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# The Power of Nurses

## Reflecting on a Year of Excellence at Valley Children's Healthcare

Vicky Tilton, DNP, MSN, RN, NEA-BC

Chief Nursing Officer, Vice President Patient Care & Perioperative Services

As I reflect on the past year, I want to take a moment to express my deepest gratitude and admiration for our nursing team. Every day, across every unit, clinic, and department, our nurses represent the very best of Valley Children's. You demonstrate what it means to lead with integrity, compassion, accountability, respect, and excellence, and you do so in ways that profoundly impact our patients, families, and one another.

This year's Nurses Week theme, "The Power of Nurses," could not be more fitting. The power of nurses is found not only in clinical expertise, but in advocacy, in collaboration, in innovation, and in the quiet, steady presence you bring to families during their most vulnerable moments. Rooted in purpose, the power of nurses is evident throughout our organization.

One of our greatest priorities this year has been strengthening and sustaining our nursing workforce. Through focused recruitment and retention efforts, we have welcomed new nurses into our Valley Children's family while continuing to support and retain the exceptional talent already within our organization.

Equally important has been our investment in professional development. I am incredibly proud of the many nurses who have advanced their education, obtained specialty certifications, and pursued leadership and clinical excellence pathways. Your commitment to lifelong learning strengthens not only your individual practice, but also the care we deliver as a system.

Our partnership with Fresno State School of Nursing continues to be a cornerstone of our workforce strategy. This year marked a significant milestone with the success of our first ASN-to-BSN cohort. Fourteen students will graduate this summer, and we are excited to welcome our second cohort this spring. This program reflects our shared commitment to building a strong, highly prepared nursing workforce for the future.

Our nurses continue to lead the way in advancing quality and patient safety outcomes. Through vigilance, teamwork, and evidence-based practice, you have helped drive improvements in key clinical indicators and have demonstrated an unwavering commitment to doing what is right for every patient, every time.

We have also seen continued growth in advanced practice roles, including the implementation of advanced practitioner positions in inpatient settings and the integration of our first certified registered nurse anesthetist (CRNA) in the operating room, an important milestone that supports both access and high-quality perioperative care.

Your work in research, poster presentations, collaboratives, and professional conferences has elevated the visibility of Valley Children's and contributed to advancing pediatric nursing practice. These scholarly efforts ensure that our care remains innovative, informed, and forward-thinking.

While clinical excellence is essential, what truly sets Valley Children's apart is the compassion and humanity you bring to your work. The extraordinary care you provide to patients and families—often during life's most difficult moments—reflects the heart of nursing.

This year, we were honored to celebrate many of our nurses through the DAISY Award™, recognizing those who go above and beyond in delivering compassionate, skillful care. Each story shared through these recognitions reminds us of the profound difference nurses make, not only in outcomes, but in experiences and memories that last a lifetime.

Our success is also rooted in interdisciplinary collaboration. Nurses across the organization continue to work closely with physicians, therapists, pharmacists, and support teams, modeling teamwork and mutual respect in everything we do. Together, we create an environment where patients and families feel safe, supported, and cared for.

Education and training remain central to our mission. From simulation and skills development to orientation and ongoing competency programs, our teams are continuously strengthening the knowledge and confidence of both new and experienced nurses.

Innovation is thriving as well. Nurses have been instrumental in implementing new technologies, refining workflows, and improving care processes that enhance both safety and efficiency. These contributions often happen behind the scenes, but their impact is felt throughout the organization.

Beyond our walls, our nurses have shown remarkable dedication to community service and outreach by volunteering, educating, and advocating for the health and well-being of children and families across the region. These efforts reflect our mission and extend the reach of Valley Children's into the communities we serve.

This year also reminded us of the importance of caring for one another. Through wellness initiatives, team-building activities, mentoring programs, and leadership development, we have continued to invest in the well-being and growth of our teams.

I am especially proud of the many nurses who have stepped into mentoring and leadership roles, guiding new colleagues, supporting students, and helping to develop the next generation of nurse leaders. Your willingness to teach, coach, and encourage ensures our culture of excellence will endure.

As I reflect on this past year, I am filled with gratitude and pride. The accomplishments we celebrate are not the result of individual efforts alone but of a collective commitment to excellence, to each other, and to the children and families who entrust us with their care.

The power of nurses is real. We see it in every safe handoff, every thoughtful conversation, every life saved, every family comforted, and every colleague supported. We see the power of your knowledge, compassion, and purpose—combined with the strength of a team united by a shared mission.

Thank you for all you do every day. It is an honor to serve alongside you and to represent nursing at Valley Children's Healthcare. Together, we will continue to lead, to innovate, and to deliver extraordinary care for the children and families who depend on us.

With gratitude and respect,

*Vicky*



# TRANSFORMATIONAL LEADERSHIP



**Steve Odom, MSN, RN, CCRN, CPHQ** demonstrates exemplary leadership through his consistent presence, steady guidance, and unwavering commitment to supporting staff. He satisfies his incredible curiosity and drive for excellence by pursuing professional growth to elevate levels of care. In 2014, Steve joined the elite Pediatric Intensive Care Unit (PICU) Transport Team, building his knowledge, skill, and experience to serve the sickest children in the Valley in distant emergency rooms, helicopters, and ambulances. He was an inaugural member of the Extracorporeal Life Support (ECLS) Team in 2017. Steve's continuous drive for learning, problem solving, and excellence underpins the way he makes decisions, prioritizes professional development, and supports his team. He mentors new leaders, sharing insights from his own growth, and encourages PICU staff working toward new programs, degrees, and certifications. Whether participating in formal mentorship or preceptorship, attending events such as the annual ECLS picnic, or rounding across units, Steve provides visible, dependable leadership that reinforces shared purpose. Known for his calm demeanor and thoughtful communication style, he excels in high-stress environments and provides a sense of stability that staff rely on. His approach ensures staff feel valued, heard, and cared for—critical elements in sustaining nursing engagement and resilience.

Steve's leadership at the organizational level includes membership in the Nursing Leadership Council and Director's Council. He currently serves as Chair of the Executive Nursing Council and as facilitator for the Nurse Excellence Committee. He is a member of the Patient Safety Committee, Medication Safety Joint Subcommittee, and the Trauma Committee. A member of the American Association of Critical Care Nurses (AACN) since 2010, Steve has served as AACN Ambassador, highlighting his commitment to maintaining a healthy work environment and to supporting critical care certification, including the

Beacon Award for Critical Care Excellence. Steve is a member of the American Association of Nurse Leaders. He participated in the Magnet® program site visit to Valley Children's in 2024 and has provided support for multiple cycles of the Magnet® application. Steve facilitates the twice-yearly AACN Healthy Work Environment Assessment Tool in the PICU and uses results to identify trends, evaluate unit culture, and implement targeted improvements. He monitors benchmarking from national databases to ensure safety, quality, and outcomes align with or surpass peers. His commitment to advancing practice is equally evident in his support of clinical research, securing resources, staffing, and technology to execute high-quality studies.

Steve empowers and encourages inquiry, professional growth, and the use of data and collaboration to advance nursing practice and improve patient care. He developed the PICU Safety Council to improve the visibility and utilization of quality and safety data for leaders and bedside caregivers, leading to greater engagement with decision making and shared understanding that individual actions matter for safe practice. His accessibility, responsiveness, and willingness to personally assist team members reflect a deep commitment to service. By fostering authentic relationships, he empowers nurses to advocate for themselves, contribute to improvements, and grow in their practice.



**We congratulate Steve Odom, MSN, RN, CCRN, CPHQ Director Pediatric Intensive Care Unit, Access Center and Transport.**

**Excellence in  
Transformational Leadership**

# Valley Children's Healthcare Profiles

Fiscal Year 2025

## Nursing Statistics

Clinical Nurses: **1,133**

Licensed Vocational Nurses: **19**

Nurse Leaders (CNO, Directors and Managers): **29**

APRN (Nurse Practitioners and Clinical Nurse Specialists): **79**

Other Specialty Nurses: **62**

Includes Case Managers, Infection Control Nurses, Informatics Nurses, Nurse Educators, Occupational Health Nurses, Quality/Risk Nurses, & Ostomy Specialists

Total: **1,322**

## Organizational Statistics

Licensed Beds: **358**

Average Daily Census: **190.4**

Inpatient Encounters: **10,137**

Day Surgery Encounters: **7,933**

Transports Trips (Air & Ground): **1,356**

Valley Children's OB/GYN Care Encounters: **8,148**

Regional Specialty Care Center Encounters: **79,158**

Primary Care and Charlie's Clinic Encounters: **75,191**

Emergency Department Visits (Outpatient only): **88,990**

Main Campus Specialty Pediatric Practice Encounters: **164,136**





# Honoring the Legacy of Clinical Nurse Specialists

## A Story of Leadership and Longevity

If you were to ask your preferred source of artificial intelligence, “What does a Clinical Nurse Specialist do?” you would get a response like this:

A Clinical Nurse Specialist (CNS) is an Advanced Practice Registered Nurse (APRN) who improves patient outcomes and healthcare systems through expert clinical practice, education, leadership, and quality improvement.<sup>1</sup>

But that answer does not begin to tell the story.

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<sup>1</sup>chatgpt.com

At Valley Children's Healthcare, the term CNS is synonymous with words like respected, invaluable, tenacious, and inspiring. Kim Sutters, RN, CNS, PhD, VA-BC, retired in February 2026 after 40 years of dedicated service. Jennifer Norgaard, RNC-NIC, CNS, ACCNS-P, and Lori Medicus, RN, MN, CPNP, CNS, have also worked at Valley Children's about 40 years each. Together these women have helped shape professional nursing practice not only in their generation, but for generations to come.

How do you begin to honor three women who have dedicated decades to serving patients, families, and colleagues? The profound influence of our senior CNSs cannot be measured. Like a rock-solid foundation, their leadership and longevity have built a legacy upon which every nurse at every level can stand strong. Sutters, Norgaard, and Medicus embody the collaborative spirit and magnetism needed to succeed in the fast-paced, multi-disciplinary, ever-changing environment of neonatal and pediatric subspecialty care.



disease." At the time, the approach to babies with single ventricle palliation was novel. Today, the lifesaving cardiac procedure has become a standard of care. "To have been a part of watching history happen as this complex care continues to evolve has been one of the most rewarding parts of my career."

"To be able to witness all of the change and the impact the experts in our field have made is so inspiring," said Norgaard. "When I think of the people who provided the expertise to me back then, I hope we can do that for the next generation of CNSs."

## Outcomes and Systems

The primary focus of a CNS is to improve patient outcomes and healthcare systems by elevating the nursing practice across departments. A CNS possesses the expertise and influence to shape policies that reflect best practices while honoring the realities of bedside care.

Sutters served as a policy owner for 18 organizational policies during her tenure at Valley Children's. "Policy work allowed me to shape care at a systems level," said Sutters. "It's one of the quiet but powerful ways CNSs influence safety and quality." Her leadership in this area helped ensure organizational policies reflected current evidence and supported frontline practice.

With a passion to support safe, consistent, evidence-based neonatal care, Norgaard helped develop policies



"It's hard to summarize four decades, but the constant has always been a commitment to improving care for children and supporting the nurses who care for them," said Sutters. "My work as a CNS has been about influence rather than authority—helping build systems, strengthen practice, and create safer, more consistent experiences for patients."

Do you know what healthcare was like 40 years ago? Before the internet and electronic medical records. Before the Magnet Recognition Program® charted a well-defined pathway to excellence. Before cell phones and tablets were utilized on every unit. Sutters, Norgaard, and Medicus have witnessed an explosion of knowledge that has propelled the healthcare industry into increasingly complex levels of care. Over the years, they have navigated every challenge with persistence and grace.

"Early in my career, I was able to attend a post-graduate fellowship program at Stanford," said Medicus. "This opened my eyes to a passion for congenital heart

governing Hypoxic Ischemic Encephalopathy (HIE) and Therapeutic Hypothermia at Valley Children's. "These infants and families needed highly coordinated, standardized care," said Norgaard. "As this therapy was emerging as an effective treatment for these babies, I worked to ensure our teams had what they needed to do this well—developing guidelines, securing critical equipment, and creating practical bedside tools that could be used across disciplines."



Policy leadership demonstrates dedication to improving outcomes and supporting the clinicians who provide patient care every day. "Policies are commitments to safety, clarity, and equity in how we care for children and families," said Medicus.

"One of the things I've cared most deeply about in my role is advocating for evidence-based comfort strategies," said Sutters. "Over the years, I've seen how procedural pain, postoperative pain, cancer pain, and other complex pain issues can shape a child's entire experience of care." Sutters took an active role in supporting the Acute Pain Service on rounds and promoting simple, effective tools, like the J-Tip needle-free anesthetic.



Through pain management advocacy, Sutters helped make pediatrics gentler and more humane. "I've worn my 'no-pain' button on my white coat for years," she said. "It seems like such a small thing, but to me it's a visible reminder of what I believe: that every child deserves thoughtful, compassionate, and evidence-informed pain management. It's also been a great conversation starter, prompting clinicians to pause, reflect, and sometimes reconsider what we can do to reduce pain whenever possible."

Our senior CNSs agree that watching nurses grow through engaging with data, asking questions, and driving improvement has been one of the most fulfilling parts of their careers.

*"We treasure moments that reflect passion in our colleagues and a shared dedication to excellence."*

*— Lori Medicus, RN, MN, CPNP, CNS*

## Clinical Practice

Over the years, Sutters, Norgaard, and Medicus saw their administrative responsibilities expand, and yet they remained anchored to the bedside. Guiding nurses through complex clinical situations, supporting families during critical moments, and advocating for patients has served as a constant reminder of the significant role they play as a CNS. Staying close to patient care while translating that experience into mentorship, education, and system-level improvements helps strengthen care.

"One of my key roles was to lead reporting for several organizational quality metrics, including procedural sedation, pain management, and vascular access outcomes," said Sutters. "Metrics tell the story of how care is evolving, where we're succeeding, and where we need to focus."

"Inquiry and evidence guided my practice as a CNS," said Medicus. "Asking 'why' and 'how can we do this better?' was not just encouraged, it was essential. Supporting research and translating evidence into practice allowed us to continually evolve and improve the care we delivered."

Medicus supported the international normalized ratio (INR) home monitoring research project, serving as a co-investigator with now-retired Carole Cooper, RN, MSN, MHA, CNS, who served as primary investigator. A common practice in the adult population, INR home monitoring had not yet translated to pediatric care. Supported by the President's Fund, this CNS-led study



validated reliable use of the home monitoring tool in pediatric patients, allowing them to be monitored at home rather than traveling to the hospital.

“Research has been central to my practice,” said Sutters, who has served as principal investigator or co-principal investigator on nine studies approved by the Institutional Review Board (IRB). One of Sutter’s final studies prior to her retirement was exploring ultrasound-guided superficial femoral vein access for pediatric peripherally inserted central catheters. “I recently submitted what may become my 32nd publication, continuing a career-long commitment to advancing evidence-based practice.”

“A group of nurse researchers including CNSs did early research on the most reliable Pediatric Early Warning System (PEWS) tool to utilize in our setting that would capture deterioration in clinical status,” said Norgaard. “Engaging in early research allowed us to explore evidence-based interventions that could improve outcomes for patients across the full spectrum of pediatric ages. This work resulted in publication.”



***“Our influence shows up in safer systems, stronger nurses, and better outcomes for children and families. Even when the work wasn’t immediately visible, we always trusted that it mattered.”***

**— Jennifer Norgaard, RNC-NIC, CNS, ACCNS-P**

Sutters participated in making a 20-year vision become reality with the development of the Vascular Access Team at Valley Children’s. “What began as an early proposal is now a 10-member team with extended daily coverage, modern equipment, and highly skilled clinicians,” said Sutters. Her efforts to replace outdated equipment and secure ultrasound machines and a tip confirmation system helped advance both safety and efficiency.

## Education

Our senior CNSs believe that confident, well-supported nurses provide the safest care. Whether through formal education, mentoring, or bedside just in time, they help nurses grow in skill, confidence, and professional voice.

“Education has always been close to our hearts,” said Medicus. “Seeing nurses step into leadership, pursue advanced practice, or embrace their potential has been one of the greatest rewards of serving as a Clinical Nurse Specialist.”

“The ultrasound-guided PIV program has been a labor of love,” said Sutters of her work in advancing clinical skill through education. She, and members of the Vascular Access Team, trained 81 nurses over seven years, helping them build a sustainable skill set across inpatient and ambulatory settings. “At its heart, this work has been about giving children a smoother, less painful experience.”

## Leadership

A CNS serves as a bridge between disciplines, helping teams align around shared goals and mutual respect. “Some of our most rewarding work happens in collaboration with physicians, respiratory therapists, pharmacists, therapists, and administrators,” said Norgaard.

“Serving on eight interdisciplinary committees gave me a platform to bring the nursing perspective forward in a very intentional way,” said Sutters. Her efforts helped to strengthen medication safety, advance pain management and sedation practices, improve vascular access approaches, and help cultivate a supportive, accountable, peer-review culture.

Medicus earned her master’s degree as a Clinical Nurse Specialist at UCLA. “I was grateful for the opportunity to see many pediatric cardiac surgery programs in the Los Angeles area,” she said. “This experience provided the foundation to build strong relationships, develop clinical expertise, and gain a deeper understanding of the systems and teams that helped build the cardiovascular care at Valley Children’s.”

“When I reflect on my time as a Clinical Nurse Specialist, and over 38 years in neonatal care, I realize what I’m most proud of isn’t a single project or policy—it’s the moments when I knew the work truly mattered,” said

Norgaard. “Being a CNS allowed me to care for patients and families while also shaping the systems that support them. That combination—deep clinical connection paired with broader influence—is what drew me to this role and what keeps me inspired.”

“If there is a legacy we hope to leave, it is one grounded in being present for families and offering simple, thoughtful support that meets their individual needs,” said Medicus. “These small moments of care can help foster comfort and connection when it is needed most.”

“My hope is that my legacy lives not only in policies or programs, but in the nurses I’ve supported—the ones who will carry this work forward,” said Sutters. “I’ve been privileged to witness how thoughtful, evidence-based nursing can transform care. That’s the story I’m proud to share.”

***“As we reflect on our careers, we hope our legacy is not measured solely by policies, programs, or presentations, but by the nurses and colleagues we’ve had the privilege to support. If this work lives on, it lives on through those who continue to ask questions, advocate for patients, and lead with compassion.”***

***– Kim Sutters, RN, CNS, PhD, VA-BC***

Many of the nurses at Valley Children’s are too young to know what healthcare was like 40 years ago. But they stand on the shoulders of those who began nursing practice in the days of pagers and paper charts. They benefit from the foundational support of CNSs who shine brightly as exemplary role models. The story of leadership and longevity told by our senior CNSs has built a legacy that will continue to inspire nurses for generations to come. We honor Lori Medicus, Jennifer Norgaard, and Kim Sutters for four decades of nursing excellence. Thank you for making a profound impact on nursing practice at Valley Children’s Healthcare.



# STRUCTURAL EMPOWERMENT



**Nichole Hackbarth, MSN, RN, CPN** believes innovation in healthcare is essential to face challenges that require agile, forward-thinking leadership. She remains focused on direct clinical excellence, systems improvement, and the advancement of pediatric health outcomes through evidence-based practice. Nichole's pursuit of a Doctor of Nursing Practice degree in Innovation Leadership (DNP) proves her commitment to structural empowerment. Through her DNP project, Nichole created a mentorship program for the organization's pediatric nurse externs, providing support for nursing students as they work in the organization while they finish school, pass their boards, and become nurses at Valley Children's.

Through collaboration with Fresno State's ASN-to-BSN program, Nichole facilitates staff achieving an advanced degree with the support of the organization. She also collaborates with school nurses, helping them provide high-level care to their students. Nichole attends School Health Advisory Panel meetings, made up of school nurses and leaders from districts spanning several Central California counties. Her solution-focused mindset has helped improve healthcare delivery in our schools.

Nichole proposed broadening the California School Nurses Organization's (CSNO) conference hosted at Valley Children's to address high-priority community needs. She partnered with CSNO, the local chapter of the Society for Pediatric Nurses (SPN), and Valley Children's to co-host a Human Trafficking Conference in 2025 for school nurses, SPN members, hospital staff, and community partners. The interdisciplinary forum focused on trauma-informed pediatric care, screening, and safe referral pathways, ultimately improving pediatric nursing care across Central California. Nichole chairs the Professional Development Council, which plans annual events celebrating nursing certifications and advanced degrees. She leads activities during Nurses Week and Certified Nurses Day

to celebrate staff. Nichole has held multiple SPN leadership roles, serving as Education Specialist SIG Chair (Special Interest Group) and as an abstract reviewer. She presented "Developing Self-Leadership" as a subject matter expert in the Leadership Skills Development Program. Nichole served the SPN California Central Valley Chapter as Secretary and is currently Vice President. A Dallas Fort Worth SPN chapter member since 2009, Nichole has served as their Treasurer and was elected SPN's national Treasurer beginning in April 2026.

A member of Association of California Nurse Leaders (ACNL) since 2020, Nichole currently serves as Co-Chair of their Nurse Leadership and Development Committee. In this role, she helps evaluate, plan, and recommend programs to meet the educational needs of diverse members while developing outcome measures for leadership growth. In 2024, she served as an abstract reviewer. Nichole is actively engaged in the ACNL Central San Joaquin Valley Chapter, helping as needed on the Legislative Committee and with the annual RN of the Year. She has served as Treasurer and as Chair of the Nominations and Scholarships Committee, supporting transparent governance and equitable professional advancement.

Nichole's leadership has enhanced onboarding, competency development, and ongoing clinical education, resulting in improved staff engagement, stronger teamwork, and measurable improvements in patient care outcomes. Nichole inspires others to reach their full potential and ensures that knowledge, growth, and empowerment remain central to our nursing practice.



**We congratulate Nichole Hackbarth, MSN, RN, CPN  
Manager Clinical Education, Patient Care Education.**

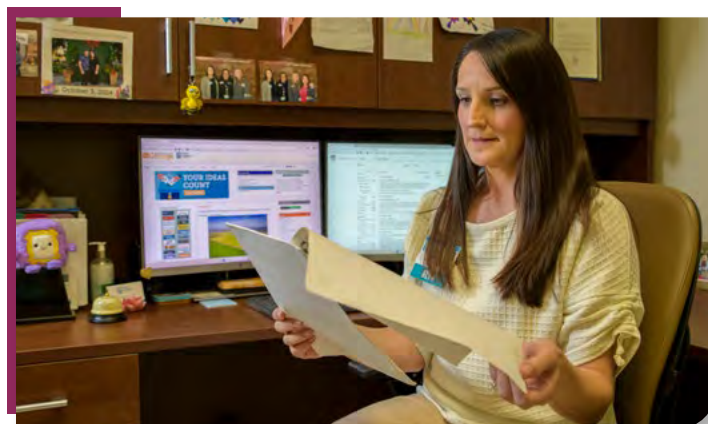
**Excellence in  
Structural Empowerment**



## Lifelines of Hope

### Nursing Leaders Sponsor Human Trafficking Conference

At Valley Children's Healthcare, nurses understand that life-long learners do more than merely absorb information—they apply what they learn. The 2025 Human Trafficking Conference held at Valley Children's Hospital proves this point. What began as an assignment to write an advocacy paper in pursuit of a master's degree led Jessica Moody, MSN, RN, PED-BC, Apollo manager, to take action on behalf of victims of human trafficking. California's Central Valley records shocking statistics every year, highlighting that the area served by Valley Children's is the busiest trafficking corridor in the state.



“Every piece of literature I read was heart-wrenching,” said Moody. “The more research I did for my master’s paper, the more I realized that victims come in contact with healthcare workers.” Research demonstrates that 90% of rescued victims had received medical treatment of some kind. Moody’s assignment became a calling. “Every day I hear the word advocacy. We talk about nurses advocating for their patients all the time. This is one more way we can advocate.”

Working with Caitlin Bernard-Vincent, MSW, LCSW, Hackbarth, Moody, and their teams set a date and lined up expert speakers to guide attendees in exploring the realities of the unimaginable injustices endured by trafficked children in the Central Valley. “We know this is happening,” said Bernard-Vincent. “Many people choose not to see it or choose not to respond. This conference helped ignite a fire by getting people around the table asking, ‘How can we help?’ and ‘What steps can we take?’”

The SPN/CSNO partnership attracted professors and students from Fresno State, healthcare workers from other regional medical centers, school nurses, and nurses from Valley Children’s, giving them the opportunity to dive into the topic while earning continuing education credits (CEs) for their attendance.

“We all want professional development and are always looking for ways to bring new opportunities and topics to our healthcare community,” said Hackbarth. “What was so exciting about this conference was being able to collaborate with school nurses and the community at large. We were able to explore a common topic that impacts us all.”



Moody approached Nichole Hackbarth, MSN, RN, CPN, Clinical Education manager, to collaborate on the best way to help nurses gain greater awareness of human trafficking. Moody and Hackbarth, both board members of the local chapter of the Society of Pediatric Nurses (SPN), approached fellow SPN members about sponsoring a conference to highlight the issue. Most of the chapter’s 90 members work at Valley Children’s, and they embraced the idea. Hackbarth then reached out to Aurora Licudine, then-president of the local chapter of the California School Nurses Organization (CSNO), about co-sponsoring the conference. CSNO members agreed to partner with SPN to present a full-day, hybrid conference, bringing together school nurses, pediatric nurses, healthcare professionals, educators, and community advocates.



Together, these nursing leaders channeled available resources into a conference specifically designed to help nurses:

- identify victims of human trafficking in schools, hospitals, and the community,
- equip them with formal education, screening tools, and resources, and
- advocate by taking action to impact legislation and the regulation of nursing practice.

## Identify

The primary focus of the conference was to facilitate identification of human trafficking victims in Central Valley schools and among the patient population at Valley Children’s. Attendees learned that human trafficking extends far beyond what people think. The Rebecca Bender Initiative, an organizational leader in the





“One big part of the conference was promoting awareness in the schools,” said Bernard-Vincent, whose objectives included opening lines of communication with school nurses and having them leave the conference wanting to become more involved in finding solutions to the problem of human trafficking.

“The agenda and speakers were absolutely phenomenal,” said Hackbarth. “At the end of the day, the panelists and presenters took questions from the audience. If we had not ended the conference on time, it could easily have been a four-hour Q&A. The attendees kept saying, ‘The more we’re hearing, the more questions we have.’”

## Equip

In addition to a slate of expert speakers and panelists, the conference featured resource booths where attendees could connect with nonprofits, government agencies, and other organizations committed to the fight against trafficking. Nurses—with heightened awareness and a desire to better support the children in their care—began to open channels of communication and chart a clear path to continue the conversation, starting with the agency and nonprofit booths at the conference.

“As a healthcare system, we’ve been strategic in the conversations that we’ve had,” said Bernard-Vincent. “We’re here to support the mission.” The conference helped generate ideas and propel nursing leaders into planning for policy creation.

“The hotel and restaurant industry has more robust training on this,” said Hackbarth. “But we don’t. It’s an incredibly important piece of knowledge that should be a part of healthcare training and education.”

fight against human trafficking, states, “Misinformation and sensationalism are fueling misidentification. Human trafficking is happening all around us, but it doesn’t usually look like we think it will.”

“We learn about appendicitis and know the signs of infection,” said Hackbarth. “But this is something different. It’s not black and white. It’s more about if something doesn’t feel right. I wasn’t looking for signs of potential human trafficking until the conference, but now I’m so much more aware.”

Increased awareness of signs and behaviors was immediately apparent. Attendees were taught to question why a child might spend too much time in the bathroom with their tablet or smart phone, leading one conference attendee to recall an incident with a family member and express concern that the child’s behavior may point to this horrific crime. The conference educated nurses on the various points of entry for predators. Attendees learned that many victims know their traffickers but do not know they are being trafficked.

Examples extend past what we may initially think of as trafficking. “Trafficking includes kids who are working to support their families,” said Moody, who noted one child selling flowers on street corners and another showing up for medical treatment for a burn suffered while working at their parent’s restaurant when they should have been in school. The family creates a culture where their children think they are supposed to work all day or that their body is not their own.



Moody, Hackbarth, and Bernard-Vincent are working to put together a key stakeholder group that will develop a standardized human trafficking screening tool to be implemented routinely at points of entry. Nicole Idiart,

Fresno County Senior Deputy District Attorney, who served as a panelist, expressed interest in joining the work group to help implement education and processes for staff to follow.

“Our social workers would be called in when the red flags are being raised,” said Bernard-Vincent. “We want to prevent certain conversations from happening over and over again. It has to be navigated very carefully to have effective prosecution and justice.” Identified victims are connected to Valley Children’s Guilds Child Abuse Prevention and Treatment Center (Guilds CAP-T Center), who played a significant role in the success of the conference.

Nursing leaders not only want to set up these difficult cases for rescue and healing, but also set nurses up for success. “We are looking into the secondary trauma with our staff,” said Moody. “It’s really heavy for them to carry, so we want to be sure to push and expand the resources available to them.”

The passion sparked by Moody’s master’s paper to advocate for young victims of human trafficking was fanned into flame at the conference, igniting a wide-spread desire to advocate for these precious children.

## Advocate

Ideas for practical ways to advocate for victims abound since the conference—from posting fliers in bathrooms at airports and throughout the Valley Children’s Healthcare network to raising and donating funds to nonprofits like the Fresno Rescue Mission.

“Advocacy is about giving our nurses encouragement that you can stand up and you can say something,” said Bernard-Vincent. “Our message to staff is: see something, say something. You never know how much impact the minor thing you have to say can have on another’s life. It’s always better to question than to not question at all.”

Advocacy means stepping outside of your comfort zone. “I’ve never gone to a legislator or to the child labor board with concerns,” said Moody. “We’re nurses. We can have a louder voice. We should all be asking for stricter punishment.” Moody is committed to continued collaboration with an interdisciplinary team that branches out into the community and the schools as a force for good. “As nurses, we are fixers,” she said. “Staff needs to know that some victims might not want to be fixed, which is so hard to hear. But we want our patients to know: we’re here when you want us to be here.”

All conference objectives were met, generating not only ideas but also action. With a greater awareness of unseen

realities and the lifelong impacts of human trafficking, nursing practice at Valley Children’s is extending lifelines of hope to children and families in Central California.

### Conference Objectives

- Increase understanding of trafficking indicators and regional trends
- Provide practical tools to intervene and support survivors
- Encourage collaboration among sectors and systems

### Partners

Central Valley Against Human Trafficking (CVAHT)

Valley Children’s Guilds Child Abuse Prevention and Treatment Center (Guilds CAP-T Center)

Internet Crimes Against Children Task Force (ICAC)

Overcoming Limitations Through Intervention Value & Empowerment (OLIVE)

Central Unified School District (CUSD)

Breaking the Chains

Central Valley Justice Coalition (CVJC)

### Speakers

Debra Rush, Breaking the Chains

Christa Wiens, CVJC

Sgt. Scott Schwamb, ICAC

Amber Secundino, CVAHT

Wan-Keung Chen, MD, Valley Children’s Guilds CAP-T Center

Jerica Secula, MSW, Valley Children’s Guilds CAP-T Center

### Panelists

April Molina, OLIVE

Amber Secundino, CVAHT

Sgt. Eric Hull, MAGEC VICE

Lavonne English, CUSD

Maisie Young, CUSD

Nicole Idiart, Fresno County Senior Deputy District Attorney

Sgt. Scott Schwamb, ICAC



# RN and NP Professional Development Statistics (FY25)

Percentage of Certified Nurses  
Organization-Wide

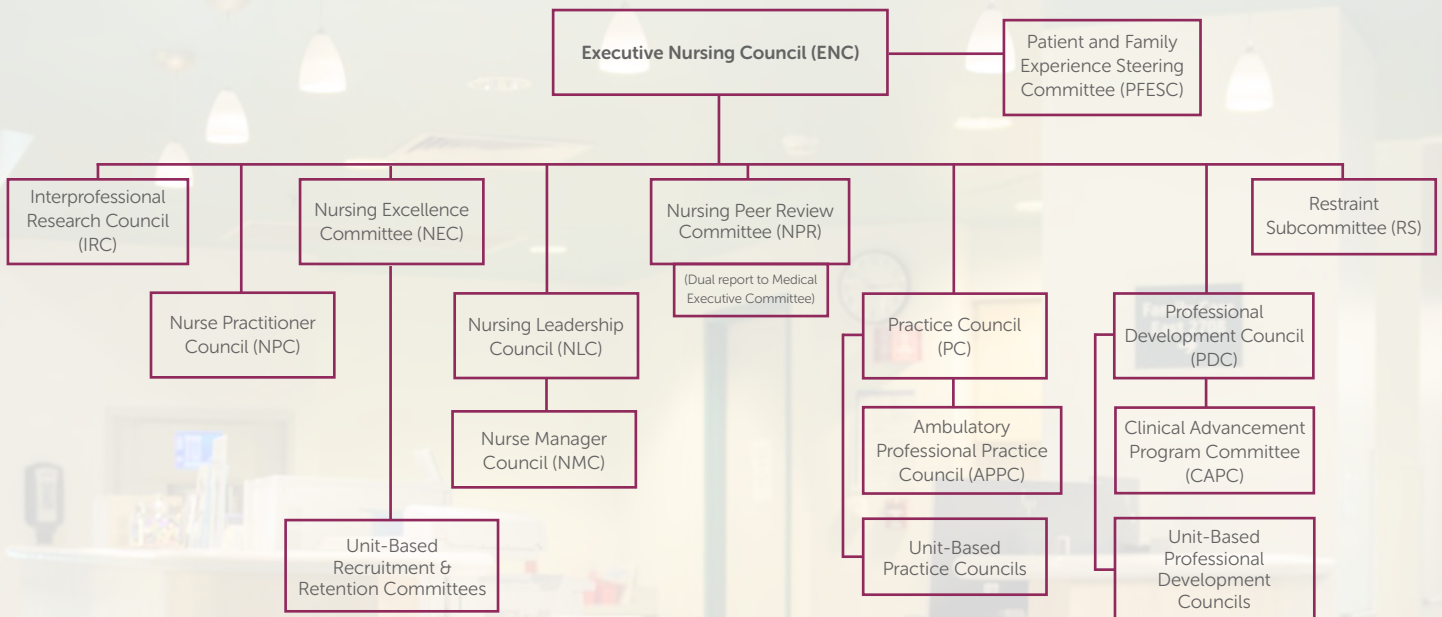
**44.44%**

Percentage of RNs with BSN or Greater in  
Nursing Organization-Wide

**72.12%**

# Valley Children's Healthcare Nursing Governance

Valley Children's Nursing Governance structure supports the various components of nursing professional practice in alignment with the Nursing Professional Practice Model. The foundation for this structure is built upon shared decision-making, collaboration, and empowerment.



## Council and Committee Accomplishments

### Executive Nursing Council

Steve Odom, MSN, RN, CCRN, CPHQ, Chair-elect  
Denise Vermeltfoort, MSN, RN, NE-BC, Facilitator

### Objective

Provide leadership and oversight for the governance of Nursing Services at Valley Children's Healthcare.

### Accomplishments

- Promoted succession planning to support council/committee leadership transitions.
- Implemented staggered terms for at-large members to ensure continuity.
- Selected Nurses of the Year, Team Excellence, and Friend of Nursing awardees.
- Shared regular updates with nursing leaders regarding state and federal healthcare policy changes and developments.

## **Nurse Practitioner Council**

Kelly Folmer, MSN, RN, CPNP, Co-Chair  
Pamela Marsh, DNP, RN, CPNP, Co-Chair  
Rougeh Awad, MSN, RN, FNP-BC, Facilitator

### **Objective**

Determine the practice of Nurse Practitioners (NPs) within the organization, including development and approval of Standardized Procedures and Scope of Practice/Delineation Form, management of issues related to advanced practice nursing, and the promotion of nursing research and publication.

### **Accomplishments**

- Developed specialty-specific furnishing lists.
- Collaborated with leadership to promote a seamless on-boarding process for NPs.
- Collaborated with expert leaders to present topics that included clinical documentation and coding, electronic medical record workflows, policy library updates, medical record delinquency and informatics resource information.
- Updated and approved 76 policies.
- Supported the NP mentor program.

## **Practice Council**

Michelle Clark, MSN, RN, CPN, CPHQ, Chair  
Caleb Christian, BSN, RN, Chair-Elect  
Stacie Licon, DNP, MSN, RN, CNS, ACCNS-P, CPN, Facilitator

### **Objective**

Lead the advancement of nursing excellence by setting evidence-based standards through policy management, ensuring quality practice, and fostering interdisciplinary collaboration across Valley Children's Healthcare.

### **Accomplishments**

- Facilitated expedited policy approvals for TJC, CARF, Trauma, and CMS surveys, ensuring timely access to current policies to support successful survey outcomes.
- Collaborated with Regulatory and Education teams to optimize policy publishing timelines and align education delivery for seamless implementation.
- Completed full transition to PolicyStat, approving 221 policies through council review.

## **Ambulatory Professional Practice Council**

Patricia Vargas, MSN, BSN, RN, CPN, Chair  
Lindsay Sutherland, BSN, RN, Chair-Elect  
Rougeh Awad, MSN, RN, FNP-BC, Facilitator

### **Objective**

Promote ambulatory standard of evidence-based patient care, clinical performance initiatives, and education, and address patient and safety practices.

### **Accomplishments**

- Increased clinic participation from 10 to 25 participants in Ambulatory Professional Practice Council.
- Implemented in-person Council participation to promote engagement (offsite exceptions).
- Recognized Ambulatory RNs who were nominated for Nurse of the Year with certificates, badge reels, and "From the Heart" pins.
- Evaluating an Ambulatory Mentorship program.

## **Nursing Peer Review Committee**

Jane Henning, ASN, RN, Co-Chair  
Natasha Reilly, BSN, RN, Co-Chair  
Vicky Tilton, DNP, MSN, RN, NEA-BC, Facilitator

### **Objective**

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

### **Accomplishments**

- Enhanced awareness of nursing practice opportunities through a supportive, educational, and nonpunitive approach.
- Collaborated with interdisciplinary teams, including information technology, respiratory therapy, and child life services to enhance nursing care and optimize workflow.
- Strengthened the support and development of new nurses during complex or demanding situations.
- Provided feedback to manager regarding traveler RNs tailoring orientations to their needs.

## **Restraint Subcommittee**

Brandee Cruz, BSN, RN, CPEN, Co-Chair  
Robb Smith, BSN, RN, Co-Chair  
Ronald Wong, BSN, RN, CPEN, Chair-elect  
Cauryn Updegraff, MSN, RN, CNML, Facilitator

### **Objective**

To ensure the safe, ethical, and compliant use of restraints while promoting patient safety and dignity, and minimizing harm. The committee will provide continuous quality improvement through data analysis, staff education, and evidence-based practices to ensure compliance and patient safety.

### **Accomplishments**

- Enhanced accuracy and compliance of restraint orders by revising the physician order set.
- Updated EMR terminology to match hospital policy, reducing confusion and ensuring consistent documentation across all care teams.
- Developed and attached a Restraint Documentation "Cheat Sheet" to the policy, providing a quick reference guide.

## **Nursing Leadership Council**

Vicky Tilton, DNP, MSN, RN, NEA-BC, Chair  
Denise Vermeltfoort, MSN, RN, NE-BC, Facilitator

### **Objective**

Provide strategic leadership and oversight to advance nursing practice, strengthen operational excellence, and support a safe, skilled, and resilient nursing workforce across Valley Children's Healthcare.

### **Accomplishments**

- Successfully developed and implemented the Valley Children's Healthcare Nursing Strategic Plan and approved the Nursing Learning Needs Assessment with its corresponding implementation roadmap to advance nursing competency, growth, and excellence.
- Actively supported the Trauma Program's re-verification efforts by aligning nursing practices, documentation, and readiness activities with accreditation and regulatory standards.
- Promoted a safer and more supportive work environment through the adoption of Marcus Crisis Prevention Training and targeted staff wellness initiatives, reinforcing a culture of well-being and resilience.
- Continued optimization of the Workload Acuity Scoring Tool and auditing process, while strengthening organizational downtime and emergency management procedures through structured workflows and simulation-based training.

## Nurse Manager Council

Brittany Meyer, BSN, RN, CPN, Chair  
Brandee Cruz, BSN, RN, CPEN, Chair-Elect  
Vicky Tilton, DNP, MSN, RN, NEA-BC, Facilitator

### Objective

Promote a professional practice environment by engaging clinical nurses in the professional practice of nursing and ensuring nursing operational initiatives are effectively implemented.

### Accomplishments

- Offered a space for collaborative interaction with Chief Nursing Officer and clinical leaders to share information and have it disseminated to staff.
- Enhanced process for information sharing with multidisciplinary leaders.
- Identified, shared, and improved processes, including Patient Safety Observers, PI Restraint Documentation, and Manager Dashboard.
- Guided organization-wide nursing operational initiatives, including expanding George's Pass, enhancing Workload Acuity auditing process, and approving Acute Care Language Sign QI project and New Grad Mentorship project.

## Nursing Excellence Committee

Stacie Venkatesan, MSN, RN, CNS, RNC-NIC, Co-Chair  
Marcia Frye, MS, BSN, RN, CNML, Co-Chair

### Objective

Provide leadership, coordination, and delivery of strategies promoting a culture of recognition and celebration among our nursing staff.

### Accomplishments

- Successfully launched and sustained the DAISY Award Program, ensuring ongoing recognition of exemplary nursing practice.
- Maintained regular publication of the Nursing Navigator newsletter for sharing organizational updates, professional achievements, upcoming events, and celebrations with nursing staff.
- Planned, organized, and executed a comprehensive Nurses Week 2025 celebration.
- Expanded committee membership by onboarding new representatives from across the organization, strengthening shared governance and ensuring diverse perspectives across roles, units, and shifts.

## Professional Development Council

Honey Monocillo, MBA, BSN RN, CPN, Chair  
Nichole Hackbarth, MSN, RN, CPN, Interim Chair  
Stacie Venkatesan, MSN, RN, CNS, RNC-NIC, Facilitator

### Objective

Promote national certification and ongoing academic progression for nurses.

- By Fiscal Year End 2026, increase number of Registered Nurses with BSN or greater from 72.49% to 72.99% (+0.5%)
- By Fiscal Year End 2026, increase number of Registered Nurses with national certification(s) from 42.32% to 42.82% (+0.5%)

Evaluate the Clinical Advancement Program to promote standardization and support the clinical practice environment.

### Accomplishments

- Advanced nursing education and certification goals by overseeing initiatives that support BSN attainment and national certification growth in alignment with FY26 targets.
- Recognized and celebrated certified nurses through a Certified Nurses Day event, fostering a culture that values specialty expertise and professional excellence.

- Promoted lifelong learning and engagement during Professional Development Week by hosting an external guest speaker for a multi-day educational event focused on professional growth and development.

### **Clinical Advancement Program Committee**

Brad Holland, Co-chair

Keri Gavaletz, Co-chair

Stacie Venkatesan, MSN, RN, CNS, RNC-NIC, Facilitator

#### **Objective**

Provide consistent, timely, and transparent oversight of the Clinical Advancement Program (CAP) by evaluating advancement, maintenance, and remediation submissions; clearly communicating outcomes and expectations; enforcing program standards and timelines; and promoting nurses' success through education, resources, and accessible support.

#### **Accomplishments**

- Provided regular CAP office hours, offering individualized guidance, clarification of indicators, and real-time support to staff pursuing advancement, maintenance, or remediation.
- Maintained a robust team of peer nurses who evaluate CAP submissions, and serve as unit-based champions, mentors, and resources across nursing.
- Implemented multiple program revisions in direct response to staff input, including adding new qualifying activities across several indicators.
- Revised the advancement submission process effective 2026 to monthly advancement submissions instead of quarterly, increasing flexibility and access to advancement opportunities for nursing staff.

### **Interprofessional Research Council**

Stacie Licon, DNP, RN, CNS, ACCNS-P, CPN, Co-Chair

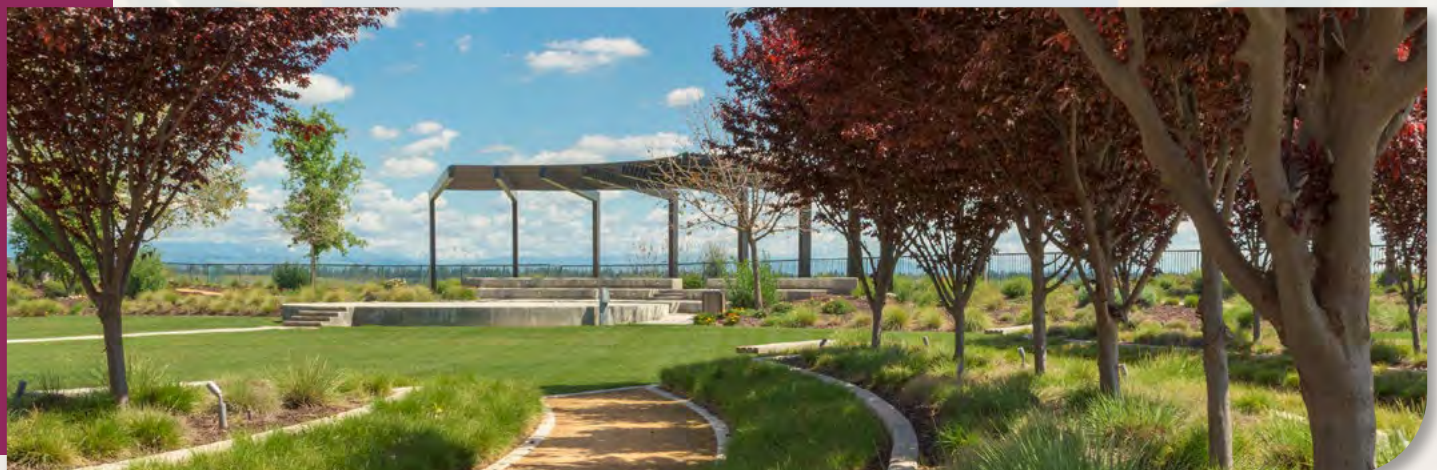
Trish Regonini, CIP, Co-Chair

#### **Objective**

Promote and support the understanding and effective use of research and scholarly activity to enhance the provision of evidence-based nursing care. Advance research literacy and promote a spirit of inquiry throughout the organization.

#### **Accomplishments**

- Advanced the understanding of research study challenges and complexities via the presentation of three research studies.
- Advanced the understanding of evidence-based practice by presenting four Valley Children's-initiated quality improvement projects.
- Provided six didactic training sessions to council members on scholarly activities.
- Consulted with researchers preparing a research proposal.



# EXEMPLARY PROFESSIONAL PRACTICE



**Kim Sutters, PhD, RN, CNS, VA-BC** demonstrates measurable impact through sustained leadership in policy, quality oversight, and program development. As policy owner for 18 organizational policies, she ensures alignment with regulatory standards, current evidence, and best practices. Her expert analysis informs system-wide decisions affecting medication safety, pain management, sedation workflows, and vascular access standards.

Kim leads through mentorship, infrastructure building, and professional empowerment. At the unit level, she provides approximately 345 hours of annual instruction. She trained inpatient and ambulatory nurses to provide skilled vascular care when specialty staff are serving elsewhere. She also developed an ultrasound-guided peripheral IV (USGPV) training program that trained 81 nurses over seven years, which increased first-attempt success rates and reduced infiltration and extravasation complications.

Kim's advocacy for needle-free, local anesthesia (J-Tip) improved comfort for patients. In addition to tracking J-Tip utilization, Kim also leads reporting and analysis of procedural sedation outcomes, peripheral IV complication data, PICC scorecards, vascular access program metrics, and USGPV procedures. Her metrics reporting fosters accountability, drives targeted interventions, and reduces practice variation. Her data also influences resource allocation, capital equipment decisions, and workflow improvements.

As volunteer faculty at the University of California, San Francisco and former clinical instructor at California State University, Fresno, Kim has contributed to the education of undergraduate and graduate nursing students. She was an active member of the American Pain Society and the International Association for the Study of Pain's Pediatric Pain Special Interest Groups for more than 30 years, contributing to evolving standards in pediatric analgesia. Since 2006, she has been a member of the

Association for Vascular Access (AVA), presenting at annual scientific meetings. Her peer-reviewed poster presentations in 2022 and 2023 contributed emerging pediatric vascular access evidence to a national audience. She has also served as a reviewer for pediatric best practice guidelines within AVA, helping refine evidence-based recommendations.

Kim has authored 31 peer-reviewed publications, with an additional manuscript pending review. Her professional service includes manuscript review for *The Journal for Specialists in Pediatric Nursing* and other peer-reviewed journals, as well as invited review of international clinical research proposals, shaping broader professional standards. As principal or co-principal investigator on numerous IRB-approved studies, her research has influenced national standards in pediatric postoperative pain management and vascular access. Her National Institute of Health-funded study on home pain management following outpatient surgery reshaped structured analgesic dosing practices, improving pain control without increasing adverse effects. More recently, she has led research on ultrasound-guided cannulation techniques for pediatric PICC placement, generating data that may influence best practice standards in pediatric vascular access. Kim contributes to the Nursing Peer Review, Practice Council, Pharmacy, Therapeutics & Utilization Committee, Medication Safety Joint Subcommittee, Sedation Subcommittee, Adverse Drug Event Task Force, and the Vascular Access Safety Subcommittee. Her leadership transformed the Vascular Access Program into a 10-member team providing extended daily coverage, including weekend support. Kim bridges innovation with outcome improvement. Her dedication to advancing specialty nursing standards has influenced practice beyond Valley Children's and strengthened the professional voice of nursing.



**We congratulate Kim Sutters, PhD, RN, CNS, VA-BC  
Clinical Nurse Specialist, Patient Care Support.**

**Excellence in  
Exemplary Professional Practice**



# Nursing Professional Practice Model

## Nursing Excellence in Action

The Nursing Professional Practice Model (NPPM) forms the foundation for nursing practice at Valley Children's Healthcare. The NPPM comprises 12 components; Professional Values, Theoretical Framework, Professional Practice, Governance, Collaborative Relationships, Care Delivery, Communication, Outcomes, Research/Evidence-Based Practice, Professional Development, Reward and Recognition, and Operations. Each day nursing excellence illustrates the NPPM in action. The stories below highlight four of the 12 NPPM components.



## **NPPM Component: Care Delivery Oncology Nurse Navigator**

By: Amanda Sanderson, BSN, RN  
Joan DiMino, BSN, RN

Oncology Nurse Navigators bring nursing excellence to life through compassionate, relationship-centered care delivery. Their work is grounded not only in clinical expertise, but also in the heart they bring to every patient and family. Ines Hodzic, RN, Bone Marrow Transplant Navigator, said the role is “rooted in the purpose of being a consistent, supportive presence for patients and families facing one of the most devastating journeys of their lives.”

Navigators walk beside families throughout the cancer journey, offering clarity during uncertainty and strength during some of the hardest moments they may ever face. Navigators serve as the steady thread that ties together each stage of care, helping families feel supported, understood, and never alone.

Grounded in the Care Delivery component of the Nursing Professional Practice Model, Navigators coordinate complex care plans, bridge communication among multidisciplinary teams, and advocate fiercely for what matters most to patients and families. Their practice blends evidence-based nursing with deep human connection—whether educating, guiding, comforting, or simply being present. Each relationship is unique, shaped with intention and compassion.

Oncology Nurse Navigator Ellen Tsudama, RN, reminds us that true excellence is defined by those we serve. “It comes down to if the family feels or perceives that they’ve had good care from us,” she said. “It lies within the beholder.”

A powerful source of strength within the Navigator team is the way they care for each other with the same devotion they offer their patients. They lift one another up, share burdens, celebrate victories, and create a foundation of trust and resilience. This genuine support fuels their ability to care wholeheartedly—and to keep showing up with compassion day after day.

Oncology Nurse Navigators consider it a profound privilege to walk alongside families during their most vulnerable moments, bringing peace, clarity, and continuity both inside and beyond the hospital walls.



## **NPPM Component: Operations Advancement in GI Endoscopy**

By: Jhoan Garza, BSN, RN

In January 2025, the Endoscopy Department began the reimplementation of the Advanced Gastroenterology (GI) Program, which includes advanced procedures such as Endoscopic Retrograde Cholangiopancreatography (ERCP), Endoscopic Ultrasound (EUS), and Single Balloon Enteroscopy. The ability of Valley Children’s to perform these types of procedures in the Central Valley gives our patients better access to care closer to home.

The Endoscopy Department procedure team comprises 11 skilled team members, including nine registered nurses and two patient care technicians.

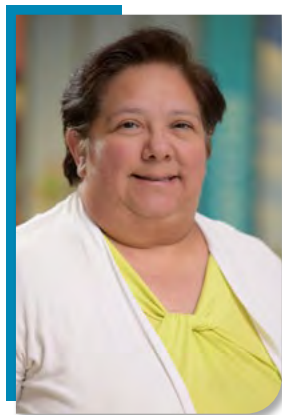
To prepare the staff for these cases, numerous onsite skills labs were scheduled and continue to be conducted to enhance the training and experience. An integral part of the team is the Sterile Processing Department (SPD) as they, too, are trained with the specific reprocessing, handling, and storage of these scopes.

Jhoan Garza, RN, charge nurse, Katrina Budnik, RN, and Dr. John Paul Berauer, pediatric gastroenterologist, attended the Cedars-Sinai GI Symposium, where the team watched live, advanced procedures being performed, participated in hands-on skills labs proctored by the Cedars-Sinai GI team, and listened to various GI-related topics. To further and promote education, staff nurse Dylan Wieland, RN, attended a virtual GI conference.

In addition to managing staff and the day-to-day procedure schedule, Garza and Jessica Hoyas, RN, endoscopy coordinator, also review skills checklists, schedule vendor in-services, and monitor specialized supplies and equipment to ensure all are ready for the next advanced procedure. They have successfully trained both Katrina Budnik, RN, and Jeanenne Lara, RN, to scrub the advanced procedures expanding the trained nursing staff to four to perform these procedures.



Under the leadership and guidance of our Advanced GI Physicians Dr. John-Paul Berauer and Dr. Omar Alharbi, the Endoscopy team has performed more than 33 ERCPs, 19 EUS, and seven Single Balloon Enteroscopy procedures for CY2025.



### **NPPM Component: Professional Development Acute Care Clinical Coordinators**

By: Stacie Licon, DNP, RN, CNS, ACCNS-P, CPN

A little over a year ago, the acute care coordinator role was implemented and has been a key driver of performance and quality improvement across the acute care division. Designed to directly support the bedside nurse, this role bridges clinical practice, education, and real-time problem solving to enhance patient outcomes and strengthen unit performance.

Currently, seven RNs serve as acute care coordinators: Joanna Alvarado, RN – Explorer, Katie Chan-Boeckh, RN – Discovery, Alicia Kanemoto, RN – Central Staffing, Jenna Gilardi, RN – Central Staffing, Jennifer Lopez, RN – Apollo, Kari Anger, RN – Peds Rehab, and Amber Jensen, RN - Craycroft. These nurses actively engage in ongoing quality improvement initiatives as a major focus of their work. Drawing from current research, evidence-based practices, and performance data, they help identify trends, implement interventions, and evaluate the effectiveness of process changes. They also contribute to creating a learning environment where continuous improvement is embedded in daily practice.

In addition to focusing on quality improvement, acute care coordinators provide targeted “just-in-time education” that supports learning delivered at the point of need. This approach ensures nurses receive timely support during workflow challenges, new procedures, or emerging clinical situations, ultimately increasing confidence and competence at the bedside.

The coordinators influence practice through mentorship, collaboration, coaching, and positive role modeling. They build strong relationships with bedside nurses contributing to their overall professional development,

interdisciplinary partners, and unit leaders. Their presence promotes teamwork, improves communication, and enhances the overall care experience for both staff and patients.

In its first year, the acute care coordinator role has strengthened bedside nursing support, improved workflow efficiency, and contributed to safer, higher-quality patient care. By combining research-driven practice improvement, informal leadership, and just-in-time education, the role has become an essential component of the acute care environment and a catalyst for ongoing clinical excellence.



### **NPPM Component: Outcomes Pediatric Invasive Electrophysiology**

By: Audrey Peach, MN, RN, BS, PHN, CCRN

Valley Children's established the Pediatric Invasive Electrophysiology (EP) Lab in March 2023 to expand access to advanced cardiac rhythm care for children in the Central Valley. Under the leadership of Dr. Bianca Castellanos, the team has performed 81 procedures in its hybrid EP/Catheterization lab, including 36 catheter ablations, 43 device insertions or removals, and two cardioversions.

Catheter ablation has been a well-established therapy for more than 30 years and is recognized as a safe and highly effective treatment for a wide range of heart rhythm disorders. In pediatric patients, the most common cause of supraventricular tachycardia (SVT) is atrioventricular reentry tachycardia (AVRT), including Wolff-Parkinson-White (WPW) syndrome. Children with WPW are at risk for recurrent SVT. These patients face an independent lifetime risk of sudden cardiac death, a risk that has been well documented in young athletes.

The procedure tests how fast the heart can beat during an abnormal rhythm. If the heart can beat extremely fast with <250ms between beats, the patient is considered high risk for sudden cardiac death. Year to date, we have treated and ablated 16 patients with WPW who were at risk for sudden death.

The same-day outpatient procedure has not been readily available in many regions of the United States, including California's Central Valley. Prior to the establishment of the EP program, families were required to travel to Los Angeles or the Bay Area for treatment. This often resulted in significant financial strain and logistical challenges, including transportation costs, lodging expenses, and missed days of work and school. Now, local children can receive specialized care closer to home, reducing both financial burden and disruption to daily life.

Since its inception, the Valley Children's EP Lab has achieved a 100% acute procedural success rate, with no recurrences and no reported complications to date.





## Friend of Nursing Award

Ashley Thomas, PharmD, BCPPS

Ashley Thomas, Pharmacy Clinical Manager and former Medication Safety & Regulatory Compliance Pharmacist, has been a vital partner to nurses across every clinical area of Valley Children's. Recognition as the 2026 Friend of Nursing honors Ashley's years of leadership in medication safety and her unwavering commitment to improving the systems that support safe and effective nursing practice.

Ashley's thoughtful collaboration with nurses has strengthened medication processes, enhanced smart-pump safety, and improved drug-library standards. Her efforts to refine workflows impact daily practice—especially in high-risk clinical scenarios. Ashley serves as a key resource for controlled-substance monitoring. She supports nursing leadership and frontline staff in meeting regulatory expectations, while minimizing unnecessary operational complexity. A true advocate for safety, her work consistently reflects an understanding of the real-world demands of nursing and a commitment to designing systems that keep both patients and staff safe.

In addition to her operational expertise, Ashley plays a meaningful role in nursing education and professional development. Through her teaching in clinical orientation and ongoing just-in-time guidance, she helps build nurses' confidence and competence in medication safety, diversion prevention, and safe administration practices. Her ability to translate complex safety and regulatory standards into clear, practical, and bedside-ready explanations has made her a trusted partner across disciplines.

Nurses and leaders consistently describe Ashley as approachable, collaborative, and deeply dedicated to quality and patient safety. She seeks and values nursing input when shaping medication policies. Ashley advocates for evidence-based solutions that support frontline practice and approaches every safety concern with a Just Culture mindset—focusing on system improvements. Her professionalism, responsiveness, and respectful communication style foster a culture where nurses feel heard, supported, and empowered to raise concerns.

Whether supporting high-risk medication practices, improving smart-pump programming, reviewing safety events, participating in Nursing Practice Council, or partnering with leaders on organization-wide initiatives, Ashley brings consistency, clarity, and a shared commitment to excellence. Her work helps ensure the care delivered at Valley Children's is as safe and effective as possible. Ashley is a model for collaboration, a valued teacher to new and experienced nurses alike, and a champion for nursing throughout the hospital.



We congratulate Ashly Thomas, PharmD, BCPPS  
Valley Children's Friend of Nursing Award 2026.

# Team Excellence Award

## Craycroft Team



A defining attribute of the Craycroft team is their unwavering commitment to quality and patient safety. They actively participate in unit councils, engaging in shared governance to elevate standards, strengthen safety practices, and continuously learn from one another. This dedication is reflected in outstanding safety outcomes. As of this writing, Craycroft has achieved over two years without a central line-associated bloodstream infection (CLABSI), a rare and remarkable accomplishment for a unit caring for high-acuity, immunocompromised, pediatric patients. The team has also gone more than eight months without a whole-system-measure code—an

The Craycroft team is a remarkable group of vigilant healthcare professionals dedicated to caring for pediatric patients with complex and chronic medical conditions. Their patient population includes children with oncology, hematology, nephrology, endocrinology, and rheumatology diagnoses. These conditions require not only technical expertise, but also continuous learning, deep compassion, and coordinated teamwork. Despite the fragility of many of their patients, the team consistently delivers exceptional, patient- and family-centered care grounded in empathy and clinical excellence.

Craycroft's multidisciplinary structure is one of its greatest strengths. Physicians, nurse practitioners, and nurses form the clinical backbone of the unit, providing skilled assessment, treatment, and ongoing monitoring. They are supported by patient care technicians who bring hands-on expertise to daily care tasks, health unit coordinators who maintain seamless communication and operational flow, and a unit aide who contributes to a safe and organized environment. In addition, the team frequently collaborates with a broad network of supporting professionals—case managers, social workers, interpreters, and child life specialists—ensuring the holistic needs of each child and family are met. This integrated approach allows Craycroft to address not only the medical complexities of chronic pediatric conditions but also the emotional, cultural, and psychosocial dimensions of care.

achievement that speaks to their early recognition skills, rapid response capability, and deeply ingrained culture of proactive clinical vigilance.

The team's efforts have not only produced exceptional safety outcomes, but have also been recognized at the organizational level. In March 2025, Craycroft proudly received the Patient Experience Award, highlighting the compassion, communication, and family-centered approach that patients and families consistently feel when cared for by this team. This honor reflects the kindness, dedication, and professionalism that define Craycroft's daily work.

Craycroft is a team marked by resilience. They have weathered difficult periods together, supporting one another through challenges, and loss (even one of their own) while continuing to uphold the highest standards of care. Their ability to adapt, lift each other up, and maintain excellence even in tough times speaks volumes about everyone on this team. Unity is especially evident and their efforts make a profound difference—both for their patients and for one another.

**We congratulate the Craycroft Team on Valley Children's 2026 Team Excellence Award.**



# Single Ventricle Home Monitoring Program

## Empowering Parents & Saving Lives

When babies are born with a complex congenital heart defect, the fragility of their lives leaves parents feeling helplessly out of control—even if they learned of the diagnosis during pregnancy. Parents rely heavily on the medical team to care for their infant throughout a sequence of open-heart surgeries. But the interstage period—the time between discharge from the first procedure until the second—often proves overwhelming to many moms and dads. Stable patients transition home with enhanced in-home surveillance to help parents bridge the gap of inpatient care to full responsibility of care at discharge. The single ventricle home monitoring program at Valley Children’s empowers parents with proven tools and strategies to provide the care their babies need.

“This patient population has a high risk of mortality between the first and second stage of surgery,” said Susan Castillo, BSN, RN. Small physiologic changes can signal life-threatening issues—changes that parents learn to recognize and report. “To mitigate this risk, it is critical to monitor vital-sign trends of their heart rate and oxygen levels, weight, feeding tolerance, and look for ‘red flags’ or concerning symptoms daily.”



Castillo serves as RN Navigator of the Willson Heart Center at Valley Children’s Hospital, a role designed to help parents navigate their child’s healthcare journey. She was charged with researching other facilities with a single ventricle home monitoring program and bringing the program to Valley Children’s. Soon after its startup, Castillo began collaborating with Caroline Schwarm, MSN, RN, CPNP-AC, calling her the missing link. “Caroline is a nurse practitioner and she sees the patient inhouse with continuity through the program. She is integral in the family’s education,” Castillo said.

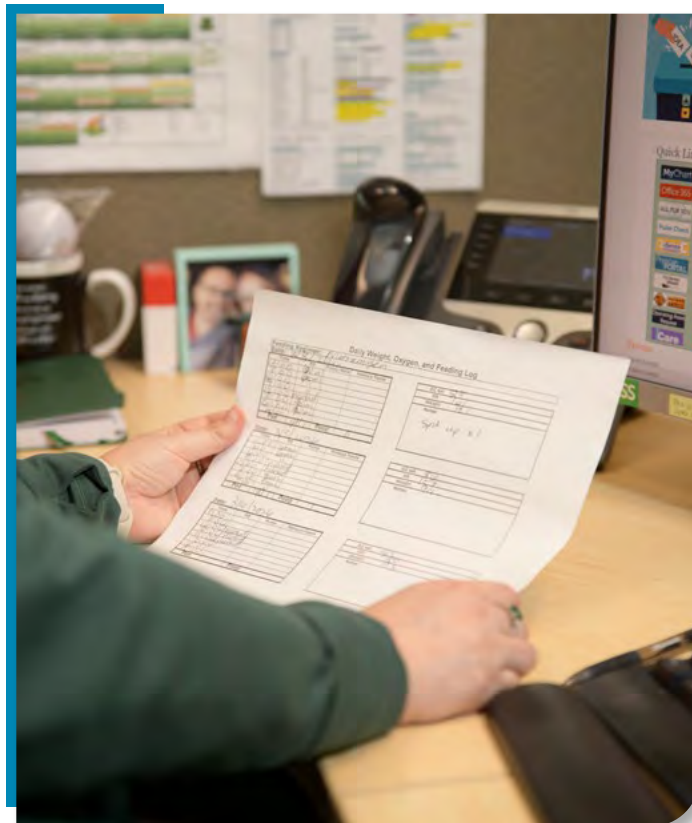
Schwarm noted the program is required by California Children’s Services, but is not meant to be a burden. Parents understand that its primary goal is to decrease mortality. “If we see it’s too much, we try to tailor it for them. But for the most part, parents see it as a safety net that puts them in control of their child’s care,” she said.



Research supports the efficacy of this program. An abstract published in The Journal of the American Heart Association states, “Adoption of interstage home monitoring practices has been associated with significantly improved morbidity and mortality.”<sup>1</sup>

Patients are enrolled in the program prior to discharge and receive weekly follow-up phone calls. “We’ve had up to 16 patients enrolled in the program at a time,” said Schwarm. Each family goes home with a binder for logging important metrics, a pulse oximeter, and an infant scale. The binder spells out an easy-to-follow, daily action plan to check heart rate, weight, blood oxygen levels, and more. Case Management works to ensure every family receives an oximeter through their insurance. Each device is delivered with preset parameters so parents can easily determine if readings are within the safe zone for their child. The infant scales were purchased through the Guilds Pink Pig Fund, which provides immediate funds for projects and items not covered in department budgets. The Guilds collect money from their membership and hold fundraising drives to keep the Pink Pig Fund flowing. Schwarm applied for the Guilds’ assistance and was approved. In addition to these helpful tools and resources, some families are also connected with concurrent care providers from agencies like Hinds Hospice.

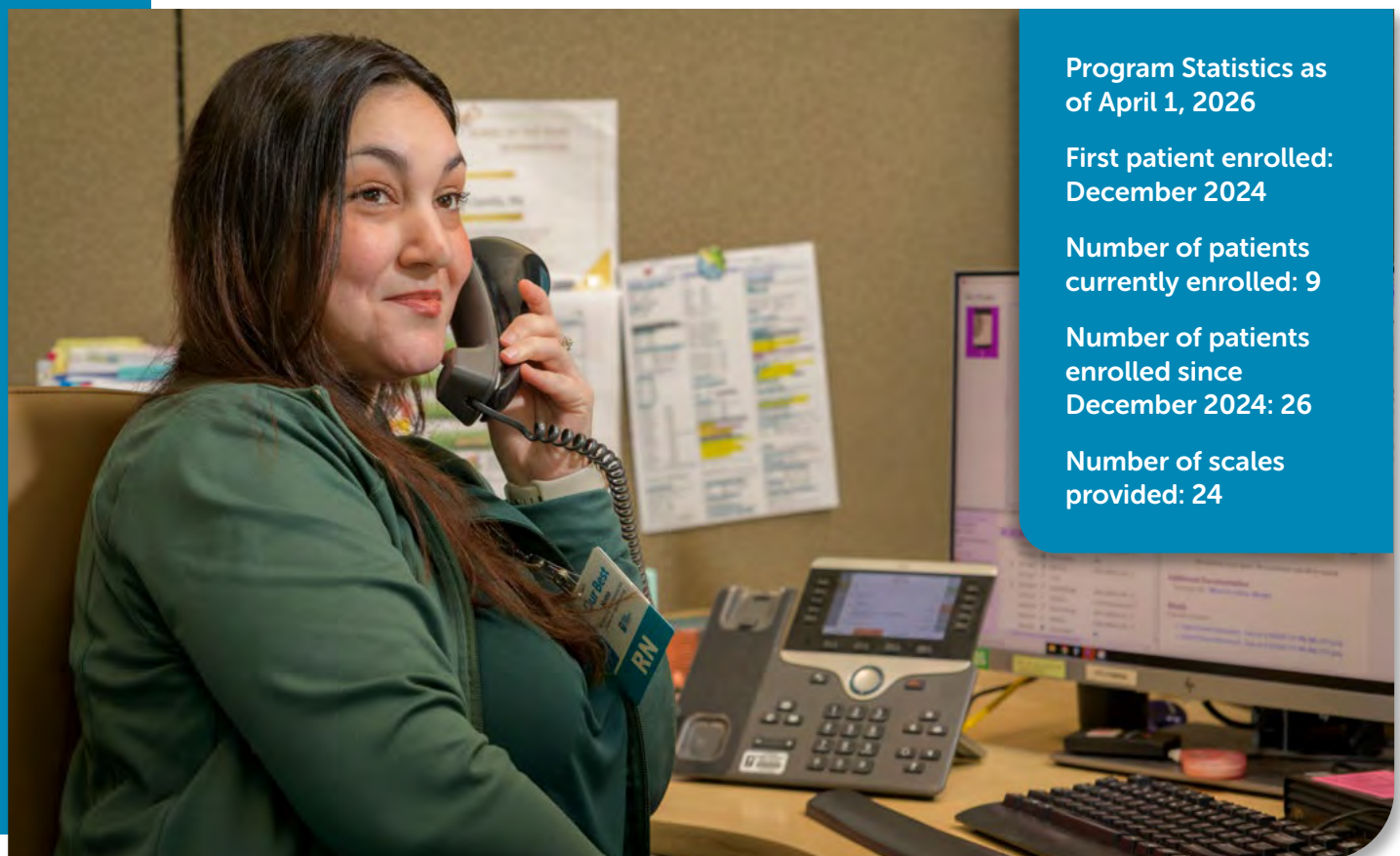
For now, families are using paper logs provided in the binder, but Castillo and Schwarm are working with the



<sup>1</sup>Accessed January 20, 2026 from <https://www.ahajournals.org/doi/pdf/10.1161/JAHA.119.014548>

information technology (IT) department at Valley Children's to integrate the program into the electronic medical record, so that parents can log metrics directly into MyChart. Plans are also underway with IT to flag patients admitted through the emergency department who are actively enrolled in the program.

"Many of these patients live a considerable distance from the hospital," said Castillo. "And so, we try to coordinate doctor appointments so they can see multiple physicians in just one visit." Tiny patients with complex congenital heart defects often receive care not only from pediatric cardiologists, but also from pediatric sub-specialists in gastroenterology and pulmonology, a dietician, and a primary care physician who specializes in treating children with complex diagnoses. "We have the weekly check-in in two ways," said Castillo. "We are talking to the parents by phone and they're also sending in their logs weekly. We review the logs to make sure there are no red flags such as tachypnea, cyanosis, decreasing oxygen saturations, tachycardia, vomiting, lethargy, weight loss, or new concerning symptoms."



While originally designed for the interstage period, the program isn't immediately terminated after the second heart surgery. "Once the patient's heart is repaired enough to not put them at risk of sudden demise, they are graduated from the program," said Schwarm. Some families graduate after the second heart surgery while others stay in the program longer, if needed.

Research out of the National Pediatric Cardiology Quality Improvement Collaborative shows the single ventricle home monitoring program greatly reduces mortality and increases overall infant weight gain. The program successfully guides parents to seek treatment for their child that they might not have sought. Armed with tools and strategies proven to save lives, parents have embraced the program.

Whether these patients are diagnosed in utero and transferred to Valley Children's at birth for surgery within the first three days of life, or frightened parents bring them into the emergency department in extremis with undiagnosed complex cyanotic congenital heart disease, Valley Children's provides the family-centered care these babies and their parents need. The single ventricle home monitoring program at Valley Children's empowers families to take charge of their child's health and well-being while ensuring the highest levels of care delivery, even after discharge.

# NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS



**Lauren Perry, MSN, RN, RNFA, CPNP** is a respected nurse practitioner (NP) in the Division of Plastic and Hand Surgery who demonstrates a forward-thinking approach to patient- and family-centered care. By leading innovations in clinic workflow, procedure efficiency, and advanced practice provider integration, she helps shape best practices in pediatric hand surgery. Her leadership in developing in-clinic surgical procedures and improving interdisciplinary collaboration has improved patient access, staff satisfaction, and care delivery. Focused on solutions, Lauren created innovative dressings for patients with polydactyl surgeries. She has been instrumental in aligning outcome measures with clinical practice in her work with surgeons and hand therapists.

Mindful of the evolving role of the advanced practice provider, Lauren precepts NP students and new hires, paving the way for future leaders and ensuring safe, standardized, and confident practice. She regularly presents educational sessions within the clinic, covering topics such as congenital hand anomalies, nailbed injuries, and fracture management.

Lauren's leadership extends into the community. She is co-founder and co-chair of the Annual Valley Children's Hand Camp, which empowers children with congenital hand differences and supports their families. She has led outreach initiatives to educate high school coaches, athletic trainers, and community providers on early recognition and referral of scaphoid fractures, reducing delays in diagnosis and improving outcomes for young athletes. Lauren also serves as a clinical resource for school nurses. Her guidance regarding pediatric hand injuries, congenital differences, and appropriate referral pathways promotes early identification and timely care for children in school settings.

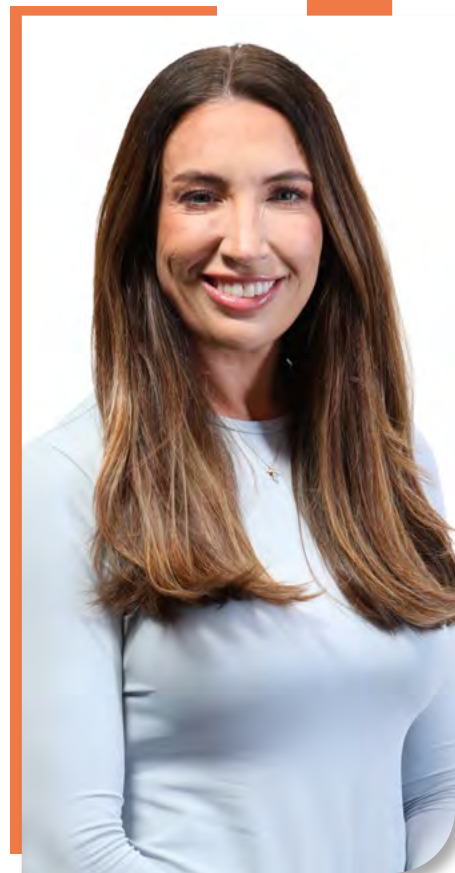
Lauren is the first author of "Training and Integrating Advanced Practice Providers in Pediatric Hand Surgery." Published in the Journal of Hand Surgery Global Online, the article ad-

resses workforce development, role integration, and clinical excellence. She was featured in "From Limitations to Limitless Possibilities: This is Blair's Story" for her role integrating three-dimensional modeling technology into surgical planning. This innovative advancement has improved precision and outcomes for pediatric patients.

Lauren's active participation in professional nursing organizations helps to advance the profession through shared knowledge and collaboration. On a national level, she presented evidence-based techniques at the American Association for Hand Surgery conference, and was invited to speak at the American Association for Hand Surgery Annual Meeting. She also contributed to the interdisciplinary Pediatric Hand Surgery Study Group.

Lauren currently serves as president-elect for the San Joaquin Valley Chapter of the National Association of Pediatric Nurse Practitioners, where she provides leadership in advocacy, education, professional development, and leadership development for pediatric NPs throughout the Central Valley. She collaborates with regional leaders to strengthen engagement, increase participation, and expand access to educational opportunities for members. Her leadership helps ensure pediatric NPs remain informed, connected, and supported. Her engagement with local and regional chapter programming supports evidence-based practice and promotes continuing education for pediatric NPs practicing in diverse clinical settings.

Lauren amplifies the voice of nursing, shares new knowledge, and promotes collaboration across disciplines, helping shape the future of pediatric surgical care.



**We congratulate Lauren Perry, MSN, RN, RNFA, CPNP Nurse Practitioner, Plastic Surgery.**

**Excellence in New Knowledge, Innovations & Improvements.**



## Innovation Leads to Win/Win

### Point-of-Care Ultrasonography Precludes Excessive X-rays

When is too much too much? This question begged an answer. Literature has shown that exposure to multiple x-rays, especially in neonates, can cause sequelae later in life. And yet, no governing body has established any guidelines on

#### VAT Nurses Using POCUS

- Katie Jackson, BSN, RN, Vascular Access Specialist
- Michael Volkov, ADN/ASN, RN, VA-BC, CNPI, Vascular Access Specialist
- Erica Guzman, BSN, RN, Charge Nurse, Vascular Access Specialist
- Daniel Garcia, BSN, RN, CPN, VA-BC, Vascular Access Specialist
- Gabby Daza BSN, RN, Vascular Access Specialist
- Kathryn Miller, ADN, RN, CNPI, Vascular Access Specialist
- Aurelia Olvera, BSN, RN, CCRN, Vascular Access Specialist
- Sandy Ross BSN, RN, VA-BC, Vascular Access Specialist
- Barbara Hogue, BSN, RN, CCRN, Vascular Access Specialist

#### Sonographers Guiding POCUS

- Amanda Bustamante, Lead Cardiac Sonographer, Echocardiology
- Jessica Alvarez, Senior Cardiac Sonographer, Echocardiology
- Maria Garcia, Manager Echocardiology

how much x-ray dosage a neonate can safely receive.

X-rays have traditionally been used to confirm tip placement of a peripherally inserted central catheter (PICC). PICCs deliver essential medication and nutrition to patients and can decrease the need for a new intravenous line.

At what point do you choose another x-ray?



In the midst of this dilemma, Katie Jackson, BSN, RN, found a research article presenting an innovative option—keep the PICC and cut the x-rays. The advanced practice nurse (APN) who authored the article, Matt Ostroff MSN, VA-BC, had been using point-of-care ultrasonography (POCUS) to confirm PICC tip position in neonates with 100% accuracy.<sup>1</sup> Jackson presented this win/win solution with her team.

Erica Guzman, BS, RN, Vascular Access Charge Nurse, arranged for Jackson to meet with ECHO sonographers in the cardiology department, putting a plan into motion to begin using POCUS on all lower-extremity PICC placements. “Learning to use ultrasound to determine

where a PICC terminates is helping us expand our skill set as vascular access nurses,” said Guzman.

“The sonographers were very gracious to take me under their wing for an afternoon,” said Jackson. “They listened to what I was trying to visualize and they taught me where to position the probe and what acoustic windows to look for—windows that would give me the best view.”

As a matter of coincidence, a new member of the vascular access team (VAT) at Valley Children’s, Daniel Garcia, RN, BSN, VA-BC, CPN, had relocated from the hospital in New Jersey where the APN using POCUS worked. Garcia was able to show his new team at Valley Children’s how this procedure is done.



“We had begun doing POCUS on occasion based on Katie’s discovery,” said Michael Volkov, ADN/ASN, RN, VA-BC, CNPI, Vascular Access Team. “But when Danny arrived with the knowledge, it motivated us to make it actually happen.” For a few years now, physicians in European countries, primarily Italy, have been using ultrasound (U/S) to confirm PICC tip location and preclude x-rays for final confirmation. Until now, this practice has seen limited use in the United States “To

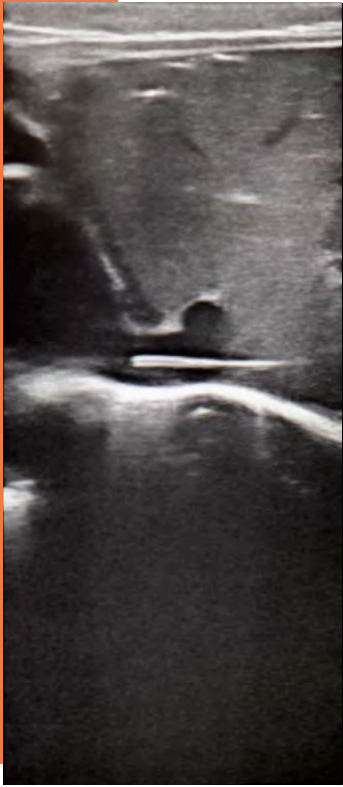


<sup>1</sup>POCUS using the neo-ECHOTIP protocol plus the retract, advance, and position (RAP) technique to improve lower extremity catheter positioning in neonates, Journal of Neonatal-Perinatal Medicine, 2025, Vol. 0(0) 1–9 © The Author(s) 2025.

our knowledge, no other front-line team of nurses is performing this technique," said Volkov.

U/S imaging can be performed by any level of nursing for any vascular reason with no radiation, no skin impairment, and no harm in its use. Excitement began building to standardize POCUS as a safe alternative to x-rays.

## Benefits of POCUS



- Reduces harm to vulnerable patient population
- Lowers risk of neurological and physiological stress
- Decreases wait times associated with x-rays
- Increases the efficiency of the PICC procedure
- Provides real-time imaging and confirmation
- Saves costs and resources

In May 2025, most of the VAT nurses met with Valley Children's team of sonographers to practice the technique. They learned how to hold a probe, where to place the probe anatomically to visualize the inferior vena cava (IVC), and how to find the PICC tip. "The sonographers made themselves available to us," said Jackson. "They came to us at the bedside to help proctor us in perfecting our technique." VAT members have consistently demonstrated their ability to successfully use POCUS, dramatically decreasing the need for x-rays to confirm PICC tip location.

"ECHO is the 'gold standard' of tip location determination," said Volkov. "X-ray is merely an expected approximation with many variables, and is displayed in a two-dimensional view and therefore, inherently non-specific. Ultrasound/ECHO is definitive and accurate."

The VAT has expanded this practice to include small pediatric patients as well as neonates, and may one day expand even further to use POCUS for upper-extremity PICC placements. "There's a particular probe for upper-

extremity PICCs that would be much more useful than what we currently have," said Jackson. "We've already put in a request to acquire that probe."



"Our hope is to develop a standardized procedure," said Guzman, who pointed out that training for any new standardized procedure involves creating a didactic with a practicum. "There would have to be demonstrated competency, so that anybody who performs this procedure would have to go through that training and credentialing as well. These details have not yet been developed, as the project is still underway."

The VAT is documenting every procedure with video confirming consistent accuracy. "When we obtain an image of a PICC tip in the IVC, just below the heart, we can confidently state the PICC is in the correct position and can be used immediately," said Volkov. "For each patient with whom we have used this practice and obtained that definitive view, we have obtained 100% 1:1 correlation with x-ray of PICC tip position." Volkov and the team have submitted these findings to the Institutional Review Board (IRB) to begin the process of receiving approval to standardize using POCUS. The team plans to collect sufficient data to petition Valley Children's Healthcare and its physicians to eliminate initial x-rays and accept POCUS as a standard of care.

"We intend to publish our experiences and findings," said Volkov. "If our publication is accepted, our practice could help implement change in procedural practice throughout the United States."

Valley Children's is leading the way with this innovative practice that is a win/win for patients, their families, and the Valley Children's Healthcare team.

# Scholarly and Community Activities Statistics

**344**

Nurses are involved in an external professional nursing/healthcare organization



**Valley Children's  
HOSPITAL**

**131**

Nurses have provided community service impacting children's health

**11**

Nurses published in external professional literature

**109**

Nurses are enrolled in an academic program (8.58%)

**15**

Nurses presented external poster or podium presentations

**25**

Nurses serve as adjunct faculty or clinical instructors

**4**

New nursing research studies



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