

..... Everything Matters In

Patient Care

*Hot Topics
in Health Care*



Nationwide Children's Hospital continues on its Journey to Best Outcomes thanks to our best people and best programs.



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Pictured left: Residents at Nationwide Children's collaborate to ensure they're providing the best care for patients and families.

A Year of Surveys



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

In the last 12 months, Nationwide Children’s Hospital has hosted teams of surveyors from the American Burn Association, American College of Surgeons, The Joint Commission (TJC), Center for Medicare & Medicaid Services (CMS), Magnet and Commission for Rehabilitation Facilities (CARF). There will be additional surveys in the next few years for other programs in which we seek external validation such as Transport, Bone Marrow Transplant, Cancer Oncology, Solid Organ Transplant, a new Children’s Surgical verification survey and a few more. Why are these external validations important to Nationwide Children’s? Is it only so we can hang another tag on our internet? This would be the least of the reasons for seeking external validation.

As each of you know, our aspiration is to provide the highest quality of care for our patients to achieve Best Outcomes. When we ask staff about our culture of quality and safety, the responses rank the highest among the questions on the survey. The culture of high reliability or preoccupation with failure is a culture that sets us apart from other organizations. While TJC and CMS are not optional surveys, the other surveys are somewhat optional. As new evidence is made available for practice environments

and sub-specialization, the standards of the organizations change with time. TJC and CMS look at the basic care provided and other surveys focus on ensuring you stay above the norm with benchmarks and quality improvement. The standards are written to drive focused care in the sub-specialty with new evidence put in place as research demonstrates change. Inter-disciplinary collaboration is examined to ensure each professional role and the organization, supports and advances clinical care. Often the various organizations look at care across the continuum further improving outcomes of care for the patients and families served.

As I have interacted with each of Nationwide Children’s teams who continuously monitor the quality of our care in conjunction with Quality Improvement Services, Epidemiology, Human Resources and others, it is clear we have very dedicated staff striving to achieve Best Outcomes for our patients and families. When the survey teams leave, they leave with accolades about Nationwide Children’s culture, staff and outcomes. Thank you for all you do in the care of every single patient as if they are the only patient. You are truly special and make achieving verification from these various entities easy!

The culture of high reliability or preoccupation with failure is a culture that sets us apart from other organizations.

Taking on the Opioid Epidemic in Ohio

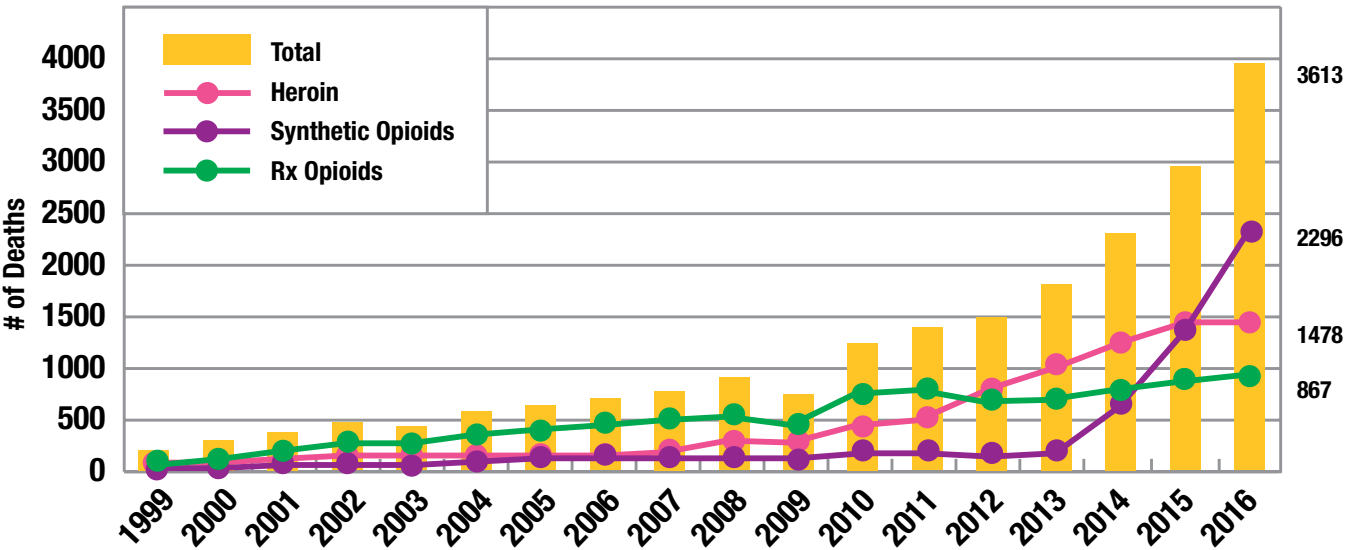
Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-PMN, Pain Management





OHIO IS ONE OF THE HARDEST HIT STATES FOR OPIOID RELATED DEATHS.

Number of Opioid Related Overdose Deaths in Ohio



Source: CDC Wonder

Over the past seven years, the Governor's Cabinet Opiate Action Team has implemented many state-wide efforts to improve opioid prescribing practices within our state, including guidelines for treating various types of pain, improving the Ohio Automated Prescription Monitoring System (OARRS), implementing parental consent when writing opioid prescriptions to minors, and most recently, new opioid prescribing rules for treating patients with acute pain and sub-acute and chronic pain.

The acute opioid prescribing rules that went into effect August 2017 limit the length of an opioid prescription to five days for children and seven days for adults and to 30 morphine equivalence daily (MED), which is four doses/day of 5 mg oxycodone doses and five doses/day of 5 mg hydrocodone with acetaminophen unless there is an exception due to the patient's clinical need. This rule also requires prescribers to discuss both benefits and risks with opioids and home opioids safety practices and obtain consent from parents.

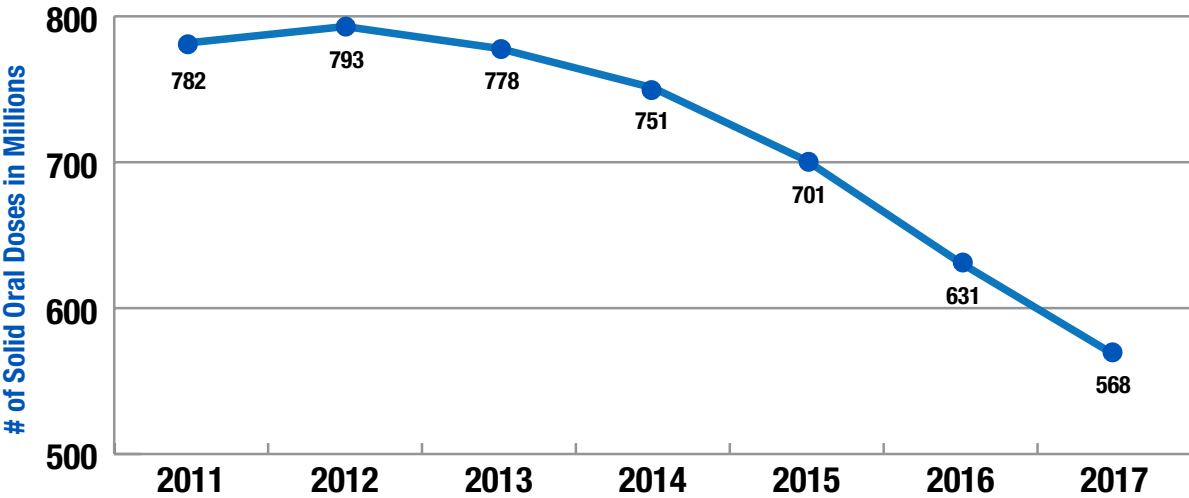
In December 2018, the new sub-acute and chronic opioid prescribing rules require the following actions: Focus on check points, not limits. These rules do not apply to terminal cancer, palliative care or hospice. The focus check points are at 50 MED, 80 MED and 120 MED.

Check out the Pain Management ANCHOR page [Ohio Pain Management Opioid Prescribing Regulation](#) for more information and resources.

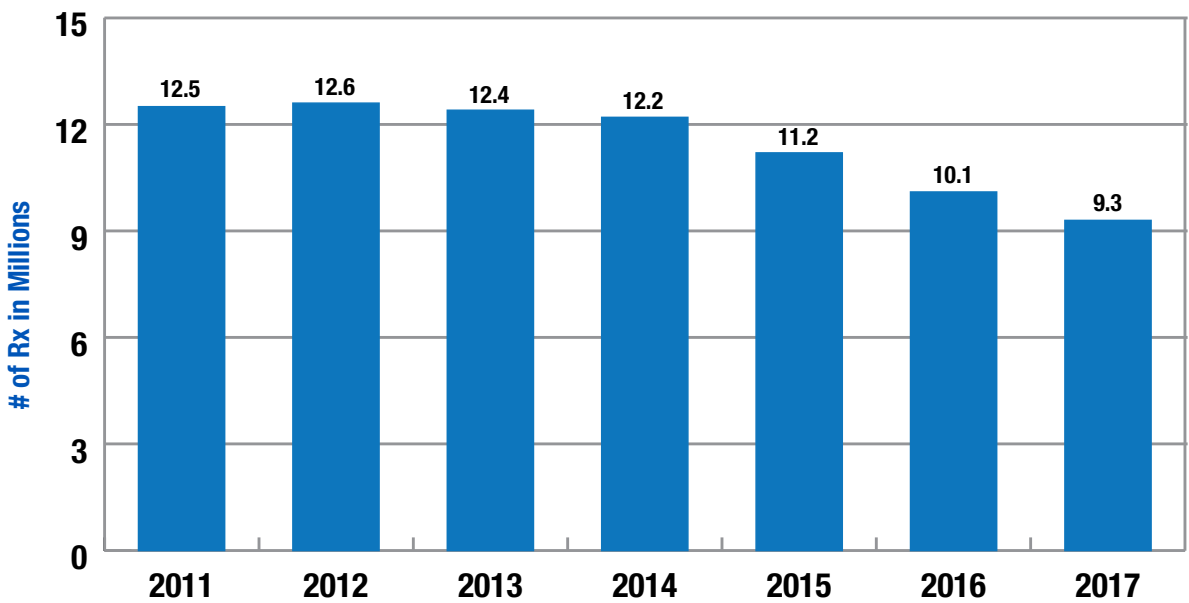
As a result of many efforts, Ohio has seen the total doses of opioids dispensed decrease from a high of 793 million in 2012 to 568 million in 2017, a decrease of nearly 30%.

Ohio has also seen a decline in the opioid prescriptions dispensed to patients by year.

Opioid Solid Doses Dispensed to Ohio Patients, by Year



Opioid Prescriptions Dispensed to Ohio Patients, by Year

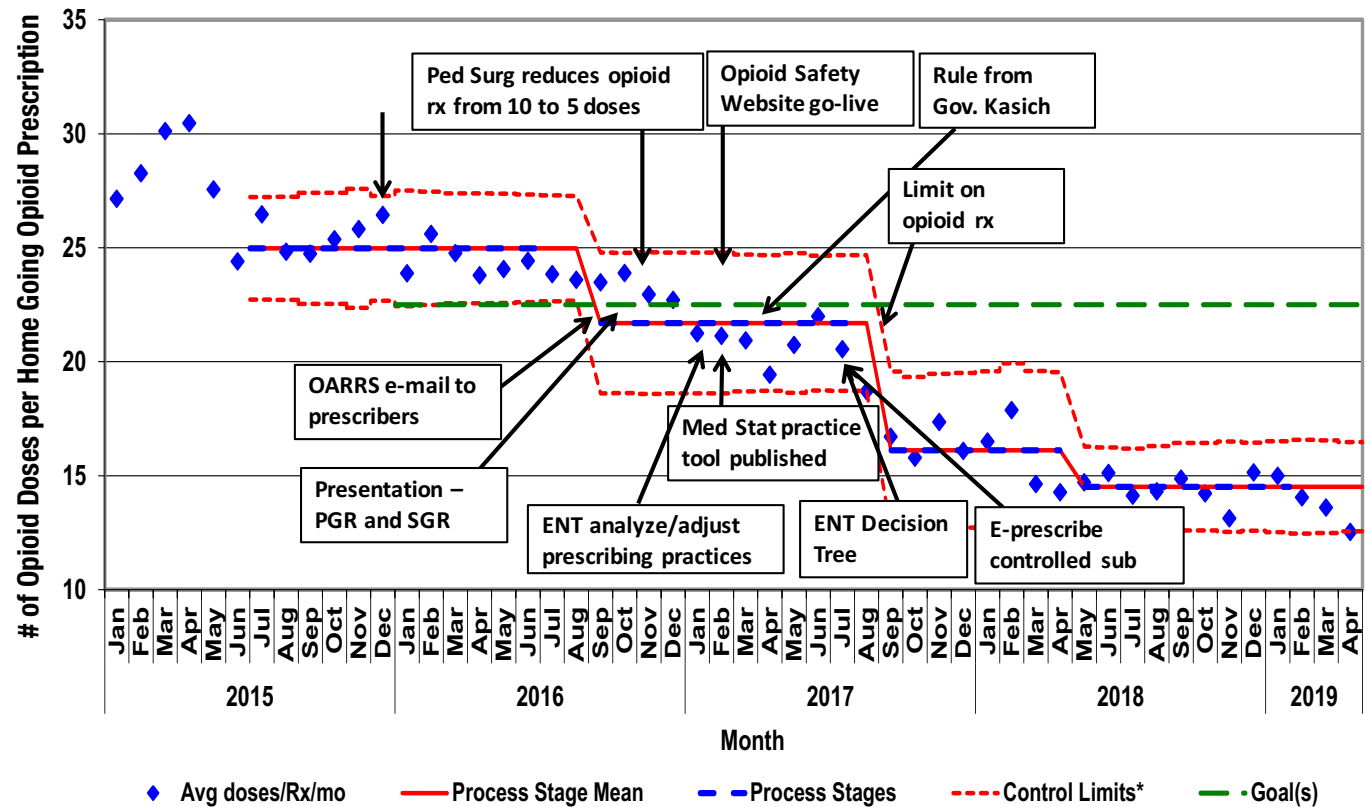


In December 2015, Nationwide Children's Hospital began efforts to impact the opioid epidemic in Ohio with forming an interdisciplinary Opioid Safety Task Force. During our initial work the task force identified the following at Nationwide Children's:

1. Less than 25% of prescribers discuss locking up and disposal of opioids with patients and families.
2. There was no formal process for education on home opioid safety practices.
3. Clinicians were prescribing more home going opioids than our patients reported using at home.

Since 2016, Nationwide Children's has been working to decrease unnecessary home-going opioid prescriptions and doses for our patients. The initial efforts included several surgical teams asking families how many opioids they actually used at home after a surgery. This information helped the team have a better idea of how many opioids patients may need for different types of surgeries such as orthopedic surgeries, ENT, appendectomy, etc. An inpatient practitioner assessed opioid use in the hospital to help determine home opioid need for home. If the patient does not receive opioid or receives minimal opioid for the 24 hours prior to discharge, the practitioner will prescribe either less opioid or none for home.

NCH Wide* Average Number of Opioid Doses per Home Going Opioid Prescription



*excludes Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC. Based on prescriptions with a single electronically documented dose size (approx. 98% sample)

While collecting data we also noted patients and families were not maximizing the non-opioid analgesics for their pain treatment plan. Here are some of the results of the prescribing efforts at Nationwide Children's:

- In 2015, on average 25 doses were being prescribed for each home going opioid prescription for acute pain. Currently, 14 doses are prescribed for each home going prescription.
- The overall home going opioid doses prescribed each month at Nationwide Children's has dropped from over 25,000 doses to approximately 7,500 doses per month.
- Our outpatient pharmacies were previously dispensing 9.5 gallons per month of one of the most frequent opioids used to treat acute pain in children. They now use less than two gallons per month.
- From January 2015 through February 2019, we have experienced close to a 40% decrease in home-going opioid prescriptions per month.

Professionals at Nationwide Children's have been able to share information on pediatric pain management and opioid risks, safe opioid prescribing practices and home opioid safety with many health care professionals within the institution, regionally and nationally.

Evidence shows that left over and unsecured opioids can be a source for unintentional opioid ingestion for young children and an avenue for our teens to experiment with substances. Families can become “an unintentional drug dealer” by not locking up and disposing of unused opioid prescriptions safely. There are about 32 calls a day to U.S. Poison Control Centers for unintentional opioid ingestion, with more than half of these calls for children less than 5 years of age. Moreover, nearly 70% of opioids that are misused by teens are from an unsecured and non-disposed supply, most likely from a friend or family. Nursing is key to ensuring patients and families are educated on opioid safety practices. Since March 4, 2019 Nationwide Children's outpatient pharmacies have provided DEA approved drug disposal boxes during pharmacy business hours for patients, families and staff to dispose of unused medications in the home.

Nationwide Children's also developed several educational material for patients and families on pain management, opioids and home opioid safety. These materials include educational handouts on Treating Your Child's Pain after Surgery (Inpatient & Outpatient) and Helping Hands™ on Opioids, and Important Facts to Know When Taking Opioids. These materials and many more can be accessed on the Pain Management ANCHOR page and on the Nationwide Children's internet. During our most recent Joint Commission visit, the reviewers identified that Nationwide Children's developed excellent educational resources for patients and families on pain management and opioid safety practices. They even requested to take some of these resources to share with other organizations. However, it is imperative to continue to not only provide this education to our patients and families but to document the teaching.



In addition, through a Generation Rx grant that Nationwide Children's received in July 2017, the team:

- Collected data from orthopedic patients on home opioid safety practices and barriers to these practices in the home.
- Created a video on Home Opioid Safety Education for patients and families. The video is which is available on-line, can be assigned on the inpatient Edutainment System, and can be found on iPads in surgical areas for patients and families to view.
- Used iPads to gather information from patients and families on home opioid use and home opioid safety practices and barriers.
- Patients and families were also sent an anonymous electronic survey to collect information on home opioid use, opioid safety practices and barriers to securing and disposal of opioid in the home.
- Free lock boxes were then offered for opioids prescriptions filled at Nationwide Children's.

A team at Nationwide Children's has also been partnering with the Dublin A.C.T. (Adolescents and Community Together) Coalition on development of a Know More/Do More: Youth Substance Misuse Prevention Guide. As part of this initiative through the Dublin A.C.T. Coalition and a Community Grant from Cardinal Health, the group created a series of tools that schools can use to launch or enhance school- based alcohol and drug preventions. In the spring of 2018, the Dublin School District piloted the prevention guide in middle and high schools. After completion of the pilot and changes to the guide, it will be available on the Nationwide Children's website for schools to download and use. We are very excited that Nationwide Children's partnered with the community to develop this important resource for children, families and school systems.

It is thrilling to see such a cultural change here at Nationwide Children's with safer opioid prescribing and education on safe opioid practices. It aligns perfectly with our institutional value “do the right thing.” We are helping to make opioid addiction a preventable harm and continue to provide the best pain management for the patients at Nationwide Children's.

Big Lots Behavioral Health and the Zero Suicide Initiative

Glenn Thomas, PhD, Director, Behavioral Health, Nationwide Children’s Hospital Behavioral Health, Adjunct Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, The Ohio State University

In 2017, more than
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In 2017, more than 3,000 children and teens died by suicide in the U.S. Suicide is now the second leading cause of death for this age group. After a period of declining suicide rates, the past decade has seen a steady increase in suicides across the country, including Ohio. In Franklin County, the increase has been even higher.

Nationwide Children’s Hospital’s Behavioral Health has made a significant commitment to working with high acuity youth and expanding our crisis and treatment services to help meet the need in the community. This has included implementing evidence-based therapies, expanding our crisis services, and opening the Inpatient Psychiatry Unit, with more growth planned with the opening of the Big Lots Behavioral Health Pavilion in 2020.

This expansion of services has been tremendous for the community but also places a great responsibility on the shoulders of our staff. Individual clinicians have consistently done wonderful work with patients at risk for suicide. We have always demonstrated excellence around working with high-risk patients, and recognize the need to ensure our system builds the appropriate infrastructure to support these youth, their families and our staff. However, there is still much to learn about effectively intervening with at-risk patients and their families. Consequently, Behavioral Health will begin implementing the Zero Suicide Initiative across the entire service line over the next few months.

Zero Suicide is a comprehensive set of best practices designed to improve care for patients at risk for suicide, preventing

them from “slipping through the cracks”, and support the clinicians who identify and work with these patients. Started in the early 2000s, at the Henry Ford Health System and further developed by the Suicide Prevention Resource Center and the National Action Alliance for Suicide Prevention, Zero Suicide is based on principles entirely consistent with Nationwide Children’s own Zero Hero Initiative, including a focus on continuous quality improvement.

There are several essential components to our first phase of implementation:

- Suicide screening: all patients age 10 and older will be screened with the ASQ (Ask Suicide-Screening Questions), an evidence-based suicide-specific screening tool, at first contact and then monthly (if the patient is functioning in or above the range of a typically developing 10-year-old). Patients presenting to the Emergency Department with behavioral health concerns will be screened from age eight and up.
- Suicide risk assessment: any patients screening positive on the ASQ will receive a comprehensive suicide risk assessment. This assessment will consist of the Columbia Suicide Severity Rating Scale, also evidence-based, plus additional risk and protective factors including:
 - A suicide risk categorization
 - An updated safety plan, modified to include the school setting.

To support both this initiative and our clinicians, these elements have been built into Epic in a new section of the Behavioral Health navigator, the Suicide Toolkit, making it easy to locate the most recent suicide screening, assessment, risk category and safety plan as patients transition from one service to another across our continuum of care. Training on these elements and the new Epic build began in March.

As patients who have been admitted to hospital-based services due to suicidal ideation and/or behavior and subsequently discharged to the community, we will focus on maintaining continuous contact by sending encouraging texts to patients (13 and older) over a period of months and reaching out to their caregivers within 48 hours of discharge.

Once these elements have been implemented across Behavioral Health over the summer, we will examine the screening and assessment data to finalize criteria for another important component of the Zero Suicide implementation: the Suicide Care Pathway. Patients on the Suicide Care Pathway will be those at highest risk for suicide and will receive additional elements of care, such as increased frequency of contact and screening, and timely follow-up if an appointment is missed.

“Over the decades, individual clinicians have made heroic efforts to save lives... but systems of care have done very little.”

– Dr. Richard McKeon, SAMHSA

Clearly, the goal of attaining ZERO is aspirational. The sad truth is that even providing perfect suicide care may not always prevent a tragic outcome. Given that, some may question the wisdom of setting a goal that is unattainable. But if Zero isn’t the right number for our patients, what other number is acceptable? Because we are committed to Nationwide Children’s vision of Best Outcomes for kids everywhere, we will continue working toward this audacious goal. This approach will improve the care and safety of our patients and increase the comfort and confidence of our staff, thereby making our organization a safer and more satisfying place to work.

Because kids don’t wear their thoughts on their sleeves, we don’t know what they’re going through. *On Our Sleeves™* is an empowering movement, created by Nationwide Children’s Hospital, to break stigma and transform children’s mental and behavioral health.



ON OUR SLEEVES™



Communicate With Me

Janet Berry, DNP, RN, MBA, NEA-BC, CNOR, VP Perioperative Services



Nationwide Children's Hospital made tremendous progress over the past decade in efforts to eliminate preventable harm, reducing the incidence of all harm events by 50%. Nationwide Children's has had 215 fewer serious safety events of patient harm since the Zero Hero program started in 2009. Yet, harm still happens and opportunity remains on our journey to zero. A review of serious harm events from 2017 and 2018 identified communication failure amongst providers of care as a root cause in two of three events.

Improving inter-professional communication was added as an underlying pillar of the 2017-2022 Patient/Family Centered Quality Strategic Plan. This new Communicate with Me pillar is visualized as a foundational support to the other aspects of our Quality strategic plan: Keep Us Well, Navigate My Care, Do Not Harm Me, Heal Me Cure Me and Treat Me with Respect.

In late 2017, 120 multidisciplinary front-line practitioners participated in focus group discussions on communication at Nationwide Children's, the results of which set the agenda for the current work. The group prioritized their feedback with recommendations in three key realms:

1. improve communication expectations when multiple consultants are involved in the care of a patient and when care team transitions occur;
2. standardize and maximize the technology methods used to communicate; and
3. continue building upon communication skills for our leaders and staff that demonstrate respect, grow connections and build trust in the relationship. Multidisciplinary quality teams are actively working on initiatives in each of the key realms.

Communication training sessions for our administrative, nursing and physician leaders are underway. By the end of 2019, approximately 300 of our leaders will have participated in communication leadership training facilitated by a local consultant group, Beckman Consulting. The primary goal for this training is for leaders to focus on the process of communication and gain awareness of the effect their communication has on others. The ultimate goal is to lessen the effect that hierarchy or position has on hindering open dialogue. Content for these sessions includes how to listen more effectively to assure the full message is heard and how to respond in a way that acknowledges what has been said and its importance so people feel heard, listened to and understood.

Focusing on inter-professional communication is going to require effort and change for our care providers and will require that everyone be curious, open and supportive. Together we can get better and together we will get better. It's the right thing to do for our patients! As One Team, we will eliminate communication failures as a root cause to harmful events.

Please contact Janet Berry or Tom Bartman, Co-Leaders for the Communicate with Me program with any questions or comments.

CAR T-Cell Therapy in the Treatment of Cancer

Kim Taylor, MSN, RN, CPNP-AC, Bone Marrow Transplant Nurse Practitioner
Sarah Welfley, MSN, RN, CPNP-AC, Bone Marrow Transplant Nurse Practitioner



Chimeric antigen receptor (CAR) T-cell therapy is a type of immunotherapy that uses a person's own immune cells to identify and attack cancer cells. Once CAR T-cells are infused into a patient, they act as a "living drug" against cancer cells. Kymriah™ (tisagenlecleucel) is a CAR T-cell therapy directed against CD19 to treat B cell Acute Lymphoblastic Leukemia (B-ALL). Kymriah was FDA approved for relapsed or refractory B-ALL in August 2017 and Nationwide Children's Hospital is one of the selected treatment centers. The Nationwide Children's treatment team has completed special training related to management of the side effects of Kymriah and developed clinical guidelines to help guide patient care. Patients up to 25 years old are eligible for Kymriah if they have B-ALL that is relapsed or refractory to standard therapy. In adults, Kymriah can be used to treat other B-cell cancers such as relapsed or refractory large B cell lymphoma. Other indications for Kymriah are under investigation in clinical trials, such as B cell lymphoma in children or earlier treatment of B-ALL (e.g., prior to a second relapse).

Approximately
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The first study using CAR T-cells to treat B-ALL in humans was published in 2013. For children with B-ALL who had failed all previous therapies and were out of options, the response rates were astonishing. Studies showed that approximately 90% of B-ALL patients had a complete and rapid response to CAR T-cells. As a result, in 2014, the FDA declared CD19-directed CAR T-cells a breakthrough therapy. In 2017 FDA approval was granted.

As its name implies, the backbone of CAR T-cell therapy is T cells. T cells are often considered the workhorses of the immune system because of the critical role they play in orchestrating the immune response. Their job is to hunt down and destroy abnormal cells, including cancer cells. For a variety of reasons, however; they don't

always recognize cancer cells or mount an effective attack on them. This potentially allows cancer cells to take root and expand. Turning normal T cells into CAR T-cells seeks to overcome those deficiencies by engineering them to attack any cell with CD19, which is present on nearly all B-ALL cells.

Once a patient is identified as being eligible for Kymriah, the patient and their family meet with the bone marrow transplant and apheresis teams for initial consults to learn about the treatment and sign consents. The patient's T cells are then collected from their blood using a process called leukapheresis. During this process, the patient's blood passes through an apheresis machine which extracts the T cells and returns the rest of the blood to the patient. Most patients have a temporary central line placed for this procedure. The collected cells are then sent to the Cell Therapy Lab at The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute for cryopreservation (a type of freezing that doesn't damage or kill the cells). They are then shipped to a Novartis manufacturing facility. Next, using a disarmed virus, the T cells are genetically engineered to produce receptors on their surface (CARs), which allow them to recognize a specific protein, or antigen, on cancer cells and then attack them. These receptors are synthetic molecules, which do not exist naturally. Once the collected T cells have been engineered to express the antigen-specific CAR, they are "expanded" in the manufacturing facility to generate hundreds of millions. This process takes three to four weeks, during which time patients may receive mild chemotherapy to keep the leukemia under control. The cryopreserved Kymriah is shipped back to Nationwide Children's and stored in a freezer in our pharmacy until ready for infusion. Patients receive four days of lymphodepleting chemotherapy. This is done two to 14

days prior to the Kymriah infusion. This chemotherapy is meant to clear space for the incoming CAR T-cells. The cells are thawed at the bedside and infused through the patient's central line in just a few minutes. After the infusion, patients are monitored inpatient for at least seven days to watch closely for the potentially severe side effects.

In one to two weeks post infusion, the CAR T-cells are stimulated by the cancer cells to grow in the body, and start killing the cancer cells. As the CAR T-cells start to work, inflammatory cytokines are released and can cause cytokine release

syndrome (CRS). CRS is an inflammatory process that can cause fever, tachycardia, hypotension and hypoxia due to capillary leak. Patients with higher disease burden have a higher risk of developing severe CRS, but most patients will develop some degree of CRS. The first sign of CRS is typically fever. CRS symptoms can range from mild to severe requiring ICU care for vasopressors and/or respiratory support. Severe CRS can progress to multisystem organ failure and even death. CRS can be treated with a medication called tocilizumab, a monoclonal antibody that targets interleukin-6, an inflammatory





cytokine that is markedly elevated in CRS. Tocilizumab typically resolves or improves CRS symptoms in 24 to 48 hours. Some patients will have progressive CRS symptoms and clinical worsening, even after a tocilizumab infusion. These patients may require treatment with corticosteroids to help control CRS symptoms. Corticosteroids can directly affect the CAR T cells and could decrease the efficacy of Kymriah, so use is reserved for severe CRS.

As rapid killing of leukemia cells occurs, patients with high tumor burden can also develop tumor lysis syndrome. As cancer cells die, they release electrolytes. When this happens it can lead to electrolyte abnormalities and even acute renal failure or need for dialysis to normalize electrolytes. Patients have frequent monitoring of electrolytes and uric acid and may receive prophylactic allopurinol.

Patients receiving CAR T-cells can also develop a type of neurotoxicity called ICANS (Immune effector cell associated neurotoxicity syndrome). ICANS can occur with CRS or develop independently. Symptoms can range from mild (confusion, delirium, somnolence, or aphasia) to severe (seizures, encephalopathy, even fatal cerebral edema). Close monitoring of these patients with the help of the neurology team is necessary. All patients are started on prophylactic Keppra® prior to Kymriah infusion to prevent seizures.

Because Kymriah targets any cell with a CD19 antigen, normal B cells will also be affected. With effective response

to Kymriah, patients will develop B cell aplasia. B cells are responsible for making the body's immunoglobulins, so patients receiving Kymriah may need long-term immunoglobulin replacement. Patients and their families can be taught to give subcutaneous immunoglobulin infusions at home or patients can receive IVIG in the clinic.

More than 80% of children diagnosed with B-ALL are cured after a two-year process of standard chemotherapy. But about 15% of children diagnosed with B-ALL have a type of disease that is resistant to even the most intense chemotherapy regimens. Before Kymriah, there were few effective treatment options for patients whose B-ALL returned after chemotherapy or following a stem cell transplant. As a result, relapsed B-ALL is a leading cause of death from childhood cancer. CD19 directed CAR T-cell therapy has dramatically improved outcomes for children with relapsed or refractory B-ALL. Clinical trials showed complete response rates of 70 to 90 percent with lasting remissions for patients that otherwise would have been out of treatment options. Many clinical trials are underway to identify the utility of using CAR T-cells with different antigen targets to treat other types of cancer. Due to the severity and range of potential complications, these patients could receive care in several areas of the hospital. A multidisciplinary team approach is essential when caring for patients receiving this unique therapy.

Using Health Care Simulation to Create a Safe Day, Everyday

Tom Heater, BBA, RRT, CHSE, Outreach Education, Education Department
Terri Long, MSN, RN, Outreach Education, Education Department



The Simulation Program at Nationwide Children’s Hospital aims to support Nationwide Children’s guiding principle to “Create a safe day every day.” We provide a safe and controlled learning environment for all medical professionals to practice technical skills, medical judgment and collaborative teamwork. Simulation activities incorporate a variety of simulation modalities and methodologies including state-of-the-art simulators (manikins), actual patient care environments, standardized patient actors, task trainers for deliberate practice of skills and virtual/augmented reality. Typical simulation sessions are designed to engage learners in highly immersive, realistic and high-risk scenarios. All simulation activity is aimed at improving the safety, effectiveness and efficiency of health care services.

Simulation utilizes experiential learning, which essentially means that learning occurs through a process where knowledge is created through the

transformation of experience. The operative word is experience. Put simply, health care simulation produces learning through reflection on doing. It does so by combining experiences, perceptions, cognition and behaviors to produce changed behavior. That enables learners to move from knowledge and comprehension to application, analysis and synthesis, which are much stronger indicators of competence.

Simulation is on the move here at Nationwide Children’s. In 2018, we held more than 800 simulation sessions and reached more than 5,300 health care staff of various disciplines. Our footprint is far reaching. Learners come from Nationwide Children’s, 17 regional community hospital affiliates, local emergency medical service partners and now parents and caregivers of our patients. Our typical customers include clinics, inpatient care, emergency medicine, trauma services, intensive care, surgical services, behavioral health, graduate medical education and more. Our learners come from a

diverse mix of disciplines, both clinical and non-clinical such as social work and quality improvement. Simulation is now being used to educate the parents and caregivers of tracheostomy-dependent children to better prepare them to care for their child at home.

Simulation methodology is designed to create behavioral change that transfers to patient care. Nearly 90% of the learners in 2018 said their simulation experience improved their teamwork and communication skills, expanded their clinical knowledge and critical thinking, and better prepared them to manage a similar situation with a real patient. Furthermore, about 75 percent of them have applied a lesson they learned in their simulation session to their patient care.

The Simulation Team has had several major accomplishments recently. In 2018 we were the first U.S. site to offer a Canadian-based course focused on pediatric trauma; TRIK (Trauma Resuscitation in Kids). This two-day simulation-based course prepares multiple disciplines to manage a spectrum of pediatric trauma cases. We also collaborate with a multi-institutional simulation-based quality improvement initiative called ImPACTS (Improving Pediatric Acute Care Through Simulation). This outreach program is designed to improve pediatric readiness in community hospital emergency departments. In addition, our team is an integral partner with two nurse residency programs at Nationwide Children’s. Increased staff satisfaction and better preparation for their new positions has been shown to increase nurse retention.

Our team has also demonstrated innovative uses of simulation. We have helped “crash test” new clinical spaces prior to patient occupation. Examples include new inpatient units, Lewis Center Emergency Department, Livingston Ambulatory Clinic and Big Lots Behavioral Health Services. Our team provides a detailed

report of findings, latent safety threats and recommendations, which aren implemented prior to opening the facility. In 2019 we launched a hospital-wide tracking system for latent safety threats that are discovered through simulation. These include errors in communication, environment, equipment, knowledge, and process/workflow that could have an impact on patient safety. We are an imaginative group that is continually seeking new innovative applications for simulation in healthcare.

Nationwide Children’s is investing in the growth and capabilities of the Simulation Program and is currently in the process of constructing a state-of-the-art simulation center on West campus. It is expected to be officially operational by June 2020! The new simulation center will be about 7,000 square feet of transformational learning space. It will include six simulation rooms that mirror actual patient care spaces and two debriefing/conference rooms. Rooms will be customized for critical care, trauma, surgery, inpatient, outpatient, medical/surgical skills and virtual reality. The simulation center will help leverage current assets (talent, equipment, content experts) to reach a wider audience in a more effective and efficient manner with the overarching goal of improving outcomes.

Our Simulation Program will play an important role in the 2017-2022 strategic plan. Simulation education is one of seven key pillars to support quality, safety, and service improvement areas, of which the primary focus will be to support all prevention and harm initiatives across the hospital. Specifically, simulation activities will be tailored to address communication and teamwork objectives to help support Nationwide Children’s Zero Hero program. The Simulation Team’s strategic goal on this journey is to become the provider for state-of-the-art pediatric simulation training in the region!

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Helping the Community through School-Based Health Centers

Mary Kay Irwin, EdD, Administrative Director of School Health, Department of Community Wellness
Sara Bode, MD, Medical Director of School Health, Department of Community Wellness

Widely accepted is the notion that children and adolescents who experience good health are more likely to perform well in school and those that experience poor health are more likely to struggle in school. This link carries over into adulthood as health and education status is a predictor of success with respect to high school graduation rates, post-secondary attainment, career opportunity/ advancement and more. As experts in health care and education wrestle with interventions to improve poor outcomes for their respective patients and students, the concept of school health integration is emerging as a hot topic locally, regionally and nationally.

With a commitment to population health, Nationwide Children's Hospital is leading the way as an early adopter of school health integration; leveraging this as one opportunity to pursue health equity for children and adolescents with poor health and education outcomes. While Nationwide Children's has had longstanding relationships with schools in the central Ohio region, in recent years the hospital has significantly expanded programs and services in schools as a strategy to reach children and adolescents that were not previously accessing care.

The vision of the Nationwide Children's Care Connection program is to reduce nonacademic barriers to learning by co-locating comprehensive health care and health-related services in schools. Care Connection services currently include primary care, behavioral health, some specialty care, health education, wellness activities, evidence-based prevention programs, collaborations with school nurses, school counselors and more.

With the increasing recognition of school health integration as a critical strategy to reach children most in need, the experts within Care Connection are busy maintaining local program expansion while also guiding others in the region to establish similar programs in their respective areas.

As an extension of the Nationwide Children's Hospital Primary Care Network, our 13 school-based health centers (SBHCs) have been of particular interest to area provider/school partnerships beginning to establish their own versions of school health integration. Our SBHCs are staffed with Advanced Practice Nurses and Medical Assistants or Licensed Practical Nurses who work within a school-based multidisciplinary team typically including school nurses, school counselors, teachers and administrators. While the physical space may be unique (previous classrooms or closets converted into clinics), the services provided are not. Patients of our SBHCs can receive the same comprehensive primary care services as our patients who visit one of the Nationwide Children's Primary Care Centers.



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
- Mental health – diagnosis and management of ADHD, anxiety and depression, consultation with school-based psychiatry, referral to behavioral health services



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.

In collaboration with our community and school partners and our patients and their families, we are achieving the goals of the Care Connection partnership - to enhance the health and wellness of children and adolescents, to improve students' health promotion and access to care, and to improve academic outcomes by eliminating nonacademic barriers to learning.

For more information, visit NationwideChildrens.org/CareConnection or visit YouTube to watch a brief video describing the partnership at YouTube.com/watch?v=ouDu3ZPdNM4.

NDNQI: More Than a Benchmark

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

Whether you run towards it or away when you hear the word data, data is something health care organizations rely upon heavily for monitoring of structures and processes that impact patient care, staffing, performance, reimbursement and satisfaction. Inevitably, time, technology, healthcare environments and patient populations have changed the way in which patient care is monitored and measured. What hasn't changed is the nurse's role in utilizing data into patient care, nurse practice and care environments. Despite the multitude of well-intended efforts to improve patient care and the numerous informative pleas by the Institute of Medicine to improve patient care quality and safety, the most recent document released by the National Academy of Medicine (formerly the Institute of Medicine), titled The Future of Nursing: Leading Change, Advancing Health, provides a prescriptive outline on how nurses, an essential partner in the transformation of health care, can implement change.

Because structures for monitoring and reporting health care quality have drastically changed over the past several decades, it is important to understand the foundation for the current state. In the 1850s, Florence Nightingale, pioneer of nursing, introduced the nurses' role in collecting data by identifying and improving the injured Crimean War soldiers' practice environment. In addition, the American Nurses Association (ANA) incorporated nurse accountability into the nursing Code of Ethics for the provision and improvement of patient care quality.

In 1999, the Institute of Medicine published a landmark report, *To Err Is Human: Building a Safer Health System*, which announced astonishing numbers of preventable harm occurring in United States hospitals. Despite health care organizations knowing their safety performance, data transparency and opportunities for improvement were not previously publically reported. Many health care organizations had internal performance monitoring structures in place, but large national databases that could provide unit level performance and benchmarking were not yet available.

In 2001, realizing that improvement in preventable harm would take more than data performance transparency, the IOM released a second report, *Crossing the Quality Chasm: A New Health System for the 21st Century*. This approach identified opportunities for improvement in the structures and processes that monitor hospital quality. In 2002, Centers for Medicare and Medicaid Services, (CMS) and The Joint Commission introduced evidence-based bundles of care, called core measure sets, for common diagnosis or procedures existing in accredited adult hospitals. This initial voluntary-turned-mandatory data submission demonstrating adherence to evidence-based practice standard initiated collection of performance data with potential for comparison and benchmarking.

In addition to improving patient care quality, hospitals were challenged with nurse shortages. It was at this time that several nurse researchers identified specific qualities evident in hospitals that demonstrated successful attraction and retention of nurses; they were magnetic. The American Nurses Association (ANA) assigned the American Nurses Credentialing Center (ANCC) to develop a program for other health care organizations to enculturate this magnetic environment. Hospitals that demonstrated the original 14 Forces of Magnet exhibited improved patient care outcomes, increased patient and nurse satisfaction, evidence-based practice and interprofessional collaboration. These foundational attributes embedded in the current Magnet Model's five components are now referred to as: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge & Innovation and Empirical Outcomes. Today, close to 500 international ANCC Magnet designated hospitals and with a collection of over 20 years of nurse sensitive indicator data, Magnet recognition continues to demonstrate benefits to patient, nurse and organization. Redesignation is required every four years and achieved through submission of a document that includes stories of evidence and performance data demonstrating a sustained Magnet culture. The document scoring in an excellence range, as well as, a site visit by ANCC

Appraisers, provides the ANCC Commission with information necessary to make the redesignation determination. Having completed a site visit in April 2019, Nationwide Children's Hospital eagerly awaits the ANCC Commission decision on our fourth Magnet designation.

In 2001, around the same time ANCC was developing a Magnet program, the American Nurses Association (ANA), founded the National Database of Nursing Quality Indicators™ (NDNQI®) program with the mission to improve patient care by collecting, comparing and reporting nurse-sensitive indicator performance data. For over a decade, the University of Kansas School of Nursing managed the data warehouse, but in 2014, expansion from the original 30 health care organizations to more than 2,000 nationwide, warranted transition of the database to Press Ganey®.

Again, in 2010 with continued mission to improve patient quality and safety, a third report, titled The Future of Nursing: Leading Change, Advancing Health, was released by the IOM. This report emphasized how nurses, in all practice settings and care continuums and as the largest health care workforce, could influence and sustain improved quality patient care. The four main themes outlined by the IOM include:

- 1. Nurses should practice to the full extent of their education and training
- 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- 3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- 4. Effective workforce planning and policy making require better data collection and information infrastructure.

To date, NDNQI is the largest nursing quality measurement program offered to hospitals. NDNQI's strict adherence to structure, process, and outcome not only provides the platform for implementing one of the four IOM Future of Nursing recommendations, but also is aligned to the ANCC Magnet data submission criteria that requires eight consecutive quarters of nationally benchmarked, unit-level data. While participation is

voluntary, rigor surrounds the criteria for submission into the data base which ensures validity and reliability of the nurse sensitive indicator (NSI) data. In addition to the multitude of quality improvement initiatives, Nationwide Children's Hospital utilizes Press Ganey's patient satisfaction and nurse engagement surveys, as well as, submits the following Press Ganey NDNQI indicators in the Magnet document: falls with injury, pressure injury stage 2 and above, CLABSI and CAUTI. Nationwide Children's successfully demonstrated outperformance of these indicators in the most recent fourth Magnet document:

Nationwide Children's Hospital				
Number of units outperforming in each quality indicator	Falls w/ injury	HAPI ≥ stage 2	CAUTI	CLABSI
	16 of 24 units	19 of 21 units	14 of 14 units	18 of 20 units

Nurse managers and leaders receive the quarterly NDNQI NSI data and disseminate to staffs for review of how their performance impacts patient quality and nursing practice. Participation in the new NDNQI nurse sensitive inpatient and expanded ambulatory indicators will ensure Nationwide Children's remains aligned to the *Journey to Best Outcomes* by providing the highest level of quality care. NDNQI's structure of providing unit-level, nationally benchmarked data affords Nationwide Children's the ability to ensure that even amongst the 1.5 million patient visits a year, we remain true to the more than 120 year old mission that *everything matters*. NDNQI is more than a benchmark, it's a way to ensure ongoing monitoring of nursing practices and quality patient care for each and every patient.

<http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>



National Nurses Week 2019

4 Million Reasons to Celebrate!

Kim Kelly, BSN, RN, CPN, Nursing Student Education Coordinator, Professional Development
Vickie Bennett, MSN, RN-BC, Nurse Education Specialist-Ambulatory, Professional Development

The American Nurses Association’s (ANA) theme for Nurses Week 2019, “4 Million Reasons to Celebrate,” gave staff time to celebrate themselves as well as the four million Registered Nurses nationwide. National Nurses Week was May 6 to May 12, but Nationwide Children’s Hospital started the revelry early (May 4 to May 10). All staff were encouraged to celebrate our nurses, reflect on dedication to communities and patients, and the influence of our nurses.

This year saw the first annual memorial to Dr. Edward Kosnik, as a way to recognize the contributions and ongoing support he and his family provide for nursing education and Nurses Week celebrations. Christy Monson, MSN, RN, CPNP-AC, CNRN, a Nurse Practitioner in Neurosurgery, presented a poignant remembrance of Dr. Kosnik, which had the audience laughing with joy and shedding tears of sorrow at his loss. Dr. Ann Marie Brooks delivered a powerful key note address “Joy at Work: Making Every Moment Count!” featuring stories and memories of Dr. Kosnik’s dedication to Nationwide Children’s and our patients.

Highlights of the week included:

- Ice cream treats provided by The Edward and Sally Kosnik Scholarship for Advanced Practice Nurses for all staff to enjoy throughout the week.
- “Celebrate a Nurse” presentation featuring stories and anecdotes from staff celebrating Nationwide Children’s nurses.
- Dr. Brandon Kozar’s popular presentation “Cultivating Resilience in Health Care.”
- The traditional Blessing of the Hands was offered by the Pastoral Care Team in the Nationwide Children’s Chapel with individual visits to units.
- The Schools of Nursing Expo hosted multiple nursing programs offering information to those interested in becoming a nurse or advancing their nursing education.

The week culminated in Fun Night and Fun Day celebrations in Galaxy Lounge. Staff from both night and day shifts were able to enjoy a variety of activities. Breakfast items, popcorn, chilidogs, cookies and ice cream were available. A visit with one of the Nationwide Children’s volunteer dogs Penny, giant Operation and Connect Four games, a caricature artist, coloring page contest and relaxation techniques from Urban Zen offered staff a time to relax and celebrate each other.

Special recognition goes to the following for making our 2019 Nurses Week celebration exceptional:

- Professional Development - planning and supporting Nurses Week programs.
- Managers - donating \$1,500 dollars for prizes and gifts.
- Dr. Edward and Mrs. Sally Kosnik - providing The Edward and Sally Kosnik Scholarship for Advanced Practice Nurses and ice cream treats.
- Thirty-One - generous donation of gifts: the Creative Caddy and Case for each of our nurses.
- Panera Bread - providing nurses a coupon for coffee, bagel and \$5 off Rapid Pick-up.
- Volunteers from our nursing staff, Leadership, Human Resources, The Fellow and Resident Advisory Council and Thirty-One representatives who assistance throughout the entire week
- Urban Zen, Penny the volunteer dog, Debbie Rae Triplett, Steve Campbell (caricature artist) - contributing to the overwhelming success of Fun Day.
- Kelsey Merritt and Kelsey Harn of Professional Development - bringing back the smoothies!

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.

Presentations

Wallace, T.: “Hot Topics,” FANNP Conference, October 2018

Wallace, T.: “Renal Review,” FANNP Conference, October 2018

Bergmann E.: “Combatting Compassion Fatigue with Resilience in Neonatal Intensive Care Unit Nurses,” Clinical Nurse Leader Summit 2019 and the 32nd Annual Graven Conference, February 2019

Thomas, K., Emery, L.: “Transdisciplinary and Transitional Care: Music Therapy with Chronic BPD Patients,” Great Lakes Regional Music Therapy Conference, March 2019

Thakur, D.: “Williams Syndrome and Music: A Systematic Integrative Review,” Frontiers in Psychology, November 2018

Feasel, D., Feist, B.: “PCS Grand Rounds-Early Intervention & Making Work Fun: Incorporating Intentional Interactions into Your Care Routine,” Westerville Surgery Center, October, 2018

Hundley, H., Macatangay, M.: “The Windmill Softball Pitcher: Injury Management Strategies,” National Athletic Trainer’s Association Clinical Symposium, June 2018

Dawkins, E.: “Serving the Deaf Community in the Medical Setting,” Capable ERG Resource Fair and Grand Rounds, October 2018

Dawkins, E.: “Serving the Deaf Community in the Medical Setting,” Capable ERG Resource Fair and Grand Rounds, February 2019

Gerberick, J.: “Dietary Awareness in Hirsch sprung Disease,” 6th Annual REACH Symposium, September 2018

Vyrostek, S.: “Bladder Management,” 11th Pediatric Colorectal Congress, December 2018

Moore, L.: “Bowel Management Program,” 11th Pediatric Colorectal Congress, Nijmegen Netherlands, December 2018

Shann, E.: “11th Pediatric Colorectal Congress,” Nijmegen Netherlands, December 2018

Allen, E., Montgomery, T., Ayres, G., Cooper, J., Gillespie, S., Groner, J., Hersey, S., McGwire, G., Rowe, C., Snyder, D., Stukus, D., Stukus, K., Timan, C., Wegener, N., Brilli, R.: “Quality Improvement-Driven Reduction in Countywide Medicaid Acute Asthma Health Care Utilization,” Academic Pediatrics, March 2019

Choueiki, J., Gerberick, J.: “Implementing and Designing a Comprehensive Bowel Management Program,” 35th Annual Pediatric Surgical Congress, Brazil, November 2018

Wilhelm, C., Bassi, M.: “Collaborating and Co-Treating With Occupational Therapy: Opportunities and Challenges When Treating Children with Language Impairments,” OSLHA Annual Convention, March 2018

Minot, G., White, K.: “What do you mean, ‘What do we do?’” Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, October 2018

Moss-Samuelson, P., Erickson, J., McCullough, L.: “Improving Adherence to AAP Treatment Guidelines for ADHD in the Pediatric Primary Care Setting: The Social Worker as Health Coach,” Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, October 2018

Swick, D.: “Facilitating a NICU Evacuation from a Neonatal Transport Team Perspective,” Air Medical Transport Conference, October 2018

Swick, D.: “Wings to Wheels: Applying Aviation Safety Concepts to Ground Transport Operations,” Georgia World Congress Center, October 2018

Wilhelm, C., Bassi, M.: “Collaborating and Co-treating with Occupational Therapy: Opportunities and Challenges when Treating Children with Language Impairments,” The Ohio Speech Language Hearing Association Convention, March 2019

Sympson, J., Lazzara Mould, V.: “Family Leisure Nights: Why is Leisure Important for the Whole Family as well as the TR Professional?” The University of Toledo Recreational Therapy Club Conference, March 2019

Miller, T.: “Unconscious Bias in Therapeutic Recreation,” Slippery Rock University Therapeutic Recreation Workshop, March 2019

Whaley, K.: “The Value of Therapeutic Recreation when Managing Diabetes Mellitus,” Slippery Rock University Therapeutic Recreation Workshop, March 2019

Krouse, R., Truba, N.: “Understanding, Assessing & Managing Pain through Therapeutic Recreation Interventions,” Nationwide Children’s Hospital TR Conference, February 2019

Lazzara Mould, V.: “Eliminate the Barriers: Providing Education to Families about Leisure and Community Resources,” Nationwide Children’s Hospital TR Conference, February 2019

Cummings, C.: “Management of speech and resonance disorders in multilingual/multicultural children with cleft palate,” The Ohio Speech Language Hearing Association Convention, March 2019

Evelsizer, C.: “Communication and Collaboration: An outpatient psychiatry clinic’s approach to improve patient and employee safety,” Ohio Chapter of the Society of Pediatric Nurses Annual Conference, October 2018

Publications

National Association of Neonatal Nurses: Retaining expert level NNPs at the bedside, *White Paper: Nann.org*, December 2018

Rundo, S., McDowell, G.: “5 Tips to Navigate Difficult Conversations About Health and Illness During the Holidays,” *U.S. News & World Report*, December 2018

France, D.J., Slagle, J., Schremp, E., Moroz, S., Hatch, L.D., Grubb, P., Lorinc, A., Lehmann, C. U., Robinson, J., Crankshaw, M., Sullivan, M., Newman, T., Wallace, T., Weigner, M.B., Blakely, M.L.: “Impact of patient handover structure on neonatal perioperative safety,” *Journal of Perinatology*, January 2019

Hoffman, A., Von Sandovszky, V.: “Staff Nurses’ Perspectives of Resources Needed During Floating,” *the Journal of Nursing Administration*, October 2018



Nationwide Children's Hospital
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Daisy Award

Laurie Enciso, BSN, RN

The 24th Annual Nationwide Children's Hospital Daisy Award was presented to Laurie Enciso, BSN, RN of the Neurology Clinic. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Laurie was nominated by a co-worker who commended her for helping a patient and family with medication instructions. The patient, who has epilepsy, was taking a medication called Lamictal. "Lamictal is a medication that, if taken incorrectly or the dose is increased too quickly, can cause a severe rash," says Laurie's nominator, Leah Lucas. "To assist the family, Laurie created a calendar that showed what the Lamictal dose should be each day for multiple months, and each week was highlighted to represent an



increase in dosing... She makes a call to the family every Monday to review the schedule with the parents and makes sure they completely understand what they are to be doing. She went above and beyond for this family and because of her the patient is taking the correct dose of medication and is on the right path."

To learn more about our Daisy winners, and read their full nomination, visit [NationwideChildrens.org/Daisy-Award](https://www.nationwidechildrens.org/Daisy-Award)

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