

..... Everything Matters In

Patient Care



*Ambulatory Care
at Nationwide
Children's Hospital*



The iPREP program at Nationwide Children's is the only intensive outpatient pain rehabilitation program in Ohio. Learn more about it on page 13.

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Leading the Journey to Best Outcomes



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

This past June, CEO Tim Robinson announced our hospital’s new strategic plan. It is the most ambitious strategic plan in our 129-year history. It will cover five years and involves a \$3.3 billion commitment to transform health outcomes for all children. But we are moving from being on a *Journey to Best Outcomes* to leading that journey!

Each of you will play a role in helping to achieve our goals. At the center, as always, are our patients and families and the integrated clinical care and research we bring to them. In this next journey, we want to reinforce our core integrated services while also building and expanding existing destination programs. Foundational to achieving our vision are our strengths around Quality and Safety, our Culture and Talent, our Partnerships and the use of Technology and Operational Excellence. We also are committing to expand our impact in the areas of Health Equity and Population Health, Genomics and Behavioral Health. While everyone is vital to this journey, in this edition of *Everything Matters in Patient Care* you will read about projects and initiatives that touch each of the aspects of our new strategic plan from our ambulatory areas.

As we move forward, I encourage you all to take time to find your individual line of sight to our strategic plan and how you see what you do every day contributes to *Best Outcomes* for children everywhere. Thank you for all you do every day for our patients, families and each other.

Folic Acid Supplementation in Women with Epilepsy

Neil Kulkarni, MD, Assistant Professor in Department of Neurology

Julie Chrisman, BSN, RN, RN Clinical Leader, Westerville and New Albany
Department of Orthopedic Surgery





For me, one of the indelible images of residency was holding a lifeless baby, stillborn as a complication of drug exposure during pregnancy. The knowledge that this innocent baby was injured secondarily by the chemicals present in the mother’s body continued to weigh on me. Thankfully, my mentor recognized my conflict and gave me a piece of advice. “The stuff you don’t want to think about is often the stuff you NEED to think about.” That shift in attitude helped me to reframe my feelings and served to terrify me as a child neurologist when I was thinking about the teratogenic effects that anti-seizure medications have on fetuses.

In my time in the neonatal intensive care unit, I realized neural tube defects are common. Neural tube defects affect more than 300,000 births each year. Specifically, spina bifida affects approximately 1,500 births annually in the United States alone. Spina bifida may be related to abnormalities in the activity of the enzyme methionine synthetase. Methionine synthetase is critical for methylation in several biologic processes, including the production of myelin basic protein and DNA biosynthesis. Both folate and B12 are required as cofactors for methionine synthetase. The United States Preventative Services Taskforce (USPSTF) found convincing evidence that folic acid supplementation in the periconceptional period provided substantial benefit in reducing the risk of neural tube defects in the developing fetus. The subsequent fortification of grain with folate reduced the rate of spina bifida from 5 births per 10,000 to 3.5 per 10,000, and also decreased the number of fetal deaths.

To protect against malformations of the neural tube, folate must be present within the first 25 days post-conception. A missed menstrual cycle is usually not noticed until the fifteenth day post-conception. This leaves little window to begin taking folic acid and suggests that folic acid should be taken before conception. Unfortunately, the National Health and Nutrition Examination (NHANES) data from 2003 to 2006 suggests that 75% of non-pregnant women aged 15 to 44 years do not consume the recommended daily intake of folic acid in their diet to prevent neural tube defects. Therefore, the United States Public Health Service recommends

that all women of childbearing age receive 0.4 mg/day of folic acid to lower their risk of fetuses with a neural tube defect. Doses as high as 15 mg/day have been demonstrated as safe.

Folate levels are of particular concern for women with epilepsy. Serum and red blood cell folate levels are reduced in up to 90% in patients receiving phenytoin, carbamazepine, or barbiturates. Valproic acid may also interfere with folate metabolism by inhibiting glutamate formyltransferase, an enzyme mediating the pathway that produces folinic acid. Thus, with minimal downside and the possibility of tremendous upside, a minimal dose of 1 milligram per day is recommended for women of childbearing potential taking an anti-seizure medication. A chart review of patients followed in our outpatient epilepsy clinic found that 36% of females aged 12 and older received appropriate counseling to start a folic acid supplement. We addressed this care gap using quality improvement (QI) methodology, intending to increase our counseling percentage to 70% and sustaining that for at least six months.

This journey would not have been possible without the One Team mindset at Nationwide Children’s Hospital. We knew that a multi-disciplinary approach would be most effective in achieving our aim. Nursing has been an invaluable asset to this project and education of the nursing staff was our first step in achieving our goal. We discussed how anti-epileptic drugs can reduce serum folate levels as well as how women with low serum folate levels are more likely to have a child with a neural tube defect. This education was instrumental in getting our nurses engaged as they expressed that they felt a great responsibility to prevent harm and had immediate buy-in with this project.

We then created talking points for the nurses in collaboration with our nursing team, parents and epilepsy providers. The discussion of folic acid supplementation in relation to pregnancy and sex was often difficult for providers, nursing and parents to think about. We wanted to ensure that we included all perspectives and special



Although we have experienced success in our journey of trying to ensure that our women with epilepsy receive an appropriate folic acid dose, our work is far from done.

consideration was taken to include a mother of an adult female patient with special needs in our discussion group. Our scripting points included: what folic acid is, what it does in the body, how certain medications can lower the folic acid levels and the recommended dose of folic acid per day based on which anti-seizure medication the patient takes.

We expanded our team to enlist the help of our electronic medical record (EMR) team. After discussion with them, we came up with a best practice advisory to prompt yearly folic acid counseling. A visual reminder in the chart during the rooming simplified the nursing documentation process. Additionally, we worked with the EMR team to streamline the ordering process by highlighting multivitamins that contained the appropriate dose of folic acid as well as highlighting appropriate folic acid supplementation options. Our team then discussed these changes with ordering providers within our department to ensure that these changes made it easier for providers to both remember to counsel and order folic acid for their female patients with epilepsy. Finally, we reached out to our residents who were eager to assist in this project. They looked at the

most relevant and current literature regarding nutritional supplementation and updated our Helping Hands™ to ensure parents and patients were educated.

These interventions have produced noticeable results with dramatic increases in the number of women with epilepsy receiving appropriate counseling and folic acid prescriptions. In the short time that the project has been in place, we have seen a baseline shift in the frequency of counseling to over 80%. This has also resulted in increased prescriptions of folic acid to over 70% for our women with epilepsy. Our success has been emblematic of the One Team approach. Although we have experienced success in our journey of trying to ensure that our women with epilepsy receive an appropriate folic acid dose, our work is far from done. Our ultimate goal is to ensure that our patients’ comprehensive nutritional needs are met within the context of epilepsy to ensure best possible outcomes. Continued collaboration with the different arms of Nationwide Children’s Hospital, as well as with patients and their families will be the most effective way of achieving our goals.

Trauma-Informed Care Guides Restraint Use Protocols

Kristin Pietrykowski, RN, BSN, QIS Clinical Coordinator, Quality Improvement Services

Since the launch of the *On Our Sleeves*® campaign in 2018 and the opening of the Big Lots Behavioral Health Pavilion in March 2020, Nationwide Children’s Hospital has committed to transforming children’s mental health in central Ohio and across the country. With a focus on reducing stigmas and increasing support for families and patients, Nationwide Children’s strives to be a restraint-free environment. However, when restraints must be used, attention is “given to the patients’ right to considerate, respectful care at all times with recognition of their personal safety, dignity and well-being.”

Restraints, as they are used at Nationwide Children’s, fall into two main categories: nonviolent and violent. Nonviolent restraints are used for medical or safety reasons, such as to prevent the removal of life-saving medical devices. Whereas violent restraints are used when the patient’s behavior is violent or aggressive, presenting an immediate danger to the patient or the safety of others. In both nonviolent and violent restraints, special care must be taken to consider the patient’s history utilizing the concept of trauma-informed care.

Recognizing prior trauma, reviewing potential contraindications to restraint use, and implementing both into mental health care are ways Nationwide Children’s defines and imparts a trauma-informed approach to restraint use. According to the Substance Abuse and Mental Health Services Administration, “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.” Using these key principles as a bedrock for care reduces the potential for re-traumatizing the patient and highlights an underlying basis of respect for both the patient and the administering staff.

As restraint use can be complex, Nationwide Children’s restraint policy details the importance of respect and care. It outlines charting and auditing metrics to evaluate institutional progress and ongoing monitoring. A portion of nonviolent restraints and all violent restraints are reviewed monthly, ensuring special examination of the use of less restrictive alternatives before applying restraints, along with the evaluation of 15 other considerations. In addition, trauma-informed care is included with initial and annual restraint education for staff.

Recognizing prior trauma, reviewing potential contraindications to restraint use, and implementing both into mental health care are ways Nationwide Children’s defines and imparts a trauma-informed approach to restraint use.

Nationwide Children’s foundational model that *Everyone Matters* highlights inclusiveness and health equity as the basis for all care. According to the Substance Abuse and Mental Health Services Administration, “How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience and effect. Communities that provide a context of understating and self-determination may facilitate the healing and recovery process for the individual.” This is reflected in the culture of safety at Nationwide Children’s and is used and implemented with every application of restraint.

Food Allergy Management is NOT One Size Fits All

David Stukus, MD

Professor of Clinical Pediatrics, Director of the Food Allergy Treatment Center, Division of Allergy and Immunology, Nationwide Children’s Hospital

Food allergies affect up to 8% of children and adolescents. They occur when the immune system forms allergy antibodies against different food proteins. Reactions occur every time that food is ingested, so strict avoidance is necessary to prevent reactions. Reactions occur quickly, often within minutes and rarely longer than two to three hours after ingestion. Symptoms can vary over time and may differ between people who share the same food allergy. Common symptoms include itchy rashes such as hives, swelling of the face, nausea or vomiting. Anaphylaxis is a severe allergic reaction that can progress very quickly and become life-threatening.

Food allergies can potentially occur from any food, but eight foods account for more than 90% of all reactions. These foods include cow’s milk (dairy), egg, wheat, soy, peanut, tree nuts, fish with fins and shellfish. It is extremely important to diagnose food allergies properly both to prevent allergic reactions and prevent unnecessary avoidance. Unfortunately, misdiagnosis of food allergy is very common. Part of this is due to a poor understanding of food allergy by many clinicians but also due to poor predictive capabilities of testing.

Clinical history is always the most important test to diagnose food allergies. If someone eats food without experiencing reproducible symptoms, they are not allergic to that food. Allergists spend most of their time asking detailed questions to identify the likelihood of allergy. Many common concerns such as rashes or gastrointestinal symptoms can mimic food allergies but are often unrelated. In addition, our understanding of risk factors and pathophysiology has evolved in recent years.

Skin tests are commonly used to help diagnose food allergies. This is performed by placing a drop of liquid allergen on the back or forearm, then gently pricking through the top layer of skin to introduce the allergen to the allergy cells. If that person has an allergy antibody present towards that allergen, their cells will release histamine, which causes a red, itchy bump within 15 minutes. The size of the raised area indicates the likelihood of allergy being present. Blood tests measure levels of an allergy antibody. Higher levels indicate more



likelihood for allergy. Unfortunately, both skin and blood tests have high rates of false-positive results and are often misinterpreted leading to unnecessary avoidance.

The best test to diagnose food allergy, or determine if prior allergy may no longer be present, is the oral food challenge. This is a very safe way to gradually introduce small amounts of food in a clinically supervised setting. If symptoms occur, important information is gained regarding the presence of allergy and need for ongoing avoidance, threshold amount needed to cause a reaction and types of symptoms that may occur. However, if no symptoms occur after ingestion of one to two servings of a food, avoidance is no longer necessary. Oral food challenges can improve the quality of life but require several hours and adequate clinical space, staffing and experience, which limits availability in many areas.

There are many nuances involved in food allergy management. Proper education of children and their



families is paramount for successful avoidance. Unfortunately, families who do not receive adequate instruction surrounding risk and avoidance are at greater risk for anxiety and decreased quality of life. Many families with food allergic children become afraid to fly on an airplane, attend sporting events or dine at restaurants due to a poor understanding of risk.

The complexities described above led us to create our new Food Allergy Treatment Center at Nationwide Children’s Hospital. This is located at the Lewis Center facility where we have dedicated space and staffing to evaluate and treat families for any food allergy concerns. We love spending time clarifying a child’s diagnosis and discussing individualized approaches to management. We are now also able to offer oral immunotherapy for patients who may benefit. Oral immunotherapy is a cautious daily treatment that can help decrease risk of severe anaphylaxis through accidental ingestion of very small amounts. There are risks, benefits and expected outcomes that each family needs to consider and we can help with that decision-making process. We also offer psychological services for parents or children who have severe anxiety surrounding their food allergies. Our new center also offers space to participate in clinical trials and new research that will benefit food allergy patients beyond our walls. Most importantly, we can provide more oral food challenges, which is the most empowering part of the care we provide.

Much has changed regarding our understanding of food allergy which allows us to be more proactive in many ways. Our Food Allergy Treatment Center is dedicated to using evidence to guide an individualized positive path forward for each family. We hope no one ever needs us, but we’ll gladly help anyone who does.

Telehealth: An Effective Tool to Meet Patient and Family Needs

Megan Haworth, Parent Volunteer, Behavioral Health Family Advisory Council and H4

Having a child with anxiety means change can be very hard and challenging. When everything shut down in March 2020 due to the pandemic, I assumed the shutdown would only last a couple of weeks and life would return to normal. Once I realized that was not the case, I knew maintaining normalcy would be key to minimizing my child’s level of anxiety for her to feel both safe and secure. Before the pandemic, I would not have envisioned that the Zoom platform would be such an integral part of care for my daughter’s anxiety. I am truly grateful that we had the option of telehealth to continue her care and ongoing progress towards her goals. While utilizing telehealth, we continued our bi-weekly therapy sessions, participated in various additional evaluations, received a new diagnosis and added new providers to our treatment team. I believe that this would not have been accomplished had we not had the option of telehealth for these services.



When first presented with the option of utilizing telehealth services, I was skeptical, as I thought it would be a waste of time and money. I doubted that it would be possible for my daughter to receive comparable care via the use of technology. To my surprise, I found that telehealth provided similar care while allowing more flexibility as well as saving time in our already busy daily schedule.

Telehealth also gave my family more flexibility as to who participated in each session. Our daughter could

choose to have sessions on her own in the privacy of her room or to have a parent participate. It also gave us the ability to have both parents participate without having sibling(s) present. Additionally, this flexibility allowed me to discuss concerns privately with the practitioner, without my daughter present. I have always felt strongly that when conducting an initial evaluation, that the parent interview portion should be completed without the child present. When we participated in parent interviews with my daughter present, it would hurt her self-esteem as she heard all her struggles being shared at once. Parent interviews via telehealth gave me the privacy to be transparent with providers, while still having my daughter available to join the appointment.

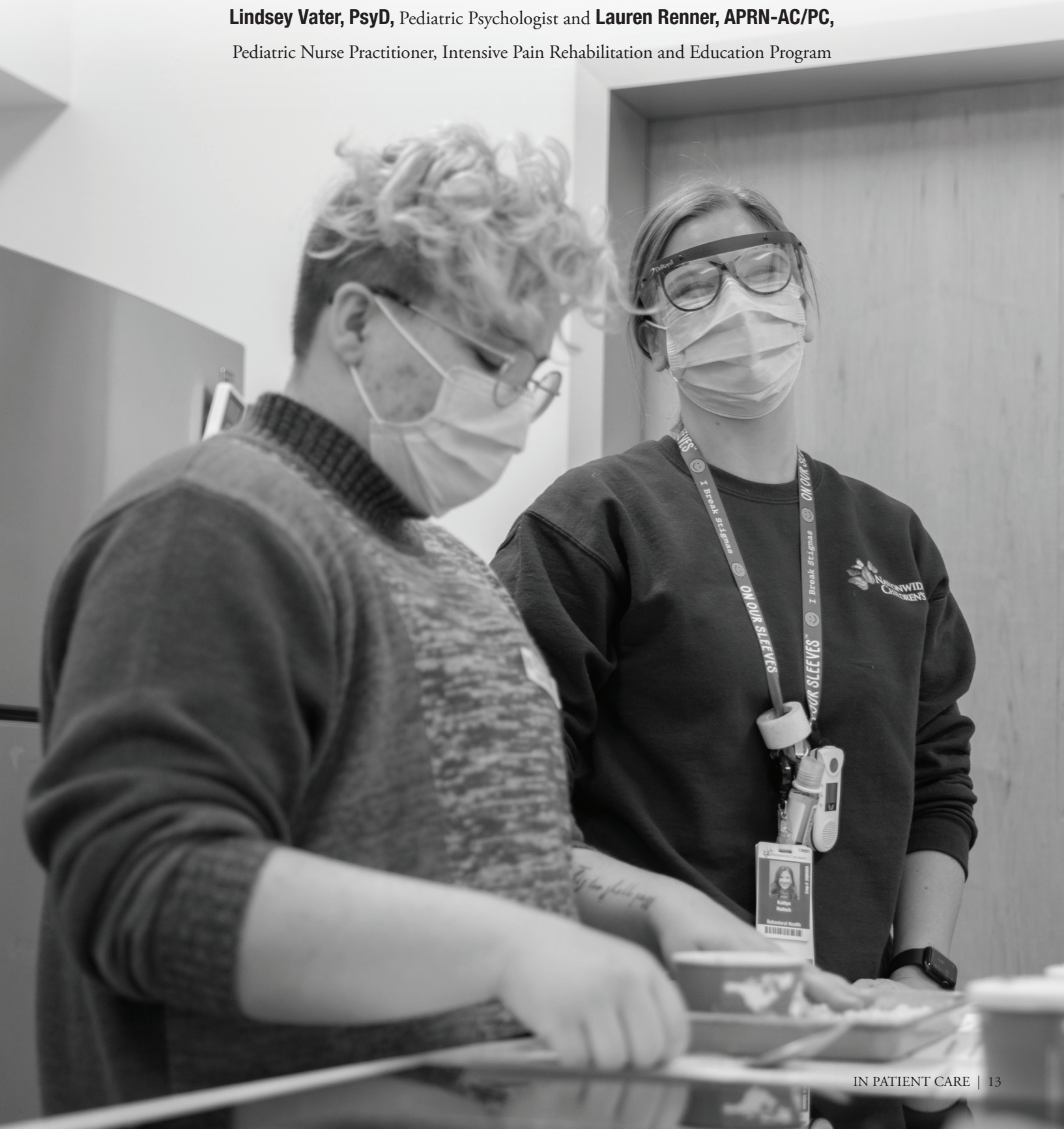
In addition to the added flexibility, telehealth has been a timesaver. With travel, a one-hour, in-person therapy session requires a two-hour time commitment, which meant my daughter would miss the start of the school day. By utilizing telehealth, we were able to cut our time for appointments in half. This allowed her to receive therapy without missing any schooling, which was a wonderful benefit to easing her anxiety.

While our overall experience with telehealth was positive, it was not without its challenges. There were minor technology issues, household distractions and the occasional avoidance of treatment – such as the time she refused to participate when she realized the Wi-Fi connection would not reach the trampoline in the backyard. However, those times were rare and had no significant impact on her overall treatment goals.

For our family, the decision to receive care via telehealth helped our daughter continue to make progress to continue to enhance her overall mental health. I can only imagine where we might be today if we had not chosen to do telehealth and waited for in-person treatment to resume. I hope telehealth visits will continue to be an option for mental health services for children and families, as it provides flexible options to meet both the patient and family member’s needs.

Putting the Fun Back in Functioning: What is The Intensive Pain Rehabilitation and Education Program (iPREP)?

Lindsey Vater, PsyD, Pediatric Psychologist and Lauren Renner, APRN-AC/PC, Pediatric Nurse Practitioner, Intensive Pain Rehabilitation and Education Program





iPREP participants prepare a healthy lunch together on a Tuesday afternoon.

Pain

Pain is defined as an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage. Put simply, it is the body’s alarm signal that the body is in danger. With research demonstrating that pain is present within the first 24 hours of life, this is a problem seen across all pediatric populations.

Pain is oftentimes categorized as either acute or chronic. As humans, we most commonly experience what is defined as acute pain, which is a short-lived pain experience typically triggered by an injury that will ease and go away once the body has healed or the danger is gone. Chronic pain is more complicated, as this is when the body’s alarm signal is not working correctly. While some chronic pain conditions may have a well-known or identifiable cause, most cases of chronic pain start for no clear reason. Defining characteristics of chronic pain include pain that has persisted past three months, (the body’s average time of healing) and the body’s response is more intense than would be anticipated.

Pain affects children and adolescents of all ages. Pain is estimated to affect up to 83% of children with about 30% reporting experiencing pain for more than three months. Chronic pain affects females more frequently than males, and while the treatment of acute pain is often straightforward, treatment of chronic pain requires a more comprehensive approach.

Who We Are

The Intensive Pain Rehabilitation and Education Program (iPREP) at Nationwide Children's Hospital is a multidisciplinary day-treatment program, located on the first floor of the Livingston Ambulatory Center (LAC). While other institutions in Ohio have inpatient pain rehabilitation programs, iPREP is the only intensive outpatient pain rehabilitation program in Ohio.

The program first opened in March of 2020, completing just one cohort before closing due to the COVID-19 pandemic. iPREP re-opened in mid-June 2020 and has since continued treatment with minimal changes to the original structure.

The mission of iPREP is to serve as a centralized team for patients who often have multiple medical specialties involved in their care. Our goal is to communicate not only as a group of actively treating providers but to also provide updates to the established providers.

During the three weeks of treatment, patients work closely with more than 15 different providers. They rotate through a combination of individual and group therapies with providers from disciplines including psychology, physical therapy, medical provider, occupational therapy, music therapy and more. Patients are followed for one year after the completion of the program, continuing to be a treatment hub for these patients.

What We Do

Functioning is the focus, not the reduction in pain. Participation in this program requires the family to be done with their medical workup for the symptoms, and to buy into the chronic pain diagnosis and recommended treatment.

iPREP utilizes several approaches including cognitive behavioral therapy, acceptance commitment therapy, and a lot of praise and fun behavioral strategies. A patient’s iPREP experience is built to provide targeted support and interventions based on their specific needs and conditions so they can successfully manage their symptoms in their world each day.

For three weeks, patients are on-site from 8 a.m. to 4 p.m. daily., Monday through Friday. The patient’s daily schedules are built to mimic a typical adolescent day. Cohorts are comprised of three children at a time, paired to work together. Weekly lessons are targeted around three central tenets of chronic pain recovery treatment, Healthy Mind, Healthy Body and Healthy Environment. Each treatment modality utilizes current evidence-based clinical research to focus their interventions on the theme of the week, helping patients generalize information into all areas of their lives outside of iPREP.

Patient Populations We Treat

iPREP was designed to treat children ranging anywhere between 10 to 18 years of age who suffer from debilitating and functionally impairing pain who have had an inadequate response to previous pain interventions. Some common referral sources include orthopedics, gastroenterology, pediatric psychology, rheumatology and primary care providers.

When a provider places a referral to Pain Clinic in EPIC, the family will be sent a set of surveys used to triage them to the appropriate level of care (Clinic vs. iPREP). Some exclusions to iPREP participation include but are not limited to ongoing medical workup, flight risk, non-ambulatory, non-weight bearing, active SI or psychosis, episodes of unconsciousness, not medically stable, or requiring as needed pain medications during the program day. While not a program exclusion, in some cases it may be necessary for patients to first complete mental health treatment for commonly co-occurring mental health conditions to maximize retention of skills learned in iPREP

Why Make It Fun?

We know that thoughts, moods and behaviors are all connected. A phrase you will frequently hear in the halls of iPREP is “way to show off that positive mental attitude,” something we encourage and model daily. We know that children and teens learn best through doing, therefore, iPREP has designed interventions to not only receive psychoeducation but to actively use the skills throughout their day.

Many kids who are living with chronic pain no longer participate in activities that once brought them joy. One main goal in iPREP is learning through trying. Providing a supportive, fun and encouraging environment yields kids taking greater risks. The goal is to get to a place where the child can return to participating in things that bring them joy. For example, patients participate in creating window art, making their own songs and playing kickball among other fun activities. During follow-up visits, we are often told it was during these moments that patients realized they could continue to live a good and fun life, despite their pain.

Friday afternoons in iPREP are probably the most fun. The parents, patients and providers meet together as a group to give praise for the accomplishments made during the week and plan for the weekend ahead. During this time, patients show off newly learned skills during a “show and tell” activity to demonstrate observable change and skills learned throughout the week. The iPREP team frequently reminds them, “there is no magic in these walls,” and words of encouragement are offered for the families to utilize the same skills at home.

THERE ARE MANY LEVELS OF OUTPATIENT PAIN TREATMENT AT NCH.	
Outpatient Appointments:	Pain psychology, physical therapy, medical appointments
iPREP program:	Intensive outpatient interdisciplinary pain treatment program
Pain Clinic:	Multidisciplinary clinic that provides six to 12 biweekly outpatient visits. Patients will come for a half day and have the following appointments: Psychology, medical, physical therapy, acupuncture or massage therapy
If the patient requires a higher level of care, they will be referred to an inpatient pain rehabilitation program outside of Nationwide Children's.	

iPREP is a lifestyle – therefore, we need to make sure the environment supports that lifestyle.

While the child is the primary treatment target, we know family plays a significant role in the management of pain and functioning. Family participation in daily afternoon educational groups is required. The family groups educate caregivers on the skills their child is learning and provide support and instruction on how to successfully implement the skills learned to address family-specific needs.

School is often a common stressor for this population, and although stress does not cause pain it can exacerbate it. The iPREP team works with schools to highlight strengths, provide interventions, and create a customized plan to get the kids feeling ready and confident in returning to school immediately following the completion of the program. We commonly place referrals for undiagnosed learning disorders, provide 504/IEP accommodation recommendations, and work directly with schools to discuss smooth transitions back to school.

Before discharge, an individualized plan is developed with the patient, family, and team. Pain symptoms often wax and wane, therefore, follow-ups are designed to maintain motivation. These visits occur at one month, three months, six months and 12 months after completing the program. During these visits, the team helps problem solve how to transfer iPREP skills to the patient’s real world.

Outcomes

With just over a year of patients completed, we have seen changes in patients’ school attendance, self-efficacy for

new tasks, improvements in mental health symptoms and a reduction in distress and functional impairments from pain. Families often prefer spending follow-up sessions sharing pictures and videos of their child’s recent soccer game, theater performance or backyard obstacle course rather than discussing medical concerns. Both patients and families have expressed satisfaction with the iPREP program:

“It was completely something that I didn’t expect. I just kind of came here wanting to get it over with and just do it and get out, but I actually fell in love with this place and the people. It helped me in ways that I didn’t think anyone could. And, it is just really something special. Before the program I really couldn’t get up out of bed. I wasn’t going to school, I wasn’t eating, I really wasn’t talking to other people. I was just kind of by myself. But now, I am supposed to get my license, I am getting a job, I’m in school, I’m with my friends. I talk to my family; I am back to myself. I would not be here if it weren’t for this program.” Ava, 16 years old

“iPREP gave my child his childhood back. He learned skills that worked for his situation that allowed him to play, laugh, smile and enjoy life again, without a focus on pain. iPREP changed our whole family for the better; with education, tools, and an expert team that knows how to have fun. Our family life had revolved around one child's pain and darkness and now we focus on hope, supporting each other to be our best selves.” Sara, parent of iPREP patient

As iPREP continues, we look forward to many more successful outcomes for our patients.

Expanding ANCC Magnet® Requirements into Ambulatory Practice Settings and Ambulatory Nurse Roles

Sherri Watts, DNP, RN, Magnet® Program Director, NDNQI Site Coordinator, Professional Development

The American Nurses Credentialing Center (ANCC) Magnet Recognition Program® is acknowledged as the highest level of nursing excellence. The initial and every four-year renewal is a rigorous process that begins with a gap analysis of the revised Magnet Application Manual criteria. This essential step ensures that strong structures and processes exist to meet the Commission on Magnet forecasted trends in patient care and nursing excellence.

For Magnet purposes, the following Nationwide Children’s Hospital ambulatory practice settings that have nurses who report to the Chief Nursing Officer and practice or influence care are perioperative, emergency, urgent care, primary care, specialty, homecare and procedural areas. All of these areas will contribute performance data or stories in the hospital’s 2023 Magnet document.

The 2019 Magnet Application Manual required an increase in ambulatory examples in five of the Magnet Model components including Transformational Leadership (TL), Structural Empowerment (SE), Exemplary Professional Practice (EP) and New Knowledge & Innovations (NK).

Two criteria in the TL component require hospitals seeking Magnet designation to include at least one example demonstrating ambulatory nurse mentoring and another showing ambulatory nurse succession planning activities. Nationwide Children’s Pediatric & Gynecology clinical nurse and Perioperative Services nurse manager are two roles that are depicted in the mentoring and succession planning ambulatory nurse stories. In addition, and to depict another TL criterion, Nationwide Children’s is including an example of how an Orthopedic Clinic clinical nurse utilized data to advocate for a resource of placing wheelchair weights in the EPIC Storyboard.

The SE component requires hospitals to demonstrate that ambulatory nurses are invited to participate on organizational

level decision-making committees, supported to attain higher levels of formal education and specialty certification, included in continuing education needs’ assessments, and have a formal transition to practice structure. One example planned for the SE criteria is the Surgery Center Treat Me with Respect Nurse Concern Project, which demonstrates an improved patient outcome related to ambulatory clinical nurse membership on an organizational level interprofessional decision-making group.

The EP component requires evidence that ambulatory nurses participate in evidence-based practice and that ambulatory areas are included in nurse-sensitive indicators such as nurse engagement, patient satisfaction and nurse-sensitive indicators pertinent to the ambulatory practice setting. One Nationwide Children’s example planned is highlighting how the Nephrology Clinic Culture Coach clinical nurses applied the professional practice model to implement an evidence-based practice change to improve the work environment. Another is how Homecare nurses partnered with Hematology to reduce Central Line Associated Blood Stream Infections (CLABSI) in the homecare setting.

Finally, the NK component requires evidence that ambulatory nurses participate in research activities, develop innovative ideas, adopt technology and design or redesign the work environment. One of the stories Nationwide Children’s plans to include is a description of how the Primary Care Network Program Coordinator of Newborn Services created an innovative process to ensure newborn follow-up care went uninterrupted during the pandemic.

The Nationwide Children’s ambulatory areas play an integral role in demonstrating how the hospital addresses our patient population’s health care needs across the continuum of care. We are fortunate to have the high quality of extensive services and expertise committed to leading our patients and families towards *Best Outcomes*.

It’s Not About Hair: Making the Case for Hair Care Equity





Surlina P. Asamoa, MSN, MHA, RN, CCM, Education Nurse Specialist, Professional Development











Basic hair care is fundamental to activities of daily living and provides overall feelings of well-being. Nationwide Children’s Hospital staff members were surveyed about their knowledge of patient hair care with results indicating a gap in knowledge, lack of confidence and lack of supplies to meet the needs of all patients. Evidence supports that well-groomed children have an improved self-image and feel their individual needs are respected (Bloomer et al., 2016). A pediatric multidisciplinary team was formed to address this problem and incorporate equitable hair care practices through the institution.

The Hair Care Equity Committee was formed in September 2020 and is comprised of individuals from various backgrounds and experiences. The committee was divided into three small committees to accomplish the goals of developing staff education, creating a hospital guideline and making equitable hair care products available for all inpatient units. After several months of consultation with community cosmetologists, an education module and a hair care guideline were developed and published. The education materials serve as resources for staff members to learn more about how to groom patients’ hair based on hair type. Two hair product trials were also initiated to assist the committee with determining which product would be appropriate for patient use.

To assist with moving this initiative forward, Foundation leaders and their staff reached out to multiple corporations and organizations to secure funding and donations for the initiative. As a result of their pursuits, more than 400 shampoo, conditioner and hair lotion samples were secured. To ensure the project continues more long-term, the Hair Care Equity Committee was recently chosen by the Young Professional Council as beneficiaries of their 2021 fundraising event. Dollars raised through their fundraising efforts will go directly to support the program.

Overall, this has been a team effort by individuals who assessed a need, worked hard to overcome obstacles, and became successful in making equitable hair care products and supplies readily available for all admitted patients. The accomplishments of the Hair Care Equity Committee are groundbreaking and align with the hospital’s 2021-2026 strategic plan to Stand Against Racism, Stand for Health Equity. The Committee’s work will be far-reaching in leading Nationwide Children’s toward a more diverse and inclusive environment for all patients.

HAIR TYPES	CLEANSING	CONDITIONING	MOISTURIZING	STYLING	STYLING TOOLS
STRAIGHT					
	Wash hair every other day Use a hydrating and/or oil-free shampoo	Condition hair after cleansing Use a crème rinse or instant conditioner	Volumizing Mousse	Let the hair dry naturally until it is about 80% dry. It can be blown dry after Do NOT brush wet hair	Wide tooth comb 
WAVY					
	Wash hair 1-4 times per month Use a hydrating or moisturizing shampoo	Condition hair after cleansing Use a hydrating or moisturizing conditioner	Use a light oil or daily moisturizer (dime size for shorter hair and quarter size for medium to long hair length)	Pull the hair into ponytail(s) or twist the hair with a two-strand twists to dry	Detangling brush Wide tooth comb Ponytail holders 

HAIR TYPES	CLEANSING	CONDITIONING	MOISTURIZING	STYLING	STYLING TOOLS
CURLY					
	Wash hair 1-4 times per month Use a moisturizing shampoo	Condition hair after cleansing Use a deep conditioner	Use a light oil or daily moisturizer (dime size for shorter hair and quarter size for medium to long hair length)	Pull the hair into ponytail(s) or twist the hair with a two-strand twists to dry	Detangling brush Wide tooth comb 
TIGHT/COIL CURLS					
	Wash hair 1-4 times per month Use a moisturizing shampoo	Condition hair after cleansing Use a deep conditioner	Use a light oil or daily moisturizer (dime size for shorter hair and quarter size for medium to long hair length)	Hair must be braided or placed into a two-strand twist to dry. Hair CANNOT be pulled into a ponytail. Will cause breakage	Detangling brush Wide tooth comb 
CHEMICALLY TREATED					
	Wash hair once or twice a week Use a moisturizing shampoo	Condition hair after cleansing Use a moisturizing conditioner A leave-in conditioner should be used after conditioner	Use light oil or daily moisturizer (dime size for shorter hair and quarter size for medium to long hair length)	Pull the hair into ponytail(s) or leave hanging naturally	Detangling brush Wide tooth comb Ponytail holders 
LOCS, BRAIDS, EXTENSIONS					
	Wash hair at least every 2-3 weeks using a moisturizing shampoo	Do not condition	Moisturize at least twice weekly with water or essential oil to ensure adequate moisture	Pull the hair into ponytail(s) or leave hanging naturally	Ponytail holders 
CLOSE HAIR STYLES					
	Wash hair 1-4 times per month	Condition hair after cleansing	Moisturize according to hair type		Bristle brush 

Laser Use in Dermatology: The Inside Scoop

Michelle Kolada, BSN, RN, Staff Nurse, Dermatology Clinic
Quynn Notareschi, BSN, RN, Staff Nurse, Dermatology Clinic

Laser therapies have been offered by the Dermatology Clinic at Nationwide Children's Hospital for more than ten years and these services continue to expand. In early 2019, the clinic started offering Phototherapy for a treatment that delivers narrowband UVB wavelengths to treat skin conditions that typically improve with exposure to sunlight. Some of the more common inflammatory conditions treated include vitiligo, atopic dermatitis, and psoriasis. These clinics are run throughout the week by members of the nursing team who are responsible for the assessment of the patient's response to treatment, identification of possible adverse reactions, and the operation of the machine delivering the treatment.

Over the past year, the clinic staff developed protocols to ensure the safe implementation of a new treatment using the excimer laser. During this time, members of the Dermatology team attended safety courses offered through the hospital's Laser Safety Committee, and in turn become credentialed laser operators. Members of the nursing team also attended Rockwell Laser Industries' medical laser safety operator training course, achieving certifications aiding in the development of a comprehensive, compliant and effective laser safety program.

The excimer laser is the newest therapy service added to the Dermatology Clinic. Like phototherapy, it uses ultraviolet radiation light to treat patients with inflammatory skin conditions. While phototherapy will treat all areas of exposed skin, the excimer laser allows the practitioner to focus the treatment only on areas affected by skin disease, thus minimizing the potential side effects of treating healthy, uninvolved skin. Unlike other lasers, this laser is painless and therefore does not require patients to undergo anesthesia for treatment. Like phototherapy, optimal patient outcomes with the excimer laser are achieved through twice-weekly treatments. The nursing staff works closely alongside the clinic's providers to help identify which patients would be good candidates for each treatment.

The Pulsed Dye Laser (PDL) is another type of laser commonly used in the Dermatology Clinic. The PDL is used to treat vascular birthmarks, spider angiomas,

scars, warts and other pigmented lesions. This laser uses a concentrated beam of yellow light to target blood vessels or melanin in the skin, resulting in the progressive lightening of a specific area without affecting the surrounding skin. This treatment is offered either in the Dermatology Clinic in the Outpatient Care Center without sedation or in the Operating Room (OR) while the patient is under general anesthesia. The ability to perform treatments in the clinic instead of the OR varies depending on the size and location of the area being treated, the patient's developmental age and the family's preference. Ultimately, the ability to follow the laser



safety precautions helps the provider determine whether this procedure can safely be performed in the clinic.

In comparison to the excimer laser, the PDL is not painless and the patients often described the pain as a feeling of being snapped with a rubber band. Because of this, the Dermatology staff work closely with the Ambulatory Child Life specialist addressing the discomfort and helping patients develop techniques to ease fears surrounding laser treatment. Nursing staff has continued to adapt these comfort techniques into everyday laser treatments in which a Child Life specialist may not be able to participate.

In addition to the PDL and excimer lasers, the clinic utilizes diode and carbon dioxide lasers to treat additional skin conditions. All laser treatments require an initial visit with the treating provider to determine the appropriate treatment for the patient's condition.

The Urology-Nephrology Clinic: An Integrative Approach to Caring for Children

Amy Wright, RN, MS, APRN, Division of Nephrology and Hypertension

Brian Becknell, MD, PhD, Associate Professor of Pediatrics, Ohio State University College of Medicine, Attending Physician, Division of Nephrology and Hypertension, Nationwide Children's Hospital

Imagine caring for a newborn child with a complex congenital disorder affecting the kidneys and urinary tract. There is no handbook for this scenario, which causes significant anxiety for families. In many cases, the disorder is identified on prenatal imaging, but there is diagnostic uncertainty until the child is born and more definitive imaging can be obtained. In certain instances, an expecting mother has been told that her baby's kidneys may never function properly, and that dialysis may be required in early childhood. These scenarios cause substantial stress for families who are desperately looking for accurate information and meaningful recommendations from experts to guide their baby's care.

Since 2014, the Urology-Nephrology Clinic at Nationwide Children's Hospital has cared for patients like these who need expert care from both specialties due to complex conditions involving both the urinary tract and the kidneys. This collaboration is not only convenient for the family but creates the best medical and surgical outcomes for the child. The family can discuss the care of their child with two specialists at the same time in a team approach. Some of the patients we see have diagnoses such as posterior urethral valves, severe vesicoureteral reflux, recurrent urinary tract infections, solitary kidney, urinary tract obstruction, structural kidney disease and kidney stones. These patients need both the input of a pediatric urologist and nephrologist for the best possible care.

The Urology-Nephrology Clinic is staffed by physicians with surgical expertise (pediatric urology) and medical expertise (pediatric nephrology), along with urology and nephrology nurse practitioners, a psychologist, renal dietitian and social worker. By working together as one team, these providers aim to provide efficient, cutting-edge care in a nurturing, family-centered setting. Another highlight of the combined clinic is the ability to enroll patients in studies that assist researchers at Nationwide Children's in discovering new treatments and therapies to diagnose and treat these complex patients.

Just as they strive to provide comprehensive care for children with congenital disorders, providers in the

Urology-Nephrology Clinic also have recognized the need to leverage their one team approach to children with acquired disorders of the kidney and urinary tract, such as recurrent urinary tract infections and kidney stones. The care for a child with recurrent kidney stones can be exceedingly complex. Many of these children experience the painful passage of stones and require procedures to remove, dislodge or destroy stones. Despite this, stones often continue to form due to an environment that favors stone formation, with contributing factors such as immobilization, certain medications, poor hydration, diet and genetic risk. The multidisciplinary Urology-Nephrology Clinic is well-suited to the care of these children. Through a combination of hydration, dietary and medical management, stone risk can be mitigated. Surveillance imaging allows for timely identification of stones and scheduling of surgical procedures so that symptomatic presentations are reduced in likelihood and emergent treatments are less necessary. The urology and nephrology nurse practitioners work together to evaluate, diagnose and treat these patients with kidney stones. The urology physicians are involved in providing surgical procedures when indicated. Educating the family is key when treating a child with kidney stones, as the dietary habits in the home and/or school will often need to be modified to lower the risk of future kidney stone formation.

As the Urology-Nephrology Clinic is on track for a record year in 2021 with more than 300 patient visits, this team care has expanded with the recent integration of clinical research coordinators. These team members are busy recruiting patients into clinical and translational research studies, in an effort to improve outcomes for the next generation of children with congenital and acquired urinary tract disorders. The ultimate goal for this multidisciplinary care team is to make Nationwide Children's a destination center for children with kidney and urinary tract disorders and their families with the Best Outcomes for the patient.

Role of a Certified Wound, Ostomy and Continence Nurse

Danielle Buker, BSN, CWOCN, Clinical Care Coordination

Most people don't know that the specialty of Wound, Ostomy and Continence nursing was founded right here in the state of Ohio. In 1958 Rupert Turnbull, Jr., MD began training Norma Gill to rehabilitate ostomy patients in Cleveland. It is interesting to note that Norma was not a nurse, but an ostomy patient herself who was skilled in the care of her own stoma. She was passionate about helping others adapt to life with a stoma and became the first Enterostomal Therapist. The two understood that new ostomy patients had nowhere to turn for support or education and wanted to provide these services to as many as possible. Soon other surgeons were reaching out to the pair to send their ostomy patients for training.



In 1961, Norma Gill and Dr. Turnbull begin training Enterostomal Therapists at the Cleveland Clinic. Because there were few requirements at that time, only to have an ostomy or to have a family member with an ostomy, the trainee's learning was based heavily on experience. It was not until 1976 that the Enterostomal Therapist became a nursing role and required an RN licensure for admission to an Enterostomal school. The International Association of Enterostomal Therapists developed accreditation standards in 1980 and moved to be recognized as board certified. The scope of practice during that time was then extended to add wound and continence care.

Today a nurse is required to possess a bachelor's degree or higher and have at least a year of clinical nursing experience to apply to an accredited Wound, Ostomy and Continence School. Once the nurse graduates, they can sit for their certification exams. Each specialty has its

own certification and is provided by the Wound Ostomy Continence Nurse Certification Board. They offer the only independently accredited certification that is strictly dedicated to nurses. They meet the accreditation standards of the National Council for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification. Recertification is required every five years by either an exam or completion of a Professional Portfolio. This portfolio includes continuing education hours, presentations or education completed along with various other professional accomplishments.

In 2010 the American Nurses Association recognized Wound, Ostomy, Continence Nursing as a specialty and

validated our contributions to the United States health care system. Wound, Ostomy, Continence nursing is a multifaceted, evidence-based practice that has many roles. We serve as not only clinicians but as educators, consultants, administrators and researchers. The Wound, Ostomy, Continence Nurse has a broad knowledge base in anatomy, physiology, pathophysiology, biochemistry, microbiology, nutrition, psychology and pharmacology. However, our certification allows us to provide specialized care for a unique patient population. We provide a wide array of services to those who have fecal and urinary diversions, fecal and urinary continence issues, acute or chronic wounds, fistulas and percutaneous tubes or drains. The Wound, Ostomy, Continence Team here at Nationwide Children's Hospital not only assists with the hands-on care of these patients but also coordinates their care by collaborating with many different services. We commonly work with Pediatric Surgery, The Center for Colorectal and



Pelvic Reconstruction, Plastic Surgery, Complex Care, Neonatology, and Infectious Disease among others. We work closely with the Discharge Planners to ensure patients receive the proper supplies or care after they are home. Since Nationwide Children's operates neonatal intensive care units in the surrounding birth hospitals, our team covers those areas as well.

The Wound, Ostomy and Continence team at Nationwide Children's follows national accredited entities to provide best practice guidelines for staff. We commonly refer to The Journal of Wound Ostomy and Continence Nursing for the most up-to-date research specific to our field.

We also follow the National Pressure Ulcer Advisory Panel Guidelines. We use these guidelines to provide the most up-to-date pressure prevention strategies to our patients. Our former leader and team member Brenda Ruth recently collaborated with the National Pressure Ulcer Advisory Panel to devise updated pressure injury definitions. She also was a content expert for Children's Hospitals' Solutions for Patient Safety who offer guidance on how to reduce hospital-acquired pressure injuries nationwide.

Our team has been asked to participate in hospital committees such as the Peripheral Intravenous Infiltration

and Extravasations elimination group or the Tube Feeding Clinic group. We have been asked to assist in writing articles demonstrating best practices for diaper dermatitis protocols for total colonic Hirschsprung’s disease and consistently review and update hospital policies. We facilitate, with our Quality Improvement Team, quarterly hospital-wide skin prevalence rounds. This is where every patient in the hospital has their skin assessed, with assistance from our unit skin champions, and any pressure injuries are recorded. We are then benchmarked against other pediatric institutions nationwide.

The Wound, Ostomy, Continence Team currently consists of four members and is primarily an inpatient consult service. If the Primary Team or family needs assistance with the care of their child a consult is placed. The consult can be placed by any staff member. We do not have our own clinic but can see patients at an existing outpatient appointment. Our team often gets contacted to assess a new issue or follow up on an existing one while that patient is in a clinic. Once we meet with family, we provide our contact information, so they have a person to reach out to with questions, concerns, or supply issues.



Remembering BRENDA RUTH

Wound, Ostomy and Continence team member Brenda Ruth passed away in July 2021. She worked at Nationwide Children’s Hospital for 40 years, establishing her career as a Wound/Ostomy specialist and developing the program more than 20 years ago. Brenda improved the health of children every day through her professionalism as a nurse, her advocacy of patients and families, and her kind, confident support of other health care professionals.

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

- Atwell G., Kaletta S., Van Hest E.** “Help, There’s an Adolescent in my Office! Conceptualizing Adolescent Substance Abuse.” The Addictions Studios Institute at The Ohio State University Wexner Medical Center; June 2021; Virtual.
- Bass A., Cooley J., Hoffman A., Smith S.** “The Uncertain Path: Building Inter-Team Trust in Complex.” The Academy for Professionalism in Health Care; February 2021.
- Bican R., Mould V.** “Utilizing Evidence Based Practice within Therapeutic Recreation: A review of Nationwide Children’s Hospital Clinical Therapy Evidence-Based Practice Program.” American Therapeutic Recreation Association; September 2021; Virtual.
- Clouser R.** “Family Finances.” PediaCast Episode 488; May 2021.
- Coleman A., Snider T.** “Mental Health: Store It Safe Teen Suicide Prevention, Screening Tools, and Rising Stress Levels.” Ohio Chapter of the American Academy of Pediatrics Meeting; March 2021.
- Eneli I.** “Understanding Risk and Causal Mechanisms for Developing Obesity in Infants and Young Children.” National Institute of Health Workshop; April 2021.
- Gate E., Somerville A.** “We Win When WeeMove: Early Mobilization.” Nationwide Children’s Hospital; August 2021.
- Green M., Jayanthi R., Caceres V., Hansen-Moore J., Indyk J.** “Case Histories from the archives of THRIVE-DSD Clinics.” Nationwide Children’s Surgery Grand Rounds; April 2021.
- Houpe T., Warren A.** “The Role of Therapeutic Recreation in a Pediatric Partial Hospitalization Program for Youth with Behavioral Health Disorders: A Hospital based Program Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.
- Jeffries T.** “It’s Critical: The Need for Diverse and Rare Blood.” Athens Summer Black Summit; June 2021.
- McKim M., Sympson J.** “Culturally Competent Care for LGBTQIA+ Youth and Adolescents.” NAMIcon 2021; July 2021; Virtual.
- McMillen M., Sympson J.** “Authentic Leadership in TR: How to Inspire a One Team Approach.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.
- Mould V., McKim M.** “Providing LGBTQIA+ Competent Care in Pediatric Therapeutic Recreation Practice.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.
- Nash O., Fisher M.** “Bowel Management Principles in Pediatric Patients: Diagnosis and Management.” APSNA; September 2021.
- Novak K.** “Critical Factors in Caring for Cystic Fibrosis Patients in the Pediatric Intensive Care Unit.” Pediatric Pharmacy Association; April 2021.
- Selhorst M.** “Manual Therapy Considerations for the Pediatric Orthopedic Patient.” Ohio Physical Therapy Association; August 2021.
- Selhorst M., Mansfield C.** “How to Win a Grant and Influence Practice.” Ohio Physical Therapy Association; June 2021.
- Sheldon S., Spayde A., Sympson J.** “The Role of Therapeutic Recreation in a Pediatric Emergency Department: A Program Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.
- Treinen C., Rose G., Willen F., Kahwash S., Audino A.** “Uncommon Pediatric Non-Hodgkin’s Lymphoma: A Case Series and Literature Review.” National ASPHO Conference; April 2021; Portland, Oregon.
- Warren A., Sympson J., Davis L., Dosen A.** “Effective Interdisciplinary Teaming within Therapeutic Recreation Practice: A Program-Specific Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.
- Williams D.** “COVID-19 Vaccine and Effective Communication Strategies for Engaging Hesitant Populations.” March 2021.
- Williams D.** “Weight Bias in Children and Adolescents: Intersections and Opportunities.” May 2021.

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Daisy Award

Lauren Montaine, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Lauren Montaine, RN of C4B. 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.

Says Lauren's nominator: "Lauren cared for us, not just for my grandchild. She had to go through over two hours of wound change every day and Lauren got my daughter involved, made her feel so desperately like the mother she was dying to be! ... As my daughter was



holding our beautiful child preparing to watch her die, Lauren knelt and gave her all the words of strength she could think of. ... Lauren is literally an angel on earth! How fitting that she should be awarded the Daisy award for simply loving our child! Thank you, Lauren and the entire team. We will never forget you."

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

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