

Patient Care

*Clinical Inquiry
at Nationwide
Children's*

Quarterly **Nursing Award** Winners



Richelle Whitehouse, RN, BSN
DAISY AWARD



Lynn Zangmeister, BSN, RN, CPN
**NURSING EXCELLENCE
AWARD WINNER**

To read the nominations for each of the winners and to learn more about the awards,
visit NationwideChildrens.org and search "Daisy Award."

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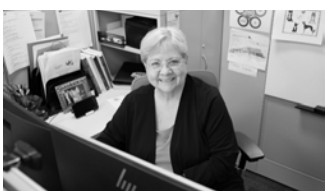
The mission of the Clinical Inquiry team is to support clinical inquiry from idea to dissemination.

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The Journey to Best Outcomes Starts with Our Nurses Answering Important Questions



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

At the center of our ambitious strategic plan is our patients, and this is what makes our plan unique. We exist to improve the health of the whole child through Integrated Clinical Care and Research. There are many service lines and care areas where we are investing in new areas of research, clinical inquiry and evidence-based practice, including growing the presence and impact of our nurse scientists.

In the current Nursing Strategic Plan, we seek to Lead the Journey to Best Outcomes for Children Everywhere by growing our nurse scientist team and their reach as clinical inquirists to any nurse who has a practice question that needs to be answered through research, evidence-based practice and/or quality improvement. It is our nurses on the front lines of patient care bringing new questions forward, finding evidence of best practices and investigating new ways of nursing practice that will transform pediatric nursing across the many systems and spaces where our nurses care for patients and families. It is through this rigorous research translated into evidence-based practices that we will create and elevate standards of pediatric nursing care into everyday practice.

Our vision for the future is to build and grow both the research capacity and infrastructure to inspire, support and disseminate pediatric nursing research and evidence-based practice; contribute to interdisciplinary research at Nationwide Children's for the sake of every child everywhere.

Clinical Inquiry in the Center for Nursing Excellence

Laura Beth Kalvas, PhD, RN, Nurse Scientist, Center for Nursing Excellence





Our vision is that every Nationwide Children’s Hospital nurse and advanced practice provider (APP) is recognized as a scholar and leader.

The mission of the Clinical Inquiry team within the Center for Nursing Excellence is to support clinical inquiry from idea to dissemination. This includes nursing research, evidence-based practice and clinical innovation. Our vision is that every Nationwide Children’s Hospital nurse and advanced practice provider (APP) is recognized as a scholar and leader.

Meet the Clinical Inquiry Team:
To meet the growing need for clinical inquiry support at Nationwide Children’s, Victoria Guinther, PhD, RN, FAAN, director of the Center for Nursing Excellence, increased the number of nurse scientists in early 2024.



OUR TEAM NOW INCLUDES:

Laura Beth Kalvas, PhD, RN (Nurse Scientist)

Dr. Kalvas received her BSN, MS and PhD from The Ohio State University College of Nursing and completed post-doctoral fellowships at The Ohio State Clinical and Translational Science Institute and University of Pennsylvania School of Nursing. She received National Institutes of Health funding for her pre- and post-doctoral training. Her program of research focuses on nurse-led interventions to improve patient and family outcomes, with a specific interest in pediatric critical care. She joined Nationwide Children’s as a nurse scientist in September 2024.

Gerene Bauldoff, PhD, RN, FCCP, MAACVPR, FAAN (Nurse Scientist)

Dr. Bauldoff received her RN Diploma from the Western Pennsylvania Hospital School of Nursing, her BSN from LaRoche College and her MSN as a cardiopulmonary clinical nurse specialist and PhD in Nursing from the University of Pittsburgh. She is an Academy Professor-Clinical Emeritus of The Ohio State University College of Nursing after 24 years on faculty. She joined Nationwide Children’s as a part-time nurse scientist in April 2024. Her work at Nationwide Children’s focuses on the development and implementation of research and evidence-based practice projects with front line nurses, advanced practice providers and nurse informaticists. Dr. Bauldoff also serves on the Nationwide Children’s Institutional Review Board (IRB) and The Ohio State University Biomedical IRB.

Stephanie Hosley, DNP, PhD(c), APRN-CNP, CPNP-PC, CNE, FNAP (Nurse Scientist)

Dr. Hosley received her BSN, MSN and DNP from The Ohio State University College of Nursing and is currently completing her PhD at Duquesne University School of Nursing. She started at Nationwide Children’s in January 2014 as a nurse practitioner in the Complex Healthcare Clinic and Cerebral Palsy Program. She joined the Clinical Inquiry team as a part-time nurse scientist in October 2024. Her program of research focuses on children with neurodevelopmental disorders and health equity.

Alice Bass, MSN, APRN, CPNP-PC, FPCN (Nursing Professional Practice Specialist)

Alice received her BA in Microbiology from Miami University and her MSN from Boston College with a focus on pediatrics and subspecialty in pediatric palliative care. Prior to joining Nationwide Children’s in 2014, Alice was a pediatric hematology/oncology nurse. After a decade providing pediatric palliative care as an APP, Alice joined the Clinical Inquiry team. She supports Nationwide Children’s nursing and APP strategic plans by working with key stakeholders to create the infrastructure for a new, comprehensive nursing knowledge repository that will capture, share and guide nursing and APP standards of care and practice throughout the institution.

Cailin Coane, BA (Clinical Research Coordinator)

Cailin received her BA in English from The Ohio State University. She started at Nationwide Children’s in September 2019 as a Library Services Specialist in the Medical Library and joined the Clinical Inquiry team as a clinical research coordinator in January 2022. In addition to her work coordinating clinical inquiry projects, Cailin assists with the American Nurses Credentialing Center Magnet Recognition Program® accreditation process.



Implementing Evidence-Based Practice: A Sleep Hygiene Example

Stephanie Hosley, DNP, APRN-CNP, CPNP-PC, CNE, FNAP, Nurse Scientist, Center for Nursing Excellence

Quality health care requires clinical decisions based on scientific evidence, rather than individual experience. Evidence-based practice (EBP) is a systematic approach involving three elements: the clinician's expertise, the patient's values and preferences and current, relevant evidence. The EBP process generally involves five key steps:

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|--|--|---|--|---|
| 1. Asking
a focused clinical question. | 2. Acquiring
the best available evidence to answer the question. | 3. Appraising
the evidence critically for its validity and applicability. | 4. Applying
the evidence by integrating it into clinical practice. | 5. Assessing
or evaluating the outcomes resulting from the practice change. |
|--|--|---|--|---|

To illustrate EBP, consider a real-world Quality Improvement (QI) project to improve how health care providers address and document sleep hygiene in children with neurodevelopmental disorders (NDD).

1. Ask:

Trigger: In the sleep hygiene example, a primary care clinic for children with neurodevelopmental disorders (NDD) observed inconsistencies in sleep management and prescribed melatonin.

The Problem: A six-month chart review found that only 45% of patients diagnosed with a sleep disturbance and prescribed melatonin had any documentation of sleep hygiene discussion, highlighting a gap between the known evidence (sleep hygiene first) and documented clinical practice.

The question: In health care providers managing children with NDD, does implementing and using a parent-completed BEARS screening tool and integrated SmartPhrase documentation technology improve consistency in addressing and documenting sleep hygiene over 12 weeks?

2 & 3. Acquire and Appraise: The appraised evidence recommended sleep hygiene as the first-line treatment.

4. Apply: The team employed screening tools and dot phrases to support systematic management of sleep disturbances.

5. Assess: The post-implementation chart review documented a 55% increase in documentation of sleep hygiene instruction prior to initiating melatonin. Additionally, the number of children recognized with sleep issues doubled, suggesting the screening tool increased awareness.

This description of a real-world project demonstrated the systematic evidence-based practice process. By starting with a specific clinical problem (Ask), gathering and appraising relevant internal and external evidence (Acquire & Appraise), implementing targeted, evidence-informed interventions (Apply) and rigorously measuring the impact (Assess), the clinic team successfully improved provider consistency in documenting evidence-based sleep hygiene strategies. This systematic approach of the EBP process led to better alignment with guidelines and improved awareness of sleep issues in a marginalized, vulnerable population, leading to improved patient care.



Clinical Inquiry Services

The Clinical Inquiry team guides clinical inquiry projects through the planning, data collection, data analysis and dissemination phases by assisting with a variety of services, including:

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|---|---|
| • Formulation of focused questions regarding clinical problems to guide clinical inquiry projects | • Development and distribution of surveys |
| • Identification and interpretation of existing evidence and literature | • Data collection, management and analysis |
| • Identification of appropriate measurement tools | • Coordination of Nursing Grand Rounds clinical inquiry presentations |
| • Development and submission of project protocols to the Institutional Review Board | • Conference abstract and presentation preparation |
| • Identification, development and submission of grants to support clinical inquiry | • Writing for publication |

The Clinical Inquiry team is currently working with Nationwide Children's staff on more than 28 clinical inquiry projects. While many of these projects are in the planning phases, six are in active data collection, one is in data analysis and two are in the dissemination phases. Our goal for 2025 is to move as many projects as possible into the data collection, data analysis and results dissemination phases.

How to Contact the Clinical Inquiry Team

The Clinical Inquiry team is here to support the Nationwide Children's Nursing Strategic Plan goals of recognizing nursing's unique contribution to achieving best outcomes and providing a supportive environment for nurses to grow and advance their practice. We ask all Nationwide Children's nurses and APPs to reach out to us about any clinical inquiry work they are currently participating in or are interested in starting. Please note, all graduate students completing research or evidence-based practice projects at Nationwide Children's should contact the Clinical Inquiry team. For more information, please email us at **ClinicalInquiry@NationwideChildrens.org**, explore the Clinical Inquiry tab on the Center for Nursing Excellence ANCHOR page or visit us in the Near East Office Building. We can't wait to hear from you!

Clinical Inquiry and the Medical Library

Susi Miller, MLIS, AHIP, Manager, Medical Library

Have you ever found yourself inspired by a clinical inquiry or nursing research idea, only to have it stall out due to lack of time when a mentor suggests that you “check the literature?” While evidence-based practice (EBP) is commonly seen as the gold standard, it can be difficult for busy clinical staff to find time to do the necessary research.

Our Library Is Here to Help!

The Nationwide Children’s Hospital Medical Library is a full-service medical research library available to assist with your clinical inquiry literature search needs. The library reports to Vicki Guinther, PhD, RN, NPD-BC, FAAN, Director of the Nationwide Children’s Center for Nursing Excellence (CNE). Library Manager Susi Miller, MLIS, AHIP, leads a team of medical librarians trained to look at a research question from every angle to find the best evidence relating to your project.

The Nationwide Children’s Medical Library is an affiliate of the Ohio State University Health Sciences Library. Combined resources allow access to as many electronic databases, research journals, e-books and print materials as possible. All Nationwide Children’s staff are eligible for a library card connecting them to print and electronic resources from Nationwide Children’s, Ohio State University and OhioLINK, a state-wide network of academic libraries.

The recently renovated library space is located on the second floor of the Education Building. It includes quiet study areas, staff computers and a balcony overlooking Livingston Park. While electronic resources are most often requested, print books are also available. Pediatric nursing certification review books, popular business books and career development books are among our most borrowed print materials.

What Exactly is a Medical Librarian?

Our masters-prepared medical librarians are members of the Medical Library Association (MLA), where they receive specialized training, mentorship and continuing education opportunities. Two of our librarians completed MLA’s Systematic Review Services Specialization Program, an educational program requiring more than 20 hours of interactive coursework. Medical Librarians with more than five years of experience can apply for membership in the MLA’s Academy of Health Information Professionals (AHIP), a peer-reviewed, accomplishment/portfolio-based certification and career development program.

Our librarians complete more than 700 literature searches each year, and about a third of these requests come from clinical nursing staff. In addition to direct nursing requests, many of our search requests are collaborative projects from multidisciplinary teams, highlighting the One Team culture at Nationwide Children’s. Librarians also serve on the Clinical Pathways Committee and work with pathway authors to find to find and apply the most recent, best available evidence for each pathway or guideline.

How Do Medical Librarians Assist with Clinical Inquiry?

Literature search consults are one of the best ways to involve a medical librarian in your clinical inquiry project. Librarians benefit from hearing the details of your project and can help you determine what type of literature would be useful. Clinical nurses considering a research or EBP project might begin with recent review articles summarizing the current state of practice or care. Nurses further along in their research project might request a compilation of similar or related research studies. Nurses preparing a manuscript for journal submission can request librarian assistance with citation management; librarians can also check references for newer updates. Scoping or Systematic Reviews (SRs) typically involve librarian co-authors. SRs are more time consuming and typically arise from a group of experts interested in documenting the full body of literature on a specific topic or intervention. A conversation with a medical librarian can help a budding researcher sort out what type and amount of literature would best meet the needs of the clinical inquiry.

Literature search requests are often sent to the library in the form of a PICO (Population, Intervention, Comparison, Outcome) question. While not always necessary or applicable, the PICO format is a convenient method for posing a clinical question. An example of a PICO question: Among newly hired nurses (P), how does having a consistent preceptor (I) compared to numerous preceptors influence competency after 90-day probationary period (O)?

Other recent nursing clinical inquiry literature search topics have included: the effect of an educational intervention on pediatric nurse comfort with providing end of life care; patient acuity tools linked to staffing models in pediatric behavioral health; truancy or school avoidance among pediatric patients with cancer; and the importance of peer support groups or second victim support in nursing.

How Can I Request Assistance?
Visit our Library page on ANCHOR, where you’ll find links to the following:

- Request a Literature Review
- Request a full text article
- Request a Systematic Review Consultation
- View the (shared) OSH-NCH library catalog of print and electronic resources.

You can also email us at **library3@NationwideChildrens.org** or call us at **(614) 722-3200** to request an individual consultation or literature search tutorial with a medical librarian. If you are working with a team, our librarians also provide teaching sessions to groups of any size on how to best search the literature. Don’t let the literature search hold you back from exploring a nursing clinical inquiry project! Reach out to our team of medical librarians for assistance.



Expanding the Use of Precedex® (Dexmedetomidine) for Symptom Management

Melissa Mutch, MSN, APRN-CNP, CPNP-PC,
Nurse Practitioner, Advanced Illness Management (AIM) Team, Department of Anesthesiology and Pain Medicine

Sarah McMillen, MSN, APRN-CNP, FNP-BC,
Nurse Practitioner, Acute Pain Service, Department of Anesthesiology and Pain Medicine

At Nationwide Children’s Hospital, the Palliative Care team and Acute Pain Service developed a protocol for using low-dose dexmedetomidine (Precedex) infusions as an adjunct in managing pain and alleviating symptoms like anxiety, agitation and delirium outside of the intensive care unit. Initially, Precedex was utilized on select floors, targeting Hematology, Oncology and BMT patients, to closely monitor effects. A recent review of our safety data showed no significant adverse events, so we are excited to expand its use hospital-wide, offering an additional tool to enhance patient care.

To ensure safe and effective care for patients receiving a Precedex infusion, nursing staff will complete online education focused on appropriate monitoring.

Precedex is a highly selective alpha-2 adrenergic receptor agonist that works by binding to receptors in the brain and spinal cord, reducing the release of norepinephrine. One of the main benefits of Precedex is its ability to offer effective symptom management while avoiding the side effect of respiratory depression seen with other agents including opioids and benzodiazepines. This makes it a safer option for patients who might have underlying respiratory concerns or when there is a substantial risk of side effects from further escalating doses of other analgesic agents.

As part of an integrated care plan, Precedex is

particularly effective in managing both acute and chronic pain. Typical situations in which Precedex would be beneficial include postoperative pain, cancer associated pain, treating patients on chronic opioids, end-of-life care and suspected opioid induced hyperalgesia. It is often used alongside other analgesics like opioids to enhance overall pain control while reducing the need for higher doses of these medications. Precedex’s calming effects make it an excellent option for patients with anxiety or agitation and has also been shown to reduce the risk of and be effective in the treatment of delirium.

Precedex infusions outside of ICU settings will only be managed by the Palliative Care Team and Acute Pain Service. This low dose infusion will run at lower doses than typically utilized for ICU sedation or anesthesia, with doses ranging from 0.05-1 mcg/kg/hr, with the exception of higher doses used in end-of-life care when needed. These low-dose Precedex infusions are not an extension of ICU sedation but an adjunct in a multimodal approach to complex symptom management.

To ensure safe and effective care for patients receiving a Precedex infusion, nursing staff will complete online education focused on appropriate monitoring. Key assessments include heart rate, blood pressure, pain assessment and pulse oximetry, following established protocols. Common side effects include dry mouth, hypotension and bradycardia due to the decrease in sympathetic nervous system activity. Importantly, our review of safety data showed that these effects did not lead to discontinuation of the infusion or impact patient safety. We are committed to providing the highest standard of care to our patients and expanding the use of Precedex will support our ongoing efforts to improve pain and symptom management.

Research, Evidence-Based Practice and Quality Improvement: Similarities and Differences

Gerene Bauldoff, PhD, RN, FCCP, MAACVPR, FAAN,
Nurse Scientist, Center for Nursing Excellence



Research, evidence-based practice and quality improvement are all important concepts in clinical inquiry. Each serves a critical role to developing and implementing the highest quality of care that we can provide.



For the past 20 years, nursing has been abuzz with options of how to conduct clinical inquiry. While nursing research was identified as scientific inquiry since the mid-20th century, the application of such research, as well as interdisciplinary research from medicine, pharmacology and allied medical professions has been recognized as important information in the delivery of high-quality nursing care. This article strives to explain the similarities, differences and overlaps of research, evidence-based practice and quality improvement. While the ultimate goal of all three of these approaches is to improve quality care, each has a specific role in this pursuit. Let's start with a definition of each of these terms:

Research: This approach uses scientific methodology to rigorously investigate and generate new knowledge. The goal of research is to provide generalizable knowledge. This means that the information gleaned from research can be applied across many situations, with similar people to the sample under study. Research falls in two main methodologies: quantitative research (where the data is collected, coded and inferential (statistics that allow us to generalize from samples) statistics are used to evaluate for relationships between variables), and qualitative research (where non-numerical data, usually

words from interviews or written material, are collected to understand concepts, opinions and/or experiences). The generalizability of research findings depends on rigorous methods, which includes: the formulation of strong research questions or hypotheses, study designs that control extraneous variables (or other explanations for the relationships between variables), collecting study data in a strict, systematic manner and analyzing the results. In designing research, we “control” or reduce the impact of things that could inadvertently impact the outcome of the study either through the design and/or statistical analysis. It is this rigor that allows the researcher to be confident in the final examined relationships between the variables or outcome of the study. When research involves humans or animals, strict federal and international rules must be followed to protect those human and animal participants. Research findings provide the evidence needed for use in evidence-based practice and quality improvement initiatives.

Evidence-based Practice (EBP): This approach is a structured process where the best available research evidence (also known as external evidence) is used in combination with your current clinical experience (clinical context—also known as internal evidence) with patient values to determine best patient care for

your specific environment. The steps of EBP include: describing the current environment, generating a question to search for best evidence, a comprehensive search for evidence using a librarian's assistance, evaluating the evidence that is found for quality, summarizing quality research findings and applying this evidence to clinical practice. The goal of EBP is to use the most current and reliable evidence to improve patient care. Because EBP projects are not usually designed with the same rigor as research methods designed studies, the findings of these projects are not considered generalizable. However, EBP project dissemination (sharing of your project design and results) is important as others may find that your project may inform their own projects, in their own environments (I call this transferrable information).

Quality Improvement (QI): This approach emphasizes improving quality and safety by focusing on process and practices. This approach includes problem identification with affiliated data collection, planning an intervention, implementing the intervention, collecting evaluative data and change evaluation. As QI does not control for any extraneous variables in design of the project, the results apply only to the particular setting. The information generated from quality improvement initiatives is not

considered generalizable as it is site- and situation-specific.

Similarities and Differences

As seen in the definitions, research, EBP and QI are all different paths “up the mountain” to quality care. Each of these approaches follow specific steps and rules. Each of these approaches generates some form of “results”, “findings” or “change recommendations”.

Within the definitions, the differences between research, EBP and QI is clarified. While research serves as “external evidence” in EBP, the addition of “internal evidence” and “clinical expertise/patient values and preferences” is critically important information when applying research to clinical practice. In QI, process is the key — in today's health care, quality is impacted not just by patient-centered outcomes, but by the processes by which integrated health care is delivered.

Research, evidence-based practice and quality improvement are all important concepts in clinical inquiry. Each serves a critical role to developing and implementing the highest quality of care that we can provide.

Nurses Month Celebration 2025

Kim Housden, DNP, MHA, RN, NPd-BC, Center for Nursing Excellence

Nationwide Children's Hospital celebrated National Nurses Week throughout the month of May, recognizing more than 4,300 nurses across various care settings. The Nursing Recognition Committee, in collaboration with Chief Nursing Officer Lee Ann Wallace, spearheaded the month-long activities.

Planning for Nurses Month began in the fall, with the Nationwide Children's Hospital Foundation securing donations from the Edward & Sally Kosnik family, Lululemon, Panera and Brenz Pizza. Additional prizes, including Clippers and Crew tickets, a 30-day gym membership and a 30-day prime parking spot, were contributed by the hospital's Employee Recognition, Employee Wellness and

Parking Services departments. Nurses also received special discounts from Penzone, Columbus Running Company, Drip Bar, Orange Theory and Brenz Pizza.

Activities held during the month included Spirit Week, Blessing of the Hands ceremonies on each unit and unit-based celebrations. The T4D Infusion Clinic earned a pizza party for their Nurses Month bulletin board. Five units received snack boxes and nursing leaders were honored with a lunch. Senior nursing leaders rounded on all shifts across the main campus on days and nights with treats for staff. Nursing Grand Rounds sessions each week focused on celebrating nurses, with the first week dedicated to nurses with more than 35 years of experience. The Kosnik family sponsored ice cream and Cheryl's Cookie distributions for both day and night shifts, as well as at three Nursing Grand Rounds events, to promote the Kosnik Family Nursing Scholarship. A total of 91 raffle gifts were distributed to nurses through weekly all-nurse and Nursing Grand Rounds raffles. The month ended with the premier of Nursing Grand Rounds Night Owl, which is a new live quarterly Nursing Grand Rounds series for night shift.

This year, the organization introduced three new nursing awards. The Daisy Health Equity award was presented to **Aja Whatley-Canales, BSN, RN, C-EFM, CLS**, from Fetal Services. The Daisy Nurse Led Teams award was shared by **Tiffany Hahn, BSN, RN, RNC-NIC, Victoria Savioe-Dillon, BSN, RN, C4C NICU, and Lisa Smothers, MSN**, from C4C NICU. The inaugural Nationwide Children's Hospital Nurse of the Year award was given to **Debra Pratt, MS, RN, NEA-BC**.



My Journey as a Nurse Scientist: Developing a Program of Pediatric Critical Care Research

Laura Beth Kalvas, PhD, RN, Nurse Scientist, Center for Nursing Excellence

My interest in delirium, an altered mental status characterized by confusion and inattention, began during my early work as a nurse on a trauma unit caring for elderly patients with hip fractures. I witnessed the significant distress delirium caused patients and families, as well as the additional resources required to safely care for these patients. When I discovered that delirium is associated with poor outcomes such as mortality and cognitive decline, and that nurse-led interventions such as sleep promotion and early mobility are integral to preventing and managing this serious complication of critical illness, I became passionate about furthering delirium research. I enrolled in the BSN to PhD program at my alma mater, The Ohio State University College of Nursing, where I was awarded a National Institutes of Health (NIH) Pre-Doctoral Fellowship focused on lifespan health development. As I began to learn about the importance of early life exposures for long-term health, I grew concerned about children in the pediatric intensive care unit (PICU) who experience delirium, an understudied population. Approximately one third of critically ill children experience delirium and it is associated with poor outcomes including increased length of stay, mortality and decreased quality of life after PICU discharge.

I conducted my dissertation research in the PICUs at Nationwide Children’s Hospital, where I explored associations among modifiable exposures in the PICU environment (light, sound, caregiving patterns), sleep disruption and delirium in a small cohort of young, critically ill children. These children experienced inadequate daytime light exposure, high sound levels and frequent clinician caregiving. Caregiving patterns were associated with sleep disruption. Children with delirium experienced more frequent clinician caregiving and more sleep disruption than children without delirium. This research was supported by grants from the NIH, American Association of Critical-Care Nurses, Sigma Theta Tau International, Council for the Advancement of Nursing Science, Midwest Nursing Research Society and Ohio Nurses Foundation.

Following my PhD graduation, I was the first nurse awarded a NIH post-doctoral fellowship in the OSU Clinical and Translational Science Institute to continue my research exploring sources of sound exposure and screen time in the PICU. I received a second NIH post-doctoral fellowship to work with Martha A.Q. Curley, PhD, RN, FAAN, the Ruth M. Colket Endowed Chair in Pediatric Nursing at the University of Pennsylvania School of Nursing. Dr. Curley specializes in the conduct of nurse-led clinical trials in the PICU and I worked on three of her NIH-funded research studies.

RESTORE Resilience (R2; clinicaltrials.gov National Clinical Trial [NCT] number NCT04695392) was a pilot trial testing the feasibility of implementing a nurse-led chronotherapeutic bundle in the PICU. I assisted in data analysis and dissemination of study findings. While the intervention did improve sleep/wake cycles, key feasibility issues were identified including the need for improved interdisciplinary collaboration to support care bundle implementation. I performed a secondary analysis of R2 data to further explore the association between sleep disruption and delirium. Children with delirium experienced more sleep/wake cycle disruption than children without delirium. In addition to my NIH funding this work was supported by a Sigma Theta Tau International research grant.

PROSpect (PRone and OScillation PEdiatric Clinical Trial; clinicaltrials.gov NCT03896763) is an ongoing trial testing ventilation and positioning strategies in pediatric acute respiratory distress syndrome. This study is actively recruiting at more than 50 hospitals worldwide. I assisted in clinical and data coordination for this trial.

The Pediatric Post-Intensive Care Syndrome (PICS-p; clinicaltrials.gov NCT04967365) Longitudinal Cohort Study is an ongoing national study investigating outcomes of children and families in the two years following a PICU admission. Nationwide Children’s was a recruitment site for PICS-p and I assisted in identifying eligible children



I am continually impressed by the dedication of Nationwide Children’s nurses to the provision of high-quality care that achieves best outcomes for children and families everywhere and I look forward to a rewarding career assisting in this endeavor.



admitted to our PICUs. This study is in the final phases of data collection and I continue to assist in data analysis and dissemination of study findings.

Throughout my pre- and post-doctoral training, I had the opportunity to present at multiple local (2), regional (4), national (6) and international (3) conferences where I received five presentation awards. I published 14 manuscripts including eight in which I served as the primary author.

In September 2024, I started as a Nurse Scientist in the Center for Nursing Excellence. This role combines my two passions: conducting an independent program of nursing

research focused on pediatric critical care and assisting nurses in clinical inquiry work to address real-world clinical problems that are important to nurses, patients and families. My current priorities are integration into the Nationwide Children’s PICUs, shadowing nurses and rounding with the interdisciplinary team to identify opportunities for research collaboration, and working with the Center for Nursing Excellence to build a strong infrastructure for nursing clinical inquiry. I am continually impressed by the dedication of Nationwide Children’s nurses to the provision of high-quality care that achieves best outcomes for children and families everywhere and I look forward to a rewarding career assisting in this endeavor.

A Quest for the Best: Finding the Right Measurement for Neonatal Peripherally Inserted Central Catheters

Debra Armbruster, PhD, APRN-CNP, NNP-BC, CPNP-PC, C-ELBW, C-NNIC,
Neonatal Nurse Practitioner, Neonatal Network, Nationwide Children's Hospital NICU at OSUWMC



Peripherally inserted
central catheters
(PICC) continue to
be an important
vascular access
device for neonates.



Peripherally inserted central catheters (PICC) continue to be an important vascular access device for neonates. Many neonatal patients require intravenous therapy for long periods due to medical or surgical conditions. PICCs are commonly inserted into an extremity and advanced to a final position within the superior vena cava (SVC) for upper extremity placements or the inferior vena cava for lower extremity placements. A centrally positioned PICC is positioned with the tip in the SVC or IVC at the cavoatrial junction (CAJ) of the right atrium. Catheters that migrate from this position are noncentral and pose the highest risk of complications. PICC complications can range from life-threatening issues, such as cardiac arrhythmias and pleural effusions, to less serious conditions like phlebitis. PICCs are inserted at an infant's bedside, providing central access without the need to transport a critically ill neonate, making them a preferred option.

Since the introduction of neonatal PICCs in the 1970s, surface measurement has been the standard practice. Shaw outlined the PICC placement procedure in 1973, and it remains the standard today. The surface measure estimates the distance from the PICC insertion point to the CAJ of the SVC or IVC, determining the required catheter

length. Typically, neonatal PICCs are 30 centimeters (cm) in length and cut to size based on this estimate. The measure's accuracy depends on the measurer's experience, variations in the venous pathway and the infant's age, weight and/or length. I searched for studies testing Shaw's recommendations in the literature, but I have found none.

A significant amount of literature explores differences in pediatric anatomy and the use of surface anatomy as a reliable estimate for catheter placement, though there is less focus on neonates. The argument seems plausible as the rate of growth from infancy to adolescence is extensive. In contrast, neonatal umbilical catheters routinely use surface measures, or the neonate's weight or length to determine the correct measurement for catheter depth. Hence, evaluating the accuracy of external or surface measurement practices is both valuable to investigate and essential to disseminate.

As a Neonatal Nurse Practitioner and PICC inserter for over two decades, I noticed that a neonate's length, weight and/or gestational age seemed to correlate with PICC depth. I led a research investigation examining the relationships between an infant's length, weight and external measure, which was published in *Advances in Neonatal Care*, August 2021. The initial study had a small sample size of only 49 neonates. Initially, I wanted to determine if a

relationship existed, then explore it further in a larger group of neonates to clarify the true nature of the relationship.

The findings for the pilot study demonstrated significant relationships between a neonate's length and weight, the external surface measure and neonatal PICC depth, but the sample size was small. A second investigation with a larger sample of 36 insertions per site calculated through power analysis was performed. This new study was approved expediently by The Ohio State University Wexner Medical Center's (OSUWMC) and Nationwide Children's Hospital's Institutional Review Boards (IRB). The study risk was minimal requiring parental verbal consent.

This follow-up study examined relationships between a neonate's length, weight and postmenstrual age (PMA) (chronological age + days of life). The sample included 182 PICC insertions: 71 antecubital (A/C), 72 ankle and 39 knee. Enrollment for the knee site was slow and, after 28 months of data collection, the study was closed. The study demographics included neonates 22 to 41 weeks of gestation, birth lengths 25.5 to 54.6 cm and birth weights 450 to 4160 grams.

Three regression models were developed to examine whether PICC depth was predicted by length, weight or PMA. The

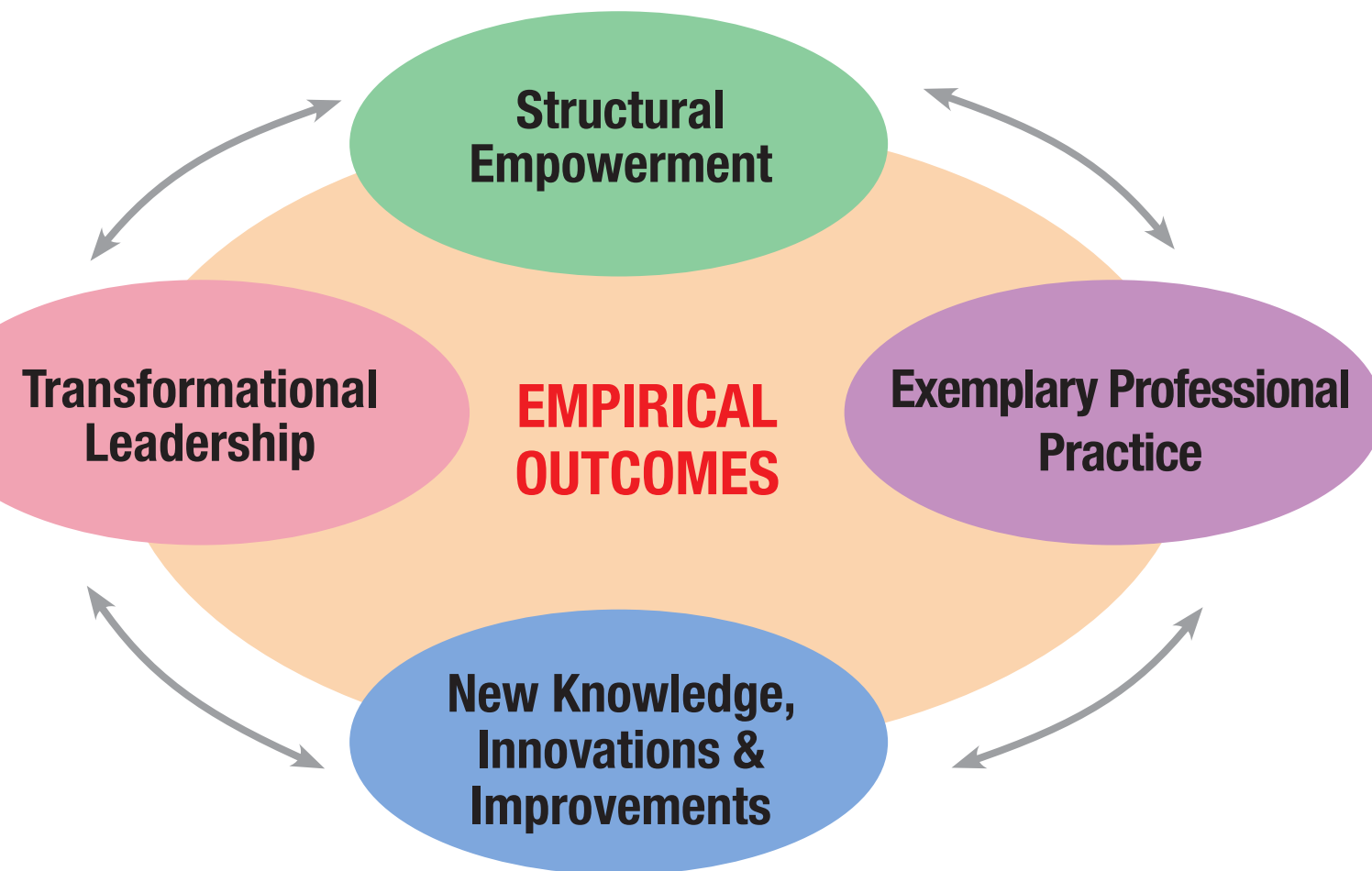
final number of sites was five: right ankle, left ankle, knee, right A/C and left A/C. Laterality was not assessed for the knee site due to low enrollment; however, laterality is most important for the A/C site as the distance from the left A/C to the SVC differs from the distance of the right A/C to the SVC. All models exhibited a highly significant association and moderately strong predictability across regression models with Pearson R² values ranging from 0.65 to 0.87. The length model performed the best across all sites, followed by the weight model. The PMA model was the poorest performing although remained statistically significant across all insertion sites.

I have been investigating this relationship for over a decade. When my quest began, there was only one other group of researchers asking if an anthropometric method of measure existed for placing neonatal PICCs. Since publishing the initial study, the body of research has grown, and a spark of interest is prevailing in the literature. There have been five other articles published searching for the best answer to my research question: Is there a better predictor for neonatal PICC depth, and is the external surface measure valid in neonates?

Connecting Clinical Inquiry to Magnet

Kim Housden, DNP, MHA, RN, NPD-BC, Magnet Program Director, Center for Nursing Excellence

GLOBAL ISSUES IN NURSING & HEALTH CARE



The American Nurses Credentialing Center (ANCC) created the Magnet program as a framework for health care organizations to advance the nursing profession and achieve excellence in nursing care delivery. This framework is outlined in the Magnet application manual and contains a rigorous, multistep set of standards that guide each story written for our Magnet document submission. Components of clinical inquiry are woven throughout most of the story requirements, often with a requirement for clinical nurse involvement. ANCC defines clinical nurses as any registered or advanced practice nurses who work with patients at least 51% of their scheduled time. Some story requirements call out requirements of research, evidence-based practice (EBP) and quality improvement (QI) standards. Other story requirements may necessitate clinical inquiry components, including interventions and innovations for improvements, empirical outcomes and dissemination results. The Magnet application manual is updated every four years. With each new manual, the criteria become a little more challenging. The most recent manual has significantly increased ambulatory area requirements, including new EBP expectations. ANCC defines ambulatory as emergency departments, psychiatric emergency departments, urgent cares, clinics, home care and ambulatory surgery facilities.

Empirical outcomes, referred to as the EO stories in the document, require four data points displaying an improvement that has been made due to an action(s) or intervention(s). These include one pre-intervention data

point collected before the intervention work began and three data points occurring after implementation to show sustainability. Outcomes measured are often required to be patient outcomes, not process outcomes. Process outcomes and patient outcomes are interconnected but distinct. Process outcomes are the observable components of a process, whereas a patient outcome directly results from improving the process on the patient. Examples of process outcomes include skin-to-skin, human milk feeds, time to antibiotic administration and screening compliance. Examples of patient outcomes include infection rates, length of stay, readmission rates, patient satisfaction, hemoglobin A1C and necrotizing enterocolitis rates. Finding a patient outcome to a process outcome can be more difficult when obtaining the data, but it will provide a stronger outcome with a higher potential for external dissemination, including journal publication, contributing to the larger body of evidence.

Non-EO, often called the non-data stories, may still contain outcome data, but the requirements focus on other aspects that exhibit nursing excellence. These aspects include innovation, interdisciplinary collaboration, organizational level committee involvement, advocacy and partnership with patients and families. There are four stories specific to nursing research and three specific to EBP in the non-EO story requirements. The non-EO stories require documentation demonstrating the way each requirement was met, making early connection to the Magnet writing team critical to writing a successful Magnet story.

The Magnet team is searching for stories for Nationwide Children's Hospital's sixth Magnet application. Potential stories can be reported to the Magnet team at Magnet@NationwideChildrens.org.



In Recognition

Publications

Allison Kelly: “Our First Steps: A QI Project to Reduce NICU Admissions of Infants With NAS” *Advance Neonatal Care*, December 2024

Andrea Pifer Manning, Cathleen Opperman, Maria Vegh, Malcom Sutherland-Foggio, Joan Modelewski Brammer, Micah A. Skeens: “Promoting a healthy work environment: Increasing staff confidence to address incivility”, *Nursing Management (Springhouse)*, February 2025

Ursula Findlen: “It Starts with Us: Collaboration for Improved Public Health” *Seminars in Hearing*, March 2025

Bridgett Collins: “Use of a hybrid telehealth model to provide coaching to parents of children in need of early intervention services” *Perspectives of the ASHA Special Interest Groups: SIG 1 Language and Learning*, March 2025

Melanie Stevens: “Characterization of swallowing biomechanics and function in untreated infants with spinal muscular atrophy: A natural history dataset” *Journal of Neuromuscular Diseases*, March 2025

Jennifer Smith: “Book Chapter: Unique nutritional considerations for pediatric Crohn’s Disease. Diseases of the Lower Gastrointestinal Tract” *Nelms M, Roberts K. Nutrition Therapy and Pathophysiology 5th Edition*, March 2025

Juan Lorenzo Benavides, Susan Yoon, Camie A. Tomlinson, Yujeong Chang, Charis Stanek, Xiafei Wang, Martha Ishiekwene, Erika Susana Mariscal, Jacquelynn F. Duron, and Kathryn H. Howell: “Resilience and strengths among minoritized racial and ethnic groups of children in the United States exposed to trauma, violence and maltreatment: A scoping review” *Trauma, Violence, & Abuse*, March 2025

Elizabeth Evenson, Chelsea Britton, Judy-April Murayi, Alison Gehred, Praveen S. Goday: “Clinical effects of pediatric commercial food-based formulas: A systematic review” *Journal of Pediatric Gastroenterology and Nutrition*, December 2024

Toyetta Barnard-Kirk, Zachary A. Colton, Sophia M. Liles, Megan M. Griffith, Charis J. Stanek, Joseph Walden, Allison King, Susan Creary, and Leena Nahata: “Using the consolidated framework for implementation research to identify challenges and opportunities for implementing a reproductive health education program into sickle cell disease care.” *Journal of Pediatric Psychology*, January 2025

Meredith Lind, Kristy Moss, Thomas Javens, and Kris Jatana: “Interventions to Reduce Health Care Utilization for Non-English Language Preference Patients After Tonsillectomy” *Otolaryngology - Head and Neck Surgery*, March 2025

Elizabeth Evenson, Chelsea Britton, Lauren Storch, Nicole Shook, Miriam Knopp, Praveen S. Goday: “Pediatric and adult commercial blenderized and real-food ingredient enteral formulas: A comparison study” *Journal of Parenteral and Enteral Nutrition*, March 2025

Gerene Bauldoff: “An introduction to the Journal of Cardiopulmonary Rehabilitation and Prevention’s special issue on pulmonary rehabilitation” *Journal of Cardiopulmonary Rehabilitation and Prevention*, November 2024

Benjamin Prince and Amy Garee: “Transitions of Care in Patients with Inborn Errors of Immunity” *JACI in Practice*, October 2024

Presentations

Anne Gonzales: “Functional Mobility Score (FMS): A Reliable Outcome Measure for Individuals Undergoing Hematopoietic Stem Cell Transplantation”, APTA Combined Sections Meeting, Texas, February 2025

Ben Reader: “Access to Mobility Devices for Young Children with Cerebral Palsy”, APTA Combined Sections Meeting, Texas, February 2025

Lauren Justice: “TBD”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Lauren Durinka: “Pediatric Grand Rounds: Thinking Beyond Ear Tubes: Bone Conduction Implants for Children with Down Syndrome”, American Academy of Audiology Conference- National, New Orleans, LA, March 2025

Becky Belt: “Audiology Aides and Their Role in Providing Support for Best Outcomes in Your Clinical Practice”, American Academy of Audiology Conference- National, New Orleans, LA, March 2025

Maureen Hockaday: “Initial Outpatient Intervention: Case Based”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Melanie Stevens: “TBD”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Lee Ann Sansuchat: “Does the Therapy FITT the Premie? Dosage of Therapy in the NICU”, National Association of Neonatal Therapists Annual Conference, Indianapolis, IN, March 2025

Hanna Mathess and Lexi Frazier: “In My Professional Growth Era: Finding Fulfillment in Diverse Leadership Opportunities”, Cleveland Clinic, Cleveland, OH, October 2024

LeeAnn Wurster: “Development of a Family Reunification Plan for Integration into an Institutional Mass Casualty Response: An Innovative Design for Patient Tracking”, Pediatric Trauma Society 10th Annual Meeting, Charlotte, South Carolina, November 2024

LeeAnn Wurster: “A Decade of Dedication for Brighter Tomorrows”, Pediatric Trauma Society 10th Annual Meeting, Charlotte, South Carolina, November 2024

Lana Dennison and Cassie Myers: “Understanding Communication Development in Children with Adverse Childhood Experiences: Assessment, Treatment, and Trauma-Informed Care”, American Speech-Language-Hearing Association National Conference, Seattle, WA, December 2024

Monica Davidson: “Best Practices for Patients with Psychosis”, Nationwide Children’s Hospital Therapeutic Recreation Conference, Virtual, February 2025

Samantha Sheldon and Leslie Scott: “Protecting Your Mental Health in the Behavioral Health Setting”, Nationwide Children’s Hospital Therapeutic Recreation Conference, Virtual, February 2025

Nicolette Stroud: “Therapeutic Recreation and Culturally Diverse Interventions”, Nationwide Children’s Hospital Therapeutic Recreation Conference, Virtual, February 2025

Heather Sotak and Ben Reader: “The Leisure Engagement Scale: A Therapeutic Recreation-Specific Outcome Measure for Children Undergoing Bone Marrow Transplantation”, Nationwide Children’s Hospital Therapeutic Recreation Conference, Virtual, February 2025

Jennifer Curtiss: “Optimizing Growth and Nutrition in Bronchopulmonary Dysplasia”, Dr. Diane Anderson Neonatal Nutrition Conference, Virtual Conference, February 2025

Cheryl Camacho: “Leaders Lounge: Casual Chats for Today’s and Tomorrow’s Trailblazers”, International Meeting for Simulation in Healthcare, Orlando, FL, January 2025

Cheryl Camacho and Tom Heater: “Who’s in Charge of Who? Make Data Work for you!”, International Meeting for Simulation in Healthcare, Orlando, FL, January 2025

Caitlin Knox: “Ask the Expert: The Bedside Providers View; A conversation: "Agitation, PRN Medications and Non-Pharmacological Approaches”, Chronic Lung Disease Conference, Philadelphia, PA, March 2025

Karen Lee, Courtney Cordle: “Tuning Out Pain and Finding Your Voice: Music Therapy in Chronic Pain”, Great Lakes Region Music Therapy Conference, Columbus, OH, March 2025

Christopher Cavender, Sarah Dillon and Kara Penniman: “Adult Patients in Pediatric Settings: Social Work Leadership”, Advancing Social Work in Health Care Conference: Strengthening & Transforming Partnerships. Columbus, OH, March 2025

Stacey Cusick, Jenna Neff, Abbey Darr: “Utilizing Quality Improvement to Improve Follow-up Care Completion Among Patients at Risk of Depression and Suicide in the School Health Setting”, 3rd Annual School Health Symposium, Columbus, OH, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “Understanding Pediatric Feeding Disorder and its Description”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “To Thicken or Not to Thicken”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “Transdisciplinary Feeding Assessment Model”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “Initial-Outpatient Intervention-Case Based”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “Nutrition Interventions in Pediatric Feeding Disorder”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Elizabeth Evenson, MS, RD, LD, CLC: “Nutritional Considerations in Pediatric Feeding Disorder”, 1st International Course of the Brazilian Dysphagia Society on Transdisciplinary Management of Dysphagia and Pediatric Feeding Disorder, Sao Paulo, Brazil, March 2025

Caitlin Knox: “Ask the Expert: The Bedside Providers View; A conversation: "Agitation, PRN Medications and Non-Pharmacological Approaches”, Chronic Lung Disease Conference, Philadelphia, PA, March 2025

Lauren Storch, Jody Wall and Praveen Goday: “Pediatric Enteral Nutrition – A Hospital – Wide Approach”, ASPEN Nutrition Science & Practice Conference, Columbus, Ohio, March 2025

Kelly Morgan and Alixe Zacharias: “Dialectical Behavior Therapy (DBT) as an Evidenced Based Practice Model: Therapeutic Recreation’s role in contributing to the successful use of DBT Skills”, New Jersey Eastern Pennsylvania Area Therapeutic Recreation Association Fall Conference, Virtual, November 2024

Dustin Westfall, Ben Kovalcik, Kristen Benninger, Teri McCarty and Jackie Palmer: “Optimizing Care Through Evidence-Based Practice for Neonatal Abstinence Syndrome and Neonatal Opioid Withdrawal Syndrome: Eat, Sleep, Console Protocol”, Mount Carmel's Perinatal Conference, Columbus, OH, November 2024

Molly Green and Ashley Hill: “Psychosocial Considerations for Kids, Adolescents, and Families”, Family Day hosted by the National DSD-TRN (Differences of Sexual Development –Translational Research Network), Columbus, Ohio, November 2024

Amy Derr: “Optimizing Outpatient Nursing Care for Tracheostomy Patients”, SENTAC, Denver, CO, November 2024

Jennifer Smith: “The Prevalence of ARFID in Adolescents with IBD”, CPNP Annual Meeting, Hollywood, FL, November 2024

Kirsten Jones: “ARFID and Malnutrition Prevention in DGBI”, 2024 NASPGHAN Annual Meeting, Hollywood, FL, November 2024

Jules Houk, Megan McKim, Kelly Tanner and Emily Riepenhoff: “Centering Neurodivergent Perspectives in Occupational Therapy for Young Autistic Children”, Ohio Occupational Therapy Association Conference, Toledo, OH, October 2024

Jamie Sympson: “The Intersection Between Chronic Pain and Mental Health: How TR Can Help”, American Therapeutic Recreation Association Annual Conference, Kansas City Missouri, October 2024

Tina Cole: “Intro to Pediatric Transplant Social Work: Workshop for New and Seasoned Pediatric Transplant Social Workers”, Society for Transplant Social Work Conference, Madison, WI, October 2024

Tina Cole: “Hot Topics in Pediatric Transplant Social Work”, Society for Transplant Social Work Conference, Madison, WI, October 2024

Jennifer Curtiss: “Optimizing Nutrition with Bronchopulmonary Dysplasia”, 15th Advances in Pediatric Nutrition Conference, Johns Hopkins Children’s Center, Virtual Conference, October 2024

Molly Green and Heather Stewart: “Bridging the Rainbow Gap: Culturally Competent Care for LGBTQ+ Health Equity in Medical and Behavioral Healthcare”, Equitas Health Institute 2024 Transforming Care Conference: Carrying the Torch, Columbus, Ohio, October 2024

Awards

Amanda Justice, BSN, RN, received the Award of Excellence – Hospice from the Ohio Council for Home Care & Hospice in September 2024. This award is given annually to an outstanding licensed professional working in hospice in the state of Ohio. As a nursing supervisor, Amanda leads the hospice nursing team in caring for 115 children and young adults in a nine-county central Ohio region, where Nationwide Children's Hospital is the only pediatric hospice and palliative care program. When the hospice program experienced a rare turnover challenge, Amanda stepped out of her nursing supervisor role and back into the field, seeing patients, taking many on-call shifts, even cancelling a vacation to ensure that no patient — including complex and terminally ill patients — would need to be discharged from care or miss important nurse visits. Amanda’s commitment to her patients and to her team is inspiring and an exceptional example of nursing leadership.



LeeAnn Wurster: Award for best podium presentation on Development of a Family Reunification Plan for Integration into an Institutional Mass Casualty Response: An Innovative Design for Patient Tracking, Society of Trauma Nurses, November 2024

Jesse Killilea: Employee of the Month, Nationwide Children’s Hospital, December 2024

Jesse Killilea: Maybelle Butler Award, January 2025

Jennifer Ament: Culture of Continuous Improvement Sustainment Award, December 2024

Nathan Cotterill: Culture of Continuous Improvement Sustainment Award, December 2024

Kelsey Harn: ELNEC Group Award, December 2024

Alice Bass: 2025 Annual Assembly Scholarship Recipient, December 2024

Corinne Kempf: Jason Saavedra Spirit Award, February 2025

Tania Telford: 2025 SMART Therapist of the Year, SMART CEUs Hub, February 2025

Monica Davidson: 2025 SMART Therapist of the Year, SMART CEUs Hub, February 2025

Cheryl Camacho: Director of the Year, Society of Simulation, January 2025

Katharine Doughty: 2024-2025 APRN Preceptor of the Year, The Ohio State University, March 2025

Michael Blanchard: 2024 Emergency Department Employee of the Year, Nationwide Children’s Hospital, October 2024

Michael Blanchard: Employee of the Month, Nationwide Children’s Hospital, April 2025

Kristy Hoeflich: 2024 Certificate of Recognition, ATRA, October 2024