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Everything Matters In

Patient Care

Collaborating for Best Outcomes

Collaboration with patients, families, colleagues and community partners propels Nationwide Children's Hospital forward on its Journey to Best Outcomes.

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Pictured left: Dr. Roopali Bapat, a Neonatologist at Nationwide Children's Hospital, teaches during Neonatal Skills & Simulation Training, an education and training event for community physicians.

Collaboration: What Works Well and What Can We Improve?

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

Collaboration with patients, families and colleagues is essential to helping us achieve our goals and strive for Best Outcomes as our strategic plan outlines. The culture at Nationwide Children's Hospital supports collaboration, and it's what often sets us apart from other organizations. Recently, I have heard staff that either worked somewhere else or returned after working elsewhere describe how the collaboration in care is extra special at Nationwide Children's.

Our values support a strong culture of collaboration through mutual respect and accountability. The hospital's practice model creates structure, process and resources to help staff and clinicians collaborate with our patients and families to improve care. Quality improvement involves multi-disciplinary teams that focus on

Collaboration with patients, families and colleagues is essential to helping us achieve our goals...

areas of improvement. One example of collaboration is reduction in medication errors. Improvement efforts occurred when front line staff nurses, pharmacists, prescribers and Information Systems staff came together to analyze the process. This teamwork drove improvement at a much faster rate than individually looking at each discipline's role in the complex medication process. In fact, the organization does so well at collaborating; it is sometimes a challenge to find anything uniquely "owned" by one discipline. Yet, our culture is richer because everyone's voice matters.

Collaboration isn't without its challenges. Finding ways to get people together to work on improvement teams or get communication out to the various stakeholders on changes takes a great deal of strategy and focus. It does not happen by chance. Team members have to take into consideration the many ways people like to participate, such as meetings or online chats. The number of people who have rotating shifts and part-time schedules can create barriers to getting communication through all the channels in a timely fashion. Additionally, it is important to understand the various stakeholder's roles and values to create a true understanding and mutual respect for collaboration.

Dr. Maya Angelou said, "All great achievements require time." I say, "The greatest achievements come with collaboration!" Enjoy the articles in this issue of *Everything Matters in Patient Care,* where great achievement happens through collaboration.

The Congenital Heart Collaborative

Jamie Phillips, MHA, FACHE, Senior Vice President-Operations, The Heart Center
Amy Biddle, MSN, RN, Director of Clinical Services, The Heart Center

Pictured below: Jamie Phillips, Senior Vice President, The Heart Center, with Chad Eckert, Program Manager, Rainbow Babies and Children's Hospital

"We are excited to have the opportunity to share our learnings and best practices to support the team at Rainbow Babies in developing a clear path to delivering the best outcomes and care for patients in Northeast Ohio."
–Jamie Phillips

The Congenital Heart Collaborative

University Hospitals
Rainbow Babies & Children's
Nationwide Children's Hospital

Business

Collaborative Leadership

Executive Committee with 50 percent representation from both institutions

Physician Leadership Oversight Committee

Recruitment

Recruitment and training of highly specialized congenital heart specialists and clinical team

Mission

Expertise
Pediatric expertise from top ranked *U.S. News & World Report* neonatal and heart programs in the nation.

Life-long Care
Quality care for patients and families with congenital heart disease from fetus through adulthood.

Team Integration
Seamless care plans from a comprehensive integrated team.

Access
Regional access to one of the most extensive and experienced heart teams in the country.

Novel Therapies
Unique approach provides access to novel therapies, latest clinical trials, and advanced technologies and procedures.

Optimal Outcomes

Partnering to achieve optimal outcomes and best value through quality, research and patient care.

University Hospitals

Rainbow Babies & Children's

Nationwide Children's Hospital
When your child needs a hospital, everything matters.℠

"President John F. Kennedy's speech on September 12, 1962, at Rice University related to space exploration: "We choose to go to the moon in this decade and do other things, not because they are easy, but because they are hard." This quote and moment in time resonates to our Nationwide Children's Heart Center Team as we take on the new endeavor of developing a heart collaborative with University Hospital's Rainbow Babies and Children's Hospital in the next decade."
– Timothy Feltes, MD, Co-director, The Heart Center

In June 2015, The Heart Center at Nationwide Children's Hospital and the Heart Program at Rainbow Babies and Children's Hospital in Cleveland formed The Congenital Heart Collaborative (TCHC). This collaborative is a long-term affiliation agreement centered on the clinical heart services including but not limited to pediatric cardiology, interventional cardiology and pediatric cardiothoracic services. The collaborative is built around the concept of "one program, two campuses" and is led by Dr. Timothy Feltes and Dr. Mark Galantowicz, both of whom are co-directors of The Heart Center at Nationwide Children's Hospital. The two programs are enjoying an excellent working relationship and are building a premier congenital heart program centered on quality of care, education and research.

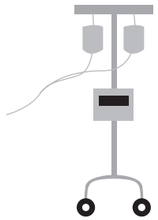
The collaborative is built around the concept of
ONE PROGRAM, TWO CAMPUSES

The program goals of TCHC affiliation are as follows:

1. Jointly develop and monitor adherence to uniform quality standards and protocols for delivery of clinical care.
2. Work collaboratively to ensure that the highest levels of patient heart services are offered in the area served by Rainbow Babies and Children's in an effective manner and, in doing so, build the premier congenital heart program in Northeast Ohio.
3. Recruit, retain and train highly qualified physicians, fellows, nurses and allied medical staff to the communities served by Rainbow Babies and Children's Hospital.
4. Work collaboratively to ensure that operational milestones are achieved to enhance the service line.
5. Recruit and train physician leadership at Rainbow Babies and Children's to step into and take over program leadership administrative and clinical responsibilities.
6. Partner in research to advance the knowledge of congenital cardiovascular disease and in turn promote the cardiovascular health of our patients.
7. Develop the model for program collaboration by capitalizing on the strengths of two nationally recognized children's hospitals. Such a partnership will help to set a high standard for quality of care for congenital heart patients of all ages and establish collaboration that will result in meaningful clinical research.

In an ever-changing industry, health care providers are challenged to look for ways to improve the effectiveness, efficiency and quality through innovative collaborations. This affiliation is an innovative example of how two heart programs have united with the same focus and commitment to collaboration, quality improvement initiatives and best outcomes. From education and staff training to development and expansion of a cardiac step-down unit and state of the art hybrid interventional cardiology and cardiothoracic surgery suites, our clinical teams play an important role in the success of the collaboration by working as one team in efforts to achieve significant strides with high impact and success in the past 10 months.

We have achieved significant strides in the past 10 months through The Congenital Heart Collaborative:



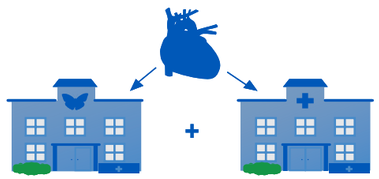
43 surgeries and interventional cardiology procedures
performed within six months at Rainbow Babies and Children's Hospital

50+ staff trained
Rainbow Babies and Children's members including CTICU APNs, Cardiac OR RNs, RN navigator and perfusionist since June 2015

48+ hours of training
by Nationwide Children's Heart Center nurse educator

30 day go-live
in opening a dedicated Cardiac Step-down Unit at Rainbow's Babies and Children's Hospital

11 Nationwide Children's Hospital guidelines
and protocols implemented at Rainbow Babies and Children's Heart Program



1 united heart program
on two campuses

ANCC Magnet Recognition Program®; A Collaborative Culture Prevails

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

The American Nurse Credentialing Center (ANCC) Magnet Recognition Program® recognizes more than 430 national and international health care organizations for nursing excellence and quality patient care. Once designated, health care organizations are required to apply every four years for redesignation. Nationwide Children's Hospital received a third Magnet designation in 2014 and is actively working on the fourth Magnet application, due October 2018.

Only six percent of all registered health care organizations receive this prestigious honor. The redesignation journey intentionally challenges health care organizations to demonstrate that the foundational Magnet principles are enculturated. Those foundational characteristics include: excellence in patient satisfaction, nurse satisfaction, evidenced-based practice, quality patient care outcomes and interprofessional collaboration.

Of all these, it is interprofessional collaboration that has been identified as essential, not only by ANCC, but by the Institute of Medicine and Joint Commission. In 2008, the Joint Commission, who accredits and certifies more than 21,000 health care organizations in the United States, validated that "safety and quality of patient care is dependent on teamwork, communication and a collaborative work environment."

Is interprofessional collaboration new to the health care environment? No, but sustaining effective working relationships built on trust and mutual respect in todays' perpetually changing health care environment poses challenges.

With more than twenty years of effective leadership defining nursing practice excellence, ANCC developed the current Magnet model to validate applicants successfully address current health care needs. Recent updates focus on performance and data. No longer can applicants use process compliance measures, such as bundles, to demonstrate an improvement. The recent ANCC Magnet criteria require applicants to identify improvements realized in patient care outcomes, nursing practice or the practice environment that are the result of being compliant with best practices. In addition, for many of the components, applicants are now asked to provide a twofold example; one unit specific and the other at the organizational level. Other significant new Magnet model elements include demonstration of professional goal setting, succession planning and sustained improvements. It is evident the model requires strong and effective interprofessional collaboration by health care organizations seeking Magnet designation. ANCC Magnet designation is not meant to be effortlessly achieved. With the obvious need for interprofessional collaboration, designated Magnet applicant organizations can be truly proud of their accomplishment.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Only six percent of all registered health care organizations receive this prestigious honor.

Nurse Led Rounds: The Alliance of Teamwork and Error Prevention

Glennda Daniels, MS, APRN, NNP-BC

Health care is an industry that provides medical treatment to patients with the goal of improving their well-being. Team development promotes quality, safety and supports best outcomes. With the development of Zero Hero at Nationwide Children's Hospital, eliminating preventable harm has become part of the culture. This organization strives to develop and implement safety initiatives that promote error prevention. The Joint Commission has emphasized the importance of communication in the reduction of errors. Collaboration and teamwork provide a mutual respect that assists in providing efficient and effective communication within the multidisciplinary team. In an effort to foster an environment that ensures patient safety, the safety committee at Nationwide Children's NICU at Mount Carmel St. Ann's Hospital researched the evidence on the benefits and challenges of nurse led rounds. The committee recognized the importance of complete, clear and concise communication and decided to explore nurse led rounds as an avenue to empower and engage the nurse in the daily rounding process.

A review of the literature suggests that the positive effects of nurse led rounds can extend beyond error prevention and improved communication. The aim of this rounding process is to respect that the nurse is the most consistent health care provider at the bedside and can convey information regarding the patient from a unique perspective. Nurse led rounds enhance team communication and allow the Registered Nurse (RN) to contribute meaningfully to the plan of care and improve the quality of discussion. The bedside nurse is an integral part of the team. The collaboration of the multi-disciplinary team provides shared decision-making and a greater understanding of the daily goals and plans. Furthermore, the RN develops a supportive relationship with the family and advocates for the infant and family. This nurse-parent relationship may yield a parental confidence that fosters active participation in rounds and provides an opportunity to address their concerns. In addition, research suggests that the implementation of this rounding process has demonstrated increased staff satisfaction and retention, as well as strengthening the professional relationship within the multi-disciplinary team.

However, there are challenges that must be addressed. The bedside nurse has many competing tasks to accomplish. Nurse led rounds may prolong the daily rounding process, thus interfering with completion of these tasks. Additionally, the RN may feel intimidated about taking a more active role in daily rounds. In order to facilitate this new rounding process, multiple methods of education and support have been provided for the staff.

Our unit dynamic has the potential to be conducive for the success and sustainability of nurse led rounds. The medical director and nursing management have provided support for this project, and they acknowledge that nurse led rounds can provide our unit with an opportunity to strengthen communication. A team approach was utilized as we explored this new rounding initiative. Input from RNs, Neonatal Nurse Practitioners, physicians and nursing leadership was utilized to ensure adaptation. Staff education was provided at unit meetings, outlining the benefits and possible barriers. Additional education was administered through presentations, written material and individualized

discussion. We included the bedside RN in every facet as we progressed through each phase of implementation. Feedback was received; concerns, questions and comments were acknowledged and addressed.

Nurse led rounds have been implemented in a systematic-staged approach. Our initial expectation was for the nurse to present information pertaining to the infant's feeding and nutrition during daily rounds. A template was developed to guide the nurse in providing necessary information. Our next step was to add nurse input regarding apnea, bradycardia and desaturation events. We recently expanded our process to include nurse input on each system and active problems concerning the infant. As we progress, we hope to evaluate how our process is contributing to the quality of care. We plan on disseminating our findings to facilitate others in the implementation of expanded nurse input.

Our unit safety committee strives to generate awareness of medical errors and stimulate interest in patient safety. Health care governing bodies, such as The Joint Commission, acknowledged the importance of this issue and developed strategies to combat the problem. Ultimately, it is the responsibility of the health care provider to be diligent in practice to reduce the risk of medical mistakes and enhance patient safety. Nurse led rounds provide a tool that has the potential to improve team communication by empowering the nurse to impart invaluable information regarding the patient, while also facilitating an opportunity for collaboration and shared decision-making.

Opioid Safety: What Patients and Families Need to Know

Sharon Wrona, DNP, RN-BC, AP-PMN, PNP, PMHS

Non-medical use of prescription opioids is second only to marijuana as the most frequent type of illicit drug use among adolescents. On an average day, 2,446 American adolescents will use opioids non-medically for the first time in their lives. In national surveys, more than 10 percent of high school seniors report lifetime misuse of prescription opioids. The peak risk for non-medical use of prescription opioids among adolescents occurs at age 16. **In 2011, more than 1 in 5 Ohio high school students reported the misuse of a prescription drug, with approximately half of these medications being opioids.**

In December 2015, Nationwide Children's Hospital convened an interdisciplinary Opioid Safety Task Force to look at prescribing and educational practices at our institution to assess how we can make a difference in this opioid misuse epidemic in Ohio. Initially, a survey was sent to prescribers regarding prescribing and educational practices with patients and families for pain management. The second step included looking in EPIC at the amount of opioids prescribed to patients upon discharge from both the inpatient and in the outpatient setting. In 2015, Hydrocodone® was identified as the most common opioid prescribed upon discharge. This included approximately 18 doses per patient prescribed at discharge. This number did not include any other type of opioid prescription. Nationwide Children's is looking at ways to have better indicators on what is the appropriate amount of opioid medication to be prescribed for various acute medical conditions as well as emphasizing the use of non-opioid and non-pharmacological pain management techniques.

The most recent data from the Center for Disease Control and Prevention (CDC) showed that 70 percent of people who abuse prescription painkillers get them from a friend or relative. Knowing this astounding information, one of the aims of the Opioid Safety Task Force was to develop and implement education for patients and families on opioid safety.

Do you know how to properly store and dispose of unused prescription medication?

Storage

- Medication should be secured in a locked location — not in a medicine cabinet, nightstand, kitchen counter or purse. Medication lock boxes can be purchased at local pharmacies.

Disposal

- Take prescription drugs out of their original containers.
- Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
- Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
- Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
- Place the sealed container with the mixture, and the empty drug containers, in the trash.

A new Helping Hand™ specific to opioids which includes benefits/risk, security in home, proper disposal of medications and how to wean off opioid pain medication was developed for prescribers and nurses to review and give to patients and families. A script for Nationwide Children's outpatient pharmacy to discuss with all patients who are receiving opioid prescriptions on risk, security and proper disposal has been implemented. Nationwide Children's is also working on ways to increase awareness of the importance for proper disposal of unused medication out in the community.

Nationwide Children's Zero Hero for preventable harm initiative is a model used for both statewide and national patient safety efforts. These efforts to improve education on opioid safety will help to decrease preventable harm with the opioid misuse epidemic for patients that we care for at Nationwide Children's as well as the greater communities which we serve.

Intensive Feeding Program: Providing Hope to Families of Children with Feeding Problems

Wendy Burdo-Hartman, MD, Medical Director, Pediatric Feeding Program, Section of Complex Health Care, Department of Pediatrics

Rob Dempster, PhD, Pediatric Psychologist, Department of Pediatric Psychology and Neuropsychology

20%
of all children and more than
50%
of children with autism or developmental delays have at some point significant feeding difficulties

For parents everywhere, good nutrition is one of the most important things they want to provide for their child. The first thing a mother wants to do after her baby is born is feed him or her. Whether it is at the breast or by bottle, a parent wants to see their child eating. However, approximately 20 percent of all children and more than half of children with autism or developmental delays at some point have significant feeding difficulties that would benefit from intervention. There are many reasons an infant or child may not want to eat. For example, if a baby is born extremely premature, the ability to suck, swallow and breathe has not developed enough for eating. Other children may not have the skills to manipulate and swallow food successfully, or have a history of discomfort with eating which then led to extreme behaviors to escape or avoid mealtimes. For these and many other reasons, children may be dependent on gastrostomy tube feedings for nutrition. Many parents are unable to get their child to eat more food and decrease the need for tube feedings. Because these mealtime challenges are such a struggle for the entire family, our program strives to give both parents and children confidence in their ability to eat food successfully and decrease overall stress surrounding food.

The Intensive Feeding Program at Nationwide Children's Hospital

The Intensive Feeding Program is an interdisciplinary treatment program for children with complex pediatric feeding problems. It is one component of the Comprehensive Pediatric Feeding Program at Nationwide Children's Hospital. The most common problems seen through our program include increasing the variety of foods children eat, how fast they eat or drink and the volume of food and drink they consume. Many children in our program are either dependent on gastrostomy tube feedings for their nutrition or working on increasing their oral intake to prevent the need for a feeding tube. Our program incorporates the skills of occupational therapists, speech and language pathologists, psychologists, physicians, nurse practitioners, dietitians, nurses, social workers and other key staff to develop and carry out an individualized treatment plan. Most children with pediatric feeding problems can be treated in a traditional outpatient setting, but the children and families who are seen through our Intensive Outpatient Program typically have difficulties that persist even after more traditional outpatient therapy. Sometimes feeding problems are because of oral motor weakness or a mechanical problem and require a feeding therapist who can be an occupational therapist or a speech and language pathologist. Other children have feeding problems that persist because of learned behaviors and will require the expertise of a psychologist. Some children who have been very ill for a long time may have poor eating skills and develop avoidant behavior to get out of eating. In this case, they may require a multidisciplinary team to help them overcome their feeding challenges.

In the Intensive Feeding Treatment Program, the child and family attend sessions for three to five feedings a day, five days a week for six to eight weeks. During the program, the team assesses the current level of feeding function and how the child eats for the family. After analyzing this, the team develops a treatment protocol. The feeding therapist and psychologist provide the direct feeding treatment, while the parent observes on a monitor to see how the therapist is offering food to the child. This is also an opportunity for the child to learn a new set of rules and responses for their behaviors at meal times. Once the child is eating for the therapy team, the parent is brought into the room to begin learning how to implement the feeding protocol. They learn to reinforce a desired behavior (taking a bite) with praise, physical touch or a tangible object, but ignore common behaviors typically to escape meals or avoid feared foods. Next the parent is instructed to feed their child with the therapist still in the room. Then the therapist observes the parent and child out of the room on a monitor, with staff coaching the parent if necessary using bug-in-ear technology. Once the family can successfully implement the protocol at home, the child is discharged from the intensive feeding program. After the family has been home for a week, they return to the clinic so the team can see how feeding is going at home and what part of the plan may need to be changed. The child's weight and any medication being used are monitored. If possible, medications are weaned when no longer needed. The family returns two weeks after discharge from the program and then again at 3 months, 6 months and 12 months. If needed, visits may be more frequent.

In the Intensive Feeding Treatment Program, the child and family attend sessions for 3 to 5 feedings a day, 5 days a week for 6 to 8 weeks.

Collaboration and Intensity Matters

With the help of a collaborative team working on a specific goal, many children can overcome their feeding difficulties and learn to enjoy eating food. However, this approach truly requires a team effort involving the following disciplines:

- **Dietitian:** Monitors the amount of calories consumed and weight gain, maintains nutritional adequacy and offers ways to enhance the foods the child will eat.
- **Feeding therapist:** Decides the texture of food that should be offered, which eating and drinking utensils should be used and what type of seating is most appropriate. Sometimes this is a typical high chair or booster chair, while other times a more specialized chair is needed.
- **Social worker:** Provides emotional support and helps with arranging accommodations, transportation and other resources
- **Psychologist:** Creates behavioral treatment plans to respond to extreme child behaviors and helps manage anxiety that may arise during meals.
- **Physician and nurse practitioner:** Monitors for signs of other physical reasons that the child is not eating such as constipation, gastroesophageal reflux or eosinophilic esophagitis that need to be evaluated and treated
- **Additional staff** include the administrative assistant, culinary technician, data technician and nursing: Assists the family with getting feeding utensils for home, special seating for eating, formulas, blenders for pureeing food and other items needed to help make families successful at home. They will also teach the family how to make pureed food from table food.

This comprehensive, team-based approach allows parents to have their questions answered and the child treated from all angles.

There are a growing number of studies that report an intensive treatment program is effective and perhaps more so then traditional therapy once a week. Recent comprehensive review articles show most intensive treatment programs have a success rate of 75 to 80 percent for families who complete the program. Last year, we demonstrated that this treatment is cost-effective for children who have gastrostomy tubes or are at risk for tube placement. The treatment saved more than $275,000 in health care costs over the course of 10 years compared to keeping a gastrostomy tube in place. In addition to the relief of having less stressful meals and better nutrition, **the average patient in our program who has volume as their main goal of treatment decreases their health care spending by 66 percent, or more than $25,000, in the year following treatment compared to the year before treatment.** This means fewer medical appointments, hospitalizations and emergency department visits leading to better quality of life and significantly less overall stress.

Intensive Treatment Programs have a success rate of

75-80%

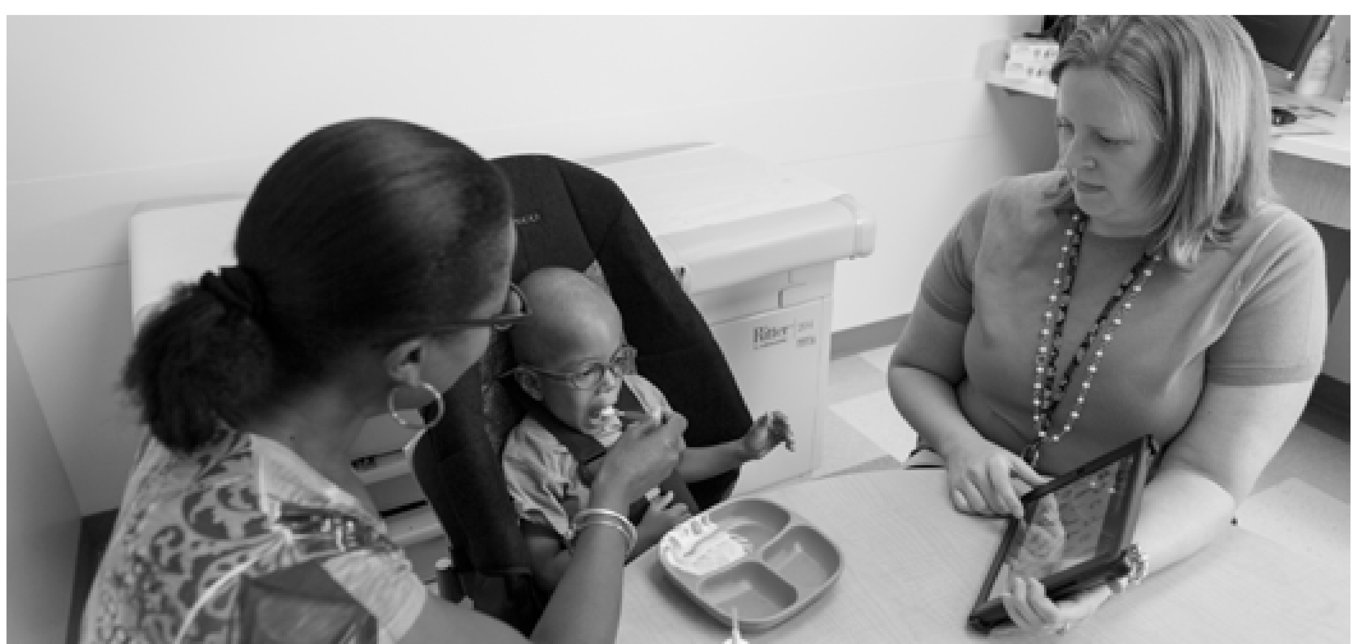
for families who complete the program

$275,000

health care costs saved over 10 year period through treatment for patients who have gastrostomy tubes

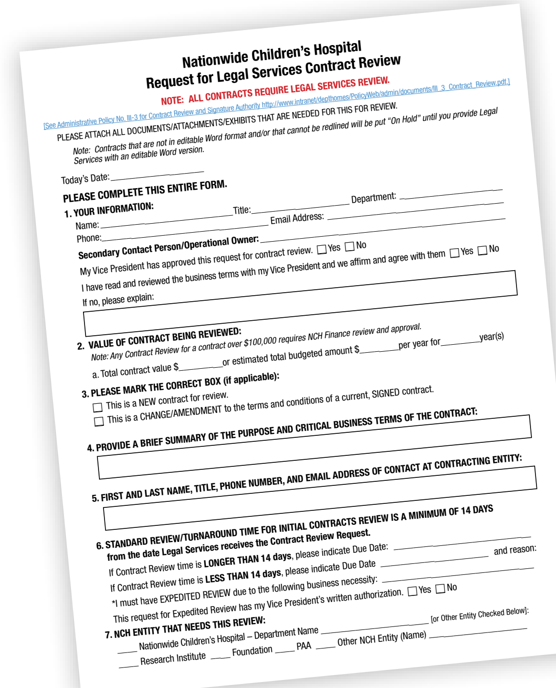
Making a Difference in the Life of a Child

Nationwide Children's Hospital is one of the largest in the country, providing lifesaving treatments to premature infants, infants with complex congenital heart defects, genetics syndromes, anatomic abnormalities and other developmental disabilities. Up to 80 percent of these children may have significant feeding problems that will impact their growth and development as an individual, but also will impact their family in a negative way. By developing a Pediatric Feeding Program that provides an intensive, individualized, interdisciplinary approach towards treating feeding difficulties, we are helping children reach their fullest potential.



Contracting in a Health Care Organization

Joseph Denlinger, JD, Associate General Counsel
Colin De Pew, JD, Staff Attorney



Nationwide Children's Hospital
Request for Legal Services Contract Review

NOTE: ALL CONTRACTS REQUIRE LEGAL SERVICES REVIEW.

[See Administrative Policy No. III-3 for Contract Review and Signature Authority http://www.intranet/depthomes/PolicyWeb/admin/documents/III_3_Contract_Review.pdf.]

PLEASE ATTACH ALL DOCUMENTS/ATTACHMENTS/EXHIBITS THAT ARE NEEDED FOR THIS FOR REVIEW.

Note: Contracts that are not in editable Word format and/or that cannot be redlined will be put "On Hold" until you provide Legal Services with an editable Word version.

Today's Date: ____________

PLEASE COMPLETE THIS ENTIRE FORM.

1. YOUR INFORMATION:

Name: ____________ Title: ____________ Department: ____________

Phone: ____________ Email Address: ____________

Secondary Contact Person/Operational Owner: ____________

My Vice President has approved this request for contract review. ☐ Yes ☐ No

I have read and reviewed the business terms with my Vice President and we affirm and agree with them ☐ Yes ☐ No

If no, please explain:

2. VALUE OF CONTRACT BEING REVIEWED:

Note: Any Contract Review for a contract over $100,000 requires NCH Finance review and approval.

a. Total contract value $________ or estimated total budgeted amount $________ per year for ________ year(s)

3. PLEASE MARK THE CORRECT BOX (if applicable):

☐ This is a NEW contract for review.

☐ This is a CHANGE/AMENDMENT to the terms and conditions of a current, SIGNED contract.

4. PROVIDE A BRIEF SUMMARY OF THE PURPOSE AND CRITICAL BUSINESS TERMS OF THE CONTRACT:

5. FIRST AND LAST NAME, TITLE, PHONE NUMBER, AND EMAIL ADDRESS OF CONTACT AT CONTRACTING ENTITY:

6. STANDARD REVIEW/TURNAROUND TIME FOR INITIAL CONTRACTS REVIEW IS A MINIMUM OF 14 DAYS from the date Legal Services receives the Contract Review Request.

If Contract Review time is **LONGER THAN 14 days**, please indicate Due Date: ____________

If Contract Review time is **LESS THAN 14 days**, please indicate Due Date ____________ and reason:

*I must have EXPEDITED REVIEW due to the following business necessity: ____________

This request for Expedited Review has my Vice President's written authorization. ☐ Yes ☐ No

7. NCH ENTITY THAT NEEDS THIS REVIEW:

____ Nationwide Children's Hospital – Department Name ____________ [or Other Entity Checked Below]:

____ Research Institute ____ Foundation ____ PAA ____ Other NCH Entity (Name) ____________

Operating a health care organization like Nationwide Children's Hospital involves entering into many types of business arrangements, from big and small, to simple and complex. These business arrangements are typically memorialized in the form of a contract, which is a legally enforceable agreement between two or more parties, creating an obligation to do, buy, provide or refrain from doing something. Contracts help establish and document the expectations of the parties by clearly defining in writing the scope of each party's rights, duties and obligations under the arrangement. This provides a measure of certainty for Nationwide Children's by reducing the risk of future disputes or litigation.

Contracts can take many forms, such as an employment agreement, a purchase agreement or a service agreement. When Nationwide Children's hires physicians, buys medical supplies and equipment, or engages an outside vendor to provide linens, a contract is required.

Hospital policy requires you to contact the Legal Services Department to review all contracts involving the hospital, the Foundation, the Research Institute, Homecare or any other Hospital subsidiary, so that Legal Services may assist in drafting, reviewing and negotiating the agreement. Prior to contacting Legal Services, make sure to obtain approval of your area's Vice President (VP).

When submitting a contract to the Legal Services Department, please fill out and email the Legal Request Form, available online through ANCHOR, and submit all relevant documents including previous contracts and amendments. When filling out the form, familiarize yourself with the details of the agreement you are asking Legal Services to review and identify the following: the specific parties to the agreement; how the products or services will be used and who will use them; a date the contract is to take effect; the length of time you wish the contract to last; the contract value; whether the product or service impacts patient care; and lastly, whether anyone will have access to Protected Health Information. Including this information along with the Legal Request Form will help ensure timely review by the Legal Services Department.

Once Legal Services has obtained all the necessary documents, an attorney will be assigned and conduct an initial review within a two-week period. However, this two-week period may occasionally be expedited if you specify the reason for the quick turnaround, and obtain approval from your VP.

Hospital policy requires you to contact the Legal Services Department to review all contracts involving the hospital, the Foundation, the Research Institute, Homecare or any other hospital subsidiary.

Find the Legal Request Form on ANCHOR.

Legal Services may be contacted at **Legal@NationwideChildrens.org** or by calling **(614) 722-5315.**

National Nurses Week 2016

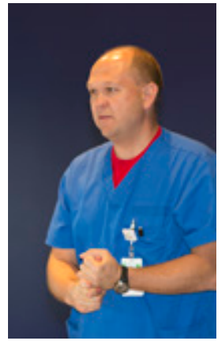
Susan Hedrick, MSN, RN, Professional Development Nurse Specialist
Cheryl Boyd, PhD, RN, NE-BC, NP-BC, Director of Professional Development

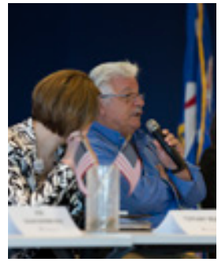
Each year during the week of May 6 to May 12, the nation celebrates the legacy of Florence Nightingale, a nurse who became famous for treating wounded soldiers during the Crimean war and for her work in establishing nursing as a profession. The 2016 Nurses Week theme, "A Culture of Safety: It Starts with You," recognized the strong commitment and compassion nurses demonstrate in their practice and profession. The American Nurses Association defines a culture of safety as one in which core values and behaviors — resulting from a collective and sustained commitment by organizational leadership, managers and workers — emphasize safety over competing goals.

Celebration events and continuing education programs focused on the necessity for the nurse to be self-aware of their personal need to be emotionally healthy, allowing them to provide the highest quality of safe care to the patient.

Highlights of the week included:

- A panel of Nationwide Children's nurses who currently served or had served in the U.S. Armed Forces. Each panel member shared their unique perspective of nursing in a military setting.
- Dr. Bernadette Melnyk, PhD, RN, was keynote speaker. Her presentation addressed the important need the nurse to be holistically healthy to provide high quality care to the patient.
- Laura Lewis, MA, addressed the concerns of bullying and lateral violence in the workplace. Her presentation included the need for self-refection and practical applications in addressing the creation of a positive workplace environment.
- Dr. Kati Koranyi, MD, presented an inspirational look at a lifelong career spent giving care to the pediatric patient. She stressed the importance of self-discovery in achieving the highest quality of care for the patients we serve.
- Maria Vegh, RN, MSN, addressed our night nursing staff on the concerns of sleep deprivation and self-care in the clinical setting.
- On Monday, May 9, the Nationwide Children's Pastoral Care Staff provided a meaningful celebration of the Blessing of the Hands, denoting the importance of the spiritual dimension of nursing care.





The week also included celebration events that recognized excellence in practice that the Nationwide Children's nurse provides each day. Activities included:

- Linda Stoverock, RN, DNP, NEA-BC, served special ice cream treats to staff at various times throughout the week.
- In celebration of National Nurses' Week, a Fun Day event was held in Galaxy Lounge. This event included stress reducing activities, food and a time of socializing for all staff.

Special recognition goes to the following individuals that made our 2016 Nurses Week celebration exceptional:

- The Department of Professional Development for planning and support of the Nurses Week programs.
- Managers who donated more than $1,500 dollars for prizes and gifts.
- Dr. Edward and Mrs. Sally Kosnik for their support in providing The Edward and Sally Kosnik Scholarship for Advanced Practice Nurses and for providing ice cream treats to recognize the dedicated work of our nurses in providing quality patient care.
- Thirty-One Gifts for their donation of canvas totes recognizing our nurses' devotion to improving the lives of children and their families
- Panera Bread for providing a free coffee and bagel coupon to each nurse in appreciation of their dedication and commitment.

Tracheostomy Care Takes a Team

Jeffrey Lutmer, MD, Assistant Professor of Clinical Pediatrics, Division of Pediatric Critical Care Medicine, PAA Critical Care Medicine-NSS
Sarah Begue, MSN, RN, CPNP-AC, Nurse Practitioner Acute Care Ear Nose & Throat Surgery, Ears Nose Throat Surgery Department

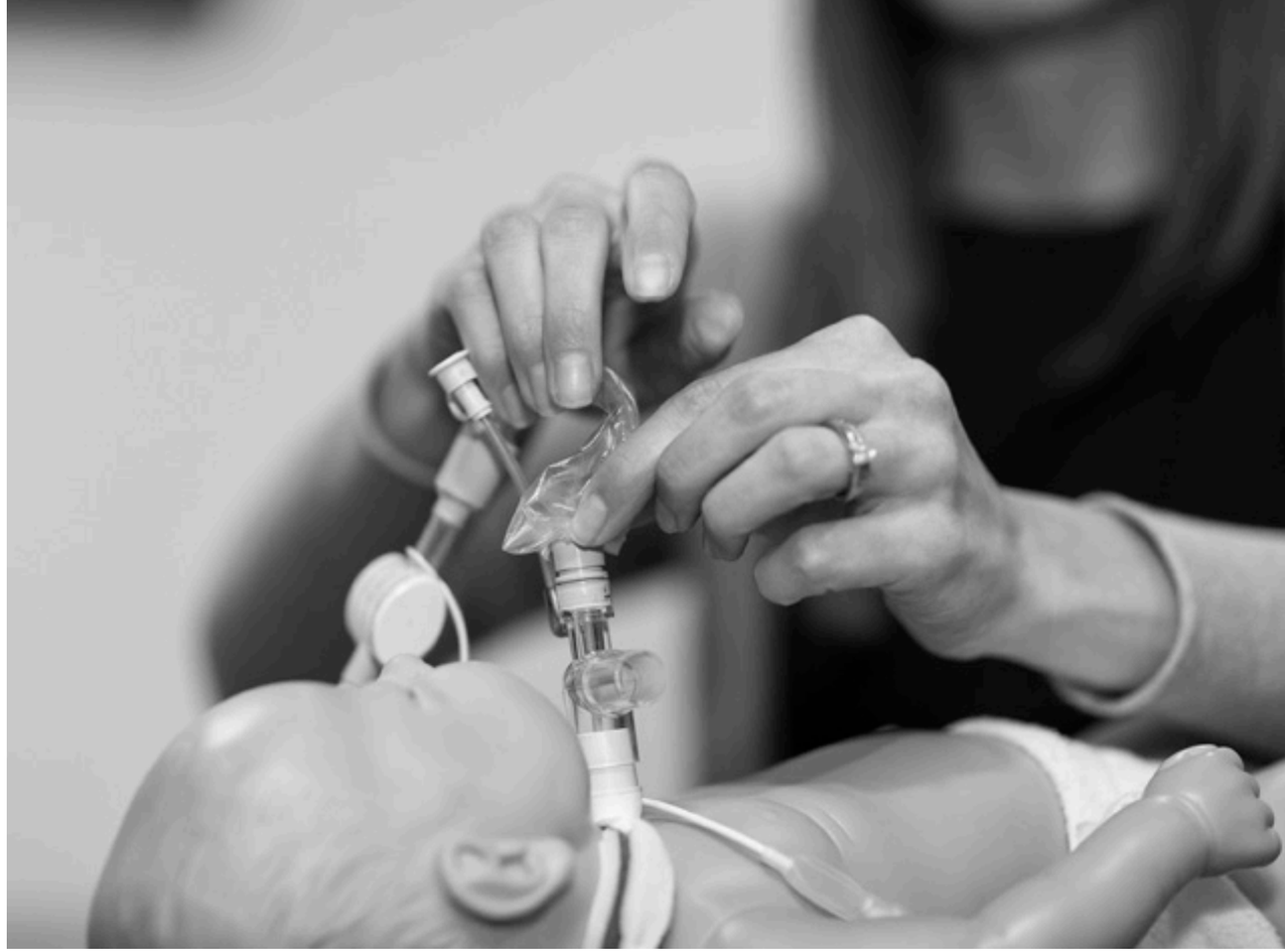
If you have ever seen a child with a tracheostomy, your first reaction may have been one of surprise. Now imagine seeing that child at a grocery store, connected to a mechanical ventilator. As you ponder how "different" this child may appear on the outside, the smile he shares with his mother reminds you not to judge a book by its cover; he reminds you of your own child. You imagine this child's journey must have been complicated, and you are correct. Two years ago, a group of multidisciplinary providers set forth on a collaborative mission to address the challenges presented to these patients and their families. With a bit of multispecialty "route-finding" and expert guidance from Nationwide Children's Hospital Quality Improvement Services, the path to best outcomes is clearer.

Historically, tracheostomy tubes were placed in an emergent manner to temporarily bypass airway obstruction due to disease processes and were removed after resolution. Over time, however, tracheostomy tube utilization has shifted toward a broader population of children in need of chronic respiratory support, including those with neurologic, genetic or cardiovascular disorders. While tracheostomy placement has largely become an elective procedure, in most cases it is not an emergency. The need for tracheostomy placement often becomes apparent during an unexpected period of critical illness. Many questions remain unanswered in these scenarios, and determining the optimal timing of tracheostomy placement requires careful consideration and counseling that is unique to each patient and their family.

Ensuring a patient's and family's needs are met after tracheostomy placement requires proactive planning via a team approach. Physicians and nurses from critical care, pulmonology, otolaryngology, complex health care and palliative care contributed their expert opinions on the medical aspects of the tracheostomy placement process. Care coordinators and social workers from critical care, pulmonology and neonatology established new lines of communication to ensure complex patients and their families could be effectively transitioned across multiple providers and levels of inpatient care. According to Tanya Maria Kempton, RN, Pediatric Intensive Care Unit care coordinator: "My pulmonary colleagues have challenged my perspective on the counseling and coordination necessary for these families and their children. My perspective now extends well beyond what is needed to leave the ICU, but encompasses all aspects necessary for a safe discharge from the hospital."

Nursing input has spanned the entire spectrum of care, from the intensive care unit to the home. Outreach to home health nursing companies has led to the development of standardized hand-off tools designed to bolster effective and smooth transitions of care between families and their care providers.

Caring for a tracheostomy requires patients and families to learn a new vocabulary and acquire a new set of skills. If not carefully coordinated by a multidisciplinary team working in close collaboration, the preparatory (or training) process can lead to apprehension. With the close supervision of Sarah Elek, parent advisor, the education



process has seen dramatic improvements. Through her own personal philanthropy, Sarah donated binders designed to organize patient specific information as well as to keep instructions to assist in the daily care of a tracheostomy. Complete with subject-specific dividers, the binders have been organized as only a mother could. Similarly, Thirty-One Gifts generously donated travel bags for all patients, which are stocked with a multitude of items necessary for ensuring safe travel and consistency of supplies on hand. Respiratory therapists and the Otolaryngology staff work together to guarantee that the supplies are well organized and consistently provided.

Perhaps most importantly, advanced practice nurses trained in tracheostomy care have collaborated with the Family Resource Center (FRC) educators to ensure bedside education could be translated into measurable simulation experiences for families. Luke Vohsing, FRC Coordinator, describes: "Caring for a child with a tracheostomy is extremely complex and requires lots of practice. In the Family Resource Center, we teach parents to practice these skills on a teaching doll outside of the patient's room. This non-threatening environment allows parents to practice the necessary skills on a teaching doll, and then take those skills to the bedside by practicing on their own child prior to discharge." The multidisciplinary tracheostomy team feels that enabling patients and their families through such a comprehensive process is essential for patients and their families to leave the hospital with a sense of confidence, which in turn will lead to Best Outcomes.

Health Literacy and Teach Back for Effective Health Care Communication

Janet Berry, DNP, RN, MBA, NEA-BC, CNOR, Vice President of Perioperative Services

Are you aware that nearly one-third of the United States population struggles with limited to marginal health literacy in relation to the demands of twenty-first century life and that patients with low literacy are 1.5 to 3 times more likely to experience poor health outcomes? The Institute of Medicine defines health literacy as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. The health outcomes of children are affected when their caregivers struggle with health literacy. Children with asthma who are cared for by adults with low health literacy miss more school days and have higher rates of hospitalizations and emergency department visits. Children with diabetes experience worse glycemic control than children of care givers with higher health literacy. And, caregivers with limited literacy are more likely to inappropriately dose medications by using spoons, cups and other nonstandard dosing instruments.

Patients with low literacy are
1.5 TO 3 TIMES MORE LIKELY
to experience poor health outcomes

Early definitions of health literacy primarily focused on the ability of the individual to apply basic numeracy and reading skills to a concept that was health related with the sole responsibility for enhancing health literacy skills on the individual. However over the past decade, there has been a shift towards understanding that health literacy is a product of the individuals' capacities and the health literacy-related demands and complexities of the health care system.

An individual may be able to read and write in certain contexts, but struggles to comprehend the unfamiliar vocabulary and concepts found in health-related materials or instructions. Even people with good literacy skills find that understanding health care information is a challenge. They often don't understand medical vocabulary and the basic concepts in health and medicine, such as how the body works or how to navigate the health care system. Research shows that clear communication practices and removing literacy-related barriers improves care for all patients regardless of their level of health literacy. Research supports and health literacy experts now recommend a universal precautions approach when it comes to health literacy. Universal precautions refer to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected. When applying the universal precautions approach from a health literacy perspective, the health care provider would use communication techniques that facilitate comprehension, such as teach back, for all patients, not just those the provider perceives as being challenged with comprehension. A universal precautions approach to health literacy supports the notion that health literacy is not a trait; it is a state of mind and can change depending on the context of the situation.

Health care providers can improve communication with all patients, including those with limited health literacy by using techniques such as creating a shame-free learning environment, using drawings or pictures, speaking slowly, using plain, non-medical language, limiting the amount of information discussed at one time and checking for comprehension using teach back.

Teach back technique in care provider instruction is an evidence-based action where the health care provider first teaches a health-related topic followed by asking the patient/family to teach back, demonstrate or repeat back the information taught, repeating the cycle as necessary until understanding of the topic is accomplished. An effective technique to promote better understanding for all patients, teach back is also known as the show me method or closing the loop. Teach back is shown to improve communication, comprehension and outcomes. At Nationwide Children's Hospital, teach back technique has been identified as one of three bundle elements for the quality improvement project to reduce seven-day unplanned readmissions. The other bundle elements are to assure accurate medication reconciliation at discharge and to arrange follow-up appointments before discharge, documenting the appointment day and time on the after visit summary note.

Techniques to Improve Communication with Patients

- Create a shame-free learning environment
- Use drawings or pictures
- Speak slowly
- Use plain, non-medical language
- Limit the amount of information discussed at one time
- Check for comprehension using teach back

Teach back is an approach for care providers and caregivers to share meaning in the moment. Using this strategy encourages and engages patients and families in the learning process, supporting patient and family centered care and leading to true collaboration between the health care provider and family unit to achieve full understanding. Teach back puts the burden of effective communication on the provider, by requiring the provider to explain to the patient information they need to apply in a manner that the patient understands. Patient understanding is confirmed when they accurately explain the information back to the provider in their own words. Teach back is not a test of the patient's knowledge: It is a test of how well the provider explained the information. A non-judgmental way of soliciting a teach back might sound like this: "I teach this a lot and sometimes I leave out information without realizing it. Can you tell me in your own words, what we just talked about so I am sure I did a good job teaching you?"

School-Based Health Care Programs Connect Students to a Medical Home

Mary Kay Irwin, EdD, Director of School Health Services

Nationwide Children's Hospital has had a longstanding relationship with schools in the central Ohio area to help them meet their wellness goals through several programs and services. Over the years, the partnership between the hospital and schools has expanded to provide more comprehensive services connecting students to a medical home and to collaborate with physicians to improve the health of the community.

A successful partnership currently in more than 100 schools in central Ohio is the School-Based Asthma Therapy Program (SBAT). This program helps coordinate efforts for those children who have high-risk asthma. The goal is to help establish more consistent usage of asthma controller medication by involving the school nurse in the administration of the prevention medication. The SBAT team functions as a liaison between the primary care provider and the school nurse, so that asthma care is kept in the child's medical home. Asthma Control Test scores are followed as a marker for success. A consistent increase of approximately six points has been recorded for SBAT patients from their initial score to the most recent. Overall, the SBAT program has been able to show an increase in symptom free days and decreased hospital usage by participants in the program, and therefore a decrease in school absences.

The School-Based Asthma Therapy Program (SBAT) is in
MORE THAN 100 SCHOOLS
in central Ohio

School-based behavioral health services are in
34 SCHOOLS
in central Ohio

School-based behavioral health services have expanded to include support in 34 schools in the community with plans to grow during the 2016-17 school year. School-wide support is now provided to both teachers and students. In the elementary schools, behavioral health therapists assist teachers in implementing the evidence-based PAX Good Behavior Game. This prevention activity teaches students' self-regulation and cooperation, thereby creating a more peaceful and productive classroom.

In the middle and high schools, the behavioral health therapists, in collaboration with Nationwide Children's Center for Suicide Prevention and Research, facilitate the evidence-based Signs of Suicide (SOS) program. SOS empowers communities by teaching the warning signs of depression and suicide along with steps to take to seek help should teachers, parents or peers identify an adolescent considering suicide. The Behavioral Health School-Based Program also provides therapeutic support for students and their families. Individual and/or group therapy is used to address emotional and behavioral barriers to academic success.

The mobile care centers have been another way to enrich health services by bringing care on-site to the schools. The Nationwide Children's Mobile Care Center and the Ronald McDonald Care Mobile© (in partnership with Ronald McDonald House Charities©) visit schools to make it easier for children and families to receive health care by having medical equipment and health care providers on board. We are currently providing

services in more than 25 schools as well as other locations in the community.

Even with the success of these programs, many children are still not accessing needed care. As a result, another effort to connect children to a medical home was initiated in Fall 2015. In several high-need areas in the community, part-time on-site primary care services are now being offered in several schools. Collectively, all of these services are now known as the Care Connection program.

Care Connection offers school-based wellness programs as well as select health care services for students who do not have a medical home and for those who do not routinely seek access to care via a primary care physician. The goals of the partnership are to enhance the health and wellness of children and adolescents, to improve students' health promotion and access to care, and to improve academic outcomes. Care Connection nurse practitioners and mental health professionals work in partnership with the school nurse and the child's physician or family doctors. Appointments are available during school hours and, at some sites, before and after school. Consent is required for all visits.

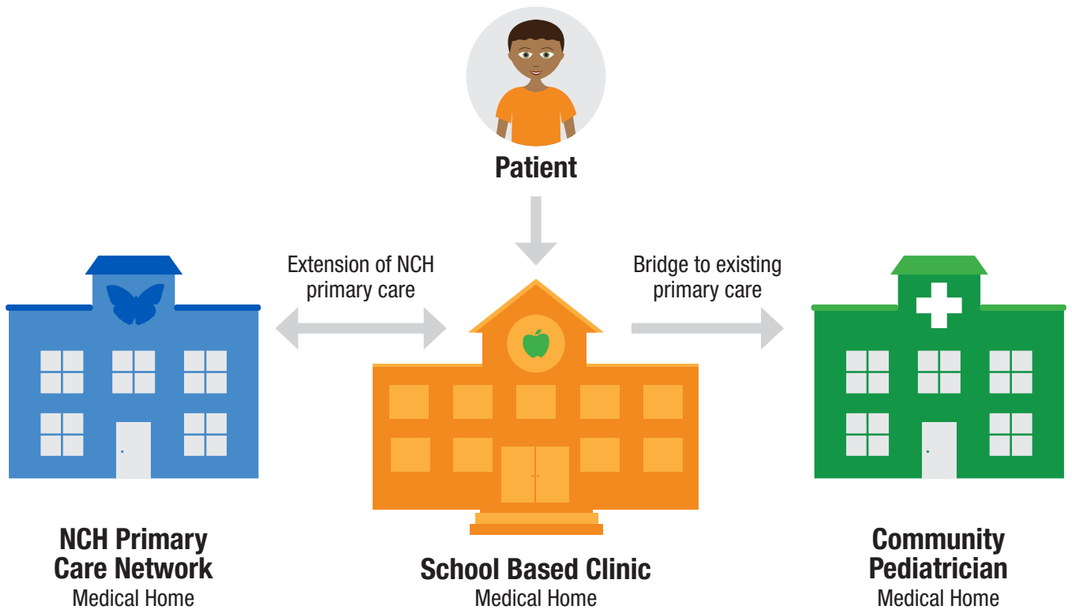
Services offered by the nurse practitioner include:

- Sick appointments
- Physical exams
- Immunizations
- Sports physicals
- Asthma therapy
- Teen health — Healthy weight, drug, alcohol and tobacco use prevention, teen pregnancy prevention and education about sexually transmitted diseases, including HIV/AIDS

All of these services are linked to the child's medical home; those without a medical home are connected to one. An After Visit Summary is sent home with the child that describes the services provided and recommended follow up with the child's physician or family doctor, if needed. Additionally, a copy of the After Visit Summary is sent to the child's primary care physician.

For more information, visit
NationwideChildrens.org/Care-Connection

Nationwide Children's Hospital and Columbus City Schools Partnership



In Recognition

Publications

Angela Blankenship, Sheila Harrison, Sarah Brandt, Brian Joy, Janet Simsic: "Increasing Parental Participation During Rounds in a Pediatric Cardiac Intensive Care Unit," *American Journal of Critical Care*, November 2015

Pamela Horn, Elizabeth Badowski: "Postoperative Spica Cast Care RN Comfort-Level Survey Score Improvement After a 30-Minute Educational Video," *Orthopaedic Nursing*, November/December 2015

Jennifer Weiner, Pamela Horn: "Ewing Sarcoma: Presentation, Diagnosis, and Treatment," *Consultant For Pediatricians*, October 2015

Jill Bennison, Pam Horn: "Pediatric Patients with Slipped Capital Femoral Epiphysis Presenting with Knee Pain," *The Journal for Nurse Practitioners*, December 2015

J. Foster, B. Geld, J. Karnes, L. McCullough: "Tying Outcomes to Practice," Social Work: *Strength-Based Practice in Hospital Case Management*, December 2015

L. Lowes, T.S. Clark, G. Noritz: "Factors associated with caregiver experience in families with a child with cerebral palsy," *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, February 2016

Presentations

Kenny Hoffman, Vicki von Sadovszky: "Nurses' Reactions to an Emergent Pediatric Educational Simulation," Sigma Theta Tau International Conference, November 2015

Ruth Ferroni: "Pulmonary Hypertension Medications: Avoid the Crisis!" and "Vasoactives: Optimizing End-Organ Perfusion," November 2015

Stephanie Cress, Melissa McMillen: "The Model of Therapeutic Recreation in Pediatric Burn Care," Eastern Great Lakes Burn Conference, October 2015

L.L. Madhoun, C. Wackler, S. Sitaram, K.A. Hasenstab, S.R. Jadcherla: "Comparison of viscosity between starch-thickened neonatal formula and VFSS assessment fluids," Dysphagia Research Society Annual Meeting, February 2016

S. Lucius: "Music matters: Integrating music & speech therapy for children with hearing loss," Ohio Speech-Language-Hearing Association, March 2016

K. Tanner, J.P. Lundine: "Evidence based practice in occupational therapy," The Ohio State University Hite Family Symposium, March 2016

K. Tanner, G. Vasiloff, J.P. Lundine, C. Preston: "Group social skills treatment for children with ASD," Ohio Speech-Language Hearing Association Annual Conference, March 2016

LeeAnn Wurster: "Is the Highest Level of Activation Justified for Non-Powder Firearm Injuries," Pediatric Trauma Society Conference, November 2015

JoLynn Wheatley: "Improving HIV Treatment Outcomes: Integration of Mental Health Treatment into HIV Medical Care," Society for Social Work Leadership in Health Care 50th Annual Conference, October 2015

JoLynn Wheatley: "Improving HIV Treatment Outcomes: Integration of Mental Health Treatment into HIV Medical Care," 2015 National Association of Social Workers Ohio Chapter Conference, November 2015

JoLynn Wheatley: "Improving HIV Treatment Outcomes: Integration of Mental Health Treatment into HIV Medical Care," 2015 National HIV Prevention Conference, December 2015

JoLynn Wheatley: "HIV Treatment Outcomes: Integration of Mental Health Treatment into HIV Medical Care," Society for Social Work Leadership in Health Care Conference, October 2015

Jacy Sale, Jayne Pacheco Moore: "Social Work's Contribution to an Initiative to Decrease Emergency Department Utilization in Pediatric Epilepsy," Society for Social Work Leadership in Healthcare Annual Meeting and Conference, October 2015

Jacy Sale, Debbie Terry, Anup Patel, Zachary Grinspan: "The Effectiveness of the Psychogenic Non-Epileptic Seizure Clinic in Reducing Emergency Room Visits," American Epilepsy Society Annual Meeting, December 2015

J. Pacheco Moore, D. Terry, A. Patel: "ED diversion utilization for patients with a preferred language other than English," American Epilepsy Society Annual Meeting, December 2015.

Meredith Brink, Wallace Crandall, Amy Donegan: "Connecting Families: Development and Implementation of a Parent Mentoring Program," Quality and Safety in Children's Health Conference, March 2016

Karen Rediger: "Be Well, Be You — Addressing the unique psychosocial needs of adolescent and young adult women diagnosed with cancer utilizing a wellness perspective and peer support," 40th Annual Association of Pediatric Oncology Social Work Conference, April 2016

For a full list of graduations, awards, certifications and more, visit ANCHOR/In-Recognition

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Daisy Award

Julie Lanham, RN

The 13th Nationwide Children's Hospital Daisy Award was presented to Julie Lanham, RN, of H5B. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of patients and families at Nationwide Children's.

Julie was nominated by two of her co-workers for advocating for a patient with Staph-Scalded Skin Syndrome. Because Julie was floated off her home unit — the burn unit — she was familiar with the skin condition as she's cared for patients with it there. She created a care plan for the 4-year-old patient after realizing her dressing changes three times a day could be reduced to one. Julie also saw the patient through a unit transfer to H5B and helped get the patient additional nutritional support. "She went above and beyond to make sure this family and child received the best possible care for a very painful and scary condition," says Julie's co-workers.

EVERYTHING MATTERS IN PATIENT CARE, previously published as *Heartbeat*, is a quarterly publication of the Patient Care Services Division of Nationwide Children's Hospital, Inc., Columbus, OH. Comments regarding the content of this publication are welcomed. References for articles are available by calling (614) 722 -5962. Send all inquiries and material for publication to EVERYTHING MATTERS: IN PATIENT CARE in care of Rosetta Gordon, Administration, Nationwide Children's Hospital, Inc., or call (614) 722-5962. Nationwide Children's Hospital is an affirmative action, equal opportunity employer.

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