

..... Everything Matters In .....

# Patient Care

*Leading Caring  
Innovations*

.....





Sarah Jansing, RN (pictured left) and Katie Morrison, RN from the Dermatology Clinic show off their Magnet Board. Area-specific bulletin boards following the professional practice model educated staff on how Magnet is part of their unit and identified unit-specific topics to discuss with appraisers.



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# Journey to Best Outcomes Front and Center During Magnet Site Visit



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

The American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program is a prestigious recognition program that designates organizations for their Nursing Excellence. Magnet hospitals are considered the “gold standard” of nursing excellence and have higher patient satisfaction, lower nurse turnover and improved clinical outcomes. Only 6% of all hospitals have achieved Magnet designation, and only 2% have achieved this honor four or more times.

In June of 2023, we submitted our application and document for our fifth Magnet designation. The document contained more than 3,000 pages and 520 graphs of empirical evidence highlighting our nursing division. The Magnet appraisers deemed the document exemplary and moved us rapidly to a site visit where four appraisers spent four days validating, verifying and amplifying what we submitted in the document.

At the heart of Magnet are the front line nurses who provide exceptional care for our patients and families. The appraisers met with front line staff and leadership, and our committees and teams, and toured our clinics, procedural areas, inpatient, ED and

perioperative spaces. They also met with our peers in non-nursing spaces to understand the impact of our nursing colleagues across the organization. Your palpable enthusiasm in sharing best practices, your creative Magnet Boards, and your wonderful passion for our patients and families was very apparent to each appraiser.

The surveyors complimented us on our achievements, and they were moved to tears hearing your stories and successes. The appraisers kept telling us how exceptional our nurses are, and they marveled at our many examples of best practices. Some of these examples they’ve never seen before at any other pediatric hospital and health system. The theme the surveyors repeated was that our mission of *Leading the Journey to Best Outcomes* for children everywhere was alive, front and center in how you interacted with your patients and families, made decisions and treated each other!

AND WE DID IT! On December 20, 2023, we received a call from the ANCC Commission on Magnet Recognition that Nationwide Children’s Hospital Nursing has been designated as a Magnet organization for the FIFTH time! Congratulations and thank you to the many, many people who contributed to this incredible achievement, and in particular to our front line nurses and APRNs who are at the heart of our *Best Outcomes!*



## The Drive for Five: A Multiyear Journey

Kim Housden, MSN, MHA, RN, NPD-BC







**The appraisers completed their review in under two months. The lead appraiser reported that our document was “one of the best the team has seen in several years,” with only four very minor deficiencies to correct.**

Despite challenges created by the pandemic, staffing needs and unprecedented patient volumes, Lee Ann Wallace, MBA, BSN, RN, NEA-BC, senior vice president of Patient Care Services and chief nursing officer along with Vicki von Sadovszky, PhD, RN, NPD-BC, FAAN, director of the Center for Nursing Excellence and co-Magnet program director and Kim Housden, MSN, MHA, RN, NPD-BC, nurse education specialist and co-Magnet program director, led Nationwide Children’s Hospital’s journey to achieve Magnet status for a remarkable fifth time. The opportunity for Magnet redesignation occurs every four years, so the effort to collect, document and highlight examples of nursing-led initiatives and excellence in nursing practice is an intensive, deliberate process.

On May 26, 2022, Nationwide Children’s submitted its application to The American Nurses Credentialing Center (ANCC) for the organization’s next Magnet designation. In the subsequent year, the Magnet team finalized the

required 82 narratives to complete the Magnet document for submission. On May 31, 2023, the full document, with approximately 3,000 pages containing more than 540 data graphs and stories from June 2019 to June 2023, was submitted to ANCC.

At that point, the Magnet team shifted from document completion to site visit preparation. Once ANCC appraisers are assigned to review an organization’s document, they have four months to complete their analysis. Nationwide Children’s Magnet team expected to hear the outcome of the document review in late September to October with a site visit planned for two to three months after. As part of the review process, organizations are typically given a list of deficiencies found in the document and provided additional time for correction before scheduling the site visit.

The timeline for Nationwide Children’s was much faster than expected. In the first week of August, ANCC reached out with their findings from the document. The appraisers completed their review in under two months. The lead appraiser reported that our document was “one of the best the team has seen in several years,” with only four very minor deficiencies to correct. Due to the low number of deficiencies, the appraiser team wanted to move straight to scheduling a site visit and offered two dates in October. Although preparations for the site visit had begun already, the Magnet team now had a much





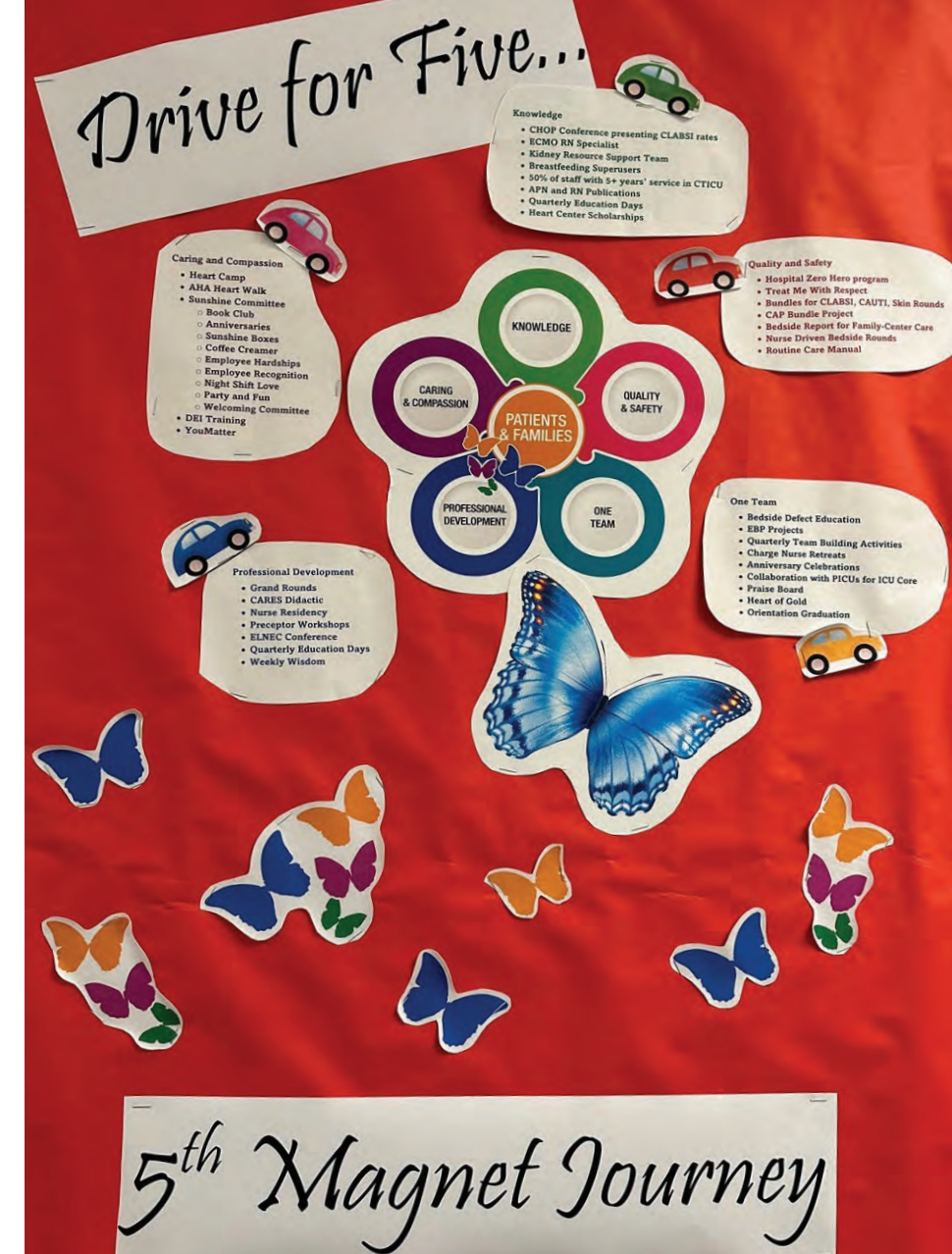
shorter timeline than originally anticipated. Previously, site visits to Nationwide Children's occurred over three days with three appraisers. Due to the growth since our last submission, ANCC scheduled four appraisers over four days.

As part of its site visit preparation, the Magnet team asked nursing leaders to identify a Magnet Ambassador to represent their areas. The team also conducted a literature search to ensure adherence to best practices. Over the summer, Magnet Ambassadors were given an electronic tool kit to begin setting up area-specific bulletin boards following the Professional Practice Model. The bulletin boards served to educate staff on how Magnet is part of their unit and identify unit-specific topics to discuss with appraisers. A Learning Center module with continuing education credit was made accessible to all employees and assigned to the 146 Magnet Ambassadors and the Magnet Steering Committee. A series of Magnet Ambassador Welcome Receptions were held in August. Ambassadors were given a kick-off kit and were able to meet with Lee Ann Wallace and the Magnet team.

## The Magnet designation signifies Nationwide Children's has achieved the highest honor awarded by ANCC for meeting rigorous standards, outperforming in patient care and overall nursing excellence.

In addition, Kim Housden provided education at the August Nursing Grand Rounds and site visit information at the Magnet Prep Rally in September. Site visit resources, Magnet story documents and the data presented on nurse-sensitive indicators were uploaded to the Magnet ANCHOR page to help prepare teams for the visit. Finally, to meet ANCC criteria for the site visit, the entire Magnet document was printed and placed in the library and public notification posters were placed at every Nationwide Children's site.

As the dates for the site visit grew near, the appraisers provided the Magnet team with an itinerary that included a list of sessions as well as blocks of time for unit tours. The Magnet team then created the site visit schedule for the planned four-day visit—a complex task with many moving parts. Invitations were sent for the sessions and areas were notified of the planned



visit to their units or clinics. With hundreds of contacts across all nursing areas, Rosetta Gordon, one of the Magnet team's coordinators, built a database for managers to help track the sessions their nurses had been invited to.

Thanks to all the program managers and their teams, every session had strong turnout. During the four days, there were 53 sessions with more than 900 nurses in attendance. Thirty nurse tour guides took the appraisers to 40 inpatient areas and 43 ambulatory areas. All Magnet Ambassadors received lime green logo shirts to help identify them as the point person for each area. A new addition to this site visit included presentations from staff. Amelia Robison, Abigail Williams, Tiffene Thompson and Kelsie Malloy all presented on the Professional Practice Model. Debra Armbruster presented her research project, Scott Oman presented on an EBP project and Stephanie Ash and Christine Lacy presented a QI project. Feedback from the appraiser team throughout the week was overwhelmingly positive.

The Magnet designation signifies Nationwide Children's has achieved the highest honor awarded by ANCC for meeting rigorous standards, outperforming in patient care and overall nursing excellence. In December Nationwide Children's was designated as a Magnet organization for the fifth time! Appreciation goes to the many individuals involved in this effort, especially Lee Ann Wallace and Vicki von Sadovszky for their leadership and guidance, as well as the Magnet Steering Committee, nursing leaders, the site visit prep team, print shop, shuttle drivers and all who attended or enabled staff to attend the sessions. Each person played a vital role in the success of this truly One Team effort.



*Sandy Bostic,  
Nationwide Children's attorney  
with Lawyers for Kids*



# Lawyers for Kids: A Holistic Approach to Care

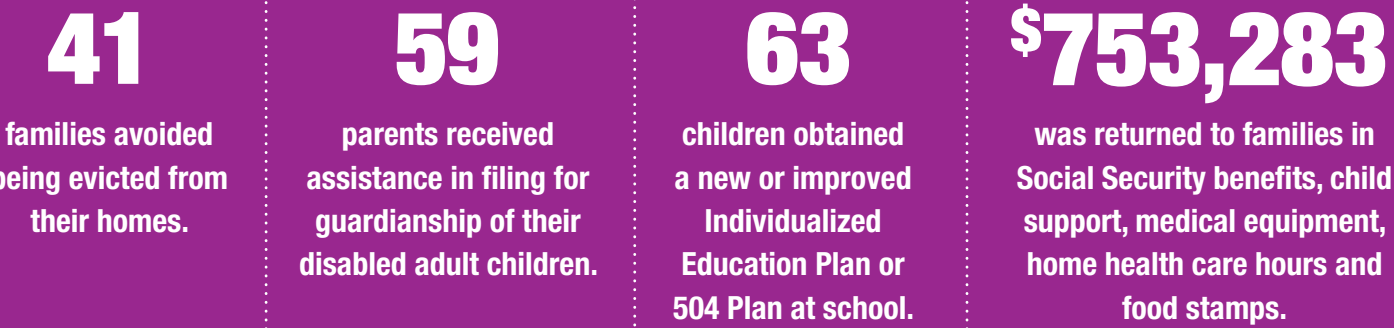
**Callie Query, JD, Managing Attorney**  
**Cari Dombrowski-Stork, MBA, LISW-S, Program Manager**

Nationwide Children's Hospital strives to create an environment where all children are treated with holistic care, because we know there are social determinants and health inequities that can negatively impact health outcomes. Lawyers for Kids (LFK) is one of numerous evidence-based interventions Nationwide Children's has implemented to address these issues in the pediatric population. LFK is a free service that provides legal representation to address health harming legal needs, and utilizes a hybrid model that employs hospital attorneys and contracts with The Legal Aid Society of Columbus to provide legal intervention to Nationwide Children's patients and their families.

Medical legal partnerships (MLP) have existed for more than 30 years and operate in 49 states across the U.S. The classic example of an MLP case is that of an asthma patient, who, despite following his treatment plan, is frequently admitted to the hospital. When the doctor talks to his mother, the doctor determines that the conditions within the family's rental unit - specifically mold and mice droppings - are exacerbating the child's breathing difficulties. A doctor in an institution without an MLP feels stuck. A doctor who has access to a program like LFK can inform the patient that they will be referred to someone who can help. At Nationwide Children's, the LFK lawyer would attempt to negotiate a remediation of the conditions that are making the child sicker, with the property owner.

Housing is just one legal issue that impacts child health. LFK helps families appeal when insurance denies their child's doctor's request for durable medical equipment or home health care hours. We aid families who have been wrongfully denied food stamps or Medicaid. We represent families when their child is not getting the educational support they need to be successful at school. We assist grandparents in filing for custody of grandchildren left in their care. We advise domestic violence victims who have left abusive relationships and need to file for civil protection orders.

Since 2019, Nationwide Children's front line clinicians have made more than 6,000 referrals to LFK to help with legal problems that impact children's health. In 2022 alone, LFK's outcomes included:



MLPs like LFK are an evidence-based intervention that have been shown to contribute to reduced caregiver stress, improved medical outcomes and monetary gains for children and families who receive legal advice and advocacy. MLPs like LFK also support medical staff and help them practice at the top of their license. In a time when health care institutions are struggling with staffing, it is important to note that studies have shown that access to MLPs increases clinician job satisfaction.

The need in Ohio is significant. In 2022, LFK handled 1,866 referrals from Nationwide Children's providers - a 23% increase from 2021. Based on the number of referrals we have received so far in 2023, we project ending the year with more than 2,400 referrals – an approximate 28% increase over 2022. These numbers emphasize that many families in Ohio could benefit from legal intervention but do not realize their need could have a legal solution. This is why MLPs such as LFK are vital when striving for best outcomes for children and their families.

LFK demonstrates that attorneys and clinicians working together can provide a considerable positive impact to Nationwide Children's patients and families. This multidisciplinary teamwork can identify critical needs and link patients with other specialists who assist with innovative approaches to holistic care and treatment. LFK remains committed and proud to contribute to Nationwide Children's patients and families reaching their best outcomes.





# Diversity and Inclusion Within Inpatient Clinical Therapies

**Slawomir Sarna, PT**, Inpatient Clinical Therapies Manager

The Inpatient Clinical Therapies team at Nationwide Children’s Hospital is privileged to have the opportunity to provide treatments and interventions for kids from all over the world. With this privilege comes a great deal of responsibility to ensure we build the trust of our patients and families. Our physical therapy, occupational therapy, massage therapy and therapeutic recreation teams have each taken on initiatives to ensure we can better connect with our patients.

One of our recent examples includes the work our occupational therapists have done with promoting and being actively involved with the Hair Equity Initiative. Our team was initially involved with identifying the gaps in products and education that are needed at Nationwide Children’s. After rolling this initiative out, families no longer needed to bring in their own products to properly take care of their child’s hair while under our care. This made such a large impact it was shared on Good Morning America as well as presented at the American Occupational Therapy Association conference. Nationwide Children’s has become a leader for other pediatric institutions looking to follow suit and meet their patients’ needs.

Another recent example of the important work our teams do involves providing therapeutic recreation services to our patients receiving dialysis. While these patients come in and receive dialysis, one of our therapeutic recreation staff members thought it would be an amazing opportunity to create passports for the kids. They would then learn about different countries and cultures each week as they got their passports stamped. Feedback received was the kids couldn’t wait to come back to get more stamps and learn about other countries.

Playing games with our patients is one of the ways in which we can engage them to participate with therapies. It gets their mind off why they are here and helps them cope with their hospitalization. Mancala is believed to be one of the world’s oldest games. There is evidence the game was played thousands of years ago in ancient Samaria (modern day Palestine), Sudan, upper Nile River and Egypt. Our staff uses this game as one option to promote positive coping with hospital admissions. It has been a game of familiarity with certain cultures and has brought patients together with their families.

We continue to learn and be open to engaging our patients in the most meaningful ways.



# Promoting Best Outcomes by Improving Cultural Competency

**Jo Ann Davis, MS, CPNP-AC**, Single Ventricle Nurse Practitioner, Heart Center



Deq Ahmed, father of a former patient, reviews a 3D model with Kan Hor, MD. Read more about Deq and his family's story on page 17.



Suaado Abdullahi, Deq's wife, and Jo Ann Davis, MS, CPNP-AC, Single Ventricle Nurse Practitioner



Imagine living in a foreign land with a rudimentary knowledge of the language. You left behind friends and family, and you haven't yet developed a social support system in new country. The Cultural practices are unknown and often awkward. Each day, language barriers contribute to difficulties navigating the transportation system, finding familiar foods, learning societal norms and procuring employment. You don't yet have medical insurance and your finances are strained.

Despite these challenges, you are optimistic for the future of your unborn child. You immigrated to the United States with hope of a better life for yourself and your family. Unfortunately, prenatal testing has revealed serious health concerns with your unborn child's heart. You have a hard time understanding what the provider is saying. You have never experienced the American health care system. It is alien and scary.

Arriving to the large children's hospital, you need help finding registration. At the clinic, you are handed forms to complete, but you are unable to read the words or answer the questions without

help. After the fetal echocardiogram is performed, a cardiologist explains the diagnosis but this complex, difficult information doesn't translate well. The written educational materials are in English except for a pamphlet of basic information in your native language. Support groups are available but unfortunately participants only speak English.

Once your child is born, the challenges continue. The care teams try to be inclusive but aren't always able to use language services. There are cultural misunderstandings. Your past experiences leave you feeling wary of the intentions of the medical and nursing providers.

Each year, Nationwide Children's Hospital provides medical care to thousands of children of refugees, immigrants, migrants (RIM) and visitors to the United States with similar stories. Of the two million people in the Columbus metro area, nearly 10% are foreign-born according to the 2021 U.S. Census Bureau data. Last year, families came from 55 countries around the world for care at Nationwide Children's. Some families are undocumented and

fear that coming to the hospital for care will alert the authorities leading to deportation. Hospital staff are welcoming, helpful and provide excellent care to these patients and families, yet it's easy to inadvertently fail to fully appreciate the difficulties these families face.

Receiving a life-limiting diagnosis for a child is an extremely distressing, grief-filled process. The challenges increase exponentially when there are language barriers, health care disparities and lack of support. The family who authored the article, *Beyond Our Imaginations*, in this publication refers to the bias and isolation they experienced from their own family members. In many cultures, there is a belief that sickness or birth defects are a punishment for wrong doing; and these underlying beliefs may exacerbate parents' concerns about possible prejudice.

When I came to Nationwide Children's, I had limited experience with caring for patients and families from outside the United States. Working at the hospital has afforded me

many opportunities to work with families with varied cultures, beliefs and languages. Additionally, I traveled to the Dominican Republic several times on medical mission trips providing care to Dominicans and Haitians. Experiencing others' lives first-hand has been transformative for me to better understand their perspectives and challenges. Partnering with my patients' families from other races and ethnicities has expanded my world view and enriched my life. Caring about the people behind the different attire, beliefs and accents helps us to understand their struggles and avoid biases.

Language barriers have been attributed to increased mortality and morbidity because of the difficulties in obtaining a complete patient history, misunderstandings with medication administration instructions and plan of care directions. Limited English proficiency (LEP) causes significant difficulties for many of our families and cultural differences can make it more difficult for families to understand their child's diagnosis and plan of care. It is not uncommon for us to meet with families several times



utilizing an interpreter and believe we’ve adequately educated families; yet when we bring up a recent topic of discussion, the parents demonstrate a lack of understanding. Whether a result of difficulty in expression or understanding for parents with LEP, sometimes the greatest challenge is being able to adequately advocate on behalf of their children.

Interpreters are helpful in explaining verbiage challenges, for example, a Somali interpreter once explained that the Somali language doesn’t have words to differentiate between artery or vein. Understanding this crucial detail helped the cardiologist be more descriptive when explaining the heart defect. Recently, a Haitian interpreter explained that in his country, “back pain” is often called “kidney pain.” This helped the provider specify the difference and explain the function of the kidneys.

LEP leads to difficulties accessing the health care system. Our Single Ventricle team had to be creative with a family with LEP who had a child with complex medical needs. The family had been provided the language line but struggled to understand the steps involved so the nurses came up with a simplified process. When the family needed to call our home monitoring line for assistance, they would call and simply say the child’s first name. Our nurses would know that this was the family’s request for assistance and the nurses would call back with an interpreter on the line. While employing these creative measures decreased the language barrier to the home monitoring line, the family still struggled to communicate with other agencies.

Developing a therapeutic relationship with all patients and parents requires mutual respect and trust. Universally, when parents appreciate that you want the best for their children and families, they are much more willing to partner with you, share their concerns and collaborate regarding the child’s plan of care.

Patients and families are better supported and receive enhanced health care when we provide culturally competent care by identifying, understanding and taking active measures to eradicate disparities. Our team has identified inequities with the absence of support groups and educational materials for families with LEP. Connecting Families is a wonderful source of support

for Nationwide Children’s families. The program provides patients and parents with mentors of trained volunteers who have experienced similar medical challenges with their children. The Single Ventricle team has been working to expand the diversity of their mentors. Thus far native speakers of Spanish, Somali, Amharic and Tigrinya languages have been recruited and trained. Different groups within the Heart Center have also increased the availability of written educational materials in a variety of languages.

**Be intentional - take the time,** learn about their culture.

Culture Vision is a resource available through ANCHOR with extensive information related to key topics for 44 ethnicities, 14 religions and 12 additional populations including blind/low vision, physical disabilities and LGBTQ2. Topics include specifics of religions, communication styles, cultural views on mental illness and traditions related to death and dying. Culture Vision has a self-paced learning guide with a self-evaluation tool that serves to increase awareness of assumptions and biases towards others. The resource increases knowledge of cultures and skills to improve communication styles with different individuals, groups and cultures.

A cultural assessment questionnaire is available on the Culture Vision webpage on ANCHOR that staff can utilize with families for effective, considerate communication and to improve understanding of patient and family values and goals. Appreciating commonalities and differences without judgment bridge cultural gaps. The more we grow to understand people as individuals, the easier it is to avoid stereotyping, promote acceptance and provide patience as well as kindness.

People who have chosen to leave their homelands and move thousands of miles often do so to seek a better life for themselves and their families. They have already demonstrated their resilience and dedication to their loved ones. They want to be treated with equitable care, compassion and respect. Families need support as they learn the American health care system and develop the ability to advocate for themselves and their children. Health care workers who develop rapport with people from other cultures better understand their desires and needs.

# Beyond Our Imaginations

Deq Ahmed, Parent

Our daughter was born with Hypoplastic Left Heart Syndrome (HLHS). This was a condition we had never heard of or imagined. It was very hard to understand the intensity of the problem, which was shaded by an uncertain future. The first thing we faced was the planning and preparation before her birth. We used to meet with hospital staff every month discussing her feeds, medication, monitoring of her heart rate and oxygen. This was discouraging. We felt hopeless and lonely because we were already disconnected from family and society. Because of the heart conditions that the unborn child acquired, we were viewed as cursed people.

After our daughter Rahma was born, she had a lot of surgeries and diagnoses. For every surgery she had, we had to make big decisions. Decision making was extra difficult for us, as we had to understand exactly what was right for her in the first place. Doctors would insist that their plans were the best options for her. In such cases, we would just agree with them until we were not sure if we could ever make any right decision for our daughter. Especially the G-tube (gastrostomy tube), the J-tube (jejunostomy tube), the open stomach surgery and the last open-heart surgery which led to

her death were painful decisions for us. The only question I would ask them was, “Are you sure this is the best action for her at this time?”

On the other hand, we had no or little support from our family. It was all upon us. Despite not getting any help from our family, they were questioning us and challenging us throughout the period we stayed in the hospital. Some of them were saying that this cannot happen to a Muslim person. Others were saying that our daughter was held in the hospital because we were blind and could not take care of her; therefore, the doctors decided to keep her in the hospital until she was older. Family stopped visiting us either at the hospital or at home until we became completely isolated. Despite all these challenges, we were not discouraged because we had other people who were so kind and caring at the hospital. Some of them became our own support circle who would give us comfort and guidance throughout our stay.

We cannot be grateful enough to the doctors, nurse practitioners, nurses and the staff at the hospital. Without them, we could not have handled the situation all alone by ourselves.

Suaado Abdullahi, Deq Ahmed and their children Asmaa and Ayub.





# Book Equity: Creating an Inclusive Environment Through Reading

Kyle Lemstrom, MA, Sibling Liaison Lead, Family and Volunteer Services

Family and Volunteer Services (FVS) is a diverse department with multiple practice specialties that include Child Life, Early Childhood Development, Music Therapy, Resource Coordination, the Sibling Clubhouse and the Volunteer Program. We host the on-site Columbus City School teachers and manage inpatient playrooms and incoming donations. It's a sizeable footprint consisting of direct patient care, sibling support and volunteer management. FVS team members utilize resources to facilitate coping, creative expression, learning and play. These resources are used also to stock inpatient playrooms. FVS serves a diverse group of patients and families. Our varied specialties and subsequent practices afforded unique opportunities to improve diversity, equity and inclusion in learning and intervention resources. To do this, we first assessed our current resources.

FVS began serious discussions around internal diversity and inclusion efforts in the spring of 2021 and formed a department-specific diversity and inclusion committee early that summer. The first order of business was leveraging our knowledge base. The Stand Against Racism, Stand for Health Equity Report and Health Equity Toolkit were vital resources for demographics and language, respectively. We wanted to ensure our effort mirrored our patient populations. We also surveyed the team to determine:

- If we had adequate resources to support diverse populations in the hospital
- What resources were currently in use and what were needed
- How and with what frequency resources were utilized by non-English speakers

Inclusive play resources promote increased empathy and bonding. These resources have a positive impact on self-concept and encourage a sense of belonging. Inclusive play helps children develop and practice appropriate language and literacy skills. With literacy in mind, we focused our initial resource effort on books. Books are a perfect resource to promote diversity and inclusion several reasons. They require a minimal footprint for the impact on a reader, are available at a low price point and can reach across all ages, experiences, and facets of diversity and inclusion. A book set is sustainable: easy to replicate, refresh and maintain. In consultation with the Health Equity team, we began referring to our effort as Book Equity.

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**These One Team efforts expanded our library of titles. We recently welcomed local artist and New York Times bestselling illustrator Keturah Bobo for a visit and IS has a related book drive in the works for Book Equity.**

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Book selection was an all-hands-on-deck approach. FVS team members examined several book titles to be inclusive of culture, age, development and interests. We settled on approximately 25 titles, with five for each developmental level: board book, picture book, school age, middle grade and young adult. Within these subsets, there is representation for all the major language groups Nationwide Children's Hospital serves: Arabic, English, Nepali, Somali and Spanish. Subjects in these books address diverse topics such as ability, activism, class, culture, incarceration, indigenous histories, LGBTQ+, racial identity. Multilingual books are included.

Book Equity reaches all our inpatients through unit playrooms. The books are incorporated into our standard literacy resources and often go home with families upon discharge. Book Equity reaches outpatient groups in the Emergency Department, the Sibling Clubhouse and on the red book carts.

Book Equity has been a one team effort. FVS had tremendous support from the Information Services (IS), Health Equity team, the Foundation and donations from the CoverMyMeds® company. These One Team efforts expanded our library of titles. We recently welcomed local artist and New York Times bestselling illustrator Keturah Bobo for a visit and IS has a related book drive in the works for Book Equity. Future goals are to reach a broader audience as our focus moves into other resources.







## Individualizing End-of-Life Care

**Priyal O. Patel, DO**, Hospice and Palliative Medicine, Department of Anesthesiology and Pain Medicine & Division of Hematology/Oncology/BMT

**Rev. Kayla Peterson**, M. Div., Homecare and Hospice

Research, professional and personal experiences have clearly shown that cultural, social, spiritual and psychological aspects of care strongly influence how families navigate medical care for children with life-threatening and life-limiting illness. These elements are the cornerstone of palliative care, and these domains often play a crucial role in a family's and/or patient's medical decision-making and goals of care, especially as they pertain to end-of-life experiences. In order to provide excellent, inclusive and comprehensive care, it is imperative for providers to explore the influence these domains have on how families navigate end-of-life needs. In addition, these domains may also significantly impact how families receive and process information in the setting of clinical decline and poor prognosis.

At Nationwide Children's Hospital, we are fortunate to take care of patients of diverse backgrounds who come from not only the Columbus region, but globally; many of these patients travel to Nationwide Children's for management of life-threatening and/or life-limiting illnesses. This lends a unique opportunity for our hospital to not only provide excellent clinical care, but also to broaden our understanding of distinct cultures, religions and backgrounds in order to optimize comprehensive care for the families we serve. For inpatient end-of-life care, we have a robust interdisciplinary team (IDT) consisting of providers ranging from the Advanced Illness Management (AIM) team to spiritual care, child life therapists, psychologists, social work and more.

The inpatient IDT frequently collaborates to explore families' understanding of the disease process and psychosocial influences that impact their medical decision-making. Often, our families may not speak English, and therefore interpreters become an essential part of the care team. Not only do interpreters help discern medical information that providers relay to families, they also often serve as unofficial cultural liaisons for the family. As such, their contributions become imperative for high quality patient care. Strong interdisciplinary teamwork helps ensure that end-of-life care is inclusive and equitable for all patients, no matter their background.

THE HOSPICE AND HOME-BASED PALLIATIVE CARE TEAM IS MADE UP OF A COMPREHENSIVE INTERDISCIPLINARY TEAM THAT WORKS CLOSELY TOGETHER TO MEET PATIENT AND FAMILIES' IDENTIFIED NEEDS.

End-of-life care within the home setting brings about a different avenue through which our patient care teams can respect and uphold the specific cultural and religious needs of every family. When we enter the home, we are bringing our field-specific expertise into the already well-established cultural realm of the family. It is incredibly important that we discern and respect what is important to our patient and families, especially when our cultural assumptions misalign.

The Hospice and Home-Based Palliative Care Team is made up of a comprehensive interdisciplinary team that works closely together to meet patient and families' identified needs. While we find it important to educate ourselves on diverse cultural needs, it is imperative we make no assumptions and essentially "fly by the seat of our pants" when entering homes for the first time. To do so, we must equip an attitude of humility and professional curiosity, asking well-thought-out questions such as "shall I take off my shoes?" or "where would you like me to sit?" As the home-based team, we often have the opportunity to get to know our patients and families before end-of-life occurs, allowing us to empathetically ask the hard questions in anticipation, such as "when the time comes and [patient] is actively dying, what would this ideally look like?" or "are there any rituals or customs for end-of-life that you would like our help in facilitating?" While we can assume what might be important to a given family due to their identified culture or religion, this is only an assumption. When a loved one is actively dying, what is truly important rises to the surface, and it is our job to support these needs in any way that we can. While a family might not identify as religious, they might find comfort in familiar religious rituals in these sacred moments.

Whether end-of-life care occurs in the inpatient or home-based setting, the Hospice and Palliative IDT strives to provide comprehensive care to patients of all backgrounds. We have been honored to take care of families from different socioeconomic, cultural and religious backgrounds. Each family's needs are unique, and our interdisciplinary team can explore these individual needs and offer patient- and family-centered end-of-life care.





# Charting for Inclusion

Danielle Rehm, MSN, RN, Director, Nursing Informatics

In our Nationwide Children's Hospital strategic plan and *Journey to Best Outcomes*, there is a component for health equity and technology. The electronic medical record (EMR) has an important role in capturing inclusivity through built-in tools to improve the patient experience and advance healthier pediatric populations through a lens of health equity and inclusivity. The purpose here is to tell people about these tools and how they can work for you.

Nationwide Children's use several tools in the EMR impacting best outcomes for patients. When clinical staff use these tools, teams are better equipped to provide holistic family-centered care.

An important tool concerns language preferences. Documenting the patient and family's preferred language and utilizing language services to facilitate conversations is one of the most basic elements in providing patient care. The preferred language documentation in the EMR identifies patients and families who need a language. The interpreters can be scheduled ahead of the clinic visit or in an urgent manner to ensure the language need is met. Preferred language is a key aspect in discharge planning and preparation so the family can provide safe and effective care to their child after discharge. Through our EMR, we can provide the After Visit Summary (AVS) in eight different languages so families have a record of the details from the visit.

When patients have a preferred name that is different than their legal name, it is documented accurately in the demographics section of the EMR. This electronic documentation is shared in the medical record including the ambulatory clinic schedule, AVS, registration, track boards, bed boards, printed documents and patient armbands. However, it is important the insurance documents, billing and legal documents support the use of the legal name. The EMR can differentiate the two use cases, providing the most appropriate name at the correct time.

According to the U.S. Department of Health and Human Services, Social Determinants of Health (SDOH) are the

conditions in environments which impact the quality of life. As these social conditions increase, there is a higher propensity for decreased health outcomes. In the EMR, a SDOH screening tool is used to identify patients and families with the highest risk factors. These conditions or factors include financial resource strain, transportation needs, food insecurity, and housing stability. This tool is completed by clinical staff to ascertain patients/families' SDH risks. At Nationwide Children's in 2021, approximately 182,000 patients were screened and 4% were identified as having a social need. Food insecurity and transportation were identified as the most frequently reported high risk needs. High-risk patients are then connected with resources to help decrease or eliminate those disparities identified.

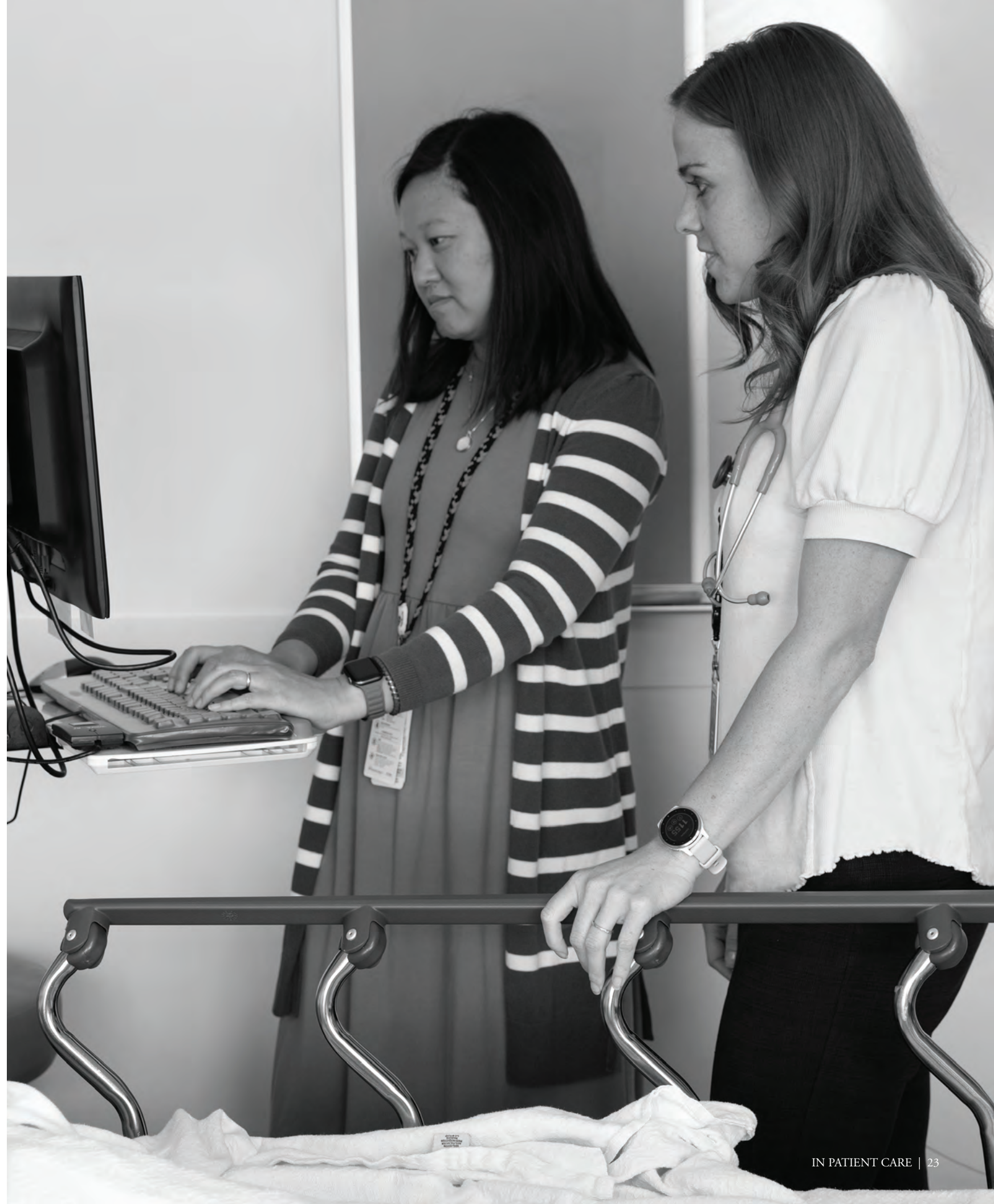
Coping plans, another tool, are used to identify and document techniques and preferences to comfort the patient in stressful or painful situations. This allows individualized care to be implemented in consideration of these techniques and preferences. Coping plans are transferable across all health care settings and can also be printed to be used if the patient is seen outside of Nationwide Children's.

Human milk is the best source of nutrition for nearly all infants and is highly recommended but may not always be possible. In the EMR, the preference of the lactating parent is supported in documentation from the lactation consultants, the lactation super users, the feeding assessment and other interventions performed to assist the infant with optimal nutrition.

All these examples demonstrate how we use the EMR to assess, plan and communicate individualized, culturally sensitive and holistic care for patients and families. Nationwide Children's staff are educated through EMR classes with a goal toward standardization to improve the quality of care provided.

These electronic tools continue to expand the scope of inclusivity in health care delivery to further reduce health inequities. The tools in our EMR continue to change and expand to improve the care and best outcomes for patients.

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*Initiatives like HNHF's Boost Program provide area residents with job readiness training and coaching.*



## Diversity and Inclusion Efforts and Initiatives in Talent Acquisition

**Leah Donohue, SHRM-CP**, Director of Clinical Talent Acquisition, Human Resources

Over the last several years, the Talent Acquisition teams at Nationwide Children's Hospital have worked to increase their efforts and initiatives aimed at creating a more diverse and inclusive workplace. These efforts fall under the umbrella of a much larger task, which is to build talent pipelines for Nationwide Children's. This is especially crucial as many people left health care after the COVID-19 pandemic. We are working to make potential talent pools aware of the ample opportunities they can pursue, even if they have limited exposure to health care careers. Central Ohio has a highly competitive landscape not just for health care talent but also for talented personnel from broader industries, so taking a multi-faceted approach in recruiting and hiring is crucial. Nationwide Children's is looking for individuals who are motivated by and committed to supporting the mission and vision of the organization. This is not accomplished by Talent Acquisition alone, but rather through a series of internal and external partnerships and investments within the hospital, central Ohio and beyond.

Talent Acquisition partners with the Office of Inclusion and Culture to ensure the practices and culture we promote for employment are aligned with the Culture and Talent foundation we continue to build as part of our Strategic Plan. Inclusion and Culture personnel attend our quarterly Talent Acquisition meetings to conduct trainings and lead meaningful conversations on topics highlighting inclusive practices throughout the hiring process. Inclusion and Culture also supported Talent Acquisition with its presence at the Career Expo held in January 2023. This demonstrates to potential candidates Nationwide Children's commitment to diversity and inclusion and that we have so much to offer all individuals, should they become an employee. Additionally, we partner with various Employee Resource Groups (ERGs) throughout the hospital to learn how we can better support their members throughout employment. One example is the CapABLE ERG and their Project SEARCH program, an intensive nine-month internship program providing training and education for students with disabilities.

To reach applicants in the surrounding community around Nationwide Children's Hospital, we have partnered with several Healthy Neighborhoods Healthy Families (HNHF) initiatives such as the Boost Program. In this initiative, residents in the

surrounding community can receive job readiness training and coaching. During the past year, the HNHF youth engagement efforts included the Nationwide Children's Hospital High School Career Academy. This is a paid opportunity for motivated high school students to be exposed to various health care careers during their school year.

Talent Acquisition also has made connections with various college-level student led organizations in the Columbus area. We have attended the Empowered Professionals Expo sponsored by the Undergraduate Society of Black Leaders and the Undergraduate Student Government Black Caucus at The Ohio State University. Our Center for Nursing Excellence collaborated with Talent Acquisition and presented to The Ohio State University's Nursing Students of Color organization about the benefits of starting their nursing career at Nationwide Children's.

We have also created a strong partnership with the Workforce Development Board of Central Ohio (WDBCO) and have several initiatives underway. One is the Central Ohio Healthcare Sector Partnership, focused on talent pipeline development. In this partnership, we work with other health care employers, mainly our talent competitors, to find ways to meet our collective needs through collaboration rather than competition. Additionally, we work with WDBCO on programs to upskill current employees into our most in demand clinical roles.

Finally, looking beyond Central Ohio, we have worked to develop and strengthen relationships with colleges and universities that have strong programs and diverse student populations. In January 2023, we hosted our second annual "Historically Black College or University (HBCU) Summit," partnering with HBCU Connect to get the word out to HBCU students about the benefits of working for Nationwide Children's after graduation.

As for the interview process that our candidates experience, we ensure all candidates are treated with dignity and respect throughout the screening, interviewing and hiring process. Our interview process for candidates highlights Nationwide Children's commitment to serving diverse populations.

As the hospital continues to grow and expand our world-class programs, talent acquisition continues to develop, analyze and improve our diversity and inclusion efforts in the recruitment process to achieve the highest standards of inclusiveness. We strive to create a culture that respects individual differences that best represent the community. This culture is the cornerstone of our strategic plan and how we attract the best people to ensure the best programs. We are fortunate to have strategic partnerships within and outside Nationwide Children's to help us bring top talent to the organization as we look ahead to the future.



# In Recognition

## Publications

**Brittany Mikuluk, Parishma Guttoo, Avery Anderson and Micah Skeens:** “Certified Child Life Specialist role in implementation of individualized coping plans for children receiving botulinumtoxin injections,” *Journal for Specialists in Pediatric Nursing*, June 2023

**Becca Fredin, Megan M. Letson, Steven W. Rust and Kristin Garton Crichton:** “Physical Abuse Re-Reporting During COVID-19 Pandemic: The Kids Are Not Okay,” *Child Abuse and Neglect*, August 2023 Volume 145

**Mandy Boetz:** “Transitioning Foster Children into a New Home: How to Help,”700 Children’s *A Blog by Pediatric Experts*, May 2023

**Jordyn Rolniak, Meredith Suhr, Allison Bean, Lindsey Paden Cardgill and Samantha Lyle:** “The influence of classroom context on AAC device use for nonspeaking school-age autistic children,” *International Journal of Speech-Language Pathology*, May 2023

**Kristen Blatt, Jessica Lewis, Jeffrey Leonard and Rachel Bican:** “Selective Dorsal Rhizotomy: Patient Demographics and Post-Operative Physical Therapy,” *Pediatric Neurology*, July 2023

**Ben Reader and Melana Tysowsky:** “Commentary on Muscle Properties, Gross Motor Performance, and Quality of Life in Children with Sickle Cell Disease,” *Pediatric Physical Therapy*, July 2023

**Catie Christensen, Danielle Bellow and Deborah Welch:** “Commentary on Clinical Outcomes of an Intensity Program for Children with Movement Challenges,” *Pediatric Physical Therapy*, July 2023

**Ben Reader, Jessica Bogacik, Brigid Pargeon, Amanda Sonk, Alexa Economos and Samantha Engle:** “Music Therapy and Massage Therapy Co-Treatment in Home-Based Pediatric Palliative Care: A Case Study,” *Music and Medicine*, July 2023

**Jessica Waller, Deborah Zerkle, Corrie Frey, Ben Reader, David Collichio, Travis Duffey and Anne Gonzales:** “Development of a Novel Massage Therapy Outcome Measure for Children and Young Adults Receiving Hematopoietic Cell Transplant,” *International Journal of Therapeutic Massage*, June 2023

**Ursula Buchman Findlen, S. Moody-Antonio and O.F. Adunka:** “The Joint Committee on Infant Hearing,” *American Academy of Otolaryngology-Head and Neck Surgery Bulletin*, June 2023

**Ben Reader, Allison L’Hotta, Samantha Randolph, Kim Lipsey and Allison King:** “Clinical Practice Guideline and Expert Consensus Recommendations for Rehabilitation Among Children with Cancer: A Systematic Review,” *CA: A Cancer Journal for Clinicians*, May 2023

## Presentations

**Ashley Brophy, Cheryl Camacho, Tensing Maa, Mickey Johnson, Lisa Miller and Oluseyi Ogunleye:** “Utilization of Simulation to Safely Launch a Maternal Fetal Medicine Program at a Children’s Hospital,” 15th International Pediatric Simulation Symposia and Workshops, Lisbon, Portugal, May 2023

**Luke Vohsing, Cheryl Camacho and Tensing Maa:** “Integrating a Novel TPIAT program at Nationwide Children’s Hospital,” 15th International Pediatric Simulation Symposia and Workshops, Lisbon, Portugal, May 2023

**Payal Patal:** “Measles Transmission in Healthcare Settings” Northeast Ohio Association for Professionals in Infection Control & Epidemiology (APIC) Annual Conference & Exposition, Orlando, Florida, July 2023

**Timothy Landers, Barbara Roman and Rustin Morse:** “Applying a Quality Framework to Infection Prevention Programs” Northeast Ohio Association for Professionals in Infection Control & Epidemiology (APIC) Annual Conference & Exposition, Orlando, Florida, July 2023

**Toyetta Barnard-Kirk and Laura Rohde:** “Capturing Patient and Family Preferences and Values” Helene Fuld Health Trust National Institute for Evidence Based Practice in Nursing and Healthcare, Columbus, Ohio, May 2023

**Molly Green and Quinn Jackson:** “Understanding and Supporting Transgender Health Care: An Overview for Social Workers” Society for Social Work Leadership in Health Care Town Hall, Virtual, August 2023

**Dy’sha Cole:** “It Takes a Village: Getting through School as a Parenting Student” 2023 National Student Parent Support Symposium, Columbus, Ohio, May 2023

**Tanica Jeffries:** “Health Literacy and Sickle Cell Disease, Part III” Columbus Health Department, Columbus, Ohio, June 2023

**Jamie Simpson and Valerie Lazzara Mould:** “Therapeutic Recreation in the Behavioral Health Continuum of Care at Nationwide Children’s Hospital” 2023 American Therapeutic Recreation Association Annual Conference, St. Louis, Missouri, September 2023

**Samantha Sheldon and Valerie Lazzara Mould:** “Therapeutic Recreation’s Seat at the Interdisciplinary Table in Pediatric Behavioral Health” 2023 American Therapeutic Recreation Association Annual Conference, St. Louis, Missouri, September 2023

**Colleen Vincent (Griffin):** “Feeding and Swallowing Intervention: Focus on Pediatric Rehabilitation” American Board of Swallowing and Swallowing Disorders, Online Pediatric Series, May 2023

**Kathryn Brown:** “Models of Care to Support the Changing Needs of Individuals who use AAC” Biennial Convention of the International Society of Augmentative and Alternative Communication, Cancun, Mexico, July 2023

**Ann Marie Polovick:** “Building a Successful AAC Program in a Pediatric Healthcare Setting” Biennial Convention of the International Society of Augmentative and Alternative Communication, Cancun, Mexico, July 2023

**Jamie Boster:** “AAC Assessment and Intervention for Adults with Developmental Disabilities: A Systematic Review” Biennial Convention of the International Society of Augmentative and Alternative Communication, Cancun, Mexico, July 2023

**Jamie Boster:** “Designing Collaborative Learning Activities to Support Children who use ACC in Interactions with Peers” Biennial Convention of the International Society of Augmentative and Alternative Communication, Cancun, Mexico, July 2023

**Jamie Boster:** “Training SLPs to Create Collaborative Learning Activities for Children who use AAC” Biennial Convention of the International Society of Augmentative and Alternative Communication, Cancun, Mexico, July 2023

**Kelly Tanner, Ben Reader, Sara O’Rourke, Michelle Byars:** “Spreading Electronic Health Record Innovations for Pediatric Rehabilitation: Toward Use of Standardized Documentation of Therapy Sessions” American Academy of Cerebral Palsy and Developmental Medicine, Chicago, Illinois, September 2023

**Kelly Tanner, Ben Reader, Sara O’Rourke, Shelley Casto Coleman:** “Harnessing Clinical Data to Propel Pediatric Occupational Therapy Forward: Case Example of Outpatient Feeding Practice” OT Summit of Scholars, Columbus, Ohio, June 2023

**Joshua Kempton, Quinton Kane, Michelle Stires:** “From Sideline to Starter: Return to Sport Treatments for the High-Level Athlete” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Christine Mansfield and Natalie Fountain:** “Activating the Deep Core: Don’t Forget the Pelvic Floor” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Meghan Wiehe, Amanda Vokoun, Madison Mize and Brittany Ibinson:** “Unique Treatment Considerations for the Adolescent Runner” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Daniel Karam:** “Putting the Stability in Post-Operative Patellar Instability Rehab” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Rachel Stroski and Madison Arnold:** “Serving Up Success: Swing Analysis to Optimize Performance and Reduce Injury in Volleyball Players” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Meghan Wiehe and Amy Valasek:** “Going the Distance: Training Considerations for Injury Prevention in the Adolescent Runner” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Matthew Paponetti and Dominique Williams:** “Promoting Physical Activity for All: Sports Medicine Professionals as Champions of Physical Literacy Development” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Alexandra Greathouse, Aimee Heslop and Eric Leighton:** “Bridging the Gap: Building Clinic Community Connections” 13th Annual Bodies in Motion Conference Prevention, Assessment, and Rehabilitation of the Adolescent Athlete, Columbus, Ohio, June 2023

**Ursula Findlen:** “Pediatric Speech Perception Testing via Self-Administered Digital Audio Streaming” CI2023 Dallas: Cochlear Implants in Children and Adults, Dallas, Texas, June 2023

**Ursula Findlen:** “Connecting to the Moments Through Automation: Pediatric Performance Using Classifier-based Noise Management Technology” CI2023 Dallas: Cochlear Implants in Children and Adults, Dallas, Texas, June 2023

**Quinton Kane:** “Demystifying Scapular Dyskinesis in the Throwing Athlete: Examination and Exercise Interventions for Optimizing Scapulothoracic Kinematics” OPTA Spring Conference, Columbus, Ohio, April 2023

**Daniel Karam and Katie Lullo:** “Are They Making the Cut? Testing Considerations for Return to Plyometrics, Sprinting and Cutting for the Adolescent Athlete” OPTA Spring Conference, Columbus, Ohio, April 2023

**Alexander Rospert, Lauren Renner, Anjana Jagpal and Ashley Debeljak:** “A Day in the Life of the Pediatric Intensive Pain Rehabilitation Program: An Interdisciplinary Approach to Treating the Whole Child” United States Association on the Study of Pain, Durham, North Carolina, April 2023

**Ursula Findlen:** “Pediatric Grand Rounds” American Academy of Audiology 2023 Conference and Hear TECH Expo, Seattle, Washington, April 2023

**Gina Guerra, Angie Zemba, Holly Gerth, Chloe Vaughan and Ursula Findlen:** “Inpatient Audiologic Services Facilitate Early Hearing Detection” American Academy of Audiology 2023 Conference and Hear TECH Expo, Seattle, Washington, April 2023

**Ursula Findlen:** “Audiologists and Mental Health First Aid for Patients Across the Lifespan” American Academy of Audiology 2023 Conference and Hear TECH Expo, Seattle, Washington, April 2023

**Nicole Schuller and Ursula Findlen:** “Assessing and Addressing Social Determinants of Health as a Part of Pediatric Hearing Health Care” American Academy of Audiology 2023 Conference and Hear TECH Expo, Seattle, Washington, April 2023

**Ursula Findlen:** “The Intersection of Audiology and Over-the-Counter Hearing Aids” American Academy of Audiology 2023 Conference and Hear TECH Expo, Seattle, Washington, April 2023

**Lauren Justice and Cheryl Boop:** “Creating a Unified Feeding Assessment for Nationwide Children’s Hospital: What to Do When the Ideal Feeding Assessment Doesn’t Exist” AOTA Inspire 2023, Kansas City, Missouri, April 2023

**Shelley Coleman Casto, and Lauren Justice:** “We Win When We Move: What We Have Learned After 5 Years of a Pediatric Early Mobility and Engagement Initiative” AOTA Inspire 2023, Kansas City, Missouri, April 2023

**Kelly Tanner, Sara O’Rourke, Kristen Martin and Virginia Goddard:** “Incorporating Interdisciplinary Care into a Fellowship Program” AOTA Inspire 2023, Kansas City, Missouri, April 2023

**Amanda Brown, Zachary Miller and Mary Steffan:** “Innovation in Learning: HER Computer-Based Training” Epic Training Consortium, Online, October 2023



## Daisy Award

### Hailey Scott, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Hailey Scott, RN, of H10B. 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 Hailey's nominator, a parent of a patient: "Hailey was the most compassionate nurse we have ever met. Her patience and kindness can never be matched. My son had an unresponsive episode during her shift and not only was she calm, collected and comforting during arguably the worst moment of my family's life, she made sure to come back later once everything was calmed down, answer questions and debrief the trauma she experienced with us. She went as far as to come back and check on us another day when she wasn't even assigned to care for my son. We had so many amazing nurses during my son's hospitalization, but I can confidently say that Hailey does the nursing profession proud and she goes above and beyond the call of duty."



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

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