

Everything Matters In

Patient Care

Quarterly **Nursing Award** Winners



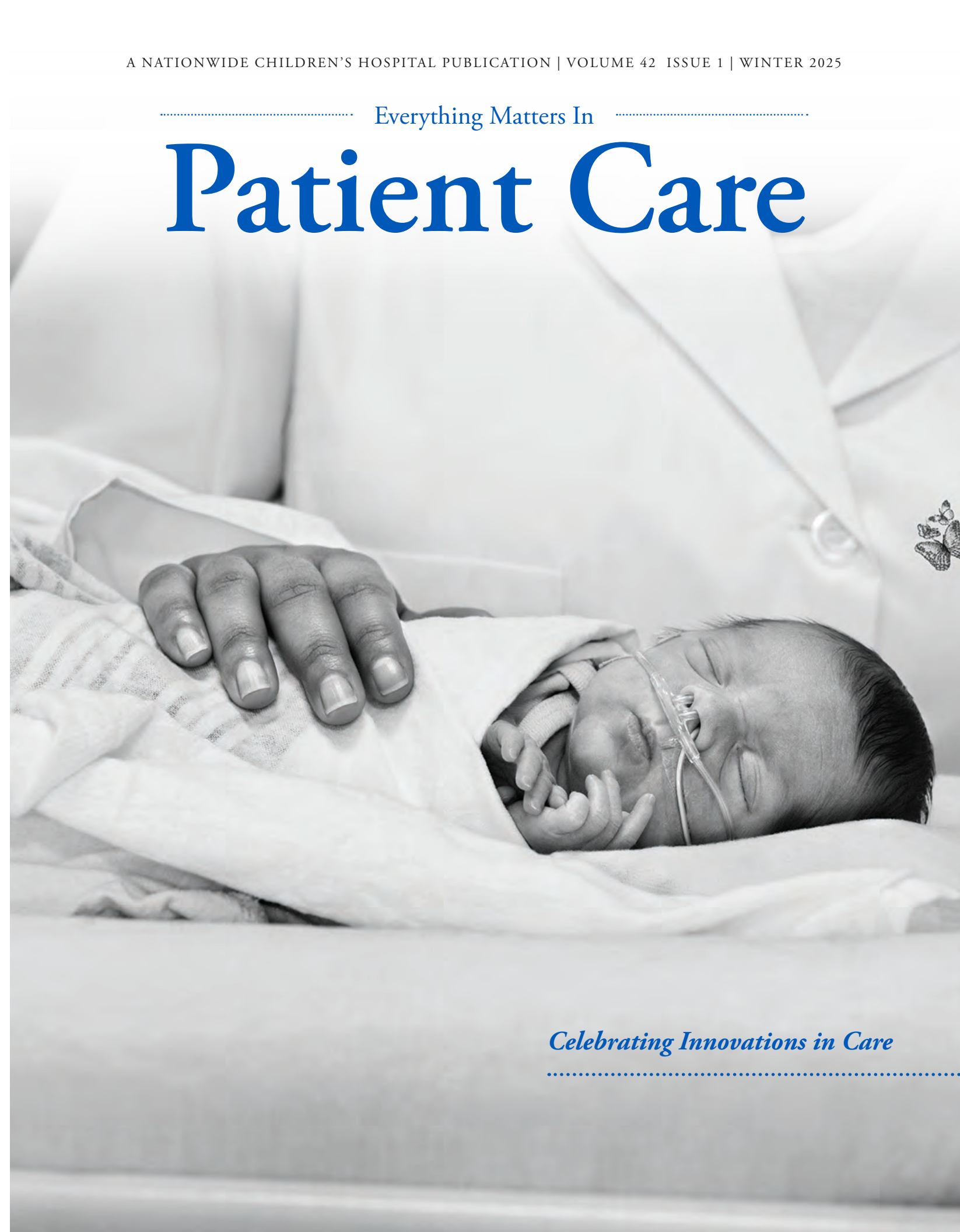
Jed Peren, RN, BSN
DAISY AWARD



Ashley Alexander,
MSN, RN, CNL, PMH-BC, CPN
NURSING EXCELLENCE
AWARD WINNER

To read the nominations for each of the winners and to learn more about the awards,
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Celebrating Innovations in Care

At Nationwide Children's, our teams are constantly innovating, even for the smallest of patients, to provide Best Outcomes.



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Innovations for Best Outcomes



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

Recently, our teams were busy preparing for many new and challenging changes, including the Workday implementation, new IV pumps in the clinical areas and responding to respiratory viral season surges. We continue our work on our ambitious five-year strategic plan to transform health outcomes for all children. This will be accomplished through:

- World-Class Care and Cutting-Edge Research: Integrating talent, quality and technology to achieve best outcomes
- Health Equity and Population Health: Breaking down barriers to impact every child’s future potential
- Behavioral and Mental Health Care: Expanding and sharing an innovative model of care
- Genomics Research and Personalized Medicine: Revolutionizing the next frontier of pediatric health.



In all these efforts, our teams are innovating! From new models of care and technologies to new medications and life-changing therapies, the impact of genomics and biometric information, and the emerging uses of AI and meta-data, all are leading to improved outcomes for our patients and enhancing safety for patients and staff. Our teams also are working to improve access to and redefine the patient and family experience across our expanding geographic footprint, ensuring consistent, equitable and high-quality care for all patients and families. The pace of innovation is rapid, and our teams must remain nimble and engaged to respond to both internal and external forces of change. Nationwide Children’s is well-positioned to tackle these unique and challenging opportunities as we seek to transform the future of health care for the children we serve.

The Wonders of Assistive Technology

Ann Marie Polovick, MA, CCC-SLP, Clinical Therapies, Clinical Manager Assistive Technology





My 20 years at Nationwide Children's Hospital have been a time of substantial professional and personal growth, supported by colleagues and leaders. Throughout this period, there have been numerous updates, changes and challenges, but above all, there has been progress that has contributed to the realization of a new One Team program. This program has been eagerly anticipated and embraced by many clinical therapists. On June 10, 2024, Nationwide Children's inaugurated its first Assistive Technology Center (ATC) in the newly constructed Livingston Orthopedic & Surgery Center. The development of this program began within the Clinical Therapies department with the innovative idea of establishing a single location for a multi-disciplinary team of providers to comprehensively address our patients' assistive technology (AT) needs - a "one-stop shop" for families to view, trial and obtain the adaptive equipment needed for their child to live a more independent life.

What is Assistive Technology?

AT refers to any equipment or system that helps enhance, maintain or improve the functional abilities of children with disabilities. At Nationwide Children's, we are committed to ensuring health equity for all children. AT enables children to be included in all aspects of society, promoting greater independence within their home, school and community. AT is inherently agile and innovative. It continuously evolves with technological advancements, resulting in greater impacts on our daily lives. From smart home devices like Alexa and Google, to advancements in cell phones and tablets that enable text-to-speech and screen access via scanning, AT has a significant impact on many activities. Most importantly, AT can improve the lives of children with disabilities by enabling them to participate in activities alongside their same-aged peers. AT includes adaptive equipment designed to meet the needs of children with disabilities. Adaptive equipment refers to devices such as wheelchairs, power

wheelchairs, standers, walkers, bath chairs, adaptive car seats, and augmentative and alternative communication (AAC) devices which help children with physical limitations live more independently and functionally.

The ATC provides close to 100 different types of adaptive equipment on-site so that patients and their families can see, touch and trial the equipment in-person. AT vendors also bring specialized equipment when needed, and the Clinical Therapy team guides caregivers in making the best choices from a clinical perspective.

Who are our ATC specialists?

The team responsible for opening the ATC is a group of skilled, energetic and highly creative clinicians. Team members from our Clinical Therapies team include occupational therapists (OTs), physical therapists (PTs) and speech-language pathologists (SLPs). In addition, assistive technology professionals (ATPs) and Physical Medicine and Rehabilitation (PM&R) nurses and physicians play critical roles. Working collaboratively, this team consolidates services in one place for families to evaluate all equipment needs through hands-on trials and multidisciplinary assessments. At the ATC, OTs, PTs and SLPs have advanced clinical skills and are highly trained in addressing adaptive equipment needs.

Occupational therapy is a skilled treatment that focuses on facilitating development, enhancing function and maximizing independence in all daily life activities. For children, the word occupation refers to play, self-care, schoolwork and other activities that occupy a child's time. The focus of occupational therapy is to provide services to children with varying deficits or delays, which may include fine motor, sensory motor, self-care, cognitive and oral motor/feeding skills.

Our ATC OTs work closely with AT vendors, SLPs and PM&R team members to assess and trial technology such as wheelchairs, walkers, adaptive car seats, bath chairs and communication device mounts. They teach family members how to use adaptive equipment onsite for carryover of skills to the home. They work alongside SLPs in selecting AAC devices by assessing positioning needs for optimal access using hands, eyes or any viable body part. They support the PM&R team physicians by writing letters of medical necessity for the equipment being requested for each patient.

Physical Therapy refers to the various treatment methods used to develop or restore movement, promote healing and function and educate children and their families. PTs care for patients who have a temporary or permanent disability due to injury, disease, birth defect or pain. The goal of the PT program is to help the child enjoy life by attaining his/her optimum level of independence.

Our ATC PTs also specialize in assessment and trials of various adaptive equipment. PTs assist in choosing mobility aids, such as manual and power wheelchairs, or walkers and standers to help children stand upright when they do not have the strength to do so on their own. PTs promote appropriate positioning and identify movement patterns to help a child use this adaptive equipment. Along with our ATC ATPs, OTs and PM&R team members, PTs also write the letters of medical necessity to obtain this equipment for patients and their families.

SLPs prevent, assess, diagnose and treat speech, language, social communication, cognitive-communication and swallowing disorders in children. SLPs treat patients with speech sound disorders, stuttering, written and spoken language disorders, social skill deficits, swallowing



disorders, hearing loss, problem solving skills, rehabilitation from traumatic brain injuries and support children who are minimally or non-speaking with AAC systems.

Our ATC SLPs specialize in meeting the communication needs of each patient through AAC. AAC includes no-tech, low-tech and high-tech communication devices. When a young child has limited or unclear speech, an SLP helps by modeling words on a communication board (no-tech), a recordable button (low-tech), tablet or AAC device (high-tech) during play or social interactions with peers and family members to guide the child's communication and language development. High-tech AAC devices are electronic devices that allow a child to activate a button that produces a synthesized speech message, providing the child with a way to communicate independently when they are unable to speak. These devices use visual, auditory and sometimes tactile feedback to help children learn to make requests, express feelings and interact with others. Alternative access methods are also available for children who are unable to use their hands or fingers, allowing them to access communication and interact with the world around them. The ATC offers more than 30 different types and sizes of AAC devices that can be operated by touch, eye gaze or switch scanning.

ATPs joining our team are certified through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). They are employed by our local durable medical equipment (DME) vendors. They provide additional adaptive equipment demos as needed and assist in selecting appropriate AT for our patients. They assemble, modify and adjust equipment as our patients' needs change over time. They help to complete paperwork needed for equipment funding, supporting both the Clinical Therapies team members and the physicians.

Our Clinical Therapy experts also work closely with the PM&R team in the hospital's Seating Clinic program which moved into the ATC space in June 2024. The Seating Clinic team includes PM&R physicians, nursing, OTs, PTs and ATPs, registration and an administrative assistant. The focus of the physicians includes the evaluation of the child's diagnoses, musculoskeletal abnormalities and neuromuscular impairments as related to DME needs. The team makes recommendations for equipment which can improve mobility, support activities of daily living, improve comfort, prevent injury and improve access for socialization.



What is our One Team Approach?

At the ATC, the Clinical Therapies team, along with the PM&R team and ATPs, can connect the equipment needs of each patient with a focus on family-centered care. One therapist said it best: "I am most excited about working with wheelchair vendors and OT/PT team members to ensure our patients can access their communication systems wherever they go!" With all equipment in a centralized location, clinicians can quickly pull a variety of devices to trial during a single scheduled appointment. A child with a manual wheelchair may need to practice a power wheelchair in a safe setting. The ATC provides ramps, curbs and various terrains to support these trials. A child who needs a power wheelchair for mobility may also need an AAC device to communicate. The SLP can join the trials to help a child drive their wheelchair by using their communication device. This team collaborates on how to perfectly mount the AAC device so the child can "drive" and "talk" their way through life. Just imagine a child who is unable to walk or talk being able to independently drive their power wheelchair around their school, using their AAC device to talk, play and interact with peers—truly agile and innovative.

Technological advancements over the past 30 years have enabled us to advance the skills of every child we encounter. This is just one way in which the ATC is advancing our organizational goal of supporting health equity for all children.

What's next for the ATC?

As the program expands in the coming years, we will continue to increase collaboration and access to care by reducing wait times for therapy through new and innovative programming and research. The ATC's extensive library of specialized equipment will allow for increased caregiver training—a key objective for all clinicians to ensure that these skills are effectively transferred to home, school and community settings. We will plan for future fellowships and will continue to share our best practice standards on a national level. As technology continues to advance, the greater the impact we can have on the lives of the children we serve. Our services will continue to grow to meet the patient population's needs, always striving to maximize every child's independence. The ATC team is incredibly innovative, and I am extremely proud to be a part of this Journey to Best Outcomes!

The Kauffman Family



The Impact of Technology on my Non-verbal Child

Alessandra Kauffman, Parent

I am a wife and mom of four beautiful children, three girls and one boy. My experience with Nationwide Children's Hospital began when my youngest was diagnosed with chromosome duplications. Chromosomal duplication abnormalities are changes to the number or structure of chromosomes that can lead to birth defects or other health disorders. When biology made a unique turn in the normal physical and intellectual development of our son, Grant, my husband and I were perplexed. Grant began medical care at Nationwide Children's Hospital. We realized it was crucial to have a comfort level with medical treatments and the medical professionals. We needed doctors, nurses and staff to communicate their expectations of outcomes. A child with chromosome duplication represents a challenge to the very best of pediatric medical care professionals. In the absence of world-wide medical documentation for a rare chromosome duplication to assist with Grant's diagnosis, medical staff at Nationwide Children's began a regime to address observational and testing results. Physicians at Nationwide Children's began medical care based on findings from laboratory and radiology testing, nutritionists, gastroenterologists, speech therapists, audiologists, dentists, orthopedic specialists, ophthalmologists and therapeutic physical development specialists. Nationwide Children's and Livingston Orthopedic & Surgery Center became our "safety net" of comfort for my husband and me with the specialized medical care provided to Grant. We feel Nationwide Children's inpatient care, outpatient departments and community resources make medical care special for Grant.

When we first started occupational therapy with speech therapy at the Livingston Orthopedic & Surgery Center, it was mind blowing to a parent whose child was non-verbal. The staff literally had everything Grant needed available for him to trial and experiment with for his communication needs. For example, Grant's chromosome duplication is in the area of his DNA that makes up his eyes. His eyes have severe nystagmus that prevents him from focusing or seeing well. His speech therapist, Julie Potts, introduced the eye gaze machine from Tobii in therapy sessions to help him express himself. During the trial, Grant made amazing leaps forward with communication from use of the Tobii device. Without this device on hand at the Livingston Orthopedic & Surgery Center, our son Grant would not be where he is today.

Occupational Therapist Karen Adams has worked with Grant on his mobility issues. Grant has used the Permobil Explorer Mini in many therapy sessions with great results. With Grant's rapid growth he outgrew this device quickly. Without hesitation Karen retrieved the Permobil Koala from the equipment storage in the office to continue Grant's journey to live a comfortable life. This would not be able to happen without the technology and resources available with Nationwide Children's Hospital and the Livingston Orthopedic & Surgery Center.

An Innovative and Collaborative Core ICU Curriculum: Building Excellence through a Shared Mental Model

Laura Valido, BSN, RN, Unit Educator
Ahquilah Tucker, BSN, RN, CCRN, CES-P, Unit Educator

Three pediatric intensive care units (PICUs) within Nationwide Children's Hospital (H2B PICU, H4B Cardiac ICU and H8B Respiratory PICU) share core knowledge, skills and competencies. Historically these units provided separate orientations, leading to inconsistencies in practice, variations in onboarding and an inefficient use of resources. As unit-based educators, we recognized that new graduate nurses in critical care areas are expected to provide high-quality care for patients who are sicker and more complex than ever. Caring for these patients requires new critical care nurses to have a high level of critical thinking and clinical judgment. Working together to ensure we provided an evidence-based onboarding experience, we revamped, enhanced and implemented a comprehensive core curriculum for all new hires beginning in September of 2023. The primary objective was establishing a standardized curriculum of essential concepts relevant to all three units. The need to equip nurses to provide care seamlessly and regardless of their assignments within the ICUs was a substantial driving force for this collaboration.

examples include extra ventricular drain (EVD) management, peripheral intravenous (PIV) catheter insertion, emergency response and blood gas interpretation. Simulations allow for case-based scenarios while utilizing core ICU concepts and subject matter experts to add to the realism and usefulness of the experience.

The road to making this program well-rounded certainly did not come without challenges. A large summer hiring group posed challenges to the correlating fall learning sessions. Additional barriers included scheduling content experts, obtaining supplies for many learners and keeping everyone on track with time and locations during stations. Thankfully, supportive interprofessional colleagues, creative resourcing and a rotation schedule helped mitigate many of these stressors over time.

To evaluate the efficacy of the program, pre- and post-surveys are administered each session. The surveys contain a mix of Likert Scale questions measuring comfort levels for various ICU-related concepts and skills as well as questions used to assess knowledge. Results consistently show improvements in both the comfort and knowledge levels of participants by the end of the program. In addition to computer-based surveys, a Mega Code Simulation and Escape Rooms are used for the validation of knowledge and skills. Our goal is to continuously assess and refine to ensure the curriculum consistently meets and enriches the learners' needs.

Our evidence-based approach to education is responsive to the evolving needs of the learners by using their input and feedback to adapt current learning activities and guide efforts for future iterations of the curriculum. For example, based on



Preceptors play a pivotal role in transitioning the new graduate to a competent and confident nurse by offering valuable clinical expertise, mentorship and role modeling. With fewer seasoned preceptors in recent years, new nurses face challenges in receiving comprehensive support and guidance. A well-designed, robust core curriculum decreases the impact of preceptor challenges by giving new graduate nurses the baseline knowledge and skills needed to excel in their roles. By investing in a transition to practice program, we promote nursing knowledge and comfort and decrease the burden on preceptors while ensuring consistency of care across units.

The curriculum is a five-day, 40-hour program offered four times per year to align with clustered hire dates. The structure incorporates a balanced blend of didactic instruction delivered by multidisciplinary content experts, hands-on skills training, as well as low- and high-fidelity simulations facilitated alongside the Center of Clinical Excellence Simulation Program. The ICU setting has many high-risk skills, and nurses must be competent with each despite a low volume of opportunities from which to learn. In addition to psychomotor skills, critical thinking skills facilitate clinical reasoning which develops into effective clinical judgment. The hands-on skill stations contain learning objectives that correlate with the didactic concepts heard throughout the week, often on the same day. These stations allow learners to have individual and in-depth time with equipment for task training along with the goal of improving knowledge and confidence. Station

The ICU setting has many high-risk skills, and nurses must be competent with each despite a low volume of opportunities from which to learn. In addition to psychomotor skills, critical thinking skills facilitate clinical reasoning which develops into effective clinical judgment.

previous learner feedback, the respiratory day was adjusted in coordination with the Simulation Team and Respiratory Care Departments. Content on this day moved from two in-depth lectures to four shortened content segments with scenario-driven discussions and frequent movement of the learners through engaging stations and an Escape Room activity.

This joint effort of the ICU Educators has allowed new nurses to enter the critical care setting with the same core competencies, while also setting a precedent for continued future collaboration amongst the units. Not only has the curriculum helped with the standardization of our ICU onboarding, but it also allows the educators to focus on unit-specific education and training.

We would like to recognize Rika Tanda, PhD, RN, CCRN (H8B Educator), Brittany Palmer, MSN, RN, CCRN (former H2B Educator) and the Simulation Team for their ongoing collaboration and contributions to the success of this program.



A New Journey Begins

Kim Housden, DNP, MHA, RN, NPD-BC,
Nurse Education Specialist and Magnet Program Director, The Center for Nursing Excellence

Lauren Fairchild, MSN, RN, NPD-BC,
Nurse Education Specialist, The Center for Nursing Excellence



In December 2023, Nationwide Children's Hospital received its fifth Magnet designation from the American Nurses Credentialing Center (ANCC). Magnet designation is the highest honor awarded by ANCC for meeting rigorous standards and outperformance in nursing excellence. Only 10% of the nation's hospitals have a Magnet designation. This past October, Nationwide Children's sent 29 nurses to New Orleans to participate in the stage walk and be celebrated by ANCC for receiving its fifth consecutive designation.

With the fifth behind us, the sixth journey is now underway and the Magnet designation process begins again. The Magnet team is busy looking for stories that exemplify excellence in nursing throughout the organization for the next document, which will be submitted in October 2027. The theme for our sixth voyage is *Sailing to Six-cess*, with

a sailboat created by the Nationwide Children's Marketing team. This time, new stories include the organizational turnover rate, a third ambulatory nurse-sensitive indicator, multiple new ambulatory-specific narratives, research dissemination, care coordination and nurse well-being. Stories must be within the new timeline of October 1, 2023, to October 1, 2027. Nurse-sensitive indicator and patient satisfaction data collection for inclusion in the document begins in April 2025. The Magnet team will also have a two-year interim report due in December 2025.

The Magnet ANCHOR page has been updated with a dashboard outlining the stories the Magnet team is seeking and the status of each story. As we sail along on our journey, please reach out if you have an idea or know of a nurse-driven initiative that might be a good fit for our document. Early consultation with the Magnet team increases the likelihood of a story meeting inclusion criteria. The story process is streamlined, with staff from the Center for Nursing Excellence doing the writing. The team can be reached at Magnet@NationwideChildrens.org.

Filling the **GAP**:

Crisis Care on the Move with Mobile Response & Stabilization Services (MRSS) in Franklin County

Molly E. Owens, LISW-S, Clinical Lead Supervisor of Mobile Response & Stabilization Services
Jessica A. Michael, LISW-S, Clinical Manager of Mobile Response & Stabilization Services and Telecrisis Team



For over two decades, the Behavioral Health service line at Nationwide Children's Hospital has been dedicated to providing mental health crisis services for youth and families. As the need for these services has expanded in central Ohio over the years, the idea of implementing a mobile crisis response team was explored.



Subsequently, with the opening of the Big Lots Behavioral Health Pavilion in 2020, it became increasingly apparent that having a crisis team able to “meet families where they are” would be an integral component of Behavioral Health’s continuum of care. When families present to the Psychiatric Crisis Department (PCD), a majority of patients are discharged home with safety planning and follow-up linkage rather than requiring admission to a higher level of care. Additionally, the vast majority of calls made to the Franklin County Youth Psychiatric Crisis Line, managed by Nationwide Children’s Behavioral Health, are resolved safely in the community by way of these same interventions. These numbers show that providing additional crisis services directly in the family’s environment addresses historical barriers to follow-up care and fill a long-standing gap in crisis services.

In 2022, the Ohio Department of Medicaid launched OhioRISE, a specialized managed care program designed for youth with complex behavioral health needs. Mobile Response & Stabilization Services (MRSS) became a critical component of this initiative, offering a family-centered approach to crisis intervention and providing an alternative level of care to enhance what our community offers for youth and families in crisis. The integration of the MRSS model within the state has been essential in filling a gap for families seeking services for urgent

behavioral situations before they become unmanageable emergencies. After a year of comprehensive planning and preparation, MRSS served its first family in August 2022, marking a significant milestone in community mental health care.

What is MRSS?

MRSS is a statewide initiative aimed at supporting young people under 21 who are experiencing significant behavioral or emotional distress, as defined by the family or individual in crisis. In Franklin County, potential calls undergo a triage process managed by the Nationwide Children’s Telecrisis Team (TCT). Calls may originate from various sources, including young individuals, their families, local schools or other community stakeholders. After triage, TCT consults with MRSS supervisors to determine the best course of action, which can include dispatching a team to the patient’s location in the community.

The team’s goal is to arrive at the patient’s home or another safe community location within 60 minutes for immediate crises. For non-immediate crises, responses can be scheduled within 48 hours. During this waiting period, TCT provides ongoing support, including risk assessments and safety planning, ensuring families receive assistance until the team arrives. The model employs a structured treatment and support framework provided

by a team of licensed and unlicensed mental health professionals. The approach focuses on immediate de-escalation, assessment, safety planning and stabilization.

The crisis phase lasts for the first 72 hours of engagement, during which the team collaborates with the patient and family to complete a crisis risk assessment, set treatment goals, recommend levels of care and develop a safety plan. Additionally, the Ohio Brief Child and Adolescent Needs and Strengths (CANS) Assessment is conducted to evaluate eligibility for further behavioral health services and supports, such as care coordination and intensive home-based treatment.

Stabilization services can be offered for up to six weeks. During this time, the team works closely with families to create a safe environment in their homes, thereby reducing the need for hospital admissions or other emergency responses. Interventions during this stabilization phase can include ongoing safety monitoring, peer support for both youth and parents, psychoeducation, skill-building and service coordination.

Transitioning from services involves a review of newly learned skills and planning for future crisis prevention and management. The team assists families in identifying and connecting with ongoing service providers and natural supports. If the family’s child is deemed eligible for

OhioRISE based on the CANS Assessment, MRSS will facilitate a connection with an assigned care coordinator for additional support.

Who is the MRSS team?

The team comprises a multidisciplinary group of professionals, including bachelor’s and master’s-level Crisis Clinicians, Qualified Behavioral Health Specialists, and Parent and Youth Peer Support Specialists. Each team member is trained to effectively manage crises in homes, schools and various community settings.

Partnerships and Collaborations

Since its inception, there has been a notable proportion of calls related to severe issues. State-wide, 44% of calls requesting a response were due to suicidal thoughts or actions, followed by 20% related to anger or physical outbursts, and 18% for depression. Before youth mobile crisis teams were established, many families resorted to calling 911, which often resulted in law enforcement or medical responses. Local first responders have now welcomed MRSS as a valuable resource, as it offers a targeted mental health response.

The establishment of positive working relationships with Columbus Police and surrounding law enforcement departments has been crucial to the program’s success. These collaborations have not only enhanced safety for

staff and families but have also increased officers' capacity to focus on traditional policing matters rather than mental health calls. Officers have expressed appreciation for the option of requesting MRSS to join them in the field for youth in crisis, filling a critical service gap and enabling mental health professionals to address psychiatric concerns quickly and effectively. Additionally, leaders within the CPD Wellness Bureau express great value in cross-education (notably about police and clinical cultures, signs/symptoms of mental illness, crisis levels of care and community resources) between the “police and mental health worlds,” sharing that this has been imperative to increasing mutual understanding with the ultimate goal of improving community response for families and reimagining crisis care.

Beyond law enforcement, MRSS has forged connections with more than 40 schools in Franklin County. The team supports school staff with crisis interventions related to issues like school avoidance, truancy, classroom behavior and bullying. They have also conducted training sessions for school staff on topics such as mental illness and trauma, ensuring that educators are equipped to support students effectively.

Collaboration with local mental health agencies, including The Buckeye Ranch and The Village Network, is also a key component of success. These organizations serve as primary links for ongoing mental health services through OhioRISE care coordination efforts, facilitating a seamless transition for families seeking continued support.

Our Why

Families have shared overwhelmingly positive feedback about their experiences. Many appreciate the convenience of having the team come to their homes, creating a safe space for their children. Quick response times are frequently highlighted, with one family noting that avoiding a hospital visit for their daughter was immensely beneficial. The team's approach of meeting with children and parents separately before bringing them together for discussion has been praised for its effectiveness.

MRSS staff on the team find great fulfillment in their work, relishing the opportunity to provide support to families during their most challenging times. Staff members have expressed that they enjoy making personalized plans, facilitating family connections and witnessing moments of relief and hope during crisis interventions. One member encapsulated this sentiment, stating, “I joined the team to help kids at their worst and give them someone to talk to and have their voice heard.”

Future State

Since its launch in Fall 2022, MRSS has made a significant impact in Franklin County, serving 1,062 unique patients. An impressive 62% of these responses were immediate, occurring within 60 minutes. Additionally, 93% of interventions did not require law enforcement involvement, showcasing the program's effectiveness in independently managing crises. Most referrals (71%) come from parents or caregivers, with schools accounting for 18% of referrals. On average, patients are served for 14 days, ensuring they receive the necessary support and care.

During annual state fidelity reviews, MRSS has been recognized for “Best Practice Implementation” for both years of service, meeting all OhioMHAS standards. In the summer of 2024, the State of Ohio announced its commitment to creating 24/7 access to youth-focused mental health crisis responses across the state. Governor Mike DeWine emphasized this initiative, stating, “One of the biggest complaints I hear is from families who don't know where to turn for help when their child is in crisis. We are increasing the availability of immediate behavioral health care in the right place and at the right time.”

Nationwide Children's remains committed to providing services to youth, young adults, and families in Franklin County. As Ohio continues to develop a comprehensive system of crisis care, MRSS will play a pivotal role in evolving and expanding mental health support for families in need.

Mobile Response Stabilization Services (MRSS): Legal/Risk Management Considerations

Natasha Davis, JD, MBA, Senior Associate General Counsel
Andrea Morbitzer, MSM, Risk Manager for Community Employee Safety

Ohio policymakers and stakeholders have addressed the need for crisis response mental health services through Mobile Response and Stabilization Services (MRSS). The Big Lots Behavioral Health Services MRSS team at Nationwide Children's Hospital promotes safety for children and families and works to reduce the likelihood of involvement with the criminal justice system. Nationwide Children's Legal/Risk Services department partners with the MRSS team to manage concerns such as community employee safety, consent issues and mandatory reporting considerations.

Community Employee Safety. Community safety analysts work with MRSS staff to:

- Analyze visit locations to promote employee safety. They determine the best, safest places for MRSS teams to meet with patients.
- Assist with safety reviews for crisis calls when MRSS may be sending only one clinician to the visit. These urgent situations require the review and analysis of medical records and reported crime data. Decisions are provided quickly regarding whether a visit should occur or if there are other factors to consider.
- Complete safety reviews for follow-up visits after crisis calls. Notification of these requests occurs directly through Epic. The Legal/Risk team reviews medical records and relevant crime data to determine the risks of further home visits. *Low risk* means there are no conditions that pose a threat to employee safety. *Medium risk* indicates that some factors requiring increased situational awareness and caution have been identified. These may be related to client/family behaviors or environmental circumstances. *High risk* indicates that the clinician is at unacceptable risk for harm and visits to the home are not to occur. If visits cannot occur safely in a home, the Legal/Risk team engages in safety planning to identify alternatives for providing services, such as meeting at a different site, meeting with the parents only and proposing strategies for mitigating existing safety issues. Another option may be to provide services in the home if law enforcement is present, with due consideration for potential safety risks. Finally, discussion may also include discontinuing or altering services if/when clinicians identify significant safety issues.

Caregiver Consent

The patient's legal guardian signs the consent form for MRSS, unless the patient is 18 years or older or is a Mature Minor as described below. If the crisis occurs in the school, MRSS contacts the legal guardian and obtains a verbal consent to meet in the school. Child Protective Services must consent to MRSS if it is the patient's legal guardian.

Mature Minor Rights Relating to Mental Health Treatment

A minor with a life-threatening emergency may receive treatment without the consent of a legal guardian. Minors 14 years of age and older can consent for certain mental health treatment for up to six sessions or 30 days, whichever comes first.

Mandatory Reporting

MRSS team members are mandatory reporters for situations such as child, elder or animal abuse/neglect or threats of harm to others. Complex issues can arise with providing pediatric mental health crisis services in the community. **Nationwide Children's Legal/Risk** staff assist with navigating these situations safely and effectively.

Nationwide Children's remains committed to providing services to youth, young adults, and families in Franklin County. As Ohio continues to develop a comprehensive system of crisis care, MRSS will play a pivotal role in evolving and expanding mental health support for families in need.

NICU Passports: A Baby's First Big Journey

Tiffany Hahn, BSN, RNC-NIC, C4C NICU Clinical Leader
Tori Savoie-Dillon, BSN, RN, C4C NICU Clinical Leader

Released in March 2024, the Newborn Intensive Care Unit (NICU) Passports program is an interactive milestone memento that supports the implementation of family-integrated care. NICU Passports encourage caregiver participation in daily care through milestone stickers for their babies and themselves. In addition to milestone stickers, NICU Passports allow caregivers to have pictures of milestones, notes written by themselves or nurses and space for caregivers to journal in order to provide documentation of their NICU stay in a way they have not been able to do before.

Increased support for family-integrated care was identified as a developmental goal for the C4C NICU in 2023. This initiative was driven by evidence supporting implementation of family-integrated care in the NICU environment. Repeated studies show that when family-integrated care is utilized, a neonate's length of stay and duration of oxygen therapy is shorter, weight gain is faster and there is a lower incidence rate of infection. Studies also show the time a neonate reaches full gastrointestinal feeding is earlier, exclusive breastfeeding rates are higher and feeding intolerance rates are lower. Additionally, caregivers' depression and anxiety rates decreased when participating in family-integrated care (Liu, 2022).

To obtain a baseline perception of family-integrated care on our unit, surveys were sent out to staff and an interview-style survey was done with caregivers and families. Staff surveys revealed conflicting perceptions of family-integrated care between day shift and night shift. Day shift staff comments included “happy,” “happy to help” and “like to be involved,” as well as “difficult” and “frustrating.” Night shift staff comments included “nervous,” “hard” and “uncomfortable.” After further investigation, night shift staff cited overnight barriers to family-integrated care included:

- the limited amount of space at the bedside
- parents and staff not knowing the overnight expectations of parent involvement
- communicating with families regarding the frequency of participating, or if they would participate at all, in patient care overnight
- the difficulty of balancing sleep schedules

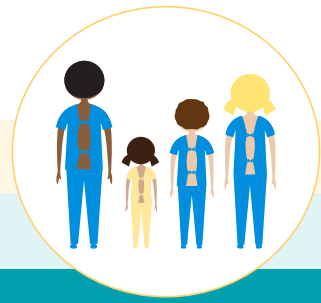
Caregiver survey responses regarding family-integrated care showed that 60% of caregivers said they were called after or participated daily in rounds and 44% of caregivers said they received milestone mementos throughout their NICU journey. Caregivers expressed wanting to receive exceptions for their involvement in caring for their baby and wanted to participate within their comfort level, while being taught what to do at each developmental stage. This research sparked discussion about how to help families become more comfortable in caring for their babies in a way that was fun and memorable for family and staff alike. While wanting to emphasize the journey our patients and families go through while in the NICU the idea of documenting the journey in passport was created.

NICU Passport development was a multidisciplinary collaboration between nurses, therapists, parent advisors, lactation consultants, marketing and creative services. Staff and support staff from each of the four main campus NICUs provided input on the design and recommended milestone stickers for each unit. This collaboration allowed for inclusive representation for all types of diagnoses and treatments seen throughout the Neonatal Network.

NICU Passports went live in all four main campus NICUs on March 1, 2024. Caregivers were surveyed at the beginning of the NICU Passports' implementation regarding how they perceived their involvement in daily rounds, their child's care, receipt of milestone mementos and preparedness for discharge. Then caregivers were surveyed 30 days after implementing NICU Passports, and results showed that 71% said they received milestone mementos, 29% felt they participated more in rounds and 29% felt they participated more in their child's care. Additionally, 14% of caregivers reported an increase in comfort in their child's care and 43% said they were more comfortable with the idea of discharge. After the success of the implementation of NICU Passports in the main campus NICU's this idea was brought to the rest of the Neonatal Network with many NICUs already initiating Passports and the rest planning to follow.

The NICU Passport project continues to be monitored and developed based on feedback from parents and bedside staff to ensure that it is best suited to our patients and their families.





Population Health Community Collaboration to Advance Child Health

Nick Jones, Vice President, Community Wellness and **Angela Mingo, MCRP**, Vice President, Corporate Affairs

Healthy Neighborhoods Healthy Families (HNHF) - Toledo

Toledo families confront a range of issues that impact their health and well-being. Nationwide Children's Hospital - Toledo provides children in the Toledo area with broader local access to procedures and therapies, reducing the need to travel for treatment. Twenty percent of positive health outcomes are attributed to health services. The remaining 80% are impacted by non-medical factors such as conditions in which children are born, grow and play.

Community Assessment

Optimal health for children requires safe and thriving environments where they can grow, live and learn. Unsafe neighborhoods, environmental conditions, household economics and housing instability adversely impact a child's ability to achieve optimal health. According to the U.S. Census American Communities Survey, 36% percent of children in Toledo live in poverty. The City of Toledo reports that 57% of Toledo residents are classified as low-to-moderate income and 48% of households earn less than \$15,000 per year. In 2023, 32% of Lucas County parents reported that their child had more than one health condition. The average age of homes is 100 years, resulting in deferred maintenance and lead paint. Toledo, Ohio's fourth largest city, has all zip codes designated as high risk for childhood lead poisoning by the Ohio Department of Health with some census tracts at even higher risk.

Affordable Housing

Maumee Valley Habitat for Humanity and Nationwide Children's - Toledo have partnered to improve housing conditions in Toledo through Habitat's Home Rescue and Roof Repair programs. The programs are designed to assist low-moderate income homeowners residing within the City of Toledo with housing code violations such as electrical, venting, hazardous windows, faulty furnaces or cooling units, lead-based paint hazard issues and more.



Before Home Rescue Repair



After Home Rescue Repair

Health and Nutrition

Nationwide Children's in partnership with Connecting Kids to Meals aims to address food insecurity for children. In Lucas County, more than 50,000 students qualify for free or reduced meals at school during the academic school year. One in four children in Lucas County is food insecure. Not having enough healthy food can have serious implications for a child's physical and mental health. Research shows an association between food insecurity and delayed development in young kids; risk of chronic illnesses like asthma and anemia; and behavioral problems like hyperactivity, anxiety and aggression in school-age kids. Through the partnership with Connecting Kids to Meals, Nationwide Children's - Toledo associates routinely serve as volunteers and the Hospital further supports special projects that aid in transporting food to designated feeding sites throughout the city.



Courtesy of Maumee Valley Habitat for Humanity

Linden

In 2023, HNHF embarked on an aggressive strategy to accomplish in Linden what has taken more than a decade on the South Side. HNHF established a goal to impact more than 700 homes through rental, homeownership and home repair programs. Rents for brand new homes are half of what they are in the private market. Through HNHF's homeownership partnership with the Central Ohio Community Land Trust, largely first-time homeowners can realize the dream of homeownership and a pathway to wealth-building.

One of HNHF's most important steps to community building is our home repair program, which provides free, exterior home repair grants to mostly longtime homeowners. Not only does this program help improve much needed aspects of the homeowner's home, but it keeps the social fabric of Linden in place for a long-time.

WHILE HOUSING HAS REQUIRED A SIGNIFICANT INVESTMENT AND PROVIDED TANGIBLE IMPACT TO DATE, HNHF'S EXPANSION ALSO INCLUDES OTHER INTERVENTIONS. THOSE ARE:

Economic Development

- HNHF has established the nation's largest children's hospital free tax preparation program, completing 646 returns for a total of more than \$1.3 million at Linden Primary Care Center.
- My Bridge to Success links participants with Nationwide Children's staff-coaches to support participants' journey to financial well-being. A unique aspect of this program is its match savings component.
- The HNHF workforce development program provides residents with a gateway to livable wage career pathways at Nationwide Children's or with partner employers. This includes programs for high school youth.

Community Engagement

- Leadership Linden provides residents with the opportunity to equip residents with the tools they need to become more active in the community.
- PlayStreets events promote outdoor play and social interaction in the Linden community.

Education

- The Proud Linden Parent Program is a free program that helps parents and caregivers build relationships with others in Linden.
- Upward Bound Math and Science program is for students who plan to go to college after graduating from high school and are interested in math or science.
- SPARK, a free kindergarten readiness program, helps prepare children for their first year of school.

Health and Wellness

- Nationwide Children's provides primary care and behavioral health care at several Linden-area schools through school health centers.

We know that health happens where kids live, learn and play. We are proud of the partnerships with community organizations to make sure residents can live their healthiest lives and achieve the best outcomes possible.

Prescription for Joy: Leveraging Appreciative Inquiry for Change

Meika Eby, MD, and Beth Bubolz, MD, Department of Emergency Medicine



In the fall of 2023, the Emergency Department (ED) organized an Appreciative Inquiry in Medicine (AIM) Summit entitled “Prescription for Joy.” The goal of this three-day event was to bring joy to our workplace environment, and ultimately improve staff morale, ED culture, and patient care and outcomes.

Appreciative Inquiry (AI) is an innovative method for organizational change. It is nontraditional and relentlessly positive. The whole system participates, and all voices are heard to inspire positive action. This transformative way of thinking focuses on collaboration and strengths-based change rather than focusing on problems. AI builds a future based on past success. This method has been successfully employed by Fortune 500 companies and the United Nations. In the ED, we are using AI to elevate workplace culture and promote employee well-being, thereby achieving best outcomes.

An important concept in AI is to include all stakeholders to create the best future. Thus, all ED staff were invited including nursing, child life, social work, unit coordinators, providers (physicians, nurse practitioners, fellows, residents, pharmacists), leadership and administrative staff. We also invited surgical and medical sub-specialty consultants that work closely with the ED.



Strengthening the department as a team and increasing morale was of utmost importance, especially after a busy triple-demic with COVID-19, Influenza and RSV. Anonymous feedback from those who attended the summit was universally positive.

Through appreciative interviews, we discovered our strengths and dreamt up ideas to bring joy to staff and patients. We visualized our ideal workplace. In the final conference event, we designed and prototyped solutions. This led to four major initiatives, each with their own waterfall of projects (at least 15). These initiatives are key for ED strategic planning and align with Nationwide Children’s goals for operational excellence.

Strengthening the department as a team and increasing morale was of utmost importance, especially after a busy triple-demic with COVID-19, Influenza and RSV. Anonymous feedback from those who attended the summit was universally positive. Relationships were formed and strengthened. Ideas were able to be turned into actions within several months. The summit renewed energy, engagement and a sense of purpose. There was a regenerative effect from successful projects, inspiring others to create new projects.

Our summit initiatives reflect the hospital’s goal of optimizing operational effectiveness. Current projects that directly resulted from Prescription for Joy include improving communication and collaboration both internally in the department, and externally with consultants and community hospitals. Efficiency in the ED is one of the initiatives, and

we have already seen a decrease in left without being seen (LWBS) rates.

Outcomes

- We created an ED outreach program to community hospitals to improve care regionally for pediatric patients.
- We developed a quality improvement (QI) project to help alleviate pain with procedures such as IV placement.
- We are in the process of creating both welcoming and calming spaces. The ED is often a stressful environment for most families. We partnered with the Family Advocacy Group to provide diverse and inclusive care packages to families. Another initiative is a sensory cart with toys and sensory items to comfort kids during their ED stay.

Viewing what we do well and magnifying our strengths activates a much more creative approach to recognizing and developing opportunities for growth. We are excited to bring positive change to improve the experience for our staff, patients and families. Please contact Beth Bubolz, MD, or Meika Eby, MD, in Emergency Medicine if you are interested in exploring Appreciative Inquiry for your division.



Innovations in Care: The Appalachian Children’s Health Initiative

Mary Kay Irwin, EdD, Senior Director, School Health Services
Theresa Hatton, Strategic Initiatives Manager, School Health Services

The Appalachian Children’s Health Initiative, spearheaded by Nationwide Children’s Hospital School Health Services team, in partnership with the Appalachian Children Coalition (ACC), is a transformative project designed to increase access to much needed health care in Ohio’s Appalachian region. With 34 school district partners and 16 different health care partners involved across 20 Appalachian counties, this initiative exemplifies how Nationwide Children’s leverages partnerships, a foundational element of our strategic plan, to improve child health. Together with these partners and the ACC, the School Health team is creating a multidimensional system of care in which schools serve as a unique access point for children and families in rural Ohio.

The “Investing in Appalachian School & Community Health: A Regionwide Strategy to Build a Better Future for All” project was proposed by the Nationwide Children’s School Health Professional Development and Consultation Team and the ACC for consideration in the Appalachian Community Grant Program in late 2023. Full funding was awarded in March 2024. This ambitious proposal secured \$64.2 million dollars to develop sustainable school health clinics in Appalachian counties offering an array of services including comprehensive primary care, dental, vision, pharmacy and mental health care, with linkages to specialty care. Additionally, the grant provides funding to attract and retain a high-quality workforce creating 82 local jobs, with 75 of those positions in health care. This future workforce will gain exposure to the value of this type of integrated care through student internships as well as have access to new, local training clinics preparing the next generation of health care workers.

Now underway, the Nationwide Children’s School Health consultation team is providing professional development and technical assistance for partners to ensure this historic investment results in transformational change for the children and families in Appalachia. The Nationwide Children’s team has provided more than 200 consultation meetings with various project partners on topics ranging from grants management to design and construction guidance to operational nuances and efficiencies when providing care in schools and more.

The long-term benefits for the region are significant, with strong potential for replication in other areas challenged by access to high-quality care close to home.

In September of this year, Maysville City Schools in Muskingum County hosted the first of many ribbon cutting ceremonies to celebrate the opening of their school-based clinic. Governor Mike DeWine and his team joined students, community members, Nationwide Children’s School Health team, the ACC and providers from the Muskingum Valley Health Center (MVHC) to commemorate the occasion. This center has already made a significant impact as MVHC providers facilitated 153 visits in its first 12 days of operation. Of these visits, 110 were for behavioral health services and 43 for primary care. This early success highlights the critical need for accessible healthcare services within the school environment and demonstrates the effectiveness of the initiative in addressing both physical and mental health needs. The enthusiastic response from the community underscores the importance of this project and its potential to transform the health landscape for children in the region.

By October 2026 all the included new sites of care will be open and offering services reaching more than 61,000 students, with a broader population impact of nearly 375,000.

One of the driving forces behind the Appalachian Children’s Health Initiative is the personal commitment of the team, some of whom have deep roots in the region. For many this initiative is not just a professional endeavor but a heartfelt mission to give back to the communities where they grew up. Lindsey Bryan, Project Manager in School Health Services, reflects on her dedication: “Growing up in Appalachia, I witnessed firsthand the challenges our children face in accessing quality healthcare. This initiative is the single most important project of my career because it allows me to directly improve the lives of children in my hometown. It’s incredibly fulfilling to know that our work will create lasting, positive change for future generations.” Lindsey’s passion and personal connection to the region underscore the profound impact this initiative aims to achieve.

The Appalachian Children’s Health Initiative epitomizes innovation in care, bringing comprehensive health services to children where they spend a significant amount of their time, in school. By leveraging community partnerships and schools as a primary resource and investing in healthcare infrastructure and workforce development, this initiative aims to create sustainable access points of care across Ohio’s Appalachian region. The long-term benefits for the region are significant, with strong potential for replication in other areas challenged by access to high-quality care close to home.

In Recognition

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Alice Bass: “Creation of a Novel Pediatric Palliative Care Navigator” Epic’s Expert Group Meeting (XGM), Verona, Wisconsin, May 2024

Alison Nolte: “Smells Like Teen Spirit – Enhancing the Adolescent Friendliness of School-Based Health Centers” American Academy of Pediatrics – Council on School Health, Orlando, Florida, September 2024

Cindy McManaway: “Wounds That Make You Want to Weep: Stump the Experts with your Wound Care Challenges” American Pediatric Surgical Association (APSA), Phoenix, AZ, May 2024

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

Trisha Gribble, Sarah Dillon: “Transition Education: The Heart Center Experience” Society of Pediatric Cardiovascular Nurses, Virtual, September 2024

Media Esser: “Tiny Hiney Care: Unraveling the Mystery of Diaper Dermatitis in the NICU” 2024 Audrey Harris Vision Conference, Fayetteville, Arkansas, September 2024

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Sarah Driesbach: “Colorectal Care Across Multiple Households” 2024 Pull-Thru Network National Conference, Phoenix, AZ, July 2024

Casey Trimble: “Managing Colorectal Long-Distance Care, Potty Training Tips and Tricks, What are the Difference...Enemas (Rectal/Antegrade)” 2024 Pull-Thru Network National Conference, Phoenix, AZ, July 2024

Terry Laurila: “RSV Trends: Treatments and Future Possibilities” Ohio Pharmacist Association Annual Meeting, Columbus, Ohio, April 2024

Janvi Patel, Kristin Riebe, Kelsey Schilling, Kelli Dilver, Kate Berry, Ben Reader: “Understanding Barriers to Homecare Therapy Visits Through Exploration of Missed Visits” American Occupational Therapy Association Pediatric Hospital-Based Practice CoP Meeting Virtual, September 2024

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Rachel Rutland: “Keynote Presentation: Case of the Year” 2024 National Association of Neonatal Nurses Annual Conference, Orlando, FL, September 2024

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Ryan Nicoll: “Multidisciplinary Collaboration and Considerations of Health Equity in a Fetal Care Center” National Association of Perinatal Social Workers Annual Conference, Seattle, WA, April 2024

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Andrea Thompson: “Transitioning to Adult Care” A Healthy You and 22q Conference, Columbus, OH, September 2024

Jennifer Curtiss: “Nutrition, Growth and Achieving the Optimal State in Severe Bronchopulmonary Dysplasia” 4th Annual Current Perspectives in Bronchopulmonary Dysplasia, Phoenix, AZ, September 2024

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Laura Hill: “Nutrition in the Moderately Preterm, Late Preterm and Term Infant” Regional Hospitalist Programs Webinar Series, Columbus, OH, July 2024