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Everything Matters In

Patient Care

Embracing our Professional Practice Model

At Nationwide Children's Hospital we use our Professional Practice Model, which frames our mission, beliefs and culture, to guide decisions and achieve Best Outcomes.

Contents

Features

Articles

Pictured left: Using the Professional Practice Model to collaborate and foster a dynamic environment of care is important to our nurse educators, like Scott Elder and Marita Rio, along with the rest of our staff.

Why Does a Professional Practice Model Matter?

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

There are many football fans among my readers, so I am using this analogy to explain the importance of our Professional Practice Model (PPM). Imagine Coach Urban Meyer trying to win a football game without a plan. As fans, we see a well-orchestrated game made up of a structure where each person and strategy has a clearly defined role and purpose, such as the staff caring for gear, players, playbooks, coaches and strategies to alter the plan to out-maneuver the opposing team.

In clinical practice, the PPM is similar to Coach Meyer's plan. The PPM takes into account the beliefs, culture and mission of our organization in order to create a playbook to guide decisions and achieve the best outcomes for our patients. Our philosophy (belief) of delivering family-centered care is the driver that begins and remains at the center of the PPM. National and professional specialty organization standards inform our PPM in regards to policy formation and ongoing education. For example, the American Nurses Association outlines key components of a professional practice environment for best patient outcomes. These key components are quality, safety, interdisciplinary collaboration, continuity of care and professional accountability in which nurses are responsible for their own practice and staffing. Creating a professional practice environment is best achieved when nurses are empowered to collaborate with leadership and other disciplines to create a dynamic and transformative culture for patient care. Shared governance, a key component of our PPM, is one such way we accomplish this. Through this internal collaboration of professionals, several initiatives and programs, such as quality improvement, education, scheduling and departmental performance are developed and allow us to anticipate and respond to the dynamic environment in which we provide care.

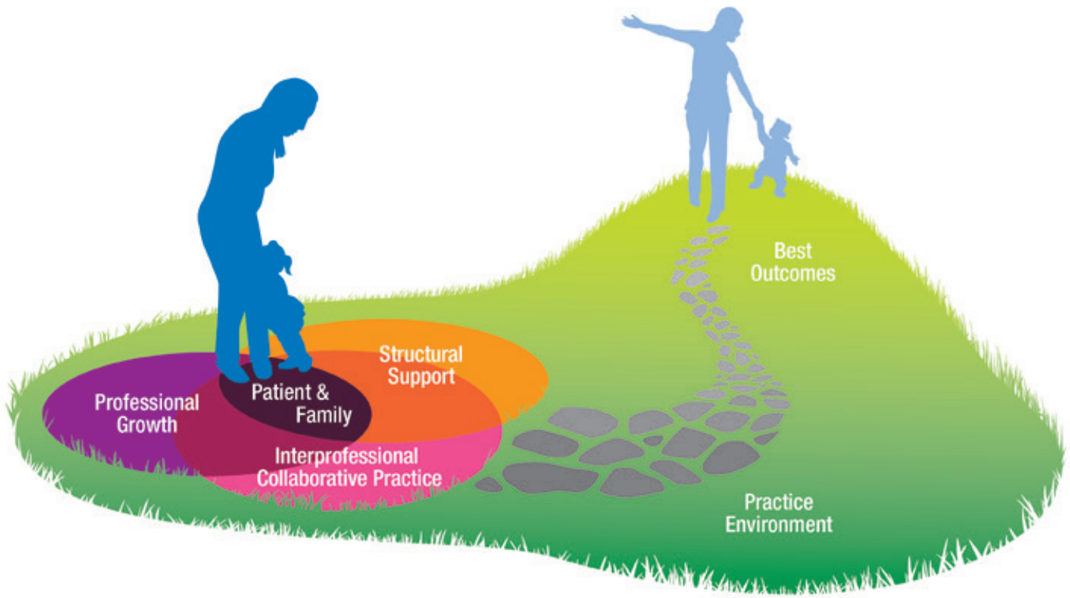
Our philosophy (belief) of delivering family centered care is the driver that begins and remains at the center of the Professional Practice Model.

Nurses have always provided care in an ever-evolving system. In our most current evolution, evidence-based practice (EBP), we examine models of care, the research supporting those models and the resulting patient outcomes to determine whether our policies and practices best meet the needs of our patients. Creating evidence through research and EBP engagement is a focus for us the past six years and an element of change to our current PPM. This engagement allows us to be leaders on a national front and help create necessary changes in models of care delivery for best practices in family-centered care everywhere.

In this issue of *Everything Matters In Patient Care*, you will find a detailed description of the model and examples of staff using the PPM to guide practice changes. Just as Coach Meyer uses his plan with an aim of winning a championship game, our model helps guide us on the Journey to Best Outcomes and provide a winning environment for families who depend on us.

The Nationwide Children's Family-Centered Care Professional Practice Model

Cathleen Opperman, DNP, RN, NEA-BC, CPN, Professional Development Nurse Specialist, Professional Development



The Professional Practice Model acts as a framework to be comprehensive in analysis of problems, consideration of priorities and directive in professional behaviors.

A clear Professional Practice Model (PPM) reflects the values and culture of an organization providing guidance in problem solving. It acts as a framework to be comprehensive in analysis of problems, consideration of priorities and directive in professional behaviors. For example, a group is revising a teaching tool to improve the outcomes of a patient population. One option is to simply revise the tool. However, using the PPM would direct this group to be more comprehensive in implementing interventions to improve the outcome. Perhaps the evidence in the literature or guidelines from professional organizations suggest an organizational process change, education for the nursing staff responsible for discharge teaching or updating of the policy. These interventions, combined with the teaching tool revisions, facilitate better patient outcomes and increase the sustainability of the practice change.

Nationwide Children's Hospital has had a PPM for more than 20 years. Periodically, a group of clinical professionals sit down and review the model for its currency and usefulness. The last significant revision was in 2011 when a group of 51 interprofessional representatives thoroughly reviewed the components of the 1990s model. From those discussions, the visual depiction of the model was simplified and clarified to better reflect the increasingly complex roles of the nurse. Then in 2016, a PPM steering committee reevaluated the model, the relevance of the examples of each component and the accompanying image. Though these were only some examples of each component, the steering committee felt it was important to update the terms to help understand the model overall.

There are six components in the family-centered care model that delineate the authority and accountability for clinical decision-making and outcomes. The patient and family are at the center of our care, professional growth, interprofessional collaboration and structural support used to adapt the practice environment to accomplish individualized best outcomes for our patients and families.

Whether in an inpatient or ambulatory setting, patients and families in our practice environment are the central focus of our work. Based on the principle that developmentally supportive care from the family produces best outcomes, Nationwide Children's incorporates family conveniences and educational features into patient rooms to ensure families are comfortable enough to spend lengths of time with their child. We continually seek more information on cultural, language and literacy needs of our families to contribute to better outcomes. For example, nurses were educated on "teach-back" methods for preparing families to better care for their child at home. Health literacy is more than simply verbalizing key words on the discharge plan, and teach-back gives family members an opportunity to talk about "what if" this happens. It is helping a family see themselves in a situation at home and how they would respond to their child's needs. The Family Resource Center provides the patients' family with knowledge and skills necessary to care for their child after they leave the hospital.

The practice environment includes the work setting culture of mutual respect with support for diversity. We work in a local, state and national health care arena where regulatory bodies, community agencies and professional organizations provide direction for the care we provide. When recommendations are made from any of those groups, we consider the changes needed in our practice environment.

The environment in the PPM is growing and dynamic, like the green grass used to depict it. Sometimes we need to weed out negative things in our environment and fertilize the good; therefore the practice environment needs continual attention. Your practice environment may be your clinic or unit or even a patient population. The environment is ever evolving as is the culture of safety. Sammer, et al (2010) describes a culture of safety as created by a collection of teamwork, leadership qualities, learning environment, patient-centered care, communication methods, efforts for evidence based practice and justice (Do the Right Thing). Examples of efforts to improve our Nationwide Children's practice environment include Treat Me with Respect, Joint Commission Readiness Rounds, Pebble Effect workshop and local/state/national involvement in professional organizations. All of this is the foundation for our professional growth, collaboration, and structural support to work with the patient and family on the path towards the best outcomes.

Whether in an inpatient or ambulatory setting, patients and families in our practice environment are the central focus of our work.

The professional growth of our interprofessional teams is essential for keeping a patient/family focus on the best outcomes in every inpatient and ambulatory care visit. Nationwide Children's develops life-long learners, who are competent direct and indirect care providers, with the ability to function autonomously or as an integral team member. Professional development is

stimulated by high-volumes of continuing education, tuition reimbursement for return to school toward advanced degrees and certification pay.

Interprofessional collaboration includes the purposeful behaviors of not only nurses, but all professionals in the wide variety of our patient care settings (i.e. Emergency Department, Rehab Unit, Neonatal Intensive Care Units, Behavioral Health Inpatient and Outpatient; Procedure areas, Clinics, Urgent Cares, Surgery Center, *Close to Home Center*℠, etc.) In an effort to promote better health for all children in central Ohio, the caregivers seek internal and external relationships with other departments, roles, community agencies and health care organizations. Because everything matters, the expectation for critical reasoning in the form of communication, time management, prioritizing, and decision making is fostered upon hire. Some behaviors fostered in our Zero Hero culture incorporated into daily practice include: SBAR, 3-Way Communication, and Stop and Resolve.

Perioperative Services has an autism work group that has collaborated on numerous practice changes to improve the experience of patients in Perioperative Services (Peri-op) who have autism. This team has nurses from all Peri-op areas, Child Life, Information Services, Professional Development, Psychology, Center for Autism Spectrum Disorders, Patient Care Assistants, Managers and Physicians. The collaboration of this team over the past two years is changing the patient experience for this population, in particular the satisfaction of family members and the comfort level of Periop employees caring for them.

Nationwide Children's incorporates system-wide structural supports for professional growth and collaborative behaviors like safety (Zero Hero, quality improvement, simulations), legal (corporate compliance, policies and procedures, CS STARS), education (orientation, nurse residency, educator forum, The Learning Center) and clinical practice (trauma navigators, huddles, job descriptions).

If you routinely reference the PPM with project work, you will be reminded to include a variety of structural supports in the planning for practice changes. In a decentralized organization, one of our greatest challenges is standardizing practices and unified messages to the patients and families who utilize services in many parts of our organization. For example, your clinical setting hears about a new device to use with your care. Agile and innovative clinicians initiate contact with the company to find out more about the device. Instead of simply trialing it in your area and purchasing it, you look to the PPM for other considerations. You realize that these patients will have the device when they go to other clinical areas, so the Product Quality Cost Review Committee (PQCRC) is consulted so that the process to educate staff, develop a policy, and maybe even a Helping Hand™ is properly initiated. Structural supports are the key to improving standardization of our care.

Finally, best outcomes are the reason for our mission. This path is both wandering and cobble stoned because our patients have so many factors affecting their outcomes that we frequently need to "pull them back up onto the path." We strive: for zero preventable errors; to increase access and continuity of care; to improve patient and employee satisfaction; to improve cost efficiency; and to demonstrate successes with nurse sensitive indicators.

All of our professional staff play a significant role in patient care decisions and outcomes in both the ambulatory and inpatient settings. Professional Standards of Practice, metrics, audits, quality events and evidence based practice drive change for improvement. Ongoing monitoring of performance is essential, but when any individual goal falls short, nurses seek the best evidence for opportunities to improve the behaviors of employees and even the patients. Use this PPM to guide your decisions to lead to the best possible outcomes for our patients, families and even employees.

How Do You Make a Pain Score Individualized?

Sharon Wrona, DNP, RN-BC, PNP, PMHS AP-PMN
Lauren Renner, RN-BC, PNP-PC/AC

Pain is, "whatever the experiencing person says it is, existing whenever the experiencing person says it does."

Pain is manifested differently in each person. Assessment, management, education and care should be individualized to each person as well. Effective pain management is a result of collaboration between the family, patient and all members of the health care team. Individualized pain management includes non-pharmacological and pharmacological treatment options.

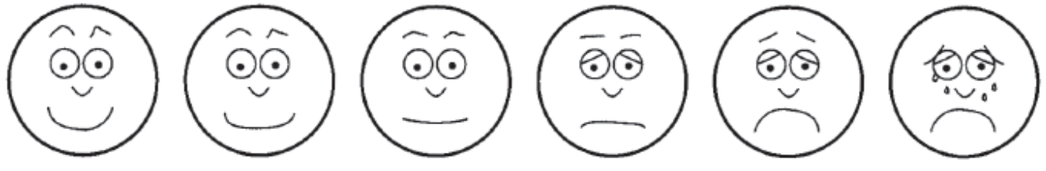
Pain assessment includes a detailed history and assessment. Pain scales are used by the patient or caregiver to determine the patient's perception of his or her degree of pain. Subjective pain scales used at Nationwide Children's Hospital include the Visual Analog Scale, Numeric Rating Scale and FACES scale. Subjective data results from the patient's feelings, thinking and perception of their pain. Objective data is without bias or prejudice. Objective pain scales used at Nationwide Children's include the N-PASS, PIPP and rFLACC scales. For patients who are chemically paralyzed, there aren't any validated pain assessment tools so it is assumed that pain is present.

A patient's individualized comfort goal should be assessed during each admission or clinic visit. The comfort goal should be determined in terms of function and quality of life parameters and agreed upon with the patient and or family. If the patient's pain level is above their comfort goal this should trigger an evaluation for possible use of pain relief interventions (either non-pharmacological and/or pharmacological.)

Pain is best treated with a multimodal analgesia treatment plan with a combination or non-pharmacological and pharmacological approaches. For mild pain, non-pharmacological treatment options may alone provide sufficient relief. For moderate to severe pain, multiple treatments strategies will likely need to be used. Reference table for mild, moderate and severe pain is available in the Nationwide Children's Pain Management policy to meet the recommendations from our 2016 Joint Commission visit.

The American Society for Pain Management Nursing (ASPMN®) holds the position that the practice of prescribing opioid analgesics based solely on a patient's pain intensity should be prohibited because it does not take into account the relevance of other essential elements of assessment that may contribute to poor patient outcomes, such as excessive sedation and respiratory depression as a result of overmedication This also can result in poor pain control from under medication. Pain scores are an important part of the pain assessment to know the amount of pain prior to and after an intervention. A pain score is not the only factor that should be considered when administering pain medications including prn medications.

FACES Scale



Staff Fatigue: Does it Matter? An Introduction to Anti-fatigue Measures

Pamela Creech, RN, MSN, CPN, Program Manager
Maria Vegh, RN, MSN, CPN

The requirements of our 24-hour modern society has introduced a lifestyle that is not conducive to good rest and sleep. Flexibility of work hours and night shift work have contributed to workers not following the natural sleep cycle of the day. In addition, the value of sleep has eroded, while the concept staff can efficiently perform on less sleep is prevalent in our culture.

Health care workers are not immune to strenuous work requirements. Many health care staff work prolonged night shift hours which are rotating or extended shifts. These extended shifts usually consist of 12 or 16 hours, which can mean insufficient recovery time prior to the next scheduled shift. Studies show the sleep of night shift workers is, in comparison to day shift workers, diminished in quantity and quality. There is current evidence that loss of sleep can cause problems such as accidents and serious health concerns. Sleep loss of only one hour per night can add up to sleep debt, which in turn leads to errors, mistakes and accidents. For example, a research study found being awake for 16 hours results in a decline in performance equivalent to a 0.5 percent blood alcohol level. Wakefulness greater than 20 hours is comparable to a work performance as if being legally drunk. Most concerning, sleep deficiency can lead to an unintended episode of sleeping while awake, resulting in catastrophic events such as falling asleep behind the wheel while driving. Sleep deprived staff working or driving home can lead to a serious safety impact on the public.

Inadequate sleep in health care workers due to working extended hours (more than three consecutive 12 hour shifts) and overtime was found to cause a 32 percent increase in needlestick injuries, as well as a 16 percent increase of sprains and strains in nursing staff. Studies revealed a 28 percent increase in errors when working night shift, 15 percent increase when working evening shift and 13 percent when working 10 or more consecutive hours. The patients' perception of the nurses' communication, pain control and the patients' general needs being addressed are increasingly negative when the employees' shifts extended over 13 hours. It was also found registered nurses were struggling 50 percent more to stay awake when shift extended past 12.5 hours and working more than forty hours per week. As one would expect, this has been linked to an adverse patient-nurse outcome.

Numerous studies have demonstrated extended sleep deprivation leads to health risks such as weight gain, hypertension, heart disease, stroke, irritability, mood disorders and suicide. Lastly, our cognitive ability can be markedly affected by sleep loss and trigger forgetfulness, diminished logical reasoning, lapses in attention, slowed response time and ultimately failure to rescue. It is obvious from research and data managing work/life balance while working during the night can be challenging. We all need to be aware of our limitations and implement anti-fatigue measures. Approximately three years ago a group of managers from Nationwide Children's Hospital heard a motivational speaker and became inspired to create the night shift friendly (NSF) steering committee. The committee began with six managers conducting a literature review of shift work knowledge and research and has expanded to approximately 12 members including frontline night shift staff. The team meets monthly and seeks input from off shift workers. The focus of the committee is to reach out to staff with numerous fatigue-countermeasures, as well as educational and staff appreciation activities.

Nationwide Children's continues to look for ways to make the institution more night shift friendly. The NSF group gathers proactive feedback and ideas when planning events for the hospital, to ensure convenient times and locations for our nightshift staff. Town hall meetings with senior leadership, the anniversary breakfast and the staff appreciation days were all offered at different times based on feedback from the committee. The decentralized process for the annual tuberculosis skin test, which offers night shift hours, has been well received by the staff.

Other accomplishments of the NSF group include the use of several staff surveys addressing educational needs and inconveniences of working nights. A management survey was conducted to understand the discrepancies across the organization of managing units that are open 24 hours a day. Based on feedback from these surveys, special activities were planned for Nurses Week that mirrored day shift offerings since night shift often cannot attend these standard events. A Continuing Education presentation and self-study on Sleep Deprivation in the Clinician was provided which included a tip sheet on night shift self-care. Sunglasses were also provided for all overnight staff which promotes better REM sleep. Lag Day celebrations were created as a result of the staff working an extra hour during the transition to daylight savings time. During these celebrations the staff received meal cards from nursing administration, cookies and extended Magic Bean hours.

This has been an important journey for our organization over the past three years. The group is continuing to learn and is eager to receive input from our shift-work clinicians. This is not only an important step for our employees but also important for achieving best outcomes for our patients and families.

If interested in learning more about self-care, please visit **The Learning Center** and **search "sleep"** to locate and complete the **"Sleep Deprivation in the Clinician" self-study** (video, tip sheet and post-test included). The committee would like to continue to raise awareness about this topic.

If you would like to share your ideas, experiences or concerns with the team email **NightShift-FriendlySteeringCommittee@NationwideChildrens.org**

Enculturation of Evidence-Based Practice: Nurse Residents Leading the Way

Jessica Branditz, MSN, RN, CPHON
Cindy Moore, MSN, RN, CPN

The Transition to Practice Nurse Residency Program at Nationwide Children's Hospital, provides support for new graduate RNs in their first year of professional practice. The goal of the program is to bridge the gap between education and practice by increasing confidence, competence and further developing critical thinking skills. During the yearlong program, nurse residents contribute to the Nationwide Children's culture of evidence-based practice (EBP) by participating in the management of EBP projects to improve patient outcomes, patient safety and employee engagement.

The EBP projects have been a major component of the Nurse Residency program since its inception in 2009. Beginning in early 2015, the nurse residency team began providing an organized timeline to structure the EBP projects. The EBP program includes didactic education and the use of EBP mentors. The nurse residents gain experience with the development of a PICOT (patient problem, intervention, comparison and outcome[s], time frame) questions, gathering internal hospital data, performing literature searches, appraising research articles, creating evidence summary tables and making practice recommendations. Teams of nurses work on EBP projects with practical applications to their clinical areas. The culmination of the EBP projects includes a presentation of findings, a description of the EBP process and the application of results. In addition, the residents are encouraged to consider implementing recommendations and disseminating project results within the organization, as well as externally via conference presentations and publications. Nurse residents are encouraged to display their EBP project posters to enhance knowledge and skills of nursing practice within their clinical setting.

In the last two years, there have been 59 projects completed by more than 100 nurse residents with several more in the development stage. Projects have focused on various topics related to clinical practice, staff education, staff satisfaction, staff retention, patient/family satisfaction and patient safety. The projects follow Nationwide Children's Journey to Best Outcomes and have led to policy and procedure revisions, improvements in staff and patient education and inspired various hospital initiatives.

Some EBP Projects include:

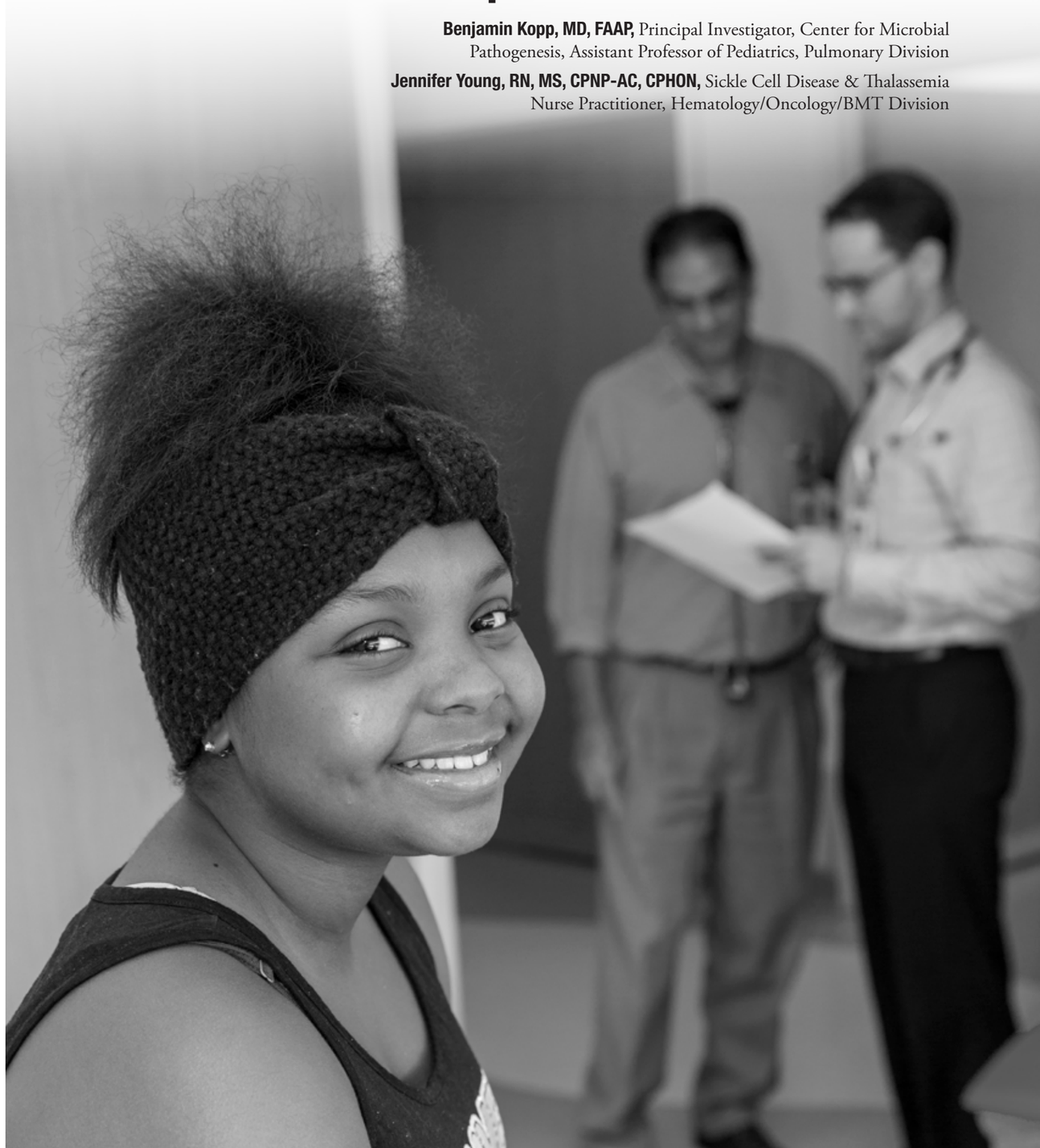
- Caring for Children with Autism Spectrum Disorder in the Perioperative Area
- Double Gloving in the Operating Room
- Implementing Evidence-Based Communication in Behavior Health: Use of the BRACHA Tool
- Nasogastric Tube Placement Verification
- Perceived Barriers for Nurses Calling ACTs
- Inpatient Safe Sleep Compliance
- Formal Handoff Report in Perioperative Nursing
- Discharge Instructions for Non-English Speaking Patients
- Supportive Holding
- Effective Manual Blood Pressures
- Understanding and Preventing Voluntary Turnover

The goal of the Nurse Residency EBP project is to encourage lifelong learning and improve care at the bedside by empowering nurse residents to always maintain a spirit of inquiry and be change agents in their clinical setting.

One Stop Care: Sickle Cell and Pulmonary Collaboration to Improve Patient Outcomes

Benjamin Kopp, MD, FAAP, Principal Investigator, Center for Microbial Pathogenesis, Assistant Professor of Pediatrics, Pulmonary Division

Jennifer Young, RN, MS, CPNP-AC, CPHON, Sickle Cell Disease & Thalassemia Nurse Practitioner, Hematology/Oncology/BMT Division



Patients and families of children with a chronic illness often display symptoms of stress and overburden secondary to the numerous medical appointments needed to manage the child's disease. For children with more than one chronic disease, such as sickle cell disease and asthma, the evaluation, management and treatment needed to manage these diseases collectively can lead to increased burden and stress for both the patient and the family. The patient's and family's absences from school and work, the implications of financial strain, and

For children with more than one chronic disease, such as sickle cell disease and asthma, the evaluation, management and treatment needed to manage these diseases collectively often leads to increased burden and stress for both the patient and the family.

the need for communication facilitation between medical teams can impact the overall dissatisfaction of their health care experience. The demands on patients and families, related to health care management, can create misunderstandings in the care plan. These misunderstandings combined with the potential for lack of adherence with prescribed medical treatments and missed medical appointments can ultimately produce poor outcomes for the patient.

The barriers and challenges of managing multiple chronic illnesses became evident to the Hematology and Pulmonary teams as they provided care to patients with sickle cell disease and asthma or another pulmonary complication. In attempt to overcome these barriers, the two teams collaborated to develop a combined Sickle Cell and Pulmonary clinic visit. The implementation of this clinic was led by Dr. Benjamin Kopp from Pulmonary and Dr. Melissa Rhodes and Dr. Susan Creary from Hematology. The physicians initiated the collaboration with the goal of addressing both sickle cell and pulmonary needs during one visit. Knowing chronic illnesses that are well controlled offer patients the best overall health outcomes, the merger of the two specialties into one clinic visit was convincingly the right thing to do for the patients and their families.

The Professional Practice Model (PPM) recently adopted by Nationwide Children's Hospital clearly depicts the collaboration of these two teams.

Practice Environment

Prior to the establishment of the Sickle/Pulm Clinic in 2013, patients with sickle cell disease and asthma or other pulmonary complications were required to see providers from both sub-specialties at different times. Patients often had separate appointments scheduled with their sickle cell provider as well as their pulmonologist in what could be the same week or even the same month. The providers from both teams frequently found the patient may only attend one appointment, when overall health maintenance and management of their chronic diseases necessitated both visits. The former model posed challenges in the area of provider collaboration given the fact providers were not in the same location and may not be available at the time the patient was in clinic.

A combination clinic visit allows patients to attend one appointment at which they can see both sub-specialty providers. During the combination clinic both the sickle cell and pulmonary providers can discuss the patients' care in a comprehensive and collaborative manner. Through a joint clinic effort, patients are able to gain knowledge that reinforces the importance of optimal management of both chronic diseases.

Patients and Family

Sickle cell disease is the most common inherited disorder in our country affecting approximately 100,000 African-Americans. Acute Chest Syndrome is a common complication of sickle cell disease that can be acutely life threatening and chronically can result in further pulmonary complications.

Nationwide Children's currently serves 393 patients with sickle cell disease, 24 percent of which also have asthma. In addition to this 24 percent, there is a large percentage of patients who do not have asthma but have a history of Acute Chest Syndrome or other pulmonary complication. Given the number of patients with both sickle cell and pulmonary issues, combining outpatient clinic appointments was determined to be the right thing to do for our patients and families. This led to the establishment of the Sickle/Pulm Clinic. The Sickle/Pulm Clinic is held twice a month in the Hematology/Oncology Clinic. During Sickle/Pulm Clinic, patients are seen by a hematology provider (MD or APRN) as well as a pulmonologist. The development of this clinic enabled Pulmonary Function Testing (PFT) to be performed during sickle cell clinic visits. Since the development of Sickle/Pulm Clinic, patients are able to have to PFTs performed during their sickle cell clinic visit; therefore, eliminating the need for a subsequent appointment. Patients and providers could discuss the importance of proper management of both disease and complications in order to gain best outcomes for overall function and health.

24% OF THE 393 PATIENTS WITH SICKLE CELL DISEASE AT NCH ALSO HAVE ASTHMA

Professional growth

During the development phase of the Sickle/Pulm Clinic both clinical and business representatives from Hematology

and Pulmonary met to determine the best way to merge the two disciplines and meet the unique needs of patients and families. This phase allowed the providers from both disciplines to educate each other on the care of their respective specialties' disease or complication. Through mutual education the providers gained knowledge of the disease trajectory, management and treatment. Through program development it became evident a collaborative effort to manage both diseases would lead to improved clinical outcomes.

Inter-professional collaboration

Following the official kickoff of the combination clinic, the two teams continued to meet routinely in order to assess the flow and scheduling of the patients. These meetings allowed for continued education and collaboration among the providers of specialties. Patient care and opportunities for improvement and growth of the combined clinic remained the focus. One area of growth identified was the need to reach additional patients, so a second session of the combination clinic is now offered monthly. A particular focus was the adolescent population due to their unique scheduling needs. In addition to the need for clinic expansion, the necessity of involving respiratory care services became evident even if a Pulmonologist was not present. Today, in addition to two combination clinics per month, patients are able to complete pulmonary function testing during any sickle cell comprehensive clinic visit. Inter-professional collaboration between both teams continues on an annual basis and as indicated to continue to ensure the clinic meets the ultimate goal of collaborative care and disease management.

Structural Support

Prior to the establishment of the Sickle/Pulm Clinic, the sickle cell team worked with Nationwide Children's Information Services to develop a Sickle Cell Action Plan. The Sickle Cell Action Plan is modeled after the Asthma Action Plan and visually lays out for patients and caregivers three levels of care that a patient with sickle cell disease requires: daily health maintenance, care during times of pain or illness care and more urgent or emergent care. The creation of the Sickle Cell Action Plan was developed to mirror a tool many of the patients and families with sickle cell disease were familiar with and were already in the practice of following. During Sickle/Pulm Clinics, patients are provided with both their Sickle Cell Action Plan and Asthma Action Plan. These plans place emphasis on education and the importance of following action plans to control and treat both diseases. Mutually, sub-specialty providers were using similar types of tools and approaching health maintenance and management with the same model. This enables patients to have an increased understanding of how to approach their care at home.

Best Outcomes

A combined Sickle/Pulm Clinic was developed with the goal of offering patients the best possible outcomes related to the management of their sickle cell and pulmonary care needs. Development of a one clinic, two sub-specialty model has decreased the number of appointments patients are required to keep. This model has allowed for patients, families and providers to work collaboratively during one clinic visit to treat two chronic and potentially life threatening diseases. It is difficult to know whether there has been an improvement in clinic show rates. The adherence to medical therapies and knowledge in simultaneously managing two chronic diseases has not yet been assessed. We do know from patient experience and patient and family report they appreciate this combined effort on both the part of the hematology and pulmonary teams to keep them healthy and enable them to focus on life outside of their chronic illnesses.

The development and success of the Sickle/Pulm Clinic led to early discussions within the sickle cell team on other collaborative efforts that could be facilitated in order to further meet the patients' medical needs. It is anticipated future combination comprehensive clinics will likely result from the current positive and meaningful efforts of these teams.

"Collaboration divides the task and multiplies the success."

From Shared Governance to Strategic Partners

Joanna Burns-Womack, RN, BSN, CPN, Pre-Admission Testing
Travis M. Snow, RN, BSN, CTICU

Shared governance has been defined as a model of professional nursing practice that utilizes collaboration and a multidisciplinary approach to achieve quality patient care. It was pioneered nationally about 30 years ago and has been practiced at Nationwide Children's Hospital since 2003.

Shared governance was developed to bring leadership and staff together to implement improvements in quality and safety. It provides nurses a voice in decision making, promotes accountability and utilizes evidence based practice. Nurses participate in unit and hospital based committees such as infection control, quality improvement, EPIC super users, safety coaches, unit councils, section senates and nursing congress. After the nursing model was launched, other professional groups formed shared governance structures and came together in the Interdisciplinary Forum.

As Nationwide Children's has grown and focused on a common model for quality, the shared governance structure was not meeting the needs of staff. Finding committee chairs and co-chairs was challenging. Employee engagement surveys indicated some staff still did not believe they had a voice. Communication between nursing and medical staff was not perceived as fluid. Managers were not members of unit councils. Staff would participate in committees of interest but felt a disconnect with work in shared governance committees. These identified trends created a gap in staff feeling empowered to make decisions and that their opinions mattered.

In January 2016, a retreat was held with many disciplines, shared governance liaisons, current and past staff chairs and other leaders. The outcome of the retreat was a new model that increased two way communications between staff, managers and medical directors. The proposed model focused on staff appointed for various work teams of the unit and sharing information at the strategic partner meetings co-led by the staff chair, manager and physician leader. Bylaws were changed to allow our support staff to lead with the unit manager or serve as the unit representative to hospital wide committees if the work was not directly around scope of nursing practice. Throughout 2016, the model was discussed and refined with staff and leadership.

We know where we have been (shared governance), where we want to go (Strategic Partners) and have in place an improved model which the decision making processes can be shared more efficiently. This process begins at the unit level with collaboration between staff chair, program manager, and medical director who set an agenda for monthly unit council meetings. At these meetings, representatives from unit based and hospital initiatives (quality, operations and professional practice) present items for discussion. Staff chairs report to specialty senates, with guidance from liaisons and are responsible for dissemination of best practice back down to the unit level. Throughout the year, the chief nursing officer (CNO) and staff representatives attend senate meetings, ensuring the path for bidirectional communication remains open between staff and leadership. Allied health professionals hold senates to guide their practice and communication specific to their departments. Twice a year, town hall meetings are open to all staff will be held to highlight outcomes from various units or sections and speak with senior leaders. For shared decision making to happen, it is crucial to have involvement from all areas including Family Advisory Council, Advance Practice Council, office of the CNO and office of the chief medial officer. The diversity of our roles and ideas coming together will forge strategic partnerships throughout Nationwide Children's and everyone's voice will be heard.

Nationwide Children's Hospital ANCC Magnet™ Nursing Excellence Grand Slam

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

Some have said, "third times a charm." But in many sports, it is the fourth run that counts as a grand slam. Similarly, the entertainment world calls receiving four different awards an EGOT; one who has received an Emmy, Grammy, Oscar and Tony.

In health care, there is one nursing excellence recognition program available. It is called the American Nurse Credentialing Center (ANCC) Magnet Recognition Program™ and is understood by the world to represent the existence of nursing excellence, quality patient care, evidence-based practice and interprofessional collaboration, as well as high patient and staff satisfaction in all designated health care organizations. Internationally, only seven percent (448) of all registered health care organizations are ANCC Magnet designated. Of the 448, eight percent (37) have attained their fourth ANCC Magnet designation; a nursing excellence grand slam! Nationwide Children's Hospital plans to join this elite group of health care organizations in 2019. Nationwide Children's will submit our fourth Magnet document for review in October 2018. If the examples and performance data highlight the organizations' patient care, nursing practice and practice environments score in the "excellence" range, then Nationwide Children's will receive a site visit from four ANCC Senior Analysts. They will spend four days touring our practice areas and interviewing interprofessional teams to verify, amplify and clarify the written document. They will seek evidence of the organizations' support for transformational nursing excellence, structural empowerment for autonomous decision-making, professional development and interprofessional collaboration resulting in deep-rooted, evidence-based policies and procedures, as well as allocated time for innovation, research and community outreach.

It takes an entire organization to highlight how nursing excellence is threaded throughout all levels and settings of nursing practices and patient care. With nearly 30 years of ANCC Magnet designated health care data, it is clear, the benefits go beyond nursing. According to ANCC, patient and families receive higher levels of evidence-based care and outcomes. Nurses receive the benefit of recruiting and retaining top talent, organizational support that affords advanced nursing standards and practices and decreased musculoskeletal and needle stick injuries. The organization benefits from the increased interprofessional collaboration, improved safety and quality care, as well as a stronger bond rating and community reputation.

The ANCC Model criterion is revised about every four years to ensure ANCC Magnet designation not only reflects the current health care culture, but also maintains the challenge in achieving the designation. The value of ANCC Magnet designation is validated by third party health care rankings. For example, the *U.S. News & World Report* Best Children's Hospital Honor Roll considers ANCC Magnet designation as evidence of competency when calculating rankings. Leapfrog Hospital Survey, a highly respected award demonstrating hospital quality, safety and efficiency, honor ANCC Magnet designation by granting full credit for Section #9 Safe Practice Nursing Workforce.

Nationwide Children's Hospital Magnet steering committee consists of 30 interprofessionals who represent nearly all inpatient and ambulatory areas. Many of the committee members have been actively involved in the past three Magnet designations and have become astute in identifying the "best of the best" examples. Over the past two years, the committee has combed through the current Magnet criteria and vetted over 80 stories. In 2016, Nationwide Children's submitted the interim report and successfully demonstrated out performance of national benchmark means that Magnet standards were maintained.

Currently, Nationwide Children's is in the writing phase of our document. There is a sense of pride in the stories of nursing excellence soon to be previewed by the ANCC reviewers. It can be likened to the anticipation while waiting for the release of your favorite author's next novel. For example, ANCC will read

Nationwide Children's exemplary interprofessional teams' management of the Ebola crisis, conjoined twins, and transgender patient population. There are stories that demonstrate Nationwide Children's innovative community outreach with University Hospitals' Rainbow Babies & Children's Hospital, Lewis Center Outpatient Building and School-based asthma care that extends care to children in their communities.

Nationwide Children's nurses understand attaining the fourth ANCC Magnet designation is a unique honor, but more importantly recognizes this fourth Magnet journey represents the ongoing commitment from everyone in the organization. Nationwide Children's practices with One Team values in delivering care to children, because everything matters.

Clinical Medical Social Work: Applying the Professional Practice Model to Supervision

Jeanette Foster, MSW, LISW-S, Director, Social Work & Language Access Services

Clinical Social Work in the medical setting is "a modality of social work practice that, acknowledging the importance of biological and psychological factors, addresses the overall function and maintenance of the person's physical and social environment toward the goals of facilitating physical survival, health and mental health, personal growth, and community functioning." The physical and social environments which people live and their lifestyle and health behaviors significantly impact health outcomes.

Clinical Medical Social Work at Nationwide Children's Hospital has identified four primary roles and the key functions and clinical interventions needed to support them. Throughout service lines and embedded within health care teams the primary social work roles include:

1. Supporting and enhancing resilience: an individual's ability to recover from or adjust to misfortune or change
2. Supporting and enhancing self-efficacy: the power of the self to produce a desired result or effect
3. Identifying and mitigating access to care barriers
4. Identifying and mitigating barriers to wellness

Clinical Supervision is focused on the practice of the licensed social worker. It incorporates a body of evidence related to a broad scope of practice and on the connection of the work to Nationwide Children's strategic goals, the primary roles of the Social Work, the task environment influencing the organization itself and Social Work core values. Those core values commit us to:

- Serve those in need and to address social problems
- Actively promote social justice
- Respect the inherent dignity and worth of a person
- Recognize the central importance of human relationships
- Practice with integrity
- Develop and enhance expertise and practice with competence

In 2016, the Clinical Social Work department integrated concepts from the Professional Practice Model (PPM) and others to standardize our approach to Supervision. This included:

1. A Supervision "contract" that promotes partnership and agreement between supervisor and supervisee,
2. Supervision Guides that hinge on the question "What difference have you made?" rather than "What have you done?" The supervision guide outlines a variety of foci consistent with the PPM from structural and practice environment issues to professional growth and self-care.
3. A Case Presentation guide prompting the supervisee to consider topics including harm elimination, care navigation, open communication and other Nationwide Children's cultural expectations.
4. A "Social Work Department & Integrated Service Line/Program Responsibilities" document shared with social workers and with Service Lines/Teams.

A simulation model of training for structural, collaboration and practice environment issues was introduced as a result of collaborative work with Clinical Social Work Shared Governance in 2016. This model of training promotes team-based critical reasoning and ownership of decision making.

Finally, Kanter & Vogt (2012) propose strategies used by social work clinicians in health care "address the delicate process of collaborative engagement with the [patient], environmental intervention, and the recurring need for crisis intervention in the context of ongoing relationships." We find the partnerships with families over time rich and complex and require supervision that recognizes and supports the advanced practice that is inclusive of intrapsychic, behavioral, relational, and environmental scopes of practice. The PPM provides a clear framework which clinical medical social workers may comprehensively plan, implement and practice with our health care partners as we seek the best possible outcomes for families.

Collaborating for Those with Half the Heart

Jo Ann Davis, RN, MS, CPNP-AC, CCRN, The Heart Center

Collaboration is the heart of the Single Ventricle (SV) team. The most well-known SV congenital heart defect is hypoplastic left heart syndrome, but there are several other conditions included in this diagnosis. These heart conditions require at least three staged palliative surgeries in the first few years of life, generally beginning in the first week. Despite the surgeries, these children remain at significant risk for mortality. In 2014, Nationwide Children's Hospital launched the SV program to provide comprehensive care for these children born with only one functional heart ventricle. The team includes but is not exclusive to social workers, dietitians, pediatric cardiologists, MDs, PhDs, advanced practice nurses and registered nurses to meet the needs of this complex population. Children with SV heart defects require intense partnership to meet their intricacy of needs even beyond this dedicated group.

For children diagnosed with a SV heart defect on a prenatal ultrasound, care begins prior to birth with intense weekly collaboration between the fetal coordinator, fetal cardiologists, neonatologists and the single ventricle team. These team members meet with families in the Fetal Medicine Clinic to explain the infants' heart defects, surgical palliation options, birth planning and transfer to Nationwide Children's. The families are given information that explains the anticipated hospital course, discharge preparation and the home monitoring program.

On a newborn's arrival at Nationwide Children's in the Cardiothoracic Intensive Care Unit (CTICU), the care team includes physicians, nurses, respiratory therapists, nurse practitioners and neonatologists. For neurodevelopmental support, physical therapy and occupational therapy are quickly integrated into the team and referrals are placed to the early intervention program called Help Me Grow. Psychology and the Advanced Illness Management (AIM) teams are consulted because of the profound amount of stress this life-threatening diagnosis places on families. Because the patient will often transition multiple times between home, the CTICU and the cardiology stepdown floor (H4A) in the first months of life, the SV team ensures the continuity of care by daily rounding while the child is an inpatient.

Formal bi-weekly meetings are held to review the SV patients from the time of their diagnosis through recovery from their second palliative surgery. In addition to the SV team, these meetings are attended by physicians from the CTICU and H4A, cardiac interventionalists, cardiothoracic surgeons and the AIM team.

Due to their cardiac physiology, children with SV heart defects often have issues with feeding or their gastrointestinal (GI) tract, such as mesenteric ischemia. A unique partnership is developed between the SV team, two pediatric surgeons and a gastroenterologist. Weekly meetings are held with the dietitians, the SV nurses, SV nurse practitioner and the gastroenterologist to review SV patients who are hospitalized and have GI concerns. The pediatric surgeons are notified when SV patients are hospitalized with the potential of needing a surgical feeding tube (gastrostomy) placed. This close collaboration streamlines the process of obtaining GI and surgical care by providers familiar with this complex population.

The SV nurse functions in dual roles as care coordinator and home monitoring nurse in collaboration with the medical team and family for discharge planning. In preparation for the first trip home from the hospital, the SV team organizes a conference call with the child's pediatrician, the parents and dietitian to ensure a smooth transfer of care. If the infant is followed by a cardiologist at an outside institution, an additional discharge conference call is held to discuss the child's heart defects, surgery and ongoing medical needs. Once the child is at home, the child's care is closely managed by weekly calls to the family and frequent follow-up appointments with their cardiologist in the SV clinic.

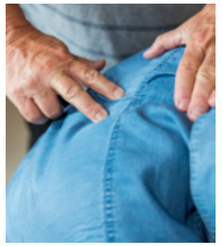
Connecting families with other families is another key component of the SV team. Parents are offered monthly family support meetings, peer mentors and special events. Local parents are involved at the organizational level in a national group, Sisters by Heart, which partners with the National Pediatric Cardiology Quality Improvement Collaborative (NPC-QIC). The SV team communicates with the 59 care centers within the NPC-QIC group with monthly conference calls, biannual meetings and extensive networking.

The SV team consists of many diverse backgrounds that work with multiple other specialties in a collaborative way. To quote Sam Walton,

"We're all working together; that's the secret."

National Nurses Week 2017
Nursing: The Balance of Mind, Body and Spirit

Kim Kelly, BSN, RN, CPN, Nursing Student Education Coordinator
Vickie Bennett, MSN, RN-BC, Clinical Informatics Nurse Educator

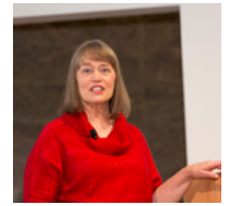


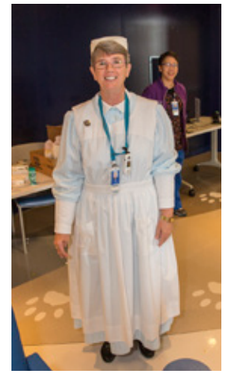
The American Nurses Association (ANA) declared 2017 to be the "Year of the Healthy Nurse." The ANA defines a healthy nurse as someone who actively maintains a balance of physical, spiritual, emotional and professional well-being. Florence Nightingale, famous for establishing nursing as a profession, believed in healthy nurses and each May 6 to May 12 we celebrate her legacy during National Nurses Week. Appropriately, the 2017 Nurses Week theme, "Nursing: The Balance of Mind, Body and Spirit" recognizes the importance of nurses as role models, educators and advocates for health, safety and wellness. Nurses Week activities

and continuing education programs focused on nurturing the nurse in these four domains, enhancing their ability to model self-care and provide high quality care to the patient.

Highlights of the week included:

- Keynote speakers Mary Rogers, MSN, RN, CNOR, CRCST and Stephanie Van Horn, RN, CDE shared the story of their mother, Sallie Durrett Farmer who worked on the Nationwide Children's burn unit after spending three years as a POW during World War II. A recording of this inspiring presentation is available on the Professional Development page on ANCHOR.
- The Wellness and Psychiatric Mental Health Nursing Panel included Nationwide Children's nurses discussing their experiences with Behavioral Health nursing and Dr. Bernadette Melnyk, PhD, RN, highlighting the importance of nursing self-care in order to provide great care to others.
- Delegation and the Ohio Board of Nursing Law and Rules, a Category A qualifying nursing CE, was presented nine times throughout the week including night and weekend shifts. More dates for this presentation will be scheduled for summer and early fall.





- On Tuesday 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 Schools of Nursing hosted a fair with over a dozen programs offering information on a variety of nursing degrees from baccalaureate to doctorate.
- A presentation from the Ohio Holistic Nursing Association on Nursing Self-Care and Most Common Lab Collection Errors from Nationwide Children's lab staff rounded out the educational offerings for the week.
- Activities for Night Shift staff included a Fun Night celebration, an on-site food truck, ice cream, gift distribution, Category A CE presentations and a walking Trail Mix Bar.

The week ended with a Fun Day celebration in Galaxy Lounge. Activities throughout the day allowed all staff to stop in, as their schedule permitted, for meals and snacks and the opportunity to socialize. In keeping with the Nurses Week theme, stress-reducing activities included chair massages, a petting session with Nationwide Children's Volunteer dog Mason, and aromatherapy and relaxation techniques from Urban Zen. Representatives from Thirty-One Gifts joined the gift distribution team offering their personal messages of appreciation to our nurses.

Special recognition goes to the following individuals that made our 2017 Nurses Week celebration exceptional.

- The Department of Professional Development for planning and support of the Nurses Week programs.
- Managers who donated $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 generous donation of tote bags 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.
- The Urban Zen staff, Massage Therapist Bob Gray, and Mason and his person Elaine for their contributions to the physical, spiritual and emotional well-being of our nurses.

In Recognition

In Recognition, a twice yearly feature in In Patient Care, recognizes clinical operations staff in their pursuit of education advancement and knowledge sharing.

Publications

Abman, S., Collaco, J., Shepherd, E., Martin, K., Cuevas-Guaman, M., Welty, S., Troug, W., McGrath-Morrow, S., Moore, P., Rhein, L., Kirpalani, H., Zhang, H., Gratny, L., Lynch, S., Curtiss, J., Stonestreet. B., McKinney, R., Dysart, K., Gien, J., Baker, C., Donohue, P., Austin, E., Fike, C., and Nelin, L.: "Interdisciplinary Care of Children with Severe Bronchopulmonary Dysplasia," *The Journal of Pediatrics*, November 24, 2016

Cummings, C.: "Speech and language interventions for infants 0-2 years at high risk for or with a diagnosis of Cerebral Palsy," *Developmental Medicine and Child Neurology*, April 2017

Christensen, C., Wessells, D., Byars, M., Marrie, J., Coffman, S., Gates, E., Selhorst, M.: "The Impact of a Unique Knowledge Translation Program Implemented in a Large Multisite Pediatric Hospital," *Journal of Evaluation in Clinical Practice,* September 2016

Snapp, B., Wilson, J., Puchalski, M., and Wallace, T.: "Quality Metrics: Executive Summary of Position Statement 3068: From the National Association of Neonatal Nurses," *Advances in Neonatal Care*, February 2017

Christensen, C., Haddad, A., Maus, E.: "Validity of an Accelerometer Used to Measure Step Count in Children with Idiopathic Toe Walking," *Pediatric Physical Therapy*, December 2016

Sale, J., Pacheco, J.: "Reduction of emergency department visits using an urgent clinic for children with established epilepsy," December 2016

Kapa, H., Crerand, C., Litteral, J., Pearson, G., Kirschner, R., Eastman, K.: "Psychosocial Risk Assessment In Craniofacial Populations: Psychometric Properties Of The Psychosocial Assessment Tool-Craniofacial Version," *American Cleft Palate-Craniofacial Association*; March 2017

Presentations

Lewis, J.: "Development of an evidence-based algorithm for the evaluation and treatment of typically developing children with an in-toeing gait pattern," Ohio Physical Therapy Association Scientific Symposium, October 2016

Christensen, C., Grisez, L.: "Vestibular Considerations for the School Therapist," Ohio OT/PT School Based Conference, August 2016

Lundine, J.: "Pediatric traumatic brain injury: Referral patterns as a contextual variable," International Cognitive-Communication Disorders Conference, January 2017

Lundine, J.: "Analyzing expository discourse performance in adolescents with TBI: Are standard microstructural measures enough?" International Cognitive-Communication Disorders Conference, January 2017

Lundine, J., Findlen, U., Pauline, L., Hounam, G.: "Supporting growth of clinical research & EBP initiatives in speech-language pathology and audiology," American Speech Language and Hearing Association Annual Convention, November 2016

Lundine, J.: "Expository discourse performance in adolescents with TBI: How task complexity may modulate performance," American Speech Language and Hearing Association Annual Convention, November 2016

Lundine, J.: "How adolescent summarize two types of expository discourse: Type of exposition matters," American Speech Language and Hearing Association Annual Convention, November 2016

Lundine, J.: "A caregiver-implemented literacy intervention. Predictors of gains in print knowledge in children with language impairment," American Speech Language and Hearing Association Annual Convention, November 2016

Brown, K., Cummings, C.: "Balancing culture and caseloads: Increasing staff participation in EBP initiatives within a pediatric SLP department," American Speech Language and Hearing Association Annual Convention, November 2016

Natale, M., Baylis, A.: "Late referral and identification of velopharyngeal dysfunction: A case report of combined VP mislearning and VP incompetency," First International Symposium on Velopharyngeal Dysfunction, September 2016

Selhorst, M.: "A Sequential Cognitive and Physical Treatment Approach for Patients with Patellofemoral Pain Syndrome," American Physical Therapy Association Next Conference, June 2016

Selhorst, M.: Galleher, M., Gratf, K.: "Decreasing Barriers to Performing Manual Therapy: Altering Textbook Techniques," American Academy of Orthopedic Manual Physical Therapists National Conference, October 2016

Selhorst, M.: "Stop Running from Gait Analysis: Simple Methods to Improve Running Mechanics in the Injured Athlete," Ohio Physical Therapy Association Scientific Symposium, October 2016

Gee, S., Holt, P.: "Pediatric ECMO," Air Medical Transport Conference, December 2016

Wallace, T.: "The Practical Aspects of Feeding and how they affect Nutrition and Growth in the VLBW," Annual Meeting of the Tennessee Initiative for Quality Perinatal Care, March 2017

Wallace, T.: "Renal Review," Florida Association of Neonatal Nurse Practitioners Conference, October 2016

Wallace, T.: "Emerging Therapies or Fantastic Failures," Florida Association of Neonatal Nurse Practitioners Conference, October 2016

Wallace, T.: "I want a new drug: What is known about the use of narcotics and sedatives in the Neonate," The National Association of Neonatal Nurses, Yearly Educational Conference, October 2016

Wurster, L.A.: "Standardizing the initial resuscitation of the trauma patient with the primary assessment completion tool (PACT) using video review," Pediatric Trauma Society Conference, November 2016

Bagwell, G.: "Is it Safe for Neonatal Abstinence Syndrome Babies to Breastfeed?" Ohio Infant Mortality Summit 2016, December 2016

Bagwell, G.: "Increasing Breastfeeding in Neonates Diagnosed with Neonatal Abstinence Syndrome; 2016 National Doctors of Nursing Practice Conference, October 2016

Lundine, J.P., Findlen, U.M., Pauline, L.B., and Hounam, G.: "Supporting growth of clinical research & EBP initiatives in speech-language pathology and audiology," American Speech-Language-Hearing Association Annual Convention, November 2016

Lundine, J.P., Harnish, S.M., Zezinka, A., Schwen Blackett, D., McCauley, R.J. and Fox, R.: "Expository discourse performance in adolescents with TBI: How task complexity may modulate performance," American Speech-Language-Hearing Association Annual Convention, November 2016

Lundine, J.P., Harnish, S.M., Schwen Blackett, D., Zezinka, A., McCauley, R.J., and Fox, R.: "How adolescents summarize two types of expository discourse: Type of exposition matters," American Speech-Language-Hearing Association Annual Convention, November 2016

Brown, K., Cummings, C.: "Balancing culture and caseloads: Increasing staff participation in EBP initiatives within a pediatric SLP department," American Speech-Language-Hearing Association Annual Convention, November 2016

O'Donnell, K.: "Increasing Sensitivity in Clinical Practice with the Transgender Population," SWPHN (Social Work Hospice and Palliative Care Network) General Assembly, February 2017

Casto, L., Frost, R., Biega, C., Brown, M., Hatfield, A., Krebs, B., Russell, C., Varga, E., Widener, P., Dunn, A.: "Journey to Best Outcomes in Hemophilia Transition: Enhancing Quality on the Pathway to Independence," ATHN Data Summit, October 2016

Allen, D., Buchanan, L, Cooley, J, Douglas, A, Gray, M, Richardson, T.: "Caring for Injured Children: The Role of Clinical Social Work," Nationwide Children's Hospital Patient Care Services Grand Rounds; March 2, 2017

Hall, C., Madhoun, L., Eastman, K.: "Developing A Multidisciplinary Feeding Team For Your Cleft Lip And Palate Program," American Cleft Palate-Craniofacial Association, March 2017

Johnson, M., Drovetta, M., Layne; J., Mackner, L., Pfeffer, E.: "Beyond Clinic Walls: Improving School and Community Partnerships to Support Kids with IBD," ImproveCareNow Community Conference, September 16, 2016

Brink, M.: "A Psychosocial Approach to Enhance the Experience of Families Who Travel to the United States for Medical Care," National Association of Social Workers, Ohio Chapter Conference, November 2016

Williams, C.: "Psychosocial overview and approach to care," Pediatric Colorectal, Motility And Pelvic Reconstruction Conference, November 11, 2016

Karnes, J.: "Growing Our Own: Development of a centralized field education program," Society of Social Work Leadership in Health Care Annual Conference, October 2016

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

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

Daisy Award

Brenda Lutsch, RN, BSN, CPN

The 17th Nationwide Children's Hospital Daisy Award was presented to Brenda Lutsch, RN, BSN, CPN of Care Coordination. 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.

Brenda was nominated because of her dedication with helping a family navigate the hospital. As she entered work one morning, Brenda encountered a non-English speaking family who needed a prescription filled. After realizing the family didn't have a provider at Nationwide Children's, Brenda took the time to help them schedule an appointment and get them set up in the hospital. "This is a quality in Brenda I admire," says her co-worker.

"She really does take the time to meet an individual's needs, without regard for the complexity of the situation."

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

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14380