

..... Everything Matters In

Patient Care

**Developing
Employees for
an Engaged
Workforce**





Our professional preceptor program empowers new graduates and newly hired clinical staff to become valuable members of the health care team.

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Pictured left: New nursing graduate Dale Miles and preceptor Shannon Wallace discuss the care of a patient in the Emergency Department.

Engaging and Retaining Our Staff



Linda Stoverock
DNP, RN, NEA-BC,
Senior Vice President,
Patient Care Services,
Chief Nursing Officer

Hiring employees for the right fit to meet an organization’s mission and strategic plan is important to a high functioning organization. More important is creating a culture where the new employee is onboarded and kept as motivated and eager as the day they walked into orientation. It is estimated that the cost of employee turnover for a Registered Nurse is \$75,000. This includes the cost of recruitment, orientation, and loss of productivity right before a nurse departs and while backfilling the nurse’s hours during the onboarding of the new hire.

Nationwide Children’s uses a professional care model to guide the structure and processes to engage new employees from the beginning through retention of tenured nurses. New graduate nurses are supported through the nurse residency program. The nurse residency was developed to help the new graduate have time to reflect on what was learned in their educational program and how to incorporate evidence-based practice into the workplace, as well as development of relationships with various team members.

More important is creating a culture where the new employee is onboarded and kept as motivated and eager as the day they walked into orientation.

Preceptors are an important part of onboarding staff at Nationwide Children’s. It is important for preceptors to be role models in safety and service, as well as being a resource to support the new hire with navigating our complex health care system. Other resources for new employees include workshops, ongoing continuing education, library resources, as well as information on the intranet that will help the new hire learn how to validate and

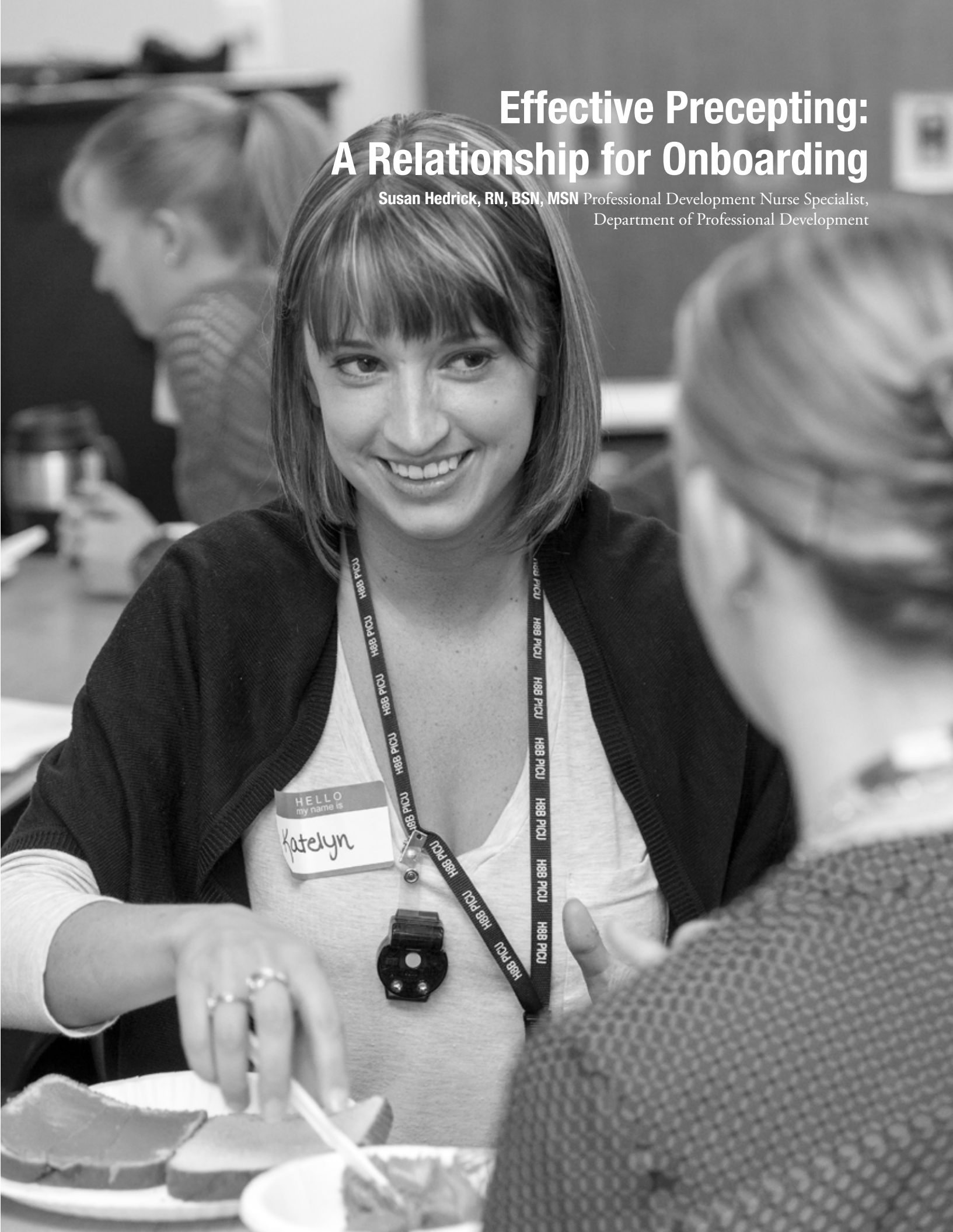
verify information and keep a questioning attitude as they learn the care of their patient population. The preceptor guides the new staff in the use of systems, interaction with team members and indoctrination to family-centered care. The first interactions with a new hire’s preceptor sets them up for success as a long term employee while maintaining their enthusiasm.

Managers set the stage for employee engagement and relationships within a unit or department. Gallup polls have shown the relationship between a manager and employee is one of the strongest correlations to an employee’s desire to stay in an organization. Nationwide Children’s uses unit councils to help a manager foster staff relationships. Employees are encouraged to contribute ideas and help foster teamwork and collaboration. Unit councils need input from all staff to create lasting solutions for the work environment. The manager is responsible for balancing the pillars of quality, service, employee professional development and financial metrics. No manager can accomplish this without a team environment and well defined roles for each member of the team to contribute and provide input.

Lastly, it is the values demonstrated by senior leaders impacting all our staff and leading to an environment of mutual respect and accountability. This issue of *Everything Matters In Patient Care* covers many of our programs specific to making Nationwide Children’s one of the best places to work, allowing all staff to contribute to the best patient outcomes. Everyone matters when it comes to achieving best outcomes.

Effective Precepting: A Relationship for Onboarding

Susan Hedrick, RN, BSN, MSN Professional Development Nurse Specialist,
Department of Professional Development



The demand for new nurses entering into professional clinical practice is expected to surpass supply by 25 percent by 2020. This is in part due to difficulties in the retention of nurses actively employed by health care organizations. Health care organizations need dedicated and competent preceptors to successfully retain quality nurses. Taking time to properly acclimate a new employee to their role is critical to retention. One of the best ways a hospital can prepare new nurses and other professional staff for the rigors of their job is by offering an onboarding process that is anchored by a professional preceptor program.

Right: Cindy Moore, RN, BSN, CPN, a Nurse Educator in Professional Development, leading a preceptor workshop.



The Nationwide Children's Hospital Professional Preceptor Workshop was developed to provide nurses and other interprofessional disciplines with the knowledge and skills to empower new graduates and newly hired experienced professionals to become competent and valuable members of the health care team. This educational experience is recommended for all Nationwide Children's preceptors and provides the knowledge and tools to create a successful environment for the new employee. This professional training delivers an interactive and engaging experience to prepare individuals for leading the final

step of the onboarding process. It explores the various facets of being a preceptor and its many roles as a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector and role model.

Educational approaches to adult learning and individual learning styles are also discussed and applied to the clinical setting through the employment of the VARK (Visual*Aural*Read/Write*Kinesthetic), a guide to learning preferences. Preceptors learn effective communication skills and have the opportunity to provide supportive feedback to new employees in a mock setting. The training curriculum is designed to give preceptors opportunities to apply these concepts in small groups, team-building activities, and case scenarios. Central to a successful preceptor program, is the recruitment and training of individuals who understand the role of a preceptor and are passionate about seeing the new employee succeed.

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Effective precepting occurs as a relationship is built between the new employee and the preceptor. This relationship creates a supportive environment and leads to the development of foundational elements that must be present to orient the new employee successfully. These elements include the information and resources provided, and the experiences gained by the new employee, which results in assimilation within the organizational culture. This is necessary for the new employee to develop and demonstrate competency while performing safe practice.



The success of a new employee is measured by their behaviors in clinical competence, confidence, and innovation within their clinical specialty. The new employee works toward this outcome by utilizing clinical and personal experiences as well as educational opportunities during the preceptor relationship. In addition, a centralized and unit-based orientation facilitated by the preceptor provides the new employee with an initial experience for long-term success and employment satisfaction. The preceptor's role is to facilitate the new employee orientation by appraising their abilities, coaching to build confidence and competence, and evaluating their effectiveness in the health care environment.

Successfully transitioning new employees and other professional staff into practice is essential for safe patient care. Whether the employee is a recent graduate or an experienced clinician, they need to be competent and engaged in all patient-care processes soon after they are hired to ensure the organization continues to meet quality and patient experience outcomes. More than half of new graduate clinical staff

start their careers in the hospital setting. Once there, they need an orientation to help them make the transition from student to advanced beginner professional. It is just as important for experienced clinical staff transferring into another unit or hospital to be enculturated into the new work environment.

The success of a new employee is dependent on adopting the cultural and social patterns within their work group, also known as acculturation. Typically, if a nurse or clinical staff leaves a position in their first year of employment, it is due to a lack of socialization on their unit or department and not feeling like they "fit in." It is the preceptor's responsibility to teach the "culture" of the work group and help the new employee through the normal stages of socialization. Much of this socialization is achieved with basics like introductions to staff members, hospitality, and creating social experiences. In addition, the preceptor should take time to be empathetic to the new employee's struggles, listen to their questions, and boost their self-confidence, which creates a strong team approach.

Above: A preceptor workshop

Successfully transitioning new employees and other professional staff into practice is essential for safe patient care.

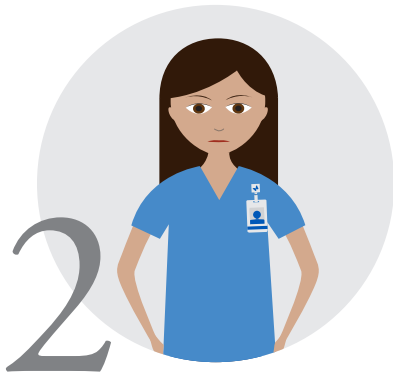
Reality Shock Theory

The preceptor should be aware the new employee is moving through stages of transition as they enter into a new position. Dr. Marlene Kramer, a widely-cited author on retention in nursing, developed the reality shock theory, which identifies four stages of transition: honeymoon, shock, recovery and resolution. These stages are similar to those faced during any life change and are felt much more significantly by newly hired graduates.



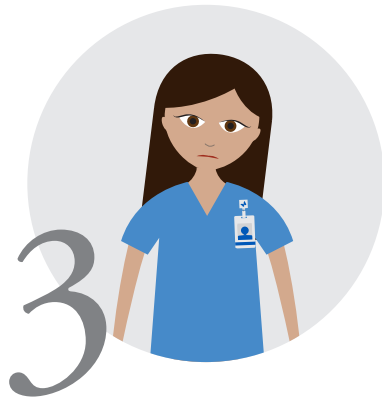
Honeymoon Phase

First, the new employee is happy and excited to be in their new place of employment and feels full of possibilities much like the honeymoon of a marriage. They are enthusiastic, full of energy to learn new things and believe everything is wonderful. They feel as though they are advancing in their career rapidly and “living life in the fast lane.” In this stage, the experience is magnified if they are a new graduate, as they do not have a basis for reality of the daily job. New employees who have clinical experience in another setting still experience the “high” or excitement of the new job, but it is tempered with a measure of reality.



Shock Phase

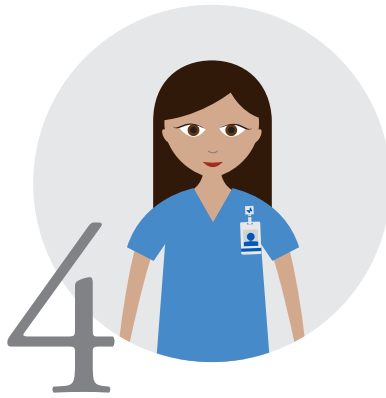
The second stage of transition is shock, anger, and possibly denial. The new employee may be frustrated and disappointed that the reality of the work setting is not the way things should be. Alternatively, those with previous experience may think, “We did it differently where I used to work!” At this point, the work environment looks dismal and depressing to the new employee. They were proceeding with satisfaction when first starting the job; however, they now do not seem to be progressing. Accomplishing monumental tasks of competency becomes overwhelming and paralyzing as realities of the work world cause doubt, frustration and disappointment.



Recovery Phase

During this transitional stage, the new employee may begin to recognize there are flaws in the organizational system. They may encounter discrepancies and inconsistencies in the work environment. Moreover, the new employee may begin to discover concerns with the practices of other nurses or professions. These discrepancies and inconsistencies may include:

- Discovering their preceptor does not know everything or follow policies
- Realizing they do not have the tools and equipment to do their job
- Experiencing communication breakdowns
- Identifying poor professional behaviors in their fellow team members
- Feeling humiliated by a physician, bullied by a nurse or peer, or embarrassed by a colleague



Resolution Phase

The final stage is recovery and resolution. This stage is characterized by a return of the new employee’s sense of humor, perspective on situations and a sense of balance in work and personal life. They are able to cope with the workplace and expectations; however, there is a realization that there may be a long path to feeling competent in their new role. Some new employees do not reach this stage because they never rise above the shock and conflicting perception between the new employee and the management staff.

Preceptors Influence Retention

Though the preceptor may use all of the best strategies and coaching methods, some new employees simply do not fit into the position. Both the individual and their unit or department will suffer when the preceptor does not recognize this mismatch. Often a concentrated work improvement plan helps the new employee

transition. This set of circumstances demonstrates the importance of evaluation in the preceptorship. The sooner the problems are recognized and responded to, the more likely the new employee will succeed.

While both preceptors and new employees are aware of the importance of teaching and learning new skills,

it is more effective if the approach is tailored to match the learning needs of the new employee. Maintaining a holistic approach to orientation assures that all domains of performance are addressed and effective precepting occurs. Highly trained preceptors offer a cushion of moral support and essential training needed

for retention. Giving preceptors the tools to succeed and providing formal training programs, such as the Nationwide Children’s Professional Preceptor Workshop, are the main ingredients in developing a highly skilled and loyal workforce.

Retaining the Best and Brightest Naturally

Cathleen Opperman, DNP, RN, NEA-BC, CPN, Professional Development Nurse Specialist, Professional Development
Cheryl Baxter, MSN, RN, CPNP, Pediatric Nurse Practitioner, Section of Pediatric Urology, Urology

Evidence-based practice (EBP) is a professional expectation for nurses and other health care professionals. Nurses can no longer rely on historical traditions, rituals or information passed down from others to practice. EBP is not a fad or the latest buzzword in health care. EBP is now integrated into all aspects of health care, including payment for services and accreditations.

How does EBP help nurses feel more satisfied in their job? The most common themes cited by nurses who are actively involved in EBP are improved communication and collaboration across the disciplines and improved knowledge to care for their patients.

Research studies have shown that EBP leads to higher quality of care, improved patient outcomes, reduced costs and greater nurse satisfaction than traditional approaches to care.

Not only does EBP benefit our patients, it improves how we feel about the job we do as nurses. One hospital system came up with an innovative strategy to engage bedside nurses to utilize EBP. The title of the project was “Digging for Dinosaurs.” The project was designed to engage nurses in questioning their practice in a fun and

non-threatening manner. This approach piqued nurses’ curiosity of questioning practice and forming clinical questions. The results of this project demonstrated if there is a non-threatening environment and a framework with support for the EBP process, nurses feel empowered and engaged to continue to explore their own practice.

Why should I get involved with EBP? Most of us came into health care because we want to make a difference. Having an environment where EBP flourishes means people are:

- comfortable asking questions (not intimidated);
- supported to seek evidence of best practice (resources);
- encouraged to reflect on questions and evidence;
- provided means to be agile and innovated in changing practice to improve the outcomes.

It is very rewarding to ask a question and follow it through to an improvement in our practice. This form of intrinsic reward is a natural method of retention because it satisfies that most common of needs: “to make a difference.”



EBP Frequently Asked Questions

What is evidence-based practice (EBP)?

EBP is a lifelong problem-solving approach to clinical practice that integrates:

1. a systematic search for best research (external evidence)
2. clinical expertise (internal evidence); and
3. patient preferences and values.

What is an EBP Scholar here at Nationwide Children’s?

The EBP Scholar is the unit or area specific staff member who gathers the team, shares the literature appraisal, plans and implements the change and follows up with evaluation of effectiveness of a specific practice change.

What is an EBP Mentor here at Nationwide Children’s?

The EBP Mentor guides the EBP Scholar through the process, offers expertise in the steps, helps remove barriers and generally facilitates completion. Graduate degree coursework prepares many EBP Mentors for the role, but participation in the Centers for Transdisciplinary Evidence-based Practice (CTEP) immersion at The Ohio State University also develops these skills.

Where does a unit or clinic begin with incorporating EBP into their culture?

The first step is to allow, encourage and even pull out the questions that all the clinical members have regarding the way we provide care. Is this the best way? Have I read about or heard about other practices that may work better? When people question, it creates an opportunity to either teach why we do something a given way (based on evidence) or investigate by creating a PICO question and doing a search of the literature.

The second step would be to have a mechanism to “capture” all these questions and sort them by priority for follow up. Some units have focused their Unit Council work on clinical practice and use the questions asked as the ideas for improvements.

What is a PICO question?

A PICO (population, intervention, comparison, outcome desired) question provides the direction for the literature search. Unlike the research question, the PICO comes BEFORE the literature search. The research question is formulated as a result of finding a gap in knowledge in the literature.

What is the EBP Scholar Workshop?

This is a continuing education offering for individuals and small groups planning to or already involved with an EBP change project. It is designed to help “kick off” the project in an orderly way. The workshop includes:

1. Differences between EBP, research and quality improvement;
2. PICO questions;
3. searching databases for evidence;
4. critical appraisal of studies;
5. developing synthesis tables;
6. planning the practice change;
7. methods for evaluating outcomes of change; and
8. plan to disseminate outcomes of project.

For more information, search “EBP Scholar Workshop” on [ANCHOR](#).

Improving Patient Safety through Nursing Education on IV Opioids

Lauren Renner, RN-BC, MS, PNP, APRN Comprehensive Pain Services
Sharon Wrona, RN-BC, MS, PNP, PMHS, Clinical Leader APRN Perioperative and Comprehensive Pain Services

2002
Classroom lecture for Hem/Onc nurses

2003
Self-study class and test offered to more nurses

2004
Class receives approval for continuing education credit. Required for all nurses prior to administering opioids

Since 2012
1,225,000 doses of opioids were used but only 85 doses of naloxone were used for over sedation

Nationwide Children’s Hospital’s focus on Zero Hero practices has impacted all aspects of patient care throughout the hospital. According to the Institute for Safe Medication Practices (2013), opioids are one of the main high-risk medication classes that cause patient harm. The American Society for Pain Management Nursing (ASPMN) published guidelines on monitoring for opioid induced sedation and respiratory depression. Many elements of these guidelines were already in place at Nationwide Children’s, including education for nurses on opioid therapy and opioid-induced unintended risk for respiratory depression and sedation. In 2013, ASPMN conducted a survey of current practice with monitoring for opioid induced sedation and respiratory depression. The findings from this survey seemed to indicate there were slow improvements in monitoring practices and many facilities had not yet implemented best practices guidelines to help with reducing avoidable adverse events.

Nationwide Children’s has taken steps to reduce patient harm while administering IV opioid, hypnotic, anticonvulsant and sedative medications, as these medications are high risk for potential complications. This education was identified as “Best Practice” by The State of Ohio Medication Safety PCA Taskforce. Nationwide Children’s shows a strong history of ensuring safety with IV opioids. More than 20 years ago the IV Narcotic Self Study was implemented as a paper notebook with a post test. In 2002, the classroom type lecture started with the hematology/ oncology unit nurses and in 2003 the self-study, class and test underwent

major revisions and was being offered to other nurses throughout Nationwide Children’s main campus. In 2004 the class received approval for nursing Continuing Education credit and was required for all RNs at Nationwide Children’s to complete prior to administration of IV opioids. Additionally, this class is now required for all RNs who administer opioids, hypnotics, anticonvulsants and sedative medications at the offsite locations.

The focus of the IV opioid, sedative, hypnotic and anticonvulsant class is to teach and test the knowledge of the RN about the classification, action, common side effects and dosages of these high risk medications. Many real life scenarios are discussed during the class to help with critical thinking around administration and monitoring with IV opioids, sedatives and hypnotics. The class also focuses on issues surrounding the handling of controlled substances.

Naloxone is a medication administered to patients experiencing adverse effects from opioid medications, such as respiratory depression. At Nationwide Children’s there has been a relatively low rate of Naloxone administration. Since 2012, over 1,225,000 doses of opioids were billed at Nationwide Children’s and only 85 doses of naloxone doses were used for over sedation purposes.

Our hope is this class and the use of evidence-based practice guidelines is creating a safer environment for our RN’s and patients who are administering and receiving these high risk medications on a daily basis. Working in an environment that focuses on patient safety will hopefully lead to nursing retention and create a continual cycle of improving patient safety.

Respiratory Therapy Professional Development Model:

Journey to Best Outcomes Through Best People and Programs

Brian J. Clouse, RRT, NPS-RPFT, Clinical Lead/Pulmonary Function Technologist, Neonatal Aerodigestive Pulmonary Program Chair, 2015 Respiratory Therapy Senate



Vince Lombardi, a leader in his profession and arguably the greatest American football coach of all time once said,

“Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.”

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Nationwide Children’s Hospital’s commitment to be a leader in health care and on the forefront of medical technology and practice fosters an environment that offers many professional development programs and opportunities to employees within the organization. Nationwide Children’s Magnet® designation is an example where the organization’s commitment to excellence has created an opportunity for professional development and growth for employees across many disciplines within our organization. Directly related to Magnet, a respiratory therapy (RT) professional development model is being developed to help promote career growth for Nationwide Children’s respiratory therapists and provide better outcomes for our patients. This endeavor has entailed many hours of collaboration with staff therapists, respiratory therapy leadership, and hospital administration.

As a Magnet designation initiative, Interdisciplinary Shared Governance was established to promote the best possible patient care and seek to improve the quality of work life and job satisfaction for all licensed health care personnel. A sub-committee member of Interdisciplinary Shared Governance since 2008, the Respiratory Therapy Senate provides an open forum for respiratory therapists from all departments throughout Nationwide Children’s Respiratory therapists have been

integral members of the interdisciplinary care team at Nationwide Children’s for over forty years and respiratory therapists fill diverse roles across nine departments. During peak hours there are approximately forty respiratory therapists working in inpatient, ambulatory, research, and information technology settings. The RT Senate develops initiatives with both the patient and the respiratory therapist in mind. A few of these initiatives to date have been the collaboration and production of a training manual “Tell Me About My Ventilator.” This manual is used to assist in educating parents on the use and maintenance of their child’s home care ventilator. For another initiative, the RT Senate will be hosting a two day (September 23-24, 2015) Kettering National Seminar for Nationwide Children’s respiratory therapists as well as respiratory therapists from other regional institutions who wish to prepare for the Neonatal/Pediatric Specialty Credential Examination administered by the National Board for Respiratory Care. This credential is a part of the RT Senate’s ongoing commitment to both enhancing patient care and promoting professional development for the respiratory therapist.

From 2008 to 2010, the national professional organization for respiratory therapists, the American Association of Respiratory Care (AARC) hosted a series of three conferences with the aim of 2015 and Beyond. The purpose of these meetings was to answer the following questions:

1. What will the future health care system look like?
2. What will the roles and responsibilities of respiratory therapists be in the future system?
3. What competencies will be required for RTs to succeed in the future?
4. How do we transition the profession from where it is today to where we need to be in the future?

In brief the conference committees concluded change is imminent in the current health care climate and respiratory therapists are in a unique position to assume new responsibilities and expanded roles driven from this change; however, the conference committee pointed out the entire profession must be dedicated to and embrace the challenges we will face as the profession evolves. Barnes and colleagues (2011), in their report of the third conference’s proceedings entitled “Transitioning the Respiratory Therapy Workforce for 2015 and Beyond,” Barnes and colleagues succinctly described what we must do both as individual therapists and as a profession to meet future health care standards and demand:

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“Professional development, life-long learning, and validation of continued competence are the responsibility of each individual practitioner. A profession has the duty to define what its professionals should know and how they should act, and then provide continued education and documentation tools for its members to achieve those goals.”

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The RT Senate began a major initiative in 2013 to combine enhancing patient care and professional development into one comprehensive package. After taking in to consideration the AARC’s “2015 and Beyond” recommendations and focusing on the hospital’s strategic plan, “Journey to Best Outcomes,” the RT Senate, respiratory therapy leadership, and hospital

administration collaborated to develop a professional development model. The RT Senate anticipates the unveiling of the “Respiratory Therapist Continuous Professional Advancement Program” or RT CPAP in the second half of 2015. This professional development advancement model was drafted after reviewing models from other institutions in the region and across the United States. Laura Evans, Program Manager of Respiratory Care and advisor to the RT Senate offers background information regarding the RT Senate’s work on the project:

“The RT Senate has put many hours into developing this model. The premise revolves around raising the standards for themselves and for their peers in the profession of respiratory care. They want to provide the motivation and the specific direction for the RTs here to achieve more for themselves and the patients we serve. It is exciting to see all of the work the RT Senate has done coming to life.”

The model is based on the pillars of clinical practice, education, leadership and research. Respiratory therapists will be able to choose a career pathway based on one of the four pillars. The model contains a four tier system that will provide the respiratory therapist with guidelines for advancement on their desired area of interest. RTs will advance through the tier system by obtaining advanced credentials, working towards advanced degrees, involvement in hospital based committees, mentoring peers, and being actively involved in evidence-based practice and research projects. The purpose of the RT CPAP is to promote professional growth through personal development, involving peers, community and continuing education to create the highest skill sets, in offering care to our patients. The goal of this model is to align the Respiratory Care Program at Nationwide Children’s with the AARC’s “2015 and Beyond” initiative and the organization’s strategic plan, Journey to Best Outcomes.

The RT CPAP model is being developed to serve as a tool to guide professional development for respiratory therapists at Nationwide Children's. Upon its initiation, participation will be voluntary. The Respiratory Therapy Senate hopes each individual respiratory therapist within the organization will take responsibility for their own personal growth and advancement. Brian Schneider, a respiratory therapist in the CTICU and the ECMO team, who guided the development of the RT CPAP as a chairperson on the 2013-2014 Respiratory Therapy Senates, had this to offer:

“We developed the RT CPAP to guide willing participants on a “Journey to Best Outcomes.” This professional development model is intended to develop well-rounded practitioners who are actively involved within the organization beyond traditional methods. Involved respiratory therapists will not only be furthering their career and advancing our profession, but also promoting best outcomes for the patients we care for.”

The RT CPAP is among the first proposed professional development model in the allied health disciplines at Nationwide Children's. We hope other disciplines join the Respiratory Therapy Senate and our Journey to Best Outcomes by either adopting our model or develop a similar model to promote professional development and organizational involvement among their respective practitioners.



ANCC Magnet Recognition Program and the Retention Attraction

Sherri Watts, RN, MSN, Professional Development Nurse Specialist, Magnet Program Coordinator



It was the 1980s national nurse shortage that inspired the American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. During this time, many hospitals found it difficult to attract new nurses to their organization, as well as maintain the nurses they had. News about the shortage and impact on nurse staffing discouraged many high school graduates from selecting a nursing career. It appeared the nurse shortage would continue to worsen.

During this time, several nurse researchers noticed certain hospitals, despite their competitive location, were able to attract and retain nurses. The American Nurses Association (ANA) approved the nurse researchers to study how the hospitals were able to recruit and retain nurses. The researchers identified common characteristics of quality patient care, nursing excellence, interprofessional collaboration and innovation. These qualities were recognized as essential for establishing the ‘magnetic’ attraction and retention environment. The ANA assigned the American Nurses Credentialing Center (ANCC) to develop a process that would provide recognition and encourage other hospitals to create the same magnetic culture. Thus, the ANCC Magnet Recognition Program model was created.

Today, there are over 400 national and international health care organizations designated by the ANCC Magnet Recognition Program. Aside from the established

positive correlation between Magnet designation and nurse retention, there are other benefits when seeking Magnet recognition. These benefits include improved patient care outcomes, increased evidenced-based care and improved patient and staff satisfaction.

To ensure the high standards demonstrating quality patient care and nursing excellence remain, health care organizations are required to re-designate every four years. The criteria health care organizations submit for their application has evolved to reflect the ever changing needs and demands of the health care environment. For example, the latest Magnet 2014 model emphasizes succinct documentation and evidence of sustained clinical performance.

In 2005, Nationwide Children's Hospital was the first free-standing pediatric hospital in Ohio to receive Magnet recognition. Nationwide Children's was redesignated in 2009, 2014 and is actively working toward a fourth Magnet designation in 2018. Each designation not only reinforces the practices that result in excellent patient outcomes and a positive practice environment, but also challenges Nationwide Children's to excel. Preparations for 2018 include strengthening the structure and processes around meeting minute documentation, data collection, performance improvement and evidence-based practice.

Nationwide Children's is committed to sustaining Magnet designation not because it is proven to improve nurse retention, but because it is proven to result in better outcomes and patient satisfaction. In the end, they are the reason we continue to care.

Retention through Nurse Residency

Cindy Moore, RN, BSN, CPN, Nurse Educator, Professional Development

For several years, the National Council of State Boards of Nursing (NCSBN), the Carnegie Foundation, the Joint Commission and other professional organizations extensively researched how new graduates transition to practice, specifically focusing on their rates of retention. In 2011, the Institute of Medicine released The Future of Nursing: Leading Change, Advancing Health report through collaboration with the Robert Wood Foundation. One of its eight recommendations advised health care organizations to implement nurse residency programs as an intervention to improve retention. The premise of transition to practice programs (TTPs) is to support new graduates as they enter into nursing and develop them along Patricia Benner’s stages of clinical competence. Furthermore, these professional agencies recognized the complexity of today’s patient population and health care’s latest technology prompting the potential for safety issues and errors caused by inadequately prepared and under confident novice nurses. Transition to practice is a period of high stress and anxiety for new graduates which can lead to burnout before the end of their first year of practice. Common issues experienced by new nurses include skill competency, emotional hardiness, prioritization, critical thinking, and time management.

25-60%
of new nurses leave the profession
in their first year of hire

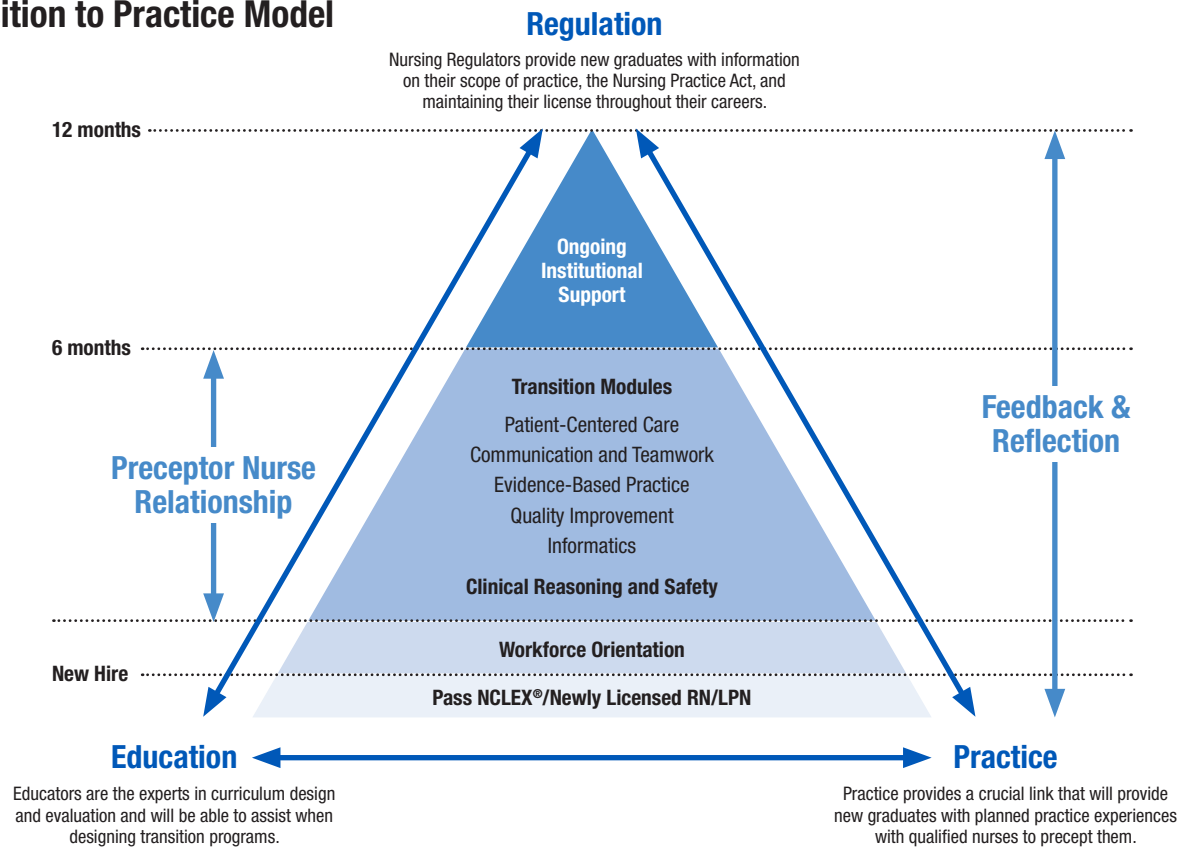
Nursing literature reports 25 to 60 percent of new nurses prematurely leave the profession within their first year of hire. In 2013, Nationwide Children’s Hospital hired 298 registered nurses with onboarding costs up to \$80,000 per nurse. In reference to statistical evidence, the organization risked losing 5.96-14.2 million dollars if these nurses resigned prior to the end of their first year. Evidence demonstrates that residency programs such as Nationwide Children’s Hospital’s Acute Care Nurse Residency Program (ANCR) improve patient outcomes, employee satisfaction, and retention.

298
nurses were hired by Nationwide Children’s in
2013 with onboarding costs per nurse of
\$80,000

In an effort to promote success and decrease turnover, an evidence-based transition to practice model was created by the NCSBN in conjunction with more than 35 other nursing groups. Nationwide Children’s ACNR program mirrors this model with a 12 month transition to practice residency. New graduate nurses who are licensed within the last 12 months and hired onto an inpatient unit are eligible to participate. The program consists of monthly four-hour interactive classroom didactic instruction that includes patient-centered care, teamwork, evidence-based practice, quality improvement, and informatics. Scenario based learning activities cover communication, conflict resolution, prioritization, delegation, and professional boundaries. Additionally, nurse residents are mentored through individually-selected evidence-based practice (EBP) projects to improve practice within their assigned units or areas. The EBP project empowers residents to participate in practice change after exploring best practice found within the literature. The projects focus on improving patient outcomes through unit-based quality and safety activities.

Reflective practice is another component of the residency program consisting of open communication and written self-reflection with feedback from an ACNR Professional Development nurse educator. Reflective practice is supported by evidence and used in many other Magnet organizations as a professional development strategy. Reflection allows a safe one-to-one outlet for residents to share their concerns, issues, and “challenges to practice.” The exercise consists of residents recounting a particular instance within the last month through an exploration of their actions, thoughts, and feelings. Reflection allows the resident to process an event then evaluate potentially different actions for better outcomes in future encounters. Reflection develops problem-solving, critical thinking, clinical reasoning, and coping mechanisms

Transition to Practice Model



in the nurse resident. Reflection is most beneficial to the nurse resident during the reality shock phase of their transition typically occurring by the 6th month of practice. Recurring themes during reflection comprise patient acuity, shift work challenges, employee relations, and moral dilemmas.

Rounding is another component of the ACNR program to support and connect with nurse residents. Professional Development nurse educators visit residents in their work areas and observe them in practice. Rounding establishes trust and offers an additional means of communication with new graduates. Rounding can be particularly beneficial and capture more feedback from residents who prefer not to share with the larger group or through the reflection exercise.

Since 2011, there have been more than 100 new graduates who have participated in the ACNR program at Nationwide Children’s. Current enrollment is at 48 participants divided into four cohorts. The goal of ACNR is to keep cohort numbers small to maintain familiarity and intimacy within the group. The ACNR Program includes non-intensive care inpatient units as well as the Behavioral Health Unit, Post Anesthesia Care Unit, and the Operating Room. A long-term vision for

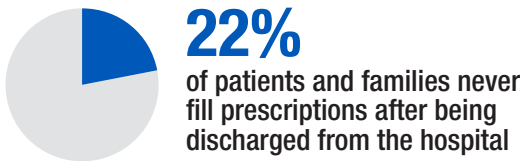
the program is to provide nurse residency opportunities for additional specialty areas and create a formalized mentoring program. ACNR is strongly supported by our Chief Nursing Officer, Linda Stoverock, Department of Professional Development Director, Cheryl Boyd, and inpatient program managers. Numerous nurse educators, clinical leaders, managers, and various interdisciplinary groups support and contribute time to the successful transition of Nationwide Children’s new graduate nurse residents.

Nurse residents consistently express appreciation for the camaraderie and socialization with other new graduates and mentors. Others have appreciated the reassurance of recognizing a familiar face during a float assignment to an unfamiliar unit. Although socialization is an integral component of ACNR, the ACNR team strives to provide useful tools to use in practice as well as empower residents with confidence to successfully transition and remain in the profession of nursing. In conclusion, evidence has shown that the overall cost of nurse residency programs is far less than the financial cost of losing new graduate nurses who prematurely leave the organization.

Improving the Hospital-to-Home Transition: Pharmacy Student Delivery Service

Jacalyn Rogers, PharmD, CHM, BCPS, Health-System Pharmacy Administration Resident

Everything matters, including ensuring patients leave the hospital with an accurate medication list, access to medications prescribed during their hospital visit, and a clear understanding of how to take their medication. This was the premise behind the pharmacy student discharge delivery service that was recently implemented by the Pharmacy Department at Nationwide Children’s Hospital. It is estimated that 22 percent of patients and families never fill prescriptions after being discharged from the hospital. Furthermore, studies have shown even compliant families struggle to pick up discharge prescriptions in time for the next dose. Families can become confused due to inaccurate or incorrect medication lists, which can lead to medication errors at home. The goal of the discharge delivery service was to ensure a patient’s only stop after discharge was home. Pharmacy students now deliver medications to the patient’s bedside. Counseling and education can take place with the actual medication in hand, with the goal of families feeling more comfortable with the transition from hospital-to-home.



Involving students in the discharge process ultimately benefits both patients and students. Student pharmacists are uniquely trained to quickly and accurately identify the necessary components of a prescription, recognize errors on medication orders, and contact prescribers to resolve discrepancies. These are all necessary traits required to identify medication errors on the patient’s medication list and educate families prior to discharge. In studies utilizing students in the medication reconciliation process, students were able to identify and reconcile discrepancies similar to that of a pharmacist.

Nationwide Children’s Outpatient Pharmacy

Currently, about 50 percent of patients fill their discharge prescriptions at the outpatient pharmacies located in the Outpatient Care Center building and new hospital. There are unique benefits to filling prescriptions at these pharmacies for the patients. First, Nationwide Children’s pharmacists are able to review the inpatient electronic medical record and compare it to what was prescribed for the individual’s outpatient medication therapy. Second, all patients and families are counseled on prescriptions regardless of whether the prescription is new or already existing. Third, Nationwide Children’s pharmacists are specifically trained on pediatric medications and are knowledgeable on dosing and formulations specific to pediatrics.



General Pediatrics Pilot Project

Collaboration between pharmacy and nursing lead to the design for a pilot project on the General Pediatrics Service, which involved having a pharmacist and pharmacy student review the medication component of a patient’s After Visit Summary (AVS) prior to discharge. The project included pharmacy students delivering discharge prescriptions to a patient’s bedside. Pharmacy students from various pharmacy schools were involved with the discharge program while on rotation at Nationwide Children’s. Pharmacy students participated

in a mandatory educational session prior to participating in the program and competency was assessed prior to beginning.

Flyers were designed with the tag line, “Make home your only stop after discharge.” Medical residents and attending physicians were contacted at the beginning of their rotations on the General Pediatrics Service, which helped them encourage patients to participate in the services. Nurses were instrumental in getting the word out and explaining the service and its benefits to patients and families.

The service operates from 9 a.m. to 5 p.m., Monday through Friday with pharmacy students delivering medications from the outpatient pharmacy to bedside. Students are trained and work closely with the outpatient pharmacists while participating in this program. Families choose whether they would like to participate in the program, as it is not mandatory. Benefits to the patients and families include being able to get hands on training with prescribed medications with a pharmacy student. The students were trained to utilize the teach-back method to ensure comprehension of the information. Pharmacy students have enjoyed interacting directly with the health care team as well as patients and families.

Results of Pilot Project

The pharmacy student delivery service has led to a

reduction in medication errors found on the AVS. There was an overall 52 percent reduction in AVSs with at least one medication error; furthermore, AVSs with five or more medications were shown to have a 94 percent reduction in medication errors. Students were able to facilitate reviewing and making necessary corrections on the documents as well as delivering medications at the time of discharge. Outpatient pharmacy prescription capture rate increased 18 percent from baseline due to this service being offered to patients on the General Pediatrics Service.

Future Direction

The Department of Pharmacy plans to expand the delivery service to other inpatient and outpatient services. Currently, the delivery service has expanded to Urology outpatient surgery with hopes to expand to other areas of the hospital.

Conclusion

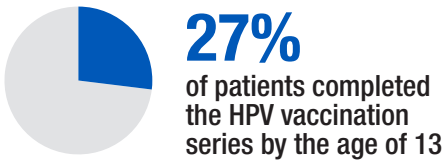
Families wish to leave the hospital expeditiously upon discharge. Waiting for prescriptions can be an additional challenge and inconvenience. When families are rushed at discharge, they are likely to overlook picking up their prescriptions. Involving pharmacy at the time of discharge allows patients to have improved access to medications, ensures more accurate medication lists, and creates a more effective hospital-to-home transition for patients.



Quality Improvement Essentials Course and the Journey to Best Outcomes

Andrew Bethune, QIE/MOC Coordinator, Department of Education

In the summer of 2014, Nationwide Children’s Hospital physician Dr. Jane Goleman noticed a disappointing statistic for human papillomavirus (HPV) vaccinations at our primary care clinics: completion of the series for patients by the age of 13 was only 27 percent.



HPV causes cervical cancer, the second most common cancer in women and can lead to cancers in men, too. Dr. Goleman discussed the vaccination series with her colleagues, emphasizing research demonstrated a strong recommendation from a patient’s physician was a significant contributing factor to a patient and family agreeing to the vaccinations. She also gave patients a “reminder magnet,” which flashed when it was time for the second shot in the series. Vaccination rates improved, and Dr. Goleman and her colleagues continue their work, hoping to see the series completion rate climb eventually to 80 percent. Participation in the fall 2014 Nationwide Children’s Quality Improvement Essentials (QIE) course was critical to Dr. Goleman’s ability to guide her team to improvement. The low HPV vaccination rate was the “practice gap” Dr. Goleman addressed in her course project and the steps she and her team took to increase the rate were interventions designed, implemented, and analyzed in the QIE course.

Quality Improvement, a rigorous science that originated in the statistical analysis of manufacturing processes in the United States in the middle of the 20th century, has been one of the key strategies of Chief Medical Officer Dr. Richard Brilli. The Hand Hygiene compliance campaign, begun in 2010, is an institution-wide example of QI at work at Nationwide Children’s. In the fall of 2011, Dr. Brilli and Karen Heiser, PhD, Vice President of Education, gathered participants for the inaugural



Nationwide Children’s QIE course. Fifteen physicians, nurses, and clinical and administrative leaders spent three months studying the science of quality improvement with the assistance of Nationwide Children’s Executive Coaches already trained in QI, and data experts from our Quality Improvement Services department. We now offer the course to twenty participants every spring and fall. The 118 graduates of the course have completed projects ranging from increasing scores on Press Ganey surveys to improving resuscitation bundle compliance for patients admitted to the pediatric intensive care unit in septic shock. Success was attributed to the involvement of diverse, multi-disciplinary teams implementing changes in search of improvement.



Says Dr. Goleman: “This course was a tremendous help in laying a foundation for all future QI projects. It gave me the skills I needed to design projects... and I have a solid understanding of scope, timing, measuring outcomes, and spreading interventions to create change.”

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– Dr. Goleman

Dr. Ivor Hill, a surgeon in our Gastroenterology (GI) department and a spring 2014 QIE graduate, used his course project to increase GI surgeon adherence to biopsy guidelines in patients undergoing GI endoscopy procedures. Dr. Hill characterizes his project’s success: “Everyone now accepts the guideline recommendations as standards of care and our new fellows are being trained to do the same.”

“Everyone now accepts the guideline recommendations as standards of care and our new fellows are being trained to do the same.”

– Dr. Hill

At the heart of the Nationwide Children’s approach to Quality Improvement is the Institute for Healthcare Improvement’s PDSA Cycle: Plan, Do, Study, Act. Course participants and their teams identify baseline data, plan and implement a change in their project system, chart and analyze their progress to determine the next steps in the improvement process. The quality of the work presented to a Nationwide Children’s Senior Leadership panel at the completion of the course is exceptionally high. Numerous participants have presented their projects at regional and national meetings, have published their projects in leading health care QI journals, and hold QI leadership roles in national collaborative projects.

The focus for graduates, however, remains on spreading an understanding of Quality Improvement throughout their areas of influence at Nationwide Children’s. Graduates of the QIE course go on to QI leadership positions in departments and divisions at Nationwide

“What you make important as a manager, your staff will also come to value.”

– Kandi Valentine

Children’s; they lead Maintenance of Certification projects for physician teams; and they mentor coworkers in QI in the workplace. Says Kandi Valentine, Manager of Clinical Programs in the CTICU and a Spring 2014 graduate of the QIE course, “What you make important as a manager, your staff will also come to value.” According to Dr. Tom Bartman, Director of Quality Improvement for Neonatal Services and one of the senior teaching faculty in the QIE course, evidence shows this transfer of knowledge is well underway: “I have seen a diffusion of the understanding and ability to use sound QI methodology at Nationwide Children’s because of the course. I was most impressed when I wanted to start a new QI project and discovered that a Respiratory Therapist who I had never met, and who never took the course, was already leading a project and was doing things exactly ‘the IHI / NCH way!’”

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– Dr. Tom Bartman

Quality Improvement at Nationwide Children’s is a team sport, and the role our QIE course plays in the spread of QI science throughout the hospital means that not only will everyone at Nationwide Children’s see the benefits of this important contribution to Journey to Best Outcomes — many of you will be participating in that Quality Improvement, too!

Nurses Week

Susan Hedrick, MSN, RN, Professional Development Nurse Specialist
Cheryl Boyd, PhD, RN, NP-BC, NE-BC, Director, Professional Development



Each year, nurses across the nation celebrate National Nurses Week from May 6 to May 12, Florence Nightingale’s birthday. Nationwide Children’s Hospital celebrated National Nurses Week 2015 with the theme “Ethical Practice, Quality Care.” Florence Nightingale’s letters provided guidelines for nurses on the importance of recognizing their ethical responsibilities. She referred to the application of ethics in personal and professional practice as “ethical knowing.”

The celebration began with Chief Nursing Officer Linda Stoverock’s encouraging message to nurses about the week of reflection on the profession of nursing and nursing’s contributions to society through the application of science, humanities and art. She commented on the many opportunities in nursing careers along with nurses’ unique role to care for patients at their most vulnerable times with empathy and compassion. Mentoring new nurses into the profession, helping them apply principles of critical thinking and valuing diversity were recognized as valuable roles in the nursing profession.

Programs

The celebration began with a special event, Everyone Matters. This program focuses on bringing staff together in a culture of inclusivity and diversity to end health disparity and support best outcomes. Andy Andrews, an inspirational speaker, provided insight into the importance of “noticing” differences, strengths and opportunities to improve our world through awareness, thoughtful and compassionate caring. Everyone Matters will provide a multitude of training and resources in the future.

The Galaxy Lounge was the location for the heartwarming interactive panel discussion, A Walk Down Memory Lane. Fifteen Registered Nurses with more than 25 years of experience at Nationwide Children’s reflected on the changes they have seen, not only in the physical environment, but in patient care, treatment and technology. Several retired, former nurses joined the group for a lively sharing of tales about their pediatric nursing experiences.



Domestic Minor Human Trafficking was an informative interprofessional discussion on sex trafficking and how it affects children in our area was presented by Gracehaven, a member of the Governor’s Task Force on Human Trafficking. Information included awareness of the presence of sex trafficking in the suburbs, local neighborhoods, and varied socioeconomic backgrounds and the educating of hospital staff on how professionals can be involved in recognizing signs of trafficking and how to approach and question possible victims. Survivors were on-hand giving testimonials and allowed the opportunity for questions, including how sex traffickers recruit victims. This program received financial support through CSCC-Social Work, Professional Development, Emergency Services, Center for Family Safety and Healing, Nationwide Children’s Security Department, Pastoral Care, and Youth Crisis Stabilization.

Susan Copeland, MSN, RN-BC and Julie Choueiki, MSN, RN, CPN presented multiple sessions of the program Pearls from the Ohio Board of Nursing:

Continuing Education and Precepting Students. This presentation fulfilled the nursing licensure legal requirement for continuing education.

Academic Opportunities

Representatives from The Ohio State University, Ohio University, Chamberlain College of Nursing, Indiana Wesleyan University, Franklin University, Muskingum University, and Mt. Carmel College of Nursing, Purdue University, Vanderbilt University and Columbus State Community College, as well as staff from Nationwide Children’s Human Resources Department and Professional Development presented opportunities for academic educational experiences at the college and university Schools of Nursing Expo in the Stecker Lobby.

Activities

Many units and areas where nurses work provided celebrations and programs to recognize the value of nurses to the organization, patients and families and the community. Pancake breakfasts, treat bags, catered meals, flowers, cards and celebratory signage were visible in the off-stage areas. Pastoral Care presented The Blessing of the Hands service in the Chapel and each unit where the contributions of nursing’s healing touch were recognized. Dr. Edward and Mrs. Sally Kosnik provided an Ice



Cream Cart traveling to the units for weekend evening/night shift staff.


Nationwide Children’s Nurses Week festivities concluded with the daylong annual celebration of Florence Nightingale’s birthday, May 12, with a Fun Day in the Galaxy Lounge. Thirty-One Gifts proudly recognized nurses with the presentation of a generous gift to each member of the dedicated Nationwide Children’s Hospital nursing staff.

To see more photos, search “Nurses Week” on [ANCHOR](#).



Social Media and Health Care

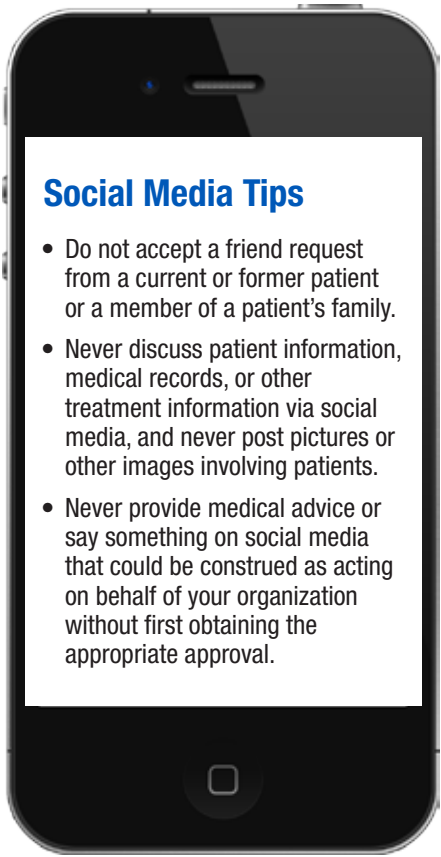
Beth Spain, Associate General Counsel, Nationwide Children’s Hospital Legal Services

 Whether it is Facebook, Twitter, LinkedIn, YouTube, or Instagram, it is rare to encounter an individual who does not participate in some sort of social media forum. Whether it is used as a marketing tool, a way to stay connected to the community, or a way to simply share information, health care organizations and providers have their own unique social media needs. Unlike most of the general population of social media users, health care organizations and providers must comply with confidentiality and patient privacy laws, like HIPAA, and are subject to other types of professional ethics requirements. Health care organizations and providers must therefore exercise a much higher level of caution than the general population when communicating or interacting via social media.

Under Nationwide Children’s social media policy, “Institutional Use” of social media means conducting hospital business or representing (or even appearing to represent) the views or positions of Nationwide Children’s. Employees must obtain advance approval from Marketing, Human Resources or Legal Services before engaging in the institutional use of social media. The policy also provides helpful insight on how Nationwide Children’s employees should handle their personal social media presence. “Personal Use” of social media means non-professional purposes or for purposes unrelated to an employees’ role. Employees should never provide medical advice or disclose confidential information, including patient health information, photographs or other images involving patients or families. In addition, employees should not “friend” patients or families on social media, unless that “friend” relationship existed before the individual or the individual’s child or family member became a patient.

Relevant professional boards and associations have taken a position regarding the ethical implications of interacting with patients and their families via social media. For example, the Ohio Board of Nursing rules require nurses to delineate, establish and maintain professional boundaries with each patient. Additionally, the nursing rules provide nurses should not engage in behavior that constitutes (or that may reasonably

be interpreted as) inappropriate involvement in a patient’s personal relationships. The Ohio State Medical Board has similar rules requiring the establishment of appropriate patient boundaries. Additionally, the American Medical Association (AMA), which has published its own social medial policy, recommends that physicians consider keeping their personal and professional content online completely separate. The AMA also emphasizes the need to maintain appropriate boundaries of the patient-physician relationship when interacting with patients online.



Social media has become a standard communication tool in our society. Health care institutions and providers, however, must comply with patient privacy and confidentiality laws and maintain appropriate professional boundaries when communicating via social media.

Visit [ANCHOR/Social-Media-Policy](#) for the full social media policy and frequently asked questions.

In Recognition

Publications:

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C Coffey, LA Würster, J Groner, J Hoffman, V Hendren, K Nuss, K Haley, J Gerberick, B Malehorn, J Covert: “A comparison of paper to electronic documentation for trauma resuscitations at a Level 1 Pediatric Trauma Center”, J Emerg Nurs. 2015 Jan; 41(1):52-6. Doi: 10.1016/j.jen2014.04.010. Epub 2014 Jul 1

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Vinita Pai, Steve Plogsted: Efficacy and Safety of Using L-cysteine as a Catheter-Clearing Agent for Nonthrombotic Occlusions of Central Venous Catheters in Children. Nutrition in Clinical Practice 2014; 29(5):636-638., October 2014

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RN Bishnoi, AD Everett, RE Ringel, CY Owada, RJ Holzer, JL Chisolm, WA Radtke, SD Lim, JF Rhodes Jr, JD Coulson: Device closure of secundum atrial septal defect in infants weighing less than 8 kg. Pediatric Cardiology 2014 Oct; 35(7):1124-31

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Rosanna Watowicz, Alexis Tindall, Ihuoma Eneli: “The Protein-Sparing Modified fast for adolescents with severe obesity: three cases studies” ICAN journal: Infant, child & Adolescent Nutrition, February 2015

Ami B. Bhatt, Elyse Foster, Karen Kuehl, Joseph Alpert, Stephen Brabeck, Stephen Crumb, William R. Davidson, Jr; Michael G. Earing, Brian B. Ghoshhajra, Tara Karamlou, Seema Mital, Jennifer Ting, Zian H. Tseng; on behalf of the American Heart Association Council on Clinical Cardiology: “Congenital Heart Disease in the Older Adult” A Scientific Statement From the American Heart Association, Prior Health Sci. Lib., May 2015

Sharon Wrona: presented at the Michigan Pain Management Nursing Conference in Novi Michigan on November 12, 2014 on “The Transition of Young Adults with Sickle Cell Disease Beyond the Boundaries of the Pediatric Care Setting”

Presentations:

Andrea Pollock: “CDE Diabetes: A Multidisciplinary Team Approach” AAMA Franklin County Chapter of Medical Assistants Conference for CEU’s, Columbus State Community College, January 10, 2015

Kim Daroski, Andrea Pollock: “Presenting Booth for Diabetes and Endocrinology”, School Nurse Health Update Corporation, Dublin, Ohio, November 7, 2014

Mitchell Selhorst, Brittany Selhorst: “Lumbar Manipulation and Exercise for the Treatment of Acute Low Back Pain in Adolescents: a Randomized Controlled Trial.” Platform presentation October 2014: AAOMPT National Conference

A.M. Weber, T.M. Harrison, D.K. Steward: (2014). Oxytocin Trajectories in Extremely Premature Infants and Associations with the Neonatal Intensive Care Unit (NICU) Environment. 2015. Presented by Ashley Weber at the National Association of Neonatal Nurses Annual Research Summit. Scottsdale, AZ

Sharon Wrona: presented at the Michigan Pain Management Nursing Conference in Novi Michigan on November 12, 2014 on “The Transition of Young Adults with Sickle Cell Disease Beyond the Boundaries of the Pediatric Care Setting”

JL Chisolm: Putting Your Data to Work. Presentation at National Cardiovascular Data Registry Annual Meeting. March 2015

TM Kempton: Invited Speaker: Birth to Intervention – Hybrid Procedures. Session-Neonatal Surgery – Fetus to Newborn Care. 38th Annual Midwest Pediatric Cardiology Society Meeting, Ann Arbor, Michigan, USA, September 11-12, 2014

TM Kempton: Invited Speaker: International Session: Cath Lab Views from Portugal, France, USA, and Malta-Who Does What and When in the Cath Lab: Competencies and Professional Roles. 35th Congress of the Italian Society of Invasive Cardiology, Genoa, ITALY, October 14-17, 2014

Lauren Madhoun: “Early and Chronic Neonatal Dysphagia: Impact of VFSS findings on short term and long term feeding outcomes: Dysphagia Research Society, March 13, 2015

Collen Vincent, Caitlin Sirois: “Pediatric Feeding and Swallowing: the Basics for success,” Ohio Speech Language and Hearing Association, March 19, 2015

Shana Lucius, Katie Dominguez, Jennifer Davitz: “Comprehensive management of Pediatric Hearing Loss” Speech Language and Hearing Association March 19, 2015

Rosemary Pfeifer: presented an Employee Safety Initiative: “Sharps Safety in the Operating Room,” February 2015

Vickie Bennett: CE presentation to Franklin County Chapter of Medical Assistance “ICD-10 & Meaningful Use” Presented at Columbus State Community College, November, 2014

Roxann Tyner, Kandi Valentine: “Sustaining improvements in pressure ulcer prevention in a pediatric setting,” at Ohio Association for Healthcare Quality (OAHQ), May 2015

For a full list of graduations, awards, certifications and more, visit [ANCHOR/In-Recognition](#).

Nationwide Children's Hospital
700 Children's Drive
Columbus, Ohio 43205-2696

Daisy Award

Brooke Hartman, RN

The ninth Nationwide Children's Hospital Daisy Award was presented to Brooke Hartman, RN, a NICU nurse at Riverside Methodist Hospital. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of the patients and families at Nationwide Children's. Brooke was nominated by a family whose son was admitted to the NICU after being born at 31 weeks. "She showed unbelievable patience and compassion during those difficult times," the parent shared. "Brooke taught us how to recognize when our son was in distress without using the monitor, thus boosting our confidence for when the day of discharge would arrive." As Brooke cared for their son, she was also attentive to the family's needs. "Brooke recognized the



days I just needed to talk or maybe just needed a hug. We cannot thank her enough for all that she did for us during that time." Nominate an outstanding nurse for a Daisy Award at NationwideChildrens.org/Daisy-Award.

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