

Everything Matters In

Patient Care

*The Next
Generation of Care
at Nationwide
Children's Hospital*

Exclusive! A New Era of Nursing



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The voice, knowledge and impact of the staff at Nationwide Children's Hospital to patient care processes and outcomes are part of the formula for success. Staff like Mohamed Amin, respiratory therapist clinical leader (pictured left) strive every day to create Best Outcomes.

Exclusive!

A New Era of Nursing at Nationwide Children's Hospital

Lee Ann Wallace, MBA, BSN, RN, NEA-BC

Senior Vice President, Patient Care Services, Chief Nursing Officer



We are launching a new era of nursing at Nationwide Children's! During Nurses Month we introduced our new Nursing Strategic Plan and I am excited to share it with you. This plan will be our roadmap for the next five years. A group of nurses across different specialties and roles came together and outlined a vision that will develop all nurses in their professional practice and outline a plan to create a structure and



**Lee Ann Wallace
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Senior Vice President,
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Chief Nursing Officer

support for every nurse to grow, thrive and advance, while highlighting all nurses in our organization.

The plan focuses on four key areas: Enhancing Nursing Presence, Creating Infrastructure in which to Grow, Professional Practice, and Recruiting and Retaining the Best Nurses. The first area of focus our team felt essential was Enhancing Nursing's Presence within and outside of the organization, and bringing recognition of the unique contribution nursing plays in achieving and leading best outcomes for patients and families. It means that your voice, your knowledge and your impact to patient care processes and outcomes

providing structure and processes to support best outcomes and advancing knowledge. We recognize the importance of your ongoing growth and development as professionals, and as such, want to promote a culture where nurses practice at the top of their licenses and their full scope of practice. This requires us to foster an interdisciplinary collaborative culture that maximizes nursing's unique knowledge and contributions to care. We will seek to maximize the impact and efficiency of nursing educational resources and develop systems of support for non-clinical time in which to develop and expand your expertise. Nationwide Children's has grown almost exponentially during the past five years, and using a system mindset will be key as we seek to address the challenges of nurses practicing across many unique areas. This expansion will require our attention to refine and standardize roles, policies and procedures so that we can reduce barriers to collaboration and insure consistency in outcomes. This also will include the creation of the Center for Nursing Excellence that will house our Professional Development teams, our Clinical Inquiry teams (including Nursing Research and Evidenced Based Practice), our Knowledge resources and our Magnet teams. We recognize the impact leaders have on culture and practice and commit to visibility and accessibility by leadership at all levels, as well as identify and address structural stresses related to programmatic growth. Like the organizational strategic plan, partnerships

The plan sets our direction with a focus on four key areas: Enhancing Nursing Presence, Creating Infrastructure in which to Grow, Professional Practice, and Recruiting and Retaining the Best Nurses.

are part of the Nationwide Children's formula for success to achieve those *Best Outcomes*. From your unique practice and care perspective, each of you are uniquely positioned to partner with our interprofessional colleagues to achieve the Best Outcomes for our patients and families. We need to support and highlight the specialized skills and unique knowledge of team members. Leading from this shared premise will invite deeper and richer perspectives and will enhance the nursing experience and maximize nursing practice.

The second area of focus is Creating an Infrastructure that supports a positive and healthy work environment for you to grow, thrive and advance your professional practice. As a Magnet organization, we know professional governance is foundational for nursing professional practice, for

will continue to play a key role in creating pipelines for recruiting new team members. We will develop strategies to expand and solidify our partnerships with colleges and universities so that you too can teach and learn, not only to facilitate your growth, but develop our next generation of nurses.

Our third area of focus centers on Professional Practice. We want to achieve autonomy in practice through expert role development, career pathways, increasing certifications, expanding fellowships and transition to practice programs, and developing key skills and competencies. We want to continue our tradition of clinical excellence and promoting nurse-centered care

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by measuring and reporting the impact your skill and expertise have on the excellent patient and family outcomes, in metrics like CLABSI rates, Pressure Injuries, Falls, Peripheral IV Extravasations and many others. We need to capitalize on our knowledge as nurses to create policies that will drive *Best Outcomes*. We want to foster a spirit of inquiry by creating a formal structure in which nurses can learn through research, test the impact of evidence-based interventions for our patients and provide a structure in which we can disseminate that knowledge internally and externally.

Perhaps our most important area of focus is around Recruiting and Retaining the Best Nurses. We know you ARE the best nurses. You are our most valued resource! We are so proud and thankful that you chose Nationwide Children's to pursue your passion to care for children and families. To continue to recruit the best and the brightest, we will need to create and sustain talent pipelines, leverage our partnerships with our health care learning institutions, ensure available scholarship funding and innovate Grow Your Own programs. We are working with our Human Resources partners to develop new and aspirational career pathways and create mentorship opportunities to make Nationwide Children's your forever home. We know that work/life balance is important to our team members looking for not just a place to work, but a place to thrive and grow. We need to continue to explore innovative and flexible work schedules and options to meet the changing needs of our workforce. Wellness and self-care support will be a part of our plan as we seek to develop and support you both personally as well as professionally. We also want to recognize the loyalty and commitment our tenured staff have given to our organization. Lastly, our strength lies in our diversity, not just in our nursing specialties, but in the diversity of our team. We are committed to developing our team and advancing our health strategies through the lens of promoting Diversity, Equity and Inclusion as a core value and developing strategies to insure a diverse workforce.

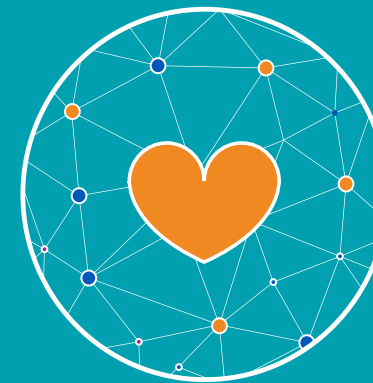
We have set the bar high, but it must be to *Lead the Journey to Best Outcomes* for kids. It will take all of us to achieve the goals of this new Nursing Strategic Plan. Teams, committees and work groups are forming. Please consider bringing your voice to one of these teams. Reach out to your leadership with your interest and commitment to participate on these teams, to share your knowledge and experience, and to help shape the future of pediatric nursing at Nationwide Children's.

NURSING STRATEGIC PLAN 2022

Our vision is to develop all nurses as leaders in their professional practice, recognize their unique contribution in achieving best outcomes for patients and families, and provide the infrastructure to support a healthy work environment.



NURSING
PRESENCE



INFRASTRUCTURE



PROFESSIONAL
PRACTICE



TALENT AND
DEVELOPMENT

PLEASE CONSIDER BRINGING
YOUR VOICE TO ONE OF THESE TEAMS.

Reach out to your leadership with your interest and commitment to participate on these teams, to share your knowledge and experience, and to help shape the future of pediatric nursing at Nationwide Children's.



Professional Practice Model Transforms Nursing Care

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN, Education Nurse Specialist, Center for Nursing Excellence
Timothy Landers, PhD, RN, APRN-CNP, CIC, FAAN, Nurse Scientist, Center for Nursing Excellence

Nurses at Nationwide Children’s Hospital have been working over the past year to update and revise the nursing professional practice model. This will align with the new Nursing Strategic Plan.

The professional practice model is a diagram that describes how nurses practice, collaborate, communicate and develop professionally. It is intended as a guide to the highest-quality care on the journey to best outcomes.

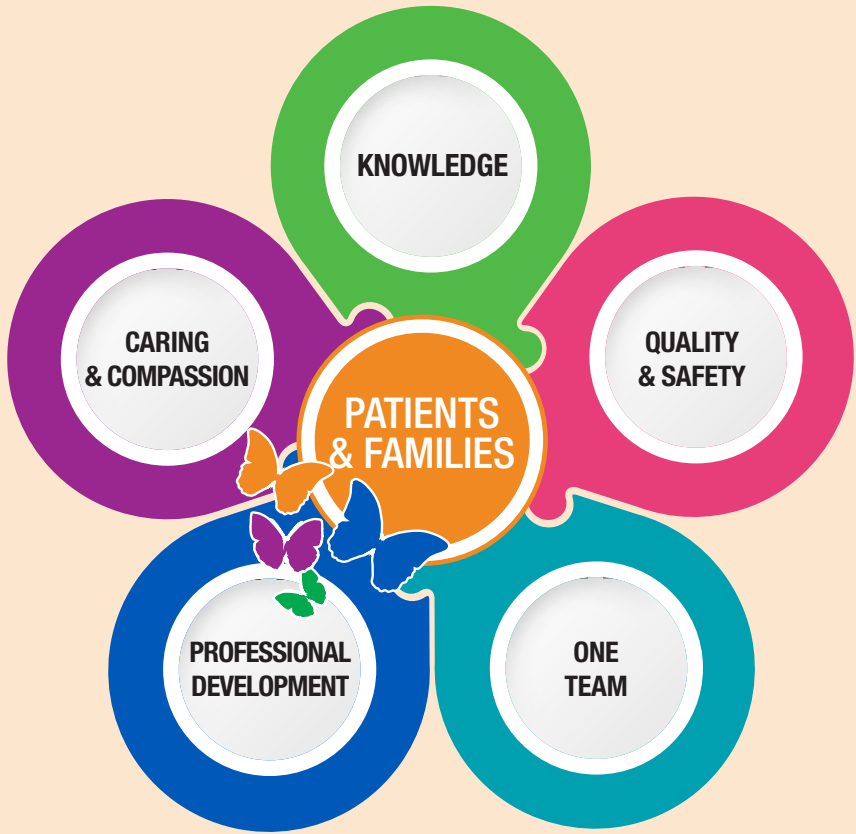
While revising the professional practice model, we determined the need for a model that represented the best of Nationwide Children’s nursing and that would look forward to a vision of nursing’s contributions to *Best Outcomes* and to reflect our values. More than 35 nurses, including bedside nurses, advanced practice nurses, managers, directors and senior leaders from many settings participated in the process of revising the model.

The first step was to develop a survey to identify concepts that represent nurse values and nursing care at Nationwide Children’s. Key ideas that emerged from this work included caring, quality and safety, knowledge and skill, and our One Team spirit.

The group then compared sets of values and characteristics in order to identify which characteristics were most important to nursing at Nationwide Children’s. Using an online platform, the group compared different sets of priorities and identified five concepts as key to nursing practice:

- 1) Quality and safety
- 2) Inter-professional collaboration
- 3) Caring and compassion
- 4) Child and family centered
- 5) Knowledge and professional growth

The group then reviewed and benchmarked other organizations’ professional practice models with a team of Nationwide Children’s marketing experts. Building on this discussion, a series of draft models were developed and reviewed by the group. After 15 revisions, the final model emerged.



MODEL DESCRIPTION

Patients and families remain at the center of what we do as nurses whether directly providing care or indirectly supporting best practices. Nurses are **caring and compassionate**, often seeking unique ways to make the health care experience better developmentally, clinically, and financially. Nurses continually build **knowledge** of best care through clinical inquiry that explores new ways of doing things via research and applying best practices through the evidence-based practice (EBP) process. **Quality and safety** surfaced as our highest value reflecting our 10-year journey to *Best Outcomes* for patients and families and the Zero Hero program. Interprofessional collaboration reflects Nationwide Children’s concept of **One Team**. Finally, **professional development** is one of the key ways that nurses grow personally and continue to improve the care to children and their families.

The newly launched Center for Nursing Excellence will help nurses move along career pathways exploring best practice in their current role and developing for future positions.

The butterflies in our graphic depict movement through all the concepts for the benefit of patients and families, as well as growth of individuals in all five areas. The five areas are intertwined, continuous and colored brightly to be child friendly.

NURSING PRACTICE ALIGNMENT WITH THIS MODEL

Nurses in various roles were asked how their practice aligns with this model:

Night Shift Nurse

“This model is a true representation of how we are able to create *Best Outcomes* for patients and families. I see our compassionate staff work together as One Team to provide excellent patient care while keeping quality and safety at the forefront and continuing to grow in knowledge while being supported professionally.”

Caitlin McGee, MSN, RN, CPN, H9A Med-Surg

Unit Educator

“Personally, I’ve been supported in my PROFESSIONAL DEVELOPMENT continually building KNOWLEDGE of best practices. Being on the inpatient rehab unit, I see the ONE TEAM as our interprofessional team working together with CARE and COMPASSION for the QUALITY

Leigh Ann Hill, MSN, RN, CPN, H9B, Rehab

Program Manager

“I love it because it is easy to understand. When you look at the concepts, you see the reasons why nurses do what we love. Caring, compassion, quality, safety, knowledge, professional development and working as an interprofessional team are all intertwined with what we do every day.”

Julia Covert, MSN, RN, H08B, PICU

CHALLENGE FOR YOU

As this new professional practice model is incorporated in the planning and decision making for accomplishing the Nursing Strategic Plan, consider using it as you: 1) describe your nursing practice; 2) collaborate with your interprofessional team; 3) communicate clearly and concisely using Zero Hero behaviors; and 4) develop professionally using organizational resources available, so that you can provide the highest quality care for those we serve.

Leading Best Outcomes in Fetal Therapy

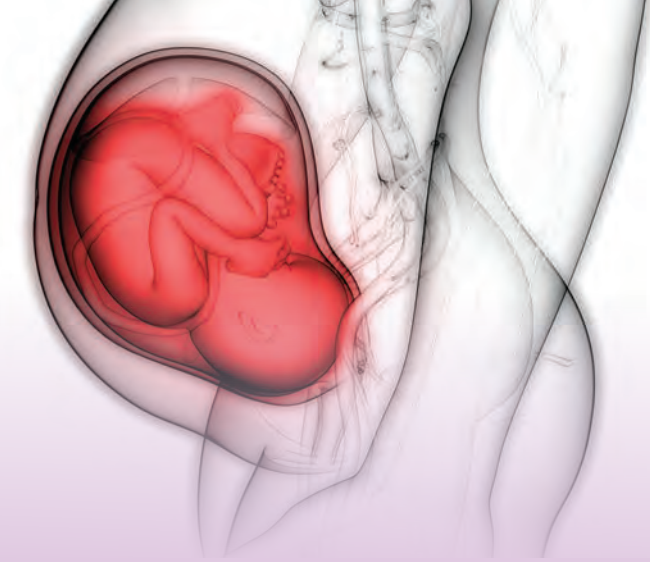
Mickey Johnson, MHA, RN, Director, Fetal Services Administration



Being in the delivery room as a family welcomes their newborn into the world is one of the most humbling and sacred patient care experiences. There is nothing quite like celebrating that both mom and baby are healthy, but the families I remember most throughout my 30-year career are those where either mom or baby had a poor or unexpected outcome. One family comes to mind. I will never forget sitting in a patient room with the family as they were told that their baby did not survive resuscitation because he had an undiagnosed congenital anomaly that prevented his lungs from developing and there was nothing that could be done to save him. I was left wondering what the future holds for these families.

Fast forward 25 years and advances in imaging and fetal procedures during pregnancy make it possible to identify fetal malformations and intervene to improve the outcome. Fetal malformations are often referred to as fetal anomalies and birth defects. In the United States, approximately 3% of babies born have a congenital birth defect and in Ohio, birth defects account for approximately 19% of infant deaths. The goal of fetal therapy is to intervene with a procedure and allow the pregnancy to continue, allowing the therapy to work. There is not an intervention for every anomaly and not every patient is a candidate for the interventions that exist. Invasive fetal interventions are only considered in the context of the mom's autonomy, health status and whether the intervention is likely to be lifesaving or improve the outcome of the fetus.

Nationwide Children's Hospital has had a fetal program for 15 years, offering prenatal consults for pregnant patients diagnosed with a fetal anomaly to schedule postnatal follow-up and for some patients' confirmation of the potential diagnosis. Historically, roughly one to two healthy moms per year were scheduled for Cesarean Section delivery so that their baby had access to pediatric subspecialists for immediate lifesaving care. For these deliveries, staff members from local delivery hospitals came to Nationwide Children's to care for mom. Once mom was through the immediate recovery phase, both mom and delivery team returned to the adult delivery hospital to complete recovery while baby stayed at Nationwide Children's. Some patients had to travel outside the region or state for fetal interventional services.



Fetal anomalies can affect one or many fetal body systems. The Nationwide Children's Fetal Center provides a collaborative, interdisciplinary approach to patient care. Depending on the diagnosis, patients and families may encounter a broad range of specialists. Common conditions treated by our Fetal Center team include:

- Abdominal wall defects: including gastroschisis, omphalocele and cloacal exstrophy
- Congenital anomalies of the central nervous system: including neural tube defects (such as spina bifida) and hydrocephalus
- Congenital anomalies of the face and head: including cleft lip/palate and craniosynostosis
- Congenital heart defects: including Hypoplastic Left Heart Syndrome (HLHS) and other cardiac anomalies
- Congenital lung malformations: including Congenital Pulmonary Airway Malformation (CPAM) and Bronchopulmonary Sequestration (BPS)
- Congenital orthopedic anomalies: including clubfoot and scoliosis
- Congenital urologic anomalies of the bladder and kidneys: including bladder outlet obstruction and bladder exstrophy
- Genetic and metabolic diseases and disorders
- Twin-to-twin transfusion syndrome

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Nationwide Children’s Fetal Center builds upon the existing fetal clinic strengths to offer a new full spectrum destination program that allows families to receive prenatal consults, diagnostics, fetal therapy, participation in research and scheduled Cesarean Section delivery in one location on Central Campus. Our program remains rooted in our mission, to improve outcomes for unborn babies with known fetal abnormalities and to help each child reach their full potential. Each member of our team works collaboratively with the patient’s own obstetrician and fetal medicine providers to develop a treatment plan that meets all the unique needs of every fetus, mother and family. Expanded clinical capabilities at Nationwide Children’s allows for healthy pregnant patients to undergo fetal intervention, recover inpatient and then be released to their community fetal medicine provider. A subset of the healthy moms with extremely complicated babies can now deliver at Nationwide Children’s and stay in the same hospital as the baby while recovering after giving birth.

“The NICU and Fetal Services teams have been working hard together to prepare for the safe opening of H05A’s fetal procedure beds. Meetings and discussions are great, but simulation is what brings it all together to ensure that what we talk about can be safely implemented in clinical practice. It allows our teams to come together and test our new processes and workflows. It has truly been a One Team collaboration to both plan and partake in these interdepartmental simulations.”

Liz Huenke, Neonatal Simulation Educator



Research shows that having a comprehensive, full-spectrum team of providers early on can help babies reach their full potential long-term. Fetal Center inpatient interventional and Cesarean Section patients receive care in multiple Nationwide Children’s departments in their perinatal journey. Patients start in the ambulatory Fetal Center Clinic where nursing coordinators support the patient and family throughout their journey, connecting them to appropriate interdisciplinary team members. Additional routine care team members are involved and if complications arise, this team can quickly expand to adult hospital medicine practitioners, pediatric ICU practitioners including the code blue and rapid response team. Some patients may present to the emergency department.

Obstetrics is not a core competency for most pediatric hospitals, however, there are a few freestanding pediatric hospitals that provide obstetric care. Since most of these centers are located on the same campus as an adult facility, often just a walk across a hallway bridging the two hospitals. Nationwide Children’s does not have a bridge to an adult delivery hospital, early in the planning stages we recognized that our unique service line and freestanding children’s hospital status required education for both internal Nationwide Children’s clinicians and external referral fetal medicine clinicians. The external referral base needed an

“Simulation helps us plan for the unknown. We can better anticipate outcomes, enhance consistency and make modifications without risking patient safety. Simulation is especially important for high risk, low frequency scenarios and when the teams coming together don’t work side by side on a daily basis.”

Barb Abdalla, Director, Emergency Services





understanding of the new clinical capabilities and which patients are candidates for fetal intervention or scheduled delivery at Nationwide Children's. Internally, we had to build a team with the knowledge and skills to safely care for patients undergoing fetal intervention or delivery and stabilize an obstetric patient until a safe transport could be facilitated should complications arise.

In the fall of 2021, the Fetal Center implemented fetal medicine education sessions two times per month to educate both the internal care team and the external fetal medicine referral base to fetal interventional care. "The creation of bi-monthly Fetal education sessions for Nationwide Children's Fetal Center staff and members of the Ohio Fetal Medicine Collaborative have been extremely beneficial. The goal of these sessions was initially to bring team members together to discuss the prenatal aspects of care for conditions that we would be treating, but as time has passed, we have been able to incorporate post-natal discussion as well," says Christy Stocker, service line administrator, Pediatric and Adolescent Gynecology and the Fetal Center.



"Nationwide Children's has an amazingly robust simulation program. Their staff have been instrumental in familiarizing the multidisciplinary teams with obstetrics and with new policies and procedures created in preparation of offering fetal intervention and special delivery services at Nationwide Children's Hospital. I cannot imagine opening an inpatient Fetal Program, which is pioneering and advancing the field of fetal medicine, without the use of simulation. We will continue to utilize simulation for process validation, education, and assessment for many years to come."

Lisa Miller, Fetal Center Clinical Lead and Education Specialist

The Nationwide Children's Simulation Program has a dedicated team to provide hands-on interdisciplinary experiential learning and is accredited by the Society of Simulation in Healthcare. Cheryl Camacho, director, Simulation and Outreach Education was instrumental in evaluation and purchase of the Relias® obstetric personalized online learning management system and the Gaumard Victoria® high fidelity maternal simulator. Research shows that high fidelity simulation is effective to teach, assess and evaluate a wide range of health care learners and clinical processes. Fetal Services and the Simulation Program team members have been providing on unit simulation opportunities for all departments who may provide care to fetal patients. Simulation has been an invaluable tool to build obstetric clinical competency and supporting processes.

Expanding the fetal program at Nationwide Children's central campus to provide the full spectrum of existing fetal interventions and integrate new services closes geographic and clinical gaps in care for families impacted by fetal anomalies. I find myself thinking often of the patient 25 years ago with an undiagnosed congenital anomaly. I am filled with pride knowing Nationwide Children's Fetal Center is ready to offer lifesaving intervention and providing a chance for every child to reach their full potential.



"I have thoroughly enjoyed coordinating interprofessional simulations with MFM and various nursing units throughout the hospital. It is inspiring to witness how devoted to patient safety this entire hospital truly is! Our staff across many disciplines are all participating, engaging, and bringing up great questions they have while simulating because they care about the health and well-being of their patients and want to ensure they are receiving high quality care. The MFM team has been working diligently on their program, utilizing simulation to bring other nursing departments to the table, and amplifying a ONE TEAM culture. I am excited for the future of this program and all of the mothers and infants they will be caring for and giving hope to."

Ashley Brophy, RN, Simulation Coordinator

Telehealth 2.0 - Improving Care and Access for Patients

Laura McLaughlin, PMP

Planning and Business Development - Telehealth Program Manager



Telehealth has been around for decades but was not widely adopted prior to the COVID-19 pandemic. As the pandemic strained the traditional model of care, providers and patients turned to telehealth. Now, health care providers are using lessons learned from the pandemic and innovating for the future.

The primary care team at Nationwide Children’s Hospital is designing a “2.0 version” of telehealth with improved usability. The team is enhancing the triage and scheduling process to ensure patients receive the right type of care based on their needs. According to Skyler Kalady, MD, at the Nationwide Children’s Livingston Ambulatory Center Primary Care Clinic, “Telehealth works great for established patients; it can complement in-person care.” Once they have established a relationship with a provider, families appreciate the convenience of telehealth blended with regular in-person visits. The primary care team is focusing the hybrid model on conditions that require high-frequency visits such as asthma, attention deficit hyperactivity disorder (ADHD), mood follow-up and weight management. “By offering telehealth for appropriate conditions, families have options to best support their health care needs,” says Dr. Kalady.

From a health equity perspective, telehealth has the potential to address some of health care’s most intractable issues. Transportation is a top challenge for many families, but they may have access to a smartphone, notes Gina Thompson, DO, at Nationwide Children’s Northland Primary Care Clinic. Telehealth alleviates barriers such as the need to find childcare for siblings or the need for a parent to miss work. The team continues to work on

challenges such as internet access, technology literacy and English language fluency. Dr. Thompson highlights solutions such as integrating interpreters into video visits and developing text reminders in multiple languages. Additionally, the team is piloting a program to loan iPads equipped with high-speed internet to eligible patient families.

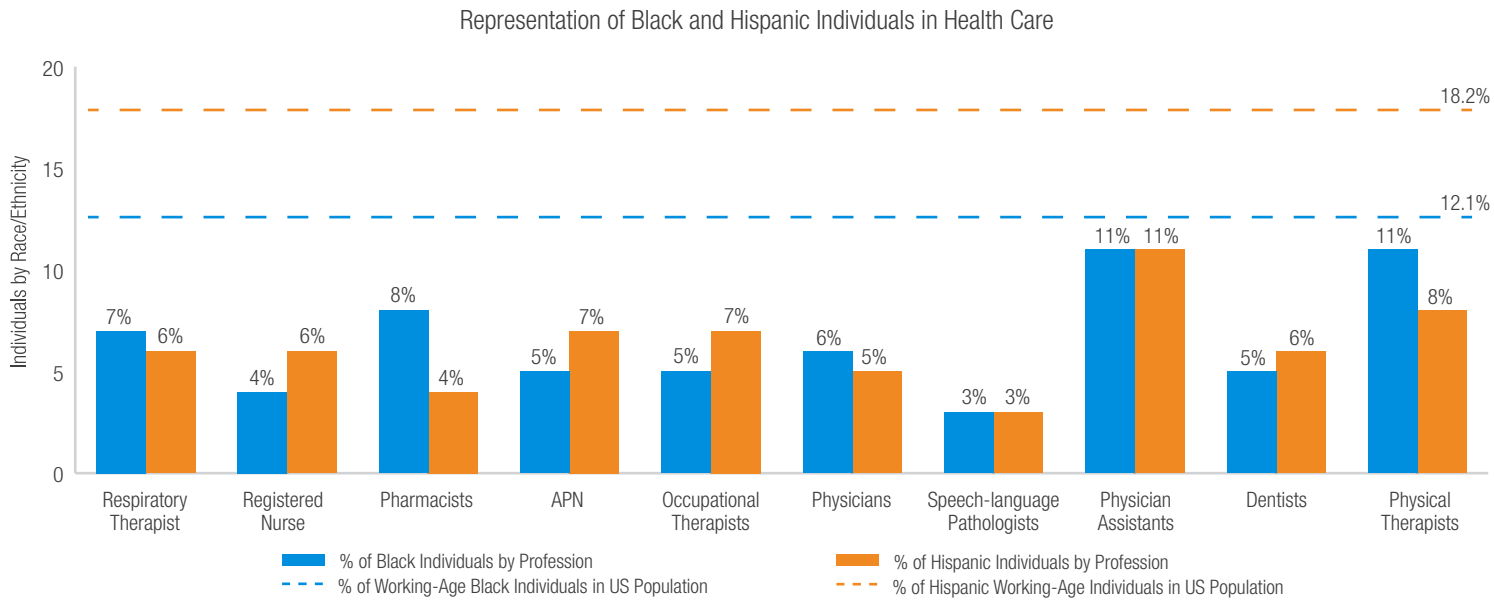
Enhancing access was a key driver for the Nationwide Children’s Big Lots Behavioral Health Services team when they initiated a school-based telepsychiatry program in 2021. Despite providing referrals for psychiatry, families often weren’t following through. Barriers included transportation, taking time off from work and school and navigating downtown. Geeta Ilipilla, MD, a psychiatrist on the team, championed the development of telepsychiatry in school clinics. “It was key to leverage existing strengths,” says Dr. Ilipilla. Families were already using the school-based services for healthcare. We were focused on integrating psychiatry into that system.”

The team found improvements to quality and outcomes. “We are able to loop in the principal, teachers, counselors and intervention team to the visit,” says Dr. Ilipilla. “We are achieving more in the same amount of time.” The future holds more opportunity for innovation. “We know that patients want telehealth as an option, and we want a program where they can continue receiving high-quality care through Nationwide Children’s,” says Dr. Kalady. New technologies will enhance the scope of what we can achieve through telehealth. Our teams will continue to innovate and adapt that technology to achieve equity.



What If We Created Dreams That Come True? Increasing Workforce Diversity at Nationwide Children’s Hospital

Taise Young, BSN, RNC, CLC and Valencia P. Walker, MD, MPH



Do you remember dreaming about your future as a child? Did you see yourself becoming something extraordinary – an astronaut, a teacher, a firefighter or a person helping children achieve their *Best Outcomes* at Nationwide Children’s Hospital? In reality, many factors determine the likelihood of a child’s career choices, especially for children from minoritized and marginalized communities. Imagine what it takes to choose a profession no one else in your family has done. At Nationwide Children’s, we recognize the importance of representation when it comes to inspiring the next generation to pursue health care careers. One of our goals is to break down barriers that prevent children from reaching their full potential and living out their dreams.

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We acknowledge that our hospital resides in a community where some of our neighbors experience disparities that can negatively affect the health status and life outcomes of their children. Moreover, differences in racial and ethnic representation of health care professionals versus racial and ethnic composition of corresponding communities also exist (see Figure 1 on page 15). This mismatch may matter when considering reasons why patients and families experience differences in health outcomes.



As Assistant Chief Diversity and Health Equity Officer Ray Bignall, MD, explains, “Roughly 30% of our hospital’s patient population belongs to racial and ethnic demographic groups considered underrepresented in medicine (URM): African American, Latinx, Pacific Islanders, Native Hawaiians and Native Americans. Diversity in health care saves lives and drives excellence. Research shows that diverse patient care teams help to make better decisions, and that patients and families may be more likely to adhere to the advice of their health care providers when those individuals are from backgrounds with which they can identify. And whether they come from Linden, Lima or Los Angeles, or from the West Side, West Virginia or West Africa, our patients and their families deserve a pediatric workforce that are reflective of them.”



This inspires us to create opportunities that attract talented individuals from racial and ethnic backgrounds currently underrepresented in medicine. By participating in these efforts, all of us can become change agents in delivering exceptional and equitable care. Working with talented people that share meaningful connections to our local community better equips us to find solutions that promote health equity. Beyond good health outcomes, a workforce representative of the people in the communities we serve is paramount to transforming children’s lives for the better.

The amazing work of our Healthy Neighborhoods Healthy Families (HNHF) program is a powerful testament to this truth. As Vice President of Community Wellness Nick Jones describes it, “Increasing diversity in health care settings is not only good for business but can indirectly address a systemic issue like wealth-building and open up livable wage, career pathway opportunities for diverse populations who have been left out of these career opportunities for too long. Even more, these efforts might indirectly impact health disparities and narrow the margins.”

As our Stand Against Racism, Stand for Health Equity initiative becomes a guiding principle for our One Team efforts, we can focus on establishing inclusive environments where everyone feels welcomed. In diversifying the racial and ethnic composition of our workforce, we help ensure that a career in health care is a desirable and achievable dream for everyone. Our diverse teams become the example where every child sees someone they can emulate when dreaming about their futures.

"We recognize the importance of representation when it comes to inspiring the next generation to pursue healthcare careers."

Our Words, Their Voice: The Intersection Between Palliative Care and Medical Interpreters

Lisa Humphrey, MD, FAAP, FAAHPM, Associate Professor, The Ohio State University, Director, Hospice and Palliative Medicine
Alice Bass, MSN, APRN-CNP, CPNP-PC, Nurse Practitioner & Data Coordinator, Advanced Illness Management (AIM) Team/Palliative Care

Palliative care is a specialty focused on a multidisciplinary and coordinated plan of care for patients facing life-threatening conditions. This care can, and often does, occur in conjunction with curative therapies. At Nationwide Children’s Hospital, the Advanced Illness Management, or AIM, team has a robust palliative care program that provides diverse inpatient, clinic-based and home-based services. We work closely with other specialties and disciplines to create a unified plan that meets the patient’s and families’ goals of care. Not all palliative care patients require hospice level support, which is a common misconception. Our team works to understand a patient and/or family’s values, support their spiritual and psychosocial needs, and address physical symptoms negatively impacting their quality of life. Some patients, sadly, do require end-of-life care. If that time comes, care can be provided in the hospital, or at home through our home-based hospice program.

Expert communication is required to provide optimal care across a variety of settings. The AIM Team uses our medical knowledge and communication skills to ensure patients and families understand “Medicalese,” where we interpret and translate medical terminology into more familiar language. We also elicit values, emotions, needs and goals and then translate these elements into care plans for patients, families and the health care team. In some ways, the AIM team may be considered as a type of “medical interpreter” within the health care system. As such, we often partner with an Interpreter in our Language Services Department, another group of communication experts within Nationwide Children’s. This collaboration occurs in a multitude of environments to ensure optimal health care delivery to patients and their families with limited English proficiency.

When the AIM team realized that we could improve our communication amongst both Language Services and Palliative Care, we embarked upon a quality improvement project to enhance bidirectional understanding of missions and best practice guidelines to better gain knowledge around how culture, language and communication impact a patient and family’s experience. Many pearls of communication emerged through this work that are applicable not only to palliative care providers, but to all health care providers. These include:

1. Language services should be utilized even when parents or patients speak conversational English. “Medicalese” is challenging for most families, and additional barriers exist when English is a second language.
2. Try to have in-person interpreters whenever possible.
3. Perform a pre-visit communication team huddle to highlight the discussion topics with the interpreter so that they can be prepared and serve as a “cultural broker” to educate the care team on useful, key communication and cultural considerations.
4. When in the room, position yourself next to the interpreter (or iPad) so constant eye contact can be maintained between you and the patient/family. Otherwise, this may lead to missed details as parents may look towards you only when you are speaking.
5. Speak clearly and utilize only two or three sentences at a time to minimize missed messaging
6. Do not speak in the third person (e.g. “please tell mom...”) or have sidebar conversations. If the latter needs to occur, ensure that the entire conversation is still interpreted for the family.
7. After the visit, debrief with the interpreter. If it was a difficult conversation, this aids our interpreters who bear a huge emotional lift by carrying out our words. Additionally, interpreters can share insight on language construction and its implications.

In summary, the AIM team serves as a vital link to the coordination of care with children and families during a life-threatening condition, helping to fully support parents in decision making for their child during challenging times. This is especially true when there is a variety of specialties involved in the child’s care. It is helpful for the team to establish a working relationship with the child and family who is experiencing a serious illness to help manage symptoms associated with their treatment as well as a resource for support.

Partners For Kids: Achieving a Health Care System that Works for Children

Kimberly Conkol, RN, BSN, CCM, Vice President, Care Coordination, Partners For Kids

Partners For Kids (PFK) is one of the nation’s oldest pediatric accountable care organizations that helps children who are most in need get the best care at the best value. PFK was established in 1994 as a joint venture (PHO) between Nationwide Children’s Hospital, Nationwide Children’s employed physicians and contracted community physicians. Since its founding, PFK has proven that it can facilitate high-quality care at a lower cost. Today, PFK is recognized as both a 501(c)3 organization and an intermediary organization that accepts financial risk.

WHO IS A PFK MEMBER?

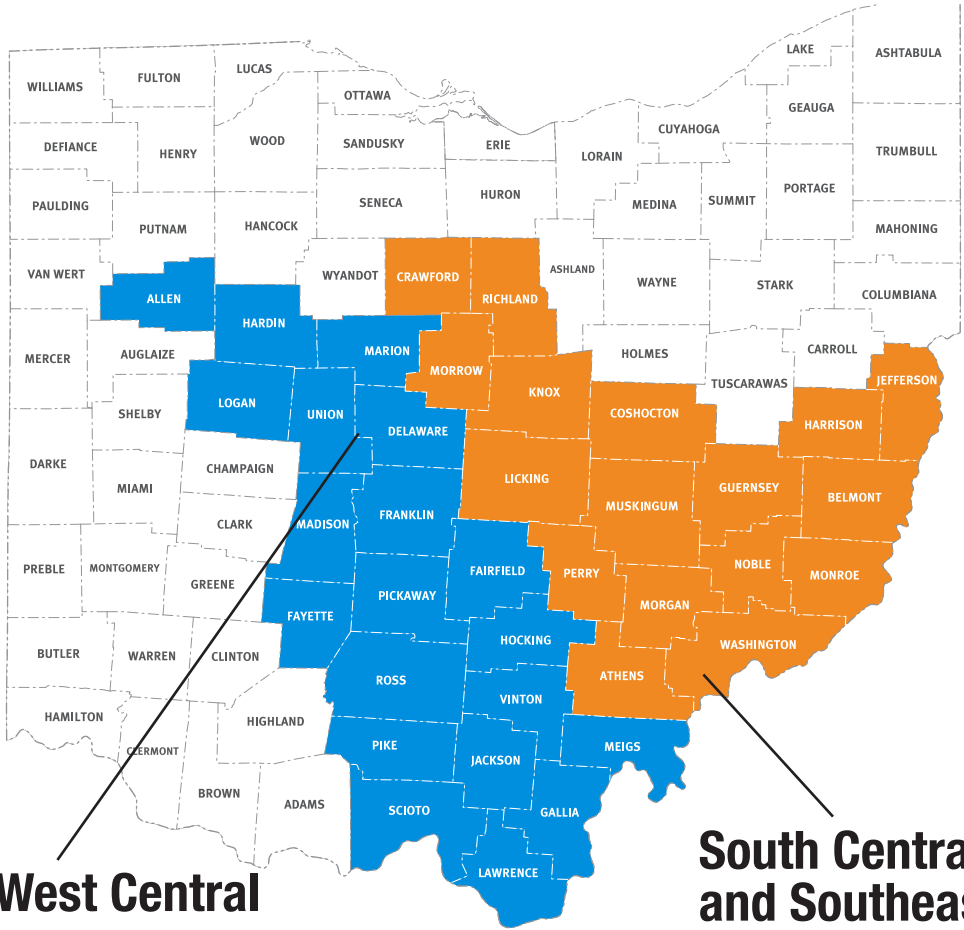
PFK is a member-centric accountable care organization. If a child lives in one of the PFK counties and has managed Medicaid, that child is PFK’s responsibility regardless of who provides the care. PFK patients are seen in several settings including Nationwide Children’s, community practices that are contracted with PFK and community practices that are not contracted with PFK. Approximately 51% of members are attributed to Nationwide Children’s employed and PFK-contracted providers.

MISSION AND VISION

PFK’s mission is to improve the health of children through high value, innovative care and community partnerships. PFK hopes to create a system of care that promotes best outcomes in child health. To accomplish this, a multidisciplinary team supports patents and providers through care coordination, medication management, and quality improvement. PFK also invests in child health programs in schools and neighborhoods.

CARE COORDINATION

PFK provides care coordination services to high-risk children and their families who need help navigating the health care system. The Care Navigation Program operates in the same way a global positioning system is used by a traveler. Experienced pediatric nurses, social workers and outreach coordinators collaborate with families and providers to determine a desired



outcome and the route that will be taken according to the individualized needs and preferences of the child. Along the way, the care navigation team finds resources and maximizes benefits in both the health care system and community to ensure that no points of interest are missed and that the right care is provided in the most appropriate setting at the right time. Providers and families are encouraged to use the team for help with troubleshooting and when barriers are encountered.

One example is a 17-year-old mother who was due to deliver her first child two weeks after being released from a juvenile intervention center, where a care coordinator is integrated. The teen needed health education, linkage to baby-care resources, and medical follow up for herself and her child. The care coordinator successfully linked her with Nationwide Children’s Nurse Family Partnership and the Teen and Pregnant Clinic for follow up before the girl left the juvenile intervention center. The care coordinator also connected with the juvenile probation officer to help balance probation requirements with medical needs.



Another example is a 5-year-old child rescued from a house fire. She sustained burns to 80% of her body and was hospitalized for six months. The care coordinator helped transition the patient back home to her family in southern Ohio with support to manage a trach, dialysis, wound care and feeding tubes. The care coordinator also ensured the child could complete follow-up with 11 different specialists and make weekly trips to Columbus for dressing changes. The child now attends virtual kindergarten and receives additional supports from Social Security and the Board of Developmental Disabilities.

PHARMACY

The PFK pharmacy team provides medication therapy management for complex patients and develops clinical prescriber guidelines and medication adherence tools. For example, a pharmacist was assisting the care coordinator to complete medication reconciliation for an adolescent and learned through motivational interviewing that the teen was not taking her medications regularly due to not understanding their benefits. The pharmacist was able to explain the mechanism of action (i.e., how they work), and as the patient recognized her conditions as negatively impacting her life, she expressed more enthusiasm for being compliant with her medications. The pharmacist also provided guidance on setting up and using reminders on her smart phone.

QUALITY IMPROVEMENT

PFK also provides support for practices that see a significant number of children in the population with the ultimate goal of providing high-quality care at a lower cost. In 2020, the quality improvement team began working with a community provider on a project to improve adherence to asthma inhalers and decrease reliance on rescue inhalers for their patients with

an asthma diagnosis. PFK worked with the practice to identify interventions that would help them meet their goals which included:

- A Respiratory Therapist from Nationwide Children’s visiting the practice and providing education on best practices for inhaler education to providers, nurse practitioners, and nurses.
- Providing the community practice with asthma inhaler education kits so they could fit kids for inhalers in the office and educate them how to use devices and monitor their usage.
- A Pharmacist leading an education session about new asthma guidelines for pediatric patients and sharing prescribing resources for asthma medications.
- The team used claims data to identify patients at the practice that showed poor adherence to medication by reviewing how often they filled their everyday inhaler prescription in the previous 12 months. Patients with poor adherence were sent a follow-up letter by the PFK outreach staff encouraging them to follow-up with their primary care provider to receive education and additional support or resources. Patients that attended follow-up visits experienced an increase in their controller inhaler adherence scores by as much as 20%.

LEADING THE WAY TO BEST OUTCOMES

When PFK began providing care coordination services, systems and tools to support care coordination and population health were not widely available. Almost 10 years later, Epic now has a specialty tool called Compass Rose which is designed specifically to assist care teams to monitor and close gaps in a patients’ care longitudinally, regardless of setting.

Partners For Kids Flow of Funds

Partners For Kids receives funds for each child in the program for the child’s medical care.



In February 2022, the Care Navigation Program went live on the Compass Rose module. After nine months of planning and the training of 200 staff, PFK moved nearly 5,000 patients actively engaged in care coordination to this new module, making it the largest pediatric care coordination implementation of this module. In August 2022, the implementation team will present the project at the Epic user group meeting as a role model for others to follow. Nationwide Children’s will continue to expand use of Compass Rose throughout the organization to support a wide variety of population health programs.

Additionally, the Ohio Medicaid system is being redesigned in 2022 to create more managed care plans, as well as specialized care coordination for children with behavioral health needs. Consistent with our vision to build a system of care that supports best outcomes for children, PFK will expand care coordination services to address the new complexities of the health care system. This will include screening for social determinants of health and care coordination needs for all PFK members, as well as providing care coordination team members to an increased number of patients who are lower risk or have shorter term needs.



In September 2020, PFK entered a relationship with Dayton Children’s Hospital and now covers a 47-county region. In March 2022, the Care Navigation program was replicated, and they utilize the same roles, practices and tools to provide care coordination to children in the west central region of Ohio. This required the information services and operational teams to work together on the Compass Rose module installation to produce an identical twin of the module in the Dayton Children’s Epic system.

By providing care coordination, provider supports and quality improvement, PFK strives to enhance the well-being of children in Ohio. By serving as a role model and coach to other organizations serving children across the nation, PFK hopes to have a lasting impact on the development of health care systems so they can enable all children and their families to achieve their *Best Outcomes*.

The Role of a Patient Safety Assistant

Ashley Humphrey, MSN, RN, CPN, Program Manager, C5A
Amy Sammons, BSN, RN, CPN, Clinical Leader, C5A



At Nationwide Children’s Hospital, patient and employee safety are two of the institution’s top priorities. With a goal of zero harm, the Patient Safety Assistant (PSA) is an essential component of the team that works together to achieve Best Outcomes for the patient. The PSA is a trained staff member assigned to provide direct supervision for patients in need of medical or behavioral assistance. The need for a PSA to provide supervision is determined by the bedside RN or the clinician overseeing the patient. The PSA role has evolved over time from a hands-off observation role to now a multifaceted interactive role.

THE PSA PERFORMS MULTIPLE ROLES AT NATIONWIDE CHILDREN’S HOSPITAL SUCH AS:

- One-to-one direct supervision for medical and or behavioral (all inpatient units)
- Camera Monitoring on C5A
- Roaming on H9A and C5A
- Recreation Room Roamer on C5A
- Back-up coverage for the Unit Clerk and or Environmentalist on all inpatient units

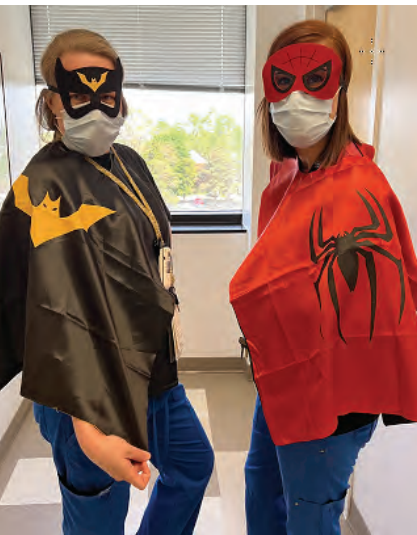
To ensure patient safety when providing direct supervision, one-on one, the PSA is always in the room with the patient including when they use the restroom, take a shower or do other activities. PSAs are trained to do so in a manner that demonstrates respect for the patient and family’s privacy. PSAs can care for patients of any age from infant to adult by monitoring for safety, maintaining lines, assisting with activities of daily living (ADLs), providing comfort activities and therapeutic listening. PSAs are trained to perform ADL tasks such as ambulating, bathing, positioning, feeding, toileting/changing diapers, implementing safe sleep strategies and other therapy instructions needed for patient care. PSAs can also help with the planning and execution of behavior plans and daily schedules.

PSAs can perform camera monitoring on C5A and H9A for patients with identified safety risks. Another form of supervision is called roaming, which consists of monitoring three to five patients for safety and allows the PSA to provide the same level of care as the one-on-one PSA. Roamers check on their patients every 15 minutes and provide safe room checks during this time.

The Recreation Room on C5A is a place that provides patients with safe, fun and energetic activities such as a giant connect four game, large exercise balls, a giant bean bag chair, Nintendo Wii® system and a large drawing board, plus many more games. One PSA is assigned the role of taking patients into the recreation room for 30-minute time periods and engaging them in activities.

Other miscellaneous tasks PSAs provide are answering phones, checking parents or visitors in and out of the unit, transferring calls, answering call lights, cleaning and documenting in the patient’s EMR. PSAs are trained in Comprehensive Conflict Management, a de-escalation method that can be utilized to resolve conflicts when they arise. The PSAs are also trained to know when to call a code violet and escalate to the Acute Crisis Response Program and Protective Services.

PSAs work together with the entire team to provide the safest environment and care for our patients and families as One Team.



Nurses Week Turned Nurses Month: Celebrating our Health Care Heroes

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

As we slowly start to emerge from the pandemic, we joined the **American Nurses Association (ANA)** in celebrating our Nationwide Children's Hospital nurses for the **entire month of May 2022**. The theme for the month was **"Nurses Make a Difference."** We celebrated a different weekly theme starting off with self care in week one. Senior leaders including Lee Ann Wallace, Senior Vice President and Chief Nursing Officer, sent appreciation letters to the staff which included a punch card good for a free lanyard, meal and goodies to use throughout the month. During the week we shared several self care resources for nurses provided by the ANA, offered Blessings of the Hands in many areas of the hospital and added fun to the week with a different spirit theme each day.

Week two focused on recognition and encouraging staff to send e-cards to one another. The library displayed nursing artifacts from years past including a 1940's nursing uniform, old nursing caps, items from our Magnet journeys and current nursing research posters. Kristy deVries provided a presentation on managing stress and rediscovering resiliency.

Week three had a Professional Development focus. A list of employee scholarships was provided. We created a QR link for access to our Nurse Builders program containing multiple free continuing education modules designed to help nurses prepare for certification exams.

The last week of the month focused on giving back and celebrating community engagement. Bottoms Up Diaper Bank was chosen as our give back recipient as they supply diapers to our local communities in need. Lee Ann helped us close out the diaper drive by bringing Brutus Buckeye to help collect diapers and celebrate our nurses. A total of 12, 854 diapers were collected, supplying 515 families with a much-needed resource. Medical Staff leaders also created personal notes of gratitude for our front-line nurses. Messages are posted on the Professional Development (Center for Nursing Excellence) ANCHOR page.

With the month of celebration behind us, the committee looks forward to planning 2023. The special work that our nurses do continues every day and we will continue to recognize and celebrate the difference they make in the lives of our patients and families.



The Next Generation of Transplant Care

Elora Hilmas, PharmD, BCPS, Pharmacy Clinical Manager

Imagine a future where the management of transplant patients is more efficient, safer and transplanted organs have a greater chance of survival. To achieve this dream, there needs to be a paradigm shift in the way we treat, manage and monitor these complicated patients. Believe it or not, the future is not far away! In the last few years, there have been incredible advances in transplant management, and we are very fortunate to have prescribers with the pioneering spirit working within our walls.

Clinicians who work in transplant have become very adept at walking the tightrope between ideal immunosuppression and medication side effects, but often it feels like walking on eggshells with today’s technology. In an ideal world, we could do so much better if we could identify donor organ rejection before more serious damage has occurred without the need to take a tissue sample. Also, wouldn’t it be great to have better options for the management of the viruses such as Cytomegalovirus (CMV) and Epstein-Barr virus (EBV) that multiply and threaten the transplanted organ when a patient is immunosuppressed?

Currently, in kidney transplant, close monitoring of plasma creatinine is used to ensure that the implanted organ is healthy. Unfortunately, the creatinine can be abnormal from multiple factors, so it can be difficult to know if an abnormal creatinine is due to rejection. Thus, there is a need for more sensitive and specific biomarkers. Donor-derived cell-free DNA has the potential for improving the monitoring for allograft damage. Through the Improving Renal Outcomes Collaborative (IROC), we will enroll patients in a trial looking at the utility of using cell free DNA found in blood samples to identify early signs of rejection within transplanted organs. This study will investigate if monitoring cell free DNA may decrease the need for invasive tissue biopsies for patients. If successful, it will make monitoring safer and more effective for patients.

A tremendous challenge in transplant is maintaining a delicate balance between providing enough immunosuppression to prevent organ rejection and not providing so much immunosuppression that viruses are able to multiply unchecked. When clinicians find that blood levels of EBV and CMV are rising in their patients, the standard course of action is to decrease immunosuppression, which may increase the risk for rejection. When clinicians are concerned about a patient’s viral load, they often utilize antiviral medications that can have intolerable/dose-limiting side effects or are ineffective. It was for these types of scenarios that an innovative approach, adjuvant haploidentical virus-specific T lymphocytes, was developed. Although it sounds futuristic, we have clinicians at Nationwide Children’s Hospital that have used this concept to save lives, such as in the case of disseminated adenovirus infection in a premature infant. This therapeutic option harvests the immune T-cells of the patients’ mother or father which are targeted to the infection that is being treated. Then, those T-cells are infused into the patient to provide support to their immune system. Clinicians at Nationwide Children’s have since opened clinical trials (NCT03665675, NCT04722029) utilizing this approach to treat infections in our vulnerable patient populations.

Incredible as it sounds, these steps forward can represent a transformation in the way that we approach care. It’s exciting to see the depth and breadth of precision medicine that is being developed to improve the outcomes of our transplant patients.

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Daisy Award

Molly MacKay, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Molly MacKay, RN, of C5B. 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 Molly's nominator: "Our child was admitted with what was, at the time, an unknown illness. He was so sick with high fevers and as a mom, I was terrified to see him that way. Every person that came into our room was sympathetic and always asked what they could do, but one nurse surpassed them all: Molly. She assured me and showed compassion, but she also did something that no one else did - she offered further solutions. ... This young lady seemed young in years but went above and beyond in what she offered to us. Molly read between the lines. She saw what I couldn't articulate and addressed what I didn't know I needed yet. She is what every patient doesn't know they need. So thank you, Molly. You are a rare gem and myself, my husband and our little one can't thank you enough."

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

