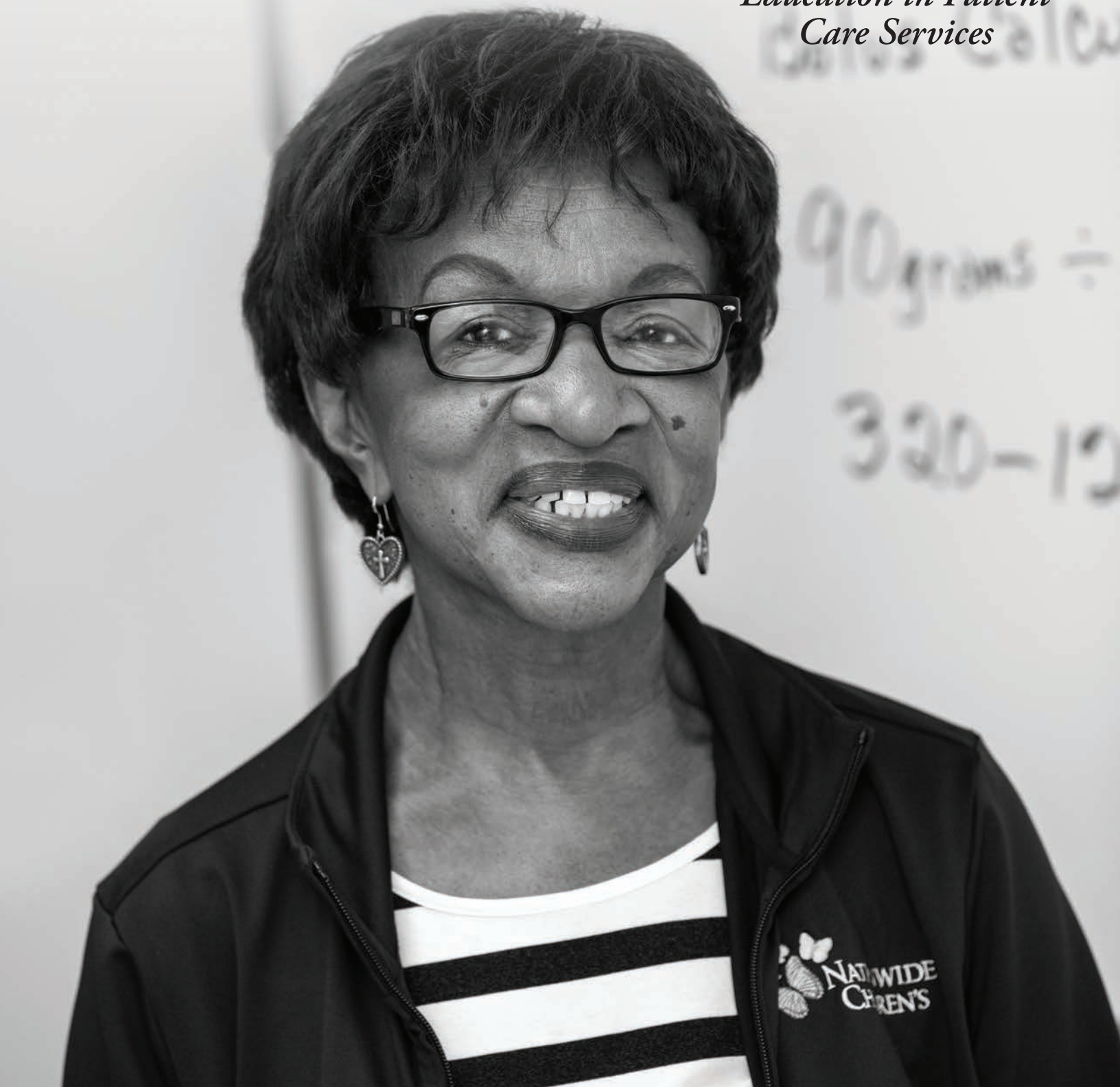
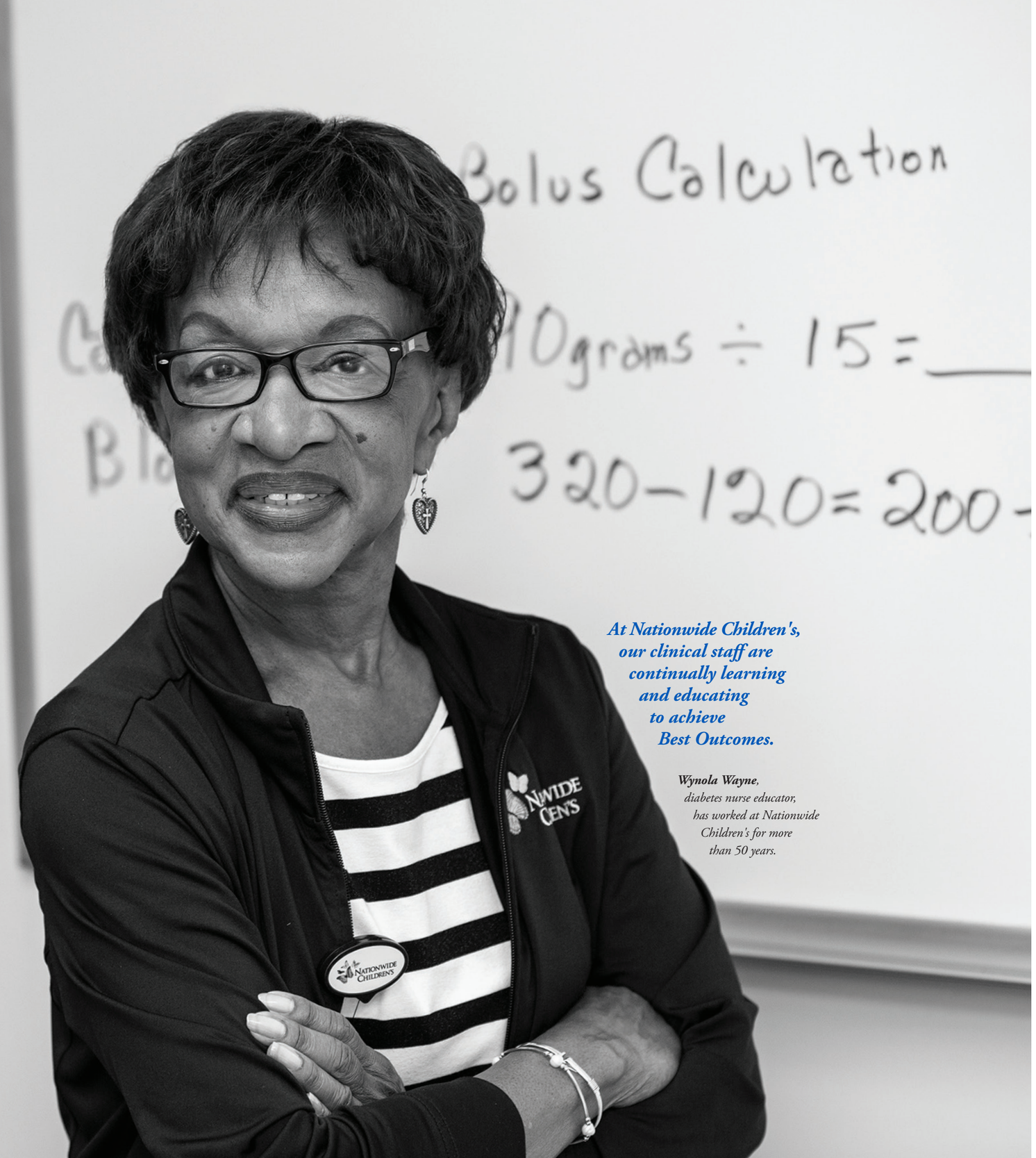
A NATIONWIDE CHILDREN'S HOSPITAL PUBLICATION | VOLUME 36 ISSUE 3 | SUMMER 2020

Everything Matters In

Patient Care

Education in Patient Care Services





At Nationwide Children's, our clinical staff are continually learning and educating to achieve Best Outcomes.

***Wynola Wayne**, diabetes nurse educator, has worked at Nationwide Children's for more than 50 years.*

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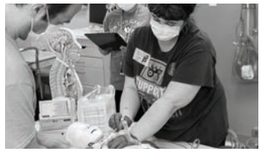

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Creating a Culture of Lifelong Learning

Lee Ann Wallace
MBA, BSN, RN, NEA-BC
Senior Vice President,
Patient Care Services,
Chief Nursing Officer

Literature (Fonteyn 1994) defines nursing clinical reasoning as the cognitive processes that nurses use when reviewing and analyzing patient data to plan care and make decisions for positive patient outcomes. According to O'Neill et all (2005), for this to happen, it requires a knowledgeable practitioner, reliable information and a supportive environment. For clinical reasoning or critical thinking to thrive, we must continuously refuel our knowledge by having access to timely, applicable, evidenced-based information. We must create a culture that promotes and nurtures these key nursing competencies. This is not just a "once a year" curriculum of The Learning Center modules, or a four-hour skills day experience. Our vision is to create a culture of life long learning, where there is a hunger for new knowledge and a system that facilitates and supports that vision. And ultimately, we can link this core skill to excellent patient outcomes, reducing patient harm, reducing cost of care and maximizing the patient and family experience while in our care.

Within this edition of *Everything Matters In Patient Care*, you will find multiple examples of team members using critical thinking, innovation and evidenced-based practice. These components are partnered with a spirited inquiry to develop and enhance a supportive environment which achieves best outcomes for our patients, families and team members to thrive and blossom! You will see multiple examples of bringing education to the patient, family and to our nursing teams. This includes the development and certification of our nursing residency program, the refinement of our preceptor programs and individual and team development models. We will also be expanding the roll-out of our Communicate With Me strategy with team-based, multi-disciplinary learning opportunities. Our COVID-19 efforts have created challenges with the timing in several of these areas, but we will continue to bring these forward as we begin to normalize operations.

Education, precepting, coaching and mentoring are all part of the lifelong learning that keeps our nursing practice fresh and thriving. Please take the time to read some exceptional examples of how our team is elevating clinical practice through education!

Transition to Practice: Nurse Residency

Kelsey Merritt, MS, RN and **JoAnna Sutton, MSN, RN,** Professional Development

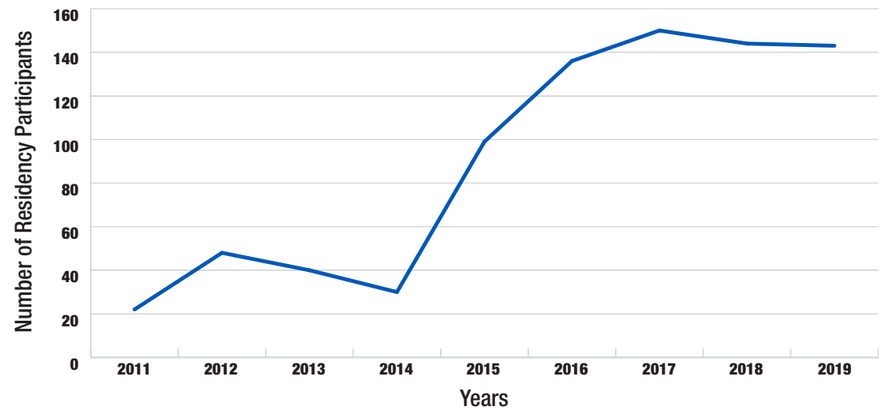
With greater patient acuity, shorter lengths of stay and the use of advanced technology, caring for hospitalized patients has become increasingly complex. While nursing programs provide an excellent foundation for new nurses, a gap still exists between their education and clinical practice and for many newly licensed Registered Nurses, the transition into independent professional practice can be overwhelming. This is particularly true for transition into pediatric practice as nursing students have limited opportunities for pediatric experience. Stressful work environments, increased patient acuity and lack of confidence in skill and clinical judgment are likely reasons for decreased satisfaction and increased turnover in new graduate nurses. Nationally, 35% to 60% of newly licensed nurses are leaving their first position within one year.

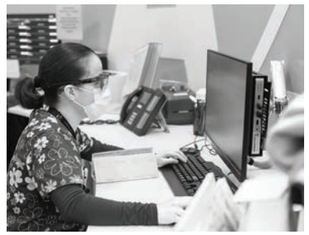
Nurse Residency Programs (NRPs) began in the early 2000s in response to the demand that nurses be better prepared to manage within complex health care systems and to address the challenge of nurses leaving the profession. In 2010, the Institute of Medicine (IOM) published the ground-breaking report "The Future of Nursing." One of the recommendations was to implement NRPs to support the transition into professional practice. Multiple national organizations such as the American Association of Colleges of Nursing, the National Council of State Boards of Nursing, The Joint Commission, the Robert Wood Johnson Foundation and the American Nurses Credentialing Center have also endorsed the need for NRPs for newly licensed RNs. While the IOM and other organizations encouraged implementation of NRPs, little direction was given as to how the programs should be designed. Thus, there is variability in NRP structure, length, content and outcome measurements and confusion as to what "Nurse Residency" means.

RN Residency is defined by the American Nurse's Credentialing Association as a program for currently licensed RNs with less than 12 months of relevant experience. The purpose of residency is to provide continued support to new nurses during their first year of hire as they build the knowledge, skills, attitudes and clinical judgement required to deliver safe, quality care. Residency is not intended to take the place of unit-based orientation or onboarding but rather acts as an additional component in a comprehensive onboarding process.

The Nationwide Children's Hospital Nurse Residency Program began in 2011. It was created by Professional Development with an inaugural Acute Care Cohort of 22 newly licensed RNs. A Critical Care Track was added to the program in 2016. Since 2011, a total of 28 Acute Care Cohorts and 13 Critical Care Cohorts have graduated with more than 800 new RNs benefiting from the program.

NURSE RESIDENCY GROWTH





The Nationwide Children's Nurse Residency Program is one year in length. Evidence shows 12 months is necessary to allow adequate time for nurses to adjust to their new professional role. The program helps to move new nurses past a commonly found crisis point five to seven months into their practice. The benefits of keeping nurses in a supportive residency cohort environment during the first year are immense to the institution. Studies show new nurses in residency programs longer than 24 weeks were 21 times more likely to remain employed with the organization than graduates in programs that were 12 weeks or less. This is a major financial savings to the institution as hospitals can lose up to $8.1 million annually from nurse turnover.

UNITS CURRENTLY PARTICIPATING IN NURSE RESIDENCY INCLUDE:

- H2 & H8B Pediatric Intensive Care
- H4A Cardiac Care
- H4B Cardiac Intensive Care Unit
- H5A General Surgery
- H5B Burn-Trauma
- H7A Orthopedics
- H8A Pulmonary
- H9A General Medicine
- H9B Rehab
- H10A & H10B NeuroSurg
- H11B Endocrine-Renal
- H12 Hematology/Oncology
- C4A Bronchopulmonary dysplasia Neonatal Intensive Care Unit
- C4B Acute Neonatal Intensive Care Unit
- C5A Behavioral Health-Gen Med
- C5B Infectious Disease
- T5A/Behavioral Health Pavilion
- Perioperative Services

Our program at Nationwide Children's is based on Patricia Benner's findings about novice to expert practice. The curriculum objectives are developed from the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) criteria and standards, competencies from Quality and Safety Education for Nurses (QSEN) project and American Nurses Association (ANA) Standards of Professional Practice. Nationwide Children's Mission, Vision and Values are threaded throughout the curriculum. Evidence-based content includes a focus on safety, patient/family centered care, communication, teamwork and collaboration, organizational enculturation and professional growth. Additionally, time is allotted during the residency meetings for reflection and peer discussion to encourage learning from experiences and to promote group support. Newly licensed nurses from participating units are placed into a cohort based on their start date. Each cohort meets monthly for four hours. On average, Professional Development has five cohorts operating at any given time during the year.

A thorough feedback and evaluation process is essential to ensure that the residency program continues to meet the needs of the nurse residents and the organization; hence data is routinely collected to monitor progress and be responsive to our Residents, as well as, institutional and national priorities.

The Nationwide Children's Nurse Residency Team consists of Kelsey Merritt, MS, RN, Kelsey Harn, MSN, RN, CPN, JoAnna Sutton, MSN, RN and Siobann Stoughton, BSN, RN. The Residency Team is responsible for program development, scheduling, ongoing program evaluation and serving as consultants and mentors for nurse residents throughout their participation in the Nurse Residency Program.

A thorough feedback and evaluation process is essential to ensure that the residency program continues to meet the needs of the nurse residents and the organization.

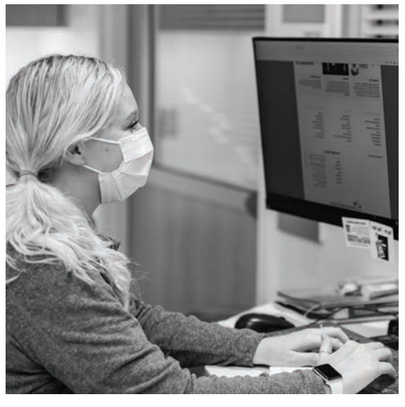
Our short-term goals for nurses participating in the program are to:

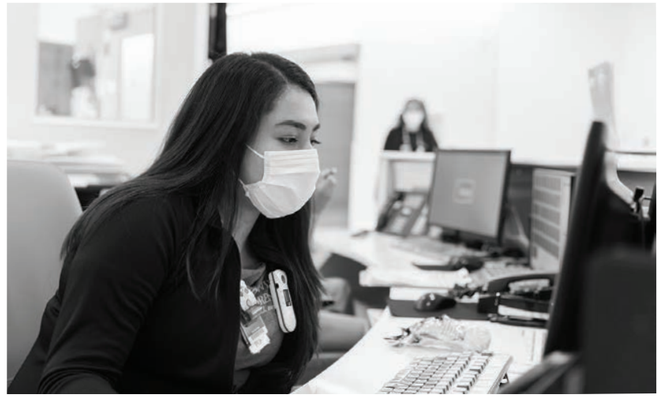
- become confident and competent
- provide safe patient care
- develop clinical leadership
- engage in professional development

The long-term goals are nurse retention and satisfaction. While national retention rates for Nurse Residency Programs range from 74% to 100%, we have achieved a 94% retention rate for new nurses who participate in the Nationwide Children's NRP.

In regard to nurse satisfaction, graduates speak highly of the program and the experience:

- Without this residency I would have already quit. Before the start of this residency I was applying for other jobs and going on interviews. Through this residency, I have made wonderful friends and was able to see that Nationwide Children's actually cared about my well-being and understood that being a new grad was tough. I didn't feel as alone anymore.
- I enjoyed getting to connect with people from other units and having a "safe place" to talk about stuff.
- There was a general kind of feeling that you are never alone in what you are feeling/ thinking which was really, really helpful.
- I truly believe that residency is a lot of what has helped me get through this past year. Being a new nurse is hard!! This is really an amazing program and support group and I have new friends because of it!
- Didn't like the program at first but it ended up turning out to be very beneficial.
- After participating in this residency, I believe that all new grads should seek out programs such as this one. Having a group of peers that are all experiencing the same challenges is so helpful in adjusting to this new and challenging job.
- The residency program was so helpful, especially towards the middle when we got out of orientation in the winter and needed extra support that wasn't necessarily available on our units. It is awesome to get to know some people from other units and have familiar faces when floated. It makes it easier to ask questions and know that someone is there if you need help.





What does the future hold for the Nationwide Children's Nurse Residency? The Commission on Magnet® Recognition includes an option for provision of evidence of a nationally accredited transition to practice programs as fulfillment for Structural Empowerment 9 criteria. The Nationwide Children's Nurse Residency Team is actively working toward accreditation of the program through the ANCC in 2020. We will also be looking to expand the program to include other areas not currently involved on main campus as well as off-site locations.

NRPs are now becoming the norm and the benefits have made way for new programs to be created. Institutions across the country are piloting other programs including Leadership Residencies, APRN fellowships, RN fellowships (experienced RNs changing specialty), and Ambulatory NRPs. Other health care disciplines are also beginning to create Residency Programs. Stay tuned… the future is bright. Nationwide Children's is committed to support our new staff to continue on our Journey to Best Outcomes and demonstrating the One Team Values.

Nationwide Children's fellowship program affords the fellows with a unique opportunity to expand their clinical knowledge and skills to best manage the more complex psychiatric patients. During the fellowship, there are a variety of clinical rotations in the both the inpatient and outpatient settings

Update on the Psychiatric Nurse Practitioner

Nancy Noyes, MS, PPCNP-BC, PMHCNS-BC, Fellowship Program Director

As pioneers, Nationwide Children's Hospital developed the first Child and Adolescent Psychiatric Nurse Practitioner post-graduate fellowship in 2018. The mission of the fellowship training program is to transform the delivery of pediatric mental health care in Ohio and contiguous states through the expansion and development of expert Psychiatric Nurse Practitioners to meet the complex needs and improve care outcomes of the acute and chronically ill child and adolescent mental health population.

Since the inception of the fellowship program, we have had a cohort of two fellows annually. Nationwide Children's fellowship program affords the fellows with a unique opportunity to expand their clinical knowledge and skills to best manage the more complex psychiatric patients. During the fellowship, there are a variety of clinical rotations in the both the inpatient and outpatient settings. In addition, the fellows can develop their own general psychiatry patient panel and have electives in psychiatry sub-specialty areas.

In 2019, our fellows had the opportunity to present their Quality Improvement project both at Nationwide Children's during the Behavioral Health Quality Improvement symposium as well as present at the American Psychiatric Nurses Association national conference. After its first year, our program became the first accredited child and adolescent psychiatric nurse practitioner (NP) fellowship program in the U.S. Our program went through a rigorous site visit by the National Nurse Practitioner Residency and Fellowship Training Consortium, our accrediting body. As a result, Nationwide Children's program has now been sought out by future potential fellow candidates as well as other academic children's hospitals who are in the processing of developing their own Psychiatric NP programs. In addition, as the Fellowship Program Director, I have had the privilege of training to be a future site visitor for the accrediting body.

The Psychiatric Nurse Practitioner Fellowship Program will be completing the second cohort of fellows in August 2020. The goal of our program is to retain our fellow trainees at Nationwide Children's. After finishing the first fellowship year, one of our fellows has stayed and is working in one of our Behavioral Health Pavilion inpatient programs. We anticipate that one of our current fellows will also be joining our Nationwide Children's inpatient behavioral health team at the end of August.

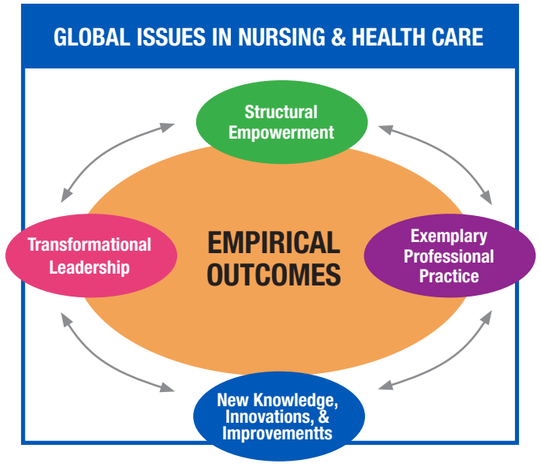
One of our two fellows joining us in the 2020-2021 fellowship year is from New York City. He has served in a leadership role at his hospital and has been on the front lines of the COVID-19 pandemic. His experiences during this very challenging time will add to his learning opportunities at Nationwide Children's. Not only will he learn from his fellowship mentors and preceptors but also will also teach us many important life lessons which is in line with our One Team hospital mission to enhance our care to our patients to improve patient outcomes. Our other new fellow will join the fellowship after doing her student clinical experience with one of our behavioral health nurse practitioners, Jamie Graham, APN.

With the success for the Psychiatric Nurse Practitioner post-graduate fellowship, Nationwide Children's will be looking to expand the programs in several specialty areas. This will expand access to quality care for patients and families.

Relevance of ANCC Magnet Model 6th Component

Sherri Watts, MSN, RN, Magnet Program Director

The ANCC Magnet Recognition Program® originated from the 1980's national nurse shortage. Four nurse scientists examined more than 40 United States hospitals identified as being able to attract and retain nurses during a period when others could not. Through interviews, review of patient and nurse outcome data, and disclosure of hospital policies and procedures, the nurse scientists recognized 14 key similarities in all the hospitals' structures and processes. These 14 similarities became the foundational forces that would evolve into today's five Magnet model components; *Transformational Leadership* (TL), *Structural Empowerment* (SE), *Exemplary Professional Practice* (EP), *New Knowledge & Innovation* (NK), and *Empirical Outcomes* (EO).



One component least mentioned encircles the frequently spoken five and is titled *Global Issues in Nursing & Health Care*. Health care organizations face uncertainties every day and can improve their reaction through transformational leaders who ensure clearly defined structures and policies are in place to govern exemplary professional practice and innovation. The sixth Magnet component reaches far beyond the health care organizational walls and into issues impacting the nation. It addresses challenges faced by all hospitals, despite size, location, and practice setting and includes concerns such as nurse shortage, opioid crisis, mental illness, social determinants of care and unprecedented events like pandemic outbreaks.

Nationwide Children's Hospital's commitment to the nearly 130-year mission to provide care for every child despite their ability to pay remains. However, our agile and innovative values frame our approach towards unanticipated challenges. **Enculturation of characteristic Magnet behaviors towards these global issues can be seen in our:**

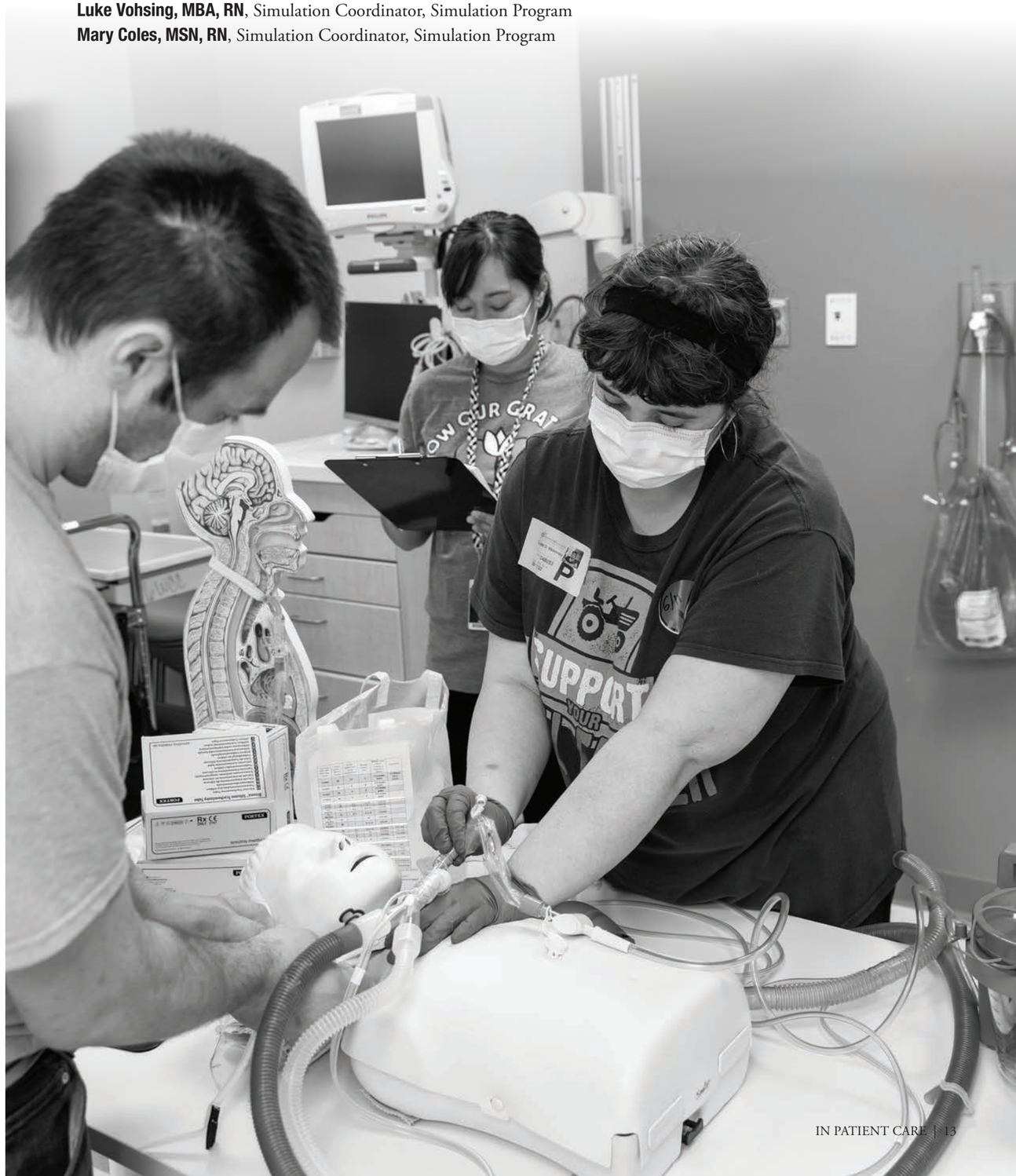
- **Strong affiliation with Children's Hospital Association on quality initiatives.**
- **Zero Hero program for patient and employee safety.**
- **Renowned Research Institute identifying treatment protocols for rare diseases and reducing exacerbations of chronic conditions.**
- **Extensive Partners for Kids℠ program providing care for children and families who otherwise would not have access.**
- **Big Lots Behavioral Health Pavilion increasing our ability to care for patient and families facing mental illness.**

The ANCC Commission on Magnet is not alone in offering evidence-based strategies for improved health care. One example is the Institute for Healthcare Improvements' recent expansion of the Triple Aim to the Quadruple Aim. This fourth strategy adds improving the practice environment where staff provide patient care to the existing three; improved patient experience, patient health and cost. In support of this new aim, two Nationwide Children's initiatives include a revised preceptor professional development program and standardized structure for transitioning nurses to practice.

Unparallel challenges faced by health care organizations are not new, but inherent to the practice and practice settings in which we work. The more than 30 years of improved outcomes seen in Magnet recognized hospitals provides reassurance that Magnet model structures and processes remain effective and relevant today. As a four-time Magnet recognized hospital, working on our fifth journey, it is clear how fortunate we are to have the sustained support of Nationwide Children's leadership. This pledge to seek Magnet recognition as one of our strategies for ongoing preparedness, undoubtedly instills a sense of confidence in our ability to successfully confront any obstacle in the care provided to our patients, families and staff.

Tracheostomy Training Using Simulations

Luke Vohsing, MBA, RN, Simulation Coordinator, Simulation Program
Mary Coles, MSN, RN, Simulation Coordinator, Simulation Program



Step into the shoes of one of our families for just a minute. Imagine, you are the parent of a happy and healthy 5-year-old boy. The sun is shining, it's a warm spring day and you are on your way home from work with your son. Suddenly, another car runs a red light and hits your car on the passenger side. While your injuries are minor, your son's injuries are more severe, and he is transferred to Nationwide Children's Hospital. Over the course of the next few months he ends up needing a tracheostomy, or breathing tube, to stay alive. As a parent, your entire world is now turned upside down and you don't know how you will ever function as a family with this new tube at home. You know that you will need to care for this breathing tube when you go home, but it is scary! The nurses and respiratory therapists make it look easy, but they are so busy, and you are afraid to ask questions. When you do ask a question, they all have different answers. This scenario, or one like it is unfortunately common, even at Nationwide Children's.

We know that parent education is one of the most important parts of preparing a family to go home, yet all too often it is viewed as something that can be done tomorrow. Before we know it, tomorrow is here, and it's time to be discharged. Not spending enough time to make sure that families understand how to care for this new medical device can be harmful to the child and can lead to poor outcomes. Due to this, education should start at admission and continue throughout hospitalization. One population where this is particularly important is our newly placed tracheostomy patients. A tracheostomy is a breathing tube placed in the throat or trachea to make breathing easier. Children with tracheostomies are known to have a higher rate of morbidity and mortality. Families often receive little to no in-home nursing, requiring them to be the primary caregivers for these medically complex patients when they leave the hospital. This makes the patients vulnerable, especially if the teaching was less than optimal. Therefore, it is a priority to help our families with new tracheostomies receive as much hands-on practice and education as possible, before sending them home.

Currently at Nationwide Children's, families of a child with a new tracheostomy are required to attend a two-hour general tracheostomy class in the Family Resource Center. The families are then take what they have learned in the class and apply it to their own child on the unit. During hospitalization, the families learn to perform most of the trach care through observation and repeating what they see their nurses and respiratory therapists doing. Families are then required to perform 24-hour care with their child. During this time, the families take responsibility of their child's care while still in the hospital and the medical team is available only if needed. If this goes well, families are prepared for discharge (Table 1). Recently, the simulation team began bringing families to our simulation lab to practice managing emergency scenarios such as the tracheostomy tube coming out or becoming blocked. During these scenarios, the simulation team witnessed many families experiencing difficulties with routine tasks such as suctioning. Needless to say, it is hard to teach the emergency care when families still need help with the basics.

Table 1

CURRENT CAREGIVER EDUCATION

- Heavily rely on Bedside RNs and RTs to provide trach education and hands-on experience to families
- Limited by family presense at the bedside and staff comfort with teaching trach skills

FAMILY RESOURCE CENTER CLASS	BEDSIDE PRACTICE	ROOMING IN	DISCHARGE

Despite the education, a fair amount of families continued to ask to repeat the tracheostomy course, sometimes multiple times. Other families would express fear of going home because they would be leaving without the resources and the staff they had become used to while in the hospital. A team experienced in pediatric tracheostomy care began to meet. Members included nursing, respiratory therapy, doctors, discharge planning and the Family Resource Center. The team then asked the question: How can we prepare families for a successful discharge home? How do we decrease their stress?

In order to answer these questions, the team created a Family Needs Assessment. It was given to caregivers of new and chronic tracheostomy patients on select inpatient units starting March 2018. Collection of the assessments are still on-going. The assessment has areas for free response feedback, knowledge questions and confidence in essential skills. It brought several teaching improvements to light. First, the assessment called attention to the trach skills that were causing families the most amount of stress. These included trach changes, bagging displacement, occlusion and CPR (Table 2). Our assessment also found that more frequent hands-on practice was the number one requested change to our educational program and the literature suggests this need is not unique to our institution. The literature states that frequent, high quality hands-on practice with essential tracheostomy skills is needed to prepare caregivers for this role, before the patient is discharged home. Finally, many families commented about the variation in training they received. Bedside nurses and respiratory therapists play a large part in preparing families for the responsibility of managing a trach at home. Therefore, hearing different ways to perform basic tracheostomy skills from hospital staff only created more confusion and nervousness for families.

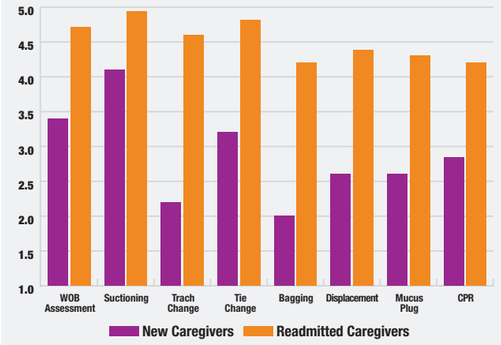
Table 2

CAREGIVER COMMENTS

"No enough consistency. Everyone does the training differently so there was too much difference"	"There has been a couple of things taught in the class that was different than what the nurses do in the unit"
Areas for improvement: "Continuing education. Reinforcing the importance of care of the trach"	"Hands on (practice was most helpful), making mistakes with nursing/RT there to be able to correct for (a) better outcome next time"

AVERAGE CAREGIVER CONFIDENCE IN TRACHEOSTOMY SKILLS

(1=not at all confident, 3=confident, 5=extremely confident)

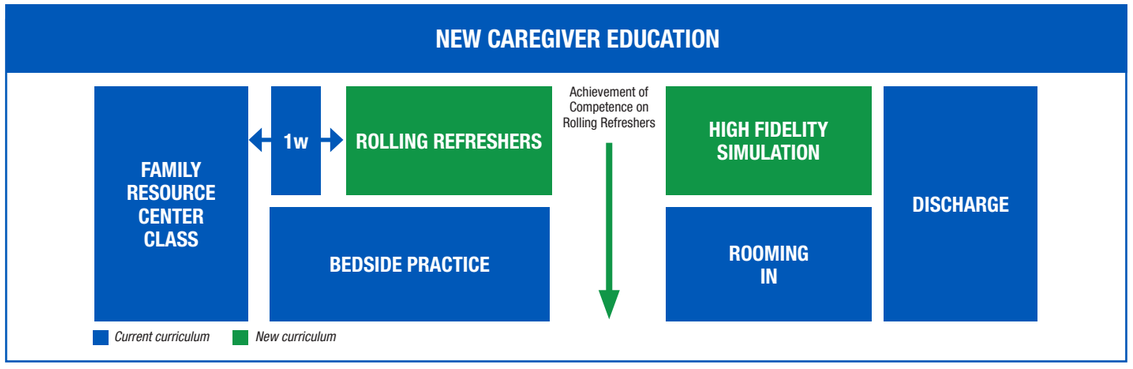


To address these caregiver concerns and improve the tracheostomy education before families go home, the simulation team created a Tracheostomy Rolling Refresher Cart. The cart will address both the need for more hands-on practice of tracheostomy skills and create consistency in teaching. Using a manikin with a tracheostomy, like one their child will go home with, and the aid of a checklist for each skill, families are given the chance to master the following skills: tracheostomy change, suctioning, cleaning and tracheostomy tie change. Another important skill that many caregivers do not get to practice before going home is bagging, or providing breaths and oxygen through the tracheostomy tube, and how to do this without a tracheostomy tube in place. The manikin has been specially adapted in a way that allows families to practice this life-saving skill. The cart can be taken into patient rooms for families to practice without leaving their child's side and they can practice one skill at a time until they are comfortable moving on to a new skill. Another great benefit of the cart is that it can also be used to provide staff education. A course is now being offered to train champion nurses and respiratory therapists that care for our tracheostomy patients. The champions will help educate our caregivers and assist staff members become more seamless when teaching, because it will ensure we are using the same language and emphasizing identical best practices throughout the institution. For families, the Tracheostomy Rolling Refresher Cart is introduced right after they have attended the two-hour general tracheostomy class in the Family Resource Center and be utilized until they are ready to go home.

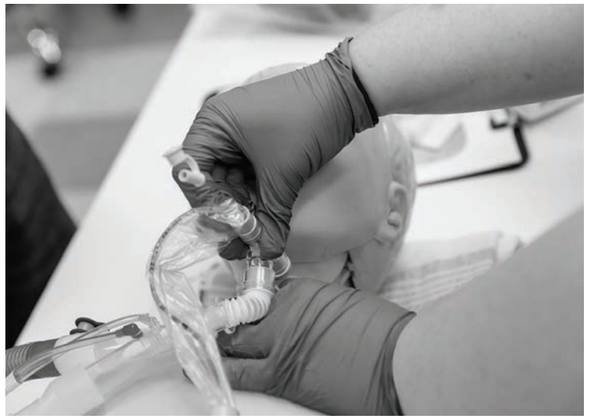
We encourage families to come back and repeat any tracheostomy hands-on education with us because it is a safe learning space.

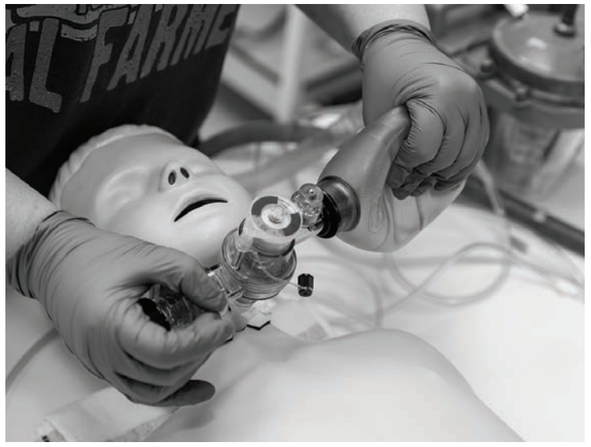
The last educational intervention for families before discharge is to take the skills they have perfected and apply them to some real-life situations that can happen at home. By using the high-fidelity mannequins in the Simulation Center, we simulate realistic scenarios that put families into life-threatening emergencies they may need to handle. It does so without it needing to be real and with no harm to anyone. By practicing these skills ahead of time, we can force families to use their critical thinking skills while under stress. After each scenario, time is spent allowing the family to defuse from the situation and talk about how it went. Many families are very appreciative after the simulations because they know that without them, they would not have had the opportunity to practice these skills before being thrown into a real-life situation.

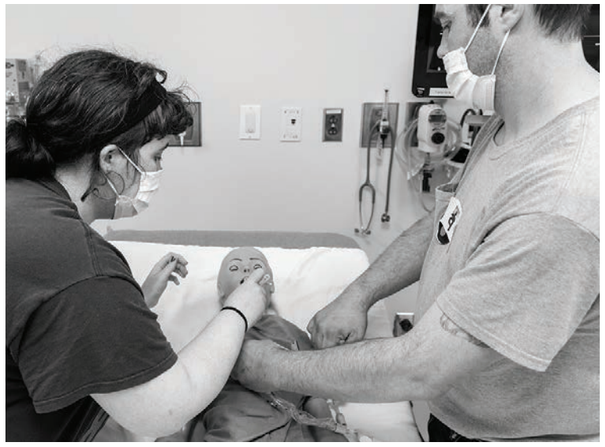
Table 3

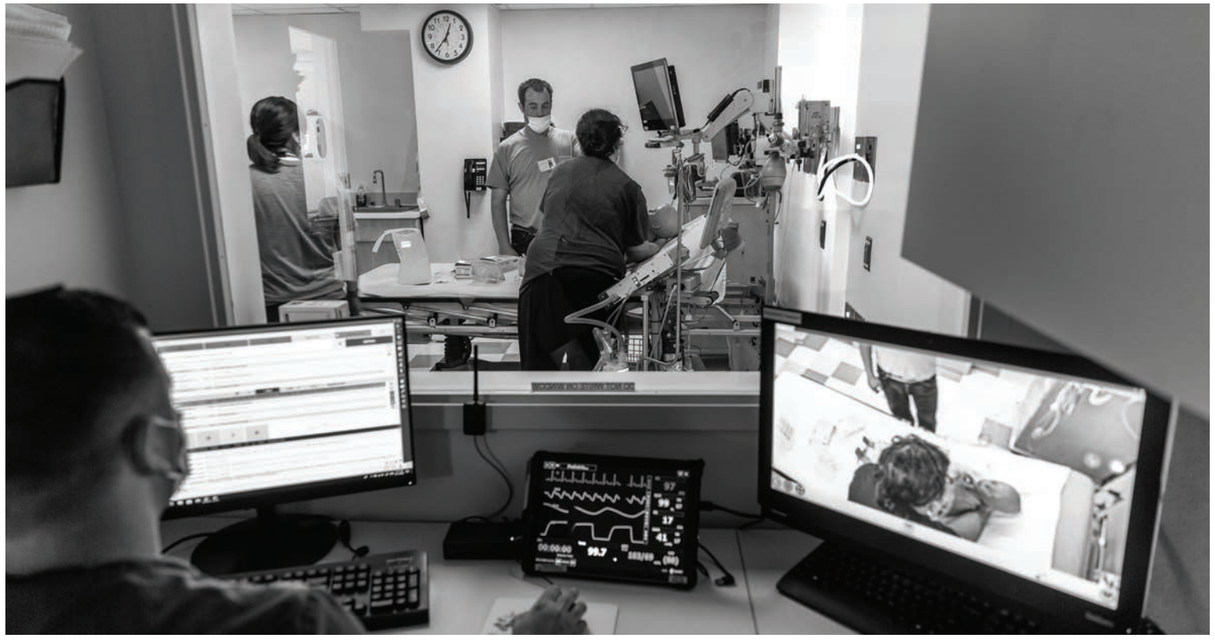


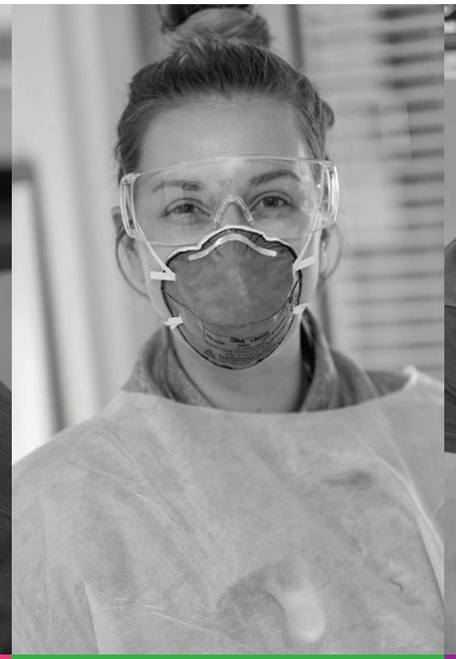
The motto of our simulation team is “Perfect practice makes perfect.” We encourage families to come back and repeat any tracheostomy hands-on education with us because it is a safe learning space. Providing as much opportunity as possible to families throughout admission empowers them to practice, ask questions, and master their skills and interventions. We anticipate that with our Trach Rolling Refresher Cart and Program we can increase the consistency of education for families, increase caregiver’s confidence in providing care to their child, and decrease the number of harmful events that occur in the home setting. The next step in our tracheostomy program is to collaborate with community homecare companies to help ensure that the education we all provide to our families while in the hospital and at home reinforce the same best practice concepts. Through these joint efforts we can create a real difference in the lives of our patients and their families.











N U R S E 2020

Vickie Bennett, DNP, RN-BC, Nurse Educator
Kimberly Kelly, BSN, RN, CPN, Nursing Student Education Coordinator
Department of Professional Development

Florence Nightingale, the founder of modern-day nursing, turns 200 this year! Florence, born to an affluent British family on May 12, 1820, knew by the age of 16 that nursing was her calling. Much to the dismay of her parents, she enrolled in nursing school at the age of 24 and the rest is nursing history. From fierce advocate for improved sanitation to noted statistician, nursing theorist and founder of nursing schools, Florence Nightingale has had an immeasurable impact on the nursing profession. The World Health Organization (WHO) understands the impact nursing has across the globe and that without Florence's substantial contribution to nursing, the profession would not be the same.

In honor of Florence's 200th birthday, the WHO has declared 2020 the "Year of the Nurse and the Midwife." In conjunction with this announcement, the WHO will release the first-ever State of the World's Nursing Report. "This report, to be launched in April 2020, will provide a global picture of the nursing workforce and support evidence-based planning to optimize the contributions of this workforce to improve health and wellbeing for all" (WHO, 2020) through universal health coverage, health emergency preparedness and response.

Health emergency preparedness and response has been a critical feature in 2020 with the outbreak of the COVID-19 virus. Nurses worldwide, as well as locally, have shown their resilience, ingenuity, leadership and dedication amidst this global crisis. From advocating for socially responsible health care practices on social media, developing creative devices for wearing and sustaining personal protective equipment, to working long hours outside their specialty, nurses worldwide have risen to the challenge and answered the call of this global pandemic.

Nationwide Children's Hospital annually celebrates Nurses Week in May to honor our many nurses and health care professionals. As a result of COVID-19 protocols, Nurses Week celebrations looked very different in 2020. During Nurses Week, May 6 to 12, Nationwide Children's celebrated a Virtual Nurses Week. During the week, staff were recognized through the "Honor a Care Team Member" program, received encouraging messages from nursing leaders both present and past, had a virtual School of Nursing fair and even a virtual fashion show highlighting nursing fashion through the years! During the remainder of the Year of the Nurse, staff can enjoy a nursing poster exhibition, an in-person Schools of Nursing fair and educational opportunities to spotlight and recognize the contributions of our nurses. Once physical distancing is at an end, staff can look forward to celebrating Florence's 200th birthday together with Nurses Week activities and overcoming COVID-19 with Fun Day and Fun Night festivities and, of course, ice cream!

Is the New "Clinical Inquiry Corridor" Course for YOU?

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

You just returned from a conference energized by the many ideas other organizations have implemented in settings/ populations similar to yours.

Should we change our practice based on what you learned?

Recently, two different studies reported an improved outcome from implementing a change.

Should we change our practice based on what these two studies reported?

Data collected for your unit/area demonstrates you are struggling to reduce a preventable error or improve an employee metric like turnover, absenteeism or engagement.

Is there a way to do your work that will result in better outcomes?

If you have answered Yes to any of these questions, your team could benefit from participating in the NEW Clinical Inquiry Corridor course.

You hear all this information about *evidence-based practice (EBP)*, but just don't know where to begin. Nationwide Children's Hospital now has a pathway with step-by-step guidance in this process. It's called the "Clinical Inquiry Corridor." A corridor is a linear passage connecting various separate areas. This year-long course will guide teams in a step-by-step (linear) process connecting inquiry to evidence search, to recommendations, implementation, evaluation and finally dissemination.

The Clinical Inquiry Corridor course is a new 12-month course initially targeted for interprofessional teams headed by unit/area leadership or an Advanced Practice Registered Nurse (APRN). This leadership could include, but is not limited to program managers, clinical leaders, educators, supervisors or APRNs. Ideally, three to five team members would be identified as a project group to move through the course together with one designated as the primary project coordinator.

THE COURSE WORK FOR THE FIRST QUARTER WILL INCLUDE:

- Comparing and Contrasting QI, EBP and Research
- Comparison of EBP Models
- Developing the Spirit of Clinical Inquiry with your Team
- PICO, AIM/Goals and Research Questions
- Literature Search Strategies and Librarian Consultation
- Study Designs
- Statistics 101
- Rapid Critical Appraisal
- Building Summary Tables
- Building Synthesis Tables
- Using Internal Data to Guide Practice Change

Throughout the coursework, the teams complete the steps of their own projects. The first quarter involves developing an implementation plan. During the second and third quarters, further information on measuring outcomes, stakeholders, organizational change, with opportunities for consultation and mentorship for each team's project will be provided. Does a policy need updating, stakeholders consulted, a patient teaching tool revised, staff educated, equipment purchased, supplies ordered, reminder systems created so documentation is consistent, or ANCHOR page updated? These are just a few possible practice changes that could be implemented to improve an outcome targeted based on your clinical inquiry.

The last quarter of the course will focus on evaluation of the practice change and dissemination to others, both internally and externally. While determining the implementation plan, measurement of the degree of success is determined by gathering pre-implementation data as a baseline and planning ongoing data collection to assure sustainability of the practice change. Finally, dissemination of what worked, the barriers, lessons learned and outcomes will be planned for multiple venues through a combination of podium presentations, posters and publication in peer-reviewed journals.

If you or your team are interested in being part of the inaugural group, please contact Cathleen Opperman in Professional Development to discuss further.

Joint Accreditation™: Interprofessional Education for the Team by the Team

Susan Copeland, MS, RN, NPD-BC, RN-BC, Professional Development
Kelly Hallberg, MBA, Education Department

Delivery of high-quality patient care in today's complex health care environment is dependent on clear communication and coordination across interprofessional teams. While patient care is delivered utilizing a team approach, the continuing education required to maintain the competence and evidence-based practice of team members is often planned and delivered within a single discipline. Evidence has shown that Interprofessional Continuing Education (IPCE) improves health care outcomes, collaboration and effective communication by providing an environment where two or more disciplines learn with, from and about each other. In support of IPCE, the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE) and the Accreditation Council for Continuing Medical Education (ACCME) collaborated to develop Joint Accreditation™ (JA). Joint Accreditation facilitates provision of IPCE by aligning the accreditation systems of participating disciplines so that accredited organizations providing education for health care teams can satisfy all accreditation requirements via a single, unified application process, eligibility criteria and fee structure. In order to obtain designation as a JA provider, organizations must demonstrate compliance with 13 accreditation standards. These standards establish the structure and processes necessary to plan and provide educational programs designed by and for interprofessional healthcare teams. While some programs will continue to have a single discipline focus, organizations must demonstrate on an ongoing basis that a minimum of 25% of the educational programs provided are planned by representatives from two or more professions from the activity's targeted audience, indicating an IPCE focus. Joint Accreditation providers provide interprofessional continuing education credit for eight health care disciplines utilizing a single set of accreditation criteria (see Table 1). Since 2010, Joint Accreditation has accredited 102 providers, representing a variety of healthcare settings, including health care/hospital systems, government agencies, nonprofit organizations, publishing/education companies and academic institutions.

In 2017, Karen Heiser, Chet Kaczor and Linda Stoverock established a work group to explore Joint Accreditation in support of Nationwide Children's Hospital's One Team values and interprofessional continuing education endeavors. The JA workgroup, led by Nichole Oocumma, Director of Professional Education, was comprised of continuing education experts from nursing, pharmacy and medicine. A JA application including an extensive self-study report was submitted that addressed each of the 13 accreditation criteria in July 2019. In September 2019, JA reviewers conducted a virtual interview with workgroup members and executive leadership. Nationwide Children's was notified in December 2019 that we had been designated as a Joint Accreditation provider for a term of six years, the maximum period allowed.

Representatives from each of the participating Nationwide Children's disciplines have formed an education committee and are currently meeting to operationalize the single set of accreditation criteria for implementation within the organization, which is slated for midyear, 2020. Benefits of this new accreditation system to Nationwide Children's include:

- Demonstrate a clear commitment to continuing education by the team for the team to improve health care delivery and patient care.
- Provide continuing education for nurses, pharmacists, physicians, social workers, physician assistants, psychologists and dentists, separately or together.
- Improved efficiency for obtaining continuing education credit by eliminating the need for multiple applications for individual disciplines, which utilize a variety of criteria. A standardized application will be used to request contact hours for single or multiple disciplines.
- Increasing access and numbers of programs accredited for continuing education credits by multiple disciplines.
- Centralized recordkeeping for educational programing.
- Clearer alignment of continuing education programs to support Nationwide Children's Quality and Strategic Plan initiatives
- Consolidation/sharing of resources across disciplines.
- Positions Nationwide Children's as a leader in IPCE and collaborative practice
- Provides an avenue to support improved collaboration and communication between interprofessional team members
- Additional information regarding implementation of the Joint Accreditation process at Nationwide Children's Hospital will be communicated soon.

Table 1

DISCIPLINES/ACCREDITING ORGANIZATIONS PARTICIPATING IN JOINT ACCREDITATION

- **Medicine: Accreditation Council for Continuing Medical Education (ACCME)**
- **Pharmacy: Accreditation Council for Pharmacy Education (ACPE)**
- **Nursing: American Nurses Credentialing Center (ANCC)**
- **Physician Assistants: American Academy of Physician Assistants (AAPA)**
- **Dental: American Dental Association (ADA)**
- **Psychology: American Psychological Association (APA)**
- **Optometry: Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)**
- **Social Work: Association of Social Work Boards Approved Continuing Education (ASWB)**

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

End-of-Life Nursing Education Consortium

Kelsey Harn, MSN, RN, CPN
Education Nurse Specialist, Professional Development

The End-of-Life Nursing Education Consortium (ELNEC) project is a national education initiative to improve palliative care, in partnership with the American Association of Colleges of Nursing and the City of Hope. The ELNEC project began in 2000 at the national level. In 2015, Alice Bass, CPNP and Lisa Humphrey, MD, from the Advanced Illness Management Team approached senior leadership about introducing the ELNEC program at Nationwide Children's Hospital. The overall goal of ELNEC is to raise awareness and improve palliative and end-of-life care. Pediatric palliative care is defined as a family-centered approach to care that encompasses the physical, psychological, emotional, social and spiritual components of a child's needs and focuses on overall quality of life. Nurses are intimately involved in all aspects of end-of-life care and they help to address the myriad of needs facing children and families during this time. The more prepared, supported and educated nurses are, the better chance to influence a more positive experience for all involved.

THE ELNEC CURRICULUM FOCUSES ON CORE AREAS IN END-OF-LIFE AND PALLIATIVE CARE. THIS TWO-DAY PROGRAM INCLUDES THE FOLLOWING TOPICS:

- **Introduction to Pediatric Palliative Care**
- **Perinatal and Neonatal Palliative Care**
- **Communication**
- **Ethical/Legal Issues**
- **Cultural/Spiritual Considerations**
- **Pain Management**
- **Symptom Management**
- **Care at the Time of Death**
- **Loss, Grief and Bereavement**

Members from the Advanced Illness Management and hospice teams present their area specific modules and tailor the content to Nationwide Children's specific material. A session on self-care and compassion fatigue is also provided. Nurses have the most frequent and direct contact with patients and families facing the end of life than any other health care professional. Their support and care has a high potential to affect the entire experience that the family will reflect on for the rest of their lives. It takes a lot of energy to care for seriously ill children and members of their families. It can be emotionally taxing and health care professionals may experience pain and suffering themselves. Self-care and adequate support are essential components for staff in order to deliver effective end-of-life care.

At the end of the two-day program, Nationwide Children's hosts a parent panel. The parent panel is a powerful element of ELNEC. Families that have lost their children come in and share their stories and experiences with our employees. It has been beneficial not only for employees, but for parents. An employee stated, "The parent panel was eye-opening. It was incredibly emotional and powerful to hear from parents who have suffered loss. It was great to hear how much of an impact nurses really have." Aaron and Rachel Lewis lost their son Keith in 2016. They are avid participants on the parent panel. When asked what ELENC means to them, they shared, "Being involved in ELNEC is an amazing opportunity for us to sit in front of a room of nurses and staff and give back to the hospital staff that took care of us in our time of need. We know something like end-of-life care is not an easy subject, but ELNEC allows an open platform for staff to ask us anything they want to know when caring for a patient and their family. No question is too tough for us to answer and talk through. Our experience provides a unique opportunity for educating others and in turn, ends up being extremely therapeutic for us at the same time. We love sitting in front of the room being known as 'Keith's mom and dad.' We are so thankful that Nationwide Children's encourages the ELNEC course and we are always so happy to see so many faces show up. The attendance to the training shows the staff's commitment to family-centered care on not only the good days, but the hard days too."

To date, Nationwide Children's has hosted 15 classes reaching 575 employees. All licensed professionals are welcome to participate in the program. In addition to nurses, we have had social workers, respiratory therapists, child life specialists, massage therapists and chaplains attend. A child's death is a life altering experience for everyone involved. We have one opportunity to make all the difference. ELNEC is a way Nationwide Children's offers this essential education in order to prepare our staff to deliver comprehensive palliative and end-of-life care.

Educational Needs for Staff's Professional Development: Leadership's Perspective

Vicki von Sadovszky, PhD, RN, FAAN Director, Professional Development

Our primary goal in Professional Development (PD) is to assist our Nurses and Allied Health Staff in developing to their greatest professional potential. To this end, all programming is designed to assist staff in facilitating professional growth. One of the ways in which we can best assist with those needs is by asking and listening. Last year, we asked Nationwide Children's Hospital leadership what they thought of Professional Development's current programming and what they would like to see offered in the future. We wanted multi-level perspectives, that of the CNO, vice presidents, directors, program managers, clinical leaders and educators. We were not disappointed. We received wonderful feedback and are happy to share these findings.

We are developing a Second Year Residency program to provide support and help retain nurses during the critical second year of practice. A new EBP course is on the horizon.

Current PD programming is seen as valuable. All the programming offerings were seen primarily as extremely valuable or valuable. Our current programming ranges from orientation classes (LAUNCH and UAP) to courses like Pebble Effect and End-of-Life Nursing Care Consortium classes (ELNEC) to transition courses such as Transition to Practice (Nurse Residency) and Summer Extern Program. Professional Development's service-oriented programming such as Unit Based Continuing Education, Nurses' Week Activities, Magnet and Schools of Nursing placement were valued as well. What we learned from this survey as well is that not all individuals are aware of the depth and breadth of PD programming.

We asked Nursing Leaders to identify areas of professional development opportunities they see within their areas or departments. Overwhelmingly, communication skills, especially crucial conversations, were one of the highest reported needs. Role transition was another important need identified. This included education and mentorship on transition of professional roles, such as expanded novice nurse education, preceptor development, transitions for Clinical Leaders and Educators, and mentorship programming across a professional career. Another identified educational need is in the area of critical thinking especially in the areas of prioritization, time management and delegation.

In PD, we are now planning curricula around this information. We are expanding our Transition to Practice (Nurse Residency) program to take in more novice nurses. In accordance with Magnet guidelines, we are also working on getting this program certified. We are taking a closer look at our orientation programs and determining how to better serve our new employees for greatest retention of knowledge. We are developing a Second Year Residency program to provide support and help retain nurses during the critical second year of practice. A new EBP course is on the horizon. Additionally, we are developing some mentorship programming for more senior nurses within the organization.

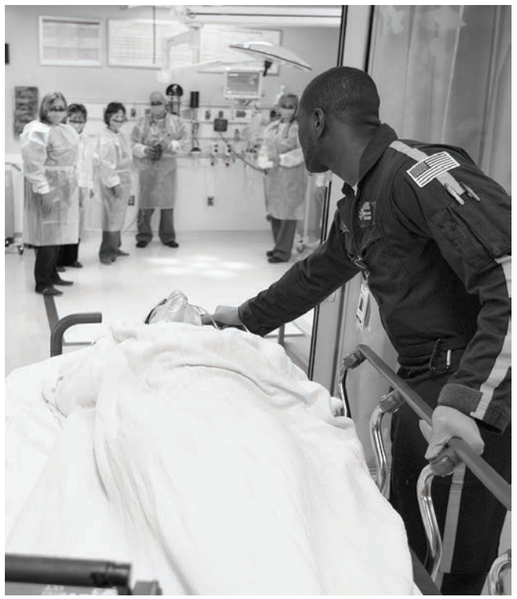
The needs assessment we obtained from Nurse Leaders within the institution was helpful; however, only one part of the picture. We still need to hear from front-line staff and their valuable perspectives of professional development opportunities they desire. A survey was planned for the beginning of 2020, but was temporarily postponed due to COVID-19 preparations. We hope to get this out to staff by the end of summer so we can continue with planning and developing relevant educational opportunities around professional growth. Stay tuned for more information on PD's offerings after we have completed the staff survey. In the meantime, as a Department, we thank you all for your support. As always, it is a pleasure to provide these opportunities to the best pediatric Nurses and Allied Health professionals in the nation (and the world).

Table 1

COURSES AND SERVICES PROVIDED BY PROFESSIONAL DEVELOPMENT			
Category A	Educator Symposium	Magnet	Preceptor Workshop: UAP
CPR Training	End-of-Life Care (ELNEC)	Newsletter (Centralized Newsletter)	Schools of Nursing (Student Placement)
CPR Instructor Training	Equipment Education	Nurses' Week Activities	Summer Extern Program
CPN Content Review/ Exam Prep	EBP Leadership Series	NPD Certification Review	Take a Closer Look: Pulmonary
Crash Cart Review & Exam	Getting to Know Kids	PCS Grand Rounds	Transition to Practice (Nurse Residency)
Critical Care Medication Review/Test	Inquiring Minds	Pebble Effect	Travelers' Orientation
Delegation UAP	IV Opioid Medication Review/Test	Pediatric Assessment Series	Unit Based CEs
Educator Forum	LAUNCH	Preceptor Workshop: RN	UAP Orientation

Pediatric Trauma Nursing - Making a Difference!

Kelli Burkey, BSN, RN, CPEN: Trauma Coordinator; Trauma Program



My passion for pediatric trauma care began in August 2004 when I started working as an Emergency Department Registered Nurse at Nationwide Children's Hospital. I was surrounded by skilled, passionate nurses. These nurses were instrumental in my nursing development. Their mentorship and passion for providing exemplary care to pediatric trauma patients sparked a passion that lead me down the path to where I am in my nursing career. I was mesmerized by their knowledge and ability to teach the skills and care of a trauma patient. Their ability to make learning fun is something I have strived to master. Little did I know then that Nationwide Children's was on the cutting edge of carving out the specialty of Pediatric Trauma Nursing, which improves patient outcomes and supports Nationwide Children's continued verification as a Pediatric Level 1 Trauma Center.

The required skill set of a trauma nurse is extensive. Being a pediatric trauma nurse means being an expert in trauma and pediatric care. The science of both are continually evolving. Being a nurse within the trauma response team brings a complexity of team dynamics as well as need for clinical excellence. Not only does the trauma nurse need to know their own role responsibilities, but they must also know the role responsibilities of the other 19 trauma team responders. The trauma nurse is a member of the inner core and must be able to identify subtle changes in vital signs and assessment findings. Their use of Zero Hero tools such as supporting a questioning attitude ensures safety of the patient and the rest of the team during the high-risk trauma resuscitation environment. The trauma nurse must be able to set up lifesaving equipment such as the rapid infuser or chest tube insertion kit. Any delay could result in patient harm. The trauma nurse is passionate about providing the best patient care during quite possibly the worst day in the patient's life, all while practicing family-centered care. Trauma nursing is not for everyone. It requires an ability to work under pressure, utilize rapid critical thinking skills and maintain ongoing knowledge on the broad-spectrum education and training required to stay competent. A trauma nurse is a patient advocate, a teacher, an evolving learner, a change maker, a shoulder to cry on and a co-worker to lean on after the worst of days.

What does it mean to be a trauma nurse? To be a trauma nurse means facing the worst day of someone's life with compassion, courage, professionalism, resilience and advocacy. A trauma nurse is knowledgeable about the disease of trauma and its disease continuum. A trauma nurse is involved in the vaccination for preventing trauma. A trauma nurse always hopes for the best and is prepared for the worst. Trauma nurses are collaborative and assure their voice is heard, speaking up and stating, "help me understand" and "I have a concern." A trauma nurse practices humility, is strong when others are faltering, understands it is okay if they themselves falter, knows they are human, and it is okay to cry. To be a trauma nurse is to leave a shift and be completely broken one day and the next to feel on top of the world because you made a difference. To be a trauma nurse is to listen, to mentor, to learn, to evolve and to assume innocence. A trauma nurse treats the entire patient, body and mind.

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

Hong, M., Glick, B., Hoffman, R.: "Screening for Diabetes Distress among Adolescents with Diabetes: A better predictor for poor glycemic control," ISPAD: International Society for Pediatric and Adolescent Diabetes, Boston, MA, October 2019

Rozum, L., Syfers, C., McDanel, C.: "Psychosocial Boot Camp: Real Life Strategies For Supporting Practitioners With Limited Resources," 6th Annual Pediatric Colorectal and Pelvic Reconstruction Conference, Columbus, OH, November 2019

Hong, M., Glick, B.: "Validation of a Risk Screening Tool for Pediatric Type 1 Diabetes Patients: Predictor of Increased Acute Health Care Utilization," Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, Kansas City, MO, October 2019

Fredin, B.: "Dealing with the Fallout – When Decisions by Child Protective Services are Contrary to Medical Opinion," Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, Kansas City, MO, October 2019

Gunton, T., Brink, M.: "Auditing Documentation: Moving from Administrative Task to Shared Accountability for Improvement," Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, Kansas City, MO, October 2019

Karnes, J.: "Simulation Training of Trauma Informed Family Care Conferences," Society for Social Work Leadership in Health Care (SSWLHC) Annual Meeting & Conference, Kansas City, MO, October 2019

Minot, G.: "Serving Transgender Youth: Implications for Social Work Practice," 2019 NASW Ohio Annual Conference: Elevate Social Work, Columbus, OH, November 2019

Rose, N.: "Introduction to ARM-The Basics," 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Rose, N.: "Introduction to HD-The Basics," 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Rose, N., Trimble, C.: "Bowel Management Program-Where to start?" 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Rose, N., Trimble, C.: "Running a Bowel Management Program," 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Trimble, C.: "Advanced Management of Hirschsprung Disease," 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Trimble, C.: "Advanced Management of Anorectal Malformations," 32nd Panhellenic Congress of Pediatric Surgery, Athens, Greece, October 2019

Vyrostek, S.: "Colorectal Needs Across the World and Barriers to Care," SOMA Conference, Vienna, Austria, December 2019

Ayres, G., Swanton, C.: "Improving Timeliness of Inpatient Asthma Education," Ohio Department of Health: Asthma Care Improvement Collaborative Meeting, March 2020

Rozum, L.: "How to Incorporate Child Life Within the Neuroscience Population," 2020 Pediatric Neuroscience Nursing Symposium, Columbus, OH, March 2020

Craver, A., Hall, B., Rutledge, S.: "ERAS for Pediatric Bariatric Surgery," SPA-AAP Pediatric Anesthesiology 2020, Paradise Island, Bahamas, February 2020

Huffman, J., Humston, C.: "The Fat Embolism Syndrome Revisited-With New Recommendations for the Anesthetized Patient," SPA-AAP Pediatric Anesthesiology 2020, Paradise Island, Bahamas, February 2020

Harrison, A.: "How Cath Lab Staff Can Improve Your 3DRA Workflow," International Symposium on 3D Imaging for Interventional Catheterization in CHD, October 2019

Downs, J., Murphy, A., Lynch, S.: "Scoring Tool for Assessment for Tracheostomy in Severe Bronchopulmonary Dysplasia," NANN Conference, October 2019

Downs, J.: "Ask The Expert Panel," CHOP 6th Annual Chronic Lung Disease Conference, March 2020

Regis, K.: "Building Resilience in Nurse Leaders," Ohio Organization for Nursing Leadership, Ohio Hospital Association Fall Conference, November 2019

Tuisku, A: "Turning Therapeutic Recreation Interventions Into Research," Ohio Association of Health, Physical Education, Recreation, and Dance Therapeutic Recreation Conference, Sandusky, OH, December 2019

Thomson, M: "Creating a Therapeutic Recreational Program From the Ground Up," Ohio Association of Health, Physical Education, Recreation, and Dance Therapeutic Recreation Conference, Sandusky, OH, December 2019

Havach, C: "Group Fitness Activities for the Busy Therapeutic Recreational Professional," Ohio Association of Health, Physical Education, Recreation, and Dance Therapeutic Recreation Conference, Sandusky, OH, December 2019

Lazzara-Mould, V.: "Mindfulness for the Therapeutic Recreational Practice and the Therapeutic Recreation Professional," Ohio Association of Health, Physical Education, Recreation, and Dance Therapeutic Recreation Conference, Sandusky, OH, December 2019

Boster, J., McCarthy, J.: "Improving Preparation and Service Delivery with oOportunities for Shared Student and Clinician Experiences," Annual Convention of the American Speech-Language-Hearing Association, Orlando, FL, November 2019

Boster, J.: "Creating Activities to Foster Social Interactions for Children who use AAC: Lessons from Collaborative Learning," Annual Convention of the American Speech-Language-Hearing Association, Orlando, FL, November 2019

Cass, M., Selhorst, M.: "Initiation of Physical Therapy in Pediatric Patients with Lateral Ankle Pain: A Retrospective Review," American Physical Therapy Association Combined Sections Meeting, Denver, CO, February 2020

Christensen, C., Grisez, L.: "An Evidence-Based Evaluation Algorithm and Treatment Guidelines for Children with Developmental Coordination Disorder," Academy Pediatric Physical Therapy Annual Conference, Anaheim, CA, November 2019

Christensen, C., Kremer, A., Bican, R., Bellows, D.: "Living the Dream: A Systematic Approach to Implementing Evidence-Based Practice in Pdiatric PT," American Physical Therapy Association Combined Sections Meeting 2020, Denver, CO, February 2020

Christensen, C., Welch, K.: "Evidence-Based Evaluation and Treatment of Children with Down Syndrome," Academy Pediatric Physical Therapy Annual Conference, Anaheim, CA, November 2019

Drake, A., Alsalahat, A., Wall, C., Clewley, D.: "Physical Therapy Interventions for Pediatric Low B-ack Pain: A Systematic Review," American Physical Therapy Association Combined Sections Meeting, Denver, CO, February 2020

Gonzales, A., Gates, E., Bican, R., Stanek, J., Auletta, J.A.: "Functional Mobility in Pediatric and Young Adult Hematopoietic Cell Transplant Patients: A Comparison of the Functional Mobility Score (FMS) and the Karnofsky Performance Status Scale & the Lansky Play Performance Scale," Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR, Orlando, FL, February 2020

Iammarino, M., Miller, N., Alfano, L., Powers, B., Lowes, L., Lehman, K., Mendell, J.: "Establishing Divergent Phenotypes in Limb Girdle Muscular Dystrophies," World Muscle Society, Copenhagen, Denmark, October 2019

Lowes, L., Alfano, L., Miller, N., Iammarino, M., McColly, M., Mendell, J.: "Pre-Symptomatic Spinal Muscular Aatrophy: Reality or Myth," World Muscle Society, Copenhagen, Denmark, October 2019

Lundine, J., Haarbauer-Krupa, J., Heggs-Lee, A., DePompei, R., Wise, J., King, T.Z.: "Follow-Up of Hearing Screening Failure After Traumatic Brain Injury in Young Children," International Cognitive-Communication Disorders Conference, Orange, CA, January 2020

Lundine, J., Salley, J., Crook, L., Ciccia, A.: "Long-Term Services for Children with Early Childhood Brain Injury," International Cognitive-Communication Disorders Conference, Orange, CA, January 2020

Lundine, J., Koterba, C., De Silva, A., Orton, K., Busch, T., Moots, G., Taylor, H.: "Outcomes Following Inpatient Rehabilitation for Pediatric Traumatic Brain Injury: Predictors and Service Utilization," International Cognitive-Communication Disorders Conference, Orange, CA, January 2020

Lundine, J., Koterba, C., Ciccia, A., Guernon, A., Haarbauer-Krupa, J.: "Factors Contributing to Medical and Rehabilitation Service Access After Pediatric Brain Injury: Research Findings and Opportunities for Improvement," American College of Rehabilitation Medicine, Chicago, IL, November 2019

Lundine, J., Koterba, C., Ciccia, A., Johnson, K.L.: "Hot Topics in Pediatric Rehabilitation Focus on Family & Caregivers: Clinical &Research Blitz," American College of Rehabilitation Medicine, Chicago, IL, November 2019

Lundine, J., Knollman-Porter, K., Brown, J., O'Brien, K., Ciccia, A., Wallace, T.: "Interpretation of CDC Guidelines for Pediatric Mild Traumatic Brain Injury: Role of Speech-Language Pathology," American Speech-Language-Hearing Association Annual Convention, Orlando, FL, November 2019

Lundine, J.: "The What, Why, and How of Expository Discourse: A Primer for Assessment and Intervention," American Speech-Language-Hearing Association Annual Convention, Orlando, FL, November 2019

Mansfield, C., Crowe, B., Reid, A.: "Prevalence of Urinary Incontinence Throughout an Adolescent Female Population: A Retrospective Review," American Physical Therapy Association Combined Sections Meeting, Denver, CO, February 2020

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Daisy Award

Stacey Cruikshank, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Stacey Cruikshank, RN, a nurse educator. 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.

Stacey received the Daisy Award because of her constant support and assistance to her fellow staff and families during the COVID-19 pandemic.

Says Stacey's nominator: "When we instituted the process of someone screening patients and families at the door, Stacey jumped in and spent time at clinics screening folks so the nursing staff could focus their attention on patient care. Stacey has also helped clinics schedule appointments to help meet the needs of their patients and has become the PPE inventory guru for Primary Care. And as if all that wasn't enough, she has continued to come out to the clinics to provide education to the nursing staff. … Stacey never hesitates to lend a helping hand or be that supportive person to whomever may need it. Even a simple email from Stacey asking what she can take off our plates to lighten our load is so appreciated and shows the character and dedication she possesses."

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

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