

Sharp Mary Birch Hospital for Women & Newborns
2022 Nursing Report





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SAN JOSE STATE UNIVERSITY
CARMEN C
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Human Resources Administration

welcome

Dear Colleagues,

It gives me great pleasure to share with you the 2022 Nursing Annual Report. This report highlights the key accomplishments of our nursing staff, celebrating their significant contributions, commitment to nursing excellence and interprofessional partnership.

The nursing staff at Sharp Mary Birch Hospital for Women & Newborns continues to lead the way in transforming care at the bedside and in their work environment. In the past year, they shared their accomplishments both internally and externally through poster and podium presentations. They supported and participated in research studies that are making a difference in neonatal care. And they identified areas for improvement, set goals, and made a difference in the care provided to those we serve.

Sharp Mary Birch is a Magnet-designated hospital. Awarded by the American Nurses Credentialing Center, this honor is bestowed upon hospitals in recognition of nursing excellence. Our Magnet status affirms our commitment to high quality, innovative, and safe patient care; service excellence; and a professional work environment where nurses thrive. The Magnet model components of transformational leadership, structural empowerment, exemplary professional practice, and new knowledge and innovation frame the accomplishments noted within this report.

Thank you for your commitment to professional nursing practice. I appreciate your ongoing dedication to each other and to our patients as we continue to envision our future.

Sincerely,



Carmen Colombo, PhD, MBA, RN, NEA-BC
Chief Nursing Officer
Sharp Mary Birch Hospital for Women & Newborns



“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”

- John Quincy Adams

Transformational Leadership

Visionary leadership that inspires others to achieve extraordinary outcomes.

Transforming Care in the Management of Postpartum Hemorrhage

Obstetric hemorrhage is a life-threatening complication during pregnancy. Early recognition and management of postpartum hemorrhage (PPH) is critical to improved clinical outcomes.

Intervention:

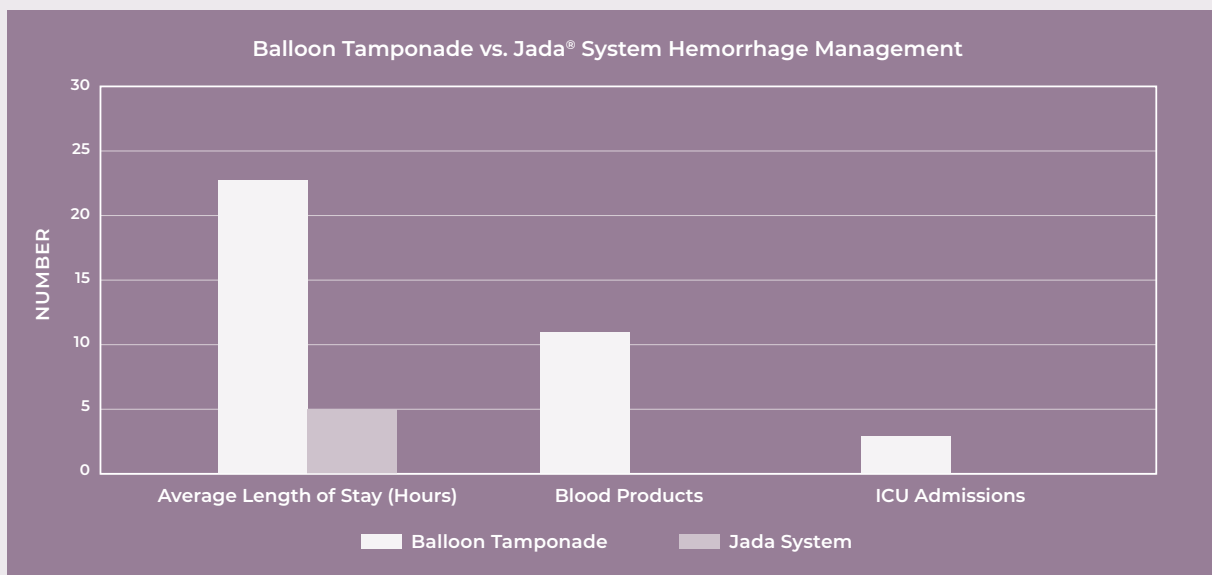
Sharp Mary Birch's Labor and Delivery (L&D) Department recognized an opportunity to improve quality and patient outcomes by trialing an efficient postpartum hemorrhage management device and comparing the results to a balloon tamponade currently in use. These women are at higher risk for receiving blood products and/or an admission to the intensive care unit (ICU) to manage bleeding. They must also remain in L&D until the tamponade device is removed, requiring them to be temporarily separated from their baby, who is transferred after birth to postpartum newborn care.

Outcome:

During the trial period, average length of stay in L&D decreased by 18 hours, meaning that mothers were reunited with their newborns quicker. In addition, fewer patients required blood products or an ICU transfer. Based on these trial results, the hospital's Women's and Children's Value Analysis Committee approved purchase of the Jada® System as an additional tool in the management of obstetric hemorrhage. The department also received a department Quality C.O.R.E. Award for this initiative.

Figure 1

Average length of stay and the number of patients requiring blood products or admission to the ICU were reduced during the Jada System trial.



Transforming Care with Management of Pregnancy-Related Anemia

Pregnancy-related anemia is common and associated with postpartum hemorrhage, a leading cause of severe maternal morbidity and mortality. Recognizing this concern and following recommendations from the California Maternal Quality Care Collaborative (CMQCC) toolkit, triage nurses focused on improving the management of antepartum iron-deficiency anemia. Parenteral iron has been offered as a treatment at Sharp Mary Birch since 2015. The medication, Venofer, is delivered via IV infusion over multiple visits, lasting an average of six hours each.

Intervention:

After analysis of current practices, a collaborative team involving the chief medical officer, pharmacist, triage clinical nurse specialists and nurses identified the need for process improvement using the CMQCC toolkit as a guideline. Engagement and collaboration of all stakeholders were critical to successful implementation of an innovative program using a new medication, Injestafer, to manage antepartum iron-deficiency anemia. Multiple meetings involving unit practice councils, pharmacists and physicians, led to the development of a new process, and creation of a new scheduling form and order set.

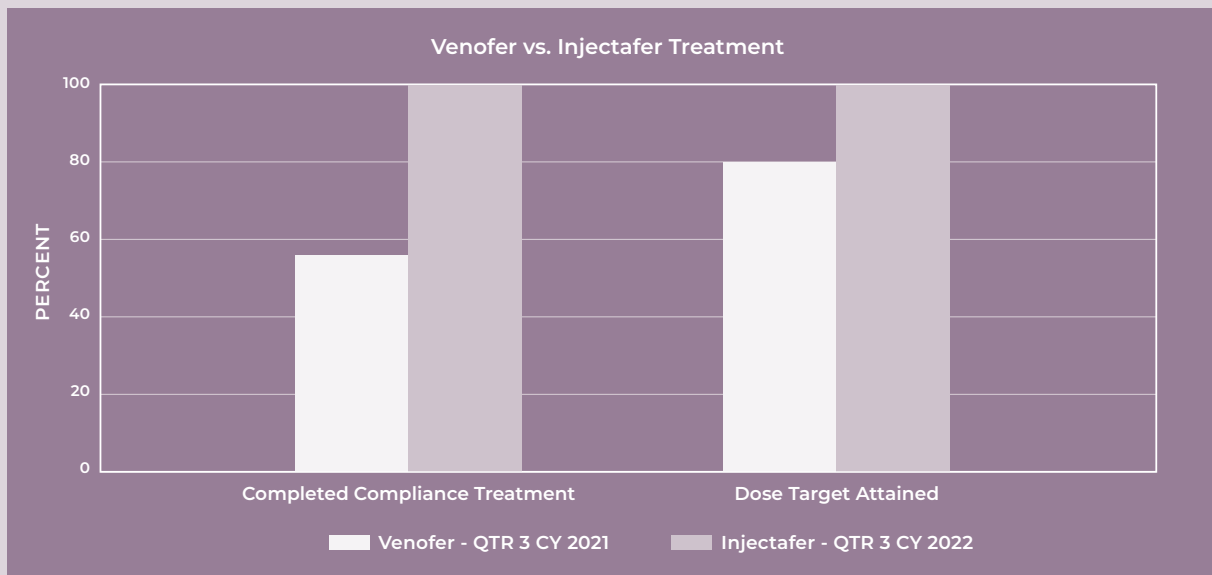
Outcome:

Injestafer infuses over one to two visits only, lasting an average of two hours each. The reduction in treatment time led to multiple benefits — achieving therapeutic benefits sooner, increasing adherence to treatment and reducing patient length of stay.

Ultimately, the team achieved a 100% patient treatment completion rate with Injestafer, compared to only 53% with Venofer. Therapeutic results included an average 1.6 g/dL increase of hemoglobin in a four- to six-week span after one dose. Efficiency of treatment was improved as well — average length of stay per visit decreased from 6.67 hours over a mean of 2.24 visits with Venofer, to 2.82 hours with a mean of 1.07 visits with Injestafer. The number of patients opting for parenteral iron treatment almost doubled, increasing participation from 17 to 30.

Figure 2

Completion of therapy compliance and target dose achieved increased to 100% after implementation of Injestafer.



Transforming the Women's Acute Care Unit Culture

The Women's Acute Care Unit (WACU) is the only gynecological unit at Sharp Mary Birch. In addition to caring for women needing post-operative gynecological care, WACU also cares for moms who have experienced a fetal demise, a very pre-term delivery or neonatal admission to nearby Rady Children's Hospital. Because of these factors, the unit requires highly skilled and compassionate nurses. In fiscal year (FY) 2021, WACU experienced a nursing staff turnover of approximately 50% and low staff morale.

Intervention:

Vigorous recruiting efforts yielded the hiring of 14 new team members, equaling 56% of the current staff. Along with positive attitudes and a teamwork mentality, the new recruits brought with them a cumulative 95 years of nursing experience. The unit adopted core values of honesty, transparency, collaboration, inclusion, teamwork, and making a difference. With laser focus, senior leadership and the WACU staff worked together to embrace these values and create a supportive and collaborative practice environment.

They also cultivated a positive culture through continual staff recognition — utilizing WOW cards, acknowledging birthdays, and providing tokens of gratitude and support, as well as visually beautifying the unit to give staff a sense of pride and belonging. The Unit Practice Council (UPC) reconvened in 2022 and reimplemented "Employee of the Month," spotlighting team members who go above and beyond on a regular basis to create an atmosphere of comradery, unity and positivity. The UPC also implemented charge nurse rounding as well as creative and unique ways to disseminate important education to staff.

Experienced WACU staff are mentoring and nurturing new staff, while diligently upholding the unit core values. Some newer staff members have recruited past coworkers to join the unit.

Outcome:

The 2022 Employee Engagement Survey showed several positive year-over-year improvements:

- 8% increase in the domain of Teamwork, with a 95% favorable response to the question, "*My team members work well together,*" reflecting a 16% increase.
- 84% of WACU employees expressing feeling "*proud to work for Sharp.*"
- 20% increase in feeling "*optimistic about the future of Sharp.*"
- 90% of the WACU team "*can see a clear link between [their] work and Sharp HealthCare's vision/strategy,*" an increase of more than 18%.
- Survey results yield a 31% increase in staff's "*confidence in the senior leadership of Sharp.*"
- Overall satisfaction with Sharp as a place of employment increased by 17%.
- 90% favorable response to "*when I do an excellent job, my accomplishments are recognized.*"
- 18% improvement for *Reward and Recognition.*
- 18% increase in response rate as well as an 84% favorable Report Card Index, with a 9% decrease in unfavorable responses.

Transforming Care in the NICU with Parent Reading

Neonatal Intensive Care Unit (NICU) admission interrupts bonding for parents and their infants. Furthermore, infants born early and admitted to the NICU are at increased risk of neurodevelopmental delay. The NICU implemented a reading program called “Parent Reading Is NICU Therapy (PRiNT)” in 2018 to promote the importance of reading as a method to foster parent engagement, promote the parent role and build language development in the infant.

Reading strengthens parent-child relationships even in an environment like the NICU where parents struggle to feel connected due to separation from their sick newborn. Amid the noises of alarms and unfamiliar voices in the NICU, the voice of a parent can be a calming sound. Having a parent read, speak, or sing can benefit the newborn by beginning to set the stage to develop good habits of reading. These daily practices enrich language skills and encourage early literacy skills per the American Academy of Pediatrics. As the neonatal brain is still forming, nurturing sounds and relationships help build healthy brains. The brain is sensitive to early experiences, so hearing a parent voice, or any voice reading, can help form the foundation for more complex pathways.

Intervention:

PRiNT provides books and a book bag to NICU families. To enhance PRiNT offerings to families, the NICU celebrated “Read Across America” on March 2 by providing a book to each family. In addition, the NICU participated with more than 200 other NICUs in an international read-a-thon from Sept. 12 to 20.

The NICU received a grant from the Sharp Memorial Auxiliary to help purchase the materials for every family along with information about the importance of reading to babies. The NICU leadership team sent out donation requests to ensure every baby could have a book in their family’s language preference, including English, Spanish and Mandarin. Over 100 books were donated by NICU nurses, neonatologists, former NICU families, and community members. With the help of the Sharp Mary Birch marketing and communications team, curated lists from Amazon and Warwick’s bookstore were also promoted via social media and email.

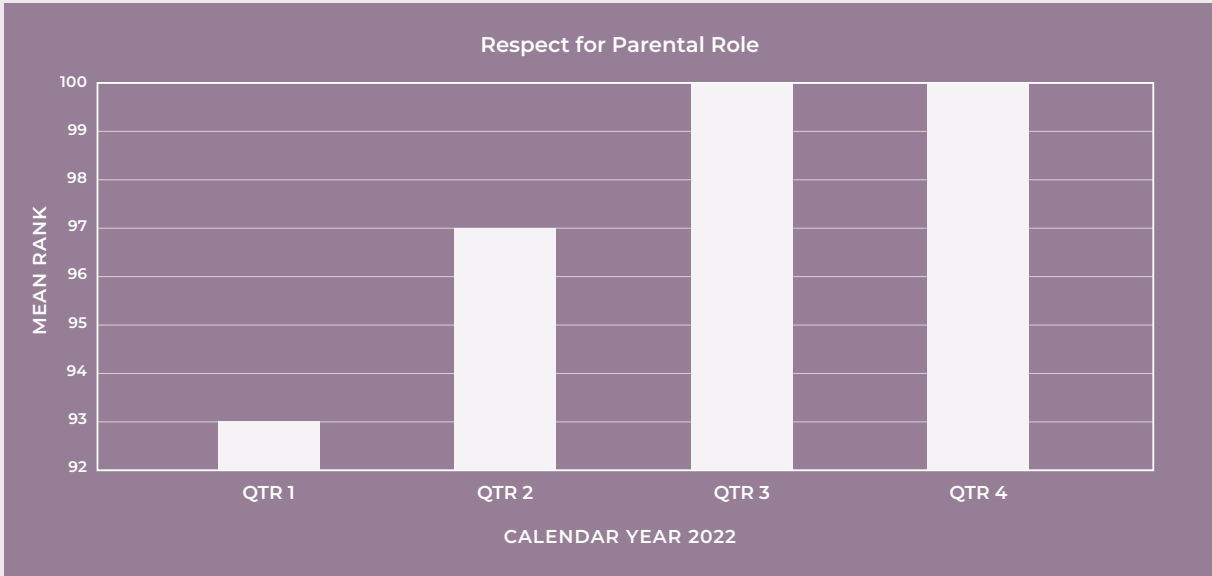
Outcome:

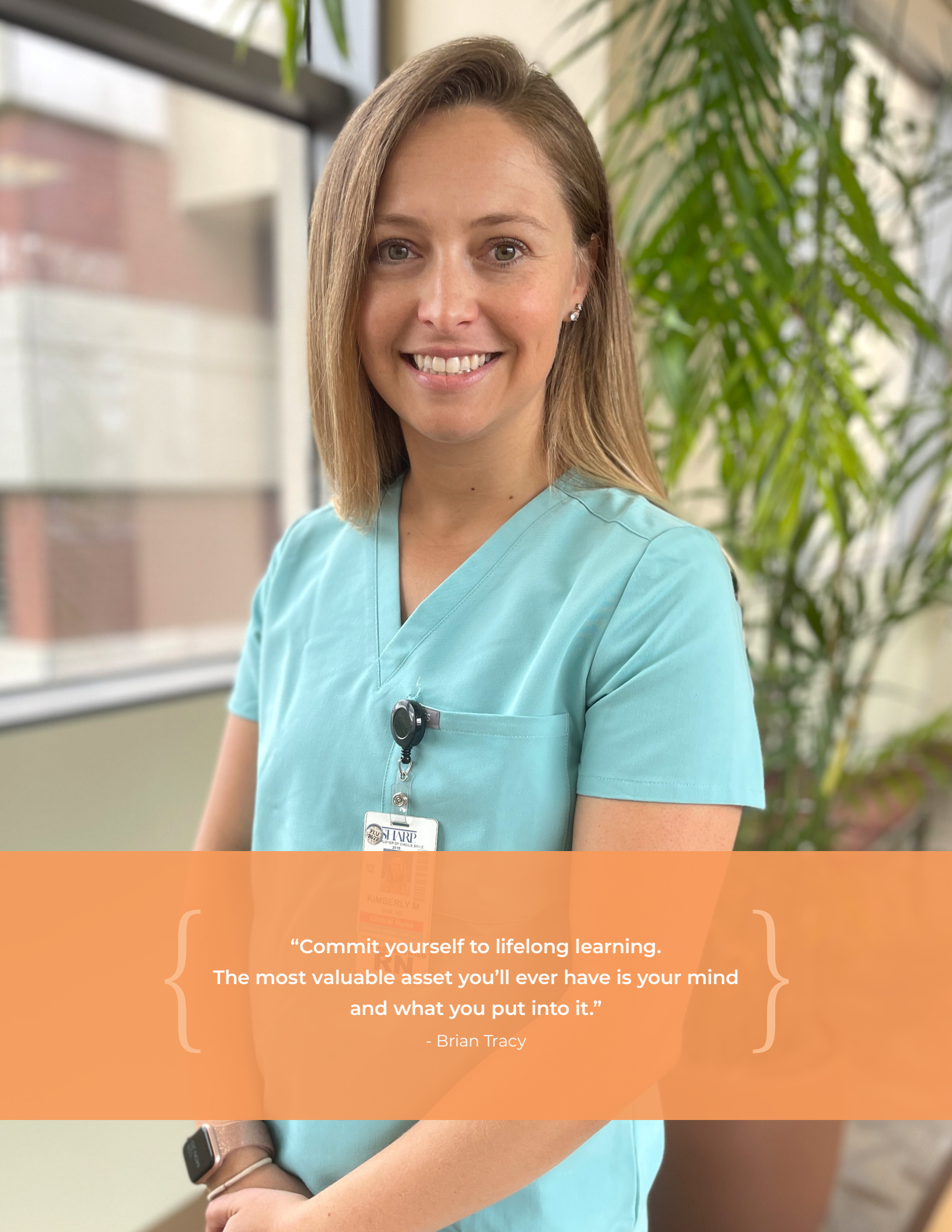
Comments from parents included:

- *Reading to the girls was especially beneficial for me when they were in isolettes and we were unable to hold them whenever we wanted. It made me feel closer to them.*
- *It’s very relaxing — you forget about the surrounding noises and things going on and you just spend good time with your baby.*
- *Reading provided relaxation in an otherwise stressful situation.*
- *I enjoy reading to my baby and believe it will allow him to develop a love for reading as well.*

Figure 3

After increased focus on the PRiNT reading program, there was an increase in the NICU Press Ganey parent satisfaction question related to respect for parental role.





“Commit yourself to lifelong learning.
The most valuable asset you’ll ever have is your mind
and what you put into it.”

- Brian Tracy

Structural Empowerment

Engaging staff to actively pursue lifelong learning that prepares them to become leaders at the bedside, within the hospital, and the community.

Advancing Nursing Professional Practice Through Professional Development Workshops

The Sharp Mary Birch Professional Development Council sponsored a workshop in May titled, “When Pregnancy Does Not Go as Planned.” A discussion led by the Perinatal Palliative Care Committee featured a panel of experts who shared their role in guiding informed decisions and supporting parents opting for palliative care. The interdisciplinary panel included Yvonne Gollin, MD, Maternal Fetal Medicine; Jenny Koo, MD, FAAP, Neonatology; and Rose Bloomberg-Rissman, LCSW, Social Work.

Objectives of the workshop were to:

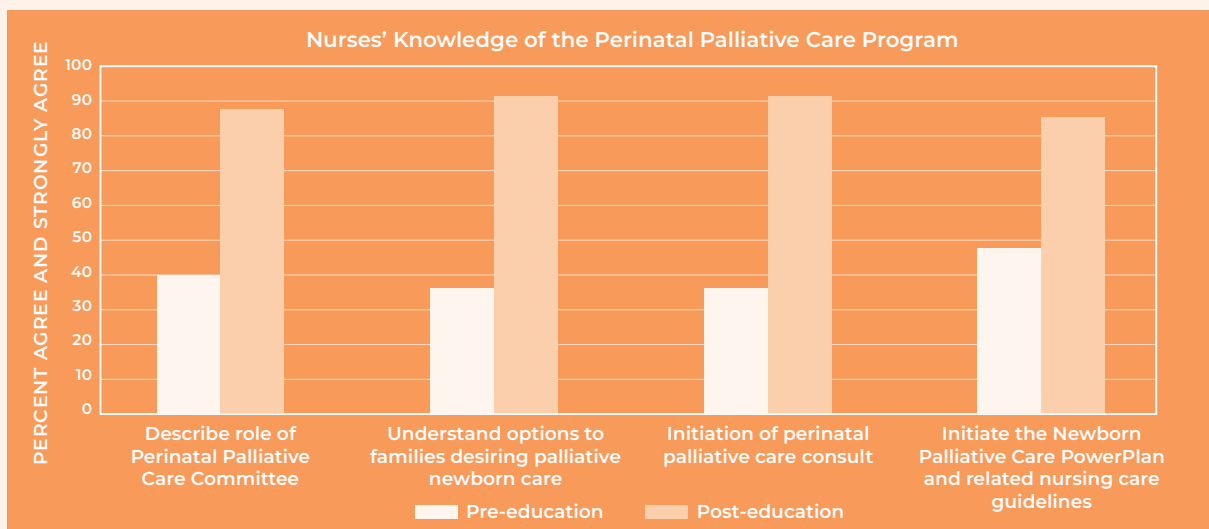
1. Describe the role of the Perinatal Palliative Care Committee
2. Understand the options available to families desiring palliative care for their newborn
3. Instruct providers and/or patients on the process to initiate a perinatal palliative care consult
4. Interpret the Newborn Palliative Care PowerPlan and related nursing guidelines when caring for babies and families

Outcome:

Nurses completed a pre- and post-education survey to measure the effectiveness of the workshop in meeting its objectives, with demonstrated improvement in knowledge, attitudes and translation to practice surrounding the Perinatal Palliative Care Program.

Figure 4

Nurses' knowledge of the Perinatal Palliative Care Program.



Advancing Nursing Professional Practice through Specialty Board Certification and Nursing Education

Achievement of board certification provides validation of expert knowledge in one's nursing specialty. Translating expert knowledge to clinical practice and advanced nursing degrees contribute to improvements in patient outcomes and the nurse practice environment.

Sharp supports nurses seeking board certification and advanced degrees with financial reimbursement for education and specialty certification or renewal of certification. Other strategies to increase the number and percentage of board-certified or BSN or higher nursing degrees include posted information on scholarships on the Sharp Mary Birch intranet page, preferential hiring of candidates with a BSN or higher, BSN/MSN pay differential, and sponsorship of certification preparation courses.

Outcome:

Setting the Bar in Specialty Certification

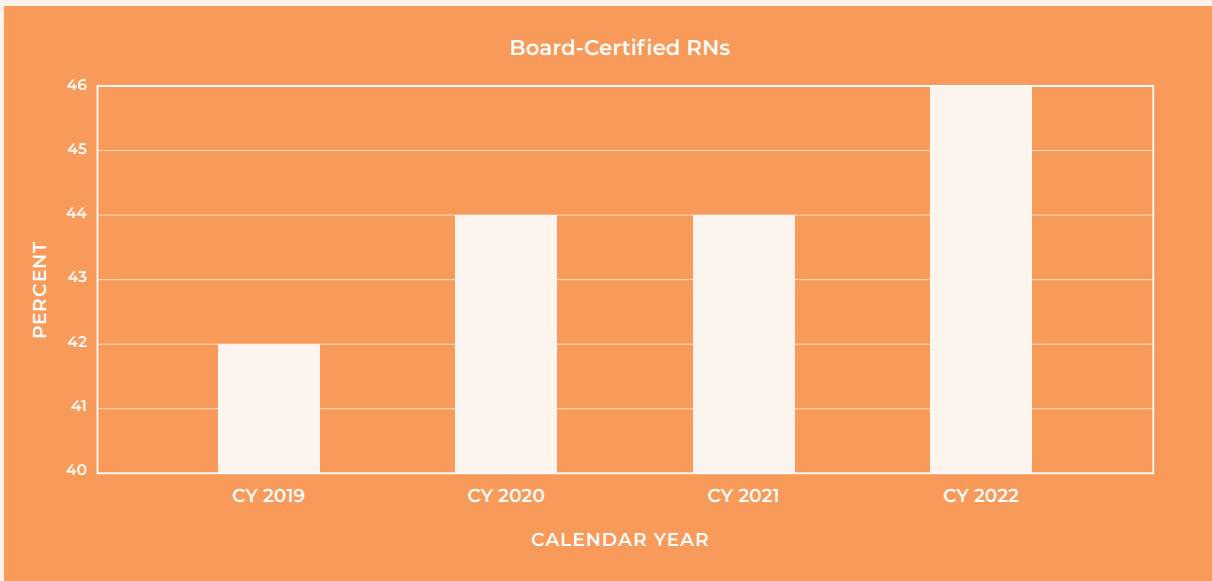
Perinatal Special Care Unit (PSCU): In fall 2021, the National Certification Center's announced a new Inpatient Antepartum certification (RNC-IAP). The Perinatal Special Care Unit's clinical nurse specialist, **Joanna Hunt**, championed a group interested in being among the first in the nation to achieve this specialty certification related to the care of high-risk antepartum patients. Twenty-six percent of the unit's nurses registered for the certification exam during its introductory period, with the group achieving a 100% pass rate and increasing the unit certification rate by 37.5%.

Women's Surgery: Annette Leigh, an advanced clinician in Women's Surgery, recognized the need to demystify the certification journey and make resources more user-friendly and accessible to staff. Annette received certification as an Operating Room (CNOR) Certification Coach. She created a study schedule and provided resources covering the exam's content. She also established the unit's evidence-based journal club, The Ovarychievers. Each month, a new topic is explored with a clear mission of promoting inquiry and effectively moving evidence into practice. Since obtaining her CNOR Certification Coach designation, Annette has successfully aided three nurses in achieving CNOR certification, increasing our certification rate by 50% since last fall.

Overall, the percentage of registered nurses with specialty board certification increased in 2022. Nurses with two or more years in their specialty are eligible to sit for board certification.

Figure 5

Percentage of registered nurses who are board certified in at least one specialty continues to increase.

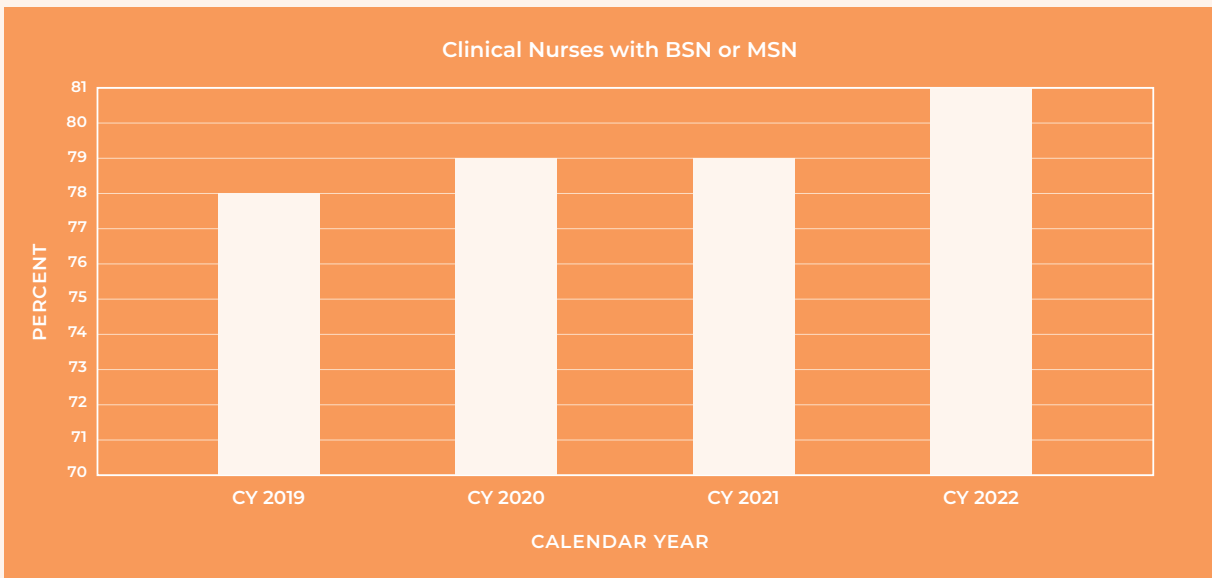


Outcome:

Sharp Mary Birch continues its focus on advancing toward a target of 80% of nurses with BSN or higher.

Figure 6

In 2022, the percent of Sharp Mary Birch clinical nurses with a BSN or higher degree exceeded the target of 80% clinical nurses with a BSN or higher.



Recognition of Nursing Excellence

Exemplary Professional Practice (Nurse of the Year): Julie Albers

Julie, an advanced clinician in Labor & Delivery (L&D), saw a need to enhance the unit's precepting and mentoring, and led an initiative to update the onboarding of new hires. Her efforts included revising the orientation manual, adding a Skills Day, communicating with CRNs, re-pairing of preceptors with new hire for orientation, revising the Preceptor Handbook, and sending out tips and tricks for both the new hire and preceptor.

Exemplary Professional Practice – Nurse Leader: Joanna Hunt

Joanna, a clinical nurse specialist on PSCU, spearheaded an initiative to provide the mRNA Covid-19 vaccine to the high-risk antepartum patients on PSCU. The program began at the request of patients who were hospitalized at a time when their second dose of the vaccine was due. The project later expanded to offering both the first and second vaccine, resulting in 50 to 75% of pregnant patients on PSCU receiving at least one vaccine during their hospitalization compared to just 23% of pregnant women generally.

Structural Empowerment – Nurse Leader: Kristina Lopez

Kristina is a senior nursing specialist in the Post-Anesthesia Care and Women's Acute Care units. Kristina helped implement Enhanced Recovery After Surgery (ERAS) protocols, which have improved patient outcomes not only at Sharp Mary Birch, but across Sharp's women's service line. Implementation of ERAS at Sharp Mary Birch led to an increase in the percentage of patients discharged home from PACU — from 19% in 2019 to 46% in 2021. Between 2019 and 2021, the rate of 30-day returns to the emergency room after surgery decreased from 7% to 5%. The rate of 30-day readmissions also decreased from 3% in 2019 to 2% in 2021.

Transformational Leadership – Clinical Nurse: Eric Wyatt

Eric is an advanced clinician in the Neonatal Intensive Care Unit. In 2021, Eric chaired the Night Shift Council (NSC). As chair, he established a "Caring Cart" rounding process. He and his team revamped the rounding process by providing refreshments and rejuvenation for nurses on different units during night shift. He also increased communication among the NSC team by establishing a culture of ongoing support and communication through Microsoft Teams.



2022 Guardian Angel Awards

The Guardian Angel Program gives grateful patients and their loved ones the opportunity to support Sharp HealthCare while paying tribute to caregivers who made a difference during their visit or stay. The nurses below were recognized for their compassionate caring, listening, and teaching skills. Many of them have received multiple Guardian Angel recognitions and all of them have touched the hearts of their patients and their families.

Maternal Infant Services

Sherry Abdalla
Sheila Agamao
Rose Basbas
Galina Bespechny
Nicole Ehlke
Samantha Eklund
Arteria Jones
Hayley Kellas
Lybeth E. Lim
Juliet Mariano
Haley Nguyen
Winnie Olango
Kara Reed
Deann Reynolds
Lorelei Sandoval

Labor & Delivery/Triage

Melissa Aguirre
Mariah Ballard
Sarah Besson
Kasey Bethel
Brianna Brotherton
Meara Buss
Emily Deakin
Desirie Doria
Caitlin Drew
Kacey Frohlichman
Gina Gonzales
Bree Greenly
Abigail Gyokery
Katie Hogan
Theresa Hurst

Rosalyn Magnatta
Lana Mantanona
Nichole Miller
Alexa O'Hara
Ebony Petteway
Rona Plank
Allie Rivette
Rachelle Runge
Aimee Salvani
Ayumi Sasaki
Anne Marie Steinmetz
Kathy Teixeira
Alisa Whitney
Courtney Yates

Nursing Administration

Carmen Colombo
Sharon White

Neonatal Intensive Care Unit

Tori Brunett
Alexa Connolly
Melodie Dib
Diane Farmer
Ally Fritzier
Lisa Gaxiola
Juliann Hodgkins
Donna Jacobson
JoAnn Katsuda
Maude Lambert
Lisa Molina
Heather Prosser
Brittany Richardson
Brittany Schellack

Jennifer Schmottlach
Lisa Swanson
Mikaela Villanueva
Mackenna Winn
Brenda Zohn

Perinatal Special Care Unit

Angel Anderson

Antenatal Diagnostic Center

Katie Thimes

Surgical Admissions

Beverly Dumas
Christina Manibusan
Kaycee Truong

Women's Surgery

Abby De Leon
Marisa Tartaglia
Silvana Zadroga

Post-Anesthesia Care Unit

Joy Bartsch
Jewell Jones
Coreen McKenzie
Diane Ngo
Jodi Walters

Lactation

Mary Hoffman
Karen Voogd

Commitment to Community Involvement

In 2022, individuals, teams and departments participated in several community projects:

Listen to Your Heart

Joanna Hunt, MSN, CNS, RNC-IAP, RNC-OB, C-EFM, received an Individual C.O.R.E. Award for her work with the American Heart Association to raise awareness of cardiovascular disease in pregnant women. As team captain of the Listen to Your Heart campaign, Joanna raised over \$2,000 for the American Heart Association San Diego Heart & Stroke Walk. Joanna also set up the first-ever Sharp Mary Birch booth at the Heart Walk, distributing vital education to 2,000 people on the importance of heart disease in pregnancy and associated risks later in life.

Breast Milk Drive

In 2022, a national baby formula shortage primarily impacted babies needing specialty formula. In response, the Sharp Mary Birch Lactation and Women's Education Department sponsored an emergency breastmilk drive, the only event of its kind organized in San Diego. The milk drive collected 25 gallons of milk (equivalent to 12,544 feedings for premature babies) that were shipped directly to the Mother's Milk Bank. The event garnered media coverage from KUSI, Fox 5 and NBC 7, and the team received a Community C.O.R.E. Award.

Maternal Infant Services Camp Nurses

Nurses from Maternal Infant Services (MIS) received a Community C.O.R.E. Award for serving as nurses for children's summer camps. MIS nurses volunteered 432 hours of their time providing health screens, administering prescribed medication and administering first aid for injuries that occurred during camp activities.

“We can't heal the world today but we can begin with a voice of compassion, a heart of love and an act of kindness.”

- Mary Davis



SHARP
MY EMPLOYEE ID NUMBER IS 2018
MEREDITH H
RN
Clinical Nurse
Labor & Delivery
RN



“Success is focusing the full power of all you are
on what you have a burning desire to achieve.”

- Wilfred Peterson

Exemplary Professional Practice

Collaborative, comprehensive, accountable patient care delivery by nurses who are dedicated to achieving their professional best.

Surgical Site Infections – Abdominal Hysterectomy

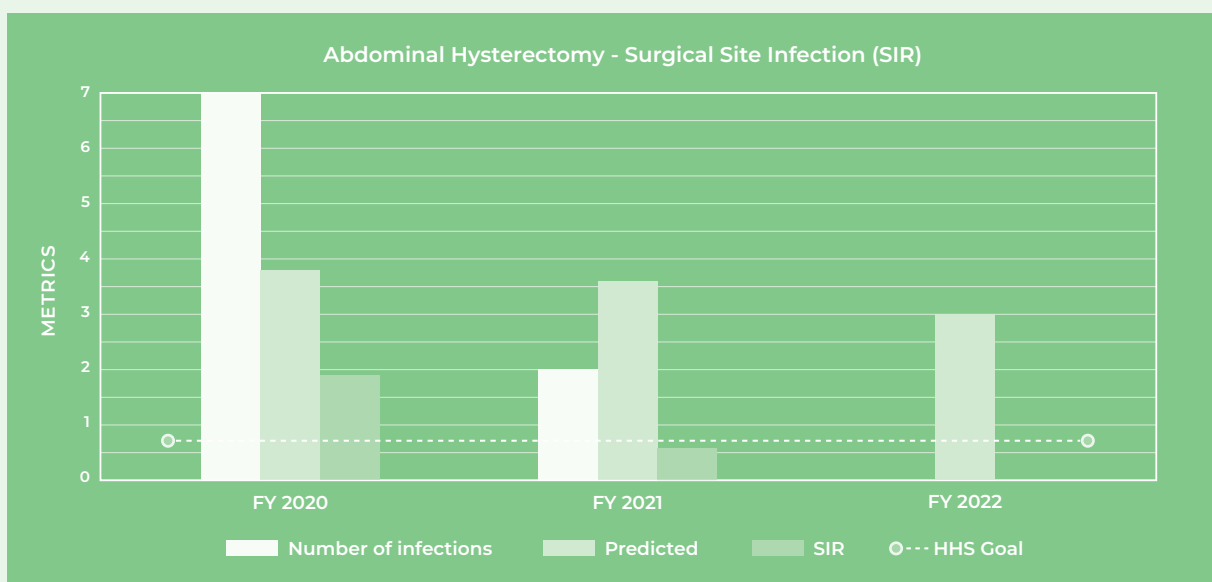
In FY 2022, the Surgical Site Infection (SSI) Prevention Committee implemented the following strategies to decrease the abdominal hysterectomy Standardized Infection Rate (SIR):

- Met monthly to review National Healthcare Safety Network reportable SSIs to identify opportunities for improvement (OFI)
- Increased meaningful communication with surgeons via a poster in the doctor’s lounge with surgeon-specific SSI rates and education regarding surveillance
- Provided immediate notification via email to surgeons when reviewing a potential SSI case and followed up with a second email with OFIs identified by the SSI committee; communication includes contact information for hospital leaders to encourage surgeons to reach out as well as education on documentation
- OB Supervisory Committee held 1:1 meetings with outliers on documentation and best practices
- Increased OR audits on hand hygiene, pre-op surgical skin preps, and vaginal preps
- Made pre-op calls to patients prior to scheduled surgery to encourage use of pre-op cleansing at home

Outcome:

Figure 7

In FY22, Sharp Mary Birch reached its goal of zero hysterectomy surgical site infections.



Maternal Morbidity – Massive Transfusion and ICU admissions

The Joint Commission requires hospitals to review severe maternal morbidity cases. These are defined as patient safety events that occur intrapartum through the immediate postpartum period (24 hours) and requires the transfusion of four or more units of blood products and/or admission to the intensive care unit. At Sharp Mary Birch, an interprofessional team of physicians and nurses reviews each case and identifies opportunities for improvement.

Based on case reviews, the following interventions were implemented in 2022:

- Approved, launched and educated unit nurses on best practices for antepartum electronic fetal monitoring (EFM) with criteria for EFM removal
- EFM review of applicable cases during PSCU Fall Competency Skills Day
- Multi-unit staff re-education on quantified blood loss, including practice drills
- Re-education on fresh frozen plasma and cryoprecipitate administration
- Multi-unit staff re-education on massive transfusion protocol activation

One case met the definition of a serious safety event. A root cause analysis was conducted, and the following interventions were completed:

- Sharp Memorial Blood Bank staff conducted an in-service with Sharp Mary Birch operating room staff regarding blood type acceptability
- Changed multiple blood bank practices, including release of platelets, replenishing keep-ahead blood supplies, and reporting blood product availability at Daily Operations Huddle
- Collaboration with lab to adjust critical platelet values for pregnant women

Outcomes:

Sharp Mary Birch experienced a decrease in the number of patient cases needing review and continues to fall below the California average for severe maternal morbidity cases.

Figure 8

Over the last three years, Sharp Mary Birch achieved a decline in the number of severe maternal morbidity cases reviewed because of fewer potential safety events.

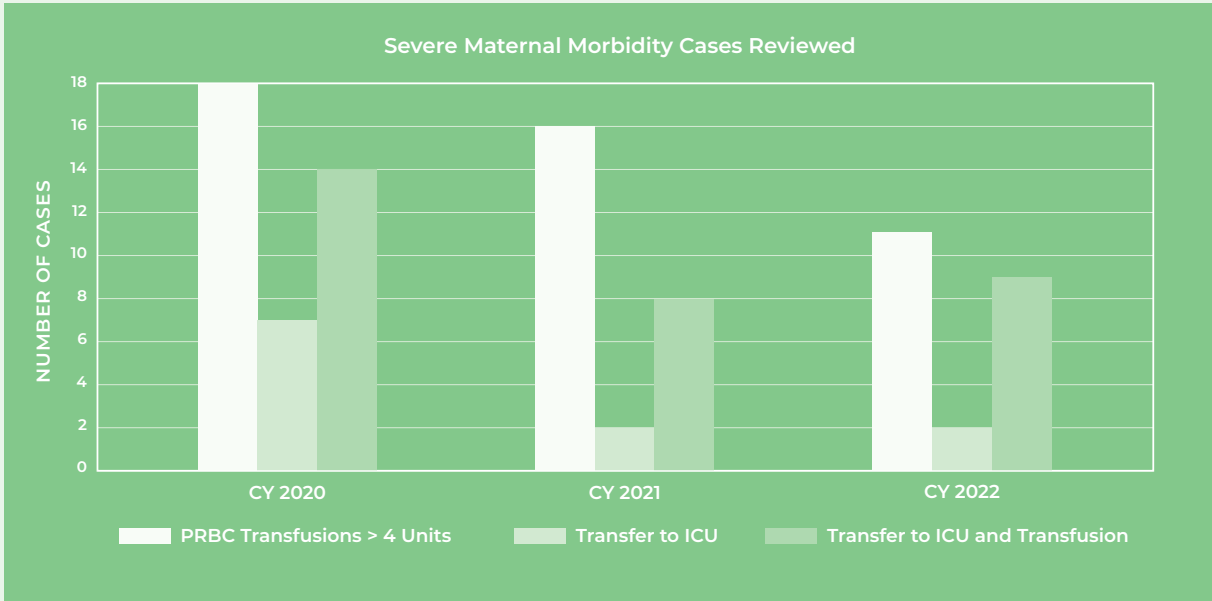
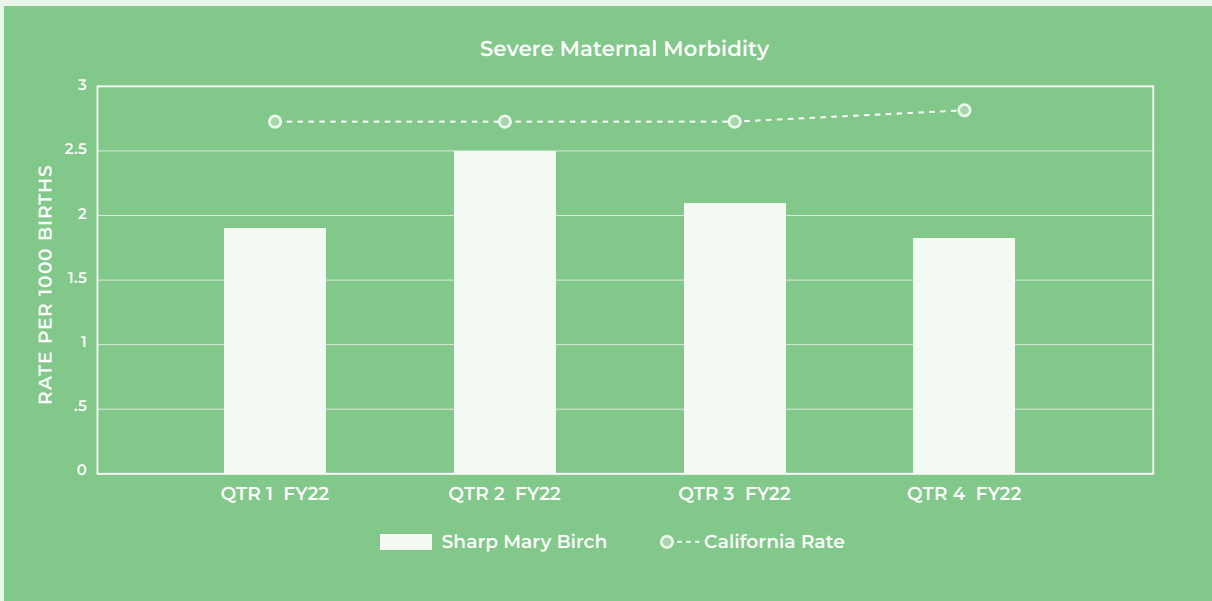


Figure 9

Sharp Mary Birch's severe maternal morbidity rate was below the overall California rate each quarter in FY 2022.





“Coming together is a beginning; keeping together is progress; working together is success.”

- Edward Everett Hale

New Knowledge, Innovations and Improvements

Staff knowledge, clinical practice, and systems improvement through innovation.

Non-Pharmacological Treatment – Neonatal Abstinence Syndrome

The NICU recognized a need to standardize non-pharmacological care of infants with Neonatal Abstinence Syndrome (NAS). Infants experiencing NAS symptoms can be difficult to console. A non-pharmacological approach could promote maternal bonding, infant comfort and positive nurse-mother relationship.

Intervention:

An advanced clinician in the NICU conducted a literature review and found “baby wearing” was a non-pharmacological technique to reduce the discomfort of NAS. Baby wearing is defined as placing the baby in a front-facing infant carrier. Baby wearing education was provided to the nursing staff by the advanced clinician. Ergo Baby Infant Embrace carriers were distributed daily for each NAS infant. Each day, the infant participated in one hour of baby wearing with the nurse, cuddler, or parents. Holding time was documented in the electronic medical record.

Outcomes:

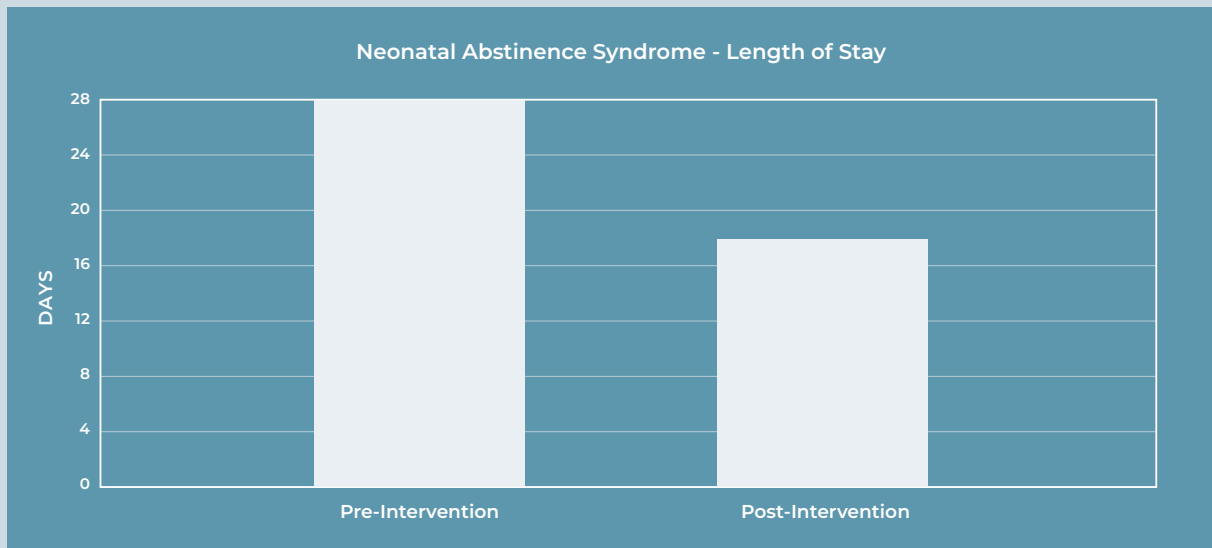
Nurses were surveyed after implementation. Their comments included:

- “This was a great project. The infants loved being in the carriers.”
- “Baby was calm and able to sleep during the holding period.”
- “This was a beautiful way to connect and bond with baby emotionally and physically.”

Most importantly, however, was the unanticipated reduction in length of stay. The average length of stay for babies with NAS prior to implementation of baby wearing was 28 days; post-implementation, the time was reduced to 18.4 days.

Figure 10

Post-implementation of baby wearing, the average length of stay for infants with NAS decreased by 10 days.



Neonatal Research Institute

The Neonatal Research Institute (NRI) at Sharp Mary Birch continues to improve the health of newborns through leading-edge research. The NRI is involved in multiple studies that will lead to practice changes in the care of newborns. In addition to the multidisciplinary NRI research team members, clinical nurses in the NICU support the multiple research studies by ensuring adherence to study protocols and notifying the research team of potential participants.

Intervention:

The NRI is currently enrolling infants or conducting longitudinal follow-up in multiple studies:

PREMOD2: Premature Infants Receiving Milking or Delayed Cord Clamping: Randomized Controlled Multicenter Non-Inferiority Trial (NIH Clinical Trial)

Primary objective: Compare long-term neurodevelopmental outcomes at 24 months corrected gestational age in premature infants born between 29 to 32+6 weeks receiving umbilical cord milking (UCM) to those receiving delayed cord clamping.

Participants currently in follow-up through two years of age.

MINVI: Umbilical Cord Milking (UCM) in Non-Vigorous Infants (NIH Clinical Trial)

Primary objective: Compare the incidence of admission to the NICU in 35- to 41+6-week gestation non-vigorous newborns receiving UCM to those receiving early cord clamping (ECC).

Participants currently in follow-up through two years of age.

CaLI: Multicenter, Randomized Trial of Preterm Infants receiving Caffeine and Less-Invasive Surfactant Administration Compared to Caffeine and Early Continuous Positive Airway Pressure

Primary objective: Determine whether prophylactic administration of surfactant by the LISA (less-invasive surfactant administration) method reduces the need for mechanical ventilation in preterm infants.

Participants currently in follow-up through two years of age.

DOXIE Trial: Delayed Cord Clamping with Oxygen In Extremely Low Gestational Age Infants (NIH Clinical Trial)

Primary outcome: Incidence of preterm infants (up to 28+6 weeks) who achieve a peripheral oxygen saturation of 80% by five minutes of life.

Currently enrolling infants <28 weeks; randomized to receive either 30% or 100% oxygen during 90 seconds of delayed cord clamping.

POLAR: Positive End-Expiratory Pressure (PEEP) Levels during Resuscitation of Preterm Infants at Birth

Primary outcome: Prevalence of the composite outcome of either death or broncho-pulmonary dysplasia at 36 weeks as assessed by standard oxygen reduction test.

Currently enrolling infants born between 23 to 28+6 weeks planned to receive respiratory intervention at birth with continuous positive airway pressure and/or positive pressure ventilation in the delivery room to support transition and/or respiratory failure related to prematurity.

NANO: The NICU Antibiotics and Outcomes Trial (NIH Clinical Trial)

Primary objective: Compare the incidence of late onset sepsis (LOS), necrotizing enterocolitis (NEC), and death in premature infants <30+6 randomized to receive empiric antibiotics (EA) or placebo at birth.

Currently enrolling.

IBP (Probiotic Study): A randomized, double-blind, parallel-group, placebo-controlled study to evaluate the efficacy and safety of IBP-9414 in premature infants 500-1500 grams birth weight in the prevention of necrotizing enterocolitis.

Primary objective: Evaluate the efficacy of IBP-9414 versus placebo in the prevention of necrotizing enterocolitis and on sustained feeding tolerance in very low birth weight premature infants, as well as the safety of IBP-9414 versus placebo. The study is powered on the necrotizing enterocolitis endpoint.

Currently enrolling infants 23 to 32+0 weeks with birth weight of 500-1500 grams.

ACT NOW: Pragmatic, Randomized, Blinded Trial to Shorten Pharmacologic Treatment of Newborns with Neonatal Opioid Withdrawal Syndrome (NOWS)

Double-blinded study comparing two different speeds of weaning off enteral methadone; 15% of the dose wean (fast) or 10% wean (slow or "normal").

Primary outcome: The number of days of opioid treatment (used as primary treatment), including escalation, resumption, and spot treatment, from the first weaning dose to cessation of opioid.

Currently enrolling babies ≥36 weeks gestation on enteral methadone for NOWS.

Participants will be followed through two years of age.

SMART PDA: Selective Early Medical Treatment of the Patent Ductus Arteriosus in Extremely Low Gestational Age Infants: A Pilot Randomized Controlled Trial (RCT)

Primary objective: Assess the feasibility of conducting a large RCT to explore the following research question: "In preterm infants born <26 weeks' gestation, does a strategy of selective early treatment of a moderate-severe PDA shunt (based on pre-defined clinical and echocardiographic criteria) in the first week of life lead to reduction in the composite outcome of death or severe chronic lung disease when compared to an early conservative management strategy?"

Currently enrolling preterm infants <26 weeks with a PDA diagnosed on screening echocardiography performed between 24 to 72 hours after birth.

SILDI-SAFE: Safety of Sildenafil in Premature Infants with Severe Bronchopulmonary Dysplasia (BPD)

Primary objective: Describe the safety of sildenafil as determined by incidence of hypotension in premature infants with severe BPD.

Currently screening to enroll infants <29 weeks with severe BPD.

Outcomes:

Five publications from the NRI in 2022 contributed to advancing neonatal care.

Bolded author names are Sharp Mary Birch nurses:

Katheria A.C., Clark E., Yoder B., Schmölder G.M., Yan Law B.H., El-Naggar W., Rittenberg D., Sheth S., Mohamed M.A., Martin C., Vora F., Lakshminrusimha S., Underwood M., Mazela J., Kaempf J., Tomlinson M., Gollin Y., Fulford K., Goff Y., Wozniak P., **Baker K.**, Rich W., Morales A., Varner M., **Poeltler D.M.**, Vaucher Y., Mercer J., Finer N., El Ghormli L., & Rice M.M. (2022). *Umbilical cord milking in nonvigorous infants: a cluster-randomized crossover trial.* Am J Obstet Gynecol.

Lum, T.G., Sugar, J., Yim, R., Fertel, S., Morales, A., **Poeltler, D.M.**, Katheria, A.C. (2022). *Two-year Neurodevelopmental Outcomes of Preterm Infants Who Received Red Blood Cell Transfusion.* Blood Transfusion Journal.

Rasmussen, M., Suttner, D., **Poeltler, D.M.**, & Katheria, A.C. (2022). *Use of Pulse Oximetry Pulsatility Index Screening for Critical Congenital Heart Disease.* American Journal of Perinatology.

Salcido, C., Shahidi, S.A., **Poeltler, D.M.**, Gollin, Y., Johnston, L.A., & Katheria, A.C. (2023) *Maternal Bleeding Complications and Neonatal Outcomes Following Early Versus Delayed Umbilical Cord Clamping in Cesarean Deliveries for Very Low Birthweight Infants.* Journal of Perinatology.

Sugar, J., Lum, T.G., Fertel, S., Yim, R., Morales, A., **Poeltler, D.M.**, & Katheria, A.C. (2022). *Long-term Neurodevelopmental Outcomes Among Preterm Infants Born to Mothers with Diabetes Mellitus.* Journal of Perinatology.

Leading and Sharing Best Practices

Nurses at all levels are leading the way through nursing research and evidence-based projects to advance patient care. They are sharing new knowledge and best practices both internally and externally through podium and poster presentations and publication in professional journals.

Bolded author names are Sharp Mary Birch nurses.

Evidence-Based Practice and Nursing Research

Hunt, J. *The Effects of Mindfulness Meditation on Sleep on High-Risk (Antepartum) Hospitalized Patients.* Perinatal Special Care Unit.

Podium Presentations – Internal

Brunett, T. (2022). *Snuggles for success.* NICU Advanced Clinician Meeting.

Brunett, T. (2022). *Snuggles for success.* Research & Innovations Committee.

Colombo, C. & Woods, L. (2022). *Wholeness and Self-Care.* Sharp HealthCare Caster Nursing Institute Nursing Leadership Academy.

Daniels, M., Hilke, K., Peters, C., Hiner, J., Poeltler, D.M., & Lopez, K. (2022). *Caregiver Civility Research Study: Preliminary Results*. Research and Innovations Council.

Daniels, M. (2022). *How to Read a Scientific Paper*. CNS/CNE Team Meeting.

Daniels, M. (2022). *How to Read a Scientific Paper*. Research and Innovations Council.

Daniels, M. (2022) *Understanding Research: What you Really Need to Know and Nothing you Don't – The Essentials*. Research and Innovations Council.

McKenzie, C. & Lopez, K. (2022). *Gum & Gas: Postoperative Gum Chewing in Gynecologic Patients*. Research and Innovations Council.

Salcuni, E., Aganon, J., & **Sey, R.** (September 2022). *How to recognize and mitigate implicit bias panel*. Sharp HealthCare Interprofessional Research & Innovations Conference-Virtual.

Podium Presentations – External

Brunett., T. (December 2022). *Baby wearing as non-pharmacologic treatment in neonatal abstinence syndrome infant*. EBPI Conference, San Diego, CA.

Grant, A., Tipon Figuero, V., Knier, S., & **Lanciers, M.** (December 2022). *Perineal Protection Education Program*. EBPI Conference, San Diego, CA.

Harraway-Smith, C., **Sey, R.**, & Turner, T. (April 2022). *Panel discussion - Patient care delivery: Implicit bias and maternity care from the perspectives of direct care staff leaders*. CWISH Annual Meeting, Greensborough, NC.

Sey, R. (January 2022). *Leading from Where You Are - 9 Month Post-Palooza Webinar: Implementing strategies to identify and mitigate implicit bias*. CPQCC Webinar, Virtual.

Sey, R. (February 2022). *NICU Small Baby Review Lecture*. 2022 Neonatal Review Course, Virtual.

Sey, R. & Coughlin, K. (March 2022). *Increasing skin-to-skin care and reducing disparities in care*. CPQCC Annual Conference, Virtual.

Sey, R. & toolkit authors. (November 2022). *Preventing HAI in the NICU Toolkit*. CPQCC Webinar, Virtual.

Sey, R. & Coughlin, K. (November 2022). *Family engagement to improve developmental care*. SCANN Conference, San Diego, CA.

Stout, E. (November 2022). *Parent Panel Facilitator*. SCANN Conference, San Diego, CA.

Poster Presentations – External

Coughlin, K., Koo, J., Kaegi, D. & **Sey, R.**, (2022). *Using quality improvement to increase early skin-to-skin in preterm infants*. Poster Presentation, Pediatric Academic Society, Denver, CO.

Hiner, J., Andonian, K., & Johnston, L (2022). *Monoclonal Antibody Infusion Service for Obstetric Patients Infected with COVID-19*. 2022 Annual Convention-Association of Women's Health, Obstetrics and Neonatal Nurses, Aurora, CO.

Publications

Clifton-Koeppel, R., **Sey, R.**, Seddik, T.B., Bowles, S., Lund, C., & Mickas, N. (2022). *Preventing hospital-acquired infection in the NICU Toolkit*. Stanford, CA: California Perinatal Quality Care Collaborative.

Honoring Certified Nurses 2022 Sharp Mary Birch Hospital Certified Nurses

| Board-Certified RNs – Maternal Infant Services | | | |
|--|------------------|-----------------------------|----------------|
| Agamao, Shiela | RNC-MNN | Jagers, Lisa | RNC-MNN |
| Alfonso, Katherine | IBCLC | Jara, Robin | RNC-MNN |
| Algee, Chelsey | RNC-MNN | Johnson, Yolanda | RNC-MNN, IBCLC |
| Alviar, Rebecca | RNC-MNN | Jones, Arteria | RNC-MNN |
| Bautista-Marty, Mary | RNC-MNN | Lanciers, Monika | RNC-MNN, IBCLC |
| Bespechny, Galina | RNC-MNN | Martinez, Cynthia (Rosanna) | RNC-MNN |
| Bowman, Peggy | IBCLC | Mock, Meredith | RNC-MNN |
| Boyan, Carolyn | IBCLC | Nakamura, Yuki | RNC-MNN, IBCLC |
| Byrne, Shannon | RNC-MNN | Odenwalder, Mary | RNC-MNN |
| Cacho, Angela | RNC-MNN, IBCLC | Olango, Winnie | IBCLC |
| Chang, Isabel | RNC-MNN | Rhea, Angel | IBCLC |
| Chesebro, Alicia | RNC-MNN | Richardson, Michaela | RNC-MNN |
| Cobian, Jadelin | RNC-MNN | Rodgers, Alisa | IBCLC |
| Cornwall, Margaret | RNC-MNN | Santillan, Valerie | RNC-MNN |
| Cox, Liza | RNC-MNN | Schoenfeld, Nicolette | RNC-MNN |
| De Anda, Loretta | RNC-MNN | Smith, Darcy | RNC-MS-NC |
| Dimaano, Trina | RNC-MNN, RNC-LRN | Soares, Jennifer | RNC-MNN |
| Dinh, Thao | RNC-MNN | Trinh, Ngoc | IBCLC |
| Ehlke, Nicole | RNC-MNN | Urbino, Amy | RNC-MNN |
| Foley, Felicia | RNC-MNN | Van Dyke, Alison | RNC-MNN |
| Giddens, Kathryn | RNC-MNN | Wheeler, Megan | RNC-MNN |
| Gioia, Leslie Ann | RNC-MNN | White, Michelle | RNC-MNN |
| Board-Certified RNs – Neonatal Intensive Care Unit | | | |
| Aceves, Lisa | RNC-NIC | Brinks, Anna | RNC-NIC |
| Adelman, Breann | C-ELBW | Brouwer, Brooke | RNC-NIC |
| Akel, Courtney | RNC-NIC | Bush, Ashley | RNC-NIC |
| Angeles, Lynn | RNC-NIC | Caacbay, Ellen | RNC-NIC |
| Asuncion, Dulce | RNC-NIC | Cabrera, Lynn | RNC-NIC |
| Ball, Trina | RNC-NIC | Cochran, Nicholle | RNC-NIC |
| Bayquen, Marizza | RNC-NIC | Colt, Terra | RNC-NIC |
| Behneman, Jami | RNC-NIC | Connolly, Alexa | RNC-NIC |
| Bennett, Caroline | RNC-NIC | Cordero, Karen | C-ELBW |
| Brennen, Beth | RNC-NIC | Coulter, Becky | RNC-NIC |

Board-Certified RNs – Neonatal Intensive Care Unit *cont.*

| | | | |
|--------------------|-----------------|-------------------------|---------|
| Cray, Amy | RNC-NIC | McGinness, Alisa | RNC-NIC |
| DeBoer, Marielle | RNC-NIC | Mckee, Kathleen | RNC-NIC |
| Delaossa, Judy | RNC-NIC | McKelvey, Diora | RNC-NIC |
| DelMundo, Joyce | RNC-NIC | Miller, Courtney | RNC-NIC |
| Devries, Deah | RNC-NIC | Miller, Nicole | C-ELBW |
| Doty, Erika | C-ELBW | Mosteller, Pam | RNC-NIC |
| Farmer, Diane | RNC-NIC | Newkirk, Kristin | RNC-NIC |
| Ferree, Brandy | RNC-NIC | Nowaki, Monique | RNC-NIC |
| Fiasche, Julia | C-ELBW | Oberg, Becky | RNC-NIC |
| Florez, Joann | RNC-NIC | Paje, Brigida | RNC-NIC |
| Fluit, Jacqueline | RNC-NIC | Quilliam, Kat | RNC-NIC |
| Flynn, Bridget | RNC-NIC | Resendez, Guadalupe | RNC-NIC |
| Foxover, Sandra | RNC-NIC | Robertson, Lisa | RNC-NIC |
| Fraboni, Jordan | CCRN (neonatal) | Rodriguez, Carly | RNC-NIC |
| Fredricks, Becky | RNC-LRN | Ruan, Nicole | RNC-NIC |
| Genovese, Joanne | RNC-NIC | Schellack, Brittany | RNC-NIC |
| Giery, Kim | RNC-NIC | Sey, Rachelle | RNC-NIC |
| Gill, Michelle | C-ELBW | Shinabarger, Katie | RNC-NIC |
| Groves, Ashley | RNC-NIC | Sladic, Beth | RNC-NIC |
| Guinto, Antoinette | C-ELBW | Sondreal-Evans, Kathryn | RNC-NIC |
| Guldin, Johanna | RNC-NIC | Stout, Elsa | RNC-NIC |
| Hann, Julie | RNC-NIC | Torre, Luis | RNC-NIC |
| Haun, Nikki | RNC-NIC | Turner, Ruth | RNC-NIC |
| Jung, Evelyn | C-NNIC | Umana, Jasmin | RNC-NIC |
| Katsuda, JoAnn | RNC-NIC | Waldman, Emily | RNC-NIC |
| King, Lauren | RNC-NIC | Ward, Amy | RNC-NIC |
| Kubert, Loretta | RNC-NIC | Wehrmann, Alex | RNC-NIC |
| Lambert, Maude | C-NNIC, C-ELBW | Whitaker, Rita Ann | RNC-NIC |
| Lee, Theresa | RNC-NIC | Wilson, Amanda | IBCLC |
| LeMond, Marie | RNC-NIC | Winn, Mackenna | RNC-NIC |
| Locke, Alyssa | RNC-NIC | Wyatt, Eric | RNC-NIC |
| Lopez, Alexis | RNC-NIC | Zohn, Brenda | RNC-NIC |
| Mahoney, Amanda | RNC-NIC | | |

Board-Certified RNs – Surgery

| | | | |
|----------------------|------------------------|-------------------|------|
| DeGirolamo, Sharlene | RNC-OB; C-EFM; CNOR | Leigh, Annette | CNOR |
| Glauch, Sarah | CNOR | Miles, Patricia | CNOR |
| Issac-Rivero, Sally | CNOR | Revere, Christina | CNOR |
| Kelly, Jennifer | CNOR | Winn, Rachel | CNOR |
| | | Zadroga, Silvana | CNOR |

Board-Certified RNs – Post-Anesthesia Care Unit

| | | | |
|-----------------|---------|-----------------|--------------|
| Abraham, Asha | IBCLC | Kursten, Andrea | RNC-OB |
| Bump, Marianne | IBCLC | Lopez, Kristina | RNC-OB |
| Foultz, Jillian | RNC-CEN | Sabga, Coreen | RNC-BC |
| Hilke, Kristina | RNC-OB | Walters, Jodi | IBCLC, C-EFM |

Board-Certified RNs – Women’s Acute Care Unit

| | | | |
|-------------------|---------------|---------------------|--------|
| Duque, Minda | RN-BC | Morris, Brooke | RNC-BC |
| McFetridge, Kimmy | RNC-OB, C-EFM | Weems-Douglas, Lisa | C-MSRN |

Board-Certified RNs – Labor & Delivery

| | | | |
|-----------------------|---------------|------------------------|---------------|
| Albers, Julie | RNC-OB | Halonen, Kathie | RNC-OB |
| Areson, Cheryl | RNC-OB | Handy, Claire | RNC-OB, C-EFM |
| Ball, Karalee | RNC-OB | Heim, Sara | RNC-OB, C-EFM |
| Boado, Ophelia | RNC-OB | Hermans, Raelene | RNC-OB |
| Burkhart, Kailey | RNC-OB | Hiner, Jackie | RNC-OB |
| Burks, Colleen | RNC-OB, C-EFM | Lauchlan, Laurie | RNC-OB |
| Camacho, Jennifer | RNC-OB, C-EFM | Leivas-Wraight, Maggie | RNC-OB |
| Costa, Tabatha | RNC-OB | Lofton, Lisa | RNC-OB, NE-BC |
| Crenshaw, Shelby | RNC-OB | Marsh, Jennifer | RNC-OB, C-EFM |
| Davis, Ashley | RNC-OB | McKay, Susanne | RNC-OB |
| Deakin, Emily | RNC-OB | Miller, Coleen | RNC-OB |
| Diez, Andreina (Nina) | RNC-OB | Miller, Nichole | RNC-OB |
| Doria, Desirie | RNC-OB | Mooney, Lauren | RNC-OB, C-EFM |
| Freymueller, Sarah | RNC-OB | Mora, Jeanna | RNC-OB, C-EFM |
| Gador, Rachel | RNC-OB | Mulleen, Aillyne | RNC-OB |
| Gardner, Alexandria | RNC-OB | Murray, Erin | RNC-OB |
| Gillespie, Marisa | RNC-OB | Nickeson, Liliana | RNC-OB |
| Gonzales, Gina | RNC-OB | Quang, Tam | RNC-OB |
| Greenly, Brianna | RNC-OB | Sasaki, Ayumi | RNC-OB |

Board-Certified RNs – Labor & Delivery *cont.*

| | | | |
|-----------------|--------|------------------|---------------|
| Scalco, Robin | RNC-OB | Vue, Vida | RNC-OB |
| Schalin, Kelsey | RNC-OB | Whitney, Alisa | RNC-OB, C-EFM |
| Sengson, Monika | RNC-OB | Woosley, Felicia | RNC-MNN |
| Swain, Allison | RNC-OB | Yates, Courtney | RNC-OB |
| Vitug, Lorellie | RNC-OB | | |

Board-Certified RNs – Triage

| | | | |
|-----------------|---------------|---------------------|--------|
| Burr, Susan | RNC-OB | Mundy, Gillian | RNC-OB |
| Karcher, Joanne | RNC-OB, C-EFM | Rios, Patricia | RNC-OB |
| Kielty, Jackie | RNC-OB, C-EFM | Waterhouse, Shannon | RNC-OB |
| Malone, Deb | RNC-OB | Woody, Mary | RNC-OB |
| Meyer, Nicole | RNC-OB | | |

Board-Certified RNs – Perinatal Special Care Unit

| | | | |
|------------------------|---------------|---------------------|---------------|
| Anderson, Angel | RNC-OB, C-EFM | Maemura, Lisa | RNC-IAP |
| Barlow, R. Sarah | RNC-OB, C-EFM | Mclaughlin, Morgan | RNC-OB, C-EFM |
| Borcher, Rachel | RNC-OB, C-EFM | Meader, Kim | RNC-OB, C-EFM |
| Brickley, Alexa | RNC-IAP | Nerenberg, Caitlin | RNC-OB |
| Brown, Paula (Florina) | RNC-OB, C-EFM | Peters, Colleen | C-EFM |
| Bunuan, Melinda | RNC-OB | Phillips, Aimee | RNC-OB |
| Cameron, Hillary | RNC-OB | Ruz, Lauren | RNC-OB |
| Cekander, Elizabeth | RNC-OB | Salamida, Donna | RNC-OB, C-EFM |
| Choi, Cindy | C-EFM | Stevenson, Kristina | RNC-OB, C-EFM |
| Chrisope, Becky | RNC-OB, C-EFM | Weiss, Jacci | RNC-OB |
| Graham, Rebecca | C-EFM | Zaia, Dina | RNC-OB |
| Hunt, Joanna | RNC-OB, C-EFM | | |

Board-Certified RNs – Antenatal Diagnostic Center

| | | | |
|----------------|--------|---------------------------|--------|
| Hougen, Katie | RNC-OB | Teixeira, Kathy (Kathryn) | RNC-OB |
| Mrowka, Imelda | RNC-OB | Thimes, Katie (Mary) | RNC-OB |

Board-Certified RNs – Lactation

| | | | |
|---------------------|----------------|----------------------|----------------|
| Amaro, Bridget | RNC-OB, IBCLC | Morlock, Lenore | IBCLC |
| Campanelli, Regina | IBCLC | Patterson, Caitlin | IBCLC |
| Cardenas, Cara | IBCLC | Polletta, Jacqueline | IBCLC |
| Clements, Meghan | IBCLC | Rodgers, Alisa | IBCLC |
| Devries, Deah | RNC-NIC, IBCLC | Ronzitti, Amy | IBCLC, RNC-MNN |
| Estevane, Elizabeth | IBCLC | Soriano, Tien | IBCLC |
| Evans, Diane | IBCLC | Steinberg, Grace | IBCLC |
| George, Laura | IBCLC | Sutera, Linda | IBCLC |
| Hoffman, Mary | IBCLC | Turfler, Kelly | IBCLC |
| Icinkoff, Karina | IBCLC | Voogd, Karen | IBCLC |
| Jernigan, Carole | IBCLC | Zieske, Laura | IBCLC, RNC-MNN |
| Khalatbari, Sheida | IBCLC | | |

Board-Certified RNs – Neonatal Research Institute

| | | | |
|---------------|---------|----------------|------------------|
| Aliyev, Gabi | RNC-MNN | Peirson, April | RNC-NIC, C-NNIC, |
| Arnell, Kathy | RNC-NIC | | IBCLC |

Board-Certified RNs – Case Management

| | | | |
|----------------|-----|-----------------|---------|
| Demetrio, Risa | CCM | Hodgetts, Julie | RNC-NIC |
|----------------|-----|-----------------|---------|

Board-Certified RNs – Admin Liaisons

| | | | |
|--------------------|---------------|--------------------|--------|
| Barber, Sharon | RN-BC, IBCLC | Flohr-Rincon, Suzy | RNC-OB |
| Castano, Christina | RNC-OB, C-EFM | Lozano, Debbi | RNC-OB |

Board-Certified RNs – Nursing Administration

| | | | |
|------------------------|--------|--------------------|----------------|
| Colombo, Carmen (CNO) | NEA-BC | Sharon White (DIR) | RNC-OB, C-EFM, |
| Daniels, Melodie (DIR) | NPD-BC | | NEA-BC |

Board Certification Glossary

Certified Nurse Operating Room (CNOR)

Registered Nurse Certified – Inpatient Antepartum (RNC-IAP)

Registered Nurse Certified – Progressive Care Nursing Adult (PCCN)

Registered Nurse Certified – Medical-Surgical Nursing (RN-BC)

Registered Nurse Certified – Maternal Newborn Nursing (RNC-MNN)

Registered Nurse Certified – Neonatal Intensive Certified (RNC-NIC)

Registered Nurse Certified – Obstetrics (RNC-OB)

Certified – Electronic Fetal Monitoring (C-EFM)

International Board-Certified Lactation Consultant (IBCLC)

Nurse Executive Advanced – Board Certified (NEA-BC)

Nurse Executive-Board Certified (NE-BC)

Nurses in Professional Development - Board Certified (NPD-BC)

Registered Nurse Certified – Low-Risk Neonatal Nursing (RNC-LRN)

Certified – Extremely Low Birth Weight Neonate (C-ELBW)

Critical Care Registered Nurse Neonatal (CCRN Neonatal)

Certified - Neonatal Neuro-Intensive Care (C-NNIC)

Certified Medical Surgical Nursing Certification (C-MSRN)

Sharp Mary Birch Hospital for Women & Newborns

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San Diego, CA 92123

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