

..... Everything Matters In

Patient Care

*Supporting Service Members
and Their Families*



Our service members and veterans have a strong dedication to their country, community and family.



Contents

Features



5 A Salute to Our Military Families: The Unsung Heroes
By David Kuntz, MDiv, BCC Spiritual and Family Coordinator for the Fetal Center, U.S. Army Reserves Chaplain and Andrew Kuhn, Human Resources Specialist, (Veteran) Ohio Army National Guard Public Affairs



13 Employee Resource Groups at Nationwide Children's Hospital
By Amanda Brown, MSN, RN, Clinical Leader, Nursing Informatics

Articles

- 4 Growing Up in the Military**
by Lee Ann Wallace, MBA, BSN, RN, NEA-BC, Senior Vice President, Patient Care Services, Chief Nursing Officer
- 9 Lifting Our Culture of Safety When Using Patient Lifts**
by Julie Apthorpe, MSN, RN, CRRN
- 10 Service After Taking Off the Uniform**
by William Parker, CPHQ
- 12 COVID-19 Vaccines: A Light at the End of the Tunnel**
by Michael Storey, PharmD, MS
- 17 Nursing Research and Innovations**
by Timothy Landers, PhD, RN, APRN-CNP, CIC, FAAN
- 18 Supporting Reserve and National Guard Service Members**
by Greg Madison, MHA, ECoP® (EAR)
- 20 The Role of Stigmas**
by Maurice Clarke, RT(R)
- 22 Inclusive Leadership Matters at Nationwide Children's Hospital**
by Olivia Thomas, MD, and Lourdes Negrón-McDaniel, CDP, SHRM-SCP
- 24 Comprehensive Treatment of ADHD in Primary Care**
by Mark Winerman, MD and Pamela Moss-Samuelson, MSW, LISW-S
- 26 Every Line Matters**
by Mindy Bibart, DNP, CPHON, NE-BC, CSSBB and Ethan Mezzoff, MD

Editorial Staff:

Editor: Vicki von Sadowszky | **Managing Editor:** Marcie Rehmar | **Editorial Board:** Paige Shalter Bruening Margaret Carey, Jo Ann Davis, Cindy Iske, Tanica Jeffries, Marissa Larouere, Megan Lewis, Nancy Noyes, Danielle Worthington | **Editorial Assistant:** Joanna Kinner | **Editorial Support:** Heather Lofy
Photography: Brad Smith | **Art Direction/Design:** John Ordaz

Pictured left: After a clinic visit, patient Tuck and his dad play on the playground in Livingston Park.

Growing Up in the Military



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

I used to dread when people would ask where I was from. Most military kids have had this conversation a hundred times and the answer is never simple. Military families relocate, on average, every two to three years. This is ten times more frequent than non-military families, and may mean moving from east coast to west, or from the Midwest to the deep south. And while there are, indeed, challenges, there are most certainly benefits.

First, I learned **adaptation**. Life is constantly changing and evolving. Growing up in the military makes change commonplace and builds flexibility. You learn you can't predict or control what's going to happen, but you can control how you react and you learn to adapt quickly to change. That might mean making new friends or finding a new sport or hobby. Over time, you develop courage and confidence in doing things that are difficult or unknown. I have carried that trait with me into adulthood.

Secondly, I learned **acceptance**. Living in many states and regions, on base and off, created a wider acceptance of those who are different, whether it's different cultures, different perspectives, looks or beliefs. I learned to be open and curious, and that life, in many ways, is similar all over the country. In the military community, you learn the differences are mostly superficial, and that it's about making connections and valuing people.

Thirdly, I learned **resiliency**. Moving often, meant you didn't have an extended family, or large network of friends, so you relied on yourself, your immediate family or other military families who were in the same situation. It has been an essential life and work skill used in times of high stress and rapid change.

Lastly, I learned **patriotism**. I gained my sense of patriotism from my father's service. It has given me a greater appreciation for the sacrifice that our military and their families make for our country.

To this day, I hold these experiences as the most educational and formative pieces of my early life. I am truly humbled and grateful to our military team members and their families that were a part of this sacrifice for our country.

A Salute to Our Military Families: The Unsung **HEROES**

David Kuntz, MDiv, BCC, Spiritual and Family Coordinator for the Fetal Center, U.S. Army Reserves Chaplain
Andrew Kuhn, Human Resources Specialist, (Veteran) Ohio Army National Guard Public Affairs





**DAVID KUNTZ,
CAPTAIN**

Army chaplain for the 200th Military Police Brigade, provides emotional and spiritual support to soldiers, families and civilians.



**ANDREW KUHN,
SERGEANT**

Former Ohio Army National Guard public affairs sergeant used to spend much of his nine-year career covering missions at a moment's notice, locally and globally.

*Change is difficult
for well-adjusted
and mature
adults with fully
developed brains
and a full range
of coping skills,
so the impact
of change on a
developing child
can be completely
unsettling and
devastating.*

The people we are about to describe are the unsung heroes. They do not wear a military uniform to signify their commitment to serve. They do not ship out to foreign territories to defend our freedoms or put their lives in harm's way. They do not receive a celebration when their tour of duty is over. They are the silent ones serving behind the scenes on behalf of their loved ones. In this article, we salute our military families for their commitment, tireless efforts and sacrifices to support America's finest.

Military families face a multitude of issues on a daily basis. When their loved ones deploy to foreign countries, the challenges increase significantly. Parents and spouses must learn to handle everything at home. Many work jobs by day and run their households by night. They are the primary caretakers of home and children and wear many hats as mother, father, educator, counselor, maintenance technician, taxi, medic and executor of the estate. They do it all without complaint.

The families may not bear the battle wounds that the military members endure, but they do carry traumas from their own wars at home. Andrew Kuhn, a former public affairs sergeant with the Ohio Army National Guard, spent much of his nine-year career covering missions at a moment's notice, locally and across the globe. Shortly after Andrew completed his initial training requirements, his wife, Rachel, became pregnant with their first child. Andrew was absent for most of her pregnancy for training. He was present for their son's birth then left again for a 10-month deployment overseas.

Rachel stayed busy during her pregnancy and throughout the deployment working on her undergraduate studies, working at an internship, raising a newborn son and completing necessary day-to-day duties. Thankfully family and friends pitched in to reduce the amount of stress and workload Rachel faced daily. Many family members like Rachel fight battles at home on

American soil. They do not want to trouble their loved ones about the problems on the home front: finances, home repairs, hospital visits, long nights and early mornings. They spend holidays, birthday parties, school activities and every other cherished event in the absence of their service members. They feel alone and afraid but proudly put on a game face and continue to be the rock for their loved ones. At the end of the day, they pull up their bootstraps and continue to push forward counting the days to their loved ones' return. The families are the resilient ones.

While the service member is deployed, the remaining caregiver deals with their children and the challenges common to having a deployed partner. Captain David Kuntz, Army chaplain for the 200th Military Police Brigade, provides emotional and spiritual support to soldiers, families and civilians. During his six years of service, he has counseled numerous military families on the home front. Families reach out to the chaplain for advice because of the profound impact deployments have on children. Chaplain Kuntz reminds caregivers that the children need extra love and attention during this time. He encourages families to plan activities to help the children stay positive and remain connected to their heroes, such as making cards, sending care packages, taking pictures and making videos. Chaplain Kuntz encourages parents to acknowledge their children's feelings and talk about the deployed parent to bridge the distance.

Children have different reactions to parents' deployments. Change is difficult for well-adjusted and mature adults with fully developed brains and a full range of coping skills, so the impact of change on a developing child can be completely unsettling and devastating. Sergeant Ryan Sargent, a 12-year Ohio Army National Guard veteran, served as a Combat Engineer before working with service members, veterans and their spouses as a licensed professional clinical counselor in a private practice setting. Ryan now works as a behavioral health therapist for Nationwide Children's Hospital and sees the impacts of deployment and reintegration on children. The effects tend to vary by age with young children exhibiting changes in sleep patterns, eating habits, toileting and behavior. Older children and teens may display anger, aggression, decline in school performance or conversely exhibit unusual efforts to please.

Often the real battle comes when the service member returns home. They may be different, changed by the events experienced on their peaceful or combative deployments. They may have a short fuse, jump at loud noises or stomp on the brakes when they see a box on the side of the road. Robert Emmet Meagher said, "This much we do know – that wars are not over when they're over. They leave behind wreckage and wounds.



Lifting Our Culture of Safety When Using Patient Lifts

Julie Apthorpe, MSN, RN, CRRN, Program Manager H9B, Inpatient Rehabilitation

Often the real battle comes when the service member returns home. They may be different, changed by the events experienced on their peaceful or combative deployments.

Warriors bring their war home with them.” The unsung heroes will stick by their warriors and assist them in adjusting to a new home life.

Reconnecting after a deployment tends to bring another set of challenges. When homecoming draws closer, anticipation grows, often lending the family to fantasize and remember things, perhaps, better than they were. The expectation of joy and happiness usually builds as the reunification approaches, and those expectations may lead to disappointments. Some returning service members hang back and hesitate to take part in the family. Others go through a honeymoon phase or ignore problems, hoping the difficulties will go away on their own. Routines and responsibilities have changed causing family members to feel uncertain.

Andrew, Rachel and their nearly one-year old son were thrown into a new set of challenges when he returned from deployment that included transferring duties and responsibilities and building new schedules. Their son had to acclimate to an unfamiliar face and establish trust with his father. Reintegration was a challenge for the family even though they wanted nothing more than to be back together. Being literally worlds apart for several months with separate challenges created a huge setback in the relationship. Andrew recalls coming home with a military-structured mindset. Rachel had already established a different routine with Hudson. The “happily-ever-after” ending they hoped to achieve required a great deal of work on healthy communication and learning to share roles and responsibilities. Couples counselling can help spouses re-establish strong relationships with trust and understanding during these post-deployment times.

Family members learn to give time and space to allow the service member to integrate back into “normal” life. Veterans need love, respect and support from those who know them personally because they are the ones who accompany the veterans on their long struggle to recover. Some military members report they have a hard time fitting back into the flow at home. Retired US Army LTC (CH) Gary Moore suggests that “you don’t try to come back in and resume where you left off. Find out what the spouse wants to give back and then slowly enter the day-to-day tasks. Think of your spouse as the First Sergeant for the first few weeks. You ‘fall into formation’ with your children.”

Indeed, these brave unsung heroes are some of the most resourceful, resilient, dedicated and strong-willed people we know. They do all of this for their loved one and for their love of country, but unfortunately most do not notice them. They do not live for nor crave the spotlight. They are content to serve behind the scenes supporting their service member’s commitment to maintaining our freedoms. We just want to say thank you to the military spouses and families for your loyalty, support and encouragement to the men and women fulfilling their duty.

Great strides in safety were made with the standardization of equipment and training but there was a further need to make sure that the hospital does not experience the same gaps in the future.



Patient safety is a cornerstone to the culture of Nationwide Children’s Hospital. In the fall of 2019, it became clear that there were opportunities for enhancing patient safety when it came to the use of Guldmann™ overhead ceiling lifts and portable Hoyer® devices. A comprehensive team was pulled together to analyze practice, identify needs, implement change and create a structure for addressing future concerns. This systematic approach helped in implementing change with the ultimate goal of patient safety and zero harm.

The team first addressed concerns centered around equipment. Lifting devices utilize slings to help hold patients while they are being moved from one location to another. While analyzing the sling supply, it was determined that there was a need to expand the number of sling sizes available to staff. The hanger bar on the Guldmann™ overhead ceiling lifts was replaced throughout the hospital to provide a more secure holder for the slings. Additionally, portable Hoyer devices used throughout the hospital were standardized to ensure that the slings provided were compatible with the equipment in use.

Education and training for staff was the next topic the team addressed. Standardized training documents and resources were developed. A sizing guide was created to help staff be successful in determining the correct sling size for each patient. Videos for both lift systems were also created and published on ANCHOR for any staff member to reference. After creation of the training materials, Super User training sessions were held to re-educate staff on the use of these devices. This comprehensive training was offered to all staff including inpatient, ambulatory, and off-site employees to ensure that safe practices were being followed throughout the entire organization.

Great strides in safety were made with the standardization of equipment and training but there was a further need to make sure that the hospital does not experience the same gaps in the future. Therefore, the Safe Patient Handling committee was created. This committee is composed of many members of the original comprehensive team. There is representation from inpatient and ambulatory settings, professional development and various disciplines including nursing and clinical therapies. The committee meets monthly and analyzes any events or concerns brought forward. The group also reviews training documents annually and facilitates on-going Super User training to ensure that there is adequate training within the organization.

Patients and families come to Nationwide Children’s expecting to receive the highest quality and safest care. Through the efforts of staff and the Safe Patient Handling committee, we look to deliver on that expectation.

Service After Taking Off the Uniform

William Parker, CPHQ, Army Veteran, Lead Service Line Coordinator, Quality Improvement Services & Co-Chair of the Nationwide Children’s Military and Veteran’s Employee Resource Group

People join the military for different reasons. For some, it’s a fresh start in a career with competitive pay and benefits. For others, it’s an opportunity to gain new skills or go to college. For many, it’s a badge of honor that represents their patriotism and sense of duty. Regardless of the reasons why we joined, we all share the same common bond: Service to our country.

After we’ve taken off our uniform, our sense of service and commitment doesn’t stop. Veterans from all across the country continue to serve in a variety of different ways. The Mission Continues is a national nonprofit organization that connects veterans with new missions in under-resourced areas to tackle food insecurity, improve educational resources, foster neighborhood identity, and more. To date, they’ve helped coordinate and empower 80,000 veteran volunteers in more than 50 cities to serve again in an effort to transform communities. Team Rubicon is another 501(c)3 nonprofit that utilizes the skills and experiences of military veterans to rapidly deploy emergency response teams across the United States and around the world to provide immediate relief to those impacted by disasters and humanitarian crises. They focus specifically on serving vulnerable and at-risk populations affected by disasters like hurricanes, tornados and wildfires.

Closer to home, the Nationwide Children’s Military/Veterans Employee Resource Group (MERG) has spent the past several years serving central Ohio. We’ve made community outreach and philanthropy a core component of our strategic plan, aligning with Nationwide Children’s One Team Values. In the past, you could find MERG members creating care packages to be sent to local military units deploying overseas or putting on our aprons at the Ronald McDonald House to serve meals to our patients and families who’ve traveled long distances for care. In the last year, the MERG partnered with the South Side Community Action Network on multiple volunteer events that cleaned up and built out two community gardens that offer fresh produce to families in the South Side of Columbus.

These events have had 40-60 veteran and advocate volunteers working on Saturday mornings to do their part in the local fight against food insecurity. More recently, the MERG has partnered with FitClub Columbus and the Travis Manion Foundation to deliver a six-week physical fitness and character development program to a group of middle school students at KIPP Columbus. Veteran and first responders will work out alongside students and certified personal trainers, reinforcing pre-determined character strengths like perseverance, perspective, and humility.

The MERG and other veteran nonprofit service groups will continue to adapt and evolve to the changing needs

of the communities in which we serve. As long as there are men and women who continue to raise their right hand to protect our country, you can count on having an army of volunteers ready to tackle whatever challenges await once they’ve hung up their uniforms. President Barack Obama once said, “In the face of impossible odds, people who love this country can change it.” Members of the Nationwide Children’s MERG and veterans from all across the country are working towards doing just that, positively changing one street, one neighborhood, one community at a time.



The Military/Veterans ERG partnered with the South Side Community Action Network to build out two community gardens.



Veterans from all across the country are working towards doing just that, positively changing one street, one neighborhood, one community at a time.



COVID-19 Vaccines: A Light at the End of the Tunnel

Michael Storey, PharmD, MS, Medication Use Strategist, Department of Pharmacy

The COVID-19 pandemic created challenges for our hospital’s community. Bedside caregivers dealt head-on with patients infected with COVID-19, and staff were challenged with new protocols for protecting themselves and others from the virus. Many members of the team worked from home and our patients and their families grappled with learning at home as schools went remote.

Planning for vaccinating staff and patients began in September 2020 and accelerated through the fall. As details continued to emerge about the vaccine, it became clear that there would be a need for a mass immunization clinic for staff and patients on our main campus at Nationwide Children’s Hospital. Stecker Auditorium was chosen as the optimal place to do this, and was named the Orange Clinic.

For so many, the release of the vaccine was a light at the end of a long tunnel. When it was authorized for emergency use in December 2020, frontline staff working with patients at risk for COVID-19 were offered the vaccine. Supply was limited, and the hospital was only allocated enough vaccine for about half of our 14,000 faculty and staff in the early months of the vaccine rollout. Several thousand frontline staff were vaccinated in just over a month at the Orange Clinic.



The child life team proved to be pivotal in helping these patients become comfortable with vaccination.

In February, Ohio’s pediatric hospitals were asked to vaccinate developmentally delayed patients in our area. In collaboration with the Franklin County Board of Developmental Disabilities, the Nationwide Children’s COVID-19 Vaccine Team planned vaccinations for more than 1,000 patients age 16 and older with developmental disabilities. The child life team proved to be pivotal in helping these patients become comfortable with vaccination. Some patients took longer to vaccinate than others, but all who didn’t have a medical contraindication left these clinics vaccinated.

Through March and April, Ohio progressively added groups of people who qualified for vaccination. Nationwide Children’s opened additional clinics as supply allocations allowed in order to vaccinate patients, staff and the general public as they qualified for vaccination. By the end of March, all Ohioans over age 16 were eligible to receive a vaccine.

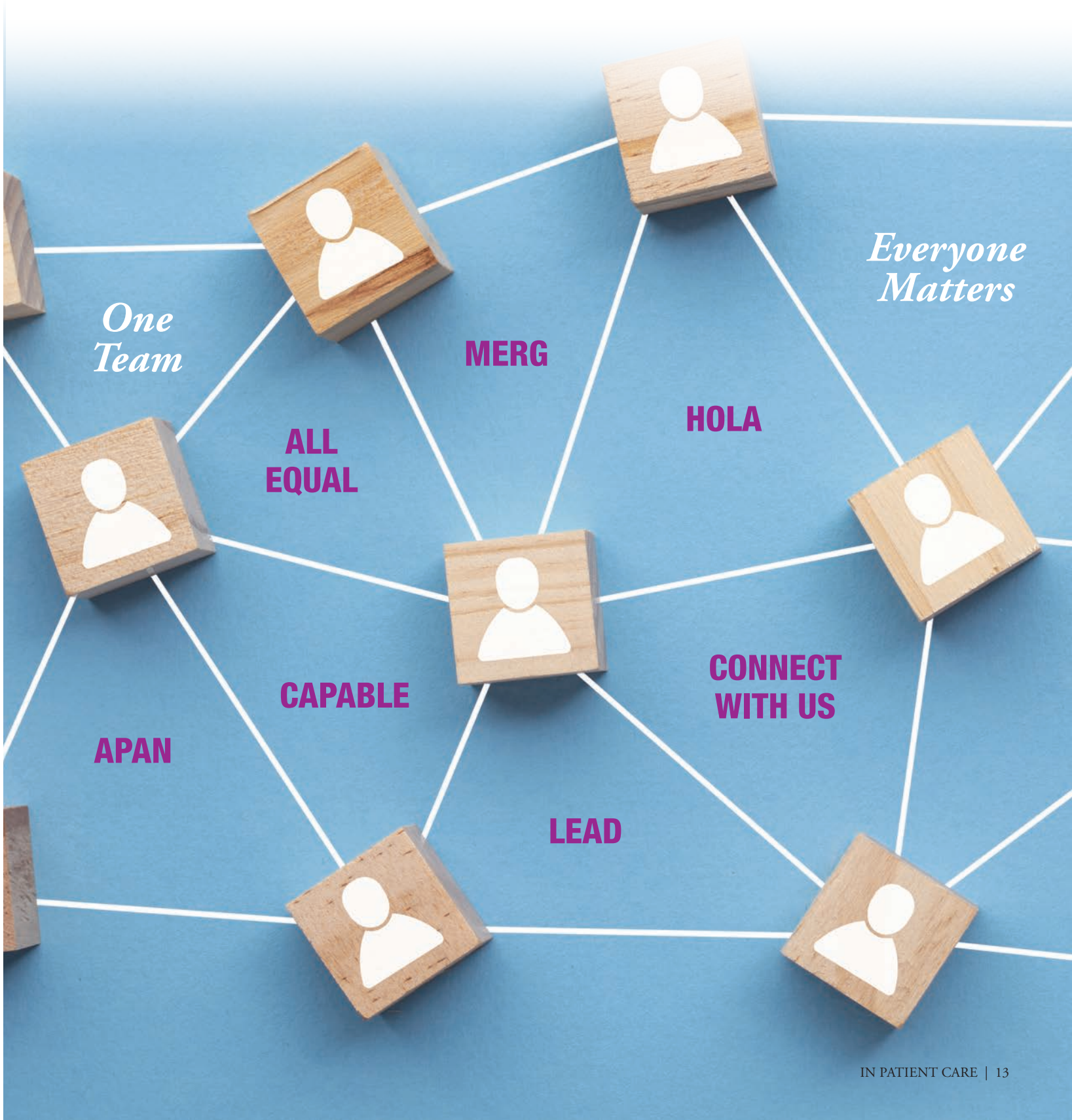
In April, Nationwide Children’s started some of the first COVID-19 vaccine clinics in high schools throughout Franklin County, aiming to vaccinate as many high school age patients as possible before the end of the school year. More than 5,000 students were vaccinated during these clinics over a six-week period.

In early May, the Pfizer vaccine was authorized for patients down to the age of 12. Nationwide Children’s immediately began vaccinating these kids in our community through school-based clinics, the Orange Clinic and in primary care clinics. Hundreds of staff were involved in making these clinics successful, and Nationwide Children’s will continue vaccinating throughout 2021 as our part of the community effort to end the pandemic.



Employee Resource Groups at Nationwide Children's Hospital

Amanda Brown, MSN, RN, Clinical Leader, Nursing Informatics





Nationwide Children's ERGs are a valuable reminder of our organizational commitment to One Team where Everyone Matters. All employees are welcome to join an ERG.



The Inclusion and Culture Office collaborates with seven Employee Resource Groups (ERGs) representing the diverse communities we serve at Nationwide Children's.

Nationwide Children's Hospital is committed to a diverse, inclusive culture where *Everyone Matters* and can come together as *One Team*. The Inclusion and Culture Office collaborates with seven Employee Resource Groups (ERGs) representing the diverse communities we serve at Nationwide Children's. Each ERG has a specific clinical purpose (see table on page 16) and is comprised of people who share common interests, goals and backgrounds. ERGs facilitate networking with peers, professional development and engagement in diversity and inclusion activities.

All Equal is for LGBTQ+ employees and their allies. In recent years, All Equal hosted educational presentations and panel discussions to more than 1,000 employees. All Equal strives for further acceptance and equality of our LGBTQ+ employees, patients and families to ensure that Everyone Matters.

APAN (Asian Pacific American Network) is for Asian Pacific American employees. During COVID-19, they established several virtual conferences, including ERG Mentorship Series and APAN Leadership Series. APAN partnered with The Ohio State University to create support programs for medical students. During the #StopAsianHate movement, APAN elevated their portfolio of local and national member engagement and support resources. Crucial Conversations in Medicine is an upcoming staff development series created by APAN.

CapABLE is for employees who have a disability, co-workers of individuals with a disability, and employees who provide care or treat individuals with a disability. Recently, CapABLE hosted a Transition Conference and Virtual Resource Fair with resources to support children and families as they move to adult care. CapABLE aims to support employees through departmental presentations on disability awareness and inclusion.

Connect With Us (CWU) is for employees who self-identify as Black, African, African-American, West Indian, African descent, Biracial or Multiracial. CWU engages in the community through toy drives, prayer vigils, and Black History and Juneteenth celebrations. They continue working toward: (a) developing and offering education,

training and support, (b) staff retention and engagement efforts, and (c) community ambassadorship. They believe silence is not an option, but exercising our One Team values, inclusiveness and service to others helps us provide the best outcomes for the children we care for.

HOLA (Hispanic Organization for Leadership and Achievement) is for Hispanic/Latinx employees. HOLA has a partnership with the organizers of the Latino Festival, which has allowed them to provide free dental and health mobile screenings to the community. HOLA received the Nuestra Familia award in 2019, recognizing their support of Ohio's Hispanic and Latino community. They continue to focus on education, employee development, community engagement, and advocacy for health equity. HOLA provides continuing education, and celebrates National Hispanic Heritage Month.

LEAD (Leadership, Engagement and Development) is aimed at engaging young professionals and emerging leaders at Nationwide Children's. LEAD sponsors lunch and learns focused on career development and networking with senior-level departmental leadership. Through the next year, they will host lunch and learns, happy hours and Ronald McDonald House volunteer opportunities.

The Military/Veterans' ERG (MERG) is for employees who currently serve or have served in the Armed Forces. MERG solidified partnerships throughout the organization to express support for veteran employees. MERG members demonstrate a commitment to service and the community through clean up events. In the next year, MERG hopes to enhance patient and family experiences, recruit and hire veteran talent, participate in community outreach, and support veteran employees in professional development.

Nationwide Children's ERGs are a valuable reminder of our organizational commitment to One Team where Everyone Matters. All employees are welcome to join an ERG. If you are interested in joining, visit the Diversity and Inclusion SharePoint on ANCHOR. To learn about upcoming events check out the Inclusion and Culture Event Calendar.

Table 1. Clinical Purpose of ERGs at Nationwide Children’s

ERG	Shared Focus	Clinical Purpose	Contact
ALL EQUAL	LGBTQ+	Facilitate advocacy, community outreach, education and social/engagement to further acceptance and equality of our LGBTQ+ employees, patients and families to ensure that Everyone Matters here at Nationwide Children's.	AllEqualBoard@NationwideChildrens.org
APAN	Asian Pacific American	Provide professional development for medical careers (clinical and research) and personal resources for mental health and wellness. Increase education and understanding about Asian cultures, promote recruitment and retention of Asian employees at Nationwide Children's, and forge community partnerships to advance social justice.	APAN@NationwideChildrens.org
CapABLE	Disability	Provide education to everyone on inclusion and disability awareness to improve both patient/clinical interactions and hiring/administrative practices.	CapABLEERG@NationwideChildrens.org
CONNECT WITH US	Black and Multiracial	Provide cultural awareness and education to clinical and non-clinical staff by fostering the understanding that team diversity and inclusion are essential in health care delivery. Provide resources and support for our patients and families.	ConnectWithUs@NationwideChildrens.org
HOLA	Hispanic/Latinx	Raise awareness and create a supportive environment for Hispanic/Latino community including Nationwide Children's employees, patients, and community members by sharing their culture through offering educational opportunities, networking, cultural events, and social gatherings.	HOLA@NationwideChildrens.org
LEAD	Professionals	Development of emerging professionals and leaders at Nationwide Children's. Connect emerging professionals at Nationwide Children's Hospital with professional development opportunities.	LEADprofessionals@NationwideChildrens.org
MILITARY/VETERANS	Current and Past Armed Forces Members	In 2018 the MERG introduced a telepresence robot, affectionately called “Lieutenant Dan Vgo.” This device provides two-way video communication with a secure, HIPPA compliant connection. Lt. Dan Vgo connects local and out-of-state patients and their families and friends. Scheduling requests can be made through email: RobotLtDan@nationwidechildrens.org	MilitaryERG@NationwideChildrens.org

Photography in this publication involves images from 2019-2020, those not reflecting masks or social distancing were taken pre-COVID-19.

Nursing Research and Innovations

Timothy Landers, PhD, RN, APRN-CNP, CIC, FAAN, Nurse Scientist, Professional Development



Timothy Landers, PhD RN APRN-CNP CIC FAAN

Throughout Nationwide Children's Hospital's network, nurses and nursing research and innovation play an important role in advancing *Best Outcomes* for our patients and families. As the nurse scientist, I have learned that Nationwide Children's nurses are overflowing with innovative ideas and rich questions about what we do and why we do it. It is my goal to work with nurses who have questions or observations and help them launch these into structured research projects.

There are many benefits to including nursing research ideas as we go about our daily practice. For nurses, our research journey often begins with a desire to understand why we practice the way we do, why things are the way they are or with a vision for how things could be better or different. When we are aren't able to find the answer, it often means we are looking at a topic that needs more research! Being involved in research is also a great way to stay engaged with and excited about our careers.

Assistance in developing a research idea or project is available from the nursing research staff in Professional Development. Located in the Near East Office Building, the nurse scientist and research coordinator have experience in proposal development, project design, study execution, data analysis, poster development and manuscript writing. In addition, we can assist with accessing resources from Nationwide Children's Research Institute including the Institutional Review Board and other supports for developing and conducting research. You can reach us by email **NursingResearch@NationwideChildrens.org** or through our **ANCHOR** page.

As we are *Leading the Journey to Best Outcomes*, nursing research will continue to play a pivotal role in our practice. Chief Nursing Officer and Senior Vice President for Patient Care Services, Lee Ann Wallace, recently shared her vision of a “village of nurse researchers” throughout Nationwide Children's Hospital. In an effort to support this vision, the first annual Linda Stoverock Nursing Scholarship Awards were launched in March and announced during Nurses Week, as an effort to support nursing research that advances our understanding of important issues in pediatric nursing care. Awardees were recognized by Lee Ann Wallace, Vicki Von Sadovszky, director of Professional Development and Linda Stoverock, former chief nursing officer at Nationwide Children's. Projects funded examined innovative care practices to improve the ability of children and families to have a restful night in order to promote healing and recovery, working with families to address the challenges faced by staff and families when anticipating the discharge of premature infants, and developing a program that navigates the transition between hospital-based care and multiple outpatient specialty clinics for children with chronic lung conditions.

Every nurse can play a role in this village of nursing research by identifying needed and exploring unanswered and interesting questions. The most important thing we can do is take the next step out – reach out to a colleague, your clinical leader, nurse educator, or the nurse scientist in Professional Development.

Remember every nurse can be a nurse researcher!

WAYS THAT EVERY NURSE CAN BECOME A NURSE RESEARCHER

- Talk with colleagues about persistent questions – nagging thoughts or ideas about current practice
- Share your ideas with peers, managers, physician colleagues, and other experts
- Think broadly about potential solutions and different ways of approaching clinical problems
- Look for published evidence in journals or books – remember help is available through the library!
- Develop a two-minute “pitch” of your problem or issue and potential solutions
- Contact your clinical lead, nurse educator or the nurse scientist for an informal chat, to explore the idea, and enlist their support

Supporting Reserve and National Guard Service Members

Greg Madison, MHA, ECoP® (EAR)

Export Control Compliance Specialist, Abigail Wexner Research Institute Office of Research Compliance & Integrity

I was asked to write an article about “*Supporting Reserve and Guard Service Members - How we are and would like to be supported!*” A lot went through my mind as I thought about this topic, my individual experiences and that of my fellow service members. Managing two careers is not easy, but it is feasible! This feasibility or balance does rely on the support members of the Armed Forces receive from their civilian employers. Employer support makes serving in the Armed Forces less stressful, especially when deployments or extending training events evolve.

Service members of the Armed Forces have plenty of responsibilities to think about. These include our family, friends, home life (birthdays, anniversaries, children’s sporting events, home repairs, etc.), civilian employer/ careers (meeting project deadlines, fulfilling our duties and responsibilities of our roles, etc.), and our service to our community, state and nation by carrying out our military duties and responsibilities. One day we could be sitting in our office carrying out our normal everyday jobs, and the next we could be supporting our community in the aftermath of a natural disaster or our nation fighting terrorism abroad.

When activated, these men and women step away from not only their family, friends and home, but their civilian careers to serve. Sometimes this happens with very little notice to both the service member and their employer. When these events happen, service members begin to think rapidly about their responsibilities and put into action their plan. I need to notify my employer (I hope they understand); who will take care of things around my home (take care of my children, pets, yard, etc.); Will my job be here when I get back? This is where the importance of a well structured and updated military benefits program comes into play. One that also receives feedback from employees that are serving in the Armed Forces in providing training to service members leadership team to know how to support this member of their team!

At Nationwide Children’s we do not have to worry about having a job to return to, as that is covered by Uniformed Services Employment and Reemployment Rights Act (USERRA) and Nationwide Children’s internal policy. Service members need to have a good working relationship with their leadership team. I have a great working relationship with my Director at Nationwide Children’s, and I credit this relationship

Employer support makes serving in the Armed Forces less stressful, especially when deployments or extending training events evolve.



to our communication. I have been candid about my obligations as a service member and provide as much advance notice as possible of upcoming drills, training events, activations, and my annual training periods. This open communication allows us to collaborate and make plans to accommodate my absence. I appreciate the support my department provides to me when I step away to fulfill my military duties, and the security I feel while I am away knowing that I have a career to return to once these duties have been completed.

A concern for service members that balance both civilian and military careers is their financial responsibilities. They appreciate the support they receive from employers that provide enhanced military benefits outside of the benefits mandated by law. These enhancements may include offering paid military leave, pay differential, leadership training (management training on how to treat and respect military service members), continuation of PTO accrual, health insurance, annual merit increases, FTE status and continuation of tuition benefits. These benefits allow service members to utilize their PTO for its intended purposes (family vacation, sickness/illness or personal time), close pay gaps that services members experience when activated, and create a better working relationship between the employee and their leadership team.

Another factor that affects our service members is reintegration, or the transition from being activated

and transitioning back into their civilian employment. Employers that have an established policy and benefits to support these men and women as they transition back not only benefit the organization but enhance the mental wellbeing of the returning service member. Imagine being a FTE working your day-to-day, then being activated for a year to serve in combat operations, returning to work, establishing your new daily routine, catching up on all of the changes while you were away, embracing your work load if you don’t have a unified support structure at work to guide your reintegration. These enhanced benefits have the potential to alleviate unneeded stress on our military community, and aid in their mental wellbeing.

To combat this concern many employers have volunteered to enhance their military leave benefits to include those mentioned above. Offering these benefits eases services members financial burdens, supports them as they transition between active and inactive statuses, and has been proven to enhance retention and recruiting efforts. Nationwide Children’s is currently conducting and internal review of their Military Benefits plan to see what changes they may make to continue to best support their military community. This small gesture of support toward those that serve not only your organization, but our local communities, state and nation is greatly appreciated!

Offering these benefits eases services members financial burdens, supports them as they transition between active and inactive statuses, and has been proven to enhance retention and recruiting efforts.

IN LINE WITH OUR VALUES – EVERYTHING MATTERS!



My four-year army enlistment began in 1999. The goal was to earn money for college while enjoying my independence and taking on the challenges and adventures the military presented. Fast-forward to present day, I am a combat veteran that manages the Interventional Radiology Section. After seeing destructive aspects of war, I became passionate about helping people. The journey was not always easy, but it would not be possible without people granting me opportunities.

The Role of Stigmas

Maurice Clarke, RT(R)

Stereotypes can reduce complex human behaviors to a more simplified theme; however, stereotypes are generalizations that offer very little in terms of satisfying one’s understanding of an individual, cultural tradition or an organization. Frequently, negative stereotypical views create stigmas that lead to unfavorable opinions towards a targeted person or group.

The military has its own unique stereotypes. When doing a basic internet search on military stereotypes, one will find both positive and negative results. On the positive/neutral side of the spectrum, you will find that military members have an affinity to organization; they are task-oriented and possess strong team dynamics. On the other hand, service members can be inclined to violent behavior, lack social and emotional skills, suffer from mental health issues, and struggle with substance abuse disorders. Furthermore, Hollywood plays an important role in contributing to the stigmatization of service members in that movies often represent military personnel within the context of war.

According to the U.S. Bureau of Labor Statistics, combat specialty positions for officers and enlisted personnel account for the minority of all occupational specialties offered by the various military branches. This breakdown indicates that 25% in the Army, 17% in the Marines, 4.6% in the Navy and roughly 2% in the Air Force. There are also diverse opportunities and military career paths such as health care, human resources, food service specialists, mechanics, journalists and logistics. Many jobs or military occupational specialties (MOS) can directly transfer to civilian career paths after leaving the military. Alternatively, service members can utilize GI bill benefits to expand their career options and enhance their current knowledge and skills attained during their enlistment.

Transition and reintegration from the military into the civilian life can be a struggle for a significant portion of military men and women. This often leads to alcohol or substance abuse, societal withdrawal and homelessness. Due to this demand, veteran based non-profit organizations have emerged to combat the loss of self-worth and subsequent personal

destructive behavior while restoring confidence and purpose to this population of veterans. Other veterans thrive during the transition out of the military.

Overcoming negative biases and the notion of “fitting into the culture” requires education, support of reintegration and ongoing support services to veterans. Nationwide Children’s Hospital Military/Veterans Employee Resource Group has collaborated with Human Resources and Talent Acquisition to match the veteran’s military skillsets to current job offerings within the organization. Nationwide Children’s Hospital marketing department has created a website specific for veteran applicants. The executive sponsor(s) of the Military/Veterans ERG were Valerie Ruddock (retired) and Lee Ann Wallace. Together they provided tremendous insight and support for the projects that we have undertaken.

Military veterans have unique talents that our valuable to employers and our communities. By embracing our veterans and learning from their stories, stigmas can be significantly reduced.



Inclusive Leadership Matters at Nationwide Children’s Hospital

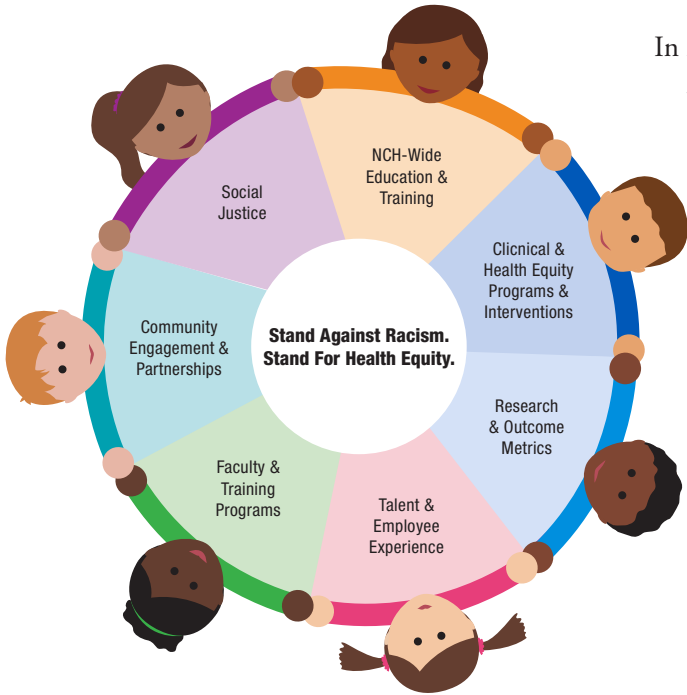
Olivia Thomas, MD, Chief Diversity & Health Equity Officer and **Lourdes Negrón-McDaniel, CDP, SHRM-SCP**, Director, Inclusion and Culture, Human Resources



Valencia Walker, MD

We are excited to introduce a new leader to our team. **Valencia Walker, MD** is our new Associate Chief Diversity & Health Equity Officer and will be working alongside us and the Diversity Steering Committee in providing leadership for our Stand Against Racism, Stand for Health Equity platform. Dr. Walker is a Neonatologist and joined Nationwide Children’s Hospital in August 2020, recruited from University of California Los Angeles, where she served as the Assistant Dean of Equity and Diversity & Inclusion in addition to her clinical responsibilities. Dr. Walker is an Associate Professor of Pediatrics in the Division of Neonatology. Her clinical work has been in the Nationwide Children’s Hospital and The Ohio State University (OSU) Neonatal Intensive Care Units (NICU). Dr. Walker is also the Associate Division Chief for Health Equity & Inclusion, Department of Pediatrics, Division of Neonatology, and serves as Vice Chair for Diversity, Equity & Inclusion, Department of Pediatrics, OSU College of Medicine.

Our Stand Against Racism Stand for Health Equity Efforts



In 2020, Nationwide Children’s Hospital leaders and team members met during a series of listening sessions to dialogue and gather wisdom on what addressing racial and health equity could look like in our organization. This led to the development of a comprehensive framework divided into seven focused areas or pillars: Education & Training; Talent & Employee Experience; Community Engagement & Partnerships; Clinical Projects and Equity Interventions; Research & Outcome Metrics; Faculty & Training Programs and Social Justice. Staff efforts under each of these pillars will help us identify ways to make antiracism and health equity a priority in each of the areas. We will evaluate ourselves and our progress through equity, inclusion and diversity lenses and frameworks. A full report published in June 2021 outlining efforts through Q1 2021 can be found on ANCHOR.

The Nationwide Children’s Principles of Diversity, Equity and Inclusion guide all our work:

- All patients, families and staff should be treated with equal dignity.
- Everyone should feel equally welcome at Nationwide Children’s regardless of background, race, gender, gender identity or gender expression, sexual orientation, abilities, age and other dimensions of diversity.
- All children deserve an equitable chance to achieve Best Outcomes in life and to reach their full potential.

We have chosen to highlight some of the interventions that more directly affect patient care.

Education: 3,000 managers and staff have completed Unconscious Bias training. Research has shown that our biases can affect clinical decision making. This training will continue to reach all staff members and clinical case studies and simulations will be designed.

Talent & Employee Experience: Aims under this pillar are to increase the diversity and retention of staff in all areas of our clinical workforce. Unique programs are being designed and implemented, partnering with colleges and universities in our area and Historically Black Colleges & Universities (HBCUs).

Community Engagement: Under the leadership of Millie Dolce, PhD, the rollout of the Social Determinants of Health screening process is nearly complete for all main campus clinics, all Primary Care Clinics and Urgent Cares. Results of screenings to date show the following:

SOCIAL DETERMINANTS OF HEALTH SCREENING – 2018-2021				
Year	Total # Screened	% with social needs	% with urgent needs	% with social work consult
2018	11,136	11.73%	3.98%	82.3%
2019	119,485	9.38%	2.61%	86.3%
2020	155,328	5.38%	1.87%	79.5%
2021	51,075 (Q1)	6.05%	1.75%	74.4%

Clinical and Equity Interventions: This pillar has actively focused their work on a diverse group of clinical and support areas.

Language Services – Increase utilization and documentation of language services.

Care Coordination – The aim is to increase active enrollment of the targeted population of patients, assigned to a care coordinator. Additional care coordinators will be hired to support this new care coordination activity.

Behavioral Health – This team aims to reduce the differential approaches and responses to patient specific Code Violet Activations.

NICU – This team plans to develop a program to address systemic racism in the NICU.

Hematology/Oncology – Planning is in development to create and sustain an equitable clinical experience in hematology/oncology/bone marrow transplant clinics for all patients.

Race, Ethnicity & Language Data Team – Collection of race, ethnicity and language data in EPIC to inform on who we serve.

YOUR STAND AGAINST RACISM and STAND FOR HEALTH EQUITY JOURNEY

In your role at Nationwide Children’s, consider how you can help us provide the best possible environment for every team member, including you, and the best care for our patients and families. Thank you for your continued commitment to our efforts to Stand Against Racism, Stand for Health Equity.

Comprehensive Treatment of ADHD in Primary Care

Mark Winerman, MD, Physician - Primary Care

Pamela Moss-Samuelson, MSW, LISW-S, Former ADHD Clinical Social Work Health Coach Program Coordinator

The Primary Care Network at Nationwide Children’s Hospital has become a leader in providing patient centered, comprehensive care for ADHD. As one of the three most common chronic disorders seen in primary care, improving the management of ADHD treatment is a priority.

ADHD Treatment in Primary Care

Most patients with ADHD in our community are diagnosed by their primary care provider, leaving them and their team with the responsibility to provide comprehensive treatment. Traditionally, primary care providers complete a diagnostic assessment, may prescribe medication, and refer patients to outside community resources to obtain the remaining components of treatment.

The American Academy of Pediatrics recommends three components to provide “Gold Standard” treatment of ADHD.

- 1. The use of medication prescribed by a medical provider**
- 2. Psychosocial intervention like parent training in behavior management**
- 3. School accommodations (IEP/504)**

Nationwide Children’s is a leader in providing all three components of this comprehensive treatment plan in the primary care setting. “By providing these services in the patient’s medical home we increase timely receipt of resources and increase access to recommended care,” says Dane Snyder, MD, Section Chief of Primary Care Pediatrics at Nationwide Children’s Hospital. The primary care ADHD team consists of on-site nurses, social workers, doctors, nurse practitioners, psychologists and ADHD coaches. Our providers diagnose and manage medication, while the rest of the team works together to provide the remaining components of the ADHD treatment plan, which can include medication, parent training in behavior management and executive functioning strategies, and partnering with the school for ADHD support through a 504 or Individualized Education Plan (IEP). Together the team identifies the need for an evaluation for learning disabilities, which are commonly associated with ADHD, and coordinates its completion from the primary care office.

Additionally, an Nationwide Children’s Behavioral Health

provider, integrated in the primary care office, provides the treatment of comorbidities such as anxiety, depression and oppositional defiant disorder, among others.

Since the onset of the COVID-19 pandemic, Nationwide Children’s primary care has adapted to the needs of our patients with ADHD by implementing telemedicine visits to maintain continuity and contact with our families.

ADHD Specialty Clinics and ADHD Coaching

Nationwide Children’s established ADHD Specialty Clinics across the Primary Care Network where patients receive extended time for comprehensive assessment and treatment. Patients receive full ADHD diagnostic evaluations, treatment recommendations and an introduction to an ADHD coach -a licensed social worker trained and certified as an ADHD coach. Specialty Clinic appointments allow an opportunity for the coach to perform a psychosocial assessment, identify symptoms causing the most impairment, and provide brief immediate intervention. A coach will follow a line of questioning like, “Tell me about the most challenging part of living with ADHD for your child and your family that we can begin to address today.”

As a part of ADHD Specialty Clinic services, the ADHD coach offers separately scheduled ongoing coaching sessions, during which families identify ADHD-related treatment goals and develop strategies in partnership with the coach to sustain those goals over time. For example, a family can set goals around parent training in behavior management, strategies for teens struggling with executive function skills, guidance to identify resources to meet concrete needs, or advocacy to obtain school accommodations for their child to succeed despite the challenges of ADHD. Families, primary care providers, nurses, social workers, primary care Behavioral Health providers and ADHD coaches are able to collaborate each time a patient returns to the clinic for follow-up appointments to implement individualized treatment plans and support best outcomes for our patients.

The Assessment of ADHD in Primary Care

The assessment of ADHD in the Primary Care Network consists of a standardized protocol comprised of two appointments for an ADHD diagnostic assessment.

At the first appointment, providers utilize validated assessment tools (the Vanderbilt Assessment Scales), patient observation, parent interviews, chart reviews and the team gathers collateral information from schools and past providers needed for accurate diagnosis. During the second appointment, the provider reviews findings with the family, develops a treatment plan, and provides psychoeducation about ADHD in partnership with the multidisciplinary team. Patients who are diagnosed receive an informational folder with educational materials and resources.

Public Health Consequences of Untreated ADHD

Untreated ADHD can result in multiple public health risks including school failure/higher rates of retention, risk-taking behaviors resulting in accidents, addiction, lack of proper health care, unstable employment, divorce, legal problems, criminal activity and or incarceration.

Quality Improvement for ADHD in Primary Care

Nationwide Children’s provides evidence based practice in the treatment of our patients and is always striving for improvement. The multidisciplinary ADHD QI team consists of primary care providers, social workers, health coaches, pharmacists, administrative leaders, information management specialists, QI coordinators, and behavior health providers, working together to achieve best outcomes. ADHD QI initiatives include:

ADHD QI Key drivers (2019-2020):

- Regular ADHD follow-up visits and adherence to clinical guidelines
- Caregiver and school adherence to treatment recommendations and referrals
- Utilization of technology (IPADS and patient portals)
- Completion of ADHD Vanderbilt Rating Scales to diagnose and measure the impact of interventions on symptoms and functional impairment.
- Provider and parent communication, education, and support.

ADHD QI Interventions

- Development of the “Steps ADHD Assessment and Treatment” tool, a card to use during the initial ADHD assessment visit which outlines the ADHD assessment process to help families know what to expect during the diagnostic evaluation.
- Development of “ADHD Basics,” a patient folder to provide information and resources for ADHD to families after diagnosis.

- Modification of the ADHD documentation template in NoteWriter to help guide the assessment process for providers.
- Identification of ADHD champions in local school districts, teachers and special education coordinators for better collaboration between school district and primary care ADHD treatment team
- Use of call lists to schedule and remind families of recommended follow-up visits
- Update, publish and disseminate prescribing guidelines across the network in partnership with Partners For Kids
- Social work outreach initiative during the Covid-19 pandemic by primary care social workers who contact families who receive treatment for ADHD to identify and address any ADHD related or general needs
- Development of electronic solutions to improve collection of teacher and parent input

When we provide comprehensive care in one location, we better manage chronic conditions, improve patient experiences, and access to care for our families. Nationwide Children’s is certified as an NCQA *Patient Centered Medical Home* (PCMH) with the goals of: reducing treatment fragmentation, preventable hospitalizations, improving quality of care for our patients, and improving staff satisfaction—while reducing health care costs. In line with these values, primary care teams at Nationwide Children's provide the highest level, comprehensive, evidence based treatment for children and adolescents with ADHD.

The COVID-19 pandemic has presented us with myriad challenges to our traditional ADHD care delivery.

Innovative approaches to maintaining connection and engagement with patients have been implemented.

Foremost among these are telehealth visits such as structured telephone or TeleVideo type visits.

Additionally, the increased enrollment of patients to MyChart has improved communication with the care team as well as providing another opportunity to receive parent assessment scales for the provider to review.

These are just a few examples of how the ADHD care team incorporates principals of One Team in our management approach.

Central line-associated bloodstream infection (CLABSI) is just that – an infection of the bloodstream with a pathogen (bacteria or fungus) that occurs in a patient with a central line.

Every Line Matters

Mindy Bibart, DNP, CPHON, NE-BC, CSSBB Director, Patient Care Services, Hematology/Oncology/Bone Marrow Transplant Co-Chair CLABSI Elimination Committee and **Ethan Mezoff**, MD, Division Gastroenterology, Hepatology, & Nutrition Co-Chair CLABSI Elimination Committee

Imagine parenting a child who is dependent on central venous access, a “central line,” to survive. Imagine knowing that a mistake when handling the line can result in sepsis, permanent organ injury or much worse. How would you handle that catheter, day in and day out? How would you want others to handle that catheter? What would you expect of the nurses, doctors, patient care assistants, environmental services staff, volunteers, visitors and others charged to keep your child free of infection?

Central line-associated bloodstream infection (CLABSI) is just that – an infection of the bloodstream with a pathogen (bacteria or fungus) that occurs in a patient with a central line. There are two sources for pathogens, endogenous (from the body) or extrinsic (from the environment), and there are two routes of infection, extraluminal or intraluminal. Extraluminal infections occur from the outside of the catheter, with contamination of the track during catheter insertion or during dressing changes. Pathogens found on the patient’s skin or introduced by the health care worker can enter the bloodstream, migrating along the outside of the catheter. Intraluminal infections occur when pathogens gain entry to the inside of the catheter, sometimes establishing residence with the help of a biofilm. A biofilm is a protective coating made by some pathogens, like plaque on the teeth. It is very difficult to get rid of and usually requires line removal. Intraluminal infections can result from contamination of the needless-injection port, contaminated infusate or when the bloodstream is infected from another source.

CLABSI are serious, life-threatening infections considered “hospital-acquired” – we are responsible for them. CLABSI does lead to longer hospitalizations, higher costs of care and lengthy antibiotic use that can be stressful to the kidneys. The most effective way to prevent CLABSI is by limiting the use of the line. Central lines are necessary tools to deliver life-preserving and life-saving interventions. They also come with considerable risk. Intradisciplinary teams must work collaboratively to minimize patient risk by reducing the frequency and duration of use for central lines. Strategies should be considered daily to reduce entries by clustering labs, transitioning medications to other routes and ultimately removing the line as soon as possible.

For all patients with central lines, the basic practices for CLABSI elimination reduce pathogen burden and eliminate sources of potential contamination. Strategies to reduce the risk for infection address both pathogen source and entry route to the bloodstream. Maintaining a clean environment, allowing cleaning agents enough time to work and urgently addressing problems such as line breaks, peeling dressings or tubing contamination are key concepts in blocking pathogens from access.

While there is some debate about the ability to completely eliminate CLABSI, high reliability with evidence-based bundles drastically reduces the incidence of CLABSI, especially infections directly related to catheter care. A bundle is a group of standard care practices, similar to methods for CLABSI prevention mentioned above, proven

to produce a desired outcome when consistently performed. At Nationwide Children’s Hospital, the “Back to Basics Campaign” directs teams to consistently adhere to CLABSI elimination bundle elements. The campaign aims to ensure 100% reliability with each bundle element, every time we provide care for a patient with a central line.

Simple infection control measures, many parts of the bundles, are used to decrease both endogenous and extrinsic pathogens, and reduce pathogen access to the line. Hand hygiene, PPE, high-touch surface disinfection and staying home from work when you

are ill all reduce the risk for CLABSI and many other hospital-acquired infections. These simple acts communicate to the life you’re caring for and all those that love them, that their line matters. When used with high reliability, “the basics” save lives.



Central lines are necessary tools to deliver life-preserving and life-saving interventions.



Daisy Award

Kwasi Minta, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Kwasi Minta, RN of Behavioral Health. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Says Kwasi's program manager: "The challenges of working in Behavioral Health can be many, but Kwasi Minta sees only the positives. Kwasi is a leader, a role model and an advocate for patients and their families. The care he provides on a daily basis to children and families does not go unnoticed. Kwasi truly exemplifies all nursing should be at Nationwide Children's and I am proud to work with him. I have observed him as he helps patients and families get through some of the



toughest and undoubtedly, scariest times of their lives and I've watched him inspire and encourage every patient he meets. Kwasi brings a calm presence when in crisis situations. Kwasi is dedicated not only to his profession as a nurse, but also to meeting the needs of children, adolescents and families facing mental health challenges."

To learn more about our Daisy winners, and read their full nomination, visit NationwideChildrens.org/Daisy-Award