



Caring with Open Hearts, Hands and Minds

Nursing Annual Report 2017



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford



A Message from the Chief Nursing Officer



2017 was an incredible year for Stanford Children's Health and Lucile Packard Children's Hospital Stanford. We moved into our new 521,000-square-foot building, which adds 149 beds for a total of 361 on the Palo Alto campus, enabling the hospital to serve more patients and families.

More than 90 pediatric patients were moved from the existing hospital (now called the West Building) across to the new Main Building and into new acute patient care units and pediatric and cardiovascular intensive care units. Sixteen move teams and 500 hospital employees ensured a smooth and safe transition. Congratulations to all the logistics and patient care services teams who worked tirelessly to make that happen.

Our organization is also embarking on another historic endeavor: our journey toward Magnet® recognition. Magnet recognition is the gold standard for hospitals in terms of excellence in nursing and interprofessional practice, and it is an overarching goal we wish to achieve as an organization. The Division of Patient Care Services, in collaboration with many other departments and divisions across our organization, are working on the application for Magnet designation in 2019. In this annual report, you will read stories that reflect our excellence and demonstrate the strategic planning that aligns with professional excellence and Magnet designation.

Our goal is to create a caring and healing environment for patients, families, staff and providers. In 2017, organizational leadership formalized the commitment and launched initiatives to build a resilient workforce, including education and training in Caring Science, HeartMath®, and resiliency that seek to transform stress and bring authentic human caring to the foreground of our professional practice.

We have many exciting opportunities and a lot of work ahead of us in 2018. With strong leadership and committed staff, we can partner together to achieve our goals. We have so much to offer our patients, our professions and our community.

Sincerely,

Kelly M. Johnson, PhD, RN, NEA-BC
Vice President of Patient Care Services
and Chief Nursing Officer

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Transformational Leadership

In 2017, representatives from all levels of nursing, including Shared Governance, met to design and align our nursing strategic plan for 2018 – 2021. The strategic plan incorporates organizational initiatives and nursing’s focus on our Magnet journey.

Nursing Vision

OUR VISION

To heal humanity through science and compassion, one child and family at a time.

NURSING VISION

We are dedicated to care for patients and families with open hearts, hands and minds.

OUR MISSION

Extraordinary Care.
Continual Learning.
Breakthrough Discoveries.

PROFESSIONAL PRACTICE MODEL

The structures, processes and values for nursing practice to deliver extraordinary care.



Nursing Strategic Plan 2018 – 2021

STRATEGIES

1 Transformational Leadership

Nursing leaders at all levels display strong vision and strategically lead the organization to ensure nurses’ voices are heard, their input is valued and their practice is supported.

KEY ACTIVITIES/INITIATIVES:

- Accessible and visible nurse leaders
- Nursing Executive Council (NEC) governing body for Nursing
- Support and advance nursing leaders in academics and training

2 Structural Empowerment

Nurses share in decision-making to establish standards of practice to improve care. Nurses promote partnerships to advance health in the community. Nurses have lifelong learning, academic achievement and career advancement.

KEY ACTIVITIES/INITIATIVES:

- Professional Development for all levels of nurses in the organization
- Support journey toward accredited transition programs
- Develop infrastructure for nursing involvement in community health

3 Exemplary Professional Practice

Nurses display exemplary professional practice through effective and efficient care services, interprofessional collaboration and high-quality patient outcomes. Nurses participate in safety initiatives incorporating national best practice.

KEY ACTIVITIES/INITIATIVES:

- Nurses practice based on Professional Practice Model
- Nurses practice to the top of their scope
- Implement a Just Culture model throughout the Division of Nursing
- Develop a strong nursing ethical presence

4 New Knowledge & Innovation

Nurses embody a culture of inquiry. Nurses use evidence-based practice and research to explore the safest and best practices for patients, practice environment and to generate new knowledge. Innovations in patient care, nursing and practice environments are embraced.

KEY ACTIVITIES/INITIATIVES:

- Enhance the culture of inquiry in the Division of Nursing
- Expand EBP Mentoring program
- Increase the number of nursing research projects through the IRB

ENABLERS

- ★ PQMS
- ★ Scholarships & Fellowships
- ★ Simulation
- ★ Caring Science & Heart Math
- ★ Magnet Journey
- ★ Shared Governance
- ★ The Learning Center
- ★ Alignment with Partners
- ★ Mission Zero
- ★ REVIVE
- ★ Research & Evidence Based Practice

KEY PERFORMANCE INDICATORS

Quality

Nursing sensitive outcomes
Hospital Acquired Conditions

Affordability

Staffing effectiveness Retention and recruitment Cost of care

Service

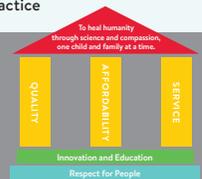
Patient experience outcomes
Increased Community Health Outreach

Innovation & Education

EBP supported projects
Increase in nursing research

Respect for People

Engagement scores
Participation in shared governance Leadership programs



2017 New Directors



Kathy Bishop BSN, RN, MBA
Director, Patient Care Services, Bass Center

What is your personal philosophy on nursing?

Nursing (especially pediatric nursing) isn't a job. It's a calling, and it definitely isn't for the faint of heart. There is nothing quite as difficult, yet rewarding, as this work. It is our job to take the hands of these families as they walk the most difficult road imaginable and help them make the unbearable as bearable as possible.



Patria Eustaquio BSN, RN
Director, Patient Care Services, Heart Center

When did you begin your career in health care?

In 1997, when I was in nursing school, I worked for Stanford Health Care as a patient service rep. After school, I worked at another facility, and I returned to Lucile Packard Children's Hospital Stanford about five years ago. Both my children were born here, my daughter with a congenital heart defect. I am forever grateful for the care they received and continue to receive. Packard Children's will always hold a special place in my heart.



Sheryl Goldstein MSN, RN, NE-BC
Director, Patient Care Services, Johnson Center

What does a healthy work environment look like to you?

A healthy environment is a place you feel comfortable in, even if it is stressful. You feel supported by leadership and peers, and it's safe, just, fulfilling and empowering. It is a place you are happy to come to. It encompasses health, resiliency, and compassionate care for each other and is free of workplace violence, bullying, and instability.



Janette Moreno DNP, RN, CCRN-K, NEA-BC
Director, Professional Development and Clinical Education

What is the most important part of your role?

As a role-based practice coach, the most important part of my job is developing nurses and empowering them to grow and find their professional career path. My goal is to inspire nurses to be leaders with autonomy and decision-making capacity.



Kristine Taylor DNP, MPH, RN, PCNS-PC
Director, Nursing Practice, Innovation and Magnet

What's your favorite part of your job?

I love strategic thinking and looking at innovative methods or redesigns to improve outcomes for patients, families and staff. I love mentoring others through projects, school and new roles. Providing support to these future leaders gives me the opportunity to provide caring at a different level in the organization.

Mentorship & Certification



May Casazza — Mary Decker Mentorship Awardee

May Casazza, MSN, CPNP-AC, CNRN, earned the Mary Decker Mentorship Award. This annual award, open to all members of the American Association of Neuroscience Nurses (AANN), recognizes a neuroscience nurse for modeling excellence and mentoring other neuroscience nurses. May was nominated for her leadership as co-chair for the Advanced Practice Providers (APP) Council and for providing mentorship and education regarding management of neurosurgical patients for physicians and nursing staff.

Ami Wells — Certification Raises Level of Clinical Expertise

Ami Wells, BSN, RN, exemplified clinical expertise as a certified nurse to prevent an unsafe patient discharge. Wells used Mission Zero techniques to question, confirm and escalate her concerns regarding safe infant feeding. Her intuitive and clinical expertise, coupled with the added confidence that comes with specialty certification, enabled her to facilitate necessary interventions, institute a more appropriate care plan, and prevent patient harm. Wells used her skills as a clinical nurse IV to help guide the parents to understand, accept and manage their baby's unexpected nasogastric tube before going home. The hospital values and thanks the extraordinary contributions and expertise of all our certified clinical nurses.



Global Outreach

Providing Education in Latin America

Richard Ramos, PNP, CNS, MS, RN-CPON®, a nurse on PCU 160, received the APHON (Association of Pediatric Hematology/Oncology Nurses) Chemotherapy/Biotherapy Instructor of the Year Award. This award recognizes APHON pediatric chemotherapy/biotherapy instructors who positively impact the students they teach and the patients and families they serve by demonstrating leadership and

excellence in the classroom. This year there are two recipients of this award: Janie Avila, RN compliance coordinator with Doctors Hospital at Renaissance, and Ramos, clinical nurse IV in oncology/stem cell transplant with Lucile Packard Children's Hospital Stanford. Avila and Ramos have done amazing work adapting the APHON pediatric chemotherapy/biotherapy program for nurses in Latin American countries.

Sharing Best Practices with Colleagues in Asia

Revive is a comprehensive resuscitation quality-improvement program. Its mission is to provide health care professionals and communities with the necessary skills to save lives and promote the best neurological outcomes in the event that an infant or child suffers a respiratory or cardiopulmonary arrest. For the past three years, Lynda Knight, MSN, RN, director of the Revive Initiative at Stanford Children's Health, was an invited guest speaker at global resuscitation conferences in Asia. Lynda presented the Revive mission, strategies and workshops to hundreds of conference attendees. "What sets Revive apart from other programs is the multifaceted nature of

our program, which incorporates research, quality, education and advocacy," Knight explains. The survival rate for cardiac arrest in the United States is roughly 35 to 47 percent (46 percent at Stanford Children's Health). The survival rate in many countries where Knight lectures is as low as 2 percent. Through global conferences and workshops, local participants learn that the key to achieving higher survival rates is really about practicing and performing high-quality CPR. "Through sharing our expertise and recommended interventions, we hope to see cardiopulmonary arrest survival rates improve around the globe," says Knight.



THIRD ASIA PACIFIC RESUSCITATION NURSES CONFERENCE

5-6 FEBRUARY 2018 | BALI, INDONESIA

Lynda Knight, MSN, RN, speaks at the Asia Pacific Resuscitation Nurses Conference in Bali, Indonesia

Providing Excellent, Nurturing Care for Patients with Complex Conditions

Few folks at Lucile Packard Children's Hospital Stanford don't know the Sandoval twins. After all, the twins and their groundbreaking surgery drew international attention.

Erika and Eva Sandoval were born conjoined, and the complex nature of their case required a large medical team of more than 100 hospital caregivers, surgeons, physicians, specialists, nurses and other medical professionals.

One of those nurses is Marie Hamilton, who was a young nurse fresh out of San Francisco State University School of Nursing when she was first introduced to the girls.

"I was working with the girls early in my nursing career. Probably about a year in," Hamilton remembers.

Hamilton met the girls before their separation surgery and remained a steadfast member of their care team for several months after the procedure. She wasted no time in immersing herself in the case and the complex care that came with it.

"We saw them before the big surgery. Every three months, they'd have different things they'd come in for," she recalls. "While they were in the hospital [after the surgery], I'd see them at least three times a week." All told, the girls spent about four and a half months on Hamilton's unit, then known as Patient Care Unit 350.

The twins' positive nature and their mother's involvement are what stick out most in Hamilton's memories of caring for the unique patients.

"I have to attribute most of their success to their mother, Aida Sandoval. She did not put up with any special circumstances because of their situation," Hamilton states. "She expected the best from her daughters and made sure to reinforce their manners by demanding pleases and thank-yous."



The Sandoval twins, now flourishing as independent toddlers

Providing excellent... Continued

In addition to keeping the girls' manners in check, Aida was a critical component in the success of the girls' long hospital stay. It took several teams to care for the Sandoval twins, a situation that posed its own challenges from a nursing perspective and which was greatly helped by constant communication from Aida.

"It could be difficult to know, based on the problem, which team to call," Hamilton notes. Learning how to best communicate without interfering with another medical team's request or interactions was something that the twins' nurses eventually mastered, with Aida's help.

Whether it was helping with the placement of a nasogastric tube or showing the nurses what positions worked best for the girls, Aida provided hands-on support the entire time.

"She communicated with the nurses about every physician encounter. She was our point of contact for everyone – what people had said, what their goals were, etc.," Hamilton remembers. "We all had to collaborate together."

"Aida would help coach the nurses on what she found to work best for the girls and what methods held the longest. We were truly grateful for her attention to detail and her help throughout their stay," Hamilton shares. "The nursing role was complementing her care as their parent," she adds.

In addition to the logistics of managing such a large care team, Hamilton recalls that another great challenge was helping the twins cope with no longer being connected.

"We would have to angle their cribs so that they could always see one another and sing across the room to each other," she states.

Another hurdle that Hamilton and the rest of the care team faced was helping the twins recognize and get comfortable with their own bodies.

"Child Life played an outstanding role in this by creating a teddy bear for each girl that mirrored their bodies. The teddy bears also taught the girls how to get used to new equipment on their bodies. If there was an issue, it really helped us assess the girls. Differentiating from surgical pain to referred pain and how that varied because now the twins were each their own being, no longer connected," Hamilton explains.

“Learning how to best communicate without interfering with another medical team’s request or interactions was something that the twins’ nurses eventually mastered”

Since she's been a part of their journey from the very beginning, Hamilton has been especially satisfied to watch the incredible progress the twins have made since the surgery.

"Just seeing them becoming their own individual selves but still cherishing that twin connection. It's amazing. [It took] such a modern-science feat to be able to separate them and let them have this wonderful life," she says. "I'm excited to see how they're going to excel even further."

Second Annual Nightingale Awards for Excellence in Nursing

The celebration of Pediatric Nurses Week (October 2–6, 2017) kicked off on Tuesday, October 3, when more than 200 nurses were recognized at the second annual Nightingale Awards for Excellence in Nursing.

Named in honor of pioneering nurse Florence Nightingale, the banquet was established to commemorate the extraordinary accomplishments of our bedside nurses, nurse leaders and colleagues who go above and beyond the call of duty.

“Nurses excel at building nurturing relationships with patients, family members and other members of our care teams,” said Dennis Lund, MD, chief medical officer.

“Our nurses set high standards for themselves and constantly strive to meet and exceed them.”

Held in the lobby of the new Lucile Packard Children’s Hospital Stanford Main Building, the evening began with a heartfelt tribute to nurses presented by Aida Sandoval, the mother of formerly conjoined twins who were separated and cared for at our hospital. That moving introduction was followed

by the recognition of the prior year’s Daisy award recipients, nurses who attained new certifications and degrees, published nurses, and professional nurse development program (PNDP) advancements.

“Nightingale awardees demonstrate leadership, advocacy, teamwork, mentoring, innovation and outstanding patient care in all they do,” said Kelly Johnson, chief nursing officer and vice president of patient care services. Johnson, along with Luanne Smedley, administrative director for clinical access and care coordination, presented the Nightingale Awards to the 26 recipients.

Congratulations to all nurses and friends of nursing honored at this year’s Nightingale Awards for Excellence in Nursing celebration.



Celebrating our nurses at the 2017 Nightingale Awards for Excellence in Nursing

2017 Nightingale Award Winners



Eminence Award | Cheryl Slaney MSN, RN, CPN

Slaney's wisdom, clinical expertise and levelheadedness influence unit outcomes. She develops caring relationships with staff and families, who all rely on her guidance and extraordinary care.



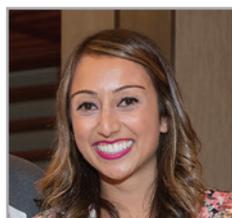
Community Outreach | Darcy Swisher BSN, RN, CCRN

Swisher donates time and skills to Camp Heart and Hands, a free camp for cancer patients and their families. As program director, she actively recruits nursing colleagues to volunteer their time at this annual event.



Clinical Excellence | Elizabeth Woo RN

Woo consistently shows a deep personal commitment to professional nursing standards and diligently advocates for all patients.



Emerging Talent | Simerdeep Sohal BSN, RN, CPN

Sohal shows the courage and critical thinking of an experienced professional nurse. She leads unit engagement projects that boost the morale of PCU 360 staff and families.



Innovation | Katherine Kent BSN, RN, CCRN

Since taking on the role of evidence-based practice unit lead, Kent has effectively worked with educators, clinical nurses and the shared governance team to plan and implement three initiatives that have reduced our CLABSI rates.



Friend of Nursing | Hugo Gonzalez MDiv

Gonzalez is like a solid rock in a world of uncertainty as he supports the faith of patients and families with offered prayers, his presence and steady friendship throughout the course of treatment.

2017 Nightingale Award Winners Continued



Excellence as an Interprofessional Team | Interdisciplinary RN Handoff

Nurses from every inpatient unit and interprofessionals from several departments worked together on the Epic implementation to plan the rollout, train super users and oversee its success. Hand-off team: Beth Faulkner, Meg Groom, Maryam Bagherpour-Azari, Kim Davies, Sharlene Chung, Veronica Martinez, Joy Suber, Andrew Helgesen, Julie Kennedy, Suzanne Federer, Yvette Keers-Mayorga, Kathleen Casey, Patrice Sellers, Nicole Vezina.



Friend of Nursing – Provider | Julie Good MD, DABMA

Dr. Good is sincere, compassionate and skilled when dealing with complex medical situations as she finds ways to help relieve the suffering the child and family are experiencing.



Excellence in Mentoring | Julie Kennedy MSN, RN, RNC-NIC

Kennedy is truly exemplary in her professional practice. She demonstrates and encourages the use of evidence-based practices. Her desire to help her team grow and be better is evident in her day-to-day practices and involvements.



Excellence in Nursing Leadership | Merian Van Eijk MSN, RN, CPHON

Van Eijk leads with integrity and models the behavior she expects from her staff. She is able to inspire others through her ability to share a vision not just as a concept, but in a way that feels real and tangible.



Excellence in Advocacy | Pam Simon MSN, RN, CPNP, CPON

Simon is a passionate advocate for young adult oncology patients. She has always had a passion for this particular population, as they have unique emotional and physical needs.



Excellence in Teamwork | PCU 200

This unit exemplifies all the aspects of a cohesive team, including endless support for one another, mutual respect, and effective communication between all members of the interdisciplinary team.



Excellence in Quality Improvement and Safety | Sara Silberschatz BSN, RN, CCRN

Silberschatz is always trying to provide the safest, highest-quality care for our patients. As our patient safety champion, she regularly uses evidence-based practice to improve patient care.

2017 Nightingale Award Nominees

Advocacy

Pam Simon*
Janet Martin
Angela Duerr
Terri Pena
Colin James
Ann Walkush
April Schwegel
Jenny Michals

Clinical Excellence

Elizabeth Woo*
Kelly Rankin
Luzelle Matias
Linda Gueths-Pomeroy
Sarah Ferrari
Colleen Wynne
Karen Yamabe-Kwong

Emerging Talent

Simerdeep Sohal*
Florence Kiang
Marie Hamilton
Lauren Tobin
David Han

Mentoring

Julie Kennedy*
Jen Young
Wendy Eagens
Arielle Binsky
Mildred Cambroner
Matt Lew

Nursing Leadership

Merian Van Eijk*
Anik Taylor
Barry Toy
Frank de la Bretoniere
Colleen Borges
Allison Carley
April Schwegel
Jenny Michals

Quality Improvement & Safety

Sara Silberschatz*
Tami Okumura
Molly Rodriguez

Teamwork

PCU 200*
PCU 350
PCU 380
Acute Care Float Team
ECH
NICU
PICU

Friend of Nursing – Provider

Dr. Julie Good*
Dr. Sushma Reddy
Dr. Sharon Rhea
Dr. Lauren Destino
Dr. Susan Crowe
Dr. Sara Kreimer

Friend of Nursing – Non-clinical

Hugo Gonzalez*
Colleen Ethridge
Jessica Beyer

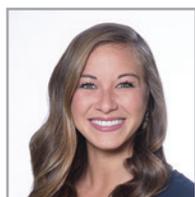
Charmayne Ong
Marta Monterosa
Meklit Endaya
Adrian Sangalang
Amelia Tuulakitau
Peggy Creamier
Francisco Corona
Julio Montesinos
Eleazar Delgadillo
Caroline Hoeveler
Sara Gomez
Ryan Ventura
Leticia Garcia
Lily Iniguez

Eminence Award

Cheryl Slaney*
Gina Ragsdale
Diep Luong
Leslie Griffith
Alison Carley
Kayla Rodd
Michelle Rhein
Marie Hamilton

DAISY Award Recipients

The DAISY Awards recognize Stanford Children's Health's extraordinary nurses for their inspiring and exemplary patient care.



Amber Cassidy RN
PCU 160



Amy Ramsay RN
PCU 160



Leslie Griffith RN
PCU 160



Susan Pulsifer RN
SEQN



Annie Spedding RN
CVICU



Kelly Buckley RN
PICU

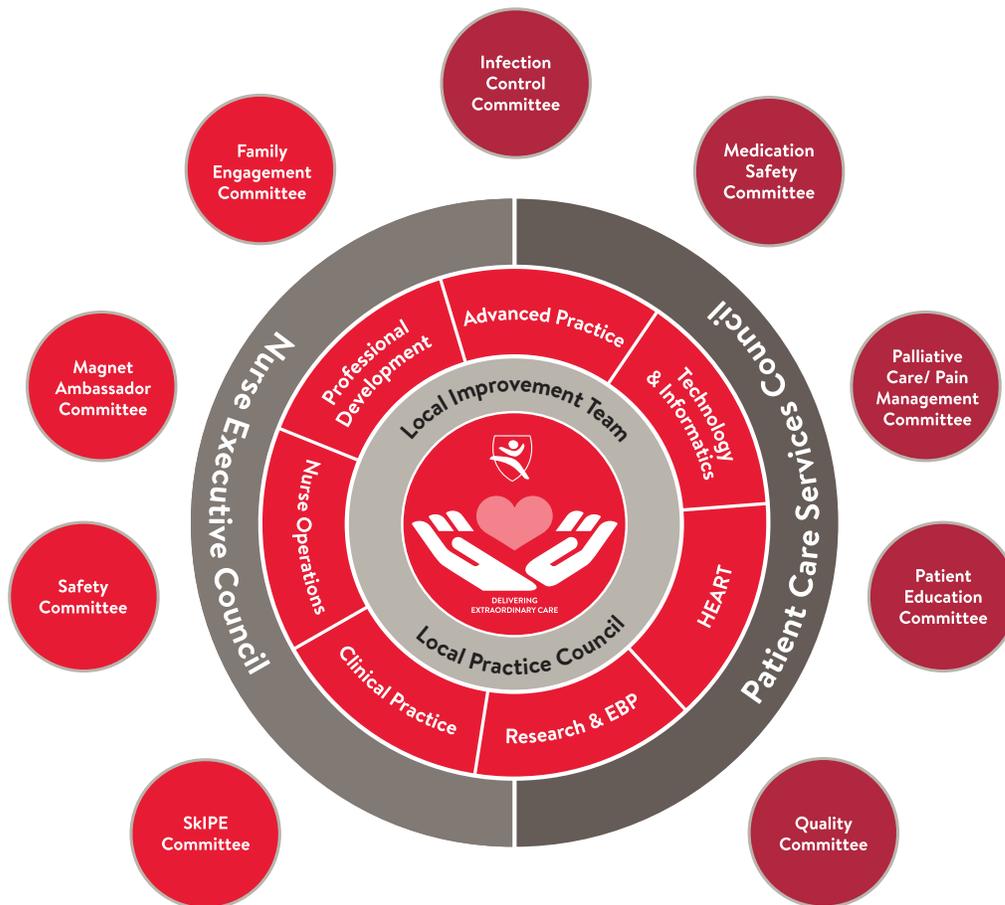


Colin James RN
Acute Care Float Team

Shared Governance Redesign

In 2017, Nursing Shared Leadership (NSL) was redesigned to align with the organizational structures, strategic plans and principles of shared governance. Nursing gained strategic visibility via the new Nurse Executive Council, and collaboration rose by including interprofessional members.

The new model (below) expands the scope and decision-making authority for each council and committee. New processes and quarterly forums streamline communication and project coordination and provide more options for night-shift and ambulatory clinicians to participate.



The new shared governance structure:

- Promotes interprofessional collaboration and decision-making
- Allocates more resources to the local practice areas
- Provides onboarding and ongoing training
- Tracks improvement efforts through an electronic platform

The new shared governance redesign incorporates:

- 185 elected members
- Nurses at all levels of practice
- 6 new councils/committees

Professional Nurse Practice Model

Our professional practice model is based on Jean Watson’s Theory of Human Caring and captures the essence of what it means to be a nurse at Stanford Children’s Health. The powerful words and symbols in the model connect us to our core values and remind us to care with open hearts, open hands and open minds. Nursing’s daily work with patients exemplifies the philosophy, ethics and practice of caring in the most profound ways.

Caring Science, the 10 Caritas Processes® and HeartMath® are practices that promote self-awareness and authentic presence – key elements for building a community where we strengthen, support and care for ourselves and one another.

10 Caritas Processes

- | | |
|-------------------------------|---|
| 1. Self-care | 6. Coaching |
| 2. Being
mindfully present | 7. Caring (transpersonal)
relationship |
| 3. Compassion | 8. Healing environment |
| 4. Trust | 9. Dignity |
| 5. Authentic listening | 10. Believing in miracles |



Caring in Action

Celebrating our NICU graduates and their families

The annual NICU grad party is a celebration of babies who’ve “graduated” from the NICU. Nurses plan the event, coordinate vendors, decorate the venue, manage activity booths and much more.

The party draws more than 400 former patients, their families, providers and nurses. It’s a chance for caring providers and grateful families to celebrate the lasting bond between NICU patients and their devoted staff.

This year’s theme was Superheroes. Nurses dressed in costumes, and some of the children dressed up, too. Roberta Harryman, RN and organizing committee co-chair, said, “It is very rewarding, after all the hard work that nurses put in, to see our patients thrive and hear their excited parents share how well their babies are doing!”

Jasmine Madlangbayan, RN and organizing committee co-chair, said “It was a great theme. Nurses and patients were all superheroes saving the world together!”

Activities included crafts, a bubble pool, superhero photo booth, face painting, a ball pit and so much more. Entertainment featured a clown, balloon animals, a magician and birds who rode tricycles!

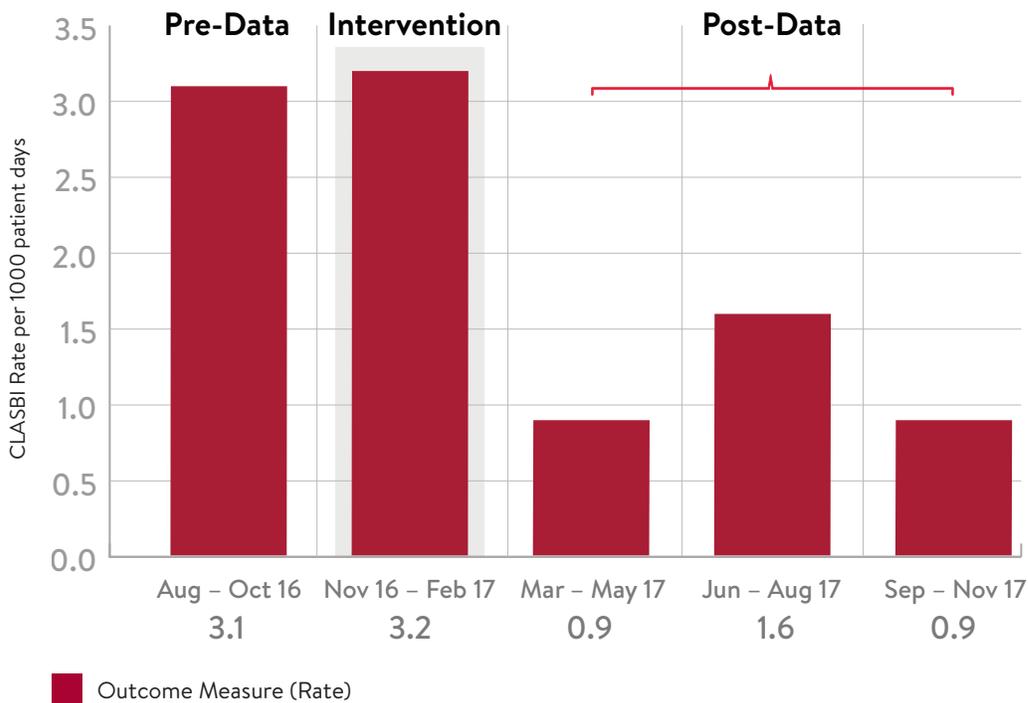


2017 NICU Graduation Party Jasmine Madlangbayan, RN; Alison Rodriguez, RN; Alice Bryan, RN

Beyond the Bundle

Over the past year, PICU efforts to decrease central line associate blood stream infections (CLABSI) intensified. Contributing factors beyond the traditional bundle elements resulted in changes to central venous catheter line care and maintenance. Results are depicted below:

Lucile Packard Children’s Hospital Stanford PICU CLABSI Rate



Goal: Decrease the CLABSI rate in the PICU

Intervention timeline:

- **September 2016:** Identified stakeholders and presented CLABSI reduction ideas to PICU physician group
- **October 2016:** PICU CNS and Quality Improvement Safety Sub-Committee (QISS) members finalized interventions and rollout plan
- **November 2016:** PICU staff were trained, and they went live with Beyond the Bundle
- **December 2016:** Gathered staff feedback to practice changes
- **February 2017:** Evaluated staff feedback and added a new closed blood draw system, the Vamp Jr., to help prevent CLABSI

Sepsis and Simulation Training

The maternity simulation team prepared a series of neonatal and maternal simulation scenarios for participants, including two obstetricians, four pediatricians, and 120 maternal-newborn registered nurses, in an effort to prepare them to identify early signs of maternal and neonatal sepsis and practice early intervention to improve safety, efficiency, and patient outcomes.

Each simulation focused on the implementation of the sepsis bundle, utilizing lecture to introduce evidence-based practice guidelines and identification of symptoms. The simulation scenario for maternal sepsis included early recognition of symptoms, communication with the physician, escalation of care, implementation of the sepsis bundle and adult code blue skills.

The newborn simulation scenario focused on recognition of hemodynamic changes in early neonatal sepsis, appropriate methods to evaluate and assess neonatal patients, effective escalation of care as indicated by patient status, and neonatal code blue skills. Debriefings occurred after each scenario where the team identified the gaps in the new evidence-based guidelines.

As a result of the simulation training, maternity registered nurses felt empowered to recognize early signs of maternal and neonatal sepsis, therefore improving patient safety and avoiding preventable harm to patients or death. Once registered nurses empowered with evidence-based practice guidelines, they recognize signs of sepsis sooner and intervene with confidence to advocate for patients.



Outcomes

- **76%** improvement in familiarity with the sepsis bundle
- **55%** improvement in ability to recognize risk factors for sepsis
- **49%** improvement in identifying symptoms of sepsis in the postpartum mother
- **59%** improvement in identifying symptoms of sepsis in the neonate
- **56%** improvement in confidence level to perform sepsis interventions
- **99%** of the RNs said objectives of simulation were met well or very well
- Simulations improved nurses' recognition of patients with suspected sepsis and sepsis
- Simulations improved nurses' SBAR communication with MDs, including recommendation of the sepsis bundle

Improving safety for maternity patients

Nursing by the Numbers

Nursing Scholarship Program Since Inception



36 Nurses
26 Unique Practice Areas
16 Different Roles

Professional Nurse Development Program New for 2017 (PNDP)

28 Clinical Nurse III
57 Clinical Nurse IV

2017 Degrees Conferred



2 Doctorate of Nursing Practice
8 Masters of Science in Nursing
5 Bachelors of Science in Nursing

Degrees in Progress



5 Doctoral
21 Masters
10 Bachelors

Nightingale Nominees

45 Nurses
6 Physicians
17 Inter-professionals

57 New Certifications



Shared Governance Redesign Taskforce

6 Clinical Nurses
5 Administrative Nurses
3 Advanced Practice Providers

We want to thank
all of the nurses and
contributors to this
year's annual report.

If you have questions or would like
to obtain a copy, please contact:

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