pathway for post-surgical patients, Cardiac Neurodevelopmental Outcome Collaborative (Virtual)

**Sapikowski, Cyndie, BSN, RN, CCRN, CPAN**  
(April, 2021) Improvement of Discharge Education for Pediatric Outpatient Surgical Patients. American Society of PeriAnesthesia Nurses (Virtual)

**Trice, Vanessa, BSN, RN, CCRN  
Kutcher, Andrea, BSN, RN, CCRN**  
(November 2020) Cardiac Neurodevelopmental Outcome Collaborative

### PUBLICATIONS

**Boyer, Monica, MSN, CPNP, RN  
Skaar, Jan, RD, CSP, CNSC, CLE  
Sowa, Mary MS, RD, CS  
Chapel-Crespo, Maritza, RN  
Chang, Richard, M.D.**  
Boyer, M., Skaar, J., Sowa, M., Tureson, J. R., Chapel-Crespo, C. C. & Chang, R. (2021). Continuation of pegvaliase treatment during pregnancy: A case report. *Molecular Genetics and Metabolism Reports*, 26, 100713.

**Brown, Jessica, RD, CSP, CLEC**  
(2020) Nutricia KetoCal Blended with a Touch of Homemade Love: Blenderized diet recipes using real food with KetoCal & Liquigen, Nutricia North America.

**Brown, Jessica, RD, CSP, CLEC  
Childs, Kelsey, RD, CLEC  
Brown Shonda RD, CSP, CEDRD  
Katz, Mitchell, M.D.**  
Brown, Jessica, RD, CSP, CLEC, Childs, K, Brown Shonda RD, CSP, CEDRD, and Katz M. (2020) Nutrient Intake Among Children with Pediatric Feeding Disorders Referred to a Multidisciplinary Feeding Program. *Journal of Pediatric Gastroenterology and Nutrition*, 71(1) 205-206.

**Correia, Drea, MSN, RN, PHN, CPN, CNL, NPD-BC  
Goodrow, Linda, MSN, RN**  
Correia, A. & Goodrow, L. (2021). Creating an intermediate float pool to meet the demands of rising acuity. *Journal of Pediatric Nursing*

**Fridolfsson, Pernilla, BSN, RNC-NIC, VA-BC**  
Fridolfsson, P. (2021). Ultrasound Guided Peripherally Inserted Central Catheter Placement in Extremely

Low Birth Weight Neonates Less than 1000 Grams. *The Journal of Neonatal Nursing*.

**Funk, Holden, MS, RD, CNSC (2020)**

Gustin, L., Funk, H. E., Reiboldt, W., Parker, E., Smith, N., & Blaine, R. (2020). Gaining Independence: Cooking Classes Tailored for College Students with Autism (Practice Brief). *Journal of Postsecondary Education and Disability*, 33(4), 395-403.

**Hoenk, Kamila, Torno, Lilibeth, M.D.**

**Feaster, Bill, M.D.**

**Taraman, Sharief, M.D.**

**Chang, Anthony, M.D.,**

**Weiss, Michael, D.O.**

**Pugh, Karen, MSN, RN, Anderson, Brittney, DNP, CPNP**

**Ehwerhemuepha, Louis, Ph.D.**

Hoenk, K., Torno, L., Feaster, W., Taraman, S., Chang, A., Weiss, M., Pugh, K., Anderson, B., & Ehwerhemuepha, L. (2021). Multicenter study of risk factors of unplanned 30 day

readmissions in pediatric oncology. *Cancer Reports*, e1343.

**Kim, Cindy, Ph.D., ABPP Brown, Jessica, RD, CSP, CLEC**

**Brown, Shonda, RD, CSP, CEDRD**

**Ornelas, Elisa**

Kim, C., Brown, S., Brown, J., & Ornelas, E. (2021). Long-term Outcomes of Children with Pediatric Feeding Disorders Treated in an Inpatient Multidisciplinary Program. *Journal of Pediatric Gastroenterology and Nutrition*, 72(3), 388-391.

**Mohler, Leigh, MSN, PCNS-BC, CCR**

Staveski et al. (2021). Prevalence of ICU delirium in postoperative pediatric cardiac surgery patients. *Pediatric Critical Care Medicine*, 22(1), 68-78.

**Rypkema, Lindsay, RD, CSP, CLEC**

(2021) Can the Ketogenic Diet be used as a complementary therapy in cancer? Oncology Dietetic Practice Group website (2021) Medical

Nutrition Therapy for Primary Brain Tumors (chapter in Oncology Nutrition for Clinical Practice), Academy of Nutrition and Dietetics (Online) (2021) Can the Ketogenic Diet be used as a complementary therapy in cancer? Oncology Dietetic Practice Group website (Online)

**Yavelow, Michelle, MS, RDN, CNSC**

Yavelow, S. L. & Yavelow, M. (2020). Deep neck infection following nasogastric tube misplacement. *Otolaryngology Case Reports*, 17, 100213.





CHOC would like to thank West Coast University for its generous support and donations for scholarships and global missions.

CHOC would also like to thank the Walden W. and Jean Young Shaw Foundation for their continued support for the advancement of nursing research and innovation.

**THANK YOU!**





1201 W. La Veta Ave.  
Orange, CA 92868  
714.997.3000

[CHOC.ORG](http://CHOC.ORG)