



Caring with Open Hearts, Hands and Minds

Nursing Annual Report 2018



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford



A Message from the Chief Nursing Officer

As we look back over another incredible year, I am so proud of how Stanford Children’s Health nurses have translated our vision of “healing humanity through science and compassion, one patient and family at a time” into every aspect of our organization. Nurses led the way in a year of ongoing change and ambitious initiatives for continuous improvement. Together, we crafted a new Shared Leadership structure and achieved outstanding results. Nurses drove clinical decisions and policy changes to support safe, effective and efficient patient care.

Our nurses’ compassion and skill were reflected in outstanding patient satisfaction survey results. The volume of active research and quality improvement studies led by nurses here continues to grow.

I am in awe of the commitment they demonstrate daily to our patients and families and am privileged to see the profound impact they have at Stanford Children’s Health. I am grateful for their inspiring dedication. I am personally so humbled by the extraordinary nurses and proud to work with and for them. As you’ll read in this report, there are a number of accomplishments, including the amazing work to standardize our CLABSI reduction work.

In February, our organization submitted our application for Magnet®, marking our commitment to the highest-



From left: Kelly M. Johnson, Roberta Ransome and Alison Carley

quality professional nursing practice and health care outcomes. This is a substantial milestone on formal recognition and validation of the excellent care. Many of the stories that you will read in this annual report were submitted as part of the Magnet application.

Sincerely,

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

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New Clinical Mentoring Platform for Team Members

In August 2018, Stanford Children's Health's Center for Professional Excellence and Inquiry launched a new mentoring program to enhance professional development opportunities for clinical nurses.

The mentoring program offers team members a chance to support new nursing graduates and provides them with guidance in their professional development journey. Through an innovative online platform, clinical nurses are able to express their interests and goals for a mentoring relationship, and program leaders can identify potential mentors in the organization.



New nursing graduates can also identify their goals and expectations for their mentoring relationship. Within the platform, the program leaders can track mentor and mentee matching and the cohort's progress through the duration of the mentorship program. Furthermore, a variety of resources are available within the program to both mentors and mentees, including webinars and learning modules. Kristina Rivera, RN, MA, MSN, nursing professional development specialist and nurse residency program coordinator, said, "The new mentoring program enhances the nurse residency program by providing the residents with support for growth and development at the beginning of their career.



Charlene Noce, RN (left), and Leslie Ciraulo, RN (right)

The value of mentorship empowers one to see the opportunities which may lie ahead in their professional journey."

The first cohort in December kicked off with 18 new nursing residents, and today there are 72 team members registered in the program.

Leslie Ciraulo, RN, a Stanford Children's Health pediatric intensive care unit (PICU) nurse for more than eight years, joined the mentor program during its pilot stage. Leslie was matched with new nursing graduate Charlene Noce, RN. Leslie said, "Since becoming a mentor to Charlene, I have gained value in my time, which has helped me develop professionally. With using the eMentoring platform, I have learned to make my time more intentional. I can focus more on career goals because I have learned to structure them into actionable checklists. Having a plan allows me to have clarity in setting aside time to prioritize."

The program is expected to become available to all nursing staff and to a pilot group of leaders outside of nursing in late 2019.

Nurses Preventing Infection and Watching the Bottom Line

Cardiovascular Intensive Care Unit (CVICU) nurses provide care for a complex patient population. These patients require an intricate care plan to ensure their safety and optimize outcomes.

The nurse practice environment and patient care plan are affected by decisions made during interprofessional rounds, making nurse participation essential. A literature review conducted by CVICU nurse residents, Sarah Marvive, BSN, RN, Nicole Morano, BSN, RN, Elisabeth Rubel, BSN, RN, and Graciela Salas, BSN, RN, found that utilizing a standardized structure in rounds improved patient outcomes and costs.

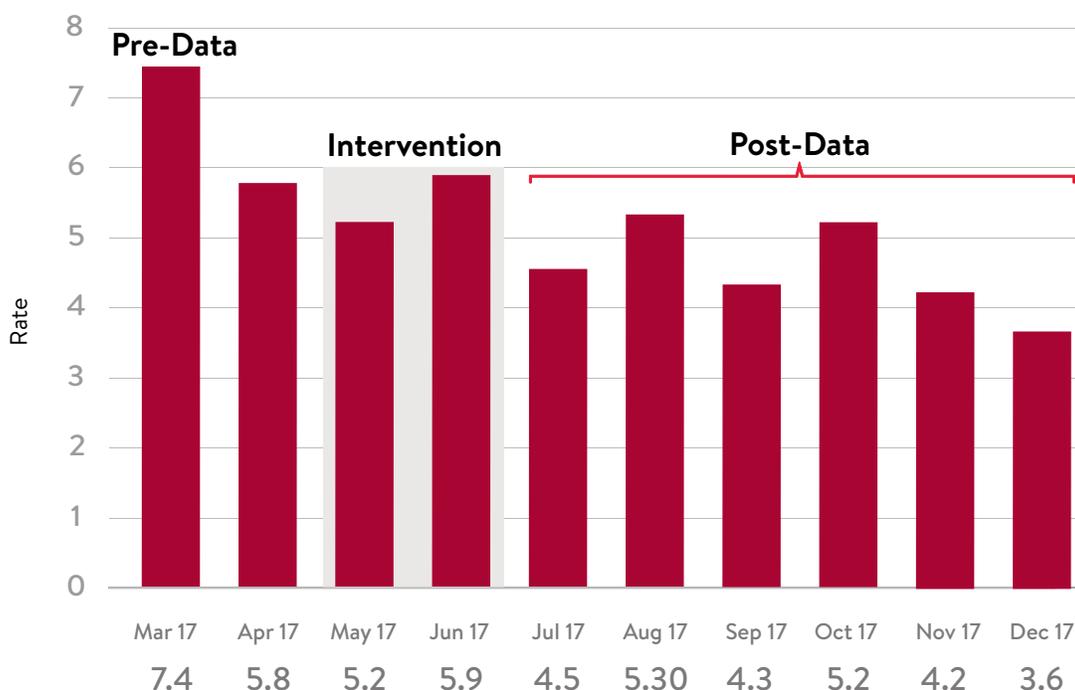
The RN residents presented the new standardized rounding sheet to the CVICU local improvement team (LIT) membership for review, soliciting feedback on the new elements, particularly regarding the lab draw schedule for each patient. They also wanted to assess the need for extra point-of-care testing that was being done, as this blood work represented extra procedures

for these patients. The CVICU LIT approved the new standard and encouraged the clinical nurses to continue creating educational materials needed for rollout.

The RN residents completed an instructional video on utilization of the rounding sheet. Education was provided to staff on the new standardized rounding tool. Additionally, a process was created to facilitate compliance using the sheet.

The increased focus on iStat testing during rounds decreased the average number from 7.4 to 3.6 tests per day. Hospital costs to run an iStat point-of-care test are between \$331 and \$816, depending on the cartridge used. Based on the 29.22 percent decrease in iStat usage per patient day, this represents a \$450 to \$1,100 cost savings per patient day.

CVICU, Lab iStat Rate per Central Line Day



Jenna Murray Named Employee of the Year

In 2018, Jenna Murray, MSN, RN, CPNP-AC, was named Stanford Children's Health and Lucile Packard Children's Hospital Stanford's Grace and Employee of the Year Award recipient, recognizing her remarkable contribution to the ventricular assist device (VAD) program.

The Grace Awards are presented each year to employees who demonstrate outstanding achievement and dedication in caring for children and expectant mothers. Jenna received multiple nominations from colleagues throughout the organization for this award. One of her nominators, Christopher Almond, MD, associate professor of Pediatrics-Cardiology and her collaborating physician for over seven years, described Jenna as "a unique advanced practice practitioner who has the critical thinking skills of the strongest physicians and simultaneously the compassion of the best nurses."

Jenna joined Lucile Packard Children's Hospital Stanford in 2014 as a heart failure nurse practitioner and soon expanded her role as the hospital's first full-time, dedicated VAD coordinator. During her time here at Stanford Children's Health, Jenna has worked closely with David Rosenthal, MD, director of the Pediatric Advanced Cardiac Therapies (PACT) team, to formulate the VAD program infrastructure and the VAD coordinator role. The VAD program supports children from infants to adolescents and young adults with a variety of devices to meet the different needs of a diverse population. A VAD is meant to be a bridge to help extremely sick children as they await heart transplant. Dr. Rosenthal said, "Jenna is incomparable and brings a unique mix of competency, humanism and commitment to excellence, which



Jenna Murray, MSN, RN, CPNP-AC

enriches the environment at Stanford Children's Health beyond her direct contributions."

In her role, Jenna is the point of contact for patients with VADs and their families. She manages the patients from pre-implant to transplant in close partnership with the PACT physician team. She also leads VAD education sessions and helps VAD patients integrate back into school and their normal activities, such as attending prom and traveling. Jenna said, "To quote Confucius, 'Choose a job you love, and you will never work a day in your life.' Between the team that I am so incredibly fortunate to be a part of and what I get to do every day with patients and families, that could not be more true."

National Honors

American Nursing Informatics Association (ANIA)

Maggie B. Cox Award

Kristine Taylor and Margie Godin were selected as 2018 recipients of the American Nursing Informatics Associate (ANIA) Maggie B. Cox Award. The ANIA Award recognizes innovation in nursing informatics resulting in improvements in the work of nurses or care delivery in any patient care setting. Taylor and Godin received this award in recognition of their 2017 *Journal of Informatics Nursing* article, “Utilizing an Interprofessional Team to Create a Disaster Preparedness Report in the Electronic Health Record.”



Kristine Taylor, RN



Margie Godin, RN

Other National Honors



Raji Koppolu, NP—President of the National Association of Pediatric Nurse Practitioners



Colleen Surmay, NP—Legislative co-chair for the San Francisco Bay Area chapter of the National Association of Pediatric Nurse Practitioners.



Carrie Chan, NP—Secretary for the Pediatric Orthopedic Practitioners Society. Co-chair, National Association of Pediatric Nurse Practitioners Pediatric Orthopedic Special Interest Group.



Kathleen Bradley, DNP, RN, NEA-BC, and Margie Godin, MS, BSN, RN-BC—

First Place Poster Presentation—Think Different: Marrying Technology and QSEN Competencies to Modernize Practice, Quality and Safety Education for Nurses International Forum 2018



PCU 200—Winner of the Hospital Council of Northern and Central California’s Innovation Challenge. PCU 200 is recognized for their work on scheduled rounds.

CORE Program: Serving Our Complex Patients

Three million children nationwide are classified as medically complex. Medically complex patients typically have a combination of three or more diagnoses or conditions.

This patient population is characterized by poor coordination across the health care continuum of care, resulting in limited and timely access to health care services, and ultimately causing higher rates of hospitalization and emergency room visits.

An interdisciplinary team at Stanford Children's Health works to provide them with greater access to care and improve outcomes. In an effort to improve care coordination and communication for children with complex medical conditions, Stanford Children's Health created an interprofessional virtual clinic called CORE (coordinating and organizing resources effectively).

The CORE team improves care coordination and reduces health care utilization through

- Establishing low-cost patient cohort management
- Categorizing patients by level of medical complexity and matching provider function to patient needs
- Creating a care delivery "flex model" designed



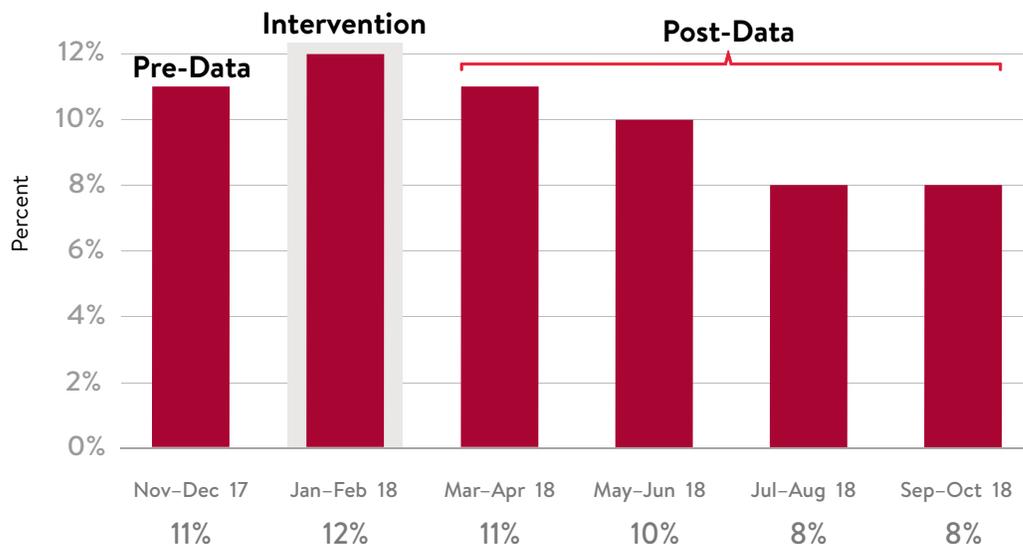
CORE Team

to meet care coordination needs in the hospital, in the clinic setting or in the community

- Developing efficient workflows to capitalize on team skills and capacities

The CORE team's work has demonstrated an increase in the quantity of care coordination services delivered, as well as a reduction in hospital admissions and emergency room visits.

CORE Patients with ED Visits



REVIVE: Extraordinary Care, Continual Learning and Breakthrough Discoveries

The Revive Program spans each element of the organization's mission. The program touches patients, families and staff, along with demonstrating outreach to the community and contributing to national and international professional organizations and the international health care community.

Extraordinary Care

The Revive Program enhances nursing practice through hands-on care, evaluation of practice, interprofessional collaboration, education, research and contributions to improve health care practice around resuscitation science.

CPR Anytime™ kits—Patient and Family Education

The CPR Anytime kit is a self-instructional standardized method to train families and patients in CPR at discharge. Research has shown that this kit has a multiplier factor, meaning an average of six other people will have been trained within six months of a family member receiving the kit in CPR. Since the initiation of the program, over 15,000 CPR Anytime kits have been provided to our families and trained hundreds of others in CPR in the Stanford community.

Continual Learning

The Revive Program has several different education and training programs to support nurses, staff, faculty, community pre-hospital first responders, Stanford Health Care Pediatric Emergency Department, community health care providers, parents and the general community.

Early Recognition First Responders Weeks (Revive Weeks)

Revive Weeks provide interprofessional staff and faculty with continual hands-on practice through skill stations and in-situ high-fidelity simulations and formalized videotaped debriefs. The focused training includes early recognition, initial treatment and management of patients whose condition has changed or worsened. Key to the success of these intensive learning events is that the weekly

simulations and debriefings are conducted on the actual units on both day and night shifts.

Resuscitation Quality Improvement—RQI

Resuscitation Quality Improvement (RQI) is an evidence-based program that introduced hands-on competency demonstration for maintaining BLS certification. Staff is assigned a CPR competency skill every three months, as the evidence shows skills begin to decay quickly around the threemonth mark. The RQI carts for the CPR skills are located throughout the Main and West buildings to optimize convenience for staff.

Breakthrough Discoveries

Pediatric Safety Surveillance Program—Risk RN Pilot

The RISK RN pilot features a PICU nurse who is not given a patient assignment; rather, the nurse spends her shift rounding on different acute care units providing assessment and just-in-time education to staff on potential patients whose condition may be starting to deteriorate. The hours for the RISK RN are 7 p.m. Friday through 7 a.m. Monday. The RISK RN serves to strengthen nursing practice, increase patient safety surveillance, build confidence and comfort levels of nursing staff and promote interprofessional partnerships.

The Revive Program embodies the organizational mission through its wide range of programs. Each of these programs reflects independent nursing practice along with collaboration with our interprofessional partners. This program represents nursing at all levels within the organization and showcases how nurses can contribute to improving nursing practice and health care at many levels.

Third Annual Nightingale Awards for Excellence in Nursing

On October 2, more than 200 nurses were recognized at the third annual Nightingale Awards for Excellence in Nursing. Each year, the Nightingale Awards are held during Pediatric Nurses Week to commemorate the extraordinary accomplishments of our bedside nurses, nurse leaders and colleagues who go above and beyond the call of duty.

Following a parent's warm tribute to nurses, the HEART Council, along with Kelly Johnson, vice president of patient care services and chief nursing officer, presented the Nightingale Awards to the 14 award recipients. Prior-year DAISY honorees, professional nursing development program (PNDP)

advancements, nurses with new certifications, nurses with new degree attainments, published nurses and Caritas Coaches were also honored at the event. Congratulations to all nurses and friends of nursing honored at this year's Nightingale Awards for Excellence in Nursing celebration.



Celebrating our nurses at the 2018 Nightingale
Awards for Excellence in Nursing



2018 Nightingale Award Winners

- Yusuf Farouqi, RN, **Emerging Talent**
- Bass Center Nurse Practitioners, **Excellence as an Interprofessional Team**
- Emily Knapp, RN, **Clinical Excellence in Nursing**
- Loren Sacks, MD, **Friend of Nursing—Provider**
- Gwen Olsen, RN, **Excellence in Quality, Safety and Improvement**
- PICU, **Excellence in Teamwork**
- Brittany Sturtevant, RN, **Eminence Award**
- Monica Smith, RN, **Excellence in Innovation**
- Rebekah Martin, MT-BC, music therapist, **Friend of Nursing**
- Stephanie Kainec, RN, **Excellence in Nursing Leadership**
- Felixberto Piamonte, RN, **Excellence in Mentoring**
- Roanne Serrano, RN, **Excellence in Advocacy** (*not pictured*)
- Hadia Abdelgawad, RN, **Excellence in Community Outreach** (*not pictured*)
- Kim Pyke-Grimm, RN, **Excellence in Research and Evidence-Based Practice** (*not pictured*)

DAISY Award Recipients

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



Abigail Mauck
RN—ICN

Natasha Rajkumar
RN—PICU

Lindsey Constenius
RN—PICU

Yusuf Farouqi
RN—Float Team

Cynthia Banas
RN—F1/F2

Margie Natividad
RN—PCU300

Team DAISY Award
ICN

Giulia Maffei
RN—CVICU



2018 Nightingale Award winners

Stanford Children's Health Nurse Shares Her Skills Abroad

For many Stanford Children's Health nurses, health promotion extends beyond the bedside.

For more than 13 years, Post Anesthesia Care Unit (PACU) nurse Veronica Martinez, RN, BSN, has volunteered internationally with Operation Rainbow Medical Missions, an organization that provides orthopedic surgery to children and young adults who do not have access to medical care. As a PACU nurse, Veronica uses her knowledge and abilities to assist pediatric patients during their recovery from surgery. She also uses her bilingual skills to give translation support to providers and to connect with Spanish-speaking patients and families. In addition to her international work, Veronica mentors children and young adults within her own community.



Veronica Martinez, RN

Providing Neonatal Transport Training in India

Arlene Sheehan, NNP, joined a Stanford Children's Health team led by Nilima Ragavan, MD, on a trip to Gujarat, India, in April to conduct a one-week intensive training in neonatal transport for the staff of Shrimad Rajchandra Hospital. This hospital serves a tribal, low-resource population in Western India. Other team members included Paul Cole, NNP, RNTS, and Robert Gales, RRT. The Stanford team also planned and conducted a two-day conference in neonatology for all the state pediatricians. The conference included speakers from Stanford and from the Gujarat Government Medical Colleges. The didactic sessions were followed each day by an interactive hands-on simulation with the help of Matthew Strehlow, MD, from the Stanford Emergency Medicine department and staff from the Gujarat Emergency Medicine Response team.



From left: Matthew Strehlow, MD FACEP, Paul Cole, RNTS NICU, Nilima Ragavan, MD FAAP, Arlene Sheehan, RN NNP, Robert Gales, RT

Nursing Professional Practice Model: Caring with Open Hearts, Hands and Minds

Our Nursing Professional Practice Model is a symbolic description of the structures, processes and values that represent how nurses practice, collaborate, communicate and develop professionally here at Stanford Children's Health.

Rachel Bautista-Dhesi, BSN, RNC-MNN

Have you ever been the new kid in school, feeling terrified and anxious? For expectant mothers admitted before their due date, this feeling becomes a reality. I connect with

my patients by helping them adjust to this new experience. Aside from providing clinical nursing care, I use my heart to offer different activities to help occupy their time. These activities include

- Wheelchair rides outside to enjoy fresh air and a chance to feel the sun
- Coordinating knitting and art therapies
- Opening their door so they can enjoy the soothing music of the harpist

Being in the hospital is tough. Helping a patient forget their worries and live in the moment helps facilitate a calming environment. I love my job—it is always nice when someone takes the extra step to make the new kid in school feel welcome.

Tiffany Irizarry, BSN, RN, CPN

As an acute care float nurse, building a relationship of trust takes time and effort. I built this relationship with one patient by using breathing techniques, distraction and rewards.



When the patient needed a nasogastric tube placed, I used my caring heart and gentle hands to make this procedure smooth and anxiety-free. Using my knowledge of the patient's love for the San Jose Sharks, I negotiated my Sharks pin for the nasogastric tube placement. Seeing the joy that the pin gave him made my day and reminds me why I love these kids! I also gave him a Sharks poster and magazine to brighten his next hospital stay. GO SHARKS!

Chris Ojerio, BSN, RN

Admitting a patient in the middle of the night can be challenging. One night when I was a new nurse, I was admitting a renal patient who was known to us. Using my mind, I noticed that the patient was difficult to rouse, couldn't

answer basic questions, was a little sleepy and not his normal joyous, talkative self. Orders were placed but I felt something wasn't right. I called the resident with my concerns. The patient was reassessed, the resident agreed with my assessment and labs were ordered. The results of the blood work indicated a need to transfer the patient to the Pediatric Intensive Care Unit. I saw him a few days later, and he didn't remember the night he was admitted but he totally remembered me.



Spirit Days

In December 2017, Stanford Children’s Health began exciting monthly Spirit Days.

This fun activity brings together teams and creates an enjoyable method of connecting with patients and their families. Stanford Children’s Health team members round on both day and night shifts in the hospital looking for spirit on the units and

the ultimate outfit while engaging staff with a thoughtful question about their practice. Prizes are awarded to teams that show the most spirit. Fun themes included in this year’s Spirit Days were Disney, crazy hair, decades and emojis.

Spirit Day Fun Facts!

- **8,000** snacks given to staff
- **6,880** prizes given to patients
- **16** total Spirit Days so far
- **828** photos
- **64** hours of rounding
- More than **50** sites/departments participate every month.



Sports Day—PACU



Disney Day—PCU 300



Lego Day—Treatment Center



Animal Day—Child Life

Think Different Campaign—Modernizing How We Access Information

The Center for Professional Excellence and Inquiry (CPEI) aligns closely with departments to support the training and development of staff: monitoring practice and performance of clinical practice, advancing the science of nursing, and supporting the growth of evidence-based practice.

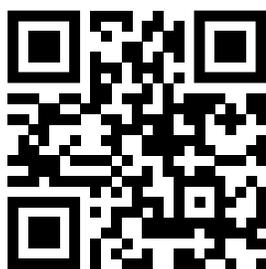
CPEI began the Think Different campaign, which focuses on using technology to support practice and staff development. Technology is a driving focus in today's society and in the health care industry. Health care is an ever-changing industry, and methods of teaching must be cost-effective and provide the knowledge and skills needed to support these changes.

The Think Different campaign started an innovative movement that incorporated real-time learning using mobile technologies. Mobile technology was chosen for its accessibility and its primary function of communication for our workforce. The journey of innovation included all professions within the health care team and aligned with organizational priorities. New educational platforms were created to facilitate learning. Some of the new technology included iBooks and iTunes U Courses



Nurses use technology to make learning more efficient.

for educational training and residency programs, reflective learning, electronic portfolios, videos for just-in-time learning, and QR codes for new training and competency demonstration.



CLABSI Bundle Video*



Mentoring Platform*



Magnet Application*



Nursing Website

*Videos link to *Connect Anywhere* intranet site.

What Happens When Nurses Ask Questions?

The prevention of hospital-acquired conditions (HAC) is essential for providing quality patient care. Historically, our organization has been challenged with central line–associated bloodstream infection (CLABSI) rates across all the units and was not consistently maintaining low rates.

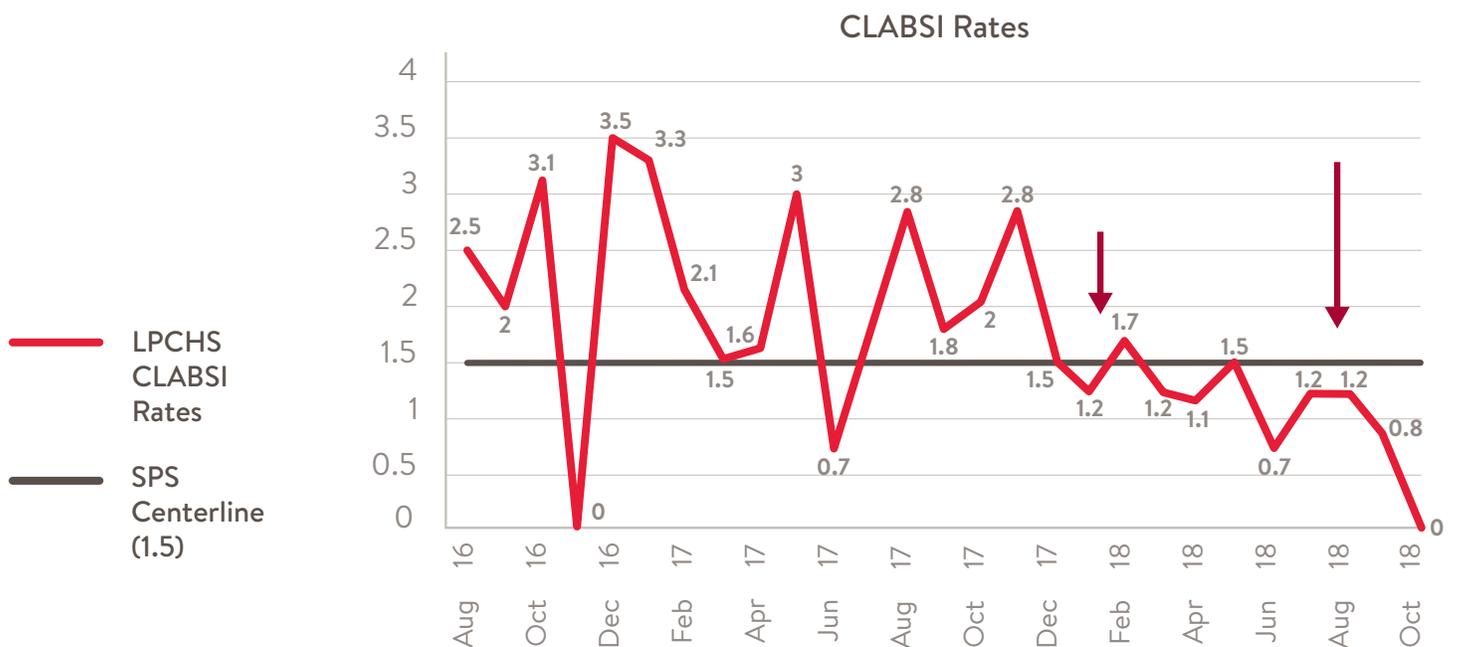
As an organizational effort to streamline and standardize clinical practice, the Center for Professional Development and Inquiry (CPEI) partnered with Patient Care Services to utilize lean methodology, evidence-based practice (EBP) and shared governance. Two focused efforts were launched to address nursing concerns related to CLABSI prevention. The EBP rapid process improvement (RPI) is an innovative method that was used to standardize practice for central line maintenance. Second, a multidisciplinary committee was formed to enhance technology by providing data transparency and improving compliance with CLABSI bundle elements.

Over the past few years, nurses have been questioning our practice related to HACs. CLABSI

is a nurse sensitive indicator, which propels the inquiry for better prevention. Keeping in the spirit of inquiry, nurses began to ask questions:

- What is a CLABSI bundle?
- Is it important to complete all the bundle elements?
- Why is there practice variation across similar units?
- Why do we allow practice variation?
- Why is it difficult to view the different bundle elements in the patient chart?
- Why can't we view this information in real time?
- How do we move from paper to an electronic process?

Transformational leaders joined forces to creatively align organizational goals by using expert knowledge to



optimize performance specific to CLABSI. The EBP RPI brought clinical experts together to focus on specific topics to standardize practice. The overall process included a 12-step progression to bridge the gap between Shared Governance, Patient Care Services and the Quality Department to facilitate system-wide change. The EBP RPI successfully reduced CLABSI rates by 43 percent over a one-year improvement cycle. Eight standardized EBP clinical procedures were developed and implemented across the organization.

The HAC optimization committee was formed to create a tool to support nurses in real-time bundle compliance. The patient dashboard was designed to review CLABSI compliance data. Staff can click on the patient dashboard to review the compliance data for CLABSI. When the CLABSI icon is clicked, it opens a report that displays the data on each bundle element by color, red or green. The CLABSI

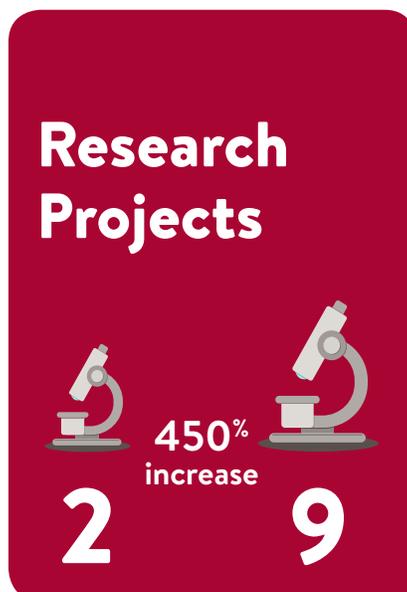
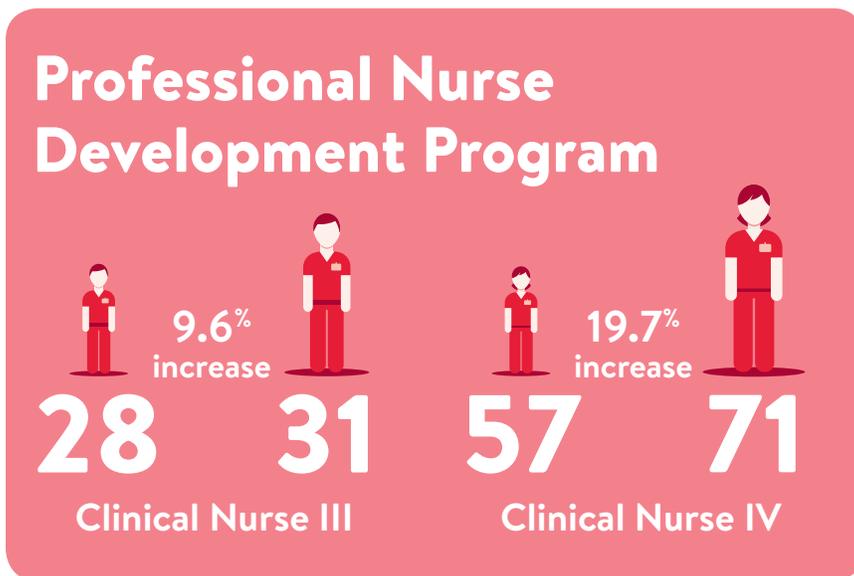
prevention icon turns red if any of the bundle components are incomplete. This easily signifies whether the element is complete (green) or not (red). Currently the dashboard serves as a safety net to ensure that every patient with a central line receives a CLABSI bundle audit each day.

The implementation of the EBP RPI swiftly moved new knowledge into practice to improve clinical outcomes. A standardized method to implement new clinical practices eases interprofessional approval processes, maximizes autonomy, and ensures patient safety and family-centered quality care. Since the implementation of the first EBP RPI, the organization has recognized this structure as the method for streamlining and standardizing clinical practice. The organization is no longer challenged with how to prevent CLABSI rates across all the units and is engaged in maintaining this improvement.

Central Line–Associated Bloodstream Infection (CLABSI) Prevention Bundle Components

	Line Necessity q day	<ul style="list-style-type: none"> Flowsheet Row: Discussed (06/15/18 09:30) Progress Notes: Yes (11/29/18 23:02, HNO:130675265)
	Dressing Change(s) q 7 days (21 days if neonatal)	• [Date Dressing Applied / Changed] Double Lumen Catheter 04/19/18 Other (Comment) Right Chest, anterior: 11/29/2018 (12:00)
	Dressing Integrity Assess q shift	• [Dressing / Activity] Double Lumen Catheter 04/19/18 Other (Comment) Right Chest, anterior: Dry; Intact; Silver impregnated device; Transparent dressing
	Dressing(s) Dated Assess q shift	Date written on all dressings (11/29/2018 19:50)
	Line Secured/Clean Environment Assess q shift	Line secured in clean environment (11/29/2018 19:50)
	CHG Disc/CHG Dressing Assess q shift	CHG impregnated disc shiny side up (11/29/2018 19:50)
	All IV Tubing, Bags, Syringes Dated; Not Expired Assess q shift	All IV tubing is dated and not expired (11/29/2018 19:50)
	Linen Change q day	Bed linen (11/30/2018 11:51)
	CHG Bath q day (if Adj. Gest. Age > 48 weeks)	N/A due to allergies/sensitivity (Ellie Stryker, RN; 11/26 19:45)
	Needleless Connector Change(s) q 96 hours / all tubing chgs. / blood cult.	<ul style="list-style-type: none"> [Lumen 1 Needleless Connector Applied/Changed Date] Double Lumen Catheter 04/19/2018 Other (Comment) Right Chest, anterior; 11/29/2018 [Lumen 2 Needleless Connector Applied/Changed Date] Double Lumen Catheter 04/19/2018 Other (Comment) Right Chest, anterior; 11/29/2018
	Bundle audit received, unmet elements acknowledged	Comments: (none) (Chew, Safichia; 11/29/2018 19:50)

Nursing by the Numbers, Updates from 2017



We would like to thank all of our donors and interprofessional team members for supporting our nursing professional practice. Special thank-you to our marketing department for their continual support.

For any questions and comments, please contact:

CPEI@stanfordchildrens.org

