

..... Everything Matters In

Patient Care

**Our Progress in
Clinical Operations**



*Nationwide Children's Hospital continues
the Journey to Best Outcomes through our
advancements in clinical operations.*

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Pictured left: Collaboration within our own departments or with other institutions allows us to provide top clinical services.

2017 in the Rearview Mirror



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

The year 2017 marks the end of our previous five-year strategic plan, “Journey to Best Outcomes,” which achieved numerous improvements for our families and staff through many partnerships and collaborations. Safety is our number one focus, and we lead the country in eliminating preventable incidents that can harm our patients. Many departments have achieved zero central line associated bloodstream infections (CLABSI) and catheter associated urinary tract infections (CAUTI). In the true spirit of Nationwide Children’s values, we continually rise to hit our goal of zero through new policies, interventions and staff achievements.

Five years ago, we committed to achieving a goal where 80 percent of direct care nurses would acquire a BSN. Today, we have units, including the Pediatric Intensive Care Units, surgical floors and Perioperative services, who are above this 80 percent goal. Still others, I am pleased to say, are well on their way with more than 75 percent of nurses having a BSN. The majority of our nurse leaders are now Masters-prepared, which better equips them to successfully plan and achieve outcomes for their departments. Nationwide Children’s nurses have moved evidence based practice (EBP) forward by embedding EPB into clinical documentation. More than 100 nurse residents have completed an EBP project.

Through innovative ideas and perseverance, we have increased access and services to benefit all families. Several departments have made strides in this important area:

- Primary Care Network has reduced Emergency Department (ED) visits for asthma.
- Inpatient units, ED and clinics have increased educational efforts to ensure

- parents understand and support a safe sleep environment.
- Behavioral Health created more access to mental health services by opening additional Youth Crisis beds and Inpatient Psychiatry beds.
- The ED changed flow and team interactions to increase access and successfully opened the Lewis Center location.
- Neonatal units focused on our neonates’ brain and general growth by initiating EBP-driven practices of increasing the use of breast milk during hospitalization and at discharge.
- Homecare has expanded support, which assists families to provide care at home for patients with complex health care issues, rather than an acute care hospitalization.

Operational efficiency is another important metric. Inpatient nursing made huge contributions by implementing an acuity workload system, which provides guidelines to better staff the right nurses for the right patients and use data to drive staffing decisions. We also initiated the new Watchstander program, in which nurses collaborate with physicians to mitigate risks and reduce rapid transfers to the intensive care unit. Perioperative services restructured their leadership team and worked on several projects with surgeons to utilize ambulatory surgery for lower acuity cases.

There are many accomplishments to be proud of and a great spirit of collaboration as we look to the next five years on the Journey to Best Outcomes. I cannot thank each of you enough for your passion and commitment to patient care and the advancement of your professional practice.

What is Utilization Management?

Jeffrey Lutmer, MD, Medical Director, Utilization Management
Laurie Chowayou, MSN, MBA, RN, CCM, CEN, Director, Utilization Management



The goal of utilization management is not to limit care, but to give appropriate care; more is not always better in the case of health care.

Utilization management happens in many ways and spans the spectrum of patient care.

Physicians may make the diagnosis, but it takes a team to ensure health care is both medically necessary and managed in a value-based manner. Value-based care promotes quality outcomes in health care and is not contingent upon the number of interventions or services provided.

Value-based care rewards efficiency and effectiveness. You have seen doctors on rounds, but have you ever encountered the employees who helped get a procedure or hospital stay authorized? Or what about the nurse who advocates for her patient by making an extra call to arrange a procedure a day earlier than originally scheduled? Care coordinators facilitate transitions to home via care conferences or arranging equipment and services for discharge for patients in the hospital. An outpatient care coordinator may coordinate routine visits to help minimize or prevent possible complications for patients with chronic health concerns. A pharmacist may recommend a more cost-effective medication. These are all examples of utilization management.

The Utilization Review Accreditation Commission (URAC) defines utilization management as “the evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan, sometimes called ‘utilization review.’” Utilization management refers to the broad approach of using evidence-based criteria to support medical necessity. It happens at both the individual patient level as well as from a systems level, looking at processes and behaviors of care. It is prospective, concurrent and retrospective in its review of patients and processes.

In order to achieve our goals of operational excellence, everyone must play a role in utilization management. Physicians write appropriate orders for admission and prescribe effective treatments. Consulting services provide best practices as well as timely recommendations. Ancillary services make sure tests are performed promptly and effectively. At Nationwide Children’s Hospital, case management staff include utilization review and care

coordinators. Utilization review nurses evaluate, educate and coordinate evidence based criteria management guidelines. This includes precertification and certifications for hospital stays and/or procedures, concurrent management and planning of the stay, discharge planning as well as managing denials and appeals of payments. Care coordinators in the inpatient setting also track and coordinate appropriate care on the units as well as engage in discharge planning. Discharge planning provides a timely and quality hand off of appropriate health care resources to the next level of care or home. Tracking timely care and processes at the patient level helps to identify breakdowns in processes at the system level.

The bedside nurse plays an important part in utilization as well. The nurse knows the plan of care and monitors, evaluates and reports effectiveness. The nurse is a value-based advocate for both the patient and the hospital. In the background, hospital administration fosters a culture that promotes quality and efficient care. Outpatient care coordination guides patients and families to utilize services that will keep them healthy and potentially avoid more high cost care. It is imperative the entire health care team foster good working relationships and have the ability to be assertive with one another.

The goal of utilization management is not to limit care, but to give appropriate care; more is not always better in the case of health care. Overuse of health care services may expose patients to unnecessary risks while underuse of health care services may delay a positive outcome. In the quest for the best use of services, evidence-based decision support criteria are essential for successful utilization management.

Utilization management has become even more important in today’s health care environment. Health care costs continue to rise and the landscape of reimbursement continues to change toward an increased risk model. This makes utilization management even more important. Nationwide Children’s is responsible for providing quality and cost effective care to our accountable care organization Partners For Kids (PFK). The managed Medicaid plans of southeast and central Ohio contract with PFK to care for their patient population. PFK provides them with quality care at reduced costs. The focus is on preventing illness along with good outcomes, not the number of visits or services.

As you may be aware, one of Nationwide Children’s core strategies for achieving best outcomes is operational excellence. Operational excellence includes value, which is comprised of both quality and cost. One does not exclude the other. In keeping with its core strategies, Nationwide Children’s has engaged a variety of key stakeholders to develop utilization management projects meant to foster front-line engagement in value-based improvement work. Representatives from Utilization Management, Care Coordination, Quality Improvement Services, the Data Resource Center, PFK, Perioperative Services, Revenue Cycle and Pharmacy are providing the expertise necessary to guide projects from conception to implementation. Currently, 13 service lines are engaged with utilization activities, each of which is being driven by a value-based specific aim. Goals include decreasing length of stay for targeted patient populations, the appropriate utilization of high cost medications, and optimizing processes of care within their scope of practice. These projects will be monitored for effectiveness as well as patient outcomes.

We all have a role to play in practicing responsible utilization management. We are responsible for ensuring our patients are receiving value-based care that improves outcomes while lowering health care costs. Improving the delivery of efficient, effective care benefits patients in time saved, reduced copays and improved satisfaction. If you are still wondering what you can do, there are a few questions you can ask yourself. “Is there anything going on in care that does not directly help the patient and could therefore be eliminated? Is there a less expensive option we can use that provides the same health benefit to the patient? How can we accomplish what the patient needs while spending less time in the hospital? Did I do everything I could to get my patient home today?”

Answering these questions involves honest and forthright discussions, guided by One Team values. Growth and partnerships are the keys to interdisciplinary collaboration and improvement. Education is essential for understanding the importance of value-based care in a changing healthcare environment. When in doubt, consult your core strategies and always feel free to reach out to your friendly utilization management team.



The Power of Peer Mentoring: Connecting Families

Amanda Kennedy, MA, MA, MSW, LSW,
Connecting Families Program Coordinator/International Social Worker

Talking to an experienced mom, dad or young adult patient can make all the difference in how a family copes with a new medical diagnosis. The Connecting Families Program provides peer support, calming fears for families as they start their journey at Nationwide Children’s Hospital. Established in 2012, the hospital-wide program has 110 active, trained mentors, reaching more than 400 families in 40 different specialty areas. Behind these numbers are the many stories of encouragement and comfort parent and patient mentors have provided for one another.

In 2011, Trent and JoAnne Neely learned during a prenatal appointment their little girl, Avery, had hypoplastic left heart syndrome (HLHS). After touring the neonatal units at Nationwide Children’s and discussing the surgeries Avery would need, the Neelys had one request: to talk with another mom and dad. They were paired with parent mentors whose middle son had HLHS. “Making the connection made me feel like we were part of something bigger,” JoAnne said. “JoAnne was still pregnant with Avery at the time, and our mentors talked through their son’s surgeries with us. We left that meeting feeling a lot more prepared, and we got to see life could be pretty normal,” Trent added.

The Neelys decided they wanted to provide a listening ear to another family and were paired as mentors with Lani and Lorne Sykora in 2014. Lani was pregnant with their son, Callen, and had just learned he had HLHS. Lani discussed how compatible she was with JoAnne. “We were both working moms with other children at home. I could bounce thoughts off of her when I wanted her perspective.” Lorne appreciated how Trent uniquely understood a dad’s concerns and worries. “The baby and the mom are the primary focus through all of this, and they should be. But I remember taking on a lot mentally as well, and Trent pulled me aside, asking, ‘How are you doing through all of this?’ It was very meaningful to me.”

As a result of their connection with the Neelys, the Sykoras became Connecting Families mentors in 2015. “We wanted to provide support to others because it was so important to us,” Lorne said. They have been matched with five families since they began volunteering. One of Lani’s matches was with a mom whose daughter was admitted to the hospital at the same time as Callen. Lani’s mentee got to see how Callen, who had already experienced surgery, was progressing. “Our son’s health was in a better place than some of the other children on the floor and what they were going through, and my mentee got to see him play like a typical little boy. I think it helped her,” Lani said.

The Neelys and Sykoras have evolved from a formal mentoring relationship and are now close family friends. While this is not the typical outcome of a Connecting Families match, it was a happy byproduct. Trent shared his thoughts on the greater effect mentoring and being mentored has had for his family. “I wholeheartedly believe our mentoring experience has improved our outcome. We were able to ask better questions and were more relaxed, more patient. Ultimately, those little things over the years resulted in how well Avery’s doing today.”

The Long Journey Home

By Mary Gossard, RN, MSN, CNS, NICU APRN Care Coordinator

Discharging a Neonatal Intensive Care Unit (NICU) baby can be emotionally complex for families. The NICU baby most likely has been hospitalized for weeks or months. Many parents weren't sure their baby would survive. They've progressed from long periods of barely touching their baby to learning and performing medical treatments at home. The challenge is to provide comprehensive family preparation in a timely manner and to ensure ongoing support for these fragile babies.

Babies in the main campus NICU are hospitalized for complications of prematurity and/or serious birth anomalies. The C4A NICU has 24 beds designed for the preterm infants with severe Bronchopulmonary Dysplasia (BPD). Most of these infants will be discharged with medical equipment including oxygen, monitors and feeding pumps. The C4B/C units house 80 or more babies, many who will be discharged with similar technology but for very different reasons such as neurologic, genetic or surgical disorders. Some of these babies may have a tracheostomy and may be ventilator dependent.

This past year has seen a lot of attention on discharging the NICU infant; from decreasing length of stay to successful transition of complex patients to home services. One group has focused its work on getting physician agreement on the criteria for discharge such as the number of days to monitor an infant who is prone to apnea and bradycardia events and the identification of the appropriate feed volumes and weight gain.

Several other projects are in collaboration with four Ohio children's hospitals as part of the Ohio Perinatal Quality Collaborative (OPQC). OPQC has a philosophy of share seamlessly, steal shamelessly, which encourages collaborative work between hospitals that are otherwise competitors. This work group focuses on the success of the NICU graduates that are being discharged with a tracheostomy and/or a gastrostomy tube.

While using quality improvement tools such as Plan Do Study Act cycles, many processes have been impacted as part of the OPQC project. A multidisciplinary discharge checklist has been re-energized. The checklist is now

accessible, by discipline specific sections, and posted in their specific work areas instead of a centralized location. The team has adapted tools from the other hospitals to create Red Flag Action Plans for babies with a tracheostomy or G-tube. These tools give families guidance on how to respond to changes in their baby's condition and when to notify their health care providers or call 911.

If the baby has a tracheostomy, the family is required to room in and provide all care for 24 hours. This provides the opportunity for families to demonstrate skill acquisition and feel comfort with the home equipment. Guidelines for rooming in are being developed to provide written expectations for families and to provide nurses with scenarios to review. These scenarios are real life challenges a family may encounter, which may not actually occur during their 24-hour training, such as equipment failure.

Providing a system of ongoing support after discharge for the families is critical. Another OPQC initiative has been to collaborate with the Ohio Medicaid plans and Partners For Kids (PFK) to get babies enrolled in the Care Coordination program prior to discharge. We now notify the appropriate plan when an infant will be getting a tracheostomy or G-tube placed. We assist in connecting the family with the plan’s Case Manager for enrollment. The Case Manager is an integral part of the discharge care conference which paves the path for a smooth transition to post discharge life.

Many more projects are still in development. This is a fragile population; families have variable personal and community resources. It's our challenge to empower these parents and ensure supports are in place after discharge.



Expanding Emergency Care To Delaware County

Theresa Warnimont, RN BSN CPEN, Program Manager, Emergency Department Lewis Center



Early in 2015, Nationwide Children’s Hospital broke ground on a *Close To Home*™ Center in Lewis Center, Ohio. Working in collaboration with OhioHealth, we planned to offer Urgent Care services along with some specialty services (Radiology, Developmental Therapies, Laboratory Services and other select specialties) at the Lewis Center *Close To Home*™ Center. However, Nationwide Children’s identified a service disparity on the northern edge of Franklin County extending into the surrounding counties. Many families were choosing to use adult facilities for emergency care because of proximity. In order to bring specialized pediatric emergency care to these families, Nationwide Children’s decided to explore the feasibility of its first free-standing emergency department.

Many meetings followed to determine the specifics of the planned space. Nationwide Children’s senior leadership worked to create multi-disciplinary teams to address different facets of the construction and building process. Each team leader worked to ensure all aspects of the unknown were explored and examined to create a plan for this project. Physician and nursing leadership worked together to develop the clinical space. Goals included developing this free-standing Emergency Department’s scope of practice, establishing policies and procedures unique to our facility, determining equipment, staffing and supply levels to adequately meet the needs of the new department, designing the physical space and considering all the possible scenarios the department might face.

As a free-standing emergency department (FSED), our scope of practice is limited by the availability of specialty resources and inpatient beds. Our FSED has all the equipment and supplies to treat critically ill and injured children. However, access to sub-specialists from areas such as Surgery, Orthopedics and others is limited to telephone consultation, so any patient requiring face-to-face consultation must go to main campus. Therefore, our message is we stabilize and transport any patient that presents to the FSED who is in need of a higher level of care than we are able to provide. Trauma patients fit into this category. As our FSED has no trauma designation, any patient meeting published trauma criteria may be better served at the main campus Emergency Department.

Clinical staff, purchasing specialists and supply chain experts collaborated to determine the equipment and supply levels. Clinical staff helped identify must-have



supplies, should-have supplies and those not needed at the FSED. Planning supplied the estimates of census and mix of patient acuity. These numbers helped guide supply chain experts in determining appropriate par levels for our supplies. Clinical staff worked with experts in areas including architecture, biomedical engineering, and information technology and systems technology to determine ideal locations for equipment and technology in each exam room.

A comprehensive review of policies and procedures was conducted. Clinical staff and Epic™ specialists reviewed existing policies and procedures. Specifically, our protocol for patients requiring inpatient admission needed attention. The transport program at Nationwide Children’s developed a new team dynamic to meet the needs of our admissions in a cost-efficient manner. The majority of patients bypass the Emergency Department at main campus and are admitted directly to the inpatient unit from Lewis Center. Finally, staff needed education to exist in a FSED environment. Classroom, didactic and simulations were used to provide the needed education. Nursing staff spent time reviewing respiratory

illnesses and care as well as learning the basics of invasive and non-invasive mechanical ventilation. The respiratory therapy and pharmacy departments were instrumental in providing staff with invaluable education and practice. Finally, simulations provided staff a chance to pull all the education together and validate competencies in providing specialized pediatric care.

The journey to Nationwide Children’s first free-standing emergency department has been long and arduous, but our commitments to meeting the needs of the community have been realized. Families in Northern Franklin County and the surrounding counties now have quick, immediate access to specialized pediatric emergency care.

Taking Time to Maintain Physical Activity

Meredith L. Dotson, Med, AT, ATC, Clinical Coordinator for Sports Medicine



Physical activity is a key component of health and wellness. Job, family and social commitments can keep adults from getting enough physical activity. Regular exercise can help reduce stress, prevent job burnout, increase focus and productivity, and even give more energy!

In order to make sure you're able to keep moving, it's important to keep a few things in mind when starting out on a new exercise program or a new activity:

- **Always consult with your primary care physician before beginning a new exercise regimen.** It's important to make sure you're keeping up on regular check-ups and milestone exams. You and your doctor can discuss and agree upon safe levels of activity according to your health status.
- **Start slow.** The paths to fitness and wellness are journeys, not destinations. Pushing yourself too hard in the beginning can lead to prolonged muscle soreness and injury. Try easing into a routine and committing to an achievable amount and intensity of activity, and increasing that over time. For example, if you wanted to start a walking program with a friend, try taking a few laps around your local park or neighborhood the first day and increasing your distance or time every few days.

- **Be consistent.** Easing into activity is important, but it's also important to be consistent. In order for your body to adapt to new exercise and become stronger and more efficient, the activity needs to be done on a regular basis. Schedule a time in your phone's calendar or sign up for classes at your local gym or rec center for the week in advance.
- **Listen to your body.** Some mild soreness lasting a day or two after beginning a new exercise or activity is normal. Soreness that develops into moderate to severe pain or lasts for several days should be evaluated by your physician. Rest is an important piece of any exercise regimen. Plan to take at least one day off per week to allow your body to recover and rebuild.
- **Fuel your body.** Exercise can deplete the body of important vitamins and nutrients. Eating a well-balanced, healthy diet can help to replenish your body and give your muscles the fuel they need to keep you going. Fresh fruits and vegetables, lean meats, nuts and fish, complex carbohydrates like sweet potatoes and whole grains can all contribute to a well-rounded diet. And don't forget to hydrate! Water is best. An average adult should aim to drink 64 fluid-ounces of water per day.
- **Variety is the spice of life.** Repeating the same thing over and over again can become dull. It can also lead to painful injuries like tendonitis, which can cause you to miss time away from the exercise you love. Try a new activity, sport or class to keep things interesting and keep your body in top form.

Taking time to care for ourselves helps us all maintain good health and be better caregivers for our patients and families. Our Sports Performance team at Nationwide Children's Hospital Sports Medicine is available for personal training. Nationwide Children's employees receive a 10 percent discount on services. Contact us at (614) 355-6098 for more information or to set up your appointment today.

Creating the Livingston Ambulatory Center

Maureen Sims, MBA, BSN, RN, NE-BC, Manager, Ambulatory Clinical Services
Cheryl Boyd, PhD, RN, NE-BC, NP-BC, Director, Department of Professional Development





In April 2015, Nationwide Children’s Hospital broke ground on a new ambulatory center located at the corner of Grant and Livingston Avenues. A great deal of planning had already occurred among community members and Nationwide Children’s physician and administrative leaders. Clinics to be located in the Livingston Ambulatory Center (LAC) were chosen based on patient acuity and volume. For example, Nationwide Children’s Dental Clinic needed additional space for growing volumes. However,



Lobby and gift shop, with natural light

the Dental Surgery area where anesthesia is provided to patients would not move because of heightened patient acuity.

In June 2015, a small group of Nationwide Children’s physicians and leaders visited Seattle Children’s Bellevue Clinic and Surgery Center to study the clinic building design. The Bellevue Clinic areas were constructed to improve efficiency of patient flow. Some of the building designs were incorporated into the LAC such as a shared



Shared team space

team space. The shared team space is where providers, nurses, social workers, dietitians, pharmacists, medical assistants and other health care team members work in a centralized area to improve communication.

The kick-off planning meeting held in June 2016 included front-line staff, physicians and leaders. During this kickoff, the stakeholders met the project team members and discussed how to organize the various planning activities. An organizational structure was developed to focus on guiding principles, effective communication and synergy. The foundation of the structure was supported by five subcommittees: Patient Care, Education, Information Services, Support Services and Marketing. A chairperson was identified for each subcommittee. The chairperson reported monthly to a core team. The core team’s responsibilities were to review action items, discuss and resolve issues, share information and plan for next steps. The core team met quarterly with five vice-presidents to report progress. A SharePoint site was developed and provided one location for all documents including maps, action items, milestones and presentations.

Our goal was to create an environment supporting and engaging patients and families of all ages where patients, families and staff felt safe and secure. We had an opportunity to promote



Yellow Path and elevators

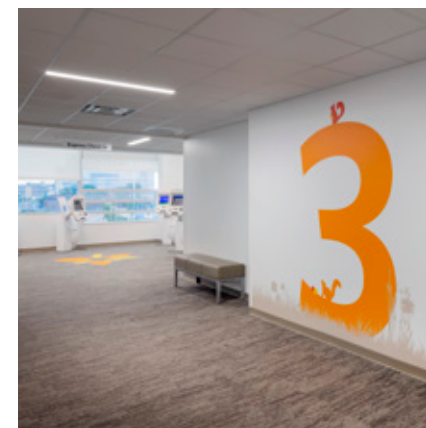
positive relationships and new ways of communicating, working and delivering health care. The facility was envisioned to be adaptable to operational and programmatic change through innovative approaches meant to create a positive experience and promote health. Ease of access for patient and family arrivals was planned. The Family Advisory Council was engaged several times during the planning stages to hear their recommendations. The Yellow Garage was built adjacent to the new space with an underground tunnel and overhead panels on the walkway to keep patients safe in inclement weather. A yellow wayfinding path guides the patient into the building where a greeter welcomes families and

directs them to their service location. Several supporting services and two large community rooms are available on the first level for easy access.

Studies demonstrate natural light may help with well-being and calming moods. The exterior of the building was encased with glass allowing natural light to flow into the registration areas, corridors and team space. Six levels were designed with clinics divided into suites for easy identification. The pictorial below shows the various levels, clinics and services available. The suites below align with the clinics/services above. For example, Adolescent Medicine clinic is located on the third level, Suite A.

The suites were aimed to easily flex clinic services into an adjacent unused space for certain sessions, allowing increased volume and better space utilization. Several clinics were constructed with shared storage areas, clean and dirty utility rooms and medication rooms.

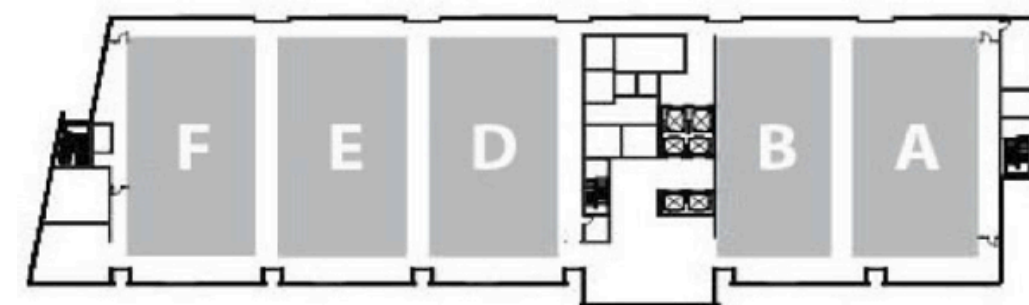
Ease of registration was an essential characteristic for positive patient flow. Therefore, central registration was located



Convenient registration available through kiosks on each floor

LAC: Stacking and Module Diagram

		Penthouse						
5	Offices							
4	Mood & Anxiety	Psychiatry				Crisis	Kids	
3	Primary Care		Devel Peds/CDC			CHWN	Adolescent Med	
2	Dental Clinic					FACES	TAP	
1	Sports PT	Cafe Conf. Registration Clubhouse Lobby Lab OP Rx					WIC/MLP	
B			Biomed Engineering Centr. Sterile Mat. Mgt.					





External view of LAC

on each level of the building near the clinics so patients would register near their clinic. Interpreter services are readily available to assist patients. Pre-registration for established patients was instituted to provide opportunities for patients to receive a telephone call from central scheduling staff prior to their appointment to update their demographic information. On their clinic level, patients may complete the registration process finalized by express check-in using a kiosk.

At appointment time, patients are escorted from the lobby through the patient corridor and into their exam room. Each exam room was designed with two doors. One door opens into the patient corridor and the other opens into the team space. The health care providers enter the patient rooms from the team space, decreasing the walk time to travel through a corridor to an exam room. A stadiometer and scale are located in each exam room (with the exception of Dental and Behavioral Health) to increase the patient's privacy and expedited patient flow, avoiding bottle necks in traditional vitals

rooms. Schedulers are strategically placed on each level to arrange follow-up appointments for patients at discharge to avoid unnecessary phone calls.

A planned patient-centered care strategy provides a broad range of services for patients with opportunities to receive more than one service on the same day. For example, a patient could see their Primary Care provider for an annual physical, have lab work drawn, refill a prescription and meet with a Behavioral Health counselor on the same day all in the same location. For the patient's convenience, the Yellow Lab and Pharmacy are available to provide services for patients before and after their clinic visit. Also a Women, Infants, and Children (WIC) office is located on the first level for easy access. The WIC personnel help patients who are in need of supplemental foods and nutrition education. The Medical Legal Partnership is relocated to the new building and continues to provide services to Primary Care Red, Primary Care Yellow, Teen and Pregnant, Complex Care and Cerebral Palsy clinics. This

partnership between Nationwide Children's and the Legal Aid Society of Columbus offers free legal help to eligible low income patients to improve health and well-being in the areas of benefits, housing, debt, educational and personal family issues such as custody and domestic violence situations.

Many of our patients take advantage of Nationwide Children's therapy services at the LAC for sports and general orthopedic injuries and hand therapy. Patients may schedule before or after their clinic visit appointments or at their convenience. Any pediatric patient and Nationwide Children's employees with therapy prescriptions may obtain therapy at the LAC.

On the west side of the LAC, employees and providers may enjoy a beautiful downtown view while taking a break or eating lunch in a large open kitchen area or smaller dining area. The Grove Café located on the first level provides a wide array of beverages and foods for patients, visitors and staff. Lockers, located behind each suite, are thoughtfully located to provide a close location for staff to keep and access their personal items. Other services supporting the operations of the building are biomed, engineering, sterile processing and material management.

General and clinic-specific orientation for providers and employees are required to ensure staff were aware of emergency exits, equipment and supplies. Staff and providers use various code simulation opportunities to identify gaps and improve communication. These simulations also include community emergency medical personnel.

The outstanding work of employees in many different departments and services ensure comprehensive and collaborative care for our patients. Members of the Department of Safety, Department of Epidemiology and the clinical walkthrough team examined all care areas to ensure patient and employee safety and regulatory compliance. The various emergency codes were examined, adapted and communicated to those working in the LAC. The task of coordinating the moving of existing, placing new equipment and furnishings, the installation of telephones, computers and other devices required efforts from all involved and impeccable follow through. Communicating move dates to community agencies, patients and other healthcare workers were essential.



Animal friends brighten patients' days

A reference guide was developed for employees and providers providing information about equipment locations, hours of service operations and building contacts. The guide details processes such as mail delivery and philosophies about professional behavior in team spaces. A new governance team, comprised of a manager and a member from each of the clinics and services was formed. The team meets monthly to identify and resolve general LAC concerns while building strong inter-professional relationships and promoting a wider sense of ownership.

Nationwide Children's ambulatory care services continue to grow to meet the needs of patients and approximately 1,000 patients are seen a week in the LAC. Patients receive quality and efficient care in a convenient location. A wide range of services are available in a friendly environment. The cheerful Nationwide Children's colors and the beautiful view provide a calming and pleasant experience for all.

Providing Continuity of Care in a Large Ambulatory Clinic: It's as easy as ABC!

Julie M. Choueiki, MSN, RN, CPEN, Program Manager, The Center for Colorectal and Pelvic Reconstruction

Ambulatory Care Centers are quickly becoming the central hub for patients' coordinated care. As hospitals respond to the Affordable Care Act and payment shifts from inpatient to ambulatory care, an increasing number of patients are cared for in ambulatory settings' dramatically changing clinical operations. Ongoing management of care for these patients presents challenges for clinics and providers, who have to shift the coordination of care from more traditional inpatient approaches to ambulatory centers and clinics. The Center for Colorectal and Pelvic Reconstruction (CCPR) at Nationwide Children's Hospital has grown rapidly since it's opening in April 2014. In just three years, the center has amassed more than 1,200 patients, most of which are coordinated from our ambulatory center.



1,200 CCPR Patients
in just 3 years

Patients of the CCPR are long-term care patients, needing multiple clinic visits over the course of their lifetime to ensure best outcomes. A multitude of surgical providers including Colorectal, Gynecological and Urological specialists simultaneously see our patients. Additionally, Advanced Practice Nurses and Nurse Clinicians (RNs) as well as social work, child life, nutrition and psychology provide care, services and education. Even more frequent than clinic visits, parents of our patients utilize our electronic On-Call system staffed by nurses. CCPR Nurse Clinicians, Nurse Practitioners and/or Surgeons respond to parent questions and concerns from this system 7 days a week, 365 days a year. These inquiries are numerous, with a monthly average in 2016 of 596 calls, and have increased to an average of 1,045 calls per month in 2017 (January to July).



596 | **1,045**
average monthly calls in 2016 | average monthly calls in 2017

In 2016, we recognized our center's mission in providing continuity of care was becoming increasingly challenging because of our success in recruiting patients. It was unrealistic to think every team member could recall details about each of the nearly 1,000 active patients. As patients reached out daily with questions, they were at risk for getting conflicting information with many hands involved in their care. We were challenged with how to provide consistent and timely care to our rapidly expanding patient population. An increased patient population combined with an expanding team of providers showed the potential for breakdown in communication. Hence, communication between team members became more critical than ever. Patients and families were at risk for feeling lost in a sea of caregivers.

Our families vocalized the desire to have a designated care provider within this multi-specialized clinic. Patients wanted to know the providers responding to their questions, or seeing them in clinic, were already familiar with their medical history. This was consistent with Enlow and colleagues' (2017) findings provider continuity is key to delivering high-quality primary care and led us to develop a unique system that met both the demands of our clinical operations and, most importantly, our families. We strive for a patient-centric as opposed to a provider-centric culture.

In September 2017, we designed a new clinical operating system for coordination and continuity of care. All CCPR patients were placed onto one of three teams. Each team consisted of an Advance Practice



Marc Levitt, MD

Nurse (APN) and a Nurse Clinician (RN). Following Nationwide Children's animal friends theme, we named the teams Eagle, Bunny and Owl. Patients were assigned a team based on the first letter of their child's last name; Eagle (A-G), Bunny (H-M) and Owl (N-Z) and parents were notified of their team name and the team providers. This allowed the family to bond with consistent team members while families were assured our surgeons were involved with every team. Team logos were designed and continue to be present on all email and electronic communication with families.

This identification system greatly enhanced our clinical operations. Utilizing the patient's name has allowed for easy team recognition by all the CCPR Team Members when fielding inquiries from parents. Surgical schedulers and administrative team members now have consistent contacts within the center for each patient. When questions arise about patient scheduling, care plans or home supplies from other departments, they are directed to the patient's team APN and RN, who have accurate information about the patient. Frustration and errors were reduced on many levels. Internally, this system allows smooth facilitation of our interdisciplinary team.

For example, our surgical providers and other health care professionals know which APN and RN are caring for any given patient when they have questions or concerns. This is especially helpful when a patient faces challenges; the nursing team can paint a picture, providing a clear history of the patient, family dynamics and any other challenges that facilitate clinical care decisions.

After one year with the new clinical operating system, we, as a center, conducted an evaluation and deemed it a success! Continuity of care has increased among our families as well as their satisfaction in the service we provide. Our surgical providers are able to continue to increase the number of patients we serve while knowing that patients are receiving steadfast care under the direction of the APNs and Nurse Clinicians. Errors when communicating with families have dramatically decreased. Using Reason's (2000) Swiss Cheese Model as an analogy, we have closed some holes in our swiss cheese. The Center for Colorectal and Pelvic Reconstruction team can continue to work towards their goal of providing exceptional care and best outcomes to all children with colorectal problems.

Improving Homegoing Instructions: One Unit’s Focus on After Visit Summaries

Jennifer Pauken, BSEd, BSN, RN, CPN
Guliz Erdem, MD

Nationwide Children’s Hospital, through efforts such as teach back techniques and expanded patient education offerings, has recognized the importance of effective discharge instructions. Research shows the transition from hospital to home has been associated with high rates of adverse events, many of which are likely preventable. Also, combining oral and written information has the greatest impact on patients’ and caregivers’ knowledge and retention. Nurses, who provide the majority of discharge teaching, have identified incorrect or incomplete After Visit Summaries (AVS) as a key area for quality improvement.

At discharge, nurses review the physician-generated AVS with the patient/caregiver. This document serves to summarize the patient’s hospital stay, and should include essential details such as diagnosis, home care instructions, activity and diet restrictions, follow up information, and medications. If the patient is discharged with a new line, drain or airway, its use and care instructions should be included as well. The AVS needs to be documented in clear language and should not contain contradictory statements. Information should be current and applicable to the patient’s age, gender, and diagnosis. Medications included in the AVS should be updated, accurate and complete.

Unfortunately, AVS errors are common and range from simple items such as omitted follow up appointments to more severe errors that have the potential to cause significant patient harm. Identifying and correcting mistakes impacts physicians’ and nurses’ ability to work efficiently and leads to delays in discharging patients. An ongoing quality improvement project on the Infectious Diseases Unit (C5B) grew out of the recognition nurses were spending considerable time identifying and rectifying AVS errors.

The project began in May 2016 with baseline data collection and analysis. The review revealed that 53 percent of the AVSs had at least one error, and some had multiple problems. The next step was to classify various types of errors according to severity, including identifying which errors can be independently corrected by nurses and which edits must be made by practitioners. Based on the initial data, more than 25 percent of the errors could be corrected by nurses. The severity matrix included here describes these levels in detail.

Recognizing the connection between accurate discharge information and patient safety, the primary goal of the project was to decrease the number of errors to 25 percent. To do this, the project team began by providing comprehensive education to nurses on identifying and correcting errors, with ongoing, consistent reinforcement to maintain focus and build competency. Residents were also educated on this project, with particular emphasis given to higher severity errors. In addition, the project team has worked with nursing informatics to identify and remedy components of the electronic medical record that were found to contribute to errors. These efforts have begun to yield results. Ongoing audits from November 2016 show progress toward our goal; in July 2017, our error rate reached a low of 27 percent. This improvement demonstrates our commitment to the hospital’s mission of providing the highest quality patient care and education.

Figure 1. Severity Matrix showing error levels and potential for patient harm.

Severity	Potential for Harm	Examples
1	No potential for patient harm Sloppy information, erodes caregivers’ confidence in our organization Nurses can independently correct	<ul style="list-style-type: none">• Minor spelling, punctuation errors/typos• Wrong gender, age, patient name referenced
2	Low potential for patient harm Sloppy information, erodes caregivers’ confidence in our organization Nurses can independently correct	<ul style="list-style-type: none">• Incorrect or incomplete follow-up appointment details
3	Moderate potential for patient harm Sloppy information, erodes caregivers’ confidence in our organization Working within their scope of practice, nurses can independently correct some of these errors while others must be corrected by practitioners	<ul style="list-style-type: none">• Medications incorrect: no indication(s) for prn medications• Dot phrases incomplete• Inappropriate abbreviations/jargon (e.g. BID, PRN)
4	Moderate to significant potential for patient harm Practitioners must correct these errors	<ul style="list-style-type: none">• Medications incorrect: mg instead of ml, no frequency for prn medications• Home medications incorrect/incomplete• Duplicate medications without clear explanation/rationale• Incorrect or confusing summary of hospital stay or treatment• Incorrect treatment at home
5	Significant potential for patient harm Practitioners must correct these errors	<ul style="list-style-type: none">• Missing medications, including those prescribed at discharge and/or continuation of home meds• Wrong diagnosis or incomprehensible treatment summary• Continuation of meds that patient no longer takes• Incorrect or incomplete dosing of medications

Pediatric to Adult Sickle Cell Care: Strategies for Successful Transition During a Difficult Time

Anthony Vilella, MD, Director, Pediatric Sickle Cell and Thalassemia Program
Amy Garee, RN, MS, PNP, Nurse Practitioner, Acuture Care

Transitioning from a pediatric provider to an adult physician can be overwhelming. This experience is intensified for patients with chronic diseases. These young adults not only need a new primary care physician, but also multiple sub-specialists.

This can be especially difficult, even life threatening, for individuals with sickle cell disease (SCD). Due to improvements in childhood survival, sickle cell disease has become an adult chronic condition, rather than a disease of childhood only.

Despite this success, several studies have shown an increase in emergency room visits, hospitalizations and even an increase in deaths during the transition phase. The reasons are likely multi-factorial.

Patients at this age (18 to 24 years) are just becoming independent. They rely less on parents to make their medical appointments and are responsible for taking their prescribed medications. It is important for parents and providers to foster independence in the years leading to transition in order for patients to develop skills needed for successful disease management and to navigate the adult health care system. Additionally, young adult patients may experience changes in their financial and insurance status. Compounding these issues include the fact there are few adult hematology/oncology practices that care for patients with sickle cell disease.

These factors play a major role in the need for utilization of the disease modifying medication, hydroxyurea. This medication has been proven in multiple clinical trials to reduce pain, hospitalizations, acute chest syndrome and the need for blood transfusions. It has been shown to improve survival in adult patients. With fewer providers, more issues with insurance coverage and navigating the adult health care system, keeping patients on hydroxyurea continues to be a challenge. This medication requires lab monitoring and scheduled visits every two to three months. If there is no connection with an adult provider, patients with SCD cannot continue hydroxyurea.

Approximately 400 patients with sickle cell disease are followed at Nationwide Children's Hospital. Our patients transition to an adult hematologist at 21 years old. To prepare our patients for transition, we begin to shift the focus of our routine outpatient visits to an adolescent clinic for patients 14 to 21 years old. This enables us to move from talking with parents to talking

with patients about their own health care. As patients become more independent and mature, we suggest parents remain in the waiting area for most of the appointment and reconnect with their child and provider at the end of the visit. Our team works to teach our teens and young adults how to assume accountability of their own medical care. Providers give them the responsibility of keeping track of their own appointments, knowing when and how to reach us, and how to effectively communicate so their medical needs are being met.

In Columbus, we have a wonderful comprehensive adult sickle cell program lead by Dr. Payal Desai at The Ohio State University (OSU). We partner with OSU in an effort to make the transition from our pediatric program to their adult program as seamless as possible. We have monthly meetings to discuss new research findings, along with quarterly meetings to communicate about the transition program and to discuss patients requiring more specialized care. We participate in the Nationwide Children's – OSU Sickle Cell Transition Day twice per year. This is a day where we invite our 21-year-old patients and families to OSU to meet their sickle cell team. The day consists of hearing about OSU's program, touring the facilities and offering an opportunity for questions. Most recently, we have developed a transition clinic where Dr. Desai joins us for our adolescent comprehensive sickle cell clinic. This enables patients to meet her at Nationwide Children's before they officially transition to her care.

We are optimistic that by collaborating closely with the adult sickle cell program at OSU, we can make this difficult transition much easier for our patients and their families, by allowing for a smooth transition of care. This is critically important for the at risk patient population. A collaborative and shared approach among providers is needed to lead these patients to their best outcomes.

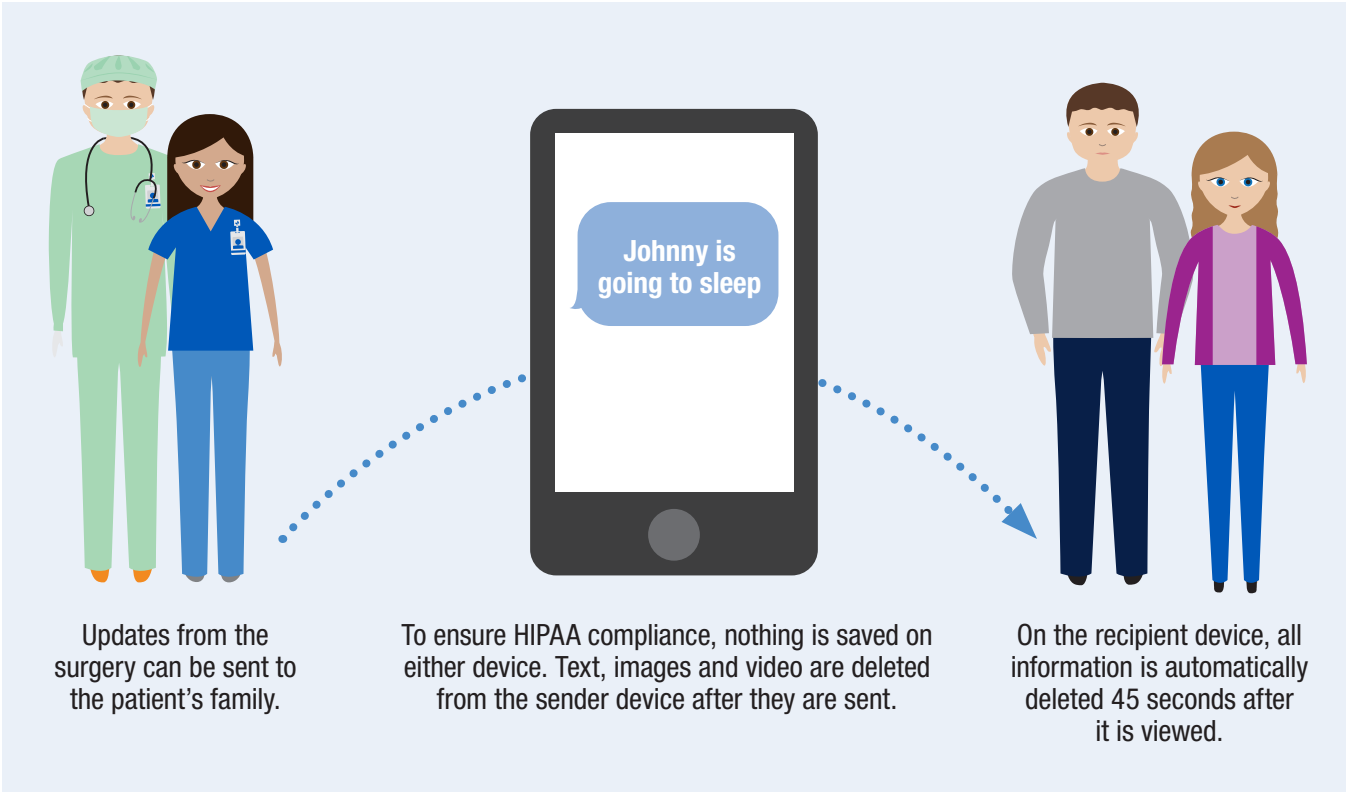


Keeping Families Connected: An Innovative Approach to Intra-Operative Communication

Roslyn Colvin, BSN, RN, RNFA, CNOR
Roberta Rodeman, BSN, RNFA, CNOR

Historically, families of cardiothoracic surgery patients at Nationwide Children’s Hospital received intra-operative communication by phone call from the Operating Room (OR) nurse or from the Cardiac Nurse Practitioner who functioned as a liaison. The traditional update process was targeted to take place every one to two hours but could often be sporadic due to coordination of communication with other nursing duties or the absence of family members from the waiting area. Delays caused families of critically ill patients unnecessary anxiety, which was identified by a multidisciplinary team consisting of physicians, OR nurses, nurse practitioners and perfusionists as an area for improvement in serving our families.

As the use of technology has expanded, many hospitals are looking at ways to employ electronic communication for families to receive information about their loved ones, ranging from electronic boards in surgical waiting areas, to postings on social media sites. Our team elected to trial a newly developed Electronic Communication Program (ECP) called Electronic Access to Surgical Events (EASE). Downloading the EASE application allows the OR staff to send one-way personalized messages and photos. Up to three additional mobile device phone numbers of family or friends can be added by the primary contact person. A trial of 30 participants was proposed for evaluation for families of patients undergoing open heart surgery with access



to a smartphone. Preoperatively, the Cardiothoracic Nurse Practitioners provided families with a brochure describing the steps for enrollment, and then directed the application download and registration processes.

After verifying the consent for electronic communication, the OR circulation nurse assisted the family to complete the registration and establish a digital connection between the family member’s phone and the sender’s device. During the intra-operative period, the nursing staff used a tablet loaded with the sender application allowing updates to be sent containing any combination of text messages, photos and videos according to the family’s preference.

A timeline of messages usually included a picture with text of the patient safely off to sleep after anesthesia, a narrated video clip of the pre-op echocardiogram performed by the cardiologist, text updates every 30 minutes including the start of the procedure, the implementation of bypass, separation from bypass, a video update from the surgeon prior to closing the chest, and a final update as the patient is leaving the OR for the Cardiothoracic Intensive Care Unit. In compliance with the Health Insurance Portability and Accountability Act

(HIPPA), the ECP uses encryption for all messages and images which automatically disappear after 45 seconds of viewing.

Families were asked to complete surveys after participation in the trial. Most family participants observed the timely updates and images decreased their stress and enhanced their experiences. After the implementation of the EASE program, 262 families that utilized the electronic application for intra-operative updates were surveyed from June through October 2016. Results indicated high satisfaction with families, rating their experience at an average of 9.8 out of 10, and 97 percent indicating they would recommend this hospital to others.

As we strive to improve patient care in family-centered practice, we must look for innovative and efficient ways to be effective. The use of electronic communication in the health care setting poses many implications for the perioperative team and patient families. Meeting the increasing demand for customer satisfaction must balance our commitment to patient privacy, without losing focus from delivering quality patient care.

In Recognition

Publications

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Montgomery, M.L., Yacob, D., Di Lorenzo, C., Alioto, A.: “High Cost and Low Yield: The Diagnostic Evaluation of Rumination Syndrome in Pediatrics,” *Journal of Pediatrics*, February 2017

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Weaver, E., Smith E.: “Conversion Disorder in the Pediatric Population: Management and Treatment Strategies,” June 2017

Todd, A.: “Treadmill Training in Pre-Ambulatory Children with Down Syndrome: Highlighting Translation of Research into Clinical Practice,” June 2017

Goddard, J., Cianca, K.: “Health Promotion for Childhood Obesity Prevention: Evidence Review and Recommendations for Clinical Practice,” June 2017

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Christensen, C.: “Does Conservative Treatment Impact Postural Deviations in Typically Developing Children? When to Observe and When to Refer,” June 2017

Grisez, L.: “The Introduction of Power Mobility for 0-3 Year Olds with Developmental Disabilities: Who’s Appropriate, How to Train, and What’s the Impact?” June 2017

Grisez, L.: “Identifying and Treating Vestibular Dysfunction in Children with Developmental Delays,” June 2017

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Hendershot, S., Crabtree, I.: “Motor Learning and Dosing for Physical Therapists,” June 2017

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Antoszewski, S., Christensen, C.: “Evidence-Based Evaluation and Treatment Techniques for Congenital Muscular Torticollis and Positional Plagiocephaly,” June 2017

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Christensen, C., Tanner, K.: “Effective Use of Evidence: Overcome Obstacles to Knowledge Translation,” June 2017

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Lewis, J., Tonneman, J.: “A multidisciplinary view of the long-term social, behavioral, and developmental impact of early drug exposure when treating a child born with prenatal exposure to narcotics or other illicit substances and how to promote best outcomes through physical therapy and occupational therapy interventions at school age,” Ohio Institute for OT/PT School-Based Practice Conference, August 2017



Booth, K.: “Neurogenic Bowel,” Pediatric Urology Nurse Specialist Annual Meeting 2017, Montreal, Quebec; September 2017

Vyrosteck, S.: “Bowel Management of the Colorectal Patient,” Children’s Hospital #1 Colorectal Congress, June 2017

Nash, O.: “Bowel Management for Fecal Incontinence,” Pediatric Colorectal & Urology Congress, Europa Organization Africa, June 2017

Gerberick, J., Condon, M., Nash, O.: “Nursing Skills for Anorectal Malformation,” Pediatric Colorectal & Urology Congress, Europa Organization Africa, June 2017

Gerberick, J.: “Pre and Postoperative Management of Patients with Anorectal Malformations and Hirshsprung’s Disease,” Pediatric Colorectal & Urology Congress, Europa Organization Africa, June 2017

Condon, M.: “Understanding Anorectal Malformations, Hirschprung’s Disease and Functional Constipation, Pediatric Colorectal & Urology Congress, Europa Organization Africa,” June 2017

Condon, M., Gerberick, J., Nash, O.: “Anorectal Malformations Postoperative Education,” Pediatric Colorectal & Urology Congress, Europa Organization Africa, June 2017

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Daisy Award

January Reilley, RN

The 19th Annual Nationwide Children's Hospital Daisy Award was presented to January Reilley, RN of Homecare. 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.

January was nominated by the family of a little boy waiting for a heart transplant. The patient's father shares that January provided excellent care for his son at home. "We credit January in keeping our son as healthy as he possibly could have been when he received his heart transplant," says her nominator. "Throughout our journey with our son being inpatient for months at a time, we have encountered close to 100 different nurses. That



being said, January was the most caring and genuinely would go out of her way to help my son in any way she could."

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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