

Everything Matters In

Patient Care

NATIONWIDE

*Midway to Magnet:
Sailing to Six-cess*

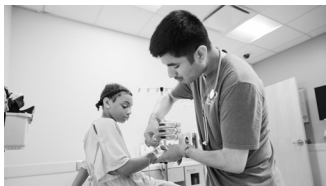




Magnet designation means that our organization is recognized as providing excellent nursing care, high quality patient care and innovative professional nursing practice.

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Magnet Matters!



Lee Ann Wallace
MBA, BSN, RN, NEA-BC
Senior Vice President,
Patient Care Services,
Chief Nursing Officer

Magnet designation means that our organization is recognized as providing excellent nursing care, high quality patient care and innovative professional nursing practice on an international level.

We have been recognized as having a culture of excellence by demonstrating that we achieve exceptional patient outcomes and high patient satisfaction. But, per the American Nurses Credentialing Center (ANCC), under which Magnet falls, we also must demonstrate excellence in all things nursing – practice, professional development, leadership, empowered work environments, coordination and collaboration with interdisciplinary teams, and structures to support our nurses to achieve those patient outcomes. Only 10% of hospitals are Magnet designated in the United States. Of the more than 600 hospitals worldwide who are Magnet designated, only 89 have achieved it five or more times. We are one of those 89 and the only pediatric organization in Ohio to achieve it five times. In other words, nursing at Nationwide Children's is excellence personified.

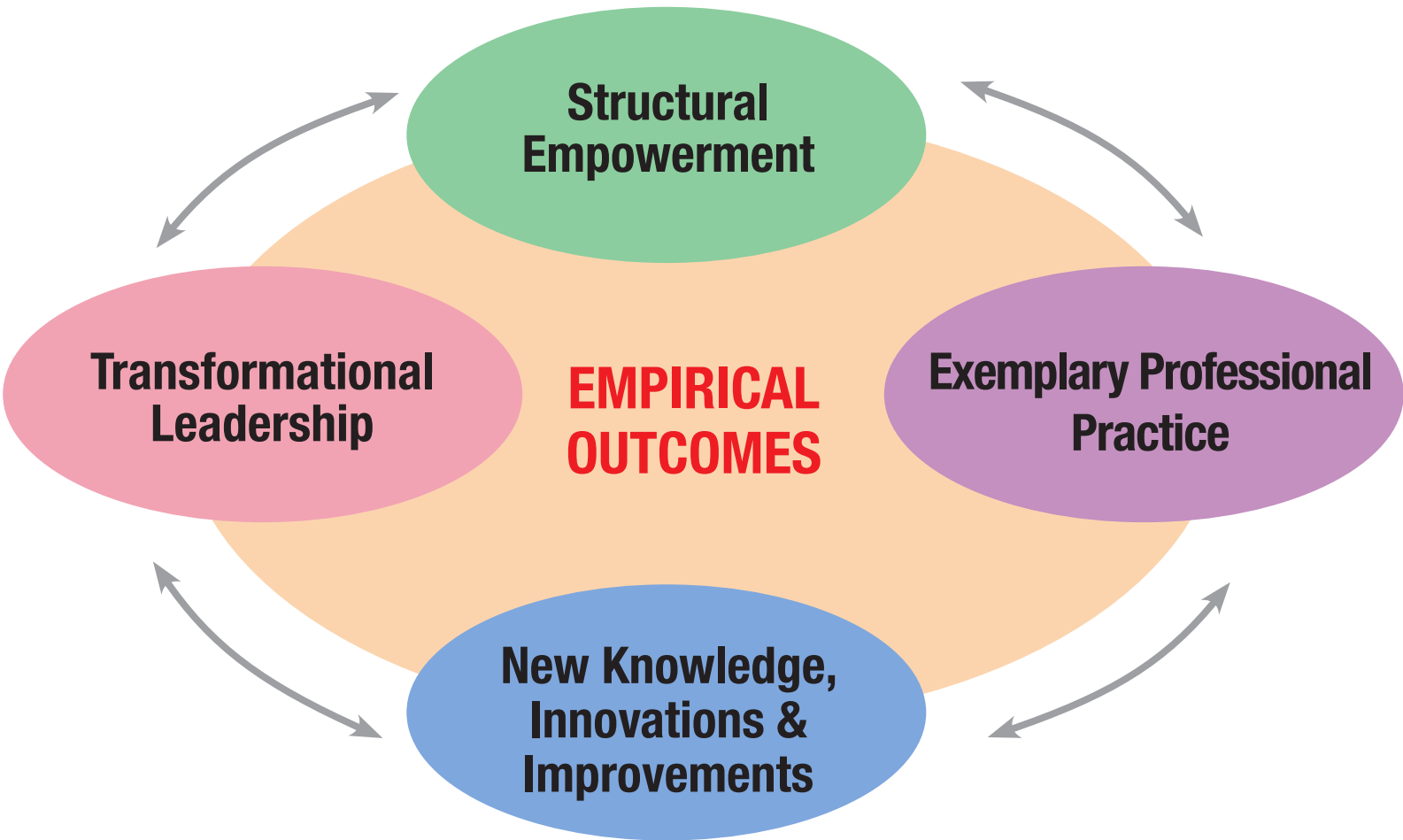
You've all worked hard to achieve this recognition in excellence. It is in your DNA to provide the best care to our patients and families and advocate for the best environment and culture in which to practice. This issue highlights some of the exemplars that will be in our next Magnet document. You are about to read how Nationwide Children's nurses create big changes to provide the best care and achieve the best outcomes. We are just in the middle of this journey, sailing to our sixth designation. We are still very much collecting stories and exemplars to demonstrate how excellence and nursing are synonymous at Nationwide Children's and celebrate nursing achievement. Won't you please share your story so we can celebrate you?

The History of Magnet

Kim Housden, DNP, MHA, RN, NPD-BC, Magnet Program Director, Center for Nursing Excellence

Lauren Fairchild, MSN, RN, NPD-BC, Nurse Education Specialist, Center for Nursing Excellence





The American Nurses Association (ANA) was founded in 1896. It was originally known as the Nurses Associated Alumnae of the United States and Canada and was renamed the ANA in 1911. The mission was to advance the nursing profession through setting standards for practice, advocating at a national level and promoting the welfare and rights of nurses. The ANA developed the Code of Ethics for Nurses, created nursing standards of practice and advocated for nursing licensure. Today, the ANA continues this work in advancing the profession, advocating patient safety, high standards of care and workplace improvements, in addition to playing a role in shaping health care policy at both the national and international levels. In the early 1980s, the United States experienced a significant nursing shortage as a result of an increased demand to care for an aging population, a decrease in nursing school enrollments, and the expansion of career opportunities for women in other areas. The ANA worked to help improve the appeal of the profession, advocating to improve working conditions, wages and promoting educational and practice advances. In addition, from 1981 to

1983, they created a task force on nursing practice in hospitals that studied how hospitals successfully attracted and retained nurses. The group wanted to study why and how, in the midst of the staffing crisis, some hospitals were able to retain and recruit nurses despite all the challenges. Dr. Margaret McClure, EdD, RN, FAAN, was the Principal Investigator and lead author developed a study that was conducted on behalf of the ANA task force. The study assessed 163 institutions, looking at how their work environments attracted and kept highly qualified nurses. The features observed in 41 of the high-performing hospitals exhibited characteristics that promoted nurse retention. The study found that hospitals that provided nurses with strong leadership, professional autonomy, advancement opportunities, high-quality patient care standards and collaborative relationships had higher retention rates. These characteristics found in Dr. McClure's research became the foundation for the model that the Magnet Program would be built from.

In 1990, the ANA established the American Nurses Credentialing Center (ANCC) as a subsidiary of the ANA to promote excellence in the emerging world of nursing credentialing programs. Through the ANCC, credentialing through certification programs provides a way to standardize and demonstrate a higher level of competency for nurses beyond basic licensure. In this same timeframe, the Magnet Recognition Program was developed. The ANA Board of Directors approved the concept for the development of a Magnet Recognition Program® in 1990, which would then be placed under the ANCC arm of the ANA. The Magnet Recognition Program® has been in existence

This empirical model has grouped the 14 Forces of Magnetism into five key components: Empirical Outcomes, Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations, and Improvements. Organizations write narratives based on these five key components to show how their structures, processes, and care operations support excellence in nursing practice.

for more than 40 years, highlighting organizations worldwide that deliver innovative, high-quality nursing care, and has evolved significantly over time to continually promote excellence and best practices in nursing and health care delivery. The Magnet Hospital Recognition Program® was proposed, building on the “14 Forces of Magnetism” features, and was approved by the ANA Board of Directors. One year later in 1994, the University of Washington Medical Center in Seattle, Washington, became the first hospital to receive the ANCC Magnet designation. Several years later, the program was renamed the Magnet Nursing Services Recognition Program, with criteria based on The Scope and Standards for Nurse Administrators. The program was expanded to long-term care facilities and organizations outside the United States.

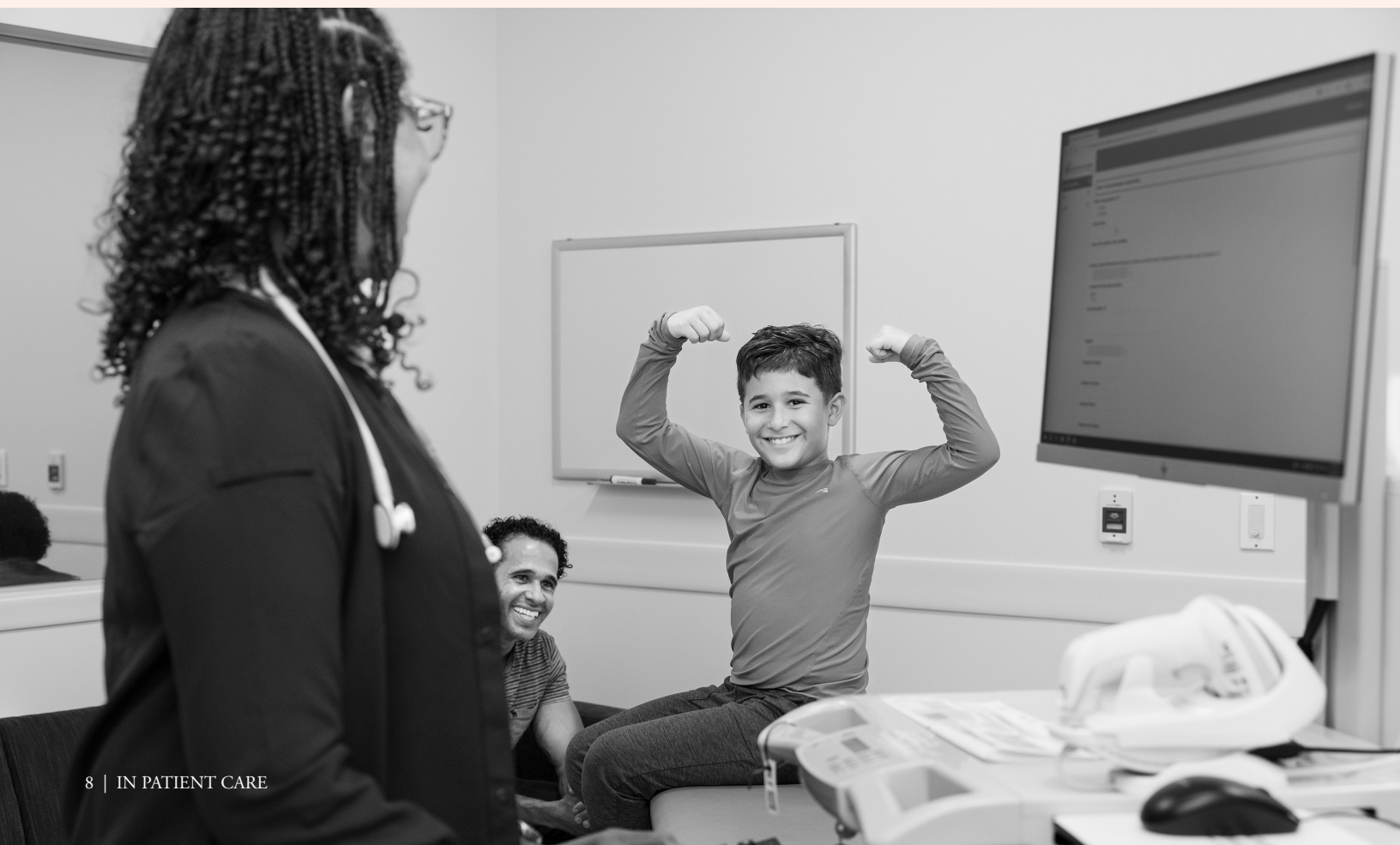
The Magnet Recognition Program® has continued to develop over time due to rapid changes in health care. In addition to adopting its current name, the Magnet Recognition Program®, the 14 Forces of Magnetism were reorganized into an empirical model that offers a framework for identifying sources of evidence supporting excellence and achieving outcomes in nursing care. This empirical model has grouped the 14 Forces of Magnetism into five key components: Empirical Outcomes, Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations, and Improvements. Organizations write narratives based on these five key components to show how their structures, processes, and care operations support excellence in nursing practice. The Magnet Recognition Program® undergoes continuous review and ongoing adaptation to ensure the program stays current in promoting nursing excellence in a changing health care environment, which is reflected in the release of a new updated Magnet Application Manual about every four years. After achieving the first Magnet designation, the organizations must apply for Magnet redesignation to the newest manual, demonstrating continued adherence to the standards and evidence of Magnet enculturation in the organization.

Over the years, evidence has shown that in Magnet hospitals, patient care benefits include outcomes such as achieving lower mortality, fewer falls and lower rates of hospital-acquired infections, along with a culture of safety and higher patient satisfaction rates. Nurses working in Magnet hospitals report higher rates of job satisfaction, higher retention rates, autonomy in practice, and more opportunities for professional development. The achievement of a Magnet designation not only shows the organization's culture of excellence and commitment to improving nursing care but also is a display of commitment to nursing excellence from all levels of hospital leadership and staff.

Nationwide Children's Hospital was the first freestanding pediatric hospital in Ohio to receive the Magnet designation and has achieved remarkable consistency in maintaining Magnet status since its first award in 2005

Magnet remains an elite nursing recognition program requiring a rigorous and lengthy evaluation process to achieve designation and serves as the benchmark for nursing excellence. Magnet status is also factored into hospital rankings and recognitions. In January 2025, the latest update to the Magnet Recognition Program® is the addition of recognition as Magnet with Distinction™, which celebrates hospitals and organizations that exceed the scoring thresholds required to attain a Magnet designation. There are two paths to attain a Magnet with Distinction™ status. The organization must have no deficiencies in any component and must have an exemplary performance in Registered Nurse Engagement criteria, or the organization must have no deficiencies in any component with two exemplars in Nursing-Sensitive Indicator criteria.

There are more than 6,000 hospitals in the United States, with approximately 10% of hospitals holding a Magnet designation and 1% having this recognition five times or more. Nationwide Children's was the first freestanding pediatric hospital in Ohio to receive the Magnet designation and has achieved remarkable consistency in maintaining Magnet status since its first award in 2005. Nationwide Children's Hospital has earned redesignations in 2009, 2014, 2019 and 2023, and is now pursuing its sixth Magnet journey, exemplifying a sustained commitment to nursing excellence and high-quality patient care within the pediatric health care sector. The next document submission for Nationwide Children's sixth journey is due in October of 2027.



The Nursing Efficiency Assessment (NEAT) Project

Julie Kelly, BSN, RN, CPN, Nursing Informaticist

Gerene Bauldoff, PhD, RN, FAAN, Nurse Scientist, Center for Nursing Excellence



*Julie Kelly, BSN, RN, CPN,
Nursing Informaticist*

The Nursing Efficiency Assessment (NEAT) project is a collaborative research study by Nursing Informatics and the Clinical Inquiry program in the Center for Nursing Excellence. This project was initiated in May 2024. The objective of this research study is to assess the new graduate registered nurse (RN) on their comfort, understanding and efficiency of utilizing the electronic medical record (EMR). To promote development of these EMR-centric skills and attitudes, individualized coaching has been offered in a one-on-one instruction by the nurse informaticist at the point-of-care.

The individualized focus of this coaching has been based on the needs as determined by the new graduate nurse's EMR use and performance when compared to benchmarks. The EPIC system provides individualized information for users on the amount of time spent per shift in specified areas of the EMR. These areas include:

- Flowsheets – spreadsheets to record patient care and activities
- Medication Administration – documenting medications given to the patient
- Brain - an advanced artificial intelligence and machine learning system integrated into EPIC (1). At Nationwide Children's Hospital, the Information Services team builds "tasks" based on a number of items completed in Epic such as orders, documentation and medication administration, which triggers reminder completion tasks onto the brain.
- Orders – location of provider directives for patient care
- Patient Reports – patient-specific information, provided in tables or graphs
- Unified Communication – location of secure chats and other communications with fellow care providers.
- Notes – free text area that allows for documentation of care, consults, procedures and discharge summaries

To date, this study enrolled 28 out of the August 2024 cohort of 42 new graduate nurses. Baseline and six-month data including both individual RN EPIC benchmarks as well as responses to the "Screening for Computer Anxiety related to EHR Disenchantment" (SCARED) survey has been collected. The final, 12-month data was collected in August 2025.

An interim analysis (independent sample *t-test*) comparing baseline to six-month data by group reveals that new nurses who opted for individualized coaching reported significantly higher scores on "what to document" ($t = 2.39$, $p = 0.04$) and significantly lower scores of "feeling overwhelmed by the amount to do in the NCH EMR" ($t = 2.29$, $p = .049$).

MAGNET APPLICATION

This study meets the Magnet criteria of New Knowledge, Innovations, and Improvements (NK) exemplar 2. In this Magnet exemplar, we need to provide a synopsis of a completed nursing research project conducted at Nationwide Children's. The study needs IRB approval and has to be written as a research report and describe why it is important to nursing and what is actionable from it. This study meets the NK2 criteria due to it being an IRB approved research study. Additionally, the study was relevant to nursing and actionable by showing that the use of individualized coaching helps new graduate nurses navigate the EHR by improving knowledge about what should be documented in the EHR and lowering feelings of being overwhelmed in doing so.



NDNQI®: What is it? And Why is it Important?

Jennifer Montgomery, BSN, RN, NDNQI Site Coordinator, Clinical Policy Oversight Coordinator, Center for Nursing Excellence

NDNQI® stands for the National Database of Nursing Quality Indicators®. As the name suggests, it is a comprehensive database that provides a standardized set of quality indicators specific to nursing care. Nursing-sensitive indicators, also known as nurse-sensitive outcomes or nurse quality indicators, are outcome measures that reflect the quality and impact of nursing care. By utilizing

NDNQI, health care organizations can objectively measure nursing performance and benchmark data with more than 2,000 participating NDNQI facilities nationwide. Originally launching in 1998 by the American Nurses Association (ANA), NDNQI has since been acquired by Press Ganey and is the platform that we currently use here at Nationwide Children's Hospital to collect and analyze nursing data.

NDNQI is a key component in meeting the rigorous requirements for the Magnet Recognition Program®, allowing us to objectively showcase the excellent patient care that our nurses provide.

There are more than 250 nursing-sensitive measures within NDNQI, for both inpatient and ambulatory areas, and information is categorized into three main indicator groups: structure (context in which care is delivered), process measures (how structure is put into practice) and outcome measures (evaluates actual results of the care provided). Some examples of indicators include RN education level, workforce characteristics, staffing and skill mix, depression screening, care coordination, patient falls, catheter-associated urinary tract infections (CAUTI), central line catheter-associated bloodstream infections (CLABSI), hospital-acquired pressure injuries (HAPI) and many more.

In addition to monitoring and evaluating safety and quality of nursing care within a health system, data from NDNQI is analyzed and submitted for each Magnet re-designation. The nurse-sensitive indicator data falls under the empirical outcomes in the Magnet model, outcomes that have been validated by data. NDNQI data along with patient and staff experience data from Press Ganey are aggregated and reported in the Magnet submission for the hospital. Magnet-recognized organizations must demonstrate outperformance from their national benchmarks on patient and nursing staff satisfaction data in addition to inpatient clinical

**If you are interested in
learning more about how
your unit or department
compares nationally,
the Center for Nursing
Excellence would be pleased
to collaborate with you and
share your unit-level data.**

quality indicators such as patient falls with injury, HAPI stages 2 and above, and two-other indicators in which the organization chooses such as CAUTI, CLABSI, Assaults on Nursing Personnel, etc. For ambulatory areas, organizations can choose from three nurse-sensitive quality indicators that are pre-approved by NDNQI to show outperformance. In our last Magnet submission in 2023, there were more than 300 data charts, representing nursing data from all across our organization, showcasing how and where we outperform our peers!

The NDNQI Site Coordinator in the Center for Nursing Excellence (CNE) oversees the coordination of NDNQI data collection and data submission for Nationwide Children's. In collaboration with many departments across our organization, data is compiled from many areas such as Patient Care Services, Center for Clinical Excellence (CCE), Epidemiology, Finance, Safety, Perioperative Services and the Data Resource Center. Both organization-wide and unit-level

benchmarked data is readily available through monthly and quarterly reports and dashboards within NDNQI to monitor trends. A patient care area is eligible for enrollment in NDNQI if there is at least one permanent RN or APRN staff hired into the unit's cost center and one or more of these RNs or APRNs spend at least 50% of their time in direct patient care which includes care coordination and phone triage roles. At Nationwide Children's, nurses span across our entire organization with currently 101 enrolled units and departments in NDNQI and more to come as we continue to grow.

Measuring health outcomes by monitoring nurse-sensitive indicators is not a new concept. Florence Nightingale was shown to draw correlations between nurses' influence on patient outcomes tracking back to 1859. As we know, nurses play a significant role in ensuring patients receive safe, high-quality care and NDNQI is just one tool that health care systems can utilize to evaluate nurse-sensitive indicators and drive nursing quality improvement. If you are interested in learning more about how your unit or department compares nationally, the Center for Nursing Excellence would be pleased to collaborate with you and share your unit-level data.

Homecare Pump for Infusion of Blinatumomab

Allyssa Baker, BSN, RN, CPHON, Clinical Leader, Hem/Onc Infusion Clinic

Lauren Fairchild, MSN, RN, NPD-BC, Education Nurse Specialist, Center for Nursing Excellence



*Allyssa Baker, BSN,
RN, CPHON*

Every year in the United States, approximately 3,000 children are diagnosed with Acute Lymphoblastic Leukemia (ALL). For nearly a decade, few treatment options existed until the Children's Oncology Group (COG) completed a clinical trial evaluating the effects of Blinatumomab on patients with newly diagnosed B-cell ALL. The study demonstrated an increase in the three-year disease-free survival rate from 88% to 96%, establishing Blinatumomab as the standard of care.

Administering Blinatumomab is particularly challenging. The most effective infusions are given without interruptions, running continuously in 28-day cycles. Patients receive their first 48 hours of infusion in the hospital for monitoring side effects, then switch to a home infusion pump to complete the cycle at home with periodic clinic visits. Although the initial hospital infusion was delivered via an inpatient hospital pump, pump failures caused interruptions. In contrast, pumps designed for home use operated more smoothly. The inpatient nurses continued to share concerns about the infusions being interrupted in event reports, verbal escalations during rounding, and chemo process discussions. After consulting multiple centers, COG recommended using the home infusion pumps for the entire treatment to reduce medication disruptions.

This project is a good fit for the Magnet exemplar Transformational Leadership (TL) 4B. This exemplar asks the organization to provide evidence that a nurse manager advocated for resources to support a unit's goal.

This information was shared with unit leadership, leading to several necessary actions. First, Mindy Bibart contacted the hospital's Clinical Value Analyst team to determine the next steps needed to start home care infusion pumps for patients during admission. Second, a multidisciplinary team was formed to develop a more efficient process for initiating and managing homecare infusion pumps during inpatient stays. Mindy brought together various stakeholders, including legal, pharmacy, home care, and inpatient nurses, to ensure all areas were represented and the process could be improved. The new process reduced medication disruptions and increased patient and nurse satisfaction. The team effectively improved patient outcomes through teamwork and innovation.

MAGNET APPLICATION

This project is a good fit for the Magnet exemplar Transformational Leadership (TL) 4B. This exemplar asks the organization to provide evidence that a nurse manager advocated for resources to support a unit's goal. The project lead, Allyssa Baker, teamed with her manager Mindy Bibart to advocate for the pumps. Mindy's role in advocating for the need to change pumps by pursuing meetings with Clinical Value Analysts to trial the homecare pumps, coordinating meetings with key stakeholders to share results and updates, was vital to the switch from inpatient pumps to homecare infusion pumps. Patients now receive their medication infusions promptly, with minimal interruptions to their infusions, which was the unit goal.

Behind the Scenes: Day in the Life of a Magnet Program Director

Kim Housden, DNP, MHA, RN, NPD-BC
Center for Nursing Excellence





Recently, the process for writing Magnet narratives at Nationwide Children's Hospital has become more flexible, allowing for tailored approaches that best support the nursing staff.



The Magnet Recognition Program®, developed by the American Nurses Credentialing Center (ANCC), is a complex and rigorous program that spans four years, from designation to document submission. The Magnet program is continuous, no matter what stage in the timeline an organization is in, requiring ongoing evaluation to ensure standards are met. The Magnet Program Director (MPD) is responsible for navigating and guiding the organization through the systematic steps in the journey toward designation. This four-year journey requires strategic planning, collaboration, effective project management, and strong educational and communication skills, along with the ability to juggle multiple projects and meet critical deadlines, demonstrating a comprehensive commitment to improving patient outcomes and advancing nursing excellence.

Nationwide Children's Hospital is well on its way to achieving its sixth Magnet designation, halfway through the four-year journey and preparing for the December 2025 interim report. The key focus now is diligently completing the 103 narrative requirements of the Magnet manual, following the strict criteria like a precise recipe, to effectively demonstrate nursing excellence and meet ANCC standards for the October 2027 final submission. This involves not only crafting compelling stories but also providing comprehensive Sources of Evidence (SOE) such as data, policies, meeting minutes, communications and patient documentation to substantiate and exemplify each narrative component and ensure full compliance with the ANCC's criteria. These narratives are how the organization proves that excellence in nursing care is a part of everyday culture. The MPD must find nurse-driven projects and activities with the necessary criteria with each narrative requirement. This comprehensive preparation necessitates close collaboration between the MPD and departments, including the Center for Clinical Excellence, and nursing leadership at all levels to identify, develop and refine potential narratives, ensuring alignment with Magnet criteria, evidence-based practices, and organizational goals for a successful submission. Collecting the SOE is often the most challenging and time-consuming aspect of narrative writing, as an insufficient or unsuitable SOE can prevent narratives from being included in the Magnet document. Bringing narratives to the MPD only after completion risks missing critical criteria needed for inclusion. Involving the MPD early in project development offers numerous advantages, such as guiding evidence-based practice solutions, supporting nurses' professional growth and aligning process improvements with positive patient outcomes, ultimately ensuring that all narratives meet the necessary standards and are ready for successful submission.

Recently, the process for writing Magnet narratives at Nationwide Children's has become more flexible, allowing for tailored approaches that best support the nursing staff. Narratives can be fully developed by the Magnet team to enable nurses to maintain their focus on bedside care, written independently, or written with assistance, fostering a collaborative environment respecting front-line job responsibilities and balancing opportunity for professional growth. The Magnet team's goal in the writing process is to make it fun, easy and painless.



**FIVE-TIME DESTINATION FOR
NURSING EXCELLENCE**

In addition to narrative requirements, the Magnet submission requires specific core data elements that exemplify nursing excellence, including BSN and certification rates, nurse turnover, and the “Fab Five” metrics, which include nurse satisfaction scores, inpatient and ambulatory nurse-sensitive indicator (NSI) data, and patient satisfaction data. Each of the “Fab Five” data metrics must be benchmarked nationally, showing outperformance through vendor software. To demonstrate outperformance, at least 51% of the included units/clinics must exceed the national benchmark by 51% or more across at least five of eight quarters over the two-year period. NSI data collection began in April 2025, covering inpatient measures, including falls with injury, central line infections, urinary catheter infections, and pressure injuries stage II or above, as well as ambulatory measures including falls with injury, surgical burns, and depression screening in primary care, all contributing to a comprehensive portrayal of nursing quality and patient safety. The MPD role is responsible for collecting and assimilating all this data to report to ANCC and must have all benchmarked data graphs from the vendor available for the Magnet appraisers to review at the site visit at the end of the Magnet journey. Additionally, the MPD creates a unit-level data crosswalk, which is a large spreadsheet explaining any variance in data at a unit/clinic level, such as “n” too low or unit closed. At the completion point of document submission, all narratives and sources of evidence are uploaded as PDF documents into the ANCC’s online portal. The last submission of Nationwide Children’s Magnet document was more than 3,000 pages.

A critical collaboration for the MPD at Nationwide Children’s is with the Patient Care Services office. Together, the MPD and Patient Care Services staff manage two large, required documents for ANCC: the nurse leader table and the Demographic Data Collection Tool (DDCT). The nurse leader table displays the name and credentials of every nurse leader holding a role throughout the four-year journey, including any interim leaders. This document is reviewed to ensure that all nurse leaders at a program manager or above meet the minimum educational requirements. The DDCT is a database accessed through a web-based portal where all nursing staff certification, education data, turnover rates, vacancy rates and staffing data (including average daily census, licensed bed size and clinical nurse FTEs) are uploaded and submitted for the interim report and at the time of document submission. All narratives submitted must align with the data uploaded in the DDCT and the content of the nurse leader table.

Once the Magnet document has been uploaded to ANCC, the MPD must begin preparing the organization for the appraiser site visit, which includes organizational education on the submitted document and what to expect with the next step of the journey. The Magnet Ambassadors are critical to this step of the process in helping to ensure the organization is ready for the site visit. ANCC’s Magnet office will assign appraisers to the organization within two weeks of the document submission. The appraisers begin by reviewing the Organizational Overview (OO) of the submitted document. This section contains organizational demographics, patient population, hospital policies, and organizational charts. The OO section review of the document is a pass/fail review process. If anything does not meet standards, the appraisers do not continue reading the remaining narratives. The appraisers can take an average of four months to review the document before a decision is made. A successful document submission process ends with a scheduled site visit with the Magnet appraisers who reviewed the document to validate the enculturation of the Magnet culture in the organization.

Preparation for the Magnet appraiser site visit is a highly coordinated effort requiring collaboration across the organization. The MPD works closely with leaders, educators, staffing coordinators, administrative assistants and key department staff to ensure smooth logistics such as reserving rooms, arranging shuttle transportation, providing catering, posting signage, and printing necessary materials, all to showcase the organization’s commitment to nursing excellence and facilitate a successful review process. After the site visit, the long wait begins for the call from the Commission on Magnet, beginning the journey again.

The role of the MPD is incredibly rewarding, as it brings visibility to nursing excellence and highlights the dedication of countless outstanding nurses who are committed to delivering exceptional patient care, ultimately celebrating the organization’s collective achievement and fostering a culture of continuous improvement and professional pride in nursing care. When putting together the Magnet document, 103 narratives seem like a lot, but stepping back and looking at the work done at Nationwide Children’s Hospital on a daily basis, 103 narratives barely scratch the surface of the exceptional work done by nurses in this organization. The Magnet team would love to hear about your nurse-led projects, innovations, celebrations, community work and advocacy. The Magnet team can be reached at Magnet@NationwideChildrens.org.

Pressure Injuries in the Home: Soft Spots, Strong Care

Jessica Parsons, BSN, RN, CPN, Clinical Leader, Homecare Private Duty Nursing

Kim Housden, DNP, MHA, RN, NPD-BC, Magnet Program Director, Center for Nursing Excellence



Jessica Parsons, BSN,
RN, CPN

Nationwide Children's Hospital Homecare department provides direct care to more than 700 patients monthly, with many more receiving services through the Homecare pharmacy and medical equipment delivery services. Nationwide Children's Homecare connects patients in Franklin County and bordering counties with home-based care for intermittent skilled, private duty, hospice and palliative nursing alongside physical, occupational, feeding and speech and language therapies. Pursuing best outcomes for our patients, an interdisciplinary home care team assembled to focus on the serious issue of pressure injury (PI) occurrences in this population. Preventing PI in the home care environment can be challenging when nursing care is only delivered intermittently, requiring families to adhere to repositioning schedules. Collaborating clinicians from the Homecare nursing and therapies teams combine with authorities from Center of Clinical Excellence, Center for Nursing Excellence, Wound Team and Homecare Patient Relations to create a formidable expert panel to confront this problem. Chart

reviews of Nationwide Children's Homecare patients in 2024 identified a rate of 2.88 PI per 1,000 patients. PI, on average, increase the cost of patient care by \$65,400 per pressure injury, with added costs and stressors for parents and caregivers of pediatric patients. (Johnson, et al., 2020).

Targeted monitoring will reveal PI to be discovered at the earliest stages or to be prevented by frequent assessment, weight shifting, optimal nutrition and skin care.

The team began by working to identify causes of PI in the home, assessing barriers to reducing PI, and identifying clinician learning needs through a Learning Needs Assessment Survey. As a result, the team is creating standardized education for skin assessment, proper identification of PI, intervention, reporting and prevention promotion for clinicians with particular emphasis on empowering clinicians to have critical conversations with patients, parents and caregivers, encouraging independent PI prevention practices. The team also consulted with Nationwide Children's Child Life specialists to garner expertise in developing behavior incentive activities to further motivate patients to adhere to PI prevention practices.

This project aims to reduce incidents of PI to a goal of 1.44 PI per 1,000 patients by the end of 2025. Targeted monitoring will reveal PI to be discovered at the earliest stages or to be prevented by frequent assessment, weight shifting, optimal nutrition and skin care.

MAGNET APPLICATION

This pressure injury reduction project will be incorporated into the next Magnet document submission under the structural empowerment section, exemplar SE10EOB. In SE10EOB, the organization must show an example of an improved patient outcome associated with a nursing needs assessment and an implementation plan in the ambulatory setting. Jessica and the team identified learning needs and created standardized education, which fits the assessment and implementation components. The reduction in PIs is still being assessed, but if successful, it would demonstrate an improvement in patient outcomes. Nationwide Children's Homecare qualifies as an ambulatory area, thus satisfying all criteria for SE10EOB. This is one of the many ways nurse-led initiatives enhance patient safety and care quality within the outpatient setting.

Behavioral Health Nursing Education: How “A Cute Little Idea” Grew into a Magnet Story

Liam Hix, MSN, RN, PMH-BC, Nurse Education Specialist, Behavioral Health Nursing Education
Susan Copeland, MS, RN, NPD-BC, PED-BC, Education Nurse Specialist, Center for Nursing Excellence

It all started when our conference room had to be rescheduled for an urgent meeting. After a particularly rough week, the Behavioral Health Nursing Education team had to change our plans. Did we understand? Of course. Was it frustrating? Absolutely! But in the Big Lots Behaviorzral Health Pavilion, we see the same challenges for space which others in the organization face: not enough cubicles, too few conference rooms, no space for trainings — it can be a pain!

And with that, the educators hatched a plan. They wrote a proposal for an Education & Training Suite, specifically designed to train behavioral health staff in a high-fidelity, dedicated space which would meet the unique needs of our patient population. They titled it “A Cute Little Idea,” and asked for amazing things to better serve our staff, so they can better serve our patients. The proposal included seating for not just our team, but for the other nursing support services with whom we work to be able to sit in proximity of one another; computers for staff who need access for online modules; mock patient rooms; specialty classrooms where we have the flexibility and space to run BH Welcome Week, Therapeutic Crisis Interventions, First Aid and our legendary Education Days. They even asked for a shuttle to drive staff to trainings.

When I received it, truthfully, I laughed. However, as I kept looking at the proposal, I recognized its value. With additional inpatient units opening, including BH8B (our former training space), we were already losing ground. Booking rooms had to be done a year in advance, leaving little room for spontaneous trainings, and as our team expanded to cover nights and weekends, seating needs were rising fast.

My colleague, Sarah Scheiwiller, crisis support supervisor, and I consulted with our leadership to transform a “cute little idea” into an official space request. We focused on the benefits:

- Reduced strain on operations by lowering space competition
- Improved provision of high-fidelity simulation and learning experiences
- Reduced confusion for newly hired and tenured staff regarding training locations
- Improved donor access, which was often interrupted or postponed due to trainings in the tour space of BH8B.

We expected a denial, so you can imagine our surprise when we were invited to explore it further with the Operations team! Several months, lots of meetings, and many concessions later, we are excitedly awaiting the opening of BH6A, a unit which will one day house the nursing educators, crisis support specialists and nursing supervisors. The unit is equipped with:

- A specially designed training space to safely provide physical intervention training
- Staff meeting rooms for remediation, coaching, and orientation check ins.
- An inpatient room featuring the same safety features staff use on the units, which can be used for training and donor tours
- A mock-up of a patient hallway, where staff can practice de-escalation in high-fidelity simulations

Although we didn't get everything we asked for, the result is more than we imagined. The organization's investment to centralize our Clinical Support Services teams and provide high-quality training and education is profound and allows us to do our part in creating Best Outcomes for patients and families receiving care in the Behavioral Health service line. We are thankful to our leaders for their continued advocacy, and to our teams for their efforts in making a “cute little idea” a reality!




MAGNET APPLICATION

This project is an excellent example of Magnet criteria New Knowledge (NK) 7, which specifies “Provide one example with supporting evidence of an innovation implemented within the organization involving nursing.” This project represents the efforts of not one nurse, but a team of nurse educators to implement a new innovation within the Behavioral Health Pavilion. Throughout the project, the innovation team kept meeting minutes, budgets and presentations to document nursing’s involvement and project evolution. In addition to meeting the criteria for NK7, this project incorporates several other Magnet concepts:

- The ability of nurses at all levels to initiate and accomplish change
- Nursing’s ability to work with senior leaders to advocate for needed resources
- The nurse educator team worked with their interdisciplinary partners to design an area to meet the needs of multiple disciplines
- Staff safety is a key aspect which will be addressed in the new education space. Staff can practice safety interventions in a realistic learning environment
- Lastly, this project demonstrates the organization’s support to provide resources for staff safety and professional development

What began as a wish became a reality due to the innovation of this team of Behavioral Health nursing educators.



Connecting Pediatric Patients with Vitiligo to Mental Health Care

Brittany Kozy,
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Vitiligo is a chronic autoimmune condition, it destroys the melanocytes in the skin causing depigmentation that can occur anywhere on the body. Half of patients are diagnosed before the age of 20, and therefore children carry a significant burden of the disease. Due to its visible nature, patients with vitiligo have an increased risk of mental health burdens, including diminished quality of life (QoL), and children are not an exception. In pediatrics, these outcomes may manifest through effects on interpersonal relationships, school attendance, clothing choices and embarrassment. School-age children are especially at-risk due to their psychosocial development and peer relationships.

Unfortunately, pediatric patients with vitiligo are not regularly screened for the effects of their disease on QoL. In the last three years, 239 patients with vitiligo 17 years and younger were seen in the dermatology clinic at Nationwide

Children's Hospital. Of the 247 patients, 65 (26.3%) had documented referrals to behavioral and mental health services, and only one of those patients was referred by a pediatric dermatology provider. Fifteen of the 65 patients completed a first visit with a behavioral health provider within the hospital system and were given a mental health diagnosis. However, the connection between vitiligo and the mental health diagnosis could not be established.

Additionally, wait times for pediatric mental health providers are lengthy and can be a barrier to needed care. The average time from referral to the first appointment among the 15 patients with vitiligo was 9.3 months. Therefore, improving access to care represents an additional opportunity to enhance patient outcomes.

A quality improvement project with the Nationwide Children's Department of Dermatology focused on improving evaluation of quality of life and access to mental

health care for pediatric patients affected by vitiligo. The objectives were to increase the identification of pediatric patients with vitiligo at-risk for diminished QoL and to improve access to mental health care for at-risk patients by decreasing the wait time from referral to first appointment with a mental health provider.

A validated screening tool, the Children's Dermatology Life Quality Index (CDLQI), was integrated into routine care for pediatric patients with vitiligo. The CDLQI utilizes 10 questions to evaluate the impact of skin disease on pediatric patients' QoL. Subdomains include disease symptoms, embarrassment, friendship, clothing, activities, school, bullying, sleep and treatment. The tool is validated for ages 4 to 16 years and has proved reliable through 17 years of age. The child rates each item 0 to 3. Tabulated scores fall into a CDLQI severity stratification with 0 to 1 showing no effect on QoL; 2 to 6, a small effect; 7 to 12, a moderate effect; 13 to 18, a very large effect; and 19 to 30, an extremely large effect.

Pediatric patients (4 to 17 years) newly or previously diagnosed with vitiligo were given the CDLQI to complete on iPads linked to the electronic medical record (EMR) during their clinic visit. Previously diagnosed vitiligo patients could also complete the evaluation prior to their visit using MyChart. New patients were given the tool by the nursing staff prior to discharge. A Best Practice Advisory flag reminded staff to complete the CDLQI. The EMR automatically tabulated the scores, which were evaluated by the provider. Providers recommended a referral to a clinic-associated pediatric psychologist for patients with a large (13 to 18) or a very large (19 to 30) effect. Patients with a moderate (7 to 12) effect were offered the referral and additional education.

Seventy-four patients were included in the project, and 44 completed the CDLQI. Of those who completed the CDLQI, 13 (44.8%) patients had a new vitiligo diagnosis and 31 (68.9%) were follow-up patients, compared to zero (0.0%) prior to the intervention.

Two patients were referred to the pediatric psychologist. One patient was previously diagnosed, while the other was a new diagnosis. Both patients scored an eight on the CDLQI, signaling a moderate effect on QoL. They waited 83 and 42 days for an average wait time of 2.1 months. This change represents a 77.4% decrease from baseline. The third patient declined a referral.

The CDLQI was a cost-effective, patient-centered intervention in evaluating the impacts of vitiligo on pediatric patients' QoL. Utilization in the pediatric dermatology clinic increased identification of patients at-risk for mental health burdens and reduced wait times to a mental health care professional. The CDLQI in the EMR was a low-burden, efficient process. The project showed that an assessment tool can be easily integrated into normal clinic workflow, minimize disruptions and identify at-risk patients. Coupled with a sustainable connection between a pediatric dermatology clinic and mental health provider can effectively improve access to mental health care with a potential to expand to additional dermatology conditions in the future.

MAGNET APPLICATION

Brittany's project meets Magnet's EP1EOb exemplar. According to this exemplar, the organization has to demonstrate an improved outcome associated with an evidence-based change by a clinical nurse in an ambulatory setting, that also aligns with our Professional Practice Model. A clinical nurse is a nurse or APN who works at the point of care over 50% of the time. An APN in Dermatology, Brittany's interventions were supported by literature, and she was able to provide the Magnet team with a clear set of interventions and multiple post-intervention data points to support her meaningful work. Not only did this project help better identify patients at-risk for mental health burdens, but it also improved access to a mental health provider by standardizing a referral process and reducing wait times to services. Brittany is in the process of disseminating her work as it supports best outcomes and high-quality care for her patient and family population.

A quality improvement project with the Nationwide Children's Department of Dermatology focused on improving evaluation of quality of life and access to mental health care for pediatric patients affected by vitiligo.

Enhancing Developmental Care in the NICU: Implementation of a Complex Care Book for Medically Fragile Infants

Arriana Rifenburg, BSN, RN, C4C NICU

Laura Beth Kalvas, PhD, RN, Center for Nursing Excellence

In the neonatal intensive care unit (NICU), infants with complex medical needs have overlapping neurological, physiological and psycho-emotional challenges and require structured, multidisciplinary, individualized care plans to thrive during their admission. Developmentally appropriate NICU care can improve long-term outcomes including neurodevelopment, emotional regulation and caregiver-infant bonding. To assess symptoms such as pain, agitation and iatrogenic withdrawal, NICU clinicians use standardized tools including the Neonatal Pain, Agitation and Sedation Scale (N-PASS) and the Withdrawal Assessment Tool (WAT-1). However, for complex cases, these tools alone may be insufficient in guiding personalized, developmentally appropriate, non-pharmacologic care strategies.

I cared for one such patient with multifaceted neurological and physiological conditions who struggled to maintain a calm, awake state and meaningfully engage in developmentally appropriate activities. I noticed that the infant lacked continuity of care across shifts and caregivers and received frequent pharmaceutical interventions, such as sedative and pain medications, to manage his challenging behaviors. The infant's parent also expressed a lack of certainty in how to meaningfully engage with and appropriately care for their infant. To meet the needs of this infant and their parent, I collaborated with the multidisciplinary care team — physical therapy, occupational therapy, music therapy, massage therapy and child life specialists — to design and implement the Complex Care Book, a caregiver-focused, individualized bedside resource aimed at supporting consistency, comfort and developmental engagement for infants with complex medical needs.

The Complex Care Book includes:

- Step-by-step care instructions (e.g., feeding, diapering, comfort strategies).

- Visuals of the patient in developmentally appropriate positions.
- Favorite toys, sensory preferences and soothing music selections.
- Suggestions for responding to neurological distress or escalating behaviors.

The first care book was introduced through in-person education with bedside staff and family members. I gathered feedback from both groups and made revisions. Once finalized, one copy of the book was given to bedside staff and another to the family to reference and keep. To support uptake, I asked nurses to include the care book in shift handoff and encouraged support staff to reference the book and ask questions as needed. Over time, informal feedback suggested more consistent daily care patterns and increased staff and family comfort in managing care. I observed a noticeable improvement in the patient's ability to calm during care, engage in developmental activities such as tummy time and side-lying play and participate more actively in routines. Staff members informally reported feeling more confident in delivering care, and there was a perceived decrease in the need for sedatives or other pharmaceutical support. These changes, though early, suggest that structured, individualized care guidance can enhance both patient comfort and caregiver competence.

Recognizing the success of the initial Complex Care Book, I began working with Laura Beth Kalvas, PhD, RN, and the Clinical Inquiry team within the Center for Nursing Excellence to gather data on use of care books with additional patients, families and clinicians. A Complex Care Book template was developed to allow staff to create individualized care books for additional NICU patients. A second Complex Care Book was subsequently created, and we are collecting feedback surveys from families and staff to determine any further need for revision and perceived helpfulness of the care book. Future evaluation of N-PASS



and WAT-1 scores for infants with and without care books, as well as multidisciplinary assessments of these patients' developmental trajectories and quality of life, will help us quantify the clinical impact of the Complex Care Book. My long-term goal is to standardize this intervention across the NICU as a developmental support tool for complex cases and potentially adapt it for use in other populations of medically complex children. As neonatal care continues to evolve, tools like this support a more humanized, developmentally-focused model — one that acknowledges the whole infant and their potential for growth.

MAGNET APPLICATION

The work of Arriana Rifenburg, BSN, RN, in developing the Complex Care Book for her medically complex and vulnerable patients is an outstanding example of exemplary professional practice (Magnet[®] exemplar EP4). In this exemplar, we need to provide one example with evidence that shows where a nurse collaborated with patients, families, or both to influence change within the organization. When Arriana's patient's parent voiced a lack of confidence interacting with and comforting their infant, she **collaborated** with the patient's family, her Clinical Leader Tiffany Hahn, BSN, RNC-NIC, and the multidisciplinary team to meet this crucial patient need with a book full of personalized care approaches. Once developed, Arriana sought feedback from both the patient's family and bedside staff to refine and standardize the care book structure for future patients. As the Clinical Inquiry team continues to support Arriana in her work to refine and implement Complex Care Books throughout the NICU, we are **moving the organization toward a change in practice** that emphasizes a humanized, evidence-based model of developmental NICU care.



Development of a Family Reunification Toolkit for Integration into a Hospital's Mass Casualty Response: An Innovative Design for Patient Tracking

Lee Ann Wurster, MS, RN, TCRN, CPNP-PC, Trauma and Burn Program Manager

Susan Copeland, MS, RN, NPD-BC, PED-BC, Education Nurse Specialist, Center for Nursing Excellence

Patient tracking is critical during a Mass Casualty Incident (MCI) to ensure resource allocation and patient safety. While individual care is vital, our trauma program identified patient tracking challenges post-Emergency Department disposition during a recent MCI drill. The drill highlighted the need for a new process to provide more detailed patient location information and support family reunification.

UNIQUE PEDIATRIC CONSIDERATIONS

Pediatric patients present a unique challenge during an MCI, as they are at increased risk of arriving unidentified to a hospital. Frequently, children are fearful or developmentally unable to provide name or other identifying information, and they may be separated from their adult family members or arrive without any identifying documents (such as a driver's license). Unidentified

patients will need to be entered into the electronic medical record (EMR) using the generic John or Jane Doe naming convention, making family reunification difficult. In some settings, the EMR may not be fully functional, eliminating its utility in electronically tracking patients through the hospital system. The ensuing chaos requires a deviation from normal daily operations, including an operational plan to assure a safe and efficient process for pediatric patient tracking and family reunification.

FAMILY REUNIFICATION AND PATIENT TRACKING TOOLKIT

Trauma leadership met with key stakeholders to develop a Family Reunification and Patient Tracking toolkit, which was designed to complement the hospital's Emergency Preparedness and Family Reception Center plans. This toolkit describes the implementation of a new Family Reunification and Patient Tracking team (FRaT) and includes the Trauma Program, Social Work and Spiritual Care departments. In collaboration with the IT Research and Innovation (IT R&I) and Innovation Center at Nationwide Children's Hospital (IC), the Apple AirTagR and associated smartphone-based application was used as a proof of concept for the patient tracking device. The Research Institute at Nationwide Children's Hospital assisted with the patent application for the project, which was filed September 17, 2024 (U.S. Patent Serial No. 63/695,568). Intramural grant funding was awarded by the Technology Development Fund in the amount of \$45,741.

THE FAMILY REUNIFICATION AND PATIENT TRACKING TEAM (FRAT)

The FRaT team is made up of three primary roles. First, the FRaT Intake role is located within the Emergency Department (ED) intake area and is responsible for assigning the patient tracker to unidentified patients, securing the device on the patient, and completing the patient information required on the HIPPA compliant mobile Patient Intake Log within Microsoft Teams. Second, the FRaT Lead role is in the Family Reception Center (FRC) where possible families of children admitted to Nationwide Children's will be received. The FRaT Lead serves as the communication link between the FRC and the ED. The FRaT Lead role documents identifying features provided by the caregiver on the mobile Family Intake Log within Microsoft Teams. The third role is the FRaT Liaison who is in the FRC and is able to view real-time data entry into both logs to match patient and

family information. Upon identifying a potential patient and family match, the FRaT Liaison team member utilizes the "Find My" application on the patient tracking mobile device, which detects exact location within the hospital. Upon successful reunification, the FRaT Liaison deactivates the patient tracker device and completes the post-unification details in the Patient Tracking Log.

NEXT STEPS

To-date, this process has been found to be a feasible, cost-effective option for patient tracking and family reunification in the event of a mass casualty event. Just-in-time training and job action sheets for the FRaT team are available as we expand the members of the FRaT team to be available in the unlikely event that our hospital resources are overwhelmed requiring a coordinated response to family reunification.

MAGNET APPLICATION

Magnet exemplars have key elements that demonstrate to patients, families, and the public that the organization has met the most stringent, evidence-based standards of nursing excellence in patient care delivery. Structural Empowerment (SE) 14b is a Magnet exemplar that demonstrates the organization's ability to provide evidence of recognizing a nurse in ambulatory care for their contribution in addressing the strategic priorities of the organization. This story's key elements include the nurse's involvement, addressing the organization's strategic priorities, and recognition of the nurse involved.

The work on the Family Reunification project meets these criteria. Lee Ann Wurster, who was the project lead, is a nurse. The Family Reunification and Patient Tracking (FRaT) toolkit complements Nationwide Children's Hospital's Emergency Preparedness and Family Reception Center plans, in addition to reducing medical errors, delays in care, and distress for patients and their families. The FRaT toolkit addresses the strategic priority of Nationwide Children's: "world-class care and cutting-edge research, integrating talent, quality, and technology to achieve best outcomes." LeeAnn presented this project at a podium presentation at the 10th Annual Pediatric Trauma Society Conference in Charlotte, North Carolina, in November 2024. The presentation won the Society of Trauma Nurses' Award for Best Presentation. This project will be featured in the Nursing Annual Report.



Collaboration Between Nursing and Pharmacy to Improve Patient Enrollment in Bedside Medication Delivery

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Being discharged from the hospital can be a positive milestone for families, but it often comes with challenges, especially when it involves new medications. A well-planned discharge process, including having medications delivered to the bedside, supports a safer and smoother transition home. Collaboration between nursing and pharmacy can streamline the discharge process by ensuring all necessary medications are delivered directly to the patient's room. This approach not only eliminates the need for families to make an extra trip to the pharmacy but also offers one-on-one counseling in a private setting, making the transition home easier, safer and more supportive.

The bedside medication delivery program at Nationwide Children's Hospital was launched in 2005 to address safe transition to home. Families were informed about the service through educational pamphlets and pop-up messages on the in-room communication system. Pharmacy staff enrolled families during rounds or just prior to discharge; however, the enrollment process lacked consistency.

Nurses on C5B are well positioned to advocate for patient needs, especially during discharge process. In the fall of 2023, a collaboration between the Pharmacy and Nursing departments was initiated to support this advocacy. As part of the initiative, a new enrollment question was added to the Epic™ admission assessment form. Nurses were encouraged to ask families about enrolling in the program during the admission process.

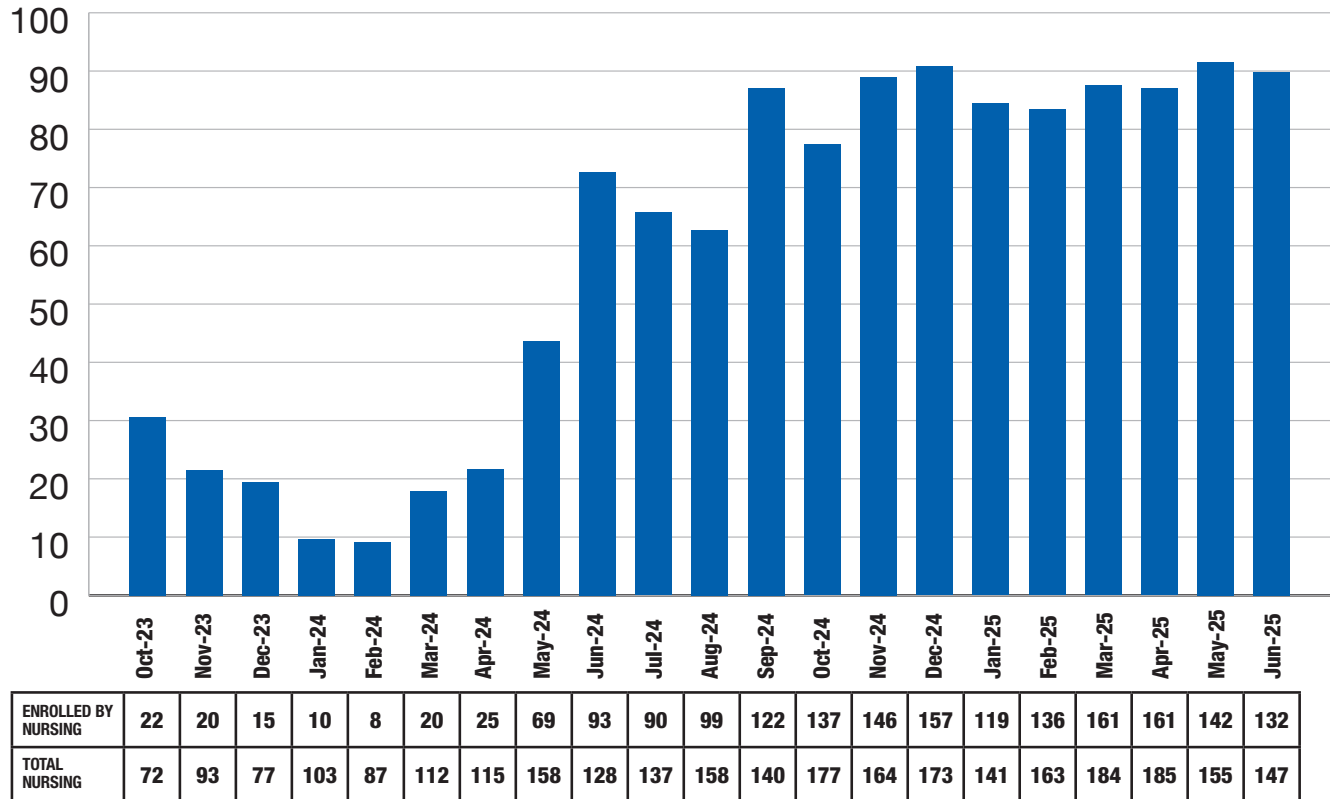
After education and review of benefits, nursing staff began initiating the enrollment process. However, progress was slow, with nursing completing enrollment for an average of only 18.5% of eligible patients. Despite ongoing efforts of education, reminders and encouragement from nursing and nursing leadership, improvement remained limited.

To identify barriers to patient enrollment a huddle was held with frontline nursing staff. One of the main issues identified was that the placement of the enrollment question in the chart was not user-friendly, leading to it being frequently overlooked. Nursing staff proposed a simple but effective solution: moving the question to a different section of the chart where the admitting nurse would be more likely to see it.

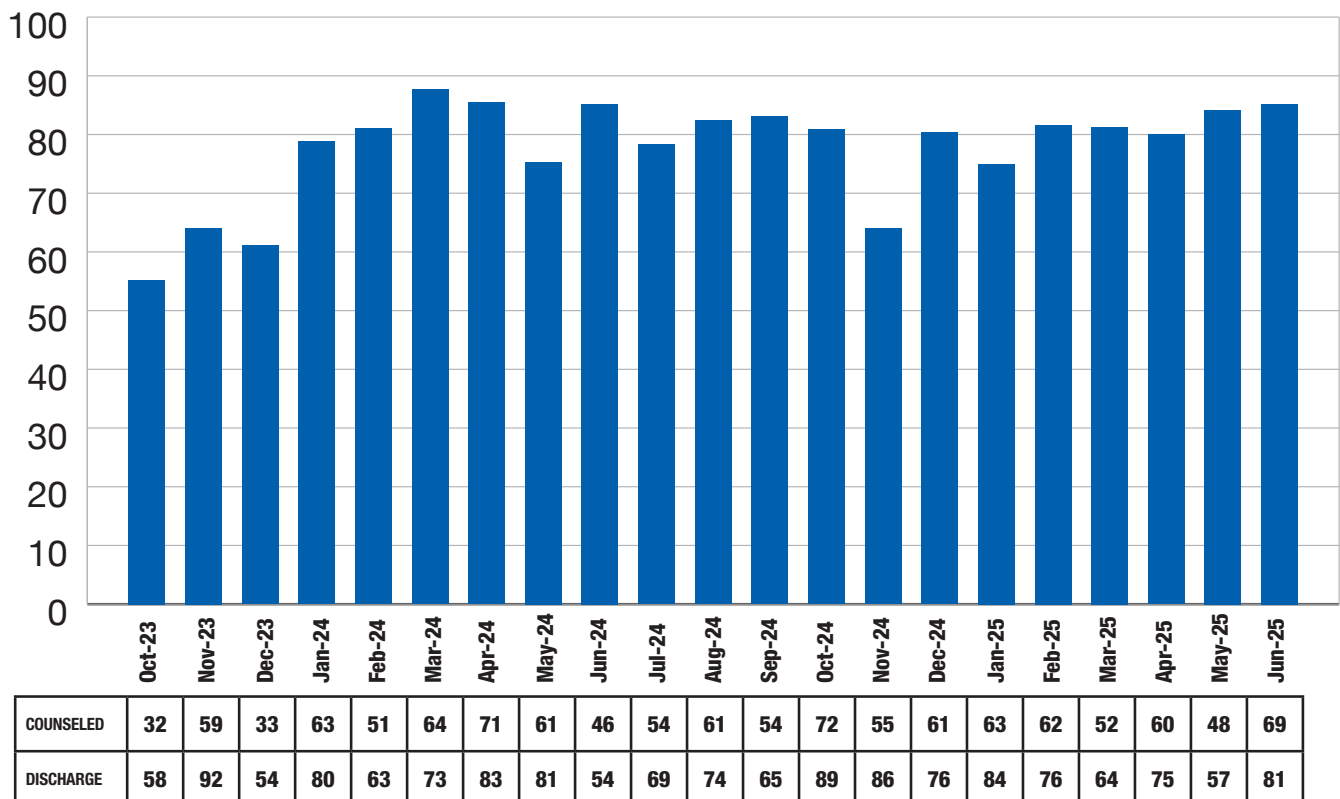
The results were remarkable. Within weeks of implementing the suggested intervention, nursing enrollment rates increased to an average of 78% for eligible patients at admission. By June 2025, this rate further improved to approximately 90%, with around 80% of patients receiving counseling from pharmacy staff.

Through strong collaboration between nursing and pharmacy to increase enrollment in the bedside medication delivery program, more patients on C5B were discharged with counseling and medications in hand compared to patients on other hospital units.

C5B Discharge TOC Nursing Enrollment Percentage of enrolled patients who were enrolled by nursing staff



C5B Counseling Percentage of Opportunity For discharges M-F 9am-5pm chose Nationwide Children's pharmacy



Quarterly **Nursing Award** Winners



Ann Stierhoff, BSN, RN, C-NPT
DAISY AWARD



Michelle Gniadek, BSN, RN
**NURSING EXCELLENCE
AWARD WINNER**

To read the nominations for each of the winners and to learn more about the awards,
visit NationwideChildrens.org and search "Daisy Award."

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