



Caring With Open Hearts, Hands, and Minds

Nursing Annual Report 2021–2022

Caring with Open Hearts Hands & Minds



A Word From Our CNO



It’s been another difficult year for our nurses and patient care services team. We faced what many called “the triple demic”: COVID-19, flu, and RSV. Our hospital and clinics saw record numbers of patients. The demands and needs of our patient community pushed us, but again we did not break. I am incredibly proud of this team and our resilience as an organization.

Nursing makes up the largest portion of the health care workforce. It is important to foster an environment where nurses are put in a position to positively impact the future of health care and steer the industry’s evolution. Good nursing moves beyond treating a condition to the holistic care of treating our patients and, in many cases, caring for the entire family.

As you read through this annual report, you will learn firsthand how our nurses use their voices and ideas to create innovations at the bedside. It is through this nursing innovation that ideas turn into tangible solutions to solve for pressing patient demands. Our nurses share their ideas on how to overcome challenges and improve experiences based on these patient interactions. They use educational development and support to create successful care programs.

We hope that you are inspired and enlightened by our nurses’ accomplishments, as well as their work to improve the patient care experience.

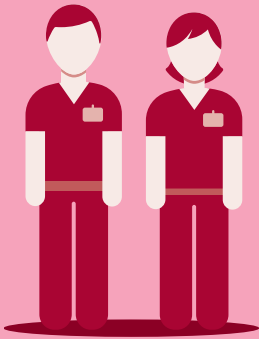
Jesus Cepero, PhD, RN
Chief Nursing Officer
Senior Vice President of Patient Care Services

In This Issue

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2021–2022 Nursing by the Numbers

Registered Nurse Residents



60 in 2021

87 in 2022



Registered Nurses

2,126

Advanced Practice Registered Nurses

186

Nursing Age Ranges



59% younger than 40

17% older than 50

Degrees in Nursing



Certification

51%



BSN and Higher Rate

86%

PNDP Total



533 RN participants in 2021

409 RN participants in 2022

Student Placements

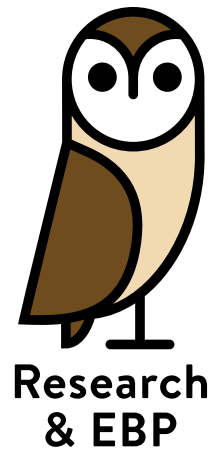
226 in 2021

343 in 2022

The Inaugural OWL Awards

The OWL Awards commemorate the extraordinary commitment of the nurses at Stanford Medicine Children’s Health in delivering exceptional care through the use of evidence-based practice.

OWL (Outstanding With Literature) was established in 2021 by the Council of Research and Evidence-Based Practice (EBP) in conjunction with the Department of Nursing Research and EBP. The OWL Awards were created to recognize nurses who have presented at a local or national conference and/or have been published in a peer-reviewed journal or book. More than 70 nurses were recognized during Nurses Week 2021 with a beautiful OWL pin. There was an OWL Recognition Booth in the Ford Family Garden during National Nurses Week that highlighted the outstanding practitioners of evidence-based practice.



OWL Podium Presentations	22
OWL Poster Presentations	12
OWL Publications	23

Congratulations to the recipients of the OWL Award!



OWL Award recipients

2021-22 Daisy Awards Winners

2021 Receptients



Ryan Morgan
PICU



Jonathan Largo
PACU



Benjamin Offenberg
PICU



Lissa Cost
PACU



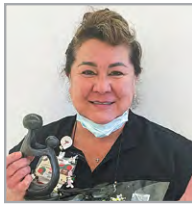
Claire Ward (NP)
REI



Laura Blair
PICU



Elizabeth Hinchman
SAFteam



Diana Hoffman
PICU



Niklas Ostertag
PCU 300



Amy Thomas
PICU



Kate Cathey
PICU



Kristen Nguyen
PCU 400



Grace Nelson
Nurse Leader-
Float Team



Team
PICU

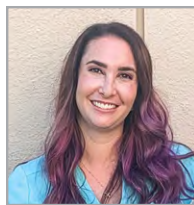
2022 Receptients



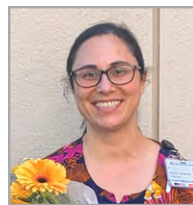
Natasha Brasil
PCU 400



Valeria Flores-Rivero
PCU 520



Kelsey Fiance
PEC



Naomi Millette
PEC



Julie Kennedy
NICU



Lilian Ross
Vascular



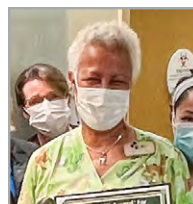
Janet Martin
NICU



Yee Ting Louis
ICN



Glyna Lara
Maternity



Gwen Olsen
ICN

2021–22 Nightingale Award Winners

Stanford Medicine Children’s Health nurses were honored at the 2021-22 sixth and seventh Nightingale Awards for nursing excellence. Named in honor of pioneering nurse Florence Nightingale, the ceremony commemorates the accomplishments of bedside nurses, nurse leaders, and team members who go above and beyond the call of duty. Congratulations to the nursing and non-nursing healthcare professionals receiving a Nightingale award for their hard work, dedication, and compassion.

2021 Nightingale Award honorees:

- Excellence in Advocacy—**Deb Auletta**
- Excellence in Quality, Safety, and Improvement—**Alison Willis**
- Excellence in Teamwork—**Wound Care Team**
- Emerging Talent Award—**Kiana Hood**
- Friend of Nursing—Physician—**David Schyr**
- Excellence in Research—**Jie Chang**
- Excellence in Mentoring—**David Rego**
- Excellence in Nursing Leadership—**Jenn Pattison**
- Friend of Nursing—**Kwai Mak**
- Clinical Excellence Award—**Holland Boertje**
- Excellence in Innovation—**Katherine Kent**
- Excellence in Precepting—**Natasha Buxton**
- Innovation and Improvement (APP)—**Lynn Maestretti**
- Preceptor of the Year (APP)—**Keely Giss**
- Rising Star (APP)—**Cristina Ratkovich**
- Exemplary Clinical Practice Award (APP)—**May Casazza**
- Eminence Award—**Yvette Keers-Mayorga**



2021 Nightingale Award Honorees

2022 Nightingale Award honorees:

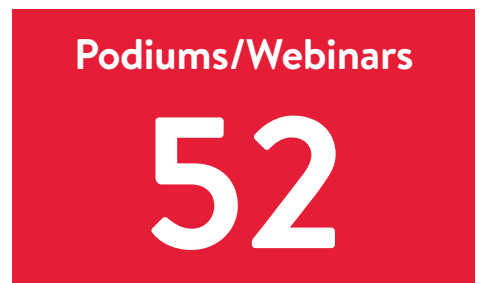
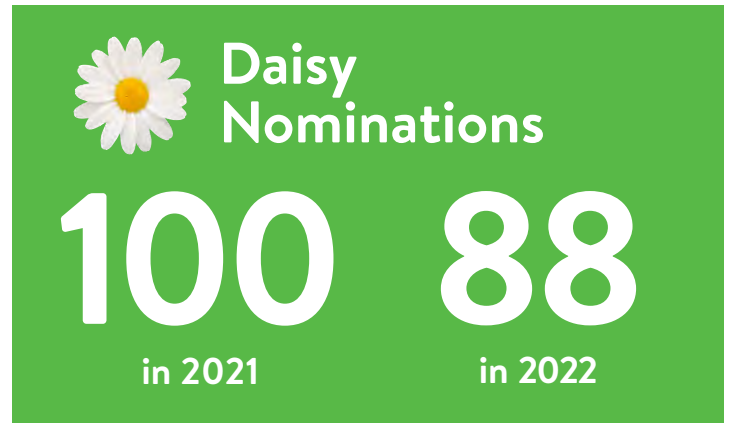
- Clinical Excellence—**Basma Albuliwi, CVICU**
- Emerging Talent—**Mariah Campana, PCU 300**
- Eminence—**Edelweiss Orate, Critical Care Float Team**
- Excellence in Advocacy—**Natalie Pacheco-Lockridge, PCU 400**
- Excellence in Community Outreach—**Elizabeth Van Alstine, PICU**
- Excellence in Innovation—**Lynn Baggese, Ambulatory**
- Excellence in Mentoring—**Abigail Florentino, Ambulatory**
- Excellence in Nursing Leadership—**Christine Fahs, PICU**
- Excellence in Precepting—**Joann Waller, PCU 400**
- Excellence in Quality, Safety, and Improvement—**Sandra Yang, PCU 400**
- Excellence in Research—**Eleanor Lin, Maternity**
- Excellence in Teamwork—**CVICU**

- Friend of Nursing—Michelle Lee, ICN (posthumous award)
- Friend of Nursing—Physician—Felice Su, PICU
- Exemplary Clinical Practice (APP)—Christina Almgren, Pain Management
- Preceptor of the Year (APP)—Drew Sachwitz, Oncology
- Innovation and Improvement (APP)—Anne McGrath, Kidney Transplant
- Rising Star (APP)—Vivian Ho, Orthopedics



2022 Nightingale Award Honorees

Awards and Recognitions by the Numbers



Resiliency in Uncharted Waters

Working in health care is challenging, and the COVID-19 pandemic has introduced additional elements of fatigue, strain, stress, loss, and grief for health care workers.

At Stanford Medicine Children’s Health, the Office of Professional Fulfillment and Resilience is a mighty team. The department has four full-time staff members who focus solely on staff resiliency and well-being, for individuals and the entire department. They are Julie Collier, PhD; Heather Fitzgerald, DBe , MS, RN, HEC-C; Andrew Helgesen, BA, BSN, RN, CIC; and Melissa Lam. The team works with department leadership to create a safe space for staff to reflect upon issues and connect with deeper meaning.

During the start of the COVID-19 pandemic, the team created a new website full of internal and external resources and practices to provide staff with tools for resiliency and wellness.

Andrew rolled out “Well-Being Wednesday,” a weekly email containing a mix of practical resources,

inspiration, and humor. Each email begins with a photo submitted by a team member. Currently more than 900 individuals are signed up to receive the email.

The Office offers personal resilience phone support. Anyone can schedule a confidential, free 30-minute phone call for emotional support. Andrew, Julie, and Heather all have clinical experience, which provides a deeper understanding of what individuals are experiencing.

In May 2021, the Stress First Aid program launched. The program provides a set of techniques that promote self-care and co-worker support. The intention is to use these techniques when needed, in the working environment. This program is available to everyone; currently we have 53 trained champions.



Wellness, Resiliency, Heart Carts and Boba!

Over the past year, multiple wellness events were seen across the organization. These included the Virtual Health & Wellness Fair in January 2022, sponsored by the Magnet Ambassadors, HEART Council, and Office of Professional Fulfillment and Resilience.

Offerings included drop-in mental resiliency sessions and a schedule of wellness and physical activities, such as group Peloton class schedules. The Sophie's Place Broadcast studio also created a full Disney week schedule that included themed activities to get patients involved and increase the spirit throughout the organization.

In May 2022, during National Nurses Week, once again wellness was stressed through our online platform and interactive events. Boba was handed out to staff; breakfast was provided to staff to

interact with leadership; and back by popular demand, our chief nursing officer provided an online cooking course.

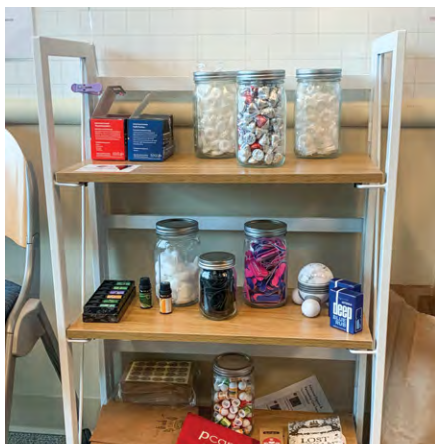
In December 2022, we launched our Heart Carts, a project funded by the Roth Auxiliary that Kristine Taylor and Ali Orlandi received. The project is aimed to provide staff with an opportunity to enjoy micro-resiliency practices while on shift. The items on the cart are standardized, and there is a combination of perishable goods and wellness/resiliency micro-practices.



OR Heart Cabinet



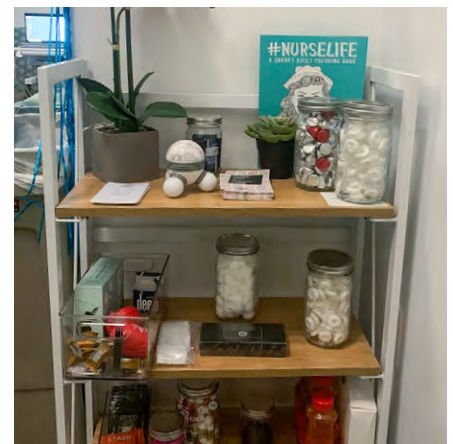
Personal touch to OR Heart cabinet



NICU 260



NICU 270



L&D 280

Nurse Spotlight—Jennifer Young, BSN, RN-BC, CCTN

Being a resource nurse on a 26-bed unit, early in your nursing career, you quickly learn the art of multitasking, the ability to work efficiently and be adaptable. Fast-forward several years, Jennifer Young now fills the roles of resource nurse, team lead (TL), dialysis champion, and liver lead for the Transplant Specialty Care Team. Through all the change and new challenges, she discovered a new love for an amazing group of patients.

“I have found my calling, or rather the calling found me. Transplant nursing allows me to continue to expand my own knowledge and share it with my colleagues. It gives me the opportunity to care for some of the most amazing patients, challenge my critical thinking, connecting multisystemic approaches to patient care. I am proud to be a clinical certified transplant nurse at Stanford Children’s. The journey was not easy, but it also was not impossible.”

Describe one of your best shifts or days ever

“Donate Life Month holds a special place in my heart. It is a time we as transplant practitioners get to celebrate the specialty we care so much about. This year I had one of my patient care experiences come full circle. In 2003 I cared for a 2-year-old little boy who was given a less than 50% chance of survival upon his original diagnosis. He ultimately needed a liver transplant. I remember the day he went to the OR after getting the call that an organ was available. Unfortunately, his first liver transplant failed almost immediately, he suffered cardiac arrest, and was listed for a second liver. By some miracle, his mom came up to the unit to tell us that he was going to the OR in hopes that this second liver would be his lifesaving transplant. He made it out



Jennifer Young, BSN, RN-BC, CCTN

of surgery and was eventually discharged home successfully. Fast-forward to April 2021, Stanford Children’s featured a story of “MVP,” and after never fully knowing how the little 2-year-old boy I had taken care of had done, I saw his face flash across our intranet. I knew it was him, the same features, just all grown up. I opened the story and there it was, the first Division 1 athlete to have had a liver transplant, stage IV liver cancer, and a heart attack, followed by 36 minutes of cardiac arrest, who graduated as valedictorian. It is miracles like these that make transplant nursing such a blessing.”



Scan the QR Code to
read the full patient story.

Getting to Know Your Executives



Robert Wenz

Executive Director,
Heart Center

Fun fact: Our family owns a Christmas Tree Farm in New Jersey



Luanne Smedley

Executive Director & Associate
Chief Nursing Officer

Johnson Center for Pregnancy
and Newborn Services/
Clinical Access

Fun fact: My husband and I have the same birthday!



Kimberly Browne

Executive Director,
Patient & Family Services

Fun fact: Sailing through the Whitsunday Islands to Whitehaven Beach was the most breathtaking experience of my life.



Amy Semple

Vice President, Interventional
and Perioperative Services

Dream job: Explore space and be an astronaut.



Annette S. Nasr

Director of Nursing Research
and EBP Associate Professor

Fun fact: I sailed a boat across the Pacific Ocean with two other people!



Andrew Palmquist

Associate Chief Nursing Officer
Pediatrics & Critical Care

Favorite travel story: I arrived in Costa Rica in middle of night without my wallet or any money. Made for an interesting surf trip.



Kristine Taylor

Executive Director Center
for Professional Excellence
& Inquiry

Favorite travel story: Swimming with elephants in Zimbabwe.



Jesus Cepero

Senior Vice President
and Chief Nursing Officer

Fun fact: I worked 11 years as a Forensic Investigator for the Homicide Squad in New Jersey.



Pamela Orlandi

Surgical Quality
Program Manager

Favorite travel story: I had the privilege to volunteer at an elephant sanctuary in Thailand in 2019.



Jamie Vik

Executive Director & Associate
Chief Nursing Officer (ACNO)
Ambulatory Services

Favorite travel story: I am a true soccer enthusiast. I played soccer, coached youth soccer, and became a referee. I enjoy watching Welcome to Wrexham!



Barbara Suplit

Executive Director of the
Center for Advanced Practice

Fun fact: While in Armenia, I helped nurses in Yerevan prepare to take and pass the NCLEX exam. This was part of a project out of UCLA to bring Armenian Nurses to the US.

PICU Receives American Association of Critical Care Nursing Gold Beacon Award for Excellence

We are proud to announce that our Pediatric Intensive Care Unit (PICU) is a recipient of the American Association of Critical-Care Nurses Gold Beacon Award for Excellence. This award recognizes individual critical care units that meet rigid criteria for excellence, exhibit high-quality standards, and provide exceptional care for patients and their families. Our PICU is now the fifth unit across all of California to have achieved gold status.



The following significant accomplishments demonstrated that we are gold:

- Improved trend of quality indicators such as central line-associated bloodstream infections (CLABSIs) and hospital-acquired pressure injuries (HAPIs).
- Strong shared nursing governance structure and frontline staff engagement.
- Robust initial and ongoing training, precepting, and mentoring processes.
- LIT and interdisciplinary engagement in improvement work.
- Aligned nursing and physician leadership teams sharing common values and collaborative work.
- Twice-daily interdisciplinary safety huddles.
- Nurse integrated rounds.
- Numerous examples of above-and-beyond and novel interventions aimed at supporting the most complex patient types, support of staff, end-of-life care, spiritual needs, and language support for non-English-speaking patients and their families.
- Organization and local-level unit recognition and awards.
- Ongoing evaluation and adjustments of our work and processes to ensure success.

Join us in congratulating our PICU on becoming a Beacon gold award recipient and for all of their foundational work that has made this award possible.



Stanford Medicine Children's Health PICU nurses

Highest Level of Surgical Designation Achieved

Lucile Packard Children’s Hospital Stanford, the center of Stanford Children’s Health, has been verified as a Level I children’s surgery center by the American College of Surgeons (ACS) Children’s Surgery Verification Program—the highest designation a hospital can receive.

We have a long history of excellence in delivering top-quality care to the most complex patients, a strong culture of safety, recognition for diversity and inclusion, application of core and advanced technologies to their clinical and business programs, and overriding drive for continuous improvement from leadership to staff. The hospital’s operating rooms handle approximately 10,000 cases each year.

Patients and families can walk into a Level I children’s surgery center knowing that it:

- Has leadership and comprehensive care from specialty-trained surgeons for all aspects of the surgical needs of newborns, children, and teens.
- Provides operating rooms designated for children that are available 24/7.
- Offers pediatric anesthesiologists and pediatric radiologists who provide care any time of day.
- Has a highly trained nurse transport team that specializes in critical care transports for neonatal and pediatric patients.
- Trains pediatric residents and health leaders in education and research.
- Nurses provide pediatric nursing care with specialized knowledge and skills demonstrated by competency training and continuing education in pediatric nursing.

A team of ACS surveyors, consisting of experienced pediatric surgeons, anesthesiologists, and nurses, reviewed the hospital’s structure, processes, and clinical outcomes data during a virtual site visit and noted the collaborative relationships between hospital management and clinicians.

The surveyors commented, “The Lucile Packard Children’s Hospital Stanford Children’s Surgery Program has a strong culture of safety and quality care and an overriding drive for continuous improvement. A collaborative relationship between hospital management and clinicians has provided an environment that fosters transparent self-evaluation and the evolution of many exemplary quality and safety improvement projects. Clinical leaders are fluent in the process and language of quality and performance improvement. The surgery department is well integrated within the Center’s quality and safety infrastructure.” They found 22 Strengths, 0 deficiencies, and 0 weaknesses.

“At Stanford Children’s Health, we have a strong commitment to improvement, and that happens by fostering a culture of open dialogue and transparency,” says Jesus Cepero, PhD, RN, senior vice president of patient care services and chief nursing officer of Stanford Medicine Children’s Health. “We’ve seen this lead to meaningful change initiatives to make sure our patients are getting the absolute best care.”

Center for Professional Excellence (CPE&I) is now an Accredited Provider Unit for Nursing Continuing Education 2021

Accredited Program:

Dionne Margallo, DNP, RN, NPD-BC, RNC-NIC

Professional Development Associate:

Marilen Zamora

Manager, Professional Development

Margaret Godin, MS, BSN, RN-BC

Nurse Planners:

Froiland Ascano, DNP, MS, RN,
CPNP-AC, NPD-BC, CCRN

Renee Billner-Garcia, DNP, RN, NPD-BC

Andrew Helgesen, BA, BSN, RN

Lynda Knight, MSN-Ed, RN, CPN

Kimberly Pyke-Grimm, PhD, RN, CNS, CPHON

Miranda Schmidt, MSN-Ed, RN, NPD-BC, CCRN-K

Shelley Van Bibber, MSN, RN, CPN

+1,725
Attendees



+780
Registered nurses



2,300+

Continuing
Education
Hours
Provided

Classes Offered

- 6 Critical Practices to Leading a Team
- Advanced CVICU Care
- Compassion Cultivation Training
- Courageous Leader Academy
- Crucial Accountability
- Crucial Conversations
- Diabetes Teaching
- EBP Bootcamp
- Frontline Leader Workshop
- GRACE Ambassador Training
- HeartMath Resilience Advantage
- Influencer
- Introduction to Health Literacy
- PALS Provider
- PALS Recertification
- Pediatric Seizure Management
- PQMS for Champions: A3
- PQMS for Champions: DMS
- PQMS Foundations
- Preceptor Workshop
- Shared Governance
- Stress First Aid Champion Training
- Unconscious Bias

The Office of Patient/Family Education and Health Literacy

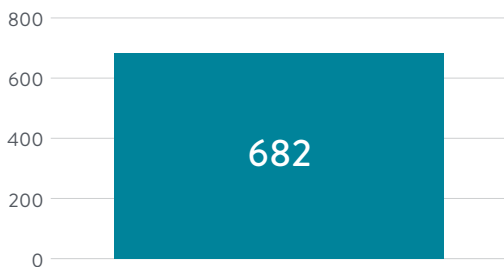
The average reading level in the United States is seventh to eighth grade. Over 80% of Stanford Medicine Children’s Health’s educational material is at about a seventh-grade level, with the average grade level for a health-related brochure over 10th grade.

The Office of Patient/Family Education and Health Literacy identified that there was no oversight or standard review process for vetting or creating educational material. A majority of the health education materials were written at a high literacy level, potentially leading to confusion and dissatisfaction among patients. Over the course of two years, a standard review process to oversee all patient and family education for the institution was developed. The Office of Patient/Family Education

expanded from the two-person team of Jenny Shaffer, DNP, RN, ACCNS-P, and Elizabeth Li to the five-person team they are today.

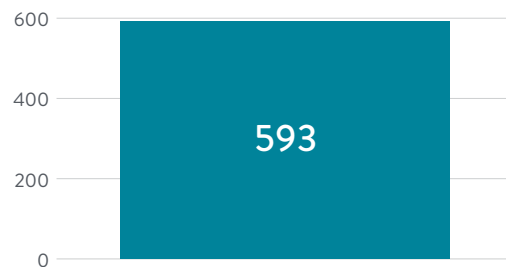
For 2021, the Office of Patient/Family Education and Health Literacy received 808 documents to be reviewed. More than 80% of the documents received were over the seventh-to-eighth-grade average reading level. After the formal review process, fewer than 20% of the documents were above the average reading level.

Number of pages submitted for a health literacy review (2021)



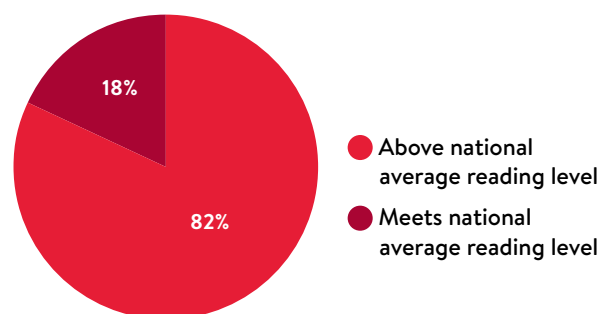
Education requests submitted to the office of Patient/Family Education & Health Literacy

Number of pages submitted for a health literacy review (2022)



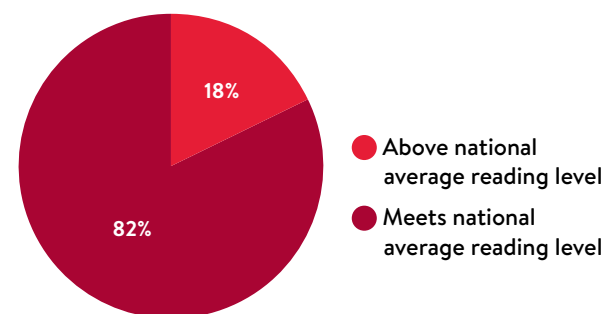
Education requests submitted to the office of Patient/Family Education & Health Literacy

Initial Health Literacy



Education requests submitted to the office of Patient/Family Education & Health Literacy

Final Health Literacy



Education requests submitted to the office of Patient/Family Education & Health Literacy

The Office of Patient/Family Education and Health Literacy, in conjunction with the Patient Education Committee, also created a Health Literacy Learning Camp to promote health-literate design of materials within the organization. The virtual Health Literacy Camp’s goal was to provide a basic understanding of health literacy and lay a foundation for further workshops on the topic. In the Health Literacy Camp, providers are given tips to make information understandable for patients with lower and higher levels of health literacy and to create print and electronic health information for patients and families that is easier to understand. The literacy

camp can serve as an introductory course to build a foundation for advanced health literacy design workshops, leading to a better overall experience for patients and families.

“At Stanford Medicine Children’s Health, we believe that words, design, layout, and language shouldn’t be a barrier to health.”

The Office of Patient/Family Education & Health Literacy



The Health Literacy Learning Camp is a 4-hour online introductory course about the basic principles of health literacy and the teach-back method. CEUs are available with the completion of this course.



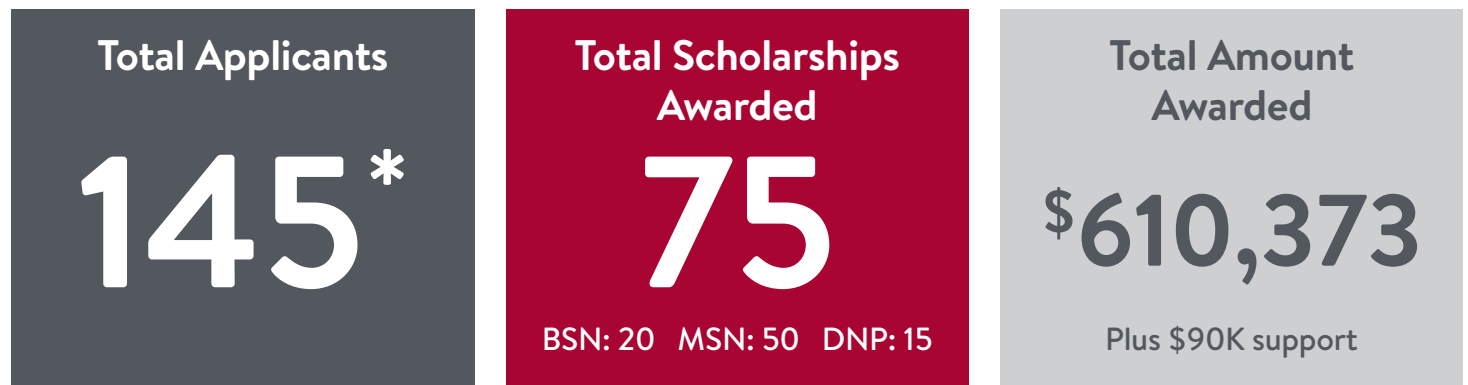
Members of the Patient/Family Education committee

The Nursing Scholarship Program

The nursing scholarship is available to Stanford Medicine Children’s Health employees for funds to be used toward tuition, fees, and books to offset expenses needed to attend a bachelor’s, master’s, or doctoral program in nursing. This scholarship is in collaboration with the Lucile Packard Foundation for

Children’s Health. To qualify for this scholarship, the applicant needs to be currently employed at Stanford Medicine Children’s Health for a minimum of one year, working a 0.5 full-time equivalent, and on track to graduate in two years. The program began in 2013 and will have funds through 2023.

Scholarship Program Summary



*This number excludes the total number of applicants for the 2013–2014 and 2014–2015 academic years due to insufficient data.

Association of Auxiliaries for Children

Since 1919, the Association of Auxiliaries for Children has devoted their energy, talent, and passion to ensure that children in our community receive the medical care they need. It is the governing board for seven independent Auxiliaries. The mission of the Association is to promote, foster, and maintain the welfare of children by raising funds that support care for all at Stanford Children’s. The Auxiliaries span from San Francisco to San Jose and are composed of 850 members from many walks of life. Their volunteer service and fundraising efforts include hosting special events, managing retail businesses, and providing services that benefit our patients and families.

Auxiliary members are an integral part of Lucile Packard Children’s Hospital Stanford’s history and have raised millions of dollars and devoted countless hours of service to support the care of patients and families. Annually, the Auxiliaries and their members donate \$2 million, and the Auxiliaries Endowment provides an additional \$1 million in grants to support our hospital’s programs and services.

2022

36 Applications

12 Awards totaling \$1.2 million

Shared Governance

Shared Governance expanded by adding two new councils. Here is information about the RN Coordinator and Interpreter Services Professional Practice councils.

The RN Coordinator Council (RNCC) is the governing body for the RN coordinators in their professional practice and it formulates standardization across Stanford Medicine Children's Health. The RNCC is accountable for decisions that affect the RN coordinator role. The RNCC works to create best practices and standardization in the RN coordinator role across ambulatory clinics and serves as the voice to bring forward practice gaps in care, to implement the best practice standards for the role, and to ensure that RN coordinators are working within their scope and at the top of their license. The RNCC will be the primary source to disseminate RN coordinator changes and best practices. The RNCC shares internal and external resources to support patients in their care and partners with other members of the interdisciplinary team to ensure holistic patient care transitions and to empower parents in the care of their child.

Following Magnet designation and the My Work Experience Survey, Interpreter Services created the Interpreter Services Professional Practice

Council (ISPPC) as a means for leadership and team members to partner and seize opportunities to examine and evolve practices according to departmental and organizational need. The purpose of the Interpreter Services Council is to ensure that medical interpreter translators (MIT) practice at the top of their professional scope; align strategic priorities with resources; provide a platform for leadership skills development; and collaborate with support programs. A few of the primary functions of the council are to identify and utilize best practices in interpretation and translation as they pertain to our patients, families, and providers; promote awareness and utilization of language access; and create an environment that supports practice and promotes personal resilience. The Interpreter Services Council created its charter, engaged with Organizational Development to outline standards of council practice, completed its first tenure in the 2022 calendar year, and is gearing up for elections for the next term.



Interpreter Services team

Unplanned Extubation

Prevention of hospital acquired conditions, otherwise known as HACs, is a top priority for the organization’s annual quality goal. The Center for Professional Excellence and Inquiry (CPEI) embarked on a journey to standardize the practice of preventing and reporting unplanned extubations (UE) across the intensive care units: the Pediatric Intensive Care Unit (PICU), the Cardiovascular Intensive Care Unit (CVICU), and the Neonatal Intensive Care Unit (NICU).

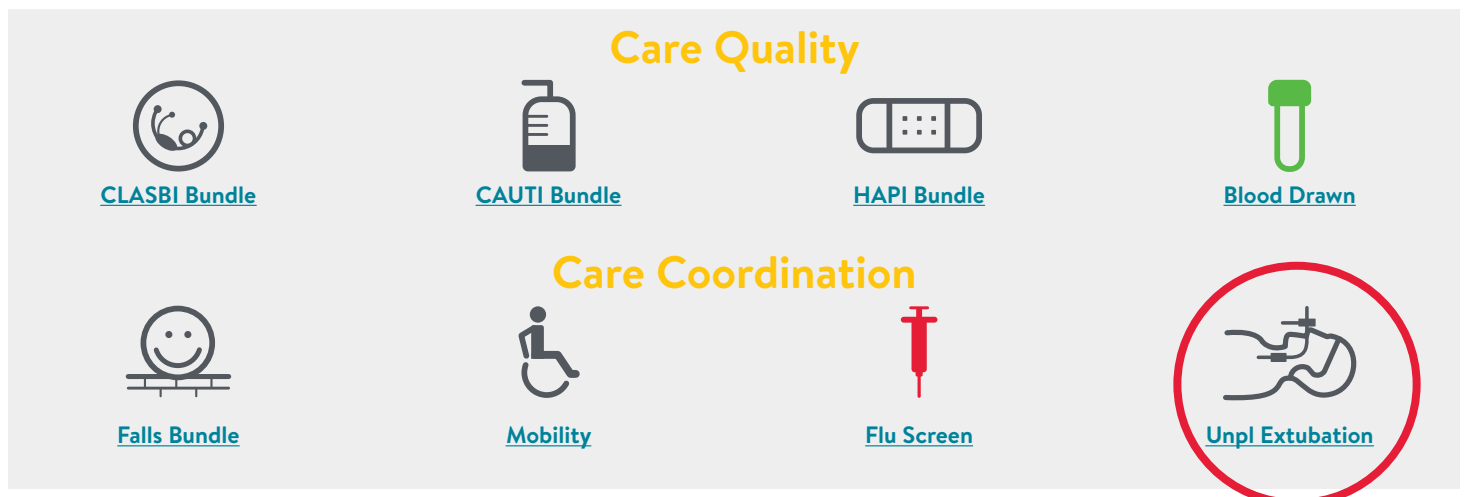
Sarah Ferrari, DNP, RN, CPHON, director of Practice and Implementation, and Sandra Nuñez, MPH, CPHQ, Quality Improvement adviser, were identified to lead this interprofessional improvement collaborative, utilizing the rapid process improvement (RPI) and evidence-based practice structure to standardize how UE events are reported, as well as how clinical practice impacts the prevention bundle compliance.

The interprofessional RPI team evaluated the evidence and current practices for intubated patients for the PICU, CVICU, and NICU population during February and March 2020. The team evaluated organizational policies and procedures, assessing for gaps in practice in comparison with the Solutions for Patient Safety (SPS) Unplanned Extubation Bundle. The three evidence-based practice bundle element recommendations from SPS to prevent unplanned extubation are as follows:

1. Two licensed clinicians are present for securing, manipulating, and repositioning ETT.
2. Select an anatomical landmark: gum/teeth/nares; lips—Neonatal Resuscitation Program.
3. Select a securement device.

Education went live during September 2020 across all critical care units, reviewing in detail each bundle element practice changes. The unplanned extubation bundle was integrated into practice in October 2020.

In true lean methodology fashion, the RPI team regrouped in April 2021 to evaluate the new practices deployed for any improvement needs. They used the Plan, Do, Study, Act (PDSA) cycle to evaluate the bundle elements and clinical practice interventions to determine vulnerabilities and optimizations, and they developed criteria for dashboard compliance. The UE team partnered with the Information Services team on the development of dashboards. The patient dashboard allows for immediate visualization of bundle compliance on each shift, while the unit dashboard allows for transparency of event data across the month. The UE team discussed various options for icons to display on the patient dashboard in the electronic health record and agreed on the below icon. An educational push was deployed, highlighting the PDSA changes as well as reinforcing practices in July 2020. In November 2021, both dashboards were deployed.



CAUTI Reduction in CVICU

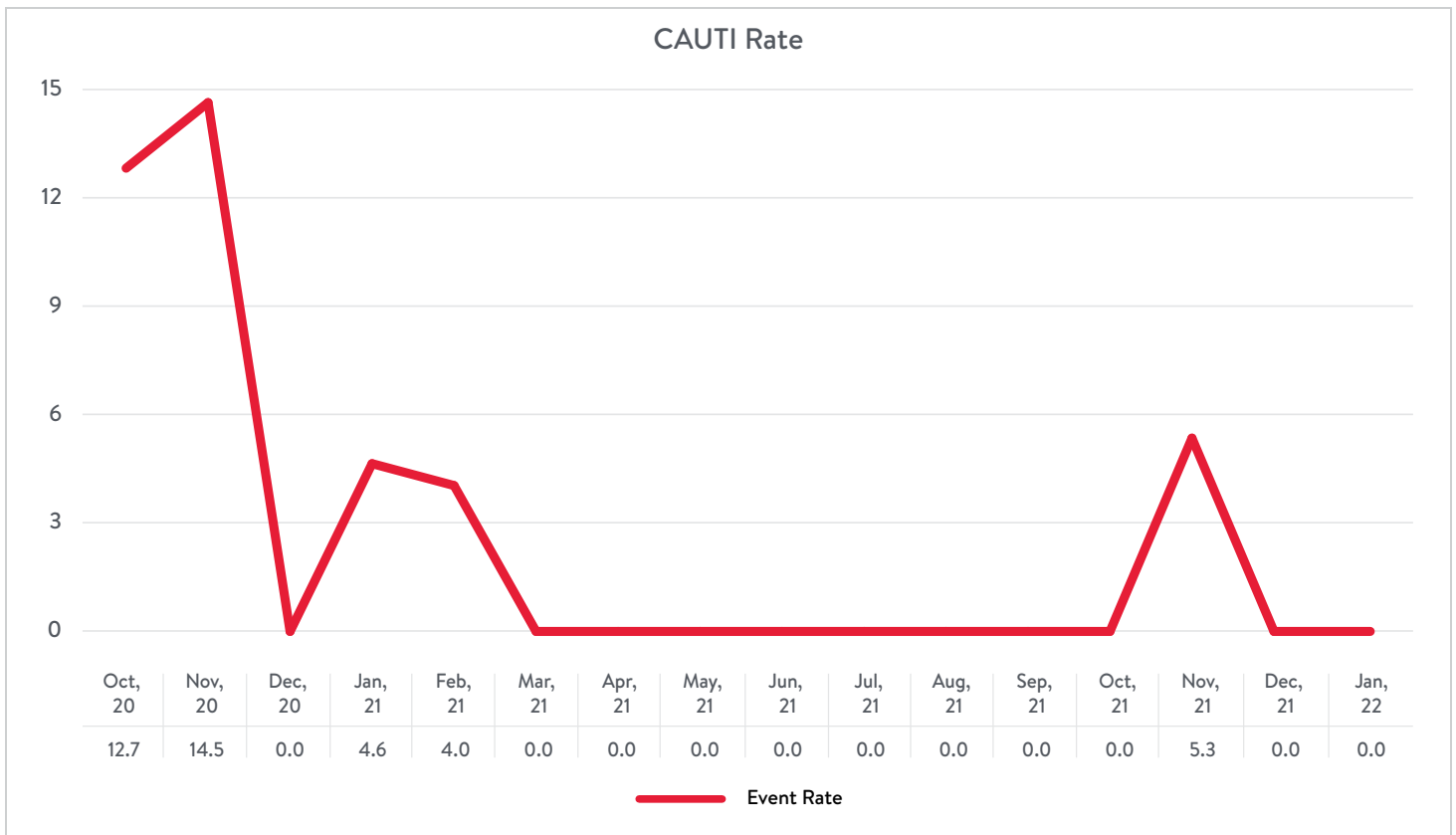
As nurses, we focus on quality care by preventing hospital-acquired conditions (HAC). Last year, the Cardiovascular Intensive Care Unit (CVICU) focused their efforts on decreasing the catheter-associated urinary tract infection (CAUTI) rate. The Centers for Disease Control and Prevention (CDC) established guidelines for preventing CAUTIs using a urinary catheter insertion and maintenance bundle. After the CVICU nurses assessed CAUTI prevention measures, the decision was made to focus on reeducation on catheter insertion, bundle maintenance, creation of a universal urinary catheter tray, and formalizing the CAUTI prevention policy to reflect the best practices.

In March 2021, Tracy Pablo, RN, and Karen Belanger, MSN, RN, PNP-AC, CEN, both clinical practice and quality specialists (CPQS), and Froiland Ascano, DNP, RN, NPD-BC, CPNP-AC, CCRN, the nursing professional development specialist (NPDS), implemented an ambitious education and quality improvement initiative to decrease the incidence of CAUTIs and improve patient outcomes in the CVICU. The NPDS provided education resources through

weekly newsletters, tip sheets, and staff meetings. For a unit-based project, clinical nurses created a video for both insertion and maintenance of the urinary catheter. The video demonstrated insertion and maintenance bundles, along with proper Foley and perineum care. The policy was linked in the electronic health record for ease of access.

An essential part of the education strategy was to leverage the support of the hospital-acquired condition (HAC) clinical nurse champions in disseminating information. The HAC champions conducted bedside bundle education rounds during each shift to ensure adherence to the CAUTI bundle elements. Another approach to mitigate the risk of CAUTIs was the addition of a universal urinary catheter insertion tray. The universal trays provided standardization of supplies.

The goal to improve CAUTI rates was a success. There were no incidences of CAUTI in the CVICU for nine months following the implementation of the education and process improvement plan.



ReSPCT: Relational Support and Partnership Care Team

At the foundation of our value system is respect for people. Respect is a fundamental element of all healthy communication and interaction and is essential to support a culture of safety.

In alignment with the goal of promoting the safety of our patients, caregivers, and team members, on Sept. 1, 2022, the organization launched the Relational Support and Partnership Care Team (ReSPCT). In a health system with acuity as high as we see at Stanford Medicine Children’s Health, it is to be expected that a wide array of coping techniques will be demonstrated by the individuals involved in care—patients, caregivers, and team members alike. It is imperative to acknowledge this with appreciation of cultural considerations and utilizing a trauma-informed perspective.

The ReSPCT approach to supporting care is through rounding proactively to gain awareness of any situations in which patients and caregivers would benefit from support to ensure their capacity to safely engage in care.

Core ReSPCT members are dedicated social workers, nursing leaders, members of the treating

provider team, and security officers. Collaboration with other key disciplines such as Child Life, Spiritual Care, and Child Psychiatry will allow for holistic support to be provided to our patients, caregivers, and team members.

Below are the different methods to request:

- A ReSPCT consult may be entered to request the team’s formal assessment and care planning.
- A ReSPCT code can be called when there is a perceived immediate risk to patient, caregiver, or team member safety.
- A debrief will be offered by ReSPCT team members following a code activation to reestablish team member safety, evaluating what worked well, determining the opportunities to improve, and reviewing skills and tactics for team members to employ in future engagements with the patient/caregiver.



Patient's Plan of Care Redesign

Two of our Shared Governance councils, Clinical Practice and Technology and Informatics, came together to improve the process for documentation of the patients' plan of care.

The current care plans were not set up to encompass the clinical picture of the patients. The interventions were too generic and not reflective of the care provided; the care plan was difficult to navigate and could not be individualized easily.

The discussion was led by Margaret Godin and Kristine Taylor and contained a clinical group made up of representatives from different units. The vision for the future of the patients' care plan was to keep it simple and integrate with all disciplines. The care plan should be populated by documentation from flowsheets, should flex with the changing needs of the patient, and should be summarized in one area.

All data and feedback from various units was reviewed, and the following design decisions were created. The care plan goals and interventions would come from the following documentation:

Lines, Drains, Airways; Admission Database; Orders and the Flowsheet. The notes from the provider, case management, rehab, social work, and Child Life would be pulled to the care plan.

Goals were going to coincide with documentation and pull from the following 10 categories: Mechanical Support, Respiratory Status, Circulatory Status, Psychosocial, Development/Functional, Nutrition, Pain Management, Infection Management, Integumentary, and Safety.

Once the design was completed, the team engaged the clinical informatics to help work with our information services partners to build the new care plan. In spring 2022, the build went back to the Technology and Informatics Council for testing and feedback. In fall 2022, the patients' care plan went live.



Keeping Our Staff Safe: Creation of the Workplace Violence Prevention Program

The statistics on workplace violence are undeniable. Fifty percent of all reported workplace violence incidents occurred against health care workers. Nurses are attacked at more than 3.5 times the national average of workplace violence.

In January 2021, the Workplace Violence (WPV) Resource Champion team was established to focus efforts in supporting patients, families, and staff. The Champions are an interdisciplinary team that meets quarterly, and membership consists of security, social work, nursing, physical therapy, occupational therapy, interpreters, respiratory therapy, and child life specialists. They serve as a resource to their units, help disseminate information on the tools available, and provide input and feedback on what is still needed. There are currently about 40 Champions throughout the organization.

The cross-functional input from the team gives a wider perspective, clearly demonstrating similar experiences of workplace violence. The existence of the committee has encouraged more people across the organization to initiate conversations that are uncomfortable but necessary.

In 2021, the WPV program created and implemented new tools and pathways using evidence-based practice. The High Touch–High Needs Family/Patient Escalation pathway applies a standardized approach to reduce dysregulation or escalating behaviors,

providing health care workers with just-in-time resources.

“Sharing similarities in our stories about workplace violence across multiple units and roles creates camaraderie and I love that. We bond over similar struggles, and this helps us support and back each other up. A huge benefit of this committee is how we come together as one team to fight for improved conditions and outcomes.”

Kelly Leathers, BSN, RN, CPN

“What has been very helpful is the use of the WPV tools for preparation for patients/families that may escalate or have a history of escalation. In the SSU, we get notified during report from the PACU about any possible conflicts that have occurred or can occur. As Resource Nurse or Bedside Nurse, I can easily look over the High Touch High Needs Pathway to prepare for any conflicts. I always assess the situation first to determine the need for interventions; but with the Pathway, I know I am prepared and what my resources are”

Raymond Bonito, BSN, RN, CPN

A Holistic Prevention and Approach to Violence in the Workplace— 3 part series

- Promoting Civility in the Workplace Workshop
- Moving Through Conflict with Effective Communication Tools
- Managing Workplace Violence and Escalating Behaviors in the Healthcare Setting

Dialysis Rapid Process Improvement

Stanford Medicine Children’s Health is committed to reducing central line–associated bloodstream infections (CLABSIs) lead to a series of rapid process improvements (RPIs) to standardize practice across the organization using evidence-based practice (EBP).

The dialysis programs expansion to provide therapy to all inpatient units highlighted the need to align clinical practices related to catheter care. An EBP RPI was led by Sarah Ferrari, DNP, RN, CPHON, director of Practice and Implementation, and executive sponsors Scott Sutherland, MD, and Cynthia Wong, MD.

The RPI team was composed of patient care unit clinical nurses, dialysis team clinical nurses, and apheresis team clinical nurses. To ensure alignment with collaborative best practices and EBP in the prevention of CLABSIs, the team performed a crosswalk comparing best practices from Standardized Care to Improve Outcomes in Pediatric End-Stage Renal Disease (SCOPE) with those of Solutions for Patient Safety (SPS). A review of current clinical practice within the specialty of hemodialysis/apheresis showed a need for standardization related to the care and maintenance of these catheters.

In October and December 2019, the RPI team evaluated the current state, appraised the

literature, and evaluated the crosswalk to determine best practices for four skill groups:

- Line Patency
- Needleless Connectors
- Dressing Changes
- Blood Cultures

The proposal was to heighten nursing collaboration in the ownership of their practice and skills related to the care of these lines between dialysis and inpatient nurses. All nurses are trained and competent to perform central-line maintenance skills. The clinical nurses on the RPI agreed that a shared ownership was needed to provide the best care to these patients and improve outcomes. In July 2020, the practice changes were implemented across the organization.

The team met again in May 2021 to evaluate the practice changes set forth and identify the areas to strengthen. They agreed that the lines of responsibilities were blurred. A tip sheet was created for clarity. Improvements were made to the different categories of work, and reeducation was deployed in September 2021.

Key Educational Points

	Inpatient	Outpatient
Patient Categories	Include all inpatient PCUs, Bass Center Infusion, and Short Stay Unit	Includes the Dialysis Unit
Needleless (TEGO®) Connector	Needleless content from Tego® procedure into the Needleless Connector Change procedure to have one document. REMINDER: Do NOT flush upon attaching the new needleless connector due to residual alteplase in the line, aspirate first. Frequency of change will be 96 hours.	Continue to change every week with dressing changes, no change in workflow.
Blood Culture	No changes to existing practices or workflows. REMINDER: Remove needleless connector when obtaining blood cultures and replace with a new one.	
Dressing Change	For patients with a PICC line in place, the VAD team will continue to be the first line to perform this skill and the second line will be those with the specialized competency for PICC Dressing Changes.	
Patency	REMINDER: Alteplase can be administered through the needlesless connector. ENHANCEMENT: Remove needleless connector when obtaining blood cultures and replace with a new one.	

CPEI Recognized as an Apple Distinguished School

We are proud to share that the Center for Professional Excellence and Inquiry (CPEI) is now an Apple Distinguished School. CPEI was the first site outside of a school or university to be recognized by Apple for innovative use of technology, leadership, and educational excellence.

The stringent criteria for inclusion mean that only the best and most innovative programs in the world are included in the list of Apple Distinguished Schools. Due to the foundation laid by the CPEI Think Different campaign, we join the small and celebrated list of schools and organizations that have been recognized.

Think Different was established to impact patient safety and compliance by integrating mobile technology such as iPads, iPhones, and MacBook Pro computers into daily practice. As part of the campaign, each person was given an iPad and trained to use Apple technology as a tool to collaborate and create learning materials. Currently, all Nurse Educators are Apple Certified Educators, and more than 50% of the department is Apple certified.

Using iPads allows CPEI to deliver real-time learning and instant access to resources. CPEI Manager Margie R. Godin, MS, BSN, RN-BC, explained how the advances championed for Think Different made it possible to conduct urgent training on new processes and ever-changing PPE supplies during the COVID-19 pandemic.

“We created videos with the latest information and linked them to QR codes that we posted on flyers. Within just a few days, everybody knew about it. It was a really fast way for us to get information out,” she said. “That was the first time that we saw the impact that we could have. We could teach even when things were changing very, very quickly



Honored as Apple Distinguished School

versus the old days, when we would have to round up everyone and make sure we got them all, and it took so much more time.

“One of the reasons it was successful is because the nurses were able to access the information readily and not just come to class, learn it, and go away,” she explained. “There’s a big advantage to the clinician because they can keep everything at their fingertips. They don’t have to remember it all. They just have to know where to access that information, which gives us better patient safety and quality of care because they have easily accessible educational materials.”

Becoming an Apple Distinguished School is an honor that reflects the center’s commitment to the personal and professional growth and development of health care professionals and is further evidence of our enduring pursuit to deliver excellence and exceptional quality to our patients and their families.

Cultural Aspects of Pediatric Palliative Care

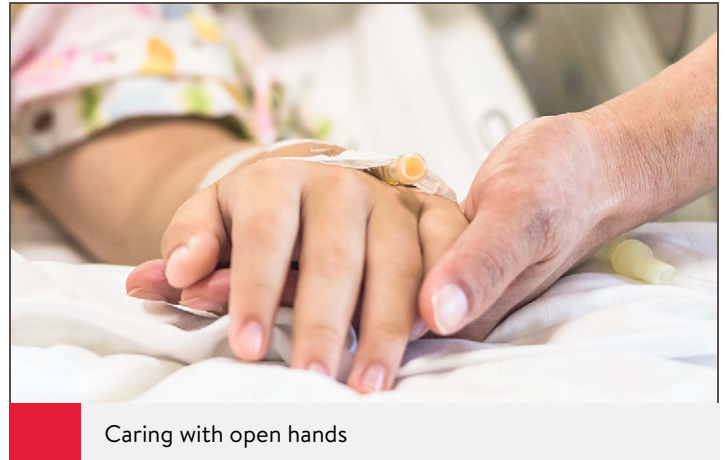
Evidence-Based Practice Presented by Nurse-Scientist Kim Pyke-Grimm, PhD, RN, CPHON

Pediatric palliative care (PPC) is an approach to caring for children with life-threatening or serious illness and their families. The World Health Organization (WHO) defines palliative care as an approach focused on improving the quality of life of patients and their families facing problems associated with their illness (whether physical, psychological, social, or spiritual) through early identification, assessment, and treatment to prevent and relieve suffering.

Providing culturally sensitive care is especially important due to our increasingly multicultural society. Culture can be thought of as the values, beliefs, behaviors, and practices of a racial, ethnic, religious, or other social group. At Stanford Medicine Children's Health, we care for children and families from vastly different backgrounds. In 2020, we cared for patients from 41 states and five countries. Of the 90,000 unique patients seen in 2020, approximately 17% required interpreter services. It is important for HCPs to consider their own implicit biases related to culture.

Providing culturally sensitive care is especially important in PPC settings, since it is characterized as a holistic approach to the child's body, mind, and spirit. The importance of incorporating the needs and perspectives of diverse populations is recognized in palliative care. Patient and family practices and traditions typically vary between cultures. A core tenet of PPC is the facilitation of effective and quality patient- and family-centered communication. Being present, listening, and paying attention can promote understanding and communication.

The following questions might help to elicit stories and values relating to one's culture and to build or strengthen relationships (Rosenberg et al., 2019)*:



- Would you mind telling me about (your faith/your community/your life in [country]/your family/what is important to you)?
- When you think about what is happening with your child, what worries you most?
- What do I need to know about you/your child/your family to give your child the best care possible?
- Whom do you want to be part of your team (specific community member—e.g., chaplain, elders)?
- Tell me about (how your family makes decisions/ how your family likes to hear information)?

Understanding the culture, family structure, and role of family members helps the health care team appreciate how treatment decisions are made. Culturally sensitive care is particularly important to the provision of PPC and includes the recognition of many factors. An interdisciplinary approach is key to addressing the many dimensions of culture in delivering effective palliative care.

**References available upon request*

Advanced Practice Provider Fellowship Program

The Center for Advanced Practice comprises more than 270 nationally board-certified advanced practice providers, including nurse practitioners, physician assistants, and clinical nurse midwives, dedicated to caring for medically complex pediatric patients and expectant families.

In fall 2022, the inaugural cohort of Advanced Practice Provider (APP) Fellows was launched. The APP Fellowship Program provides a 12-month postgraduate program to support new APPs (nurse practitioners and physician assistants) in their transition to practice as key members of the health care team in providing comprehensive care to patients. The program will not only expose APP fellows to high-volume, high-complexity clinical rotations but also introduce didactic coursework to support their leadership development and professional practice.

Here are a few highlights about the AAP Fellowship Program:

- The fellowship begins with a boot camp to introduce the fellows to various resources and disciplines at Lucile Packard Children’s Hospital Stanford to support them in their clinical care of patients.
- Three months of elective time is built into the program to allow for exposure to areas of interest, subspecialty practices, and clinical informatics.
- Fellows participate in professional didactic sessions in topics such as provider well-being, leadership and professionalism, health care disparities, scholarship, and advocacy.
- Fellows are paired with APP and physician faculty for support during clinical rotations and access to pediatric subspecialty learning resources.
- Fellows have an individualized learning plan and goals throughout the course of fellowship, along with regular feedback on progress.



APP Fellows

- Fellows have the opportunity to work on a professional project and disseminate it to the APP/Packard Children’s community.
- Fellows are mentored by seasoned APPs throughout the course of the fellowship.
- Fellows have the opportunity to participate in committees/taskforces within the Center for Advanced Practice.

More than 40 candidates applied for the fellowship, representing nurse practitioners and physician assistants with diverse backgrounds in primary, acute, and family practice. Seventeen schools were represented from nine states with prior clinical experience in critical care, primary care, float pool, emergency care, and research. Fluency in five distinct languages was represented. The program began with three APP fellows in a Heart Center Track and three APP fellows in an Inpatient Medical/Surgical Track.

Podium Presentations

Lynn Baggese, MA, RN, PHN

Title: *Early Identification of Depression in High Risk Hospitalized Antepartum Patients: A Work in Progress*
Presented at: Healthcare Con, Palo Alto, CA

Angie Deng, MSN, RN

Title: *A Qualitative Analysis of LGBTQI+ Representation in Prelicensure Nursing Textbooks*
Presented at: Association for Community Nurse Educators: 43rd Annual Institute, virtual

Raji Koppolu, RN, MS, CPNP-PC/AC, MSL

Team members: Annette Nasr, RN, PhD; Chelsea Noone, RN, MSN
Title: *COVID-19 and its Impact on Pediatric Injury*
Presented at: National Association of Pediatric Nurse Practitioners

Hung-Fu “Charlie” Lin, MSN, APRN, NP-C, CNOR, CNAMB, RNFA, FCN

Title: *APN Specialty Assembly: Trends and Legislation for the Advanced Practice Nurse*
Presented at: Association of PeriOperative Registered Nurses (AORN) 2022 Surgical Conference & Expo, New Orleans, LA

Hung-Fu “Charlie” Lin, MSN, APRN, NP-C, CNOR, CNAMB, RNFA, FCN

Title: *AORN RNFA Specialty Assembly Update*
Presented at: 2021 Issues & Answers for the RN First Assistant Conference, Media, PA

Hung-Fu “Charlie” Lin, MSN, APRN, NP-C, CNOR, CNAMB, RNFA, FCN

Title: *Care of the Patient With COVID-19*
Presented at: 2021 Issues & Answers for the RN First Assistant Conference, Media, PA

Anne McGrath, MS, CPNP

Team members: Regina Alonzo, BSN, RN, PHN; Audrey Fong, MS, CPNP; Angela Barnes, DNP, CPNP; Jovi Baquir, MSN, CNL, PHN; Mary Patton, MS, CPNP
Title: *Early vs. Late Ureteral Stent Removal in Pediatric Kidney Transplant Recipients*
Presented at: The 11th Congress of the International Pediatric Transplant Association, virtual

Anne McGrath, MS, CPNP

Team member: Audrey Fong, MS, CPNP
Title: *Increasing and Normalizing the discussion of Pregnancy Prevention for Female Kidney Transplant Recipients on the Fetal Toxic Medication, Mycophenolate*
Presented at: The 11th Congress of the International Pediatric Transplant Association, virtual

Annette Nasr, PhD, RN, MPA, NE-BC

Title: *Understanding the Long-Term Impact of Living Related Liver Transplantation on Youth and Young Adults and Their Family*
Presented at: 2021 Keynote World Nursing Conference San Francisco; Western Institute of Nursing, Portland Oregon

David Rego, BSN, CPN

Team members: Nathan Chang, MSN, RN, CPNP-AC; Leslie Ciraulo, BSN, CCRN; Jennifer Rodriguez, BSN, RN, CCRN
Title: *Does the Apple Watch Series 6 Reliably Capture Seizure Activity?*
Presented at: American Association of Neuroscience Nurses, Phoenix Arizona

David Rego, BSN, CPN

Team members: Nathan Chang, MSN, RN, CPNP-AC; Leslie Ciraulo, BSN, CCRN; Jennifer Rodriguez, BSN, RN, CCRN
Title: *Improving Seizure Management and Documentation through Comprehensive Nursing Care*
Presented at: American Association of Neuroscience Nurses, Phoenix Arizona

David Rego, BSN, CPN

Team members: May Casazza, MSN, RN, NP; Natalie Pacheco, BSN, CPN; Amelia Sperber, MSN, RN, CNS, CPNP-PC
Title: *Nocturnal Sleep Quantity and Caregiver Perceptions of Sleep in a Pediatric Neuro ICU*
Presented at: American Association of Neuroscience Nurses, Phoenix Arizona

Melissa Weisse, BSN, RN, CWON

Title: *New Approaches to Reduce Occiput Pressure Injuries on Pediatric ECMO Patients*
Presented at: WOCNext 2021, virtual

Poster Presentations

Karen Belanger, CPQS

Team member: Shelley Van Bibber, NPDS

Title: *Promoting Inclusivity with GRACE*

Presented at: Healthcare Con, Palo Alto, CA

Marie Hamilton, MSN, RN, CWOCN

Title: *Reduction in Pediatric ECMO*

Occiput Pressure Injuries

Presented at: Symposium on Advanced

Wound Care, Las Vegas, NV

Jocelyn Lazaro, MSN, RN, CNL, CPN

Team member: Annette Nasr, RN, PhD;

Chelsea Noone, RN, MSN

Title: *Achieving Fantastic Sleep: Implementation of a Sleep Hygiene Bundle for Adolescent Patients with Eating Disorders*

Presented at: Healthcare Con, Palo Alto, CA

Hung-Fu “Charlie” Lin, MSN, APRN, NP-C,

CNOR, CNAMB, RNFA, FCN

Title: *Postoperative Pressure Induced Alopecia in Pediatric Patients Undergoing Microtia Reconstruction*

Presented at: Association of PeriOperative Registered Nurses (AORN) 2022 Surgical Conference & Expo, New Orleans, LA

Anne McGrath, MS, CPNP

Title: *Early vs. Late Ureteral Stent Removal in Pediatric Kidney Transplant Recipients*

Presented at: 2021 Issues & Answers for the RN First Assistant Conference, Media, PA

Anne McGrath, MS, CPNP

Team member: Audrey Fong, MS, CPNP

Title: *Evaluating the Risk and Benefit of Once Daily Mycophenolate Acid in Pediatric Kidney Transplant Recipients*

Presented at: The 11th Congress of the International Pediatric Transplant Association, virtual

Jennifer Rodriguez, BSN, RN, CWON

Title: *New Approaches to Reduce Occiput Pressure Injuries on Pediatric ECMO Patients*

Presented at: WOCNext 2021, virtual

Melissa Weisse, BSN, RN, CWON

Title: *New Approaches to Reduce Occiput Pressure Injuries on Pediatric ECMO Patients*

Presented at: WOCNext 2021, virtual

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Mooney-Doyle K, Pyke-Grimm KA, Lanzel AF, Montgomery KE, Hassan J, Thompson A, Rouselle R, Matheny Antommara AH. Balancing Protection and Progress in Pediatric Palliative Care Research: Stakeholder Perspectives. *Pediatrics*. 2022 Sep.

Nasr AS, McCarthy AM, Manworren RCB, Sorce LR, Ersig AL, Hinderer KA, Calamaro C, Gettis MA, Hanrahan K, Hayakawa J, Heitschmidt M, Middour-Oxler B, Staveski SL, Mandrell BN, LaFond CM, Hernandez TL. Variability in qualifications for principal investigator status in research studies by nurses: A call for clarification. *J Pediatr Nurs*. 2022 Oct 31;S0882-5963(22)00207-X.

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Fellowships

Research and EBP Fellowships were launched in 2021 and sustained through 2022.

EBP Fellows 2021-22

Molly Williams RN, BSN & Laurel Kent NP, RN (Bass Center)

Early Integration of Palliative Care Consults Through the Use of a Trigger Tool in Pediatric Stem Cell Transplant Patients

Lisa Bellah RN, BSN, CPN (PICU)

Brighter Days in the PCU: Implementing a Nurse-Driven Lighting Protocol

EBP Fellows 2022-23

Sarah Long RN, BSN (Labor and Delivery)

Maternal Position Changes and the Impact on Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate

Research Fellows 2021-22

Allison Armstrong NP, RN: (CVICU)

The Effect of Socioeconomic and Geographic Variables on Pediatric Heart Transplant Outcomes
Recipient of Stanford Nursing Alumni Grant

Deanna Garza DNP, RN: (Ambulatory/ Pediatric General Surgery)

The Educational Needs of Parents/Caregivers Caring for Their Child's Gastrostomy Tube: Pre and Within 90 days Post Gastrostomy Tube Placement
Recipient of Stanford Nursing Alumni Grant

Research Fellow 2022-24

Allison Nolen Allison Nolen, MSN, RN, CNL, CPN (Bass Infusion Center)

Determining The Efficacy of Essential Oil Aromatherapy on Children Undergoing Port Access (Mentor: AN)
Recipient of Stanford Nursing Alumni Grant

Nursing Research Internship Program

Our inaugural Nursing Research Interns include:

Katie Johnson RN, NP, Cardiac Anesthesia and Kayli Hirsty RN, BSN, CCRN, CVICU



We would like to thank all of our donors and interprofessional team members for supporting nursing professional practice.

For any questions and comments, please contact:
CPEI@stanfordchildrens.org